

Emerging Insights from a collective process of inquiry:

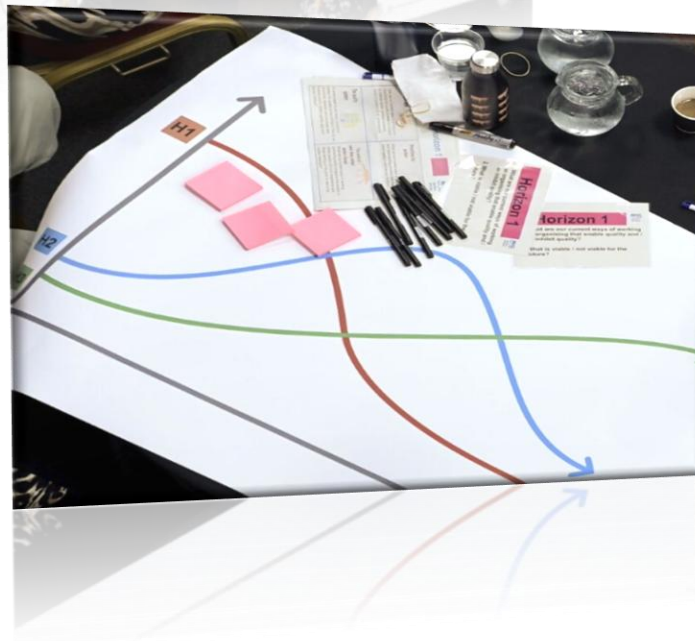
Creating a new Quality Strategy for NHS Ayrshire & Arran

7th October 2025



Context page

This report represents a snapshot of the attitudes, opinions and reflections of people on the day; the insights do not indicate or represent the policy of NHS Ayrshire & Arran. The methodology used to analyse and synthesis the data to make sense of people's contributions can be read in more detail in appendix B.



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1. Executive Summary

On 7th October 2025, over 80 people from across Ayrshire & Arran took part in a process of inquiry to begin defining a new quality strategy. Using the three horizons model developed by Bill Sharpe¹, people had the opportunity to step into the future, at the same time as exploring how they might build on current strengths. The agenda for the day can be seen in appendix A.

Attendance at the event included clinical leaders, managers, health and social care staff, students, volunteers and people with lived experience of care. The event was designed to facilitate new discussions with 32% of those attending not knowing anybody at their table at the beginning of the day. By bringing together key stakeholders and allowing space and time for fresh ideas to emerge, the event sparked positive energy, creativity and motivation for improvement.

During the course of the day, people took part in several online polls, and an exercise aimed at understanding how people currently define quality, and their hopes and aspirations for the future. The language people shared on the day from these exercises are shared throughout the report.

Whilst there is variation in how people think about quality, there are some common principles emerging, including two strong themes around partnership working and experience.

Using the words that people shared a single definition of quality has been created:

“Quality is the consistent, compassionate, and person-centred delivery of services that are safe, effective, timely, and equitable. It is built on a foundation of collaboration, inclusivity, and continuous learning, where every voice matters and every experience contributes to improvement. It embraces a whole-system approach, responsive processes, and streamlined communication to meet individual needs and population health goals. It is a shared responsibility that fosters positive experiences for both service users and staff, creating a legacy of sustainable, value-based care.”

Hopes and aspirations for the quality strategy include a commitment to develop a vision for quality that is rooted in values of person-centred care that is underpinned by equity and inclusion and a culture of kindness and recognition of contribution.

Working with all three Horizons, the following key messages, and calls to action have emerged from the day.

¹ Sharpe, Bill (2014) Three Horizons and working with change. Online. London gathering: APF Compass. Available at: <https://www.triarchypress.net/uploads/1/4/0/0/14002490/sharpe-compass-jan2014-final.pdf>

Key messages

- Strong collective ambition to enhance quality through innovation, collaboration, and system-wide transformation.
- Emphasis on communication, digital integration, patient involvement, and workforce development. These areas highlight a shared understanding that sustainable improvement requires both cultural and structural change.
- Collaboration and co-production must be embedded across all levels of service delivery to ensure joined-up care and smarter working.
- Digital transformation is not just about technology, but about empowering staff and patients through accessible, integrated systems.
- Quality improvement should be normalised as everyday practice, supported by time, training, and innovation.
- Resources and workforce must be strategically invested in, with a focus on long-term sustainability, equity, and adaptability

Opportunity for Action

- **Define Quality:** Review the analysis to create a narrative about what quality means in NHS Ayrshire and Arran. Test and build on this to ensure it is meaningful for staff and service users.
- **Continue to co-design Quality Strategy:** building on the strong collective ambition to enhance quality explore further engagement and feedback mechanisms to bring the strategy to life.
- **Embed collaboration and co-production at all levels:** Quality Strategy development will include a commitment to promote shared decision making, and inclusive participation in designing, delivering, and evaluating services. This should include exploring co-production training for staff and service users
- **Digital transformation:** Opportunities and solutions to empower staff and patients by including involving staff and service users in the design and testing of digital solutions to ensure digital platforms are accessible, interoperable, and inclusive should be explored and aligned with the Digital Strategy.
- **Quality Improvement (QI):** Building on our current commitment to quality improvement explore mechanisms/ enablers to embed QI as everyday practice by reviewing current education models, embedding QI tool and methods into day to day work and recognising and rewarding innovation.

2. Introduction

On 7th October 2025, over 80 people came together to explore our collective quality improvement transformation potential. In this report, we bring together the emerging insights from the day to help shape the development of a new quality strategy for NHSAA.

The aims of the event were to:

1. Think about where we are now in our quality journey.
2. Give a 'voice' to different, experiences, thinking and opinions.
3. Build our collective capability to create a different future by working together in a different way.
4. Develop key messages and actions to support the co-design of the next Quality Strategy.



3. Who was in the room

The primary role of delegates at the event is displayed in Figure 1. The day brought an opportunity to bring people together who had not previously met, with only 5% of delegates stating they knew everyone at their table (Figure 2). The table discussions sparked positive energy, creativity and motivation for improvement.

Figure 1: Roles of ADE Delegates

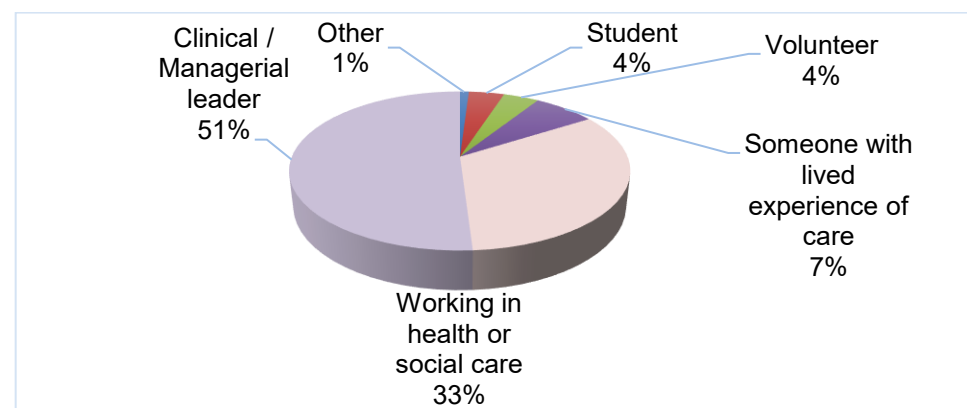
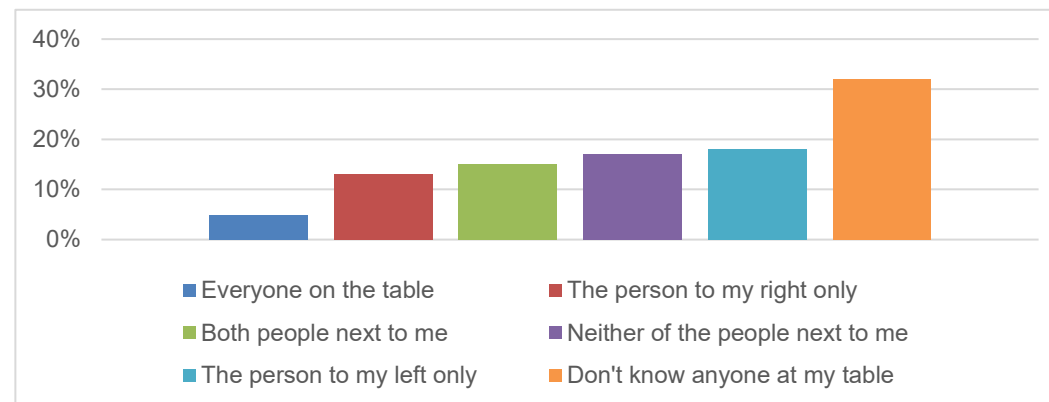


Figure 2: Who do you know at your table?



Delegates were offered the opportunity to be filmed to share their experiences from the day, take home messages and hopes for the future of the Quality Strategy. A link to the film can be found here - [Final ADE long – YouTube](#).

4. Welcome to the day

Jennifer Wilson, Executive Nurse Director, opened the day and encouraged everyone to think about how we can build on our current strengths to build a better future. She asked delegates to consider today as a process of discover through inquiry and by coming together today we can work towards a better future for all that is both brave and ambitious.



Geraldine Jordan, Director of Clinical and Care Governance facilitated the day and began by setting out the aims and principles for working together. She asked delegates to define quality in a single sentence and consider their hopes and aspirations. She introduced the Three Horizon Model and guided delegates through each horizon, sharing rapid feedback throughout the day.

Claire Mavin, Head of Clinical and Care Governance, provided an overview of the current NHSAA Quality Strategy ambitions and shared the evaluation findings including impact stories and progress with achieving deliverables. She encouraged everyone to consider the task ahead and consider what their hopes are for a future quality strategy.



5. Our Approach

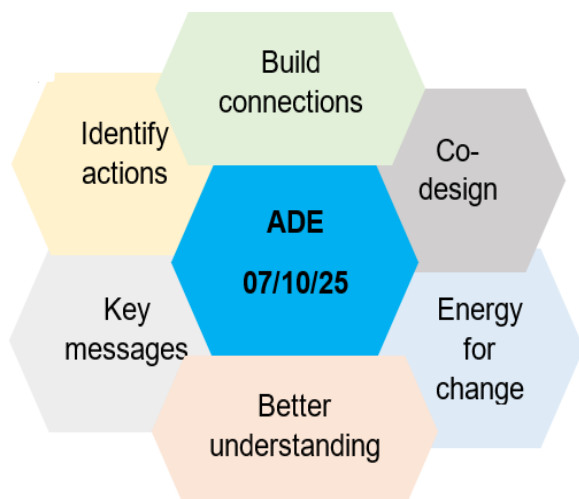
Accelerated Design Event

Accelerated Design Events (ADE) aim to rapidly work through challenges and develop actions over a short time period.

Unlike traditional design processes that may take months or years, an ADE condenses the timeline into a concentrated and intensive timeframe.

Every ADE is unique; it is created to achieve specific outcomes, using a variety of techniques and methods.

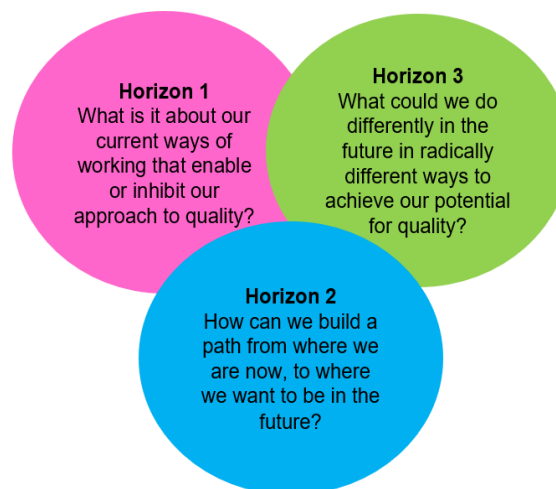
In Accelerated Design, a variety of rapid and highly interactive methods are used to test propositions, problem solve, agree priorities and gain participants' investment for future actions.



Three Horizons

The Bill Sharpe's three horizons model for working with change¹ was purposefully chosen as a way of supporting a process of inquiry, giving people space and permission to step into the future while realising the potential of the present. It is a simple and intuitive framework used to help organisations anticipate and plan for future developments in a structured way.

The framework is based on the concept of time and helps organisations understand their environment. It divides time into three "horizons", each representing a different phase of change and offering a way to think about innovation and transformation.



Rapid Insight

This report was co-created by a NHSAA Rapid Insight Team. The approach facilitated quick findings at the ADE which provided opportunity to identify meaningful feedback with speed and efficiency. Post event the Rapid Insight Team conducted a detailed review and analysis of the data, with key findings presented.

This report represents a thematic analysis of the data, using the words people shared with us, to reflect what matters to them. More information about the day - and the methodology behind rapid insight - is contained in appendix B, C & D.



6. Experiences and Aspirations

6.1 Defining quality

During the course of the day, people took part in several online polls, and an exercise aimed at understanding how people currently define quality, and their hopes and aspirations for the future. The language people shared on the day from these exercises are shared throughout the report.

Using image cards to support creative thinking, people individually reflected on how they define quality. They then shared their sentences on tables to collectively define in one sentence, what quality means to them. A total of 12 different sentences were submitted on flip charts and via Slido (appendix C). Whilst there is variation in how people think about quality, there are some common principles emerging, including two strong themes around partnership working and experience.

Quality statements included:

“A patient centred approach that meets the needs of each individual supported by ongoing training and support of staff which is effective and safe”



“Quality is understanding the values of health & care service user needs, building on a flexible and collaborative approach to the provision of care”

“Consistent delivery of compassionate, competent and timely care”

Using the words that people shared a single definition of quality has been created:

“Quality is the consistent, compassionate, and person-centred delivery of services that are safe, effective, timely, and equitable. It is built on a foundation of collaboration, inclusivity, and continuous learning, where every voice matters and every experience contributes to improvement. It embraces a whole-system approach, responsive processes, and streamlined communication to meet individual needs and population health goals. It is a shared responsibility that fosters positive experiences for both service users and staff, creating a legacy of sustainable, value-based care.”



Using the words that people shared with us, table 1 displays how people were thinking about quality.

Table 1: Defining Quality

Common principles underpinning how we define quality currently	Partnership working as a fundamental aspect of how we create and deliver quality	Peoples (patients and staff) experience as a marker of quality.
Quality is:	We create quality by:	We know we are delivering quality when:
The collective pursuit of excellence grounded in collaborative equity, where every voice holds value and every contribution matters	Working together to deliver, maintain and sustain value-based health and care through a transformational journey	Experiences feel positive for staff and service users
A patient centred approach that meets the needs of each individual, supported by ongoing training and effective, safe staff support	A whole system approach with a focus on population health driven by good quality current and future data	Consistent delivery of compassionate, competent and timely care
	Working together to deliver, maintain and sustain a positive experience for staff and service users	
Quality is rooted in what matters to people:	Quality is about having the right culture:	Quality is an experience:
Quality is understanding the values of service users' needs, building on a flexible and collaborative approach to the provision of care	A person-centred safe road. Maybe rocky but together we build lasting quality, a legacy of longevity, a right for all and a shared responsibility to deliver	Quality of services should make the service user feel good. We should work together to maintain and meet expectations
Quality in health and social care is achieved through a person-centred approach that delivers, safe effective, person-centred care	Consistent delivery of person-centred services, focusing on shared values and standards	True quality is measured not only by outcomes, but by the fulfilment it brings everyone
	Consistent delivery of compassionate, competent and timely care	A person-centred approach embraces inclusivity, clear and adaptive process, streamline communication with responsive systems that reduce waste and work in harmony to deliver meaningful outcomes

For openness and transparency, data shared has been made available in appendix C.

6.2. Hopes and Aspirations

Using the same selection of image cards, people repeated the same exercise but with a different question; this time, people individually reflected on their hopes and aspirations for quality. They then shared their sentences on tables to collectively define in one sentence, what their hopes and aspirations are. 16 sentences were shared via flip chart and Slido (appendix D); analysis shows a commitment to develop a vision for quality that is rooted in values of person-centred care and underpinned by equity and inclusion and a culture of kindness and recognition of contribution.

Hope and aspirations statements included:

“Deliver positive transformational change through shared goals and values”

“Bravery, honesty, balancing success/progress with what still needs to be done”

“Together with staff and service users we build a safe, resilient future that empowers and values”



Table 2: Collective hopes and aspirations

Collective hopes and aspirations		
We produce a strategy that is rooted in vision and values	A quality strategy that puts equity and inclusion at the forefront	A quality strategy which promotes...
We want the strategy to support healthcare that is safe, effective and equitable, delivered through a person centred approach.	Support and increased focus on equity and tackling inequalities including health and wider determinants.	Growth, trust, strong relationships, acknowledging obstacles, love, kindness and accountability.
<p>A hope that <i>“Deliver person centred care to patients, friends and family and feel pride within our organisation that can be felt and measured”</i></p> <p>An aspiration to <i>“Deliver positive transformational change through shared goals and values”</i></p>	<p>A hope that <i>“We collaborate with our communities to promote health and wellbeing”</i></p> <p>An aspiration to <i>“Ensure equity is at the forefront of health and social care”</i></p>	<p>A hope that <i>“We are brave and honest balancing success/ progress with what still needs to be done”</i></p> <p>An aspiration to <i>“Together with staff and service users we build a safe, resilient future that empowers and values everyone”</i></p>

For openness and transparency, data shared has been made available in appendix D.

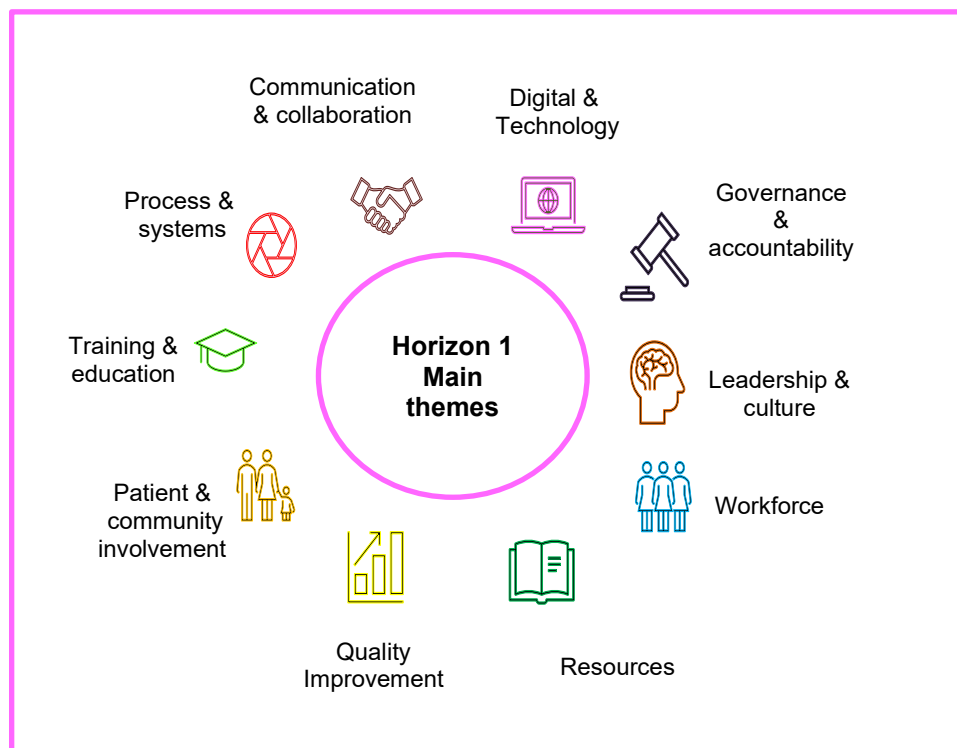
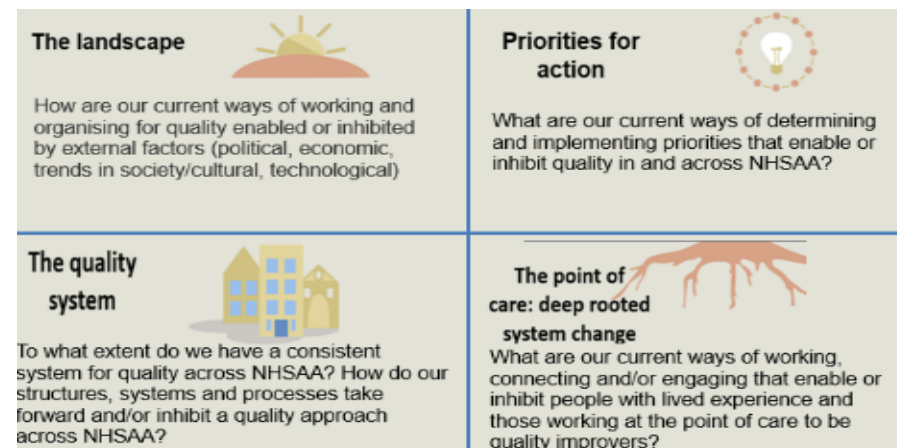
7. Horizon 1: What is it about our current ways of working that enable or inhibit our approach to quality?

In Horizon 1, people were asked to consider: ‘What are the current ways of working or organising (focus, methods, patterns, and structures) that take forward quality and or inhibit quality? What is viable and no longer viable for the future?’

The diagram displayed in Figure 3 was used to encourage people to consider the wider landscape, and to think divergently about quality.

Table conversations focused on what is known about current ways of working. This exercise generated 416 sticky notes of individual ideas. The rapid insight analysis revealed ten themes.

Figure 3



Enablers and inhibitors to quality were shared (Table 3). These included the importance of a co-ordinated approach to quality and the importance of addressing structural and cultural barriers and building on existing strengths.

In the room feedback identified enablers for quality which included:

“Lots of people across the system who do want to see change and are working with compassion”

“People with lived experience being heavily involved now with decisions and feedback of services”

In the room feedback identified inhibitors for quality which included:

“Too many priorities – how do we focus on quality?”

“Seeing patients for separate health issues, not as a whole person”

Table 3: Horizon One themes

Horizon One Themes				
Theme	Inhibitors		Enablers	
1. Communication and Collaboration	<ul style="list-style-type: none"> Complex systems with outdated processes Difficulty in embedding/ scaling innovation Lack of time for collaboration 	<ul style="list-style-type: none"> Lack of public health education Crowded landscape ,3 HSCP's with different pathways Large amount of reporting 	<ul style="list-style-type: none"> Partnership working Clinical networks to share learning Learning from adverse events 	<ul style="list-style-type: none"> Whole system working Size of board allows for closer working relationships
2. Digital and Technology	<ul style="list-style-type: none"> Manual data collection Access to technology (staff and service users) IT infrastructure (e.g. Wi-Fi) 	<ul style="list-style-type: none"> Lack of electronic patient management systems. Systems that don't talk to each other 	<ul style="list-style-type: none"> Signs of digital progress 	<ul style="list-style-type: none"> Technology advances
3. Governance and Accountability	<ul style="list-style-type: none"> Sharing of data Access to data to drive improvement 	<ul style="list-style-type: none"> National targets/ KPI's Too many priorities – how do we focus? 	<ul style="list-style-type: none"> Data rich Governance structures 	<ul style="list-style-type: none"> Benchmarking/ national audits
4. Leadership and Culture	<ul style="list-style-type: none"> Cultures within teams Lack of shared vision 	<ul style="list-style-type: none"> Morale and wellbeing Empowerment to make decisions 	<ul style="list-style-type: none"> Clear well communicated objectives Psychological Safety 	<ul style="list-style-type: none"> Wellbeing support Staff kindness
5. Patient and Community Involvement	<ul style="list-style-type: none"> Improve health promotion Public trust/ expectation and perceptions. Realistic medicine – care over choice 	<ul style="list-style-type: none"> Awareness of non-health related support Access to GP appointments Improve shared decision making 	<ul style="list-style-type: none"> Engaging with people to understand needs (Involvement of people with lived experience) 	
6. Processes and Systems	<ul style="list-style-type: none"> Bureaucracy Silo working (consider pan Ayrshire) Variation in practice 	<ul style="list-style-type: none"> Duplication of work/effort Governance for change and structures 	<ul style="list-style-type: none"> Procedures in place to guide 	
7. Quality Improvement (QI)	<ul style="list-style-type: none"> Mechanisms to share QI Lack of data dashboards 	<ul style="list-style-type: none"> QI ownership Improve evaluation of QI education 	<ul style="list-style-type: none"> Embedded in our culture Local QI education/dedicated QI teams 	<ul style="list-style-type: none"> Quality and Safety meetings focus on improvement and share learning

Horizon One Themes				
8. Resources	<ul style="list-style-type: none"> Capacity (services and hospitals) Moving to prevention when resources tight Lack of 7 days a week services 	<ul style="list-style-type: none"> Financial constraints/resources for innovation Parking Estate 	<ul style="list-style-type: none"> Development of advanced care pathways 	
9. Training and Education	<ul style="list-style-type: none"> Access to training (capacity/resource) 	<ul style="list-style-type: none"> Protected time Succession planning 	<ul style="list-style-type: none"> E learning QI education excellent 	<ul style="list-style-type: none"> Links to Universities Learning from adverse events
10. Workforce	<ul style="list-style-type: none"> Resource/ safe staffing/ recruitment and retention Administrative support for clinicians 	<ul style="list-style-type: none"> Security provision Understanding roles in the organisation 	<ul style="list-style-type: none"> Compassionate dedicated workforce Dynamic teams striving for excellence 	<ul style="list-style-type: none"> Staff wellbeing support Wide range of stakeholders and connections

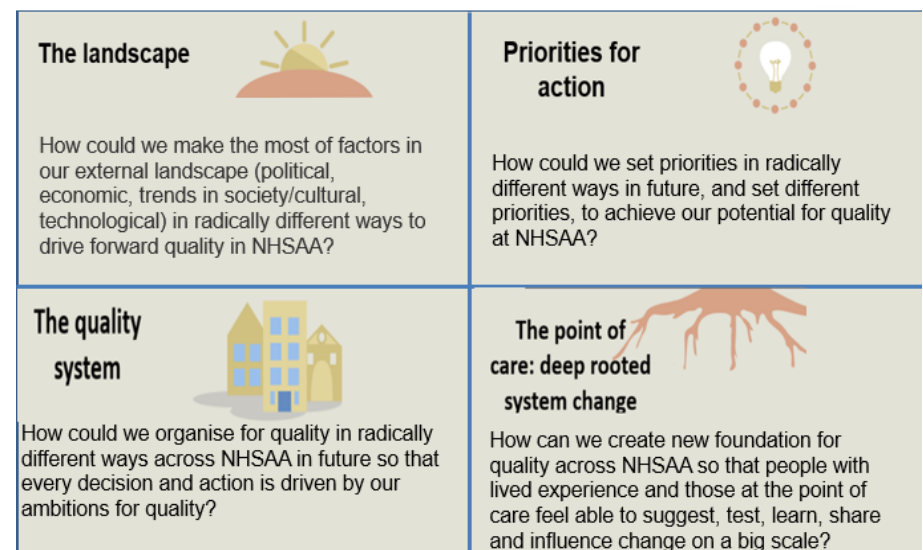
8. Horizon 3: What could we do differently in the future in radically different ways, to achieve our potential for quality?

In Horizon 3, people were asked to consider: 'What could we do radically differently in the future to achieve our potential for quality? What are the emerging opportunities and where are the pockets of the future in the present?'

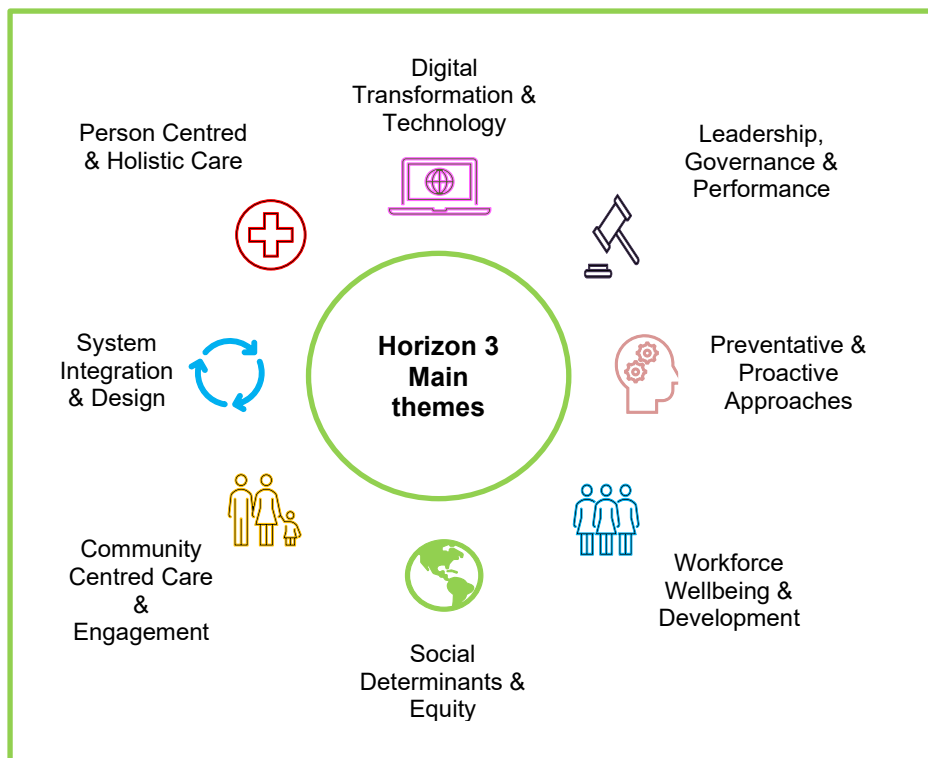
The diagram displayed in figure 4 was used by to encourage people to consider the wider landscape, and to think divergently about quality.

In inviting people to share what they were learning, it highlighted the need for people (staff, patients and communities) to think differently about how services are currently provided and how technological advancements could transform access to and provision of care. To support transformation investment in resource from infrastructure to community-based models was viewed as critical to modernising care delivery and ensuring equitable access for all.

Figure 4



This exercise generated 318 sticky notes of individual ideas. The rapid insight analysis revealed eight themes.



People described the importance of cultivating the right workforce and culture. They highlighted the need for visible and engaged leadership, meaningful investment in staff, and a strong commitment to empowering employees to drive change from within.

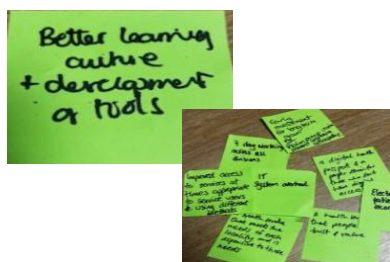
Statements centred on community empowerment, digital innovation, and person-centred care. Delegates advocate for services that reflect local needs, supported by integrated systems and strong leadership. There's a clear desire to shift toward prevention, address social determinants of health, and invest in workforce wellbeing. Across all themes, the emphasis is on collaboration, inclusivity, and meaningful engagement with patients, staff, and communities to co-create a health system that is flexible, equitable, and future-ready.

Insights from delegates included:

“Can we provide care remotely; can we take it to the patient or is there a need that they come to us?”

“Community based multi-professional medical centres, hubs and events”

“Develop pathways for a future workforce”



Analysis of the areas of greatest opportunity revealed eight key themes. Table 4 displays a summary of the most frequently mentioned themes in descending order.

Table 4: Horizon 3 themes

Areas of greatest opportunity	
1	Person Centred & Holistic Care – This focuses on empowering patients, improving continuity of care, and designing services around individual needs. Ideas include patient-led service design, health passports, realistic medicine, and shared decision-making. There's a strong call for dignity, respect, and listening to what matters to people.
2	Community-Centred Care & Engagements – This area includes enhancing local responsiveness and fostering partnerships with the third sector. There's strong support for co-design with communities, investment in community hubs, and integrating lived experience into decision-making. Suggestions include community diagnostic hubs, health promotion in schools, and flexible, place-based services.
3	System Integration & Design – Respondents highlight the importance of joined-up systems, streamlined processes, and infrastructure investment. Ideas include 7-day services, integrated IT systems, shared national services, and collaborative models. There's a desire for more accessible, inclusive, and flexible service design.
4	Workforce Wellbeing & Development – This stresses staff development, flexible working, and protected learning time. Suggestions include rotational posts, quicker recruitment, graduate apprenticeships, and investment in support roles. There's a strong focus on nurturing talent, improving job satisfaction, and creating a positive culture.
5	Digital Transformation & Technology – Themes include the need for unified digital systems across agencies, AI-assisted care, virtual consultations, and robust infrastructure (e.g. reliable Wi-Fi). There's a push for automation to reduce admin burden, digital health passports, and telemedicine. Staff empowerment through digital tools and inclusive access (paper alternatives) are highlighted.
6	Leadership, Governance & Performance – Respondents call for visible leadership, streamlined governance, and cultural shifts toward innovation. Suggestions include reducing meetings, flattening hierarchies, and enabling frontline autonomy. There's emphasis on performance management, succession planning, and aligning resources with strategic priorities.
7	Preventative & Pro-active Approaches – Comments advocate shifting from reactive to proactive care, with investment in early intervention, predictive tools, and health education. There's emphasis on prevention across all levels, tailored support for early years, and empowering individuals to take ownership of their health.
8	Social Determinants & Equity – Themes include tackling poverty, ensuring adequate funding, and improving communication (especially via social media). There's recognition of the need to address broader societal factors affecting health and to build trust in the health system.

9. Horizon 2: How can we build a path from where we are now, to where we want to be in the future?

In Horizon 2, people were asked to consider were invited to consider: ‘What are the actions we can take to get to the big opportunities?’

The diagram displayed in figure 5 was used by to encourage people to consider the wider landscape, and to think divergently about quality. It was also provided as a reference for each table discussion.

Key insights to emerge revealed a collective ambition to enhance quality through innovation, collaboration, and system-wide transformation. This exercise generated 235 sticky notes of individual ideas. The rapid insight analysis revealed 8 themes

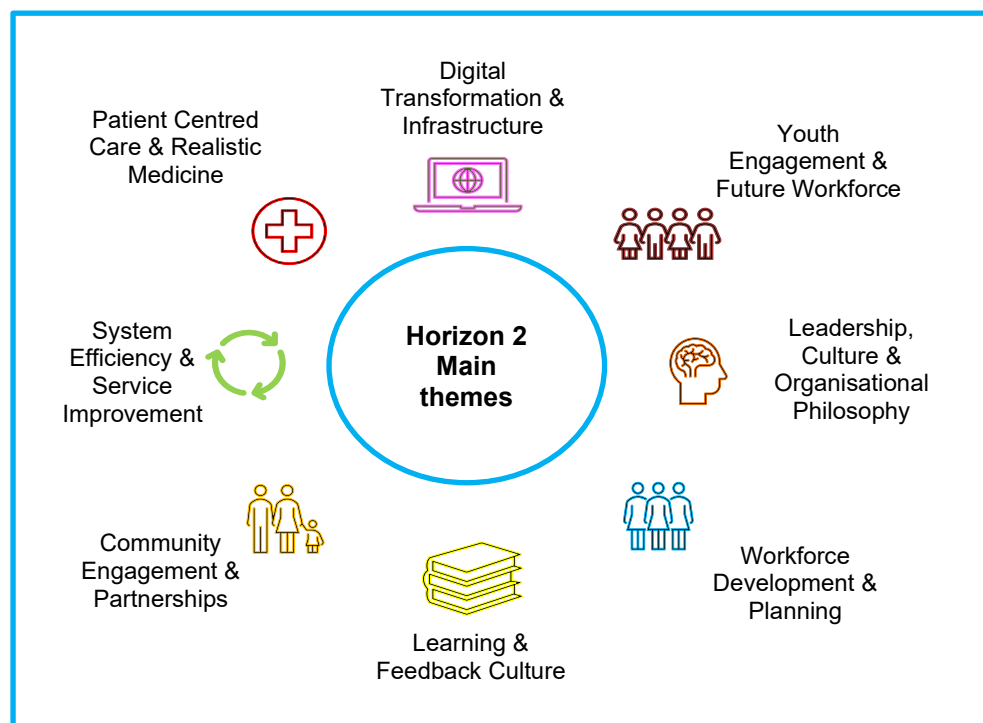
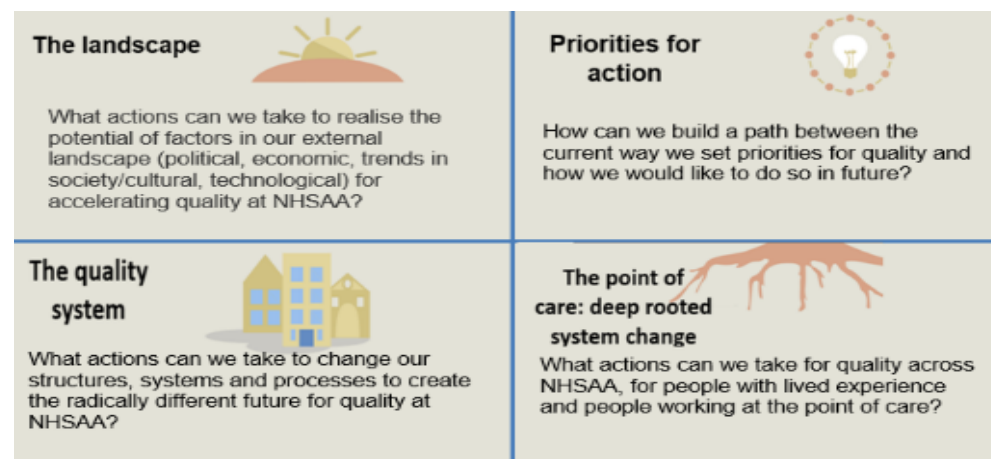


Figure 5



The breadth and depth of ideas captured across the key themes reflect a strong collective ambition to enhance quality through innovation, collaboration and system wide transformation. The emphasis on communication, digital integration, patient involvement and workforce development highlights a shared understanding that sustainable improvement requires cultural and structural change.

Insights from people included:

“Increase support to services by using volunteers more. Transferable skills for people who have worked in NHS / industry”

“Continue to listen to patient’s feedback and learn”

“Utilise technology to improve service”

Fully embed or embrace Realistic Medicine

Build a can-do culture!

Analysis of the areas of greatest opportunity revealed eight key themes. Table 5 displays the most frequently mentioned themes in descending order.

Table 5: Horizon 2 themes

Horizons 2 – Actions to take	
1	System Efficiency & Service Improvement – This includes a wide range of ideas aimed at streamlining services, reducing duplication, and improving coordination. Suggestions span from co-location of services and rotational working to innovation funding and reducing red tape. There's a strong emphasis on whole system thinking and learning from other sectors.
2	Community Engagement & Partnerships – This emphasises the importance of deeper collaboration with communities, universities, and service users. Suggestions include co-location of services, community-led initiatives, improved communication, and stronger social media presence. There's a clear call for NHS to be a proactive partner in local planning and to foster trust through transparency and engagement.
3	Workforce Development & Planning – Comments highlight the need for strategic workforce planning, career development, and staff support. Ideas include mentorship, protected learning time, flexible employment, and bridging workforce gaps. There's a call for further investment in staff, recognition of lived experience, and better recruitment processes.
4	Digital Transformation & Infrastructure – Ideas focus on leveraging technology to enhance service delivery, data use, and patient engagement. Proposals include expanding digital champions, integrating IT systems, using AI for triage and consultation, and investing in apps. Staff training and digital literacy are also highlighted as essential for successful transformation.
5	Leadership, Culture & Organisational Philosophy – Comments advocate for a focus in organisational culture towards positivity, bravery, and inclusivity. Key themes include visible leadership, reducing KPI-driven behaviours, promoting values-based leadership, and fostering a “can-do” attitude. There's a desire for cultural change that supports innovation and staff wellbeing.
6	Patient Centred Care & Realistic Medicine – Ideas stress the importance of listening to patients, supporting self-care, and enabling informed decision-making. There's a push for embedding Realistic Medicine, promoting lifestyle changes, and shifting some responsibility for health to individuals. Patient and family engagement is seen as key to improving outcomes.
7	Learning & Feedback Culture – This theme centres on creating a learning organisation that values feedback, continuous education, and innovation. Suggestions include proactive training, capturing patient experience, sharing data, and securing funding for educators. Encouraging difficult conversations and learning from mistakes are seen as vital for growth.
8	Youth Engagement & Future Workforce – This theme focuses on engaging young people through apprenticeships, school partnerships, and mental health support. Suggestions include work experience opportunities, listening to youth voices, and promoting NHS careers early. The aim is to build a sustainable and inspired future workforce.

10. Key Messages/Call to Action

Working with all three Horizons, the following key messages/ opportunity for actions are emerging:

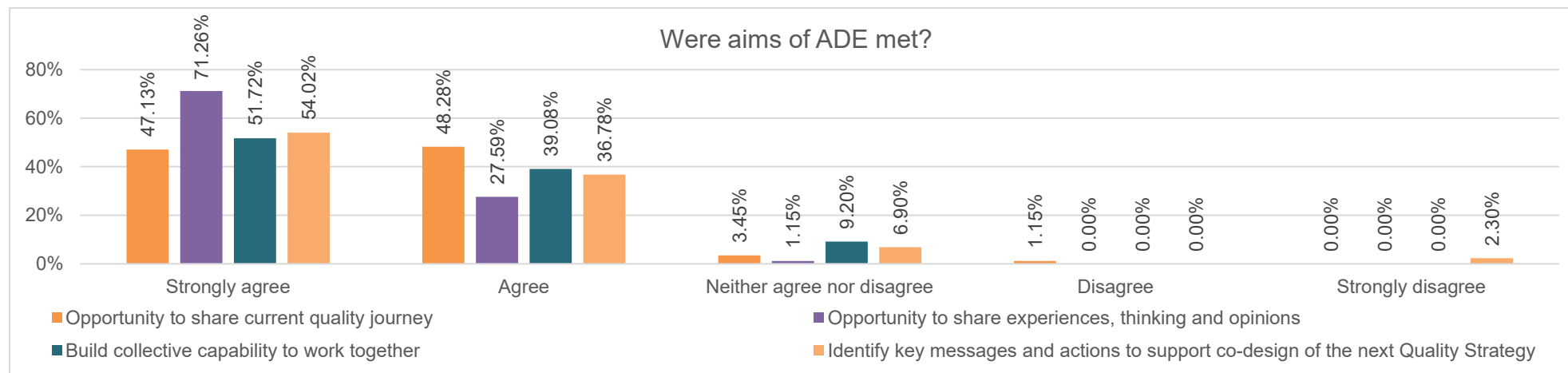
Key messages	Opportunity for Action
<ul style="list-style-type: none">• Strong collective ambition to enhance quality through innovation, collaboration, and system-wide transformation.• Emphasis on communication, digital integration, patient involvement, and workforce development. These areas highlight a shared understanding that sustainable improvement requires both cultural and structural change.• Collaboration and co-production must be embedded across all levels of service delivery to ensure joined-up care and smarter working.• Digital transformation is not just about technology, but about empowering staff and patients through accessible, integrated systems.• Quality improvement should be normalised as everyday practice, supported by time, training, and innovation.• Resources and workforce must be strategically invested in, with a focus on long-term sustainability, equity, and adaptability	<ul style="list-style-type: none">• Define Quality: Review the outputs to create a narrative about what quality means in NHS Ayrshire and Arran. Test and build on this to ensure it is meaningful for staff and service users.• Continue to co-design Quality Strategy: building on the strong collective ambition to enhance quality explore further engagement and feedback mechanisms to bring the strategy to life.• Embed collaboration and co-production at all levels: Quality Strategy development will include a commitment to promote shared decision making, and inclusive participation in designing, delivering, and evaluating services. This should include exploring co-production training for staff and service users• Digital transformation: Opportunities and solutions to empower staff and patients by including involving staff and service users in the design and testing of digital solutions to ensure digital platforms are accessible, interoperable, and inclusive should be explored and aligned with the Digital Strategy.• Quality Improvement (QI): Building on our current commitment to quality improvement explore mechanisms/ enablers to embed QI as everyday practice by reviewing current education models, embedding QI tool and methods into day to day work and recognising and rewarding innovation.

The ideas presented offer a valuable foundation for a future healthcare system that is person-centred, digitally enabled, and sustainably resourced, with quality embedded at every level. Together, these themes form a cohesive vision to support development of the next NHSAA Quality Strategy.

11. Evaluation Feedback

Following the event, delegates were asked to complete a short online survey to share their experience from the day. A response rate of 100% (81) was received. The majority of delegates strongly agreed/ agreed that the aims of the event were met (Chart 1).

Chart 1: Were aims of ADE met?



Delegates were asked what the highlights from the event were. Responses are themed below:

- Collaboration & connections allowed for building relationships & networking
- Diversity of perspectives - hearing from variety of roles & backgrounds
- Horizon model and strategic thinking supported purposeful dialogue
- Engagement and facilitation - thought provoking & informative
- Learning and insight where voices were heard & respected

“Great opportunity to network and hear everyone's different perspectives”

“Using Horizons Three & working collaboratively”

Delegates were asked what could have improved the event. Responses are themed below:

- Broader representation & inclusion of youth, services
- Event format & logistics – more information pre-event
- Engagement & interaction to allow option to swap tables
- Overall – well organised, positive & interactive

“More stories from previous Quality Strategy”

“No changes. Slido provided good opportunity to gauge thoughts. Three Horizons methodology was helpful”

Delegates were invited to provide any other comments or feedback. Responses are themed below:

- Appreciation & positivity: Event well organised, productive & worthwhile
- Engagement & format: Using Three Horizons and Slido allowed interactive collaborative and effective working
- Future focus & follow up: Allowing outputs and actions from ADE to be shared with ongoing involvement was welcomed

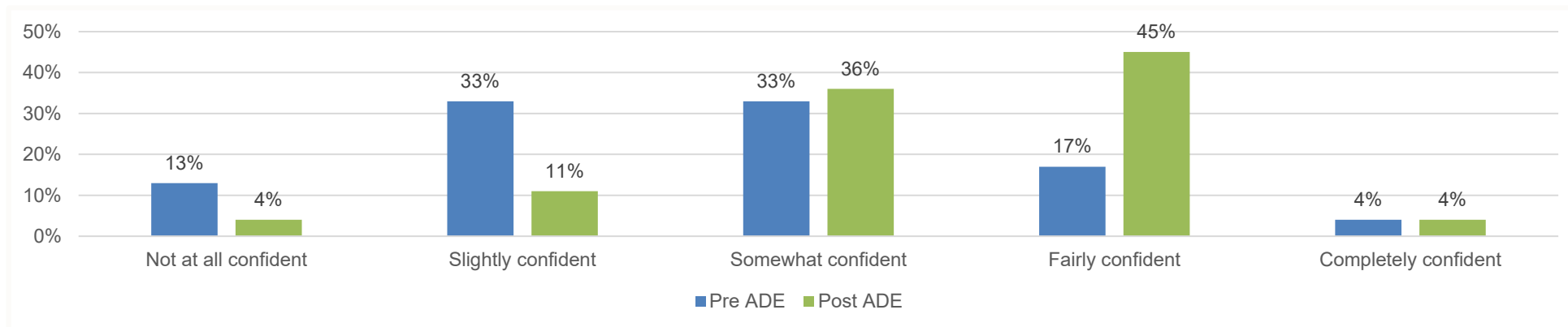
“Liked this way of working, felt more productive”

“It has empowered and motivated a lot of people in the room and created a buzz and positive atmosphere”

12. Summary

A flash report from the event has been shared with all delegates (appendix E). Delegates were asked to share how confident they feel about our collective ability to improve quality in NHS Ayrshire & Arran over the next five years at the start and end of the event. Chart 2 displays confidence levels pre and post event about the collective ability to improve quality in NHS Ayrshire & Arran, demonstrating confidence levels for the majority of delegates increased post event.

Chart 2: Confidence levels of our collective ability to improve quality in NHSAA



Further engagement to maintain momentum following this event will take place to co-design the next NHSAA Quality Strategy, which will include engagement with staff, the public and youth forums.

Jennifer Wilson, Nurse Director of NHSAA, reflected at the end of the day:

“The ADE captured something powerful, a collective belief that we can create a future for quality in NHS Ayrshire & Arran that is compassionate, ambitious and genuinely co-designed. What came through most strongly for me was the depth of commitment from our staff, partners and people with lived experience to build a system where quality is everyone’s business and every voice shapes the way forward.”

13. Acknowledgements

The insights presented in this report were possible thanks to the enthusiasm and input of everyone who participated in discussions and activities during the event. This was made possible by the significant contributions of the following teams of people who worked collaboratively together to plan and co-ordinate the event.

Presenters

Jennifer Wilson, Executive Nurse Director
Geraldine Jordan, Director of Clinical & Care Governance
Claire Mavin, Head of Clinical & Care Governance

Table Hosts

Jen Pennycook, Chief Nurse – Excellence in Care & Practice Development
Nina McGinley, Excellence in Care Lead
Lorna Copeland, QI Lead – Health & Social Care Partnerships
Stephanie Frearson, QI Lead – Acute Services
Debbie McCard, Risk Manager
Gillian Biggans, Resuscitation Lead
Laura Harvey, QI Lead – Patient Experience
Diane Barton, Risk Team Lead
Kirsty Telfer, QI Advisor
Jason Brown, Resuscitation Officer
Shona McKie, QI Advisor
Colin Scott, Spiritual Care & Person-Centred Lead

Rapid Insight Team

Claire Mavin, Head of Clinical & Care Governance
Toni Catt, Knowledge Service Manager
Donna Smith, Excellence in Care Co-ordinator
Holly Todd, Information Analyst
Library and Knowledge Services Team

Medical Illustration Support

Sharon Sutherland, Head of Medical Photography
Donna Hanlon, QI Advisor
Tammy Redmond, Project Officer

Operational Team

Sharon McDonald, Project Manager
Louise Steel, Personal Assistant
Greg Murdoch, Senior Governance Facilitator
Pauline Menzies, Training & Education Administrator

Point of Contact for Lived Experience / Volunteers

Claire Robertson, QI Facilitator

Appendix A: Agenda from the day

Time	Plan
10.00	Welcome
10.10	How today will work & introductions
10.25	NHS Ayrshire & Arran Quality Strategy: The story so far
10.35	Quality in NHS Ayrshire & Arran: Our experiences and aspirations
11.05	Coffee Break
11.20	Horizon 1
12.30	Lunch
13.15	Rapid Insights Horizon 1
13.25	Horizon 3
14.25	Coffee Break
14.40	Rapid Insights Horizon 3
14.50	Horizon 2
15.50	Summary and next steps
16.00	Concluding Remarks and Close

Appendix B: Approach and methodology to rapid insight generation

The rapid insight team gathered data and themes, providing feedback in real time. Following the event, a more detailed review and analysis of the data, which included 967 sticky notes generated on the horizon maps. Key findings are presented in this report.

The goal of rapid insights is to turn data generated from large complex network interactions – such as this process of inquiry - into actionable insights, either in real time or rapidly after an event. Rapid insights help to create energy for change, providing a springboard for improvement efforts. People are engaged in generating the data and brought closer to their own data to make sense of it. This helps to build sustainable change.

Our approach to generating rapid insight is built upon six key principles², where insights are:

- 1 Grounded in data - Insights are evidence led and reflect the language used by participants.
- 2 Co-created – Insights emerge through a social process that draws upon lived experience.
- 3 Actionable – It is clear how insights can be used to guide agency and promote large-scale change.
- 4 Forward thinking – Insights provide new perspective.
- 5 Curated – Insights are easy to remember and share with others.
- 6 Collective – Insights provide valuable joint intelligence about the topic of interest.

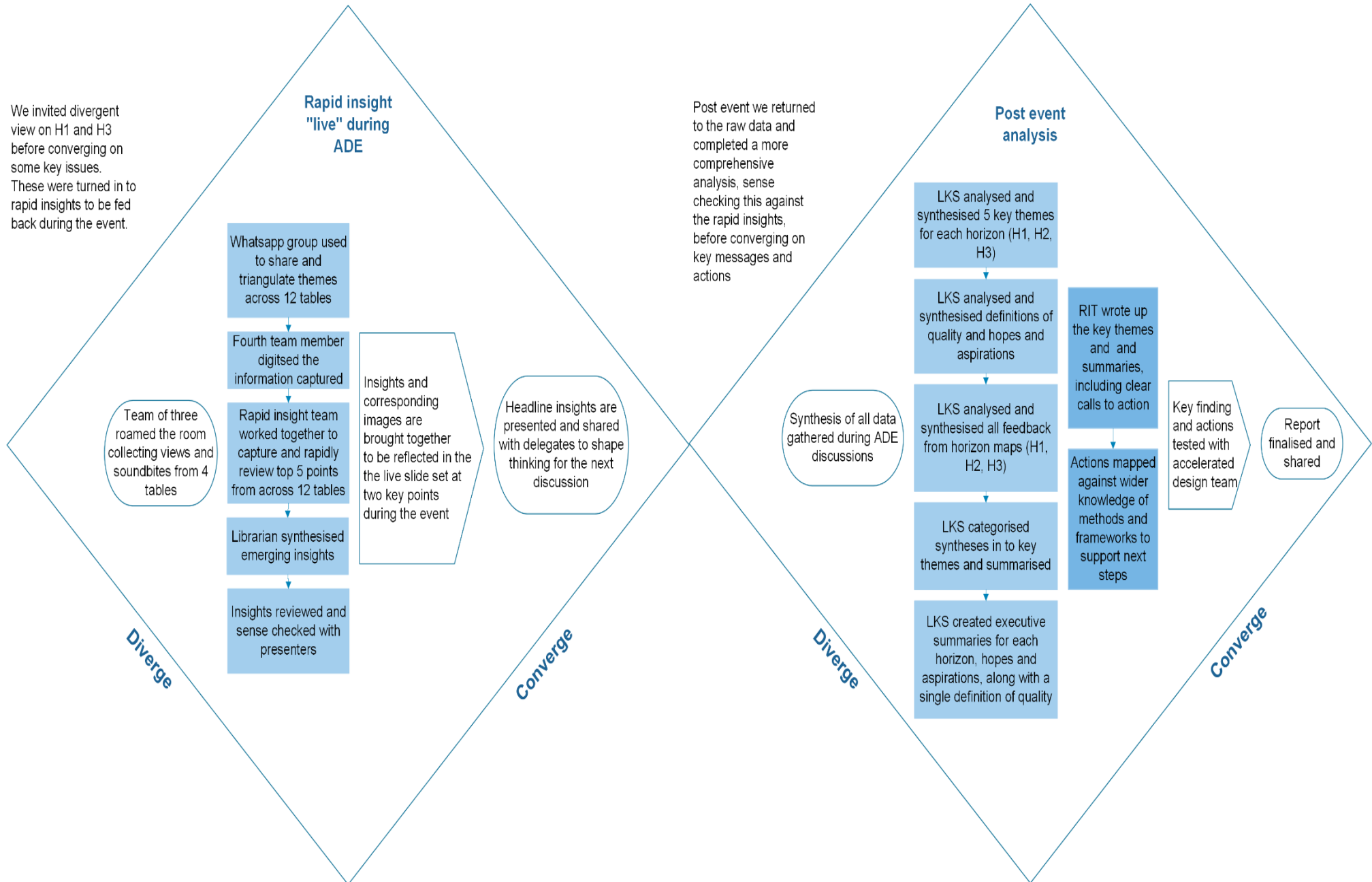
Methodology to inform the key messages in this report

A structured rapid insights methodology was used to gather feedback across three thematic horizons. This method is described in figure 6.

Delegates provided input using colour-coded sticky notes and flip charts, which were digitised in real-time by the Rapid Insights Team. Microsoft Co-pilot was used to assist with live thematic analysis which was fed back before the start of each discussion. Post-event, additional feedback was synthesised from sticky notes, flip chart responses and Slido. These covered the three horizons, but also delegates' definitions of quality and their hopes and aspirations. All data generated from the event is available on request by e-mailing aa.governanceteam@aapct.scot.nhs.uk.

² Karakusivic, S., Yearsley, L and Maddocks-Brown, L (2023) Networks, the clear blue water of change or the “wave tops” on the sea? Available at: <https://journals.sagepub.com/eprint/ZD3XIENAG59MGXICFVMR/full>

Figure 6: Rapid Insights Methodology



Appendix C: Quality sentences

Delegates were asked for “a shared sentence that represents your collective definition of quality”

1	A patient centred approach that meets the needs of each individual supported by ongoing training and support of staff which is effective and safe	7	Experiences that feel positive for staff and service users
2	A person-centred approach that embraces inclusivity, clear and adaptive processes, streamlined communication with response systems that reduce waste and work in harmony to deliver meaningful outcomes	8	Integrated and equitable health and social care system for all considering peoples circumstances and building blocks for health
3	A person-centred safe road. Maybe rocky but together we build a lasting quality, a legacy of longevity, a right for all and a shared responsibility to deliver.	9	Working together through transformational journey to deliver, maintain and sustain value-based healthcare system for staff and service users
4	Consistent delivery of compassionate, competent and timely care	10	Whole system approach with a focus on population health driven by a good quality current and future data
5	Consistent delivery of person-centred services, focussing on shared values and standards	11	Quality of services should make the service user feel good. We should work together to maintain and meet expectations
6	Quality is the collective pursuit of excellence grounded in collaborative equity, where every voice holds value and every contribution matters. It thrives on continuous learning—drawing insight from both success and failure—to foster growth, resilience, and innovation. True quality is measured not only by outcomes, but by the fulfilment it brings everyone	12	Quality is understanding the values of health and care service users’ needs, building on a flexible and collaborative approach to the provision of care.

Appendix D: Hopes and aspirations sentences

Delegates were asked for “A shared sentence that represents your collective hopes and aspirations”. The following sentences/statements were provided:

1	Attract staff and provide a culture of change, innovation and ownership from all parties however keeping improvements simple and achievable without creating a streamlined reporting process/guidance	9	Our vision is a future where healthcare is safe effective and equitable, delivered through a person-centred approach in which empowered health and social care staff are supported by continuous training and development, work in party with empowered patients to meet hopes and aspirations
2	Brave and honest, balancing success and challenges, a meaningful and accessible approach to quality strategy for staff	10	Growth, trust, strong relationships, acknowledging obstacles, love, kindness, accountability
3	Increased focus on equity and tackling inequalities - health & wider determinants	11	Invest in working training and preparation to enable them to reach their peak.
4	Hopeful, positive transformational change through shared goals and values	12	Collaborate with our communities and promote health and wellbeing.
5	Together with staff and service users we are building a safe, resilient future, on that empowers endures and values everyone as part of a lasting legacy	13	We want a service that truly delivers person centred care to our friends and family, recognise staff thoughts and ideas, with pride in our organisation felt and measured appropriately whilst valuing respective challenge and truly living our values
6	To understand values, and build flexible and collaborative approach	14	Delivering services which are timely, cost effective, safe, compassionate and reflexive.
7	Quality not quantity, value for money (realistic medicine) approach	15	Small change leading to overall improvement
8	Early identification - prevention better than cure.	16	Flexible system to meet the needs of our population

Event summary and feedback:

Accelerated Design Event (ADE) to support the Design and Development of the next Quality Strategy

CentreStage, Kilmarnock
7th October 2025

Introduction

Over 80 NHSAA, North, South & East Health and Social Care Partnership staff, people with lived experience, volunteers and students attended the Quality Strategy Accelerated Design Event (ADE). The event provided an opportunity to come together to support the co-design of the next NHSAA Quality Strategy using the three-horizon model.

The aims for the day:

- Think about where we are now in our quality journey
- Give a 'voice' to different experiences, thinking and opinions
- Build our collective capability to create a different future by working together in a different way
- Develop key messages and actions to support the co-design of the next Quality Strategy

What was the primary role of delegates?

Delegates were asked who they knew at their table?

Delegates were asked at beginning and at the end of the event: How confident they felt about our collective ability to improve quality in NHSAA over the next five years?

ADE Evaluation– 100% response rate

Delegates were asked if they felt the aims of the ADE were met

95%
strongly agreed or agreed
the event provided an opportunity to share the current quality journey

99%
Strongly agreed or agreed
the event provided an opportunity to share experiences, thinking and opinions

91%
strongly agreed or agreed
there was opportunity build collective capability to work together

91%
strongly agreed or agreed
key messages were identified and actions to support co-design of the next Quality Strategy

Delegates asked what were the highlights from the ADE	Delegates asked what would have improved the ADE	Delegates asked for any additional comments
<p>Top themes:</p> <ul style="list-style-type: none"> Building relationships & networking Hearing from variety of roles & backgrounds Horizon model and strategic thinking supported purposeful dialogue Thought provoking & informative Voices were heard & respected <div style="border: 1px solid black; padding: 5px; margin-top: 10px; text-align: center;"> <p><i>"Excellent collaborative work Good networking Well organised"</i></p> </div>	<p>Top themes:</p> <ul style="list-style-type: none"> Broader representation & inclusion of youth, services & service users. More information pre-event Allow option to swap tables to share ideas <div style="border: 1px solid black; padding: 5px; margin-top: 10px; text-align: center;"> <p><i>"Youth voice present at the event"</i></p> </div>	<p>Top themes:</p> <ul style="list-style-type: none"> Well organised, productive & worthwhile Three Horizons and slide allowed interactive collaborative and effective working Future focus & follow up in allowing outputs and actions from ADE to be shared with ongoing involvement <div style="border: 1px solid black; padding: 5px; margin-top: 10px; text-align: center;"> <p><i>"Excellent day. Looking forward to outputs"</i></p> </div>

➔

Next Steps

Hold Accelerated design Event, using feedback to inform next steps

Undertake inclusive engagement, co-design and analysis

Produce final draft of the Strategy and progress through governance routes

Quality Strategy submitted to NHSAA Board for approval

Implementation of new Quality Strategy

Discovery
Engagement
Development
Board Approval
Implementation

Thank you for support