



NHS Orkney

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 Orkney**. This review meeting took place on **7 December 2004**.

Orkney is an island group situated north of mainland Scotland. It is made up of about 100 islands, of which 17 are inhabited, and has a population of around 19,310. The majority of the population live on the main island where Kirkwall, the administrative centre of Orkney, is located. The proportion of older people in the population is higher than the national average, whereas levels of illness and deprivation are relatively low.

Context

The development of healthcare governance in NHS Orkney has been shaped by a number of factors. The geographical location and isolation from mainland Scotland presents unique local challenges. Recruitment, and the subsequent retention of staff, is a major issue, one which has seen several changes of senior management team in a relatively short time frame. In addition, the small numbers of staff necessitate the amalgamation of roles and committees. Basic structures for single-system working, clinical governance and risk management are in place, however, the actual application of healthcare governance at a local level lacks formality and cohesion.

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 Orkney has always worked as a single system, and, as such, has not deemed it necessary to review its working practices in terms of the principles of HDL(2003)11. The reviewers considered that despite the longevity of this unified Board, it would be a useful exercise to appraise its current arrangements against the principles laid out in HDL(2003)11.

There appears to be a lack of cohesion among corporate decision-making structures, and difficulties distinguishing between strategic and operational roles. Whilst it is recognised that multitasking is a pragmatic approach to working with small staff numbers, it is important that clear distinctions are made between governance and operational responsibilities.

The reviewers were unclear about corporate decision-making arrangements, particularly in view of the conflicting organisational charts presented as evidence. Clarification was required as to which committees inform corporate decision-making and how information feeds into this process.

Regional and local decision-making arrangements

The local health plan and the joint health improvement strategy provide a detailed overview of regional and local planning activity. The corporate business plan sets out the annual corporate work programme, detailing performance indicators, targets, responsibilities and status. It was noted that there are few direct links between the health plan and the business plan. The reviewers were therefore unsure how the objectives set out in the health plan are monitored and reviewed.

It was reported that representatives of NHS Orkney are active participants in the North of Scotland Planning Group and this was seen as critical to effective regional planning. Participation in other regional planning workshops, such as managed clinical network development and emergency planning, was also worthy of note.

Performance management at NHS Board level

A number of key documents are presented to the Board of NHS Orkney as a means of monitoring performance. These include a quarterly update on Performance Assessment Framework (PAF) indicators, NHS QIS reports and the Board's annual report. On examination of the reports presented to the reviewers as evidence, it was difficult to see a systematic approach to performance management. Performance indicator measurement appeared to focus solely on the requirements of the PAF and there was a lack of trend analysis in other areas.

The clinical governance committee produces an annual report for the Board, an example of which was provided to reviewers. This highlighted a number of potential challenges in terms of clinical governance, including documentation, and organisational and reporting arrangements. These self-recognised gaps in clinical governance arrangements led the reviewers to conclude that NHS Orkney cannot be assured that the full range of clinical governance activities is being addressed and fed back to the Board.

Emergency planning arrangements

Emergency planning arrangements are set out in the NHS Orkney - Response to a Major Incident document. Types of incident detailed in this include a wide range of external incidents; however, no reference is made to internal service failures. It was reported that multi-agency testing of emergency plans is performed every two years and smaller tests, including table-top exercises, are carried out annually. Board representatives further reported that business contingency plans are in place for internal service failure scenarios.

Internal and external communication strategies and scheme of delegation

The communications strategy sets out the communications objectives, actions and performance indicators for communications activities across NHS Orkney. It was noted that the strategy submitted was in draft format; however, it was confirmed during the peer review meeting that this has now been ratified. It was reported that the joint appointment of a communications officer to the local council and NHS Orkney helps to facilitate communication between these two partner organisations. The reviewers also noted the large amount of information available on the NHS Orkney website.

The strategy does not reflect communications with partner organisations, such as NHS Grampian, NHS Highland and other Island Health Boards, at strategic, operational and divisional levels or how these are to be reviewed and developed.

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 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

Clinical governance arrangements are outlined in the NHS Orkney Clinical Governance Strategy. The reviewers noted that MEL(2000)29 and HDL(2003)11 are not directly referenced in this document; however, they were reassured that this omission would be addressed when the strategy is reviewed. The strategy includes a clear description of lines of responsibility and accountability for clinical governance, including the structures and systems to support and direct clinical governance activity.

The clinical governance committee is responsible for clinical governance at a strategic level and reports to the Board on a quarterly basis. Board representatives stated that the clinical effectiveness department is intended to provide clinical governance support at an operational level.

It was noted that, although systems and structures for clinical governance are outlined in the strategy, the small numbers of staff and multiple roles of these staff make it difficult to separate operational and strategic roles. This difficulty may be reflected in the reporting mechanisms for clinical governance activities, which were found to be lacking, particularly in terms of performance monitoring. It was indicated that both the close working relationships and geographical proximity of all staff involved in delivering the clinical governance agenda facilitate informal discussion. However, this appears to be at the expense of more formal documentation.

Embedding clinical governance throughout the service

A number of processes were described as evidence of embedding clinical governance throughout the service. However, the reviewers considered that there was no systematic approach to the delivery of these processes, and that there was no evidence of clinical governance being nurtured or embedded throughout the service. The clinical governance annual report, submitted as evidence to support the peer review meeting, does not address key areas contained in the clinical governance strategy and highlights a number of areas of concern in terms of clinical governance organisational, documentation and reporting arrangements.

Reviewers noted the longitudinal analysis of clinical governance activity, and considered this a useful initiative to help embed clinical governance throughout the service.

Clinical effectiveness

The clinical effectiveness department is the operational arm of the clinical governance committee. Supporting clinical effectiveness activity is one component of the remit of the clinical effectiveness department. The clinical effectiveness strategy outlines a range of clinical effectiveness activities including: local clinical documentation; national guidelines and standards; clinical audit; evidence-based practice, and patient/public involvement. Further exploration of the clinical effectiveness activity within NHS Orkney revealed that many of these activities are at an embryonic stage and are not being systematically applied.

Insufficient evidence was supplied of clinical effectiveness work initiated by clinicians. Activity seems to lack co-ordination, with insufficient evidence provided of clinical staff buy-in, eg roll-out of integrated care pathways.

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

The Board's approach to risk management is outlined in its risk management strategy. The strategy describes a relatively comprehensive approach to risk management; however, in practice, the described risk management process is not being fully implemented within NHS Orkney.

The risk management committee has both strategic and operational responsibility for the risk management process, and produces reports for the Board. Examination of the minutes of the risk management committee, however, revealed that the group had not operated for a ten-month period. It was reported that an absence of senior leadership precipitated this situation. It was further reported that during this time, more informal methods of communication were adopted and that subgroup work continued. The minutes also indicated that the committee was not fulfilling all the functions set out in its remit.

A flow chart describing the risk identification and reporting process is included in the risk management strategy. Some parts of this process were unclear to the reviewers, and, on further questioning, it was apparent that a full risk management process may not be applied in all cases.

It was reported that there has been a positive change in the organisational risk management culture, and the NHS Board representatives felt that the transition to a no-blame culture was in progress. However, there was a lack of documented evidence to support this claim.

A risk register is in operation, though it would appear that this is populated with mainly high-level/strategic risks and that there is a noticeable deficiency of clinical and operational risks. Reviewers also noted that senior management act as the final filter of information which reaches the risk register. During the peer review meeting, it was reported that an external agency, who had reviewed risk management activity, concluded that NHS Orkney was proficient at identifying risks but not as proficient at documenting them. However, Board representatives did not fully discuss the robustness of the underlying risk management process in this context.

The inclusion of risk management training as part of the induction programme for all staff was noted as a useful step towards the establishment of a positive risk management culture within NHS Orkney.

Current position

Strategic development and operational delegation of risk management 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.

5 Patient Focus and Public Involvement

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

Due to unforeseen circumstances, NHS Orkney made their PAF submission to the Scottish Executive Health Department much later than anticipated. Therefore, it was too late for inclusion in this report.

However, SEHD were able to verbally report that NHS Orkney had made significant progress over the past 12 months to integrate the PFPI agenda across the whole system.

A PFPI Standing Committee of the Board has been established which has responsibility for leadership of the agenda, with the Designated Director, and also has a governance role in ensuring the implementation of the agenda across NHS Orkney.

NHS Orkney have made considerable progress in developing policies and strategies that will ensure the delivery of the PFPI agenda and the culture change required.

The next 12 months will prove crucial as they develop their Public Partnership Forum and develop the appropriate mechanisms and supports for involving patients, carers, members of the public and staff.

Some progress has also been made with further integrating an equality and diversity approach. NHS Orkney have committed to this way of working and the impact assessment of their policies and functions will prove a useful starting place for the further development of this work. We would expect to see significant progress on this approach over the next 12 months.

6 Strengths and challenges

Strengths:

- Reviewers identified NHS Orkney's implementation of electronic communication systems as a strength.
- It was noted that the small size of the NHS Board and its management team facilitates communication channels and close working.
- Reviewers were encouraged by NHS Orkney's provision of risk management training.

Challenges:

- Establishing a systematic approach to overseeing activity would enable the Board to be better assured of performance.
- Leadership and strategic direction of risk management is a challenge.

Appendix: Reviewers

Mr Robert Bell

Lay Representative, Fife

Dr James Craig

Associate Medical Director (Clinical Effectiveness), Lothian Primary Care and Community Division

Dr Janette Gardner

Lay Representative, Lothian

Ms Ruby Hughes

Chair of Clinical Governance Committee, NHS Fife

Ms Jane Muirhead

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