DRIVING IMPROVEMENT IN THE QUALITY OF HEALTHCARE

Annual Report

1 April 2013 to 31 March 2014
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Welcome to the 2014 Healthcare Improvement Scotland Annual Report.

Patients and the public are entitled to expect the highest standards of care, wherever and whenever they need them. Our role is to support our healthcare providers to continually drive improvements in the quality of healthcare we deliver in Scotland.

This is our fourth year since we were established as the organisation with lead responsibility for improving healthcare in Scotland. We believe that our work to date – gathering and sharing evidence about best practice, independently scrutinising services and supporting NHS boards to implement improvements – has helped contribute to a safer, more effective and person-centred NHS in Scotland. However, we also believe that there is still much work to be done.

We have underlined our commitment to driving improvement in NHSScotland this year by introducing our new strategy Driving Improvement in Healthcare: Our Strategy 2014-2020. This strategy ensures that we are aligned with the 2020 vision for health and social care services in Scotland which is that by 2020 everyone is able to live longer, healthier lives at home, or in a homely setting. Our new strategy sets out our role, direction and priorities for the next six years, and the actions we will take that will contribute to delivering the 2020 vision.

Ultimately, our role is a support role. It is NHS boards and independent healthcare providers who deliver healthcare services. However, we are increasingly seeing through the work highlighted in this annual report how our organisation is making a significant contribution to improving services. We continue to be acutely aware that this progress is not achieved in isolation. We remain resolutely committed to working in partnership with healthcare professionals, patients, their families and the public to drive improvements in healthcare.

We hope that you will enjoy this annual report and reading about the improvements we are highlighting across NHSScotland. There are many challenges and opportunities ahead. We are now working on more comprehensive reviews of healthcare services in a variety of settings. We are also looking forward to helping further empower patients and the public to shape services – both through the Person-Centred Health and Care Collaborative and the Scottish Health Council, which is leading on proposals to deliver a stronger voice for patients. The integration of health and social care also brings new challenges for us and we look forward to continuing to work closely with the Care Inspectorate to provide effective scrutiny of children’s and adult services.

This report highlights only a sample of the work we have carried out this year and we hope you find it of interest.
Dr Denise Coia
Chairman

Angiolina Foster CBE
Chief Executive
Introduction

Driving improvement in healthcare

Everyone in Scotland has a right to expect that the healthcare they receive will be safe and effective, and that they will be treated with dignity and respect.

Healthcare Improvement Scotland has a key role in supporting healthcare providers to make sure that their services meet these expectations and continually improve the healthcare the people of Scotland receive.

We are part of NHSScotland and have four principle functions:

• providing sound evidence for improved healthcare, through the Scottish Medicines Consortium (SMC), the Scottish Health Technologies Group (SHTG), and the Scottish Intercollegiate Guidelines Network (SIGN)
• supporting the delivery of a safer health service and the reliable spread of best practice in quality improvement
• ensuring the effective participation of the public in the design and delivery of healthcare, principally through the Scottish Health Council, and
• scrutinising and quality assuring the provision of healthcare.

We have organised this report on our work in 2013-2014 to reflect the priorities in our new strategy, namely:

• spreading and supporting implementation of best practice to improve healthcare
• comprehensively assessing the quality and safety of healthcare, and
• empowering people to have an informed voice that maximises their role in managing their own care and shaping how services are designed and delivered.

You can read more about our priorities in Driving Improvement in Healthcare: Our Strategy 2014-2020, which can be viewed at www.healthcareimprovementscotland.org/drivingimprovement.aspx
A key part of our role is to be a reliable source of advice and guidance, and to help healthcare providers deliver the best healthcare they possibly can.

Changing demographics, the emergence of new technologies and medicines, and the increasing need for greater engagement with patients and the public can present both opportunities and real challenges for our healthcare providers.

We help to identify and provide advice on best practice, and help to ensure that this results in improved care for patients.

In 2013-2014, we helped to support best practice in a number of ways.
Supporting best practice

Learning from adverse events through reporting and review: A national framework for NHSScotland

An adverse event is an event that could have caused, or did result in, harm to an individual or a group of people.

Following our detailed review of NHS Ayrshire & Arran’s adverse event management in the spring of 2012, the Cabinet Secretary for Health, Wellbeing and Cities Strategy asked us to develop a national framework and programme of review.

Since then, we have visited every NHS board to assess how they manage adverse events and help them learn how to manage them in future.

In September 2013, we published a national framework to support NHS boards standardise processes for how they manage adverse events across all care settings in NHSScotland.

The framework is designed to maximise the opportunities for NHS boards to share and actively learn from each other in order to put improvements into practice.

This national approach seeks to ensure that no matter where an adverse event occurs in NHSScotland:

- the affected person receives the same high quality response
- any staff involved are treated in a consistent manner
- the event is reviewed in a similar way, and
- learning is shared and implemented across the organisation and NHSScotland to improve the quality of services.

Working with NHS boards and other stakeholders in this way has helped to promote a more open and consistent approach to learning from adverse events.
Improving diabetes care

The NHSScotland Quality Improvement Hub (the QI Hub) is a national collaboration between Healthcare Improvement Scotland, special health boards, the Scottish Government Health and Social Care Directorates and the Scottish Government’s Joint Improvement Team. Its purpose is to support NHSScotland to develop the capacity, capability and infrastructures to excel in quality improvement with the aim of delivering the highest standards of care.

The QI Hub continues to work with clinical teams to drive improvement in a number of areas, including the care of patients who have diabetes and are admitted to hospital.

At least 15% of inpatients have diabetes, and figures show that these patients will invariably have to stay longer in hospital than those who do not have diabetes.

Testing of new approaches supported by the QI Hub has led to a number of improvements which have now been spread to 12 demonstrator wards. These improvements include:

- following a period of some variability, one test ward was consistently assessing 100% of patients with diabetes within 24 hours of admission between February and March 2014
- fewer errors relating to prescribing of insulin (a hormone that helps the body absorb glucose from the blood), and
- appropriate management of, and reduction in the incidence of, hypoglycaemic episodes (where someone experiences very low levels of glucose in the blood). There has been sustained improvement for almost two years in one of the original test wards for this measure.

The QI Hub has also facilitated the design and testing of ‘hypo boxes’ in acute wards. These boxes, which contain appropriate treatment for hypoglycaemia, enable healthcare professionals to treat patients effectively and quickly. This approach has been shown to improve the management of hypoglycaemic episodes in patients with diabetes.

The QI Hub is also developing an education pack to ensure consistent information about diabetes care is available to all ward staff so that every patient receives the highest standards of care. For more information about the QI Hub, visit www.qihub.scot.nhs.uk
We lead a national group called the Scottish Health Technologies Group. It presents a balanced and impartial review of the evidence about new technologies or new evidence about existing technologies.

During 2013-2014, the Scottish Health Technologies Group reviewed evidence and published advice for NHSScotland on a range of treatments. This included:

- 9 technologies scoping reports
- 2 evidence notes, and
- 9 advice statements.

Our advice provided a summary on the relative merits and costs of:

- open surgery (which involves a more invasive approach where the body is cut or opened)
- laparoscopic surgery, for example minimally invasive surgery (for example keyhole surgery), and
- robot-assisted surgery.

NHSScotland is using this advice to consider how best to carry out surgery for these patients in future.

For more information about the Scottish Health Technologies Group, visit [www.healthcareimprovementscotland.org/shtg.aspx](http://www.healthcareimprovementscotland.org/shtg.aspx)
Increasing access to new medicines

The Scottish Medicines Consortium advises NHS boards on which new medicines give the greatest benefits and best value for the NHS and the people of Scotland.

In 2013-2014, the Scottish Medicines Consortium provided advice to NHSScotland on 101 medicines. Of these:

- 36 were accepted for use
- 33 were accepted with some restrictions on their use, and
- 32 were not recommended for use within NHSScotland.

Medicines that the Scottish Medicines Consortium accepted for use in 2013-2014 will help to improve care for patients with a range of conditions including various forms of cancer (for example colorectal, breast, prostate, skin and multiple myeloma), diabetes, cystic fibrosis, attention deficit hyperactivity disorder (ADHD), alcohol dependence and bipolar disorder.

More information about the Scottish Medicines Consortium can be found at www.scottishmedicines.org

Patients will benefit from 69 new medicines which SMC has approved this year.
Improving patient safety

We continue to lead and co-ordinate the work of the Scottish Patient Safety Programme.

The programme is a unique national initiative that aims to improve the safety and reliability of healthcare and reduce harm, whenever care is delivered. Through its four safety programmes, the initiative has contributed to a wide range of improvements across NHSScotland.

**Acute adult care** (including reducing harm and mortality in hospitals)

In pilot testing, 10 NHS boards reported that 70% of patients who have sepsis (a potentially life-threatening complication of an infection) now receive antibiotics within an hour of being admitted to hospital. This is a significant increase from 20% in January 2012. This is an important measure as evidence shows that each hour’s delay in administering antibiotics to people with severe sepsis increases the risk of dying by 7.6%.

**Maternity and children** (including improving outcomes for babies, children and their mothers)

In March 2013, a new part of the Scottish Patient Safety Programme called the Maternity and Children Quality Improvement Collaborative was launched to help deliver safety improvements in the care of mothers, babies and children. This initiative includes improvement programmes relating to maternity, neonatal (newborn babies) and paediatric (children) healthcare and, since its launch, has seen a 125% increase in the number of pregnant women offered carbon monoxide monitoring. This is a test which can help pregnant women to understand the dangers smoking can cause them and their unborn baby, and is a useful aid in reducing smoking during pregnancy.

More information about the Scottish Patient Safety Programme can be found at www.scottishpatientsafetyprogramme.scot.nhs.uk
Mental health (including improving risk assessment and safety planning)

More than 200 patients in mental health sites have completed the national patient safety climate tool. This tool gives patients the chance to express their feelings and concerns about their safety on a ward. The information they provide enables service providers to make necessary improvements, resulting in better care for the patient.

Primary care (including improving safety in the community and reducing harm from high risk medicines)

Since March 2013, 819 GP practice teams across Scotland have introduced care bundles we developed. A care bundle is a structured way of improving processes to deliver enhanced patient safety and clinical outcomes, and helps to ensure that patients receive the best care at all times. Eighty-three per cent of all GP practice teams in Scotland are now using at least one of our care bundles in key areas including:

- prescribing and monitoring of high-risk medicines, and
- medicines reconciliation (in primary care, this care bundle is used when a patient is discharged from hospital, and is designed to ensure that an accurate record of the medicines they are taking is maintained at all times, and that the patient understands any changes made).
Raising awareness of sepsis

We worked with the UK Sepsis Trust to launch a campaign to raise awareness of the symptoms of sepsis, which kills around 37,000 people every year in the UK.

In August 2013, two consultants in acute medicine, Dr Dan Beckett (NHS Forth Valley) and his partner Dr Claire Gordon (NHS Lothian), set off from the Holyrood Parliament to Westminster as part of the ‘Cycle for Sepsis’ campaign.

Over the course of their six-day road trip, we used social media to highlight a particular key symptom each day using the hashtag #cycleforsepsis which reached more than a million people.

Our Facebook campaign included images from the launch which were viewed by 2,000 people.
Reduction of bloodstream infections

One of the 10 ‘must do’ patient safety essentials is the use of the Scottish Patient Safety Programme care bundle for preventing infections when inserting and maintaining a peripheral vascular catheter (PVC).

The Cabinet Secretary for Health and Wellbeing launched a set of ‘must do’ patient safety essentials at the Scottish Patient Safety Conference in August 2013.

This care bundle is used to reduce the risk of device-related bloodstream infections and includes a record to document the safe management of the inserted peripheral vascular catheter. The bundle also includes documenting daily monitoring checks, which prompt staff to make sure that the catheter still needs to be in place and that the area of skin around the catheter is free from any signs of inflammation. The Scottish Patient Safety Programme has asked NHS boards to develop processes that demonstrate they are delivering these care bundles effectively.

Healthcare Environment Inspectorate inspectors looked for evidence of compliance with inserting and maintaining PVC care bundles in 21 inspections across 13 NHS boards and one special health board. Six requirements and one recommendation were made, relating to areas for improvement to ensure compliance when inserting and maintaining PVCs to prevent bloodstream infections in patients.

The findings are greatly improved from the previous review between July 2012 and August 2013, where 31 published inspection reports identified 18 requirements and 6 recommendations, relating to areas for improvement to ensure compliance with PVC bundles of care to prevent bloodstream infections in patients.
Guideline on dental interventions to prevent tooth decay in children

Tooth decay is a preventable disease, where a build-up of plaque and other bacteria can damage the enamel on teeth.

Although dental health in Scotland has shown a steady improvement since the 1980s, more than a quarter of Scottish children are still affected by tooth decay. The trend is greatest in those from disadvantaged backgrounds, with only 61% of primary one pupils from the most deprived backgrounds free from obvious decay (compared to 82% from the least deprived backgrounds). We produced a Scottish Intercollegiate Guidelines Network (SIGN) guideline which provides recommendations based on current evidence to prevent decay in children and young people aged up to 18.

Our SIGN guideline emphasises that the choice of toothpaste can influence how effectively dental decay is prevented, and that parents can play a vital role by ensuring that their children brush their teeth every day.

It also recommends that the level of fluoride in the toothpaste should differ depending on age and risk factors for tooth decay, such as poor diet and hygiene. Other key recommendations include:

- children should not rinse after they have brushed their teeth
- fluoride varnish should be applied by dentists at least twice a year for all children, and
- children under three should only have a smear of toothpaste on their brush.

More information about SIGN guidelines can be found at www.sign.ac.uk
Assessing quality and safety

Patients and the public rightly want to be assured that the healthcare services they receive are safe and effective.

One of the best ways to provide this assurance is by carrying out independent scrutiny of services.

We report and publish our findings on the performance of healthcare providers. This approach makes a positive impact on healthcare outcomes for patients, their families and the public and helps to drive further improvement.

In 2013-2014, we assessed the quality and safety of services in a number of ways.
This year saw the Healthcare Environment Inspectorate (part of Healthcare Improvement Scotland) complete its fourth year of inspections which support Scotland’s hospitals to be safe and clean. Since it was launched in September 2009, the Healthcare Environment Inspectorate has completed more than 140 inspections in hospitals and services across Scotland. 

In this time, we have seen improved standards of hospital cleanliness, hygiene and infection control.

The majority of inspections carried out by the Healthcare Environment Inspectorate continue to be unannounced (NHS boards are given no prior warning of the inspection). In 2013-2014, the Healthcare Environment Inspectorate carried out 38 inspections of 29 hospitals. Thirty-one (82%) of these inspections were unannounced.

In February 2014, the Healthcare Environment Inspectorate’s remit was also extended to include inspecting community hospitals (these provide a wide range of locally available services to local populations in urban and rural communities, and can be a bridge between home and specialist acute hospital care).

The Healthcare Environment Inspectorate published its fourth annual report which highlighted findings from inspections carried out between October 2012 and September 2013. The report highlights a number of positive findings including that:

- hospitals inspected by the Healthcare Environment Inspectorate were generally clean and well maintained
- NHS staff were clear on their roles and responsibilities in relation to infection prevention and control, and
- in most areas, there was good communication between ward staff and domestic staff about cleanliness.

The report also identified a number of recurring problems that NHS boards need to address relating to:

- cleaning of patient equipment (for example bed frames, mattresses and commodes)
- hand hygiene among NHS staff, and
- management of needles, waste and linen.
After the Healthcare Environment Inspectorate completes an inspection, it publishes its findings and follows up to check that improvements have been made.

The Healthcare Environment Inspectorate’s follow-up activity is designed to ensure that NHS boards are taking action to address areas where improvement is needed. This activity encompasses a range of options including carrying out another announced or unannounced inspection to check on progress.

More information about the Healthcare Environment Inspectorate can be found at [www.healthcareimprovementscotland.org/hei.aspx](http://www.healthcareimprovementscotland.org/hei.aspx)
Assessing quality and safety

Care of older people in acute hospitals

We continue to carry out our programme of inspections to provide assurance that the care of older people in acute hospitals is of a high standard.

These inspections focus on the following areas:

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

In 2013-2014, we carried out 13 inspections of 12 hospitals, highlighting areas of strength and areas for improvement which NHS boards need to act on to improve the care patients receive.

We use the findings from these inspections to inform the work of our national improvement support programme for older people in acute care.

The independent review of the inspection of the care of older people in Ninewells Hospital was published in July 2013. This report identified a series of recommendations including that we strengthen how we quality assure the inspection process and improve our communications. We accepted all of the review’s recommendations in full.

Following a review of our processes for inspecting the care of older people in acute hospitals by a group chaired by Pam Whittle CBE, we introduced a number of changes to ensure that our inspection methodology is consistent, objective and standardised. We also announced that, from July 2014, all of our inspections on the care of older people will be unannounced.
Regulating independent healthcare

We are responsible for the registration and inspection of independent healthcare services in Scotland.

A key part of our role is inspecting independent hospitals (including charitable hospices) and private psychiatric hospitals to ensure that they comply with necessary standards and regulations.

Our inspections, which can be announced or unannounced, assess quality across a range of areas including care and support, environment, and staffing.

In 2013-2014, we carried out 34 inspections of independent healthcare services, of which 33 (97%) were unannounced.

97% of the 34 inspections were unannounced.
**Inspections of children’s and adult services**

We work in partnership with the Care Inspectorate to carry out strategic inspections of children’s and adult services.

These inspections bring together professionals from the care, social work, health, police and education scrutiny bodies and provide public assurance about the quality of services being delivered by NHS boards and local authorities.

In particular, these inspections look at how effectively health, social work and social care services are working together and if they are delivering the best possible outcomes for the people who use those services.

As well as publishing inspection reports, both Healthcare Improvement Scotland and the Care Inspectorate will follow up with service providers to monitor progress against their action plans and support them to deliver improvements in their services.

In 2013-2014, we provided clinical input into six strategic inspections of children’s services. Working with the Care Inspectorate, we also developed the methodology for inspecting adult services and tested it in three local authority areas (Perth and Kinross, Inverclyde, and West Lothian) and completed inspections in Aberdeenshire and Moray.
In August 2013, the Cabinet Secretary for Health and Wellbeing commissioned us to undertake a rapid review of the safety and quality of care for acute adult patients in NHS Lanarkshire.

This review was triggered by concerns about mortality rates in hospitals in NHS Lanarkshire.

We established a review team which included a range of experienced healthcare professionals from across NHSScotland and members of the public.

One of our key priorities was to ensure that the views of patients were at the heart of the review and the review team heard the experiences of over 300 patients and carers. It also listened to more than 200 members of staff, visited over 40 clinical areas and reviewed 152 records of patients.

The review team found a service where clinicians and managers are working hard to do the right thing, sometimes in a difficult environment. It also identified that a broad range of improvements are necessary for NHS Lanarkshire to continue its commitment to delivering safe and effective patient care.

We made 21 recommendations for NHS Lanarkshire to address. These included a need for stronger focus and leadership in implementing robust patient safety interventions and in the redesign of services.

Following our review, the Cabinet Secretary put in place a Governance and Improvement Support Team to help NHS Lanarkshire deliver the recommendations and implement its action plan.
Investigation into an Individual Patient Treatment Request

The Individual Patient Treatment Request process was designed to provide an opportunity for clinicians to pursue, on a case by case basis on behalf of individual patients, a medicine that has not been accepted for routine use by the Scottish Medicines Consortium.

The Cabinet Secretary for Health and Wellbeing asked us to carry out an investigation into how NHS Ayrshire & Arran managed a request from a clinician for a patient with advanced colorectal cancer to be prescribed the drug Cetuximab, which is not currently routinely available in Scotland.

The purpose of our investigation was to identify the lessons to be learnt from this case and how they can lead to improvements.

We identified a number of areas for improvement in the management of this treatment request and put forward a number of observations and recommendations including that:

- there may be a need to refresh, clarify or simplify Scottish Government guidance on the management of Individual Patient Treatment Requests
- the clinician should be the main point of communication and support for the patient, and
- there needs to be a better explanation of the criteria to be considered in applying for and approving an Individual Patient Treatment Request.

Individual Patient Treatment Requests are now in the process of being replaced by a new system which has been designed to give patients greater access to medicines for end of life care and very rare conditions.
Chronic pain, which is defined as pain that has been present for more than 12 weeks despite medication or treatment, affects 800,000 people in Scotland.

Following an extensive exercise to collect data and understand how people with chronic pain are cared for in Scotland, we published *Chronic pain services in Scotland: Where are we now?*

We found that services for patients in Scotland are steadily improving, but there is wide variation in service provision, clinical practice and resources.

Our chronic pain report is designed to help NHS boards target their improvement work where it is most needed.

It contains a number of national recommendations to be implemented by 2016 including:

- a national network for local Service Improvement Groups should be established to share and learn from best practice overseen by the National Chronic Pain Steering Group

- national, quality-assured advice, information and resources should be enhanced and made easily accessible to the public, service users and providers through a range of formats

- learning and development resources for healthcare staff should be developed further, and widely shared to increase awareness of and skills for improved chronic pain management, and

- a mechanism should be developed for use in primary care to identify those affected by chronic pain, to allow better management and measurement of outcomes.
Empowering people to shape services

We work closely with healthcare providers to drive and support improvement in the NHS in Scotland, but they are not the only people who have a key role in shaping services.

Thousands of people use health services every day and it is vital that their views about their experience are listened to so that healthcare continues to meet their needs and expectations.

We are committed to ensuring that patients and their families, carers, and the public have the opportunity to give their views on services and influence how they are delivered.

In 2013-2014, we helped to empower people to shape services in a number of ways.
Ensuring the **public and patient** voice is heard

The Scottish Health Council is part of Healthcare Improvement Scotland and its main focus is to improve how people are involved in healthcare services and to ensure their voices are heard. It continued to do this in a number of ways in 2013-2014.

**The Participation Standard**

The Participation Standard, which was produced by the Scottish Health Council in 2010, sets out what NHS boards need to do to make sure that people have a say in their own care and in how health services are delivered.

Since carrying out a Scotland-wide assessment to analyse and summarise how each NHS board performed against the Participation Standard in 2012-2013, the Scottish Health Council has been working with NHS boards and the public to share examples of good practice so that participation continues to improve across NHSScotland.

Scottish Health Council local offices have worked with NHS boards on their improvement plans throughout 2013-2014, and continue to support specific projects to deliver greater engagement between the NHS and those who use healthcare services.

**Integrated health and social care**

The Scottish Health Council also played a leading part in improving public participation in the national debate on the new integrated health and social care structures by:

- initiating, commissioning and publishing independent new research based on a broad variety of stakeholder views, bringing together users and professionals in health and social care, and publishing and summarising their views, conclusions and next steps
- organising and facilitating discussion events across Scotland to disseminate the research and developing themes, and
- developing an agreed position, and influencing the policy direction.
e-Participation

Building on its previous work to identify how NHSScotland can use technology to engage with the public, the Scottish Health Council published an e-Participation Toolkit. This toolkit provides information and ideas on how patients, carers and members of the public can be more involved in making decisions about their own health and care by using social media, e-petitions, online focus groups and digital apps.

In 2013-2014, the Scottish Health Council also helped to promote the patient and public voice by:

- gathering public views to help shape and improve national projects (for example helping people who have used NHS cancer services to give their views on how patient experience of cancer can be measured in future)
- analysing annual reports produced for the first time by NHS boards to show how they have used complaints and feedback from people to improve their services
- providing advice and support to NHS boards on involving communities in around 80 service change processes
- supporting general practices and primary care practitioners across Scotland to establish 30 Patient Participation Groups (patient-led groups, linked to a local general practice, which work with GPs and practice staff to provide a patient perspective on healthcare services in the community), and
- supporting national, regional and local managed clinical networks (linked groups of healthcare professionals and organisations that work together across NHS board boundaries to help deliver high quality care throughout Scotland) to engage with the public.

The Scottish Health Council also continues to lead the national Volunteering programme, which supports the development of sustainable volunteering across NHSScotland. The programme runs until March 2015, and has produced a handbook for NHS boards to support them to develop their volunteering programmes, guidance on how to engage young volunteers and a national volunteer database.

More information about the Scottish Health Council can be found at www.scottishhealthcouncil.org
The Scottish Medicines Consortium advises NHS boards on which new medicines give the greatest benefits and best value for the NHS and the people of Scotland.

Decisions are made following a rigorous examination of the information provided by pharmaceutical companies on the cost and benefits of their medicine. In coming to a decision, the Scottish Medicines Consortium takes on board the views of clinicians, patients and patient groups.

Following a review into access to new medicines in 2013-2014, the Scottish Medicines Consortium’s process has been developed to allow more opportunity to hear the patient perspective.

The Scottish Medicines Consortium’s Patient and Public Involvement Group and colleagues in the Scottish Health Council have been instrumental in helping further this work, with 10 focus groups being held with a range of stakeholders across the country helping to inform the development of these new processes.

The Scottish Medicines Consortium is currently undertaking a review of its public involvement activities to help ensure they continue to effectively capture the voices of patients and carers across Scotland in relation to the availability of new medicines.

The Scottish Medicines Consortium’s meetings are now open to the public to let them observe how the committee works. Feedback from those who have attended a meeting has been favourable, with over 70% saying that being able to observe proceedings had improved their understanding of the Scottish Medicines Consortium’s decision-making process.

New processes to increase access to medicines used at the end of life or for very rare conditions have been introduced which will also give patients, patient groups and clinicians a stronger voice in the Scottish Medicines Consortium’s decision-making process.
Great opportunity to see the way that the Committee works and to understand what it is that Committee members truly want to understand in order to make a fully informed decision
– Pharmaceutical industry representative

I found this a great opportunity to see firsthand what exactly goes on
– Member of the public

The range of committee members was a strong point of the process
– Voluntary organisation public observer
Empowering people to shape services

People at the centre of health and care

We lead the Person-Centred Health and Care Collaborative – part of a Scotland-wide programme of work aimed at improving healthcare services so that they are focused on patients, their families and carers.

In 2013-2014, the Collaborative, which aims to bring together people from every NHS board in Scotland, worked closely with the 19 NHS boards that provide direct care to patients to:

- test how they can use feedback from people who use services to drive improvement, and
- develop person-centred approaches to healthcare.

The Collaborative has provided training and support to NHS boards to help them gather feedback from patients, and to use that feedback to bring about improvements in the care they provide.

One example of the Collaborative’s work can be found in the Southern General Hospital in Glasgow where it has helped healthcare staff to develop an approach that focuses on “what really matters” to patients. This approach involves healthcare staff exploring ways to find out what motivates and inspires the patient and helps them build a stronger relationship with the patient. Simple pieces of information such as “I love being in my garden” or “I really look forward to visits from my granddaughter” are helping staff to deliver personalised care. This approach helps healthcare professionals to develop a care plan that focuses, for example, on supporting the patient to access the garden in hospital grounds, or to ensure the care plan does not interfere with, and actively promotes, visits from their granddaughter.

Evidence and examples from around the world indicate that this type of approach is helping to deliver improvements in safety, effectiveness and value for money.
More information about the Person-Centred Health and Care Collaborative can be found at www.healthcareimprovementscotland.org/person-centred.aspx
Empowering people to shape services

Working with patients, families and staff to improve the care of older people

Since April 2012, we have been leading a national improvement support programme for older people in acute care.

In particular, we have focused on two areas that will deliver better outcomes for older people:

- ensuring that frail older people who require to stay in hospital are assessed by a specialist team within a day of admission, and
- improving the identification and management of delirium.

Better assessment of frail older people

Data from NHS boards that have been testing a range of approaches to improving the care of frail older people has shown:

- improved patient and carer experience and reduction in complaints (NHS Lanarkshire, NHS Ayrshire & Arran and NHS Grampian)
- a reduction in transfer from hospital to care home from 13% to 9% between December 2011 and December 2012 (NHS Grampian)*
- a reduction in average length of stay in hospital from 23 days to 8 days between December 2011 and December 2012 (NHS Grampian)*
- an increase in the number of patients discharged within 48 hours from 9 to 36 (NHS Grampian), and
- potential financial cost benefits (NHS Ayrshire & Arran).

Quality, compassionate care for older people that protects their dignity and independence, is one of the most sacred duties of any civilised society. It is something I believe we do well – but that is not good enough. We must do it well for every older person on every occasion, in care homes and in hospitals.

– Nicola Surgeon, Cabinet Secretary for Health, Wellbeing and Cities Strategy, June 2011

*Data reflect a combination of factors including the move to a new acute site from community hospital, increased recognition of frailty through testing our ‘Think Frailty’ tool at the ‘front door’ and improved co-ordination of care through introduction of comprehensive geriatric assessment.
Improved management of delirium

Delirium can affect up to 30% of patients on medical wards and almost half of people having surgery in acute hospitals. However, in many cases, it is not properly identified or appropriately managed.

We know that early engagement with patients and carers provides them with much needed support and can also help healthcare professionals to diagnose the condition earlier. We spoke to patients, families and carers to get their perspective on care provided and what needs to improve.

Working with NHS boards, the Scottish Delirium Association and others, we used this information to develop and test changes that help healthcare providers to identify delirium sooner and treat it effectively.

These changes can reduce distress to patients, families and carers, and shorten the time people spend in hospitals.

We are now working with all 14 territorial NHS boards to help share best practice and spread these improvements across Scotland.

This programme of work links to the findings of our inspection teams who assess the care of older people in acute hospitals.
Empowering people to shape services

A public partner’s perspective

Involving the public in our work is an integral part of everything we do.

Our approach to public involvement is to ensure that we work with patients, carers and members of the public to help us:

- learn from the experiences of patients and carers
- ensure that health services are sensitive to the needs and preferences of patients, and
- enable the public to review the quality of the NHS.

I have been a public partner with Healthcare Improvement Scotland for over three years. During this time, I have worked as part of the inspection and review teams visiting hospitals and NHS boards throughout Scotland.

My main role is to talk to patients, their relatives and carers. I try to find out what is important to patients and look at what is happening from their perspective, although I’ll also observe what is happening for myself.

What patients tell us is very important in helping NHSScotland to shape services. Patients can speak to us in confidence. What they tell us can have a positive impact on their future care, and ensures that they have a real part in the process.

I feel valued by the team at Healthcare Improvement Scotland and confident that I can contribute, give feedback, challenge, and ask questions (even if they may seem simple and the answers obvious to others). This has helped me to gain a better understanding of the organisation’s work and how it is informed by the views of patients and the public. The information I get from speaking with patients also informs my other work with Healthcare Improvement Scotland, for example when I am involved in reviewing new methodology or drafting standards.

– Penny Leggat, public partner
Our Board

Executive Team

John Glennie OBE - Acting Chief Executive (until 31 March 2014)
Angiolina Foster CBE - Chief Executive from April 2014
Ruth Glassborow - Director of Safety and Improvement
Kathlyn McKellar - Head of Human Resources
Richard Norris - Director of the Scottish Health Council
Robbie Pearson - Director of Scrutiny and Assurance
Dr Brian Robson - Executive Clinical Director
Sara Twaddle - Interim Director of Evidence
Margaret Waterston - Director of Finance & Corporate Services Support
Susan Went - Director of Evidence and Improvement (until 17 November 2013)

1. Dr Denise Coia - Chairman
2. Dr Hamish Wilson CBE - Vice Chair
3. Professor Frank Clark CBE (until 21 November 2013)
4. Paul Edie
5. Michael Fuller MBE (until 28 February 2014)
6. Nicola Gallen
7. Hamish Hamill CBE
8. Peter Johnston
9. Marian Keogh
10. Gerry Marr (until 25 September 2013)
11. Professor Robert Masterton
12. Professor Sir Lewis Ritchie OBE (until 25 September 2013)
13. Duncan Service
14. Pam Whittle CBE

Register of Interests

For full information on each of our Board members, including a Register of Interests, please see our website
www.healthcareimprovementscotland.org

Annual accounts

A copy of our 2013-2014 audited accounts can be viewed at www.healthcareimprovementscotland.org/annualaccounts2013-14.aspx
The Healthcare Environment Inspectorate, the Scottish Health Council, the Scottish Health Technologies Group, the Scottish Intercollegiate Guidelines Network (SIGN) and the Scottish Medicines Consortium are part of our organisation.