



**Professor Fiona McQueen  
Chief Nursing Officer  
Scottish Government**





# Supporting the best start...the best journey



# If not us.....





# See Me

End mental health discrimination











# Vision



# Programme for Government

- Increasing income in lowest three deciles
- Reducing depopulation of rural areas

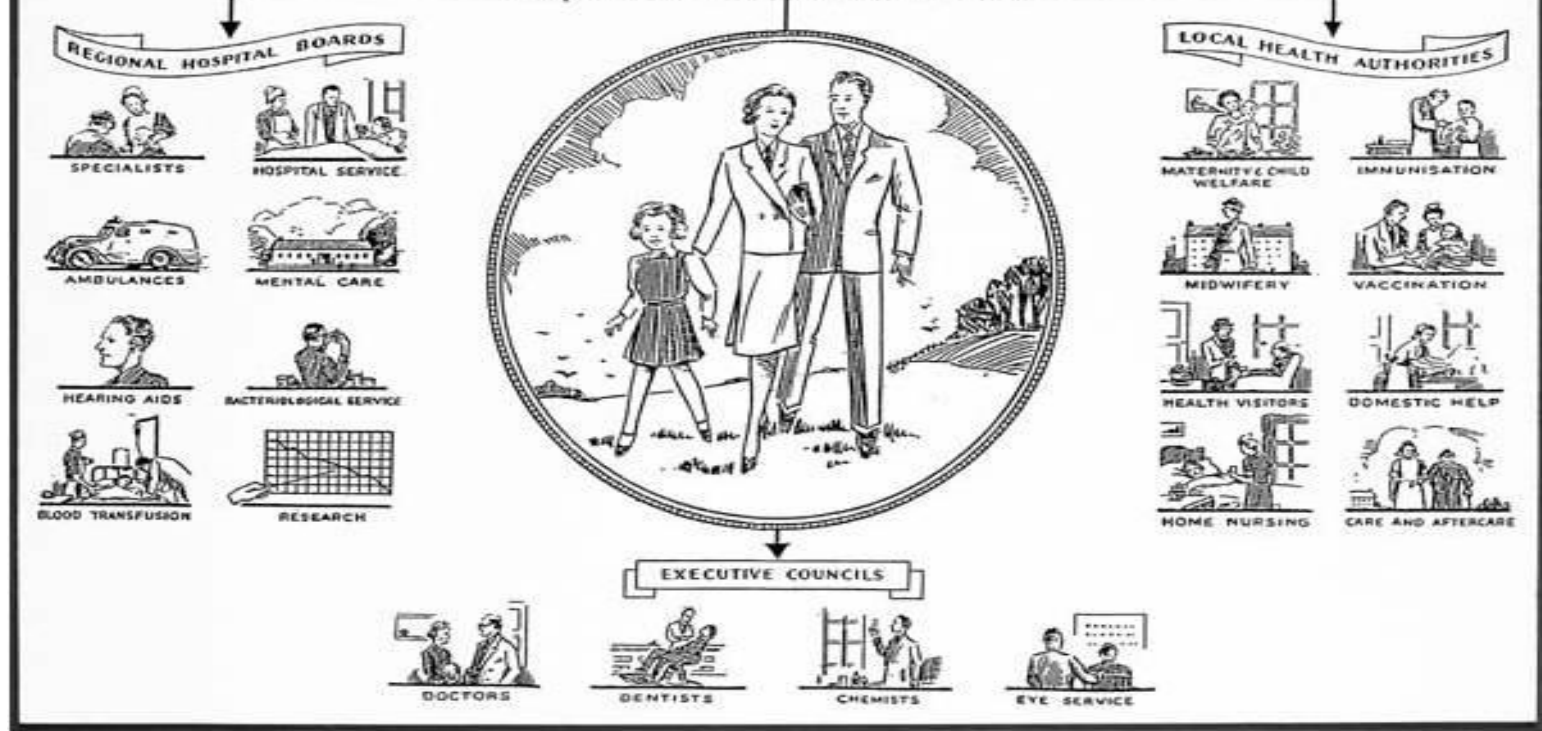
UNIVERSITY OF THE  
WEST of SCOTLAND  
**UWS**



# PICTORIAL PLAN OF THE NEW HEALTH SERVICE

SECRETARY OF STATE FOR SCOTLAND

Department of Health for Scotland



*“No problem can be solved  
from the same level of  
consciousness that created  
it.”*



*- Albert Einstein*



**The Scottish Government**



**The Scottish Government**

# **Our Context**



# Some reminders

- Scotland has one of the world's best performing health services
- But we also suffer from some of the poorest health in the western world
- While our health has improved over time, it has not improved on an equal basis for all
- Improving the public's health is a shared effort across a broad range of partners



**NHS**  
*England*



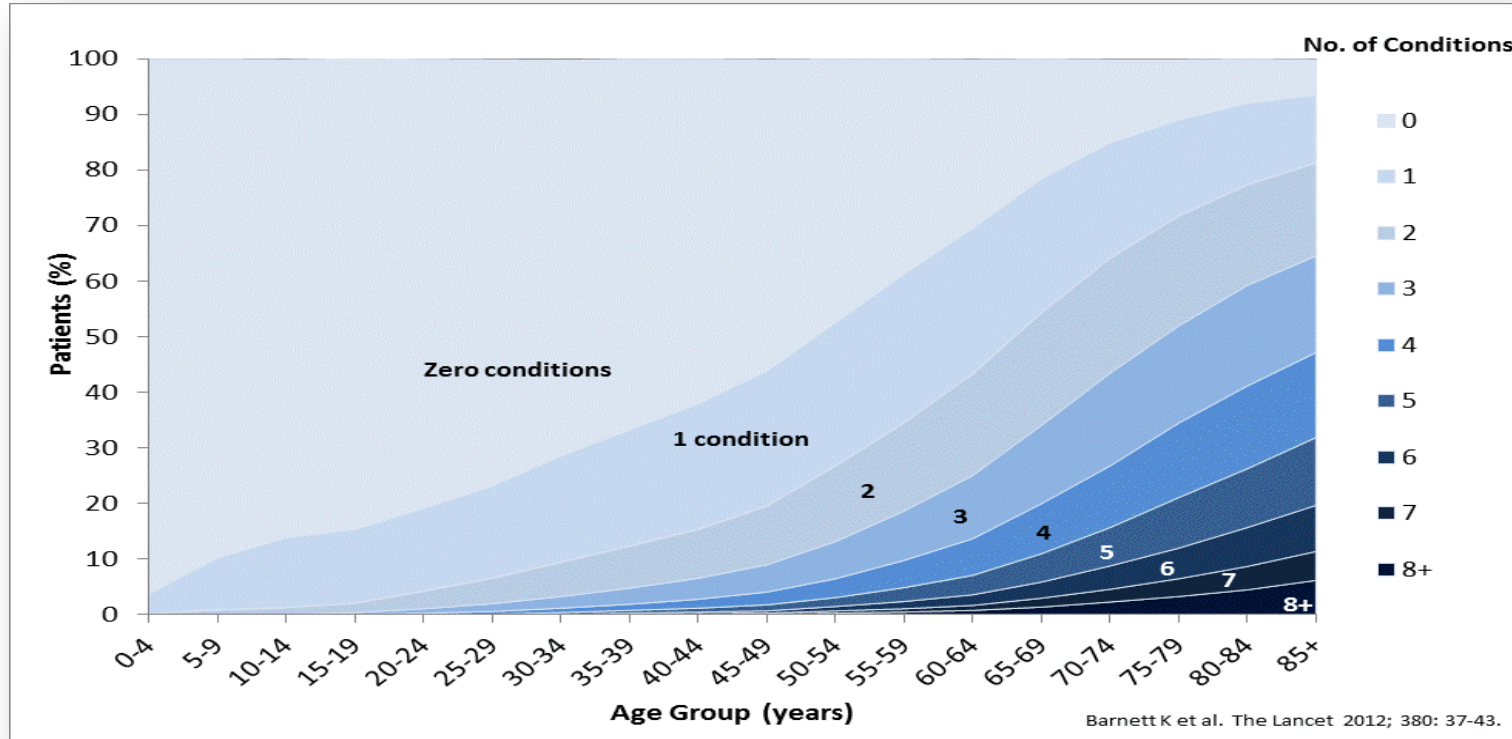
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# Reality



# Multimorbidity is common in Scotland



More people have 2 or more conditions than only have 1

# Strategic Direction of Change



Improving  
Population Health



# Strategic Context



# Setting the Context for Change



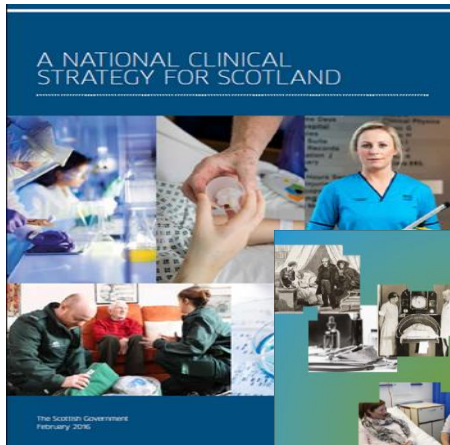
# If not us.....

- Prevention



- Service Delivery





# Policy aspirations

- ❑ People at the centre
- ❑ Right care, right person, right place, right time
- ❑ Maximising all contributions
- ❑ Integrated teams working with people
- ❑ Harnessing assets & managing self



# TRANSFORMING ROLES

## Maximising everyone's contribution

- ❑ Transformed roles
- ❑ Education
- ❑ Public confidence





# What is needed of us now?

## Transformed NMaHP roles

- ❑ Thinking differently
- ❑ Explicit NMaHP contribution
- ❑ Current, new & advanced roles
- ❑ Attractive career pathways in & out hospital



## Transformed NMaHP education

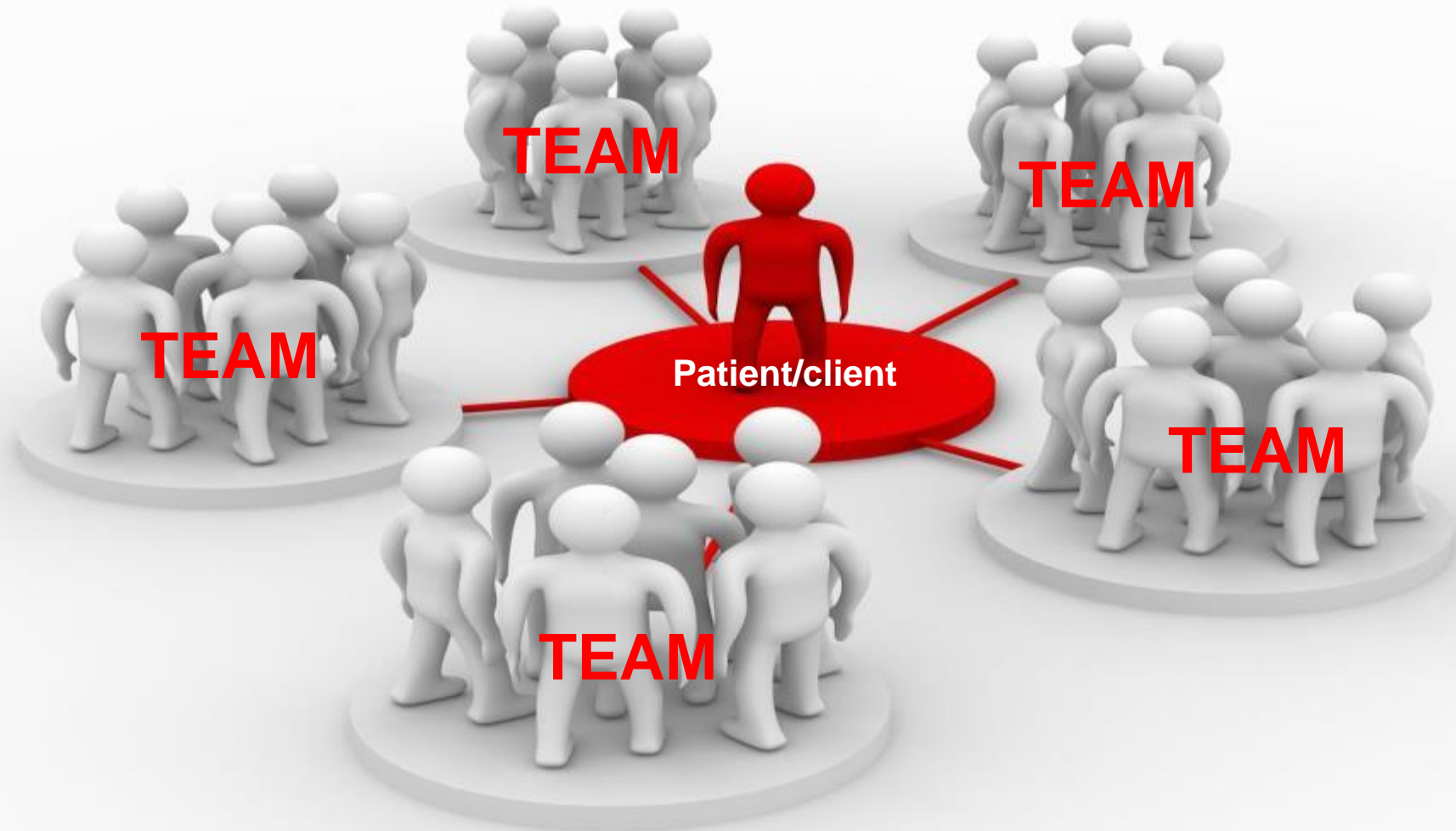
- ❑ Fit for the future
- ❑ Flexible
- ❑ Lifelong learning & development
- ❑ Registration to advanced practice
- ❑ Sustainable provision



## Transformed services









Dream Team



Scream Team



# 3 Criteria for Effective Leadership Teams

1- Achieves real outcomes for the many constituencies they serve

2- Builds capacity for sustainability & future efforts; gets better, smarter and more capable over time

3- Develops individual leaders as stewards of the whole as a consequence of working together

AIM  
Achieved

CAPACITY  
Built

INDIVIDUAL  
Growth



# Skills & Resources





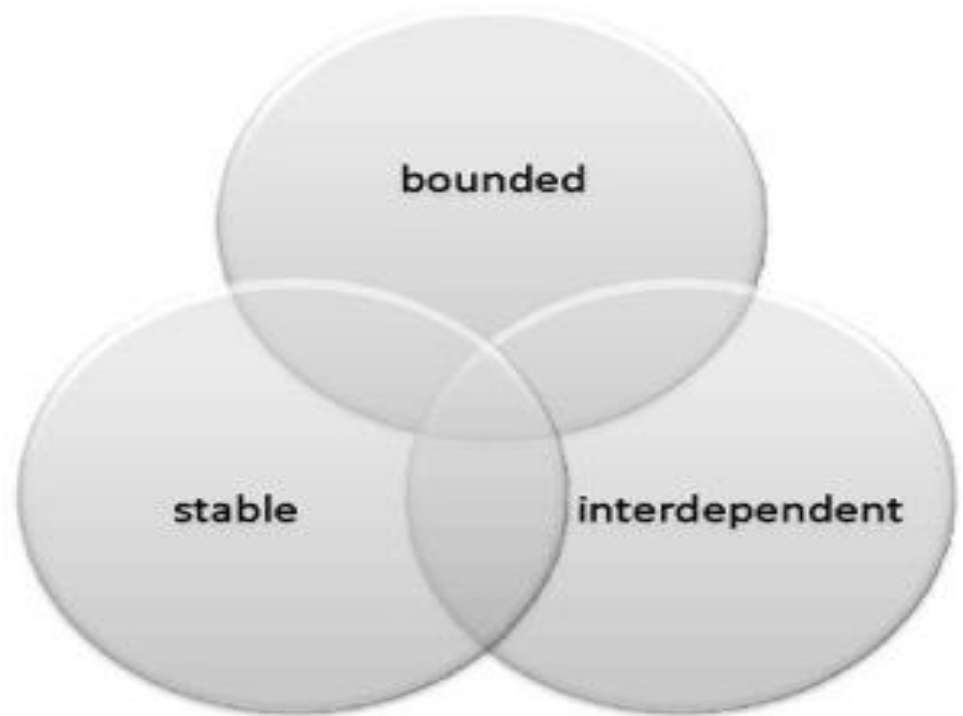
# Three Conditions That Enable A Team's Effectiveness





# A Real Team

- ✓ Leaders know who is on the team and who is not
- ✓ Team meets regularly and membership is constant
- ✓ Every team member is critical to success



# Three Conditions That Enable A Team's Effectiveness



- Bounded, stable & interdependent
- The right people with capabilities to lead inter-dependently



# Condition 2: A Compelling Purpose

- **Clear:** We know what the outcomes would look like if we were to achieve it
- **Challenging:** Has to engage the best of what people are capable of, a real stretch

# Three Conditions That Enable A Team's Effectiveness

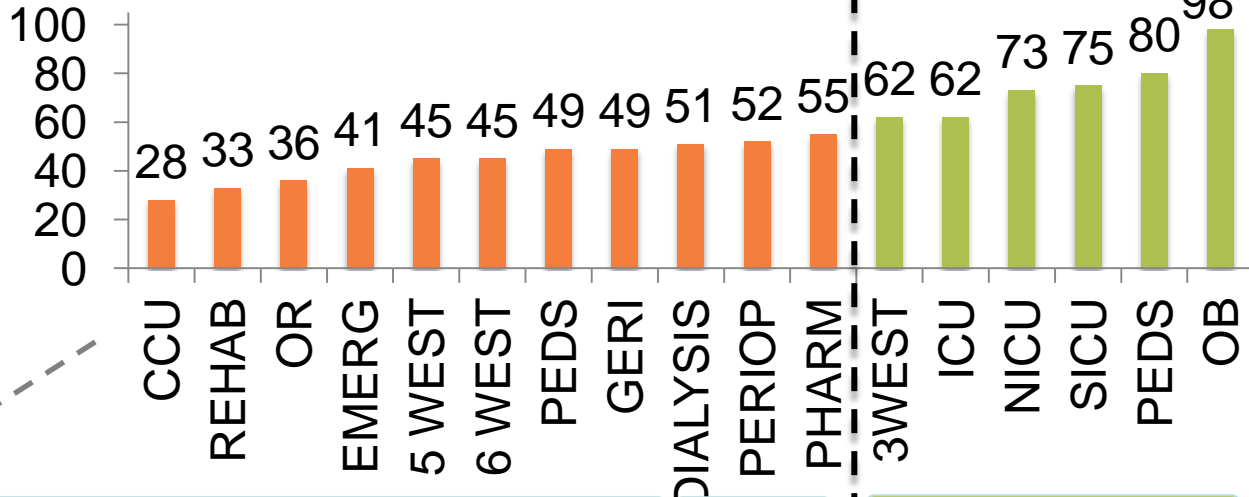


# Condition 3: Enabling Structures

- Interdependent roles
- Real teamwork
- Norms of conduct

# CULTURE IS RELATED TO...

Teamwork Climate Scores Across Facility



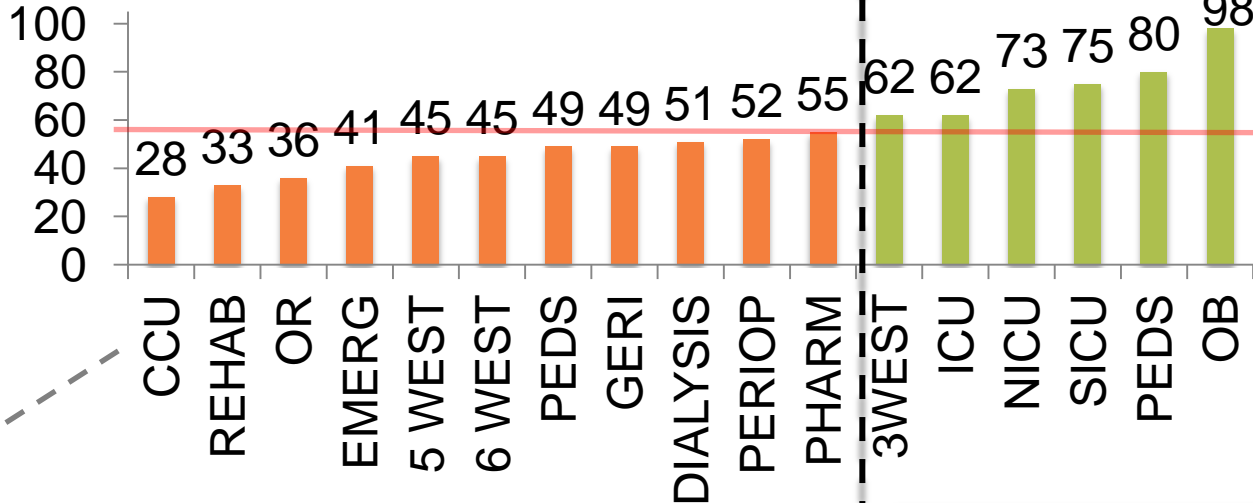
HCAHPS	50	92
Medication Errors per Month	6.1	2.0
Days between C Diff Infections	40	121
Days between Stage 3 Pressure Ulcers	18	52

*Illustrative Data:  
Extracted from  
Blinded Client Data*



# ... AND UNFAVORABLE EMPLOYEE OUTCOMES

Teamwork Climate Scores Across Facility



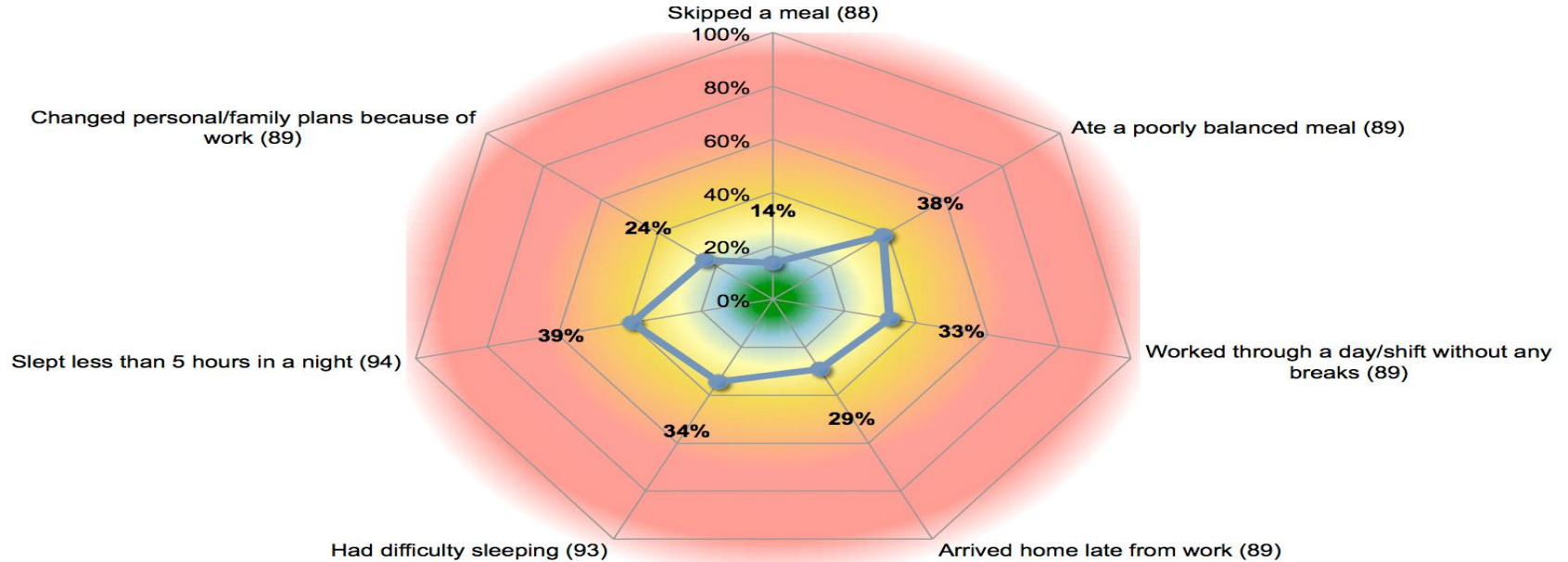
<60% Score =  
Danger Zone

Employee Satisfaction	55	91
Employee Injury per 1000 days	16	0.1
Employee Absenteeism per 1000 days	15	10
RN Vacancy Rate	9	1

*Illustrative Data:  
Extracted from  
Blinded Client Data*



# Domain: Work/Life Balance





# Staff health and wellbeing is a public health issue



- **42% UK nurses experience stress & burnout**
- **36% are over 50**
- **Older nurses struggle with physical and psychological demands, exasperated by 12 hr. Shifts**
- **3 in 10 Scottish nurses are obese**
- **42% nurses have a physical or mental health condition**
- **Musculoskeletal disorders are problems for both younger and older nurses**
- **4.5% sickness absence**
- **3x more likely experience domestic violence**



  
ACTIVE & INDEPENDENT  
LIVING PROGRAMME



 **The Scottish Government**

# Healthcare Scientists

## Pushing the Professional Boundaries in Audiology

# Patient History

- Attended Audiology direct access clinic following GP referral
- 6 weeks ago – acute vertigo and vomiting
- Out of Hours – antiemetic injection
- Unilateral hearing loss/tinnitus (right)
- Vertigo on quick head movement
- “walking on marshmallows”
- Visual preference
- Taking Cinnarizine

# Historically

- Patient would have been referred to ENT
  - Attends ENT clinic
    - Hearing test by Audiology
    - History by ENT
    - Bedside assessment by ENT
    - Further tests requested
  - Audiology clinic for assessment
    - Report back to ENT
  - Attends ENT clinic for diagnosis
    - Referred for vestibular rehabilitation
  - Attends Audiology clinic for rehabilitation

# Present

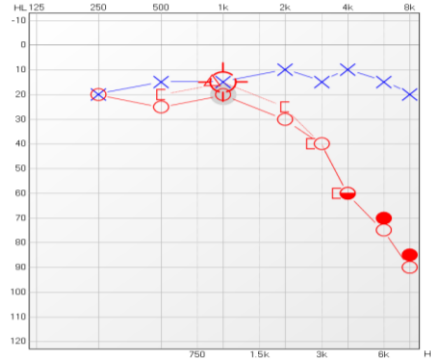
- Condensed into one appointment at Audiology
  - History, hearing test, vestibular assessment, vestibular rehabilitation
- Reduces
  - Multiple referrals
  - The risk of referrals being missed
  - Multiple appointments
  - Long waits

# Assessment Results

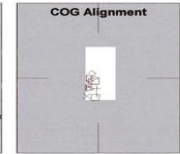
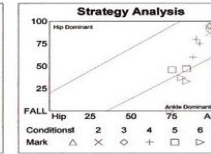
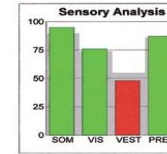
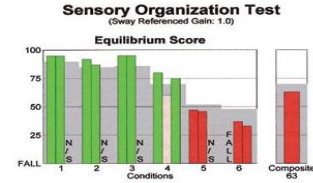
## Otoscopy



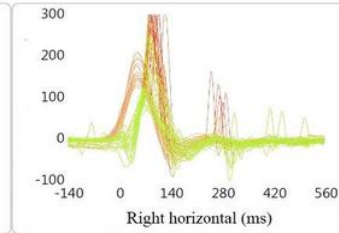
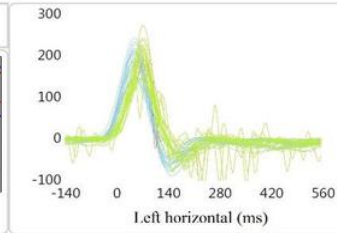
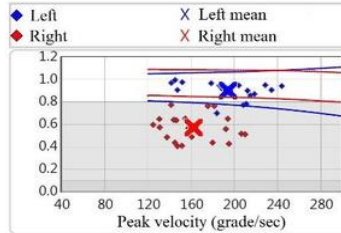
## Pure Tone Audiometry



## Computerised Dynamic Posturography



## vHIT (Head Impulse)



# Management

- MRI scan
- Hearing aid
- Vestibular Rehabilitation
  
- Patient managed entirely by Audiology, no requirement for ENT input at the present time.



# Clinical Snapshot

- 30 clinics in 2016 during
  - 107 patients

4 Did Not Attend	3.74%
107 Patients attended	
5 Referred to ENT	4.85%
Longest Wait	110 days
Shortest Wait	11 days
Average Wait	37 days

# Outcomes

- Reducing steps in the initial pathway and utilising the skills mix available has helped reduce waiting times – Over 100 days initially to approximately 20 days as the clinic progressed
- Low DNA Rates
- High discharge Rate
- Low onward referral rate
- No new equipment or resources required
- More economical to use an Audiologist and free up consultant clinics for more complex patients

# Stepping into the Future

- Increase in clinics as GPs become more aware of the services offered
- Information to GPs and referrers to make sure appropriate patients are booked
- Implemented in other areas





# The House of Tomorrow

*For their souls swell in  
the house of tomorrow,  
which you cannot visit,  
even in your dreams*

