



National Waiting Times Centre –
Golden Jubilee National Hospital

Local Interim Report ~ *June 2005*

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

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1 Local NHS system and services

This report presents the findings from the peer review of the **Golden Jubilee National Hospital**. This review meeting took place on **18 January 2005**.

The Golden Jubilee National Hospital (National Waiting Times Centre) is a Special Health Board. Situated in Clydebank, just west of Glasgow, the Hospital is Scotland's first wholly elective NHS facility, providing services in key specialities to patients throughout Scotland, in order to assist in reducing waiting times.

The Golden Jubilee National Hospital is run by the National Waiting Times (Scotland) Centre Board, which has responsibility for the efficient, effective and accountable performance of the Hospital.

Context

As a Special Health Board, the mandatory requirements of single-system working, which informed the basis of this interim review, do not directly apply to the Golden Jubilee National Hospital. Nonetheless, the principles for effective single-system working are recognised as good practice for any organisation and as such act as a useful tool for reviewing governance arrangements. It was reported that, while the committee structures within the Hospital are not in line with HDL guidance, approval for the variance had been agreed with the Scottish Executive.

Reviewers appreciated that the Golden Jubilee National Hospital is in a period of transition, with its recent arrival into the NHS arena and the new appointments which have been made to the senior management team. The organisation recognises the challenges faced in developing a strategic focus, and is in the process of reviewing its infrastructure in relation to governance. It is also looking to finalise its organisational structures, including reporting and accountability lines, in the near future.

In addition, the relatively small number of staff, and the absence of a specific clinical governance function within the organisation, has necessitated an amalgamation of roles and responsibilities. Reviewers recognised the achievements of the staff who are taking forward the organisation's work programme within limited resources.

The Golden Jubilee National Hospital is a national resource for Scotland, providing elective orthopaedic and diagnostic services as well as cardio-thoracic services for the west of Scotland. This poses a further challenge to the Hospital in relation to the number of visiting consultant staff in terms of the implications for risk management, although there are plans to recruit permanent staff.

2 Single-system working

NHS Boards should retain their focus as boards of governance, embodying a corporate, inclusive approach to collective decision-making which is based on the principles of partnership working and delegation of powers to the front line of patient care. NHS Boards should support local leadership by delegating financial and management authority as far as possible; and encouraging locally responsive approaches to service provision.

Operating divisions, as integral parts of local NHS systems, should have specific delegated authority to act within a defined remit without constant reference to the NHS Board. This must be backed up by clear, formal schemes of accountability. Responsibility and decision-making should be devolved to staff who are directly involved in delivering healthcare.

Corporate decision-making arrangements at NHS Board level

Currently, the primary focus of corporate decision-making at the Golden Jubilee National Hospital is at NHS Board level. The reviewers were informed that a comprehensive review of the accountability structure, systems and processes was being undertaken and this will strengthen the lines of decision-making and delegation. It will also provide clarity regarding the formal function and powers of the senior management team. The senior management team is to be commended on its enthusiasm and commitment in undertaking this review.

At the time of the review, there was insufficient evidence to demonstrate a structured and systematic approach to corporate decision-making and reviewers were unclear about schemes of delegation. Reviewers also noted the apparent difficulties that the senior management team was having in separating overseeing and delivery roles.

Regional and local decision-making arrangements

As a national body, the Golden Jubilee National Hospital has service-level agreements with NHS Boards across Scotland. The Hospital has significantly reduced the number of private patients treated to allow it to focus on the National Waiting Times Initiatives for NHSScotland. Information on the NHS Boards and patient groups to be treated at the Hospital are received from the National Waiting Times Centre. The business department of the Hospital then liaises directly with the identified NHS Boards to make arrangements to meet the targets set.

It was reported that representatives from the Golden Jubilee National Hospital are active participants in a number of regional planning groups, including Greater Glasgow, Argyll and Clyde, and Lanarkshire as well as the National Framework for Planning of Elective Care. In addition, hospital representatives are also involved in the West of Scotland cardio-thoracic planning group and it was noted that the West of Scotland cardiac programme will form a major component of the future strategy for the Hospital.

Performance management at NHS Board level

It was reported that the Board receives performance monitoring reports on target patient numbers and financial targets from the National Waiting Times Centre. However, there was no evidence of the Hospital's ongoing monitoring of performance around all of the objectives identified in the health plan (2004-2006).

It was further reported that performance monitoring is directly linked to the risk management process, and responsibility for monitoring specific objectives is devolved to clinical leads. There does not appear to be a co-ordinated approach to performance monitoring and it is unclear where the overall organisational responsibility for ensuring progress against objectives is held.

There was recognition from the organisation of the need to address these apparent gaps in performance management. Furthermore, it was acknowledged that the development of key performance indicators would be a crucial step in this process.

Emergency planning arrangements

Representatives from the Golden Jubilee National Hospital are active participants in the West of Scotland Emergency Planning Group and it was reported that the role of the Hospital in emergency situations was being explored. However, at the time of the review, the Hospital did not have an emergency planning strategy in place.

At a local level, business continuity plans are in place for a number of internal emergency scenarios. However, there was recognition that business continuity planning needs to be more robust and tested, and these plans are being further developed and reviewed.

Internal and external communication strategies and scheme of delegation

The Golden Jubilee National Hospital's internal communication policy outlines the system, process, and methods for evaluating communication and acknowledges the roles of different staff in maintaining effective communication. Examination of this document revealed that it does not comprehensively address all the internal communication issues faced by the Hospital. There was recognition by the organisation that the absence of a local communications function has hindered development of communications practices and procedures.

The positive feedback from staff, derived from staff governance survey results, about the level of communication within the Hospital was noted, as was the recently distributed newsletter which is scheduled to be produced on a quarterly basis. The recent establishment of regular interdepartmental meetings was also viewed as a positive step in communication processes within the Golden Jubilee National Hospital.

External communications will be addressed in the public relations and media strategy which is under development. Reviewers were informed that internal and external communications were under review.

Current position

Strategic development and operational delegation of service planning is not in line with the principles of single-system working and thus is not yet reflected in current organisational frameworks and arrangements for implementation and feedback.

3 Clinical governance

In order for NHS Boards to plan, provide and improve services, they must have in place structures to monitor and improve the quality of services. A clinical governance framework should be in place to support and monitor standards of care; create an environment for the continuous improvement of services; support strategic planning; and facilitate service delivery.

Clinical governance strategy and committee

Reviewers noted that the clinical governance strategy does not clearly identify the different levels of clinical governance, as highlighted in MEL(2000)29. It was also apparent that the strategy does not reflect operational practice, which is inconsistent across the organisation as a result of the lack of a co-ordinated approach to clinical governance and a lack of clarity around lines of accountability. Reviewers would welcome a more comprehensive and robust approach to be taken by the Hospital to assure the National Waiting Times Centre Board that its healthcare governance requirements are being fulfilled. Reviewers acknowledged the work of the new senior management team which is taking forward work on the organisation's strategies.

A clinical governance committee is in place which reports to the National Waiting Times Centre Board. However, reviewers noted that the committee does not have the structures in place to allow the system to drive forward quality improvement. Reviewers also noted that there is a lack of a designated resource to support clinical governance activity at an operational level.

Hospital representatives recognised the need to develop current clinical governance arrangements, and it was reported that a review of the clinical governance structure, systems and processes is being undertaken as part of the wider organisational review.

Embedding clinical governance throughout the service

There was a lack of evidence to demonstrate that clinical governance systems and processes are embedded throughout the Golden Jubilee National Hospital. Reviewers acknowledged the efforts of the highly energetic and committed staff that are driving this agenda forward and would encourage the development of documentation to support this work.

It was apparent that the absence of a dedicated clinical governance support function has hindered the development of organisation-wide clinical governance. It was clear that a more comprehensive and robust approach is required to ensure that the National Waiting Times Centre Board's strategic approach to clinical governance is embedded throughout the service.

Clinical effectiveness

The clinical effectiveness strategy outlines the National Waiting Times Centre Board's priorities for clinical effectiveness. The clinical effectiveness committee provides an overseeing function for clinical effectiveness activity within the Hospital. At an operational level, there is a recognised absence of direct support for clinical effectiveness activity; however, it was reported that this deficit is soon to be partly addressed with the appointment of dedicated clinical effectiveness staff.

Reviewers noted the relatively large volume of clinical audit activity ongoing within the Hospital which reflects staff commitment to, and enthusiasm for, the clinical effectiveness process. It was, however, apparent that there is an overall lack of co-ordination and coherence to the clinical effectiveness process and that robust structures are not in place to support ongoing clinical effectiveness activity.

Current position

Strategic development and operational delegation of clinical governance is not in line with the principles of single-system working and thus is not yet reflected in current organisational frameworks and arrangements for implementation and feedback.

4 Risk management

Effective risk management and risk reduction lies at the heart of governance. It informs the use of resources, supports the delivery of safe, effective care and promotes a learning, no-blame culture that uses experience as a valuable means of improving care. It is also required at statutory level and is a key element of internal and external audit. NHS Boards are required to carry out risk assessment at every level and to develop a corporate risk management strategy which identifies key risks and associated actions and their priorities.

Risk management approach at strategic level and for delegated functions

The Risk and Quality Strategy & Policy for Implementation (2003-2004) sets out the organisation's risk management arrangements. It was noted that while 'quality' appears in the title of this document, performance management development was not explicit and there was a need to elaborate on the role of risk management within the quality assurance process. Notwithstanding, the risk management component of the strategy largely reflects the guidance contained in HDL(2003)11. Reviewers acknowledged the proactive approach of the risk management department and noted that this department is currently broadening its remit. The risk management committee provides the strategic direction for risk management and reports to the National Waiting Times Centre Board on a quarterly basis.

Reviewers noted the innovative approach of linking the strategic risk register to the performance management process. This involves populating the risk register with organisational objectives, as well as risks which are categorised under performance assessment framework (PAF) headings. Reviewers considered that this may be perceived as a negative approach to objective-setting and that the emphasis on high-risk areas may be lost. It was further noted that this link between the risk register and the performance management process was not highlighted in the risk and quality strategy.

Nonetheless, it was evident that considerable risk management activity is ongoing within the organisation. In particular, the identification of adverse incidents as a stimulus for audit activity was worthy of note and the software system for monitoring risk was viewed by reviewers as a useful resource.

It was reported that there is an executive lead for each risk identified within the risk register, and an operational lead who takes responsibility for delivery, monitoring and reporting on these risks. There does, however, appear to be a lack of cohesion and co-ordination of risk management reporting arrangements. Reviewers would welcome a more consistent and robust approach to the capturing, monitoring and reporting of risk management issues to assure the National Waiting Times Centre Board that its risk management requirements are being met. This is important in relation to the high-risk nature of certain aspects of the Hospital's work, particularly the high number of visiting consultants.

Current position

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

5 Patient Focus and Public Involvement

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

The NHS Board is able to demonstrate, through the development and implementation of its Patient Focus and Public Involvement (PFPI) Framework the impact and outcomes of engaging with the public and responding to the needs of individual patients both in terms of individual care and service design, development and review.

As well as this, the NHS Board is able to demonstrate how it is meeting the needs of those subject to discrimination based on their age, disability, faith/beliefs, gender, race/ethnicity and/or sexual orientation as well as consideration of cross cutting issues such as mental health, poverty and homelessness.

5.1. Engaging with the public

5.1.1 The Board is able to evidence the outcomes of involving patients, carers, the public and customers (where appropriate) in the design and development of services in line with their ongoing sustainable frameworks, implementation plans, action plans and the principles of Patient Focus and Public Involvement and Partnership for Care.

The Board is delivering on the PFPI agenda and is able to adequately evidence this, however the Board does acknowledge the need to fully imbed the culture and raise awareness of the statutory requirement to involving the public. In all cases plans have been developed to drive the work forward and, in some cases, are being delivered locally. The Board do inform, engage and consult the public in the development of many aspects of their work and acknowledge this as being one of their strengths although have identified that their priority for the next 12 months will be to establish formal arrangements through the development of a Voluntary Sector Strategy. The Board continue to deliver on the PFPI agenda effectively, acknowledging areas for improvement and continue to link in with the team as and when appropriate.

5.1.2 The Board is able to evidence effective governance and performance management systems for Patient Focus and Public Involvement, agreed and implemented with partners, patients and the public.

This particular indicator presented quite a range of responses covering every potential response. In most cases plans have been developed for this indicator, the only exception being in that the Board can offer no evidence for involving people in the setting and monitoring of performance targets. The Board has made progress in most areas of this indicator and continue to do so. The committee (Quality Group) are progressing the agenda although it is acknowledged that the meeting schedule is not being met which has a knock on effect of delays, slow progression and little performance reviews. Public involvement is incorporated into the health plans and the board are undertaking a whole governance review. The work to be undertaken over the coming 12 months focuses on reviewing the committee, embedding PFPI into the organisation and establishing robust communication across NWTC.

5.1.3 The Board is able to evidence the impact of providing support for patients, carers, individuals and customers (including training and information) on improving the

quality and extent of Patient Focus and Public Involvement in the design, development and delivery of services.

The self assessment process identifies areas that plans have been developed in most areas and are almost being delivered locally, the two exceptions to this are for training to participate and in engaging with hard to reach groups. The Board has a strong customer care ethos being reflected in patient feedback suggesting that the message on PFPI is getting out and that the Board are using feedback from patients to develop and enhance services. There is a recognised need to increase patient and public involvement whilst providing adequate training for people to participate whilst also developing systems to record profiles of patients in order to understand who is being referred to NWTC to support the Board's profile with hard to reach groups. This has been difficult for NWTC given its remit across Scotland and they are looking at ways of recording information to monitor service use and access. The aim for the next 12 months is the completion of the Voluntary Sector and Voluntary Strategy.

5.1.4 The Board is able to show evidence of assessing the impact of involving staff in the design, delivery and planning of services.

The Board is delivering, across the system, on this indicator and is able to evidence this. The involvement of staff is conducted through a number of mechanisms from the reporting of adverse incidents, the terms of reference for the partnership forum, staff survey results and also Jubilee News. The Board acknowledges the relative simplicity of being able to do this across the single site and encourage staff to become involved in the design, development and delivery of services through various means and that staff believe their contribution is valued. Recognition that staff uses a different source of information for concerns and complaints than those which the patients use. In recording adverse incidents staff are also involved in the finding of solutions to address their own recordings. Staff are actively involved in the development of the health plans and there are many opportunities for staff engagement. The next 12 months will be used as an opportunity to review the suggestions process, to raise awareness of the value in using all feedback mechanisms and to audit the mechanisms for effectiveness.

5.1.5 The Board is able to evidence the integration of Patient Focus and Public Involvement principles into training programmes for staff and the impact this has had on direct patient care.

There is a lot of evidence to demonstrate the Board's commitment to and integration of the PFPI principles into training programmes. The customer care programme covers elements of the equality and diversity agenda within the programmes providing for the full range of PFPI principles to be addressed. NWTC is working with the National Resource Centre for Ethnic Minority Health to quality assure the equality and diversity element of the customer care programme. The Board recognises the need to ensure that new staff may weaken their PFPI approach if not given adequate information and training from the beginning. The team developing training have modified it based on the comments that they have received from staff regarding the examples used within it. The next 12 months' priorities are clarification of the roles and remits of each committee and to quality assure all aspects of PFPI training.

5.2. Responding to the needs of individual patients

5.2.1 The Board is able to evidence progress in implementing Fair for All – the Wider Challenge (an equality and diversity approach) and the impact that this has had on the design, delivery and review of services and improving patient experience. This should include the integration of existing policies and strategies.

The self-assessment submission suggests that the Board is progressing the Fair For All agenda and is managing to embed the principles into all the work the Board does. The systems and mechanisms are in place for staff that may face discrimination within the workplace. In most other areas significant progress has been made to the point where many aspects are being delivered locally, the only exception being in the pulling together of all the strategies and policies into a single, cohesive approach although plans have been developed to address this – by doing so this will keep things moving. There is plenty of evidence to support this position and proactive work to ensure that the Board are meeting people’s expectations and requirements, whilst developing systems to identify those who may be disadvantaged in accessing services. The priorities for the next 12 months are focused on widening representation on the equality and diversity group and to audit the effectiveness of communication methods.

5.2.2 The Board is able to evidence how feedback from the comments, compliments, concerns and complaints process is used to improve the experience of individual patients and carers and inform service design, development and delivery.

The Board is delivering all aspects of this indicator across the system or very close to it. The Board operates with a positive customer care culture which supports the approach being taken to deliver on this indicator. As part of the compulsory training programme staff receive training in customer care including the changes to the NHS Complaints Process and their role in it. The Board have also undertaken a “Fair Blame” project to try and identify the blame culture, undertaken in partnership with Glasgow Caledonian University. Staff receive, at minimum, monthly feedback on comments, suggestions and complaints. NWTC also post comment boards saying that you (patients, carers, public, staff) commented on this and this is the action we have taken. The priority for the next 12 months is to audit communication and staff involvement and feedback.

5.2.3 The Board is able to evidence how it responds to the needs of individual patients and the impact that other aspects of the Patient Focus and Public Involvement agenda have had on service planning and delivery and improving the patient experience. This should include volunteering, advocacy, voluntary sector engagement, patient information and carer engagement.

The Board continues to use the patients experience to build future services and can demonstrate how it gathers information on individuals needs whilst also demonstrating the progress of a patient information strategy on a predominantly system wide basis. However, progress in other areas is not as swift. Plans have been developed for evidencing the progress in implementing associated PFPI policies but are not being delivered on locally. The Board has little evidence on the development of a local voluntary sector compact and engagement with voluntary sector. The Board can offer no evidence as to the progress of implementing a Carers strategy. The Board has developed and fostered good relationships with referring Boards who identify the needs of patients and identify this as one of their strengths. Advocacy arrangements are in place for staff. The Board acknowledge that they need to improve their formal

mechanisms for engagement and look at extending the availability of patient information beyond printed formats and have a long term view for a patient information tool. Priorities for the next 12 months are the development of strategies for the voluntary sector, volunteering and Carers whilst ratifying the Spiritual Care Policy.

6 Strengths and challenges

Strengths:

- The Golden Jubilee National Hospital recognised that structures, processes and systems could be improved and are undertaking an organisation-wide review.
- The organisation demonstrated a willingness to test innovative methodologies.
- Continuous monitoring of patient satisfaction through patient satisfaction surveys and focus groups was evident.

Challenges:

- Implementing changes following the outcome of the above organisation-wide review will constitute a major task.
- Ensuring that risk management strategies take account of situations involving visiting consultants.
- The Golden Jubilee National Hospital will need to take forward its work programme within limited resources.
- Reviewing and implementing document control procedures to evidence that assurance arrangements are functional and effective.

It's happening locally...

- Adverse incident reporting is acting as a stimulus for clinical audit activity, with changes being made to the way that medical records are retrieved and patient consent obtained, as a result of audit activity.
- The Hospital is currently piloting direct access imaging services for general practitioners in Clydebank and Lanarkshire.
- The Hospital is also in the process of piloting a cardiac patient diary project.

Appendix: Reviewers

Mr Robert Bell

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