

Agenda Item 7

Forth Valley Quality Strategy (2021-2026)



Falkirk IJB Clinical and Care Governance Committee

20 May 2022

Forth Valley Quality Strategy (2021-2026)

For Consideration and Comment

1. Executive Summary

- 1.1 Like all care systems, health and social care across Forth Valley faces significant challenges to improving the outcomes and experiences of people using services.
- 1.2 A key part of effectively responding to those challenges is the successful implementation of a Quality Strategy. A new Forth Valley Quality Strategy (2021-2026) has been developed and approved by NHS Forth Valley. The report presents to Clinical and Care Governance Committee the Quality Strategy and ongoing work.

2. Recommendations

The Clinical and Care Governance Committee is asked to:

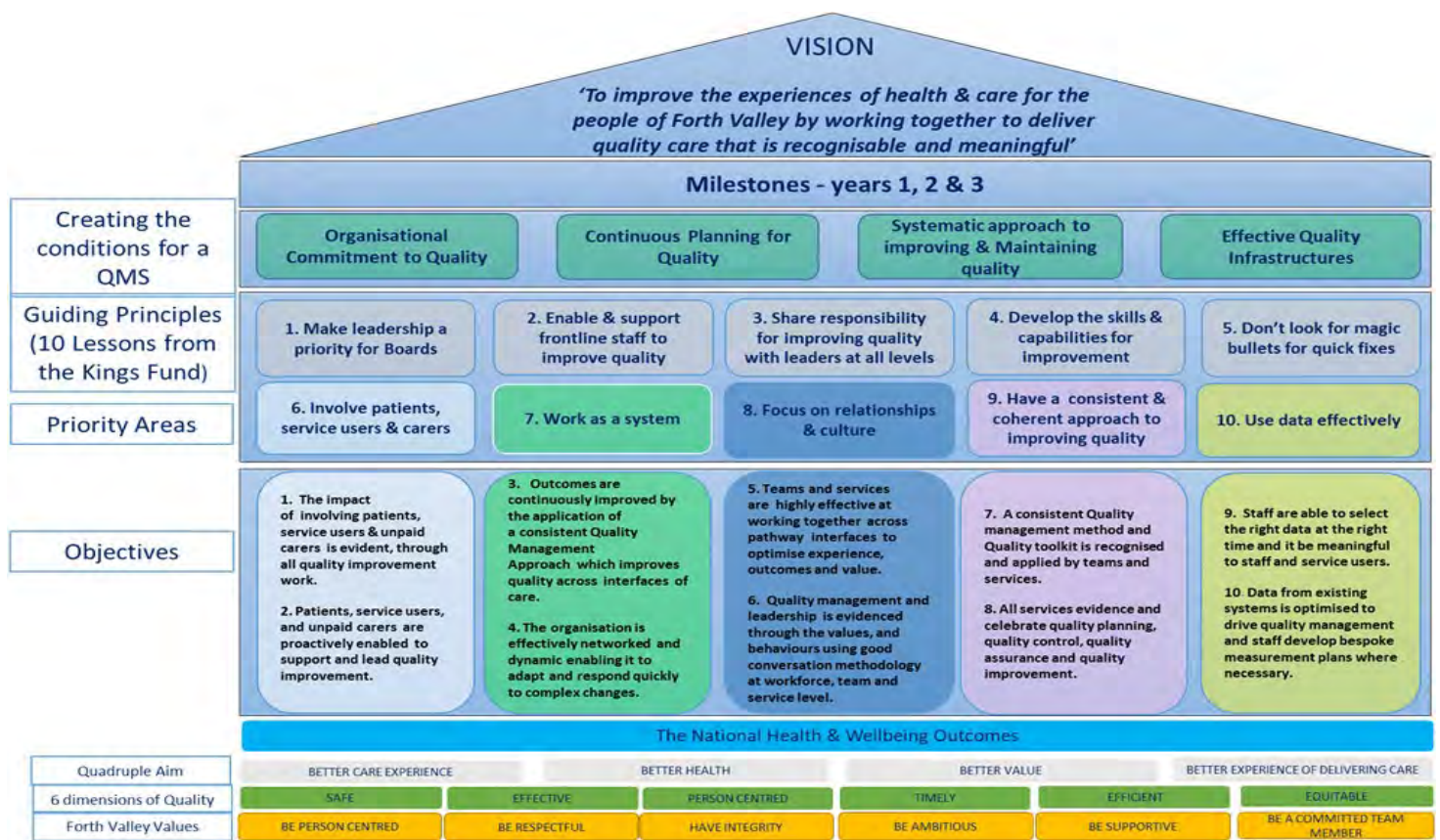
- 2.1 note the new Forth Valley Quality Strategy (2021-2026) approved by NHS Forth Valley's Board and that implementation is progressing and
- 2.2 note that implementation of the approaches to quality planning, control and assurance and lessons learned and improvement, will contribute to strengthening clinical and care governance and assuring standards of care.

3. Background

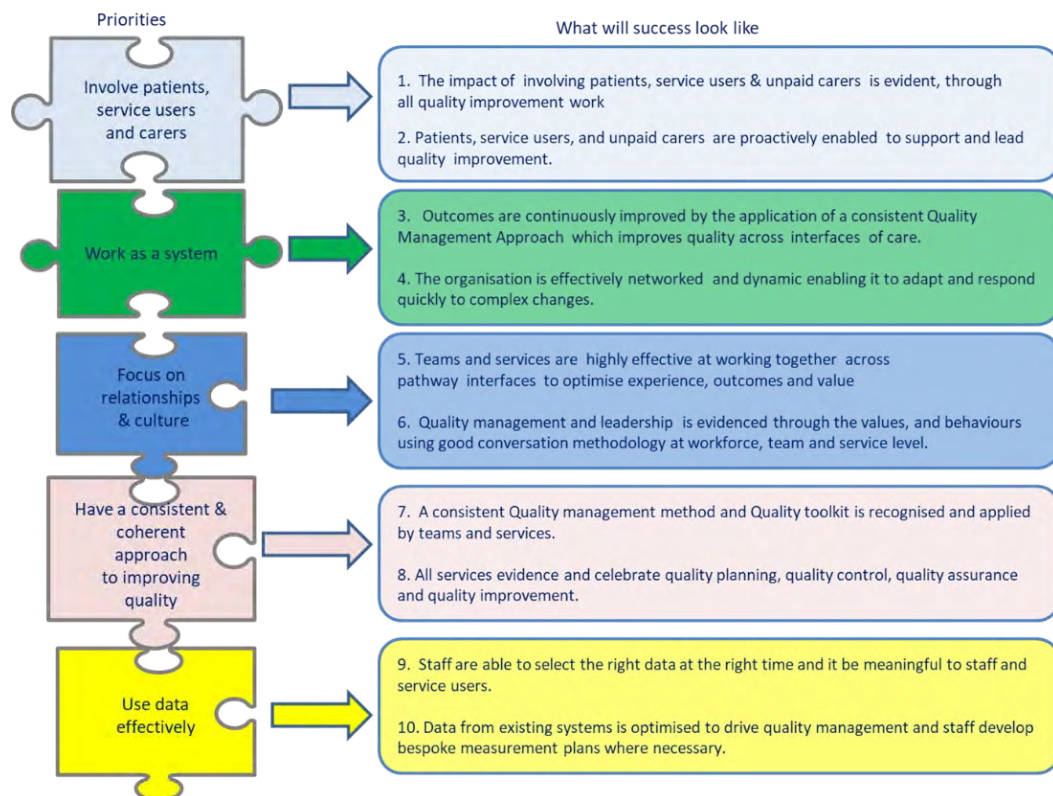
- 3.1 Work began to develop a new Quality Strategy in Autumn 2020, building on the achievements of "*Better Every Day*" our previous Quality Strategy. In November 2020, a Draft Strategy was reviewed and endorsed by the Guiding Coalition that included representation from the Health and Social Care Partnerships. Testing and refining of the draft then took place.
- 3.2 The Draft Strategy was presented to and discussed with the NHS Forth Valley Systems Leadership Team in February 2021 and the feedback was incorporated.
- 3.3 The final version of the Strategy was approved by the NHS Forth Valley Board on 27 July 2021.
- 3.4 The implementation plan is now being developed. For the first year this will focus on the five priorities, together with a communication plan that is already being enacted.

4. NHS Forth Valley Quality Strategy

- 4.1 The Quality Strategy is included in full in Appendix 1. Key points are summarised below.
- 4.2 The vision for the outcome of the Strategy is “to improve the experiences of health and care for the people of Forth Valley by working together to deliver quality care and support that is recognisable and meaningful”.
- 4.3 The foundations of the Strategy are what’s known as the Quadruple Aim of better health, better value, better experience and better delivery of care, and the nine National Health and Wellbeing Outcomes.
- 4.4 The scope of the Strategy reaches across NHS Forth Valley and services integrated within the Health and Social Care Partnerships. It is also intended to include achieving high quality population health and prevention.
- 4.5 It describes the ways in which we will strengthen the conditions for change and has 10 guiding principles and 5 initial priorities (below) to focus resources on.



- 4.6 An idea of how success might be measured for each of the five priorities is given below.



- 4.7 The Strategy describes the NHS Forth Valley system for managing quality, which involves effectively planning for quality, how we control and assure quality and standards of care and how we systematically improve quality.
- 4.8 The Quality Planning approach will be to use population, service user, patient and staff experience and control and assurance data to inform quality plans and to collaborate and network more effectively especially at interfaces between services.
- 4.9 Processes to help control and assure quality will be clearly defined to help staff set standards, continually assess quality, and respond to unwarranted variation in practice and there will be further development of dashboards to support staff.
- 4.10 Quality improvement methods will include team and pathway tools, accessible to all through the NHS Forth Valley website and improvement coaching and project management to support prioritised projects and programmes of work.
- 4.11 The Quality team will also be testing the Scottish Approach to Service Design, which starts with understanding what people who are going to use services need and involves them from the start.

- 4.12 At the heart of this is a learning system that is about how we share and learn from information about the quality of the care and support that we deliver.
- 4.13 Exploring the extent to which a consistent strategic approach to clinical and care governance across Forth Valley can be achieved is also encompassed within the Quality Strategy and a Clinical Governance Strategic Implementation Plan and toolkit will be developed
- 4.14 Realistic Medicine (RM) is integrated within the Strategy. The RM Action Plan (2021/2022) includes consistent and clear communication across Forth Valley to support all health and social care staff to access information and materials and implement RM principles in their local areas and existing workstreams.
- 4.15 Finally, the case for change and our planned way of assessing return on the investment are articulated.

5. Conclusions

- 5.1 The aim is for the Quality Strategy to be a living document that will facilitate ongoing celebration of quality in clinical practice, care and support.
- 5.2 One of the five key priorities for the Forth Valley Quality Strategy is to involve patients, service users and carers and proactively enable them to support and lead quality improvement. An example of practical progress with this is that an interactive quality improvement toolkit is available to all staff, teams, and services across health & social care and to patients, service users and unpaid carers through the NHS Forth Valley website. This will contribute to fulfilling Falkirk Health and Social Care Partnership's commitments outlined in the Participation and Engagement Strategy.
- 5.3 Implementation is focussed on the initial five priorities and the Forth Valley approaches to quality planning, control and assurance and improvement.
- 5.4 A newly developed Forth Valley Improvement Toolkit is already accessible to staff, patients, service users, unpaid carers and partner organisations to support people with quality improvement.
- 5.5 A Clinical Governance Strategic Implementation Plan and a Toolkit are also being developed.

Resource Implications

A forward-looking review of the corporate support needed to increase access to Learning for Improvement, coaching for improvement, strengthen skills in measurement for improvement and better use of data, evidence and evaluation was undertaken.

A Quality & Safety Organisational Change Case was subsequently informed by the Area Partnership Forum, reviewed by the NHS FV Corporate

Management Team and approved by NHS Forth Valley System Leadership Team, investing in new posts and sustaining others to give more staff skills and support with quality and safety work.

The Quality Strategy is intended to further empower and support staff in doing the right things and doing them well.

This will include the need for NHS Forth Valley Directorates and the Health and Social Care Partnerships to invest and prioritise time to continue to grow leaders in quality and safety and investing in quality internships and other ways of recruiting and retaining talented staff.

It will include building on the increases already made in the number of staff who are able and supported to access quality and safety skills development opportunities.

Impact on IJB Outcomes and Priorities

This Strategy sets out principles, approach, and tools to help Health and Social Care Partnership teams and services to deliver the National Health and Wellbeing Outcomes.

Implementation of the Strategy should particularly contribute to delivery of Falkirk Health & Social Care Partnership's strategic outcomes: safe delivery of high-quality health and social care services; people have a fair and positive experience of health and social care, delivered by a supported workforce that are skilled, committed, motivated and valued.

Directions

A new Direction is not required.

Legal & Risk Implications

Legal issues are not anticipated. An assessment of risks and ways of managing these forms part of implementation planning.

Consultation

The scope of the Quality Strategy was determined by a Guiding Coalition, the members of which also reviewed the format and content of the Draft Strategy once it had been produced.

The Draft Quality Strategy was compiled by what is known as a Totally Integrated Group of Expert Resource Team, made up of people in NHS Forth Valley and the Health and Social Care Partnerships who had working knowledge, skills and experience in planning for quality, controlling and assuring quality or quality improvement together with a public-partner representative.

A communication, engagement and involvement plan was used to finalise the Strategy and prepare for implementation. The Strategy was presented to the Falkirk Health and Social Care Partnership Senior Management Team.

Equalities Assessment

EPIAs will be completed as part of the implementation planning for the Strategy.

6. Report Author

6.1 Susan Bishop, Head of Efficiency, Improvement and Innovation, NHS FV

7. List of Background Papers

7.1 None

8. Appendices

Appendix 1: Forth Valley Quality Strategy 2021-2026

Forth Valley Quality Strategy 2021-2026

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9. Foreword

We are in many ways a great organisation. We have fantastic staff, many strong clinical services and a commitment from the NHS Board to invest in person centred, safe and sustainable high quality services. Every day we see and hear of acts of great kindness, compassion and a willingness to go that extra mile for our patients and each other and we have seen that played out even more during the Covid-19 pandemic.

But we also know we don't always get it right for our staff and patients. That's why it's important that we listen, learn and ask ourselves what can we do better or differently to improve the quality of our services and the lives and experiences of our staff, patients and their families?

This Strategy sets out the Board's unwavering commitment to improving quality that is evident in our everyday work and behaviours which, in turn, builds shared understanding and a community of practice where quality is a key and overriding concern.

To underpin the Strategy we will promote and support a culture of excellence, learning and awareness to help staff achieve high quality personal and team standards when delivering care and services. To help embed this way of working throughout the organisation we will systematically invest in proven quality improvement skills and approaches.

We will also work with the wider health and care system in ways that promote partnership working and co-operation and places a premium on values like respect, integrity, trust, pride, inclusion, fairness and openness.

In summary, we have an unwavering commitment to improving quality and how we interact and influence each other and inter-relate with the wider system. Building strong relationships matters to us and we will continue to strengthen our visibility and engagement with our staff, partners and the people of Forth Valley.

Before the pandemic, we gave a commitment to develop a new Quality Strategy; we appreciate as a result of the pandemic this has taken a bit longer. We are pleased that we are now able to invite you to work with us to help deliver our vision 'to improve the experiences of health and care for the people of Forth Valley by working together to deliver quality care that is recognised and meaningful'.

Janie McCusker
Chair

Cathie Cowan
Chief Executive

10. Executive Summary

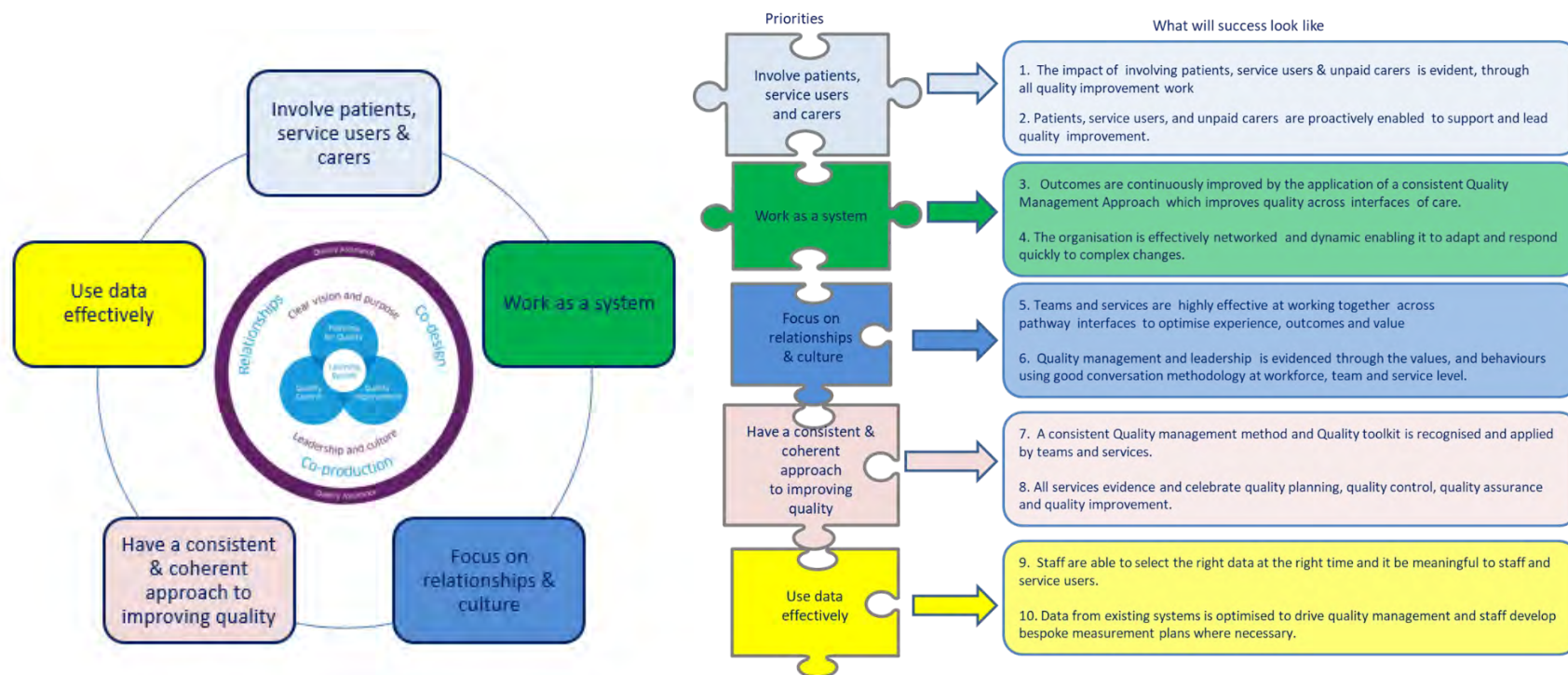
The vision for the outcome of this Strategy is clear:

To improve the experiences of health and care for the people of Forth Valley by working together to deliver quality care and support that is recognisable and meaningful.

Like all care systems, Health & Social Care across Forth Valley faces significant challenges to improve those experiences for its population. One key component to effectively responding to those challenges is the successful implementation of a Quality Strategy.

As a basis for the development of this Strategy, best practice was reviewed. Focusing on The Kings Fund's ten guiding principles, its view of critical success factors for achieving quality in healthcare, we undertook extensive consultation and engagement across Forth Valley and those were refined into an initial 5 Priorities, in the outer circle of the diagram below, left.

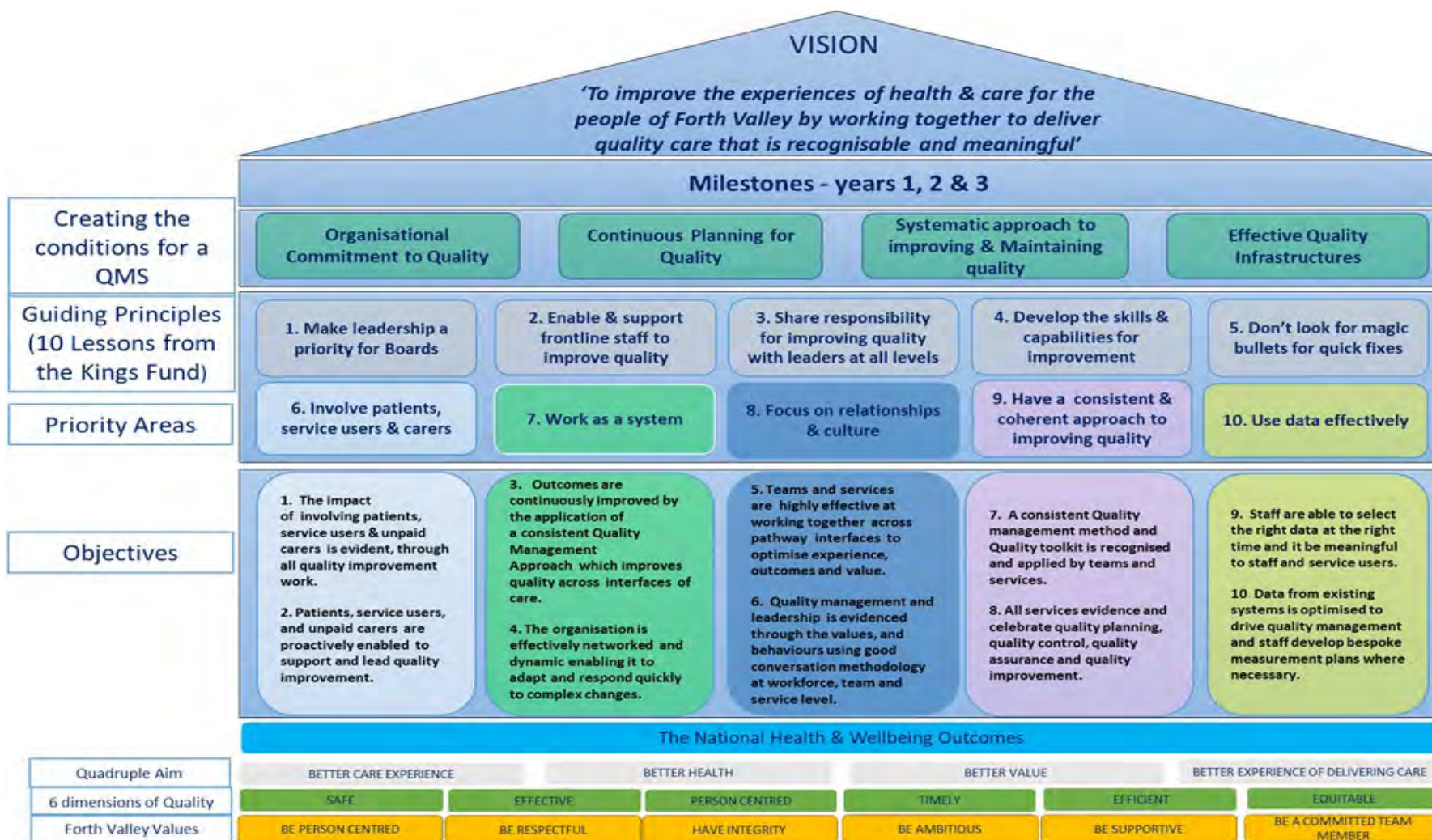
Underpinning those 5 Priorities, 10 Success Statements were developed as objectives, to make those priorities meaningful and tangible and to bring accountability for any change undertaken using the Quality Strategy approach, diagram below, right.



The Strategy also describes our system for managing quality (QMS), which will involve effectively planning for quality, controlling and assuring quality and improving quality. Our Forth Valley approach to each of these is detailed and at the heart of this is a learning system that is about how we share and learn from information about the quality of the care and support that we deliver. There are also examples of how these approaches are being used within our services with measurable results and stories of success.

Our strategic approach to Clinical Governance is also encompassed within the Quality Strategy and the Clinical Governance Framework describes how this will be undertaken and assured. Realistic Medicine is integrated within the Strategy and the Action Plan for 2021/22 referred to.

Finally, the case for change and our planned way of assessing return on the investment that is needed to successfully achieve the vision and objectives, are articulated. All the components and context of this Quality Strategy are brought together in the diagram below.



11. Our Vision for Quality

Our vision for Quality, and for this Strategy, is:

To improve the experiences of health & care for the people of Forth Valley by working

together to deliver quality care and support that is recognisable and meaningful.

As we live in a volatile, unpredictable, complex and ambiguous environment, so our vision and aims will be regularly reviewed to ensure they evolve to meet new priorities.

Milestones will be defined as part of the implementation planning. At the highest level, for the first three years these are as follows.



12. Our National & Local Strategic Context

Working together through Integration, and the application of quality improvement across health and social care, this Strategy unambiguously sets out the principles of approach, and tools to help Health and Social Care Partnership teams and services to deliver **The National Health and Wellbeing Outcomes**. These outcomes are set out as follows and direct the planning and delivery of integrated health and social care services in Scotland.



The **Triple Aim** (now Quadruple) of NHS Scotland is to achieve Better Experience of Care, Better Population Health, Better Value & Better Experience of Delivering Care.



It helps frame our organisational commitments and what this Strategy will drive us towards, as do the **NHS Forth Valley Healthcare Strategy**, and **Falkirk and Clackmannanshire & Stirling Health & Social Care Partnerships'** strategic priorities below.

Shaping the Future 2016-2021 (Being refreshed in 2021)

- **Prevention** keeps people well whilst early treatment and support stops conditions from getting worse
- Health and social care services are **Person Centred** recognising that people have differing needs, circumstances and expectation of care
- **Health Inequalities** are reduced, and people are encouraged and supported to take **Personal Responsibility** for their own health & health conditions
- Care is provided **Closer to Home**, and fewer people need to go to hospital.
- Care is better coordinated and planned by working in **Partnership** with staff, patients, local councils and community organisations, to help avoid emergency hospital admissions and reduce A&E attendances
- Unnecessary **Delays** and **Variations** in services are minimised and our **Workforce** are fully supported to deliver high quality, safe and effective care

Falkirk Health & Social Care Partnership's strategic priorities 2019-2022

- **Self-Management** – Individuals, their carers and families can plan and manage their own health, care and wellbeing. Where supports are required, people have control and choice over what and how care is provided
- **Safe** – High quality health and social care services are delivered that promote keeping people safe and well for longer
- **Experience** – people have a fair and positive experience of health and social care, delivered by a supported workforce that are skilled, committed, motivated and valued
- **Strong sustainable communities** – Individuals and communities are resilient and empowered with a range of supports in place that are accessible and reduce health and social inequalities

Clackmannanshire & Stirling Health & Social Care Partnership's strategic priorities 2019-2022

- **Care closer to home** – Supporting people to live in their own homes or in a homely setting promoting self-management
- **Primary care transformation**-GP practices working together, taking a multidisciplinary approach to improving primary care
- **Caring, connected communities**- Unpaid carers are supported to reduce isolation and loneliness.
- **Mental health** – People have a better experience through Joined up services across primary care, police and acute services
- **Supporting people living with dementia** – Support is attuned to individual need to support people to live at home as long as possible
- **Alcohol and drugs** – Education is delivered across academic and workplace environments and improved routes for referral between services

An updated **Realistic Medicine** Action Plan, with priorities briefly described below, supports and clearly maps to the principles of this Quality Strategy. This includes engaging with patients and service users and placing them at the centre of their care.

Another priority is development of a Forth Valley-wide Realistic Medicine Network that is broad and welcoming in its diverse relationships and partnerships, connecting people and using creativity and innovation to help tackle some of the complex healthcare challenges and better address inequalities.

NHS Forth Valley has adopted staff wellbeing as a seventh Realistic Medicine pillar, promoting joy at work which has been a key component of our teams-based approach to improving quality, and described further in the document.



13. Our Quality Ambitions

Looking at the six dimensions of quality in healthcare we want to be sure that improvements are focused to ensure care and support is clearly aligned to:

- **Safe:** Avoiding harm to patients from the care that is intended to help them.
- **Effective:** Providing services based on scientific knowledge to all who could benefit and refraining from providing services to those not likely to benefit (avoiding underuse and misuse, respectively).
- **Patient-centred:** Providing care that is respectful of and responsive to individual patient preferences, needs, and values and ensuring that patient values guide all clinical decisions.
- **Timely:** Reducing waits and sometimes harmful delays for both those who receive and those who give care.
- **Efficient:** Avoiding waste, including waste of equipment, supplies, ideas, and energy.
- **Equitable:** Providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location, and socioeconomic status.



14. Our Values

Six core values underpin everything we do and are set to be refreshed in 2021, as Our People Strategy 2018-2022 is updated. It is vital to recognise the importance a values-based approach has in achieving change especially as part of quality improvement, and the close relationship between clarity of those values and success.

Be Person Centred:	Treating everyone as individuals and equal partners – staff and patients
Be Ambitious:	Strive to deliver highest quality, safe and effective healthcare;
Have Integrity:	Be accountable, open and honest;
Be Respectful:	Treat each other, our partners and everyone who access' our service with dignity and respect;
Be committed Team members:	Working and communicating with others in a collaborative way to best benefit of patients, their carers and families.
Be Supportive:	Valuing each other, demonstrating care and compassion in all our actions and communications.



15. Creating the Conditions

Evidence tells us that we need to create positive conditions for change. With Healthcare Improvement Scotland and NHS Education for Scotland, using the Quality Management System Framework, we identified what NHS Forth Valley Board members and the Senior Leadership Team including Health and Social Care Partnership (H&SCP) Chief Officers and representatives from NHS Forth Valley's Directorates wanted these conditions to look and feel like. Our priorities are highlighted below and are included in the Executive Summary.



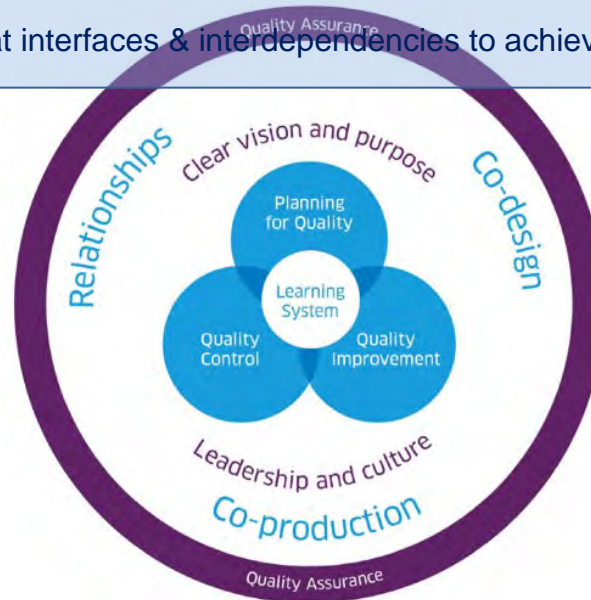
16. Our Quality Management System

A Quality Management System (QMS) is described by Healthcare Improvement Scotland as “A co-ordinated and consistent approach to managing the quality of what we do across our health and care system, with the ultimate aim of delivering better population health and wellbeing, better care experience, better value and better staff experience.” In NHS Forth Valley, we will be introducing our QMS with the following components: Quality Planning, Quality Assurance and Quality Improvement.

- **Quality Planning** is evident at all levels from organisational to service applying a consistent approach. Population, service user, patient and staff and control & assurance data is used to inform quality plans with a focus on improving experiences, outcomes and value.

- Collaboration & networking particularly at interfaces & interdependencies to achieve best outcomes

- Clear clinical and care governance structures are in place reflecting organisational restructuring, Health & Social Care integration and COVID-19 to support robust **quality control and assurance**.
- Quality control processes are clearly defined to help staff continuously assess, interpret and respond to variation in the system
- New and further development of existing dashboards will help ensure that



Staff are supported to consistently apply, **Quality Improvement** methods tailored to their needs.

- **Individual** – Learning for improvement
- **Team coaching** – using value management principles
- **Pathways coaching** – using flow coaching and access principles
- **Introduction to Leadership** training
- **Scottish Approach to Service Design**
- Quality Internship opportunities are available for individuals to develop skills and experience within their present roles
- Corporate support from FVQ, USC and CPMO are aligned to organisational priorities defined through mobilisation planning and transforming care boards
- External funded programmes and projects will continue to be sourced to develop staff to improve quality

17. Our Approach to Quality Planning

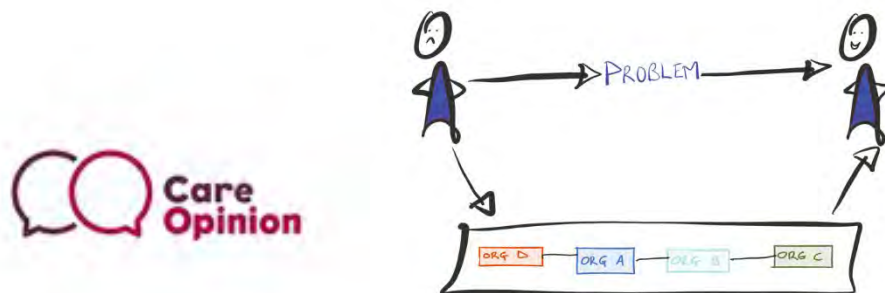
Planning for quality will be evident from organisational to service level; our vision for quality and the principles within the Quality Strategy will underpin other organisational strategies and mobilisation and recovery plans.

Our approach will be to define at the outset of any service redesign, what excellence will look like, using evidence, data and information, and to use that redesign process to build in the delivery of excellence in improved experiences, outcomes and value.

We will also strengthen integration and collaboration particularly at interfaces between services and where hand offs in care happen to better help identify planning interdependencies and opportunities for innovation and transformational change.

Corporate functions such as Planning, Forth Valley Quality, Organisational Development, the Corporate Portfolio Management Office, Information Services and Digital and eHealth will clearly describe how to access support and work together to give easy access to available resources needed to plan and manage quality.

We will begin to use the Scottish Approach to Service Design, which brings people together people from our communities, staff, primary care, service users and unpaid carers, volunteers and Third Sector organisations to understand their needs and challenges and to co-design and co-produce solutions. Learning opportunities and resources will be developed to give more people confidence, skills and opportunities to undertake this.



18. Our Approach to Quality Control and Assurance

At all levels in the organisations, quality and excellence will be defined clearly in easily understood and highly relevant evidence-based outcomes and metrics.

This will include within operational and strategic plans and be evident across standards for clinical outcomes, patient and staff experience, clinical and care governance, performance management and corporate and clinical risk.

Teams, services and departments will have access to meaningful data and will regularly evaluate how they are doing against the standards they, and the organisation, have set. They will have determined what information they require, how they will collect it and how frequently they review it, to be able to assure themselves and others of the quality of their service, and their improvement progress. That commitment to monitoring quality will be visible to them and others, in team discussions, displays of their service outcomes and reporting.

For Clinical Governance and assurance of the quality of care, teams at all levels will follow a standardised approach based on the Measurement and Monitoring of Safety Framework from the Health Foundation.

Where standards are not reached, based on the agreed quality indicators, or services are redesigning, there will be clear links to improvement resources and Measurement for Improvement advice that teams will access easily.

Organisationally, an overarching Clinical Governance Framework for the delivery of this part of the strategy is being developed to allow visibility of progress and challenges and this is illustrated below.

Clinical Governance Framework 2021

Annual Reports

Annual reports provide a comprehensive overview which reflect information, performance and activities relating to the previous year. These reports are a means of demonstrating that throughout the year our meetings and activities have reflected agreed assurance topics identified in our forward planners and are one of the clinical governance metrics which provide assurance of safe care. Examples of annual reports would be clinical governance working group annual report, duty of candour annual report, leadership walkrounds annual report and significant adverse event annual report.

Shared Learning

Sharing knowledge not only helps you to learn from others and exchange ideas but is essential for enabling change. In NHS Forth Valley we have a robust learning framework to ensure we share learning from adverse events, complaints and events triggering organisational duty of candour. This process allows us to share learning locally and Nationally across health and social care settings.

Local Adverse Events Review (LAER) and Significant Adverse Event Review (SAER)

NHS Forth Valley has an ambition to deliver the highest possible quality and standard of care experience and services for the people of Forth Valley. The provision of healthcare is complex and adverse events can and do occur which could have a major effect on those people involved. In NHS Forth Valley we ensure that a consistent approach is taken by all services and in all settings to the management and review of adverse events when they do occur, ensure that learning from adverse events is identified and shared, and that improvements are put in place to minimise the risk of recurrence and improve the safety of our patients and staff.

Duty of Candour

Openness and honesty is central to how NHS Forth Valley provides care to our patients. It is at the heart of every relationship between those providing, receiving and/or experiencing treatment and care. Duty of candour is classified as either professional or organisational. Organisational duty of candour is activated when an unintended or unexpected incident occurred in the provision of the health care provided by NHS Forth Valley and that the incident resulted in harm. We have a clear process for activating, investigating and learning from incidents where a potential organisational duty of candour is identified.

Safety and Assurance

The Scottish patient safety programme is a national initiative to drive improvement across NHS Scotland. The aim of the programme is to reduce avoidable harm to patients by improving the safety of patient care at all points of care delivery. In NHS Forth Valley our clinical outcomes group (COG) and our safety and assurance reporting structure directs and supports safety improvement and harm reduction. To support this process we use good quality real time safety and performance data, and bench mark locally and nationally along with other measures of assurance specific to each directorate.

Clinical Governance Meetings

In NHS Forth Valley the agreed meetings structure for all clinical governance meetings from service to board level follows a format adapted from the Vincent framework. This will include the purpose and Terms of Reference for each meeting as well as agendas, minutes, forward planner, assurance and escalation processes.

Safety Conversations

Leadership Walkrounds is an improvement tool that connects senior leaders with their frontline staff to help build a culture of safety within the organisation. In NHS Forth Valley there is an annual programme of leadership walkrounds which allows the health board executive and non executive leaders to visit agreed areas across Forth Valley and have structured conversations with staff based on the Vincent framework. This will include information for the executive leaders as well as the hosting area followed up by agreed actions, evaluation and learning.

Clinical Guidelines

In NHS Forth Valley we have a robust process in place to support the development and maintenance of clinical guidelines. All guidelines will be clear and easy to follow, and accessible to relevant staff.

Clinical Governance Meeting Structure

The NHS Forth Valley Board is accountable for the quality of care delivered by its staff and received by its patients. It receives this assurance through the framework of clinical governance meetings from service level, directorate level and corporate level across both health and social care.

Audit and Bench Marking

In order to deliver safe effective and person-centred care for all patients and achieve the best outcomes, we need to support consistent delivery of high quality evidence based care and reduce variation. To measure our effectiveness in delivering this care it is vital we undertake audits and benchmark ourselves against local and national standards.

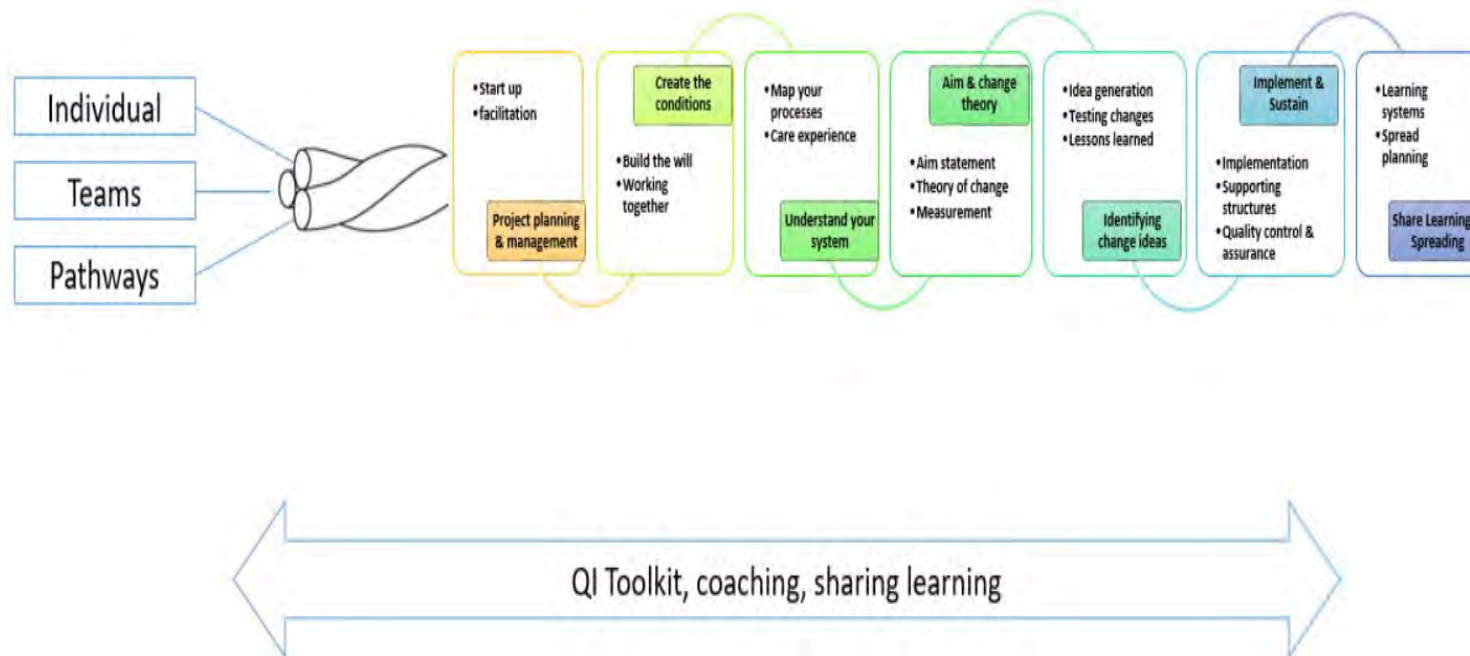


19. Our Approach to Quality Improvement

There are two levels of change that we will continue to deploy and support i.e., continuous quality improvement and significant transformational change.

Our continuous quality improvement approach is guided by evidence, including what staff have learned about what has worked and what hasn't from taking part in learning opportunities, programmes and projects.

Any member of staff choosing to improve the way they work will be encouraged to follow the *Improvement Journey* and use our *Forth Valley Quality Toolkit*, particularly the core tools and approaches including *Project Charter*, *Model for Improvement* and *Plan Do Study Act* cycles of change. *Learning for Improvement* is our foundation level training and staff will have access to coaching clinics.



Teams working on priority programmes and projects will be able to access core and team quality and project management tools and approaches including *readiness assessment, project delivery tools, huddles, visual management and sustained use of data* to focus on the combination of quality, safety and value improvement. They will be supported with improvement coaching. The NHS Forth Valley *Introduction to Leadership Course* and *Project Management Course* include Quality Improvement modules.

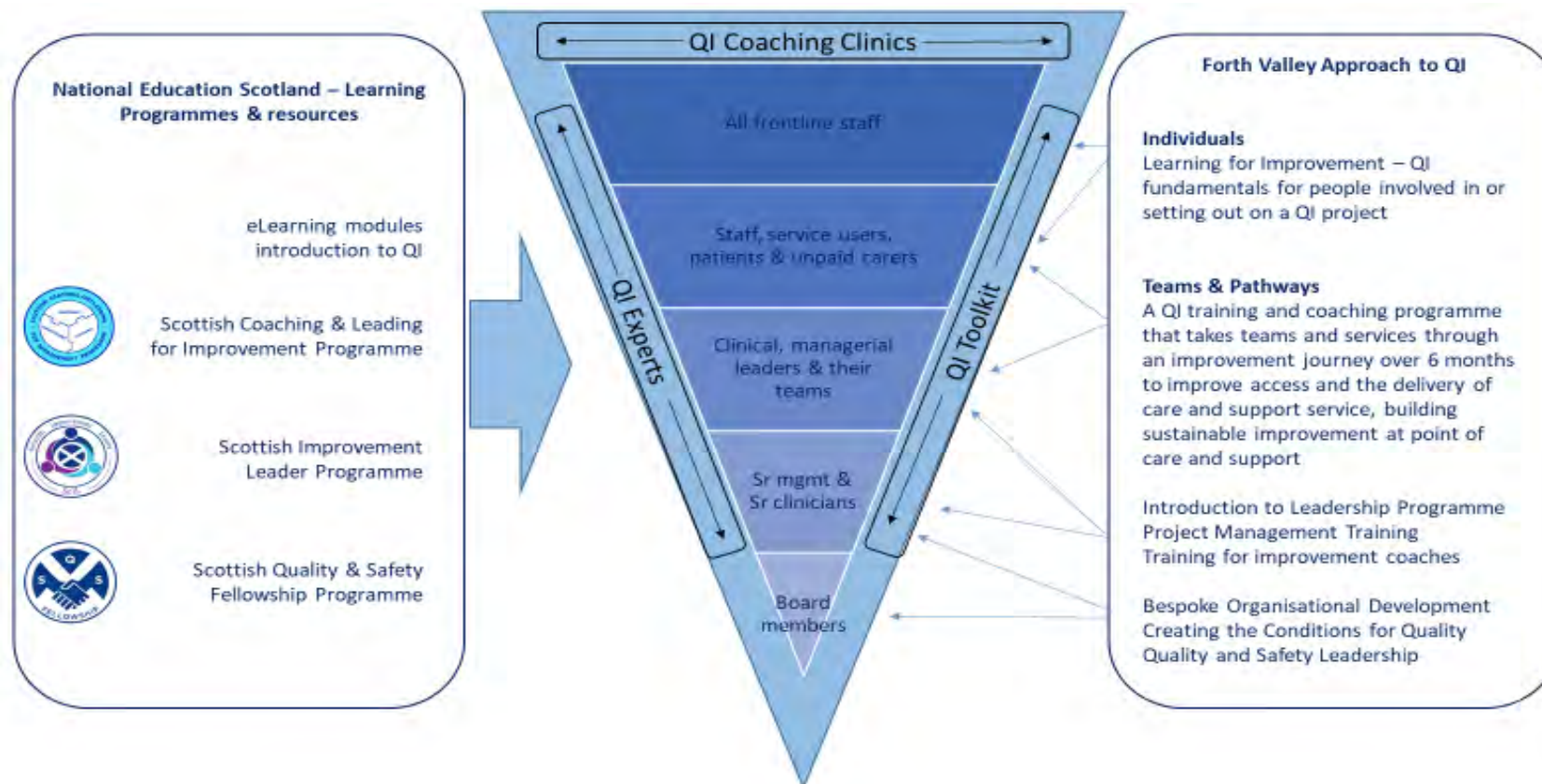
Continuous improvement is an iterative process that requires measurement to help us to monitor if we are moving towards our goal. Measurement for improvement is presented as data over time and frequently analysed applying a clearly defined set of rules. Measures used for improvement should be defined, specific, sensitive, valid and reliable.

Where it is planned to make more transformational levels of change, for example change that involves several teams, pathway, or service redesign, people will be signposted to core and pathways tools and approaches including using *clinical/care and improvement coaching, stakeholder engagement, Big Rooms, pathway mapping and diagnosis and evaluation*. Where appropriate staff may be guided to use *The Scottish Approach to Service Design* and digital or service innovation tools and support.

Corporate support for these levels of change will be supported by core posts and resources, within FV Quality, Organisational Development, Planning, Unscheduled Care and the Corporate Programme Management Offices, systematically and transparently aligned to organisational priorities.

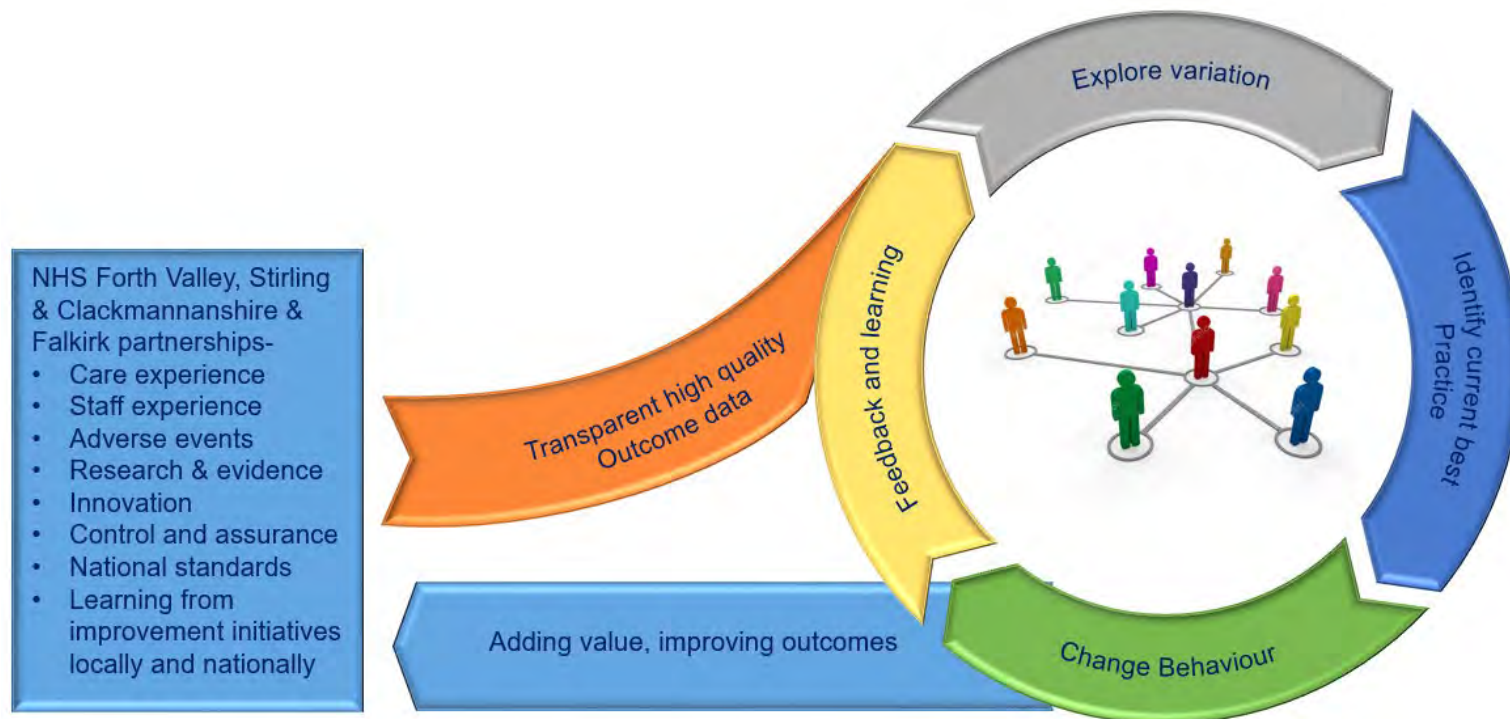
Alongside this, we will continue to develop staff confidence and skills in improving quality through externally funded programmes and projects. We will explore quality internships and other ways of making the most of the skills and talents of people who already have a level of experience in quality improvement. Where helpful and possible we will also seek and, or commission support from external partners.

This is described in the diagram below.



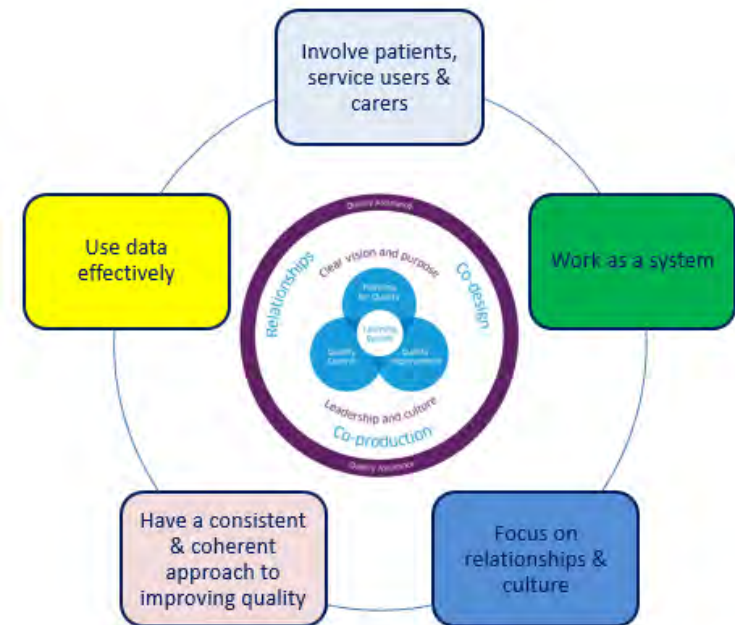
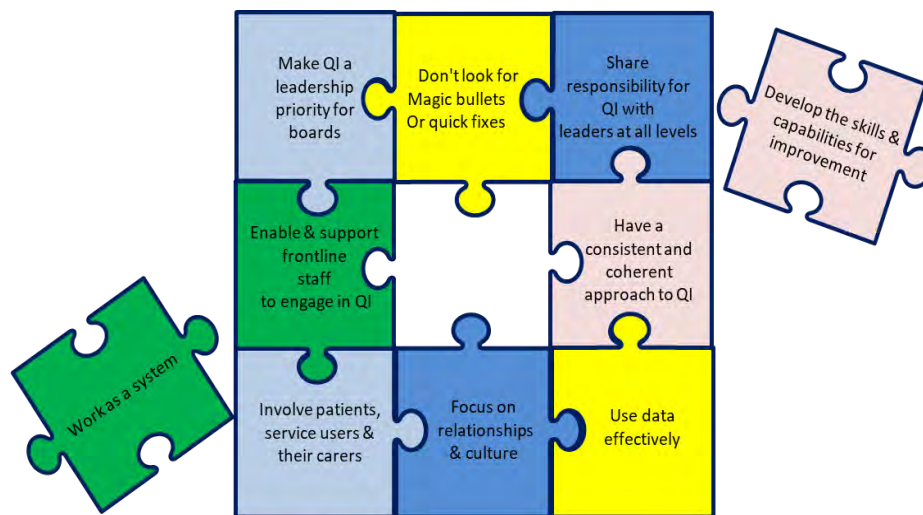
20. Our Learning System

Developing effective learning and applying it is at the core of our quality management system, as highlighted in the diagram below. In the implementation of the Strategy, our current learning systems will be strengthened, bringing together high-quality information from many sources in such a way that we can effectively evaluate that information to both learn from it and to share it across our organisations.



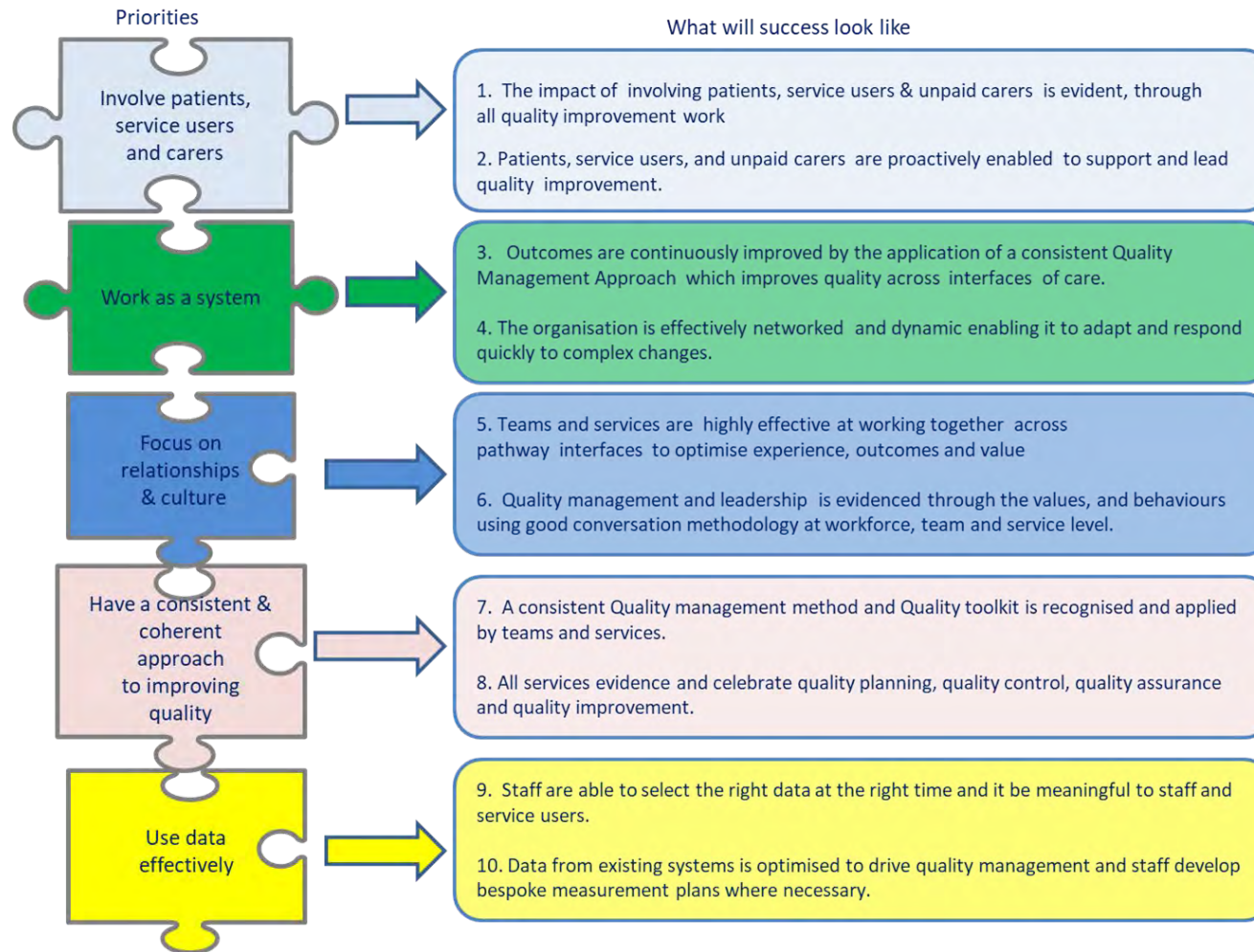
21. Our Principles & 5 Priorities

Ten guiding principles (below left), as defined by The King's Fund as elements of success in achieving Quality, were chosen as the building blocks for our Strategy and guided our choice of priorities to focus on. Our initial resources and efforts are directed towards the **5 Priorities** (below right), as described in detail under Our Approach to Delivering this Strategy. These contribute and map to our own Quality Management System (QMS), described above.



22. What Will Success Look Like?

These **5 Priorities** are set out below, linked to **10 Success Statements** for the first phase of delivering the Quality Strategy.



These **10 Success Statements** will be used as the basis for selection of projects and metrics to be taken forward in 2021 and will drive implementation of the Strategy in its first phase.

Priority	Involve patients, service users and carers
What will success look like?	<ul style="list-style-type: none"> • Statement 1 Involving patients, service users and unpaid carers is evident through all quality improvement work. • Statement 2 Patients, service users and unpaid carers are proactively enabled to support and lead quality improvement.
How will we achieve it?	<ul style="list-style-type: none"> • Number of examples where care experience is captured and used to inform quality improvement projects (e.g., Webropol, Care Opinion) • Number of examples where patients, service users and unpaid carers are involved in quality improvement projects • Number of examples where patients, service users and unpaid carers have received quality improvement training to enable them to support and lead quality improvement
Priority	Work as a system
What will success look like?	<ul style="list-style-type: none"> • Statement 3 Continuously improve outcomes by the application of a consistent quality management approach which improves quality across interfaces of care • Statement 4 The organisation is effectively networked and dynamic enabling it to adapt and respond quickly to complex changes
How will we achieve it?	<ul style="list-style-type: none"> • Number of services and teams that have quality plans in place and clear governance structures • Number of projects working across systems that apply a consistent approach (e.g., Teams Based, Scottish Approach to Service Design) • Number of examples where improvement plans have key metrics developed collaboratively across systems • Number of examples where the Scottish service design approach has been used to support transformation

Priority	Focus on relationships and culture
What will success look like?	<ul style="list-style-type: none"> • Statement 5 Ensure teams and services are highly effective, working together across pathway interfaces to optimise experiences, outcomes and value • Statement 6 Quality management and leadership is evidenced through organisational values and behaviours
How will we achieve it?	<ul style="list-style-type: none"> • Number of examples of the adoption of value management principles, number of examples of adoption of access improvement principles • Number of people involved in Realistic Medicine network and events • Number of staff appointed to quality internship opportunities
Priority	Have a consistent and coherent approach to improving quality
What will success look like?	<ul style="list-style-type: none"> • Statement 7 A consistent quality management method and quality toolkit is recognised and applied by teams and services. • Statement 8 All services evidence and celebrate quality planning, quality improvement, quality assurance and quality control.
How will we achieve it?	<ul style="list-style-type: none"> • Learning for Improvement, Introduction to Leadership Programme, Teams Based Improvement Training and project management training are established • Redesigned internet pages hosting improvement resources, i.e., tools, guides • Increased commitment and support for research and innovation to ensure we are continuously evolving to develop situations that improve experiences for patients, service users and unpaid carers • Local learning systems are established to understand and solve the challenges with working as a system

Priority	Use data effectively
What will success look like?	<ul style="list-style-type: none"> • Statement 9 Staff are able to select the right data at the right time and it be meaningful to staff and service users • Statement 10 Data from existing systems is optimised to drive quality management and staff develop bespoke measurement plans where necessary
How will we achieve it?	<ul style="list-style-type: none"> • Number of established processes for capturing the learning from improvements and incidences • Number of services using Webropol and Care Opinion • Number of services and teams that have a clear measurement framework in place associated to their plans that demonstrate quality and value • Number of services and teams who routinely use data over time to diagnose and respond to variation appropriately • Number of clinical governance groups where data is used to understand variation and is embedded in practice

Practically, how our staff create the conditions for change and improvement in quality during COVID-19 where people were confident to act quickly and change direction will give confidence that we can achieve those Success Statements. See examples below and in the next sections.

23. Quality Management System Approach: Mental Health and Learning Disability (MH&LD):

Quality Planning:

The development of MH & LD's quality management system is based on the understanding of Scottish Government's Mental Health Strategy 2017-2027 and Mental Health Quality Indicators (MHQI) benchmarks and local policy drivers across NHS Forth Valley, Falkirk and Clackmannanshire & Stirling Health & Social Care Partnerships (HSCPs). This is augmented by themes emerging from patient feedback and adverse event reviews that influence the mental health of the local population to enable safe, timely, effective, and person-centred health and care delivery taking a whole system approach.

Quality planning is guided by the NHS Forth Valley's MH & LD Programme Board (MHLDPB). The MHLDPB is part of the Health Board's strategic planning and delivery structure and brings together representation from clinical services, key professional groups and HSCPs. The work draws on frontline teams by agreeing together on what the system is hoping to achieve, and how we can deliver this.

Quality Improvement:

Quality improvement activities are derived from quality planning aims. These can be captured in a variety of visual formats for easier understanding. Examples of some of the projects being undertaken by the directorate are as follows:

Review of hospital discharges:

Adverse events such as suicides are reported within a week of hospital discharges (National Confidential Enquiry into suicides and homicides). Therefore, follow up appointment within 7 days of Hospital discharge is a QI initiative derived

from the MHQI – This

provides assurance that more than 90% patients are consistently reviewed within 7 days of hospital discharge (Fig 1).

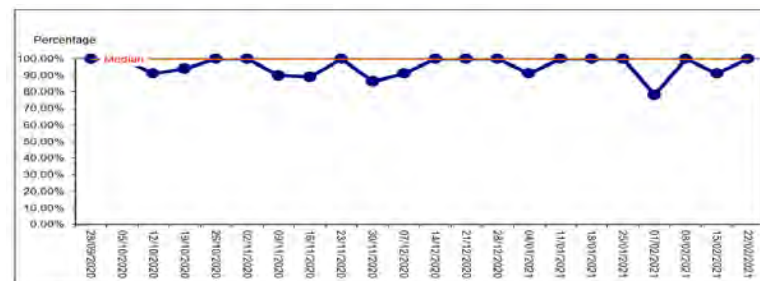


Fig 1

Senior Reviews:

Early senior review of hospital admissions has shown to improve robust care planning and throughput from hospitals to reduce costs associated with hospitalisations. More than 90% of the mental health wards have been able to achieve the aim if senior review within 48hours of admission to the hospital (Fig 2).

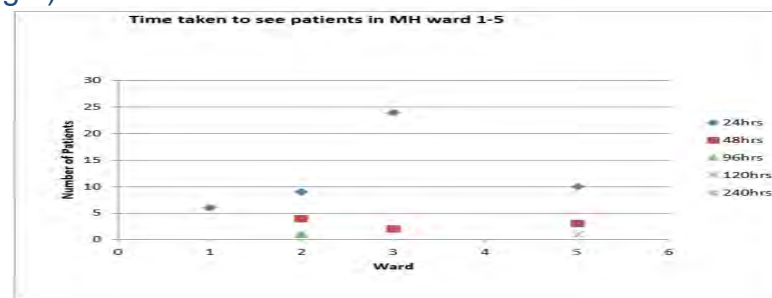


Fig 2

Acute sedation QI:

Hospitalised patients require regular safeguards when requiring acute sedation. This project has reduced instances of acute sedation and use of non-pharmacological measures (Fig 3).

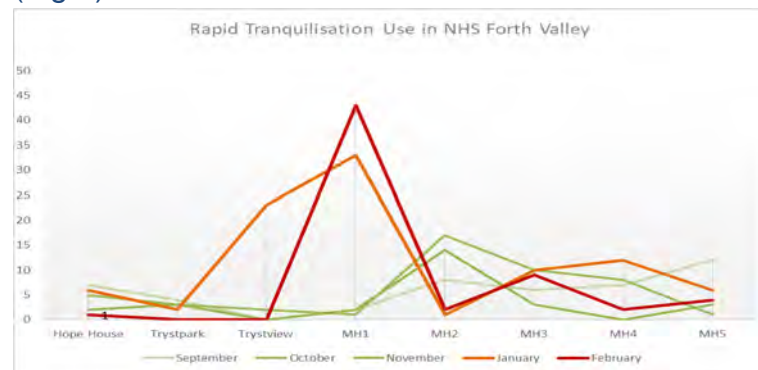


Fig 3

Self-harm recording:

Monitoring self-harm and signposting appropriate interventions have been shown to be an effective way of reducing suicides. There is a robust QI process to ensure this in the FV (Fig 4).

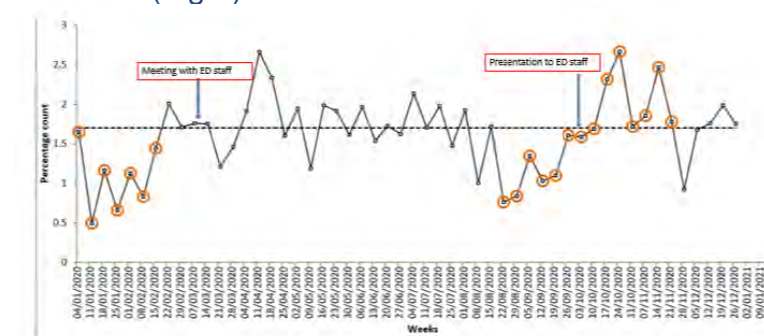


Fig 4

Emergency detentions:

Mental Welfare Commission monitors lawful application of the mental health act (MHA) in boards and one of the endeavours is to reduce emergency detentions. Quality improvement work in this area has identified need for better understanding of MHA amongst acute setting colleagues to reduce emergency detentions and liaison with mental health officers (MHO) in a timely manner. This was an example of work transcending the Health and Social care divide (Fig 5).

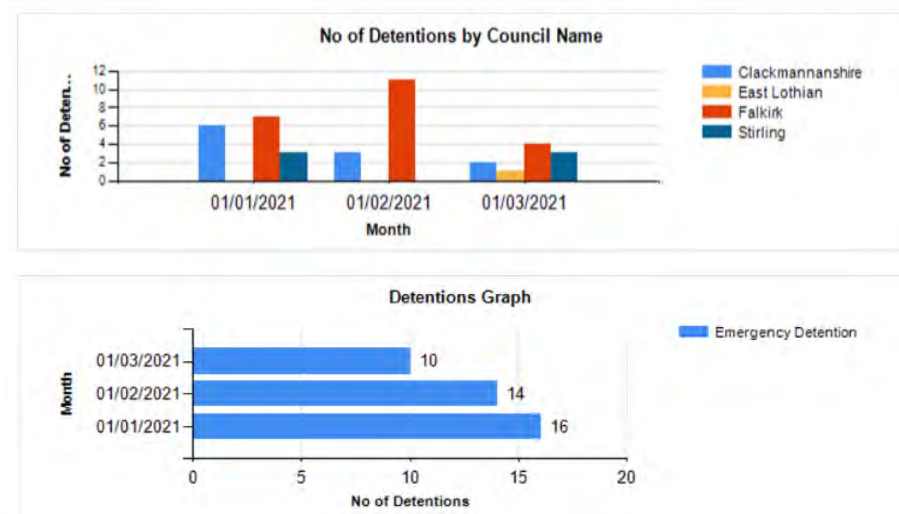


Fig 5

Similar projects incorporating 'advance statements' and 'Near me' patient feedback are underway as a collaboration with Strathclyde University to have effective patient representation in the quality improvement work being undertaken by the mental health directorate.

Quality Control:

Quality control is established by individual teams building their own QMS with metrics that matter to them and their patients by working with informatics team, performance committees and

Quality Governance. We are in the process of building a data system that creates a Board-to-Floor golden thread that helps each part of the system to understand how they contribute to a shared outcome. Purposefully designing each part of the system helps understand how each micro-system can help achieve common goals, creating shared purpose where improvement activity can be co-ordinated and amplified.

Learning: The Quality Management system has been able to incorporate learnings from the independent review into Mental Health Services in Tayside (The Strang Report), and assimilate the

challenges posed by the COVID-19 pandemic. The learning theme has been to have a single process for clinical governance across all mental health treatment / clinical services regardless of how services are being managerially supported.

Contact Details:

Dr Prakash Shankar

Consultant Liaison Psychiatrist & Clinical Governance lead for psychiatry.

24. Quality Management System Approach: Value Management Teams

NHS Forth Valley was part of the Value Management Collaborative with five other Boards. Three teams volunteered to start this off: Day Medicine, Pathology and Ward 3 Mental Health. This approach using a huddle, visual management and a box score, that brings cost and quality data to the point of care to inform improvement, has demonstrated sustained positive impact in reducing costs, improving staff engagement and morale, and improving patient safety. This has now been adapted to become our Forth Valley Teams Based improvement approach.

Example of the work in NHS Forth Valley:

Day Medicine Discharge Summaries	
Once upon a time....	There was a 16 year old boy admitted with pulmonary haemorrhage. He was diagnosed with life-threatening vasculitis.
Every day...	He required treatment with intravenous immunosuppression which was to be given every 6 weeks on day medicine.
One day...	The rheumatology team realized that he been getting his treatment every 8 weeks rather than every 6 weeks.
Because of that...	He was at risk of further pulmonary haemorrhage.
Because of that...	The team realized that it was difficult to know how often patients attended or what exact treatment they received on day medicine.
Until finally...	The day medicine team started to do discharge summaries on all patients who attended for treatment, making it easier for everyone to know how often and what treatments patients had received.



Top tips from the teams:

- Take the time to get your initial measures right
- Use the box score, visual management and huddle.

Impact on the teams

"It will be the best part of your week"

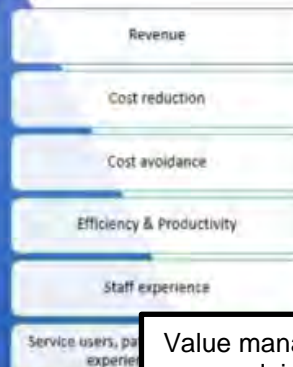
Dr Sara Else, Associate Medical Director Scheduled Care

"This transformed how I lead my team"

Lianne Conville
SCN Ward 3 Mental Health

"The visual management board brings the work to life"

Gayle Hutchings
SCN Day Medicine



Value management has brought a weekly focus to what we are doing well and ways we can improve. It fosters a sense of community, shared ambition and gives us a forum for making positive changes for our patients and staff. It's been such a valuable way for all of us to keep an eye on 'the bigger picture' as we manage our day to day clinical work"

Dr Gary Cooney, Consultant Psychiatrist

25. Case for Change

We undertook a *Creating the Conditions for Change* self-assessment in late 2019, using an approach developed by Healthcare Improvement Scotland working with NHS Education for Scotland. This determined strengths and areas for improvement. Three priorities in the way that we needed to change were identified (Page 10).

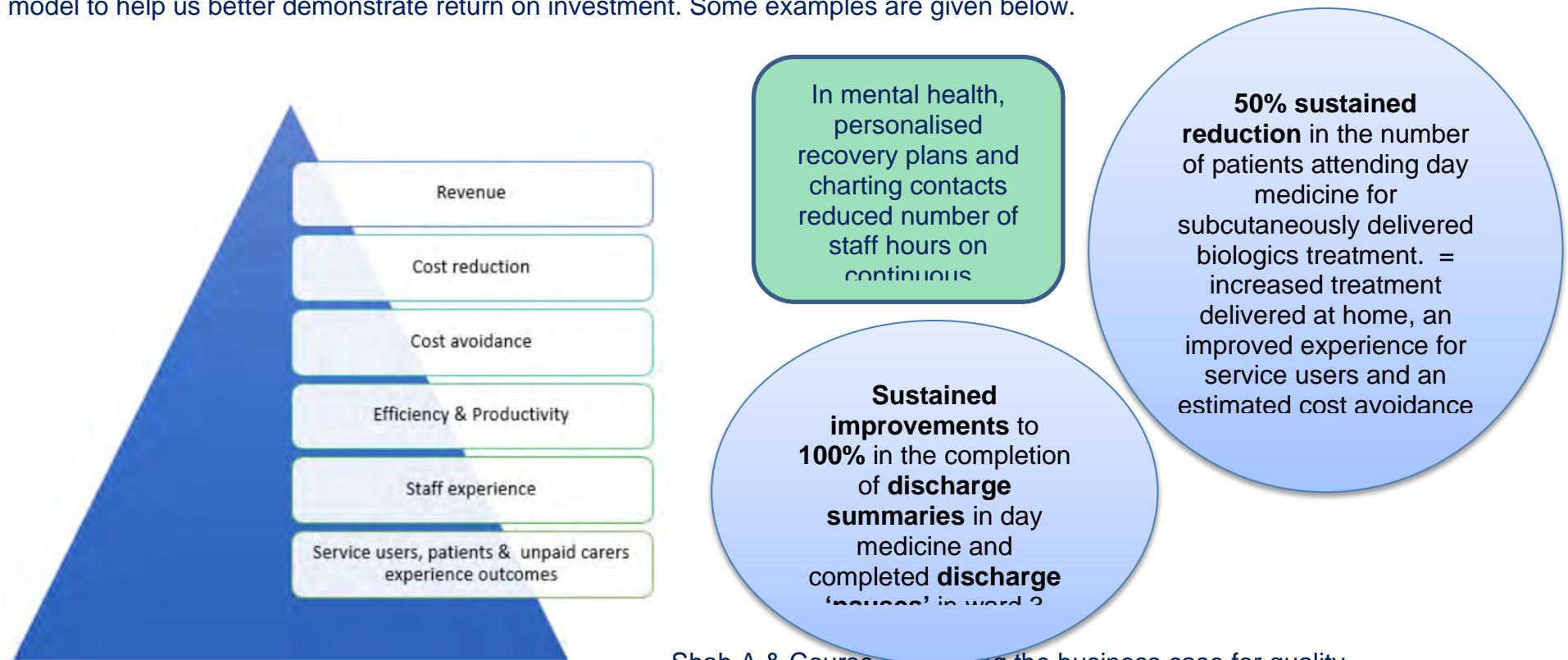
The case for change has been amplified during the COVID-19 pandemic, with staff going ahead to improve care and support, at scale and at the pace needed. Our System-Wide Mobilisation Plan describes the extent of change and sets out the place of the Quality Strategy, its priorities and the quality approaches that we'll use in guiding other organisational strategies and plans. The Quality Strategy also sets out how staff will be supported in achieving our vision for quality.

The assessment of the resources needed to implement the Quality Strategy will initially be informed by what is needed to implement the five priorities and to strengthen corporate support for quality. Resource requirements will be reviewed across the lifetime of the Strategy.

26. How Will We Evidence Value?

Demonstrating our successes in implementing the Quality Strategy and achieving our vision is essential. East London NHS Foundation Trust (2018) has developed a framework for evaluating the Return on Investment (ROI) from quality improvement in healthcare.

The framework defines six key areas, aligning strategic priorities to improving outcomes and experience. We will adapt and adopt this model to help us better demonstrate return on investment. Some examples are given below.

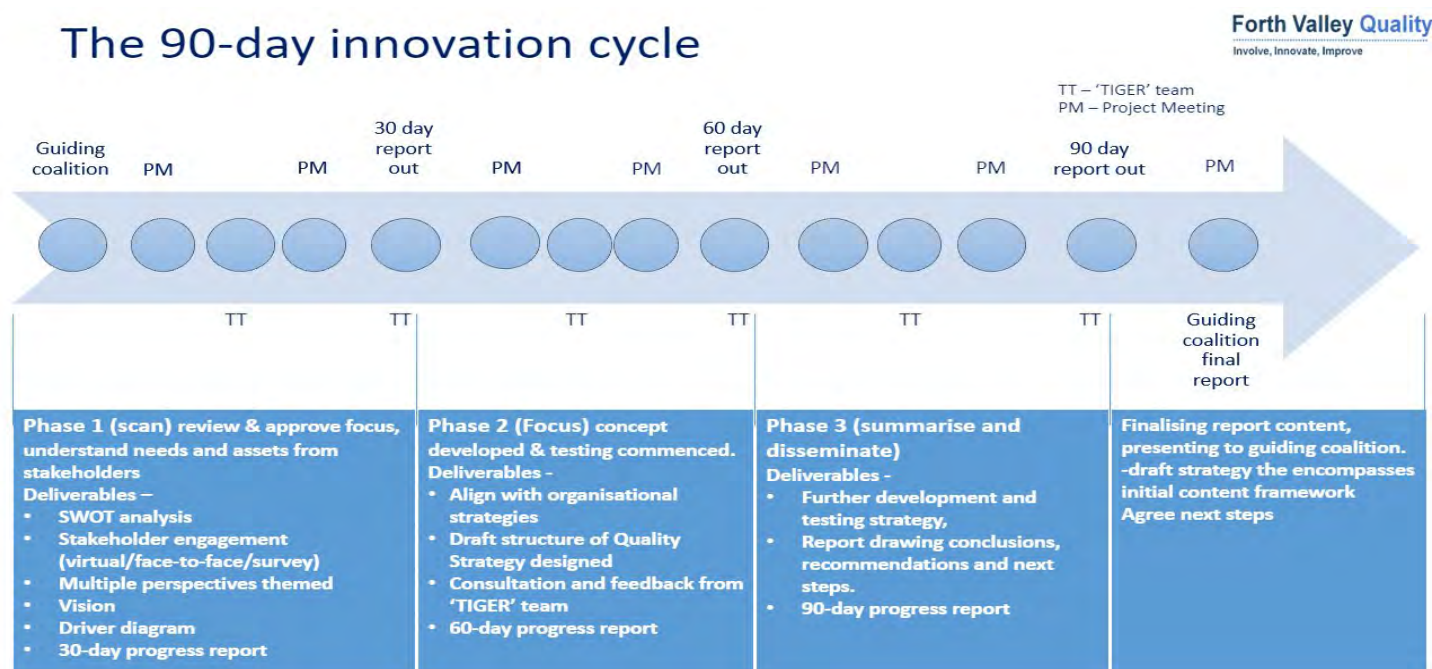


Shah A & Course S. Building the business case for quality improvement: a framework for evaluating return on investment. *Future Healthcare Journal* 2018 Vol 5, No 2: 132–7

27. Our Approach to Developing the Quality Strategy

Our Strategy was brought together in stages using two complimentary approaches to create momentum and creativity. The 90-day innovation cycle was adopted to give the development process clear timeframes while the development was delivered using a T.I.G.E.R. team approach, a method that involves bringing together a small group of clinicians, health and social care practitioners, managers and public partners, to work together on an organisational challenge. This created momentum and energy and brought expert knowledge using the evidence base and information from our local *Creating the Conditions for Change* self-assessment, conducted in Autumn of 2019 and which included NHS Forth Valley Board members and the Senior Leadership Team.

The 90-day innovation cycle



28. References

Realistic Medicine: <https://learn.nes.nhs.scot/18350/realistic-medicine>

Ihub – Quality Management System: <https://ihub.scot/improvement-programmes/quality-management-system-portfolio/>

90-Day Innovation cycle - <http://www.ihl.org/Engage/CustomExpertise/Pages/Innovation90DayLearningCycle.aspx>

Triple aim: <http://www.ihl.org/Engage/Initiatives/TripleAim/Pages/default.aspx>

Six Dimensions of Quality:

<http://www.ihl.org/education/IHIOpenSchool/resources/Pages/Activities/DefiningQualityAimingforaBetterHealthCareSystem.aspx>

The King's fund – 10 key lessons for NHS leaders: <https://www.kingsfund.org.uk/publications/making-case-quality-improvement#what-should-nhs-leaders-do->

The Health Foundation Inspiring Improvement – The measurement and monitoring of safety:

https://www.health.org.uk/sites/default/files/TheMeasurementAndMonitoringOfSafety_fullversion.pdf

East London NHS Foundation Trust (2018) – developed a conceptual model for evaluating the Return on Investment (ROI) for quality improvement:

https://qi.elft.nhs.uk/wp-content/uploads/2018/06/Building-the-business-case-for-quality-improvement_Future-Healthcare-Journal-2018.pdf

29. Glossary of Terms

90-Day Cycle – This is a methodology for understanding and developing new concepts and provides a reliable and efficient way to explore ideas, assess their potential and bring them to action. It is a disciplined and structured form of inquiry designed to produce and test knowledge syntheses or prototyped processes or products in support of improvement work.

Care Opinion – A non-profit organisation who provide an online platform where people can share their experiences of health or care services and help to make them better for everyone. Sharing experiences since 2005 built a national and international reputation for innovative and value led approaches.

Quality management system – Using the three main aspects from the “Juran Trilogy” quality planning, quality improvement and quality control. A quality management system is equal balance across all three aspects.

Realistic Medicine – an approach to healthcare that aims to put the patient at the centre of decisions made about their care.

Having a personalised approach with shared decision making are key elements of practising Realistic Medicine. It aims to reduce

harm, waste and unwarranted variation, whilst acknowledging and managing inherent risks associated with healthcare and championing innovation and improvement.

Six dimensions of quality in healthcare –six dimensions of quality developed by the Institute of Medicine and published in *Crossing the Quality Chasm*.

Ten guiding principles – The King's Fund draws on relevant evidence and experience from literature and has created ten key lessons, which are used as building blocks for NHS leaders seeking to embed quality improvement within their local systems.

Triple Aim – developed by the Institute for Healthcare Improvement an approach optimising health systems performance. New designs must be developed to simultaneously pursue the three dimensions which IHI call the “Triple Aim”:

- Improving the patient experience of care (including quality and satisfaction);
- Improving the health of populations; and
- Reducing the per capita cost of healthcare.