

Welcome

Opening remarks from the Health Foundation

Peter Dudgeon





Healthcare
Improvement
Scotland

Welcome

Carole Wilkinson

Chair, Healthcare Improvement Scotland

Supporting better quality health and
social care for everyone in Scotland



Healthcare
Improvement
Scotland

Many parts, one purpose -
better quality health and social care
for everyone in Scotland.

Advice
on new
medicines

Advice
on health
technologies

Standards,
guidelines
and indicators

Inspections
and reviews

Enabling health
and social
care improvement

Death
Certification
Review Service

Scottish
Patient Safety
Programme

Improving
antibiotics
use

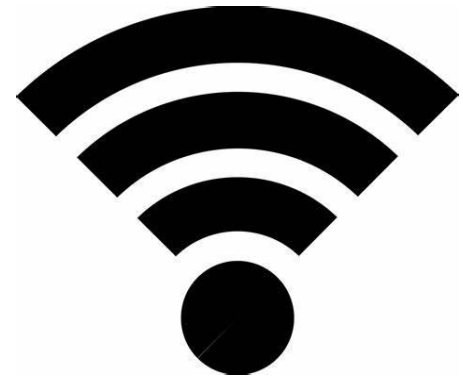
Making
the public
voice count

Global quality
improvement
webinars

WiFi

WiFi Name: **COSLA**

Password: **5804269531**



Wifi

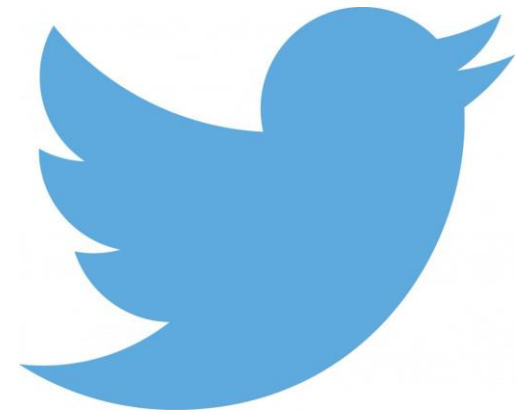
Please Tweet throughout the day:

@online_his

Using:

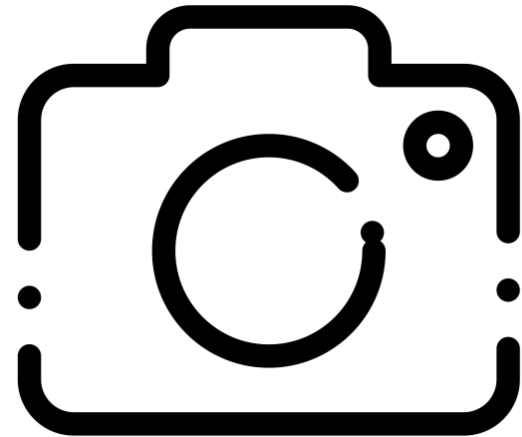
#QVisits

#QVisitHIS



Photography

- You may be asked to participate in some filming to share your learning and highlights
- There will also be photography
- If you would prefer not to be in these please let a member of the event team know. They are wearing yellow lanyards.



Housekeeping

Refreshment breaks

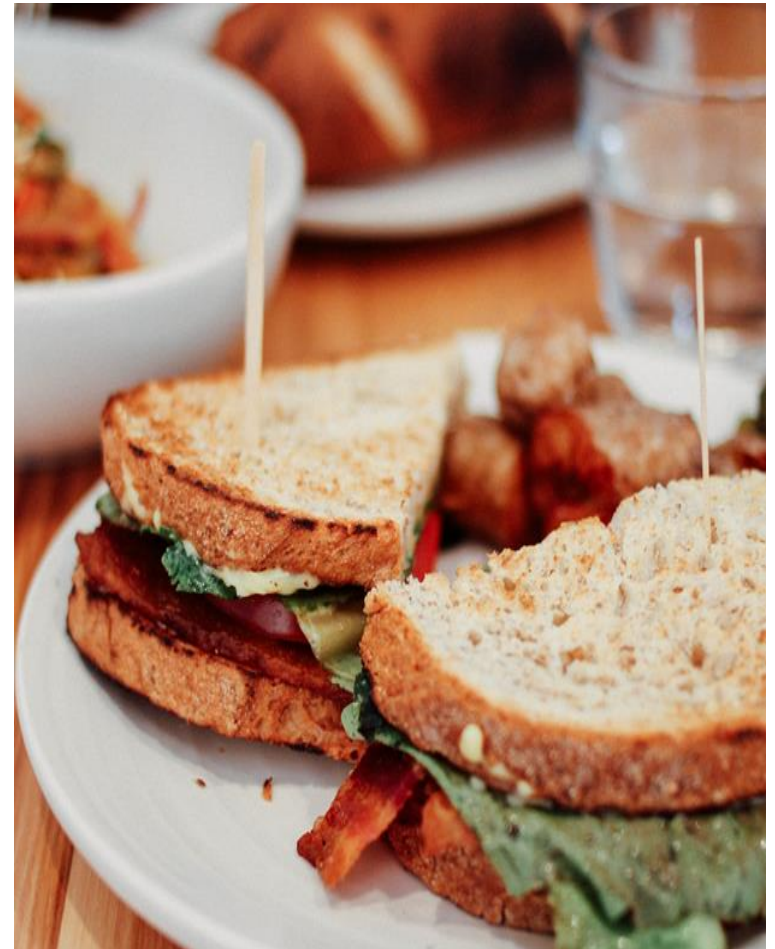
Tea and coffee will be available at 12:30 during lunch in and at 14:50 (between the breakout sessions).

Fire safety

- There is no fire drill is planned for today .
- The fire assembly point is in the COSLA car park which is located to the left of this building.

Lunch

- Lunch will be served from 12:30 to 13:15
- There will be an opportunity over lunch on the first floor to meet the teams that participated in our Internal QMS Collaborative
- Following lunch please go straight to your breakout sessions



Objectives of the day

We have designed the content of today in response to what you told us you wanted to achieve from the visit.

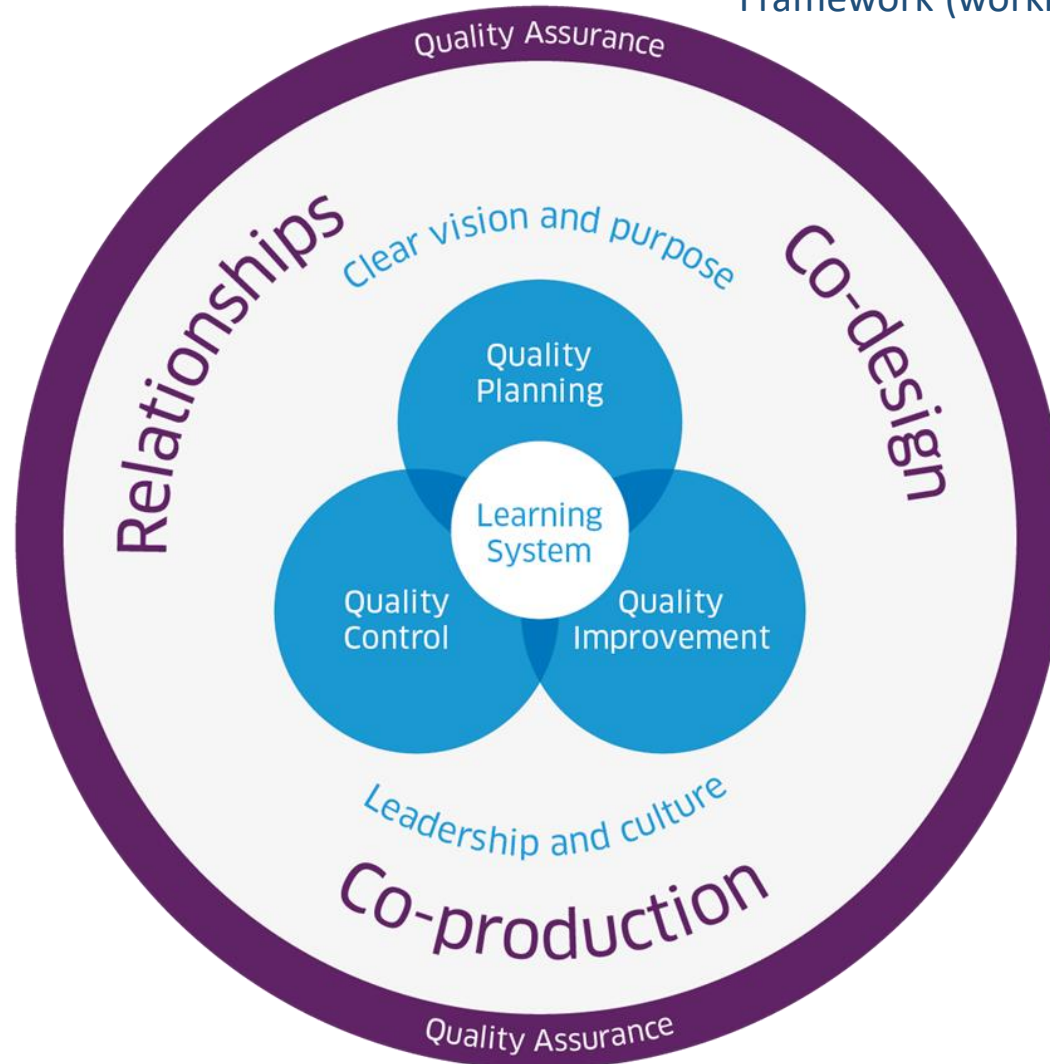
Our objectives for the event are to:

- Provide an overview of work that Healthcare Improvement Scotland undertakes with its partners.
- Share learning and progress on Healthcare Improvement Scotland's work to develop a Quality Management System approach.
- Build the confidence of Q members in the application of QMS in their own organisation, identifying both the opportunities and potential challenges.

HIS Board commitment to QMS



High-level Quality Management System Framework (working draft 2)



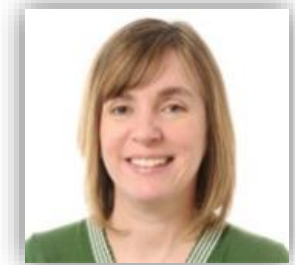
The event support team – Happy to help



Michael Canavan



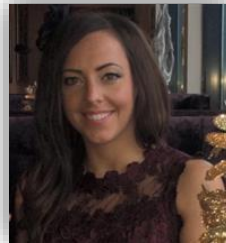
David Elder



Emma Adams



Victoria Edmond



Lynsey Robertson



Peter Dudgeon



Sophie Anderson



Lianne Smith

Keep in touch

Twitter: [@online_his](#)

Email: comments.his@nhs.net

Web: healthcareimprovementscotland.org

Blog: blog.healthcareimprovementscotland.org



Healthcare
Improvement
Scotland

Robbie Pearson

Chief Executive
Healthcare Improvement Scotland

Supporting better quality health and
social care for everyone in Scotland



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‘Healthcare Improvement Scotland seeks to [improve quality] through various means including inspection but also by developing evidence-based guidelines and standards, working with frontline clinical staff, empowering patients and the public, and developing and sustaining networks that facilitate the sharing of improvement expertise.

Kings Fund, February 2016





England



Scotland...



**Healthcare
Improvement
Scotland**





Our reputation in the spotlight

Grime, grit and bodily fluids... £1bn hospital's hygiene slated

By Alan Shields

A DAMNING report has raised concerns about cleanliness at a flagship hospital where patients died from infections linked to pigeon droppings.

An inspection found some areas of the Queen Elizabeth University Hospital cannot be cleaned properly because they are awaiting repairs. It also said the emergency department had not been properly cleaned.

A ten-year-old boy died in December at the £1 billion hospital in Glasgow after contracting an infection linked to pigeon droppings, and a 73-year-old woman who had been infected with the bug died in January. The Crown Office has announced that it would be investigating both deaths linked to the hospital, run by NHS

Greater Glasgow (NHS GGC). As a result of the inspection was carried out in January by the order Secretary Jeanne Free. A scathing report yesterday, has revealed gaps in maintenance and improvement of the environment at QEH opened in 2015.

The Healthcare Inspectorate Scotland report also found a number of the environment was in a state of repair. Where damaged, this can prevent cleaning.

The probe also found grime and dirt on the toilet seat in reception and patient cubicles areas and the suite. The floors were 'dusty and gritty'.

the department and two patient

HIDDEN TOLL OF HOSPITAL DEATHS

EXCLUSIVE

By Ben Bowden
THE 20 deaths a week in a care home in the "worst care in UK" highlighted by the health watchdog, which has investigated hundreds of avoidable deaths in hospitals every year. Campaigners have called for a crackdown by the NHS, the Scottish Government, Public Scotland and the Crown Office in relation to an alleged public health scandal in the city in an area of the Glasgow region. The probe also found grime and dirt on the toilet seat in reception and patient cubicles areas and the suite. The floors were 'dusty and gritty'.

Watchdog demands Ninewells care probe

EXCLUSIVE by Peter Swinson

A PATIENTS' watchdog last night demanded a "full investigation" into the NHS Tayside board after fresh details of a damning draft report into older people's care at Ninewells hospital emerged.

Last month The Courier revealed inspectors found elderly patients were left on trolleys in the corridors of an admissions ward. A draft of the unpublished Healthcare Improvement Scotland (HIS) report seen by The Courier states that as many as 35 patients waited up to six hours for a bed.

However, HIS shelved the report the day after managers met NHS Tayside chief executive Gerry Marr, who is also on the inspectorate's board.

A version of the report which omitted references to the number of patients affected was later released on January 30.

NHS Tayside says the figure was removed

because it is factually inaccurate and denied that there is a conflict of interest.

Scotland Patients Association chairman Margaret Watt has called for the inspectorate's findings to be published in full.

She said: "What we've seen so far isn't happy reading and the full report should be published now. There's no good reason why we can't publish it now."

"If they don't, we'll get people who can. After all, every patient is an employer — we are the stakeholders."

Inspectors who visited Ninewells in September 2012 admitted that "some" patients had waited on trolleys and in wheelchairs in the "ant corridor". However, the draft report went further, stating: "We later learned that there had been 35 patients waiting on trolleys and in wheelchairs in the corridor during Monday afternoon and evening."

Continued on page 10

Doctors 'forced to offer higher chemo doses'

FEARS: Oncologists gave treatments despite concerns over harmful side effects

DEREK HEALY

Senior doctors in Tayside claim they have been forced by the Scottish Government to offer patients stronger chemotherapy doses against their own judgement. Oncologists in the region said they feared for their professional futures if they did not sign up to the "second best" treatment which requires chemotherapy to be given at higher levels of power. Concerns over harmful side effects. It comes after a Healthcare Improvement Scotland (HIS) review confirmed breast cancer patients in Tayside had been given lower doses of chemotherapy than in many other Scottish health boards.

A risk assessment advised the region in Tayside may have increased the likelihood of cancer recurring. Specialists have now raised concerns over the handling of both reports. One consultant said: "We are

concerned about it. I suspect some patients will get on OK but we could end up with some suffering excess detrimental effects."

"Clearly if we think this is the wrong treatment or it is dangerous to provide that level, we will let people know that. But ultimately it will be up to patients and we will have to give the option."

Strathclyde oncologist Dr Crawford Reid, a former non-executive board member of NHS Tayside, said some health-care experts felt a real sense of 'injustice' about the way the situation had been handled.

"I contacted several ex-colleagues to find out more information. We said: 'This is a highly respected group of clinicians who care deeply about their patients. Each person I approached felt a real sense of injustice'."

HIS said it had covered a panel to inspect a range of NHS Tayside staff members, including oncologists. It also reviewed clinical data, and the report made number of recommendations.

Loophole allows beauticians to provide fillers without licence

How ugly side of the beauty industry did THIS to mum

By Georgia Ekins

UNREGULATED beauticians are carrying out potentially dangerous cosmetic procedures which can damage women's health. They are performing so-called non-invasive treatments, such as lip and cheek fillers, without medical qualifications. Last night, one young mum told her fillers carried out by beauticians left her with a shooting pain in her face but no reaction. "Lips" said: "It feels like my lips are twice the size... they're cold and numb to touch."

The number of complaints about procedures by non-medical professionals is a record high — almost doubling last year. A loophole means medical professionals such as doctors, nurses and dentists, who carry out the treatments, have to register with a Scottish Government regulator — but beauticians do not have the same checks. Dental fillers have become increasingly popular in recent years, in part owing to the introduction of 115 milly nanofiller devices, which allow women to have lip enhancement.

Gels are injected under the skin and can plump "problem" areas such as the lips, weak jawline and eye bags. But complications can include blindness, severe allergic reactions and necrosis, when tissue dies. Medical and consumer groups have called on the Government to crack

down on unregulated beauticians. Dr Flora Hagan, of the British Association of Aesthetic Plastic Surgeons, said: "These invasive treatments carry serious risks. Fatal cases can occur. Beauticians, they can cause skin death and it's not always preventable."

"A beautician that may have done a superb course to get the issue at being clinically assessed. It is time to look at the regulations and look at what is best for the patients. Since

April 2017, health professionals in Scotland have had to pay more than £2,000 to register with Healthcare Improvement Scotland, and must have regular inspections to carry out the procedure.

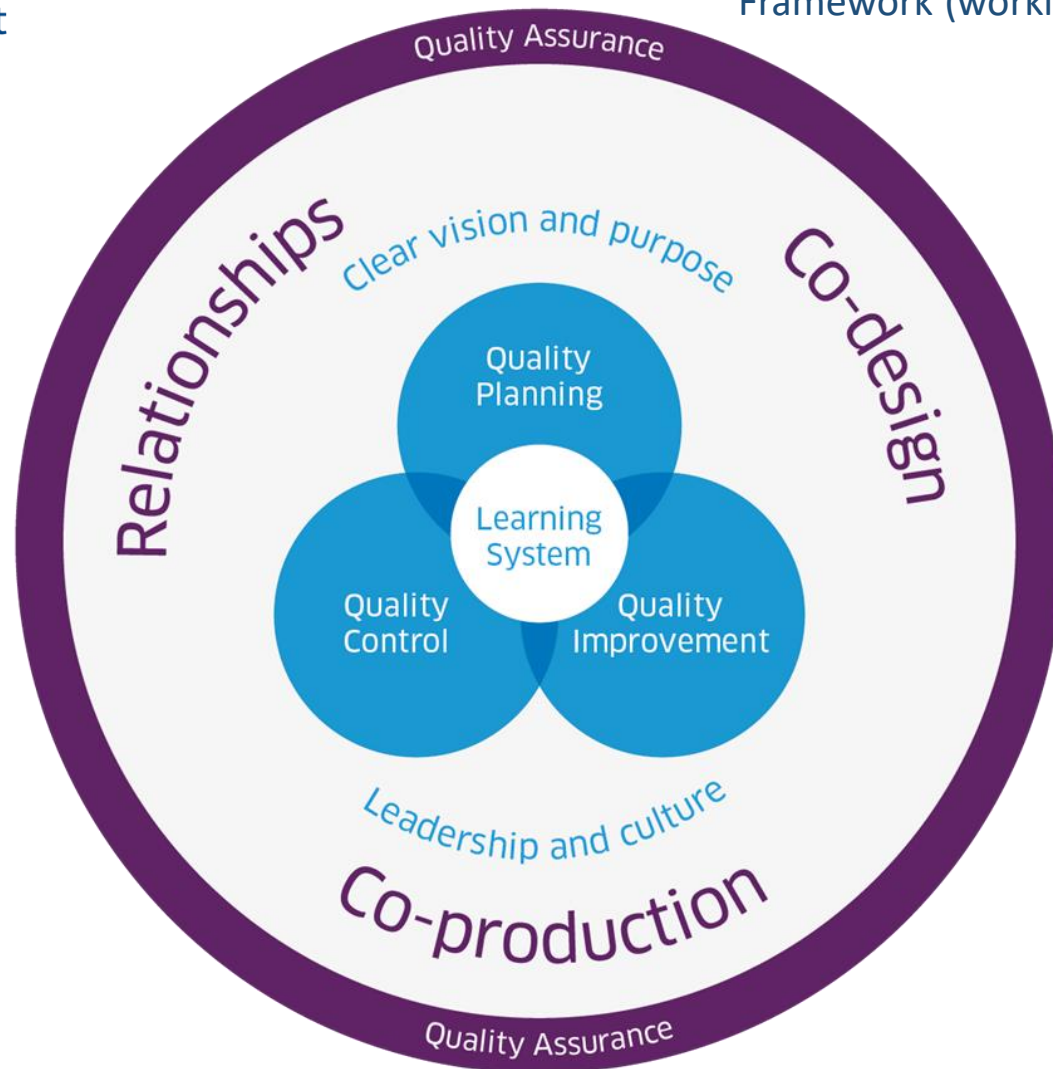
Beauticians can do the same work without the same oversight. Campaign group Save Face is working to improve regulation and set up a UK-wide register of accredited practitioners which is recognised by the UK government, NHS, UK Department of Health and Care Quality Commission. Save Face said the number of beauticians licensed against medical in Scotland relating to non-medical cosmetic procedures rose from 57 in 2016/17 to 109 last year.



Speak softly and carry a big stick; you will go far.

(Theodore Roosevelt)

izquotes.com



Making choices and tough decisions...



Choices in practice...beforehand

- Accumulation of knowledge in NHSScotland of serious and long standing difficulties in a particular local NHS system
- In 2014, whistleblowing provoked an HIS inspection in response to this 'alarm signal' but limited follow up and engagement with wider HIS
- Followed by series of ad hoc and unconnected interactions and pieces of intelligence
- Provided tailored improvement support to the system in 2017

Choices in practice...now

- Turning point in 2017 – stronger organisational cohesion in starting to think through lens of QMS
- Making choices as a team about which elements of HIS to deploy in to that system
- Agreed as an organisation further inspections in 2017 and in 2018 focused on patient safety
- We are now considering appropriate blend of further ‘interventions’ into the system from a ‘whole organisation’ perspective

Further reflections...

- More **local bespoke support** and interventions means us making choices as a senior team in HIS
- **At a national level**, increasingly thinking about priorities for HIS at a programme level such as mental health and primary care – what is the right mix & balance of our response
- QMS providing a **discipline and focus** for ensuring a more connected offering

Thank you



Healthcare
Improvement
Scotland

Quality Management : A Healthcare Improvement Scotland Approach

Q Visit

19th September 2019

Supporting better quality health and
social care for everyone in Scotland

Welcome



Ruth Glassborow

Director of Improvement

Healthcare Improvement Scotland

@ruth_glassborow



Joanne Matthews

Head of Improvement Support & Safety

Healthcare Improvement Scotland

@joanne37m

Aims for this morning

Share with you

**Approach to Quality
Management**

and

**Evolving thinking around
Quality Improvement**



What does quality mean to you ?



Why quality management?



Major investigation ordered into death rates at hospitals

Probe after latest mortality figures are revealed to be the highest in country

HELEN PATTERSON
A major investigation is ordered into the reasons behind Scotland's highest hospital death rates, following the publication of the latest mortality figures.

'Damning' report into elderly care

A damning report into the state of elderly care in Scotland has been published, according to a new study. The report, published by the Scottish Government, says that the care of the elderly is in a state of crisis, with many people suffering from neglect and abuse. It calls for a major overhaul of the system, including the recruitment of more staff and the improvement of training. The report also highlights the need for better coordination between different services, such as health care and social care.

Nurses' staffing fears

Staff shortages are underpinning the care of elderly patients at a Glasgow hospital, according to a new report. The report, published by the Scottish Government, says that the care of the elderly is in a state of crisis, with many people suffering from neglect and abuse. It calls for a major overhaul of the system, including the recruitment of more staff and the improvement of training. The report also highlights the need for better coordination between different services, such as health care and social care.

'Toxic' problems plaguing Scottish hospital, says Royal College

HELEN PATTERSON
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Care found wanting on dementia wards

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Healthcare
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Scotland

Many parts, one purpose -
better quality health and social care
for everyone in Scotland.

A **coordinated** and **consistent** approach to **managing** the **quality** of what we do
across the **whole health and care system**

Quality Management System is **how** we deliver our purpose

Core concept of quality management



**Reduce the risk
of poor delivery
by planning
quality into
services**

Quality Management System

A coordinated and consistent approach to managing the quality of what we do across the whole health and care system

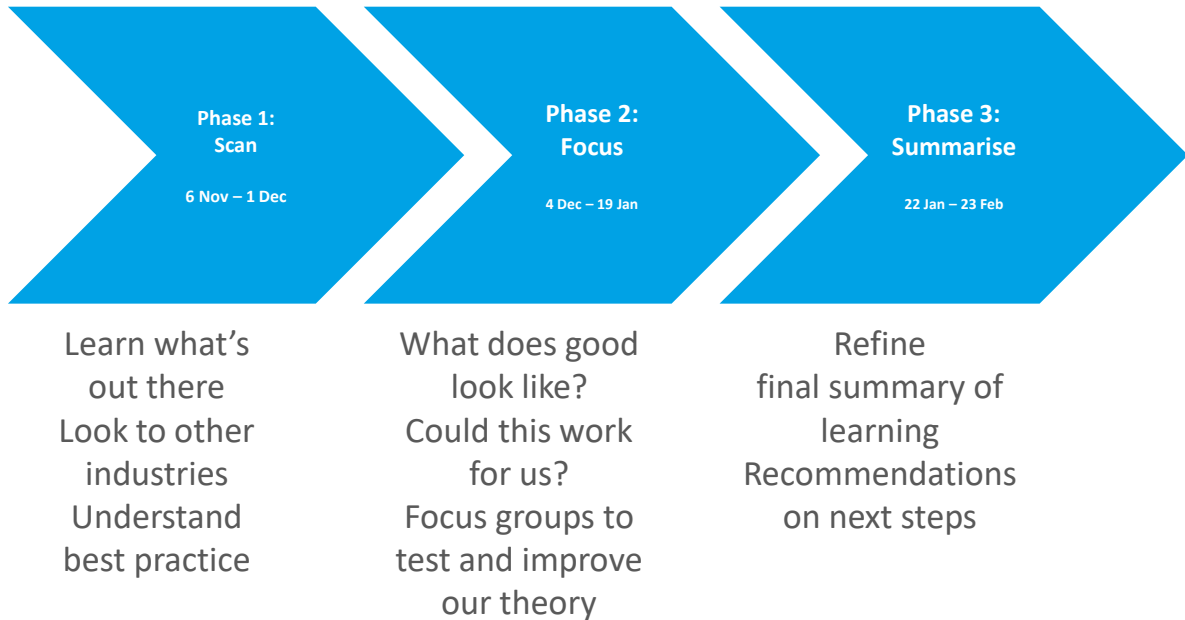
with the ultimate aim of delivering better population health and wellbeing, better care experience, better value and better staff experience.

Our challenge.....

Developing a common framework for quality management across health and social care that could be applied at a national, NHS Board and IJB level

(and latterly agreed also at team/ward level)

Our approach - 90 Day Cycle :





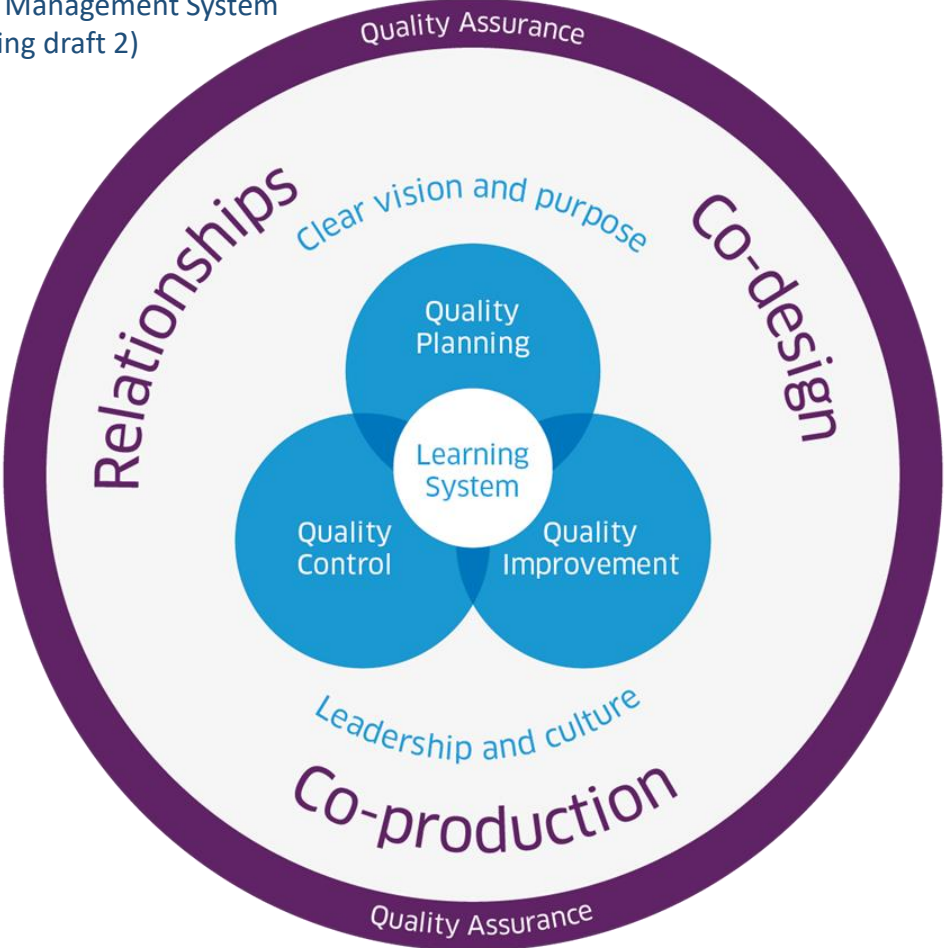
Essentially, all models are wrong,
but some are useful

George Box

High-level Quality Management System Framework (working draft 1)

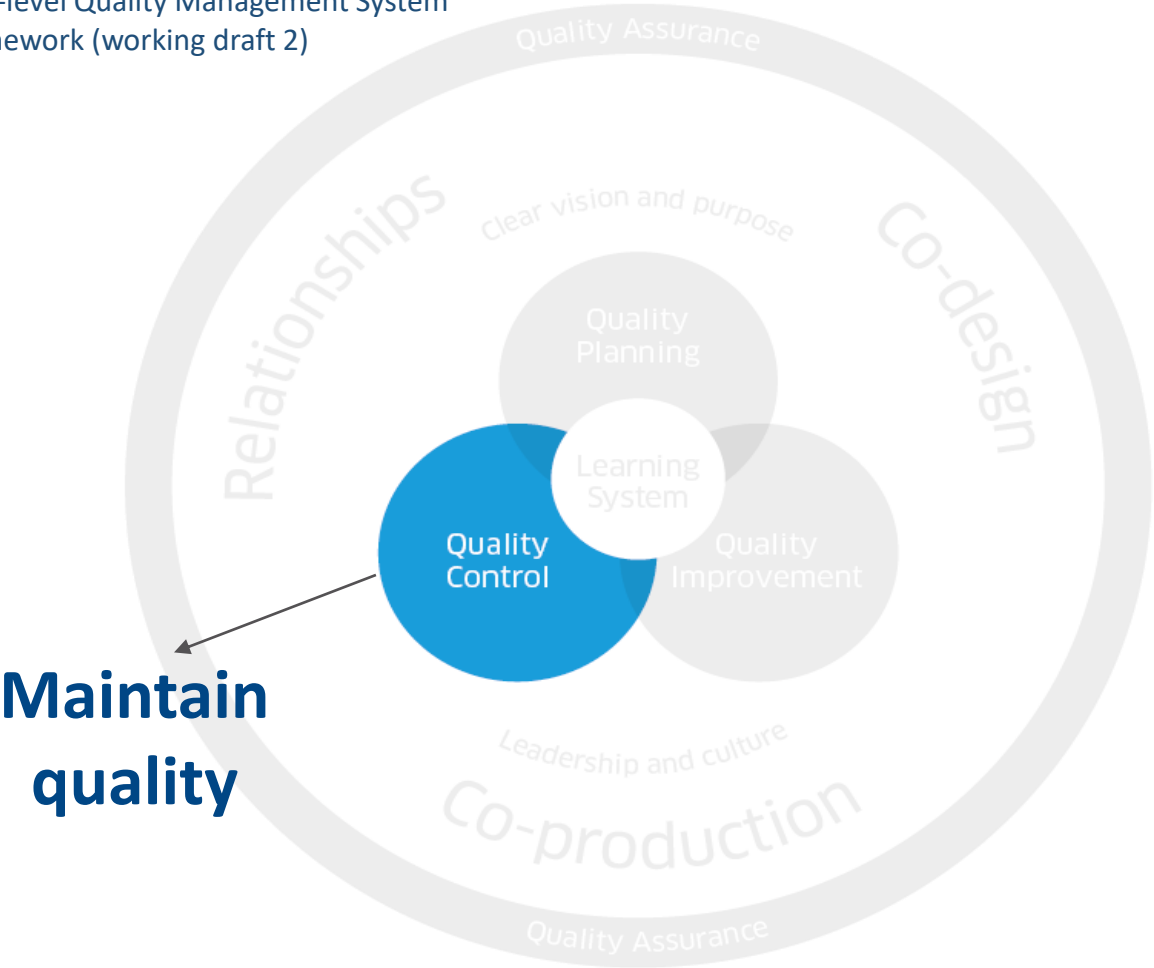


High-level Quality Management System
Framework (working draft 2)



What Does Quality Management Look Like at Organisational Level?

High-level Quality Management System
Framework (working draft 2)



Neonatal Unit Information

Please remember that Pharmacy is open for **EMERGENCY SUPPLIES**

Saturday 09.00 – 12.30

Sunday 10.00 – 14.00

NEONATAL DAILY 12-30 CALL

CHANGE OF DIAL IN DETAILS – EFFECTIVE 21/08/2016

Dial in number: 0800 032 8000 (unchanged)

New Password: 24851204 #

an essential you may be asked to step in on short notice for the conference call, which is usually chaired by the Transport Consultant. This will require specific use of the Chairperson's password: 25040029 #

SCOTSTAR

New SCOTSTAR Emergency Number

FROM 11 JULY 2016 THE TELEPHONE NUMBER TO ACCESS A TRANSPORT TEAM FOR ADVICE OR RETRIEVAL WILL BE
03333 990 222

Approved by the National Patient Safety Agency (NPSA) and the National Health Service (NHS) for use in the United Kingdom. The information on this page is for general information only and does not constitute a contract. For more information on the SCOTSTAR service or to report a problem, please contact the National Patient Safety Agency (NPSA) on 03333 990 222.

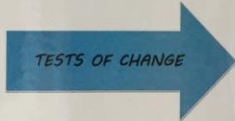


3 MONTHLY HAND HYGIENE 100%

3 MONTHLY P.P.E. 100%

Previous Months Data collection

- ❖ What went well →
- ❖ What we must do better on →
- ❖ Badgernet Completion →
- ❖ Parental Feedback →



Shared Learning from Data/peer review

Learnpro Performance →

EKSF Performance →

NNU OCCUPANCY JUNE 63% SHIFTS STAFFED JUNE 95%
JULY 62% TO BMM. JULY 93%

% of exchanges that use high quality SBAR 100%

% of babies with documented consultation with experienced clinician 76%

Missing admission temperature ↑ 7.4%

'Midwives/nurses always sat down and had a chat about how we felt'

Exploring opportunity of trying 'needle safe' rygon cannula's following guidance from health and safety.

Peer review 14-8-17.

- if decision made to commence passive cooling during a resuscitation it can be useful to apply a temperature probe to avoid over-cooling
- Although insulin vials can be used up to 4 weeks after being opened after discussion with pharmacist they will be discarded after 7 days from first use.

FIRE SAFETY ↑ 91% INFECTION CONTROL ↓ 86% SAFE TRANSFUSION ↔ 88% CHILD PROTECTION (TIER 1A every 3 years) ↑ 88%

1:1 for isolation 30 DAYS IN JULY 21-8-17.

A run chart showing rate of admission temperature in infants in neonatal unit

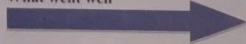




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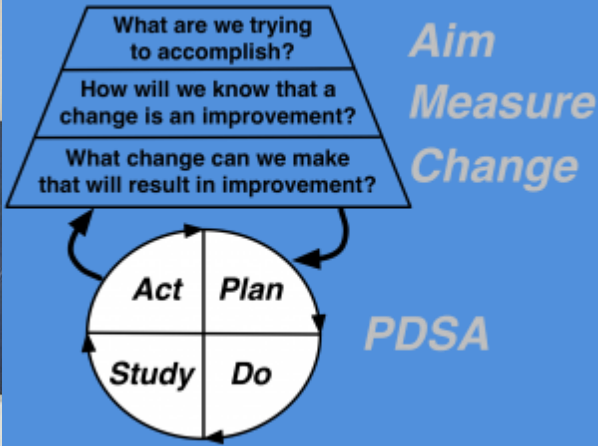
- ❖ What went well 
- ❖ What we want to be better at

NNU OCCUPANCY JUNE 63% SHIFTS STAFFED JUNE 95%
JULY 67% TO 8AM. JULY 93%

% of exchanges that use high quality SBAR 100%

% of babies with documented consultation

Model for Improvement



Langley, Nolan, Nolan, Norman, Provost;
The Improvement Guide, 1996

What is your organisational strategy for embedding the skills to fix problems within their control at the microsystem level ?

Where is your organisation on that journey?

SIGNIFY P.P.E. 100%

EKSE Performance 

1:1 for isolation 30 DAYS IN JULY 21.8.17.

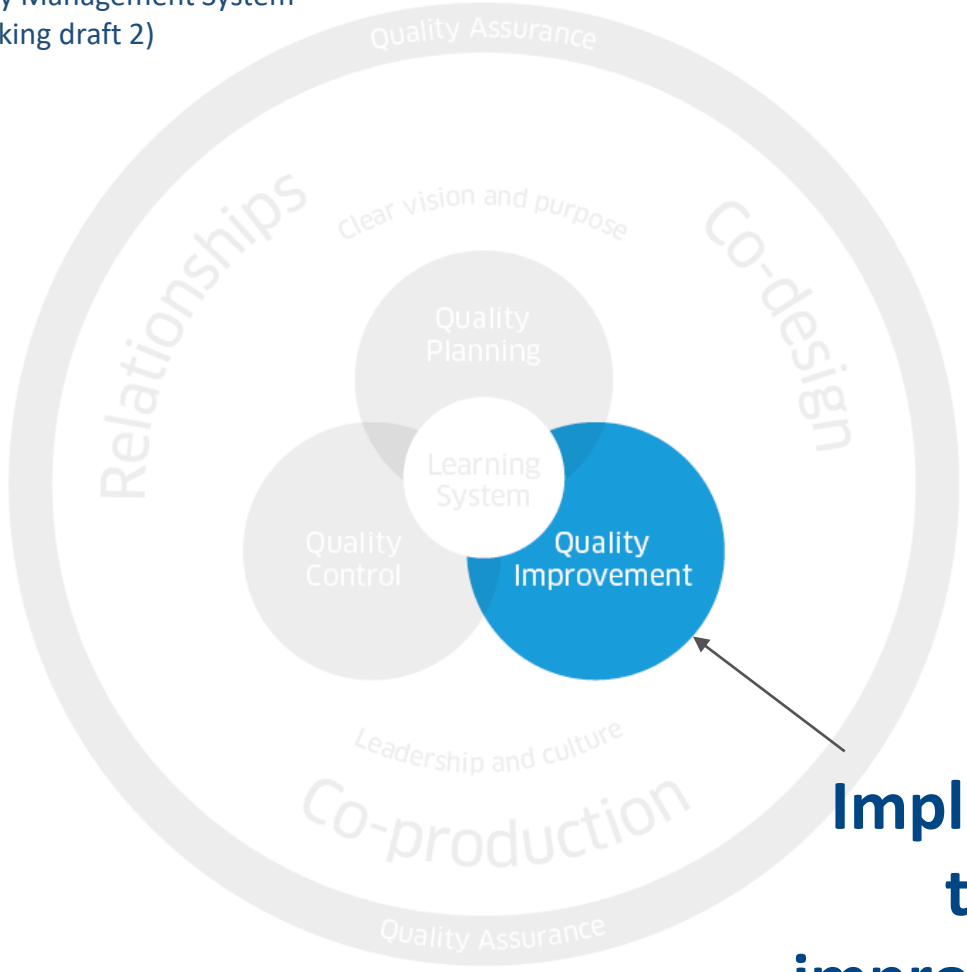




Does your organisation have the processes and culture ,which ensure that issues individuals/teams can't fix are escalated and appropriately responded to?

How do you know this is actually the case in practice?

High-level Quality Management System
Framework (working draft 2)



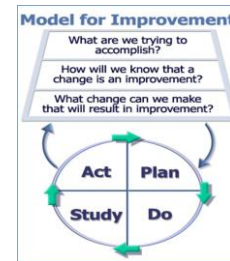
**Implement
the
improvement**

Learning since SPSP began

Building improvement capacity & capability

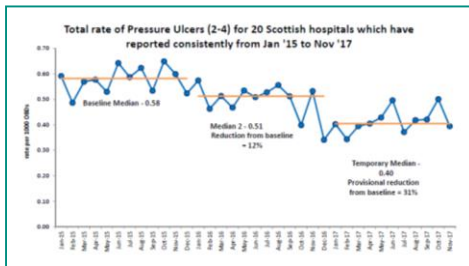


Consistent application of method

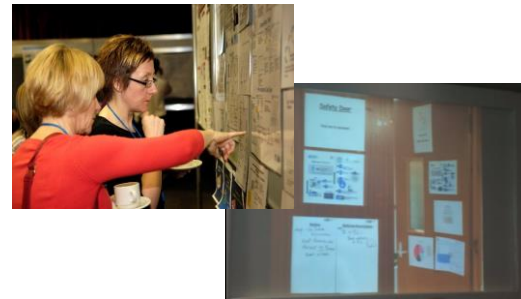


Langley et al, 2009.

Open and transparent use of data

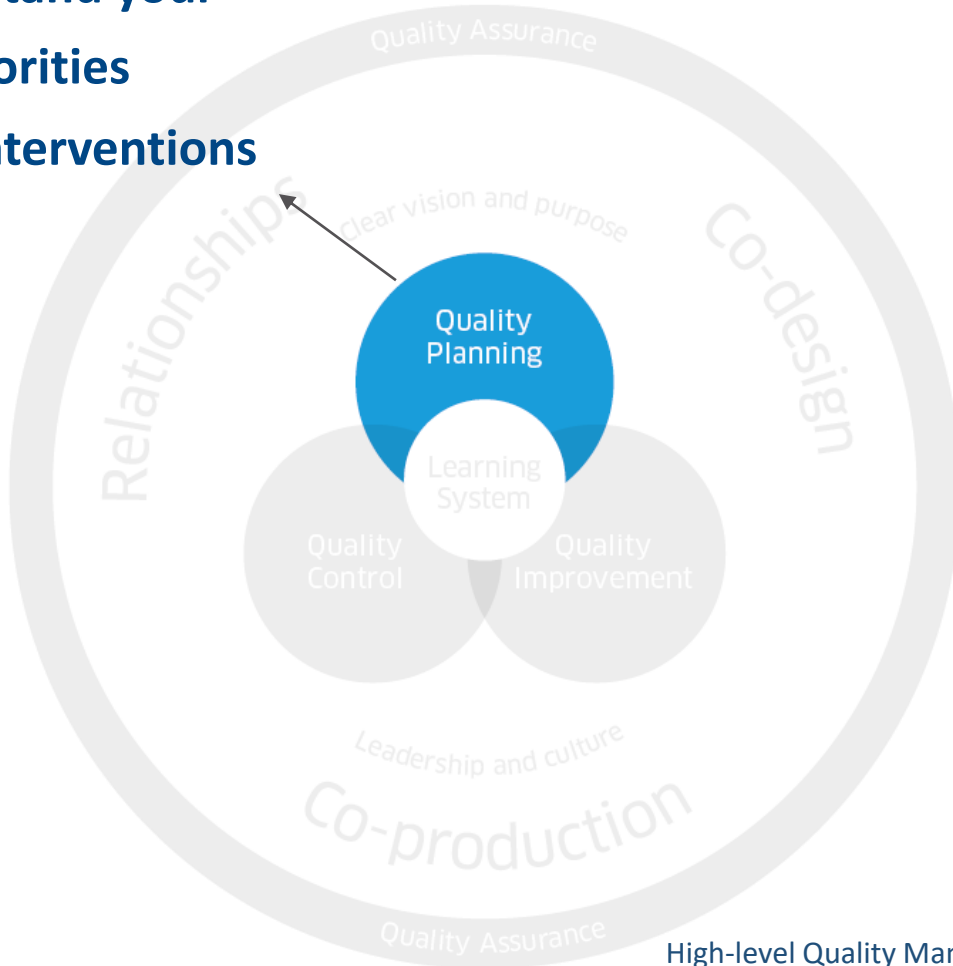


Culture of Safety and Learning



**Understand your
priorities**

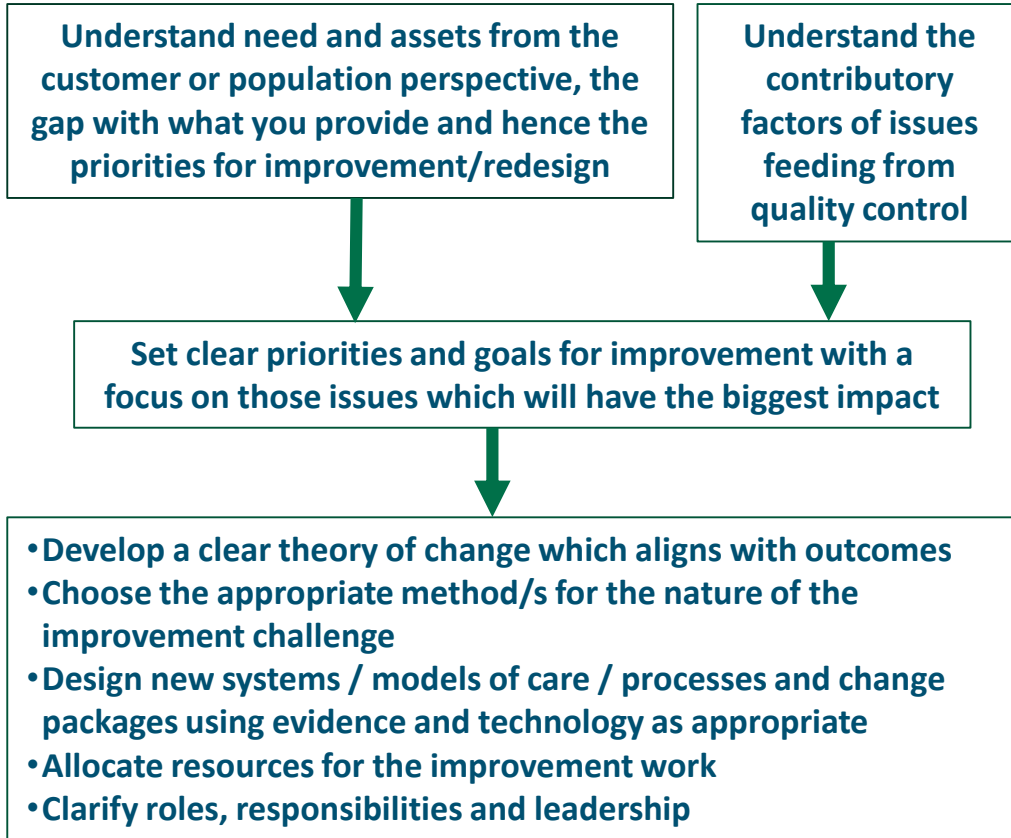
Design interventions



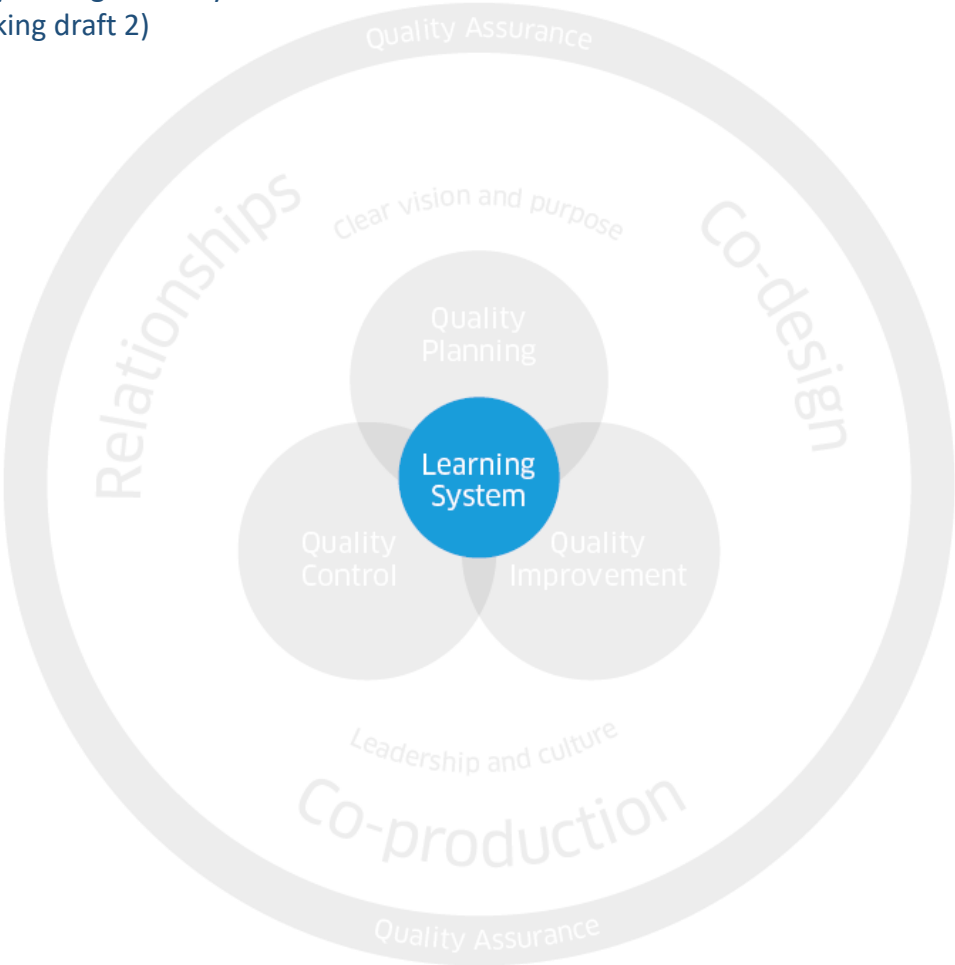
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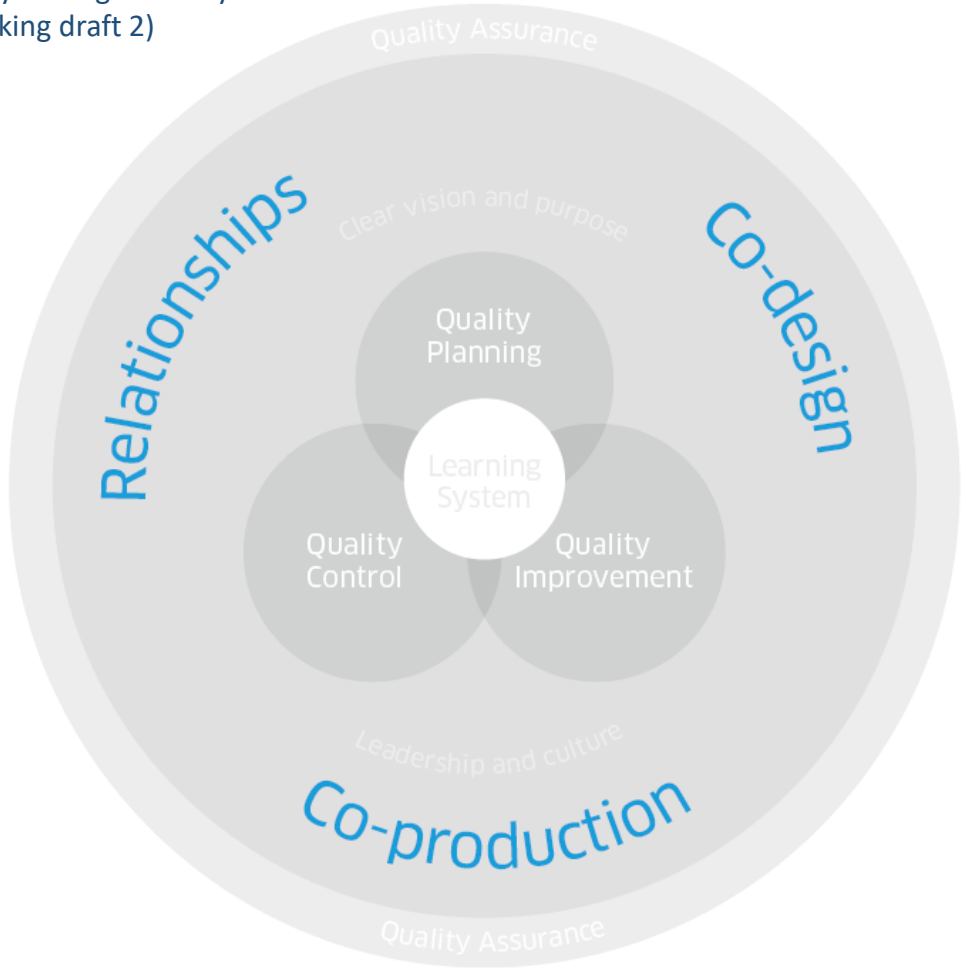
Quality Planning



High-level Quality Management System
Framework (working draft 2)



High-level Quality Management System Framework (working draft 2)



Participation ladder



*Adapted from Arnstein's participation ladder, 1969

The squiggle of design by Damien Newman

Uncertainty / patterns / insights

Clarity / Focus



Research

Concept

Design

Scottish Approach to Service Design



User-centred

Putting user needs and journeys at the heart of the process and referring back to 'problem' being solved at every step in the process.



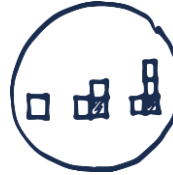
Research based

Building service with evidence of 'real life' users with quantitative and qualitative research methods.



Co-design

When possible, designing service with and not for users and organisational staff.



Iterative

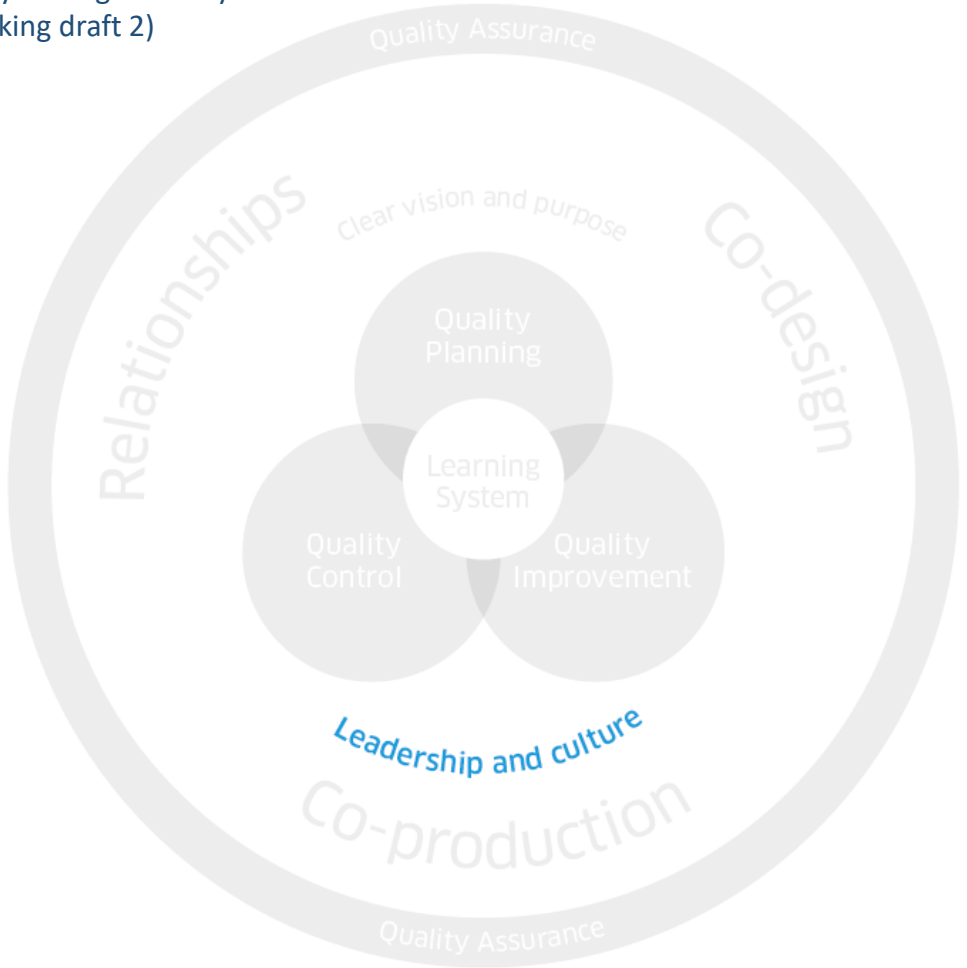
Continually testing and developing the design of a service with the users journey in mind.



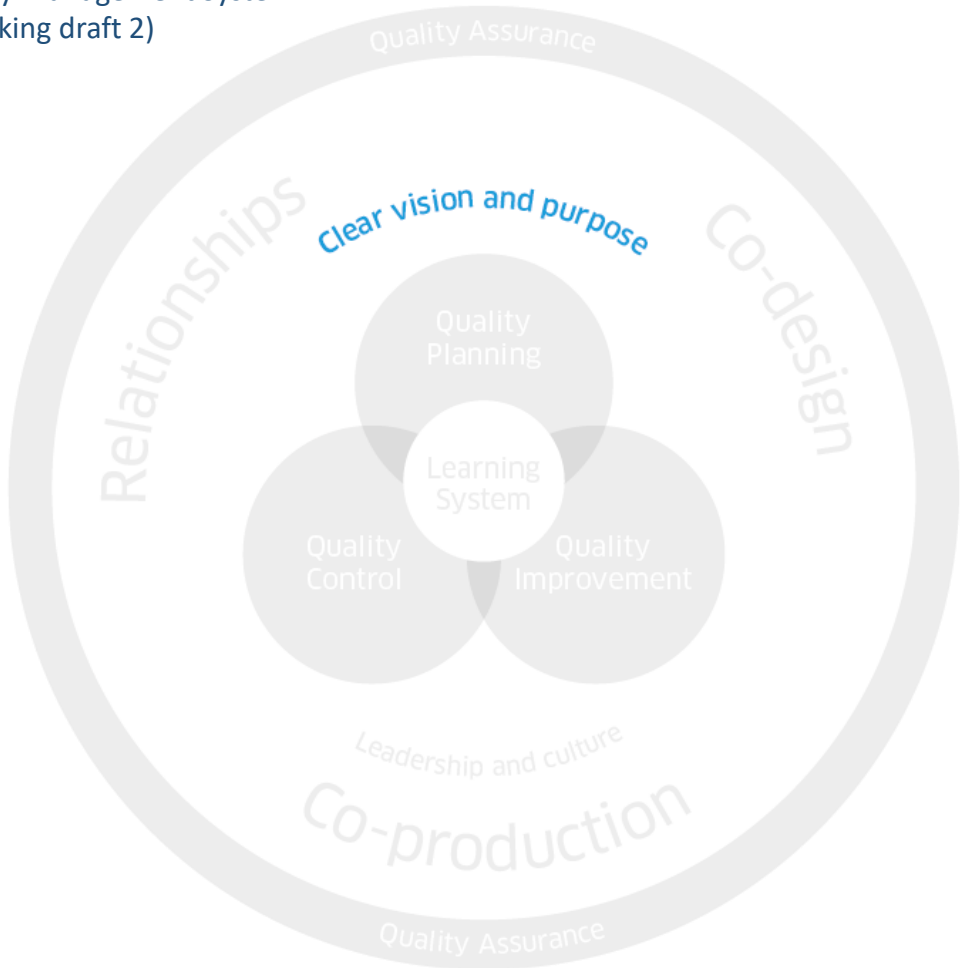
Collaborative

In the public sector services are delivered by multiple organisations. Therefore they need to look outside of their organisation boundaries.

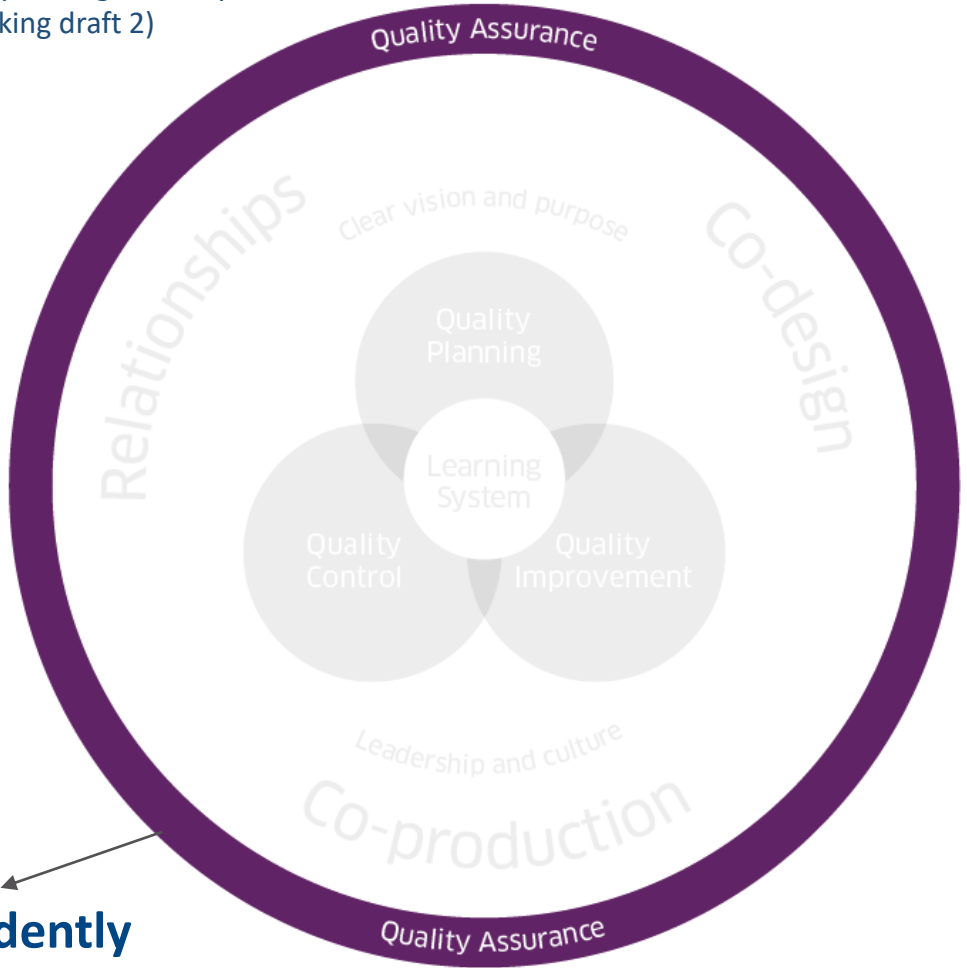
High-level Quality Management System Framework (working draft 2)



High-level Quality Management System Framework (working draft 2)



High-level Quality Management System Framework (working draft 2)



**Independently
check**

Key messages from the 90 day process

Language

Understanding customer need

Holistic approach



Challenge – getting the right balance between quality planning, quality control/assurance and quality improvement

Table Discussion

When it comes to quality management

- a) what does your organisation do well?
- b) where are the key opportunities for improvement?
- c) what does the balance feel like?



Embedding the approach

Board

Creating the conditions for QMS

Diagnostic and development

Organisation

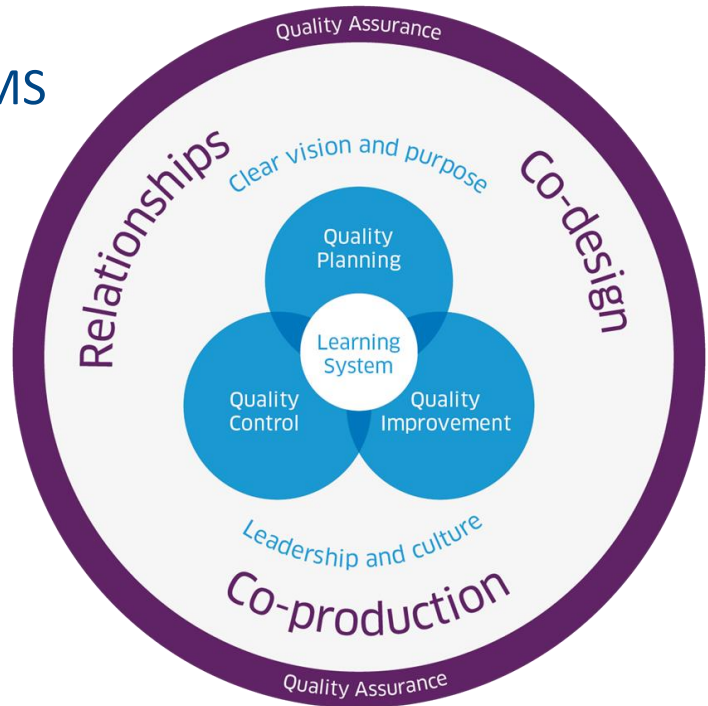
Capability building

Spread within Directorates

Learning System

Team

The “QMS Habit”



High-level Quality Management System Framework (working draft 2)

Questions





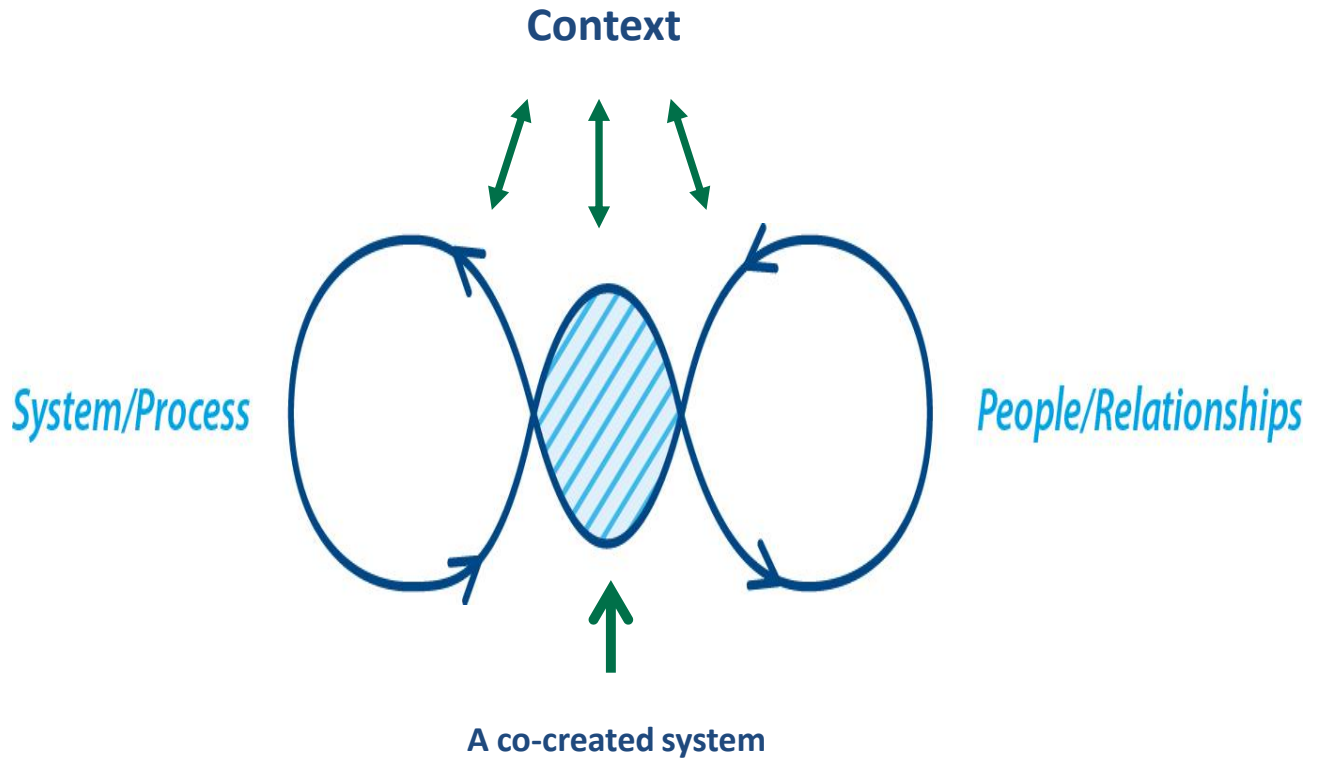
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Our evolving approach to Quality Improvement

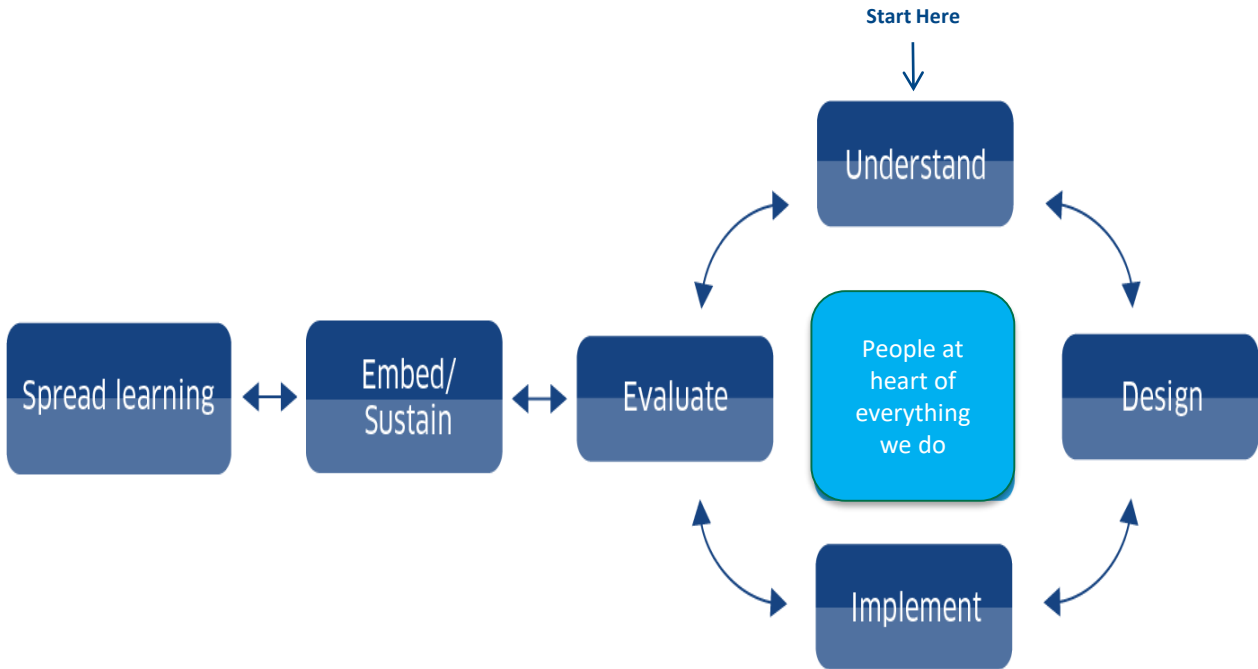


Bears are a pain for beekeepers; here's how to keep them out

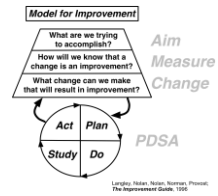
Lydia Lohrer | Special to the Detroit Free Press
Published 6:45 PM EDT Jul 29, 2017



Adapted from Napper (2010)



Relational Approaches
 Technical Approaches



Understanding the current system and the problem and/or opportunity for improvement

The diagnostic stage involves assessments to understand the issues and the context. This includes gauging readiness for change and supporting local agreement about the key issues and priorities. The conclusions inform the design stage of the improvement framework.

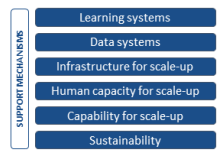
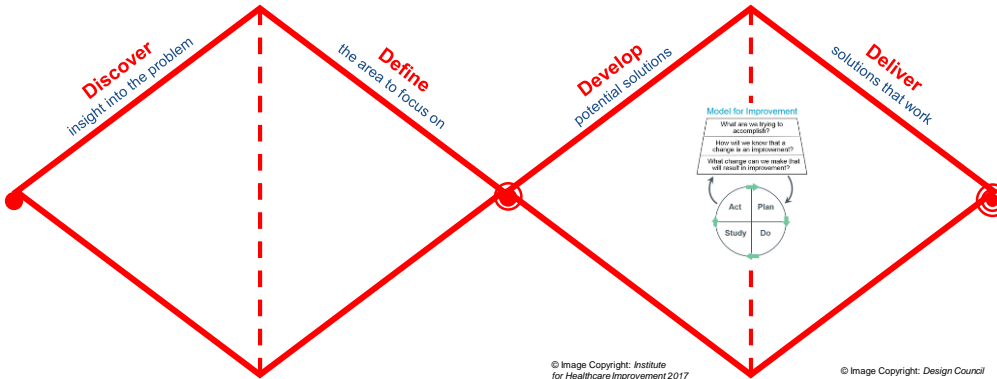
Relational Approaches include:

- Systems theory
- Cultural diagnostics (e.g. Cultural Web, Systemic Constellations)
- Appreciative Inquiry
- Theory U (Co-sensing)
- Facilitation
- Group processes
- Dialogic approaches
- Emotional Touchpoints

Technical Approaches include:

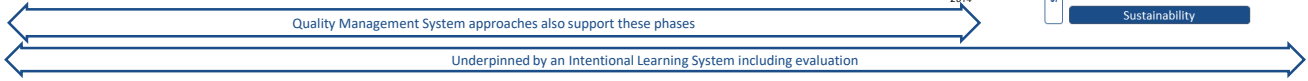
- Data for diagnosis – qualitative and quantitative including comparative data with ‘best in class’
- Observation (Video Ethnography, Lean and Experience Based Co-design (EBCD))
- Define value from the customer perspective (Lean, Personal Outcomes, Vanguard)
- Value Stream Mapping (Lean)
- Problem Structuring Methodologies for working with situations where multiple stakeholders with multiple views on the nature of the problem (eg Strategic Choice Approach, Causal Mapping, Soft Systems Methodology)
- Current state mapping of process (Lean, Model for Improvement (Mfi), Vanguard)
- Current state mapping of experience of engaging with system/process (EBCD)
- Quantify failure and value demand (Vanguard)
- Root Cause Analysis (Lean and Mfi)

improvement phases



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project management stages



Setting the high level vision and agreeing priority areas for redesign and continuous improvement
strategic (quality) planning –

Making the difficult choices about where to focus resources and improvement attention

Creating the conditions for change including leadership behaviours, infrastructures and culture



System and Pathway Redesign

Creating the conditions for change including leadership behaviours, infrastructures and culture

Innovation

New ways of delivering services including new interventions, new services, new types of multidisciplinary teams

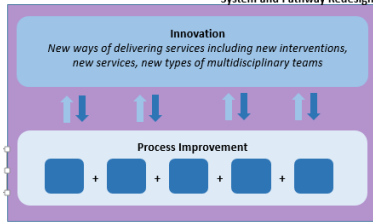
Doing the right thing – rethinking what we do and how we do it



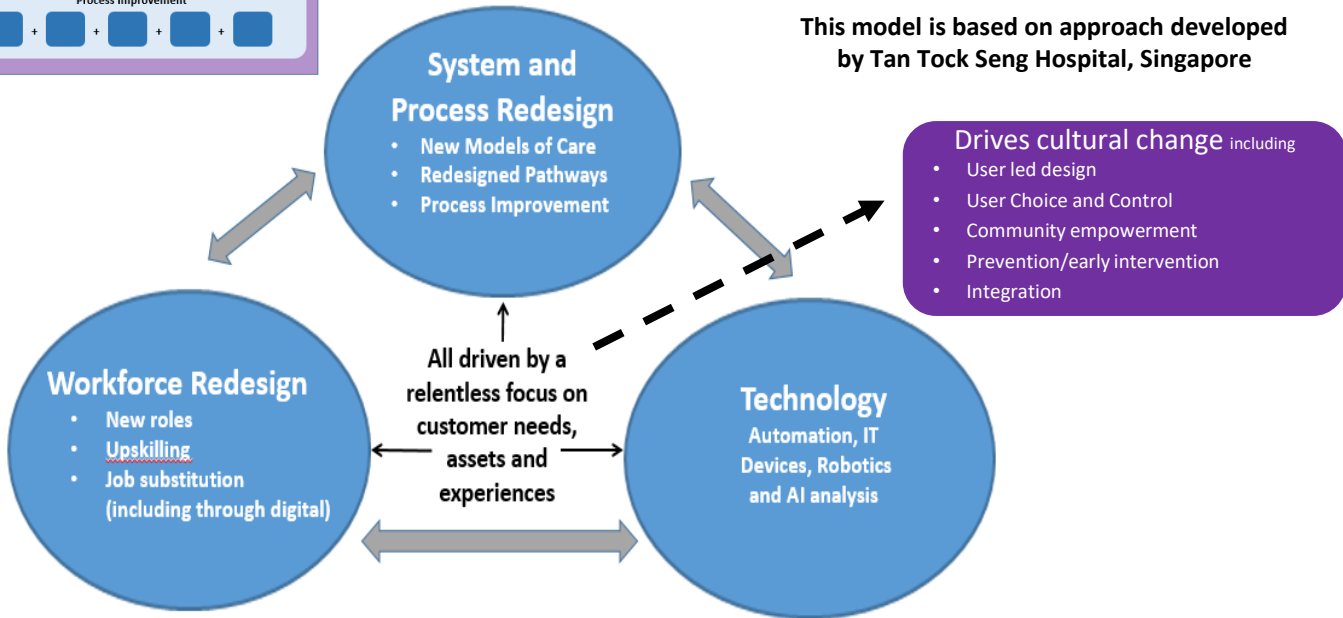
Process Improvement



Doing things right – ensuring reliable, effective and efficient clinical and care processes



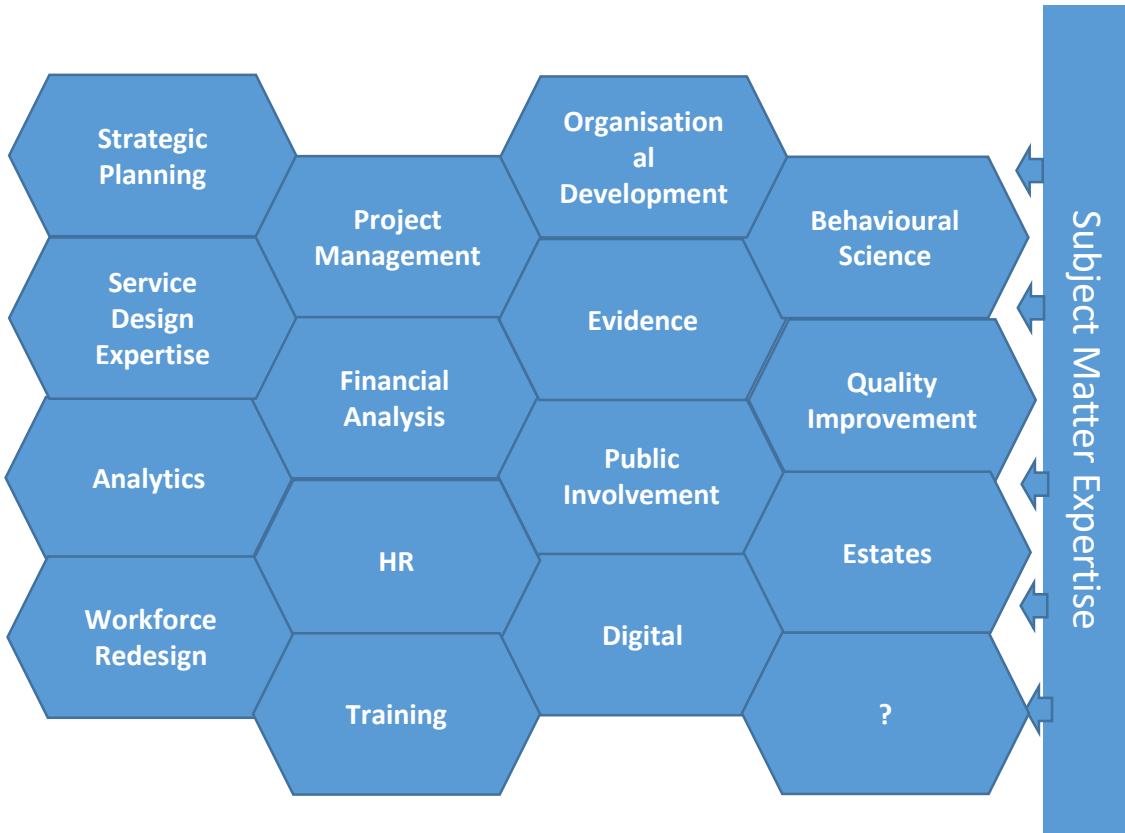
This model is based on approach developed by Tan Tock Seng Hospital, Singapore



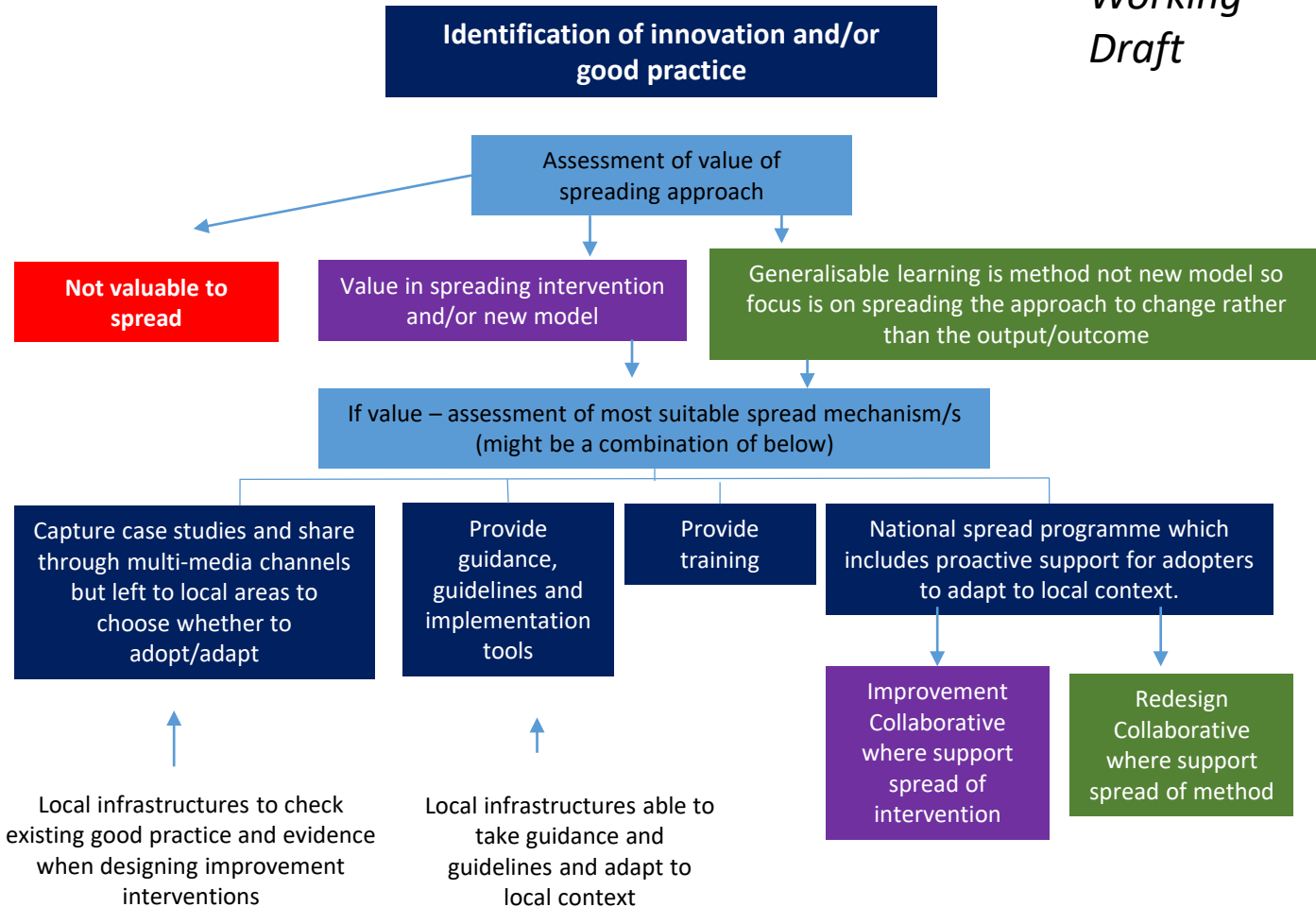
Underpinned by Effective Infrastructures

- Good governance through robust Programme Mgt, Financial Mgt & Risk Mgt
- Multidisciplinary Change Teams

Multidisciplinary Transformation Teams



Composition of team will change over life of a programme. Ideally formed locally but may be times where national capacity needed to supplement.



More information

Please see our website:

http://www.healthcareimprovementscotland.org/previous_resources/policy_and_strategy/quality_management_system.aspx