

HIS is part of NHSScotland, as a special health board, and has both a scrutiny and improvement function. This raises questions about how independent HIS can be. The RCN has repeatedly said in the past that role can present a conflict of interest. If HIS is granted the power to close wards, will this increase the

HIS using its power to direct a health board to close a ward should only ever be an ultimate sanction. Therefore what are the escalatory steps that would need to be carried out before this is used as a last resort? What will the appeals process be?

The statutory instrument states that the power will only be enacted when HIS *there is a serious risk to the life, health or wellbeing of persons* . How is this serious risk to be defined? Again, this criteria will need to be clear, transparent and consistently applied.

HIS is in the process of developing its new comprehensive approach to reviewing the quality of care, which the RCN responded to in September 2015². How will this new

The original recommendation from the Vale of Leven Hospital Inquiry Report required an urgent action plan to be devised in the event of a ward closure. If HIS is to close a ward, what other actions must happen and by whom, for example developing an action plan and mitigating any risks, to continue to deliver safe care?

Governance

For HIS to have to resort to closing a ward means that there must have been a serious failing in governance within the health board (or integration authority), for the health board not to have already closed the ward to new admissions itself. How will this failure in governance be addressed and all board members (or members of the integration authority, if appropriate) be held to account?

Closing a ward may be necessary because of a systemic failing in a service. It also may be the result of a health board trying to meet a Scottish Government-set HEAT standard that applies to one part of the service and has unintended consequences on another part of the service. For example, if resources are focused on service areas where HEAT standards apply, this may impact the resources available for other service areas. The RCN would not want to see a situation where individual staff members working on wards are penalised because of a systemic failing or from the unintended consequences of a health board to meet a HEAT standard.

Timing of changes

The way health and social care is planned and delivered is changing rapidly. This includes how care is scrutinised. view, the review of the National Care Standards and changes to scrutiny resulting from the integration of health and social care are all currently taking place.

Therefore is now the right time to also make changes to and the new National Care Standards

to be embedded, for inspection teams to have developed consistency and for staff to have become familiar with the new approach, before bringing in additional changes?

Importance of improvement

The proposed new power for HIS to close wards is just one tool in the effort to improve the quality of care. There needs to be a wider discussion that looks at the role of improvement support, as well as scrutiny.

We know what really makes the difference to quality and safety is frontline staff having time to care, having the right numbers of staff with the right skills and having access to continuous professional development. Staff need the ability, motivation and opportunity to drive quality improvement. Organisations must have the space and resources they need to set their own goals, motivate staff and skill them up to deliver better care for patients³. What will be the impact of tightened health board

them, and strengthen the quality improvement capacity and capability within health boards themselves.

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