

### Portfolio working across Healthcare Improvement Scotland's Improvement Hub (ihub)

As part of Healthcare Improvement Scotland's Improvement Hub (ihub), the Acute Care portfolio, established on 1 April 2017, aims to improve the quality of care outcomes experienced for those receiving acute care. The SPSP Acute Adult programme and the Older People in Acute Care (OPAC) programme sit within the Acute Care portfolio.

The Acute Care portfolio Steering group, set up to consider the content and delivery, communications and engagement and governance for this portfolio, has now completed this process and the recommendations have been agreed.

We would like to thank the Steering Group members for their contribution and support in helping to progress the work of the portfolio to the current time. An update on the progress and work of the portfolio will be shared in the new year and the intention is for the new governance group to meet in spring.

### Frailty at the Front Door

The portfolio is delivering a collaborative that focuses on improving the co-ordination of care for people living with frailty presenting to acute services and will work with other improvement programmes to deliver better experiences and outcomes for people across their pathway of care.

Interviews for NHS boards to take part in an 18-month improvement collaborative were held in October and launched in December to bring together the participating sites.

The sites that were successful and that are taking part in the collaborative are:

1. Greater Glasgow and Clyde – Queen Elizabeth University Hospital
2. Dumfries and Galloway - Dumfries and Galloway Royal Infirmary
3. Forth Valley – Forth Valley Royal Hospital
4. Lanarkshire – Monklands Hospital
5. Lothian – St John's Hospital

### Acute Kidney Injury (AKI) Collaborative

Following the launch event in August, the seven participating NHS boards used a project charter to outline their local area of focus from the driver diagram (e.g. prevention, recognition, response, recovery). Representatives from each team came together at the first collaborative steering group on 30 October and presented their project charter and local aims.

The group also discussed the use of data for improvement and will submit the first monthly report and data from 15 December. Feedback will be provided following each submission and site visits will be set up by the national team. More information on learning session 1 is available over the page.

### Venous thromboembolism (VTE) Project in NHS Borders

Healthcare Improvement Scotland supported a one year improvement project in NHS Borders to understand the barriers and enablers to correct delivery of thrombophilia.

The report on the project and tools developed are available [here](#).

## Events

### Pressure Ulcer Networking Day – 13 September

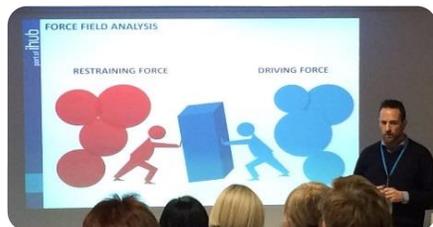
Over 90 delegates heard from colleagues in NHS Greater Glasgow and Clyde and NHS Lothian around the work to reduce pressure ulcers in both acute and community settings. A flash report with presentations is available [here](#).



### Frailty at the Front Door Collaborative Launch – 07 December

Representatives from the five teams taking part in the collaborative attended the launch event in Glasgow to:

- discuss the programme aims and interventions,
- support networking and improvement skills, and
- agree ways of future collaboration and communication.



Presentations and a flash report from the day are available on the ihub [website](#).

### Acute Kidney Injury (AKI) Collaborative Learning Session 1 – 13 December

Teams from the NHS boards taking part in the collaborative were joined by colleagues interested in the AKI work at this first learning session in Edinburgh.

Flash reports from each board set out what progress had been made since the launch in August 2017 and what they are planning to do next.

**Michael Canavan, Principal Educator, NHS Education for Scotland**, asked teams to consider the system wide approach to improving early recognition of AKI and what tools they can use to identify the barriers or challenges they may face their own areas.

Delegates heard from **Dr Chris Laing, Consultant Nephrologist, University College Hospital London**, on Improving AKI care in practice.

The board flash reports from the day are available on the ihub [website](#).



The Acute Care portfolio is endorsed by Scottish Patient Safety Programme (SPSP) – a coordinated campaign of activity to increase awareness and support the provision of safe, high quality care, whatever the setting.

## Seasons Greetings

The Acute Care portfolio team would like to wish all colleagues a very Merry Christmas and a Happy New Year.

We look forward to working with you all closely over the coming year.



## SIGN wants to hear from you!

We want your feedback about what works well with the current versions of SIGN guidelines and what developments would be useful for future guidelines.

We want to hear from health professionals, trainees and students in Scotland to make sure we keep providing what you need. Tell us your thoughts on a range of issues including how easy it is to access, find out about and implement SIGN guidelines and how we can make it easier in the future. Your answers to this survey will help inform the development work of SIGN. The [survey](#) should take less than 10 minutes to complete.

Thank you for your participation.

For more information go the [SIGN website](#).

## More information

We are always looking for opportunities to share good practice and showcase work to improve acute care. Please let us know about what is happening in your area.

If you would like more information, please contact the team at [hcis.acutecare@nhs.net](mailto:hcis.acutecare@nhs.net)