Final Project Report

Collaborative working project between NHS Tayside, (who are hosting the Scottish Diabetes Group for this project) and Sanofi to improve Diabetes In-patient services in Health Boards across Scotland by implementing changes and establishing equitable care across NHS Scotland.

1.0 Project Aims and Objectives

This project aims to create a Project group to support a Clinical coordinator to share and develop best practice across diabetes in-patient services across NHS Scotland. This Project group (composed of NHS staff and Sanofi project manager) will use an existing checklist from Diabetes Scotland to identify areas of service development and establish baseline data for a national in-patient audit (NaDIA). The Project group will engage with local, accountable staff in Health Boards across NHS Scotland to reproduce best-practice and the project will develop a national audit and outcomes in an annual report. The outcomes will be measurable improvements to Scottish National Diabetes Inpatient Audit (NaDIA); Diabetes Scotland Checklist and Patient centred, safe, effective, equitable, timely and efficient care.

The objectives of the project were as follows:

a) Engage with HCPs across the 14 HBs in Scotland to achieve these aims.
b) Increased input to SCI Diabetes electronic inpatient data from sites across the year.
Which should lead to a reduction of avoidable harm associated with poor inpatient management. This measure will result in better management of hypoglycaemia, hyperglycaemic emergencies (Diabetic Ketoacidosis and Hyperosmolar Hyperglycaemic State) and foot ulceration.
c) Reduce the diabetes in-patient length of stay.
d) Increase the participation in Scotland's NaDIA
e) Increase the adoption of Diabetes Scotland checklist across Health Boards.
The checklist will establish the Diabetes Scotland Checklist as the model of care and encourage every service provider to improve their service by adding to the services on the list. The list is envisioned as tool for reflection and continual improvement of the in-patient services. (Diabetes Scotland have created the list as a national aspirational checklist for inpatient services).
f) Undertake a Scottish Diabetes In-patient Audit
This will create the baseline data for the National Audit, which can produce ongoing reports.
g) Publish a Scottish Diabetes Annual Report (from SDG) showing the baseline and change from the baseline over one year, and in further years.
h) Deliver relevant training and guidance for non-specialist healthcare staff.

2.0 Expected Benefits

The collaborative working project intends to deliver the following benefits for Patients, the NHS and Sanofi:

a) Patients
- Individual patients will benefit from more timely and appropriate interventions.
- Improvements to the in-patient pathway and service will enable patients to access the care quickly whilst an in-patient, reducing the need for readmission/return visits to clinics.

b) NHS
- As outlined in the objectives, by standardising patient care to the checklist and developing the National audit database, the benefit is to be found in reduced bed-stay lengths, improvement in patient flow, reduction in risk of litigation associated with avoidable harm. Outputs from the checklist and NaDIA can inform and promote inpatient diabetes service development and improvement. Education for staff involved in the care of patients

with diabetes will be improved, which will have a positive impact on decision making especially in non-diabetes specialist staff.
- Provision of structure and data reporting to support the NHS in Scotland to improve the diabetes in-patient service.

c) Sanofi
- There will be greater clarity of the diabetes in-patient services across NHS Scotland, allowing Sanofi to tailor service in the future.
- Greater consideration of the needs of the customer involved with in-patients and diabetes.
- Improved reputation with relevant NHS organisations across Scotland.
- As Sanofi produce medicines within this disease area if overall patient care is optimised there may be an increase in the usage of these products in line with National and local guidelines.

3.0 Project Outcomes

A summary of the key outcomes from the project are shown in the table below:

Review of collaborative working with NHS Tayside (on behalf of Scottish Diabetes Group	
Establish Project Group to oversee project area.	A senior nurse was identified and engaged. A key stakeholder from SDG was identified and engaged. A key stakeholder from Sanofi was identified and engaged.
Develop list of core data items to address with Health Boards Project Steering Group	The key aspects of data items were discussed and agreed with the team, then presented to SCI diabetes to review the content for suitability for inclusion in any audit platform.
Engage with HCPs across the 14 HBs in Scotland to achieve these aims. Establish responsible and accountable persons in Health Boards across Scotland	Clinical directors were approached regarding the inclusion of each health Boards Diabetes service and a key contact was established in each HB. All 14 Health Boards with in-patient services engaged in the project.
Increased input to SCI Diabetes electronic inpatient data from sites across the year. Which should lead to a reduction of complications of poor inpatient management. This measure will result in better management of hypoglycaemia, hyperglycaemic emergencies (Diabetic Ketoacidosis and Hyperosmolar Hyperglycaemic State) and foot ulceration.	The NaDIA platform was built under the auspices of SCI Diabetes (a national patient data platform within NHS Scotland). All 14 submitted data to the developed audit within National Diabetes Inpatient audit (NaDIA). This audit will be ongoing and repeat fully in 2025. 2023 NaDIA analysis completed, and report compiled for inclusion in the publication section of Diabetes in Scotland website – awaiting foreword for completion. Aim to report specific data in Scottish Diabetes Survey going forward from NaDIA 2025. (expected publication in Nov 2024). The audit was presented in October 2023 to the national group and individual consultations were arranged with any Diabetes services that wanted to review their data and compare that with a national picture. Preparation for NaDIA 2025 in progress with SCI diabetes development team, including alteration to data collection, improve quality of reporting and pre NaDIA data

	collection. The workload involved in the initial audit was onerous and agreement was made to repeat the full audit after two years, but allowance made for partial aspects to be done more often as required by the individual diabetes service.
Support the Project coordinator to explore the health Boards and activities needed to improve the interventions, prevention, diagnosis, and management of diabetes in-patients.	Continuous support was given to the coordinator from both the SDG stakeholder and from the Sanofi stakeholder. The coordinator was successful in engaging with a key person in each of the health boards suppling a diabetes in-patient service A national meeting, and individual health board diabetes services, were held. Individual health board meetings were closed meeting with the coordinator and health board staff only to ensure patient confidentiality.
Publish a Scottish Diabetes Annual Report (from SDG) showing the baseline and change from the baseline over one year, and in further years	Due for publication in the SDG's Annual report publication – November 2024
Increase the adoption of Diabetes Scotland checklist across Health Boards. • The checklist will establish the Diabetes Scotland Checklist as the model of care and encourage every service provider to improve their service by adding to the services on the list. The list is envisioned as tool for continual improvement of the in-patient services. (Diabetes Scotland have created the list as a national aspirational checklist for inpatient services).	Diabetes Scotland Checklist distributed to all health boards for reflection on service provision and quality, feedback report circulated for reference and for networking opportunity. The application of Diabetes Scotland checklist is now an ongoing process looking to add provision lines to each service. Three larger health boards shared their adherence level to the checklist and encouraged the whole group to improve their standards against the checklist.
Deliver relevant training and guidance for non-specialist healthcare staff	Diabetes think check act eLearning modules updated (for NHS Scotland TURAS platform). Completion rates and feedback report collated for SDG. Diabetes think check act inpatient leaflets updated for MyDiabeteMyWay platform

4.0 Project timelines

The project commenced in August 2023 and was completed in August 2024 which was in-line with the original planned timescales of a one-year timespan. This was slightly later than planned (May '23-May '24) due to the time taken to agree the contractual and financial arrangements.

Resources were used as planned and no additional resources were required

5.0 Project Influences

The outcomes of the collaborative working project and the audit have been shared widely (via the SDG) with the diabetes service providers in each Health Board and a repeat full audit has been planned for May 2025. Less onerous

aspects of the audit continue to accrue via the SCI diabetes platform and data input, allowing an individual HB to see any shorter-term improvement in DKA or HHS for example.

The SDG lead for diabetes foot disease has ensured that relevant training is available of different websites which are accessible for both health service staff and for patient for their own self-care. (MyDiabetesMyWay)

6.0 Project Team Feedback

Written Feedback was received from the following people on the outcomes of the collaborative working project and working with Sanofi has been received from:
Sr Debbie Voigt, Lead Specialist nurse in patient service (SDG).

Written: Thank you for supporting this role, it's been a great opportunity to make progress with inpatient care. During the year of Sanofi support we have been able to report NaDIA data, prepare for ongoing NaDIA in Scotland, and report and update tools to support inpatient improvement.