



NHS Education for Scotland

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 Education for Scotland**. This review meeting took place on **21 December 2004**.

NHS Education for Scotland (NES) was set up to advance the knowledge and develop the skills of all staff working as part of NHSScotland. Developing the skills of doctors, nurses, therapists, dentists, scientists, psychologists and all other staff is central to the aim of improving standards of patient care.

The Board's work covers a wide area, including providing and supporting specific training initiatives, ensuring that educational standards are being maintained, providing a range of educational materials, assessing training needs and promoting the development of skills throughout NHSScotland.

NES combines three predecessor organisations that were individually involved with meeting the education needs of doctors, dentists, psychologists, nurses, midwives, health visitors and pharmacists:

- The National Board for Nursing, Midwifery and Health Visiting for Scotland
- The Post-Qualification Education Board for Pharmacists
- The Scottish Council for Postgraduate Medical and Dental Education.

The organisation's website can be found at <http://www.nes.scot.nhs.uk/>

Context

The development of healthcare governance within NES has been shaped by a number of key issues. As a Special Health Board with no direct patient care, the mandatory requirements, as set out in the Health Department Letters (HDLs) which informed the basis of this interim review, do not directly apply to NES. Nonetheless, the principles of effective healthcare governance, as outlined in the HDLs, are recognised as good practice for any organisation and as such act as a useful tool for reviewing healthcare governance arrangements. This is particularly relevant to NES in relation to the effectiveness of its educational programmes.

As an organisation, NES came into being following the amalgamation of a number of educational bodies, all with their own governance arrangements. NES, therefore, is faced with the challenge of developing organisation-wide healthcare governance against this historical backdrop. Board representatives indicated that work is already under way to develop a cohesive strategic approach to healthcare governance, and that this will be strengthened by the new executive team.

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

Corporate decision-making is carried out at NHS Board and senior management team levels. Reviewers noted the predominant non-executive membership of the Board. NES representatives indicated that, at the time of the review, not all executive Board member places had been filled, and there was acknowledgement that this has had an impact on the functioning of the Board. An additional observation was the relatively recent appointment of a significant proportion of the senior management team, which in turn has had a positive impact on strategic decision-making processes.

The scheme of delegation provided illustrated that a systematic approach to corporate decision-making is in place. The most recent iteration of the strategic plan has focused on key issues and will further strengthen the decision-making process at corporate level, although this was noted to be at an early stage in its development.

During the peer review visit, representatives of NES demonstrated a clear vision and enthusiasm for the development of decision-making structures and systems, and clear schemes of delegation. They now face the challenge of ensuring that this motivation is maintained to enable these plans, structures and processes to come into fruition.

Regional and local decision-making arrangements

Analysis of the management plan indicates that, at present, the strategic approach taken does not fully support regional and local decision-making. The plan is currently under development with the aim of ensuring that strategic processes inform local decision-making. While there are several good examples of feedback from different regions and specialities within NES, there does not appear to be a systematic approach to feedback across the whole organisation. During the peer review, representatives of NES gave assurances that this issue is currently being addressed.

Board representatives indicated that, whilst its network of deaneries is one example of an effective system for regional and local decision-making arrangements, there is a need to develop core, shared principles. It was noted that work on this is under way. Reviewers understood that the deaneries provide a means for unidisciplinary decision-making, and NES recognises the need to adopt a multidisciplinary, organisation-wide system for regional and local decision-making arrangements.

The recent appointment of three regional development directors will play a key role in the development of regional and local decision-making arrangements, and in aligning the

service with regional and national development. Reviewers were encouraged by this information and considered that the role of the regional development directors will be crucial in formalising decision-making arrangements and feedback mechanisms to the NHS Board.

Performance management at NHS Board level

Examples of a number of performance monitoring reports were provided as evidence to reviewers. The annual strategic plan is submitted to the Board and details strategic objectives and progress made towards these. The annual management plan is an operational document which is directly related to the strategic plan. In addition, half-yearly summary reports are also submitted to the Board to demonstrate progress against objectives.

The primary method of measuring progress against objectives is through the use of assessment categories. It was noted, and NES agreed, that further development of these assessment categories is required to ensure that impact rather than processes is effectively monitored. Prior to the review, there was limited documentation of clear ownership for a number of the identified objectives, but additional information provided at the time of the review demonstrates that this has been addressed.

It was clear that the Board recognises some gaps in reporting arrangements, and these have been reviewed and strengthened to ensure the Board seeks and receives timely and appropriate assurance of progress against its objectives.

It was evident that the recent appointment of a director of finance and performance management is a pivotal step in the development of the performance management framework. Reviewers were encouraged to hear of plans for the introduction of performance monitoring methods, including the development of key performance indicators.

Emergency planning arrangements

NES's emergency planning arrangements are presented in the draft disaster recovery plan. The plan outlines actions to be taken in the event of a major incident to minimise its impact and recover from its consequences. Reviewers noted that, at present, the plan does not sufficiently address business continuity arrangements for the regional premises covered by NES. In addition, there is no evidence that the emergency arrangements have been thoroughly tried and tested.

Internal and external communication strategies and scheme of delegation

Reviewers were pleased to note that the recently finalised communication strategy outlines the external and internal communications strategies for NES. The strategy clearly acknowledges the importance of raising awareness of NES throughout NHSScotland, and includes a plan of action for achieving this. Reviewers considered that it would be useful to be more explicit in certain parts of the strategy and that an absence of clear ownership in the action plan could lead to difficulties.

Current position

Strategic development and operational delegation of service planning is not in line with the principles of single-system working and thus is not yet reflected in current 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

As an organisation which has no direct patient contact, NES does not have a clinical governance strategy. However, the principles of, and need for, effective clinical governance are as applicable to NES as they are to direct providers of patient care. In particular, NES could focus on ensuring that the services that it provides do result in improved outcomes for patients.

Many of the traditional structures of governance are part of NES including: the NHS Board; audit committee; staff governance committee; remuneration committee; educational research and development committee; and an educational quality assurance committee. Within NES, the educational quality assurance committee quality assures training, and aims to 'close the loop' by ensuring that experiential learning is disseminated. This mechanism could be used to support evaluation of the effectiveness of services provided.

NES acknowledged the need to develop its governance strategy to include clinical governance. With the appointment of the new executive team, reviewers would welcome a more comprehensive and robust approach to assuring the Board that its healthcare governance requirements are being fulfilled.

NES provided schemes of delegation as evidence, but reviewers were unclear as to the separation of the delivery and overseeing roles. It was acknowledged that, during the re-organisation, employees often performed more than one function. It is anticipated that recent appointments at director and senior management levels will assist in clarifying schemes of delegation, as well as better defining roles and responsibilities within the organisation.

Embedding clinical governance throughout the service

At a central level, there is a recognition of the importance of clinical governance and there are some good examples of centrally driven initiatives. However, there is little evidence of robust feedback mechanisms to, and from, the Board of NES. There is also little evidence that the principles of effective clinical governance are adopted throughout its activities and that these can be linked ultimately to the quality of patient care.

Clinical effectiveness

Clinical effectiveness activity within NES is run and overseen by the educational research and development committee and the educational quality assurance committee. Reviewers noted that NES should ensure that its quality assurance processes (ie the services that the Board provides to advance the knowledge, and develop the skills, of all NHS staff) are clinically effective, by adopting the principles and underlying philosophy of clinical effectiveness. No specific examples of measuring the effectiveness activity were presented to reviewers as evidence, and it was therefore difficult to determine if this was a core function of NES.

Current position

Strategic development and operational delegation of clinical governance is not in line with the principles of single-system working and thus is not yet reflected in current 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

The risk management strategy sets out NES' risk management arrangements. The audit committee performs the role of a risk management committee, with the chief executive holding ultimate responsibility for risk management. The ethos within the strategy maintains that risk management is delegated throughout the management structure and that all members of staff have a responsibility to manage risk in their own area of work.

Representatives of NES recognised the value of risk management, have an understanding of the process, and are aware of the need to fully embed risk management throughout the organisation. There appears to be a general awareness of the need to effectively govern the risk management process, but the systems to support the process are not yet fully established.

It was noted that an inclusive partnership approach was not fully adopted during the development of the risk management strategy, which could in turn have a negative impact on the adoption and implementation of the policy throughout NES. Although the involvement of 'risk champions' was reported, there did not appear to be a systematic approach to involving all key stakeholders in the development of the policy. As noted before, it is important to provide protected time for this role as it is in addition to full-time posts. Furthermore, all staff need to be clear about the role of the risk champions.

There was evidence that risk management is used to inform the business planning process, although this methodology does not yet appear to be applied systematically across all business planning activity. The potential role of 'risk champions' in the business planning process was noted, and this was considered to be a positive model to disseminate risk management processes throughout the organisation. However, reviewers were not confident that, at this point, the identified 'risk champions' are equipped with the necessary level of expertise in risk management to fulfil this role.

Reviewers were encouraged to note that a risk register is in operation within NES, and that considerable effort has been made to populate the register and to develop the risk management system. Further clarity is, however, required about the method and methodology, that is, how items come to populate the register and how they are subsequently categorised and ultimately managed. In view of the relative infancy of the risk register, and that clarity is still required in certain areas, reviewers considered that it would not be prudent to include health and safety risks on the register at this stage.

A further area of interest was that of organisational learning and how lessons are learned and shared throughout the organisation. At executive level, a development day is held every two months for this purpose. At the time of the review, there appeared to be few

opportunities for shared learning at other levels of the organisation, and no robust plan for the dissemination of organisational learning, either within NES or from other NHS organisations. Reviewers would wish to see more opportunities for shared learning and reflective practice being made available to all staff now that NES has established its structures and systems.

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.

From information provided it is encouraging to note the strategic approach being taken to the involvement of customers, patients, carers and the public by NHS Education for Scotland (NES). There is clearly a growing commitment on the part of the Board to 'mainstream' the principles of PFPI throughout its work and it is impressive to see how the organisational mission statement embodies the principles of PFPI.

A considerable amount of evidence has also been given as to the ways in which the public and patients are involved in the day to day work of the organisation and there is a growing body of information relating to the impact that this involvement is having. As with other national boards this is very encouraging as not only is this impacting on the cultural growth and development within NES but also, because of the organisation's role and remit, it is having a noticeable impact across NHSScotland. All of this work is being developed within a partnership context and the organisation has developed a range of partnerships with key stakeholders which add value to its ongoing work.

The approach being developed is firmly routed in NES' sustainable action plan for PFPI and there is clear sense of a mainstreaming approach to the agenda which has increased considerably during the last year.

NES acknowledges that further work has still to be done but are confident that the structures, processes and understanding of the agenda will be in place on a system-wide basis in the next year.

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.

Building on the range of activity discussed in the previous section, plans are in place to develop a robust governance structure for PFPI within NES. As well as the leadership

role adopted by the Chief Executive in terms of PFPI, a new standing committee of the Board is soon to hold its inaugural meeting and this committee, chaired by the Board Chair, will lead and direct all work within the organisation relating to PFPI.

The committee will be supported by the Designated Director and the dedicated staff resources already identified within the organisation.

SEHD also note with interest the development of the new Performance Management Structure for the organisation and the inclusion of PFPI as one of the four themes within it. This development is of fundamental importance to the long-term sustainability of PFPI and will do more than anything else to ensure the principles of the agenda are mainstreamed throughout the organisation.

Information from this process should add much to the evidence available in relation to PFPI over the coming years.

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.

Given the range of public involvement work ongoing within NES there is a clear commitment to the provision of support to individuals who are/wish to become involved in the organisations activities. This has obviously impacted on the elements of this indicator relating to the provision of information to external stakeholders and the work of the e-library in terms of accessibility and openness is to be commended. The willingness of the organisation to review its expenses processes in the light of learning from previous work is also very encouraging and the learning in this could also be a value to a number of other Boards as they consider similar issues.

The Board has also highlighted the need to integrate PFPI and the need to support people who are involved in its activities within the corporate communication strategy. This is welcomed and provides yet another example of the drive to mainstream the principles of PFPI in the core business of NES.

Another strength within the feedback to this indicator is the work done by the organisation to ensure the involvement of people from hard-to-reach groups. This is very encouraging and it is to be hoped that the learning from work already done can be used to further enhance this approach in the future. SEHD also notes the plans developed with other national boards to develop a National Consultation Forum with members of the black and minority ethnic communities.

The action points stated in this section of the feedback appear appropriate and worthwhile and should lead to more of this work being adopted on a system-wide approach.

Given the unique context of NES, the further development of work in this area should add considerable value to the engagement experience of individuals.

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.

It is encouraging to note the developments with regard to this indicator in the last 12 months and also the potential for further change in the coming year. In line with other Boards, NES accept that much of this work is at an early stage either in terms of development or delivery but it does impress as an organisation with a commitment to the routine engagement of its staff in all operation activity.

NES have also been working in partnership with SEHD to deliver national training on two key sets of guidance which have been developed. This is another example of where NES integrating the principles of PFPI has an impact far beyond its own organisation. This work will also yield considerable learning for both NES and SEHD and it will be interesting to see how this impacts in the longer-term.

Particularly noteworthy is the plan to refocus the agenda of the Staff Partnership Forum to ensure that strategic issues such as service redesign is a standing item for this group. This is a development which should be monitored with interest as it is likely to be a rich source of evidence under this indicator in the coming year.

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.

Following on from the previous indicator, NES realise the important of integrating the principles of PFPI throughout the organisation's learning and development processes. The organisation is also aware of the need to consider the interaction between PFPI and other initiatives and this can be difficult to accurately gauge given the developmental nature of agenda. However, the organisation has developed its systems to be responsive and flexible.

Further development work is planned with regard to this indicator including the integration of PFPI within Personal Development Plans and other initiatives and the development of a management development programme which includes modules on communication skills and diversity and cultural awareness training. All of this is welcomed and careful evaluation of the impact of these initiatives should yield evidence for the ongoing monitoring of the impact of PFPI.

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.

As part of the wider PFPI approach, the developing equality and diversity agenda has posed a number of challenges for NHSScotland, however, it is encouraging to note the energy and enthusiasm given by NES to this developing agenda. The Board has demonstrated a commitment to the development of an integrated approach which builds on the work developed in relation to Fair for All and Race Equality.

NES have been involved both formally and informally in all relevant training and policy development events held by SEHD and have contributed much to the thinking behind the approach specifically in relation to the development of the training module on Impact Assessment. Through the commitment of resources, both financial and staff

time, NES have contributed much to the development of this work throughout NHSScotland. It is also noted that the organisation plan to commit further resources to this work internally to ensure that they model good practice.

Much of the evidence provided within earlier indicators (especially 1.1) relate directly to this indicator and it is encouraging to note the range of work undertaken which deals with the needs of people who are discriminated against whatever the reason in relation to the need to ensure that NHSScotland are appropriately trained and supported.

Further information on the Race Equality work undertaken will be available from the feedback to the performance management process being undertaken by the National Resource Centre for Ethnic Minority Health.

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.

NES understanding that this a formal 'complaints' process is about far more than expressions of dissatisfaction from service users is very encouraging. The organisation sets complaints within the more positive and proactive model of monitoring and evaluation and hopefully there is learning here which can be shared with other NHS Boards.

This is not to deny the need for a complaints process and the organisation has one in place, however the need to capture learning from a wide range of feedback is exemplified here.

This is a strong section in the feedback submitted by NES and provides a clear sense of a learning organisation. It is accepted that much of the work done in relation to this indicator has developed at the divisional level and whilst this is understandable and worthwhile, the organisation will hopefully be able to use the forthcoming national guidance as a basis to ensure that a fully corporate approach is developed.

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.

It is encouraging to note the further developments of the wider PFPI agenda within NES including its work on Spiritual Care and the development of an advocacy plan and how these elements of PFPI are then mainstreamed in to other pieces of ongoing work. There is a clear sense from the feedback that an integrated and strategic approach is favoured and that this has impacted on a wide range of issues.

Health Information is also a key element of the wider PFPI agenda which NES are keen to take forward and it is stated that the agenda has had a 'profound influence' on the impact on the design of the NHSScotland e-library.

Partnership with the voluntary sector also figures prominently within the feedback for this section and this is welcomed. There is a considerable range to these partnerships and

many of the organisations mentioned will also be able to assist NES with the ongoing development of its equality and diversity approach.

NES acknowledge that a move to more system-wide working will be beneficial in maximising the impact of the wider PFPI agenda in the longer-term and in ensuring the sustainability of the work done to date.

6 Strengths and challenges

Strengths:

- Reviewers were pleased to note NES's enthusiastic, knowledgeable and motivated executive team.
- Also, reviewers perceived strong leadership from the new team.

Challenges:

- A challenge for NES now lies in translating plans and vision into practice.
- Reviewers would encourage NES to further develop its strategic plans and objectives.

Appendix: Reviewers

Mr Robert Bell

Lay Representative, Fife

Dr Liz Duncan

Associate Medical Director, NHS 24

Dr Janette Gardner

Lay Representative, Lothian

Mr Wayne Gault

Head of Risk Management, NHS Grampian

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