

NHS Ayrshire & Arran



Meeting:	Ayrshire and Arran NHS Board
Meeting date:	Monday 3 February 2025
Title:	Quality Strategy Implementation
Responsible Director:	Jennifer Wilson, Nurse Director
Report Author:	Geraldine Jordan, Director of Clinical and Care Governance

1. Purpose

This is presented to the Board for:

- Discussion

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

The NHSAA Quality Strategy describes our commitment to deliver quality improvement and high quality care that will enable and support delivery of our strategic objectives, and our ambition for health and care service transformation.

In June 2023, Healthcare Governance agreed that the current Quality Strategy would be extended to include the period 2023-2025. With this extension came a commitment that an implementation plan would be developed to support further delivery of the strategy. The NHS Board approved this in August 2023.

This paper provides an update on progress of the Quality Strategy, with a view to providing the required assurance to NHS Ayrshire & Arran board.

An evaluation of the understanding and impact of the Quality Strategy will begin in January 2025, with a report detailing the findings published in July 2025.

Consultation and co-design with a range of stakeholders to guide the direction of NHS Ayrshire & Arran (AA) future Quality Strategy will begin in January 2025.

2.2 Background

A three year NHSAA Excellence for Ayrshire Quality Strategy was launched in 2019. However, due to operational and clinical challenges during the pandemic, and a period of recovery and remobilisation the full delivery of the strategy was not achieved. In June 2023, Healthcare Governance Committee agreed that the current strategy would be extended to include the period 2023 – 2025, this was approved by the NHS Board in August 2023. A condition of this endorsement was the development of an implementation plan to support delivery of the strategy and a multidisciplinary Quality Strategy Implementation Group was established.

In January 2024, Healthcare Governance Committee requested a paper to provide assurance that implementation of measures/deliverables set out in the Quality Strategy have progressed be submitted to NHS Ayrshire & Arran Board meeting in February 2025.

2.3 Assessment

This strategy describes NHSAA commitment to deliver quality improvement and high quality care that will enable and support delivery of strategic objectives, and the ambition for health and care service transformation. To support implementation of the strategy a multidisciplinary group was established and has engaged widely to develop an implementation plan.

This implementation plan is supported by meetings bringing together professional/operational and Quality Improvement leads to track progress, outline mitigations where lack of progress has been identified and understand new emerging priorities.

To support the progress of the Quality Strategy Implementation Plan, each responsible professional/ project lead has provided an update on progress.

This paper provides an overview of progress with implementation of the deliverables set out in the strategy (similar deliverables have been grouped together). Considerable progress has been made during 2024, this is outlined in **Appendix 1**.

Table 1: Progress of Quality Strategy Deliverables

STATUS	Number at each stage
Delivery	35
Partial delivery	3
Planning for delivery	1
Not started	0
Pending Update	0

Appendix 2 provides examples of implementation of the Quality Strategy.

2.3.1 Quality/patient care

Quantitative and qualitative measurement of the experience of patients, family and staff will inform how we as an NHS Board improve the quality and safety of care, and the delivery of the Quality Strategy ambitions and implementation plan.

2.3.2 Workforce

Success of quality improvement work is dependent on creating the right conditions for change. The tangible workforce and operational pressures that the organisation continue to face may impact on delivery.

2.3.3 Financial

There are no direct financial implications at this time related to the extension of the Quality Strategy. Any future financial implications would be escalated through the Nursing Directorate in the first instance and then via appropriate governance/management structures.

2.3.4 Risk assessment/management

Failure to deliver the Quality Strategy will

- impact on the quality and safety of care for patient/family/service users,
- impact on staff experience and wellbeing,
- ongoing workforce, clinical and operational pressures may impact on the progress and outcomes of the implementation plan.

2.3.5 Equality and diversity, including health inequalities

An Equality Impact Assessment (EQIA) has not been completed to support the Quality Strategy Implementation Plan. When planning for the development of the next Quality Strategy an EQIA will be completed to identify any disadvantage and take appropriate steps to mitigate, or at least minimise, this.

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 agenda.

2.3.7 Communication, involvement, engagement and consultation

The Quality Strategy underwent an extensive consultation, involvement, engagement and consultation phase including:

- Public involvement and engagement through our Patient Involvement Network
- Discussions at the Nursing, Midwifery & Allied Health Professions (AHP) forums
- Discussions at Professional Leadership Group and the Associate Medical Director meetings
- Engagement with clinical and non-clinical networks
- Shared with Area Clinical Forum
- Approved by the Employee Director

2.3.8 Route to the meeting

The paper to extend the Quality Strategy was presented to Healthcare Governance Committee on the 5 June 2023, a summary of the aforementioned extension paper was submitted to Board on 14 August 2023 for approval.

An update paper describing the Quality Strategy Implementation was presented to Healthcare Governance Committee on the 15 January 2024 and 3 June 2024. The content of this paper was discussed at the Quality Strategy Implementation Group on the 19 November 2024 and the Healthcare Governance Committee on 13 January 2025.

2.4 Recommendation

For discussion: members are asked to note and discuss progress with implementation of the Quality Strategy as outlined within this paper.

3. List of appendices

The following appendices are included with this report:

- Appendix 1 - Overview of Quality Strategy Implementation
- Appendix 2 – Examples of implementation of the Quality Strategy

Appendix 1 – Overview of Quality Strategy Implementation

1. Introduction

Following extension of the Quality Strategy, this paper provides an overview of progress with implementation of the deliverables set out in the strategy (similar deliverables have been grouped together).

Table 1 - Overview of Quality Strategy Deliverables

STATUS	Number at each stage
Delivery	35
Partial delivery	3
Planning for delivery	1
Not started	0
Pending Update	0

Table 2 - Operational Deliverables

Deliverable	Status	Additional Information/ Examples
Building quality improvement capacity and capability	Delivery	From Oct 2020 - November 2024, 279 staff completed AAIFS. An evaluation of AAIFS is underway and will be published early 2025.
Building a renewable QI infrastructure and embedding a culture of Quality Improvement	Delivery	All staff have access to QI modules and can apply for foundation training and national QI programmes Triumvirate QI alignment to coaches
Building a Quality Improvement Network (Developing an Ayrshire and Arran Quality Improvement Network)	Delivery	Board wide improvement groups are leading subject specific improvement work e.g. falls and deteriorating patient.
Quality and Cost Improvement	Delivery	TrakCare Patient Management System migrated to modern off-site (private cloud) hosting infrastructure that supports seamless disaster recovery and reduces systems downtime. Cost avoidance by District Nursing Teams using PECOS to order rather than have products prescribed.
Actively seeking and responding to patient, family and carer feedback mechanisms.	Delivery	Quarter 1 of 2024/25, 125 stories from the public were received, with 74% completely positive. These stories have been read more than 11,929 times. Quarter 2 of 2024/25, 147 stories from the public were received with 75% completely positive. These stories have been read more than 14,270 times.

Deliverable	Status	Additional Information/ Examples
Developing and implementing equality and diversity strategies and plans.	Delivery	The equalities legislative 4-year cycle requirements are currently under review. 5 new equality outcomes are in development.
Patient and public participation and engagement mechanisms.	Delivery	A Communication and Engagement Strategy has been developed which includes tools and templates for patient, public and staff participation and engagement.
Delivering the Patient Experience and Caring Connections Programme.	Delivery	This programme ended in 2019. Currently an inpatient survey is carried out in each patient area twice a year and results shared with SCN's for learning and improvement.
Implementing and evaluating the success of our Patient Story Framework.	Delivery	Framework and calendar now being prepared for 2025 / 2026, with a patient story presented at every board meeting. The patient story framework is currently being updated and a database of stories is under development to promote wider use.
Engaging with specific service users, patient groups and networks.	Delivery	Support is being provided to increase and enhance engagement and feedback methods across routine and bespoke service reviews, improvements and programmes of work.
Analysis and evaluation of all patient, family and carer feedback to identify common themes, celebrate success and identify key priority areas for improvement.	Delivery	The feedback and complaints team capture and record all feedback and share with service for learning and improvement
Continued delivery of the Scottish Patient Safety portfolio of programmes	Delivery	A number of national SPSP programmes are undergoing a period of redesign however, QI work continues with programmes focused on further tests of change or spread and scale.
Continued implementation of Prevention and Control of Infection systems and processes	Delivery	The IPCT and clinical teams monitor implementation of local and national IPC policy through audit programmes. Progress towards the IPC planned programme, Infection Control Standards (HAI Targets) and KPI's

Deliverable	Status	Additional Information/ Examples
		are reported to the Prevention and Control of Infection Committee (PCOIC).
Implementation of Duty of Candour processes	Delivery	Work underway to strengthen Duty of Candour process by developing a policy which is due to be discussed at RARSAG April 2025. Once the policy has been approved an associated toolkit and awareness sessions will be developed.
Build upon and expand use of EC4H communication education	Delivery	100 staff have attended Being Open Training.
Adverse Event Policy and associated processes	Delivery	Adverse Event Policy reviewed, updated. Awareness raising sessions planned for early 2025.
Strong Clinical and Care Governance structures and processes for assurance and learning	Delivery	<p>Review of Clinical Governance processes commenced with completion of Acute Review Nov 24.</p> <p>Thematic reports shared for complaints and adverse events with service.</p> <p>Excellence in Care (EiC) / QI Leads work with Clinical Leaders to review data for improvement, assurance and learning.</p>
Development and implementation of our Digital strategy	Delivery	Digital Strategy implementation has led to enhanced customer engagement, services and processes, improving the patient's journey and mapping them through their entire journey.
Maximising the value of our Realistic Medicine leadership and approach	Delivery	<p>Supporting the Chief Medical Officer's Value Based Health and Care (VBH&C) Action Plan.</p> <p>Realistic Medicine (RM) principles and VBH&C promoted via RM Steering Group, Primary and Secondary Care clinical leader groups, medical trainee education and recently engaged with appraisal process.</p>
Development and implementation of our Digital strategy to maximise our use and analysis of data	Delivery	Performance Information and Insights Team continue to work alongside service colleagues to ensure data is available.

Deliverable	Status	Additional Information/ Examples
		Analysis of data and use of findings to support decision making and improvement work across the system, continues to be supported.
Participation and implementation of the national access programmes	Partial Delivery	A programme managed approach to further Active Clinical Referral Triage (ACRT) and Patient Initiated review (PIR) expansion commenced in Sept 24 to support further roll-out. Access investment in additional planned care capacity continues in line with the 2024/25 planned care plan and annual delivery plan.
Design and delivery of improved clinical pathways aligned to Caring for Ayrshire programme	Partial Delivery	Working with teams to develop a proposal for 'Sustainability through Reform' programme, which will describe how a reform agenda will help to achieve improved operational performance and financial sustainability.
Delivery of our People Strategy through Corporate People Plan	Delivery	Corporate People Plan is currently being delivered
Continued maximisation of our Occupational Health Team to support our staff	Delivery	In the past 6 months Occupational Health have seen 835 Management Referrals, 441 Self Referrals and carried out 1369 Pre placement screens.
Continued evolvement of the Staff Care team to benefit our staff	Delivery	Group bereavement support sessions delivered to 33 staff. Bereavement café launched March 2024 which has supported an average of 6 staff members each month
Continued successful implementation of our Volunteering recruitment and management systems	Delivery	Youth volunteering strategy approved by CMT and will be launched in December 2024. Currently over 200 active volunteers.
Peer support for medical staff	Delivery	Medical peer support and wellbeing sessions for a range of grades of doctors are scheduled throughout the year.
National Quality Improvement Education programme: using successful candidates as QI coaches for local teams; coaching a minimum number of local projects	Delivery	Alumni lists updated Sept. 2024 allowing staff across NHSAA to identify support for improvement work.

Deliverable	Status	Additional Information/ Examples
Developing a coaching approach to Quality Improvement education and training	Delivery	All 279 staff who have undertaken AAIFS have been offered a QI coach/mentor to support development of QI skills and education. All staff undertaking national QI courses offered a coach/mentor. QI advisors aligned to Triumvirate to support coaching approach.
Development of quality dashboard at corporate, site, directorate and HSCP level.	Planning for delivery	Scoping has commenced to consider measures and develop a quality dashboard within 25/26.

Table 3 - Overarching Deliverables

Deliverable	Status	Additional Information/Examples
Understanding and reducing variation that does not add value for the patient	Delivery	Co-production of person-centred documentation and design of patient/visitor information. Transfer Co-ordinator role ensuring patients receive the right care in the right place within North Ayrshire community hospitals. Within the first year of post 415 patients were re-directed to an appropriate place of care.
Continued use of our staff feedback systems such as iMatter	Delivery	iMatter 2024 had a 56% response rate with 57% of action plans agreed at team level.
Local QI Education and use of strategic change programmes as the focus for improvement projects	Delivery	279 staff who have completed AAIFS have completed a QI project focused on areas for improvement within the services they work within.
Aligning Quality Improvement projects to organisational strategic objectives	Delivery	Development of commissioning form for QI support to ensure alignment to strategic priorities. Mentorship provided to all staff undertaking QI courses to support alignment to organisational strategic objectives.
Further develop capability in data analysis.	Delivery	Business Objects training to support staff and management continues. Introduction to data for improvement is part of the AAIFS programme

Deliverable	Status	Additional Information/Examples
Aim to avoid waste in time and money spent on duplicated recording and cleansing data.	Delivery	Short life working group focused on streamlining scheduled reports produced from Business Objects. Documentation co-designed by Nursing and Allied Health Professional staff, to reduce duplication of record keeping and support extraction of data electronically.
Ensure that data is collected as part of an electronic system where possible, allowing clear audit trails.	Delivery	EiC/ QI Team continue to promote QI Portal where measures can be developed and data collected at ward / team level.
Ensure all data are presented and interpreted using agreed Measurement and Visualisation Standards to ensure a consistent approach to presentation of data.	Partial Delivery	Short life working group focused on streamlining scheduled reports from Business Objects.
Qualitative and quantitative data will be integrated ensuring the patient and staff voice is strong, increasing robustness and credibility of data.	Delivery	Inpatient Surveys continue with increased frequency. A number of bespoke surveys are also being supported. Staff Care provides emotional and relational support through compassionate listening. 3330 sessions of support which include peer and bereavement support were offered to staff in 2024 with an uptake of 89%.

Quality Strategy - Examples of implementation of the Quality Strategy

This strategy describes our commitment to deliver quality improvement and high quality care that will enable and support delivery of our strategic objectives, and our ambition for health and care service transformation

Strategic Objectives 2023 - 2025

Person Centred

Mutually beneficial partnerships between patients, their families and those delivering healthcare services which respect individual needs and values and which demonstrate compassion, continuity, clear communication and shared decision making.

There will be no avoidable injury or harm to people from healthcare they receive, and an appropriate, clean and safe environment will be provided for the delivery of the healthcare services at all times.

Safe

Effective

The most appropriate treatments, interventions, support and services will be provided at the right time to everyone who will benefit, and wasteful or harmful valuation will be eradicated.

Spotlight on innovation and improvement :-

Building quality improvement capacity & capability



Aim - To build organisational quality improvement capability by increasing the number of staff across NHSAA trained in Quality Improvement methodology by 25%.

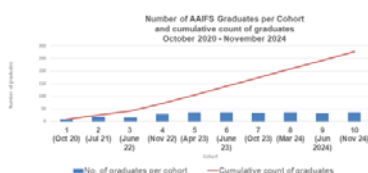
Delivered:

Cohorts Delivered to date:



Graduates to date: 279

Outcome:



'Quality is Everyone's Business'

"The entire course went well. I found it exceptionally beneficial to my QI journey. I really enjoyed breaking in to smaller teams as it made it slightly easier when presenting and very beneficial networking."
Local QI course delegate



RIGHTDECISIONS FOR HEALTH AND CARE

AIM

To implement Right Decision Service a 'Once for Scotland' national decision support service which provides tools to build and deliver decision support as web and mobile apps and integrated with electronic care records. It is a key deliverable from Scotland's Digital Health and Care Strategy and Delivery Plan.

Delivered

Initially tested 11 guidelines uploaded to Right Decision Service. Pre survey indicated accessing guidelines was challenging, post survey indicated positive experience of using the service. An additional 50 guidelines and resources have been uploaded to Right Decision Service.

Outcome

Governance processes have been developed to enable continued implementation of Right Decision Service within NHSAA with a priority list of guidelines to be up loaded being identified and planning for move of clinical pathways from Clinical Knowledge Publisher.



Reducing Falls within Acute Hospitals



Reduce the number of Falls by 20% and falls with harm by 30% by March 2024 (SPSP Falls Driver Diagram)

Using a quality improvement approach teams within NHSAA have been participating in the SPSP Acute Adult Collaborative with the aim of improve the safety and reliability of care and reduce harm and the Excellence in Care programme which supports the measurement of processes and supports assurance and improvement of the quality of care provided by nursing and midwifery staff.

Supported by the establishment of acute falls co-ordinators within the QI team a 13% reduction in all falls within acute hospitals has been achieved. Changes in practice include patient information leaflets, post fall sticker, enhanced data analysis to understand areas with increased and reduced falls and information raising and staff education



Increasing Volunteering within NHSAA

AIM:- To have at least one volunteer in each acute ward by the end of April 2024

Delivered:

- New Volunteering Manager appointed
- New volunteering strategy & recruitment campaign designed to capture retired people & younger people

Delivered:

- Partnership with Ayrshire College – 100 students taking up volunteering
- New volunteering roles, including Activity volunteers
- Refresh Acute Ward Volunteers

Outcome:-

- Developing and recruitment of new roles for volunteers e.g. Spiritual Care and Emergency Department Volunteers.
- School visits
- Recruitment Events
- Launching Youth Development Programme
- Capturing feedback to measure the impact of volunteering.

100

The Ward Volunteers who were here this week were fab!!! Some really positive feedback from patients and staff alike, about both of them.

I wish I could have a ward volunteer 7 days a week!
Senior Charge Nurse, University Hospital, Crosshouse

Maximising the value of our Realistic Medicine Leadership and Approach

AIM

By 2030 all health care professional will be supported to deliver Value Based Health and Care

Delivered

Shared Decision Making education supporting "It's ok to ask" campaign.
 Rebranded Patient Information Leaflets
 Actively engaging to ensure service developments have principles of Realistic Medicine influencing their change.

Outcome

Collaborative working with Patient Experience
 Realistic Medicine decision making collabaraRATE tool now incorporate within patient experience surveys.

Realistic Medicine...

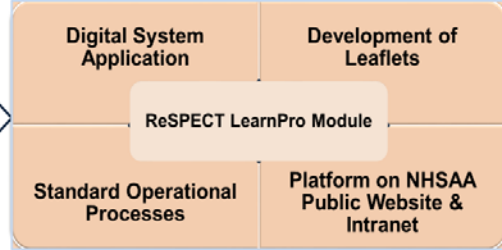
...delivering personalised health and care that matters to the public, empowering our staff to practice and equipping us all to steward NHS Ayrshire & Arran's resources effectively.



Delivering Person Centred Care across NHSAA



By December 2025 the Recommend Summary Plan for Emergency Care and Treatment (ReSPECT) will be available across Ayrshire and Arran providing citizens an opportunity for their values & priorities to be heard, ensuring the right care in the right place and time.



Outcome

During the first six months of testing (October 23 – March 2024)

91 ReSPECT plans completed in NHS Ayrshire and Arran

154 Staff completed Learnpro Module

These conversations are a privilege. I've been humbled by what people share, and the meaning of decisions for them in the context of their lives and what they value and care about. Our work now is to embed it as "the new normal"

Sarah McLatchie, Senior ANP

"Once things sunk in and I absorbed and reflected on what was discussed I realised that everything was based on my choices."

Anne, resident from residential care in home East Ayrshire.



Reliable recognition and response to deteriorating patients

AIM:- To improve response to deteriorating patients by implementing an Emergency Response Team (ERT) within UHC and UHA

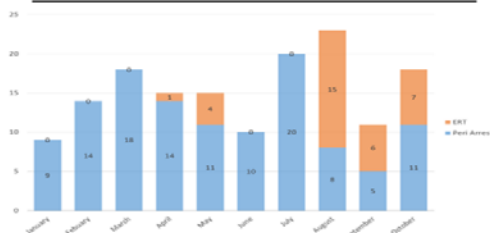
Delivered:



Outcome:-

- New ERT activation pathway implemented
- Emergency Response Team (ERT) rolled out across both Acute sites
- Increase in ERT calls Aug-Oct
- Decrease in peri arrest calls August and September

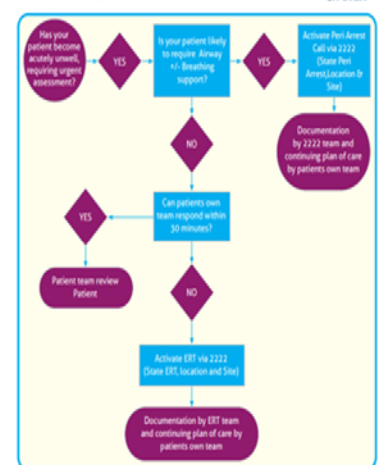
Peri Arrest vs ERT calls UHA 2024



It was a quick, helpful response to support management of a deteriorating patient on the ward. It brought great relief to me.

FY1 Doctor

Emergency Response Team (ERT) Activation Pathway



ERT MEMBERS
 HGN ANP x1
 2nd on Medic
 CSW
 Duty RO (Daytime only)
 +/- FY1 (as decided at huddle)

PERI/CARDIAC ARREST MEMBERS
 Anaesthetist
 1st on Medic
 2nd on Medic
 FY1
 ANP HGN/HGN
 ALS Nurse provider
 CSW
 Duty RO (day time only)



NC24-00293

Providing effective support & services

Aim

Improve access to clinical services & person centred trauma informed care to ensure optimum physical & mental health wellbeing outcomes within HMP Kilmarnock.

Delivered

HMP Kilmarnock Service Improvement Projects

First prison in Scotland to implement telephone healthcare consultations

February 2023

Introduction of Blood Borne Virus testing

March 2023

Introduction of sexual health screening

Mental Health Triage

May 2023

Re-introduction of long term health condition reviews

August 2023

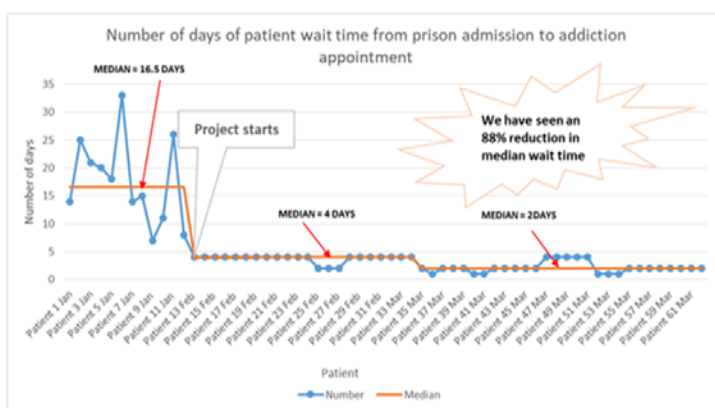
Addiction reviews within 5 days of prison admission

January 2024

Re-design of prison admission and reception process

March 2024

Outcome



People at the Heart of Healthcare



Delivering person centred Staff Care

Aim

To offer all staff emotional and relational support through compassionate listening

Delivered

3,300 staff sessions offered in 2024

Outcome

89% of session offered were attended

"The support, the opportunity to speak, and the curious questioning, has been a game changer. I can honestly say that I would not be back at work without having these sessions"

'Surprisingly, to me, I have been able to lift a heavy load off my shoulders.'



- Continue to evidence impact of Quality Strategy
- Develop and complete an evaluation of current Quality Strategy
- Commence co-design process of next Quality Strategy