University of Huddersfield Repository

Adamou, Marios and Hale, Anthony S.

Total Quality Management in the NHS in England and Wales: a story untold?

Original Citation

Adamou, Marios and Hale, Anthony S. (2004) Total Quality Management in the NHS in England and Wales: a story untold? Journal of Quality Health Care, 3 (1). pp. 12-16.

This version is available at http://eprints.hud.ac.uk/id/eprint/11324/

Title: Total Quality Management in the NHS in England and Wales: a story

untold?

Dr Marios Adamou

Lecturer

Kent Institute of Medicine and Health Sciences

University of Kent at Canterbury

CT2 7PD

United Kingdom

Professor Anthony S. Hale

Professor of Psychiatry of Adult Mental Illness.

Kent Institute of Medicine and Health Sciences

University of Kent at Canterbury

CT2 7PD

United Kingdom

Please address correspondence to:

Dr Marios Adamou

St Martins Hospital

Trust Headquarters

Littlebourne Road

Canterbury

CT1 1AZ

Tel: +441227865815

Fax:+441227812125

e-mail: a_marios@yahoo.com

Word Count: Manuscript :1779   Abstract: 77

Title:

Total Quality Management in the NHS in England and Wales: a story untold?

Abstract:

The British Government has committed itself to reform the NHS and made quality the primary target. The government uses TQM principles to improve the Quality of the NHS.TQM is an organisational approach to customer satisfaction. However, the implementation of TQM principles in the NHS has several weaknesses resulting in NHS staff having no knowledge or ownership of how the reform will occur and patient dissatisfaction. A new approach into applying TQM principles in the NHS is required.

Title:

Total Quality Management in the NHS in England and Wales: a story untold?

Abstract:

The British Government has committed itself to reform the NHS and made quality the primary target. The government uses TQM principles to improve the Quality of the NHS.TQM is an organisational approach to customer satisfaction. However, the implementation of TQM principles in the NHS has several weaknesses resulting in NHS staff having no knowledge or ownership of how the reform will occur and patient dissatisfaction. A new approach into applying TQM principles in the NHS is required.

Total Quality Management in the NHS in England and Wales: a story untold?

Introduction

The NHS is changing. The current UK Government, with the belief that the NHS has been 'part and parcel of what it means to be British'[1], has committed itself to invest in NHS staff, facilities, but also to reform the NHS to make it revolve around the needs of the patient. A recent report by the NHS modernisation agency [2] acknowledged the efforts of the government in that direction but recognised there is still a long way to go.

In this paper we will try to address why the government plan to reform the NHS lags behind expectations. We will investigate the application of the management principles behind the suggested plans for NHS reform and specifically, we will identify where these principles are based on Total Quality Management concepts. Furthermore, we will discuss the likelihood of the success of the application of the plan as it is currently implemented, and suggest how a better application of the TQM philosophy would ensure benefits for the NHS.

Total Quality Management

Total Quality Management (TQM) is an organizational approach to customer satisfaction. It is an ongoing process in which the primary objective is to achieve customer satisfaction by involving customers [3-7].

TQM is different from the old concept of quality. The separating difference lies in the focus of TQM to identify the root causes of quality problems and correct them, as opposed to just inspecting the product after it has been made. Not only does TQM encompass the entire

organisation but it stresses that quality is customer driven. TQM attempts to embed quality in every aspect of the organization. It is concerned with technical aspects of quality as well as the involvement of people, such as customers, company employees and suppliers. Several specific features make up the philosophy of TQM.

The first, and overriding, feature of TQM, as we mentioned earlier is the organisation's focus on its customers. The goal is to first identify and then meet customer needs. TQM recognises that a perfectly produced product has little value if it is not what the customer wants.

A second feature of the TQM philosophy is the focus on continuous improvement. Previously, systems operated on the assumption that once an organisation achieved a certain level of quality, it was successful and further improvements were unnecessary. Continuous improvement requires that the organisation continually strives to be better through learning and problem solving. Because we can never achieve perfection, we must always evaluate our performance and take measures to improve it.

Thirdly, quality at the source (the initial stage) is another integral part of TQM. It is far better to uncover the quality problems and correct them than to discard defective items after production. If the source of the problem is not corrected, the problem will continue.

A fourth element of TQM is the recognition that the role of employees in the organization is related to quality at the source. Therefore, the philosophy is to empower all employees to seek out quality problems and correct them. With the old system, problems were not reported

because of fear of reprimand. Often reports of poor quality were passed on to someone else, in order to make it "someone else's problem." The new concept of provides incentives for employees to identify quality problems.

A fifth element of TQM is employees' need for training. TQM places a great deal of responsibility on every worker. If employees are to identify and correct quality problems, they need proper training on an ongoing basis. Since quality management is an activity that permeates all levels of the organization, it is necessary for all employee's to train.

A sixth element of TQM is the creation and support of teamwork. TQM stresses that quality is an organizational effort. To facilitate the solving of quality problems, it places great emphasis on teamwork. The use of teams is based at the old adage that 'two heads are better than one'. The contributions of teams are considered vital to the success of the organisation.

Finally, another important aspect of TQM is studying business practices of organizations considered 'best in class'. This is called benchmarking. The ability to learn how others do things is an important part of continuous improvement. The benchmark company does not have to be in the same business, as long as it excels at something that the organisation doing the study wishes to emulate.

TQM and the NHS

Until 1998, it was identified that the underlying nature of the NHS had remained remarkably stable and many behaviours had not changed [8]. Despite TQM being identified as a concept which would be a challenge for Hospitals in the 1990's [9] and that the benefits of TQM [10]

were identified and discussed in the literature, intentions to implement TQM principles in the NHS only appeared in December 1997, the first year of the new Government, with the publication of 'A First Class Service: Quality and the new NHS' [11]. This document started a ten year programme of modernisation promising to improve the NHS and put quality at the top of the NHS agenda through setting, delivering and monitoring standards.

In the white paper 'The new NHS Modern and Dependable: A National Framework for Assessing Performance' [12], the framework on how to achieve the setting, delivering and monitoring of standards was explained. This framework involved the creation of The National Institute for Clinical Excellence (NICE) and the development of the National Service Frameworks which would *set the standards,* the Commission for Health Improvement which would *monitor standards* and the commitment to a focus on Clinical Governance and Life-long learning would ensure the *delivery of standards.*

Following the Prime Minister's description of the challenges the NHS was facing in the House of Commons in March 2000 [13], the publication of the 'The NHS Plan' [1] established the framework on how to achieve the improvement in quality. This framework is made of ten core principles four of which adopt TQM methods for quality improvement. For example, the principle that 'The NHS will shape its services around the needs and preferences of individual patients, their families and their carers' refers to the TQM concept of focus on the customers. The principle 'The NHS will work continuously to improve quality services and to minimise errors', refers to the TQM concepts of continuous improvement and quality at the source. Similarly, the principle 'The NHS will support and value its staff' refers to the TQM concept of recognition of the role of employees and their needs for training and finally, 'The NHS will work

together with others to ensure a seamless service for patients' refers to the TQM concept of teamwork.

Additional total quality management principles were adopted outside the NHS plan. In 'An Organisation with a Memory' [14], the creation of the National Patient Safety Agency was designed to ensure continuous learning from mistakes which refers to the TQM concept of better quality through continuous improvement. Better quality through quality at the source, another TQM concept, would be achieved through better recording of adverse events and finding the root cause of their development, as described in 'Building a Safer NHS for Patients' [15]. The recognition of the importance of staff and their training needs, as described by TQM is to be addressed with the establishment of a 'University for the NHS' [16] aiming to farther the skills of the NHS staff. Finally benchmarking, another TQM concept does apply to the NHS practice and is facilitated by the publication of the NHS performance indicators [17].

Will it work?

Ever since the current government has been in office, a restructuring of the NHS has begun. This restructuring is quality driven and appears to use a Total Quality Management approach, since many of the TQM principles are applied in this process. The Department of Health has made clear how the new quality-driven NHS is to be achieved by setting the foundations of the model.

Despite the best efforts of the government, several weaknesses are found in the application of the TQM principles. First, for the TQM approach to succeed, the management should adopt a strategic view of quality and focus in developing a mentality of problem prevention. At the

moment, a blame culture mentality is prevalent in the NHS despite efforts by both government and doctors [19].

Second, in the NHS a top-down (bureaucratic) process is adopted which dilutes the message of commitment to constant improvement. As a result, the quality improvement process is not implemented on an organization-wide basis which would embrace all locations, departments and does would include all members of staff and patients.

Third, staff should be given further training which focuses on developing a customer-based relationship rather than the currently adopted 'privileged' patient-based relationship. Patient orientation should be achieved for each and every employee and manager. The allegiance to the old patient- health worker special relationship has many friends and has yet to change.

 Fourth, the managers need not only to define performance standards but also set the systems on how to achieve them. The rule has to be that the systems will be in line with the shared needs and expectations and will be part of the continuous improvement process. Just setting standards without setting the systems, can only frustrate the NHS staff.

Fifth, modern methods of supervision and training need to be adopted to help eliminate fear. At the moment mistakes are quickly criticized, but efforts and achievement are neither recognised nor publicised.

Sixth, the barriers between departments should be eliminated; the patients are not interested in departments but the process. Better teamwork and communication between teams is

necessary. Professionals in teams should learn that empowerment means ability to seek out quality problems and correct them and not gaining more power.

Finally, a systematic and holistic approach to manage the implementation of TQM should be adopted. The publication of documents by the Department of Health which set out the quality improvement plan in separate parts which are not explained to managers or staff, is bound to fail.

Conclusions

The NHS is changing. With a primary focus on quality, the NHS envisages to offer a better service to the citizens of this country. A framework on how this quality is to be achieved follows the principles of Total Quality Management. Sadly, the basis for this framework of change has not been communicated to NHS employees who straggle to implement the plan without ownership or knowledge of why. As a result, change in the NHS has been slow to come. We recommend an approach on how these difficulties can be overcome by better application of the TQM principles.

REFERENCES

1. *The NHS Plan: A Plan for Investment. A Plan for Reform.* 2000, Department of Health: London.

2. *Improvement in the NHS.* 2003, NHS Modernisation Agency: London.

3. Deming, W.E., *Out of the Crisis.* 1982: MIT.

4. Crosby, P., *Quality is Free.* 1979: McGraw-Hill.

5. Juran, J., *Quality Planning and Analysis.* 1993: McGraw Hill.

6. Feigenbaum, A., *Total Quality Control.* 1991: McGraw-Hill.

7. Oakland, J., *Total Quality Management.* 1995: Butterworth-Heinemann.

8. Plamping, D., *Looking forward: Change and resistance to change in the NHS.* BMJ, 1998. **317**(7150): p. 69-71.

9. Eastman, C.J., *Total quality management: the challenge for hospitals in the 1990s.* Med J Aust, 1992. **157**(4): p. 219-20.

10. Johnson, J.A. and V.K. Omachonu, *Total quality management as a health care corporate strategy.* Int J Health Care Qual Assur, 1995. **8**(6): p. 23-8.

11. *A First Class Service: Quality and the new NHS.* 1997, Department of Health: London.

12. *The new NHS Modern and Dependable: A National Framework for Assessing Performance.* 1998, Department of Health: London.

13. *Commons Hansard.* 22 Mar 2000, http://www.publications.parliament.uk/cgi-bin/ukparl_hl?DB=ukparl&STEMMER=en&WORDS=J0blair+patient+nh+challeng+perform+prevent+partnership+care+&COLOUR=Red&STYLE=s&URL=/pa/cm199900/cmhansrd/vo000322/debtext/00322-04.htm#00322-04_spmin0.

14. *An Organisation with a Memory.* 2000, Department of Health: London.

15. *Building a Safer NHS for Patients.* 2001, Department of Health: London.

16. *Learning for Everyone.* 2002, Department of Health: London.

17. *NHS Performance Indicators.* 2002, Department of Health: London.

18. Finlayson, B., *NHS morale. Singing the blues.* Health Serv J, 2002. **112**(5799): p. 30-1.

19. Wise, J., *UK government and doctors agree to end "blame culture".* Bmj, 2001. **323**(7303): p. 9.