Response to the Independent Evaluation of the Sharing Intelligence for Health & Care Group













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Situation

In October 2017, the Sharing Intelligence for Health & Care Group (SIHCG) commissioned the Economic and Social Research Consultancy (EKOS) to undertake an independent assessment of the process, implementation and outcomes from the SIHCG. This document describes the agreed SIHCG action and time frame for each of the 10 recommendations outlined in the EKOS evaluation report.

Background

The SIHCG includes representation from the following seven national organisations: Audit Scotland, Care Inspectorate, Healthcare Improvement Scotland (HIS), Mental Welfare Commission for Scotland, NHS Education for Scotland, Public Health & Intelligence (PHI), and Scottish Public Services Ombudsman. The group provides a mechanism for these agencies to share and consider their collective data and information, and have an active dialogue about the quality of health and social care.

Specifically, the aims of the group are to:

- provide a forum to identify potential or actual risks to the quality of health and social care and, where necessary, initiate further action in response to these risks, and
- promote co-ordination of activity between these partner organisations, respecting the statutory responsibilities of each.

In October 2017, the group agreed that a formative evaluation of the performance and impact of our sharing intelligence activities is essential to inform the aims and approach of the group from 2018–2019. EKOS were commissioned to undertake an independent assessment of the process, implementation and outcomes from the SIHCG.

Process evaluation – focusing on the operation, activities and delivery of the functions of the SIHCG, and the integration of these components:

- How well is the sharing intelligence process working?
- What are the barriers to delivery?
- What next steps are required to further revise the sharing intelligence process?

Implementation evaluation – to investigate the fidelity of the delivery – is the sharing intelligence programme being implemented as intended?

- To what extent is the sharing intelligence process being implemented as designed?
- To understand how and why the activities of the SIHCG are or are not achieving the desired results.
- To understand multi-level factors contributing to the sharing intelligence process implementation.

Outcome evaluation – to assess the impact and effectiveness of the work of the SIHCG in influencing change

- Do the SIHCG partner organisations have a better understanding of risks to safety and quality?
- How effective is the SIHCG at capturing and sharing good practice?
- Can the SIHCG demonstrate that its actions are making a difference for stakeholders?
- What has changed as a result of the work of the SIHCG and its activities?
- Is there evidence of unintended outcomes, either positive or negative?

Action

The Evaluation Report identified 10 key recommendations for the SIHCG to consider. The following describes the recommendations, the actions that the group plan to take and the time frame for these.

Manage and maintain membership more proactively by re-establishing commitment, updating the Memorandum of Understanding, clarifying roles of individual members, and valuing their participation.

The SIHCG will review and update the current Memorandum of Understanding to clarify the aims, objectives, scope and deliverables of the group, as well as the roles and responsibilities of member organisations to reflect the changes made in response to the options and recommendations set out in the evaluation report.

Time frame: December 2018

Action By: All SIHCG Partners

• Develop and apply tools to help better structure the discussion (failure path models of previous/hypothetical system failures and check point lists).

We have reviewed the common themes arising from public inquiries into organisational failings in health and social care and developed a tool that the group can use as a checklist to identify warning signs of quality and safety concerns. This tool will be further developed with input from all SIHCG partner organisations and tested at the August meeting of the group.

Time frame: August 2018

Action By: All SIHCG Partners

Create a sub-group of data analysts that would meet before the SIHCG main meeting to undertake a more in-depth analysis of the datasets.

An important function of the SIHCG is to make sense and meaning from the wealth of data presented to the group. This involves the analysis and interpretation of quantitative and qualitative information from seven partner organisations in order to generate insight, identify relationships and inform decision making.

We recognise the current time constraints on the SIHCG but feel that a data-analysis sub-group would risk duplicating the discussions held at the SIHCG. Instead we will focus our efforts on improving the data and information that comes to the SIHCG, as

well as better use of data visualisation tools to support SIHCG discussions. Work is also under way involving HIS and PHI to review and refresh the intelligence brought to the group from national datasets.

• Apply visualisation techniques during the meeting to facilitate better triangulation and identification of inter-relationships.

Data visualisation will help the group to better understand the significance of our data by placing it in a visual context. This should support easier recognition of patterns, trends and potential interrelationships in the SIHCG data.

The SIHCG will explore opportunities to present data in ways that are easy to consume while allowing queries and exploration.

NSS Public Health & Intelligence are currently reviewing the information that they bring to the SIHCG and will bring a revised set of indicators to the group in autumn 2018.

Time frame: October 2018

Action By: PHI and Partner Agencies

• Allow more time at meetings for sharing information between members and their skill areas for added learning and professional development.

By addressing the recommendations from the evaluation report, including an update to the Memorandum of Understanding to clarify the aims & objectives of the Group, we believe that this will free up more time to allow for sharing information between members and for added learning.

• Enable healthcare providers to participate in the data sub-group or SIHCG meetings to improve a collaborative approach and better up-to-date and contextual information.

This issue has previously been debated by the SIHCG. Members felt that healthcare provider representation at the SIHCG could hinder or stifle open discussion by partner organisations. There is a risk that having NHS Board representatives in the room could produce a culture of excessive caution and conformity. Where there is a likelihood of dissent within the group there may be pressure to self-censor and partner organisations could be unwilling to document concerns for fear of later criticism or blame.

SIHCG members agreed that there is a requirement for a 'safe space' where communication and discussions are private and the group can work in a climate where risks can be taken and understanding can be gained. These are the qualities of a safe learning environment.

Ahead of each SIHCG meeting, NHS Boards are invited to provide data/information regarding what they see are the main challenges/successes facing their organisation. The combined shared intelligence template and a summary of the key points from the

SIHCG are shared with each NHS Board following the meeting. There is also a feedback meeting with each NHS Board to discuss the key points raised by the group. As part of these feedback meetings NHS Boards are invited to seek participation from colleagues from the local health and social care partnership(s). The group will continue to have a feedback meeting with every NHS Board to provide collective feedback from SIHCG.

• Utilise existing member organisations better to present a relevant bridge through which the public can be informed and engaged with.

Public engagement is integral to the work of all SIHCG partner organisations. Each of the organisations regularly involve and engage with patients, carers and members of the public and use their views and experiences to inform their work.

In order to strengthen the public focus of SIHCG, a colleague from Healthcare Improvement Scotland's Public Involvement Unit is attending the August meeting to observe how SIHCG works. Their feedback will inform subsequent tests of how to strengthen the voice of the public in the work of SIHCG.

Time frame: February 2019

Action By: All SIHCG Partners

Take minutes at SIHCG and Feedback Meetings to create a better communication path, maintain interest and engagement with SIHCG members and to create a body of organisational memory for further reference, learning and review.

The discussion at SIHCG meetings is recorded in an action note and in the feedback letters to NHS boards. We will now further develop the action note, so that any key points discussed that are not included in the feedback letters (e.g. about SIHCG process) are recorded alongside the actions agreed.

A note from each feedback meeting with NHS boards is currently prepared, and this will now be shared with SIHCG members.

Time frame: August 2018

Action By: HIS

• By building on the existing Logic Model develop a monitoring framework with a range of SMART performance indicators and targets to measure achievement.

SIHCG has an effective logic model that has already helped develop a shared understanding of our work. To help the group monitor progress and the effectiveness of our work, we will use the logic model to identify measures for the short-, medium- and long-term outcomes that are linked to the key activities of the SIHCG.

Time frame: December 2018

Action By: All SIHCG Partners

• Undertake a risk assessment exercise for the SIHCG itself.

It is important that we build a common understanding of the level and nature of risks for the SIHCG. This will help in assuring consistency, visibility and evidence of decisions taken by the group.

We will undertake a process for the identification, measurement, and management of risks in relation to the SIHCG.

Time frame: December 2018

Action By: All SIHCG Partners

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