

DRIVING IMPROVEMENT IN HEALTH AND SOCIAL CARE



# Healthcare Improvement Scotland

# **Professional Regulation: Innovating for the future**

## **31 October 2016**

**Karen Beattie, Senior Inspector, Independent  
Healthcare**

**Anne Hanley, Operations Manager, Quality Assurance  
Directorate**

# WHO WE ARE

- Set up by an Act of Scottish Parliament on 1 April 2011
- National healthcare improvement organisation for Scotland and part of NHSScotland
- Unique in the United Kingdom we fulfil both an improvement and scrutiny role with regard to health services



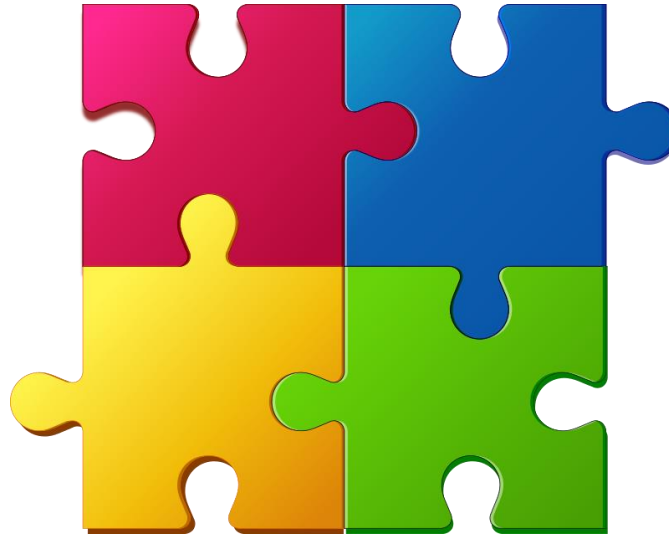
# WHAT WE DO

- We work with health boards, health and social care partnerships, third sector organisations, the public, and other public and private sector organisations involved in health and social care to drive improvements in the care that people receive
- We work with stakeholders across Scotland and internationally to collaborate, learn and co-ordinate work to achieve better outcomes for people in Scotland
- Provide a single gateway to a range of strong, timely and effective mechanisms to support higher quality care

# ONE ORGANISATION - MANY PARTS



Scottish Medicines Consortium



regulation of independent healthcare

- Living well in communities egs:
  - Anticipatory care, Care Planning, Frailty & falls
  - (NHS boards and health and social care partnerships)
- Focus on Dementia
  - Improving timely diagnosis and the quality of post diagnostic support
  - (Acute, primary care, third sector, care homes, housing)
- Primary Care Out of Hours Services
- (NHS Boards and health and social care partnerships)
- Improvement to underpinning systems and organisations
  - Independent care sector support
  - QI for board members
  - QI capacity and capability development: Funding 56 places on Scottish Leadership Programme provided by NHS Education
  - (IJBs and NHS boards)



## Scottish Patient Safety Programme examples:

- Medicines:
  - high risk medicines & medication reconciliation across different healthcare and community settings
- Mental Health
  - inpatient acute admissions, rehabilitation, intensive psychiatric care units and forensic units
- Pressure Ulcers in Care Homes
  - Reducing pressure ulcers in older adults in care homes within Scotland

## Tailored & Responsive Improvement Support (TRIST)

- Support for NHS boards and health and social care partnerships to address local priorities

# REGULATION AND INSPECTION

<https://www.youtube.com/watch?v=GgtdqMXNbC4>



# INDEPENDENT HEALTHCARE

- We regulate services, not individuals.
- We currently regulate the following **services**:
  - Independent hospitals (includes voluntary hospices)
  - Independent psychiatric hospitals
- From 1 April 2016, we also now have the powers to regulate the following **services**:
  - Independent clinics



# WHAT IS AN INDEPENDENT CLINIC?

“independent clinic” means, subject to some exemptions, a clinic which is not comprised in a hospital and in or from which services are provided by a

- medical practitioner
- dental practitioner
- registered nurse
- registered midwife
- dental care professional.



# WHAT DOES REGULATION MEAN?

## **Registration**

Services must register with us.

## **Inspection**

We will inspect services at regular intervals as defined in our inspection methodology.

## **Complaints**

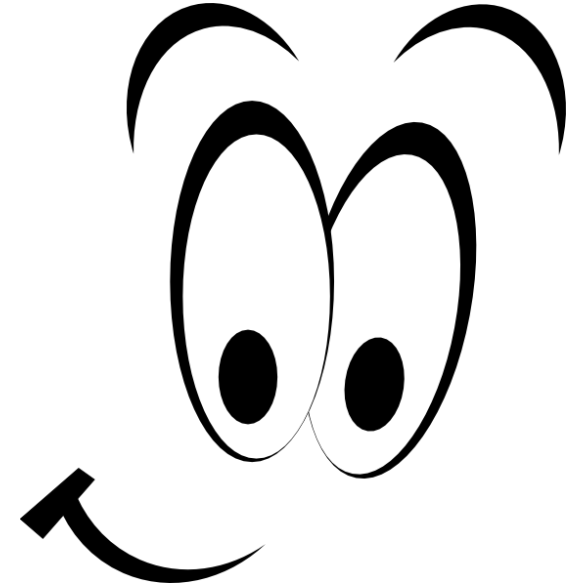
Members of the public can complain to us about services registered with us.

## **Enforcement**

We can take enforcement action if services do not comply with the National Care Standards or legislation.

# INSPECTION FOOTPRINT

- Benchmark services against national standards, evidence based guidance best practice
- Visit all areas within premises (eg wards, departments, theatres, clinics)
- Speak with staff, patients, relatives
- Review documentation eg policies/procedures, SOPs, care plans, records
- Observe practise and interactions with patients/people using services
- Triangulate the information gathered to inform the public report



# OUR POWERS

- Use Regulatory and quality assurance frameworks
  - recommendations, requirements, impose conditions, improvement notice – ultimate sanction cancellation of service.
  - Close wards to new admissions (older people in acute hospitals inspections)
  - referral to procurator fiscal if service is operating without registration.





# WORKSHOP DISCUSSION GROUPS

We use a Quality Assessment Framework and quality statements to direct our inspections.

In relation to staffing **consider how could compliance with these statements be demonstrated to our inspection teams?**

**We are confident that our staff have been recruited, and inducted, in a safe and robust manner to protect service users and staff**

**We have a professional, trained and motivated workforce which operates to National Health & Social Care Standards, legislation and best practice**