Readiness for scale assessment

		Score
1.1	We have a set of best practices or tested change ideas that are ready test or spread to the sites of the next phase of work.	
	12 tests of change have demonstrated a variety of models than can be adapted for scale. All models have evidence to show a positive patient experience and or/released clinical time.	5
1.2	We have a compelling theory of change.	
	That single point of contact will improve patient experience and release clinical time through the appointment of navigator roles. Navigator roles will support patients through the acute clinical pathway, providing a person-centred approach, and removing some non-clinical tasks from clinical staff. Key elements of the role can be found in the workforce summary. It is important to stress that this role is intended to complement the Clinical Nurse Specialist role, ensuring skills are used appropriately.	5
1.3	We can show the evidence base for our theory from previous studies and/or we have results that show how the theory has been applied to our own improvement work.	
	A comprehensive review of published evidence indicates that navigator roles have a positive impact. Our own impact summary shows that this is a positive test of change. Evidence of impact is limited due to the data available at the time of undertaking the assessment. Where data is available, it has demonstrated a positive impact towards the main aims of improving patient experience and releasing clinical time. More evidence is expected to be generated by the 12 pilot sites over time that is anticipated to increase the score to 5.	4
1.4	If we are testing scale or going to full scale, improvement has been sustained in the sites where we are currently testing or implementing changes	
	Most test sites are not yet able to demonstrate sustained improvement/longer term impact, simply due to the duration of the projects. Several areas that were not part of the pilot project have tested this intervention themselves. In some of these areas the intervention has been implemented for a number of years and has demonstrated sustained benefits. Current data demonstrates impact to both patient experience and clinical time saved, and as services continue to deliver the model, sustained improvement will be demonstrated.	4
1.5	We have identified test/implementation sites most likely to adopt a new approach for the next phase of the work.	
	Cancer pathways across Scotland could benefit from this approach to improve patient experience and releasing clinical time. Local adaptation is key to success therefore scaling using a set of principles rather than a rigid model would enable wider implementation. It is important to focus on early adopters in the early stages of scaling. Funding is a risk to implementation and sustainability. If funding remains stable and is ongoing, it is anticipated that improvement will be demonstrated and sustained. Recent Scottish Government guidance has been issued limiting recruitment of non-clinical roles, however any scalability would require the appointment of new staff.	4
2.1	Compared to other programs and initiatives, the community that we are planning to scale-up into (adopter community) regards the improvement initiative as a top priority	
	We spoke to several areas who were not part of the initial test sites for SPoC who described how the principles of SPoC aligned to the board strategy. Many are progressing SPoC on an individual basis, and would welcome a national, coordinated approach.	4

		Not all areas felt that SPoC was suitable for their context, describing complex systems and ongoing change. Although these areas acknowledged the benefits of SPoC, they described the intervention as being lower priority and would prefer to address long standing issues such as waiting lists and appointment scheduling.	
2.2		The adopter community shares a sense of urgency in closing the gap in performance or outcomes around our main aim	
		We spoke to several areas who were not part of the initial test sites for SPoC. The areas we spoke to all described improving patient experience as a priority, aligned to local board priorities. Anecdotally, the Clinical Nurse Specialists we spoke to described an increase in workload over recent years, not all of which was clinical. These individuals described potential burnout should the navigator role not exist. Managers also described concerns over CNS retention if nothing is done to address these challenges.	5
2.3		The adopter community/organization recognizes the benefits of participating in this improvement initiative.	
		We spoke to several areas who were not part of the initial test sites for SPoC. All of the areas we spoke with were able to recognise the benefits that SPoC brings. The majority of the areas we spoke to recognised the benefits of participating in the initiative, however as described in 2.1, not some areas felt that it wasn't suitable for them. This reinforces our recommendation that scalability should not be a blanket approach, but should target early adopters.

We have scored this a 4 as although the benefits were clear to everyone we spoke to, it doesn't fit to all local needs, for example, delivering cancer care in island boards. | 4 |
| 2.4 | | The adopter community believes the approach we are advocating will reach our goals faster relative to other initiatives | |
| | | The majority of areas who are testing SPoC, whether through Scottish Government funding or board funding, are doing so on a year-by-year basis, due to non-recurring funding. This has limited the natural growth of models, as non-recurring funding creates challenges with staff recruitment and retention. Most areas we spoke to indicated being able to progress quickly if funding was available.

We have scored this a 4, as while most areas could act quickly, others felt that longer term solutions to address root causes of system issues would be more beneficial, as described in 2.1 | 4 |
2.5		The adopter community understands that the approach we are advocating is simple to understand, easy to try out and easy to measure.	
		Feedback from the test sites describes limited guidance around SPoC as a challenge in developing services. This includes clarity around the role and support to understand impact. In response to this feedback, Healthcare Improvement Scotland have developed guiding principles and a resource library to provide consistent advice, a common definition and support wider implementation. Although these resources have been developed based on feedback, they have not yet been tested by the community.	4
2.6		The improvement approach we are advocating aligns with the culture and values of our community/organization	
		Initiated under Scottish Government's Recovery and redesign: cancer services - action plan, Single Point of Contact is designed to establish dedicated person-centred support through the cancer pathway. This supports the overall vision for person-centred care as set out in Scotland's Cancer Strategy 2023-2033. There is strong evidence of increased patient uncertainty and anxiety due to challenged pathways and sometimes longer waits due to the pandemic.	5

2.7	Leaders and champions of the adopter community have been identified and have shown a willingness to advocate for the improvement initiative in their community	
	We would anticipate that the funded pilot projects become champions. We also spoke to several sites who are testing this initiative without Scottish Government funding and have seen benefits. It would be helpful to engage with these services as advocates. Champions would be aided by the establishment of a comprehensive learning system, including a peer network on MS teams. Healthcare Improvement Scotland's experience implementing improvements at scale shows that sharing success stories and impact are useful ways to engage the adopter community, The future identification of Senior Leadership to champion implementation of SPOC would increase this score from 3 towards 5.	3
3.1	Adequate human capacity (resources, dedicated time, seniority) is available to support the scale-up of improvements across the community/organization	
	Identifying line managers and project leadership is a risk to scaling. Most pilot projects have utilised funding only for navigators. It is unlikely that funding for scaling would be enough to support project managers, so capacity is likely to be required from existing staff. Aligning navigators to CNS can create natural mentorship and line management opportunities.	2
3.2	Adequate improvement capability exists to support the planned work of the next phase	
	To effectively spread and scale SPoC, a coordinated national approach is recommended. This requires a national organisation with methodology expertise to provide leadership of a national programme. Leadership should include: • Implementation and ongoing maintenance of a measurement strategy • Development, leadership and facilitation of a national learning system, including peer networks, effective sharing of resources, and ongoing learning opportunities • Strategic leadership to set aims and direction of an implementation programme, and • Development of the infrastructure required to support teams to implement SPoC, including reporting requirements, project documentation and competency frameworks. A national organisation would require a timely commission for this work, to ensure sufficient resource and capability exist to complete the programme.	4
3.3	Capability exists in managers and leaders to facilitate the changes required for improvement	
	Although SPoC is a relatively new initiative, care navigators have existed in the NHS system for a number of years, in different forms. To support staff (both navigators and managers) effectively, it is recommended that a national competency framework be developed. A number of projects have developed these for local use, and these could be built on nationally. We have scored this a 3 as we believe capacity and infrastructure should be in place to develop capability. A lot of this infrastructure exists locally, and a national organisation would have a role in coordinating this centrally.	3
3.4	Health and care workers across our community/organization see improvement and scale-up work as an integral part of their daily work	

	The lead organisation should have a key role in communicating the evidence and benefits of SPoC. • Feedback from clinical nurse specialists where SPoC is embedded indicates that they see this intervention as a vital part of providing person centred, effective care to patients. The system is under significant strain, and that individuals find it challenging to find time to do anything outside of their immediate role. Where SPoC/navigator roles are already embedded within teams, services report that the role is integral to providing person centred care, however evidence shows us that it is vital to spend time building relationships and trust between navigators and members of the clinical team.	**2**
3.5	Data collection and reporting tools are available for scale up	
	A proposed measurement strategy has been developed as part of this assessment. This would enable services to understand their own progress, and national organisations to understand impact	**4**
3.6	Other anticipated resources are/will be available to undertake this work	
	A set of guiding principles has been developed as part of this scalability assessment, along with a resource library to support spread and scalability	**4**
3.7	A learning system exists to spread knowledge from improvement initiatives systematically across the organisation; i.e. learning loops back into quality planning	
	Effective learning systems enable open and transparent discussions and problem solving. • The use of MS teams can facilitate effective networks, although it is important to note that this is simply a contact list and needs to be coordinated to become part of a learning system. • A SPoC forum exists for project leaders, as well as a navigator forum, and it would be key to utilise and build on these existing networks. Although these are already networks in place, these would need reviewed and adapted to ensure they are as useful as they can be. This score has been based on the assumption that scalability will be supported through a national programme. Without that lead role to coordinate and facilitate, the score would be lower.	**4**