Quality services and quality improvement processes

## DRAFT FOR CONSULTATION

### June 2025

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**The information in this document is currently in development and has been shared as part of a consultation. If you are seeking guidance or information on this topic, please ensure you refer to final published content which can be found on rcslt.org.**

We appreciate any comments provided to us during the consultation, all of which will be reviewed by the working group within the context and scope of the project. We ask that, where possible and relevant, you accompany any counter arguments to statements made in the document with supporting evidence e.g. a research reference.

Members of the working group should not be contacted directly, and all feedback should be made through the assigned route e.g. via survey or project manager. Feedback made through unassigned routes or after the closing date will not be accepted or responded to.

Thank you for your support with this project.

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This section will explore key dimensions of quality services, quality improvement (QI) processes and their applications within healthcare.

# Key dimensions of quality services

* Quality services engage with commissioners and partners across local health and care systems to provide an effective and responsive service for users.
* Quality services are appropriately and sustainably resourced.
* Quality services meet local and national standards and are fully accountable for all their activity.

# Introduction

Quality healthcare can be defined in many ways but there is acknowledgement that services should be:

* **effective** – providing evidence-based healthcare services to those who need them
* **safe** – avoiding harm to people for whom the care is intended
* **people-centred** – providing care that responds to individual preferences, needs and values.

To realise the benefits of quality healthcare, services must be:

* **timely** – reducing waiting times and sometimes harmful delays
* **equitable** – providing care that does not vary in quality on account of gender, ethnicity, geographic location, and socio-economic status
* **integrated** – providing care that makes available the full range of health services throughout the life course
* **efficient** – maximising the benefit of available resources and avoiding waste.

See [World Health Organization](https://www.who.int/health-topics/quality-of-care#tab=tab_1).

There are a number of aspects to keep in mind when you are either planning or improving a service outlined in Table 1.

## 2.1 Table 1

|  |  |
| --- | --- |
| **Aspects of quality services** | **Service providers must consider** |
| **Accessibility and equity** | |
| Is the service provided offering equal access to individuals with equal needs regardless of their race, ethnicity, geographical location, religion, socioeconomic status, linguistic or political affiliation? | * waiting times for assessment and therapy * distance / time / travel * linguistic / cultural barriers / access to interpreters * equal services for individuals with equal needs * epidemiological and population data gathering and profiling of service users including ethnicity and languages spoken * settings where individuals access services * proximity and access to specialist services * compliance with disability legislation (e.g. Equality Act 2010) * reducing health variation by targeting needs * consultation with service user groups – incorporating themes into final models of practice * partnership working with other services and professions |
| **Effectiveness and relevance** | |
| Is the service offered evidence-based and meeting the needs and preferences of service users? | * understanding of population mix and unmet need * preferences and values of the service user * best practice guidance * staffing and skill mix for speech and language therapy services and the wider workforce * models of speech and language therapy service delivery * outputs and outcomes * speech and language therapy referral and activity data * range of services offered * number of complaints * number of compliments |
| **Efficiency and responsiveness** | |
| Is the service responsive to individual / career needs and achieving the desired effects most economically, maximising the benefits of available resources and avoiding waste? | * overview of skill mix and competencies within the speech and language therapy service * overview of how speech and language therapy integrates with other services * best practice guidance * analysis of speech and language therapy activity * number and mix of locations to which services are provided * analysis of unmet need * outputs and outcomes |
| **Safe service** | |
| Does the service minimise the risk of harm and actual harm? | * staff training needs identified and met * identification of potential risks and mitigation against them e.g. risk assessments * record keeping meeting professional standards * effective health and safety management system * compliance and accountability * development of procedures, protocol and guidance that meet health and safety requirements * regular appraisal and development of individual staff and teams’ performance * compliance with national standards of the regulator the [HCPC](https://www.rcslt.org/members/delivering-quality-services/meeting-the-hcpc-standards-guidance/) |
| **Appropriateness of resources** | |
| Are resources, services and information appropriate to achieve quality services? | * skilled staff in sufficient numbers (appropriate skill mix of staff; knowledgeable and skilled in using evidence-based practice) * networks across services and agencies * information systems collecting and providing relevant information * governance (leadership and accountability for all activity) |

# Quality improvement

Quality improvement (QI) projects are encouraged in healthcare in the UK. They are increasingly supported by collaboratives or communities set up around a QI package, a healthcare organisation or group, or at a local, regional or national policy level. One example is [**The Health Foundation’s Q Community**](https://q.health.org.uk/) but there are many more.

NHS Trusts encourage QI projects and will usually have QI / audit teams to support projects, provide training, share learning and maintain a register of those projects in progress / completed. These can be a useful resource for SLTs involved in QI.

QI projects are designed to help staff on the ground tackle local problems in a methodical, incremental way. They usually focus on the process of making healthcare more safe, timely, effective, efficient, equitable and patient-centred. Their general aim is to embed QI thinking in everyday practice, not just apply it to specific projects.

As a result, QI projects are often concerned with some aspect of demand and capacity within the system and patient flow through the system, with careful consideration of outcomes, people’s experience, and the cost of healthcare provision.

A [**systematic narrative review**](http://www.crd.york.ac.uk/CRDWeb/ShowRecord.asp?ID=32011000041) summarised how QI approaches can help patient care.  QI approaches might emphasise the everyday, ongoing work of healthcare as an opportunity to get things right first time for patients and staff (e.g. Total Quality Management; Continuous Quality Improvement). They might encourage practitioners to plan, conduct and reflect on small tests of change (e.g. [Plan-Do-Study-Act](https://aqua.nhs.uk/wp-content/uploads/2023/07/qsir-pdsa-cycles-model-for-improvement.pdf) cycles. They might examine processes of patient care with a view to having the least wasted time, effort and cost (e.g. [Lean](https://aqua.nhs.uk/wp-content/uploads/2023/07/qsir-lean-ohnos-eight-wastes.pdf) or just-in-time thinking) or seek to improve reliability and reduce variation in care processes (e.g. [Six Sigma](https://www.england.nhs.uk/improvement-hub/wp-content/uploads/sites/44/2018/06/An-overview-of-Six-Sigma.pdf)).

For a more detailed review of healthcare improvement approaches please see our [healthcare improvement information](https://www.rcslt.org/members/delivering-quality-services/service-planning-and-improvement/healthcare-improvement/).

# Planning monitoring audit and evaluation

Monitoring, auditing and evaluation are essential parts of the quality improvement process. They improve care standards and outcomes, through systematic review and enable the implementation of change.

Consistent action is required locally to ensure that:

* national standards and guidance are reflected in the provision and development of local services
* local patient and public views are an integral part of reflection on and development of services to meet local needs.

That action is guided by a system of governance and is backed up through lifelong learning by staff, professional self-regulation and external inspection.

## 4.1 What is governance?

Governance is a framework through which organisations are accountable for continuously safeguarding standards of service provision and for continuously improving the quality of services.

Standards will be assured through:

* external monitoring
* an internal system of governance covering all service functions.

## 4.2 External monitoring

Inspectorates across the four UK countries use different frameworks to monitor the quality-of-service provision. However, there is a general trend towards emphasising outputs and outcomes rather than structure and process.

See [**clinical guidance topics A- Z**](https://www.rcslt.org/members/clinical-guidance/) for guidance for specific client groups.

## 4.3 Internal monitoring

Services will wish to monitor service performance in line with the requirements of external monitoring systems and service governance.

Performance across quality domains may be evidenced through:

* a range of clinical and service data, with an increasing emphasis on outputs and outcomes
* detailing of policies and procedures across a range of domains.

Services should have available relevant, easily accessible and comprehensible information to support decision-making at service and commissioning levels.

Speech and language therapy leaders will need to make decisions and implement change based on good evidence; be it clinical practice, service-base, patient safety and/or experience of care. Connecting with your local patient safety / quality improvement / governance teams and networks is a great place to start.

# Service audit, evaluation, research

Audit, evaluation and research are different events with different aims and producing different results. This section explains those differences.

## 5.1 What is service audit?

Clinical audit is a way to find out if healthcare is being provided in line with standards and let’s care providers and patients know where their service is doing well and where there could be improvement. A service audit cycle includes the following steps:

* observing current practice and identifying areas for improvement
* setting or defining standards of care
* collect data / measure practice
* comparing practice to standards
* agree changes needed to implement change
* re-audit

This is a continuous process which allows for incremental changes to be implemented as part of ongoing service improvement. This methodology is often referred to as the [PDSA cycle](https://aqua.nhs.uk/wp-content/uploads/2023/07/qsir-pdsa-cycles-model-for-improvement.pdf) (plan, do study act).

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It has been suggested that audit is similar to research. The main difference is that whilst research aims to influence clinical practice in its totality, audit aims to influence activity on a local level.

Audit is useful when the need is not to understand practice in detail, but simply to look at outcome data.

## 5.2 What is service evaluation?

An evaluation is applied research for a purpose.

It is a structured process concerned with making an assessment, judging an activity or a service against a set of criteria.

Evaluation is useful for looking in detail at service practice in order to see, for example:

* whether the service is meeting the needs of service-users
* whether the service can be improved
* what happens to individuals after an intervention is finished
* whether resources are being used to the best advantage by providing care in a particular way
* whether the service should continue.

## 5.3 What is service research?

Research is designed to provide generalisable knowledge. The results of research are not just about specific programmes or areas; they have the likelihood of being applicable to similar services elsewhere. Many of the methods of research are those used in evaluation, but the focus is different, the scale of resources required is likely to be different, along with the level of skills and knowledge.

The National Institute for Health and Care Research (NIHR)’s [Good Clinical Practice (GCP)](https://www.nihr.ac.uk/career-development/clinical-research-courses-and-support/good-clinical-practice) training is the agreed international standard for conducting clinical research.

## 5.4 When to choose audit, evaluation or research?

Services should be clear about the questions they are seeking to answer to determine whether audit, evaluation or research is required.

Consideration should be given as to whether a mix of approaches is appropriate; for example, a local audit added to existing research findings will avoid the onus of a full-scale evaluation but still provide some local data and greater credibility.

## Service improvement

Continuous service audit allows for incremental changes to be implemented as part of ongoing service improvement. Service evaluation is designed to have a greater degree of impact and may involve radical changes to service provision.

Some changes to service provision may be implemented within current resources, whilst other larger-scale changes may be classed as service development and require additional resources to be implemented.

Please refer to table 1 for examples of information that services may wish to audit to evidence quality and quality improvements over time.

Speech and language therapy practitioners should be aware of the criteria that will be used to examine the therapy they provide will be examined. They will need to know about the policies, procedures, standards and performance measures set at national and local levels, and in use within their working context.

# Tips for service/clinical leaders to consider when facilitating service improvement

* Identify regular opportunities available for the team to reflect, invest time in planning and thinking things through. This can often help to identify problems in the system and identify support required.
* Identify what support is available and how it can be accessed. Support may come from peers, managers, leaders, or others in or outside your organisation. Your organisation’s governance, quality improvement, research and development teams where applicable.
* Identify key stakeholders who should be involved (stakeholder mapping may help) and constantly review if the right people are in the room.
* Think carefully about what type(s) of data you will collect, and how. Data can help to assess the system and also make sure that the change made has resulted in an improvement. Contact your organisation’s IT/ data teams for further support.
* Identify areas for improvement that fits with the priorities, goals or vision of your department, directorate or organisation. Be selective with your goals – you can’t do everything.
* Identify roles and responsibilities. When agreeing actions, also agree who is going to carry them out and how they will be monitored.
* Ensure that measures are in place to monitor that changes are improvements and that any unintended consequences (desirable or undesirable) are addressed.

# Related RCSLT topics

* Service planning and responding to proposed changes
* Workforce planning, staffing and resourcing
* [Delivering quality services](https://www.rcslt.org/members/delivering-quality-services/)
* [Clinical guidance](https://www.rcslt.org/members/clinical-guidance/)
* [Research](https://www.rcslt.org/members/research/)
* [Leadership resources](https://www.rcslt.org/learning/leadership-resources/)
* [CPD and life-long learning](https://www.rcslt.org/members/lifelong-learning/)

# Further reading and resources

* The Health Foundation – The Improvement journey: [Why organisation-wide improvement in health and care matters, and how to get started](https://www.health.org.uk/publications/reports/the-improvement-journey?utm_campaign=10519988_Improvement%20Journey%20%20May%2019%20%20WARM&utm_medium=email&utm_source=The%20Health%20Foundation&dm_i=4Y2,69H9W,UUJRW7,OP9QG,1))
* US agency for healthcare research and quality – [The six domains of health care quality](https://www.ahrq.gov/professionals/quality-patient-safety/talkingquality/create/sixdomains.html)
* NHS England – [Health and Safety Policy (2017)](https://www.england.nhs.uk/publication/health-and-safety-policy/)
* NHS England – [Quality improvement e-learning platform](https://www.qilearning.england.nhs.uk/) – provides a range of free learning programmes.
* Department of Health – [NHS internal audit standards](https://www.gov.uk/government/publications/nhs-internal-audit-standards) (2011)
* Healthcare Quality Improvement Partnership (HQIP) – [National quality improvement programmes](https://www.hqip.org.uk/national-programmes/)
* Government guidance on [Clinical audit: descriptive studies](https://www.gov.uk/guidance/clinical-audit-descriptive-studies)
* BMJ – [How to get started in quality improvement](https://www.bmj.com/content/364/bmj.k5437) (2019)
* Evidence-based Communication Assessment & Intervention [– Issue on implementation science (2017)](https://www.tandfonline.com/toc/tebc20/11/3-4?nav=tocList&)
* The Health Foundation – [Q Community](https://q.health.org.uk/)
* NHS England – [Improvement tools](https://www.england.nhs.uk/resources/tools/)
* Advancing Quality Alliance – [Quality, service improvement and redesign (QSIR) Tools](https://aqua.nhs.uk/qsir-tools/)