

NHS Dumfries & Galloway

Local Report ~ January 2007

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

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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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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 Dumfries & Galloway**. This review visit took place on **8 June 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

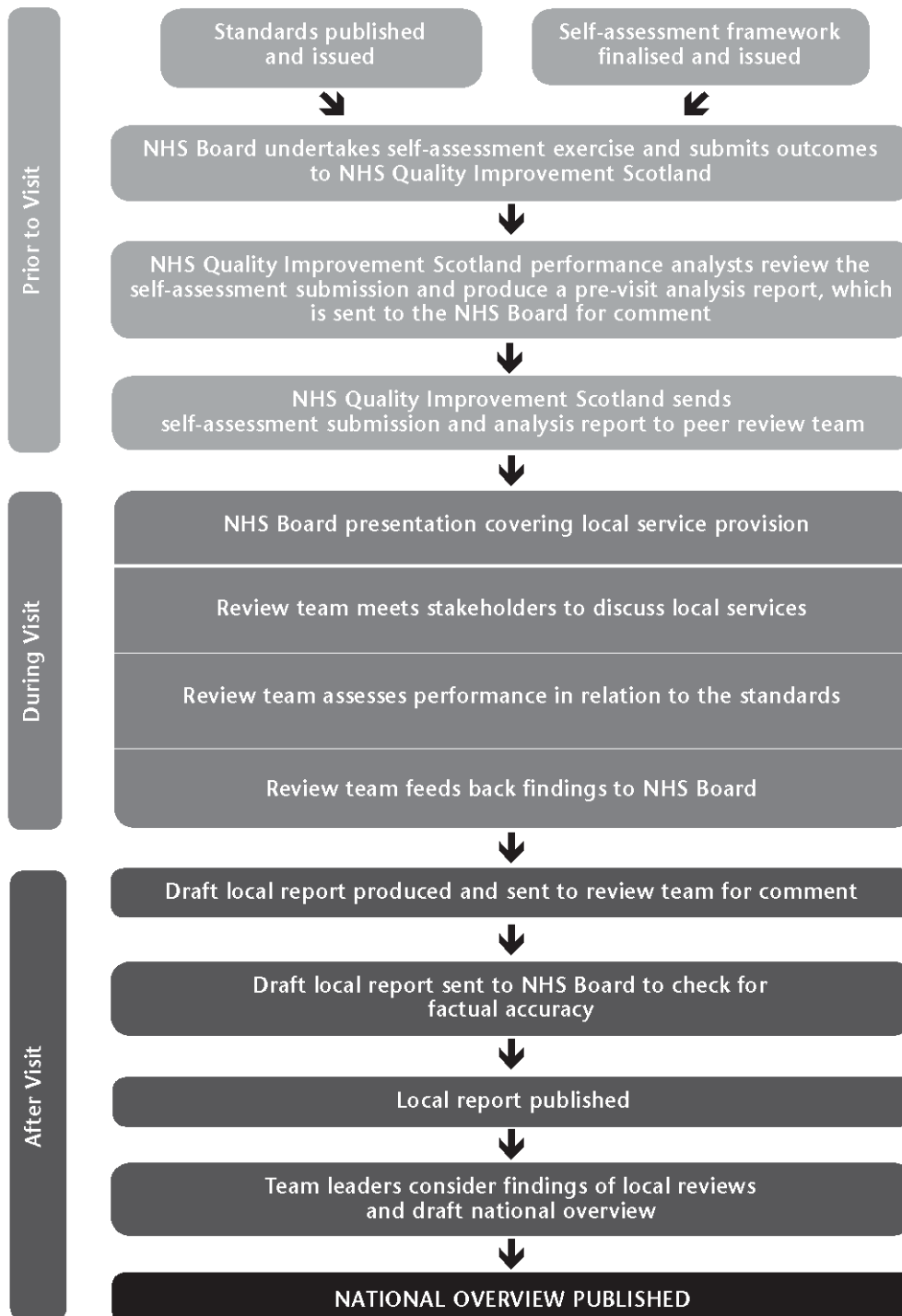
After each review visit, NHS QIS staff, with input as appropriate draft a local report detailing the findings of the review team. This draft report is sent to the review team for comment, and then to the NHS Board to check for factual accuracy. The local report will then be published and made available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

Dumfries & Galloway is situated in south-west Scotland and has a population of around 148,340. The majority of the population live in towns and villages, of which Dumfries is the largest in the region, although a significant proportion live in rural areas. 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

Dumfries & Galloway 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 Dumfries & Galloway.

The NHS Board has responsibility for the operation of clinical services, and the employment of those delivering these services. NHS Dumfries & Galloway delivers hospital and primary care/community health services. Mental health services are both hospital and community based. There is one community health partnership (CHP), Dumfries & Galloway Community Health Partnership. A CHP is 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 Dumfries & Galloway (www.show.scot.nhs.uk/dghb).

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.

Within NHS Dumfries & Galloway there is a clear commitment to implementing risk management and to ensure policies, strategies, systems and processes are fully embedded throughout the organisation.

A proactive approach to awareness raising and embedment of risk management was noted by the review team. This was evident through the delivery of risk management training to all staff which has resulted in a 'bottom up' approach. This has enabled the risk management issues to be approached at operational level, where possible, involving members of the public through the quality improvement working group in the development of risk management systems, policies and strategies; the development of risk management systems, policies and strategies in partnership with the local authority.

The review team acknowledged that emergency planning systems are being monitored within NHS Dumfries & Galloway as an entity of its own. However, in the absence of a Board-wide business continuity plan, the review team agreed that emergency and continuity planning systems are in developmental stages within this core area.

Co-ordinated programmes for clinical effectiveness and quality improvement are well implemented in NHS Dumfries & Galloway. Systems and procedures have been set out to ensure commitment from staff and that patient/public feedback informs service delivery. Clinical effectiveness activity is actively encouraged and supported in practice by the clinical governance team. There are procedures in place to ensure that national standards and guidelines are reviewed, actioned and implemented at a local level.

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.

A partnership approach to access of services, referral, treatment and discharge has been implemented within NHS Dumfries & Galloway. The provision of services is communicated in a variety of methods to ensure that awareness of local health services is raised as widely as possible in the local community. Patient needs, preferences and choices are taken into account by involving the disability access panel in service re-design and accessing the Xchange Network, a local network of

patient and members of the public who are involved in commenting on public services and consultations.

Electronic referral and discharge systems have been implemented to ensure effective, timely referral and discharge notification. Single shared assessments have also been developed and implemented in all appropriate areas of the acute sector, and at the time of the visit, roll-out had been extended within some areas of primary care. Information with regard to advocacy services is widely available to ensure patients receive support and advice, if necessary, at any stage of their journey of care. Sufficient evidence has been provided to demonstrate that the Board has implemented its equality and diversity policy in accordance with legislation, national guidance and best practice across the organisation. Partnership working with members of the local community has been noted through the establishment of the inclusive communities' forum, which ensures all minority groups are part of local projects and initiatives. Systems have been implemented to highlight communication issues and to ensure that information leaflets can be provided in different languages, should this be requested. Further to this, interpretation services are available to overcome barriers to face-to-face and verbal communication.

NHS Dumfries & Galloway has implemented communication policies, strategies and procedures, which have been developed in partnership with other public bodies to ensure they communicate with the local community in the same format. Technology is utilised as an effective and efficient communication tool internally, this is via, the intranet and email. The review team noted the Board's monitoring of its communication systems and procedures through carrying out communication audits and that staff surveys are conducted on a two yearly basis, however, it was concluded that insufficient evidence had been provided to demonstrate full monitoring of communication.

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.

The clinical governance and quality assurance arrangements of NHS Dumfries & Galloway have been implemented. It was acknowledged, however, that the clinical governance strategy is due to be reviewed during 2006. The support given from, and responsibilities of, the clinical governance team were noted by the review team but a possible over-reliance on the clinical governance facilitators was highlighted.

NHS Dumfries & Galloway closely monitors employee's fitness to practice. This is evident through: the Board's commitment to the delivery of a comprehensive mandatory training programme; mandatory occupational health screening assessments, which are carried out at recruitment and selection stages; and devolved responsibility of registration checks to line managers. The review team was also pleased to note the current development of a centralised computer system which will automatically monitor professional registration, providing examples of procedures to deal with lapsed registration, a clear commitment to clinical supervision.

The Board reported that the external communications strategy is currently under development. NHS Dumfries & Galloway described a partnership working approach, with other local public bodies involved in the development of this strategy.

Arrangements for performance management have been implemented across the Board area. NHS Dumfries & Galloway uses key performance and quality indicators to assess and measure local performance. The Board reported that currently there are no formal benchmarking arrangements in place.

Strategic responsibility and reporting arrangements for information governance are managed by the healthcare governance committee. The Board has ensured that awareness has been raised among staff with regard to nationally agreed policies and procedures to safeguard patient confidentiality. This is through induction training and other training specific to confidential information management. Further to this, NHS Dumfries & Galloway has ensured patients are made aware of their right to refuse consent to share personal information and what happens to their data and medical records. This is achieved by the provision of patient information leaflets and prominently displayed posters in patient waiting areas.

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 NHS Board is implementing its risk management policy, strategy, systems and processes across the organisation.

Development

NHS Dumfries & Galloway has well-developed risk management policies, strategies and systems. The development of these is undertaken jointly with the local authority, through the joint futures senior management group; however, the review team agreed that reporting lines, especially with joint groups, was unclear. The review team was pleased to note that patients and members of the public are involved in this process, as representatives from the quality improvement working group. However, the review team considered that the overall purpose of the quality improvement working groups requires to be made clearer, due to the multiplicity of areas in which the group is involved.

NHS Dumfries & Galloway reported that accountability for risk management reporting rested at directorate level.

Implementation

NHS Dumfries & Galloway has an open and responsive approach to risk management. Awareness of risk management is embedded throughout the organisation, and this is demonstrated through a Board-wide risk management training programme which is mandatory for general managers, and is open to all staff. At the time of the visit, it was reported that over 300 staff had completed this training. In addition, clinical governance facilitators have been trained to act as key risk management personnel. This group of staff deliver training and give advice locally, in relation to identifying risks adverse incident reporting and root cause analysis.

Successful completion of risk management training has played a pivotal role in identifying risks through a 'bottom-up' approach. In the first instance, incidents and risks are tackled at departmental level, where appropriate. If a solution cannot be reached, the incident or risk is escalated to divisional, then directorate level if necessary.

Further procedures for awareness raising have been implemented through the sharing of the learning gained from incidents or reported risks. Internal monthly risk

reports are fed back to all lead clinicians, nurse managers, local health partnerships and the quality improvement working group. As part of this feedback, the review team was pleased to note that topic-specific posters are also produced, which advise staff of safe and effective practices in the prevention of future incidents. Posters are predominantly displayed within each department, with responsible personnel charged with ensuring these are updated.

A single point of contact system has been implemented with regard to dissemination of safety and hazard alerts. This ensures that information is sent to one source and then circulated to a targeted distribution list of general managers and heads of department. These people are then required to confirm that they have received and read the information. Non-responders are sent reminders by the clinical governance quality improvement team. Although the majority of this communication is carried out via email, NHS Dumfries & Galloway reported that it also distributes paper copies of this information in an attempt to reach those staff who are not IT literate or where computers are not easily accessible. The review team noted that responsibility lies with these targeted individuals to further cascade this information to their staff.

NHS Dumfries & Galloway reported that approaches to risk management have been implemented following nationally recommended guidance.

Monitoring

The lead personnel for monitoring strategic risk management objectives are the Board's general head of clinical governance and development/risk manager, in conjunction with executive directors.

The review team noted that, at the time of the visit, insufficient information had been provided to demonstrate that NHS Dumfries & Galloway's approach to risk management was being monitored throughout the Board area. The review team was pleased to note, however, the following example of monitoring; a single point of contact system.

Reviewing

The review team noted that, at the time of the visit, insufficient information had been provided to demonstrate that NHS Dumfries & Galloway's approach to risk management is reviewed throughout the Board area.

Core area: 1(b) Emergency and continuity planning

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

Development

At the time of the visit, the review team was informed that NHS Dumfries & Galloway is currently developing a single Board-wide business continuity plan in partnership with the local authority. The Board reported that development of this plan would further enhance its partnership working arrangements.

Implementation

At the time of the visit, separate contingency plans were in place to address situations as and when they arise. NHS Dumfries & Galloway reported that these plans and existing implemented practices would be used to inform the single Board-wide business continuity plan which is currently being developed.

Monitoring

It was clear from the evidence provided that major emergency systems have been developed, implemented and are being monitored. The review team noted NHS Dumfries & Galloway's emergency planning has been developed in partnership with the local police force and fire brigade, and involves a level of public consultation. It is recognised that this stakeholder involvement is inextricably linked with contingency/continuity planning arrangements and development.

Reviewing

The review team noted that, at the time of the visit, insufficient information had been provided to demonstrate that NHS Dumfries & Galloway's approach to emergency and continuity planning is reviewed.

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

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

Development

NHS Dumfries & Galloway has developed a clinical effectiveness strategy. The strategy clearly demonstrates the commitment to enable clinicians within specialties to be fully involved in the development of clinical effectiveness and/or quality improvement programmes.

Implementation

NHS Dumfries & Galloway demonstrates a clear commitment to implementing the clinical effectiveness and quality improvement agenda.

Operationally, the Board has ensured that patient and public feedback plays a key role in evaluating the effectiveness and improving the quality of its services. NHS Dumfries & Galloway reported that patient and public feedback is reviewed monthly at operational level with responsibility for action lying with general managers as part of their clinical governance and risk management work plan arrangements. Feedback is reviewed by the quality improvement working group on a monthly basis, which highlight through its reporting arrangements to the healthcare governance committee issues for strategic consideration which it feels are not being addressed. However, the review team noted that as the reporting of patient and public feedback to strategic level was generally of a negative nature, there was less evidence of the value of positive patient and public feedback at this level within the organisation. The review team was pleased to note that a quality improvement working group has been formed. The role of the group is to review activity following complaints, adverse incidents, and patient feedback, which ultimately plays a crucial role in driving the

clinical effectiveness and quality improvement work programmes of NHS Dumfries & Galloway. During the visit, the Board reported that the quality improvement working group consisted of around 50% public/patient membership. The public/patient representation on this group is renewed every 2 years and it was reported that vacancies are advertised via the local press and radio.

The review team was also pleased to note the comprehensive approach to clinical audit which has been implemented within NHS Dumfries & Galloway. Ongoing and prospective audits and quality assurance projects are registered centrally with the clinical governance team. Outcomes are reported to appropriate lead clinicians or managers to identify areas which work well or need to be improved upon. General managers of acute services and local health partnerships are responsible for ensuring that clinical audit (as part of the overall clinical governance agenda) is actively undertaken within each of their respective areas.

The Board reported that draft NHS QIS standards are reviewed as and when they are issued. This is to audit compliance and ultimately highlight any issues which need to be acted upon. Similar work is also undertaken with regard to publication of Scottish Intercollegiate Guidelines Network (SIGN) guidelines, in that formal reviews of current practice are undertaken to ensure NHS Dumfries & Galloway conforms to nationally recommended guidance.

It was also reported that action plans are formed following NHS QIS reviews, to outline work which needs to take place to address areas of concern. The outcomes from these action plans are reported to the healthcare governance committee bi-annually.

Support mechanisms are provided by the clinical governance team for clinical and non-clinical staff to encourage participation and ensure full engagement with clinical effectiveness activity, this is through: audit training courses for all staff; quality improvement methods training; one-to-one support can be provided by clinical governance facilitators or clinical effectiveness manager; the 'Delivering Quality Services' toolkit, which is made available for staff; and 'Better Leadership, Better Healthcare' workshops every two months.

Monitoring

The review team noted that, at the time of the visit, insufficient information had been provided to demonstrate that NHS Dumfries & Galloway's approach to clinical effectiveness and quality improvement was being monitored throughout the Board area.

Reviewing

As NHS Dumfries & Galloway has not demonstrated that it is monitoring its approach to clinical effectiveness and quality improvement, there is not yet a process in place to undertake a review.

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

The review team noted that there are methods for communicating with patients and the public with regard to services which are provided by NHS Dumfries & Galloway. Examples of these methods include: annual reports; health and community care plan; the media; coming into hospital booklet and via patient and public working groups.

A doctor's handbook for clinicians has been developed by a multidisciplinary working group, providing referral and treatment guidance.

Implementation

Mechanisms for patient referral and discharge have been well implemented. The review team noted that an electronic referral and discharge system has been implemented between primary and secondary care. NHS Dumfries & Galloway reported that this system has greatly improved communication and sharing of clinical information. NHS Dumfries & Galloway further remarked that the system has accelerated the referral process, particularly in relation to urgent referrals.

A single shared assessment system has also been implemented using a multidisciplinary/multi-agency approach. Initially, a baseline study was undertaken to provide future measurable criteria for audit purposes. The single shared assessment has been rolled out into all wards and departments within the acute sector and has also been implemented in community hospitals and district nursing teams.

One document follows the patient journey in and between the primary and acute sectors. The review team was pleased to note that copies of the assessment are provided for the patients and, if appropriate, relatives and carers. Information is recorded electronically at various stages, therefore, removing duplication in the recording of core information, such as referral information, patient profile and medication details. Palmtop computers are being trialled in wards in response to feedback of limited computer accessibility.

NHS Dumfries & Galloway reported that the roll-out of single shared assessment will be further extended to the Short Term Augmented Response Service (STARS),

which is a joint health/local authority multidisciplinary service which facilitates early supported discharge and prevention of re-admission, by providing, intensive rehabilitation and holistic support. This will remove duplication of information recording in the community. NHS Dumfries & Galloway acknowledged that in sharing of this information potential issues surrounding consent are evident. To address this NHS Dumfries & Galloway has produced a consent protocol and it is planned to audit the effectiveness of the protocol in the near future.

The review team was interested to learn of low re-admission rates within NHS Dumfries & Galloway. From the evidence available, and discussions during the visit, the review team concluded that the main contributing factor to the low re-admission rates was through well-developed partnership working arrangements between NHS Dumfries & Galloway and other key stakeholders in providing treatment and support in the local community following discharge from hospital.

A People's Advocacy & Support Service has been implemented within NHS Dumfries & Galloway to provide support and impartial advice to patients and their carer(s). Prior to admission, elective patients are given information with regard to this service. This is through a patient booklet entitled *Coming into Hospital: A Patient's Guide*, which also contains information on help available for carers via the Princess Royal Trust for Carers. Representatives from the advocacy service and the Princess Royal Trust for Carers are regularly in attendance at Dumfries & Galloway Royal Infirmary to provide information and advice for patients and carers. At the time of the visit, the Board reported that the availability or need for support from the advocacy service is discussed through a multidisciplinary case conference in conjunction with the patient and/or carer(s). Patients and carers are also given postcards, in which they complete their contact details to self-refer to the advocacy service. User feedback and uptake of the advocacy service is reported to the director of nursing to ensure the effectiveness of the service is monitored. The review team was pleased to note the provision of advocacy training for junior doctors to raise awareness of the advocacy service, which inevitably encourages patients and carers to access the service.

NHS Dumfries & Galloway reported that a disability access panel has been formed which plays an important role in service redesign, ensuring equality of access and treatment for people with disabilities. The Board also reported that a joint working initiative with local transport providers has resulted in a regular bus service direct to Dumfries & Galloway Royal Infirmary.

Monitoring

The review team noted that, at the time of the visit, insufficient information had been provided to demonstrate that NHS Dumfries & Galloway's approach to access, referral, treatment and discharge is monitored throughout the Board area.

Reviewing

As NHS Dumfries & Galloway has not demonstrated that it is monitoring its approach to access, referral, treatment and discharge, there is not yet a process in place to undertake a review.

Core area: 2(b) Equality and diversity

Position statement: The NHS Board is implementing its equality and diversity policy in accordance with legislation, national guidance and best practice across the organisation.

Development

The Board reported that policies and strategies which relate to equality and diversity are currently not available to the public, however, it was planned to develop accessibility by making this available on the NHS Dumfries & Galloway internet site.

At the time of the visit, diversity assessment training was being developed. This training provides information on the use of the equality and diversity toolkit. The review team was interested to learn that NHS Dumfries & Galloway has undertaken an initiative to improve its hospital menus, to ensure they are more inclusive of cultural, ethnic and religious food requirements. An example of this work is the catering department of Dumfries & Galloway Royal Infirmary working alongside a local restaurateur to develop an inpatient menu offering Chinese food.

Implementation

NHS Dumfries & Galloway clarified that the designated director accountable for equality and diversity is the director of human resources and workforce strategy. The Scottish Executive Health Department's equality and diversity impact assessment toolkit has been implemented locally. Patients, the public and the local community are involved in feeding back their views with regard to undertaking and reviewing the impact assessment. The review team was interested to learn that this is carried out through the well-established inclusive communities' forum where NHS Dumfries & Galloway presents and openly discusses current projects and initiatives. Representation on this forum includes, for example Dumfries & Galloway multicultural association, groups for elderly and disabled.

Implementation of the toolkit is supported by members of the diversity project team. The role of this team is to ensure that recommendations with regard to equality and diversity are actioned, continued support is provided for staff and members of the local community, and that patient information is made available in different languages and formats, should this be requested.

The review team noted that communication issues are highlighted at the point of referral or admission. Staff have access to equipment to aid communication in patients presenting with sensory impairment. In addition, patient information leaflets can be transferred to CD or tape. All patient information leaflets include contact information in the four main languages (in addition to English) which are spoken in the area. The review team was informed that over recent years, an increasing number of Polish residents have come to live and work in the local region. This has brought about a steady rise in the number of requests for patient information to be provided in this language. Interpretation services can also be accessed by staff and patients to overcome barriers to communication. Interpretation service involves face-to-face communication with a speaker of another language and involves the patient,

member(s) of staff and an interpreter. The national interpretation service offers the same service but via telephone.

Monitoring

The review team noted that, at the time of the visit, insufficient information had been provided to demonstrate that NHS Dumfries & Galloway's approach to equality and diversity is monitored throughout the Board area.

Reviewing

As NHS Dumfries & Galloway has not demonstrated that it is monitoring its approach to equality and diversity, there is not yet a process in place to undertake a review.

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

A multi-agency communications strategy has been developed in partnership with NHS Dumfries & Galloway, the local council, police force, and Scottish Enterprise. The strategy strives to outline best practice with regard to inter-agency communication principles and how staff within these agencies should communicate with the local community.

Implementation

NHS Dumfries & Galloway reported that various methods of internal communication with staff have been implemented. These include feedback from Board meetings which is cascaded to managers through a monthly briefing session and to all staff via email. Computer technology is used as a central tool to communication. This is through a communications bulletin board, accessible on the intranet, where any information relevant to the organisation and its partner agencies can be found. The NHS contact system which is available by means of nhs.net provides contact details for not only staff within NHS Dumfries & Galloway, but nationally for the whole of the NHSScotland.

The Board also reported that open meetings are held throughout the local area to provide an opportunity for the public to give feedback.

Monitoring

The review team noted that, at the time of the visit, insufficient information had been provided to demonstrate that NHS Dumfries & Galloway's approach to communication was being monitored throughout the Board area.

However, the review team was pleased to note some individual examples of monitoring in some departments/services/areas for example, communication audits

and a bi-annual staff survey. However, it was agreed that communication policies, strategies and procedures were not monitored throughout the Board area.

Reviewing

The review team noted that, at the time of the visit, insufficient information had been provided to demonstrate that NHS Dumfries & Galloway's approach to communication was being reviewed throughout the Board area. The review team was pleased to note, however, the following individual example of reviewing; changing the format of monthly staff communications in response to feedback.

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 implementing its policy and strategy to co-ordinate clinical governance and quality assurance arrangements across the organisation.

Development

NHS Dumfries & Galloway has a well-developed strategy and framework and policies in place in order to drive the clinical governance and quality assurance agenda. The framework for clinical governance has been well evidenced within the Board's clinical governance arrangements paper. Notably, the framework describes devolved responsibility and the intention to link clinical governance with performance management via bi-annual performance management meetings which are overseen by the healthcare and clinical governance committee. The Board reported that the clinical governance strategy is due to be reviewed this year.

Implementation

The healthcare governance committee of NHS Dumfries & Galloway is responsible for providing assurance to the Board that effective clinical governance arrangements are in place. Regular reporting is documented in the minutes of the healthcare governance committee and Board meeting.

During the visit, it was highlighted that clinical governance activity is shared with the public via the health and community care plan. In addition, NHS Dumfries & Galloway has a clinical governance team which is co-led by two managers who have a remit to deliver the clinical governance agenda for NHS Dumfries & Galloway, in line with national and local priorities.

Within the clinical governance team, the role of the clinical governance facilitator has been developed. One facilitator works within each of the local health partnerships and divisions of the Board. At the time of the visit, it was noted that the facilitator for learning disability was yet to be appointed. The role of each of the facilitators is to support their respective area in the development and delivery of the clinical governance work plan at a local level within NHS Dumfries & Galloway. The review team noted a possible over-reliance on clinical governance facilitators due to the number of areas in which they provide support throughout the organisation. However, the review team was pleased to note that the role of the facilitator included dedicated operational support, which is given locally to steer local health partnerships

and divisions in their activity as part of clinical governance agenda, but there was less evidence of strategic direction.

Monitoring

Strategically, the effectiveness of quality assurance and improvement activities of NHS Dumfries & Galloway is monitored through patient/public and staff feedback which is reported to the quality improvement working group. In addition, key quality indicators for clinical governance are reported to the healthcare governance committee and performance management reviews.

At an operational level the clinical governance facilitators meet monthly to share information with regard to projects and work being undertaken. This helps to inform the overall work plan, which in turn allows the clinical governance team to assess and monitor its progress.

The review team noted that, at the time of the visit, insufficient information had been provided to demonstrate that NHS Dumfries & Galloway's approach to clinical governance and quality assurance was being monitored throughout the Board area.

Reviewing

The review team noted that, at the time of the visit, insufficient information had been provided to demonstrate that NHS Dumfries & Galloway's approach to clinical governance and quality assurance is being reviewed throughout the Board area.

Core area: 3(b) Fitness to practice

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

Development

The review team noted NHS Dumfries & Galloway's development of an on-line human resources (HR) monitoring system, 'hr.net'. The system will allow for electronic recording of professional registration. Key information is recorded such as registration number and expiry dates. From this key information, the system is able to generate timely warning notices to advise of staff who are due to renew their registration.

In addition to recording professional registration information, the system will record information with regard to induction and training and development. Crucial linkages will be developed between this system and an electronic version of the NHS Knowledge and Skills Framework (e-KSF) to migrate information and remove duplication of effort.

Although it is recognised that fitness to practice is well monitored in Dumfries & Galloway, the review team noted that implementation of the hr.net system should further improve existing practice.

Implementation

NHS Dumfries & Galloway has implemented policies and procedures to validate successful candidates' suitability and eligibility to their post. This includes agency and locum staff members.

From the evidence reviewed and information obtained during the review visit, the review team was pleased to note NHS Dumfries & Galloway's approach to locally delivered mandatory training which has been implemented. The mandatory training policy ensures staff receive appropriate training, enabling all staff to work safely, competently and confidently. The mandatory training programme consists of the following workshops: fire safety; moving and handling; standard infection control; food hygiene (as appropriate); basic life support; violence and aggression; and child protection. Line managers have responsibility to ensure that staff within their ward/department, attend mandatory training at regular intervals to ensure their knowledge and skills are kept up to date.

The review team was also interested to learn of partnership working arrangements between the Board and other key stakeholders in the support given to newly-recruited overseas doctors and their families in order to welcome and help them settle them into the area.

Monitoring

The review team noted that NHS Dumfries & Galloway has well-developed arrangements in place to robustly monitor potential and current employees' fitness to practice.

At the time of the visit, the Board reported that a number of screening assessments are carried out in the recruitment and selection stages and include: occupational health screening for all staff; criminal record checks; professional registration checks; and hepatitis B clearance. The types of assessment are dependent on the nature of the role. The Board reported that checklists of screening assessments are maintained to evidence that all necessary screening procedures have been completed. Operationally, managers in clinical areas carry out regular registration checks to ensure registrations for staff within their service or department are up to date. Should the situation arise where staff have not renewed their professional registration, procedures are followed which advise that such staff members are not currently permitted to practice in their qualified professional capacity. The Board highlighted that staff members are offered the option of being suspended on full pay, or being allowed to continue working, but in a role which does not require individuals to subscribe to professional registration (eg nursing auxiliary), until their registration has been renewed. It was reported to the review team that generally, in these circumstances, this is dealt with at operational level. However, in the instance of a prolonged lapse in registration, this is reported to directorate level (eg director of nursing).

At the time of the visit, the Board reported that personal development plans (PDPs) have been widely distributed in NHS Dumfries & Galloway to all staff and will provide a template for assessment of the forthcoming NHS Knowledge and Skills Framework. Individual progression with personal development plans is monitored through annual development reviews, which are undertaken in conjunction

with each staff member's line manager, and performance is reported through the staff governance committee.

Clinical supervision has been formally implemented into routine working practice in clinical areas within NHS Dumfries & Galloway. It was reported that external expertise is used to provide qualified staff with training in how to facilitate clinical supervision. This pool of trained facilitators advise staff within each department on the best and effective practices in the delivery of clinical supervision. All ward/service managers are provided with 7.5 hours protected time (one working day) per week to oversee clinical supervision of their staff.

A joint team survey has been carried out with regard to clinical supervision. During the visit, it was reported that the results from this gave a general consensus from staff that clinical supervision provided good interdisciplinary support mechanisms and made real improvements to patient care.

Reviewing

The review team noted that, at the time of the visit, insufficient information had been provided to demonstrate that NHS Dumfries & Galloway's approach to fitness to practice is reviewed throughout the Board area.

Core area: 3(c) External communication

Position statement: The NHS Board is developing its external communication strategy.

Development

NHS Dumfries & Galloway reported that due to organisational changes within the communications department, the strategy is currently still in the early developmental stages. The strategy has to be developed using an inter-agency approach, which involves NHS Dumfries & Galloway, the local authority and Scottish Enterprise. The aforementioned agencies have formally signed up to a partnership agreement to give assurance that a partnership approach will be adopted and will instill a high level of commitment. This commitment will be involved in developing and implementing a joint external communications strategy which will embed methods and mechanisms to monitor the impact of the strategy.

Implementation

The review team noted that, at the time of the visit the joint strategy had not yet been developed. Therefore, it has not been possible to begin the implementation stage.

However, the review team was pleased to note some individual examples of implementation in some departments/services, for example, distribution of the health and community care plan and the Xchange Network. However, it was agreed that the external communication strategy was not implemented throughout the Board area.

Monitoring

The review team noted that, at the time of the visit the joint strategy had not yet been developed and implemented and, therefore, it had not been possible to begin the monitoring phase. The review team, however, was pleased to note the following examples of monitoring: weekly reviews of the local press; holding one-to-one feedback sessions with members of the public and; question and answer sessions as part of public meetings.

Reviewing

The review team noted that, at the time of the visit, the joint strategy had not yet been developed, implemented or monitored and, therefore, it has not been possible to begin the reviewing phase.

Core area: 3(d) Performance management

Position statement: The NHS Board is implementing its performance management arrangements across the organisation.

Development

The Board reported that a core set of high level themes, arising from key performance indicators, have been developed which cover health, equality, access and treatment. It was also highlighted that the Board is working towards using more manageable data in providing trend analysis. Performance management information and data are shared locally at bi-annual community health partnership (CHP) meetings and at alternate Board meetings.

NHS Dumfries & Galloway reported its intention to make closer linkages with regard to performance management and clinical governance through the bi-annual performance management meetings as alluded to earlier in section 3(a). In addition, the Board recognised that currently, there are no formally agreed benchmarking arrangements in place in light of the discontinuation of performance assessment framework releases from the Scottish Executive Health Department.

Implementation

The review team noted that NHS Dumfries & Galloway is implementing its performance management arrangements.

NHS Dumfries & Galloway reported that key performance indicators are currently used within clinical specialties. Quality indicators are reported quarterly and monthly to the healthcare governance committee. This is with regard to complaints, 48-hour GP access and patient feedback. The Board also reported that 15% of all patients who have been discharged from hospital are asked to provide feedback on their admission.

At the time of the visit, it was reported that each individual directorate is involved in quarterly performance reviews each year and one overall annual review. In addition, the risk register is used to identify gaps in performance. The review team was

pleased to note the arrangement of annual performance review meetings in individual directorates.

Monitoring

The review team noted that, at the time of the visit, insufficient information had been provided to demonstrate that NHS Dumfries & Galloway's performance management arrangements are being monitored throughout the Board area.

Reviewing

The review team noted that, at the time of the visit, insufficient information had been provided to demonstrate that NHS Dumfries & Galloway's performance management arrangements are being reviewed throughout the Board area.

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 Dumfries & Galloway has reported that the information governance framework, led by the medical director has been developed. In addition, an action plan for information governance is in the final stages of development. The Board reported that the standards, as set out by the framework, will be implemented over the next 12 months.

Information governance reporting arrangements within NHS Dumfries & Galloway will be overseen by the healthcare governance committee. Strategic responsibility for clinical governance lies within this committee and will provide direct linkages between information governance and clinical governance.

Policies and procedures are also being developed to ensure systems are in place to manage situations where consent to share information is withheld.

Implementation

The review team agreed that NHS Dumfries & Galloway is implementing information governance systems, policies and procedures.

The Caldicott Report (1997) has set out guidance and procedures to ensure that patient information remains confidential and is safeguarded. The report also recommends that each NHS Board should appoint a person (Caldicott guardian) who is charged with this responsibility. NHS Dumfries & Galloway reported that the Caldicott guardian is the medical director and that national guidance on protecting patient confidentiality which was issued by the Scottish Executive Health Department has been issued to all staff.

In addition, it was reported that staff are given training on patient confidentiality as part of the induction process. Further to the induction training, specific information

is given and courses are delivered to staff with regard to records management, which includes aspects of patient confidentiality and adverse incident reporting. The review team noted this proactive approach in an effort to minimise the incidence of breaches of patient confidentiality.

A locally developed patient information leaflet has also been produced by NHS Dumfries & Galloway. The Board reported that this leaflet is attached to every outpatient/admission letter. Nationally produced patient information leaflets are also disseminated by the same method. The aim of these leaflets is to inform patients about how and why their personal information is used, stored, and make them aware of their right to determine how their information is shared and can be protected. The Board also reported that posters, detailing information with regard to confidentiality, are displayed in both admission and outpatient departments. Staff are involved in the development and delivery of ICT. Clinical staff identify their needs for the development and design of specific computer-based systems, which will then be developed in-house or externally. It was noted that patient involvement in the design of computer-based systems has not yet been developed.

Past incidents with regard to child protection have necessitated closer working links between all key public sector partners with regard to information sharing. The review team was pleased to note robust partnership working arrangements and, more notably, that learning gained from previous experience has resulted in positive change.

Monitoring

The review team noted that, at the time of the visit, insufficient information had been provided to demonstrate that NHS Dumfries & Galloway's approach to information governance is being monitored throughout the Board area.

Reviewing

The review team noted that, at the time of the visit, insufficient information had been provided to demonstrate that NHS Dumfries & Galloway's information governance arrangements are being reviewed throughout the Board area.

Appendix 1 – Glossary of abbreviations

CHP	community health partnership
CNORIS	Clinical Negligence and Other Risks Indemnity Scheme
HR	human resources
ICT	information and communications technology
NHS QIS	NHS Quality Improvement Scotland
SEHD	Scottish Executive Health Department
SIGN	Scottish Intercollegiate Guidelines Network
STARS	Short Term Augmented Response Service
PDP	personal development plan

Appendix 2 – Details of review visit

The review visit to NHS Dumfries & Galloway was conducted on 8 June 2006.

Review team members

Dr Mike Winter (Team Leader)

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Risk & Quality Manager, Golden Jubilee National Hospital

Mrs Margo Biggs

Public Partner, Forth Valley

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Ms Carol Hislop (Observer)

Audit Scotland

NHS Quality Improvement Scotland Staff

Mrs Anne Hanley

Team Manager

Ms Maggie Mackinnon

Project Officer

Mrs Elaine McArthur (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	5 December 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	26 April 2007
NHS Highland	29 March 2007
NHS Lanarkshire	7 September 2006
NHS Lothian	17 October 2006
NHS National Services Scotland	20 December 2006
NHS Orkney	23 November 2006
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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