Our work plan
2017–2018

The Improvement Hub (ihub) is part of Healthcare Improvement Scotland
Healthcare Improvement Scotland’s ihub is committed to equality. We have assessed the accreditation function for likely impact on equality protected characteristics as defined by age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation (Equality Act 2010). You can request a copy of the equality impact assessment report from the Healthcare Improvement Scotland Equality and Diversity Advisor on 0141 225 6999 or email contactpublicinvolvement.his@nhs.net
The ihub provides support to health and social care organisations to redesign and continuously improve services to ensure they meet the changing needs of people in Scotland.

The Improvement Hub (ihub) is part of Healthcare Improvement Scotland and was established in April 2016 to support those delivering health and social care across Scotland.

The ihub plays a key role in supporting services to deliver the vision outlined in the Health and Social Care Delivery Plan (Scottish Government, 2016) whereby people in Scotland can live longer, healthier lives at home or in a homely setting.

This work plan summarises our key programmes of work for 2017-2018 and has been developed to reflect the current needs and requests for support from our partners.

All our work is co-designed, co-owned and co-delivered with our partners, with the aim of building local improvement capacity to meet local need.

We support Health and Social Care Partnerships, Local Authorities, NHS Boards, third and independent care sector organisations, and housing organisations to design and implement services which enable people to receive the right support and care, in the right place, at the right time.

To find out more visit: ihub.scot
What we do

The ihub supports services and systems to understand their high impact opportunities for improvement.

<table>
<thead>
<tr>
<th>Our current offerings</th>
<th>2017–2018 priorities for development</th>
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</thead>
<tbody>
<tr>
<td>• We provide practical tools, guidance and support to enable delivery partners to understand the extent to which the design of their current systems and processes helps or hinders the delivery of high quality care.</td>
<td>• Working in partnership with ISD we will support our delivery partners to access and use comparative data to better understand their key opportunities for improvement.</td>
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<tr>
<td>• Through joint working with Our Voice, we provide practical guidance that enables delivery partners to better understand the needs, experiences and current outcomes of those accessing care.</td>
<td>• Working with the Improvement Service we will jointly develop the Public Services Improvement Framework self-assessment tool for application across Health and Social Care Partnerships.</td>
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<tr>
<td>• We develop self-assessment tools and support their implementation, ensuring alignment with any self-assessment processes used by the Healthcare Improvement Scotland Quality Assurance Directorate and the Care Inspectorate.</td>
<td>• Working in partnership with ISD we will develop simulation modelling tools to support health and social care partners to assess the potential impact of system redesign changes.</td>
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<td>• We proactively provide information on what has worked elsewhere in delivering improvement.</td>
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<tr>
<td>• We provide independent facilitation to support those delivering services to develop a common understanding of their priority areas for improvement.</td>
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We assist in the design of processes, care models and systems which will improve outcomes.

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<tr>
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<tr>
<td>• We offer an easily accessible repository of knowledge, tools and guidance to support the work of redesigning models and pathways of care. As part of this, we support the linkage of evidence and standards to the work of redesign.</td>
<td>• Develop our website as a “one stop” easily accessible source of information to support the work of redesigning models and pathways of care.</td>
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<tr>
<td>• We provide advice and support on co-designing services with all relevant partners including individuals who use them, their families and wider communities.</td>
<td>• Design and deliver a range of resources that support delivery partners to apply design and improvement methodologies to the work of redesigning services.</td>
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<tr>
<td>• We enable easy and wide access to work with national and international experts to support the work of redesign.</td>
<td>• Develop a co-production toolkit for workforce, communities, people accessing services, clinicians and social work leaders, establishing strong links with co-production agendas, the Alliance and SHC.</td>
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<tr>
<td>• We support work to design and test innovative solutions to common improvement challenges across Scotland.</td>
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We provide practical support to enable organisations to implement changes that will lead to improvement.

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<tr>
<th>Our current offerings</th>
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<tr>
<td>• We support delivery partners to use a systematic approach to testing and scaling up change.</td>
<td>• Support delivery partners to develop systematic approaches to developing the knowledge, skills, capacity and cultures that enable sustainable improvement.</td>
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<tr>
<td>• We design and deliver national improvement programmes that address common challenges across Scotland through a systematic approach to testing and then spreading at scale.</td>
<td>• Work with other national improvement organisations to further develop our approaches to identifying and scaling up improvement.</td>
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<tr>
<td>• We develop practical tools and guidance that support implementation of changes in agreed priority areas.</td>
<td>• Work with partners to maximise new approaches to market facilitation and procurement in supporting improvement.</td>
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<td>• We support delivery partners to build their capacity to implement change through commissioning training in improvement and providing practical coaching.</td>
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<tr>
<td>• We provide grants to enable delivery partners to test potential solutions to common priority improvement challenges across Scotland and develop guidance and tools that support the work of improvement.</td>
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<tr>
<td>• We provide allocations which enable delivery partners to develop their quality improvement infrastructures.</td>
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<tr>
<td>• We facilitate connections and collaboration between individuals working on common challenges (including UK wide and international networks).</td>
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<tr>
<td>• We work to ensure the national context supports rather than hinders the work of improvement.</td>
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We support services and systems to evaluate the impact of their changes and to spread the learning about what has and hasn’t worked.

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<tr>
<td>• We provide advice on how to embed evaluation across improvement work including support for developing the business case for improvement.</td>
<td>• Test approaches to using clinical, care and personal outcomes data to better understand the impact of services and changes.</td>
</tr>
<tr>
<td>• We support delivery partners to use data (qualitative and quantitative) to evaluate areas for improvement and to better understand population need.</td>
<td>• Work with SHC and partners to ensure the experiences of individuals accessing care is embedded into approaches to evaluating impact.</td>
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<tr>
<td>• We identify good practice/promising practice, capturing and sharing information on the ‘what and how’.</td>
<td>• Support work to develop a better understanding of the financial benefits of improving quality.</td>
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<tr>
<td></td>
<td>• Undertake work to develop a systematic approach in Scotland to sharing learning about what works in delivering improvement and applying/adapting that learning into different contexts.</td>
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### Living Well in Communities (LWiC)

**Aims and Delivery**

- **Unit Head:** June Wylie  
  **Programme Lead:** Thomas Monaghan  
- **Funding Source:** Majority HIS core funding. Palliative Care and Neighbourhood Care (Buurtzorg) is ring-fenced funding from Scottish Government.

**This portfolio supports Health and Social Care Partnerships (H&SCPs) to test and spread new ways of delivering services that enable more people to spend time at home or in a homely setting that would otherwise have been spent in hospital. It focuses on those topics that the evidence suggests will have the highest impact and it plays a key role in supporting the national aim of reducing unscheduled bed days by 400,000 by 2018.**

**Key Delivery Partners**

- Integrated Joint Boards (IJBs)/H&SCPs  
- NHS Boards  
- Allied Health Professions - Active and Independent Living Programme  
- Primary Care  
- Independent Sector  
- Third Sector  
- Acute Care  
- Care Inspectorate  
- Scottish Government  
- NHS Education for Scotland (NES)  
- NHS National Services Scotland (ISD)  
- Scottish Ambulance Service  
- NHS Health Scotland  
- The ALLIANCE

**During 2017/18, the portfolio will focus on a number of priority areas for improvement support, namely:**

- **Frailty & Falls:** Support H&SCPs to test community-based interventions that enable people with frailty (mild, moderate, severe) to live well in the community.

  - Provide platform to national falls programme/local falls leads to raise profile of national falls programme and the falls framework  
  - Support the Scottish Ambulance Service single point of access for falls  
  - Spread best tool(s) to use to identify people living in the community at risk of frailty  
  - Use existing knowledge base to test a package of interventions for people at risk of frailty  
  - Support H&SCPs to identify, prioritise, plan, implement, document and evaluate frailty and falls interventions
# Living Well in Communities (LWiC)

## Aims and Delivery

### Anticipatory Care Planning (ACP):**
Develop and deliver support to H&SCPs and the NHS that will raise awareness of the benefits of ACP, enabling people of all ages living with long term conditions to make informed decisions and live in their community, avoiding hospital admission when safe to do so.

- Increase uptake of ACP by supporting H&SCPs to embed ACP in their local area and raising public awareness
- Increase services’ ability to carry out meaningful ACP conversations by developing a national approach and resources for use of ACPs in all partnerships

### Intermediate Care & Reablement:*
Provide improvement support for H&SCPs and NHS that will enable them to maximise their intermediate care services thus providing alternatives to emergency inpatient care, support timely discharge from hospital, promote recovery and return to independence, and prevent premature admission to long-term residential care.

- Support H&SCPs to identify, prioritise, plan, implement, document and evaluate local intermediate care and reablement services
- Support the health and social care benchmarking network

### Palliative Care:
Support H&SCPs to test and implement improvements in the identification and care co-ordination of those who would benefit from palliative and end of life care.

- Work with the five H&SCPs to identify and prioritise local improvement projects
- Support H&SCPs to plan, implement, document and evaluate local palliative and end of life care interventions to improve access and co-ordination of care
- Work with owners of other commitments from the Strategic Framework for Palliative Care to share and implement learning

### Neighbourhood Care (Buurtzorg):*
Provide improvement support for H&SCPs and NHS to develop the cultures, infrastructures and skills required to deliver a neighbourhood model of community care based on the principles of Buurtzorg.

- Support H&SCPs to test the principles of Buurtzorg in a Scottish setting
- Establish an evaluation framework to determine the impact and outcome of testing
- Sharing learning through a learning network

## Priority for further development in 2017/18

- Work with LWiC Advisory group and key stakeholders to identify the most effective way to capture learning that will support the rapid sharing and spread of good practice across all H&SCPs
- Explore potential to include a stronger focus on care planning and care management
### Acute Care

<table>
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<tr>
<th>Aims and Delivery</th>
<th>Key Delivery Partners</th>
</tr>
</thead>
</table>
| **Unit Head:** Jo Matthews  
**Programme Leads:** Penny Bond/Alison Hunter  
**Funding Source:** Mix of HIS core and ring-fenced funding from Scottish Government Chief Nursing Officer Directorate.  
**To improve the quality of care and outcomes experienced for those receiving acute care. This portfolio is currently being actively redesigned to ensure successful integration of a range of separate improvement programmes including:**  
- Older People in Acute Care  
- Scottish Patient Safety Programme (SPSP) Acute Adult  
- Healthcare Associated Infections |  
- NHS Boards  
- IJBs/H&SCPs  
- Patients, families and carers, staff teams  
- Scottish Government sponsor divisions  
- Chief Nursing Officer Directorate  
- Royal Colleges  
- NHS Education for Scotland (NES)  
- Institute for Healthcare Improvement (IHI)  
- NHS National Services Scotland (ISD)  
- Other national improvement programmes and organisations  
- Healthcare Improvement Scotland Quality Assurance Directorate  
- Scottish Delirium Association  
- Scottish Ambulance Service |

Overarching outcomes will be developed in line with key existing policy and improvement priorities informed by key stakeholders.
## Medicines

<table>
<thead>
<tr>
<th>Aims and Delivery</th>
<th>Key Delivery Partners</th>
</tr>
</thead>
</table>
| **Unit Head:** Jo Matthews  
**Programme Lead:** David Maxwell  
**Funding Source:** HIS Core | • Patients and carers  
• NHS Boards  
• NHS National Services Scotland (Public Health and Intelligence)  
• NHS Education for Scotland (NES)  
• Royal Colleges  
• Universities/academia  
• Scottish Ambulance Service |

The Medicines programme aims to improve the safer use of medicines across all ihub portfolios through a whole system approach, focusing on the person as they move between care settings and care within their home.

### Priorities for 2017/18

- Reducing medicines harm across transitions of care (medicines reconciliation)
- Omitted medicines, to develop national measures and inform an element of the safety metrics in Excellence in Care
- High risk medicines, exploring potential national outcome measure and support NHS Boards with local priority areas
## Place, Home and Housing

### Aims and Delivery

<table>
<thead>
<tr>
<th>Unit Head:</th>
<th>June Wylie</th>
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<tr>
<td>Programme Lead:</td>
<td>TBC</td>
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<tr>
<td>Funding Source:</td>
<td>HIS core</td>
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This portfolio supports H&SCPs and NHS Boards to further develop their understanding of the contribution that housing makes to good health, enabling them to provide people with a home environment that supports greater independence and improved health and wellbeing. The portfolio will enable partnerships to share good practice, design and test new ways of working and provide strategic advice and guidance.

### Key Delivery Partners

- H&SCPs
- Local Authorities
- National representative housing bodies
- Scottish Government Housing Division
- Scottish Federation of Housing Associations (SFHA)
- Association of Local Authority Chief Housing Officers (ALACHO)
- Housing Partners for Health and Wellbeing (includes all the main national representative housing bodies)
- Registered Social Landlords
- NHS Health Scotland
- NHS Boards
- Allied Health Professions – Active and Independent Living Programme
- NHS Education for Scotland (NES)
- The ALLIANCE

### During 2017/18 the portfolio will focus on a number of priority areas for improvement support, namely:

- **Adapting for Change** – promote and support adoption of good practice from five sites who have tested new approaches to adaptations in people's homes
- **Community Equipment** – continue a programme of support with main emphasis on sharing learning and support adoption of good practice
- **Housing and Hospitalisation** – focuses on improving understanding of the extent and nature of housing-related delays in hospital and hence the most effective contribution that the housing sector can make, including links with intermediate care services
- **Housing Community Anchors** - collate and share examples of good practice, demonstrating how housing organisations contribute as community anchors in supporting health and wellbeing in deprived communities
- **Housing Partners for Health and Wellbeing** – continue development of this network and resource as part of the wider integrated improvement network in collaboration with the housing sector
- **Housing and Dementia** – in collaboration with Focus on Dementia partners continue to develop a programme of work on the housing contribution to improving the home environment for people affected by dementia
- **Housing Strategic Support** – support H&SCPs with the identification of housing-related aspects of strategic plans, providing tailored support as required

### Priority for further development in 2017/18

- Embed portfolio within ihub and work with key stakeholders and staff across the portfolio to review and refresh
### Primary Care

#### Aims and Delivery

<table>
<thead>
<tr>
<th>Unit Head: Gareth Adkins</th>
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<tr>
<td>Programme Lead: Jill Gillies</td>
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</table>

**Funding Source:** The majority of the budget for this portfolio is ring-fenced funding from Scottish Government Primary Care Division.

The primary care portfolio supports providers across primary care to bring about wide spread change and improvement across the health and social care system both in the care they deliver and in the way that care is delivered. Primary care has an essential contribution to make in providing care that is safe, effective and person-centred in localities as an alternative to acute care.

#### Key Delivery Partners

- NHS National Services Scotland (ISD)
- NHS Education for Scotland (NES)
- Royal College of General Practitioners (RCGP)
- Scottish School of Primary Care (SSPC)
- Care Inspectorate
- Scottish Care
- Community Pharmacy Scotland
- Royal Pharmaceutical Society
- Independent and multiple community pharmacies
- The ALLIANCE

#### During 2017/18 this portfolio will support partnerships and boards to maximise this contribution through:

- Providing improvement support to GP clusters to:
  - enable them to identify, plan and deliver improvements in the care they provide
  - support them in their role of working with others across localities and partnerships to transform how care is provided through redesign of services and new models of care
- Providing improvement support to primary care out of hours services to transform care for people requiring urgent care to ensure they can access high quality care from the most appropriate provider in a timely way in a primary care setting. This will enable primary care providers to maximise their contribution to providing high quality urgent care in the out of hours period
- Develop and deliver national improvement programmes supporting primary care, NHS Boards and H&SCP teams to reduce harm in primary care settings and develop the knowledge and skills to do the work of improvement. Current offerings include the following Primary Care workstreams:
  - **General Medical Practice** - national programme working with all 14 Territorial Boards and their GP Clusters
  - **Pharmacy within Primary Care** - improvement activity now based within National Community Pharmacy Contract
  - **Community Dentistry** - testing within three NHS Boards
  - **GP Out of Hours (Sepsis)** - testing within three NHS Boards and Scottish Ambulance Service
  - **Pressure Ulcers in Care Homes** - working in collaboration with NHS Boards, H&SCPs, Care Inspectorate, Scottish Care and care homes across Scotland to reduce the incidence of pressure ulcers for residents in care

#### Priority for further development in 2017/18

- Work with Scottish Government Primary Care Division to explore opportunities to better align the primary care improvement support offering still positioned within Scottish Government with the work in Healthcare Improvement Scotland
- Work with key stakeholders and staff across the portfolio to further align and adapt the offering to ensure a coherent improvement offering to primary care
## Mental Health

### Aims and Delivery

| Unit Head: | Gareth Adkins |
| Programmes Lead: | Johnathan MacLennan/Dan Harley/Kirsty Ellis |
| Funding Source: | The majority of the budget for this portfolio is ring-fenced funding from Scottish Government Mental Health Division and is attached to the Mental Health Access Work. Also have ring-fenced funding from the Scottish Government Chief Nursing Officer Directorate for the SPSP Improving Observation Practice work. |

The current portfolio consists of the Mental Health Access Improvement Support Team, SPSP Mental Health and the SPSP Improving Observation Practice.

### Priorities for 2017/18

- **The Mental Health Access Improvement Support Team (MHAIST)** has been established to support improved access to both psychological therapy interventions and Child and Adolescent Mental Health Services. It works with NHS Boards and IJBs to support a ‘deep dive’ diagnostic to understand the barriers to meeting the target of treatment within 18 weeks of referral and, on the basis of this, then agrees an improvement plan to enable reliable delivery of this access target.
- **SPSP Mental Health** supports NHS Boards and H&SCPs to improve outcomes for people with mental illness through a focus on reducing harm including restraint, violence, self-harm and seclusion, improving medicine safety risk assessment and safety planning at key transition points.
- **SPSP Improving Observation Practice** is focused on developing, delivering and testing revised guidance on improving observation practice through therapeutic engagement with suicidal, violent or vulnerable patients to prevent them from harming themselves or others at times of high risk during their recovery.

### Priority for further development for 2017/18

- Work with key stakeholders and staff across the portfolio to further align and adapt the offering to ensure a greater focus on designing/redesigning systems of care which enable prevention and early intervention.
- Explore options to expanding remit to include working with Integration Authorities and Community Planning Partnerships to support local strategic planning to protect and improve mental health and tackle inequalities in mental health.

### Key Delivery Partners

- NHS Boards
- H&SCPs/IJBs
- NHS National Services Scotland (ISD)
- Mental Welfare Commission
- Voices of eXperience
- Bipolar Scotland
- Support in Mind Scotland
- Scottish Association for Mental Health (SAMH)
- Scottish Recovery Network (SRN)
- Carers Trust Scotland
- Local and regional advocacy and service user/carer groups (for example Lanarkshire Links, HUG, Glasgow Mental Health Network)
- Scottish Association of Social Workers
- Police Scotland
- Scottish Ambulance Service
- Scottish Human Rights Commission
- NHS Education for Scotland (NES)
- Royal College of Psychiatrists
- The ALLIANCE
Maternity and Children’s

<table>
<thead>
<tr>
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<tbody>
<tr>
<td><strong>Unit Head:</strong> Jo Matthews</td>
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<td><strong>Programme Lead:</strong> Bernie McCulloch</td>
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<tr>
<td><strong>Funding Source:</strong> HIS core funding</td>
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<tr>
<td><strong>This programme aims to improve outcomes by providing a safe, high quality care experience for all women, babies, children and families, in settings of care across Scotland.</strong></td>
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<tr>
<td><strong>In 2017/18, the programme will focus on the continued phased implementation of Maternity and Children’s Quality Improvement Collaborative (MCQIC) in line with the three programme aims 2016–2019, with a focus on the following improvement activity.</strong></td>
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<tr>
<td><strong>Maternity Care</strong></td>
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<tr>
<td>Reduce the incidence of avoidable harm and acute maternal morbidity in women and babies by 30% by March 2019:</td>
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<td>• reduce stillbirths by 35%</td>
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<td>• reduce neonatal mortality by 15% (shared aim with the neonatal care programme)</td>
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<tr>
<td>• reduce severe postpartum haemorrhage by 30%</td>
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<td>• increase vaginal birth by 15%</td>
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<tr>
<td>• reduce hypoxic-ischaemic encephalopathy by 30%</td>
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<tr>
<td><strong>Neonatal Care</strong></td>
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<tr>
<td>Achieve a 30% reduction in adverse events that contribute to avoidable harm in neonatal services by March 2019, defined by addressing harm arising from:</td>
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<td>• mechanical ventilation</td>
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<td>• hypothermia</td>
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<td>• invasive lines</td>
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<td>• high-risk medicines</td>
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<td>• transitions of care</td>
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<td>• undetected deterioration</td>
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<tr>
<td>• NHS Boards</td>
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<tr>
<td>• NHS Scotland midwives, obstetricians, paediatricians, nursing, neonatologists</td>
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<tr>
<td>• Scottish Government, Early Years Collaborative, Raising Attainment For All (RAFA)</td>
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<tr>
<td>• Parents and families</td>
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<td>• Royal Colleges</td>
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<td>• MBBRACE</td>
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### Maternity and Children’s

#### Aims and Delivery

**Paediatric Care**

Reduce avoidable harm in paediatric services by 30% by March 2019:

- reduce serious safety events
- reduce medicines harm
- reduce ventilator-associated pneumonia
- reduce central venous catheter bloodstream infection
- reduce unplanned admissions to intensive care
- improve child protection identification and escalation processes within acute hospitals

#### Priority for further development for 2017/18

- Work with the relevant Scottish Government Policy divisions to support the implementation of recommendations from the Scottish Government Maternity Review
- Work in collaboration with Children and Young People’s Collaborative within Scottish Government team to ensure maximising opportunities within improvements efforts across health, social care, education, police and third sector
# Focus on Dementia

## Aims and Delivery

**Unit Head:** June Wylie  
**Programme Lead:** Michelle Miller  
**Funding Source:** Majority HIS core. Specialist Dementia Unit is resourced through ring-fenced funding from Scottish Government Chief Nursing Officer Directorate. Acute Care funding by Scottish Government Chief Nursing Officer Directorate. Directorate for Health and Social Care Integration at Scottish Government funding is supporting the testing of PDS in a primary care context and International Consortium for Health Outcomes (ICHOM) testing.

Focus on Dementia works in partnership with national organisations, health and social care practitioners, people with dementia and carers to reduce variation and improve the quality of dementia care. Taking a whole pathway approach, the portfolio supports improvements in diagnosis and post-diagnostic support (PDS), care co-ordination in the community, specialist dementia units, acute care and advanced care. The portfolio supports the implementation of the dementia strategy for Scotland and identifies new and emerging areas of good practice.

## Key Delivery Partners

- NHS Boards  
- IJBs/H&SCPs  
- People with dementia, carers and staff, including Scottish Dementia Working Group and National Carers Action Network and Dementia Carers voices  
- Dementia Policy Team and Chief Nursing Officer Directorate  
- Alzheimer Scotland  
- NHS Education for Scotland (NES)  
- Scottish Social Services Council  
- Care Inspectorate  
- Scottish Care  
- The ALLIANCE

## During 2017/18 the focus will be on:

- **Supporting Implementation and Improvement of Diagnosis and Post Diagnostic Support (PDS) as part of the LDP standard**  
  Leading the development, testing and implementation measurement of Quality Improvement Framework. Sharing good practice through PDS network and PDS leads. Testing PDS within a primary care context.

- **Care Co-ordination in the Community**  
  Use learning from external evaluation to identify recommendations for sharing learning and practice in Scotland. Work with LWiC team to test the new Alzheimer Scotland advanced model for dementia within a number of H&SCPs who are working to evaluate local palliative and end of life care interventions to improve access and co-ordination of care.

- **Specialist Dementia Units**  
  Support four demonstrator sites in Scotland to understand local context and improvement priorities and co-design and deliver improvements to reduce variation and improve outcomes and experience for people with dementia, carers and staff. Design and support learning network which enables rapid spread of learning across Scotland.

- **Acute General Hospital Programme**  
  Ongoing support to improve the quality of care, experience and outcomes for people with dementia in acute general hospitals, carers and staff, in accordance with the 10 care actions for dementia.
**Focus on Dementia**

**Aims and Delivery**

- **International Consortium for Health Outcomes Measurement (ICHOM)**  
  These values-based, patient reported outcome measures are being tested within Home Based Memory Rehabilitation Services and a Board area in Scotland and will provide an opportunity to test dementia standards based not only on evidence of best clinical practice but also on what matters most to people living with dementia.

**Priority for further development for 2017/18**

- Testing the relocation of PDS in a primary care setting within 3 GP cluster areas  
- Working in partnership with the Older People in Acute Care (OPAC) programme and SPSP to redesign acute care improvement offer  
- Developing and testing the Quality Improvement Framework for PDS  
- Testing the (ICHOM) dataset in practice
### Tailored and Responsive Improvement Support

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<th>Aims and Delivery</th>
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| **Unit Head:** Gavin Russell  
**Programme Lead:** Vacant  
**Funding Source:** HIS core funding | - NHS Boards  
- IJBs/H&SCPs  
- On a project by project basis, we work with a wide range of national improvement partners, including the Care Inspectorate, the Improvement Service, NHS Education for Scotland and NHS National Services Scotland |

The Tailored and Responsive Improvement Support Team (TRIST) provides bespoke improvement advice, coaching and support to partners from across health and social care. The team works with delivery partners, designing bespoke improvement solutions focused on developing improvement capacity, service improvement work and pathway/system redesign. Support is provided by a core team of improvement advisors and a range of independent ihub associates who provide specialist support when required.

### Key delivery priorities for 2017/18

- Build on the learning from our first year of support by identifying critical areas where TRIST can have the highest impact for partners  
- Ensure that our support complements partners' own improvement capacity by creating stronger links between TRIST and existing improvement support teams at a national and local level  
- Identify TRIST projects which have the potential to be scaled up at a regional or national level and work with partners to facilitate this  
- In response to the needs of those we work with, TRIST will expand the skill-mix available to partners via the ihub associates – additional skills will include Policy Development and Strategic Planning; Organisational Development; Change Management; Economics; Data and Measurement support

### Priority for further development for 2017/18

- A review of support provided to date will be carried out to enable the team to assess current and anticipated future demand and to ensure this offering is focused on areas where it can have greatest impact  
- Develop contract management skills to ensure we maximise the benefits of consultancy type support
## Evidence, Evaluation and Knowledge Exchange

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<tr>
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</table>
| **Unit Head:** Gavin Russell  
**Programme Lead:** Gary McGrow  
**Funding Source:** HIS core funding | • NHS Boards  
• IJBs/H& SCPs  
• On a project by project basis, we work with a wide range of national improvement partners, including the Care Inspectorate, the Improvement Service, NHS Education for Scotland and NHS National Services Scotland |
| The aim of the Evidence and Evaluation for Improvement Team (EEvIT) is to support the ihub to provide an evidence-based approach to improvement in health and social care and to capture the impact of ihub support. EEvIT also supports the role of evidence in the field of improvement within the wider health and social care system by supporting projects identified and prioritised by TRIST. EEvIT support includes literature reviews, critical appraisal and evidence synthesis; health economics and costing analyses; advice on project and programme evaluations; and training and awareness sessions. | |

### Key delivery priorities for 2017/18

Supporting both national programmes and delivery partners to:

- Build and use an evidence base to support the work of redesigning and improving services
- Further develop approaches to measuring and monitoring the impact of the improvement work
- Work with partners to capture knowledge to spread relevant learning at pace across the health and social care system

### Priority for further development for 2017/18

- Review our approach to knowledge capture and exchange, in recognition that we need to strengthen our ability to capture what is working and rapidly spread learning across the system
- Refine our approach to measuring the financial impact of improvement work
# Grants and Allocations

## Aims and Delivery

**Unit Head:** Gavin Russell  
**Improvement Fund Manager:** Esme Wilson  
**Funding Source:** HIS core funding

We provide grants and allocations to enable work to happen locally. The Improvement Fund aims to enable the successful testing and implementation of projects with potential for regional or national impact. The QI allocation supports the development of local improvement capacity and capability.

## Key Delivery Partners

- NHS Boards  
- IJBs/H&SCPs  
- Third and Independent Sector  
- Housing organisations

In addition, the following organisations are represented on our advisory group for the development of the Improvement Fund:

- Scottish Council for Voluntary Organisations (SCVO)  
- Scottish Community Development Centre  
- The ALLIANCE  
- Voluntary Health Scotland  
- Scottish Health Council  
- Health & Social Care Partnership representative  
- Voluntary Action Scotland  
- Coalition of Care and Support Providers in Scotland  
- Scottish Government

## Key delivery priorities for 2017/18

- To support and learn from successful projects from the 2016/17 allocation by identifying and sharing learning locally, regionally or nationally.  
- Review of Continuous Quality Improvement allocation scheduled for January/February will include some external evaluation and engagement with key partners in H&SCPs and NHS Boards. This review will ensure the 2017/18 allocation approach has clear objectives, continuous review cycle and evaluation methods embedded.
## Person-Centred Care

### Aims and Delivery

<table>
<thead>
<tr>
<th>Unit Head:</th>
<th>Gareth Adkins</th>
</tr>
</thead>
<tbody>
<tr>
<td>Programme Lead:</td>
<td>Diane Graham</td>
</tr>
<tr>
<td>Funding Source:</td>
<td>HIS core funding</td>
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</tbody>
</table>

The Person-Centred Care programme aims to support health and care organisations to build the capacity and skills in using person-centred and co-design approaches to improve care experience, and to design and deliver services focused on what matters to people.

### Key Delivery Partners

- NHS Boards
- IJBs/H&SCPs
- Scottish Government Person-Centred Care Team
- IRISS
- Citizens, carers, families and communities
- Scottish Social Services Council (SSSC)
- NHS Education for Scotland (NES)
- Personal Outcomes Network
- The ALLIANCE

### Key delivery priorities for 2017/18

- Continue to support delivery partners to implement and evaluate two improvement models that focus on improvements identified through feedback given at point of care and following care
- Supporting delivery partners to build capability in using Experience Based Co-design (EBCD) as a methodology for collaborative and co-produced service improvement and redesign within health and social care settings. Develop a support and coaching package based on learning from demonstrator sites
- Co-design and co-ordinate the national ‘What matters to you?’ day campaign. Sharing learning from national and international examples of impact
- Continue to support a network for sharing emerging good practice in person-centred approaches
- Support Healthcare Improvement Scotland’s improvement programmes to build capacity and capability to incorporate and work within clear person-centred and involvement principles in their design and delivery

### Specific test sites

- NHS Lanarkshire
- NHS Western Isles
- NHS Tayside
- NHS Greater Glasgow and Clyde
- NHS Ayrshire & Arran
- North Lanarkshire IJB
- Third and independent sector: IRISS
- NHS Lothian
- NHS Grampian
## Board and Partnerships QI Development

<table>
<thead>
<tr>
<th>Aims and Delivery</th>
<th>Key Delivery Partners</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Portfolio Lead:</strong> Heather Shearer</td>
<td>• NHS Education for Scotland (NES)</td>
</tr>
<tr>
<td><strong>Funding Source:</strong> HIS core funding</td>
<td>• Improvement Service</td>
</tr>
<tr>
<td>The aim of this offering is to support delivery partners to create the conditions where improvement work can flourish.</td>
<td>• Board members</td>
</tr>
</tbody>
</table>

### Key delivery priorities for 2017/18

- Continue to deliver and develop the support for NHS Board members to increase their understanding of QI so that they can lead and govern organisations to continuously improve and contribute to the nine health and wellbeing outcomes.
- Commission lead-level programmes from NHS Education for Scotland (NES) and promote skill development in social care, third and independent sectors.
- Ensure effective leadership, support and engagement of key networks which support the improvement of health and care services across Scotland – includes international (for example Q, UKIA) and national networks (for example networks associated with improvement programmes).

### Priority for further development for 2017/18

- Support for IJBs to develop their strategic approach to building quality improvement knowledge, skills and capacity.
- Support for IJBs and NHS Boards to develop their overall approach to quality management.
### Strategic Planning

#### Aims and Delivery

| Unit Head: | Diana Hekerem |
| Program Lead: | Zaid Tariq |
| Funding Source: | HIS core funding |

To enable health and social care organisations to make data and evidence-driven decisions to support redesign of their local health and social care system.

#### Key Delivery Partners

- H&SCPs, NHS Boards and Local Authorities
- NHS National Services Scotland – especially ISD
- Improvement Service – Coalition of Care and Support Providers in Scotland (CCPS) data sets
- Care Inspectorate (CI data sets)
- The ALLIANCE
- CCPS/SCVO/Scottish Care and wider independent sector/Scottish Housing Association/Scotland Excel/Social Work Scotland
- Community and public engagement groups

#### Key delivery priorities for 2017/18

- Develop, test, evaluate and roll out High Resource Individual analysis as a tool within strategic planning prioritisation
- Develop, test, evaluate and roll out of integrated flow method as a tool within strategic planning prioritisation and financial planning
- Develop, test, evaluate and roll out support for financial modelling tools to support re-provision
- Develop business planning focused evaluation support
- Collate and disseminate good practice in transformation service commissioning plans and business cases
- Lead on national comparative data partnership
# Third and Independent Sector Engagement

<table>
<thead>
<tr>
<th>Aims and Delivery</th>
<th>Key Delivery Partners</th>
</tr>
</thead>
</table>
| **Unit Head:** Diana Hekerem  
**Programme Lead:** Sarah Currie  
**Funding Source:** HIS core funding | • CCPS/the ALLIANCE/Scottish Council for Voluntary Organisations (SCVO)/Scottish Care and wider independent sector/Scottish Housing Association/Scotland Excel/SWS/SFHA  
• H&SCPs, NHS Boards and Local Authorities  
• NHS National Services Scotland (ISD)  
• Improvement Service  
• Care Inspectorate  
• Community and public engagement groups |

**To provide an interface between ihub/HIS and the third and independent sectors to optimise what their contribution is and could be to health and wellbeing.**

### Key delivery priorities for 2017/18

- Establish plan of support to national third sector organisations and ensure meaningful engagement in programmes of work
- Support the third sector engagement in strategic commissioning support areas, including data and analysis, co-production and market facilitation
- Provide link for ihub and Healthcare Improvement Scotland to third sector activities
- Work alongside national organisations to ensure outcome-based commissioning practice, including procurement practice, allows for a thriving and innovative sector
- Through commission to Scottish Care, support the independent care and third sector engagement in the redesign and improvement of health and social care services.
## Scottish Approach to Strategic Commissioning Design

<table>
<thead>
<tr>
<th>Aims and Delivery</th>
<th>Key Delivery Partners</th>
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</thead>
<tbody>
<tr>
<td><strong>Unit Head:</strong> Diana Hekerem</td>
<td>• H&amp;SCPs, NHS Boards and Local Authorities</td>
</tr>
<tr>
<td><strong>Programme Lead:</strong> Vacant</td>
<td>• NHS National Services Scotland (ISD)</td>
</tr>
<tr>
<td><strong>Funding Source:</strong> HIS core funding</td>
<td>• Improvement Service</td>
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<td></td>
<td>• Care Inspectorate</td>
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<td>• NHS Health Scotland</td>
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<td></td>
<td>• CCPS/the ALLIANCE/Scottish Council for Voluntary Organisations (SCVO)/Scottish Care and wider independent sector/Scottish Housing Association/Scotland Excel/SWS</td>
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<tr>
<td></td>
<td>• Community and public engagement groups</td>
</tr>
<tr>
<td>To support health and social care organisations with whole system redesign by developing and embedding a Scottish approach to strategic commissioning design within the ihub.</td>
<td></td>
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</tbody>
</table>

### Key delivery priorities for 2017/18

- Develop, test, evaluate and roll out a range of methodologies to support transformational redesign
- Develop co-production toolkit for workforce, communities, people accessing services, clinicians and social work leaders, establishing strong links with co-production agendas and Scottish Health Council
- Collate and disseminate good practice in transformational service design
- Lead on partnership and collaboration across health and social care, including third and independent sectors and Scottish Government for service design
- Develop e-health strategy within transformational redesign and links with relevant Scottish Government policies
- Engage with international forums of learning on transformational redesign
## Outcome-based Commissioning

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td><strong>Unit Head:</strong> Diana Hekerem</td>
<td>• H&amp;SCPs, NHSBoards and Local Authorities</td>
</tr>
<tr>
<td><strong>Programme Lead:</strong> Des McCart</td>
<td>• NHS National Services Scotland (ISD)</td>
</tr>
<tr>
<td><strong>Funding Source:</strong> HIS core funding</td>
<td>• Improvement Service</td>
</tr>
<tr>
<td>To support health and social care organisations to build quality commissioning relationships which enable maximised outcomes for individuals and/or communities.</td>
<td>• Care Inspectorate</td>
</tr>
<tr>
<td></td>
<td>• NHS Health Scotland</td>
</tr>
<tr>
<td></td>
<td>• CCPS/the ALLIANCE/Scottish Council for Voluntary Organisations (SCVO)/Scottish Care and wider independent sector/Scottish Housing Association/Scotland Excel/SWS</td>
</tr>
<tr>
<td></td>
<td>• Community and public engagement groups</td>
</tr>
</tbody>
</table>

**Key delivery priorities for 2017/18**

- Develop programme of work alongside H&SCP commissioning bodies to support emerging good practice in outcome based commissioning
- Work alongside other national organisations across health and social care, including third and independent sectors, to develop training and support for outcome based commissioning
- Work with H&SCPs’ commissioning bodies providing advice, facilitation and critical friend support in resolving barriers to implementing outcome based commissioning
- Work with key policy areas in Self Directed Support (SDS), personal outcomes, procurement, integration, community led support to be a conduit for emerging best practice between H&SCPs and policy guidance
- Work alongside national standard bodies, commissioning and procurement organisations to support emerging best practice
- Support evaluation and dissemination of emerging good practice in Scotland of outcome based commissioning approaches