



# HSCQI

## STRATEGY

2022-2024

**MOVING  
FORWARD  
SHAPING THE  
JOURNEY**



“ To inspire and influence Northern Ireland’s Health and Social Care Community to become a global Leader in Quality Improvement and Innovation by working together and focusing on person-centred care. ”

# OUR VISION

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# WELCOME

## Welcome to this, the first ever, HSCQI Strategy.

Health and Social Care Quality Improvement (HSCQI) is a Network of Quality Improvement (QI) experts and enthusiasts. HSCQI was established by the Department of Health in 2019 in order to support transformation of the Northern Ireland Health and Social Care (HSC) system. (Department of Health, 2016).

The publication of this strategy represents a significant milestone in the ongoing development of HSCQI and the HSC transformation journey.

This strategy represents and celebrates the enduring commitment and passion of a number of key groups within the HSCQI Network, namely: the HSCQI Hub Team, the HSCQI Leads Group, the HSCQI Leadership Alliance and the ever-growing HSCQI Alumni.

Through a series of virtual workshops, representatives of each group shared their collective expertise and reflections. In doing so the HSCQI Network identified and agreed the key drivers and strategic goals that are necessary to ensure system-wide learning, improvement and transformation over the next three years.

The level of engagement that took place at each of these workshops was uplifting and energising.

During these workshops it was clear that developing this strategy was seen as an essential first step to enable all of us, together, to shape a shared vision for system-wide Quality Improvement. This strategy will inform the direction of travel to move forward and to shape the ongoing HSC transformation journey.

Given that these workshops took place during the era of COVID-19, the most challenging times HSC has ever seen,

the publication of this strategy also represents the resilience of those who work and lead across HSC.

This strategy has been written to cover the three-year period commencing January 2022 through to the end of 2024. However, as COVID-19 continues to impact the ways we work and lead, this strategy has knowingly been written as a “live document”. The HSCQI Network will review this strategy every year during its three-year lifespan.

I hope you feel inspired as you read this HSCQI Strategy.



A handwritten signature in black ink that reads "Aideen".

**Dr Aideen Keaney**  
Director HSCQI



# A FEW WORDS FROM...

Throughout the pandemic HSC staff have shown agility and ingenuity in adapting their practice and adopting new ways of working. For the majority of staff with knowledge and experience of Quality Improvement approaches, this has involved testing, measuring impact and sharing learning through HSCQI.

Working as a connected system, we should ask how can we support wide-scale adoption of successful tests of change that bring measurable improvement. The Health Foundation (2020) suggests that effective adoption requires as much, if not greater, organised support than innovation does.

Whatever next, our staff deserve to be supported to adopt what works. This strategy sets out the HSCQI intent to focus and support improvers across the system.



This strategy has been endorsed by HSCQI Leadership Alliance members, frontline staff, service users and carers who understand that staff have two jobs when we come to work - to do the work and to improve it.

As Chair of the HSCQI Leadership Alliance from 2019 – 2021, I have been delighted to see the development and publication of this first-ever HSCQI Strategy document, even more so as it has been developed during an era of ongoing challenges due to a global pandemic.

**Dr Anne Kilgallen**  
Founding Chair HSCQI Leadership Alliance (2019 – 2021)

# A FEW THOUGHTS FROM...



**Ms Carol McCullough**  
Service User

As a service user who has engaged with and trained in QI, I welcome the publication of this strategy. Encouraging stakeholders to work together to cultivate ideas is essential so that they can support sustainable solutions. We each have something to bring to the table; service users and carers bring a wealth of knowledge and experience of living with illnesses and using services. To successfully use that experience we need strong foundations built on reciprocity, networking, diversity, teamwork, mobilisation and Quality Improvement methodology.

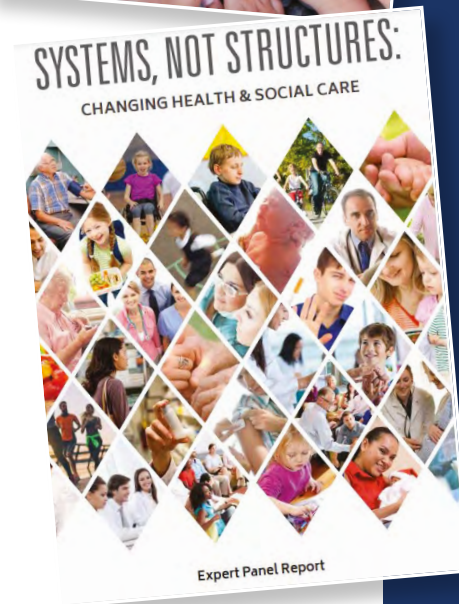
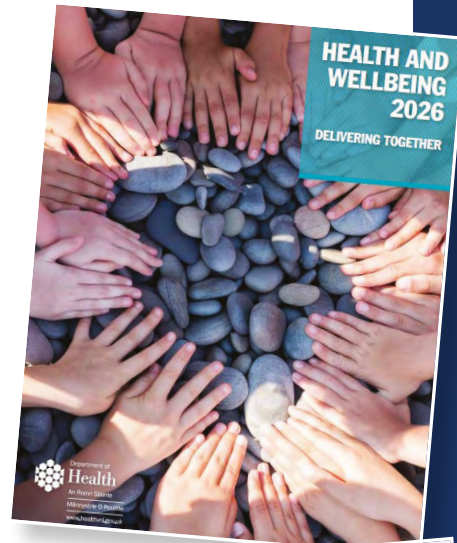
As service users and carers we need to understand and develop relationships across boundaries within HSC and adopt a strategic approach to strengthen all the links in the chain. The HSCQI Strategy will help to do this.

# STRATEGIC CONTEXT

HSCQI was founded on a number of HSC strategies. These include:

- Quality 2020 - A 10 Year Strategy to Protect and Improve Quality in Health and Social Care in Northern Ireland (Department of Health, 2011)
- The Right Time, The Right Place (Donaldson, 2014)
- Systems, Not Structures: Changing Health and Social Care (Bengoa, 2016)
- Health and Wellbeing 2026 - Delivering Together (Department of Health, 2016)

During the HSCQI design phase (2017 - 19) service users, carers, leaders and professionals from across the system considered the need for an improvement infrastructure and what it might offer. A summary of what the system wanted is reflected on page 6.



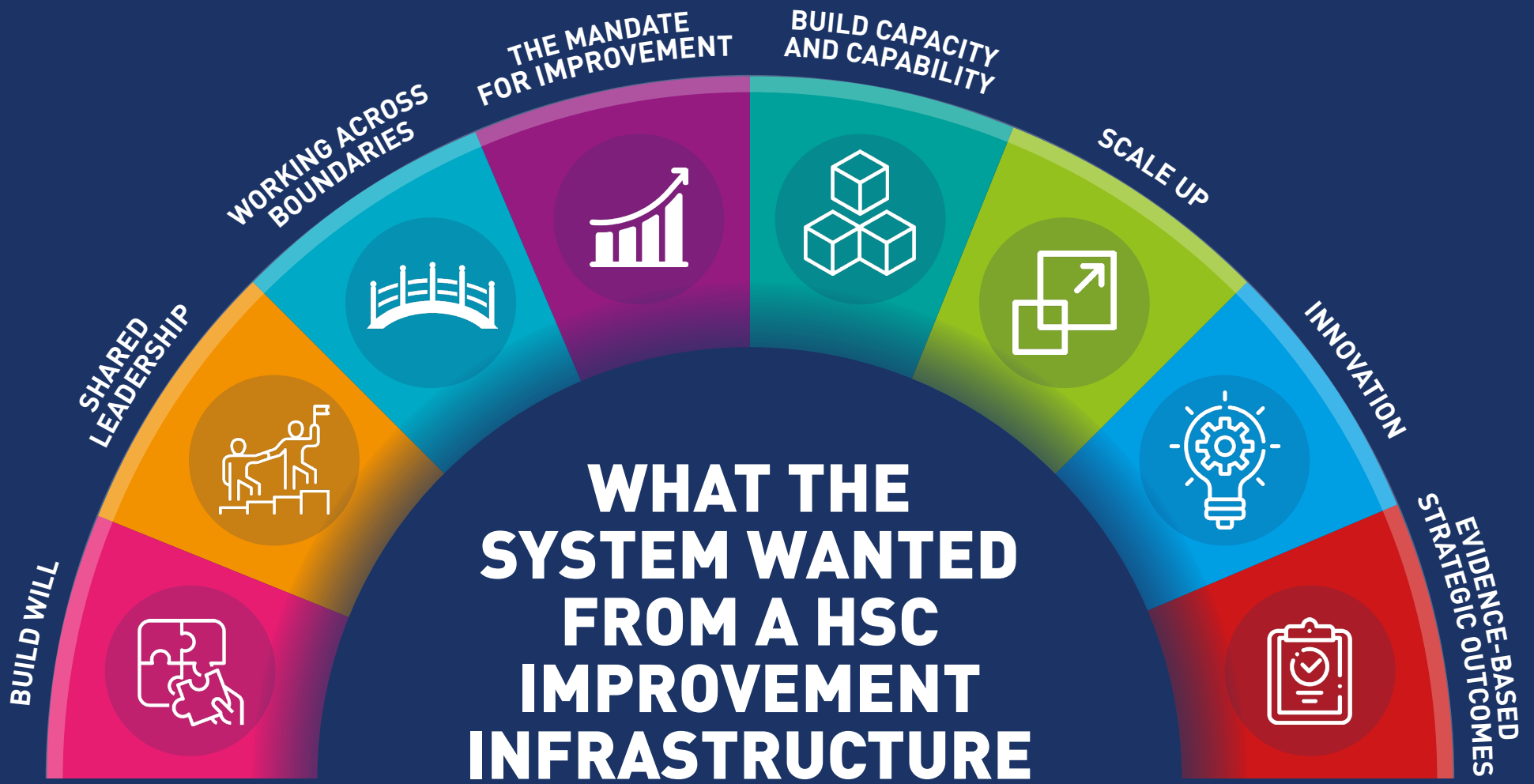
# WHAT IS QI?

The Quality 2020 Strategy (Department of Health, 2011) defines quality under three main headings:

- **Safety** – avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.
- **Effectiveness** – the degree to which each patient and client receives the right care (according to scientific knowledge and evidence-based assessment), at the right time, in the right place, with the best outcome.
- **Patient and Client Focus** – all patients and clients are entitled to be treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

Improving quality is about making health care safe, effective, patient-centred, timely, efficient and equitable (Institute of Medicine, 2001).

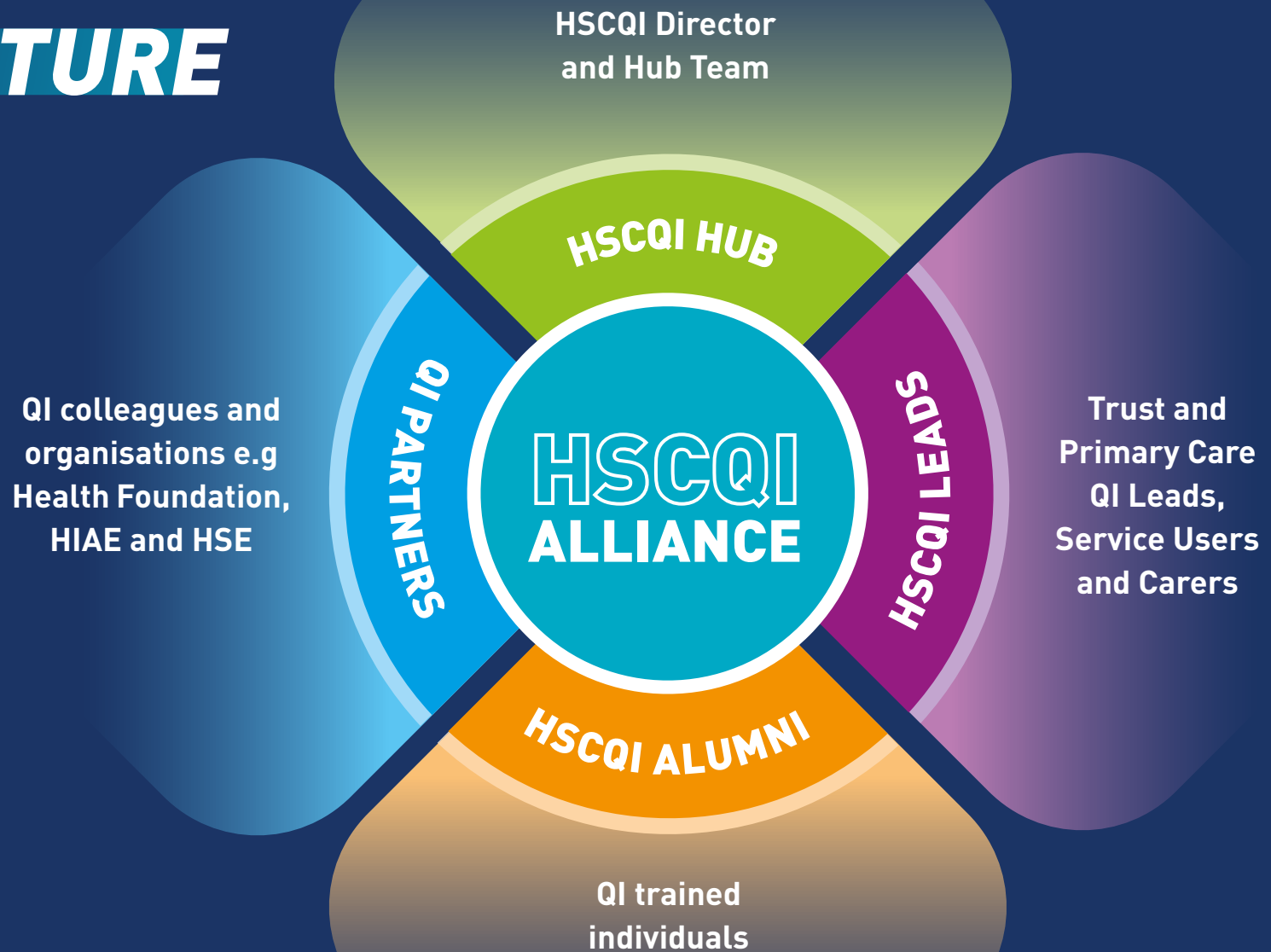
Quality Improvement is about giving the people closest to issues affecting care quality, the time, permission, skills and resources they need to solve them. It involves a systematic and coordinated approach to solving a problem using specific methods and tools with the aim of bringing about a measurable improvement (Health Foundation, 2021).



Following the completion of the 2 year design phase, HSCQI was formally launched by the Deputy Chief Medical Officer in April 2019. HSCQI is a Quality Improvement Network whose purpose is to provide a supporting infrastructure for quality improvement and innovation across HSC.



# HSCQI STRUCTURE



# HSCQI LEADERSHIP ALLIANCE

HSCQI programmes of work are overseen by a collective alliance of senior system leaders known as the HSCQI Leadership Alliance.



# UNDERPINNING PRINCIPLES AND VALUES

The development of this HSCQI Strategy has been supported by a number of underpinning principles and values.

## PERSONAL AND PUBLIC INVOLVEMENT AND CO-PRODUCTION

HSCQI is committed to promoting a co-production and co-design way of working, ensuring that the service user and carer voice has a central focus in all the improvement work that we lead or support.

## EQUALITY AND EQUITY

HSCQI is committed to ensuring that equal opportunity principles and practices are integrated from the onset of all the improvement work that we lead or support and we will proactively promote equality of opportunity and promote good relations.

## POPULATION HEALTH

HSCQI is committed to a population health approach which is aimed at improving physical and mental health outcomes, promoting wellbeing and reducing health inequalities.



# HEALTH AND SOCIAL CARE VALUES

HSCQI is committed to the HSC values which define how we work with each other and deliver our services (Department of Health, 2017).

## WHAT DOES THIS MEAN?

## WHAT DOES THIS LOOK LIKE IN PRACTICE? - BEHAVIOURS



**WORKING TOGETHER**

We work together for the best outcome for people we care for and support. We work across Health and Social Care and with other external organisations and agencies, recognising responsibility of all.

- I work with others and value everyone's contribution
- I treat people with respect and dignity
- I work as part of a team looking for opportunities to support and help people in both my own and other teams
- I actively engage people on issues that affect them
- I look for feedback and examples of good practice, aiming to improve where possible



**COMPASSION**

We are sensitive, caring, respectful and understanding towards those we care for and support our colleagues. We listen carefully to others to better understand and take action to help them and ourselves.

- I am sensitive to the different needs and feelings of others and treat people with kindness
- I learn from others by listening carefully to them
- I look after my own health and well-being so that I can care for and support others



**EXCELLENCE**

We commit to being the best we can be in our work, aiming to improve and develop services to achieve positive changes. We deliver safe, high-quality, compassionate care and support.

- I put the people I care for and support at the centre of all I do to make a difference
- I take responsibility for my decisions and actions
- I commit to best practice and sharing learning, while continually learning and developing
- I try to improve by asking 'could we do this better?'



**OPENNESS & HONESTY**

We are open and honest with each other and act with integrity and candour.

- I am open and honest in order to develop trusting relationships
- I ask someone for help when needed
- I speak up if I have concerns
- I challenge inappropriate or unacceptable behaviour and practice

# HOW OUR STRATEGY WAS DEVELOPED

This HSCQI Strategy has been developed during a series of meetings and workshops.

WORKSHOP

1

11  
NOV 20

WORKSHOP

2

25  
NOV 20

WORKSHOP

3

01  
DEC 20

WORKSHOP

6

Joined by members of the HSCQI Leadership Alliance

08  
APR 21

WORKSHOP

4

17  
DEC 20

WORKSHOP

5

10  
FEB 21

HSCQI LEADERSHIP ALLIANCE MEETING

11  
NOV 21

FINAL DRAFT CIRCULATED

JUNE  
2021

HSCQI LEADERSHIP ALLIANCE MEETING

01  
APR 22

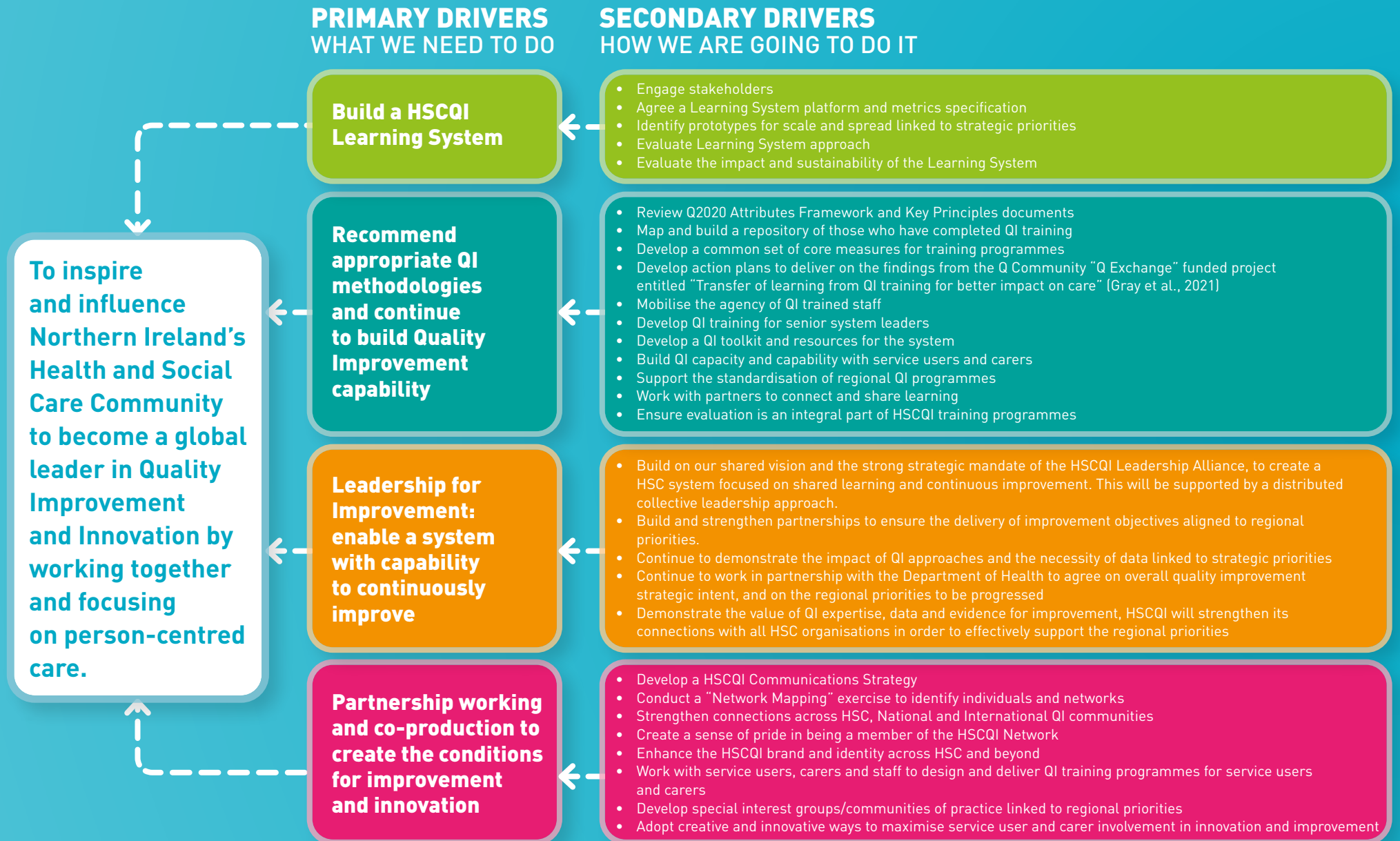
WORKSHOP

7

HSCQI Alumni workshop

18  
MAY 21

# HSCQI STRATEGY DRIVER DIAGRAM



# OUR STRATEGY

WHAT WE NEED TO DO

Partnership working and co-production to create the conditions for improvement and innovation

Leadership for Improvement: enable a system with capability to continuously improve.

Build a HSCQI Learning System

Recommend appropriate QI methodologies and continue to build QI capability.



## HOW WE ARE GOING TO DO IT

### BUILD A HSCQI LEARNING SYSTEM



#### SHORT TERM 3-6 MONTHS

- We will identify stakeholders at all levels and engage the right people to build the HSCQI Learning System
- We will agree a specification of metrics and a platform for the HSCQI Learning System, to support a system-wide Quality Management approach
- We will develop an evidence-based evaluation plan for the HSCQI Learning System

#### MEDIUM TERM 6-12 MONTHS

- We will identify proven and assessed prototypes
- We will work as a system to link scale and spread prototypes with agreed regional priorities
- We will establish workstreams to drive the scale and spread of agreed prototypes

#### LONG TERM 12 MONTHS+

- We will evaluate the impact and sustainability of the HSCQI Learning System



## HOW WE ARE GOING TO DO IT

### RECOMMEND APPROPRIATE QI METHODOLOGIES AND CONTINUE TO BUILD QUALITY IMPROVEMENT CAPABILITY



#### SHORT TERM 3-6 MONTHS

- We will review the Q2020 Attributes Framework and Key Principles documents
- We will map and build a repository of those who have completed QI training aligned to the Q2020 Attributes Framework and Key Principles documents
- We will develop a common set of core measures across all HSCQI training programmes
- We will develop action plans to deliver on the findings from the Q Community “Q Exchange” funded project entitled “Transfer of learning from QI training for better impact on care” (Gray et al., 2021)

#### MEDIUM TERM 6-12 MONTHS

- We will act as a system to mobilise the agency of those who have completed Level 2 and Level 3 QI training programmes aligned to the Q2020 Attributes Framework and Key Principles documents
- We will develop QI training for senior system leaders
- We will develop a QI toolkit and resources for the system
- We will continue to build QI capacity and capability with service users and carers

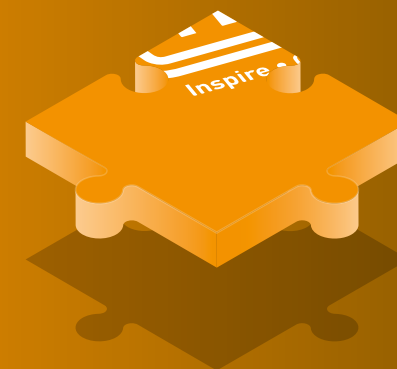
#### LONG TERM 12 MONTHS+

- We will support the standardisation of regional QI programmes
- We will work with partners to connect the HSCQI Network and share learning
- We will ensure that evaluation is an integral part of all HSCQI training programmes



## HOW WE ARE GOING TO DO IT

### LEADERSHIP FOR IMPROVEMENT: ENABLE A SYSTEM WITH CAPABILITY TO CONTINUOUSLY IMPROVE



#### SHORT TERM 3-6 MONTHS

- We will build on our shared vision and the strong strategic mandate of the HSCQI Leadership Alliance, to create a HSC system focused on shared learning and continuous improvement. This will be supported by a distributed collective leadership approach
- We will build and strengthen partnerships to ensure the delivery of improvement objectives aligned to regional priorities

#### MEDIUM TERM 6-12 MONTHS

- We will continue to demonstrate the impact of QI approaches and the necessity of data linked to strategic priorities
- We will continue to work in partnership with the Department of Health to agree on overall quality improvement strategic intent, and on the regional priorities to be progressed

#### LONG TERM 12 MONTHS+

- By demonstrating the value of QI expertise, data and evidence for improvement, HSCQI will strengthen its connections with all HSC organisations in order to effectively support the regional priorities

## HOW WE ARE GOING TO DO IT

### PARTNERSHIP WORKING AND CO-PRODUCTION TO CREATE THE CONDITIONS FOR IMPROVEMENT AND INNOVATION



#### SHORT TERM 3-6 MONTHS

- We will develop a HSCQI Communications Strategy to support the work of the HSCQI Leadership Alliance and Network
- We will conduct a “Network Mapping” exercise to identify individuals and networks
- We will strengthen connections across HSC, national and international QI communities

#### MEDIUM TERM 6-12 MONTHS

- We will create a sense of pride in being a member of the HSCQI Network and the wider Northern Ireland QI community
- We will enhance HSCQI brand identity across the HSC and beyond

#### LONG TERM 12 MONTHS+

- We will work with service users, carers and staff to design and deliver QI training programmes for service users and carers
- We will lead on the development of special interest groups/communities of practice aligned with strategic priorities
- We will adopt creative and innovative ways to maximise service user and carer involvement in innovation and improvement

# MONITORING THE STRATEGY

The HSCQI Leadership Alliance will oversee the delivery of this strategy.

The strategy will be implemented by the HSCQI Network and Alumni working together to achieve the identified strategic goals.

The HSCQI Director will report progress on high-level priorities on a quarterly basis.



# THANK YOU

The publication of this first HSCQI Strategy has only been possible through the collective input of the HSCQI Hub, the HSCQI Leads Group, the HSCQI Leadership Alliance and the HSCQI Alumni. Thank you all for your contributions.

A special word of thanks to Sarah Williamson (QI Lead) for drafting the first version of this document and to Levette Lamb (Regional Senior Improvement Advisor, HSCQI Hub) for all the many subsequent iterations.

There are a number of people who have retired or changed jobs who were instrumental in the early design and development of HSCQI. These include a number of HSC Chief Executives including Dr Anne Kilgallen, the first ever Chair of the HSCQI Leadership

Alliance. The support and contribution that Anne and others have made to the ongoing development of HSCQI and the development of this strategy has left a fantastic legacy upon which we can continue to build.

Thank you to Laura Collins (Expert Service User and Carer representative) for her commitment to the HSCQI Leads Group and to the HSCQI Leadership Alliance. Thank you also to Carol McCullough (Service User representative) for her ongoing passion for QI.

Finally, thank you to Paula O'Kelly (HSC Leadership Centre) for facilitating the workshops.

***"If you want to go fast, go alone,  
if you want to go far, go together".***  
(African Proverb)

## BIBLIOGRAPHY

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Bengoa, R. Stout, A. Scott, B. McAlinden, M. Taylor, M. (2016). *Systems Not Structures - Changing Health and Social Care*. Available: <https://www.health-ni.gov.uk/publications/systems-not-structures-changing-health-and-social-care-full-report>

---

Department of Health (2011). *Quality 2020 Strategy*. Available: <https://www.health-ni.gov.uk/articles/progress-report-collective-leadership>

---

Department of Health (2016). *Health and Wellbeing 2026: Delivering Together*. Available: <https://www.health-ni.gov.uk/publications/health-and-wellbeing-2026-delivering-together>

---

Donaldson, L., Rutter, P. and Henderson, M., (2014). *The right time - the right place*. Department of Health. Available: <https://www.health-ni.gov.uk/publications/right-time-right-place>

---

Gray et al, (2021). *Transfer of Learning from QI Training for better impact on care*. Available: <https://docplayer.net/208516489-Transfer-of-learning-from-qi-training-for-better-impact-on-care-transferring-learning.html>

---

Health Foundation (2020). *Adopting Innovation: investing in skills at the NHS front line*. Available: <http://www.health.org.uk/news-and-comment/blogs/adopting-innovation-investing-in-skills-at-the-nhs-front-line>

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Health Foundation (2021). *Quality Improvement made simple*. Available: <https://www.health.org.uk/publications/quality-improvement-made-simple>

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Institute of Medicine (2001) *Crossing the Quality Chasm: A New Health System for the 21st Century*. Washington, D.C: National Academy Press

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## GLOSSARY

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<b>BHSCT</b>	Belfast Health and Social Care Trust
<b>BSO</b>	Business Services Organisation
<b>CDO</b>	Chief Dental Officer
<b>CEO</b>	Chief Executive Officer
<b>CMO</b>	Chief Medical Officer
<b>CNO</b>	Chief Nursing Officer
<b>CPO</b>	Chief Pharmaceutical Officer
<b>CSWO</b>	Chief Social Work Officer
<b>Driver Diagram</b>	A driver diagram is a visual display of a team's theory of what "drives," or contributes to, the achievement of a project aim. It is plan on a page
<b>IHI</b>	Institute for Healthcare Improvement
<b>HIAE</b>	The Institute for Healthcare Improvement (IHI) Health Improvement Alliance Europe is a coalition of leaders united for change, driven by collaboration, and focused on achieving health and health care results
<b>HSC</b>	The Health and Social Care system for Northern Ireland
<b>HSCB</b>	Health and Social Care Board
<b>HSCQI Leadership Alliance</b>	The overarching HSCQI Leadership Alliance includes all Trust CEOs, CEOs from the PHA, HSCB and BSO and Departmental Chief Professional Officers and a Service User/Carer
<b>HSCQI Alumni</b>	Staff and Service Users/Carers across the region who have completed Level 3 QI training
<b>HSCQI Hub Team</b>	The HSCQI Hub team is a Directorate within the PHA

<b>HSE</b>	The Health Service Executive provides health and social services to everyone living in the Republic of Ireland
<b>Learning System</b>	A Learning System can be described as a system in which outcomes and experience are continually improved by applying science, informatics, incentives and culture to generate and use knowledge in the delivery of care
<b>NHSCT</b>	Northern Health and Social Care Trust
<b>NIAS</b>	Northern Ireland Ambulance Service
<b>PHA</b>	Public Health Agency
<b>PPI</b>	Personal and Public Involvement
<b>Primary Drivers</b>	The first set of underpinning goals are referred to as primary drivers because they 'drive' the achievement of your main goal. These drivers may act independently or in combination to achieve the overall goal/aim.
<b>Project ECHO</b>	ECHO (Extension of Community Healthcare Outcomes) is a pioneering tele-mentoring programme
<b>Q Exchange</b>	Q Exchange is Q Community's funding programme funded by the Health Foundation and NHS England and NHS Improvement
<b>QI</b>	Quality Improvement
<b>QI leads</b>	A regional group of QI experts known as the HSCQI Leads Group.
<b>RCGP</b>	Royal College of General Practitioners
<b>RQIA</b>	Regulation & Quality Improvement Authority
<b>SEHSCT</b>	South Eastern Health & Social Care Trust
<b>Secondary Driver</b>	Secondary drivers can influence more than one primary driver and help you identify relevant change ideas
<b>SHSCT</b>	Southern Health & Social Care Trust
<b>WHSCT</b>	Western Health & Social Care Trust



## USEFUL LINKS

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Here are some useful links for the HSCQI website

**[hscqi.hscni.net](https://hscqi.hscni.net)**

Who is involved in HSCQI?

**[People - HSCQI \(hscni.net\)](https://hscqi.hscni.net/people)**

Find out about the most recent award winning QI projects

**[HSCQI Awards - HSCQI \(hscni.net\)](https://hscqi.hscni.net/awards)**

Find out more about the work of HSCQI

**[Annual Report - HSCQI \(hscni.net\)](https://hscqi.hscni.net/annual-report)**

Check out useful QI resources to help on your QI journey

**[Resources - HSCQI \(hscni.net\)](https://hscqi.hscni.net/resources)**

Find out how to access QI training

**[Training - HSCQI \(hscni.net\)](https://hscqi.hscni.net/training)**

Read about QI learning from COVID-19

**[Covid Learning - HSCQI \(hscni.net\)](https://hscqi.hscni.net/covid-learning)**

Find out more about the range of HSCQI programmes

**[Programmes - HSCQI \(hscni.net\)](https://hscqi.hscni.net/programmes)**

Read about the partners HSCQI connects with

**[Partners - HSCQI \(hscni.net\)](https://hscqi.hscni.net/partners)**

Find out how you can get involved

**[Getting Involved - HSCQI \(hscni.net\)](https://hscqi.hscni.net/getting-involved)**





Any request for the document in another format or language will be considered.

## HSCQI

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