

## REASON WHY?

In order for the Trust to make strides in improvement and challenge culture, there needs to be an emphasis on a management system that links quality assurance and quality improvement with daily operational management.



To have developed a comprehensive training package for QMS by 31<sup>st</sup> March 2026 as evidenced by feedback and success in teams implementing the components of a QMS

## PLAN

The feedback completed after the Virginia mason collaboration demonstrated that as an organisation, we had good horizontal spread of improvement methodology but not a good spread in terms of a top down/bottom-up approach. This led to staff often not being supported in improvement work or pockets of work being completed in isolation.

The development of a larger quality management training offer aims to target teams so they can learn and implement the concepts of quality management together.

## DO

Training slides and materials were developed by the improvement team manager and building capability lead. These used existing training materials, concepts from other NHS Trusts and Lean Management methodology discussed in the David Mann book (Mann (2014) Creating a lean Culture 3<sup>rd</sup> edition)

The education support teams at RSH and PRH went through the complete training programme in order to test it and gain feedback. Some (but not all) of the members of these teams had previous improvement training but were engaged and willing to give useful feedback on the course content, and delivery.

## STUDY

The content and taught sessions received good feedback, during and after the sessions. 100 % of all attendees (not just the education teams but subsequent teams as well) said they felt that they could make improvements in their workplace as a result of the course. Small changes were made to the content as a result of the feedback (some obvious things such as grammar and spelling and some bigger things such as rewriting sections to make them flow better or be easier to understand.

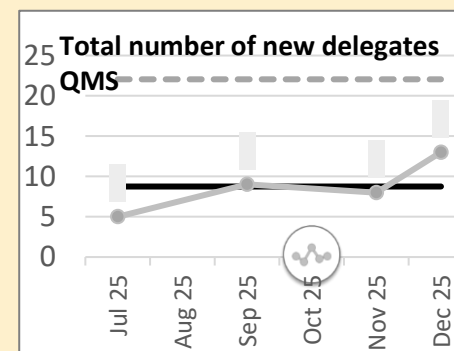
However, despite excellent engagement from the teams there were elements of the programme that didn't work very well.

Coaching sessions were difficult to organise and as a result the PRH team have not yet completed the 12-week session, despite having session 1 on the 22<sup>nd</sup> September (15 weeks ago at the time of writing ) and won't have this session until at least week 18.

Other issues included the teams trying to have a virtual improvement board which meant the huddle didn't happen as it wasn't highly visible. At what would have been the 12-week mark with the RSH team a checklist showed that very few of the tools were being used in a sustained manner.

## Quality Management Systems CHECK LIST

Team	Date	Session number			
Status/progress					
TOOL					
Is the team using the following tools and methods from QMS	Not at all	Occasionally Not very often	sometimes	Most of the time	All of the time (fully embedded)
Driver diagrams / aims discussed					
Go and see walks					
Leader standard work					
Improvement board					
Improvement huddle					
Ideas generated					
Metrics discussed					
Performance review meeting					
Performance review report					
Anything else to note about change in team practice/culture					



## ACT

Two subsequent test beds also showed difficulties in pinning down a coaching time. The plan is now to **ADAPT** the programme offer to include setting the coaching times during session 1 and using existing meeting times to do these. A checklist has been developed following its use with the team at RSH and the plan is to use it frequently as part of the 12-week plan with teams moving forward.

Content continues to be **ADAPTED** with the aim to have version 1 by April 2026