Quality Management Systems: 12-week Programme Lessons Learnt

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SaTH Improvement Hub

The Shrewsbury and Telford Hospital NHS Trust

REASON WHY?

A Quality Management System (QMS) improves efficiency, safety and staff engagement by reducing variation, supporting data-driven decisions and empowering teams to lead improvement. By embedding continuous improvement into daily practice, a QMS creates a sustainable culture that delivers better patient care and operational performance. (Mann 2015)

SMART AIM

S SPECIFIC | M MEASUREABLE | A ACHIEVABLE | R RELEVANT | T TIME-BOUND

To deliver a successful 12-week quality management system training programme across selected cooperate, and clinical teams by 31st July 2026 as evidenced by lessons learnt feedback and delivery roll out.

PLAN

The training has been developed based on some existing training materials and taking influences from Virginia Mason Institute, David Mann's work on Lean Cultures as well as collaboratively working with improvement training leads in Harrogate, Berkshire and Dudley.

The course has been delivered to 15 teams across the Trust, all of whom have completed a lessons learnt process at the end of the 12 weeks. There is a plan to roll it out at centre level over the next 8 months.

DO

The course has been developed over a year, with the training currently on the 20th iteration.

After each test of the training staff have filled out a feedback form for the taught sessions and a lessons learnt document for the complete course.

Throughout this significant changes to the order and layout of slides have been made. Content has been adapted and training materials have been developed.

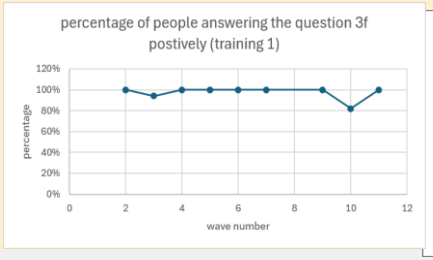
The first training sessions happened in July 2025 with the education team and moved on to focus on the Clinical Scientific Services division. This moved on quickly to also include wards and corporate services and learning from all teams is considered here.

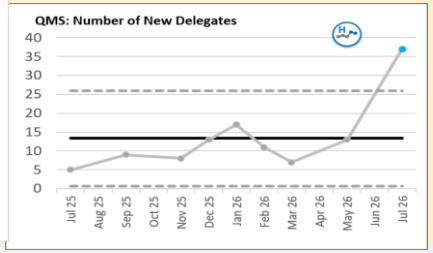
STUDY

The roll out of the QMS training is taking on momentum, as version 3 of the training is finalised (versions 0.1-0.17 were considered drafts) and the second ward is being trained.

Data is positive for the number of people answering the question 3F from the staff survey (I can make improvements in my workplace) positively.

Comments from the lessons learnt have been useful, whilst there were a lot of positive comments about the time to speak as a team, and gain a shared understanding of processes, the value has been in the challenges. What was the improvement teams measure of success and why didn't we share that expectation with teams, and times need to be sorted before training begins and all booked in, and teams needing to be more aware of the expectations of training.





Changes introduced as direct response to lessons learnt feedback.

- Audit tool for 90-day post training
- Readiness assessment
- Addition of extra coaching sessions
- Addition of coaching session topic 'constraints'
- Time and date of sessions agreed at the pre meet, and asked about in readiness assessment
- Two coaches introduced to allow consistent delivery for the team receiving the training
- New bitesize videos have been developed
- Real life examples added to training slides
- Training content adapted following trainer and trainee feedback

ACT

A new member of the team has been engaged to help project manage the delivery programme.

To **ADOPT** the current version of the training.

To **ADAPT** the roll out to be more prescriptive around timetabling.

Aspects of the course content and material were **ABANDONED** to allow for better focus.

Next Steps (by 31st December 2026**)**

- Trial proper introduction of the readiness assessment
- Trial 90-day audit
- To move forward with accreditation for the 12-week programme

ACKNOWLEDGEMENTS & REFERENCES | With thanks to the Improvement team for their support in the development and roll out of the training and to all the teams that have given feedback.