

NHS Highland

Local Report ~ July 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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ISBN 1-84404-415-7

First published July 2007

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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 Highland**. This review visit took place on **29 March 2007**, 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

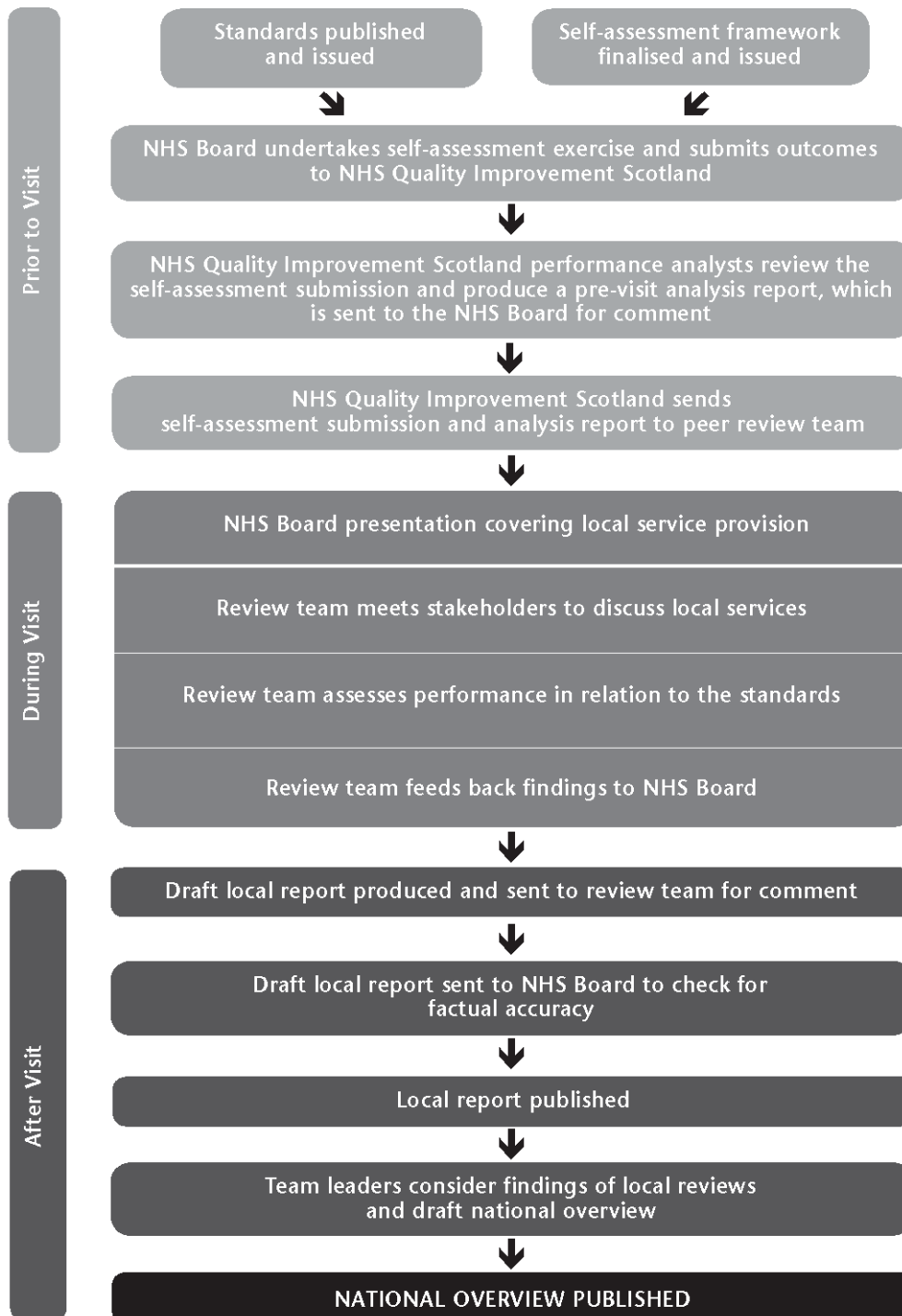
After each review visit, NHS QIS staff, with input as appropriate draft a local report detailing the findings of the review team. This draft report is sent to the review team for comment, and then to the NHS Board to check for factual accuracy. The local report will then be published and made available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

NHS Highland covers a large geographical area situated in the north and west of Scotland and has a population of around 302,530. The city of Inverness is the largest urban area in the region, although most of the population live in rural areas which may be remote, including islands. The proportion of older people in the population is higher than the national average, whereas levels of illness and deprivation are proportionally lower, although rural deprivation remains hidden and difficult to measure in many communities.

Local NHS system and services

Highland 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 Highland.

At the time of the review visit, NHS Highland provided acute and primary care services through a single operating division, Direct Health Services. This comprised one specialist services unit (SSU) providing acute care, and based at Raigmore Hospital, Inverness, and four community health partnerships (CHPs). Each CHP covers a geographical area and 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).

Following the dissolution of NHS Argyll & Clyde on 31 March 2006, the administrative boundaries of NHS Greater Glasgow and NHS Highland altered to allow them to take over the responsibility for managing the delivery of health services in relevant parts of the Argyll and Clyde area. NHS Highland's extension covers the area of Argyll and Bute Council. The Argyll and Bute community health partnership commissions a significant element of secondary services from NHS Greater Glasgow and Clyde.

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

2.2 Summary of findings against the standards

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

Standard 1 – Safe and effective care and services

Overall position statement:

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

NHS Highland has an established risk management framework, supported by the relevant committee structures and reporting channels, to facilitate a systematic approach to risk management. The Board appears to have a clear understanding of the roles and functions required to enable an effective risk management system, and has successfully translated this understanding into the practical implementation of its risk management arrangements. The Board now faces the challenge of further developing its risk management monitoring arrangements to enable the comprehensive and inclusive monitoring of all components of its risk management framework.

NHS Highland has well-developed emergency planning arrangements which address the specific challenges created by the remote and rural nature, and wide geographical spread of the area it serves. The Board's arrangements for business continuity planning are less well developed, although considerable progress is noted in developing and implementing a template for its business continuity planning framework.

Clinical effectiveness is a key component of NHS Highland's clinical governance work programme and the Board was able to provide a wealth of evidence to demonstrate the practical application of clinical effectiveness and the positive impact this has had on the delivery of patient care.

Standard 2 – The health, wellbeing and care experience

Overall position statement:

The NHS Board is monitoring the implementation of its policies, strategies, processes and procedures to provide services that take into account individual needs, preferences and choices.

NHS Highland provided a range of evidence to illustrate that it is implementing and monitoring its approach to access, referral, treatment and discharge to ensure that its care and services are provided in partnership with patients, carers and the public, and take individual needs, preferences and choices into account.

The Board is working towards meeting its statutory equality and diversity obligations and has developed its equality and diversity work programme to meet the needs of this important agenda. It is currently implementing a number of specific equality and diversity projects and has developed plans for the future monitoring and review of the effectiveness of its work in this field.

It is evident that NHS Highland views effective communication as an essential component of its business and has developed and implemented a range of mechanisms to enhance the way that its staff communicate and engage with each

other, patients and the public. The Board reports that it is also committed to monitoring the effectiveness of its communication mechanisms in order to improve the quality of service it provides.

Standard 3 – Assurance and accountability

Overall position statement:

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

Clinical governance is well embedded throughout NHS Highland, with established monitoring and committee structures in place to support and encourage the further development and implementation of the clinical governance work programme. A positive clinical governance culture is evident and well-established mechanisms to share good practice and disseminate clinical governance information are in place.

NHS Highland has a suite of policies, documents and procedures in place to ensure that its workforce has the necessary skills, knowledge and experience to carry out its role in a safe and effective manner. It also displays a commitment to meeting the continuing professional development needs of its workforce and recognises the value of high quality clinical supervision.

NHS Highland appears to place real value on the importance of involving and engaging stakeholders in all areas of its work and has undertaken measures to facilitate and enhance the way that it communicates with its external stakeholders.

The balanced scorecard approach forms the basis of NHS Highland's performance management arrangements and is used as a comprehensive tool to implement and monitor its performance management framework. The systematic and widespread adoption of the balanced scorecard has helped to formalise and structure performance management arrangements across the organisation.

NHS Highland has developed its information governance framework and has reached the point of beginning to implement, and subsequently monitor, its information governance arrangements throughout the Board area.

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 Highland's risk management framework is set out in its risk management policy. The policy includes details of the organisation's risk management aims and objectives, and clearly describes roles and responsibilities in terms of practising, supporting, delivering and overseeing risk management activities. The risk management framework is supported by a number of other items including incident management policy and procedures, and the health and safety policy.

The organisational arrangements and committee structures to support the Board's risk management framework are also outlined in the risk management policy. The risk management steering group (RMSG) is responsible for the strategic delivery of the organisation's risk management objectives. The RMSG reports to the three statutory governance committees of the Board.

The three statutory governance committees: clinical governance, staff governance and audit are responsible for overseeing the organisations risk management arrangements and provide assurance to the Board that its risk management systems are effective.

The direct health services management team (DHSMT) provides an overseeing and operational delivery risk management function and is responsible for ensuring the operational delivery of the organisation's risk management objectives.

It is the overarching philosophy within NHS Highland that all staff throughout the organisation have a responsibility for risk management, with identified managers having responsibility for the effective management of risk within each operational unit.

Clinical governance and risk management groups are in place within each of the operational units which make up NHS Highland. These groups have responsibility for developing local risk registers and ensuring that the risk management framework is implemented at a local level. Each local clinical governance and risk management group reports to its operational unit management team and through this to the DHSMT.

Practical support for the organisation's risk management activities is provided by the clinical governance and risk management support team (CGST). It was noted that individual members of the CGST are identified as links for each of the operational units within NHS Highland to help ensure continuity and a consistent approach to risk management.

Implementation

A comprehensive corporate risk register is in place and is reviewed on a quarterly basis by the RMSG. The processes for escalating risks throughout the organisation's risk management structures are well defined and there are clear routes for items populating the corporate risk register.

The recent amalgamation within NHS Highland with the Argyll and Bute region has resulted in two different incident reporting systems being in place. The Board recognises the need to establish a single incident reporting system throughout the organisation and is working towards this goal. At present, integration of risk management policies and procedures has been achieved, and universal incident reporting forms are being disseminated throughout the organisation. It was reported that due to the two incident reporting systems used by NHS Highland, it was difficult to report comparable information for all operational units.

A number of risk management educational/information events have been held within NHS Highland including risk workshops for senior managers to develop the corporate risk register, a clinical governance and risk management day for members of the Board, and a range of risk assessment training. It was reported that a comprehensive risk management training and education programme is currently being developed by the CGST.

The review team also noted the progress NHS Highland has made in developing its risk management arrangements with independent contractors. Examples of a number of forums where risk management issues were able to be addressed were provided as evidence. These included meetings between GPs and leads of the community health partnerships (CHPs), meetings of the GP subcommittee and area dental committee, and significant event analysis meetings with GPs and acute services consultants. The Board was able to provide examples where the effectiveness of its risk management arrangements with independent contractors has been demonstrated, including an incident involving cold chain fridges and work on developing standards in care homes.

Monitoring

A number of risk management reporting mechanisms are in place, including quarterly performance monitoring meetings held in each of the operational units. Each of the operational units is required to provide risk management reports to its operational unit management team. The RMSG meets on a quarterly basis and reviews the corporate risk register as part of this process. Clinical governance and risk management is a standing agenda item at the Board performance meetings and the meetings of the DHSMT.

Key performance indicators (KPIs) for risk management have been developed, although at present the systematic monitoring of progress against these KPIs has not been fully established.

At present, two different incident reporting systems are in use within NHS Highland, making it difficult to provide meaningful and comparable monitoring of incidents. It was reported that NHS Highland is in the process of reviewing its incident reporting arrangements with a view to implementing a single system throughout the organisation.

The review team considered that, in the absence of comprehensive incident management information, NHS Highland is not currently in a position to inclusively monitor the implementation of its risk management policy, strategy, systems and processes.

Reviewing

Some assessment and review of risk management has been undertaken, particularly in response to the recent addition of Argyll and Bute to NHS Highland. It was further reported that the Board reviewed its clinical governance and risk management arrangements with subsequent revision of the reporting structure during one of its monthly development sessions.

However, the Board was unable to demonstrate that it is systematically reviewing the effectiveness of its risk management policy, strategy, systems and processes across the organisation.

Core area: 1(b) Emergency and continuity planning

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

Development

NHS Highland's comprehensive emergency planning arrangements are outlined in its major incident and major emergencies plan. The plan is further supported by major incident plans which are in place for each of the receiving hospitals within the region.

The major incident and major emergencies plan makes reference to the full range of emergency scenarios which have the potential to arise within NHS Highland. Specific attention is paid to the remote and rural nature of many of the areas within the region and the impact that this may have on the response to emergency situations. The plan also focuses on the Board's co-operation with other agencies, including the emergency services, statutory organisations and the voluntary sector.

The Board's business continuity planning arrangements are less well developed than its emergency plans and the limited documentary business continuity evidence provided supported this stance. However, during the review visit, the review team was encouraged by the detailed descriptions of service continuity plans that are clearly in place in some parts of the organisation. The review team also noted the service continuity planning template which has been developed and disseminated throughout the organisation. It was reported that considerable progress has been made in terms of completing the service continuity planning template across NHS Highland.

Implementation

An emergency planning and service continuity (EP&SC) group is in operation to take forward the Board's strategic work plan in terms of emergency and service continuity planning. This group is currently considering a framework for emergency contingency plans which makes reference to the main issues impacting on service continuity. At the time of the review visit, it was evident that this framework is still at the developmental phase and is yet to be implemented throughout the organisation.

NHS Highland provided a range of comprehensive examples to demonstrate that its emergency planning arrangements have been thoroughly measured, tested and appraised. These included live and table-top exercises and the organisation's response to near-miss events which had the potential to develop into full-scale emergency situations.

Monitoring

All emergency planning exercises incorporate a full debrief session following completion of the exercise to allow the opportunity to evaluate the effectiveness of the plan and look at the lessons learned.

In view of the developmental nature of NHS Highland's business continuity framework, the Board has not reached the stage where it is able to monitor the effectiveness of its business continuity arrangements.

Reviewing

The effectiveness of NHS Highland emergency planning arrangements is systematically reviewed as part of the rolling process of measurement, testing and appraisal of emergency plans.

Due to the developmental nature of NHS Highland's business continuity framework, the Board has not reached the stage where it is able to review the effectiveness of its business continuity arrangements.

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

Clinical effectiveness is an integral component of NHS Highland's clinical governance framework. The Board approved the clinical effectiveness strategy and action plan following a broad consultation process. The strategy describes the Board's overseeing role, the delivering role of the DHSMT and local clinical governance and risk management groups, the supporting role of the clinical governance support team and the practising role of all clinical teams, in terms of clinical effectiveness.

Processes are in place to ensure that the clinical effectiveness work programme is prioritised and reflects and responds to the requirements and objectives identified in the local delivery plan (LDP). The clinical governance and risk management groups within the individual operational units within NHS Highland are responsible for developing their own work programmes which reflect national priorities and local needs identified in the LDP. Each operational unit is led by a clinical director, who is responsible for clinical effectiveness at local level, and is supported by a named link individual from the CGST. The supporting role of the CGST helps to ensure a co-ordinated and consistent approach to this process.

Implementation

NHS Highland was able to provide detailed descriptions of a number of clinical effectiveness projects which have successfully demonstrated improvements in patient care. These included an audit of the NHS Quality Improvement Scotland (NHS QIS) food, fluid and nutritional care standards which has resulted in an increased use of a nutritional status tool and recording of nutritional status. Another example presented to the review team was the audits on record-keeping and care planning. The results of these audits showed that improvements were needed to ensure effective communication. Re-audits are continuing on an ongoing basis and these have shown that improvements are being made.

NHS Highland views patient involvement as an important component of its clinical effectiveness activity and has put in place a number of measures to ensure that it involves these important stakeholders in its clinical effectiveness work programme. These measures include developing a plan for involving patients and the public in conjunction with the public involvement teams, utilising members of Highland HealthVOICES Network and the patient councils. Patient/public input was also evident in the development of managed clinical networks (MCNs) and service redesign processes.

NHS Highland takes a proactive approach to disseminating feedback on its clinical effectiveness activities throughout the organisation. The CGST maintains a dedicated page on the intranet which is used as a forum to share good practice and information on the organisation's clinical effectiveness activity. A quarterly clinical governance and risk management newsletter is also produced. NHS Highland also holds an annual clinical governance conference to showcase its work in relation to clinical governance, clinical effectiveness and risk management, and to highlight areas of good practice. The review team was pleased to note the wide range of projects and papers, from each of the operational units, presented at this event and considered this to be a reflection of the organisation's commitment to its quality improvement agenda.

The review team noted the clinical policy ratification group (CPRG) which has been established to ensure that NHS Highland has high quality clinical policies, procedures and guidelines. Representatives of the Board acknowledged the challenges of establishing and setting the remit of this group. This group now faces the task of prioritising the programme of policy ratification given the large number of documents in existence throughout the region.

A number of procedures are in place to disseminate and implement national standards and guidelines across the organisation. The CGST has a key role in current processes and issue any nationally produced material to key staff throughout

the organisation for their information and appropriate action. There is also provision within the CGST newsletter to include details of recently issued national information. It was, however, recognised that there is no systematic way of ensuring the dissemination and implementation of national standards and guidance which has prompted the review of current arrangements. It was reported that plans are in place to establish a new system during 2007.

Monitoring

The CGST produces a 6-monthly report detailing the organisation's clinical effectiveness activity and progress against its clinical effectiveness objectives which is presented to the Board.

The chief operating officer holds regular performance accountability meetings with the operational unit management teams which include feedback on progress against clinical effectiveness objectives. In addition, the Board nurse director chairs a group which has identified key areas of clinical effectiveness activity for nursing and the allied health professionals. These have been incorporated into a work plan which is monitored by the area nursing, midwifery and allied health professional committee.

As a key component of clinical governance, KPIs for clinical governance incorporate clinical effectiveness indicators and progress against these is monitored as part of the balanced scorecard approach.

Reviewing

NHS Highland has demonstrated its commitment to ensuring that it delivers effective patient care and that it is monitoring the quality of care it provides. However, at the time of the review visit, the Board was unable to provide evidence to illustrate that it is systematically reviewing the effectiveness of its clinical effectiveness programme throughout the organisation.

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 monitoring the implementation of its policies, strategies, processes and procedures to provide 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

NHS Highland was able to provide a range of documentary evidence, supported by detailed descriptive accounts, of the mechanisms it deploys in order to ensure that its care and services are provided in partnership with patients, carers and the public, and take individual needs, preferences and choices into account. It was evident that the delivering for health agenda plays a high profile in influencing the Board's approach to access, referral, treatment and discharge.

Information on NHS services provided within Highland are made available in a variety of media including the internet, written leaflets and booklets, press releases, radio announcements and in the NHS Highland annual report. The Board also has an awareness of particular vulnerable and prevalent groups within its population and has developed information which is specifically designed to meet the needs of these groups.

A patient access policy is in place which provides patients and staff with a guide to the responsibilities of NHS Highland in relation to the management of waiting times, outlines patients' responsibilities in relation to information provision and provides information on procedures not routinely provided by the organisation.

The Board reported that the recently-approved patient information policy, which includes a checklist to ensure quality, relevance and suitability of patient information, has been disseminated throughout the organisation. A carer's information strategy is also in place which focuses on the specific needs of carers and involves them in the Board's developmental work.

Implementation

A number of patient involvement groups are in operation within NHS Highland including the Highland HealthVOICES Network, the patient councils and the Highland Users Group (HUG). The review team was pleased to note the range of strategies deployed by the Highland HealthVOICES Network to enable patient

involvement in the Board's activities. The complexities of involving representatives of all population groups, and ensuring involvement of representatives from the remote areas of the region, were acknowledged.

The Board was able to provide evidence of a number of projects that have been designed to meet the needs of specific vulnerable groups within its population. These include a number of developments, in conjunction with both Highland and Argyll and Bute Councils, which cover areas such as older people, learning disabilities and the homeless.

MCNs for stroke, coronary heart disease and diabetes are well established within Highland region which help to ensure that patients with these chronic conditions are treated equitably and consistently. A key objective for the MCNs is to develop referral guidance. It was further reported that referral pathways for other conditions, including cancer, cataracts and fractured neck of femur, are in place.

The use of the single shared assessment (SSA) tool is variable across NHS Highland. It was reported that the volume of paperwork associated with the use of the SSA is the main barrier to its widespread implementation, although the Board is currently exploring electronic solutions to address this problem. It was also reported that the Board has plans to integrate the SSA with the immediate discharge document to further reduce the volume of associated paperwork.

A number of steps have been taken within NHS Highland to ensure that the Board meets its legislative obligations in terms of obtaining patient consent. A policy for consent to treatment, surgery and invasive procedures is in place, along with a quick guide leaflet, both of which are available in hard copy and on the internet. Leaflets detailing patients' rights in relation to consent are also available. It was further reported that a consent audit has been undertaken across the organisation, the results of which will be published in the future.

The Highland joint health and social care admission and discharge protocol is in place to help ensure that there is a structured and systematic approach to discharge planning throughout the region. A discharge co-ordinator is also in post at Raigmore Hospital to help facilitate the discharge process.

Monitoring

Access and discharge indicators are routinely monitored as part of the health, efficiency, access and treatment (HEAT) targets. These are built into the KPIs which make up the balanced scorecard which is the primary performance management tool utilised within NHS Highland. The review team considered that the comprehensive approach to monitoring of delayed discharges was particularly worthy of note.

The review team also received in depth descriptions of the processes in place for assessing the appropriateness of GP referrals which included monitoring referral rates from GPs and the volume of unscheduled admissions and delayed discharges. It was also reported that regular feedback is collated on referral issues related to out-of-hours services.

Patient feedback surveys are undertaken throughout NHS Highland and it was reported that a survey using a newly-designed patient questionnaire has been completed in Raigmore Hospital and is about to be implemented across other parts

of the organisation. Other examples of patient surveys included an out-of-hours survey carried out in conjunction with NHS 24 and a maternity services patient survey.

Other examples presented to the review team, which demonstrate how the Board is monitoring implementation of its policy and partnership approach to access, referral, treatment and discharge included: a review of the appropriateness of admissions to Raigmore Hospital as part of an unscheduled care project; an audit of discharge planning in Argyll and Bute; and an audit of an methicillin resistant staphylococcus aureus (MRSA) pathway.

Reviewing

NHS Highland was unable to provide evidence to demonstrate that it is reviewing the effectiveness of its policy and partnership approach to access, referral, treatment and discharge 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

NHS Highland has demonstrated a strategic commitment to meeting the requirements of Fair for All and the equality and diversity agenda. An equality and diversity steering group (E&DSG) has been established and is responsible for delivering the strategic equality and diversity agenda within the region.

The NHS Highland race equality and Fair for All action scheme sets out the organisation's aims and objectives in terms of addressing equality and diversity issues and includes a detailed action plan.

Implementation

A programme of equality and diversity impact assessments is ongoing within NHS Highland and all new services, strategies or policies undergo impact assessment as part of the approval process. It was further reported that there is a requirement that all papers presented to the Board undergo equality and diversity assessment.

Evidence was provided of the range of material available to meet the needs of specific groups and individuals in the population served by NHS Highland. Patient information has been translated into several different languages and the Board is engaged with NHS Health Scotland in the process of developing central patient information sources in different languages. The review team noted the joint approach to accessing translation and interpretation services which has been developed in liaison with other agencies within the region.

The importance of collecting and recording accurate information on ethnicity has been highlighted and systems are currently being developed to ensure that this important patient information field is completed to help inform the development of the future equality and diversity work programme.

Monitoring

In view of the relative infancy of NHS Highland's equality and diversity work programme, the Board has not yet reached the stage where it is monitoring the implementation of its equality and diversity arrangements across the organisation.

Reviewing

NHS Highland has not yet reached the stage where it is reviewing the effectiveness of its equality and diversity arrangements across the organisation.

Core area: 2(c) Communication

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

Development

NHS Highland's communications strategy outlines the organisation's approach to internal and external communication, and includes detailed objectives and an action plan. The communication action plan identifies the actions required to meet its objectives and identifies the lead individual with responsibility for the attainment of each objective. Timescales for achievement and measures of success are also included in the action plan.

The working group with responsibility for the development of the communications strategy was made up of a broad membership including public/patient and staff representatives. There was further evidence that an organisation-wide consultative process was undertaken prior to the final approval of the strategy, which included developmental workshops and circulation on the intranet.

The recently-appointed head of public engagement leads the communications team which provides support and advice for communications issues throughout NHS Highland.

Implementation

A number of mechanisms are deployed within NHS Highland to improve the way that staff communicate and engage with each other, patients and the public. There is a dedicated communications section on the intranet which enables staff to directly access the communications strategy and the communications toolkit. The toolkit has been developed to provide information and advice to staff on producing local communication plans and information in formats to meet the needs of diverse groups within the population. NHS Highland also has an internet site which includes a wide range of information on the organisation and the services it provides.

NHS Highland has been proactive in developing methods to work towards meeting the staff governance standards of keeping staff well informed and involved. A series of 'Get WISE' staff briefing sessions have been held to allow staff to ask questions, make suggestions and raise awareness of key issues within NHS Highland. It was reported that further staff briefing sessions are scheduled for 2007.

Information for staff in written formats includes a monthly team update paper which is the formal monthly organisational channel for news and information, and is made available in hard copy and electronically. A quarterly magazine entitled 'In Touch' is also produced which features more informal news-type articles about staff, health messages and key developments, and this is available to staff and the public.

Monitoring

NHS Highland has adopted a number of processes to enable it to evaluate and monitor the effectiveness of its communication mechanisms. These include analysing the results of the staff survey and developing an action plan to take forward staff communication issues identified through the completion of the staff survey. The staff survey results have also been utilised to inform the development of local communication plans.

Following each 'Get WISE' staff briefing session, attendees are asked to complete an evaluation form. The collated evaluation responses are published on the intranet. The positive feedback from this evaluation exercise has resulted in the scheduling of further staff briefing sessions.

An evaluation of the NHS Highland intranet and internet has been undertaken and has identified a number of problems with the existing presentation of information on these sites. It was reported that both the intranet and internet sites are currently in the process of being redesigned in light of the feedback received. A dedicated project team is leading the redesign process for the website and this includes representatives from the HealthVOICES Network. The re-launch of the intranet and internet is scheduled for spring 2007. A major feature of the new design will be the ability of staff to upload information to improve the currency and accuracy of information. Data on the number of people accessing the NHS Highland intranet and internet are also collected as a means of monitoring usage of these sites.

Monitoring of progress against the actions identified in the communications action plan is carried out through the organisation's performance management arrangements. The communications team provides progress reports to the area partnership forum and to the NHS Highland Board performance meeting on a 6-monthly basis.

Reviewing

It is evident that NHS Highland values the importance of effective communication and is implementing and monitoring a range of strategies and procedures to improve the way that its staff engages with each other, patients and the public. However, the Board was unable to demonstrate that it is reviewing the effectiveness of its communications mechanisms across the organisation.

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 monitoring the implementation of its policies, strategies, processes and procedures to promote public confidence about the safety and quality of the care and services it provides.

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

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

Development

NHS Highland displays a positive clinical governance culture which appears to be well embedded throughout the organisation. Its formal clinical governance arrangements and supporting committee structures are set out in its clinical governance strategy. The strategy is based on the six principles of good governance and describes how these are applied in terms of the overseeing, delivery, supporting and practising functions of the committees, teams and individuals with responsibility for different elements of clinical governance.

The overseeing role of the clinical governance committee (CGC) is to provide the Board with assurance that systems, structures and processes are in place to secure high quality services to the people of the Highlands. Each of the operational units also has a governance committee, chaired by a non-executive director, which is responsible for overseeing clinical governance arrangements in accordance with the duty of care.

The review team also noted the input, understanding and commitment to clinical governance from the non-executive members of the Board, and considered that this was an important element in instilling the positive clinical governance culture throughout the organisation.

The DHSMT and the clinical governance and risk management groups in each of the operational units within Highland carry out the delivery function for clinical governance, and are responsible for ensuring that systems, structures and processes are established to ensure that the organisation's clinical governance obligations are met.

Implementation

Operational support for the implementation of clinical governance is provided by the CGST, which provides support on all aspects of clinical governance activity, including risk management, clinical effectiveness, research and development, and patient focus.

There appears to be a well-established philosophy that clinical governance is the responsibility of all staff working within NHS Highland. This philosophy is reflected within the strategy in the practising section, where the role of all managers and staff in the delivery of high quality care is emphasised.

Various other support and information resources are in place to promote awareness of clinical governance, and to enable clinical governance activity to flourish within NHS Highland. There is a dedicated clinical governance section on the intranet which is used as a forum to share good practice and information on the organisation's clinical governance activity.

Written sources of information on clinical governance include a principles leaflet, annual report, quick guides and a quarterly clinical governance and risk management newsletter.

Specific events which focus on the organisation's clinical governance work have been held. These include awareness raising road shows within each of the operational units, and an annual clinical governance conference to highlight the organisation's clinical governance work and share areas of good practice. The review team was pleased to note the wide range of projects and papers, from each of the operational units, presented at this event and considered this to be a reflection of the organisation's commitment to its clinical governance agenda. It was further reported that clinical governance awareness sessions are also included in educational programmes for student nurses, midwives and junior doctors.

Arrangements are in place to ensure that all clinical programmes and research projects comply with national guidance and are assured through the clinical governance framework. All research proposals are reviewed by the Highland research office which includes approval by the research ethics committee. An ethical framework is also in place to guide how decisions are made in relation to the ethical approval of research projects. In addition, a clinical ethics committee provides ethical advice to patients and staff within NHS Highland.

Monitoring

KPIs for clinical governance are incorporated into the balanced scorecard approach which is used to monitor the organisation's performance as part of its formal performance management arrangements.

There are well-established committee structures for the monitoring of progress against the clinical governance KPIs. The three standing committees of the Board: clinical governance, staff governance and audit report directly to the Board on areas of clinical governance related to their specific areas of interest.

Each of the operational units within the region have clinical governance and risk management groups which are responsible for reporting to the DHSMT on progress against the organisation's clinical governance KPIs. The DHSMT provides reports on progress against the organisation's clinical governance KPIs to each of the standing Board committees.

Reviewing

It is evident that a positive clinical governance culture is embedded throughout NHS Highland, and that the structures and processes are in place to support and monitor

its clinical governance activity. However, at the time of the review visit, the Board was unable to demonstrate that it is reviewing the effectiveness of its clinical governance arrangements as part of a process of continuous quality improvement.

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

NHS Highland has a range of recruitment policies and documents in place to ensure that its workforce has the necessary skills, knowledge and experience to carry out its role in a safe and effective manner.

Examples of person specifications and associated assessment forms were included as evidence. A recruitment plan, staff governance action plan and workforce framework were also supplied to demonstrate that robust procedures are in place to ensure that NHS Highland's workforce is fit to practice. Specific policies and procedures for the use of independent contractors and locum staff were particularly noteworthy.

Implementation

A system is in place to ensure that registration and accreditation checks are carried out. The workforce information officer ensures that registration and accreditation information on all newly-appointed staff is recorded prior to commencement of their employment. Thereafter, monthly payroll reports prompt the requirement for registration and accreditation renewals. These reports are available to the managers within each of the operational units in NHS Highland and procedures are in place to ensure that any non-compliance is highlighted and addressed.

NHS Highland demonstrates its commitment to meeting the continuing professional development needs of its workforce. A number of key roles and processes are in place to ensure that the professional development needs of staff are addressed. These include a training needs analysis, personal development planning and review processes, learning and development facilitators, and the learning and development subgroup.

NHS Highland recognises the value of high quality clinical supervision and has developed a clinical supervision policy and framework which, at the time of the visit, was in the process of being implemented across the organisation. It was reported that while clinical supervision is well established in certain professional groups within the organisation, the universal uptake of clinical supervision for all professional staff has yet to be achieved. In addition, a recent clinical supervision audit identified a number of issues relating to the uptake and access of clinical supervision, and the implementation programme has been adapted in response to these issues.

Monitoring

The balanced scorecard approach includes a number of specific objectives which relate to workforce issues and ensure that the staff within NHS Highland are appropriately trained and skilled to carry out their roles effectively. Progress against

these objectives is monitored as part of the organisation's performance management arrangements.

Lines of monitoring and reporting for specific workforce issues are well defined from the operational management teams within each of the operational units within the region to the DHSMT. The DHSMT reports directly to the staff governance committee which provides high-level information to the Board on staff governance issues which have the potential to pose significant risk to achieving the organisation's corporate objectives. More specific and detailed compliance monitoring is undertaken by the area partnership forum, pay modernisation board and staff governance committee. In addition, a number of internal audit reports have focused on workforce issues such as overtime and agency use, locums and workforce planning.

Reviewing

NHS Highland was unable to provide evidence to demonstrate that it is reviewing the effectiveness of its policies and procedures across the organisation to ensure its workforce is fit to practice.

Core area: 3(c) External communication

Position statement: The NHS Board is monitoring the implementation of its external communication strategy across the organisation.

Development

NHS Highland's external communication arrangements are included in its communications strategy which also covers internal communication. The strategy incorporates a detailed communications action plan which identifies the organisation's communication objectives and the lead individual with responsibility for achieving each objective. Timescales for achievement and measures of success are also included in the action plan.

The organisation's external communication agenda is driven forward and supported by the recently-appointed head of external communication and the communications team.

Implementation

NHS Highland reported that it values the importance of involving and engaging stakeholders in all areas of its work, and has undertaken measures to facilitate and enhance the way that it communicates with its external stakeholders.

The NHS Highland website is a key communication tool and is used to capture and disseminate a wide range of information about service developments, issues and achievements throughout the organisation. It was reported that the format of the website is currently being redesigned in response to feedback from key stakeholders on its design and usability.

A range of written information is also produced to communicate messages with external stakeholders. These include the quarterly 'In Touch' magazine, which contains news-type articles about staff, health messages and key developments within the region. Copies of the NHS Highland annual report are widely distributed to key

stakeholders and it is also made available on the website. Specific literature is produced in relation to key developments within the region which are likely to have an impact on particular population groups such as the redesign of out-of-hours services and changes to transport services.

Stakeholder involvement is also facilitated through a series of formal events which are held throughout the region. These include meetings every 2 months between the NHS Board and members of the Scottish parliament to debate issues raised by constituents. Regular meetings are also held with representatives of NHS Highland and local council members within the different regions covered by the organisation. The practice of holding meetings of the Board of NHS Highland in different locations throughout the region has also been adopted to promote external stakeholder involvement and engagement in this area of Board activity.

As previously noted, a number of patient and public involvement groups are in place within NHS Highland including Highland HealthVOICES Network, the HUG and the patient partnership forums within the CHPs. The review team considered that the existence and active involvement of these groups greatly enhances NHS Highland's ability to communicate and engage with this important stakeholder group.

Monitoring

Progress against the communications objectives identified in the communications action plans is monitored by the communications team which reports to the area partnership forum and to the NHS Highland Board performance meeting on a 6-monthly basis.

Measures to monitor the effectiveness of communications mechanisms with specific stakeholders groups are also undertaken. It was reported that questionnaires are issued to members of Highland HealthVOICES Network in order to assess the effectiveness of communication with this group. Specific feedback on communication issues is also sought following external consultation events.

A number of patient feedback surveys have also been undertaken throughout NHS Highland, including a newly-designed questionnaire which has been completed in Raigmore Hospital and is about to be implemented across other parts of the organisation. Other examples of patient surveys included an out-of-hours survey carried out in conjunction with NHS 24 and a maternity services patient survey.

Reviewing

NHS Highland is implementing and monitoring a range of mechanisms to facilitate and enhance the way it communicates and engages with its external stakeholders. However, the Board was unable to provide evidence to demonstrate that it is reviewing the effectiveness of its external communications mechanisms across the organisation.

Core area: 3(d) Performance management

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

Development

NHS Highland utilises the balanced scorecard as its main performance management tool. It was reported that the introduction of the balanced scorecard has resulted in a more formalised and structured approach to performance management throughout the organisation.

The objectives incorporated into the balanced scorecard include the HEAT targets and KPIs, which reflect the targets identified in the local delivery plan.

The balanced scorecard approach is also utilised to monitor progress against KPIs for other key areas of Board activity, including clinical governance, risk management, communication and clinical effectiveness.

The structures and reporting lines for performance management are well established with clearly identified routes for escalation and delegation of performance-related issues.

Implementation

Implementation of the balanced scorecard is established throughout most parts of the organisation with local performance management frameworks reflecting the balanced scorecard approach. During the visit there was acknowledgment among representatives of NHS Highland that, although the balanced scorecard approach has been widely adopted and implemented across the organisation, there is still work to be done to disseminate its use to some local management units where other performance management frameworks are currently in use. It was reported that the outputs of local performance management systems feed into the balanced scorecard system.

The review team was informed of several examples of regular performance management meetings which are held within NHS Highland to address performance issues in key results areas. These included daily bed management and accident and emergency waiting times meetings, weekly cancer waiting times meetings and weekly radiotherapy waiting times meetings. In addition, meetings to address strategic performance management issues across the full spectrum of waiting times are held on a 2-monthly basis.

The service planning department play a key role in collecting and compiling performance management information from a range of electronic and paper-based systems which are in place throughout the region. It was reported that plans are in place within NHS Highland to introduce the Citistat system to enhance the data used to populate the current performance management system.

A range of performance management reports are produced and disseminated throughout the organisation to inform the operational and strategic activity of the Board. A comprehensive performance monitoring report, based on the balanced

scorecard, is discussed and addressed at the monthly meetings of the DHSMT. The DHSMT reports directly to the Board on performance management issues.

The review team also noted the practice of publishing the balanced scorecard on the NHS Highland website which allows this to be accessible to the public.

Monitoring

The balanced scorecard clearly identifies areas of responsibility and progress against targets, and provides the mechanism for monitoring organisational performance in a structured and formalised manner.

Monthly meetings of the Board within NHS Highland are alternated to address strategy issues at one meeting, followed by performance and delivery issues at the next meeting. Reports on progress against the objectives identified within the balanced scorecard for each of the operational units within NHS Highland are presented to the Board at each performance meeting.

A performance review meeting is held in each of the operational units within NHS Highland on a 6-monthly basis to monitor performance at this level.

The Board was able to provide a number of examples where performance management information has been used to implement and demonstrate improvements in service delivery. These included a reduction in the waiting time to access diagnostic services, a reduction in waiting times for patients with minor injury and illness, and a reduction in cancer waiting times.

Reviewing

NHS Highland is committed to producing and utilising accurate and timely performance information to inform and contribute to improvements in service design and delivery. However, at the time of the review visit, the Board had not reached the stage where it was systemically reviewing the effectiveness of its performance management arrangements as part of a process of continuous quality improvement.

Core area: 3(e) Information governance

Position statement: The NHS Board is developing a framework for information governance that includes systems, policies and procedures.

Development

NHS Highland has established an information governance committee to develop its information governance framework. An information governance policy and associated implementation plan has recently been ratified by the Board and sets out the organisation's intended direction of travel in terms of implementing, monitoring and reviewing its information governance framework.

The Board was able to provide evidence that systems are in place to address specific components of information governance, including breaches of confidentiality and Caldicott guidelines. Methods are in place to inform patients about how their personal information is used, how to access their personal information, and about their rights to determine how their personal information is shared and protected.

NHS Highland has a policy on accessing personal health records under the data protection act. A range of information leaflets are also available in hard copy and on the website, covering topics such as confidentiality, accessing health records and consent. An information sharing policy is also in place to manage situations where consent to share information is withheld and where disclosure of personal information is required without consent.

However, there was an acknowledgement among representatives of NHS Highland that the further development and implementation of its information governance framework is an area of priority within the future work programme.

Implementation

The review team was encouraged that NHS Highland has reached the stage of finalising and approving its information governance policy and associated implementation plan. However, given the overall developmental nature of NHS Highland's information governance arrangements, the Board has not yet reached the stage of implementing its systems, policies and procedures for information governance across the organisation.

Monitoring

Structures are in place to enable reporting of the organisation's information governance activity. The information governance committee provides progress reports to the ehealth steering group which in turn report directly to the NHS Highland Board. It was reported that it is the intention that the ehealth steering group will present an annual report to the Board on the work of the group and progress against the information governance framework in the future.

Overall, given the developmental nature of NHS Highland's information governance arrangements, the Board was not able to provide evidence to demonstrate that it is monitoring its systems, policies and procedures for information governance across the organisation.

Reviewing

In view of the general developmental stage of NHS Highland's information governance arrangements, the Board has not yet reached the stage of reviewing the effectiveness of its systems, policies and procedures for information governance across the organisation.

Appendix 1 – Glossary of abbreviations

CGC	clinical governance committee
CGST	clinical governance and risk management support team
CHP	community health partnership
CNORIS	Clinical Negligence and Other Risks Indemnity Scheme
CPRG	clinical policy ratification group
DHSMT	direct health services management team
E&DSG	equality and diversity steering group
EP&SC	emergency planning and service continuity
GP	general practitioner
HEAT	health, efficiency, access and treatment
HUG	Highland Users Group
KPI	key performance indicators
LDP	local delivery plan
MCN	managed clinical network
MRSA	methicillin resistant staphylococcus aureus
NHS QIS	NHS Quality Improvement Scotland
RMSG	risk management steering group
SEHD	Scottish Executive Health Department
SSA	single shared assessment
SSU	specialist services unit

Appendix 2 – Details of review visit

The review visit to NHS Highland was conducted on 29 March 2007.

Review team members

Dr Brian Montgomery (Team Leader)

Associate Medical Director, NHS Lothian

Ms Karon Cormack

Risk Manager, NHS Greater Glasgow and Clyde

Mrs Alison McGilvray

Public Partner, Forth Valley

Miss Jeannette Morrison

Quality & Accreditation Manager, NHS Lothian

Ms Maggie Simpson

Director of Nursing, Single Delivery Unit, NHS Tayside

Mr John Wilson

Chief Executive, NHS Fife Operational Division

Ms Maria Wilson

Chief Midwife, NHS Lothian

Ms Rhona Jack (Observer)

Independent Consultant

Ms Sue Neilson (Observer)

Operations/Development Manager (Health), Scottish Commission for the Regulation of Care

NHS Quality Improvement Scotland Staff

Mrs Angela Balharrie

Project Officer

Ms Tracy Walker

Senior 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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NHS Quality Improvement Scotland

Edinburgh Office
Elliott House
8-10 Hillside Crescent
Edinburgh EH7 5EA

Phone: 0131 623 4300
Textphone: 0131 623 4383

Email: comments@nhshealthquality.org
Website: www.nhshealthquality.org

Glasgow Office
Delta House
50 West Nile Street
Glasgow G1 2NP

Phone: 0141 225 6999
Textphone: 0141 241 6316