

Are you ready to build and sustain improvement? An organisational checklist*

1. Testing the water: organisational preparation

Processes	In place (yes/no)	Currently working on this by...	Clear understanding and consistent approaches as evidenced by... (examples given but other examples can be used)
Board understanding of continuous improvement in patient safety			<ul style="list-style-type: none"> • Board agenda and debate • Board training • Board visits to parts of the organisation at least weekly • Shared goals with commissioners • Shared and longer term goals with network partners or commissioners • Collaborative involvement over wider health economy • Appointment of clinical leaders to champion and report on progress directly
Governance structures that support performance and improvement			<ul style="list-style-type: none"> • Aligning performance with improvement area • Using run charts and statistical process control (SPC) charts not just RAG rate or tables • Clear evidence of improvement over months and years not just month-to-month variation • Technology, staff and facility decisions aligned with quality improvement (QI) findings • Mortality reviews direct QI activities
Quality improvement (QI) capacity <ul style="list-style-type: none"> • Trained staff • Other service improvement expertise 			<ul style="list-style-type: none"> • Internal training programme covering all staff (clinical and non-clinical) • Use of external resources (eg Academic Health Science Networks and Institute for Healthcare Improvement Open School) • Brought other improvement staff together as one team • Brought risk and complaints together with improvement experts • Know the number in the organisation with QI skills

Are you ready to build and sustain improvement? An organisational checklist*

2. Building the right foundations

Processes	In place (yes/no)	Currently working on this by...	In place and evidenced by...
Business case for quality and safety improvement at organisation level			<ul style="list-style-type: none"> System-wide and local business case understands relationship between reducing needless harm and cost
Business case for quality and safety improvement at department level			<ul style="list-style-type: none"> Departmental priorities include reducing needless harm with clear QI work plan (eg actions and measurement strategy)
Central improvement team available to all parts of the organisation to support and enable QI			<ul style="list-style-type: none"> Central team working arrangement designed to support improvement teams
Staff engagement in patient safety and quality improvement work			<p>Workforce articulate:</p> <ul style="list-style-type: none"> their involvement in improving the way work is undertaken that their ideas are valued involvement in wider QI work across local or regional systems to share progress

Are you ready to build and sustain improvement? An organisational checklist*

3. Getting started

Processes	In place (yes/no)	Currently working on this by...	In place as evidenced by any of the following or other activities and outcome changes
QI training includes involvement in on-project coaching			<ul style="list-style-type: none"> • QI training programme and breadth of attendance • Progression of training from basic to advanced
Staff and users of services included in improvement work			<p>Patients, carers, staff and public:</p> <ul style="list-style-type: none"> • involved and participate in the improvement • patients co-producing solutions to problems • involved in leading or oversight of QI work
Job plans and rostering provides flexibility to undertake improvement activities or coaching sessions			<p>Appraisal including revalidation systems seeks evidence of QI work/team development/ Human Factors/simulation</p> <p>Staff groups enabled include:</p> <ul style="list-style-type: none"> • nurses • doctors • allied health professionals • health care support (eg health care assistants, housekeeping, porters) • management and administration • facilities and IWT • communications teams • project management office
Areas where early wins are likely have been identified and are the focus of attention			<p>Within last year projects have been initiated and are starting to show shifts in performance:</p> <ul style="list-style-type: none"> • front line clinical • support clinical • administrative, equipment, facilities, finance, HR

Are you ready to build and sustain improvement? An organisational checklist*

4. Sustaining improvement

Processes	In place (yes/no)	Currently working on this by...	In place as evidenced by any of the following or other activities and outcome changes
Training in QI and patient safety is evaluated by how change is subsequently made and whether the change is sustained in measurable ways			<ul style="list-style-type: none"> • Project teams sharing internally and externally • Rotating staff bring ideas and work on them locally • Projects are clearly initiated by front line teams and supported by health care leaders • Celebration and promotion of wider sharing (eg through journals, conferences, BMJ Quality)
QI methods are expected as a staff skill and appraisal geared to encourage this			<ul style="list-style-type: none"> • All staff have fundamentals training • Induction explicitly offers an introduction to QI and patient safety as core to working in organisation • CPD/training programmes and annual appraisals/leavers interviews seek evidence of QI activities
Management at every level supports and encourages improvement work			<p>All parts of organisation are:</p> <ul style="list-style-type: none"> • using QI methods • aware of the QI work in other areas of organisation, in part or in detail • seeking to understand and reduce waste of every type • articulating the patient experience as fundamental to management and service design and investment or disinvestment decision making
Recruitment and retention strategies articulate the enablement of staff to participate in QI			<ul style="list-style-type: none"> • Is part of job descriptions • Is part of the interview and induction processes • Is supported by access to online, face to face and/or on-project coaching and education
Each area of the organisation has visible evidence of knowing how good it is and how it is working to improve			<ul style="list-style-type: none"> • Regular team meetings discuss PDSA cycles and embedding new ways of working • Reliability of existing and new ways of working is demonstrable • Data available for staff to review and discuss • Data available in public areas showing work underway and approaches to pace of improvement (learning from adaption and adoption) • Team working and multidisciplinary approaches are the norm in addressing problems