Academy of Medical Royal Colleges and Faculties in Scotland

SCOTTISH INSTITUTE OF HEALTH MANAGEMENT

Prevention through Learning
Workshop for NHS Board Non-Executive Directors, 31 October 2016
Royal College of Physicians of Edinburgh, 9 Queen Street, Edinburgh.

With support from   Good Governance Institute

'Healthcare is complex, it is important that we ask the right questions in order to get the right answers.'

Prof Derek Bell, Chair, Academy of Medical Royal Colleges and Faculties in Scotland ('Scottish Academy')

Context / Rationale

The report 'Learning from Serious Failing in Care' by the Scottish Academy stimulated this work. The Academy of Medical Royal Colleges and Faculties in Scotland ('Scottish Academy') and the Scottish Institute of Health Management, as such, considered it a priority to host a series of collaborative events aimed at supporting the NHS in Scotland to explore how they could support the delivery of high quality care. The Scottish Academy partnered with the Scottish Institute of Health Management and convened two events with the support of the Good Governance Institute (GGI) – the first in a series of workshops for NHS Board Non-Executive Directors (31 October 2016) and a related national stakeholder meeting (11 November 2016).

The 'Learning from Serious Failings in Care' report reviewed the reports on Mid Staffordshire, Lanarkshire, Vale of Leven and Aberdeen and produced recommendations about how the NHS could learn from these failings and importantly prevent recurrence[1]. The review highlighted that poor team working and engagement between managers and clinicians had been recurring themes within all reports and directly contributed to the failings. The Scottish Academy first convened a high-level evening meeting in October 2015 of invited stakeholders including NHS Board Chairs, Chief Executives, Medical Directors, representatives of the Royal Colleges and other related medical and nursing organisations including NHS Healthcare Improvement Scotland and RCN Scotland. The report and evening meeting, conducted under Chatham House rules, provided a catalyst for change and for progressing our aim of delivering the highest possible quality of care. Reflecting the need for managers and clinicians to work more effectively together, and our desire to lead by example. Based on this meeting two events were planned in 2016 in partnership with the Scottish Institute for Health Management to progress the report and develop a programme of work under the heading of 'Prevention through Learning'.

The following document outlines the key themes and debate issues that were considered during the first workshop hosted and chaired by Professor Derek Bell and Professor Alan Paterson (Scottish Academy) with support from Prof Michael Deighan, co-author of the NHS Integrated Governance Handbook. These issues underpin the direction of the national stakeholder event meeting on the 11th November 2016.

Aims

- to explore opportunities for enabling radical changes in healthcare culture and systems to deliver greater

---

[1] Learning from Serious Failings in Care: Main Report, Academy of Medical Royal Colleges and Faculties in Scotland, May 2015
http://www.scottishacademy.org.uk/documents/final-learning-from-serious-failings-in-care-main-report-290615.pdf

openness, innovation and a reduction in serious failings in care;

- to consider the role and responsibilities of Non-Executive Board Members in helping to prevent failings through shared learning and by developing robust and systematic use of data to improve the delivery of quality healthcare.

Format

The workshop took the form of short, high-level, presentations and small group discussion (facilitated by an external facilitator (Fiona Reed Associates)). The programme for this event is reproduced in Appendix 1. Discussions also took place in the context of related national polices and strategies including the Scottish Government's Quality Strategy, 2020 Workforce Vision and Realistic Medicine [2,3,4].

Participants

The event was attended by around 30 people (invited Non-Executive Directors of NHS Boards (regional and special) and related participants from around Scotland).

Summary of main themes and recommendations

Joint working

There was strong consensus, supported by research and literature, that silo thinking is a common and contuining problem across different groupings within UK hospitals including managers, clinicians and other healthcare staff. This often results in poor engagement and team working. Agreement and a common understanding needs to be reached on how to improve this. The development of joint learning, training and CPD opportunities were considered the most effective means of reducing silo thinking, improving engagement and team working and of delivering longer-term transformational change.

Key debating point

- Silo thinking is often a problem between groups and a common understanding of the way of working should be developed - engaging clinicians and managers

The role of the Non-Executive Director

Consideration was given to the current support provided to Non-Executive Directors including local induction, Board training, the Audit Scotland checklist and a recent NHS Healthcare Improvement Scotland national event. Attendees believed that the role of the Non-Executive Director should be re-examined to enable Non-Executives to contribute to transformational change and quality improvement, and that the role should be established more effectively on NHS Boards; particular attention should be given to strengthening induction, developing Non-Executives, creating more 'head space' to reflect on the issues which they face and to succession planning for future Non-Executives. The current Audit Scotland checklist, guiding how Non-Executives should conduct their duties, was viewed by participants as having a much stronger focus on financial reporting than that of encouraging Non-Executives to engage with patient care, quality and patient safety within their Boards[5]. It was believed that this balance should be adjusted to reflect the wider role of Non-Eexcutives and the opportunities presented within their roles for driving quality improvement and improving engagement and team working.

---

[2] NHS Scotland Quality Strategy – putting people at the heart of our NHS, Scottish Government, May 2010
http://www.gov.scot/Resource/Doc/311667/0098354.pdf
[3] Everyone Matters: 2020 Workforce Vision, Scottish Government 2013 http://www.gov.scot/resource/0042/00424225.pdf
[4] Realistic Medicine. Chief Medical Officer's Annual Report 2014-15, Scottish Government http://www.gov.scot/Resource/0049/00492520.pdf

[5] NHS in Scotland 2016. Checklist for NHS Non-Executive Directors, Audit Scotland, October 2016 http://www.audit-scotland.gov.uk/uploads/docs/report/2016/nr_161027_nhs_overview_supp1.pdf

Key debating point

- The role of the Non-Executive Director needs further development. There is often not a clear succession plan or appropriate induction for Non-Executive Directors on Health Boards resulting in a lack of clarity of the role and relationships with Executives

Governance

It was recognised that appropriate governance is about the corporate and collective responsibility of the Board and wider organisation. Collective responsibility can be difficult, depending upon political appointments and stakeholder groups on a Board. There is also a need to reconcile the shorter-term perspective of NHS Scotland in some matters, influenced by the political and financial landscape, with the longer-term approach sought by Boards in their strategic planning.

Key debating point

- Appropriate governance should be included in the debate surrounding corporate and collective responsibility of the Board and wider organisations

eHealth

It was believed that there is a need to recognise the strategic significance of eHealth in quality improvement and patient safety; in particular a systematic approach to the application of eHealth throughout Scotland is required to enable more effective information sharing across the NHS in Scotland.

Data use

It was felt that the presentation of data by Boards is often defensive rather than constructive. More appropriate use of existing data is required; the principles applied to reducing waste in the NHS should also be applied to data production to reduce data variation, to streamline data and to improve how data is used by Boards. The production of relevant real-time data should allow data to be used to drive improvement by supporting strong decision-making and leadership. Gaps in data should also be identified and addressed to support decision-making. Non-Executive Directors should be supported in learning how to interpret data more effectively in order to provide appropriate challenge.

Key debating point

- There needs to be further consideration of the enhancement of the appropriate use of data that is already available in order that the data is useful

Other major considerations

It was discussed that there was not sufficient sharing of clinical practice in NHS Scotland and it was suggested that a key set of national indictors for benchmarking clinical practice would be useful.

The group reflected on the Audit Scotland report and felt that the report focused heavily on the financial approach of healthcare as opposed to quality, clinical and patient safety.

Future support needs

Looking ahead, it was believed that there is a need to accelerate the systematic approach to Board and Non-Executive Directors' development throughout Scotland, with national guidance underpinned by local training. In addition to the need for specific, independent, support in future on interpreting data (noted earlier), the Non-Executive Directors greatly welcomed the opportunity presented by the workshop to discuss the related issues on a small group basis in an independent setting; further such support and opportunities would be welcomed. Sharing of

local examples of good practice in learning from failings, and in improving and acting upon real-time data, would also be helpful.

Further workshops are planned for Non-Executive Directors and suggestions for the shape of future events are welcomed (e-mail g.mcalister@rcpe.ac.uk).

Report drafted by

Hannah Campbell, Senior Programme Delivery Officer, The Good Governance Institute

Graeme McAlister, Head of Membership Services, Royal College of Physicians of Edinburgh

Appendix 1. Workshop programme and speakers

Academy of Medical Royal Colleges and Faculties in Scotland

Prevention through Learning
The first in a series of workshops on quality improvement and governance for NHS Board Non-Executive Directors

31st October 2016.
Venue: Royal College of Physicians, 9 Queen Street, Edinburgh.

09.30 Registration and coffee

10.00 Welcome and Aims: Overview of the programme. Prof Derek Bell, Chair, Scottish Academy.

10.10 Prevention through Learning – core findings from the "Learning from Serious Failings in Care" report, nursing and managerial perspectives. Prof Alan Paterson, Chair, Scottish Academy Working Group; Ellen Hudson, RCN Scotland; and Martin Hill, Secretary, Scottish Institute of Health Management.

10.40 The Role of NHS Board Non–Executive Directors: re-defining roles to become advocates for change and quality champions. Prof Michael Deighan, Heritage Chair, Good Governance Institute and co-author of the NHS Integrated Governance Handbook (and Dr Andrew Corbett-Nolan, Chief Executive, Good Governance Institute); and Brian Houston, Chair, NHS Lothian.

11.10 Refreshment break

11.30 Group work 1: culture, engagement and team working. Breakout sessions based on how Non-Executive Directors can contribute to the improvement of organisational culture, engagement between professions and quality of care.

12.30 Feedback from Group work

12.45 Lunch & Networking

13.40 The Effectiveness of Systems in Improving Quality: an exploration of the systems and data required to drive high quality care and experience. Prof Elaine Mead, Chief Executive, NHS Highland

14.00   Panel discussion: "*the NHS is data rich, but information poor; there is a need for "live" data presented in the correct way to facilitate informed and prioritised decisions focused on both clinical quality and financial challenges*" (Chair, Prof Michael Deighan; panellists: Prof Derek Bell, Ellen Hudson, Brian Houston and Prof Elaine Mead)

14.30 Group work 2: data, information and quality. Exploration by Non-Executives of effective reporting, how best to utilise data and how to think and act differently in the pursuit of quality care outcomes.

15.30 Feedback from Group work.

15.45 Summing up and future action. Prof Derek Bell, Chair, Scottish Academy

16.00 Close

Speaker profiles

Professor Derek Bell
Professor Derek Bell is Chair of the Academy of Medical Royal Colleges in Scotland ('Scottish Academy') and President of the Royal College of Physicians of Edinburgh. He is also Chair of Acute Medicine at Imperial College, London and has extensive experience of working within the NHS in Scotland and England.

Dr Andrew Corbett-Nolan
Chief Executive, Good Governance Institute; has led the development of new governance arrangements for Clinical Research Networks, was the first Director for Health Services Accreditation, Development Director at the King's Fund, Chief Executive of the Health and Social Care Quality Centre and has held a number of Non-Executive roles.

Professor Michael Deighan
Heritage Chair, Good Governance Institute. Ambassador for the British Liver Trust, Fellow of the WHO in the field of Governance/Quality and responsible for the authorship and implementation of 'Governance between Organisations' and the 'Intergrated Governance Handbook, commissioned by the Department of Health.

Mr Martin Hill
Retired NHS manager, living in Strathaven, Non- Executive Director on the board of NHS Lothian, Vice Chair of West Lothian IJB, Non- Executive Director on the Scottish Environment Protection Agency, Secretary and Companion Member of the Scottish Institute of Health Management and freelance management consultant.

Mr Brian Houston
Brian Houston is Chair of Lothian NHS Board. Previously European CEO of an international management consultancy, he has held various non-executive and chairing roles in the private and public sector. Current roles also include Non-Executive Board member of Hibernian Football Club and Chair, Board of Trustees of the Lothian Health Foundation.

Ms Ellen Hudson
Ellen Hudson is Associate Director Professional Practice for RCN Scotland. She leads the professional 'College' arm of the RCN in Scotland, a role which requires an overview of all education, policy, regulatory and professional practice issues which impact on nurses and nursing and involves extensive influencing and collaborating at a strategic level.

Professor Elaine Mead
Chief Executive, NHS Highland. Having previously been Director of Operations & Deputy Chief Executive of the West Dorset Hospital Trust, Elaine chaired the North of Scotland Planning Group for 6 mainland and island health boards, is a member of the Scottish Cancer Taskforce and Visiting Professor at the University of the Highlands and Islands

Professor Alan Paterson
Professor of Law, Strathclyde University 1984- present. Director of think tank on Quality Assurance and professions. He is the lay member on the Academy of Medical Royal Colleges and Faculties in Scotland, and chaired the Academy's Working Group on *Learning from Serious Failings in Care* (2015).

Further information

Scottish Academy: **www.scottishacademy.org.uk**

Scottish Institute of Health Management: **www.sihm.co.uk**

Good Governance Institute: **www.good-governance.org.uk**

T: 0131-247-3693
E: g.mcalister@rcpe.ac.uk