

Quality Improvement Strategy 2021–2024

January 2021



Introduction

The Royal College of Anaesthetists (the College) is committed to setting the highest standards for anaesthesia and patient care, and working with anaesthetists to improve the service they provide. Improving quality is the cornerstone of the College and is supported through examinations and training, setting evidence-based standards for clinical practice and funding world-class research.

We support hospital-based quality improvements by using nationally-gathered data to help members deliver real time, measurable improvements. We also train members in improvement science, and support making improvements at a local level.

Our vision

To ensure continuous improvement is adopted throughout anaesthetic services to improve the way we deliver care to our patients.

Our mission

It is our goal to enhance services and ensure better patient outcomes through collaborative and sustainable improvement, using data together with improvement science. It is our aim to ensure quality improvement is a core element of every anaesthetist's practice.

Our values

We are **experts** in the delivery of excellent standards of care to our patients through continuous learning and quality improvement initiatives.

We are constructive, collaborative and proactive. We focus on achieving **positive** outcomes for the workforce and patients.

Quality improvement is **inclusive**, with the intention for all trusts, boards and independent healthcare organisations that offer anaesthetic services, to promote, support and execute improvement working together with patients. We work across professional boundaries and specialties, leading and developing teams. We welcome diversity of thought and approach, to ensure we can develop the best new ideas.

Our profession is advancing and we must be **forward-thinking**. We look for opportunities to innovate and improve, and in doing so, help develop the national and international standards of our specialty.

We are **ambitious** and are committed to leading and evolving the quality improvement agenda within healthcare.

Purpose of the strategy

This strategy sets out the vision for the College's quality improvement programme over the next three years and agreed priorities to enable the College to develop its role as a leader in quality improvement.

The audience for this strategy is those who have an interest in quality improvement, including the Quality Improvement Working Group, Regional QI Network, Quality Audit and Research Coordinators (QuARCs), the Clinical Quality & Research Board, the Education, Training and Examinations Board, Council and Board of Trustees. It is intended for this strategy to support the College in achieving its overarching goal in the [RCoA Strategic Plan 2018-2021](#); to support our members to deliver real time, measurable improvements.

The Quality Improvement strategy spans 2021-2024 and will therefore be carried into the College's new 2021-2026 strategy when published. It will be reviewed annually by the Quality Improvement Working Group, approved by the Clinical Quality and Research Board and updated where necessary.

Our aims

- 1 To unite the anaesthetic and wider health and care community around key priorities for quality improvement. To develop networks and links with other Colleges and organisations.
- 2 To improve access to quality improvement training resources and to advance knowledge and skills by developing a repository of quality improvement activity and resources to facilitate learning and sharing best practice.
- 3 To strengthen and develop the links between anaesthetists working on quality improvement.
- 4 To raise the profile of quality improvement in the specialty and help anaesthetists to gain recognition of their quality improvement work.

Current standing

The College's Quality Improvement Working Group (QIWG) leads the College's quality improvement programme. The aims of the group are to steer existing and develop new quality improvement projects by collaborating with all College directorates and to facilitate a regional network to increase local support and collaboration. Quality improvement is also dispersed throughout all College workstreams, with the overarching objective to increase the profile of quality improvement within the specialty.

Quality Improvement Compendium

The Audit Recipe Book (now known as the Quality Improvement Compendium) first edition was published in 2000 and bridged a gap between audit and quality improvement. A membership survey in 2017 confirmed that the 2010 edition of the Audit book was still used by 51% of members surveyed, to help them achieve training requirements for education and to help conduct departmental audits.

In 2019, the book underwent a full revision and was published in 2020. The 2020 edition of the Quality Improvement Compendium provides comprehensive recipes for quality improvement and audit in all sub-specialties of anaesthesia, and links to national quality improvement priorities in anaesthesia, such as the National Audit Project ([NAP](#)) recommendations and National Emergency Laparotomy Audit ([NELA](#)). The revision aligns with the Guidelines for the Provision of Anaesthetic Service ([GPAS](#)) chapters to support the delivery of safe and up-to-date anaesthesia, and facilitates entry into the Anaesthesia Clinical Services Accreditation ([ACSA](#)) process. Following the 2020 publication, the revision schedule will be managed by the College's guideline process, ensuring that the book remains up to date with the latest standards, and expands to include important new topics as they arise.

Anaesthesia Clinical Services Accreditation (ACSA)

ACSA is our peer review accreditation scheme for anaesthetic departments and is highly regarded and makes a positive impact on improving anaesthetic services across the health sector. ACSA engages anaesthesia departments in quality improvement through peer review. Departments are required to self-assess and to work to close the gap between their current practice and the standards using quality improvement methodology. Departments are then visited by a review team who validate the self-assessment and suggest further areas for improvement. Accreditation is granted when sufficient evidence is provided to confirm that the department meets all priority 1 standards. The ACSA scheme encourages further improvement in services through the inclusion of aspirational (priority 2/3) standards in the scheme, which are reviewed annually. Accredited departments are required to confirm compliance with the standards on an annual basis, including reporting progress on unmet aspirational standards. For departments who require more bespoke support to make improvements in services, the College provides expert advice and tailored recommendations through our invited review service.



Anaesthetic CCT Curriculum

The position of quality improvement science and methodology has changed within the specialty and healthcare as a whole as it has been formally integrated into the 2010 Anaesthetic CCT Curriculum. Quality improvement was approved by the GMC for inclusion in the curriculum in 2013. Whilst this curriculum did not mandate that trainees should participate in a quality project, the methodology of improvement was incorporated as a way of supporting and adding value to audit, and to formally recognise improvement activity. Members of the College led the development of the Academy of Medical Royal Colleges (AoMRC) quality improvement curriculum guidance and the quality improvement component of the Anaesthesia 2021 curriculum. Quality improvement is now a key domain of the anaesthetic curriculum for all doctors, which aligns to the GMC's Generic Professional Capabilities [framework](#). The 2021 Anaesthetic CCT Curriculum lists key capabilities in quality improvement at all stages of training, supported by new assessment tools.

National Audit and QI Programmes

The College's work in setting, measuring and promoting standards of good anaesthetic practice is world-class and underpinned by our award-winning national audit programme. Other projects and networks include the Perioperative Quality Improvement Project (PQIP) and the National Emergency Laparotomy Audit (NELA).

PQIP captures data and informs improvement in the perioperative care of patients undergoing major non-cardiac surgery and measures complication rates, [failure to rescue](#) and patient reported outcomes. It aims to improve patient outcomes across the UK by reducing variation in processes of care and supporting implementation of best practice. PQIP increases the quality improvement knowledge and skills of anaesthetists working within multi-disciplinary teams and creates more opportunities for anaesthetists to lead, train and participate in quality improvement work.

NELA has a network of over 190 trusts and boards in England and Wales, and uses real time data collection to support quality improvement in emergency general surgery. NELA provides guidance via quality improvement animations, toolkits and articles on using NELA data for improvement. The project has provided a poster prize at national conferences, encouraging trainees to submit their NELA quality improvement work, and supports both English Academic Health Science Networks (AHSNs) and the Welsh Government in emergency laparotomy improvement collaboratives. Like PQIP, NELA has a comprehensive real time QI dashboard, which reports all the key standards of care as statistical process control charts and run charts.

The National Audit Projects (NAP) study anaesthesia-related complications of low incidence that are potentially serious for patients and important to patients and anaesthetists, and produce "internationally important reports with a potentially significant impact on patient outcome and experience during and after anaesthesia and surgery". The NAPs include recommendations for clinical practice and research, providing best practice guidelines and associated resources to drive improvements in practice.

Strengths of Quality Improvement

Reputational benefit for the specialty. Quality improvement will ensure we continue to have high performing, **robust** anaesthetic services, and excellent patient care. To deliver safe and effective care with a decreasing resource, anaesthetists must adopt continuous improvement to maintain the reputation of our services.

Quality improvement enables the College to **engage with members** at the frontline to tackle the challenges they face in delivering the highest standards of care.

Quality improvement enables the College to **learn from members** about major issues of quality and safety that should be addressed by the specialty.

It enables anaesthetists to provide **leadership** for the **national** and **international** quality improvement agenda.

Quality improvement principles are **well-respected** within the anaesthetic community.

It promotes health and **wellbeing** by improving job satisfaction through embedding good practice and continuous learning.

It has led to improved **culture** and ethos in departments engaged in continuous quality improvement.

It promotes the routine collection of quality metrics allowing us to demonstrate the impact of anaesthetic quality improvement initiatives and the value of co-operative, anaesthetic led change.

The ability to use improvement skills to innovate, adapt and rapidly test changes ensures that anaesthetists are well equipped to work in a rapidly changing healthcare environment.

Aims of Strategy

1 To unite the anaesthetic and wider health and care community around key priorities for quality improvement. To develop networks and links with other Colleges and organisations.

The College has a responsibility to understand and support the learning needs of those leading improvement via the Regional Quality Improvement Network or other local leads roles. It is our aim to review the possibility of implementing action learning and leadership coaching to help build improvement capabilities.

There is an active undertaking by the College to ensure quality improvement representation and content remains within all relevant College guidance and services. 'Raising the standards: [RCoA Quality Improvement Compendium](#)' 2020 must align with the College guideline development process, to reflect changes in the 2021 curriculum and future changes in GPAS or ACSA standards.

We aim to explore the feasibility of establishing 'Breakthrough Collaborative' programmes hosted by the College, similar to those established by the Royal College of Surgeons in [CholeQuIC](#) and the Royal College of Physicians on [COPD care and other topics](#).

We want the College's partner organisations and their members, and most importantly the patient voice, to be at the heart of our influencing quality improvement and policy projects.

To generate income to enable us to deliver more quality improvement work in support of this strategy, we will make strategic, funding proposals to grant funders, where relevant, to support the ongoing sustainability of this strategic plan.

2 To improve access to quality improvement training resources and to advance knowledge and skills by developing a repository of quality improvement activity and resources to facilitate learning and sharing best practice.

We aim to equip anaesthetists with the skills to undertake quality improvement work. Our educational aims strongly link to the College's Education, Training and Examinations Strategy 2018-2023.

It is the ambition that the College provides educational resources and courses covering the areas of quality improvement within the anaesthetic curriculum, or other specific quality improvement topics as required by the specialty. Initially a broad audience will be targeted using wide delivery methods such as webinars and podcasts. Using feedback from these activities, proposals may be drawn up for more in-depth educational resources or courses, with specific learning outcomes and targeted at smaller audience segments.

Alongside the Education and Professional Development Committee, development of a teaching strategy for improvement science to ensure the delivery of the College curriculum requirements for the speciality is required. We will provide guidance on how to deliver and assess this 2021 Anaesthetic Curriculum domain as well as ensuring the trainers are equipped to deliver training on quality improvement methodology.

We will actively promote quality improvement through a range of educational activities, in order to drive positive patient-centred change. We will undertake presentations at key trainer and trainee events.

3 To strengthen and develop the links between anaesthetists working on quality improvement.

The College aims to close the gap between data measurement and use of quality data for improvement by delivering national quality improvement programmes such as the Perioperative Quality Improvement Programme (PQIP), and by supporting its wider adoption by the medical and healthcare profession as the comprehensive audit of perioperative outcomes.

Other projects such as NELA aim to support local participants in improving quality improvement knowledge. We facilitate development of quality improvement by sharing examples of best practice and help local providers make the best possible use of audit/research results. We will increase the reach of the improvement tools by making available quality improvement resources. This includes the PQIP/NELA quality improvement animations, the online quality improvement dashboard, workshops and webinars and links to the new Quality Improvement Compendium. We aim to encourage and support cross project working in providing quality improvement resources.

The College aims to use existing, embedded research project data to implement improvements in care and to provide high quality comparative data to local participants (NELA/PQIP online dashboard with real-time data). Data access will support local initiatives through access to project data.

Furthermore, our goal is to increase the patient and public involvement in research with the creation of patient specific resources and dedicated webpages.

We strive to lead on collaborations with other quality improvement initiatives and organisations (e.g. NELA and Academic Health Science Networks work).

4 To raise the profile of quality improvement in the specialty and help anaesthetists to gain recognition of their quality improvement work.

It is our goal to unite the anaesthetic and wider health and care community around key priorities for quality improvement.

We aim to develop improvement links within each anaesthetic department, working with the QI network and QuARCs, to ensure each department has access to training opportunities, best practice examples and that all departments have the opportunity to contribute to college led QI.

The regional Quality Improvement Network supports local quality improvement by linking local departments to allow sharing of best practice, and signposting training and project opportunities for trainees on rotation. It has set up an online sharing platform on Sharepoint, which shared resources between departments during the COVID pandemic. The sharing platform contains documents shared from around the country, covering COVID intubation drills, ICU induction documentation, operating theatre and maternity protocols and checklists amongst others.

The QIWG will continue the interaction with the quality improvement network. It will review the terms of reference and remit of the Network, with an aim to ensure it remains relevant in supporting members to undertake improvement work, facilitate training and sharing best practice resources. In addition, an evaluation and analysis of the regional [Quality Improvement Network](#) will take note of the rapidly developing evidence base on network activity as well as add to this evidence base. This should include linking with the qualitative evaluation of PQIP.

Threats to success of strategic plan

Capacity versus demand. The workforce is busy and fatigued. There is recognition that NHS clinicians may not be able to undertake national work outside of their clinical duties. This is particularly stark in the current pandemic environment. As part of a membership engagement survey in 2017, members have reported their key barriers to undertaking quality improvement activities were lack of time and lack of training. Trainees indicated that lack knowledge of QI methodology was a key barrier in a national anaesthetic trainee survey on QI in 2016.

Mitigation: Quality improvement activities should be thoughtfully considered and include activities which can either free clinical time, for example work to reduce duplication of training by linking quality improvement training within a region as part of a network or through sharing resources, helping members write business cases or produce better value healthcare.

Resource. College staff capacity is a threat to the success of the quality improvement strategy. Consideration must be given to ensure sufficient staffing resource is in place to not only sustain, but also enable expansion and new projects.

Mitigation: Restrictive resource, both in the specialty and College staff, may result in extended timescales for achieving our goals. It is important for realistic expectations to be managed. There should also be consideration of revenue and income generation by applying to external funders.

Mission creep into areas outside of the College and quality improvement remit. For example, this strategy does not include Intensive Care that is overseen by the Faculty of Intensive Care Medicine.

Mitigation: To ensure that concise scopes and project plans are in place prior to work commencing and open communication with our stakeholders.

NHS **funding** restrictions for services wanting to develop quality improvement initiatives.

Mitigation: We will support timely, strategic, funding proposals to NHS England, NHS Health Scotland, Public Health Wales, Public Health Agency in Northern Ireland and other grant funders, where relevant, to support the ongoing sustainability of this strategic plan.

Mitigation: Through regular and senior engagement with relevant bodies, we will make the case for the importance of sustainable funding to deliver this strategy.

Royal College of Anaesthetists

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