Discussion Paper – an evolving approach to supporting the redesign and continuous improvement of health and care in Scotland

This discussion paper focuses on current thinking with regards to the support offered through Healthcare Improvement Scotland's Improvement Hub (ihub). Over the last year, as we've shared our evolving thinking at various events and meetings, we've been asked by a wide range of stakeholders where they can find out more. So we have produced this document to bring our ideas into one place and hopefully act as a catalyst for further discussion and critique with our colleagues working across health and social care in Scotland, the UK and the wider international context.

This document was developed prior to COVID-19. However, in our experience over the last couple of weeks, the concepts within are just as relevant now. So we've decided to go ahead and publish this in the hope that the ideas within this document can help inform the ongoing work of redesign and improvement within the current context and into the future.

1.0 Introduction

Across the UK, health and social care services are facing the need to radically rethink the nature of what they do alongside continuing to improve the efficiency and reliability of how services are delivered.

Originally Healthcare Improvement Scotland's "Improvement Support" offering was focused on **developing the capacity and capability across health services to deploy quality improvement methods with the aim of enabling reliable, safe, effective and efficient care.**

However over recent years, and in response to the need to enable more radical redesign of systems and services, Healthcare Improvement Scotland has extended its improvement support offerings to include a broader range of interventions including work to support effective strategic planning and commissioning of services.

This extension into strategic planning and commissioning initially created confusion for a set of staff whose identity had previously been aligned with designing and delivering breakthrough series collaborative models focused on enabling improvement within clinical teams. "Making sense" of the new range of offerings and how they interface has been important work for helping to create a new identity for the "improvement support" offering and enabling individual staff members to understand how their roles and skills fit as part of the whole offering.

Understanding how the different offerings interface has also been important for understanding which improvement function to deploy in which context as well as providing a foundation for enabling effective communications about the support offers to stakeholders and customers.

Within Healthcare Improvement Scotland, this work has taken place within a broader piece of sense-making around the whole organisation's offerings which include the national inspection and assurance role for healthcare; health technologies assessments and production of national clinical guidelines, and a growing remit for ensuring effective engagement of individuals and communities in the design and delivery of health and care services. This led to the development of the **Quality Management System** approach as a model which highlights how our different functions work together to enable better quality health and care for people in Scotland. You can find more information about this here. This discussion paper focused on a subset of quality management; the practical support we offer for planning and implementing improvements.

2.0 Current sense-making models

This section summarises the range of diagrams we are currently using to explore what effective national improvement support looks like and to help us make sense of some of the key interface issues. Like any models, they are inadequate abstractions of what, in reality, are much more complex and nuanced sets of system dynamics. However, the issue is not whether they are accurate but whether they are helpful.

"all models are wrong, but some are useful" Box (1979)

These models are helping us to make sense of the interfaces between our different improvement support functions. So we are now sharing them more widely in the hope that they will generate meaningful discussions that prove helpful for a wider group of stakeholders. We also hope the feedback will help us to gather insights that enable us to further refine our approaches with the ultimate aim of improving the effectiveness of what we do.

The following diagrams have emerged from our experiences of delivering improvement support. They do not represent the totality of what we do. They are simply concepts that are particularly relevant in our work right now to support the redesign and continuous improvement of health and care services. Further, they are the ones which our stakeholders have already shown particular interest in as they seem to also speak to their experiences of supporting improvement.

We are currently working on a document that updates our Improvement Framework from 2016 to include our learning over the last 4 years and we hope that, once produced, this revised Improvement Framework will be a more comprehensive summary of our current approach.

Concept One – Improvement Interface Model

Aligning Strategic Planning, Innovation, Process Improvement and Creating the Conditions

The following diagram summarises the interface between process improvement, innovation/ redesign work, strategic planning, and work to create the conditions for improvement. As with all our models, we've been significantly influenced by the work of others including a model developed by NHS Lothian which spelt out the difference in applying QI for process improvement through to the work of strategic planning in making the difficult choices.

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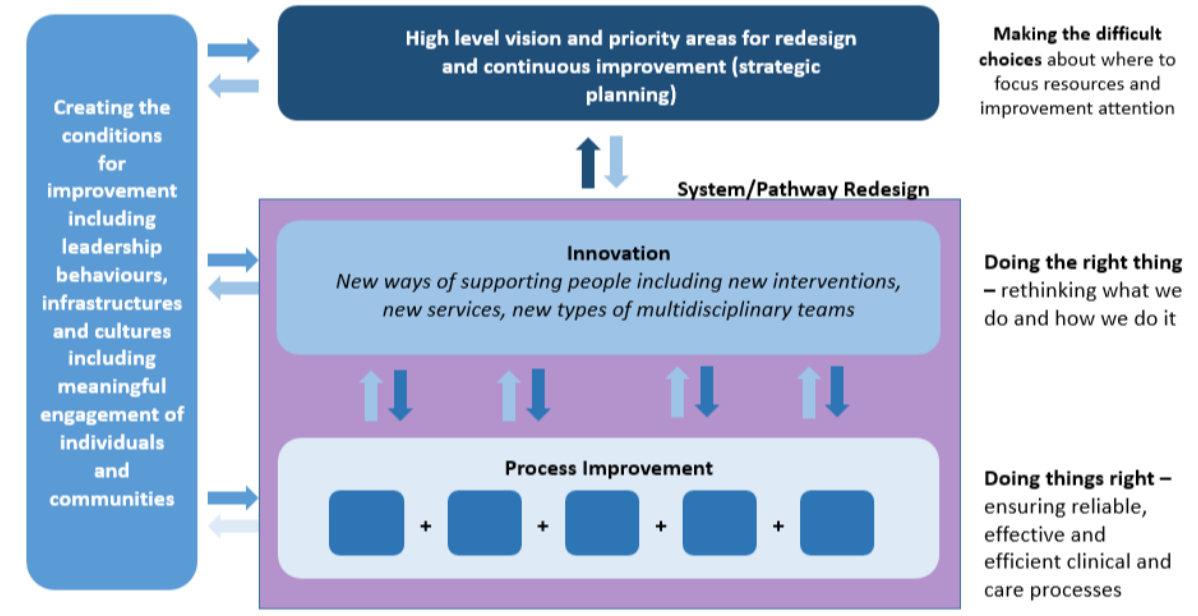


One of the concepts we've struggled to communicate is the interface between redesign and process improvement as they don't sit in discrete categories. Ultimately all health and care delivery comprises of steps in a process, with the impact informed not just by what is done but also how it is done (ie how the individuals delivering care interact with the people receiving it and whether this is underpinned by respect, compassion and kindness).

It is possible to completely transform a system through iterative improvements at the process level. However, sometimes it is also necessary to make a step change in process/system design such as the development of a completely new type of community team. Yet, even in these circumstances, you still then need to come back to ensuring reliable, effective and efficient processes underpin the day to day delivery of the new model of care.

Questions for Discussion:

- **Does this image speak to the challenges you are facing and, if so, in what way?**
- **Does it leave you thinking about doing anything differently? If so, what?**
- **How would you adapt/change it?**
- **Do you have experience of aligning strategic planning interventions with quality improvement work and, if so, what would you advise us around how to do this effectively?**

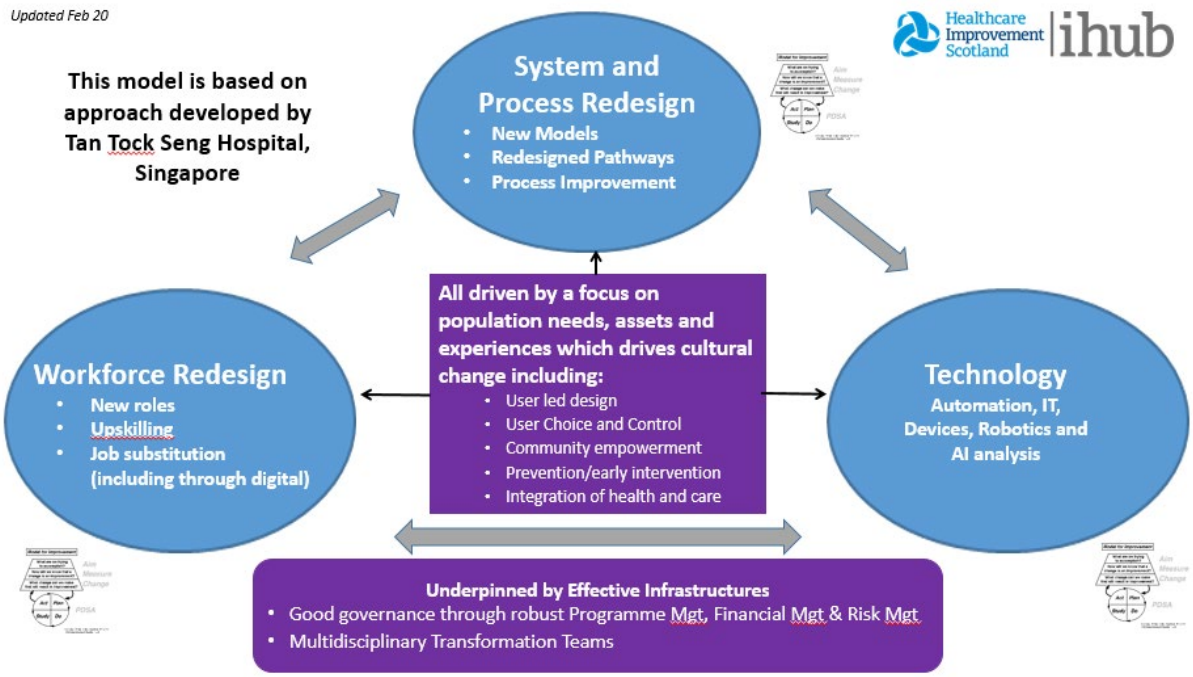
NB. If you want to find out more about our approach to strategic planning, please see our Good Practice Framework for Strategic Planning.

Concept Two – Interconnected domains of innovation

Aligning process, technological and workforce innovations

The diagram above highlights that a critical part of the "improvement" work right now is attached to implementing innovative ways of doing things. A constant tension in our work at the moment is around the interface between process/service innovations, technological innovations and workforce innovations. We've noticed that far too often these challenges are taken forward in separate silos which are not recognising that all three are inherently interconnected and, that when it comes to actual implementation, all three benefit from using iterative tests of change by applying The Model for Improvement.

The following diagram has been heavily influenced by the work of Tan Tock Seng Hospital in Singapore and their model of "meta-innovation".

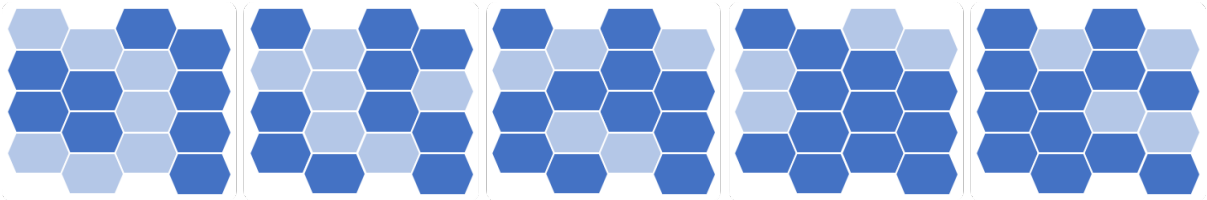


Questions for Discussion:

- **Does this image speak to the challenges you are facing and, if so, in what way?**
- **Does it leave you thinking about doing anything differently? If so, what?**
- **How would you adapt/change it?**
- **Do you have experience of aligning work across the domains of process/service change; technological innovation and workforce innovations? If so, what would you advise us around how to do this effectively?**

Concept Three – Multidisciplinary Transformation Teams

The above diagram highlights that, to cope with the size and scope of the redesign challenges facing the system today, we need to see a much stronger focus on multidisciplinary transformation teams which draw on a range of different skillsets. This concept is illustrated by the next two diagrams (lovingly referred to internally as our "blockbuster model" for those of you old enough to remember that programme!). The second diagram highlights the concept that the composition of the team is likely to change over the lifetime of a transformation project. However, we think that the two skill sets that will be essential throughout are programme management and analytical support.



The composition of a multidisciplinary transformation team should change over time to make the best use of a range of skills and expertise.

This diagram has generated a lot of interest/discussion across both Scotland and amongst some of our international contacts as it seems to speak to what is happening in practice, a move by Quality Improvement practitioners to align themselves within more multidisciplinary improvement approaches.

However, we've also noticed that when this approach is not validated or intentional, organisations can end up in a place where different "improvement/change management" disciplines are vying for attention and resources. This tends to play out in practice by each discipline proposing that it alone is the missing piece in the jigsaw and if only organisations would invest more in quality improvement/organisational development/programme management/analytics/insert any other discipline, this would solve all our problems and we would finally see the transformation of our systems that we all desire.

We think it is a fallacy that any one discipline by itself can deliver the level of transformation change needed and that the solution lies in more intentional multidisciplinary transformation teams. We also think that a lot of emotional energy and time could be saved by working to put effective multidisciplinary transformation team processes in place. Our hypothesis is that we could learn a lot from what has and hasn't worked around multidisciplinary clinical teams.

Questions for Discussion:

- **Does this image speak to the challenges you are facing and, if so, in what way?**
- **Does it leave you thinking about doing anything differently? If so, what?**
- **How would you adapt/change it?**
- **Have you any experience of embedding QI as part of a wider multidisciplinary improvement approach and, if so, what would you advise others going down this path?**
- **One of our international contacts has suggested that there would be value in ensuring the whole multidisciplinary change team are engaged at the initial phase to explore the problem. How important do you think this is?**

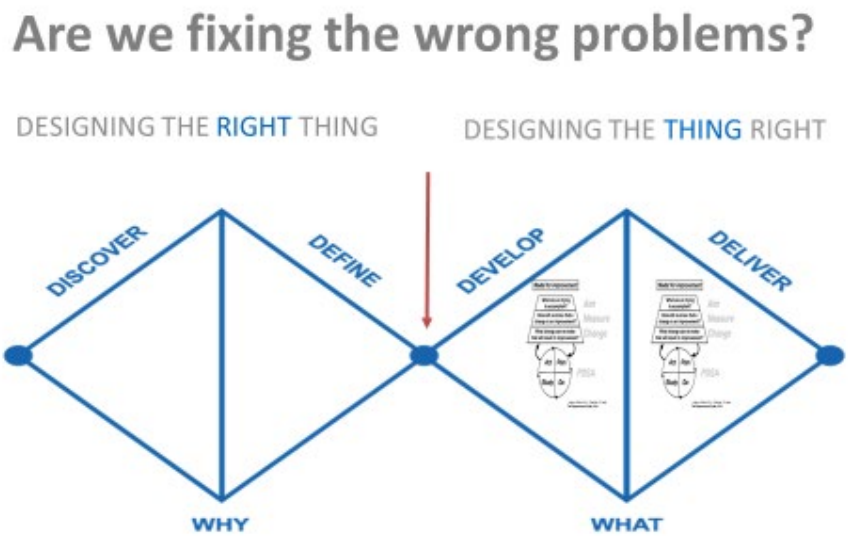
Concept Four – Blending Design and Quality Improvement Methods

The role of design thinking in transformation and its relationship to Quality Improvement

Over the last couple of years we have been working closely to look at how we embed the Scottish Approach to Service Design into our work. We have been fortunate to have within our staff team a Service Designer on secondment from the Scottish Government's Office of the Chief Designer. We've also had the privilege of working closely with Nesta, a UK wide innovation agency, to test their 100 day people powered results process in one locality in Scotland.

We've learnt from this work that Quality Improvement needs Design and Design needs Quality Improvement, they perfectly complement each other.

Following is the Design Council's double diamond:



The point in the middle is the point of problem definition. We've noticed that Quality Improvement often starts here with an assumed problem. The value of design thinking and design approaches is that they enable us to "reframe" problems and see issues through new perspectives. So rather than focusing on reducing admissions to hospitals from care homes, we instead ask why the individual is in a care home in the first place and whether there is a different way of delivering services that would enable greater independence and better outcomes. We need to spend enough time exploring the first diamond (the problem space) and use intentional methods that help us open up our thinking including a strong focus on user research.

Some of our QI colleagues internationally have suggested that QI has always done this. We agree that good QI has always spent time understanding the problem before jumping to a solution. However, it hasn't always done it through the eyes of the person receiving the services. Further there are many examples of where even the work to understand the current state started from a place of assuming what the problem was that needed to be fixed and this then impacted on what was looked at in the current state mapping phase.

However, more recently approaches such as Experience Based Co-Design have supported taking a systematic approach to user led design combined with QI.

We've highlighted the benefits that design thinking brings to quality improvement work. However in our experience, it works both ways, approaches to improvement embedded solely in design can and do benefit enormously from the rigour that QI brings around using data to understand if tests of change are leading to improvements. We think that too often "design led" innovations struggle to get the traction they deserve due to a lack of rigour around the data.

One of our other insights gained from practically testing work to blend design and QI over the last couple of years is that design methods are useful at every level from strategic planning through to small changes at the service delivery end; though the type of design methodology being used at each level may vary. We are currently in the process of exploring this further and hope to produce a follow-up document on this later in 2020.

Questions for Discussion:

- **Does this image speak to the challenges you are facing and, if so, in what way?**
- **Does it leave you thinking about doing anything differently? If so, what?**
- **How would you adapt/change it?**
- **Have you any experience of combining design and QI methodologies, if so do you have any advice for us in our work?**

3.0 Feedback

As highlighted in Section 2.0, the diagrams we've shared in this paper have emerged from our experiences of delivering improvement support. They do not represent the totality of what we do. They are simply concepts that are particularly relevant in our work right now to support the redesign and continuous improvement of health and care services. Further they are the ones which our stakeholders have already shown particular interest in as they seem to also speak to their experiences of supporting improvement.

We would love to hear your reactions and feedback; including what resonated, what didn't and your ideas for further development. We've included some questions for discussion under each concept but please don't let these constrain your thinking or feedback.

Finally, we'd like to acknowledge that everything in this document is built on the learning we've gained from working with others across Scotland, the United Kingdom and internationally. We are privileged in our improvement work in Scotland to have so many great colleagues and friends who share so generously of their time and thoughts with us. These are far too many to mention by name but it is important to us to acknowledge how much we gain from the generosity of the wider design and quality improvement communities.

Ways to feedback:

- Email your thoughts to: **info@ihub.scot**
- Tweet us at: **info@ihub.scot**

Healthcare Improvement Scotland's Improvement Hub