

**Meeting:** HHSCC  
**Meeting date:** 15th January 2024  
**Title:** NHH Quality of Care Framework  
**Responsible Executive/Non-Executive:** Boyd Peters, Medical Director and Louise Bussell, Nurse Director  
**Report Author:** Louise Bussell, Nurse Director

**1 Purpose**

**This is presented to the Board for:**

- Discussion

**This report relates to:**

- Strategic direction
- Patient experience

**This report will align to the following NHSScotland quality ambition(s):**

Safe, Effective and Person Centred

**This report relates to the following Strategic Outcome(s)**

Start Well	X	Thrive Well		Stay Well	X	Anchor Well	X
Grow Well	X	Listen Well	X	Nurture Well	X	Plan Well	X
Care Well	X	Live Well		Respond Well	X	Treat Well	X
Journey Well	X	Age Well	X	End Well	X	Value Well	X
Perform well	X	Progress well	X				

**2 Report summary**

**2.1 Situation**

As the Board emerged from the Pandemic and began to implement the Together We Care Strategy it was identified that one of the golden threads running through the strategy – quality – needed a re-assessment and from this a refreshed approach.

The Medical and Nurse Directors have a particular role to play in relation to quality of care and therefore the Medical Director took the lead on commissioning the report and on receipt of the report they have taken forward the subsequent dialogue in relation to its content and future actions. To date these actions have been to engage with a range of groups to review and refine the recommendations and once this is finalised, agreed the way forward for this key piece of work.

**2.2 Background**

The Scottish Government published the Quality Strategy for NHS Scotland in 2010

The Chief Nursing Officer commissioned Excellence in Care following the Vale of Leven enquiry.

The Independent review of Adult Social care in Scotland highlights a list of quality dimensions.

Healthcare Improvement Scotland - Leading Quality Health and Care for Scotland: Our Strategy 2023 – 2028 to “drive the highest quality care for the people of Scotland” noting the importance of taking on an improvement approach to a quality management system to monitor quality within an organisation

The previous Board Quality Approach was discontinued prior to the pandemic and there was a view that we have greater emphasis on Quality Improvement that we do Quality as a whole. The aim of the report was therefore to assess our position and provide some proposed recommendations to assist in resetting the Board direction.

**2.3 Assessment**

The report highlighted an enthusiasm for consistently achieving quality services and move from Quality Improvement being the dominant language as opposed to a methodology to support services in achieving quality where a need has been identified.

The need to better understand our position through the use of quality measures and data, patient experience and service reviews was reported alongside the importance of culture and communication.

It identified the clear link to risk and safety and the importance of leadership in achieving consistently high quality services.

Subsequent engagement with professional groups have validated much of the report and added further to it including the importance of ensuring we focus on health and social care which will require language change as we progress. Agreeing priorities, being ambitions and establishing a learning culture were also high on the agenda.

The importance of a planned approach to bring everybody with us was seen as key with easy access to quality information to support this.

**3 Impact Analysis**

**3.1 Quality/ Patient Care**

This is the focus of the report and the outcomes all relate to ensuring we provide consistent, safe and effective quality care and improve patient experience.

**3.2 Workforce**

Currently have QI staff in post with a particular remit for nursing. There is a vacant post for a Quality lead that is currently on hold.

All staff need to understand their role in the provision of quality care and be given the support and tools to achieve this. Need to review dedicated staff requirements to support quality agenda.

**3.3 Financial**

Achieving high quality services can have a financial benefit in, for example, reducing duplication of provision, avoiding unnecessary care as a result of failure to achieve outcomes and in litigation costs from a shortfall in care.

There can be financial implications to implementing a new approach to quality and experience.

**3.4 Risk Assessment/Management**

Currently there is evidence of some of our services providing high quality care and provision in the Board but there is a need for this to be more consistently measured and understood across all areas and a need to ensure quality care is core in everything we do.

A lack of focus on quality service provision can be a risk to communities and individuals and a risk to the organisation in terms of potential failure to achieve required care standards.

**3.5 Data Protection**

Not Applicable

**3.6 Equality and Diversity, including health inequalities**

Vulnerable and disadvantaged groups can be particularly impacted by services that are not achieving quality standards or focussing on patient experience as they may be less likely to speak up or be proactive when there are service shortfalls.

**3.7 Other impacts**

**3.8 Communication, involvement, engagement and consultation**

- Engagement with a range of leaders and professional leads in the initial development of the report
- Presented and discussed at professional forums
- Presented and discussed at EDG
- Presented and discussed at Board Development Session

**3.9 Route to the Meeting**

As above

**4 Recommendation**

The Committee is asked to note the request put to the Executive Directors Group:

- **Decision** – To support the allocation of a dedicated resource for adult protection to mitigate the existing risk within NHS Highland regarding outstanding work as described in the paper.

**4.1 List of appendices**

The following appendices are included with this report:

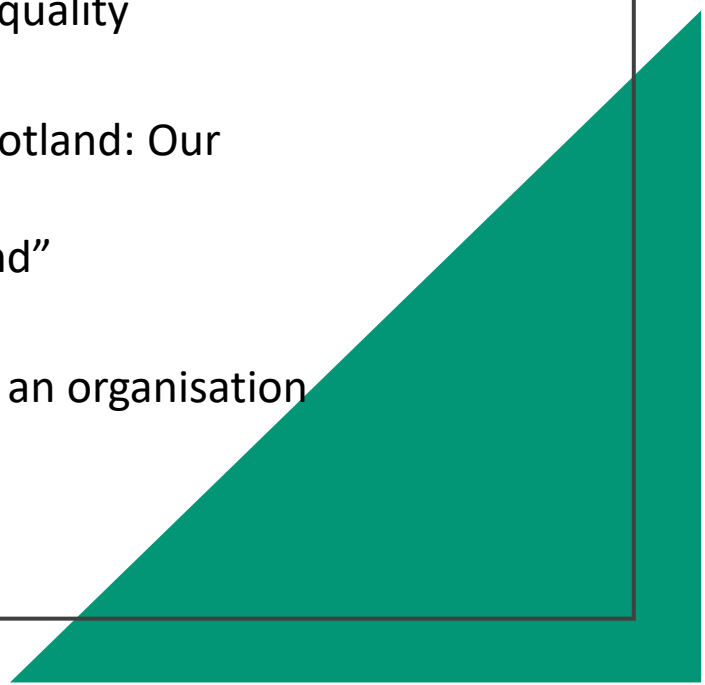
Appendix No 1 : NHS Highland Quality Commission (presentation)

Commissioned by:  
Boyd Peters and Louise Bussell  
Report by:  
Amanda Croft  
August 2023



# NHS Highland Quality Commission

# Background

- Scottish Government published the Quality Strategy for NHS Scotland in 2010
  - The Chief Nursing Officer commissioned Excellence in Care following the Vale of Leven enquiry
  - The Independent review of Adult Social care in Scotland highlights a list of quality dimensions
  - Healthcare Improvement Scotland - Leading Quality Health and Care for Scotland: Our Strategy 2023 – 2028
    - “drive the highest quality care for the people of Scotland”
    - Importance of taking on an improvement approach
    - Quality management system to monitor quality within an organisation
  - NHS Highland – recent focus on QI
  - 2023 - Clinical commission for external view of quality in NHH
- 

# Quality

---

- Applies to everything we do.....
- Quantitative and qualitative measures
- Governance, monitoring and targeting improvement...plus celebrating good, great, outstanding
  
- “important to NHS Highland that quality is seen as a key priority for everyone, how individuals ensure they are doing the best they can, to deliver a quality service”



Focus  
on  
Quality

A magnifying glass with a silver handle and frame is positioned over the text. The lens is centered on the words 'Focus on Quality', which are written in a bold, black, sans-serif font. The background behind the lens is a light, slightly blurred greenish-grey. The magnifying glass handle extends towards the bottom right corner of the image.

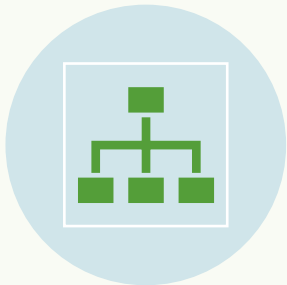
# Quality Review



What can I do to make patient quality and safety better in NHS Highland?



43 leaders interviewed across NHS Highland



Variety of professional backgrounds, including clinical, operational, social care, executive directors



Report identifies – Highlights and Suggested Recommendations

# Themes

Approach to quality

Leadership and Direction

Experience and Engagement

Data

Systems and Processes

People

Language

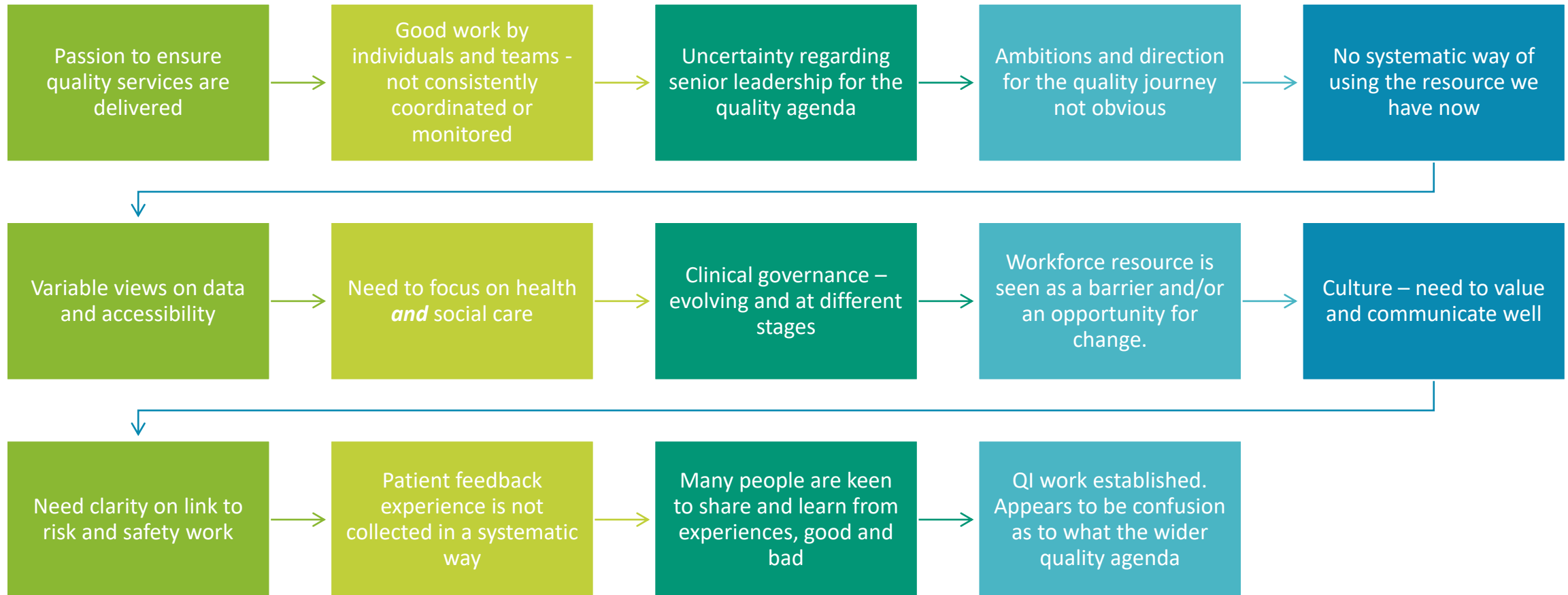
Learning Organisation

Culture





# Highlights



# Suggested Recommendations

Support and acknowledge all the current good practice and positive attitudes expressed

Establish and confirm the senior leadership role, or roles, owners of improvement work

Agree a definition of quality to be used in the context of health and social care

Agree a definition for Clinical Governance, for example

Mapping exercise - what stage local teams are at with their clinical governance arrangements

Complete self-assessment to understand Board Clinical Governance systems and processes

System wide piece of work to capture patient experiences

Improve awareness at all levels, develop a communication and engagement plan

Explore local, unit and organisation wide - sharing of learning and good practice

Ensure quality is measured and there is a continuous improvement process

Continue to support the evolving work on “Caring with Compassion”



# Breakout Session

---

- Initial thoughts on the findings and any gaps
  
- Views on the Recommendations and potential for the future



# Professional Committees

- Area Clinical Forum
- NMAHP Advisory Group
- Area Medical Committee
- Area Pharmaceutical Committee
- Heads of Psychology Forum
- NMAHP Assurance Group

## Outstanding:

- Social Work Advisory Committee – 1<sup>st</sup>  
February 2024
- 

# Themes from Professional Committees and Forums



Language and implementation – need to be HEALTH and SOCIAL care

Matrix of staff and patient experience – easier access to quality feedback

Celebrate positive – where are we now?

Measure and demonstrate what we do - clinically led

Need to monitor and standardise quality across the Board area

Share and use data to learn and change

Role for committees, importance of clear future structure for governance

Importance of whole system, pathways of care

Agreeing priorities – importance of being ambitious

Workforce plan is key

Importance of a Learning Culture and how do we influence as leaders?

Easy access to Guidance and general comms

# Next Steps.....

---

Final plan from recommendations and comments including:

- To agree definitions and systematic approach to understanding quality
- Toolkit based on – caring and responsive, safe and effective, well led
- Communication and engagement plan – quality and learning
- Agreed patient feedback approach
- Quality forum as well as quality as a subject area in all reports
- Dedicated leadership role for quality to help facilitate change
- Developing quality data set

Complete feedback loop – ACF with proposed plan and asks

Look at whole pathway – link with primary care

