Sharing Intelligence for Health & Care Group

Summary report for 2017-2018

AUDIT SCOTLAND

care inspectorate

Healthcare Improvement Scotland

mentalwelfare commission for scotland

NHS Education for Scotland

NHS National Services Scotland

SPSO

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What is the purpose of this report?

This report summarises key points about the work of the Sharing Intelligence for Health & Care Group during 2017-2018.

It includes messages for the public, including about why the Group was set up and how we work. The report summarises the main things the Group did and learned in 2017-2018. This includes instances where additional actions were carried out in response to intelligence shared. The findings from an independent evaluation of how we work are summarised, alongside our commitments for 2018-2019.

Please contact **hcis.dmbi-team@nhs.net** if you have any queries about this report or the Sharing Intelligence for Health & Care Group.

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What is the Sharing Intelligence for Health & Care Group?

The Sharing Intelligence for Health & Care Group (referred to as 'the Group') is a mechanism that enables seven national agencies to share and consider intelligence about the quality of care systems across Scotland (for example NHS boards).

The seven organisations, each of which has a Scotland-wide remit, are:

- Audit Scotland
- Care Inspectorate
- Healthcare Improvement Scotland
- Mental Welfare Commission for Scotland
- NHS Education for Scotland
- NHS National Services Scotland
- Scottish Public Services Ombudsman

Why does the Group exist?

Our overall aim is to support improvement in the quality of care provided for the people of Scotland, by making good use of existing data, knowledge and intelligence.

Our main objective is to ensure that, when any of the seven agencies have a potentially serious concern about a care system, this is shared and acted upon appropriately. Sharing concerns at the right time can help identify emerging problems which can then be acted upon.

In parallel with this, the individual agencies on the Group continue to respond to concerns as they arise, in line with their own roles. Some of the partner organisations also highlight examples of where things are working well, so others can learn from this.

Our principles include using available data and information wisely and collaboratively for the purpose of maximising improvements in the quality of care. We are also open and honest about how we share and use data and information, involving service provider organisations in our approach.

What did we do in 2017-2018?

The Group met six times between April 2017 and February 2018 to share and consider key pieces of data and information that we hold about the following 18 NHS boards:

- NHS Ayrshire & Arran
- NHS Borders
- NHS Dumfries & Galloway
- NHS Fife
- NHS Forth Valley
- NHS Grampian
- NHS Greater Glasgow and Clyde
- NHS Highland
- NHS Lanarkshire
- NHS Lothian
- NHS Orkney
- NHS Shetland
- NHS Tayside
- NHS Western Isles
- Scottish Ambulance Service
- State Hospitals Board for Scotland
- Golden Jubilee Foundation
- NHS 24

The Group's process is summarised in the flow chart below:

NHS board informed when it will be considered by the Group, and given opportunity to provide information

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Each agency on the Group submits data and information about the NHS board

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The Group meets and considers the intelligence on the NHS board, agreeing any further actions

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The Group writes to the NHS board, summarising the key points raised

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Meeting between the Group and the NHS board to discuss key points and any further actions

Examples of the intelligence we shared before each of our meetings, and then discussed in person, include:

- findings from inspections and other reviews of care provider organisations
- quantitative analyses from Scotland-wide care datasets, including about service delivery, complaints and workforce
- survey results of trainee doctors
- information about financial and resource management.

We provided feedback to each of the 18 NHS boards we considered. This typically included a meeting with the NHS board, at which we considered key issues from both the NHS board's and the Group's perspectives.

There were two instances where some of the agencies on the Group supported NHS boards to make necessary improvements in response to intelligence that had been shared (see page 13 for more information).

We also commissioned an independent evaluation of our work (see page 16 for more information).

What did we learn in 2017-2018?

We are in a privileged position of learning about many important things happening in the care system across Scotland. These include many positive things but also the main challenges. As organisations with Scotland-wide remits, we need to be aware of and responsive to these challenges. This is with the ultimate aim of supporting the delivery of high quality care services for the people of Scotland.

During the past year, we have continued to see positive things, despite the pressures on the care system. These include examples of high quality services, and also areas where improvement has been made.

We again heard repeatedly of instances where NHS boards had responded well to the findings from external reviews, even when these sometimes drew attention to challenging issues. This is important as leadership and an open culture are important drivers of change.

However, as we reported last year, the care workforce is under increasingly intense pressure as it seeks to maintain and improve the quality of frontline services. Many services are seeking to transform overall models of care, with increasingly more services being delivered in the community instead of hospital. Achieving this in the context of significant financial and workforce pressures is a particular challenge.

Examples that illustrate some of the positive things we learned:

Some joint inspections of services for children that found a real difference being made for children, young people, and families, eg through strong leadership, and a focus on early intervention and prevention

Good involvement of service users with care planning at an acute adult in-patient mental health service

Some positive hospital inspections of infection control standards, including an inspection for which there were no recommendations for improvement

An NHS board that was improving how it manages complaints from patients and families

Examples of robust corporate arrangements for the use of finances, other resources, and for decision making

As a Group, we observed that many care systems are entering new territory. This is due to the large scale of redesign of services that is required, combined with financial pressures that are growing year on year.

Piecing together intelligence from seven national agencies enables us to get a more holistic picture of the care system across Scotland. To illustrate, although we saw examples of where there is strong financial management, there are increasing financial pressures across the system. We observed specific workforce challenges for most of the NHS boards we considered, and these varied from region to region. We noted many instances where there is a need to transform the ways that services are provided. However, NHS boards typically have challenges finding the skills and capacity to deliver the scale of quality improvement work needed.

To enable the required scale of redesign of services, more information is needed about how care systems are working, including how changes in one part of the system impact on other parts. While there are a lot of Scotland-wide data on access to hospital-based services, there is much less information about the quality of healthcare provided in the community. A recent report in England highlighted concern about the lack of data/information about community services, given national policy south of the border is also to encourage the shift of more care into the community.[1]

We anticipate that delivering the level and pace of change required, while maintaining a focus on financial balance each year, is going to be a significant challenge for many care systems across the country. Factors that are going to be critical to deliver this change successfully include leadership, and relationships between what have traditionally been different parts of the care system. Another key element is how the public and staff are involved in making difficult decisions about how services are accessed, used and delivered.

[1] Available from **www.health.org.uk/publication/community-services-what-do-we-know-about-quality**

Why is the Group important for the public?

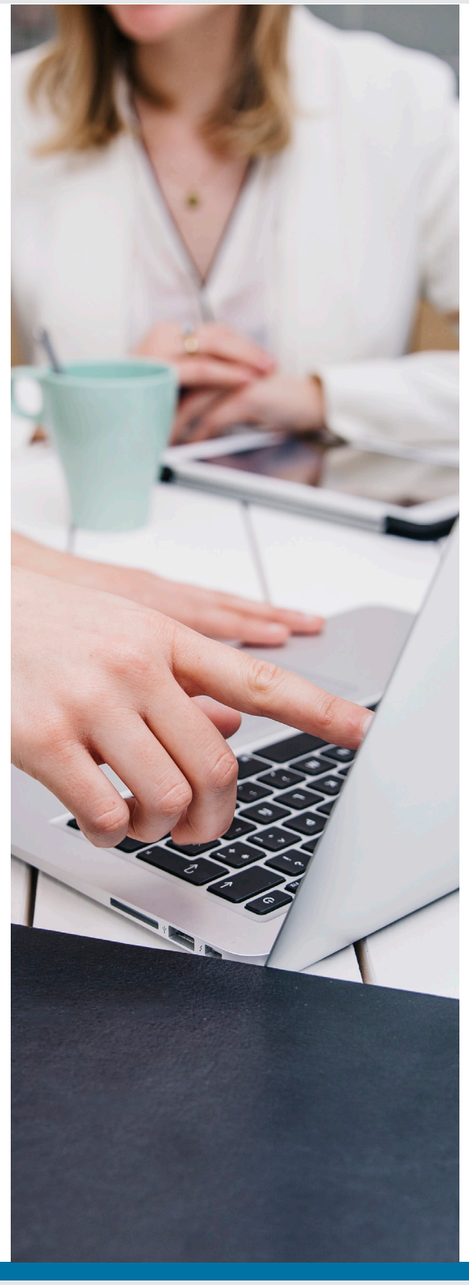
Members of the public should be confident that, through the Group, national agencies in Scotland are sharing and responding to important pieces of information about the quality of care.

They should also be assured that, when potentially serious concerns about systems of care are identified, these are being acted upon.

In 2013, a public inquiry about a serious failure of a healthcare system in England made a number of recommendations.[2] One of these was to improve intelligence sharing within and between national agencies. This is to allow earlier identification of, and response to, the signs of a potentially serious system failure.

In response to this, the establishment of the Group in 2014 has resulted in much better sharing and consideration of key pieces of data and information by the Scotland-wide agencies involved. These agencies are now better prepared to take additional action, when this is required.

During 2017–2018, there were two instances where some of the agencies on the Group carried out additional work in response to intelligence that had been shared.



1

Some of the agencies raised concerns about mental health services in Tayside. These include weaknesses in internal reviews for some serious incidents, and concerns about training in general psychiatry (for example clinical leadership and clinical supervision). Following from this, Healthcare Improvement Scotland, NHS Education for Scotland, and the Mental Welfare Commission for Scotland have worked together to co-ordinate their activities in this area. This includes a review of adult mental health services in Tayside, the report of which has been published on the Healthcare Improvement Scotland website (**www.healthcareimprovementscotland.org**). These national agencies are committed to continuing to work together to support improvement in mental health services in Tayside.

2

NHS Education for Scotland highlighted concerns about the training environment for doctors in general (internal) medicine at University Hospital Ayr. These were shared with Healthcare Improvement Scotland due to the potential impact on patient care. In response, Healthcare Improvement Scotland undertook some additional external quality assurance with NHS Ayrshire & Arran to understand how these concerns are being addressed. The findings from the review have recently been published on the Healthcare Improvement Scotland website.

This mechanism for sharing and responding to intelligence about systems of care is not perfect. Limitations include what pieces of data and information are readily available to the agencies involved. For example, there is a relative lack of information about the quality of healthcare provided in community settings. We are continuously seeking to make improvements to how the Group works.

Members of the public should also be assured that concerns raised about individual care professionals are acted upon. The Group does not consider the practice of individual care professionals, but other agencies do. We will continue to explore our relationships with the regulators of individual care professionals, which include the General Medical Council (doctors), the Nursing & Midwifery Council (nurses and midwives), the General Dental Council (dentists), and the General Pharmaceutical Council (pharmacists).

[2] Available from **https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/279124/0947.pdf**

Why is the Group important for organisations that provide frontline care?

Open and supportive relationships with NHS boards are important to the Group. We have continued to try and strengthen these, through ongoing involvement of NHS boards in our work. This includes sharing with them the data and information we look at, and meeting with them to discuss the main points we've identified.

It is important that NHS boards are confident that the national agencies involved are seeking to improve the co-ordination and effectiveness of their work through the better sharing of intelligence.

The Group is making a difference by identifying areas where agencies can work together alongside NHS boards. This can also reduce unnecessary burden, by enabling the national agencies to develop joint plans and take assurance from each other's activities.

It has come to our attention that this is a potential catalyst for NHS boards to improve how they integrate the various sources of data and information they look at locally. Drawing together different sources of information, and responding to these, has been highlighted as a core activity when measuring and monitoring the quality and safety of care.[3]

Feedback gathered for the evaluation of the Group (see page 16) indicates that, overall, NHS boards now have a better understanding of the role of the Group, and think we are moving in the right direction. NHS boards also suggested that the Group could be more effective if the partner national agencies have a stronger focus on helping solve problems/challenges.

Our feedback meetings provide an opportunity for NHS boards to draw the Group's attention to key issues that we are not aware of from the intelligence we have as national agencies. This can help foster a more collaborative approach.

Why is the Group important for Scottish Government?

Following the Francis public inquiry[2], the Scottish Government was supportive of the Group being set up. It also wanted to know that national agencies are sharing important pieces of information and acting upon these as necessary.

The Group is in a unique and privileged position: expertise from seven national agencies is brought together regularly, and there is communication with each NHS board. This enables the Group to acquire an overview, across Scotland, of factors that are of direct relevance to the quality of care.

The existence of the Group is helping foster additional collaborative work between the partner national agencies. Further developing strong partnership working amongst national agencies including Scottish Government, is essential if the main challenges facing our care systems are going to be addressed (such as the level of service redesign coupled with financial pressures).

[3] Available from **https://www.health.org.uk/publication/measurement-and-monitoring-safety**

How do we know if the Group is working well?

As the findings from an independent evaluation show, the Group has carried out valuable work in its first three years.

The agencies on the Group report they are now better prepared to take additional action, when this is required.

The evaluation also made some suggestions for how the Group can improve further. For example, we have developed a checklist based on common themes arising from public inquiries into organisational failings in care systems. We will trial the use of this checklist to help structure our discussions.

We will also make some changes with the aim of ensuring that the voice of the public features more prominently in our work. This will build upon the input that the Scottish Health Council (part of Healthcare Improvement Scotland) already provides by sharing information on its activities with NHS boards.

Feedback from other countries in the British Isles suggests that, in Scotland, we have a relatively well-developed mechanism for sharing and considering intelligence. However, there is still room to improve how we work, including which data and information we look at and how we respond to this. We will continue to seek to learn from other approaches to intelligence sharing.

Our commitments

In last year's report, we made six commitments for 2017-2018. We fulfilled two of these by March 2018 and made good progress on a further two. Specifically, we successfully completed our third annual cycle of considering each NHS board, plus an independent evaluation of our work was completed.

We also made good progress in developing the set of indicators from national datasets that the Group will look at. In addition, we increased our engagement with Integration Authorities – mostly through their participation in our feedback meetings with NHS boards.

We are disappointed that we didn't make more progress with developing the 'voice of the public' in our work, or with looking at more intelligence about healthcare delivered in the community. We have prioritised these areas for 2018-2019 and the former will build upon the input we already have from the Scottish Health Council.

Between April 2018 and March 2019, we will:

- consider our collective intelligence about each NHS board area
- publish the report of the independent evaluation of the Group, together with how we are responding to the findings
- enhance the public voice in our work
- consider additional intelligence about the quality of care in the community and about leadership and culture
- learn more about how we might involve Integration Authorities in our work
- refine the set of indicators from national datasets that we use.

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