Maximising our assets:
What needs to be in place for scrutiny and improvement support to operate together to maximise the benefits across healthcare in Scotland?

Output of a 90-day innovation process – executive summary

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1. Introduction

Healthcare Improvement Scotland has a vital role in supporting organisations to deliver safer, more effective and more person-centred care whilst minimising unwarranted variation, waste and harm.

*Driving Improvement in Healthcare (2014-2020)* sets out our commitment to working as ‘one organisation’ with an integrated approach across our evidence, scrutiny and improvement support functions, underpinned by clinical engagement and the public voice¹.

The aim of this study is to understand and contribute to Healthcare Improvement Scotland’s theory and practice of improvement as ‘one organisation’.

The Berwick Report² highlights the vital role that ‘intelligent inspection’ plays, recognising that inspection cannot stand alone and must be combined within a system of improvement if sustainable improvement is to be achieved.

Whilst all of Healthcare Improvement Scotland functions working together effectively is important, the specific nature and contribution made by scrutiny and improvement support from within one organisation is the focus of this initial work. Leading both scrutiny and improvement support from one organisation offers a unique opportunity to fulfil this ambition. However, practically and culturally these elements co-existing within one national organisation can be the subject of debate.

This 90-day review explores this area, identifies key messages from staff and external stakeholders and suggests areas for improvement and ‘ways of working’ which would maximise our contribution to driving improvement for the people of Scotland.

The study question was:

*What needs to be in place for scrutiny and improvement support to operate together to maximise the benefits across healthcare in Scotland?*

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This executive summary presents **eight key themes** from more than 40 key informant interviews, a review of the relevant literature and discussions at three focus group sessions. The full 90-day report is available on request from michelle.defelice@nhs.net.

Healthcare Improvement Scotland is focused on helping improvements happen in health and care services for everyone in Scotland. However, given the even more complex and disparate nature of scrutiny and improvement support in the wider integrated health and social care sectors, with multiple providers of these functions, this project has focused initially on healthcare. Healthcare Improvement Scotland’s role is evolving across health and social care so future work will be required to consider our approach within the social and third care sectors.

While we did not engage with the public directly as part of this review, engagement with the public remains an important part of our work. We will continue to work with people using services, their families and carers to ensure that we understand and respond to issues that matter most to them.
2. Methods

Healthcare Improvement Scotland adopted the Institute for Healthcare Improvement’s ‘90-day innovation process’\(^3\) to explore what needs to be in place for scrutiny and improvement support to operate together to maximise the benefits across healthcare in Scotland.

The published literature was less helpful in addressing our specific study question and was biased towards arguments for or against having the functions of scrutiny and improvement support being separate bodies rather than maximising having both in an existing organisation.

A complete list of the references consulted and what they added to the conclusions of this executive summary is available in the full 90-day report (copy available on request from michelle.defelice@nhs.net). A bibliography of additional reading on this topic is presented at the end of this executive summary.

The content of our report offers an opportunity to contribute to the published literature in this field.

\(^3\) [www.ihi.org/about/Documents/IHI%20Innovation%20Summary.pdf](http://www.ihi.org/about/Documents/IHI%20Innovation%20Summary.pdf)
3. Key themes

The following key themes were highlighted as opportunities to maximise our contribution to improvement in healthcare as a result of having both functions in one organisation. Details of how the themes were arrived at are available in the full 90-day report.

1. Develop a common understanding of how we work (internally and externally)
   - There is more to do to develop a common understanding externally about how integrated these functions are, or not, and how each contribute to supporting local improvement.
   - Carry out more work to build a common understanding, internally, of how each function operates and contributes to improvement.
   - Develop a clearly articulated approach describing how all of our functions support improvement that internal or external stakeholders can use to understand the contributions of these functions towards local improvement.

2. Establish consistent and helpful language
   - Establish a consistent language across the organisation so that the overall purpose of our organisation is clearly set out and understood for all stakeholders.
   - The term ‘scrutiny’ was commented on as being potentially unhelpful.

3. Perceptions and communications are important
   - We can do more to build our reputation and profile as an improvement agency with many functions. This will help to improve our impact.
   - There is more to do to present all of our functions as tools for improvement.
   - Improving the language, messaging and media communications to promote all of our work as contributing to improvement was highlighted.

4. Recognise the importance of context and culture
   - The political context and public or media reactions are repeatedly referenced during interviews in relation to how our inspection reports are received by providers and may advance or hinder improvement efforts locally.
   - Many contributors highlighted that the presence of fear or blame adversely impacts on relationships, inhibits openness and transparency and is damaging to improvement efforts.
   - Considering how our organisation is perceived in these contexts was highlighted by many contributors as an area to be addressed in order that our impact is maximised.

5. Ensure balance in our approach in Healthcare Improvement Scotland and within provider organisations themselves
   - The importance of balance arose in many interviews: balance between improvement
support and scrutiny and assurance activities and also between the external assessment and a provider’s internal assurance or self-review.

- The need for balance in reporting negative findings alongside identifying good practice or ‘bright spots’ was also highlighted.

6. Develop our contributions recognising key priority areas and service sustainability

- The need for greater alignment of both improvement support and scrutiny and assurance activities on the ‘big ticket’ or key issues facing the health service was highlighted. Staffing levels, workforce, ‘flow’ and access were mentioned as examples where our contributions were perceived to be limited currently.
- The opportunity to provide in review reports a greater commentary on matters that impinge on the sustainability of services.
- We need to make sure that we are clear in our findings and conclusions so that we provide appropriate external assurance to the public on the quality of health and care services.

7. Use and share data in a clear, transparent and well-understood way

- Healthcare Improvement Scotland considers an increasingly complex range of data across its many functions. Creating clear and transparent principles and mechanisms for sharing and using these data is critical. Views differed across the organisation and externally about the extent to which our use of data was understood and transparent.
- Specific concerns were raised about the perception that ‘improvement’ data may be used to further scrutinise services.
- It is important that we are clear internally and externally about how data is used across the organisation to help support improvement across the health and care system.

8. Recognise and nurture relationships

- The importance of developing and maintaining relationships both internally across directorates and with external stakeholders, especially NHS board staff and those providing care, is considered as essential to our credibility as an improvement organisation.
4. Recommendations

A number of suggestions and recommendations have arisen from this work and these have been themed and collated into the following eight recommendations.

1. A **clear description of how our combined functions support improvement** needs to be developed to describe the range of our services, how they work together and how they can be made available to support improvement locally. This could be based on the Juran Trilogy⁴ recognising the need for greater alignment and balance between our quality assurance, quality improvement and quality planning activities.

2. There needs to be a **common language**, with agreed definitions, used across the organisation to describe what we do, why we do it and the impact that we have on improving the quality of care. This will support a better understanding and a more balanced perception of our role as an improvement body with all of our functions contributing to driving improvement.

3. **Consider service sustainability** in our work and ensure that our inspection reports highlight where services are not sustainable and influence key stakeholders to do similarly.

4. **Cross-organisational approaches need to be designed from the beginning.** We need to enhance the design of our Local Delivery Plan to ensure that there is deeper alignment, co-ordination and continuity between workstreams, possibly through ‘themed’ approaches, for example older people and primary care.

5. **Break down the silos and collaborate.** We need to create more time and space for our staff to share developments and identify areas for collaboration. This could be through regular cross-directorate meetings, shadowing opportunities or facilitating joint national events. All staff must feel valued and understand how their work, and that of colleagues, contributes to wider improvements in care.

6. **Listen to understand.** We need to further develop an open and transparent dialogue with care providers about how it feels to engage and work with our organisation and what could be done to further improve this. We recognise that improvement needs to be taken forward based on strong relationships and good engagement with the service and key stakeholders, including the public.

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7. Create the conditions to support **open sharing of data and information** across our organisation, including further development of robust and transparent governance mechanisms to ensure that NHS boards and others are clear about when, and how, their data will be used.

8. Strengthen our internal and external **communications activities** recognising the impact our work has on those delivering and using healthcare services.
5. Conclusion

This study has been informed by a wide range of stakeholders who have contributed a great deal to our understanding of how we can maximise Healthcare Improvement Scotland’s contribution to improvement in Scotland through having both improvement support and assurance functions.

The overwhelming view from contributors was that there is a significant advantage in having both functions in one organisation if certain conditions are in place.

These conditions, or ways of working, form the recommendations of our report.

We are very grateful to the many contributors to this 90-day process for their generous insight, advice and guidance.

Next steps

The themes and recommendations from our report have already informed many changes in Healthcare Improvement Scotland during 2016 in the way that we operate, the approaches that we apply and the language that we use.

There is a paucity of published evidence relating to the benefits or otherwise of scrutiny and improvement support operating in one organisation and the limited research that does exist is conflicting and inconsistent. Indeed, the content of our report offers an opportunity to contribute to the published literature in this field.

We will consider how our learning from this work can contribute to a more informed body of literature in this field and consider future publications and communication of our findings.
6. Bibliography


