CASE STUDY: HEALTHCARE IMPROVEMENT SCOTLAND

Introduction

Healthcare Improvement Scotland is the national organisation which drives improvements in the quality of healthcare people receive in Scotland. There are a number of distinct programmes within the organisation. Healthcare Improvement Scotland have been exploring the benefits of embedding human rights more explicitly in their work. To begin with, they decided to focus on two existing programmes of work. Healthcare Improvement Scotland is now considering how this approach can be used across the organisation to ensure human rights are at the heart of delivering their work.

The two programmes chosen were:

- **Our Voice** – a programme to build a stronger system for hearing the voice of service users and the public in health and social care services. Its purpose is to create a framework which will support people to give feedback about their experience of services. This feedback will be used by service providers to drive forward Scotland’s health and social care services.

- **Scottish Patient Safety Programme** – Mental Health (SPSP-MH) – this aims to systematically reduce harm experienced by people receiving care from mental health services in Scotland, by supporting frontline staff to test, gather real-time data and implement interventions reliably, before spreading across their NHS board area.

These areas were chosen as the programmes had already identified that respecting the rights and interests of particular groups was especially important to their work.

The Scottish Human Rights Commission agreed to provide advice and support for this process. The Commission delivered a training session for relevant staff to explore human rights in the work of the programmes and to consider tools for embedding them in practice. After the session, the leads of both programmes were tasked with considering how they applied each of the “PANEL” principles in their work (see below). This allowed them to see where they were already using the principles and to highlight any gaps and weaknesses. SHRC gave feedback and suggestions on these assessments, acting as a ‘critical friend’. Both programmes identified additional steps they could build into their work.

What they say

“As an organisation, we are very committed to working with people, whether that’s people using services, carers, communities, frontline staff. So on that basis we felt we were probably doing pretty OK in terms of human rights but we didn’t actually have a way of testing that consistently across the work we were doing and looking really critically at it in terms of whether we could be doing more.”

SANDRA MCDougall, HEAD OF POLICY, SCOTTISH HEALTH COUNCIL (A COMMITTEE OF HEALTHCARE IMPROVEMENT SCOTLAND)
Putting **PANEL** into practice

**Participation**
The Our Voice framework has been shaped by engagement with people and communities, and there will be ongoing engagement in its implementation.

The SPSP-MH connects with voluntary mental health organisations such as VoX, a mental health service user-led organisation, and carers’ organisations in designing and evaluating its work. Service users are involved in developing changes to be tested in wards, for example, in designing a tool to assess the environment of patient safety on the ward.

**Accountability**
Both programmes already had developed accountability mechanisms, to ensure they delivered on all their goals. Through this process they considered how to ensure accountability for delivering human rights was specifically considered, such as building in steps to monitor this and report on progress through existing mechanisms.

**Non-discrimination and Equality**
The programmes had given consideration to how groups identified under equality legislation were impacted by their work. By considering the human rights angle, both programmes identified gaps in the stakeholder engagement activity that had already taken place, such as people experiencing homelessness or refugees. They also looked to identify those most marginalised in their sector.

**Empowerment**
Both programmes have a focus on empowering people who use services by increasing their voice and representation in shaping the work. Using a human rights based approach, they considered additional actions to empower people, such as building human rights awareness into capacity building activities with people and communities (Our Voice).

**Legality**
The programmes were keen to explore this approach as they had identified the importance of human rights to their work. The process led them to find ways of more explicitly recognising the connections between particular areas and human rights (e.g. restraint procedures and the right to private and family life) and to use tools to make decisions based in human rights. The SPSP-MH is testing the use of the FAIR tool (Facts, Analysis of Rights, Identification of Responsibilities and Review) in discussions with staff about how people’s rights are impacted in particular mental health service scenarios.
“A human rights based approach puts the service user or the patient as well as the carer at the centre of everything we do. It refocuses the mind and keeps us away from being too bureaucratic and too number-crunching. It is very much about putting people first.”

STEVEN ROBERTSON, PROGRAMME MANAGER, SPSP-MH
Produced as part of Scotland’s National Action Plan for Human Rights by the Scottish Human Rights Commission, the Health and Social Care Alliance and NHS Health Scotland.

www.healthandsocialcare-snap.com