NHS Greater Glasgow & Clyde
Quality Strategy 2024-2029

quality
everyone everywhere

NHS
Greater Glasgow
and Clyde

Full Document

Contents

Foreword

Quality Everyone Everywhere sets out a clear vision for NHS Greater Glasgow and Clyde to be a world leading quality healthcare organisation, where people experience person-centred, high-quality care in every place and interaction. The voices of our population, people that use our services and staff are embedded in the decisions we make, and this document has been informed and shaped by these voices. A cornerstone of quality-led, fair, and equitable care is compliance with equalities duties and legislation, and we have committed to reaching out to 'seldom heard' communities to ensure that everyone can be heard.

The priorities in **Quality Everyone Everywhere** resonate with national and international thinking, but more importantly, they reflect what matters to those who use and work in our services and to those who matter to them. **Quality Everyone Everywhere** is our overarching priority and the principle which runs through the other four priorities:

- Safe, Effective and Efficient
- Person-centred
- Co-production
- Learning and Improving

The strategy describes what we aim to achieve under each priority, and how we will do this.

Quality Everyone Everywhere builds on our current strengths and recognises the improvements made over the last few years. It is relevant across all clinical and support services, and we will use it as a framework to develop local implementation plans to continue to drive improvement in all our services over the next 5 years.

Jane Grant
Chief Executive
NHS Greater Glasgow and Clyde

1 Introduction

Quality is our core business in NHS Greater Glasgow and Clyde and this Quality Strategy **Quality Everyone Everywhere** sets out a clear vision for how we will work together across all areas of service to ensure people experience high-quality individualised, person-centred care.

The strategy builds on our current strengths and recognises the improvements made over the period during and since the pandemic. It takes a collaborative and new approach to support person-centred care in an environment of financial and sustainability challenges.

This shared vision has been coproduced with both the people who use our services and those who work within them. Key areas of focus and deliverables have come directly from extensive and iterative co-design and co-creation using multiple formats, events, networks, surveys, and groups.

Our aims:

- NHSGGC is recognised as a world leading quality healthcare organisation
- People experience person-centred high-quality care in every place and every interaction
- The voices of our population, and people who use and work in our services are embedded in the decisions we make

The strategy will embrace innovation, and build on our strong foundations of person-centred care, patient safety, value-based health and care and other programmes of work which are well established

To achieve our aims the strategy seeks to develop connectivity across both formal and informal networks at a system-wide level, in our teams, and at the point of care encouraging local ownership and accountability as part of the approach.

Through system-wide engagement five priorities for action were identified. Quality Everyone Everywhere consistently came through all discussions, debates, and feedback channels. This is an overarching priority and will run through the other four priority areas:

- Safe, Effective and Efficient
- Person Centred
- Co-production
- Learning and Improving

1.1 Equalities

A cornerstone of quality-led, fair, and equitable care is compliance with equality legislation. This strategy sets out a commitment that all aligned programmes of work will satisfy the requirements of the Equality Act (2010) and aligned Public Sector Equality Duty and evidence our due regard for the need to:

- Eliminate unlawful discrimination, harassment, and victimisation
- Advance equality of opportunity between groups of people with different protected characteristics
- Foster good relations between these different groups

Our due regard will extend to evidencing safeguards in place to ensure fair and equitable treatment on the grounds of:

- Age
- Disability
- Gender Reassignment
- Pregnancy and Maternity
- Race
- Religion or Belief
- Sex
- Sexual Orientation

Our safeguards will include the use of equality impact assessments on all programmes of work stemming from the implementation plan and the application of a ward-based or locality Frontline Equality Assessment Tool that will align legislative theory and frontline practice.

2 NHS Greater Glasgow and Clyde - Scope and Scale

The Board is responsible for providing and managing a range of health and care services in people's homes, local communities and in hospitals.

The Board also provide specialist, regional and national services, catering for the needs of people Scotland wide.

The information below gives an indication of the scope and complexity of NHS Greater Glasgow and Clyde:

- Serves a population of 1.3 million people
- Employs around 41,000 staff
- Contracts with around 232 GP Surgeries
- Dental services in more than 279 locations
- 187 Optician practices
- 72 Health Centres and Clinics
- 283 Pharmacies
- 23 hospitals of different types
- An annual budget of £4.4billion

NHS Greater Glasgow and Clyde serves the people of:

- East Dunbartonshire
- East Renfrewshire
- Glasgow City
- Inverclyde
- Renfrewshire
- West Dunbartonshire

High-quality care must be grounded in the principles of collaboration and understanding the communities we serve. Partnership working is fundamental to this – by working together we can maximise outcomes for the population by jointly delivering high-quality, effective, and responsive care. **Quality Everyone Everywhere** has been co-produced with those across the whole system.
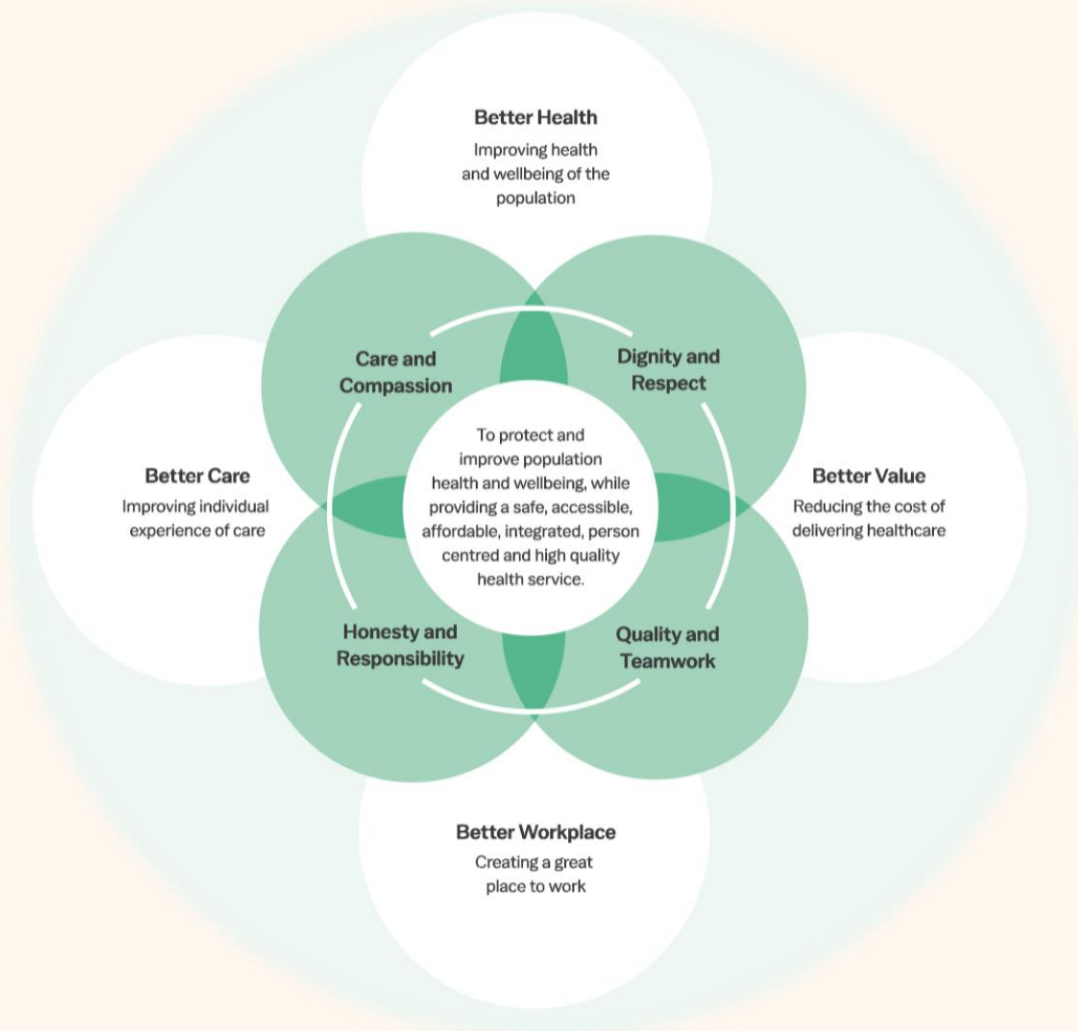
3 What does quality mean in NHS Greater Glasgow and Clyde?

3.1 Corporate Statements

Quality is integral to our purpose, values and aims, putting people at the centre of our organisational aspirations. It is embedded in our corporate statements, as shown in the diagram below:

NHS Greater Glasgow and Clyde purpose, values and aims

3.2 Other Board Strategies

Quality Everyone Everywhere does not stand alone. It is aligned to and supports other key Board strategies and plans.

In 2018, NHS Greater Glasgow and Clyde approved and published a cross system clinical strategy 'Moving Forward Together'. The strategy was developed with significant clinical engagement, and in partnership with an active Stakeholders' Reference Group. The key driver for the blueprint was to achieve transformational change in services by creating:

- Services in communities to reduce dependency on hospital beds
- A tiered model of care with a small number of specialist centres and provision of care in homes and communities, and
- A strong focus on prevention and early intervention

Moving Forward Together puts the patient at the centre of transformational change. The diagram below shows the key elements underpinning the clinical strategy. **Quality Everyone Everywhere** underpins this clinical vision and will support its implementation.

Promote healthy living and support people to maximise their own health

Provide person centred care at the right time in the right place

Move more care towards delivery in the community

Centralise specialist care where there is evidence to support this

Deliver this through efficient use of available resources

Allow practitioners to work to the top of their licence

Maximise the potential benefits from eHealth

Remove unnecessary barriers between primary and secondary care

Provide joined-up care through better team working

Other Board strategies which dovetail with **Quality Everyone Everywhere** include the Workforce Strategy, the Communication and Engagement Strategy, the Sustainability Strategy, the Digital Strategy and our Value Based Health and Care action plan.

3.3 National and International Partners

Quality Everyone Everywhere links with the national 'Getting it right for everyone' (GIRFE) programme. GIRFE is a proposed multi-agency approach of support and services from young adulthood to end of life care. GIRFE will help define the adult's journey through individualised support and services and will respect the role that everyone involved has in providing planning and support. The national GIRFE team has carried out significant engagement and reviewed over 180 patient journeys. The findings from this work have identified practical, societal and system themes, which resonate strongly with the findings from our own engagement. The team are now progressing work in the following areas:

- The team around the person
- Community and social connection
- Digital development and accessible information
- Governance
- Learning and development
- Stigma

Quality Everyone Everywhere aligns with the principles of this work, learning from its pathfinder sites and work with people with lived experience of the health and care system.

GIRFE builds on earlier work by the Scottish Government 'Getting it right for every child' (GIRFEC). GIRFEC provides Scotland with a consistent framework and shared language for promoting, supporting, and safeguarding the wellbeing of children and young people. **Quality Everyone Everywhere** is aligned with GIRFEC principles to enable every child and young person to reach their full potential. All children and young people should live in an equal society that enables them to flourish, to be treated with kindness, dignity, and respect, and to have their rights upheld at all times.

An International Advisory Group (IAG) was established to help support our aspiration to be world leading in the quality we offer to people who use our services. Throughout the development of **Quality Everyone Everywhere**, we have worked with international leaders and experts in quality improvement in health and care from across the world as "critical friends" who have offered support and respectful challenge along the way.

4 What did people tell us?

In the development of **Quality Everyone Everywhere**, we have continually engaged with our public partners and people with lived experience throughout all stages of the process. Our comprehensive approach has included ongoing communication, listening, and collaboration to ensure that we understand what matters to people. We have taken an inclusive approach representative of our population, those requiring or providing care and those with a stake in the planning and outcome of the strategy.

NHS Greater Glasgow and Clyde has a track record of continuously improving quality for people using our services in both communities and hospitals. This commitment is evident by our collaborative whole system approach to co-producing this strategy and its priorities.

Quality Everyone Everywhere speaks directly to the principle of 'understanding what matters to people.'

4.1 Accelerated Design Event

On 23 November 2023, almost 200 people from across the Board took part in a process of inquiry called an Accelerated Design Event to begin defining the new strategy. Attendance at the event included health and social care professionals, local and national government partners, clinical and managerial leaders, students, voluntary sector partners and people with lived experience of healthcare.

The event succeeded in its aims to:

- Create a map of the transformational potential of quality improvement for the people of NHS Greater Glasgow and Clyde
- Think about where we are now in our quality journey
- Explore where we could be in a radically different future
- Understand different perspectives about the future and map what needs to be done
- Give a 'voice' to different experiences, thinking and opinions
- Build our collective capability to create a different future by working together in a different way

The following examples depict what people told us about what mattered to them:

Quality is rooted in what matters to people:

> "From a place which can be complicated and full of adversity, we must work with a wide and diverse community and agree a vision of what is achievable for people's experience of care and establish the foundation to deliver this."

Quality is based on achieving specific outcomes:

> "A Quality healthcare service should be safe, efficient, predictable, consistent, equitable, proactive, and based on trust, empathy and partnership resulting in timely and correct clinical care."

Quality is about having the right culture:

> "Quality is teamwork, collaboration, not being afraid of failure and being curious in a complex system."

Quality is about working together:

> "Everyone working together to do the right thing at the right time to achieve the best outcomes for everyone involved."

Quality is an experience:

> "Quality means compassion listening learning and empathy with safe and excellent outcomes at all times."

Quality relies on good relationships:

> "Quality is a multidimensional approach to meeting needs and aspirations by building trusting relationships."

The following is feedback from people who attended the day:

> "I felt that being placed at a table where we did not know each other enhanced the experience."

> "The wide range and numbers of people attending makes me believe that consultation is being taken seriously."

> "I left feeling positive about what the future could look like, and I felt empowered having had some input towards making the new Quality Strategy."

> "As a lived experience volunteer, I was blown away by how my views were given equal status to all the health care professionals."

> "The live feedback really added to the sense of co-producing something rather than leaving and wondering what might happen next."

4.2 Engagement Survey

Following the Accelerated Design Event, a public survey was cascaded through the Involving People Network to capture wider feedback on what matters to people about quality and what we can do differently to improve quality in the future.

The survey received 1,009 responses with 61% of people identifying themselves as either current patients or services users or members of the public. A breakdown of the main groups that responded can be highlighted as follows:

- Current Patients or Service Users: 264 (26%)
- Members of the Public: 352 (35%)
- Current NHS Greater Glasgow and Clyde staff: 370 (37%)

People were also asked to provide three words they would use to describe a high-quality health and care service. The word cloud below provides a summary of what people told us with the most used words including: **'efficient,' 'timely,' 'effective'** as well as **'caring,' 'compassionate,' 'accessible' and 'safe.'**

We heard that timely appointments, accessibility, and prompt treatment were important to people. There was a clear desire for individualised and continuity of care. Patients expressed a need for effective communication and being involved in decision-making about their care. We also heard about of the physical and emotional strain waiting for treatment and the benefits of compassionate and competent care.

4.3 Design and Development Group

A Design and Development Group was established to firstly plan and deliver the Accelerated Design Event, review the key themes and subsequently co-design the strategy. Membership included a varied cross section of staff with expertise in quality improvement and leadership skills. Staff Partnership representation was included, and following the event lived experience volunteers who had attended were invited to join the group.

4.4 International Advisory Group

The International Advisory Group was established to help support our aim to be a world leading healthcare quality organisation. This was achieved by working with

international leaders of healthcare quality who offered support and respectful challenge. Colleagues included Dr Peter Lachman, Associate Professor Kris Vanhaecht, Professor Paul Batalden and Professor Helen Bevan.

The International Advisory Group provided expert advice and guidance as the strategy developed. The group shared good practices and experiences from other health and care systems around the world.

4.5 Quality Strategy Newsletter

Ongoing communication included a regular easy to read, interactive digital newsletter. The newsletter kept all stakeholders informed of progress and invited their participation and involvement in key activities.

4.6 Accelerated Design Follow-Up Event

On 20 May 2024, people who previously attended the Accelerated Design Event in November 2023 were invited to attend a virtual session where we shared progress on development of the strategy and next steps. Small breakout discussions were facilitated where attendees were invited to share their reflections and feedback on the priorities for action. Attendees were asked for their views on the strategic priorities, specifically "Does what you have heard align with your thinking following the previous Accelerated Design Event?" 92% of attendees responded 'yes', 0% 'no', with the remainder responding 'somewhat'.

5 Evidence Base for Quality

The World Health Organisation describes quality as:

> "Quality of care is the degree to which health services for individuals
> and populations increase the likelihood of desired health
> outcomes. It is based on evidence-based professional knowledge
> and is critical for achieving universal health coverage."

5.1 Quality 3.0

Quality Everyone Everywhere has also been informed by international
publications and emerging approaches to quality models. It is twenty years since the
US Institute of Medicine (IOM) defined quality in healthcare, as comprising six
domains:

- person-centredness
- timeliness
- efficiency
- effectiveness
- safety, and
- equity

Whilst these domains remain sound, the emergence of service-oriented systems,
complexity science, and the challenges of climate change, the growth of social media
and the internet and the reality of COVID-19 has triggered discussion within the
international quality community to revisit the domains as they stand.

This has led to the emergence of the Quality 3.0 model, developed by Lachman,
Batalden and Vanhaecht which focuses on coproduction and continuous learning and
integration of multiple knowledge systems.

The authors describe a multidimensional model where a healthcare organisation can
inspire confidence among all stakeholders by robust foundations (protocols and
procedures) supported by strong relationships between direct care providers and
other stakeholders in the healthcare system.

The multidimensional quality model also includes the broader concept of Kin-centred
Care alongside Person-centred Care, which is included in every domain of quality
rather than as a separate domain. A new domain, ecofriendly, is added to reflect the
growing challenges of climate change and to introduce the need to address the
challenges of sustainability, not only at organisation level, but in every contact in the
micro-system. The principle of transparency and leadership are included to surround
all the technical domains, respecting the person's right to privacy but also the right

to know the information that specifically concerns themselves. This is illustrated in the diagram below:

Quality 3.0: The domains of quality for the new era of health

5.2 NHS Greater Glasgow and Clyde Quality Model

The NHS Greater Glasgow and Clyde Quality model has been coproduced building on three main elements:

1. A robust evidence base (Lachman, Batalden and Vanhaecht)
2. Listening and consulting with our key stakeholders
3. Alignment with local NHS Greater Glasgow and Clyde context

We have further adapted the model by incorporating the core values of NHS Greater Glasgow and Clyde.

We recognise the broader concept of kin-centred care alongside person-centred care and our stakeholders were supportive of this. Following in-depth discussions, it was agreed rather than use the term kin we would broaden the definition of person-centred care to include who matters to people. This could include neighbours, family, carers, friends, and community.

The NHS Greater Glasgow and Clyde Quality model demonstrates the purpose, values, aims and priorities with people who use and work in our services at the centre of our aspirations.

NHS Greater Glasgow and Clyde Quality Model

QUALITY MODEL

Quality Everyone Everywhere

Priorities — **Person-centred Care**

Co-production | Learning & Improving | Safe, Effective & Efficient

Core Values

Care & Compassion | Quality & Teamwork | Dignity & Respect | Open, Honest & Responsible

Leadership

Communication | Fair & Equitable | Transparency

Foundations

Protocols & Procedures | Care Pathways | Prevention & Early Intervention | Evidence & Research | Sustainability

The Foundations

The foundations of the NHS Greater Glasgow and Clyde Quality Model provide a robust framework for safe and effective care. High-quality care relies on well-designed and managed processes. Clinical pathways need to be underpinned by evidence, best practice, research, and good governance. Focussing on prevention and early intervention can lead to economic savings and can support people to enjoy good health during their lifetime.

Leadership

Strong clinical and non-clinical leadership sets the direction for the organisation. Leaders will demonstrate transparency, open communication, and a fair and equitable style. These attributes further build trust in both individual interactions and in organisational processes.

Core Values

The values in our model are explicit in the Board's corporate statements, and they foster positive interactions and careful and kind care.

Priorities

The title, roof and walls of the model reflect the five priorities, which are:

- Quality Everyone Everywhere
- Safe, Effective and Efficient
- Person-centred
- Co-production
- Learning and Improving

This model serves as a framework for applying a quality led approach to service change and improvement. It can be applied to clinical and non-clinical or support services.

6 Priorities for action

The priorities for **Quality Everyone Everywhere** have been set through extensive engagement with the people who use and work in our services and other partners. Our collective priorities resonate with national and international work, and with evidence-based quality models.

6.1 Implementing change

The Gleicher, Beckhard and Harris theory for managing and implementing change notes that change can take place where there is dissatisfaction with the current situation, a compelling vision for change and where the first steps towards the vision are clear and defined.
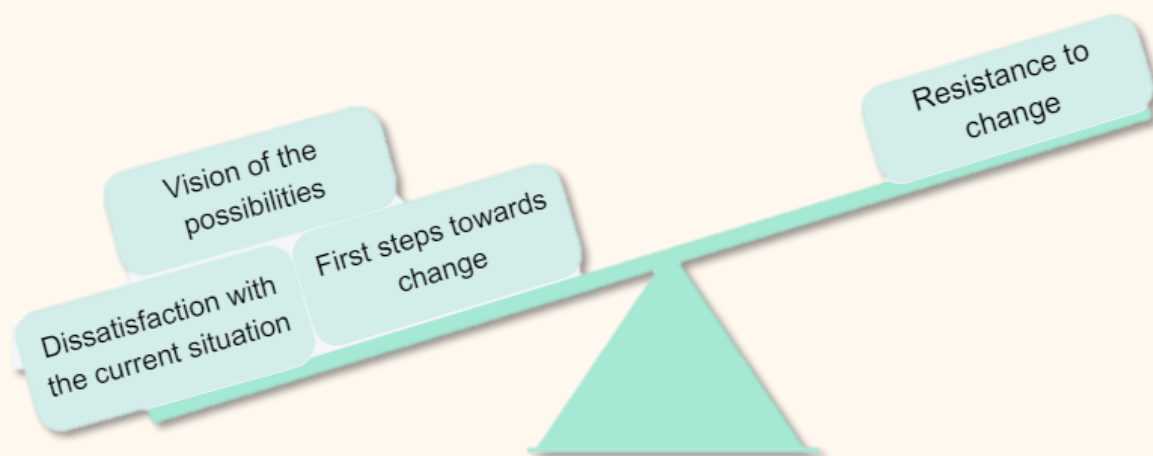
Quality Everyone Everywhere will be owned by everyone using services and working in NHS Greater Glasgow and Clyde with a recognition that quality is integral to everything we do. Consistent quality at scale will be come from collective efforts and actions of everyone working in partnership with a focus on implementation of the following five priorities for action where we have alignment of individual, team system and organisational commitment.

6.2 Priorities into Action

The earlier sections of **Quality Everyone Everywhere** clearly describe our vision for change and our appetite for improvement. In this section, we review each priority in more detail to set out what we want to achieve and how we will achieve it. In some areas, this will include building on ongoing work, but in others it will challenge us to work in new ways. It will be supported by an implementation plan

which will be regularly reviewed through Board governance processes to evidence measurable improvements in quality.

Five key priorities emerged from our extensive engagement and consultation process. These feature prominently in the NHS Greater Glasgow and Clyde Quality model with **Quality Everyone Everywhere** being both our overarching principle and priority.

Our priorities and actions are aligned to national and local strategies and policies. These are listed in Appendix A.

The five priorities and how these will be put into action are now explained further:

Quality Everyone Everywhere	Safe, Effective and Efficient	Person-centred

Co-production	Learning and Listening

Priority 1 - Quality Everyone Everywhere

Quality will be integral to everything we do, at all levels with everyone, everywhere.

We will foster an approach that will connect across different levels of our health and care organisation; at a system-wide level, in our teams and divisions, and at the point of care. We will ensure connectivity, strengthening formal and informal networks and use the Quality Management System to deliver this consistency. We will build and strengthen local ownership and accountability.

What we want to achieve:

- Alignment of the Quality Strategy with the Equality Act and Public Sector Equality Duty
- Local teams will have ownership of quality implementation plans which are focussed on the strategic priorities
- An inclusive and continuous communications and engagement plan for quality
- Drive in partnership with others, digital innovation to improve services and care experience for people

How will we do this?

1. Integrate Quality into everything we do at all levels in clinical and non-clinical settings
2. Implement a team approach to Quality – it is everyone's responsibility; for people who work in all areas of service
3. Quality principles and priorities will be embedded in meetings and forums
4. Individual Personal Development Planning and Review (PDP and R) will include opportunities to help staff develop and strengthen their capabilities and potential to reliably embed the principles of quality in everything they do
5. Evaluate the delivery of the Quality Strategy priorities

Priority 2 - Safe, Effective and Efficient

Collecting evidence to scale up what works and stop doing the things that do not.

We will collect evidence to scale up what works well and stop doing the things that do not. We have a strong record across our services of assurance and improvement approaches to safety and quality and responding to internal and external inspection and review. It is essential that our new quality approach builds on this, continuing to strengthen outcomes for people. Value based health and care is central, building on the principles of Realistic Medicine.

What we want to achieve:

- A culture where people can share success as well as express concerns about potential and emergent risks
- A commitment to prioritise safety at all levels across the organisation
- An organisation where data is accessible, easy to understand and used to drive improvement
- Safe care which is underpinned by strong foundations of evidence-based approaches, processes, policies, and practice

How will we do this?

1. Embrace Learning from Excellence consistently across all areas of the organisation
2. Identify, interpret, and act on early warning signals and concerns about potential and emergent risks to safety
3. Review data collection, measurement, and analysis to ensure added value
4. Make sure data is presented in an easy-to-understand format to drive change
5. Align Quality Improvement projects with Delivering Value Based Health and Care, embedding the principles of Realistic Medicine

Priority 3 – Person-centred

Ensure people are at the centre of everything we do.
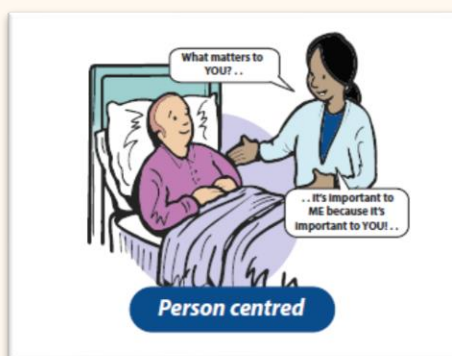
We are committed to a person-centred approach which is firmly grounded in what matters to the people who use and work in our services and those who matter to them. We will build on this culture to ensure people are equal partners in decisions about their care planning. We will consistently listen and learn to experience of care in many different ways.

What we want to achieve:

- A culture of careful kindness, trust, respect, and compassion
- People who use our services are supported to take part in shared decision making about their care
- An organisation where listening to individuals is valued as a vital source of information about what is working well, or not working well and drives improvement
- A 'what matters to you' culture where meaningful conversation about what is important to people is central

How will we do this?

1. Support people to be at the centre of their care and enable them to discuss their treatment and participate in shared decisions with their healthcare team
2. Create opportunities for people who use and work in our services to share their experience to allow us to listen, learn, reflect, and collaborate for improvement
3. Better connect multiple sources of feedback to generate whole system improvement
4. Further develop our focus on what matters to people who use and work in our services by leading a kindness programme where inclusion and working collaboratively are central
5. Set up the Person-centred Care Steering Group as a key component of the Quality Strategy Programme Board

Priority 4 – Co-production

Working with people in equal partnership to co-design and co-create services.

Our new Quality approach has and will continue to be co-designed and co-created with those who experience our services and those who work within them. This embodies the principles of co-production, continuously working with people in equal partnership and engaging across diverse groups at the earliest stages of service design and evaluation.

What we want to achieve:

- People who use and work in our services are supported to voice their views, needs, and wishes and to coproduce plans and proposals about services
- Involvement of those who are 'seldom heard' and / or have poor health outcomes
- Strong connections with our partner organisations and communities
- A consolidated approach to co-production, working together in partnership across all parts of the system

How will we do this?

1. Create multiple opportunities for people to influence the design, development, and delivery of our services
2. Co-create policy and research with people who use and work in our services
3. Work with Equalities and Human Rights colleagues to implement approaches to support the involvement of 'seldom heard' voices
4. Deliver on our duties under the Equality Act (2010)
5. Take part in communication and engagement activity that is accessible to all by using a variety of media, clear language and recognising and addressing individuals' needs

Priority 5 – Learning and Improving

Supporting a culture of listening, learning, and improving.
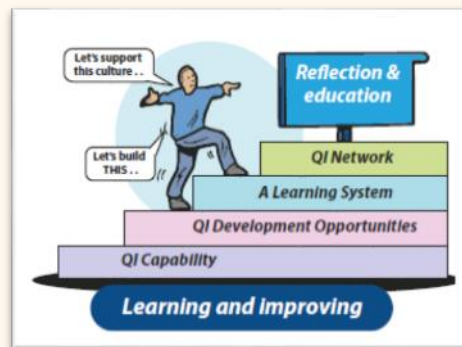
We will support a culture of listening, learning, and improving across our complex health and care system. We are committed to enhancing our Quality Improvement capability across our systems in order to deliver the fundamentals of our strategic aims. We will build a learning system galvanising both formal and informal networks across the organisation.

What we want to achieve:

- Quality Improvement Capability across NHS Greater Glasgow and Clyde supported by an ambitious programme of training and development
- A learning system to accelerate improvement, good practice, and signposting to training resources
- A significant and impactful Quality Improvement network across our organisation
- People who use our services are confident and supported in self-management

How will we do this?

1. Develop a Quality Improving Faculty to provide training, coaching, mentorship, and support to local areas underpinned with a learning and development framework
2. Expand access to Quality Improvement training across all professional groups using a tool to identify key areas to focus Quality Improvement training
3. Develop a central and accessible repository of Quality Improvement projects for monitoring and reference
4. Over the next five years, at regular intervals, self-assess the maturity of our Quality Management System and act on the outputs
5. Align Quality Improvement with research and support increased numbers of publications

6. Working at scale, share skills, knowledge, and techniques to support self-care

6.3 Implementation of the priorities

Following the launch of **Quality Everyone Everywhere** an implementation plan will be established to ensure integration and alignment of these priorities to everything that we do. The implementation plan will include a proposed framework for the development of meaningful measurement, evidence, and analysis to establish a baseline for which to measure improvement over the next five years.

The different approach we have taken will continue throughout implementation

- Using Implementation Science
- A robust programme of delivery
- Evidence based interventions
- Define planned outcomes
- A measurement framework and data sources
- Rigorous evaluation
- Clarity, communication and continued co-production

6.4 Case Studies

To illustrate what quality looks and feels like across NHS Greater Glasgow and Clyde we have compiled a collection of case studies which are mapped to the five key priorities:

- Quality Everyone Everywhere
- Safe, Effective and Efficient
- Person Centred
- Co-Production
- Learning and Improving

These case studies will be accessible through our new Quality website. The following are two examples:

Example 1: Prison Healthcare

In partnership with Macmillan, East Dunbartonshire Improving the Cancer Journey Service is a ground-breaking service that has been developed within HM Prison Low Moss, specifically tailored to support people living in prison to navigate the challenges of a cancer diagnosis. This pioneering initiative aims to provide holistic care and emotional support to these individuals.

In this video we see how the project is increasing options for people who are affected by a diagnosis of cancer whilst living in prison. We will hear from members of the team in the prison as well as partners from the community health improvement team who support the Macmillan Improving the Cancer Journey Service.

Carolann Mason
Nurse team Lead, NHSGGC Prison Healthcare Primary Care Team
HM Prison Low Moss

Example 2: Spiritual Care

NHS Greater Glasgow and Clyde registered chaplains are trained professionals who offer confidential, compassionate, inclusive, non-judgemental, person-centred spiritual, emotional and bereavement care and support for all hospital communities in our health board.

The spiritual care team are available to support and listen to everyone, including family and friends, staff, students, and volunteers – this includes people of all backgrounds, faiths, and non-religious beliefs, who have equal access to the spiritual care service.

In this video we hear from one of the Healthcare Chaplains and two members of staff who received support from the Spiritual Care Team following the sudden bereavement of one of their colleagues.

James Ward
Healthcare Chaplain, NHSGGC

7 Quality Management System

This strategy aims to build on our existing capability for improvement and develop a systematic approach to make sustainable improvements to care journeys. Our organisation has a track record of providing high-quality, safe, effective, and person-centred care. This includes continuous learning from internal and external assurance and inspection processes. It is essential that our new quality approach builds on this, continuing to strengthen outcomes for people.

Central to this is equipping staff at all levels with skills, knowledge, and resources to continuously improve care. This includes reducing unwarranted variation and improving consistency across the system in safety and care experiences.
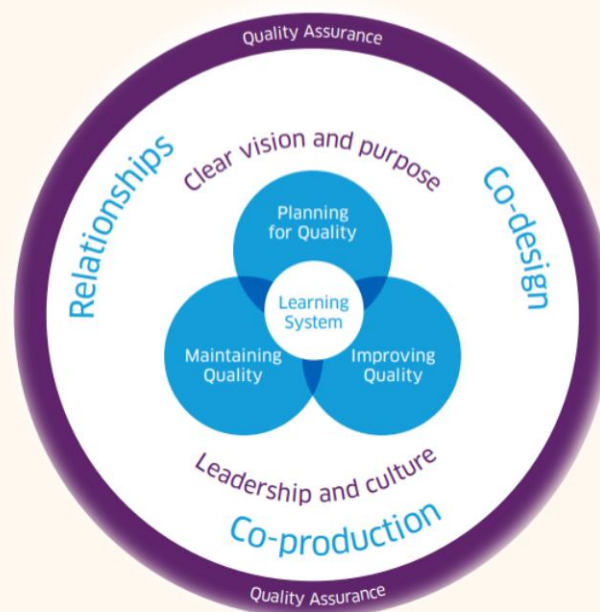
Healthcare Improvement Scotland further recommend:

> "Reliable delivery of high-quality care requires an organisational approach that goes beyond quality improvement to one which is inclusive of all the key components of quality management."

To sustain a continuous focus on quality, the right conditions need to be in place at each level of the system. To support this a Quality Management System (QMS) Framework is being tested across NHS Scotland to help guide and achieve a consistent and coordinated approach to the management of the quality of health and care services. The components of the framework are further illustrated in the diagram below:

7.1 Creating the Conditions for Quality

Managing quality requires different systems and processes to be cohesive and co-ordinated. We have worked in partnership with Healthcare Improvement Scotland (HIS) to develop, refine and test a self-evaluation tool which will be used at a team, service and organisational level to assess the maturity of quality approaches across our health and care system. This tool will be used consistently across the Board to help support implementation of **Quality Everyone Everywhere**.

To create the conditions that will enable a consistent and coordinated approach to managing quality across health and care systems, a focus is required in the following areas:

1. Creating a shared vision and purpose
2. Investing in Leadership and Culture (Relationships, social connections and learning systems)
3. Continuous planning for Quality (Prioritisation, co-design and co-production)
4. Building capacity and capability for Quality Management
5. Embedding Quality into management systems (Quality Assurance, Quality Control and learning systems)

7.2 Quality Improvement Capability Building

The Board has invested significantly in local and national Quality Improvement training for staff across the organisation. Over 3000 staff have completed these training programmes which include:

No	Level	Course	Staff trained
1	Foundation	Quality Improvement Fundamentals (QIF)	2624
2	Practitioner	Scottish Improvement Foundation Skills (SIFS)	492
3	Practitioner or Manager	Scottish Coaching and Leading for Improvement Programme (SCLIP)	118
4	Lead or Expert	Scottish Improvement Leader (ScIL)	62
5	Lead or Expert	Scottish Quality and Safety Fellowship (SQSF)	37

1. Induction level introduction to Quality Improvement
2. Practitioner level for staff to participate in Quality Improvement
3. Practitioner level for Leaders or Managers to lead teams to improve their service
4. Lead level for staff to be a Quality Improvement expert
5. Lead level for clinical staff to be a Quality Improvement expert

The Board is committed to developing staff in Quality Improvement methods so that they have the knowledge and skills to improve their own practice and services. The next five years will see an ambitious programme of training, development, and support for Quality Improvement. Staff will have access and support to use a range of improvement methodologies to develop confidence and apply learning.

A Quality Improvement Maturity Assessment (QIMA) toolkit has been developed to identify and target the Quality Improvement training needs. Acute sectors, corporate directorates and Health and Social Care Partnerships will use the toolkit to establish a map of the existing Quality Improvement skill set within the current workforce, analyse training needs, and devise local action plans to build capability within services.

7.3 Learning System

The Health Foundation define a learning system as:

> "A learning health system is a way of describing a systematic approach to iterative, data-driven improvement. Learning health systems are able to learn from the routine care they deliver and improve it as a result – as part of 'business as usual'."

A learning system aims to accelerate sharing of learning and improvement work through a range of engagement and learning opportunities through both formal and informal networks. This involves collaborative working, sharing good practice and signposting to training resources.

Healthcare Improvement Scotland note that a learning system should:

- Support individuals and teams to learn through its culture and networks
- Be informed by evaluation and reflective practice
- Enable people to assess what is and is not working using qualitative and quantitative data, stories, and insights.
- Develop processes to aid decision-making and turn knowledge into action
- Build systems to identify "bright spots" and generalisable learning. Bright spots are areas or teams that consistently innovate and improve and share their learning

A Quality Improvement Network has recently been launched to support this ambition. As part of this network, we will build a Quality Improvement Faculty with Quality Improvement leaders and others to support training and further develop skills within the workforce.

8 Finance, Resources and Governance

Our vision is that **Quality Everyone Everywhere** permeates throughout our organisation and is meaningful in every clinical and support service.

This strategy will act as an enabler which will add value both directly and indirectly for people who use and work in our services and those who matter to them.

Moving forward, all Quality Improvement projects will have an associated financial framework completed to demonstrate the long-term viability and benefit, which will assure sustainability and value in the investment of the project.

Formal governance for the **Quality Everyone Everywhere** is through the Clinical and Care Governance Committee to the Health Board.

At a corporate and executive level, the strategy will be monitored through the Corporate Management Team and Board Clinical Governance Forum. Quarterly progress reports will be reviewed by the Forum, and annual reports will be taken through formal governance structures.

A Quality Strategy Programme Board reporting to the Corporate Management Team will be set up with robust programme management arrangements to monitor and review the strategy. Terms of reference and membership to reflect the principles and scope of the strategy will be developed. This will include representation from people who use our services. The Programme Board will oversee the implementation plan aligned to the strategic priorities, inclusive of short (year 1), medium (year 3) and long term (year 5) goals. We would seek to use the annual objective setting process to support this by embedding quality strongly in the Board's annual operational priorities and cascading this priority though teams and individuals.

9 Conclusion

Quality Everyone Everywhere, sets out our approach and direction for the next five years. The implementation of this strategy will have a tangible impact on the quality of services for people who use and work in our services and those who matter to them.

Co-production does not stop with the development of the strategy, this is just the beginning of a journey of continued partnership. **Quality Everyone Everywhere** will be used throughout our organisation as a framework to embed quality in everything we do. This strategy is for everyone who works in NHS Greater Glasgow and Clyde and for everyone who experiences the services we provide. The priorities will challenge the usual way that we work, and this new approach puts us in a strong position to build on current understanding and achievements to make sustainable improvements to care.

Quality Everyone Everywhere is a commitment to work in partnership to achieve ambitious and lasting change.

Appendix A

Priorities and actions are aligned to national and local strategies and policies. This list is not exhaustive.

Legislation

- ❖ Health and Care (Staffing) (Scotland) Act (Scottish Government)
- ❖ Equalities Act (Scotland)
- ❖ The Duty of Candour Procedure (Scotland) Regulations
- ❖ Charter of patient rights and responsibilities (Scottish Government)
- ❖ Children's Rights - Human Rights (Scottish Government)
- ❖ Carers (Scotland) Act (Scottish Government)

National and International Programmes

- ❖ Good Life, Good Death, Good Grief (Scottish Partnership for Palliative Care)
- ❖ Value based health and care: action plan (Delivering Value Based Health and Care through embedding the principles of Realistic Medicine)
- ❖ Excellence in Care Programme
- ❖ Getting it Right for Everyone (GIRFE)
- ❖ Getting it right for every child (GIRFEC)
- ❖ Duty of Candour
- ❖ Discovering meaning, purpose and hope through person centred wellbeing and spiritual care: framework
- ❖ Dementia in Scotland – Everyone's Story (Scottish Government)
- ❖ Health and Social Care Standards: my support, my life (Scottish Government)
- ❖ My Health, My Care, My Home - healthcare framework for adults living in care homes (Scottish Government)
- ❖ Trauma-informed practice: toolkit (Scottish Government)
- ❖ Intelligent Kindness: Healthcare as a Human and Kindly Endeavour (International Futures Forum)
- ❖ Listening and Learning connect explain How Feedback, Comments, Concerns and Complaints Can Improve NHS Services in Scotland (Healthcare Improvement Scotland)
- ❖ Care Experience Improvement Model for Health and Social Care (Healthcare Improvement Scotland)
- ❖ Focus on Frailty Programme (Healthcare Improvement Scotland)
- ❖ Values Based Reflective Practice (NHS Scotland)
- ❖ Civility Saves Lives

NHS Greater Glasgow and Clyde Strategies and Quality Programmes

- ❖ NHSGGC Public Health Strategy – Turning the Tide
- ❖ NHSGGC Workforce Strategy

- ❖ NHSGGC Digital Health and Care Strategy – Digital on Demand
- ❖ NHSGGC Clinical Governance Policy
- ❖ NHSGGC Safety, Health and Wellbeing (SHaW) Roadmap
- ❖ NHSGGC Future Care Planning (FCP)
- ❖ NHSGGC Treatment Escalation Plan (TEP)
- ❖ NHSGGC Equalities Strategy – A Fairer NHS Greater Glasgow and Clyde
- ❖ NHSGGC Investors in People (IiP)
- ❖ NHSGGC Moving Forward Together
- ❖ NHSGGC Engagement and Involvement Framework
- ❖ NHSGGC Communication and Engagement Strategy
- ❖ NHSGGC Care Home Collaborative
- ❖ NHSGGC Quality Improvement Network
- ❖ NHSGGC Quality Improvement Maturity Assessment (QIMA) Toolkit

Glossary

Term	Definition
Accelerated Design	An evidence-based approach to change based on a simple premise; people believe in what they design and own what they co-create. Accelerated Design Events are a process of inquiry where multidisciplinary participants such as health care professionals, students, and lived experience volunteers, are brought together to work through challenges and develop radical solutions for change.
Co-production	Co-production is a way of working that involves people who use health and care services, carers, and communities in equal partnership; and which engages groups of people at the earliest stages of service design, development, and evaluation. Co-production acknowledges that people with 'lived experience' of a particular condition are often best placed to advise on what support and services will make a positive difference to their lives. Done well, co-production helps to ground discussions, and to maintain a person-centred perspective. Co-production is part of a range of approaches that includes citizen involvement, participation, engagement, and consultation.
Discrimination	Discrimination is the unfair treatment of a person or groups of people, based on differences such as: ethnicity, age, religion, disability, among others.
Harassment	Harassment is defined legally as unwanted conduct related to a protected characteristic, for example a person's sex, race, or sexual orientation, and may either be persistent or an isolated incident.
Healthcare Improvement Scotland (HIS)	Healthcare Improvement Scotland is a national organization developed to improve the health and social care of people in Scotland. Its aim is to ensure people in Scotland receive best quality care that is safe, effective, and person-centred.
Individualised care	Care that is personalized or tailored to meet the needs of each individual person.
Involving People Network	This is a growing network of NHS Greater Glasgow and Clyde public, patients, staff, and stakeholders who receive an email update every Thursday of major news stories within the board.

Person-centred Health and Care	Person-centred health and care is the mutually beneficial partnership between patients, their families, carers, and those delivering healthcare services which respect individual needs and values, and which demonstrate compassion, continuity, clear communication, and shared decision making. Person-centred health and care ensure those who use our services are at the centre of everything we do. It focuses on the individual and those who matter to them.
Protected characteristics	According to the Equality Act 2010, protected characteristics include: - Age - Disability - Gender Reassignment - Marriage or Civil Partnership - Pregnancy and Maternity - Race - Religion or Belief - Sex - Sexual Orientation It is against the law to discriminate individuals based on these characteristics.
Realistic medicine	Realistic Medicine is an approach to healthcare that aims to put the patient at the centre of decisions made about their care. It also aims to reduce harm, waste, and unwarranted variation, whilst acknowledging and managing the inherent risks associated with all healthcare, and championing innovation and improvement.
Transformational Change	Transformational change describes major changes to an organization, akin to an overhaul, that results in fundamentally reordering of the organization, how it works, and the services offered.
Value-Based Health and Care	Value Based Health and Care seeks to deliver better outcomes and better value care for the people who use our services, through the equitable, sustainable, appropriate, and transparent use of resources. Value Based Health and Care does not focus on saving money or delivering efficiencies. It is about working with people to consider whether a treatment or an investigation is going to be right for them.

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