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INTRODUCTION
FROM THE
RELEASING
TIME TO CARE
NATIONAL TEAM

We have much pleasure in presenting the Releasing Time to Care (RTC) final report, jointly developed by Healthcare Improvement Scotland and NHS Education for Scotland. The RTC Programme for NHSScotland started in 2008. It has been a rewarding journey over a number of years to the conclusion of the programme this year, during which staff and teams involved have realised many benefits.

It has been such a privilege for us to work with not only a quality improvement programme we firmly believe in, but also with the wide range of committed, engaged and enthusiastic teams all over Scotland who have embraced and now champion the RTC modules and tools. The impact of implementing RTC for staff, their patients and service users has led to a commitment to encourage others to adopt and use the tools. RTC has provided all those involved with ‘permission to pause and be curious’ about their systems and processes and has involved the whole team in making decisions about how to improve them and provide a higher quality of direct care.

We are also extremely proud that the RTC tools have been successfully tested to support the integration between health and social care with four integrated teams around Scotland. Whilst our sample was small, the early results are very encouraging. Learning from this work, including the outcomes achieved, will be disseminated widely for other teams and local authorities to consider in the future to help realise the 2020 Vision (Scottish Government, 2011). It is our hope that many more health and social care teams will choose to work with the programme in this way.

We know that sustainability of any programme of work is the result of effective preparation and implementation and that there is a need to plan for it. Indeed, research demonstrates that it will not ‘just happen’. As the national support for the RTC programme formally ends in October 2013, much work has been undertaken on both national and local sustainability plans. This will ensure that RTC becomes ‘business as usual’ and that the network of leads and facilitators around Scotland continues along with the Community of Practice website.
This report reflects the enthusiasm for and the range of excellent RTC work that has taken place around Scotland in both NHS health and social care settings with the teams that we have been privileged to work with over the past two years. In fact, the excellent work across Scotland has been noticed and highly commended by colleagues in NHS Improving Quality, formerly the NHS Institute for Innovation and Improvement. The NHS Institute, who have implemented RTC in 14 countries around the world, have recognised that to date, there is no better example in any country in the world of how a system has exploited the benefits of RTC and successfully implemented an improvement programme within a health system. So, we are very proud of our world leading, collaborative achievements described within this report.

We know that in many respects, this is not the end of the RTC Programme, but merely the beginning of a new phase. We also recognise that it is being left in the safe hands of colleagues within NHS boards and social care settings.

Good luck with all your future work!

Fiona Cook
RTC Improvement Advisor
Healthcare Improvement Scotland

Julie Main
RTC Education Lead
NHS Education for Scotland
The Releasing Time to Care Programme (RTC) was introduced across NHSScotland in 2009 following a successful pilot project within eight NHS boards. RTC is a quality improvement programme which, using Lean methodology, helps NHS staff systematically examine a range of existing systems and processes within their healthcare settings. Working through the range of modules, engagement with the programme provides NHS teams an opportunity to consider and review their current systems and practices and to view them through a different lens. Teams are then empowered to make positive changes, eliminating waste and inefficiencies, which in turn releases more time for them to provide direct patient care.

2011 marked the appointments of an Improvement Advisor within Healthcare Improvement Scotland and an Education Project Lead within NHS Education for Scotland to provide leadership and education to further the spread and implementation of RTC across NHSScotland. The effective partnership is reflected in the joint authorship of this report.

The initial RTC Stocktake Report published by Healthcare Improvement Scotland in 2012 provided a benchmark for the RTC work in NHSScotland and made recommendations for both the national RTC team and for NHS boards, which guided the RTC project plan. At that time all NHS boards were at various stages of implementation and spread of RTC. RTC education was crucial in engaging with frontline teams to promote implementation and spread of the programme. Over the period between 2011 and 2013, over 1,800 frontline staff were trained in various aspects of RTC in either face to face sessions or by using technology such as WebEx and videoconferencing facilities which helped reach teams across the country, especially in remote and rural areas.

Two new reporting templates to capture the spread and impact of the RTC programme were developed and, following the Stocktake Report, national data were collected on a further two occasions in 2013. Results demonstrate continued spread in most NHS boards, together with examples of how RTC has made a difference to the quality of care and has ‘made our priorities possible’. The enabling nature of RTC has made it possible to integrate and align positively with all national programmes of work. As time is saved and efficiencies are made, it is possible to reinvest the time in care that adds value and quality for patients and staff.

Although initially the RTC Programme focused on nursing teams, RTC has spread to Allied Health Professional (AHP) teams, with AHP Champions established in NHS boards across the country in 2012. Also, recommendations for implementation were also included in the Scottish Government’s AHP Delivery Plan (2012). Recent data collection has provided many examples of how using RTC has made a difference to their work.
An extension to the RTC licence to include all partners of health was negotiated in 2012. The RTC principles were then successfully used to support the integration agenda between health and social care in four pilot areas in 2013. Using the Productive Integration module, supported by RTC e-learning resources and the national team, and despite the relatively short timescales within which to conduct the pilot, all areas reported many benefits of bringing frontline teams across health and social care together for the benefit of service users and the teams. Their excellent work is the subject of a further report which will be disseminated widely with personnel and agencies supporting the integration agenda inviting them to consider using RTC in their future plans.

The national programme came to an end at the end of October 2013 and NHS boards will now be responsible for continuing the spread and implementation of RTC into ‘business as usual’. Sustainability of any programme requires planning and much work has been undertaken to provide support to enable the national network of leads and facilitators to continue meeting and also help them to administer and moderate the Community of Practice website. NHS boards have also been supported to draw up their own local sustainability plans to make sure the work continues well.

This marks a new phase in the RTC Programme where the work of the national programme to promote and support sustainability will enable NHS boards to continue their excellent work into the future and realise the benefits RTC can bring to both staff and people who use their services.

Releasing Time to Care – making our priorities possible.
INTRODUCTION AND BACKGROUND

Providing a high quality service to our patients while making the best use of the resources available in NHSScotland is at the centre of the Healthcare Quality Strategy (Scottish Government, 2010). The three quality ambitions of the strategy are to provide safe, effective and person-centred care. Using Lean methodology, the RTC Programme supports NHS staff to systematically examine a range of existing systems and processes within their healthcare settings and make positive changes to enhance patient care. It is therefore seen as one of the main enablers of staff in NHSScotland to ‘make our priorities possible’.

The RTC Programme was launched as a pilot programme in 2008 by the Scottish Government. The programme’s timeline is described in Figure 1 below.

Figure 1:
NHSScotland Releasing Time to Care implementation timeline
A critical success factor for the programme has been the partnership and collaborative approach between Healthcare Improvement Scotland and NHS Education for Scotland, reflected in the co-authorship of this report, to support RTC in NHSScotland by achieving the following objectives:

- to undertake a stocktake of the spread and uptake of RTC within NHSScotland and report back with both strategic and local recommendations to move forward
- to revitalise the spread of RTC across NHSScotland, and to motivate and inspire NHS board sponsors, programme leads and facilitators to use the programme as an ‘enabler’ that facilitates the delivery of more safe, effective and person-centred care at times of fiscal constraint
- to provide educational support and guidance across NHSScotland for the RTC Programme
- to provide professional leadership to the RTC Programme within strategic and operational context
- to devise, in partnership with others, a measurement framework incorporating quantitative and qualitative datasets and outcomes from other national workstreams, correlating these with the increased Direct Patient Care time to demonstrate the positive impact of RTC on practice, and
- to promote a sustainable culture of continuous improvement among frontline clinicians by building capacity and capability in quality improvement tools and techniques.

The report marks the conclusion of the national programme in October 2013 and highlights the programme’s achievements along with the critical success factors and challenges faced. The latest data on spread of RTC across NHSScotland is presented and a summary of the sustainability plans in place to ensure that RTC is embedded in the quality improvement infrastructures in NHS boards is detailed.
2.1 STOCKTAKE REPORT

In May 2012, Healthcare Improvement Scotland published the RTC Stocktake report. The purpose of the RTC stocktake was to gain a fuller understanding of the spread and impact of RTC across NHSScotland and to identify areas where NHS boards required further support. The report was the culmination of a series of visits by the RTC Improvement Advisor between December 2011 and April 2012 to every NHS board in NHSScotland, to identify their current position with the RTC Programme (see Appendix 1 for the stocktake questions template). RTC has never been a mandatory programme of work for NHSScotland, so it was encouraging that all 14 territorial boards and two of the special health boards, the State Hospitals and the NHS National Waiting Times Centre Board for Scotland, were fully engaged with the RTC Programme. However the NHS boards were all at various levels of spread, as each NHS board’s circumstances and approaches to implementing RTC at a local level varied.

One of the highlighted themes from the stocktake data collection was the concept of RTC providing teams with ‘permission to pause and be curious’ about their current practice and work together to make positive changes using the RTC modules and tools.

Key challenges

The key challenge for the RTC Programme following the stocktake report was to promote further spread and prepare for sustainability through a final phase of the national programme focusing on:

- sharing the findings from the stocktake
- encouraging the progression and moving forward of RTC locally
- networking, sharing with and supporting leads and facilitators at national meetings and Webinars
- re-convening a steering committee and accountability or governance structures centrally with the formation of short life working groups as appropriate
- developing regular reporting mechanisms for NHS boards in partnership with the RTC steering committee and in collaboration with the Leading Better Care Programme Board to maximise benefits and avoid duplication
- visiting NHS boards to encourage ongoing spread of the programme and facilitate sessions where appropriate
- re-launching the RTC Community of Practice website using the domain name www.releasingtimetocare.scot.nhs.uk and encouraging its use around NHSScotland, and
- considering the best use of social media to promote networking between colleagues and NHS boards, for example Twitter and Facebook.
**Key recommendations**

These recommendations set out the work plan for Healthcare Improvement Scotland working in partnership with colleagues from NHS Education for Scotland and NHS boards. Recommendations for the NHS boards from the stocktake report are detailed fully in Appendix 2 and include:

- the importance of leadership at all levels of the system and guidance about how to embed the programme into existing systems and processes locally, and
- the importance of strategic governance of the RTC Programme aligned with other quality improvement programmes and national programmes.

**2.2 PROGRAMME INFRASTRUCTURE**

The programme’s infrastructure is outlined in Figure 3 (see page 13). One of the main recommendations of the stocktake report was to establish a Steering Group to provide guidance and governance for the programme to achieve its objectives. The group was convened in May 2012 and was chaired by the Nurse Director for NHS Fife. Membership included leads of other relevant national programmes such as Scottish Patient Safety Programme, Nursing and Midwifery Workload and Workforce Planning Programme, and Modernising Nursing in the Community which aligned with and could be supported by the RTC Programme. Full membership is given in Appendix 3. Members of the subgroups created by the Steering Group are also provided in Appendix 4.
RTC EDUCATION: NHS EDUCATION FOR SCOTLAND

NHS Education for Scotland is a special health board responsible for education, training and workforce development across NHSScotland; of particular importance is work on quality improvement (NHS Education for Scotland, Corporate Plan 2013-2014).

NHS Education for Scotland agreed educational objectives for RTC Programmes and these included:

- providing education and training for RTC Programmes across NHSScotland
- providing leadership support for RTC leads and facilitators across NHSScotland
- developing tools and strategies contributing to spread, sustainability and integration of RTC, and
- providing networking opportunities and collaboration with other programmes of work.

The following initiatives were implemented by NHS Education for Scotland to fulfil these educational objectives:

a. The provision of education, training and support for RTC Programmes to over 1,800 people across NHSScotland both face to face and remotely using WebEx technology (see Figure 2 below). The 2013 data represent an 8-month period and the reduction in individuals trained is a result of the focus being on integration (that is, targeting the four integration pilot teams) and sustainability, and therefore, many of the same individuals were engaged multiple times. The use of WebEx enabled delivery of RTC education in remote and rural NHS boards maximising attendance while reducing travel and accommodation costs (see Table 1 on page 14).

Figure 2: Number of staff trained in RTC
Figure 3: NHSScotland Releasing Time to Care programme infrastructure

Efficiency Portfolio Board
(Scottish Government)

RTC National Steering Group

Evidence, Improvement & Scrutiny Committee
(Healthcare Improvement Scotland)

Project Steering Group
(NHS Education for Scotland)

RTC Sponsors in NHS boards

Marketing & Communications Group
- Marketing strategy
- Community of Practice website
- Network meetings
- Social media
- Buddying network
- Alignment with national programmes
- Celebration event

Measurement & Impact Group
- Data collection
- Design national reporting templates
- Measure impact collaboratively with other national programmes
- Education to support
- Measurement

RTC Improvement Advisor

RTC Educational Project Lead

RTC Leads & Facilitators Network
- Support and promote RTC within own organisation
- Meet regularly to work collaboratively and share learning
- Host invited speakers
- Critical element in success and spread

Provide governance and guidance to support:
- Further implementation and spread including measuring impact
- Cross-programme collaboration
- Long-term sustainability and embedding
- Piloting of tools and modules in support of health and social care integration

National governance

National programme

Local programmes
Table 1: Using WebEx to realise the benefits of remote training

Savings calculated based on:

- 39 participants over two sessions from 12 NHS boards
- actual training attendance records, and
- excluding staff time for travel.

<table>
<thead>
<tr>
<th>Organisation / saving type</th>
<th>Description</th>
<th>Savings made</th>
</tr>
</thead>
<tbody>
<tr>
<td>NHS Education for Scotland</td>
<td>Includes hire of conference room, day rate delegate rate accommodation for 12 staff travelling more than 2 hours.</td>
<td>£2,609</td>
</tr>
<tr>
<td>NHS boards</td>
<td>Includes releasing staff, overnight accommodation and travel costs. NB: Costing accurate at time of delivery with underestimated mileage and excluding potential taxi fares.</td>
<td>£5,252.70</td>
</tr>
<tr>
<td>Carbon footprint saving</td>
<td>Includes air and rail travel.</td>
<td>0.35 Tonnes</td>
</tr>
</tbody>
</table>
b. The development and delivery of a Facilitator Development Programme in 2012 and Facilitator Workshops in 2013, supporting RTC facilitators in their role. Key themes included resilience, leadership, measuring impact and more recently focusing on support for integration across health and social care. The Festival of Learning in September 2012 was an output from last year’s activities, and was planned and developed by NHS Education for Scotland and RTC facilitators. The day was well attended with over 150 delegates there in person and more staff web streaming in from five satellite NHS board sites. The podcasts from this event are hosted on the RTC Community of Practice website, for those interested in watching and listening again, for the first time or for educational purposes.
Healthier Scotland
www.nes.scot.nhs.uk

Supporting NHS services to the people of Scotland through the development and delivery of education and training for all NHS Scotland employees.
c. Developing new tools and engaging with other existing Lean techniques has highlighted RTC teams within NHSScotland as leaders of change while providing local context and rejuvenating existing programmes. NHS Education for Scotland has supported RTC teams within NHSScotland to develop and refresh various resources including:

- **RTC Module Index:** An alphabetical list of RTC modules from the wider Productive Series was produced which provides easier access and adds opportunity and awareness of the extended library. It is anticipated that this will also promote a module campaign approach for NHSScotland.

- **Releasing Time to Learn:** Releasing Time to Learn (T2L) was developed in partnership by NHS Education for Scotland, NHSScotland colleagues and NHS Institute for Innovation and Improvement. T2L provides a complementary module for the Productive series supporting the NHS workforce to make quality improvements to their learning environment that will impact on care delivery and improved health outcomes. Included within this module is:

  - **The T2L Learning Tracker:** A self-auditing tool enabling individuals/teams to calculate how much time they actually invest in undertaking educational activities. This provides grounded evidence that will inform and focus improvement activities.
The Module Story Template: An Excel spreadsheet providing a template for teams to log their improvement journey and support them to realise the impact of their change and to communicate and celebrate success locally and nationally.

NHS Education for Scotland has worked in partnership with Healthcare Improvement Scotland to provide networking opportunities including the RTC Community of Practice website and the Leads and Facilitators Network. In completing the project objectives NHS Education for Scotland has worked collaboratively with other programmes of work. Strong links have been identified with Effective Practitioner, Person-Centred Health and Care and Practice Education. Working in partnership has been extended to colleagues within Virtual College, who supported an NHSScotland pilot for the RTC e-learning suite.
4.1 NHS BOARD VISITS

During their secondments, Healthcare Improvement Scotland’s RTC Improvement Advisor and the RTC Education Lead from NHS Education for Scotland travelled extensively throughout NHSScotland to provide local education, encouragement, advice and motivation to the executive sponsors and leads and facilitators. NHS board staff appreciated these visits.

4.2 STRAPLINE

‘Making our priorities possible’ was agreed as a compelling strapline to promote and publicise the enabling nature of RTC.

It expresses the message that although implementing the RTC Programme demands an investment in time, the efficiencies generated result in time that can be reinvested into our priorities, thus making them possible.

The strapline has been adopted by the NHS board leads and facilitators to succinctly convey the impact RTC tools and modules can have on individual workloads and in supporting improvements across the organisation.

“It was great to have support from the national team locally! It has helped the motivation of the teams using RTC here.”
4.3 RTC THE MOVIE

A short promotional film was produced to publicise the enabling nature of RTC.

The aim was to create a resource for NHS boards to use in a variety of ways, including induction programmes for newly appointed staff or when introducing the RTC Programme to teams.

It is available on YouTube to inform the rest of the world of how NHSScotland is using the programme to improve quality of healthcare, in particular increasing direct patient care time.

To date, there have been over 750 views of the film on YouTube and each NHS board has received a user-friendly version of the film to use locally.

4.4 RTC COMMUNITY OF PRACTICE

The RTC Community of Practice website was re-launched in 2012 and is a ‘one-stop shop’ for all the RTC resources that members require now and in the future where members can upload and share information. The website is currently hosted on the NHS Education for Scotland Knowledge Network platform and has over 400 members made up of NHS boards, and health and social care partner agency members.

Administration of the website will transfer from the national RTC team to members of the Leads and Facilitators Network. As part of sustainability planning, the site has been reformatted to be simple for members to manage themselves with minimal support, and at least one member from each NHS board has been trained to take on this role from October 2013.
4.5 USE OF SOCIAL MEDIA

Twitter was determined as the social media tool that would have the biggest impact on promoting and supporting the RTC Programme and an RTC ‘handle’ was created: @HISRTC.

In the short time the account was active, over 330 fellow ‘twitterers’ followed RTC Scotland on Twitter. When the formal support for the RTC Programme ends in October 2013, the account will no longer be active.

4.6 ALIGNMENT WITH OTHER NATIONAL PROGRAMMES OF WORK

RTC eliminates wasteful and inefficient processes releasing time to enable other national programmes that are supporting teams and organisations to deliver person-centred, safe and effective healthcare.

The ambitions of the Quality Strategy (Scottish Government, 2010) have served as a guide for this work and therefore, it has been purposefully aligned with the Person-Centred Health and Care Programme.

Furthermore, the enabling nature of the RTC Programme has made it easy to work positively with other national programmes of work.

Some NHS boards have very creatively integrated the RTC Process modules with other quality improvement approaches (for example, using the Medicines module as part of an organisational strategy to reduce medicine errors or using the Meals module to assist with nutrition programmes). This type of pick and mix approach has been very successful, and moving forward, this will continue to be promoted.
4.7 REPORTING TEMPLATE TO DEMONSTRATE SPREAD AND RESULTS

Measurement is an important part of any improvement programme that often creates challenges, particularly when demonstrating the impact of changes that have been implemented.

Specific challenges in collating and displaying national data that were meaningful and could demonstrate the impact of the national RTC Programme were identified as follows:

- Clinical teams were involved in many quality improvement programmes simultaneously. Therefore, it was challenging to attribute improvements exclusively to the implementation of the RTC Programme.
- NHS boards also had different data collection and information technology infrastructures making it challenging to aggregate NHS board data into meaningful national data, and
- Some teams found it challenging to capture baseline data.

The Measurement and Impact Group considered several approaches to measurement which helped them develop two data capture templates to support NHS boards:

- One to capture the spread of the programme by NHS boards identifying what percentage of their teams were using RTC, and
- The other to capture the impact of using RTC in the form of module stories which would incorporate both quantitative and qualitative data.

Following the initial stocktake data collection, these data were requested from NHS boards on a further two occasions in December 2012 and August 2013 using the new templates (results illustrated in Figures 5 through 8).
a. Spread data

Significant spread in most of the NHS boards was evident from the data returned. In acute areas, with few exceptions, there is evidence of continual spread of the programme and consequently there has been a significant rise in Direct Patient Care time (outlined later in the report).

**Figure 5:**
*Spread in acute areas between 2012 and August 2013*
Figure 6: Spread in community nursing teams between 2012 and August 2013

Spread in community teams has been significant with teams working through all the modules.
Starting Off...

- "It will never work"
- "Another ticky up that will be back to nilrhal in a week"
- "That's the government trying to squeeze every drop of blood out you.
- "I don't involve me so I don't bother listening"
- "Ha Ha good luck Sharon trying to sort this lot out" .......

I've spent 6 hours playing a whole game of monopoly today with a patient... Staff positives:
- "What a difference in ordering stock, the new staff don't know how lucky they are"..."I actually found what I was looking for straight away today..."

IPCU TEAM WILL DELIVER PROFESSIONAL QUALITY CARE THAT WILL BE SUPPORTIVE AND RESPECT YOUR VALUES.
THIS WILL BE STRUCTURED, THERAPEUTIC AND EFFECTIVE IN A SAFE AND CALM ENVIRONMENT.

OUR VISION

WE ARE A MANIFESTATION OF THE KINDRED SPIRIT, WHERE EVERYONE IS CONCERNED WITH THE WELLBEING OF EVERYONE ELSE..."
Results for mental health are displayed below. Some NHS boards are working steadily through the modules; others may be working with other quality improvement tools other than RTC.

Figure 7: Spread in mental health wards between 2012 and August 2013

b. Direct Patient Care time data

Not every NHS board captures Direct Patient Care time, but some examples of changes in Direct Patient Care (DPC) time from the baseline in 2012 to following RTC implementation were collected from wards and teams across NHSScotland in August 2013.

All but one example provided showed an increase in the percentage of band 5 staff Direct Patient Care time following RTC implementation. Table 2 on the next page summarises the examples provided.
### Table 2: Percentage Direct Patient Care (DPC) data collected August 2013

<table>
<thead>
<tr>
<th>Statistic</th>
<th>Acute wards</th>
<th>Mental Health wards</th>
<th>Community and Public Health nursing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of wards/teams reporting data</td>
<td>19</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td><strong>Average of percentage DPC times provided</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>At baseline (range)</td>
<td>35% (18 – 49%)</td>
<td>50% (34 – 66%)</td>
<td>29% (26 – 31%)</td>
</tr>
<tr>
<td>Following RTC implementation (range)</td>
<td>55% (34 – 86%)</td>
<td>60% (45 – 80%)</td>
<td>39% (33 – 49%)</td>
</tr>
<tr>
<td><strong>Percentage change in percentage DPC times provided</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Average percentage change (range)</td>
<td>64% (-3 – 177%)</td>
<td>29% (2 – 77%)</td>
<td>34% (14 – 50%)</td>
</tr>
<tr>
<td>Number of wards/teams with a change less than 0%</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Number of wards/teams with a change between 0 and 50%</td>
<td>8</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Number of wards/teams with a change between 51 and 100%</td>
<td>4</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Number of wards/teams with a change between greater than 100%</td>
<td>6</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
c. Module stories data

The data from the module stories help demonstrate the impact of RTC at the frontline by highlighting the variety of improvements that have been possible through powerful examples, some of which are detailed below.

**NHS Ayrshire & Arran**

The Kirklandside Hospital and domiciliary service physiotherapy team:

- Introduced a reliable and accessible system for relevant clinical information.
- Refurbished a treatment area which provided:
  - an improved environment for patients with potential to use the quiet area
  - a new layout, reducing time spent accessing equipment, and
  - additional patients to be treated simultaneously thereby improving efficiency.
- Reviewed their travel systems and then reorganised their working patterns over specific geographical areas, which released staff time, resulting in additional patients being seen and facilitating easier indirect patient related activity.

**NHS Fife**

Community nursing, specifically school nurses, in Kirkcaldy and Levenmouth CHP using the Well Organised Work Environment (WOWE) module, agreed core stock and stock levels, centralising stock by moving equipment to one location, resulting in:

- savings of 5.6 hours of nurses’ time a year by moving equipment to a more accessible area
- fridges for immunisation are more accessible, stock levels are reduced and ordering is based on agreed stock levels
- core equipment bags are available for staff to grab when required, and
- the team feel that the changes allow them to deliver effective, efficient and timely intervention to patients.
NHS Greater Glasgow and Clyde

West Dunbartonshire CHCP District Nursing Service using standard care procedures have developed:

- a pack containing a checklist of documentation to be completed during patient contact
- a guide to bandage and compression stocking choices to ensure staff have an ‘at a glance’ guide to selection choices, and
- a document to ensure that the resultant prescription is given to the GP and that patients are given a leaflet to direct them to contact the GP, not the treatment room, if they have further queries about their prescription.

As a result:

- staff attend regular training sessions on these new procedures to develop their knowledge
- a post-implementation audit showed 100% compliance across all areas reviewed in relation to completed record-keeping, and interruptions both during clinic and treatment room hours, as well as patient enquiries significantly reduced
- patients have effective and standardised care with no interruptions during their episode of care
- staff have increased skills and knowledge, creating a well-developed staff team, with person-centred care being delivered, and
- the time saved is reinvested in direct patient care, with staff helping to answer questions.

NHS Dumfries & Galloway

Annan Community Hospital saved 2,311 hours a year working with the Handover module and trialled the use of Dictaphone. They also introduced an SBAR in a format that suited their ward and staff.

Benefits included:

- removed paperwork and introduction of a system that gives all information in one place, and
- information is more easily accessible with time saved handing over information using the SBAR hand over (which is given when staff overlap in the morning, afternoon and at night).
NHS Highland
Cambusavie Unit, Lawson Community Hospital saved 4,247 nursing hours per year in Golspie.

Benefits include:

• frequency and length of handovers reduced, and focus increased
• information is more relevant, appropriate and current
• medicine rounds begin earlier and drugs are received by patients more timeously
• breakfast less rushed resulting in a calmer atmosphere, and
• increased direct patient care time.

NHS National Waiting Times Centre/Golden Jubilee National Hospital

Using the Medicines module, the 4 West/Thoracic ward has made a reduction in drug errors, resulting in:

• a calmer atmosphere in wards during drug rounds
• more timely administration of medicines
• increased staff morale
• patient satisfaction, and
• a reduction in excess stock.

Plan for signs for drug trolleys to highlight do not disturb, and disposable tabards to be ordered.
NHS Western Isles

Community Nursing Teams saved 34 days a year using the Patient Status at a Glance module.

Benefits include:

- Reinvestment of hours into implementing MY Action, a cardiac rehabilitation programme locally which involves the use of one community nurse every second week supporting this as well as required training.

These are a few examples of the module stories received. More are available on the RTC Community of Practice website: [www.releasingtimetocare.scot.nhs.uk](http://www.releasingtimetocare.scot.nhs.uk).
4.8 INVOLVEMENT OF ALLIED HEALTH PROFESSIONALS (AHP) WITH RTC

The AHP Delivery Plan (Scottish Government 2012) refers to the benefit of using RTC in individual teams as well as within multi-professional teams. In 2012, using funding from the Scottish Government, AHP RTC Champions were appointed in every NHS board, often on a fixed term basis, and were tasked with implementing RTC locally. Since then good work has been undertaken by AHP teams across NHSScotland although spread has been variable due to the lack of continued dedicated facilitation as can be seen below.

**Figure 8:**
Spread in AHP teams between 2012 and August 2013
5.1 USING RTC TO SUPPORT INTEGRATION - PILOTS

The integration agenda was on the horizon at an early stage of the RTC journey. An extension of the licence for the Community Services strand was negotiated with the NHS Institute for Innovation and Improvement to include all partners of health in local authorities and health and social care in January 2012.

This enabled a partnership to be formed in early 2013 with the Scottish Government and the Joint Improvement Team (JIT) to pilot the use of RTC resources to support health and social care integration.

The aim of the pilot was to increase awareness of the benefits of using RTC in the Community and its potential as a quality and efficiency improvement tool for community teams.

The pilot objectives were to:

- increase awareness of RTC in the Community as a quality and efficiency improvement tool with potential for supporting development of integrated health and social care teams
- test and adapt a prototype developed in the Southern Health and Social Care Trust, Northern Ireland, in 3-4 integrated teams.
- determine what measurement of improvement is possible and ability to demonstrate impact on team development, waste and use of resources and outcomes, and
- test Board and Partnership support and facilitation of RTC in the Community.
Following a joint WebEx hosted by the JIT team in March 2013 promoting the benefits of using RTC for integration, teams were invited to submit application plans to participate in the pilot programme. This was to inform us:

- of their intended programme of work
- that the scale of programme of work would be manageable within the timescales, and
- that local, strategic and operational support for the pilot period between June and September 2013 was available.

Four teams were chosen from the following areas:

- NHS Orkney, who worked with the Enablement Team in Orkney Health and Care
- NHS Western Isles, who worked with Community Nursing Team and Home Care Services
- NHS Tayside, who looked at the discharge process between a community hospital and community services, and
- NHS Ayrshire and Arran, who worked with Occupational Therapy teams working in hospital and community teams to look at waiting times.

Processes to educate and support the teams were put in place including:

- a face to face facilitated day to introduce the newly integrated teams to the RTC tools and modules, specifically the module on Productive Integration designed to promote understanding of each others’ roles and responsibilities
- monthly video-conferences involving all teams, where learning and progress was shared
- access to RTC E-learning modules, a resource which proved invaluable, particularly where some staff had little or no previous experience of RTC tools and modules, and
- optional WebExes to support the work was offered regularly by NHS Education for Scotland, Healthcare Improvement Scotland and the Joint Improvement Team as detailed in Appendix 5. These were all recorded and are on the RTC Community of Practice website where they can be accessed by members.
5.2 MEASUREMENT PLANS

Pilot teams were invited to submit a measurement plan detailing their quality improvement project and the expected outcomes. This had to include service user and staff experience as baseline measures. Each of the teams presented their work at the RTC Celebration Event in September 2013 where their excellent work was very well received.

5.3 RESULTS AND DISSEMINATION

The pilot sites submitted final reports in mid-October detailing both their process and outcome data to the Quality and Efficiency Support Team (QuEST) and JIT of the Scottish Government. The reports will help disseminate the learning from all the teams, the process used and the impact achieved to colleagues from NHS boards and local authorities to encourage the use of RTC as a tool to aid the integration agenda.
6 SUSTAINABILITY OF THE RTC PROGRAMME

The final phase of the national programme was to prepare for sustainability. It is well recognised that sustainability is the result of effective preparation and implementation and that there is a need to plan for it.

6.1 CONSULTATION PROCESS

Leaving a sustainable model of RTC in NHSScotland was one of the key objectives of the programme. In February 2013, using an options paper, a comprehensive consultation exercise was undertaken with key stakeholders from the National Steering Group, the Executive Sponsors and the Leads and Facilitators to determine the optimum model for sustainability. Four options were considered:

- option 1 – Do nothing
- option 2 – NHSScotland endorsed recommendations for sustainability and spread accepted and adopted by NHS boards
- option 3 – NHSScotland endorsed recommendations for sustainability and spread accepted and adopted by NHS boards supported by mandate from Scottish Government, and
- option 4 – Extend the national RTC Programme beyond October 2013.

Following consultation it was agreed that option 2 was the preferred option and NHS boards would be supported to take on future responsibility for spread and sustainability for RTC tools and methods within their organisations.

6.2 SUSTAINABILITY GUIDE

Using themes from literature, a comprehensive sustainability guide was developed together with a sustainability plan template. This guide will help colleagues in NHS boards to consider and plan how they would sustain the project locally and also integrate with other programmes of work.

Other national tools including the RTC Index, the electronic alphabetical list of RTC tools mentioned earlier in the report, together with worksheets and resources linked to the actual documents, have been developed and are hosted on the Community of Practice website. These will be excellent quality improvement resources available for teams to use well into the future.

A major component of the sustainability plan is to support the continuation of the RTC Leads and Facilitators Network and the Community of Practice website. This will be achieved through secretariat support and training for community members to manage both these resources.

The evidence framework that was applied to the sustainability planning in the RTC Programme is three-pronged and addresses critical sustainability elements in healthcare, in Lean programmes and in meso-level organisations (i.e. organisations that find themselves between national organisations and front-line teams and systems; see Figure 9).
Figure 9:
Sustainability evidence framework

- Process
- Staff
- Organisational issues

(Maher et al, NHS Institute, NHS Sustainability Model, 2010)

- Commitment
- The journey
- Continuity
- Culture
- Systems and tools

(Lean)

- Networks of support
- Clinical embedding
- Proactive response to change
- Overcoming inertia

(Martin GP et al, Innovation sustainability in challenging health care contexts, 2012)
The final celebration event was held at the Corn Exchange in Edinburgh on the 26 September 2013. The intention was to celebrate many RTC successes past, present and future and to enable the 250 delegates from all over Scotland to share and learn from each other.

The Chief Nurse for NHSScotland presented the context of RTC in NHSScotland using a ‘This is your Life’ theme. This provided the history of RTC in Scotland and the Scottish Government commitment to the programme and crucially her ongoing interest and support for the programme moving forward. NHS boards presented their key successes in a speed dating format which enabled the maximum sharing of ideas and learning.

Colleagues involved in using RTC as a tool to aid the integration agenda shared their enthusiastic work and encouraged the audience to consider how this learning may be spread across NHSScotland.

Time was spent looking into the future, specifically exploring the sustainability of the RTC work across Scotland. Dr Lynne Maher, formerly of the NHS Institute and now of Ko Awatea in New Zealand gave an excellent keynote address on her work: key success factors on sustainability, which enabled delegates to work together at their board tables to plan their own proposals for this key area of the work.

Throughout the day, key learning of how we can continue to build, grow and sustain the RTC programme was posted on a tree poster.

Alex Neil, Cabinet Secretary for Health and Wellbeing, together with Susan Bishop from QuEST in Scottish Government ended the event by thanking everybody for their hard work so far and encouraged everybody to continue to use the tools and modules into the future.

Feedback from delegates was positive with 60% agreeing and 40% strongly agreeing that the event had met their expectations. Colleagues from NHS Improving Quality in NHS England were very encouraged about what they saw and heard of our work in NHSScotland.

The event was recorded both in video and photographic formats, all of which are available on the RTC Community of Practice website enabling those who were not able to attend in person to view the excellent sessions, posters and the key success factors.
‘I was absolutely amazed at the work that has been done in Scotland, I have introduced the Productives into 14 countries around the world and there is no better example in any country of how a system has grabbed and held on to an Improvement programme within a health system. You may not know it but you guys are world leaders. If only we could harness that passion and focus south of the border and in other parts of the globe.’

– Mel Moffatt, NHS Improving Quality
Effective Communication

Frustration & Suggestion Box kept in staff room

Meals co-ordinated

Support and Commitment from Middle Management

Options & Records kept on file

Provision of meals provided

R.C. parents when to phone
CONCLUSION

The introduction of RTC in NHSScotland and the subsequent work undertaken locally in NHS boards has been significant. RTC has been introduced into 14 NHS boards and two special NHS boards, all of which can demonstrate spread. Some NHS boards continue with the implementation of the programme as a standalone quality improvement programme and others are now using the modules and tools contained within RTC in tandem with other quality improvement programmes.

Whilst it has been challenging to demonstrate the impact in quantitative data as discussed earlier in this report, the qualitative data is compelling, with many module stories detailing efficiencies and savings, in both time and money, which can be re-invested in direct patient care.

The use of RTC as a tool to bring teams together to meet the aims of the integrated health and social care agenda has been piloted and early results have demonstrated the benefit of using the tools in this way. It has helped teams understand roles and responsibilities and promoted the process of identifying areas of duplication and waste.

The sustainability plans put in place will mean that the learning and application of RTC will continue into the future. The many resources developed will be available for use within integrated quality improvement programmes.

The objectives of the programme outlined earlier in the report have been achieved and colleagues across health and social care in Scotland are proud to leave a legacy of learning, tools and resources which will enable RTC to continue. Releasing Time to Care will be left in the safe hands of our NHS boards. However, this is not the end, but rather the beginning of a new era, a new and more efficient way of working, that releases time: time to provide more person-centred, more efficient, and higher quality care.
REFERENCES


Releasing Time to Care – The Movie. Available at: http://www.youtube.com/watch?v=sEH4Ffgdj7g.


### 10.1 APPENDIX 1: RTC NATIONAL STOCKTAKE QUESTIONS TEMPLATE - PREPARATION AND PLANNING FOR PHASE TWO

<table>
<thead>
<tr>
<th>NHS BOARD</th>
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<tbody>
<tr>
<td>DATE OF VISIT</td>
<td></td>
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<tr>
<td><strong>Exec SPONSOR NAME</strong>&lt;br&gt;Board designated RTC Facilitator(s)</td>
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What elements of RTC are you currently undertaking or planning to undertake?
- RTC Ward
- RTC Community Nursing Services
- RTC Mental Health
- Productive TPOT
- Productive GP

Where are you at with implementation and spread of RTC across your board (% of wards teams implemented)?

Do you have a RTC/service improvement group locally overseeing these workstreams?

What facilitation implementation and improvement support is available locally for each of the RTC strands? Does it need to be for strand or in general?

Progress in each?
- What supports progress locally?
- What hinders progress locally?

What are the successes?
- What could strengthen and build on to support spread and sustainability from a local and a strategic perspective?
- What has been the learning?
What are the specific challenges here in this NHS Board?

- What support would you need to overcome these from a local and a strategic perspective?

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<tr>
<th>How are you aligning and integrating RTC with other QI work quality strategy, etc?</th>
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<th>How are you building RTC capacity and sustainability for the longer term?</th>
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<th>How can we best communicate, collaborate and support local working with you from HIS?</th>
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<th>What are your RTC educational needs, if any?</th>
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<th>How do you see RTC being useful with the wider health and social care agenda?</th>
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<th>How are you including AHPs in the roll out of RTC?</th>
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### 10.2 APPENDIX 2: RTC STOCKTAKE REPORT (2012) - RECOMMENDATIONS FOR NHS BOARDS

<table>
<thead>
<tr>
<th>Topic</th>
<th>Recommendations</th>
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</table>
| **1. Implementation of RTC**              | • Develop spread and sustainability plans for RTC including timescales and facilitation models  
                                           | • Consider taking a more co-ordinated and focused approach to the prioritisation and implementation of Process modules to offer maximum support and achieve the highest possible impact and best use of resources |
| **2. Range of Productive Series Implemented across NHS boards** | Once Foundation modules are complete, executive sponsors, leads and facilitators to encourage the use of the Process modules and where appropriate offer specific guidance about the modules that teams should be starting with to encourage local sharing of learning and achieve maximum impact |
| **3. RTC as a foundation for Quality Improvement** | Support and enable staff to see the integration and alignment of the RTC programme with other national workstreams, programmes of work and initiatives at all levels of the organisation. |
| **4. Importance of leadership**            | • To have an executive sponsor of the programme on the executive team  
                                           | • Conduct executive and middle manage visits and walk rounds to clinical areas  
                                           | • Ensure middle managers take more of an active role in the support and challenge of the programme locally  
                                           | • Make RTC a standing agenda item at meetings at all levels of the organisation, ensuring progression is supported  
                                           | • Use e-KSG and performance management and objective setting systems around service improvement and specifically RTC at all levels of the organisation  
                                           | • Consider setting a three-way contract detailing expectations of the manager, team leaders, senior charge nurse and the RTC facilitation, and  
                                           | • Identify long term spread and sustainability plans for RTC |
| **5. Alignment with Leading Better Care**  | N/A                                                                                                                                              |
| **6. Facilitation**                        | • The local resource of all the RTC Programmes in NHS boards should be encouraged to work and meet together regularly in communities of practice to plan and share the resource, particularly where there are a number of strands under differing leads.  
                                           | • Identify staff who could use some of their time to facilitate RTC as part of their role.                                                   |
| **7. RTC governance**                      | • To have governance systems for RTC, which align with other Quality improvement work and ultimately have access to the executive team for decision-making and support  
<pre><code>                                       | • Consider RTC objectives for executive team                                                                                                  |
</code></pre>
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<thead>
<tr>
<th>Topic</th>
<th>Recommendations</th>
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| 8. Measurement for Improvement | • Senior charge nurses, midwives and team leaders ensure that relevant data are collected and made available to staff. Staff can then see the immediate and direct impact of changes in their working practice, enabling them to utilise local data to drive further improvements in care.  
• Implement a local process to collect DPC time regularly, base on national guidance. |
| 9. Integration and alignment with other national workstreams | Support and enable NHS staff to see the integration of RTC with other workstreams by presenting all their local Quality Improvement visual evidence together under a Quality Improvement heading. For example, one Quality improvement display board which displays evidence of all Quality improvement works instead of separate boards for Clinical Quality Indicators, RTC and SPSP  
Develop systems to prove the positive correlation of the increase in DPC time with other day as teams' progress through the RTC modules and become curious when there are discrepancies and variations.  
Empower teams with permission to act in order to make changes where there is local evidence to do so. |
| 10. Funding support | When QuEST allocates Quality improvement monies to NHS boards, RTC executive sponsors should consider making specific bids for RTC funding. This will provide ongoing facilitation and the long term embedding and sustainability of the RTC culture in their organisation. |
| 11. Quality Improvement, Efficiency and Productivity | • Continue to prove and evidence the quality aspect of RTC through case studies and stories.  
• Demonstrate the relationship between the Quality improvement initiatives and increasing efficiency to meet rising demand and the need for new models of care |
| 12. Integration with health and social care partners | Begin to spread RTC across transition boundaries where appropriate |
## 10.3 APPENDIX 3: RELEASING TIME TO CARE NATIONAL STEERING GROUP MEMBERS

<table>
<thead>
<tr>
<th>Name</th>
<th>Surname</th>
<th>Profession</th>
<th>NHS board</th>
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<tbody>
<tr>
<td>Ann</td>
<td>Gow</td>
<td>Associate Nurse Director</td>
<td>NHS Ayrshire &amp; Arran</td>
</tr>
<tr>
<td>Annie</td>
<td>Buchanan</td>
<td>Nurse Director</td>
<td>NHS Fife</td>
</tr>
<tr>
<td>Brian</td>
<td>Webster</td>
<td>Vice Dean of Nursing and Midwifery</td>
<td>Edinburgh Napier</td>
</tr>
<tr>
<td>Mike</td>
<td>Sabin</td>
<td>Associate Director</td>
<td>NHS Education for Scotland (NES)</td>
</tr>
<tr>
<td>Carolyn</td>
<td>McDonald</td>
<td>AHP Director</td>
<td>NHS Fife</td>
</tr>
<tr>
<td>Clare</td>
<td>Mayo</td>
<td>Policy Advisor RCN</td>
<td>Royal College of Nursing (RCN)</td>
</tr>
<tr>
<td>Fiona</td>
<td>Cook</td>
<td>Improvement Advisor –RTC</td>
<td>Healthcare Improvement Scotland</td>
</tr>
<tr>
<td>Fiona C</td>
<td>MacKenzie</td>
<td>Programme Manager - Nursing &amp; Midwifery Workload &amp; Workforce Planning Programme</td>
<td>Scottish Government</td>
</tr>
<tr>
<td>Hugh</td>
<td>Masters</td>
<td>Nurse advisor</td>
<td>Scottish Government</td>
</tr>
<tr>
<td>Jane</td>
<td>Harris</td>
<td>Programme Manager - Modernising Nursing in the Community - Directorate for CNO, Patients, Public &amp; Health Professions</td>
<td>Scottish Government</td>
</tr>
<tr>
<td>Julie</td>
<td>Main</td>
<td>Project Lead - Quality Improvement, RTC</td>
<td>NHS Education for Scotland (NES)</td>
</tr>
<tr>
<td>June</td>
<td>Wylie</td>
<td>Interim -Associate Director of Implementation &amp; Improvement</td>
<td>Healthcare Improvement Scotland</td>
</tr>
<tr>
<td>Kate</td>
<td>Cocozza</td>
<td>Lead Nurse Clinical Practice</td>
<td>NHS Greater Glasgow and Clyde</td>
</tr>
<tr>
<td>Kathleen</td>
<td>Carolan</td>
<td>Director of Nursing, Midwifery &amp; AHPs</td>
<td>NHS Shetland</td>
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<tr>
<td>Kevin</td>
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<tr>
<td>Kirsty</td>
<td>Forrest</td>
<td>AHP RTC Facilitator</td>
<td>NHS Dumfries &amp; Galloway</td>
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<tr>
<td>Name</td>
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<tr>
<td>Margot</td>
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<td>Pamela</td>
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<td>Robert</td>
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<tr>
<td>Roger</td>
<td>Black</td>
<td>Head of Services, National Information &amp; Intelligence</td>
<td>National Services Scotland, Information Services Division (NSS ISD)</td>
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<tr>
<td>Ros</td>
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<td>National Coordinator - SPSP (Scottish Patient Safety Programme)</td>
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<tr>
<td>Tracy</td>
<td>MacInnes</td>
<td>AHP Officer: Education and Workforce</td>
<td>Scottish Government</td>
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### 10.4 APPENDIX 4: RELEASING TIME TO CARE NATIONAL STEERING GROUP SUBGROUP MEMBERS

Communications and Marketing Subgroup

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<thead>
<tr>
<th>Name</th>
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<tr>
<td>Maria Pilcher</td>
<td>NHS Lothian</td>
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<tr>
<td>Clare McGuire</td>
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<tr>
<td>Sue Storrar</td>
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<tr>
<td>Carolyn Chalmers</td>
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<tr>
<td>Angela Carlin</td>
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<td>Joanna Gordon</td>
<td>NHS Lothian</td>
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<tr>
<td>Carol Bell</td>
<td>NHS Dumfries and Galloway</td>
</tr>
<tr>
<td>Fiona Cook</td>
<td>Healthcare Improvement Scotland</td>
</tr>
<tr>
<td>Julie Main</td>
<td>NHS Education for Scotland (NES)</td>
</tr>
<tr>
<td>Stephen Ferguson</td>
<td>Healthcare Improvement Scotland</td>
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<tr>
<td>Ann Bowdler</td>
<td>NHS Tayside</td>
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Measurement and Impact Subgroup

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<tbody>
<tr>
<td>Kate Eunson</td>
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<tr>
<td>Maggie McNeill</td>
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<td>Kathleen McCulloch</td>
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<td>Hilary McAulay</td>
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<td>Project Lead for RTC education</td>
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<td>Fiona Cook</td>
<td>Healthcare Improvement Scotland</td>
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<tr>
<td>Tracy MacInnes</td>
<td>Scottish Government</td>
<td>AHP</td>
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10.5 APPENDIX 5: OPTIONAL MODULES PROVIDED TO SUPPORT RTC INTEGRATION AGENDA

Modules provided by NHS Education for Scotland:
- Module Story Template
- Basic Excel demonstration
- Process mapping for improvement

Modules provided by Healthcare Improvement Scotland:
- 15 Step Challenge
- The use of Emotional Touchpoints to capture service user/staff experience

Modules provided by the Joint Improvement Team:
- Identifying barriers
- Coaching
- Organisational and Development support
Healthcare Improvement Scotland

Edinburgh Office: Gyle Square | 1 South Gyle Crescent | Edinburgh | EH12 9EB
Telephone: 0131 623 4300

Glasgow Office: Delta House | 50 West Nile Street | Glasgow | G1 2NP
Telephone: 0141 225 6999

The Healthcare Environment Inspectorate, the Scottish Health Council, the Scottish Health Technologies Group and the Scottish Intercollegiate Guidelines Network (SIGN) are part of our organisation.

NHS Education for Scotland

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