

NHS Borders

Local Report ~ *October 2006*

**Clinical Governance & Risk Management:
Achieving safe, effective, patient-focused
care and services**

Local Report ~ *January 2007*

Clinical Governance & Risk Management: Achieving safe, effective, patient-focused care and services

Every person using health services should expect these to be safe and effective. The NHS Quality Improvement Scotland (NHS QIS) clinical governance and risk management standards came into effect from November 2005. They have been developed to support NHSScotland to establish systems and processes, ensuring that care and services are safe and effective. This report presents the findings from the peer review of performance against the standards.

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Contents

1	Setting the scene	5
1.1	How the standards were developed	6
1.2	How the review process works	6
1.3	Reports	8
2	Summary of findings	10
2.1	Overview of local service provision	10
2.2	Summary of findings against the standards	11
3	Detailed findings against the standards	13
	Appendix 1 – Glossary of abbreviations	28
	Appendix 2 – Details of review visit	29
	Appendix 3 – Timetable of review visits	30

1 Setting the scene

NHS Quality Improvement Scotland (NHS QIS) was set up by the Scottish Parliament in 2003 to take the lead in improving the quality of care and treatment delivered by NHSScotland. We do this by setting standards and monitoring performance, and by providing NHSScotland with advice, guidance and support on effective clinical practice and service improvements.

About this report

The 'National standards for clinical governance and risk management: achieving safe, effective, patient-focused care and services' were published in October 2005. These standards are being used to assess the quality of services provided by NHSScotland nationwide.

This report presents the findings from the peer review of **NHS Borders**. This review visit took place on **24 May 2006**, and details of the visit, including membership of the review team, can be found in Appendix 2.

1.1 How the standards were developed

In September 2003, a clinical governance and risk management standards project group was established and chaired by Dr John Browning, Medical Director, NHS Lanarkshire. The project group had a broad membership, drawn from a range of backgrounds, reflecting all dimensions of healthcare governance and representatives from interest groups.

The remit of the project group was to set standards for clinical governance and risk management, which integrated the healthcare risk management standards developed for NHSScotland by the Clinical Negligence and Other Risks Indemnity Scheme (CNORIS) and the generic standards (Clinical Standards Board for Scotland, 2002). These standards have, therefore, been designed to focus on clinical governance and risk management from the perspective of patient outcomes.

When developing the clinical governance and risk management standards, four focus groups were commissioned to ascertain public views on the standards. These groups were designed to capture a variety of perspectives from different geographical locations in Scotland.

1.2 How the review process works

The review process has three key parts: local self-assessment, pre-visit analysis and external peer review. The review process is described in more detail below (see also the flow chart on page 9).

Self-assessment by NHS Boards

On receiving the standards, each NHS Board assesses its own performance using a framework produced by NHS QIS. This framework includes guidance about the type of evidence (eg policies and reports) required to allow a proper assessment of performance against the standards to be made.

Pre-visit analysis

On receipt of the self-assessment, NHS QIS performance analysts review the self-assessment and evidence, and produce a pre-visit analysis report which is given to the NHS Board for comment. Following discussion between the NHS Board and the performance analysts, this report is agreed and sent to the external peer review team, together with the self-assessment and evidence.

External peer review

An external peer review team visits and speaks with local stakeholders (eg staff) about the services provided. Review teams are multidisciplinary, and include both healthcare professionals and members of the public. All reviewers are trained. Each review team is led by an experienced reviewer, who is responsible for guiding the team in its work and ensuring that team members are in agreement about the assessment reached.

The composition of each team varies, and members have no connection with the NHS Board they are reviewing. Both of these factors facilitate the sharing of good practice across NHSScotland, and ensure that each review team assesses

performance against the standards rather than make comparisons between one NHS Board and another.

At the start of the on-site visit, the review team meets key personnel responsible for the service under review. Reviewers then speak with local stakeholders about the services provided. After these meetings, the team assesses performance against the standards, based on the information gathered during both the self-assessment exercise, pre-visit analysis and the on-site visit.

The visit concludes with the team providing feedback on its findings to the NHS Board. This includes specific examples of local initiatives drawn to the attention of the review team (recognising that other such examples may exist), together with an indication of any particular challenges.

Performance assessment statements

A quality improvement tool is used by each review team to assess performance against the standards. The quality improvement tool enables the review team to assess how an NHS Board is achieving each standard through development, implementation, monitoring and reviewing. These four key stages represent the continuous improvement cycle through which each NHS Board can ensure that all patients in hospitals receive safe, effective, patient-focused care and services.

The most appropriate performance assessment statement is agreed by the review team to describe an NHS Board's current position against each core area. This allows an overall performance assessment statement to be arrived at for each of the standards, which indicates the NHS Board's level of achievement for each standard.

The agreed standard level statements will be added together and this assessment of performance will feed into the Scottish Executive Health Department (SEHD) Performance Delivery Unit in June 2007, and will be used to determine the NHS Board's targets for the following year.

Links with other organisations

Clinical governance and risk management is part of a shared agenda. During this review process we have focused on working more effectively in partnership with the organisations who monitor other aspects of healthcare governance to inform the assessment process.

We have lead responsibility for assessing the performance of all NHS Boards against the clinical governance and risk management standards. By working together we share information and scheduling, ensuring organisations are not subject to unnecessary multiple reviews.

The organisations we are working with are Audit Scotland, Chief Scientist Office, NHS Education Scotland, NHS National Services Scotland, Scottish Executive Health Department, and Scottish Health Council.

1.3 Reports

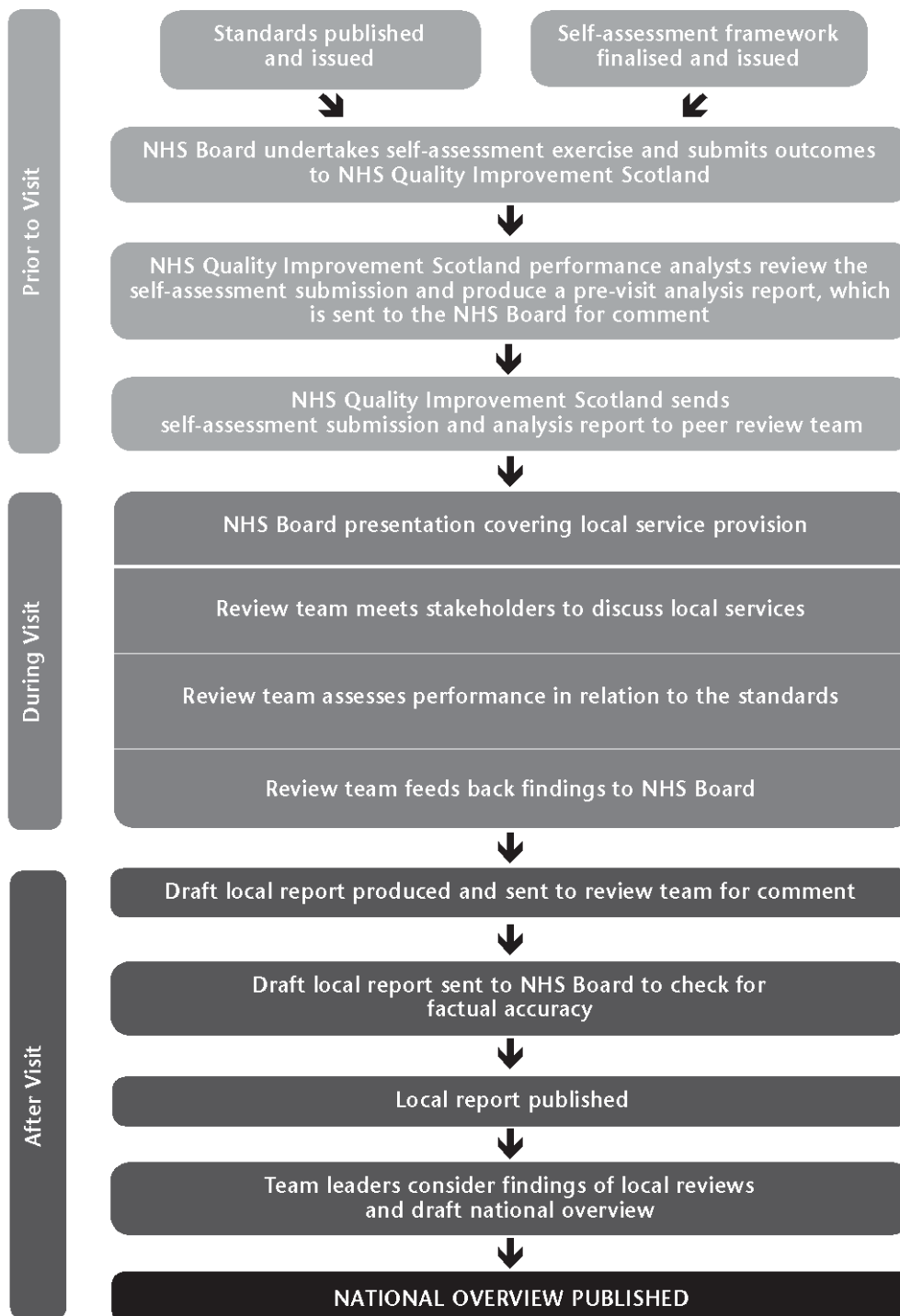
After each review visit, NHS QIS staff draft a local report detailing the findings of the review team. This draft report is sent to the review team for comment, and then to the NHS Board to check for factual accuracy. The local report will then be published and made available on the NHS QIS website.

Once the clinical governance and risk management national review cycle is completed, the team leaders will meet to examine review findings and make recommendations. The team leaders then oversee the production of a national overview of service provision across Scotland in relation to the standards. This document includes both a summary of the findings and recommendations for improvement.

Part of the remit of NHS QIS is to report whether the services provided by NHSScotland, both nationally and locally, meet the agreed standards. This does not include reviewing the work of individual healthcare professionals. In achieving this aim, variations in practice (and potential quality) within a service will be encountered and subsequently reported.

Please note – all reports published are available in print format and on the NHS QIS website.

The review process



2 Summary of findings

2.1 Overview of local service provision

The Borders is situated in south-east Scotland and has a population of around 109,730. The majority of the population live in rural areas, and the largest towns in the region are Galashiels and Hawick. The proportion of older people in the population is higher than the national average, whereas levels of illness and deprivation are relatively low.

Local NHS system and services

Borders NHS Board is responsible for improving the health of the local population and for the delivery of the healthcare required. It provides strategic leadership and has responsibility for the efficient, effective and accountable performance of the NHS in the Borders.

The NHS Board has responsibility for the operation of clinical services, and the employment of those delivering these services. NHS Borders delivers hospital and primary care/community health services. Mental health services are both hospital and community based. Borders Community Health and Care Partnership (CHCP) is the sole CHCP, a way of organising non-acute care where an NHS Board maximises its ability to support integration across health services and with other agencies such as social services.

The NHS Board is also accountable for both continuously improving the quality of health services, and safeguarding high standards of care, by creating an environment in which excellence in clinical care will flourish (framework of clinical governance).

Further information about the local NHS system can be accessed via the website of NHS Borders (www.show.scot.nhs.uk/bhb).

2.2 Summary of findings against the standards

A summary of the findings from the review is presented in this section. A detailed description of performance against the standards/criteria is included in Section 3.

Standard 1 – Safe and effective care and services

Overall position statement:

The NHS Board is implementing its policies, strategies, systems and processes to control risk, continually monitor care and services, and work in partnership with staff, patients and members of the public.

NHS Borders has a well-developed approach to risk management across the organisation and is striving to create an environment of continuous improvement in this area, informed by learning outcomes.

At the time of the peer review visit, the Board was developing business and continuity planning systems. However, the review team noted that the organisation has implemented and is monitoring a comprehensive approach to emergency planning, which is reviewed against the appropriate national guidance.

NHS Borders has implemented a partnership approach to clinical effectiveness and quality improvement and is monitoring this on a regular basis. The views of service users are sought and incorporated during service planning, redesign and operation.

Standard 2 – The health, wellbeing and care experience

Overall position statement:

The NHS Board is implementing its policies, strategies, processes and procedures to provide care and services that take into account individual needs, preferences and choices.

The Board is implementing its policies for access, referral, treatment and discharge in a co-ordinated manner and using a partnership approach across the organisation. There is a high level of patient and carer involvement and close links with the local authority and voluntary bodies.

At the time of the visit, NHS Borders was developing its equality and diversity policy and associated action plans. A public governance committee has been formed as an accountable committee of the Board, with responsibility for implementing this agenda, covering all strands of Fair for All and will, in future, be responsible for monitoring and reviewing this agenda. NHS Borders reported that implementation of the equality and diversity policy will ensure integration with service design and delivery.

Internal communications strategies are being implemented across the organisation although the supporting documentation is still in draft format. Regular updates are circulated, and the Board's intranet is also used to disseminate information among staff. Joint internal communications are also regularly shared with Scottish Borders Council.

Standard 3 – Assurance and accountability

Overall position statement:

The NHS Board is implementing its policies, strategies, processes and procedures to promote public confidence about the safety and quality of the care and services it provides.

NHS Borders is actively monitoring the implementation of its policies and strategies to co-ordinate clinical governance and quality assurance arrangements across the organisation. Where appropriate, it is employing a partnership approach with the local authority and neighbouring NHS Boards. There is a complex arrangement of committees with responsibility in this area, which ensures information flow. However, the review team noted that a number of these groups had the same membership, which could lead to an over-reliance on individuals rather than systems. NHS Borders is implementing its policies and procedures at an organisational level to ensure its workforce is fit to practice. At the time of the visit, NHS Borders was developing an electronic staff governance system. In the interim period, monitoring of registration and fitness to practice has been delegated to line management for all staff groups. The Board is also in the early stages of developing a comprehensive framework in association with NHS Lothian, including care and supervision standards across the two organisations.

The Board is implementing a single external and internal communication strategy across the organisation, which is at a draft stage. A separate media policy is also used across NHS Borders. Once the draft strategy has been ratified, it is intended it will be reviewed regularly.

NHS Borders is monitoring the implementation of its performance management arrangements across the organisation. The Board is actively seeking further benchmarking opportunities, both against peers and other organisations, and intends to pursue this on a more regular basis.

Across the organisation, NHS Borders is implementing its information governance systems, policies and procedures. The Board is still developing a formal information governance framework and this is being channelled as an extension of the Caldicott and data protection frameworks. A steering group is being established to take this forward. The organisation is currently operating a joint information sharing protocol based on the national standards. The Board reported that public involvement is integral to its consultation on information and communications technology (ICT) programmes.

3 Detailed findings against the standards

Standard Statement 1: Safe and effective care and services

Care and services are safe, effective, and evidence-based.

Overall position statement

The NHS Board is implementing its policies, strategies, systems and processes to control risk, continually monitor care and services, and work in partnership with staff, patients and members of the public.

Core area: 1(a) Risk management

Position statement: The Board is implementing its risk management policy, strategy, systems and processes across the organisation.

Development

Specific, measurable, achievable, realistic and timely (SMART) objectives are regularly under development at various levels across NHS Borders. These are operational objectives derived from broad objectives outlined by the Scottish Executive Health Department (SEHD). The SEHD outlined these whilst introducing its new delivery planning system for NHSScotland, part of which is producing a local delivery plan in which Boards are expected to address key objectives, targets and performance measures. The Board uses measurable operational activities to meet these objectives. SMART objectives were used to develop the risk management strategy within NHS Borders, and are also used at operational levels to address risk. The health and safety and clinical risk managers work with individual services to undertake risk assessments and develop appropriate plans and objectives. Proactive risk assessment and management is undertaken within individual units where the risk management board acts on behalf of the Board executive team.

Implementation

NHS Borders' risk management strategy is being implemented, and although not formally described in the strategy or associated action plan, there is evidence of a well-developed and organised framework for communicating risk management arrangements and information. The strategy covers the high-level strategic aims for risk management across the organisation, although it does not summarise key areas individually, and is currently under review. The risk management team, which reports to the risk management board, has an operational role in co-ordinating and supporting risk management across the organisation. The overall action plan demonstrates clear dissemination pathways for risk management strategies and supporting information. The risk management team is also involved in developing a partnership approach to risk management with Scottish Borders Council, facilitating processes and systems used to collect risk management information. The risk management team is currently reviewing NHS Borders' risk register, bringing the organisation in line with the local authority.

At the time of the visit, NHS Borders' risk register was split into operational and strategic risks. This split identifies which governance systems would appropriately cover the risk, and outlines action plans and timescales for addressing each risk. Working subgroups of the risk management team, including both clinical and non-

clinical risk groups and the infection control committee, have detailed action plans, putting the strategy into practice in an integrated manner at operational level. Across NHS Borders, the risk management and clinical governance structure is integral to the organisation's decision-making processes and arrangements. The review team was pleased to note that directors submit a summary risk assessment with all papers for consideration by the Board.

Monitoring

Although the organisation is currently implementing its risk management policy and strategy, there was no formal monitoring in place at the time of the visit. However, ad hoc monitoring and feedback occurs. NHS Borders has an electronic system which logs risk, and assists the organisation in prioritising and monitoring risks. Reports and trends can be routinely extracted from this system to inform decision-making at all levels within the organisation. Electronic risk assessment forms are also incorporated into this system. Any information or data extracted from the system is checked at several levels to help assure the Board of its quality. At the time of the review visit, this was not operational across the Board's activities, and reporting did not take place on a routine basis.

Reviewing

The review team noted that, at the time of the visit, insufficient information had been provided to demonstrate that NHS Borders, approach to risk management is reviewed throughout the Board area. The review team was pleased to note individual examples of reviewing in some areas, for example local risk assessments are reviewed on an ad hoc basis where required by the risk management team. However, this does not feed into a strategic report, and it was agreed that risk management arrangements are not reviewed throughout the organisation.

Core area: 1(b) Emergency and continuity planning

Position statement: The NHS Board is developing emergency and continuity planning systems.

Development

NHS Borders has a high level of preparedness for dealing with external crises and emergencies. However its business and continuity planning arrangements and readiness for internal crises are still developing to match its level of emergency planning. NHS Borders is beginning the process of developing plans towards upgrading its business continuity arrangements to cover the whole organisation and is developing an overarching strategy. At the time of the visit, a business continuity plan was in existence for NHS Borders' headquarters, but no formal plans have been fully developed for other sites across the Board.

Implementation

The review team found evidence that local programmes for business continuity are being implemented within NHS Borders, but that this is not consistent across the organisation. At the time of the visit, local continuity plans could be used to cover small-scale continuity problems, for example laundry, power cuts, etc, but as described above, there is no Board-wide strategy or plan.

Monitoring

The review team agreed that there is a well-developed, implemented and monitored emergency plan. The Board provided a significant volume of evidence, demonstrating the testing of emergency plans. NHS Borders conducts local exercises to test its readiness and ensure its emergency procedures are fit for purpose, as well as participating in national exercises and strategies. Many staff are trained to deal with emergencies, and have been involved in national and local exercises, for example Big Chill.

Reviewing

The review team noted that the organisation reviews its emergency plans in light of new information and national guidance. However, as NHS Borders has no Board-wide policy for business continuity, it is unable to demonstrate reviewing against this area.

Core area: 1(c) Clinical effectiveness and quality improvement

Position statement: The NHS Board is monitoring the implementation of its co-ordinated programmes for clinical effectiveness and quality improvement across the organisation.

Development

NHS Borders is continuing to develop a partnership approach to clinical effectiveness and quality improvement with both the local authority and neighbouring Boards. NHS Borders is an active member of the South East and Tayside Planning Group, which covers joint working to plan and deliver services for population groups covering more than one geographical area reflecting both national and local priority areas.

Implementation

NHS Borders reported that each clinical board or service develops their plans based on the priorities and objectives included in the local health plan. This allows the Board to be assured that its clinical effectiveness and quality improvement programmes accurately reflect and respond to the priorities, requirements and objectives of the local delivery and health improvement plan. This process is monitored through the performance review processes and reporting. Support to the services and clinical boards is provided by the clinical governance steering group and the performance and planning directorate. NHS Borders works in partnership with Scottish Borders Council on a number of local improvement targets in priority areas, including older people, mental health, learning disability and children's services.

The level of public involvement within NHS Borders is well developed across the organisation. The Board has sought involvement on many of its committees and in performance monitoring within the GMS contract. The involving people network office recruits members of the public to appropriate groups as required. Interested members of the public are encouraged to participate across a wide range of NHS Borders activities.

Monitoring

A broad range of data which relates directly to local targets is routinely monitored by NHS Borders, including waiting times and patient satisfaction. In addition, the Board intends to use the data becoming available from the new general medical services (GMS) contract quality and outcomes framework (QOF) to monitor population health and the success, or otherwise, of health improvement activity.

Local improvement targets are set and monitored by the joint commissioning teams, each of which has service user, carer and voluntary sector representation, as well as health and social work staff. Public involvement levels are monitored by the involving people network office and public governance committees.

Reviewing

The review team noted that, at the time of the visit, insufficient information had been provided to demonstrate that NHS Borders, approach to clinical effectiveness and quality improvement was being reviewed throughout the Board area. The review team was pleased to note some individual examples of reviewing in some areas, for example the clinical information and guidelines group is responsible for the review, prioritisation, implementation and monitoring of the national standards across NHS Borders. The group ensures dissemination and integration across the organisation and reviews this at regular intervals. However, as this is in relation to updates from national bodies, and although ad hoc audit activity does occur, it was agreed that clinical effectiveness and quality improvement are not reviewed throughout the Board area.

Standard Statement 2: The health, wellbeing and care experience

Care and services are provided in partnership with patients, carers and the public, treating them with dignity and respect at all times, and taking into account individual needs, preferences and choices.

Overall position statement

The NHS Board is implementing its policies, strategies, processes and procedures to provide care and services that take into account individual needs, preferences and choices.

Core area: 2(a) Access, referral, treatment and discharge

Position statement: The NHS Board is implementing policy and a partnership approach to access, referral, treatment and discharge across the organisation.

Development

At the time of the visit, the NHS Borders public information policy was still in draft format. The draft policy encompasses the principles of Fair for All and equality and diversity in all written information. The draft policy reflects the previous Clinical Standards Board for Scotland generic clinical standards rather than the NHS QIS clinical governance and risk management standards. The Board acknowledged this was a draft policy, although it is currently in use in the interim period, pending revision and finalisation.

When developing and planning services to meet local population needs, NHS Borders works closely with Scottish Borders Council and local transport providers, particularly in light of the results of the Get Fit for Future consultation, which involved voluntary organisations, local authority and community groups, members of the public and staff. As a result of this consultation, changes have been made to local bus services to ensure patient access to health services is available. A transport strategy was developed by NHS Borders following impact assessments, and any proposed change to healthcare services requires transport and access issues to be reviewed before implementing change.

Implementation

NHS Borders has a high level of patient and carer involvement. The review team noted the coherence of the adult unitary patient record, alongside its availability for input by multidisciplinary healthcare professionals, patient and carers.

NHS Borders has a comprehensive approach to identifying the needs of carers, in particular the identification of user and carer development and training needs arising from policies, strategies and key action plans. NHS Borders also offers training opportunities for carers, thereby implementing its programmes outwith the direct confines of the organisation to best serve the needs of its constituent population. The review team was pleased to note the availability and provision of appropriate training to carers, condition-specific and prioritised by medical need. Staff training in the identification of patient and carer need and relating to patients, carers and the general public is comprehensive and accessible through the organisation's learning and development department.

At present, two consent policies exist within NHS Borders, with separate policies for primary and acute care. It is intended that these will eventually be combined into a single consent policy, although at the time of the visit, the merging of these documents to form a comprehensive board-wide policy was not considered by the Board to be an urgent priority. The Board reported that the acute and primary sector policies are able to function in conjunction with one another without conflict.

Monitoring

The review team noted that, at the time of the visit, insufficient information had been provided to demonstrate that NHS Borders' approach to access, referral, treatment and discharge was being monitored throughout the Board area. However, the review team was pleased to note individual examples of monitoring in some areas. NHS Borders reported that the recently introduced patient information team and patient information management system will have responsibility to cover monitoring and assessment of suitability, relevance and value of information provided to patients and the public across the organisation. However, it was agreed that the access, referral, treatment and discharge policy, strategy, systems and processes are not monitored throughout the Board area.

Reviewing

As NHS Borders was only implementing its policies, and at the time of the visit, the patient information team and patient information management systems were recent additions to the organisational structure covering NHS Borders, it is unable to demonstrate a review structure and cycle at this stage.

Core area: 2(b) Equality and diversity

Position statement: The NHS Board is developing an equality and diversity policy in accordance with legislation, national guidance and best practice.

Development

NHS Borders is developing an action plan covering equality and diversity. The review team noted, however, that work has begun to implement certain initiatives within NHS Borders, for example the recently established public governance committee is accountable to the Board and has delegated authority to lead on implementing the equality and diversity agenda. This committee works in conjunction with the clinical boards and support services, ensuring that the individual remits for patient focus and public involvement, equality, diversity and social inclusion are fully integrated into service design and delivery. Representation by members of the public and other organisations ensures cohesion with a wide variety of organisations and enables localities to work from the public perspective. The committee liaises with the clinical governance office on areas of shared responsibility such as public information, advocacy, complaints and the clinical governance aspects of equality and diversity. The committee is relatively new, and intends to regularly review, amend and adapt its arrangements, and role and remit in light of experience.

Implementation

As the equality and diversity policy, strategy and action plan are being developed, implementation across the organisation has not yet commenced.

At the time of the visit, the review team was pleased to note that NHS Borders had a comprehensive, well-developed and wide ranging advocacy policy in place.

Monitoring

As NHS Borders has yet to implement its equality and diversity agenda, an appropriate system of monitoring has not yet been established. Consideration has, however, been given to monitoring the action plan once the equality and diversity manager is in post. The public governance committee will have responsibility and accountability for monitoring public involvement and social inclusion, as well as aspects of equality and diversity as the committee matures. Ongoing review will be used to inform an annual report to the Board detailing progress towards implementation of the equality and diversity agenda.

Reviewing

NHS Borders is in the process of finalising development and full implementation of its organisational policies in relation to equality and diversity, and allowing the new committee to develop. There is not yet a process in place to review and assess the impact of the organisational policy and associated strategic plan across the organisation. The Board reported that, as the committee develops further, regular review processes will be developed.

Core area: 2(c) Communication

Position statement: The NHS Board is implementing its policies, strategies and procedures to improve the way that staff communicate and engage with each other, patients and the public across the organisation.

Development

Alongside its own internal methods of communication, NHS Borders has developed partnership working with Scottish Borders Council in respect of internal communications. Weekly updates are circulated between the organisations, and regular meetings are held between both the Board and the local authority managers with responsibility for communications.

Implementation

Regular updates are circulated to all staff. Weekly and monthly updates are circulated throughout the organisation, and updates regarding specific issues are circulated as widely as appropriate. These include national and local guidance and circulars, information governance, internal training and development opportunities offered to staff, as well as any other relevant topics.

NHS Borders intranet is available to all staff groups, and updated regularly. Where global emails are circulated, staff are asked to pass on information to colleagues without email. The majority of staff are able to access the intranet at various locations throughout the organisation.

There is a high level of staff involvement throughout the organisation. Staff are represented on various groups and consulted on key issues. Communication outcomes are reported to relevant committees and, thereby, provide Board assurance of internal stakeholder involvement and operation of the communications strategy and media policy.

The Board's draft communications strategy, which covers internal and external communication, is a comprehensive document containing a high level summary of aims and objectives. The review team noted that this, together with several other strategies and policies currently being used across NHS Borders, is in draft format. Although they are being used on a day-to-day basis, the review team considered that perhaps these documents could be finalised to ensure continuity and assurance to the Board.

Although NHS Borders currently implements an internal communications policy, there is no formalised, ratified strategy, as the communications strategy is still at a draft stage. The Board reported that it intends to endorse these in the near future, and that implementation of the draft documents is under way in the interim period.

Monitoring

Although the organisation is currently implementing its draft communications policy and strategy, an appropriate system of monitoring has not yet been established. There has, however, been some ad hoc monitoring and feedback occurring, and staff are encouraged to comment on and input to both the policy and the weekly and monthly updates.

Reviewing

At the time of the visit, there was no formal mechanism for reviewing internal communication strategies. NHS Borders reported that it does intend to review the strategy at regular intervals following ratification by the Board.

NHS Borders and the local authority meet regularly with regard to joint internal communications, and any review action is discussed and agreed at this stage.

Standard Statement 3: Assurance and accountability

NHSScotland is assured and the public are confident about the safety and quality of NHS services.

Overall position statement

The NHS Board is implementing its policies, strategies, processes and procedures to promote public confidence about the safety and quality of the care and services it provides.

Core area: 3(a) Clinical governance and quality assurance

Position statement: The NHS Board is monitoring implementation of its policy and strategy to co-ordinate clinical governance and quality assurance arrangements across the organisation.

Development

The review team was pleased to note that NHS Borders is anticipating the need for joint performance and governance responsibilities across partnership organisations. The development of joint governance arrangements covering joint appointments with both the local authority and other NHS Boards is mutually beneficial. Where a member of staff is jointly employed, although one organisation will be the main employer, both organisations will be informed of any issues and have input with regards to performance and governance standards and issues raised.

Implementation

A public involvement office has been established to co-ordinate consultations with stakeholders across the NHS Borders area. A template for use by all groups seeking public involvement has been produced, and the public involvement co-ordinator works with services and departments to support involvement in local delivery and service redesign. The involving people network has also been established, whereby trained staff and members of the public work together with NHS Borders on redesign and development of services. Regular meetings are also held with the Scottish Health Council, helping to provide a holistic monitoring system for ongoing work, including public and stakeholder involvement. Close links also exist with Borders Voluntary Community Care Forum to help ensure public involvement. NHS Borders has recently formed the public governance committee as a standing committee reporting directly to the Board. This committee has authority to monitor the performance assessment framework and public consultation programmes.

Monitoring

NHS Borders has a complex yet effective arrangement of committees with responsibility for clinical governance and quality assurance. This works well due to the smaller size of the Board, which means that many of the same people attend several committees in different capacities, thereby ensuring information flow. However, the review team noted this may lead to dependence on individuals rather than systems. The review team agreed that the reporting arrangements between these committees was unclear and would benefit from streamlining.

NHS Borders has various groups with responsibility for clinical governance strategy and development arrangements across the organisation. The clinical governance committee is appointed by the Board, and chaired by a non-executive director. This committee is charged with ensuring that appropriate arrangements for clinical governance are in place. The clinical executive provides the link between leadership and delivery of services, and sets operating standards, delivering clinical governance across NHS Borders. The clinical governance steering group co-ordinates, supports and drives clinical governance activity across the organisation.

NHS Borders consists of a single operating division. All four clinical boards report into the clinical executive, reporting to the executive team and, thereby, to the Board itself.

There is a designated lead for clinical governance in each clinical board. This person chairs the relevant local clinical governance group, which has delegated responsibility, from the overall clinical governance steering group, for delivery of clinical governance across the clinical board area. The titles of these groups are inconsistent across the clinical boards. They were formed prior to the current unified working system and have as yet not been renamed, though work in a similar fashion to each other. The clinical governance steering group links with various other key groups and relevant departments, and reports to the clinical governance committee and the clinical executive. Continuity between the various levels of responsibility of the groups is provided by cross membership of groups by both the medical and nursing directors.

Reporting for both the clinical and non-clinical risk management groups is to the risk management board, and, thereby, to the Board.

A multi-agency critical services oversight committee is in place to provide support to various other committees as required and appropriate, for example child protection and vulnerable adults. This committee comprises health, local authority and police membership.

The level of partnership working with local authority and other agencies within the community health and care partnership (CHCP) ensures the integration of clinical services and development of this as the CHCP matures. The learning disability service is fully integrated between health and social care providers, with Scottish Borders Council being the lead agency for this particular service. Although NHS Borders is the employing body for healthcare staff, operationally they are accountable to a joint health and social care manager. This service has successfully established a joint clinical governance and quality group. It is intended that this group will serve as a model for future service developments across the CHCP.

Responsibilities of each individual staff member towards the requirements of clinical governance are monitored through personal reviews and performance appraisal. Professional accountabilities for clinical staff are through their respective clinical leads.

Reviewing

At the time of the review visit, the Board was unable to demonstrate reviewing of its clinical governance and quality assurance arrangements across the organisation. The Board indicated that, because of partnership working within the CHCP and the level of co-operation between agencies, it anticipated that reviewing would occur as

CHCP services further develop. This would be aided and underpinned by the successful joint mechanism and arrangements for clinical governance and quality assurance such as those developed through the learning disability service.

Core area: 3(b) Fitness to practice

Position statement: The NHS Board is implementing policies and procedures across the organisation that will ensure its workforce is fit to practice.

Development

NHS Borders is currently developing a centralised electronic staff governance system which will provide a means of notifying managers when they have staff members whose registration is due for renewal or has lapsed. NHS Borders reported that this system will cover medical, nursing and allied health professional staff.

The peer review team noted with particular interest the development of the Pan Lothian and Borders Framework for Clinical Supervision. This framework is being developed between NHS Borders and NHS Lothian and aims to facilitate continuity in care and supervision standards across the two organisations. This will enable staff to gain wider supervised experience by utilising both Boards' facilities.

Implementation

The review team noted the comprehensive training programme available to staff and in particular the wide range of topics included during induction. Although the electronic system was still under development, the Board was assured that new and current members of staff are regulated and that clinical supervision is applied across the organisation. The review team agreed that the Board had adequate processes in place to ensure its workforce was fit to practice, while further continuing to develop systems.

Monitoring

NHS Borders was unable to demonstrate a consistent approach to monitoring fitness to practice across the organisation. At the time of the visit, NHS Borders had no standardised system for monitoring registration and fitness to practice. There is no evidence of assurance reporting to the Board for NHS members of staff. At the time of the visit, monitoring of registration and fitness to practice is delegated to line managers and there was no centralised system. The Board relies on the assurance of nursing and locum employment agencies that the staff they provide have current registration and are fit to practice. Documentation can be accessed upon request, however, the Board holds no individual records for these staff.

Reviewing

At the time of the visit, there was no formal mechanism for reviewing policies and procedures to ensure NHS Borders' workforce is fit to practice. The Board commented that once the Pan Lothian and Borders Framework for Clinical Supervision has been established and implemented, continuity of care and supervision standards should be assured, in particular for NHS Borders patients transferring back and forth between areas within NHS Borders and those using contracted services in NHS Lothian. The Board also reported this would be reviewed both internally and in conjunction with NHS Lothian.

Core area: 3(c) External communication

Position statement: The NHS Board is implementing its external communication strategy across the organisation.

Development

NHS Borders has developed and utilises a variety of methods for external communication, including the use of the internet and media coverage.

Implementation

NHS Borders has implemented a single communication strategy for both internal and external communications, although at the time of the visit this was still in draft format. A separate media policy is also in place. Responsibility for external and internal communications is split, with external communications resting with the director of performance. Responsibility for internal communications rests with the director of organisational change and development. Media releases are issued to the local press, and to a wider audience if appropriate, promoting key pieces of work, development and achievements. All media releases are cleared by the accountable director prior to release.

A weekly staff update is produced and circulated to all NHS Borders staff, as well as being copied to members of the involving people network and Scottish Borders Council staff. Regular communications meetings are also held between NHS Borders and the local authority. At the time of the visit, a new style monthly update on the work of NHS Borders was being produced, to replace the current updates, and will be available to both the public and staff. The local health plan summary is also freely available. NHS Borders internet site is regularly updated as new communications become available, alongside relevant documents and information.

Communications for public circulation are available from a range of sources. They can be requested from NHS Borders, and are available via the internet, through community health centres and libraries.

Monitoring

The review team noted that, at the time of the visit, insufficient information had been provided to demonstrate that NHS Borders' approach to external communication is monitored throughout the Board area. Although various individuals are named as responsible for the accuracy and updating of documentation, at the time of the visit, there was no system for monitoring whether systematic review and updating of documents is occurring. The Board's communications strategy had been being implemented for some time, whilst in draft format. However, ratification and review had not occurred by the time of the review, and the Board was unable to demonstrate regular monitoring of its external communications.

Reviewing

NHS Borders is currently at the implementation stage regarding external communication. At the time of the visit, there was no mechanism for reviewing external communications. NHS Borders reported that it does intend to review the strategy at regular intervals following ratification by the Board.

Core area: 3(d) Performance management

Position statement: The NHS Board is monitoring the implementation of its performance management arrangements across the organisation.

Development

NHS Borders has developed performance management arrangements in line with appropriate guidance, and these were approved by the Board prior to implementation across the organisation. These performance management arrangements incorporate both risk management and partnership arrangements.

Within NHS Borders, there is a strong desire to use formal benchmarking in respect of performance management across the organisation. At present, benchmarking is ad hoc and against fellow members of the South East and Tayside Regional Planning Group. NHS Borders is currently seeking further benchmarking opportunities against peer boards within NHSScotland and other bodies, including NHS Dumfries & Galloway, NHS Forth Valley and NHS providers in England.

Implementation

Performance management arrangements are in place across all services and sectors encompassed by NHS Borders. In addition, within the CHCP, performance management information is used to support joint key performance indicators.

Monitoring

Performance reports are presented monthly to the Board. NHS Borders informed the review team that reporting occurs on a regular basis at all levels within the organisation, allowing any issues to be identified and dealt with timeously. These reports are also available on the intranet. Review meetings take place regularly with clinical services, as well as on a need-by-need basis, and are based on clinical priorities and governance. These meetings are led by the director of performance and planning, and it is intended that progress against implementation of clinical guidelines will become a standing agenda item at these meetings, and will be supported by the clinical guidelines team. Progress reports outlining performance against the accountability review are produced on a regular basis.

Reviewing

At the time of the visit, NHS Borders had recently adopted a monthly performance management reporting structure to the Board which replaced previous quarterly reporting arrangements. This was a result of a review of previous arrangements, with the decision taken that the move would provide more accurate and real-time performance monitoring information. As this system has just been adopted, although it will cover the entire organisation, it has not yet started producing regular reports.

Core area: 3(e) Information governance

Position statement: The NHS Board is implementing its information governance systems, policies and procedures across the organisation.

Development

NHS Borders currently has a number of groups in place supporting information governance, however, is still developing a formal information governance framework. A draft strategy has been produced and is under consideration. The Board reported that it intends to establish an information steering group which will develop policy and an action plan to co-ordinate and take forward information governance. The framework is being developed as an extended arm of the Caldicott and data protection frameworks. The final framework will be agreed with the clinical governance committee following wide consultation.

NHS Borders has developed a joint information sharing protocol based on the national eCARE gold standard. Staff guidance and patient leaflets to support this are currently under development, which include guidance on action if disclosure without consent is necessary.

Implementation

NHS Borders has a high level of public involvement across its activities. Public representation is sought for project boards' ICT implementations. Key stakeholders are also involved, and staff and patient focus groups are convened where appropriate prior to design and delivery of information initiatives.

Induction training for all new staff includes information governance issues alongside confidentiality and disclosure. All staff have been issued with the National Code of Practice on Protecting Patient Information, and further advice is available to all staff on the NHS Borders intranet. In addition, most guidelines are accessible through the intranet, accompanied by information on the correct use of the guideline and associated documents, review and contact details for further information. NHS Borders information systems user access is granted by line management authorisation, which assists in evaluating integrity, access and use.

Patient information leaflets regarding confidentiality and storage of patient information and records have been delivered to all households within the NHS Borders area, and are freely available through a variety of public access means for example, in local libraries and GP surgeries. The purpose of these leaflets is to inform patients of the necessity of information sharing, and that informed consent is sought where applicable. Patients are free to challenge decisions on disclosure of information without consent via their healthcare provider and can escalate this through the NHS Borders complaints procedure.

Information governance, confidentiality and disclosure issues are reported to the Caldicott steering group. Clinical governance issues are addressed by the clinical advisory board for information management and technology, which is chaired by the medical director. Cross-population and shared membership of groups ensures

continuity of information flow, but as highlighted previously, may lead to dependence on individuals rather than systems.

The majority of documents are available on the intranet, showing delegated responsibility for updating these, their accuracy, consistency and integrity.

Monitoring

The review team noted that, at the time of the visit, insufficient information had been provided to demonstrate that NHS Borders approach to information governance was being monitored throughout the Board area. However, the review team was pleased to note some individual examples of monitoring in some areas, for example the handling of clinical governance issues by the clinical advisory board for information management and technology and that issues are fed into the Caldicott steering group. However, it was agreed that the information governance policy, strategy, systems and processes are not monitored throughout the Board area.

Reviewing

NHS Borders is implementing its information governance arrangements across the organisation. However, the review team agreed that the Board has not yet begun the reviewing stage. At the time of the visit, the information governance framework was still under development, with no timetable for scheduled review. NHS Borders indicated that it intends to review the framework regularly and keep abreast of any relevant guidance, and that this will be built into the process during further development.

Appendix 1 – Glossary of abbreviations

CHCP	community health and care partnership
CHP	community health partnership
CNORIS	Clinical Negligence and Other Risks Indemnity Scheme
GMS	general medical services
HDL	Health Department Letter
ICT	information and communications technology
NHS QIS	NHS Quality Improvement Scotland
PFPI	patient focus and public involvement
QOF	quality and outcomes framework
SEHD	Scottish Executive Health Department

Appendix 2 – Details of review visit

The review visit to NHS Borders was conducted on 24 May 2006.

Review team members

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Mrs Carol Fisher

Assistant Director of Planning, NHS Ayrshire & Arran

Mr Gary Hardacre

Head of Resilience, Scottish Ambulance Service

Mrs Ann Mair

Head of Pharmaceutical Quality Assurance Services, NHS Lothian

Mr Douglas Marr

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Mrs Linda Sharratt

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Mr James Thomson (Observer)

Scott Moncrieff

NHS Quality Improvement Scotland Staff

Ms Jennifer Bruce

Project Officer

Mrs Anne Hanley

Team Manager

Ms Maggie Mackinnon (Observer)

Project Officer

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

Appendix 3 – Timetable of review visits

Organisation reviewed	Visit date(s)
Golden Jubilee National Hospital	8 November 2006
NHS 24	17 August 2006
NHS Ayrshire & Arran	13 February 2007
NHS Borders	24 May 2006
NHS Dumfries & Galloway	8 June 2006
NHS Education for Scotland	23 November 2006
NHS Fife	1 March 2007
NHS Forth Valley	1 February 2007
NHS Grampian	6 July 2006
NHS Greater Glasgow and Clyde	27 September 2006
NHS Health Scotland	5 December 2006
NHS Highland	29 March 2007
NHS Lanarkshire	7 September 2006
NHS Lothian	17 October 2006
NHS National Services Scotland	20 December 2006
NHS Orkney	26 March 2007
NHS Shetland	10 May 2007
NHS Tayside	14 March 2007
NHS Western Isles	12 April 2007
Scottish Ambulance Service	15 June 2006
The State Hospitals Board for Scotland	18 January 2007

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