Making Care Better –
Our progress at a glance

2016–2017
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Enable people to make informed decisions about their care and treatment

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Help health and social care organisations to redesign and continuously improve services

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Provide evidence and share knowledge that enables people to get the best out of the services they use and helps services improve

### Priority 4
Provide quality assurance that gives people confidence in the quality and sustainability of services and supports providers to improve

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Make the best use of resources to ensure every pound invested in our work adds value to the care people receive

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Dame Denise Coia
Chairman

Robbie Pearson
Chief Executive
Introduction

The integration of health and social care services in Scotland in April 2016 marked the beginning of a brave new world for all of us working across health and social care. The changes reflect the significant increases in demand and the need to find ways of working more effectively together and making best use of resources.

We cannot deny there are challenges we all face as we evolve into this new way of working. The constant for us is the need to continue to put those who use and those who deliver, services at the centre of everything we do.

At Healthcare Improvement Scotland we feel we are uniquely placed. We work at all levels in the system – national, regional, local and individual – to help improve the quality of care. This enables us to remain alive to changes in the context we operate in and think in new ways to support the transformational changes in our system.

Our response to the changes is a new strategy for the organisation, Making Care Better, which sets out a plan for the next five years. The strategy has been defined by engagement with stakeholders throughout the last year and we would like to thank everyone who contributed to this work.

Throughout 2016–2017, we continued to make significant progress in our day to day work to support improvements in services across health and social care. We are really pleased with the way our work with partners is having an impact in the care that is being delivered day in and day out across Scotland. We have included examples of our work in this short report and we would be delighted if you could take some time to take a look at the progress being made.

We hope you enjoy this document about how we are contributing to making care better for people in Scotland and we look forward to working with you in the future.
Supporting better quality health and social care for everyone in Scotland is the aim of Healthcare Improvement Scotland.

Working with people at every level of the health and social care system, we make sure improvements in care are informed by the experiences of people who deliver and people who use services.

We have five key priorities. These are areas where we believe we can make the most impact and where we focus our efforts and resources.

1. **Enable people to make informed decisions about their care and treatment.**

2. **Help health and social care organisations to redesign and continuously improve services.**

3. **Provide evidence and share knowledge that enables people to get the best out of the services they use and helps services improve.**

4. **Provide quality assurance that gives people confidence in the quality and sustainability of services and supports providers to improve.**

5. **Make the best use of resources to ensure every pound invested in our work adds value to the care people receive.**

We are Healthcare Improvement Scotland, an organisation with many parts and one purpose: better quality health and social care for everyone in Scotland.
Examples of key achievements in 2016–2017 across our five priority areas

Priority 1
Enable people to make informed decisions about their care and treatment
Anticipatory Care Planning

Access to community services and good Anticipatory Care Planning (ACP) can reduce the risk of hospital admission by 30–50%. An Anticipatory Care Planning website and toolkit was launched at the NHSScotland event in June 2017. The toolkit includes an easily accessible online resource for professionals to support individuals to make their own Anticipatory Care Plan.

New Health and Social Care Standards

In collaboration with the Care Inspectorate and Scottish Government, we have developed new national Health and Social Care Standards. The new standards will help ensure that people across Scotland receive the same high standard of care and support. The standards were developed through public consultation (2,237 responses were received from people and organisations across Scotland) and apply to all health and social care settings.

To find out more visit www.newcarestandards.scot

Independent healthcare

Over the course of 2016–2017 we have been in contact with over 500 services to establish if they were an independent clinic and, where appropriate, supported them to be registered.
Creation of the ihub

Over the next 20 years, it is anticipated that demand for health and social care will increase by 20–30%. In response to the integration of health and social care services, we worked with a range of partners to launch the Improvement Hub (or ihub for short).

The ihub is helping to ensure that health and care services continue to improve and evolve so that they meet the changing needs of people that use them.

To find out more visit ihub.scot
Scottish Patient Safety Programme

The Acute Adult programme has supported NHS boards to reduce harm from falls, pressure ulcers, catheter associated urinary tract infections and cardiac arrest. We have supported improved response to deteriorating patients and reductions in cardiac arrest rate in nine of Scotland’s hospitals ranging from 20–80%.

Progress is reflected in the Hospital Standardised Mortality Ratio (HSMR) which has reduced by 8.4%, with sepsis mortality (in support of the HSMR reduction) reduced by 20%.

During 2016–2017, the programme has seen an 80% reduction in ventilator acquired pneumonia (VAP) rates for paediatric intensive care units in Scotland, having implemented care bundles using quality improvement methodology.

The Maternity and Children programme updated its aims in 2016, looking to reduce avoidable harm to mothers, babies and children by 30% by 2019. This aim is a continuation of the programme’s previous work which began in 2013.

To help meet this aim, the programme launched the national Paediatric Early Warning Score (PEWS), which is a tool to help identify sick and deteriorating children.

In September 2016, the Mental Health programme announced that they would now be working across inpatient mental health wards and in the community, specifically in Child and Adolescent Mental Health Services (CAMHS), Older Adult Services and Perinatal Mental Health.

To find out more visit www.spsp.scot

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Examples of the impact of the SPSP Mental Health programme work carried out in some inpatient wards

- Reductions in restraint of up to 57%
- Reductions in the percentage of patients who self-harm of up to 70%
- Reductions in the rates of violence of up to 78%

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¹ As at February 2017.
Our Voice – Citizens’ Panel

We established a Citizens’ Panel to help improve health and social care services in Scotland. Consisting of 1,301 members recruited from across all 32 local authority areas, the panel helped establish a picture of what people across Scotland think and feel about a wide range of health and social care issues. This is the first time a Citizens’ Panel of this nature has been established in Scotland.

To find out more visit www.ourvoice.scot
Scottish Medicines Consortium

Over the year, the Scottish Medicines Consortium (SMC) reviewed 110 medicines with increased public and clinical involvement in its decision-making. SMC also progressed implementation of the Independent Review of Access to New Medicines (Montgomery Review) to support the Scottish Government’s aim to improve access to newly licensed medicines.

To find out more visit www.scottishmedicines.org.uk

Scottish Health Technologies Group

Our Scottish Health Technologies Group (SHTG) continues to advise NHSScotland on the clinical and cost effectiveness of a range of technologies that are likely to have significant implications for patient care, for example this year’s advice included antimicrobial wound dressings and PET-CT scanners.

To find out more visit www.healthcareimprovementscotland.org

British guideline on the management of asthma

We supported the improvement of diagnosis of asthma through an update of SIGN guideline 153: British guideline on the management of asthma. This included a complete revision of the section on diagnosis, covering adults and children, and a new diagnostic algorithm. The diagnosis of asthma presents challenges as there are no consistent diagnostic criteria and no single diagnostic test for asthma.

To find out more visit www.sign.ac.uk
Sharing intelligence group

The Sharing Intelligence for Health and Care Group brings together six national bodies for the purpose of sharing and considering the intelligence we hold about the quality of health and social care: Healthcare Improvement Scotland, Audit Scotland, Care Inspectorate, Mental Welfare Commission for Scotland, NHS Education for Scotland, and Public Health & Intelligence.

The group has completed its second annual programme of work.

To find out more visit
www.healthcareimprovementscotland.org
Priority 4

Provide quality assurance that gives people confidence in the quality and sustainability of services and supports providers to improve

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**Healthcare Improvement Scotland inspection activity 2016-2017**

- Healthcare Environment Inspectorate - 29 inspections
- Older People in Acute Hospitals - 9 inspections
- Independent healthcare - 28 inspections
- Joint Inspections of Children’s Services - 5 inspections
- Strategic Inspection of Adult Services - 6 inspections
- Prisoner Healthcare - 5 inspections
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Ad hoc reviews

**NHS Lothian (Hospital-Based Complex Clinical Care Review), published May 2016**

Between November 2015 and May 2016, we carried out a review of hospital-based complex clinical care (HBCCC) services in Edinburgh after a wider analysis of issues initially raised following a complaint in a hospital facility in NHS Lothian.

**NHS Borders (Care of Older People), published August 2016**

We carried out this review of the care of older people in Borders General Hospital as part of a programme of unannounced inspections across Scotland. The review took into account a report by the Scottish Public Services Ombudsman of an investigation into a complaint about the care of older people in Borders General Hospital.

**Review of the Scottish Breast Screening Programme, published December 2016**

This report focused on the review and management of adverse events, following the identification of 3,831 women who had not been sent a routine invitation to be screened. All women identified as not being called for their routine appointment at their local breast screening centre have been contacted and offered the chance to make an appointment.

**NHS Ayrshire & Arran (Review of Ayrshire Maternity Unit, University Hospital Crosshouse), published June 2017**

We conducted a review of NHS Ayrshire & Arran’s management of adverse events within the Ayrshire Maternity Unit, University Hospital Crosshouse, in March 2017. A total of eight recommendations were made in the review report, with six of these being for NHS Ayrshire & Arran specifically to take forward, one for NHSScotland as a whole, and one for Healthcare Improvement Scotland.

All of these reviews led to a series of recommendations for improvements to services which we will continue to monitor.
Death Certification Review Service

The aim of the service is to give people confidence in the quality and sustainability of the death certification process. Last year was the second year of the service's work in improving the quality and accuracy of Medical Certificates of Cause of Death (MCCDs). There has been an improvement in the quality of MCCDs in year two. The percentage of MCCDs found to be ‘not in order’ decreased from 47.1% in 2015–2016 to 39.6% in 2016–2017.

Scottish Health Council – Service Change

We supported patient and public involvement in service change activity through the Scottish Health Council which works with NHS boards and communities across Scotland to improve patient and public involvement in service change. During 2016–2017, the Scottish Health Council was involved in 50 change proposals across 14 NHS boards and three major service change proposals.

To find out more visit www.scottishhealthcouncil.org
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scottish health council

making sure your voice counts
**Financial targets**

Healthcare Improvement Scotland met the financial targets for 2016–2017 set by the Scottish Government and operated within the prescribed limits:

<table>
<thead>
<tr>
<th></th>
<th>Limit as set by SGHSCD £’000</th>
<th>Actual Outturn £’000</th>
<th>Variance (over)/under £’000</th>
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</thead>
<tbody>
<tr>
<td>Core revenue resource limit</td>
<td>28,101</td>
<td>27,554</td>
<td>547</td>
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<tr>
<td>Non-core revenue resource limit</td>
<td>156</td>
<td>156</td>
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<tr>
<td>Core capital resource limit</td>
<td>194</td>
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<tr>
<td>Cash requirement</td>
<td>27,063</td>
<td>27,063</td>
<td>0</td>
</tr>
</tbody>
</table>

In order to meet the revenue resource limit, it was necessary to introduce a significant cost reduction programme. This resulted in savings of £2.898 million which was £0.547 million in excess of requirement.
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