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

February 2010

NHS Orkney

Local Report ~
Clinical Governance & Risk Management: Achieving safe, effective, patient-focused care and services
NHS Quality Improvement Scotland (NHS QIS) is committed to equality and diversity. We have assessed the performance assessment function for likely impact on the six equality groups defined by age, disability, gender, race, religion/belief and sexual orientation. For this equality and diversity impact assessment, please see our website (www.nhshealthquality.org). The full report in electronic or paper form is available on request from the NHS QIS Equality and Diversity Officer.
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1 Setting the scene

This report presents the findings from the clinical governance and risk management (CGRM) peer review to NHS Orkney. This review visit took place on 29 October 2009, and details of the visit, including membership of the review team, can be found in Appendix 3.

Further information about the local NHS system can be accessed via the website of NHS Orkney (www.ohb.scot.nhs.uk).

Background

NHS Quality Improvement Scotland (NHS QIS) was set up by the Scottish Parliament in 2003 and leads the use of knowledge to promote improvement in the quality of healthcare for the people of Scotland and performs three key functions: providing advice and guidance on effective clinical practice, including setting standards; driving and supporting implementation of improvements in quality; and assessing the performance of the NHS, reporting and publishing the findings. In addition, it also has central responsibility for patient safety and clinical governance across NHSScotland.

The National Standards for Clinical Governance & 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.

The national standards for clinical governance and risk management were first reviewed during 2006–2007. Peer review visits to all NHS boards in Scotland were conducted between May 2006 and May 2007 to assess performance against the standards. Local reports for each NHS board were published during the review cycle and a national overview of the key findings and recommendations was published in October 2007. NHS QIS has subsequently agreed with the Scottish Government that it will review the national standards for clinical governance and risk management at a strategic level, in each NHS board, every 3 years.

Review process

The review process has three key phases: preparation prior to the performance assessment review, the review visit, and report production and publication following the visit. (See flow chart in Appendix 2 for further detail.)

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 the cycle of development, implementation, monitoring and reviewing. These four key stages represent the continuous improvement cycle through which each NHS board can ensure that all patients 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 overall performance assessment statement for each standard will be added together for each NHS board and this information will feed into the NHSScotland health, efficiency, access and treatment (HEAT) targets, set by Ministers, in June 2010.
Each review team is led by an experienced reviewer, who is responsible for guiding the team and ensuring that team members are in agreement about the assessment reached.

**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 following organisations that monitor other aspects of healthcare in order to inform the assessment process:

- Audit Scotland
- Chief Scientist Office
- NHS Education for Scotland
- NHS National Services Scotland
- Scottish Government Health Directorates, and
- Scottish Health Council.

We have agreed that the following areas will not be reviewed by NHS QIS as they are already being reviewed as follows:

- **Criterion 1c.5:** Scottish Health Council (patient focus and public involvement assessment)
- **Criterion 3a.2:** Scottish Health Council (patient focus and public involvement assessment)
- **Criterion 3a.5:** Chief Scientist Office (research governance assessment)
- **Core area 3e:** NHS National Services Scotland (information governance assessment)

We have also agreed an operational protocol with Audit Scotland which sets out broad principles for collaborative working, primarily between NHS QIS and Audit Scotland, covering issues such as the sharing of information, communication and liaison, and avoiding the duplication of work which relates specifically to Audit Scotland’s national reporting.
2 Summary of findings

A summary of the findings, including strengths and recommendations, from the review is illustrated in this section. Overall performance is rated using the four assessment categories. The most appropriate category is agreed by the review team to describe the NHS board's current position against each core area – indicated by the shaded areas below. A detailed description of performance against the standards is included in Section 3.

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Strengths

The NHS board has:

- demonstrated a commitment to partnership working, particularly within business continuity planning, and across access, referral, treatment and discharge arrangements.
- made significant progress with its fitness to practise arrangements and is undertaking evaluation through an assurance framework.
- implemented the use of a broad range of communication methods, both internally and externally.
- implemented performance management arrangements which have a clear reporting system.
Recommendations

The NHS board to:

- complete the review of its risk management arrangements.
- develop business continuity plans for all services within the organisation.
- implement a planned approach to equality and diversity impact assessment.
3 Detailed findings against the standards

Standard 1: Safe and effective care and services

**Standard statement**
Care and services are safe, effective, and evidence-based.

**Overall performance assessment statement:**
The NHS board is implementing its arrangements 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**

**Performance assessment statement:** The NHS board is implementing its risk management arrangements across the organisation.

A risk management strategy is in place for the period 2007–2010 and was due for review in October 2008. This review was delayed following recognition of the need for a full review of risk management systems and processes. The NHS board reported that it had employed an external consultant (for a period of one week in October 2009) to look at the draft revised risk management strategy, the revised incident management policy and also training arrangements. A report on risk management training resulted from this visit and listed a number of actions. It was clear that the NHS board was examining all areas of the risk management system. The NHS board reported that this was being carried out in a number of ways, such as using Scottish Patient Safety Programme walkrounds to look at gaps in the risk system or any risks not being reported. The review team encouraged NHS Orkney to complete the review of its risk management arrangements.

The NHS board has produced a paper entitled ‘Developing the risk management system in NHS Orkney 2008–2009’, which outlines a system for developing a proactive approach to risk management. The top five risks from each department are submitted to the corporate management team and the patient safety team on a monthly basis, helping to identify emergent risks and trends. This process ensures that any emerging risks are reported at strategic level; the corporate management team then decides whether any of these risks require further attention or need to be added to the corporate risk register. The corporate risk register is a live document and is submitted to the Board on a quarterly basis. Departmental risk registers are also in place. The quality and improvement committee report the top ten corporate risks to the Board. Information on incidents and near misses, and on the risk register, is included in the clinical governance monitoring report.

The review team noted the NHS board-wide implementation of the incident reporting system. An incident management policy was implemented in November 2007 and was in the process of being revised at the time of the NHS QIS peer review visit. It was reported that the Datix incident management module is in place and all areas with secure intranet access can link to the Datix system. Departments without access to the intranet fill in the reporting page in paper copy, which is later put into the system. The risk register module was recently purchased and will be rolled out in 2010. The clinical incident investigation
group applies root cause analysis to clinical incidents and then makes recommendations based on its findings.

Training is held for staff on using Datix for incident reporting and investigation. Following recommendations from the external consultant report in 2009, a series of risk management training workshops were held to provide further training on the risk assessment process. These were attended by 53 multidisciplinary/multi-agency senior staff. The review team encouraged the NHS board to continue to implement formal risk management training throughout the organisation.

Evidence demonstrated that the NHS board is committed to progressing against the NHS QIS standards for clinical governance and risk management. Following the NHS QIS peer review visit in 2007, an action plan was implemented, which monitored progress against each of the standards.

Evidence demonstrated that NHS Orkney has begun to evaluate some elements of its risk management arrangements. An internal audit was carried out in April 2009 and a number of recommendations made. In addition, key performance indicators (KPIs) relating to risk management are also in place.

Core area: 1(b) Emergency and continuity planning

Performance assessment statement: The NHS board is developing its emergency and continuity planning arrangements.

An emergency plan is in place within NHS Orkney and was reviewed in 2009. The role of the incident management team is outlined; it provides leadership and also takes tactical control in the response to an emergency. Specific procedures are contained within this plan, such as the procedure for declaring an emergency incident in Balfour Hospital, Kirkwall.

A business continuity strategy has recently been approved by the quality and improvement committee. Evidence demonstrated that business continuity plans are in early development within some departments, for example human resources and information technology. The NHS board reported that business continuity action cards for each business unit have been updated.

The director of public health is responsible for emergency and business continuity planning. An emergency planning advisor is responsible for ensuring that emergency arrangements are tested, and that individual emergency plans are adequate. The NHS board reported that this advisor is seconded from Orkney Islands Council for 2 days each week. The civil contingencies steering group leads on the emergency and business continuity agenda. The quality and improvement committee assures the Board of the effectiveness of emergency and business continuity planning arrangements.

A guide to business continuity planning outlines five steps to business continuity and also contains a checklist so departments can assess how prepared they are. A business continuity plan template is provided within this guide and evidence demonstrated that this template had been used, for example, by the human resources and medical staffing department.
The review team was pleased to note that NHS Orkney works closely with partner organisations on emergency and business continuity arrangements. Orkney Islands Council provides consultancy services to NHS Orkney on emergency planning services. Evidence demonstrated that NHS Orkney is represented on the Kirkwall airport liaison group. The emergency planning advisor represents the interests of NHS Orkney on the Orkney local emergency co-ordinating group and the Highlands and Islands emergency planning group, further demonstrating that NHS Orkney is co-ordinating its emergency planning with that of other organisations.

The NHS board has arrangements in place to enable it to respond to pandemic flu. Information on influenza A (H1N1) is provided on the staff intranet, and a questions and answer sheet was developed for staff following requests for further information. The NHS board is considering a ‘flu friends’ scheme through which practical help, such as the delivery of antiviral drugs or other medication, is provided to those who are staying at home following medical advice.

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

**Performance assessment statement: The NHS board is implementing its arrangements for clinical effectiveness and quality improvement across the organisation.**

A clinical safety and quality strategy for the period 2008–2010 is in place, and is accompanied by an action plan. Activity is supported by the clinical safety and quality department. Reporting templates are completed for each department by a clinical safety and quality facilitator and amalgamated into one single report. The clinical safety and quality report is then assessed at the monthly meeting of the patient safety team, and areas of learning and/or good practice are highlighted. The minutes of this meeting are sent to the quality improvement committee, a sub-committee of the Board. In addition, a short list of key issues is prepared for consideration by the executive management team. The work of key operational committees, for example the infection control committee, is discussed at each meeting of the quality and improvement committee. While commending the templates for clinical safety and quality reports, the review team encouraged the NHS board to continue to evaluate the purpose of this report and ensure frontline staff are engaged in its production.

A clinical effectiveness policy lists key aims and objectives, and outlines quality improvement activities and initiatives. The patient safety team, chaired by the medical director, oversees clinical effectiveness activity, and reports to the quality and improvement committee. Progress is monitored through clinical governance KPIs which are reported to the Board via the patient safety team and the quality improvement committee.

NHS Orkney has begun to draft a programme for training in safety and quality improvement, which will contain a range of training and describe how often it will be delivered.

‘Our Orkney, Our Health’ is NHS Orkney’s integrated corporate strategy for delivering healthcare and health improvement. This strategy sets out plans to redesign services in NHS Orkney, and recognises the need to deliver these service changes in order to ensure continuous improvement. Within this document, a clinical strategy is set out which includes
a framework for providing clinical services within Orkney, and is supported by a service redesign plan.

NHS Orkney is an active participant in clinical effectiveness and quality improvement programmes, such as the Scottish Patient Safety Programme. A strategy is in place for the period 2009–2011 and is accompanied by an action plan which lists progress against the various patient safety workstreams. The annual infection control programme for 2009–2010 lists progress against a number of national programmes relating to surveillance, education and decontamination.

NHS Orkney has begun to evaluate specific parts of its clinical effectiveness arrangements at operational level. For example, the national clinical document implementation process was evaluated. Following the conclusion that the system needed to be improved, particularly due to the varying standards of reviews of documents, a number of recommendations were made.

A clinical governance systems evaluation plan has been drafted and clinical effectiveness is listed as a component system within the overarching clinical governance arrangements. The key areas are listed, such as quality improvement and clinical document control, alongside how they will be evaluated. A schedule of evaluation dates throughout 2010 and 2011 is included. Clinical governance monitoring reports detail progress with scheduled reviews, and also monitor the national documentation implementation process, highlighting any comments given by staff after reading a specific document.
Standard 2: The health, wellbeing and care experience

**Standard statement**
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 performance assessment statement:**
The NHS board is implementing its arrangements to provide care and services that take into account individual needs, preferences and choices.

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

**Performance assessment statement:** The NHS board is implementing arrangements with a partnership approach to access, referral, treatment and discharge across the organisation.

A number of policies are in place to support the access, referral, treatment and discharge process. A patient access policy has been drafted which contains policy and procedures for the management of waiting lists. This policy provides helpful referral guidance and also contains flow charts, such as, for example the inpatient and day-case processes. A bed management and escalation protocol outlines actions for key staff for the varying levels of bed occupancy, to ensure effective management of beds in Balfour Hospital. The consent policy outlines the importance of obtaining consent and provides clear guidance for staff. The review team noted that this policy was due to be reviewed in March 2009; evidence did not demonstrate that this review had been carried out.

Both the communications strategy and the draft patient focus public involvement policy recognise the importance of providing information to patients and the public about services, and how to access them. The NHS board reported that a number of methods are used to provide patients with information on treatment, including leaflets and face to face consultations. In addition, NHS Orkney’s website contains information on services. This information can be accessed in different languages and in different font sizes and colours. The review team commended the website, particularly the feedback mechanisms to enable public and patients to make comments or suggestions. The NHS board reported that an interpretation service ‘Language Line’ had been put in place in September 2006 within primary and secondary care services. The review team was informed that open events take place annually where patients, carers and the public are informed about services, and that workshops on specific services are also held.

NHS Orkney has demonstrated partnership working through the carers in Orkney strategy for the period 2008–2011, which is made up of the carers, young carers and carers information strategies. The accompanying action plans lists actions for those involved, which include NHS Orkney, Orkney Islands Council, the voluntary sector and local pharmacies. An intermediate care service has also been implemented jointly with a number of other partners including Orkney Islands Council, the independent sector and the Scottish Government. This aims to increase the provision of care and services to the people of Orkney within their own homes. The review team was pleased to note the
formation of an intermediate care team, which is tasked with improving the discharge of patients with complex needs from Balfour Hospital, and is also working at limiting the number of unnecessary admissions. Plans are in place to establish a community health and social care partnership (CHSCP). This joint partnership arrangement, between NHS Orkney and Orkney Islands Council, will further develop effective working arrangements and improve care provided to people living in Orkney. A shadow CHSCP has been established to take this work forward.

NHS Orkney is continuing to implement arrangements across this core area. A cardiology workshop was held in June 2009 to further clarify referral processes for specialist cardiology services. An action plan was produced following this workshop, listing a range of actions such as ensuring that criteria for access to specific services are clear. The NHS board reported that work has been carried out to streamline patient pathways, and that there had been reductions in the number of referrals, as referrals are now more accurate.

When a patient is taken off the island for treatment, the NHS board reported that their care is monitored in a number of ways, for example through feedback from clinical teams and also through groups such as the waiting times group, who work closely with NHS Grampian.

A review of the acute receiving service led to the recognition of the need to develop a new system within Balfour Hospital. A project team has been established to take work forward on patient flow redesign and the redevelopment of facilities. The review team commended the clinical pathways in place for cancer patients. The NHS board reported that, through focus groups for each type of cancer, these pathways had been evaluated and then streamlined. The review team was informed that the NHS board, in conjunction with Macmillan Cancer Relief, had begun work on setting up a buddy scheme for cancer patients travelling to Aberdeen for treatment. Whilst NHS Orkney is evaluating effectiveness within some areas, evidence did not demonstrate that this is occurring across the whole access, referral, treatment and discharge process. The review team commended the good practice around clinical pathways for cancer and long-term conditions, and encouraged the NHS board to roll out similar arrangements across this core area.

Core area: 2(b) Equality and diversity

Performance assessment statement: The NHS board is developing its arrangements for equality and diversity in accordance with legislation, national guidance and best practice.

A commitment to equality and diversity is highlighted in the draft patient focus public involvement policy. This policy recognises the requirement to address the diverse needs of the population and to ensure equal access to services. Schemes are in place for disability, gender and race equality. An equality and diversity action plan was developed for the period 2008–2009, comprising 10 areas for action during this period. A spiritual care committee has been established. Furthermore, spiritual care training is now part of the learning and development programme. Evidence demonstrated that NHS Orkney has begun to consider the age strand of the Fair for All agenda. Work on the sexual orientation strand is significantly less developed.

A general manager has been seconded as the lead on equality and diversity. The equality and diversity working group, chaired by a non-executive, oversees work on the equality and
diversity agenda, and the completion of action plans associated with the three equality and
diversity schemes. Responsibility for consideration of the other three strands of Fair for All
was not explicit in the terms of reference of this group. Equality and diversity update
reports are provided to the quality and improvement committee.

Within NHS Orkney, all new policies require to undergo an equality and diversity impact
assessment (EQIA) before being approved at committee level. At the time of the NHS
QIS peer review visit, some existing policies had been impact assessed, however a number
were awaiting assessment. The review team encouraged the NHS board to develop a
planned approach to carrying out EQIAs. Evidence demonstrated that EQIA training had
taken place for some members of staff, in addition to awareness training for members of
the Board.

NHS Orkney has participated in benchmarking work with NHS Health Scotland. It was
reported that suggestions and recommendations generated from these reports will be used
to guide equality and diversity work. The equality and diversity lead at NHS Grampian
provided a feedback report in August 2008 on equality and diversity arrangements in NHS
Orkney, as part of a partnership arrangement in place.

Evidence demonstrated that NHS Orkney has begun to consult specific groups or
individuals covered by the separate strands of Fair for All. The review team commended
the number of proactive ways the NHS board is consulting users in remote communities; it
encouraged NHS Orkney to further consider how it includes ‘hard to reach’ groups, which
can pose an even greater challenge within rural communities. A consultation event took
place in September 2009 which was attended by disabled people and carers, and it was
reported that information gathered would be used to update the disability equality scheme.
This event was run jointly with other bodies including Orkney Islands Council, to avoid
duplication. The review team encouraged the NHS board to continue with this targeted
approach to consultation, to ensure a comprehensive approach to gathering the views of its
population.

**Core area: 2(c) Communication**

**Performance assessment statement: The NHS board is implementing its
arrangements to improve the way that staff communicate and engage with
each other, patients and the public across the organisation.**

A communications strategy is in place which incorporates both internal and external
communications. This is a comprehensive strategy and provides a clear framework to
ensure that communication activity is central to the organisation.

NHS Orkney communicates with staff in a number of ways. The review team commended
the broad portfolio of methods used including the ‘Keyhole’ staff newsletter, targeted
emails and face to face briefings. ‘Team brief’ is a one-page summary of the outcome of the
heads of department monthly meetings. This is sent to all staff with an email account and is
also displayed on notice boards. A partnership brief is distributed following each meeting
of the NHS Orkney partnership forum. The NHS board reported that this format was
introduced following the recognition that it was not always possible for heads of
department to disseminate information verbally. In particular, the review team commended
the NHS Orkney intranet ‘The Blog’, an innovative facility where staff can post comments
or suggestions online. It also encouraged the NHS board to continue to review the intranet’s effectiveness as a method of disseminating information.

NHS Orkney seeks the views of staff through methods such as the staff survey. Independent facilitated staff feedback sessions were held for staff groups to encourage staff to give feedback. It was reported that an action plan was developed in response to the staff survey results and feedback sessions.

The NHS board is committed to consulting with staff when undertaking change in the services. An example of this is the ‘Shaping Up’ redesign programme. A communication and consultation project plan details ways in which staff will be kept informed on progress with this programme, such as through briefing sessions and monthly staff updates. Whilst it was reported that NHS Orkney had begun to monitor aspects of internal communication arrangements through methods such as the staff survey, the review team did not consider that there was a planned, systematic and comprehensive approach to evaluation of internal communication.
Standard 3: Assurance and accountability

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

Overall performance assessment statement:
The NHS board is implementing its arrangements 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

Performance assessment statement: The NHS board is implementing its arrangements to co-ordinate clinical governance and quality assurance arrangements across the organisation.

A clinical safety and quality strategy for the period 2008–2010 is in place and arrangements for clinical governance are detailed within this strategy. This strategy is supported by an action plan for the clinical safety and quality department, and work is overseen by the patient safety team. The patient safety team reports to the quality and improvement committee, which is the lead committee for clinical governance, and is a sub-committee of the Board. Evidence demonstrated that plans are in place to develop a new patient safety and clinical governance strategy.

Clinical safety and quality reports are produced by the clinical safety and quality facilitator within each department, and contain a range of information relating to clinical governance, such as clinical effectiveness, risk management and patient safety. These reports are amalgamated into one report, which is assessed by the patient safety team. It was reported that these reports feed in to the clinical governance monitoring reports which have recently been introduced, and include information on a range of areas including clinical effectiveness, risk management, and clinical safety and quality. A KPI summary is also included and the review team was informed that these reports are then assessed by the patient safety team, and any necessary actions are highlighted.

A list of assurance prompts is a helpful reminder document for non-executives when fulfilling their assurance role. It contains general assurance prompts, and also specific questions relating to control of healthcare associated infection and reducing adverse serious harm. Evidence demonstrated a commitment to the training of non-executives to enable them to fulfil their roles.

The area clinical forum has recently been reinstated to bring together the chairs from each area professional advisory committee. Plans are in place to evaluate the forum after the first 6 months; a survey has been distributed to clinicians to gain their views prior to this evaluation.

A governance short-life working group has been tasked with reviewing the governance processes and committees, and making recommendations to the Board based on its
findings. The NHS board is continuing to evaluate the role and size of the quality and improvement committee. The review team commended arrangements in place whereby the effectiveness of each meeting of the quality assurance committee is evaluated. At the end of each meeting, attendees fill in a form to rate the effectiveness of the meeting.

NHS Orkney has begun to consider the evaluation of its clinical governance and quality assurance arrangements, however this evaluation is at an early stage. A clinical governance systems evaluation plan has been drafted. This plan details how each of the systems within the clinical governance framework will be evaluated, and by whom. KPIs relating to clinical governance and quality assurance are in place and it was reported that clinical departments report on progress against these KPIs every 6 months. The review team commended the NHS board’s commitment to taking forward the clinical governance and risk management agenda.

Core area: 3(b) Fitness to practise

Performance assessment statement: The NHS board is monitoring the effectiveness of its arrangements across the organisation that will ensure its workforce is fit to practise.

The staff governance committee ensures that NHS Orkney is compliant with the range of requirements within the fitness to practise standard. This committee assures the quality and improvement committee (through the fitness to practise annual report), which in turn assures the Board. The human resources director is responsible for fitness to practise arrangements, excluding modernising medical careers, for which the medical director is responsible. A fitness to practise action team has been established to ensure that satisfactory arrangements are in place.

A range of policies are in place to support the fitness to practise arrangements including a disciplinary policy and procedure, capability procedure and a whistle blowing policy and procedure. A clinical supervision, reflective review, coaching and mentoring policy was approved by the staff governance committee in March 2009 and it was reported that this policy is being implemented. The review team encouraged the NHS board to fully implement its clinical supervision policy as soon as possible.

Systems are in place to ensure that staff have the necessary professional registrations to enable them to do their job. Arrangements for the completion of pre-employment checks are outlined within the recruitment and selection policy (which was revised in 2008), and the NHS board reported that these arrangements have been rolled out and include permanent, temporary and locum staff. The human resources recruitment officer oversees the whole recruitment process for each candidate, and is responsible for carrying out the necessary pre-employment checks to ensure that they possess the required qualifications, registrations and accreditations for the role. Systems are also in place to ensure that registrations or accreditations are renewed when required. A professional registration policy outlines responsibilities for renewing professional registrations for all professional care staff. It was reported that this policy was implemented to further clarify role and responsibilities, following a review of effectiveness of arrangements in place.

Evidence demonstrated that NHS Orkney is committed to developing the knowledge and skills of its staff. Learning and development policies and procedures are in place, and a list of mandatory training indicates which members of staff should complete what training.
Arrangements for continuous personal development are also outlined within these policies. Furthermore, the NHS board encourages the use of tools such as training diaries, to help staff fulfil continuous development responsibilities.

NHS Orkney is monitoring its fitness to practise arrangements. Evaluation reports are regularly submitted to the staff governance committee, such as updates of progress on achieving NHS Knowledge and Skills Framework (KSF) targets. It was reported that a specific objective on this now forms part of corporate management team members’ objectives.

The fitness to practise annual report 2009–2010 contains evidence of evaluation; progress against the 2008–2009 annual fitness to practise report is detailed. An audit plan for 2009–2010 is accompanied by a list of priority actions for the same period. It was reported that the fitness to practise action team drives this audit work. Evidence demonstrated that the outcome of these audits is reported to the staff governance committee. In addition, a fitness to practise assurance framework is contained within this report. This framework details how the effectiveness of the different components of the fitness to practise system are monitored, and how any information resulting from this evaluation is used to make changes to the framework to improve its effectiveness. The review team commended the fitness to practise annual report, in particular the usefulness of the fitness to practise assurance framework as an ‘at-a-glance’ document.

Core area: 3(c) External communication

Performance assessment statement: The NHS board is implementing its external communication arrangements across the organisation.

A communications strategy is in place which incorporates both internal and external communications. Formal arrangements with NHS Grampian surrounding external communications had still to be finalised at the time of the NHS QIS peer review visit. It was reported that the strategy will be reviewed once these arrangements are formally decided. The review team encouraged the NHS board to continue to reflect on the nature of these arrangements with NHS Grampian, as part of the overall review of the communications strategy.

Through an updated website and the introduction of a newsletter, NHS Orkney is improving the ways it communicates with the public. An information screen has been put in place in the outpatients waiting room as a further method of communicating important messages to patients and visitors. The draft patient focus public involvement policy lists the improvement of communication links and feedback mechanisms as a key objective, to ensure that external stakeholders can influence development in areas which affect them.

Evidence demonstrated that NHS Orkney is committed to consulting with external stakeholders on service change. A community reference group was put in place to provide advice on the best ways to consult the public and other external stakeholders on projects such as the creating sustainable service and shaping up programmes. The communication and consultation project plan for ‘Shaping up’ included ways the NHS board would involve external stakeholders, such as public consultation meetings and briefing sessions with members of the Scottish parliament. Newsletters were distributed to update external stakeholders on progress with this project. A pilot project for the delivery of healthcare services on the islands of Eday and Stronsay took place, whereby the Stronsay doctor was
shared. The views of residents were sought through comment leaflets and public meetings, to determine whether the community felt this arrangement should become permanent. Evidence demonstrated that the findings of this consultation were reported to the Board.

The NHS board consulted with stakeholders during the development of a new clinical strategy. A consultation questionnaire was sent out, and a questions and answers document was drafted, listing a range of ways to get involved such as a stakeholder event. This strategy forms part of ‘Our Orkney, Our Health’ which is NHS Orkney’s integrated corporate strategy for delivering healthcare and health improvement. A communications strategy, which will form part of the overall strategy, has been drafted, and details a broad range of communication and consultation activity, which will support ‘Our Orkney, Our Health.’

Evidence demonstrated that NHS Orkney has begun to monitor arrangements for communication. For example, the community reference group has recently been disbanded and replaced by a public partnership forum. The review team commended the consultation process undertaken prior to the formation of this forum. A consultation event took place in April 2009 and this was attended by a wide range of internal and external stakeholders, and discussed questions such as how a public partnership forum should look. The review team encouraged the NHS board to develop a planned approach to the evaluation of communication methods.

Core area: 3(d) Performance management

Performance assessment statement: The NHS board is implementing its arrangements for performance management across the organisation.

A new performance management strategy and reporting framework was approved by the Board in June 2009. An implementation plan for the performance management system lists a range of actions for completion, and identifies a lead and timescales. Reporting arrangements at all levels within the NHS board are described within the new strategy. Under these new arrangements, service managers will lead on performance management at the operational level. These managers will liaise closely with the corporate management team through monthly performance reviews. Progress against corporate targets will be reviewed by the finance and performance committee. A detailed performance management report was presented to the Board in October 2009, providing information on the current performance against HEAT and corporate objective targets. This was the first report of its kind to be submitted to the Board. In future, this report will be discussed at corporate management team, and finance and performance committee level, and a summary of performance will be provided for the Board. The new system is to be evaluated at the end of 2009/beginning of 2010. The review team noted that arrangements were more structured and organised under the new system, and encouraged the NHS board to continue with this work, in particular the feedback mechanisms inherent within the new system.

The finance and performance committee has overall responsibility for the performance management system and ensuring that reporting arrangements are functioning effectively. The director of finance is the executive lead for performance management and is supported by the head of planning and performance.
A range of measures are in place to ensure that performance management arrangements within NHS Orkney are aligned with local, regional and national planning. NHS Orkney reports on progress on the implementation of the remote and rural report and its recommendations, to the remote and rural implementation group (a national group reporting to the Scottish Government). The head of performance attends a number of national forums such as the NHSScotland performance forum and the Scottish Government Health Directorates directors of planning meetings. It was reported that outcomes from these meetings are fed back and any recommendations put in place.

Joint performance reporting arrangements across the shadow CHSCP are being implemented, to ensure that the joint shadow CHSCP Board is updated on the performance against key objectives. It was reported that the first joint performance report would be submitted in September 2009 to the partnership Board and that a joint performance group was being established to support arrangements. The review team encouraged the NHS board to continue to examine respective responsibilities of the CHSCP and NHS Orkney, to ensure that these new arrangements complement existing structures within the NHS board.

A local delivery plan outlines how NHS Orkney will achieve the Scottish Government Health Directorates’ HEAT targets. This plan is agreed with the Scottish Government and approved by NHS Orkney Board. Evidence demonstrated that regular reports, which monitor progress against HEAT targets, are assessed by the finance and performance committee, and then submitted to the Board. Corporate objectives are agreed annually, and are based on the six strategic aims set out by the Board. Outlining key priorities, these objectives provide strategic direction, and are supported by local and HEAT targets. The NHS board reported that a new database system was being introduced to enable reporting of corporate targets and that progress against corporate objectives would be reported through this system, and any necessary follow-up actioned.

It was reported that training sessions have taken place for service leads on the specific HEAT target which they are responsible for, and that training sessions will be held for director leads. The review team was informed that information sessions have been provided for staff to increase understanding of performance management and HEAT targets, and to outline reporting structures. Furthermore, the NHS board reported that development sessions had taken place for staff to help with the interpretation of performance information.

The review team noted plans in place to evaluate the performance management system, and encouraged the NHS board to begin to monitor the effectiveness of arrangements across this core area.
### Appendix 1 – Glossary of abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>CGRM</td>
<td>clinical governance and risk management</td>
</tr>
<tr>
<td>CHSCP</td>
<td>community health and social care partnership</td>
</tr>
<tr>
<td>EQIA</td>
<td>equality and diversity impact assessment</td>
</tr>
<tr>
<td>HEAT</td>
<td>health, efficiency, access and treatment</td>
</tr>
<tr>
<td>KPI</td>
<td>key performance indicator</td>
</tr>
<tr>
<td>KSF</td>
<td>Knowledge and Skills Framework</td>
</tr>
<tr>
<td>NHS QIS</td>
<td>NHS Quality Improvement Scotland</td>
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Appendix 2 – Review process

Prior to Visit
- NHS QIS publishes standards
- NHS board completes self-assessment and submits with evidence to NHS QIS
- NHS QIS performance analysts review the self-assessment submission and produce a pre-visit analysis report, which is sent to the NHS board for comment
- NHS QIS sends self-assessment submission and analysis report to peer review team

During Visit
- NHS board presentation to review team covering local service provision
- Review team meets stakeholders to discuss local services
- Review team assesses performance in relation to the standards based on the submission and visit findings
- Review team feeds back findings to NHS board

After Visit
- NHS QIS produces draft local report and sends to review team for comment
- NHS QIS sends draft local report to NHS board to check for factual accuracy
- NHS QIS publishes local report
- Team leaders consider findings of all local reviews and NHS QIS drafts national overview
- NHS QIS Publishes National Overview
Appendix 3 – Details of review visit

The review visit to NHS Orkney was conducted on 29 October 2009.

**Review team members**

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Chief Executive, NHS Highland

**Robert Bell**
Public Partner

**Hazel Borland**
Nurse Director & Director of Patient Safety, NHS Dumfries & Galloway

**Ros Gray**
Clinical Governance Lead, NHS Fife

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