

**A QUALITY AND STANDARDS BOARD FOR HEALTH IN
SCOTLAND**

CONSULTATION PAPER

Deadline for responses: **1 June 2002**

Responses to be sent to:

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FOREWORD

Ensuring that patients receive care of high quality based on the best available evidence is seen as an integral part of a modern healthcare system.

*Our National Health: A plan for action, a plan for change*¹, made a commitment that the Chief Medical Officer would work with relevant interests to achieve better integration and co-ordination of those national organisations and professional bodies with an interest in quality. The establishment of a new special health board to build on and integrate the work of the existing national clinical effectiveness organisations would be an important step in delivering that commitment and will give the clinical effectiveness and quality issues the clarity required by front-line service providers.

The new organisation will provide an opportunity to build on the excellent work already under way to support effectiveness and quality improvement in Scotland. Our aim is to secure an efficient and equitable health service that focuses on the patient and has continuous improvement in the quality of care at its core, minimising risk and maximising the benefit for patients and their families.

The development of a new Board will help to provide a clearer quality and effectiveness focus for Scotland.

This consultation is part of the process of deciding the nature and form of the new body. I am well aware of the good work being done by the existing organisations that will be absorbed into the new organisation, and I want to maintain that momentum. I would like to encourage you to let us know your thoughts about the proposals contained in this consultation document.

Minister for Health and Community Care
1 March 2002

¹ Scottish Executive Health Department (2000)

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1. INTRODUCTION

- 1.1 The Scottish Executive sponsors the work of a number of organisations² and leading-edge initiatives aimed at improving the quality of healthcare provided in Scotland. *Our National Health: A plan for action; a plan for change* signalled a need to integrate and co-ordinate this work better in order to maximise improvements in patient care. The Executive-wide review of Non-Departmental Public Bodies³ also indicated that the remit and functions of the Clinical Standards Board for Scotland (CSBS) and the Health Technology Board for Scotland (HTBS) should be reviewed.
- 1.2 Since 1999 there has been a statutory “duty of quality” bearing on each NHS Board and Special Health Board “to put and keep in place arrangements for the purpose of monitoring and improving the quality of healthcare which it provided to individuals⁴”. Boards need to place the provision of quality at the forefront of their statutory duties in the same way as they must adhere currently to statutory financial duties
- 1.3 More recently the findings of the Bristol Royal Infirmary Inquiry⁵ signalled problems around poor organisation, failures of communication, a lack of leadership, paternalism and ‘club culture’ and a failing to put patients at the centre of care. The impact and relevance of these findings have been recognised in Scotland (see paragraph 3.8.1) and are a key driver to the changes proposed.
- 1.4 The NHS is changing – moving towards a patient-focussed service and a culture of openness and honesty where all share the common purpose of delivering high quality safe health care and where patients and staff work in genuine partnership. Scotland has a deserved international reputation for developing guidelines and standards to underpin the delivery of quality health care and has an active programme to develop and further strengthen these arrangements.
- 1.5 Another key driver for change (see paragraph 3.6) is for the clinical effectiveness organisations to work together, not separately, to support improvements in the quality of patient care and, by so doing, support NHS Boards in meeting their clinical governance responsibilities (see paragraph 2.2).
- 1.6 During the Summer and Autumn of 2001, the Chief Medical Officer held discussions with Scottish organisations with an interest in clinical quality and with patient representatives. The aim was to consider how the commitments to improve the quality of healthcare in Scotland could be implemented through the creation a single NHS body with responsibility for clinical standards and clinical governance at a national level in Scotland
- 1.7 Taking account of the drivers for change, that health plan commitment and these discussions, a new special Health Board is proposed. The title "Quality and Standards Board for Scotland" (QSBS) is used throughout this paper to identify the proposed new Board.

² See Appendix A

³ Scottish Executive June 2001

⁴ Part II The National Health Service: Scotland, Section 51, Health Act 1999

⁵ Learning from Bristol: the report of the public inquiry into children’s heart surgery at the Bristol Royal Infirmary 1984-85. Command Paper 5207 (2001)

Definitions

- 1.8 The term clinical effectiveness⁶ is used to describe the degree to which a clinical intervention for a patient or population achieves the intended health improvement that it is designed to achieve and gives the greatest health gain from available resources. In organisational terms, it describes the extent to which an organisation is ensuring evidence-based “best practice” is used whenever possible.
- 1.9 Clinical governance is used to refer to the quality of healthcare offered within an organisation. Clinical governance⁷ is a framework through which NHS organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish. In essence it is about ensuring that health services have systems in place to provide patients with high standards of care (see also paragraph 2.3).

How to comment

- 1.10 This consultation paper offers you an opportunity to comment. Your response should be sent to Mrs Trisha Eugene, Ground East Rear, St Andrew's House, Regent Road, Edinburgh EH1 3DG, or by e-mail to: patricia.eugene@scotland.gsi.gov.uk by **1 June 2002**.

⁶ MEL (1999)76

⁷ MEL(1998)75, MEL(2000)29, HDL(2001)74

2. THE CONTEXT AND CURRENT SITUATION

The Governance Agenda

2.1 *Rebuilding our National Health Service*⁸ mapped out the implementation of the organisational changes in *Our National Health*. Its overall aims are to:

- clarify responsibility
- increase accountability
- streamline bureaucracy
- improve planning
- integrate decision making
- promote closer working
- encourage greater effectiveness.

The spirit of the change set out in *Rebuilding our National Health Service* recognised the key role of clinical governance within all NHS Boards and provided for its inclusion within the remit of the Performance Assessment Framework (PAF) and formal annual accountability reviews. This area of the PAF is supported by the work of the Clinical Standards Board for Scotland.

The Clinical Governance Agenda

2.2 Improving the quality of care is now a statutory responsibility and an integral part of the NHS governance framework.

2.3 Clinical governance is the framework through which NHS organisations are accountable for continually improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish. The successful implementation of clinical governance will result in high quality patient-focused care that is accountable, systematic and sustainable.

Current Clinical Governance Arrangements

2.4 Section 51 of the 1999 Health Act lays a duty of quality on NHS organisations. Under this provision, all NHS organisations are responsible for ensuring that clinical governance arrangements are in place and effective.

2.5 The vision set out in *Our National Health* is of a patient-focused NHS that continuously seeks to improve the quality of patient care. Scotland's clinical effectiveness structure exists to support local NHS organisations and staff achieve this vision. In December 2000, the Programme for Government Report, *A Focus on Quality*⁹ outlined the work of the various clinical effectiveness organisations and leading edge initiatives supported by the Scottish Executive with the aim of improving the quality of patient care.

⁸ Scottish Executive Health Department May 2001

⁹ Scottish Executive Health Department 2000

The Health Improvement Agenda

- 2.6 Improving the health of the people of Scotland is a central objective for NHSScotland. The Public Health Institute of Scotland (PHIS) has a key role to play in supporting NHS Boards to meet the challenge of the Health Improvement Agenda and to address and overcome health inequalities.
- 2.7 The needs assessment reports produced by Scottish Needs Assessment Programme (SNAP), now part of the mainstream PHIS work programme, are a vital precursor to a number of strands of the clinical effectiveness and quality improvement agenda. It is an 'upstream' programme that looks at ways of improving health and the delivery of healthcare. It takes a population approach, considers conditions or groups of people, the potential for health, related health promotion and prevention matters, and the need for health or other methods of care, ranging from early detection of disease through to palliation.

The Clinical Quality Improvement Agenda

- 2.8 Historically, the Clinical Resource and Audit Group (CRAG), which comprises senior staff from the Scottish Executive Health Department (SEHD) and representatives from NHSScotland, the professions and patient organisations, has been asked to:
- provide advice to SEHD on the development of policies on clinical effectiveness
 - act as a national forum to support and facilitate the implementation of the clinical effectiveness agenda
 - develop and fund a programme of work to support the clinical effectiveness agenda.

These objectives are currently delivered through the:

- Clinical Effectiveness Programmes Sub-group (CEPS)
- CRAG Implementation Sub-group (CIS)
- Clinical Outcomes Working Group (CR-OC).

Other short life groups are convened as required and all report to CRAG.

- 2.9 Many of these activities are necessarily underpinned by research and the Chief Scientist Office (CSO) funds a broad portfolio of research in support of NHSScotland. Longer-term programmes are also funded in research units and several Cochrane¹⁰ systematic review groups that provide up-to-date digests of major clinical topics, are supported in Scotland.
- 2.10 Sustained implementation of actual improvement in patient care remains the aim. The proposal to create an NHSScotland *Centre for Change and Innovation* signalled in *Our National Health*, also offers an opportunity to provide leadership and support for change in health services in Scotland.

¹⁰ Cochrane an international collaborative effort dedicated to making results of randomised control trials in health more widely known and to producing, disseminating and updating scientific overviews of healthcare.

The Strategic Agenda

- 2.11 In recent years the national picture became more complex with expansion of Scottish Intercollegiate Guidelines Network (SIGN) programme, the creation of the Clinical Standards Board for Scotland and the Health Technology Board for Scotland. The Clinical Effectiveness Strategy Group (CESG) was created to provide essential co-ordination by bringing together the leaders of Scotland's clinical effectiveness organisations to encourage strategic collaboration, ensure integration and support communication and consultation.

The Partnership Agenda

- 2.12 The quality of care delivered by NHSScotland is also influenced by the work of a number of other Governmental and professional bodies involved in setting and checking standards, visiting and accrediting services, and monitoring safety. These include UK organisations such as the UK Royal Colleges, SERNIP (the Safety and Efficacy Register of New Interventional Procedures), the Medicines Control Agency, and the Medical Devices Agency; English organisations such as the National Institute for Clinical Excellence (NICE), and the Commission for Health Improvement and Scottish organisations like Scottish Health Advisory Service (SHAS). PHIS, SNAP, Nursing and Midwifery Practice Development Unit (NMPDU), and the Scottish Medicines Consortium (SMC) also have a role in influencing the quality of care through their respective work programmes. To be effective Scotland's clinical effectiveness organisations need to work in partnership with each other, and link with complementary initiatives elsewhere. They should seek to inform policy development, support NHSScotland's delivery of the clinical governance obligations and act as a key instrument for service improvement.

Patient and Public Agenda

- 2.13 *Our National Health* outlined proposals to improve the health of the people in Scotland, to deliver high-quality health services and address inequalities in health more effectively. However, achieving these changes will require a change in culture in the way services interact with the people they serve and the way services are delivered. It is no longer good enough to simply do things *to* people; a modern healthcare service must do things *with* the people it serves. A "patient-focused" NHS is an NHS that exists *for* the patient and is designed to meet the needs and wishes of patients and those who care for them. *Patient Focus and Public Involvement*¹¹ details action for delivering this change in culture across the entire breadth and depth of NHSScotland.
- 2.14 This is a key partnership for clinical effectiveness organisations and existing organisations are already working to embed a patient focus in their work and in the culture of the NHS. However, much remains to be done to build the principles of patient focus and public involvement into the quality and clinical effectiveness agenda.

The Staff Agenda

- 2.15 The output of clinical effectiveness organisations needs to be seen as relevant to the individual practice of NHS staff to improve the quality of local patient care. The

¹¹ Scottish Executive Health Department December 2001

clinical effectiveness organisations need to develop beneficial relationships with the Royal Colleges, other professional associations and with the new special health board for education in Scotland in order for their work to link with and inform the lifelong learning and revalidation responsibilities of professional staff.

The Planning Agenda

- 2.16 The work of all of Scotland's clinical effectiveness organisations can make a vital contribution to planning effective and high quality local services by identifying and disseminating best clinical practice and ensuring that effective new treatments or procedures are put into use promptly across Scotland. Work on a Diabetes Framework has shown how the SEHD's policy development work can be co-ordinated with, and supported by output from SIGN, HTBS and CSBS to bring real benefit to patients and their families. The establishment of the new special Health Board will formalise this type of arrangement.

3. A COMMITMENT TO CHANGE

Drivers for change

3.1 'Our National Health' signalled the intention to review the organisation of clinical effectiveness organisations and committed the Chief Medical Officer to working:

"with relevant bodies to achieve better integration and co-ordination of those national organisations and professional bodies with an interest in clinical quality."

3.2 Best practice recommends that the stakeholders who will be affected by a decision should be consulted from the earliest stage possible in the development of a proposal for change. The pre-consultation stage of the development of this process involved two stages, an initial information or "mapping" stage and a series of open consultation meetings.

3.3 As a first step in developing a proposal to implement the Health Plan commitment, the organisations sponsored by the Executive were asked to "map" their relationship to the other organisations operating in this area and to identify any gaps or overlaps. Briefly, the key points emerging from this exercise were a lack of:

- **cohesion** among the clinical effectiveness organisations
- **implementation** of clinical effectiveness initiatives
- **IT support** for NHSScotland.

3.4 Overlapping membership, loose agreement on overall priorities and a common accountability to SEHD did not disguise a lack of cohesion in clinical effectiveness work. The current pattern and organisation was seen as confusing and leadership and strategic direction were needed. This perceived lack of integration has adversely impacted on local healthcare systems working to improve the quality of patient care. Importantly, individual organisations were not seen as working together effectively. A single clinical effectiveness strategy was seen as being necessary to connect the various organisations' work to Scotland's clinical priorities and to allow the development of a prioritised work programme.

3.5 There is growing frustration about the workload implications of an increasing number of accreditation and assessment visits from different organisations with overlapping information requirements. Whilst each organisation is seen as adding a valuable individual contribution, the activities of the clinical effectiveness organisations need to be planned and co-ordinated in a way that better supports NHSScotland's current and future needs and reduces the demands being placed on NHS Boards.

3.6 The main driver for change was summarised as:

NHSScotland should be able to recognise that the clinical effectiveness organisations are working together, not separately, to support improvements in the quality of local patient care.

3.7 The pre-consultation process identified a number of other Scottish drivers for change,

these include:

3.7.1 The Performance Assessment Framework (PAF)

The separate development of the PAF has underlined the need to ensure that effective systems are in place to measure improvements in clinical outcomes. The monitoring activities of clinical effectiveness organisations such as the CSBS, SHAS and CRAG CR-OC are critical inputs in the PAF process. A single integrated clinical effectiveness work programme would better support the development of this important work.

3.7.2 Demand Exceeding Supply

The development of the clinical governance agenda and the PAF has intensified the demand for national standards and guidelines. However, the capacity of the clinical effectiveness organisations to develop purely Scottish solutions is limited by the availability of clinical time. SIGN, for example, has recognised this limitation and has therefore chosen to restrict its work programme to a maximum of 60 guidelines.

3.7.3 Clinical Data: Supporting the Quality Agenda

Work by the Clinical Standards Board and other stakeholders has confirmed a need to improve both the quality of clinical data collected in support of the quality improvement agenda, and to improve the quality of information available to patients and carers.

3.7.4 Supporting National Audit

Scotland has developed a number of national clinical audits. These are currently managed by Information and Statistics Division (ISD) of the Common Services Agency under the guidance of the National Audit Programme Expert Group (NAPEG). There is a clear need to develop this programme to provide information to reassure the public about the quality of local clinical practice, and to monitor and compare clinical indicators across Scotland, and to demonstrate when improvements have been achieved.

3.7.5 Minimising Clinical Risk

Risk management in the healthcare environment involves both clinical and non-clinical risk. The independent assessment of these risks is a requirement under the statutorily based Clinical Negligence and Other Risks Indemnity Scheme (CNORIS). At present, CNORIS covers three linked areas, financial risk pooling, claims management and the development and independent assessment of risk management standards. The third CNORIS element of standard setting and assessment links with, and will increasingly draw upon, the clinical effectiveness organisations' wider work on quality improvement and performance assessment.

3.7.6 Development of Joint Local Authority/NHS services

The introduction, from April of this year, of statutory joint NHS/Local Authority services will mean that the NHS may not have direct responsibility for the delivery of a service for which it may have been historically responsible, such as certain aspects of mental health and learning disability services. However, the NHS will remain accountable for the quality and scope of these services. Joint working, joint management and pooled budgets will require a new way of working on quality issues.

3.7.7 Supporting Effective Change

Turning the output of the national clinical effectiveness organisations into improvements in the quality of patient care depends on the actions of individuals, teams and organisations across NHSScotland. To achieve real improvements in the quality of local services, organisations also need to link into and be supported by NHSScotland's individual, organisational and service development activities. This should be made easier by the following initiatives designed to accelerate the pace of individual and organisational learning and change:

- a *Special Health Board for Education in NHSScotland* to combine the governance of the Scottish Council for Postgraduate Medical and Dental Education, the National Board for Nursing, Midwifery and Health Visiting and the Post-Qualification Board for Pharmacists in Scotland and extend the benefits of structured, supported learning to all NHSScotland staff, in partnership with the new NHS Boards
- an *NHS Centre for Change and Innovation* to provide leadership and support for change, focusing on the delivery of sustainable improvement in health services
- the foundation of a Technology Transfer Office designed to encourage sharing and dissemination of innovation, as well as creating the potential for the wider exploitation of intellectual property generated by NHSScotland
- a regional and national infrastructure to develop and deliver workforce development (a whole system approach that makes the necessary linkages with recruitment and retention, service planning and redesign, new ways of working, education and training)
- a Nursing and Midwifery Practice Development Unit in NHSScotland that ensures the promotion and development of best practice is taken forward in a planned and cohesive manner; that benefits gained from excellent practice in any area (clinical or geographical) can be extended systematically across Scotland to the benefit of patients, staff and the NHS as a whole.

3.7.8 Managed Clinical Networks

One of the core principles of managed clinical networks is an acceptable quality assurance programme. In addition there is a need to ensure consistency of standards and quality of treatment across all Managed Clinical Networks.

UK Drivers for Change

3.8 Devolution has given NHSScotland the opportunity to develop management and accountability structures that better meet the needs of the people of Scotland. Many of the quality improvement and clinical effectiveness issues facing NHSScotland find an echo across the UK. These UK drivers for change include:

3.8.1 The Bristol Report

In July 2001 the Report of the Bristol Royal Infirmary Inquiry echoed developments already underway in Scotland by recommending¹² that in England and Wales:

“the monitoring of clinical performance at national level should be brought together and co-ordinated in one body...which should supplant the current fragmentation of approach.”

The Report also contained a number of other recommendations about elements of good clinical governance, many of which were equally applicable to Scotland. Key among these are:

- the patient must be at the centre of everything which the NHS does
- there must be openness and transparency in everything which the NHS does
- the impact of the way in which services are organised on the quality of health care which patients receive must be recognised: the quality of care depends on systems and on facilities as well as on individual healthcare professionals
- the quality of healthcare must be guided by agreed standards, compliance with which is regularly monitored
- standards for clinical care should distinguish clearly between those which are obligatory and must be observed and those to which the NHS should aspire over time
- there must be a single, coherent, co-ordinated set of generic standards: that is standards relating to the patient’s experience and the systems for ensuring that the care is safe and of good quality (for example corporate management, clinical governance, risk management, clinical audit, the management and support of staff and the management, of resources).
- the role of central government in relation to the NHS should be to:
 - a) act as its headquarters in terms of management; and
 - b) create independent mechanisms for regulating the quality of healthcare and the competence of healthcare professionals.

3.8.2 Ministers accepted the principles in the Bristol Inquiry Report, and committed the Health Department to ensure implementation in a Scottish context.

¹² Recommendations 146 and 147

3.8.3 Patient Safety

Scottish Ministers have endorsed the principles of the Department of Health reports 'An Organisation with a Memory'¹³ and 'Building a Safer NHS for Patients'¹⁴ and 'Doing Less Harm'¹⁵, which address issues of patient safety and have led to the establishment of a National Patient Safety Agency (NPSA) for England and Wales. The aim of the new Agency is to improve the safety and quality of care through reporting, analysing and learning from adverse incidents involving patients. Discussions are underway with the Agency so that NHSScotland can contribute data to, and benefit from their analysis of adverse incidents occurring anywhere in the UK. Where the NPSA identifies opportunities for improvement, NHSScotland supported by the clinical effectiveness organisations must develop guidance and put robust mechanisms in place to ensure this is done quickly and consistently.

3.8.4 Guidelines and Guidance

English organisations, such as the National Institute for Clinical Excellence (NICE), are carrying forward significant programmes of technology assessment and guideline development most of which are, in clinical terms, relevant to Scotland. To make full use of the output of these organisations, their recommendations must sometimes be adjusted to take account of Scottish policy, morbidity, service distribution etc. HTBS already does this centrally for technology appraisals, but there is considerable scope for Scotland's quality improvement agenda to complement the work of SIGN and benefit from a more systematic adaptation of the output of NICE and other non-Scottish clinical effectiveness agencies.

Recommendations from the Consultation Meetings

3.9 Discussion at the CMO-led pre-consultation meetings resulted in a broad agreement that Scotland needed a national strategy for quality improvement – a strategy that clearly put improving the quality of patient care as the primary focus for national and local clinical effectiveness work. Such a strategy should encourage:

- the continuous development of shared priorities
- the development of a robust common evidence base
- shared clinical and patient care standards
- the development of agreed quality indicators
- co-ordinated action to reduce clinical risk and improve the quality of patient care.

3.10 The delivery of this approach could best be achieved if the CSBS, HTBS and SHAS were integrated into a single, new special health board, the Quality and Standards Board for Scotland (QSBS). The QSBS would be charged with the development of a national strategy for improving the quality of patient care and with co-ordinating the work of Scotland's clinical effectiveness organisations. A national strategy was seen as a necessary precursor to the development of a prioritised common work programme which would focus Scotland's clinical effectiveness organisations on better supporting local services in improving the quality of patient care.

¹³ Department of Health (2000)

¹⁴ Department of Health (2001)

¹⁵ Department of Health (2001)

3.11 The QSBS should take over responsibility for the national clinical audits overseen by NAPEG. and for much of the clinical effectiveness work currently undertaken by CEPS, CIS and CR-OC, subgroups of CRAG.. To improve the co-ordination of the wider clinical effectiveness agenda the new organisation should, in time, also take over responsibility for the standard setting and assessment element of CNORIS as part of its wider work on quality improvement.

3.12 Bringing these organisations together should result in:

- improved co-ordination of work commissioned from individual grant holders and organisations like SIGN and ISD
- improved collection of relevant health service data to inform service change
- improved evidence based advice to inform decision making about healthcare delivery
- a reduction in duplication and overlap including the number of visits and assessments
- improvements in quality of patient care by improving support for the implementation
- an improvement in the efficiency of clinical effectiveness programmes
- opportunities for maximising the use of scarce expertise, for example, in statistics, health economics and Information Management and Technology (IM&T)
- an improved and co-ordinated communications strategy for dissemination of the output of clinical effectiveness, quality and standards work to NHS staff and the public.

3.13 It is also proposed to establish a new partnership council, the Quality Strategy Group (QSG), to replace both the CRAG committee and CESH. The Group will be chaired by the Chief Medical Officer, and include representatives from the QSBS, NHSScotland and representatives of patients and the public. The QSG will:

- act as a reference group from the Service and public on clinical effectiveness and quality improvement issues generally
- inform the development of policy on quality improvement and clinical effectiveness work
- advise on the development of the clinical governance and quality improvement programmes and their link to national priorities and other strategic developments such as IM&T.
- support the QSBS and its work with NHSScotland to deliver its agreed responsibilities.

Secretariat support for the QSG should continue to be provided by SEHD.

Question 1

Do you agree that the CSBS, HTBS and SHAS should be integrated into a single, new special health board charged with co-ordinating the work of Scotland's clinical effectiveness organisations through the development of a national strategy for improving the quality of patient care?

Question 2

Do you agree that the new organisation should also take over responsibility for the:

- a) work currently undertaken by CEPS, CIS, CR-OC and NAPEG.**
- b) standard setting and assessment element of CNORIS.**

Question 3

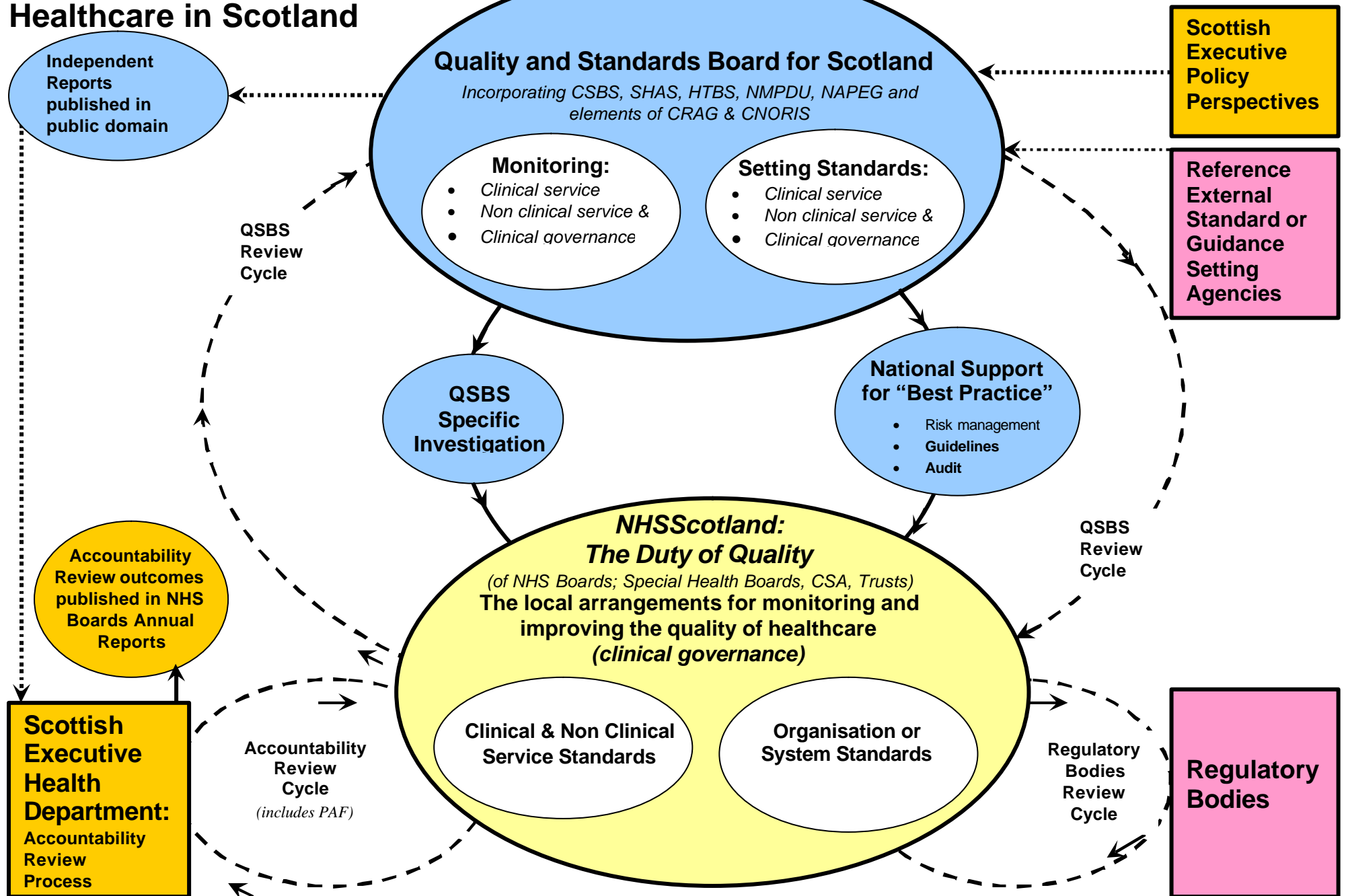
Do you agree that the Department should set up a Quality Strategy Group to replace CRAG committee and CESG?

4. A QUALITY AND STANDARDS BOARD FOR HEALTH IN SCOTLAND

- 4.1 Taking account of the commitment to change set out in *Our National Health* and the recommendations of the Bristol Inquiry about creating independent mechanisms for regulating the quality of healthcare, it is proposed to establish a new independent special Health Board - the Quality and Standards Board for Scotland.
- 4.2 This section proposes the overall aim of the Quality and Standards Board for Scotland (QSBS), the vision of how it should be pursued, the values that should steer the new body and the role it might fulfil.
- 4.3 The governance arrangements of the CSBS, HTBS and SHAS should be streamlined through their integration into a single new special health board along with elements of CRAG and CNORIS; integrating NMPDU and linking with related working groups such as NAPEG.
- 4.4 The QSBS will:
- Promote ‘best practice’ through evidence-based guidelines, clinical audit and support for implementation of changes in the care process.
 - set standards, provide advice and give national leadership on improving the quality of healthcare
 - through a programme of visits to NHS Boards and services, will review and monitor the performance of NHS organisations in:
 - implementing national standards for the delivery of clinical and non clinical services
 - establishing local clinical governance arrangements to support, promote and deliver high quality services
 - ensuring that where standards are not met, remedial action is taken
 - investigate serious failures in clinical service delivery at the request of the Minister for Health and Community Care
 - follow up any agreed escalation procedures as agreed with SEHD and Ministers
 - publish independent reports which are placed in the public domain
 - advise NHS Boards, SEHD and Ministers.

The diagram overleaf sets out the principal functions of the new Board and relates the relationships to the wider quality arrangements for Scotland.

Assuring and Supporting Quality Healthcare in Scotland



AIM

4.5 The aim of the Board will be:

to contribute to the highest quality of patient care in NHSScotland by promoting best practice in clinical care and ensuring effective clinical governance

Contribute

The QSBS will play a major role in supporting local health services, but will share this responsibility with NHS employers and staff, academic and research providers and others.

Highest Quality of Patient Care

Maximising health and the quality of life is the end purpose of healthcare services. A well co-ordinated and integrated clinical effectiveness work programme that supports the continuous improvement of local services in a cost-effective way is a means to that end. By developing and driving forward a national clinical effectiveness and quality improvement strategy, the QSBS would have the potential to raise the quality of local patient care and maintain Scotland's reputation for world class clinical effectiveness work.

Promote Best Practice

NHSScotland can learn and adapt to change most effectively by integrating its work to identify and use best clinical practice.

Clinical care

Work to improve the quality of patient care takes place at all levels of NHSScotland and affects all its organisations and staff groups. QSBS should be concerned with supporting local services to improve the quality of health and healthcare in all its forms, balancing fairness and equity within their existing resources.

Clinical Governance

Section 51 of the Health Act 1999 lays a statutory duty of quality on NHS Boards. This meant that NHS Boards had to place the provision of quality services at the forefront of their statutory duties in the same way they must adhere to statutory financial duties. The QSBS will be charged with ensuring that this duty is complied with.

Question 4

What are your views on the aim for the Quality and Standards Board for Scotland?

VISION

- 4.6 The vision set out in *Our National Health* is one of a patient-focused NHS that continuously seeks to improve the quality of its patient care. Within this, the vision for the Quality and Standards Board for Scotland is:

to promote the highest quality of patient care in NHSScotland through the development of a national framework for improving the quality of clinical care that:

Is policy driven	The QSBS will be accountable to the SEHD for the delivery of an integrated clinical effectiveness and quality improvement work programme that reflects NHSScotland priorities.
Builds on the experience of, and utilises the existing clinical effectiveness organisations	The QSBS will incorporate the functions of the organisations listed in paragraph 4.3. These functions and the staff that deliver them would be organised to deliver one integrated, prioritised patient-focused work programme. The work of Scotland's independent clinical effectiveness organisations would be linked to the QSBS's work programme by the direct commissioning of agreed projects, eg SIGN guidelines.
Is relevant to clinicians in everyday practice	A real measure of the effectiveness of the QSBS will be that front-line NHS staff across Scotland recognise its output as a central element in improving the quality of their individual practice. An early task for the QSBS should be to lead work with ISD and others so that the data it needs to support its work is, wherever possible, collected as a by-product of everyday clinical practice.
Results in continuous improvements in the quality of practice	The quality of care in NHSScotland is built on a foundation of excellence developed within the health professions over many years. The QSBS will continue to foster that inheritance, alongside the additional benefits of the multi-disciplinary, multi-agency approach, to ensure that patients across Scotland benefit from improvements in the quality of clinical practice.
Minimises risk and maximises benefit to patients	A key task for the QSBS will be to develop and agree a national strategy that ensures that risk management is taken into account within clinical effectiveness and quality improvement work.

Question 5

What are your views on the vision for the Quality and Standards Board for Scotland?

VALUES

4.7 The central value for the Quality and Standards Board for Scotland will be that:

its activities should contribute to the development of a patient-focused NHS that continuously seeks to improve the quality of its patient care.

4.8 The work of the QSBS should be characterised by:

Credibility	QSBS will take on and exercise responsibility for establishing and implementing a national strategy for improving the quality of patient care in a way which will give its policies and actions credibility in the eyes of its stakeholders, who include patients, their carers and the public.
Authority	QSBS will speak with authority based on its expertise and its use of evidence to inform its decisions and actions.
Efficiency and Effectiveness	QSBS will put the resources available to it, including the abilities and potential of its staff, to the most effective and efficient use towards achievement of its overall aim. Its recommendations will balance the need to continuously improve the quality of care with fairness, equity and cost effectiveness.
Transparency, openness and involvement	Patients, carers and the public should be involved at all levels and stages of the Board's work. Wherever possible, the QSBS will make available and explain to interested parties the reasons for its policies and decisions.
Sensitivity and accountability to stakeholders	QSBS must ensure that it is aware of the individual needs of its stakeholders and be sensitive to them in the way that it conducts its business. It will be accountable to its stakeholders for its actions and will establish mechanisms to allow that to happen.
Flexibility and adaptability	QSBS will create the flexibility to adapt to the varying needs of its stakeholders while meeting its business objectives.

4.9 As an employer the QSBS will promote:

Equality and diversity	In the recruitment and management of its staff the QSBS will aim to ensure that it avoids discrimination, promotes equality and diversity and follows family-friendly policies in accordance with SEHD guidance.
Team working	QSBS will seek to maximise the potential of team working and, in particular, will use it to help drive its multi-agency, multi-disciplinary agenda.
Investment in staff	QSBS should be an example of good practice in investing money, time and energy in valuing and developing its staff in a fair and equitable way.

4.10 QSBS's work with partner organisations must demonstrate:

Partnership and responsiveness	The QSBS will work in genuine partnership with others to identify and pursue shared aims and it will be responsive to the needs, concerns and priorities of its partners.
Managed delegation	QSBS will operate on the basis that responsibility and authority for actions in partner organisations should be delegated to the levels at which they can be most effectively performed.
Objectivity	QSBS decisions will be based on evidence and will be fair and impartial.
Professionalism	QSBS will pursue high standards of professionalism in its dealings with its partners, as an organisation and as NHSScotland's specialists in improving the quality of patient care.
Cross-sector working	QSBS will encourage and facilitate working between disciplines in the health and social care sectors through its dealings with partner organisations and the approaches to improving the quality of patient care it promotes.
Evaluative and continuous improvement	As a learning organisation in a constantly changing clinical world, the QSBS will evaluate and learn from the outcomes of its actions as part of a cycle of continuous improvement.

Question 6

What are your views on the values and approach suggested here?

FUNCTIONS

4.11 The QSBS will, within available resources, undertake the following functions:

Assessing need	Secure needs assessments reports to inform the development of its work programme.
Strategy development	Develop and implement a strategy for improving clinical effectiveness and the quality of clinical care and support the development of clinical governance in NHSScotland.
Prioritised work programme	Develop prioritised programmes of work which improve the quality of patient care.
Quality Assurance	Supporting the NHS quality assurance cycle (see diagram page 15).
Managing a programme of monitoring visits	Select, train and support lay and professional assessors. Develop, manage and co-ordinate a programme of visits/inspections to monitor Trusts' compliance with standards and any remedial action plans.
Investigating serious service failure	Undertake investigations into serious service failure in the NHS if requested to do so by the Minister for Health and Community Care.
Clinical governance	Ensure that NHS Boards comply with the statutory duty of quality set out in section 51 of the Health Act 1999; by monitoring, reviewing and following up any appropriate escalation procedures agreed with SEHD and Ministers.
Accreditation	Develop and, where appropriate, undertake accreditation of services, for example of GP and dental practices.
Support management of professional performance	Provide national quality assurance support to systems designed to manage poor professional performance in NHSScotland, as appropriate.
Health technology assessment	Secure economic evaluation/value for money assessments and recommendations, including appraisals for disinvestment, to meet NHSScotland's needs.
Best practice	Identify best clinical practice and the production and dissemination of good practice statements, which should be based on a blend of evidence, consensus and examples of existing good practice.

Standards development	Develop and agree clinical and non-clinical standards, including risk standards for CNORIS.
Guideline development	Secure clinical guidelines to meet NHSScotland's needs.
Audit Development	Commission the development of new national audits to meet NHSScotland's needs.
Clinical audit	Manage and quality assure a rolling programme of mature national audits which support quality improvement and the PAF. Ensure work required for national (UK/Scotland) Confidential Inquiries is undertaken.
Clinical indicators	Develop and monitor clinical indicators linked to PAF where appropriate, with prompt feedback of data and trends to NHSScotland.
Patient safety	Manage a service agreement with the NPSA, inform NHSScotland of its recommendations and monitor their implementation across Scotland.
Clinical information	Agree key clinical data sets for collection and develop common data definitions with ISD, the IM&T Strategy Board and others.
Communications	Develop a communications strategy to ensure NHSScotland, the public, patients and carers are informed and that the publication of national overview reports and feedback to NHS Boards is available to the public.
Implementation	In conjunction with the Centre for Change and Innovation, support the local implementation of clinical effectiveness and quality improvement work and ensure that lessons from this inform the development of its future work programme.
Support performance assessment	Provide data held by the QSBS to support the needs of the PAF.

Question 7

Do you agree with the functions proposed for the QSBS?

5. STRUCTURE AND OPERATION OF THE QUALITY AND STANDARDS BOARD FOR SCOTLAND

Governance principles

- 5.1 The Board of the Quality and Standards Board for Scotland will be selected through the public appointments procedure. The day to day management of the organisation will be the responsibility of a Chief Executive and his or her management team. Board members will share collective responsibility to ensure that the organisation carries out its functions and acts in accordance with the requirements of the law and sound governance. Board members, because of their collective responsibilities, will not be mandated representatives of particular constituencies, although it is entirely appropriate for the membership of the Board to reflect the interests that are served by the body.
- 5.2 It is essential that the Board is able to draw on skills and expertise for advice across the range of its functions. This may involve staff of the QSBS, committees established by the Board, or others. The way in which this advice is provided will undoubtedly include attendance at Board meetings as necessary, although those involved will neither have voting rights nor share the collective responsibility for any of the Board's decisions
- 5.3 These principles are in line with the conclusions of the Public Bodies Review, with the general governance principles for NHSScotland confirmed in *Our National Health and Rebuilding our National Health Service*. The membership of the Board will be conditioned by these principles and by its functions.

Chair and Members of the Board of the Quality and Standards Board for Scotland

- 5.4 The Chair will have a specific leadership role in addition to his or her responsibilities as a member of the Board. The appointment of the Chair will be the subject of open advertisement, following the guidelines for all public appointments. Details including the criteria for selection will be available from the NHS Public Appointments Branch, Room GW.15, St. Andrew's House, Edinburgh EH1 3DG and on the Public Appointments website at <http://www.show.scot.nhs.uk/nhspublicappointments>. The final appointment will be made by the Minister for Health and Community Care. The Chair will then lead the transition from the existing organisations to the establishment of the Quality and Standards Board for Scotland.
- 5.5 The appointment of Board non-executive members follows the same procedure, except that the newly appointed Chair will be involved in the selection of the members. In accordance with the governance principles, the advertisement will not seek members as representatives of particular groups. Decisions on the composition of the Board are for the Minister for Health and Community Care but will be reflective of the public, professional and service interests, the clinical effectiveness community and will include particular relevant skills.

Selection Criteria

- 5.6 Membership of the Board will carry with it collective responsibility for the discharge of

the functions of the Board. All Board members will be expected to bring an impartial judgement to bear on issues of strategy, performance management, appointments and accountability. They will bring their own skills, attitudes and experience relevant to the aim, vision and values of the QSBS. Members will be selected for these qualities and also with a view to reflecting the Board's work with its key stakeholders.

Designated members

- 5.7 The Board will include some senior staff of the organisation as executive members in addition to the non-executive members. It is also open to the Minister for Health and Community Care to include members by virtue of their holding positions in other capacities, such as Chair of a particular committee of the organisation, for example its Patient/Public Partnership Forum. If such members are appointed, they will take on the duties of collective responsibility, and should bring impartial judgement to their role. However, membership of the Board should not be necessary in order to ensure an effective voice as it is a key function of the Board to ensure effective mechanisms for communications.

Functions of the Board

- 5.8 The Board will have a key function of providing leadership and accountability for the whole of the QSBS. It will have collective responsibility for the performance of the organisation as a whole.

Setting the strategic direction

In establishing the strategic direction aim and vision for the QSBS, the Board will be guided by the key principles set out in *Our National Health*.

Ensuring effective communication with key stakeholders

The Board will ensure that there are effective mechanisms for the two-way exchange of views, advice and information between the Board and those affected by its decisions and actions. Particular emphasis will be placed on establishing effective communication with, and the involvement of, the public, patients and carers.

Ensuring partnership across the organisation

The component parts of the QSBS will serve the needs of clinical staff and patients across Scotland within a context of mutually beneficial partnership working. The Board will ensure that the strategic objectives of those parts are linked and it will have a key role in forging an ethos and framework for effective partnership.

A proactive approach to the adoption of the quality improvement agenda by all staff groups in NHSScotland

All staff groups in NHS Scotland can contribute to improving the quality of patient care, and the Board working together with, for example the Centre for Change and Innovation, will seek to identify and develop national arrangements within which their needs can be addressed.

Ensure partnership working with NHSScotland, the wider clinical effectiveness sector and other key stakeholders, including social care providers, patients, carers and the public	A range of organisations have responsibilities and interests in improving the quality of patient care, whether as standard setters, providers, users or in other connections. The Board will work to communicate effectively across these interfaces.
Influencing the quality agenda in Scotland	The Board will advocate the need for improving the quality of patient care within and beyond NHSScotland to ensure that clinical effectiveness and clinical governance are given their due place in promoting the highest standards of patient care in Scotland.
Clinical Governance	The Board will work to ensure that the best advice and support is available to NHS Boards in NHSScotland to help them meet their clinical governance responsibilities.
Responding to change	Best clinical effectiveness practice is consistently developing in response to new evidence, experience and understanding. The Board will establish, and keep under review, policies to reflect best practice, take account of gaps, new and anticipated developments and the SEHD policies and priorities.
Performance management	The Board will be responsible for ensuring that all delegated functions within the organisation and the resources available to it are managed to the highest standards.
Adding value through a unified approach	The Board will prompt a shared or common approach to activities for which this is beneficial, such as multi-disciplinary and multi-agency working.

Question 8

What are your views on these functions as a description of the approach that the Board of the Quality and Standards Board for Scotland should take?

Management Structures

5.9 It is anticipated that the general structure for the new organisation should comprise a central core, supporting the Board and driving co-ordination, with a series of operational arms or directorates carrying out the functional work. It would be for the new Board to decide the detailed structures and an implementation programme

ensuring that the quality of support provided by existing clinical effectiveness organisations to the NHS is maintained.

- 5.10 The operational directorates of the QSBS will need to be fit for purpose both for continuing to deliver the current functions of CSBS, HTBS and SHAS and for the future expansion of the Board's remit to cover its wide ranging functions.

Committees

- 5.11 The new Board must have a Clinical Governance Committee, an Audit Committee, a Staff Governance Committee, an Ethics Committee and a Discipline Committee. We would also expect it to have a Patient and Public Forum. Other committees and reference groups will be established at the discretion of the Board.

Communication with stakeholders

- 5.12 To fulfil its requirement under the partnership agenda and in line with its proposed functions, the QSBS should ensure that stakeholders, including the public, patients and carers have an appropriate voice in its deliberations and decision-making processes.
- 5.13 The Board of the QSBS will be expected to devise robust advisory structures to make sure that its decisions are well informed and credible. It will also need to develop and maintain effective links with local clinical governance structures.

Links with SEHD and other Agencies

- 5.14 The new Board will, through its links with its sponsor in the Health Planning and Quality Division of SEHD, support the development of policy on clinical effectiveness, quality improvement, clinical governance and patient and public involvement. The Board will also link to SEHD, NHSScotland and the public through the membership of the Quality Strategy Group (see section 3.13).
- 5.15 The Board will need to develop close links with the proposed Centre for Change and Innovation and with other quality and monitoring agencies such as Audit Scotland and the Care Standards Commission. It will need to maintain links with key English organisations such as the National Institute for Clinical Excellence, the Commission for Health Improvement, the Modernisation Agency.

Accountability

- 5.16 QSBS will account to SEHD through the accountability review process for the delivery of its agreed work programme. The independence of the QSBS and its reports will not be affected by these accountability arrangements.
- 5.17 During an initial "bedding down" period the QSBS's financial allocation will be based on the budgets of the current organisations to ensure that existing commitments can be met.
- 5.18 The Board of QSBS will be accountable to Ministers for the performance of the organisation, on the basis of a performance accountability framework that is

appropriate to the organisation and reflects the principles in *Rebuilding our National Health Service*. The Chief Executive of the Board will have a personal responsibility to Parliament as the Accountable Officer for financial matters.

6. TRANSITION AND INITIAL MILESTONES

- 6.1 Staff and their representatives will be involved at all stages of the planning process for establishing the new Board and will be kept informed of developments and decisions in the spirit of partnership working. The Organisational Change Policy Statement in HDL (2001) 38 and previous MELs will apply. This means NHSScotland is:
- committed to the key principles of openness, fairness and equity in handling organisational change;
 - working together to avoid compulsory redundancy; and
 - a no detriment policy for staff to their overall terms and conditions of service.
- 6.2 This also places a responsibility on staff to accept suitable alternative posts on appropriate terms and conditions of service and any agreed changes to duties and responsibilities and/or location.
- 6.3 By 1 October 2002 the following will have been achieved (subject to satisfactory consultation and ministerial approval):
- appointment of Chair (June 2002)
 - appointment of non-executive members (July 2002)
 - appointment of the Chief Executive (August 2002)
 - establishment of new Board in shadow form.
- 6.4 In the months following its establishment the new Board will be expected to:
- define its strategic vision and management structure.
 - establish an effective dialogue with other parts of NHSScotland and other stakeholders.
 - identify its key priorities and mode of delivery for the first 5 years in a strategic action plan to be submitted to SEHD by April 2003.
- 6.5 In October 2003 we would envisage the organisation undertaking a joint review with SEHD of its role and functions.

Scottish Organisations and Groups affected by or referred to in the consultation.

- **Clinical Negligence and Other Risks Indemnity Scheme (CNORIS)** covers actuarial services, claims management and the establishment and monitoring of a system of standards for risk management. <http://www.cnoris.com/>
- **Clinical Resource and Audit Group (CRAG)** <http://www.show.scot.nhs.uk/crag/>
Provides advice to the Scottish Executive Health Department on the development of policies on clinical effectiveness issues, acts as a national forum to facilitate the clinical effectiveness agenda, supports a programme of clinical effectiveness activities and sponsors SIGN (see below). CRAG's aim is to bring clinical effectiveness into practice. CRAG subcommittees are:
 - **Clinical Effectiveness Programmes Subgroup (CEPS)** which manages a major portfolio of programmes and projects in clinical effectiveness,
 - **CRAG Implementation Subgroup (CIS)** which supports implementation of clinical effectiveness initiatives in the NHSScotland, and
 - **Clinical Outcomes Working Group (CR-OC)** which publishes Clinical Indicators.
- **Clinical Standards Board for Scotland (CSBS)** – develops and runs a national system of quality assurance and accreditation of clinical services with the aim of promoting public confidence in NHSScotland. <http://www.clinicalstandards.org/>
- **Health Technology Board for Scotland (HTBS)** – provides evidence-based advice to the NHSScotland on the value for money of innovations in healthcare, including new drugs and treatments. Its aim is to provide better health for Scottish patients through better value services. <http://www.htbs.co.uk/>
- **National Audit Programme Expert Group (NAPEG)** is supported by ISD to oversee mature national audits for NHSScotland.
- **Nursing and Midwifery Practice Development Unit (NMPDU)** supports professional development for nurses and midwives on a national basis and is integrated with the CSBS. <http://www.nmpdu.org/>

- **Scottish Health Advisory Service (SHAS)** helps improve the quality of health service care and the quality of life for :
 - people with a mental illness;
 - people with a learning disability or physical disability; and
 - frail older people
 by reviewing and reporting on services <http://www.show.scot.nhs.uk/shas/>

- **Scottish Intercollegiate Guidelines Network (SIGN)** – develops and disseminates evidence-based national clinical guidelines for NHSScotland with the objective of improving the quality of healthcare for patients in Scotland by reducing variation in practice and outcome. <http://www.sign.ac.uk/>

- **Chief Scientist Office (CSO)** – supports and promotes high quality research aimed at improving the services offered by NHSScotland, and the health of the people of Scotland. <http://www.show.scot.nhs.uk/cso/>

- **Information and Statistics Division (ISD)** – collects, validates, interprets and disseminates national clinical information as an essential service to NHSScotland and the Scottish Executive Health Department. <http://www.show.scot.nhs.uk/isd/>

- **Public Health Institute of Scotland (PHIS)** works with the public health community to develop the public health information base and public health skills. <http://www.show.scot.nhs.uk/phis/>
 - **Scottish Needs Assessment Programme (SNAP)** – provides expert and evidence-based recommendations, based on assessment of need, to inform the planning of health interventions, including health services. (SNAP is now part of the mainstream PHIS work programme)

- **Scottish Medicines Consortium (SMC)** – Consortium with responsibility for making recommendations to all NHS Boards and their Area Drug and Therapeutics Committees about the status of any newly licensed medicines.