Continuous Quality Improvement – Leading Better Care

1 Recommendation

The Board are asked to:

Note the content of this paper on the implementation of ‘Leading Better Care’ in all inpatient settings across NHSGGC.

2. Introduction

This paper will provide a general update on the implementation of Leading Better Care in NHS Greater Glasgow & Clyde. Leading Better Care is made up of three parts namely:

- The Senior Charge Nurse Review (SCNR)
- Releasing Time to Care (RTTC)
- Clinical Quality Indicators (CQIs)

Leading Better Care forms part of a continuous quality improvement programme with the objectives of improving the quality of patient care and experience.

3. Background

3.1 Leading Better Care

Launched by the Cabinet Secretary for Health and Wellbeing in July 2008 is based on the recognition that NHSScotland will require effective leadership at all levels of service, including senior charge nurse level, to meet the populations needs now and for the future.

Nursing and midwifery literature emphasises that SCNs are largely responsible for determining the culture of care within wards and departments and have a significant impact on staff job satisfaction, the quality of patients experience and the outcome of care.
3.2 **Senior Charge Nurse Review**

To that end a revised framework for the Senior Charge Nurse role was developed, the framework is built on four key areas of responsibilities:

- Ensuring safe and effective clinical practice
- Enhancing patients experiences of care
- Managing and developing the performance of the team
- Contributing to the delivery of the organisations objectives

To equip SCNs to focus on their revised role a development programme was produced by NHS Education for Scotland (NES). The development programme consists of the following four main parts:

- Capabilities, key knowledge and skills
- Planning, learning and development
- Learning and development opportunities
- Education provision

At the launch of Leading Better Care in July 2008 the Cabinet Secretary for Health and Wellbeing, announced that all SCNs in inpatient settings were expected to have completed the SCN development programme (produced by NES) by December 2010, and thereafter they would be expected to deliver on the 4 key areas of responsibilities described earlier in this section as the revised role of the SCN.

3.3 **Releasing Time To Care**

The Releasing Time to Care Initiative (RTTC), one of the 3 parts of Leading Better Care was developed by the NHS Institute for Innovation and Improvement in NHS England and is otherwise known as the Productive Ward. RTTC is essentially a quality improvement tool based on the principles of lean methodology which asks nurses to look at the way they work in their ward and identify how they can be more productive and effective, then make changes to their environment and working methods to improve quality and increase the amount of time on providing direct patient care.

3.4 **Clinical Quality Indicators**

Clinical Quality Indicators (CQIs) one of the 3 parts of Leading Better Care were developed in response to an Audit Scotland Report which recommended that NHSScotland should create nursing specific measures of clinical care quality that focus on continuous improvement.

The CQIs are evidence based process indicators that measure aspects of nursing care and which support nurses to continually monitor and improve the quality of care they provide. They do this by identifying nurse –
specific measures that have an impact on the quality of care and patient experience.

A core set of CQIs for nursing has been developed consisting of:

- Food, Fluid & Nutrition
- Falls
- Pressure Area Care

4. **Progress So Far in NHS Greater Glasgow & Clyde**

4.1 **Senior Charge Nurse Review**

At the launch of Leading Better Care 2008, the Cabinet Secretary for Health and Wellbeing set the target for all Senior Charge Nurses in inpatient areas in NHSScotland to complete the SCN development programme and move to their revised role by 2010. This target was achieved in NHSGGC with 495 SCNs completing the programme and moving to their revised role.

4.2 **Releasing Time to Care**

Currently 88 wards in the Acute Division and 16 wards in Mental Health Services are at the early stages of implementing the RTTC tools, all wards will utilise Lean Methodology as part of the continuous improvement cycle with the aim of:

- Increasing the proportion of time staff spend on direct patient care
- Reducing all forms of waste
- Improving patient safety
- Increase staff wellbeing

The overall target set by NHSGGC is for all wards to have implemented the tools and methodologies of RTTC by 2012.

4.3 **Clinical Quality Indicators**

The Clinical Quality Indicators specific to:

- Falls
- Food, Fluid and Nutrition
- Pressure Area Prevention
- Monitoring and Observation

Are at the early stage of implementation across all inpatient wards in the
Acute Division. SCNs are reviewing their own results from the data available but given the early stage of implementation it is too early to draw conclusions on the results. In the Acute Division CQIs are now reported in the balanced scorecard and are part of the Directorates performance review process as part of an ongoing process of quality improvement.

Mental Health specific CQIs are being developed at national level. The nutritional care CQI is picked up within the core audit schedule used within mental health settings, and plans are progressing to implement the CQIs for falls and pressure area prevention within older people’s mental health.

5. **Measuring Impact**

The Acute Division and Mental Health Partnership have embedded Leading Better Care into their performance management systems to ensure:

- All SCNs have completed the SCN development programme and transferred to their new role by December 2010.
- They achieve their objectives of implementing RTTC
- In the Acute Division the CQIs are fully implemented

To date measuring the impact of Leading Better Care has been very process focused which is reflective of where we are with its implementation. Our challenge over the next 6 months is to define specific patient outcomes as a result of Leading Better Care.

6. **Glossary**

<table>
<thead>
<tr>
<th>Term</th>
<th>Abbreviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leading Better Care</td>
<td>LBC</td>
</tr>
<tr>
<td>Senior Charge Nurse Review</td>
<td>SCNR</td>
</tr>
<tr>
<td>Releasing Time To Care</td>
<td>RTTC</td>
</tr>
<tr>
<td>Clinical Quality Indicators</td>
<td>CQIs</td>
</tr>
<tr>
<td>Senior Charge Nurse</td>
<td>SCN</td>
</tr>
<tr>
<td>NHS Education for Scotland</td>
<td>NES</td>
</tr>
</tbody>
</table>