

Increasing Quality Improvement Capability Within South Ayrshire Health and Social Care Partnership (SAHSCP)

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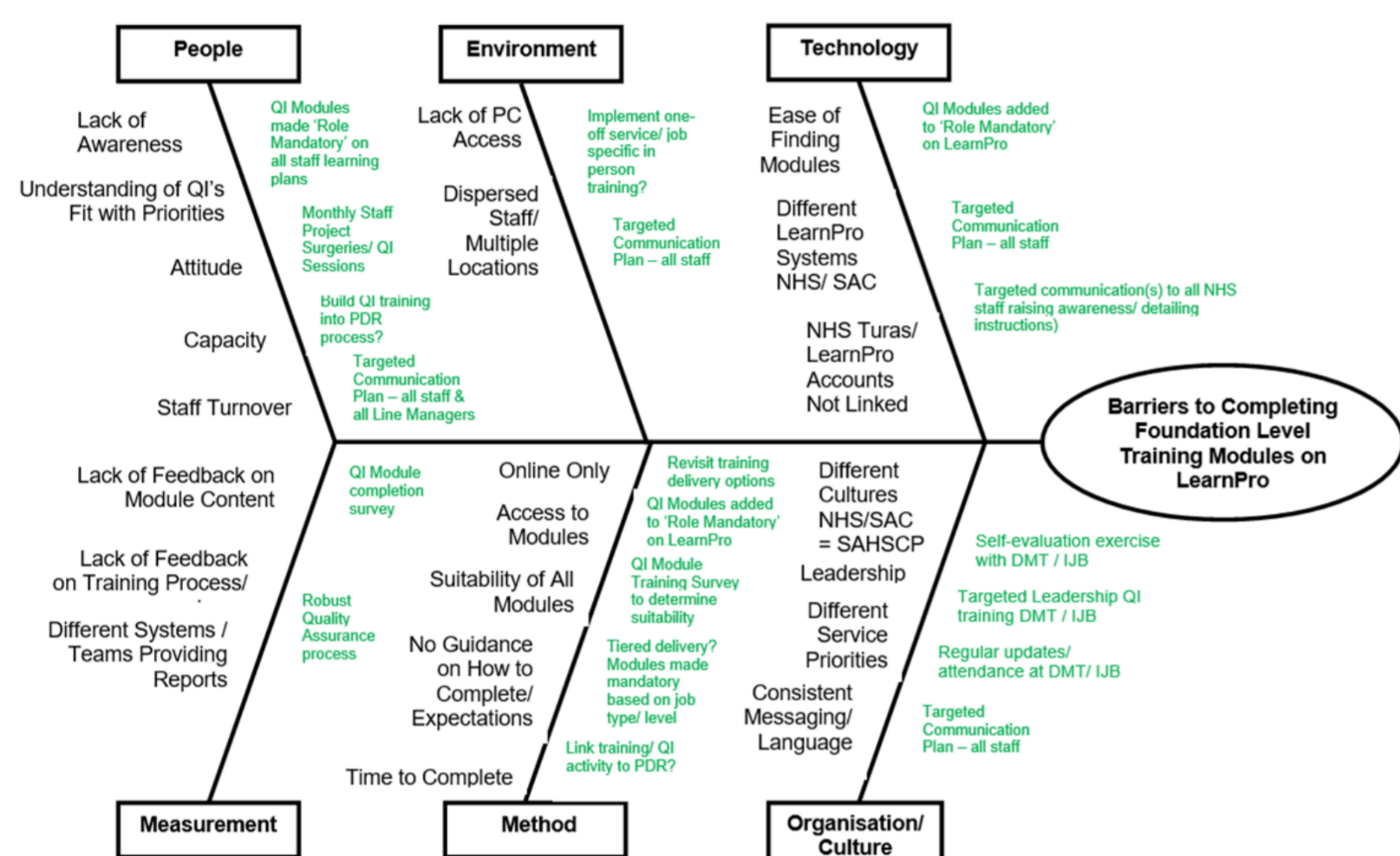
Introduction

Change is occurring rapidly in our society. The increasing demand and cost pressures for health and social care services requires we embrace change and find ways to deliver positive, long-lasting change. SAHSCP has an improvement vision to, “empower our workforce to deliver quality services, supported by a culture of continuous improvement”. The expected benefits of this include an increase in productivity; improved service quality leading to improved service user outcomes, and team and partnership working; and engaged and empowered staff. In pursuit of this, the focus has been on developing a training programme to build improvement capacity and capability.

Aim

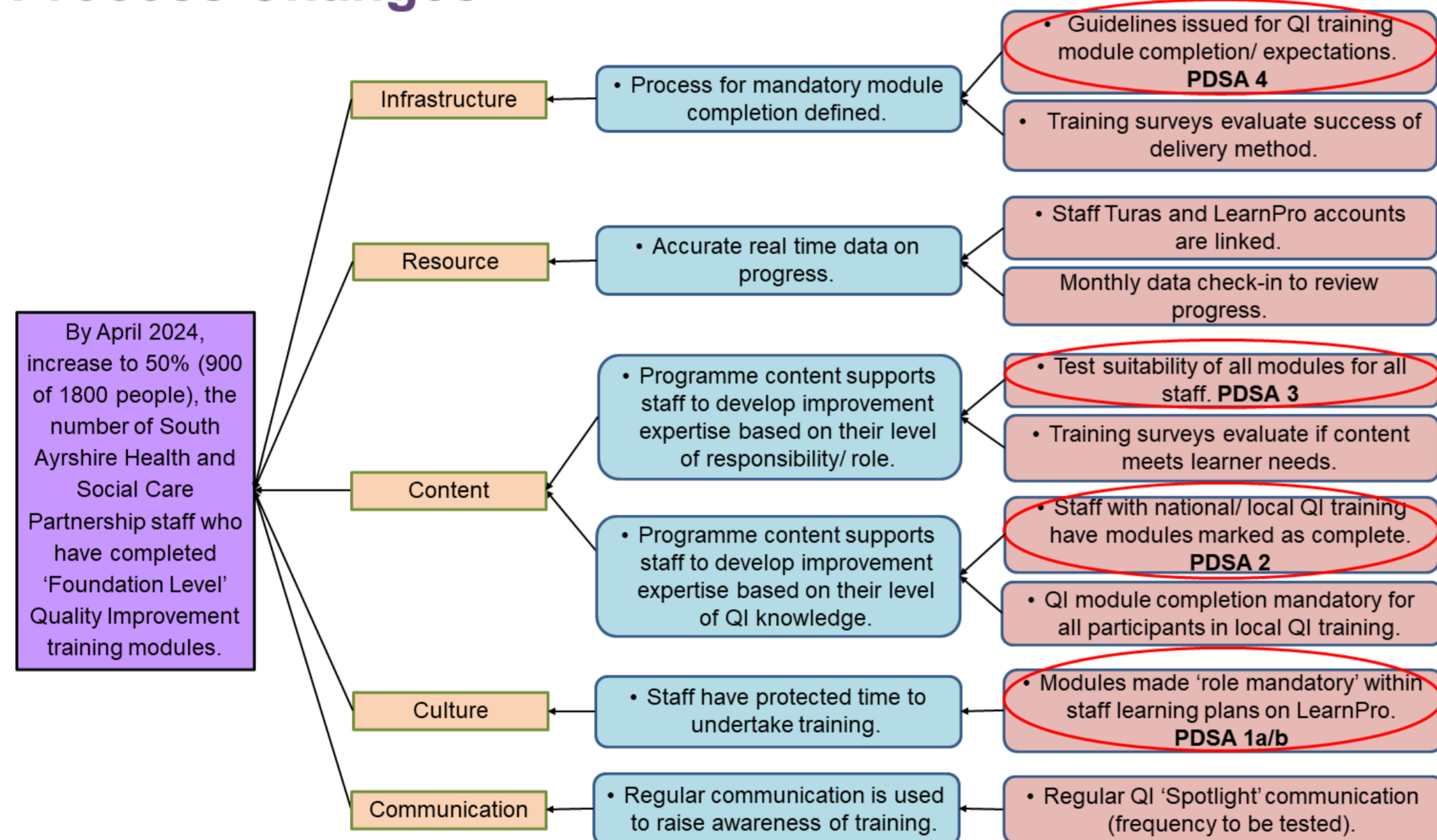
By April 2024, increase to 50%, the number of SAHSCP staff who have completed ‘Foundation Level’ Quality Improvement training modules, in alignment with SAHSCP’s Framework for Quality Improvement.

Method



The QI Delivery Group reviewed qualitative and quantitative data which revealed awareness of QI and available training modules was low; and ease of access to modules varied dependent on the parent organisation within the HSCP. A Cause-and-Effect Diagram was produced detailing barriers to completing the training modules; and to help identify change ideas.

Process Changes

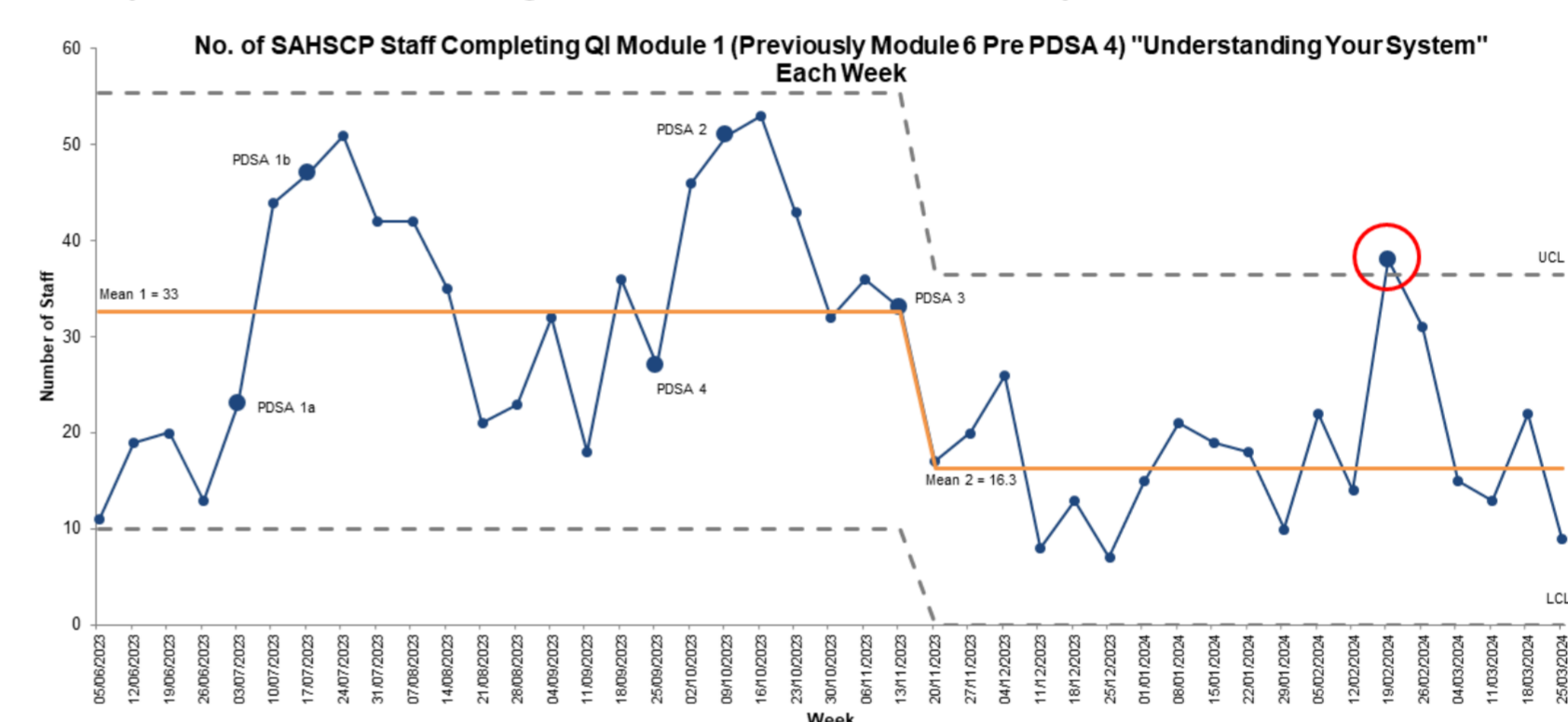


Key Learning Points

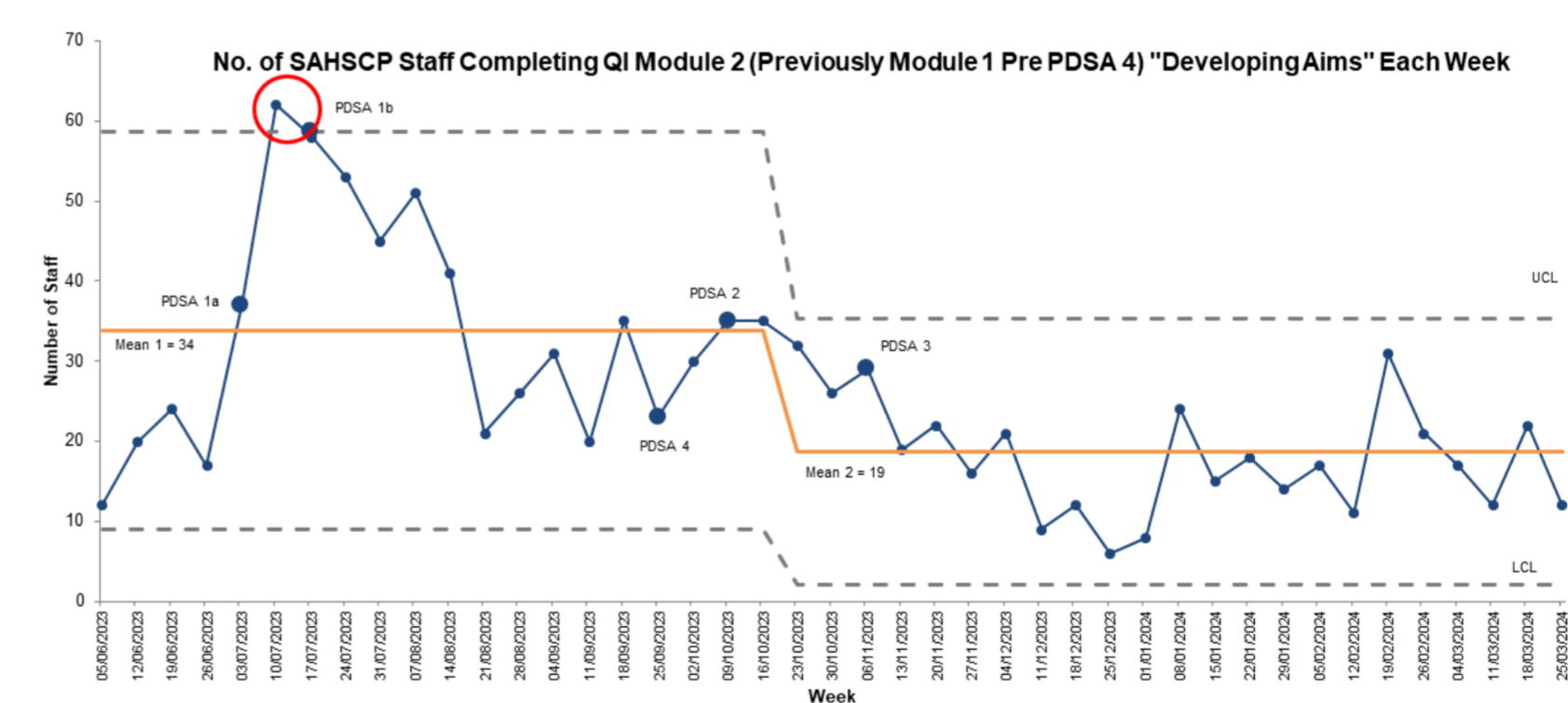
- Importance of leadership and team buy-in and engagement.
- Benefits of a team approach to delivering improvement.
- Impact of human behaviour on a task – others can view a process differently.
- The power of small-scale improvements to deliver results.
- Importance of both quantitative and qualitative data to tell the story.

Results

Project outcome measure is cumulative and did not support identification of variation in the system. Process measures indicating weekly uptake of training modules was used instead to identify variation in system resulting from PDSA activity.



“I found all modules to be helpful as a collective and aim to use them in our service review”.



“These modules were really helpful in supporting my knowledge of QI”.

- The system shows signs of special cause variation from PDSA 1.
- Data analysis identified modules were being completed out of order so PDSA 4 was implemented quickly to counteract this.
- It is assumed that winter pressures resulted in a sustained shift from October 2023 onwards. PDSA activity stopped during this time.
- Special cause variation seen in February 2024 was due to a general communication to staff on mandatory training requirements.

Conclusions

- By 31st December 2023, 56% of SAHSCP staff completed ‘Foundation Level’ QI training modules – exceeding the original target of 50%.
- The system is limited by the overall number of staff and so it is anticipated that uptake will reduce over time as the number of staff still to complete modules reduces.

Next Steps

- Progress work towards a stretch aim of 75% using data to target staff by service area and job role.
- Develop training programme to build improvement capacity and capability.

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