

Golden Jubilee National Hospital

Local Report ~ February 2007

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

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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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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 **Golden Jubilee National Hospital**. This review visit took place on **8 November 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

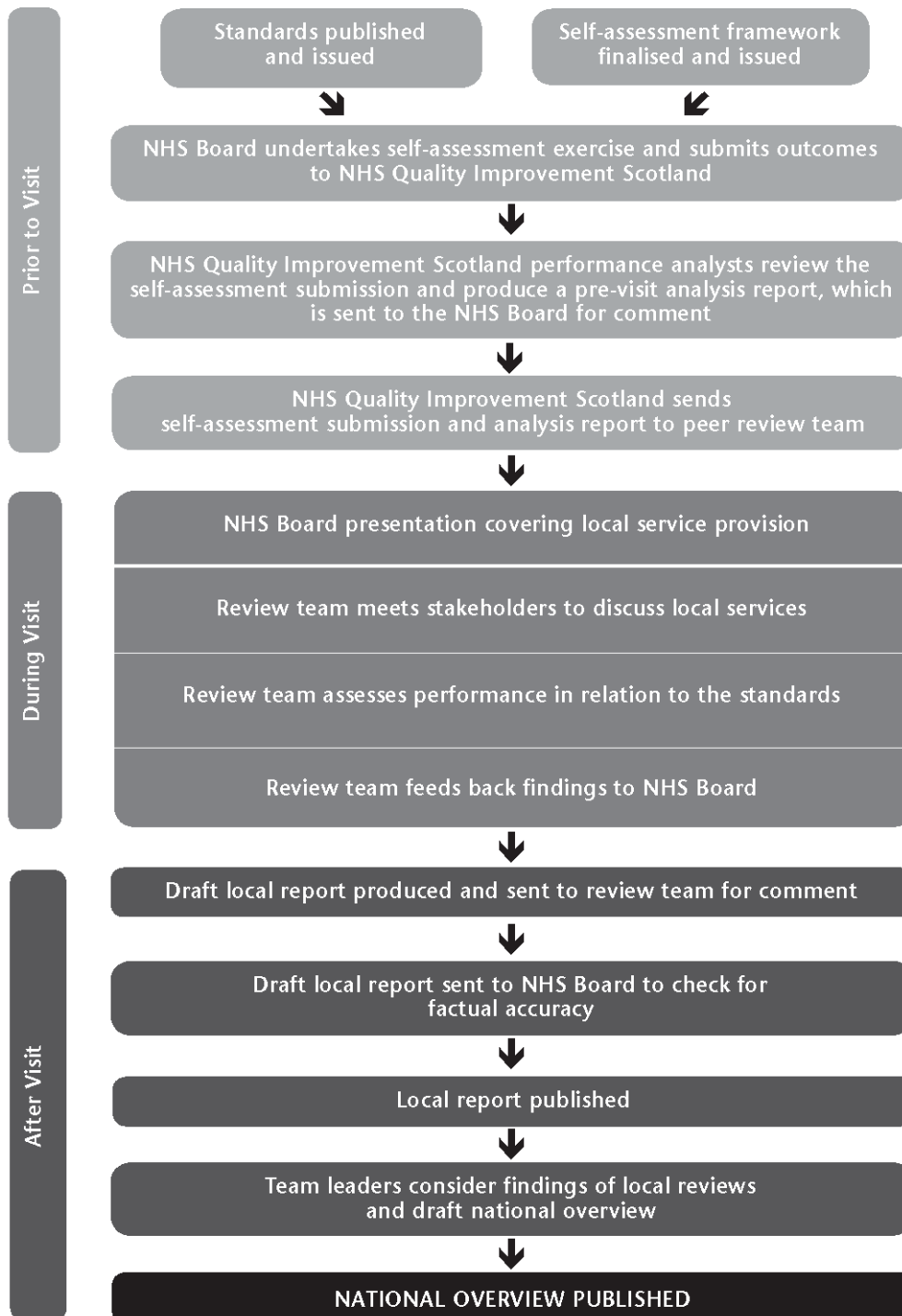
After each review visit, NHS QIS staff, with input as appropriate draft a local report detailing the findings of the review team. This draft report is sent to the review team for comment, and then to the NHS Board to check for factual accuracy. The local report will then be published and made available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

Golden Jubilee National Hospital (National Waiting Times Centre) is a Special Health Board. Situated in Clydebank, just west of Glasgow, the hospital is Scotland's first wholly elective NHS facility, providing services in key specialties to patients throughout Scotland, in order to assist in reducing waiting times.

Golden Jubilee National Hospital is run by the National Waiting Times (Scotland) Centre Board, which has responsibility for the efficient, effective and accountable performance of the hospital.

At the time of the review visit, services were provided on a single site.

The National Waiting Times (Scotland) Centre 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 Golden Jubilee National Hospital (www.gjnh.scot.nhs.uk).

Local NHS system and services

There are 116 beds in Golden Jubilee National Hospital. In 2007, Golden Jubilee National Hospital will be established as West of Scotland Regional Heart and Lung Centre. This will amalgamate services currently provided in Glasgow Royal Infirmary, Western Infirmary, Glasgow (both NHS Greater Glasgow and Clyde) and Hairmyres Hospital, East Kilbride (NHS Lanarkshire).

Golden Jubilee National Hospital is currently undergoing significant organisational changes and new directorate structures are being implemented.

2.2 Summary of findings against the standards

A summary of the findings from the review, including examples of local initiatives drawn to the attention of the review team, 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.

Risk management is well developed at Golden Jubilee National Hospital. However, the Board currently has no formal risk register. New directorate structures are being implemented and the review team noted that these will be pivotal for the future direction of services. Directorate general managers will develop risk registers for the top 10 directorate risks which will feed into the corporate risk register.

Formal links have been made between Golden Jubilee National Hospital, NHS Greater Glasgow and Clyde, private sector hospitals and the Scottish Ambulance Service with regards to emergency planning. All departments within Golden Jubilee National Hospital have established business continuity plans which are being revised following workshops.

A clear clinical effectiveness strategy is in place at Golden Jubilee National Hospital. Staff are supported and encouraged to develop new ideas and the review team noted the effectiveness of the patient diaries for gathering feedback.

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.

Golden Jubilee National Hospital's referrals are primarily from territorial NHS Boards, although general practitioners can refer to some medical imaging services. The hospital endeavours to undertake all pre-assessment on-site and GPs can use the adjoining Beardmore Hotel for patients (prior to their assessment) and carers. Discharge planning begins at the booking stage and the review team noted the follow-up telephone service provided to anthroplasty patients following their discharge. The patient satisfaction survey also allows the involving people facilitator to collate patients' feedback.

Golden Jubilee National Hospital has amalgamated the patient focus and public involvement (PFPI) functions and strands of equality and diversity, and has an approved involving people and equality and diversity strategy.

A communications strategy, informed by a communications audit is being implemented across the organisation. A communications forum has also been established which will allow staff to be involved in developing communications and will allow them a forum to feedback their suggestions.

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.

Golden Jubilee National Hospital has an approved clinical governance strategy. A review of clinical governance and quality assurance has been undertaken and new processes are now being implemented.

The Board demonstrated a strong commitment to fitness to practice, underpinned by opportunities for training and development, and robust mentoring arrangements for new staff.

A communications strategy has recently been implemented at Golden Jubilee National Hospital. Links with the community and public take place via public consultation, the internet, and a communications forum which has been approved by the Board and is being coordinated. The group will consist of staff members who will be given the opportunity to comment on all future communications plans.

Performance management arrangements have been reviewed following the implementation of the new directorate structures. However, the review team noted that performance management is focused on quantitative measures and the Board should consider more qualitative measures.

The information governance working group is charged with developing key policies and guidelines for information governance and implementing these across Golden Jubilee National Hospital.

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

Risk management structures at Golden Jubilee National Hospital are well developed. The director of nursing has overall responsibility for risk management and the clinical governance committee has delegated responsibility. The risk management steering group reports to the clinical governance committee where both risk management and quarterly monitoring reports, which contain a section on progress around risk management, are regularly discussed. However, the review team noted insufficient evidence was provided to indicate that the senior management team or the Board review the corporate risk register. Golden Jubilee National Hospital recognises that links between the senior management team and risk management steering group require to be strengthened to provide assurance that corporate risks are fully discussed at senior management team and Board level. At the time of the visit, Golden Jubilee National Hospital reported the introduction of a new directorate structure, which would include risk management arrangements. The review team noted that this will be pivotal for the future direction of services.

Although a risk workshop was held in May 2006 to allow senior management to identify and prioritise risks that were impacting on the corporate priorities facing Golden Jubilee National Hospital. The workshop updated the Board's corporate risks and reporting schedule. The internal auditors concluded that there is a need to identify and assess business risks at a directorate level and establish an appropriate mechanism to take action and report on the risks identified. The review team agreed the workshop was the catalyst to establishing risk management procedures at Golden Jubilee National Hospital.

A corporate risk register was produced and presented to the Board. The review team noted that a framework for managing each identified risk is being used by the risk management steering group and with operational staff. However, there is no formal corporate or directorate risk registers that currently take into account the Australian/New Zealand Risk Management Standards. The review team noted the long-term absence of the risk manager which has impacted on the further development of the directorate risk registers.

The Board reported that recently appointed general managers for the newly-formed directorates will develop directorate risk registers and identify the top 10 risks for each directorate. Managers have taken part in workshops to learn how to use the Australian/New Zealand Risk Management Standards. Clinical governance staff attend other department and team meetings and are involved in directorate team days. The review team noted that a reactive, rather than proactive approach is taken to recording risks, with adverse incidents and complaints being the route by which risks are reported by staff. The review team agreed that it was difficult to measure, test and appraise the adequacy and robustness of the risk assessments and control options at the time of the visit without formal risk registers.

The Golden Jubilee National Hospital has purchased DATIX which department managers are trained to use. DATIX is a healthcare risk management software package which is currently in use or development across much of NHSScotland. It enables a comprehensive picture of risks to be created within the organisation and is comprised of various modules or sections, including incident reporting, compliance with healthcare standards, patient advice and liaison, complaints, claims, inquests, training and skills, and safety alerts. Risks from these areas are prioritised using the DATIX risk register and assurance framework. DATIX can be implemented in stages as modules come online within an organisation. DATIX is used locally at Golden Jubilee National Hospital by clinical governance and risk management development unit staff to prepare reports for groups and committees. Clinical governance staff have a key role in entering data onto the system. DATIX is also used by department and senior managers to review incident data and manage risk registers.

Implementation

The review team noted that training and awareness of risk management is well embedded. Risk management training is included at induction and staff are aware of how to identify and manage risks. However, the review team was not provided with evidence to demonstrate formal recording of risks by operational staff. Managers all receive risk management training. The review team was pleased to note that staff who had reported incidents received information and feedback on these. However, external communication of risk management to members of the public and feedback to patients is limited.

A regular review of strategic risk management objectives is conducted through the risk management steering group. This group integrates, oversees and directs the risk management agenda and signs off risk policies. Links with performance management are put into practice by the senior management team. Although the Board recognises that the dynamic management of risk requires further development.

Monitoring

The review team agreed that, at the time of the visit, Golden Jubilee National Hospital had not yet demonstrated that it is monitoring its approach to risk management.

Reviewing

As Golden Jubilee National Hospital has not demonstrated that it is monitoring its approach to risk management, there is not yet a process in place to undertake a review.

Core area: 1(b) Emergency and continuity planning

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

Development

Formal links have been made with NHS Greater Glasgow and Clyde with regard to emergency planning, and the director of nursing at Golden Jubilee National Hospital is a member of the Greater Glasgow and Clyde civil contingency group. The Board has links with private sector hospitals, the Scottish Executive Health Department (SEHD) and North Glasgow Division regarding pandemic flu plans. The Board also has links with the Scottish Ambulance Service.

The Golden Jubilee National Hospital's organisational business continuity plan, although still in draft, is being tested as it is realised that the development of this is an evolving process. NHS Greater Glasgow and Clyde was involved in the review and further development of the existing business continuity plans and booklets for the whole Golden Jubilee National Hospital site (including NHS 24). Following feedback from workshops with staff, these departmental plans are now being further revised.

An external consultant is undertaking a review on business continuity and emergency planning for the entire hospital site. The results of this scoping exercise will report to the senior management team.

Each department within Golden Jubilee National Hospital has a business continuity plan which staff have contributed to. These plans are located within the relevant department, at reception, and on a shared drive. A table-top exercise of business continuity plans took place and drills are also being planned. Site-wide plans for departments such as estates and facilities are also available.

Implementation

The review team noted that, at the time of the visit, insufficient information had been provided to demonstrate that Golden Jubilee National Hospital's approach to emergency and continuity planning is being implemented throughout the organisation.

Monitoring

The review team noted that, at the time of the visit, insufficient information had been provided to demonstrate that the Golden Jubilee National Hospital's approach to emergency and continuity planning is being monitored throughout the organisation.

Reviewing

As Golden Jubilee National Hospital has not demonstrated that it is monitoring its approach to emergency and continuity planning, there is not yet a process in place to undertake a review.

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

The Golden Jubilee National Hospital has a clear clinical effectiveness strategy. This strategy reflects the Board's agenda nationally and locally, and was approved by the clinical governance committee in March 2006.

The Board's approach to the delivery of clinical effectiveness is outlined and driven through the clinical effectiveness strategy and action plan. All staff, including partnership forum representatives, had the opportunity to comment on drafts of the clinical effectiveness strategy.

A new system, Excelicare, has been procured and is Golden Jubilee National Hospital's electronic patient/management system. The introduction of this system is in a transition period and the Board hopes it will facilitate more effective multi-professional assessment. Ward clinicians will input data into the system to enable extensive data collection and reports. These reports will be sent to the clinical effectiveness facilitator to allow auditing of data as, at the moment, this information is not collected.

Implementation

Clinical effectiveness and quality improvement is embedded throughout the organisation. Heads of department are asked to consider planned audit and clinical effectiveness activity for inclusion in the associated action plan. Lead clinicians in each of the main specialties within each directorate are responsible for providing leadership for clinical governance activity. At the time of the visit, clinical directors were being appointed for each directorate and a clinical forum was being introduced to enhance multi-professional working across directorates.

The Board is involved in a variety of clinical effectiveness activity throughout the organisation. The review team noted the implementation of patient diaries. These were first used for cardiac patients and are in development for orthopaedic patients. The diaries allow patients to identify what they expect each day, describe their journey of care whilst in hospital and assist with the patient's understanding of their treatment. A framework is included in the diaries, however, they are completed in the patient's own words and staff have found that they help to manage patient's expectations. The information collected from the diaries is periodically audited and allows practice to be influenced at departmental level.

The review team was also pleased to learn of the follow-up calls following discharge offered to all patients who had had joint replacements. Two weeks after the patients have been discharged they receive a telephone call from the orthoplasty team to

establish the patient's progress. It is anticipated that this process will become standard across the organisation for all discharges. The infection control team has also piloted a post-discharge monitoring programme for all surgical patients using telephone calls to monitor their recovery. The infection control team reported that this has improved post-discharge support and reduced post-operative infection.

The review team noted that the clinical effectiveness facilitator and involving people facilitator work closely on clinical and quality issues. The involving people facilitator communicates clinical and quality issues to all staff from patients. Where necessary, the clinical governance and risk management development unit is involved to assist in the adaptation of processes. For example, surveillance figures on infection control are fed back to staff, these feed into alert systems and, if necessary, patients are recalled.

Staff are supported to develop new ideas and concepts by the clinical governance and risk management development unit. For example, the occupational therapists developed a 'mobility ladder' which was designed to be placed on the floor to encourage patients to walk further and make a quicker recovery. This concept was taken to the clinical governance group and the occupational therapists were given advice and guidance on how best to implement it and a trial was undertaken. The Board reported that a modernising manager is being appointed to assist service redesign, through project management and support to clinical leads and managers. The review team was pleased to note the examples of learning from patients, staff and the approach to audit.

Monitoring

Golden Jubilee National Hospital has an internal audit plan which looks at service delivery and patient care. A programme of all audit activity with review dates is submitted to the Board and the clinical governance committee. Items generated from the clinical governance steering group or from frontline staff can be considered as potential audits. Quasar, a quality control audit tool, has been procured by Golden Jubilee National Hospital and this will assist with the creation of a more robust quality system and will also aid the sharing of information.

Best practice statements and safety action notices are sent to the clinical governance and risk management development unit within Golden Jubilee National Hospital. These are then logged into a central database, distributed to senior staff, discussed at the clinical governance and risk management steering group and then reviewed and actioned as necessary. Responses to safety action notices are documented on the central database. The clinical governance steering group reviews a summary of all responses and actions taken and advises on any further steps that may be required. National standards are received by the clinical governance manager who acts as a liaison co-ordinator. Standards are tabled at the clinical governance steering group where one person takes the lead on implementation, with support from the clinical governance and risk management development unit. Regular updates are fed back to the clinical governance steering group and the clinical governance committee will be updated through the quarterly monitoring reports.

Clinical indicators and clinical outcomes are linked to the local delivery plan. An engagement/focus workshop has taken place with former patients where concepts of the local delivery plan were shared together with the Board's aims for the year.

This patient input then assisted Golden Jubilee National Hospital in informing the local delivery plan.

Reviewing

Although the Board is monitoring its policies, strategies and procedures for clinical effectiveness and quality improvement across the organisation, it has not yet begun the reviewing stage.

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 monitoring implementation of its policy and partnership approach to access, referral, treatment and discharge across the organisation.

Development

Patients are referred to Golden Jubilee National Hospital via NHS Boards who promote the services offered there to their patients. The hospital communicates with NHS Boards, GPs and community health partnerships (CHPs), and access to treatment at the hospital is primarily through referrals from territorial NHS Boards. Although GPs can refer to some medical imaging services.

Implementation

The Board has a duty of care for patients who attend Golden Jubilee National Hospital for 30 days after discharge. Discharge planning is considered at pre-assessment and the bed manager supports staff in overcoming any issues with discharge.

Golden Jubilee National Hospital is working with NHS Lanarkshire and NHS Greater Glasgow and Clyde with regard to involving public partners in the heart and lung centre move. Whereby, Golden Jubilee National will become the West of Scotland Regional Heart and Lung Centre. Interactive road shows have also taken place in Board areas to communicate to patients. Patients were also invited into the hospital to learn more about the move and additional complimentary buses were provided for this occasion.

Golden Jubilee National Hospital is adjoined to the Beardmore Hotel. This can be used for patients to stay prior to their admission to hospital, and carers can stay whilst friends or family are receiving treatment. The hospital endeavours to carry out patients' pre-assessment on-site and if necessary, depending on where the patient lives, patients are able to stay in the hotel the night before their assessment. Previously pre-assessment was carried out in other Boards however some inequalities in the formats of assessments were identified. Therefore the majority of pre-assessments are carried out at the Golden Jubilee National Hospital as far as it is reasonably practicable. Although, where this is not possible, negotiation takes place on a Board-by-Board basis with Boards following Golden Jubilee National Hospital procedures. These arrangements are reviewed on an ongoing basis.

The hospital has three mini-buses and a car which are used to transport patients to and from the hospital. The Board has acknowledged that there is a perception that transport issues may cause a problem in relation to the establishment of the heart and lung centre, due to its location. Therefore, an audit has been undertaken of patients currently using this service (eg how they arrive, what time of day) which has been shared with the Scottish Ambulance Service. Leaflets on train services have also been developed and the Board is considering how best to support staff who may feel vulnerable travelling at night. The Board is also influencing transport systems and the chief executive has met with officials from the local council to discuss how a new road may be extended to the hospital to provide better access.

Golden Jubilee National Hospital recently reviewed its consent policy. The policy describes expected practice with regards to providing patients with information on their condition, treatment, options and risks. In parallel with the policy, all professional groups are required to post general patient information relating to the hospital and services provided, together with condition specific information to patients prior to admission. On admission, patients may request additional information.

Monitoring

Golden Jubilee National Hospital has developed an ongoing patient satisfaction survey. Attempts have been made to benchmark with other NHS Boards. However, no comparable data are available for the patient survey as no other Board has a similar ongoing survey. All comments received in the survey, positive and negative, are acknowledged by the involving people facilitator.

Excelicare is used post-discharge in the orthopaedic department. Data, images and surgical notes are entered and can be audited. This system is being rolled out to other departments and will be able to link in with the new in-cab technology system being developed for the Scottish Ambulance Service. This will greatly improve the speed, quantity and quality of patient information transmitted to crews en route to incidents.

Reviewing

At the time of the review visit, the Board was unable to demonstrate reviewing of its access, referral and discharge arrangements across the organisation.

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

Golden Jubilee National Hospital has demonstrated a strategic response to the equality and diversity agenda through the amalgamation of the PFPI and Fair for All functions. The review team recognised that much work has been undertaken in a short time and that the Board faces challenges with regard to the local population that territorial NSH Boards do not encounter due to the services provided. However, the Board is now developing a strong focus in the local community by engaging them in the services provided by Golden Jubilee National Hospital. For

example, the involving people facilitator is building relationships with minority groups and patient groups in the community.

Implementation

The involving people and equality and diversity policies are incorporated into one overarching strategy which has been approved by the Board. The involving people group is chaired by a non-executive director. Members of this group are identified by patients who have indicated on the patient satisfaction survey that they would like to be involved in reference groups, and includes representatives from minority groups. The information provided from the groups feeds into service redesign. Vulnerable adults and their needs, and the NHS QIS best practice statement on learning disabilities are all being considered by the involving people group.

Patients and the public are encouraged to comment on, and be involved in, the organisation. A public consultation meeting took place to discuss the regional heart and lung centre. The public were also involved in the catering redesign and, following feedback from a patient survey, protected mealtimes have been introduced.

Monitoring

Although the organisation is currently implementing its equality and diversity strategy, there was no formal monitoring in place at the time of the visit. However, ad hoc monitoring and feedback occurs via an ongoing patient satisfaction survey.

Reviewing

As Golden Jubilee National Hospital has not yet demonstrated a formal approach to monitoring 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

Since the appointment of a head of communications much work has been carried out with regard to internal communication, for example a communications forum is being established. The communications forum will give staff an opportunity to be involved in developing communications and to feedback their comments and ideas. Although there will be a core membership, the forum is open to staff at all levels. Feedback from the meetings will be reflected in the staff newsletter and notes from the meetings will be available on the intranet or as hard copies on request. The communications manager is also developing tools to increase the effectiveness of communication with CHPs.

Implementation

A communications strategy, informed by a communications audit, is being implemented across the organisation. The review team was pleased to note the various methods of communicating to staff, for example a staff newsletter and

uncluttered notice boards. In addition all staff, including ancillary staff, have access to the intranet, and all executives and senior managers operate an 'open door' policy.

Staff bulletins and 'extra' bulletins were launched in October 2005. There is also a specific bulletin called 'Update' for staff involved with the West of Scotland Regional Heart and Lung Service. These provide information for all staff, or to specific groups of staff, as and when required. All bulletins are produced as hard copies and are also posted on the intranet. All bulletins have a tear-off form at the back of the bulletin which allows staff to feedback any comments. The communications department also has an email address which staff and the public can use to communicate their views.

The review team was pleased to note that staff were kept well informed of discussions at senior management team, heads of department and Board meetings, with notes of these meetings/team briefs being produced a few hours after each meeting and circulated to staff.

Monitoring

The review team noted that, at the time of the visit, insufficient information had been provided to demonstrate that Golden Jubilee National Hospital's approach to communication was being monitored across the organisation.

Reviewing

As Golden Jubilee National Hospital has not demonstrated that it is monitoring its approach to communication, there is not yet a process in place to undertake a review.

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

Golden Jubilee National Hospital has an overarching clinical governance strategy. The strategy was approved by the clinical governance committee in March 2006, with review due in February 2007. The strategy covers the period 2006–2009 and has a current implementation plan for 2006–2007. When drafting the clinical governance strategy, the clinical governance manager consulted the whole organisation through formal committees, groups and members of staff. The Board's standing focus group (consisting of patient input) received a copy of the strategy and a questionnaire, allowing their feedback to be recorded. The review team noted that the Board should be clear about the impact of the clinical governance strategy and the development of key performance indicators.

The review team noted that Golden Jubilee National Hospital has highly committed, enthusiastic staff who are dedicated to providing high standards of care. The review team also noted the cultural shift from visiting to employed medical staff which the Board envisaged will result in more effective engagement in governance activity.

The Board has undertaken a review of its clinical governance and quality assurance processes which resulted in the development of revised systems. The review team noted a lack of evidence from the minutes of senior management team meetings to demonstrate that clinical governance and quality assurance is discussed by the senior management team. Therefore, it was unclear if the senior management team is managing the clinical governance and quality assurance processes. Monitoring reports from the clinical governance committee to the full Board are also lacking. The review team also noted that, due to the size of the Board, there is a reliance on 'few people wearing many hats'. This is demonstrated by the fact that two thirds of the Board are on the clinical governance committee. The review team considered that this arrangement may not be sustainable and robust and that the current reporting structure seemed informal.

Implementation

Through progress reporting, Golden Jubilee National Hospital has shown to be implementing clinical governance and quality assurance policies and strategies. Beneath the clinical governance committee, there is a clinical governance steering

group and a clinical governance and risk management development unit. There is also evidence of the early implementation of directorate clinical governance groups which will develop core terms of reference. The review team noted that a potential challenge to the Board will be to roll out clinical governance across the directorates, and also to maintain and develop good clinical governance and quality assurance systems during rapid change.

Golden Jubilee National Hospital has informal systems in place to exchange quality assurance knowledge, information and best practice with other NHS organisations. Board staff attend local and national forums to share and exchange knowledge, such as NHS QIS forums (risk management and clinical governance working groups) and national conferences.

Historically, Golden Jubilee National Hospital has had little research and development activity. Partnership arrangements have been developed with NHS Greater Glasgow and Clyde research ethics committee to ensure all research and development activity receives the required ethical approval. Local activity is monitored through the clinical governance steering group and operational support is provided by the clinical governance and risk management development unit. The chief scientist's office has also provided advice to the Board which has assisted in establishing a research and development strategy and implementation plan. This is in the process of being implemented across the Board.

Monitoring

The Board is at an early stage of implementation of its clinical governance and quality assurance arrangements. The review team agreed, therefore, that it is not yet able to monitor its arrangements.

Reviewing

Although Golden Jubilee National Hospital is implementing clinical governance and quality assurance arrangements across the organisation, the review team agreed that the Board has not yet begun the reviewing stage.

Core area: 3(b) Fitness to practice

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

Development

All new staff at Golden Jubilee National Hospital are required to undergo a disclosure check prior to commencement of employment and also attend an induction programme. Checks are undertaken at recruitment stage to ensure that all staff possess the required qualifications, registration and accreditation to practice. These checks are conducted through the human resources department in accordance with the recruitment and selection policy. Where professional registration is required this is verified at appointment. External contractors evidence competency through appropriate clauses in contractual arrangements which are agreed by the estates and facilities manager.

Implementation

The Board has two nursing policies in place with regards to clinical supervision: student and placement; and mentorship of new start. The Board recognises that newly qualified nurses and qualified nurses from outwith the UK require different levels of support, and, therefore, are mentored for 3–6 months. All mentors undertake a 2-day training course to provide them with the necessary skills to support new staff. Competencies of new staff are built into their personal development plan, linked to the NHS knowledge and skills framework (KSF) and monitored by their mentor and the team. The Board has received positive feedback from students with regards to the support provided.

Any training requirements for staff are highlighted via the training needs analysis carried out by their line manager. Education and training updates and reports are provided by the practice development nurse. The education manager and all department managers manage their own staff professions and registration and this is disseminated through the heads of departments. Registration reports and updates are provided to the Board and committees. The review team noted that the Board has a commitment to fitness to practice underpinned by opportunities for training and development.

A local clinical supervision scheme is being piloted by the nurse educator within the intensive care unit. The Board envisaged that the results of this pilot will be rolled out to develop an organisational policy and scheme. The rehabilitation department (physiotherapists and occupational therapists) also have regular supervision sessions. However, Golden Jubilee National Hospital has yet to develop and implement an overarching clinical supervision policy for each professional group.

Golden Jubilee National Hospital is in the process of reducing the number of visiting consultants and trying to recruit permanent surgeons. It is envisaged that this will encourage ownership of policies and development of personal development plans for this group of staff.

Monitoring

Although the organisation is currently implementing its fitness to practice policies and procedures, there was no formal monitoring in place at the time of the visit. However, ad hoc monitoring and feedback does occur. A satisfaction survey was conducted during 2005 with 69% of staff at Golden Jubilee National Hospital responding. Of staff who responded, 61% confirmed that they have a personal development plan. Changes were implemented as a result of the previous staff survey which encouraged staff to complete this survey. At the time of the visit, 50–60% of posts have KSF outlines and it is hoped that this figure will be 100% by the end of 2006.

Reviewing

The review team noted that, at the time of the visit, insufficient information had been provided to demonstrate that Golden Jubilee National Hospital's approach to fitness to practice is being reviewed throughout the organisation.

Core area: 3(c) External communication

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

Development

Following the appointment of a head of communications, a communications audit was undertaken. Audit information informed the communications strategy which describes the progress to date and the way forward for the coming year.

The review team noted that although a referral process is in place, communication to GPs could be improved. Although it is acknowledged that Golden Jubilee National Hospital has to receive its patients via referral, it may be beneficial to patients and other NHS Boards if GPs were made more aware of the services provided at Golden Jubilee National Hospital in order to give patients the choice to attend.

Implementation

Golden Jubilee National Hospital continues to engage in communicating with the public particularly with regards to information concerning the West of Scotland Regional Heart and Lung Centre. A public event was held to communicate progress with this project and additional staff bulletins have also been circulated detailing key information.

The chief executive chairs the West of Scotland communications group for planned care and is the joint lead for the national programme. The patient information management group, chaired by the head of communications, is also developing patient information leaflets.

The Golden Jubilee National Hospital's website, where key strategy documents, minutes of meetings and news updates are available, is accessible to the public. A communications forum is also being established and the standing focus group, which consists of previous patients to the hospital, is asked to comment on publications and future plans.

Monitoring

The review team noted that, at the time of the visit, insufficient information had been provided to demonstrate that Golden Jubilee National Hospital's approach to external communication was being monitored throughout the organisation.

Reviewing

As Golden Jubilee National Hospital has not demonstrated that it is monitoring its approach to external communication, there is not yet a process in place to undertake a review.

Core area: 3(d) Performance management

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

Development

Golden Jubilee National Hospital has reviewed its performance management arrangements, introduced directorate management leads to strengthen accountability and implemented an electronic performance system. Therefore the Board has begun to develop and implement new arrangements. The review team noted that the Board is adapting well to rapid change and the new directorate structures.

Implementation

Following the introduction of health efficiency access treatment (HEAT) targets, the Golden Jubilee National Hospital has reviewed its performance management framework to reflect the unique nature of the Board. For the year 2006–2007, the Board has faced a significant challenge looking at HEAT targets, therefore, the SEHD agreed that the Board should focus on a narrow range of targets.

The performance management framework for Golden Jubilee National Hospital focuses on national and local priorities. The framework uses a balanced score card approach to categorise activity. Clinical governance and risk management activities are identified within the ‘customer’ perspective. Progress is reported against the previous national performance assessment framework targets. Achievement of ‘on course’, ‘progress/slippage’, or ‘no progress’ is reflected as green, amber, or red.

Staff at Golden Jubilee National Hospital reported the use of High Performance (Parallel) Object-Orientated software systems (HIPPO), an electronic performance management package. This package was being loaded onto systems at the time of the review visit and will allow the production of integrated reports.

The review team noted that as performance management, at the time of the visit, was focused on activity and number driven, the Board is just beginning to consider other issues. Targets are in place for areas such as finance and human resources. Clinical governance targets are not yet in place, however, it is intended that these will be operational for 2007. The review team considered that Golden Jubilee National could collect more qualitative indicator data, and the Board may benefit from a more structured approach. However, the review team was pleased to note the effective recording and reporting of corporate issues.

Monitoring

The review team noted that, at the time of the visit, insufficient information had been provided to demonstrate that Golden Jubilee National Hospital’s approach to performance management was being monitored throughout the organisation.

Reviewing

As Golden Jubilee National Hospital has not demonstrated that it is monitoring its approach to performance management, there is not yet a process in place to undertake a review.

Core area: 3(e) Information governance

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

Development

Golden Jubilee National Hospital appointed an information governance officer in 2005. Since this appointment, a number of key strategies and policies have been developed and implemented to link information governance to clinical governance and risk management issues. The information governance working group reports to the risk management steering group and the clinical governance committee via an information governance steering group. The information governance working group aims to steer and develop key policy and guidelines development. This group is chaired by the information governance officer.

Implementation

Information governance training is provided to all staff within the Board (in the hospital and hotel) at induction and through additional compulsory training. The information governance and security officer reports monthly to the information governance steering group where policies and procedures are approved. The Board has an IT security policy which has been approved at Board level. Associated standards to support the policy have been approved by the information governance steering group. Data protection and freedom of information policies are also in use.

Access to electronic information is agreed with the Caldicott guardian who is also the medical director and access rights are set up accordingly. Breaches of patient confidentiality are highlighted via DATIX and the information governance and security officer addresses these. Inappropriate access to ehealth records is recorded and reported. A limited audit of records has taken place and Quasar is used for this purpose.

Patient information leaflets developed by Health Rights Information Scotland (HRIS) and hospital leaflets are provided to patients informing them of how their personal information is used. Feedback on all aspects of the patient journey is also gathered from patients via the patient satisfaction survey.

Monitoring

The review team noted that, at the time of the visit, insufficient information had been provided to demonstrate that Golden Jubilee National Hospital's approach to information governance was being monitored throughout the organisation.

Reviewing

At the time of the visit, the Board was unable to demonstrate reviewing of its information governance arrangements across the organisation.

Appendix 1 – Glossary of abbreviations

CHP	community health partnership
CNORIS	Clinical Negligence and Other Risks Indemnity Scheme
GP	general practitioner
HDL	Health Department Letter
HEAT	health efficiency access treatment
HIPPO	High Performance (Parallel) Object-Orientated
HRIS	Health Rights Information Scotland
KSF	knowledge and skills framework
NHS QIS	NHS Quality Improvement Scotland
PFPI	patient focus and public involvement
SEHD	Scottish Executive Health Department

Appendix 2 – Details of review visit

The review visit to Golden Jubilee National Hospital was conducted on 8 November 2006.

Review team members

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Project Officer

Ms Tracy Walker

Senior Project Officer

Miss Nadine Walker (Observer)

Project Assistant

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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