

NHS Orkney

Local Report ~ February 2007

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

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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.

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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 Orkney**. This review visit took place on **23 November 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

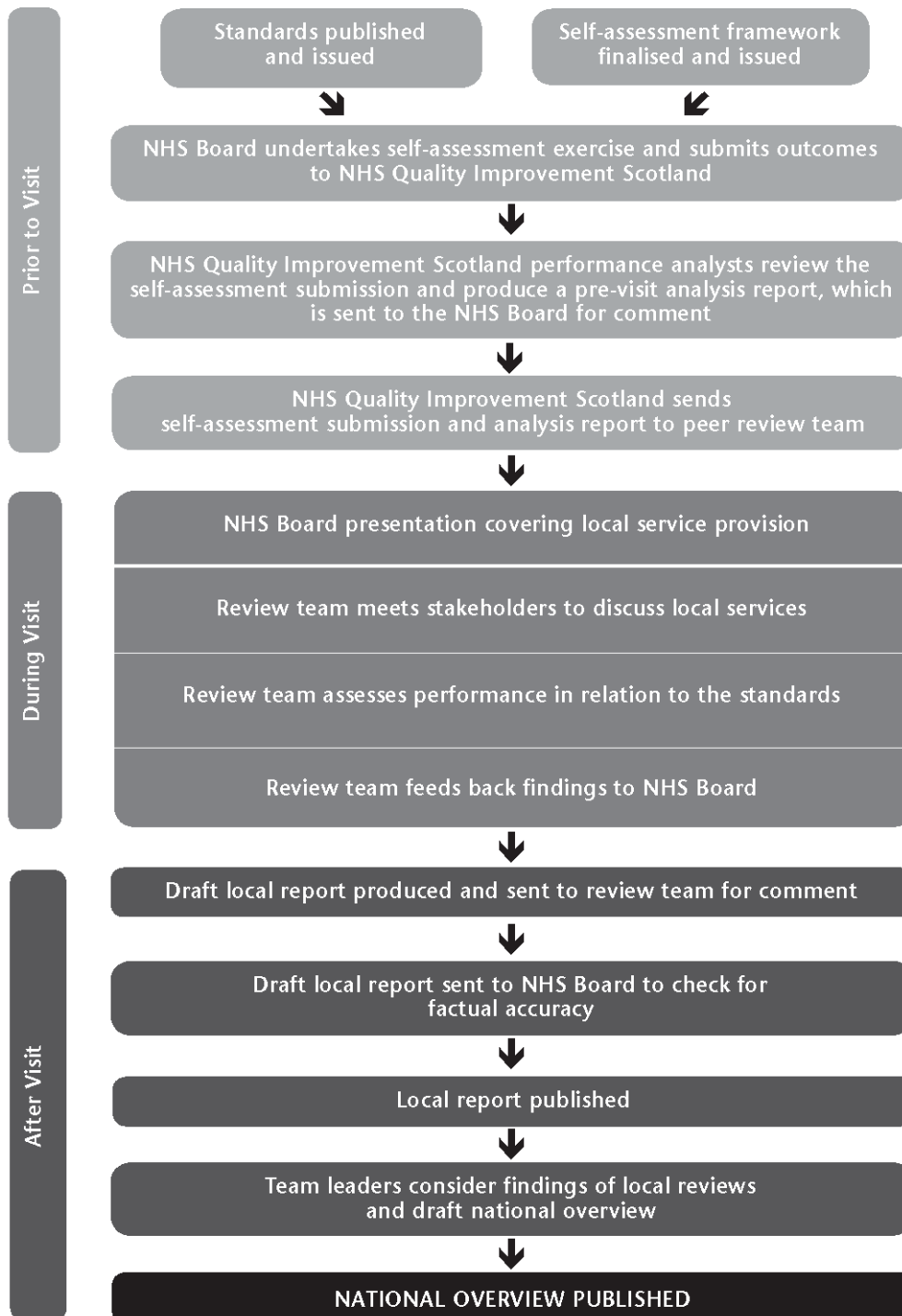
After each review visit, NHS QIS staff, with input as appropriate draft a local report detailing the findings of the review team. This draft report is sent to the review team for comment, and then to the NHS Board to check for factual accuracy. The local report will then be published and made available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

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 19,590. 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.

Local NHS system and services

Orkney NHS Board has the same functions as mainland NHS Boards. It is responsible for improving the health of the local population and for the delivery of the healthcare required. The NHS Board provides strategic leadership and has overall responsibility for the efficient, effective and accountable performance of the NHS in Orkney.

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 Orkney (www.ohb.scot.nhs.uk).

2.2 Summary of findings against the standards

A summary of the findings from the review, including examples of local initiatives drawn to the attention of the review team, 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 developing 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.

Arrangements for risk management have been developed across NHS Orkney, and systems and procedures for risk management are well embedded at operational level, in particular incident reporting, albeit on an informal basis. Therefore, the review team identified a specific challenge in formalising risk management arrangements throughout the Board area.

The review team acknowledged that emergency planning had been well implemented throughout the Board area, as an entity of its own. However, in the absence of an organisational-wide business continuity plan, the review team agreed that emergency and continuity planning systems are in the developmental stages for this overarching core area.

Clinical effectiveness and quality improvement arrangements are being developed in NHS Orkney and a prioritised rolling programme of clinical effectiveness is yet to be developed. However, the review team was pleased to note an obvious interest from staff with regard to participating in clinical effectiveness activity.

Standard 2 – The health, wellbeing and care experience

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

NHS Orkney is developing a policy and partnership approach to access, referral, treatment and discharge. Despite long-standing issues with regard to ensuring engagement with patients and the public, the review team noted some good examples of partnership working and in particular, good relationships with mainland NHS Boards at clinical and patient level. However, these relationships require to be formalised through documentation in order to provide Board-level assurance.

Equality and diversity is in developmental stages across the Board area with policies for some strands either requiring to be developed or approved. The Board informed the review team that the impact assessment toolkit had not yet been implemented. However, funding had been given by the Scottish Executive Health Department (SEHD) to roll this out and, at the time of the visit, a training programme covering use of the toolkit had already taken place.

The Board reported that the communications strategy for 2004–2005 is currently under review and reported that it will encompass internal and external communications, forming one overarching strategy. The review team noted good use of technology to overcome the remoteness of some parts of the Orkney Isles.

Standard 3 – Assurance and accountability

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

At the time of the visit, governance structures were under review, with a proposal to form one merged committee to oversee the areas of clinical governance, health and safety and risk management.

NHS Orkney is implementing its fitness to practice policies. Appropriate pre-employment checks are carried out on all new staff.

NHS Orkney is developing its approach to external communication. The Board reported that members of the public often heard informally about new issues or developments before they had been formally announced. The review team encouraged NHS Orkney to ratify this informal communication.

The Board is developing performance management and information governance arrangements across the organisation. At the time of the visit, overarching frameworks were at the developmental stages. The review team was pleased to note an integrated approach to controlled information sharing with other key stakeholders, and identified a specific challenge to NHS Orkney in formalising these arrangements.

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 developing 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 developing policy, strategy, systems and processes for risk management.

Development

Arrangements for risk management within NHS Orkney are at the developmental stages. At the time of the visit, overall responsibility for risk management rested with the risk and information management and technology (IM&T) manager. Because of the dual role in strategic responsibility of the risk and IM&T manager, the review team noted specific capacity issues for this staff member, resulting in less opportunity to provide focused leadership for risk management. The Board reported that the lead committee which oversees risk management within NHS Orkney is the risk management committee. However, the risk management, clinical governance, and health and safety committees will merge to form one overarching strategic committee in the near future.

The review team was pleased to note that there was good evidence of risk management awareness and reporting mechanisms at an operational level, for example, the incident reporting systems and procedures. The Board reported that incidents and near misses are routinely reported in some areas through IR1 forms which flag up specific risks. These are then investigated and followed up by the health and safety advisor and other staff members who are responsible for supporting staff through the incident reporting process. Strategically, the Board reported that risks were identified on an ad hoc basis, with individual departments responsible for documenting risks within their own area. A risk management group analyses documented risks and reports themes of incidents and near misses on a quarterly basis across the Board area. NHS Orkney reported that, at corporate level, an exercise to identify risks across the organisation has been undertaken and the top 20 risks were presented to the audit committee and the Board. In terms of Board-level assurance, NHS Orkney acknowledged that this exercise was not fully comprehensive and recognised an essential need to establish a corporate risk register. In light of this, the review team identified a specific challenge in achieving a more systematic and structured process for risk management as a whole.

NHS Orkney informed the review team that training for staff in aspects of risk management was provided as a statutory session and included a number of topics, for example moving and handling, fire, and control of substances hazardous to health awareness. In addition, risk management training and awareness at strategic

level is provided as part of induction. The review team was also interested to learn that following a 2-day health and safety training course for managers, delivered by the Royal Society for the Prevention of Accidents (RoSPA), it was recognised that no formal training had been provided for staff in this area. In acknowledgement of this, the Board has recognised the need for a rolling programme of formal health and safety training, which is currently being pursued, in partnership with RoSPA. NHS Orkney stated that this programme of health and safety training would also include training on root cause analysis.

Safety action notices and hazard alerts are disseminated by the estates manager to the relevant departments or services. When the notices have been received a 'for noting only or action log' form must be completed and returned to the estates manager to log the communication and the action taken. Other methods of communicating this documentation are used, for example the duty manager emails all relevant personnel with regard to equipment recall, and high risks are faxed or hand delivered.

Implementation

The review team noted that, at the time of the visit, insufficient information had been provided to demonstrate that NHS Orkney's approach to risk management was being implemented throughout the Board area.

Monitoring

As NHS Orkney has not demonstrated that it is implementing its approach to risk management, there is not yet a process in place to begin the monitoring stage.

Reviewing

As NHS Orkney has not demonstrated that it is implementing or monitoring its approach to risk management, there is not yet a process in place to begin a review.

Core area: 1(b) Emergency and continuity planning

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

Development

At the time of the visit, NHS Orkney was developing a single Board-wide business continuity plan, however, there was currently no identified date for completion. Due to Orkney's geographical position and sparsely spread population, situations which are rare within other NHS Boards on mainland Scotland can occur more regularly in Orkney. However, despite the absence of the organisational business continuity plan, well-established working practices are in place to cope with situations as and when they arise. For example, if patients require to be transferred to mainland Scotland when the island is fog bound, their needs are assessed on an individual basis and, if there is less risk to them, they remain on Orkney. Telemedicine links are in place with Aberdeen Royal Infirmary to provide clinical staff with specialist support to cope with situations or rarely dealt with conditions. However, should a transfer be considered necessary then the coastguard helicopter can be requested.

Implementation

Despite the absence of a Board-wide business continuity plan, the review team was pleased to note that emergency planning as an entity of its own has been well implemented within NHS Orkney. Emergency plans have been tested in real-life events, and lessons have been learned following actual incidents, which have resulted in changes to practice. For example, following a major flooding incident on the island, a multi-agency meeting took place involving NHS Orkney, other key stakeholders and emergency services. The incident was discussed and the learning from this identified changes to emergency plans.

Monitoring

As NHS Orkney has not demonstrated that it is implementing its approach to emergency and continuity planning, there is not yet a process in place to begin the monitoring stage.

Reviewing

As NHS Orkney has not demonstrated that it is implementing or monitoring its approach to emergency and continuity planning, there is not yet a process in place to begin a review.

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

Position statement: The NHS Board is developing co-ordinated programmes for clinical effectiveness and quality improvement.

Development

NHS Orkney reported that support for clinical effectiveness activity is provided by the clinical effectiveness team. Prioritisation of work is carried out by the team looking at organisational objectives or supporting activity suggested by staff on a 'first come, first served' basis, due to capacity and resource issues. At the time of the visit, the Board highlighted that no formal prioritised programme of clinical effectiveness activity had been agreed. Therefore, the review team identified a particular challenge for NHS Orkney in establishing a focused programme of clinical effectiveness and quality improvement, and the subsequent need for prioritising the work of the clinical effectiveness department.

An ongoing programme of quality improvement education is provided for staff, where they are provided with training on an ad hoc basis to take forward a 'live' piece of work, identified as a need within their department or service. The review team noted particular interest and commitment from staff in this work, which includes clinical audit.

Implementation

The review team noted that, at the time of the visit, insufficient information had been provided to demonstrate that NHS Orkney's approach to clinical effectiveness and quality improvement was being implemented throughout the Board area.

Monitoring

As NHS Orkney has not demonstrated that it is implementing its approach to clinical effectiveness and quality improvement, there is not yet a process in place to begin the monitoring stage.

Reviewing

As NHS Orkney has not demonstrated that it is implementing or monitoring its approach to clinical effectiveness and quality improvement, there is not yet a process in place to begin a review.

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 developing 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 developing policy and a partnership approach to access, referral, treatment and discharge.

Development

The patient focus and public involvement (PFPI) sustainable framework and NHS Orkney annual report provide good evidence of partnership working with other key stakeholders, for example patients, carers, voluntary organisations and the local community. In addition, a wide range of information about services is provided to the local population via the NHS Orkney website, local press, community planning newsletter and consultation exercises.

The review team was pleased to note an openness and willingness by NHS Orkney to facilitate patient and public involvement. The Board holds a patient involvement database of interested members of the community, who are selected dependent on their area of interest. Local GPs are often asked to identify patients, who they think would like to be involved in local initiatives. The Board reported that over 3,000 patients each year are surveyed about their experience as a patient, however, historically NHS Orkney has had a poor response rate. In general terms, patient and public involvement has not been well received by the local community, however, different methods of engagement are being explored. The review team identified particular challenges with regard to patient and public involvement in developing and implementing strategic direction throughout the Board area, and systems to monitor the effectiveness of different methods of involvement.

The review team was pleased to note good relationships with mainland NHS Boards at a clinical and patient level, in particular with relation to Aberdeen Royal Infirmary. The Board reported that there is a high level of communication and participation from designated consultants at Aberdeen Royal Infirmary with regard to developing and sustaining arrangements with NHS Orkney. The review team was pleased to note that there is continuing dialogue with medical staff when Orkney cancer patients are inpatients at Aberdeen Royal Infirmary and discharge and follow-up arrangements are discussed via weekly multidisciplinary meetings. When stroke patients require a computerised tomography (CT) scan, the Aberdeen Royal Infirmary on-call consultant is contacted and patients can be transported to Aberdeen, scanned, and brought back to Orkney in the same day. Where same day

return is not possible, patients remain in Aberdeen Royal Infirmary overnight and are transferred back to Orkney the next day.

NHS Orkney reported that it has developed single shared assessment documentation, based on guidance from the SEHD, in partnership with Crossroads (Orkney), a voluntary organisation which provides support for carers and the local social work department. The documentation has recently been revised to enable capturing of data for the over 65's assessment, which is in place throughout NHSScotland. It was also reported that the clinical effectiveness department was involved in evaluating the documentation and process of single shared assessment to review its effectiveness and identify areas for improvement.

The review team was pleased to note the Board's commitment to ensuring that patient and carer preferences were at the forefront of discharge planning. The Board reported that multidisciplinary team meetings, involving all necessary health professionals and other agencies take place on hospital wards to discuss and plan for patients' discharge. NHS Orkney stated that due to the small population, there are close links with patients, carers, friends, relatives, health services and the local authority which support effective discharge. The Board stated that there are no nursing homes within Orkney and the surrounding smaller islands, however, personal and social care is provided by residential care homes, with community nurses and GPs being responsible for all health aspects of patient care.

While the review team noted good relationships with mainland NHS Boards, multidisciplinary and multi-agency working, there was a lack of documentary evidence available to demonstrate that these arrangements were formally in place. Therefore, the review team identified specific challenges to NHS Orkney in formalising these relationships.

At the time of the visit, the Board reported that a consent to treatment policy is in place and was currently being revised.

Implementation

The review team noted that, at the time of the visit, insufficient information had been provided to demonstrate that NHS Orkney's approach to access, referral, treatment and discharge was being implemented throughout the Board area.

Monitoring

As NHS Orkney has not demonstrated that it is implementing its approach to access, referral, treatment and discharge, there is not yet a process in place to begin the monitoring stage.

Reviewing

As NHS Orkney has not demonstrated that it is implementing or monitoring its approach to access, referral, treatment and discharge, there is not yet a process in place to begin a review.

Core area: 2(b) Equality and diversity

Position statement: The NHS Board is developing an equality and diversity policy in accordance with legislation, national guidance and best practice.

Development

At the time of the visit, the Board reported that policies, with regard to disability and race had been developed and were due to be sent to the Board for approval in early December 2006. NHS Orkney also informed the review team that other policies had not yet been developed and it was anticipated that a full suite of policies for all strands of equality and diversity would be available in the future.

The equality and diversity impact assessment toolkit was not in use at the time of the visit, however, it is intended that all policies will be assessed using the toolkit in the near future. Therefore, the review team identified a specific challenge to NHS Orkney in developing and implementing a prioritised approach to impact assessment. The Board reported that input from the SEHD had already been secured to assist with implementation of the toolkit and that a disability awareness training event had already taken place which over 180 staff had attended.

Implementation

The review team noted that, at the time of the visit, insufficient information had been provided to demonstrate that NHS Orkney's approach to equality and diversity was being implemented throughout the Board area.

Monitoring

As NHS Orkney has not demonstrated that it is implementing its approach to equality and diversity, there is not yet a process in place to begin the monitoring stage.

Reviewing

As NHS Orkney has not demonstrated that it is implementing or monitoring its approach to equality and diversity, there is not yet a process in place to begin a review.

Core area: 2(c) Communication

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

Development

At the time of the visit, responsibility for internal and external communication was unclear and the review team considered that these lead roles and responsibilities should be clarified at all levels. The Board reported that the most up-to-date strategy for communications is for the financial year of 2004–2005 and is currently under review. The 2004–2005 strategy is largely focused on external communication, however, NHS Orkney stated that the new strategy which has been developed in partnership with Orkney Islands Council will include internal communication in

more detail. The review team noted a particular challenge in completing the review of the strategy and rolling out full implementation. The Board reported that the revision of the new strategy was largely influenced by the findings from staff feedback, which was sought and analysed by an external consultant. The results and action plan were made available to the review team, which was pleased to note that the findings were being actioned.

NHS Orkney uses technology to facilitate communication, for example email, internet, teleconferencing and video conferencing. The Board reported that an intranet based 'blogging' programme had been developed. The programme is largely based on the principles of internet chat rooms and provides a central resource where staff can express their opinions about issues or suggestions related to NHS Orkney in an on-line discussion forum. In addition, there is an option to indicate which topics are key to their role or that they are personally interested in and, in turn, they receive information related to those areas.

Implementation

The review team noted that, at the time of the visit, insufficient information had been provided to demonstrate that NHS Orkney's approach to communication was being implemented throughout the Board area.

Monitoring

As NHS Orkney has not demonstrated that it is implementing its approach to communication, there is not yet a process in place to begin the monitoring stage.

Reviewing

As NHS Orkney has not demonstrated that it is implementing or monitoring its approach to communication, there is not yet a process in place to begin a review.

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 developing 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 developing a policy and strategy to set the framework for clinical governance and quality assurance arrangements.

Development

At the time of the visit, governance arrangements for clinical governance, risk management and health and safety had been evaluated. Historically, three separate committees were in place, and NHS Orkney reported there had been lack of strategic direction with regard to implementation of strategies, such as the clinical governance strategy. The Board informed the review team of a key change in strategic arrangements, led by the interim medical director. It has now been proposed that the three committees (clinical governance, risk management, and health and safety) will merge to form one overarching strategic committee (the clinical governance, risk management and health and safety committee) to operate in a multifaceted governing role. A paper was due to be submitted to the Board which includes terms of reference, detailing an overview and function of this new committee. It is anticipated that this change will streamline reporting structures and sharing of information.

The review team was pleased to note that there was an obvious appreciation from staff of NHS Orkney with regard to the current direction being provided by the interim medical director, in reviewing the governance structure. However, a key and pivotal challenge was identified in further clarifying the structures, roles and responsibilities of the clinical governance, risk management and health and safety committee throughout the organisation, and following proposals through to implementation of robust systems and processes in order to provide Board-level assurance.

The review team was also interested to learn of a clinical governance seminar which was held in November 2006 and attended by clinical staff. NHS Orkney reported that the seminar was designed to promote engagement in clinical governance activity. The seminar was well received and it is hoped to roll out a similar seminar in risk management. Awareness raising of clinical governance is also provided at induction and staff have open access to the clinical governance and effectiveness department.

The Board reported that due to the minimal amount of research undertaken within NHS Orkney, the local research ethics committee meets as required and is considering becoming part of a regional group. Although support and advice on

research and ethics throughout the Board is provided by the clinical effectiveness department.

Implementation

The review team noted that, at the time of the visit, insufficient information had been provided to demonstrate that NHS Orkney's approach to clinical governance and quality assurance was being implemented throughout the Board area.

Monitoring

As NHS Orkney has not demonstrated that it is implementing its approach to clinical governance and quality assurance, there is not yet a process in place to begin the monitoring stage.

Reviewing

As NHS Orkney has not demonstrated that it is implementing or monitoring its approach to clinical governance and quality assurance, there is not yet a process in place to begin a review.

Core area: 3(b) Fitness to practice

Position statement: The NHS Board is implementing its policies and procedures across the organisation that will ensure its workforce is fit to practice.

Development

At the time of the visit, a policy for clinical supervision was being developed. NHS Orkney reported that authority for assuring locum medical staff were fit to practice was delegated to, and rested with, the individual recruiting agencies. This is documented through a contractual agreement between each agency and NHS Orkney. The Board confirmed that locum medical staff are not accepted if the agencies cannot provide evidence of pre-employment checks.

Implementation

The review team was pleased to note good evidence that fitness to practice policies have been implemented throughout the Board area. Pre-employment checks are carried out on all new staff, which includes Disclosure Scotland clearance, professional registration checks and occupational health questionnaires. NHS Orkney reported that registration checks are carried out by nursing team leaders on a regular basis for staff employed directly by NHS Orkney.

A database of locum GPs has also been developed and implemented. It holds information on GPs who have previously worked in a remote rural setting and are willing to travel and stay on the island for temporary periods of time. This enables the Board to quickly access a pool of appropriate GPs who can provide cover, when necessary.

Technology is used as a pivotal communication tool across the Board area. The Board reported that team leaders hold regular team meetings with video conferencing links for staff who work on the smaller islands of Orkney. Dates and times are also set in advance for fortnightly telephone conversations, when Orkney

Isles staff can raise any issues, concerns and update team leaders with other relevant information.

Monitoring

The review team noted that, at the time of the visit, insufficient information had been provided to demonstrate that NHS Orkney's approach to fitness to practice is being monitored throughout the Board area.

Reviewing

As NHS Orkney has not demonstrated that it is monitoring its approach to fitness to practice, there is not yet a process in place to begin a review.

Core area: 3(c) External communication

Position statement: The NHS Board is developing its external communication strategy.

Development

At the time of the visit, NHS Orkney was developing a single joint communication strategy, in partnership with Orkney Islands Council, which will include both internal and external communication.

NHS Orkney reported that the main form of external communication is the local press and the NHS Orkney website. Problems with external communication were discussed with the review team, in that patients and members of the public hear about issues or developments within the organisation via the local press or by word of mouth prior to the Board formally communicating information externally. NHS Orkney stated that every effort is made to keep staff up to date with new information to ensure that they hear information about their place of work from line managers and internal communications rather than via the press or word of mouth. However, the review team encouraged NHS Orkney to harness this means of informal communication and was pleased to note that the local community are well informed with regard to issues or developments throughout the Board area.

Implementation

The review team noted that, at the time of the visit, insufficient information had been provided to demonstrate that NHS Orkney's approach to external communication was being implemented throughout the Board area.

Monitoring

As NHS Orkney has not demonstrated that it is implementing its approach to external communication, there is not yet a process in place to begin the monitoring stage.

Reviewing

As NHS Orkney has not demonstrated that it is monitoring its approach to external communication, there is not yet a process in place to begin a review.

Core area: 3(d) Performance management

Position statement: The NHS Board is developing performance management arrangements.

Development

At the time of the visit, NHS Orkney was developing an overarching framework for performance management. The review team identified a specific challenge in completing this to achieve an integrated approach to performance management throughout the Board area.

The local delivery plan was developed in partnership with service leads and, at the time of the visit, had recently been approved by the Board. The local delivery plan and monthly reports are available via the NHS Orkney website. However, NHS Orkney reported that Board-level objectives are not cascaded down to staff in all areas. Waiting times are reviewed monthly by the waiting times group and reports are sent to the Board on a bi-monthly basis.

Implementation

The review team noted that, at the time of the visit, insufficient information had been provided to demonstrate that NHS Orkney's approach to performance management was being implemented throughout the Board area.

Monitoring

As NHS Orkney has not demonstrated that it is implementing its approach to performance management, there is not yet a process in place to begin the monitoring stage.

Reviewing

As NHS Orkney has not demonstrated that it is monitoring its approach to performance management, there is not yet a process in place to begin a 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

At the time of the visit, there was no lead committee to oversee information governance. However, NHS Orkney anticipated that this will be clarified following implementation of the new governance structures. Also, there was no evidence of a framework for information governance. In recognition of this, the review team identified specific challenges for NHS Orkney in developing a framework and establishing a formal committee and individual responsibilities with regard to information governance.

At the time of the visit, the interim medical director was the Caldicott guardian for NHS Orkney. The Caldicott Report has set out guidance and procedures to ensure that patient information can be safeguarded. It also recommends that each NHS

Board should appoint a person (Caldicott guardian), who is charged with this responsibility.

The Board reported that procedures for information sharing have been tested with the Orkney Islands Council and the local police force through the data sharing steering group. With regard to the associated risk with inter-agency information sharing through a computerised system, a controlled access approach to data has been applied whereby authorised users only can access the system. There are procedures for password control and different levels of authorisation, which allow individuals to view only information which is necessary and appropriate to their role. The review team was pleased to note this controlled access to integrated IT systems, but identified a challenge for NHS Orkney in formalising the data sharing systems.

Implementation

The review team noted that, at the time of the visit, insufficient information had been provided to demonstrate that NHS Orkney's approach to information governance was being implemented throughout the Board area.

Monitoring

As NHS Orkney has not demonstrated that it is implementing its approach to information governance, there is not yet a process in place to begin the monitoring stage.

Reviewing

As NHS Orkney has not demonstrated that it is monitoring its approach to information governance, there is not yet a process in place to begin a review.

Appendix 1 – Glossary of abbreviations

CNORIS	Clinical Negligence and Other Risks Indemnity Scheme
CT	computerised tomography
IM&T	information management and technology
NHS QIS	NHS Quality Improvement Scotland
PFPI	patient focus and public involvement
RoSPA	Royal Society for the Prevention of Accidents
SEHD	Scottish Executive Health Department

Appendix 2 – Details of review visit

The review visit to NHS Orkney was conducted on 23 November 2006.

Review team members

Dr Roger Gibbins (Team Leader)

Chief Executive, NHS Highland

Mr Robert Bell

Public Partner, Fife

Mr Douglas Philips

Performance Analyst

Ms Maggie Simpson

Director of Nursing Single Delivery Unit, NHS Tayside

Mrs Andrea Wilson

Director of Clinical Delivery, NHS Fife

Dr Mike Winter

Associate Medical Director, NHS Lothian

NHS Quality Improvement Scotland Staff

Mrs Anne Hanley

Team Manager

Ms Maggie Mackinnon

Project Officer

Mr Steven Wilson

Team Manager

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

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