

NHS Lanarkshire

Local Report ~ January 2007

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

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

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1 Setting the scene

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

About this report

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

This report presents the findings from the peer review of **NHS Lanarkshire**. This review visit took place on **7 September 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

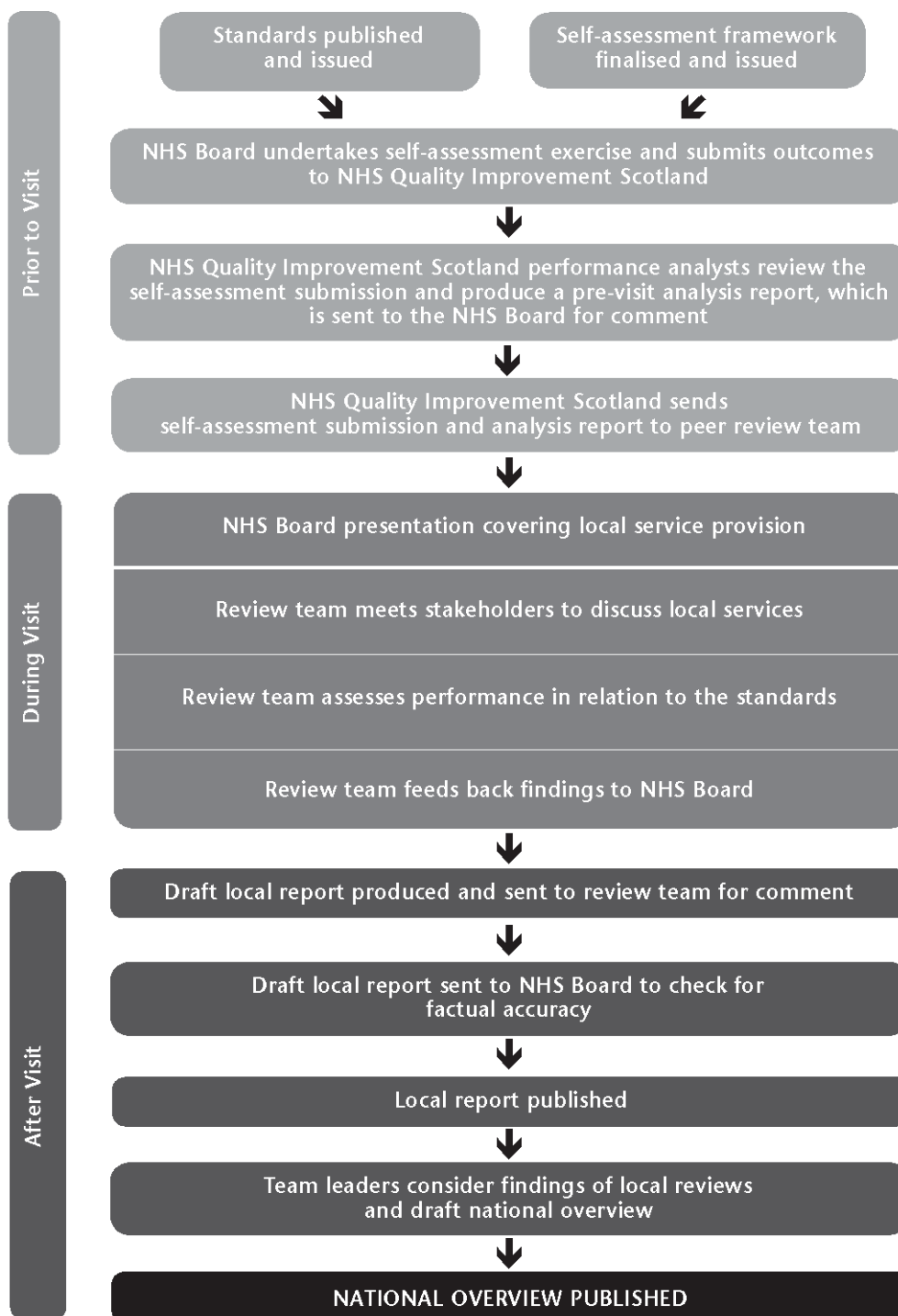
After each review visit, NHS QIS staff, with input as appropriate draft a local report detailing the findings of the review team. This draft report is sent to the review team for comment, and then to the NHS Board to check for factual accuracy. The local report will then be published and made available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

Lanarkshire is situated in central Scotland and has a population of around 557,088. The majority of the population live in urban areas, of which Cumbernauld, Hamilton and Motherwell are the largest in the region. The proportion of older people in the population is below the national average, whereas levels of illness and deprivation are relatively high.

Local NHS system and services

Lanarkshire 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 Lanarkshire.

At the time of the review visit, NHS Lanarkshire contained two NHS operating divisions: Lanarkshire Acute Hospitals Division (acute care services); and Lanarkshire Primary Care Division (primary care services). There are two 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 between these and other agencies such as social services.

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

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

2.2 Summary of findings against the standards

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

Standard 1 – Safe and effective care and services

Overall position statement:

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

Within NHS Lanarkshire there is a clear commitment to implementing risk management and to ensure policies, strategies, systems and processes are fully implemented throughout the organisation. Embedment of risk management at operational level, in particular, was noted by the review team. This was primarily because of the Board's commitment to awareness-raising of risk management amongst all levels of staff. The Board is currently also in the process of implementing DATIX, a centralised risk management monitoring and reporting system.

The review team acknowledged that emergency planning systems have been implemented throughout the Board area, as an entity of its own. However, in the absence of an organisational-wide business continuity plan, the review team agreed that emergency and continuity planning systems are in the developmental stages within this overarching core area.

Clinical effectiveness and quality improvement is being reviewed within NHS Lanarkshire. Systems and procedures have been set out to ensure commitment from staff and that patient and public feedback informs service delivery and re-design. Clinical effectiveness activity is encouraged across the Board area and is supported in practice within primary and secondary care by clinical governance and clinical effectiveness staff, respectively. The review team was pleased to note individual examples of clinical effectiveness activity which have made improvements to patient care. There are also procedures in place to ensure that national standards and guidelines are disseminated, reviewed and implemented at a local level.

Standard 2 – The health, wellbeing and care experience

Overall position statement:

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

A partnership approach to access, referral, treatment and discharge has been implemented throughout the organisation. This is in particular relation to the current major redesign of structures and services, and also includes ensuring equality of access to external services. The review team was pleased to note the Board's level of commitment to carer communication to ensure that patient and carer needs, preferences and choices are considered.

Robust procedures are in place to ensure that patient information is published in a standardised format, using plain English techniques, in addition all information can

be made available in different languages and a variety of formats other than written literature.

Roll-out of single shared assessment has commenced within key areas of primary care, with a lesser emphasis on secondary care, but provisions have been made between both sectors to ensure that patient information can be provided to key personnel involved in each case, regardless of the availability of the single shared assessment system. The review team was pleased to note a multi-agency data store which acts as a platform to sharing information between health and the local authority.

Equality and diversity policies have been implemented across the Board area. Impact assessments are carried out to ensure that all policies comply with equality and diversity legislation and that feedback is sought from the local community, including minority groups.

NHS Lanarkshire is reviewing communication policies, strategies and procedures, which have been developed in partnership with key internal and external stakeholders. The review team was interested to learn of the work of the communications department in proactively engaging and communicating with staff and reactively implementing change as a result of feedback.

Standard 3 – Assurance and accountability

Overall position statement:

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

The clinical governance and quality assurance arrangements of NHS Lanarkshire have been implemented, and robust reporting mechanisms have been implemented and evidenced. The review team noted evidence of clinical governance arrangements and awareness being fully embedded at operational level within the organisation.

NHS Lanarkshire has implemented its policies and procedures across the organisation to ensure it employs a workforce which is fit to practice. Systems have been established to ensure that registration and certification are checked upon employment, and ongoing renewal checks are devolved to line managers. Policies, procedures and opportunities are supported in practice to ensure that arrangements are made for continuing professional development.

The organisation is monitoring the implementation of its external communications strategy, which was developed in partnership with key staff groups and involved a level of patient and public feedback as part of the Picture of Health consultation; which was also internally and externally evaluated.

The performance management agenda of NHS Lanarkshire is in the developmental stages. At the time of the visit, Board-wide arrangements were being reassessed because of the national shift from performance assessment frameworks to reporting against local delivery plans and also taking into account current major strategic and service redesign.

The Board is currently developing a framework for information governance to be implemented across the Board area. This framework will consist of already established policies and procedures which will be consolidated to form a single Board-wide information governance strategy. The review team noted, however, that current arrangements were still in place, but agreed that in the absence of a Board-wide information governance strategy, that the arrangements for information governance, at the time of the visit, were in the developmental stages.

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 Lanarkshire has well-developed risk management policies, systems and strategies. The Board is currently working with DATIX to develop and implement a centralised, organisational approach to risk management reporting and monitoring arrangements. 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.

NHS Lanarkshire is progressing with the development of this organisation-wide system and reported that implementation is near completion within secondary care, and roll-out is in the early stages within primary care. DATIX training programmes have commenced to train staff in terms of data input and reviewing outputs from the system. The Board reported that systems have been set up to ensure key staff members with infrequent computer access, or staff who work in areas of the Board where DATIX has not yet been fully implemented, can record information relating to risks. In these instances, information is captured in paper format and sent to a staff member who has access to the DATIX system. The Board reported that this information is processed within 48 hours of the risk being recorded initially.

The review team was pleased to note this organisational approach to risk management. However, specific challenges were identified in completing full implementation of DATIX throughout the Board area, engaging external stakeholders in risk management generally and the development of an escalation policy.

Implementation

NHS Lanarkshire has demonstrated that risk management arrangements are being implemented across the Board area. The lead committee with responsibility for overseeing risk management in NHS Lanarkshire is the risk management steering

group (RMSG). Membership of this group includes all executive directors and representation from internal audit. The review team noted that representation on this group no longer included the director of modernisation or director of organisational development, following a revision of the composition of the RMSG. However, NHS Lanarkshire commented that this decision was made because of capacity problems, primarily as a result of small numbers within executive teams in comparison to NHS Boards with similar demographics. The review team was assured that these individuals are involved as and when necessary, and that they receive all communications in relation to the RMSG regardless of their current level of involvement.

The RMSG reports to the Board through the following channels: corporate management team; health and clinical governance group; audit committee; and staff governance group. Each area has a strategic risk register (including wider organisational objectives) and associated risk register action plan, and both are standing agenda items at RMSG meetings. Risk registers are held and developed at service and departmental, operational and strategic level, ensuring an embedded approach to risk management recording and reporting across NHS Lanarkshire. However, the review team noted that objectives relating to risk management should be detailed as specific, measurable, achievable, realistic and time-constrained (SMART).

The review team was pleased to note that risk management arrangements are well embedded at operational level. This is evident through the Board's commitment to raising awareness of risk management. Risk management and health and safety are topics covered as part of the corporate induction programme. More detailed and specific training is delivered to health and safety control book holders, with refresher training to ensure managers' skills are kept up to date. Health and safety control books provide a recognised mechanism for NHS Boards in supporting the risk management process. They consist of supplementary information on the different aspects of health and safety and checklists supporting and evidencing risk assessment. The Board reported that there are mechanisms in place to ensure that frontline staff learn from reported incidents. Examples were given from the maternity service where a quarterly newsletter is published. This is based on clinical incident reports, and also details any resulting changes in policies and working practice. The Board reported that, in addition, risk management features as an item in the weekly staff briefings which are published on the NHS Lanarkshire intranet and sent via email, with an instruction to print out this document and ensure it is made available to staff who do not have frequent PC access.

Monitoring

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

Reviewing

As NHS Lanarkshire 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.

Development

At the time of the visit, NHS Lanarkshire was in the early stages of developing a framework for a single, Board-wide business continuity plan. The Board reported that it was currently exploring the benefit of external assistance in the development and implementation of the plan because of capacity issues in undertaking this work. The review team noted this open response and identified an explicit challenge in full implementation of an NHS Lanarkshire business continuity plan.

Implementation

NHS Lanarkshire informed the review team that contingency planning procedures, which will ultimately fall into the area of business continuity, are currently addressed and implemented drawing on some of the fundamental principles that applied to the planning for the millennium.

Despite the absence of a Board-wide business continuity plan, the review team was pleased to note that emergency planning as an entity of its own has been well implemented within NHS Lanarkshire. There is clear evidence of partnership working with other NHS and non-NHS organisations and groups, for example the State Hospital planning group; west of Scotland health emergencies group; and local representation on the national emergency planning officers meetings. The current emergency plan is widely distributed at senior management level. The Board also reported that it plans to publish the local emergency plan on the new NHS Lanarkshire intranet site during October 2006 in order to make this information more freely available to staff. The review team was pleased to note NHS Lanarkshire's commitment to awareness-raising of emergency planning in the delivery of training exercises such as pandemic flu.

Monitoring

The review team noted that, at the time of the visit, insufficient information had been provided to demonstrate that NHS Lanarkshire's approach to emergency and continuity planning is being monitored throughout the Board area.

Reviewing

As NHS Lanarkshire 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 reviewing the effectiveness of its co-ordinated programmes for clinical effectiveness and quality improvement across the organisation.

Development

NHS Lanarkshire has well-developed mechanisms to ensure patient and public feedback is included as part of clinical effectiveness and quality improvement programmes. This is demonstrated via: patient experience surveys; representation of patient and carer groups in managed clinical networks; and a confirmed requirement that patients, the public and community groups are included as equal key stakeholders as detailed in a Picture of Health, which is NHS Lanarkshire's modernisation of health improvement and services programme.

Implementation

Systems and procedures have been implemented to ensure that national standards, guidance and policies are put in to practice. NHS Lanarkshire has appointed an NHS QIS liaison co-ordinator who plays a pivotal role in disseminating information relating to the implementation of Scottish Intercollegiate Guidelines Network (SIGN) guidelines and NHS QIS national standards. The liaison co-ordinator is responsible for determining the appropriate target audience for this information and the appropriate groups which can action any necessary work. The medical director has overall accountability to ensure compliance and implementation of national standards, guidance and policies. The liaison co-ordinator forwards all national safety alerts to the medical director.

Monitoring

NHS Lanarkshire has a proactive and responsive approach to clinical and non-clinical audit activity. At the time of the visit, the Board reported that protected time for clinical audit is ensured for a variety of staff groups including: most consultant medical staff, where audit objectives form part of their job plan; allied health professionals who use monthly team meetings as a forum to discuss ongoing and new initiatives; GPs and practice staff who have protected learning time; and dentists who participate in an annual programme of audit. For all other staff, audit is built into working practice. Within primary care, clinical governance co-ordinators offer staff support in the analysis and reporting of audit results. Similar support is facilitated in secondary care by clinical effectiveness staff, through clinical effectiveness groups. It is anticipated that the support provided will encourage audit participation and act as a catalyst to capacity building throughout NHS Lanarkshire.

The review team was pleased to note NHS Lanarkshire's approach to monitoring audit and project activity. A web-based health improvement register has been developed and implemented, and details prospective and current audit activity and project work within primary and secondary care. The aim of the register is to: promote awareness of audit activity; share information and learning; remove duplication of effort; and provide advice and guidance. Reports are able to be generated from the data held on the health improvement register; this allows staff within the clinical effectiveness and clinical governance departments to quantify the

level, progress and scope of audit activity throughout the Board area. Awareness-raising of the website was carried out through an article in a localised newsletter and a formal launch.

Reviewing

Clinical effectiveness and quality improvement within NHS Lanarkshire is being reviewed. The review team was interested to learn of specific projects and initiatives which had been undertaken in response to feedback and audit, which have resulted in changes to clinical practice and made improvements to patient care.

At the time of the visit, examples of these projects and initiatives were given and included an infection control audit. The results have led to a change in practice - laundering numbers are now monitored to ensure that the incidence of laundering hoist slings does not fall. The development and implementation of a cancer pathway was also noted by the review team. The Board reported that a scoping exercise had been undertaken to map cancer patient journeys. The outcome of this exercise has resulted in the development and implementation of an electronic system. This system has been put in place to track referral, assessment, treatment and discharge journeys for cancer patients, enabling effective communication and reporting on waiting times.

Standard Statement 2: The health, wellbeing and care experience

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

Overall position statement

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

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

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

Development

NHS Lanarkshire is currently in a key period of major organisational change, which is fully outlined in the Picture of Health consultation report. This report details mechanisms to ensure patient and public involvement, incorporating minority groups. This re-design work will streamline current structures, fully embedding single system working and inevitably improve relationships and communication between primary and secondary care services.

The Board has developed processes to ensure that external services, to which NHS Lanarkshire patients are referred can be accessed regardless of age, disability or income. At the time of the visit, NHS Lanarkshire reported that, where appropriate, transport is provided. Arrangements are also made for reimbursement of expenses to ensure that, in addition, patients with low incomes have equitable access to services.

The review team was interested to learn of the ongoing development of a single electronic referral centre for urgent referrals which will simplify and speed up the referral process.

At the time of the visit, a carer information strategy and implementation plan was under development. The new strategy and implementation plan will be organisational-wide, taking into account, and working to strengthen, current arrangements, which were developed with the local authority and voluntary sector organisations.

The review team was pleased to note good patient and carer communication. Presently, carer needs are identified during discharge planning and they are provided with a carers' discharge pack. Dedicated carer support is provided by a full-time carer's co-ordinator at Monklands Hospital, Airdrie. NHS Lanarkshire reported that Hairmyres Hospital, East Kilbride, is currently recruiting a part-time carer co-ordinator. The discharge team at Wishaw General Hospital also provides a similar support service to carers. The Board's advocacy arrangements were also noted by the review team. There was evidence of a partnership approach to developing advocacy services in conjunction with the local authority and registered charities such as the

Citizen's Advice Bureau and Age Concern. The Board further reported that awareness-raising of advocacy services was carried out through displaying informative posters and providing staff training to raise awareness of situations and issues which carers are, and can be, confronted with.

The review team was also interested to note NHS Lanarkshire's development of a stroke core competency framework. This framework was developed by a multidisciplinary team of key health professionals involved in the care of patients with, or at risk of, a stroke and has been designed to be used in conjunction with national guidelines and standards. The framework sets out required competencies for health professionals specifically involved with these patients, although the skills required are dependent on the role of the job. Competencies are categorised under seven dimensions: underpinning knowledge; communication; team working; assessment; care delivery and rehabilitation; risk reduction; and quality. Health professionals are required to provide verification of achievement, creating a portfolio of evidence which is discussed and assessed as part of an ongoing mentorship arrangement.

Implementation

An NHS Lanarkshire policy for written information leaflets has been implemented. The policy provides guidance for authors of patient information leaflets to ensure a consistency of published information and sets out strategic expectation in terms of the standard of information provided to the local community. Arrangements are made to ensure written information is available in a variety of formats, for example Braille and audio tape, and alternative languages other than English.

Newly-proposed or revised patient information leaflets are approved by the patient information manager, who is also trained in plain English techniques. The Board reported that a level of patient and carer consultation is carried out with regard to published and proposed patient information via speciality information subgroups and questionnaires.

At the time of the visit, NHS Lanarkshire reported that there are local protocols for sharing of confidential information and developing referral guidance. Referral guidance is reviewed on an annual basis by the joint future management group in the South Lanarkshire partnership and it is anticipated that similar mechanisms for review will be implemented within the North Lanarkshire partnership. It has also been recognised that national guidance for sharing information is now available. In light of this, the Board, in partnership with other key public sector organisations and the joint working across care agencies group, has agreed that national protocols should supersede any existing local protocols. It was stated that roll-out and dissemination will also involve staff training.

The Board reported that there are multidisciplinary assessment processes within NHS Lanarkshire, but currently, there is not a single system approach. At present, assessment processes are tailored to the care setting, for example the coronary heart disease assessment - patients admitted to coronary care units have information such as assessment, treatment, outcomes, medical history and risk factors recorded in a systematic manner on a multidisciplinary clinical document. It was reported that these documents are audited. Single shared assessment has been implemented in primary care and includes the following services: older people; mental health, learning disabilities; drug and alcohol; and physical disabilities. The Board reported

that single shared assessment was not routinely used within secondary care services unless rapid response and early supported discharge teams are involved with particular cases. However, arrangements have been made to ensure information from single shared assessments is exchanged between primary and secondary care services upon admission.

The review team was interested to note the multi-agency data store which has been implemented. The data store allows sharing of key patient information between health and local authority. Staff from health services and social services enter data via the patient information management system (PiMS) and social work information system (SWiS), respectively. Information can only be viewed by other services if patients have given consent for sharing of personal data.

NHS Lanarkshire reported that patient consent is included as an integral part of training programmes which are provided by clinical staff. Also the Board highlighted that it is currently in the process of using the new Health Rights Information Scotland leaflets and posters. The leaflets and posters provide information on patient rights and include information on consent.

Monitoring

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

Reviewing

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

Core area: 2(b) Equality and diversity

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

Development

The diversity, equality and spirituality governance committee has delegated authority for NHS Lanarkshire's equality and diversity agenda. The committee is chaired by a non-executive board member and membership also includes NHS Board members, and corporate management team and staff side representation. At the time of the visit, NHS Lanarkshire reported that the committee is in the process of forming a working group in order to deliver its action plan.

NHS Lanarkshire is currently developing equality and diversity training in the use of the equality and diversity impact assessment toolkit disseminated by the Scottish Executive Health Department (SEHD). It was reported that the target audience for this training will be the modernisation directorate, service development managers within community health partnerships (CHPs) and other appropriate managers at senior level. The review team noted a specific challenge in implementing systems and mechanisms to monitor the influence of the use of the toolkit.

Implementation

A rapid impact checklist has been developed and implemented locally. This is used to ensure new and existing policies comply with equality and diversity legislation. More robust evaluation of policies can be carried out if necessary using the nationally implemented equality and diversity impact assessment toolkit.

Mechanisms have been implemented to ensure that feedback from patients, the public and local communities is taken into account with regard to impact assessments of new and existing care and services. This is primarily through the Lanarkshire ethnic minorities action group, outreach consultations and communicating with other community-based groups. An example of a local outreach initiative was given in the form of a health promotion project and gathering data which allowed health trends among minority groups to be identified. The project targeted black and ethnic minority community members, raising awareness of health issues and offering health checks. The service reached these communities via a 'health bus' and it was reported that this approach and work will be adopted by the Braveheart team, which carries out health checks in the community, aiming to improve 'heart health' in the local community.

Monitoring

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

Reviewing

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

Core area: 2(c) Communication

Position statement: The NHS Board is reviewing the effectiveness of its internal, staff and patient communication policies, strategies and procedures across the organisation.

Development

NHS Lanarkshire has developed a communications strategy in partnership with patients, carers, the public and staff. Systems have been developed to raise awareness of communication strategies. This is via staff newsletters, staff bulletins (by email and hard copy), intranet, staff training including induction training and staff briefing sessions. It was noted that the Board does not currently have a standardised approach to team briefings, but the communications action plan details a deadline to develop and implement this by March 2007.

Implementation

At the time of the visit, the Board reported that the communications department is currently working closely with IT staff to ensure that every staff member has an email address, as the Board considers this is generally the most effective form of communication. The communications department is also working with general managers in actively encouraging face-to-face departmental meetings. These meetings reinforce the importance of information which is disseminated, and

further ensure that understanding of this information is embedded at 'grass roots' level.

Monitoring

The effectiveness and impact of current methods of communication is monitored through a communication audit carried out by surveying a representative sample of staff. The results provided the Board with a baseline to determine the most effective forms of communication and identify the individuals accountable. Regular feedback from the communications partnership working group is also given.

Reviewing

The review team was pleased to note NHS Lanarkshire's open and responsive approach to internal communication, but identified a particular challenge in maintaining the momentum of communication and engagement at this level. The most recently approved communications strategy (November 2005) detailed the outcomes of a communications audit. The audit results reflected that email was the most effective form of communication for the majority of staff and highlighted the need to fully use modern technology as a pivotal communication tool. This has resulted in a re-design of the NHS Lanarkshire intranet. The review team also noted the newly launched user-friendly website.

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

Clinical governance and quality assurance policies and strategies have been developed and implemented across NHS Lanarkshire to outline a consistent approach. The lead committee with delegated responsibility for clinical governance is the health and clinical governance committee. Standing orders, which include schemes of delegation and terms of reference of the health and clinical governance committee, are clear and concise, setting out well-established reporting mechanisms and arrangements. The Board reported that current schemes of delegation are currently being amended in light of recently revised structures. However, the review team noted from the most recent minutes of the health and clinical governance committee that meetings appeared to be held less frequently and were not attended by all representatives on a regular basis. Therefore, the review team identified a particular challenge to NHS Lanarkshire in re-prioritising the importance of the health and clinical governance committee due to its important role within the organisation.

Implementation

NHS Lanarkshire has implemented its approach to clinical governance and quality assurance. NHS Lanarkshire has ensured that there is patient, public and independent sector engagement and involvement when developing local delivery and service re-design plans. A current example of this involvement was involving these key stakeholder groups in the major organisational-wide service redesign project: a Picture of Health. The process which was used to involve external partners has also been externally evaluated. It is anticipated that the results will provide a baseline for further development and roll-out of similar and further improved models using this type of engagement.

The schemes of delegation ensure the core principles and processes for clinical governance are in place at all levels of the organisation but in particular, the review team was pleased to note good evidence of clinical governance being fully embedded at operational level. Awareness-raising of the importance of clinical governance to staff has been carried out using evidence-based practice as part of intern and clinical skills development programmes; through dedicated clinical governance sessions

included in the intern programme; and through clinical leadership, personal development and supervision.

Arrangements for research governance have been developed through organisational-wide committees, led by senior clinical and non-clinical managers. The Board reported that, in the first instance, approval for research projects must be granted by the research office. Proposals are also ratified by the research ethics committee which further outlines a required commitment from researchers to report the findings of the completed study.

Monitoring

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

Reviewing

As NHS Lanarkshire has not demonstrated that it is monitoring its approach to clinical governance and quality assurance, there is not yet a process in place to undertake a review.

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

The Board has developed several policies which have been implemented across NHS Lanarkshire to ensure that the workforce is fit to practice. There are also procedures, detailed within the appropriate policies, to address situations where a member of staff is considered unfit for practice.

NHS Lanarkshire's linked approach to practice development was noted by the review team. The Board intends to implement a centralised methodology to practice development across clinical areas by appointing a director of medical education, who will oversee arrangements for clinical supervision across NHS Lanarkshire. At the time of the visit, work was being carried out to extend the already well-established arrangements within nursing to allied health professionals.

Implementation

NHS Lanarkshire has implemented systems to ensure its workforce is fit to practice. The employment service ensures registrations are valid at the time of interview. All potential candidates are asked to bring original copies of their registration certificate to interview (plus any other certification of qualifications). The personal identification number (PIN) of each person is recorded and registration is confirmed by contacting the appropriate professional body. Similar processes are adopted by the medical staffing department when recruiting doctorate level medical staff and dental staff. Line managers are responsible for ensuring that staff within their department have renewed their registration to practice. The employment service also checks and records registration for directorate-level medical staff.

In terms of staff governance, it was reported that poor performance within staff groups was monitored through the corporate risk register which makes linkages to the health and clinical governance committee.

Learning and development is actively supported and encouraged throughout the Board area, for example personal development planning, study leave and the local learning plan are used to ensure that continuing professional development is implemented in practice. Learning opportunities are promoted via emails, intranet and staff newsletters by the learning opportunities group.

Training programmes have been implemented to develop clinical leadership skills and also to support managerial roles. Ward audits are also carried out covering areas such as practical competency and sickness. NHS Lanarkshire reported that with regard to nursing and midwifery, clinical supervision is included as part of the intern programme via group supervision. In addition, the essential development of the clinical leadership programme provides a mechanism for inter-professional supervision via tutorial groups.

The review team was interested to learn of the approaches implemented by NHS Lanarkshire to ensure its workforce is fit for practice. However, the review team noted a specific challenge in developing a single system approach for all professional groups.

Monitoring

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

However, the review team was pleased to note some individual examples of monitoring in some departments, services and areas. For example, the monitoring of the uptake of personal development planning is carried out via an annual staff survey. The most recent results reported a 78% uptake rate throughout the organisation.

Reviewing

As NHS Lanarkshire has not demonstrated that it is monitoring its approach to fitness to practice, there is not yet a process in place to undertake a review.

Core area: 3(c) External communication

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

Development

The communications strategy of NHS Lanarkshire was developed in partnership with staff at all levels. This involved staff side representatives and managers through the NHS Lanarkshire communications group. The development of the strategy included: reviewing areas of best practice from other NHS Boards and organisations; holding a communications strategy workshop; and obtaining preferences of communication via patient and public feedback as part of the Picture of Health consultation.

Implementation

The Board uses a number of mechanisms to ensure proactive and transparent communication of its activities. At the time of the visit, NHS Lanarkshire reported that the most commonly used methods of communication with key local, regional and national stakeholders was via: the NHS Lanarkshire and a Picture of Health websites; press releases to the local and national media; advertisements in the local press; dissemination of the annual report; and information leaflets. The review team was pleased to note the presentation and user-friendly design of the NHS Lanarkshire website.

Procedures for communication with GPs as part of the independent sector have been implemented. The Board reported that GPs are included as part of the 'all in Lanarkshire' email distribution group. This is to ensure that GPs receive the same information as staff directly employed by NHS Lanarkshire. Face-to-face meetings with this professional group are held on an ad hoc basis, when particular major issues require to be communicated and ensure that opportunities for raising concerns and questions to key strategic staff are made. In addition, the NHS Lanarkshire Care Home Liaison Service has built good working relationships and communication mechanisms with the independent care homes.

Monitoring

The Board has ensured that there are systems and processes for monitoring its communications strategy through press coverage monitoring, staff surveys, communications audit and internal monitoring of the Picture of Health consultation process. The review team was also pleased to note the Board's culture of openness in commissioning an independent, external review of the Picture of Health consultation process.

The Board has also implemented mechanisms for monitoring the NHS Lanarkshire website. Monthly reports are produced which detail the number of times the website has been accessed and which pages and documents have been most popular.

Reviewing

The review team noted that, at the time of the visit, insufficient information had been provided to demonstrate that NHS Lanarkshire's approach to external communication is being reviewed throughout the Board area.

The review team was pleased to note some individual examples of reviewing in some departments, services and areas, for example the website usability questionnaire. The results of this questionnaire are used to inform improvements to the website design and content. However, it was agreed that the external communication strategy was not reviewed throughout the Board area.

Core area: 3(d) Performance management

Position statement: The NHS Board is developing performance management arrangements.

Development

NHS Lanarkshire is currently developing performance management arrangements across the Board area to support and evidence performance against the local delivery plan targets and benchmarking against similar NHS and non-NHS organisations. These new systems will replace previously established arrangements in light of the discontinuation of the performance assessment framework across NHSScotland. It is also recognised that there has been significant impact on long-established performance management systems due to a current period of major strategic review and re-design of services within NHS Lanarkshire.

Implementation

The review team noted that, at the time of the visit, insufficient information had been provided to demonstrate that NHS Lanarkshire's approach to performance management is being implemented throughout the Board area.

During this transitional period between the dissolution of the performance assessment framework and the national shift to reporting of targets against local delivery plans, the review team noted some individual examples of implementation of performance management arrangements, for example acute division local delivery plan targets, reported to the acute division operating management committee and the Board; the corporate objectives reporting system; and replacing the health plan with the local delivery plan. However, it was agreed that performance management arrangements were not implemented across the Board area and the review team noted a specific area of challenge in full implementation of comprehensive systems, in light of this period of substantial organisational restructure.

Monitoring

As NHS Lanarkshire has not demonstrated that it is implementing its approach to performance management, there is not yet a process in place to begin the monitoring stage.

Reviewing

As NHS Lanarkshire is currently developing its performance management arrangements, there is not yet a process in place to undertake a review.

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

At the time of the visit, NHS Lanarkshire was developing a consolidated information governance policy which incorporates existing policies with regard to information governance and records management, for example data protection, destruction procedure, records management and Caldicott procedures. The Board reported that it is awaiting advice from the SEHD with regard to retention periods for clinical and non-clinical records prior to implementing the policy. The review team highlighted a specific challenge for NHS Lanarkshire in completing the development and fully implementing the consolidated information governance strategy. However, it was noted that current local policies are well established and adhered to by staff.

An information governance committee has been formed to action implementation of the policy and consists of multidisciplinary clinical membership. The committee has ensured that clinical governance informs the development of the framework for information governance, as the chair of the information governance committee is also a member of the clinical governance committee. Systems have been developed to ensure two-way reporting and feedback of information governance issues to and from the clinical governance committee.

Implementation

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

Monitoring

As NHS Lanarkshire has not demonstrated that it is implementing its approach to information governance, there is not yet a process in place to begin the monitoring stage.

Reviewing

As NHS Lanarkshire has not demonstrated that it is implementing or monitoring its approach to information governance, there is not yet a process in place to undertake a review.

Appendix 1 – Glossary of abbreviations

CHP	community health partnership
CNORIS	Clinical Negligence and Other Risks Indemnity Scheme
GP	general practitioner
NHS QIS	NHS Quality Improvement Scotland
PiMS	patient information management system
PIN	personal identification number
RMSG	risk management steering group
SEHD	Scottish Executive Health Department
SIGN	Scottish Intercollegiate Guidelines Network
SMART	specific, measurable, achievable, realistic, time-constrained
SWiS	social work information system

Appendix 2 – Details of review visit

The review visit to NHS Lanarkshire was conducted on 7 September 2006.

Review team members

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NHS Quality Improvement Scotland Staff

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Team Manager

Ms Maggie Mackinnon

Project Officer

Mrs Elaine McArthur (Observer)

Project Officer

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

Appendix 3 – Timetable of review visits

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

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