

NHS Forth Valley

Local Report ~ September 2007

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

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

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

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Contents

1	Setting the scene	5
1.1	How the standards were developed	6
1.2	How the review process works	6
1.3	Reports	8
2	Summary of findings	10
2.1	Overview of local service provision	10
2.2	Summary of findings against the standards	11
3	Detailed findings against the standards	13
	Appendix 1 – Glossary of abbreviations	31
	Appendix 2 – Details of review visit	32
	Appendix 3 – Timetable of review visits	33

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 Forth Valley**. This review visit took place on **1 February 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

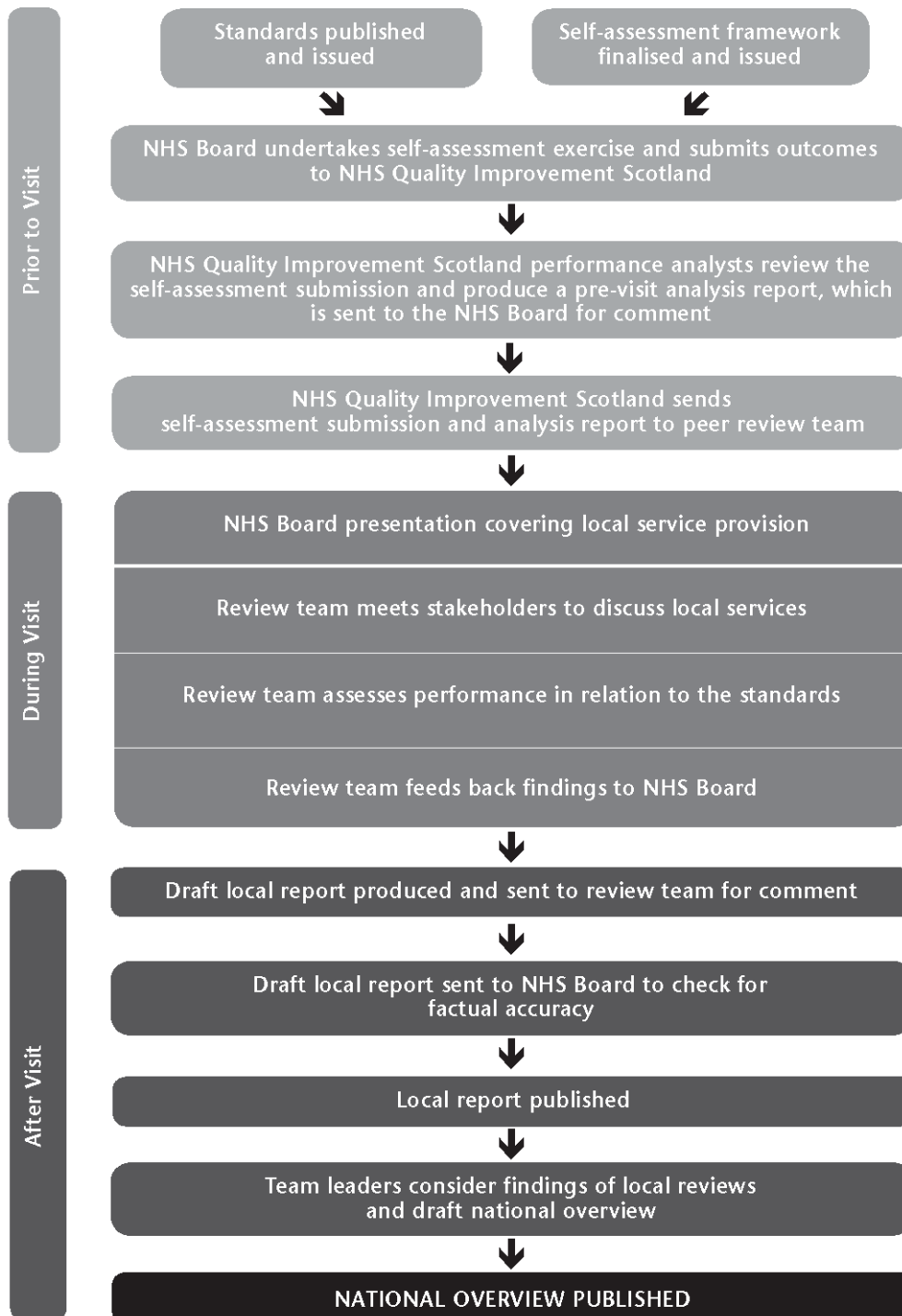
After each review visit, NHS QIS staff, with input as appropriate draft a local report detailing the findings of the review team. This draft report is sent to the review team for comment, and then to the NHS Board to check for factual accuracy. The local report will then be published and made available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

Forth Valley is situated in central Scotland and has a population of around 284,379. While Forth Valley comprises both urban and rural areas, the majority of the population live in urban areas, of which Falkirk and Stirling are the largest. The age structure of the population is similar to the national average, whereas levels of illness and deprivation are relatively low.

Local NHS system and services

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

NHS Forth Valley operates as single system of healthcare comprising acute services and three community health partnerships (CHPs). Each CHP covers a geographical area with co-terminus boundaries to the three local authorities within NHS Forth Valley.

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 Forth Valley (www.forthvalley.scot.nhs.uk).

Standard 1 – Safe and effective care and services

Overall position statement:

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

It is the philosophy within NHS Forth Valley to integrate risk management across all of its processes and functions, and to make risk management relevant to all staff working within the organisation. The risk management strategy is implemented through a structured programme of staff training, the utilisation of the safeguard data system and production of a comprehensive corporate risk register. Some monitoring of risk management activity is undertaken, although monitoring and review systems are yet to be fully established.

Emergency planning arrangements are well developed within NHS Forth Valley with evidence that real events and testing of potential emergency scenarios have been subject to rigorous planning, monitoring and review processes. NHS Forth Valley recognises that its continuity planning arrangements are less well-developed and have highlighted the need to focus on this important area of work in its future work plan.

A comprehensive programme of clinical effectiveness activity is in place within NHS Forth Valley. Sophisticated processes for prioritising clinical effectiveness resources are in place to ensure the efforts are focused in the areas of need and reflect organisational objectives. NHS Forth Valley has been successful in involving patients and the public in this important area of its quality improvement work.

Standard 2 – The health, wellbeing and care experience

Overall position statement:

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

There is an obvious strategic commitment within NHS Forth Valley to the patient focus and public involvement (PFPI) agenda and the Board was able to evidence a range of public involvement activities to demonstrate a partnership approach to access, referral, treatment and discharge. This partnership approach was also reflected in the well-established links with other agencies, the independent sector and local authorities, which serve to further enhance the Board's ability to take individual needs, preferences and choices into account. The successful transition to a new service delivery model within NHS Forth Valley is testament to these well-developed links with all stakeholders involved and affected by the restructuring process.

NHS Forth Valley is committed to achieving the requirements of the equality and diversity agenda. As with other organisational processes, a strong public partnership approach is evident in relation to equality and diversity issues. A structured approach to carrying out equality impact assessment has been adopted, although monitoring and review systems are yet to be fully established.

A draft communications strategy is in place which includes both internal and external communication issues. Evidence suggests that NHS Forth Valley has well-developed

communication links with a wide range of stakeholders. However, mechanisms to enable the systematic monitoring and review of its communication arrangements, were not in place at the time of the review visit.

Standard 3 – Assurance and accountability

Overall position statement:

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

Clinical governance is considered a key strategic priority within NHS Forth Valley and the role it plays in improving the quality of patient care is emphasised in the Board's strategy and policies. Clinical governance activities are clearly linked to organisational objectives and a large range of projects are being undertaken throughout the Board area. Support for clinical governance is provided by a well-established clinical effectiveness support service which also maintains a comprehensive clinical effectiveness website. Mechanisms for reporting on clinical governance issues are firmly in place.

Issues impacting on the ability of staff to carry out their roles effectively are taken very seriously within NHS Forth Valley and the Board is in the process of developing several key policy documents, to support the ongoing work in this area. Staff have access to a range of learning and development opportunities and are supported in the pursuit of their continued professional development.

External communication is shaped by a draft communications strategy which has recently replaced a communications framework which has guided communication mechanisms in NHS Forth Valley. NHS Forth Valley has been successful in engaging and involving stakeholders in service developments, issues and achievements and now needs to concentrate on developing systems to monitor and review the effectiveness of its communication strategy.

Performance management arrangements are well integrated throughout NHS Forth Valley, and are constantly evolving to take account of national initiatives and local management developments. The Citistat methodology is soon to be introduced to enhance current performance management arrangements by providing more timely and relevant data. A comprehensive reporting structure is in place to ensure that performance information is disseminated throughout the organisation.

Information governance arrangements within NHS Forth Valley are in the early stages of development. An information governance team is taking forward the information governance agenda and is currently developing a strategy and implementation policy. NHS Forth Valley is as yet unable to demonstrate that it is implementing, monitoring and reviewing its information governance arrangements across the organisation.

3 Detailed findings against the standards

Standard Statement 1: Safe and effective care and services

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

Overall position statement

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

Core area: 1(a) Risk management

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

Development

It is the philosophy within NHS Forth Valley to integrate risk management into daily activities at all levels and in all departments across the organisation. This all-encompassing vision for risk management is described within NHS Forth Valley's risk management strategy which sets out the aim to embed risk management through the different committee structures. The strategy describes the role of the statutory board committees which have responsibility for the management of risks in relation to their particular remit. The audit committee is accorded overall responsibility to evaluate the system of internal control which includes the risk management strategy and procedures.

The risk management strategy clearly identifies roles and responsibilities of key individuals and committees in relation to risk management, and categorises risks into key groupings.

The chief executive is ultimately accountable for the effective management of risk within NHS Forth Valley. Responsibility for different strands of risk management is delegated to members of the executive team dependent on the risk categorisation. There is a link between the risk management strategy and corporate objectives. The corporate risk register identifies risks in relation to corporate objectives, and assigns ownership, control measures, actions and committees responsible for monitoring risks. The head of performance management has a co-ordinating role for risk management activity and ensures that the risk register is maintained. NHS Forth Valley also has input to a multi-agency community risk register.

Evidence was provided to illustrate the inclusive approach to risk management within NHS Forth Valley. The review team noted the involvement of a range of stakeholders in the development of the risk management framework including patient and public representatives, members of community health partnerships (CHPs) and representatives from the public sector.

Implementation

The recently-appointed head of risk management has responsibility for implementing, monitoring and assessing the delivery and impact of the organisation's risk management objectives.

All employees within NHS Forth Valley receive risk management training as part of the induction process. In addition a risk management booklet is distributed to all staff. More focused risk management training courses are also available to key staff covering topics such as violence and aggression, control of infection, risk assessment and investigation techniques.

Staff are encouraged and supported to proactively report risks in line with the incident reporting policy. An incident reporting system is in operation to enable all staff to report any incidents or near misses. All reported events are recorded, assessed and investigated according to their grading, in line with the incident reporting policy. A confidential telephone line is also in place to enable staff to report incidents, although it was reported that to date the use of this service has been minimal.

The safeguard risk management system is in place to collate information about incidents, claims and complaints, and local risk registers are developed from and held on this system. The corporate risk register is also derived from information held on the safeguard system.

The NHS Forth Valley intranet includes a section on risk management and is used to disseminate risk management information to staff. An incident or near miss may result in the production of an internal safety action notice that is circulated throughout the organisation to prevent or reduce the likelihood of re-occurrence.

The risk management team provides support for a range of risk management activity within NHS Forth Valley including information dissemination, staff training, risk assessment and the development of control plans. The procedures for receiving, prioritising and disseminating important risk information such as hazard notices, safety action notices and patient safety alerts were worthy of note.

Monitoring

Mechanisms for monitoring risk management activity within NHS Forth Valley appear to be in place at both operational and strategic levels. Risk management is a feature of all governance committees within NHS Forth Valley and is a standing agenda item at the meetings of these groups. The risk register is reviewed and updated on a monthly basis by the executive performance management group. It was also reported that this process of review of the risk register is replicated in operational units.

Quarterly reports of risk management trends are produced and local risk registers, control plans and incident trends are reviewed at operational and corporate levels.

Although there was some monitoring under way, the review team agreed that the documentary evidence to support monitoring of risk management processes within NHS Forth Valley does not indicate that risk management monitoring is fully established across the organisation, in particular in CHPs. Similarly, representatives interviewed during the peer review visit did not provide assurance that the risk

management monitoring system is fully embedded across the organisation. It emerged that the relatively recent establishment of a single risk management team, and appointment of the head of risk management, has resulted in a change in risk management monitoring arrangements, and these revised arrangements were not fully operational at the time of the review visit. The review team, however, acknowledged the considerable work that had taken place to date.

Reviewing

There is evidence to indicate that risk management arrangements have been reviewed and restructured in line with the requirements of the single system approach. However, the review team agreed that the review of the risk management framework, as part of the continuous improvement process, is not yet established across the organisation.

Core area: 1(b) Emergency and continuity planning

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

Development

A comprehensive, tried and tested, approach to emergency planning is evident within NHS Forth Valley. The major emergency plan has been updated to take account of recent service redesign. Emergency plans are also in place for major infrastructure failure, for example pandemic influenza; such plans were also in place during the G8 Summit.

The chief executive of NHS Forth Valley is a member of the multi-agency strategic co-ordinating group which was set up to consider multi-agency issues associated with emergency planning, and to respond to the statutory obligations of the Civil Contingencies Act 2004.

In addition, NHS Forth Valley has a community risk register which includes potential emergency incidents that could result in major implications for the Board, including pandemic influenza and major chemical incidents.

Arrangements for business continuity planning appear to be less well developed, and a requirement to develop corporate business continuity plans to ensure compliance with the civil contingencies act has been identified by the clinical governance committee and will be progressed.

It was reported that a number of staff within NHS Forth Valley have undertaken specialised training in business continuity planning. However, at the time of the review visit, continuity planning was in the developmental stage of the continuous improvement cycle.

Implementation

Rigorous testing of NHS Forth Valley's emergency plans is undertaken as part of a cycle of planning, testing, exercising and reviewing. This is done in conjunction with other agencies which have the potential to be involved in emergency incidents which affect NHS Forth Valley.

Specific training is also provided for emergency situations, examples of which include control room training for major incidents and chemical decontamination training. A number of staff within NHS Forth Valley have also received training in major incidents, and medical management and support.

As continuity planning is still in the developmental phase, the implementation of business continuity plans is yet to be achieved.

Monitoring

Regular exercises are undertaken to test the effectiveness of NHS Forth Valley's emergency plans. These include a thorough analysis of the complete exercise, incorporating comprehensive debriefing sessions and an assessment of lessons learned.

An emergency planning action group (EPAG) is in place to ensure the co-ordination, implementation and monitoring of emergency planning within NHS Forth Valley. The minutes of the EPAG are reviewed by the clinical governance committee.

At the time of the review visit, the monitoring of business continuity planning was not routinely taking place within NHS Forth Valley.

Reviewing

All emergency planning exercises include debriefing sessions and assessment and review of lessons learned. Examples of real incidents, where emergency plans were required to be put into operation, were also provided as evidence. As with emergency planning exercises, a full debrief, and assessment of lessons learned, are undertaken following any real emergency incident.

At the time of the review visit, the review of business continuity planning was not routinely taking place within NHS Forth Valley.

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

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

Development

NHS Forth Valley views clinical effectiveness activity as essential to the delivery of safe and effective, high quality patient care. A well-developed programme of clinical effectiveness activity is set out in its clinical effectiveness strategy and clinical effectiveness action plan. A clinical effectiveness group and associated work plan are in place within acute services and each of the CHPs within NHS Forth Valley. An overarching clinical effectiveness support service (CESS) is in place to ensure co-ordination of clinical effectiveness activities across the organisation.

Implementation

The CESS maintains a database of clinical effectiveness projects which is accessible to all staff through the intranet. It was reported that the database is widely used by staff within NHS Forth Valley to record details of clinical effectiveness projects. The website is also utilised as a repository of clinical resources including guidelines,

standards, patient information and other quality improvement tools. A major advantage of this central repository for such information is it provides assurance that the information is consistent, quality assured, clinically focused and current.

The medical director within NHS Forth Valley is the designated lead for clinical governance and as such is responsible for ensuring implementation and compliance with national standards, guidance and policies. This responsibility is delegated to relevant clinical leads throughout the organisation dependent on the subject matter. The clinical governance management group oversees the review of national standards, guidance and policies and compliance with standards is also monitored through the performance management framework.

A structured approach to prioritisation of clinical effectiveness activity is in place to ensure that efforts are focused on priority areas and reflect the local delivery plan. The review team was pleased to note the descriptions of the systematic prioritisation process to allocate support to clinical effectiveness projects provided by staff during the review visit.

The activities of managed clinical networks (MCNs) within NHS Forth Valley are also closely linked with clinical effectiveness activity and are reflected in the corresponding work programme.

Patient focus and public involvement (PFPI) is seen as a crucial element of quality improvement activity within NHS Forth Valley. There is an extensive programme of PFPI activity with involvement at both strategic and operational levels. The model of the patient and public panel within the acute operating division and its role in raising the profile of PFPI was particularly noteworthy.

Monitoring

The NHS Forth Valley acute services safe and effective care committee (SECC) receives regular reports on clinical effectiveness activity which feeds into the acute services clinical governance working group, which in turn, reports into the clinical governance committee at Board level.

The monitoring of progress against clinical effectiveness objectives is incorporated into the systematic monitoring of clinical governance objectives. The head of performance management works closely with the executive lead for clinical governance and the clinical effectiveness leads for primary and acute services, to monitor progress against clinical effectiveness objectives. The clinical governance and audit committees receive bi-annual clinical governance reports which include progress against clinical effectiveness objectives. Clinical effectiveness activity is also included in the Board's annual review of performance.

Members of the CESS perform a co-ordinating and supporting function to the clinical effectiveness working groups, and the clinical effectiveness database also enables the robust monitoring of clinical effectiveness activity.

It was further reported that many of the clinical effectiveness working groups include non-executive members who are a direct link to the Board in providing assurance that clinical effectiveness activity is being adequately monitored. Non-executives also provided verbal assurances during the peer review visit that the

outputs of groups which report into the Board, including clinical effectiveness reports, are systematically reviewed at this level.

Reviewing

NHS Forth Valley was able to provide numerous examples of improvements in patient care as a direct result of its clinical effectiveness activities. The review team was pleased to note the volume of abstracts submitted to the Board's celebrating success day, and the number of innovative quality improvement projects that were presented at this event.

There is an obvious dedication and commitment within NHS Forth Valley to the clinical effectiveness process and clinical effectiveness activity is well embedded across the organisation. A number of projects which interface across the former primary and acute care sectors were cited. The review team noted that, at the time of the visit, insufficient information had been provided to demonstrate that NHS Forth Valley's approach to clinical effectiveness was being reviewed throughout the Board area.

Standard Statement 2: The health, wellbeing and care experience

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

Overall position statement

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

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

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

Development

There is an obvious strategic commitment within NHS Forth Valley to the PFPI agenda and the Board was able to evidence a range of public involvement activities to demonstrate a partnership approach to access, referral, treatment and discharge.

The local health plan and healthcare strategy also highlight the Board's commitment to partnership working, continuous health improvement and equity of access to care and services.

This partnership approach is also evident in the Board's work with other agencies and across professional groups. The review team was particularly impressed with the well-developed links with local authorities and the independent sector, and the work undertaken with GPs in the development of referral guidance.

At the time of the review visit, a considerable amount of work remains in progress in relation to policy development in this area. The main policy document which guides the Board's partnership approach is a communications framework. It was noted, however, that a corporate communications strategy and patient information framework were in draft formats.

Implementation

Following the recent radical restructuring of services within NHS Forth Valley, the review team was pleased to hear from staff during the review visit of the relatively smooth transition to the new service delivery model. Considerable credit for this seamless process is attributed to the PFPI in the change process, and staff representatives were able to evidence a wide range of public involvement activities specifically in relation to this area of major service redesign. These included raising awareness workshops and leafleting to households.

This patient-focused approach is replicated in other areas of patient care and service delivery, and it was apparent that communicating effectively and efficiently with the public and staff within NHS Forth Valley is afforded high priority.

The needs and requirements of carers are also an area of focus, and a carers information strategy is in place. The joint carers consultative forums, held in conjunction with the local authority, were seen as a valuable method of seeking the views of, and gaining input from, carers within NHS Forth Valley.

Information on the services provided within NHS Forth Valley is available in a variety of formats. The recently upgraded website includes a 'Get Involved' section which aims to promote ongoing involvement with the public and service users. A wide range of written information is available, along with alternative formats such as audio tape and large print. Translation and interpretation services are also accessible to those whose first language is not English. The review team was impressed with the innovative methods used to disseminate information to the public and patients in relation to the restructuring of services in NHS Forth Valley, such as leaflet drops in children's school bags. A free telephone information line is also available to members of the public.

Referral guidance covering a range of conditions and services has been developed in conjunction with multidisciplinary groups and other agencies. The appropriate management of referrals is a priority work area for the waiting times strategy group. A multidisciplinary/multi-agency approach is also evident in relation to patient assessment and discharge processes.

Monitoring

Some examples of monitoring the implementation of policy and a partnership approach to access, referral, treatment and discharge were provided, although evidence was not provided to illustrate that this monitoring is taking place across all areas of the organisation.

In terms of a partnership approach, the draft policy for patient information includes details of information monitoring processes, although at the time of the peer review visit, the policy was awaiting finalisation. In addition, examples of clinical effectiveness projects, which have sought patient and public views on some areas of information provision, were provided as evidence.

In relation to referral guidance, examples of monitoring and audits of specific referral processes were provided, however, monitoring was not taking place across the range of referral systems.

Discharge standards which include details of discharge monitoring processes are in place. Discharge information is collected and used to inform the work of a number of groups, including the integrated discharge team, the delayed discharge group and the unscheduled care collaborative.

Reviewing

The review team noted that, at the time of the visit, insufficient information had been provided to demonstrate that NHS Forth Valley is reviewing its approach to access, referral, treatment and discharge across the organisation.

Core area: 2(b) Equality and diversity

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

Development

Building on the evident dedication to PFPI processes, NHS Forth Valley displays a similar commitment to meeting the legislative requirements of the equality and diversity agenda.

The Fair for All (FFA) development group is responsible for co-ordinating and directing equality and diversity matters within NHS Forth Valley and reports to the PFPI steering group, through the clinical governance committee.

A progress report, produced by the FFA, outlines NHS Forth Valley's current position in relation to the equality and diversity agenda and summarises work to date and future plans. Although there is no dedicated equality and diversity policy to shape the equality and diversity work programme, NHS Forth Valley reported that the progress report details their current framework for equality and diversity.

A race equality scheme is well established within NHS Forth Valley, and plans to introduce disability and gender schemes are also well developed. The introduction of equality impact assessment has incorporated work on each of the six equality and diversity strands.

Implementation

An FFA operational group has responsibility for monitoring the implementation and outcome of the programme of impact assessments. This group reports directly to the FFA.

It was reported that all NHS Forth Valley's functions and policies have been reviewed under the race equality scheme to ensure compliance with race legislation and identify their relevance to the other equality and diversity strands.

Equality impact assessments have been completed in 12 priority areas and these have demonstrated NHS Forth Valley's commitment to ensuring equity of access to its services. It was further reported that impact assessments of medium priority areas will be undertaken this year, and that assessments of low priority areas will take place next year.

As with other areas of PFPI, NHS Forth Valley has been proactive in developing links with minority and equality groups which are seen as a valuable asset to taking forward equality and diversity consultation and involvement processes. Public partnership forums are well established in the three CHPs within NHS Forth Valley, and working agreements between these and the CHP committees have been formally implemented.

An equality and diversity awareness event for managers within NHS Forth Valley has been held. The presentations of patients' and service users' experiences during this

event proved to be a particularly useful method of raising awareness of attendees for equality and diversity issues.

Monitoring

There is some evidence of monitoring of the equality and diversity arrangements, particularly in relation to race and disability equality. However, comprehensive monitoring of all equality and diversity issues is not currently being achieved.

Reviewing

At the time of the review visit, the Board was unable to demonstrate reviewing of its equality and diversity arrangements across the organisation.

Core area: 2(c) Communication

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

Development

A draft communications strategy is in place within NHS Forth Valley which sets out communication objectives and emphasizes the importance of effective communication in a number of key areas. The draft strategy replaces the existing communications framework which has guided communication mechanisms in NHS Forth Valley.

The new communications strategy has been developed to reflect NHS Forth Valley's corporate objectives and it was reported that key stakeholders have been involved in its development, and that further consultation events are planned prior to its final sign-off. The particular involvement of minority and equality groups in the development of this draft strategy was noted.

Implementation

A number of publications are produced within NHS Forth Valley to enhance communication channels between key groups. These include a staff newsletter, a community newsletter and the NHS Forth Valley website.

Several examples were provided to demonstrate methods for communicating with and engaging patients, carers and the public in all areas of service development and delivery. These include the diabetes MCN awareness campaign, the publication and distribution of a palliative care MCN resource pack, and emergency services raising awareness workshops for members of the public. Positive feedback from these processes has been received and this is further supported by the largely unproblematic implementation of major service change.

Monitoring

NHS Forth Valley provided some examples of monitoring the effectiveness of communications procedures. These included evaluation questionnaires of staff and community newsletters, evaluation of comments received on the NHS Forth Valley website, and through the yourhealthservice.com email box. However, the Board was

unable to provide evidence to indicate that systematic monitoring of its communications arrangements and processes is being undertaken.

Reviewing

At the time of the review visit, the Board was unable to demonstrate that it is reviewing the effectiveness of its communications arrangements and processes across the organisation.

Standard Statement 3: Assurance and accountability

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

Overall position statement

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

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

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

Development

NHS Forth Valley's clinical governance framework is outlined in its recently updated and approved clinical governance strategy. Recent revision of the strategy has taken into account national guidelines, standing orders and current statutory guidance in terms of single system working. The strategy provides clear details of aims and objectives, and responsibilities and accountabilities in terms of clinical governance. Detailed objectives with corresponding actions/monitoring routes are also incorporated into the strategy. The review team noted the uncomplicated diagrammatic representation of clinical governance at the forefront of the strategy which provides a useful summary of the components of clinical governance, and assists in engaging frontline staff in the clinical governance process.

Clinical governance is considered a key strategic priority within NHS Forth Valley, and as such is clearly linked to the organisation's corporate objectives. Emphasis is placed on the crucial role of clinical governance in improving the quality of patient care.

Changes have been made to the clinical governance committee/reporting structures in line with revisions to the clinical governance strategy. A clinical governance management group has recently been established to support the work of the clinical governance committee and to co-ordinate the large volume of clinical governance information. It is a major role of this group to appropriately manage the large volumes of clinical governance information and to ensure that the right information reaches the right places.

The medical director is designated executive lead for clinical governance within NHS Forth Valley. The Board's clinical governance committee monitors progress against the organisation's clinical governance objectives as detailed in the strategy.

Research activity within NHS Forth Valley is integrated into the clinical governance framework. A Fife and Forth Valley Ethics of Research Committee is in operation and all research projects are required to be registered with the research and development office.

Implementation

At operational level, each unit within acute services has a clinical governance/risk management group. Each piece of work undertaken by these groups has a designated lead individual, and an action plan which includes details of progress towards the organisation's corporate objectives. An acute service clinical governance working group (ASCGWG) oversees the work of the unit groups. The ASCGWG reports directly into the clinical governance committee (CGC).

The CHPs within NHS Forth Valley are represented on the CHP clinical improvement group (CIG). The role of the CHP CIG is to co-ordinate, prioritise and report clinical effectiveness and governance activity. The CHP CIG reports directly to the CGC. There is a CHP clinical effectiveness strategy, action plan and work programme, which reflect the wider NHS Forth Valley strategy and objectives. Each of the CHPs has an identified lead for clinical effectiveness who works closely with the overall CHP clinical lead for clinical effectiveness and the CESS.

All staff within NHS Forth Valley receive information on the organisation's clinical governance, clinical effectiveness and risk management programmes as part of induction training. Emphasis is placed on the fundamental contribution that these activities have to the delivery of safe and effective patient care, and the role of clinical staff in the attainment of the organisation's clinical governance objectives. Staff are also given contact details for the CESS as they are available to support clinical effectiveness/governance activity.

Methods to disseminate information on clinical effectiveness and governance include regular clinical effectiveness newsletters, the CESS website, articles in the staff newsletter and information cards. The review team also noted the 'celebrating success' event that was held which highlighted clinical effectiveness and governance activity, and was impressed with the number of abstracts that have received national and international recognition.

MCNs are also inherent to the clinical governance programme within NHS Forth Valley. A significant proportion of patient care is delivered in line with MCNs which are in place for a number of chronic conditions and disease processes.

As with other areas of service delivery, NHS Forth Valley has been successful in engaging stakeholders in the clinical governance process. This includes input from patients, the public and representatives from local authorities and the independent sector. Regular meetings are also held with Members of Parliament (MPs) and Members of the Scottish Parliament (MSPs). NHS Forth Valley is represented on numerous multi-agency planning groups and the chief executives from nine public organisations within Forth Valley have met to facilitate joint working. Public involvement activities include workshops, road shows and an active public involvement network to ensure public representation on working groups and committees within NHS Forth Valley.

Monitoring

There is evidence that a wide range of clinical governance activity is being undertaken throughout NHS Forth Valley and the review team noted the comprehensive reporting of these activities throughout the review process. There was further evidence that these reports feed into the committee structures within

NHS Forth Valley to enable the monitoring of progress, against its clinical governance objectives, to take place.

The clinical governance management group performs a co-ordinating function in terms of clinical governance monitoring and ensures that the right level of information is fed into the CGC. Representatives of the CGC, who provided evidence as part of the review process, considered that the role of the committee in monitoring the organisation's clinical governance objectives was focused at the correct level of assuring that progress against these objectives was being achieved. The review team considered that a systematic approach to the monitoring of the clinical governance framework was evidenced.

Reviewing

It was evident that the clinical governance framework has recently been reviewed in light of national guidance and to meet the requirements of single system working. However, NHS Forth Valley was unable to demonstrate reviewing of its clinical governance arrangements as part of a cycle of continuous quality improvement.

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

NHS Forth Valley recognises the links between an appropriately skilled workforce and the ability to deliver safe and effective patient care. At the time of the review visit, the NHS Forth Valley recruitment team was in the process of integrating legacy documents from the former NHS Trusts operating within Forth Valley, to create single system policies and procedures for fitness to practice issues.

It was reported that a recruitment and retention strategy is currently under development and is due to be completed in April 2007. This strategy will be based on existing policies and operational procedures, such as professional registration monitoring.

A workforce modernisation strategy is also under development, in support of the integrated healthcare strategy, to ensure that the future workforce within NHS Forth Valley will meet the needs of the service provided.

Implementation

Registration and accreditation checks for all staff are undertaken by the recruitment team as part of the standard recruitment process. Ongoing checks are undertaken throughout employment to ensure that professional registration and accreditation is maintained. The Scottish Workforce Information Standard System (SWISS) is currently being implemented to monitor the registration status of employees within NHS Forth Valley.

NHS Forth Valley has a well-developed personal development and review policy which reflects its commitment to the continued professional development of its workforce. An area of particular focus is placed on integrated clinical care pathways, and ensuring that all staff have the skills and knowledge to deliver care utilising these

tools. Comprehensive arrangements for the supervision and continued education of medical staff are also in place.

Other initiatives to enable staff to fulfil their professional development requirements include a learning forum, a local learning plan, a staff development programme, a leadership development plan, and the nurse education and bursary committees which support individual academic programmes.

The implementation of NHS pay modernisation has also had an impact on continued professional development and NHS Forth Valley is working towards integrating the knowledge and skills framework (KSF) into its system of personal development planning.

Clinical supervision is in place across the range of professional disciplines within NHS Forth Valley. However, it was noted that clinical supervision policies, for each professional group, are not in place, although the review team was assured that this would be addressed in the future.

Monitoring

NHS Forth Valley recognises the importance of ensuring that its workforce is fit to practice by having the necessary knowledge, skills, experience and professional qualifications to carry out its role effectively. However, the Board was unable to demonstrate that systematic monitoring of issues impacting on fitness to practice is taking place across the organisation.

Reviewing

In the absence of several key policy documents relating to fitness to practice issues, NHS Forth Valley was unable to illustrate that it is reviewing its policies and procedures across the organisation to ensure its workforce is fit to practice.

Core area: 3(c) External communication

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

Development

NHS Forth Valley's communications strategy covers both internal and external communication. At the time of the review visit, the strategy was still in draft format pending further consultation events prior to its final ratification.

Currently, the main policy document which guides external communication mechanisms within NHS Forth Valley is the communications framework. It was reported that the communications strategy aims to promote a culture of open, inclusive, accessible two-way communication, and will take account of existing well-established communications tools such as the community and staff newsletters.

Implementation

There is evidence that a wide range of mechanisms and initiatives are in place to ensure that key local, regional and national stakeholders are engaged, involved and informed about service developments, issues and achievements within NHS Forth Valley.

A community newsletter is distributed to a wide mailing list. The NHS Forth Valley website contains information on service provision and developments, achievements, and information on how to get involved in its services. An active public involvement network and public partnership forum are useful vehicles for involving the public in strategy and service development.

Examples of comprehensive stakeholder engagement, as part of the major service redesign process, were provided. The review team was particularly impressed with the well-developed communication links with independent sector and local authority representatives.

Monitoring

NHS Forth Valley provided examples of techniques which are in place to monitor the implementation of the communications framework including evaluation questionnaires, the review of comments received on the website, the yourhealthservice.com email box and monitoring of press trends. However, the Board was unable to provide evidence to indicate that systematic monitoring of its communications framework is being undertaken.

Reviewing

At the time of the review visit, the Board was unable to demonstrate that it is reviewing the effectiveness of its communications strategy across the organisation.

Core area: 3(d) Performance management

Position statement: The NHS Board is monitoring the implementation of its performance management arrangements across the organisation.

Development

Performance management is seen as integral to the quality improvement process as a means to evidence improvements in performance. Overall, NHS Forth Valley has an established performance management structure with processes and systems to collect and analyse performance information. It was noted, however, that performance management arrangements within the CHPs, appear to be less well developed than in the acute services.

There is evidence of a proactive approach to performance management which is constantly evolving to take account of national initiatives and guidance, and local management developments.

A recent review of performance management arrangements has assisted in clarifying roles and remits of the different committees and groups in relation to performance management. This review has strengthened the links between strategy and operations focusing on appropriate reporting at each level.

Implementation

The performance management function of the executive team is a core component of the approach ensuring ownership and engagement of key players. A wide range of complex and challenging performance issues are considered which support the decision-making process. The performance management group holds monthly

performance monitoring meetings which focus on performance improvement, and also meets regularly with the executive team to report back on performance management issues.

The importance of ensuring that there are clear links between performance management strategy and operations is emphasised. Performance information is largely based on national indicators, although, it was reported that along with other NHS Boards, NHS Forth Valley has found this challenging to measure in the CHPs, where it is difficult to use national indicators to measure some targets locally, and current information is not always directly comparable. NHS Forth Valley reported that it was currently working to develop proxy measures to address this.

Currently, performance management data is collected from a variety of sources including information services, waiting times management, complaints service and human resources.

Individual performance reports are produced by different groups within NHS Forth Valley including acute services, clinical governance, CHPs, and PFPI. These are then summarised and collated into a monthly performance report which details performance against targets and actions taken in areas of concern.

Monitoring

NHS Forth Valley has demonstrated its commitment to performance management and has undertaken considerable work to develop its performance management arrangements to meet the needs of single system working.

The Board receives a comprehensive executive performance report each month, which highlights the delivery approach of the local delivery plan and reflects the HEAT objectives and strategic map. In addition, the Board reviews minutes of all governance committees in the open session at board meetings every two months.

The review team was informed of the intention to use the Citistat methodology to monitor current performance management arrangements. Representatives of NHS Forth Valley were enthusiastic about introducing this system and considered that it will greatly enhance the present system. The initial performance management meetings which will utilise the Citistat data are scheduled in March 2007.

Reviewing

NHS Forth Valley was unable to demonstrate that it is reviewing the effectiveness of its performance management arrangements across the organisation.

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 Forth Valley has demonstrated its commitment to the principles of the information governance agenda and is taking forward several information governance initiatives. This commitment is evident in the formation of an information governance team which is comprised of key information governance

personnel within the organisation. The information governance group has responsibility for the implementation of the organisation's information governance strategy. However, at the time of the review visit, an information governance strategy and implementation policy was under development, with predicted completion dates of March 2007.

Implementation

A comprehensive range of safeguards are in place to guarantee the confidentiality and security of patient information, together with systems to address breaches of confidentiality and implementation of many of the Caldicott recommendations. However, in the absence of clear strategic direction for information governance, in the form of an information governance strategy, NHS Forth Valley was unable to demonstrate that it is implementing its information governance systems, policies and procedures across the organisation.

Monitoring

NHS Forth Valley was unable to demonstrate that it is monitoring the implementation of its systems, policies and procedures for information governance across the organisation.

Reviewing

NHS Forth Valley was unable to demonstrate that it is reviewing the effectiveness of its systems, policies and procedures for information governance across the organisation.

Appendix 1 – Glossary of abbreviations

ASCGWG	acute services clinical governance working group
CESS	clinical effectiveness support service
CGC	clinical governance committee
CHP	community health partnership
CIG	clinical improvement group
CNORIS	Clinical Negligence and Other Risks Indemnity Scheme
EPAG	emergency planning action group
FFA	Fair for All
KSF	knowledge and skills framework
MCN	managed clinical network
MP	Member of Parliament
MSP	Member of Scottish Parliament
NHS QIS	NHS Quality Improvement Scotland
PFPI	patient focus and public involvement
SECC	safe and effective care committee
SEHD	Scottish Executive Health Department
SWISS	Scottish Workforce Information Standard System

Appendix 2 – Details of review visit

The review visit to NHS Forth Valley was conducted on 1 February 2007.

Review team members

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Mrs Pauline Cumming

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Mrs Pauline Moore

Finance Director, Scottish Ambulance Service

Mrs Nancy Robson

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Ms Diane Murray (Observer)

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NHS Quality Improvement Scotland Staff

Mrs Angela Balharrie

Project Officer

Mrs Anne Hanley

Team Manager

Ms Pauline Donald (Observer)

Corporate Services 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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