



## Care Inspectorate improvement strategy 2017 - 2019

### Introduction

This improvement strategy presents the direction and focus of the Care Inspectorate's developing approach and contribution to supporting improvement in social care and social work in Scotland for the next two years. The strategy applies across the whole organisation; it sets out what our improvement offer is, indicates what our improvement support is internally and externally and how we can do that well. It describes and suggests ways in which the learning and development needs for our workforce can be supported in order to develop and empower confident agents and leaders of improvement. It also emphasises the importance of working with others and developing improvement alliances to support improvement.

This strategy is designed to intrinsically support the cultural and strategic changes in the organisation's approach to scrutiny and improvement where there is an increasing focus on outcomes for people and the impact of care. It will also reflect the component parts of the Care Inspectorate's transformational plan:

- Consolidating excellence
- Cultural change
- Collaboration
- Confident and competent workforce

Over recent years the Care Inspectorate has moved from compliance to an improvement-focused approach which provides assurance about care quality and this continues going forward. There are two particular levers for change: a greater methodological emphasis on evaluating the quality of people's experiences and outcomes, and a new set of outcomes focused national health and care standards based on human rights and wellbeing. The new standards provide a radical, progressive and person-led approach to planning care and reviewing its quality. They bring constructive challenge to providers and commissioners about how they are improving people's experiences. This strong focus on what matters most to people will help to further build the culture and understanding of improvement in the organisation and across the social care sector. It will undoubtedly bring different opportunities for improvement activity and testing innovative models of care as the new standards are implemented.

The improvement strategy emphasises how as an organisation we will continue to use the essential diagnosis provided by a more modern form of scrutiny to offer public assurance about what works well, identifying what needs to improve and where it needs to improve. It also stresses the importance of identifying and disseminating good practice to support improvement, evidencing where good practice is developing as a result of improvement locally and nationally and being

open to and growing innovation. This is critical for supporting continuous improvement which can be sustained for the longer term. This improvement work may be carried out by individual Care Inspectorate staff or in partnership with other scrutiny and improvement partners. Where skilled and resourced to do so, we will also provide and support national improvement programmes to raise the quality of care. We will offer targeted improvement support to services and providers, based primarily on our inspection findings, in order to guide and support innovation, targeting this to where it is expected to make the most significant impact on driving up care quality.

Improvement, by the very nature of the process, requires the organisation and its partners to work differently and to be united in approach, optimistic and relentless in the drive for excellent care. In order to see success the experience, knowledge and input of everyone involved must be valued and respected whilst working on the principles of collaboration such as 'we all teach and all learn.' An important component of our improvement work is to recognise and learn from what doesn't work well along with celebrating successes. This improvement strategy is key to realising our vision for everyone to experience the best health and care possible.

## **Background**

The Care Inspectorate is a national scrutiny body which supports improvement across integrated health and social care, social work, early learning and childcare, and criminal justice in Scotland. We are a non-departmental public body which is independent from, but accountable to, the Scottish Government.

The Care Inspectorate's work stretches across areas such as integrated health and social care, social care that is not integrated, social work, public protection, early learning and childcare, criminal justice social work, youth justice, community justice, and public service reform. We regulate around 14,000 care services and provide strategic scrutiny in local partnerships. We work across 31 integrated authorities, 32 local authorities and community planning partnerships in Scotland. There are 849 care homes for older people, approximately 2,500 care at home/housing support services, and many other support services for adults, children and young people. In addition almost 190,000 social care professionals work in the social care sector.

As an organisation we are developing world-class approaches to scrutiny and improvement that focus on the outcomes for people experiencing care. Working collaboratively with many different partners, our aim is for Scotland to have the most advanced system of care scrutiny and improvement support in the world that results in better outcomes for people experiencing care.

Importantly, the Care Inspectorate has a specific duty for improvement: Section 44(1) b of the Public Service Reform (Scotland) Act 2010 places upon us "the general duty of furthering improvement in the quality of social services".

In order to achieve our ambitions as an organisation we require a far reaching, flexible and dynamic improvement strategy which supports the strategic direction of the Care Inspectorate, responds to the needs in the sector, fits with national strategy priorities, aligns with our values and supports the corporate objectives to improve the quality of care.

## **What is improvement?**

One definition of improvement is 'an act or process which enhances value or excellence'

Further, quality improvement has been defined by some experts as - the combined unceasing efforts of everyone – professionals, those experiencing services and their families, researchers, planners, educators and others – to make the changes that will lead to better outcomes (health and social), better system performance (care) and better professional development (learning)

Improvement is a different approach to assuring quality. It goes beyond traditional methods of setting targets, recommendations and requirements in order to see improvement in care quality, where it may be appropriate to do so. It brings a systematic approach to realising improvement in the quality of care which focuses on outcomes for people. Whilst the responsibility for improvement rests with those providing and leading services a true improvement approach brings people together to identify, plan and make the changes collaboratively where it has been clearly identified it will make a difference to the lives of individuals. It provides opportunities and generates creativity and innovation.

The Institute for Healthcare Improvement (IHI) talks about the 'science of improvement' which indicates that in order to make improvements something fundamentally must change. However, not all changes result in improvements. Therefore, it is necessary to explore where improvement is required and what change may result in improvement, so applying the principles of improvement science and achieving positive, sustainable change. This exploration of what improvement is required may come directly from scrutiny evidence or may take the form of a root cause analysis of systems and processes. The changes may be informed by existing good practice but may also come from testing innovative approaches.

Key principles of improvement science are:

- know why improvement is required
- develop/identify a change you think will result in an improvement
- have a system which will evidence improvement has taken place.

In addition, using the 'Model for Improvement' (figure 1) when planning to carry out improvement work provides a framework in which improvement support can take place. This consists of three fundamental improvement questions in order to define the improvement aim, intended outcome and change idea and also a system for planning and running small tests of change (Plan, Do, Study, Act (PDSA)). This approach has proven to promote efficient and effective, sustainable change and importantly provide learning for individuals and organisations to build further improvement interventions from.

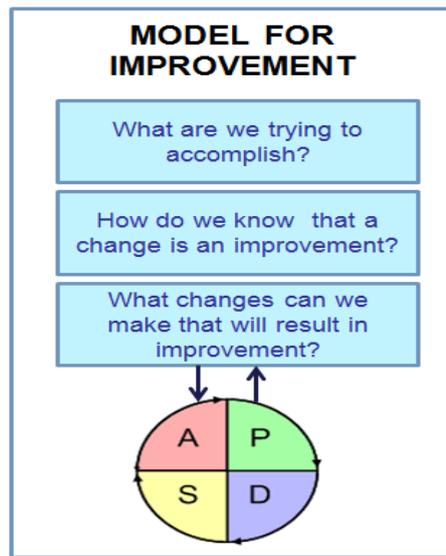


Figure 1: Model for Improvement

### What is improvement in the Care Inspectorate?

The Care Inspectorate is currently involved in and/or leading improvement across services from supporting national, themed improvement programmes to signposting to good practice. Research tells us that when improvement work is done in collaboration with colleagues, teams and partners across sectors and organisations, ensuring that the voice of the person experiencing care is valued throughout the process, this is when it is most successful. Outcomes for people and the sector from improvement work to date have been extremely positive. This will expand and grow as we go forward with new collaborative opportunities, increased improvement capacity and capability and a focus on evidencing implementation of good practice and improved care.

Scrutiny is a diagnostic tool which evidences to the public, and care leaders, what is working well and what needs to improve. Scrutiny is one of the ways to help inform and prioritise what improvements are required in social care and social work and subsequently the improvement support required. Inspectors can take regulatory action where care is failing, but this is a last resort: the preferred approach is to support improvement where possible. As a scrutiny and improvement organisation the Care Inspectorate will continue to develop how it uses scrutiny as a diagnostic tool for identifying improvements. This, with other intelligence gathered, for example through focus areas and our response to national health and social care policy priorities assist in informing, prioritising and planning our improvement activity.

There are two main overarching approaches we take to leading and supporting improvement:

- Immediate and/or short/medium term improvement intervention during the inspection process as a direct response to scrutiny where improvements have been identified. This is improvement which is carried out by inspection staff and/or the local support networks with advice, support and mentoring from the Improvement Support Team where appropriate.

- Themed and focused improvement support programmes – these are planned, longer term pieces of improvement work. They can be identified and prioritised through intelligence and led by the Care Inspectorate, they may be in partnership with other improvement bodies or organisations supported or led by the Care Inspectorate. They may be externally funded. The majority of this work is carried out by the Improvement Support Team with involvement from inspection staff and subject matter experts as appropriate.

The detail of the type of improvement support that can be offered is given in the next section on page 7.

In order to further support these overarching approaches to improvement, work is required to explore through the intelligence review and business transformation process what information could be captured, interpreted and utilised to inform, assist and evidence improvement. This will make an effective use of resources providing appropriate improvement support which is targeted and will be able to evidence its effectiveness.

Our improvement priorities and improvement support plan will be informed by the outcomes from scrutiny and inspection focus areas. As the new Health and Social Care standards are implemented, we anticipate areas for improvement will be highlighted at local and national level, particularly areas which have not previously been a focus of scrutiny in regulated care services. This is likely to include areas such as strategic commissioning and assessment informing placement decisions. This will require the Care Inspectorate to have flexibility to respond to these from an improvement perspective. Also, as scrutiny models and methodology evolves and changes over the next months and years the improvement priorities and response will require to change to reflect that; for example to support improvement where significant difficulties are identified as a result of strategic scrutiny and a clear, targeted approach is required and where different models such as place based scrutiny are used.

The Care Inspectorate model of social care scrutiny and improvement (Figure 2) is designed to improve care quality. Quality is assessed by the extent to which care supports positive outcomes, not compliance. Intelligence-led scrutiny, based on robust self-evaluation by care leaders, informs evidence-led improvement support.

This form of scrutiny does not mandate how improvement must take place – that is owned by local care leaders, drawing on improvement support from a wide range of sources. The model provides independent evidence on whether improvement activity has been successful. There is therefore an important need to expand our concept of evidence-led improvement to include scrutiny evidence which tests the quality of experience and outcomes, as well as research evidence which tests the efficacy of an intervention itself. Combined, there is significant potential for a powerful evidence base to help care improve.

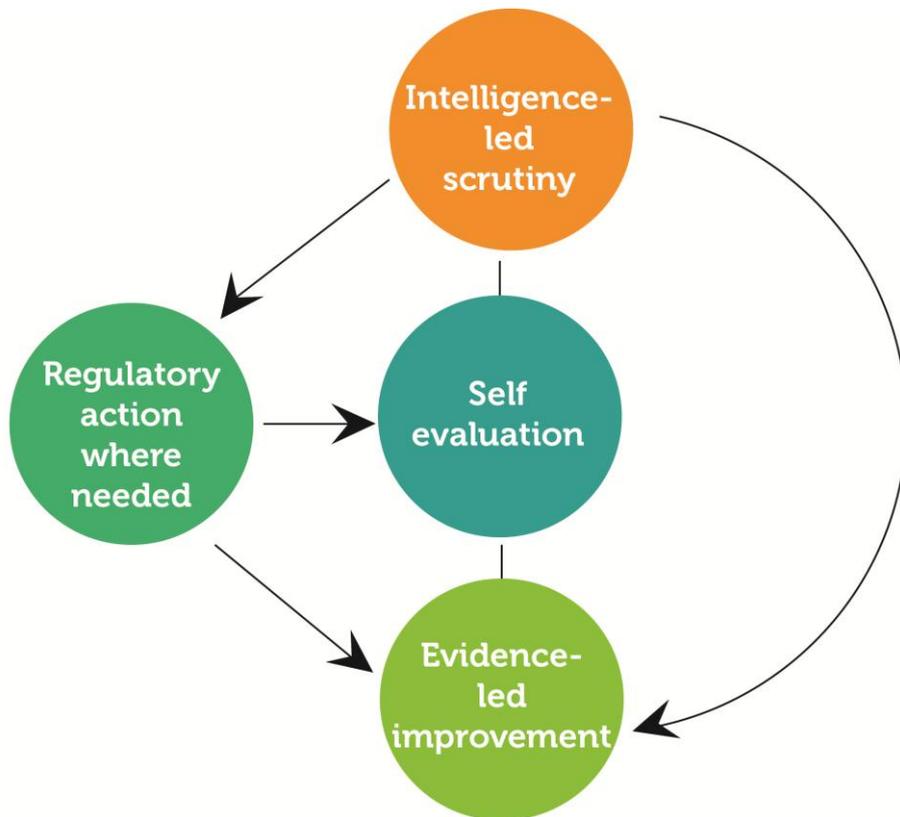


Figure 2: Social care scrutiny and improvement model

### What is improvement support in the Care Inspectorate?

Research tells us that improvement should be done by those closest to the front line in order to make changes that are appropriate, sustainable and truly improve the lives of those experiencing care. However, in order to make sustainable improvements in care improvement support may be necessary and is almost always helpful, whether this is to partnerships at a strategic level and/or providers/care managers locally.

In the Care Inspectorate, improvement support and intervention is primarily provided by inspection staff, by the Improvement Support Team, through Care Inspectorate led programmes and through those contributing to improvement collaborations such as:

- Other scrutiny and improvement bodies, for example Healthcare Improvement Scotland (HIS), Education Scotland and the Mental Welfare Commission (MWC)
- Workforce regulators, for example Scottish Social Services Council (SSSC) and the Nursing and Midwifery Council (NMC)
- Umbrella organisations, for example the Convention of Scottish Local Authorities (COSLA), the Scottish Out of School Care Network (SOSCN), Social Work Scotland (SWS), Scottish Care, the Coalition of Care and Support Providers Scotland (CCPS) and Early Years Scotland
- Education and training bodies, such as NHS Education Scotland (NES), colleges and universities.

Examples of the types of improvement support/interventions currently used most often or being developed include:

- Improvement conversations which empower and enable individuals to see improvement opportunities and put knowledge in to action
- Developing and signposting to good practice and resources
- Signposting to services and partnerships which evidence good practice and innovation to encourage learning exchange
- Improvement workshops with providers, partnerships and others which offer information on up to date good practice, an introduction to improvement and key skills and improvement support
- Promoting and sharing evidence of improvement work which has been successful and promote spread
- Developing health guidance and providing advice to people and organisations
- Translating national strategy to identify improvement opportunities and necessary support
- Working in collaboration with local and national improvement leads and organisations
- Care Inspectorate led national improvement programmes such as Care About Physical Activity (CAPA)

The improvement support/interventions and collaborative working will be strengthened and extended as skills in improvement increase across the organisation. During 2017/18 and going forward opportunities for staff to learn, develop skills and confidence in improvement techniques will be made available and delivered through the Improvement Support Team. This will be done in a way that provides learning about improvement models and approaches, practical support to use improvement tools along with mentoring to support improvement work.

In order to build and consolidate this learning it would be helpful to explore a model of improvement support which would indicate having an identified improvement lead/coach/ambassador within teams across the organisation. Link inspectors, contact managers and/or senior inspectors may have a valuable, key role to play in supporting improvement in this way in the organisation and across the care sector.

### **Improvement Support Team**

The Improvement Support Team, led by the Head of Improvement Support, is made up of the Improvement Support Team Manager, Consultants and Improvement Advisors who have subject matter expertise in specialist areas of health and wellbeing.

The team support improvement in the Care Inspectorate in a myriad of ways including developing guidance and acting in an advisory role, working with services and providers to focus on specific improvements and with partner organisations to develop educational solutions for the care sector and contribute to strategic improvement activity. The AHP Consultant, Improvement Support Team (previously titled the Dementia Consultant) has a wide role and works in collaboration with the Scottish Government, other national organisations and providers of care giving strategic leadership, advice and guidance, translating current policy into practice to

support the implementation of national health and social care strategies, along with identifying improvement opportunities. The team's improvement support and expertise is essential for the organisation, for providers of care and for impacting nationally on policy and good practice as well as leading improvement programmes and working in collaboration.

Here are examples of some of the improvement projects/programmes currently taking place over the time frame of this strategy:

- Focus on dementia – improvement programme for specialist dementia units in collaboration with HIS, NES and Scottish Care
- Implementation of the use of SOFI 2 in Early Years in the Care Inspectorate
- Reducing medication incidents in a care home - test and potential spread
- Food and fluid in care (Adults) 'spotlight on' section for the CI Hub. This project's aim is to create a one stop shop that highlights best practice, guidance, practical support, contacts, shared learning & ideas around all things food and fluid
- Reducing Pressure Ulcers in Care Homes improvement programme in partnership with Scottish Patient Safety Programme.
- Care About Physical Activity (CAPA) improvement programme – based on CAPA to promote moving more with care professionals and those experiencing services
- Continence promotion project - to reduce the amount of urine voided into containment products by 25% for six residents living in a care home for older people over a 6 month period. Test and potential spread.
- Developing an infection prevention and control 'model policy' tool on minimum standards in care homes for care professionals and inspection staff.
- EYC nutrition publication based on Setting the Table (StT).
- Develop and deliver training in improvement science and improvement support for Care Inspectorate staff and for the care sector.

The team are developing further their improvement capability and all team members will have completed their improvement advisor training through NES by early 2018. This will enable the team to provide expert improvement support in a broader way, drawing on subject matter expertise from within the organisation and from external sources, a model they have already started working towards. This is an efficient and effective way of working within the current resources available and supports inspection staff to further develop their understanding and skill in improvement. This in turn will mean that the workforce will feel more capable and confident to support improvement and work differently. Working in this way provides people with the opportunity to utilise the expertise they have in specialist areas across the organisation which in turn nurtures and maintains skills and knowledge. In order to do this well it will be critical to identify a way of mapping expertise and talent across the organisation and facilitating a system for knowledge exchange. This could be addressed through the strategic workforce plan for the organisation.

There has been great benefit in bringing in time limited improvement support with a specific focus to complement the team and provide improvement flexibility and the ability to respond to need. During 2016/17 we undertook specific work around early years and we will continue to do this in 2017/18. As part of the strategy this will

continue as further focused, short term improvement work is identified through intelligence or from national strategy, and as resources allow.

Over 2017/18 two improvement advisors join the improvement support team on a temporary basis. One part time improvement advisor will focus on early years till the end of March 2018 and one full time improvement advisor will support Care Inspectorate workforce development in improvement capability, initially for one year. During this period of time a review will take place to identify portfolios of work within the Improvement Support Team in terms of leadership focus for themed work in order to identify how to best use available resources in the future and identify any gaps.

During 2017/18 and 2018/19 the Improvement Support Team will provide improvement support to:

- Care Inspectorate led national improvement programmes for example CAPA.
- Care Inspectorate staff development to a) bring staff up to date on current good practice/guidelines on health and well-being topics; b) increase improvement capability, and c) mentor and support inspection staff to provide improvement support/interventions.
- Continue with or further develop improvement work through individual work plans and identify priority areas for improvement and spread – thematically and geographically across regulated and strategic inspection.
- Improvement programmes in partnership with other organisations for example HIS, NES, Scottish Care, Education Scotland, IJBs
- Providers of care through improvement workshops and facilitating local networking. This creates opportunities to bring care professionals and care Inspectorate staff together to improve care.

During 2017/18 funding will be sought to:

- Design and lead an improvement programme focusing on culture change to improve skills for positive communication with people living with dementia through Life Changes Trust.
- Design and lead an early years improvement programme

In addition to this the team will continue to update and develop guidance for the HUB and provide advice to colleagues in the Care Inspectorate, the care sector and other organisations. Colleagues will be encouraged to utilise the up to date guidance available to them and through development sessions run by the Improvement Support Team hone the skills and confidence to integrate this into scrutiny activity. The Improvement Support Team will work with senior scrutiny staff to identify team members who will lead on specific health and well-being areas for their team, keeping up to date on where to source current good practice and guidance. This will be a helpful and important link for team members and in turn the Improvement Support Team. Some team managers are doing this currently.

In order to provide good practice to base improvements on the information for Care Inspectorate staff, the care sector and other partners must be kept up to date and relevant. It will also be crucial for everyone to understand what it means to support improvement and have an awareness of improvement models and tools. During

2017/18 the Improvement Support Team will work with colleagues to develop an improvement area on the Hub (see page 14 for more detail).

The Improvement Support Team, in discussion across the organisation, will consider how best to develop opportunities to have 'improvement conversations' virtually and face to face within the organisation, with providers of care and other organisations. This could be in the form of an action learning set, using appreciative enquiry, having an improvement surgery or network and so on. This offers the opportunity to develop improvement thinking and support activity.

### **Supporting colleagues in scrutiny to be agents in improvement**

Day in, day out, scrutiny colleagues provide improvement support to services when as a response to, or during scrutiny, it has been identified improvements are required. This can be done in a variety of ways such as providing guidance, signposting to examples of good practice, improvement conversations and giving change ideas.

This improvement support may be required: a) urgently where a service is struggling and requires support to address a number of care issues; b) in a planned way where previously requirements may have been made and where it is now more appropriate to adopt an improvement approach; and c) with provider organisations or partnerships to support specific improvements such as areas relating to quality of life, dementia and care planning where this has been identified as an improvement need.

The Care Inspectorate is in a unique position to support the care sector to embrace improvement methods through the wide network of inspection staff which is a significant resource. Although inspection staff have been supporting improvement for a number of years and in different ways the understanding of what improvement is, the resources and tools available and the opportunities taken vary. In order to support continuous improvement we require to embrace a way of working that as well as providing assurance in quality and safety proactively supports improvements in care and outcomes for those experiencing services. This means a shift in culture and thinking and a different way of working which may mean having a different response and approach during the inspection process and/or in relation to actions as a result of complaints. Subsequently, this means staff will require the time and opportunity to develop improvement capability and capacity to be confident and skilled to lead and support change and improvement. Staff also require to be given permission to test out different ways of providing improvement support in order to know what works well in specific situations.

Opportunities will be available during 2017/18 and 2018/19 through the internal CAPA programme and the temporary Improvement Advisor (IA), working with Organisational Development, team managers and staff to increase staff skill, confidence and consistency of approach to improvement across the organisation. This will include learning about improvement approaches, interventions and tools, testing these out while being supported and mentored. The Head of Improvement Support will work in partnership with the Head of Organisational and Workforce Development to identify areas of alignment this strategy may have with the

organisational and workforce development agenda such as learning and development strategy, the culture change strategy, the roll out of coaching conversations and appreciative enquiry and building collaborative relationships.

The new Professional Development Award will provide further opportunities for staff to learn about improvement and develop their confidence and approaches. This will be supported as appropriate by the Improvement Support Team.

### **Building improvement capability in the sector**

Our role in supporting improvement through the inspection process and working with providers to carry out improvement locally and nationally offers the opportunity to positively influence the culture and behaviours in the care sector towards doing improvement. We can support providers and care professionals to be confident and feel empowered to make changes that result in improvements through our own approach to improvement. These successful improvements implemented will improve the care for those they support but also provide increased job satisfaction for care professionals themselves. Care professionals at all levels have a responsibility and a valuable contribution to make to improving how they provide care. The value of this in terms of building a team approach to improvement was clearly evidenced in the Upwards and Onwards improvement programme where all staff were included, felt valued and had the permission to act on their improvement ideas. This is particularly important in the context of the new national health and care standards where there is a clear emphasis on the responsibility care professionals have to respect human rights and choice, helping to realise the ambitions of those experiencing care. There will undoubtedly be a close link with this strategy and the implementation of the new standards.

Using an improvement workshop approach the Improvement Support Team, along with inspection staff where appropriate, will continue to build and develop work with provider organisations and groups of care services across the care sector to support and/or build improvement capability which will improve the experience of care for people.

The Improvement Support Team will support strategic inspectors to identify ideas and solutions where improvements are required as a result of strategic inspections. In particular, being clear on what improvement support will be most effective in particular situations, supporting improvement conversations with local partnerships and linking with local improvement leads. Associate assessors make an important contribution to strategic inspections. In turn, by exposing practitioners and managers to practice across the country and providing them with training, experience and support in scrutiny, we help to build capacity for improvement. We aim to strengthen our joint work with associate assessors across all of our strategic scrutiny activity.

All of this work will be done in collaboration with Care Inspectorate staff, external organisations such as Scottish Care via their local leads, Integration Joint Boards, Local Authorities and linking in to local networks of support which will help focus resources.

Empowered, confident care leaders embrace improvement and transform care provision and in turn good leadership and management are key to implementing

successful, sustainable improvement. Leaders who can identify what they can do differently which will effectively lead to improvement is critical. Improvement support may be required to help leaders think differently and create the conditions for change in order for services to be improvement ready.

We will explore in partnership with the SSSC and key organisations, such as CCPS and Scottish Care, opportunities for focused improvement support relating to leadership and management using intelligence to help prioritise and plan the improvement activity.

### **Building improvement alliances**

The Care Inspectorate has developed genuine working partnerships with a range of organisations locally, nationally and internationally in order to improve quality in care through collaborative working, for example; Creative Scotland and Luminare in developing 'Arts in Care', Education Scotland and NES for developing resources and making improvements in early years, IRISS to explore and research areas relating to scrutiny and improvement, NES to develop educational resources through the Preventing Infection in Care programme, developing the Urinary Catheter Care Passport and wound care, Centre for Excellence for looked after children in Scotland (CELCIS), the Improvement Service and liaison meetings with CCPS and Scottish Care to identify improvement opportunities. In addition, improvement work has been undertaken with the College of Occupational Therapists based in London on promoting meaningful activity in the care sector and the British Heart Foundation National Centre in Loughborough to develop CAPA. We also have links with the Institute for Healthcare Improvement in Boston to access resources and improvement advice. Currently two members of the Improvement Support Team have been invited to speak in Slovakia as a result of the impact of their improvement support. We also have developed close links with the Dutch Inspectorate, around the use of SOFI 2, who have recently been here on a knowledge exchange visit.

These partnerships and many others have been key in supporting a co-productive approach to many improvement initiatives and have provided additional opportunities to scope, design, lead and evaluate improvement activity across the social care sector, specialities and themes. A key partner is HIS where we support the iHub, playing a major role in improvement programmes in care services. Our Chief Executive sits on the board of the iHub. Our staff support the design and delivery of iHub programmes such as primary care (pressure ulcer standards); focus on dementia, living well in communities and urgent care. We have developed a joint working plan between the Care Inspectorate and HIS to identify current joint working and identify future opportunities. We also invite iHub representation on our programme boards when appropriate, such as for CAPA in order to achieve collaborative governance.

We work closely with the Royal College of Nursing (RCN) who recently supported many of our staff in their National Midwifery Council (NMC) revalidation process and supported learning. In areas relating to medication management and Safe and Secure Handling of Medicines our work is done in partnership with the Royal Pharmaceutical Society (RPS)

Involving people experiencing care, their families and local communities is essential when designing, carrying out and evaluating improvement projects and programmes. An example of this is the CAPA programme where the model for improvement being used is based on collaboration and stresses the importance of actively involving all of these groups of individuals in every component of the improvement work, including the formal evaluation process. The 'Come On In' resource launched this year is another example where the ideas from residents, families and social care professionals provided the focus for the improvement project and shaped the final resource. The Improvement Advisor's role was to guide and refine these ideas through a collaborative process. We will continue to involve and collaborate with those experiencing care, families and local communities in our improvement work going forward, seeking out opportunities and providing support where this is required to enable people to fully contribute and help guide the activity.

Over 2017 to 2019 and going forward we will nurture relationships and work with national improvement organisations and other partners providing leadership, advice, improvement support and shared services to local partnerships. In addition new improvement alliances will be forged such as with Sport Scotland, Scottish Improvement Science Collaborating Centre (SISCC) and other Higher Educational Establishments, voluntary agencies, IJBs/partnerships and local networks of experts such as AHPs and local Health Protection teams.

We will identify opportunities to build improvement alliances and collaborate to support improvement across the UK with organisations such as the Care Quality Commission (CQC), The Regulation and Quality Improvement Authority (RQIA), Care and Social Services Inspectorate Wales (CSSIW) and the Office for Standards in Education, Children's Services and Skills (OFSTED).

### **Evidence led improvement and evidencing impact**

Scrutiny provides evidence of the quality of care experiences and is essential in helping to identify areas for improvement, that along with research evidence of good practice is a powerful combination and basis from which improvements in care can be made. Therefore it is important as an organisation that we find a way to establish a system to identify and keep up to date with current evidence of good practice and consequently the impact improvements have had on outcomes for people and services. This will help the organisation to learn about and support the growth of innovation in the care sector.

We all learn and develop from one another's experiences while testing and implementing improvements – what worked well and what were the lessons learnt. It's important this learning is shared widely to foster innovation and positively change practise. Evidence of improvement in one area of care could have positive impact on another area of care. For example what works in adult care may have principles that could be applied in early years or with children and young people, for example SOFI2. This could be an example of an improvement model used or an example of improvement through implementing evidence based practice in a service. In addition, good practice identified through strategic inspections could be given more of a profile across the country.

The Improvement Support Team will work with the Policy Team to develop an 'improvement spotlight area' on the Hub which will showcase current good practice and successful improvement stories that evidence impact, our contribution to improvement and be solution focused when highlighting challenges. Work will be done in partnership with other organisations and the care sector to find ways to effectively gather and communicate this information. Making this available also offers a level of validation in terms of up to date good practice and what is identified as good care in the care sector.

As part of a national, themed improvement programme developing resources to support good practice and self improvement can be a major part of the work. In the past, where funding has been available, external evaluation of the impact of implementing the good practice resources has been of great benefit. This process has been able to evidence the difference the improvement work has had on care quality. In turn this has led, in some cases, to funding opportunities to spread and sustain improvement through national improvement programmes such as 'Up and About in Care Homes' for falls prevention and the 'CAPA improvement programme' currently, focusing on enabling people to move more in care and improve wellbeing.

The Improvement Support Team will consider ways to ensure a quality improvement cycle is built in to improvement programmes of work through a robust evaluation process. This could be through a formal internal or external evaluation or carried out through a small sample focus area, or in other ways.

Working with higher and further educational establishments, supporting and contributing to research will be key. Currently the Improvement Support Team is linked into and supporting research in a number of universities and developing links with improvement centres in these organisations such as the Scottish Improvement Science Collaborating Centre (SISCC) based at Dundee University. We will continue to strengthen and grow these links and connect more widely.

As an organisation we need to get better at 'telling our improvement story' and being smarter at evidencing the impact of our improvement support will assist that. The Improvement Support Team will be proactive in identifying opportunities to share examples of improvement work locally, nationally and internationally in various ways such as through social media, webex, invitations to speak at events and publications.

## **Appendices**

1. Draft improvement strategy implementation and measurement plan
2. Improvement Support Team organisational chart

**DRAFT Implementation and measurement plan: Improvement strategy 2017-19**

(NB The plan is dynamic and will change over time)

| Implementation plan themes  | Measure   | Operational Definition  | Data source  | Data collection  | Baseline  | Outcome  |
|---|---|---|--|--|---|--|
| <b>1. Intelligence/business transformation</b>  | Identify intelligence to inform priorities.   | Explore what intelligence is gathered how it is used and gaps:<br><br>1. Evidence of using intelligence to identify themes and priorities for improvement (scrutiny, complaints, inspection reporting template, notifications and other data).<br>2. Count and evidence of provision of improvement support/workshops/projects/programmes which address priority areas. | Intelligence team/<br>National Planning Team/Complaints team/Inspection teams                                  | On-going monitoring of complaints/notifications/scrutiny & other intelligence tools<br><br>(NB clear definition of improvement support/projects and programmes in development) | To be identified through discussion with key departments – dates set. | Efficient and effective improvement support work/projects/programmes.                                    |
| <b>2. Building improvement alliances</b>  | Strengthen relationships.<br>Improve continuity of work.<br><br>Build new alliances                                   | Collaborative working -<br><br>1. Count - of orgs/departments engaged in collaborative conversations/improvement work.<br>2. Qualitative - case studies, good news stories from collaborative improvement work.<br>3. HIS/CI joint work plan<br><br>(NB template/system for gathering stories in development)   | IST/ Head of IS/<br>CE/Director S&I/<br>Comms/IRT  | On-going from IST feedback/team meetings/specific examples/HIS joint work plan/Inspection staff<br><br>Examples on spotlight page on Hub (in development)                      | Compiling currently and ongoing                                       | The Care Inspectorate will be working with a range of improvement alliances                              |
| <b>3. Build Quality Improvement (QI) capacity and capability in the workforce (internally and externally)</b> | Workshop evaluation process:<br>Q1 Increased confidence to use QI<br><br>Q2 Increased understanding of QI methodology | 1. Count of events/workshops delivered, attendance and learning.<br><br>2. Quality and impact:<br><ul style="list-style-type: none"><li>• Individual team/event impact - evaluations based on questions. Q1. 12/18 = 66% etc</li><li>• Organisational impact - collation of</li></ul>   | IST/ Scrutiny and assurance managers and staff/ SMT/ Board/Provider organisations/ Partner organisations /IJBs | Post workshop evaluation questions carried out by IST delivery team.   | Organisational temperature check for Care Inspectorate workforce      | An organisational culture of learning and sharing in improvement with increased capacity and capability. |

|   |   |   |  |  |   |   |
|---|---|---|--|--|---|---|
|   | <p>Q3 Increased understanding of PDSA testing</p> <p>Q4 Increase confidence to support QI in my area of work</p> <p>Establish spotlight area on improvement on Hub.</p> <p>Create forums to support Care Inspectorate staff and/or providers to come together and discuss improvement - action learning set/ improvement surgery/ networking event/ QI drop in sessions/mentoring by IST</p> <p>Work with OD to identify subject matter expertise and link to cultural change strategy.</p> | <p>all Q1s - 40/55 = 72% of staff have had an increase in confidence to use QI.</p> <p>Develop online presence - spotlight - hits/active users/stories/ presentations/ online resources/links/signposting/report on evaluation outcomes from workshops</p> <ol style="list-style-type: none"> <li>1. Count of events.</li> <li>2. Tests and evaluation of events.</li> <li>3. Case studies/ improvement stories</li> </ol> <p>1. Align to cultural change strategy with appropriate joint working with OD</p> | <p>Comms team - web page hits<br/>Yammer users<br/>IST feedback</p> <p>Case studies<br/>PR material<br/>Evaluations</p> <p>List of expertise<br/>Work plan</p> | <p>On-going from Comms/IST members</p> <p>Comms/IST manager/IST/Head of IS</p> <p>On-going with IST, HIS, OD</p> | <p>Spotlight page in development</p> <p>None at present</p> <p>To be identified</p> |   |
| <p><b>4. Evidencing improvement</b></p> | <p>Sharing and learning to improvement</p>  | <p>Quarterly update from IST/Action learning sets/ improvement surgery/ networking event/ QI drop in sessions made available.<br/>case studies/stories from CI staff supporting improvement with providers/services</p>   | <p>IRT/Events/IST/ Comms/Planning team/Intelligence team/External agencies</p>   | <p>On-going from Intelligence team/IRT/IST</p>   | <p>none</p>   | <p>An organisational culture of learning and sharing improvement and growing innovation</p> |

|                                    |   |   |   |   |  |  |
|------------------------------------|---|---|---|---|--|--|
|                                    | Evidence key improvement projects/ programmes         | Count of number of QI projects/programmes on going and outcomes - (definition of improvement project/ programme- aim, collecting data, testing changes) | IRT/Events/IST/ Comms/Planning team/Intelligence team | On-going from Intelligence team/IRT/IST | To be identified through discussion with key departments – dates set |  |
|                                    | Link in to research activities to support improvement | Count of number of research groups linked in to.  | IST and across the organisation                       | On-going from IST                       | Current involvement  |  |
| <b>5. Improvement Support Team</b> | IST ScIL completion                                   | % complete - count  | IST   | quarterly                               | 17% complete   | An organisational culture of learning and sharing in improvement with increased capacity and capability. |
|                                    | Implement Improvement strategy - cultural change      | Culture temp check to understand the organisation's current QI capabilities (survey of org with key questions)  | Survey monkey or equivalent- CI staff                 | 6 monthly                               | To gather baseline information                                       |  |
|                                    | Review IST portfolios                                 | Yes/no count  | IST and key partners                                  | Life of strategy                        | Current portfolios   |  |

### Implementation and Measurement Plan Glossary

|                             |  |
|-----------------------------|--|
| <b>Action learning sets</b> | <i>Improvement approach to learning and solving problems</i> |
| <b>CE</b>                   | <i>Chief Executive</i>                                       |
| <b>CI</b>                   | <i>Care Inspectorate</i>                                     |
| <b>Comms</b>                | <i>Care Inspectorate communications department</i>           |
| <b>Director S&amp;I</b>     | <i>Director of strategy and improvement</i>                  |
| <b>Head of IS</b>           | <i>Head of improvement support</i>                           |
| <b>HEIs</b>                 | <i>Higher Educational Establishments</i>                     |
| <b>HIS</b>                  | <i>Healthcare Improvement Scotland</i>                       |
| <b>IJB</b>                  | <i>Integration Joint Board</i>                               |

|                               |  |
|-------------------------------|--|
| <b>Intelligence team</b>      | <i>Care Inspectorate intelligence team</i>                 |
| <b>IRT</b>                    | <i>Inspection Reporting Tool</i>                           |
| <b>IST</b>                    | <i>Improvement Support Team</i>                            |
| <b>National planning team</b> | <i>Care Inspectorate national inspection planning team</i> |
| <b>PDSA</b>                   | <i>Plan, Do, Study Act testing cycle</i>                   |
| <b>QI</b>                     | <i>Quality Improvement</i>                                 |
| <b>ScIL</b>                   | <i>Scottish improvement Leaders (Improvement training)</i> |
| <b>Spotlight</b>              | <i>Care Inspectorate online resource</i>                   |
| <b>Yammer</b>                 | <i>Care Inspectorate online resource</i>                   |

## Improvement Support Team organisational chart

