

The Southeast London Improvement Collaborative Glossary of terms used in Quality and Improvement

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What is the Southeast London Improvement Collaborative?

The Southeast London Improvement Collaborative is a system-level group of quality and improvement leaders from King's College Hospital, Guy's and St. Thomas', South London and Maudsley, Oxleas, Lewisham and Greenwich NHS Foundation Trusts, Clinical Effectiveness South East London (primary care) and the Southeast London Integrated Care Board.

The group meets regularly to share knowledge and collaborate on quality improvement initiatives. The aim of the group is to build a health and care system in Southeast London where activities to improve quality are interconnected, and integral to all aspects of health and care delivery.

Why have we created this glossary?

When working together it is important that we are all clear on the meaning of keywords and terms, especially when some words, like quality, can mean different things to different people. Clear definitions are a vital starting point for collaborative working. They can reduce misunderstandings and increase the clarity and effectiveness of communication. Many different resources were drawn on to create these definitions, including documents and websites by the National Institute for Health and Care Research, NHS England, and the Institute for Healthcare Improvement.



Definitions

Quality means providing the best possible care for patients and staff. It involves making sure that care is safe, effective, person-centred, rapid, efficient, equitable and sustainable for the future.^{1,2}

Improvement is the act of making something better. Healthcare improvement can be done in many different ways. For example, through careful planning of services, training, quality improvement, innovation and transformation. When improving services, measurements can be taken before, during and after introducing changes to understand how services are doing and whether things are getting better. Specific activities are also needed to make sure that any improvements are embedded into the day-to-day running of the healthcare organisation.

(Clinical) audits look at whether a service is currently providing care in line with specific standards. Audits can reinforce good practice and identify things that need to be made better.^{12,13}

Collaboration involves ongoing partnership between members of the public and the research and/or healthcare staff, where decisions about the work or project are shared. For example, the public member collaborates with staff to develop a service improvement plan.¹⁴

Consultation involves asking patients, carers and the public for their views and using their views to inform decision making. Consultations can be one-off events taking place online or in person and views can be gathered in writing or verbally.¹⁴

Co-production is a way of working in partnership, where staff and members of the public work together, sharing power and responsibility from the start to the end of a project. The project is jointly owned by staff and the public member(s) as equal partners for equal benefit. All perspectives, knowledge and skills are equally included and valued.¹⁴

Culture of improvement: Shared ways of thinking and behaving that aim to encourage and empower everyone to make on-going improvements as part of their daily work and care. The aim is to give everyone the resources and permission to develop improvement skills, test changes, use data, and learn from successes and failures. Everyone listens and actively works together with patients and carers to make things better. In this culture, there is a continuous and unwavering focus on providing and embedding the highest quality, patient-centred care.^{7,8,9}

Innovation involves creating and delivering new health policies, products, technologies and ways of working, that aim to improve services and outcomes.¹⁰

Lived experience (LE) refers to unique personal insights and knowledge gained through direct, first-hand experiences of specific conditions, being a carer, and accessing and using health and social care services. LE provides valuable insights, perspectives and expertise that can be used to improve services and inform research, innovations, and policies. People with LE can also be referred to as Experts by Experience (EbE).¹⁴

Patient and public engagement (PPE) involves activities where information and knowledge about improvement initiatives and research are shared with the public. For example, sharing findings on social media.¹⁴

Patient and public involvement (PPI) refers to work that is carried out 'with' or 'by' members of the public rather than 'to', 'about', and 'for' them. It involves an active partnership between members of the public and staff that influences and shapes health and social care research and services. There are different levels of involvement associated with progressively increasing levels of power and influence for members of the public. These include consultation, collaboration, co-production and user-controlled projects.¹⁴

Public. this term public includes patients, potential patients, carers, people who use health and social care services, people with lived experience (LE) of one or more conditions (even if they are not currently patients), and people from specific communities and organisations that represent people who use services.¹⁴

Quality assurance (QA) involves occasional independent checks to make sure that services are meeting the defined standards of 'good' care. The checks can be done by people within or outside the healthcare organisation.^{3,4} In the UK, these standards are based on guidance published by the National Institute of Care Excellence and professional bodies. If these standards are not met, then an action plan is created to fix issues and problems, and to improve the way in which care is delivered in future, in order to ensure quality standards are met.

Quality control (QC) involves a set of activities that allow everyone to regularly look at how they are doing and whether they are meeting the defined standards of 'good' care, such as looking at real time feedback and data. The aim is to identify and fix problems early and make sure that everyone is consistently providing the best possible care to patients. Quality assurance and quality control share a common goal but differ in their timing and execution. Quality assurance is performed occasionally by independent personnel, while quality control is performed regularly and in real-time by those directly involved in the work.^{3,4}

Quality improvement (QI) is a structured approach, where people closest to the problem use specific tools, methods, and data to understand the problem and develop and test sustainable solutions. It is best used for complex problems, where the solutions are not already known.⁵

Quality management system (QMS) is a structured way for the whole organisation to make sure that it is providing the best possible care. It includes three components: quality planning, control, and improvement. These activities are connected and used sequentially to plan, maintain and improve the quality of care. Time, energy and resources need to be carefully balanced across all three components of the QMS.⁶

Quality planning (QP) involves creating a detailed plan to make sure that the healthcare organisation runs smoothly and meets the needs of patients and the local population. The plan includes identifying and prioritising key areas for new and improved services (quality goals and priorities) and how the organisation will deliver these, including the support, resources, and training required.^{3,4}

Research creates new knowledge that can be generalised to and impact people or settings who did not take part in the research. It involves addressing clearly defined research questions using rigorous and systematic scientific methods.^{12,13}

Service evaluations look at how well a service is currently working and achieving its aims. Service evaluations can make local recommendations for ways to make the service better.^{12,13}

Transformation refers to intentionally making radical changes to how care is organised or delivered. The aim is to create large, measurable improvements in services and outcomes. The changes are carefully planned and difficult to reverse. For example, completely redesigning the way in which mental health care is delivered.¹¹

User-controlled projects are pieces of work that are actively controlled, directed and managed by patients, carers, public members and/or service user organisations. It involves public members deciding on the issues and questions to be looked at, what and how they want things done, and writing up and sharing it.¹⁴

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