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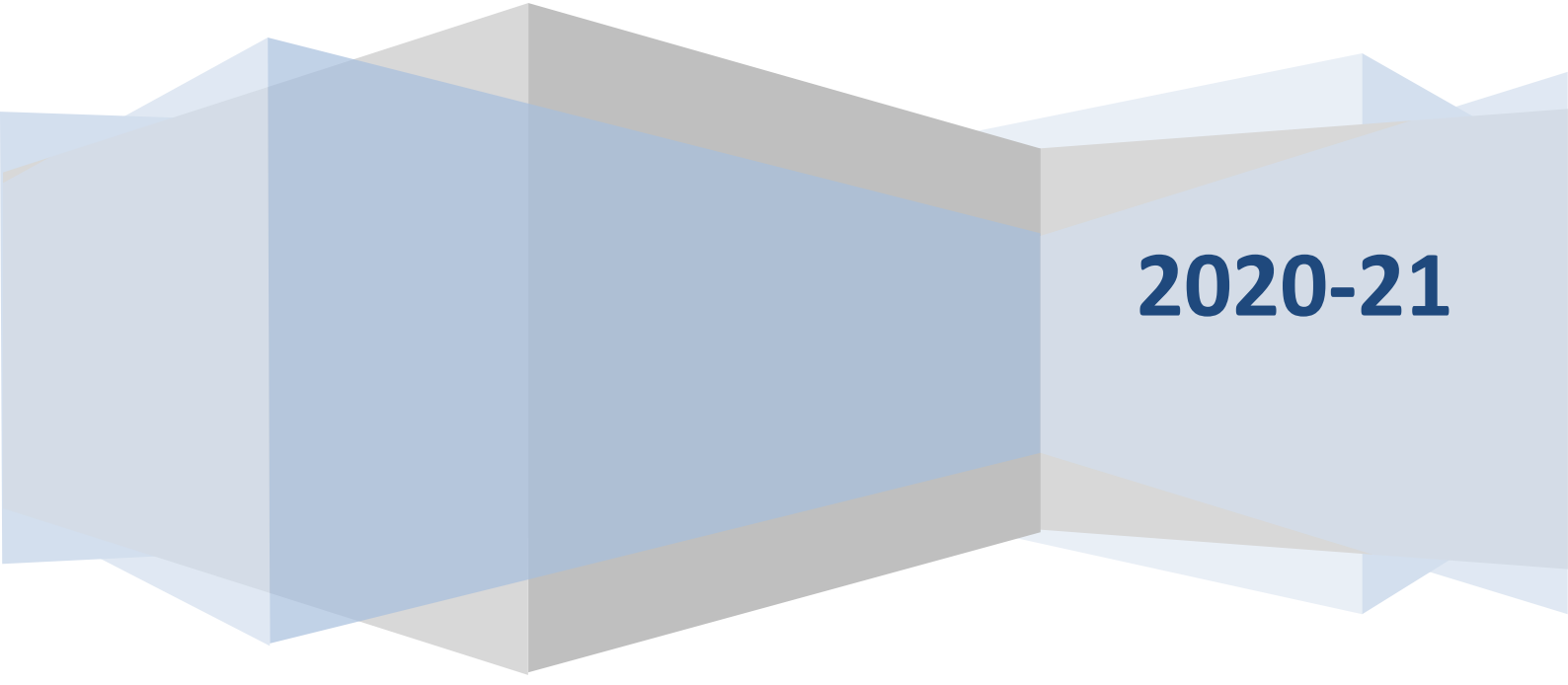
NHS Lothian

Supporting Lothian's Cluster Quality Leads

Developing a new framework

Primary Care Quality Improvement Network
Joint Clinical Leads Dr Lisa Carter & Dr Rebecca Green



2020-21

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Executive Summary

Situation

It has become clear that the Cluster Quality Lead (CQL) role is more challenging and complex than had initially been envisaged, both in terms of professional capability for improvement, but particularly in delivering their extrinsic function and navigating the HSCP landscape and its strategic priorities.

This year, a number of experienced CQLs who have been in post for the last 3 years since the New Contract and Cluster working came into effect, have indicated to us that they now plan to step down from the role because of some of these challenges, and because some of their development needs for success and satisfaction in the role were not being met. There is anecdotal evidence that a lack of support within the wider system has been a contributory factor to some of these losses.

In addition Lothian's Local GP Subcommittee commissioned a recent report which highlighted areas for improvement across four domains of Knowledge, Support, Influence and Governance.

Background

Within HSCPs, GP clusters have a critical role in improving the quality of care in general practice and influencing local decision-making, both regarding how services work and service quality.

The Cluster Quality Lead (CQL) role is to facilitate and guide the members and liaise with locality and professional structures. To do so fully and effectively, there must be adequate supporting infrastructure for leadership, assistance with data provision and analysis, facilitation and improvement activity, with appropriate and robust local governance structures in which they can operate.

Assessment

There is an established Lothian Primary Care QI Network already in place, which has the potential for increased CQL support. This should be a priority for 2020-21 and beyond, so that experienced & effective CQLs can be retained in post, and enhanced support provided for any new less-experienced CQLs who have been nominated by their Clusters to take on the role.

This is essential for not only continuously improving the quality of care offered to our citizens and to improving the health and wellbeing of the Lothian population (intrinsic function), but in supporting GP clusters to fulfil their extrinsic role via meaningful GP participation in local Health Boards and Health and Social Care Partnerships planning that underpins the purpose of health and social care integration, as well as their Tripartite function with the Local Medical Committee.

Recommendations

The Lothian Quality Primary Care QI Network is proposing to test a framework which will address the Local Medical Committee's report recommendations. This new framework will focus on the identified domains of Knowledge and Support for the Lothian CQLs during 2020-21, to address the challenges of both their intrinsic quality improvement role and extrinsic & tripartite quality planning & strategic roles.

We will aim to deliver Quality Improvement Knowledge consistently and comprehensively, in alignment with the NHS Lothian Quality Strategy, to enable and empower CQLs to lead data-driven, evidence-based improvement. It is critical that the generation of ideas and prioritisation of projects will need to remain organic and responsive to local need, and CQL Support will need to remain flexible to respond to the changing developmental needs of CQLs over time.

We will build upon the Network's already supportive and accessible infrastructure, by making better use of the team members' lead-level improvement knowledge, primary care management & leadership experience, and formal coaching skills, to provide an inclusive and dedicated CQL support framework. This will include general peer support & development needs assessment, signposting to further development resources, and network connections:

a) Standardised Quality Improvement training via the Lothian Quality Academy / locally-delivered QI Essentials programme
b) Quarterly CQL professional development WebEx's
c) One-to-one CQL mentoring/coaching by QI Network clinical leads
d) CQL buddy system
e) Twice-yearly Lothian CQL meetings
f) Encouraging ex-CQLs to remain part of the CQL network
g) Dedicated CQL section on the QI Network webpage with resources and links
h) Development of further Quality Planning toolkits

The Primary Care QI Network clinical leads will be acting in an advisory and coaching role only and cannot be responsible for the actual leadership or management of any improvement programmes or improvement projects as they do not have capacity of time or any power to influence within HSCPs.

HSCPs themselves will therefore remain accountable for delivering successful change, by providing management & administrative support to their CQLs in the long-term, and will need to adopt their own more managed framework of Governance as it develops. They will also need to optimise the opportunities for CQLs to contribute and be influential within their organisations.

Key definitions

GP Cluster –
A professional grouping of general practices, the sizes of which is influenced by the local circumstance and geography, with the purpose of providing a mechanism whereby GPs may engage in peer-led quality improvement activity within and across practices and also contribute to the oversight and development of care within the wider healthcare system.

Cluster Quality Lead (CQL) –
A GP nominated by the cluster with responsibility and protected time to provide a Continuous Quality Improvement leadership role in the GP cluster. The CQL is appointed by the Health Board and will liaise between practices and the NHS board/Health and Social Care Partnership on quality improvement issues.

Tripartite working –
GP Clusters can contribute to combined professional advice provided to commissioning and planning processes of the HSCPs and NHS Boards through participation in the GP tripartite group (made up of GP Subcommittees of Area Medical Committees, NHS Board and Integration Authority GP leads, and Cluster Quality Leads).

Supporting Lothian's Cluster Quality Leads (CQLs) 2020-21

1. Background to the development GP Cluster working

1.1 In its Memorandum of Understanding about the New GP Contract, the Scottish Government instructed that Health & Social Care Partnerships (HSCPs) must collaborate with NHS Boards as partners in the development and delivery of their Strategic Plan (and the associated Primary Care Improvement Plan)[1]. HSCPs have a statutory duty to consult a wide range of local stakeholders and professional groups (including Primary Care professionals) and take decisions on the size and shape of local health and social care services on a collective basis based on dialogue with the local communities and service users.

1.2 Within HSCPs, GP clusters have a critical role in improving the quality of care in general practice and influencing HSCPs both regarding how services work and service quality. A GP cluster is defined as a professional grouping of general practices, represented at periodic meetings by Practice Quality Leads (PQL), and led by a Cluster Quality Lead (CQL) whose role is to facilitate and guide the members and liaise with locality and professional structures. To do so fully and effectively, there must be adequate infrastructure that supports the cluster and those assuming roles as PQLs and CQLs. This includes resource for protected time within their contract, and an infrastructure that supports leadership, assists data provision and analysis, facilitation and improvement activity, with appropriate and robust local governance structures in which they can operate. The document **Improving Together: a new quality framework for GP Clusters in Scotland**[2] provides a framework for how that learning, developing and improving may be achieved, and how to ensure Cluster involvement in quality improvement planning and quality improvement activity as part of whole system improvement.

1.3 Appendix A sets out the practical arrangements for Cluster working within NHS Lothian, and identifies the 14 Clusters within the 4 HSCPs and their localities.

1.4 As GP Clusters mature, they will be expected to have a key role in proactively engaging with HSCPs, advising on the development of HSCP Primary Care Improvement Plans and working with their MDT and wider professional networks to ensure highly effective health and social care provision within and across the HSCP area and where relevant across HSCPs. These purposes may further be described as intrinsic and extrinsic quality roles:

[1] Memorandum of Understanding between Scottish Government, British Medical Association, Integration Authorities and NHS Boards GMS Contract Implementation in the context of Primary Care Service Redesign https://www2.gov.scot/Resource/0053/00534343.pdf

[2] Improving Together: A National Framework for Quality and GP Clusters in Scotland. The Scottish Government January 2017

Intrinsic	Extrinsic
Learning network, local solutions, peer support	Collaboration and practice systems working with Community MDT and third sector partners
Consider clinical priorities for collective population	Participate in and influence priorities and strategic plans of Integrated Authorities
Transparent use of data, techniques and tools to drive quality improvement – will, ideas, execution	Provide critical opinion to aid transparency and oversight of managed services
Improve wellbeing, health and reduce health inequalities	Ensure relentless focus on improving clinical outcomes and addressing health inequalities

Fig 2 Roles of the GP Cluster

1.5 HSCPs are responsible for facilitating GP Clusters and supporting CQLs by providing the central components of the necessary infrastructure to allow productive meetings, and ensure access to leadership training and appropriate administrative support, in order to contribute to the success of GP cluster working.

1.6 The **National Guidance for GP Clusters**[3] outlines the important extrinsic function of GP Clusters in improving the quality of the care their patients receive in the local health and social care system. Effective engagement across the interface with secondary care clinicians and other stakeholders such as social care services and the third sector will be essential to achieve better patient outcomes. In doing so, they should consider how they can interface with existing local collaborative arrangements, including locality planning, to support the quality agenda. This will be facilitated through participation in the GP Tripartite Group which is intended to act at a Board wide pathway at commissioning level.

Cluster work and Cluster Quality Improvement Plans should be capable of influencing and having impact on locality planning and locality priorities. Clusters should be meaningfully consulted on locality and strategic plans with a voice and ability to influence change.

A mutual understanding and good communication of roles/objectives between the GP tripartite group, cluster and locality planning groups is important to support collaborative work.

It is recognised that the GP tripartite group will provide combined professional advice to the planning and commissioning process for HSCPs and Health Boards.

[3] NHS Circular: PCA(M)(2019)08: National Guidance for GP Clusters - A resource to support GP Clusters and support Implementing Improving Together

2. The role of the Cluster Quality Lead (CQL)

2.1 The **Cluster Quality Lead (CQL)** has an important role in the GP cluster, in particular by demonstrating leadership in how discussions and activity locally link to the wider clinical priorities, quality structures and to the locality management team[2.] CQLs are nominated by their own Cluster, but appointed and contracted by a Health Board to represent that cluster to the Health Board.

2.2 The CQL's core role and function[3] is to:

- Support the work of the GP Cluster, linking closely with Practice Quality Leads.
- Co-ordinate and provide professional clinical leadership for, and on behalf of, their GP Cluster in regard to quality improvement, quality planning and quality assurance.
- Actively engage with other CQLs, the Board/Integration Authority leads and GP Subcommittee as appropriate to help ensure good processes are in place in their Cluster to enable quality planning, quality improvement and quality assurance.
- Contribute to the combined professional advice provided to commissioning and planning processes of the HSCPs and NHS Boards through participation in the GP tripartite group.
- CQLs should be aware of, and may already be part of, other local groups, or existing networks and the GP tripartite structure should be seen as a means of enabling collaboration and joined up discussions within the local system.

2.3 The guidance[3] also specifies that each CQL should be given a clear role description, adequate time and funding, and support for and access to improvement methodology made available through Health Board Quality Improvement resources, in addition to relevant data provision and data intelligence support. It is expected that each CQL will have accessed quality improvement training (or equivalent) within 18 months of their appointment, and their Health Board will be expected to facilitate this.

In summary:

- **Each GP Cluster must have a CQL who is a nominated GP from their practices.**
- **They will work to attain quality improvement training.**
- **They will work with their GP Cluster to identify agreed actions and priorities.**
- **They will co-ordinate the quality improvement agenda for their GP Cluster taking into account their local population health needs and landscape.**
- **Along with other CQLs they will work in collaboration with Board / IA Primary Care medical leads and the GP Subcommittee as part of the GP tripartite group.**
- **The recommended requirement is an average of 4 sessions per month which must be mutually agreed and fully funded.**

3. Current support for Cluster Quality Leads (CQLs)

3.1 There is a wide selection of national support available for Clusters and CQLs, including The *Local Intelligence Support Team* (LIST) which provides on-site expert analytical advice and support to provide local decision-makers with meaningful and actionable intelligence, leading to improved outcomes for service users. In addition Healthcare Improvement Scotland (HIS) provides support via the ihub interactive **Implementing Improving Together**[4] interactive (ITi) which is a one-stop-shop library of resources, improvement tools, materials and resources to support those driving quality improvement in primary care, as well as various resources from The Scottish School of Primary Care and Royal College of General Practitioners (RCGP).

3.2 However, the support and development of primary care leadership roles such as the CQL is a local responsibility. Developing constructive conversations around local priorities and improvement aims, using intelligence and data from a range of sources, and building relationships internal to the cluster, and with other parts of the health and social care system merits support, and may in some places require formal assistance. Recognition of this is critical, and during the development of the national Cluster framework[2] it was judged to be important to signal to Integrated Authorities that investment in facilitation, either from internal resources or from the range of organisations able to provide this, will enhance the output of Clusters and allow them to become productive more quickly. Supporting Cluster Quality Leads in running productive meetings, both practically and developmentally and ensuring access to leadership training and appropriate administrative support will all contribute to the success of GP cluster working and are central components of the necessary infrastructure.

3.3 The national guidance[3] clearly defines that CQLs should complete formal Quality Improvement training within 18 months and that this is the responsibility of their Health Board, but guidance for the support and wider development of the extrinsic role of the CQL is not well defined, nor are specific recommendations made.

3.4 NHS Lothian currently supports the formal Quality Improvement training of CQLs via their **Quality Academy**[5], which aims to build and support the understanding, capability and capacity of NHS Lothian staff in aspects of Quality planning, improvement and control of processes relating to health and care in our region. Training consists of:

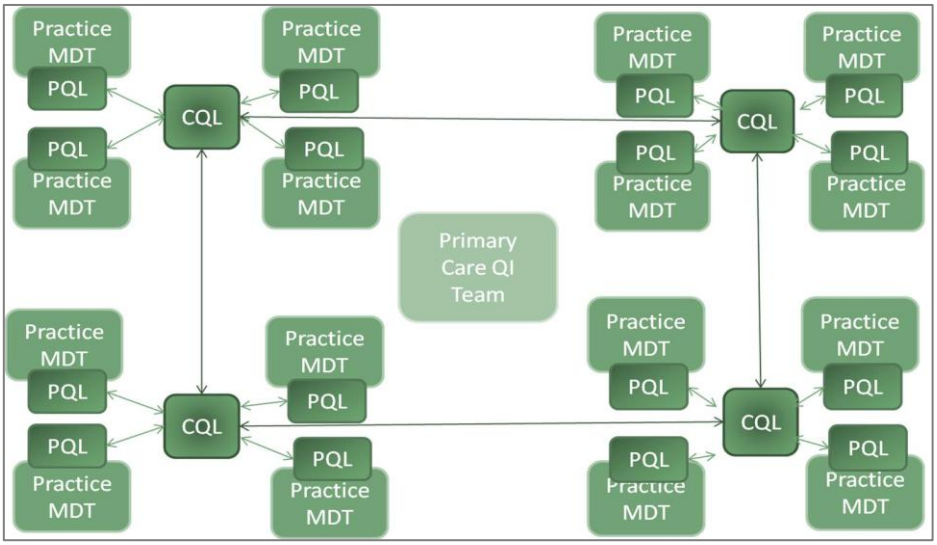
- Quality Improvement theory and Practice
- Technical Skills with Data, Measurement, Visualisation and Reporting
- Application of Innovation, Redesign and Systems Thinking
- Human Factors and Safety Science and Teamwork
- Awareness of self and Leadership of others

The 'Planning for Quality' programme is targeted at senior roles, such as CQLs, who currently lead teams of people or coordinate care services within the organisation and already have good knowledge of QI. Teaching is at workshops and participants are required to apply their increased knowledge to their own improvement project, supported by an allocated QI coach before, during & after the course.

[4] https://ihub.scot/improvement-programmes/primary-care/improving-together-interactive-iti/
[5] https://qilothian.scot.nhs.uk/academy

"The QI training via the academy was invaluable ... this was the first training I had received about QI methodology. It enthused me and transformed the way I think about improvement work in my cluster and my own practice, moving away from traditional audits and the 'just make a change' approach without really planning and evaluating whether the change led to an improvement."

3.5 The Lothian Quality **Primary Care QI Network** is already established within the wider primary care landscape, and is ideally placed to support CQLs more comprehensively.

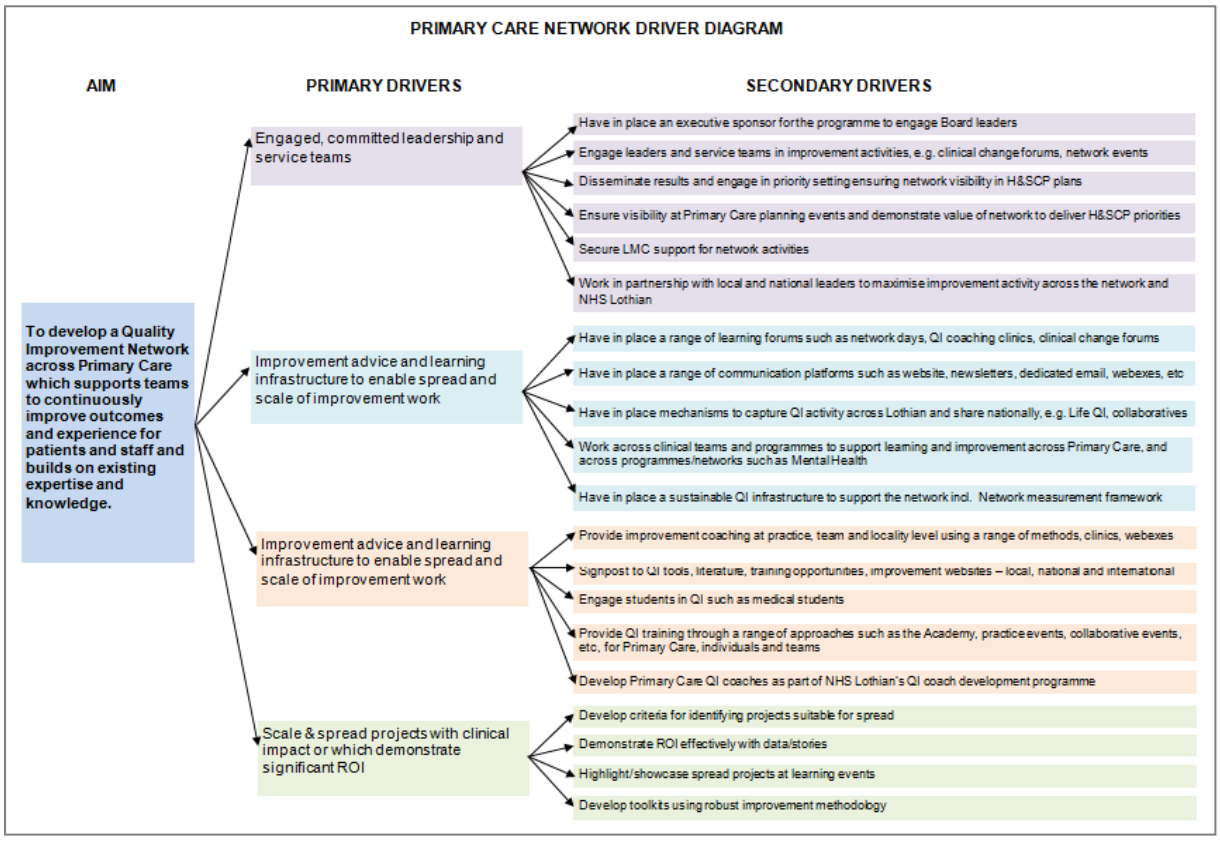


The Network has evolved since 2012, when NHS Lothian was a pilot area for the launch of the Scottish Patient Safety Programme in Primary Care, using QI methodologies to deliver improvement in warfarin management (2012) and medicines reconciliation (2013), outpatient communication (2014) and results handling (2015). In 2016 we piloted practice-based QI projects focussing on improvement opportunities identified by individual practices, which was then launched in 2017 as the QI Workbook programme pilot, and in 2018/19 the QI workbook SESP (Scottish Enhanced Services programme) was launched with funding delivery supported by the Lothian Local Medical Committee (LMC). In 2018/19 Clusters were also invited to work together to address identified local needs through innovative approaches and improvement methodologies.

3.6 The **Primary Care QI Network 3-year plan**[6] sets out our ongoing commitment to the sustainable development of a strong culture of continuous and measurable quality improvement across all Primary Care services in Lothian, including support of the CQL role. The network team has an improvement infrastructure, informed by the Health Foundation Leading Networks in Healthcare[7] which includes a core team with improvement expertise (GP clinical leads, improvement advisors, patient representation) which facilitates extensive capacity and capability building for improvement through network events and coaching sessions, and the development of platforms for sharing learning and spreading improvement.

[6] 3-Year Plan for Lothian Quality Primary Care Quality Improvement Network 2019 – 2021

[7] The Health Foundation: Leading networks in healthcare Learning about what works – the theory and the practice. January 2013



3.7 Coaching has been one of the Primary Care QI Network's key factors for success, and to maximise value from the coaching programme the Network aims to apply all four levels of the Kirkpatrick Evaluation Model[8].

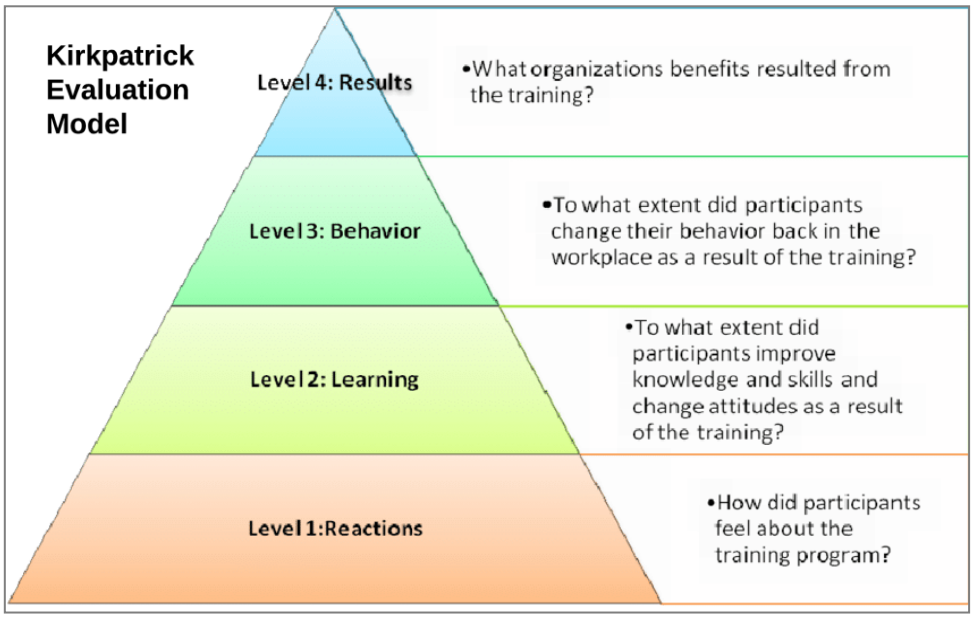
Practice QI workbook coaching is targeted at achieving levels 1 (engagement) and 2 (improvement skills knowledge), and aims for level 3 (applying skills effectively to their project). 62% of the respondents to the 2019 QI Network coaching questionnaire felt that they know more about Quality Improvement than did 12 months ago as a result of the coaching clinic that they had attended.

"It was so helpful and they clarified what was required and I left not feeling so overwhelmed totally appreciated the feedback"

"This one coaching workshop was most useful for focussed feedback & learning to improve our current QI project and skills for next time."

However, as the ultimate goal of effective QI coaching is to help participants make important contributions to organisational strategic change and improvements, coaching for key clinical leadership roles is aimed at level 4 (targeted outcomes occur with organisation benefits as a result of coaching). We currently offer ad-hoc coaching at this level to CQLs at their request, or as part of the support offered to them during their Quality Academy training, see Appendix B for the coaching compact (agreement) used, but ideally it would be accessible to all CQLs.

[8] Kirkpatrick J D, Kirkpatrick K J - Kirkpatrick's Four Levels of Training Evaluation. (ATD Press, 2016)



3.8 Since April 2017 we have also introduced support for the 14 Lothian Cluster Quality Leads (CQLs) by hosting a 6-monthly CQL meeting. Representatives from the QI Network team attend to provide improvement advice, but the CQLs are encouraged to own their own agenda. Since April 2019 the first half of each meeting has been devoted to CQL local updates to allow them to take the opportunity for peer support and sharing of successes and learning from their own Clusters.

"The twice yearly Lothian CQL meetings coordinated by the QI team have also enriched QI learning & sharing of ideas."

"*The Lothian wide CQL meetings are a great source of support and it's really interesting to share everyone's work. As the Clusters mature they can hopefully start to take on slightly more ambitious projects and having your support would really help facilitate this*."

There is evidence of improvement spread as a result of this shared learning between CQLs. For example, Midlothian's frailty work is being taken up by Edinburgh HSCP, and their Vitamin D project results were taken to the Laboratory Interface Group (PLIG) and as a result the guidelines for testing have been added to the IT software for practices across Lothian. At the last meeting West Lothian shared its work on Chronic Pain prescribing and there has been interest among a number of Clusters to take on this improvement work. Leith shared their work using the Feeling Good App for anxiety & stress, and this has now been widely spread across Lothian.

3.9 CQL 'support needs' has been a standing item on each agenda, and is open to discussion amongst the group. At the last meeting this focussed on the difficulties of CQLs extrinsic function within their localities/HSCPs and how others had overcome these challenges. The QI Network have been able to offer practical support by sharing experience of and signposting to developmental programmes such as NES "You as a Collaborative

Leader", and introducing a new "tool" at each meeting, including our document "Tips for successful working in a cluster" and some of the QI toolkits.

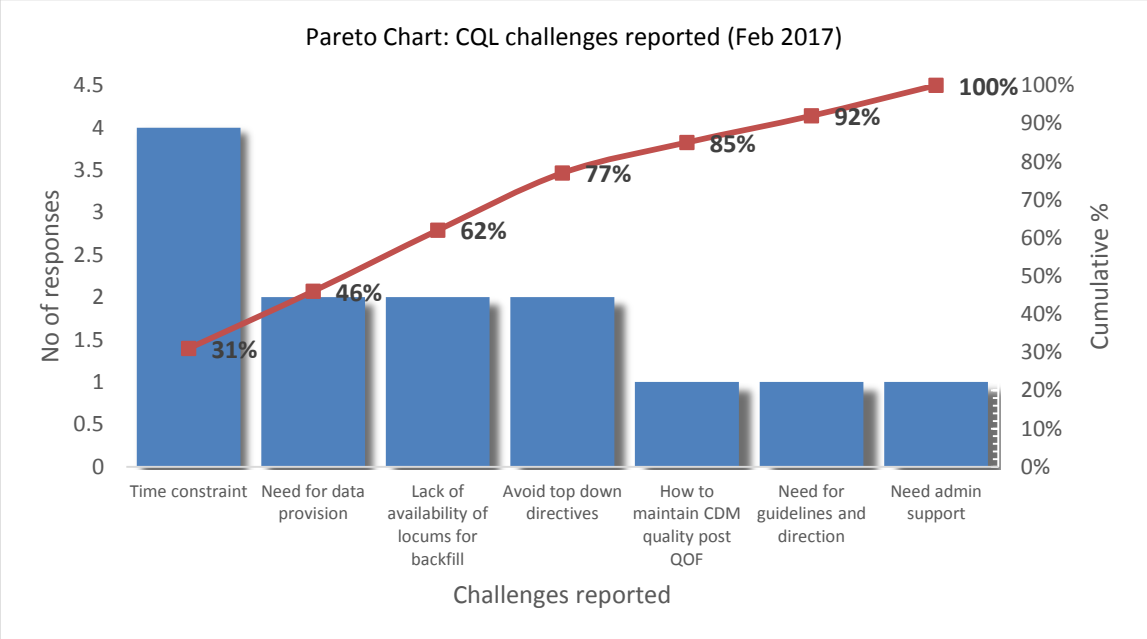
3.10 These toolkits aim to collate all the resources needed to launch a successful Practice or Cluster project in a single document ready-to-go format**,** aiming to minimise the preparatory work involved for both the clinical leadership and team delivery. Based on the 'Model for Improvement', they encourage use of the right tools to consider current baseline and plan for own context, but share previously-tested change ideas and practical resources which are ready to use, and include a data collection & measurement framework to help demonstrate improvement. Topics for selection as toolkits for scale and spread need to have significant clinical impact demonstrated or expected across all quality domains, and or reasonable return on investment (ROI) potential, but are based on local smaller-scale pieces of successful work (usually one of the Practice QI workbooks). At the time of writing, at least two Clusters have already started work using the Bowel Screening and Naloxone Provision toolkits, and the wider response has been generally favourable with regards to future uptake.

"From a cluster perspective I will offer the toolkit out [to my PQLs] as the gold standard of project delivery"

"Overall I think this is an excellent resource/toolkit... Other than organising cluster wide education, it is a toolkit that could be used by individual practices which I think is ideal, as often trying to get every practice in your cluster to do the same piece of work can be challenging."

4. Identified needs for further support

4.1 Back in 2017 the Lothian survey of CQLs reported practical issues such as inadequate protected time and difficulty finding locum backfills, lack of useful data provision, and top-down directives were issues for them:



"This is all very new and there are no clear guidelines for what is expected which has made things very tricky. Some clear guidelines would be useful"

"The expectation of what clusters/CQLs could potentially achieve is enormous..."

4.2 In 2018 The Health Foundation's **national CQL structured interviews**[9] identified the following CQL wish-list of skills for the role which they may need support with:

- QI knowledge & experience
- Opportunities to share ideas
- Involvement of patients
- Understand & use data
- Coaching skills
- Mentoring
- Group learning sessions
- Protected time
- H&SC language
- Maintaining momentum

4.3 Locally, and most recently, Lothian's Local GP Subcommittee commissioned a recent report on Cluster Working[10] which used a 90-day process of stakeholder engagement, including a CQL questionnaire (85% response rate) and some targeted interviews. Encouragingly, CQLs reported reasonable levels of QI training knowledge, with 85% strongly agreeing that they were able to lead and develop their Cluster's quality improvement plan (intrinsic function). All CQLs confirmed that that they had access to the QI team to help identify and support their projects, with 36% strongly agreeing. However, only 55% of CQLs felt that they had sufficient leadership skills, with only 27% strongly feeling that they could contribute to their HSCP's strategic plans. The majority of CQLs indicated inadequate support in administrative, project management and HSCP support. In its conclusions, the report made a number of recommendations for improvement across four domains of Knowledge, Support, Influence and Governance, as well as a pressing need to formalise the GP Tripartite group within the Quality subgroup of the GMS Oversight group.

4.4. During the latter part of 2019, a number of experienced CQLs who have been in post for the last 3 years since the New Contract and Cluster working came into effect, have indicated to the QI Network team that they now plan to step down from the role because of some of the challenges highlighted, and because some of their development needs for success and satisfaction in the role were not being met. There is anecdotal evidence that a lack of support within the wider system has been a contributory factor to some of these losses, which supports the findings of the formal NHS Lothian GP subcommittee report.

4.5 As a result, the QI Network feel that CQL support should be a greater priority for us for 2020-21 and beyond, so that we help retain experienced & effective CQLs in post, and provide enhanced support for any new less experienced CQLs who have been nominated by their Clusters to take on the role. We feel that this is essential for not only continuously

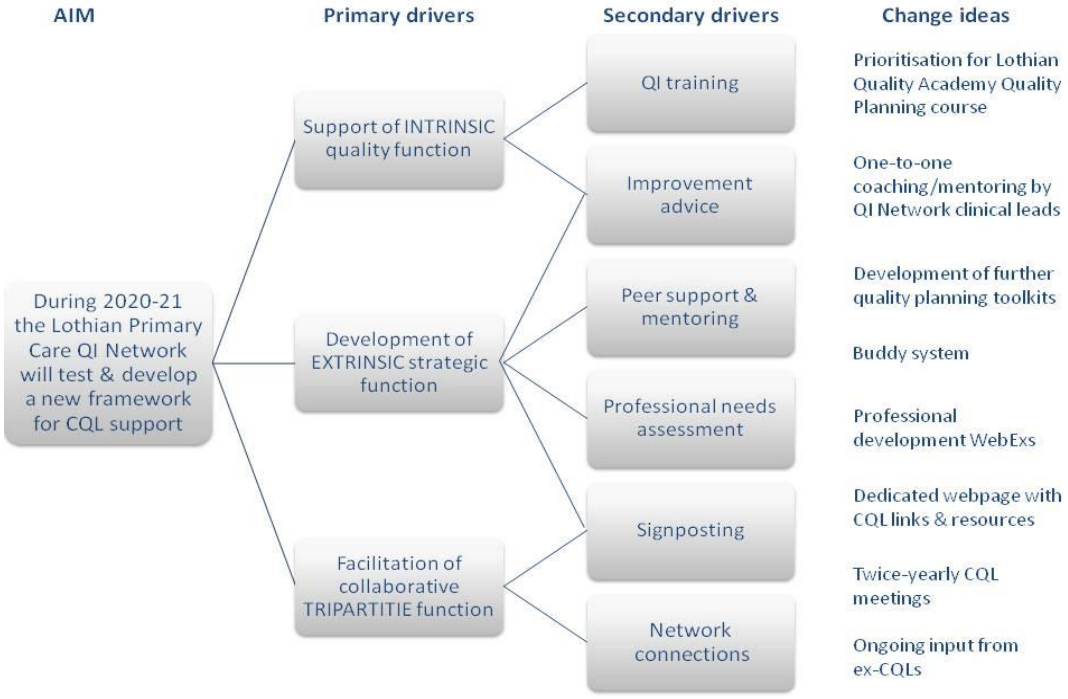
[9] Health Improvement Scotland (Jeffcott, 2018) A Cluster Quality Lead (CQL) survey
[10] Black G and English J (2019) NHS Lothian GP Subcommittee: Review of GP Cluster Working in NHS Lothian

improving the quality of care offered to our citizens and to improving the health and wellbeing of the Lothian population (intrinsic function), but in supporting GP clusters to fulfil their extrinsic role via meaningful GP participation in local Health Boards and Health and Social Care Partnerships planning that underpins the purpose of health and social care integration, as well as their Tripartite strategic role with the Local Medical Committee.

5. Recommendations:

5.1 The Lothian Quality Primary Care QI Network is proposing to test a framework which will address the Local Medical Committee's report recommendations. This new framework will focus on the identified domains of Knowledge and Support for the Lothian CQLs during 2020-21, for both their intrinsic quality improvement role and extrinsic & tripartite quality planning & strategic roles.

CQL support driver diagram:



5.2 We will aim to deliver Quality Improvement Knowledge consistently and comprehensively, in alignment with the NHS Lothian Quality Strategy, to enable and empower CQLs to lead data-driven, evidence-based improvement. It is critical that the generation of ideas and prioritisation of projects will need to remain organic and responsive to local need, and CQL Support will need to remain flexible to respond to the changing developmental needs of CQLs over time.

5.3 We will build upon the Network's already supportive and accessible infrastructure, by making better use of the team members' lead-level improvement knowledge, primary care management & leadership experience, and formal coaching skills, to provide an inclusive and dedicated CQL support framework. This will include general peer support &

development needs assessment, signposting to further development resources, and network connections:

a) Ongoing prioritisation for new CQLs to undertake and complete formal **Quality Improvement training via the Lothian Quality Academy** within 18 months of starting the role, supported via individual coaching and application of new skills & knowledge to a Cluster improvement project, and/or locally-delivered QI Essentials programme.

b) Quarterly **CQL development WebEx's** to develop & build on the QI skills that CQLs have learnt on the Quality Academy, and to support them to take this to the next level by providing improvement coaching themselves to their own PQLs, and by extending and developing their own knowledge and skills. Topics may include design thinking, leadership and quality planning to support their strategic extrinsic and tripartite functions, as well as change management, complexity, systems innovation and person-centred service design. Sessions will be interactive but led by the QI Network clinical leads or improvement advisors with relevant experience who can share their learning and resources from the NES Scottish Safety & Quality Fellowship, Scottish Improvement Leader and 'You as a Collaborative (HSCP) Leader' and NHS Horizons School for Change programmes, but will also use resources & videos from QI national experts where possible. In addition local speakers from within the organisation who can share their experience and advice about collaborative and extrinsic working, or local facilitators such as the local LIST team, could be invited to collaborate.

c) **One-to-one mentoring/coaching** for all Lothian CQLs by one of the Primary Care QI Network clinical leads for two one-hour sessions per year, commencing April 2020. Initial priority will be given to newly-appointed CQLs, or those already in post who are experiencing challenges. This support would be defined by a "coaching compact" (see Appendix B) which clearly sets out purpose, boundaries and responsibilities from both parties. Whilst improvement advice for projects would be given, there would be focus on providing professional development support, with signposting to educational resources or programmes where learning needs are identified, e.g. NES programmes, NHS Horizons School for Change, etc.

d) Development and initial administration of a **buddy system** linking two CQLs from different HSCPs together to provide each other with informal professional peer support, and a 'critical friend' with which to share ideas and resources. It is envisaged that a successful buddy system would ultimately replace the ongoing need for QI Network clinical lead coaching/mentoring, making the Lothian CQL network self-supporting in the future (although may still need some administrative support for allocation of buddies as CQLs change over).

e) Ongoing **twice-yearly CQL forum / meetings** organised and attended by the QI Network improvement advisors or clinical leads to provide improvement advice, but with the agenda and content of the meeting directed by the needs and requests of the CQLs themselves. Part of this meeting will continue to be devoted to sharing of Cluster projects and outcomes to facilitate spread of successful improvement.

f) Encouraging **ex-CQLs** to remain part of the CQL network and attend meetings and/or provide a period of initial handover support. Backfill funding for their time would need to be provided either through the Lothian Medical Committee or HSCPs themselves to facilitate this.

g) Develop a **dedicated CQL section on the QI Network webpage** which includes resources and links which more specifically addresses their leadership, planning, strategic & extrinsic roles – to include a wide variety of further reading, data tools, and links to national resources including the ihub Implementing Improving Together (ITi) interactive[4] - aimed at supporting CQLs working at a complex and strategic level.

h) Continue to develop **further Quality Planning toolkits**, such as the existing Frailty planning toolkit[11], which support and facilitate Cluster-wide planning for improvement by bringing together all the data resources and some pre-tested change ideas from other areas, with the aim of supporting spread of successful projects from other Clusters, and supporting/guiding less experienced CQLs in this planning for improvement role.

6. Evaluation and potential risks:

6.1 It is important to acknowledge that these new recommendations represent a period of testing for which outcomes and CQL experience will need to be evaluated, using the following measures:

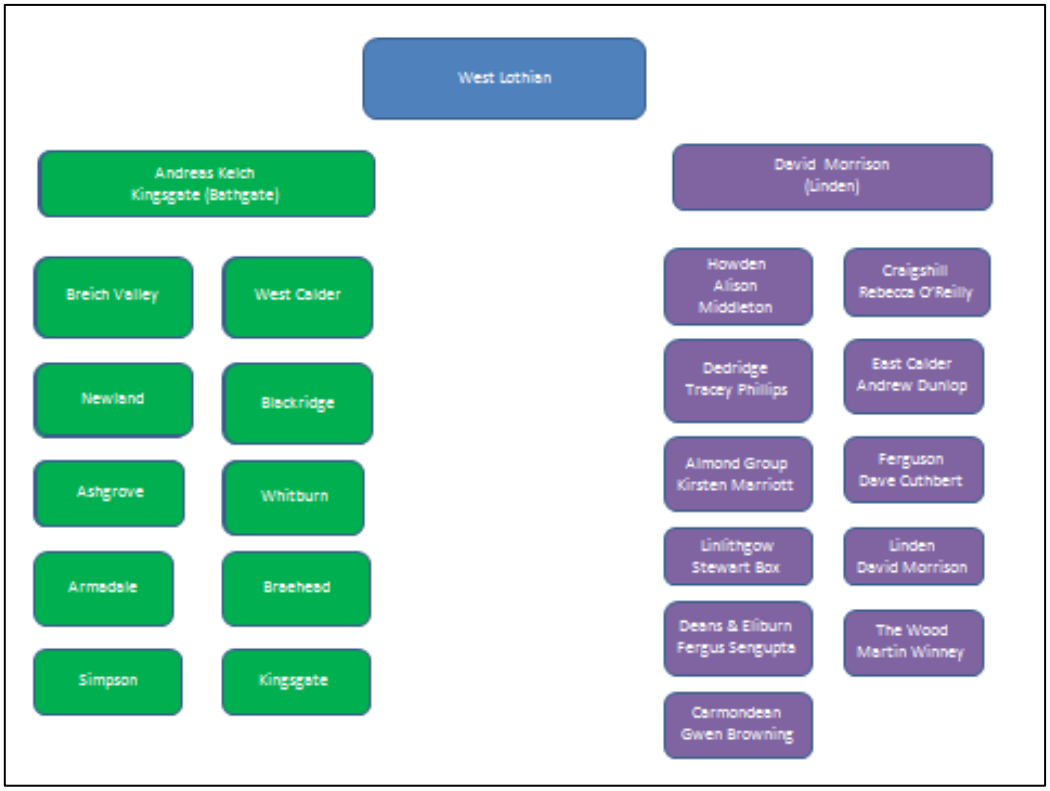
- Process measures – numbers of individual mentorship/coaching sessions delivered, number of WebEx's delivered and number of participants per WebEx, attendance at CQL meetings.
- Outcome measures – CQL experience, confidence & impact via self-reporting questionnaire and/or 360 feedback, CQL retention (length of CQL term)
- Balancing measures – Primary Care QI Network clinical lead time, time for CQLs to attend coaching

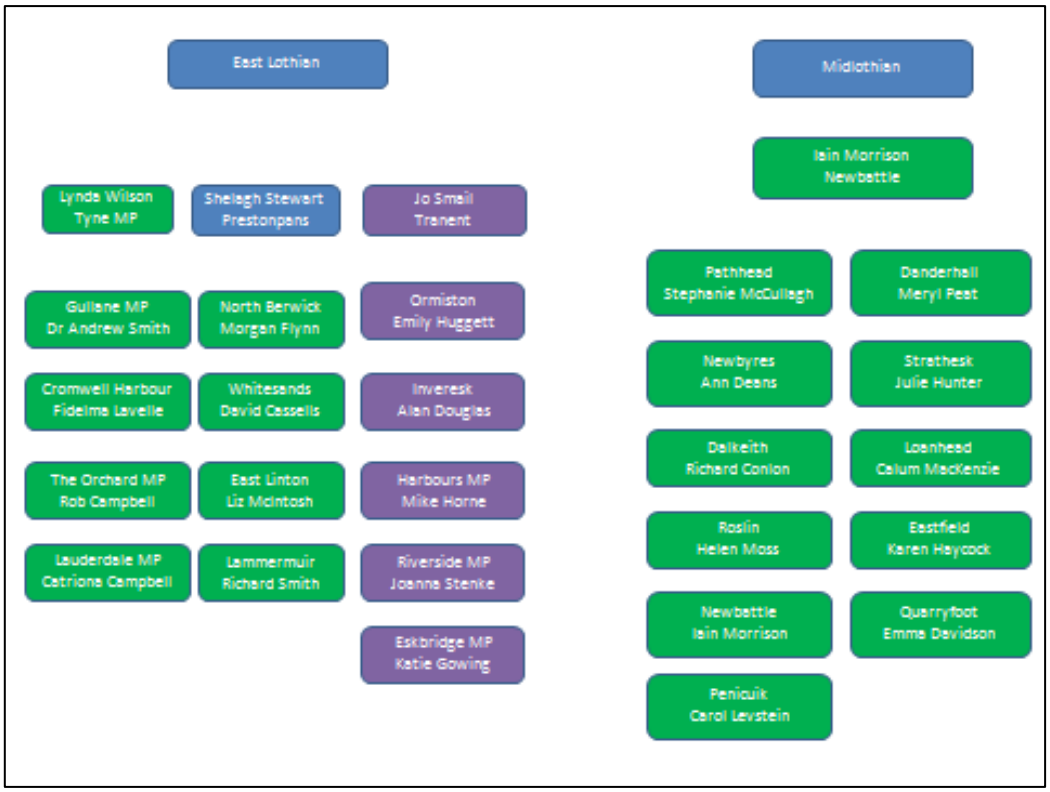
6.2 The Primary Care QI Network clinical leads will be acting in an advisory and coaching role only and cannot be responsible for the actual leadership or management of any improvement programmes or improvement projects as they do not have capacity of time or any power to influence within HSCPs.

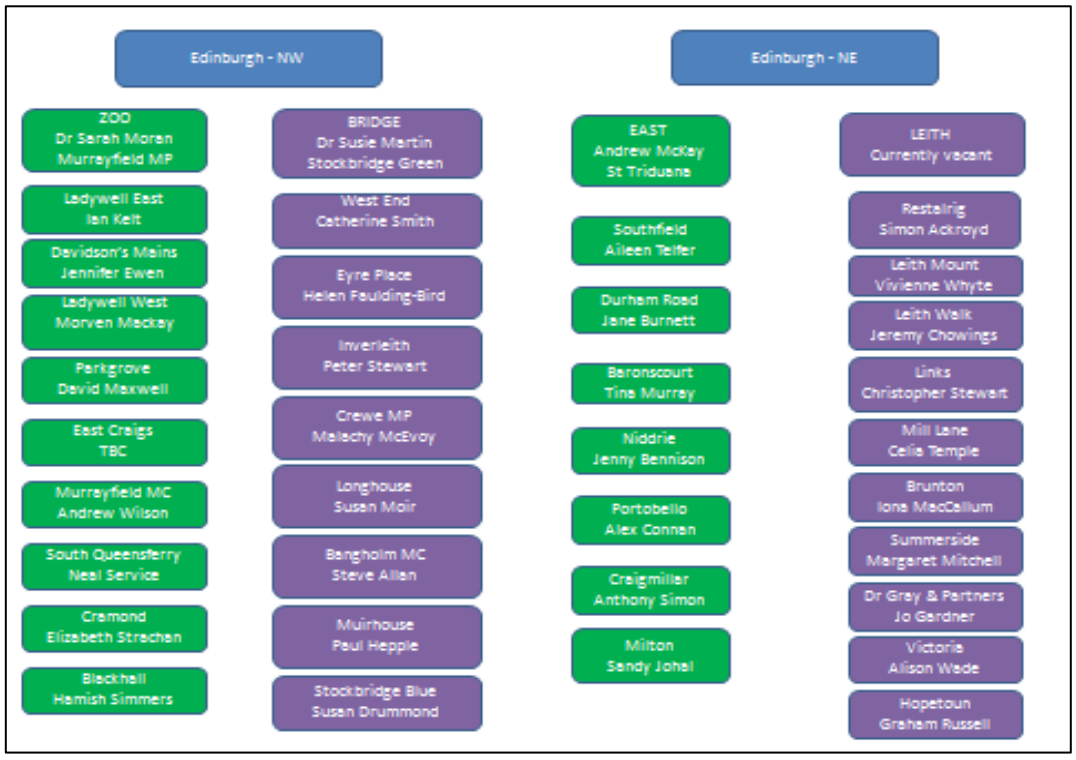
6.3 HSCPs themselves will therefore remain accountable for delivering successful change, by providing management & administrative support to their CQLs in the long-term, and will need to adopt their own more managed framework of Governance as it develops. They will also need to optimise the opportunities for CQLs to contribute and be influential within their organisations.

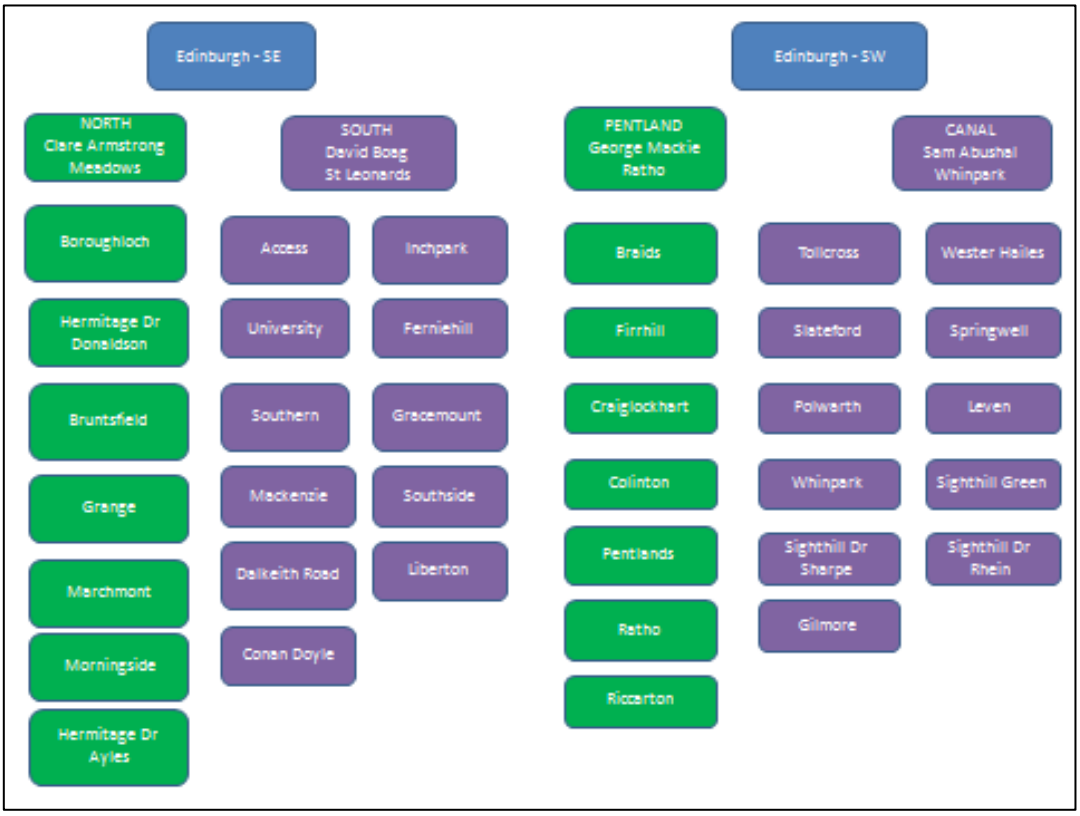
[11] https://qilothian.scot.nhs.uk/pc-toolkits

Appendix A: Lothian Clusters (2019)






Edinburgh - NW
ZOO
Dr Sarah Moran
Murrayfield MP
Ladywell East
Ian Kelt
Davidson's Mains
Jennifer Ewen
Ladywell West
Morven Mackay
Parkgrove
David Maxwell
East Craigs
TBC
Murrayfield MC
Andrew Wilson
South Queensferry
Neal Service
Cramond
Elizabeth Strachan
Blackhall
Hamish Simmers
BRIDGE
Dr Susie Martin
Stockbridge Green
West End
Catherine Smith
Eyre Place
Helen Faulding-Bird
Inverleith
Peter Stewart
Crewe MP
Malachy McEvoy
Longhouse
Susan Moir
Bangholm MC
Steve Allan
Muirhouse
Paul Hepple
Stockbridge Blue
Susan Drummond
Edinburgh - NE
EAST
Andrew McKay
St Triduana
Southfield
Aileen Telfer
Durham Road
Jane Burnett
Baronscourt
Tina Murray
Niddrie
Jenny Bennison
Portobello
Alex Connan
Craigmiller
Anthony Simon
Milton
Sandy Johal
LEITH
Currently vacant
Restalrig
Simon Ackroyd
Leith Mount
Vivienne Whyte
Leith Walk
Jeremy Chowings
Links
Christopher Stewart
Mill Lane
Celia Temple
Brunton
Iona MacCallum
Summerside
Margaret Mitchell
Dr Grey & Partners
Jo Gardner
Victoria
Alison Wade
Hopetoun
Graham Russell


Edinburgh - SE
NORTH
Clare Armstrong
Meadows
Boroughloch
Hermitage Dr
Donaldson
Bruntsfield
Grange
Marchmont
Morningside
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Ayles
SOUTH
David Boag
St Leonards
Access
University
Southern
Mackenzie
Dalkeith Road
Conan Doyle
Inchpark
Ferniehill
Greenmount
Southside
Liberton
Edinburgh - SW
PENTLAND
George Mackie
Ratho
Braids
Firrhill
Craiglockhart
Colinton
Pentlands
Ratho
Riccarton
CANAL
Sam Abushel
Whinpark
Tollcross
Slateford
Polwarth
Whinpark
Sighthill Dr
Sharpe
Gilmore
Wester Hailes
Springwell
Leven
Sighthill Green
Sighthill Dr
Rhein

Appendix B: CQL coaching compact

Prior to agreeing this compact the QI Coach and CQL should discuss:
• The expectations of coaching and any anxieties surrounding the sessions
• The importance of regular feedback between coach and CQL to enable effective coaching to occur.

COMPACT

Aims of coaching	The QI Coach role is to help translate improvement knowledge & robust methodology into practice by supporting individuals and/or groups in their improvement efforts. The coach will:- • Share knowledge of improvement tools and techniques • Provide ideas and advice about application of improvement techniques (using the lens of profound knowledge) as a basis for Quality Planning • Provide ideas and advice about design thinking and stakeholder engagement • Explore testing of change ideas • Provide advice on measurement • Advise on implementation and spread challenges • Encourage the you in your improvement efforts • Help you maximise your impact & extend your reach • Help you secure your gains and achieve sustainability • Help you reflect on your learning • Help you identify development needs & signpost you to appropriate resources • Inspire you to achieve even more
Frequency of sessions	2 sessions per year, approximately six-monthly
Duration of session	1 hour
Venue	Mutually convenient
Review/Evaluation	Annually

GROUND RULES

Confidentiality	Although the coach will not normally take what is discussed outside the sessions, where illegal, unprofessional or unethical practice is disclosed, this may be necessary. The participant/team would in the first instance be encouraged to self-report.
Code	We agree to abide by *(own profession)* Code of Professional Conduct
Respect	We agree to show respect and loyalty to one another
Punctuality	We agree to be punctual
Cancellations	We agree to give notice of our non-attendance in advance, quickly rearranging the session
Accountability	The coachee/CQL is accountable for their own practice and project delivery.
Responsibilities	The coachee/CQL is responsible for taking forward any action points agreed at the session. The Primary Care QI Network Clinical Leads / Improvement Advisors will act in an advisory and coaching role only. CQLs and their Clusters or HSCPs themselves will remain responsible for delivering successful change, by providing their own leadership, project management, administration & data analyst support.
Note-taking and project reporting	The CQL will keep action notes. The QI coach is not required to take notes of the coaching conversation or to prepare or deliver any written documentation or project reports.

Adapted from Lothian Quality Academy coaching compact (Julia Mackel)