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NHS Highland

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Local Interim Report ~ *June 2005*

**Clinical Governance and Risk  
Management Arrangements in  
NHSScotland**

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# 1 Local NHS system and services

This report presents the findings from the peer review of **NHS Highland**. This review meeting took place on **18 February 2005**.

Highland is a large geographical area situated in the north of Scotland and has a population of around 209,080. The city of Inverness is the largest urban area in the region, although most of the population live in rural areas which may be remote, including islands. The proportion of older people in the population is higher than the national average, whereas levels of illness and deprivation are relatively low.

## Context

Despite its large geographic size, NHS Highland covers a smaller population and maintains smaller numbers of staff than more compact, more populous NHS Board areas. The Board appears to have worked within these parameters to maximise inclusion, communication and planning across spread-out parts of its organisation. It was particularly evident to reviewers that NHS Highland has expended a real effort to plan for, and implement, a single system. During discussion, Board representatives demonstrated a shared corporate vision for NHS Highland and gave examples of their focus on strengthening arrangements at corporate level. Overall, reviewers perceived NHS Highland as a vibrant NHS Board in which progress was being made. Reviewers were satisfied with the Board's performance with single-system working, and were also optimistic that, given similar attention and time, NHS Highland's performance with clinical governance and risk management could develop to a similar level.

## 2 Single-system working

NHS Boards should retain their focus as boards of governance, embodying a corporate, inclusive approach to collective decision-making which is based on the principles of partnership working and delegation of powers to the front line of patient care. NHS Boards should support local leadership by delegating financial and management authority as far as possible; and encouraging locally responsive approaches to service provision.

Operating divisions, as integral parts of local NHS systems, should have specific delegated authority to act within a defined remit without constant reference to the NHS Board. This must be backed up by clear, formal schemes of accountability. Responsibility and decision-making should be devolved to staff who are directly involved in delivering healthcare.

### **Corporate decision-making arrangements at NHS Board level**

During the review meeting, NHS Highland outlined its developing model for corporate decision-making arrangements, including its committee structure. Board representatives reported that key positions held by non-executive Board members throughout the NHS Highland decision-making system are integral to effective, cohesive arrangements. For instance, each community health partnership (CHP) is chaired by a non-executive Board member, as is the Specialist Services Unit (SSU). These non-executives are members of the committee for direct health services, which is a subcommittee of the Board. Board representatives stated that this structure and CHP development has been working in shadow form since April 2004. From the discussion during the review meeting, reviewers were satisfied that NHS Highland has a shared strategic focus and that corporate decisions are taken effectively.

### **Regional and local decision-making arrangements**

Although work to integrate existing and newly-formed committees was ongoing at the time of the review, Board representatives reported confidence that, in practice, decision-making arrangements are working well. Furthermore, it was reported that NHS Highland is on track in terms of the timescales for implementing fully-formed and functioning CHPs. In this NHS Board area, there are no operational divisions; rather, all operational systems for delegation arise within the three CHPs and the SSU. Within NHS Highland, there is one operating division, called direct health services, which is made up of three CHPs and the SSU. Area-wide services, such as mental health, children's services and dentistry are hosted either by a CHP or the SSU. A number of specialist committees are integrated into these, such as the health and safety committee and the infection control committee. Board representatives stated that the 'hosting' arrangements are functional in practice. This is because the arrangements for corporate decision-making are integrated effectively through the direct health services committee and management structure, and because of co-operative working by NHS Highland staff who have a supporting role.

The Board demonstrated commitment to regional planning. NHS Highland is an active member of the North of Scotland Planning Group (NoSPG). NHS Highland's medical director participates in this group and the NHS Highland chief executive chairs it. Board representatives indicated that regional planning, although difficult, is worthwhile, with progress being made and co-operation increasing. The Board has considered issues around shared governance links with Island Health Boards (eg NHS Western Isles), and reported that NHS Highland frequently receives feedback on its service provision for

patients outwith its catchment area. Also, the Board has given close attention to workforce planning. An example of this is joint working between NHS Highland and NHS Grampian to involve clinicians in regional workforce issues, especially in the geographical territory around Dr Gray's Hospital, Elgin.

## **Performance management at NHS Board level**

NHS Highland reported that, contained within its local health plan, is a section on the Board's key deliverables, which reflect local and national priorities, and which are reviewed annually. At each Board meeting, the chief executive presents a progress report on the key deliverables. In reading through the local health plan, however, reviewers noted that the appendix which details performance against 2002-2003 key deliverables, categorises these only as either 'promise met' or 'substantial progress made' (ie does not include categories for unmet targets). The sample progress report submitted does, however, contain text that explains progress to date and ongoing actions. During discussion, Board representatives stated that the chief executive is responsible for identifying areas where insubstantial or unsatisfactory progress has been made, and that, following an 'end-of-year mop-up', these are built into forthcoming work programmes. Reviewers considered these mechanisms to be less robust than they might be, and identified strengthening performance management arrangements as a challenge for NHS Highland. Board representatives themselves appeared to recognise some gaps in the current system, although were able to verbally demonstrate robust processes in related areas. For example, as part of its prioritisation of projects when setting its budget, NHS Highland undertakes an involved process, including reviewing business cases and service developments, risk scoring and taking into account clinical advice. Detailed records are kept regarding decisions, to ensure transparency to stakeholders about prioritisations and funding given. Reviewers were pleased to hear about this example, and would encourage that performance management arrangements be made more robust by the inclusion of specific timescales and named individuals accountable for each target's progress. Board representatives were optimistic that the new CHP-based structure will foster more planning for, and management of, performance, especially from operational units upwards.

## **Emergency planning arrangements**

Board representatives stated that emergency planning has been an area of recent growth for NHS Highland, and one to which the Board is beginning to allocate particular resources and attention, such as the appointment of an emergency planning officer. NHS Highland participates in annual multi-agency major incident exercises, and its staff have contributed to a major accident review elsewhere. It has also established an emergency planning and service continuity management group to identify and manage these issues. While Board representatives acknowledged that, at the time of the review, there was no plan in place regarding contingencies for internal events which might cause service disruption, they noted that NHS Highland is working toward developing this.

In light of the geographical challenges faced by NHS Highland, reviewers considered it especially important that the organisation prioritises service continuity, and noted that the establishment of a specific group for this was a positive first step.

## **Internal and external communication strategies and scheme of delegation**

NHS Highland submitted a communications strategy dated March 2004 which contains objectives that reflect both internal and external aspects of communication. The strategy

has an action plan to underpin it, and the Board also submitted an up-to-date copy of this plan which details timescales, responsibilities, resources needed, progress and status of each communications target item. Board representatives stated that there is a head of internal communications who is active in maintaining and improving staff communications – a challenge over such a wide geographical area as that covered by NHS Highland. Finally, Board representatives acknowledged that a further challenge would be to increase engagement with the voluntary sector, but noted that they are working towards doing so at CHP level.

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### **Current position**

Strategic development and operational delegation of service planning is in line with the principles of single-system working and is predominantly reflected in the organisational frameworks and arrangements for implementation and feedback.

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### **3 Clinical governance**

In order for NHS Boards to plan, provide and improve services, they must have in place structures to monitor and improve the quality of services. A clinical governance framework should be in place to support and monitor standards of care; create an environment for the continuous improvement of services; support strategic planning; and facilitate service delivery.

#### **Clinical governance strategy and committee**

Reviewers understood that the Board is aware of the need for an overseeing role for clinical governance, as well as delivering, supporting and practising roles, and is working towards establishing effective local arrangements for this.

However, at the time of the review, NHS Highland did not have a Board-wide clinical governance strategy, and Board representatives acknowledged during discussion that this is a necessity. They stated that, following finalisation of the committee structure, NHS Highland intends to form a new post of head of healthcare governance, and that this postholder will have responsibility for drafting a Board-wide clinical governance strategy.

NHS Highland is continuing to work on how best to focus on not only healthcare outcomes, but also systems for operational performance; at the time of the review, the Board had opted to separate these functions, both of which it labelled 'assurance' functions, at two different committees. In considering this proposed structure, reviewers were unclear as to the reporting and/or accountability relationship between them, and urged that committees' roles, and the links between committees, be made explicit in order to ensure transparency. Reviewers questioned whether the proposition to have two committees at the same level, both in an assuring role, was in line with the guidance set out in MEL(2000)29. Board representatives acknowledged that the NHS Highland clinical governance committee would, under this model, have a role slightly different to those in the rest of NHSScotland. Reviewers noted that it will be challenging for NHS Highland to implement a structure that separates systems from outcomes.

#### **Embedding clinical governance throughout the service**

Reviewers noted that clinical governance activity in the past seemed limited and overseeing of such activity disjointed, as evidenced by the fact that NHS Highland did not produce a clinical governance annual report for the year 2003-2004.

From the evidence submitted (eg minutes), it was clear that, at operational level, NHS Highland has carried on working with systems historically in place, while focusing on strengthening arrangements at corporate level for moving to single-system working and CHP development. An example of focus on high-level principles is the recent, pocket-sized publication by NHS Highland which outlines six principles of clinical governance. This information leaflet is intended to begin raising awareness among stakeholders of the rationales underpinning clinical governance, which could establish foundations for further activity. Reviewers considered this to be positive, and noted that focus now needs to be given to clinical governance in all levels within the NHS Highland single system including across all disciplines. Board representatives stated that, as CHP-based structures in the NHS Board have become functional, work with Local Authority partners is continuing to develop. Reviewers would encourage that NHS Highland gives attention to documenting existing activity as well as work plans for the future. Reviewers

would also encourage that links be made between clinical governance, risk management, and management of performance.

### **Clinical effectiveness**

As NHS Highland did not have a Board-wide clinical effectiveness strategy at the time of the review, reviewers found it difficult to determine if a Highland-wide programme for clinical effectiveness has been developed, how this is being taken forward or how clinical effectiveness projects are prioritised. Board representatives stated that there is a clinical effectiveness committee within the SSU that aims to ensure that ‘the loop is closed’ in terms of clinical effectiveness. NHS Highland also holds events to raise staff awareness, and, following the completion of each audit project, a report is prepared which includes recommendations on areas for improvement. During the review, Board representatives gave examples of how clinical effectiveness audit results have been used to improve practice, for instance highlighting training needs.

In general, reviewers noted that clinical effectiveness in NHS Highland needs to be more co-ordinated.

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### **Current position**

Strategic development and operational delegation of clinical governance is in line with the principles of single-system working but is only partly reflected in organisational frameworks and arrangements for implementation and feedback.

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## 4 Risk management

Effective risk management and risk reduction lies at the heart of governance. It informs the use of resources, supports the delivery of safe, effective care and promotes a learning, no-blame culture that uses experience as a valuable means of improving care. It is also required at statutory level and is a key element of internal and external audit. NHS Boards are required to carry out risk assessment at every level and to develop a corporate risk management strategy which identifies key risks and associated actions and their priorities.

### **Risk management approach at strategic level and for delegated functions**

At the time of the review, NHS Highland did not have a Board-wide risk management strategy, but Board representatives voiced the intention for this to be developed following the establishment of a clinical governance strategy. A paper dated 28 June 2004, however, did discuss elements of risk management, including NHS Highland's current position and potential future arrangements. The paper also made recommendations for taking forward integrated risk management across the NHS Board. Board representatives stated that this paper's content had been instrumental in informing the single-system establishment of risk management activity.

At an operational level, NHS Highland has carried on working with risk management systems historically in place since before the dissolution of NHS Trusts. At the time of the review, NHS Highland had a risk management steering group in place and was beginning to formalise risk management processes within its committee structures. During discussion, Board representatives indicated that it is NHS Highland's intention for local risk registers to be developed at CHP and SSU level. There are some pockets of risk management activity within local units, such as risk management support staff assisting IT staff to use risk scoring to determine prioritisation of equipment purchase and maintenance. A challenge for the NHS Board would be for risk scoring to be consistently applied and used across the whole system.

Also at the time of the review, NHS Highland was in the early stages of developing a corporate risk register. Some corporate mechanisms are in place for the management of risk, such as the fact that there is a standing item on the audit committee's agenda regarding assurance that risk is controlled. Regionally, NHS Highland works jointly with Local Authority partners to raise awareness of critical incidents affecting both healthcare and community services.

Board representatives reported that NHS Highland continues to attempt to embed risk management, for example through including risk management as part of inductions for medical staff, and by circulating team briefs and newsletters. Risk management support staff make ongoing efforts to guide operational staff to notify risks as these are identified. During discussion, staff indicated that the number of recorded risks has been steadily increasing over recent years – a sign that risk notification may be becoming part of the organisational culture. Overall, reviewers appreciated that it will take time for risk management to become embedded at all levels throughout NHS Highland.

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## **Current position**

Strategic development and operational delegation of risk management is in line with the principles of single-system working but is only partly reflected in organisational frameworks and arrangements for implementation and feedback.

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## 5 Patient Focus and Public Involvement

(Assessment Report as provided for Section 5 of the Scottish Executive Health Department's Performance Assessment Framework)

The NHS Board is able to demonstrate, through the development and implementation of its Patient Focus and Public Involvement (PFPI) Framework the impact and outcomes of engaging with the public and responding to the needs of individual patients both in terms of individual care and service design, development and review.

As well as this, the NHS Board is able to demonstrate how it is meeting the needs of those subject to discrimination based on their age, disability, faith/beliefs, gender, race/ethnicity and/or sexual orientation as well as consideration of cross cutting issues such as mental health, poverty and homelessness.

### 5.1. Engaging with the public

5.1.1 The Board is able to evidence the outcomes of involving patients, carers, the public and customers (where appropriate) in the design and development of services in line with their ongoing sustainable frameworks, implementation plans, action plans and the principles of Patient Focus and Public Involvement and Partnership for Care.

NHS Highland have demonstrated that the involvement of staff, patients, carers and the public have led to clear changes in options, solutions and decisions around service changes, service redesign and MCNs. This is evidenced by the establishment of the West Highland Solutions Group, the Out-of-Hours consultation and the engagement and consultation around the Maternity and Gynaecology services in Caithness. The Health Council have also recognised key strengths in these pieces of work and highlighted the need to undertake a mapping of PFPI activity across NHS Highland to ensure there is a good baseline of information available. There is a tremendous amount of good work ongoing across NHS Highland and this is to be commended and the opportunity to share this work with colleagues across the single system should be explored.

NHS Highland have a clear plan to reviewing their existing PFPI framework and governance structures in light of organisational change and emerging national priorities and the need to do this in conjunction with partner organisations and patients, carers and the public has been highlighted.

The development of Public Partnership Forums will be a key priority for the next year and this should provide NHS Highland with the opportunity to integrate some of the learning from previous activities. There have been significant pieces of work undertaken and lessons learned which should inform the further development of the priorities identified.

5.1.2 The Board is able to evidence effective governance and performance management systems for Patient Focus and Public Involvement, agreed and implemented with partners, patients and the public.

There is a PFPI Governance committee in place within NHS Highland which is chaired by a non-executive member and reports directly to the NHS Board. This committee oversees and guides the implementation of PFPI across the whole of NHS Highland. It

has been agreed that the membership of this committee should be reviewed in light of current developments.

Plans are underway to review the PFPI framework in conjunction with partners, patients, carers and the public and through this process NHS Highland should ensure that the original vision encompasses the changes in recent legislation and emerging national and local policies.

NHS Highland are to be commended for the appointment of the Head of Public Involvement. This post will be key to the future development and promotion of PFPI across the single system. Some work needs to be undertaken to identify the full resources available to support PFPI across the system and ensure that staff are able to utilise these resources to incorporate PFPI into their everyday care and practice.

The development of Public Partnership Forums will be key to future involvement in NHS Highland and this is a key priority area for the coming year. There are good foundations in place to develop existing networks into this new arena and some progress has already been made on this.

5.1.3 The Board is able to evidence the impact of providing support for patients, carers, individuals and customers (including training and information) on improving the quality and extent of Patient Focus and Public Involvement in the design, development and delivery of services.

There has been a wide variety of activities undertaken to ensure that patients, carers and individuals have training and support to participate in PFPI activities. NHS Highland are to be commended for the many approaches taken to deliver this advice, training and information.

NHS Highland currently work closely with Highland Council to jointly fund voluntary and community groups across Highland to support individuals and provide them with training that enables them to engage with public sector organisations. This approach is to be commended and will provide opportunities for future developments especially Public Partnership Forums. There is a real sense of commitment to continue with this joint working and to supporting patients, carers and the public through these voluntary and community groups.

NHS Highland are using a variety of methods to provide information to patients, carers and the public to ensure involvement and engagements at all levels. This approach is necessary to enable engagement of the hard to reach groups and also those living in geographical isolation.

There are plans underway to develop a web portal to allow easier access to information for individuals and for use by the various patients councils and users groups allowing them to have their own web pages available through this portal. This is backed up by extensive use of the local media around specific issues or developments.

5.1.4 The Board is able to show evidence of assessing the impact of involving staff in the design, delivery and planning of services.

There is a dedicated redesign team and they provide training and support for staff across NHS Highland. The development of care pathways is ongoing and is being used as a

tool in service redesign. The continued practical application of this will see increasing benefits for patients.

Whilst there is considerable involvement evidenced, NHS Highland should consider how they systematically involve staff in everyday planning and practice and how resources are allocated to allow this to happen.

5.1.5 The Board is able to evidence the integration of Patient Focus and Public Involvement principles into training programmes for staff and the impact this has had on direct patient care.

It is encouraging to note that a variety of training has been offered to and taken up by NHS staff.

It will be important to ensure that the review of existing training to include PFPI principles is continued and there is a need to ensure that all staff groups are able to access appropriate training particularly those out-with the medical and nursing professions, ie: administrative and clerical staff and ancillary staff.

NHS Highland should review the implementation of Personal Development Plans and appraisal systems and ensure that each member of staff has one and that they are able to capitalise on learning and development opportunities available.

The implementation of a revised induction programme including the full breadth of the PFPI agenda will provide a solid foundation for new staff in ensuring they understand the vision for PFPI for NHS Highland.

Communications skills is available through various training opportunities and there is a need to ensure that all staff have access to this.

## **5.2. Responding to the needs of individual patients**

5.2.1 The Board is able to evidence progress in implementing Fair for All – the Wider Challenge (an equality and diversity approach) and the impact that this has had on the design, delivery and review of services and improving patient experience. This should include the integration of existing policies and strategies.

NHS Highland are taking an incremental approach to equality and diversity and this will allow them to learn from their activities as they move through the process. The Equality and Diversity Implementation action group will provide leadership and support as this agenda develops. Progress has been made on meeting the legislative framework underpinning the equality and diversity approach. From the work already undertaken and the progression of priorities identified, NHS Highland should be in a position to implement any new legislation in the future.

Considerable work is underway across NHS Highland to address some of the issues identified. Of particular note is the Gypsy Traveller initiative which will identify the specific health needs of this community.

In responding to the needs of staff who could potentially face discrimination in the workplace several initiatives are underway eg: Racist Incident Scheme and the

identification of an Equalities Champion to work with staff. NHS Highland have systems and processes in place to ensure staff can access advice and support when needed.

NHS Highland hosted and attended the national training for the implementation of the national Equality and Diversity Impact Assessment Toolkit. Plans are underway to assess new policies and functions over the coming months and this will be a priority for NHS Highland.

As the equality and diversity approach develops it will be important to work closely with Community Planning Partners to ensure they understand what NHS Highland is trying to achieve.

5.2.2 The Board is able to evidence how feedback from the comments, compliments, concerns and complaints process is used to improve the experience of individual patients and carers and inform service design, development and delivery.

NHS Highland has a complaints procedure in place and governance for this comes through the Clinical Governance Committee. Key to developments in complaints handling and feedback has been the amalgamation of the complaints team under a single management structure and this will ensure provision of an equitable service across NHS Highland.

Feedback is provided to individual complainants and those who provide comments and suggestions. NHS Highland should ensure that they are able to share learning from complaints across the single system.

NHS Highland are to be commended for piloting the cultural change programme “Breaking down the Barriers”. The benefits of this programme in supporting individuals to achieve behaviour and attitude changes will be key to the implementation of the new complaints procedure and the cultural change required.

NHS Highland has enjoyed a good but challenging relationship with the Health Council. They have provided feedback on a number of issues and it will be important that the NHS Board, Community Health Partnerships and the Specialist Services Unit develops similar relationships with existing and future networks to ensure this key element of feedback continues.

There is recognition that the complaints handling training needs to be updated and this should take account of the new Complaints Procedure when available.

5.2.3 The Board is able to evidence how it responds to the needs of individual patients and the impact that other aspects of the Patient Focus and Public Involvement agenda have had on service planning and delivery and improving the patient experience. This should include volunteering, advocacy, voluntary sector engagement, patient information and carer engagement.

There is clear evidence available that the patients experience is used to inform service planning, design and delivery ie: MCNs, service re-design etc. NHS Highland should continue to encourage using this expertise and experience in planning for the future and exploit all opportunities available.

Plans are underway to ensure the Board is able to gather information on the needs of patients prior to accessing services. The planned work to identify possible barriers to communications and access to care should provide good opportunities to develop creative solutions for this.

Clear policies and strategies are in place for volunteering, spiritual care and advocacy and the work to progress these is encouraging. NHS Highland should begin to evaluate the impact, both direct and indirect, these policies and strategies have had on patient care.

NHS Highland has a well established history of engagement with the voluntary sector and continues to fund various voluntary sector projects/initiatives. All of this work is to be commended and will bode well for the further development of Community Health Partnerships.

A carers strategy has been in place for many years and is currently being reviewed. Progress on implementing the reviewed strategy will ensure that the needs of carers is met.

A policy is available locally for production of Patient information and this should be reviewed to take account of new guidance when available.

## 6 Strengths and challenges

### Strengths:

- NHS Highland has expended a real effort to plan for, and implement, a single system. During discussion, Board representatives demonstrated a shared corporate vision for NHS Highland and gave examples of their focus on strengthening arrangements at corporate level.

### Challenges:

- At the time of the review, arrangements for clinical governance and risk management were satisfactory, although reviewers perceived that arrangements were not as robust as they could have been. It was recognised, however, that NHS Highland has been especially focusing on single-system arrangements over recent months, and reviewers were optimistic that, given similar attention and time, NHS Highland's performance with clinical governance and risk management could improve to a similar level as its performance with single-system working.

### It's happening locally...

- NHS Highland has recently introduced a pocket-sized publication outlining six key principles of clinical governance. This information leaflet, 'Clinical Governance Principles: Safe, Quality, Patient-Centred Care', is intended to raise awareness among stakeholders of the rationales underpinning clinical governance.

## **Appendix: Reviewers**

### **Mr Andy Crawford**

Clinical Governance Manager, Greater Glasgow Primary Care Division

### **Mr Tom Haswell**

Lay Representative, Greater Glasgow

### **Mr Michael Lyall**

Medical Director, NHS Tayside

### **Mrs Alison McGilvray**

Lay Representative, Forth Valley

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