The Route Map to the 2020 Vision for Health and Social Care (2013) sets out a number of priority areas for improvement. Delivering these will require a focused and deliberate approach to developing quality improvement (QI) infrastructures that increase the pace and scale of improvement across the health and social care system.

Because each individual organisation has a unique array of elements, relationships, interactions and behaviours that characterise it, there is no one single model or best way to become an organisation that consistently delivers high quality care. Each organisation must find its own way.

However, research indicates that high-performing organisations have nine key attributes in common (see box 1). Please see the NHSScotland QI Hub website for more information on the characteristics of high-performing organisations (www.qihub.scot.nhs.uk).

Building a quality improvement infrastructure

The Building a QI Infrastructure (QII) programme was created in October 2013 and is an opportunity to participate in an exercise modelled on an evidence-based and internationally recognised approach.

The QII programme will stimulate and change the nature of the improvement dialogue within NHS boards and across NHSScotland. This NHSScotland Quality Improvement Hub led initiative is being co-produced with NHS boards in recognition of the need to adapt the approach as we learn together from the practical experience of applying it within the Scottish context.

The aim of this overarching, system-level work is to undertake a current state assessment of local QI Infrastructure and to identify priority areas for development. This will accelerate the pace and scale of improvement, to facilitate the achievement of the 2020 vision and the Triple Aim (Scottish Government, 2011).

Creating the conditions for improvement in NHSScotland

2013-15 Programme Overview

References & resources

3. The Health Foundation. Perspectives on context. The Health Foundation. 2014.

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Organisations that are serious about achieving and sustaining excellence need to have a clear understanding of where they are in their journey and where they are aiming to get to, by when. The QI diagnostic exercise is designed to assist organisations to do that.

The framework for the QI diagnostic exercise was originally developed by the Institute for Healthcare Improvement (IHI). Prior to its introduction to Scotland, it was tested with the IHI’s other strategic partners in the US, Singapore and Sweden. It was then tested by three NHSScotland health boards (NHS Borders, NHS Fife and NHS Tayside) in late 2012 and amended to the Scottish context in early 2013. The tool will be revised further following feedback from this exercise.

**Box 1:**

9 key attributes of high performing organisations

1. Culture
2. Leadership
3. Strategy and policy
4. Structure
5. Resources
6. Information
7. Communication channels
8. Skills training
9. Clinician involvement


Photo: Buachaille Etive Mor, Scotland

**Phase 1:** QI diagnostic exercise (October 2013 - August 2014)

The diagnostic exercise is a mechanism to support NHS boards to assess their current QI infrastructure and to help focus discussion about next step priorities. It is not intended to be used as a performance management tool or to be used to make judgements about a particular NHS board’s progress to date.

The tool helps you to identify what your organisation is already doing well and where you need to focus attention to close the gap between where you are and where you would like to be. Regular diagnostics or self-assessments are a feature of high-performing healthcare organisations (see box 2).

There is no one prescribed way to complete the diagnostic exercise nor are there right or wrong responses to the 12 areas addressed in the QI diagnostic exercise. However, an honest appraisal of your current stage of development will serve as a critical milestone in your quality journey.

It is the dialogue stimulated, not the ratings that will provide the most value to your organisation.

This value will be further enhanced if the diagnosis process is incorporated into your organisation’s regular strategic and performance review activities.

**Box 2:** Regular check points are required to:

- enable change driven by patients and the public
- adjust to the constantly changing health care industry and political environment, and
- support organisational learning.

Source: Baldridge Performance Excellence Program, 2013

**What’s next?**

It is anticipated that participating NHS boards will complete the diagnostic exercise by August 2014, in preparation for the next phase.

**Phase 2:** Board Visits (May - December 2014)

The next element of the QI diagnostic process is a half-day board visit to complement and augment the QI diagnostic exercise process. The process for visits is under development and will be tested in two boards in May 2014. The test visits will be conducted with the NHSScotland QI Hub, our NHSScotland QI Strategic Partner (IHI), and experts from other NHS boards. The exact make-up of the team will be agreed with each NHS board to ensure it contains individuals who have expertise relevant to the specific challenges being faced. Following a process of review and refinement, the remaining events with participating boards will be completed by December 2014.

**How can they help me?**

The visits are designed as supportive and reflective exercises which provide an opportunity for NHS boards to invite a team of critical friends who will collaborate, coach and challenge. The visits are designed with the NHS board based on their needs and are informed by the outcomes of their diagnostic exercise. They provide an opportunity to get an external perspective on areas of strength and opportunities for improvement. Following the visit, the board will summarise the diagnostic exercise and board visit. The visiting team will not produce a written report unless specifically requested by an individual NHS board.

**Phase 3:** QII Programme review (December 2014 - January 2015)

Following the completion of the board visits in December 2014, a report will be produced by the NHSScotland QI Hub that will draw out the key themes and learning from the process. The report will not provide examples which can be identified with a particular NHS board without their explicit consent to do so. It will be used to inform decisions about next steps both locally and nationally to create the cultures and infrastructures that enable quality improvement to happen at scale and pace.