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

1. Setting the scene 4
2. Summary of findings 6
3. Detailed findings against the standards 8

- Appendix 1 – Glossary of abbreviations 19
- Appendix 2 – Review process 20
- Appendix 3 – Details of review visit 21
1 Setting the scene

This report presents the findings from the clinical governance and risk management (CGRM) peer review to NHS Western Isles. This review visit took place on 23 March 2010, 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 Western Isles (www.wihb.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.
## 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.

<table>
<thead>
<tr>
<th>CGRM standards</th>
<th>Assessment category</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Development</td>
</tr>
<tr>
<td><strong>Standard 1: Safe and effective care and services</strong></td>
<td></td>
</tr>
<tr>
<td>Core area 1a</td>
<td></td>
</tr>
<tr>
<td>Core area 1b</td>
<td></td>
</tr>
<tr>
<td>Core area 1c</td>
<td></td>
</tr>
<tr>
<td><strong>Standard 2: The health, wellbeing and care experience</strong></td>
<td></td>
</tr>
<tr>
<td>Core area 2a</td>
<td></td>
</tr>
<tr>
<td>Core area 2b</td>
<td></td>
</tr>
<tr>
<td>Core area 2c</td>
<td></td>
</tr>
<tr>
<td><strong>Standard 3: Assurance and accountability</strong></td>
<td></td>
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<td>Core area 3a</td>
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<td>Core area 3b</td>
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<td>Core area 3c</td>
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<td>Core area 3d</td>
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**Strengths**

The NHS board has:

- an embedded risk management system.
- a robust approach to internal communications.
- cross representation of non-executive directors on governance committees.
- appropriate partnership arrangements with NHS Highland.
Recommendations

The NHS board to:

- develop a strategic risk action plan to inform the evaluation of risk arrangements.
- complete and sign off the NHS board’s clinical strategy document.
- continue to embed the performance management framework and report against key performance indicators (KPIs).
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.

NHS Western Isles has made considerable progress following the previous review, and has now successfully developed a wide ranging risk management system in line with national policy and guidance. The review team noted that implementation of the NHS board’s risk management arrangements is largely complete. The NHS board has demonstrated that systems are embedded and staff are aware of arrangements for the recording and management of risk throughout the NHS board area.

A range of policies and procedures are in place to support the risk management structures. These include the NHS board’s risk management strategy, adverse incident management and learning policy, the risk register policy, and the complaints policy and a procedure for processing hazard and safety action notices. The review team was pleased to note that a robust system of document control was used to develop and roll out these documents.

A corporate risk register is in place which is reviewed at the NHS Western Isles corporate management team on a monthly basis. The NHS board’s risk monitoring and audit committee reviews the corporate risk register on a quarterly basis as a further level of assurance. The review team further noted that the clinical governance committee, corporate management team and the single operating division team also discuss risk data including incident reporting and complaints as a standing agenda item. Any risks identified, or adverse incidents requiring discussion are addressed immediately.

There is an agreed escalation flow chart for transferring risks to the NHS board’s governance committees through the recently introduced Datix system. The review team noted the appointment of a Datix systems manager to train and support staff in the use of Datix to ensure that all risks are captured across a majority of clinical areas. The review team encouraged the NHS board to continue to roll out Datix across all clinical areas. The review team was pleased to note considerable engagement with primary care in the NHS board’s risk management arrangements. A risk action team has been established to review risks before they are escalated to governance committees. Additionally, the remit of the risk action team is to ensure that the risk management strategy is embedded and evaluated across all services. The risk action team has representation from all services across the organisation.
In addition to strategic risk management and monitoring, group and committee structures demonstrated robust engagement in routine operational monitoring of risk management information. The review team concluded that the NHS board has a solid level of exposure to the corporate risk register. The NHS board also evidenced that risks are regularly assessed and acted upon at a strategic level, and are disseminated to clinical areas for review by the Board if clinical in nature. However, the review team concluded that while the NHS board is monitoring the risk register, it is not routinely evaluating the effectiveness of its risk management arrangements. The review team encouraged the NHS board to develop an overarching strategic risk action plan to inform the future evaluation of the effectiveness of its arrangements.

Core area: 1(b) Emergency and continuity planning

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

NHS Western Isles has appointed an emergency planning officer and has developed and implemented a series of emergency plans which cover all key clinical areas of the NHS board. The review team noted that the appointment of the emergency planning officer resulted in an in-depth review of all the NHS board’s emergency and business continuity planning arrangements, after a consultation with other Category 1 responders.

The NHS board has developed risk assessments for responding to a major incident and pandemic influenza. The review team noted that no further risk assessments had been developed for other potential disruptions to services. The review team also noted a recent review of the NHS board’s emergency planning arrangements which has resulted in an updated major emergencies plan. This is in line with current legislation and based upon national planning tools. It was reported that a further review of this document is scheduled for late 2010.

The NHS board gave an example of when its emergency plan had been put into practice when a power disruption affected its operations. The review team noted that staff responded enthusiastically to the plan, and its review following the incident. Strong operational engagement in emergency management was evident, as was a close working relationship with primary care areas in planning activities.

The review team noted that business continuity plans throughout the NHS board area were not as robustly developed as emergency plans. While evidence was produced to show that some clinical areas had produced business continuity documentation, the review team encouraged the NHS board to prioritise services in order to ensure that all key areas which must remain operational in the event of disruption to services have clear and structured business continuity plans in place. The review team further encouraged the NHS board to develop a strategic overarching business continuity plan to assure the Board that all operational areas of importance have clear, regularly reviewed, and up-to-date plans in place in the event of service disruption.

The review team concluded that NHS Western Isles has made significant progress in its emergency and business continuity planning following the last review visit, and is now at the stage where emergency plans have been developed and are being implemented throughout the NHS board area. Business continuity plans are still at the stage of development.
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.

Following the previous review, NHS Western Isles has revisited and updated its clinical effectiveness arrangements. As a result, the NHS board has updated its clinical governance strategy and has incorporated quality KPIs to produce the clinical governance and quality framework. The clinical governance and quality framework is the key document by which the NHS board undertakes all clinical effectiveness activity. The framework is supported by a series of national policy drivers, such as national standards, the national Quality Strategy and the Scottish Patient Safety Programme, in addition to the NHS Western Isles quality and clinical effectiveness strategy. The quality and clinical effectiveness strategy has been developed to encourage the use of tools and techniques to promote a quality management system which is comprehensible and accessible to all staff groups.

All clinical effectiveness activity throughout NHS Western Isles is overseen by the clinical governance committee, which is a standing committee of the Board. The clinical governance committee is supported by the safe and effective care committee (SECC), which in turn provides assurance to the clinical governance committee regarding the delivery of safe and effective care. The SECC is delegated to develop and ratify clinical governance related policies and strategies, and provides direction on clinical effectiveness and the quality improvement programme to all staff groups. The review team commended the NHS board on the development of the SECC as a good support mechanism for an NHS board of its size.

It was noted that the SECC and clinical governance committee have been involved in supporting a range of public health initiatives. They had undertaken several joint working projects with NHS Health Scotland to improve services across the NHS board area, with a particular focus upon primary care. Inclusion of public representation in a range of projects and initiatives was also highlighted as an area of good practice by the NHS board. The review team commended the NHS board on its work with public and patient groups, and on its proactive approach to clinical effectiveness and quality improvement programmes in the community.

The review team concluded that NHS Western Isles is now at the stage where it is implementing its systems for clinical effectiveness and quality improvement, and encouraged the NHS board to develop a systematic programme of review of its arrangements in order to begin to evaluate their effectiveness in future.
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.

NHS Western Isles has developed and implemented a range of systems to ensure that a partnership approach is taken to access, referral, treatment and discharge throughout the organisation. These arrangements are supported by a range of policies and practices which inform patients to enable them to make choices about their treatment. These include: a patient information policy; a consent policy outlining the importance of obtaining consent and providing clear guidance for staff; a variety of patient information leaflets; close links to voluntary organisations and support groups; and a website containing information on services. This information can be accessed in different languages and in different font sizes and colours. The NHS board reported that the interpretation service ‘Language Line’ was available within primary and secondary care services. However, the review team noted that the NHS board had yet to develop a clinical strategy to underpin the systems for access, referral, treatment and discharge, and encouraged the NHS board to continue development of its clinical strategy. The review team encouraged the Board to ensure this strategy is ratified and disseminated throughout the NHS board area as soon as possible.

The review team noted the efforts taken by the NHS board to ensure that several key services are now available to all patients within NHS Western Isles, without the requirement for referral to mainland NHS boards for treatment. The review team commended the NHS Western Isles for supporting good quality access to patient care. A series of obligate networks with mainland NHS boards were noted, with particular enthusiasm from staff towards the improvements in working practice resulting from the radiology network.

At the time of the review visit, NHS Western Isles was drafting a carers’ strategy, and the review team encouraged the NHS board to continue with this work, and to disseminate the policy across the organisation upon ratification.

The review team noted the considerable efforts made by the NHS board to ensure public and patient involvement throughout the patient journey. The review team commended the patient focus and public involvement input into the development of the carers’ strategy, endoscopy information leaflets and mental health information resources.
Processes to monitor delayed discharges and waiting times across the NHS board area were noted. The review team was pleased to note that review of these data takes place on a regular basis to inform the NHS board of any issues which may need to be addressed. Reporting was evidenced at both operational and strategic level, and has been used to develop further resources for review of patient needs.

The review team concluded that NHS Western Isles has developed and implemented a variety of systems for the access, referral, treatment and discharge of patients, and is beginning to monitor the output from these systems. However, in order to begin to evaluate the effectiveness of these arrangements, the review team encouraged the NHS board to develop a planned and systematic approach to the review and evaluation of its arrangements.

Core area: 2(b) Equality and diversity

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

NHS Western Isles is committed to ensuring that the services it provides meet the needs of its population. Schemes and strategies are in place to ensure disability, race and gender equality. However, schemes and strategies to deal with age, faith and sexual orientation were not fully disseminated or embedded throughout the NHS board. The NHS board reported it has now developed a single equality and human rights scheme, which covers all six strands of equality. This scheme was published in 2009 and is being rolled out throughout the NHS board area.

Following a review of arrangements prior to the introduction of the single equality and human rights scheme, the NHS board has identified impact assessment as the most appropriate way to ensure that equality and diversity arrangements are used effectively. All policies, strategies and schemes signed off by the Board are now routinely impact assessed before ratification. The review team was pleased to note that plans are in place to publish all equality and diversity impact assessments on the NHS Western Isles website.

All equality and diversity activity carried out throughout the NHS board area is overseen by the equality and diversity steering group and its sub-committees. The equality and diversity team is responsible for day to day assurance to the Board. The equality and diversity team also works closely with the communications department to ensure that all complaints made regarding equality and diversity issues are identified and addressed quickly. The equality and diversity steering group is responsible for the escalation of any urgent issues to the Board. The Board takes day to day assurance on the success of equality and diversity arrangements through annual reports from the equality and diversity steering group and ongoing reporting from the equality and diversity team.

The review team noted that arrangements are in place for identifying, assessing and responding to the needs of several patient groups through the disability, gender and race policies. However, robust arrangements to deal with the needs of individuals or groups covered by the other equality strands were not yet established. The review team encouraged the NHS board to continue with the dissemination and implementation of the single equality and human rights scheme in order to ensure that all patients within the NHS board area with a particular need or preference are identified and assisted in future. The roll-out of a continuous programme of training for all six equality strands was also recommended.
The review team commended the NHS board on both the large amount of work which has taken place since the last NHS QIS review, and the strength of leadership of the equality and diversity agenda. The review team encouraged the NHS board to continue to roll out and fully embed the single equality and human rights scheme, and to develop an action plan for the systematic monitoring and evaluation of the arrangements in place in order to begin to evaluate the effectiveness of board-wide equality and diversity arrangements in future.

Core area: 2(c) Communication

Performance assessment statement: The NHS board is monitoring the effectiveness of its arrangements for improving the way that staff communicate and engage with each other, patients and the public across the organisation.

NHS Western Isles has a joint internal and external communications strategy, action plan and media policy, which was approved by the Board in 2007 and has been fully implemented. The strategy and supporting documentation were reviewed in 2009 and set out the aims and objectives of the revised strategy. The review team was pleased to note extensive consultation with patient and public partnership groups, and the staff governance committee before the ratification of the revised strategy.

NHS Western Isles uses a range of initiatives to communicate key internal messages to its staff and patients. This includes a regular staff magazine, Slainte; a staff bulletin, finger on the pulse; standard briefing templates; press releases; and a series of intranet polls. Regular staff briefing sessions are also organised, in addition to regular meetings with key staff from the NHS board and local councillors and MSPs. The review team noted the formation of a staff communications group, which takes responsibility for the implementation of the revised communications strategy and action plan throughout the NHS board area.

Several mechanisms have been introduced throughout the NHS board area to gather and assess feedback from staff and patient groups regarding key issues. An example noted by the review team was the upgrading of picture quality and the move to professional printing for Slainte. Another example is the briefing on communications which is included in the handbook issued to all new staff, and this includes information on how to access the NHS board’s communications policies and procedures.

The review team was also pleased to note the introduction of communications walkrounds by the communications manager and the employee director to assess the effectiveness of communications arrangements at ward level. The NHS board reported that these walkrounds raise awareness of the communications strategy and give staff the opportunity to ask questions or feedback on communications initiatives.

Through the establishment of the action plan and extensive consultation, as well as ongoing evaluations of existing arrangements, the NHS board has been clearly able to demonstrate an ongoing commitment to evaluating the effectiveness of its internal communications arrangements. The review team encouraged the NHS board to continue with the momentum created during the ongoing transitional period and ensure that
changes made to existing arrangements are supported by documentary evidence and subject to further review, thereby demonstrating a cycle of continuous improvement.
**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.

Following the previous review, NHS Western Isles has updated its clinical governance strategy, and incorporated guidance and legislation from the healthcare quality strategy for Scotland, the Scottish Patient Safety Programme, and national standards to produce a clinical governance and quality framework. The framework was consulted upon with staff groups, Board committees and patient groups, and following input from these groups, was ratified in 2010. The framework clearly outlines the accountability arrangements for clinical governance across the organisation, with the Board accountable for all clinical governance activity, and is supported by the safe and effective care committee action plan.

The clinical governance committee is the standing Board committee with lead responsibility for clinical governance, and its multidisciplinary membership consists of the medical director, nurse director, a non-executive director of the Board, senior management team members and co-opted expertise from the chief executive and public health director as appropriate. The review team noted a reciprocal arrangement with the chair of the clinical governance committee for NHS Highland for attending clinical governance meetings, and encouraged the NHS board to continue to develop its knowledge sharing arrangements with other NHS boards.

The safe and effective care committee supports the work of the clinical governance committee, and acts as a key link between clinical services and the clinical governance committee. Minutes from the SECC meetings are escalated to the clinical governance committee for consideration, and if necessary, escalated to the Board. Feedback from the minutes is used to inform the activity of the SECC. The review team commended the NHS board for the formation of the SECC and encouraged the organisation to maintain existing links and continue to develop the strong operational ties the committee has with front-line staff.

NHS Western Isles has a strong focus on knowledge sharing and clear lines of accountability, and has developed its governance structures to ensure that non-executive Board members sit on more than one of the Board’s governance committees. This ensures that the Board has full oversight of all governance activity being carried out throughout the organisation. The review team commended this system and encouraged the Board to continue with cross-representation of non-executive directors to ensure transparency in its
governance arrangements. It was noted that close ties remain with the executive team of NHS Highland and the review team encouraged NHS Western Isles to continue to use this partnership working to improve patient care and to support knowledge sharing.

The review team concluded that NHS Western Isles has made significant progress in the development and implementation of a robust system of governance throughout the organisation. The review team encouraged the NHS board to continue to align the clinical governance and quality framework with operational activity to ensure joined up working from the front line to the Board. Evidence was provided to demonstrate that the NHS board is beginning to consider evaluation of the effectiveness of its clinical governance and quality assurance arrangements. However, at the present time, the NHS board is not at the stage where it is systematically evaluating the effectiveness of its arrangements for clinical governance and quality assurance.

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 Western Isles has arrangements in place to ensure that staff have the necessary professional registrations to carry out their role and that these are kept up to date. The staff governance committee and clinical governance committee are ultimately responsible for ensuring that all staff working throughout the NHS board area have the necessary qualifications. Line managers are individually responsible for ensuring that their staff are fit to practise and reports on the monitoring of appropriate clinical registrations are escalated to both committees. Board committees are guided by the staff governance action plan.

The NHS board uses a centralised system to ensure that pre-employment checks are carried out in the recruitment process. Pre-employment checks include reference and occupational health checking, as well as ensuring verification of the right to work in the UK. The NHS board reported that all staff are subject to Disclosure Scotland clearance checks and are checked against professional registers prior to employment. The review team noted an ongoing project in NHS Western Isles to convert the pre-employment checking system to an electronic database, and encouraged the NHS board to continue with this piece of work.

NHS Western Isles is committed to ensuring that staff have the necessary knowledge and training to carry out their duties. Personal development plans and the NHS Knowledge and Skills Framework (KSF) system are well used, with 96% of staff registered compliant with the KSF system. The NHS board reported that it is an employee’s line manager’s responsibility to identify any learning and development needs and to arrange for appropriate training. The review team noted the development of a training network, designed to enable staff to train within the NHS board area rather than on the mainland, as an area of good practice. The review team encouraged the NHS board to develop this network further. Another area of good practice is the scheme to allow care home staff to train in clinical skills.

It was clearly evidenced that appropriate policies and procedures have been developed and implemented throughout the NHS board area. However, the review team considered that the NHS board did not yet have in place a sufficiently systematic, documented and

Local Report (NHS Western Isles): Clinical Governance and Risk Management – July 2010

16
comprehensive approach to evaluating its fitness to practise arrangements across the organisation.

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

**Performance assessment statement:** The NHS board is monitoring the effectiveness of its external communication arrangements across the organisation.

NHS Western Isles has a joint internal and external communications strategy, action plan and media policy, which was approved by the Board in 2007 and has been fully implemented. The strategy and supporting documentation were reviewed in 2009 and a full set of departmental and ward communications plans were developed to support them. A departmental communications plan template was approved by the Board in 2007. These plans ensure that managers are aware of the communication policy and promote that every member of staff has a responsibility to communicate effectively.

NHS Western Isles uses a range of initiatives to communicate key external messages to its patients, the public and the press. This includes a survey to key stakeholders in the local community such as local councillors, religious groups, voluntary organisations and patient groups. The NHS board also publishes regular columns in two local newspapers to highlight points of interest and to communicate key issues for the organisation. The review team noted an arrangement with local radio stations to provide a monthly health promotion update, and the large screens set up in public areas of the organisation to communicate key messages to patients, visitors and the public.

Several mechanisms have been introduced throughout the NHS board area to gather and assess feedback from the public and the press regarding key issues, including a website feedback mechanism, a comprehensive complaints policy, and a system for recording and grading press enquiries.

Through the establishment of the action plan and extensive consultation, as well as ongoing evaluation of existing arrangements, the NHS board has been able to demonstrate an ongoing commitment to evaluating the effectiveness of its external communication arrangements. The review team encouraged the NHS board to continue with the momentum created during the ongoing transitional period and ensure that changes made to existing arrangements are supported by documentary evidence and subject to further review, thereby demonstrating a cycle of continuous improvement.

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

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

The review team noted that there has been considerable organisational focus on strengthening all aspects of performance management within NHS Western Isles. A performance management strategy and framework was developed in 2009 and is being implemented and embedded across the NHS board area, with effective performance management arrangements in place throughout the organisation.
NHS Western Isles was able to demonstrate a consistent approach to monitoring operational performance across the organisation. Following the review visit in 2006, the NHS board has established an accountable structure for performance monitoring and reporting. The review team was pleased to note the introduction of the NHS board’s controls assurance review panel, which meets three times each year. The controls assurance review panel involves both operational and strategic staff and discusses performance against standards, KPIs and risks. Outcomes from these meetings are used to support annual and half yearly review of performance, and act as drivers for initiatives to improve performance.

The NHS board was able to provide a number of examples where performance management information has been used to implement and demonstrate improvements in service delivery, including a reduction in delayed discharges following a controls assurance review panel.

In addition to the controls assurance review panel, the NHS board executive team meets weekly to discuss local delivery HEAT measures in addition to local measures and targets of importance. Performance management is a standing Board agenda item to assure Board members that appropriate action is being taken and that performance is being managed effectively. An assurance framework is in place through committees of governance, through which all operational management structures report.

Regular monitoring of staff performance is undertaken by line managers. In addition to an individual’s job description, each individual agrees with their line manager their own work plan and objectives aligned with overall corporate objectives. Ownership and effective leadership of the performance management arrangements is achieved by sign-off at an appropriate level within the organisation of individual work plans and objectives.

The review team concluded that NHS Western Isles has implemented a system for performance management and regular progress reports are being generated for Board consideration. Structures are in place for the reporting of performance to the Board and feedback mechanisms from the Board to guide performance management groups are evident. The review team noted that the development of an action plan for the systematic and ongoing evaluation of performance management arrangements would allow NHS Western Isles to evidence that it is evaluating the effectiveness of its performance management arrangements in future.
## Appendix 1 – Glossary of abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Definition</th>
</tr>
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<tbody>
<tr>
<td>CGRM</td>
<td>clinical governance and risk management</td>
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<tr>
<td>CHP</td>
<td>community health partnership</td>
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<td>HEAT</td>
<td>health, efficiency, access and treatment</td>
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<tr>
<td>KPI</td>
<td>key performance indicator</td>
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<tr>
<td>KSF</td>
<td>Knowledge and Skills Framework</td>
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<td>NHS QIS</td>
<td>NHS Quality Improvement Scotland</td>
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<td>SECC</td>
<td>safe and effective care committee</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
- 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

After Visit
- NHS QIS publishes national overview
Appendix 3 – Details of review visit

The review visit to NHS Western Isles was conducted on 23 March 2010.

**Review team members**

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