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 Lanarkshire. This review visit took place on 2 September 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 Lanarkshire (www.nhslanarkshire.org.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 NHS Scotland.

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:
- a consistent and structured approach to further refinement and evaluation of its risk management strategy.
- involved key stakeholders in the clinical effectiveness agenda through patient, public and carer involvement groups.
- implemented partnership working arrangements with other organisations across a variety of areas, particularly for access, referral, treatment and discharge.
- an extensive range of equality and diversity activity taking place across the organisation.
implemented a range of mechanisms to communicate with staff, including staff sounding board events to find out staff views on a particular topic.

focused on engaging with the public through a variety of methods including a public engagement survey.

**Recommendations**

The NHS board to:

- develop a more proactive approach to the use of risk data.
- undertake a more structured approach to the evaluation of clinical governance and quality assurance arrangements.
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 monitoring the effectiveness of 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 monitoring the effectiveness of its risk management arrangements across the organisation.

Risk management arrangements are well developed within NHS Lanarkshire. The audit committee has the overall responsibility for risk management and co-ordination is carried out by the risk management steering group. Since the 2006 peer review visit against the NHS QIS standards for clinical governance and risk management, NHS Lanarkshire has fully implemented the Datix system. Risks are primarily reported through this system, however it was reported that a paper-based format is used in some divisions, ensuring access for all staff. While commending arrangements in place for the collection of risk data, the review team noted that an anticipatory approach to the use of this information was not evident throughout the organisation.

NHS Lanarkshire is committed to ensuring board-wide awareness of risk management. This was promoted through the distribution of revised ‘Record and learn’ guidance to each member of staff in March 2009, attached to payslips. A risk management web page can be accessed via the intranet. Here staff can access the risk management strategy, a ‘How to?’ resource, and links are provided to other risk-related internal and external websites. Improvements were made to the web page following an annual review in July 2008 and a large increase in the number of ‘hits’ has been recorded following these changes. A range of risk management training is in place for staff, for example introductory risk management training is provided to all new members of staff at corporate induction. Evidence demonstrated that a range of courses is available to staff on the use of Datix. Root cause analysis training has also taken place. A risk management manual is available to staff which contains helpful guidance and policy documents. It was reported that the guidance was improved as a result of the outcome of an internal audit.

Strategic risk registers are well implemented and evidence demonstrated the review of these registers; a scheduled review was carried out in 2008. The risk management steering group receives the formal strategic risk register every 6 months and verbal reports on a monthly basis. Arrangements for community health partnership locality, acute clinical division and corporate services risk registers are still being developed. Commitment to partnership working is illustrated by the existence of a shared risk register. This was developed in

partnership with a range of other stakeholders including North and South Lanarkshire local authorities, and the fire service.

NHS Lanarkshire has recently implemented key performance indicators for risk management. Furthermore, plans are in place to implement the use of balanced scorecards. Evidence demonstrated plans to review research and development key performance indicators using this tool.

NHS Lanarkshire is evaluating operational arrangements and annual work plans list a range of monitoring activity. A review of critical incident review processes was carried out within mental health and learning disabilities services. Issues highlighted in this review led to the implementation of pathways for clinicians and management to assist them in the completion of both suicide and non-suicide critical incident reviews. The review team commended plans to assess critical incident reviews to identify the top three systemic issues, and welcomed this more proactive approach to the management of risk. These will then be reviewed by the Board.

A review of the Datix information system has also been carried out. An evaluation report highlighted various areas for improvement resulting in, for example, a limit being set on the number of days an incident can remain in the holding area prior to verification. The review team noted that the verifier role could be further clarified among frontline managers to enable them to achieve targets set. Internal audits have also been carried out on Datix. A follow-up internal audit was carried out in March 2007 to assess whether recommendations from a 2005–2006 report had been put in place.

The NHS board is also evaluating its overarching risk management arrangements. During the period 2007–2008, an independent review of risk management was carried out by the clinical governance manager. Furthermore, NHS Lanarkshire’s risk management strategy is reviewed annually. It was reported that an internal audit was carried out in 2007 and that the results of this review led to improvement in the risk management arrangements. A further internal audit was carried out recently. The review team would encourage NHS Lanarkshire to continue to formalise its evaluations plans.

Core area: 1(b) Emergency and continuity planning

Performance assessment statement: The NHS board is implementing its emergency and continuity planning arrangements across the organisation. NHS Lanarkshire demonstrated that arrangements in place for emergency planning are at an advanced stage and that they have been reviewed across the organisation. The review team noted that the NHS board has used learning in emergency planning when developing its business continuity arrangements. Since the last NHS QIS peer review visit, NHS Lanarkshire has implemented an overall business continuity plan. This was implemented in 2007. Detailed business continuity plans were implemented more recently, in 2009.

NHS Lanarkshire works in partnership with other organisations on its emergency planning and business continuity arrangements to ensure co-ordination. The NHS board involves a range of stakeholders in the development of its emergency planning and business continuity arrangements. Key stakeholders are members of both the emergency planning co-ordination group and the business continuity steering group.
Quarterly reports on progress on emergency planning are submitted to the risk management steering group, which is chaired by the chief executive. Responsibility for the evaluation of the effectiveness of emergency planning arrangements lies with the emergency planning co-ordination group, which is chaired by the director of public health. The business continuity strategy group fulfils the same role for business continuity planning arrangements.

Arrangements are in place to ensure that staff are aware of emergency planning and business continuity arrangements and a range of training programmes are in place.

Evidence demonstrated the testing of emergency and business continuity plans, and a schedule of exercises is in place listing exercises planned both internally and with external agencies. A live play exercise was carried out at Hairmyres Hospital, East Kilbride, to test emergency planning arrangements. An emergency blood management arrangements plan was ratified in November 2007 and this plan has been tested and reviewed with a table-top exercise being held in February 2009. The recommendations from the debriefing report produced after this exercise will be taken forward by the emergency blood management arrangements group.

NHS Lanarkshire is evaluating its operational arrangements for emergency planning. The recognition that a mechanism was needed to allow executive directors to be contacted efficiently during an emergency led to the development of an on-call rota. Training was put in place for executives to enable them to understand their responsibilities while on-call. The review team noted that NHS Lanarkshire is using opportunities as they arise to evaluate the effectiveness of overarching arrangements, however there was not yet a systematic approach to this.

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

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

Since the last NHS QIS peer review visit, NHS Lanarkshire has continued to review and improve its clinical effectiveness and quality improvement arrangements. Clear clinical effectiveness structures are outlined within a single system clinical effectiveness strategy and work programme (2009–2012). This strategy was developed by the clinical effectiveness leads and ratified by the clinical governance steering group which has responsibility for overseeing work in this area and is a subgroup of the clinical governance committee. Responsibility for prioritisation of work alongside the strategy and work programme lies with the joint community health partnership clinical governance and risk management board and the acute clinical board. Both these boards report to the clinical governance steering group. ‘Action’ groups are currently in place to carry out operational monitoring and under this revised strategy, more groups will be set up. The clinical effectiveness team gives further support to the strategy and work programme and liaises closely with management and clinical staff. The review team commended the quality of this strategy, which has built on previous strategies.

A range of clinical effectiveness and quality improvement programmes is in place within NHS Lanarkshire. Examples of these include the Scottish Patient Safety Programme and national audit programmes such as the national cancer audits. NHS Lanarkshire provides support in co-ordination of programmes such as Audit Scotland reviews and audit work.
within Health Protection Scotland. The contents of the clinical effectiveness work programme are derived from a range of sources and are based on Lanarkshire specific priorities (including the local delivery plan), central priorities (for example the Scottish Government Health Directorates, and national audits), and also specific specialty groups.

Mechanisms are also in place to ensure that best practice is shared across the NHS board area; the staff magazine ‘The Pulse’, the weekly staff briefing and also the intranet are used. Information is posted on the desktop wallpaper of computers, for example messages were posted here during a 2–week hand hygiene campaign. Events are also held to enable staff to share knowledge and experience, such as, ‘Celebrating Lanarkshire’, which is an annual practice development conference for nurses, midwives, allied health professionals, support workers and students.

Evidence demonstrated the involvement of key stakeholders in clinical effectiveness and quality improvement work. Patient/carer/public involvement groups and stakeholder forums enable key groups to provide feedback, and ensure their involvement in any developments. A clinical effectiveness project register can be found on the intranet where staff can review current audit projects and make suggestions for new projects.

The review team noted the clear reporting structures in place to ensure that the Board is assured regarding clinical governance and quality assurance arrangements. The clinical governance annual report contains an evaluation of progress against outcomes within the clinical effectiveness strategy and work programme.

The NHS board’s commitment to continuous improvement was clearly demonstrated. It was reported that the modernisation board plays a key role in service change and redesign. NHS Lanarkshire strives to meet a range of local, regional and national targets in place to drive continuous improvement. Reports are produced quarterly to update on progress against corporate objectives. Reports on compliance with more specific targets are also produced, for example compliance with hand hygiene and cancer targets.

A commitment to evidence-based healthcare was also demonstrated within the NHS board area. One of the key objectives of the practice development centre for nurses, midwives and allied health professionals is to ensure that practice development is evidence based. Furthermore, it was reported that clinical audit is encouraged among medical staff and that clinical audit forms part of consultant job plans. Medical staff are encouraged to participate in improving patient outcomes in a range of ways, for example through service improvement programmes. In July 2008, the initial stage of the Lean programme was put in place in theatres in Wishaw General Hospital. A professional advisory structure is in place where a number of committees feed into the area clinical forum which in turn reports to the Board. The clinical engagement framework aims to encourage effective engagement with clinical staff and recognises that the experience held by these staff puts them in a strong position to help improve patient care.

As part of the revised clinical governance strategy, restructuring of the clinical governance and risk management department has taken place. This has resulted in the appointment of a corporate clinical effectiveness manager who is responsible for clinical effectiveness within both primary and acute care.
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 monitoring the effectiveness of its arrangements to provide 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.

NHS Lanarkshire demonstrated that a range of care pathways has been developed for a number of specialties, care groups and also specific conditions. For example, patient pathways and comprehensive referral guidelines are in place for cancer. Service improvement groups develop these patient pathways and a document containing a list of care pathways was presented to the review team. The process of developing pathways was commended, particularly the level of clinical and stakeholder engagement. The review team noted that there are structures and processes in place to evaluate care pathways, however it was not clear that this is robust across all pathways.

The use of referral guidance is implemented throughout NHS Lanarkshire. It was reported that a range of generic referral protocols is in place, accompanied by referral protocols for specific conditions. Admission and discharge planning guidance is in place which outlines good practice and also the responsibilities of staff. A referral management service is in place across the NHS board area and is a central booking service. An evaluation of this service was carried out in March 2008 and it was reported that recommendations are being put in place.

Systems are in place to enable patients to make informed choices about their care and treatment. The consent to treatment policy outlines the key principles for consent and also details the type of consent, ie written, verbal or implied, which should be sought for different procedures. NHS Lanarkshire also provides information on services to patients, carers and the public in a variety of ways. The external internet site provides information on a range of services, for example the page on accident and emergency services explains what patients should expect upon arrival, and also suggests alternative care routes. Health Rights Information Scotland leaflets on issues such as confidentiality and consent are available in hard copy throughout primary and acute care, and can also be accessed via the external website. A patient information policy and guidelines are available to staff. These aim to improve the standard of written information for the public, patients, families and carers. Healthcare associated infection and infection control information leaflets for patients and staff can be accessed in a range of alternative languages and are produced in Braille. The review team commended the NHS Lanarkshire carers information strategy.
(2007–2010). The action plan for the period 2008–2011 provides accurate, appropriate and timely information to carers as one of its key aims. Progress with this action plan is monitored by the carers information strategy group. Evidence demonstrated plans to carry out a carers experience audit to help further identify the needs of carers.

NHS Lanarkshire works in partnership with a range of other organisations and stakeholders across access, referral, treatment and discharge. A range of agreements and structures is in place with North and South Lanarkshire local authorities, in order to strengthen joint working. For example, the NHS board works closely with North Lanarkshire local authority to provide services to adults with community care needs with North Lanarkshire Health and Care Partnership overseeing progress. Single outcome agreements for both North and South Lanarkshire contain local outcomes related to access, for example the improvement of care through faster access to services. These local outcomes are aligned with national outcomes. Of note was the launch of the NHS Lanarkshire emergency response centre in November 2008. The centre was put in place to ensure an integrated approach to the management of emergency care patient flows between the four key agencies involved in providing emergency care within Lanarkshire. It will run as a pilot project and will run for two and a half years. Evidence demonstrated the assessment of the impact of this pilot project and an audit is planned to access the impact on GPs.

Multidisciplinary assessment was also noted to take place, particularly around care pathways. Single shared assessments are carried out within specific services, for example services for older people, and information is stored electronically to enable easy access.

The review team commended arrangements in place for delayed discharge. A comprehensive review of delayed discharge was carried out and a series of recommendations were made for service improvement. The review team was informed that NHS Lanarkshire is the highest performing NHS board on delayed discharge in Scotland. While the monitoring of some work streams across access, referral, treatment and discharge was demonstrated, the review team agreed that an overarching approach was not evident and, therefore, concluded that the NHS board is not yet systematically monitoring the effectiveness of its arrangements with a partnership approach to access, referral, treatment and discharge across the organisation.

Core area: 2(b) Equality and diversity

**Performance assessment statement:** The NHS board is monitoring the effectiveness of its arrangements for equality and diversity across the organisation.

NHS Lanarkshire reported that the equality, diversity and spirituality committee has a key leadership role and has been important in creating the NHS board’s strategic vision for equality and diversity. This committee is supported by the equality, diversity and spirituality steering group. An equality, diversity and spirituality governance plan is in place for the period 2007–2009, supported by an action plan. Schemes are in place for disability, gender and race equality. There are plans in place to integrate the three existing equality schemes into one single equality scheme. This is scheduled for completion in December 2009. This scheme will also include the other aspects of Fair for All: age, religion and belief, and sexual orientation.
A comprehensive suite of equality and diversity training programmes are in place, including training targeted specifically at managers or Board level, and a more general training programme available to all staff. The review team was informed that equality and diversity training has been targeted specifically at medical record staff. NHS Lanarkshire is recording the highest level of data across this area in Scotland and sharing good practice with other NHS boards.

Arrangements for equality and diversity impact assessments are well developed. The equality and diversity impact assessment toolkit was produced in partnership with NHS Ayrshire & Arran and NHS Greater Glasgow & Clyde, and was informed by work carried out within NHS Lothian and in Northern Ireland. This toolkit has been recognised as a model of good practice by NHS Education for Scotland. Equality and diversity impact assessment training is available for staff. Evidence demonstrated that the majority of senior managers had received training, and that a one-day programme was available to all staff. The Board decided that all policies, strategies and any service changes must be equality and diversity impact assessed and will not approve a policy which has not been assessed. A list of all completed equality and diversity impact assessments is held by the equality and diversity manager and quality checks are carried out to ensure that a consistent approach is being taken when carrying out the assessments.

The review team commended the work which had been carried out in relation to spiritual care within NHS Lanarkshire. The review team was informed that the chaplaincy service has undergone redevelopment and that the information on spiritual care held on NHS Lanarkshire’s website was adopted for use on the NHSScotland website.

The review team noted that there is clear Board commitment to equality and diversity within NHS Lanarkshire. The Board is kept updated on equality and diversity developments and it considers progress reports on equality and diversity every 6 months. A range of stakeholder groups monitor equality and diversity arrangements within NHS Lanarkshire, and report to the Board on progress and performance against the equality and diversity agenda. Evidence demonstrated that internal audits have been carried out, for example, on the impact assessment toolkit and monitoring of equality and diversity.

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

**Performance assessment statement:** The NHS board is reviewing and continuously improving its arrangements for internal, staff and patient communications across the organisation.

NHS Lanarkshire was assessed as reviewing its arrangements for internal communication during the last NHS QIS review. The review team noted that the NHS board is making further refinements to arrangements and that these are being embedded throughout the organisation. Since the last review, the NHS board has carried out a review of its communications strategy and the revised strategy was approved by the Board in May 2009. The review took into account feedback from both staff and the public, and also internal audit. The NHS board’s communication strategy incorporates both internal and external communication.

The stakeholder engagement group is responsible for implementing the communication strategy at an operational level and for monitoring communications within NHS...
Lanarkshire, reporting to the staff governance committee and the modernisation board. It also reports to the patient focus and public involvement group.

A range of methods is employed by NHS Lanarkshire to communicate internally with staff. Furthermore, evidence demonstrated that a review of these means of communication had occurred. The NHS Lanarkshire weekly brief is sent electronically to staff and is also placed on noticeboards. Communication also occurs via the desktop wallpaper on computer screens. This has been used for a range of campaigns, for example to publicise the staff survey. The review team was informed that the vast majority of staff have access to a computer and that there had been investment in increasing access, for example within midwifery. The review team noted that while there continues to be an emphasis on electronic communication within NHS Lanarkshire, alternative methods of communication are being employed, these include noticeboards and ‘The Pulse’ newsletter, which has recently been revised. Evidence demonstrated that a project is planned to pilot the use of display screens within NHS Lanarkshire as a further way of communicating with staff who do not have computer access.

The NHS board is committed to consulting its staff on its communication arrangements. Workshop events take place to involve staff in communication initiatives, for example the staff survey feedback event and an event to look at revising the intranet. Staff sounding board events are held to find out staff views on a particular ‘hot topic’. Evidence illustrated that the NHS board evaluates operational arrangements in place for communication with a new protocol recently being developed to improve the staff sounding board arrangements. It was demonstrated that NHS Lanarkshire uses feedback from staff to inform changes to arrangements in place. The review team was informed that the weekly brief was changed as a result of feedback from a staff sounding board event. It was reported that the staff survey was sent out both electronically and in paper format to ensure that it reached all members of staff. The review team noted that NHS Lanarkshire is clearly listening to its staff, in addition to informing them.

A planned approach to evaluation of internal communication arrangements is illustrated through action plans such as the staff governance action plan 2008–2009. Further evidence of evaluation of communication arrangements is found in the review of the role and remit of the stakeholder engagement group. NHS Lanarkshire reported that the communication department has been reorganised and its structure strengthened to further enable it to support strategic organisational objectives.
Standard 3: Assurance and accountability

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

Overall performance assessment statement:
The NHS board is monitoring the effectiveness of 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 monitoring the effectiveness of its arrangements to co-ordinate clinical governance and quality assurance arrangements across the organisation.

Following evaluation of existing clinical governance structures and the clinical governance strategy, the ‘Strengthening Quality in Lanarkshire’ clinical governance strategy for 2009–2012 and an accompanying work programme were produced. This strategy contains strengthening quality goals relating to, for example, patient safety and continuous improvement. It also explains how progress against these goals will be monitored.

The clinical governance structure is set out within this strategy. Oversight is provided by the clinical governance committee, and also the clinical governance and risk management steering groups. These groups support the community health partnership and acute divisional management teams in their delivery role, and also ensure that arrangements are in place to support implementation of clinical governance at operational level. The joint community health partnership clinical governance and risk management board and the acute clinical board decide on the contents of the clinical governance work programme for community health partnerships and the acute division. The clinical governance and risk management department provides overall support. Clear reporting lines follow these structures, and ensure the effectiveness of quality assurance and improvement work within the NHS board area. Local delivery plans list clinical governance objectives alongside HEAT trajectories and targets, and corporate objectives relating to clinical governance are also in place. As part of the revised strategy, monthly reports are now provided to the Board on clinical governance and quality assurance. The review team noted the large quantities of information going to the Board for assessment.

The NHS board’s commitment to monitoring its clinical governance arrangements is illustrated by a range of evaluation activity. It was reported that in order to develop the revised clinical governance strategy, existing structures and arrangements were monitored, and a full review of the clinical governance strategy took place. In addition, a range of workshops and consultation exercises took place to evaluate clinical governance arrangements. Quality assurance knowledge and best practice is collected and exchanged in a variety of ways including events, conferences, and training. The review team noted that continual evaluation was built into the structure of the new strategy, so that any future review would be part of a systematic programme of evaluation.
Other monitoring activities include the recent review of the healthcare associated infection service. The need for stronger governance arrangements within the service was highlighted and accountability arrangements have since been revised. In response to the Mid Staffordshire investigation, an action plan has been drafted which aims to improve reporting arrangements. Plans are in place to implement more structured audit systems at operational level to increase Board assurance on clinical governance and quality assurance. The review team was informed that the audit committee plays a key role in monitoring the work of the clinical governance and quality assurance groups and committees, and commissions internal audits to test the effectiveness of arrangements. It was reported that an overarching plan for the evaluation of clinical governance and quality assurance arrangements will be produced to ensure a more systematic approach to evaluation.

Core area: 3(b) Fitness to practise

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

NHS Lanarkshire has arrangements in place to ensure that staff have the necessary skills and knowledge to enable them to provide safe and effective care. The staff governance committee, and the health and clinical governance committee, oversee arrangements for fitness to practise. The staff and organisational development group sets the direction for education, learning, development and training, and ensures that the requirements of national and local strategies are met.

NHS Lanarkshire is committed to ensuring that staff have the knowledge and training to enable them to carry out their job. Evidence demonstrated that the NHS Knowledge and Skills Framework (KSF) is used throughout the NHS board. Furthermore, evidence demonstrated that there is ongoing commitment to e-KSF. Training has been carried out for managers and staff to support them in this area. The review team was informed that the NHS board has been looking at ways to bring training to the workplace, for example the use of e-learning. More than 70% of staff have personal development plans in place, with the personal development planning and review policy supporting the use of personal development plans. In addition to stating the responsibilities of managers, staff and NHS Lanarkshire, this policy indicates how often reviews should occur between managers and staff. The NHS board demonstrated a clear commitment to continuous professional development.

Systems are in place to check that staff have the necessary professional registrations and that these are kept up to date. A policy for checking registrations is in place. This outlines who is responsible for ensuring that employees have the necessary registrations pre-employment and also the process for ensuring registrations are renewed.

A range of human resources policies and procedures provides support for staffing issues which may arise, for example when a member of staff is identified as potentially unfit to practise. A project has been piloted to support the management of absence. The ‘Early advice and support for you’ project involved the introduction of a centralised attendance management service. A number of policies are due for review during 2009 and the review team encouraged the NHS board to ensure that its policies are kept up to date.
Clinical supervision arrangements have been implemented within NHS Lanarkshire for medical and dental staff, and also nursing, midwifery and allied health professionals. A statement and guidance on professional supervision for nursing, midwifery and allied health professionals was published in February 2009.

Evidence demonstrated that some monitoring of operational arrangements is occurring. For example, the review team was informed that, as result of a staff governance committee report to the Board which flagged up the risk of not meeting a KSF target, more resources were directed to ensure that this target was met. Further operational monitoring is evidenced by the production of reports on monthly sickness rates within NHS Lanarkshire. These reports are considered by a number of committees and groups, for example the nursing, midwifery and allied health professionals senior leaders meeting. However, evidence did not demonstrate that NHS board-wide monitoring of fitness to practise arrangements was taking place. Regarding evaluation structures, the review team noted the absence of an evaluation mechanism that feeds up into the staff governance and clinical governance committees.

**Core area: 3(c) External communication**

**Performance assessment statement: The NHS board is reviewing and continuously improving its external communication arrangements across the organisation.**

At the time of the last NHS QIS peer review visit, NHS Lanarkshire was monitoring its arrangements for external communication. It is now at the stage of reviewing and improving the effectiveness of these arrangements. NHS Lanarkshire’s communication strategy incorporates both internal and external communication and has recently been reviewed. NHS Lanarkshire communicates externally using a variety of methods. A range of workshops and events is held to engage the public and/or patients. Information leaflets are available for patients and visitors, for example infection control information leaflets on infections such as Clostridium difficile. Briefing meetings are held with members of the Scottish Parliament (MSPs) to update them on a range of subjects and allow MSPs to raise any issues for discussion. Public Board meetings take place and notice of these meetings is published in the press. A general enquiry line has been put in place to enable the public to access information easily.

The NHS board works in partnership with other NHS boards and external stakeholders. For example, NHS Lanarkshire worked with other west of Scotland NHS boards to produce a communications plan for a new regional optimal reperfusion service. NHS Lanarkshire works closely with public partnership forums. The patient focus and public involvement action plan lists improving communication with patients as a key priority, and details a number of ways this will be achieved.

Evidence demonstrated that NHS Lanarkshire is responding to key issues, for example a healthcare acquired infection communications and patient information group has been established and is tasked with, amongst other things, developing information leaflets which are accessible to patients, staff and the public.

The review team commended the public engagement survey which had taken place and the intention to repeat this survey. The survey is carried out every 2–3 years. Evidence demonstrated that the results of this survey had been used to inform next steps in
improving public engagement and a programme grid had been developed listing actions to be taken. Board consideration of communication issues was evident. It was demonstrated that reports were provided to the Board to update them on the results of this survey and actions were then taken. The review team was impressed by the level of public involvement within NHS Lanarkshire.

Since the last review visit, the NHS board has reviewed the methods it employs to communicate externally. The website has been redeveloped with a series of workshop events being held with staff, patients and the public to gain their views on how the website could be improved. Evidence also demonstrated that external communication arrangements have been evaluated and reviewed. For example, the communications department now has responsibility for the management of Freedom of Information (FOI) requests. A freedom of information protocol was developed with the aim of ensuring a consistent approach to FOI requests across NHS Lanarkshire. NHS Lanarkshire has invested in an IT system, Solcara, to support this. Training has been developed to further enable staff to respond to requests. Reports are provided to the information governance committee and also the chief executive to ensure that they are kept updated on the speed of responses being given.

**Core area: 3(d) Performance management**

**Performance assessment statement: The NHS board is monitoring the effectiveness of its arrangements for performance management across the organisation.**

NHS Lanarkshire’s performance management arrangements are modelled on the HEAT targets and the ‘Citistat’ approach. A range of specific performance management reports is produced within the board area. An annual report provides information on overall progress, while a more detailed review of progress against HEAT targets is provided in the annual review self-assessment. Corporate objectives contain local, regional and national priorities. These are monitored quarterly to determine whether progress is on target and a year-end report is then produced.

Performance frameworks are in place within both community health partnerships and the acute division. Responsibility for performance management of service delivery lies with operational directors. Operational management committees have an important governance role and are formal Board committees. Each division reports to their operational management committee which in turn reports to the Board. Quarterly performance review meetings take place within localities and acute sub-divisions where updates on progress and necessary action points are discussed. In addition, the director of strategic implementation, planning and performance meets with directors to analyse performance information. This provides the opportunity for any important issues to be highlighted before the quarterly report is drafted. Other standing committees of the Board are responsible for areas of strategic performance management work, for example the staff governance committee. Specific objectives, relating to the corporate objectives (for example, healthcare associated infection and patient safety, KSF), are given to each executive director. It is the responsibility of each director to then cascade these down to members of staff.

A number of changes have been made to the structures in place for performance management within NHS Lanarkshire, for example the groups responsible for managing performance. A performance management committee was established in 2006, but after perceived duplication of work, the corporate management team began to carry out focused
review of performance management in 2007. The performance management committee was reformed as the performance management group. After further review, the corporate management team and the Board are now responsible for the evaluation of performance management arrangements. Within the overarching structure, links are also in place with other parts of NHS Lanarkshire, for example the groups responsible for planning, to ensure cohesion between performance and planning. An example of this is the modernisation board’s role in the drafting of local delivery plans. A range of internal audits has also been carried out to assess arrangements in place.

A wealth of performance management data are reported directly to the Board on a monthly basis. The NHS board has broadened its portfolio of reporting and arrangements are also in place to monitor performance for specific topics such as the Scottish Patient Safety Programme. Evidence demonstrated Board consideration of a range of progress reports against the local delivery plan, including finance, waiting times, and healthcare associated infection. The review team commended the priority given by the Board to performance management. However, it also highlighted the need to balance time devoted to discussion of performance management with the rest of its agenda and to ensure that a manageable amount of information is reported to the Board. The review team encouraged the continued examination of the role of the Board and its delegated committees for performance management to ensure the correct balance of responsibilities.

It was following a recent review that the need for an overall summary report incorporating NHS Lanarkshire’s progress against a range of indicators was recognised. It was decided that these quarterly performance reports would be considered by the corporate management team and a finalised report including corporate management team comments would later be submitted to the Board. The first of these integrated reports contained a summary of progress against all 29 HEAT targets. It is intended that the content of this report will be developed over time.

The NHS board reported that it had taken a developmental approach to the evolution of its performance management systems and that a structured review of overarching performance management arrangements is planned for spring 2010. This will put the NHS board in a strong position to move towards the level where it is reviewing and continuously improving the arrangements for performance management across the organisation as part of a cycle of continuous quality improvement.
# 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>CMT</td>
<td>corporate management team</td>
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<tr>
<td>FOI</td>
<td>Freedom of Information</td>
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<tr>
<td>HEAT</td>
<td>health, efficiency, access and treatment</td>
</tr>
<tr>
<td>KSF</td>
<td>Knowledge and Skills Framework</td>
</tr>
<tr>
<td>MSP</td>
<td>Member of the Scottish Parliament</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 Lanarkshire was conducted on 2 September 2009.

<table>
<thead>
<tr>
<th>Review team members</th>
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