

NHS Western Isles

Update Report ~ May 2008

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



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NHS Quality Improvement Scotland (NHS QIS) is committed to equality and diversity. We have assessed the performance assessment function for likely impact on the six equality groups defined by age, disability, gender, race, religion/belief and sexual orientation. For this equality and diversity impact assessment, please see our website ([www.nhshealthquality.org](http://www.nhshealthquality.org)). The full report in electronic or paper form is available on request from the NHS QIS Equality and Diversity Officer.

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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.

In April 2007 the peer review visit against the clinical governance and risk management standards took place to NHS Western Isles. Following this peer review visit, NHS Western Isles produced its clinical governance strategy 2007/08 action plan.

This report presents the findings from the follow-up peer review visit to **NHS Western Isles**, against the key areas from the action plan. This review visit took place on **26 February 2008**, and details of the visit, including membership of the review team, can be found in Appendix 2.

## **2 Summary**

### **2.1 Overview of local service provision**

The Western Isles is a name covering the Outer Hebrides, an island group situated north-west of mainland Scotland. The population of around 26,370 live on 10 islands, the largest and most populous of which is the Isle of Lewis where the town of Stornoway is located. The proportion of older people in the population is above the national average, as are levels of illness and deprivation.

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

Western Isles NHS Board has the same functions as mainland NHS Boards. It is responsible for improving the health of the local population and for the delivery of the healthcare required. The NHS Board provides strategic leadership and has overall responsibility for the efficient, effective and accountable performance of the NHS in the Western Isles.

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 Western Isles ([www.wihb.org.uk](http://www.wihb.org.uk)).

## **2.2 Summary of findings**

A summary of the findings from the review against the key areas from the action plan is presented in this section.

### **Leadership**

NHS Western Isles has experienced many changes in leadership roles over the last year and this has made it difficult for the NHS Board to move forward with its clinical governance and risk management agenda at a strategic level. A core group of new and existing staff have re-focused efforts to meet the challenges ahead and the review team noted a new level of optimism within the organisation.

### **Organisational structure**

Finalising the overarching structure of the organisation is an important task for the NHS Board to complete and NHS Western Isles reported that this was currently work in progress. NHS Western Isles acknowledged that governance committee structures and reporting arrangements need to be transparent, effective and less complex.

### **Corporate objectives/Corporate planning**

Corporate objectives within NHS Western Isles have been agreed. The NHS Board acknowledged that ownership and use of these objectives needs to be further embedded within the organisation. The NHS Board is currently focusing on developing a clinical strategy for the future.

### **Performance management**

A basic performance management framework has been established and the review team was informed of ongoing work in relation to performance management. NHS Western Isles must continue to further develop and broaden performance management arrangements throughout the NHS Board and gather data on work already being carried out, but not systematically reported on.

### **Risk management**

NHS Western Isles is continuing to develop a single system approach to its risk management arrangements throughout the NHS Board. The review team was pleased to note that the risk management strategy was signed off by the Board in December 2007. NHS Western Isles agreed that the organisational risk management structure and reporting procedures require to be clarified, and risk management documents kept up to date at all times.

### **Patient focus and public involvement**

A significant amount of work has been done in relation to working with the public and focuses on the patient experience. NHS Western Isles reported that communication between the NHS Board and the local population is good and the development of the health information (HI) project to share information with patients has been particularly successful.

### 3 Detailed findings

#### Leadership

NHS Western Isles has had a number of changes to its leadership during the past year. The review team acknowledged the challenge this has presented the NHS Board in progressing with a systematic and co-ordinated approach to clinical governance and risk management. It was reported that within a period of just over 12 months, four chief executives and three chairmen had been in post and this constant change in leadership has made it difficult to move forward.

A number of new appointments to key positions throughout NHS Western Isles including the nurse director/ chief operating officer, a clinical effectiveness manager and an emergency planning officer, and the consolidation of the employee director post have taken place. The review team noted the recent appointments and understood the challenges surrounding new staff acquiring knowledge of local systems and processes, and building good working relationships within short periods of time.

The NHS Board explained that over the past few months the overarching focus for the organisation has been to reduce the overspend and balance the annual accounts. The NHS Board reported that it has now successfully managed to reduce the overspend and is following a 3-year programme to regulate financial expenditure. This will enable the executive team to concentrate efforts in developing a robust clinical governance and risk management framework within which the NHS Board will operate. This framework does not yet exist as the NHS Board is still in the early stages of development. However, the review team was assured that those in leadership roles have an understanding of the necessary work to be done and was confident that this agenda will progress appropriately.

There was evidence of strong leadership within the NHS Board and a commitment from both new and existing key posts to progress the clinical governance and risk management agenda. This was apparent in the number of staff attending the review visit and their involvement in the interview sessions.

The review team was encouraged to hear that NHS Western Isles had sought additional support in a number of areas from colleagues and networks throughout NHSScotland. The NHS Board now appears to be more outward looking and welcomed collaboration and assistance from other NHS Boards throughout Scotland.

## Organisational structure

The NHS Board reported that the internal management structure had previously been divided into three separate strands: hospital, community and health board. This had resulted in poor communication, disconnected systems and a lack of strategic focus. Recently, work has been carried out to integrate the hospital and community divisions into one single operating division, which will work closely with the Health Board functions. This is to ensure organisational integration and decision-making takes place at a more appropriate level within the NHS Board. This work was still in progress at the time of the review visit.

The review team found it difficult to understand the governance structures within the NHS Board which gave the impression of being overcomplicated and unwieldy. In particular, the clinical governance and risk management organisational chart did not appear to have been updated since the last review visit and did not correspond with what was detailed in the risk management strategy. The NHS Board agreed that the clinical governance and risk management organisational chart was still in development. The review team encouraged the NHS Board to update and simplify the diagram which details reporting lines between the various governance groups, to and from the Board.

Work has been ongoing in the development of a formal partnership between NHS Western Isles and the Western Isles Council; Comhairle nan Eilean Siar. The Western Isles Community Health and Social Care Partnership (CHSCP), which is due to go live on 1 April 2008, will be a key vehicle for delivering integrated community services across the Western Isles. The main focus of the CHSCP will be on improving the health of the local population and reducing inequalities. NHS Western Isles reported that relationships between the NHS Board and the Council have improved over the past number of months and there is good partnership working between the Board and the Council at the highest levels. Partnership working and better communication between the two organisations will improve patient experience and care. It was unclear if the CHSCP will become a subcommittee of the Board or how it will fit into existing governance arrangements.

NHS Western Isles stated that roles and remits of all governance committees have been reviewed and committees currently are being re-focused. Issues had also been raised as to the frequency of meetings, however, this has now been resolved. Consideration is also being given to combining the governance committees as there is overlap both in governance issues and in those who sit on the committees. It is anticipated that this will streamline and clarify roles and responsibilities, enhance communication and reduce duplication of effort. However, the NHS Board agreed it was important to first ensure the current overall structure of the organisation was robust and that roles and remits of key committees were agreed before making further significant changes.

The review team noted that finalising the organisational structure of NHS Western Isles was still a major work in progress. Simple, direct and effective structures that are transparent and easily understood require to be in place and timescales should be set to ensure completion as soon as possible.

## Corporate objectives/Corporate planning

NHS Western Isles' corporate objectives were developed in June 2007. These include: improving the health of the population; achieving national targets; developing a clinical strategy; ensuring effective use of resources; and achieving financial balance within a year. As the lack of an overarching future plan for the organisation was identified as one of the most significant concerns for the NHS Board, the development of a clinical strategy became a high priority.

A draft clinical strategy has now been developed along with an implementation plan. The draft clinical strategy, 'the next steps', was launched at an event hosted by the NHS Board at Stornoway Town Hall in February 2008. Staff, stakeholders and members of the public were invited and asked to comment on the strategy, which details a range of options for the future direction of NHS Western Isles. The NHS Board faces specific challenges in delivering healthcare across the population it serves, for example its geography and remoteness. A clinical strategy steering group has been formed which includes executive directors, council members, representatives from the voluntary sector and members of the public. It meets monthly and is chaired by the chief executive.

There did not appear to be robust evidence of ownership or use of corporate objectives other than by the executive team. The review team considered this an important opportunity for re-affirming objectives within the organisation and cascading this information throughout departments and service areas. It is also necessary to make clear links between staff objectives and corporate objectives as well as linking in with plans and organisational priorities.

The NHS Board reported that it is planning to progress to the implementation stage of the quality improvement scale for each of the NHS QIS clinical governance and risk management standards in 2008/09. The review team was pleased to note this, however, agreed this was a significant challenge for the NHS Board to achieve within the given timescale.

## Performance management

NHS Western Isles is in the early stages of developing its performance management arrangements and a basic framework was being established at the time of the review visit. The review team noted that performance arrangements are particularly health, efficiency, access and treatment (HEAT) target focused. HEAT targets are key performance measures developed by the Scottish Government which all NHS Boards must meet. The NHS Board reported that December 2007 access targets were met, however, it was agreed that the breadth of the performance agenda requires fuller development and co-ordination to include other aspects of performance.

The review team was informed of other work ongoing in relation to performance management, for example complaints reporting and performance in relation to the national standards. These data are monitored by the safe and effective care committee (SECC) which audits and monitors quality standards, incidents and complaints. The SECC reports to the clinical governance committee, however, only formal reports relating to HEAT targets are sent to the NHS Board.

Although there appears to be considerable work occurring at ground level, there is no system in place to capture and collate these data into agreed formats for formal reporting purposes. In the past, there has not been an NHS Board-wide agreed approach to gathering key performance indicator information across the organisation. This was largely due to the various divisions working as separate entities. However, with the newly-established single organisational system in place, there is now the opportunity for universal agreement on such processes. NHS Western Isles reported that there is a commitment from staff to further improve detail and consistency of performance management arrangements.

Since the last review visit, improved corporate governance is evident through Board agenda and papers, however, the review team was unable to see evidence of a clear linkage between performance management and corporate objectives. This is required so that the NHS Board can monitor performance in relation to delivery against corporate objectives.

The review team would encourage the NHS Board to consider performance arrangements for the CHSCP. Single outcome agreements will provide a vehicle to ensure shared performance management arrangements throughout the Western Isles. Although the partnership is still in its early stages, performance objectives and how these will be achieved require to be clear. Further work is ongoing in relation to reporting and governance arrangements within the CHSCP. All general practices carry out an annual patient satisfaction survey, however, reports are not currently being submitted to the governance team and Board.

## Risk management

Since the last strategic clinical governance and risk management review visit to NHS Western Isles in April 2007, there has been evidence of further development of risk management documentation. The NHS Board's risk management processes and procedures are detailed in the risk management strategy, which was signed off by the Board in December 2007. The incident reporting and investigation policy explains what to do following an incident, how to complete an IR1 form, and adverse incident and near miss reporting. There is also a draft risk register policy in place detailing the risk register structure, which divides into three levels: corporate, divisional/CHSCP and clinical service area. The policy also states that the corporate risk register will record any risks that threaten the implementation of corporate objectives or strategic-level strategies.

At the time of the last review visit, a corporate risk register did not exist and the review team was pleased to note that the NHS Board now has one in place. The NHS Board reported that individual departments are much more aware of their key departmental risks. Although there was evidence of the escalation and de-escalation of risks, the review team noted that the process for updating the corporate risk register was not fully implemented. The review team identified some risks that had been resolved in practice, but the corporate risk register had not been updated. The NHS Board agreed that those assigned responsibility for individual risks should ensure that the relevant documents are kept up to date and recognised the importance of being able to demonstrate active risk management through completion of such documentation.

Each ward, department and community team has its own risk register for recording risks. Clinical risk awareness sessions have been made compulsory for all staff working with patients and all staff are encouraged to report risks in a no-blame culture. The NHS Board is confident that reporting lines are effective, although the review team agreed that, at the time of the review visit, strategic-level reporting structures did not appear clear. As part of single system working, the organisation is considering having a single point of contact for risks.

NHS Western Isles was still using a paper-based system to collect and store risk management data at the time of the review visit. The NHS Board reported that it had purchased DATIX, an electronic risk management system, and was planning to implement it throughout the organisation, however, timescales were unclear.

The review team would encourage the NHS Board to ensure a review of the clinical governance and risk management framework and structure takes place in the very near future. This will enable the organisation to ensure each identified risk is recorded and addressed robustly.

## Patient focus and public involvement

NHS Western Isles is working in collaboration with patients and members of the public to improve the quality of the health services provided by the NHS Board. The NHS Board maintains good communication with the public through a number of initiatives, one being the patient focus and public involvement (PFPI) group. It was clear to the review team that considerable work is being achieved through this forum.

There was evidence of very positive interaction between PFPI and the NHS Board, and the review team was informed of a recent PFPI training event held over 4 consecutive days in Stornoway and Benbecula. The event involved frontline staff, consultants, non-executive directors and public representatives with positive feedback received from those taking part.

The people's health network is a joint approach to community engagement and holds a database of members of the public who wish to be involved in improving local health services. There are six locality groups throughout the Western Isles, although the NHS Board reported that some were more established than others. A community care forum which promotes active involvement of users and carers also exists. It was clear to the review team that NHS Western Isles works in partnership with the public and a promising alliance is being developed with voluntary organisations, the local authority and other agencies.

NHS Western Isles reported that there had been substantial involvement with members of the public on the newly-ratified communications strategy now in place. Access to information for the public is reported as being very good and, in particular, the work of the HI project website. This contains information on service provision and developments, and has links to condition specific sites and organisations. The website is accessible to the public via the internet and also at over 200 locations throughout the Western Isles' HI kiosks.

## **Appendix 1 – Glossary of abbreviations**

**CHSCP**      community health and social care partnership

**HEAT**      health, efficiency, access and treatment

**HI**          health information

**NHS QIS**    NHS Quality Improvement Scotland

**PFPI**      patient focus and public involvement

**SECC**      safe and effective care committee

## Appendix 2 – Details of review visit

The review visit to NHS Western Isles was conducted on 26 February 2008.

### Review team members

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



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