# Building a comprehensive approach to reviewing the quality of care: *Supporting the delivery of sustainable high quality services*

## Consultation response form

### About you

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| **My name** | Rami Okasha | | | |
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| **I am responding as: (mark 'x' where relevant)** | Member of the public | | Carer | |
| | Healthcare professional | | Social care professional | |
| | Voluntary /community sector representative | | Other stakeholder | X |

Please return this form by **Wednesday 30 September 2015** to: hcis.QoCR@nhs.net
If you would prefer to write to us then please send your response to:

**Quality of Care Review Team**
Scrutiny and Assurance Directorate
Healthcare Improvement Scotland
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**Using your Personal Information**
Personal information which you supply to us will be used for the purposes of processing your attendance at our consultation events and providing you with feedback following the close of consultation in September.
Further information on how we manage personal information can be found on:
http://www.healthcareimprovementscotland.org/footernav/respecting_your_privacy.aspx

The Care Inspectorate (formally called Social Work and Social Care Improvement Scotland) is the independent scrutiny and improvement body for social care, social work, criminal justice social work, and children's services in Scotland.

We have a significant part to play in improving services for adults and children through regulating and inspecting care services and carrying out strategic inspections of adult, older people, criminal justice and children's services. We are here to make sure that people receive the highest quality of care and support, whilst ensuring that their rights are promoted and protected. Section 44 of the Public Services Reform (Scotland) Act 2010 requires that the Care Inspectorate has the general duty of furthering improvement in the quality of social services.

The Care Inspectorate works closely with Healthcare Improvement Scotland, and many other scrutiny and improvement partners, to discharge our responsibilities. An important part of these is the joint inspection of strategic provision of health and social care services across community planning partnership areas, and so we welcome the opportunity to respond to this consultation.

## Consultation questions

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| **Question 1:**<br><br>The paper describes a number of principles that are guiding our approach; an approach that:<br><br>• drives improvement<br>• is person-centred<br>• is open and honest<br>• is fair, transparent and risk based<br>• is flexible<br>• is developed in partnership<br>• is owned by all those involved<br>• is proportionate and practical, and<br>• is adaptable for a variety of care settings.<br><br>Do you agree with the principles that guide our approach? | Clearly, the scope of the Quality of Care reviews proposed by Healthcare Improvement Scotland will apply only to scrutiny of healthcare, although the new approach must inform the important and joint work that Healthcare Improvement Scotland undertakes with other scrutiny and improvement partners, including the Care Inspectorate. It will also inform consideration of methodologies to provide joint scrutiny of integrated health and social care provision and the impact of strategic commissioning of these services. This approach reflects the statutory functions of both bodies as set out in Section 44 and 108 of the Public Services Reform (Scotland) Act 2010, and joint new responsibilities arising in the Public Bodies (Joint Working) (Scotland) Act 2014.<br><br>The joint work that Healthcare Improvement Scotland undertakes with the Care Inspectorate is currently being strengthened to jointly deliver upon our new statutory responsibilities within the Public Bodies (Joint Working) (Scotland) Act 2014. Integrated joint boards are designed to ensure that health and social services are delivered in a more cohesive and streamlined way , and the 2014 Act places specific responsibility on both Healthcare Improvement Scotland and the Care Inspectorate to, *inter alia, "*review and evaluate the extent to which the planning, organisation or co-ordination of services provided under the health service and social services is complying with the integration delivery principles and contributing to achieving the national health and wellbeing outcomes".<br><br>These new responsibilities not withstanding, the Care Inspectorate will continue to provide scrutiny of regulated care services and social services that are not integrated. Just as the Care Inspectorate is reflecting on how these new joint responsibilities will impact and fit with the other scrutiny and improvement work we do, at both a strategic and service level, we understand and support the need for Healthcare Improvement Scotland to consider the equivalent impact across their |

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| | range of responsibilities within health and healthcare.<br><br>In this context, we broadly agree with the draft principles proposed here and believe they will be familiar to those health professionals who work across health and social care settings. The way the principles are set out might benefit from some consideration, specifically whether they place sufficient emphasis on the need for scrutiny and improvement to support innovation and risk enablement so people achieve positive outcomes that are meaningful, reflect their needs, rights and choices and increase their independence.<br><br>Significant benefit would arise from aligning the principles presented here to the nascent draft principles for the new National Care Standards, and to explicitly underpin the Design Panel's principles with a human-rights and wellbeing based approach.<br><br>The Care Inspectorate is currently reviewing its methodology for regulated care service inspections, and the proposed principles reflect our design principles for that project, albeit with some differences of emphasis.<br><br>We welcome the principle which states that the approach should be adaptable across care settings, but suggest that such a principle should be drawn more widely, stating that the approach should be adaptable both across a variety of care settings and in partnership with other scrutiny and improvement partners. |
| **Question 2:**<br><br>The quality framework is based on seven domains of person-centred care, safety, effectiveness, leadership, governance, workforce and quality improvement.<br><br>Do you think these are the right | The quality framework is a very helpful development, although there is no explicit mention to, or reference, of, human rights and wellbeing. The Care Inspectorate was pleased to be involved in the Design Panel and contribute, where appropriate, to the development of the seven domains. The evidence base to support the development of the domains is drawn from healthcare provision, and predominantly evidence from within the National Health Service. The domains are not informed |

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| core domains, and will the supporting detail within the quality framework support the assessment and improvement of quality care? | by an evidence base around social care or social work, and there is not immediately a clear read-across, but given the scope of the proposed approach within healthcare, this is understandable.<br><br>In order to better support the applicability of this approach in the context of integration and joint work, we strongly recommend aligning or cross-referencing the domains to the National Health and Wellbeing Outcomes and to the nascent National Care Standards overarching principles. The latter point is particularly important as these overarching principles will apply to all health and social care provision. It makes sense to ensure that the quality framework used by Healthcare Improvement Scotland aligns to those principles, and will therefore be consistent with the future quality frameworks used by the Care Inspectorate to assess the quality of social care delivery.<br><br>We draw particular attention to the categories under the "person-centred" domain. It may be helpful to reflect on the terminology used in order to ensure this is not passive, but is enabling, empowering and focuses on a collaborative approach to the delivery of healthcare.<br><br>We would welcome further emphasis on risk enablement, and people directing their own care and support – particularly, but not exclusively, in community settings. This is an important principle in the provision of social care, and its inclusion could potentially support high quality delivery of integrated health and social care.<br><br>There is significant interconnectedness between the domains. It is important that the domains are not viewed as discrete areas, but understood and considered as a set of connected areas of importance. |

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| **Question 3:**<br>How reasonable or practical is it to assess care against the domains and categories set out in the quality framework? | We believe that it will be possible to assess the quality of healthcare against these domains, but it will be critical to do this in an outcome-focused way. Different levels of scrutiny (set out in question 7) may require different emphasis on some domains than others to better evidence outcomes<br><br>Many of the categories within the domains focus on inputs. This is understandable but the focus of scrutiny, assessment of evidence and public reporting should be on outcomes for people using services: Healthcare Improvement Scotland will therefore want to ensure that the categories within the domains do not inadvertently give rise to the type of "tick-box" or compliance-based scrutiny of the past.<br><br>The Care Inspectorate assesses the quality of social care against the National Care Standards, the general principles set out in section 45 of the Public Services Reform (Scotland) Act 2010, and associated regulations. Since 2011, Healthcare Improvement Scotland has maintained the approach it inherited from the Care Commission in respect of the scrutiny of regulated independent healthcare providers. This has ensured continuity and a cohesive approach for the very small number of providers who provide different, but co-located, social care and independent healthcare services. It would be helpful to understand whether Healthcare Improvement Scotland wishes to move away from that approach and instead assess independent healthcare against the categories set out in this framework or continue to maintain a parallel approach. Service providers will clearly wish clarity on this important point. |

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| **Question 4:**<br>Should the quality framework form a set of standards that must be met or remain a guide of best practice? | The Care Inspectorate does not offer a view on whether the quality framework should form a set of standards or remain a guide of best practice. We will continue to inspect against the National Care Standards, the general principles in the 2010 Act, and associated regulations. We believe the development of new national care standards will bring this practice into even sharper focus, and we intend to align future scrutiny methodology even more closely to the new regulations.<br><br>If Healthcare Improvement Scotland does elect to use the domains as a set of standards, we would welcome much stronger alignment to those elements of the National Care Standards which will apply to healthcare provision. Doing so may well support quality provision of integrated health and social care because there would be a common understanding of the principles behind the relevant standards.<br><br>Our experience of joint inspections (with Healthcare Improvement Scotland) of adult services and our joint inspections (involving Healthcare Improvement Scotland, Education Scotland and HMICS) of services for children and young people is instructive. There, a set of quality indicators have been useful in supporting self evaluation across partnerships; focusing scrutiny; providing a reporting framework; and, identifying clear areas for improvement to support partnerships.<br><br>Our experience of regulated care service inspections is similar: assessing against the National Care Standards provides public clarity over expectation, and clarity for those being inspected over the standards of care expected. |
| **Question 5:**<br>Would it be helpful to also develop a set of consistent Key Quality Indicators against the quality framework domains for use locally and nationally? | Whether the domains are used as a set of standards or a guide of best practice, key quality indicators will support that. The Care Inspectorate is currently developing examples of weak and very good practice for different service types as part of its review of regulated care service inspections. For our joint inspections of services for children and young people, |

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| | we already have a set of quality indicators which support the quality framework. Feedback from community planning partners during scrutiny indicates that the quality indicators and evaluative framework better support self evaluation and learning. It is also important to ensure that reference is made to workforce regulators' standards, particularly around leadership and practice. |
| **Question 6:**<br>Do you think culture underpins the domains within the quality framework and how might culture be assessed? | We are aware from our scrutiny work, and from significant reviews such as the Francis Review, that culture plays a major role in the quality experienced by people using services and has an impact on the capacity for change and improvement. There is an integral link between culture, and the leadership, workforce and quality-improvement domains, yet culture traditionally remains less tangible. That said, culture can be assessed by observing practice and interactions – noting whether they are task-led or service-led – and by interviewing staff and people using a service.<br><br>We would welcome joint work between the Care Inspectorate, Healthcare Improvement Scotland and other partners to see if evidenced-based tools could be developed to support the assessment of culture in health and social care services in a consistent and improvement-focused way, which can help identify the human factors in service delivery that can impact on outcomes for people using those services. |
| **Question 7:**<br>The paper proposes that our new approach scrutinises across different levels of an organisation or system of care.<br>This would be reflected at three broad levels:<br>• services and systems provided across a provider area, including interfaces | The proposal to focus on the macro, meso and micro levels of care is a very helpful one, although the impact that a decision taken at one level will have on another must be understood. The Care Inspectorate adopts a similar approach, undertaking strategic scrutiny of how social services are co-ordinated (through our joint inspection), thematic reviews of particular interventions, and inspections of regulated care services.<br><br>In a changing policy landscape, we particularly welcome the emphasis on scrutiny at the macro level. |

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| between services, for example the interface between health and social care **(macro level)**<br>• across particular services such as care of older people, accident and emergency or primary care services **(meso level)**, and<br>• at ward level, within a community setting, or any other setting with direct interaction between a care professional and the patient, service user or carer **(micro level)**.<br><br>Do you think external scrutiny should focus on these three broad levels across an organisation or system of care? | The interface between health and social care is an area where joint work between the Care Inspectorate and Healthcare Improvement Scotland will become even more essential than before to support integration, provide public assurance, and support high-quality practice and effective strategic decision-making across integrated joint boards, local authorities, and health boards.<br><br>To this end, the boards of both bodies have agreed to conduct a review, now on-going, of our joint inspections of services for adults. This is to ensure that our respective statutory scrutiny and improvement roles and responsibilities meet legislative expectations and that our joint methodologies are flexible, responsive to a developing sector, complementary but well-coordinated, and designed to bring added value to the inspections we both currently undertake.<br><br>We are actively looking at ways to lead and share our resources and expertise in ways which will bring even more insight and support the delivery of integrated health and social care, while taking into account Crerar and Christie reviews and recommendations. |
| **Question 8:**<br><br>Do you think the new approach to scrutiny should include the four dimensions of:<br>• Thematic Quality of Care Reviews<br>• Organisational Quality of Care Reviews<br>• Service Level Reviews, and<br>• Point-of-Care Reviews or inspections? | We envisage in future that, at the macro and meso levels, the Care Inspectorate and Healthcare Improvement Scotland will continue to work closely to design scrutiny and improvement interventions which play to both our respective statutory roles and our areas of expertise, knowledge and potential improvement leverage.<br><br>This means that some scrutiny and improvement interventions at the macro and meso level may be led by the Care Inspectorate with involvement of Healthcare Improvement Scotland, others may be led by Healthcare Improvement Scotland with the involvement of the Care Inspectorate, and others still may be conducted jointly between both bodies and other scrutiny partners in a way which adds public |

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| | value and focuses on the care journey and outcomes experienced by people using both social care and health services. This will support integrated joint boards in improving the delivery of services, strategically plan and provide stronger public assurance about the quality of care across communities.<br><br>The significant potential benefit of this approach is that, by working together, different scrutiny partners will be able to demonstrate the impact of high-level strategic decision making on the experiences of the individual person, and to do this in a way which identifies where in Scotland improvement is required, and what improvement is required in Scotland. We believe that this approach will serve both bodies well in their statutory roles to support improvement both at national thematic level or targeted improvement intervention at local level.<br><br>We support the broad sentiment behind the statement on page 25 of the consultation document which suggests that “this can be done with a consistent manner using the quality framework in a way that is transparent for the public and providers” but believe that two important issues required to be recognised. First, the methodology for these shared scrutiny programmes will need to be designed for the matter being scrutinised in order to answer the inspection question being posed. Second, they will need to reflect the appropriate quality framework. That may well be the framework proposed in this consultation, but it may not be: it may in fact be the existing (or revised) quality framework for joint inspections of adult services, the existing quality framework for services for children and young people, or the new national care standards. In other words, the quality framework proposed is not applicable to all possible scrutiny interventions across all health and social care provision but, with alignment to the new national care standards, would be well-matched to other quality frameworks that are currently used and ones that will be in the future, included in an integrated landscape. |

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| | It might be helpful to reflect on the terminology used in the "Dimension" column in Table 2 to ensure there is wide understanding of it. |
| **Question 9:**<br>Would it be helpful to include making recommendations for service sustainability as part of the new approach? | In respect of the joint work current and to be conducted by the Care Inspectorate and Healthcare Improvement Scotland around the provision of integrated health and social care scrutiny and improvement, we would welcome further discussion on whether we should include recommendations for service sustainability. If we were to do this, we would wish to be clear about the evidence base that would be used to assess service sustainability. We suggest that for joint areas of scrutiny, further consideration is remitted initially to the joint review of inspections for adult services which both organisations are engaged in. |
| **Question 10:**<br>Will the proposals set out in the consultation document support the further integration of health and social care? | It is not clear whether these proposals will support the further integration of health and social care, but we are not clear that they are designed to. Rather, we believe that these proposals can better support the scrutiny of integrated health and social care provision. With effective collaboration and strong partnership working, the proposals will help clarify and add value to Healthcare Improvement Scotland's and the Care Inspectorate's working arrangements across a multi-agency, multi-disciplinary scrutiny and improvement landscape.<br><br>The evidence base around the seven domains is not influenced by a social care perspective, and the four dimensions have been (understandably) designed from a health, mainly NHS, perspective. In this context, we consider it important that consideration is given to a closer alignment between the proposals and the National Health and Wellbeing Outcomes, and those parts of the new national care standards which are designed to apply across health and social care. |

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| **Question 11:**<br>Do you feel that care will be safer and better for people as a result of the proposed changes? | It is not possible to determine now whether the proposed changes will result in safer and better care for people. The proposed changes might well support that, but this could only be known after establishing baseline evidence and a comprehensive and sustained programme of scrutiny. |

**Any other comments?**

We were surprised to read the executive summary document attached to the main consultation document. This did not appear to reflect the important multi-disciplinary landscape in which Healthcare Improvement Scotland operates, which is alluded to on pages 6 and 25 of the main consultation document.

We are interested in the pages 28 – 30 of the main consultation report. We strongly welcome approaches to continuous improvement, but think it would be helpful to consider possible responses to a sustained failure to improve, particularly in regulated healthcare services.

The terms “care”, “healthcare” and “integrated health and social care” are used interchangeably throughout the document. This does not add clarity for the reader. A consistent approach, recognising the scope of the proposals and reflective of the statutory roles of other scrutiny and improvement partners, would be beneficial.

We recommend consideration be given to the views of workforce regulators, including those responsible for medical, nursing, health, social care, and social care inspection professionals.

Significant further work will be needed to consider the joint programme of scrutiny conducted by the Care Inspectorate and Healthcare Improvement Scotland, and new responsibilities around strategic commissioning, in the context both of this approach and of the Care Inspectorate’s own review of scrutiny and improvement. This is well underway at Board, executive and operational level, and is a significant strategic priority for both organisations. We look forward to playing our role constructively and with enthusiasm.

Effective partnership and strategically-planned collaboration between all of Scotland’s scrutiny partners will help to provide effective scrutiny and improvement interventions across health care, social care, social work, early learning and childcare, and criminal justice. This will help support the Scottish Government’s national priorities and improve outcomes for very many people across Scotland.

**Thank you for your response.**