

NHS Western Isles

Local Report ~ July 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 Western Isles**. This review visit took place on **12 April 2007**, 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

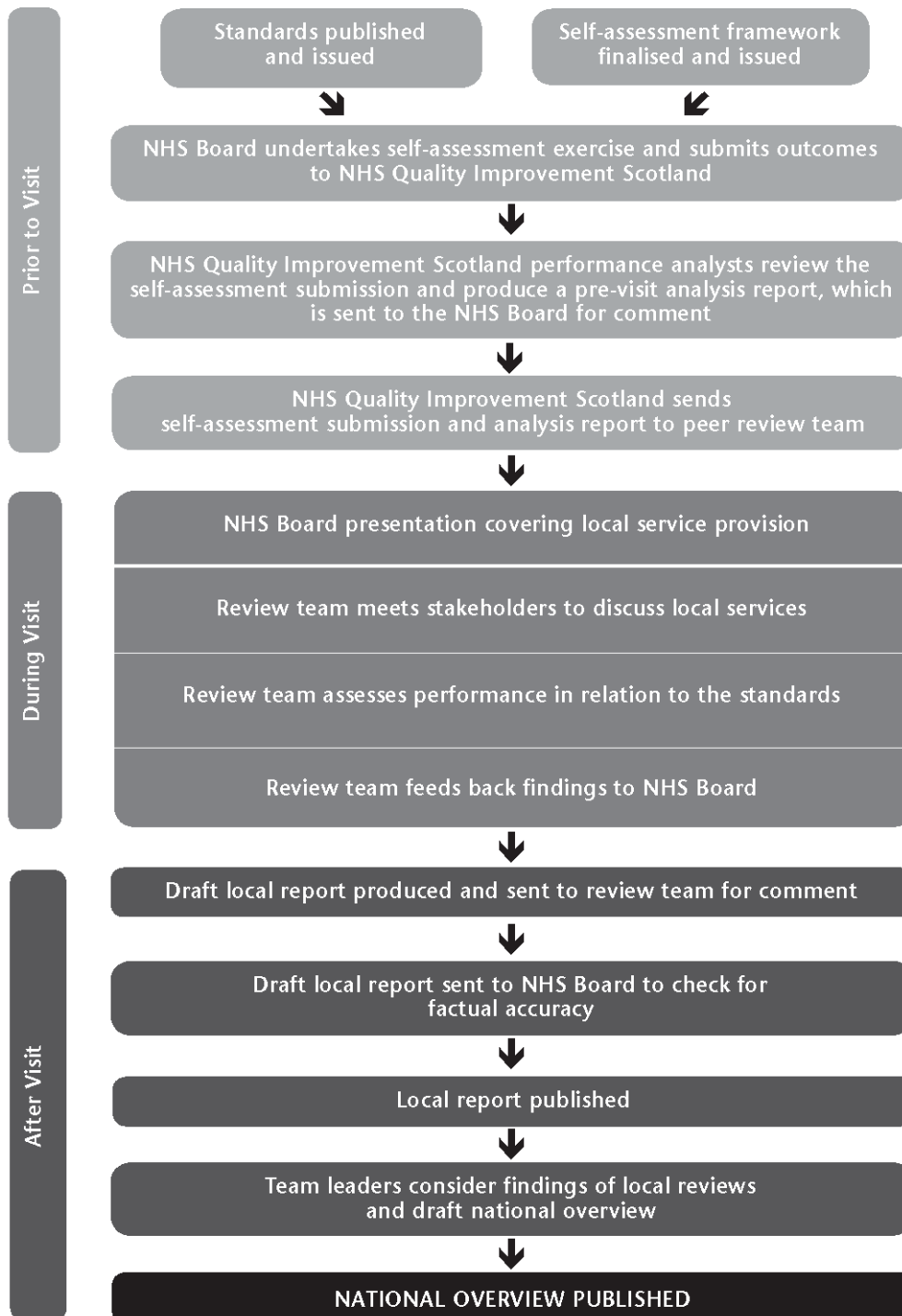
After each review visit, NHS QIS staff, with input as appropriate draft a local report detailing the findings of the review team. This draft report is sent to the review team for comment, and then to the NHS Board to check for factual accuracy. The local report will then be published and made available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

The Western Isles is a name covering the Outer Hebrides, an island group situated north-west of mainland Scotland. The population of around 26,370 live on 10 islands, the largest and most populous of which is the Isle of Lewis where the town of Stornoway is located. The proportion of older people in the population is above the national average, as are levels of illness and deprivation.

Local NHS system and services

Western Isles 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 the Western Isles.

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 Western Isles (www.wihb.org.uk).

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 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.

A single system risk management procedure is being developed within NHS Western Isles. Operational staff are embracing risk assessment and risk management, however, development of the corporate risk register is required, with active involvement from the Board.

NHS Western Isles has effective emergency planning arrangements which have been tested by responses to live events. Business continuity plans are continuing to be developed across the organisation as processes require to be documented and formalised.

A single system approach to clinical effectiveness and quality improvement is being developed across NHS Western Isles, and a draft clinical effectiveness strategy has been produced which requires ratification by the Board. Operational staff are undertaking clinical effectiveness work with an innovative approach.

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 Western Isles is continuing to develop approaches to access, referral, treatment and discharge. The development of the health information (HI) project to share information with patients is evidence of the ongoing work within the organisation.

NHS Western Isles is progressing the equality and diversity agenda within the organisation. A collaborative approach is being taken to equality and diversity and the review team was pleased to note the availability of a 24-hour telephone interpretation service in 150 languages.

NHS Western Isles is developing a single system internal and external communications strategy. Staff have been consulted on the new strategy and a staff newsletter has been developed to provide regular updates.

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.

A draft clinical strategy for NHS Western Isles has been produced and was out for consultation at the time of the review visit. Although the review team noted that

agreed corporate objectives and a clear strategic direction, together with a framework and reporting structure to monitor clinical governance and quality assurance, would be beneficial to the organisation.

NHS Western Isles has processes relating to fitness to practice in place at an operational level, however, these require to be made consistent across the organisation with Board-wide policies and procedures recorded.

NHS Western Isles has consulted the public during the development of the new single system internal and external communications strategy. The organisation has a history of positive engagement with stakeholders.

NHS Western Isles requires to establish a performance management framework to assure the Board of delivery against corporate objectives. The review team noted that the organisation currently has enough operational data which could inform a performance management framework.

Operational systems are in place within NHS Western Isles to ensure confidentiality and the safety of patient information. However, it is unclear which executive director is taking the lead for information governance and the Board recognises that current systems require to be revised.

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

NHS Western Isles Board is in the process of developing a single system risk management strategy for the organisation. The risk management strategy would benefit from a diagram detailing reporting lines between the various groups to and from the Board. Staff consultation on the risk management framework was sought through the area partnership forum. Joint pathways for risk management with the Western Isles social work department have been agreed. NHS Western Isles also has an agreement with the independent sector, including nursing homes, that the same risk management tools will be used.

The review team noted that the corporate objectives for NHS Western Isles are not recognised across the organisation by staff and are not linked to strategic risk management priorities. The corporate risk register requires further development, with active involvement from the Board, adoption of the Australian/New Zealand format and should be underpinned by an action plan. Departments and divisions within NHS Western Isles have produced risk registers, however, these are currently not in a consistent format. The Board recognises that the risk management process is not yet as embedded as it could be, and the review team noted that there is some disconnection between divisional staff across the organisation and the Board.

The review team noted that operational staff have begun to embrace risk assessment and risk management, and a reporting culture is being developed. Daily meetings take place between ward managers and the hospital clinical lead to identify, assess and manage immediate operational risks. Training, support and guidance is offered to staff who have identified trends which emerge from critical incident reviews, complaints, comments, suggestions and incident reporting. This assists them in changing their work practice and improves service delivery.

NHS Western Isles uses IR1 reporting and risk assessment within the Western Isles Hospital, Stornoway and some community services. The incident reporting and investigation policy has also been updated. A risk management pathways flow-chart is used by divisional managers to assess the level of risk. By referring to this, the lead member of staff responsible for the risk will vary depending on the severity and level of the risk. The strategic risk manager audits and monitors the system, and produces

reports for the executive team and Board at regular intervals. The review team agreed that the role of the strategic risk manager could be clarified in the overall risk context within the Board. The review team also agreed that the risk management pathways flow-chart could be simplified.

At the time of the visit, NHS Western Isles used a paper-based system to collect, store and utilise risk management data and information. It is envisaged that the Board will implement DATIX in the future.

The safe and effective care committee (SECC) and the governance team audit and monitor quality standards, incidents, complaints and other governance parameters. The executive team is also the risk management team and is revising the structures and processes of the risk management arrangements annually.

Implementation

The review team saw evidence of some local programmes of risk management being implemented within NHS Western Isles, however, this is not consistent across the organisation.

Monitoring

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

Reviewing

As NHS Western Isles has not demonstrated that it is monitoring its risk management arrangements across the organisation, there is not yet a process in place to undertake a review.

Core area: 1(b) Emergency and continuity planning

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

Development

NHS Western Isles has demonstrated effective emergency planning arrangements and is developing business continuity plans across the organisation; however, the review team noted that arrangements in some areas of the Board were ad hoc. NHS Western Isles has reviewed the existing major incident plans, in line with guidance, and a new plan has been developed. The Board reported that the long-term absence of the emergency planning officer has limited the progress of fully implementing local systems.

In conjunction with the development of the local pandemic plan, business continuity plans have been developed for services and departments. The review team noted that a challenge will be for the Board to continue to develop and implement these plans. At the time of the visit, these plans were being assimilated into a Board-wide business continuity plan. The review team noted that staff are aware of how to respond to short-term business continuity incidents; however, these plans require to

be documented and formalised. Business continuity plans for sustaining services over a longer emergency period are still being considered.

NHS Western Isles works with a number of NHS and non-NHS organisations to develop and implement emergency and continuity plans. NHS Western Isles is a member of the Highlands & Islands Emergency Planning Group which is the regional emergency planning group. Working relationships have also been developed with the North of Scotland Public Health Network. Staff also attend additional planning groups which exist within and outwith the NHS Board.

Implementation

The review team noted that, at the time of the visit, insufficient information had been provided to demonstrate that NHS Western Isles' approach to emergency and continuity planning was being implemented throughout the Board area. However, the review team agreed that the organisation had responded well to live events which enabled the Board to test local generic and outbreak plans. These incidents have included a hurricane force storm (January 2005) and a major incident when staff responded to a merchant ship, with 33 crew suffering from salmonellosis, in gale force 9/10 winds off the island of Lewis (September 2005). The review team did note that it was unclear how the learning from these exercises had been incorporated into planning arrangements.

Monitoring

The review team noted that, at the time of the visit, insufficient information had been provided to demonstrate that NHS Western Isles' approach to emergency and continuity planning was being monitored throughout the Board area.

Reviewing

As NHS Western Isles has not demonstrated that it is monitoring its approach to emergency and continuity planning, there is not yet a process in place to undertake 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

A single system approach to clinical effectiveness and quality improvement is being developed across NHS Western Isles. A clinical effectiveness strategy has been drafted which requires ratification by the Board. The clinical effectiveness and quality improvement programmes of NHS Western Isles are driven by national standards, guidelines, best practice guidance and reports from other national groups, for example Audit Scotland. These national targets and requirements drive the clinical effectiveness work. Established clinical teams, groups, committees and managed clinical networks (MCNs) are used to develop and agree programmes. The allied health professions (AHP) advisory group has a clinical effectiveness subgroup whose work is driven by national priorities. Any local AHP clinical effectiveness work is added to a national database; this ensures work is not duplicated, and allows work to be shared and fed into the SECC.

NHS Western Isles has a range of targets which drive continuous improvement in patient care. These include, national targets, for example health, efficiency, access and treatment (HEAT), and local targets, for example Waterlow scores completed within 24 hours. Targets to drive continuous health improvement of the population are contained in the local delivery plan, public health department reports and health needs assessments.

Risk alerts, notifications and guidance are received by the facilities and risk managers. The SECC acts as a filter for these alerts, notifications and guidance and is developing a set of standardised pathways for them to be appropriately disseminated throughout the organisation, with a feedback loop to describe the actions taken in response to them.

The review team recognised the amount of clinical effectiveness and quality improvement work being carried out at operational level and the innovative approach taken. A challenge to the Board will be to develop a reporting framework for clinical effectiveness work in order to provide some structure for staff.

Implementation

The review team noted that, at the time of the visit, insufficient information had been provided to demonstrate that NHS Western Isles' approach to clinical effectiveness and quality improvement was being implemented throughout the Board area. However, the review team was pleased to note the processes and mechanisms in place which are used to seek information and feedback from patients, the public and staff on the effectiveness and quality of the care and services provided. These include: comments cards; patient satisfaction surveys; suggestion boxes in wards; patient and public involvement in locality groups; service redesign groups; and a website forum for staff to post their views. At the time of the visit, NHS Western Isles used a health forum to consult on service redesign or change. The Board reported that it would continue to use this mechanism until the public partnership forum (PPF) is established.

Monitoring

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

Reviewing

As NHS Western Isles has not demonstrated that it is monitoring its clinical effectiveness and quality improvement arrangements across the organisation, there is not yet a process in place to undertake 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

NHS Western Isles is progressing the development of its approach to access, referral, treatment and discharge. National statistics, local health information and demographic information is used by NHS Western Isles to ensure that the organisation is meeting the needs of the local population. NHS Western Isles uses national guidance through the MCN network to develop referral guidance. Internally the guidance is developed by networking with other healthcare providers. Service level agreement meetings provide an opportunity to review referral patterns and protocols, and adjust them in line with the latest advances in best practice. The interim medical director reported that referrals are audited, and this information is fed back to individual GPs and the SECC.

The review team noted evidence of multidisciplinary working within mental health services. Staff acknowledged that in other areas a change is required in order to reduce volume of paperwork and a move to a more streamlined approach is taking place. In addition to the single shared assessment used within NHS Western Isles, a carers assessment is also made. Carers are consulted on the development of carer policies, strategies and action plans through the organisation's links with voluntary organisations. At the time of the visit, work on the carers information strategy was ongoing and individual carers, and those organisations which represent carers, were fully involved in its development.

Patients are enabled and supported to make decisions throughout their care experience by being provided with information in a manner that is suitable for them to understand and by ensuring that they know they are a part of the decision-making process through discussions with staff.

NHS Western Isles introduces information on patient consent legislation and best practice in the induction programme provided to staff. The Board recognises that the current consent policy is not operational and that a single system localised consent policy needs to be developed. The organisation has a discharge planning policy, which at the time of the visit, was being updated following discussion by the SECC. Multidisciplinary meetings, involving relatives and social work, take place to discuss discharge planning. The review team was pleased to note the work of the

Scottish patients at risk of readmission and admission (SPARRA) project which had identified patients who were at risk of being readmitted to hospital. A patient satisfaction survey of discharge planning practice is being planned and appraisals of the SPARRA project are commencing. These patients have been assigned to care managers in order to reduce the risk of them being readmitted.

The review team was pleased to note the time-out allowance for nursing staff for training. However, they also noted that an organisation-wide training needs analysis would be beneficial to NHS Western Isles.

Implementation

The review team noted that, at the time of the visit, insufficient information had been provided to demonstrate that NHS Western Isles' approach to access, referral, treatment and discharge was being implemented throughout the Board area. However, the review team was pleased to note the health information (HI) project website. This contains information on service provision and developments, and has links to condition specific sites and organisations. The website is accessible to the public via the internet and also at over 200 locations throughout the Western Isles' HI kiosks. These include, for example, all major healthcare sites, schools, libraries, and airports. If someone would like information, but does not have computer access, there is a contact person within NHS Western Isles who will print off information on their behalf. The HI is available in eight languages and can be accessed in written and audio formats from the kiosks and the internet. The language line service is also available to staff and patients. The patient focus public involvement (PFPI) strategy contains milestones and priorities that are being achieved.

Monitoring

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

Reviewing

As NHS Western Isles has not demonstrated that it is monitoring its approach to access, referral, treatment and discharge, there is not yet a process in place to undertake 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

NHS Western Isles is developing a culture to embed equality and diversity into the organisation. Policies submitted for approval at the SECC must have an equality impact assessment, otherwise they will not be approved. Impact assessment training is being carried out on a rolling programme with staff involved in policy production. The views of patients, the public and communities are sought through the diversity and equality steering group (DESG). The DESG is a multi-agency focus group which forms part of the consultation process and is well represented by patients and

the public. This group has a prioritised list of actions for progressing the equality and diversity agenda. The review team noted the collaborative approach taken to equality and diversity within NHS Westerns Isles. This is evidenced by joint funding from NHS Western Isles and the local council for an operational lead for equality and diversity.

Community mapping is being developed in NHS Western Isles to identify the needs of specific groups or individuals in the population served. Locality groups in the PPF of the community health and social partnership (CHASP) are being developed. All of this information will feed into the community planning partnership.

The review team noted that it was unclear where the DESG reported to and what its links to the Board were. At the time of the visit, reporting arrangements involved papers going to the chairman, and the chief executive receiving updates from the director of nursing, midwifery and allied health professions. The review team agreed that the Board requires to establish clear and effective formalised reporting lines to provide the DESG with some structure and direction.

Implementation

The review team noted that, at the time of the visit, insufficient information had been provided to demonstrate that NHS Western Isles' approach to equality and diversity was being implemented throughout the Board area. However, the review team was pleased to note the introduction of a 24-hour available simultaneous telephone interpreting service in 150 languages in 2006. This service will meet the needs of the many ethnic groups in the Western Isles that have been recognised as having no, or limited, English. Training is being carried out throughout the organisation for staff who require to use these interpreting and translation services.

Monitoring

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

Reviewing

As NHS Western Isles has not demonstrated that it is monitoring its approach to equality and diversity, there is not yet a process in place to undertake 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

NHS Western Isles is continuing to develop its communications strategy which is being overseen by a newly-appointed communications manager. The draft communications strategy dated September 2004 is to be replaced by the new strategy which is being developed by NHS Western Isles' communications group. The communications group has membership from a number of areas within the organisation and includes public representation. The staff have been notified

through email and notice boards that a consultation is under way, initially involving the HI kiosks and questionnaires. The review team noted that a challenge to the organisation will be to finalise and implement the new communications strategy.

All staff have had the opportunity to become a member of the editorial group which has been established. This group has developed a staff newsletter, *Sláinte*, which is available to all staff and partner agencies, and will provide regular updates about the communication consultation process. Members of the public and patients have also been made aware of this process through an announcement on local radio and a media release published by a local newspaper.

The review team noted the direct link which has been established between the communications group and the staff governance committee, which the communications manager now attends. Staff are also more confident about putting their views forward and that their opinions will be heard. The review team was pleased to note the staff enthusiasm for the emerging internal communications.

Implementation

As the draft communications policy and strategy are not yet fully developed, implementation has not yet commenced.

Monitoring

As NHS Western Isles has yet to implement a Board-wide communications policy, it is unable to put a system of monitoring in place.

Reviewing

As NHS Western Isles has not demonstrated that it is monitoring its communications arrangements across the organisation, there is not yet a process in place to undertake 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

NHS Western Isles has a draft clinical governance strategy 2007–2008 which, at the time of the visit, was out for consultation. The review team noted that the strategy had been reworked, but that it could be improved if it included timescales and actions, and was tied into agreed corporate objectives. The review team noted that the organisation has refreshed and revised the scheme of delegation, which was progressing through the approval process at the time of the visit.

In the last 2 years, all service redesign projects and also the NHS Western Isles local delivery plan have included patients, the public, GPs, the voluntary sector and social care in the design and implementation phases. A consultation document template and consultation process have been developed and agreed for use when consulting with patients, the public and other stakeholders. NHS Western Isles has a PFPI committee which operates at the same level as the Board's clinical governance committee and audit committee. The review team noted that the PFPI work is progressing well and that an effective plan is in place.

NHS Western Isles has a governance team located at strategic level and all team members have a remit to support, co-ordinate and facilitate best practice throughout the organisation. Benchmarking information is presented to clinical leads who are supported in sharing this information with colleagues in other Boards and implementing best practice where identified. Where this requires a change in policy, practice or strategy, the SECC would be the forum to approve the changes. The review team noted that reporting structures to monitor the effectiveness of the clinical governance and quality assurance work is absent, and there is no framework in place. A challenge to the organisation will be for the Board to confirm its own strategic priorities and corporate objectives, and to monitor these. The executive team does not appear to consider clinical governance plans or to report regularly to the Board on progress of a clinical governance strategy.

Clinical management teams within NHS Western Isles put decision-making and planning as close to clinicians as possible. The organisation has five clinical management teams who look at aspects of clinical governance which then feeds into divisional management teams. The review team noted the amount of clinical governance activity taking place at operational level, but agreed that an effective

reporting mechanism requires to be re-established to ensure that formal governance arrangements are in place.

NHS Western Isles uses the NHS Quality Improvement Scotland (NHS QIS) review process; in-house clinical work (including clinical audit); patient satisfaction surveys; and measurement of internal standards to monitor, measure and appraise the quality of care and service provided. Trends of poor performance are monitored and addressed through education and system improvements. At the time of the visit, NHS Western Isles was revising the service level agreements (SLAs) with major providers and will be examining other NHS Board's templates for SLAs to assist in this process.

NHS Western Isles does not have an ethics committee, however, the organisation is fully compliant with the national research programmes for NHS Highland.

Implementation

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

Monitoring

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

Reviewing

As NHS Western Isles has not demonstrated that it is monitoring its approach to clinical governance and quality assurance, there is not yet a process in place to undertake a review.

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

NHS Western Isles is developing effective fitness to practice policies and procedures which now require to be made consistent across the organisation. Qualification and registration status checks are made prior to employment which include online checking of registration status with regulatory bodies. A human resources system ensures that professional registration is updated as required, however, this is not in place across the organisation. Procedures in place for lapsed registration are suspension, variance to contract and disciplinary action.

NHS Western Isles recognises that links between staff governance and clinical governance are at a developmental stage. The review team noted that NHS Western Isles has no overall training needs analysis; the introduction of this would help the organisation to have a co-ordinated approach to training.

A generic policy for clinical supervision has been developed in NHS Western Isles which, at the time of the visit, was at consultation stage. The review team agreed that the organisation should now begin to work on implementing this policy.

Implementation

The review team agreed that some policies are in place within NHS Western Isles to ensure that the workforce is fit to practice and recognised the growing confidence of staff governance arrangements. However, the approach to fitness to practice is not consistent across the organisation and the implementation stage has not yet commenced.

Although the number of locums used by NHS Western Isles had reduced in the months prior to the visit, the review team noted the improvement in the process to check the registration status of locums, with the organisation receiving notifications from the general medical council of any locums who are, for example, under investigation. A bank of medical staff familiar with the work of the organisation, and who are flexible, are held on a register and employed at NHS rates.

An electronic training calendar is in place within NHS Western Isles which details dates of future training courses and mandatory training. All new staff receive mandatory induction training, with trainers travelling to the Southern Isles to provide this. However, records of mandatory training are held at department level only, with no consistent organisation-wide records held.

Monitoring

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

Reviewing

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

Core area: 3(c) External communication

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

Development

NHS Western Isles is developing a new single system internal and external communications strategy following the appointment of a communications manager in December 2006. The communications group has been reformed with the intention of developing, consulting on, and implementing a new strategy. At the time of the visit, public information kiosks, where a questionnaire about communications could be completed, were being used to consult the public and patients. The Board reported that it intends to use a communications questionnaire to establish a public communications forum to monitor the effectiveness of the full strategy.

NHS Western Isles has an arrangement with the Stornoway Gazette and has an article featured in every issue on a variety of health-related topics. The review team recognised the history of positive engagement that NHS Western Isles has with stakeholders. However, a challenge to the Board will be to build on existing partnership forums in the CHASP.

Implementation

As the draft communications policy and strategy are not yet fully developed, implementation has not yet commenced.

Monitoring

The review team noted that, at the time of the visit, insufficient information had been provided to demonstrate that NHS Western Isles' approach to external communications was being monitored throughout the Board area.

Reviewing

As NHS Western Isles has not demonstrated that it is monitoring its external communications arrangements across the organisation, there is not yet a process in place to undertake a review.

Core area: 3(d) Performance management

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

Development

NHS Western Isles is yet to develop a formal performance management framework. Performance management arrangements are developed and designed through the allocation of local delivery targets to executive directors and monitoring through executive team meetings. The corporate plan sets out the key developments, lead director, timescales and a progress column. High performance clinical issues are embedded into the corporate plan and performance objectives of individual executives. However, the Board noted that no formal report detailing performance management progress is reported to them. The local delivery plan is reviewed and submitted and goes to the Board, although it was reported by Board representatives that there had been no staff engagement in this process. The review team noted that the Board requires to agree corporate objectives for the organisation, and agreed that the Board requires to establish a performance management framework to assure the Board of delivery against agreed corporate objectives. The review team also agreed that there is enough operational data which could inform a performance management framework.

The Board reported that, in the past, informal performance management appraisals had taken place, however, following the appointment of a new chief executive, the Board reported that formal performance management arrangements will now take place. The review team agreed that the development of a work plan, performance management by objectives and regular appraisals are required. The scrutiny of performance management arrangements by non-executive directors would also assist the Board.

Implementation

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

Monitoring

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

Reviewing

As NHS Western Isles has not demonstrated that it is monitoring its performance management arrangements across the organisation, there is not yet a process in place to undertake 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

NHS Western Isles is in the early stages of developing information governance arrangements. The review team acknowledged the long-term absence of the data protection officer, which has resulted in the Board having little resource to progress the information governance agenda. The Board recognises that the current arrangements require revision. In addition, terms of reference for the clinical governance committee and information steering group require reviewing. It was reported that, at the time of the visit, there was no defined relationship between the information governance steering group and the clinical governance committee. The review team noted that the organisation has no systematic delegation of decision making for information governance at executive director level.

Staff sign a confidentiality statement at the point of employment with NHS Western Isles and information relating to patient confidentiality is included in induction packs. The review team noted the strength of the information governance induction training. Access to patient information is on a need-to-know basis, with electronic systems operated by password control. The review team was pleased to note the 'locked box' system which is used to transport casenotes off the island. The organisation ensures that all relevant staff are able to access the information they require to successfully discharge their duties and responsibilities through a variety of methods. These include the intranet, internet access to national groups, availability of national standards and best practice.

Patients are informed about how their personal information is used through patient information leaflets, and information is also available at the HI kiosks. At the time of the visit, NHS Western Isles had no specific policy which stated how to manage situations where consent to share information is withheld but disclosure is required without consent of the patient. However, training programmes for specific staff groups take place to meet these requirements.

Implementation

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

Monitoring

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

Reviewing

As NHS Western Isles has not demonstrated that it is monitoring its information governance arrangements across the organisation, there is not yet a process in place to undertake a review.

Appendix 1 – Glossary of abbreviations

AHP	allied health profession
CHASP	community health and social partnership
CHP	community health partnership
CNORIS	Clinical Negligence and Other Risks Indemnity Scheme
DESG	diversity and equality steering group
HEAT	health, efficiency, access and treatment
HI	health information
MCN	managed clinical networks
NHS QIS	NHS Quality Improvement Scotland
PFPI	patient focus and public involvement
PPF	public partnership forum
SECC	safe and effective care committee
SEHD	Scottish Executive Health Department
SLA	service level agreement
SPARRA	Scottish patients at risk of readmission and admission

Appendix 2 – Details of review visit

The review visit to NHS Western Isles was conducted on 12 April 2007.

Review team members

Dr Charles Swainson (Team Leader)

Medical Director, NHS Lothian

Mrs Mairi Harvey

Public Partner, Greater Glasgow and Clyde

Ms Diana Johnston

Risk and Safety Manager, NHS Greater Glasgow and Clyde

Ms Elaine McRae

Head of Performance Management, NHS Forth Valley

Ms Shirley Rogers

Director of Human Resources and Clinical Development, Scottish Ambulance Service

Mr John Watson

Public Partner, Ayrshire & Arran

NHS Quality Improvement Scotland Staff

Ms Joanne McDonald

Project Officer

Ms Tracy Walker

Senior Project Officer

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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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