Our progress at a glance
2018–2019
Supporting better quality health and social care for everyone in Scotland
Five strategic priorities

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About us

Healthcare Improvement Scotland carries out a wide range of activities to help make the quality of health and social care better for people across Scotland.

Our programme of work over the last year has supported the delivery of Making Care Better, our organisation’s strategy for 2017–2022 and, in turn, the Scottish Government’s Health and Social Care Delivery Plan and the Programme for Government 2018–2019.

As set out in our strategy, the main ways in which we believe we can make the biggest difference are through our five strategic priorities:

- Enable people to make informed decisions about their care and treatment.
- Help health and social care organisations to redesign and continuously improve services.
- Provide evidence and share knowledge that enables people to get the best out of the services they use and helps services improve.
- Provide quality assurance that gives people confidence in the services and supports providers to improve.
- Make the best use of resources, we aim to ensure every pound invested in our work adds value to the care people receive.

Through these we also contribute to the delivery of the Cabinet Secretary’s national objectives for health and social care.

This document includes just a few of our main achievements for 2018-19. A more comprehensive report is made in our Self-Assessment and in our Annual Report and Accounts 2018-19.

www.healthcareimprovementscotland.org/about_us/corporate_documents.aspx
Introduction from the Chair and Chief Executive

We are very fortunate as an organisation to occupy a unique position in the health and social care landscape. As a national improvement organisation we are able to see not just one piece of the integration jigsaw, but the whole picture and how the parts fit together.

As well as being a privileged vantage point, it allows us to shape, tailor and provide support that responds to both individual provider’s and system needs. It means we have a great opportunity to support improvements in the care that people receive.

In supporting the delivery of better quality health and social care for everyone in Scotland, we are also contributing to the Scottish Government’s Health and Social Care Delivery Plan: to move significant resources from institutional models of care provision towards services that support people to live longer, healthier lives at home or in a homely setting.

This short document offers an ‘at a glance’ view of our progress during 2018–2019. We hope you enjoy this quick insight into our progress and we look forward to continuing to work with you to help make care better.

Carole Wilkinson
Chair

Robbie Pearson
Chief Executive

For more information on our work please feel free to visit our website www.healthcareimprovementscotand.org, follow us on Twitter @online_his or contact us directly on 0131 623 4300 or comments.his@nhs.net.
A few of our main achievements

- Supported **101** patient group partners to provide a submission to SMC and **34** patient group partners to participate at SMC decision-making committees.

- More than **21 million** Twitter impressions from 5-7 June 2018 for ‘What Matters to You Day’ using the hashtag #WMTY18.

- **3 GP clusters (27 GP practices)** involved in testing the relocation, or closer alignment, of post-diagnostic support (PDS) for dementia into primary care, benefitting over **100** people.

- The Practice Admin Staff Collaborative, tested by **38** teams in **six** integrated authorities saw GPs time freed by reviewing **44%** less documentation.

- SMC issued advice on **96** medicines, with **83%** of full submissions being accepted for use by NHSScotland.

- The Practice Admin Staff Collaborative will support up to **200** practices in **15** HSCPs from across Scotland.

- Responded to **66** requests for evidence and evaluation support, informing service change and improvement in HSCPs and NHS boards.

- We made recommendations based on all **19** patient-facing NHS boards evaluating their systems and processes for managing adverse events.

- The Citizens’ Jury we established made **13** recommendations to Scottish Government.

- Published **4th Citizens' Panel** report on HIV awareness, mental health and inclusive communications.

- Tested Quality of Care organisational reviews with **three** NHS Boards.

- **41** independent healthcare providers inspected.
Our Quality Management System approach

In our strategy *Making Care Better* we drew attention to our work on a framework – the quality management system – that health and social care systems can use to help deliver high quality services in an effective and sustainable way.

We have been working collaboratively with NHS Education for Scotland (NES) and NHS boards to develop a suite of practical tools to support organisations in the creation of the conditions to reliably deliver high quality care. The tools will be tested with the eight NHS Scotland territorial boards participating within the Value Management Collaborative and Access QI Programme.

As well as supporting the testing of a quality management system within NHS boards and Health & Social Care Partnerships we are testing this within the context of our own organisation and the services we deliver. By doing this we will learn about how to strengthen quality management and better understand the value and impact of our work. An internal Quality Management System Collaborative was launched in January 2019 to test this approach within Healthcare Improvement Scotland.

An evaluation is being undertaken in autumn 2019 and any learning will be used to further develop the QMS framework and to spread this work further within the organisation.
Enabling people to make informed decisions about their care and treatment

Gathering public views

Our Scottish Health Council were asked to gather views on the three topics of national interest: community audiology services, realistic medicine and standards for neurological care and support.

We also published our report on Gathering Views on Organ and Tissue Donation which helped to inform the Human Tissue (Authorisation) (Scotland) Bill which was introduced in the Scottish Parliament in June 2018.

Supporting Patient Participation Groups

Scottish Health Council local offices supported 12 General Practices set up new Patient Participation Groups (PPGs).

We continue to support public engagement in the design and delivery of health and care and building person-centred approaches across a range of programmes of work.

Capturing patient and carer experiences and views on the impact of new medicines

We proactively engage with patient and carer groups to support the Scottish Medicines Consortium (SMC) to fully understand the potential impact of a new medicine for patients and carers when it makes decisions. In 2018-19 we supported 101 patient group partners to provide a submission to SMC and 34 patient group partners to participate at SMC decision-making committees.

In 2018-19 patient and carer representatives participated in 28 meetings to inform medicine assessments and ensure that patient and carer experiences and views are fully considered in important decisions about access to new medicines in NHS Scotland.

Supporting the involvement of people who use services in the work to redesign and continuously improve services

We worked in partnership with Nesta’s People Powered Results (PPR) team in Midlothian using their ‘100 Day Challenge’ methodology to generate and test improvements in mental health and wellbeing for children and young people. 175 children, young people, families and carers were involved in the 100 Day Challenge. Now people with lived experience are taking a lead role in shaping local public services.

We continue to support public engagement in the design and delivery of health and care and building person-centred approaches across a range of programmes of work.
Engaging people in development of standards for their care

A core aspect of our process to develop standards is reaching out to ‘seldom heard’ groups to capture and use their feedback. Activities in 2018-19 have included:

- Listening to women’s experiences of breast screening, in partnership with the Scottish Women’s Convention, to inform our priority areas
- Meeting with survivors of child sexual abuse to hear their views as part of the development of our indicators for forensic medical examiners, to ensure our work is informed by the priorities that matter to them.

What matters to you?

‘What matters to you?’ day took place on 6 June 2018 with over 600 registrations from teams and individuals in Scotland. The resources we developed were additionally downloaded from the website 5,900 times. Twitter impressions between the 5 and 7 June 2018 using the #WMTY18 were in excess of 21 million.
Helping health and social care organisations to redesign and continuously improve services

Scottish Patient Safety Programme

Our national safety improvement programmes include Acute Adult, Primary Care, Maternity and Children, Medicines and Mental Health.

Our Maternity and Children programme launched the Maternity Early Warning System (MEWS), one of only three countries worldwide to have achieved this. This has provided a standardised system across Scotland for recording routine clinical observations and an escalation pathway, and we are seeing reliable use across NHS boards.

Almost every NHS board has identified a reduction in term admissions (the number of full term babies being admitted to neonatal units after birth) as one of their priorities. To date, a wealth of work has resulted in a 20% reduction in these admissions.

The programme has also created a process to provide bespoke support to frontline teams by agreeing partnership agreements with all 14 health boards, identifying the opportunities for improvement in each unit.

Through the work of the SPSP Acute Adult programme, between March 2013 and March 2019, 14 health boards have implemented a learning module which has contributed to a reduction in cardiac arrests by 27% in general ward settings across 16 reporting hospitals.

The SPSP Improving Observation Practice programme focuses on prevention and early intervention in the context of a deterioration in patients’ mental health. Working with NHS Boards we developed an innovative new person-centred approach to observation practice that is centred on human rights principles and recovery focused practice. We published guidance on this in January 2019.

Early Intervention in Psychosis (SPSP-EiP) is a new programme of work aimed at improving earlier intervention for patients with psychosis. We have recruited NHS Forth Valley and NHS Highland alongside their associated health and social care partnerships as initial test sites and are now recruiting the staff to support this work.

The ihub provides improvement support through a combination of national improvement programmes, including the Scottish Patient Safety Programme (SPSP), and bespoke support to the health and social care system.
Other ihub programmes

Since March 2017 we have been working with three GP clusters (involving 27 GP practices) to test the relocation, or closer alignment, of post-diagnostic support (PDS) for dementia care into primary care. This is enabling earlier diagnosis and timely support to people and their families. To date, over 100 people have benefited from this support with the test sites seeing improvements including:

- One site is showing a 47% increase in uptake of PDS
- Reduced waiting times for PDS in some cases from 12 months to 3 months.

The Place Home and Housing Portfolio has been working in collaboration with the Chartered Institute of Housing Scotland and Alzheimer Scotland to develop a framework that will help the housing sector support people living with dementia to live at home for as long as possible.

We completed delivery of phase 1 of the Frailty at the Front Door programme in May 2019. During this first phase, we worked with 5 hospital teams to implement changes to processes and systems of care to better recognise and co-ordinate the care of people living with frailty, so they spend less time in hospital.

In May 2019 we launched the Living and Dying Well with Frailty Collaborative to improve how people aged 65 and over are supported to live and die well with frailty in the community. Twenty-two teams from 19 health and social care partnerships across Scotland have been accepted onto the collaborative.

Since the launch of the national Anticipatory Care Planning documentation in 2017 we have distributed over 100,000 documents to a variety of services and settings across health and social care. Since January 2019, across Scotland, there has been an overall increase of 5% in the number of active key information summaries which can include details from ACPs.
From February 2018, our Practice Administrative Staff Collaborative (PASC) worked with 38 teams from six health and social care partnerships and developed toolkits and resources to support Workflow Optimisation and Care Navigation. The current phase of the PASC collaborative will support up to 200 practices in 15 HSCPs from across Scotland.

Supporting service providers to improve engagement
On average, our Scottish Health Council local offices support around 50 projects every month. This has involved a range of activities including:

- helping providers to identify individuals and communities to take part in engagement and public consultation exercises
- sharing engagement methods and approaches including our Participation Toolkit, and
- promoting awareness of how to apply equality and diversity principles when involving service users and communities.

Specifically in relation to service change, in 2018-19 we have produced two main resources to support good practice: the ‘Tips to support effective engagement’ document has been downloaded 207 times from our website between April 2018 and February 2019 and was revised in March 2019.
Providing evidence and sharing knowledge that enables people to get the best out of the services they use and help services improve

SIGN guidelines contain recommendations for effective practice based on current evidence. To date, over 150 guidelines and 25 patient booklets have been published on clinical practice and more than 3,300 healthcare professionals and patients have been involved in the development of guidelines. In 2018-19 we published four guidelines, as well as accompanying quick reference guides and patient booklets.

The Scottish Medicines Consortium (SMC) issued advice on 96 medicines, with 83% of full submissions being accepted for use by NHSScotland. We are proactively engaging with patient and carer groups to inform SMC decision-making, with a sustained increase in patient/carer participation in recent years (31% increase in the number of medicine assessments involving patients and carers since 2015).

The Scottish Health Technologies Group (SHTG) has been reviewing its processes to ensure that its advice is timely and relevant to the needs of health and social care organisations. The development of the SHTG advice on ‘Freestyle Libre’, a flash glucose monitoring device for people with diabetes (published July 2018), and subsequent implementation across all 14 NHS boards, will inform future approaches to SHTG advice.

The impact levels of SHTG assessments have increased significantly over the last year, with some NHS services stating that advice and evidence on new technologies has had a major influence on their decisions.

We have continued to implement the recommendations of the independent Review of Access to New Medicines (Montgomery Review 2016). We have also implemented the new National Review Panel for the Peer Approved Clinical System (PACS) Tier 2 Process.
The Scottish Antimicrobial Prescribing Group (SAPG) has progressed projects to improve antimicrobial use across a range of areas informed by emerging evidence.

Further to the publication in 2017 of the standards for forensic examination after sexual assault and rape, a suite of interim indicators were published in December 2018 to support the monitoring of implementation of the standards.

The work of the Sharing Intelligence for Health and Care Group (SIHCG) enables seven national agencies to share and consider intelligence about the quality of care systems across Scotland. A key objective of the group is to ensure that, when any of the agencies have a potentially serious concern about a care system, this is shared and acted upon appropriately. The Group provided feedback to each of the 18 NHS boards it considered.

As part of the ‘Our Voice’ programme we established a Citizens’ Jury with 24 members of the public on the topic of ‘What should shared-decision making look like and what needs to be done for this to happen?’ The Jury made 13 recommendations which were presented to the Chief Medical Officer and health and social care stakeholders at an event in February 2019.

We also continued to lead the ‘Our Voice’ programme Citizens’ Panel. This is a national Citizens’ Panel consisting of around 1,200 people, broadly representative of the population of Scotland, who live across all NHS Board and Health & Social Care Partnership areas in Scotland. We published the fourth panel survey report in May 2018 covering questions on HIV awareness, mental health and inclusive communications.

During 2018-19 our Evidence and Evaluation for Improvement Team has responded to 66 requests for support, which has informed transformational change and improvement in HSCPs and NHS boards across NHSScotland.
Provide quality assurance that gives people confidence in the quality and sustainability of services and support providers to improve

Between April 2018 and March 2019 we continued to deliver a broad programme of inspections, as follows:

<table>
<thead>
<tr>
<th>Inspection Type</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthcare Environment Inspectorate (HEI)</td>
<td>16</td>
</tr>
<tr>
<td>Older People in Acute Hospitals</td>
<td>15</td>
</tr>
<tr>
<td>Joint inspection of Children’s Services (with the Care Inspectorate)</td>
<td>3</td>
</tr>
<tr>
<td>Strategic Inspection of Adult Services: (with the Care Inspectorate)</td>
<td>3</td>
</tr>
<tr>
<td>(plus 3 progress against recommendations reviews completed)</td>
<td></td>
</tr>
<tr>
<td>Prisoner Healthcare (HIS provides health input to Her Majesty’s Inspectorate of Prisons inspections)</td>
<td>4</td>
</tr>
<tr>
<td>(plus 2 follow up)</td>
<td></td>
</tr>
<tr>
<td>Registration and Regulation of Independent Healthcare</td>
<td>60</td>
</tr>
</tbody>
</table>

A decade of scrutiny

November 2019 marks 10 years of hospital inspections in Scotland. The first inspection report – published in November 2009 – was for the safety and cleanliness of Stirling Royal in NHS Forth Valley. Hospital inspections also began for the care of older people in April 2012. Our inspections initially concentrated on acute hospitals before expanding into community hospitals. The most recent hospital inspection was for the safety and cleanliness of nine community hospitals within NHS Grampian, published in October 2019.

Regulation of independent healthcare

This year we have published the first inspection reports for independent clinics since introducing regulation of these services. As well as non-surgical cosmetic procedures, independent clinics can also provide a wide range of services and treatments including surgical cosmetic procedures, private dentistry, health screening, private GP appointments and laser eye surgery. Over 400 independent clinics across Scotland have successfully completed the registration process and we inspected 41 of these during 2018-19.

Managing adverse events

We asked all 19 patient-facing NHS boards to evaluate their systems and processes for managing adverse events. We published our findings and highlighted areas for improvement.
Making the best use of resources

Healthcare Improvement Scotland met the financial targets for 2018-2019 set by the Scottish Government and operated within the prescribed limits:

Financial outturn

<table>
<thead>
<tr>
<th>Limit as set by SGHSCD £’000</th>
<th>Actual Outturn £’000</th>
<th>Variance (deficit)/surplus £’000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Core revenue resource limit</td>
<td>29,651</td>
<td>29,394</td>
</tr>
<tr>
<td>Non - core revenue resource limit</td>
<td>102</td>
<td>102</td>
</tr>
<tr>
<td>Core capital resource limit</td>
<td>235</td>
<td>236</td>
</tr>
<tr>
<td>Cash requirement</td>
<td>27,441</td>
<td>27,441</td>
</tr>
</tbody>
</table>

Efficiency targets

The budget for 2018-2019 featured a number of efficiency targets that are summarised below.

<table>
<thead>
<tr>
<th>Target</th>
<th>£’000</th>
<th>Recurring</th>
<th>Non-Recurring</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff Turnover</td>
<td>680</td>
<td>100%</td>
<td>0%</td>
</tr>
<tr>
<td>General Expenditure</td>
<td>700</td>
<td>0%</td>
<td>100%</td>
</tr>
<tr>
<td>National Board Collaboration</td>
<td>600</td>
<td>0%</td>
<td>100%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1,988</strong></td>
<td><strong>100%</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

A total of £2,567k was achieved of which £174k was released for reinvestment on other work in year.

National Boards Support Services Collaboration

As part of Scottish Government financial planning for 2018-19 Special Health Boards were asked to collectively support delivery of cash releasing efficiency savings which were used to support the NHS Scotland position. In total HIS contributed £0.6 million during 2018-19 from two sources.