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#### 1: Introduction

National Managed Clinical Networks are recognised vehicles for improving the quality of the services they support.

The key responsibility of networks in delivering quality improvement is clearly articulated in the most recent published guidance, CEL 2012 (29), which states, "The role of MCNs in improving the quality and efficiency of services across complex whole systems has become even more important in the current financial climate. MCNs achieve their results through consensus and collaboration, by enabling clinicians, patients and service managers to work together across boundaries to deliver safe, effective and person-centred care.... MCNs are integral to achieving the three Quality Ambitions. They epitomise the ethos of co-operation and collaboration that distinguishes the whole of NHSScotland."

Scottish Government's core principles of managed networks identifies the requirement for:-

- Continuous quality improvement, articulated through an annual workplan to demonstrate intended improvements year on year, quantified from the perspective of the service user
- Expansion of the evidence base through continuous quality improvement and ongoing audit

This strategy outlines the approach the SPEG Network will take to improving quality in the management of burns.

This strategy complements the strategic vision.

# 1.2 Network approach

Networks develop five year and annual workplans, based on policy drivers, horizon scanning and identified need for service improvement. From the development of workplans an understanding of the issues to be addressed is developed. How these issues are addressed is contained within this strategy.

<sup>&</sup>lt;sup>1</sup> http://www.sehd.scot.nhs.uk/mels/CEL2012 29.pdf

#### 2. Network Vision

Improving treatment and outcomes for children and young people with an endocrine condition in Scotland

The key role of the network is to ensure the best evidence-based clinical practice is delivered across the paediatric endocrinology community for safe, effective and person-centred care.

Areas for improvement have been identified through the SPEG Steering Group and Sub-groups.

The quality and utility of the website content is key to providing clinical guidance on a range of paediatric endocrine conditions – for those working in specialist tertiary centres and those in general paediatric care. Owing to the dispersed nature of services across the country, ready access to specialist resources is vital.

The long-term outcomes for the network are:

- The model of service for paediatric endocrinology is underpinned by the 6 domains of quality
- Stakeholder views are incorporated in all aspects of the network
- The network is structured and organised to achieve all aspects of its work effectively
- There is capacity and capability amongst network stakeholders to support delivery of the model of specialist care
- Quality improvement underpins all aspects of the network

The Scottish Paediatric Endocrinology Group network has identified the following key areas to target quality improvement initiatives:-

- Improve reliability with recording the number of patients with Quality Indicators on the Clinical Audit System
- Improve the content (including clinical guidelines) and interaction with the web resources
- Increase the number of patient information leaflets to be as inclusive as possible
- Improve the number of families engaged with network activity
- Improve stakeholder engagement across the whole system
- Use data to make quality improvements

Opinions from patients, families and school nurses/teachers have been gathered by the Nurses' Group and influences the development of new patient information leaflets.

# 3. QI Projects

The network will collaborate with stakeholders to focus on how services can be improved using improvement methodology. NNMS has developed a QI Toolkit, which includes the following templates: quality improvement plan, data and measurement plan, logic model and driver diagram.

An example of a QI project logic model for 2024/25 is included in appendix 1.

#### 5. Data and Measurement Plan

The SPEG Data and Measurement Plan includes the following:

- Quantitative data: Clinical Audit System, education, stakeholder engagement (including engagement with families), patient resources
- Qualitative data: evaluation from education events, patient and family feedback, national network survey
- Quality Indicators
- Network standards/guidelines where compliance might be measured/monitored: Review of Clinical Guidelines

The network will report progress against the data and measurement plan in Annual Reports.



## Appendix 1: 2024/25 Logic Model Example for QI Project

This logic model outlines how the Scottish Paediatric Endocrine Group (SPEG) Transition

#### SPEG CAH attendance audit between paediatric and adult services Subgroup will work with health boards across Scotland to audit attendance during Direct Influence Indirect Influence transition from paediatric to adult services for Congenital Adrenal Hyperplasia (CAH) Outcomes Activities Reach Outputs Situation Inputs Intermediate Short-term Long-term **Impact** (what we do) Audit data for Patients feel patients with CAH Improved Accessible and Activity relating confident that their across all Scottish Recording attendance and Improved effective specialist to transition from mechanism health boards condition is being patient experience patient (attendance paediatric to services which (Excel/ managed in line with at adult clinics outcomes (10) before and after adult services for best practice (1) Forms) provide patients Patients with referral from (accessible, patients with across Scotland the endocrine paediatric to sustainable, timely, endocrine Improved staff Clinical best possible adult services) for disorders and confidence and holistic, equitable, disorders leadership access to hightheir families specified Services are capability in patient experience) timeframe quality specialist SPEG want nationally Information managing transition Effective to look at Paediatric care of patients with CAH consistent (11) materials for partnership Record of the Endocrinology patients and (2) with SPEG patients current workforce Staff are clinicians identified (at Transition state of Improving patient knowledgeable in board level) that Group Ongoing monitoring transition The wider health outcomes require follow up managing transition Services are Develop of agreed care for workforce to engage with guidelines and of CAH patients sustainable (12) Effective objectives/KPIs to patients adult services pathways from paediatric to partnership support quality Reducing with CAH Professional with Health improvement adult services unwarranted in all organisations Report on Workforce Boards activities within throughout findings with variation across Scottish (BSPED) education health boards and shared learning Scotland (7) health Scotland programme: Board the network (3) and best practice board Third sector specific events, webinars, as well as Specialist resources areas. SPEG Transition online learning identifying any audit/data NHS National are being utilised Group informs inequity. systems Services Scotland efficiently (8) ongoing service Service mapping Recommendation delivery BOSCARD National Managed s and actions for improvements (4) Improvements in (project Peer support follow up Clinical Networks workforce forums/Sharing doc.) Improved dedicated time of best practice A template/ understanding of driven by SPEG Administrat process that can inequity across Quality ive support recommendations be applied to Scotland (5) improvement other conditions (9)

# Assumptions

- · No costs involved in carrying out audit by utilising the SPEG network
- . Monitoring and evaluation will lead to practical learning that informs this and other improvement work around transition for paediatric to adult services
- · Workforce buy in to perceived benefits of carrying out this project
- · Health boards across Scotland will engage with the project through the SPEG network and provide meaningful data
- · Clear objective setting, scope and timeframes
- Leadership and project management through the SPEG Transition Group and the core team (LC, PM and PSO)
- · Comms leads to high awareness, commitment and motivation
- · Inequalities/exclusion are not exacerbated by activities
- · Local services have the will, capacity and capability to take part in improvement and change their practice