

NHS Lothian

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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# 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 Lothian**. This review visit took place on **17 October 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

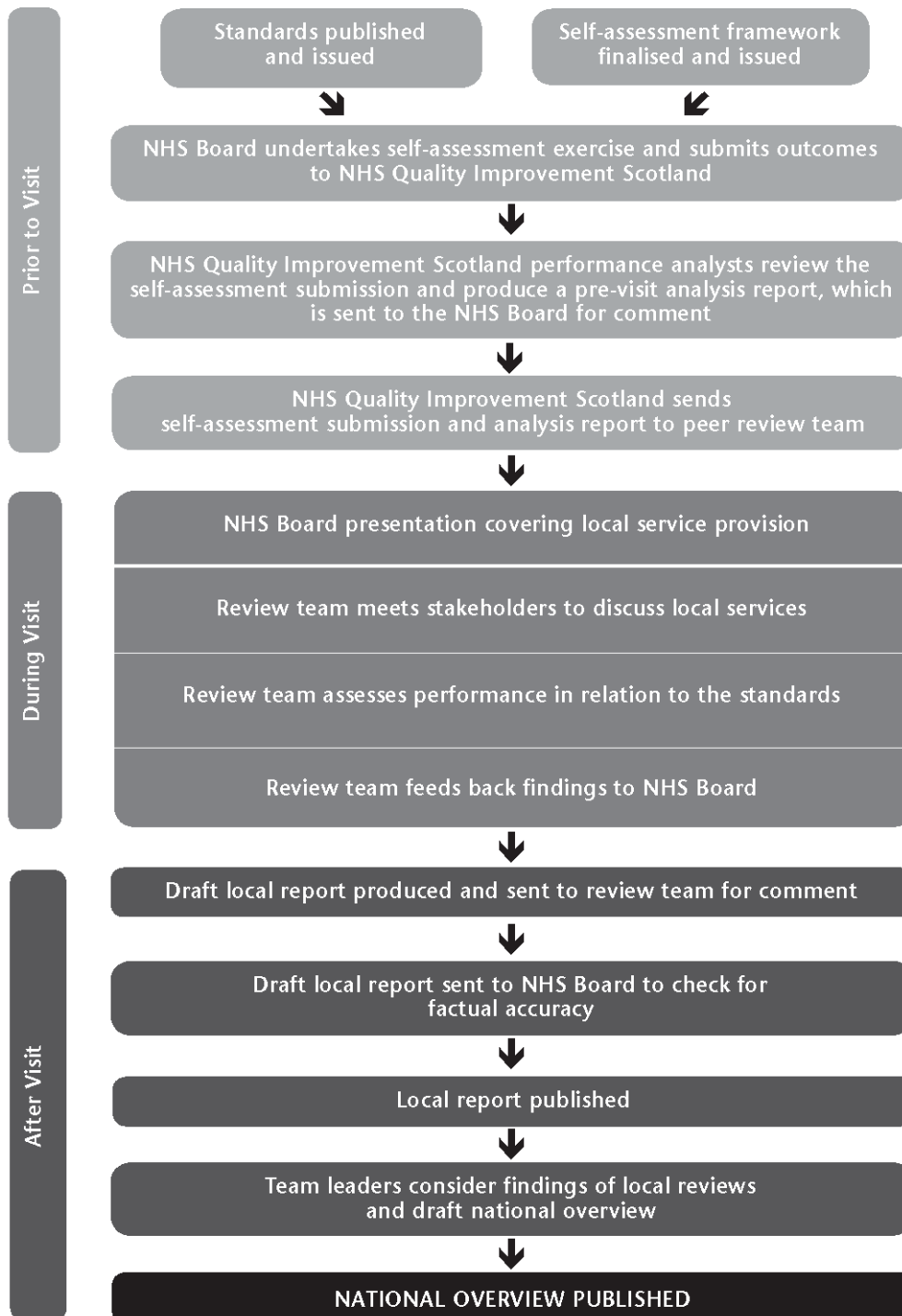
After each review visit, NHS QIS staff, with input as appropriate draft a local report detailing the findings of the review team. This draft report is sent to the review team for comment, and then to the NHS Board to check for factual accuracy. The local report will then be published and made available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

Lothian is situated in south-east Scotland and has a population of around 792,593. The majority of the population live in densely populated urban areas, of which Edinburgh followed by Livingston is the largest in the region. The proportion of older people in the population is lower than the national average, as are levels of illness and deprivation.

#### **Local NHS system and services**

Lothian 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 Lothian.

At the time of the review visit, NHS Lothian provided acute and specialist services through two operating divisions, the Lothian University Hospitals Division, and the primary care organisation. There are four community health partnerships (CHPs) and one community health and social care partnership (CHCP) providing primary care and specialist community healthcare services. Each of the CHPs and the CHCP covers a geographical area and is responsible for the delivery of a comprehensive range of non-acute care, including integration with other agencies such as social services. The NHS Board is responsible for ensuring all parts of the NHS system work together to provide an integrated service for patients.

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 Lothian ([www.lothianhealth.scot.nhs.uk](http://www.lothianhealth.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 Lothian has two risk management systems currently in use across the organisation, DATIX and Safecode. Summary reports are extracted from both systems and can be manually compared to identify organisational trends. Where these are identified, they are discussed by senior accountable executives (HGRMC) and actions agreed. At the time of the visit, the Board was evaluating options for a single pan-organisational system. Exception reporting occurs across all parts of NHS Lothian, and highlight reports are presented to the Board and executive management teams. The NHS Lothian risk management action plan is also aligned with those of its partnership organisations such as the local authority and Lothian and Borders Police.

Delegated responsibility from the Board for risk management within NHS Lothian sits with the healthcare governance and risk management committee. Responsibility for day-to-day management of the risk register is held by the medical director with a formal agreement to shared responsibility with the chief operating officers of the operating divisions and the general managers of the CHPs/CHCP through a Statement of Internal Control. The organisational risk register incorporates all identified risks to the operation of NHS Lothian, whether clinical, non-clinical or financial, and is updated as necessary with issues, actions and outcomes. Beneath this sit divisional risk registers, again covering the full spectrum of risk specific to that division, and nesting beneath the divisional registers are those of the clinical management teams.

Operationally, daily responsibility for risk management sits with clinical management teams, heads of service and their senior members of staff. Within the organisation, each quality improvement team has a named lead for risk management who ensures that risk is managed at local level, with escalation through management levels where required.

NHS Lothian has a number of external business partners involved in the delivery of care. For example, the Royal Infirmary of Edinburgh is operated in conjunction with Consort, a private finance initiative (PFI). Business continuity issues are shared between these bodies, although were part of the planned renegotiations. The Board acknowledged the challenges this posed.

At the time of the visit, business continuity plans for the CHPs and CHCP within NHS Lothian had been developed, although were awaiting testing.

Across all sectors of NHS Lothian, clinical effectiveness and quality improvement are being implemented and monitored. Issues in these areas are mainly resolved at local level, with escalation pathways in place for use when necessary. The Board

evidenced examples of quality assurance processes and improvements resulting from these.

Considerable work has been undertaken around the issue of complaints, resulting in the harmonisation of the inherited complaints systems into a single Board-wide system, and the sharing of relevant complaints with the local authority. The Board also reported that it was evaluating the possibility of further changing its system to incorporate comments and suggestions, thus becoming 'complaints and compliments'.

## **Standard 2 – The health, wellbeing and care experience**

### **Overall position statement:**

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

At the time of the visit, NHS Lothian was implementing its current policies on access, referral, treatment and discharge, and is looking to further develop these areas. Specialty referral points have been established, with all referrals in this area being channelled through a single point and triaged daily based on clinical priority. The Board evidenced how this was working in relation to chest pain.

Multidisciplinary assessments and integrated care pathways (ICPs) are being implemented and audited within the organisation, and outcomes monitored by the clinical informatics team and ICP facilitator as appropriate.

The review team was pleased to note the level of access to interpreting services available within NHS Lothian, in particular the conference call speakerphone translating facility.

Within NHS Lothian, there is a high level of patient focus and public involvement (PFPI) activity, especially in areas of service consultation and redesign.

NHS Lothian has developed its policies in relation to race equality and at the time of the visit, was developing some of the other strands of Fair for All, with the intention to develop an overarching all-encompassing equality and diversity strategy.

NHS Lothian is developing a Board-wide overarching communications policy, under which will sit the existing individual policies for the acute sector and the CHPs and CHCP. A comprehensive staff newspaper is produced regularly and is widely available.

## **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 Board is looking to further develop its approach to clinical governance and quality assurance through the coming together of the clinical governance and risk management strategies, and discussions around the development of a joint framework with its non-NHS partnership organisations.

The Board promotes a culture of continuous quality assurance, with the principles of good clinical governance being integrated at all levels and integral to direct care. Within the clinical governance strategy, the Board has outlined five key areas which apply across the organisation for the period of the strategy (2005–2008). Staff are regularly updated via the ‘Connections’ staff newspaper.

The clinical governance support team is responsible for supporting work in this area across the organisation. Each clinical directorate, specialty, and CHP/CHCP has a quality improvement team with direct links to the management of that area which ensures that all aspects of healthcare governance and risk management are embedded in local decision-making. The NHS Lothian HGRMC has the delegated responsibility for clinical governance and quality assurance and receives reports from across NHS Lothian and in turn reports by exception to the Board itself. The Board places responsibility on all staff to embed quality management culture into their personal working environment, and the devolution of operational accountability to line managers.

NHS Lothian has defined procedures in place around fitness to practice, and has identified potential risks around requirements as a result of modernising medical careers (MMC) and Agenda for Change (AfC). Staff are routinely checked for both registration documentation and disclosure checks, both when entering the system and moving around it. Where a member of staff is found to be unregistered or deemed unfit to practice, appropriate action is taken by immediately removing that person from active clinical duties while the issue is investigated and resolved.

The Board is developing an overarching communications strategy to cover all aspects of communication within NHS Lothian. Beneath this sit the existing communications policies for the acute sector and each of the CHPs and CHCP within the organisation. At the time of the visit, the Board was also in the process of finalising a single internet site for the entire organisation to replace the existing inherited divisional sites.

Performance management arrangements are in place within NHS Lothian and as part of a process of review are currently being improved. The current arrangements provide information and give an overview of NHS Lothian for both executive management action and governance oversight. The planned introduction of the new management, information, dissemination and action system (MIDAS) is due in November 2006. This new real-time system will be accessible to managers, clinicians and all staff with responsibility for performance and/or risk management within all sectors of NHS Lothian.

NHS Lothian is developing its overall information governance framework, and has recently started driving forwards its agenda. The Board acknowledged the challenges of this, especially in relation to the size and complexity of the organisation, and demonstrated prioritisation and risk management in this emerging area. The review team was pleased to note that the Board has developed a photography in hospitals policy, covering all digital images of patients, applying to all staff, patients and the public.

### 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**

At the time of the visit, NHS Lothian was implementing its inherited risk management systems across the organisation, although the Board was discussing and evaluating methods of developing a single pan-organisational system. The two systems currently in use provide between them a view of risk management across NHS Lothian, although they cannot be merged to provide a single reporting mechanism to the Board. At the time of the visit, data extracted from these systems would have to be analysed, interpreted and manually compared and collated to provide a comprehensive report for risk management across the organisation.

#### **Implementation**

NHS Lothian is currently using both DATIX and Safecode to compose an organisation-wide system. The DATIX system is currently in use or being developed across much of NHSScotland. DATIX is a healthcare risk management software package which creates a comprehensive picture of risks within an organisation. It 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 are purchased and subsequently come online within an organisation. Within NHS Lothian, DATIX is hardwired into all hospitals. Safecode is a similar system, but covers risk management only. Safecode is partially web enabled, but requires skilled input from paper forms by risk advisors. These paper records are standardised across the organisation and the same categories are used. The two systems were inherited due to different ways of working in the original divisions within NHS Lothian. At the time of the visit, the Board was considering development of a single system for use across the Board area, although the two current systems are used on a day-to-day basis and are compatible. Summary reports can be extracted from both systems, although not compiled into a single report. However, the Board indicated that where previous similar incidents have occurred within the same area, this is reported up through various routes and discussed between the medical director and chief executive.

Across all the community health partnerships (CHPs) and community health and care partnership (CHCP) within NHS Lothian and the acute sector, exception reporting of risk and critical incidents is discussed and minuted, and thereby highlighted to the Board and the executive management team. The action plan for risk management is linked to that of NHS Lothian's partnership organisations such as the local authorities. At the time of the visit, the CHPs and CHCP are working with the inherited primary care division risk register. The West Lothian community health and care partnership is also working with the local authority to try and develop a joint risk register, as currently, although their principles are the same, methods for managing risk are quite different.

NHS Lothian indicated that the risk register was regularly discussed at meetings of the executive management team and is passed between there and the healthcare governance and risk management committee (HGRMC). This committee has delegated responsibility from the Board for day-to-day management of the risk register. The document is changed and revised as necessary to reflect issues and actions, thus keeping it live, and covers the full spectrum of risks identified within NHS Lothian, whether financial, clinical or non-clinical. At a strategic level, the overall risk register for the Board is the corporate register, covering the full range of risk for the whole organisation. Operationally, there are also divisional and clinical management team risk registers. Complaints, staffing issues, business continuity and performance are represented on the divisional risk registers, with audit, outcomes and the patient experience noted on the risk registers of the individual clinical management teams.

Daily risk management occurs within clinical management teams. These teams are rotationally represented at monthly clinical governance meetings. Risk management is also written into the individual objectives of service-head positions and higher levels of staff.

The HGRMC expects that risk is managed at a local level downwards throughout an area, with escalation to a higher management level only where the risk cannot be managed or controlled within the local environment. Operational managers are clear about the applicable scheme of delegation and what they are responsible for managing and escalating.

Public interest is represented at both Board and committee level by the non-executive members, although the HGRMC has recently recruited two public and patient representatives. Significant risk management issues are reflected in the NHS Lothian annual report, which is available to the public. Public involvement in risk is routinely sought through the Royal Infirmary of Edinburgh patient forum and patient surveys. Non-executive directors also have ward observational visits, speaking to patients and, in this way, are aware of areas of patient interest and concern, and are able to obtain immediate responsive feedback from service users.

Staff side and partnership forum representation is present on the HGRMC; the employee director, two staff side members, one Unison representative and a representative from Edinburgh University all sit on the committee.

## Monitoring

At the time of the visit, NHS Lothian had no standardised system for monitoring risk, as two methods of reporting are still in use across the area. There is no evidence of regular assurance reporting to the Board. Although exception reporting does occur, the evidence provided did not substantiate regular consideration of risk management at executive management team or board meetings.

## Reviewing

At the time of the review visit, the Board was unable to demonstrate consistent reviewing of its risk management arrangements across the entire organisation. However, with the introduction of the management, information, dissemination and action system (MIDAS), and its ability to produce regular performance monitoring reports, which can be used in conjunction with the DATIX and Safecode systems for risk across NHS Lothian, the Board indicated review would be possible and is a desired outcome of the introduction of new systems.

### 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, an extensive business continuity plan for the Royal Infirmary of Edinburgh was implemented by Consort, the providers of the private finance initiative (PFI), and these arrangements were to be discussed as part of the planned forthcoming renegotiations between the PFI providers and NHS Lothian. The Board acknowledged the challenges around business continuity and risk, and associated accountabilities when dealing with private bodies.

Within parts of NHS Lothian, notably in CHPs and the CHCP, business continuity plans are being developed on paper, with the intention to test these over the next year. The Board has recognised the need to drill emergency planning down to individual practice level. Independent practitioners, from a number of professional backgrounds, have been supported to allow participation in table top and live exercise events.

## Implementation

The review team was pleased to note that NHS Lothian has a high level of preparedness for emergency situations, especially in relation to pandemic flu. NHS Lothian took part in the nationwide Big Chill exercise and, following on from this, has developed capacity plans to cope with up to 20% of its staff being absent during an outbreak. The acute division has started work on the prioritising of services and the balance between primary and secondary care in the area should pandemic flu arrive. This work is to be presented to the chief medical officer and medical directors of NHSScotland, who have established a working group to approve a national approach and response to service demands during an outbreak, recognising that service provision priorities need to be consistent across the whole of NHSScotland.

Through procurement and estates, NHS Lothian is modelling the supply and availability of pharmaceuticals, consumables, linen and foodstuff. In addition to this,

priority areas for shutdown have been identified and categorised as levels 1, 2 and 3. Staffing numbers and competencies have also been catalogued in order to assist with re-allocation and redeployment across the organisation should an outbreak occur.

At the time of the visit, although business continuity within NHS Lothian was at a developmental stage, the review team was pleased to note that there were some local examples of implementation, such as the changes made to the eHealth hub. The risk register had highlighted that although the eHealth hub also covered NHS 24 and out-of-hours services, it was not staffed 24 hours a day. Following this, NHS Lothian had introduced shift working and on-call provisions for eHealth staff to provide the necessary cover.

## **Monitoring**

The review team noted that, at the time of the visit, insufficient information had been provided to demonstrate that NHS Lothian's approach to business continuity was being monitored consistently throughout the organisation. The team was pleased, however, to note that emergency planning systems across the organisation are being monitored and updated where necessary in relation to national guidance. The team also noted the level of participation of NHS Lothian in national planning exercises.

## **Reviewing**

As NHS Lothian is implementing local policies and, at the time of the visit, did not as yet have an overarching business continuity plan covering the organisation, the Board was unable to demonstrate a review structure and cycle. The Board has implemented and appears to be monitoring its emergency planning arrangements, although at the time of the visit, the review team agreed that it was not yet at the stage of using a regular reviewing programme for these.

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

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

## **Development**

NHS Lothian has developed and implemented clinical effectiveness and quality improvement programmes, and the review team agreed that, at the time of the visit, the Board was at the stage of monitoring these in a systematic and co-ordinated fashion.

## **Implementation**

Quality improvement teams have been formed within NHS Lothian to help support implementation and further development across the organisation. These teams work with both the acute sector and the CHPs and CHCP, and provide support at all levels for the delivery of the clinical effectiveness and quality improvement agenda.

Both the CHPs, CHCP and public health agendas can influence the clinical effectiveness programme and vice versa. Areas of work are identified through local and national targets, health inequalities issues and area specific topics, and are fed

into the workplans of the quality improvement teams. These teams have 6-monthly reviews, reporting on progress against the workplans.

The review team was pleased to note that every paper being presented to the Board is health inequality approved and that this remains on the agenda as a mainstream, not a marginalised process.

## **Monitoring**

NHS Lothian indicated that the majority of clinical effectiveness and quality issues are dealt with and resolved within divisional clinical management teams. Relatively few issues escalate to Board level, as any concerns unable to be resolved by the clinical management team would then pass to the HGRMC for consideration, and only if the issue still remained unresolved would it be escalated to Board level. An example of the type of healthcare planning issue which would be considered at Board level is the issue of implementing a new guideline or health department letter (HDL) which would require a considerable financial resource, such as the implementation of new requirements around antenatal screening which, as it would have a serious financial impact on NHS Lothian, would require to go to the Board. In terms of quality assurance, an example given by NHS Lothian was regarding hip fractures in elderly people. Following the outcomes of the national hip fracture audit, NHS Lothian evaluated the patient journey through the organisation, and has now implemented a direct referral pathway from accident and emergency (A&E) for patients who present there, and also allowed for an extra hip fracture clinic session per week.

The review team was also pleased to note that NHS Lothian has harmonised its complaints system across the organisation. Under the present new system, the head of complaints meets regularly with all complaints officers across the organisation. All complaints are sorted and grouped, with trends and themes reported to the Board. It is hoped to develop this system further to capture comments and suggestions, changing the name from 'complaints' to 'complaints and compliments', closing the loop and reporting positive as well as negative comments. Within the CHPs and CHCP, if a complaint is purely about a health issue, whether clinical or non-clinical, it is fed into the NHS Lothian complaints system. Should the complaint also cover or impact on social care issues, it is also fed into the relevant local authority complaints system.

Within NHS Lothian, the guidelines steering group approaches the relevant quality improvement team for each specialty, asking for comments on where the Board is in line with relevant national guidelines. If an area is identified for evaluation or improvement, the steering group forms a dedicated group to take this forward and involve a wider audience. For example, for oral health issues a dental committee is formed, with dentists and appropriate specialists around the table.

The review team was pleased to note that both areas of persistent underperformance and those areas performing particularly well were highlighted to the Board. In addition, clinical management teams undergo a 6-monthly review cycle across the organisation. This includes quality improvement and outlines details of the targets, why they were chosen, and progress towards them. Guideline implementation is also reflected within the quality improvement plans and, where the decision has been taken where guidelines are not being implemented, the reasons for this are also highlighted.

All managers are required to provide a controlled assurance statement to their applicable clinical management team, covering clinical effectiveness, risk management, resourcing and accountability.

## **Reviewing**

The Board is monitoring its policies, strategies and procedures for clinical effectiveness and quality improvement across the organisation. However, the Board had not yet begun to review these, although it did demonstrate its intention to develop a review cycle and process.

## **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 developing its policies, strategies, processes and procedures to provide care and services that take into account individual needs, preferences and choices.**

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

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

#### **Development**

NHS Lothian is currently implementing its policies and procedures in relation to access, referral, treatment and discharge across the organisation, although at the time of the visit, there was no single system in place for reporting against this. However, the Board indicated that when MIDAS comes online, which is expected to be late 2006, this will provide real time 'traffic light' monitoring which is able to work across the organisational systems highlighting target areas and actions for performance issues related to access, referral, treatment and discharge.

At the time of the visit, the NHS Lothian websites were being updated to produce a single unified website covering the whole organisation. The Board reported that the new site would provide much more information about services and would also cover topics such as how to register with a local GP. It is also intended that the site will link to those of complementary organisations, such as the South East Scotland Cancer Network (SCAN). The Board identified the challenge of ensuring that the new website was monitored regularly and kept up to date.

At the time of the visit, community maternity services within NHS Lothian were involved in projects aimed at improving access and understanding for pregnant women from various ethnic communities, including trialling the use of DVDs for post-natal depression in a variety of languages. In addition, one particular GP surgery had been highlighted as having a particularly high number of patients from the Polish community and, as a result of this, the practice nurses and community midwives are exploring cultural sensitivities and information around pregnancy for this patient group.

NHS Lothian has also sought input from GE Healthcare, an independent consultancy firm, engaging them to develop, complete and analyse two separate projects on discharge planning and cancer care. The Board anticipated using the results of this to inform development of its overall approach and service delivery.

## Implementation

Within NHS Lothian, referrals for most clinical areas were channelled through a single point for each specialty, with these being triaged daily by a clinical specialist. GP referrals can be monitored through the electronic referral system.

Multidisciplinary assessments are used within NHS Lothian. The single shared assessment used in primary and community care is undertaken by district nurses and social workers. In secondary care, these involve surgical pre-admission and discharge assessments, and are completed by ward staff and clinicians. A tool is being developed to electronically track the use of multidisciplinary assessments and discharge, and this will be monitored by the clinical informatics team. The acute sector has implemented audited integrated care pathways (ICPs). All professional groups are required to ensure information is recorded on to a single system, avoiding the potential loss of information within multiple records. An ICP facilitator is in post, who is a member of the documentation group, and is now an integral part of the clinical governance support team. Access, referral and discharge issues for cancer services are co-ordinated by the managed clinical network (MCN).

NHS Lothian has developed and implemented a protocol for chest pain referrals. The patient's GP refers them electronically. Once this referral is completed, it is triaged immediately, with an appointment issued. Patients are seen within 2-24 hrs, with the timing of the appointment determined by the triaging specialist.

NHS Lothian has involved patients and the public in a variety of consultations on access, referral, treatment and discharge. The chest pain protocol was developed in conjunction with the local MCN and with the involvement of patients. Patients and users were also involved in the development of the new thrombolysis in primary care protocol used by NHS Lothian in conjunction with the Scottish Ambulance Service. Further examples of patient and public involvement include the single centre for myocardial infarction and the introduction of improved access and valet parking for cancer services. Following on from patient satisfaction surveys and input, diabetes services have been moved, at least in part, into the primary care sector, thus freeing up hospital clinic time. This has led to a similar development being planned for eyecare services.

A carer's strategy group has been established with the Edinburgh CHP, and has staged various events, actively engaging with carers and is involved in forward planning within the CHP. All CHPs and the CHCP within NHS Lothian have carer representation. A carer's assessment has been incorporated within the new general medical services (nGMS) contract, and carer-led development of this into an electronic tool is progressing. The decision has been taken that this assessment should be undertaken by a different professional group than the district nurse, to ensure that carer needs are considered completely separately to patient needs, thus avoiding any potential conflicts of interest and influence.

All patients with planned admissions to hospital are sent information in advance about the hospital and its facilities, the procedure they are attending for and anaesthesia. If admitted as an emergency, the patient receives a card with contact details and useful numbers for the ward. The Board reported that information provided was relevant to the area it was being provided in, for example, bespoke information in East Lothian for the community hospitals. Alongside this information, NHS Lothian also encloses its healthcare associated infection leaflet

developed for patients, which points out how patients and visitors can help prevent the spread of infection. This leaflet is also available in GP surgeries across NHS Lothian.

NHS Lothian indicated that it worked closely with advocacy groups, and has established a network with voluntary organisations to try and ensure equitable access to information and services for service users with language barriers, communication and access difficulties. The Board acknowledged that further awareness raising of this needed to be done across the organisation, but that services are in place to provide easier access.

The Board has a standing contract with an interpreting and translation service, which, if it is unable to provide an interpreter to physically be present with a patient, can offer real-time telephone translation via speakerphone conference calling. This can be done at relatively short notice in the majority of cases. NHS Lothian reported that this is particularly useful during consultations, as although the patient is encouraged to bring an English-speaking relative with them where possible, this is not always appropriate or achievable.

## **Monitoring**

As procedures for access, referral, treatment and discharge are not equitably implemented throughout NHS Lothian, a system of monitoring is not yet in place which provides Board assurance that these procedures are being followed.

The review team noted, however, that monitoring of current practice to inform the further development and implementation of services, for example the discharge liaison service, currently available in two of five CHPs and the CHCP, has been undertaken.

Key targets such as 4-hour access and waiting times for A&E can be monitored monthly for progress against the target, and are reported on in the annual review. Within the A&E departments, it is possible for real-time monitoring to occur, with patients being triaged on arrival and the processes being monitored constantly.

Discharge monitoring occurs in parts of the organisation as part of the joint balanced scorecard for NHS Lothian and provides a mechanism for identifying where needs are not being met in these sectors.

## **Reviewing**

A Board-wide approach to access, referral, treatment and discharge has yet to be fully implemented and monitored across the organisation. Therefore, the review team noted that there is not yet a process to utilise the outcomes of any monitoring to review the approach.

## Core area: 2(b) Equality and diversity

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

### Development

NHS Lothian indicated that the three strands of Fair for All currently in development (race, disability and gender) are being brought together in an integrated equality and diversity strategy which is due to be presented to the Board in November 2006. This strategy builds on earlier initiatives and work within NHS Lothian, for example the Inequalities Action Plan which was launched with other partner agencies in April 1999. The results obtained from the Scottish Workforce Information Standard System (SWISS) returns by NHS Lothian staff indicated a disappointing response for the Board due to the small number of respondees. An example of best practice has been identified in Lothian and Borders Police, and the Board informed the review team that they were evaluating and adapting the police system, and integrating it with current human resources policies and procedures used within NHS Lothian. At the time of the visit, an externally facilitated seminar had been arranged to work through how, as a Board, issues in this area should be progressed and dealt with.

NHS Lothian has also been involved in the pilot of Checking for Change: A building block approach to race equality in health, developed by the National Resource Centre for Ethnic Minority Health (NRCEMH). Following a 360° appraisal, it is intended that the approach outlined by the NRCEMH and used in the pilot, be adopted and embedded across NHS Lothian.

In addition, further development of the race equality strand of Fair for All is occurring within CHPs and the CHCP, for example with regard to coronary heart disease within Asian communities, and pregnant women within the Polish community cared for by NHS Lothian.

### Implementation

The review team noted that, at the time of the visit, an overarching all encompassing equality and diversity strategy had not yet been evidenced. Therefore, it has not been possible to begin the implementation stages of all strands of equality and diversity. However, the review team was pleased to note some individual examples of implementation, for example the commitment of the Board to the equality and diversity agenda, with particular relation to race equality. NHS Lothian uses a recognised translation company, which can provide a speakerphone translating service used in consultations and where a face-to-face interpreter is unavailable.

A further example of the Board's commitment to equality is the induction, which all staff receive on commencing employment within NHS Lothian. The induction outlines the zero tolerance approach to discrimination in the workplace and is followed up with ongoing workshops on diversity which are available at regular intervals.

## Monitoring

NHS Lothian requires to finalise and implement a full equality and diversity strategy before a system of monitoring can be put in place. However, evidence provided to the review team shows that progress in the development of an overarching policy and strategy incorporating all strands required under Fair for All is occurring. The Board adopts a zero tolerance approach towards race inequality, and this is currently being expanded to cover disability, with gender being included during 2007.

## Reviewing

The review team noted that, at the time of the visit, an overarching equality and diversity strategy encompassing all six strands of Fair for All had not yet been developed, implemented or monitored. Therefore, it has not been possible to begin the reviewing phase.

## Core area: 2(c) Communication

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

## Development

NHS Lothian is developing a single system overarching communications policy, under which will sit the existing individual policies for the acute sector and the CHPs and the CHCP. It is anticipated that inter-staff communication and staff communication with patients and service users will be included in this policy. The policy will be based on the feedback received by the Board from patients and the public as a result of the 'Improving Care, Investing in Change' consultation. NHS Lothian has a policy of involving staff and patients in the development of its communications strategies and procedures, in both formal and informal manners.

NHS Lothian is also developing a single system intranet, although at the time of the visit, roll-out of this was still being planned.

## Implementation

At the time of the visit, NHS Lothian was using its inherited communications systems. The old primary care and acute sector intranets are still in use, and will eventually be replaced by a single system across the organisation.

The NHS Lothian staff newsletter 'Connections' has been circulated for a considerable period of time and is edited by a board of staff who participate on a voluntary basis. This board is comprised of members covering the geographical area of NHS Lothian and also its service backgrounds. The partnership forum is also involved with this production. The review team was pleased to note the comprehensive nature of the newsletter content, covering local and strategic issues, and also the breadth of its circulation and inputs. NHS Lothian reported that the organisation had won a silver award in the Chartered Institute of Public Relations Scotland PRide 2006/07 awards for 'Connections'. A number of external newsletters and bulletins are also widely circulated across the organisation to the appropriate staff groups, for example clinical governance and patient safety, and chief scientist updates.

A two-way briefing system, referred to locally as the Team Brief is in use in NHS Lothian. This verbal briefing which follows the executive management team meeting is issued in the first week of every month. The Team Brief is aimed at ensuring that staff are informed and aware of decisions which may affect them and to allow them to feedback their views. All comments and questions received are responded to and steps taken to follow-up on issues raised.

### **Monitoring**

NHS Lothian requires to finalise the development and implementation of the overarching communications strategy and its constituent policy parts before a comprehensive system of monitoring can be put in place. However, evidence provided to the review team demonstrates that progress towards this is occurring, with ratification expected at the Board meeting in November 2006. In the meantime, NHS Lothian is continuing using its previous strategies inherited from earlier systems and adapted during the formation of CHPs.

### **Reviewing**

At the time of the visit, there was no formal mechanism for reviewing communications. NHS Lothian reported that it does intend to review the overall communications strategy and its communication policies for each CHP and the CHCP at regular intervals following ratification.

### **Standard Statement 3: Assurance and accountability**

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

#### **Overall position statement**

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

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

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

#### **Development**

NHS Lothian has developed a comprehensive approach to clinical governance and quality assurance which is used across the organisation. The review team was pleased to note that the overarching clinical governance strategy is well embedded in the Board's clinical governance arrangements. The strategy runs from 2005–2008, and is due to be considered and reported against to the Board in late 2006. This is due to the clinical governance and risk management strategies which are being brought together during 2006–2007. At the time of the visit, NHS Lothian had recently appointed the management leads for clinical governance, although it was noted that the clinical governance support arrangements had been working as a single team during most of 2006. The NHS Lothian HGRMC had endorsed the single system working arrangements for clinical governance, and the inherited divisional subcommittees (for the primary care and acute sectors) are due to completely merge, with handover to the new management group, by December 2006.

The Board reported that it intends to hold discussions with its non-NHS partner organisations on the development of a joint framework for clinical governance and quality assurance. This is being taken forward as part of the quality improvement development process in West Lothian, with outcomes then being shared across the organisation.

At the time of the visit, the Board had developed an additional framework of delegation which describes roles and responsibilities for a number of topics including healthcare governance and risk management across NHS Lothian. However, this was still in draft format and was to be further progressed to include references to subcommittees with delegated responsibilities, associated groups and reporting arrangements back to the Board.

#### **Implementation**

The NHS Lothian clinical governance strategy seeks to promote a culture of continuous quality assurance throughout the organisation and to integrate the principles of clinical governance into direct patient care. It outlines the Board's high level aims and objectives in this area, and describes the mechanisms which will enable these to be delivered. Included in the strategy are five priority areas: healthcare

acquired infection; guideline implementation; development of patient pathways; learning from experience (including critical incidents, suggestions, complaints, comments and public surveys); and development of clinical information management and technology systems. This strategy was launched within the organisation at an internal conference attended by the executive and senior management teams within NHS Lothian. Following the launch, it was widely disseminated across the organisation, and summarised within the 'Connections' staff newspaper.

The Board has established both the HGRMC, with delegated responsibility for clinical governance and quality assurance, and a co-ordinating group responsible for clinical governance, the NHS Lothian clinical governance support team (CGST). The CGST has a supporting and facilitating role, in that it supports the clinical management teams and CHPs and the CHCP to deliver the clinical governance agenda. Its operational structure has evolved to follow the clinical governance framework, and has lead people for clinical effectiveness, risk management, quality, and patient focus and public involvement (PFPI). The CGST has a Board-wide remit, and is led by the clinical governance manager. Work is channelled to the CGST from, and progress reported back to, the HGRMC.

Operational accountability for clinical governance is devolved to line managers and is channelled through the quality improvement teams. Responsibility of all staff within the organisation to embrace a culture of quality management is included within individual job descriptions.

NHS Lothian's executive management team has developed and agreed a managerial statement of internal control for the organisation, which defines managers' general governance responsibilities and fundamental risks in both their area and the organisation as a whole.

The review team was pleased to note that the CGST produces a quarterly newsletter which is widely circulated across the organisation.

The quality improvement teams within NHS Lothian have allocated quality assurance and improvement activities. These programmes exist at service level and the quality improvement team is responsible for monitoring the effectiveness of activities against the programme. The quality improvement teams across the organisation are required to report against their programme on a 6-monthly basis at the quality improvement teams meetings which occur every 4–6 weeks. Updates from the quality improvement meetings are collated and summarised by the CGST, and subsequently passed upwards for review by the HGRMC. From there, actions are forwarded to the divisional clinical governance and risk management groups and management teams. All staff groups are included in quality improvement programme arrangements appropriate to their service and are expected to contribute to these where required.

At the time of the visit, NHS Lothian had four committees with responsibility for research and ethics, consisting of both expert and lay members. These committees work to the same standing orders and meet monthly, ensuring consideration of emerging projects and issues. The annual report from the committees is presented to the Board. At the time of the visit, the Board was considering establishing a decisions and priorities committee with overall delegated responsibility for ethical considerations, fairness, respect for individual autonomy, response to individual need,

and overall benefits to the whole population. This committee, if formed, would replace the current system.

## Monitoring

In 2003, NHS Lothian developed its framework for developing PFPI in NHS Lothian, with patients, carers and the public integral to the development process. This framework included a section on the Board's commitment to involving its service user stakeholders in service change and redesign. The framework was further updated and ratified into a formal process following Scottish Executive Health Department (SEHD) guidance in 2004. The Board receives reports on public engagement in the development of strategies, and the implementation of improving care, investing in change is a standing item on Board meeting agendas. The HGRMC also receives a bi-annual report against the PFPI action plan from the PFPI management group.

The PFPI management group is a subcommittee of the HGRMC, with delegated authority to agree priorities and the work plan for PFPI, review progress against the action plan, and encourage sharing and learning from good practice. The strategic context and action plan for PFPI were developed in partnership with a wide variety of stakeholders, and have been disseminated into the quality improvement programmes of the clinical management teams, CHPs and the CHCP within NHS Lothian.

## Reviewing

The review team noted that, at the time of the visit, insufficient information had been provided to demonstrate that NHS Lothian's approach to clinical governance and quality assurance was being reviewed throughout the Board area. The review team was pleased to note some individual examples of sharing potential good practice in some areas, for example the 2-yearly Celebrating Success – Best Practice Events, where staff throughout the organisation are asked to share the outcomes and learning from their clinical governance projects with colleagues by oral and poster presentations. However, it was agreed that clinical governance and quality assurance policies, strategies and procedures were not reviewed throughout the Board area.

### 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

Although NHS Lothian is implementing its current policies around fitness to practice, it is developing plans to take these forward in the light of national changes within the NHS such as Agenda for Change (AfC) and modernising medical careers (MMC).

Potential risks in relation to MMC have been identified. The Board noted an increased risk in the small numbers of medical staff involved in the transition from the old primary care division into the CHPs and the CHCP in particular. A delegated individual has been identified to handle MMC issues on a day-to-day basis and has active involvement across the organisation in relation to this. As a result of risks already experienced, the Board has sought to recruit more consultants in particular

specialties to aid with rapid patient assessment following referral. The main issue identified with MMC has been the numbers involved in each specialty and if this changes, how will adaptation occur. Areas currently being considered are the recruitment of more specialist nurses and anaesthetic practitioners, with hosted training within NHS Lothian. At the time of the visit, however, the Board acknowledged that this was still in a planning and investigation stage across the organisation, and it is awaiting final figures on staff groupings. In the meantime, a continuity plan relating to MMC is also being developed, and it is anticipated that this will be tested in real terms in March 2007, when junior medical staff will be attending interviews, and these interview panels will comprise of consultant staff.

## **Implementation**

At the time of the visit, NHS Lothian was implementing existing policies and procedures across the organisation which ensured that its workforce was fit to practice, and there was evidence of progress reporting on implementation. Systems were in place which ensured that all staff are checked for registration with the relevant professional body, and Disclosure Scotland checked with the Scottish Criminal Records Office (SCRO) prior to employment, either permanently or on a contractual basis. Ongoing registration checks are also conducted across the organisation. Where a member of staff is found to have failed to renew their registration, or are found to be unfit to practice, they are removed from clinical duties and the matter is investigated and managed under the NHS Lothian managing employee conduct policy.

Continuing professional development (CPD) is promoted across NHS Lothian for all staff groups. The NHS Lothian learning plan is included in staff induction, and outlines learning and development needs of the workforce covering education, training and lifelong learning. Local directories of learning and development opportunities are distributed to relevant staff groups on a quarterly basis, and both the intranet and email are used to cascade information. Monitoring of personal development plans and training are the responsibility of line managers, but attendance/non-attendance at courses is recorded centrally for all staff in the training record log.

Within NHS Lothian, clinical supervision for medical staff covers all levels of non-consultant medical staff. Registration checks are undertaken when staff move within the system, and operating procedures are in place for when the clinician must call a consultant or seek support from within the skillbase of the team. NHS Lothian has been using the national scheme for consultant appraisal for the past 5 years, and the appraisal arrangements for staff grades and associate specialists for the past 4 years. An associate medical director with specific responsibility for education and performance has been appointed, with the remit to oversee the implementation and monitoring of appraisal arrangements for medical staff, and has established a steering group which meets quarterly. At the time of the visit, the Board was working towards developing a quality assurance programme to assess these appraisal schemes. Identified clinical nurse leaders provide support for front-line nursing staff. The hospital at night arrangements have clearly defined and delegated responsibilities in relation to both duties and supervision issues for staff working unsupervised at night.

Where issues relating to staff governance are identified as impacting on the provision of services within the organisation, these are reported into the Board's clinical governance framework, and are managed from there.

## **Monitoring**

Although the organisation is currently implementing its policies and procedures to ensure its workforce are fit for purpose, the review team noted that, at the time of the visit, insufficient information had been provided to demonstrate that the NHS Lothian approach was being monitored throughout the Board area for all staff groups. The Board provided information demonstrating that the majority of staff had personal development plans, and evidenced that registration status and qualifications were routinely checked at appointment to post. However, routine re-registration and lapsed registration monitoring was not apparent throughout the organisation.

## **Reviewing**

NHS Lothian is implementing its policies and procedures in support of fitness to practice across the organisation. However, the review team agreed that the Board has not yet begun the reviewing stage.

## **Core area: 3(c) External communication**

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

## **Development**

NHS Lothian was finalising development of an overarching generic communication policy, with specific communication policies for the CHPs, CHCP and acute sector sitting in beneath this. At the time of the visit, this generic policy was awaiting final ratification from the Board. During the development of the overarching policy, and its local-level policies, the communications department worked closely with the partnership forum and public partners to ensure that communication was correct from the outset of the new strategy. Outcomes from this are to be measured through feedback systems and formal surveys.

At the time of the visit, the Board was also developing a single internet site for the organisation to replace the four sites inherited from the former divisions. It was anticipated this would be completed and launched in the near future.

## **Implementation**

At the time of the visit, inherited external communications policies were being used. The new generic overarching document will cover both internal and external communication, and also addresses staff-patient communications.

Following on from the outcomes of previous patient communication surveys, NHS Lothian implemented its happy to translate policy. At the time of the visit, the communications department was reviewing its printed materials and supporting voluntary organisations in the development and production of patient and service user information. Strategic documents are available in the six most commonly used languages within the NHS Lothian area, with the facility to translate into many more

if requested. The option of providing more information in Polish is also being explored.

NHS Lothian involves the public by holding open meetings on its consultations, for example the development of its children's and young people's strategy. It also targets specific groups in relation to strategic developments for that particular user group or community, and uses appropriate and relevant media to communicate with and alert these groups. Publications targeted at this specific group are easily available within and accessed by that particular community.

## Monitoring

The review team noted that, at the time of the visit, the finalised strategy had not yet been developed and implemented. Therefore, it has not been possible to begin the monitoring phase across the organisation.

## Reviewing

Although NHS Lothian is finalising development of, and intends to implement an overarching communication policy, incorporating adapted existing strategies covering the four CHPs and one CHCP within the organisation, this is still awaiting ratification. The review team agreed that the Board has not yet begun full monitoring or review of external communication 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

At the time of the visit, NHS Lothian was finalising the development of MIDAS for performance management prior to its planned launch in November 2006. MIDAS has been developed as an extension from a previous system which had been used within NHS Lothian. It has been adapted, reviewed and refined to produce a single system with a common set of indicators, the same data set and the ability to interrogate the system. It will incorporate specific, measurable, achievable, realistic and timely (SMART) indicators for the organisation as well as clinical indicators which were being devised at the time of the visit. MIDAS will operate as a single system and integrate performance management for the acute sector, the CHPs and CHCP within NHS Lothian. Reporting from MIDAS will be real time and in the form of a traffic light system, thus highlighting the priority and risk of performance issues across the organisation. Monitoring of issues arising as a result of MIDAS reporting on a day-to-day basis will be the responsibility of the performance director and the medical director, and these individuals are expected to provide regular reports and assurance to the Board on these issues. Day-to-day MIDAS monitoring at local levels is the responsibility of clinical managers. It is anticipated that the MIDAS reports will form an integral part of performance review across the organisation at all levels. Access to MIDAS will be available to all staff with responsibilities in performance and/or risk management across the organisation, with the ability to interrogate the system at local service and Board-wide levels. The system will provide a current picture of the overall landscape for performance across the organisation, and can be drilled down to many individual levels. The first phase

of development and implementation for MIDAS includes three modules with detailed information retrieval for activity, finance and key performance indicators.

## **Implementation**

NHS Lothian uses a balanced scorecard approach to measure performance management arrangements against key measures, targets and objectives from the Board's local delivery plan, which has been agreed with SEHD. Information is collected from a variety of sources across the organisation and, where required, is fed into the national requirements of data submission to NHS National Services Scotland Information Services Division and returns to SEHD. External websites are also used to collect information.

Operational performance for clinical management teams and the CHPs and the CHCP are reported to divisional management teams and, if necessary, escalated to the Board. The clinical management teams, CHPs and the CHCP have monthly internal performance meetings discussing their own specific performance management issues, for example prescribing, staff governance or ward observation audits.

The review team was informed of the existing systems which are in place and noted that the development of the computerised performance management system MIDAS will make relevant performance management information and data available to all operational managers and clinicians, and thereby identify specific areas which require local action by management teams. Ad hoc reports are produced where required, for example, as a result of parliamentary questions or freedom of information requests.

## **Monitoring**

NHS Lothian was able to demonstrate a consistent approach to monitoring performance management across the organisation. The intended launch of the MIDAS system in November 2006 will further enhance the mechanism for routine reporting of performance across the organisation.

Relevant information is collated for internal performance assessment and reported on to the executive management team, finance and performance review committee and the Board on a regular basis. The reports highlight areas of good performance and those where performance is below the expected level. Actions arising from these reports are progressed by the relevant management and operational leads depending on what is required.

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.

## **Reviewing**

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

## 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 Lothian was still developing its overarching strategy and policy for information governance, and had recently established a group to drive this agenda forward. The Board acknowledged the considerable challenge presented by the emerging area of information governance in general, given the expanse and complexity of the organisation, and demonstrated a sense of prioritisation and risk management in this area.

It was also noted that information technology security within all NHS Lothian systems is covered by a single team, and that systems are tested, with breaches of patient or business confidentiality reported to both the medical director and the director of public health. The director of public health is the overall Caldicott guardian for the Board. At the time of the visit, the information technology team was in the process of joining up laboratory systems and replacing the patient administration system across the organisation.

### Implementation

As the information governance policy and strategy are not yet fully developed, implementation across the organisation has not yet commenced. The review team noted, however, that work has begun to implement certain initiatives within NHS Lothian, for example the emergency care summary and shared assessment, the use of Scottish Care Information (SCI) stores, and in particular the development and implementation of a photography in hospitals policy used across the acute sector. This policy covers all digital images of patients, including the use of camera enabled mobile phones, and applies to all staff groups (including images for research and publication by clinicians, etc), patients and the public.

Across the organisation, patients are informed of their rights regarding use, storage and transfer of their personal information. Consent leaflets are provided to patients covering a variety of interagency information sharing processes. Verbal and, where appropriate, written consent is sought from patients where required. Written consent is recorded and retained on file. The legal issues section of the health records department is responsible for handling patient requests to view their medical records within NHS Lothian.

### Monitoring

The Board is at the stage of continuing development and beginning implementation of its information governance arrangements. The review team, therefore, agreed that it is not yet able to monitor its arrangements. However, the Board indicated that once fully developed and implemented, monitoring of its information governance arrangements would occur on a regular basis, providing assurance to the Board and, therefore, the public.

## **Reviewing**

A Board-wide strategy for information governance has yet to be developed, implemented and monitoring. Therefore, the review team noted that there is not yet a process for review.

## Appendix 1 – Glossary of abbreviations

<b>AfC</b>	agenda for change
<b>CGST</b>	clinical governance support team
<b>CHCP</b>	community health and care partnership
<b>CHP</b>	community health partnership
<b>CNORIS</b>	Clinical Negligence and Other Risks Indemnity Scheme
<b>CPD</b>	continuing professional development
<b>HDL</b>	health department letter
<b>HGRMC</b>	healthcare governance and risk management committee
<b>ICP</b>	integrated care pathway
<b>MCN</b>	managed clinical network
<b>MIDAS</b>	management, information, dissemination and action system
<b>MMC</b>	modernising medical careers
<b>nGMS</b>	new general medical services
<b>NHS QIS</b>	NHS Quality Improvement Scotland
<b>NRCEMH</b>	National Resource Centre for Ethnic Minority Health
<b>PFI</b>	private finance initiative
<b>PFPI</b>	patient focus and public involvement
<b>SCAN</b>	South East Scotland Cancer Network
<b>SCI</b>	Scottish Care Information
<b>SCRO</b>	Scottish Criminal Records Office
<b>SEHD</b>	Scottish Executive Health Department
<b>SMART</b>	specific, measurable, achievable, realistic and timely
<b>SWISS</b>	Scottish Workforce Information Standard System

## Appendix 2 – Details of review visit

The review visit to NHS Lothian was conducted on 17 October 2006.

### **Review team members**

**Mr Adrian Lucas (Team Leader)**

Chief Executive, Scottish Ambulance Service

**Dr Adam Bryson**

Medical Director, NHS National Services Scotland

**Mrs Margaret Dakers-Thomson**

Public Partner, Highland

**Ms Lynn Heatley**

Clinical Risk Manager, NHS Greater Glasgow and Clyde

**Ms Liz Macdonald**

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**Mrs Joanna McGregor**

Public Partner, Highland

**Mrs Carol Reece**

Head of Clinical Governance: Quality, NHS Dumfries & Galloway

**Mrs Heather Sheerin OBE**

Non Executive Director, NHS Highland

**Miss Margaret Smith**

Director of Nursing and Quality, NHS Greater Glasgow and Clyde

### **NHS Quality Improvement Scotland Staff**

**Mrs Jennifer Bruce**

Project Officer

**Mrs Anne Hanley**

Team Manager

**Ms Joanne McDonald (Observer)**

Project Officer

**Ms Jan Warner (Observer)**

Director of Performance Assessment & Practice Development

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

### Appendix 3 – Timetable of review visits

<b>Organisation reviewed</b>	<b>Visit date(s)</b>
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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