



NHS Lothian

Local Interim Report ~ *June 2005*

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

Contents

1	Local NHS system and services	3
2	Single-system working	4
3	Clinical governance	7
4	Risk management	9
5	Patient Focus and Public Involvement	11
6	Strengths and challenges	16
Appendix	Reviewers	17

© NHS Quality Improvement Scotland 2005

First published June 2005

NHS Quality Improvement Scotland (NHS QIS) consents to the photocopying, electronic reproduction by 'uploading' or 'downloading' from the website, retransmission, or other copying of the findings contained in this report, for the purpose of implementation in NHSScotland and educational and 'not-for-profit' purposes. No reproduction by or for commercial organisations is permitted without the express written permission of NHS QIS.

Copies of this report and other documents produced by NHS QIS, are available in print format and on the website.

www.nhshealthquality.org

1 Local NHS system and services

This report presents the findings from the peer review of **NHS Lothian**. This review meeting took place on **2 February 2005**.

Lothian is situated in south-east Scotland and has a population of around 780,010. 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.

Context

NHS Lothian is a large NHS Board which provides services from eight major hospitals and 120 other community and primary care facilities. At the time of the interim peer review meeting, the NHS Board area contained three NHS operating divisions, each of which was an NHS Trust prior to dissolution: Lothian University Hospitals Division (acute care services); Lothian Primary and Community Division (primary care services); and West Lothian Healthcare Division (combining acute and primary care services). As NHS Lothian continues to move incrementally towards single-system working, it proposes to change its infrastructure and intends to create a single operating division and specialty-specific directorates.

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

NHS Lothian recognises that a cultural change is required to embed single-system working, and is aware of the challenge this poses. Consequently, the Board has given significant attention to the revised arrangements for single-system working, but reviewers noted that much of these arrangements were not yet in place at the time of the review.

It was apparent to reviewers that the Board has in place all the necessary governance committees. However, the roles and remits must be clear and NHS Lothian recognises this as one of its main challenges. From the committee minutes provided, reviewers were not able to ascertain the process by which actions are implemented and monitored, and in particular how agreed actions are signed off.

NHS Lothian emphasised its commitment to delegating responsibility and accountability to operational level. The intended devolution of responsibility to community health partnerships (CHPs), when these are integrated, is outlined in the scheme of establishment.

Reviewers were informed that the NHS Lothian scheme of delegation was recently approved by the Board's audit committee and is soon to be ratified by the Board. In discussion with Board representatives, it transpired that during development of the scheme of delegation, the Board had taken a 'diagonal slice' of the organisation to engage staff in the process. During discussion, Board representatives informed reviewers that the systems for delegation that are being developed are coherent, comprehensive and well understood by staff; however, without having seen the scheme of delegation, reviewers could not be assured of this.

Currently, NHS Lothian medical directors meet on a monthly basis. This practice has led to the inception of a clinical board to encourage wider clinical input into decision-making. Although only conceptual at the moment, the intention is that this forum will be expanded to include senior clinicians from other disciplines, will bring together primary care and CHPs, and will link with the service redesign committee.

Regional and local decision-making arrangements

NHS Lothian has key representation in the South East and Tayside (SEAT) group for regional planning; the chief executive for NHS Lothian is the current chair of SEAT and the NHS Lothian director of planning is also SEAT's regional director of planning.

Reviewers understood that, given the size of the NHS Board, contributing to the agenda of this group does not pose a challenge for NHS Lothian as it might for smaller Boards which participate in SEAT. Overall, reviewers noted that the management arrangements appear robust.

Performance management at NHS Board level

The finance and performance review committee has been developed to facilitate performance management in NHS Lothian, and reviewers considered this committee to be an ideal forum for conducting this aspect of Board business. It was evident that this approach reflects single-system working. The issues considered at the finance and performance review committee appear broad ranging. Although there is a financial emphasis, the potential impact upon delivery of services is discussed, and clinical performance features heavily in the discussions of this committee. At the peer review meeting, reviewers ascertained how progress against Performance Assessment Framework (PAF) targets is linked with performance management at the finance and performance review committee.

While reviewers noted that the minutes of this committee are distributed to all Board members, and that divisional management team agendas are expected to mirror the committee agenda, reviewers perceived a degree of informality in the Board's approach to feedback and tracking. Reviewers considered that there is an over-reliance on individuals to progress specific issues. NHS Lothian advised reviewers of its intention to develop responsibility matrices to clearly define roles, and reviewers would encourage this.

Emergency planning arrangements

It is apparent from the minutes of the NHS Lothian emergency planning advisory group, that a spectrum of issues of possible relevance from both a national and local perspective is considered. This group has a wide-ranging membership which includes relevant partners such as the Scottish Ambulance Service. At the peer review meeting, reviewers explored the impact of service reconfiguration and the Board advised that the status quo had been maintained. Reviewers were satisfied that NHS Lothian gives due recognition to business continuity planning in relation to internal events which may cause service disruption.

Internal and external communication strategies and scheme of delegation

An updated communications strategy was submitted prior to the review meeting. However, this short document focuses on partnership arrangements and does not address external issues such as communication with the media or with relatives. Reviewers were of the opinion that there has been an interruption in the development of communications strategies whilst a key staff member has not been in post. Consequently, reviewers would encourage the Board to ensure that the responsibility for such an issue does not lie solely with any one individual, resulting in a lack of progress.

Reviewers recognised areas of previous good practice, examples of which include: the award-winning staff newsletter 'Connections' and NHS Lothian's proactive use of the intranet.

Current position

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

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

Board representatives advised reviewers that, within NHS Lothian, there continues to be a significant focus on clinical governance and that its structures and processes are being amended to ensure that single-system working truly adds value to clinical governance activity. However, reviewers perceived that this has only recently become a priority; NHS Lothian described clinical governance as part of 'phase 2' in the development of single-system working.

As yet, NHS Lothian lacks a coherent clinical governance strategy. The draft strategy recently submitted to the Board was not approved on the grounds that it is not sufficiently detailed, however, the required revisions are now being made. Reviewers considered that the draft strategy is not sufficiently comprehensive. For example, it makes little mention of CHPs, which NHS Lothian acknowledged as a challenge. Furthermore, the draft does not detail the processes for implementation, review or monitoring of the strategy, and much of the strategy remains aspirational.

The minutes of the NHS Lothian clinical governance committee indicate that reports are regularly received from divisional clinical governance committees. Although many issues are discussed, it was not clear to reviewers how these are progressed, tracked and fed back. It appeared to reviewers that NHS Lothian continues to rely on structures, systems and processes previously in place. Reviewers would encourage the establishment of further mechanisms for direct sharing of good practice laterally between divisions.

Overall, reviewers believed that further system-wide development is required and that this will be dependent on the pending definition of roles and responsibilities. In relation to this, reviewers noted the particular challenges posed by CHPs, service changes associated with the Better Acute Care in Lothian (BACL) initiative and the implementation of the strategy.

Embedding clinical governance throughout the service

Reviewers were given the impression that clinical governance is embedded to varying extents throughout NHS Lothian. Areas of good practice were identified in all systems, however, it was evident that primary and acute care sectors have not as yet been working coherently towards the clinical governance agenda, with variation in practice highlighted during discussion. Whilst acknowledging that the culture embedded should be flexible and responsive to divisional requirements, reviewers would hope that the strategy would evolve to encourage a greater degree of cohesion and sharing of approach.

Clinical effectiveness

The draft NHS Lothian document 'A Framework for Delivering Clinically Effective Services' demonstrates the pragmatic approach the Board has taken to aligning clinical effectiveness priorities against the clinical quality aspects of the PAF. Reviewers noted

the role of the clinical guidelines steering group in co-ordinating the implementation of national advice across the NHS Board; this was considered to be a positive example of NHS Lothian putting single-system working into practice. Furthermore, reviewers were pleased to note that clinical improvement teams have been established in the Lothian University Hospitals Division, and would suggest that this practice should be shared across the single system.

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.

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

An overarching risk management strategy for NHS Lothian is in development, however, it is not yet a live document. Reviewers were encouraged that recent attention has been given to document control, but identified gaps in the draft strategy which was submitted as evidence for the interim peer review. For example, there is little recognition of CHPs and no detailed consideration of health and safety issues. Reviewers were of the opinion that the draft risk management strategy and clinical governance strategy had been developed as separate entities and do not complement each other. For example, it was not clear to reviewers how matters pertaining to clinical risk would be dealt with by the clinical governance committee. In common with the clinical governance strategy, the draft risk management strategy is not comprehensive and lacks details regarding implementation, review and monitoring.

During the peer review meeting, reviewers explored the Board's efforts to engage staff during the development of the risk management strategy. NHS Lothian explained that staff representatives had been consulted at workshops but recognised that the membership of the risk management steering group should be supplemented with operational staff representatives. Part of the remit of this group is to encourage the sharing of learning experiences and information throughout NHS Lothian, however, the method by which this would occur lacked clarity to reviewers.

Reviewers established that there is currently no Lothian-wide approach to incident reporting. NHS Lothian agreed that this is essential and plans to explore a common standard.

It was apparent to reviewers that NHS Lothian has solid foundations to build on to ensure that risk management is embedded across the NHS Board, with all divisions having previously received Clinical Negligence and Other Risks Indemnity Scheme (CNORIS) level 1 accreditation. Furthermore, reviewers were encouraged that business plans are risk assessed before being submitted to the Board. However, while reviewers had evidence of good practice, they noted that this remains at the divisional level. For example, the Lothian University Hospitals Division has set a target to reduce complaints regarding poor communication and West Lothian Healthcare Division circulates a risk newsletter, but these practices have not been adopted across the NHS Board. To unify the divisional approaches, reviewers noted the need for further attention to be given to the maintenance of a Board-level risk register. Systems for delegation of risk management are evident through existing committees, but reviewers considered that a more comprehensive approach is required.

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.

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 Lothian is able to demonstrate clear strategies and action plans for the development of PFPI and the Board continues to develop the agenda proactively. The Board has put in place monitoring systems to ensure learning from good practice in relation to PFPI.

The work undertaken by the Board in relation to the *Improving Care, Investing in Change* consultation merits a special mention. With this consultation exercise, the Board made every effort to obtain patient, carer and public views with special consideration being given to ensure the views of equality target groups were obtained.

NHS Lothian has developed a vision for the future strategic direction of PFPI and this has been agreed by senior management.

A wider approach to Fair For All, involving communities which face discrimination, in planning and accessing services has been developed by the Board. Significant work has been undertaken to ensure the input of individuals from each of the equality strands in the planning of services for NHS Lothian. This was apparent in the public activity undertaken by the Board in the recent consultation on older people's services, mental health services and acute services for Lothian, and the Board is to be commended for this work. NHS Lothian has also made a commitment to engage with these communities and the wider population of Lothian as services develop.

Over the past year NHS Lothian has used a range of methodologies to ensure that patients, carers and members of the public are able to be involved in the development and planning of services for NHS Lothian. A significant number of good examples of practice are available at local level and systems are in place to allow these to be shared across the whole system.

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.

The Board's clinical governance committee oversees the implementation of the PFPI agenda and the evidence submitted highlights that there is clear leadership for this agenda provided at both Board and Divisional level. As well as this, the Board is able to demonstrate the clear leadership and resources provided which support meaningful development of PFPI activity.

NHS Lothian has already considered the development of mechanisms for involving patients, carers and the public in setting and monitoring performance targets. Indeed patients, carers and members of the public are involved in the clinical governance committee and it is expected that the developing Public Partnership Forums will have a role to play in this area in relation to Community Health Partnerships and Primary Care organisations.

The clinical governance committee will be able to ensure that the PFPI agenda is delivered both strategically and operationally through its regular meetings and discussions with each of the operating divisions.

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.

The Board highlights the West Lothian public awareness raising and training programme as being a good example of practice at local level which it intends to roll out across the single system. The significant work undertaken by LHCC Patient Involvement Workers is also acknowledged and provides the Board with an excellent baseline on which to build.

The Board has developed a system-wide approach to its PFPI activity and acknowledges that this systematic approach will provide consistency.

The Board highlights a key learning issue as being the feedback received from the Minority Ethnic Health Forum and will use this in their development of an Equality and Diversity approach to involving patients, carers and the public.

Significant work has been undertaken to provide support to patients, carers and members of the public through a range of training opportunities, ie Public Involvement Training provided by Dumfries and Galloway Health Council and training for the Patient and Public Network. NHS Lothian is committed to continuing the provision of this support and establishing what skills, knowledge and experience is available through these networks which can support the future development of services in NHS Lothian.

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.

The Board highlights the importance of the local Partnership Forum and the work of the Lothian Public Involvement workers to support the involvement of staff. Through

protected learning time the public involvement workers have been able to provide staff with the skills and knowledge to be involved in designing and delivering services.

A range of methodologies has been used to ensure that all staff across the system have the opportunity to be involved in the design and delivery of services. NHS Lothian should consider how they gather evidence to demonstrate the impact of this involvement of staff.

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.

The Board provides evidence of a number of innovative examples of good practice at locality/division level within this section and highlights the RCN leadership course as a patient focused example of good practice.

Through a range of academic and vocational training, NHS Lothian is able to ensure that the key messages and principles of PFPI are embedded within training and development.

Through the further development of their Induction Programme which is modular based and is backed-up through e-learning, they have been able to take account of emerging policies and strategies and ensure that staff have knowledge of these.

Communication Training is a key issue for NHS Lothian and the NHS Lothian plan is underpinned by good communication and PFPI principles.

NHS Lothian are integrating PFPI principles throughout their training and development programme which ranges from the Leadership Development Programme provided for managers to the Challenging Attitudes and Values, and Self Awareness training provided for nursing, allied health professionals, etc.

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.

The Board commences this section with a statement of commitment to an equality and diversity approach and builds on this by showing the strategic partnerships which have been already built with both the voluntary and statutory sectors to develop this. Lothian Health Council highlights the spirituality strategy and the race equality scheme as good examples of the developments in this area. The Board highlights the extensive network of voluntary organisations which represent most equality groups and have demonstrated engagement with these groups through the recent consultation exercise and have made a commitment to continue to engage with these groups in the future.

Both the Board and the Health Council identify the need for the Board to consider equality and diversity issues from the beginning of a planning process and as such, invite appropriate patients, carers and the public to participate in the process. The Board has stated that currently people from equality target groups are invited to participate in

service planning once initial planning has commenced and this is an area for development.

NHS Lothian has a system-wide process for Equality and Diversity Impact Assessment of all policies and services and indeed has played a significant part in the development of the National Equality and Diversity Impact Assessment Toolkit.

NHS Lothian is developing a partnership approach with the Voluntary Sector and their local authority partners to ensure a patient centred approach to equality and diversity is developed.

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 Lothian highlights the importance of the national system for recording complaints and the clinical governance structure as being important aspects of a system-wide approach to dealing with comments, compliments, concerns and complaints.

The Board is able to demonstrate a system-wide approach and has clear planning mechanisms for providing staff with skills and knowledge to deal with feedback appropriately at divisional/local level.

NHS Lothian has developed a range of mechanisms to ensure that feedback is provided to patients, carers and the public on the comments and complaints process. Complaints, comments and compliments, and the organisational learning from these, is reported through the clinical governance committee and this ensures that the whole system is able to take account of this learning.

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.

The Advocacy Safeguards Agency (ASA) has acknowledged the significant developments which the Board has made for people with mental health problems, older people and people with dementia. ASA also highlights the significant financial investment which NHS Lothian has made to advocacy services as well as acknowledging that the advocacy plan has been equality and diversity impact assessed to ensure that advocacy organisations are inclusive and accessible.

In relation to volunteering, Volunteer Development Scotland (VDS) has acknowledged that NHS Lothian has key volunteering strengths in terms of the ongoing development of volunteering management practice at divisional level. One key example of this being the winner of the 2004 Scottish Association of Volunteer Managers Award being based in Lothian. VDS identifies the development of a system wide volunteering policy being a priority for the next year and as part of this, developing a single system approach to volunteering issues such as recruitment.

NHS Lothian is to be commended and congratulated for the significant work undertaken on the development and implementation of their Spiritual Care Policy. They have taken

an innovative approach to the holistic spiritual care needs of patients, carers and the staff of NHS Lothian. They have developed the 'sanctuary area' in the Royal Infirmary, Edinburgh and this space provides staff, patients, carers and members of the public with an area in which to reflect quietly and fulfil their spiritual and religious needs. This is an excellent model which NHS Lothian should be proud of.

At an operational level, spiritual care is part of the integrated care package that is provided at frontline service level and the competencies required to deliver spiritual care have been considered for all staff, thus resulting in all staff being able to provide some level of spiritual care to patients and carers.

The one area within this section which the Board acknowledges as a priority for action is the planning and production of a patient information strategy.

6 Strengths and challenges

Strengths:

- NHS Lothian documents progress against the PAF in the local health plan using a traffic-light system.
- The finance and performance review committee retains a focus on service delivery.
- The clinical guidelines steering group co-ordinates Board-wide implementation of national advice.

Challenges:

- Reviewers noted the importance of maintaining clear documentary evidence of decision-making processes and subsequent actions, monitoring and feedback.
- A challenge is to further develop the draft strategies into comprehensive and substantive documents.
- Reviewers would encourage NHS Lothian to clearly define the roles and remits for implementing the clinical governance and risk management strategies and to integrate these with single-system working.

It's happening locally...

- The Board reported that the local health plan is distributed to households in the region with a tear-off slip provided to solicit feedback.
- Incentives are provided for 'closing the loop' on audit.

Appendix: Reviewers

Ms Mairi Brown

Lay Representative, Argyll & Clyde

Mr Andrew Marsden

Consultant Medical Director, Scottish Ambulance Service

Ms Pauline Moore

Director of Finance, Scottish Ambulance Service

Ms Alna Robb

Director, Nursing & Midwifery Practice Development Centre, Lanarkshire
Acute Hospitals Division

Ms Maureen Stevenson

Head of Clinical Governance: Development, NHS Dumfries & Galloway

Mr Bill Wilson

Lay Representative, Highland

Mr John Wilson

Chief Executive, Fife Acute Hospitals Division

Ms Rhona Jack (Observer)

Management Consultant

NHS Quality Improvement Scotland staff

Mrs Susan Downie

Acting Project Officer

Ms Elaine McRae

Healthcare Governance Co-ordinator

Analysis of documentation was provided by Mr Brian Kennedy, former CNORIS assessor, Willis Limited, and Ms Donna O'Boyle, former CNORIS assessor, C3healthsolutions Ltd.