Health and Sport Committee: Clinical Governance

Thank you for the opportunity to provide views on the Committee’s inquiry into clinical governance.

As the Committee will be aware, Healthcare Improvement Scotland has a number of parts and functions, all of them helping to deliver our aim of better quality health and social care for everyone in Scotland.

The call for views refers to Healthcare Improvement Scotland’s key role in supporting NHS Boards to develop and maintain effective clinical governance arrangements, and in implementing some key national initiatives, for example, the Scottish Patient Safety Programme.

Our Strategy 2017-2022, *Making Care Better*, describes how our many functions contribute to our overarching aim of better quality health and social care for everyone in Scotland. It sets out our unique position which enables us to look across services at all levels and understand the issues they face. We can supply the evidence and support to deliver the best possible solutions and provide assurance to the public about the quality of care. We are in the privileged position of not just seeing one piece of the jigsaw, but being able to look across the whole picture, and see how all the parts fit together.

We believe we have a firm foundation from which we can build a quality management approach across Scotland: a clear and intentional approach to the planning, improvement and management of quality, to make a difference to the health and social care that people receive in Scotland.

**Quality of Care approach**

We note the reference in the Committee’s call for views to the 2005 standards for *Clinical Governance and Risk Management* in 2005, which NHS Boards are responsible for implementing. We are implementing a new approach to the external quality assurance of care provided by NHSScotland – the quality of care approach.

Previously, our approach to external quality assurance of services was largely on a case-by-case basis with development of bespoke tools and methodologies used depending on the service or topic being reviewed. The new approach brings a consistency to all of our external quality assurance work with a strong emphasis on supporting quality improvement to drive better outcomes for all who use healthcare services. The Quality Framework underpins the approach. The Quality Framework is a document that provides guidance to services, and to those externally quality assuring them, about what good quality care looks like.

The framework is divided into seven areas of focus (referred to as domains) which are recognised nationally and internationally by a variety of health and social care organisations as a means by which the quality of care can be assessed. The seven domains are: person-centred, safety, effectiveness, leadership, governance, workforce and quality improvement.

The Framework has been designed so that it can be applied locally and nationally. This means that it can be used by service providers to reflect on how well services are being delivered and to identify areas for improvement. The framework can also be used nationally for external quality assurance and validation.

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Aligning all of our external quality assurance activity to the Quality Framework domains introduces consistency and a coherence of our approach to driving improvement in care through external assurance activity.

The approach places a much stronger emphasis on supporting continuous quality improvement and building supportive improvement-focused relationships with service providers. A key part of the quality of care approach is the ‘rolling programme’ of organisational self-evaluation where service providers will be supported to use the Quality Framework as a basis for reflecting on:

- the quality of the care that they provide
- the effectiveness of the systems and processes that they have in place to ensure that every person receives safe, person-centred and effective care every time, and
- areas where quality improvement activity is working well and could be spread, and areas that would benefit from more improvement focus.

The self-evaluation alongside other intelligence about service providers will form the basis for supportive conversations about where organisations see themselves on their improvement journey. The aim of these conversations is to hear about what is working well, but also to identify where there may be difficulties or barriers to improvement and identify opportunities for mutually agreed proportionate and risk based intervention which may be additional assurance activity, improvement support or a combination.

RESPONSES TO QUESTIONS

1. Are services safe, effective, and evidence-based?

All over the world providers and monitors of health and care services are asking themselves these questions and like them, Scotland has a range of approaches to assess safe, effective and compliance. We know that there is no one measure of safety and in Scotland we have had a number of measures such as Hospital Standardised Mortality Ratio (HSMR) which, although in themselves are not a reliable measure of safety or quality, but provide us with an indication whether we should be looking in more detail at the care provided. Ensuring services are safe requires the adoption of a continuous improvement approach in a very complex system, with acknowledgement of the multiple human factors involved.

We have a range of measures and approaches to assuring safety, including our range of inspection activity, including HEI and OPAH inspections, as well as leading targeted reviews to investigate adverse events. We have a range of measures associated with the Scottish Patient Safety Programme which are regularly reported at Board level around the reliability and safety of care.

In terms of effectiveness, again this requires a culture of continuous improvement, and developing and utilising all available evidence and supporting this evidence into practice within the service. There are a range of activities which aim to improve the effectiveness and monitor the effectiveness of care. Healthcare Improvement Scotland has a role in cost and effectiveness of new drugs for example, through the Scottish Medicines Consortium, however our knowledge services also often underpin the effectiveness and evidence of our improvement programmes. The accountability for effectiveness in quality of care rests at NHS Board level with responsibilities resting with various parts of health and care system including IJBs.

In relation to assurance that services are providing evidence based care, many bodies, including Healthcare Improvement Scotland, Medical Royal Colleges and other professional organisations, develop clinical guidelines and standards derived from the evidence base to ensure practice is up to date with the intention of maximising outcomes for patients. Furthermore, the Scottish Medicines Consortium and the Scottish Health Technologies Group
review the evidence of effectiveness of medicines and non-medicines technologies and provide advice for Boards on the appropriateness of adoption of these interventions and other improvement activity. SIGN develops guidelines designed to address areas of care where there are variations in practice and outcomes. We also have a programme of standards and indicator development to support our clinical assurance functions and to provide a basis for local quality assurance activity. Assessments of compliance with evidence based advice, guidance and standards are provided in part by National Clinical Audits, SPSP data, productivity and access data etc.

For each of these aspects i.e. safety, effectiveness and evidence based, there is no single answer nor measure, reflecting their complexity and changing nature over time.

2. Are patient and service users’ perspectives taken into account in the planning and delivery of services?

Healthcare Improvement Scotland believes it is vital that the perspectives of people and communities help to shape the planning and delivery of services. This is one of the goals of the Our Voice framework, and is supported by a range of policies and legislation. However it is clear that more can be done to ensure that this happens in practice consistently across Scotland.

The Scottish Health Council, which is part of Healthcare Improvement Scotland, has an important role to play in supporting the engagement of people and communities. Healthcare Improvement Scotland is currently reviewing and consulting on the role of the Scottish Health Council, to ensure it reflects the changing landscape for services, and that its efforts are focused in activities which will have the greatest impact. One key area for consideration is the engagement of people and communities in services redesign where it is essential people have opportunities to be meaningfully involved.

The new Health and Social Care standards which we have developed in collaboration with the Care Inspectorate, in particular the underpinning principle of ‘be included’, will help ensure that people across Scotland are involved in the planning and delivery of the services they use. The Quality Framework has been aligned to the Health and Social Care Standards and should be considered in conjunction with them by service providers, users of services and by Healthcare Improvement Scotland when considering the quality of care provision.

3. Do services treat people with dignity and respect?

It is clear from positive comments through for instance Care Opinion, and compliments to the service, that users of services have felt respected and had their dignity recognised in their care. However, complaints and reports from the Scottish Public Services Ombudsman highlight that this is not uniformly the case.

The new Health and Social Care standards will help ensure that people across Scotland experience the same high standard of care and support, delivered in a way which reflects their own personal needs and circumstances, in all health and social care settings. The standards will bring a renewed focus to these areas and all providers have a variety of mechanisms to monitor their user experience.

4. Are staff and the public confident about the safety and quality of NHS services?

Again, there is no one answer to this question it is however clear from complaints, reports to the Ombudsman and various user surveys there is more to be done to raise public confidence in the
services provided. Surveys of the workforce (e.g. the national training survey of the experience of junior doctors) provide an opportunity to identify concerns around patient safety and outputs from these surveys are now being used to identify areas for improvement.

Healthcare Improvement Scotland seeks to understand the views of people and communities as an important source of intelligence to help inform our work. As part of our quality assurance approach, we seek the views of patients and their families or carers about their experience of services, directly through, for example speaking to people during reviews or inspections, or indirectly through the use of complaints and feedback data, including Care Opinion.

5. Do quality of care, effectiveness and efficiency drive decision making in the NHS?

Elements of all three of these domains regularly form part of the business cases and redesign of health and care services. The current financial situation facing public services, challenges around workforce availability and workforce skill mix, innovation in healthcare delivery and new healthcare interventions, will all present significant challenges across all 3 domains. This is clear from independent reports from Audit Scotland, Care Inspectorate, Healthcare Improvement Scotland and others.

There has never been a greater time of change in public services and health and social care services are no exception. The importance of ensuring the highest quality of care both in an affordable service provision remains the key driver for our public sector leaders at all levels.

The essential need for radical and transformational service redesign in light of these pressures and our changing demography means that these domains will remain in clear focus across the sector. Healthcare Improvement Scotland continues to evolve its mechanisms around assessment of quality of care to incorporate these and other domains such as leadership, governance etc.

6. Are the correct systems in place to detect unacceptable quality of care and act appropriately when things go wrong?

In relation to detecting unacceptable levels of care, all providers are encouraged to develop internal assurance measures to provide assurance on the quality of care, and external agencies such as Healthcare Improvement Scotland, the Care Inspectorate, Audit Scotland and the Mental Welfare Commission are increasingly sharing and jointly considering their intelligence around the quality of health and social care. Such mechanisms continue to evolve, including development of Quality of Care Approach, to align the various measures in health and social care.

In relation to acting appropriately we have made some progress in highlighting the importance of culture and a system of learning rather than blame through our work on adverse events. The forthcoming Duty of Candour legislation and our continued focus on this area will be critical to sustainable improvements. Although mechanisms for whistleblowing and raising concerns are in place we aim to further foster a culture of openness, sharing and learning and we expect leaders at all levels to demonstrate their commitment to this approach.