

NHS Grampian

Local Report ~ January 2007

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

Local Report ~ *January 2007*

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

Every person using health services should expect these to be safe and effective. The NHS Quality Improvement Scotland (NHS QIS) clinical governance and risk management standards came into effect from November 2005. They have been developed to support NHSScotland to establish systems and processes, ensuring that care and services are safe and effective. This report presents the findings from the peer review of performance against the standards.

© NHS Quality Improvement Scotland 2007

ISBN 1-84404-412-2

First published January 2007

You can copy or reproduce the information in this document for use within NHSScotland and for educational purposes. You must not make a profit using information in this document. Commercial organisations must get our written permission before reproducing this document.

Information contained in this report has been supplied by NHS Boards/NHS organisations, or taken from current NHS Board/NHS organisation sources, unless otherwise stated, and is believed to be reliable on publication.

www.nhshealthquality.org

Contents

1	Setting the scene	5
1.1	How the standards were developed	6
1.2	How the review process works	6
1.3	Reports	8
2	Summary of findings	10
2.1	Overview of local service provision	10
2.2	Summary of findings against the standards	11
3	Detailed findings against the standards	14
	Appendix 1 – Glossary of abbreviations	29
	Appendix 2 – Details of review visit	30
	Appendix 3 – Timetable of review visits	31

1 Setting the scene

NHS Quality Improvement Scotland (NHS QIS) was set up by the Scottish Parliament in 2003 to take the lead in improving the quality of care and treatment delivered by NHSScotland. We do this by setting standards and monitoring performance, and by providing NHSScotland with advice, guidance and support on effective clinical practice and service improvements.

About this report

The 'National standards for clinical governance and risk management: achieving safe, effective, patient-focused care and services' were published in October 2005. These standards are being used to assess the quality of services provided by NHSScotland nationwide.

This report presents the findings from the peer review of **NHS Grampian**. This review visit took place on **6 July 2006**, and details of the visit, including membership of the review team, can be found in Appendix 2.

1.1 How the standards were developed

In September 2003, a clinical governance and risk management standards project group was established and chaired by Dr John Browning, Medical Director, NHS Lanarkshire. The project group had a broad membership, drawn from a range of backgrounds, reflecting all dimensions of healthcare governance and representatives from interest groups.

The remit of the project group was to set standards for clinical governance and risk management, which integrated the healthcare risk management standards developed for NHSScotland by the Clinical Negligence and Other Risks Indemnity Scheme (CNORIS) and the generic standards (Clinical Standards Board for Scotland, 2002). These standards have, therefore, been designed to focus on clinical governance and risk management from the perspective of patient outcomes.

When developing the clinical governance and risk management standards, four focus groups were commissioned to ascertain public views on the standards. These groups were designed to capture a variety of perspectives from different geographical locations in Scotland.

1.2 How the review process works

The review process has three key parts: local self-assessment, pre-visit analysis and external peer review. The review process is described in more detail below (see also the flow chart on page 9).

Self-assessment by NHS Boards

On receiving the standards, each NHS Board assesses its own performance using a framework produced by NHS QIS. This framework includes guidance about the type of evidence (eg policies and reports) required to allow a proper assessment of performance against the standards to be made.

Pre-visit analysis

On receipt of the self-assessment, NHS QIS performance analysts review the self-assessment and evidence, and produce a pre-visit analysis report which is given to the NHS Board for comment. Following discussion between the NHS Board and the performance analysts, this report is agreed and sent to the external peer review team, together with the self-assessment and evidence.

External peer review

An external peer review team visits and speaks with local stakeholders (eg staff) about the services provided. Review teams are multidisciplinary, and include both healthcare professionals and members of the public. All reviewers are trained. Each review team is led by an experienced reviewer, who is responsible for guiding the team in its work and ensuring that team members are in agreement about the assessment reached.

The composition of each team varies, and members have no connection with the NHS Board they are reviewing. Both of these factors facilitate the sharing of good practice across NHSScotland, and ensure that each review team assesses performance against the standards rather than make comparisons between one NHS Board and another.

At the start of the on-site visit, the review team meets key personnel responsible for the service under review. Reviewers then speak with local stakeholders about the services provided. After these meetings, the team assesses performance against the standards, based on the information gathered during both the self-assessment exercise, pre-visit analysis and the on-site visit.

The visit concludes with the team providing feedback on its findings to the NHS Board. This includes specific examples of local initiatives drawn to the attention of the review team (recognising that other such examples may exist), together with an indication of any particular challenges.

Performance assessment statements

A quality improvement tool is used by each review team to assess performance against the standards. The quality improvement tool enables the review team to assess how an NHS Board is achieving each standard through development, implementation, monitoring and reviewing. These four key stages represent the continuous improvement cycle through which each NHS Board can ensure that all patients in hospitals receive safe, effective, patient-focused care and services.

The most appropriate performance assessment statement is agreed by the review team to describe an NHS Board's current position against each core area. This allows an overall performance assessment statement to be arrived at for each of the standards, which indicates the NHS Board's level of achievement for each standard.

The agreed standard level statements will be added together and this assessment of performance will feed into the Scottish Executive Health Department (SEHD) Performance Delivery Unit in June 2007, and will be used to determine the NHS Board's targets for the following year.

Links with other organisations

Clinical governance and risk management is part of a shared agenda. During this review process we have focused on working more effectively in partnership with the organisations who monitor other aspects of healthcare governance to inform the assessment process.

We have lead responsibility for assessing the performance of all NHS Boards against the clinical governance and risk management standards. By working together we share information and scheduling, ensuring organisations are not subject to unnecessary multiple reviews.

The organisations we are working with are Audit Scotland, Chief Scientist Office, NHS Education Scotland, NHS National Services Scotland, Scottish Executive Health Department, and Scottish Health Council.

1.3 Reports

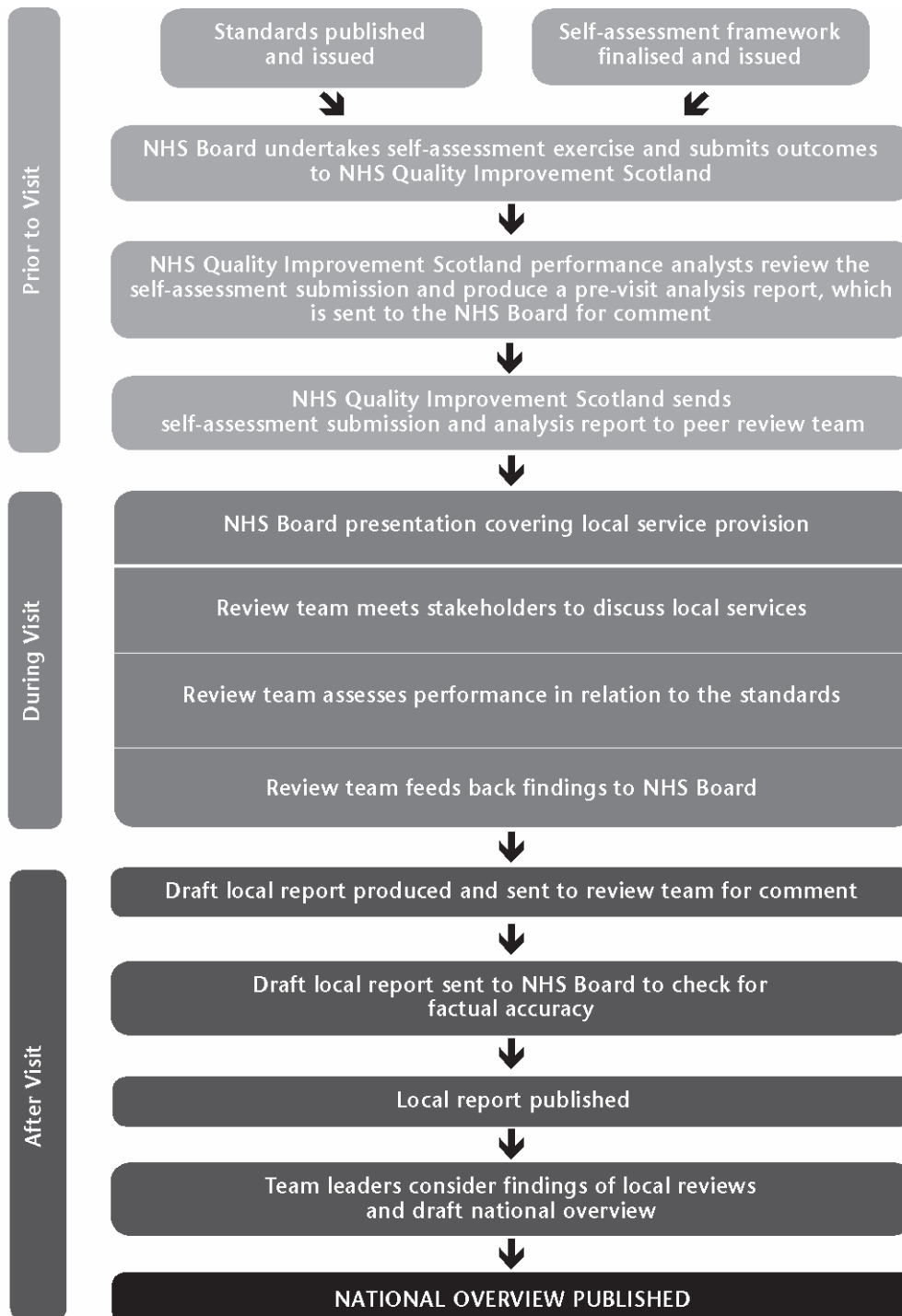
After each review visit, NHS QIS staff, with input as appropriate draft a local report detailing the findings of the review team. This draft report is sent to the review team for comment, and then to the NHS Board to check for factual accuracy. The local report will then be published and made available on the NHS QIS website.

Once the clinical governance and risk management national review cycle is completed, the team leaders will meet to examine review findings and make recommendations. The team leaders then oversee the production of a national overview of service provision across Scotland in relation to the standards. This document includes both a summary of the findings and recommendations for improvement.

Part of the remit of NHS QIS is to report whether the services provided by NHSScotland, both nationally and locally, meet the agreed standards. This does not include reviewing the work of individual healthcare professionals. In achieving this aim, variations in practice (and potential quality) within a service will be encountered and subsequently reported.

Please note – all reports published are available in print format and on the NHS QIS website.

The review process



2 Summary of findings

2.1 Overview of local service provision

Grampian is situated in north-east Scotland and has a population of around 525,930. About 40% of the local population live in Aberdeen, which is the largest urban area in the region, although a significant proportion live in rural areas. The proportion of older people in the population is lower than the national average, as are levels of illness and deprivation.

Local NHS system and services

Grampian NHS Board is responsible for improving the health of the local population and for the delivery of the healthcare required. It provides strategic leadership and has responsibility for the efficient, effective and accountable performance of the NHS in Grampian.

At the time of the review visit, NHS Grampian provided acute services through the Moray Community Health and Social Care Partnership at Dr Gray's Hospital in Elgin and the acute sector in Aberdeen.

Primary and community services are provided by community health partnerships. These are partnerships between health and local authorities, working to improve health, reduce inequalities, join up health service planning and deliver primary and community health and care services for their populations. The three CHPs in Grampian are the Moray Community Health and Social Care Partnership, Aberdeen CHP and Aberdeenshire CHP.

Mental health services are hosted by Aberdeenshire CHP throughout NHS Grampian.

The NHS Board is also accountable for both continuously improving the quality of health services, and safeguarding high standards of care, by creating an environment in which excellence in clinical care will flourish (framework of clinical governance).

Further information about the local NHS system can be accessed via the website of NHS Grampian (www.nhsgrampian.org).

2.2 Summary of findings against the standards

A summary of the findings from the review is presented in this section. A detailed description of performance against the standards/criteria is included in Section 3.

Standard 1 – Safe and effective care and services

Overall position statement:

The NHS Board is implementing its policies, strategies, systems and processes to control risk, continually monitor care and services and work in partnership with staff, patients and members of the public.

NHS Grampian has developed and implemented its universal risk matrix (URM), which is used on a daily basis throughout the organisation. The URM categorises risk on a ‘traffic-light’ scale. Information can be extracted for translation when required into the risk matrix used by the rest of NHSScotland. Within the NHS Grampian region, the URM is shared with local partners, including Grampian Police Force and local authorities, and is used across these organisations in areas such as child protection, mental health and elder abuse. The Board is also further developing and implementing its DATIX software package, which assists in reporting against identified risks, and cross-populating incidents and outcomes against associated risks. Within the organisation, the risk management support unit provides assistance and guidance to all sectors and independent contractors, such as medical practices, in the use of risk management processes and assessments.

The Board has implemented and reviews comprehensive emergency planning arrangements, working in partnership with local and national bodies. Preparation exercises are trialled, and relevant improvements made in light of the outcomes and national guidance. Business continuity planning is being developed across the organisation, and this is happening at both strategic and operational level. Local partners are again being involved in the development of NHS Grampian’s business continuity plans, and these are also informed by exercises to test the plans. There is clear Board-level ownership for these developments.

Clinical effectiveness and quality improvement arrangements are implemented across the acute sector and CHPs within NHS Grampian. Each sector has a developed clinical effectiveness work plan derived from objectives outlined within the clinical governance agenda. NHS Grampian has identified out-of-hours service provision as a potential area of serious risk, and has undertaken considerable activity in this area with the aim of providing a safe, effective and comprehensive service across the organisation.

Standard 2 – The health, wellbeing and care experience

Overall position statement:

The NHS Board is implementing its policies, strategies, processes and procedures to provide care and services that take into account individual needs, preferences and choices.

NHS Grampian has developed a range of mechanisms to ensure accurate information is provided to patients in relation to access, referral, treatment and discharge. The Board benefits from a high level of public and patient involvement in its work, with appropriate representation sought from service users for planning and redesign. NHS Grampian has an open approach to changes in services,

demonstrating good communication channels and thorough, systematic consultation. The Board uses a partnership and joint working approach across the organisation, integrating well with local authorities, services and processes on an operational basis.

Equality and diversity issues are taken into account across NHS Grampian. Local variations in culture, ethnicity and population needs are taken into account for both service and information provision. The Board is implementing staff training in these areas across the organisation.

Local communication policies are implemented within NHS Grampian, and an organisational staff newspaper is in regular circulation. The intranet is routinely used for communicating with staff, and open access points are available across the organisation for staff members without regular access to computer systems.

Standard 3 – Assurance and accountability

Overall position statement:

The NHS Board is implementing its policies, strategies, processes and procedures to promote public confidence about the safety and quality of the care and services it provides.

NHS Grampian has established clinical governance and quality assurance arrangements across the organisation. Sector level groups are represented at and inform the overarching clinical governance committee of the Board, which meets on a regular basis. There are clear paths of information through the organisation. Incident reporting and escalation follow similar pathways.

All staff employed within NHS Grampian are subject to rigorous checking of their professional qualifications on joining the organisation. After this, routine monitoring of fitness to practice varies by sector. In some areas, this is the responsibility of managers, whereas in others it is controlled on a central database within the sector. The Board indicated it was intending to develop an organisational-level computerised register covering fitness to practice, which would also incorporate education, training and development information.

NHS Grampian uses a variety of methods to communicate externally, which it monitors on a regular basis. Local media providers are used to communicate with the general public, and local or service groups are also targetted. The Board also regularly meets with local authority representatives, other services, MPs and MSPs for the area. At the time of the visit, NHS Grampian's external communications strategy was awaiting internal review for the current financial year.

Performance management arrangements are implemented across the organisation. These arrangements take account of Scottish Executive Health Department (SEHD) recommendations and are aligned to the corporate objectives set for NHS Grampian. The Board has developed balanced performance scorecards within each sector of the organisation, and these feed into the overall corporate scorecard for NHS Grampian. In order to develop a more robust system, the Board has created a health intelligence team, which operates on a cross-sector basis as a shared resource. The Board is also merging its risk management and clinical governance support units to provide a more comprehensive coverage feeding into the organisation's performance management arrangements. Performance reviews are regularly held for all departments within NHS Grampian, and help underpin culture change within the organisation.

NHS Grampian is developing its information governance framework across the organisation. The Board indicated it has been experiencing difficulties integrating its information governance agenda within the organisation, and, therefore, progress in this area has been slower than anticipated.

3 Detailed findings against the standards

Standard Statement 1: Safe and effective care and services

Care and services are safe, effective, and evidence-based.

Overall position statement

The NHS Board is implementing its policies, strategies, systems and processes to control risk, continually monitor care and services and work in partnership with staff, patients and members of the public.

Core area: 1(a) Risk management

Position statement: The NHS Board is implementing its risk management policy, strategy, systems and processes across the organisation.

Development

NHS Grampian is currently working with DATIX to develop an organisation-wide system. The DATIX system is currently in use or development across much of NHSScotland. DATIX is a healthcare risk management software package which creates a comprehensive picture of risks within an organisation. It is comprised of various modules or sections, including incident reporting, compliance with healthcare standards, complaints, claims, and safety alerts. Risks from these areas are prioritised using the DATIX risk register and assurance framework. DATIX can be implemented in stages as modules are purchased and subsequently come online within an organisation. NHS Grampian is progressing well with the development of its system and continuing implementation across the area. Once the full system is in operation, it will produce regular reports to specific committees at Board level. NHS Grampian recognises the long-term benefits of the DATIX system, including project management and performance management, and the Board reported that DATIX work is ongoing and to schedule.

NHS Grampian has a risk management support unit (RMSU) in place, which intends to merge with the clinical governance support unit in the near future. This joint unit will be responsible for assisting development of risk and governance action throughout the organisation, and will report regularly to both governance and sector management committees as appropriate.

Implementation

Risks are assessed and catalogued using the universal risk matrix (URM), which has been developed within NHS Grampian. The URM is a paper-based tool for categorising risk along the lines of a 'traffic-light' system, indicating the level, significance and probability of the risk, and has been shared with the local authorities and other partner bodies including Grampian Police Force. It is for this reason that NHS Grampian has chosen to remain with its URM rather than moving onto the risk matrix used by the majority of Boards within NHSScotland. The review team noted the partnership approach to risk which has been implemented across the organisation, especially in relation to child protection. It was indicated that any information required at a national level could be extracted from the URM and translated into the same format used across the rest of NHSScotland.

NHS Grampian reported that the Board is aware of potential future implications which could arise from using a separate risk matrix from the rest of NHSScotland. NHS Grampian reported that should difficulties arise, a review of current practice would be held. The Board is also aware that DATIX would also need updating at this point.

At the time of the visit, NHS Grampian recorded risks at a local level on the sector performance balance scorecards, and had begun to register risk overall at a corporate level, albeit at a development stage. At local level, both clinical governance and risk are addressed and handled appropriately. However, at corporate level, the review team noted that there are a variety of committees, and that risk management is not a standing item on strategic level agendas or at Board level, although it is reported to the Board via the minutes of the performance governance committee (PGC). At a strategic level, the Board has developed an assurance framework, which is being implemented across all governance committees reporting to the Board. This provides a systematic approach to considering strategic risks linked to corporate objectives and the onward reporting to the PGC and subsequently the Board.

At operational level across NHS Grampian, risk management is comprehensive, and includes arrangements covering independent contractors. Risk alerts and associated documentation are disseminated across the sectors and kept for audit purposes by the RMSU. At local level, staff implement the risk management system and risk assessments on a regular basis, and are supported by the RMSU. Support from the RMSU is also available to GPs and other independent staff when required. The review team noted there is a real sense of local ownership and shared responsibility within the sectors and community health partnerships (CHPs). At a strategic level, the PGC is responsible for ensuring appropriate risk management arrangements are in place as part of the assurance framework.

NHS Grampian uses an extensive consultation process when developing its risk management strategies, policies and frameworks, including, for example, partnership and clinical forums, patient focus and public involvement (PFPI) committees, the local branch of the British Medical Association (BMA) and the local health council. Development is taken forward by a steering group led by the chief executive, which submits proposals to the Board for approval. All strategies and policies, together with guidance on their use, are accessible to all employees of NHS Grampian, by being posted on the RMSU section of the intranet. The RMSU also circulates a regular newsletter by email, as well as using additional means of communication such as posters and team briefs for specific campaigns.

The Board informed the review team that the risk management framework was routinely and extensively reflected in the approach and style of other NHS Grampian policies. Local risk assessment processes and contingency funding were given as examples by the Board, with much dissemination occurring at local levels rather than being centrally driven.

Monitoring

As the organisation is currently implementing its risk management arrangements, there was no formal monitoring, in place at the time of the visit. However, ad hoc monitoring and feedback is occurring within NHS Grampian, and some positive outcome and review of local practice was actioned as a result. For example, local-level trend analysis is happening within the mental health directorate, and data for slips, trips and falls are collected and analysed within local areas. However, the review

team noted that, at the time of the visit, the Board is not at the stage of comprehensively monitoring its organisational risk management arrangements.

Reviewing

Although NHS Grampian is implementing its risk management arrangements across the organisation, the review team agreed that the Board has not yet begun the reviewing stage.

Core area: 1(b) Emergency and continuity planning

Position statement: The NHS Board is developing emergency and continuity planning systems.

Development

NHS Grampian acknowledges that its business continuity arrangements require further development, and has put in place a number of steps to address this. The chief executive is responsible for emergency and continuity planning and chairs the relevant committee. The Board is developing both strategic and operational plans and workloads in conjunction with its partners. The Board is also developing continuity plans with community GPs. Operational engagement with external bodies in regard to business continuity planning is occurring across local levels within the Grampian area. Within the sectors making up NHS Grampian, individual continuity plans have been developed and are informed by exercises to test the plans.

Representatives from all levels of staff were included in the development of these plans. The review team noted that the Board acknowledges, and is addressing, the lack of business continuity planning. The review team was pleased to note the commitment from the chief executive, and other members of the Board, to developing this across all sectors within the NHS Grampian area.

Implementation

The review team found evidence that local programmes for business continuity are being implemented in some areas within NHS Grampian, but this is not consistent across the organisation, and are still under development. Emergency planning sits within the public health directorate, which has its own clinical governance lead who is a member of the clinical governance committee, thereby providing assurance to the Board. Considerable work on pandemic flu preparations has taken place within NHS Grampian. All sector and local plans link to the overall pandemic flu strategic plan developed by the public health directorate. Individual responsibilities, as well as strategic accountability, are clearly outlined and assured, with overall responsibility resting with the public health directorate.

Monitoring

As procedures for business continuity are not fully developed and implemented throughout NHS Grampian, a system of monitoring is not yet in place which provides Board assurance that these procedures are being followed. The review team noted, however, that monitoring of emergency plans within NHS Grampian is occurring.

Reviewing

NHS Grampian reviews its emergency plans in conjunction with its partner organisations in the light of outcomes from exercises and national guidance. The Board informed the review team of its intention to continue reviewing its emergency plans.

Board-wide arrangements for business continuity have yet to be developed, implemented and monitored. The review team noted, therefore, that there is not yet a process to use the outcomes of monitoring to review these.

Core area: 1(c) Clinical effectiveness and quality improvement

Position statement: The NHS Board is implementing co-ordinated programmes for clinical effectiveness and quality improvement across the organisation.

Development

NHS Grampian reported that a recent Board-wide review of clinical effectiveness arrangements identified that a new clinical effectiveness strategy is required. This is to be developed, alongside a joint work programme with the health intelligence team, with the aim of improving efficiency across the organisation. This work schedule will be focused on key priorities identified through the new strategy, linked to the local health plan via the clinical governance and risk management work plans, and is being developed as part of NHS Grampian's redesign of its risk management and clinical governance arrangements.

Implementation

At the time of the visit, NHS Grampian was implementing its current arrangements for clinical effectiveness across the organisation. NHS Grampian has developed a sector-based approach to clinical effectiveness, which feeds upwards into the Board-wide clinical governance arrangements. Each sector has a clinical effectiveness work plan, and connection with services is made at a local level. Escalation and reporting is to the sector management and clinical governance teams, which report to the Board's clinical governance committee. Critical issues are addressed at both local and committee level, although upwards flow of information has much clearer linkages than downwards feedback. Cross-flow of information and good practice happens at Board committee level.

PFPI is a key area in NHS Grampian's development of its clinical effectiveness and quality improvement arrangements. The CHPs actively recruit lay representation and provide regular feedback to their members. The Board also has access to and utilises the experience of the local authorities and its partner organisations. Several quality improvement activities have taken place which involved service users, staff and external agencies. For example, the pilot audits on nutritional screening tools and walking aids carried out within care homes in south Aberdeenshire by the Deeside Care Home Support Team.

Within NHS Grampian, there are a number of managed clinical networks (MCNs). In addition, there are several groups which are not aligned as full MCNs. The clinical effectiveness facilitators also support the activity of these groups in relation to clinical effectiveness.

The review team was pleased to note the amount of consideration given to out-of-hours service provision within the NHS Grampian area. The Board reported that only a very small number of GPs practising within the Grampian region have agreed to take part in out-of-hours care. This has been recognised as a potential critical risk, and as such has been placed as a standing item on the Board's agenda. Action has been taken to evaluate which elements of care could safely be provided by nurses and allied health professionals (AHPs) in the absence of GP input. The review team was also interested to note the links which NHS Grampian has forged with NHS Education for Scotland (NES) to develop a competency framework specifically for out-of-hours service provision in the area.

Monitoring

Once the new strategy and associated work programme has been developed, it will be evaluated and monitored by the Board-wide clinical governance committee, with input at local sector level. However, at the time of the visit, clinical effectiveness monitoring was not occurring across NHS Grampian.

Reviewing

NHS Grampian is implementing clinical effectiveness and quality improvement arrangements across the organisation. However, the Board has not yet begun to review these.

Standard Statement 2: The health, wellbeing and care experience

Care and services are provided in partnership with patients, carers and the public, treating them with dignity and respect at all times, and taking into account individual needs, preferences and choices.

Overall position statement

The NHS Board is implementing its policies, strategies, processes and procedures to provide care and services that take into account individual needs, preferences and choices.

Core area: 2(a) Access, referral, treatment and discharge

Position statement: The NHS Board is implementing policy and a partnership approach to access, referral, treatment and discharge across the organisation.

Development

NHS Grampian has developed a print management group, which checks that all information provided to the public, patients and carers is verified as being up to date. In addition, the group also assesses the suitability of the format for the client group. There are variances across the organisation in materials available to service users due to partnership working with the various local authorities within the NHS Grampian area. However, all information is checked for local accuracy and relevance.

Implementation

The review team agreed that NHS Grampian is at an advanced stage of implementation with respect to access, referral, treatment and discharge. The Board has recognised patients, carers and the public as three distinct groups with three separate and different sets of needs. This was clearly demonstrated through NHS Grampian's use of facilitated workshops across the organisation for mental health and maternity services. PFPI is common throughout the organisation, and wherever possible, the most appropriate representation is sought. For example, mental health service user views are sought rather than those of the public, as those with experience are better placed to help improve services and facilities. The review team agreed that the organisation has adopted a sensible approach in regards to choice and consent. Considerable effort has been made by the Board to reduce waiting times, for example the introduction of podiatry education sessions. These sessions aim to reduce treatment need through self care, and all patients referred as routine or non-emergency are required to attend a session prior to being allocated an appointment for podiatrist treatment. Across NHS Grampian, there has been significant effort to use MCNs and other groups for channeling and quality assurance of referrals, again with the aim of reducing waiting times and inappropriate referrals and admissions. Information was sourced through the health intelligence team, and could be analysed at the level of individual GP practices for targeting appropriate action or training.

NHS Grampian's approach to handling changes in process, in particular the 'Formal consultation on older people services, maternity services and diagnostic and treatment services in Aberdeenshire', was noted by the review team. The Board presented balanced arguments and demonstrated good information flow and public consultation, which the review team agreed was controlled and systematic.

There has been significant investment in the development and implementation of single shared assessment across NHS Grampian. A multi-agency approach is proving effective, especially in the areas of mental health, child protection and care of the elderly. The Board has developed strong links with local authorities and services such as Grampian Police Force, and has also linked with NHS Boards where geographically appropriate. For example, Dr Gray's Hospital, Elgin, which lies within the Moray CHP, is geographically closer to Raigmore Hospital, Inverness (part of NHS Highland), than Aberdeen Royal Infirmary and its associated services. Therefore, planning assessment and service provisions within that locality has necessitated close working links with NHS Highland and other bodies such as the social services and the police force in Highland region.

Across NHS Grampian, a well-developed advocacy plan is in place, and covers all groups of patients and carers, again accommodating the differing needs and requirements of different cultures.

The review team noted the considerable operational progress occurring throughout the organisation. However, the review team is unclear about strategic ownership and accountable reporting. The review team agreed that across the organisation, there is a proactive approach to PFPI, and was pleased to note NHS Grampian's operational practices, both in relation to PFPI and generally, around access, referral, treatment and discharge.

Monitoring

The review team was pleased to note the strength and span of NHS Grampian's implementations in the areas of access, referral, treatment and discharge. Although the organisation is currently implementing its arrangements for access, referral, treatment and discharge, at the time of the visit, there was no formal mechanism for monitoring policies and procedures in this area. The Board reported that it intended to begin monitoring.

Reviewing

The review team noted that, at the time of the visit, insufficient information had been provided to demonstrate that NHS Grampian's approach to access, referral, treatment and discharge was being reviewed throughout the Board area. The review team was pleased to note that some local evaluations are taking place following consultations and information drives with a variety of stakeholders. However, it was agreed that access, referral treatment and discharge policies, strategies and procedures were not reviewed throughout the Board area.

Core area: 2(b) Equality and diversity

Position statement: The NHS Board is implementing its equality and diversity policy in accordance with legislation, national guidance and best practice across the organisation.

Development

NHS Grampian has developed an equality and diversity policy, and has recently appointed two members of staff with responsibility for roll-out of the policy.

Implementation

At the time of the visit, equality and diversity training had been rolled out across NHS Grampian, with a considerable number of staff having been trained or awaiting sessions. Responsibility for both equality and diversity and PFPI rests with the director of communications. All patient documentation and information leaflets are routinely scanned for equality and diversity prior to printing, and the print management group is also involved in ensuring accessibility of the information for minority groups within the community. Local diversity in population and culture is also incorporated within any partnership documentation produced in conjunction with the various local authorities within the NHS Grampian catchment area.

Monitoring

The review team noted that, at the time of the visit, the Board was unable to demonstrate monitoring of its equality and diversity policy.

Reviewing

NHS Grampian is implementing its equality and diversity policy across the organisation. However, the review team agreed that the Board has not yet begun the reviewing stage.

Core area: 2(c) Communication

Position statement: The NHS Board is implementing its policies, strategies and procedures to improve the way that staff communicate and engage with each other, patients and the public across the organisation.

Development

NHS Grampian has developed communication strategies and these are in place across the organisation, with local variations within the acute sector and CHPs. Staff were involved in the development of these strategies.

NHS Grampian has developed a staff newspaper entitled 'Upfront' in conjunction with staff-side and partnership representatives. The Board reported that a staff publication with a joint editorial group run by staff for staff is beneficial across the organisation.

Implementation

Across NHS Grampian, the various local communication policies are implemented on a routine basis. Within the acute sector, the Board recognised the particular difficulties in communicating with junior doctors, and set up an additional internal email group, using personal email addresses, to ensure information reached this staff group. This is used regularly for non-confidential material. The review team is pleased to note the consideration given to keeping junior doctors informed, and noted the practice as being of considerable benefit for the circulation non-sensitive subjects. NHS Grampian also uses the intranet as a means of communicating with all staff, with managers asked to pass on information to those staff groups who may not have regular access to the intranet, such as cleaners and porters. The intranet is available at various common access locations across the organisation such as learning centres and hospital libraries. The Board indicated that, within the organisation,

individual teams are regularly briefed by their managers on forthcoming issues, although this is not monitored.

Monitoring

Although the organisation is currently implementing its internal communications policy and strategy, there was no formal monitoring in place at the time of the visit. Any monitoring of local methods of communication is ad hoc and unreported. The Board reported that much of its monitoring of internal communications is extracted from the Grampian results of the Scotland-wide NHS staff survey.

Reviewing

As NHS Grampian was implementing local policies, and at the time of the visit did not as yet have a single overarching communications strategy covering the organisation, it is unable to demonstrate a review structure and cycle.

Standard Statement 3: Assurance and accountability

NHSScotland is assured and the public are confident about the safety and quality of NHS services.

Overall position statement

The NHS Board is implementing its policies, strategies, processes and procedures to promote public confidence about the safety and quality of the care and services it provides.

Core area: 3(a) Clinical governance and quality assurance

Position statement: The NHS Board is implementing its policy and strategy to co-ordinate clinical governance and quality assurance arrangements across the organisation.

Development

NHS Grampian has established clinical governance arrangements across the organisation, and intends to continue developing a cross-sector single system. Although some services are hosted within CHPs, at the time of the visit, there was no clear outline of how its governance arrangements, in particular those services which have not yet moved into hosting agreements, will fit practically within the future development of quality assurance across the organisation. The review team was unclear about the Board's methods for prioritising and balancing competing demands with regards to clinical governance issues.

Implementation

At the time of the visit, there were clinical governance groups within the acute sector and NHS Grampian CHPs, with mental health retaining its own group although it is formally hosted by Aberdeenshire CHP. Across the structure of NHS Grampian, there are defined upward reporting lines between the various clinical governance groups. Within each of the CHPs and the acute sector there is a clinical governance group, which is represented at the Board clinical governance committee. The Aberdeenshire CHP is much larger than the others, and has subdivided itself into three sections: north, central and south Aberdeenshire. Each of these sections has representation on the overall CHP-level clinical governance group. The review team noted that the committee structure seems very complex, even for such a large organisation as NHS Grampian. The review team agreed that operationally there is a lot of clinical governance activity taking place and clear upward information flow, however, it was less clear about Board-level influence. At sector management level, there is clear reporting to the clinical governance committee. Quarterly performance review meetings between the sector and performance management include covering clinical governance issues. The review team noted that generally there are systems for feeding information up through the organisation, however, there are less developed systems for routine monitoring than for highlighting incidents and risks. Although many moderate risks have been identified within NHS Grampian, the majority of these have been addressed, and there are timescales for addressing outstanding areas.

Monitoring

The review team noted that, at the time of the visit, insufficient evidence had been provided to demonstrate that NHS Grampian's approach to clinical governance and quality assurance was being monitored throughout the Board area. The Board indicated that it intends developing its business objective system to enable monitoring of clinical governance and quality assurance. At the time of the visit, this development was still to commence. The Board has been proactive in seeking an external view of its arrangements, and has commissioned an internal audit by PricewaterhouseCoopers of its governance and audit activity, which was based on the NHS Quality Improvement Scotland (NHS QIS) standards. The Board reported that it intends to re-evaluate and re-commission this at regular intervals in the future.

Reviewing

At the time of the visit, there was no mechanism for reviewing clinical governance and quality assurance within NHS Grampian. The Board informed the review team that it intends to review its position on a regular basis following re-organisation of the Board and the merging of the clinical governance and risk management support units.

Core area: 3(b) Fitness to practice

Position statement: The NHS Board is developing policies and procedures that will ensure its workforce is fit to practice.

Development

At the time of the visit, NHS Grampian had not developed a systematic approach to regulating fitness to practice across the organisation, preferring to wait until the Scottish workforce information strategic system (SWISS) is rolled out across NHSScotland. However, it has developed internal systems for monitoring new starts and existing members of staff, which vary across the Board's sectors.

Implementation

The review team found evidence that local programmes to address fitness to practice are being implemented within NHS Grampian, but these are not consistent across the organisation.

NHS Grampian carries out comprehensive pre-employment checks for proof of professional registration, alongside Scottish Criminal Record Office disclosure checks and occupational health screening. Current registration is checked at various stages through the employment process; on the application form, at interview, post-acceptance and original up-to-date documentation must be produced to support this. Copies are forwarded to the human resources department, and line managers are responsible for this and must sign off the appropriate paperwork. If this is not completed, the member of staff cannot commence employment. However, in operational practice, there is no evidence of a consistent or systematic approach to checking registration across the organisation. For example, the Moray CHP maintains a database of staff registration where those members of staff whose registration has lapsed, and who have not come forward to renew it, are flagged up. In the acute sector, responsibility for managing and checking registration sits with individual clinical nurse managers.

Monitoring

The review team noted that, at the time of the visit, insufficient information had been provided to demonstrate that NHS Grampian's approach to fitness to practice, registration and staff training was being monitored throughout the Board area. At the time of the visit, this was on an ad hoc level through line management review. The Board reported that a system is being developed to monitor attendance at training. The review team did, however, note that local ad hoc monitoring is occurring in areas of the organisation, but that it is not on a systematic basis. At the time of the visit, the review team noted that several staff groups also seem unaware of whose responsibility it is to ensure fitness to practice. There was also no evidence of assurance reporting to the Board.

Reviewing

As NHS Grampian has not demonstrated that it has implemented or is monitoring its approach to fitness to practice, there is not yet a process in place to undertake a review. The Board reported that once the SWISS roll-out has taken place and the training monitoring system is developed and in place, regular reporting will provide assurance at a strategic level. This would allow input to continuing professional development and personal development reviews of staff.

Core area: 3(c) External communication

Position statement: The NHS Board is implementing its external communication strategy across the organisation.

Development

At the time of the visit, NHS Grampian was developing innovative methods of involving the public in its external communications. For example, involving young people to disseminate information to their peer group.

Implementation

NHS Grampian has implemented various external communication methods across its sectors. Local media is often used, but varies across the different areas making up the catchment area of the Board. The review team agreed that the Board's external communication is detailed, useful and understandable. With regard to the 'Formal consultation on older people services, maternity services and diagnostic and treatment services in Aberdeenshire', the review team noted that this was a far-reaching consultation, whereby the public and service users were informed and involved regarding service redesign. The review team noted that the Board's external communications strategy is well developed and implemented across the organisation. Regular meetings are also held with the local authorities, MPs and MSPs for the area.

Monitoring

The review team noted that, at the time of the visit, insufficient information had been provided to demonstrate that NHS Grampian's approach to external communications was being monitored throughout the organisation for all aspects of external communication. The Board regularly monitors its external and media communications. For example, the 'Formal consultation on older people services, maternity services and diagnostic and treatment services in Aberdeenshire'. The Board is currently reflecting on the consultation process, how well it works, and its

advantages and disadvantages for use in the future. Monitoring of external communications and the associated strategy is part of the remit of the PFPI committee. The committee is accountable for assuring the Board that its systems and processes are developed and implemented across the organisation. However, the PFPI committee is only responsible for the public involvement component of external communications. The review team agreed that monitoring of the strategy is occurring, but it was unclear who remains responsible for Board assurance on external communications other than the PFPI committee.

Reviewing

NHS Grampian is implementing its external communications strategy across the organisation. However, the review team agreed that the Board has not yet begun the reviewing stage. The NHS Grampian external communications strategy was produced in 2004 and the Board reported that it is scheduled for review during 2006–2007. At the time of the visit, review of the policy had not yet taken place, and no date had been scheduled for the review process.

Core area: 3(d) Performance management

Position statement: The NHS Board is implementing its performance management arrangements across the organisation.

Development

NHS Grampian has developed its performance management arrangements in accordance with recognised methods outlined by the Scottish Executive Health Department (SEHD). They are aligned to the Board's corporate objectives and local, regional and national planning arrangements.

The Board is currently developing a reporting system which will assist in performance monitoring and will link to the new NHSScotland performance management system. This local system will initially be used to provide corporate-level real time reporting of waiting time performance. It is intended this will be rolled out across the organisation and provide a means of reporting against all performance balanced scorecard measures by the end of 2007.

There is an overall corporate balanced performance framework, which the Board indicates it populates with local and sector data. The review team agreed that the sector scorecards are well developed and demonstrate targets derived from the local delivery plan with timescales for delivery. The Board indicated it is continuing to improve and refine its framework for performance management, and acknowledged that different parts of the organisation are at different levels of progression in respect of the framework.

The merger of the clinical governance and risk management support units and their reporting structures is expected to provide Board assurance about performance management within these areas.

Implementation

Performance management arrangements are in place across NHS Grampian. The Board demonstrated it has implemented its corporate objectives in relation to performance management. NHS Grampian has created a health intelligence team by

bringing together information officers and managers from across the organisation, forming and co-ordinating a shared resource. This has led to improved availability of information and reporting to the Board when required, which in return has increased Board assurance in this area.

Within NHS Grampian, all sector management teams and corporate departments are subject to the performance review process to reinforce a collaborative culture change, where the whole organisation focuses on the same objectives but at different levels. The Board indicated that having regular performance review meetings is proving a positive move, and that it intends these performance reviews to take place twice a year.

Monitoring

The review team noted that, at the time of the visit, insufficient information had been provided to demonstrate that NHS Grampian's approach to performance management was being monitored throughout the Board area. However, the review team was pleased to note some individual examples of monitoring in some areas. For example, at the time of the visit, the head of performance had produced a monthly performance report to the chief executive, which focuses on 'alerts' where performance measurables are not at the desired standard. However, it was agreed that performance management arrangements were not monitored throughout the Board area at the time of the visit.

Reviewing

At the time of the visit, the Board was unable to demonstrate reviewing of its performance management arrangements across the organisation, and did not have a timescale in place for planned review.

Core area: 3(e) Information governance

Position statement: The NHS Board is developing a framework for information governance that includes systems, policies and procedures.

Development

NHS Grampian has established several groups to evaluate and develop information governance across the organisation, including an eHealth group and an information governance steering group. At the time of the visit, a new information governance manager had also recently been appointed. There have been issues connecting information governance with local and clinical governance levels. The Board reported that it has also been difficult engaging with staff at a local level. At the time of the visit, the review team noted that there is no medical director involvement with the eHealth group, and that the Caldicott guardian (who is also the medical director) is not listed as having been in attendance at the information governance steering group. It is also noted as being unclear if information from these meetings is being fed back, and if so to where. Although the Caldicott report from 2004–2005 highlighted quite significant challenges in relation to information governance, and has had specific deadlines for March 2006, there was little evidence of progress in this area. Although this may in part be due to difficulties in recruitment and engagement with the service. The review team noted that there is little focus or leadership from a strategic level, and that no clear documentation or lines of accountability are evident.

Implementation

As the draft information governance framework is not yet fully developed, implementation has not yet commenced. Although there are groups established to take forward areas of the information governance agenda, the Board is unable to demonstrate implementation of planned actions or any strategic ownership of the agenda. The review team noted that the new information governance manager is a recent recruit to the organisation, and that implementation is a planned part of his workload once he is established in post.

Monitoring

As NHS Grampian has yet to implement a Board-wide approach to information governance, it is unable to put a system of monitoring in place. There is, however, evidence that freedom of information requests are being logged, however, there is no systematic reporting.

Reviewing

A Board-wide information governance strategy has yet to be developed, implemented and monitored; therefore, there is not yet a process to utilise the outcomes of future monitoring to review its arrangements.

Appendix 1 – Glossary of abbreviations

AHP	allied health professionals
BMA	British Medical Association
CHP	community health partnership
MCN	managed clinical network
NES	NHS Education for Scotland
NHS QIS	NHS Quality Improvement Scotland
PFPI	patient focus and public involvement
PGC	performance governance committee
RMSU	risk management support unit
SEHD	Scottish Executive Health Department
SWISS	Scottish workforce information strategic system
URM	universal risk matrix

Appendix 2 – Details of review visit

The review visit to NHS Grampian was conducted on 6 July 2006.

Review team members

Miss Libby Campbell OBE (Team Leader)

Associate Nurse Director, NHS Lothian

Mr Robert Bell

Public Partner, Fife

Ms Margaret C Duffy

Chief Operating Officer, NHS Forth Valley

Mrs Ailsa Fraser

Public Partner, Highland

Mrs Christine Humphries

Non-Executive Director, Scottish Ambulance Service

Ms Caroline Lamb

Director of Finance & Performance Management, NHS Education for Scotland

Miss Jeannette Morrison

Clinical Governance Co-ordinator, NHS Lothian

Mr Joe Skinner

Clinical Risk Manager, NHS Greater Glasgow and Clyde

Ms Muriel Dickson (Observer)

Project Manager, Regulation and Quality Improvement Authority

NHS Quality Improvement Scotland Staff

Mrs Jennifer Bruce

Project Officer

Mrs Anne Hanley

Team Manager

Dr David Steel (Observer)

Chief Executive

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

Appendix 3 – Timetable of review visits

Organisation reviewed	Visit date(s)
Golden Jubilee National Hospital	8 November 2006
NHS 24	17 August 2006
NHS Ayrshire & Arran	13 February 2007
NHS Borders	24 May 2006
NHS Dumfries & Galloway	8 June 2006
NHS Education for Scotland	5 December 2006
NHS Fife	1 March 2007
NHS Forth Valley	1 February 2007
NHS Grampian	6 July 2006
NHS Greater Glasgow and Clyde	27 September 2006
NHS Health Scotland	26 April 2007
NHS Highland	29 March 2007
NHS Lanarkshire	7 September 2006
NHS Lothian	17 October 2006
NHS National Services Scotland	20 December 2006
NHS Orkney	23 November 2006
NHS Shetland	10 May 2007
NHS Tayside	14 March 2007
NHS Western Isles	12 April 2007
Scottish Ambulance Service	15 June 2006
The State Hospitals Board for Scotland	18 January 2007

You can read and download this document from our website.
We can also provide this information:

- by email
- in large print
- on audio tape or CD
- in Braille, and
- in community languages.

NHS Quality Improvement Scotland

Edinburgh Office
Elliott House
8-10 Hillside Crescent
Edinburgh EH7 5EA

Phone: 0131 623 4300
Textphone: 0131 623 4383

Email: comments@nhshealthquality.org
Website: www.nhshealthquality.org

Glasgow Office
Delta House
50 West Nile Street
Glasgow G1 2NP

Phone: 0141 225 6999
Textphone: 0141 241 6316