NHS
Greater Glasgow
and Clyde

The Pursuit of Healthcare Excellence:

Quality Strategy Annual Report

April 2022 – March 2023

August 2023

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1. Introduction

We are pleased to present the NHSGGC Quality Strategy Annual Report for 2022-2023.

This report provides an update to the NHS Greater Glasgow and Clyde (NHSGGC) Clinical and Care Governance Committee (CCGC) on the progress pertaining to 'The Pursuit of Healthcare Excellence': Healthcare Quality Strategy (2019-2023)' over the past year, from 1 April 2022 to 31 March 2023.

A detailed update on building QI capability is contained within the NHSGGC Clinical Governance Annual Report 2022-2023.

As the current Strategy reaches the end of its lifecycle the board is presented with an opportunity to create a new, ambitious, and unifying strategic vision. Early scoping and national and international benchmarking has been undertaken and the paper will provide a position update on progress.

2. Background

Safe, high-quality patient care, experience and outcomes are the pillars of our business across all areas of NHSGGC.

NHSGGC Board and Clinical and Care Governance Committee (CCGC) endorsed the Strategy prior to its launch in 2019.

The Strategy outlines how we intend to continuously improve the quality of care to our patients, carers, and communities over a period of five years. It expresses our collective commitment as an organisation to put quality at the forefront of everything we do. It provides direction to ensure that high quality care is delivered across all health care settings within NHSGGC where our person-centred care priorities are based on what matters to people receiving care and their families.

Oversight of the key priorities is provided by the Quality Strategy Oversight Group (QSOG) who have a remit to ensure and review progress against the strategic priority areas.

In 2019, three core priority workstreams across the organisation inclusive of Acute, Adult Mental Health and Community Services were agreed and working groups for each were formed. These are:

1. Person-Centred Care,
2. Infection Prevention and Control, and
3. Pressure Ulcer Prevention.

Additional associated workstreams are reported through the Quality Strategy Oversight Group (QSOG). These include:

- Realistic Medicine,
- Investors in People,
- Civility Saves Lives, and
- Care Home Collaborative.

3. Key Achievements

Our key achievements from the core workstreams in 2022-2023 include the following:

3.1 Person-Centred Care

- The Board position of Person-Centred Visiting (PCV) continues to be maintained since remobilisation on 23rd May 2022, with virtual visiting continuing to be integral to the approach when an in-person visit is not possible.

- Six patient stories have been shared at the beginning of each board meeting and in other key groups and committees to demonstrate excellence in quality of care, learning and improvements being taken forward in practice.

- An iterative approach has been taken forward throughout 2022/23 to design and test the person-centred care plan in Adult Acute Wards aligned to the implementation of Digital Clinical Notes (DCN) for Nursing Staff.

- What Matters to You Day held on Thursday 9 June 2022 focused on gaining a deeper understanding of peoples' experiences of having meaningful conversations; with an unprecedented spread of WMTY Day activity - Glasgow was again the world's best performing location for #WMTY22 on Twitter, receiving the most tweets in the UK and the world.

3.2 Infection Prevention and Control (IPC)

- There is a well-controlled stable process of Intra Venous Access Device (IVAD) technique across NHSGGC with minimal variation demonstrated.

- The new Standard Infection Control Precautions (SICPs) Audit Tool went live on the CAIR dashboard on 1 November 2022 and the Infection Prevention and Control Team (IPCT) commenced Quality Assurance (QA) audits in February 2023.

- The QI initiative to improve antimicrobial stewardship by promoting oral rather than intravenous (IV) metronidazole in eligible surgical patients achieved the Highly Commended Award at the Antibiotic Guardian National Awards which recognises good practice and innovation in the field of antimicrobial stewardship.

3.3 Pressure Ulcer Prevention

- Progress has been made towards the aim over the last 12 months with a reduction in the number of hospital acquired pressure ulcers per month and a reduction in the pressure ulcer rate per 1000 OBDs (Occupied Bed Days).

- There has been a steady reduction in avoidable pressure ulcers during the last 12 months in the Acute Division.

- The incidence of pressure damage within Mental Health wards is low with a rate per 1000 OBDs of 0.04 recorded at March 2023.

- Over the past year, the Partnership Pressure Ulcer Prevention Group has focused on improving governance around recognition, review and reporting of caseload acquired pressure ulcers. Innovative work was undertaken to develop a process to measure and report on case load acquired pressure ulcer rate within community settings.

4. Core Workstream Updates

4.1 Person-Centred Care

Person-Centred Care aims to provide care that is responsive to individual personal preferences, needs and values where our person-centred care priorities are based on what matters to people receiving care and their families.

4.1.1 Person-Centred Care Steering Group (PCCSG)

The Person-Centred Care Steering Group provides strategic oversight for all the person-centred care objectives, ensures key stakeholder engagement for each of the person-centred sub-groups and work-streams and provides advice and support to the Executive Nurse Director, and Board staff, in consistently implementing person-centred care approaches and methods   wh

The PCCSG ensures there is a clear, strategically monitored work plan for person centred care programmes and improvement projects linked to its role and responsibility.

The PCCSG is well established, with meetings occurring every 6 to 8 weeks. There are four subgroups in place and one in development – see Figure 1. Realistic Medicine, the Equalities and Human Rights Monitoring Report, and Strategic Care Assurance groups are also aligned to the overarching workplan.

Figure 1: Person-centred strategic and operational groups

Five poster submissions from the person-centred care workstream were successfully submitted and presented at the International Forum on Quality and Safety in Healthcare (IHI) Conference in May 2023 which was held in Copenhagen, Denmark:

1. Board Patient Story – Listening and learning from people's lived experience of healthcare
2. Developing a Digital Solution for Nursing Documentation
3. NHSGGC Person-Centred Care Planning – Engagement and Testing
4. NHSGGC Person-Centred Visiting Evaluation – Phase 1
5. NHSGGC What Matters To You Day 2022 – Planning Group.

4.1.2 Person-Centred Visiting and Virtual Visiting (PCV and PCVV)

The Board position of Person-Centred Visiting (PCV) continues to be maintained since remobilisation on 23 May 2022 with virtual visiting continuing to be integral to the approach when an in-person visit is not possible.

To underpin PCV in NHSGGC a set of core principles coproduced with patients, family and staff was introduced in 2019 to ensure a consistent and robust approach to PCV across NHSGGC, as illustrated in Figure 2.

Figure 2: NHSGGC Core Principles of Person-Centred Visiting

Welcoming
We welcome and encourage the involvement of the people who matter to patients.

Patient Led
We are guided by patients: when the people who matter will visit, how they would like them involved in their care, and when they want to rest.

Partnership
We work in partnership with the people who matter to patients.

Flexibility
We have no set visiting times.

Respect
We respect people's individual needs and act on an individual basis to ensure the safety, privacy and dignity of all patients. This means there may be times when we need to ask people to leave a clinical area temporarily.

These core principles are further supported with resources to provide guidance and information to support a flexible, compassionate, and person-centred approach to decision making.

An evaluation of our adherence to the core principles was undertaken between August – December 2022. This aimed to:

- Scope the status of visiting in a sample of clinical areas since remobilisation.
- Gather a sample of feedback from patients, families, and staff to reflect on and evaluate their experience of visiting (benchmarking against the core principles).
- Ensure information on display is current and old information removed.
- Provide additional support for areas where core principles are not fully embedded.
- Assess the extent that Person-Centred Virtual Visiting (PCVV) iPads are being used within the wards and familiarise staff with their potential to enhance patient experience.

Approximately 50% (166/320) of inpatient wards have been evaluated with feedback gathered from patients, family, and staff in each area. The sample size is representative of approximately 50% of wards within each sector/directorate mental health and HSCPs.

Based on staff conversations and patient/family feedback, there is good evidence to demonstrate 4 of the 5 core principles for PCV are well establish in some, but not all areas. The biggest gap identified was around the flexibility of the approach – with various iterations of visiting time restrictions still in place. Prompts and reminders of the core principles have been integral to the evaluation conversations to initiate real-time actions and reduce variation where possible. An example of feedback from a family member is illustrated in Figure 3; and examples of improvement actions are summarised in Figure 4.

Figure 3: Feedback example

> *When you're in hospital you're cut off, and you want to see family. Our family has been there for my wife twice a day. A lot of times she won't even remember, but it still does her good if she's conversant to have a conversation with the kids and that.*
>
> *In the old times you used to get an hour, they used to come and ring a bell and you'd be dreading it, all walking out at the one time. For a patient, seeing everyone leaving at the same time was heart-breaking – one minute you're busy, and the next you're left alone.*
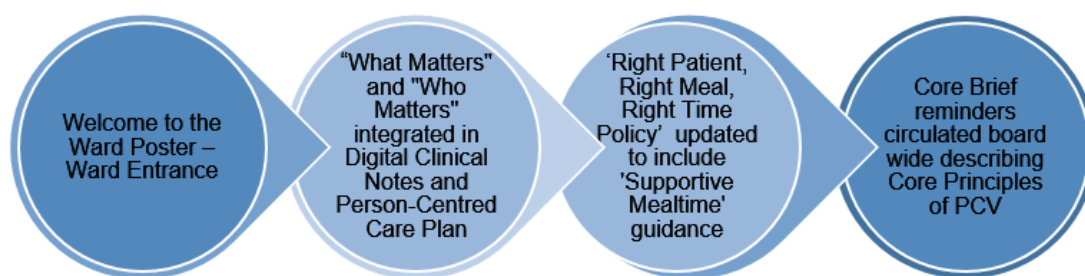>
> **Family Member**

Figure 4: Improvement actions

Welcome to the Ward Poster – Ward Entrance → "What Matters" and "Who Matters" integrated in Digital Clinical Notes and Person-Centred Care Plan → 'Right Patient, Right Meal, Right Time Policy' updated to include 'Supportive Mealtime' guidance → Core Brief reminders circulated board wide describing Core Principles of PCV

Following Phase 1 of the evaluation, each sector/directorate developed a local improvement plan. Examples of local improvements include the following:

1. **Maternity** has established a PCV Improvement Group which has staff representation and includes women and partners with the aim of embedding the core principles into all maternity wards, and to progress the Best Start recommendation for partners staying overnight.

2. **Clyde Sector** incorporated a welcoming ethos into their leadership walk rounds and local assessment to evidence the PCV principles are consistently in place.

3. **Regional Services and Mental Health** took their improvement plans through SMT to ensure a MDT (Multidisciplinary Team) approach is integral.

4. **South Sector** reviewed facilities available to accommodate and enhance family support overnight including review of the availability of z beds to ensure this is adequate to meet requirements.

> 5. **North Sector** have taken a Quality Improvement approach in areas where visiting restrictions were still in place and tested a process to ensure there is a discussion with each patient and their family to agree a mutually suitable arrangement for visiting.

Person-Centred Virtual Visiting (PCVV) was also assessed, with most wards stating there is now less of a requirement for this, however there was also evidence where wards were still facilitating PCVV if required/requested. Reminders were given to staff during the evaluation visits of the other facilities which are available on the PCVV iPad, e.g., interpreter support and spiritual care apps.

The second phase commenced in June and will evaluate all the remaining inpatient wards, as well as a sample of Phase 1 wards, to establish progress with improvement plans.

4.1.3 Patient Stories

Listening and learning from people's experience of healthcare is fundamental to achieving high quality person centred, safe, effective care as set out in NHS Scotland Healthcare Quality Strategy.

A key Quality Ambition is to listen to what matters to patients and their families and present a patient story at the beginning of each board meeting and in other key groups and committees to demonstrate excellence in quality of care, learning and improvements being taken forward in practice.

The NHSGGC Board Patient Stories Development Group meets monthly to develop patient story material, ensuring a robust editorial approach is taken to producing a final version of a story for each board meeting.

The aim of the Board Patient Story Development Group is summarised as follows:

- Utilise the power of stories to build a person centred and improvement culture within the board aligned to the quality strategy.
- To generate, bring to the surface, and openly listen to people's experience of our services.
- To develop and present a patient story at each meeting of the NHSNHSGGC Board meetings to demonstrate a range of examples of care, what matters to people in our care, their experience of this, staff leaning and improvement actions.
- Share the Board Patient Story widely in our organisation encouraging all meetings to start with a patient story to facilitate reflection, learning and improvement at a local level.

In NHSGGC, patient stories are gathered from several sources as illustrated in Figure 5.

Figure 5: Sources of Board Patient Stories
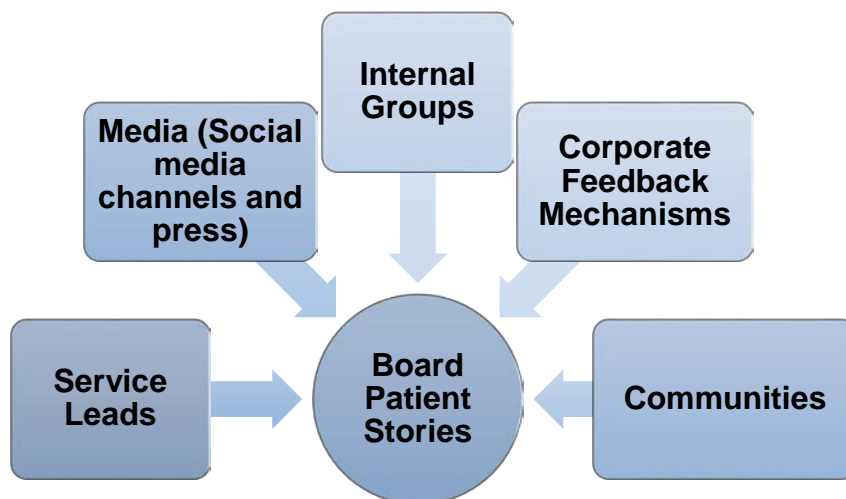
Examples of stories shared in 2022/23 include the following with QR code links to access each individual story:

Figure 6: Providing Person-Centred Care within Pharmacy Services

Gillian Calderhead, Lead Pharmacist for West Dunbartonshire Health and Social Care Partnership (HSCP), introduces the story which provides examples of pharmacy services providing person centred care to two patients and how this has benefitted them.

This story helped to raise awareness of the importance of ensuring patient's medicine is packaged in a way that facilitates self-medication and the particular importance of this for patients with impaired sight. This is now being progressed board-wide as an improvement action.

Figure 7: Personalised Care and Realistic Medicine

Alastair Ireland, Clinical Lead for Realistic Medicine within NHSGGC introduces Lee Crompton, who was diagnosed with an aggressive form of cancer in 2020 who shares how small experiences can make the world of difference to people. For Lee it is important that he felt heard and to have a voice. Lee discusses an appointment

he attended and how the personalised approach made him feel…. "as if I am the only person that has come in and seen him that day."

This story has helped spread organisational awareness and learning about the realistic medicine principles of involving patients in decisions about their care and treatment; and how this can improve outcomes for patients and their families by ensuring that what matters to them is integral to the decision-making process.

Figure 8: Co-designing patient information in Leverndale Hospital

In the video, Jenn Wyld, a Patient Activity Coordinator at Leverndale Hospital, and Jen Henderson, a patient, describe how a conversation about what mattered to Jen during a recent admission led to the co-design of a simple leaflet containing current ward information, to be given to patients on admission to Leverndale.
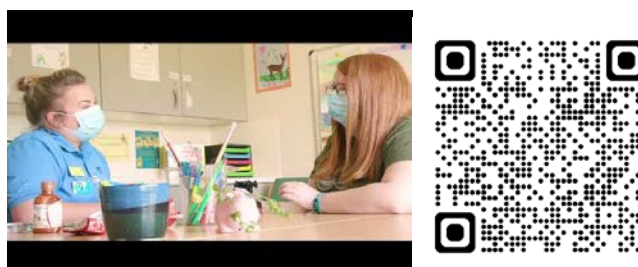

This story generated wide discussion about the importance of engagement with patients and families at the development and design stage of patient information, with the aim of ensuring inclusion of what information is important to the patient and family is integrally captured in the information content.

Figure 9: Physical Activity Project Beatson West of Scotland Cancer Centre

Maida who was diagnosed with oesophageal cancer in 2020 discusses how Katie Booth, Physiotherapist created an exercise programme that was tailored to meet her needs and goals and followed her up regularly to adapt, and change things as required to keep her on track.

During the video Maida discusses how the support and guidance from Katie, was invaluable and helped motive her during a difficult time. Maida had a stroke shortly after her surgery and Maida believes that the exercise programme helped aid her recovery.
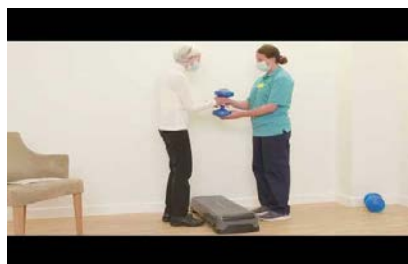
This story highlighted the importance of investing in the physical activity needs of patients as an essential part of their pre-habilitation, prior to treatment. It has now spread to other specialities and become an integral part of some pathways of care.

Figure 10: Family Nurse Partnership (FNP)

The Family Nurse Partnership (FNP) is an intensive home visiting programme for young women (19 and under) having their first baby. The young woman (and any significant others) is visited by a specially trained Family Nurse from early pregnancy till the first child reaches 2 years old when they graduate to the Health Visitor service.

The story is introduced by Elinor (Ellie) Shields, Family Nurse who explains what the Family Nurse Partnership (FNP) is. We then hear from April who is mum to Christopher. April discusses how Karen, one of the Family Nurses, has supported and encouraged her since she found out she was pregnant and the positive impact this has had. Tresance who is mum to Elvin follows and shares how she has been supported by the Family Nurse Partnership to be the best mum she can be to Elvin by helping her access housing and education. Lastly, we hear from Anne Burns Service Manager for the Family Nurse Partnership who discusses the aspirations for the Service.

This story demonstrated the value of the Family Nurse Partnership (FNP) to improve pregnancy and birth outcomes, through improved prenatal health behaviours; child health and development, through positive and responsive caregiving; and the economic stability of the family, through developing their vision and realising their plans for the future. Support from the FNP has been life-changing for many individuals.

Since the inception of the FNP in the Board area, the service has grown from one to seven teams.

FNP recently celebrated its 10th anniversary with an event held at the Glasgow Science Centre on 14th November 2022. Going forward, there is an aspiration to:

- Continue to share the learning from FNP;
- Continue to support, recruit and retain family nurses; and
- Explore how the service might be able to extend the offer to other age groups.

Figure 11: Maternity Services and Continuity of Carer

In NHSGG women have a variety of options where to give birth including at home, in a midwifery unit, or in an obstetric unit.

In this story we hear from two specialist midwifes and from two women who have recently given birth. Stephanie Mair, Specialist Midwife at the Royal Alexandra Hospital (RAH) provides a brief explanation of Maternity Services in NHSGGC and which outlines the committed to:

- Listen and learn from women giving birth, their partners and those supporting them.
- Provide easy to access and connected digital maternity services.
- Ensure a positive pregnancy.
- Providing the right environment for a positive birth and early parenting experience Ensure people feel able to make informed decisions about their care throughout their maternity journey.

We hear from Leigh-Anne who gave birth to both her children at the RAH followed by Julia who has had five home births. The story ends with Caroline Kane, Specialist Midwife who has been with the Home Birth Team since it started in 2009. Caroline has been Julia's midwife through five of her pregnancies and shares the positive benefits of having continuity of care from the same midwife.

Within NHSGGC, our maternity and neonatal services continue to evolve, guided by *The Best Start* principles. Over the last 5 years, steps have been taken to progress these national recommendations whilst ensuring that our maternity and neonatal services meet the needs of the people who use them.

Following each Board meeting, the story is shared via the Core Brief for wider organisational reflection and learning to inform further improvement and consistency of care experience across all services and to drive-up quality. An email is also sent after each Board meeting by the Patient Experience and Public Involvement (PEPI) Team to all Directors and Deputies, Chiefs of Medicine, Chiefs of Nursing, Director of Midwifery, Clinical Directors in Acute and HSCPs to enable them to share the story locally at meetings and committees, to increase visibility and awareness of the work and to prompt reflection on how a similar approach may be adopted in other areas of practice.

4.1.4 Digital Clinical Notes (DCN) and Person-Centred Care Planning (PCCP)

The NHSGGC Quality Ambitions outlines our commitment to enable people to share their personal preferences, needs and wishes about their care and treatment and include these in their care plan, care delivery and in our interactions with them and to involve the people who matter to them in a way that they wish.

A structured engagement approach was undertaken in 2021 to listen to people's experience of care planning and thereafter drive forward our person-centred care planning approach. Person-centred care planning core principles (see Figure 12) were developed from this engagement phase. The core principles then informed the approach throughout 2022/23 to design and test a person-centred care plan (PCCP) which is aligned to the implementation of Digital Clinical Notes (DCN) for Nursing Staff. The nursing Digital Clinical Notes (DCN) work-stream is a multi-professional approach to digitalise clinical documentation onto the **TrakCare ®** platform and aligns with national and strategy initiatives such as Excellence in Care (EiC) and NHSGGC Digital on Demand.

Figure 12: Core Principles for PCCP

| What Matters | Who Matters | Communication and Information Needs | Realistic Aims and Goals | Multi-Professional Approach |

Figure 13 summarises the design and testing stages so far. Proof of Concept testing provided an opportunity for the electronic solution that has been built to be robustly

tested against the various patient pathways that exist across Acute Adult NHSGGC in-patient wards, in a non-live TrakCare ® environment.

The Digital Clinical Notes Person-Centred Care Plan is currently live in three Early Adopter clinical areas – Edenhall and Phillipshill in the Spinal Injuries Unit and Ward 65 in the Institute of Neurological Science. Work continues with all three clinical teams to embed and refine the assessment, planning, implementation, and evaluation approach also known as APIE into practice. The Early Adopter phase of learning will continue to inform the approach for wider roll regards refinement to design and application to practice.

The plan for the implementation of Nursing Digital Clinical Notes (DCN) across Acute in-patient sites has various interdependencies and complexities that will require work up of the approach and resolution which includes business continuity planning, technical and operational considerations. A detailed implementation planner is under development and will begin in October 2023, pending approval from appropriate governance processes.

The implementation currently includes a phased approach across 9 hospital sites commencing with downstream wards initially and progression will be based on data analysis of patient flows. The phasing plan will take cognisance to incorporate winter planning/expected operational pressures and Regional Services implementation will be on a geographical basis.

Figure 13: Design, Testing and Implementation Stages
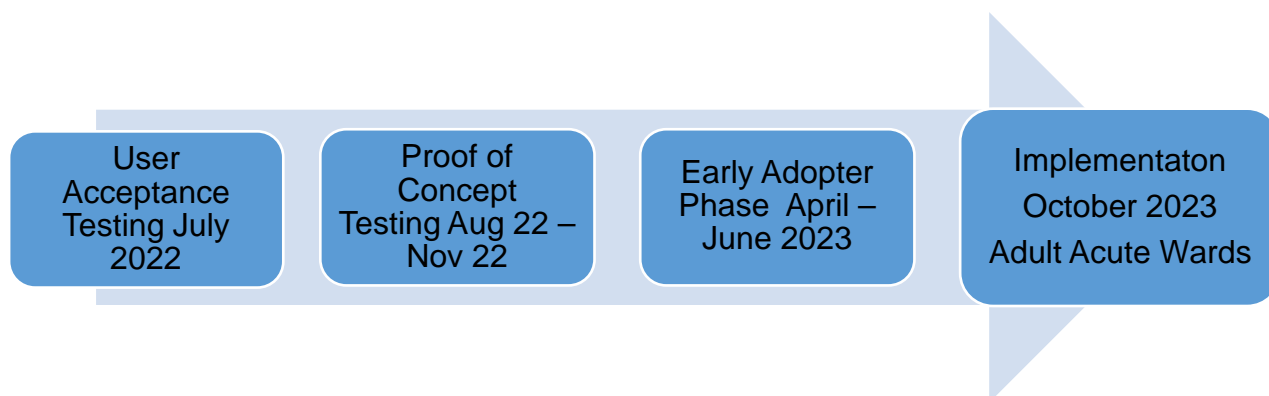
Gathering feedback throughout the project trajectory has been vital to ensuring the person-centred care plan meets the needs of patients and their family and healthcare staff. Figure 14 provides some examples of feedback gathered from stakeholders during testing.

Figure 14: Feedback examples from stakeholders during testing

> "Delighted staff were involved, and staff felt included which is of benefit to include their opinions on what they thought was beneficial to the programme." **Senior Charge Nurse, Ward 1C, QEUH**

> "Allowing me to give suggestions that will support patients and staff i.e., adding links. I feel that being involved has allowed me to make a difference in the new documentation and felt my suggestions were listened to. **Senior Charge Nurse, SDAU, QEUH**

> "It will cut down and streamline the amount of time staff are repetitively writing information. It will free up time to actually spend with patients and allow time to provide person centred care to patients." **Senior Charge Nurse, Ward 6A, GGH**

The following benefits have been shared by staff from the testing phases already undertaken as summarised in Figure 15.

Figure 15: Key Benefits

| Clear system and process | Reduced waste / expenditure | Release time to care | Data and quality assurance |

The following challenges have also been shared by staff as shown in Figure 16. The benefits and challenges will be further evaluated throughout the implementation phase to assess over time.

Figure 16: Key Challenges

| IT capability of some staff groups | IT hardware requirements | Core skills training – values and behaviour | Education & training – change in practice |

The following steps have been central to progress achieved:

- Segmentation of the work programme to concentrate on a small sample of clinical areas of practice during the testing phases has been beneficial rather than a board wide approach.
- Engagement with patients, their families and with staff has been fundamental to the learning, development, and design of the care plan.
- Taking an iterative approach to testing and development of the person-centred care plan to align with other nursing and multi-professional documentation is crucial to ensure synergy of working processes.
- Taking time to take stock of the learning from one stage to the next.

Transformational change is complex and has often required radical thinking as well as presented many challenging and interesting discussions. Having a clear vision of the future state has been vital to progress made so far through:

- Comprehensive and active engagement with key stakeholders to listen to views and opinion.
- Embedding feedback in the design and development of the care plan.
- Consistency of messaging to reinforce changes and improvement and benefits to be gained.

4.1.5 What Matters To You (WMTY) Day

What Matters To You (WMTY) Day is an international person-centred care movement and is an opportunity for NHSGGC to build on its national and international profile, shining a light on what matters most and demonstrating continued commitment to person-centred care, in line with the NHSGGC Quality Ambitions. WMTY Day aims to raise the profile of the importance of having meaningful WMTY conversations, building a global culture of person-centredness. The underlying principle is intended to shift power to the person who knows best the support they need.

In 2022 WMTY Day was held on Thursday 9 June with the focus in NHSGGC to gain a deeper understanding of peoples' experiences of having meaningful conversations; what worked for them, what made it difficult, and what impact it had on care.

A multi-disciplinary cross Board 'What Matters to You' Planning Group was set up with key stakeholder enthusiasts to plan WMTY Day 2022. The group meetings and membership were intentionally organised in a non-hierarchical way, to encourage the

sharing of ideas across different areas of practice and within existing communication structures by group members with a passion for doing so.

In 2022 there was an unprecedented spread of WMTY Day activity in NHSGGC. Group Members shared their passion for doing what matters with their colleagues as follows:

- Glasgow was again the world's best performing location for #WMTY22 on Twitter, receiving the most tweets in the UK and the world.

- In total, 8,791 people interacted with WMTY content on NHSNHSGGC social media channels. This proactive engagement with WMTY communications by the public and staff demonstrates that people value the messages being shared.

- Video content in particular achieved high engagement rates – some Facebook posts had 7% engagement rates (where 1% engagement rate is considered a successful post).

- At the time of writing, the videos produced to promote the importance of WMTY conversations have been viewed almost 24,000 times. In addition, one of the videos is being prepared to share with the Board of Executive Directors in NHSNHSGGC, which will again support the promotion of the approach.

- There was a 30% increase in the average engagement rate (per impression) for all social channels for WMTY22, compared to WMTY21.

- In addition to the 35 posts shared by the Corporate Team, 95 WMTY22 tweets were posted by people in the Greater Glasgow and Clyde area. Posts shared WMTY22 activity with people receiving care, their families, and colleagues, and reinforced the importance people place on WMTY conversations.

- The Corporate Communications and Engagement Directorate reflected that "Patients of all ages… shared content online and celebrated the event, illustrating that WMTY is for everyone."

The following are some examples of the impact of WMTY conversations, the approach taken and what it meant to patients, carers, family members and staff when asked WMTY with QR code links to access each individual story:

Figure 17: Brooke's story – Royal Hospital for Children

Brooke, her mum Paula, and Lorna, Senior Charge Nurse, share how they asked, listened, and did what mattered with Brooke during her admission to the Royal Hospital for Children (RHC).

The video demonstrates how by listening to Brooke and her family, the clinical team were able to organise for Brooke to see her dog, Jura, and other family members within the hospital grounds, which helped to relieve some of her anxieties about being in hospital. Brooke's experience demonstrates how small gestures like this can make a big difference to how people cope in hospital.

Figure 18: Jen's story – Leverndale Hospital

Jen shares how she worked with Jenn, Patient Activity Coordinator in Leverndale Hospital, to coproduce a leaflet after sharing her experience of isolating in hospital during COVID.

Jen and Jenn highlight how a meaningful 'What matters to you?' conversation can have a positive impact and lead to change – for not only an individual patient, but also with potentially wider implications to improve the experience for a broader group of patients by asking, listening and doing what matters.

Figure 19: Lillian's story – Hunterhill Care Home

Maria talks about the difference made to Lillian's quality of care, after involving the people who mattered to her.
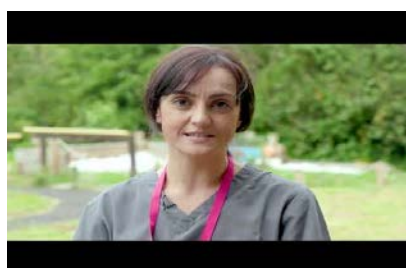
Maria describes how asking Lillian and her daughter 'What matters to you?' helped them to coordinate visits out of the care home for lunch with each other; and the noticeable difference this made to Lillian's mood and physical recovery. Maria and

the care home staff learned that in most instances, they are able to help residents achieve what matters; how this can help patients and their family to be involved in decisions, and how rewarding this can be for staff when achieved.

Figure 20: Jen Rodgers' Top Tips for WMTY conversations

Jen Rodgers, Deputy Nurse Director – Corporate and Community, shares her top tips for having WMTY conversations, based on years of talking to people about what matters to them.

Providing simple reminders of how to have a WMTY conversation is one of the key messages shared on WMTY Day; Jen highlights the following three top tips:

1. Start with one conversation.
2. Don't fear the answer.
3. Apply the approach across the spectrum of your work – with patients, family and staff.

Figure 21: Marisa's story – Royal Hospital for Children (RHC)

Marisa talks about the importance of having meaningful conversations with those receiving care, their families, and staff:

In this film, Marisa shares how she now asks newly qualified nurses and nursing students about what matters to them to help them feel safe and welcome in the ward.

A [Board-wide activity report from WMTY Day 2022](#), including reflections, learning and case study examples from the day is published on the NHSGGC website.

4.1.6 Care Experience Improvement Model (CEIM)

The Care Experience Improvement Model (CEIM) has been utilised in NHSGGC since 2013. The main purpose of the model is to gather care experience feedback in 'real-time.' The method of listening is through the care experience lens of people receiving care or support close to or during their episode of care for the purposes of reflection, learning, improvement and whenever possible early resolution of individual issues and concerns. The model supports a 'deep dive' approach into understanding the experiences of people in individual wards and departments and for improvement actions to be acted on locally lead by the care team involved with support of the PCHC Team and other support services.

Over the years the CEIM has proven a useful mechanism to instil the core principles of person-centred care into routine practice and to influence improvement where gaps have been highlighted. Historically, clinical teams have been nominated by the Chief Nurses. Going forward to maximise the value of the CEIM and improvement support model it is proposed that a different approach is taken from the end of 2023 to commission CEIM support whereby the CEIM will be aligned and integrated as follows:

- Qualitative measurement approach for strategic improvement programmes to gather feedback from patients, families, carers, and staff – for example deteriorating patient, and Realistic Medicine

- 'Real-Time' Quality Reviews to provide assurance to demonstrate areas of excellence to celebrate within the team as well as prioritise opportunities for improvement - listening through the care experience lens of people receiving care or support close to or during their episode of care.

4.1.7 Patient Experience and Engagement

NHSGGC has continued to encourage and act on patient and carer feedback as part of our Board wide culture of listening and learning. Our range of feedback systems continue to offer a way for people to share feedback with staff and services across NHSGGC at a time that feels right to them. Both PEPI and complaints team leads sit within the QSOG structure to ensure themes from feedback are linked to the quality network ensuring connectivity between feedback and improvement workstreams and projects.

4.2 Infection Prevention and Control (IPC)

NHS Scotland Quality Strategy ambitions state *"there will be no avoidable harm to people from the healthcare they receive."* Healthcare associated infection is estimated to affect 4.5% of all patients who receive care. One of NHSGGC's quality ambitions is to strive for excellence in the reduction of preventable infections. The Infection Prevention and Control Quality Improvement Network (IPCQIN) was established as an improvement network, to influence and support staff, patients, and carers to continuously improve person centred infection prevention and control practices, ensuring a safe and effective care experience.

The IPCQIN consists of two main groups:

1. **The Steering Group:** creates the vision and sets the direction for the IPCQIN Operational Group. It also has a decision making and reporting authority to approve and monitor all relevant decisions throughout the lifecycle of the Network.

2. **The Operational Group:** facilitates operational oversight and assures key stakeholder engagement in the development of the Network business and its recommendations, throughout the lifecycle of the Network.

To support and deliver on the IPCQIN Operational Group's objectives, three workstreams have been established:

4.2.1 Person-Centred Care (PCC) – Infection Prevention and Control Workstream

The group is focused on effectively engaging with patients, carers and the public in the planning and delivery of services and to be able to demonstrate that we are listening and learning from people who use and work within NHSGGC services.

With the support of PEPI Team and the Person-Centred Health and Care Team (PCHC) recruitment is underway to invite people with lived experience to join the network. In June 2022, we engaged with staff and patients to find out what matters to them when receiving information during isolation to assess relevance and understanding of the information shared. All adult patients who were interviewed were isolated due to either being COVID-19 positive or being nursed in a closed ward. The results were used to identify any gaps and form actions for improvement. The following actions have now been completed based on the engagement findings:

- All Patient Information Leaflets (PILs) are now available as an icon on ward iPads as well as the IPC Webpage.

- Translations of the PILS are available in the most common languages.

- IPCNs now ensure that patient isolation periods are shared with ward staff, including any changes to this to ensure that all patients are fully informed.

- All PILS are being reviewed to ensure engagement with 'lived experience volunteers' and ensure what matters is integral to the content.

4.2.2 Reducing Infections Associated with the Use of Invasive Access Devices (IVAD) Workstream

The workstream is focused on increasing awareness of Staphylococcus Aureus Bacteraemia (SAB) prevention across NHSGGC in all professional groups and to identify barriers to good SAB prevention practices. There are currently four well-established SAB Groups in the North, South, Clyde and Regional Services Sectors. The work of the SAB Groups informs this workstream and ensures that there is a seamless approach across all sectors with minimal variation. Data is now available on the Micro-Strategy site for all Infection Control access device subgroups.

Figure 22 shows the monthly number of NHSGGC IVAD associated SABs (Staphylococcus Aureus Bacteraemia) with the long-term average (Jan 2020 - Jun 2023) as the central line (green dashed line). This demonstrates stability in the data, with minimal variation for this period (April 2022 – March 2023) are close to the central line and within the Upper Control Limit (UCL - black solid line) and Upper Warning Limit (UWL - blue dotted line).

Figure 22: Hospital acquired IVAD-related SABs

GGC : Hospital acquired IVAD related SABs

Source of SAB not investigated in April 2020 due to IPC COVID-19 surveillance response

ICDataTeam@ggc.scot.nhs.uk

HAI IVAD related SABs — CL — UCL ⋯ UWL
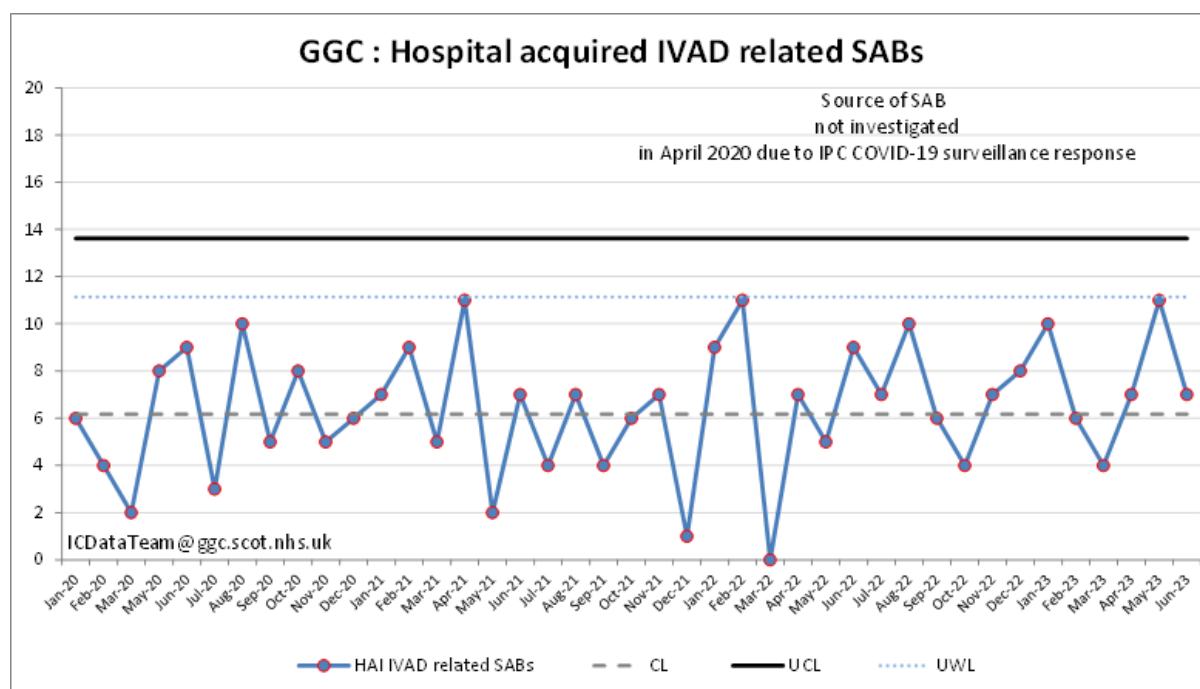
Local SAB Groups have been established across Clyde, North, South and Regional Sectors. These groups have undertaken various initiatives to improve awareness of SAB prevention; for example:

- Engaging with clinical staff across sites to raise awareness.
- Developing educational opportunities relating to SAB prevention, e.g., 'SAB Toolbox Talk.'
- Undertaking investigations of unknown SABs to identify the source and learn lessons.
- Clyde Sector have been focusing on improving Peripheral Venous Cannula (PVC) bundle compliance to reduce the number of PVC SABs.
- SAB prevention and management is now a routine component of induction and/or ongoing training across the frontline nursing teams within Regional Services.

4.2.3 Standard Infection Control Precautions (SICPs) Workstream

The focus of the SICPs workstream is to improve all acute and mental health areas' compliance with all standard infection control precautions.

Recommendations following the Scottish Government Oversight Board and case note review (2020) were that NHSGGC develop a quality management system for

application of SICPs which supports the delivery of high quality care. This approach should be multi-disciplinary, organisation-wide and supported by a culture of continuous supported improvement. IPC audit measures must be linked to individual actions with evidence of improvement through re-audit using methods which can demonstrate compliance which is sustainable. Data collection tools should be utilised by not only the IPC teams but also Senior Charge Nurses and departmental managers to reduce health care associated risk. Processes must be available to support innovation to achieve this. Following an SBAR (June 2021) presented to the NHS GGC IPC committees, work commenced on developing a new SICPs audit that would be hosted on CAIR.

The new SICPS Audit Tool went live on the CAIR dashboard on 1 November 2022 and The Infection Prevention and Control Team (IPCT) commenced Quality Assurance (QA) audits in February 2023. The Mental Health in-patients were launched in February 2023 with baseline audits being undertaken in March 2023 and IPCT QA commencing in April 2023. Education has been provided on the SICPs audit tool to the Acute Senior Nurses Group and a presentation was provided to the Mental Health IPC Support Group.

4.2.4 Further IPCQIN Improvement Work

Other work taken forward by the IPC Team include the following:

- Twenty-three (23) of IPCNs have completed the Scottish Improvement Foundation Skills Programme (SIFS) to support quality improvement.

- A new short-life working group "Building Quality Improvement into the Management and Use of PPE (Personal Protective Equipment)" within the NHSGGC Allied Health Professional Teams (AHPs) is being established with an aim to examine AHPs understanding/ appreciation of current PPE use and its escalation with COVID-19 and patients. The Group will focus on:

  o Understanding people's awareness/beliefs of current PPE use providing education as to the benefits and modifications in PPE when dealing with transmissible infections including use of Aerosol Generation Procedures (AGPs).

  o Supporting the development tools to assess these and establishing improvement management plans.

- The QI initiative to improve antimicrobial stewardship by promoting oral rather than intravenous (IV) metronidazole in eligible surgical patients continues to make progress. This work has been extended to include additional antimicrobial agents with high oral bioavailability (> 90% of drug absorbed when taken via the oral route) and expanded to all other NHSGGC acute hospitals. A sustained >50% reduction in intravenous (IV) metronidazole use across all wards at the Royal Alexandra Hospital (RAH) has now been achieved since this work started in January 2021. This equates to nearly 1000 fewer IV metronidazole administrations each month. This is important in terms of improved antimicrobial stewardship, reduced patient risk from cannula related infections, work force efficiency, cost reduction and environmental sustainability. In terms of nursing time, this reduction in IV administration equates to almost 500 hours nursing time saved per month at RAH.

- Metronidazole DDD Usage Date in RAH- Within Clyde, scale and spread of this work to Inverclyde Royal Hospital is making good progress with a median of 70% reduction in IV metronidazole use in targeted surgical wards.

- IV metronidazole DDD usage data in IRH surgical wards- This QI initiative achieved the Highly Commended Award at the Antibiotic Guardian National Awards which recognises good practice and innovation in the field of antimicrobial stewardship.

4.3 Pressure Ulcer Prevention

One of NHSGGC's quality ambitions is to strive for excellence in the prevention of pressure damage by embedding quality improvement processes to prevent care acquired pressure damage throughout NHSGGC. The Pressure Ulcer Prevention (PUP) Steering Group drives this work, building on experiences and learning from avoidable pressure ulcers though the Acute and Partnerships Operational Groups.

4.3.1 Acute Pressure Ulcer Prevention Operational Group

The Acute Pressure Ulcer Prevention Operational Group has provided leadership, support and direction for the prevention and management of pressure ulcers to reduce care acquired pressure damage by June 2023 to a rate per thousand occupied bed days (OBD) of 0.40 in line with Prevention and Management of Pressure Ulcer Standards, HIS (Healthcare Improvement Scotland) 2020.

Throughout 2022-2023, the Acute Operational Group has focused on the following key areas:

Progress has been made towards the aim over the last 12 months with a reduction in the number of hospital acquired pressure ulcers per month and a reduction in number of pressure ulcers per rate of 1,000 Occupied Bed Days (OBDs). Figure 23 shows peaks in winter months where there is higher than normal bed occupancy. The last quarter demonstrates a reduction in the number of pressure ulcers as targeted quality improvement projects have been implemented. A 20% reduction in the number of hospital acquired pressure ulcers took place from April 2022-March 23 with the rate per 1,000 OBDs reducing from 0.99 to 0.77.

Figure 23: Number of pressure ulcers per month and number of pressure ulcers per rate of 1,000 Occupied Bed Days
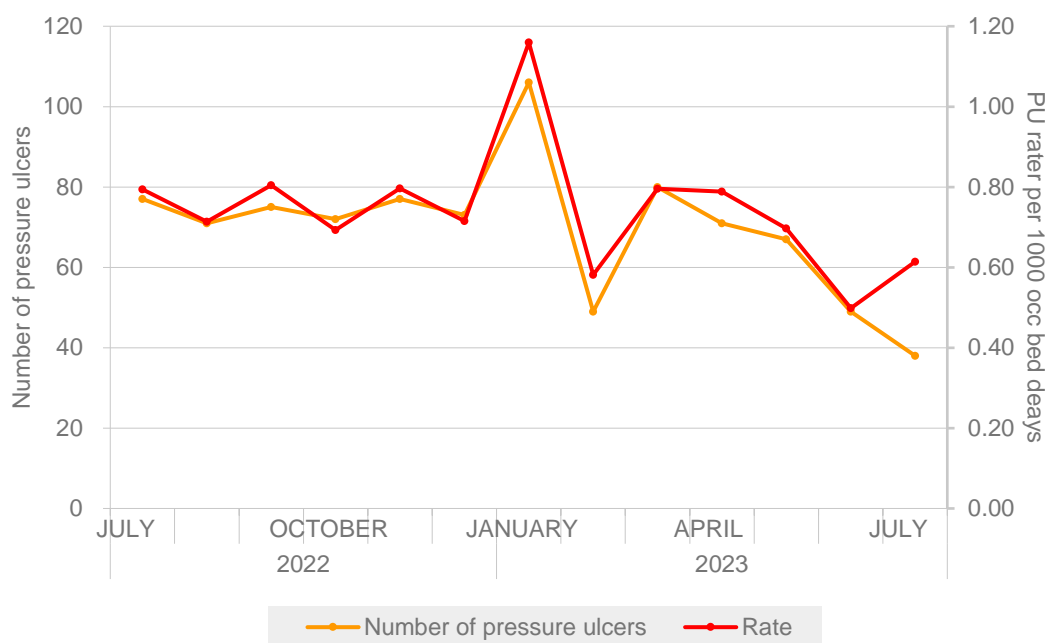
4.3.2 Avoidable Pressure Ulcer Reduction

Table 1 shows a steady reduction in avoidable pressure ulcers during the last 12 months. A deep dive exercise was undertaken in the last quarter to understand the reasons for higher avoidable damage in North and Clyde Sectors. The resulting Podiatry and Tissue Viability targeted education and quality improvement work is expected to show improvements in the autumn of 2023.

Table 1: Avoidable pressure ulcers per sector/directorate April 22-March 23

Quarter/ Sector	Apr-June 22	July-Sept 22	Oct –Dec 22	Jan- Mar 23
Clyde	52	38	48	47
North	54	51	54	49
South	46	36	33	25
Regional	10	16	8	3
Women & Children's Services	4	3	0	7
Total	**166**	**144**	**143**	**131**

4.3.3 Grading Severity Reduction

Pressure Ulcers are graded according to the Scottish Adaptation of the European Pressure Ulcer Advisory Panel (EPUAP) Pressure Ulcer Classification Tool. The tool provides a consistent approach to detecting different grades of pressure ulcer from Grade 1 (redness) to Grade 4 (extensive tissue damage).

Table 2 demonstrates a reduction in Grades 2, 3 and Ungradable pressure ulcers Improvement work will continue to focus on eliminating Grade 4 damage and learning from SAERs (Significant Adverse Event Reviews) to ensure further reduction of all pressure damage.

Table 2: Grading April 22-March 23

Quarter/ Sector	Apr-June 22	July-Sept 22	Oct –Dec 22	Jan- Mar 23
Grade 2	53	51	56	35
Grade 3	6	3	4	3
Grade 4	0	0	0	1
Comb Lesions	9	9	8	9
Deep Tissue Injury	57	52	46	58
Ungradable	41	29	29	25
Total	**166**	**144**	**143**	**131**

4.3.4 Reasons for Avoidable Damage

Thematic analysis carried demonstrated many of the avoidable pressure ulcers have been found to have inconsistencies with documentation including care rounding. Although this cannot be attributed as a direct cause of a pressure ulcer, it is considered a contributory factor. However, damage is multifactorial and an inclusive approach to tackling this is required with different modes of delivery for education. Podiatry and Tissue Viability teams have delivered a suite of face to face, online, and educational resources including voiceover presentations as well as bespoke support to hotspot wards.

4.3.5 Further Quality Improvement Projects

The following are examples of additional Quality Improvement projects being undertaken by the Pressure Ulcer Prevention Operational Group.

1. **ABCD Documentation –** To address gaps in care rounding a redesign of how   nursing interventions are recorded has been developed to ensure good quality bedside documentation that reflects care delivered. This is now being rolled out across the acute division and is being fine-tuned to align to Digital Clinical Notes in the early adopter wards.

2. **Reduction in Moisture Damage –** Through education awareness, continence management and use of a single barrier product moisture damage has reduced by 20%.

> **3. Development of an acute-wide orthopaedic trauma pathway to reduce the incidence of avoidable pressure ulcers in patients with fractured neck of femur –** An improvement project is in place with the aim of reducing the incidence of avoidable pressure ulcers in patients with fractured neck of femur (NOF) by 40%. Baseline data has highlighted orthopaedic patients account for 25% of all avoidable pressure ulcers. Early improvement demonstrated of the 39 patients with fractured NOF there has been no foot or ankle damage to date.

4.3.6 Mental Health

The incidence of pressure damage within Mental Health wards is low with a rate per 1000 OBDs of 0.04 recorded at March 2023. There were 7 avoidable pressure ulcers recorded in the 12 month period.

4.3.7 Partnership Operational Group

Over the past year, the Partnership Pressure Ulcer Prevention Group has focused on improving governance around recognition, review and reporting of caseload acquired pressure ulcers. A key priority has been the development of data for improvement that allows comparison of risk of developing pressure ulcers and prevalence across HSCPs. This joint work with the business intelligence team and clinical effectiveness colleagues has resulted in a suite of reports based on rates per 1000 patients on caseload being available since January 2023.

This innovative work is the first of its kind, there are no benchmark rates of caseload acquired pressure ulcers across the UK; therefore, the NHSGGC median has been determined based on NHSGGC data from December 2021 to December 2022;

- Median rate for all grade 2 and above caseload acquired pressure ulcers is:
    - **5.94 per 1000 patients** on **caseload**
- Median rate for all **avoidable** grade 2 and above caseload acquired pressure ulcers:
    - **0.35 per 1000 patients on caseload**

The primary aim of the partnership group was revised in January 2023 to; **reduce the median rate of avoidable caseload acquired pressure ulcers by 10 % by December 2023.** Whilst the aspiration is to have zero avoidable caseload acquired pressure ulcers the group acknowledged that improved recognition and reporting of pressure ulcers may result in an initial increase in rates. The aim set is achievable within the next 12 months and will be revised in January 2024.

Each HSCP has calculated median rates based on the time period December 2021 until December 2023, to support local pressure ulcer prevention activity (see Table 3 for data). The rates are variable across the HSCPs, outlying areas have undertaken deeper dives to analyse and interpret the data.

Table 3: HSCP median rates based on the time period December 2021 until December 2023

HSCP (Locality)	Rate of caseload acquired pressure ulcers	Rate of avoidable caseload acquired pressure ulcers
East Dunbartonshire	13.25	0.00
East Renfrewshire	3.58	0.00
Glasgow North East	3.50	0.72
Glasgow North West	5.69	0.52
Glasgow South	8.91	0.00
Inverclyde	3.52	0.34
Renfrew	3.18	0.00
West Dunbartonshire	3.86	0.00
NHSGGC Total	**5.94**	**0.35**

Data is also recorded to provide the rate of avoidable pressure ulcers per 1,000 caseload across NHSGGC. This data will be monitored to determine if the set aim has been achieved.

Since this began, there has been a sustained increase in rates of risk reported, reflecting improved recognition of risk and therefore ability for early intervention. This will trigger the completion of a preventative care plan for patients identified at risk; these reports are accessible to caseload-holders to provide a daily overview of all patients on caseload at risk.

Additional key quality improvement workstreams of the partnership group over 2022-23 has included:

1. Development of Standardised Operating Procedures and Terms of Reference for HSCP multi-agency pressure ulcer prevention groups resulting in improved local governance and ensuring shared learning in regards to caseload acquired pressure ulcers.

2. Revision of the red day review tool to ensure a quality focus to identify all learning from caseload acquired pressure ulcers.

3. Development of a shared risk assessment and preventative care plan that can be used by patients, families, carers and HSCP staff who are involved in care delivery, test of change commenced in 2 HSCP areas.

4. Test of change to share clinical imaging using the SCIT (Secure Clinical Image).

5. Additional Workstream Updates

5.1 Realistic Medicine (RM)

Realistic Medicine is a well-established key programme of work with a vision to ensure that all staff understand the principles of RM and are equipped to embed it in their daily practice across the whole system. It embeds the delivery of personal value to patients by empowering them to be more involved in their decision-making. Building on progress to date, there is a wider aim to ensure the practice of RM is an enabler for the delivery of Value Based Health and Care across NHSGGC.

The team raise awareness of RM through many different channels across primary and secondary care and ensure up to date tools and resources are readily available to all staff. RM is currently funded annually by the Scottish Government on a non-recurring basis. Clinical Leads for both primary and secondary care have been appointed to ensure the implementation of RM is equitable across NHSGGC and they are supported by a Project Manager. Direct oversight and escalation are through QSOG with further workload direction provided by the Deputy Medical Director (Corporate). RM is also monitored through the NHSGGC Annual Delivery Plan (ADP), Medium Term Plan (MTP) and reports are submitted as scheduled to the Senior Executive Group (SEG), Area Clinical Forum (ACF) and Corporate Management Team (CMT). Parallel reporting is also in place to the Scottish Government.

Key areas of focus for RM include:

1. **Shared Decision-Making (SDM) –** Encourage the practice of SDM in clinical consultations, further evaluate the effectiveness of BRAN* as a SDM tool for staff and patients.

2. **Realistic Conversations Training –** Expand the provision of this SDM training model to target key areas of need in NHSGGC including emergency medicine and de-prescribing in primary care.

3. **RM Champions Network –** Proactively increase membership and enhance representation across primary and secondary care specialties.

4. **Anticipatory Care Plan (ACP) and Treatment Escalation Plans (TEP) -** Promote the increased utilisation of realistic patient centred decision making in primary and secondary care.

5. **Atlas of Variation –** Work collaboratively with the Access Team, Sustainability and Value board and Centre for Sustainable Delivery (CfSD) to identify and reduce unwarranted variation.

*NB: BRAN questions are as follows: *What are the Benefits?; What are the Risks?; What are the Alternatives?; What if I do Nothing?*

5.2 Civility Saves Lives (CSL)

The broad aim of the Civility Saves Lives campaign is to heighten awareness of the negative impact that incivility between staff members can have on patient safety in clinical settings, but also more generally on staff wellbeing, performance, productivity, and attendance in all workplace settings.

Incivility can be characterised by rudeness, open displays of anger and micro-aggressions such as dismissiveness or undermining behaviours directed at others. When subjected to these, our capacity to concentrate and focus on our work is significantly diminished, raising the risk of making serious errors or oversights. Repeated incidents cause severe disruption and stress in the workplace. Conversely, when members of staff work in an environment of positive encouragement and support, their performance, productivity, and wellbeing are enhanced.

The NHSGGC two-part vision for CSL is illustrated in Figure 24 below.

Figure 24: The two-part vision for Civility Saves Lives.

Awareness:

That all staff are aware of the benefits of actions and initiatives they can agree in their own departments that promote encouragement and support between colleagues, and that they are also aware of the impact of incivility on patient safety, staff wellbeing and performance.

Agency:

That we have an established approach (completely independent of formal HR process) to address incivility when it happens, that is available to all staff, is compassionate, and positive, recognising we are all human and can make mistakes with our behaviour.

A CSL plan to progress the campaign is in place and activities are underway with 'cluster' groups meeting regularly to take this forward.

Activity undertaken to date in NHSGGC includes:

- Introductory presentations to sector, directorate, and other senior management teams.
- Staff engagement workshops delivered to approx.100 colleagues from across disciplines in acute and partnerships.
- Tailored sessions provided to individual teams and services in response to specific requests for intervention support.
- CSL principles are included in trainee, FY1 induction, and other group education platforms.
- CSL incorporated into board-wide leadership development programmes, including Ready to Lead, Medical Manager programme, local leadership programmes and tailored team and leadership development interventions.
- Awareness raising about CSL has been incorporated in the Investors in People Cluster Development Plans.

A Civility Saves Lives webpage has been set up to host information, resources, and useful links. The webpage will continue to be developed over coming months.

In addition to the above activities, more recent progress and planned actions include:

- CSL Champions Groups have been established within acute services, aligned with each of the 6 Investors in People Clusters, with the aim of engaging colleagues across local teams and services, raising awareness of civility and creating positive workplaces.
  - o HSCPs are also in the process of identifying the most effective methods for expanding awareness in a structured way.
- An overarching NHSGGC CSL Group has been established as a forum for sharing updates, strategies and developing CSL practice across the organisation.
- Continued engagement with senior teams and services across all parts of the organisation.

- Trained Civility Leads will be identified within individual teams to support compassionate conversations which help to tackle instances of incivility in a positive way.

- A robust training package for Civility Leads is currently being developed in preparation for delivering with the first cohort.

- As an initial pilot, work with a small number of teams where the need for more in-depth support to create positive workplaces has been identified. The role of Civility Leads will be an integral part of this.

- Periodic communications across the organisation to enhance awareness raising.

- Further development of promotional and resource materials.

The development of Civility Saves Lives across NHSGGC is an item on the Workforce Strategy Action Plan and as such is monitored by the Human Resources & Organisational Development Senior Management Team and reported against at Corporate Management Team (CMT) and the Staff Governance Committee.

5.3 Care Home Collaborative (CHC)

The CHC overarching aim is to support care homes communities in partnership with HSCPs to create the conditions to enable all residents to live their best lives aligned to what matters to them. CHC Improvement activity has focused on themes from the Care Home Assurance Visits and requests from the HSCP to support quality of care within Care Homes. Additionally, the CHC improvement groups are aligned to wider Quality Strategy Oversight Groups, as show in Figure 25.

Five priority workstreams were established based on care needs identified by care homes, HSCP teams and assurance and inspection processes. These workstreams are:

1. Tissue Viability (TV);

2. Food, Fluid and Nutrition (FFN);

3. Infection Prevention and Control (IPC);

4. Right Care, Right Place (RCRP); and

5. Person-Centred Care (PCC).

Figure 25: Care Home Collaborative Governance Structure
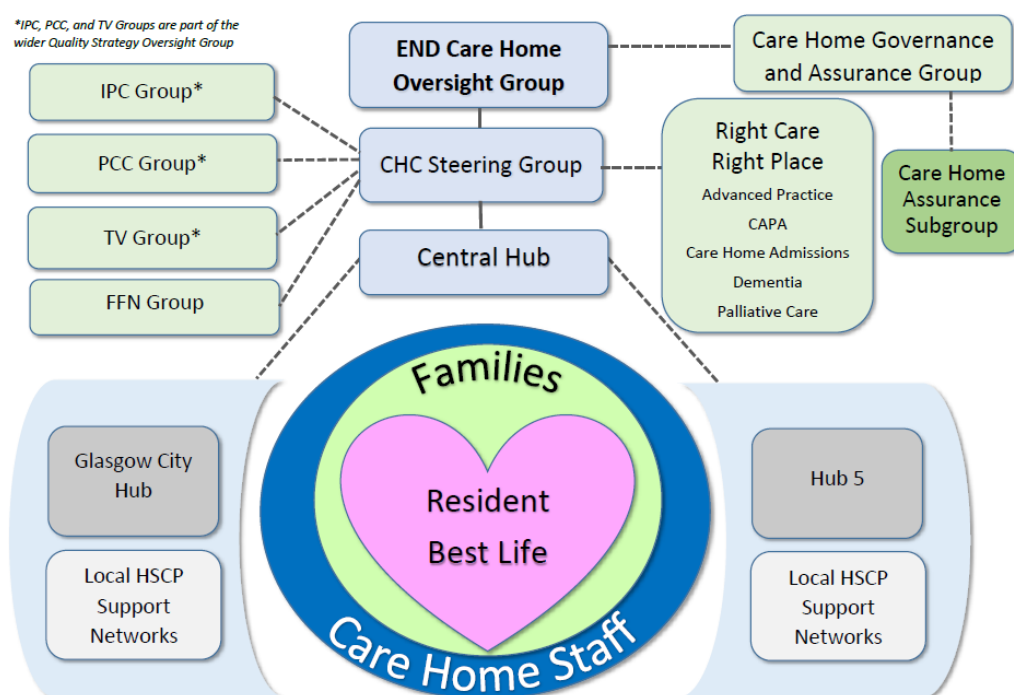
A number of projects are in progress and the following key highlights are noted:

> 1. **Tissue Viability Strategy Workstream:**
>
>   - Introduction of Community Pressure Ulcer Risk Assessment (CPURA) to a residential Nursing Home has supported the reduction in incidence of care home acquired pressure ulcers. Since July 2022, there have been no residents with Grade 3 or 4 care home acquired pressure ulcers. Plans are in place to spread this improvement activity across all NHSGGC residential homes by end of December 2023.

2. **Infection Prevention and Control Strategy Workstream:**

   - A new digital set of resources are available to support care home staff to follow standard infection control precautions and the national infection, prevention and control manual.

3. **Person-Centred Care Strategy Workstream:**

   - A meaningful activity network for care homes across NHS Greater Glasgow and Clyde (NHSGGC) has been established. The aim of this network is to bring staff together to share best practices, learn together and celebrate successes thus benefiting residents' physical and mental wellbeing and improve their quality of life.

4. **Care Home Collaborative additional QI workstreams** – Food, Fluid and Nutrition / Right Care, Right Place:

   - Testing the use of standardised milkshake recipes as part of a food-first approach for those residents at risk of malnutrition. A suit of milkshake recipes have been tested and resident and staff feedback and data has been collected. Findings from the project have included residents within the home on average have a BMI within normal range, no residents are at high risk of malnutrition and no nutritional supplements are in use within the home.

   - Evidence-based NHS Education for Scotland '*Essentials of Psychological Care*' for Dementia training has been delivered to 98 staff.

Each workstream reports 3 times a year to the CHC Steering Group on activity, outcomes, impact, and next steps. The working groups utilise a QI approach and work collegiately with care homes and HSCP Teams on small scale QI projects which have been identified by the care home teams and/or HSCP colleagues. This approach enhances local ownership and agency of change but also generates improvement stories and data to upscale.

5.3.1 Engagement and Communications

The CHC formally launched in June 2022 and central to the team purpose has been establishing and building effective working relationships with Health and Social Care Partnerships (HSCP), Care Homes and partner organisations such as Scottish Care and Care Inspectorate. Engagement has been facilitated through:

- Dedicated CHC website providing access to training and resources suitable for care home staff.

- A monthly newsletter including good practice stories from care homes which is shared on the website and across care homes/HSCP networks.

- Regular Twitter activity promoting CHC activity and good practice within care homes.

- The CHC contact form which allows care homes direct and equitable access to the CHC for any additional professional care support.

- Care home staff involvement in the quality improvement workstream meetings and the CHC Steering Group.

- CHC staff are members of the HSCP Collaborative Care Home Support Teams (CCHST) meeting which meet at least fortnightly.

5.3.2 Assurance

CCHSTs (Collaborative Care Home Support Teams) within each HSCP continue to carry out Care Home Assurance Visits. The purpose of the visit is to provide support and assurance in the spirit of collaboration and shared learning, working together with the Care Homes and HSCP colleagues to achieve their objectives. Over the last year, 93% of NHSGGC care homes receiving at least one assurance visit and 54% have had a minimum of 2 visits, with additional follow up visits as required. Focus groups with care home and HSCP staff have informed the review of the assurance process. A short life working group will take forward the review of the assurance process and visits utilising an appreciative inquiry approach to support improvements.

Starting in September 2023, a further review of the CHC function and support mechanisms will be undertaken ensuring alignment to the national priorities set out in My Care- My Health – My Care – My Home health care framework, and New Arrangements advice note issued by Scottish Government 14th December 2022.

6. Review of Healthcare Quality Strategy

6.1 Review of Healthcare Quality Strategy

As the current Quality Strategy The Pursuit of Healthcare Excellence - NHS Greater Glasgow and Clyde Healthcare Quality Strategy 2019/23 reaches the end of its lifecycle the board is presented with an opportunity to create a new, ambitious and unifying strategic vision. This has been identified as a Board Priority for 2023/24.

This new, shared vision will be co-produced with the people who use our services and the staff who deliver them, this will build an approach that people across all areas feel part of, are engaged with and can deliver on.

Quality is everyone's business, and the new approach aims to be wholly inclusive at every level of the organisation. The strategy is set to engage with all Directors and their teams whether, for example, clinical, operational, management, finance, estates and facilities. Everyone's view matters and will form the new strategy to achieve excellence in patient experience and outcomes. This builds on the successes and achievements from the wide range of quality focused work undertaken across NHSGGC.
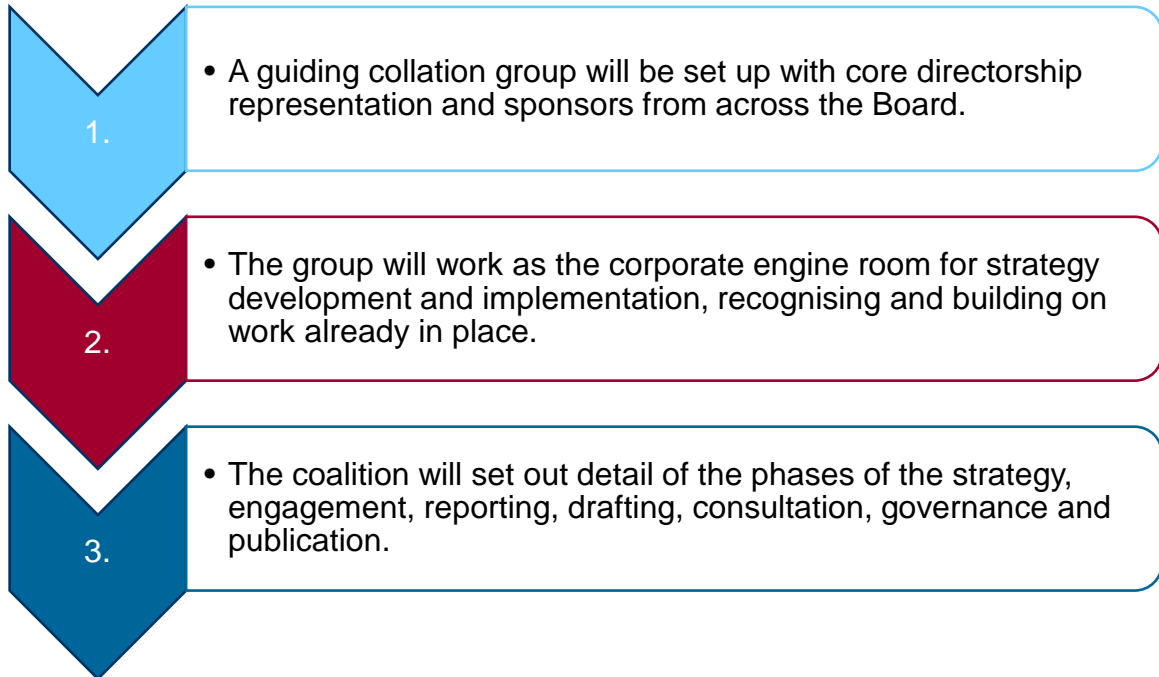
6.2 Planned Phases

Scotland, UK and international benchmarking has been undertaken which included reviewing a range of quality approaches. Strategies were broadly similar across NHS Scotland with the Quality Management System (QMS) Framework published by Healthcare Improvement Scotland as the main approach for quality identified.

Within the engagement phase we will engage with internationally recognised expertise, our staff across NHSGGC, patients, families, and communities to support us to develop our ambition. Engagement will utilise existing structures and networks to maximise reach. Ideas will be driven upwards supporting breadth and depth across our services, asking what matters to our people in terms of quality.

In stating our collective commitment as an organisation to continue to put quality at the forefront of everything we do, an ambitious learning system will be designed and delivered to create opportunities for cross system networks to share learning and good practice. Simultaneously building capacity and capability in quality improvement methodologies including Lean, The Model for Improvement and Kaizen. This approach will include all directors across all areas and allow increased focus on the reduction of variation, waste and avoidable harm fostering a long-term collective effort on quality, value, and sustainability.

An implementation framework will sit alongside the strategy with local grass roots groups feeding up through sectors, directorates and HSCPs to the Strategy's overarching board-wide strategic group.

6.3 Next Steps

1. • A guiding collation group will be set up with core directorship representation and sponsors from across the Board.

2. • The group will work as the corporate engine room for strategy development and implementation, recognising and building on work already in place.

3. • The coalition will set out detail of the phases of the strategy, engagement, reporting, drafting, consultation, governance and publication.

7. Conclusion

This report presents a summary of progress made on the implementation of 'The Pursuit of Healthcare Excellence': Healthcare Quality Strategy (2019-2023)' from 1 April 2022 to 31 March 2023 and highlights key achievements and activities throughout the year.

The report also signifies the development of a new, board-wide strategy in the year ahead which will continue to ensure our patients, families, and staff are at the centre of all that we do.