



# Improvement Hub Impact Report 2016–2017

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[ihub.scot](http://ihub.scot)

The Improvement Hub (ihub) is part of Healthcare Improvement Scotland

Improvement Hub –

**Working with health and social care  
providers to design and deliver better  
services for people in Scotland**



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HSCP Chief Officer Survey Report – The challenges and learning in transforming health and social care during 2016-2017 is available as an addendum to this report or to view online at **ihub.scot**

# 1. Director's overview

## 2016 – A year of bringing together expertise, knowledge and best practice and building strong relationships with our key partners

1 April 2016 saw the launch of Healthcare Improvement Scotland's new improvement support offering, the Improvement Hub (ihub for short).

This new offering brought together existing improvement support teams from Healthcare Improvement Scotland, the Quality and Efficiency Support Team and the Joint Improvement Team. We have been established to provide support for health and social care organisations to redesign and continuously improve services, with the aim of providing better quality health and social care for everyone in Scotland.

Sitting as part of Healthcare Improvement Scotland, the ihub is able to develop offerings which integrate and align with our organisations Evidence and Quality Assurance functions. Through strong partnership working with the Scottish Health Council, the ihub also enables the voice and experience of those using services and their families to inform the design and delivery of health and social care services.

Our focus in 2016–2017 was on:

- delivering the 31 existing programmes of improvement support which had transferred in as part of the merger process, including the internationally renowned Scottish Patient Safety Programme
- designing and launching new programmes of support for GP clusters, palliative care, neighbourhood care and strategic commissioning
- developing our relationships with the new Integration Authorities and then redesigning our programme of work to ensure it is closely aligned with the health and social care system's key priorities for improvement support
- developing effective partnership working with a much wider range of national and local organisations, including key partners in Local Government, and
- completing the merger's legacy work, including significant internal organisational change.

And all of this was in a context where our key delivery partners were also undergoing significant change on the back of the introduction of the new Integration Authorities.

What has stood out throughout all of this has been the massive personal commitment of so many individuals working across health and social care to delivering better outcomes for people in Scotland; sometimes at considerable personal cost. We have also valued enormously the willingness of the new Integration Authorities to help us understand how to better support them.

And the good news is that, despite an extremely challenging context, we continue to see impressive improvements happening across the system. It was impossible in this report to summarise them all, there is simply too much good work happening. Instead, we have used this report to provide you with a taster of the ihub's work, all of which is delivered in partnership with those working locally in NHS boards and Health and Social Care Partnerships.

One of my all-time favourite quotes is from Margaret Mead, an American Cultural Anthropologist who said:

*“Never doubt that a small group of thoughtful, committed citizens can change the world; indeed, it's the only thing that ever has.”*

In our work across Scotland, we are privileged to see this playing out every day and I am delighted to share, through this report, some practical examples of how individuals across Scotland are working together in new and innovative ways to deliver better outcomes for people in Scotland.



**Ruth Glassborow**

Director of Improvement Support, and the Improvement Hub (ihub)  
Healthcare Improvement Scotland

## 2. Working across Scotland's health and social care system

### Supporting the implementation of the Scottish Government's Health and Social Care Delivery Plan

The ihub plays a key role in working in partnership to deliver the vision outlined in the Health and Social Care Delivery Plan<sup>1</sup>, to help the people of Scotland live longer, healthier lives at home or in a homely setting and support a health and social care system that:

- is integrated
- focuses on prevention, anticipation and supported self-management
- will make day-case treatment standard, where hospital treatment is required and cannot be provided in a community setting
- focuses on care being provided to the highest standards of quality and safety, whatever the setting, with the person at the centre of all decisions, and
- ensures people return to their home or community environment as soon as appropriate, with minimal risk of re-admission.

By focusing on building the capacity of the system to improve, we recognise the commitment in the Health and Social Care Delivery Plan to:

*“Build on the extensive investment in improvement skills and capacity across the health service to continue testing and measuring changes to improve care, supported by the dedicated expertise of Healthcare Improvement Scotland.” – Health and Social Care Delivery Plan (Scottish Government, 2016)*

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<sup>1</sup> Scottish Government Health and Social Care Delivery Plan. 9/12/2016

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[www.gov.scot/publications/2016/12/4275](http://www.gov.scot/publications/2016/12/4275)

## Working across every level in Scotland's health and social care system

As part of Healthcare Improvement Scotland, the ihub is able to develop offerings which integrate and align with the evidence and assurance functions.

We work at every level in the health and social care system in Scotland:

- from supporting tests of innovative practice directly with a care delivery team
- to working with the governance bodies of organisations and systems to support them to develop the cultures and infrastructures which enable improvement
- through to influencing policy at a national level.

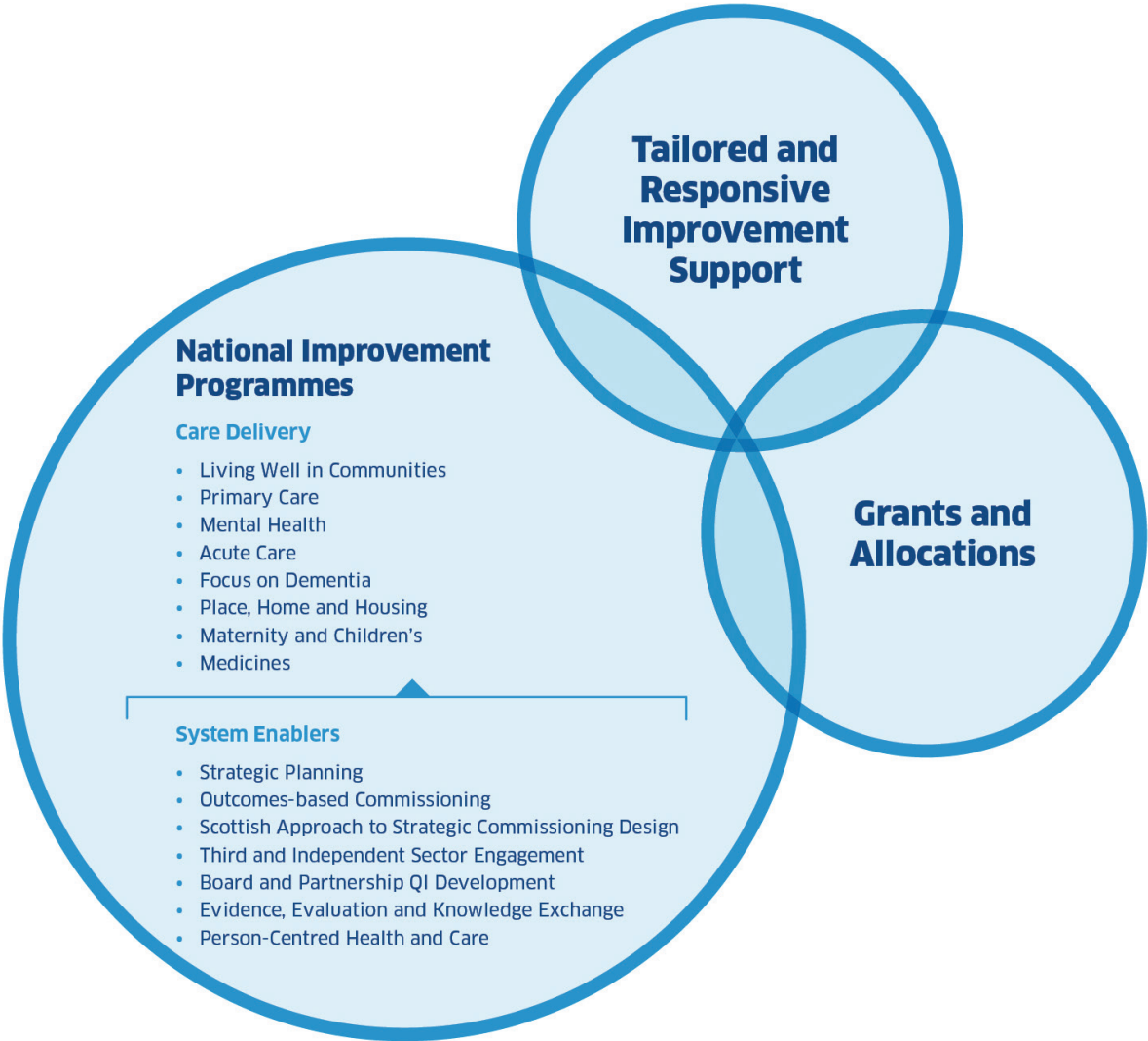
A footprint in every level of the system means we are able to ensure policy is shaped by the experience of frontline delivery as well as delivering key policy into everyday practice.

Our connections into every NHS board and Integration Authority means we are well placed to identify common challenges across Scotland that would benefit from collective encouragement and/or action. Our international connections ensures our work in Scotland is shaped by wider international experience, while playing an important role in adapting into the Scottish context.

# ihub programmes of work for 2017–2020

In order to build improvement skill and capacity across the system, we have created a 3-year delivery plan and programmes of work to reflect and address our partner organisations' priorities.

The following diagram summarises our programmes of work for 2017–2020.



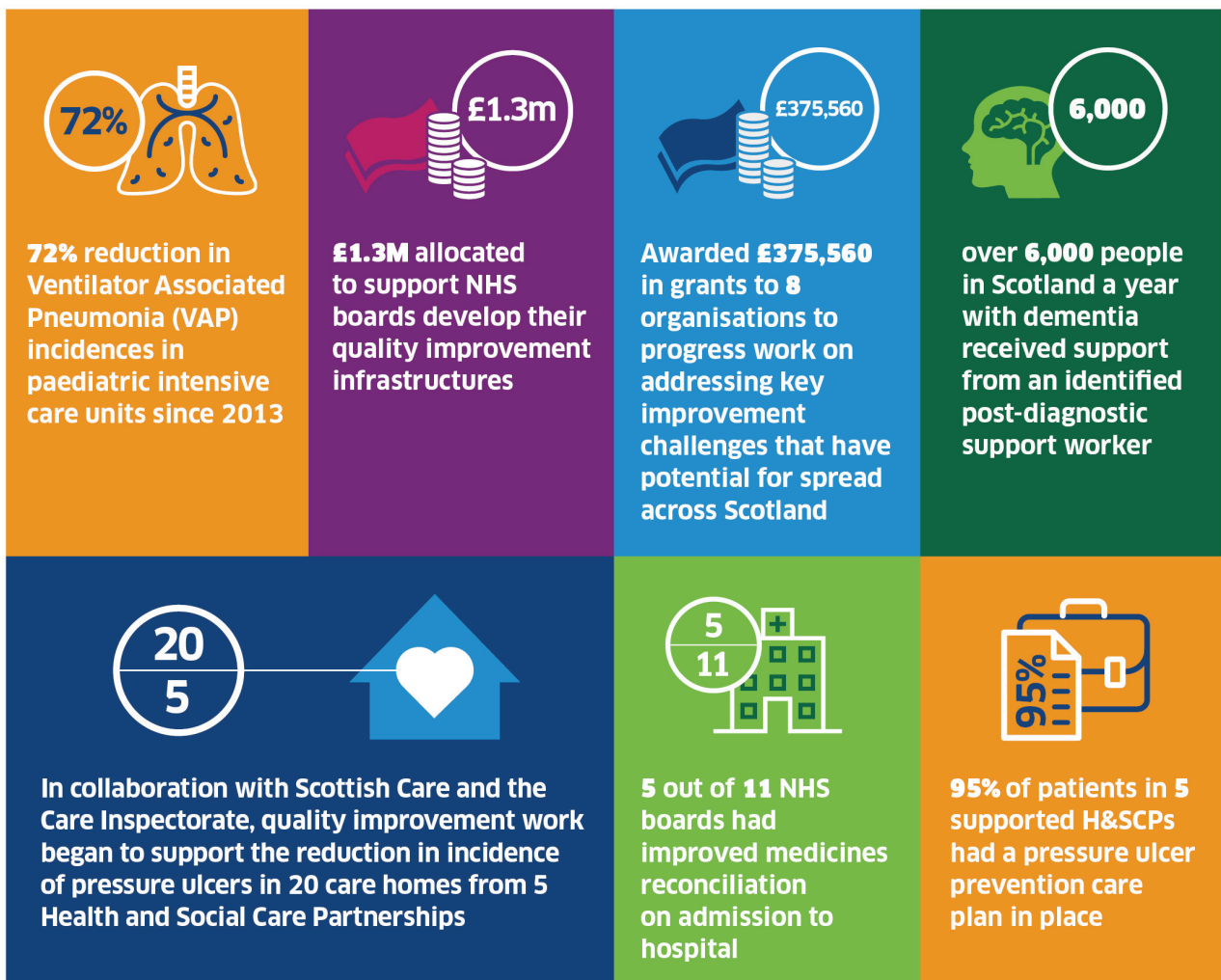
For more information about these programmes of work please visit [ihub.scot](http://ihub.scot)

### 3. Impacting on the quality of care provision

By working in partnership across Scotland, the ihub is helping design and implement services which enable people to receive the right support and care, in the right place, at the right time. All our work is co-designed, co-owned and co-delivered with our partners with the aim of building local improvement capacity to meet local need.

The following infographic highlights some of the areas where our work is contributing to better outcomes for people in Scotland. At the moment this impact data is weighted towards healthcare where we have been running national improvement programmes for long enough to see a significant impact. Next year we expect to see this complemented by a greater amount of impact data from our work in the integrated space.

#### ihub – contributing to better outcomes for people in Scotland





## 4. Understanding local opportunities for improvement

The ihub supports services and systems to understand their high impact opportunities for improvement in the following ways.

- We provide practical tools, guidance and support to enable delivery partners to understand the extent to which the design of their current systems and processes helps or hinders the delivery of high quality care.
- Through joint working with Our Voice ([www.ourvoice.scot](http://www.ourvoice.scot)), we provide practical guidance so delivery partners can better understand the needs, experiences and current outcomes of those accessing care.
- We support delivery partners to use data (qualitative and quantitative) to evaluate areas for improvement and to better understand population need.
- We develop self-assessment tools and support their implementation, ensuring alignment with any self-assessment processes used by Healthcare Improvement Scotland's Quality Assurance Directorate and the Care Inspectorate. We are working with the Improvement Service to further develop the Public Service Improvement Framework (PSIF) for Integrated Authorities.
- We proactively provide information on what has worked elsewhere in delivering improvement support.
- We provide independent facilitation to support those delivering services to develop a common understanding of their priority areas for improvement.

## Examples of ihub work in 2016–2017 to help services understand their high impact opportunities for improvement

### Working with health and social care teams to build capabilities

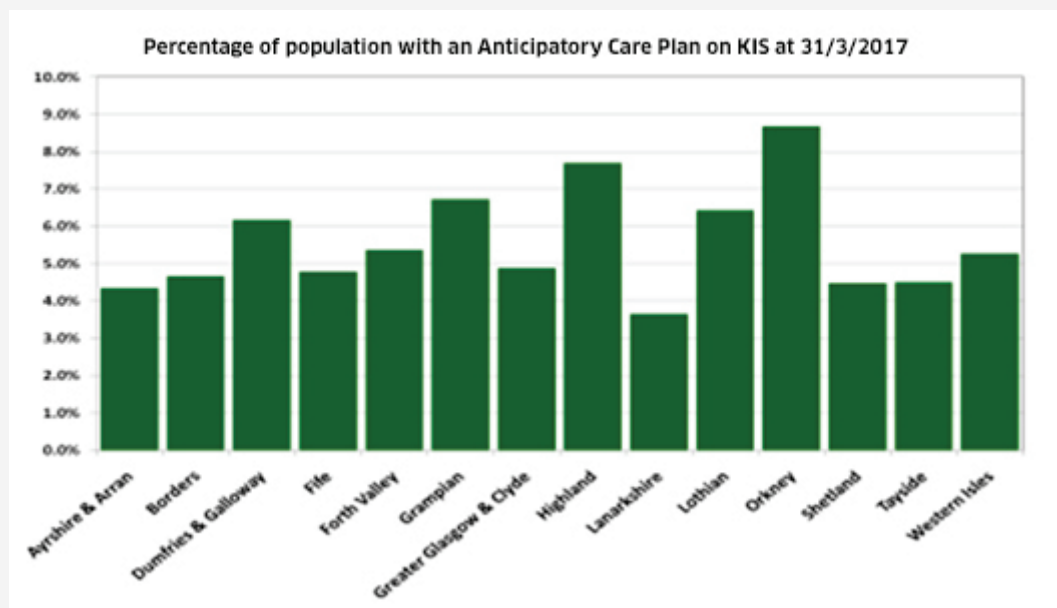
Our Person-Centred Care programme has been working with health and care teams to build their capabilities to involve people, families and carers in the experience based co-design approach to identifying, prioritising and co-designing service improvements. This approach ensures that people who receive services, care or support are at the heart of improving them. We are currently testing this approach to:

- refocus antenatal education in NHS Ayrshire and Arran
- design services to better support people in distress who currently attend the Emergency Department at Monklands Hospital in Lanarkshire, and
- improve services in four Specialist Dementia Units in NHS Grampian, NHS Greater Glasgow and Clyde, NHS Lanarkshire and NHS Lothian.

## At the forefront of a new system for mapping and visualising integrated health and social care systems

Our Living Well in Communities team is at the forefront of a new system for mapping and visualising complicated, integrated health and social care systems. The maps help Integration Authorities to gain a better understanding of their local integrated system, which helps decision-making and identifies areas for service redesign.

Comparative data is one way we support the service by identifying opportunities for improvement. As an example, NHS National Services Scotland (NSS) produced data from the Key Information Summary (KIS) system showing the variation in Anticipatory Care Plans registered on KIS. We are providing support across Scotland to increase both the uptake of Anticipatory Care Plans and the amount that are registered on KIS. Our work in this area contributed to 46,000 more Anticipatory Care Plans registered on KIS over 2016–2017.

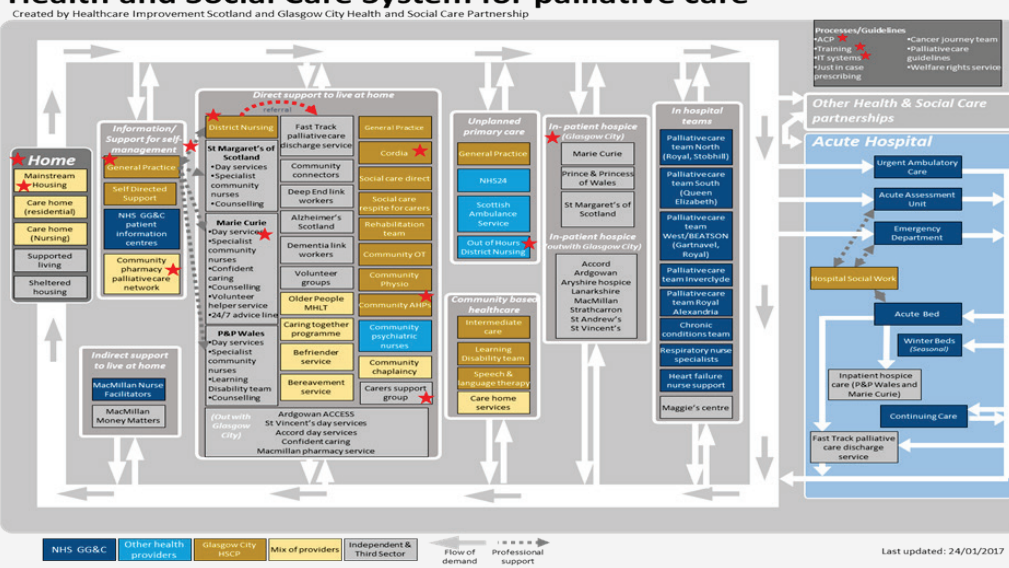


## Palliative and end of life care

We worked with Glasgow City Health and Social Care Partnership and used the method map below to support qualitative data analysis for their palliative and end of life care system. The map helped them choose where to prioritise improvement activity in the palliative care system and qualitative analysis identified a number of system-wide areas to progress. This included adopting a range of methods to support staff training in being able to quickly identify people with palliative care needs and supporting those who would benefit from having an Anticipatory Care Plan (ACP) in place.

This work is now being shared across Integration Authorities to improve the provision of palliative care and provide a more personalised service to address individual needs.

### Health and Social Care System for palliative care



Full size version available at [ihub.scot](http://ihub.scot)

## **The Quality Improvement Framework for Post-Diagnostic Support for People with a Diagnosis of Dementia in Scotland**

Our Focus on Dementia programme worked with people delivering and receiving dementia care and support to develop the Quality Improvement Framework for Post-Diagnostic Support for People with a Diagnosis of Dementia in Scotland. The framework sets out the outcomes which people with dementia have said are important to them when receiving post-diagnostic support and identifies the ways in which the practitioner can support them. The framework is being tested with post-diagnostic support practitioners in seven Health and Social Care Partnerships. This work will inform the national dementia dataset and local delivery plan target for post-diagnostic support, for the first time giving us a measure of quality of service provision.

## **General Practice Safety Checklist**

Our Primary Care team, in partnership with NHS Education for Scotland (NES), has developed a General Practice Safety Checklist. The Safety Checklist is an online survey which supports GP practices to understand their safety culture and helps them to identify where changes can be made to improve patient safety. Every member of staff within the GP practice completes the online survey and the results are then discussed as a team, providing a focus for discussing patient safety.

## **Collaboration with care homes – reducing pressure ulcers**

Our Reducing Pressure Ulcers in Care Homes improvement programme is working with 20 care homes in five Health and Social Care Partnerships (Argyll and Bute, Highland, Dumfries and Galloway, East Dunbartonshire and Perth and Kinross). Care home teams are focusing on education and learning, in particular the early recognition and treatment of pressure ulcers. This programme is working in close collaboration with Scottish Care and the Care Inspectorate.

## **71% of community pharmacy teams throughout Scotland are developing their safety culture**

71% of community pharmacy teams throughout Scotland have developed their safety culture through completion of the pharmacy safety climate survey. This is part of the initiative to embed continuous quality improvement in community pharmacy settings. The pharmacy pilot sites produced a variety of innovative and functional educational resources to reduce harm from warfarin and non-steroidal anti-inflammatory drugs. This included information for professionals as well as patient information. Our Primary Care team facilitated the development of these resources which are available to download from the ihub website – [ihub.scot](http://ihub.scot)

## 5. Designing better processes and services

The ihub assists in the design of processes, care models and systems which will improve outcomes.

- We offer an easily accessible store of knowledge, tools and guidance to support the work of redesigning models and pathways of care. As part of this, we help link evidence and standards to the work of redesign.
- We provide advice and support on co-designing services with all relevant partners, including individuals who use them, their families and wider communities.
- We enable easy and wide access to work with national and international experts to support redesign.
- We support work to design and test innovative solutions to common improvement challenges across Scotland.

## Examples of ihub work in 2016–2017 to help services to design new ways of delivering improved care outcomes

### **New Strategic Commissioning Support Unit**

In the later part of 2016–2017, we developed a new Strategic Commissioning Support Unit to provide expert assistance to Integration Authorities on their work to redesign services. This unit will provide advice and support on the:

- application of design methodologies to the work of redesigning services
- use of strategic planning tools and methodologies that support data and evidence driven decisions when redesigning care
- development of outcome-based commissioning, and
- effective engagement with third and independent sectors to optimise their contribution to health and wellbeing for people in Scotland.

The unit aims to work alongside strategic planners, health and social care professionals, and the public to maximise the potential of health and social care organisations and community assets in supporting their local populations to achieve better health and wellbeing outcomes.

## Working in partnership with the Improvement Service

During the early part of 2017, the Strategic Commissioning Support Unit was invited, as part of the Improvement Service's Change Managers Network, to deliver three webinars to explore approaches that support Integration Authorities to understand their strategic commissioning requirements.

- The first of these focused on understanding what strategic commissioning is and provided an overview, with reference to published studies and practical experience, of commissioning processes, tools, and approaches.
- The second webinar discussed the use of data to inform decision-making, addressing the tools and techniques to support data analysis.
- The third webinar explored the concept of co-production and how services might be designed, commissioned and operated differently.

These joint promoted webinars were attended by individuals working across the system and in a range of sectors, including health, local government and the third sector from across Scotland and the UK.

## Rapid reviews of evidence

Drawing on the skills from Healthcare Improvement Scotland's Evidence Directorate, we completed rapid reviews of evidence to inform:

- the redesign of diabetic foot care services
- work to refocus community hospitals
- the design of improved approaches to communication with individuals with advanced dementia
- an assessment of the value of participation in health and social care services, and
- the development of economic indicators/proxy measures for the House of Care Wellbeing Service.

## A new model of integrated care – the 8 Pillars Model

In August 2016, we concluded work with five sites to test a new model of integrated care. Called the 8 Pillars Model<sup>2</sup>, the model was tested in the community for people with moderate to severe dementia. This model was developed by Alzheimer’s Scotland in recognition that current models used by services often end up with people experiencing fragmented care and key gaps in support. This model was based on what people with dementia themselves said was important to them.

We published an evaluation of the effectiveness of the 8 Pillars Model of home-based support. Key findings included the value placed on having a single point of contact for people with dementia and carers and a personalised approach to support. One of the Dementia Practice Co-ordinators commented that:

*“The 8 Pillars Model was beneficial as it examines all aspects of a person’s life, not just the aspect most directly concerned with their own professional practice.”*

Our findings have also informed the new Dementia Strategy for Scotland. We are now working with the Scottish Government and key partners to develop an approach to supporting local implementation and spread of this work.

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<sup>2</sup> [www.alzscot.org/assets/0000/4613/FULL\\_REPORT\\_8\\_Pillars\\_Model\\_of\\_Community\\_Support.pdf](http://www.alzscot.org/assets/0000/4613/FULL_REPORT_8_Pillars_Model_of_Community_Support.pdf)

## Supporting the redesign of overnight support

In recognition of the significant financial impact of a legal decision that care staff providing overnight support (sleepovers) are entitled to the minimum wage, we initiated work aimed at finding alternative and equally effective ways of providing overnight support. In December 2016, we worked with COSLA establishing an event focusing on the redesign of overnight support provision. Representatives from the Scottish Government, trade unions, Integration Authorities and service providers worked together to develop a national picture of the improvement and redesign opportunities.

The ihub, in partnership with the Scottish Government's Technology Enabled Care Programme, the Scottish Centre for Telehealth and Telecare and NHS 24 are running a series of Action Learning Sets to help providers and partnerships to continue to share learning, form stronger cross-sectorial links and develop their local plans for the redesign of overnight support services.

At the end of the Action Learning Sets, each partnership will have developed a plan to achieve their local aim for overnight support. Their local aim and their associated plan to deliver it will have been aided by national support, but developed by partnership and providers to reflect their area's needs.

The first Action Learning Set has taken place and was a huge success with 13 partnerships and a range of providers in attendance. Feedback was very positive with one provider stating:

*“The openness and fresh thinking that the ihub brought to the day was positive. The structure of the day allowed participants to get together in an environment that engendered openness and sharing - allowing us to learn from each other. It wasn't just about high level messages; the day allowed us to share how we actually put this into practice.” – Social care provider*

# 6. Providing practical support for implementing improvement

A major focus of the ihub work is practical support to enable organisations to implement changes that will lead to improvement.

<p>We support delivery partners to use a systematic approach to testing and scaling up change.</p> 	<p>We design and deliver national improvement programmes that address common challenges across Scotland through a systematic approach to testing and then spreading at scale.</p>	<p>We develop practical tools and guidance that support implementation of changes in agreed priority areas.</p> 	<p>We support delivery partners to build their capacity to apply change through commissioning training in improvement and providing practical coaching.</p>
<p>We provide grants so delivery partners can test potential solutions to common priority improvement challenges across Scotland and develop guidance and tools that enhance that work.</p>	<p>We provide allocations which allow delivery partners to develop their quality improvement infrastructures.</p> 	<p>We facilitate connections and collaboration between individuals working on common challenges (including UK-wide and international networks).</p>	<p>We work to ensure the national context supports, rather than hinders, the work of improvement.</p> 

## Examples of ihub work in 2016-2017 to help services reliably implement new improved ways of working

### National improvement programmes

We ran 31 national improvement programmes covering a diverse range of service areas, including mental health, dementia, housing, primary care, frailty in the community, intermediate care and reablement, ACP, person-centred care, and older people in acute care. We also ran the internationally acclaimed improvement programmes in patient safety, the Scottish Patient Safety Programme (SPSP), which covers acute care, maternity, neonates and children's services, primary care, medicines and mental health.

Our national improvement programmes support delivery partners to practically implement improvements and include:

- a mixture of providing advice on high impact changes that will lead to improvement in any given area
- facilitating learning networks (face to face and virtual) that allow those working on a common topic to share knowledge and experiences about what is and isn't working
- developing practical tools to support implementation, and
- supporting services to put data collection processes in place so they know whether changes are leading to actual improvements.

In 2016-2017, we worked with key partners to design and set up new national improvement programmes for palliative care, neighbourhood care and GP clusters.

We also worked with NHS Fife to evaluate the impact of their Frailty at the Front Door work which was supported by our Older People in Acute Care (OPAC) improvement programme.

## NHS Fife – The Front Door Discharge Support Model

NHS Fife worked with partners in Fife Council to provide a responsive discharge support model designed around the whole person's pathway rather than focus on the care people receive in hospitals.

The ability to meet the needs of people who are frail with instant access to re-enablement discharge support services enhances their experience and care and allows them to be cared for in their own homes. Without this intervention, people in Fife would have to be admitted to a geriatric ward at Victoria Hospital, Kirkcaldy.

The Front Door Discharge Support Model was developed to test whether people who otherwise would stay in hospital for non-clinical care could be discharged with short term support to provide non-clinical care as an alternative to an inpatient stay.

The first test of change was in place for 10 weeks and successfully helped 87 people return to their home or homely setting avoiding the need to be admitted to a ward. The test of change intervention was a support for discharge package supplied by Fife Council with their partners at The Avenue care services. Health and social care staff worked together with the Fife Frailty Hub to co-ordinate care from within Victoria Hospital, facilitating assessment within 2 hours of referral. Only three people from the 87 required further assessment and provision of a package of care.

The ihub worked with NHS Fife to evaluate the model using economic analysis and measurement support to assess whether the changes led to improvements for older people presenting at A&E departments.

The support for discharge package was measured through a simple cost analysis carried out to assess the potential cost difference between discharges with support versus hospital admission.

A £250K efficiency saving was realised over the 10-week period and a further saving was identified as the winter capacity ward was not needed.

The ihub is enabling NHS Fife to spread the learning from this to other NHS boards by supporting the development of a frailty network across Scotland

## Scottish Improvement Leader programme

The ihub funds 60 places a year for staff working in health and social care organisations on the Scottish Improvement Leader (ScIL) programme, run by NES. Since its inception, 40 organisations across Scotland have been able to access the ScIL programme. A recent evaluation of the training highlighted that, 12 months after the training ended, 86% of participants report they are confident in using their skills, 71% are using these skills and 70% feel supported by their organisations to apply them. One cohort alone (30 people) has facilitated quality improvement learning with over 500 people in the year following their training. To find out more about the impact of this successful programme please visit <https://learn.nes.nhs.scot/813/quality-improvement-zone/learning-programmes-leader/scottish-improvement-leader-programme-scil>

## Public Partners – essential and integral to the work of the ihub

Ongoing engagement, and working in collaboration, with service user and carer groups, and third sector groups is an essential and integral component of how the ihub works.

The SPSP-Mental Health programme is well established in working with Public Partners to ensure that its work is co-designed and delivered.

A current example is our ongoing support and participation from Voices of Experience who enable us to embed the views and influence of individuals with a lived experience of mental health issues throughout our work and, in particular, through the ongoing development and delivery of the patient safety climate tool.

The patient safety climate tool enables mental health patients to share the way they feel about their experiences and forms a powerful message that is helping staff working in wards and units to have a greater understanding of the complexity of the patients' experience. The tool aims to minimise the possibilities of re-traumatisation and support the development of a service that is more responsive to the experiences of those who receive care and critically provides concrete, real ideas for improvement.

Gordon Johnston, Healthcare Improvement Scotland Public Partner and Director of Bipolar Scotland has led the voice of lived experience through this work and recognises the value of:

*“Giving patients the chance to express their feelings and concerns about their safety while receiving care. This information will then allow services to make any improvements needed, resulting in a better patient experience.”*

## **NHS Lanarkshire – reduction in admission to the neonatal unit**

Cheryl Clark, a midwife from Lanarkshire, selected the project topic of thermoregulation (maintain a regular body temperature) of the newborn for her focus during the ScIL programme. She was supported by NHS Lanarkshire, as it is one of the NHS board's priority improvements within maternity and neonatal care. At the beginning of the ScIL programme, Cheryl's aim was a reduction in term admissions (babies born at or after 37 weeks) to the neonatal unit by 15% from ward 22, through implementation of the warm bundle of care, a key process change of the Maternity and Children Quality Improvement Collaborative (MCQIC). Applying appropriate quality improvement tools and techniques learnt through her experience of participating on the ScIL programme, she exceeded her initial aim and achieved a 40% reduction in admissions, as well as a reduction of 20% in unnecessary antibiotic administration. The impact of this work has meant 'mum and baby' experience uninterrupted bonding and attachment, which is critical for optimising outcomes at this early stage.

## **5.3% of the population's Anticipatory Care Plans are now available to view electronically**

As part of our work to support the implementation of Anticipatory Care Planning (ACP), we developed a standardised national template for ACP and a dedicated website – [myacp.scot](https://myacp.scot)

Over 5.3% of the population's Anticipatory Care Plans are now available to view electronically by staff after patient admission. That's an increase of over 46,000 from last year - up from 4.5% and supports Integration Authorities to improve the provision of palliative and end of life care.

The ihub's Living Well in Communities team helps partnerships promote new ways of delivering services that allow more people to spend time at home or in a homely setting that would otherwise have been spent in hospital. The work of the team includes improvement support for frailty and falls, pathways in the community, identification and co-ordination of palliative care, ACP, intermediate care, re-enablement services and testing models of neighbourhood care.

## **Working with multidisciplinary teams in the community to deliver reliable approaches to supporting individuals with frailty**

In addition to our work on Anticipatory Care Plans, the ihub is also supporting Integration Authorities to identify and better support individuals who are frail. The evidence highlights that proactively identifying people in the community who are frail and then ensuring they have appropriate support to maintain their independence is key to reducing unnecessary hospital admissions.

In 2016–2017, our Living Well in Communities team supported the introduction of the eFrailty Index (eFI), developed by NHS England, into the Scottish context. This tool applies algorithms to existing GP data to produce a list of all individuals on the practice list who are either mildly frail, moderately frail or severely frail. However, knowing who falls into which category is meaningless if we don't then do something with that data.

The following case study highlights how we are now working with services to develop tools and approaches to support them to use the information gathered to make more informed decisions about how to better support individuals to live well with frailty.

### **Midlock GP Practice**

Midlock GP Practice has been working with the ihub to test the eFI in a Scottish context. The testing has involved working with a GP and other members of South Glasgow City Health and Social Care Partnership, including community nursing, social work, the rehabilitation team, carers' support, housing, commissioning, older people's mental health services and the voluntary sector.

Following stratification of their population using the eFI, the Midlock team then considered what interventions would be appropriate for individuals with different levels of frailty.

As part of this, a multidisciplinary team started to use the ihub falls and frailty tool to guide their frailty case reviews. The tool promotes an assets-based approach and holistic assessment across agencies, and provides useful prompts

that help staff by signposting to partner agencies that could assist in care provision. Incorporating the tool in the case reviews led them to identify five key interventions which should be implemented for every individual identified as frail:

1. frailty identification and coding on the GP system
2. Anticipatory Care Plans uploaded to KIS
3. ensure a key worker is allocated
4. provide carer support and assessment, and
5. conduct a falls and frailty conversation.

These interventions had previously not been happening for every person, every time.

All of the team have made commitments to support the work. Community nurses are engaging more in ACP conversations, and the voluntary sector feel valued and are now a core part of the multidisciplinary team, whereas previously they had been on the periphery. The team have changed the way that they work and are now able to more proactively target those most in need of support.

*“It challenges me to think differently about the people I treat.”*

*“Working together has made us communicate with one another more regularly and avoid duplication of assessment.”* – **Midlock GP Practice team**

## **NHS Ayrshire & Arran – reduction in avoidable admissions**

Additional improvement support capacity was provided to acute services and the three Health and Social Care Partnerships in Ayrshire and Arran. One example of this improvement support was to test Allied Health Professional and nurse-led rehabilitation beds with a community multidisciplinary approach to ACP. They reported outcomes which include a reduced length of stay (Mean) from 50 days to 24 days in the rehabilitation beds and a reduction in avoidable admissions and self-reported patient wellbeing.

## **ihub – supporting quality improvement infrastructures**

We invested £1.3 million in health and care systems across Scotland to support their quality improvement infrastructures. Many areas have used the funding to build improvement skills across their workforce in NHS boards and Integration Authorities. For example, NHS Forth Valley has trained 54 patients, volunteers and staff from the NHS board and the Health and Social Care Partnerships in either process mapping or an introduction to measurement for improvement.

Previously, the Continuous Quality Improvement (CQI) funding was primarily a resource used within NHS boards but there is evidence of the funding now being used to support quality improvement across the whole local system. This trend needs to continue. For 2017–2018, we explicitly required NHS boards to articulate how the funding would support quality improvement infrastructure across the local health and social care system.

## Examples of ihub work in 2016–2017 to support quality improvement infrastructures

### Using CQI allocations to improve the safety and reliability of health and social care

Some areas focus their allocations to support work associated with the ihub's SPSP, through, for example, investing in improvement posts and/or increasing improvement skills with a particular focus on safety.

NHS Grampian achievements include:

- continued reductions in hospital cardiac arrests contributing to a 40% reduction since 2012
- sustained improvement in compliance with medicines reconciliation in a paediatric ward
- extensive data to support benefits of sepsis screening in paediatrics
- improved compliance with Gentamicin monitoring in the neonatal unit
- a reduction of admissions to the neonatal unit due to hypothermia and hypoxic ischaemic encephalopathy, and
- improved communication using a standard template within the community setting in mental health services.

NHS Lanarkshire achievements include:

- a 30% reduction in sepsis mortality
- 40–60% reduction in catheter use and catheter associated urinary tract infections
- a 24% reduction in post-partum haemorrhage, and
- increased reliability with observations, recognition and response to the deteriorating patient.

The NHS board also highlighted less tangible outcomes which are harder to measure such as improved team working, increased cross-fertilisation of ideas and improved whole system working.

## NHS Board member support

We delivered a programme of support aimed at supporting NHS Board members (executive and non-executive directors) by enhancing their individual and collective abilities to create an environment where quality improvement can flourish. This included two national masterclasses which were attended by 120 NHS Board members. We also ran a number of bespoke sessions with individual NHS boards.

*“This session has generated an energy and commitment at different levels to wholeheartedly commit to putting quality improvement at the heart of what we do. Work has begun to develop a Quality Improvement Hub and an overarching Quality Improvement Framework.” – NHS Dumfries & Galloway*

## ihub Improvement Fund

The ihub set up the Improvement Fund which is a new grant-making arm of Healthcare Improvement Scotland. This ability to provide grants increases the reach and impact of ihub resources. This fund is open to NHS boards, Integration Authorities, third and independent sector, housing organisations and higher education who can apply for grants of between £5,000 and £75,000. Applications focus on innovative improvement ideas that will have a positive impact on health and wellbeing outcomes at a local level and have potential for scale and spread at a national level. This connection of local improvement with national support creates greater links between the ihub and the complex range of improvement challenges across the country. The successful projects so far include:

- support for introducing money advice services within GP practices in deprived communities
- art-based projects to support people with profound learning difficulties
- immediate access to preventative healthcare for the homeless, and
- technology-based solutions to provide multiple sclerosis patients with direct services to their home.

## 7. Evaluating impact and spreading the learning

The ihub is supporting services and systems to evaluate the impact of their changes and to spread the learning about what has and hasn't worked.

- We provide advice on how to embed evaluation across improvement work, including support for developing the business case for improvement.
- We identify good practice and promising practice, capturing and sharing information on the 'what and how'.

### Examples of ihub work in 2017-2020 to help services reliably implement new improved ways of working

#### **ihub's Evidence and Evaluation for Improvement Team**

We continued to develop our new Evidence and Evaluation for Improvement Team (EEvIT) which draws on the significant expertise that sits within Healthcare Improvement Scotland's Evidence Directorate. This small team (5.1 WTE) combines analytical expertise in economics, research, information science and evaluation.

As well as providing advice to the ihubs national improvement programmes, EEvIT has also worked directly with health and social care partnerships to advise on the evaluation of their local improvement work. Two examples of work EEvIT has supported are included on pages 36 and 37.

## Working with people with complex health and social needs in Midlothian

Since September 2015, the House of Care Wellbeing Service, provided by the Thistle Foundation and NHS Lothian, has been working with people with complex health and social needs in Midlothian. Initially provided in two GP practices in September 2015, the service was extended in January 2017 to a further six GP practices. The approach is based upon having a good conversation, focusing on personal outcomes and building on people's strengths, assets and community supports. The service is provided on a 1:1 basis and through group support. People are also supported to access local services.

The Tailored and Responsive Improvement Support Team (TRIST) and EEvIT worked with Midlothian Health and Social Care Partnership to assist with the evaluation of their wellbeing service, in partnership with NHS Lothian, the Thistle Foundation and NSS. We supported an outcome monitoring approach to help determine the benefits of the service. Interim findings from the evaluation show:

- 87% of people involved identified a personal outcome, with data showing that this has helped the service to support people to access community-based support and services, and
- a measureable increase in people's mental health, wellbeing and confidence as a result of their involvement with the service.

We are continuing to support this work by analysing patient data on their healthcare use before and after using the wellbeing service.

## **NHS Lothian and Edinburgh Health and Social Care Partnership – Adults with Incapacity (AWI) pilot saves £1 million per year**

In March 2016, 253 patients across Scotland had their discharge from hospital delayed because they were waiting for a welfare guardian to be appointed; 24 of these were within the City of Edinburgh Council area.

In order to address this challenge for services, the following month the City of Edinburgh Council, NHS Lothian and the Scottish Government met to agree a plan to reduce the numbers and length of stay of those patients going through the guardianship process. Subsequently, the Scottish Government and NHS Lothian approved funding for the City of Edinburgh Council to appoint two Mental Health Officers posts to aim to reduce the numbers in this category. Total staff costs were approximately £100,000 per year.

The ihub's Evidence and Evaluation for Improvement Team (EEvIT) provided support to evaluate the impact of this change. The evaluation process demonstrated that the AWI pilot was a success – the new team and process facilitated a reduction in the numbers of individuals delayed (from 28 to 9) and associated length of stay of delayed patients (3,605 bed days to 827 from April 2016 to March 2017). The positive impact on individuals and their families from reducing unnecessary time spent in hospital, with all the associated distress, was significant. While the number of people delayed may be relatively small, the delays were some of the longest in Edinburgh. Based on the reduction in patients waiting each week and the associated cost per week of an inpatient stay, the AWI pilot represents an efficiency gain in excess of £1 million per year.

## 8. Reflecting on our learning and developing the ihub's offering

The earlier sections of this report highlight that, even in the first year of integration, progress has already been seen in changing the shape of frontline health and social care services. However, at the heart of continuous quality improvement is a philosophy of acting, reflecting, learning and then adjusting our actions in response to that learning. Therefore, during 2016–2017, we worked closely with a range of stakeholders to better understand their key needs for improvement support and from this identified a number of additional offerings under each of our four core aims which we will develop over 2017–2018.

**To support services to better understand their local opportunities for improvement, the ihub will:**

- work in partnership with NSS' Information Services Division (ISD) to support our delivery partners to access and use comparative data to better understand their key opportunities for improvement.
- work with the Improvement Service to jointly develop the Public Services Improvement Framework self-assessment tool for application across Integration Authorities. As part of this, we will develop a self-assessment tool that enables organisations to evaluate their current capacity and capability to carry out quality improvement work.
- work in partnership with ISD to develop simulation modelling tools to support health and social care partners to assess the potential impact of system redesign changes.

**To assist in the design of better processes, services and systems of care, the ihub will:**

- develop our website as a “one stop shop” providing an easily accessible source of information to support the work of redesigning models and pathways of care.
- work with national and delivery partners to design and deliver a range of resources that support delivery partners to apply design and improvement methodologies to the work of redesigning services.
- develop a co-production toolkit for workforce, communities, people accessing services, clinicians and social work leaders, establishing strong links with co-production agendas, the Alliance and the Scottish Health Council.

**In providing practical support for implementing improvements, the ihub will:**

- support delivery partners to develop systematic approaches to developing the knowledge, skills, capacity and cultures that enable sustainable improvement.
- work with other national improvement organisations to further develop our approaches to identifying and scaling up improvement.
- work with partners to maximise new approaches to market facilitation and procurement in supporting improvement.

**To support services and systems to evaluate the impact of their changes and spread the learning, the ihub will:**

- test approaches to using clinical, care and personal outcomes data to better understand the impact of services and changes.
- work with the Scottish Health Council to ensure the experiences of individuals accessing care is embedded into approaches to evaluating impact.
- support work to develop a better understanding of the financial benefits of improving quality.
- undertake work to develop a systematic approach in Scotland to sharing learning about what works in delivering improvement and applying or adapting that learning into different contexts. In doing this, we will draw on our learning from the last 9 years leading the Scottish Patient Safety Programme. To ensure this is both accessible and meaningful, we will test approaches to producing topic-specific evidence and learning summaries which combine the learning from doing the work in Scotland within diverse local contexts with the wider evidence internationally.

## Constantly learning and adapting the ihub's offerings to a fast changing context

The above set of priorities for development were agreed in March 2017. However, the current pace of change means we need to be responsive to emerging issues and constantly reviewing the relevance and focus of our offerings. To inform our thinking we recently commissioned a survey of the experiences of those leading integration at a local level with the aim of understanding the factors that have enabled and hindered the work of integrating health and social care over the last year. The full report of the findings from the survey is included as an addendum to this report: *The Challenges and Learning in Transforming Health and Social Care during 2016–2017*. There may be value going forward in repeating this type of exercise with the leaders of NHS boards and Local Authorities.

As part of this survey we asked about their experience of the ihub. Twelve Chief Officers responded to the question on their experience of the ihub. Eight (66%) rated their experience as either 'satisfied' or 'very satisfied' and four gave a non-committal response suggesting they had had less contact with the ihub. None rated any overall dissatisfaction. There were some positive messages and also some suggestions for how the ihub could strengthen its approach, such as in cultivating a more universal language of improvement.

In exploring the priority in relation to support from the ihub going forward, Chief Officers are clear that this must be practical in nature. They need 'on the ground' support and extra capacity in improvement and redesign. Intelligence about what works was also seen to be a priority. Moreover, in creating a new health and social care landscape, Chief Officers and their teams are keen to share and learn from others who have already addressed these issues.

This survey also highlights a number of areas where further work is needed nationally, including the following.

- There is a clear need for systems level organisational development support that is able to bridge the IJB, the NHS board and the Local Authority and address the systemic and relational issues that can create barriers to collaboration. At present, a number of national organisations are providing aspects of this, including some limited support available from the ihub. Some systems are appropriately contracting directly for this input, although the risk is that those

most in need of it are the least likely to bring it in. There is a need for a more co-ordinated national support offering focused on addressing the systemic and relational issues that can create barriers to collaboration.

- Systems need support to better understand their current capacity for improvement, make an assessment of what they need and then develop plans to bridge any gaps. The ihub is progressing work in 2017–2018 to develop an approach to assessing quality improvement infrastructures. However, whilst quality improvement capacity is a necessary part of the conditions for system wide improvement, there are a wider range of factors that also need to be in place including leadership capacity and capability.
- Health and Social Care Partnerships, NHS boards and Local Authorities are all experiencing significant challenges to focusing on longer term outcomes and costs due to the pressing financial issues. This is creating a situation where there are significant risks that short term actions to balance budgets in one year will build increasing financial pressures in the future.

Whilst the ihub has a role in supporting the health and social care system on aspects of the above challenges, they all require a wider system response. With this in mind, we will continue to deliver interventions in a manner that ‘works with’ rather than ‘does to’ with the aim of building local improvement capacity. Over time, this will become more self-sustaining and achieve all our collective goals of better quality health and social care for everyone in Scotland. We will also continue to work with other national organisations to ensure a co-ordinated national improvement support offering that is focused on the priority issues for delivering better health and wellbeing outcomes for people in Scotland.

**The Improvement Hub (ihub) is part of Healthcare Improvement Scotland**

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Thank you to all our ihub partners for sharing data used in this report.

For the purposes of this report, the collective term for Health and Social Care Partnerships and Integration Joint Boards is 'Integration Authorities'.

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