

NHS Ayrshire & Arran



Meeting:	Ayrshire and Arran NHS Board
Meeting date:	Monday 14 August 2023
Title:	Quality Strategy 2019-2022
Responsible Director:	Jennifer Wilson, Nurse Director
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1. Purpose

This is presented to the Board for:

- Decision

This paper relates to:

- NHS Board/Integration Joint Board Strategy or Direction

This aligns to the following NHS Scotland quality ambition(s):

- Safe
- Effective
- Person Centred

2. Report summary

2.1 Situation

A three year Excellence for Ayrshire [Quality Strategy](#) was planned over 2019-2022. Operational and clinical challenges during the pandemic, and in this recovery and remobilisation period, resulted in a reprioritisation of resources. The predicted outcomes of the strategy have therefore not been achieved as originally intended and a review of the Quality Strategy timeline is required.

A proposal to extend the Quality Strategy for a further 3 years – 2022-2025 was endorsed by Corporate Management Team, and this paper is presented to Board for final approval.

2.2 Background

The [Quality Strategy](#) for NHS Ayrshire & Arran (NHSAA) launched in 2019 describing our commitment to deliver quality improvement and high quality care that would enable and support delivery of the strategic objectives, and the ambition for health and care service transformation.

The Quality Strategy also aligns to NHS Ayrshire & Arran’s local health and wellbeing framework, Our Health 2020 as well as Scottish Government Healthcare Quality Strategy (2010).

2.3 Assessment

Our Vision & Purpose in 2019

“To meet the health and social care needs of our population by transforming what we do, and by working together to achieve the healthiest life possible for everyone in Ayrshire and Arran.”

“We will enable everyone in Ayrshire and Arran to improve the quality and experience of care for our communities,” with the intention to move towards a system wide approach to quality improvement to ensure that a quality culture is embedded.

The vision was ambitious, and supported at every level of the Organisation when launched. It was to be realised through a coordinated and prioritised programme of interventions aimed at improving capability and capacity for QI, and also improving:

- the experience of care, staff experience,
- the health of the population,
- reducing the per capita cost of health care, and
- Staff experience.

The following are essential to the success of the Quality Strategy:

Increasing QI Capacity and Capability

During the Covid 19 Pandemic, Quality Improvement (QI) Teams were redeployed to support system pressures, many working clinically in Acute areas or Vaccinations and COVID Therapeutics. Non clinical staff supported a number of initiatives within Vaccinations, Wellbeing Hubs and other areas of focus.

From inception and despite these redeployments, the QI Teams have successfully educated a total of 108 candidates on foundation level QI known locally as the Ayrshire and Arran Improvement Foundation Skills (AAIFS) – see **Table 1**. Each candidate is provided with mentorship from an inter-professional faculty to support consolidation of learning and practical applications of the fundamental QI skills through completion of a QI project.

Table 1

Cohort	Status	Partnerships**	Outwith Partnerships (Acute, Estates, Nurse Directorate etc.)	Total
1 pre covid	Completed	0	8	8
2 pre covid	Completed	8	10	18
3 April – July 2022	Completed	4	13	17
4 Aug – Nov 2022	Completed	21	9	30
5 Jan – March 2023	Completed	21	14	35
	Total Completed	54**	54	108

Table 2 below, indicates the predicted trajectory for AAIFs courses and applicants. Notably the predicted numbers to have undertaken the course by end 2023 is approximately 184 in total, with further applicants expected as annotated by *.

Table 2

Cohort	Status	Partnerships**	Outwith Partnerships (Acute, Estates, Nurse Directorate etc.)	Total
6	Current Cohort (commenced 20 th April, complete 29 th June)	27	15	42
7	Cohort commences 29 th August and completes 7 th November	15*	19	34*
	Total predicted to complete by end of 2023	42*	34	76*
	Predicted by end of 2023	96	88	184

*Cohort 7 Partnerships – Expecting further applications as part of agreement with South H&SCP to take 20 places at each cohort, hence, these numbers may rise accordingly.

** Partnerships figures include North, South and East

Nationally, numbers of places on lead level QI Programmes for each NHS Board are agreed by NHS Education for Scotland. The following number of lead level QI Programmes were completed within NHSAA during 2019-2022, with a total of 35 Quality Improvement Projects being generated from these national programmes.

- Scottish Coaching and Leading for Improvement Programme (ScLIP): 11
- Scottish Improvement Leader (ScIL): 22
- Scottish Quality and Safety Fellowship (SQSF): 2

For 2023-2024, NHSAA have been allocated 7 ScLIP and 4 ScIL places, with SQSF currently recruiting. Numbers completed will be dependent on successful, competitive applications to ensure that the candidates meet the criteria and have full support from their line manager.

To further support the Quality Strategy, 20 candidates successfully completed a 2 day Coaching Programme in September 2021.

Caring For Ayrshire Quality Improvement Team

A Caring for Ayrshire Quality Improvement Lead and team has been successfully recruited, with a Band 6 and Band 7 also now in post to support the Lead in delivering on the vision that care will be provided as close to home as possible.

Building a Quality Improvement Network

A QI Alumni network hosted on the Teams Platform is in the design phase and anticipated to be complete by end June 2023. The ambition is to provide shared opportunities for learning and QI experience. Furthermore, an AAIFS Newsletter has been produced and work is started on the 2nd edition of this. Content includes

bios from previous attendees and information on what has happened after AAIFS to maintain the momentum, optimise shared learning and project outcomes.

Furthermore, NHSAA has recently secured an 18 month membership with the International Healthcare for Improvement European Alliance, opening further opportunities for our QI alumni and organisational leaders to connect and share learning. Connections have already been made with executive Danish colleagues to learn from their organisation's zero pressure ulcer position. Subsequently, they have agreed to present at Cohort 6 of AAIFs and in reciprocation, will attend to observe on Cohort 7.

Value Management Approach

The Quality Strategy included an intention to integrate a Value Management Approach (VMA) to the delivery of QI for local and national programmes of work. Ongoing clinical pressures and the onset of the COVID pandemic however led to the suspension of testing VMA. At a National level, a VMA collaborative supported by HIS was launched and ran from November 2019 to October 2022. It is our understanding that there are no plans to extend this programme.

Furthermore, creating the conditions for success is known as a key enabler for a Value Management Approach. Although small areas of work, specifically in ITU were progressed pre pandemic, the conditions remain very sub-optimal and this work will not be continued currently.

Given the above, it is proposed that within NHSAA, the decision is made to align the organisation with the national decision not to continue with VMA approach.

2.3.1 Quality/patient care

Strategic objectives within the Quality Strategy highlighted the need to deliver transformational change in the provision of health and social care through dramatic improvement work and use of innovative approaches. Increasing QI capability and capacity through local and national QI will support this agenda.

However, it should be noted that the ambitions and commitment to addressing the Quadruple aim to improve patient experience of care, improve the health of the population, reduce the per capita cost of health care and improve staff experience may not be realised so optimally given that VMA is no longer being supported nationally or locally.

2.3.2 Workforce

Success of QI work is dependent on creating the right conditions for change. The tangible workforce and operational pressures that the organisation continue to face may potentially impact on staff experience, involvement in and progress/outcomes of programmes of work.

2.3.3 Financial

There are no direct financial implications at this time related to the extension of the Quality Strategy.

2.3.4 Risk assessment/management

An organisational risk assessment has been completed for the generic workforce challenges, which do impact on progress as outlined throughout the paper.

2.3.5 Equality and diversity, including health inequalities

An impact assessment has not been completed for this Quality Strategy as it impacts positively on all patients and service users regardless of inequalities or protected characteristics.

2.3.6 Other impacts

- Best value
 - Vision and Leadership
 - Effective Partnerships
 - Governance and accountability
 - Use of resources

The Quality Strategy demonstrates clear vision and leadership. Effective Partnership working, governance and accountability around the organisations quality and improvement agendas,

- Compliance with Corporate Objectives
Delivery of transformational care through improvement and use of innovative approaches. Protecting and improving the health and wellbeing of the population and reducing inequalities. Creation of compassionate partnerships between patients, their families and those delivering health and care services must continue to create the right conditions to meet the needs and values of patients, staff and our organisation to enhance their experience. Efficient use of resources to increase QI capability and capacity, attracting, developing, supporting and retaining skilled and staff from all sectors to optimise impact.

2.3.7 Communication, involvement, engagement and consultation

The Board has carried out its duties to involve and engage external stakeholders where appropriate:

- Public Involvement and Engagement through our patient involvement network
- Discussions have taken place at the Nursing, Midwifery & Allied Health Professions (AHP)
- Professional Leadership Group and the Associate Medical Director meeting
- Engagement with clinical and non-clinical networks
- Shared with Area Clinical Forum
- Approved by the Employee Director

2.3.8 Route to the meeting

This has been previously considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report:

- This is an updated version of a paper presented to CMT on 23 August 2022
- Presented to Healthcare Governance Committee on 5 June 2023.

2.4 Recommendation

For decision. Board members are asked to discuss and approve the decision to extend the Quality Strategy to 2022-2025, noting that this will no longer include VMA in line with the national approach. Link to [Quality Strategy](#).