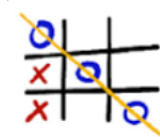


The GSQIA Silver course will provide structure and support in undertaking a Quality Improvement (QI) project.

There are a few factors to consider before starting:

What type of project do you have? Which of these statements is true? (based on the Cynefin Framework)

- 1) There is an obvious solution (or solutions) which will make this problem better, or go away entirely, and a clear path to take. Everyone in the team and all of the stakeholders agree that this is the case. Eg implementing a standardised protocol
- 2) The creation of the solution and the pathway that is required is complicated, and needs the support of an expert in the field to allow this to occur i.e. requiring an understanding of best practice and applying it
- 3) There is no obvious solution to the problem, things will need to be tried out in order to understand what makes it better i.e the relationships between cause and effect is not immediately clear
- 4) Everything is chaotic and dysfunctional. This requires action of some sort, the ability to analyse its effectiveness, and respond to strategies as more information becomes available. The immediate goal is to establish order and then move towards a more structured approach



If you've answered as statement 3, then this can be developed as a QI. Statements 1 and 2 refer to projects that require a project management structure. Statement 4 requires novel strategies to create stability, which may then fall under QI.

Do you have data that shows that this problem really exists and isn't just anecdotal evidence or one person's opinion?

Is it the right time to be completing this project? – will the intended improvement have a sizable impact on patient or staff experience, safety, effectiveness, finances, environmental impact? Does every agree that it needs doing now? Is there the resource (time and capacity) in order for this improvement work to be undertaken? The Trust has a prioritisation matrix to help consider where the project lies, based on the source of the requirement (see below)

Where will the project be monitored until the desired improvement level has been reached and maintained? And how will the team/department/specialty/division be assured moving forwards that things haven't reverted back again?

Priority 1: External 'Must Do's'
Failure to deliver these improvements / audits may carry a penalty for the Trust (financial / reputational):
<ul style="list-style-type: none"> <li>• National Clinical Audit required for Quality Accounts (includes NCEPOD)</li> <li>• Statutory requirements (i.e., NHS England)</li> <li>• Externally published Trust Objectives</li> <li>• CQUINS or other commissioner priorities</li> <li>• New and existing national targets / commitments</li> <li>• National Benchmarking negative outliers</li> </ul>

Priority 2: Internal 'Must Do's'
Organisational priorities, Trust governance issues, high profile local initiatives:
<ul style="list-style-type: none"> <li>• Patient Safety issues/safety alerts</li> <li>• Clinical or Trust Risk issues - SIs/ identified hazards</li> <li>• External accreditation schemes</li> <li>• Peer review</li> <li>• Compliance with CQC outcomes / improvement notice</li> <li>• NICE guidance and quality standards</li> <li>• Sustainability / Green Agenda</li> </ul>

Priority 3
Initiatives identified within Divisions / Specialties / Services as important pieces of work:
<ul style="list-style-type: none"> <li>• National audits not part of Quality Accounts (e.g. Royal College initiated)</li> <li>• Guidance from professional bodies</li> <li>• Local guidelines / policies</li> <li>• Patient / staff experience initiatives not included in Priority 1/2</li> </ul>

Priority 4
Locally initiated improvement initiatives which do not fall into any other categories:
<ul style="list-style-type: none"> <li>• Other interest</li> </ul>

Please contact [ggn-tr.gsqia@nhs.net](mailto:ggn-tr.gsqia@nhs.net) if you'd like to discuss your project plans further.