

Enabling health and social care improvement

Healthcare Improvement Scotland's
Improvement Hub (ihub) Impact Report
2017-18



© Healthcare Improvement Scotland 2018

Published October 2018. All information correct at this date.

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

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

This document is licensed under the Creative Commons Attribution-Noncommercial-No Derivatives 4.0 International Licence. This allows for the copy and redistribution of this document as long as Healthcare Improvement Scotland is fully acknowledged and given credit. The material must not be remixed, transformed or built upon in any way. To view a copy of this licence, visit <https://creativecommons.org/licenses/by-nc-nd/4.0/>

www.healthcareimprovementscotland.org

Contents

1	Director's overview	2
2	Our approach to improving outcomes	5
3	Our impact	10
4	Our priorities 2017-20	33

1 | Director's overview



Putting people at the heart of everything we do

Healthcare Improvement Scotland's ihub provides support to health and social care organisations to redesign and continuously improve services to enable better health and wellbeing outcomes for people in Scotland. In 2017-18 we set up our new Place, Home and Housing Portfolio, which is focused on the role that housing plays in enabling independence and supporting improvements in health and wellbeing.

It is interesting to view the challenges in our own system through the perspective of others. The challenges facing our health and social care system are significant and are well understood; increasing demand, ongoing difficulties recruiting to a range of posts, and an ever more challenging financial context.

Over the last year, through the support of The Health Foundation, I've been privileged to participate in Sciana, a new European network of Healthcare Leaders. It's helped me to keep focused on the positives in our context and reminded me that, in the midst of our challenges, we also have so much to celebrate.

To say I was surprised when some colleagues from another European country described their main challenge as having too much money in their system is an understatement. And the reason why they described it as a challenge: they have no incentive to change and they know that the current system is not fit for purpose for today's health and care needs. It gave me a new perspective on our financial challenges as they are enabling a much needed redesign of our health and social care system. It reminded me of a quote from an integration Joint Board (IJB) Chief Officer (CO) that we highlighted last year *"Crises and challenges have created the sense of urgency and the willingness to think the unthinkable that allows us to tackle the wicked issues"*.

That is not to say the health and social care system wouldn't benefit from some additional resource; just that with every challenge comes an opportunity. The improvement and redesign work happening across Scotland every single day is really impressive; evidenced by the regular requests Scotland receives to talk to colleagues from all over the world.

The work we support through the ihub is just a subset of this wider work and this report provides just a snapshot of the work we support.

In this year when we are celebrating 10 successful years of the Scottish Patient Safety Programme (SPSP), I've also found myself reflecting whether we are at risk of taking for granted the quality improvement (QI) expertise that has been built up not just in health but also, through the work of Raising Attainment for All and Early Years Collaborative (now merged as the Children and Young People Improvement Collaborative, CYPIC), in the wider social care and educational environments.

We have proved through SPSP that we can do change at scale in Scotland; the data in this report around our safety work speaks for itself. Its success is based on a combination of different factors but as the organisation that has delivered the national programme over the last 10 years we would call out the following:

- Relentless focus on skilling up those who deliver care in quality improvement techniques.
- The development of national learning systems which bring those working on common improvement challenges together to share learning and problem solve.
- Person-centred, evidence and data informed improvement work.
- The political support for an approach which takes time initially, but delivers sustainable results at scale in the longer term.

When we set up the ihub we were clear that the nature of the challenges we were facing meant that we needed to extend our approach from continuous improvement to one which also focused on system and service redesign. We believe that both are vital if we are to deliver the transformation of health and social care that we all aspire to and so desperately need.

Over the last year we have continued to focus on developing our redesign offer. We have some exciting developments in the pipeline for 2018-19, including a new strategic partnership with Nesta, a UK wide innovation agency.

I'm also delighted that 2017-18 saw an ongoing strengthening of our partnerships across Scotland. All our work is co-designed, co-owned and co-delivered with the aim of building local improvement capacity to meet local need. A recent count of organisations we actively worked in partnership with during 2017-18 highlighted 117 separate organisations. This takes me back to where I started, putting people at the heart of everything we do. While we are passionate about the importance of designing processes and systems that enable people to do the right thing at the right time in the right way; we recognise that relationships are the glue that holds our system together. There are amazing people in Scotland working tirelessly every day to deliver and improve our health and social care services; sometimes in very challenging circumstances. I hope the stories in this report inspire you about what is possible when we take a systematic approach to improvement that puts people at its heart.



Ruth Glassborow

Director of Improvement

Our approach to improving outcomes | 2

We believe that transforming our health and social care system so it is fit for the 21st century will require a focus on both **system redesign** and **continuous improvement**. Supporting teams to become more effective and efficient won't help if fundamentally the system needs redesigning. However, it is not enough to redesign a system if we don't then provide those delivering care with the skills to continuously improve it. So our approach is to focus on both:

- a) Supporting the work to **redesign** systems, services and processes which enable people to receive the right support and care, in the right place, at the right time while also reducing harm, waste, duplication, fragmentation and inappropriate variation.
- b) Supporting the development of **cultures of continuous quality improvement** so that every person working in health and social care is engaged in the work of improving their day to day practice.

We combine a person-centred, evidence and data informed approach with the systematic application of design methodologies, quality improvement methodologies and relational change management (improving outcomes through relationships). We are currently looking at how we might better integrate behavioural science into our core approach to ensure we are using the latest evidence about what enables key changes in individual behaviour.

Further, we recognise the vital role of artificial intelligence and automation in the work of transformation and hence are committed to close partnership working with national digital organisations such as NHS National Services Scotland, NHS 24 and the Scottish Centre for Telehealth and Telecare. An example of how this has worked in practice can be found in our case study on overnight support on page 13.

Our work focuses on:

- Supporting services and systems to **understand** their high impact opportunities for improvement.
- Assisting in the **design** of processes, care models and systems which will improve outcomes.
- Providing practical support to enable organisations to **implement** changes that will lead to improvement.
- Supporting services and systems to **evaluate** the impact of their changes, embed successful change and **spread** the learning about what has and hasn't worked.

Our core offerings are delivered through a combination of:

- **Bespoke support** – this is largely focused on our work around system redesign and our work with governance bodies. Practical examples include our work in Orkney (see case study on page 26) and our work with Health and Social Care Partnerships (HSCPs) leaders (see case study on page 22).
- **National improvement programmes**
 - **Prototyping programmes** – these are programmes where we are working with a defined number of local organisations to develop and test practical solutions for common improvement challenges across Scotland. For example, see our current work with five HSCPs to develop tools and approaches to reducing pressure ulcers in care homes (see case study on page 20).
 - **Scale-up programmes** – these are programmes where we are providing support to scale-up known improvements across the wider system. Current examples include our work around the SPSP (see case studies on pages 11, 20 and 30) and our Living Well in Communities programme (see case study on page 15).

- **National learning networks** – In 2017-18 we facilitated 17 national learning networks. Some of these are embedded within our national improvement programmes, while others sit separately.
- **Grants and allocations** – to enable improvement work to happen locally (see case studies on pages 18 and 25. In 2017-18, £2.95 million of the ihub budget was allocated to health and social care organisations to enable them to fund staff to do the work of improvement.

We work at every level in the health and social care system, though the majority of our work is with the teams that deliver health and care services in the recognition that this is where much of the meaningful improvement work happens. However, over the last year we have increased the focus of our work with the management and governance tiers for two reasons:

- System redesign work, by its nature, requires an organisational approach.
- Continuous quality improvement within our health and social care delivery teams requires an enabling organisational infrastructure and culture, which in turn requires an enabling national context.

Optimising partnership working

117



The ihub worked in partnership with 117 organisations in 2017-18.

Developing and disseminating improvement tools and resources

43



We developed 43 new practical tools that support practitioners to implement improvements in a range of areas. From supporting the management of frailty in key situations (for example, during hospital admission) to providing an atlas to aid in the delivery of intermediate care, plus many more.

Supporting health and social care partnerships (HSCPs)

31 14



We provided improvement support to all 31 HSCPs and all 14 NHS territorial boards.

Sharing knowledge and learning online

266,363



ihub.scot received 266,363 web page views. In addition, more than 40,000 documents, including reports, toolkits and other improvement resources, were downloaded from our website. Among the most popular are our Anticipatory Care Planning (ACP) toolkit and Sepsis toolkit.

Reducing pressure ulcers

550



Thanks to our work since 2013, over 550 patients a year in acute hospitals are spared the pain and additional treatment required for pressure ulcers, resulting in approximately £2.2 million (if all grade 2) and £5.5 million (if all grade 4) efficiency savings. In 2017, we spread the positive impact of our work in this area into care homes.

Delivering quality improvement training

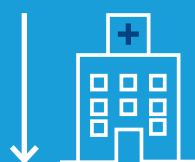
100%



100% of attendees at Board Quality Improvement (QI) masterclasses would recommend it.

Decreasing HSMR

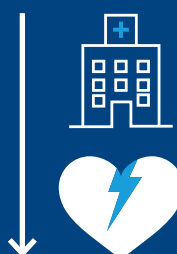
9.2%



Hospital standardised mortality ratios (HSMR) decreased by 9.2% during January to March 2018, compared to the same period in 2014.

Reducing cardiac arrest

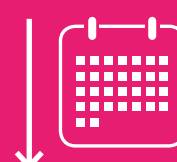
16 26%



Cardiac arrests across 16 acute hospitals were reduced by 26%, which is 22 fewer per month.

Decreasing sepsis mortality rate

21%



Since 2012, 30 day mortality from sepsis has decreased by 21%.

Funding local improvements

£2.9m



In 2017-18, the ihub provided £2.9m (30% of ihub total budget) in grants and awards to fund local improvement work.

Supporting improvement in mental health

38



38 teams across Scotland joined the new Mental Health Access Improvement Support Team (MHAIST) in 2017-18.

Supporting learning about what works across Scotland

17
54 | 109



We supported 17 national learning networks, delivered 54 learning events and 109 webinars.

Facilitating 'right time conversations'

752
72 | 107



752 care experience conversations led to 72 new improvement opportunities being tested and 107 improvements embedded into practice.

Reducing restraint

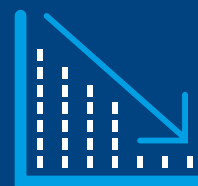
14
57%



14 mental health wards showed a reduction in restraining patients of up to 57% since 2012.

Reducing self-harm

6
70%



Six mental health wards showed a reduction in the rates of patients who self harm of up to 70% since 2012.

Reducing neonatal mortality

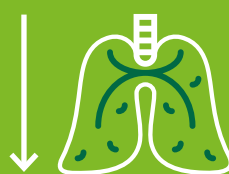
17.4%



Our Maternity and Children's Quality Improvement Collaborative (MCQIC) contributed to a 17.4% reduction in neonatal mortality since 2013.

Improving paediatric intensive care

2
86%



We've seen an 86% reduction in ventilator associated pneumonia in the two paediatric intensive care units since 2013.

Increasing ACPs logged on eKIS

12%



The number of anticipatory care plans (ACPs) logged on electronic Key Information Summaries (eKIS) increased by 24,160 (12%).

3 | Our impact

The following case studies bring to life the wide-ranging impact of the work we have undertaken with our delivery partners. These case studies cover just a small subset of our work during 2017-18 – providing a flavour of what is possible when we take a systematic approach to improvement that puts people at its heart.

Saving babies' lives by reducing Scotland's stillbirth rate

The loss of a child is something no parent should ever have to go through. But, sadly, it's a devastating reality for many families. In the UK, around one in 225 pregnancies ends in stillbirth – when a baby dies in the womb after 24 weeks gestation. One of the key aims of the Maternity and Children Quality Improvement Collaborative (MCQIC) is to reduce the Scottish national stillbirth rate.

Evidence showed that:

- Pregnant women delay seeking advice when they become aware of altered fetal movement.
- Escalation and management of reduced fetal movement continues to be a challenging area of maternity care in the effort to reduce stillbirth.
- Midwives are reluctant to mention the risk of stillbirth to pregnant women for fear of provoking anxiety. They're also anxious that they lack knowledge on the risks and causes of stillbirth.
- The risk of stillbirth is 47% higher in women who smoke during pregnancy than in women who do not smoke while pregnant.

In 2017-18, MCQIC's nationwide work focused on supporting front-line staff to make improvements, where necessary, to the care they deliver. MCQIC has supported midwives, obstetricians, neonatologists, paediatricians and nurses to develop their skills in quality improvement methodology to bring about sustained improvements to care. The focus of the improvement work included:

- Increasing the percentage of midwives who have a documented discussion with pregnant women on fetal movement and ensuring evidence-based advice is used to inform women about fetal movement and who to contact when problems or concerns arise.
- Ensuring midwives have supportive conversations about the dangers of smoking in pregnancy, and introducing the monitoring of all pregnant women for carbon monoxide levels, which is now routine practice across Scotland.
- Supporting midwives and obstetricians to consistently measure the growth of babies and follow up quickly if problems are noted. Electronic fetal heart rate is monitored by a cardiotocograph (CTG). This detects poor oxygen supply to the baby. The MCQIC CTG package of care was designed to reduce stillbirth and harm by monitoring fetal wellbeing.

Implementing this person centred care means women have reliable, accurate information about how to manage concerns. This instils the knowledge and confidence required to seek support when needed. In addition, the programme has developed tools and resources to support frontline staff to respond and support women appropriately.

This story demonstrates how, at NHS Lanarkshire, work from the MCQIC programme helped result in a happy outcome for one family.

Anna is mum to three children: Rosie, Scott, and Alice. All pregnancies were deemed high risk and unfortunately her son Scott was stillborn. Understandably, given the sad passing of her son, Anna was extremely anxious when she later became pregnant with Alice.

While under the care of the multi professional team, Anna and her midwife had a discussion regarding fetal movement, the importance of monitoring her unique pattern of movement and who to call if she had any concerns. This was documented in her care plan.

Anna became concerned about her fetal movements when she was 35 weeks pregnant. Something was not quite right and Anna contacted her local maternity unit. In the hospital, she had a scan and a CTG to determine fetal wellbeing. These indicated a healthy baby and Anna was discharged home with a care plan.

However, Anna was still anxious, and she was admitted for observation two days later. Over the next 24 hours, the CTG detected potential deterioration in her baby and the fetal movements remained altered, with the CTG showing some cause for concern. The decision was made to deliver the baby by caesarean section to reduce stress on the baby.

Baby Alice was safely delivered later that night, weighing a healthy 5lb 7oz. After a cuddle with her mum, Alice was transferred to the neonatal intensive care unit for observation. Both were discharged home a week later.

Anna attributes the safe, early delivery of her daughter to the advice she received about fetal movement. This gave Anna the confidence to contact the team. She also suggests the regular CTG monitoring had ultimately detected possible deterioration in Alice's wellbeing, which resulted in the decision to deliver her early. These interventions in care mean Alice is here today – safe, healthy, and thriving.

In 2017, 28 more babies who might otherwise have been stillborn, were born safe and well compared to 2013. This means that 28 more sets of parents, grandparents, brothers and sisters welcomed home their new baby to their family.

We have made great strides in Scotland and we will continue to reduce the number of stillbirths. Find out more at <https://ihub.scot/spsp/maternity-children-quality-improvement-collaborative-mcqic>

Redesigning overnight support

Overnight support, (previously referred to as 'sleepovers') meets a range of needs for people who may need support, reassurance and practical help during the night time hours. In 2017-18, the ihub supported 13 HSCPs to redesign their overnight support services with a focus on empowering individuals to live the lives they want.

Enabling people to make informed choices on what their support looks like and how it is delivered is a central part of Scotland's health and social care reform agenda. This programme recognised that there may be better ways to provide overnight support through new opportunities created by technological developments that could both improve outcomes and reduce costs.

We designed and delivered three Action Learning Sessions. A coaching approach was used to support HSCPs and their providers to understand high impact opportunities for redesign and to then design new pathways and models of care together, appropriate to their local context. The Action Learning Sessions brought together individuals leading the redesign of overnight support in HSCPs with key individuals from the Scottish Centre for Telehealth & Telecare, Alzheimer Scotland, Care Inspectorate, COSLA, NHS 24, Scottish Fire and Rescue Service, Scottish Government and Technology Enabled Care. We were delighted to have 16 different third and independent sector organisations also join us for the Action Learning Sessions.

The Action Learning Sessions provided:

- Practical information and examples of how technology could and is being used to provide overnight support which stimulated new thinking locally.
- Access to expertise in the implementation of technology enabled care and expertise around how to effectively design and implement new models of care. This supported partnerships to develop robust redesign implementation plans.
- Practical advice and support on how to ensure people using services are central to the redesign work.
- Training on how to make effective use of data to both identify the opportunities for improvement and assess whether changes are delivering sustainable impact.
- A forum where local teams were able to share their expertise and learning with each other, with the aim of increasing the pace of implementation.

This approach enabled HSCPs to develop redesign implementation plans which were customised to their local context while providing an efficient mechanism for sharing evidence and learning about what works. Critical to the Action Learning Set process was the expectation that change would happen and at the end of each set each area was asked to pledge and identify what they aimed to achieve by the next session.

The Action Learning Sets made best use of the combined knowledge, skills and expertise from the various organisations. Pivotal to this approach were the stories from people who used and provided overnight support, and what was important to them. For instance, we used Robert's story to highlight the positive impact from implementing new models of overnight support. You can hear it at <https://ihub.scot/overnight-support/>

Fiona Hodgkiss, of the Scottish Government observed, "The Action Learning Sets brought together providers and commissioners in a dynamic and supportive learning environment to work collaboratively to take a planned, person-centred and multidisciplinary approach towards redesigning overnight support."

A participant from East Renfrewshire Health and Social Care Partnership commented, "We could not have achieved what we did without these Action Learning Sets."

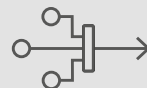
100% of participants identified a positive impact from participating in this programme. The approach meant that each HSCP was able to focus on the issues they most needed to improve to deliver better outcomes.

100% of participants identified a positive impact.

When asked what had made the most significant impact:



31% identified significant redesign and improved efficiency



31% identified technological changes and implement new processes



31% identified work around building relationships and influencing stakeholders



8% identified the testing of new approaches



This approach clearly demonstrated the benefit from being able to connect areas focused on a similar transformation challenge, support the development of local plans and share knowledge on both improvement and transformation as well as practical and technical information. The ihub will be building on this approach to support HSCPs in the future with transformation challenges.

Improving outcomes for older people with frailty

The ihub is working with HSCPs and NHS boards to improve care and support for people with frailty, both in the community and on presentation at hospital emergency departments.

The ihub's work has focused on identifying people with frailty to ensure they receive the right support to improve their quality of life. This has included:

- Development of an evidence based frailty screening and assessment tools selection guide to help practitioners in health and social care to select an appropriate method to identify people with frailty.
- Testing of the electronic frailty index (eFI) with GP practices to enable them to identify people with frailty in their population.
- Development of a Frailty and Falls Assessment and Intervention Tool to guide multidisciplinary team (MDT) meetings for people with frailty.
- The production of Living Well in Communities with Frailty - a review of the evidence on community-based interventions for people with frailty to support decisions locally about the design of new models of care.
- Establishing a Frailty at the Front Door Collaborative to improve processes for identifying frailty and coordinating care in acute hospitals.
- Developing and testing the Think Frailty screening tool to identify people with frailty in hospital.

Timely identification of a person with frailty can reduce the likelihood of an adverse outcome and support the long-term management of people's health and wellbeing. An array of published tools exist to identify people with frailty which, can make it difficult for health and social care professionals to select the most effective tool for their local context. The ihub developed the frailty screening and assessment tools selection guide to summarise the existing evidence base in an easily accessible format to support local decision making.

**65% of acute bed days
are occupied by people
over 65**

65%

65+



**75% of delayed discharge
bed days are occupied by
people over 75**

75%

75+



**100% projected increase
in people over 85
between 2010 and 2030**

100%

85+



Qualitative feedback from health and social care professionals has confirmed that the guide is easy to use and 52% of practitioners involved in testing the guide changed their choice of frailty identification tool as a result of the guide. Tools from the guide have been selected by at least 15 HSCPs to identify people with frailty enabling better targeting of community-based interventions to people most at risk of adverse outcomes and unplanned admissions.

Community-based frailty interventions can reduce the demand on unscheduled care. However, for people who require admission to hospital the evidence demonstrates that improvements in care should focus on early identification, assessment and coordination of care.

The ihub has been supporting five hospitals to improve frailty at the front door. While this work is in its early stages, early indications are showing improvements in the quality of care and on the outcomes for people with frailty.

Initial prototyping work with the Queen Elizabeth University Hospital (QEUH) in Glasgow demonstrated a sustained reduction of 28% in average length of stay within the Department of Medicine for the Elderly (17.5 to 12.5 days). This followed the introduction of a frailty unit and the implementation of a frailty pathway.

Forth Valley Royal Hospital has reported an increase in the number of people who can be successfully discharged within 24 hours as a direct result of introducing frailty screening and comprehensive geriatric assessment at the front door. Feedback from people with frailty who were discharged from Forth Valley Royal Hospital confirms that being at home is what matters to them.

Staff in local sites have reported a positive experience of being part of the ihub improvement programme. Sarah Henderson, Geriatrician at Forth Valley Royal Hospital said, “The collaborative has allowed clinical, management and HSCP colleagues to come together and focus on what needs to be done using a clear structure and timeline for delivery.”

Visit <https://ihub.scot/frailty-at-the-front-door/> for more information about our work.

Living Well in the North

The ihub is working with 10 HSCPs across the north of Scotland to improve community-based care and support for people with frailty. This work will take the ihub’s testing of the electronic Frailty Index (eFI) and community-based interventions from a handful of test GP practices to implementation in over 200 practices covering a population of 1.3 million people.

The ihub’s Living Well in the North programme started in early 2018 in response to a request by the Chief Officers of the 10 HSCPs. It aims to improve the early identification of people with frailty and to improve their access to appropriate levels of care and support. This helps them to live well in their community for longer and avoid unplanned time in hospital.

The ihub is working with NHS National Services Scotland (NSS) to use the learning from early testing of the eFI to build the infrastructure required for all GP practices to be able to use the eFI through the Scottish Primary Care Information Resource (SPIRE). While this is being built the ihub has been supporting local clinical and social care engagement to ensure buy in across the area and to help the HSCPs design their community frailty interventions.

Local leads from the 10 HSCPs specified that their community frailty interventions needed to be evidence based. The ihub responded by creating the Living Well in Communities with Frailty evidence summary. This is being used by HSCPs to inform the design of local community frailty interventions and to build business cases for linking improved identification of people with frailty to care models that can support them to live well in their community.

The ihub has also responded to requests from HSCPs, such as Shetland, for support to map their local health and social care system to identify existing services that could support people with frailty. This involved using an integrated system mapping method developed by the ihub in 2016.

A virtual space for local sites and the ihub to share experience, resources and learning has been created. The online platform is provided by the Improvement Service and is accessible to both local authority and NHS staff.

Another key aspect of knowledge exchange is the programme's reporting structure. In response to local areas' requests to keep the reporting burden to a minimum, the main reporting mechanism is a monthly call between the local lead and the ihub Improvement Advisor. This reduces the burden on local sites to write additional reports and allows two-way dialogue for knowledge exchange and a rapid response to issues and challenges.

Plans to evaluate the impact that the work has on people with frailty, staff that support people with frailty, and the wider health and social care system are in development. This has involved support from the ihub's Evidence and Evaluation Improvement Team and the University of Edinburgh.

The lead Chief Officer, Adam Coldwells from Aberdeenshire HSCP said, "The collaborative work will allow us to do something at scale across the north of Scotland that will impact on our whole system and the wider population."

To follow the progress of Living Well in the North please visit ihub.scot and subscribe to ihub connect newsletter.

Treating multiple sclerosis in a virtual world

As a result of an Improvement Fund grant from the ihub, Revive MS Support, a charity that provides vital therapy, advice and support to people affected by multiple sclerosis (MS), improved access to specialist MS services throughout North Lanarkshire and the West of Scotland.

As MS progresses, the condition affects mobility, making travelling more difficult. Lack of mobility can be particularly challenging for those people living in rural areas who are trying to access specialist MS support services.

Did you know?

Over 11,000 people in Scotland are currently living with MS. This makes MS more common in Scotland than most other countries in the world.

Source: MS Society UK

Revive MS Support established a project to trial remote consultations for those living with MS in the greater Glasgow area. Using Attend Anywhere, a web based platform, staff were able to provide vital therapy remotely. This meant that people with MS had the opportunity to remain supported, and, crucially independent and living at home.

“The virtual treatment room is now a fully implemented and successful service we offer to clients,” said MS Specialist Nurse, Mhairi Coutts. “We’ve expanded our reach beyond Glasgow and the West of Scotland area as we now have clients living in Dunoon and Stornoway.”

Remote access to a specialist MS nurse through a virtual clinic supports both self-management and tailored advice. This gives people using the service more of a sense of empowerment to live full and productive lives.

It’s also reassuring to retain contact with a known and trusted healthcare professional (where possible). One virtual consultation user, Evelyn, said, “Mhairi has been my MS Nurse throughout my journey and I panicked when she was no longer in that position. But, after having a video consultation [with Mhairi] on my smartphone, I realised I can retain contact. Wonderful service. Thank you so much.”

Support from the ihub’s Improvement Fund for this project has provided Revive MS Support with valuable learning that can be used in future projects which will help shape and design services for effective remote delivery on a national scale. Revive MS is working with the ALLIANCE and the Digital Health and Care Institute (DHI) to ensure that the learning and outputs from the ihub-sponsored project are shared across the third sector.

Visit the Attend Anywhere resource centre for video call guidance and Revive MS for specialist MS support.

Alleviating the pain of pressure ulcers

Thanks to our ongoing improvement work, over 550 acute hospital patients per year are spared the pain and additional treatment required for pressure ulcers, and the associated healthcare costs are consequently reduced. In 2017, we spread the positive impact of our work in this area into care homes too.

Pressure ulcers are a significant cause of harm to people who use health and social care services and they lead to poorer outcomes and experiences. They're a consequence of remaining in a similar position – such as lying in bed or sitting in a wheelchair – for long periods of time. In addition to the significant pain and discomfort that pressure ulcers cause to patients, they lead to, on average, five to eight days longer stay in hospital as the patient requires additional care and treatment.

The SPSP has supported the prevention and management of pressure ulcers across different care settings, from initial improvement work in acute hospital wards to care homes. To date, there has been a 24% reduction in grade 2-4 pressure ulcers acquired in acute hospitals across Scotland since January 2015. This means that there are 46 fewer people per month – or 552 people per year – in Scotland's hospitals experiencing the pain and discomfort of a pressure ulcer. This has delivered annual efficiency savings across Scotland of between £2.2 million (if all grade 2) and £5.5 million (if all grade 4).

These reductions were achieved by working with acute teams to understand how pressure ulcers can be prevented (based on evidence) and what conditions are required to support the reliable implementation of those processes. These included support to clinical staff to enable:

- Effective assessment and review of pressure area damage.
- Accurate recording of the grade.
- Care plans that effectively address issues highlighted in pressure ulcer assessments.

Key to delivering these outcomes was the work nationally to:

- Develop driver diagrams and change packages which provide evidence informed guidance on where to focus improvement work to make the greatest impact.

- Collect and share data on pressure ulcer rates across Scotland. As well as helping hospitals to target their work on wards with the highest rates, the comparative data also enabled an appreciative inquiry into what was being done differently in the areas with the lower rates.
- Develop a national learning network, which enabled those working on this improvement challenge to share successes and, just as importantly, failures. The network collaborates on the development of learning summaries and case studies to support the spread of learning and practical tools and resources.

In 2017, we led work in partnership with the Care Inspectorate, Scottish Care and five HSCPs to take the learning from this successful improvement activity in hospitals and apply it into the care home setting.

Care homes reported that participating in the Pressure Ulcer in Care Homes Collaborative helped them to develop a stronger culture of safety in the units, more integrated ways of working, and improved communication and relationships with relatives. All of this enabled them to provide a better quality of life for residents, most notably at the end of life.

Members of the team supporting Abbey Gardens care home residents reflected on their experience of participating within the collaborative. For example, the manager highlighted how the work had impacted on the number of pressure ulcers: while they were low to begin with, they had reduced the rate to zero.

The impact on the team was significant, with improved morale and confidence. There's now an enhanced culture where learning and improvement runs through everything they do.

The district nurse commented, "It has had an impact on everything that's happening in the care home. Staff now feel both valued and respected. Before, they were frightened about making changes in case they got it wrong. Now they feel more confident to try things and run with them. It has changed the whole culture... which is more significant than pressure ulcers being reduced by a squidge."

We have developed an online resource at www.pressureulcer.scot to share information that supports improved outcomes for care home residents.

Creating the conditions to facilitate complex change

As health and social care integration develops across Scotland, we're focused on creating the conditions in which integration joint boards (IJBs) and their associated health and social care partnerships (HSPCs) can reach their full potential in the planning and delivery of health and social care services. Here, we look at two examples of how the ihub has helped facilitate such improvements.

Clackmannanshire and Stirling IJB is in the unique position in that three statutory organisations are working together under the auspices of one IJB, including two local authorities and one NHS territorial board.

Working in partnership with the Chief Officer for the HSCP, a programme of board development support started, with the aim of maximising the effectiveness of the IJB.

The programme involved a phased approach. Starting with a diagnostic process, Board members and officers explored their perceptions of the functioning and effectiveness of the HSCP. This was followed by a learning session using a systematic mapping approach to consider their challenges and opportunities.

This process enabled members to view the complexity of their situation, including any competing loyalties and priorities of the three constituent organisations, and work out together how they could best meet the shared objectives of the HSCP.

Feedback from the Chief Officer has described a number of positive outcomes with:

- Greater clarity of purpose.
- Deeper understanding of each other's roles and responsibilities.
- Stronger commitment to the shared agenda.

The Board has subsequently agreed a series of actions to improve how the HSCP functions, with a follow up session facilitated by an ihub Improvement Associate later in 2018.

Meanwhile, in Wigtownshire, the focus was on creating a whole system leadership team from within existing structures in order to create conditions that would lead to transformational change.

The leadership team was formed from four different directorates and facilitated by an ihub Improvement Associate and the HSCP's own Community, Health and Social Care Manager.

Every locality has experienced a similar situation, with a key question being, “How can we develop a sustainable model of health and social care that best meets local needs, now and in the future?”

The work undertaken at Wigtownshire on ‘creating the conditions’ - or putting in the foundations and relationships that facilitate complex change - has been highly successful.

The success was achieved by a number of factors, including influencing culture change within the leadership team. They started to:

- Initiate new conversations – with social workers, with nurses, with service users, and with people at all levels of the health and social care system, regardless of perceived hierarchy.
- Physically experience working environments within the HSCP that they wouldn’t normally interact with, and to reflect on that experience.
- Understand different parts of the system and how they interact – not just through data but by direct experience.
- Develop the discipline to maintain momentum and attend regular meetings, even when progress seemed to stall. The meetings focused on reflection and learning, conversation and decision-making.
- Live and demonstrate shared behaviours and values.

Ultimately, the leadership group evolved from individuals managing their discrete service areas to a cohesive leadership team that is leading the transformation of health and social care, as well as new ways of working. They’re now proactively implementing systemic improvements.

“Across the whole of Wigtownshire”, said June Watters, Community, Health and Social Care Manager, “we’re now set up to co-produce a sustainable health and social care system that meets local needs.

“Through the ihub’s support, we’re better equipped to be more responsive to system needs and changes as they emerge, and to engage proactively in the right conversations at the right time – not least with the service users.”

See the NHS Dumfries and Galloway website for more information about Wigtownshire’s health and social care integration.

Visit ihub.scot for contact details to enquire about how we might be able to support your local integration plans.

Improving services in specialist dementia units

Focus on Dementia, our national improvement programme for dementia, has been working with four specialist dementia units across Scotland to support improvements in the quality and experience of care, and to share the learning through a network of practitioners across Scotland.

One of the four demonstrator sites for this work is Prospectbank in Finlay House, within Edinburgh HSCP. Prospectbank is a 30 bedded specialist dementia unit managed by the Hospital Based Complex Clinical Care (HBCCC) services. People are admitted for care and treatment for symptoms related to a diagnosis of dementia.

Prospectbank used the experience based co-design (EBCD) model to help them identify improvement priorities relevant to their local context. A range of participatory approaches, including patient observations, interviews with carers and staff, and co-designed events were undertaken. These identified the areas for improvement that mattered most to people with dementia, carers and staff. Care for Carers, a local charity helped to gather feedback from a range of relatives and carers.

Evaluating the use of EB CD, one staff member observed, “This process has challenged my assumptions about what I thought carers and people with dementia wanted.”

Key improvement priorities were identified as:

- Increasing meaningful person centred therapeutic activity.
- Reviewing the environment to make sure it is dementia friendly.
- Improving the mealtime experience.

Tackling the latter priority, a mealtimes improvement group was set up, which included representation from Food for Life, a programme run by the Soil Association, promoting access to good quality food and Artlink, a local charity promoting access to the arts to support positive change.

Observations highlighted that the mealtimes were very noisy and having a negative impact on patient experience.

Prospectbank staff tested out simple but highly effective changes, including replacing the metal utensils with silicone utensils to reduce noise levels. They also moved any non-food-based activities to another location to make mealtimes a focused, more pleasant experience.

“Working with people on the unit and carers means we now understand what will really make a difference, said Caroline Lawrie, Clinical Services Manager.

“Without the time invested up front we would have been doing the wrong things. The ward team have already been able to demonstrate an impact around improving the meal time experience.”

The improvement group is now planning further improvements, including reviewing the menu and looking at improvements to the environment and how the space is used at different times of the day.

This work and other examples of improvements in practice in specialist dementia units will be shared through our forthcoming regional network events in the year ahead.

We are actively working with the Scottish Executive Nurse Directors to agree how best to spread the good practice across Scotland.

Visit ihub.scot/focus-on-dementia to learn more about the range of work we’re doing to improve outcomes for people with dementia, carers and staff.

Taking health services to homeless people

Our new Place, Home and Housing portfolio supports improvements to strategic planning and housing services to provide people with a home environment that supports greater independence and improved health and well-being. The engagement to date from the housing sector has been fantastic, though it is early days for us in terms of impact stories.

“Pharmacists for Homeless” is an innovative project which was funded by the iHub Improvement Fund. Based in Glasgow, the project has helped over 80 people sleeping rough in Glasgow to receive a health check since August 2017.

Pharmacists for Homeless is run in partnership with Pharmacists from NHS Greater Glasgow and Clyde and outreach workers from Simon Community Street Team to deliver vital support to Glasgow’s homeless community. The aim is to make healthcare more accessible for people who are known to be homeless or who are rough sleeping.

The multi-disciplinary outreach team undertakes a mini-health check with clients, examining their heart, breathing, nutrition, mental health, access and engagement to addiction support services, medicines and blood borne viruses. The team is cognizant of the predominant health problems known to affect this vulnerable group, given that they don’t tend to access preventative healthcare services.

Consultations take place in a range of unconventional venues, where trust can be established. Lack of permanent accommodation or fixed address is recognised as a barrier to receiving care.

“Addressing health inequalities is often cited as the NHS’s first priority”, said Richard Lowrie, Pharmacists for Homeless project spokesperson. “When you next see a person who is homeless, consider this: their average age is 43 years, but in terms of health status (their number of chronic conditions), it is equivalent to looking at a vulnerable 84 year old with no money or roof over their head.

“The project has successfully engaged with rough sleepers experiencing physical and mental health problems in addition to opiate addiction, who had disengaged from treatment. These patients have expressed their gratitude for having their treatments re-started, and have been accommodated as part of their wider care plan.”

This multi-disciplinary approach and move away from traditional delivery methods is critical to addressing health inequalities for this vulnerable population. Ruth Robin, ihub Portfolio Lead for Place, Home and Housing said, “This project allows us to evidence the ways we can provide essential healthcare to a vulnerable community. We recognise the importance of flexible provision in improving engagement and ensuring access for everyone.”

Following this initial success, the project is now looking to share its experience with other partners and explore ways to spread this outreach service to some of the most vulnerable people sleeping rough.

Visit ihub.scot/place-home-and-housing/ to learn more about the impact our work makes on health and wellbeing across Scotland.

Developing a community driven health and social care system on the Orkney Islands

The ihub worked with the Orkney Island’s HSCP to develop flexible health and care services that are more closely aligned to local needs.

Home to around 21,000 people and spread over 70 isles, the Orkney Islands are unique in Scotland’s health and social care system. These are mostly rural communities, diverse in size and setting, with fewer than 20 residents on some of the smaller islands.

With this uniqueness comes the ‘square peg, round hole’ way of working that the HSCP sometimes struggles with in trying to deliver on national NHS Scotland priorities.

The question for the HSCP was how to develop a more singular, flexible and community driven approach that matches their health and social care resources with community needs and priorities?

The HSCP approached the ihub's Strategic Commissioning team to support them in considering different approaches to commissioning care and support.

Sharing and evolving learning from previous work with Inverclyde HSCP, the Strategic Commissioning team designed and facilitated a learning session in October 2017, to spark discussion around best practice in the Orkney Islands, and what the community's priorities were. From these conversations it became clear the current structure of health and social care services, which work well in a variety of settings across Scotland, don't make best use of resources and people on the Orkney Islands.

Using a technique developed by the ihub called Integrated Systems Mapping (ISM), the team, alongside local NHS analysts, the local authority, and third sector organisations, built a picture of the various connections between the Orkney Islands' current health and social care services.

John Trainor, Head of Health and Community Care, Orkney Islands HSCP noted that "The ISM has pulled the intelligence together in a way we haven't done before, and it is a really useful way to present and share with others."

As Zaid Tariq, ihub's Strategic Planning Portfolio Lead explained, "Working together to create the ISM allows us to link together this knowledge, in the context of local insight, and enables the development of a whole-system view of services, associated activity, and capacity. By identifying local solutions to local needs, community is at the very centre of an integrated health and social care system."

In addition to the ISM, the ihub introduced the Neighbourhood Care, or 'Buurtzorg' model, which it's testing and adapting to the Scottish context across five sites. This is a new model of person-centred care that was developed in the Netherlands. Des McCart, from the ihub's Transformational Redesign team said, "The ihub is working with the Care Inspectorate, Scottish Social Services Council and others to share learning from the Neighbourhood Care (Buurtzorg) model, where the key is flexible working, to begin shaping a new system for the Orkney Islands. This greater flexibility will offer opportunities for more non-formal providers, self-management for workers, and the use of funds to better meet individual and service outcomes in line with self-directed support and person centred care."



The ihub continues to work with the Orkney Islands HSCP in designing working practices that are community supported; testing new models of care and building on the connections between the HSCP's priorities and the ihub's improvement programmes. This approach delivers sustainable long term solutions for addressing key challenges around the delivery of health and social care. One of the benefits of national support, working in partnership with local services, is it enables rapid cross fertilisation and sharing of learning. This is illustrated by the ability of the ihub to share relevant learning with Orkney from the current work elsewhere in Scotland to test Neighbourhood Care models.

The ihub is helping to ensure that health and care services continue to improve and evolve all over Scotland, so that they meet the changing needs of people that use them. See more information about our work at ihub.scot. Follow us on Twitter @ihubscot

Asking what matters and doing what matters at Mainstay Trust Ltd

The ihub's Person Centred Health and Care team organises the 'What matters to you?' day in Scotland. In 2017-18, Mainstay Trust Ltd took part.

'What matters to you?' is an international day of action which takes place on 6 June each year. The aim is to encourage and support more meaningful conversations between people who provide health and social care and the people, families and carers who receive care.

This year, 613 individuals, teams and organisations across Scotland registered to support 'What Matters to You?'

613



In addition to this there were 243 registrations from 14 other countries around the world.

243



It has been shared by over 2,700 people this year alone on Twitter.

2,700



Participation in Scotland has grown by 16% from the introduction of this day in 2016 and now reaches thousands of people across a wide range of health, education, social care and private sector environments.

+16%



Mainstay Trust Ltd is a Glasgow based charity that works with people with learning and physical disabilities. It offers a range of support services either in a person's home or out and about in the community.

In advance of 'What matters to you?' day, Mainstay Trust Ltd support workers spent time with their service users to find out what mattered to them in their day to day lives and collectively decided on things they wanted to find out more about on the 6 June.

Service users said they would like to learn more life skills and take part in physical activities. As a result, on the day, Mainstay Trust Ltd held courses and introductory sessions about health and safety, cookery skills and food hygiene, as well as sporting opportunities hosted by Glasgow Eagles and Kelvingrove Tennis Club. Service users chose which of these interests they would like to pursue and they also planned future sessions.

By asking 'What matters to you?' Mainstay Trust Ltd focused on the promotion of healthy living, personal choice and control that helps people towards realising their own potential with the right level of support that they want and need. This will improve the ability to self-manage and also influence future care provision.

Scott Ritchie from Mainstay Trust Ltd in Glasgow said, "New life skills were learned and as some people don't have 24 hour support, the courses promoted their independent living skills which can keep them safer in their own homes. It has opened up more doors and opportunities for the people we support by asking the question 'What matters to you?'

"This can be someone trying a new activity, course, experience or for some of the more complex people we support it can be a change as subtle having the confidence to mix with other individuals to improve their confidence and self-esteem. Meeting other people can help develop peer groups and social inclusion.

"The day was a fantastic success with many people we support meeting new people, trying new things, learning about what's on in Glasgow and gaining new life skills."

After taking part, a staff member working in a care home commented, "I'm going to continue asking what matters to you; I loved the effect it had."

Asking what matters really impacts on people's lives when it is responded to in ways that lead to tangible improvements in their care and support. For example, when Jack, aged 7, was asked what mattered to him he said, "Everyone at school knowing how to keep my hearing aids working" and "doctors who talk to me about me." These were easy things to achieve once the question had been asked and people listened and acted.

Visit whatmatterstoyou.scot, email the team at hcis.personcentredscot@nhs.net and follow us on Twitter @WMTYScot

Improving 'observation practice' in mental health

The Scottish Patient Safety Programme – Improving Observation Practice (SPSP-IOP) aims to extend and build on existing good practice in mental health services. In conjunction with NHS test sites, we developed innovative, person-centred guidance that changes the way we respond to the needs of acutely unwell mental health inpatients.

A need was identified to improve observation practice in mental health inpatient units. Through observation practice we aim to support services to therapeutically engage with distressed and acutely unwell patients to prevent them from harming themselves or others at times of high risk during their recovery.

With the support of six territorial boards, we developed and tested new, ambitious and innovative ways of working and engaging with people to change the response to their care, treatment and safety needs when they're acutely unwell.

It quickly became clear from scoping with these test boards and service users that a radical change was needed in the wider culture and practice linked to observation practice.

A service user described how the improvements impacted their care: "I remember the many times that I have been on enhanced observations and how lonely it can feel when the person following me around or sitting beside me to protect me from myself had nothing to say. In fact, they seemed uncomfortable in the space they shared with me. There is something terribly sad [in] that, when at your most distressed and confused, communication can sometimes seem impossible, even with the best of nurses.

"And yet there is something liberating when, late at night, you have been walking round and round the ward in erratic upset circles, the nurse who is providing constant observation for you comes into your room and talks you through a guided relaxation session and, although the soft music that accompanies it might not send you to sleep, you feel treasured and cared for."

Using improvement science methods, where practices are systematically examined to work out what will best facilitate quality improvement, the six boards tested new ideas including:

- Individualised care plans.
- Greater focus on therapeutic activity as a mechanism for meaningful engagement with individuals requiring observation.
- Managing and recording observations.
- Team communication.

The learning from these six test sites, along with feedback from SPSP-IOP leads contributed to new draft guidance in 2017. The guidance recommends that care, treatment and safety planning is steered by the identified specific clinical needs of the individual.

In 2017-18, the programme expanded from the initial six test sites to include the 11 mainland territorial boards and the State Hospitals Board for Scotland. All 12 of these boards appointed an SPSP-IOP lead and are actively testing the implementation of the new guidance.

NHS Ayrshire & Arran, one of the test boards, reported that, “Successful tests of change in Acute Admission Units at Woodland View have been embedded in ward culture and practice; notably the floor nurse concept*, bi-daily safety huddles and related impacts on ward culture. The ihub is working with NHS boards to develop common measures to assess the ongoing positive impact of this work on the care of mental health patients.”

See ihub.scot/spsp/mental-health for more information on how we aim to make sure people are and feel safe, or follow the team on Twitter @spsp_mh

**A floor nurse is a registered nurse who performs a variety of duties within a hospital, and often specialises in a particular field, for example, mental health nursing.*

Supporting the evaluation of new models of care

The ihub supported the Midlothian Wellbeing Service to evaluate their personal outcome focused approach to care, to demonstrate the positive impact of the service on people's wellbeing and to support scale and spread of this new model of care.

The Midlothian Wellbeing Service is a personal outcome focused service, based in primary care. It's a collaboration between Midlothian HSCP and the Thistle Foundation.

The approach used by the wellbeing service is based on a 'good conversation' focusing on personal outcomes and building people's strengths. People using the service are supported to explore coping strategies, express their own needs and priorities and ultimately achieve success in their personal life goals.

The service recognised the need to also take a personal outcome focused approach to their evaluation so they approached the ihub for support to do this.

The ihub's Evidence and Evaluation Improvement Team (EEvIT) and an ihub Improvement Adviser brought together an expert panel to support the evaluation of the wellbeing service. The panel included representation from health, social care, third and independent sectors, those with experience of the house of care model, and expertise on outcomes focused evaluation.

Further support from the ihub led to the development of a bespoke evaluation framework for the wellbeing service which enabled data to be collected locally. Midlothian HSCP implemented quarterly reflective learning cycles to support those involved in the work to review and reflect on intelligence and the data gathered, to mobilise knowledge gained through learning and to further develop the wellbeing service.

Using this evaluation approach, Midlothian HSCP was able to demonstrate the benefit of the wellbeing practitioner service to people with long term conditions accessing the service who reported improvements in confidence, coping and wellbeing scores.

For example people using the service reported making changes relating to:

- **Physical health** - doing more exercise, changing medication.
- **Social isolation** - making contact with other organisations, getting support, re-engaging with interests.
- **Mental wellbeing** - using lifestyle management tools.

Primary care practitioners also valued this new model of care, with a marked decrease in GP contact made by people who had used the service.

Read more details and find resources at the Evidence and Evaluation Improvement Team section of our website.

Our priorities 2017–20 | 4

The ihub priorities are to support the design and implementation of a health and social care system that:

1. Works with individuals to help them to achieve their goals for their care and support, and have more of a say in their care.
2. Focuses on prevention and early intervention to help people maintain their independence and to live well for longer in a homely environment.
3. Recognises the importance of involving local people, services and community groups in the design and delivery of care.
4. Makes a difference to people's lives through building the evidence to support service improvements and interventions; and helping services to apply it.
5. Addresses inequalities in access to health and care services and inequalities in health and wellbeing outcomes.
6. Promotes a culture where continuous quality improvement is a part of day-to-day work and delivers the maximum impact for each pound spent on health and social care services.

Our current Portfolios and Programmes

Portfolio / Programme	What this Portfolio / Programme covers
Living Well in Communities	Neighbourhood Care, Palliative and End of Life Care, Frailty, Anticipatory Care Planning
Primary care	SPSP, GP Clusters, New Models of Care
Mental Health	SPSP, Mental Health Access
Acute Care	Frailty, Deteriorating Patient, Acute Kidney Injury, Falls, Pressure Ulcers
Dementia	Diagnosis and Post Diagnostic Support (including new models of care), Specialist Dementia Units, Acute Hospitals, International Outcomes
Place, Home and Housing	Maximising opportunities for health and housing to work together

Portfolio / Programme	What this Portfolio / Programme covers
Strategic Planning Support	Scottish Approach to Redesign, Strategic Planning Tools
Person Led Care	Person Centred Care, Outcomes Based Commissioning, Third and Independent Sector Engagement
SPSP Medicines	Medicines
SPSP Maternity and Children Quality Improvement Collaborative	Maternity, Neonatal, Paediatrics
Evidence and Evaluation for Improvement	Evidence summaries and reviews, developments in research, evaluation and local innovation
Quality Infrastructures	Quality Improvement Networks, Quality Improvement Infrastructures, Quality Management

Please visit ihub.scot for more information about our work.

Published October 2018

You can read and download this document from our website.

We are happy to consider requests for other languages or formats.

Please contact our Equality and Diversity Advisor on 0141 225 6999
or email contactpublicinvolvement.his@nhs.net

**Improvement Hub
Healthcare Improvement Scotland**

Edinburgh Office

Gyle Square
1 South Gyle Crescent
Edinburgh
EH12 9EB

0131 623 4300

www.ihub.scot

Glasgow Office

Delta House
50 West Nile Street
Glasgow
G1 2NP

0141 225 6999