



NHS Lothian

QUALITY STRATEGY

2018 - 2027



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Foreword

This strategy describes a five year journey to transform the way NHS Lothian manages change. Continuous improvement in quality and value will be accelerated by scaling up newer approaches from ‘demonstrators’ to everyone’s ‘business as usual’.

The strategy is built upon eight key actions:

1. Make it easier for everyone to test their improvement ideas without always needing prior ‘permission’
2. Leaders devote more time and energy to encouraging local testing and improvement
3. Involve everyone in developing improvement priorities and ideas
4. Greater focus on patient and population needs and wishes in improvement work
5. Constantly learn, share and embed new knowledge from all improvement activities
6. Explicitly measure and realise the financial gains of better quality
7. Move to more integrated health and social care quality management
8. Adopt quality management universally to support everything we do.

These eight key actions will be coordinated through an organisational Quality Management System.

There can be no improvement without change. We will give people more opportunities to test change ideas locally. These tests will follow the simple but transformational method that sparked the scientific revolution - ‘Plan, Do, Study, Act’. These opportunities for testing will be within the safe boundaries that protect patients, staff and the public from harm.

The Quality Management System will relentlessly focus on eliminating systemic poor quality and waste. These include the causes of ill-health, failure to prevent or delay the onset of disease and insufficient use of supported self-management.

Our approach will be inclusive, work with clinical and ‘non-clinical’ services and reaching out to partners as appropriate.

The strategy sets out the common features of a consistent approach to Quality Management, recognising that local adaptability will drive success.

NHS Lothian Board in April 2023 agreed to extend the Quality Strategy (QS) to 2027, due to the impact of the pandemic on the pace of implementation and acknowledging, the strategy remains relevant and contemporary. This included an outline implementation plan (Annex 2) informed by the interim review of the QS to the April 2022 Board ([Interim Review 2022](#))

1. The Immediate Case for Change

Health and social care service provision is in a ‘perfect storm’ where levels of need and reduced resources frustrate both service providers and users.

The next seven years will see a significant increase in the total population for Lothian, with the biggest increase in those aged 65 and over.

The resulting quality gaps cause much effort and energy to be focused on ‘fire fighting’, rather than ‘fire prevention’. The Quality Management System aims to help us redistribute these.

This Strategy will take the Quality Management approaches that were tested and developed in 2016-18 in six demonstration sites to whole system scale.

2. The Strategic agenda for change (Vision and Purpose)

The Quality Management System provides a major opportunity to realise Scotland’s ambition for people to enjoy healthier, more fulfilling lives.

The QS is aligned to [NHS Lothian Strategic Development Framework](#) which sets out NHS Lothian plans across the Health and Care System in collaboration with key partners. It acknowledges major demographic challenges, resource constraints and the need for accelerating change and mindsets.

The strategy will make Quality Management a major part of ‘business as usual’ and a significant contributor to realising all our strategies, operational and risk reduction plans.

3. How will the NHS Lothian Quality Management System work?

Quality Management will be delivered through two complementary approaches:

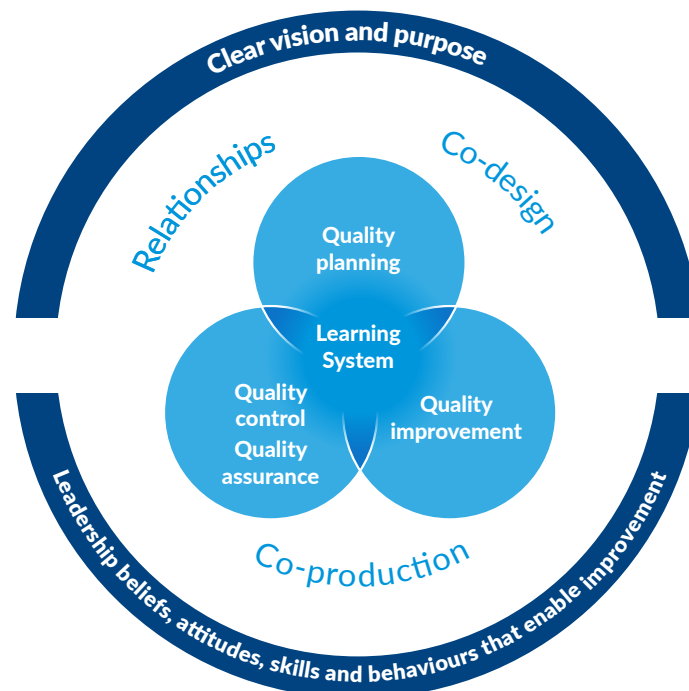
- Quality Networks linking and supporting teams connected either by place or by the type of work they do. For example the demonstrator Primary Care and Mental Health Networks. Broadly speaking, these represent a ‘bottom up’ approach.
- Quality Pathways that are commissioned, focussed, specific and time-limited – broadly a ‘top down’ approach.

Both are driven by improvement through local testing by engaged staff working within the Quality Management infrastructure, and supported by an empowering leadership.

The NHS Lothian Quality Management model is based upon Juran’s ‘Trilogy’ system. A very similar approach has been recently proposed as a national model for Scotland by Healthcare Improvement Scotland (see figure 1 below).

The HIS model aligns very closely to the proposed Lothian approach set out in this Strategy.

Figure 1 Key elements of the Quality Management System (used here with permission from HIS)



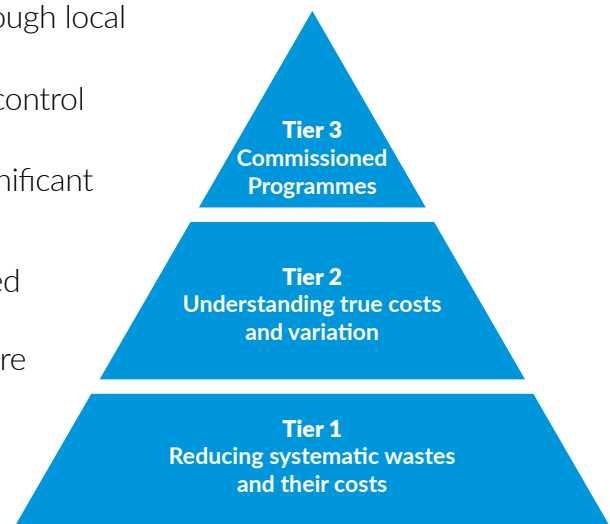
4. Linking improved Quality to Financial Sustainability and Value

The Primary purpose of quality management is ensuring that our work creates value and avoids waste. The key wastes impact upon patients, families and staff but most also come at a financial and resource cost. A key planned outcome for the Quality Management System will be to release money and resources (including staff time) through reducing levels of waste.

The deployment of Quality Management in pursuit of better resource and financial utility has three tiers:

- Tier one: The reduction in systematic waste through local testing of change.
- Tier Two: Improved understanding by staff and control locally of true costs and their variation.
- Tier Three: Commissioned programmes with significant anticipated financial benefits.

The potential cost and resource savings are believed to be proportional to the size of each sector in the triangle. Unfortunately our current ability to measure these savings is in inverse proportion to their size. Developing existing and novel tools to address this paradox will be a major task in our Quality Management System.



5. How will we identify and track success?

We propose eight key outcome areas to track the successful **establishment and operation** of our Quality Management System.

1. **Acting early** – How well are local teams preventing quality problems arising through local tests of change?
2. **Shifting control** – How much access to and control do they have over the resources they need?
3. **Bringing people together** – How well are change ideas developed and tested collaboratively?
4. **Openness to adopting external solutions** – How good are we at adopting solutions from external sources?
5. **Changing the climate for improvement** – How well is our Quality Climate improving?
6. **Growing from local** – How effectively do we spread successful solutions internally?
7. **Learning continuously** – How good are we at learning and sharing that learning?
8. **Building and maintaining momentum** – How many teams are contributing to the Quality Management system?

Outcomes of Quality Management activities will be tracked against predicted gains as originally set out as part of the commissioning process. Local oversight and assurance groups will report through management lines to the Corporate Management Team and The Board.

A vital action must be to minimise the administrative burdens of reporting, especially upon front line teams and managers. Quality Management identifies ‘inspection’ as a form of waste so our inspection, assurance and governance systems will also have their own continuous Quality Improvement programmes.

6. The journey so far in developing our Quality Management System.

The NHS Lothian Quality Academy

The Quality Academy has increased the improvement capabilities of many staff. Training has particularly focussed upon:

- Continual improvement through iterative testing and learning.
- Systems Thinking
- Influencing
- Resilience
- Creativity.

The Quality Academy has proven very popular, with over 400 health and social care worker graduates to date. Many graduates have initiated many new pieces of quality improvement work beyond their original project or area of interest.

The courses run by the Quality Academy have themselves been continuously improved through evaluations and tested changes.

We will expand current programmes and develop new ones so that in five years the great majority of our staff will have received Quality Improvement training, with leaders trained in Leading Quality Management.

The creation of Quality Improvement coaches

Over 50 Quality Improvement Coaches have been trained during our 2016-18 Development Phase. They are organised as a network providing direct support for people undertaking local improvement:

- QI Coaching within the coach's own team or service
- Support for Quality Academy project-based learning
- QI coaching clinics open to all across NHS Lothian, including health and social care partnerships.

Feedback has been very positive and coaches will be a vital resource to realise our strategy over the coming years.

Important outputs from demonstrator Quality Programmes

We prototyped our Quality Management System across a number of demonstration sites. Key experiential learning was captured in a formal evaluation conducted and shared in 2017. Some 'headline' patient and service-focused outputs have been:-

1. Diagnostics: Endoscopy

Aim – To improve timely & patient centred access to endoscopy services

Key outcomes:

- Development and deployment of capacity management modelling tool for GI endoscopy services
- Did not attend rates for all GI endoscopy procedures on WGH site fallen from 13% to 6% (sustained)
- Reductions in colonoscopy DNA rates – fallen from 11% to 5% (sustained)
- Estimated additional endoscopies performed to date around 300.

2. Emergency surgical care: Fractured Neck of Femur pathway

Aim – improve the quality of care for people with fractured neck of femur

Key outcomes:

- Time to theatre reduced by 9.7 hours (30%) (sustained)
- Increase in administration of nerve block pain relief raised from 41% to 65% (sustained)
- Patients receiving oral fluids up to 2 hours before surgery improved from 5% to 25% (sustained)
- Administration of IV fluids increased from 35% to 66% (sustained)
- Acute kidney injury incidence fallen by 25%
- Length of stay for patients going home fallen by 3.6 days (sustained)
- Length of stay for patients going to nursing/residential homes fallen by 1.8 days (sustained).

3. Cardiovascular disease : Stroke Improvement programme

Aim – To improve reliable delivery of evidence based care for stroke patients

Key outcomes:

- Compliance with stroke bundle increased significantly from baseline of 65% to over 80% in most recent quarter
- Sustained reduction in time from referral to carotid endarterectomy surgery from 9 days at baseline to 6 days currently
- Sustained reduction in length of stay in SJH Stroke Unit from 31.1 days to 13.2 days.

4. Mental Health Quality Network

Aim – Build Quality Management capacity focussed on improving physical health, patient safety and access to services.

Key outcomes:

- 50% reduction in the number of calls having to be made to the Police for patients, who have not returned to an adult acute care ward
- A reduction of £240,000 in the cost for the use of agency and bank staff in one ward
- A reduction in the longest wait by 42 weeks for the sexual problems clinic, whilst also seeing 90% of patients within 18 weeks for the provision of psychological therapies
- 28% reduction in did not attend rate by for the pain management service
- 20% reduction (through improved signposting) in the number of referrals to the child and adolescent mental health services with no adverse impact on vulnerable groups
- 223 staff trained in Quality Improvement methodologies.
- 95 quality improvement activities underway
- Development of a Quality Improvement infrastructure to support the whole organisation.

5. Primary Care Quality Network

Aims - Build Quality Management capacity prioritising improvement work in frailty, mental health, prescribing and practice sustainability.

Key outcomes:

- Improved patient-centred chronic pain management, lead to savings of £23,455 having been achieved over a 10 month period –projected to rise to £28,146 for a full year
- New administrative process for documentation management tested in one site and now spread to all East Lothian practice releasing up six hours of GP time per week per practice (“As a practice, we have seen a difference for GPs no longer working later to clear prescription requests.”)
- 8% reduction in hypnotic and 13% reduction in anxiolytic medication use in one practice – now being shared for spread across the network
- Development of a Quality Improvement infrastructure to support the network and H&SCPs
- 219 Practice led quality improvement activities
 - > 268 staff trained
 - > Development of a Quality Improvement infrastructure to support the whole organisation.

These are just some of the significant, impactful outcome changes. As important has been the enhancement to individual teams’ capacity, capability and confidence in systematic quality improvement. Following past experience, priming with corporate support will get teams started with the level of required external support falling fairly quickly until eventually services are ‘growing their own’. This will be factored into Return on investment calculations as the Quality Management System is expanded.

7. The role of leaders in Quality Management

The strategy intentionally focuses upon improvement driven by local teams. Leaders enabled with the right skills, knowledge, behaviours, mindset and attitudes will be vital.

The Quality Management approach is grounded in a philosophy that work has a deep personal meaning for all staff. A key element in happiness and motivation is the acknowledgement that a person's work adds value, has meaning and is appreciated by others. These are powerful intrinsic motivators that must be encouraged and aligned to quality improvement.

Our strategy will help our leaders and staff to collaboratively develop an inspirational quality improvement approach based on our values, resilience, shared learning and compassionate leadership.

Leaders at all levels, including Non-Executive Directors, will regularly spend time with teams to improve quality together. The way leaders structure these conversations matters and should follow a well-established quality improvement approach:-

- **Go and see**
- **Show respect**
- **Ask 'why?'**
- **Find ways to help the team help themselves**
- **Seek further meaningful conversations**

This simple approach perfectly aligns a vital quality improvement tool with the visible demonstration of our values.

The Strategy aims to gradually replace most specialist external quality management support (from coaches or others) with confident and enabled leaders and teams. The Quality Academy and coaching network will provide training to the majority of our leaders and individuals to support this transition.

The Strategy recognises the talent, commitment and potential of our current and aspiring leaders. There is inevitable diversity in their development routes, career stages and work areas. Specialist development in Quality Management will be underpinned by broader leadership development opportunities to enhance our leadership culture. These will be developed through enhanced leadership development programmes, lead by Organisational Development services.

8. The future commissioning and governance of quality improvement activity

Defining the full value from investing in Quality Management is a universal challenge. A recently developed conceptual model will be adapted and tested for evaluating both potential and realised Return on Investment (ROI) from improvement work. Six categories of ROI are identified, with the relative area reflecting the proportion of expected return – revenue least; patient, carer and family experience and outcomes the most.



Shah and Course “Building the business case for quality improvement: a framework for evaluating return on investment” Future Hosp J June 1, 2018 vol. 5 no. 2 132-137 Reprinted with permission.

This and other tools and approaches will be deployed within the Corporate Management Team’s Sustainability and Value Group which is chaired by the Director of Finance with other Executive Director representation, to assess financial benefits and value for resource-intensive improvement activities. Sustainability and Value Group will play a pivotal role in commissioning and assuring the contribution of improvement activities to our Financial Strategy.

This process will make a major contribution to wider assurance and governance reporting on the establishment and outputs of the Quality Management System. This will align the Quality Management System wider contribution to NHS Lothian’s Mission to improve quality, population health, financial sustainability and staff experience.

With the progress on the implementation of the quality management system being reported direct to the NHS Lothian Corporate Management Team, its assessment and views on this will then in turn be fed into key governance committees of the Board.

9. Resourcing

Infrastructure costs

The current recurring base budget in 2018/19 for the Quality Directorate is £277,799 to which non-recurring funding from Health Improvement Scotland is provided to the value of £151,501 – giving a total of £429,300.

In addition to these baseline costs there has been the costs associated for additional staff and resources that have been utilised in the prototyping of the quality management system over the period 2016-2018, the continuation of which into 2018/19 brings the total Quality Directorate cost to £1,168,533.

Included within this figure is £208,502 for the running of the Quality Academy and other associated learning activities.

The NHS Lothian Financial Plan is providing funding of £500,000 towards these costs in 2018/19, which leaves a funding gap of £239,000 for the full year.

In proposing to now roll the quality management system approach further across NHS Lothian during the remainder of 2018/19 – additional funding of £612,438 will be required to fund the cost of this spread during the remainder of the year. A breakdown of these additional costs is set out in the table below:

Additional investment area	June 2018 – March 2019
Building Capacity and Capability for Improvement and Academy.	£16,632
Staff Costs for the Innovation Unit.	£87,466
Leadership Programme Development.	£80,753
Further Development of Current Quality Networks (Mental Health & Health and Social Care).	£152,806
Establishment of New Quality Networks on the Three Acute hospital sites.	£224,514
Establishment of New Clinical Pathways.	£50,267
Total	£612,438

As the strategy rolls out far wider in subsequent years across the whole of Lothian the current projected total annual costs will be:

2018/19	2019/20	2020/21	2021/22	2022/23
£1,782,971	£2,733,700	£2,905,469	£3,032,631	£3,183,417

A summary of the projected annual funding gap to be met over the five years of the Strategy is set out in the table below:

2018/19	2019/20	2020/21	2021/22	2022/23
£614,438	£2,455,901	£2,627,670	£2,754,832	£2,905,618

Note: An Assumption has been made that the £151,501 from Health Improvement Scotland and the £500,000 NHS Lothian Financial plan investment available in 2018/19, are not available in subsequent years.

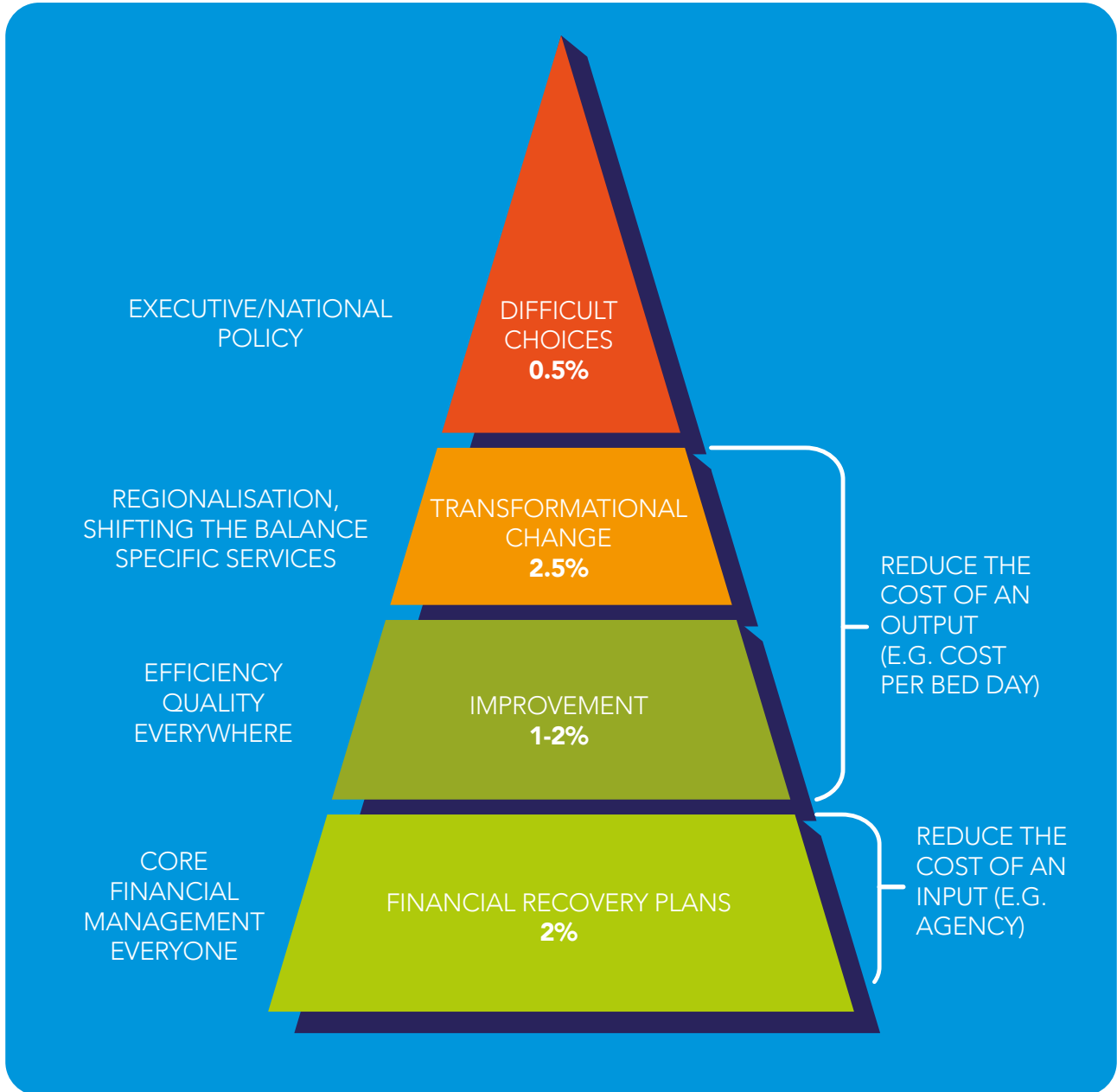
In looking to meet these funding gaps, it is proposed that NHS Lothian will prioritise this investment against future uplifts and NRAC (NHSScotland Resource Allocation Committee) adjustments that it receives, with annual bids for this made to the Sustainability and Value Group.

Funding will only be approved by the Sustainability and Value following their consideration of a cost benefit analysis of the funds being sought, which will consider the value being added to NHS Lothian across a range of proposed benefits to the organisation and patients/communities.

With the Strategy subject to ongoing monitoring, review and assessment to ensure that it continues to make an effective and efficient use of the resources provided for it, the development plans for subsequent years of the strategy will be subject to discussion and agreement with stakeholder partners.

Quality in Support of the Financial Strategy

The NHS Lothian Financial Strategy presented to the Finance & Review Committee in March 2018 outlined a four tiered approach to achieving financial sustainability (see below). It is based on the premise that there is a limit to what the Board can do itself to achieve financial sustainability, and the top two tiers (Transformational Change, Difficult Choices) require actions and decisions to be made at a regional and national level, and possibly across the public sector. Since then further detailed work has been undertaken to refine the strategy and delivery approach.



Establishing a programme approach, via the Sustainability and Value group, is essential to ensuring that there is a cohesive approach which aligns work being undertaken at a national, regional and NHS Board level.

The diagram above recognises the role of the Quality programme in support of delivering financial sustainability of up to 2% on budget, under the heading of “Improvement”. Quality is considered to be a key contributor to financial sustainability for NHS Lothian.

Annex 1: Actions to further develop our Quality Management System 2018-27:

A: Broadening participation in the learning programme to include a wider range of staff groups, including those in leadership roles.

Develop and expand the NHS Lothian Quality Academy’s training programmes.

The Academy remains committed to delivering high quality training for those leading and contributing to quality management across NHS Lothian.

Development will be driven by evidence from evaluation and best practice from others.

The ‘Quality Planning’ training programme for leaders will be expanded to train up to 6% of the NHS Lothian workforce over the next 5 years, equating to approximately 1,500 additional Quality Planning leaders by 2023.

The “Quality Improvement” training programme is to be redesigned in order to better equip it to deliver the broader skills training required for the wider NHS Lothian workforce. This will be achieved through a collaboration between Human Resources (including Organisational Development), the nursing and medical education services as well as National Education Scotland and the national Improvement Hub.

We will continue to offer places on both courses to colleagues from Social Care.

Multiple approaches to teaching and training will be used including:

- On-line based training through “video” tutorials
- Standardised taught sessions within Continuous Professional Development programmes
- Induction programme teaching.
- On line, self-service teaching via the NHS Lothian Quality Improvement website
- LearnPro modules
- An increase in the course size.

The ambition will be to equip all staff with Quality Improvement skills, with a key milestone being at least 80% trained by 2023. (See Table below)

	2018-19	2019-20	2020-21	2021-22	2022-23
Quality Planning Training	300	600	900	1200	1500
Quality Improvement Skills Training	1,500	5,000	10,000	15,000	20,000

A sustainable model to support the growing demand from Social Care, Third Sector and other public-sector organisations for this training will be developed.

Quality improvement training is also interwoven into the three leadership programmes running within NHSL (Delivering Better Care, Delivering Leadership Excellence and Excellence in Care).

Develop Quality Coaching Support

We will expand the number of Quality Coaches, particularly to support new Quality Networks & Pathways programmes.

We are scoping current staff knowledge and skills to identify potential new coaches. We plan for 50 plus new coaches per year. This will be achieved by approaching staff who have completed National Quality Improvement training programmes such as the Scottish Improvement Leader programme (ScIL) and potential coaches from staff being trained through the Quality Academy. We will actively try to balance representation across diverse staff groups.

The numbers of coaches within NHS Lothian will increase as below:

Milestone numbers	2018-19	2019-20	2020-21	2021-22	2022-23
Coaches	100	150	200	250	300

A QI Coaching lead will be responsible for supporting, developing and assuring performance of the QI Coaches.

Over time everyone in NHS Lothian will then have easy local access to a coaching colleague which will increase the number of quality improvement activities across the organisation.

Create an NHS Lothian Quality Improvement Fellowship Programme

Opportunities will be made to staff across NHS Lothian currently in leadership roles to study to become a Quality Improvement Fellow as part of a funded part-time secondment to the Quality Directorate. Through this they will gain enhanced training and experience, honed by both developing their local quality improvement activities whilst also supporting other teams. To become Fellows they must demonstrate that they:

- Have the acquired knowledge, skills and confidence
- Delivered significant quality improvement work locally
- Have meaningfully coached and supported others
- Grown a personal network of practice and support.

These opportunities will be staggered over 6 monthly intervals, with a Fellowship Programme Lead appointed to oversee this.

Leadership Development

Leaders at all levels create the conditions for change, apply the approach to managing quality and work collaboratively with patients and teams to find creative solutions across health and social care.

Developing leadership capability is a cornerstone of the quality management system approach and builds on NHS Scotland's leadership and Management Development of Individuals and Teams.

B: Creating an environment in which trained local staff teams can develop solutions in advance of problems arising, or as they arise without needing to seek formal approval to proceed.

Increase the reach of the Quality Management System

Quality Networks: The quality network approach is one where staff sharing a geographical or service commonality, test changes collaboratively around shared agreed purposes. We will take learning from our two demonstration networks and use this to establish new ones.

Milestone 1: 2018/19

1. The further expansion of the Primary Care Quality Network beyond GP clusters to include, other primary care clinical services and social care across all four Health and Social Care Partnerships (HSCPs) –linking to the Primary Care Improvement Plans.
2. The further expansion of the Mental Health Quality Network in line with the Mental Health Clinical Quality Plan for 2018/19.
3. The establishment of a Western General Hospital Quality Network testing an ambitious multi-themed collaborative from the outset.
4. The establishment of a Quality Network based at St John's Hospital & West Lothian HSCP, focussed initially on the care of frailer, older people.
5. The establishment of an unscheduled emergency care, based on RIE and SJH sites.
6. The establishment of a Process Quality Network, extending the work already begun in Facilities and Human Resources to bring in the Finance Directorate, Analytical Services, Public Health Services and the Quality Directorate.

All quality networks will also link in with the existing local Quality Improvement Teams.

Milestone 2: 2019-20

1. Following the relocation of RHSC, to establishment of a Children's Services Quality Network covering children's community services (including Health Visiting and school nursing), the Royal Hospital for Sick Children and the children's services at St John's Hospital.
2. The further continued development of the Quality Networks already outlined above.

Milestone 3: 2020-23

By 31st March 2020 it is intended that the completion of the actions in the previous two milestones will have resulted in 25% of the NHS Lothian workforce being included within a Quality Network.

Through the broadening out of the scope of these established Quality Networks over the next three years it is planned to increase this rate of staff engagement as below:

Milestone %	2020-21	2021-22	2022-23
Percentage of staff	50%	65%	80%

How the Quality Networks will operate

Each Quality Network will be supported by a lead Improvement Advisor (IA) and (clinical) quality lead – following similar models in REAS and Primary Care networks.

Spreading and embedding networks will be through pull and volunteerism, with the Quality Directorate catalysing this ‘pull’ and volunteer recruitment.

Every service team that joins a Network will:

- Formally commit to deliver the quality improvement/innovation goals and performance improvement aims of the Quality Network
- Agree to complete a Quality Climate Survey to help assess ‘readiness for change’
- Include their Finance Business Partner/Management Accountant as a core team member.

The leaders for each Quality Network will be given places on the Quality Academy Lead Level Course (Planning for Quality) to facilitate the creation of their network Quality Plans.

Some Quality Academy graduates will be recruited into Coaching Network, as discussed.

It is anticipated that all of the network Quality Plans will be refreshed biennially. Hence over the next five years, most teams will develop and implement two or more Quality Plans.

Quality Pathways: New Quality Pathways, focussed on high volume, high value, high cost care pathways will be prototyped, utilising the lessons learned from prototyping in phase 1.

These quality pathways will connect into the relevant cross cutting work of the Quality Networks.

Support will be similar to that for Quality Networks.

The NHS Lothian Corporate Management Team will provide strategic guidance on the Quality Plan goals/performance improvement to be expected from both the Quality Networks and Quality Pathways. Links to financial Return on Investment and value will be reviewed regularly by the Sustainability and Value Group.

C: Developing the infrastructure across NHS Lothian to support the quality management system

Analytical Support

Access to high quality, reliable healthcare data for the purposes of analysis (planning and measurement) is vital for a quality management system.

2018/19 will see the further development of the analytical support provided to the quality management system in line with the implementation of the NHS Lothian Information Strategy, with a key role being to support the quality improvement/innovation activities of the Quality Networks and the Quality Pathways.

This will result in the NHS Lothian Analytical Service providing:

- Flexible support to meet the aims of the overarching quality management system
- Targeted support to Quality Networks and Quality Pathways
- Bespoke training to further develop Analysts
- Data analysts embedded within front line teams
- A targeted programme to significantly improve the quality of key business intelligence data and our overall confidence in data quality
- Excellence in the governance of the reporting of performance data that covers both targets and on the improvements being made to population health both locally and nationally.

Links with Data Science experts in Edinburgh University will be developed in areas of mutual interest for improvement and research.

Ehealth Support

eHealth support is vital for effective data extraction, processing, analysis and interpretation. This requires proper infrastructure support, recognising eHealth priorities legitimately focus on issues of patient care and safety.

Actions that will be progressed in the next five years will include:

- Agreeing on a single quality improvement reporting platform with required investment in training for technical and analytical staff on it, ensuring that the reports produced are usable for staff
- Ensuring that reporting tools are server based with an appropriate level of resilience
- Having an organisation wide focus on improving data quality with investment in staff to correct where possible, bearing in mind that there are some areas where data quality is more easily defined and more amenable to improvement
- Ensuring that the data captured is relevant to clinical care rather than collecting data entered by clinical staff for administrative purposes
- Ensuring the early engagement with eHealth staff to support the smooth running and success of quality improvement activities. This will help identify at an earlier stage those process issues around IT which are non-technical rather than technical

- Making sure that where clinical systems or workflows are being reviewed that there is a clear description of the problem/or intended benefits set out, rather than jumping straight to a preconceived solution.

Financial Development

The programme to develop and embed financial business managers within Quality Networks will continue and expand. Priority will also be given to enhancing the Quality Management skills of this group and other Finance professionals.

They will continue to evolve the intelligence required to deliver in the first instance potential cost avoidance/reductions This will see:

- All Quality Plans outlining how this saving is to be quantified and achieved
- The further deployment of the patient level costing system identifying any variation in cost per activity. Limited exposure to this system has already generated significant interest from front line leaders and teams
- The co-development in partnership with the Quality Directorate and Scotland's iHub, tools to be used for day-day understanding of real costs and cost variation at local cost testing tools developed by HIS and in house.

To ensure that all of the Quality Plans are fully aligned with the delivery of the NHS Lothian Financial Strategy, any that require additional corporate support will be approved by the Value and Sustainability Group which will contribute to ongoing assurance and governance. A gateway process for progress approval has been approved for this by the Corporate Management Team. The same process will apply to innovation activities.

Communications

The ability to communicate clearly and openly, enabling the easy exchange of ideas and the reporting of success and learning learned, is vital to realising the strategy.

Intelligent media and 'marketing' using varied media will encourage interest and engagement with Quality Management, especially Quality Networks. We will proactively spread and share learning and successes through Clinical Change Forums, other gatherings and media.

Evaluation, Learning and Research

Learning drives improvement and vice versa as arguably a Quality Management System and Learning Healthcare system are synonymous. Hence the early investment in evaluation and learning during the 2016-18 prototyping phase.

We have also invested in online tools to capture quality plans, improvement activity and progress from the Quality Networks and Quality Pathways. This will be in addition to the continued publication of peer reviewed quality improvement work through conferences, papers and other professional outlets. All these will continue and expand.

Annual evaluations of the whole programme will be undertaken and reported to The Board. We will also deploy self-assessment tools for all participating service teams to help local learning.

The Quality Directorate will continue to also support current and future clinical change forum meetings, using these as venues for shared learning.

D: Developing an Innovation Unit to support the delivery of transformational change

Create an NHS Lothian Innovation Unit

Our Health, Our Care, Our Future, committed to increase the investment made in innovative ways of working as part of our commitment to better quality and care.

In being aligned to the Scottish Government's 2020 Vision for Health and Wealth, a further commitment was also given to use its innovation programme as a means to provide growth in the Scottish economy, enabling Scotland to be a world leading centre for innovation in health, through collaboration between all stakeholders e.g. patients, the public, NHS Scotland, industry, the local authorities, academia, research & development, the third sector etc.

By so doing, NHS Lothian would then be able to deliver:

- Patients benefiting from the early adoption of evidence based innovations in prevention, diagnosis and treatment
- Patients having a better quality of life, and longer life expectancy, through the provision of improved treatments and an increased focus on illness preventative measures
- NHS Lothian being a key collaborator and future customer for Scottish Life Science businesses and a pivotal stimulator of innovative products and services – leading to increased employment opportunities
- NHS Lothian and the four local Integrated Joint Boards being a beacon in making the most effective and efficient use of publicly available funds, whilst attracting more external investment to “pump prime” innovative solutions.

Consult on the Innovation Programme Plan

To widely consult with staff and stakeholders on the draft NHS Lothian Innovation Programme: Mission Plan 2018-2023.

Identify the priority areas for innovation

As part of that consultation process identify the future priority areas for innovation within NHS Lothian for the next five years as outlined below:

- Year 1 (2018/19) – Applying the Design Thinking approach on a number of agreed strategic and operational challenges identified by the leadership team, staff, patients and other stakeholders during the consultation period
- Year 2 (2019/20) - Focussing on the spread of the learning from Year One activity to a broader range of strategic challenges
- Year 3 (2020/21) - All clinical areas engaged in the design process of developing innovative transformational change
- Years 4 & 5 (2021-2023) – Innovation established across NHS Lothian as a normal core activity.

E: Improving staff engagement by adopting a stronger focus on the delivery of quality improvements and how this links to improved meaning and experience at work

Making NHS Lothian an employer of choice - building our people & management Infrastructure.

Starting with the pre-recruitment stage, ensuring all promotional materials relating to jobs and careers in NHS Lothian promote our quality management ethos. This will continue through the employee journey e.g. induction, staff development reviews and appraisal, leadership development, and our approaches to improving staff engagement and experience.

F: Sharing lessons learned and collaboration through our Regional Planning process and national links

Working in new ways

Develop collaborations with partners out with NHS Lothian to share the learning of the local improvement work, whilst importing good ideas from other Boards.

G: Developing the Business Case for the long term sustainability of the quality management system, with at its core more robust evidence of the return on investment that it can deliver

Establish the long term funding case for the quality management system.

From the outset continue to develop and refine the process of measuring Return on Investment and added value from our Quality Management System to guide further investment decisions and models.

H: Exploring the potential for commercial opportunities to bring in additional income

Assess the potential for consultancy input to other organisations on a commercial basis.

As this strategy sets out an ambitious but achievable plan to further prototype, spread, embed and expand the quality management system approach in NHS Lothian, the pace of change will be fast – in particular over the first three years when direct support from the Quality Directorate will be at its greatest.

As the Quality Networks and Quality Pathways develop and greater numbers of trained staff become available from year 3 on, there will be less requirement for direct Quality Directorate input.

The learning from well-established High Performing Organisations from healthcare and beyond highlights the opportunity to refocus internal Quality Management development expertise towards external consultancy services. This might offer an income stream for the Edinburgh & Lothians Health Foundation, as part of their return on our initial investment.

I: Governance processes

Aligned to our universal vision for Quality Management, we will apply the ethos and approach within our governance structures and supporting processes.



Annex 2: Interim Quality Strategy Review

2027 - Vision

NHSL is a high functioning quality focused Healthcare Organisation which has at its core, the systematic application of Quality Management (QM) with the goal to achieve consistent, high-quality care with minimal morbidity, mortality, discomfort, and positive experience whilst meeting or exceeding all dimensions of quality.



Opportunities for Improvement

Based on review findings and annual Reporting to Healthcare Governance:

- The systematic use of QM which is visible in management and / or clinical processes particularly around Quality Planning (QP) and Quality Control (QC), which inform assurance
- The lack of Information/data focused on clinical process to inform QC and QP remains a significant constraint for the wider adoption of QM
- Lack of organisational leaders visibly and explicitly engaging in the adoption of QM as a consistent approach to manage and improve services quality.



Positive progress

Based on review findings 2022 & Annual Reporting to Healthcare Governance Committee:

- Increased participation in improvement across NHS Lothian. With teams working together to understand, identify variation, test, and implement successful solutions. Underpinned by improvement training, QI coaching and enhanced improvement infrastructure
- Increased number of Quality Networks and clinical pathways work aligned to organisational priorities
- Willingness by organisational leaders to re-engage in a consistent approach the managing quality and implementing change by the systematic application of Quality Management (QM)
- There are examples of the use of all four dimensions of QM with the Quality Improvement dimension being the most routinely applied.

2027 Realising the benefits and evidencing improved outcomes

2023 / 2026 Implementation plan based on internal and external learning/ evidence. To be presented to the Board in December 23. This would include:

- Re-stating NHS Lothian's commitment to being a quality focused organisation and the reliable application of QM
- Build Non-Executives, Executive and senior management capacity to apply QM to ensure a shared understanding and common use of language including integrating into leadership offerings
- Strengthen the use of quality planning and control to demonstrate a disciplined, data driven approach to change, focused on unwarranted variation, experience and outcome
- Acknowledge the aspiration to be an intelligence lead organisation and explore how we can maximise our current system to inform quality planning, quality control and improvement including data loch
- Retain a focus on using patient and staff experience as central measures of successes, however, signal that experience co-design is a key to designing health and social care and we need to build the capability of our system and infrastructure to do this and as such we need to examine how we go about this.

2022 Quality Strategy Review

Review of QS Implementation against QS deliverables presented at April 2022 Board, which identified positive progress and opportunities for improvement ([The Quality Strategy Review](#))

2018 / 2022 Implementation Phase

Implementation phase set against deliverables Set out in the QS Annex.

2018 / 2023 Quality Strategy agreed by April Board 2018

To embed QM across the organisation, to engage and empower teams to use tools and techniques to improve care pathways and management processes across the organisation. With human factors, talent management, succession planning and leadership behaviours as key components. To create a consistent single management system focused on quality planning, improvement, control, and assurance, with all four components in balance

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