

Case Study

Healthcare Improvement Scotland: supporting implementation of quality management in complexity

May 2025

Introduction

This case study is one of a series which sets out learning that has contributed to the development of the Scottish Approach to Change. This case study focuses on:

- Taking a whole person approach: emerging evidence of delivering more sustainable services by shifting from addressing single issues to a holistic approach
- Having learning-based culture and leadership: a learning-based approach results in a more engaged and motivated workforce with increased autonomy and trust
- Change requires a blend of multiple methods, proportionate use of theory, being comfortable with uncertainty and active learning to move forward.

Context

Quality Management Systems

Management of quality is critical to the delivery of safe, effective, and person-centred health and care services.

Healthcare Improvement Scotland (HIS) has developed a Quality Management System (QMS) framework which supports health and social care organisations to apply a consistent and coordinated approach to the management of the quality of health and care services. This requires a balanced focus across all the components of quality management, which include:

- **Planning for quality** – understanding priorities for improvement and designing appropriate interventions
- **Improving quality** – delivering improvement through prototyping, testing, and implementing changes
- **Maintaining quality** – embedding mechanisms to maintain quality and know when it slips, and
- **Quality assurance** – undertaking internal processes and external assessments to independently check quality.

QMS places learning at the heart of quality management, recognising that **learning systems** are fundamental to understanding what is and is not working, and for sharing and spreading examples of good practice and generalisable learning.

Creating the conditions for quality management is also essential. The QMS framework sets out the critical importance of a **clear vision** of what good looks like and the **purpose** of different teams in delivering the vision; **leadership** and **culture** which enable improvement and quality management; being **people-led** by enabling people who use, deliver and support services to become equal partners in managing quality; and the importance of **process rigour** by taking a systematic, structured approach.

The Scottish Approach to Change

HIS has been asked by Scottish Government to lead the development of a Scottish Approach to Change for health and social care. The Scottish Approach to Change will be a key delivery mechanism to underpin the delivery of NHS reform and renewal.

The Scottish Approach to Change will provide a practical, coherent approach to change. It articulates the steps that are needed for successful change to happen and the enablers that underpin the change process. Following this approach will help achieve high quality, effective, safe, and person-centred change and reform.

The Scottish Approach to Change is based on a QMS. It draws on the multiple methods of change that exist already like quality improvement, service design, engagement practice, and strategic planning. It brings them together into a single, coherent approach that maximises the benefits of them all in a systematic way. Human Learning Systems (HLS) is one of these methods, and HIS has integrated learning from the principles of HLS into the emerging Scottish Approach to Change as it helps to understand what it means to apply the concepts of QMS in a complex system.

Human Learning Systems

The HLS approach to management draws on research into failure demand within integrated systems and is based on the theory that a public management approach based on performance management and targets may create fragmented and inefficient public services that may not always best meet the needs of the people being supported and the people who support them.

In contrast, an HLS approach to management focuses on creating the conditions for the health and social care system to respond to the unique strengths and needs of each person, creating the outcomes that matter to them. At its heart is a continuous learning approach which extends the principles and practices of quality improvement to the tasks of public management at all levels.

This reinforces the underpinning principles within QMS and demonstrates how this can be used within complex systems in the integrated space, where there are multiple organisations involved in the delivery of services.

Case study examples

Supporting implementation of quality management in integrated settings

This case study sets out how HIS has worked with health and social care organisations to support implementation of quality management in the integrated space in a way which enables delivery of community-based models of care.

NHS Forth Valley: a people led approach to early intervention and prevention of diabetes

HIS has been working with the NHS Forth Valley Type 2 Diabetes Prevention Team (DPT) who have been aiming to address inequalities in access to their pathway of care. Initial work involved testing more holistic, person-led conversations with people referred to the service. However, while outcomes were improved for those accessing the service, it was learned that changing practice alone does not improve awareness of, or access to, the service for those not already engaged.

As a result, the team established the Denny Collaborative Group to improve their reach in the Denny community. Community partners now come together on a quarterly basis to share their learning, give service/organisation updates, and collaborate to improve services.

One change that has been tested is the attendance of the DPT at the local food pantry on a weekly basis where they host informal conversations with people in attendance. In addition, the NHS Forth Valley Keep Well Team were also invited to host sessions at the food pantry.

The testing of a multidisciplinary and multi-agency working approach recognises the multiple factors that influence a person's life and sees the whole person. The community-based model also provides a stronger network with which to support people, enabling them to be engaged with, and to access holistic support in a single space.

The DPT found that current performance management data did not provide evidence of the impact of the work being undertaken - it was challenging to effectively demonstrate the impact of early intervention and prevention activity.

HIS worked with the DPT to use an HLS approach to frame data collection and measurement differently (maintaining quality). HIS supported the team to create new measures and adopt a learning-based approach. The measurement plan for this work does not identify specific targets, nor does it seek to inform existing KPIs. Instead, it focuses on measuring the two components of the DPT's work:

- having good conversations instead of a purely clinical focus, and
- increasing visibility in a community setting contributing to efficiency, value, and greater accessibility of the service.

To illustrate the potential scalable impact of this work, data for a "typical" service user following the traditional pathway was established to provide a baseline by which a comparison with the new approach could be made. Where a single person would have been supported following the traditional pathway, the new approach enabled eight people to be supported. The new approach required fewer professionals to be involved in the person's journey (a reduction of 23 to 10 professionals) and there was a decrease in formal onward referrals to the GP due to an increase in self-management (a decrease of 7 to 0 onward referrals).

For these eight people, there is also evidence that practitioners can spend a higher percentage of time (46%) undertaking 'high value' work such as talking to people looking for advice and clinical interventions, and a lower proportion of time (46%) on 'low value' work such as inputting data and patient information into multiple systems when compared with the baseline "typical" service user.

Data provided by the DPT regarding improved clinical outcomes for people at risk of type 2 diabetes who have a person-led initial conversation suggests that taking a more human approach is an efficient use of resource. 59% of people (n=169) will lower their blood glucose level following a single conversation with or without formal support compared to 36% (n=36) following the traditional pathway.

Qualitative evidence indicates that people who engage with the service have built trusting relationships with practitioners and are supported to achieve a positive outcome. Stories from people who have engaged with the new approach indicate that it has had a positive impact on their health and wellbeing.

This work provides an example of managing quality in a different way. The DPT has implemented a new way of maintaining quality through developing quality measures based on learning triangulated with old performance management measures in a way which enables the impact of a community-based model of care to be demonstrated.

The outcomes from this work were shared in [*Realistic Medicine: Taking Care - Chief Medical Officer for Scotland Annual Report 2023–2024*](#) and were also included within the Chief Medical Officer's keynote speech at the NHS Scotland Conference 2024. This demonstrates how the learning from a small test of change can have impact at a national level.

Highland HSCP: a learning-based approach to implementation of Self-directed Support

The Self-directed Support (SDS) (Scotland) Act came into effect in 2013 with the aim of enabling people to get the support that is right for them, in a way that enables their rights to choice, dignity and being able to take part in the life of their communities.

In 2021, the Self-directed Support Framework of Standards was published by Social Work Scotland and the Scottish Government to support more consistent implementation of SDS.

Across Scotland there has been a challenge to demonstrate the impact of the SDS national policy. As a key stakeholder within the National SDS Collaboration, HIS proposed the principles and learning from HLS as a better way of framing how impact might be demonstrated.

To enable an understanding of whether SDS standards are being met and if SDS is embedded as business-as-usual practice, a self-evaluation framework has been developed.

HIS influenced the development of the self-evaluation framework, promoting a learning-based approach towards evaluation. Moving away from a pass/fail or a performance management approach to a learning-based approach means that the data gathered are useful to the organisation collecting it and can be used to learn about what is working well and identify areas for improvement.

Three areas were identified to test the self-evaluation tool, including Highland HSCP. Highland HSCP used an appreciative inquiry approach to undertake the self-evaluation. HIS

provided coaching support to the HSCP, at both strategic and practitioner level, to enable effective application of the framework.

Within Highland HSCP, use of the self-evaluation framework provided a new approach to managing quality in relation to SDS. The self-evaluation framework enabled an understanding of the organisation's application of the SDS Standards (maintaining quality) and supported them to create a plan to improve what matters to them, driving improvement based on local needs (quality improvement). In particular, it was found that:

- Agency (influence and effect) has been increased. Staff have identified solutions and adapted how they work, enabling them to create tangible outcomes for people.
- Leadership has embraced an approach which encourages them to listen to, learn from, and empower staff.
- Improvements have been identified through use of the framework, including shifts in commissioning practices, such as a move towards place-based commissioning.

Following the successful testing of the self-evaluation framework, there will be further development of it so that no coaching support is required – a move towards true self-evaluation. 12 HSCPs will test the next iteration of the self-evaluation framework. This is evidence of spread of using a learning-based approach for self-evaluation and management of quality more broadly.

In addition to supporting the implementation of SDS, the approach is also being adopted in relation to other policy areas. The Scottish Learning and Improvement Framework (SLIF) for Adult Social Care and Community Health, currently in development by the Scottish Government, aims to focus and track improvement across the outcomes that matter to people. The development of the SLIF is seeking to draw on the learning from this work and build upon it, demonstrating influence at national policy development level.

North Lanarkshire HSCP: improving management of quality of care

HIS has been working with North Lanarkshire HSCP since April 2023. This has included working with critical governance and stakeholder groups in the HSCP to explore HLS and to understand how HLS principles might be applied in North Lanarkshire.

Within the HSCP, HLS is seen as a useful way to drive whole system change and to make fundamental shifts in relation to the management of the quality of care, building on the organisation's existing strengths. HLS has been referenced in the HSCP's *Strategic Commissioning Plan 2023-2026* (published in October 2023):

"We will seek to take a Human Learning Systems (HLS) approach to understand what makes a difference in people's lives. We will seek to co-design integrated solutions based on people's strengths and assets in the context of a whole system. Our workforce will be empowered to test new approaches and report what works. We will capture and use data and intelligence in a different way to support learning, bringing professionals and people together to reflect regularly and share learning."

Taking a coaching approach using reflective practice and analytical/theming tools, HIS has supported the HSCP leadership to understand and reflect on what a learning-based approach, as opposed to a performance management-based approach, might look like in

practice. This has supported the emergence of a 'Back to Basics' way of working for the HSCP based on the principles of HLS.

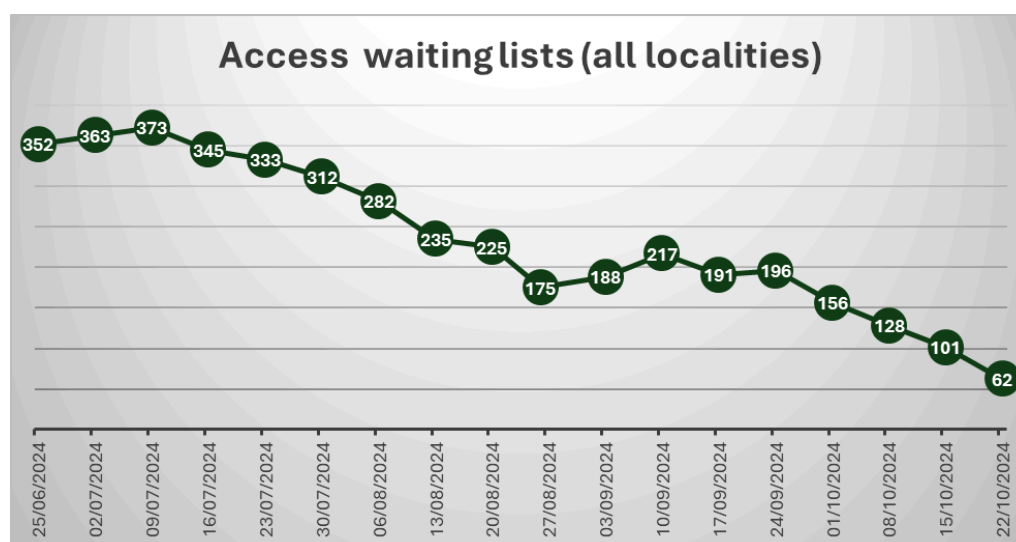
An example of a specific change that has been made is the implementation of enabling hubs with locality multidisciplinary teams within communities. The hubs provide a space to talk about what matters to a person, taking a holistic approach and seeing a whole person, enabling more and better conversations.

By focusing on the person rather than the process of formal assessment, staff feel empowered to act, with a focus on immediate identification of potential community-based supports. This has been enabled by drawing on the collective knowledge of the multidisciplinary team of the needs of person and the potential services and supports within the system.

This has been enabled by running monthly 'Back to Basics' sessions within the HSCP, bringing people together with a focus on learning. This has provided staff with the freedom and space to develop ways of working for the enabling hubs that work for the different communities they serve.

There have been two key outcomes as a result of this change as noted below:

- There has been a significant reduction in access (first contact) waiting lists across six localities between June and October 2024, where people have had a first conversation and/or interim support put in place.



HIS is providing ongoing support to the HSCP to further refine their data collection and measurement, including strengthening quantitative data over time and collection of qualitative experience data to add richness to the understanding of the impact of the change.

- There is evidence of a culture shift within the HSCP following the change in focus to what matters to people:
 - There are improved relationships between different teams, moving from a 'them and us' mindset to one of increased trust and appreciation of the different roles that different teams play in supporting people.

- There has been an increase in staff morale with staff feeling more engaged and taking more ownership of the actions that can be taken to support people.

Adopting HLS principles has enabled the HSPC to shift its approach to planning for quality so that it is clearly based on what matters to people, their needs, and the assets available to them. This has been supported by a focus on learning, collaboration, and coproduction, leading to a fundamental culture shift.

Learning

Learning in relation to quality management, change, and supporting implementation of community-based models of care

There has been significant learning from this work in relation to quality management, change, and supporting implementation of community-based models of care. Each of the examples illustrates the importance of creating the conditions for quality management based on learning, which then enables a different approach to planning for quality, quality improvement, and maintaining quality to be adopted.

Learning has been captured in two ways:

- direct learning from the system as a result of implementing change, and
- learning within HIS in relation to our role as a system steward sharing learning and supporting that change to happen.

Learning from the system

- A critical success factor for change has been the shift in focus from addressing single issues to a more holistic approach with a focus on the whole person, both at an individual level and at a service level (planning for quality). This shift in focus is enabling better use of community assets, and increased opportunities for prevention, early intervention, and self-management. There are early indications and emerging evidence of more sustainable services, such as the impact of the changes on access waiting lists.
- Leadership and culture which supports learning is critical to making change happen and enabling practices based on that culture. HIS has seen evidence of culture change including:
 - a more positive, engaged, and motivated workforce due to staff having increased autonomy, being empowered to drive solutions, and seeing evidence of the impact of their actions on people's lives, and
 - increased confidence and trust between teams delivering and supporting services due to increased understanding of the role and contribution that each team makes.

It is, however, difficult to evidence impact in respect of culture change.

- The building blocks for significant system change are in place such as the move towards whole person thinking and a learning-based culture as described above. However, within the health and social care system there is still a need to demonstrate performance against traditional performance measures. While impact is starting to be

seen in areas such as waiting lists, there is a need for further medium-term outcome measures to demonstrate system impact (maintaining quality).

Learning within Healthcare Improvement Scotland

Key learning for how HIS supports implementation of quality management in integrated settings includes the following:

- A recognition that a single methodological approach is not sufficient when trying to support change in complexity. There is a need for a skilful blend of approaches including strategic planning, service design, quality improvement, engagement practice, and HLS thinking, rather than sticking to one methodology.
- There is a need to work in a flexible and agile way with appropriate and proportionate use of technical methods. It is important not to focus too much on the theory and to get to the 'doing'.
- Use of technical language can be a barrier to making change happen. One site dropped the use of the term HLS as it was seen as a blocker. HLS thinking and skills (focusing on learning) were still adopted but use of the terminology was limited, acknowledging it is the way you use the thinking to help people to make change that is important.
- None of the journeys HIS has supported have been linear. There is a need to recognise and be comfortable with uncertainty. Being prepared to 'fail fast' by testing and learning quickly about what does and does not work is crucial when supporting change in complexity.
- The degree of change being undertaken by the organisations HIS supports requires external coaching and facilitation to stop the team being drawn back to old paradigm thinking. By providing external facilitation, HIS holds the space for an organisation to move towards a new paradigm.
- This way of working has supported HIS to better collaborate with other national organisations recognising that outcomes for people are the product of complex systems and that each organisation is contributing towards those outcomes in different ways and drawing on different skills. There is a need for a whole system approach to making whole system change. HLS thinking provides a useful framing for partnership working at the national level.
- HIS has played a crucial role as a system steward by:
 - enabling connections between people seeking to implement community-based models of care and to effectively manage quality, and
 - influencing at whole system level by sharing learning from practice with Scottish Government to influence policy.

Supporting documents

- Forth Valley Diabetes Prevention Team HLS Experiment Learning Report (July 2024)
- Self-directed Support: Self-Evaluation and Co-Production in Highland
- Social Work Scotland: A learning-based approach to supporting implementation of Self-directed Support

