Developing Improvement Capability

Q member Joy Furnival shares - in very accessible form - some of the learning from her PhD on improvement capability.

Joy Furnival

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To support improved care quality and performance in healthcare, the Health Foundation have repeatedly called for increased focus on the development of improvement capability. It has also been argued that this development needs to be from 'within' healthcare provider organisations and systems. In addition, a national framework which proposes actions for the building of improvement capability has recently been published in England. But what do we really mean by improvement capability? How can we assess it? And what changes can we make to develop it?

Our ongoing research suggests that there are different conceptualisations of improvement capability

Our ongoing research suggests that there are different conceptualisations of improvement capability. One perspective suggests improvement capability comprises the improvement skills and abilities of individuals within organisations. This perspective implies that improvement capability is a set of technical skills which can be taught through training sessions with certification, 'belts', and even ISO accreditation. It suggests that the development and measurement of improvement capability is then relatively simple; counting how many participants have been on a training course or have met the requirements for different levels of competency for a specific group of improvement approaches. It also facilitates individuals to make judgements of their own personal development needs based on their perceptions about their own improvement capability. However, this viewpoint seems to us to take little or no account of the wider organisational context for improvement.

An alternative perspective suggests that improvement capability consists of organisational-wide processes and practices of innovation. That is, rather than being limited to individual skills and abilities, improvement capability is something that incorporates many aspects from across an organisation, including dimensions such as leadership, employee engagement, patient perspectives and other contextual factors as well as individual skills for improvement approaches. This means that organisations may develop improvement capability through their operating procedures, rituals, culture

and behaviours and that the presence of improvement capability is less dependent on specific individuals within organisations. This type of perspective, informed by the wider research literature of organisational performance, suggests that improvement capability may take time and investment to develop and may also decay or atrophy over time if it is not continuously exercised and updated.

If we accept that there are plural conceptualisations of improvement capability, then there is no 'one' right way for its assessment, and its development

However, the wider organisational perspective on improvement capability leads to some challenges in development and assessment. Our research identified seventy frameworks and instruments that have been used to assess improvement capability, from a range of industries, yet they are diverse and contain many different assessment approaches with little overall consistency in assessment content. We found four groups, each taking a slightly different conceptualisation: improvement models, maturity models, change models and governance models. Different approaches to assessment are also taken, with some using surveys, some interviews and others in-depth case studies of organisations informed by self-assessment. Further, not one instrument or framework seems to dominate across sectors or geographies and few have been validated.

So, what does all this mean? If we accept that there are plural conceptualisations of improvement capability, then there is no 'one' right way for its assessment, and its development. But that makes it more difficult for improvement leaders to ensure that they are accomplishing their aims of developing improvement capability. Therefore pragmatically, when considering how to develop improvement capability, the choice of assessment instrument needs to be contingent on organisational context and patient requirements as well as instrument accuracy. This will clarify the strengths, risks and blind spots and highlight priorities for development depending on the conceptualisation chosen. Regulatory agencies for example, may find it useful to compare organisations using an instrument based on a governance model, whereas healthcare provider organisations may find one based on a maturity model more valuable.

In conclusion, to support the development of improvement capability, we need to be clear about what it means and why it is important for improvement capability to be developed. Further, given the diversity in the perceptions of improvement capability, it is also important to think through whether there is a shared understanding of improvement capability across an organisation or health system, and with stakeholders including patients. This will inform assessment approaches and associated development strategies. What do you mean by improvement capability?

Joy Furnival is a Health Foundation PhD Award holder, Generation Q Fellow and Q Community member. She has worked as Chartered engineer and manager within industry and the NHS. She is currently completing her PhD at Alliance Manchester Business School, supervised by Professor Kieran Walshe and Professor Ruth Boaden.

Self assessing QI capability – is the perfect the enemy of the good?

Are you interested in assessing your own Quality Improvement capability? Q team member Becks shares the results of her search for the best tools.

Rebecca Fisher
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0 comments

Learning is part of everything we do in improvement and is one of the core elements of Q. Understanding our own development needs is an important place to start, and it was with that in mind that we set out to find ways to help Q members self-assess their improvement capability.

What at first seemed a relatively straightforward task proved to be anything but. As Joy Furnival, Q member discusses here, there's no single conceptualisation of improvement capability and the jury is out on whether it comprises the skills of individuals and/or organisations. The many views on what improvement capability is means there is no single way of assessing it either. Set that within the context of Q, an intentionally diverse network of improvers with a variety of backgrounds and expertise, and the realisation dawned that we were unlikely to be able to present members with a neat one size fits all tool to self-assess against!

We have tried hard to find useful self-assessment tools and to curate some of them here

That said, we have tried hard to find useful self-assessment tools and to curate some of them here. Joy has already done a systematic literature review, and we were also mindful that many such tools exist in grey literature and behind organisational firewalls. We trawled the internet non-systematically but as comprehensively as possible, used our networks to ask for insight and leads, and spread word of our search via social media. The result has been a variety of tools addressing improvement capability from different perspectives.

For those of you keen to self-assess your individual improvement capabilities, this survey developed by the South West Academic Health Science Network focuses on individual improvement skills, including ability with different QI technical tools and techniques, leadership for improvement and change management. Anyone feeling like a

data interpretation challenge can test themselves with an IHI tool here (answers also available).

From Quality2020, this attributes competence framework aims to assist individuals in assessing their current performance (in terms of knowledge, skills and attitudes) in relation to leadership for quality improvement and safety. For those with a particular focus on leadership, the NHS Leadership Academy Framework may provide a useful platform for self-reflection and includes a maturity model (pg 13-19), whilst members interested in taking an organisation level approach to improvement capability self-assessment might find the IHI tool a useful starting point.

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Although skills and knowledge are one way to think about improvement capability they are not the only lens through which development can be viewed. *Habits of an Improver* frames the conversation around learning for improvement with five desirable improvement habits. Learning, influencing, resilience, creativity and systems thinking are described as five dimensions of improvement, and whilst not all of those habits are necessarily found in a single person or team, they serve as a holistic ideal. The diagram below, taken from that publication, may also serve as a useful catalyst for self-reflection.

Figure 1 – The habits of improvers
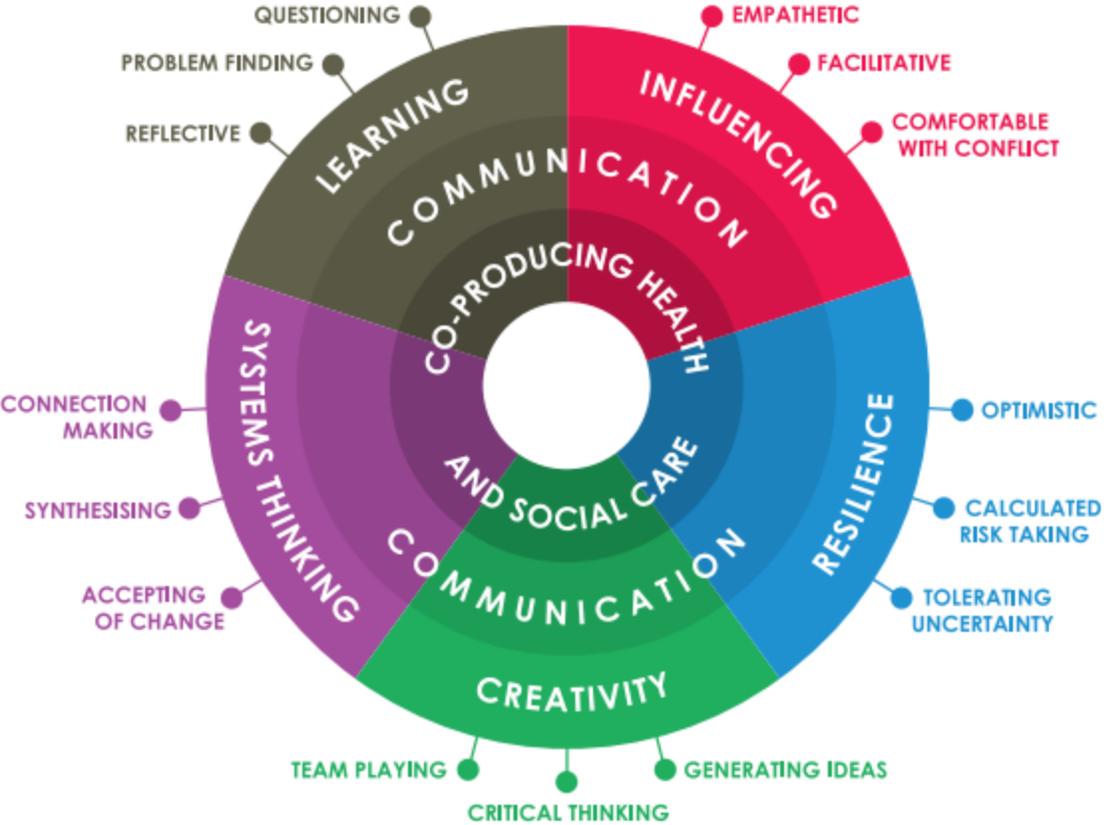
If you've got this far through the post, then we're interested to know how you've responded. How have you thought about your or your team's improvement capability? Have you used any of these tools before? We won't know how many of you click on those links, or how useful you find them unless you tell us – so please do by replying to this blog. We also know that there is more out there than we have found so far, so if you know of a useful QI capacity self-assessment tool we can add to those here please send it our way. Whether or not you use a formal tool, it would be good to hear about how you reflect on your improvement skills and attributes in order to decide where to focus your development.

Rebecca Fisher is a GP and one of the National Medical Director's Clinical Fellows. She's working within the Improvement Directorate at The Health Foundation on a variety of projects, one of which is Q.