Healthcare Improvement Scotland

Welcome webinar Adults in Hospital

25 November 2025

Leading quality health and care for Scotland

NHS SCOTLAND

Welcome

Jo Matthews,
Associate Director of Improvement and Safety

Aims

- Learn about the SPSP Adults in Hospital programme
- Outline what to expect and how to get started as a participant in the new programme
- Provide an opportunity to connect with colleagues from across Scotland

Agenda

Time	Topic	Lead
1.30pm	**Chair's welcome**	Joanne Matthews, Associate Director of Improvement and Safety, Healthcare Improvement Scotland
1.45pm	**Opening Remarks**	John Harden, National Clinical Lead for Quality and Safety, Scottish Government
1.55pm	**Perspectives on Leading Safety Improvement**	Peter Moore, Chief Executive Officer, NHS Borders
2.10pm	**Q&A**	All
2.15pm	Comfort break	
2.25pm	**Delivery of the new programme**	Meghan Bateson, Portfolio Lead, Healthcare Improvement Scotland
2.40pm	**Application of a tool to understand readiness for change**	Carolyn Armstrong, Consultant Geriatrician, NHS Lothian
2.50pm	**Workstream discussions**	All
3.20pm	**Next steps and evaluation**	Joanne Matthews
3.30pm	**Close**	

Scottish Patient Safety Programme (SPSP)

SPSP aims to improve the safety and reliability of care and reduce harm

Core themes

- **Essentials of Safe Care**
- **SPSP Programmes**
  Perinatal | Paediatric | Adults in Hospital
  Mental Health
- **SPSP Learning System**

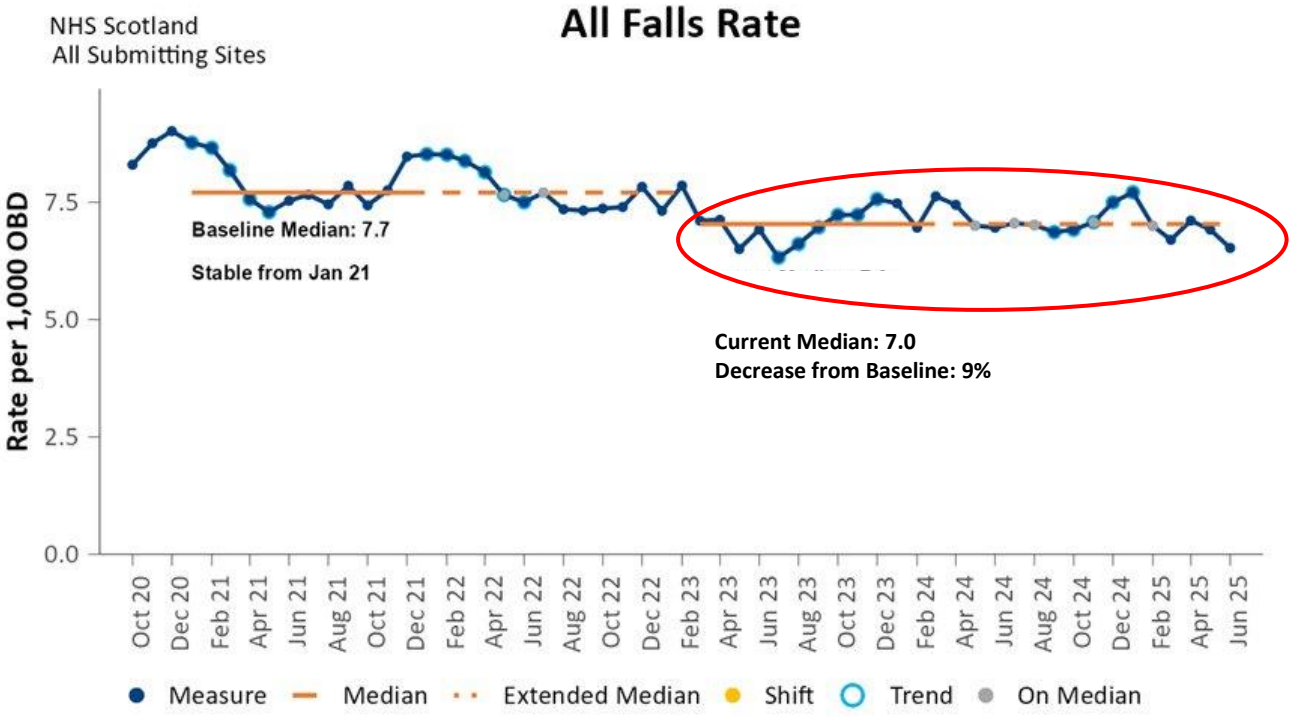
Acute Adult Collaborative 2021-2024

SPSP Acute Adult collaborative

- Reduce falls and falls with harm
- Improving recognition, and timely intervention for deteriorating patients

SPSP Acute Adult: Falls

All Falls Rate per 1,000 OBD for Scotland – October 2020 to June 2025



- Leadership to support a culture of safety
- Person centred approaches to care
- Multidisciplinary team communication and approach
- Promoting safer mobility through clinical and care processes

Understanding what supported the change

Connection

Support

Focus

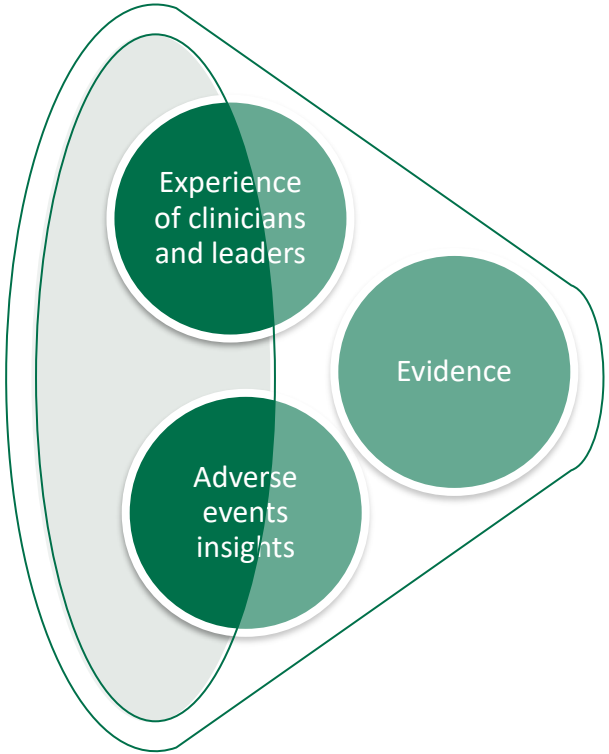
Improvement resources

"Data Submissions acted as a prompt to make sure governance processes were in place , which in turn allowed us to highlight the improvement work across the organisation"

Strategic leader

HIS. SPSP Acute Adult collaborative full impact report. 2024.

SPSP Adults in Hospital – identifying the focus



Continuing improvement

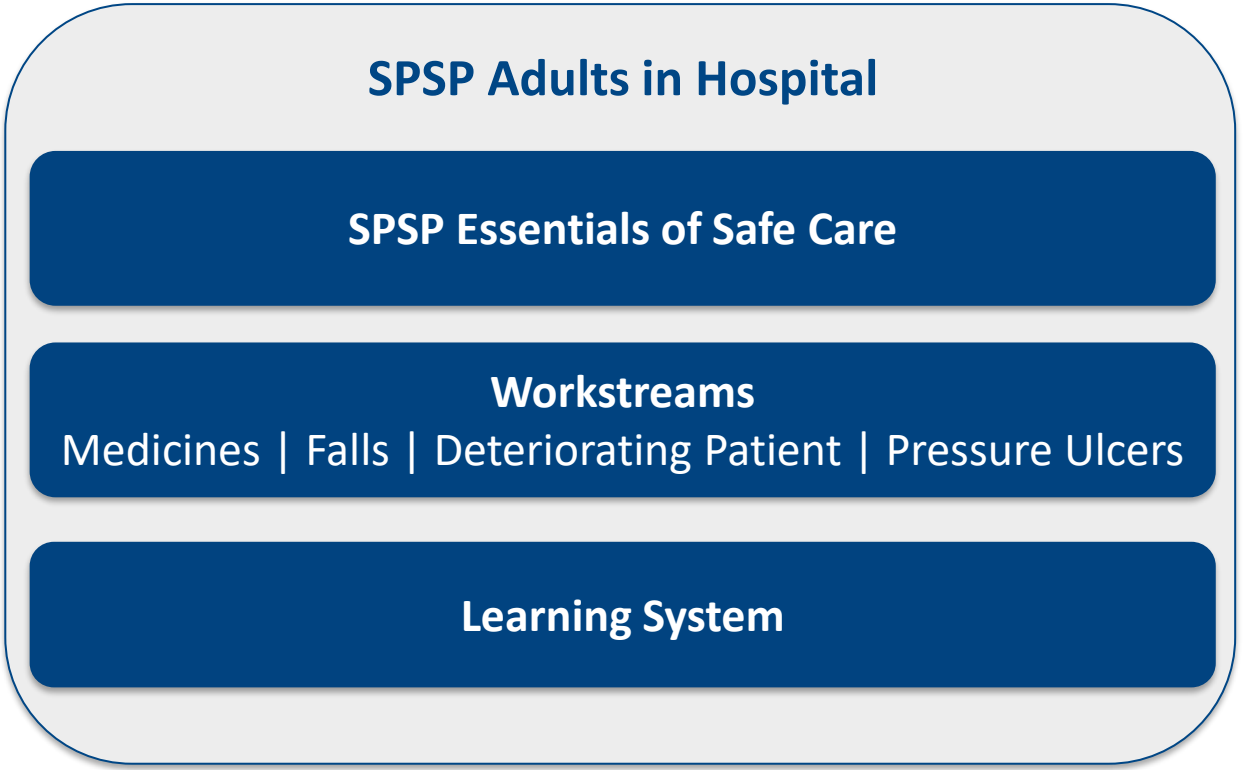
- Deteriorating patient
- Pressure ulcers
- Falls

Medicines in Hospital

- Diabetes medicines management

SPSP Adults in Hospital

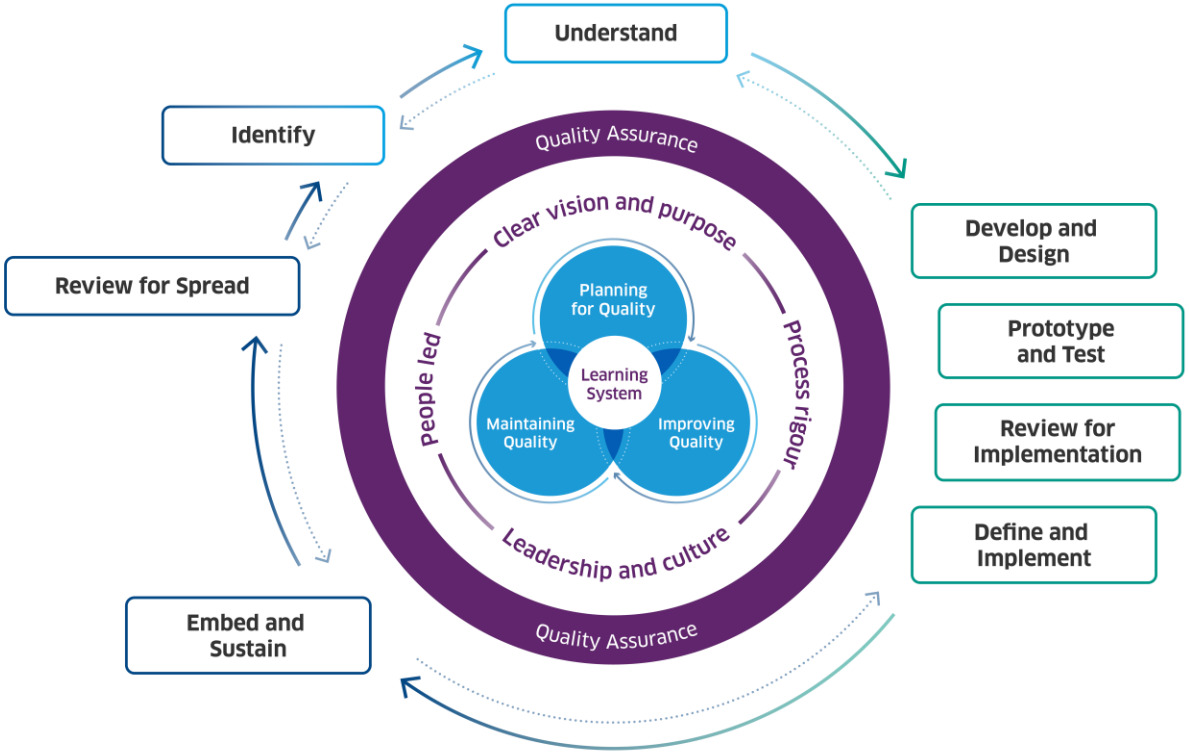
SPSP Adults in Hospital aims to improve outcomes and reduce harm for adults in hospital across Scotland



Essentials of Safe Care 2025

Our vision is	Delivered through ...	Which requires...
The delivery of safe care, improving outcomes for every person, every time across health and care	A people-led approach to the planning and delivery of safe care	People and professionals are equal partners in shared decision making Care and support is shaped to meet the needs of people People, families, carers and staff are systematically listened to, and concerns are acted upon
	Effective and inclusive communication	Communication tailored to individual needs and preferences People and teams feel safe and able to speak up Team communication and collaboration
	Leadership at all levels to support a culture of safety	Leadership is compassionate and inclusive Staff feel supported and valued Learning system for continuous improvement Everyone has the opportunity to learn and develop
	Safe clinical and care processes	Safe staffing and skill mix Care is up to date and evidence based Clinical and care governance structures support safety Information systems that work together

Continuous improvement

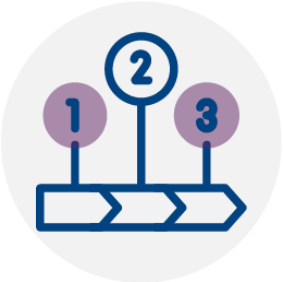


What we need for successful change

Clear Vision and Purpose

People Led

Leadership and Culture



Process Rigour

Learning system

Opening Remarks

Dr John Harden
National Clinical Lead for Quality and Safety

Healthcare Improvement Scotland

SCOTTISH PATIENT SAFETY PROGRAMME

Perspectives on Leading Safety Improvement

Peter Moore
Chief Executive Officer, NHS Borders

Programme Delivery

Meghan Bateson
Portfolio Lead: Perinatal, Paediatric and Adult Care
Healthcare Improvement Scotland

Where we’re going and who we’re going with

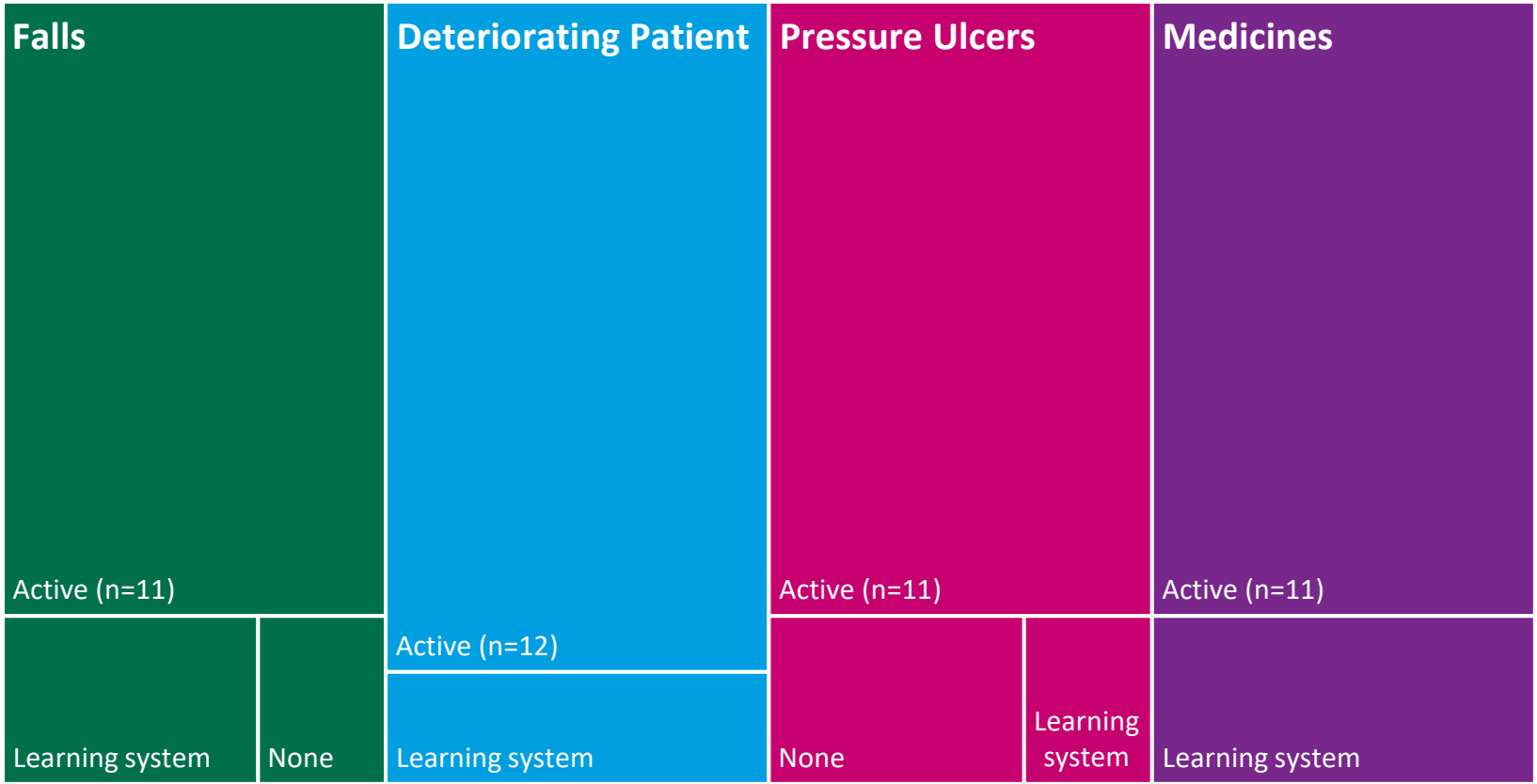
- 14 boards
- Focus to end of spring 2026: understanding systems

Learning from teams

For the programme
Increase data sharing
Aligned reporting
Increase visibility of SPSP
More opportunities to get together

For teams
Increase patient and family involvement
Increase diversity of clinical expertise within teams
Anticipate and manage competing improvement priorities
Make it easier for clinicians to be involved
Test changes at both system and team level

14 boards working together



Improving safety and experience

Clear Vision and Purpose

Winter 25	Spring 26	Summer 26	Autumn 26	Winter 26	Spring 27	Summer 27

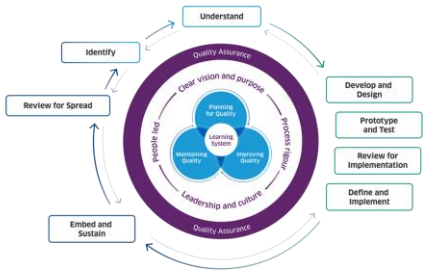
Understanding systems

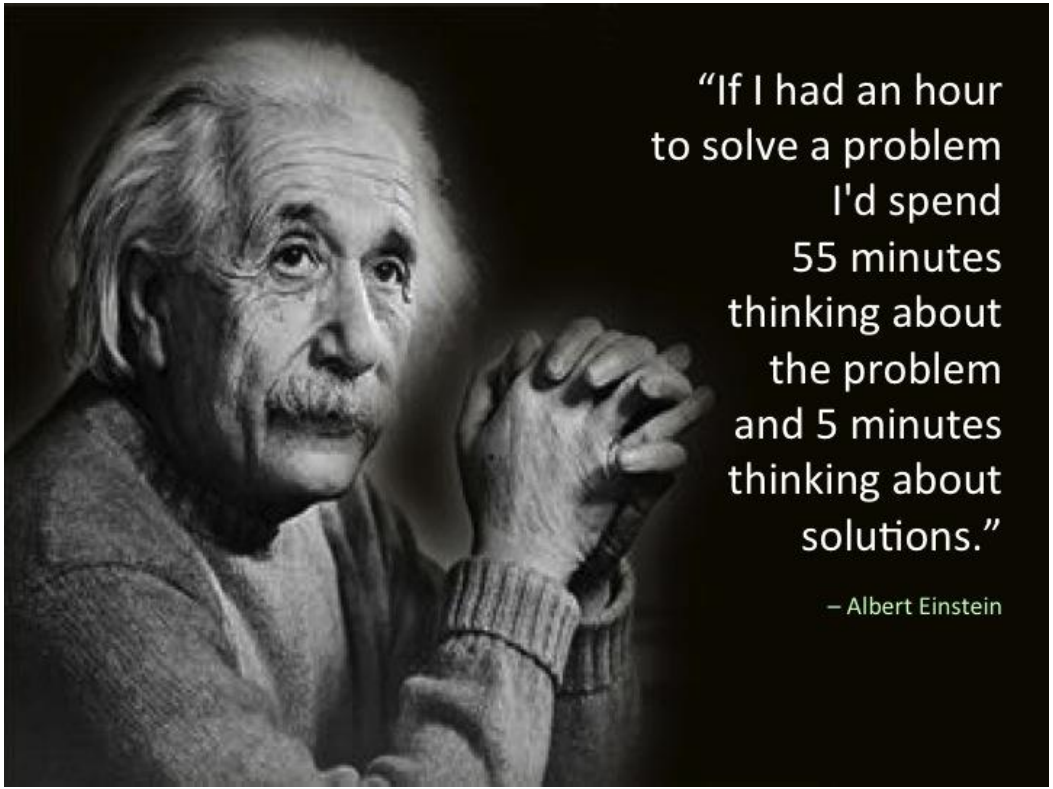
Develop and Design

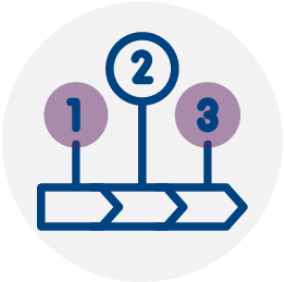
Testing

Implementation

Embed and review for spread

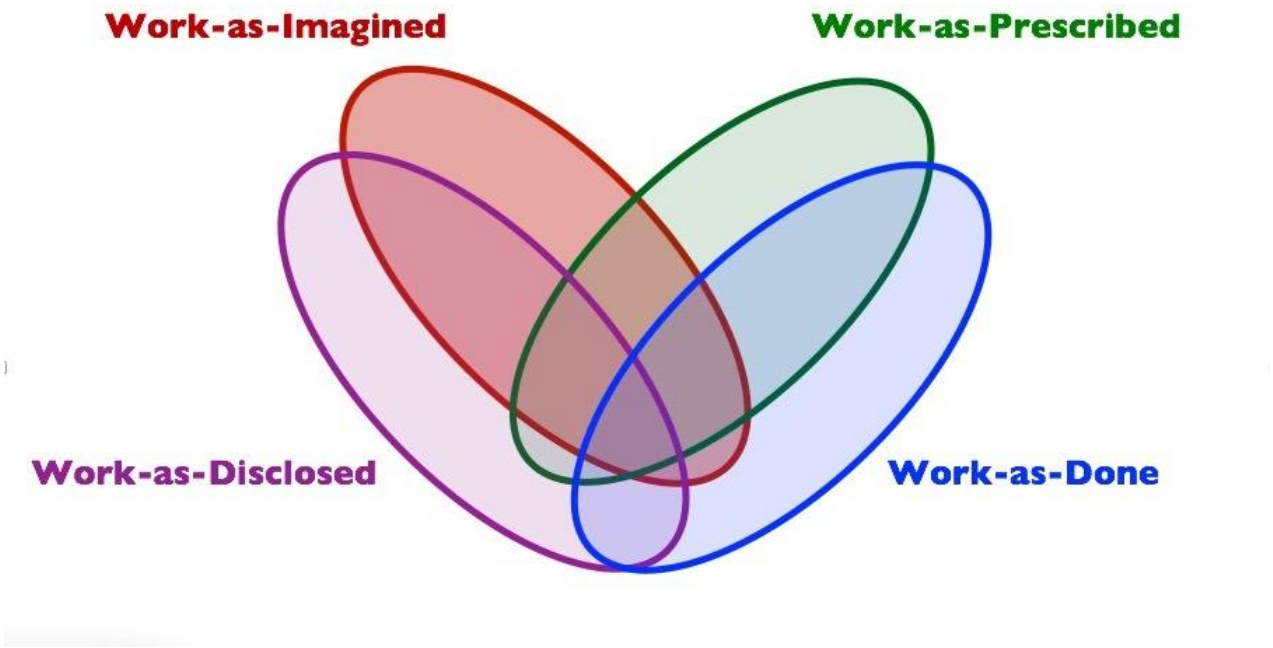






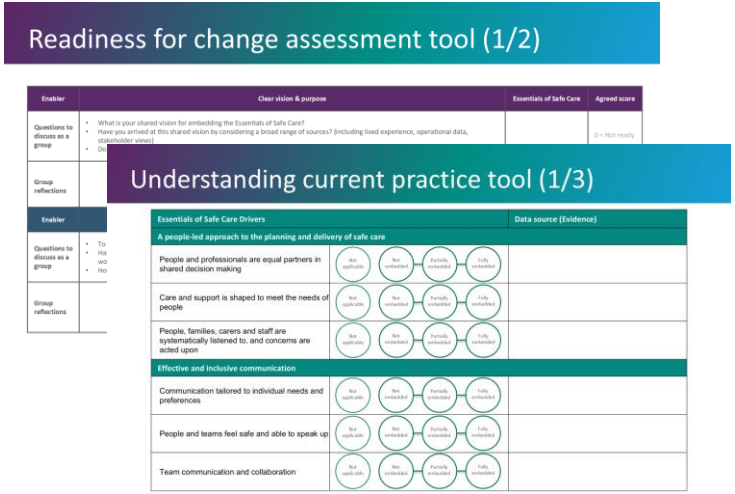
Process Rigour

Understanding work as



The varieties of human work (Steven Shorrock)

[Scottish Approach to Change Tools and resources]

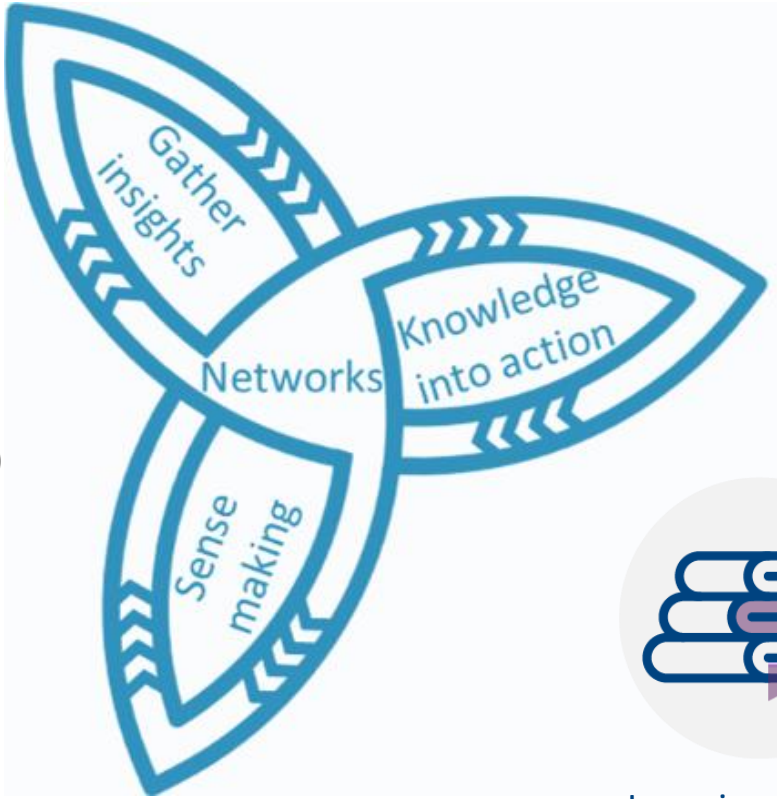


[SPSP Readiness for change toolkit]

Leadership and Culture

SPSP Learning System

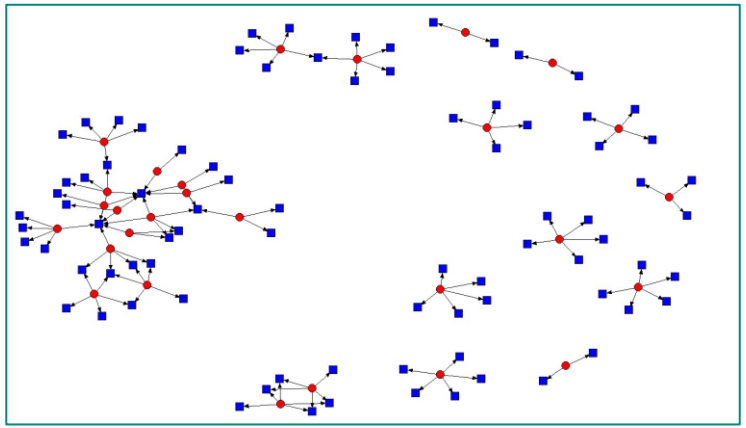
- Gather insights
  - Data submissions and reports
  - Progress reporting
  - Team spotlight sessions
- Sense making
  - Project surgeries (active participation)
  - Improvement networks
  - Learning sessions
- Knowledge into action
  - Testing changes

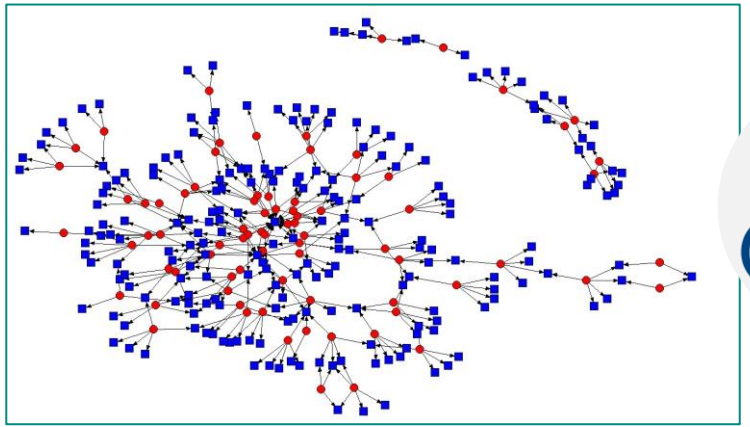


Learning system

Who is in your local team?

NHS Scotland Photo library





People Led

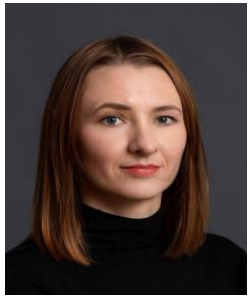
Who is in the SPSP adults in hospital team?

Jo Matthews
Associate Director of Improvement and Safety

Dr. Lara Mitchell
Strategic National Clinical Lead

Meghan Bateson
Portfolio Lead

Donna Frew
Senior Improvement Advisor



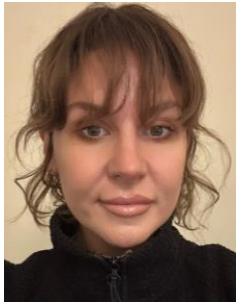
Dagmara Lukowiec
Senior Project Officer

Jen Baillie
Senior Improvement Advisor

Lorna Lennox
Improvement Advisor

Susi Paden
Improvement Advisor

David Sherlock
Project Officer

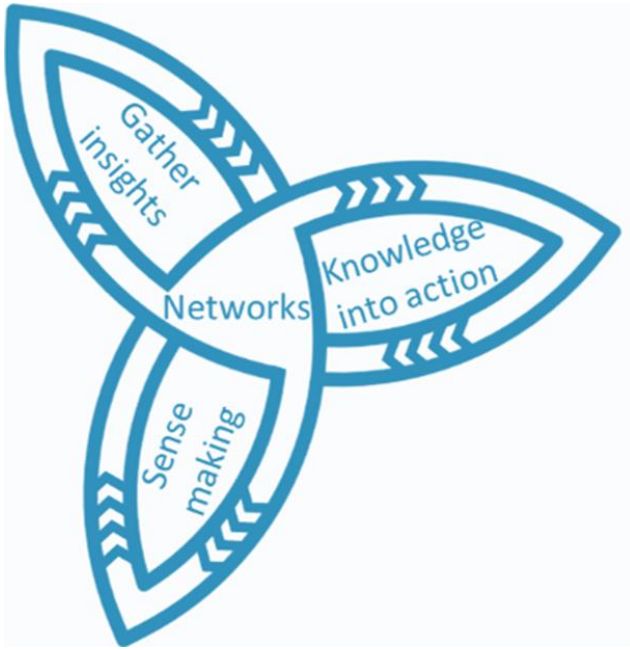


Mhairi Murray
Administrative Officer

Gemma Redhill
Programme Manager

Catherine Banks
Programme Manager

Further together



Application of a tool to understand readiness for change

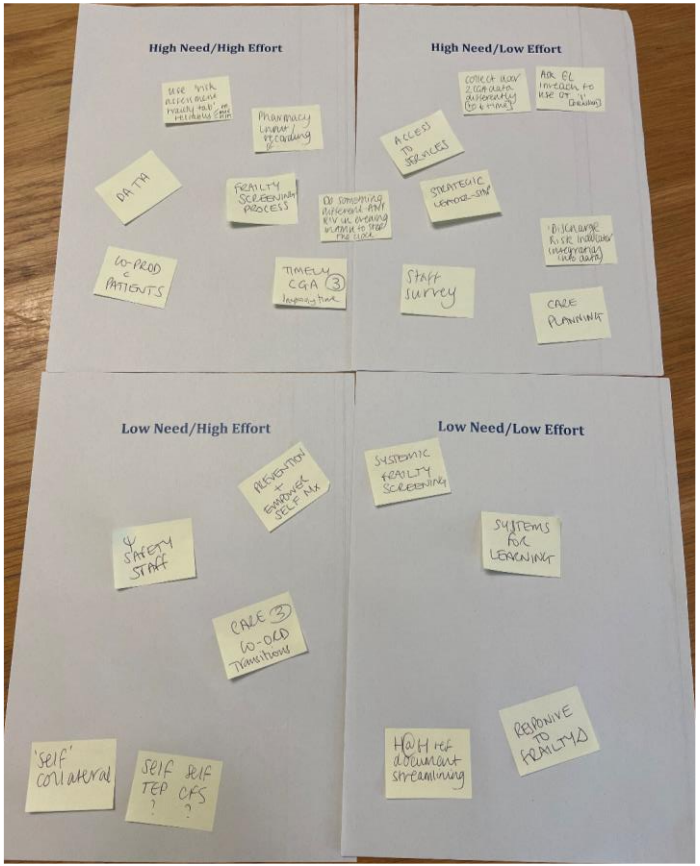
Carolyn Armstrong
Consultant, Medicine for the Elderly
NHS Lothian

Context

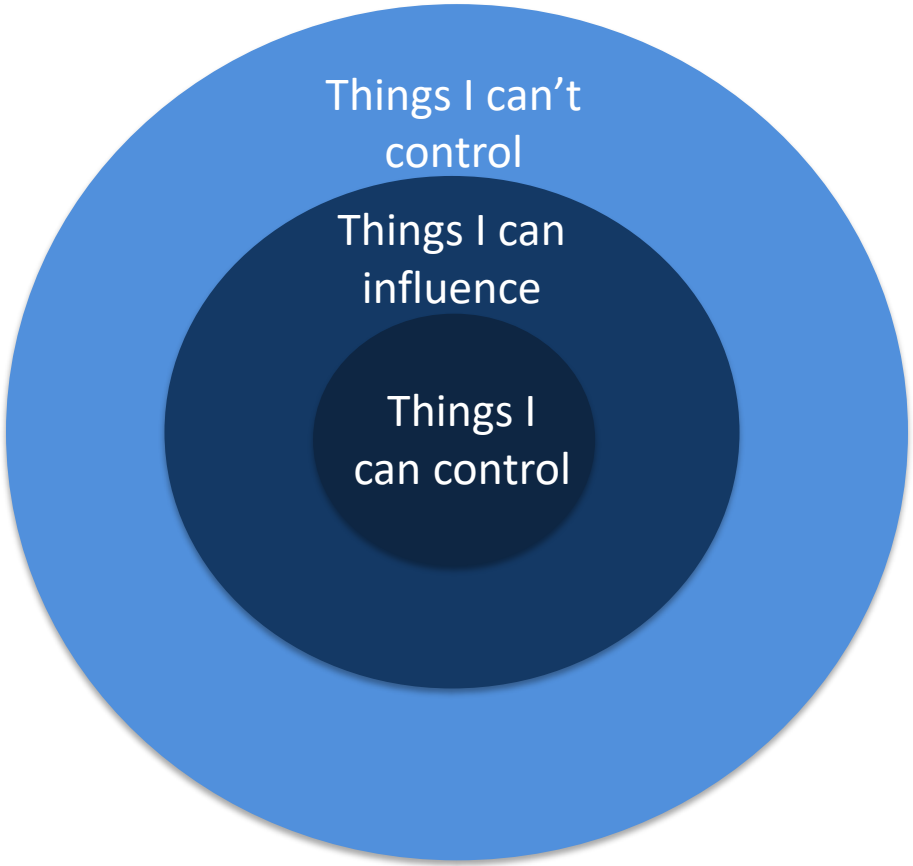
- Front door frailty team, RIE
- HIS Focus on Frailty April 25
- Aim to improve our service against HIS Frailty standards

Value of using a self assessment tool

- Place to start
- Suggested areas to review
- Structure
- Team engagement
- Feedback to seniors
- Improved understanding of your system
- Generate change ideas



We are all part of the system



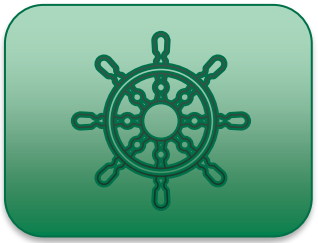
Circles of Concern, Influence and Control, The 7 Habits of Highly Effective People, Stephen Covey

Key Learning and reflections

- Tool gave structure & place to start
- Really engaging for staff – love a post-it note!
- Key to better understanding your system and generating the best change ideas

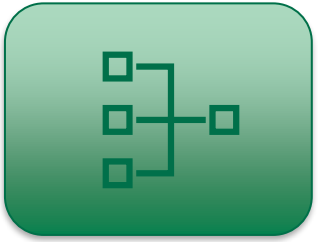
Next steps for you

Team



Leadership and governance

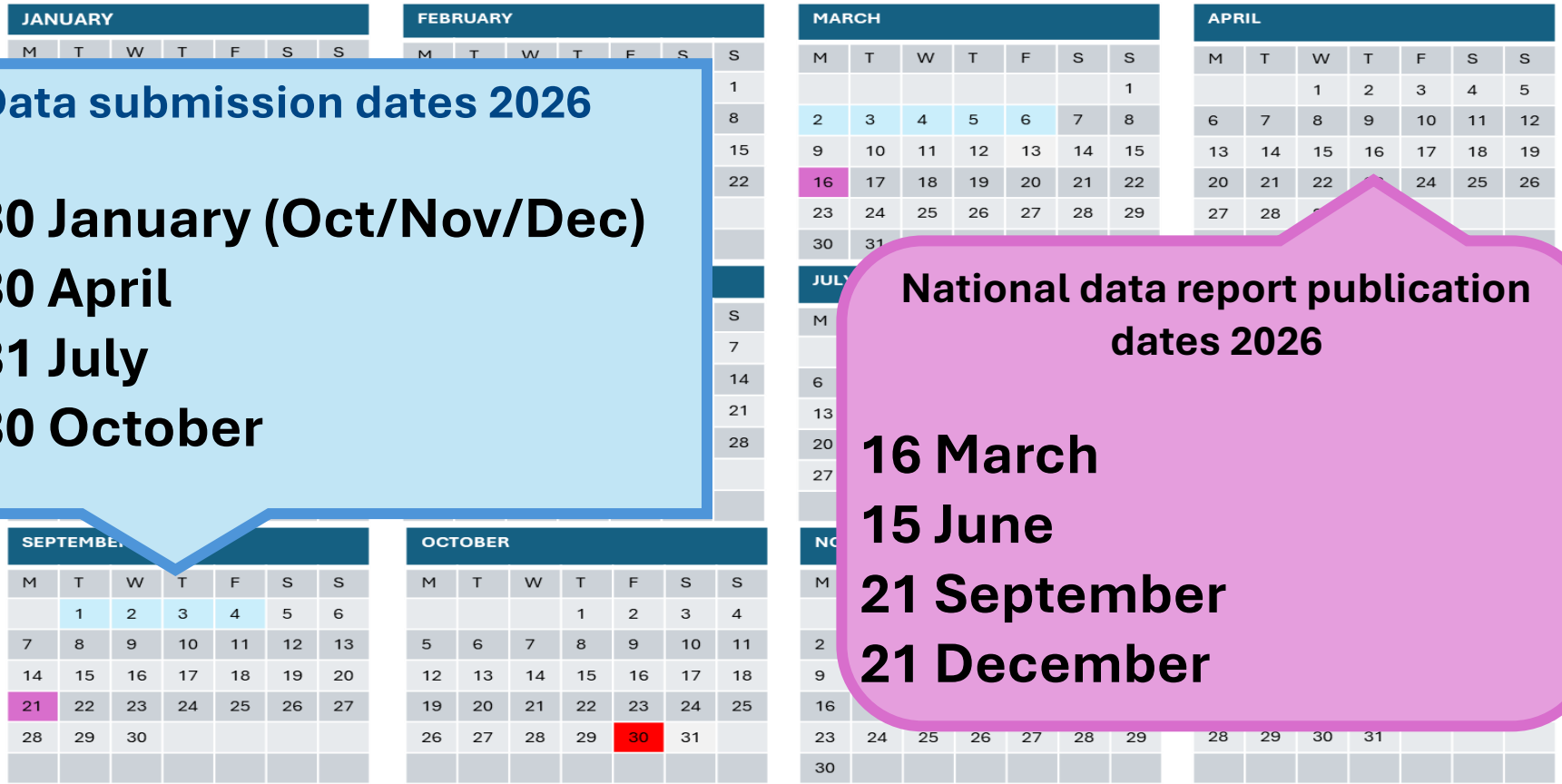
Readiness for change



Understanding the system

Data and progress reporting

Data submission and reporting: dates for your diary



Data submission dates 2026

30 January (Oct/Nov/Dec)
30 April
31 July
30 October

National data report publication dates 2026

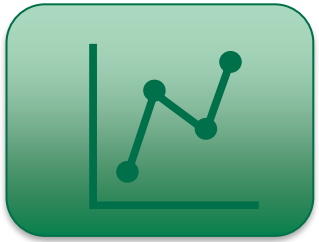
16 March
15 June
21 September
21 December

What to expect from us

Introductory Calls

MS Teams channel

Operational Agreement



Refreshed data workbooks

In person learning session

his.spspadultsinhospital@nhs.scot

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Pressure Ulcer Breakout session

25 November 2025

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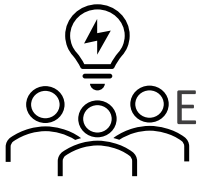
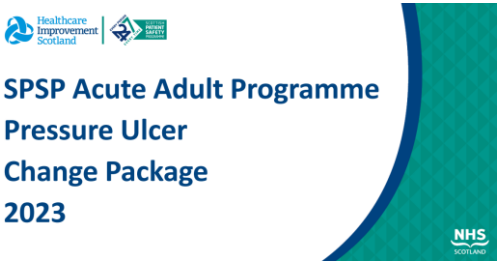
Pressure Ulcers

2022 → Present

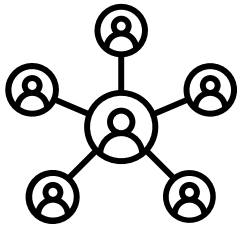
Codesign



Multidisciplinary Expert Reference Group



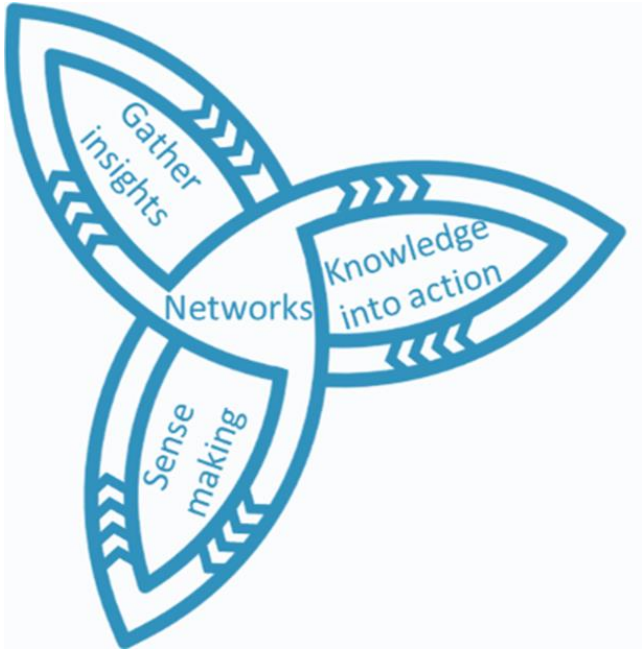
Learning system



SPSP Pressure Ulcer improvement network

- Working closely with National Association of Tissue Viability Nurses (NATVNS)
- Creating a Q Special Interest Group, with group convenors: Donna Frew, Senior Improvement Advisor, HIS, Heather Hodgson, Lead Nurse Tissue Viability, NHS GGC and Laura Keel, QI practitioner, NHS Highland

Next steps



- Gather insights
  - Data submissions and reports
  - Progress reporting
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Deteriorating Patient Breakout session

25 November 2025

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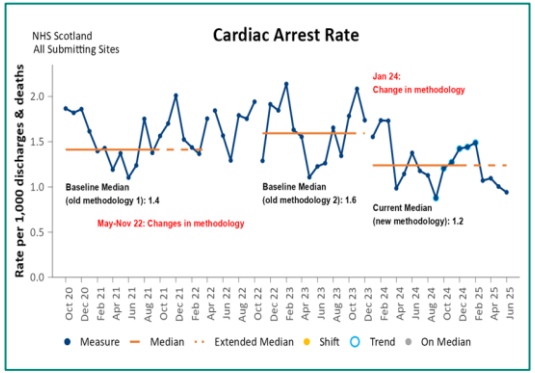
Deteriorating patient : Where are we now?



- Current national median 1.2 / 1000 deaths & discharges
- Outcome data only
- No process measures reported nationally

- Feedback from previous network meetings and the national event has highlighted an appetite for focused improvement work around Treatment Escalation Planning

Next Steps: Accelerated Improvement roadmap

Create the climate for change → Make the change happen → Implement and sustain for change

Weeks 0 – 3

Creating conditions

Goal: build team and establish baseline.

- Identify your team
- Gather baseline data
- Complete self evaluation tool

Weeks 4 - 9

Understanding systems & developing aims

Goal: understand your system and define improvement goals.

- Use QI tools (Pareto, Fishbone, Cause and effect) to understand your system
- Draft a STAN aim (e.g. % improvement of patients with a completed DNACPR form and a TEP)

Weeks 10 – 20

Testing change ideas

Goal: to run rapid PDSA cycles

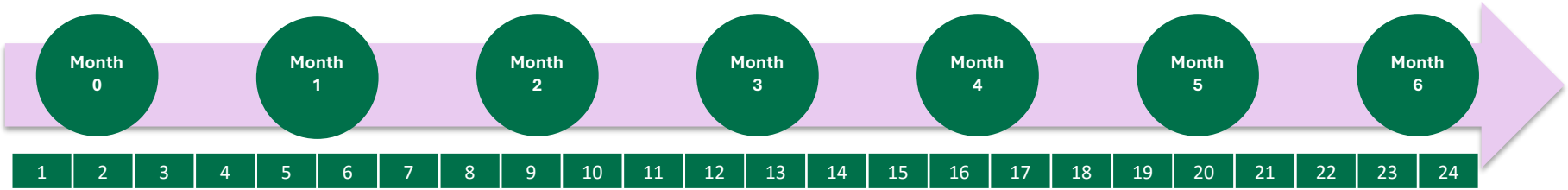
- Pilot ideas
- Collect data weekly
- Refine / change based on what is working

Weeks 21 – 24

Implement & spread

Goal: sustain & scale

- Adopt successful changes
- Standardise your improvement
- Share your learning



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Falls network Breakout session

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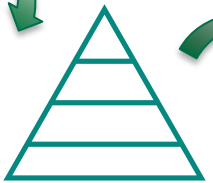
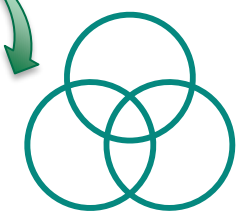
Falls network

Building on success

Continue to submit national measure



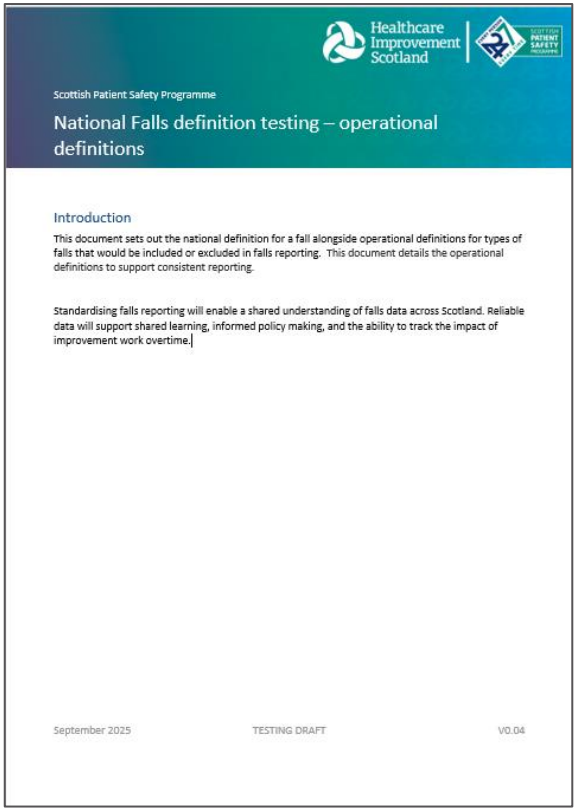
Re-focus, refine and re-prioritise



Refresh driver diagram and family of measures

Growing the network – 83 members sharing learning

Falls definition testing



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Scottish Patient Safety Programme

National Falls definition testing – operational definitions

Introduction

This document sets out the national definition for a fall alongside operational definitions for types of falls that would be included or excluded in falls reporting. This document details the operational definitions to support consistent reporting.

Standardising falls reporting will enable a shared understanding of falls data across Scotland. Reliable data will support shared learning, informed policy making, and the ability to track the impact of improvement work overtime.

September 2025 TESTING DRAFT V0.04

Aim:

Standardising falls reporting will enable a shared understanding of falls data across Scotland. Reliable data will support shared learning, informed policy making, and the ability to track the impact of improvement work over time.

- Co-produced operational definition and risk matrix
- 4 testing boards
- Implementation planning

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Medicines Breakout session

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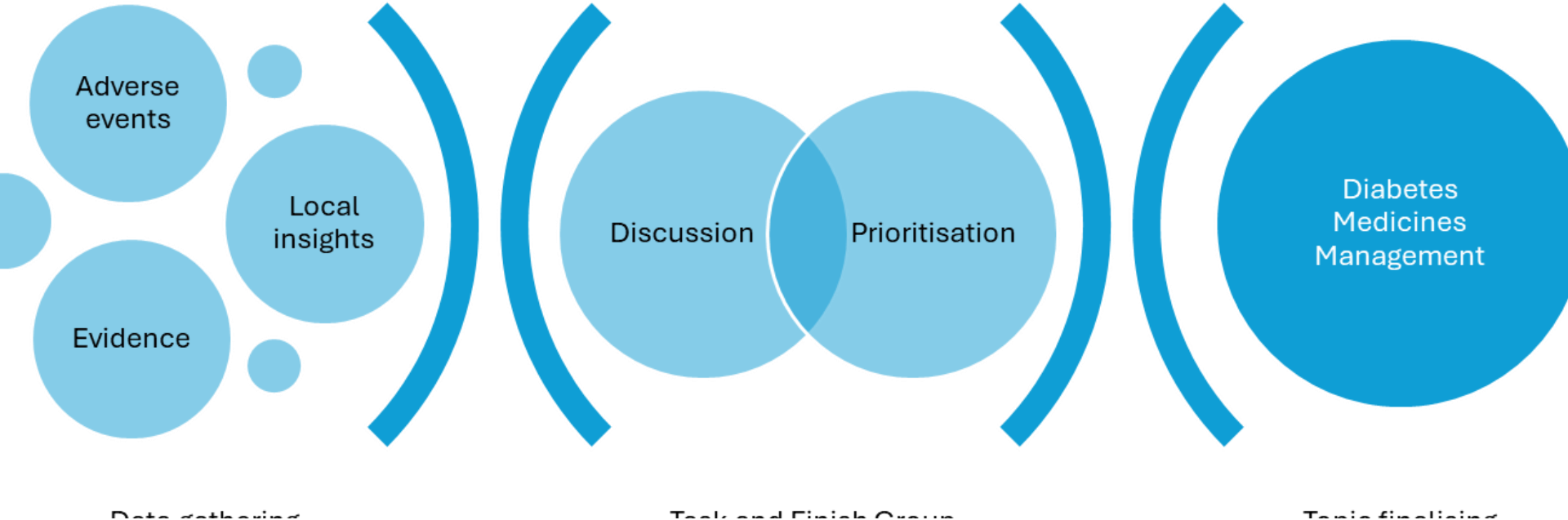
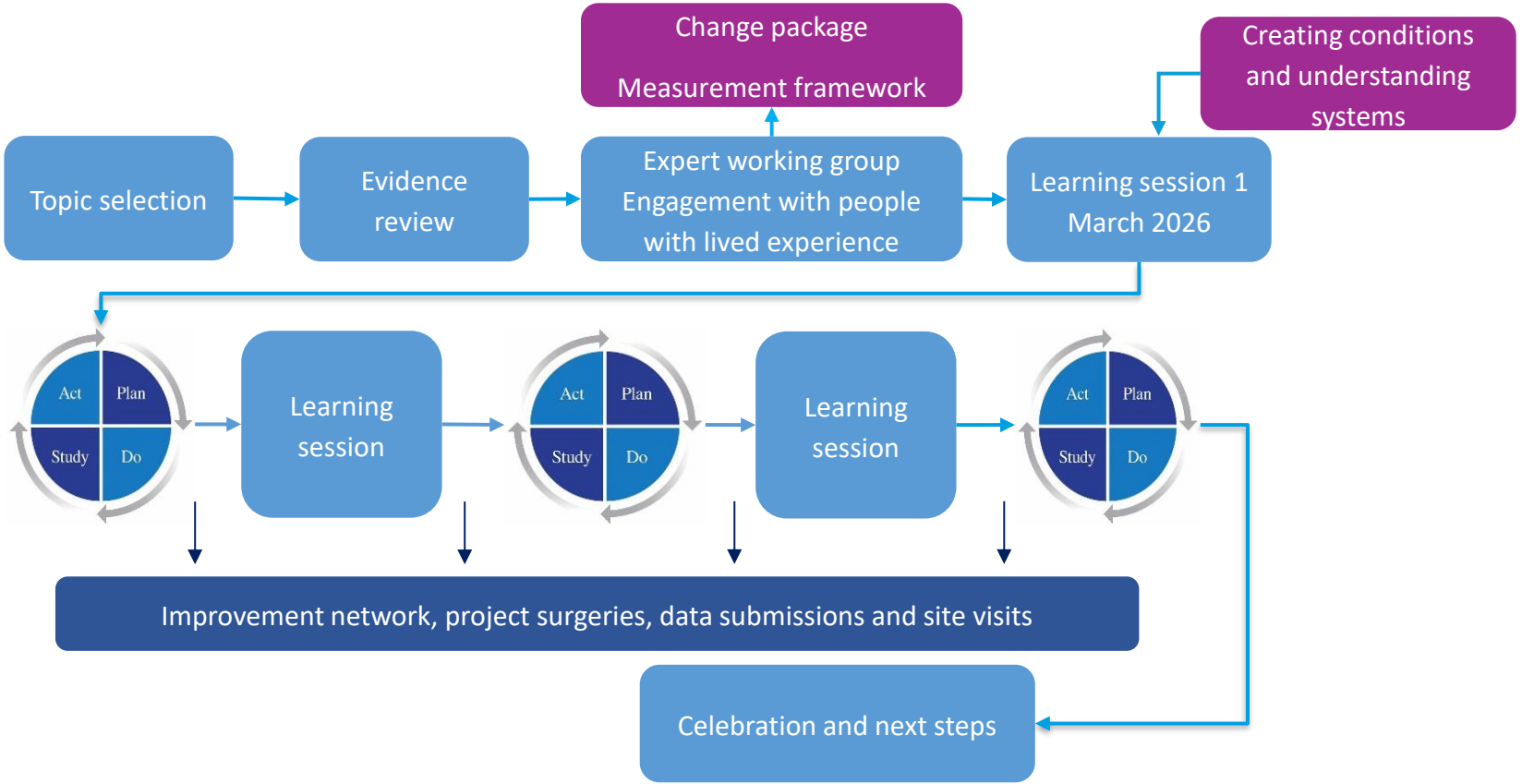
Finalising diabetes medicines in transitions in care



SPSP Medicines in Hospital programme structure



To end of spring 2026

Expert Working Group Drop in

Draft national aim and driver diagram

Revise and refine

Finalise with change ideas

Measurement framework

Board teams

1. Create the team
2. Consider readiness for change
3. Understanding system

Feedback

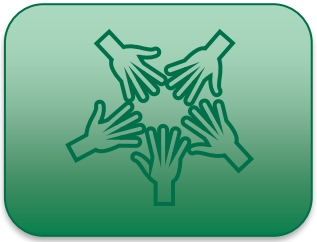
In the chat box:

- State the breakout room you were part of

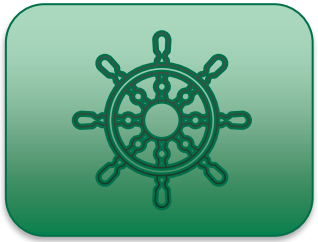
And

- 1 key learning point you will take away or connection you will commit to making following your breakout room discussions

Next steps for you

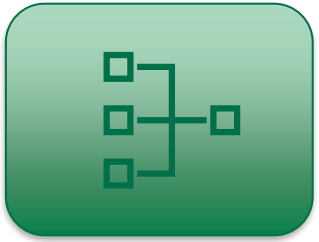


Team



Leadership and governance

Scheduling intro call



Understanding the system

Operational agreement and data submission

Email: his.spspadultsinhospital@nhs.scot

Web: healthcareimprovementscotland.scot