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This is a time of unprecedented change for health and social care services in Scotland.
Foreword

Making a positive impact on the quality of care offered to the people of Scotland is our main goal.

On the cover of our annual report is a photo of Lynne Campbell and her young son, Innes. Inside, you will read about the positive contribution the work of Healthcare Improvement Scotland has had on their lives.

Lynne and Innes’ story is just one of many featured in this year’s annual report, all showing practical and positive examples of the different ways in which Healthcare Improvement Scotland makes an impact and has helped to make a difference to the lives of patients, those working in health and social care and the wider Scottish public.

The integration of health and social care services requires us to provide support that matches the needs of local communities. The year has seen us extend our responsibilities to include supporting improvements in the quality of social care in Scotland. The establishment of our Improvement Hub provides a gateway to offering genuinely ‘joined-up’ support to addressing the most complex issues facing health and social care services, both now and in the future.

In a complex world, there are no simple or single answers to tough problems. We have, therefore, placed an increasing emphasis on a flexible, integrated and tailored approach right across our areas of responsibility - such as in securing a strong voice for citizens in the design and delivery of care, sharing the most up-to-date evidence of good practice, proactively supporting the redesign of care, and in the independent external quality assurance of services. In the future, it will be about how we bring a blend of approaches, as one organisation, to tackling complex issues.

Health and social care services do remarkable things every minute of every day in Scotland. As an organisation which exists to support these services to be even more successful, we also acknowledge the pressures they face. In these challenging times, we have a crucial role in supporting these services to remain sustainable for the future. We are ready to help health and social care providers identify good practice - wherever it comes from - and to help spot where change is necessary and how it might be achieved.

This report celebrates much we all can be proud of in the provision of high quality care in Scotland. I want Healthcare Improvement Scotland to build on its successful contribution to this and to help many others, just like Lynne and Innes, have the very best possible care.

Dr Dame Denise Coia
Chairman
Everyone in our organisation shares the same purpose: to drive improvement in health and social care.

One organisation, many parts, one purpose
People in Scotland are living longer, healthier lives and, as the needs of our society are changing, so too are the nature and form of our health and social services. Our current health and social care system needs to change to cope with the demand that will be generated by our ageing population.

Right now, health and social care services across Scotland are undergoing unprecedented transformational change in the way services are organised and delivered in order to be fit for the future.

Our role is to support health and social care providers to continue to deliver the highest standards of care and to help them respond to integration and the changing needs of patients in a way that will be sustainable for years to come.

Everyone in our organisation shares the same purpose: to drive improvement in health and social care. In Healthcare Improvement Scotland, we have a number of ways to support improvement and our organisation includes:

> The Healthcare Environment Inspectorate, helping reduce the risk of healthcare associated infection to patients by inspecting hospitals in Scotland to ensure they are safe and clean.

> The Improvement Hub (or ihub for short), supporting health and social care organisations to design and deliver services that better meet the changing needs of people in Scotland.

> The Scottish Health Council, supporting people to have a meaningful say in shaping health and social care services.

> The Scottish Medicines Consortium, accepting for routine use those newly licensed medicines that are effective and clearly represent good value for money to NHSScotland.

> The Scottish Health Technologies Group, providing advice on the clinical and cost effectiveness of healthcare technologies that are likely to have significant implications for patient care in Scotland.

A national organisation using the latest expertise

With a spend of £22.6m in the last financial year, our 374 staff\(^1\) work in partnership with all involved to continually drive improvement in health and social care services. This includes people who use services, the public, professionals, NHS boards, Health and Social Care Partnerships, third sector organisations, housing organisations and public and private sector organisations across the country.

We want the very best for people in Scotland, so we work with stakeholders across the country and internationally to collaborate, learn and co-ordinate work to better achieve outcomes and improvement in healthcare.

Our seven contributions

To support this transformational change, we have committed to making seven key contributions to improving health and social care services:

- supporting the use of data and information, alongside bespoke support, to help services to improve
- supporting people to have a meaningful say in how services are designed, delivered and experienced
- providing independent quality assurance that gives people confidence in the quality of services and helps providers to improve
- supporting providers to redesign services so that people in Scotland are able to live longer, healthier lives at home or a homely setting
- supporting services to reduce harm, waste and unnecessary variation in practice and outcomes
- providing evidence and knowledge that enables people to get the best out of the services they use and helps services to improve, and
- supporting leaders to create the conditions where quality will flourish.

Individually and collectively, these contributions help drive improvement in the care people receive across Scotland.

This annual report includes a section on each of our seven contributions, highlighting examples of our work.

\(^1\) Figure at 31 March 2016.
Supporting the use of data and information, alongside bespoke support, to help services to improve
Rob McCulloch-Graham is Chief Officer of Edinburgh Health and Social Care Partnership. In September 2015, the Edinburgh Health and Social Care Partnership asked our Improvement Hub (ihub) to provide a package of improvement support to help them address their local priorities. The ihub’s Tailored and Responsive Improvement Support (TRIST) programme, which provides flexible improvement support to NHS boards and Health and Social Care Partnerships, is supporting the partnership by focusing on the following areas:

> mapping the connections across the health and social care system in Edinburgh
> supporting the partnership to deliver change, and to understand the benefits of this change for itself and for local service users, and
> developing an evaluation to understand how the partnership is learning about the process of change they are going through and how that learning can be used to accelerate the pace of change.

“The Edinburgh Health and Social Care Partnership is currently delivering a huge programme of change, which includes the integration of two massive organisations, redesigning the entire pathway of care for service users to address the significant increases in demand and reduction in available resources, and eliminating delayed discharges. Healthcare Improvement Scotland’s ihub has played a key role supporting the process to date, primarily by mapping the whole system, applying improvement methodology, and providing additional capacity to support key initiatives. Throughout this process, Healthcare Improvement Scotland staff have felt like part of our team rather than outsiders.”
The context for change

New support for redesign

Over the next 20 years, it is anticipated that demand for health and social care will increase by between 20% and 30%.

In response to the integration of health and social care services, we worked with a range of partners to create the Improvement Hub.

This resource brings together support for health and social care organisations from the three previously separate sources, the Joint Improvement Team and Quality and Efficiency Support Team, both based at Scottish Government, and our Directorate of Safety and Improvement.

Key trends

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<th>Description</th>
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| 25%       | In the next 10 years, the number of people in Scotland aged over 75 is likely to have increased by over 25%.
| 65%       | By 2032 the number of people over 75 will have increased by almost 65% compared to 2015.

<table>
<thead>
<tr>
<th>Bed Days</th>
<th>Description</th>
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<tr>
<td>168,526</td>
<td>Between October–December 2014, 168,526 bed days were lost to delayed discharge. The highest recorded for any quarter to date.</td>
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<th>Number</th>
<th>Description</th>
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<td>127,000</td>
<td>The number of people with dementia is set to rise from 71,000 to 127,000 in the next 20 years.</td>
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<td>2%</td>
<td>2% of the Scottish population (just over 100,000 people) account for 50% of hospital and prescribing resource (£2.6 billion).</td>
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2 Statistics from the Scottish Government Communications Toolkit: A guide to supporting the local implementation of health and social care integration.
The Improvement Hub

Launched on 1 April 2016, Healthcare Improvement Scotland’s ihub is a resource to support organisations in Scotland to improve the quality of health and social care services.

The programme of work includes:

- planned improvement support for aspects of care delivery services and for the development of infrastructures and cultures which enable the work of improvement
- tailored and responsive improvement support that is flexible to help NHS boards and Health and Social Care Partnerships address local priority issues, and
- a small grants-making arm that provides resources for organisations to test and develop approaches to improving health and social care services.

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.

More information about the ihub is available at ihub.scot.
Supporting people to have a meaningful say in how services are designed, delivered and experienced

Ian Clement
Patient perspective on our glaucoma guidelines
Ian’s story

Ian Clement was first diagnosed with glaucoma more than 20 years ago and used his own perspective and experience to help us develop a new national guideline\(^3\) for clinicians to use which will help the referral and safe discharge of people with glaucoma across Scotland. Ian was a patient representative on the guideline development group and an important voice in the development of the guideline.

“As someone who has lived with glaucoma for more than 20 years, I was pleased to be given the opportunity to bring my own experience and insight to the guideline development group. I was able to offer the patient’s perspective on what are the most important considerations for people who have glaucoma. We developed a patient version of the guideline and I helped to shape its content, format and design. I believe the resulting booklet is an invaluable resource of information and advice for people who have glaucoma. It is written in plain language and uses a large font with graphics and bright colours so that it’s easier to read for people who may be visually impaired. Having all of this information in one accessible document helps to take away a lot of the fear that people may experience and provides real reassurance for those of us living with this condition.”

\(^3\) SIGN Guideline 144: Glaucoma Referral and Safe Discharge and the accompanying booklet for patients, their families and carers were published in 2015. www.sign.ac.uk/guidelines/fulltext/144

A strong public voice

Ian’s contribution is just one of the many ways we enable the public voice to be heard in shaping health and social care services across Scotland. The Scottish Health Council, part of Healthcare Improvement Scotland, supports NHS boards to involve people in the design and delivery of services.

We also have a pool of over 40 public partners who play a pivotal role in helping shape our own work to ensure it responds to public perspective.
Participation as standard

Scotland’s *Participation Standard*, developed by the Scottish Health Council, is helping NHS boards improve how they involve people and use complaints to improve services. Small changes can make a huge difference to people.

For example, NHS Greater Glasgow and Clyde changed outpatient clinic practice on days following public holidays, after a patient complained about a 90-minute wait. The new arrangements make it easier for patients who urgently need an appointment to be seen on days immediately after a holiday when there is increased demand on the system.

This was one of the examples we found in gathering information for a national overview we published in 2015–2016 which showed that NHS boards are increasingly using and welcoming public complaints and feedback for improvement. This means that, increasingly, people are having a genuine say in the services they use.

Involving people in major service change

We ensure that NHS boards engage people when major changes to services are proposed. One example in 2015–2016 was NHS Lanarkshire’s review of primary care out-of-hours services. The Scottish Health Council’s involvement gave public assurance that the review involved patients and the public. We were also able to highlight areas of good practice for other NHS boards to use, including early engagement with people affected by the proposals and the use of social media to share information with the public.
Our Voice

Our Voice is a piece of work which also supports people to engage with health and social care providers to continuously improve and transform services. The work began in 2015–2016 and has been developed by the Scottish Health Council, Health and Social Care Alliance Scotland (The ALLIANCE), the Convention of Scottish Local Authorities (COSLA) and the Scottish Government.

We have been encouraging the voices of the public and local community organisations to be heard by:

> supporting health and social care community planning partners in Dumfries and Galloway to bring together all public bodies in the area, including NHS, local authority, police and fire services, for the first time to engage local communities

> organising events across Scotland to bring together a diverse range of public voices, including opportunities for public members of the new health and social care Integration Authorities to link up and share practice, and

> working with third sector agencies to support users and carers to influence local service issues.
Providing independent quality assurance that gives people confidence in the quality of services and helps providers to improve

Rachael MacDonald
Midwifery Manager
Rachael's story

Rachael MacDonald is a Midwifery Manager with NHS Grampian and has experienced a number of inspections on hospital safety and cleanliness – one of a number of ways Healthcare Improvement Scotland provides assessments of the quality of health and social care in Scotland which are designed to promote improvement.

“I’ve been involved in four or five inspections now and they are a welcome chance to look at what we are doing well and where we can improve. It can sometimes be difficult to do that in the business of our day-to-day work. Naturally, inspections can sometimes cause some staff a degree of apprehension beforehand but it’s clear that the inspectors’ main focus is to ensure that standards are met. Inspectors give advice and help us to spot any potential risks. The feedback we get is constructive, helpful and shows a great understanding of our circumstances and the challenges we face.”

Quality assurance which leads to improvement

Providing the public with assurance on the quality of services is not only one of our statutory duties but also a crucial way to support services to improve.

We carried out a wide programme of quality assurance activities in 2015–2016 and we also worked on developing more comprehensive reviews which will focus on the quality of care. These will consider the whole care system, including staffing levels, and the patient experience.
Helping to make hospitals safer and cleaner

Patients and the public deserve to have complete confidence in the safety and cleanliness of our hospitals. People want to be assured that their local hospital is clean, hygienic and they are not at risk of getting an infection.

Our Healthcare Environment Inspectorate (HEI) carries out inspections on the safety and cleanliness of Scotland’s hospitals, and has played a vital role in supporting NHSScotland to reduce incidents of infection. The most recent figures show that, since 2007, cases of MRSA have reduced by 93% and cases of Clostridium difficile infection in patients aged 65 years and over have fallen by 82%.

In 2015–2016, 31 HEI inspections were carried out (27 of which were unannounced) and we identified a number of areas of good practice which help reduce infection risk to patients and the public, including:

- the cleanliness of the hospital environment
- management of peripheral vascular catheters (catheters which are inserted into peripheral veins), and
- positive relationships between ward staff and their infection prevention and control teams.

We also identified areas where further improvements were required by NHS boards, particularly relating to:

- ensuring equipment that is used to treat patients is always clean and ready for use, and
- development of adequate action plans to address our inspection findings.

An indicator of how infection risks are being reduced for patients is in the significant decline in the number of requirements and recommendations arising from inspections since they began in 2009 (see Figure 1).

Overall, we have seen a 50% reduction in the average number of requirements arising from each inspection since the inspections began in 2009–2010. We have also seen a corresponding 86% reduction in the average number of recommendations made in each inspection over the same time period.
Figure 1: Average number of HEI inspection requirements and recommendations (September 2009–September 2016)\(^4\)

While the numbers of requirements and recommendations can be seen as indicative of improvements in infection control, they may also have been influenced by other factors, including the introduction of follow-up inspections, and inspections of theatres and community hospitals.
Quality of care reviews

We have developed a new approach to how we assess the quality of health and social care in Scotland. Our new quality of care reviews will use a consistent methodology based on a quality framework (a document that gives guidance on what services need to do to provide good quality care) and will feature a stronger emphasis on bringing together our range of functions to better support and drive quality improvement.

Through the new approach, we will build supportive improvement-focused relationships with service providers, helping them to routinely and regularly carry out internal self-assessment. We will provide external quality assurance and validation of this on an ongoing basis with appropriate follow-up as required. Our reviews will be more comprehensive and will also assess factors such as service sustainability, organisational culture and leadership. We will make better use of the shared data and intelligence already available to us to inform and support our quality assurance activity. This will allow us to be more proportionate in our approach. Collecting data once, and using it many times, will also help to reduce the burden of external quality assurance on services.

The quality framework allows people to see what they should expect from the services that they use and supports providers to deliver high quality care. Our reviews will provide the public with assurance that services are of high quality, and if we find that they are not, that work is being done to support improvement.

“The range and depth of knowledge and expertise that exists across the various functions within Healthcare Improvement Scotland affords an important strategic advantage and uniquely positions the organisation to place quality improvement at the heart of its approach to external scrutiny. I firmly believe that implementation of this new model will further drive and embed a culture of quality improvement across health services in Scotland that will lead the way in achieving sustainable and resilient healthcare.”

– Tracey Cooper, Chief Executive of Public Health Wales and Design Panel Chair
Death certification

Arrangements for death certification and registration in Scotland changed on 13 May 2015. One of the main changes is the establishment of the Death Certification Review Service, which is run by Healthcare Improvement Scotland.

The Death Certification Review Service is responsible for delivering a national system of proportionate, independent scrutiny of those deaths in Scotland not reported to the Procurator Fiscal – the first system of its kind in the UK.

The review service checks on the accuracy of a sample of Medical Certificates of Cause of Death (MCCDs). An MCCD is the form a doctor completes when someone has died.

Our reviews are designed to:

> improve the accuracy of MCCDs
> provide better quality information about causes of death so that health services can be better prepared for the future, and
> ensure that the processes around death certification are robust and have appropriate safeguards in place.

Independent healthcare

Healthcare Improvement Scotland regulates independent hospitals, voluntary hospices and private psychiatric hospitals. As of April 2016, we began preparations for regulating independent clinics, starting with the registration of services that fall within this remit. It is estimated that there are around 500 clinics in Scotland eligible to be regulated.
Supporting improvements to the care of older people in acute care

With our population living longer, there is a need to ensure that the standard of care for our older people in hospital is as high as it possibly can be.

Our inspections on the care of older people in acute hospitals are designed to ensure that older people are treated with respect, dignity and compassion when they receive care. In 2015–2016 we carried out 10 inspections on the care of older people, all of which were unannounced. In each inspection, we focused on:

- treating older people with compassion, dignity and respect
- dementia and cognitive impairment
- preventing and managing falls
- nutritional care and hydration, and
- prevention and management of pressure ulcers.

We identified a number of areas of good practice, including positive interactions between staff and patients, hospital-wide safety huddles and good co-ordination of mealtimes (particularly where mealtime co-ordinators are in place).

We also identified areas where NHS boards needed to improve, including developing more person-centred care plans, maintaining better documentation of patient records by nurses and medical staff, and carrying out more complete assessments for cognition, nutritional screening and assessment, falls management and pressure ulcer care.

Older people and their families can be assured that improvements arising from these inspections will support the highest standards of care and that older people are always treated with dignity and respect in hospitals.

Joint inspections of health and social care services for older people

Together with the Care Inspectorate we are carrying out inspections of all local authorities to see how well they work in partnership with services provided through local NHS boards and how this impacts on the lives of older people. The inspections also look at the role of independent and voluntary organisations in the community.

During 2015-2016 we published reports on services for older people in Falkirk, Glasgow, Shetland, Argyll and Bute, and the Western Isles.

In these inspections, we have found a number of areas of good practice. We saw examples of health and social care services working well with the third sector and, in some cases, transforming older people’s lives. In some areas, strong teamwork and innovation is delivering positive outcomes for older people.

We found that further work was required by partnerships to develop their strategic plans and to communicate and engage with staff across the partnership. We also identified that further development is required to improve delayed discharges, timely access to services, risk assessments and support plans for vulnerable people, and to ensure that all carers are offered a carers’ assessment.

These inspections are supporting improvements in the services people receive from organisations that are delivering care, whether in a health or social care setting.
Beatson enquiry visit

In May 2015, we were made aware of potential patient safety concerns raised by staff members working at the Beatson West of Scotland Cancer Centre. Following a visit to assess the concerns raised, and further meetings with key members of staff, our subsequent report supported NHS Greater Glasgow and Clyde to:

- urgently agree a model of care for the management of acutely unwell and critically ill oncology patients and regularly monitor the effectiveness of the model, and
- take urgent action to restore and rebuild working relationships between consultants at the Beatson and the NHS Greater Glasgow and Clyde management team.

Ultimately, the work supported improvements to the care and management arrangements for people using the Beatson West of Scotland Cancer Centre and for the staff working there.

Learning from adverse events

Learning from adverse events is crucial to continually improve care. It is internationally recognised that between 10–25% of episodes of healthcare (in general across hospital, community hospital and general practice) are associated with an adverse event. These are events that could have caused, or resulted in, harm to an individual or a group of people.

We have been working with NHS boards across Scotland to improve the effective management of, and learning from, these events. This year, we shared good practice across NSScotland, which included the following.

- NHS Dumfries & Galloway using a learning blog to promote learning from adverse events to staff.
- NHS Shetland sharing the learning from adverse events with Shetland Islands Council as part of health and social integration discussions, with the aim to promote key learning points across health and social care services.
- Several NHS boards holding a safety huddle each day in their main hospitals. This provides an opportunity to engage with staff and talk about risk, adverse events and safety issues.

This national approach is supporting NHS boards to improve how they manage and learn from adverse events, which is helping to keep patients safe and prevent similar events happening in future.
Supporting providers to redesign services so that people in Scotland are able to live longer, healthier lives at home or a homely setting

Peter Anderson
Former professional angler
Peter's story

Peter Anderson, 90, is a former professional world champion angler. In an illustrious career, he has taught hundreds of people to fish, including the Queen Mother and Frank Sinatra. Over the past year, he spent several weeks in hospital in NHS Greater Glasgow and Clyde while being treated for an ischaemic foot (a lack of blood flow from the heart to the limb due to obstructed arteries). While in hospital, he also experienced severe delirium. Happily, he is now back at home and his recovery is continuing.

“It has been a difficult time for me as I was in a lot of pain and it wasn’t always easy to know what was going on but I can’t speak highly enough of the nurses and the care they provided. They were so attentive and kept me informed about my condition and what they were doing. They couldn’t do enough for you, no matter how busy they were. They also put a ‘What matters to me’ poster above my bed and this was a great help as it meant all of the nurses knew a bit more about me and could talk to me about my interests. It’s good to be back at home now, and I’ve even managed to do a bit of fishing since I was discharged.”

Supporting a changing population

In the next 10 years, the number of people in Scotland aged over 75 is likely to increase by over 25%. In the same period, it is also estimated that nearly two thirds of people will have developed a long-term condition by the age of 65. This means our current system of care, across health and social care, needs to integrate and adapt to the changing context it operates in. Consequently, we support the redesign of health and social care services to be efficient and effective and to enable individuals to reliably receive the services they need, when they need them.

NHS Greater Glasgow and Clyde has introduced ‘What matters to me’ boards in the majority of older people’s wards and plans to roll them out to all adult wards in 2016. Healthcare Improvement Scotland has helped to promote this approach by holding Scotland’s first ‘What matters to you?’ day in June 2016. The aim of the day was to inspire more meaningful conversations between people who provide care, and the people, families and carers they support.
Supporting improvements to the care of older people in acute care

Healthcare Improvement Scotland has been leading a national programme of work with NHS boards to improve older people’s acute care in NHSScotland since April 2012. One of the areas we have focused on in particular is the management of frailty. NHS Ayrshire & Arran is just one of the NHS boards we have been working closely with. The example highlighted on this page shows how care has improved as a result of an NHS board working with us to test a range of approaches to identify and manage support for people with frailty in acute care.

Frailty case study

NHS Ayrshire & Arran reviewed unplanned emergency admissions at University Hospital Crosshouse, Kilmarnock, and found that frail patients stayed in hospital longer, were more likely than others to be admitted to a non-specialist bed, and did not receive a full, specialist assessment at the earliest opportunity.

To help address this, we supported NHS Ayrshire & Arran to review the impact of a new care pathway it developed for frail older people in the emergency department. During a six-month trial of this new care pathway, which included more effective initial screening of older patients presenting in Accident and Emergency, the hospital saw the following improvements from the previous year:

- the overall admission rate for all over 65s fell from 68% to 66% (which equates to a reduction in admissions of 18 per 1000 patients)
- the overall re-attendance rate for all over 65s fell from 26% to 18%, (which equates to a reduction in re-attendances of 136 per 1000 patients), and
- the overall readmission rate for all over 65s fell from 16% to 12% (which equates to a reduction in readmissions of 64 per 1000 patients).

This work demonstrated to NHS boards across Scotland that the earlier identification and better management of patients with frailty results in lower admissions to hospital, shorter stays and better care.
New standards of care for older people

In June 2015 we launched new standards for the care of older people in hospital. These revised standards:

> support staff to ensure the highest standards for the care of older people in hospital
> focus on the initial assessment of patients after they are admitted to hospital and on more complex journeys of care (rehabilitation, care transitions and discharge planning), and
> now include specific standards on frailty and delirium.

“This new set of standards has been developed to support staff to provide the best care for older people in hospital, whatever healthcare is delivered. Each standard details what patients, their representatives and the public can expect of healthcare services in Scotland. We believe that the new standards, once implemented, will support continuing substantial improvement in the care that older people receive.”

– Dr Christine McAlpine, Geriatric Medicine Specialty Advisor to the Chief Medical Officer and Chair of the Project Group

Developing new National Care Standards

During 2015–2016 we worked with the Scottish Government and the Care Inspectorate to develop revised National Care Standards for Scotland. After consultation with stakeholders throughout 2015, the five overarching principles of these standards were agreed with the Cabinet Secretary and published in February 2016. These are:

> dignity and respect
> compassion
> be included
> responsive care and support, and
> wellbeing.

The new standards will set out what people receiving support and care can expect and will help providers and commissioners to plan and design services. The final standards will be published by the Scottish Government in due course.

This will mean that people across Scotland can expect to receive the highest standards of care no matter where they access their health and social care services.

This means that older people in hospital can expect to receive the highest standards of care and they and their families are more involved in discussions about the care they receive.
Living well in communities

Our Living Well in Communities team is helping Health and Social Care Partnerships to understand how their local populations use health and social care services, and supporting them to develop services in the most effective way. For example, we are working with the Public Health and Intelligence Division of NHS National Services Scotland to help partnerships explore pathways of care for those patients that receive the most support and resources within their local community. This will support those providing preventative primary and social care in the community to target services more effectively, reducing pressure on acute care and improving people’s quality of life.

A key component to shifting to preventative care in the community is anticipatory care planning. This is designed to ensure that more people receive the care they want in their preferred setting. We are developing a national approach to support anticipatory care planning in health and social care across Scotland. We are also working to improve access to national information about anticipatory care planning so that staff across different sectors and services can access the same information and be aware of individuals’ wishes.

We have also held events for health and social care staff to spread learning that will help improve how patients with frailty are cared for in the community.

This work is supporting health and social care providers to help people recover in their own homes, preventing unnecessary hospital admissions.
Supporting services to reduce harm, waste and unnecessary variation in practice and outcomes

Santosh Salunke
Consultant Gastroenterologist
Santosh Salunke, Consultant Gastroenterologist with NHS Forth Valley, was a member of our expert advisory group that developed a national framework on biosimilar medicines (medicines which are similar to another medicine which has already been licensed).

“The development of national guidance around the use of biosimilar medicines, in particular those used for patients affected with Crohn's disease and ulcerative colitis, is a significant achievement. This has had three major benefits. Firstly, it has guided hospitals in Scotland in redesigning the way they provide services to patients suffering from complex conditions. Secondly, it has provided a platform for clinicians to provide individualised and person-centred care. Finally, and above all, it has enabled our patients to have better access to treatments, as well as better access to education about their condition and treatment. This piece of work puts us in an excellent position where we are seeing real benefits to patients, services and NHSScotland as a whole."

Spreading best practice and reducing unnecessary variation

Promotion of best practice across the country and understanding why inappropriate variations occur is one of the key ways a national organisation can drive improvement in care.

We help services by analysing and assessing the quality of health and social care in Scotland, and support them to reduce unnecessary variation.
Promoting effective use of medicines

Medicines are one of the most common interventions used in healthcare. NHSScotland spends over £1.5 billion a year on prescription medicines, with 1 in 5 adults in Scotland being prescribed five or more medicines.

Medicines are one of the key scientific developments of the modern age and their use results in significant benefits for patients. However, inappropriate use of medicines may also result in harm and medication errors account for around 61,000 unplanned admissions to hospital every year.

In 2015–2016 we collaborated with clinicians and other key stakeholders from across Scotland to develop national guidance to:

- drive efficiency and maintain quality of prescribing of biosimilar medicines, and
- improve access to medicines that treat hepatitis C, resulting in improvements to patient care and reductions in the cost of these medicines.

We also developed national guidance on the use of carbapenems (antibiotics which should be used to treat severe and resistant infections). This will help to preserve the effectiveness of these important antibiotics by ensuring they are only used when they are required.

This work helps ensure that medicines are used consistently and in the most effective way for those that need them, helping NHSScotland to make best use of its resources.

Key SPSP achievements in acute care

The Scottish Patient Safety Programme (SPSP), led by Healthcare Improvement Scotland, is a unique national initiative that aims to improve the safety and reliability of healthcare and reduce harm, whenever care is delivered.

One of the six key areas SPSP focuses on is the care of adults receiving acute care in hospital. We have worked with NHS boards to test and implement processes that deliver improving and reliable care across a range of clinical areas.

By March 2016 this programme had contributed to significant improvements, including:

- a 17% reduction in hospital standardised mortality ratio (a ratio of the observed number of deaths in hospital to the expected number of deaths in hospital)
- a 21% reduction in 30-day mortality sepsis (deaths from sepsis in acute hospitals) (see Figure 2), and
- a 19% reduction in rates of cardiac arrest (when the heart stops pumping blood around the body) across 11 hospitals (see Figure 3).

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6 www.scottishpatientsafetyprogramme.scot.nhs.uk/Media/Docs/Medicines/20150828%20Safer%20use%20of%20medicines%20v%201.0.pdf
Figure 2: 30-day % mortality in patients with ICD-10 codes A40 and A41 (most commonly used codes to identify a person with sepsis)

Figure 3: Total rate of cardiac arrest for 11 of 25 hospitals which have reported consistently from February 2012 to December 2015
Improvements to mental health services

Mental health is a major public health challenge in Scotland. It is estimated that around one in four people are affected by mental illness in any one year. It is vital that people who use mental health services, and those who provide care, feel and are safe. The SPSP mental health programme aims to reduce harm experienced by people who receive care from mental health services in Scotland.

In 2015-2016 we focused on developing key safety principles in mental health. These are designed to contribute to sustained reduction in harm to service users and care providers and relate to:

- leadership and culture
- safer medicines management
- risk assessment and safety planning
- violence, restraint and seclusion, and
- communication at transitions (for example when a patient is admitted or discharged).

Working closely with clinicians and service users, the programme has contributed to a number of improvements in some inpatient mental health units, including:

- reductions in restraint of up to 64%
- reduction in the percentage of patients who self harm of up to 75%
- reduction of up to 76% in the rates of patients having to be secluded, and
- reduction in the rates of violence of up to 80%.

Working with NHS boards, the programme is identifying, testing and implementing changes that are helping to improve the care of people who receive mental health services.
Lynne’s story

Lynne Campbell was 30 weeks pregnant when she became aware that she hadn’t felt her unborn baby move for more than 24 hours. She recalled an earlier conversation with her midwife who had stressed the importance of being aware of the baby’s movements – a practice that is promoted by our Maternity and Children Quality Improvement Collaborative (MCQIC) – and that she should contact the hospital if anything changed.

“I was worried because the baby had previously been very active, but there had been little or no movement for a day or so. I remembered my midwife had told me not to hesitate to get in touch if anything changed and she had also given me some leaflets to take away. After reading the leaflets, we decided to call the midwife, even though it was the middle of the night. She advised us to come to the hospital immediately to get checked. Following some tests, I was urgently transferred by ambulance to the maternity unit in Dundee. Within 15 minutes, Innes was delivered by caesarean section. He was 10 weeks early, weighing only 3lbs and 15 oz, and was kept in hospital for a few weeks. Innes is now a happy, healthy little boy. I’m so thankful I had that conversation with the midwife, and that I read the leaflets she gave me.”

Mother and child

One of the key areas of focus for SPSP is women and children’s services. This work is overseen by MCQIC which aims to improve outcomes and reduce unnecessary variation for all women, babies and families in Scotland.

This work focuses on three strands of care: maternity (pregnancy and childbirth), neonatal (newborn babies) and paediatric (children).
Improvements in care during pregnancy and childbirth

There were 53,976 births in Scotland for the year ending March 2015. This includes live and stillbirths (the birth of a baby who is born without any signs of life at or after 24 weeks of pregnancy).

Since it was launched in 2013, one of the main aims of the SPSP maternity work was to reduce the rate of stillbirths in Scotland by 15% by March 2016. This aim has been exceeded and an 18% reduction was achieved by that date.

Along with activity to address smoking in pregnant women, one of the key changes has been an increased focus on highlighting to pregnant women the importance of being aware of their babies movements. This is achieved by midwives having a documented discussion with pregnant women at antenatal clinics, providing them with leaflets as ‘take home’ messages, and encouraging them to contact their maternity unit immediately if they have any concerns. These activities have contributed to a reduction in the number of stillbirths, from 274 in 2012 to 211 in 2015.

We have helped to reduce the rate of stillbirths by ensuring that pregnant women are more informed about the need to be aware of their babies movements and know to contact their local hospital immediately if they have concerns. These measures are helping to reduce complications during pregnancy and childbirth.

Improvements in the care of newborn babies

A key aim of our neonatal work is to reduce avoidable harm from central lines (long thin tubes inserted into veins in the chest) by 30%. Infections frequently occur in these lines.

One particular example of progress is our work with NHS Tayside, where we have seen a sustained improvement in their central line infection rate. Between April 2014 and January 2016, NHS Tayside reported between 5–7 infections a year, however, since February 2016 it has reported no infections at all. This reduction is attributed to staff adhering to various measures introduced by SPSP, including always ensuring lines are inserted by two members of staff, using sterile gloves and gowns and early removal of lines that are no longer needed.

**Improvements in care for children**

Our work relating to paediatric care has a number of aims, including reducing avoidable harm by 30%. One of the ways we measure this harm is to count the number of children who acquire pneumonia as a result of being on a ventilator. Working with NHS Greater Glasgow and Clyde, we have seen a 48% reduction in the ventilator associated pneumonia rate at the Royal Hospital for Children in Glasgow since 2013 (see Figure 4). This means that the number of these infections has reduced in the last three years from 2–4 a month to 0–1 a month, despite a 32% increase in the number of children on ventilators during this period.

This was achieved by staff implementing and adapting our care bundle (a set of interventions that significantly improve patient outcomes). This bundle was introduced to staff through e-learning, simulation training and promoted through a webpage for staff working in the intensive care unit.

*Figure 4: Run chart showing monthly ventilator associated pneumonia rate/1000 ventilation days from January 2013–March 2016 at the Royal Hospital for Children, Glasgow*
Providing evidence and knowledge that enables people to get the best out of the services that they use and helps services to improve.
Eileen’s story

Eileen Moulton is Operations Co-ordinator with Skin Conditions Campaign Scotland (SCCS), a registered charity which works to improve the care and treatment of people who live with skin conditions in Scotland. SCCS has made a number of patient submissions to the Scottish Medicines Consortium (SMC) relating to medicines that are licensed to treat conditions, including:

- rosacea (a long-term skin condition which causes redness and a burning sensation in the face), and
- chronic spontaneous urticaria (a distressing skin condition that causes red, swollen, itchy and sometimes painful hives).

“It is hugely important that SMC is listening to the patient voice. By sharing the real, lived experiences of people who live with skin conditions, we have helped to give SMC a real insight into the impact they can have on people’s lives. This means that SMC is not just looking at the clinical and cost effectiveness of medicines, it is also taking account of the psychological and practical aspects of having these conditions so that it can make fully informed decisions.”

Independent assessment for the benefit of providers across Scotland

We provide independent assessment of the best available evidence, including the assessment of medicines and technologies for use across Scotland.
Increasing medicines available for routine use by NHSScotland

The Scottish Medicines Consortium (SMC), part of Healthcare Improvement Scotland, accepts medicines for use across NHSScotland where manufacturers have demonstrated clinical and cost effectiveness.

This enables patients to receive effective medicines for a range of conditions and helps NHS boards to make best use of resources.

During the year, SMC accepted 86 (75%) of the 116 medicines it assessed and these medicines are now routinely available for patients across Scotland. This includes medicines for people with a variety of cancers, diabetes and a number of different skin conditions.

There is a significant public interest in the availability of medicines and last year SMC continued to increase public access to see the decision-making process. SMC meetings are now held in public and over 270 people attended SMC committee meetings during the year. SMC also strengthened its processes to give patients and clinicians a greater say in the decisions it makes about new medicines.

Enabling patient interest groups and the public to contribute to discussion on a medicine’s effectiveness has enriched the discussions and consequently the decisions SMC makes.

Advising on health technologies

Our Scottish Health Technologies Group (SHTG) is an advisory group set up to provide assistance to NHS boards when considering the use of health technologies (excluding medicines which are reviewed by SMC).

SHTG advises NHSScotland on the clinical and cost effectiveness of technologies that are likely to have significant implications for patient care. In 2015–2016 SHTG produced advice on a range of topics, including:

- a health technology assessment on the clinical and cost effectiveness of antimicrobial wound dressings for long lasting wounds
- an evidence note and advice statement on patient self-monitoring of oral treatments that help to prevent blood clots, and
- an innovative medical technology overview on Airsonett® (a non-invasive, airflow device for children and adults with severe and persistent allergic asthma).

The SHTG advice benefits patients by promoting the introduction of innovative technologies that can help to deliver better healthcare.
Supporting leaders to create the conditions where quality will flourish

Dr Akintoye Akinola
Specialty Doctor for Quality Improvement
Akintoys's story

Dr Akintoys Akinola is Specialty Doctor for Quality Improvement at the Golden Jubilee National Hospital, Clydebank. He co-ordinates an “Improvement Club” that uses QI Connect as a means to bring together staff from across the hospital to share ideas for quality improvement.

“Our Improvement Club aims to promote quality improvement in the organisation. In general, the interest and engagement during each of the live QI Connect WebEx sessions has been great. The topics, the presentation and the different phases of each session have been excellent. After each live session, we spend 10-20 minutes discussing aspects relevant to our organisation in terms of our aspirations for developing our capacity for quality improvement ensuring we meet our vision to lead quality, research and innovation for NHSScotland.”

“Everyone in healthcare has two jobs when they come to work: to do their work and to improve it. This is the essence of quality improvement.”

– Paul B. Batalden, MD, Senior Fellow, Institute for Healthcare Improvement
QI Connect

Established in 2014, our QI Connect WebEx series provides an opportunity for colleagues across health and social care and beyond to learn from international leaders in the fields of improvement, innovation and integration. The series has grown on an international scale due to the calibre of speakers we have managed to secure, including:

> Professor Don Berwick, President Emeritus and Senior Fellow, Institute for Healthcare Improvement
> Professor Maxine Power, Director of Innovation and Improvement Science, Salford Royal NHS Foundation Trust and Director of the Innovation Centre ‘Haelo’, and
> Professor Bob Wachter, Professor and Associate Chair of the Department of Medicine at the University of California.

Healthcare Improvement Scotland is recognised as a leader in this field and we are increasingly providing training and support to other organisations, nationally and internationally, to help build capacity and capability in the use of existing and emergent technologies such as WebEx.

QI Connect is also included as an approved resource within the International Society for Quality in Healthcare’s Fellowship programme.

More information about QI Connect, including recordings of previous sessions, is available at www.healthcareimprovementscotland.org/our_work/clinical_engagement/qi_connect.aspx

Quality Improvement Infrastructure Programme

Commissioned by NHS board Chief Executives, we led a programme to build a quality improvement infrastructure. The programme supported NHS boards to assess the structure they have in place for developing and promoting quality improvement. This provided an opportunity for NHS boards to reflect on their findings with a group of independent ‘critical friends’ to support and challenge them to increase the pace and scale of improvement.

Feedback from NHS boards confirmed that participating in this programme had provided them with valuable intelligence about their current practice and helped them to develop their plans for quality improvement. Most NHS boards reported that they were clearer about the value of developing a more structured approach to quality improvement and recognised there was a need for them to progress their plans further.

“This helped us to reposition our quality improvement approach. We are trying to build a new belief set and do this in a sustainable way and this helped. It posed good questions.”
– NHSScotland Chief Executive Officer

Almost 450 organisations (including 40 universities) link in to QI Connect from across 47 countries.

Hearing from experts from around the world allows us to share knowledge among health and care professionals so that they can learn about new approaches to improving health and care services.
Quality improvement for NHS Board members

One of the key areas identified by the Quality Improvement Infrastructure Programme was the need for greater support to be given to Board members to help them promote quality improvement within their NHS boards.

NHS Board members have a key role to play in ensuring that the quality of health and care services that are delivered across Scotland continuously improves.

As a result, we are working closely with Board members (executive and non-executive directors) and during 2015–2016 we provided a programme of support that enables them to:

> attend national masterclasses
> request individual development sessions
> learn from and respond to shared resources, and
> have a one-to-one conversation about quality improvement.

This more structured approach to improving quality in all NHS boards will help to drive standards and improve services for patients across Scotland.

“This programme recognises that Board members have a key role to play in helping to create an environment where quality improvement can flourish. Designed by Board members for Board members, it will help to support their role in formulating strategy, ensuring accountability and shaping culture and ensures that the focus for all of us is on providing quality care that continuously improves.”

- David Garbutt, Chair of the Scottish Ambulance Service and Chair of the Advisory Group on Quality Improvement for NHS Board members
## Our Board

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<th>Board member</th>
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<tr>
<td><strong>Dr Dame Denise Coia</strong> DBE FRCpsych</td>
<td>Chairman</td>
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<td><strong>Angiolina Foster</strong> CBE</td>
<td>Chief Executive (on secondment to NHS 24 from 1 March 2016)</td>
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<td><strong>Dr Hamish Wilson</strong> CBE</td>
<td>Vice Chairman</td>
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<td><strong>Dr Bryan Anderson</strong></td>
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<td><strong>George Black</strong> CBE</td>
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<td><strong>Nicola Gallen</strong> BA (Hons) CA</td>
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<td><strong>Kathleen Preston</strong></td>
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<td><strong>Duncan Service</strong></td>
<td>Employee Director</td>
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<td><strong>Pam Whittle</strong> CBE</td>
<td>Chair, the Scottish Health Council</td>
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<td>Executive Team</td>
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<td><strong>Robbie Pearson</strong></td>
<td>Director of Quality Assurance/Deputy Chief Executive (Acting Chief Executive from 1 March 2016)</td>
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<td><strong>Ruth Glassborow</strong></td>
<td>Director of Safety and Improvement</td>
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<td><strong>Richard Norris</strong></td>
<td>Director of the Scottish Health Council</td>
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<td><strong>Dr Brian Robson</strong></td>
<td>Executive Clinical Director</td>
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<td><strong>Dr Sara Twaddle</strong></td>
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<td><strong>Margaret Waterston</strong></td>
<td>Director of Finance and Corporate Services</td>
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