Briefing: Improvement as mainstream business

The strategic case

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Key points

- Improvement approaches, which provide a systematic means of bringing about measurable improvements in the quality and outcomes of care for patients as well as care productivity, have been in common use in some health care settings for more than 20 years, often producing impressive results where they are deployed well.
- Yet approaches to improvement are far from being embedded into the core strategy and operations of every health care organisation or system-wide partnership of organisations. This briefing examines why this is still the case, argues that embedding improvement approaches across all health care settings is now vital, and describes what needs to happen to shift improvement from the margins to the mainstream of health care.
- Improvement approaches are not just a mechanism for improving care processes and pathways and tackling variation. They are indispensable when it comes to tackling the biggest delivery and transformation challenges that health care faces, such as the need to make greater use of technology and tackle waiting times and winter pressures. They provide a systematic, collaborative and inclusive approach capable of delivering sustained improvement at scale.
- To help organisation, system and national leaders navigate the complex landscape of improvement activity, this briefing describes four key current 'improvement modes'. It also sets out the evidence for why the NHS and other care sectors cannot do without improvement approaches, and summarises the steps needed to overcome the barriers to their routine large-scale deployment across all health care settings.

The Health Foundation

Introduction

The NHS is now 75 years old[1]. Together with other care sectors it faces an almost unprecedented array of challenges. Low economic growth and rising inflation have exacerbated the service's already tough financial position and made it harder for the service to grapple with the severe workforce[2] shortages and lengthening waiting lists[3] it faces. Rising levels of major illness[4] in the decades ahead and the onus to strengthen its resilience in the face of future shocks, such as another pandemic, present a further set of strategic and operational challenges. The emergence of new technologies[5] and AI[6], coupled with the pressure to improve service productivity[7], have heightened the need to redesign existing care models and pathways, and to develop radical new ways of working.

Extra capital investment[8,9] and the promised extra staff[10] in key professions alone will not be enough to deliver the breadth and depth of change needed. Alongside the management[11] and operational infrastructure and culture of health care, improvement approaches and methods[12] can help to address the many delivery and transformation challenges health care faces.

Improvement is about giving the people closest to issues affecting care quality the time, permission, skills and resources they need to solve them. It involves a systematic and coordinated approach using specific methods and tools with the aim of bringing about a measurable improvement in the quality of care.

Yet improvement has remained at the fringes of the policy debate about the future of the NHS and other care services in recent years. And while improvement approaches have been in common use in some health care settings for more than 20 years, often generating impressive results, they are far from being embedded into the core strategy and operations of every organisation or system-wide partnership of organisations.

Bringing improvement into the mainstream

The new NHS Impact approach to improvement[13] in England is an attempt to support systems and provider organisations to deliver improvement and to put improvement principles and approaches at the centre of national health care policy discourse. Yet in coming at a time of major structural change, a new NHS operating framework and a host of other delivery challenges, its success is likely to rely largely on the extent to which local systems and organisations and national stakeholders have the time and space to engage with it.

The improvement experience of the 2000s has lessons to offer. Like today, national bodies[14] in England saw improvement approaches as a key means of driving sustained change in national priority areas such as cancer care, primary care and urgent and emergency care. But towards the end of the decade and beyond, NHS budgets began to be squeezed, and greater emphasis was placed on assurance and performance management as a means of delivering change. The momentum and profile that improvement had built up nationally and locally, dissipated.

The challenge now therefore is not just to bring improvement approaches into the mainstream of the NHS and other care services once again, but to ensure they remain there. A shift in the way improvement is perceived and practised is key to achieving this.

Improvement is often viewed as a means of delivering improved or redesigned health care processes and pathways or addressing variations in care delivery that have clinical safety and quality implications. Improvement approaches can often be seen as long-term efforts detached from current operational priorities, like improving waiting times.

While this type of improvement work delivers significant benefits, it is by no means the limit to what improvement approaches can be used to achieve. Approaches from the field of improvement science[15] can be applied to multiple delivery or transformation challenges, everything from tackling winter pressures to embedding new technology into core services. Improvement approaches can also be deployed to deliver innovative interventions that may radically reshape or disrupt existing ways of working, as well as bring about incremental process changes that enable those changes to be embedded. They are also being used to tackle immediate operational issues and to develop the organisational and cultural conditions needed to deliver consistent, high-quality care.

Improvement approaches are also ideally suited to the increasingly collaborative and inter-connected nature of modern health care policy and delivery. Places that are more ambitious about the contribution of improvement approaches recognise they are most effective when they are aligned and integrated with other key domains and enablers of organisational delivery, such as organisational development, technology and digital transformation and role design. In addition, improvement approaches provide a systematic means of identifying, diagnosing and addressing the underlying causes of organisation and system-level challenges, and for building a coalition of support for the solutions that are implemented. This is key to the delivery of sustained change that is sensitive to the needs and aspirations of patients, service users and staff, and to breaking the cycle of often short-term performance fixes that has been a dominant form of NHS service change in recent decades.

This briefing aims to help national policymakers and system and organisation leaders to navigate the improvement landscape – the constellation of activity seeking positive change in health care drawing on recognised and more novel improvement approaches and methods. It is also designed to provide them with an overview of the benefits and evidence for improvement and the issues that have historically impeded the transition of improvement into the mainstream of the NHS and other care services. Finally, it describes five factors that, if realised, will place improvement approaches at the heart of national, regional and local efforts to shape the future of health care.

How improvement is carried out today

The health care improvement landscape today is broad and multi-layered. It has grown and evolved over the course of the last two and half decades, shaped by a wide range of internal and external developments. Within this diverse landscape there are some principles that are common to almost all modes of effective health care improvement, irrespective of the scale of the intervention or its setting.

- Improvement takes a system view, considering the contextual characteristics and complexities[16] of any challenge that have a bearing on the success of any change efforts.
- Improvement approaches involve a commitment to co-production[17] with those who need, use and deliver services recognising that this is critical to developing credible interventions that will last.
- Improvement is an iterative process that relies on capturing, analysing and acting on real-time data[18], providing a mode of change that is pragmatic and adaptable to the resources available or contextual changes.
- Improvement work recognises the need to create a culture and operational context that allows change to take place[19]. This translates into a commitment to capability building, learning and knowledge exchange, and efforts to build an effective infrastructure for improvement.

Within this complex improvement landscape there are some broad modes of improvement activity with distinct characteristics: four specific modes are described below. Understanding these areas of activity, what drives them and how they complement each other, can help organisation, system and national leaders to navigate the improvement landscape and exploit its potential.

Improving service processes and quality

The first mode consists of small-scale, often stand-alone interventions that use a range of improvement approaches and methods[12] to undertake small tests of change to assess and refine potential solutions to specific challenges. This was the predominant type of intervention in the first wave of improvement in the early 2000s, and it still accounts for a significant proportion of NHS improvement work today. Most postgraduate doctors in training[20] are required to undertake a quality improvement project, while many NHS staff are first exposed to improvement through a small-scale project, usually underpinned by a plan-do-study-act cycle approach[21]. These projects have generated many important benefits, together with invaluable learning about how to plan, implement and measure improvement in health care settings. One limitation of these discrete, small-scale projects is that they can lead to the same quality problems being tackled again and again in slightly different ways, something that is not only a duplication of effort, but can pose safety risks[22].

Redesigning pathways and service models

The second mode is characterised by large-scale, multi-professional interventions to address complex pathway and system-wide challenges. They often use a blend of methods including those derived from service design, as well as more traditional improvement tools, and are supported by specialist programme managers and data analysts. In some cases, interventions are not time-limited projects, but are committed to an ongoing process of improvement that seeks to re-design the model of care and then continually iterates and refines the targeted pathway or system. This approach has yielded significant and sustained improvements, for instance in patient flow along urgent and emergency care pathways[23].

Transforming organisational delivery

The challenges faced by teams operating in the previous improvement modes, are often too 'big and hairy'[24] to be tackled by them alone: strategic, political and operational action from the wider system is required to drive sustained improvement. It is partly for this reason that the third mode of improvement activity – focused on transforming organisational delivery[25] – has emerged and gained traction in the last decade. These approaches are based on the belief that sustained improvement across a broad range of key delivery priorities relies, on the presence of a positive, learning workplace culture, long-term investment in organisation-wide improvement capability, strong data management and analysis systems, mechanisms for planning and prioritising improvement work and effective governance arrangements. An example of this improvement mode is the development of quality management systems[26], which provide a strategic and operating framework that can help to align and coordinate action across multiple fronts, and enable a thoughtful balance between improvement and assurance activities.

NHS trusts that have embedded this model are consistently among the highest performing in England. Underpinning their success is a visible, long-term commitment to improvement principles from organisational leaders at board level[27]. It is an approach to leadership that is distributed through organisations and increasingly recognises the importance of outward-looking system leadership. This is often combined with an emphasis on creating environments that support patient safety and staff psychological safety more widely, alongside a focus on innovation and compassionate, person-centred approaches to care.

The value of this approach is reflected in the five components of the new NHS Impact approach to improvement[13]. This represents an important evolution from earlier national improvement strategies, moving from applying improvement methods to care delivery, towards an understanding of the conditions needed to support change.

Enabling innovations

The fourth mode is the most emergent and arguably difficult to define. This mode of improvement, which frequently transcends the boundaries of individual organisations, engages with the social and technical complexity of health care systems, often focusing on peer networks rather than formal hierarchies, and the use of opportunistic, entrepreneurial approaches to achieve particular goals. It is a mode that may also seek to disrupt underlying

assumptions about how care is delivered, often by challenging power hierarchies and taking a holistic view. Sometimes change is inspired by new technology[28] or similarly disruptive innovations from other spheres, with improvement approaches used to facilitate their wider spread and adoption. In other cases, change is more community centred, making it easier to engage with the broader upstream health challenges organisations and systems are facing. Examples include the What Matters to You[29] change initiative, the Hello My Name Is[30] campaign and the EndPJParalysis[31] movement: each initiative blends social movement methods with improvement approaches.

Determining the impact of improvement

All four modes have enabled well-evidenced improvements. However, each mode takes a different route to impact. Small-scale stand-alone interventions have the potential to deliver tangible, small-scale improvements relatively quickly, and often allow those involved to demonstrate a clear causal link between the intervention and the reported impact. Larger-scale interventions across professions and organisations can enable sustained impact on a much larger scale but usually take longer to plan and implement, and require more extensive input from a larger cast of actors. The complexity of these interventions can make it difficult to directly attribute any observed improvement to them, especially given the limits of measurement and evaluation capability in health care at present. Demonstrating the impact of mode four interventions is also challenging, not least because of the emergent nature of the field and the need to build experience in evaluating interventions of this nature.

The evidence base for each of the modes is likely to become stronger as the use of improvement approaches becomes more common, and the capabilities needed to plan, implement, spread, measure and evaluate improvement are embedded more widely across health care settings. Bodies such as THIS Institute[32], whose mission it is to enable better health care through better evidence about how to improve, and the Health Foundation's Q community[33], which provides a platform to spread improvement knowledge and learning, have central roles to play in this respect. The wider adoption of the learning health system[34] concept, which is focused on systematic, data-driven improvement and predicated on the development of high-quality measurement and analytical capability, will also help. The improvement evidence base will also benefit from work by NHS trusts, integrated care systems, royal colleges and others to build improvement capability at scale across the health care workforce.

This outline of the four modes simplifies the improvement landscape for illustrative purposes. It is also important to note that the four modes are not mutually exclusive. Today, many people with experience of improvement, organisations and systems draw on and combine these different modes of activity, depending on the focus and context.

Nevertheless, the four modes highlight the breadth and dynamism of the improvement activity taking place and the ability of improvement to galvanise innovative health care practitioners and to appeal to the intrinsic motivations that lead people to work

in health care. They also serve to illustrate why it continues to be difficult to make a clear, evidence-based case for the benefits of improvement across such a wide range of approaches and methods.

Understanding the benefits of improvement

Effective improvement requires upfront investment in capability and capacity building, while staff time also has to be protected. Given that it is becoming ever harder for organisations and systems to free up resources for anything other than the immediate pressures they face, it is important that local leaders view improvement as a core activity and are able to draw on clear evidence of the benefits of using improvement approaches.

Improvement approaches have benefits for the workforce; patients, service users and society; organisations; and systems. These benefits are summarised in this section, with more detailed evidence set out in our companion guide, 'A guide to making the case for improvement', which is available at: www.health.org.uk/publications/a-guide-to-making-the-case-for-improvement.

Providing a versatile and impactful change tool on multiple strategic fronts

Improvement approaches can help **organisation and system leaders** to deliver sustained impact and change across a broad range of current and emerging strategic priority areas, for example, pressing strategic and operational challenges, such as poor patient flow, lengthening waiting lists or winter pressures. They can also **empower staff and patients** to make changes to the way in which front-line care is provided, and to improve the workplace environment. Improvement approaches are also critical to effectively implementing the technological and scientific innovations that will transform how the NHS operates in the decades ahead. Investing in improvement capability, therefore, has the potential to deliver an important range of dividends in almost every strategic area that features on organisation and system leaders' priority list.

Delivering sustained productivity and efficiency gains in priority delivery areas

Improvement approaches can help **organisation and system leaders** to respond effectively to the strategic challenges set by national policymakers and regulators. Take NHS productivity[35] and efficiency, and the ongoing debate about ensuring that activity levels rise in response to any extra funding and staffing. Leadership, management and adequate resources are clearly important here. But evidence shows that improvement approaches also have a critical role to play. Stripping out the waste, delays and duplication of effort that slow patients' access to care[23], for example, or tackling a safety issue[36] that has caused unnecessary acute patient admissions or readmissions – all of which has been achieved through the use of improvement approaches in many settings – offer obvious productivity and efficiency gains. Moreover, by empowering those closest to the problem to develop solutions that best meet the needs of **patients and staff**, improvement approaches allow the development of robust interventions that can be sustained.

Enabling service transformation through the effective implementation of technology

If the vast potential benefits to **organisations, systems, staff and patients** presented by existing and emerging technologies[5] and other cutting-edge innovations[28] to transform care are to be fully realised, then the NHS will need to draw on the design and implementation expertise of the improvement community. Improvement approaches offer a structured means of ensuring that large-scale, potentially disruptive innovations are targeted where there is greatest need and carefully implemented, with due attention given to the contextual factors that can influence their long-term impact.

Supporting and strengthening positive workplace environments

The recruitment and retention of the NHS workforce is a key strategic priority that research has shown to benefit from the use of improvement approaches. Improvement can help to give **NHS staff** a greater sense of job control[37] by fostering a workplace culture[19] that is founded on promoting learning, and by instilling a brand of leadership[38] that gives teams the licence to try new things without any fear of failure. These conditions are associated with good health and wellbeing, which in turn, is likely to have a positive impact on staff absence and retention rates, and recruitment[39]. Equally, the co-production[40] methodologies that underpin improvement are a vehicle for building more equitable relationships between care professionals and those receiving care, and ensuring that **patients, service users and their families** shape local and national improvement priorities.

Delivering rapid results in crises as well as long-term solutions to complex challenges

The success of **organisation and system leaders** relies on their ability to exercise strategic ambidexterity[41] – the capacity to manage the tension between short-, medium- and long-term priorities. Improvement approaches can help tackle each type of priority. Evidence shows that the agility and creativity that improvers bring, lend health care services an ability to respond to a crisis with a speed that the situation demands. The skills and experience of the improvement community proved invaluable, for instance, in shaping NHS trusts' responses to COVID-19[42], including getting new care pathways off the ground and designing vaccination services[43] and protective equipment[44]. In Ireland, meanwhile, improvement approaches were used to support the development of a national contact tracing programme[45]. Conversely, improvement approaches can help to tackle the complex 'wicked'[46] health care problems that demand carefully considered, long-term interventions, rather than the short-term fixes that health care services are prone to employ. The rigour, discipline and technical skills associated with improvement can enable the NHS and other care services to develop robust, sustained solutions to such challenges based on a detailed understanding of why and how they have emerged.

Providing a common improvement approach that can be tailored to all health and care settings

Improvement provides a set of skills and approaches that can be applied across all health care and social care settings – although attention does need to be paid to the contextual differences between sectors. This offers clear benefits to **health and care systems**, such as integrated care systems (ICSs). While most improvement activity has been concentrated in the acute sector, research shows that improvement methods can be used in primary care to improve access to GP practices[47] without displacing care elsewhere, and to improve continuity of care[48] in general practice. Mental health[49] and social care providers, such as residential care homes[50], have also used improvement methods to address the quality and safety challenges they face.

Offering a structured and collaborative means for driving change across local systems

At **system level**, as ICSs, provider collaboratives and others seek to drive change across organisational and professional boundaries, there are significant potential benefits from the use of improvement approaches. The work of the Q community[33] has shown that people who are experienced in using improvement approaches often have well developed collaboration skills, and that these skills are frequently built by working beyond the formal authority of institutions. Meanwhile, established models such as the Quality Improvement Collaborative[51], and the Flow Coaching Academy[52], offer a structured, well-evidenced and practical approach to facilitating programmes to address shared system-level quality problems through collective action. Spreading the use of these models, and the learning from previous collaborative efforts, will help system leaders embed collaborative working firmly into the culture and practice of their systems.

As the benefits highlighted here demonstrate, the deployment of improvement approaches is critical both to meeting the immediate performance challenges facing health care services and enabling them to transform the way they operate to meet society's future health needs. In short, improvement approaches are indispensable to the future of the NHS and other care services. Organisation, system and national leaders should also take confidence from the fact that there is now a mature and wide-ranging body of evidence demonstrating the pedigree of improvement approaches. This evidence shows that it is important to pay attention to how improvement is implemented, the skills needed to do so, and the context in which it takes place. However, when due care is given to these factors, the evidence base shows that improvement approaches can provide a reliable and consistent means of driving positive and sustained change at scale.

Understanding the barriers to the uptake and effectiveness of improvement

While improvement approaches have been in use in health care for almost a quarter of a century they have still to be embraced by large sections of the workforce and their leaders. It is also the case that not all improvement activity is generating the same strategic value.

Although many improvement interventions have delivered material benefits to patients, organisations and the health care workforce, some interventions have much less impact and may not be as effective a use of health care time and resources.

There are two key issues why this is the case: differences in the perception, practice and experience of improvement and a lack of shared understanding about how change happens in complex systems. Local and national leaders need to be aware of these issues to help to inform how they craft and support sustained large-scale improvement efforts, and foster work to build improvement capability and capacity across the NHS and other care services.

Differences in the perception, practice and experience of improvement within organisations and systems

The improvement landscape is complex. It consists of a wide range of improvement modes that can be hard to understand or navigate. There is also inconsistency in the way that improvement is practised and perceived across health care settings. Improvement is not a standardised or professionalised discipline and within the improvement community there are marked differences in improvers' skills, the rigour with which improvement interventions are delivered, and the robustness of the outcomes reported. There are also variations across the NHS workforce in the level of enthusiasm and commitment to improvement. For every group of enthusiasts, for whom improvement has been a transformative experience, there is at least one sceptic, to whom the appeal of improvement is less evident. This can create challenges for local leaders planning the delivery of organisation or system-wide improvement approaches, given that success relies on the presence of a critical mass of engaged and supportive staff at all tiers, and a consistent level of improvement skills and understanding.

Why is there such a difference in people's perceptions of improvement? In some cases, it may be due to an underwhelming first encounter with improvement[53]. Others may have been put off by previous experiences of leading improvement in busy, chaotic environments in which staff were faced with an unmanageable number of improvement priorities, many of which were imposed from above, rather than developed and owned by front-line teams. This type of improvement 'initiativitis'[54] can quickly deplete a teams' enthusiasm and motivation for improvement. Sometimes the language of improvement and transformation is adopted without the principles being reflected in the reality of the activity taking place. Some may feel disempowered by the prospect of an organisation-wide approach to improvement that seeks to align improvement efforts with a central strategy and set of objectives, especially if there are concerns about the true intent and operating principles of the organisation.

A necessary first step for local leaders therefore, before embarking on an organisation or system-wide improvement approach, is to consider the legacy of previous improvement efforts. Understanding the skills developed, the lessons learned, and, crucially, people's varying experiences and perceptions, is an important precursor to the creation of a shared improvement vision and approach to capability building that connects with the mood of the local workforce.

Lack of a shared understanding about how change happens in complex systems

Another barrier to the spread of improvement approaches is the difference of opinion that sometimes emerges about the pace at which meaningful improvement is possible, the scale of impact that is achievable and the support required to drive change. Underpinning these differences is often a lack of consensus about how change happens in complex systems.

The complexity[55] inherent in social systems affects not just the pace at which change can be delivered, but the manner in which change is carried out, the skills required and the type of outcomes possible. For a start, it means that sustained improvement is reliant on a broad set of advanced technical skills and leadership habits and instincts to manage this complexity, which require investment in staff to build. Significant knowledge and skill are needed to accurately diagnose the root causes of a system-wide operational failure, to redesign a care pathway or to measure the impact of a large, multi-organisational intervention. The time required to plan, implement and embed an intervention means that change leaders also need a sophisticated set of relational skills in order to maintain the momentum and focus of the coalition of people involved in the work.

A consequence of this complexity is that it is hard to predict how any given improvement intervention will evolve, or what its outcomes will be. Common improvement approaches such as the plan-do-study-act cycle[56], which involve a structured experimental learning approach to testing changes, reflect this uncertainty and the improvised nature of much improvement. Similarly, this complexity makes it difficult to isolate the causes and impact of change. The NHS is a social system, based on a dense network of relationships that evolve in response to internal and external events. This state of flux makes it hard to develop change narratives that make definitive associations between a given set of actions and outcomes. This is especially so in the case of improvement interventions, whose success in a particular setting may rely on certain context-specific relational and behavioural factors that may not be replicated elsewhere. As a result, impact findings often need to be framed with caution, which can be frustrating to some national and local leaders, who are looking for clear advance commitments to certain outcomes and definitive evidence of impact.

One way to resolve these tensions is to create opportunities for consensus building between the leaders and staff involved in delivering, leading, governing and commissioning change efforts. In creating such a dialogue, particular attention needs to be given to the evidence base for improvement, and to the level of evidence required by local and national leaders in order to authorise investment in improvement capability building, among other things. As the previous section shows, good, robust evidence does exist. This suggests that those involved in delivering and supporting improvement work need to pay particular attention to how such work is presented and communicated, especially to leaders responsible for commissioning and resourcing improvement work.

The scope of this consensus building should be as wide as possible. As well as involving those with a direct or indirect interest in improvement, or the wider health care transformation agenda, it should include people and agencies with a quality assurance or performance management focus. This will help to bridge the gaps between the various

service-delivery and change-related narratives that exist in the NHS and other care services, and to create broad-based agreement about how improvement can successfully contribute alongside other change-related approaches to shaping the future of health care.

What needs to happen to embed improvement across all health care settings?

Improvement approaches are indispensable to healthcare providers and systems. They are essential when it comes to tackling the most pressing performance challenges facing the service, providing a collaborative and inclusive approach capable of delivering sustained improvement at scale. This section describes five key factors that need to be in place to embed improvement into the routine strategy and operations of all health care organisations and systems so that they are able to maximise the full potential offered by the universal adoption and application of improvement approaches.

Create consensus about the role of improvement in driving sustained change across health care

Success in embedding improvement across health care relies on those with a stake in improving health care to be willing and able to build consensus about the purpose, scope and delivery of improvement and its role in driving sustained change across health care. This consensus building work needs to take place across the health care sector. National and regional stakeholders and provider organisations, system bodies, networks and collaboratives present in each local health care system need to be involved. While the policy commitment in NHS Impact is an important foundation, the consensus needed relies on broad ownership and therefore deep engagement at local, regional and national level.

Recognise and foster the mediating role of local leaders

Local organisation and system leaders have a crucial role to play in creating the right contexts for sustained improvement at local level. One of their key functions is to help to navigate and defuse any tensions among local stakeholders and between local and national partners relating to the goals, scope and delivery of local improvement efforts. In practical terms, this means managing and shaping the expectations of key local and national stakeholders, building coalitions where possible and championing the work of those leading improvement initiatives.

The willingness and ability of local leaders to perform this mediating role has a major bearing on the success of any improvement activity at organisation and system level. A common characteristic of high-performing improvement-led organisations[25] is the presence of politically adept leaders[57,58] who understand the strategic value of improvement and are skilled in reconciling the disparate and sometimes conflicting views of improvement of different stakeholder groups. These leaders are also pragmatists. They are conscious of the difficulties involved in embedding any kind of change in a system as large and complex as a health care provider organisation. Furthermore, they understand

that no single change methodology, however sophisticated, or well implemented, is able to circumvent these challenges. They recognise that while it takes time to build improvement capability and experience, or to embed complex social and technical interventions, it is still possible to deploy improvement approaches at pace – as was shown during the pandemic[44].

Effective local leaders also have a strategic role in managing and coordinating the improvement activity taking place across their organisations and systems. They build out from small-scale improvement activities taking place locally, and look for ways to build on the skills, energy and momentum that this work generates. However, the leaders of high performing improvement-led organisations have also been shown to direct the majority of their available improvement resource and expertise towards well-planned interventions that are best placed to help achieve organisation, system and national level objectives[41]. Such alignment is seen as key to securing support from across the workforce, especially managers.

Ensuring that local leaders in every area have the opportunity to strengthen and deploy these strategic and political skills, and to build their experience of overseeing diverse improvement portfolios, will help to unlock the potential of improvement across all health care settings. Their ability to do so, however, rests to some extent on the presence of supportive local system partners and national stakeholders.

Create an improvement-centred vision for the NHS and other care services

Improvement approaches have the most impact as part of coordinated, aligned and multi-facetted strategy to drive change at scale across health care. Data-driven models of improvement such as learning health systems[34], and quality management systems[26] that seek to align quality planning, assurance and improvement, illustrate the benefits that come from integrating improvement approaches into the strategic change architecture of the NHS and other care services. But this is only the start. Improvement needs to be an integral part of every major national, system and organisation-level initiative that has a bearing on health care performance. This will send a clear signal that improvement approaches have a critical role to play in ensuring the long-term sustainability of the NHS and other care services. In England, for example, the new NHS Impact approach to improvement[13] should be regarded not as a discrete entity, but as something that influences and shapes all policy and regulatory interventions taken by the government, NHS England and other arm's length bodies.

Build connected improvement ecosystems

Creating ecosystems capable of connecting, supporting and empowering people to use appropriate improvement methods and ideas is vital to enabling the wider uptake of improvement approaches. These network-based ecosystems operate within and across organisations and look to broker opportunities for skills and knowledge building. Among other things, they allow knowledge and insights to flow freely between interventions, and for those involved in improvement to hone their skills in an intentional way by working on different types of large and small interventions in a range of settings. As well as creating a broad evidence base about how to tackle complex, system-level challenges, these

connected ecosystems help to raise the level of technical expertise and experience of those delivering improvement , while still encouraging the spontaneity and spirit of curiosity that fuels much improvement work.

System level bodies, such as integrated care boards, and provider organisations have an important part to play in encouraging and supporting the emergence of connected improvement ecosystems. The Q community[33], with its 5,000 members and nationally funded connecting infrastructure, is well placed to provide a platform for improvers to gain and share learning locally, and make relevant connections: new partnerships between the Health Foundation, Q and NHS Confederation[59] and with NHS Providers[60] provide opportunities to build and strengthen these connections.

Ensure that improvement is properly resourced

Securing the necessary resources to plan and implement change efforts in a considered and rigorous fashion is a perennial concern. Team-based improvement work is often contingent on whether staff can be released from their normal daily responsibilities for long enough to get their intervention up and running. Similarly, it is hard to sustain improvement networks without dedicated personnel or funding to convene and administer them. Organisation-wide improvement approaches[25], meanwhile, require significant upfront investment. The success of many high-performing improvement-led NHS trusts, for instance, has been contingent on their ability to find sufficient 'slack'[57] – space for leaders, managers and improvement teams 'to do the doing' as well as the 'space to think' – to implement and sustain an improvement strategy in parallel to their day-to-day strategic and operational business. Without the resources to create such slack some trusts have found it hard, if not impossible, to get their organisation wide improvement approach off the ground – even when they have the support of a keen and well-motivated board and executive team.

It is vital therefore that system and organisation leaders, working in close partnership with national policymakers, have the confidence and the means to invest in improvement approaches, as a core means of delivering organisation, system and national objectives. Doing so will lead to a step change in leaders' ambition and attitudes in relation to improvement. Rather than receiving piecemeal funding that is disconnected from an organisation or system's core business, it will ensure that improvement leaders benefit from long-term, consistent support and funding.

Conclusion

Improvement approaches are indispensable to the NHS and other care services. The evidence shows that they are key to enabling these services to tackle the biggest and thorniest delivery and transformation challenges they face. With the right support, resources and encouragement at all levels, improvement approaches could soon be in common use in every health care setting. This will be key to harnessing the energy, practical experience and technical know-how of all staff to meet today's challenges and imagine and shape the health care landscape of tomorrow.

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