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12 December 2022

Gillian Martin MSP
Convener, Health, Social Care and Sport Committee
The Scottish Parliament
Edinburgh
EH99 1SP

Via email to HSCS.committee@parliament.scot

Dear Convener,

Thank you for the opportunity for Healthcare Improvement Scotland (HIS) to give evidence on 22 November 2022 as part of the Committee's Stage 1 scrutiny of the National Care Service (Scotland) Bill. We welcomed the opportunity to discuss regulation and quality improvement as well as HIS's role in the health and social care landscape.

Of the questions shared by the Committee in follow up to the session, HIS would be able, based on its remit and expertise, to share information in response to the following, in line with and in addition to the points made in the evidence session.

Regulation of care services and a NSWA

- *Are the existing Health and Care standards fit for purpose? Would they need to be modified if the Bill is passed and, if so, in what way?*

For many years, HIS has developed standards which straddle health and social care, and worked closely with Scottish Government and the Care Inspectorate to develop the Health and Social Care standards. We believe that having one set of standards that cover health and social care supports consistency and integration of services, and supports people as they navigate through often complex models of care. We know that as people transition through services, providers and settings they may face undue variation in quality and care; the value of having one set of standards that supports a person throughout this was highlighted by the development of the Health and Social Care standards. Not only do these standards enable continuity in care, but they also support national consistency and help to drive improvements.

HIS supports the commitment to monitor and revise standards to ensure they remain evidence informed and fit for purpose. Revision should be driven by evidence and intelligence including data, input from people with lived and living experience, and changes in policy, practice, and legislation. Regarding the Health and Social Care Standards, we would suggest that a robust approach, which is evidence/intelligence informed, inclusive, and developed in collaboration and partnership with stakeholders including HIS, is adopted to determine whether a revision is required, and if so, the extent of that revision.

Monitoring of the National Care Service

- *Does the Bill make sufficient provision for independent oversight of monitoring and evaluation*

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of the proposed National Care Service? By this we mean, what benchmarking or other means are required to ensure that implementation of structural changes and service reform is successful, and the impact of changes is independently evaluated and assessed?

Independent oversight of monitoring and evaluation

As noted in our response to the call for views on the National Care Service (Scotland) Bill, HIS provides independent public assurance about the quality and safety of healthcare through the scrutiny of NHS hospitals and services in a broad programme of inspections as well as the regulation of independent healthcare services. HIS has been working in partnership with the Care Inspectorate and under the direction of Scottish Ministers to deliver joint inspections of services for adults since 2013. Furthermore, we work with the Care Inspectorate and other scrutiny partners to deliver joint inspections of services for children and young people as well as joint inspections of adult support and protection.

We are keen to continue to build on existing partnership working and joint inspection arrangements, including with the Care Inspectorate, to play our full part in scrutinising services provided under the National Care Service, to provide public assurance, drive ongoing improvements in quality of care and support better outcomes for people. In strengthening existing statutory duties of co-operation through the measures outlined in the Bill, we believe there may be scope to gain further efficiency, effectiveness and economy by strengthening obligations for public bodies to co-operate to deliver change and improvement.

Our independence underpins our ability to deliver these functions, and we therefore stress the importance of the independence of the oversight, monitoring, and evaluation of the proposed National Care Service.

The role of external assurance provided by regulation and scrutiny bodies needs to be considered in the context of a broader quality management framework that also includes internal governance and assurance. Good governance is demonstrated not only through compliance with standards, rules and regulations, but by adopting a transparent, inclusive and accountable culture within and across organisations that is focused on learning and ongoing improvement.

We would welcome further detail outlining arrangements for independent oversight of monitoring and evaluation. We anticipate that the outcome of the Independent Review of Inspection, Scrutiny and Regulation will have further important implications for this.

Enabling and implementing integrated improvement and assurance

HIS also provides practical support for quality improvement across the integrated health and social care space, with expertise in both redesign and continuous improvement. We deliver a range of national improvement programmes relevant to the proposed remit of the National Care Service, including work around redesign of learning disabilities day services, supporting the development of more person-centred commissioning of services, ensuring better interfaces with unpaid carers and work around improving access to primary care.

Structural considerations of the wider National Care Service are not for HIS to comment on, but we can speak to the importance of having a consistent approach to improvement and assurance across both health and social care. Structurally, there are multiple ways of doing this; HIS would recommend a Quality Management System (QMS) approach, which is expanded on in our response to the consultation on a National Care Service for Scotland.

There has been a growing recognition of the inter-dependencies and mutual support required across a complex system of care. We believe this is one of the clear lessons of the COVID-19 pandemic. HIS's QMS seeks to reflect these inter-dependencies by having a common framework for quality management across health and social care. It brings together the components of quality planning, quality improvement and quality

control, ensuring that they are appropriately balanced, because there is not a single or straightforward answer to sustainable improvement.

The QMS approach highlights the importance of understanding and prioritising the improvement opportunities (quality planning), designing and testing solutions (quality planning and quality improvement), implementing better ways of delivering health and care services which are optimised for local contexts (quality improvement) and spreading learning at scale (learning systems). It also recognises the importance of creating the conditions for sustainable improvement by ensuring we have clear and meaningful standards and measures that enable us to assess whether we are maintaining quality (quality control and quality assurance) and whether staff at every level in the system have the skills to continuously improve (leadership and culture). Finally, the QMS is clear about the importance of co-designing and co-producing health and care services with people who need, use and deliver care. Without this broad approach there is a risk that new models and pathways will be implemented that fail to deliver the benefits, fail to adapt to changes in context, or both.

In order to evaluate improvement, a national learning system will be key, covering priorities including:

- clear aims focused on improving outcomes for people needing and/or using services
- a clear theory of change and clarity on the methods being used to deliver it
- co-design and co-delivery with people who need, access and deliver services, including a focus on building the skills to design and test change
- clear roles alongside a mutual understanding of and respect for each other's contributions;
- time invested in building and maintaining the relationships
- data, both qualitative and quantitative, to evidence whether changes are leading to improvements, and
- mechanisms for capturing, evaluating, synthesising and spreading learning.

Any national learning system must also account for the vital role of networks and relationships. We have consistently demonstrated, through our work, the value of bringing people together who are working on a common problem so that they can share experiences of what is and is not working. Once those relationships are in place, individuals are far more likely to contact and learn from each other than if we rely solely on databases of good practice.

At a national level we must have in place a clear mechanism for evaluating innovations in terms of impact and suitability for national spread alongside consistent approaches to designing programmes that align with the type of innovation we are attempting to spread.

For example, HIS has an international reputation for its work evaluating the value of medicines (through the Scottish Medicines Consortium (SMC)) and technologies (through the Scottish Health Technologies Group (SHTG)). More recently, it has undertaken one-off exercises evaluating new service models around the Patient experience Anticipatory Care Planning Team (PACT) and Hospital at Home. For the former, it identified that further testing was needed prior to any decision to spread, while for the latter it highlighted there was sufficient evidence of impact to progress with a spread programme. The evidence review of Hospital at Home also pulled together key information to support spread and HIS is now working with HSCPs across Scotland to support implementation of Hospital at Home.

We recommend investment in developing service innovation evaluation mechanisms equivalent those of SMC and SHTG to evaluate the value and spreadability of new models of health and care. As with SMC and SHTG, this should not be a primary evaluation service; rather it would consider whether there was sufficient existing evidence to justify spread. Local systems would be expected to continue to build in evaluation of new initiatives.

We also recommend that mechanisms are put in place nationally to ensure that programmes use the most effective spread and implementation approaches. Consistently applying the approach outlined above, to co-designing redesign and improvement programmes, is a mechanism for delivering this.

The resources and expertise required to provide the National Care Service with a similar quality of evidence reviews, health technology appraisals, evidence-based advice, recommendations, guidelines, standards, indicators, data measurement and evaluation should be factored in from the outset.

The evidence and our practical experience align; high quality care results when we have people with the right skills and attitudes working in systems that are designed to support them to do the right thing. Therefore, any programme of change needs to focus on both process and structural solutions as well as leadership, culture, skills and relationships. This is particularly important when considering the integrated delivery of health and care services. Addressing structural barriers to joined-up delivery is a necessary but insufficient condition for success on its own; we must pay equal attention to leadership behaviours, culture and relationships.

To reiterate points made in the evidence session, I emphasise the importance of ensuring that scrutiny, assurance and improvement support for health and social care services are joined up to reflect the complex pathways of care that people experience. Wherever structural lines are drawn, there will be interface issues that will need to be managed. Again, there needs to be a focus on ensuring that leadership and governance arrangements are in place to work across structural or organisational boundaries, to the benefit of those who are accessing services.

I hope the information above is helpful, and please do not hesitate to let us know if you have any further questions.

Yours sincerely,

Lynsey Cleland
Director of Quality Assurance, Healthcare Improvement Scotland