

Sharing Intelligence for Health & Care Group

What we did in 2020-2021,
and how we're preparing
for tomorrow

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Message from the Co-Chairs



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This report summarises key points about the work of the Sharing Intelligence for Health & Care Group between April 2020 and March 2021. This is a time period that coincided with two national ‘lockdowns’ in Scotland in response to the COVID-19 pandemic. We also renew and update our commitments for the future. This includes how we are addressing some important issues to ensure we are effective in how we share, consider and respond to intelligence about the quality and safety of care.



As the COVID-19 pandemic developed, we continued to share intelligence about the quality and safety of care. In doing so, we heard about some of the tremendous efforts that colleagues from NHS boards across Scotland have made to respond to the pandemic. On behalf of the Group, we would first like to say ‘thank you’. We know that the pandemic will continue to cause enormous challenges for front line services for some time to come, and there will be an impact on those heavily involved in the COVID-19 response even once the current challenges recede.

We have written this report for three main audiences, and specific purposes for each:

- 1. NHS boards.** As a Group, we currently focus predominantly on intelligence about the quality and safety of care delivered by NHS boards. NHS boards already know about our recent work, and we would like them to be aware of our plans for the future. NHS boards might also be interested to learn more about what intelligence we look at and why (our analytical framework).
- 2. Scottish Government.** We already communicate with Scottish Government about our work and our findings as a Group. We wish to raise awareness of our work more widely, across relevant Divisions of Scottish Government. We also explain how we are strengthening our working relationship with Scottish Government.
- 3. National agencies represented on our Group.** Colleagues from seven national agencies actively contribute to the work of the Group. In addition to this, we wish to ensure that the Board of each of these agencies is aware of our work, and is assured that we are meeting our aims. We also want to make sure that, at Executive-level, there is awareness of/engagement in our work and key developments.

If you have any feedback about our work then we'd really like to hear from you – you can contact us at his.sihcg@nhs.scot.

Key points

- The Sharing Intelligence for Health & Care Group is a partnership involving the following seven national organisations: Audit Scotland, Care Inspectorate, Healthcare Improvement Scotland, NHS Education for Scotland, Mental Welfare Commission for Scotland, Public Health Scotland, Scottish Public Services Ombudsman.
- Our main objective is to ensure that any potentially serious concerns about the quality and safety of care, identified by member organisations, are shared and acted upon appropriately. Sharing concerns at the right time can help identify emerging problems so these can be addressed. The Group does not provide an additional level of external quality assurance, nor do we carry out performance management of NHS boards.
- Throughout the pandemic, the Group continued to share, consider, and respond to intelligence about the quality and safety of care delivered by 18 NHS boards. We also published the feedback that we provided for each of these NHS boards.¹
- During 2020-2021, some of the partner agencies on the Group continued to carry out additional work in response to two areas of concern (two different NHS boards) that have previously been identified. We carried out additional monitoring of some concerns for a further four NHS boards. Representatives of the Group met with the senior leadership from each of these six NHS boards, eg to ensure the senior leadership locally is aware of the level of concern, and can take appropriate action to improve quality and safety.
- In this report, we are publishing our analytical framework – which describes what intelligence we look at, and why. We are making this available primarily for NHS boards, to stimulate reflection on what pieces of intelligence they use locally to measure and monitor the quality and safety of care.
- Our most significant development area for 2021-2022 relates to sharing intelligence about integrated health and social care services. We currently share intelligence about NHS boards primarily, and it is not yet clear how intelligence about integrated health and social care services can best be shared (either via the Group, or a different mechanism). We are aiming to complete an options appraisal on this during 2021-2022, taking into consideration the plans to develop a National Care Service for Scotland.

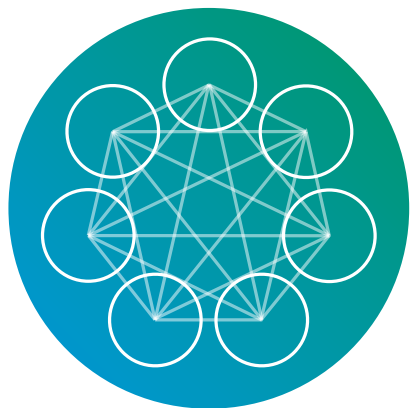
¹ www.healthcareimprovementscotland.org/our_work/governance_and_assurance/sharing_intelligence/feedback_letters.aspx

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 the seven national organisations below to share, consider, and respond to intelligence about health and care systems across Scotland – with a particular focus on NHS boards². Each of these agencies has a Scotland-wide remit related to the improvement and/or scrutiny of health and care services.



² The Group focuses predominantly on healthcare, and we also consider some integrated health and social care services that Integration Authorities are accountable for. The term ‘health and care’ is used throughout this report to describe the services covered by the Group’s remit. Sharing intelligence about integrated health and social care services more comprehensively in the future is discussed on page 14.



The Group was set up in 2014, and our main objective is to ensure that any potentially serious concerns about the quality and safety of care, identified by member organisations, are shared and acted upon appropriately. Sharing concerns at the right time can help identify emerging problems so these can be addressed. The Group does not provide an additional level of external quality assurance, nor do we carry out performance management of NHS boards (the latter is a function of Scottish Government). Sharing information does, however, help the different organisations on the Group to carry out their work in an informed way. This also includes learning about aspects of health and care systems that are working well.

The member organisations of the Group report that, since it was established, there is much better sharing and consideration of key intelligence – and they are better prepared to take additional action when required. In this report, we explain how we have responded to intelligence during 2020-21. In parallel with this, the individual organisations continue to respond to concerns as they arise, in line with their own remits.

It is important that we can demonstrate the value we add as a Group. An independent evaluation³ (report published in 2018) found that the Group had carried out valuable work in its first three years. This evaluation also made some recommendations, which we have used to improve how we work. We will now review and refresh our ‘logic model’, which describes our aim as a Group and the mechanisms by which we seek to achieve this. Updating our ‘logic model’ will provide a basis for our further work to monitor and improve the value we add.

3 www.healthcareimprovementscotland.org/our_work/governance_and_assurance/sharing_intelligence/sharing_intelligence_2017-2018.aspx

What intelligence do we look at, and why?

Serious problems with the quality and safety of care typically have more than a single cause. These problems are multidimensional, with a number of symptoms and interconnected causes. The impacts of these problems can include, for example, poor standards of service provision at the front line, disruption (or even discontinuation) of service provision, and harm to people using services.

Over the past 30 years, there has been a series of inquiries across the United Kingdom looking at serious problems/organisational failure in healthcare. Many of these inquiries have received widespread public and media attention, and have highlighted issues that are relevant and important nationwide.

We reviewed the findings from these inquiries, and identified a small number of prominent themes which appear repeatedly. We think that these themes are crucial factors which ultimately are likely to influence the experience of people using healthcare services. The themes are: leadership, culture, governance, financial performance, workforce, professional engagement, and service performance/outcomes.

For each of the seven themes, we identified signals that could provide early warning of a serious problem with the quality and safety of care. We then mapped pieces of intelligence held by the partner agencies on the Group to these themes and signals. We call this our analytical framework, and have presented this below. We use our analytical framework to structure the intelligence we share and the conversations we have as a Group. This is to help us focus on those factors and pieces of intelligence that are likely to be most informative for learning about, and identifying serious problems with, the quality and safety of care.

In our annual report for 2019-2020, we made a commitment to publish the most up-to-date list of indicators, derived from existing health and care datasets, that we look at. On reflection, we decided it would be of greater use to review, update and publish our complete analytical framework. A simplified version of this can be viewed on page 7, and the complete framework is available online⁴.

⁴ www.healthcareimprovementscotland.org/our_work/governance_and_assurance/sharing_intelligence/sharing_intelligence_2020-2021.aspx

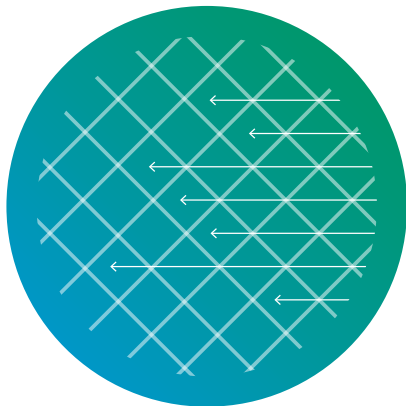
What intelligence do we look at, and why?

Continued

			Analytical Framework	
			Primary Causes	Warning Signs
Failures in the Quality and Safety of Health and Care Services	←	Leadership	←	<ul style="list-style-type: none"> △ Lack of focus on quality and safety △ No clear and effective performance management system △ A failure to learn and share lessons △ Centralised decision making △ Replacement of senior manager(s) △ Long standing vacancies at senior manager level
	←	Culture	←	<ul style="list-style-type: none"> △ Failure to listen to/act on the views of staff, patients and external stakeholders △ A lack of value and support for frontline staff △ A disconnect between staff and leadership △ Inward looking closed culture/organisational introspection △ Fear/blame culture and bullying behaviour △ Lack of openness, transparency & candour △ Low staff morale △ Limited capacity/capability to drive improvement △ Adverse events and near misses are not reported or acted upon adequately △ Recurrent complaints from the same area on the same theme
	←	Governance	←	<ul style="list-style-type: none"> △ Inadequate/poor strategic planning △ Poor use of data to drive quality improvement △ Continually failing to meet performance targets △ Dysfunctional board and management team △ Lack of board cohesion & inability to challenge △ Failure to identify and deal with issues △ Sources of distraction from quality of care, eg finance, large projects
	←	Financial Performance	←	<ul style="list-style-type: none"> △ Lack of appropriate financial management and control △ Significant budget overspend △ Reliance on non-recurring savings △ Additional financial support sought
	←	Workforce	←	<ul style="list-style-type: none"> △ High vacancy rates △ High sickness absence rates △ High use of temporary/locum staff △ High agency spend
	←	Professional Engagement	←	<ul style="list-style-type: none"> △ Ineffective teamwork & poor working relationships △ Inadequate systems for record keeping and case management △ Unrealistic workloads △ Disconnect between clinicians and managers
	←	Clinical and Care Performance and Outcomes	←	<ul style="list-style-type: none"> △ Failure to meet national performance indicators △ Unwarranted variations in outcomes, access, productivity, performance and patient flow △ Poor inspection report/ratings

What intelligence do we look at, and why?

Continued



Our analytical framework might be of interest to NHS boards, as they make decisions about how they use intelligence about the quality of care as part of their own local governance mechanisms. There are other frameworks and resources that NHS boards can draw upon as well, and we note that our analytical framework was specifically tailored to meet the unique needs of our Group. Nonetheless, we are making our analytical framework available for NHS boards to use and refer to if they wish. At the very least it emphasises that, however an NHS board measures and monitors the quality of care it provides, intelligence about different factors and from multiple sources needs to be brought together and considered in the round.

What did we do in 2020-2021?

During each financial year since 2015-2016, the Group has completed a programme of work for which we share and consider intelligence about 18 NHS boards. In March 2020, as we were preparing to start our 2020-2021 work programme, Scotland entered its first national 'lockdown' in response to the COVID-19 pandemic. All seven national organisations on the Group made changes to our work programmes, with the ultimate aim of supporting front line services during the COVID-19 pandemic. Some new pieces of work on COVID-19 were carried out, while some programmes were put on hold.

The partner agencies on the Group were unanimous that, throughout the pandemic, we needed to continue to highlight with each other any potentially serious concerns about the quality and safety of care. The Group did/does not have a role in responding to the COVID-19 pandemic specifically. However, it was important that the Group continued to consider and respond to intelligence about the quality and safety of care more generally.⁵

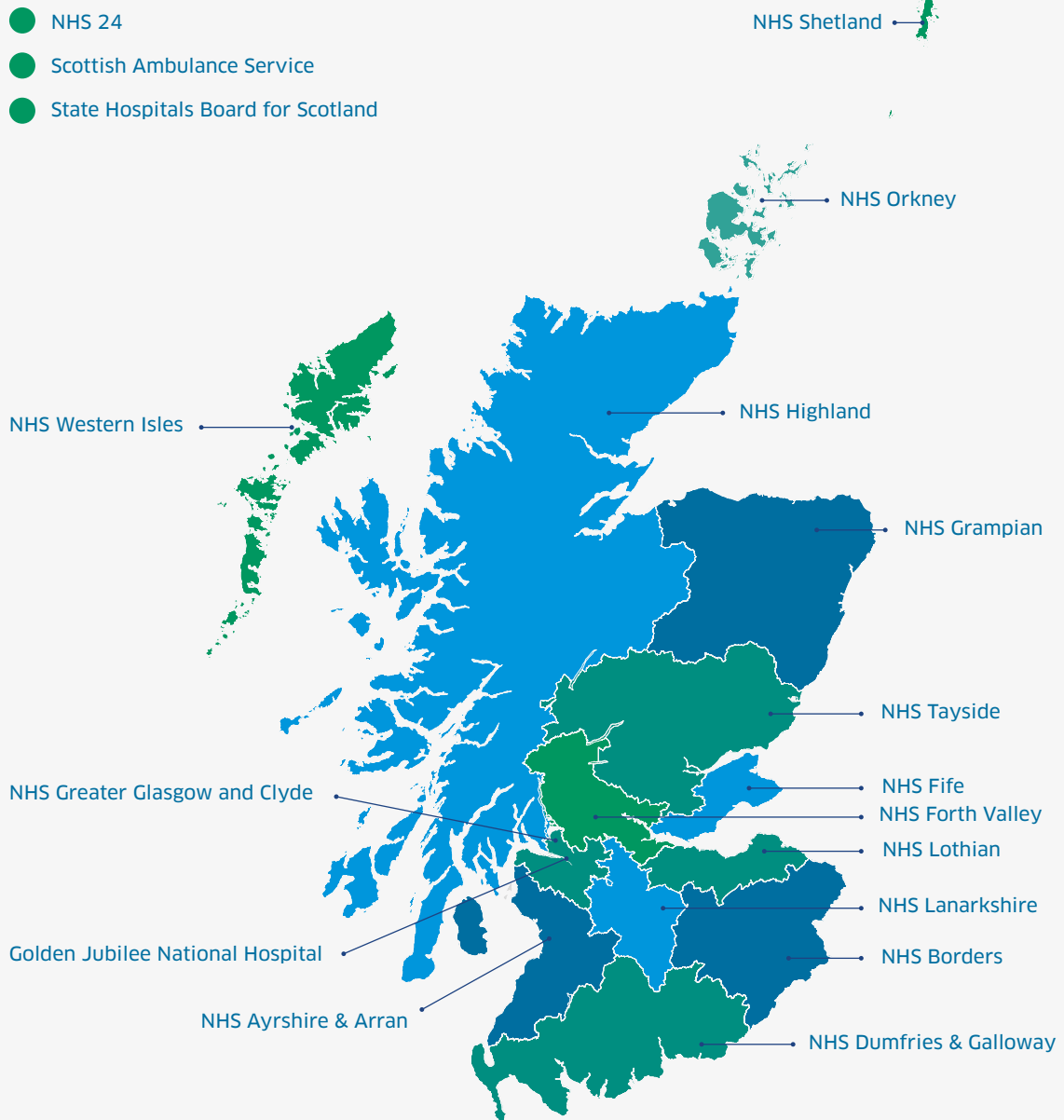
During the first national 'lockdown' we agreed that the Group would continue to consider, during 2020-2021, each of the 18 NHS boards we routinely look at every financial year. We would also continue to feed back our main observations to each NHS board, and make this information publicly available. By adjusting our standard processes (eg moving from bi-monthly meetings in person, to online meetings each month), we were able to consider the 18 NHS boards listed on page 10 between June 2020 and February 2021.

We provided written feedback to each of these 18 NHS boards, highlighting the key issues we had identified as seven national organisations. This feedback drew attention to aspects of local health and care systems that are working well, and also risks to the quality of care.⁶ Sharing intelligence in this way, and publishing our findings, complements the legal 'duty of candour' for which organisations should tell those affected when an unintended incident causes a person harm.

⁵ The start of Scotland's first national 'lockdown' for COVID-19 coincided with when a new national agency – Public Health Scotland – came into existence. This was of direct relevance to our work as a Group, as one of the contributors to our work (Information Services Division of NHS National Services Scotland) essentially became a part of Public Health Scotland. Public Health Scotland is now one of the seven agencies on the Group although, as a result of its involvement in the response to the pandemic, it was not able to contribute as fully to our work during 2020-2021. During 2021-2022, Public Health Scotland will decide what intelligence it will contribute to the Group on an ongoing basis.

⁶ www.healthcareimprovementscotland.org/our_work/governance_and_assurance/sharing_intelligence/feedback_letters.aspx

We shared and considered intelligence about 18 regional and national NHS boards



How did we respond to the intelligence we shared?

Sharing intelligence helps identify potentially serious concerns about the quality and safety of care, and where additional action may be required from one of more of the partner organisations. The written feedback that we provided for each NHS board during 2020-2021, which is published online⁷, states whether or not any further action was required. The purpose of this section is to give an overview of how we responded to the intelligence we shared. Therefore, we do not name individual NHS boards here. Additional information for each NHS board can, however, be found in its published letter.

In summary, during 2020-2021, some of the partner organisations continued to carry out additional work in response to two areas of concern that were previously raised with the Group. The ultimate aim of this was to support improvements to – and seek assurance about – the quality and safety of care. There were some other areas of particular concern to the Group, and the main issues that were highlighted for some specific NHS boards included the following topics:

- mental health services
- safety at the immediate assessment unit of a hospital
- services for children and young people in need of care and protection
- the physical environment for inpatient mental health services, and
- the performance and sustainability of a hospital's services

For each of these issues, the Group has highlighted the concern with the NHS board in question. This includes discussing the issue with the NHS board's senior leadership team, and asking that the Group's feedback is shared with the Board itself. This is to ensure the NHS board is aware of the level of concern, and can take appropriate action locally to improve quality and safety. The Group also put in place additional monitoring, so that we can decide whether or not there are ongoing concerns that require further action from the partner organisations in addition to those already planned.

While no further action was required for 12 of the 18 NHS boards, the member organisations continued to engage with all NHS boards across Scotland as part of their own routine programmes of scrutiny and improvement work.

⁷ www.healthcareimprovementscotland.org/our_work/governance_and_assurance/sharing_intelligence/feedback_letters.aspx

How are we preparing for the future?

Our main objective as a Group has remained constant: it is to share potentially serious concerns about the health and care systems, so that emerging problems can be addressed. We do, however, make changes on an ongoing basis to aspects of how we work. This is with the aim of improving our effectiveness in supporting improvement to the quality and safety of care.

As illustrated throughout this report, we have completed five of the seven commitments we made for 2020-2021 (see summary on page 16). One of the other commitments has been replaced (see page 6), and as described below work on the remaining commitment is ongoing. We also describe here our commitments for 2021-2022 and how we are preparing for the future.



Our commitments for 2021-2022

Between April 2021 and March 2022 we will:

- share/consider intelligence about eighteen NHS boards, and publish our feedback to each of these NHS boards
- take further action where required in response to concerns raised – designing further action so it is as effective as possible in driving improvement in the quality/safety of care
- review and refresh our 'logic model', to provide a basis for monitoring and improving the value we add
- complete the options appraisal on sharing intelligence about integrated health and social care services
- strengthen our working relationship with Scottish Government – by achieving greater awareness of the existence/role of the Group, and formalising how we would escalate a concern for further action by Scottish Government
- develop and test an approach for how our Group works with regulatory bodies in the United Kingdom.

Continuing to share intelligence throughout the pandemic

In our previous report we made commitments that, throughout 2020-2021, we would continue to: share and consider intelligence about eighteen NHS boards; publish our feedback to each of these NHS boards, and: when required, meet with an NHS board to discuss our findings. We successfully achieved these.

At the time of writing this report, we are still in a worldwide pandemic. We renew the above commitments for our work during 2021-2022. We anticipate that, as a Group, we will continue to meet virtually for the foreseeable future in order to accomplish this. We are also committed to take further action where required in response to concerns about the quality and safety of care.

Learning from an independent inquiry

In our annual report for 2019-2020, we explained that we would consider the report from the independent inquiry into mental health services in one NHS board, and identify any improvements we need to make with how we share and respond to intelligence.

When we reflected on the report from this inquiry, we concluded that the Group has been an effective mechanism for sharing concerns between national agencies. Sharing intelligence in this way has led to further action being carried out by some of the partner agencies - with the ultimate aim of supporting improvement in the quality and safety of care.

We also identified that where there is a significant level of complexity to concerns about the quality and safety of care, then the partner agencies on the Group should provide additional constructive challenge to each other. This is to ensure that further actions taken are designed to be as effective as possible in driving improvements in care - and that to achieve this the partner agencies are being as flexible as possible within their own remits.

Sharing intelligence about integrated health and social care services

Perhaps our most significant development area for 2021-2022 relates to sharing intelligence about integrated health and social care services. As we have explained in previous reports, we had started to consider some of the issues about how this might best be done. More recently, an independent review of adult social care in Scotland was carried out, and its findings were published in February 2021. The plan to establish a National Care Service for Scotland is clearly a very significant factor in our work.

In our annual report for 2019-2020, the Group made a commitment to prepare an options appraisal on sharing intelligence about integrated health and social care services. We explained that we would seek to work with at least one Integration Authority to explore the issues and possible ways forward. We have now made good progress with this work, and this has benefitted from early advice/input from an Integration Authority. It is not yet clear how intelligence about integrated health and social care services can best be shared. During 2021-2022, we are aiming to complete this options appraisal. This can inform subsequent conversations with stakeholders about the way forward, taking into account developments such as the plan to establish a National Care Service for Scotland. We expect that the findings of this options appraisal will also be helpful as we continue to evolve how the Group shares intelligence about NHS boards.

Strengthening our working relationship with Scottish Government

The Scottish Government supported our Group being established, and the seven partner agencies already have established working arrangements with Scottish Government. It is also important that our Group, in its own right, has an effective and complementary working relationship with Scottish Government. This is why the Co Chairs of the Group meet regularly with colleagues from Scottish Government. For example, this enables us to raise awareness of any area of concern about the quality/safety of care, together with how the partner agencies are responding to this (having first raised this with the relevant NHS board).

We are now seeking to further develop our working relationship with Scottish Government. As part of this, we would like all relevant Divisions of Scottish Government to be aware of our role, noting that we are a mechanism for sharing intelligence. We do not provide an additional level of external quality assurance, nor do we carry out performance management of NHS boards (the latter is a function of Scottish Government). There are also instances where the two-way sharing of information between Scottish Government and the Group is helpful, and colleagues from different Divisions of Scottish Government might be interested to learn about the key messages we feed back to each NHS board (and publish).

We are also now formalising how we communicate with Scottish Government, including the arrangements for how we would escalate a concern for further action by Scottish Government. We expect that the Group would need to use this escalation process infrequently, and this would be for concerns that are particularly serious or for which there has been insufficient progress. This would complement, and not interfere with, existing escalation processes that individual agencies on the Group already have with particular Divisions in Scottish Government.


Working with the regulators of care professionals


The Group does not consider the practice of individual care professionals, but other agencies do. These include the General Medical Council (doctors), the Nursing & Midwifery Council (nurses and midwives), the General Dental Council (dentists), and the General Pharmaceutical Council (pharmacists and pharmacy technicians). In our annual report for 2019-2020, we made a commitment to formalise our working relationship with such regulatory bodies in the United Kingdom.


We have now put in place a mechanism to enable the partner agencies on the Group and the professional regulators to share potentially serious concerns – at system/service level – at any time. We also now intend to meet with the professional regulators biannually, to share and consider key pieces of intelligence – so that any concerns could be acted upon, where appropriate.


Appendix: Progress against our commitments for 2020–2021


We said we would do the following between April 2020 and March 2021


1. Continue to consider our collective intelligence about eighteen NHS boards.
Completed 


2. Continue to publish our feedback to each of these NHS boards – ensuring this is relevant at the time of the COVID-19 pandemic. **Completed** 

3. When required, meet with an NHS board to discuss our findings.
Completed 

4. Prepare an options appraisal on how our work relates to Integration Authorities.
Commenced. **Not yet completed** 

5. Publish the most up-to-date list of indicators, derived from existing health and care datasets, that we look at. *Revised to say that we will publish our analytical framework, rather than the list of indicators.* **Completed** 

6. Consider the report from the independent inquiry into mental health services in Tayside (and any other such inquiries), and identify any improvements we need to make with how we share and respond to intelligence. **Completed** 

7. Develop an emerging concerns protocol to define thresholds for appropriate escalation with regulatory bodies in the United Kingdom. **Completed** 

The background of the page is a teal color with a network diagram overlay. The diagram consists of numerous small blue circular nodes connected by thin, light blue lines, creating a complex web of connections across the entire page.

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