

1.18.1 Continuous Improvement (CI) – Value for Money (VFM)

Please describe your approach to continuous quality and service improvement to ensure enhanced performance and value for money are delivered each year.

(Maximum Word Count 500 words)

Words used = 499 excluding chart as per CQ response

CI will be driven at contract level by the Clinical Service Manager, who is an ANP with significant experience of the service and primary and community care across Staffordshire. She will be supported by the Operations Manager, with 23 years' OOH experience in Staffordshire, and our Staffordshire Governance Manager. The Regional Head of Clinical Governance will oversee all processes.

Corporate support will be via monthly Regional Quality & Governance Meetings, which will review CI opportunities across the region. These meetings produce quality/governance reports for the Quality & Safety Committee that reports to the Executive Board.

The corporate quality function will support development of audits, PDSA cycles, risk management and quality-standard oversight and will develop/mentor staff in quality-improvement methodology.

1.18.1.1-CI model

CI is a cornerstone of our Quality Strategy. We use a 5-step model to identify, assess, implement and evaluate improvement opportunities, embedding successful ones into standard practice (Figure 1). 'Success' includes demonstration of enhanced performance and VFM.

Our primary quality-improvement methodology to implement initiatives is the PDSA cycle, however, we also use techniques such as Lean to identify and remove different kinds of 'waste' from processes and e.g. marginal gains as appropriate.

Processes to identify initiatives/improvements include:

Patient experience and stakeholder engagement	Accessing views of hard-to-reach groups and those with specific conditions can identify improvement areas e.g. mental-health services are often not available OOH, understanding patients' views on how/when to get care and assessing historical patterns of care needed can identify co-design improvement opportunities.
Clinical/non-clinical audit	Learning from audit informs quality-improvement initiatives and identifies areas for wider team development, further exploration and potential process change.
Deep dives	e.g. staff attitude complaints identify specific themes that require staff training/development or communications to the public. Understanding why users complain is crucial in developing/delivering CI
Process failure	Reported via Datix, improvement activity reduces likelihood of recurrence. A continuous cycle of action, learning, audit, action occurs until we have evidence changed practice.

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End-to-end reviews	Working with partners, we follow patient journeys to identify areas for improvement in practice and reduced duplication. Focusing on highest-use pathways first and finding solutions to reduce patient journey times can release capacity for other activities.
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1.18.1.2-CI model in the GP-OOH contract

Figure 1 shows how our model will operate on the GP-OOH contract via the contract leads and Area Operations Director (contract accountable role) collecting, assessing and implementing opportunities. We will direct efforts at understanding service demand and potential gaps in provision, developing initiatives to support current pressures/demands on OOH contracts e.g. managing demand for OOH dental care, palliative care and mental-health care and working with partners on initiatives to see patients at the right time in the right place by the right skillset.

Quality improvements demonstrating e.g. enhanced performance or VFM will be embedded via 1:1s and 'huddles' on shift to cascade learning. These processes also facilitate staff engagement/feedback, cascading new ideas to quality and governance staff for exploration and possible development into service initiatives, audits and quality-improvement actions.

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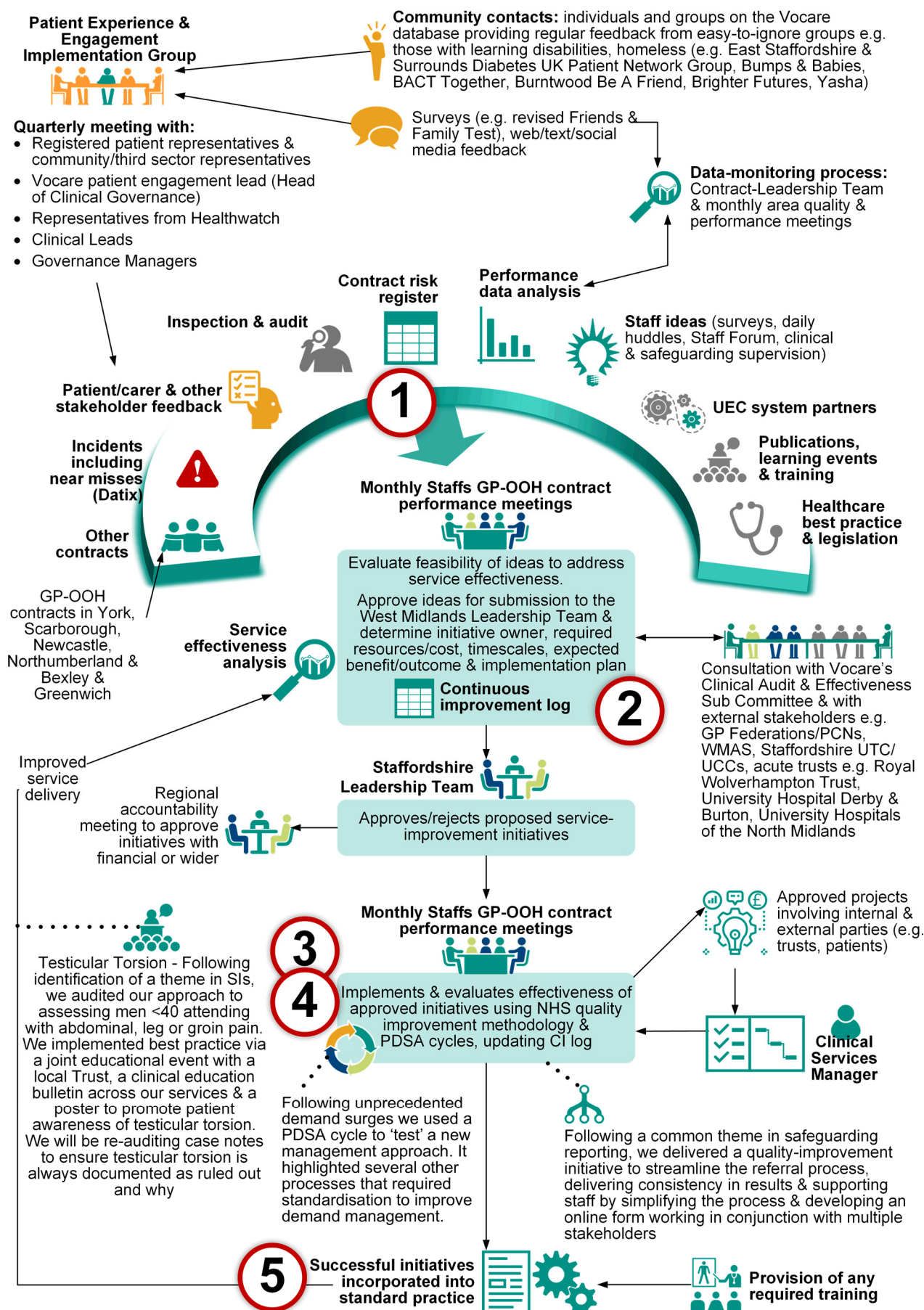


Figure 1: Continuous improvement on the GP-OOH contract