



**south ayrshire**  
health & social care  
partnership

# Framework for Quality Improvement September 2022



# SAHSCP Quality Improvement Framework

## Document Governance Arrangements

<b>Date</b>	<b>Version</b>	<b>Action</b>
29/04/22	SAHSCP Framework for Improvement 05/04/22	Initial Draft Submitted to DMT for Comment
12/09/22	SAHSCP Framework for Improvement 08/09/22	Approved by DMT
13/09/22	SAHSCP Framework for Improvement Final Draft 12/09/22	Document Governance Arrangements Table Added
24/11/22	SAHSCP Framework for Improvement Revised Final Draft 24/11/22	Measurement Chart Updated – Performance Data Added.  Aim Statements Updated to Reflect Actual Measures Being Reported.
07/02/23	SAHSCP Framework for Improvement Final Draft 12/09/22	Approved by SAHSCP Health and Care Governance Group

# A Culture of Continuous Improvement

## Introduction

This Framework for Improvement is one of a suite of documents which seeks to describe the Partnership's approach to Governance, Planning and Performance.

Change is occurring so rapidly in our society that we have no choice but to embrace it. Continuous improvement can deliver positive and long-lasting change. Some of the benefits of building a continuous improvement culture include an increase in productivity; improved service quality, team and partnership working; and engaged and empowered staff

This document describes our desire to embed a culture of continuous improvement within the Partnership - to support delivery of our strategic objectives and our commitment to deliver high quality health and care services. In pursuit of this, we require to develop and implement a comprehensive framework which provides a consistent, systematic approach to identifying improvements; measures progress in delivering improvements; shares learning; and celebrates successes. Staff must feel empowered and supported to address areas of service delivery which would benefit from review and improvement; and be confident and competent in applying quality improvement principles.

## Context

### National Context

An Independent Review of Adult Social Care in Scotland was published by the Scottish Government in February 2021. The principal aim of the review was to recommend improvements to adult social care in Scotland, primarily in terms of the outcomes achieved by and with people who use services, their carers and families, and the experience of people who work in adult social care.

The Review made numerous recommendations in relation to the future of Adult Social Care with a common theme throughout being the need to deliver improvements to current models of care for adults; including the need to implement a consistent approach to improvement and innovation within social care – to maximise learning opportunities and to create a culture of developing, testing, discussing and sharing methods to improve outcomes.

### Local Context – Pan Ayrshire

NHS Ayrshire & Arran's Excellence for Ayrshire – Quality Strategy 2019-22 describes their commitment to delivering quality improvement and high-quality care that will enable and support delivery of their strategic objectives, and their ambition for health and care service transformation.

Providing high quality health and care services is the common goal that unites our organisations; and a shared commitment to continuous improvement means that the Partnership and NHS Ayrshire & Arran have and will continue to work together to continuously improve shared service delivery.

The Partnership is supported by NHS Ayrshire & Arran in our pursuit of a continuous improvement culture, through access to the Ayrshire and Arran Improve Foundation Skills (AAIFS) training. We also have the support from the Quality Improvement Service, with support from a Quality Improvement Advisor on agreed pieces of work.

### **Local Context – HSCP**

The South Ayrshire Integration Joint Board Strategic Plan was published in 2021 and sets out the Partnership's strategic objectives and the models of care deployed to achieve these objectives, including a focus on prevention, locality planning and tackling inequalities.

The Strategic Plan is ambitious and aims to promote wellbeing in its broadest sense while keeping a sharp focus on improving health and social care outcomes. While our ultimate objective is to improve outcomes for our communities, it is important that we look inwards as a Health and Social Care Partnership to how we undertake our business and run our services effectively, driving continuous improvement and a performance culture in everything we do.

We intend to work across the HSCP to further embed a sense of identity and cohesion, undertaking learning, development and improvement activities together; supporting and nurturing staff. We will focus on quality improvement, embedding an improvement and self-evaluation ethos across our services.

## **Quality Management**

### **Self-Evaluation and Planning Cycle**

Over the last few years, the Partnership has refreshed its planning framework to ensure clarity around our planning hierarchy and improve the 'golden thread' linking the Partnership's Strategic Plan to service level, team and even individual plans. These improvements are not realised fully throughout the Partnership but there is a commitment across the services to continue to progress this work. The following illustrates the 'golden thread' of key planning documents and how these link strategic high level plans to each Team and valued member of staff:



The Partnership's Integration Board Strategic Plan covers a 10-year timeframe, supported by a delivery plan which is updated and reported on annually to reflect progress in delivering against the Partnership's objectives.

Priorities and objectives outlined in the Partnership's Strategic Plan are distilled to service level objectives within thematic or service level improvement plans which are updated every 3 years, and which are supported by continuous improvement plans which are reported on bi-annually.

In turn, teams are expected to understand key elements of the strategic plan and the relevant service plan and use the output from the staff iMatter survey and self-evaluation to identify operational improvement activity and develop team plans covering a 12 month period.

As part of our work to embed a continuous improvement culture, we need to put an infrastructure in place to support and empower staff to deliver improvements identified within their plans. This document aims to set out the strategy to deliver this infrastructure.

## Governance

The Partnership's Planning Framework provides clarity on reporting requirements at team and service planning levels. Self-evaluation is used to identify and evidence areas of strength as well as areas to focus on for improvement.

Transformational/ larger improvement projects are identified through strategic and service planning processes. Progress against larger scale change projects to deliver on the actions prioritised within Service Plans are reported to the IJB's Performance and Audit Committee and monitored through focused service level groups i.e. Driving Change; and to the Directorate Management Team (DMT).

Other improvement work is also identified through external scrutiny and used to inform team and service planning, or where required forms a thematic improvement plan. Governance for these is



dependent on external reporting requirements, and whether thematic improvement planning is required.

Relevant projects are also be reported to South Ayrshire Council through the Transformation Board and the NHS Board.

The Partnership's Directorate Management Team are reviewing current governance arrangements and whether the Partnership would benefit from the establishment of a Transformation Board. This would allow the direction of transformation to be managed, ensuring alignment to strategic priorities and that focus is directed towards the areas which would have the greatest impact and contribution to agreed priorities, and would also allow for improved scrutiny and challenge and for learnings to be more easily extracted and shared to inform future transformation.

## Vision/ Objectives

### Our Vision

The Partnership's overarching vision is, '**empowering our communities to start well, live well and age well**'.

Our Vision for our improvement strategy is, '**empowering our workforce to deliver quality services, supported by a culture of continuous improvement**'.

### Primary Drivers

1. An improvement culture is embedded at every level of the organisation.
2. A framework is in place to support a quality improvement approach.
3. A programme is in place to build capacity and capability.
4. A technology enabled community of improvers are equipped and supported to deliver improvements.
5. A comprehensive communications plan ensures that a variety of methods are used to communicate and support the Partnership's Model for Improvement.

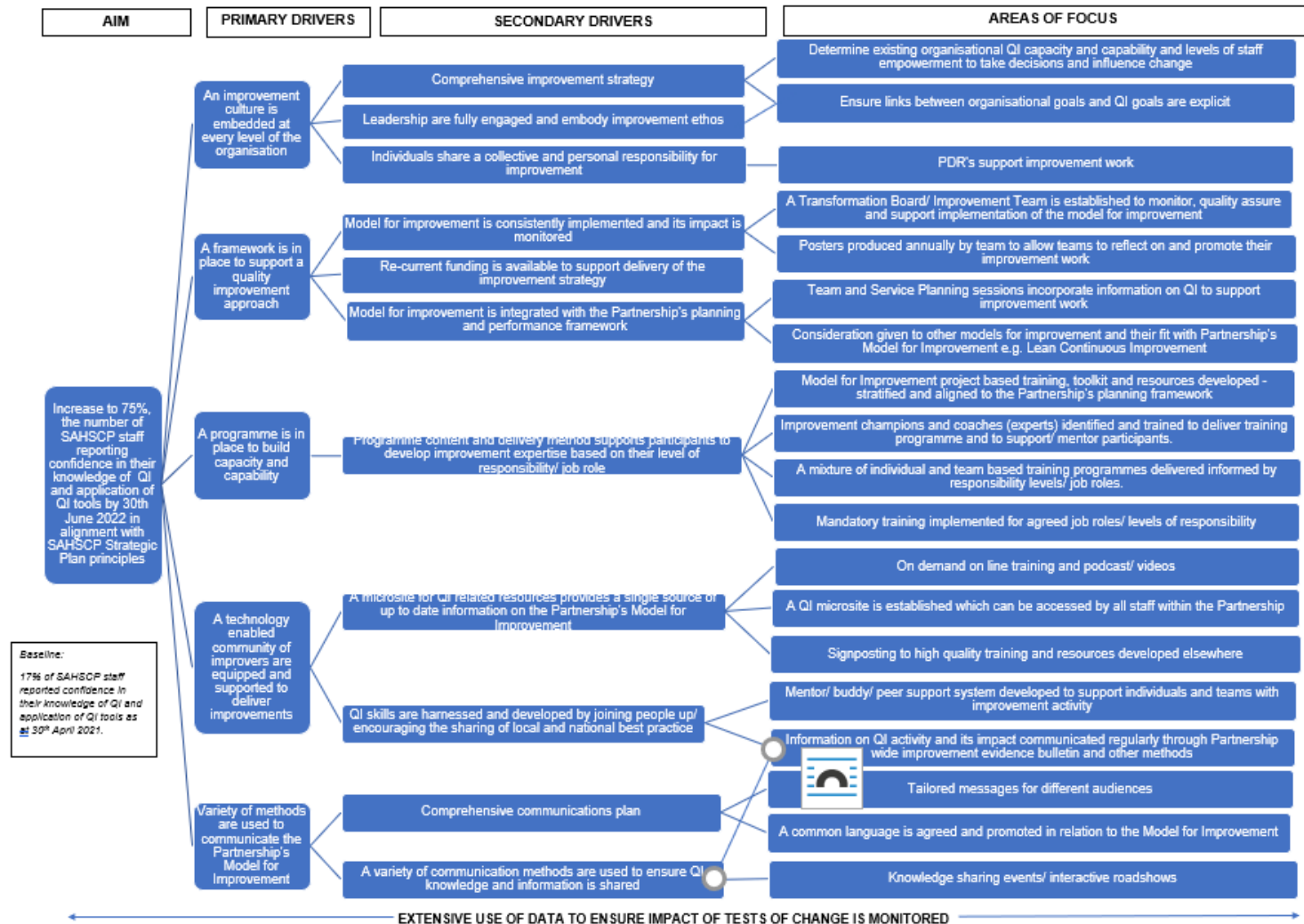
### Aims

- Increase to 75%, the number of staff reporting confidence in their knowledge of QI and application of QI tools by 30th June 2025 in alignment with SAHSCP Strategic Plan Principles (Baseline: 23% as at 30th April 2021)

- Increase the number of staff trained to 'Foundation Level' to 1350 (90% of 1500) by 30<sup>th</sup> June 2024, in alignment with SAHSCP Strategic Plan Principles. (Baseline: <1% as at 1<sup>st</sup> April 2021)
- Increase the number of staff trained to 'Practitioner Level' to 200 (13% of 1500) by 30<sup>th</sup> November 2025 using the Ayrshire & Arran Improvement Fundamental Science (AAIFS) training, in alignment with SAHSCP Strategic Plan Principles. (Baseline: 1% as at 1<sup>st</sup> May 2022 (3 out of 300)).
- Increase the number of staff trained to 'Practitioner Level' to 25 (8% of 1500) by 31<sup>st</sup> December 2022 using the Ayrshire & Arran Improvement Fundamental Science (AAIFS) training, in alignment with SAHSCP Strategic Plan Principles. (Baseline: <1% as at 1<sup>st</sup> April 2021 (3 out of 1500)).
- Increase the number of staff trained to 'Lead Level' to 45 (3% of 1500) by 30<sup>th</sup> June 2025, in alignment with SAHSCP Strategic Plan Principles. (Baseline: <1% as at 1<sup>st</sup> April 2021 (6 out of 1500)/ 20% as at 30<sup>th</sup> April 2021 (6 out of 45)).
- Train 100% of Executive and Strategic staff within Directorate Management Team and the Integration Joint Board on Quality Improvement by 30<sup>th</sup> June 2025, in alignment with Strategic Plan Principles. (Baseline: 6% as at 30<sup>th</sup> April 2021 (2 out of 32)).

Within improvement methodology, a driver diagram can be used to plan improvement project activities and provide a visual display of what will contribute to the achievement of a project aim:

# Drivers for Change





## **Primary Drivers 1/2: Improvement Culture and A Framework to Support Quality Improvement**

A culture of improvement will be embedded at every level of the organisation with improvement science methodology used to consistently deliver and report the impact of all our improvement work. We must create a collective and personal responsibility for improvement.

This document alongside guidance on self-evaluation and planning will constitute our improvement strategy and will provide a framework to ensure that improvement activity is aligned to the Partnership's strategic objectives and planning processes and is coordinated and effective.

Leaders at every level will be engaged in and embody an improvement ethos and will ensure that the resources necessary to deliver on the ambitions of the strategy are made available and will provide direct mentorship and leadership support to individuals and teams as we build our capacity and capability. The Partnership's Directorate Management Team (DMT) and Integration Joint Board (IJB) will provide clear and consistent leadership to empower teams to **'empower our workforce to deliver quality services, supported by a culture of continuous improvement'**.

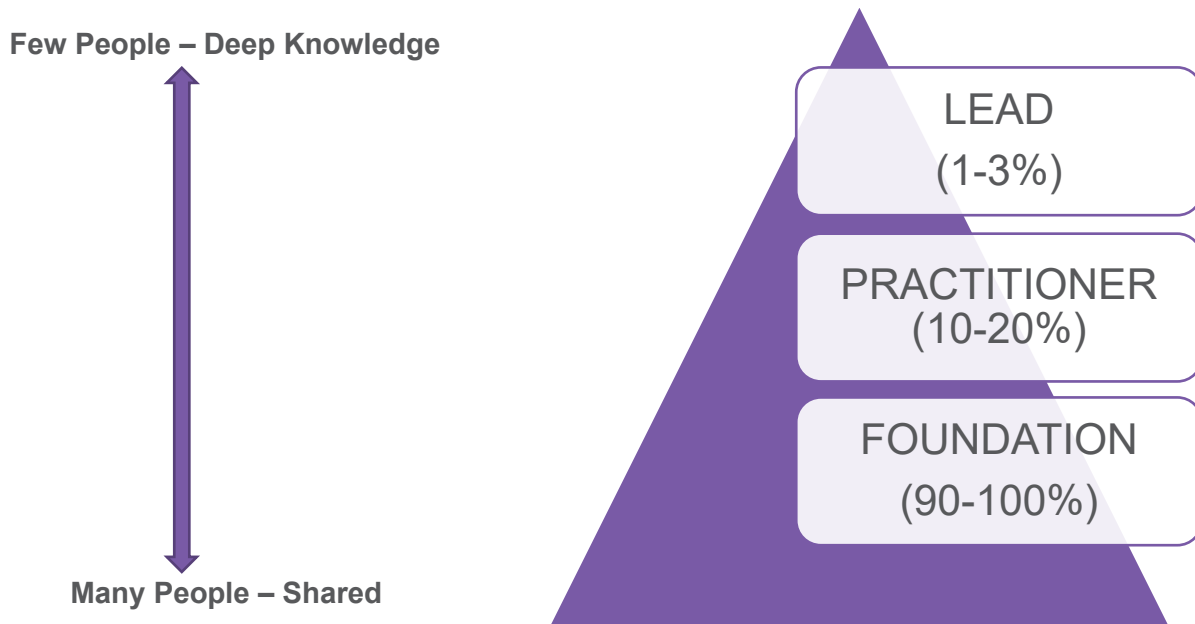
Work requires to be undertaken to continue to develop the Partnership's Quality Management Framework to ensure that it reflects and informs, and is informed, by our Quality Improvement approach.

The Partnership's Quality Management Framework provides clarity and guidance on all levels of planning and reporting linked to the Partnership's governance structures; and the use of self-evaluation to identify areas for improvement and inform planning. The Quality Improvement Framework provides clarity and guidance on improvement science methodology and tools which can be used to help deliver on improvements identified through self-evaluation and detailed within plans. Further work is required to identify additional training to support staff to manage their improvement projects using project management methodology.

## **Primary Driver 3: Building Capacity and Capability**

To deliver sustained, organisation-wide improvement, a systemic approach to building improvement capability across the Partnership is required. This includes team and individual training at a range of levels, coaching and mentorship and peer support activity.

Building quality improvement capacity and capability will be an ongoing, dynamic process. A key consideration of this strategy now will be ensuring teams throughout the organisation have general and specialist improvement skills. The intention will be to move towards a system wide approach to ensure that a quality culture is embedded. The diagram below sets out the approach to realise this ambition.



**Lead Level:** Staff working at lead level will lead improvement teams and promote and facilitate improvement strategies across their organisation. Following completion of a lead level programme, each individual will be expected to contribute to the development of others through either local or national coaching and mentoring, and facilitation of learning events. Lead level candidates will first need to have completed practitioner level training.

**Practitioner Level:** Staff who are working at practitioner level may be in a leadership role within local improvement projects or may be functioning as part of a team to improve service delivery in their own workplace. It is anticipated that staff trained to Practitioner Level will provide ongoing knowledge and support for QI projects being taken forward within their area of practice. Practitioners are not expected to coach and/ or mentor people outside their own working context and project team. The speed at which we are able to train practitioners and prepare them for their internal mentoring role will influence the speed at which we are able to train and support practitioner level staff.

**Foundation Level:** All staff will require a basic awareness of Improvement Science to ensure that they understand the concept and can contribute to improvement projects at team level. Foundation learning resources introduce staff to widely used improvement methods to help support them achieve the outcome they are aiming for.

In addition, the expectation is that all Executive and Strategic Level staff (staff within the Directorate Management Team and the Integration Joint Board) will undertake targeted quality management training, covering governance, and the performance management cycle (evaluate, plan, measure and improve) showing how they, as Executive and Strategic Leaders can create the conditions for a Quality Improvement culture to flourish.

### Primary Driver 3/4: Technology Enabled Community and Communication and Engagement

Communication and engagement will be key to successfully embedding a culture of continuous improvement within the Partnership. Regular, consistent communication will build confidence in, and inspire a culture of continuous improvement. Our plans for communication and engagement need to provide clear and consistent communication locally and nationally with a focus on celebrating success, sharing learning and connecting and engaging teams.

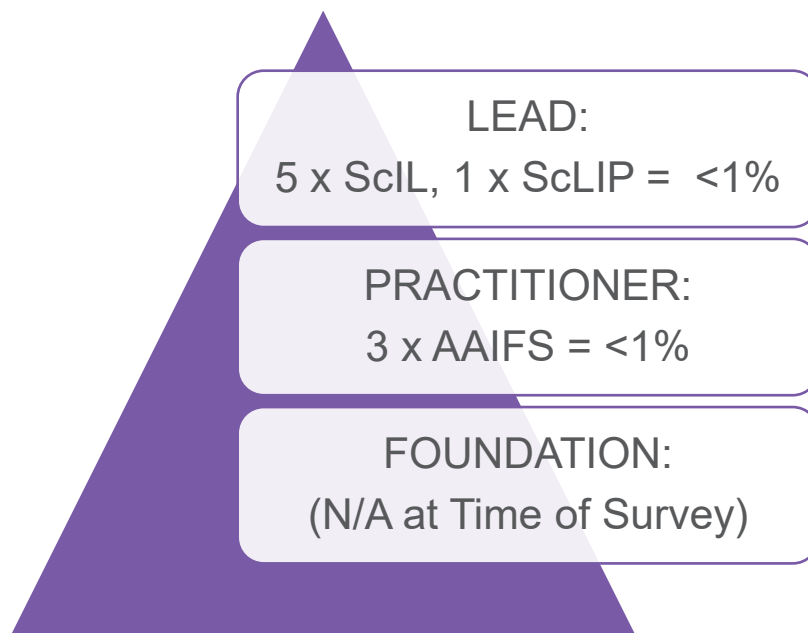
Recognising and celebrating success stories will be fundamental to the long term implementation of an improvement approach within the Partnership. It will provide proof that people's ideas are working and that their improvement efforts are worthwhile. Ongoing recognition contributes to employee engagement and motivates other teams and team members to improve their processes too. Joining people up and encouraging the sharing of local and best practice will enhance and develop the QI skills and knowledge within our staff. Our processes for collating and sharing information, and the technology we use to support this will allow staff to record and share their experiences and the improvements they have delivered across the Partnership and beyond. Regular updates on successful improvements that have been delivered will encourage wider discussion and help to build the improvement culture that we aim to deliver.

To build a strong continuous improvement culture, will require that we make it as easy as possible for our teams to engage in, progress, report and promote their improvement work. We need to ensure our processes are as simple as possible and we need to support our staff with the tools they need to make suggestions, track the progress of ideas and to execute projects. In support of this, we need to utilize technology and develop our systems to enable collaboration and communication, enhance visibility and support consistent reporting. An easily accessed 'microsite' for all quality improvement related resources and will allow the sharing of information across our staff.

# Training Plan

## Current Capacity

A scoping exercise was carried out to identify what additional QI capacity and capability would be required to meet the targets set out in the pyramid above; to allow a QI approach to service delivery across the Partnership to be embedded and to inform development of a QI training plan to address these identified needs.



The total number of staff within the Partnership is around 1,500. In order to reach the level of consistency in capacity and capability set out within our aims, we need to train the following numbers of people over the coming three years:

- Executive and Strategic (DMT and IJB) (100%) – train all.
- Lead Level (1-3%) – 6 trained therefore train 11-24 people taking the total to 15-30.
- Practitioner (10-20%) – 3 trained therefore train 147-297 taking the total to 150-300.
- Foundation (90-100%) – train 1350-1500 taking the total to 1350-1500.

To achieve the targets set to build capacity and capabilities in quality improvement, a training matrix requires to be developed to ensure clarity on how and where training will be targeted, ensuring an appropriate mix of training is delivered to each team and service across the Partnership.

Consideration also needs to be given to the impact on workload for all staff undertaking training, and in particular those trained to Lead and Practitioner level who will also gain mentoring/ coaching responsibilities.

## Executive and Strategic Level:

Work is underway to identify a suitable training for our Integration Joint Board and Directorate Management Team and we have sought support from NHS Education Scotland and Health Improvement Scotland. It is likely that we will undertake a self-evaluation exercise with our executive and strategic leads in the first instance, in order to determine areas for improvement, before we progress to targeted quality improvement training.

## Lead Level:

*"I have always been passionate about service improvement and attending ScIL helped me to build on my improvement knowledge and gave me a simple framework to help deliver improvements and drive forward my own projects and support others in theirs. The benefits of a quality improvement approach are clear: project aims are agreed right from the start; tools such as driver diagrams allow change ideas to be prioritised; and training on measurement ensures clarity on whether a change is leading to improvement."*

Billy McClean, Head of Community Health and Care, SAHSCP

Leads will require to complete Foundation Level Training prior to training to be a Lead. Lead training will be either the Scottish Improvement Leader (ScIL) Programme (NES); the Scottish Quality and Safety (SQS) Fellowship Programme (NES/ HIS) or the Scottish Coaching and Leading for Improvement (SCLIP) Programme (NES).

Programme	Description	Programme Delivery	Expectations Post Programme
Scottish Quality and Safety (SQS) Fellowship Programme (NES/ HIS)	<p>The Scottish Quality and Safety Fellowship Programme (SQS Fellowship) is a quality improvement and clinical leadership course.</p> <p>It is aimed at healthcare staff who currently undertake clinical practice and have a direct influence on improving the delivery of safe patient care, as well as staff in clinical professions (e.g. medical, nursing, pharmacy, AHP, healthcare scientists, ambulance) who do not currently deliver hands-on care but do have a role in improving patient care or safety.</p> <p>The criteria for inclusion has recently been broadened out to include senior managers (those not necessarily with a clinical background).</p>	<p>Participants apply learning to a workplace project over a 10-month programme which includes residential workshops, project surgeries, WebEx sessions, mentoring, a group field trip to the International Quality &amp; Safety Forum, a national networking event and funding for individual study trips to facilitate learning from global experts both within and outside healthcare.</p>	<p>There is the expectation that Fellows will be involved in supporting the Healthcare Quality Strategy at local and national level after completing the Fellowship programme.</p> <p>This may include mentoring, technical advice, teaching and other quality improvement activities.</p>



<p>Scottish Improvement Leader Programme (ScIL) (NES)</p>	<p>The Scottish Improvement Leader (ScIL) Programme is a key part of Scotland’s innovative approach to address increasing demands across our public services by developing QI capacity and capability.</p> <p>It is aimed at people working in the Scottish Public Service in a role with a significant focus on quality improvement and dedicated time allocated to lead improvement projects.</p>	<p>Participants apply learning to a workplace project over a 10-month programme which includes residential workshops, project surgeries, WebEx sessions, mentoring, peer support and an annual celebration networking event. There is also an element of self-study with core reading materials provided.</p>	<p>Following completion of the programme individuals will be expected to lead improvement projects out with their area of practice and contribute to the development of others through either local or national coaching and facilitation of learning events.</p>
<p>Scottish Coaching and Leading for Improvement (SCLIP) Programme (NES)</p>	<p>The aim of the Scottish Leading and Coaching for Improvement Programme is to develop individual NMAHP / Health Care Scientist (HCS) Leaders who will coach and facilitate teams to deliver improvement and support achievement of improvement strategies within their organisation.</p> <p>It is an improvement programme designed for people who will coach and lead teams to deliver quality improvement.</p>	<p>This is a 3-month learning programme.</p>	<p>Following completion of the programme, participants are expected to apply the principles of coaching and leadership to support a team or teams to apply improvement methodology and share their experiences with other programme participants.</p>

It will be extremely challenging to meet targets set for Lead Level training as access to national QI training programmes is limited to small numbers each year. We are working with NHS Education Scotland and NHS Ayrshire & Arran to determine if training at this level can be devolved to NHS Ayrshire & Arran Board level order to meet targets set for Lead Level training. We are also considering other training courses which would provide a similar set of skills.

**Practitioner Level:**

*“The AAIFS training improved my understanding of and confidence in undertaking an improvement project. It provided me with an opportunity to understand and use Quality Improvement tools; and apply them to my own ideas. Learning from other people’s experiences helped me see how we can all be involved delivering improvements within our own areas of work, and at all levels across our organisation - empowering our teams to make changes that will hopefully lead to better outcomes for the people we support”.*

Careen Rennie (AAIFS 2/22), Senior Practitioner, SAHSCP

Practitioners will require to complete the Ayrshire and Arran Improvement Foundation Science (AAIFS) run by NHS Ayrshire & Arran. Three courses are currently run each year which would

usually allow around 20 staff from the Partnership to be trained annually however NHS A&A have committed to providing an additional 20 places per year on each course, bringing a total of 60 training places each year. These additional places are dependent on the Partnership being able to identify coaches/ mentors trained to Lead Level to support this. In addition to this, there is an opportunity to explore and test a team approach that not only develops QI capability of the team members, but simultaneously delivers an identified team project.

Programme	Description	Programme Delivery	Expectations Post Programme
Ayrshire & Arran Improvement Foundation Skills (AAIFS) (NHS A&A)	<p>This programme is delivered by NHS A&amp;A improvement leads, based on SIFS training from NES, on quality improvement.</p> <p>It is aimed at clinical and non-clinical staff who wish to gain an understanding of quality improvement and the associated tools and techniques.</p>	<p>This is a programme of 7 sessions delivered entirely in a virtual learning environment. Virtual sessions range from between 2.5-3 hours. Participants are allocated a coach/ mentor who supports them between sessions.</p>	<p>Following completion of the programme, it is anticipated that staff will have the confidence and skills to lead a local improvement project team and provide ongoing knowledge and support for QI projects being taken forward within their area of practice.</p>

### Foundation Level:

All staff in all teams will require a basic awareness of Improvement Science to ensure that they understand the concept of quality improvement and can contribute to improvement projects at team level.

NHS Education for Scotland's online learning resource platform TURAS contains a variety of useful resources relating to Quality Improvement. These include videos and learning packs, as well as toolkits with completed examples. The following QI modules from TURAS, will be made available on the Council's LearnPro system will be mandatory for all staff:

1. Measurement for Improvement
2. Understanding your System
3. Developing your Aims and Change Ideas
4. Testing your Change Ideas
5. Implementation and Spread
6. Introduction to Demand, Capacity, Activity and Queue

The Partnership is also currently developing a staff induction and training programme which aims to create an inspirational context for engagement to enable staff to embrace the assumptions, values, cultures and expected behaviours of the Partnership.

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# Resources

## Existing Resources

There are existing resources within the Partnership, South Ayrshire Council and NHS that will help us to deliver on the ambitions of the framework:

- South Ayrshire Health and Social Care Partnership: Improvement Lead (Level 13 Coordinator – Unscheduled Care and Transformation (0.5FTE)
- South Ayrshire Council: Project Management Support provided as required.
- NHS Ayrshire & Arran: Improvement Support from QI Team as required.

## Investment in New Resources

There is a recognition that additional resources are required if we are to achieve a culture of improvement throughout the partnership. Discussions are being progressed on what additional resource would be required and the funding required to support this.

## Financial Resource Requirement

Further work is required to prepare a comprehensive plan outlining what costs would be required. This will be informed by on-going discussions relating to governance structures and the establishment of a Transformation Board; training costs particularly at Strategic and Executive and Lead Levels; and the development of a digital strategy to support project management and staff engagement.

## MEASURES

NAME OF MEASURE	CONCEPT BEING MEASURED AND WHY IMPORTANT	OPERATIONAL DEFINITION	DATA COLLECTION	PERFORMANCE	NARRATIVE
Aim 1: Increase to 75%, the number of staff reporting confidence in their knowledge of QI and application of QI tools by 30th June 2025 in alignment with SAHSCP Strategic Plan Principles (Baseline: 23% as at 30th April 2021)					
% of SAHSCP staff reporting confidence in their knowledge of QI (e.g. Model for Improvement, PDSA etc) in the Annual QI Survey.  (April 2021 Baseline: 23%) (September 2023 Target: 75%)  (Outcome)	<u>Learning and Growth</u>  Is our training programme improving QI knowledge in our staff?	The percentage of staff responding that they are either 'Confident' or 'Very Confident' in their knowledge of Quality improvement.	Data Source: Quality Improvement Survey  Frequency: Annual (September)	September 2022: <b>35.1%</b>  (Next Update Due: September 2023)	The response rate to the QI Annual Staff Survey was 5% (80).  35.1% represents a 53% increase from April 2021.  35.1% is 47% towards our September 2023 target of 75%.
% of SAHSCP staff reporting confidence in their application of QI tools in the Annual QI Survey.  (April 2021 Baseline: 22%) (September 2023 Target: 75%)  (Outcome)	<u>Learning and Growth</u>  Is our training programme improving staff confidence in the application of QI tools?	The percentage of staff responding that they are either 'Confident' or 'Very Confident' in applying Quality improvement tools (process mapping, driver diagrams etc).	Data Source: Quality Improvement Survey  Frequency: Annual (September)	September 2022: <b>35%</b>  (Next Update Due: September 2023)	The response rate to the QI Annual Staff Survey was 5% (80).  35% represents a 52% increase from April 2021.  35% is 47% towards our September 2023 target of 75%.
% of SAHSCP staff reporting they apply their QI knowledge in work in the Annual QI Survey.	<u>Learning and Growth</u>	The percentage of staff responding that 'QI is discussed frequently and that they undertake QI work' or that 'QI	Data Source: Quality Improvement Survey	September 2022: <b>55.8%</b>	The response rate to the QI Annual Staff Survey was 2% (80).

(New Measure – Baseline will be determined in September 2022) (September 2023 Target: 75%)  (Outcome)	Do staff use QI knowledge to drive improvements?	underpins most of what they do as a team’.	Frequency: Annual (September)	(Next Update Due: September 2023)	55.8% is 75% towards our September 2023 target of 75%
Aim 2: Increase the number of staff trained to ‘Foundation Level’ to 1350 (90% of 1500) by 30 <sup>th</sup> June 2023, in alignment with SAHSCP Strategic Plan Principles. (Baseline: <1% as at 1 <sup>st</sup> April 2021)					
Number (and percentage of staff) trained to Foundation Level  (April 2021 Baseline: <1%) (June 2022 Target: 100%)  (Outcome)	<u>Learning and Growth</u>  Is our training programme meeting targets set for Foundation Level training?	The number of staff who have successfully completed Foundation Level (QI Modules) training.	Data Source: COAST Reports for SAC HSCP Staff  LearnPro Reports for NHS A&A HSCP Staff  Frequency: Quarterly	November 2022: <b>&lt;1%</b>  (Next Update Due: March 2023)	Delivery against this measure was delayed due to later than anticipated receipt of the QI Modules at the end of September 2022 and then staff capacity. Revised target date for completion is June 2022.
Aim 3: Increase the number of staff trained to ‘Practitioner Level’ to 25 by 31 <sup>st</sup> December 2022 using the Ayrshire & Arran Improvement Fundamental Science (AAIFS) training, in alignment with SAHSCP Strategic Plan Principles. (Baseline: <1% as at 1 <sup>st</sup> April 2021 (3 out of 1500).					
Aim 4: Increase the number of staff trained to ‘Practitioner Level’ to 200 (13% of 1500) by 30 <sup>th</sup> November 2025 using the Ayrshire & Arran Improvement Fundamental Science (AAIFS) training, in alignment with SAHSCP Strategic Plan Principles. (Baseline: 1% as at 1 <sup>st</sup> April 2021 (3 out of 300)).					
Number (and percentage) of staff trained to Practitioner Level (AAIFS)  (April 2021 Baseline: 4 (<1%)) (December 2022 Target: 25 (2%)) (November 2025 Target: 200 (13%))  (Process)	<u>Learning and Growth</u>  Is our training programme meeting targets set for Practitioner Level training?	The number of staff who have successfully completed Practitioner Level AAIFS training against an estimated total staff number of 1500.	Data Source: NHS Ayrshire & Arran Course Data  Frequency: 3 Times/ Year (In line with AAIFS Training Programme)	Aim 3: Total Number of Staff Trained to Practitioner Level (AAIFS) Against a Target of 25 by 31/12/22: <b>24 (96%)</b>  (Next Update Due: 31 <sup>st</sup> March 2023)	Target was missed by 1 which equates to 4%.



				<p>Aim 4: Total Number of Staff Trained to Practitioner Level (AAIFS) as a % of Total Staff (1500) by 30/11/25): <b>24 (2%)</b></p> <p>(Next Update Due: 31<sup>st</sup> March 2023)</p>	<p>2% is 15% towards our November 2025 target of 13%.</p> <p>60 places are secured for SAHSCP staff on AAIFS training in 2023, 2024 and 2025 (3 courses each year, each with 20 places).</p>
<p>Aim 5: Increase the number of staff trained to 'Lead Level' to 45 (3% of 1500) by 30th June 2025, in alignment with SAHSCP Strategic Plan Principles. (Baseline: &lt;1% as at 1<sup>st</sup> April 2021 (6 out of 1500)/ 20% as at 30th April 2021 (6 out of 45)).</p>					
<p>Number (and percentage) of staff trained to Lead Level</p> <p>(April 2021 Baseline: 6 (&lt;1%)) (June 2025 Target: 45 (3%))</p> <p>(Process)</p>	<p><u>Learning and Growth</u></p> <p>Is our training programme meeting targets set for Lead Level training?</p>	<p>The number of staff who have successfully completed Lead Level national QI training.</p>	<p>Data Source: SAHSCP Mentor Records</p> <p>Frequency: Quarterly</p>	<p>Total Number of Staff Trained to Lead Level Against a Target of 45 by 30/06/25: <b>10 (22%)</b></p> <p>(Next Update Due: 31<sup>st</sup> March 2023)</p>	<p>It is clear from research that we will not meet set targets if we continue to rely on placements on ScIL and ScLIP training courses. Work is underway to identify alternative training which will support staff to attain a 'Lead' level of QI knowledge</p>
				<p>Total Number of Staff Trained to Lead Level Against a Target of 3% of 1500 Total Staff by 30/06/25: <b>10 (1%)</b></p> <p>(Next Update Due: 31<sup>st</sup> March 2023)</p>	<p>1% is 33% towards our June 2025 target of 3%.</p>

Aim 6: Train 100% of Executive and Strategic staff within Directorate Management Team and the Integration Joint Board on Quality Improvement by 30th June 2025, in alignment with Strategic Plan Principles. (Baseline: 6% as at 30th April 2021 (2 out of 32)).					
<p>Number (and percentage) of staff trained to Executive and Strategic Level</p> <p>(April 2021 Baseline: 6%) (June 2025 Target: 32 (100%))</p> <p>(Process)</p>	<p><u>Learning and Growth</u></p> <p>Is our training programme meeting targets set for Executive and Strategic Level training?</p>	<p>The number of staff who have successfully completed Executive and Strategic Level training.</p>	<p>Data Source: SAHSCP Training Records</p> <p>Frequency: Annual</p>	<p>(Not Due)</p>	<p>In line with the performance management cycle, work is being progressed to support DMT and IJB to undertake a self-evaluation exercise to identify areas of improvement. Once complete, QI training will be provided to support delivery against identified improvements.</p>
Balancing Measures					
<p>% of staff reporting:</p> <ul style="list-style-type: none"> <li>- I am confident my ideas and suggestions are listened to (2021 Baseline: 77%)</li> <li>- I am confident my ideas and suggestions are acted upon (2021 Baseline: 73%)</li> </ul> <p>(Balancing)</p>	<p><u>Listened To and Acted Upon</u></p> <p>Is there a change to staff confidence that their actions have influenced change that they believe in?</p>	<p>The average score for the statement, 'I am confident my ideas and suggestions are listened to'.</p> <p>The average score for the statement, 'I am confident that my ideas and suggestions are acted upon'.</p>	<p>Data Source: iMatter Survey</p> <p>Frequency: Annual (October)</p>	<p>Average Score: <b>79%</b></p> <p>Average Score: <b>76%</b></p> <p>(Next Update Due: October 2023)</p>	
<p>% of staff reporting:</p> <ul style="list-style-type: none"> <li>- I feel involved in decisions relating to my job (2021 Baseline: 72%)</li> <li>- I feel involved in decisions relating to my team (2021 Baseline: 77%)</li> </ul> <p>(Balancing)</p>	<p><u>Empowered to Influence</u></p> <p>Is there a change to staff confidence that their input has the power to influence decision making?</p>	<p>The average score for the statement, 'I feel involved in decisions relating to my job'.</p> <p>The average score for the statement, 'I feel involved in decisions relating to my team'.</p>	<p>Data Source: iMatter Survey</p> <p>Frequency: Annual (October)</p>	<p>Average Score: <b>75%</b></p> <p>Average Score: <b>80%</b></p> <p>(Next Update Due: October 2023)</p>	

<p>% of staff reporting: - I feel appreciated for the work I do (2021 Baseline: 75%)  (Balancing)</p>	<p><u>Recognition and Reward</u>  Is there a change to staff feeling appreciated for the work they do?</p>	<p>The average score for the statement, 'I feel appreciated for the work I do'.</p>	<p>Data Source: iMatter Survey  Frequency: Annual (October)</p>	<p>Average Score: <b>78%</b>  (Next Update Due: October 2023)</p>	
<p>% of staff reporting: - I understand how my role contributes to the goals of my organisation (2021 Baseline: 84%)  (Balancing)</p>	<p><u>Sense of Vision, Purpose and Values</u>  Is there a change in staff understanding of how their role contributes to the goals of my organisation?</p>	<p>The average score for the statement, 'I understand how my role contributes to the goals of my organisation'.</p>	<p>Data Source: iMatter Survey  Frequency: Annual (October)</p>	<p>Average Score: <b>85%</b>  (Next Update Due: October 2023)</p>	
<p>% of staff reporting: - I feel sufficiently involved in decisions relating to my organisation (2021 Baseline: 57%)  (Balancing)</p>	<p><u>Partnership Working</u>  Is there a change in staff feeling sufficiently involved in decisions relating to their organisation?</p>	<p>The average score for the statement, 'I feel sufficiently involved in decisions relating to my organisation'.</p>	<p>Data Source: iMatter Survey  Frequency: Annual (October)</p>	<p>Average Score: <b>60%</b>  (Next Update Due: October 2023)</p>	
<p>% of staff reporting: - I am confident performance is managed well within my team (2021 Baseline: 79%) - I am confident performance is managed well within my organisation (2021 Baseline: 65%)  (Balancing)</p>	<p><u>Performance Management</u>  Is there a change in staff confidence in how well performance is managed within their team? And within their organisation?</p>	<p>The average score for the statement, 'I am confident that performance is managed well within my team'.</p> <p>The average score for the statement, 'I have confidence that performance is managed well within my organisation'.</p>	<p>Data Source: iMatter Survey  Frequency: Annual (October)</p>	<p>Average Score: <b>81%</b>  Average Score: <b>67%</b>  (Next Update Due: October 2023)</p>	
<p>% of staff reporting: - I am given the time and resources to support my learning growth (2021 Baseline: 73%)</p>	<p><u>Learning and Growth</u>  Is there a change in staff feeling that they are given the time and</p>	<p>The average score for the statement, 'I am given the time and resources to support my learning growth'.</p>	<p>Data Source: iMatter Survey  Frequency: Annual (October)</p>	<p>Average Score: <b>76%</b>  (Next Update Due:</p>	

(Balancing)	resources to support their learning growth?			October 2023)	
<b>Measures Under Development</b>					
Number of improvement projects started each year	<u>Empowered to Influence</u>	The number of improvement projects started within each financial year.	Data Source: TBD		
Number of improvement projects completed each year	Are staff empowered and supported to start and complete improvement activity?	The number of improvement projects concluded within each financial year.	Frequency: TBD		
(Process)	(Future measure would be more focussed on outcome of improvement activity)				
**Measure to be defined in relation to external perception of our performance and whether it has improved since we started quality improvement work**	<u>Performance Management</u>				
(Outcome)					

While the majority of the measures above demonstrate quantitative measures to gauge the impact of and progress in embedding a culture of quality improvement across the Partnership, we would also look to add the element of storytelling to our analysis to support our assessment of cultural transformation as listening to employee's testimonials, will provide a valuable insight into what is changing and the factors that are helping to contribute to the change.

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## Implementation Plan

A Quality Improvement Delivery Group has been established to support the work required to embed the vision identified within this framework and to deliver on the initial aims identified within this Framework (as detailed above). The Delivery Group has developed an action plan aligned to the Driver Diagram above with initial work focussed on increasing capacity and capability within the workforce.

Both the action plan, and this Framework, will be updated regularly to reflect decision making, progress made and associated actions required to deliver against this Framework.