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NHS Orkney

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Report of findings ~ *May 2009*

# **Clinical Governance Diagnostic Review**

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# 1 Introduction and acknowledgements

NHS Quality Improvement Scotland (NHS QIS) undertook a routine review of NHS Orkney's performance against the clinical governance and risk management standards<sup>1</sup> in November 2006. A local report detailing the findings of the review team was published in February 2007<sup>2</sup>.

In March 2009, the Scottish Government requested that NHS QIS carry out a diagnostic review of the clinical governance arrangements in place across NHS Orkney, following a recent *Clostridium difficile* outbreak. This is consistent with our remit to provide advice and guidance on effective clinical practice.

The same review team that undertook the clinical governance and risk management peer review in 2006 revisited NHS Orkney to review current policies and procedures and to discuss clinical governance arrangements with staff. This visit took place on 27–28 April 2009, and this report details the findings of the clinical governance diagnostic review. Please see Appendix 2 for the review team membership.

NHS QIS gratefully acknowledges the work of the review team for their contribution to the visit and this report.

NHS QIS would like to thank NHS Orkney staff for their participation and the liaison co-ordinator for the visit preparations.

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<sup>1</sup> NHS Quality Improvement Scotland. Clinical Governance and Risk Management: national Standards. 2005. Available from: <http://www.nhshealthquality.org>

<sup>2</sup> NHS Quality Improvement Scotland. Clinical Governance and Risk Management: local report - NHS Orkney. 2007. Available from: <http://www.nhshealthquality.org>

## 2 Recommendations and NHS Orkney comments on the way ahead

### Recommendations

The review team fed back a summary of their findings to NHS Orkney at the end of the clinical governance diagnostic review. The following actions were recommended.

- **Use the impact of the healthcare associated infection (HAI) critical incident to change clinical governance approach and culture.**

The recent HAI incident was described by many staff as a ‘wake up call’ which instigated a review of the governance, and implementation of, infection prevention and control. This has driven positive change, and this approach to improvement should be applied to strengthen clinical governance systems across the organisation.

- **Use the opportunity provided through the Board development programme.**
- **Focus on key priorities/rationalising current set of programmes.**
- **Consistent approach for 12 months: action and accountability, extending into consistent long term framework.**
- **Maximise opportunities of operational management capacity.**

The Board needs to clearly identify, with urgency, the short-term imperatives to address, in addition to the long term strategic objectives. The executive team needs to provide leadership to address the key issues that will have the greatest impact on patient care, and to develop a systemic stability to support staff regardless of executive and management change. There needs to be a coherent set of programmes that are strategically and operationally linked to provide a firm framework for service delivery.

NHS Orkney Board should use the opportunity provided through the Board development programme to clearly define and develop Board members roles’ individual accountability and the Board’s strategic intent. This will also provide a forum for exploring the Board dynamics, and supporting and developing the non executive team.

Currently, there is a range of governance development activity that is owned by the executive team. More needs to be done to engage staff in addressing the key issues, particularly the 70 operational managers and clinical leaders across NHS Orkney who have the skill set to drive forward improvement. This work needs to be progressed within clear accountability and reporting structures.

Support must be given to the recently reformed area clinical forum to ensure that it provides effective engagement of clinicians in the development and delivery of the Board’s strategic objectives, the local delivery health plan, service design, redesign and service improvement.

- **Develop an approach to core information set/dashboard for the Board (early warnings, safety, management use and assurance).**

There needs to be a system of collecting core information for managing performance and identifying improvement. The same data and improvement methodologies should be routinely used to inform the coherent framework of clinical programmes identified by the Board. Data analysis should be undertaken in the context of strategic objectives, to inform risk management, operational management and Board assurance.

- **Develop further strategic partnership alliances.**

NHS Orkney described the current management support arrangements which have been put in place with NHS Grampian and other NHS boards. These need to be reviewed on an ongoing basis to ensure the support is directed to building capacity and not simply to 'act on behalf of' colleagues in NHS Orkney.

With agreement on the strategic priorities for implementation, it will be possible for NHS Orkney to request further targeted support from existing partners and special health boards. This will also allow local strategic partnerships with Orkney Islands Council to be strengthened.

### **NHS Orkney comments on the way ahead**

NHS Orkney has considered the report and provides the following comments on the way ahead.

**In particular, NHS Orkney will continue to focus on the development and roll-out of its governance arrangements across the organisation and in all areas of responsibility, ie clinical, financial, corporate, staff and mutuality. It will ensure the following key actions.**

- **Review of membership of operational teams to ensure ownership of the agenda.**
- **Review and refresh the role and remit of governance and assurance committees and groups.**
- **Application of revised corporate governance arrangements to clinical governance and risk management as a priority.**
- **NHS Orkney will further embed its governance arrangements in all its levels of service delivery, through its management structure as well as continuing to affect the cultural approach to governance.**
- **NHS Orkney will continue to develop its clinical governance key performance indicators and formal reporting through the patient safety group and the**

quality and improvement committee, ensuring critical analysis and assurance on its services. These key performance indicators will be developed by managers and clinicians in their respective areas and will provide a focus in terms of service and safety improvement.

- NHS Orkney will draw-up an action plan to reflect the recommendations in this document to ensure its evolving governance agenda prioritises the recommendations.
- In addition, the corporate management team will be reviewing individual responsibilities in June 2009 against the NHS Orkney priorities and will ensure the recommendations within this report are reflected in the revised responsibility matrix.

### **3 Progress since NHS QIS clinical governance and risk management peer review, 2006**

#### **Policy development**

There has been a programme of policy development over the past two and a half years, which has strengthened clinical governance arrangements within NHS Orkney. In 2006, the Board level risk management, clinical governance, and health and safety committees merged to form one overarching strategic committee: the NHS Orkney quality and improvement committee.

The clinical governance strategy (2005–2008), has been revised and renamed the clinical safety and quality strategy (2008–2010), and aims to formalise a system of clinical governance throughout the service. The policy outlines: the Board's clinical governance strategic objectives; the committee and operational reporting structure; a teaching programme; and a plan for implementation.

There is a quality and improvement action plan, which includes actions to be taken following the NHS QIS clinical governance and risk management peer review in 2006. Actions are categorised into risk management; clinical effectiveness and quality improvement; emergency and continuity planning; clinical governance and quality assurance; performance management; and information governance. The review team was provided with an update against the actions as of August 2008, and informed that since then, actions against the different areas of clinical governance have been progressed and detailed in separate reports, such as risk reports, and clinical safety and quality reports.

There is a risk management strategy (2007–10), which outlines the Board's risk management strategic direction and includes risk management goals, monitoring, committee structure and executive responsibility. The strategy is under review and the review team was provided with a document which outlines the approach to developing a risk management system in NHS Orkney during 2008–2009. This draft paper, dated October 2008, describes the reactive incident reporting system that is in place within NHS Orkney, and the intention to develop this into a proactive system of identifying and managing risks. There is an incident management policy, which was due for review in November 2007. This outlines the operational system for reporting and managing incidents.

A corporate risk register was first compiled in March 2007. The corporate risk register is managed by the corporate management team and submitted quarterly to the Board. The review team was provided with the most recent version which will be discussed by the Board at their meeting on 30 April 2009.

#### **Board governance development**

NHS Orkney is a pilot site for the NHSScotland Framework for Developing NHS Boards initiative, and the review team found that NHS Orkney has used this to further develop Board governance arrangements. It was recognised by the Board that this is the first Board appointment for many of its members, and there is limited inbuilt experience. The executive team has begun to consider how to support and develop their non

executive director colleagues, by providing assurance prompts, encouraging networking through established forums, and arranging visits to other NHS boards to learn from their non executive peers. The Board also reported the intention to streamline governance processes to enable non executives to fulfil the requirements of their role within the allocated 8 hours per week.

## **Corporate governance development**

The human resources (HR) director has led on progressing corporate governance arrangements, and was able to demonstrate improvement in the systems for staff governance and financial governance, particularly in relation to building committee controls and assurance frameworks. The output from this improvement work is now just beginning to be transferred to review and improve clinical governance arrangements.

A paper outlining the corporate strategy will be presented to the Board at their meeting on 30 April 2009. The corporate strategy will include a clinical strategy, service redesign programme, financial strategy, operational delivery plan, and a financial recovery plan. Staff reported that development of the corporate strategy will be completed by the end of June 2009.

A clinical strategy was approved by the Board in 2007; this is now being revised, building on the Creating Sustainable Services project which the review team was informed of during the 2006 peer review. The developing clinical strategy is also based on the Shaping Up initiative, and takes account of the feedback received over the past 2 years. The strategy aims to support, direct and inform the implementation plans for future service delivery models. Consultation workshops have begun with a Board workshop held on 12 March 2009; a senior staff workshop is currently being arranged to engage professional advisory committees, managers, and clinicians in this work. External comment will be invited through established partnership arrangements and a stakeholder event will be held on 9 May 2009. The final clinical strategy will be submitted to the Board for approval in June 2009.

## **External support**

NHS Orkney has begun to identify and make use of external support. The Board has partnership agreements with NHS Grampian to support core services and to provide access to specialist services that are not available locally. The review team found that staff are making better use of national support in some areas through clinical and development networks, and through shadowing peers to share learning between NHS boards.

There have been recent changes in the organisation's operational structure, for example, the appointment of a chief operational officer to lead on strategic planning, service redesign and delivery against national programmes. In common with a number of executive and management arrangements within NHS Orkney, the chief operational officer post is on an interim basis, seconded from NHS Grampian for 12 months.

## **Support systems**

The review team found that systems are beginning to be implemented to support staff, and there is wider clinical engagement in data collection to inform quality and improvement. Clinical governance key performance indicators were introduced as part of the Creating Sustainable Services project. The key performance indicators are published for staff to review performance across services, and form part of the clinical governance monitoring report which is submitted to the quality and improvement committee for assurance.

## 4 Current issues

### Key strategic priorities

While the review team recognised the range of policy and Board development activity that has been ongoing since 2006, it was noted that there is now a need for the Board to provide a clear focus on key strategic priorities to be taken forward and implemented. NHS Orkney informed the review team that a key challenge for the Board is maintaining the stability of the organisation given the current interim executive and management arrangements. NHS Orkney described a patchwork of clinical governance arrangements that are in place as a result of the executive turnover and lack of coherent implementation. The review team found that there is a fragmented approach to delivering against multiple national programmes. There is a need for the executive team to develop a system for delivering against the identified local priorities, providing a firm framework to enable the Board to respond to national requirements.

The review team found that local operational and clinical management expertise from across the organisation is under utilised; more could be done to engage the management cohort in driving forward progress against key priorities. There is lack of clarity around executive, clinical and operational leadership; this needs to be redefined to support staff in delivering services.

### Accountability lines and reporting structures

The Board has recently taken steps to address the lack of clear executive accountability lines, as this is identified as one of the top 10 risks on the corporate risk register. An executive team responsibility matrix has been produced and shared with staff to make it clear which executive director is accountable, and who has a supporting role, in delivering each aspect of NHS Orkney's business.

The responsibility matrix identifies significant gaps in resource, and notes the actions being taken to try and address these. One of the gaps identified is a lack of expertise in developing and delivering organisational performance management systems. The review team found that some data are being collected, notably in relation to key performance indicators and incident reporting. However, these data are not yet aligned with clear, prioritised strategic objectives and there is not a system for routinely analysing data to provide assurance or inform improvement.

### Committee structures

Work is ongoing to clarify reporting structures and accountability lines of the Board subcommittees and operational groups. The review team found that there is not always a clear distinction between the role of assurance committees and operational groups, and suggests that all terms of reference should be formalised.

A key reason for merging three assurance committees into one overarching strategic quality and improvement committee was that each had a similar membership; therefore, the merge was intended to streamline assurance and performance management arrangements. However, NHS Orkney has found that the role and remit of the quality and improvement committee has become too ambitious and the agenda difficult to manage. The review team found that work on redefining committee structures and

assurance frameworks has progressed in other areas (remuneration committee, staff governance committee) with a positive outcome. Although work has begun to apply these principles to the clinical governance committee structure, the assurance framework is not yet fully developed.

### **Non executive directors**

In discussion with the review team, the non executive directors welcomed the recent Board workshop to consider the strategic aims and revision of the clinical strategy. Since work has begun on the approach to developing Board governance, there has been a real improvement in engaging non executive directors at the appropriate level. The review team noted that this is a very recent development and more work needs to be done to support and develop the non executive team.

### **Area clinical forum**

Until recently, the area clinical forum had not met for a period of 18 months. The area clinical forum brings together the chairs of the area professional advisory committees. One of its core functions is to provide the Board with a clinical perspective on the development and delivery of the local delivery plan and the Board's strategic objectives. A new chair has recently been appointed and two meetings have been held, with further meetings scheduled on a monthly basis. As a supplement to meetings, the area clinical forum is exploring ways of electronically canvassing clinical opinion to support clinical engagement. The review team reiterated the importance of ensuring effective and efficient engagement of clinicians in service design, redesign and service improvement.

Work is ongoing to improve the information flow between staff, operational groups, assurance committees and the Board. The review team found that informal reporting and 'corridor management' are still a part of NHS Orkney's staff culture. Staff are not yet fully supported by reliable systems that make it easy to do the right thing every time.

### **Incident reporting system**

Although the electronic incident reporting system (DATIX) has been formalised, it is not yet fully implemented across the organisation. There are some issues with access to training, and in more rural areas, access to the incident reporting software. The review team found lack of local ownership for incident investigation. The incident management policy states that the line manager is responsible for completing the incident investigation report and ensuring appropriate action is taken. Currently, however, there is little evidence of local ownership of incident investigation. It was reported that all high risk incidents are triaged by two members of the clinical governance team to ensure they are picked up immediately; a report is then provided for the incident owner outlining action required. The review team agreed that this approach to incident management is not sustainable. The system should not be reliant on two people carrying out this core function; it should instead be embedded into routine operational systems. This will help to develop a learning and supportive culture.

### **HAI governance**

The review team found other examples of person-dependent processes. For example, before the recent HAI incident, infection control processes were reliant on the person who was fulfilling the roles of infection control manager and infection control nurse. The infection control polices were not up to date, and staff reported that there were no

standard operating procedures for how infection control processes should be implemented. There was not an established escalation process in place to report an HAI incident. The infection control committee has met twice in the last 10 months, and the accountability and responsibility framework was not clearly defined. The review team noted that HAI assurance was sought through the quality and improvement committee towards the end of 2008; however, the systems were not in place to provide this information in the absence of the infection control lead.

Staff reported that the HAI incident led to an urgent review of governance and implementation of infection control; reassuringly, these issues are being addressed. The review team particularly commended the nurse director for engaging the nursing staff and ensuring a rapid response to the required changes in practice. There are now care plans and integrated care pathways in place and the nursing staff reported that there is great improvement in local knowledge and ownership of infection prevention and control.

The accountability and reporting structure for HAI has been clarified and the revised role and remit of the infection control committee has been recently approved. There is a clear escalation process from the ward to the infection control team, the infection control committee, the quality and improvement committee, the Board, and the Government. Local surveillance systems have been established and outcomes are beginning to be circulated in an information cycle (ward to Board to ward) to inform infection control practice.

A *Clostridium difficile* prevention and control policy and an outbreak policy have recently been approved by the infection control committee. The Board is aware of the national HAI requirements and is drafting an infection prevention and control annual work programme with an associated work plan. Progress against the programme will be reviewed by the infection control committee and reported to the quality and improvement committee. One of the helpful suggestions from Health Protection Scotland's (HPS) recent visit was that a simple trigger system is more useful than a complex statistics-based system designed for larger NHS boards (for example, within any 30-day period, two cases on any one ward, or three cases across NHS Orkney, should trigger an investigation into possible problems).

There remain capacity and resource challenges, notably that NHS Orkney does not have access to an infection control doctor. Solutions to infection control and public health recruitment and access issues are being sought through the partnership agreement with NHS Grampian. The review team recognised that lessons have been learned from the HAI incident and that the focus has been on engaging staff in the improvement process to ensure robust infection prevention and control systems are locally owned and implemented. There is a national requirement within the current HAI action plan for infection control activities to be aligned with the Scottish Patient Safety Programme's (SPSP) tools and processes. It would be feasible to manage this within a small hospital by accelerating roll-out of current SPSP activities, or by seeking support from HPS or NHS QIS for implementation of non-SPSP bundles and similar tools.

## **Risk management systems**

The Board has recognised the need for learning from the management of critical incidents and to move forward to implementing a system for routinely managing risks across all areas of governance. A proposed risk management system is clearly defined in a paper submitted to the review team, which has been approved by the quality and improvement committee. Within the paper, it states that implementing a proactive risk management system is essential to achieving safe, efficient and effective care. It was reported that there has been no formal risk management training for staff over the past 2 years. A programme of training is outlined in the paper; however, there are capacity constraints for delivering training as the risk manager is also the lead for clinical governance, clinical effectiveness and the SPSP.

The February 2009 key performance indicator data demonstrate that 71.7% of departments across the Board have an up-to-date risk register in place, with associated controls and review dates. The review team encouraged the executive team to develop a systemic process to address capacity issues to allow the risk management system to be fully implemented and monitored.

## **Policy development**

The review team discussed the programme of policy development with staff who reported that policies are often adopted from other NHS boards and adapted for local use. Where this is the case, it was agreed that it is important to ensure that the policies have been appropriately adapted to ensure effective implementation within NHS Orkney. Staff noted the likelihood that current policies will not reflect the current operational structure and that careful monitoring of policy implementation will need to be carried out to ensure they are still fit for purpose.

## **Summary of key clinical governance issues**

There is a need to:

- **focus on clear strategic priorities for implementation**
- **engage management cohort in implementing strategic priorities**
- **clarify reporting structures and accountability lines**
- **engage non executive directors at the appropriate level**
- **ensure the area clinical forum provides effective and efficient engagement of clinicians**
- **ensure processes are not person dependent**
- **finalise, implement and monitor the risk management strategy**
- **secure access to an infection control doctor**
- **align infection control activities with the SPSP tools and processes, and**
- **ensure learning from the HAI incident is applied across all areas of clinical governance to drive forward improvement.**

## Appendix 1 – Glossary of abbreviations

### Abbreviation

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<b>HAI</b>	healthcare associated infection
<b>HPS</b>	Health Protection Scotland
<b>HR</b>	human resources
<b>NHS QIS</b>	NHS Quality Improvement Scotland
<b>SPSP</b>	Scottish Patient Safety Programme

## Appendix 2 – Details of review visit

The review visit to NHS Orkney was conducted on 27–28 April 2009.

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During the visit, members of the review team met with Board-level, strategic and operational staff.