Contents

About This Guide

Section 1: The Quality Strategy

Section 2: Quality Improvement

Section 3: Building Quality Improvement in Practice

Section 4: Learning and Quality Improvement

Section 5: Quality Strategy and Quality Improvement Initiatives in Practice

Section 6: Resources
The Administrator’s Guide to the Quality Strategy & Quality Improvement has been written to give you accessible information about the Quality Strategy and Quality Improvement. This focuses on how they relate to your role – putting the spotlight on their impact and importance for administrators in NHSScotland today.

This summary introduces you to the ideas and initiatives in the guide to help you find the information you are looking for.

**Section 1: The Quality Strategy** (The Healthcare Quality Strategy for NHSScotland) is the national policy for improving the quality of patient/client care. It stresses the need for all staff to play their part in improving quality, and focuses on three quality ambitions. These are that healthcare services should be person-centered, safe and effective. This section of the guide explains how the Quality Strategy impacts on you and provides examples from practice.

**Section 2: Quality Improvement** is the term used to describe the formal processes used in NHS Boards to improve the quality of patient/client care in healthcare. This guide provides an introduction to these processes and the tools and techniques which underpin them.

**Section 3: Building Quality Improvement in Practice** follows on from information about Quality Improvement and gives examples of how it is being implemented in practice. It shows how you can document your ideas for change and use them to help you to make improvements in your service. This section also gives examples of how administrators have helped improve quality in practice.

**Section 4: Learning and Quality Improvement** looks at some of the issues for NHS Scotland staff in meeting their responsibilities to help improve the services they provide. This includes information about how you can make the links between quality improvement and the NHS Knowledge & Skills Framework (KSF) development planning and review cycle.

**Section 5: The Key Quality Strategy and Quality Improvement Initiatives in Practice** that are currently being implemented across NHSScotland are briefly explained. These include HEAT Targets and the 18 Week Referral to Treatment standard.

**Section 6: The Guide provides a list of Resources so that you can learn more about Quality Improvement activities.**
2. NHS KSF and your role in Quality Improvement

If you work in an administrative role in NHSScotland, you are part of a group that accounts for almost 20% of NHSScotland staff and you have a vital role to play in improving the quality of services.

Examples of areas where your contribution is particularly valuable include:

• helping to improve the patient/client experience through effective customer care skills;
• helping to make the service more efficient by identifying and making suggestions for improvements to administrative processes which support the patient/client journey;
• working with other staff groups to bring about improvements.

However, you may face challenges in recognising how the national policies and initiatives which guide the development of NHSScotland relate to your own work.

Quality improvement is central to all of the dimensions of KSF, and the links between quality improvement, the Quality Strategy ambitions and the KSF core dimensions can easily be identified if you look at them side-by-side. For example, to meet the requirements of service dimension, you are required, as a minimum, to make changes in your own practice and offer suggestions for improving services. Keeping a record of your involvement in service and quality improvement contributes to the evidence of your development for your KSF Personal Development.

The ‘Recording the plans for change’ template provided in of this guide can help you record your plans and what you have done.

You can also search for useful learning resources using the search facility in the Quality Improvement Hub at:

www.qihub.scot.nhs.uk/home.aspx

<table>
<thead>
<tr>
<th>Quality Strategy ambitions</th>
<th>KSF core dimensions</th>
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<tr>
<td>• person-centred</td>
<td>• communication</td>
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The Quality Strategy is the Scottish Government’s policy for improving the quality of care that patients/clients receive from NHSScotland.

It puts people at the heart of everything the health service does and focuses on providing the best possible care. The Quality Strategy recognises that all NHSScotland staff need to be involved in order for real improvements to be made. This includes both clinical and non-clinical staff at all levels.

There is a wide range of challenges for the NHS and all of its staff in providing the best possible quality of care. These include:

- increased public expectations of what the NHS can provide;
- changes in lifestyles (including increases in obesity and alcohol-related health problems);
- demographic changes (including an ageing population who need increased access to services);
- new opportunities arising from developments in technology and information (including medicines, treatments and computerised systems for storing and sharing information);
- the current economic climate (where the NHS has to cope with all of the increasing demands, including the ones highlighted above, using limited resources).

The Quality Strategy builds on previous work and focuses on three quality ambitions. These are that healthcare will be:

- person-centered
- safe
- effective

More detail about these 3 quality ambitions and how they relate to your work is given on the following pages.

**Person-centred**

‘Person-centred care is providing care that is responsive to individual personal preferences, needs and values and assuring that patient values guide all clinical decisions.’

(Evidence into Practice)

What this means for you

Many administrative staff work directly with patients and other service users. Some may be the first point of contact for members of the public. As a result, public-facing administrative staff have clear and important roles in supporting the ambition of person-centred care.

However, even if your role doesn’t bring you into direct contact with patients/clients and other service users, your work may be essential in delivering a person-centred service.
Some ways in which your work can support person-centred care include ensuring that your work is organised so that the parts that directly affect service users have high priority. Examples of this include:

- you put good customer care at the centre of all of your communications with service users;
- you are aware of, and respond to, different patient/client physical and psychological abilities;
- activities – such as appointments – are timed to provide the best possible fit with user needs;
- the right people and resources needed for care to be provided are in place when needed, this includes people to provide assistance and equipment.

**Examples from practice**

Working in a person-centred way, and providing effective customer care, involves making the person you are working with feel that their interests and concerns are being listened to and dealt with effectively.

Two examples of how being person-centred can make a difference to people are given below. These are from a person who, as a carer, has experience of what worked well, and from a General Practice team who are making the needs of individuals central to their work.

These examples can help you think about how you deal with the people you meet in the course of your work, or how your work impacts on the care that they receive. You may think of issues you want to discuss with colleagues. Ways of doing this are described in the Quality Improvement pages, and some useful questions to ask can be found at the end of this booklet.

*A carer’s perspective*

In this example, family carer Jenny describes how staff working in administrative and other support roles can make a big difference to an individual’s experience of healthcare services, and how keeping the person central really makes a difference to the quality of the care they receive.

‘Clients, carers and staff need to be prepared to negotiate with each other and pre-empt problems - working together and meeting in the middle. Also, there are some situations where the client is not able to pass on information to and from carers and staff. In this situation staff and carers need to think about the conversations they need to have.

Here are some examples of situations where good communication can make a difference:

- An early appointment can mean a very early start for clients and carers if there is a large distance to travel or assistance is needed in getting ready. It can make an enormous difference if appointments staff recognise this and help to plan accordingly.
- Knowing that personal care or specific food/ timed feeds will be needed is important. Having
Section 1: The Quality Strategy

support and equipment in place when you arrive at the hospital or clinic can prevent a lot of stress.

• Making sure that everyone who crosses a person’s path has the right information is also important. It really makes a difference when everyone knows in advance what help is needed.

All of this relies on everyone involved recognising all the factors that need to be considered. This includes staff asking the right questions and clients and carers communicating their needs to staff.

Making it work in a remote and rural setting

The work of staff in the general practice in Whalsay, Shetland illustrates the person-centred approach which Jenny (in the previous example) says is so important. Practice Manager Christine Eunson describes how administrative staff take into account a whole range of issues when supporting patients/clients who live in a remote and rural setting and need to attend hospital appointments.

‘When arranging patient hospital appointments, which may be either on a neighbouring island or involve a many-stage journey to Aberdeen, there are many factors to consider.

At a time when there is a lot of ‘angst and worry’ for patients, the staff do their best to reduce this. They organise appointments and travel arrangements for people (and often accompany family members) taking into account the need to match up ferry and flight times, negotiating appointment times to fit with these. They also arrange accommodation if necessary and keep everyone informed.

We always bear in mind that we are meeting people at a difficult time for them. In addition, some may not be used to travelling or dealing with complex travel arrangements. Having someone else organise these aspects allows them to focus on the other issues they have to deal with.’

For more examples of how administrators contribute to achieving the ambitions of the Quality Strategy and Quality Improvement see the Admin Centre at:

www.theadmincentre.nes.scot.nhs.uk

Safe

‘There will be no avoidable injury or harm to people from healthcare, advice or support they receive, and an appropriate, clean and safe environment will be provided for the delivery of healthcare services at all times’ (p10, Quality Strategy).

What this means for you

Where administrative staff work directly with patients/clients and other service users, their role in ensuring safety is often easy to identify. However, there are many other aspects to safety for all administrative staff, including thinking about the safety of yourself and colleagues in your daily work and hazards in your environment. It is also important to remember that
Section 1: The Quality Strategy

safety involves keeping information about patients safe and secure. Some ways in which your work can support working safely, whatever your role, include ensuring that your work is organised so that:

• you ensure that information is gathered and stored safely
• you ensure that information is only shared with those who have a right to know
• you know about, and implement, health and safety policies, procedures and legislation that affect the work you do
• you know and do what is expected in helping control the spread of infection

Examples from practice

Information handling is often a central feature of administrative roles in all settings, and is an important issue when thinking about the safety of patients/clients and colleagues. The example below highlights some situations that illustrate this.

Ensuring patient/client safety through effective information management

In this example from practice, Rob Bryden, Health Records Development Manager, illustrates how administrators have a crucial role in safeguarding patient/client safety by ensuring that patient/client details are matched up with their correct information at all of the stages of their journey.

Administrative staff make a significant contribution to ensuring patient/client safety at all stages of their journey in NHSS. Part of this work is ensuring that they positively identify patients/client against the Health Board’s Master Patient Index (MPI). This is done at every stage of referral or admission and ensures that the right information matches up with the right person. At a minimum this includes surname, forename, sex and date of birth.

This matching is vitally important prior to, during and following clinical interventions such as surgical procedures or the administration of medicines. Clinical staff perform a number of checks using patient/client demographic data which has been recorded by administrative staff on the various computer systems as well as paper and electronic records.

If the information or records are wrong, there can be very serious consequences.

In supporting patient/client safety in NHSS, it is now usual practice to print patient identification labels and a whole range of staff are involved in making sure that facilities are available for doing this. The labels contain the full patient demographic dataset, including the Community Health Index (CHI) number and should be attached
to all clinical documentation, as well as to investigation requests, and any other patient related documentation.

For more examples of how administrators contribute to achieving the ambitions of the Quality Strategy and Quality Improvement see the Admin Centre at:

www.theadmincentre.nes.scot.nhs.uk

Effective

‘The most appropriate treatments, interventions, support and services will be provided at the right time to everyone who will benefit, and wasteful or harmful variation will be eradicated’ (p10, Quality Strategy).

What this means for you

Administrative staff play vital roles in supporting patients/clients and other service users through the healthcare journey. From making initial appointments through to ensuring that appropriate records are kept of the entire journey, the administrator’s role is to support both clinical staff and service users at every step.

Staff working in administrative roles that are not public-facing have an equally important role in supporting the healthcare journey. This role ranges from providing support, information and equipment needed for treatment to ensuring that the right staff are available throughout the Health Board (in the huge range of clinical and non-clinical roles needed).

As a result, your role is important both in supporting the journey and identifying – and helping to overcome – obstacles. You may need to ensure that:

- the patient/client is in the right place at the right time for their care to happen;
- the right staff are available;
- the right equipment or resources are available;
- information is passed along the journey in the most appropriate and timely way.

Example from practice

Working in an effective way (as an individual, part of a team and part of a department) involves looking at your work and thinking about how this can be done in the best way. This helps ensure that staff and resources are used to best advantage.

The example below shows how one team works together so that their work is done in the most effective way, for the benefit of the people using the service, and for their clinical colleagues.

Working effectively as a team

In this example from practice, Kathleen Young, a Medical Records Officer, explains how the team she is part of work together to support clinical staff in delivering care and helping to ensure that the patient/client journey runs as effectively as possible.

‘My job helps ensure that patient care is not compromised by clinicians needing to spend time undertaking clerical and
administrative duties which would take away clinical time. Clerical staff are much more proficient in these tasks and it is their role to achieve the best possible local service for patients, taking into consideration rural settings, distance of travel, age and mobility of patients.

In the community setting where I work, staff multi-task and cover a lot of departments. Currently we have a team of staff who can send appointments, type, do ward clerking, do clinical coding and cover reception tasks.

We are a friendly team who all work towards the same goals and this is evident in the workplace. Relationships with other staff and patients benefit from this ethos. Each member of staff is responsible for the patient journey and they will see it from referral, to appointment, to clinic letter, to following up reports, to clinical coding. This means that there is more ownership by staff when they see the process through and patients benefit from having one point of contact who can sort out any issues they may have.’

For more examples of how administrators contribute to achieving the ambitions of the Quality Strategy and Quality Improvement see the Admin Centre at: www.theadmincentre.nes.scot.nhs.uk
Section 2: Quality Improvement
**Quality Improvement** is the term used to cover specific activities designed to improve the quality of patient/client care. These activities, which have their roots in the science of improvement, are undertaken so that NHSScotland can provide the person-centred, safe and effective care which lies at the heart of the Quality Strategy.

Quality Improvement involves individuals, teams and organisations looking at how making changes in the way they work can contribute to improving patient/client care. To do this they use a range of key tools and techniques to make sure that the changes are effective and sustainable. These tools and techniques recognise that a small change in one aspect of a service may require changes in other areas of the service for it to work.

**Why you need to know about Quality Improvement...**

Administrative staff are often well placed to identify how and where changes could be made to improve the service. You may see places where delays occur in the individual’s journey through healthcare, and you may have ideas of how to solve those delays. Whether you are supporting patients directly or work in the business functions of the service, you have an important role in delivering improvements in quality. However, for improvements in quality to be really effective, they have to be made in a systematic way. As a result, your NHS Board may be using specific tools and techniques to ensure that quality improvements can be made and sustained. In this section, we look at some of the most widely-used tools and techniques.

**What are Quality Improvement tools and techniques?**

For Quality Improvement to be effective, it needs to be undertaken in a structured way using recognised tools and techniques. These provide a tried and tested way of:

- identifying where changes can be made (including looking at how work is organised and where it fits, or doesn’t fit, with needs and demands);
- establishing measures (including how often a situation should happen);
- selecting changes (including considering if change is possible at that time, and with the people and resources needed);
- testing changes (including ‘pilot trials’ to see whether the changes that you want to make will work);
- implementing or spreading changes (including taking the results of your ‘pilot trial’ and implementing this across a department).
How these tools and techniques are used usually depends on the scope and scale of the changes or improvements. You may be aware of these if your department or work area has participated in quality improvement processes, or if your NHS Board has decided to use particular tools.

Brief details of some of the most commonly used tools and techniques are described below:

- **Process mapping** provides a map of the patient/client journey. The process map shows exactly the steps which currently happen in a given process or journey, rather than what should happen. As a result, the process map has to gather information from all of those currently involved in the process. This helps everyone involved to understand the roles played by others and to see how they view the process. The process map can be used to identify problems and areas for improvement.

- **PDSA (Plan, Do, Study, Act)** cycles can be used to test an idea by trying out a change and assessing its impact. This allows changes to be tried out and difficulties to be ironed out over several cycles of small-scale changes before making wider changes.

- **Model for Improvement** consists of 3 questions combined with PDSA. The questions are:
  - what are we trying to accomplish?
  - how will we know that a change is an improvement?
  - what changes can we make that will result in improvement?

The answers to these questions help to focus clearly and to guide what the team do when using PDSA.

**You may also hear about Lean Thinking...**

Lean Thinking is being used by many NHS Boards to review services and to work out where and how improvements can be made, how they can be achieved, what works for that service and how the change can be sustained.

Lean Thinking is a management approach or philosophy that focuses on ensuring value and reducing waste in services. In short, when using this approach, you are looking at getting the right things to the right place, at the right time, in the right quantities, while minimising waste and being flexible and open to change.

In practice, using Lean Thinking means using the patient/client viewpoint to look at the service you wish to improve, and using quality improvement tools (like the ones above) to make change happen.

In more detail, the principles of Lean Thinking centre on looking at:

- what is happening now;
- what can be done to make improvements;
- how changes in the service can maximise value and minimise waste so that you provide the best service for the patient/client;
- how these changes can be followed through;
Section 2: Quality Improvement

- how these improvements are sustained and that quality improvement is continuous.

You can find out more about Quality Improvement tools and techniques by visiting the Quality Improvement Hub at: www.qihub.scot.nhs.uk/home.aspx

What Quality Improvement means for you

As an administrator, you will see lots of steps on the patient/client journey. From this wide viewpoint, you might be able to see aspects of this journey that could be improved and you need to think about:

- where these improvements sit in the overall journey;
- how the journey is organised;
- who is involved or needs to be involved.

Without thinking about all of these issues it is difficult to sustain change. It is also important to remember that a simple change in one part of the journey may affect someone or something further down the line.

Quality Improvement methods allow you to look at the bigger picture in an organised and systematic way, and to recognise where there may be impacts that need to be taken into account, e.g. on other parts of the journey, on individuals and on processes.

Examples from practice

An example of Quality Improvement in action was featured in the ACCESS newsletter for administrative and support services staff (Autumn 2008). This example shows how an individual working in an administrative role can initiate changes in the way the team works to help improve the quality of the service that is provided and impact on the patient/client journey.

Although no specific Quality Improvement tools were used in the process, the general principles of Quality Improvement were followed. There was discussion and consultation with people involved at all stages where there could be an impact on staff work to ensure that they were on board and knew what was happening.
Improving DNA rates and providing more effective and efficient care

The team secretary recognised that a lot of clients were missing appointments for a range of reasons. These included letters not arriving on time, clients being away from home and simply forgetting. This meant that the service was not running as effectively or efficiently as it could be. In terms of Lean methodology they had the right place, right time and right resources were available but some people were missing!

Reading about another Health Board using text messaging reminders for clients prompted the team secretary to explore the idea of using text messaging to remind clients about their appointments. This was a way of communicating that they were familiar with, many used regularly, and was readily accessible. She took this idea to her managers, and worked with team and managers to set up a system to do this. The only additional resource needed to make this change was a mobile phone that was already available in the office. Much of the work focussed on gathering the information needed for a database of mobile phone numbers to use in providing this service.

There was a significant impact on the numbers of missed appointments. The size of the clinical team has grown, and the number of appointments with this, but there has been no increase in missed appointments.

You can download copies of the Access newsletter from the Admin Centre: www.theadmincentre.nes.scot.nhs.uk

Improving quality from an administrative perspective

Although many administrative staff work directly with patients, a significant number provide services which are not usually visible to the public. The following example from Maimie Thompson, Programme Manager 18 Weeks Referral to Treatment, highlights how administrators in a wide range of roles contribute to quality improvement and the patient/client experience.

What people hear and see about Quality Improvement in the NHS in Scotland usually spotlights the parts of the NHS that the public routinely come in contact with. However, all administrative roles – whether they are visible or not – impact on the 18 Week Referral to Treatment Targets as well as efficiency.

Any change in the services provided that people see also involves changes in the support for these services that is ‘behind the scenes’.

This includes:
• IT staff who allow changes to be put into practice, e.g. introducing the technology to allow digital dictation systems to be used by clinical staff and secretarial staff
• Clinical coders who ensure that the data that they deal with is as accurate as possible so that, for example, health statistics
and other data drawn from this information are as full and accurate as possible. Clinical coders record information about all aspects of the patient journey from start to finish.

- Input from staff in Human Resources and Learning & Development is essential to inform changes in existing roles and the development of new ones. One example for us has been the development of new quality coach roles to support staff development for the implementation of a centralised appointment system.
Section 3:
Building Quality Improvement into your own work
As the examples from practice show, a small change can make a big difference if it is well planned and if everyone involved understands why the change is being made. As a member of the administrative staff, you may be able to see opportunities for a range of changes.

The ‘Recording your Plans for Change’ template on the next page will help you document your thinking and plans. Discussing your ideas for improvements with your reviewer during KSF planning and review discussions can help to identify where you might need additional support to put your ideas into practice, and how you can use the evidence of this work within the review process.

The following guidelines are designed to help you turn opportunities for change into benefits for an improved service.

**Think about change**
When thinking about change, it’s important that you look at what is needed in a systematic way. This includes identifying the full range of people, stages and factors that need to be taken into account when changes are being considered. Your NHS Board may be using specific quality improvement methods and tools to support this process, and you may find information about this on your NHS Board’s intranet.

**Identify the need for change**
As an administrator, you are in an ideal place to identify where there could be improvements in the service that your team provides. However, you need to ensure that you discuss your observations and ideas with your manager and other members of your team. Trying to make changes without involving others can result in problems elsewhere in the service. Your discussions may highlight areas for improvement. Looking at the patient/client journey will also help you.

**Look at the patient/client journey**
How does your work – and the work of your team – contribute to the patient’s/client’s journey? Can that journey be made safer, more effective or more person-centred?

Process mapping can be used to help you look at the journey in your service, even if the work of your team does not involve direct patient/client contact. Speak with your manager about how process mapping might benefit your area of service.

**Plan change**
Using a Quality Improvement tool will help you to look at the changes that you and your team want to make in a structured way, and to ensure that the relevant people are informed and involved.

**Make changes**
When introducing changes, everyone needs to be sure of their role and why they may be working in a new way. As a result, good communication between all of those involved in, or affected by, the change is vital. It’s also important to consider how you will measure the effectiveness of this change in improving your area of the service. Again, using quality improvement tools will help to ensure that the change you introduce has a positive and sustainable impact on the service.
## Recording the plans for change

This sheet can be used to record your plans for Quality Improvement and changes in your work. It can also be used as evidence of your development for your KSF PDR.

<table>
<thead>
<tr>
<th>Consider...</th>
<th>Your notes...</th>
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<tbody>
<tr>
<td><strong>What work do you and your team want to change?</strong></td>
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</tr>
<tr>
<td><strong>Why do you need or want to make this change?</strong></td>
<td></td>
</tr>
<tr>
<td><strong>What evidence can you use to show that this change is needed?</strong></td>
<td>E.g. use process mapping to highlight where change is needed. See the ‘Tools and Techniques’ section of this guide for tools that can help you.</td>
</tr>
<tr>
<td><strong>How are you going to make the change happen?</strong></td>
<td>• who needs to be involved? • who needs to know about the proposed changes? • how can you make sure that they are all on board? • what resources are needed? • who can help ensure that these resources are made available?</td>
</tr>
<tr>
<td><strong>When are you going to implement the plan for change?</strong></td>
<td>• why is this a good time? • what might be the challenges in your timing?</td>
</tr>
<tr>
<td><strong>How will you be able to show that the changes made will have an impact on your work...</strong></td>
<td>• being person-centred? • being safer? • being more efficient and effective?</td>
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Section 4: Learning and Quality Improvement
Everyone working in NHSScotland has a responsibility to help improve the services we provide. For the majority of administrative staff, your level of responsibility in this area is highlighted in the NHS Knowledge & Skills Framework (KSF) Outline for your post. However, even if your role is not linked to the NHS KSF, you still need to ensure that you help to identify and work towards improvements in the service.

### NHS KSF and your role in QI

Quality Improvement is central to all of the dimensions of the NHS KSF. The KSF outline for your post will show how you are expected to contribute to the development of services in your area. However, as this Guide has shown, you may identify additional opportunities for helping to improve those services. The links between Quality Improvement, the Quality Strategy ambitions and the KSF core dimensions can easily be identified if you look at them side by side.

For example, for services to be person-centred, it is essential that staff communicate effectively and appropriately with patients and other service users. Similarly, the service improvement dimension of KSF requires, as a minimum, that you make changes in your own practice and offer suggestions for improving services.

Keeping a record of your involvement in service and quality improvement contributes to the evidence of your development for your KSF Personal Development Review. The ‘Recording the plans for change’ template provided at the back of this guide can help you record your plans and what you have done.

You can also search for useful learning resources using the search facility in the Quality Improvement Hub at:

http://www.qihub.scot.nhs.uk/home.aspx

### Learning about Quality Improvement

Learning for Quality Improvement for all staff in the NHSScotland is now guided by the Quality Improvement Curriculum Framework. In the Framework, there are five levels of learning which reflect the level of knowledge and skills you need in your NHS role.
These five levels are:

1. Introduction to Quality Improvement
2. Learning more about Quality Improvement
3. Planning improvement
4. Testing and implementing improvement
5. Sustaining improvement

You can find out more about learning for Quality Improvement in NHS Scotland and the Quality Improvement Curriculum Framework from your Board intranet and at the Quality Improvement Hub:

www.qihub.scot.nhs.uk
Section 5: Quality Strategy and Quality Improvement Initiatives
The Administrator’s Guide to the Quality Strategy & Quality Improvement looks at the Quality Strategy and Quality Improvement using examples of work carried out by individuals, departments and Health Boards.

However, there are wider Quality Improvement initiatives supported by the Scottish Government. These are designed to contribute to achieving the aims of the Quality Strategy and are put into action through NHS Health Boards.

Putting these initiatives into action involves everyone working in NHSS. Whether your role involves direct patient/client contact, or whether your work supports care from behind the scenes, you have an important part to play.

Currently these initiatives include HEAT Targets and a part of one of these targets is the ‘18 Week Referral to Treatment Standard’. This section provides a brief description of those initiatives. You can find out more about how they are being implemented in your Health Board from your intranet. There is also information about some of the initiatives that are particularly relevant to administrative staff, and your role in making these happen at The Admin Centre: www.theadmincentre.nes.scot.nhs.uk

Heat Targets

HEAT Targets help Health Boards set priorities for their work and focus on performance in the areas of:

- Health Improvement
- Efficiency
- Access - e.g. for 2010/11 one of the targets was the 18 Week Referral to Treatment Time (18W RTT)
- Treatment

Each NHS Health Board sets its own local priorities in relation to each HEAT Target. For more information about the implementation of these targets in your own NHS Board, visit your own intranet.

18 Week Referral to Treatment

(18 W RTT) standard

The 18W RTT standard focuses on making sure that people should not wait more than 18 weeks between being referred to a service by a GP and receiving treatment.
Section 6: Resources
More information about The Quality Strategy and Quality improvement

• **The Healthcare Quality Strategy:** To see full details of the Strategy, visit: [www.scotland.gov.uk/Topics/Health/NHS-Scotland/NHSQuality](http://www.scotland.gov.uk/Topics/Health/NHS-Scotland/NHSQuality)

• **Quality Improvement Curriculum Framework:** For full details of this Framework, visit [www.qihub.scot.nhs.uk/education-and-learning.aspx](http://www.qihub.scot.nhs.uk/education-and-learning.aspx)

Resources to support learning for Quality Improvement

• **The Admin Centre:** This site provides a one-stop shop of resources to support the work, learning and careers of administrative staff in NHSScotland. [www.theadmincentre.nes.scot.nhs.uk](http://www.theadmincentre.nes.scot.nhs.uk)

• **Quality Improvement Hub:** The Quality Improvement Hub contains a wide range of information, guidance and resources for those supporting Quality Improvement [www.qihub.scot.nhs.uk/home.aspx](http://www.qihub.scot.nhs.uk/home.aspx)

Additional resources

**Institute for Healthcare Improvement:** The Institute for Healthcare Improvement has been NHSScotland’s key partner in the development of this national approach to Quality Improvement. [www.ihi.org/ihi](http://www.ihi.org/ihi)

**NHS Institute for Innovation and Improvement**
[www.institute.nhs.uk/](http://www.institute.nhs.uk/)

**NHS Education for Scotland Healthcare Associated Infection Resources:** The reduction of Healthcare Associated Infections (HAI) is a key aim in making care safer for patients. This section of the NES websites provides access to a wide range of resources to help all staff play their part in reducing HAI. [www.nes.scot.nhs.uk/education-and-training/by-theme-initiative/healthcare-associated-infections.aspx](http://www.nes.scot.nhs.uk/education-and-training/by-theme-initiative/healthcare-associated-infections.aspx)
Section 6: Resources

Glossary

18 W RTT - 18 Week Referral to Treatment standard

NHS - National Health Service

NHSS - NHSScotland

Quality Strategy - NHS Scotland Healthcare Quality Strategy

KSF - the NHS Knowledge and Skills Framework

PDSA - Plan, Do See Act (quality improvement tool)

An extensive glossary of Quality Improvement terms can be found in the Quality Improvement Hub at: www.qihub.scot.nhs.uk/education-and-learning/qi-glossary-of-terms.aspx