NHS Lothian Quality Strategy Interim Review

1 Introduction

NHS Lothian has agreed Our Priorities for continuous Improvement in February 2020. The Board has discrete corporate objectives that are refreshed annually, relating to improving health of the population, improving quality of care, and improving staff experience. Central to achieving our priorities, is the requirement to develop and carry out robust implementation plans and review their impact on our priorities. Learning from all attempts to make improvement and share that learning with others.
The Quality Strategy was approved in 2018 and sets out Quality Management as a framework for delivery of these objectives.

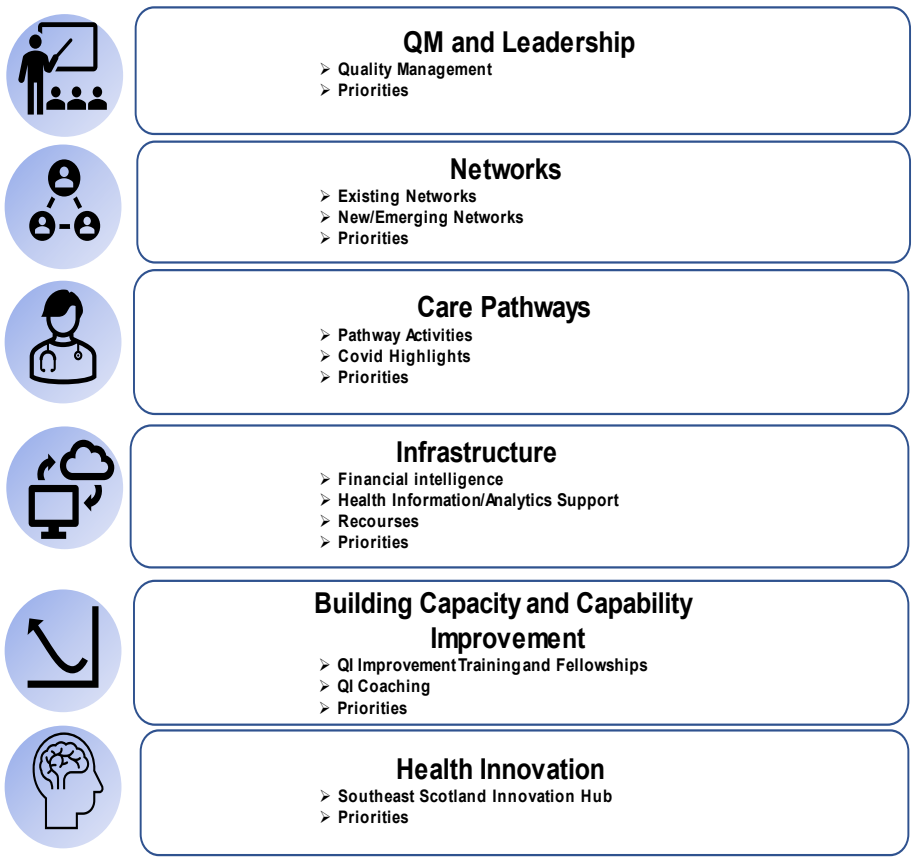
2 Quality Strategy

The Quality Strategy (QS) sets out the common features of 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 six dimensions of quality (safe, effective, patient centred, timely, effective equitable care).

NHS Lothians QS aims to embed QM across the organisation, which requires organisational intent, patience, and positive system change. QM engages and empowers teams using tools and techniques to improve care pathways and management processes across the organisation. With human factors, talent management, succession planning and assurance as key components. To create a consistent single management system focused on quality planning, improvement, control, and assurance, all four components of a QMS are required and need to be in balance. Diagram 1 below set out the four domains of a QMS:

Source: [How to move beyond quality improvement projects | The BMJ Amar Shah]

The QS (2018-23) sets out a range of actions (Appendix 1) to implement QMS across Lothian and these form the basis of the review and are set out below in Diagram 2:



3 Review methodology

The methodology used for the review is as follows:

- Identification of key deliverables and assessment of progress using both qualitative and quantitative evidence. These deliverables are set out in the Annex of the current Strategy page 14 and Appendix 1 of this paper.
- 1:1 interview with key contributors to assess the progress towards the strategy's deliverables.
- Self-assessment of Quality Networks by the network leads and service teams using the network maturity – Organisational Strategy for improvement matrix, NSW Clinical Excellence Commission (2018).
- Engagement with Executive Leadership Team (ELT) to assess the progress being made to implement NHS Lothian's Quality Strategy from an ELT perspective.

4 Findings and Priorities 22/23

The QS deliverables summarised in diagram two above, formed the framework for the review and the reporting of findings and priorities for 22/23.

1. Quality Management and Leadership

Senior leadership have a pivotal role to play in creating the conditions requited for QM to be embedded across the organisation as 'a way we do the work'. This includes communicating strategic intent, as well as creating a culture focused on quality, values associated with teamwork, the application of scientific problem solving and the provision of a quality infrastructure including information systems.

The ELT team have enabled a quality infrastructure to be established which has developed since 2018 and is described through the report. This includes quality networks, pathways, assurance standards, QI training, and coaching plus analytic support. As an organisation we have embedded NHS Lothian values of which quality and teamworking are central.

The review acknowledged the progress made since 2018 with respect to values and quality infrastructure and as such, focused on organisational intent concerning the implementation of QM as a consistent management system from the ELT perspective. Interviews took place with members of the ELT (n=11) and a summary of the findings is set out below:

- When the Quality Strategy was approved in May 2018 there was momentum to implement all aspects of the strategy. This momentum however was not sustained and was further hindered by the pandemic.
- There are examples of QM being used across the organisation particularly with respect to the improvement dimension, but it is not reliably applied.
- There is no explicit organisational messaging on QM
- There is lack of awareness and understanding of its use and interpretation of data.
- It is not embedded routinely into clinical and management processes.
- QM is not visible in the corporate objectives, the Lothian Strategic Development Framework, or management/professional objectives.

The leadership team reflected on the results from the interviews and unanimously agreed to restate our focus as an organisation on quality and QM and agreed the 22/23 priorities set out below.

The current NHS Lothian Leadership and Management competencies do not set out the competencies required to apply QM. There has also been an aspiration to incorporate them into Leadership and Management offers but this has not yet taken place. This will be a priority for 22/23.

QM and Leadership Priorities 22/23
NHS Lothian's Senior Management Team will systematically apply QM to the delivery of 22/23 corporate objectives. This would include the following: • Re-state NHS Lothian's commitment to being a quality focussed organisation and application of QM • Build the Board, Executives, and senior managers capability to apply QM to ensure a shared understanding and common use of language including • Integrating into existing leadership offerings • Explicitly reference QM in the corporate objectives and for each executive/director to identify one objective where QM will be applied in 22/23 • Ensure QM is stated in the LSDF to support implementation of the Strategic Framework. Establishing explicit links with the LSDF programme boards and the requirement to use quality planning, quality control and improvement as mechanisms to support sustainable delivery • Identify key corporate processes where QM can be applied and integrate QM into those processes • Consider how we annually plan our services with a focus on 6 dimensions of quality using QM • Build QM into the Lothian Leadership and management competencies and programmes.

2. Networks

2.1 Existing Networks

One of the mechanisms for implementing QM as set out in the QS is the development of Quality Networks which link support teams together either by place or by type of work they may do. Networks empower staff to achieve positive change, equipping them with the tools and skills they need to improve care pathways and managerial process.

This requires a focus on team working and staff experience, enabling staff to work autonomously and be in control of the care they deliver and wish to improve leading to improvements in staff experience and resilience. This approach also supports the implementation of NHS Work Well Strategy April 2021

There are three mature networks in place which are Mental Health (Appendix 2), Primary Care (Appendix 3), the Western General Hospital (Appendix 4). These networks were self-assessed against the QS milestones and using the Organisational Strategy for Improvement Matrix NSW Clinical Excellence Commission (2018).

All three networks can demonstrate increase participation in improvement, impact of change and visible quality focused leadership as well as the following:

- Mechanisms to celebrate success and share learning underpinned by a communication plan
- Enhance quality structures by developing and consolidating quality plans and infrastructure
- Flexible ways to develop teams and individuals' improvement skills and utilise them at a local level including QI coaching
- Mechanisms to monitor plans /programmes and projects using a range of quantitative and qualitative data plus recording, monitoring, and reporting network activity
- Improvements in care from improving access to diagnostic services, reducing harm in mental health services to improving the identification and management of frail older people at a practice and cluster level plus mechanisms for scale and spread of successful improvement work from tool kits to clinical change forums
- Demonstrate the contribution in managing the impact and recovery from COVID with increased attention to staff experience and wellbeing.

The maturity matrix and evidence to support the self-assessment illustrate that the establish networks continue to mature albeit at a reduced rate which is testament to the clinical teams and the local improvement support.
There is a breadth and depth of information set out in the self-assessment documents which the above summary cannot capture, and I would commend the reader to take the time to examine the network reviews and reflect on these networks as examples of quality focused leadership in action.

2.2 New and Emerging Networks

The strategy sets out milestones for new networks. Please see below for status of new and emerging networks set within the context of the Pandemic.

- A Maternity and Neonates Network (Appendix 5) has been established and Quality plan approved by senior management with an initial focus on safety. This work was reported at the January 2022 HCG meeting as part of the Patent Safety Annual report and based on learning from Adverse events, plus local and national safety priorities. The infrastructure to support this programme is funded through the service and at a corporate level with an established Programme Board, QI coaching, and reporting

locally via Senior Management Team and nationally through Health Improvement Scotland.

- St. John's Hospital has developed a Quality Plan (Appendix 6) with a focus on unscheduled emergency care, discharge Planning, and patient safety. This is overseen by the Senior Management Team. St John's Maternity Services are part of Maternity and Neonates network and GP practices in West Lothian are actively involved in the primary care network. A quality infrastructure is being established with additional support from the Quality Directory and Corporate Nursing plus service improvement staff who are funded by Scottish Government. QI coaching sessions are taking place and a review of all improvement work on the site is in progress

- The Royal Hospital for Children and Young People relocation was unfortunately delayed; however, a small improvement infrastructure has been established and there is a commitment to have a Quality Network in place by the end of March 23.

- Joy in Work. This emerging network is being developed as collaboration between HR/OD and the QD. The first step in establishing the network is to initiate an improvement programme focussed on improving experience of staff which was initially tested using an external provider. We plan to test an in-house course with QI coaching support from March 2022. The programme is summarised below:

    - Joy in Work methodology specifically focusses on reducing burnout by improving staff experience using quality improvement enabling job satisfaction, psychological safety, autonomy, and fair treatment to enable the workforce to truly thrive, not just persevere.
    - Clinical burnout has been well documented and is at record highs. The same issues that drive burnout also impact negatively on job satisfaction, performance, and motivation. This results in staff absence and turnover.
    - If staff enjoy their work, they are more likely to stay. There is also a body of research evidence that demonstrates that a positive workplace culture results in better clinical outcomes. Positive staff experience results in positive patient and service user experience.
    - The most joyful, productive, engaged staff feel both physically and psychologically safe, appreciate the meaning and purpose of their work, have some choice and control over their time, experience camaraderie with others at work, and perceive their work life to be fair and equitable.
    - There are proven methods for creating a positive work environment that creates these conditions (summarised by the term 'Joy in Work') and ensures the commitment to deliver high-quality care to patients, even in stressful times.

- Doctors in Training QI network – To further enhance participation in improvement, the Medical Education Team have put in place a dedicated resource for Dr's in Training and their supervisors. This includes QI training, projects, QI coaching and sharing learning see Appendix 7 for the 21-Show Case flyer and the 22 session is planned for this May. The goal of this programme is to improve experience and in the longer term attract trainees back to Edinburgh https://www.med.scot.nhs.uk/trainee-doctors/opportunities-to-get-involved/clinician-development - programme/improve

- A range of improvement work has taken place at a corporate level with support from improvement experts such as Scottish Quality and Safety Fellows, Excellence in Care leads and the Quality Directorate improvement advisors and this includes:

    - Medicines management from serial prescribing to timeliness of medicines at discharge
    - Streamlining the Nurse Bank process
    - Initial work with Human Resource on improving the disciplinary process.

The established and emerging networks as with the rest of the NHS are in recovery mode and are striving to regain pre-pandemic momentum. Despite the pandemic, staff continue to actively engage with the networks and the established networks continue to mature be it at a slower pace. The priorities for the networks are summarised below with more detail in the network review and self-assessment documents set out in the Appendices 2, 3, 4, 5 and 6.

Network Priorities 22/23
• The established and new networks priorities are set out in their plans and summarised in the self-evaluation documents • Establish a Quality Network at the Royal Hospital for Children and Young People by the end March 23 • Test and develop a case for a Joy in Work network which includes capability and capacity building supported by QI coaches • Achieve 100% participation in improvement for Dr's in training.

3. Care Pathways

3.1 Pathway Activities

The QS sets out care pathways as a primary mechanism for implementing QM across NHS Lothian. Care pathways pre and post Covid have been developed in partnership with service Senior Management Teams across the system with clear themes emerging, all of which are aligned to corporate objectives and remobilisation plans, The themes include:

- Sustaining and improving patient safety
- Ensure patient pathways are safe, timely, effective, and efficient by mapping post-Covid pathways
- Work at the front door across the Lothian sites with respect to admission avoidance and the review/development of new post-Covid pathways
- Maximising bed capacity by improved discharge planning and pathways into the community
- Remobilisation of outpatients.

Highlights from a selection of care pathways are set out below to illustrate the methodology applied to planning and improving pathways of care including the scale up and spread of successful improvement.

Hip Fracture and Stroke Pathways

- Hip Fracture and Stroke pathways were initiated early in 2018 to improve compliance with National Standards as NHS Lothian was an outlier. The teams mapped the current care processes underpinned by data and identified improvement projects to improve compliance, supported by an improvement resource. Standards improved in both care pathways and included:

    - Increased compliance with the Stroke Bundle and team participation in improvement, with access to quality control data over time.
    - For Hip fracture patients there was improved time to analgesia, fluids, and time to theatre. The Hip Fracture quality improvement team won the Lothian Celebrating Success award for best example of quality, innovation and productivity and the best poster prize at national hip fracture meeting in 2019.

These improvements have not all been sustained due to the impact of pandemic. Routine timely data on standards compliance is now available in the service (quality control) to inform future improvement work when the impact of the pandemic abates. Further work on Hip Fracture data building on the care pathway programme is being taken forward by the innovation team: Improving Hip Fracture Outcomes Using Data - East Region Innovation

Management of Deteriorating Patients

- The Deteriorating Patient Programme has been re-established and refreshed considering local and national priorities. The work in NHS Lothian has been set within the Vincent Framework set out in the diagram 3 below which illustrates the breadth and depth of this programme which is led by the Associate Medical Director for Patient Safety. A more detailed patient safety report was presented to the January 2022 HCG meeting.

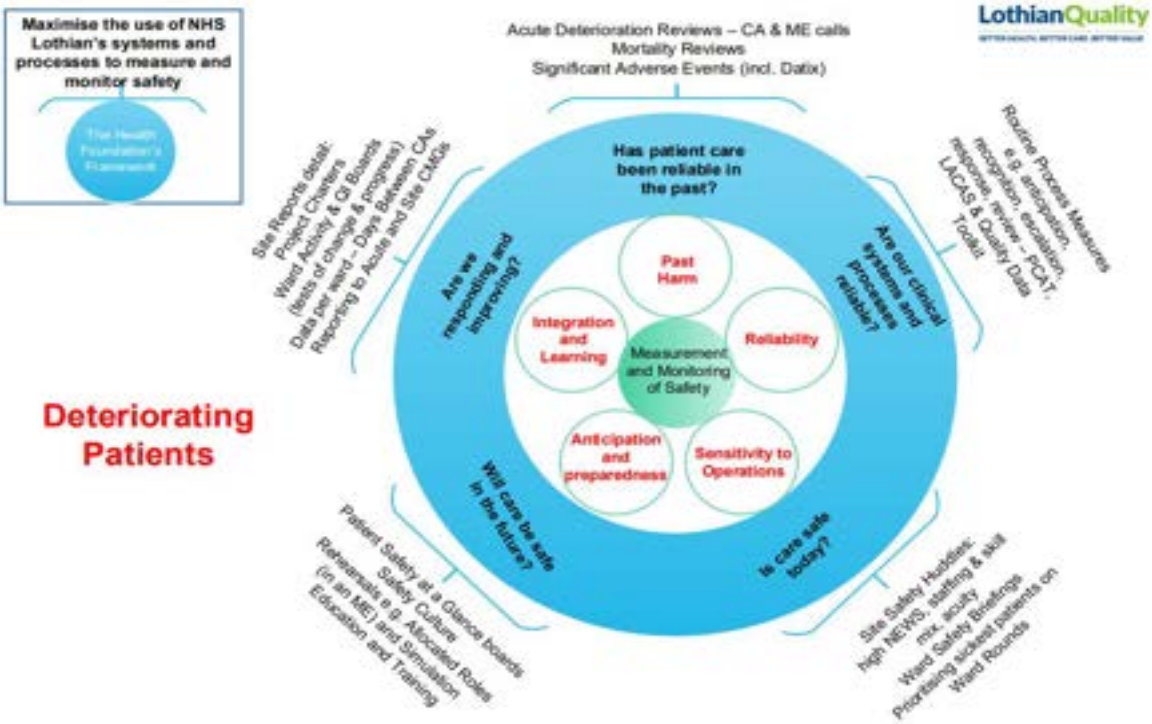
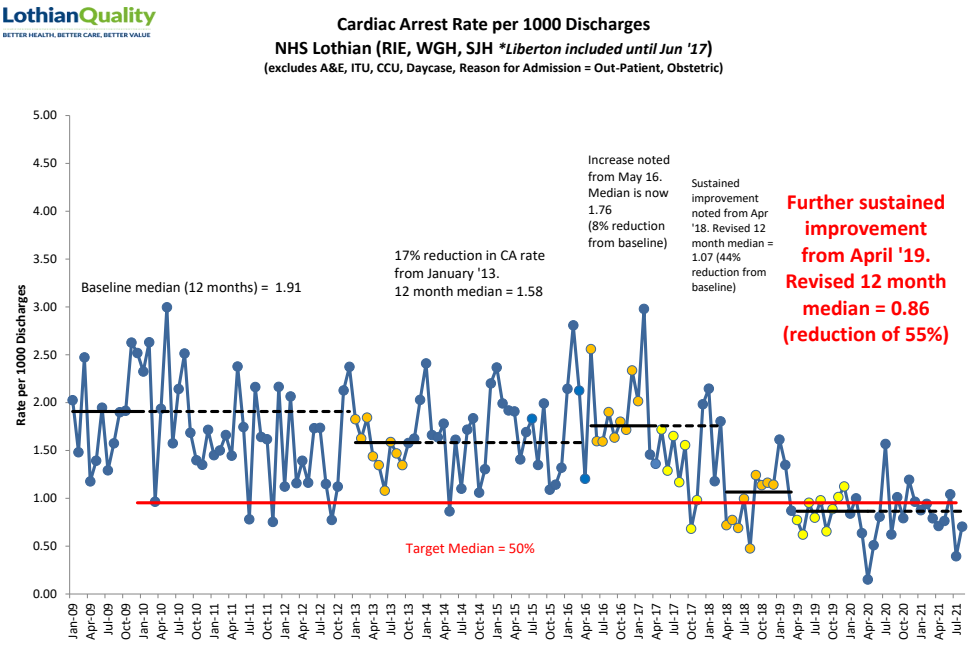


Diagram 3: Vincent Framework for measuring and monitoring safety

Source: A framework for measuring and monitoring safety - The Health Foundation (https://health.org.uk/publications/a-framework-for-measuring-and-monitoring-safety)

- The focus during the height of the pandemic was to maintain improvements in Cardiac Arrest rates which has been achieved and is illustrated in Graph 1 below, with a sustained 50% reduction.

Graph 1: Cardiac Arrest Rate per 1000 Discharges NHS Lothian (RIE, WGH, SJH)



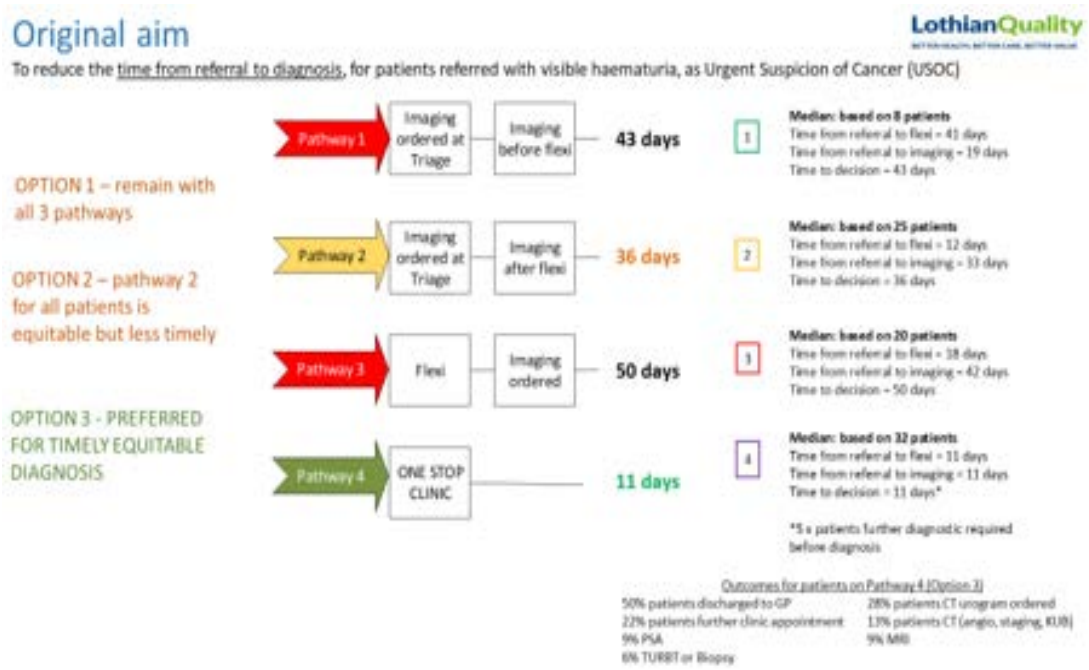
- The next phase of the programme is to learn from medical emergencies, adverse events and ward compliance data working with prioritised wards to further improve the recognition and response to deteriorating patients. NHS Lothian is also participating in the Healthcare Improvement Scotland (HIS) national collaborative.

- A workplan, driver diagram, and measurement framework has been developed with regular reporting to Acute CMG and annual reporting to Health Care Governance. The programme is underpinned by the rollout of e-Obs and is undertaken in collaboration with multi-disciplinary teams, including the education team, the nursing QI and standards team and co-ordinated through the Deteriorating Patient Programme Board.

Visible Haematuria as Urgent Suspicion of Cancer

- The aim of this work is to reduce the time from referral to diagnosis, for patients referred with visible haematuria, as Urgent Suspicion of Cancer. This included working with the clinical team to map current pathways, new pathways and the collection of data including patient and staff experience. The full case for improvement is available on request and the summary of options and rationale are summarised below diagram 4 This work was presented by the Western General Hospital Site Director to the Performance & Oversight Board as part of a package of improvement interventions aimed at enhancing timely access, which included the implementation of Option 3.

Diagram 4 - Pathway options



Quality Planning

Quality Planning is an essential dimension of QM. It is a process of understanding the current system to inform service planning and improvement, informed by assurance and quality control systems including compliance against clinical standards and outcomes. Quality Planning that is currently taking place includes:

- Review of Paediatric Type one Diabetes to ensure the service to ensure remains person centred safe, effective, and fit for purpose to meet increasing demand and use of new technology. This work is due to report to the Senior Management Team in March 22
- A diagnosis into current pathology systems and processes at the Royal Infirmary and Western General Hospital to identify process improvement opportunities to meet nationally agreed pathology turnaround times as set out in the National Pathology Benchmarking report 2020
- The mapping of the familial Breast Screening pathway and Colorectal Cancer screening pathway. Informed by adverse event analysis to reduce future potential harm
- Examining the current inpatient falls to inform an improvement plan for the three acute sites, based on learning from adverse events and informed by national and local patient safety priorities.

Performance Data - QM Lens

The QD has been supporting the development of driver diagrams, measurement frameworks and data display from derived performance data, to strengthen our approach to planning and improving compliance with waiting times standards. This has included:

- Board reporting guidance on performance data, using data overtime, supported by training for managers to contribute to those Board reports

- Developing measurement frameworks which have been developed and presented to the Performance Oversight Board for example Unscheduled care and visible Haematuria which is described above.

Scale-up and Spread

Improvement networks and care pathways enable the adoption and adaption of successful improvement initiatives by sharing learning and development of tool kits examples of which are set out below:

- The Primary Care Network supported the Midlothian Frailty improvement programme which continues to mature. The learning from this collaborative informed the North East cluster frailty programme and the production of a frailty toolkit to support scale up and spread. Other toolkits include Near Me, Improving demand/access, Bowel Screening and Workload. In 2021/22 17 practices and two clusters are using the tool kits (16%) which is an increase in the previous year from 6%. The aim is to increase uptake of the toolkits by promoting them through our dedicated Primary Care Network, external website, and Primary Care Network newsletter, referencing them in presentations at relevant meetings, highlighting them to the wider primary care MDT and in discussions with individual GP practices. The network works closely with the GP Sub Committee and the Lothian Medical Committee in developing and promoting the toolkits as one of the key enablers in primary care Covid remobilisation and they will remain an option for practices undertaking the Quality Improvement Enhanced Service (SESP).

- The East Lothian Children's Mental Health Service (CAMHS) improvement work demonstrates positive changes in processes to improve patient safety and access to treatment for at risk children with successful testing of a 'standard' brief intervention package. There has been interest from other CAMHS teams, and a toolkit has been developed to support scale up.

- There have been successful changes put in place as part of the medicine's management work, with respect to timely access to medication on discharge. A case for scale-up is being developed for consideration by the management team.

- The management of deteriorating patients has spread across NHS Lothian in acute wards and used standardised tools, techniques, and measurement. This work has been promoted nationally and internationally to share best practice.

3.2 Covid Highlights

The application of improvement methodology was directed to support the testing, implementation and monitoring of rapid changes needed to adapt to the environment generated by the pandemic. These include:

- Core safety work continued including assurance reporting on a range of quality measures including safety to maintain a focus on safety whilst the system was undergoing significant and continual change
- Site Management, used improvement approach to developing testing centres, establish new pathways and re-establish services such as Paediatric Dental Service to the use of QFIT as part of the Endoscopy pathway
- Staff testing – rapid improvement work with Occupational Health Service on newly established process and set up of West Lothian staff testing centre
- Other Covid testing includes process mapping to support establishment of home testing
- Primary Care – three toolkits produced (Near Me, ACPs in Care Homes, Access) and quality planning for chronic disease management
- Support to staff well-being initiatives on 3 main acute sites.

Below other care pathway priorities 22/23:

Care Pathways Priorities 22/23
• Corporate Management Team and the Service Management Teams continue to identify pathways of care that require consideration to meet corporate objectives which would include cancer, unscheduled care pathways, and schedule care processes such as discharge planning and safety • Increase the use of Toolkits to enable the scale up and spread of successful improvement initiatives.

4. Nursing, Midwifery and Allied Health Professionals

Nursing colleagues can clearly demonstrate the contribution they have made to the implementation of the QS, from the Acute Nursing Strategy which utilises QM as its framework for delivery, to Lothian Accreditation and Care Standards which are a mechanism for implementing QM and are summarised below. Other opportunities to further increase the spread of QM are through the development of the Patient Experience Strategy, The Primary Care Nursing Strategy and the Allied Health Professional Innovation and improvement Strategy all of which are under development. Allied Health Professional in Lothian has a strong track record in improvement and improvement Coaching and their new strategy offers a chance to build on this work and expand to cover all four dimensions of QM.

4.1 Lothian Accreditation Standards and Care Standards

The NHS Lothian Accreditation and Care Assurance Standards provides a framework to give organisational and service user assurance that quality person centred care is being delivered consistently across all NHS Lothians Services. The Framework has been developed to promote quality assurance activity to be utilised to positively inform and drive

improvement in line with the Board's Objectives, Quality Strategy and Quality Management Approach. (See diagram 5 below)

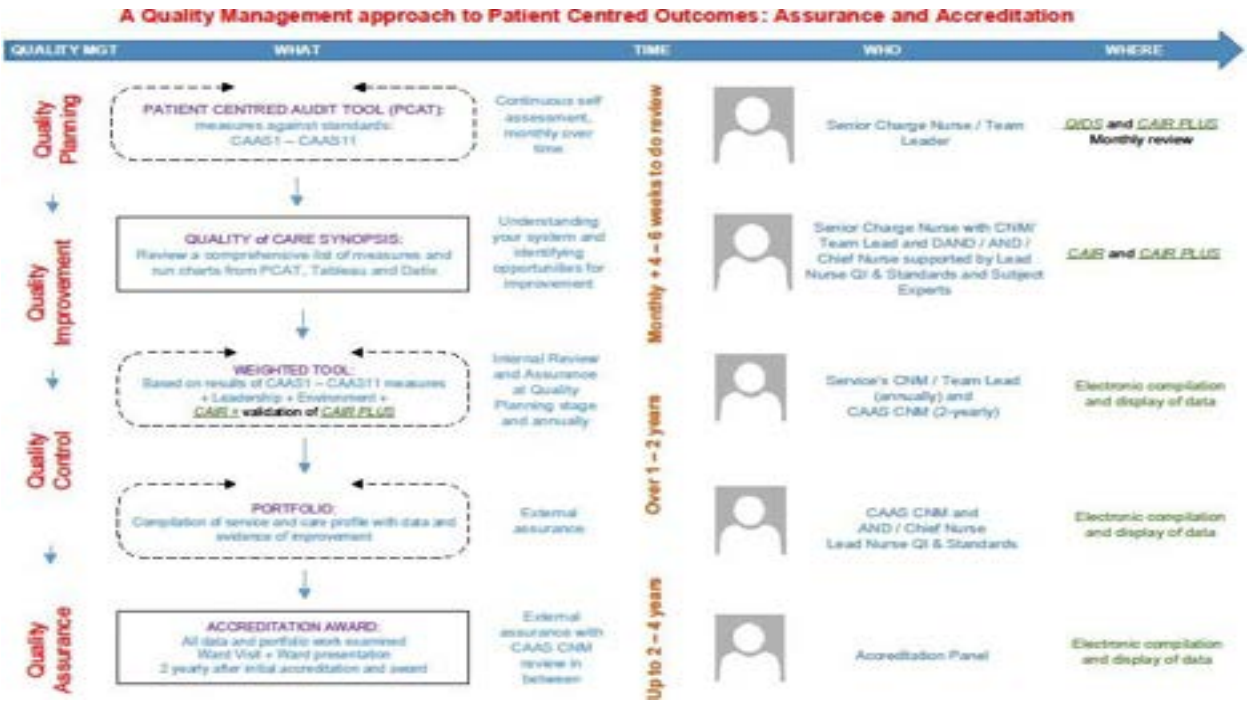
The framework builds upon the national work being undertaken by Excellence in Care by:

- identifying measures and indicators of quality
- supporting local teams to access quality measurement data and resources that will help them identify and plan improvements within their own area of practice
- supporting the ethos of the Nursing and Midwifery 2030 Vision, that person-centred care is consistently being delivered by confident, competent, and compassionate practitioners.

NHS Lothian Accreditation and Care Assurance Standards incorporates a self- assessment and external peer assessment process with teams having the opportunity to present themselves for 'Accreditation'. This is in line with HealthCare Improvement Scotland (2018)'s 'Quality of Care Approach' which advocates self-evaluation to identify opportunities for improvement with subsequent action planning, implementation, monitoring and review of actions. This, complemented by external validation, challenge and intervention as required, are recognised as key drivers for improving healthcare.

Quality Management Approach - Accreditation and Care Assurance Standards

Diagram 5



Nursing, Midwifery and Allied Health Professionals Priorities 22/23
• Examine how QM as a framework for delivery can be articulated in the Patient Experience Strategy, Primary Care Nursing Strategy and the Allied Health Professional Innovation and Improvement Strategy to increase the use of QM in Lothian.

5. Infrastructure

5.1 Financial Intelligence

The QS aims to develop financial intelligence to enable teams/services to reliably demonstrate value from successful change programmes. This has proven difficult as patient level costing information is not as readily available. The following however has taken place:

- In collaboration with the finance team a ready reckoner tool against the 7 dimensions of quality, the seventh being sustainability, has been developed for services to apply costs at a local level.

- Networks and quality pathways are aligned to corporate objectives and were reported to the Value and Sustainability group pre-Covid

- Initial discussions with the Finance Senior Management Team have taken place regarding QM and there is an agreement to develop QM expertise in the finance function starting with Capital planning

- Care pathway programmes have informed business cases for investment through the Performance Oversight Board for example the Visible Haematuria pathway. Moving forward we need to reliable demonstrate how the application of QM has informed request for resources.

5.2 Health Information/Analytics Support

Access to high quality reliable healthcare data for the purpose of analysis and planning, quality control and improvement is a vital component of a QMS. Several actions have been progressed since 2018 which include the following:

- Bespoke training was provided to Lothian Analytical Service to support the use of clinically focused data presented over time. This has informed the development of NHS Lothian Dashboard.
- A central clinically focused analytical function has been established to provide a more flexible support to networks and pathways which has been particularly useful during COVID with the aim of leaving data in the service to inform planning, quality control and

improvement. A good example of this is the HIP Fracture dashboard aligned to national clinical standards.

- The data Loch is being used to generate data concerning older people in general practice. To support the identification and management of frail, older people as part of an improvement programme.

There are however challenges in our system in accessing data that reliably, captures quality indicators. This hinders oversight of quality (quality control) improvement, planning and assurance.

This gap in how we consistently measure the quality of care we provide across NHS Lothian requires further exploration. There is an opportunity to re explore this gap and address it through the rewrite of NHS Lothian Information Strategy 2016 Better Information, Better Care to a focus on quality indicators and outcomes and identify unwarranted variation and celebrate success.

5.3 Resources

Funding was originally provided by NHS Lothian Health Foundation to roll out QM across Lothian and these costs have now been met by NHS Lothian as set out in the Strategy page 16 and 18/19 additional investment. The wider roll out of resources in subsequent years has not been realised due to the pandemic including service capacity and the Board focus on rapid re- mobilisation. Recurrent additional Lothian funding has been made available for the Lothian Accreditation and Care Standards and Scottish Government funding has been allocated to Service Improvement Managers, a QI team Supporting Care Homes plus an Excellence in Care lead.

Infrastructure Priorities 22/23
• Include in the re-write of the NHS Lothian Information Strategy, how the gap in routine, timely measurement of the quality of care we provide can be addressed to inform planning, improvement, and assurance • The final review of the strategy will look at the resourcing of the QS in detail.

6. Building Capacity and Capability Improvement

6.1 QI Improvement Training and Fellowships

Building capacity and capability for improvement is a key requirement for a high functioning health system and an essential component of QM.

Improvement training equips staff/teams with the skills and tools to understand the complex care environment, apply a systematic approach to problem solving, design, test and implement changes using real measurement to improve experience and outcome of care. NHS Lothian has a range of local and national opportunities for training. In Lothian we have worked collectively to develop a flexible consistent approach to training based on the model for improvement.

Diagram 6 sets out these opportunities and the numbers trained. The numbers are less than anticipated as set out in the strategy deliverables, however access to training has increased as it is now available through QI Academy. See Appendix 8 for examples of Academy projects, Excellence in Care, Doctors in Training and at a local level through networks and care pathway work supported by QI coaching.

Diagram 6

The development of local fellows has not taken place as set out in the strategy and requires further discussion concerning how this potential development sits within current priorities for 22/23 and set within current service constraints.

6.2 QI Coaching

The aim of the QI coaching programme is for individuals and teams to have local access to a QI Coach, to increase the confidence and participation in improvement work across NHS Lothian: QI Coaching — Lothian Quality (scot.nhs.uk)

QI coaches support in service QI improvement projects/programmes, the Lothian Quality academy and hold QI coaching clinics. Individuals/teams are coached through their projects, both in terms of the QI tools/ techniques and the behavioural aspects of change. This corporate enabler is supported through a part time (1 day a week) joint post between the quality directorate and Organisational Development.

The pandemic has had an impact on the recruitment, development, and activity of QI coaches across Lothian. We currently have 100 QI coaches from across NHS Lothian The QI coaching network has been reinstated which meets every 6 weeks virtually and has within it a development programme. QI coaching clinics have also been re-established with clinics taking place across, primary care, mental health and on the acute sites including Royal Hospital for Children and Young People plus coaching through the Academy. Virtual coaching has been beneficial for individual/teams as it has increase access and reduced travel time for all those involved.

Building Improvement Capacity and Capability Priorities 22/23
Increase and further standardise the number of QI training opportunities by • Run 6 Virtual QI Courses across 22/23 • Deliver through the service local QI training in a flexible and agile manner acknowledging current service pressures • Further standardise QI training courses and content and make available a training resource for all who wish to deliver training to ensure consistent delivery including use of language and tools. • Test with HR/OD a 5-day Joy in work course integrating QI training into the programme supported by QI coaches. • Review leading and planning for improvement and test the updated curriculum with a focus on QM.

7. Health Innovation

7.1 Southeast Scotland Innovation Hub

The key deliverable set out in the QS for innovation was to Develop an Innovation Unit to support the delivery of transformational change.

In 2018, the Chief Scientists Office (CSO) started to provide annual funding to support Health Innovation Test Beds to enable regional test beds to support the delivery of Health Innovation Projects. There are three test beds across Scotland: the West (GG&C, Forth

Valley), the North (Grampian, Tayside, Highlands) and the East (Lothian, Borders and Fife) The innovation test bed and associated infrastructure has been called Health Innovation SE Scotland (HISES) and is recognized by CSO and Scottish Government as one of three Scottish Innovation test beds.

As Lothian is the largest and lead Board the core HISES team is hosted and employed within Lothian. This has been established over the last 3 years concurrently with the development of innovation governance structure and a portfolio of innovation pipeline and established projects. Of relevance, there has also been a rapidly evolving and changing national picture in terms of CSO and SG strategy and governance/oversight structure. Innovation is now a key part of the NHS Recovery plan and is supporting the Life Sciences Strategy. The key deliverables of the test bed are described below.

Current work includes:

- Care Home Data Platform Innovation Foundation Challenge
- Improving Multi-morbidity Acute Care using Data Analysis

For more information visit NHS Health Innovation South East Scotland | Welcome (edinburghbioquarter.com)

The focus of the innovation programme is on digital innovation from ideas to innovation at scale. The team uses the technology readiness scale to assess potential areas for digital innovation across this scale, aligned to partner priorities.

Good examples of the of collaboration between the Quality Directorate and Innovation are as follows: -

- The Hip Fracture improvement programme realised several improvements in process and outcomes. However, maintaining improvements requires timely data across the pathway which requires a, a dashboard. The innovation team have secured funding for this work.
- The Data Loch is being used to generate data to inform improvement the NE cluster Frailty Improvement programme illustrating the use of data generated from digital innovation in improvement programmes.

Health Innovation Priorities 2022/23
• Develop the improvement pathway that includes the innovation life cycle to identify opportunities for partner working between the QD and the innovation team. • Test the pathway to identify common priorities for quality and innovation at an early stage in the innovation life cycle, informed by quality planning and the technology readiness scale.

8. Conclusion

This interim review demonstrates that despite the pandemic, there has been increase in participation in improvement across the organisation. Teams have worked together to understand, identify, test, and implement solutions underpinned by improvement training and coaching. They have shared their learning and learnt from others, which has enabled the scale up and spread of successful improvement initiatives. These are key measures of success as set out in the Quality Strategy. This is a testament to our staff who have continued to improve services while under immense pressure.

There are examples of the use of all four dimensions of QM being applied from strategic intent to practical application. This however is not routine or systematised, nor visible in managerial and clinical processes. There is commitment moving forward to utilise QM as a delivery framework for the LSDF. Establishing explicit links with the LSDF programme boards and the requirement to use quality planning, quality control and improvement as mechanisms to support sustainable delivery.

Information focused on clinical processes and outcomes to inform QM remains a significant challenge in our system, which needs to be addresses as it is a constraint to wider adoption.

There is a real willingness by organisational leaders to re-engage with QM as NHS Lothian's single consistent approach to managing quality. The priorities for 22/23 and to seek to regain this momentum to deliver NHS Lothian's improvement priorities and corporate objectives. (See Appendix 10 for summarised 22/23 priorities)

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List of Appendices

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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.

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) 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

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

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.

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 s 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.

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 PIan 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 operation al 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.

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.

The remit of Mental Health Services covers both inpatient and community mental health (MH) settings, with a relatively small Quality Improvement (QI) team for the workload of the mental health programme.

In 2017 when writing the Mental Health Quality Improvement Programme 3-year plan; the projections were to grow the QI Network as detailed below:

3 Year Plan_final.pdf

Aims for the Mental Health Quality Improvement Programme:

- To actively improve services to ensure the safest and highest quality of care delivery for patients and carers.
- To improve the mental and physical health outcomes for people using mental health services in Lothian.
- Ensure the equitable access to evidenced-based mental health care to reduce health inequalities.
- To improve the use of resources, skills and technology effectively and efficiently to provide the best value healthcare.

- To ensure that staff feel empowered and engaged to enable them to deliver the best care possible to patients and their carers.

The common priority areas for the programme were identified as:

- Improving access to assessment and evidence-based treatment with the most appropriate service in the most appropriate setting.
- Improving the quality of mental and physical healthcare.
- Ensuring that transitions of care between services are safe, efficient and effective.

In the first year of the COVID pandemic, clinical staff were requested to pause QI work and return to clinical duties for 6 months (March – Oct 2020). As a result, the QI Clinical Lead reduced their dedicated QI time to zero. During this time, the QI team was asked to support the Royal Edinburgh Hospital site in preparing and managing COVID adjustments or to work from home.

From October 2020 the QI team was instructed to work from home full time and requested to develop a plan for remobilisation (focused on the REH Adult Acute pathway) by REAS senior management team (SMT). This resulted in the development of a 1-year remobilisation plan (April to March 2022).

2021 03 12 QI Programme Plan - M

QI team resources impacted the improvement work delivered:

- Vacancy gap for QI Advisor (Sep 2020 – Jun 2021)
- Long term absence - QI Project Support Officer (Oct 2020 – to date)

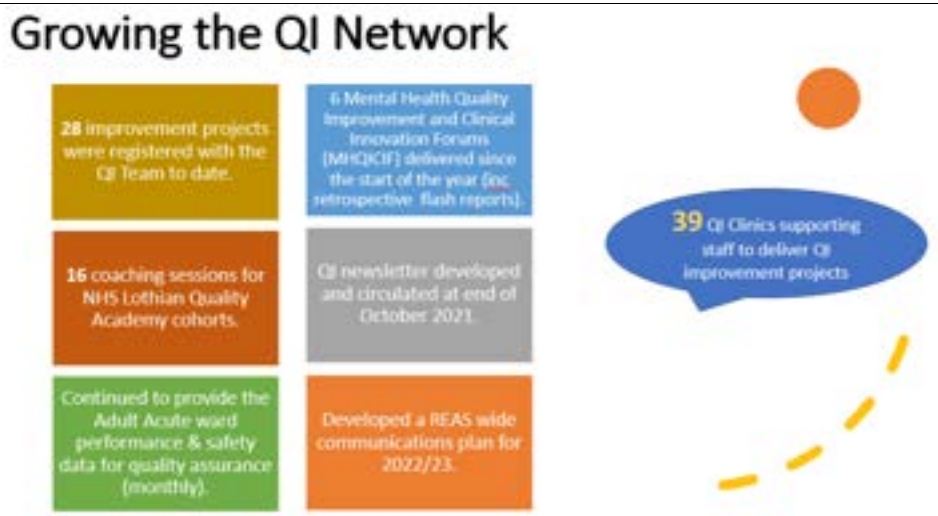
During this time, Mental Health Services staff were still keen to engage with QI and improvement project work. As a result of the pandemic, the remobilisation plan merged into the new plan for (Nov 21 to Nov 22), with priorities for the programme which are detailed in the plan agreed by REAS SMT in October 2021.

QI Programme Plan - Mental Health - Nc

The QI team is currently prioritising training and support to mental health staff. The QI team continues to provide training and support to all areas of the service (REAS wide) in order to ensure equity of resource across the mental health network. The above programmes of work align with the strategic direction of the organisation: safe, effective, person centred, reducing harms (self-harm, violence / aggression, suicide), deteriorating patients, timely access to the service and timely discharge (discharge planning).

Achieved Milestone 2; further continued development of the quality network and working towards Milestone 3. By the end of 2024, it is projected that the completion of the actions in the previous two Milestones will have resulted in 25% of the NHS Lothian (mental health) workforce being included within a Quality Network.

The Mental Health Quality Improvement programme is reaching for Milestone 3, considering the set back of the COVID pandemic for 2020 and 2021.



The ambition of NHS Lothian was to; develop the use of Life QI as a platform for staff to update QI projects and the main workspace for QI across Lothian. Feedback indicated that users found the platform lacked functionality and therefore did not meet the necessary requirements of network/communication originally envisioned.

A priority for 2022/2023 is to identify local tools to aid staff to develop and maintain a live tracker of the programmes of work (via key priority individual projects) and register projects out with the programme via a live project tracker.

Training & development

Approximately 2500 staff are employed across mental health services.

The total number of mental health staff QI trained to date is 311 (12.44% of the mental health services workforce):

Of the mental health staff trained to advanced level, all 6 still hold posts within NHS Lothian.

The Lothian QI Academy training courses stopped for a year during the COVID pandemic, re-starting in February 2021. This has resulted in a waiting list for staff to get onto courses. The QI team continues to promote continuous professional development (CPD) of QI resources, for example, the QI Academy, NES & Turas modules etc.

Another priority for 2022/2023 will be to develop and deliver a robust training programme within REAS, (consisting of bite size and half day sessions - complimenting the Lothian QI Academy training courses). To build QI capability to provide improvement and change knowledge, skills and abilities of the mental health workforce. This will aid improvement work and will enhance the numbers of foundation level skilled staff.

The ambition of the QI team is to return to 2017 levels of training, with a stretching but achievable target of 100 foundation staff trained in 2022, a 20% increase for 2023 and a 25% increase for 2024. To achieve this; will require dedicated time, resource and skill of the QI team as well as a training fund (£500), to purchase essential training materials and attendee refreshments/food for when COVID limitations permit for face-to-face (group) training sessions.

Projection for end of 2022 100 foundation staff trained	Projection for end of 2023 20% staff trained	Projection for end of 2024 25% staff trained

411 (16.44%)	493.2 (19.72%)	616.5 (24.66%)

By the end of 2024, this will result in a QI trained workforce (foundation level) of 24.66% (Milestone 3 target 25%).

Building a culture for improvement & Celebrating Success

As the QI Network has matured, network meetings have been superseded by a more focussed and strategic approach e.g., 'Keeping People Safe Programme' group meet monthly. The QI team will support further expansion of programme and attend project steering groups to enhance and drive the improvement work.

The QI team now has improved structures (infrastructure) of meetings with clear aims and remits to bring the work together to deliver tangible improvement. The goal of the mental health leadership teams is to ensure management support, engagement and sponsorship of key programmes and projects. The leadership of the programmes of work meet regularly (with QI team support) to discuss the progress and support requirements for successful implementation of plans.

The QI team will encourage mental health leadership teams to explore opportunities to release capacity and to introduce the expectation of QI into job descriptions and job plans, in order to embed QI into daily work. They will also emphasise and support service user, family and carer involvement, which ultimately will be the key to the success of the plan. It will be important that those in mental health leadership positions understand and use the model for improvement to plan service developments, to educate and support their teams to drive continuous change.

The aim of the MH QI programme is for team leaders to have had formal training in QI, to take an active role in the programmes of work and to have time dedicated to this. We recognise that senior clinicians and managers have a vital role to play in sponsoring programmes and projects, as well as coaching and mentoring staff. Due to their unique oversight of services, leaders can help ensure that successful initiatives are spread across and between services. Their input is vital to the overall success of the programme.

What evidence do we have to support progress towards milestones? How did COVID provide opportunities to accelerate progress?

COVID allowed for some elements, such as Near Me and remote working via Microsoft Teams, to progress quicker. Other planned improvement work continued during a particularly challenging period e.g. Improving observational practice (IOP), seclusion etc whilst robustly maintaining our COVID infection control measures.

Quality assurance and control

The QI team provided and monitored safety and performance data (quality assurance and quality control) ensuring the Adult Mental Health (AMH) SMT were regularly informed. Adult acute ward safety data remained stable throughout this period, demonstrating ward staff were continuing to provide safe care to patients.

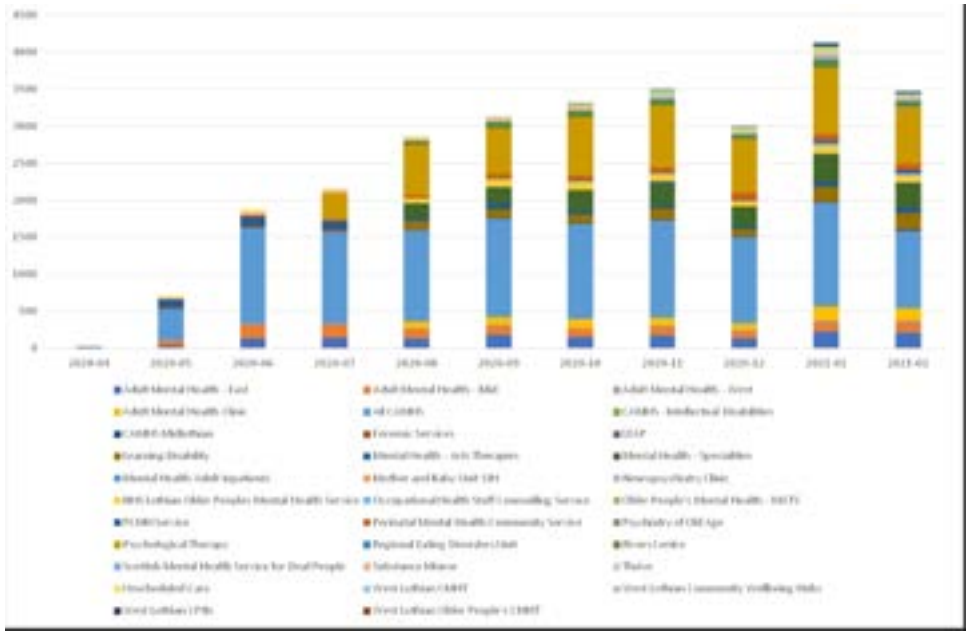
The COVID pandemic isn't going away anytime time soon with new variants emerging, the Omicron variant being identified within the past few weeks. The QI team recognises and acknowledges that staff will need encouragement and support with planned improvement work in an ever-changing landscape.

significant improvement projects have still taken place throughout the COVID pandemic, the QI team continue to celebrate the resilience of the staff and services ughout the mental health services.

There are a number of projects currently underway within the mental health services promoting working together, e.g. the patient centred audit tool (PCAT), Joy at Work, Hospital Electronic Prescribing and Medicines Administration (HEPMA) etc.

Remote working

COVID accelerated the timescale for community teams to carry out remote working utilising 'Near Me'. Dr Rob Waller has produced guides and provided updated IT equipment within the service to support the use of digital platforms. The chart below shows how the service went from 0 to 3500 consults per month which has broadly been maintained, this is approx. 5% of consults as video overall (some areas are higher e.g. CAMHS = 15%).



- Opened 20 COVID beds – only one remains open to date within Braids ward.
- Five COVID related patient deaths (older people mental health wards).
- Several COVID related policies; standard operating procedures were developed and implemented across REAS.
- Virtual rapid run-downs completed daily via Microsoft Teams for several months, this has now returned to face-to-face although limited numbers to maintain 2-meter distancing.
- Virtual ward rounds and discharge planning meetings via Microsoft Teams, now returned to face-to-face although limited numbers to maintain 2-meter distancing.

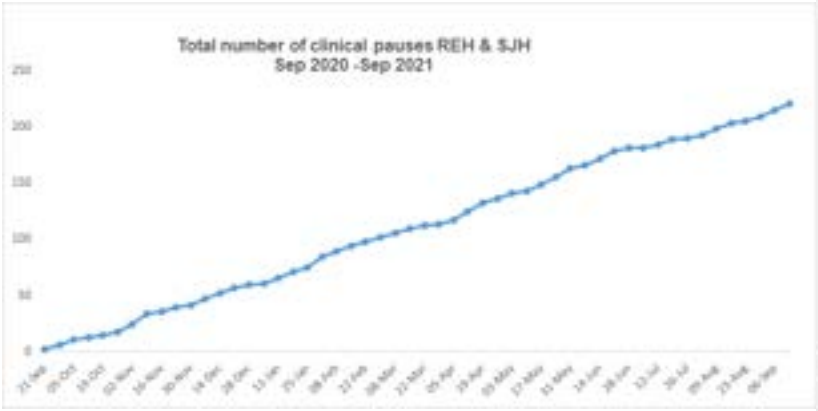
Improving observation practice (IOP)

The QI team supported staff in the development, introduction, launch, and implementation, of the national guidance 'From Observation to Intervention' (Healthcare Improvement Scotland (HIS) 2019). REAS developed a policy for Continuous Interventions and started evaluation of the guidance, which was then spread Lothian-wide. This is a huge change in practice and culture (spanning all disciplines).

Building on the IOP work, the QI team supported colleagues in REAS to develop a standard operating procedure (SOP) and supporting documentation. No other health board in Scotland has introduced and progressed the policy to this extent. HIS has recognised the work of REAS and is developing a case study in collaboration with the project leads.

The clinical pause is an intervention designed to involve the multi-disciplinary team (MDT) in assessing a patient's mental state and clinical risk, and to consider ways of supporting the patient without using restrictive practice, such as continuous interventions. It was identified the measures which would be key to demonstrating improvement success were;

- Increase the number of clinical pauses and
- Decrease the number of patients care on under continuous interventions.

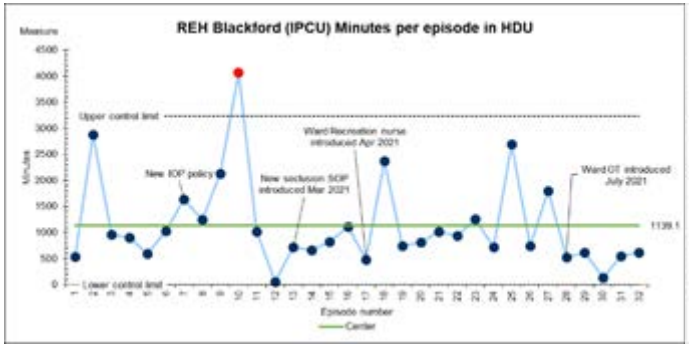


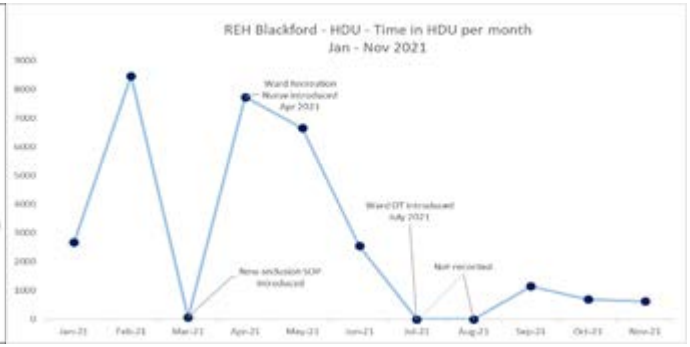
Reduce and improve the safety of seclusion practices

The QI team have supported work to implement the Mental Welfare Commission for Scotland Use of seclusion Good practice guide (2019) recommendations. This led to a new seclusion policy being developed within the Intensive Psychiatric Care Unit (IPCU) for use across REAS and has led to a reduction in the use of seclusion and time spent in seclusion in IPCU. The QI team provided practical support developing the standard operating procedure (SOP) document and additional resources e.g. flowcharts, templates and data.

From May 2018 to January 2019, data indicated that the median time spent by patients in HDU was 11935 minutes per month. With the IPCU team focussing on reducing time in HDU and improving seclusion practice, this median time is now sitting at 2610 minutes per month.

This is a reduction of 155.5 hours per month.





Scottish Patient Safety Programme (SPSP)

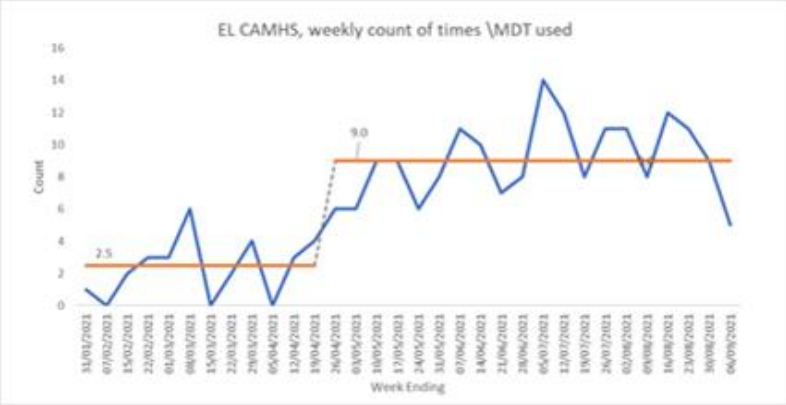
The SPSP Mental Health (national programme) is setting up a new collaborative to reduce the level of harm experienced by people using healthcare services. The QI team has encouraged acute ward staff to self-nominate (supporting applications where appropriate). The SCN of the IPCU has put forward an application to take part in the SPSP MH collaborative in 2022/2023.

Child and Adolescent Mental Health Service (CAMHS)

The Access QI national programme through HIS was introduced to use quality improvement methodology to sustainably and affordably improve waiting times. This work linked into the wider CAMHS improvement programme and was regularly presented at the clinical advisory group to the programme board.

- Reliable use of digital MH risk assessment.
- Reliable use of a Trak short code to ensure MDT discussions captured on TRAK.
- Successful test of 3-6 session brief intervention for CYP at risk to life.
- Safety climate survey administered; follow up meetings held with SMT and up actions in place.
- Interest from other CAMHS teams; being presented at CAMHS-wide event next week (Dec 2021), toolkit currently in draft.

Of 45 urgent referrals, tested the brief intervention (BI) in 26.
80% had 3-6 sessions (not more) and 50% were discharged.
Data showing the reliable use of /MDT (see chart below)



Attached is the presentation a CAMHS clinical lead delivered recently.

CAMHS Away day Presentation

A CAMHS staff toolkit has been developed and is now live on the intranet: http://intranet.lothian.scot.nhs.uk/Directory/PsychologyServices/services-provided/CAMHS/2021Project/Pages/default.aspx . This toolkit provides an overview of a broad variety of QI tools and brings together resources into one document.

You don’t need to use every tool, but it is suggested that you follow the basic steps of planning for your own context, then test any new ideas and measure to ensure they are effective.

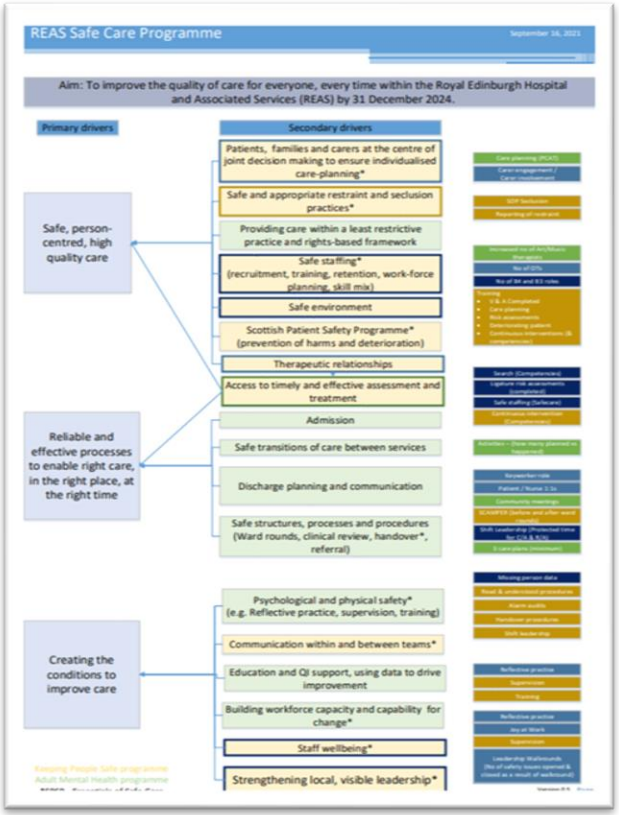
Tribunal video for patients

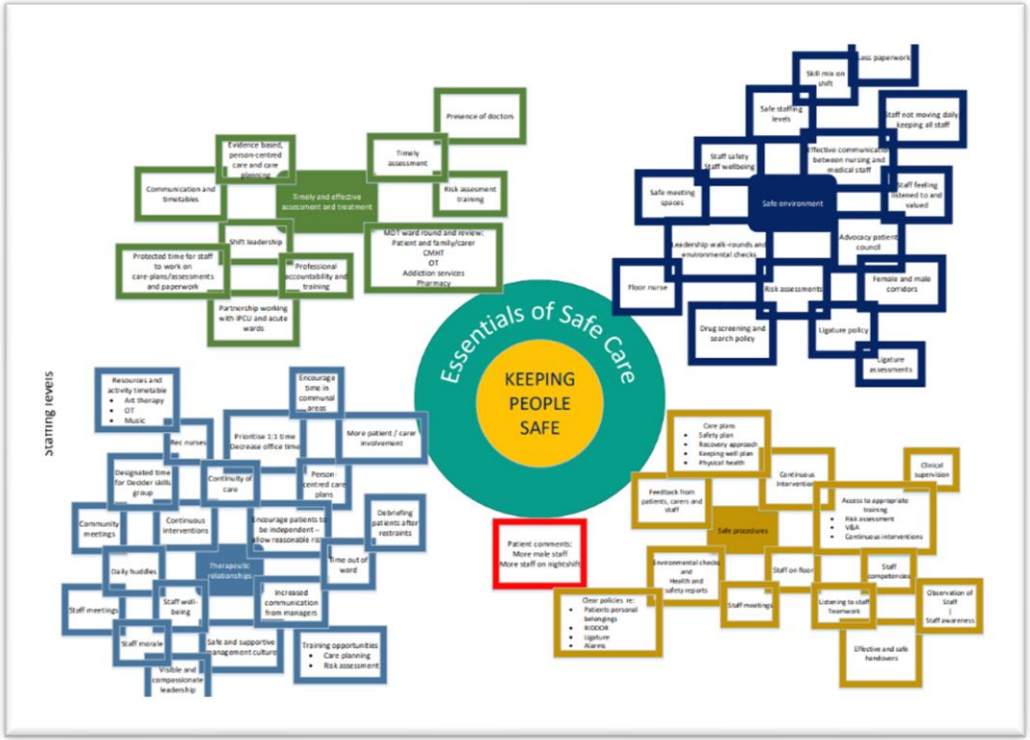
The QI team supported the development of a new video, detailing what happens at a Mental Health Tribunal to limit the stress/anxiety for patients attending a tribunal. This video is now available on the Lothian Quality MH website page here. The video will be launched in January 2022 with local and national evaluation planned (jointly with Napier University) to evaluate the impact.

Quality planning – Portfolio of work

The QI team utilised the last 6 months of 2021 quality planning and developing the portfolio of work, this took into account the remobilisation plan. The QI team gside key stakeholders developed an agreed portfolio of work, combining the 'Keeping People Safe Programme' and the 'Adult Mental Health Programme', to form a ed focus on 'REAS Safe Care' to run until 31 December 2024.

This programme of work will enable further connectively and cross fertilisation of learning via key priority projects - the very ethos of continuous improvement. The aims of REAS Safe Care align with the Scottish Patient Safety Programme (SPSP) Essentials of Safe Care.





Readiness for Change Assessment and Prioritisation tool / Keeping People Safe Programme launch Workshop

The QI team suggested, lead and supported the completion of the 'readiness for change assessment and prioritisation tool' (which is an SPSP template). agement and ward staff completed sections 1-3 (see info below) prior to the Keeping People Safe (KPS) programme launch workshops to establish the following:

- Assessing organisational readiness (section 1)
- Assessing team readiness (section 2)
- Understanding current practice (section 3)
- Prioritising areas for improvement (section 4)

The scores (sections 1 & 2) demonstrated that both the organisation and ward teams are ready to start improvement work. The results of the readiness assessment were shared at the KPS programme launch workshop. Section 4 was completed during the workshop which aided staff to prioritise areas for improvement.

The first KPS launch workshop took place early in December 2021. Representatives from three adult acute wards attended the workshop and identified a priority QI ect for their area.

Bite-size QI training sessions were delivered focusing on 1) an introduction to QI and The Model For Improvement 2) developing an aim statement, 3) developing sures, 4) identifying and prioritising change ideas. Following each training session; the ward teams had dedicated time to work up their own ward specific aim, sures, identifying and prioritising change ideas. The second programme launch workshop has been rescheduled for late Jan 2022 due to staffing issues on the day. A 6-th timescale has been agreed with ward staff (who attended the first workshop) to deliver ward specific improvement projects, fully supported by the QI team (see details w).

Inpatient and discharge pathway

The REAS senior leadership team has identified safe, timely, effective, and person-centred access and care for people who need our services the most. This is the very ethos of the Keeping People Safe Programme.

The challenges for people requiring our services are accessibility, assessment, and admission due to an increased demand through the COVID pandemic and subsequent lockdowns.

People admitted to mental health service care should:

- Feel safe (both environment and procedures)
- Have access to timely assessment
- Have a bed in locality
- Have access to effective treatment
- Have successful therapeutic relationships
- Be involved with treatment and discharge decisions (person-centred).

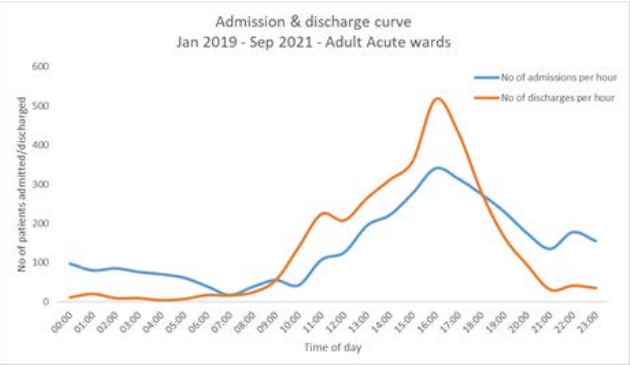
This will ensure the patients care journey is safe, effective, person centred and high quality.

Assessment and admission

The mental health assessment service (MHAS) moved to asking service users to telephone first (rather than a walk-in service) at the start of the pandemic. Where appropriate patients would then be provided with an appointment to attend MHAS for an assessment. Telephone first assessments continue at this time.

The number of MHAS assessment appointments has remained stable, although the percentage of patients admitted has gone up from 12 – 17%. National reports indicate an increased demand for people with suspected psychotic illness and first psychosis episodes, resulting in increased pressure and capacity issues system wide.

This programme of work has been very much about building the will and relationships, developing the conditions for change and understanding the system to identify opportunities for improvement.



Driver diagram		
Aim	Primary drivers	Secondary drivers / Project scope

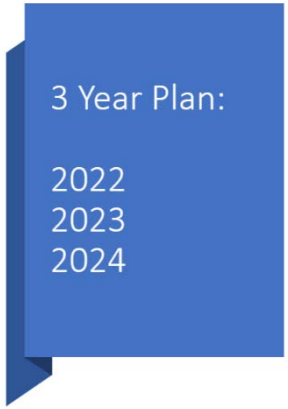
To improve safe, timely, effective and person-centred care of patients throughout REAS.	Ensure optimal access to services	Project #1 Mental Health Assessment Service (MHAS) *Aim: To improve timely, effective and person-centred access to adult acute services, assessment, referral and/or admission (via Mental Health Assessment Service (MHAS) for patients experiencing a crisis in Lothian.*
	Ensure safe, high quality care for inpatient stays – including discharge planning	Project #2 Inpatient stay and discharge planning from hospital (REH adult acute wards initially) *Aim:* *To improve inpatient stays and discharge planning processes to ensure all patients receive safe, timely, effective and person-centred care. REH Adult acute wards initially.*
	Building capacity and capability for QI	QI support, advice and coaching Continue to support QI coaching clinics. Continue to support Clinical Forums. Develop REAS QI intranet page. Update QI Lothian webpage. Increase offer of QI training. Continue to have an oversight of all QI projects.

Time frame for projects #1 & #2		
		Target date
Phase 1	Build the will and conditions for change	End Jan 2022
Phase 2	Understand the current system and opportunities for improvement	
Phase 3	Develop aim the change theory	
Phase 4	Identify and test change ideas	End June 2022
Phase 5	Implement successes and sustain where tested	
Phase 6	Share learning, spread & sustain where relevant	End Nov 2022

Both projects will be delivered utilising the Quality Improvement Journey and the methodology of the Model for Improvement.

QI Culture - Reflection
The QI culture has become 'business as usual' in the service, staff see continuous improvement work as central to core business and not something to drop when 'the going gets tough' e.g. COVID pandemic, utilising the skills and support of the QI team to drive improvement, celebrating success. During the lockdowns, operational processes had to occur (reactive change to adapt to the heath restrictions). Continuous improvement demonstrates that the QI culture is been embedded, despite the fact of COVID, resource issues etc.

What do we still need to do to achieve milestones and plan for next steps?



Deliver programmes of work (end date 31st December 2024); working with ward teams beginning tests of change, implementation, planning for spread of the approach into other areas as well as sharing learning & celebrating success.

Deliver the communications plan. This includes developing and delivering a robust training programme within mental health to build capability to provide improvement and change knowledge, tools and skills of the workforce (to enhance the numbers of foundation level skilled staff) thus aiding improvement work. This will entail dedicated time/resource and funds to purchase training materials/resources.

Continue to grow the QI network.

Continue to celebrate the successes of the mental health programme.

Continue to support staff/teams working with national programmes or work e.g. Scottish Patient Safety Programme (SPSP).

Develop and deliver leadership workshops to provide mechanisms to support and embed a continuous improvement environment, driving the culture and behavior of improvement. This will enhance the number of practitioner level skilled staffing levels to support staff to improve work processes, systems and ultimately patient care.

Identify local tools to aid staff, develop and maintain a live tracker of the programmes of work (via key priority individual projects) and register projects out with the programme via a project tracker.

Self-assessment of network maturity[1]					
	Foundational – Limited improvement capability No clear plan of how improvement supports strategic priorities. Little improvement capability	**Building – High potential for improvement** Evidence of improvement plans and capability in some areas, but with little consistency across the Network	**Refining – Gaining improvement momentum** Working towards a consistent Network-wide improvement plan and approach. Some areas still need support, training and development to refine capability	**Consolidating – Improvement leaders** Consistent Network-wide improvement plan and approach. Strong track record of improvement planning and delivery, with performance improving across a range of indicators	**Advanced – Innovation trailblazer** Widely recognised as improvement and innovation leaders. Clear, measurable signs of a strong improvement culture. Use improvement plan and approach consistently
Network systems and structures Processes and management of processes demonstrate ability to drive improvement	2017	2018	2019	2020/2021	
Workforce capability and development Knowledge, skills and abilities of the workforce relating to improving work processes and systems Availability of training to build capacity	2017	2017	2018	2020/2021 Unsure how many 'active' improvement projects the QI team have registered. Live project database to test late Jan 2022 (subject to admin support).	
Results and system impact Means by which results are measured and tracked, and emerging benefits communicated	2017	2018	2019 Sustained improvement within safety, still working on other sustainable elements. Live project database to test late Jan 2022 (subject to admin support).	2020 →	
Culture and behaviours Mechanisms to support and embed a continuous improvement environment, including leaders'	2016	2017	2018/2019	2020/2021	

[1]Organisational Strategy for Improvement Matrix (OSIM), Safer Care Victoria & NSW Clinical Excellence Commission (2018)

awareness of their role in driving improvement					

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NHS Lothian Quality Strategy Evaluation

Primary Care Quality Improvement Network, September 2021

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.

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.

Aims:

- 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 (PCIPs).
- 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 to 80%

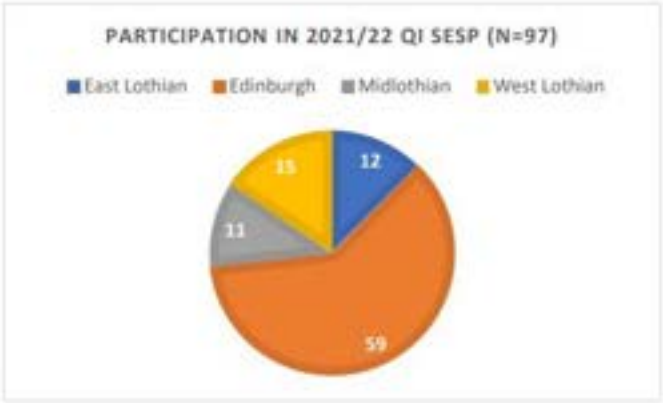
1. **What evidence do we have to support progress towards milestones?**

a) **Primary Care QI Enhanced Service SESP**

The Primary Care Network runs a Quality Improvement Enhanced Service as part of the Scottish Enhanced Services Programme (SESP). The number of GP Practices engaging in the Quality Improvement Enhanced Service has remained constant since 2018:

2018-2019	2019-2020	2020-2021	2021-22
95 practices (81%)	95 practices (80%)	96 practices (81%)	97 practices (80%)

The QI SESP contract mandates involvement of at least one GP but encourages inclusion & diversity of all roles in project teams, including members of the wider HSCP-employed Primary Care Improvement Plan (PCIP) multidisciplinary team:



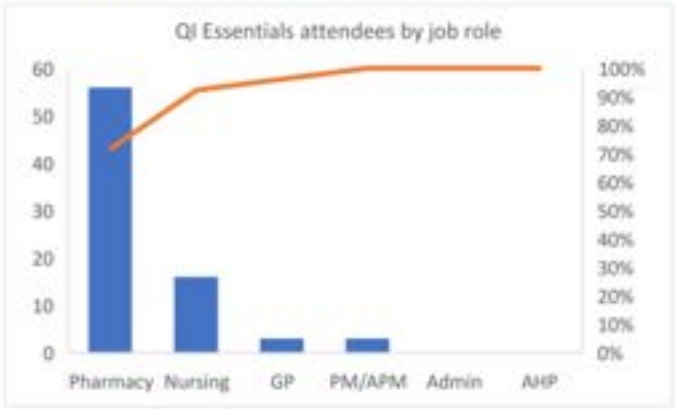
Examples of projects involving the HSCP-employed Primary Care Improvement Plan (PCIP) multidisciplinary team:

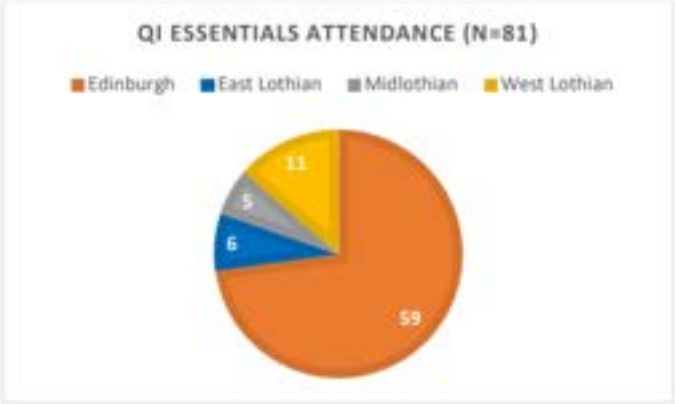
Establishing A Proactive Process for DMARD Monitoring & Prescribing Utilising Practice Nurses & Clinical Pharmacists – Morningside Medical Practice
Introduction of a Practice Pharmacist – The Long House Surgery
Practice Resilience – using an Advanced Nurse Practitioner to improve patient access - Muirhouse Medical Group
Impact of signposting patients to an Advanced Nurse Practitioner (ANP) on service provision, GP capacity and practice resilience – Dedridge Medical Group

b) Primary Care 'QI Essentials' training

In addition to the QI Enhanced Service (SESP), the Primary Care QI Network offers **'QI Essentials' training** which is available to all Primary Care and HSCP community staff.

6 cohorts of 81 staff from all 4 localities have been trained to date, including cohorts dedicated to Primary Care Pharmacists and Tissue Viability Nurses.





c) Coaching in support of Lothian Quality Academy

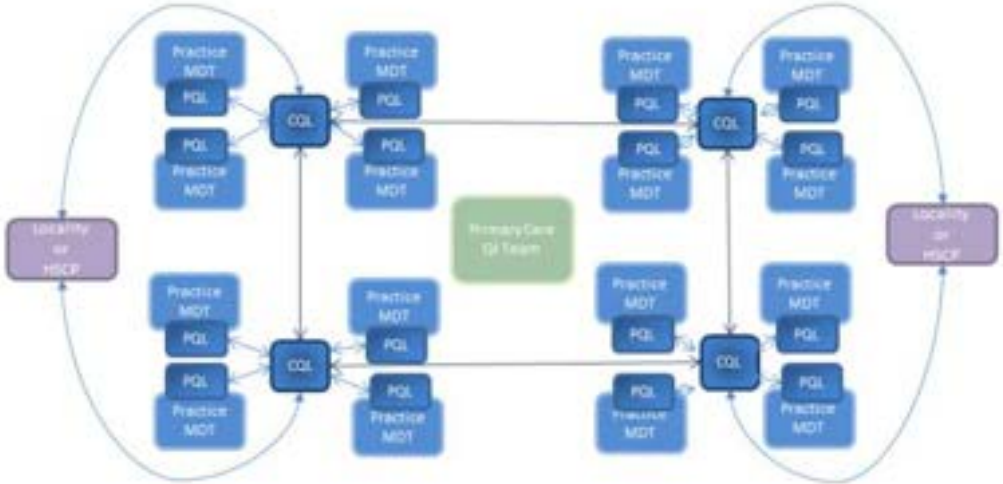
The QI Network team supports the Lothian Quailty Academy by providing one-to-one improvement coaching for Primary and Community colleagues undertaking either the Quality Improvement or Planning for Quality courses. We have coached a range of professionals including GPs, Practice Managers, Pharmacists, Physiotherapists, Public Health Practitioners, Dieticians and Midwives.

Examples of Lothian Quality Academy Primary Care projects which involves with wider HSCP-employed Primary Care Improvement Plan (PCIP) multidisciplinary team:

Improving use of capacity and effectiveness of appointing to GP Advanced Physiotherapy (GP APP) service at a GP practice (Craigshill Health Centre)
Understanding Patient Activation for House of Care Management of Long Term Conditions in Primary Care (Tranent Medical Centre)
Releasing GP time through the implementation of the pharmacotherapy element of the new GP Contract (Edinburgh HSCP)

d) Improvement Support for Clusters, Localities & HSCPs

Improvement & leadership coaching is now also provided to all new Cluster Quality Leads (CQLs) which encourages them to widen their own extrinsic networks and sphere of influence within their own locality and HSCP, to work collaboratively with multidisciplinary team colleagues, and contribute to local Primary Care Improvement Plans:



QI support is provided to Cluster level projects, which include PCIP and HSCP multidisciplinary colleagues, e.g. NE Edinburgh Frailty project. The Network offers this within a structured template which outlines expectations and boundaries for each of the Clinical Leadership/CQL, HSCP program support and the QINetwork improvement advice.

QI advice and support is offered informally to Health and Social Care Partnerships (HSCPs) looking to develop their own improvement infrastructure. Edinburgh HSCP have now appointed a QI Clinical Lead and PCIP Evaluation Manager.

2. How did COVID provide opportunities to accelerate progress?

a) Tackling 'wicked problem' change with planned innovation

In 2020 Primary Care had to adapt at pace to the impact of Covid to cope with:

- Implementing enhanced triage systems
- A reduction in face to face appointments because of social distancing and infection control restriction and the need to quickly adopt alternative methods of consultation, including telephone appointments and NHS Near Me video appointments
- Contacting shielding patients and the associated follow-up interventions/referrals
- A backlog of delayed chronic disease management, screening programmes, and outpatient referrals
- An increase in mental health issues due to financial and other effects of the pandemic
- Delayed presentations of serious pathology
- New issues of health service access and equity, particularly related to digital access and remote consulting.

The Network supported Primary Care teams during this time by responding to and addressing these emerging urgent 'wicked problems'. Peer-reviewed QI toolkits were developed, with organisational sponsorship, which focused on planning for change and spreading innovative change ideas across the Network at both pace and scale:

NearMe video consulting
Care Homes Anticipatory Care Planning
Improving Access and Managing Demand
Workload Reduction

Additionally, the team produced a Chronic Disease quality planning report as an initial and rapid review of the available data, clinical evidence and disease guidelines, current CDM systems, and stakeholder experience and opinion to seek change and improvement opportunities which would support the effective & sustainable remobilisation of Long Term Conditions management in Primary Care whilst pandemic restrictions remained in place.

b) Extended quality planning phase

The 20/21 QI Enhanced Service SESP was abridged to allow clinical teams to focus on the care of patients during the pandemic. This provided teams with a unique opportunity for an extended period of Quality Planning (ahead of testing of change ideas in 21/22) or to reconsider their priorities and work on emerging new priorities.

c) Higher levels of collaboration

For the 21/22 QI Enhanced Service we have received project charters demonstrating higher levels of collaboration among Primary Care professional groups to improve service efficiencies and patient experience.

For example: pharmacy serial prescribing (various), identification and MDT management of frailty (various), improving referral rates to Community Link workers (Southern Medical Group), using home-visiting Paramedics to undertake diabetic foot reviews (Ladywell East), improving the interface with community midwifery (Stockbridge Green).

3. What do we still need to do achieve milestones and plan for next steps?

a) Maximising engagement in Network activities

Engagement by GP practices across the QI Network with the QI Enhanced Service SESP has **sustainably reached the target of 80%**. Despite best efforts to increase this further we have been unable to recruit previously non-engaged teams. Their reasons for not taking part include:

The absolute number of staff working in Primary Care is poorly understood and as such it is difficult to understand the percentage of Network's reach to individual staff.

We need to further increase engagement & participation of other core members of the Primary Care PCIP multi-professional team working regularly in practices across Lothian. Engagement of Pharmacists in QI Network activities has been most successful so far, but greater reach is needed to engage other allied health professionals, in particular including APP-MSK Physiotherapists, Primary Care Mental Health Nurses and Link Workers.

b) Engage Out-Of-Hours Primary Care colleagues

Increase opportunities for QI capability-building via QI Essentials training; consider dedicated cohort(s).

Explore opportunities for increase OOH QI capacity via engagement in the Enhanced Service annual programme.

c) Increase the extrinsic and tripartite influence of Cluster Quality Leads (CQLs)

We will continue to increase the extrinsic and tripartite influence of Cluster Quality Leads (CQLs) within their Localities and HSCPs via coaching and networking opportunities to continue to grow the Network to the wider PCIP multidisciplinary team and collaborative Community Services.

d) Maximise learning and spread sustainable changes made in response to Covid

The QI team will continue to target an Improvement approach to maximise learning from changes in response to Covid, including new ways of working for primary care and the continued development and evaluation of the wider multidisciplinary team to maximise skill mix and free up GP capacity to focus on complex patients as the 'expert medical generalist'.

The sustainable development of a strong culture of continuous and measurable quality improvement across all Primary Care services in Lothian to ensure care is safe, effective, patient-centred, timely, efficient, and equitable.

Our objectives are:

- Building a collective will and commitment to improving quality and safety in primary care
- Responsive, adaptable quality planning to meet current priorities/pressures
- Strengthening local leadership for quality management, including support of CQLs
- Continuing to build capacity and capability for QI through training and improvement coaching
- Increasing patient and staff involvement in the Network, the Quality Improvement Enhanced Service and across Cluster and HSCP projects and innovative non-Enhanced Service improvement work
- Scale and spreading projects with clinical impact or which demonstrate significant value, efficiency, or patient experience.

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4. Self-assessment of Network Maturity[1]

	Foundational - Limited Improvement Capability No clear plan of how improvement supports strategic priorities. Little improvement capability	**Building - High potential for improvement** Evidence of improvement plans and capability in some areas, but with little consistency across the Network	**Refining - Gaining improvement momentum** Working towards a consistent Network-wide improvement plan and approach. Some areas still need support, training and development to refine capability	**Consolidating - Improvement leaders** Consistent Network-wide improvement plan and approach. Strong track record of improvement planning and delivery, with performance improving across a range of indicators	**Advanced - Innovation trailblazer** Widely recognised as improvement and innovation leaders. Clear, measurable signs of a strong improvement culture. Use improvement plan and approach consistently
Network systems and structures Processes and management of processes demonstrate ability to drive improvement	**2013** The Primary Care Quality Improvement Network has evolved since its inception in 2012, when NHS Lothian was a pilot area for the launch of the Scottish Patient Safety Programme in Primary Care.	**2017** The QI Enhanced Service tested a new 'bottom-up' approach with five GP practices in 2016-2017 and with ten GP practices in 2017-2018 which invited practices to work on a quality improvement project of their choice, planning & testing new innovative improvements, to fit their own practice and practice population's needs.	**2018** Following the successful pilot, the QI Enhanced Service was launched across all Lothian practices in 2018-2019, inviting colleagues in Primary Care to carry out a QI project as an individual practice.	**2018-2021** Consistent structure approach to delivery and support of QI Enhanced Service across all participating practices. Structured improvement support & coaching for Cluster projects where required. Network measurement plan demonstrates improving capability metrics.	**2021** 80% engagement with QI Enhanced Service across Lothian sustained over the last 3 years. Increasing use of more than one planning tool. 57% practice projects score >=4.0 on the IHI improvement scale.
Workforce capability and development Knowledge, skills and abilities of the workforce relating to improving work processes and systems Availability of training to build capacity	**2013** Use of safety climate surveys. Training workshops supported teams to use trigger tools and safety care bundles.	**2018** Capability supported by training workshops, practice coaching sessions, and shared learning events. Early testing of QI spread & scale toolkits. Early cohorts of additional optional QI Essentials training for primary care teams.		**2021** Practices invited to collaborate with local colleagues in Cluster projects. Training and coaching facilitated a wider range of QI planning tools. Range of scale and spread toolkits and quality planning toolkits to tackle emerging 'wicked problems' of Covid remobilisation. QI Essentials training offered to wider primary care multidisciplinary team professionals.	

[1] Organisational Strategy for Improvement Matrix (OSIM), Safer Care Victoria & NSW Clinical Excellence Commission (2018)

Results and system impact Means by which results are measured and tracked, and emerging benefits communicated		**2018** Enhanced service requires submission of project baseline and final outcome data. Shared learning events and project poster walks.	**2021** New requirement for QI Enhanced Service project outcome measurement serial data over time. All previous Enhanced Service project posters shared on Network website. Cluster Quality Leads (CQLs) encouraged to share learning and impact from local improvements.		
Culture and behaviours Mechanisms to support and embed a continuous improvement environment, including leaders' awareness of their role in driving improvement		**2013** Top-down structured programmes of safety improvement work on pre-defined topics.	**2018** 'Bottom-up' practice-level agency and innovation matched to local needs encouraged and supported by coaching approach. Early adopters and QI enthusiasts encouraged to participate in additional QI training such as QI Essentials or Quality Academy.	**2021** QI & leadership coaching support expanded for Cluster Quality Leads (CQLs) and development of Cluster network for shared learning and to build intrinsic impact & extrinsic influence on wider primary care strategy and service design. Tripartite Quality group established.	

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.

Quality networks: The quality network approach is one where staff sharing a geographical or service commonality, test changes collaboratively around shared agreed purposes.

By 31st March 2023 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.

1. What evidence do we have to support progress towards milestones

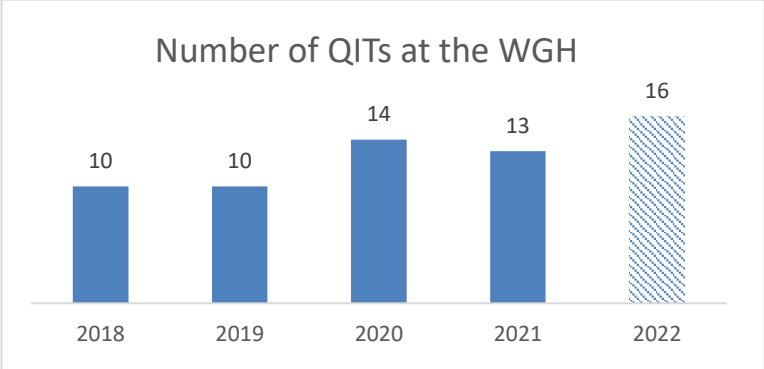
In 2018 the Western General Hospital (WGH) site management team identified that quality improvement would be enhanced if a quality network was established. The plan and case for this network can be found in appendix 1. The Quality Programme Board was established in 2019. Membership includes the Site Director, Director of Nursing, Service Managers and Service Directors, Associate Medical Director for Patient Safety, Quality & Safety Improvement Lead (QIST) and WGH QI staff.

There are approximately 3,500 staff working on or for the WGH site. To reach the milestone, over 800 staff members would be included in the quality network.
Below are examples of how the quality network at the WGH is progressing towards milestones.

1. WGH Quality Improvement Teams (QIT)

Current QITs at the WGH include:

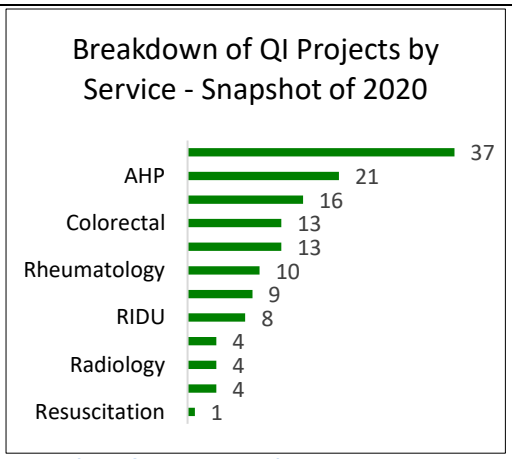
- Acute medicine
- Allied health professionals (AHP)
- Cancer services
- Colorectal
- Critical care (pan-Lothian)
- GI/Endoscopy
- Haematology
- Medicine of the elderly
- Radiology (pan-Lothian)
- Rheumatology
- RIDU
- Theatres and anaesthetics
- Urology



1 QITs at the WGH

There was a decrease of QITs in 2021 as two existing QITs merged. This allowed the QITs to better cater to their services, streamline processes and allow for greater multidisciplinary working. Three new QITs are planned for 2022; Outpatients, Diabetes and Respiratory. These are in line with the site's priorities, including remobilisation of outpatient services.

Exact numbers of staff attendance at QIT meetings could not be assessed. Attendance at QIT meetings could be estimated conservatively at between 10-15 staff members per meeting, which could allow estimates to assume that between 130-195 staff members are engaged with QIT meetings.



2 Snapshot of WGH QI projects 2020

2. Quality improvement projects/programmes

In October 2021 the Corporate Management Team (CMT) for NHS Lothian agreed on priorities developed with Senior Management Teams (see appendix 2 for more information).

These priorities include:

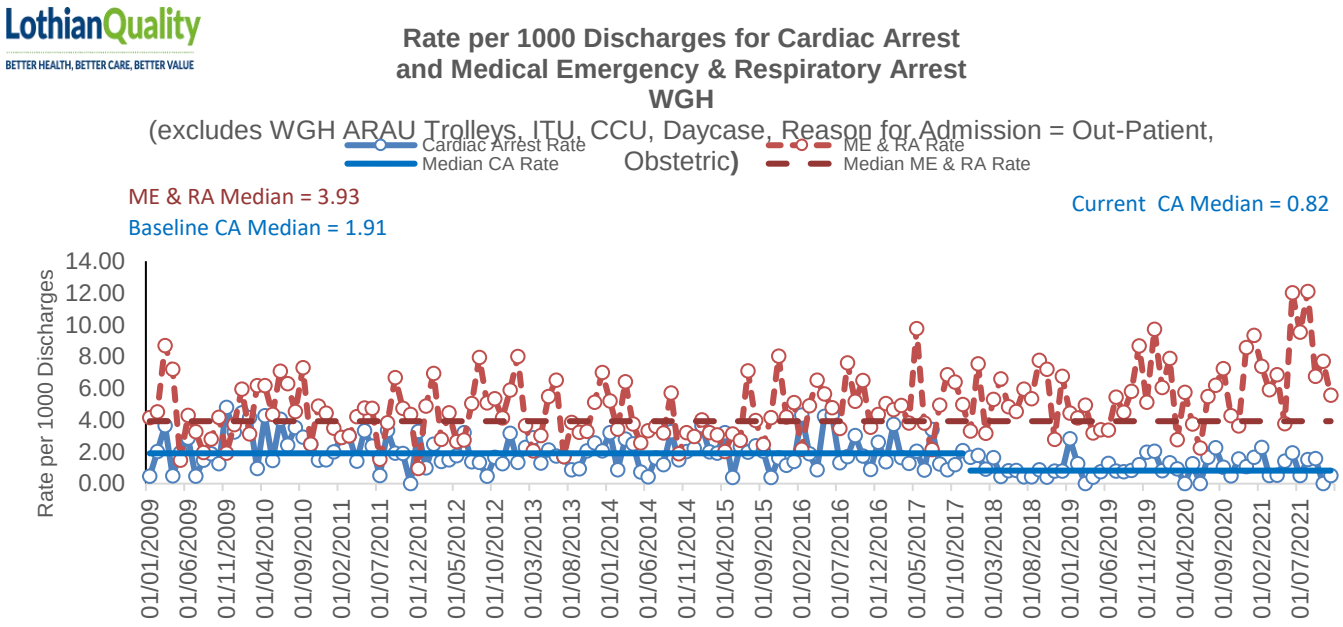
- Sustaining and improving patient safety
- Ensuring patient pathways are safe, timely, effective, and efficient by mapping post-Covid pathways
- Working at the front door across the Lothian sites with respect to admission avoidance and the review/development of post-Covid pathways
- Maximising bed capacity by improved discharge planning and pathways into the community
- Remobilisation of outpatients.

The quality network at WGH has been engaged in improvement work to support the above priorities, as well as priorities previously set by the CMT.

2.1 Projects focussing on sustaining and improving patient safety:

- Deteriorating Patient (Scottish Patient Safety Programme)

At WGH, engagement in the Deteriorating Patient work, alongside Healthcare Improvement Scotland, found a 57% reduction in cardiac arrests. This improvement has been sustained from 2017. Since 2017, there has been an increase in medical emergencies, demonstrating unwell patients are recognised sooner (i.e. before cardiac arrest). The next phase is to complete a diagnostic piece around medical emergencies and see if these patients truly suddenly deteriorated or whether action could have been taken to avoid sudden deterioration.



3 Rate per 1000 discharges for cardiac arrest and medical emergency and respiratory arrest at WGH

2.2 Improvement work focusing on ensuring patient pathways are safe, timely, effective and efficient by mapping post-Covid pathways

- Cancer pathways

Cancer pathway work at WGH is diverse and multifaceted. The QI team have begun facilitating improvement in the following areas.

  - Visible haematuria as urgent suspicion of cancer

This work aims to reduce time from referral to diagnosis for patients referred with visible haematuria, as Urgent Suspicion of Cancer. The QI Team have worked alongside the clinical team to map current pathways, new pathways and to collect data including patient and staff experience. The project team identified options for improvement, with the idea of a one-

stop clinic demonstrating the potential to reduce time from referral to diagnosis from 36-50 days to 11 days. The full case for improvement is shown in Appendix 3.

- Cancer diagnosis to treatment pathways (31/62 days)

This work aims to increase the percentage of patients with suspicion of cancer who are assessed, diagnosed and begin treatment within the standard timeframes of 31 or 62 days. Multidisciplinary work has begun, initially focusing on data collection and interpretation to support quality planning activities. There has been collaboration with cancer trackers and tumour leads to ensure timely review of timed cancer pathways, including diagnostic services, escalation processes and responsibilities.

- Familial colorectal pathway

This work aims to understand the pathway for patients who have familial risk of colorectal cancer(s). With extensive process mapping, the team have been able to visually communicate the patient pathway, including primary care, molecular pathology, and the colorectal clinic. This will be used to identify potential areas of risk and improvement.

- Familial breast cancer pathway

Detailed quality planning and process mapping for high risk familial breast cancer pathway.

- Systemic Anti-Cancer Therapy pathway (SACT)

This work aims to improve patient and staff experience, as well as safety and efficiency of processes in patients receiving anti-cancer therapy. Problems in patient readiness for therapy had been identified. Baseline data has been collected, demonstrating a delay for over 30% of patients, down from 80% in similar data collection in 2020.

- Laboratory – Pathology

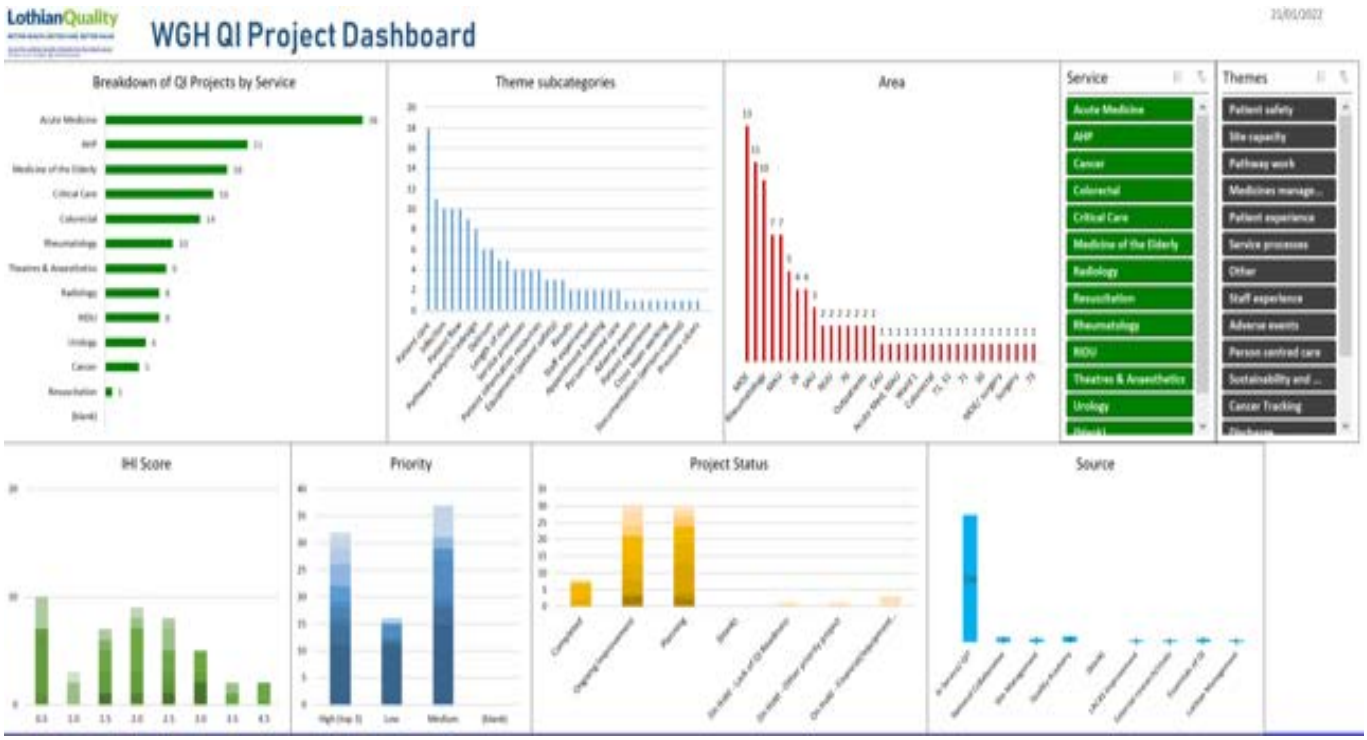
This work has included thorough process mapping of pathology processes to support the pathology pathways and to identify areas of improvement. Data presentation support has been provided to enhance the data currently collected by the pathology team relating to capacity, demand, activity and queues. Mapping exercises have aligned with staff experience those processes are appropriately efficient and that increased investment in the department is required for reduced turnaround times.

- Theatre CEPOD bookings

This work is to focus on quality planning for the CEPOD theatre at WGH. The initial aim is to complete quality planning activities to understand the current system, identify improvement opportunities, and map data. These activities will be used to inform improvement work with the overarching aim of improving theatre throughput

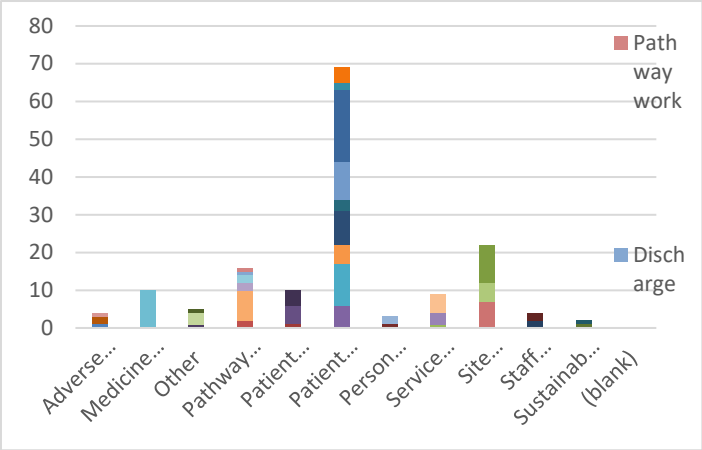
2.3 Projects registered with the QI team

How staff share their projects and progress with the QI Team has continued to improve. From these improvements, the QI Team have developed increasingly streamlined methods for displaying this information, as shown below.



4 WGH QI Project dashboard snapshot 21.01.2022

QI projects registered are themed by the QI team to understand what areas staff feel could be improved by Quality Improvement.



5 Projects registered with WGH QI Team January 2022

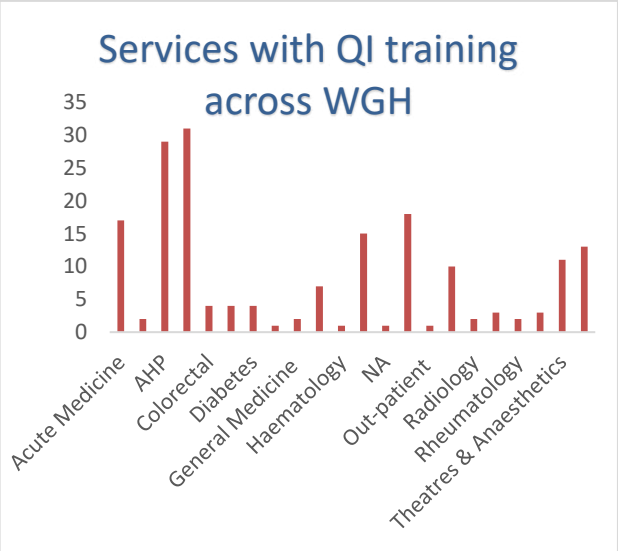
Projects registered with the QI Team indicates that 'grass roots' improvement project themes and priorities align closely with those of the CMT.

This dashboard notes team members involved with QI projects. At the time of writing, over 260 individuals were listed as involved in QI projects. This does not account for instances where groups of staff or entire departments have been listed (e.g., "Colorectal SCNs & ANPs", "All critical care staff"). It is felt that 260 staff involved with QI projects is an underestimate.

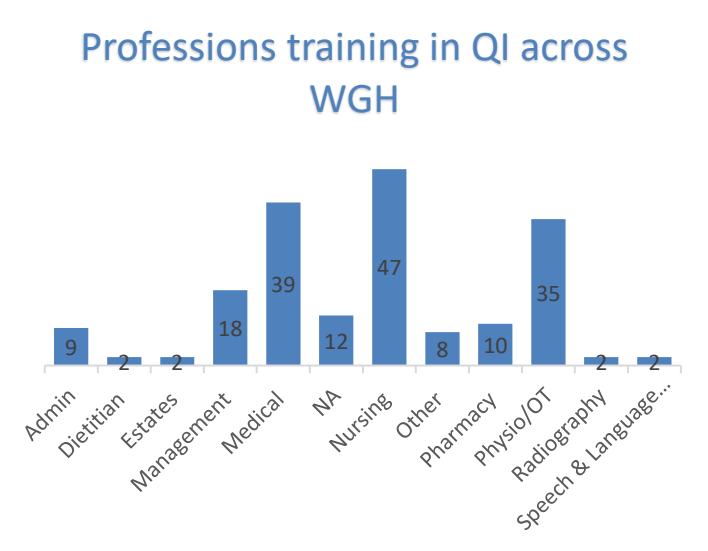
In July 2021, site staff who were known to be trained (excluding senior management) were offered the opportunity to provide feedback on their experiences using QI. (See appendix 4 for summary of responses). Thirty-two staff members responded to the survey. The sample reported that 38% were actively leading a QI project at the time of the survey. 22% of the staff surveyed reported they were participating in a project that they were not leading. 53% of staff surveyed were either leading on or participating in a QI project. 6% of survey respondents reported they were both leading on and participating in QI projects.

3. QI training

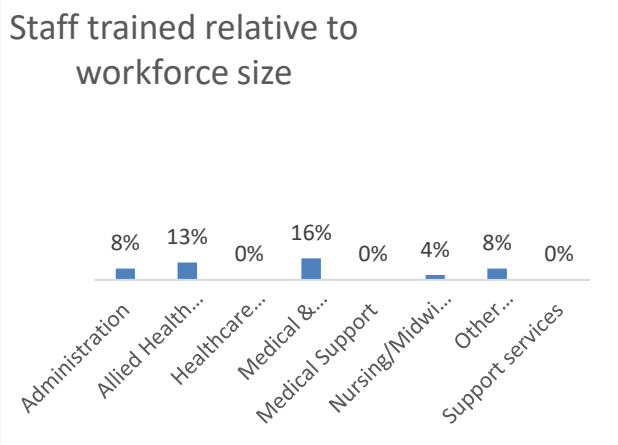
QI training is available to all NHS Lothian staff. Training options are provided within and beyond NHS Lothian. Below is a brief summary of training information known to the QI team at present.



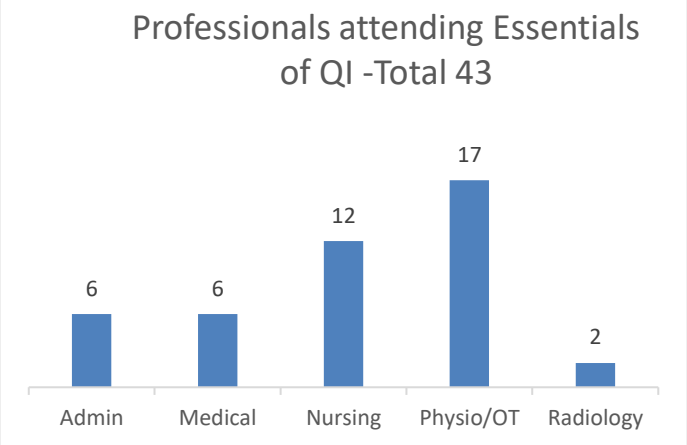
5 Services with QI training across WGH



6 Profession's training in QI across WGH



7 Proportion of workforce groups trained in QI



8 Professionals attending Essentials of QI

Engagement in QI varies across different workforce group. Approximately 16% of Medical & Dental staff at WGH have engaged in some form of QI training, followed by 13% of Allied Health Professionals, 8% of Administration professionals and 8% of Other Therapeutic staff. Current records indicate that approximately 6% of WGH staff have completed some form of QI training.

3.1 WGH 'Essentials of QI' training

The network offers 'Essentials of QI' training to all site staff. Four cohorts have been run, starting in January 2020. The programme includes virtual learning, a workshop, and project coaching. Two cohorts hosted the workshop virtually, in line with COVID restrictions. Over forty WGH staff members have attended these workshops. These have been positively evaluated by attendees
sessions will be planned for 2022 at more regular intervals.
QI training that is available to site staff is not limited to Essentials of QI. As such, the team has begun collecting information on training across the site. Information about access to training is shown below

3.2 QI eLearning

The WGH QI team further supports learning in QI by signposting team members to available, high quality online resources. eLearning modules are available through NHS Lothian's LearnPro as well as NES's Turas platform.
To date, 85 WGH staff currently have completed the NHS Lothian LearnPro module. Unfortunately, the number of WGH staff who have completed the NES modules is unknown, as this information is not made available by the platform.

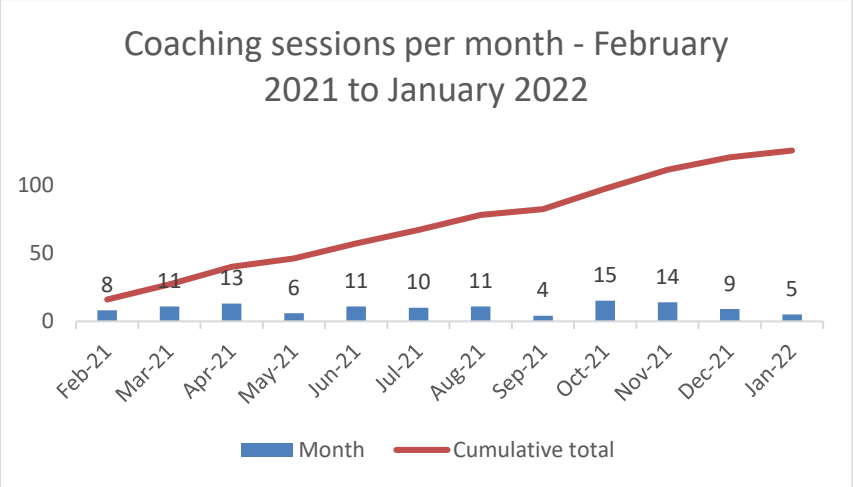
3.3 Support of the Lothian Quality Academy

The Quality Academy was paused due to COVID, with the Quality Skills course resuming virtually in February 2021. This has resulted in a growing waiting list for the courses. The WGH QI team have continued to support the redesign, development, and operation of the virtual Quality Academy skills course.

4. QI coaching:

4.1 Coaching for WGH staff

The WGH QI network team supports improvement across the site through coaching of QI projects, including support of the Lothian Quality Academy. Recording of these sessions has improved since January 2021, with more robust collection of data. The QI team provided approximately 115 hours across 123 appointments of coaching during 2021.

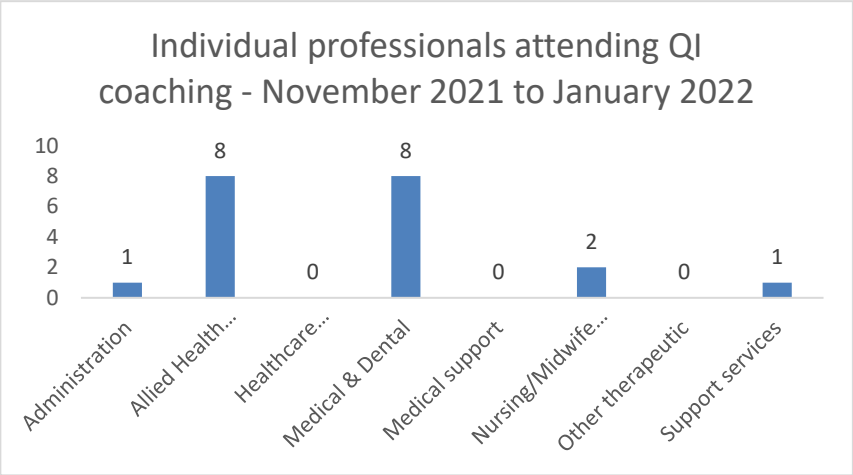


9 Coaching sessions February 2021 to January 2022

In October 2021 records were changed to collect attendee's names, profession, and work location. The chart below represents a sample of the coaching clinics held across 2021.

Between November 2021 and January 2022, 15 staff members attended a single session and 5 staff members attended more than one coaching session.

A summary taken in May 2021 found that there were 13 active QI coaches, including three within the QI Team. The charts listed above does not include hours of QI coaching for staff independent of the QI team, which indicates the number of coaching sessions may be higher.



10 Individual professionals attending QI coaching November 2021 to January 2022

4.2 Coaching in support of the Lothian Quality Academy

The WGH QI network team supports the Lothian Quality Academy by providing one-to-one improvement coaching for WGH staff for the Quality Skills course. The team have coached a range of professionals across the site, with coaches providing up to 5 hours of coaching per participant. To date, 47 WGH staff members have attended the Lothian Quality Academy Skills courses and a further 50 have attended Lothian Quality Planning for Quality course (N.B. Not all 'Planning' participants are coached by network team members).

Examples of Lothian Quality Academy WGH projects can be found here.

5. Quality Improvement Infrastructure – resource

5.1 QI Team resource

There has been continued investment by NHS Lothian and WGH to support the growth and maturity of the quality network with adequate staffing.
Current staffing includes:
0.2 FTE Clinical Lead for Safety and Quality
1 FTE Band 7 Quality Improvement Advisor and 1 FTE Band 6 Associate Quality Improvement Advisor funded by NHS Lothian
1 FTE Band 7 Quality Improvement Advisor, 2 FTE Band 6 Associate Quality Improvement Advisors and 1 FTE Band 4 Administration officer funded by WGH

5.2 Other improvement resource

The QI team works alongside additional improvement resource within the WGH. These include Lothian Accreditation and Care Assurance Standards (LACAS) staff, modernisation staff and improvement managers. These resources have allowed greater distribution of responsibility for improvement across the site and allowed the QI Team to focus on additional priorities. (e.g., As falls and pressure ulcers are increasingly improved by LACAS work, the QI Team are able to deploy their capacity elsewhere). As these resources are developing, so too are the team relationships. As such, there may be improvement work that the QI Team does not

have close oversight of, as well as site staff involved in improvement who are unknown to the improvement team. As such, it is probable that the network extends beyond the current knowledge of the QI team.

6. Creating a culture for improvement and celebrating success

6.1 Clinical change forums

Clinical change forums were events held to share learning and celebrate success. Site team members presented on their improvement projects to attendees from across the site. From January 2018 to February 2020, 11 clinical change forums were held at WGH. Information regarding the specific presentations can be found here.
These events were paused due to the pandemic, giving the team time to reflect on and improve the structure of these sessions moving forward.

6.2 Celebrating success activities

The WGH site celebrating success activities have been facilitated by the QI team through supporting 'Team of the month' as well as the creation of the staff recognition award (WGH star). Examples of these awards can be found in the WGH Connect Newsletter (December 2021 edition found here). As a part of the COVID response, the WGH QI team supported work aiming to secure and enhance staff wellbeing.

12 Team of the month and Western General Star award

6.3 Connect to the Western

Members of the QI Team further support creating a culture for improvement and celebrating success through production of a monthly newsletter. This newsletter includes information on successful quality improvement projects, QI training and coaching opportunities. The newsletter also provides information relevant to site staff, including awards that have been won by staff, wellbeing activities, new appointments and retirements. The QI Team ensure that this is shared with all WGH staff digitally, as well as providing physical copies in shared spaces such as the wellbeing wing. Previous editions of Connect to the Western can be found here.

Appendix 5

Quality Plan - RIE and SJH Maternity and Neonatology Services
November 2020 – March 2021

Purpose

The purpose of this report is to provide:

- ✓ Details of the priority pieces of work that will be directly supported by the Quality Improvement Support Team (QIST), up to end March 2021
- ✓ A brief summary of the rationale for selection of those priorities
- ✓ Note that there are a large number of potential priority areas. Other areas will be considered and included beyond March 2021.

1.0 Priorities to end March 2021

1.1 Prevention of PPH >1000mls – BOTH SITES, Clinical leads RIE Jacqui Laurie, Caroline Pound SJH: Sarah Court, Jane Taylor

- Collate learning from best practice areas, for example NHS Grampian.
- Undertake detailed review of PPH work carried out to date, understanding what has worked, what has not, and why
- Undertake additional data analysis and process mapping
- Detail the highest impact improvement areas
- Support planning and testing of improvements in agreed cohort of patients

1.2 Reducing 3rd/4th degree tears in all vaginal births – RIE ONLY, Clinical lead: Nirmala Mary, Caroline Pound (SJH are participating in the OASI II project lead by Julia Wilkens)

- Support team to achieve process reliability of currently tested improvements in agreed cohort of patients
- Undertake additional data analysis and process mapping

1.3 Preventing stillbirth – WHOLE BOARD APPROACH, Clinical leads Anne Armstrong, Sarah Court, Lynn Brown

- Undertake review of work carried out to date
- Scope collection of other data as required to assess current process reliability
- Commence planning for further work post March 2021

1.4 Reducing instrumental interventions and emergency caesarean section rates – BOTH SITES, Clinical lead RIE: Emma Doubal, Lynn Rose SJH: Yvonne Cunningham, Sue Shade

- Commence diagnostic work to understand the pathways to intervention
- Plan further diagnostic work for 2021

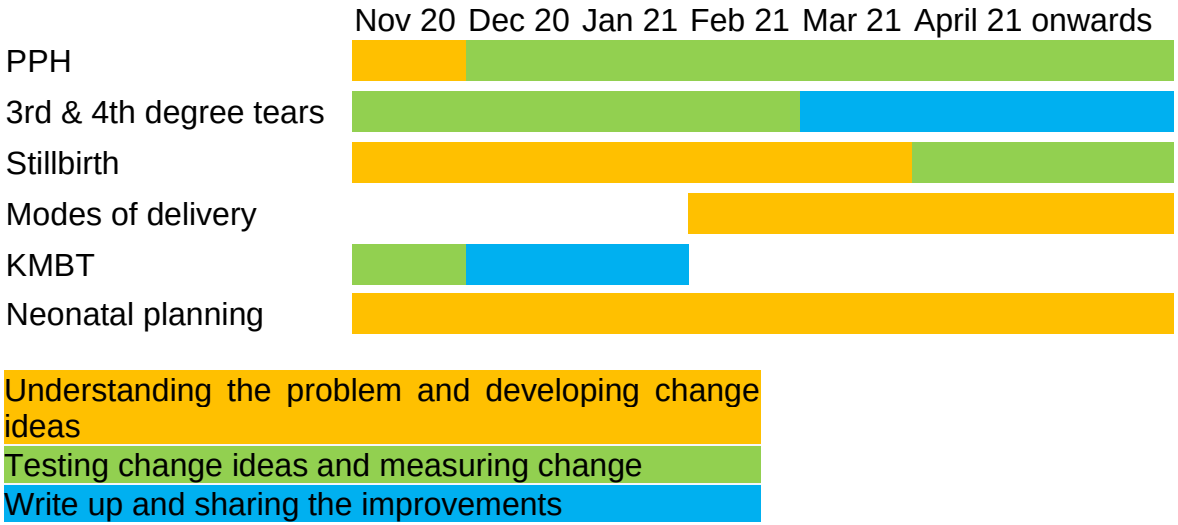
1.5 Keeping mothers and babies together (KMBT) – POSTNATAL AND NEONATAL, Clinical lead Angela Davidson

- Support team to evaluate the transitional care improvements made to date
- Support collection of data for facilitating early discharge and preventing readmissions

1.6 Quality planning for Neonatal improvement objectives – Clinical lead TBC

- Support quality planning exercises for a priority starting March 2021.

Priority Summary



2.0 Delivery of priorities

2.1 The QIST will work across both acute sites and other areas as needed to:

- Provide quality planning (diagnostic expertise) and improvement methodology advice, applying tools and techniques as appropriate
- Work with analytical, managerial and clinical colleagues to map and optimise relevant quantitative and qualitative data
- Provide QI coaching and start to identify training needs across teams
- Work to develop communication tools that will allow the sharing of information and learning across teams
- Provide programme management support to ensure delivery of objectives
- Link to the wider Quality Directorate

2.2 Analytic support will be provided as needed by the Women's' services Clinical Auditor.

2.3 The Clinical Director and Chief Midwife will:

- Sponsor the work programme
- Identify key members of the team needed to describe and improve the system/processes
- Promote the work to ensure that everyone understands the benefits
- Liaise with other areas of the organisation as needed and link to senior managers
- Regularly review the work, providing resources as needed and overcoming barriers on behalf of the team

2.4 The clinical leads will:

- Lead the work within with the multi-disciplinary team, working closely with QIST
- Report on progress and escalate as required if problems arise

2.5 Management oversight will be provided by, and progress reviewed at, the Quality Improvement Governance Board which reports to the Women's Services Clinical Management Team and ultimately to the Board's Healthcare Governance Committee.

2.6 QIST will report on progress as part of the wider Quality Directorate work plan to the Corporate Management Team quarterly.

3.0 Rationale for selection of these priorities

3.1 Background

- Maternity and Neonates have had a complex improvement landscape over the few years which included:
    - The development of a programme of work to address the process for learning from SAEs/AES
    - Regular reporting from high profile national (UK) audits which assess quality of care delivered (NMPA, MBRRACE, NNAP)
    - Implementation of national improvement programmes (SPSP, MCQIC, Excellence in Care)
    - A selection of basic QI training
- It is acknowledged by the service that although some improvements have been made and there are many individual projects ongoing, in general the work programme has not maximised opportunity for improvement or translated into improvements in outcome data.
- Against this backdrop, a 'Case for Improvement' was developed and subsequently approved by the Clinical Management Team in November 2019. This set out some of the drivers for improvement and outlined the requirement for two new posts to support the programme of work (an Improvement Advisor and an Associate Improvement Advisor). These posts commenced in August and September 2020 and report through the QIST structure with support from the senior Quality Directorate team.
- There are several other improvement roles in maternity and neonates that are working on programmes that will impact on outcomes – see Appendix 1 for a diagrammatic representation of programmes of work and those with a key role to support.
- The Case for Improvement set out the overall aim for the work programme which highlights a clear need to prioritise and is embedded here:

Case for Improvement

- To carry out this prioritisation, the team have reviewed national and local priorities and data, spoken to a variety of colleagues within Maternity and Neonatology Services, and attended some of the services' routine and national meetings.

3.2 Data

The policy context and key national priorities were mapped in the Case for Improvement. The latest national data are laid out in Appendix 2 and shows run charts over time and a benchmark comparison with national data from various sources. Further explanations are as follows:

5 **NMPA (2016/17)**

- The UK level audit data are, by necessity, based on data which are not current.
- For RIE, PPH >500mls, emergency CS rate, instrumental delivery rate, episiotomy and 3rd/4th degree tear rates were all higher than expected and none have shown significant improvement since this time.
- For SJH, SVD rate, PPH >1500mls, emergency and elective CS rates were out with expected ranges and have not shown improvement.
- The rate of low Apgar scores was high but is showing recent signs of change.
- Induction rate was in expected range but has recently shifted higher.

6 **MBRRACE -UK (2015-17)**

- For 2017, the adjusted stillbirth and perinatal death rates are between 5% lower and 5% higher than UK average, respectively.
- Although close to the UK average, this is graded as amber as the UK as a whole is required to shift towards the rates found in other parts of the world e.g. Scandinavia.
- For 2017 the crude neonatal death rates were more than 15% lower than the UK average (green) and the adjusted neonatal death rates were between 5% and 15% lower for adjusted.

7 **MCQIC**

- There are a number of gaps in the MCQIC data, and where data is available there are no sustained improvements.
- The latest self-assessment exercise completed with HIS feedback highlighted that the “day to day operational activity of QI in RIE on MCQIC projects isn’t clear”. As a result, RIE continues a level 2 escalation from HIS.
- Appendix 3 details those measures and progress towards improvement.

8 **NNAP**

- Good progress has been made with babies being a normal temperature on admission and reducing time mums and pre-term babies are apart.
- Parental consultations within 24 hours and parental presence on ward rounds are below the UK average.

Local Sources and SAEs

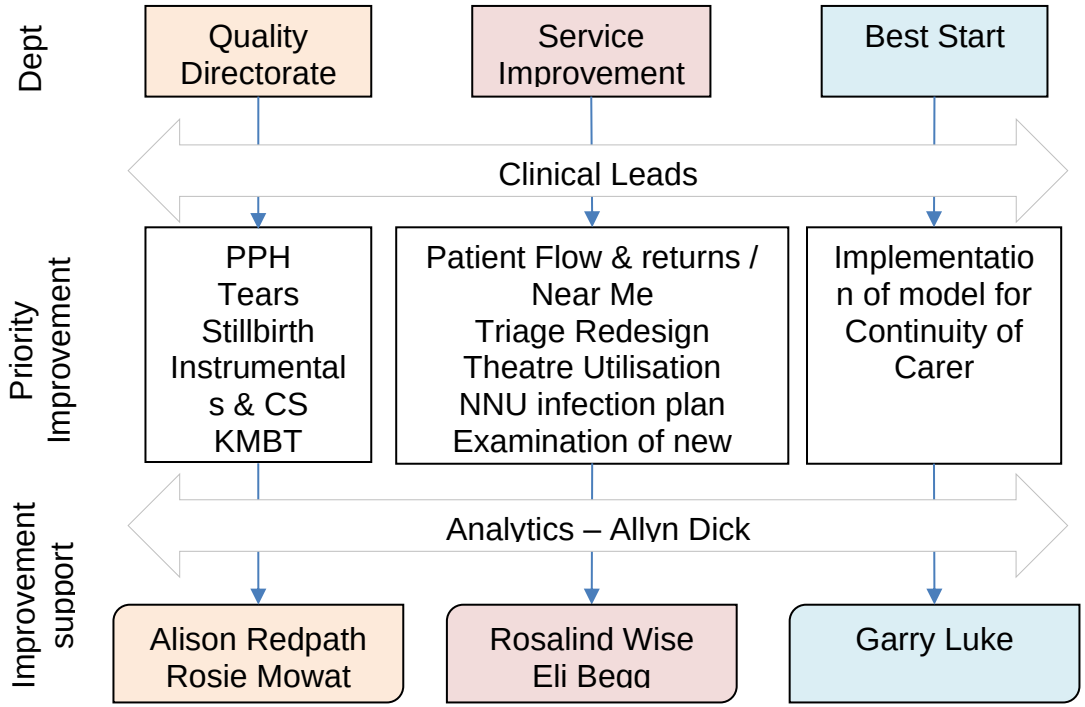
- QIST is currently collating information, learning and suggestions for improvement from SAEs, complaints, patient experience feedback, and staff experience feedback.

4.0 <u>Next steps</u> towards objectives

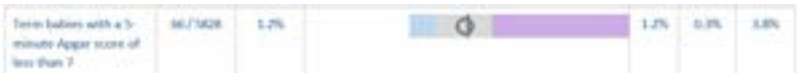
Key requirements at this point are that:

- The Quality Improvement Governance Board agrees the priorities set out
- QIST reports progress back on the priorities to the Board in January 2021

Appendix 1
Improvement priorities and those with a key role to support

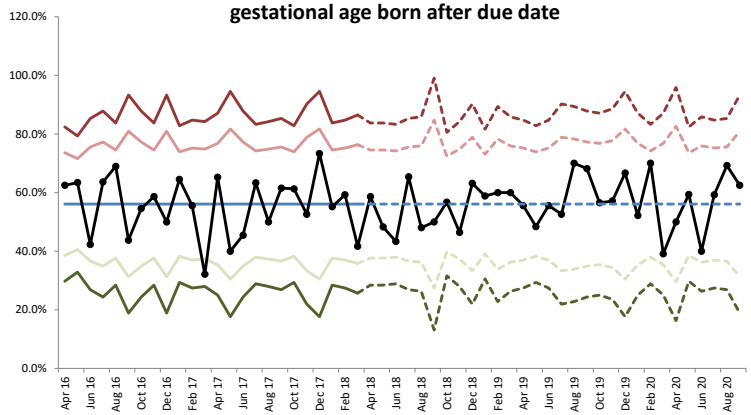


Appendix 2: Dashboard of data

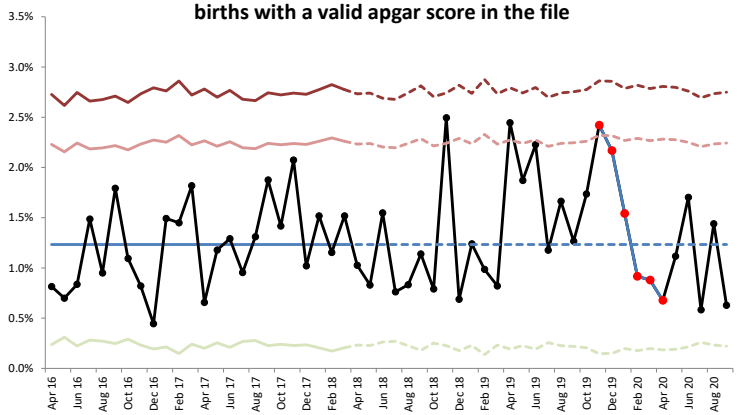


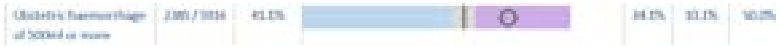
RIE

RIE - Percentage of term live singleton births who are small for gestational age born after due date

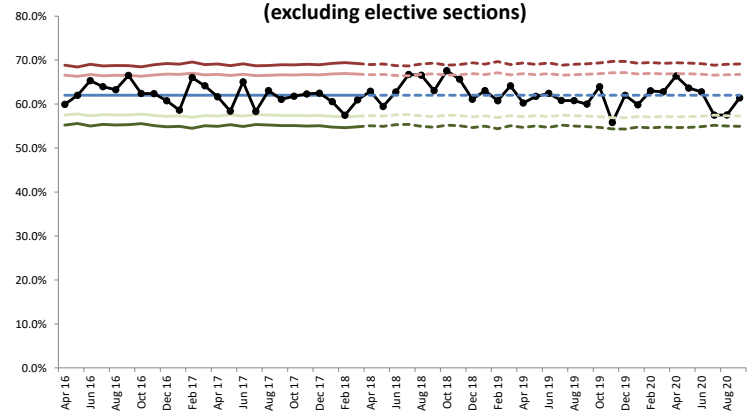


RIE - Percentage of low apgar scores per full term live singleton births with a valid apgar score in the file

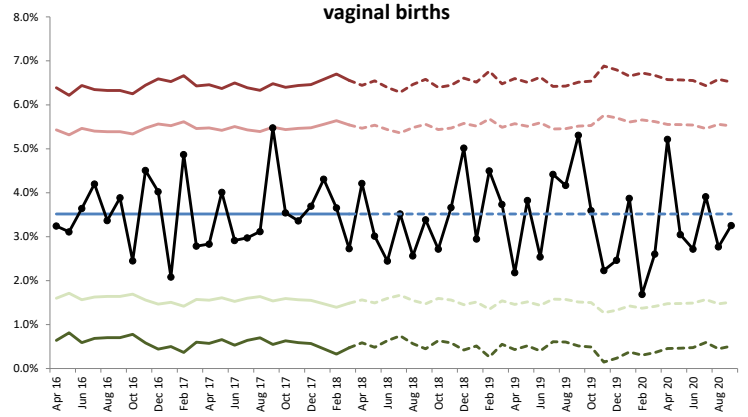




RIE - Percentage of SVD per full term live singleton births (excluding elective sections)

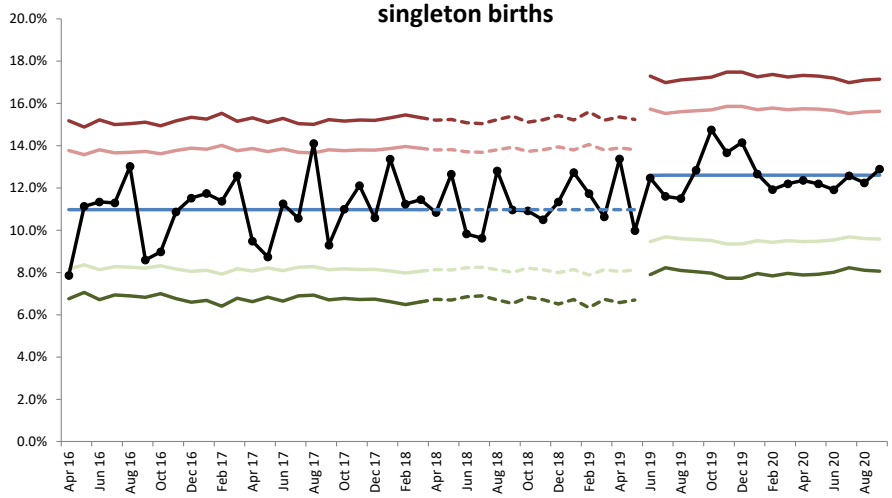


RIE - Percentage of >1500ml PPHs per full term live singleton vaginal births



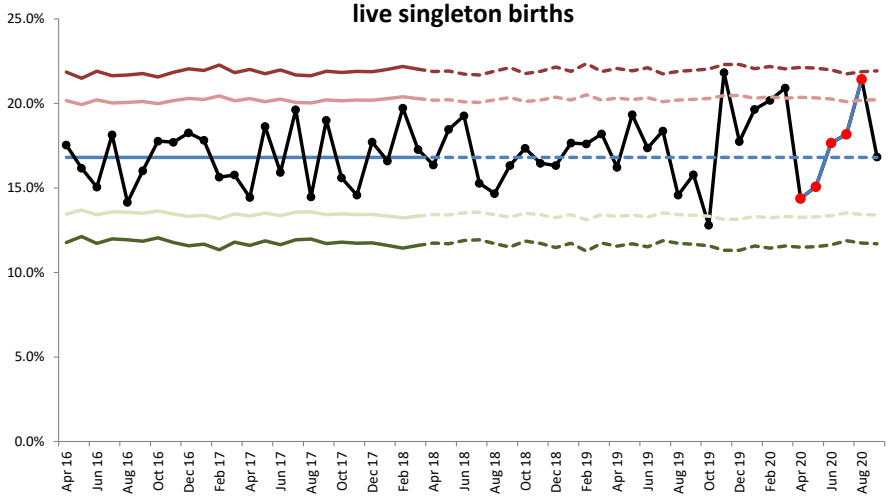
Caesarean birth (elective)	564 / 5916	9.5%		11.7%	0.4%	16.9%

RIE - Percentage of elective caesarean sections per full term live singleton births



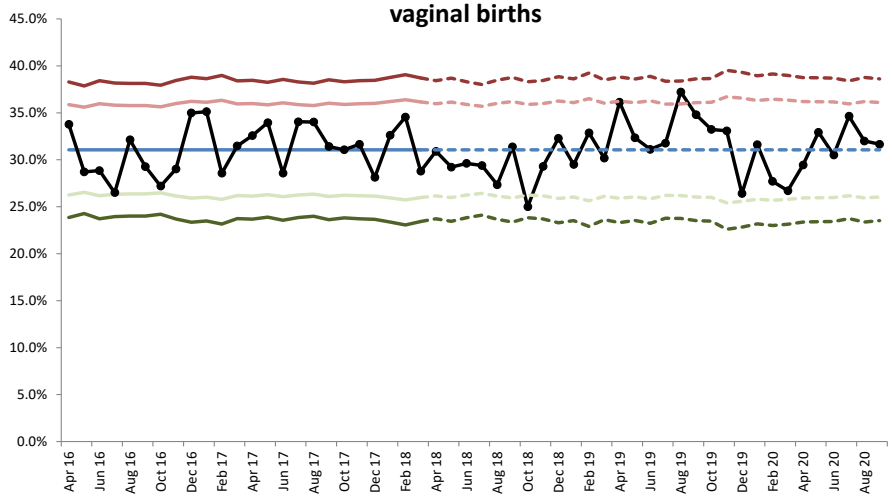
Caesarean birth (emergency)	1075 / 5916	19.8%		15.0%	4.2%	20.0%

RIE - Percentage of emergency caesarean sections per full term live singleton births



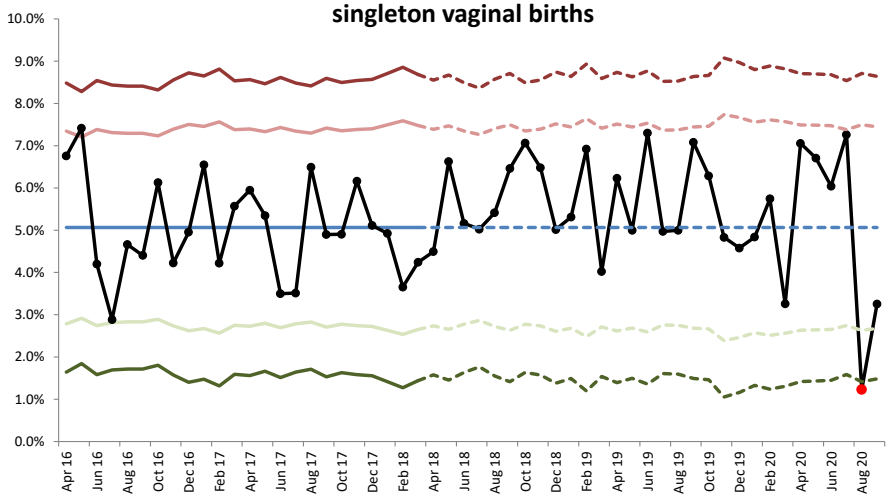
Episiotomy	1335 / 4264	34.6%		22.7%	7.0%	37.2%

RIE - Percentage of episiotomies per full term live singleton vaginal births

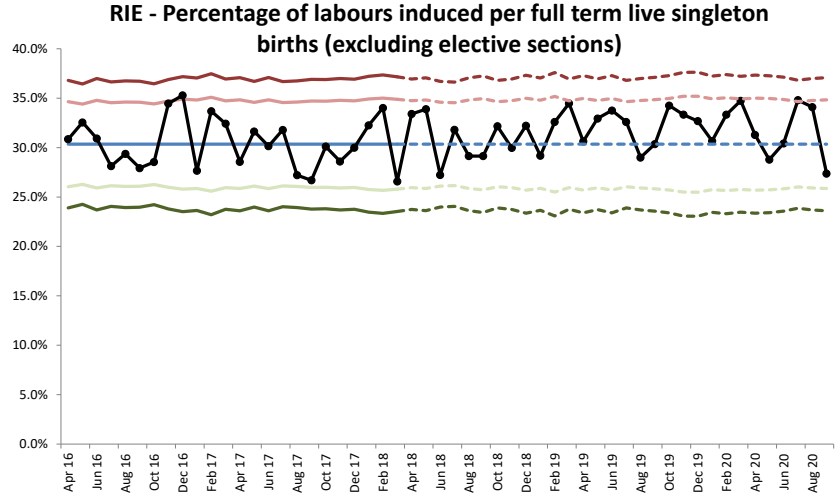


3rd and 4th degree tears	222 / 4232	5.4%		3.5%	0.6%	6.6%

RIE - Percentage of 3rd and 4th degree Tears per full term live singleton vaginal births



RIE


RIE - Percentage of labours induced per full term live singleton births (excluding elective sections)
40.0%
35.0%
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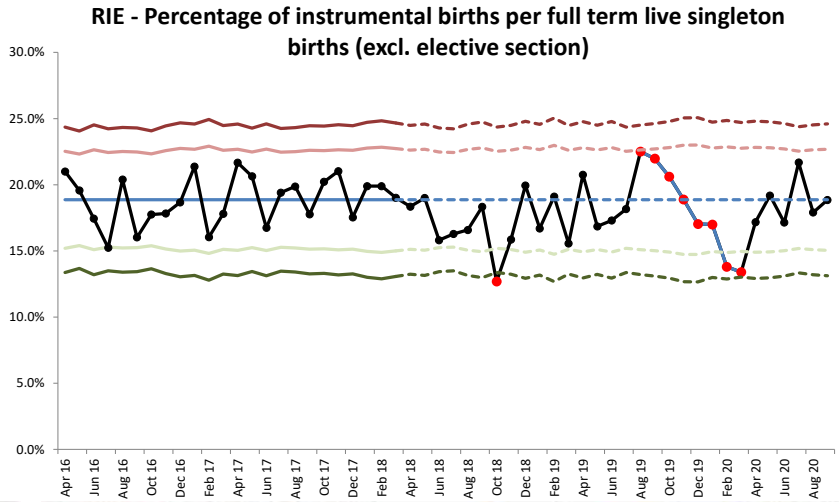
RIE - Percentage of instrumental births per full term live singleton births (excl. elective section)
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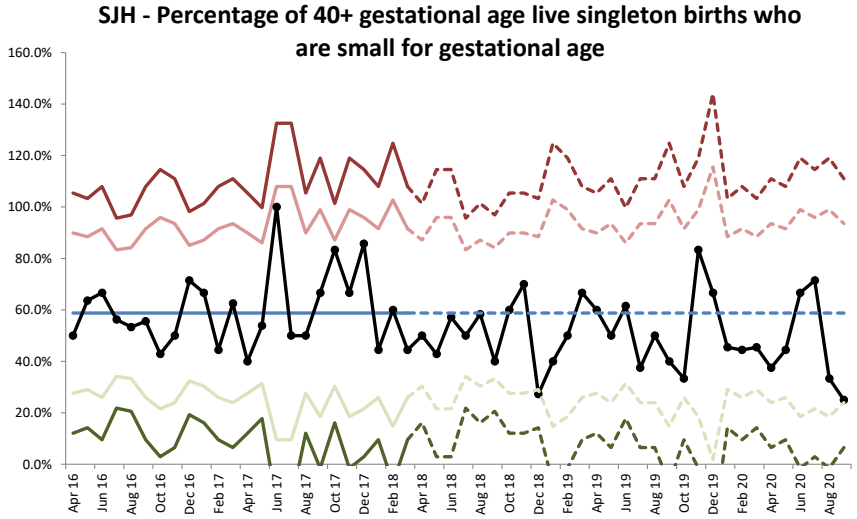
SJH


SJH - Percentage of 40+ gestational age live singleton births who are small for gestational age
160.0%
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60.0%
40.0%
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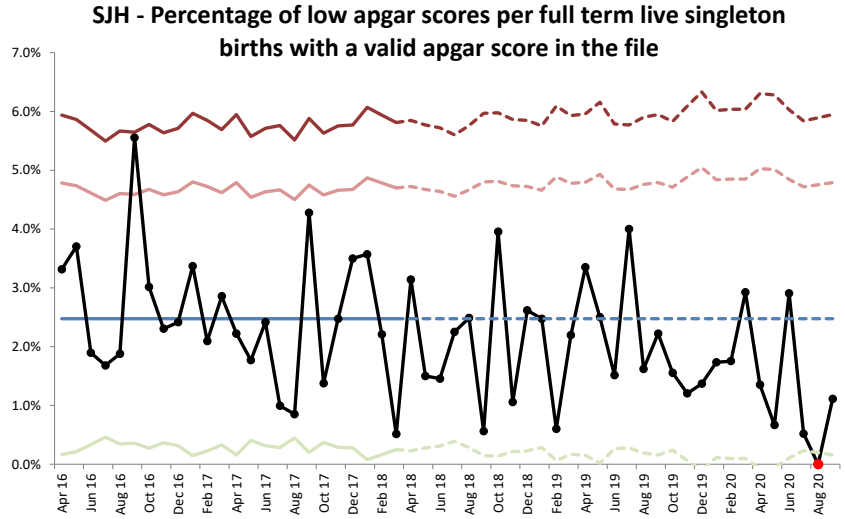
SJH - Percentage of low apgar scores per full term live singleton births with a valid apgar score in the file
7.0%
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4.0%
3.0%
2.0%
1.0%
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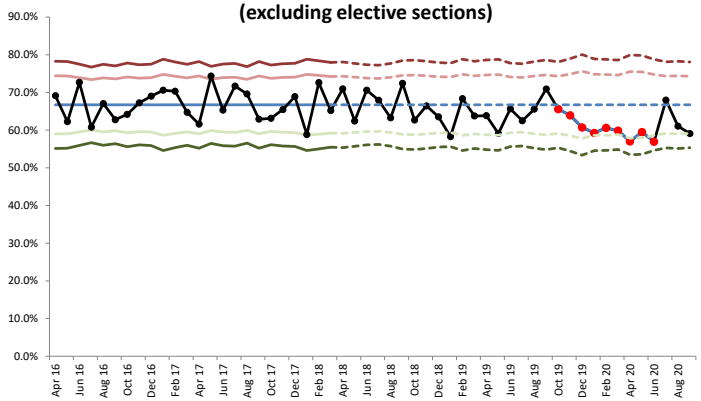
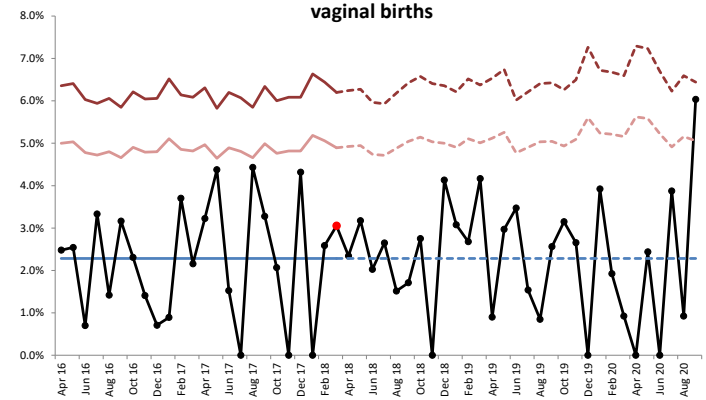
SJH

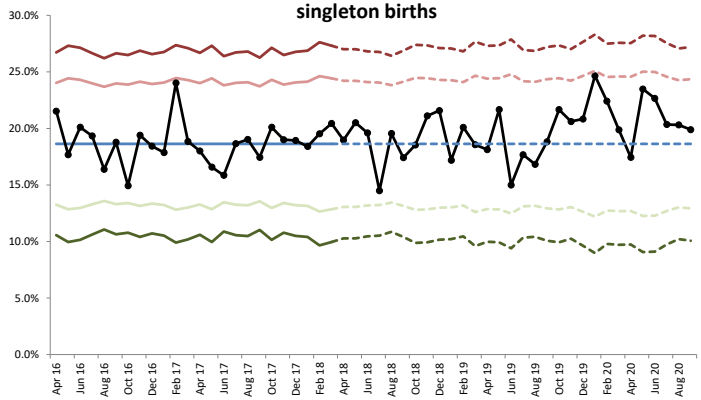
SJH - Percentage of SVD per full term live singleton births (excluding elective sections)



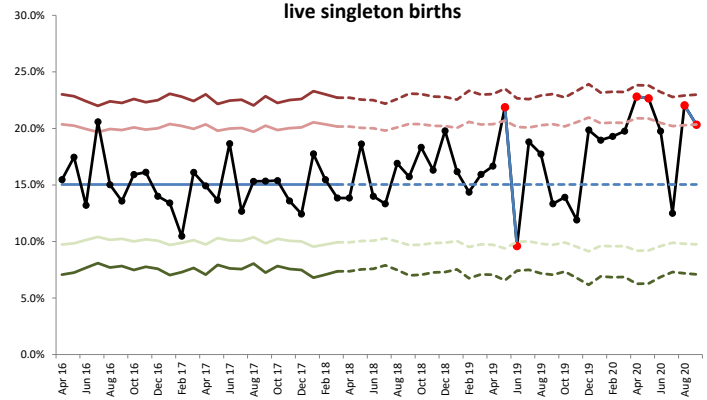
SJH - Percentage of >1500ml PPHs per full term live singleton vaginal births



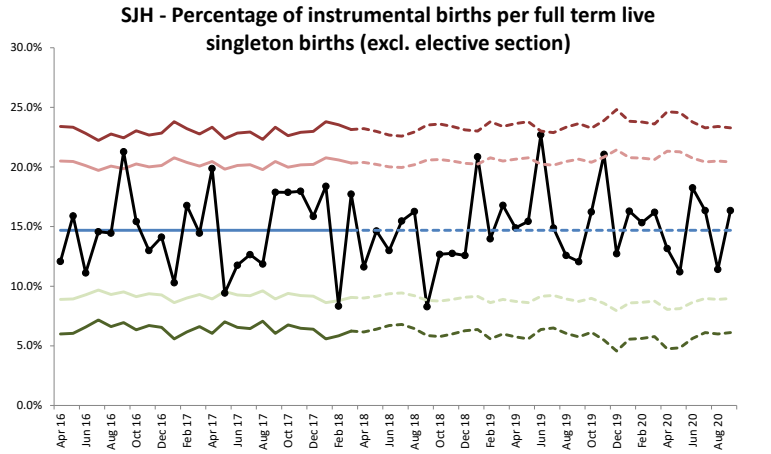
SJH - Percentage of elective caesarean sections per full term live singleton births



SJH - Percentage of emergency caesarean sections per full term live singleton births



SJH


SJH - Percentage of instrumental births per full term live singleton births (excl. elective section)
30.0%
25.0%
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15.0%
10.0%
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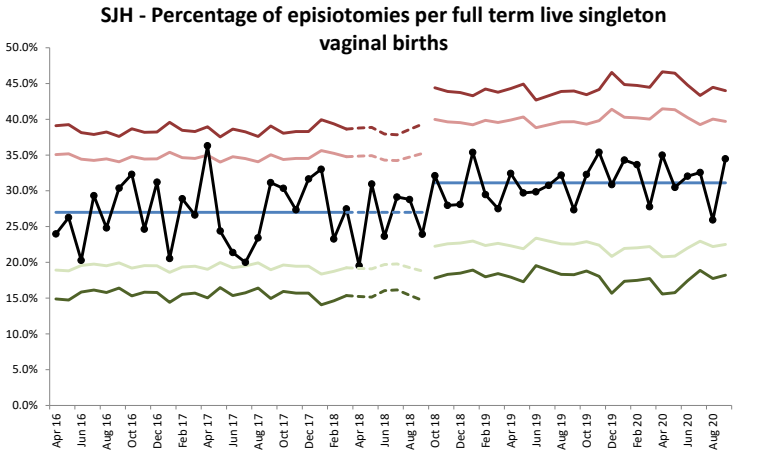
SJH - Percentage of episiotomies per full term live singleton vaginal births
50.0%
45.0%
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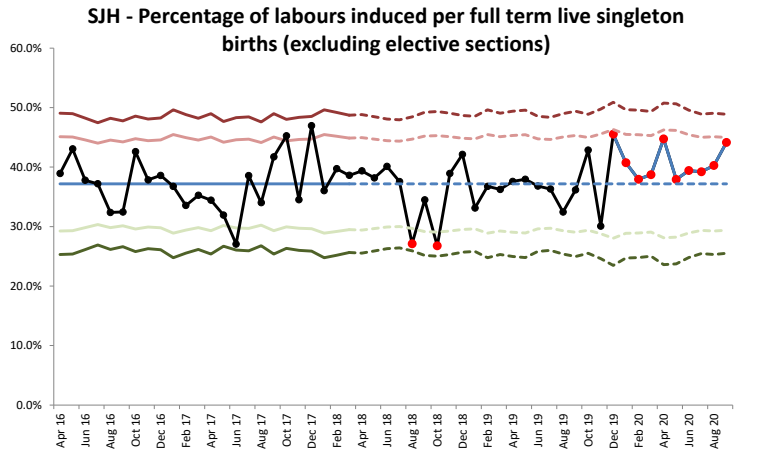
SJH - Percentage of labours induced per full term live singleton births (excluding elective sections)
60.0%
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
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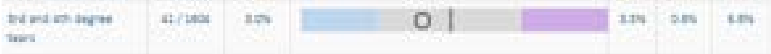

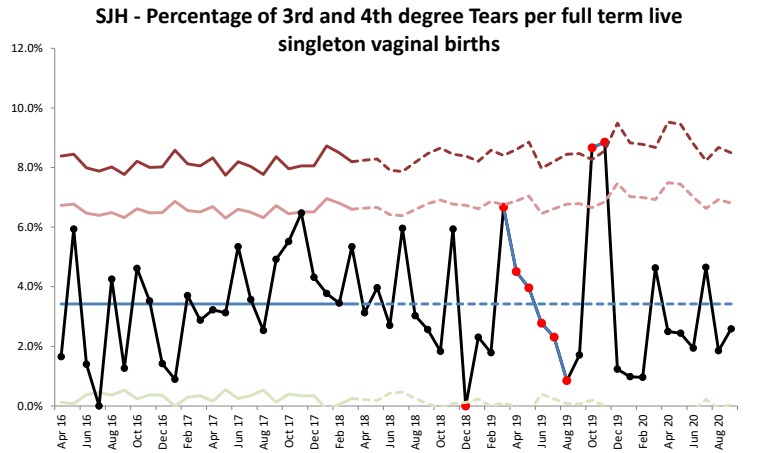
SJH - Percentage of 3rd and 4th degree Tears per full term live singleton vaginal births
12.0%
10.0%
8.0%
6.0%
4.0%
2.0%
0.0%
Apr 16
Jun 16
Aug 16
Oct 16
Dec 16
Feb 17
Apr 17
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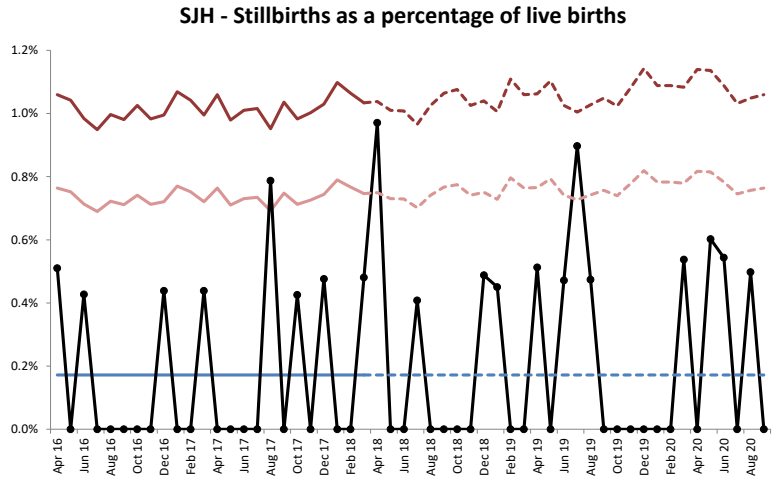
SJH - Stillbirths as a percentage of live births
1.2%
1.0%
0.8%
0.6%
0.4%
0.2%
0.0%
Apr 16
Jun 16
Aug 16
Oct 16
Dec 16
Feb 17
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Jun 20
Aug 20

Appendix 3: MCQIC measures and progress

Measure	RIE	SJH
Rate of Stillbirths	No change	No change from low average
% of pregnant women between 18 and 23 weeks gestation who have had a discussion of Fetal movement evidenced by the teach back method	No data	No data
% pregnant women between 18 and 23 weeks gestation who have received written information on Fetal movement.	No data	No data
% response to altered Fetal movement	No data	No data
% of small for gestational age singleton babies born at or after 40 weeks gestation	No data	Baseline established (but data exists for further back)
% of pregnant women with assessment at the booking interview for risk factors for a Small for Gestational Age (SGA) fetus /neonate	No data	Only a few months collected
% of pregnant women with serial measurement of Symphysis fundal height (SFH) at every scheduled antenatal visit from 26 - 28 weeks gestation.	No data	No data
% of referrals for ultrasound scan if the SFH measurement does not follow the expected trajectory of growth.	No data	No data
% of formal Fetal risk assessment on admission in labour	No data	No data
% of CTG interpretations with fresh eyes review	Patchy data showing reliability mostly over 75%	Significant improvement
% compliance with positive peer support (PPS) review for intermittent auscultation.	No data	No data
% of CTGs with accurate interpretation and management plan	100% compliance over last year of data (Apr 18 - Apr 19)	Deterioration from baseline
% of Fetal heart rate abnormalities escalated appropriately.	Reliable at 100%	100% baseline, no change
Rate of severe post-partum haemorrhages	No change from 2013 baseline	Deterioration in 2015 from zero baseline, no change since

% of women screened for special risk factors	No data	No data
% of women with completion of Stage 0 on admission for delivery.	No data	No data
% of births with cumulative quantitative measurement of blood loss	Patchy and out of date data	100%
% of women with evidence of communication and escalation according to stage 1 – 3 of the 4 stage approach	No data	No data
% of women with a stage 2 or 3 PPH who received Tranexamic acid.	No data	Increase from baseline
% compliance with post event checklist for all stage 3 PPH	No data	No data
MEWS		
% of correct observations completed on national MEWS chart	No data	Not enough data
% of observations with accurately aggregated MEWS triggers	No data	Not enough data
% compliance with national MEWS escalation pathway	No data	Not enough data

Appendix 6

Quality Plan – St. John's Hospital
November 2021 – March 2022

Purpose

The purpose of this report is to provide:

- ✓ Details of the priority pieces of work that will be directly supported by the **Quality Directorate** (QD), up to end March 2022
- ✓ A brief summary of the rationale for selection of those priorities
- ✓ An indication of the stages of the Quality Management System approach adopted by NHS Lothian in the Quality Strategy 2018-23
- ✓ A note of review of priorities by the end of March 2022
- ✓ A note that the Quality Directorate reports through the Corporate Management structure, as well as those mentioned in this paper

It should be noted that for this plan to have maximal impact it should sit within a broader site improvement plan. At the current time, this is within development.

1.0 Priorities to end March 2022

1.1 To sustain the current median rate of **Cardiac Arrests** at SJH (following previous 61% reduction); and reduce the number of SAEs associated with deterioration. Clinical lead, Drs. Gillett and Adamson

- *Quality Planning* - support a review of 2222 calls to understand current context and identify improvement opportunities
- Use the output from Healthcare Improvement Scotland's (HIS) Deteriorating Patient Collaborative
- Undertake additional data analysis and process mapping, producing Project Charters for participating wards
- *Quality Improvement* - support planning and testing of improvements in agreed cohort of patients
- *Quality Control* – work with, and learn from, the results of LACAS reviews
- *Quality Assurance* – complete a periodic Site Report for site CMG, as part of the pan-Lothian Deteriorating Patient Programme Board reporting and governance, and report through Quality Improvement Teams and CMG

1.2 Contribute to ensuring safe, effective, and person centred unscheduled care (principally in Medicine) which supports the **4-hour Emergency Access Standard**. Clinical lead: Dr. Adamson

- *Quality Planning* - detailed process mapping, identifying constraints, barriers, associated data and improvement opportunities

    - ED to medical ward process
    - EMA to medical ward process
    - EMA pathways – admission, process improvement within the unit to discharge / transfer
    - Incorporate wider system considerations e.g. pathways for frail older people
- *Quality Improvement* - support team to achieve process reliability of tested improvements in agreed cohort of patients
- *Quality Control and Assurance* – produce a monthly data pack for the EAQP and report through Quality Improvement Teams and CMG

1.3 **Medicines at discharge** process - 80% of immediate discharge letters (IDL) from the SJH stroke unit to be completed and presented to pharmacy dispensary at least 24 hours before patient discharge with <5% medicine error rate. Lead Pharmacist, Jenny Scott

- *Quality Planning* - undertake review of work carried out to date
- Scope collection of other data as required to assess current process reliability
- *Quality Improvement* - Collate a 'pack' of tested information to scale up to ward 21, testing its applicability to this setting
- Link to QI work conducted in ward 21 by Dr. Noble on IDL authorisation
- *Quality Assurance* and governance - report to the Lothian One-Stop Programme Board chaired by Gillian McAuley and Melinda Cuthbert, and report through Quality Improvement Teams and CMG

1.4 **Psychology Services** – although not within SJH Site Management remit, an improvement programme has undergone Quality Planning to identify improvement opportunities in St. John's Psychology Services. The programme focused on the 18-week target time from referral to seen:

- Reliable timely triage and assessment process
- Reliable, timely treatment and discharge processes
- Maximising available capacity

1.5 **QI capacity & capability** – provide support teams to deliver value-added benefits for patients. Clinical lead Dr. Gillett; Lead Nurse Karen Wilson

1.6 Ensure the **communication** of the progress of SJH's Quality Management System

- Implement the QD's Communication Plan e.g. newsletters
- Work with the site team in their development of a QI Hub
- Contribute to weekly QI Huddles – Quality Directorate's Quality Plan, Service Improvement and Nursing's QI & standards

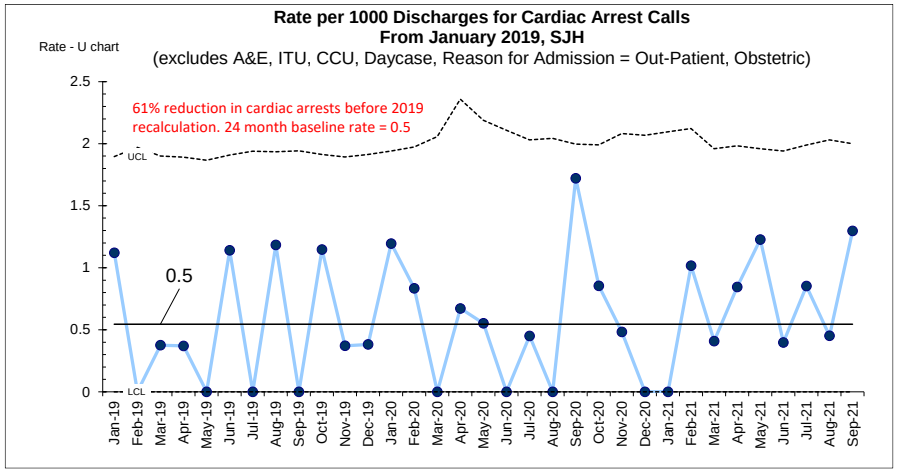
- Liaise with Medical Education in training and QI Coaching

2.0 **Rationale** for selection of these priorities on which to focus

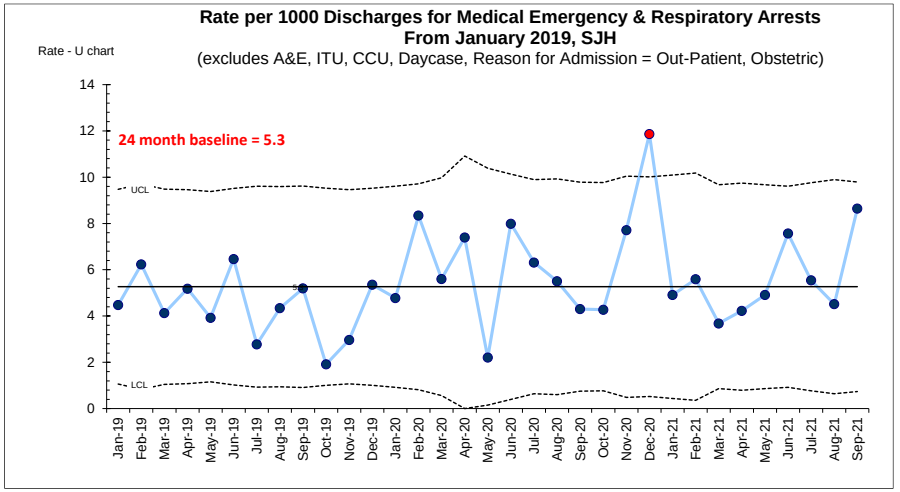
2.1 Deteriorating Patient

NHS Lothian has prioritised improvements in the care and management of patients who deteriorate, and has committed to participate in Healthcare Improvement Scotland's Deteriorating Patient Collaborative. A more comprehensive Site Report is in Appendix 1, which includes the Lothian Driver Diagram and Measurement Plan. An infographic showing how we collate all information to measure and monitor safety is in Appendix 2.

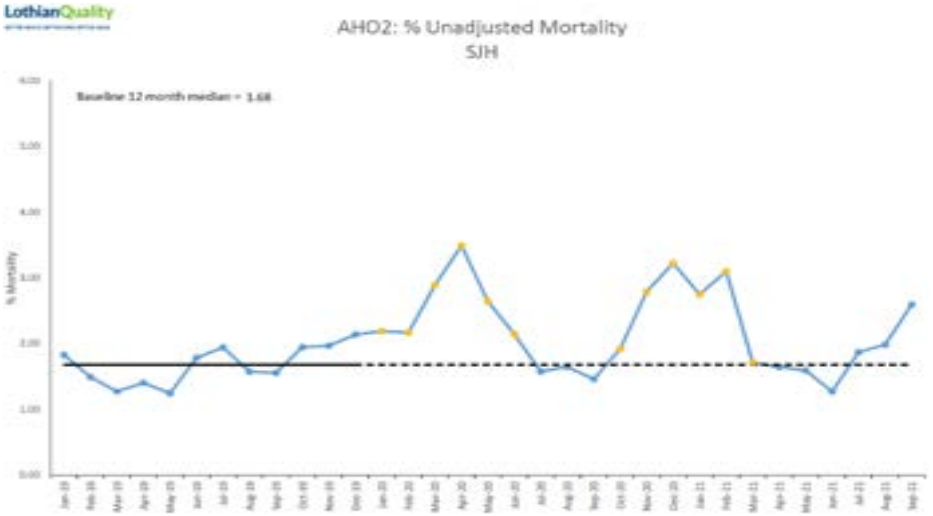
SJH's Cardiac Arrest rates are variable, although the mean is unchanged



Medical Emergency calls are also unchanged.



As expected, unadjusted mortality rates are variable within the context of Covid 19



2.2 Unscheduled Care support

This works builds on the quality improvement work that has taken place in the ED since 2019 (Programme Plan in Appendix 3). This included detailed quality planning, subsequent improvement, and capacity and capability building with the ED team.

Although the key measures for this programme (length of stay, time to triage, time to first assessment – see Appendix 4 Data Pack) have been significantly challenged by Covid in recent months, the ED team are now well versed in quality management approaches and EAQP agreed in September 2021 that focussing support on Medicine (initially EMA) was required.

2.3 Medicines

This programme covers all three acute sites with one ward selected from each site.

Context

- The management of medicines on discharge varies across the three sites and is multidisciplinary in nature. The current processes are predominantly nurse lead and are time consuming. Medication errors and delays in discharge remain prevalent.
- Senior nursing and pharmacy colleagues have been collaborating to identify and test potential improvement opportunities including new ways of working. The plan is to establish a single integrated programme working across the three acute sites, using a common methodology and measurement framework, with dedicated Quality Directorate support including analytics.

Programme Aim

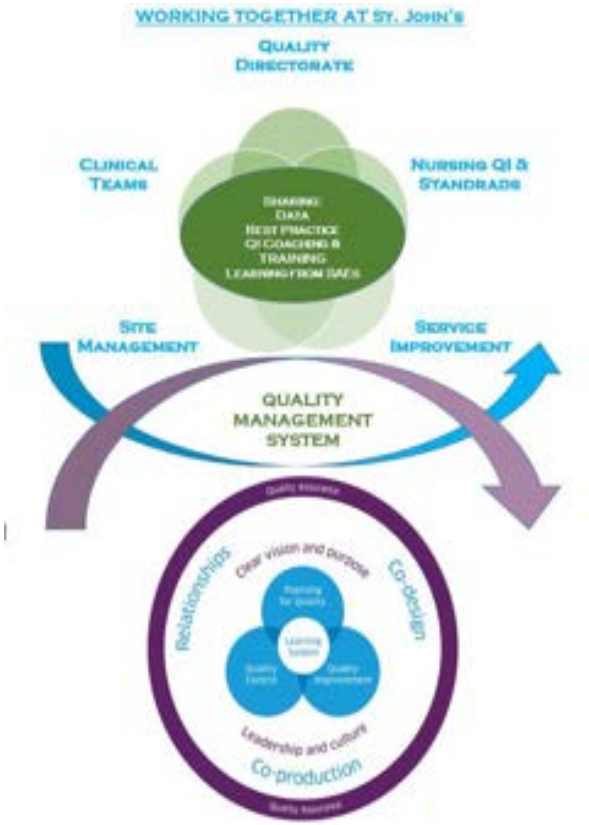
- To have in place a safe, timely, efficient, and sustainable medicines management process on discharge (24hr prior) across the three acute sites.
- To undertake detailed process mapping across the three sites of the current system with the multi-disciplinary team.
- Use a range of information across all three sites to generate improvement priorities and measure impact.
- Produce a case for new ways of working for consideration by senior management.

Update Report to the Programme Board October 2021

SJH presentation one stop programme boa

Consideration will always be given to the context within which staff are working e.g. the site in extremis, staffing levels and NHS Lothian's nursing Guiding Principles.

3.0 Working together



4.0 QI infrastructure

- We work within whole system quality and practices
- SJH fosters a culture of quality, psychological safety and a constancy of purpose.

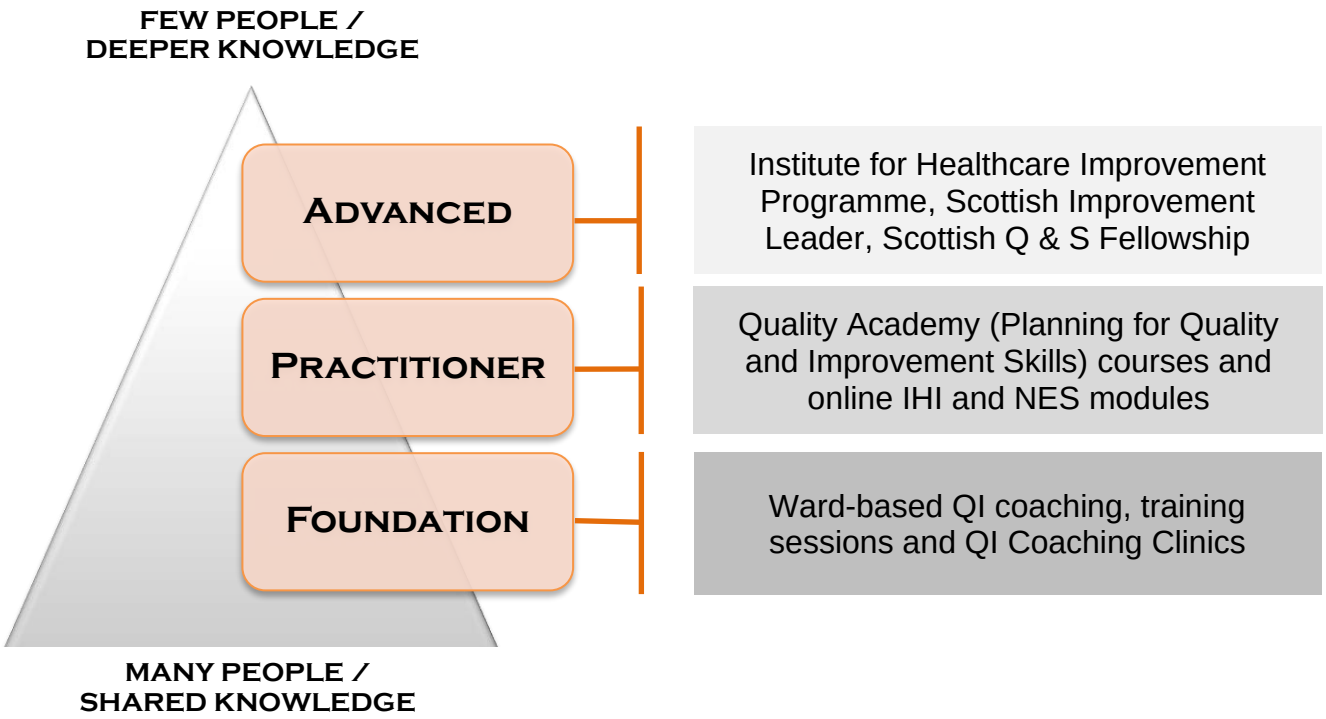
- Quality improvement includes the six dimensions of quality: safe, effective, person-centred, timely, efficient and equitable. Within the safety domain, we will also pull on the Scottish Patient Safety Programme's Essentials of Safe Care as we work through our programme.
- Within each improvement project, programme or pathway, it is essential to collate information, learning and suggestions for improvement from SAEs, complaints, patient experience feedback, and staff experience feedback. The Essentials of Safe Care incorporate these.

  - **Essentials of Safe Care Drivers**
    - Person centred care
    - Safe communications
    - Leadership and culture
    - Safe clinical and care processes

4.1 QI Capacity & Capability of the workforce

Embedding quality improvement throughout an organisation requires a systematic, targeted effort to develop different levels of QI expertise for different groups of people. We will identify gaps at each level and incorporate in training plans, particularly at Foundation Level where most of the local training is required.

Levels of QI training required



4.2 Improvement Dashboard

A database to collect and track all QI projects in a structured, consistent and analytical manner across the site is in development, and allows the user to:

- Get more details on specific projects (project team, project charter)
- Identify projects ready for scale & spread
- Identify projects for the clinical change forum (celebrate and share success).

Using this database, a dashboard has been developed for use in all sites (see Appendix 5). The purpose of the dashboard is to provide a transparent overview of all the QI initiatives on site. The data can be broken down into services, areas, themes, priorities, status, and maturity and allows the user to report on the following:

- Coverage and reach of improvement across the site
- Number of QI projects by service
- Ongoing QI activities by priority
- QI project themes
- Level of support input/involvement
- Source of the QI projects: Did the project originate in service or was this commissioned? Is the project part of QI training (i.e. the Quality Academy) or local training, (i.e. QI Essentials)
- Project start and estimated end date
- Project status (Planning, Ongoing, Completed, On Hold: lack of engagement, staffing, COVID, lack of QI readiness)
- Maturity of QI project across the IHI scale

The use of qualitative and qualitative data underpins all improvement efforts.

4.3 Coaching, Training and Sharing

There are various means by which knowledge of Quality Management System elements can be embedded:

- Working with Quality Improvement Teams (see Appendix 6 for Terms of Reference)
- QI Coaching Clinics for any staff who are undertaking a QI Project (See Appendix 7)

- Individual or team coaching for Quality Academy participants
- Development of a programme of Learning Forums

Authors - Quality Directorate Team

Dr. Liz Bream	Consultant in Public Health and Quality
Carolyn Swift	Quality & Safety Improvement Lead and SPSP Lead
Susi Paden	Quality Improvement Advisor

Appendix 1: Deteriorating Patient Site Report

Det Pat Site Report SJH Nov 2021 v1.docx

Appendix 2 – Measuring & Monitoring safety – Deteriorating Patients

Page 8

Appendix 3: ED Programme Plan

St Johns ED QI plan majors v0.8 11.02.21

Appendix 4: ED Data Pack

Data Pack for October 2021 QIT.pp

Appendix 5: Improvement Dashboard

Page 9

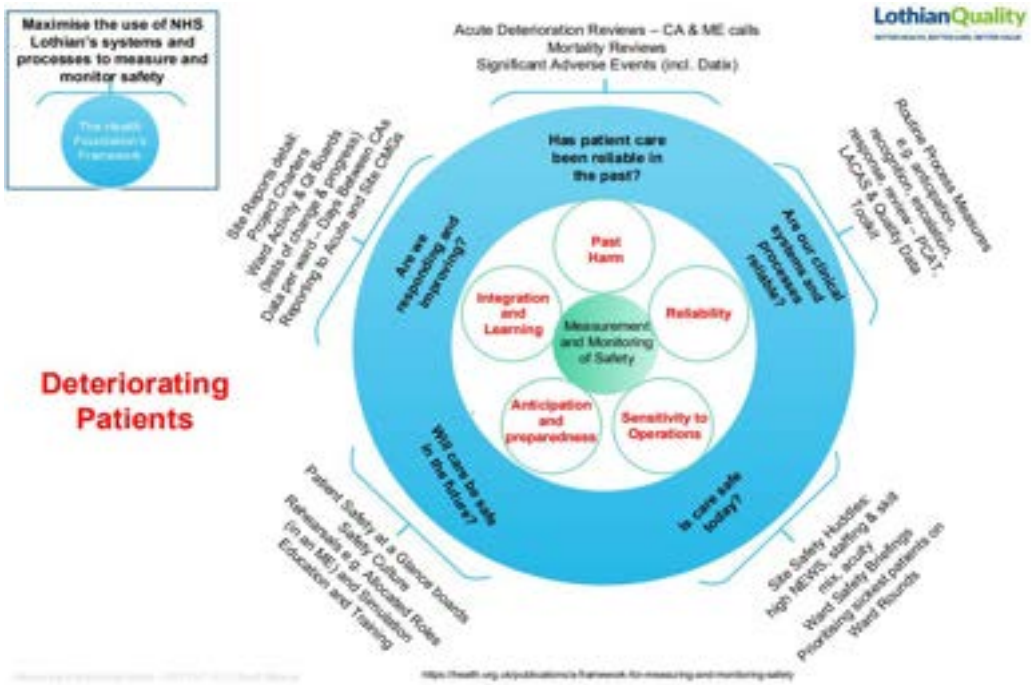
Appendix 6: Update QIT ToR

QITs ToR Oct 2020.docx

Appendix 7: Generic Coaching Flyer

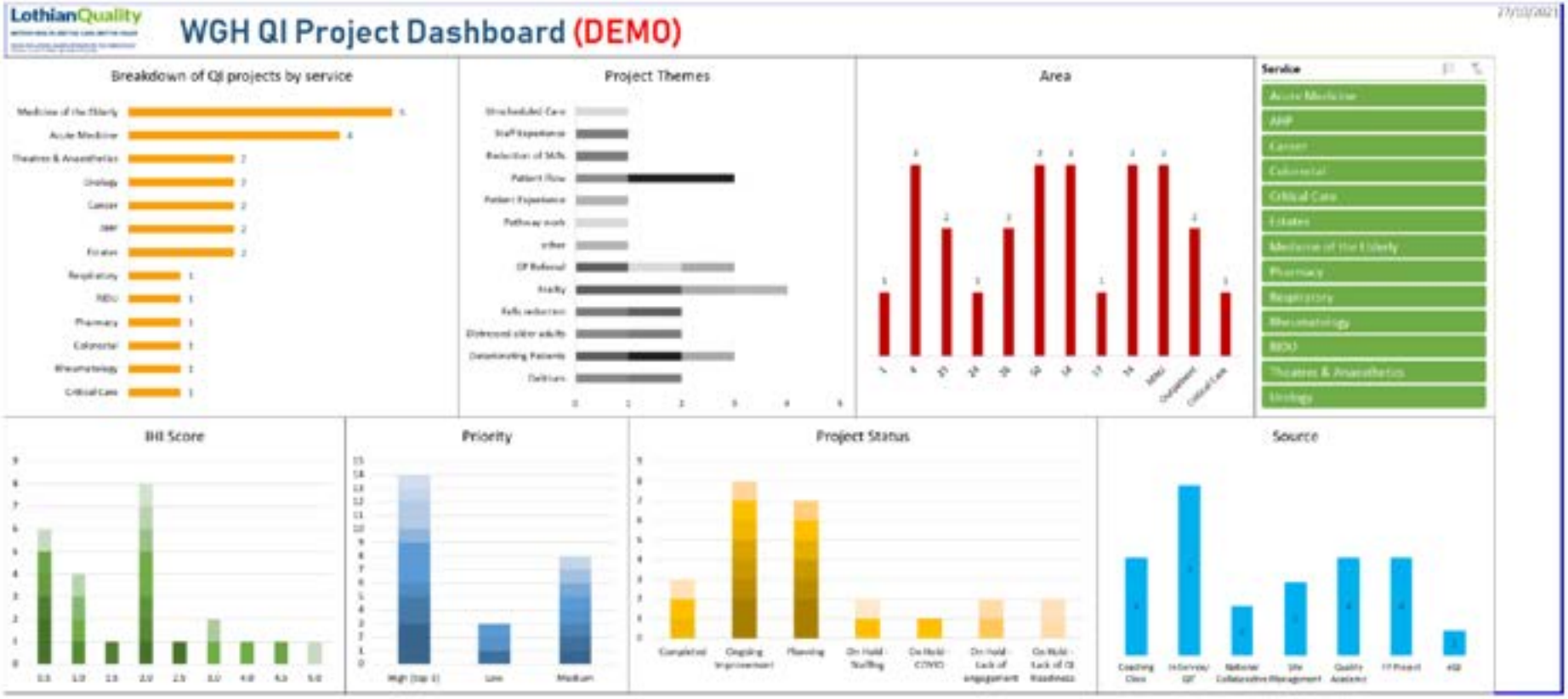
Generic Coaching Flyer V2.0.pptx

Appendix 2: Deteriorating Patient – Measuring & Monitoring Safety Application


Maximise the use of NHS Lothian's systems and processes to measure and monitor safety
The Health Foundation's Framework
Deteriorating Patients
LothianQuality
Acute Deterioration Reviews – CA & ME calls
Mortality Reviews
Significant Adverse Events (incl. Datix)
Has patient care been reliable in the past?
Are our clinical systems and processes reliable?
Is care safe today?
Will care be safe in the future?
Are we responding and improving?
Past Harm
Reliability
Sensitivity to Operations
Anticipation and preparedness
Integration and Learning
Measurement and Monitoring of Safety
Routine Process Measures e.g. anticipation, recognition, escalation, response, review – PCAT, LAOAS & Quality Data Toolkit
Site Safety Huddles: high NEWS, staffing & skill mix, acuity
Ward Safety Briefings
Prioritising sickest patients on Ward Rounds
Patient Safety at a Glance boards
Safety Culture
Refresher/skills e.g. Allocated Roles (in an ME) and Simulation Education and Training
Site Reports debut
Project Charters
Ward Activity & QI Boards (tests of change & progress)
Data per ward – Days Between CAs
Reporting to Acute and Site CMGs

QI Dashboard

LothianQuality
BETTER HEALTH, BETTER CARE, BETTER VALUE
Go to the Lothian Quality Website for the latest news!
Follow us on Twitter @LothianQuality




NHS
Lothian
MED
NHS Lothian
Quality Showcase
Friday 18th June
2021
13:00 to 16:30
What? Doctors in Training from across NHS Lothian presenting improvement work
Why? Share, celebrate, learn & be inspired
Format? 'Quick-fire' 5-minute presentations with time for questions and discussion
How to Join? All welcome!
Link to Teams channel below
https://teams.microsoft.com/l/channel/19%3a4bedbf0f231c43af839c33767e1712a8%40thread.tacv2/Quality%2520Showcase%2520Live%2520Event%252018th%2520June%25202021?groupId=22919f11-6a8f-4c86-bf70-3702ab04f889&tenantId=10efe0bd-a030-4bca-809c-b5e6745e499a
https://www.med.scot.nhs.uk/events/nhs-lothian-quality-showcase-2021

Quality Academy Some Highlights

Title	Serial Prescribing
Aim	To increase the number of repeat prescription items that are serial prescriptions to 10% of all repeat items by end of February 2022
Test of Change	Prescribers will work closely with practice pharmacist who will liaise with the local community pharmacies. We aim to identify those patients and their long -term medications that are suitable to be registered for serial prescribing. This will result in one prescription being issued annually instead of every 56 days.
Impact	Increased the percentage of repeat items that are serial prescriptions from 2.60% to 5.96%. On track for February 2022 10% target. Need to measure the reduction in appointments and clinic time

QI Tools Methodology Applied

Aim Statement Template
Project Charter
PDSA Template
Driver Diagram
Run Charts
Staff Experience
Model for Improvement
Family of Measures

"I applied for the course based on the information on the website and it was just what I expected"

Quality Academy Some Highlights

Title	Enhanced vetting methods to optimise Spinal Advanced Practice Physiotherapy e - triage
Aim	Optimise e-triage of the spinal APP non-triaged waiting list, to reduce the booking of unnecessary NP appointments by 5% by November 2021.
Test of Change	Optimise e-triage of the spinal APP non-triaged waiting list, to identify unnecessary NP appointments
Impact	Aim of project achieved- reduced the number of unnecessary new patient appointments booked by 6% (20) reduced clinical time by 3hrs / week Improved patient care by ensuring the patients are getting to see the right clinician at the right time Patients appropriate to see an APP will be seen sooner, due to relative shorter waits Established monthly review of triage data and processes to help sustain change

QI Tools Methodology Applied

Aim Statement Template
Project Charter
PDSA Template
Process Map
Driver Diagram
Run Charts
Pareto Chart
Model for Improvement
Family of Measures

Excellent presentations, great opportunities for self and peer reflection

Quality Academy Some Highlights

Title	Young People's Drop In Sexual Health
Aim	By October 2021 we will increase patient satisfaction and experience whilst also reducing the waiting times in the main reception area so that they are welcomed and processed within 5 minutes from point of contact with a receptionist
Test of Change	• Have a Meet/Greeter at the main door during Drop In (1) • Have a dedicated Young Person's Receptionist • Introduce ticket system to reduce confusion • Create and distribute priority access cards for vulnerable groups • Have TV's in main area's informing of services and pathways • Reduce printing of labels etc (2)
Impact	Reduction of time spent in the main reception area 50% Elimination of paperwork for the Young People's drop in Meeter and Greeter able to streamline pathway for young people– therefore reducing confusion Reduced workload and pressure upon Reception staff

QI Tools Methodology Applied

Aim Statement Template
Project Charter
PDSA Template
Process Map
Staff Experience
Patient Experience
Run Charts
Pareto Chart
Model for Improvement
Family of Measures

"I found it much more enjoyable than I had expected. Engaging, helpful course facilitatoranswered my queries with patience and clarity".

Quality Academy Some Highlights

Title	Care Home Patients LOS 108 & 109 RIE
Aim	To have a consistency of length of stay for Care Home patients with in the trauma ward 108 and 109 at RIE. To reduce the length of stay to 5 days Post Op by Aug 2018.
Test of Change	•New Post of Complex Discharge Co-ordinator •Complex Discharge Co-ordinator attend MDT daily Mon – Fri •Increase Staff awareness of length of stay
Impact	With the first test of change the median length of stay has reduced by one day

QI Tools Methodology Applied

Aim Statement Template
Project Charter
PDSA Template
Run Charts
Pareto Chart
Model for Improvement
Family of Measures

Quality Academy Some Highlights

LothianQuality BETTER HEALTH, BETTER CARE, BETTER VALUE — NHS Lothian

Title	
Aim	Can the implementation of Realistic Medicine Principles which put patients at the centre of their care improve capacity, reduce DNA rates and result in an overall reduction in the waiting list in musculoskeletal physiotherapy practice?
Test of Change	• Establish the patient's expectation of the consultation. • Offer patient the choice of a further appointment
Impact	• Reduce DNA rate – 22% drop • Increase NP capacity – 8% increase • Reduce waiting list – 2.65 week reduction • Improve patient choice

QI Tools Methodology Applied

Aim Statement Template
Process Map
Project Charter
PDSA Template
Run Charts
Pareto Chart
Model for Improvement
Family of Measures

"Core skill set for all staff, could be your best next move!"

Quality Academy Some Highlights

LothianQuality BETTER HEALTH, BETTER CARE, BETTER VALUE — NHS Lothian

Title	Increasing Hepatitis C Testing Leith Surgery
Aim	Increase uptake of HCV testing by 25%
Test of Change	•Invitation letters (sent Sept. 18) • Change in coding for country of birth • Change to registration process
Impact	There has been an increase of over 200% in the number of HCV tests being conducted.

QI Tools Methodology Applied

Aim Statement Template
Process Map
Project Charter
PDSA Template
Run Charts
Model for Improvement
Family of Measures

It would be useful if QI Academy was mentioned at everyone's NHS induction as then more people will know more about it. After being in the NHS you will then know how it is possible to progress with any idea you may have

Quality Academy Some Highlights

LothianQuality BETTER HEALTH, BETTER CARE, BETTER VALUE — NHS Lothian

Title	Knee Aspiration in the Emergency Department
Aim	• Improve patient management by reducing time to aspiration in the ED • Outcomereduce time to aspiration (and therefore treatment decision ED • ProcessAspiration ideally should be carried out at first assessment by E staff, this would remove the wait for a speciality trainee to perform the and therefore improve flow • Balancing-Engagement and feedback from ED staff regarding current workload and safety
Test of Change	• Discussion ED leads regarding problem and base line audit revealed • 58% aspiration by Ortho • 66% breach rate • Plan to enable ED health professionals the skill and confidence to pe aspiration independently • Development of a Lothian based knee aspiration 'mastery skills programm
Impact	• Orthopaedic performing 10% of aspirate (p<0.001) • Time to aspiration reduced from 227 minutes to 156 minutes (p=0.02) • 45% of patients breached versus 66% prior to intervention (p=0.08) Sustainment ED now training staff 'in house' with own knee model

QI Tools Methodology Applied

Aim Statement Template
Process Map
Project Charter
PDSA Template
Run Charts
Model for Improvement
Family of Measures

"I don't think that there was a particular 'stand out' session - they were all good and I got something out of all of them, and found the presenters really "engaging

Quality Academy Some Highlights

LothianQuality BETTER HEALTH, BETTER CARE, BETTER VALUE — NHS Lothian

Title	Streamlining the Midlothian Dementia Clinic
Aim	To define the role of the Memory Clinic in order to reduce variability and non value added interactions.
Test of Change	• Redefined purpose of Clinic • Changed appointment times • Developed canned text to ↓admin • Reduced nursing sessions in clinic
Impact	The same number of patients were seen in clinic within eight weeks using 4 instead of 6 nursing sessions. This created sessions to deliver PDS groups.

QI Tools Methodology Applied

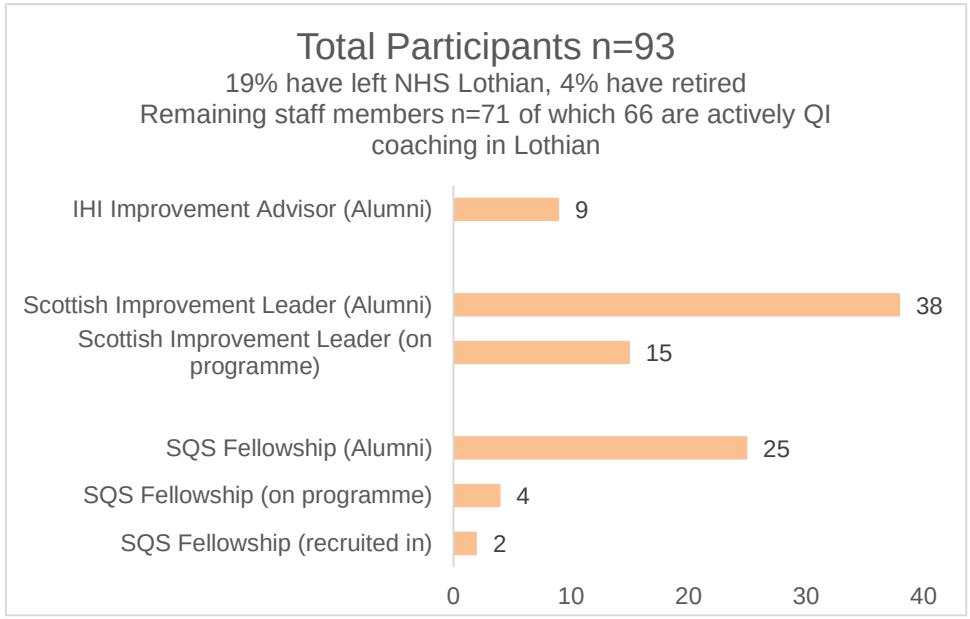
Aim Statement Template
Project Charter
PDSA Template
Run Charts
Model for Improvement
Family of Measures

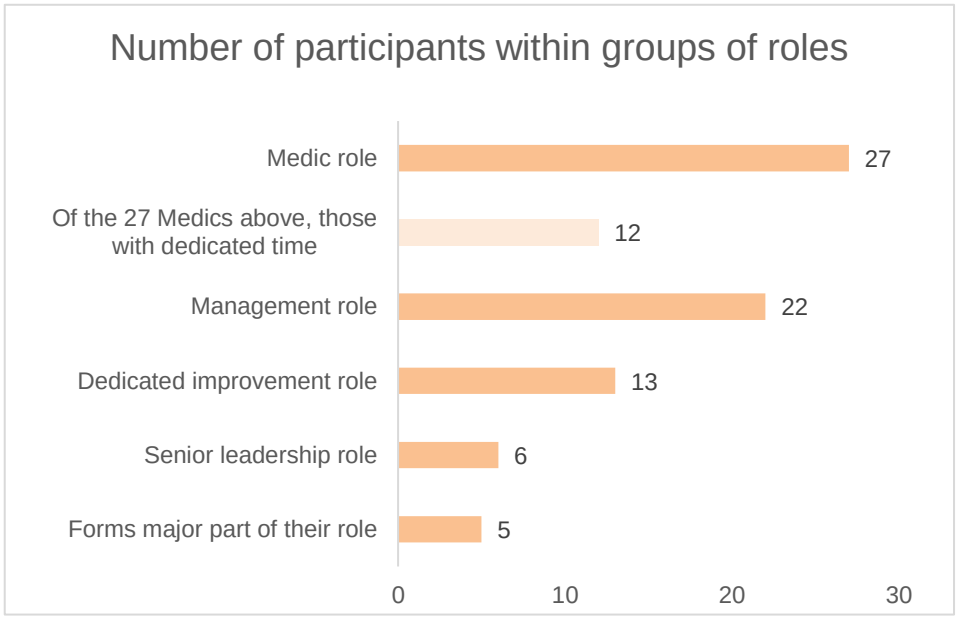
Very interactive, in particular the ability to discuss the topics in relation to our own projects rather than in a purely theoretical way

Quality Academy Some Highlights

Title	Improving Access and Reducing Waiting Time for CPN Assessment and Improve
Aim	• All patient referred to CPN non-urgently, will be offered an assessment rather than be waitlisted from Jan 2019. This might reduce waiting time by 50% (from 12wks to 6 wks
Test of Change	• Assessment appointments to all new referrals from January '19. • Explore patient experience.
Impact	• Median length of wait for assessment reduced from 80 days (11.4wks) to 55days (7.8 wks). • Reduced waiting time for assessment and earlier engagement. • Improved patient and staff experience. • Clarified role of CPN and that of team in system. • Share project with the team to contribute towards Patient Focused Booking (PFB

QI Tools Methodology Applied
Aim Statement Template
Process Map
Project Charter
PDSA Template
Run Charts
Model for Improvement
Family of Measures
Staff Experience


Total Participants n=93
19% have left NHS Lothian, 4% have retired
Remaining staff members n=71 of which 66 are actively QI coaching in Lothian
IHI Improvement Advisor (Alumni)
9
Scottish Improvement Leader (Alumni)
38
Scottish Improvement Leader (on programme)
15
SQS Fellowship (Alumni)
25
SQS Fellowship (on programme)
4
SQS Fellowship (recruited in)
2
0
10
20
30
40


Number of participants within groups of roles
Medic role
27
Of the 27 Medics above, those with dedicated time
12
Management role
22
Dedicated improvement role
13
Senior leadership role
6
Forms major part of their role
5
0
10
20
30

	Priorities 22/23
Quality Management and Leadership	NHS Lothian's Senior Management Team will systematically apply QM to the delivery of 22/23 corporate objectives. This would include the following: • Re-state NHS Lothian's commitment to being a quality focussed organisation • and application of QM • Build the Board, Executives, and senior managers capability to apply QM to • ensure a shared understanding and common use of language including • integrating into existing leadership offerings • Explicitly reference QM in the corporate objectives and for each executive/director to identify one objective where QM will be applied in 2022/23 • Ensure QM is stated in the LSDF to support implementation of the Strategic Framework • Identify key corporate processes where QM can be applied and integrate QM into those processes • Consider how we annually plan our services with a focus on 6 dimensions of quality using QM • Build QM into the Lothian Leadership and management competencies and programmes.
Networks	• The established and new networks priorities are set out in their plans and summarised in the self-evaluation documents • Establish a Quality Network at the Royal Hospital for Children and Young People by the end March 23 • Test and develop a case for a Joy in Work network which includes capability and capacity building supported by QI coaches. • Achieve 100% participation in improvement for Dr's in training.

Care Pathways	• Corporate Management Team and the Service Management Teams continue to identify pathways of care that require consideration to meet corporate objectives which would include cancer, unscheduled care pathways, and schedule care processes such as discharge planning and safety • Increase the use of Toolkits to enable the scale up and spread of successful improvement initiatives.
Nursing, Midwifery and Allied Health Professionals	• Examine how QM as a framework for delivery can be articulated in the Patient Experience Strategy, Primary Care Nursing Strategy and the Allied Health Professional Innovation and Improvement Strategy to increase the use of QM in Lothian.
Infrastructure	• Include in the re-write of the NHS Lothian Information Strategy how the gap in routine, timely measurement of the quality of care we provide can be addresses to inform planning, improvement, and assurance • The final review of the strategy will look at the resourcing of the QS in detail.
Building Capacity and Capability	Increase and further standardise the number of QI training opportunities by • Run 6 Virtual QI Courses across 22/23 • Deliver through the service local QI training in a flexible and agile manner acknowledging current service pressures • Further standardise QI training courses and content and make available a training resource for all who wish to deliver training to ensure consistent delivery including use of language and tools. • Test with HR/OD a 5-day Joy in work course integrating QI training into the programme supported by QI coaches • Review leading and planning for improvement and test the updated curriculum with a focus on QM.

Health Innovation	• Develop the improvement pathway that includes the innovation life cycle to identify opportunities for partner working between the QD and the innovation team • Test the pathway to identifying common priorities for quality and innovation at an early stage in the innovation life cycle, informed by quality planning and the technology readiness scale.

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Thank you all to those who contributed to the review.