

Achieving Profound and Sustainable Improvement in Quality in NHS Wales

A Bevan Commission Discussion Paper

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The paper is offered to promote further discussion and dialogue along a pathway to seek alternative and if necessary, more radical approaches to achieve profound and irreversible improvement in quality in NHS Wales.

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Bevan Commission Staff

Helen Howson, Director- Bevan Commission and Bevan Academy, Dr Tom Powell - Research Fellow, Siôn Charles - Deputy Director, Hannah Crowney – Project Officer and Elizabeth Jones – Business Manager.

Special Advisors

Special Advisors to the Bevan Commission are Professor Marcus Longley, Professor Donna Mead OBE, Professor Marc Clement and Professor Ceri Phillips.

International Commissioners

International Bevan Commissioners are Professor Donald Berwick (USA), Professor Gregor Coster CNZ and Dr David Bratt (New Zealand).

Publications

Reports produced by the Bevan Commission are published on the Commission website at www.bevancommission.org.

Contact

All correspondence should be addressed to the Bevan Commission, School of Management, Swansea University Bay Campus, Swansea, SA1 8EN

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1 Introduction

Since the creation of NHS Wales there have been many initiatives to improve the quality of health care and as a result concepts of quality are well understood by staff. However, instances of inconsistent and sub-optimal care still arise and the NHS in Wales, as elsewhere, still has great potential to improve the quality and consistency of the care which is being provided. Recently, Ham, Berwick and Dixon have described in England, a series of “incoherent policy initiatives and competing beliefs about how to improve quality have hindered progress to date” (Ham et al. 2016).

This paper argues that progress has been equally slow in Wales for similar reasons. It recognises that further far-reaching actions are required to achieve the full potential of the health care system to meet the objectives of Prudent Health Care and improve the quality and consistency of the care that is being provided (Bevan Commission. 2014). The OECD Review of Health Care Quality: UK (OECD. 2016) which addressed Health Care Quality in Wales, reinforced the need to ensure ‘high quality health care at every encounter’ and yet we still have a long way to go.

The aim of this discussion paper is to stimulate further debate by setting out a more radical and new way forward to enable NHS Wales to improve the quality of its performance in a sustainable way, comparable to that achieved by the highest quality non health care organisations. This paper proposes that this will only be achieved through the introduction of a service wide quality management system, such as the International Standards Organisation (ISO) and other similar systems used by large organisations almost universally outside of the health care sector.

Furthermore this paper proposes that such a quality management system is not optional but should be mandatory and underpinned by legislation. This would ensure that should reforms, management changes and reorganisations supervene (as inevitable they have in the past) the quality of care is not adversely affected. This system would replace, not add to existing systems across Wales, releasing important resources, allowing the redistribution of manpower currently employed outside the immediate healthcare environment closer to the patient service interface, strengthening continuous improvement within the NHS.

This proposal also recognises that the provision of quality care is reliant upon other services and organisations outside the NHS. Adherence to quality processes and management systems based around the needs of patients will also have to be reflected in other organisations which are prepared to work toward the common goal of improving efficiency and care. Wales should lead the way to achieve sustained, high quality prudent health care by adopting an open and consistent Quality Management System.

This paper puts the case for the introduction across NHS Wales of such a system, which is both mandatory and universal. It is offered to promote further discussion to seek an alternative and more radical solution to achieve the necessary, profound and sustainable improvement in quality and safety in NHS Wales.

2 About Quality

Quality can be defined as “fitness for a purpose” (Juran. 2008), “the degree or standard of excellence” or “the degree to which the work done (product or service) matches the need it is intended to meet.” Juran (2008) observed that 40% of all human activity was recovering from failure and represents the potential for improvement in efficiency and costs which can be gained by an effective quality management system (QMS). Others estimate that proportion to be even higher, and sound research estimates non-value-added health care to be at least 25% or 30% (Lancet. 2017).

All quality systems must have the customer (or in this case the patient, family, and community) at the heart of its aims and processes and the relatively recent concept of co-production fits this perfectly. Health services do have internal customers as well as patients and the customer - provider relationships extend across all non-clinical and management activities where quality processes are equally important for high quality patient care.

In Japan the concept of “Kaizen” is widespread and refers to a “commitment to a continual improvement in quality” and has been applied to medicine (Smith. 1990, Macdonald. 1992). Continuous quality improvement is as fundamental to health care as much as any other activity and requires;

- awareness of the need for improvement and a willingness to improve
- measurements i.e. data
- a service or product
- a system to implement improvement and hold the gains
- capabilities in the people throughout the system to engage effectively in continual learning and improvement

The purpose of quality systems are to ensure the meeting of the needs of customers, (in this case the patient, family, and community) by continually eliminating errors and waste, continually improving reliability and efficiency, continually reducing costs, and embedding processes for continuous improvement and productive innovation of all processes, products, and services within the system.

Quality management processes should harness the ideas and enthusiasm of all grades of staff, empower staff, patients, and carers to be able to influence the process of care and ultimately help improve the quality of patient experiences and outcomes. Berwick et al (2008) identified the Triple Aim as a method for improving quality in the U.S. health care system, which identified the need for the simultaneous pursuit of three aims: improving the experience of care, improving the health of populations, and reducing per capita costs of health care. It could be argued that one means of applying the Triple Aim is through the application of the prudent principles together.

3 Quality Policies and Reports in Wales

Wales has been proactive in leading quality improvement over a number of years. Two present Bevan Commissioners are former leaders in the Welsh health service and report that significant efforts and indeed progress was made in introducing quality concepts and programmes in their time in office.

The first Director of NHS Wales 1984-94 initiated a quality assurance programme which put quality strategies at the forefront of health service management, and published a quality strategy as part of a suite of operational policies in 1990 (Owen. 1990). A former Chief Executive Officer of Bridgend and District NHS Trust recalls “implementing a TQM programme for Mid Glamorgan Health Authority back in the eighties and carrying forward into the Bridgend and District NHS Trust.” (Williams, 2016).

The following presents an overview of some of the policies and publications in which quality has played a key focus;

3.1 Together for Health – Welsh Government (2011)

Together for Health, which was founded upon the Bevan Commission’s paper ‘Forging a Better Future’ (Bevan Commission 2011), identified key areas in which NHS Wales must move forward;

- transparency on quality, delivery, patient experience and cost
- a “compact” with the public about expectations
- building on the benefits of the Welsh system
- service reconfiguration and genuine transformation adopting world class efficiency measures /outcomes
- increasing the pace and adoption of best practice / efficiency

3.2 The Quality Delivery Plan for the NHS in Wales 2012-2016 – Welsh Government (2012)

This set ambitions for achieving excellence in Welsh healthcare by 2016 with a vision for a quality driven NHS, focused on providing high quality care and excellent patient experience through four key drivers; enthusiasm and ambition of NHS staff; views of the public; transparent reporting of performance; and a system that supports progress. It set out the following distinct and consistent characteristics of quality-driven healthcare organisations;

- clear organisational values and goals
- visible leadership at all levels
- strong employee engagement and satisfaction
- a relentless focus on improvement
- robust systems for reporting and learning
- openness in all that they do

This plan provided a road map for improved quality but did not establish a system for delivering it. It emphasises that it is a responsibility of all staff to be involved and that it should be considered in all processes.

3.3 1000 Lives Plus – Improving Quality Together (2011)

‘Improving Quality Together’ is a useful framework of core skills which is developed for NHS Wales’ staff and its contractors. The framework is supposed to provide a common and consistent approach to improving the quality of services in organisations across Wales, with good guidance available.

This framework has delivered generic training of many staff about quality rather than any formal assessment of quality in practice. It was not intended to deliver a quality management system. This was left to the individual employers, Health Boards and Trusts. Thus awareness of quality is relatively high, but not supported by a systematic process of improvement and assurance.

3.4 An overview of Governance arrangements in Betsi Cadwaladr (WAO 2013)

This 2013 report recommends that the Welsh Government:

- explore in more detail how it can enhance the sharing of good practice, in relation to good governance, and where possible give greater direction on such practice and monitor compliance with any directions issued
- require health boards to routinely share with them the outcome of all work commissioned as a result of serious concerns arising from complaints
- implements a more systematic approach that ensures that concerns and complaints in the future are adequately dealt with at health board level, and if not, that these are escalated to the Welsh Government much sooner than is currently the case
- recommends that Government develops a national suite of quality and safety indicators to support health boards in delivering high quality care and to promote early identification of safety concerns

3.5 Prudent Health Care – Bevan Commission (2014: 2015)

Prudent Health Care This is defined as ***‘health care which is conceived, managed and delivered in a cautious and wise way characterised by forethought, vigilance and careful budgeting which achieves tangible benefits and quality outcomes for patients’***

Informed by the work of the Bevan Commission and supported by Ministers, the NHS in Wales is adopting the principles of prudent healthcare as it responds to these challenges. Prudent healthcare puts NHS Wales at the front of a growing international effort to get greater value from healthcare systems for patients. The principles of prudent healthcare are that any service or individual providing a service should:

- achieve health and wellbeing with the public, patients and professionals as equal partners through co-production
- care for those with the greatest health need first, making the most effective use of all skills and resources
- do only what is needed, no more, no less; and do no harm
- reduce inappropriate variation using evidence based practices consistently and transparently

These principles can be mapped across to fundamental requirements of a Quality Management system (see section 9)

3.6 Governance in the NHS in Wales – Wales Audit Office (2016)

This review has identified some of the structural difficulties:

“There are particular challenges for Quality and Safety Committees. Unlike the Audit Committee which has a well-embedded programme of assurances provided by a range of expert assurance providers, the assurances provided into Quality and Safety Committees are more reliant on assurance flows from a range of sub-Committees and management groups. This presents additional challenges around ensuring there is an effective flow of information to the committee. Given that so much of an NHS organisation’s business can be classed under the theme of quality and safety, there is also an on-going challenge in keeping the agenda for this committee manageable whilst ensuring that important quality and safety issues are adequately considered.”

3.7 Organisation for Economic Co-operation and Development - OECD (2016) Reviews of Healthcare Quality: United Kingdom

This report identified the following actions for Wales to take to ensure health care at every encounter and continuously improving care across the system;

- secure accountability, drive standards and promote innovation
- put primary care front and centre as a force for dynamic system change
- make Wales a data-driven system
- do more to promote the patient voice

3.8 Core values for the NHS in Wales (NHS Wales 2016)

In 2016 the core values for the NHS in Wales were identified as follows:

- putting quality and safety above all else
- integrating improvement into everyday working
- focusing on prevention, health improvement and inequality
- working in partnership; investing in staff

4 The Current Approach to Quality Improvement

The system response in Wales and across the UK to calls to improve quality in health care has been to strengthen the size and number of inherently hostile inspection organisations. The serial production of lengthy reports has had little impact and further demoralises already fatigued and disempowered staff and draws badly needed time and energy from patient care. This approach is not evidence based (Ham et al 2016).

A consistent feature of all documents which refer to Quality across the NHS, are exhortations about the need for all staff being committed to it. What is missing is sufficient attention to consistent and strong leadership, systematic training and development of all staff, as well as the articulation of a universal quality management system to support its delivery. This is required to provide an effective framework to secure the sustainable improvement of quality, which is resistant to reorganisation and factional influence.

‘Achieving Excellence’ was the quality delivery plan for the NHS in Wales for the period 2012-2016, which had strong political leadership from the Health Minister and the Director General/NHS Chief Executive. The vision referred to involved improving ‘policy, training, systems and processes’, with an assumption that this would lead to improved outcomes for patients. Thus there was an investment in and target to train many directly employed staff in quality by March 2014, with the subsequent improvements monitored by Health Inspectorate Wales.

As yet, no system-wide measurements of progress on this or its impact upon the quality of patient care are available.

5 Lessons from the NHS elsewhere

The NHS in the UK is one of the most scrutinised Public Sector organisations as demonstrated in numerous and lengthy reports including:

5.1 'Francis report' - The Mid Staffordshire NHS Foundation Trust – Francis (2011)

In this far reaching report Francis (2011) revealed that there was a systematic failure of the management system to recognise and address evidence of poor quality; there were serious systemic issues which had been identified by the Health Care Commission almost ten years before; management and clinicians failed to act on repeated evidence of failures; "the trust lacked a sufficient sense of collective responsibility or engagement for ensuring that quality care was delivered at every level". The lengthy recommendations have exhorted everyone to do better and that there should be strengthening of the policing system of health care by the Health Care Commission and other inspectorates.

5.2 'Berwick Report' - A promise to learn, a commitment to act - Berwick (2013)

The most important single change in the NHS in response to this report would be for it to become, more than ever before, a system devoted to continual learning and improvement of patient care, top to bottom and end to end. This would need to ensure that pride and joy in work, not fear, infuse the NHS. The report identified that to address these issues the system must:

- recognise with clarity and courage the need for wide systemic change
- abandon blame as a tool and trust the goodwill and good intentions of the staff
- reassert the primacy of working with patients and carers to achieve health care goals
- use quantitative targets with caution. Such goals do have an important role enroute to progress, but should never displace the primary goal of better care
- recognise that transparency is essential and expect and insist on it
- ensure that responsibility for functions related to safety and improvement are vested clearly and simply
- give the people of the NHS career-long help to learn, master and apply modern methods for quality control, quality improvement and quality planning

5.3 'Keogh Report' - Review into the quality of care and treatment in England (Keogh 2013)

In this report of his investigation into 14 trusts with persistently high mortality rates, Keogh (2013) found pockets of excellence; but significant scope for improvement; organisations trapped in mediocrity; a failure to listen to the views of patients and staff; inadequate use of data "some boards use data for reassurance rather than the forensic, sometimes uncomfortable pursuit of improvement"; a failure to use the innovation which can arise from frontline staff; a lack of evidence that board and clinical leaders were effectively driving quality improvement "many trusts had findings from quality and safety reviews undertaken recently by internal and external parties but could not show a comprehensive and consistent approach to learning from these.."; and "all trusts needed to review their quality reportingand is tested through quality assurance programmes".

5.4 Quality Principles developed by Scottish Government for Alcohol and Drugs (2014)

The Scottish Government has developed an alcohol and drugs quality improvement framework to ensure quality in the provision of care, treatment and recovery services as well as quality in the data that will evidence the outcomes people are achieving. The Quality Principles were developed in consultation with a range of statutory and voluntary partners and Scottish Families staff were involved in the development from the earliest stage. The Quality Principles aim to build on existing work to improve the quality of services across Scotland. The Quality Principles are central to the

implementation of the Scottish Government Quality Improvement Framework for drug and alcohol treatment or support services in Scotland. Its purpose is to ensure quality is embedded and evidenced across all services in Scotland and sets out what people can expect when accessing these services.

6 Lessons from Industry

The present approach has parallels with the early days of quality improvement in industry. In manufacturing processes, the product quality activity was undertaken at the end of the process with larger and larger inspection organisations developed to identify the numerous failures and send products back for re-working, or to the scrap heap. The quality of the product failed to improve or improved only slowly as such systems disempowered the workers.

The development of quality management theory, processes and systems progressed to eliminate errors within routine processes rather than find the errors after the activity had been undertaken, and familiar concepts such as “zero defect”, “right first time”, “sixth sigma quality” are now reasonably well understood outside the health environment.

There has been effective implementation of quality in some specific areas of NHS activity, where holistic interventions utilising quality methodology and involving all staff involved, e.g. “lean methodology” have radically improved the performance of discrete functions e.g. surgical theatres suites etc. These have involved the development and documentation of a new local management system, with performance standards, measurements, routine internal audit and review, to maintain and improve efficiency, but these generally exist in isolation across a speciality, e.g. the “Getting It Right First Time” (GIRT¹) initiative in NHS England which is improving quality in Orthopaedics. However achieving excellence in a clinical department or procedure will also rely on all its internal suppliers out with the department or speciality and to improve overall quality, service wide improvement is required.

7 Current status of Quality in Wales

Wales has distinguished itself in these islands by its relatively proactive programme to improve quality and establish continuous improvement in its health service. However, this has been implemented only partially and recurrently over the years without capturing the opportunities for significant improvement in quality and efficiency and costs. Thus the Bhowmick model (Bevan Commission. 2013) for improved care of the elderly in the community, was recommended by the Bevan Commission, agreed by the Minister, issued to the Health Service, but has not been implemented across Wales. The two early leaders in the devolved NHS in Wales, both members of the Bevan Commission, introduced quality programmes, but these were subsequently not sustained.

While the importance of quality has been well recognised in the history of NHS Wales, and approximately 50% of employees having had some training in quality principles, there is still no system in place to systematically harness, develop and consolidate any quality improvements, within a framework which is reorganisation resistant. There is too much emphasis on external inspection and failure identification, rather than a process of continuous improvement driven across all parts levels of the organisation, from within the organisation.

The OECD report outlined in 2016 the steps needed to be taken by Wales to ensure ‘high quality health care at every encounter’. However progress has been slow on addressing the more detailed actions identified. The Bevan Commission has therefore recognised that what is missing is a profound understanding and commitment to a quality process.

¹ Getting it right first time (GIRT) <https://www.boa.ac.uk/wp.../GIRFT-Implementation-in-England-Guidance-Final.pdf>

8 Proposal

In light of the evidence and case outlined above the Bevan Commission contends that the time is ripe for an open and frank debate about the following proposals:

1. **A mandatory and universal Quality Management System is introduced across NHS Wales** and its key partners, in order to deliver Prudent Health Care.
2. **The Quality Management System and Standards should be externally audited** (non NHS) e.g. British Standards Institute (BSI²).
3. To ensure consistency, **legislation should be passed requiring all health care activities to achieve a common internationally recognised quality standard within 5 years**. The quality standards should not be subject to political or management change.
4. The Quality Management System should be **based on an internationally recognised quality standards** such as ISO 9001 or EFQM.
5. **Demonstrable improvement in quality should be an essential performance criterion** for both administrative and clinical management progression.

9 Implementing a Quality Management System

Established Principles

“Quality Management Principles” (QMP) are a set of fundamental beliefs, norms, rules and values that are well proven as a basis for quality management (ISO³).

The seven **Quality Management (QMP) Principles** summarised below (further details on ISO 9001 in Appendix 1) can be seen to align with the core values of NHS Wales, as outlined in section 3.8. . These include important elements such as empowering and engaging staff, strong leadership, patient focused care and the need for ongoing improvement. These are expanded upon below and form a sound and comprehensive foundation from which to work:

QMP1 – Patient and stakeholder focus

The primary focus of quality management in health care is to meet patient and stakeholder requirements and maintain the confidence of both. Every aspect of patient and public interaction provides an opportunity to create improvement in efficiency, effectiveness and satisfaction with the NHS. Essential to this is understanding the current and future needs of patients and public through co-production, consultation and two way communication. The statement, embrace, and continual refreshment of bold aims for improvement are essential for real progress.

QMP2 - Leadership

Leaders at all levels establish unity of purpose and direction and create the conditions in which people are engaged in achieving the organisations quality objectives. Creation of unity of purpose and direction and engagement of people enable the service to align its strategies, policies, processes and resources to achieve its objectives.

QMP3 – Engagement and development of people

Competent, empowered and engaged people at all levels throughout the service are essential to enhance its capability to create and deliver efficient care. To manage the service effectively and efficiently, it is important to involve all people at all levels and to respect them as individuals. Recognition, empowerment and enhancement of competence facilitate the engagement of people in achieving the services quality objectives.

² BSI <https://www.bsigroup.com/en-GB>

³ ISO - ISO 9000 - Quality management www.iso.org/iso/iso_9000

QMP4 – Process approach

Consistent and predictable results are achieved more effectively and efficiently when activities are understood and managed as interrelated processes and function as a coherent system. The quality management system consists of inter-related processes. Understanding how results are produced by this system enables the service to optimise the system and its performance.

QMP 5 Improvement

All successful organizations have an ongoing focus on improvement. Improvement is essential for a service to maintain current levels of performance, to react to changes in its internal and external conditions and to create new opportunities.

QMP 6 Evidence based decision-making

Decisions based on the analysis and evaluation of data and information are more likely to produce desired results. Decision making can be a complex process, and it always involves some uncertainty. It often involves multiple types and sources of inputs, as well as their interpretation, which can be subjective. It is important to understand cause-and-effect relationships and potential unintended consequences. Facts, evidence and data analysis lead to greater objectivity and confidence in decision making.

QMP 7 – Relationship management

For sustained success, an organisation manages its relationships with interested parties such as stakeholders and suppliers. Interested parties influence the performance of an organisation. Sustained success is more likely to be achieved when the organisation manages relationships with all interested parties to optimise their impact on its performance. Relationship management with suppliers, stakeholders and patient networks is of great importance.

10 Implications

The Bevan Commission recognises that there will be a number of implications for such a change, in particular;

- To achieve the **suggested recommendations will require a co-productive approach**, engaging with people from across the service, patients and others, to help design, own and deliver the proposed new Quality Improvement System. **This should not be done to the service but worked up with them**
- The service does **not currently have the capability or capacity to develop a quality management system** without access to Quality management expertise. These must be people who have worked within a formal quality management system and include people who have developed it
- Current **health service quality improvement organisations, and inspectorates should be reskilled and re-orientated** to support this activity. **No additional staff resources should be required**
- All **clinical and non-clinical managers should be trained** in Quality improvement and quality management.
- **All staff, employed and agency, should have training** in Quality improvement
- There should be a **requirement within Integrated Medium Term Plans (IMTPs) to ensure a quality improvement system is embedded, aligned with patient outcomes and targets** and monitored against these standards

11 Conclusions

NHS Wales will only achieve high quality, prudent and continually improving health and care if it is prepared to be courageous, radical, innovative and thus to think and act differently.

The potential for improvement is considerable; but not if the present approach or mind set about achieving quality continues. Whilst quality is already implicit within the values the NHS holds dear, one cannot mandate this, they must

be clearly evident and supported within the culture of the NHS organisation. The time for continuing conscious reflection is past; indolence must give way to action.

There is now a great opportunity to lead the way to achieve sustained, high quality prudent health care by adopting an open and consistent Quality Management System. This paper puts the case for the introduction across NHS Wales of such a system which is both mandatory and universal.

It is offered to promote further discussion and dialogue along a pathway to seek an alternative and more radical approach to achieve profound and sustainable improvement in quality and safety in NHS Wales.

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What is ISO 9001?

ISO 9001 is one of the most widely used management tools in the world, with over 1 million organisations certified. Certification shows that the organisation's quality processes have been audited against the ISO 9001 standards with third party certification bodies offering independent confirmation that an organisation's management systems meet the requirements of the standard. ISO 9001 sets out the steps necessary to adopt a quality management system. It is designed to help organisations ensure they meet the needs and expectations of customers i.e. both patients/population and other interested parties, based on internationally recognised quality management principles set out by the International Standards Organisation (ISO). At the heart of the standard will be a quality policy and set of systems and principles that tie together business objectives, customer needs and the business plan. When this approach to quality is embedded across the service every employee understands how their actions create a better patient/ customer experience and processes are put in place to continually review and improve that experience. ISO 9001 is what is known as a 'generic standard' – this means it can be applied to any organisation no matter its size or complexity.

How can ISO 9001 help a service?

Focusing on patient/customer experiences i.e. co-production, ISO 9001 will better equip the service to meet their needs, improving the patient/customer focus throughout the business. The impact of this can fundamentally change services:

- Internal processes are streamlined, improving efficiency, cost containment and savings, whilst improving accountability and traceability.
- Staff motivation is improved through greater clarity and focus on patient and population care priorities – time and resource is spent on what really matters.
- A patient/customer focus inevitably improves patient and population experience.
- Better internal processes and services, ultimately improves efficiency and reduces costs.

Perhaps the most important element of the standard however, is that it is not a one-off exercise unlike many NHS improvement exercises. At the heart of continuous improvement is the process of routine internal audits and reviews as well as active systems for gathering and evaluating the suggestions of staff as well as patients. Regular annual external reviews monitor compliance with the system's requirements, keep quality at the forefront, and provide objective independent evidence that the service is optimising its resources and services to better meet patient and population needs.

How does an organisation gain ISO 9001 certification?

To achieve certification an organisation must show that it has a robust management system and a 'process approach' to apply that system. The management system is based on eight principles that international experts agree are at the heart of operational excellence:

- Patient/Customer focus
- Leadership
- Involvement of People
- Process Approach
- System Approach to Management
- Continual improvement
- Evidence based approach to decision making
- Mutually beneficial supplier relationships
- A process approach means having a step-by-step sequence of actions:
 - "Say What It Does" – document day to day operating procedures and systems
 - "Do What It Says" – work in accordance with those procedures and systems
 - "Prove It" – with a certification audit which confirms, from records, that the procedures and systems meet the requirements of ISO 9001 and are operated in accordance with the standard.

Certification showing that your business has implemented this approach but this is the end point, the process of implementing the principles using a process approach is what has been proved to transform businesses.