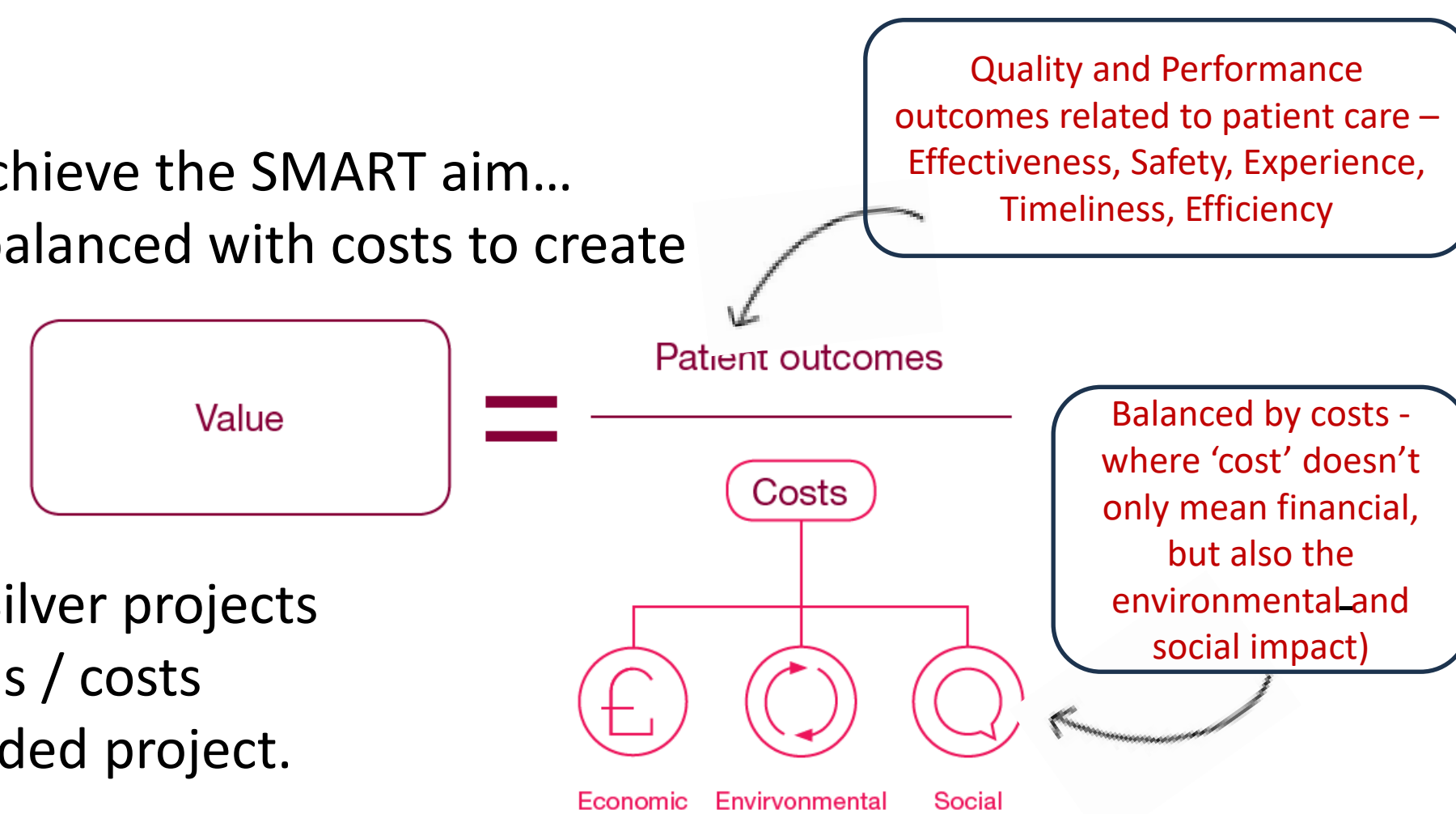


The Problem

The primary goal of any QI is to achieve the SMART aim... But... service outcomes must be balanced with costs to create

Benefits realisation beyond those explicitly stated as outcome measures are rarely evidenced / calculated in GSQIA Silver projects calculation of resource / emissions / costs reduction etc provide a fully rounded project.

Providing documented metrics on these areas will support the Trusts financial, green and health inequality agendas.



The Aim - To consistently achieve 50% of Silver projects graduating with additional benefits calculated (not simply stated) by April 2027*

*Timeframe takes into account the length of time from workshops to graduation

The Team & Stakeholders

The GSQIA Team, experts in the fields of finance, green and health inequalities, Silver practitioners

Measures

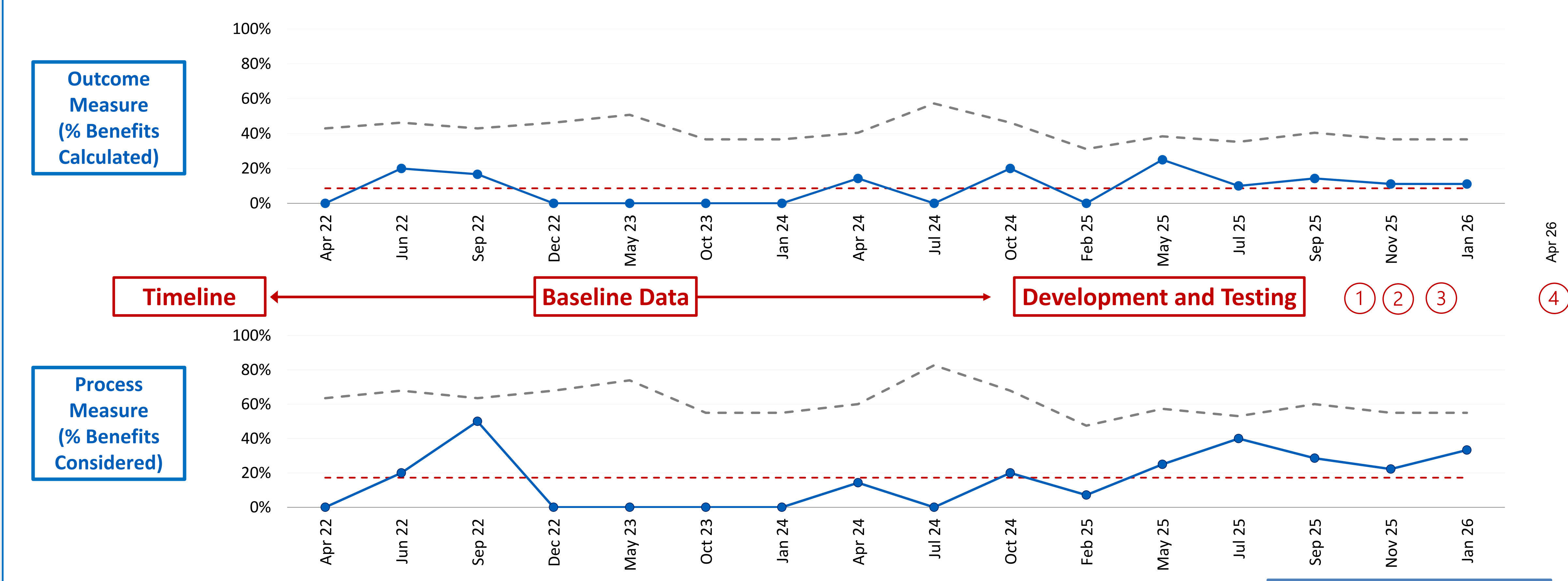
Outcome - % of graduating projects with additional benefits metrics calculated (exclusions - where time/cost/green agenda etc form the 'outcome measure' of the project)

Process - % of graduating projects where benefits documented (i.e. considered / stated)

No. of Silver workshops undertaken with new content applied

Balancing - Time - During sessions and additional work burden for Silver Practitioners
Green/cost - Booklet review

Measurements & Key Results



Driver Diagram

To consistently achieve 50% of Silver projects graduating with additional benefits calculated (not simply stated) by April 2027

Practitioner capability and confidence in assessing wider benefits

Awareness of need

GSQIA expectations of presence of other benefits

Trainer/Facilitator knowledge and awareness

Awareness of wider benefits

Skills in quantification of benefits

Understanding of how waste and value relates to QI

Time to consider

Systems and tools that enable consideration / measurement

Multiple project stages: pre-meet, during workshops, Plan on a Page, graduation templates

Changes and Actions

Carve out time in existing workshops

Creation of Standardised tools templates, prompt sheets

Inclusion of calculation tools

Add to all facilitator contact points – pre-meet, workshops, Plan on a Page, Graduation templates

Integration of tools into support documentation (booklets)

Basic introduction and Signposting to internal experts

Plan Do Study Act - PDSAs

1 - Silver Support Documentation

- Literature search - Initial broad information collection
- Multiple rounds of condensing, streamlining and reformatting
- Review and feedback by GSQIA team, subject experts
- Creation as supplementary pages
- Testing and feedback from workshop attendees
- Whole Silver booklet review and addition of pages
- Addition of tab on e-booklet

2 - Workshop Content

- Workshop review to fit content in
- Same information used as documentation
- Multiple rounds of reformatting on slides
- Review and feedback by GSQIA team
- Testing and feedback from workshop attendees

3 - Other Contact Points

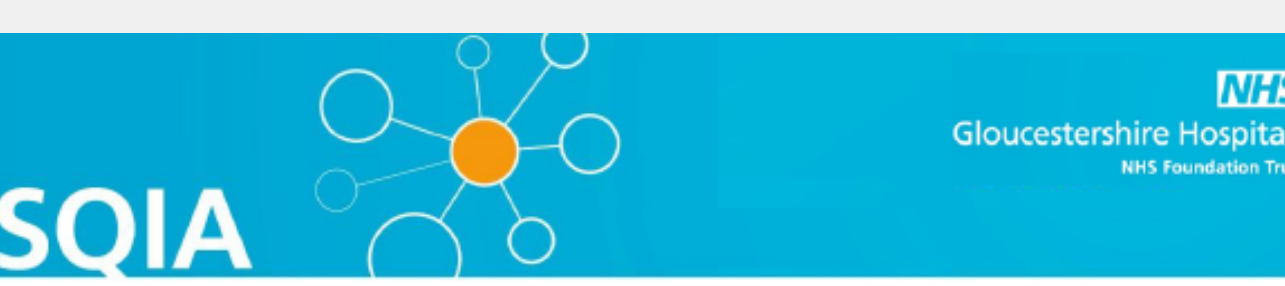
- Slide added to the Silver 'pre-meet' stage
- Slide added to graduation template
- Section added to the 'Plan on a Page' Document

4 - General Awareness

- GSQIA Newsletter – Trustwide reach April '26

Categories of Waste

Failure of Care Delivery	Unnecessary appointments, unnecessary delays, cancellations, safety issues (e.g. presence of pressure ulcers, Surgical Site Infections) - increased cost of treatment and length of stay, Time (cost) of investigating and responding to poor patient experience or outcomes
Failure of Care Co-ordination	Delays due to bottlenecks, DNAs due to late appointment letters, Duplication of tests due to inability to access systems, Poor discharge documentation for onward care, Lack of clarity of roles or role requirements, Lack of standardisation
Overtreatment	Unnecessary use of medications or diagnostic tests
Administrative Complexity	Duplication of time / effort / resource, Documentation that does not add value, Unnecessary steps, Difficulties with computer systems
Pricing Failures	Contracts for resources that are more costly than elsewhere (with the same quality)
Fraud / Abuse of the System	Hopefully not widespread, but does occur...
Waste of Spirit	Poor staff wellbeing / motivation / engagement / incivility, Absence, productivity, recruitment.



Gloucestershire Safety & Quality Improvement Academy Newsletter
Quality Improvement: Beyond your SMART Aim
Issue 19 - Apr 26

Quality Improvement (QI) is at its most powerful when we look beyond the stated aims and consider the broader value it creates, from financial savings and reduced waste to lower carbon emissions and fairer outcomes for our communities. By recognising these wider impacts, we can better demonstrate and celebrate how QI strengthens the sustainability, efficiency and equity of the services we deliver.

Failure of Care Delivery	Unnecessary appointments, unnecessary delays, cancellations, safety issues (e.g. pressure ulcers, Surgical Site Infections) - increased cost of treatment and length of stay, Time (cost) of investigating and responding to poor patient experience or outcomes
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Every QI project presents an opportunity to reduce carbon impact, even when carbon wasn't the original focus - e.g. Streamlining outpatient pathways can reduce patient travel emissions
Switching to reusable equipment where safe and appropriate to do so, cuts procurement carbon
Preventing unnecessary admissions reduces energy use and resource consumption
Digitising processes reduces material and disposal impact

A truly successful improvement does not simply improve care on average, it improves care fairly across all patient groups. Benefits realisation should consider:

- Whether the change reduces variation in access or outcomes
- Whether improvements benefit under-served or marginalised groups
- Whether patient insights have informed the design
- Whether staff or patients from different backgrounds experience barriers differently

Physical Resources - Waste Hierarchy

The waste hierarchy gives top priority to preventing waste in the first place.

Is the use of a resource avoidable? If not, can we re-use or repair in the first instance?

Healthcare Inequalities

Health inequalities are unfair and avoidable differences in health across the population, and between different groups within society. These include how long people are likely to live, the health conditions they may experience and the care that is available to them.

The conditions in which we are born, grow, live, work and age can impact our health and wellbeing. These are called **social determinants of health**.

Environmental Impact

The carbon footprint can be defined as the total greenhouse gas (GHG) emissions attributable to any given product or service.

There are three main categories of GHG emissions: Scope 1 (direct emissions from owned or controlled sources), Scope 2 (indirect emissions from purchased electricity, heating, cooling, steam, and other purchased energy), and Scope 3 (all other indirect emissions in the value chain).

'Other' Benefits of Your QI

The SMART aim of your project refers to the specific improvement opportunity you are working on, but are there any additional benefits related to what you are trying to achieve?

Consider the following:

- Reduce the number of contacts that a patient requires in hospital? Patient experience, carbon emissions, staff time, etc.
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Value and Waste in Healthcare

Value is a finite amount of resource, or capacity, used to produce an outcome. Quality improvement work can have a positive impact on value where waste in a system is high, value is low and vice versa.

In healthcare, 'value' can be defined as meeting patient expectations (including the cost of care) for the best cost, where 'cost' is associated not just with the financial aspect, but also environmental impact and the social costs of a service or intervention.

Understanding What 'Other' Benefits There Are...

Benefit	Does your project impact it?	Impact	How to measure it?
Carbon footprint			
Waste			
Cost			
Staff wellbeing			
Patient experience			
Staff time			
Staff safety			
Staff retention			
Staff recruitment			
Staff productivity			
Staff engagement			
Staff motivation			
Staff incivility			
Staff absence			
Staff productivity			
Staff engagement			
Staff motivation			
Staff incivility			
Staff absence			

Next Steps...

- Business as usual:
- Regular programme of feedback for all GSQIA content
- Ongoing request for feedback from participants

...and Reflections

- Barriers - Time, alongside everything else
- Barriers to implementation - Asking more of people
- Positive team awareness and readiness for change
- Changes already within work scope
- System level changes within sphere of control/influence

Project benefits (indirect)

Silver booklet review – 12 fewer pages = ~£60 saving per 100 booklets
On average, one tree produces 8,333 sheets of A4 paper, so for every 695 booklets, we save one tree

