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Foreword

“We are delighted to introduce NHS Lanarkshire’s Quality Strategy and would invite you to take the time to read this clear, concise and focussed blueprint which outlines our approach to delivering high quality healthcare for the population of Lanarkshire.

Linking with the Board Strategy ‘Our Health Together—Living Our Best Lives in Lanarkshire’ and the Lanarkshire Equality Strategy, this document has the key principles of person centred, safe and effective care at its core whilst also highlighting the importance that compassionate leadership plays in achieving the vision outlined in the Strategy.

We would like to thank Karon Cormack and the Quality Directorate Team for all their work in producing this strategy and look forward to its implementation, working with all our staff in order to achieve our aim of delivering the highest quality healthcare for the people of Lanarkshire”

NHS Lanarkshire
Chief Executive
Professor Jann Gardner

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NHS Lanarkshire
Executive Medical Director
Dr Chris Deighan

A handwritten signature in black ink that reads "Chris Deighan".

NHS Lanarkshire
Executive Nurse Director
Mr Eddie Docherty

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Introduction

In NHS Lanarkshire we believe that **quality is everyone's business**. This Quality Strategy provides a clear direction of how we will deliver high quality healthcare and support the organisations other key strategies. This includes the Board Strategy 'Our Health Together—Living Our Best Lives in Lanarkshire' which responds to the needs of our communities by considering the impact of environmental and social factors on health and illness.

Using the core principles of **Promoting Wellbeing, Addressing Inequalities and Ensuring Sustainability, Our Health Together** will deliver positive outcomes that are meaningful to the people in Lanarkshire. In addition the Board Strategy demonstrates commitment to being an **Anchor** institution which means significantly influencing the wellbeing of our local community by offering targeted employment opportunities for local people, increasing spending locally and by being a role model for environmental sustainability. A strategic focus on quality is required to bring these ambitions to life.

We also recognise that there is no quality without equality and our approach is described in the **Lanarkshire Equality Strategy**. We want to ensure as an organisation we are fair, providing equal opportunities for our communities to engage with our services and for staff to flourish.

To achieve our aim we recognise that we need open dialogue with our staff and service users combined with leadership teams that promote quality.



Person-centred: focusing on the needs of the individual and ensuring preferences and values guide health and social care decisions while providing respectful and responsive care. Ensuring compassion, continuity, clear communication and shared decision making.



Safe: reviewing health and social care systems to avoid injury and harm to service users and provide an appropriate environment for their care needs which is clean and safe at all times.



Effective: providing the most appropriate treatments, interventions, support and services at the right time to those who need them and achieving good outcomes.

Strategic Approach

Our strategic approach will be to implement Whole System Quality which embraces;

- Quality Planning
- Quality Control
- Quality Improvement
- Quality Assurance

What is current performance data?
What are service users' needs?
What do we want to do?
What do we need to get there?
How can we support the change?

Team Working

It is important to remember that health care is delivered by teams; teams develop and implement quality improvement; teams learn from errors and improve; teams support staff by creating psychological safety; and inter-team relationships and cooperation are critical to quality and safety. With this in mind we must foster effective team working by adopting the following factors:

1. Clear team identity—inspiring vision and commitment

A clear, shared vision of ensuring high-quality care, uniting the team and providing an inspiration.

2. Clear team goals with shared understanding

Translation of vision into four or five clear, agreed and challenging goals agreed by team members.

3. Involvement in decision making and constructive debate

A strong sense of psychological safety demonstrated by inclusivity, trust and mutual respect where people are comfortable being themselves and expressing their views.

4. Effective communication and team members working together

High levels of communication within the team promotes trust, loyalty and engagement.

5. Time out to reflect

Regular time together to reflect, review, learn and improve through huddles, debriefs, handovers, meetings and away days etc.

6. Effective conflict management

Confronting and preventing interpersonal conflicts ensures high levels of team safety.

7. Valuing all team members

Ensuring equity and valuing equality and diversity in teams is more likely to bring useful, different perspectives on issues and subsequently, innovative quality improvements.

8. Positive supportive relationships across the organisation

Teams who support each other at work emotionally, practically and professionally have a sense of belonging and safety. Effective teams promote mutual support across teams, departments and the organisation through trust, respect and co-operation.

Introduction: Staff Engagement

We are committed to delivering a Quality Strategy that is co-designed by our key stakeholders who are our staff and the people of our community. We want to understand what is important to our staff and service users so we can meet their needs by creating a culture and vision that is in tune with their priorities.

To do this, during 2022 we have engaged with our staff and the people of Lanarkshire in a number of ways.

We have had conversations with staff across our organisation at governance group meetings, staff forums and during Lanarkshire Quality Week to hear from staff about what matters most to them. These conversations were integral to the development of the new infographic (p8).

We engaged with staff via social media, posters in the workplace and our staff bulletin to encourage participation.

We developed a single question survey to ask staff what quality means to them in the role they provide. We received 290 responses from staff to the survey and we listened to what our staff told us was important to them.

The themes in the knowledge tree above represent the responses with the size of the graphic representing the number of responses for that theme.



Staff Feedback

"Basically, it should be second nature to me and everyone in the whole organisation should be aware that quality standards exist and that they should be applied at all times to ensure a sense of pride in the service we provide."

Introduction: Public Engagement

We carried out a Quality Strategy Engagement exercise in Vaccination Centres using the single question survey where we explained the purpose of the strategy and asked what matters to them most regarding healthcare. We also launched a social media campaign with the QR code and we displayed posters about the survey, with a QR code to take part, in patient waiting areas across NHS Lanarkshire. We had 426 responses from people in our community and we have listened to what people told us was important to them.

The themes in our public megaphone image represent the responses with the size of the graphic representing the number of responses for that theme. We were encouraged by how many members of our community were interested and wanted to be involved.



Public Feedback

"Quality means being able to access the right healthcare professional or service at the time when I need it. Having access to the most appropriate medicines for myself and my children, not just the cheapest. "

Vision, Mission and Values

OUR VISION

QUALITY IS EVERYONE'S BUSINESS

We will ensure our staff are motivated, supported and enabled to provide the best care for our service users.



OUR MISSION

We provide high quality healthcare with a positive experience that is attentive to the needs of the individual.

NHS Lanarkshire is a great place to work and our staff are proud to belong to the organisation.



OUR VALUES

QUALITY is what we strive for.

We **WORK TOGETHER** with staff and service users to achieve shared goals.

We **RESPECT** each other and recognise the contribution required from everyone.

We are **FAIR** to ensure service users and staff are treated with equality and equity.



Vision, Mission and Values

TRUE NORTH

A True North statement articulates the organisation's purpose and guides every decision. It gives the right direction we should follow to achieve our strategic plans. These statements encourage all stakeholders to align with the organisation's goals. These are permanent and constant principles to work by. From these statements, we will develop a annual action plan to make improvements.

- We work with our service users to ensure our care is person centred
- We deliver the right care at the right time in the right place to the right people
- We deliver harm free care
- We demonstrate that we are a learning organisation
- We implement Quality Improvement and Innovation
- We make NHS Lanarkshire a great place to work
- We demonstrate compassionate leadership

Implementation of the True Norths will be facilitated through core governance groups as described on page 21 - 22



Staff Feedback

"Quality means carrying out my daily job to a high standard to provide high standards / professional work so that what I do enables our organisation to provide safe, person-centred care for patients. For staff it means listening to staff, looking at best evidence and providing the conditions to support staff to do their job well and feel satisfied and that they have achieved something and made a difference at the end of their shift. "

Public Feedback

"I want to feel safe and be able to trust the staff in what they are doing and what I'm being told. I want to be looked after by staff who can give quality of care. It would be nice to have continuity of staff. "

Staff Feedback

"In order to achieve quality staff need to feel supported and listened to. "

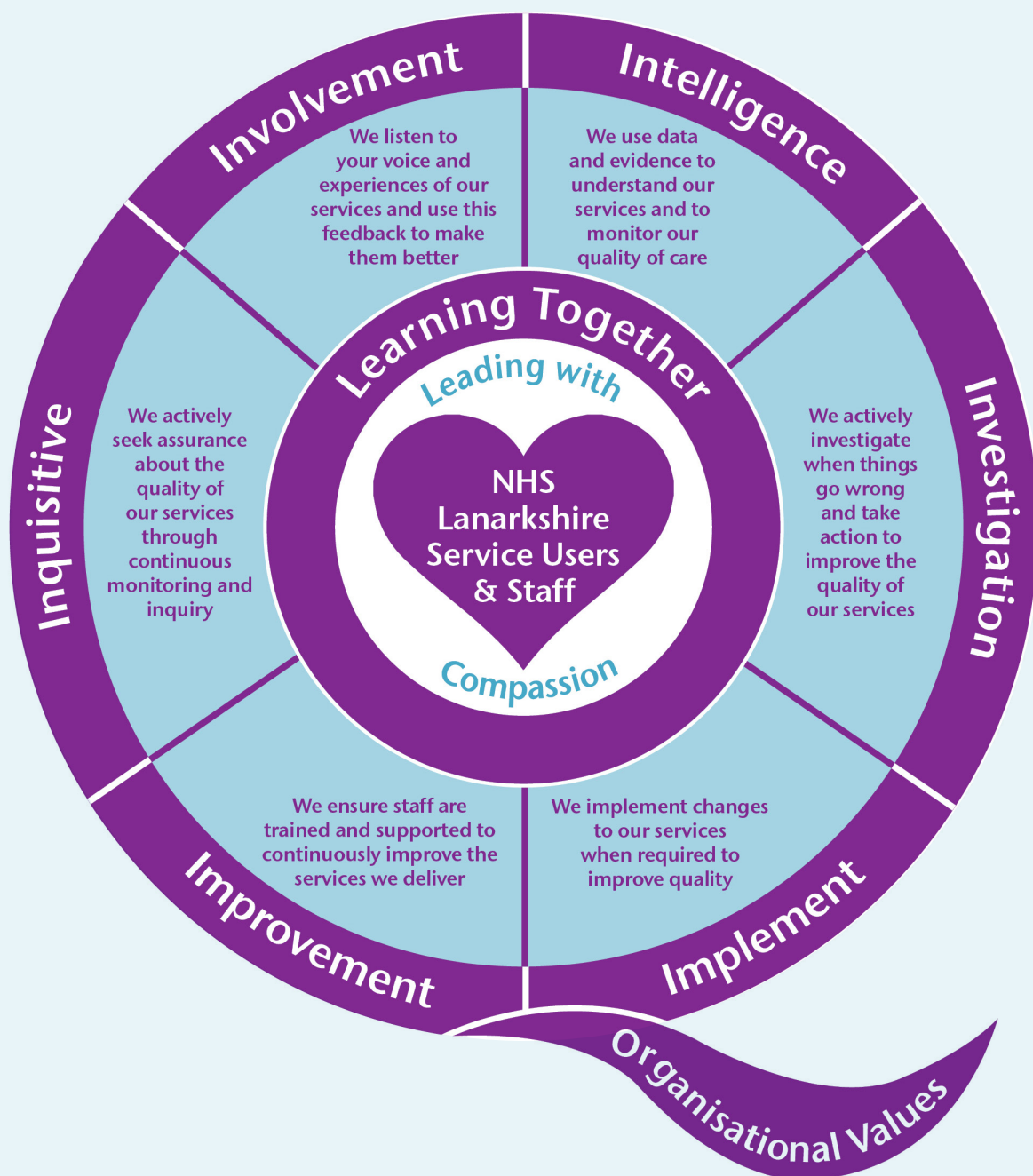
Vision, Mission and Values

The infographic below represents what we plan to achieve and just as importantly, how we plan to achieve it. Our staff and our service users are at the heart of all we do and we recognise we need to listen to what is important to them.

We believe that staff who are treated with compassion are better able to direct their support, care and compassion to others. This results in higher quality care and higher levels of patient satisfaction.

We strive to be an organisation that is constantly learning and growing. This could be from new ideas, research and innovation or when things that have not turned out well.

Our organisational values determine how we go about our business and recognise the importance of working in teams. This makes a difference to how patients and staff feel and these values will produce a working environment conducive to providing quality healthcare.



Leading with Compassion

Our Commitment

We are committed to embedding compassionate leadership behaviours at all levels of the organisation. We believe this approach will ensure staff engagement, allow staff to flourish and improve their well-being. This will support maintenance and improvement of the quality of the care that we deliver and aligns with our Staff Health and Wellbeing Strategy.

Compassionate Leadership

Michael A. West CBE (Professor of Organisational Psychology, Lancaster University) describes compassion as having four elements: **attending**, **understanding**, **empathising** and **helping**⁶. Compassionate Leadership involves applying all of these elements, or behaviours, when leading others:

Behaviour	Description
Attending	Being present with those we lead and taking time to listen to the challenges, obstacles, frustrations and suffering experienced by our staff, as well as the successes and pleasures.
Understanding	Understanding the situation those we lead are struggling with, ideally through open conversation, to achieve a shared understanding.
Empathising	Being able to feel the distress or frustration of those we lead without being overwhelmed by the emotion and unable to help.
Helping	Helping those we lead to deliver high-quality, compassionate care through removing obstacles and providing the resources (e.g. staff, equipment and training) for them to do so.

We are all responsible for leading with compassion

It is important to recognise that compassionate leadership is a form of collective leadership which means that everyone's voice in the organisation is valued, not just those in senior positions. Demonstrating compassionate leadership behaviours is a collective responsibility for all staff in NHS Lanarkshire, regardless of status, pay band or job title.

Compassionate Leadership is a core element of our Quality Strategy because of the positive impact both demonstrating and receiving compassion can have on our ability to deliver high quality, compassionate care. All of the principles of Compassionate Leadership are aligned with the values and behaviours we need our staff to adopt in order to achieve our Quality Strategy vision. (detailed on p8)

Leading with Compassion

Recent studies suggest that creating the conditions for compassionate leadership requires the three core work needs of Autonomy, Belonging and Contribution². These core needs can be further broken down into eight key factors (see figure below):

Core Work Needs	Key Factors
Autonomy and Control: The need to have control over one's work life, and to be able to act consistently with one's values.	1. Authority empowerment and influence Influence over decisions about how care is structured and delivered, ways of working and organisational cultures.
	2 Justice and fairness Equity, Psychological safety, positive diversity and universal inclusion.
	3 Work Conditions and work schedules Resources, time and permission to properly rest, eat and drink, and to work safely, flexibly and effectively.
Belonging: The need to be connected to care, cared for by, and caring of colleagues, and to feel valued, respected and supported.	4 Team working Effectively functioning, stable teams with role clarity and shared objectives, one of which is team member well-being.
	5 Culture and leadership Nurturing cultures and compassionate leadership enabling high quality, continually improving and compassionate patient care and staff support.
Contribution and competence: The need to experience effectiveness in work and deliver valued outcomes.	6 Workload Work demands at levels that enable the sustainable delivery of safe, compassionate care and staff well-being.
	7 Management and supervision The support, professional reflection and supervision to enable staff to thrive in work.
	8 Education, learning and development Flexible, high-quality development opportunities that promote continuing growth and development for all.

As an organisation we must seek to understand and meet the core needs of our staff in order to maintain high levels of well-being and motivation, and to truly demonstrate compassionate leadership.

For further information on compassionate leadership please see:

<https://www.kingsfund.org.uk/publications/what-is-compassionate-leadership>

The 6 I's of Quality

Involvement: We listen to your voice and experiences of our services and use this feedback to make them better.

We provide a variety of ways for you to be listened to. This helps us to understand your experience of using our services; what has worked well and what could be improved. Engagement examples include:

- Care Opinion / We Are Listening Cards
- Patient Stories
- Complaints Process
- Focus Groups
- Surveys and Questionnaires
- Patient Participation Groups
- Patient Panels / Service User Groups
- Social Media

Intelligence: We use data and evidence to understand our services and to monitor our quality of care.

Quality intelligence is our ability to create, find, use and share knowledge to ensure we are meeting the needs of our patients and service users by providing up to date best practice healthcare. We gather intelligence from a range of resources and systems to help us build a better understanding and ask the right questions about our performance and our priorities.

We ensure this evidence and data is accessible to staff and use it to help us make decisions and gain insight into our existing processes, outcomes, performance, anticipating future needs and identifying areas for improvement. Examples would include:

- Literature searches – what can we find out about a topic?
- Standards – how do we compare when audited?
- Guidelines – what is the best way to do this?

Improvement: We ensure our staff are trained and supported to continuously improve the services we deliver.

Quality improvement is an approach to solving issues through testing and learning, measuring as you go, using a team approach. We will support our staff in the latest improvements strategies and techniques giving them the space and time to use these skills to develop and improve the changing needs in Lanarkshire.

We also seek to create the conditions for staff to feel empowered to be involved and for quality improvement initiatives to flourish.

Implement: We implement new ways of working and changes to our services when required to improve quality.

When changes to our processes have been successfully tested and shown to improve quality, we embed these changes into the day-to-day operation of our services to ensure that quality improvement is sustained.

We implement changes through standardising practice and staff education. Changes are monitored through our governance processes and reported regularly to provide assurance that the highest standards are maintained throughout the system.

The 6 I's of Quality

Investigation: We actively investigate when things go wrong and take action to improve the quality of our service.

We thoroughly and impartially investigate when things go wrong. We use the findings to learn and to improve in order to reduce risk and improve quality and safety of our care system. We promote a fair, open and honest culture of learning from adverse events, service user feedback, and performance issues. We ensure we take action from the learning gained and share this widely.

We aim for all staff to feel supported and encouraged to report errors and help the organisation to learn when things go wrong without the threat of blame. We encourage feedback from all service users, whether positive or negative, and this is seen as an opportunity to learn and improve.

When audit/performance reporting indicates that our services are not meeting agreed standards or are significantly different from other Health Boards, our staff are proactive in investigating the underlying causes, and take action to address any findings.

Inquisitive: We actively seek assurance about the quality of our services through continuous monitoring and inquiry.

We have an agreed set of quality indicators against which the quality of our services are measured. We continuously monitor compliance against these indicators at all levels of the organisation. We regularly review, openly discuss and challenge our quality data to understand what it is telling us.

We seek answers when our data indicates change or concern and take action to address these. We have a consistent approach to monitoring our quality data e.g.:

- At Team / Service level - Visual Management Boards (Quality and Safety Boards)
- At Divisional / Executive level - Quality and Safety Dashboards



Whole System Quality

Our approach to achieving our quality vision and ambitions will be through Whole System Quality. Whole System Quality is the pursuit of quality through a set of agreed values and practices. These values and practices help ensure leadership and knowledge sharing that will strengthen NHS Lanarkshire as a learning organisation.

Implementing Whole Systems Quality means the organisation learns how to continually, reliably and sustainably meet the changing needs of staff, service users and our communities. The components of this are: Quality Planning, Quality Improvement and Quality Control with an external element of Quality Assurance. More detail of what this looks like in practice, is provided in the table on page 16.



We will:

- **develop a shared vision and a set of strategic priorities to address those gaps.**
- **create a culture that is centred around achieving the vision**

To achieve Whole System Quality we need to strive to be a LEARNING ORGANISATION by listening to our service users and staff and being reactive to evolving needs. We demonstrate our commitment to learning in the NHS Lanarkshire Learning Strategy. We recognise that to be a Learning Organisation we need to build a culture with the following elements:

<p>Psychological safety Anyone can voice concerns, challenges and ideas for change</p>	<p>Culture of trust Non-negotiable respect, opinions valued, negative/abusive behaviour addressed</p>	<p>Consistency of purpose Applying vision and values to every decision in the pursuit of quality</p>
<p>Prioritising innovation Creating purposeful, focused change. Practice system thinking and systematically examining areas of change by adopting new ideas and stopping practices no longer serving the vision</p>	<p>Commitment to equity Addressing inequalities and creating conditions for all to attain their highest potential</p>	
	<p>Collective learning and dialogue Communicating and sharing knowledge</p>	<p>Personal inquiry and reflection Being curious and thoughtful</p>

Whole System Quality

This table provides an overview of the practical application of the elements of Whole System Quality. In the appendix there is a breakdown of how staff can engage.

QUALITY PLANNING / REDESIGN	
What does it mean?	When to consider its use?
<p>Understanding the needs of the service users and population. Scanning the evidence for best available service models.</p> <p>Designing the structures and processes to enable us to meet the need. e.g. clear concise organisational strategy and objectives (and cascading objectives to all levels of organisation ensuring clarity of purpose and alignment), service specifications, service models or pathways, team structures / job roles, measures (outcome, structure and process).</p>	<p>On an annual basis, or even less frequently.</p> <p>When it is clear that there is an unmet need in the population that isn't being reached by our current service model.</p> <p><i>Top down re-organisation can make staff feel unsettled and disempowered.</i></p> <p><i>The best redesign and planning efforts deeply engage all stakeholders in the process.</i></p>

QUALITY CONTROL	
What does it mean?	When to consider its use?
<p>Good operational management with standard work processes in place for all levels.</p> <p>A set of measures to monitor service quality and performance, chosen by the team and tracked transparently in real-time. Visual management systems clearly displaying key quality measures for team (presented as data over time).</p> <p>Regular team huddles around the data, responding to changes in the data as needed, with clear escalation protocols when the team can't solve something.</p>	<p>Quality control is the way daily work is managed in a team. Every service should have a quality control system, to enable it to manage service quality and performance in real-time more effectively. Leadership Walkrounds can enable problem-solving and barrier removal at point of care.</p> <p><i>Quality control can't be imposed from outside the team. It needs to be owned and developed by the team.</i></p>

QUALITY IMPROVEMENT	
What does it mean?	When to consider its use?
<p>A systematic process to improve quality and performance, deeply involving those closest to the issue.</p> <p>Requires a project team with diverse members to develop change theories to test until performance improves. Involves collecting and using data to inform the testing.</p> <p>A confidence is required in capability and capacity to perform quality improvement throughout the organisation.</p>	<p>To solve a complex problem to which we do not know the answer.</p> <p>Tackling what matters most to the service and service users. Use in short bursts to achieve new levels of performance.</p> <p><i>Quality improvement requires time and effort and requires a discrete team, meeting regularly and testing changes. Utilise for complex problems. Be clear about the aim, and ensure your theory of change is strong enough to meet the aim.</i></p>

Adapted from East London¹ NHS Foundation Trust

Whole System Quality

QUALITY ASSURANCE

What does it mean?	When to consider its use?
<p>Occasional checks that we are providing 'good' care and meeting minimum requirements and standards.</p> <p>Identifying gaps, developing action plans and re-checking to ensure compliance.</p> <p>Quality Assurance includes clinical audit, accreditation, inspections and reviews by external agencies, gap analysis, monitoring performance</p>	<p>Use occasionally to check whether standards are maintained. All services should be able to describe how they assure themselves and others that they are providing 'good' care.</p> <p><i>Assurance cannot help a service provide excellence. It can merely ensure we are meeting standards and providing good care. Don't over-rely on assurance alone.</i></p>

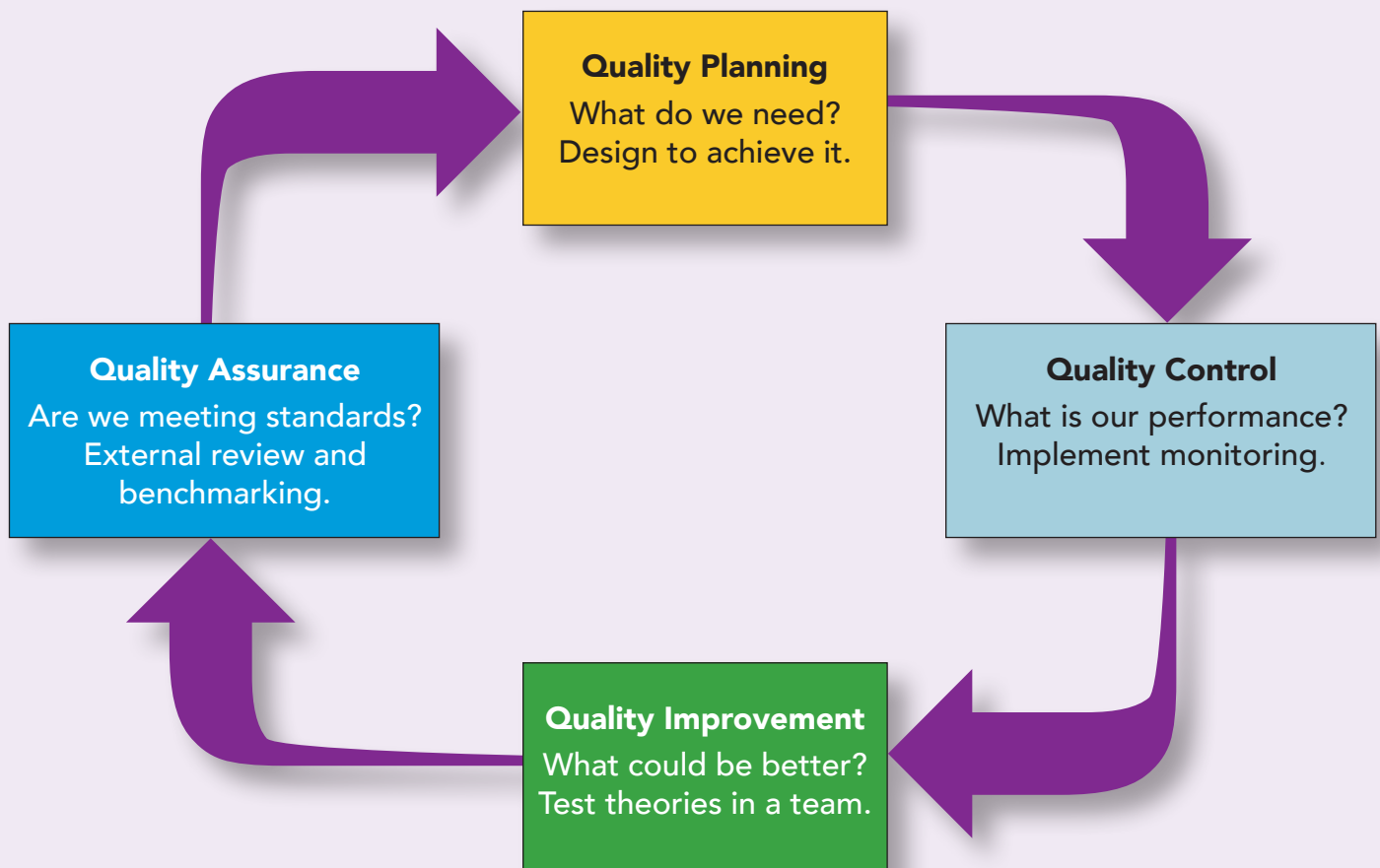
Using Data to Assess Quality

High quality data and measurement processes are of central importance within NHS Lanarkshire.

Quality data plays a key role in improving services and decision making, as well as being able to identify trends and patterns; draw comparisons; predict future events and outcomes; and also evaluate whole-system performance.

NHS Lanarkshire has developed a **Data and Measurement Framework** to promote a consistent approach to defining; gathering; configuring; analysing and reporting quality data.

This Framework is used to support the development of Quality and Safety Dashboards for reviewing Key Performance Indicators (KPI'S) for assurance and improvement purposes.



Quality Directorate Support

The Quality Directorate is structured to include all the elements required to support a Quality Management System. We support clinical teams to achieve quality ambitions by providing a variety of services. The Directorate is formed from 3 teams who not only work with the service but also work together to support the organisation provide quality health and social care.

Evidence Team

Our health and care services are based on the best possible evidence to ensure that our service users receive high quality care every time they come into contact with us. Evidence that is 'just enough, just in time and just for me' is our core principle. We support staff to access and share the written research, data and guidelines. This ensures equitable care for all our service users underpinned by the principles of shared decision making. The team support the Clinical Effectiveness and Realistic Medicine Group which provides an opportunity to share good practice and monitor objectives.



We will ensure that:

- Staff have access to best evidence to inform and improve service users' health and care.
- Our recommendations are based on evidence gathered through a rigorous process of searching including standards, published studies and grey literature.
- We undertake clinical audit of our practice ensuring we are able to measure our performance against best evidence.

Assurance Team

Quality Assurance is focused on providing confidence to the organisation that our quality goals will be met. The Assurance Team has a key role in supporting the organisation to monitor and use performance and quality data to compare actual performance against quality goals, identify gaps in performance and take follow up action through:

- Developing and implementing systems to ensure effective management of Complaints, Adverse Events and Child Death Reviews across the organisation.
- Providing technical expertise and support to the organisation in all aspects of measuring and reporting data for quality planning, assurance, control and improvement. This in line with the Data and Measurement Framework for NHS Lanarkshire. Development, maintenance and support of the NHS Lanarkshire Quality Improvement Portal (LanQip) for data entry,



See References: Page 23

Quality Directorate Support

We will ensure that:

- There is provision of toolkits, training and monitoring for adverse events and complaints so they are thoroughly and impartially investigated and findings are used to learn and to improve our services.
- Staff are able to access their data in a format that allow them to measure the quality of their services
- Frameworks are in place to promote a consistent organisational approach to defining, gathering, configuring, analysing, reporting, presenting and interpreting data for the purpose of quality planning, control, assurance and improvement using a common infrastructure.
- Efficient digital data collection and reporting systems are in place to monitor the quality of our care and to inform improvement strategies.
- Every child and young person receives an appropriate, high quality review in the event of their death. The learning, improvements and best practice are captured and shared with services involved, the wider organisation and nationally, with the aim of reducing deaths and harm.

Improvement Team

Quality improvement (QI) methodology enables the organisation to put learning and evidence into practice to achieve aims that improve the quality of the care provided. The Improvement Team have a key role to provide Quality Improvement education, training, guidance and coaching to provide staff with teaching in the most up to date QI methods, tools and techniques and support them to use these to make improvements. The team also plan and support QI events and programmes of work such as local collaborative and national initiatives to improve quality.

The team support the Safe Care and the Person Centred Groups which provide an opportunity to share good practice and monitor objectives.

We will ensure that:

- We design and deliver the most up to date QI training based on best international evidence.
- We use a standard and consistent QI method across the organisation.
- We provide accredited coaching to staff undertaking QI projects to make improvements to quality and safety.
- We support and encourage staff to participate in QI across the organisation.

Quality Improvement Journey



<https://learn.nes.nhs.scot/741/quality-improvement-zone>

Healthcare Quality Assurance and Improvement Structure

In order to achieve our aim of delivering the highest quality health and care services for the people of Lanarkshire, the whole organisation requires to work together in partnership.

Quality is the responsibility of everyone in Lanarkshire; every individual, every team, every department and every service area. Fundamental to the successful delivery of the Lanarkshire Quality Strategy, is collaborative working across the whole organisation.

The NHS Lanarkshire Healthcare Quality Assurance and Improvement Committee is the head of a governance framework enabled by multiple committees and groups that provide assurance through a network of reporting. This structure supports all Operational Units in Acute Services and in North and South Health and Social Care Partnerships (HSCPs) to deliver against the organisation's quality ambitions for safe, person centred, effective care for everyone in Lanarkshire.

Healthcare Quality Assurance and Improvement Committee receive assurance from the following

Safe

- Safe Care Group
- Infection Control Committee
- Public Protection Committee

Effective

- Clinical Effectiveness Group
- Information Governance Committee
- Research and Development Committee
- Care Assurance Group (formerly Excellence in Care)
- Independent Sector Governance Group

Person Centred

- Person Centred Care Group
- Bereavement Care Group

Quality Planning

- Quality Planning and Professional Governance Group
- Radiation Safety Committee
- Transfusion Governance Committee
- Organ Donation Committee
- Area Drugs and Therapeutic Committee
- Food, Fluid and Nutrition Committee
- Resuscitation Committee
- Medical Gas Committee

Operational Performance

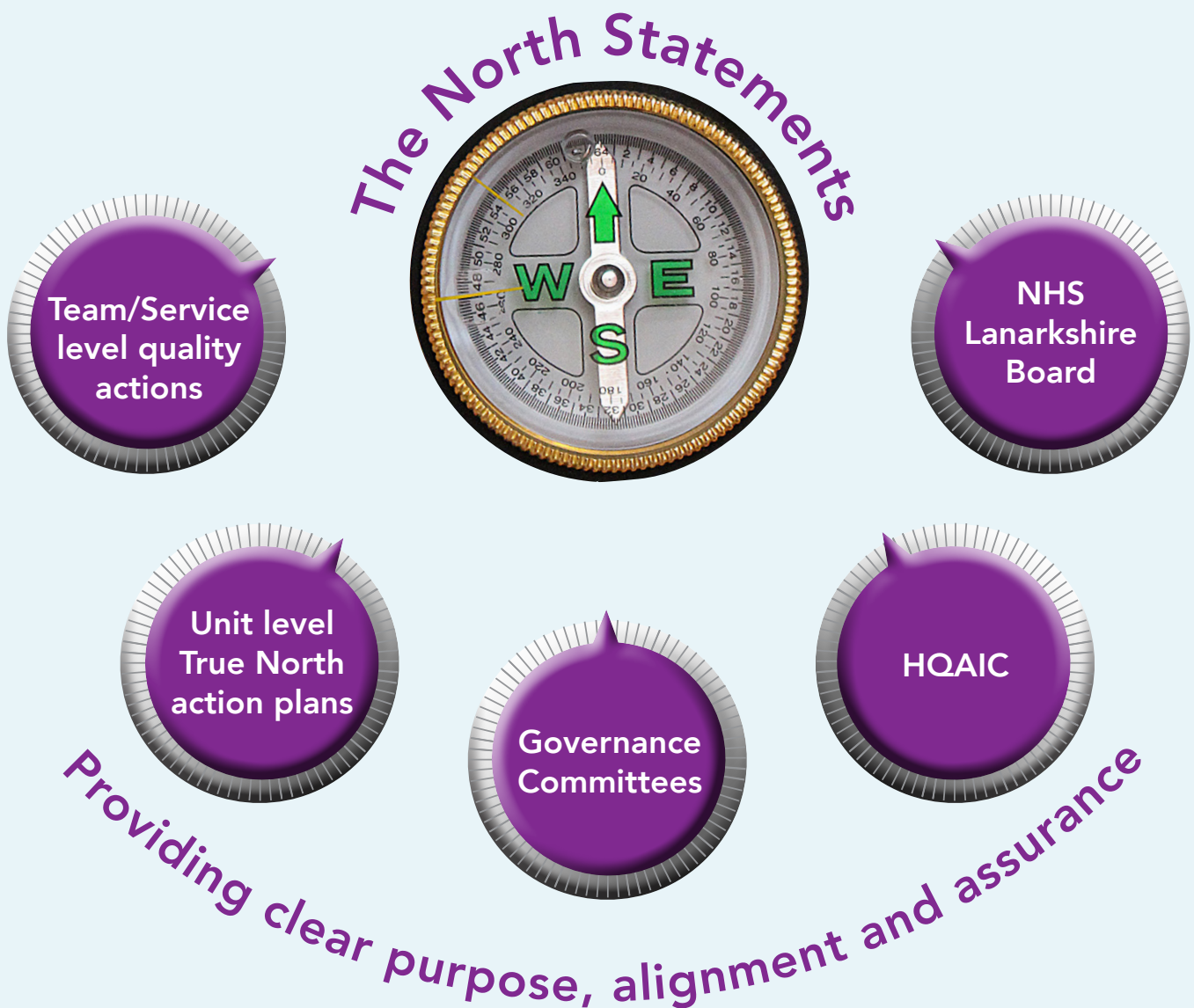
- Acute Clinical Governance and Risk Management Committee
- North HSCP Support Care and Clinical Governance Group
- South HSCP Support Care and Clinical Governance Group

Measuring the Success of our Strategy

In order to achieve our aim of delivering the highest quality health and care services for the people of Lanarkshire, we need to be able to measure impact and demonstrate success. The success of the strategy will be measured against the True North statements which align with our Quality Ambitions. In addition, performance indicators for measuring the success of the strategy will be developed and refined.

Each year of the strategy, True North action plans will be created to align to the statements. These action plans will have agreed measures to show impact and improvement and will form the basis of our evaluation. The alignment of the same goals throughout the organisation will create focus at every level to keep on track towards realising our quality ambitions. This is enabled by good communication and reporting mechanisms between the levels to provide assurance that improvement is taking place.

The graphic below displays the levels of the organisation with a responsibility to implement the True North statements from frontline teams to Board.



Implementation

True North: The actions will be created and monitored by core governance groups who have a responsibility for the principle within the statement. This ensures the organisational context is considered when planning the actions each year ensuring they are relevant and will have maximum impact.

This work will be reported on a specific template to the Quality Directorate and collated for HQAIC in an aggregated report every 6 months to provide assurance that the actions are progressing and improvements have been made. A process will define how the actions will be developed, monitored and reported. The groups aligned to the True North statements are listed below.

TRUE NORTH	COMMITTEE	LEAD DIRECTOR
We will deliver harm free care	<ul style="list-style-type: none"> Safe Care Group 	Exec Nurse Director
We will deliver the right care at the right time in the right place to the right person	<ul style="list-style-type: none"> Clinical Effectiveness Group 	Exec Medical Director
We will work with our service users to ensure our care is person centred	<ul style="list-style-type: none"> Person Centred Care Group 	Exec Nurse Director
We will demonstrate that we are a learning organisation	<ul style="list-style-type: none"> Staff Governance Committee 	Exec HR Director OD
We will implement Quality Improvement and Innovation	<ul style="list-style-type: none"> Safe Care Group Research and Development Committee 	Exec Nurse Director PD Exec Medical Director ME QD Exec Medical Director
We will make NHS Lanarkshire a great place to work	<ul style="list-style-type: none"> Staff Health and Wellbeing Committee Staff Governance Committee 	Exec Nurse Director Exec HR Director
We will demonstrate compassionate leadership	<ul style="list-style-type: none"> Staff Health and Wellbeing Committee Staff Governance committee 	Exec HR Director Exec Nurse Director Exec Medical Director

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- 9 Evidence by Nick Youngson CC BY-SA 3.0 Pix4free

Many thanks to all who contributed to the development of this strategy including feedback from the people in our community and our staff. Special mention to my own team who dedicated time and effort to achieve the final result.

I would like to thank Prof. Michael West for introducing compassionate leadership to healthcare and for positively reviewing this strategy.

We have endeavoured to make this strategy accessible, informative and helpful. The True North statements will provide strategic direction for our Quality Strategy ambitions to ensure we keep focusing on what we need to achieve our mission.

Karon Cormack, Director of Quality



