**Healthcare Service Design – The importance of Quality Management and Process Design**

Quality Management should not only cover the Service design process but it should also be built into the resulting Service delivery processes.

Quality Management is to:

1. Say what you do. (ITT, Policy, Standards)
2. Show how you do it. (Process design)
3. Show that all operators are following the authorised process. (Process Management (PMS))
4. Collect process and output conformance data. (Non-conformance reporting (NCR))
5. Show that corrective and preventative action has been taken. (Continuous improvement (CI) )

Process Design

An initial, iterative, task is to identify the individual processes from the patient flow through to proposed new/re-designed Serv ice. A degree of skill is required here.

The key processes must be documented by first creating a process map illustrating the key tasks in the process. This map must be agreed by all process stakeholders. Each task in the process should then be described using the medium of a written Work Instruction or Procedure. The detail required will be dependent on the complexity and criticality of the task. Documents need not be printed if they are readily accessible on line.

Process input and output standards, throughput registration and record keeping must be considered and documented as part of the process documentation. Operator qualifications, training and staffing levels must be stipulated.

IT applications are included in process design where applicable.

Maximum use must be made of the following base line information:

1. NHS England Service Specifications. <https://www.england.nhs.uk/specialised-commissioning-document-library/service-specifications/>
2. NHS England Service Standards. <https://www.england.nhs.uk/mental-health/adults/iapt/service-standards/>
3. NICE Guidance. <https://www.nice.org.uk/guidance>
4. GIRFT Reports. <https://www.gettingitrightfirsttime.co.uk/girft-reports/>
5. BS EN 15224:2016 Quality management systems – EN ISO 9001:2015 for healthcare
6. NHS digital, data and technology standards. <https://digital.nhs.uk/about-nhs-digital/our-work/nhs-digital-data-and-technology-standards>

Clinical procedures published elsewhere and that are readily accessible, e.g. NICE procedures & guidance, should not be replicated in local process documentation but should be incorporated into the process using hyperlinks from MS Word or HTML text for example.

When the proposed process design has been drafted and documented the documentation can then be reviewed and approved by all relevant process stakeholders.

Process Management

Process documentation must be available locally for operator training, review and audit. The process will change periodically as a result of innovation or CI/QI; process documentation must be updated to reflect these changes and operators trained in the process changes. Process measures, including non-conformance, are often associated with process record keeping and process handover as these are activities where the process is under scrutiny.

Ideally most process measures can be taken automatically via IT applications already used to manage the process.

Non-conformance

Non-conformance reporting is not covered in these notes although it is a key part of quality management. (To be addressed later)

Process documentation

My preferred format for documenting and publishing process detail is via the Internet/intranet using the*Busyfish* process mapping method. This method facilitates hyperlinks not only to local documents but also any documents accessible via the WWW.

Producing process documentation is not a ‘one off’ exercise. Process documentation stays with the process for the life of the process and should have the same status as Standard Operating Procedures (SOP). With the incorporation of new technology, including AI and re-design (See nhs LTP), processes will change over time. Process documentation should be changed to reflect the changes in the process. Process documentation is used to manage change and to promulgate the changed process to all stakeholders.

The current process documentation is the baseline for process improvement or re-design.