

# The Healthcare Quality Strategy for NHSScotland

The Scottish Government, May 2010

# **The Healthcare Quality Strategy for NHSScotland**

The Scottish Government, May 2010

© Crown copyright 2010

ISBN: 978-0-7559-9323-9 (web only)

The Scottish Government  
St Andrew's House  
Edinburgh  
EH1 3DG

APS Group Scotland  
DPPAS10040 (05/10)

Published by the Scottish Government, May 2010

## Contents

	Page
1. Foreword	1
2. Executive Summary	5
3. Introduction – The Challenges	15
4. Our Response	21
5. Making it Happen	41
6. Implementation	47



# 1. Foreword



The ultimate aim of our Quality Strategy is to deliver the highest quality healthcare services to people in Scotland and through this to ensure that NHSScotland is recognised by the people of Scotland as amongst the best in the world. We want to achieve this aim in a way this is recognisable and meaningful to everybody. This is ambitious, but it is achievable and we are well placed to deliver. The aim is set at a high level, but the means to achieving it will be built from the ground up. What will make Scotland a world leader will be the combined effect of millions of individual care encounters that are consistently person-centred, clinically effective and safe, for every person, all the time.

People in Scotland have told us that they need and want the following things from the NHS and we have built this strategy around these priorities:

- **Caring** and **compassionate** staff and services;
- Clear **communication** and explanation about conditions and treatment;
- Effective **collaboration** between clinicians, patients and others;
- A **clean** and safe care environment;
- **Continuity** of care; and
- **Clinical** excellence.

We also know that everybody delivering healthcare services in Scotland is motivated above all by the quality of service they provide in partnership with their colleagues, with patients and their families. Delivering compassionate care is at the very heart of clinical values and it is the cornerstone of the mutual NHS that we first described in *Better Health, Better Care* (2007).

We want the implementation of the Quality Strategy to strengthen confidence and pride in our NHS. We want confidence for patients that their NHS is amongst the best in the world – safe, effective and responsive to their needs, every time and all of the time. We want confidence for people working in and with NHSScotland that they are doing what they came into the NHS to do, are valued and are key in delivering the ambition to make NHSScotland a world leader. We want a shared national pride in our NHS and a recognition that it is the very best it can be.

Implementing the Quality Strategy will build upon the integrated approach to service planning and delivery we have already established across NHSScotland. It will involve a range of actions by individuals, teams,

‘...millions of individual care encounters that are consistently person-centred, clinically effective and safe, for every person, all the time.’

NHS Boards and the Scottish Government. Through taking these actions, we will expect to see measurable improvements in the key indicators of healthcare quality.

Success will mean that, for the first time, people in Scotland will have:

- the opportunity to comment systematically on their experience of healthcare and its impact on their quality of life;
- an assurance that NHSScotland services will be further improved in the light of what people tell us about their experiences and outcomes;
- support to engage in shared decision-making about their care;
- the whole of the NHS committed to patient safety and, in particular, to avoiding infection and harm, using consistent and reliable improvement methods;
- personalised care plans for those people with the most complex care needs; and
- a guarantee that their NHS Board will prioritise quality in its agenda, including the use of a new early warning system.

'NHSScotland has a long and strong tradition of providing high quality healthcare.'

NHSScotland has a long and strong tradition of providing high quality healthcare to the population. For example, we have a history of excellence in professional education and clinical audit, the use of patient records to improve outcomes, the creation of the SIGN<sup>1</sup> guideline system, the development of Managed Clinical Networks, the introduction of statutory systems of clinical governance and risk management and the world's first national Patient Safety Programme.

.....

<sup>1</sup> SIGN - Scottish Intercollegiate Guidelines Network

'The Quality Strategy provides the basis for us all to focus our combined efforts on what is required.'

We are all aware of the challenges in delivering reliable and responsive high quality healthcare, and in improving people's health. These include increased public expectations, changes in lifestyles, demographic change, an ageing population, new opportunities from developments in technology and information, and the current economic climate which brings with it significant financial constraints. The Quality Strategy provides the basis for us all to focus our combined efforts on what is required to address these current and future challenges, and to ensure high quality healthcare for ourselves and for generations to come.

**By establishing a shared understanding of quality, and a commitment to place it at the heart of everything we do, the Quality Strategy represents a unique and important opportunity for all of us to work together to our mutual benefit to make our NHS even better, for everyone, now and into the future.**





# **2. Executive Summary**



'putting people at the heart of our NHS'

## What is the Quality Strategy?

In December 2007, the *Better Health, Better Care Action Plan* (2007) made a series of commitments to improve the health of everyone in Scotland and to improve the quality of healthcare and healthcare experience. The related programmes and initiatives have already enhanced the quality of healthcare within NHSScotland. The Quality Strategy is a development of *Better Health, Better Care* which builds on the significant achievements of the last few years such as the further improvements we have made in waiting times, our approach to tackling Healthcare Associated Infection and improvements we have made to ensure the safety of patients in our hospitals. It has been informed by a wide range of discussions involving people working in NHSScotland, patients and carers and by a series of events in early 2010 involving independent primary care contractors.

The Healthcare Quality Strategy will ensure that we maximise the contribution of NHSScotland to the wider Purpose of the Scottish Government to create sustainable economic growth and opportunities for everyone in Scotland to flourish. The Quality Strategy will have a direct and positive impact on these goals through the improvements it will make in supporting everyone in Scotland to live longer healthier lives and to participate more productively both economically and socially. Increased effectiveness, efficiency and productivity of the health sector in Scotland will make a significant and direct contribution to economic growth.

In *Better Health, Better Care* we set out our proposal to create a mutual NHS in Scotland where staff, patients and carers fully understand their rights and responsibilities, and what they should expect from their NHS. A mutual NHS is an underpinning requirement of person-centred healthcare, so we will continue to pursue this as part of this Quality Strategy.

The Quality Strategy builds on these foundations and is about three things:

- It is about putting people at the heart of our NHS. It will mean that our NHS will listen to peoples' views, gather information about their perceptions and personal experience of care and use that information to further improve care.

'best possible care  
compassionately and  
reliably'

- It is about building on the values of the people working in and with NHSScotland and their commitment to providing the best possible care and advice compassionately and reliably by making the right thing easier to do for every person, every time.
- It is about making measurable improvement in the aspects of quality of care that patients, their families and carers and those providing healthcare services see as really important.

'making the right thing  
easier to do'

Firstly, we start with what people have told us are their priorities:

- **Caring** and **compassionate** staff and services;
- Clear **communication** and explanation about conditions and treatment;
- Effective **collaboration** between clinicians, patients and others;
- A **clean** and safe care environment;
- **Continuity** of care; and
- **Clinical** excellence.

'measurable improvement'

Secondly, the Quality Strategy makes explicit connection between these patient priorities and the values of the people working for and with NHSScotland.

'we also know about  
the correlation between  
staff experience and staff  
wellness with the patient  
experience and patient  
outcomes'

Staff have long shared the vision of high quality healthcare services in Scotland. Indeed for many the drive to make a difference; caring for, supporting and enabling others is what motivated them to work in health and is completely aligned with their professional values and aspirations. Capturing and sustaining this enthusiasm and commitment is what underpins quality healthcare in effective organisations and enables the culture of quality to thrive. We already know from extensive research about the links between staff engagement and enhanced organisational performance. We also know about the correlation between staff experience and staff wellness with the patient experience and patient outcomes. It will be important therefore to balance our drive for quality, productivity and efficiency, with the support and development for staff to feel engaged, valued and empowered in leading and driving quality in their communities, services, wards and departments.

Thirdly, we identify in the Quality Strategy the actions most likely to lead to improvements in these priority areas. We have built these improvement interventions from three healthcare Quality Ambitions.

'...commitment to equality of experience and outcomes...'

### **The Quality Ambitions**

**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 healthcare services at all times.**

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

These three Quality Ambitions will provide the focus for all our activity to support our aim of delivering the best quality healthcare to the people of Scotland and through this making NHSScotland a world leader in healthcare quality. They explicitly reflect the things people have told us they want and need and are based on the internationally recognised six dimensions of healthcare quality (Institute of Medicine):

- Person-centred;
- Safe;
- Effective;
- Efficient;
- Equitable; and
- Timely.

Our shared pursuit of the three Quality Ambitions will make significant and positive impacts on efficiency and productivity. Through this we will sustain the unprecedented improvements we have made in waiting times and in access to primary, secondary and emergency healthcare services. We will also strive to ensure that the high quality health services we deliver are provided on the basis of our ongoing commitment to equality of experience and outcomes - to everyone in Scotland, no matter who they are, or where they live.

Implementation of this Quality Strategy will be the means by which we ensure that the longer-term transformational challenges are addressed. In the short term the NHSScotland Efficiency and Productivity Strategic Oversight Group will support Boards to identify

'The Quality Strategy builds on a firm foundation'

'...need to do some new things, to do some things differently...'

immediate opportunities for achieving efficiencies based on the *Delivery Framework* which was published in June 2009 that are consistent with, and in the context of, the Quality Strategy.

### How will we make it happen?

The Quality Strategy builds on a firm foundation as many of the things we are already doing across NHSScotland in primary care, in health improvement, in hospitals and in other healthcare environments are the right things. However, we also need to do some **new** things, to do some things **differently**, to stop wasteful activity, and to focus on evidence-based activities which yield the maximum benefit. We will have to reduce unjustified variation to minimise the potential for harm. We will have to involve the people of Scotland to a greater extent in the 'co-production' of health and healthcare. We also need to reflect the changing cultures, expectations, needs and context for healthcare service delivery so that future generations can also enjoy high quality healthcare services that are responsive to their needs and expectations.

In order to pave the way for implementation there are a number of underpinning things we will do. These include the following:

### Commitments

- We will build on NHSScotland's integrated delivery arrangements, encouraging whole system improvement through mutually beneficial partnerships between clinical teams and the people in their care.
- We will continue to pursue the health improving activities NHSScotland is already undertaking in partnership with other bodies through the implementation of our health improvement and public health strategies, including *Equally Well* and pursuing a *Health Promoting Health Service*.
- We will review the alignment and contribution of the work we are doing across the range of other strategies and initiatives, reinforcing and joining-up those which clearly support the Quality Strategy aims, and re-positioning or indeed, scaling down or stopping those which do not.

- We will ensure that we create the necessary governance, measures and delivery structures across NHSScotland so that the interventions we pursue are clearly and appropriately integrated, aligned and managed. This will include the clear alignment of the set of national targets for NHSScotland (HEAT<sup>2</sup>) with the ambitions of the Quality Strategy.
- We will involve everyone in Scotland, by communicating the messages of our shared vision for healthcare quality so that everyone can play their part in making it happen.
- We will support Boards to share and spread their exemplars of high quality healthcare, and pursue their local commitments to take new action to improve quality.
- We will set out our Quality Ambitions and related priority areas for national action and will produce a regular report on progress.
- We will work with and through people - our most valuable asset - our leaders, service users, health professionals and support staff to create and sustain a culture where quality can thrive and the contribution of every individual to quality is recognised and valued.

The Quality Strategy Driver Diagram (overleaf) sets out the priority areas for action and the specific improvement interventions we will focus on to enable us to achieve our three Quality Ambitions.

---

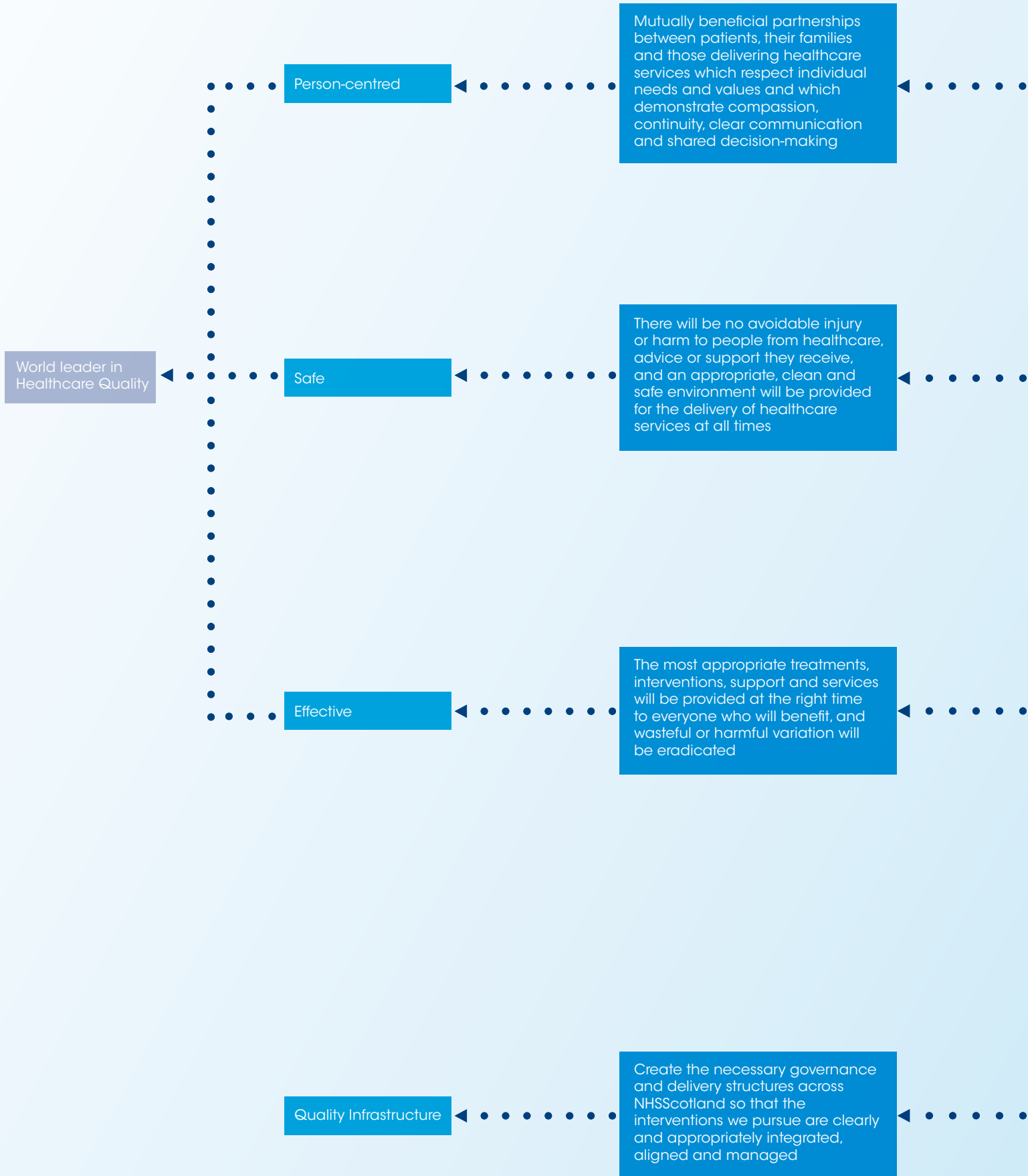
.....

2 HEAT – 'H' Health Improvement, 'E' Efficiency and Resources, 'A' Access, 'T' Treatment

# THE QUALITY STRATEGY DRIVER DIAGRAM

## KEY DRIVERS

## QUALITY AMBITIONS



PRIORITY AREAS FOR ACTION

IMPROVEMENT INTERVENTIONS

- 1. Improve and embed patient-reported outcomes and experience across all NHSScotland services
- 2. Support staff, patients and carers to create partnerships which result in shared decision-making
- 3. Inform and support people to manage and maintain their health, and to manage ill-health

- Implementation of the new self management strategy;
- Implementation of the Patient Rights (Scotland) Bill in 2011;
- Action in response to the first results of the Better Together Patient Experience surveys;
- Collection of appropriate data to measure patient reported outcomes (PROMS);
- Shared decision-making defined, supported and measured;
- Implement action of the CARE approach in primary and community care;
- Building on the principles of QOF to maximise quality in the other contractor areas;
- Enhanced management of falls, pressure area prevention and nutrition;
- Improve resources to support better health literacy;
- Develop evidenced interventions for support improved person-centredness;
- Develop a programme of action to ensure that peoples' equality needs are gathered, shared and responded to across health services by Summer 2011; and
- Introduce interventions to improve staff experience.

- 1. Secure the improvements which have been delivered through the success of the Scottish Patient Safety Programme, and roll out across other areas of NHSScotland activity
- 2. Support integrated programme of action to reduce occurrence of Healthcare Associated Infection (HAI)

- Accelerate roll out of the Scottish Patient Safety Programme in acute care, reducing hospital mortality and harm;
- Implement patient safety programmes for primary care and mental health;
- Accelerate medicines reconciliation across all transitions of care;
- Ensure synergy with the work of the HAI taskforce to secure further reductions in infection; and
- Extend the Electronic Care Summary and make widely available.

- 1. Ensure continuity in all care pathways through implementation of long-term conditions action plan and other key opportunities
- 2. Apply information from quality data to drive consistently better care across NHSScotland
- 3. Increase focus on preventative and anticipatory care and intervention

- Preventative and anticipatory approaches, building on and extending initiatives such as Keep Well/Well North, alcohol brief interventions and smoking cessation;
- Implement the Long-term Conditions Action Plan;
- Initiating a process of refreshing the suite of care pathways in close collaboration between secondary and primary care prioritisation;
- Introduce and share Anticipatory Care Plans for 5 per cent of the population most at risk of hospital admission;
- Implement the major national strategies; Better Cancer Care, Mental Health Primary Care, Heart Disease and Stroke, Dementia and Living and Dying Well;
- Establish the appropriate healthcare skills and roles required to deliver high quality healthcare, and, through the use of the NHSScotland Career Framework and local/national workforce planning, establish plans to reshape the workforce accordingly;
- Ensure all our GP enhanced services are fit for the purposes of this strategy;
- Implement the Strategic Options framework for emergency response in remote and rural areas;
- Leading Better Care implemented across all Boards by December 2010;
- Implement the Releasing Time to Care approach across acute and community teams in all Boards; and
- Ensure high-impact Efficiency and Productivity approaches are implemented reliably - (e.g. disinvestment, reduce harmful and wasteful variation (GP referrals, hospital length of stay, prescribing etc)).

- 1. Develop Quality Measures Framework (QMF) to drive and monitor progress
- 2. Develop information to provide rapid feedback for NHS Boards to identify and tackle risk. Boards to consider Quality at every meeting
- 3. Establish appropriate governance arrangements

- Establish Quality Ambitions by May 2010;
- 2011/12 HEAT targets aligned with Quality Strategy by October 2010;
- Quality Measurement Framework underpinning Quality Ambitions with related high-level outcome indicators agreed by October 2010 - including 'early alert' Quality scorecard;
- Establish governance responsibilities and procedures to support quality, and minimise risks;
- Ensure that national and local audit programmes support the development of appropriate indicators of quality, rigorous peer review and local action to address inappropriate variations in care;
- Develop, support and make best use of the skills, knowledge accountability and professional leadership of our staff to provide assurance of care quality at all levels; and
- Develop the Quality Improvement Hub, reflecting a new partnership for improvement between NHS National Services Scotland (NSS), NHS Quality Improvement Scotland (QIS), NHS Health Scotland, NHS National Education for Scotland (NES), and the Scottish Government Health Directorates Improvement and Support Team (IST).



### How will we measure and report progress?

A Quality Alliance will be formed, which will report progress on a regular basis with reference to a small set of high-level Quality Outcome Measures, selected to monitor progress towards the Quality Ambitions, and with reference to progress in implementing the improvement interventions.

The suite of 12 national Quality Outcome Measures proposed in this Quality Strategy requires further detailed development and definition through consultation across NHSScotland, and is as follows:

- healthcare experience;
- staff experience;
- staff attendance;
- Healthcare Associated Infection (HAI);
- emergency admissions;
- adverse events;
- Hospital Standardised Mortality Rate (HSMR);
- proportion of people who live beyond 75 years;
- patient reported outcomes;
- patient experience of access;
- self assessed general health; and
- percentage of last 12 months of life spent in preferred place of care.

'...NHSScotland national HEAT targets will be aligned with the Quality Strategy.'

The NHSScotland national HEAT targets<sup>3</sup> will be aligned with the Quality Strategy, and will set out the national targets which have been planned and agreed with NHSScotland as the priority areas for progress each year. Performance against the HEAT targets will therefore provide shorter term measures of progress toward the Quality Ambitions. In 2011/12, the HEAT targets will include a small number of new targets agreed with NHSScotland to provide greater alignment with the Quality Strategy. These will replace targets which have been met in 2010/11, hence ensuring that there will be no increase in the total number of national NHSScotland targets. There is a clear short-term commitment to reduce the overall number of HEAT targets.

.....

3 HEAT - 'H' Health Improvement, 'E' Efficiency and Resources, 'A' Access, 'T' Treatment





# **3. Introduction – The Challenges**



're-focusing alignment and integration'

This document sets out the details of the new Quality Strategy for our NHS in Scotland. The Quality Strategy is about more than renewing policies and approaches to planning and delivering healthcare. It is about a change in culture across Scotland in the way that we deliver, and engage in our healthcare. It weaves through everything we are already doing, and will be supported by the re-focusing, alignment and integration of much of our existing work.

'...a change in culture across Scotland in the way that we deliver, and engage in our healthcare.'

The strategy is based on our knowledge about what works well in Scotland, and builds on the range of excellent progress and work already underway at local, regional and national levels. It has been developed through wide-ranging discussions with the people working in NHSScotland, with patients and with carers, through opportunities such as the *Patient Rights (Scotland) Bill* consultation and the *Big Cancer Conversation*, and a range of events and discussions with NHSScotland, third sector and other public sector partners which took place during winter 2009/10. It also reflects some of the output of a series of events held around Scotland with primary care contractors. The strategy refers to the leading international thinking and is our key response to the future challenges we will face in delivering high quality and sustainable health services now, and into the future.

When the Scottish Government set out its plans for improving Scotland's health and healthcare in its action plan *Better Health, Better Care* (2007), it made a commitment to:

- improve the health for the whole Scottish population and reduce health inequalities;
- improve the quality of healthcare and healthcare experience, and develop a mutual NHS – offering the people of Scotland new rights and a stronger voice;
- maximise the value of our investment in health services in Scotland; and
- integrate health, care and other related services.

'...accelerate, join-up, re-position or indeed wind up...'

Considerable progress has already been made over the last two years through the range of programmes developed through *Better Health, Better Care*. As part of the implementation of the Quality Strategy, we need to assess the contribution of these and other programmes to the new Quality aims. Then we will need to accelerate, join-up or re-position these programmes or indeed wind them up where they have delivered their aims.

The NHSScotland Chief Executive's Annual Report for 2008/09, published in December 2009<sup>4</sup> set out an overview of the progress which has been made in addressing the priorities for action set out in *Better Health, Better Care*. This progress has been made through the successful pursuit of national targets (HEAT) and through a range of achievements, many supported by the work streams established to implement the *Better Health, Better Care Action Plan*.

To improve health and reduce inequalities across the Scottish population, a number of national approaches are in place to tackle some of the underlying causes of poor health in Scotland. Some of the key programmes are as follows:

- extending targeted health checks through *Keep Well and Well North*;
- implementation of *Equally Well* and the *Early Years Framework*;
- screening programmes;
- smoking cessation and prevention;
- promoting healthy living and preventing overweight and obesity;
- alcohol brief intervention and treatment support services;
- breastfeeding programmes;
- reintroducing school-based preventative dental services; and
- implementing of national immunisation programmes, e.g. to combat cervical cancer.

In acute care, waiting times are at their lowest ever levels. We are implementing strategies to ensure that people with cancer, dementia, heart disease, stroke and other long-term conditions and comorbidities are getting better quality and quicker care than ever before. The Scottish Patient Safety Programme is delivering major improvements in care in our hospitals.

We have also recently been leading the world in our collaborative approach to minimise the impact of the A/H1N1 strain of flu. This is an excellent example of what our NHSScotland, working with contractors, the public and with public services across Scotland, can achieve. It illustrates how focused and effective NHS effort can achieve impact and global recognition.

.....  
 4 (<http://www.scotland.gov.uk/Publications/2009/12/03133143/0>)

The work we have done in recent years on improving patient safety is an excellent example of how well Scotland is placed to embrace new and effective ways of improving the quality of our healthcare services. Don Berwick (Institute of Healthcare Improvement), a recognised international expert on patient safety, has said, “*NHSScotland has undertaken a bold, comprehensive, and scientifically grounded programme to improve patient safety. The dedication of NHS leadership at all levels to this endeavour is clear, and bodes well for success. In its scale and ambition, the Scottish Patient Safety Programme marks Scotland as leader – second to no nation on earth – in its commitment to reducing harm to patients dramatically and continually.*” This confirms that we start from a real position of strength in developing and implementing a new quality strategy.

We are continuing to build the basis for our mutual NHS through pioneering work such as the *Patient Rights (Scotland) Bill*, the *Patient Experience Programme*, the development of a *Carers Strategy* and the improvements in support for the self-management of long-term conditions and for people at high risk of developing these. Through this mutual approach our NHS will continue to learn from, and improve on, what is most important to the people of Scotland, taking account of the needs of our diverse population – this approach will permeate all our programmes of work. In the Quality Strategy, we seek to embed the mutual approach of shared rights and responsibilities into every interaction between patients, their families and those providing healthcare services.

The publication of *A Force for Improvement* in January 2009 has already provided the foundations for agreeing the actions required to ensure that the NHS workforce is supported, developed and equipped to respond to the challenges of the future. We will ensure that this action is aligned with the priorities and commitments agreed in our Quality Strategy.

‘...patient safety is an excellent example of how well Scotland is placed to embrace new and effective ways of improving quality...’

'...challenging ourselves, sharing the pursuit of our ambitions with every person in Scotland, focusing our efforts and raising the bar.'

'...tightening financial resources available to respond to the increasing demands...'

This is not about pulling the plant up by the roots and starting again, it is about challenging ourselves, sharing the pursuit of our ambitions with every person in Scotland, focusing our efforts and raising the bar. To do this will require leadership, urgency, and a fundamental shift in culture focused on the delivery of effective, safe, person-centred care.

### Future Challenges

For many years we have been well aware of the range of drivers of change which will create very real challenges in the delivery of high quality healthcare services:

- The next 20 years will see an ageing population, a continuing shift in the pattern of disease towards long-term conditions, and growing numbers of older people with multiple conditions and complex needs and the impact of this on them and their immediate carers. There will be more older family carers - many of whom will have their own health needs. These demographic changes and associated shifts in the pattern of ill-health will increase the demands on the whole healthcare system;
- Continuing public health challenges such as the rise in overweight and obesity, physical inactivity, harmful use of alcohol, Hepatitis C and the ongoing need to reduce smoking rates;
- Workforce pressures and sustainability will be critical in determining how we are able to respond to these changes in demand;
- Developments in technology and in information and communications technology in particular, will give us the tools to fundamentally reshape how healthcare is delivered; and
- Increased public awareness, diversity and intelligence creating different expectations and requirements around treatments, equipment, access, drugs and therapies.

Added to these drivers are the new challenges we face in the current economic climate with tightening financial resources available to respond to the increasing demands suggested by these demographic, cultural and technological changes.

Implementation of the Quality Strategy will be the means by which we ensure that these longer-term transformational challenges are addressed. In the short term, the NHSScotland Efficiency and Productivity Strategic Oversight Group will support Boards to identify immediate opportunities for achieving efficiencies, based on the *Delivery Framework* which was published in June 2009, with action and decisions which are consistent with, and in the context of the Quality Strategy.

'...the Quality Strategy will be the means by which we ensure that these longer-term transformational challenges are addressed.'

*Example of possible short-term national efficiency and productivity high-impact change:*

Reviewing the use of bank and agency nurses/locum doctors, and establishing a more efficient approach which does not reduce the quality of care.

*Examples of potential medium/long-term quality approaches which will reduce costs:*

Disinvestment in drugs/treatments for which there is new evidence of low value added in terms of cost versus benefit to patients.

Investment in telecare/telehealth to support more people at home achieving better outcomes at less cost.





# **4. Our Response**

---

### The Aim

The ultimate aim of our Quality Strategy is to deliver the highest quality healthcare services to people in Scotland, and through this to ensure that NHSScotland is recognised by the people of Scotland as amongst the best in the world.

This aim will be achieved by working from the bottom up, and will build on:

- A single and shared understanding and definition of what we mean by high quality healthcare;
- Scotland's reputation for professionalism, clinical excellence and leadership – for example, pioneering the use of quality guidelines through SIGN, Best Practice Statements, knowledge exchange and leading in the development of the use of clinical data;
- The early success of the Scottish Patient Safety Programme which has marked Scotland as a world leader in developing a national patient safety programme;
- Increasing value being placed on the quality of the experiences of the people who use healthcare services;
- The opportunity for strong leadership and delivery which our integrated NHS system provides;
- A whole system anticipatory approach to delaying or preventing, and slowing the progression and impact of, ill-health;
- Cross-system quality improvement led by engaged clinicians working collaboratively across disciplines for example in Managed Clinical Networks;
- Staff ownership and enthusiasm for improving quality and safety;
- Public sector partnership working;
- High quality partners in the independent and voluntary sectors;
- Patients' motivation to be involved in mutually beneficial partnerships with their families and carers and those delivering healthcare services;
- Scotland's focus on collaboration and professional values;
- The range of existing national and local initiatives and programmes already in place; and
- A focus on each individual's wider needs, to achieve the best possible outcomes, by working with them to help them manage their own health.

'...the quality of healthcare services delivered by NHSScotland is recognised by the people of Scotland as amongst the best in the world.'

'...mutually beneficial partnerships with their families and carers and those delivering healthcare services.'

We will need action at all levels if we are to succeed. We will need a clear line of sight from national strategies through to individual behaviours. In order to achieve this, our approach will be designed to be:

- Patient-based: reflecting the uniqueness of the individual, their experience of their health, illness and healthcare, and enabling them to share in decision-making about their care, to manage their own health, and illness through support and access to advice and information for them, their families and carers;
- Staff-based: enabling people working in and with NHSScotland to use their skills, further improving staff experience, staff engagement, building capacity, providing support and making the right thing the easiest thing to do;
- Systems-based: simplifying the policy/delivery landscape, aligning and re-enforcing our shared priorities, and providing the appropriate balance between performance management and continuous improvement; and
- Partnership-based: NHSScotland working with public and third sector partners, staff, independent contractors, patients and carers.

### The Quality Ambitions

In order to be recognised as having world-leading healthcare services, we need to set out a clear set of ambitions with related measurable and achievable objectives (interventions) on which we can report progress.

*Better Health, Better Care* was based on the Institute of Medicine's six dimensions of quality. These six dimensions will remain central to our approach to systems-based healthcare quality improvement:

- **Person-centred**: providing care that is responsive to individual personal preferences, needs and values and assuring that patient values guide all clinical decisions;
- **Safe**: avoiding injuries to patients from healthcare that is intended to help them;
- **Effective**: providing services based on scientific knowledge;
- **Efficient**: avoiding waste, including waste of equipment, supplies, ideas, and energy;

- **Equitable:** providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location or socio-economic status; and
- **Timely:** reducing waits and sometimes harmful delays for both those who receive care and those who give care.

We have a clear and shared vision for high quality healthcare services in Scotland which is derived from what people have told us they want and need:

- **Caring** and **compassionate** staff and services;
- Clear **communication** and explanation about conditions and treatment;
- Effective **collaboration** between clinicians, patients and others;
- A **clean** and safe care environment;
- **Continuity** of care; and
- **Clinical** excellence.

By focusing on what really matters to people, and through our approach to systems-based healthcare improvement based on the Institute of Medicine's six dimensions of quality, we will raise the quality of healthcare from the current high standards to world-leading by concentrating our priority action on achieving the following ambitions.

'...By focusing on what really matters to people... we will raise the quality of healthcare from the current high standards to world-leading...'

### **The Quality Ambitions**

**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 healthcare services at all times.**

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

'...recognising and valuing diversity...'

### Our Commitment to Equality

NHSScotland is committed to understanding the needs of different communities, eliminating discrimination, reducing inequality, protecting human rights and building good relations by breaking down barriers that may be preventing people from accessing the care and services that they need, as well as meeting the legal duties in relation to age, race, disability and gender. It aims to address inequalities by recognising and valuing diversity, promoting a person-centred approach and involving people in the design and delivery of healthcare.

There are strong linkages between some of the key actions required and being taken forward to address health inequalities in Scotland, and proposed drivers of our quality strategy. In particular the person-centred and clinical effective drivers (specifically through long-term conditions) have the potential to address the health problems of many of those who carry a disproportionate burden of ill-health in our communities. Each of the aligned and integrated national programmes, initiatives and interventions pursued in support of achieving the three Quality Ambitions will require to be fully assessed in terms of their impact on equalities through a Health Inequalities Impact Assessment (HIIA), which includes mandatory Equalities Impact Assessment (EQIA). Through this we will ensure that the Quality Strategy optimises its impact on reducing inequality across Scotland.

## The Improvement Interventions

### **Person-centred**

We have a number of programmes and pilots in operation at present which are aimed at putting people at the centre of care and at supporting the development of relationships between NHSScotland staff, patients and carers which result in shared decision-making, better experiences and outcomes for patients and carers, and greater job satisfaction for staff. For example, there is the *Patient Experience Programme (Better Together)* (currently focusing on inpatients, general practice and long-term conditions), the *Self Management Strategy, Keep Well* and *Well North, Living and Dying Well*, the *Delivering Patient-centred Care Programme* underpinned by 'Curam', the carer information strategies, *Scotland Cares* and the other work streams underway to develop further the caring and enabling aspects of the Nursing, Midwifery and Allied Health Professions. There is also the work to enhance the performance of NHSScotland as a Health Promoting Health Service, using every patient encounter as an opportunity to improve health.

'...every patient encounter as an opportunity to improve health.'

This strategy sets out how this and other work will be brought together more coherently, visibly and consistently and integrated with new developments such as the work on supporting 'relationship-based care', and shared decision making tools (for which there is strong evidence of improved patient choice, better experience and lower utilisation of expensive interventions). We will also ensure that our investment in our capital infrastructure provides the appropriate environment to support high quality healthcare experience and outcomes.

'...this and other work will be brought together more coherently, visibly and consistently and integrated with new developments...'

We will implement a generic and appropriate approach for measuring individual patients own assessments of the quality of the outcome of their healthcare episode, whether in primary, secondary or emergency care, so that a patient-based measure of health outcomes and experience can also be used to drive improvement in the quality of healthcare services.

In order to capture patients' assessment of their relationship with the healthcare professional supporting them, in such a way that it can be used to inform improvement, a measurement technique known as the *Consultation and Relational Empathy (CARE)* measure has been developed in Scotland. The *CARE* measure has been well validated with doctors, both with GPs in primary care and consultants in secondary care. We will pursue the introduction of the use of the *CARE* measure in all clinical appraisals and with other healthcare professionals. We will be able to use these measures to highlight action needed to ensure equity in terms of health outcomes and experience. Other tools to support staff, patients and carers in achieving the mutually beneficial partnerships we want will be developed, where appropriate, including outcomes approaches such as *Talking Points*.

Our initial improvement interventions will be:

- *Implementation of the new Self-Management Strategy*
- *Implementation of the Patient Rights (Scotland) Bill in 2011;*
- *Action in response to the first results of the Better Together Patient Experience surveys;*
- *Collection of appropriate data to measure patient reported outcomes (PROMS);*
- *Shared decision-making defined, supported and measured;*
- *Implementation of the CARE approach in primary and community care;*
- *Building on the principles of the Quality and Outcomes Framework (QOF) to maximise quality in the other contractor areas;*
- *Enhanced management of falls, pressure area prevention and nutrition;*
- *Improve resources to support better health literacy;*
- *Develop evidenced interventions to support improved person-centredness;*
- *Develop a programme of action to ensure that peoples' equality needs are gathered, shared and responded to across health services by Summer 2011; and*
- *Introduce interventions to improve staff experience.*

## Making It Real – Lothian Community Nursing and long-term conditions

### Before

**Patient/person** – Older people with chronic obstructive pulmonary disease at home and having difficulty in identifying signs and how to manage their symptoms. Often housebound.

**Staff** – aware that these older people need access to specialist nurses.

### Actions

Touch screen technology is installed in the homes of people with chronic obstructive pulmonary disease.

### After

**Patient/person** – Older people have found the equipment easy to use and feel supported in self management of their condition.

**Staff** – The nurses assess and coach people, monitor trends, refer when appropriate and encourage self management.

**System** – Technology enables vital sign collection and prompts. Enables video conferencing connecting people to specialist nurses who monitor their care remotely.

‘We will roll out the successful focus on patient safety into a range of other care environments...’

### Safe

The Scottish Patient Safety Programme is now making a significant impact across the NHS in Scotland. It represents an ambitious effort to make substantial safety improvements for the benefit of patients across a health system, and has gained significant ownership and buy-in from NHS staff. It aims to implement a set of key evidence-based interventions uniformly across all acute hospitals in Scotland, and to deliver significant reductions in premature mortality and in adverse events. We will roll out the successful focus on patient safety into a range of other care environments, and will develop appropriate approaches to improving safety in primary care and in mental health involving the contribution of both patients and staff.

NHSScotland’s eHealth Strategy launched in June 2008 is focused on using information to improve quality. Good progress is being made in developing information technology and improving the business processes necessary to ensure that we get benefit from our investment in eHealth. The aim is to build a ‘virtual patient record’ that will contribute towards safety, continuity of care and collaborative decision making. With additional investment planned for 2010/11, key eHealth contributions to better quality care will include:



- Development of the Emergency Care Summary (ECS) and the Emergency Palliative Care Summary to enable, for example, their use in planned care as well as emergency care and extend as the Electronic Care Summary;
- Implementation of the 'clinical portal' programme to enable better sharing of patient information;
- Continued development of the 'patient portal' to allow patients access to information about their health; and
- Work on ways to bring clinical data to frontline staff.

Finally, we will ensure that the *Scottish Patient Safety Programme*, combined with our comprehensive HAI agenda, delivers change on the ground, so frontline staff can deliver a higher level of service to patients.

Our initial improvement interventions will be:

- *Accelerate roll out of the Scottish Patient Safety Programme in acute care, reducing hospital mortality and harm;*
- *Implement patient safety programmes for primary care and mental health;*
- *Accelerate medicines reconciliation across all transitions of care;*
- *Ensure synergy with the work of the HAI taskforce to secure further reductions in infection; and*
- *Extend the Electronic Care Summary and make widely available.*

## **Making It Real – Anaesthesia and intensive care, Glasgow Royal Infirmary**

### **Before**

**Patients and public** – All adverse events in Intensive Care Unit (ICU) increase duration of ICU stay.

### **Actions**

Implementation of Scottish Intensive Care Society Ventilator Associated Pneumonia Prevention Bundle using real time data to measure improvement, and improvement in delivering interventions that are known to be effective.

### **After**

**Patients and public** – reduction in ventilator associated pneumonia and other infections, a reduction in average length of stay in intensive care by a day and a half.

**System** – more efficient use of highly specialised intensive care facilities and improved reliability at delivery of effective interventions and reduced variation.

## Effective

We will continue to focus on primary prevention of health problems, shifting the balance of care to prevention and early intervention. We will identify and reduce inappropriate variation in clinical practice, and in provision of care packages and treatments across all healthcare pathways so that the best care is consistently provided by the right person in the appropriate place at the right time. We will also implement our proposals to improve standards of care for long-term conditions and acute care in hospital, in the community and through supported self-management. Through these measures we will ensure that clear and challenging quality outcomes and success indicators are established for services for older people, and people with long-term conditions, and that there is leadership and capacity to support improvement. Much of the work required to improve quality and ensure sustainability of services for people with long-term conditions will involve primary and community care services, and supporting the drive to shift the balance of care away from hospital services towards the community.

Shifting the balance of care and enhancing prevention and anticipatory approaches has the potential to make services more efficient and sustainable by avoiding the development of disease and unnecessary hospital admissions, reducing avoidable days in hospital and improving patient experience. However, where hospital admission is required, we will ensure that patients receive high quality, evidence-based healthcare from well trained and empowered staff. We will support those with the most complex needs by ensuring that each of them has an integrated and shared *Anticipatory Care Plan* in place. Making this aspiration a reality will require a firm commitment to excellent cooperation and communication throughout the different stages in the care journey.

We will continue to deliver our policy of reshaping the medical workforce so that the medical contribution is delivered predominantly by trained doctors, rather than doctors in training, and in collaboration with the extended multi-professional clinical team with the appropriate skill mix and capability.

We will also ensure that NHSScotland staff are properly supported, through new development packages where necessary, to provide anticipatory health and healthcare advice and support to people and their carers, tailored to the social, psychological and economic circumstances of their lives.

'...enhancing prevention and anticipatory approaches has the potential to make services more efficient and sustainable by avoiding the development of disease and unnecessary hospital admissions...'

'...a step change in health literacy across the whole population...'

We will support a step change in health literacy across the whole population, taking full advantage of existing and new approaches to communications, technology and resources to ensure that everybody has access to the information and advice they need, when they need it, to support them to maintain their health and wellbeing, manage ill-health and have the confidence to participate fully in shared decision-making.

With NHSScotland assets currently valued at approximately £5bn it is important that these assets are effectively managed to ensure the availability of appropriate, clean and safe healthcare environments which are central to the delivery of high quality healthcare. We will ensure that the *NHSScotland Property and Asset Management Policy* establishes an aligned approach to arrangements required by Boards for the safe and effective operation of their assets including premises, medical equipment vehicles and IT.

Our initial improvement interventions will be:

- *Preventative and anticipatory approaches, building on and extending initiatives such as Keep Well/ Well North, alcohol brief interventions and smoking cessation;*
- *Implement the Long-term Conditions Action Plan;*
- *Initiating a process of refreshing the suite of care pathways in close collaboration between secondary and primary care with clear prioritisation;*
- *Introduce and share Anticipatory Care Plans for 5 per cent of the population most at risk of hospital admission;*
- *Implement the major national strategies; Better Cancer Care, Mental Health Primary Care, Heart Disease and Stroke, Dementia and Living and Dying Well;*
- *Establish the appropriate healthcare skills and roles required to deliver high quality healthcare, and, through the use of the NHSScotland Career Framework and local/national workforce planning, establish plans to reshape the workforce accordingly;*
- *Ensure all our GP enhanced services are fit for the purposes of this strategy;*
- *Implement the Strategic Options framework for emergency response in remote and rural areas;*

- *Leading Better Care implemented across all Boards by December 2010;*
- *Implement the Releasing Time to Care approach across acute and community teams in all Boards; and*
- *Ensure high impact Efficiency and Productivity approaches are implemented reliably – (e.g. disinvestment, reduce harmful and wasteful variation (GP referrals, hospital length of stay, prescribing etc)).*

## Making It Real – Clinical Quality Indicators

### Before

**Patients and public** – variation in experience, care and outcomes around nutrition, pressure areas and falls.

**Staff** – no reliable local or national measure of the impact of nursing and midwifery care on quality.

### Actions

A core set of evidence-based Clinical Quality Indicators (CQIs) were developed for nursing to support the measurement of the quality, safety and reliability of care. The initial focus was on CQIs applicable to inpatients, in a variety of specialties, on: food, fluid and nutrition; falls; and pressure area care.

### After

**Patients and public** – evidence, for example in one NHS Board, that food, fluid and nutrition compliance is up from 50 per cent to 95 per cent, pressure area care from 60 per cent to 80 per cent, and falls compliance from 64 per cent to 66 per cent, and average compliance for all three CQIs has risen from 70 per cent to 90 per cent – real improvements for patients.

**Staff** – Better evidence, owned and used by ward staff to identify and support improvement actions, leading to better job satisfaction.

‘...identify and remove any hurdles and barriers...’

## Quality Infrastructure

A key requirement to realise our Quality Ambitions is for our systems and actions to be integrated and aligned across the whole NHS system. We need to identify and remove any hurdles and barriers presented by the current approaches to policy development and delivery across Scottish Government and NHSScotland. Responsibility for taking this action lies ultimately with NHSScotland Senior Management and with Scottish Government Ministers and senior officials.

‘...Quality Alliance to involve all key stakeholders and oversee the implementation of the Quality Strategy...’

We will establish a new Quality Alliance to involve all key stakeholders and oversee the implementation of the Quality Strategy, and to ensure whole-system integration and alignment. The initial actions required include a simplification of the policy and delivery landscape with the introduction of a new approach to ensure that

existing and new initiatives are appropriately aligned with the Quality Strategy Ambitions, and that their impact on these ambitions is transparently communicated and properly measured and monitored. There will be a more robust review of HEAT, ensuring that we have a set of national targets which is clearly aligned and evidence-based in support of the Quality Ambitions.

We propose that the new Quality Strategy will extend to cover the activities of NHSScotland which are primarily focused on preventative and anticipatory care and are in pursuit of reducing health inequalities and in improving health. It will form the basis for our relationship with independent contractors.

We further propose that the Quality Strategy provides a basis for NHSScotland to work with community planning partners and the third sector in securing progress towards the Quality Ambitions and the outcomes agreed locally and nationally through the Single Outcome Agreements and the National Performance Framework.

'...ambitious leadership and strong professional values...'

The central purpose of the NHSScotland Quality Strategy is to create high quality, person-centred, clinically effective and safe healthcare services. Delivering this purpose requires ambitious leadership and strong professional values, supported by a robust and effective governance framework.

Strong and well developed governance arrangements will provide a framework of leadership, assurance and measurement in order to ensure transparency. This will mean NHS Boards need to ensure that governance activity at corporate level (including staff, financial and clinical governance) provides assurance that the organisation has a focus on quality; and that frontline staff, through a care governance approach, deliver care which aligns with our ambitions.

'...NHS Boards need to ensure that governance activity... provides assurance that the organisation has a focus on quality...'

Professional leadership, clinical engagement and the collective energy of all staff will be vital to Care Governance. Together we can cement the connection between improving our performance in all dimensions of quality with, and through, the clinical practice and individual contribution of every health professional in NHSScotland. Care Governance will explore how this

dynamic process can be strengthened and provide mechanisms for robust assurance on healthcare quality from 'point of care' to Board.

Our initial improvement interventions will be:

- *Establish Quality Ambitions by May 2010;*
- *2011/12 HEAT targets aligned with Quality Strategy by October 2010;*
- *Quality Measurement Framework underpinning Quality Ambitions with related high-level outcome indicators agreed by October 2010 – including 'early alert' Quality Scorecard;*
- *Establish governance responsibilities and procedures to support quality, and minimise risks;*
- *Ensure that national and local audit programmes support the development of appropriate indicators of quality, rigorous peer review and local action to address inappropriate variations in care;*
- *Develop, support and make best use of the skills, knowledge accountability and professional leadership of our staff to provide assurance of care quality at all levels; and*
- *Develop the Quality Improvement Hub, reflecting a new partnership for improvement between NHS National Services Scotland (NSS), NHS Quality Improvement Scotland (QIS), NHS Health Scotland, NHS National Education for Scotland (NES), and the Scottish Government Health Directorates Improvement and Support Team (IST).*

## The Quality Measurement Framework

'Measurement is an important tool for driving large-scale improvement.'

Measurement is an important tool for driving large-scale improvement. This requires the use of appropriate measures for various purposes (e.g. improvement activity, performance management and tracking progress on outcomes). We are committed, through the Quality Strategy, to simplify and streamline the range of measures we use across NHSScotland to ensure that we achieve maximum value from our investment in data collection and measurement. Ensuring that there is a shared understanding of the types of measures involved, and how they relate to the achievement of the Quality Strategy's Ambitions, is critical.

We therefore propose to develop a Quality Measurement Framework that supports our shared vision of healthcare quality as described by the three healthcare Quality Ambitions. These clearly underpin the Scottish Government's Purpose and National Outcomes.

'...simplify and streamline the range of measures we use across NHSScotland to ensure that we achieve maximum value from our investment in data collection and measurement.'

It is proposed that progress towards the three Quality Ambitions will be assessed nationally by reference to 12 Quality Outcome Measures. These measures will be based on a combination of patient and staff reported experiences and outcomes as well as measures of patient safety and clinical effectiveness. The detail of the measures is yet to be developed and agreed, but table 1 provides some examples of measures that will be considered. The Quality Outcome Measures will also contribute to the Quality Scorecard, a key tool for the NHS Boards to use to assess quality of care, and to provide an early warning of any potential quality issues.

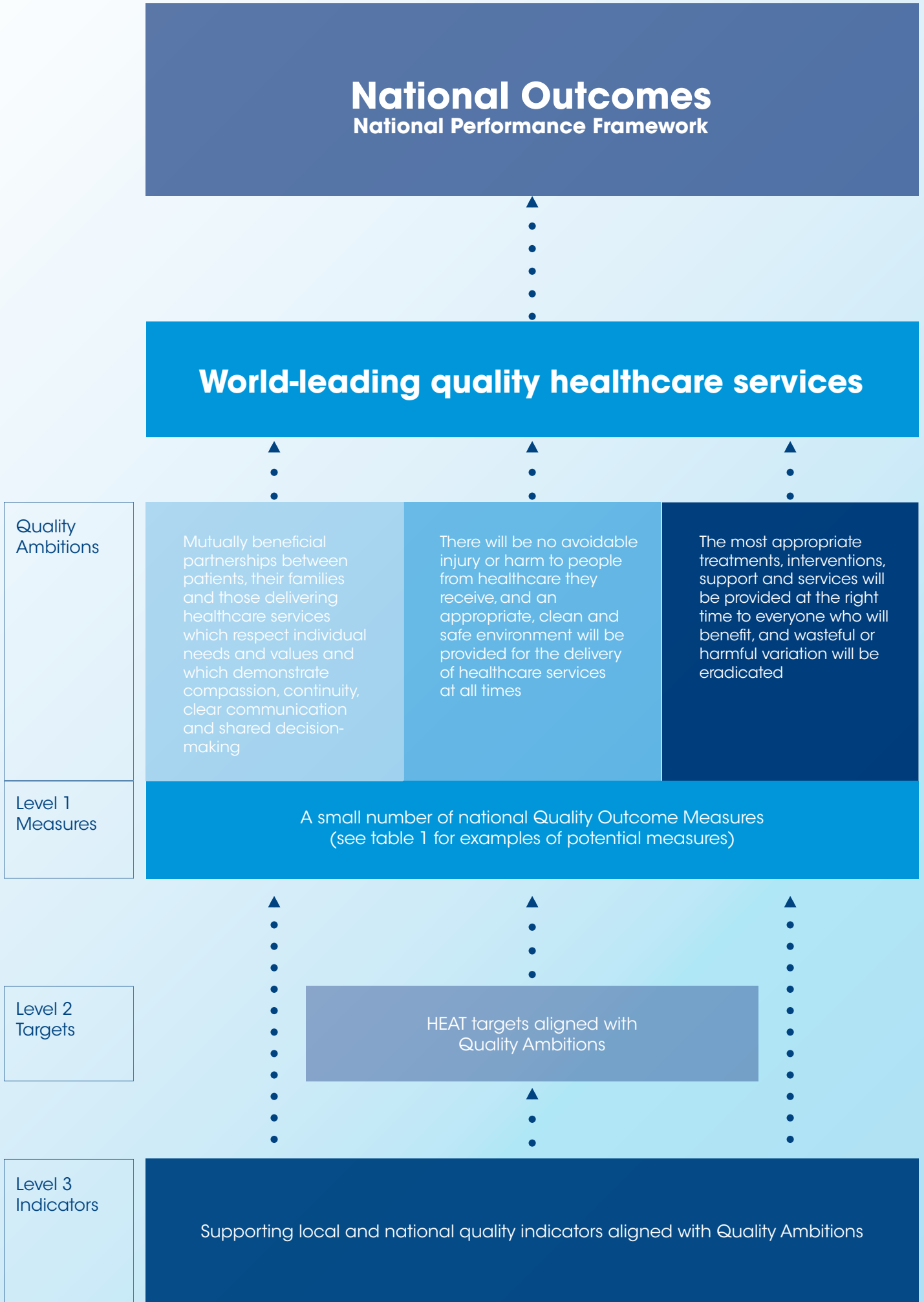
The national targets for NHSScotland (HEAT targets) will be aligned to the Quality Ambitions, and will set out our agreed areas for specific accelerated improvement each year.

The Quality Measurement Framework also allows for supplementary local and national indicators that will underpin progress towards our Quality Ambitions, for example, the measures contained in the patient safety extranet.

By setting out the Quality Measurement Framework and ensuring a common understanding of healthcare quality we will be able to make sure that all of our measurement, performance and reporting systems



Proposed Quality Measurement Framework





converge and align. It is intended that this will include the National Performance Framework, Single Outcome Agreements, HEAT and national data systems (held by ISD), as well as systems which Boards use in their own local areas (e.g. local governance, improvement and performance indicators).

### **Quality Outcome Measures**

The Quality Outcome Measures:

- will reflect national progress towards the three Quality Ambitions, but will not be subject to specific targets;
- include a combination of patient-based, staff-based and system-based measures to cover the three main levers for change;
- are being derived in close collaboration with colleagues across NHSScotland; and
- provide a line of sight to the National Outcomes and the National Performance Framework.

Table 1 introduces the 12 potential national Quality Outcome Measures. Further analysis and consultation will take place with a view to agreeing them by October 2010 for implementation alongside the related set of HEAT targets for 2011/12. Some measures are likely to require development over the longer term.

Table 1: Potential National Quality Outcome Measures

Potential measure	Rationale	Patient/ staff/ system measure
● Healthcare experience	People's experience of our services is important. This is also an indicator in the National Performance Framework for which methodology has still to be developed. Ideally, this measure would include feedback from both patients and carers. Patient experience of various aspects of quality can be assessed from current surveys. Further consideration around how to capture the experience of carers will be required and existing information sources will be explored.	Patient
● Staff experience	Staff survey results provide another angle on the person-centredness of the NHS. Survey questions relate to several of the quality dimensions. Again, these could be separate measures or combined into one measure.	Staff
● Staff attendance	This indicator supports several dimensions, including efficiency and person-centredness. In addition, a reduction of staff absence could be expected to contribute to improved safety, timeliness and effectiveness.	System
● Healthcare Associated Infections	Key priority within the strategy. Indicates a cleaner environment and reduction in avoidable harm. Infections can result in longer stays in hospital, reducing clinical effectiveness, efficiency and affecting timeliness.	System
● Emergency admissions	This outcome indicator should represent a shift in the balance of care. It could demonstrate effectiveness of anticipatory and planned care. Patients are supported to remain at home where safe and appropriate. This measure should, therefore, reflect improved partnership working with social care, carers and the voluntary sector.	System
● Adverse events	This directly contributes towards the aim of no avoidable injury or harm. Adverse events result in poorer clinical outcomes and less effective use of resources. Therefore, this measure supports effectiveness and efficiency as well as safety.	Staff
● Hospital Standardised Mortality Rate (HSMR)	National reduction in HSMR should reflect work in individual hospitals to review mortality under the Scottish Patient Safety Programme and reflect reduction in serious adverse events and infections	System
● Proportion of people who live beyond 75 years	This outcome is intended to reflect the range of improvements right through the healthcare system from prevention to treatment.	System

Potential measure	Rationale	Patient/ staff/ system measure
<ul style="list-style-type: none"> <li>● Patient Reported Outcomes</li> </ul>	<p>Indicates whether interventions have been effective from the point of view of patients. It is proposed that there is potential for, through time, an aggregated measure of PROMS based on local feedback to be developed. A project is being initiated by NHS QIS, working in partnership with the Universities of Stirling and Dundee &amp; The Alliance of Self Care, to develop a national toolkit for this. As part of this project, the potential for this type of measure will be investigated. This is therefore a longer-term aim.</p>	Patient
<ul style="list-style-type: none"> <li>● Patient experience of access</li> </ul>	<p>Shows the patient point of view as to whether they have been able to access the care they needed, when they needed it.</p>	Patient
<ul style="list-style-type: none"> <li>● Self Assessed General Health</li> </ul>	<p>Self-assessed health will be a longer-term measure that will allow us to assess the effectiveness of a wide range of initiatives. Will reflect all quality outcomes including person-centred, timeliness, efficient, clinical effectiveness and safe.</p>	Person
<ul style="list-style-type: none"> <li>● Percentage of last 12 months of life spent in preferred place of care</li> </ul>	<p>Captures the outcomes of <i>Living and Dying Well</i> (a national action plan for palliative and end of life care in Scotland) i.e. use of tools to identify and assess people with palliative and end of life care needs; delivery and coordination of care across care settings to address those needs by consistent access to, and review of, anticipatory care plans (including palliative care summary and Do Not Attempt Cardio-pulmonary Resuscitation (DNACPR).</p>	System





# **5. Making it Happen**



'Real improvement and consistent quality will come from the efforts and actions of health professionals and both clinical and non-clinical NHS staff at all levels.'

'...important changes in culture and approach will be required to ensure that staff are equipped and supported...'

The Quality Strategy will need to be owned by everyone in Scotland with a recognition that quality is at the heart of everything we do. It will require senior leaders in the NHS and other service providers to be focused on and be inspired by the aim of world-leading healthcare quality. Real improvement and consistent quality will come from the efforts and actions of health professionals and both clinical and non-clinical NHS staff at all levels, and most importantly those delivering direct care to patients and their families. This will mean that we need to work more effectively in partnership with professional groups, colleges and staff representatives to implement this strategy by ensuring that we set out the ambitions in a way which provides the basis for an alignment of individual, team, system and organisational goals.

Achieving change of this scale requires:

- Leadership at all levels;
- Shared ownership - winning hearts and minds;
- Partnership with staff, involvement of patients and carers;
- Embedding quality in day-to-day work;
- Creating the right infrastructure - people, IT;
- Energy and commitment - tying it all together;
- Focusing on the right outcomes and targets; and
- Developing meaningful measures, evidence and analysis.

The people delivering healthcare services across NHSScotland have already confirmed their commitment to making the changes needed to share a focus on our Quality Ambitions. Clinical leads, senior doctors and nurses, AHPs, senior managers, and many other healthcare and supporting staff have attended a series of events throughout 2009/10 providing input to this strategy, and demonstrating their individual and collective commitment. Throughout these discussions, we know that we are starting from a very strong foundation (for example our approach to establishing Managed Clinical Networks) but we equally recognise that important changes in culture and approach will be required to ensure that staff are equipped and supported to provide the high quality healthcare to which we aspire, all the time. To support this we will ensure that the *Knowledge and Skills Framework* is aligned to the Quality Ambitions, and that contracts, job descriptions and annual appraisals are used flexibly and more explicitly to support staff in pursuing improvements in healthcare quality.

'...compelling to, and shared by, partners in the rest of the public sector, and in the third sector.'

Our approach to implementing the Quality Strategy will recognise the different, and sometimes multiple roles that individuals have in implementing the actions required to achieve our aims. We will communicate the vision of a high quality NHS to the people in Scotland in a number of ways to ensure that it is compelling to all. We will do this in a way which makes it clear that every person in Scotland, no matter who they are, or where they are, has an important role to play to ensure our healthcare services are the best they can be now, and for generations to come. The vision also needs to be compelling to, and shared by, partners in the rest of the public sector, and in the third sector.

We will therefore take a partnership approach to communication and implementation which is simultaneously:

- Person-based;
- Staff-based; and
- System-based.

#### Person-based

Our communication approach will set out the vision for high quality Scottish healthcare services. It will explain what this means for every individual, in terms of their rights and expectations, and the responsibilities they will have for learning, taking action to maintain their own health, managing their ill-health, collaborating in respectful partnerships with healthcare staff, and feeding back their experiences and outcomes to support a continuous cycle of improvement.

#### Staff-based

We will continue to work with and through all staff working in and with NHSScotland to develop and implement quality improvement interventions we can use to drive person-centredness, clinical effectiveness and patient safety. To support this approach we will also explore training and skills development approaches they will need to support their practice – such as *The Effective Practitioner*, a NES online learning programme in development.

Our staff are our greatest resource and we must ensure that they can use their knowledge and skills to best

effect for service users and carers. There is evidence to suggest that effective clinical teams and effective management practices can both have a direct impact in reducing mortality. In addition, measures to enhance staff health and wellbeing have been shown to improve the patient experience and outcomes, reduce absenteeism, increase productivity and organisational efficiency. We will therefore continue to invest in developing clinical leaders, supporting best practice in managing staff in order to enhance the employee experience and the delivery of high quality care.

We shall also continue to pursue with primary care contractors the process we have begun to ensure that their energy, creativity and dedication are released for the benefit of patients.

### System-based

'...staff health and wellbeing have been shown to improve the patient experience and outcomes...'

In order to support staff, patients and carers to implement the inventions that will support the actions required to deliver the vision for health and healthcare services in Scotland, we need to identify and remove any hurdles and barriers presented by the current approaches to policy development and delivery. Responsibility for taking this action lies primarily with NHS senior management and with Scottish Government Ministers and officials. However, feedback from staff, patients and carers will inform the continuous cycle of improvement required to ensure that the wider system continues to support and facilitate the delivery of high quality health and healthcare services in Scotland.

'...a clear and unambiguous reinforcement of the policy priorities for health and healthcare in Scotland.'

The initial actions required at the system level involve a clear and unambiguous reinforcement of the policy priorities for health and healthcare in Scotland. These will include a commitment to improving health and healthcare services quality improvement, embedding the concept of mutuality in pursuit of improved quality, achieving best value in everything we do, and through ensuring maximum integration and continuity of services. We shall also explore with primary care contractors the conditions which would have to be met - and the benefits which would accrue - if we were to move increasingly to a high trust/low bureaucracy culture. They also include a simplification of the policy and delivery landscape with the introduction of a new approach to ensure that existing and new initiatives are appropriately



aligned with the Quality Strategy aims, and that their impact on these aims is transparently communicated and properly measured and monitored. There will be a more robust review of HEAT, ensuring that we have a set of national targets which is evidence based and clearly aligned with the quality aims.

'...ensure that existing and new initiatives are appropriately aligned with the Quality Strategy...'

System-based changes will reinforce the commitments set out in *Better Health, Better Care*, focusing on the shift required from top-down approaches to bottom-up, the appropriate balance between performance management and continuous improvement and the focus required on getting it right for every person, every time by reducing inappropriate and unnecessary variation.

'...public sector partners and the third sector have a major role to play...'

There will be a refreshed commitment to working closely with community planning partners in the delivery of the Quality Strategy vision and the wider Local and National Outcomes, recognising that public sector partners and the third sector have a major role to play in supporting people across Scotland in making the changes required to achieve the world-leading health and healthcare services to which we aspire.

### Working in partnership

This Quality Strategy will underpin all that we do. We propose that it will extend to cover the activities of NHSScotland which are primarily focused on preventative and anticipatory care and are in pursuit of reducing health inequalities and in improving health. It will form the basis for our relationship with independent contractors.

We further propose that this strategy provides a basis for NHSScotland to work with partners through Community Planning Partnerships and in the third sector in securing progress towards the Quality Ambitions, and the higher level outcomes agreed locally and nationally through the Single Outcome Agreements and the National Performance Framework. An example of this is the support required from other public sector partners in establishing the *Keep Well* health checks through providing follow-up activities to promote wellbeing and healthier lifestyles. *Reshaping Care for Older People* is a major programme that is being designed, developed and delivered as a partnership across NHSScotland and local government with active engagement from the third sector and community and patient/carer interests.



# **6. Implementation**

---

'...the Quality Alliance will... develop and maintain a robust high-level shared ownership and responsibility for implementing the Quality Strategy.'

'...measures will be needed to define a shared understanding of healthcare quality...'

### The Quality Alliance

Following the launch of the Quality Strategy, we need to establish the arrangements through which action will be taken to implement the key interventions, ensure integration and alignment and to oversee progress on the wider commitments and changes required to take forward this Quality Strategy.

To help us achieve this, the Quality Alliance will be created, which will include senior representatives from all of the stakeholder bodies. We will work with primary care contractors to ensure that the right forums are in place to ensure effective primary care input. The key role of the Quality Alliance will be to develop and maintain a robust high-level shared ownership and responsibility for implementing the Quality Strategy. It will be supported by a dedicated resource which will provide central leadership, coordination, intelligence and the day-to-day support required. The Scottish Government will liaise with NHS Boards, with particular reference to the opportunities for QIS and NES to play a major role in establishing this central resource. The Quality Alliance will lead a more detailed consideration and secure agreement on the areas for action and the related improvement interventions with those who will deliver the Quality Ambitions.

### Data for Improvement

In this document we have set out a proposed framework for the development of measures to support the implementation of the Quality Strategy. These measures will be needed to define a shared understanding of healthcare quality, and to establish baselines from which to monitor improvement. We also make a commitment to reviewing the relationship of these measures with the HEAT targets – making necessary changes to HEAT for 2011/12 to ensure alignment and to reflect the role of performance management in achieving our aim.

The first steps will be for a range of lead partners, including QIS, NSS Information Services Division (ISD) and the Scottish Government, to work together to develop proposed definitions and methodologies for deriving the measures, and to consult widely to secure agreement, before developing the initial baseline measures. Following the launch of the 2010/11 Local Delivery Plans (LDPs) and HEAT targets in November 2009, the Scottish Government will consult on the action needed to align HEAT with the Quality Ambitions for 2011/12 and beyond.

'...a major driver to motivate and inspire...'

## Communication

Communication is a key component of the Quality Strategy, not just in terms of raising awareness about the ambitions for NHSScotland, but as a major driver to motivate and inspire everyone across Scotland to take appropriate action to make their contribution to achieving the shared vision for NHSScotland. The key aims of communication are therefore to:

1. Raise awareness both internally and externally, of the Scottish Government's vision for NHSScotland to ensure that the quality of healthcare services delivered by NHSScotland is recognised by the people of Scotland as amongst the best in the world;
2. Inspire staff and the public to appreciate and understand the role they play in delivering the Quality Strategy's vision; and
3. Highlight national and local programmes/services which are helping deliver quality healthcare.

In order to achieve these communication aims, we will:

- Position and frame the Quality Strategy's purpose and vision in a more accessible way which gives meaning and understanding to the public;
- Use all available approaches (events, publications, campaigns and digital communication) to engage with all stakeholders throughout Scotland at a national and local level (i.e. the public, NHS staff, Scottish Government, third sector etc.) informing them of the vision for NHSScotland and what it means for them;
- Promote and inform people working within NHSScotland and the public of existing and new services which are delivering the vision for NHSScotland at a national and local level;
- Equip and support the people working in and with NHSScotland with information about what they can do to help NHSScotland become a world leader in delivering quality healthcare; and
- Inspire and motivate staff and public to play an active role in achieving the vision for NHSScotland.

## Conclusion

The Quality Strategy is about people. It is for all of us. It aims to provide everyone with the care and compassion they want and need by enabling their voice to be heard and then designing services with them that are amongst the safest, most effective and best in the world. The strategy aims to ensure that in our NHS this is provided reliably to every person, every time.

The Quality Strategy is about both continuity and change. Continuity comes from the Strategy's clear links with the founding principles of the NHS, the shared ownership of the NHS, and through building on the significant progress and improvements which have been made in recent years. Change will come from the stronger focus on the Scottish people's priorities, from greater involvement of people in the design and delivery of their care and from the quickening pace of the improvements we will make.

We are confident that by establishing this shared understanding of quality, and a commitment to place it at the heart of everything we do, our Quality Strategy represents a unique and important opportunity for all of us to work together to our mutual benefit to make our NHS even better, for everyone, now and into the future.











**The Scottish  
Government**

© Crown Copyright 2010

ISBN: 978-0-7559-9323-9 (web only)

APS Group Scotland  
DPPAS10040 (05/10)

[www.scotland.gov.uk](http://www.scotland.gov.uk)