

NHS Greater Glasgow and Clyde

Local Report ~ April 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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ISBN 1-84404-413-0

First published April 2007

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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 Greater Glasgow and Clyde**. This review visit took place on **27 September 2006**, and details of the visit, including membership of the review team, can be found in Appendix 2.

1.1 How the standards were developed

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

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

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

1.2 How the review process works

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

Self-assessment by NHS Boards

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

Pre-visit analysis

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

External peer review

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

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

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

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

Performance assessment statements

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

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

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

Links with other organisations

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

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

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

1.3 Reports

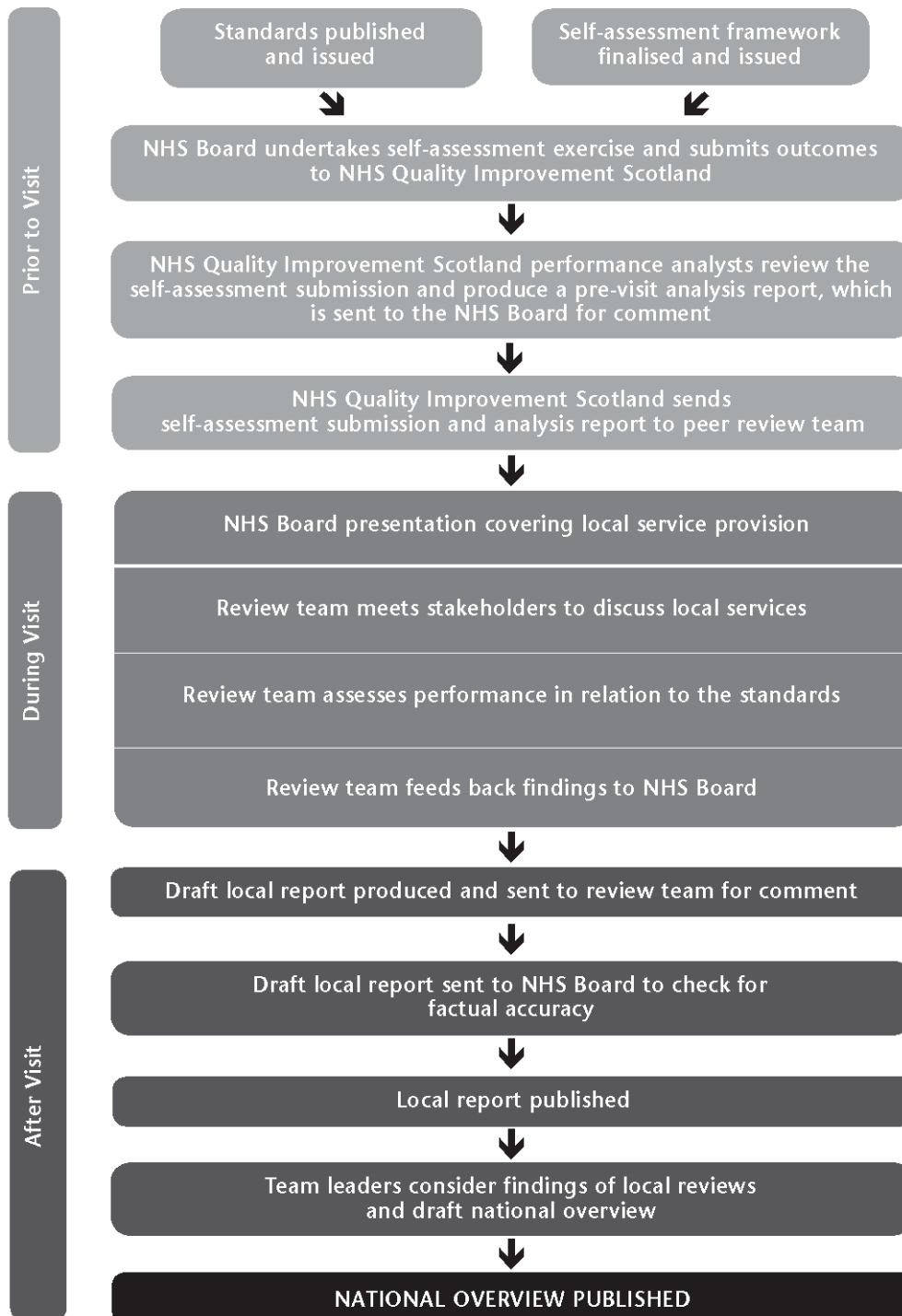
After each review visit, NHS QIS staff, with input as appropriate draft a local report detailing the findings of the review team. This draft report is sent to the review team for comment, and then to the NHS Board to check for factual accuracy. The local report will then be published and made available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

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

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

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

The review process



2 Summary of findings

2.1 Overview of local service provision

Greater Glasgow and Clyde is a relatively compact region with a densely populated urban core, and is situated in west-central Scotland with a population of around 1,191,551. The proportion of older people in the population is below the national average, whereas levels of illness and deprivation are relatively high.

Local NHS system and services

Greater Glasgow and Clyde 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 NHS services.

At the time of the review visit, the acute services division of NHS Greater Glasgow and Clyde was structured into 10 directorates reflecting major service areas, one of which encompassed acute services provided within the Clyde area. The acute services directorates include the Royal Hospital for Sick Children and the Queen Mother's Maternity Hospital based at the Yorkhill site, which provide women and childcare services.

There are six community health and social care partnerships (CHCPs) and four community health partnerships (CHPs). Each covers a geographical area and is a way of organising non-acute care where an NHS Board maximises its ability to support integration across health services and with other agencies such as social services.

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).

Following the dissolution of NHS Argyll & Clyde on 31 March 2006, the administrative boundaries of NHS Greater Glasgow and NHS Highland altered to allow them to take over the responsibility for managing the delivery of health services in parts of the former Argyll & Clyde area. NHS Greater Glasgow's extension covers the area south of the Clyde associated with Renfrewshire, Inverclyde and East Renfrewshire Local Authorities along with the area immediately north of the Clyde associated with West Dunbartonshire Local Authority.

Further information about the local NHS system can be accessed via the website of NHS Greater Glasgow and Clyde (www.nhsggc.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 implementing its policies, strategies, systems and processes to control risk, continually monitor care and services, and work in partnership with staff, patients and members of the public.

NHS Greater Glasgow and Clyde is working hard to deliver service improvements and develop and implement appropriate policies, strategies and systems to manage risk within the organisation during a period of intense organisational change. A risk management strategy has been developed through consultation. The strategy consolidates the strategies of the preceding Boards and Divisions, although, at the time of the review visit, this was in draft format.

The review team was satisfied that NHS Greater Glasgow and Clyde has a comprehensive emergency plan for responding to an incident of major significance. However, business continuity planning processes were less fully developed at the time of the review visit.

The review team noted the significant programme of restructuring within the Board in terms of integrating services in the Clyde area into the newly formed NHS Greater Glasgow and Clyde. The review team was given evidence that the Board is implementing a formal and agreed programme of clinical effectiveness and/or quality improvement.

Standard 2 – The health, wellbeing and care experience

Overall position statement:

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

NHS Greater Glasgow and Clyde has developed a partnership approach to access, referral, treatment and discharge. The review team was informed of numerous methods to raise patient and public awareness about the care and services it provides.

At the time of the review visit, NHS Greater Glasgow and Clyde was developing its arrangements for equality and diversity. The review team saw evidence of much development work under way in this area. For example, the review team was pleased to note the development and implementation of NHS Greater Glasgow and Clyde's equality and diversity website.

The review team was satisfied that NHS Greater Glasgow and Clyde is implementing communication policies, strategies and procedures. The review team noted the effective cross-cutting communication structures in place between different levels of staff within NHS Greater Glasgow and Clyde. In addition, the Board has maintained a high standard of communication with all staff throughout the period of re-organisation.

Standard 3 – Assurance and accountability

Overall position statement:

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

The review team saw evidence of much development work under way in order to drive the clinical governance and quality assurance agenda in NHS Greater Glasgow and Clyde. The structure for clinical governance is well documented within the draft clinical governance strategy and framework.

NHS Greater Glasgow and Clyde has implemented systems to ensure its workforce is fit to practice. The review team was informed that locally implemented systems ensure registrations are valid at the time of employment.

The review team saw evidence of considerable work under way within the Board to harmonise its communications strategy and action plan to incorporate the whole of NHS Greater Glasgow and Clyde. The review team recognised that the Board has a comprehensive communications strategy and action plan for 2005–2006, which has been well developed and implemented, for single system working within the original Greater Glasgow NHS Board area, however, implementation within the extended area is still ongoing.

NHS Greater Glasgow and Clyde is implementing its performance management arrangements. The review team noted that the Board's performance management arrangements are clearly structured to report on progress against corporate objectives, and have been developed in accordance with national guidance and national and local targets.

At the time of the visit, the review team recognised the significant challenge presented to NHS Greater Glasgow and Clyde in harmonising its information governance arrangements across the whole Board area. The review team noted that current arrangements are in an early developmental stage with the establishment of a new information technology and information management department.

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

A risk management strategy has been developed. The strategy consolidates the strategies of the preceding Boards and Divisions, although, at the time of the review visit, this was in draft format. At the time of the visit, the review team was informed that the strategy will be finalised following the conclusion of an extensive consultation process involving internal and external groups. However, the review team noted that there are no public partner representations on the recently re-established risk management steering group.

A risk register policy was being developed in conjunction with local authority partners. The review team noted that, at the time of the visit, the Board was in the process of developing and implementing an action plan for shared risk registers with local authority colleagues that are sites for integrated CHCPs. The review team was pleased to note that embedded within the risk register policy is a 'bottom-up' approach. Directorates and partnerships are required to identify and develop their own risk register and, where appropriate, risks are dealt with at a department level. However, if applicable, risks are escalated to the management team for discussion and included in the corporate risk register that is being developed.

NHS Greater Glasgow and Clyde reported that the management of risk is inherent in individual and strategic performance management structures and forms an important role for a number of key committees.

Implementation

NHS Greater Glasgow and Clyde's draft risk management strategy is being implemented across the Board area. The review team noted that work has begun to implement risk management initiatives within NHS Greater Glasgow and Clyde. For example, NHS Greater Glasgow and Clyde has seven local authority partners and has developed different levels of collaboration with each partner. Within Glasgow City CHCP a joint risk register has been established together with shared training opportunities.

NHS Greater Glasgow and Clyde ensures ownership and leadership at a senior level for implementing the risk management framework by aligning specific roles and responsibilities, in relation to risk management, to the key areas of a number of job descriptions at a senior level. The Board reported that it is using a number of mechanisms to raise awareness and promote the practice and principles of risk management amongst its staff. This is demonstrated through a number of mechanisms, for example a corporate induction programme for all staff, thematic road-shows and a programme of training to inform staff on aspects of risk management. In addition, specialist risk management staff regularly disseminate the principles of risk management through discussions in the workplace and the publication of risk and safety bulletins for staff.

The review team was pleased to note that specialist risk management staff advocate a 'just culture' in which employees are free to report incidents without being blamed. In addition, specialist risk management staff, through a number of different mechanisms, are continually giving feedback to staff on the outcomes of incidents reported. Thus highlighting to staff the value and need for risk reporting systems. NHS Greater Glasgow and Clyde provides feedback analysis of the impact and outcomes of its risk management framework to patients, the public and staff, including independent contractors, through the committee and subcommittee structures of the CHCPs. In addition, each CHCP's clinical governance group provides reports for discussion to its respective CHCP committee and public partnership forum. The review team noted that the Board is currently reviewing its communication and public involvement arrangements, particularly in relation to the ongoing integration of services in the Clyde area within the risk management framework.

The review team noted the formal mechanisms being implemented within NHS Greater Glasgow and Clyde for identifying and agreeing strategic risk management objectives.

Monitoring

Although the organisation is currently implementing its risk management policy and strategy, there was no Board-wide monitoring in place at the time of the visit. However, ad hoc monitoring and feedback occurs. The chief executive of NHS Greater Glasgow and Clyde has overall responsibility for monitoring strategic risk management objectives. These responsibilities are cascaded through established general management arrangements with risk management objectives being monitored through performance review processes. The review team was pleased to note some individual examples of monitoring in some departments/services, for example the 'patient at risk' scoring system. In addition, the review team was pleased to note the development of a business case to develop an electronic single system adverse event surveillance scheme.

Reviewing

The review team noted that, at the time of the visit, insufficient information had been provided to demonstrate that NHS Greater Glasgow and Clyde's approach to risk management was being reviewed throughout the Board area. The review team was pleased to note individual examples of reviewing in some areas, for example

local risk assessments are updated and reviewed on an annual basis. However, this information does not feed into a central NHS Greater Glasgow and Clyde database, and it was agreed that risk management arrangements were not robustly reviewed throughout the Board area.

Core area: 1(b) Emergency and continuity planning

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

Development

The review team was pleased to note that NHS Greater Glasgow and Clyde has a comprehensive emergency plan for responding to an incident of major significance. At the time of the visit, the review team was informed that the Board was developing a business continuity plan in partnership with local authority partners. The Board is also developing continuity plans with GP surgeries, health centres and for CHPs/CHCPs. The review team recognises the considerable work being undertaken in harmonising policies across the whole Board area.

Implementation

The review team noted that, at the time of the visit, the Board had established good relationships with NHS and non-NHS organisations in the development and implementation of emergency plans. For example, NHS Greater Glasgow and Clyde is a member of the Strathclyde Emergencies Co-ordination Group, which includes planning on the control of major accidents and hazards. In addition, the Board chairs the West of Scotland Health Emergencies Co-ordination Group which comprises membership from the majority of west of Scotland NHS Boards and voluntary aid organisations. The review team noted the work on emergency planning, but highlighted the need to implement business continuity plans.

Monitoring

As business continuity plans are not fully developed and implemented throughout NHS Greater Glasgow and Clyde, a system of monitoring is not yet in place which provides Board assurance that these procedures are being followed. The review team noted, however, that monitoring of emergency plans was in place, for example 'Exercise Revolution', a live exercise undertaken by the members of the Strathclyde Emergencies Co-ordination Group.

Reviewing

The review team noted that the Board reviews its major incident plans. However, as NHS Greater Glasgow and Clyde has no Board-wide policy for business continuity, it has not been possible to begin the reviewing phase.

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

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

Development

The review team noted the significant programme of restructuring within the Board in terms of integrating the services in the Clyde area into the newly formed NHS Greater Glasgow and Clyde.

The review team noted that NHS Greater Glasgow and Clyde has developed a programme of clinical effectiveness and quality improvement with links to the Board's local development plan. The clinical governance implementation group (CGIG) in conjunction with the clinical governance committee provides direction for the Board's programme of quality improvement and clinical effectiveness.

Implementation

At the time of the visit, the review team noted that the level of patient and public involvement in clinical effectiveness and quality improvement programmes was limited. However, the review team noted the positive developments under way within this area, for example patients are represented on some implementation groups and steering groups for audit projects. The Board reported that staff are involved in developing clinical effectiveness and quality improvement programmes through multidisciplinary representation at all clinical governance forum and multidisciplinary learning and development opportunities within protected learning time.

The CGIG has responsibility for recommending corporate objectives for clinical effectiveness. The CGIG promotes these objectives within the clinical governance programmes that each directorate/partnership is required to develop. Operationally, the review team was pleased to note that implementation of clinical effectiveness programmes was at a high level within each directorate/partnership. These plans are developed in accordance with national and local priorities, and following consultation and approval, are fed back into the CGIG. However, the review team did note the difficulties which can arise in establishing a balance between locally driven priorities and having a whole system approach.

The review team was pleased to note the comprehensive approach to clinical audit which has been implemented within NHS Greater Glasgow and Clyde. Clinical audit is a key factor within the consultant appraisal process and clinicians are supported through a number of mechanisms to participate in clinical audits. Within each directorate/partnership is a programme of annual clinical audit which ensures an audit of clinical services. Each directorate/partnership has a liaison clinical governance lead who is involved in ensuring the consolidation of clinical audit across the Board.

There is a clear commitment within the organisation to better improve the health of the population within NHS Greater Glasgow and Clyde. The Board reported a

number of ongoing health improvement programmes, including comprehensive smoking cessation services, oral health action teams and developing national health demonstration projects, for example 'Have a Heart Paisley'.

Monitoring

As procedures for clinical effectiveness and quality improvement programmes are not fully implemented throughout NHS Greater Glasgow and Clyde, a system of monitoring is not yet in place which provides Board assurance that these procedures are being followed. The review team noted, however, that monitoring of current practice to inform the development and implementation of clinical effectiveness and quality improvement programmes is being undertaken. The Board reported a number of mechanisms in place to seek the views of patients, the public and staff on the effectiveness and quality of the care and services it provides. For example, consultations are conducted at local and regional level, patients and public partners are represented on steering groups, and staff are invited to participate in Board-wide surveys.

In addition, there is a newly-revised complaints policy and procedure in which patients and relatives are given the opportunity to raise any concerns. In the first instance, the Board encourages the complaint to be directed to the most local level of management and, thereafter, escalated if necessary. This procedure has been supported with staff guidance on how to handle complaints. In addition, complaint trends are reviewed and action plans are developed to minimise the risk of recurrence. However, the review team noted the limited co-ordination, and, therefore, lack of opportunity, to learn from mistakes, if complaints are dealt with at local level. In addition, the review team also noted the length of time taken to respond to complaints that have been escalated through the system.

Reviewing

At the time of the review visit, the Board was unable to demonstrate reviewing of its clinical effectiveness and quality improvement programmes across the organisation. However, the review team did note that, at the time of the visit, the Board was revising its systems to monitor and review the arrangements in place for disseminating and implementing national standards, guidance and policies across the whole organisation.

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

The review team was satisfied that NHS Greater Glasgow and Clyde has developed a partnership approach to access, referral, treatment and discharge. The Board has developed a variety of methods to raise patient and public awareness about the care and services it provides. The majority of this work is channelled through the communications directorate which is responsible for the quarterly publication Health News. Over 400,000 copies of these are distributed through different methods, for example pharmacies, supermarkets, GPs, dental and hospital waiting areas, and a national newspaper. In addition, NHS Greater Glasgow and Clyde has developed an 'involving people database' which has up to 4,000 people registered to be kept informed of the key developments within the Board. Initial information is sent to registered members in the form of a monthly newsletter, with information on how to gain further information and/or become further involved on any issue.

Implementing

The review team was satisfied that mechanisms are available for patients to access information. For example, there is Board-wide access to a 24-hour interpreting service, and the learning disabilities partnership forum produces written documentation in easy-to-read formats. In addition, the review team was interested to note that NHS Greater Glasgow and Clyde has developed and implemented diverse mechanisms for involving specific groups in the planning and designing of services. For example, workshops have been established to look at patient pathways and patients have been represented at these workshops. In addition, young people have been involved in the design of the new children's hospital. All staff follow the good practice guide on consent for health professionals and the NHS Greater Glasgow and Clyde consent policy. At the time of the visit, the Board-wide consent policy was in draft format and being further developed through broader consultation.

The Board, through multi-agency working groups, has been developing referral templates and protocols in accordance with the Scottish Care Information (SCI) Gateway. SCI Gateway is a national system that integrates primary and secondary

care, with local authority partners, using internet technology. NHS Greater Glasgow and Clyde uses the Gateway for primary to secondary care referrals, as well as referrals to external agencies, for example referrals to the Benefits Agency. In addition, the Board is currently working on referral pathways to support the delivery of national targets for specific services and conditions, for example cancer and cardiac services.

The Board reported that the implementation of a single shared assessment is an organisation-wide objective to obtain a multidisciplinary approach to assessments across all areas of care and services. However, in doing so the Board has recognised the need to create bespoke assessments to meet the needs of different patient groups. In addition, the review team noted that the Board has implemented a multi-agency approach to assessment.

The review team was pleased to note the wide-ranging work the Board has been developing in relation to identifying and assessing the needs of carers. For example, the Board was informed by carers that many carers did not identify themselves as a carer, and, therefore, missed out on much of the applicable information. This has led the Board to re-name a carer information booklet to 'Are you looking after someone?' which has expanded the audience of the information booklet to a whole new group of people. In addition, the Board has established a service user and carer implementation group which helps influence the planning, delivery and quality of community care services.

Advocacy services are available to the most vulnerable care groups and an advocacy plan for Glasgow has been developed which will focus on developing advocacy services in accordance with the requirements of the new Mental Health (Care and Treatment) (Scotland) Act 2003. However, it was noted that the advocacy plan was not applicable across the whole Board area.

Monitoring

Although the organisation is in the process of developing and implementing its electronic referral system, there was no formal monitoring in place at the time of the visit. However, ad hoc monitoring and feedback occurs, for example as the increased use of the SCI Gateway occurs, the Board will monitor and appraise referrals.

Reviewing

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

Core area: 2(b) Equality and diversity

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

Development

At the time of the review visit, NHS Greater Glasgow and Clyde was in the process of harmonising policies, and through the recently established corporate inequalities team was developing a single equality scheme. The corporate inequalities team will oversee monitoring of specific action plans following implementation of the scheme. In addition, the corporate inequalities team will co-ordinate a user consultation on the implementation of the scheme. The Board reported that the Scottish Executive Health Department (SEHD) equality and diversity impact assessment toolkit has been piloted in some services.

Implementation

As the equality and diversity scheme was being developed, at the time of the review visit, arrangements to implement the scheme had not been fully progressed across the organisation. However, the review team was pleased to note the level of progress, at a grass roots level to implement the equality and diversity agenda. The review team acknowledged the need for these initiatives to be recognised at a corporate level. For example, the review team was pleased to note the development and implementation of NHS Greater Glasgow and Clyde's equality and diversity website. The site lists learning and development opportunities for staff, including e-Learning courses on equality, diversity and related rights. There is also information on legislation updates and guidance to health professionals, for example Ramadan guidance for health professionals.

Monitoring

As NHS Greater Glasgow and Clyde has yet to implement its equality and diversity agenda, an appropriate system of monitoring has not yet been established. However, ad hoc monitoring and feedback occurs, for example the evaluation of 'Building a Bridge' project. The Building a Bridge project offers training and work placement opportunities to ethnic minority groups. The project has been evaluated to ensure the intervention is positive. In addition, the review team was pleased to note that NHS Greater Glasgow and Clyde has been successful in securing funding from the Scottish Executive's Social Inclusion Research Programme for a two-year project: 'Inequality Sensitive Practice Initiative'. The aim of the project is to embed inequality sensitive practice in and across four diverse settings (addiction services, integrated children's services, maternity services for women with complex needs and primary care mental health).

Reviewing

The review team noted that, at the time of the visit, the Board-wide equality and diversity scheme had not yet been implemented or monitored. Therefore, it has not been possible to begin the reviewing phase.

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

The Board reported that communication strategies, policies and procedures are developed at three different levels. Firstly, NHS Greater Glasgow and Clyde has developed a corporate communications directorate strategy and action plan. Secondly, communication mechanisms are developed from other corporate strategies, specifically in relation to CHPs/CHCPs. Thirdly, project steering groups for specific initiatives have developed their own communication policies and procedures. The review team was pleased to note the public and voluntary representation on these groups.

Implementation

The review team agreed that communication between different levels of staff is good within NHS Greater Glasgow and Clyde. Policies in relation to internal communication are published and available on local intranets and the Board website, which all staff can access. In addition, during the period of re-organisation, the Board expanded its core briefing to include briefing information on the integration with the services in the Clyde area and partnership working. Although no formal evaluation has occurred, the Board reported that these extended briefings have helped raise staff awareness in moving towards single system working.

The Board also reported that regular updates are given to staff via face-to-face information sessions, the staff newsletter, wage slip inserts and a specific staff section on the Board website.

Monitoring

Although the organisation is currently implementing its communication policy and strategy, there was no formal monitoring in place throughout the Board area, at the time of the visit. However, ad hoc monitoring and feedback occurs, for example annual feedback from the staff survey on communications in general. In addition, stakeholder opinion of communication methodology is tracked over a 2–3 year period.

Reviewing

NHS Greater Glasgow and Clyde is implementing its communication strategies, policies and procedures across the organisation. However, the review team agreed that it is not yet able to monitor and review its arrangements.

Standard Statement 3: Assurance and accountability

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

Overall position statement

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

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

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

Development

The review team saw evidence of much work under way in order to drive the clinical governance and quality assurance agenda in NHS Greater Glasgow and Clyde. The structure for clinical governance has been well documented within the draft board-wide clinical governance strategy and framework. The framework describes the devolved responsibility from corporate management, to the CGIG, for developing policy and ascertaining decisions on strategic priorities in relation to attaining clinical governance goals. In addition, the Board reported that key aspects of clinical quality are assured through various mechanisms, developed across all areas within NHS Greater Glasgow and Clyde, for example the scheme of accountability and delegation.

At the time of the visit, the review team noted that the Board's research committees comply with national guidance and are assured through the Board's research ethics governance committee. In addition, the review team was pleased to note that the Board has begun to gradually reduce the number of research ethics committees it has.

Implementation

The review team noted that, at the time of the visit, NHS Greater Glasgow and Clyde is developing joint clinical governance and risk management responsibilities across its partnership organisations. Each partnership has established a professional executive group (PEG) which has responsibility for clinical governance arrangements. The review team was pleased to note the joint working arrangements, integrated or in partnership for the PEGs. The level of partnership working with local authority and other agencies within the CHCPs ensures the integration of clinical services and implementation of clinical governance systems. The Board reported that all partnerships produce an annual work programme and report that allows for an overall review of consistency and capability of approach. During the visit, the review team was informed that partnerships had submitted these reports to the chief executive and the Board at a recent Board meeting. The review team saw

evidence of clear reporting structures, with the PEG regularly reporting its activities to its respective CHP/CHCP committee. This is further enhanced through the liaison network. Each partnership has a liaison clinical governance lead who works with staff to ensure the consolidation of clinical governance across the Board. In addition, the Board reported a number of mechanisms are in place to promote the importance of clinical governance and quality assurance to the delivery of safe, effective, patient-focused care and services amongst all staff. For example, a range of training events are organised to inform staff on key aspects of risk management/clinical effectiveness. In addition, staff are required to participate in a corporate induction programme which includes a session on risk management/clinical effectiveness.

The review team noted evidence that NHS Greater Glasgow and Clyde actively consults with patients, the public and other stakeholders when developing local delivery and service redesign plans. For example, a full consultation process regarding the site of the new children's hospital was undertaken. In addition, the Board undertakes both quantitative and qualitative surveys to gather patients' views when developing and redesigning services.

During the visit, the review team was informed that the involving people committee had taken on a governance role. The Board reported that they are in the process of trying to recruit a non-executive Board member to represent the Clyde area on this group. The review team noted the reasons given by the Board regarding group membership. However, the review team considered the committee may benefit from further public representation.

Monitoring

NHS Greater Glasgow and Clyde is at the early stages of implementing formal reporting structures to monitor the effectiveness of quality assurance and improvement activities. The review team was given evidence of clear reporting structures outlined in the Board's final draft performance management framework 2006–07. In addition, the review team noted the development work proposed by the CGIG to create more specific outcome-based objectives and the establishment of key performance indicators. The review team agreed that the development of these indicators and objectives would allow for more succinct evaluation and monitoring arrangements to be established. However, it was agreed that, at the time of the visit, clinical governance and quality assurance systems and processes were not monitored throughout the Board area.

Reviewing

At the time of the review visit, the Board was unable to demonstrate reviewing of its clinical governance and quality assurance arrangements across the organisation. However, NHS Greater Glasgow and Clyde is developing a variety of mechanisms to monitor, measure and appraise the quality of care and services. For example, the Board reported that the mechanisms to measure the quality of care and services are taken from nationally-set objectives and locally-initiated targets, for example the targets set out in the draft NHS Greater Glasgow and Clyde local delivery plan 2006–07.

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

The review team agreed that NHS Greater Glasgow and Clyde has appropriate systems in place to ensure its workforce is fit to practice. The review team recognised the organisation's ongoing harmonisation of policies in order to fully integrate the services of the Clyde area. The review team noted that due to reorganisation, at the time of the visit, there was no overarching clinical supervision policy for NHS Greater Glasgow and Clyde. However, the review team was satisfied that there were sufficient systems in place, at a local level, to ensure all staff, upon employment, have the required registration and accreditation to practice.

Implementation

NHS Greater Glasgow and Clyde has implemented systems to ensure its workforce is fit to practice. The review team was informed that locally-implemented systems ensure registrations are valid at the time of employment. In addition, line managers are responsible for ensuring that staff within their ward and/or department have renewed their registration to practice.

The review team noted that learning and development opportunities are actively supported and encouraged throughout the Board area. For example, personal development plans are monitored locally by line managers with learning plans developed accordingly. The review team was interested to learn of the approaches implemented by NHS Greater Glasgow and Clyde to ensure its workforce is fit to practice.

Monitoring

Although the organisation is currently harmonising its policies and procedures around its workforce being fit for purpose, the review team noted that, at the time of the visit, insufficient information had been provided to demonstrate that the NHS Greater Glasgow and Clyde's approach was being monitored throughout the Board area for all staff groups. The Board provided information demonstrating that the majority of staff had personal development plans, and evidenced that registration status and qualifications were routinely checked at appointment to post. However, routine re-registration and lapsed registration monitoring was not apparent throughout the organisation.

Reviewing

NHS Greater Glasgow and Clyde is in the process of implementing its policies and procedures in support of fitness to practice across the organisation. Therefore, the review team agreed that the Board has not yet begun the reviewing stage.

Core area: 3(c) External communication

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

Development

The review team recognised that the Board has a comprehensive communications strategy and action plan for 2005–06, which has been well developed and implemented, for single system working within the original Greater Glasgow NHS Board area, however, implementation within the extended area is ongoing. The review team saw evidence of considerable work under way within the Board to harmonise its communications strategy and action plan to incorporate the whole of NHS Greater Glasgow and Clyde. For example, managers from the Clyde area are represented at all levels of the organisation and are members of the majority of groups, committees and boards.

Implementation

The review team noted a variety of methods implemented by the Board to proactively engage with, liaise with and inform stakeholders of service developments and issues. For example, the ‘involving people database’ has up to 4,000 people registered to be kept informed of the key developments within the Board. In addition, the Board has a well-developed Health News publication which covers the whole Board area and is distributed through a number of mechanisms.

Monitoring

NHS Greater Glasgow and Clyde requires to finalise the harmonisation process of the overarching communications strategy and its constituent policy parts before a comprehensive system of monitoring can be put in place. However, evidence provided to the review team shows individual examples of monitoring in some areas, for example the Board has appointed an external agency to monitor the levels of factual, positive and adverse media coverage for NHS Greater Glasgow and Clyde.

Reviewing

At the time of the visit, NHS Greater Glasgow and Clyde was still to ensure the roll-out of the communication strategy and action plan to cover the extended Board area. When the extended version of the strategy is fully implemented, NHS Greater Glasgow and Clyde will be in a position to monitor and review the effectiveness of the strategy across the organisation.

Core area: 3(d) Performance management

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

Development

The review team noted that the Board's performance management arrangements are clearly structured to report on progress against corporate objectives, and have been developed in accordance with national guidance and national and local targets. At the time of the visit, the review team was informed that performance management arrangements have been redeveloped to fit within the expanded organisational area. The review team was pleased to note that wide consultation has accompanied the development of the Board's core performance framework, including a Board seminar, joint work with local authorities which are sites for integrated CHCPs, and frequent contact with the Clyde area directors and management teams. The Board reported that it has agreed with the SEHD that it would keep the former NHS Argyll & Clyde funding, finances and performance management as a separate entity until 2009.

Implementation

The Board reported that its performance management framework has been structured to address its corporate objectives and thereby influence operational plans. The review team was pleased to note that specific services, for example cancer waiting times, could be tracked from corporate objectives to action plans for performance improvement.

The Board reported that a new system was being implemented to collect and use performance management information and data. Initially data will be collected centrally, however, the Board aims to develop an electronic system to devolve data collection and support multiple analyses. In the meantime, the review team was satisfied that while the new system was being rolled out, the Board continues to report on performance in relation to finance, waiting times and complaints.

The review team was pleased to note that NHS Greater Glasgow and Clyde disseminates its performance management information and data both within and beyond the Board area, for example performance management arrangements and joint reporting with local authorities which are sites for integrated CHCPs.

Monitoring

The review team noted that, at the time of the visit, insufficient information had been provided to demonstrate that NHS Greater Glasgow and Clyde's performance management arrangements are being monitored throughout the Board area. However, the review team was pleased to note some ad hoc examples of monitoring. For example, action points arising from the ministerial annual review are allocated to lead officers who have to report progress to the Board on a 6-monthly basis.

Reviewing

The review team noted that, at the time of the visit, insufficient information had been provided to demonstrate that NHS Greater Glasgow and Clyde's performance management arrangements are being reviewed throughout the Board area.

Core area: 3(e) Information governance

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

Development

At the time of the visit, the review team recognised the significant challenge presented to NHS Greater Glasgow and Clyde in harmonising its information governance arrangements across the whole Board area. The review team noted that current arrangements are in an early developmental stage. The Board reported that information governance systems, formulated from predecessor organisations, are currently in operation. However, the Board reported that it is developing clear operational responsibilities for information governance through the establishment of a new information technology and information management department. The review team was pleased to note that the Board had recently appointed a director to lead the newly established department. The director of information technology and information management is expected to take up post in November 2006. Meanwhile, this person has been attending key meetings when applicable.

The Board reported that its clinical governance arrangements had a strong influence in contributing to the development of the information governance framework. The review team noted the integration of responsibilities through key roles within the organization, for example the Board's Caldicott Guardian is a member of the Board's CGIG.

Implementation

The review team noted that, at the time of the visit, the framework for information governance had not yet been developed. Therefore, it has not been possible to begin the implementation stage. However, the review team was pleased to note some individual examples of implementation, for example each employee has a clause within their contract detailing confidentiality requirements. In addition, staff receive training on the Data Protection Act, and the Caldicott principles as outlined in the Caldicott Report (1997).

Monitoring

The review team noted that, at the time of the visit, insufficient information had been provided to demonstrate that NHS Greater Glasgow and Clyde's information governance arrangements are being monitored throughout the Board area.

Reviewing

The review team noted that, at the time of the visit, insufficient information had been provided to demonstrate that NHS Greater Glasgow and Clyde's information governance arrangements are being reviewed throughout the Board area.

Appendix 1 – Glossary of abbreviations

CGIG	clinical governance implementation group
CHP	community health partnership
CHCP	community health and care partnership
CNORIS	Clinical Negligence and Other Risks Indemnity Scheme
HDL	Health Department Letter
NHS QIS	NHS Quality Improvement Scotland
PAF	performance assessment framework
PEG	professional executive group
PFPI	patient focus and public involvement
SCI	Scottish Care Information
SEHD	Scottish Executive Health Department

Appendix 2 – Details of review visit

The review visit to NHS Greater Glasgow and Clyde was conducted on 27 September 2006.

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NHS Quality Improvement Scotland Staff

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Project Officer

Ms Tracy Walker

Senior Project Officer

Dr John Anderson (Observer)

Performance Analyst

Dr David Steel (Observer)

Chief Executive

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

Appendix 3 – Timetable of review visits

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

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