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.

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First published August 2010

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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 Quality Improvement Scotland**. This review visit took place on **6 May 2010** and details of the visit, including membership of the review team, can be found in Appendix 3.

Further information about NHS Quality Improvement Scotland can be accessed via the website of the NHS board (www.nhshealthquality.org).

**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.

NHS QIS recognises the importance of being included within the review cycle for these standards. In order to maintain the credibility and independence of the review visit, NHS QIS recruited an external peer review team to conduct the visit and compile the report, which was then quality assured by Audit Scotland.

**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.

<table>
<thead>
<tr>
<th>CGRM standards</th>
<th>Assessment category</th>
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<tr>
<td></td>
<td>Development</td>
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### Standard 1: Safe and effective care and services

| Core area 1a | | | |
|-------------|---------------------|

| Core area 1b | | | |
|-------------|---------------------|

| Core area 1c | | | |
|-------------|---------------------|

### Standard 2: The health, wellbeing and care experience

| Core area 2a | This core area does not apply to NHS Quality Improvement Scotland | | |
|-------------|------------------------------------------------|---------------------|

| Core area 2b | | | |
|-------------|---------------------|

| Core area 2c | | | |
|-------------|---------------------|

### Standard 3: Assurance and accountability

| Core area 3a | | | |
|-------------|---------------------|

| Core area 3b | | | |
|-------------|---------------------|

| Core area 3c | | | |
|-------------|---------------------|

| Core area 3d | | | |
|-------------|---------------------|

### Strengths

The NHS board has:

- demonstrated robust arrangements for evaluation of individual programmes and projects.
- comprehensively monitored its equality and diversity arrangements across all six strands.
- demonstrated commitment in involving all stakeholders in its internal and external communication arrangements.
- embedded performance management arrangements at all levels.
**Recommendations**

The NHS board to:

- continue to move forward with its arrangements for business continuity plans by developing an overarching business continuity plan.
- review its governance arrangements to confirm that they remain fit for purpose.
- improve arrangements for document control across the organisation.
- develop meaningful key performance indicators (KPIs) for Healthcare Improvement Scotland.
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 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 implementing its arrangements for risk management arrangements across the organisation.

NHS QIS’ approach to risk management is underpinned by its risk management strategy, which was approved by both the audit committee and Board in 2008 and has been implemented across the organisation. The Board has delegated responsibility for risk management to the audit committee, which has lead responsibility to provide assurance that risk management arrangements are operating effectively. In 2008, a clinical governance and risk management implementation group was set up to support the clinical governance and quality assurance committee and the executive team to implement the clinical governance and risk management standards. It functions as the risk management group for NHS QIS and reports both to the clinical governance and quality assurance committee and audit committee. It is chaired by an executive director and has members from each of the directorates.

The corporate risk register is well constructed and completed and is reviewed annually at the Board’s risk management workshop. Although reporting arrangements were in place, there was insufficient evidence to show that risk management reports were routinely reported to the clinical governance and quality assurance committee and the audit committee. There was no risk management annual report.

Risk registers have been developed at directorate level, with some risk registers in place for some teams. The review team was concerned that the format of risk registers across the organisation was inconsistent and that there was no clear risk escalation procedure in place. Whilst acknowledging that NHS QIS has a relatively static risk profile, the review team encouraged NHS QIS to develop a consistent and systematic system for risk registers and clear guidance on risk escalation. The review team welcomed the development of a risk register for the transition to Healthcare Improvement Scotland, however, the review team noted that the risk register, which was developed by an external partner, was in the early stages of development.

NHS QIS showed commitment to improving its health and safety arrangements, which had been identified as an area for improvement following an independent audit. A health and safety advisor had recently been appointed and was developing and implementing a suite of health and safety policies and procedures, delivering risk assessment training and was reviewing incident reporting arrangements.

*Royal College of Anaesthetists of Scotland*
It is evident that NHS QIS has undertaken some evaluation of its risk management arrangements by its internal auditors. However, the scope and depth of this evaluation does not constitute regular and comprehensive monitoring of the entire risk management system. The review team, therefore, concluded that NHS QIS has not reached the stage where it is systematically planning and monitoring the effectiveness of its risk management arrangements.

**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 QIS is neither a Category 1 nor Category 2 responder and, therefore, is not required to meet the legislative requirements of the Civil Contingencies Act 2004. Therefore, it is appropriate to focus attention on business continuity within the core area.

The NHS QIS business continuity strategy and business continuity policy is to be commended for following the outline in the NHSScotland business continuity framework. Although there is no overarching business continuity plan, a number of business continuity plans have been developed for specific areas including property and facilities, IT and the Scottish Health Council. These plans are reviewed every two years with the exception of IT plans, which are reviewed every year. Testing of the plans is limited to the IT plans. Representatives from NHS QIS informed the review team that it is the intention to undertake a business continuity exercise annually, testing a different area of the business each year.

NHS QIS has enhanced its business continuity arrangements by introducing critical incident analysis. Whenever there is an incident which has impacted or has the potential to impact on business continuity, the incident is critically reviewed to identify what went wrong and what actions need to be taken to mitigate and reduce these risks and share learning. This approach has been used following a failure of a switched fuse unit and contamination of a drinking water cooler.

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

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

NHS QIS has a lead role in supporting NHS boards improve the quality of healthcare. It achieves this by providing advice and guidance on effective clinical practice, including standard setting; driving and supporting implementation and improvements in quality and assessing the performance of the NHS; and reporting and publishing findings. NHS QIS’ clinical effectiveness and quality assurance arrangements are set within this context.

Clinical Effectiveness and quality assurance activity is an integral part of its work programmes. These work programmes are aligned to national priorities, which form part of the NHS QIS local delivery plan and its four corporate objectives (improving quality, making an impact, sharing knowledge, working effectively). Performance of the work programmes is monitored annually through the Scottish Government Health Directorate’s Accountability Review and every two months as part of the performance reports to the Board. The clinical governance and quality assurance committee has been given the
delegated responsibility to oversee clinical governance and quality assurance, including quality assurance of programme management. There was no evidence presented to the review team that showed that this committee had recently considered this.

NHS QIS has enhanced its clinical effectiveness and quality assurance arrangements by developing a knowledge management strategy and clinical engagement strategy. This will ensure that the work NHS QIS reflects the most up-to-date knowledge, best practice in quality improvement, current evidence and clinical practice. This is further supported by the integrated cycle of improvement.

NHS QIS was able to provide a number of excellent examples of the evaluations of individual projects, including the joint review between NHS QIS and St Andrew’s University on the continuous review of blood transfusion services and the external evaluation of the Joanna Briggs Institute. However, the review team could find no evidence that the results of evaluation of these individual projects were shared widely across the organisation or influenced the way in which future projects or programmes were run. Evaluation reports are submitted to and considered by the executive team. Only evaluation reports for projects or programmes of significant corporate value are presented to the Board. The review team was pleased to note the development of an operational management team which would provide the opportunity for team leaders to share knowledge and experience.

It is evident that NHS QIS is committed to improving its advice, support and assessment activities and that evaluation of individual projects is leading to improvement. However, there was insufficient evidence to demonstrate that NHS QIS has a planned and systematic approach to monitoring the effectiveness of its clinical effectiveness and quality improvement arrangements across the organisation.
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(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 QIS has continued to make significant progress with its equality and diversity arrangements and is now monitoring the effectiveness of these. NHS QIS has an equality, diversity and human rights strategy, which is reviewed on an annual basis. Additionally there are approved race, disability and gender equality schemes with action plans. Following evaluation of the existing schemes a draft single equality scheme, has been developed. The draft scheme has been presented to the staff governance committee, with the intention of implementing the single equality scheme in December 2010.

NHS QIS equality and diversity arrangements are monitored through the equality and diversity action group which reports to the staff governance committee. The equality and diversity action group is chaired by the equality and diversity officer. The staff governance committee is chaired by a non executive director. In addition, reports on the implementation of the equality, diversity and human rights strategy, as it relates to the organisation’s work programme, are monitored through the clinical governance and quality assurance committee.

Equality and diversity has been embedded and mainstreamed in the work streams within NHS QIS. Equality and diversity impact assessments are undertaken for all strategies, policies, functions and programmes of work across all six equality strands. This process is built into the project management processes within the organisation. Once the impact assessments have been completed, reports are made available on the intranet and on the NHS QIS website. Progress reports are presented to the staff governance committee.

NHS QIS is commended for its training on equality and diversity issues. All new starts and public partners have to attend a mandatory equality and diversity awareness session. These sessions are evaluated and changes made as required ensuring that they remain ‘fit for purpose’. NHS QIS has identified and responded to staff needs in relation to undertaking specific aspects of their work programme. For example a series of training sessions were held to train staff on how to undertake case note review for an attention deficit and hyperkinetic disorder project. NHS QIS has changed its stakeholder consultation process for standards development following feedback from patients, carers and the public.
Separate stakeholder events are now held for those working in the NHS and for patients, carers and the public.

The review team concluded that NHS QIS is now at the stage of monitoring the effectiveness of its arrangements and is well placed to move towards evidencing a continuous cycle of review and quality improvement.

**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 QIS communication arrangements are set out in its communication strategy which was signed off by the Board in 2008. The strategy covers both internal and external communication with two components covering corporate and programme communication. The strategy was developed through a combination of formal and informal research with internal and external stakeholders. This included internal and external communication research undertaken by SMART research in 2008 which involved internal stakeholder interviews, internal staff survey, external stakeholder interviews and a strategic communication workshop.

A formal action plan has been developed to support the implementation of the communication strategy. This was signed off by the executive team and Board in December 2009. Progress against the action plan is reported by the head of communications quarterly to the Executive Team and twice a year to the Board. There is routine reporting to the partnership forum and staff governance committee.

Communication steering groups have been established to take forward five areas of work: design and print, media management, internal communications, web management and stakeholder engagement. A member of the communication team is also a member of each of the directorate teams to provide advice and support on communication matters.

NHS QIS uses a number of different methods to communicate with its staff. The staff intranet MOLE, the staff newsletter ‘About Us’ and the chief executive update are the main communication channels. The chief executive issues a chief executive update every 3 weeks which staff reported was working well and kept them informed about strategic and operational issues. Over the last year, the intranet has been revamped to include dedicated areas for the partnership forum, health and safety, and corporate information. In addition there are specific internal communication campaigns on key issues such as the Staff Charter, the creation of Healthcare Improvement Scotland and Swine Flu.

Formal evaluation of the effectiveness of internal communication has been undertaken through annual internal staff surveys. From the 2009 survey, staff felt they were not well informed about NHS QIS objectives. In response to this, the Board produced a booklet outlining its corporate plan for 2010–2011 which outlined its strategic direction, the integrated cycle of improvement, corporate objectives and work programme, and has been supported by presentations to staff. The review team congratulated NHS QIS on the clarity of this booklet. The review team concluded that NHS QIS was monitoring the effectiveness of its internal communication arrangements.
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 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 implementing arrangements its arrangements to co-ordinate clinical governance and quality assurance arrangements across the organisation.

A clinical governance and quality assurance committee has been in place for a number of years to provide assurance to the Board that governance arrangements are in place and that regular reports are submitted to the Board. The committee is chaired by a non executive director and is responsible for information governance, equality and diversity, clinical governance, patient focus and public involvement (PFPI) and research governance. In October 2009, a public partner became a member of the committee. There is no clinical governance or quality assurance strategy. A governance framework was developed in 2008 and NHS QIS was encouraged to review this as it prepares for its transition to Healthcare Improvement Scotland.

In March 2008, NHS QIS strengthened its governance arrangements and established a clinical governance and risk management implementation team. The team is responsible for supporting the clinical governance and quality assurance committee, the executive team and staff within NHS QIS with the implementation of the clinical governance and risk management standards. The group reports to the executive team and then to the clinical governance and quality assurance committee and has membership from each of the directorates.

Formal evaluation of clinical governance and quality assurance arrangements is undertaken by NHS QIS internal auditors as part of their statement of internal control, however this is limited to examining the remit of the committee and arrangements to meet the clinical governance and risk management standards. A further internal audit identified that the committee did not prepare an annual report or a work plan. In response to this, the committee prepared an annual report for 2008–2009, which was presented to the Board in December 2009. At the time of the review, a draft work plan had been prepared but had not been signed off.

At operational level, team managers reported there was good communication with the executive team and clinical governance and quality assurance committee on clinical governance and quality assurance matters. However, it was noted that there was limited opportunity to share information across different teams and directorates. The team managers welcomed the development of the operational management team which would
provide an opportunity to share knowledge and experience. This would then be used to shape future projects and programmes.

It was evident to the review team that many groups and committees reported to more than one governance committee and that it would appear that the audit committee has lead responsibility for ensuring that groups and committees have effective systems in place for clinical governance and quality assurance. The review team noted, that although the clinical governance and quality assurance committee duties included providing assurance that systems were in place for clinical governance and quality assurance within the work programme it had no oversight of the work of the programme board. The review team was pleased to note the proactive approach taken by the committee to develop a system for addressing areas of poor performance or serious systems failures which had been identified through the NHS QIS performance assessment process. The review team encouraged NHS QIS to review the effectiveness of its governance arrangements to confirm that they remain fit for purpose and to update their governance framework.

NHS QIS is currently implementing its arrangements for clinical governance and quality assurance and there is some evidence of monitoring its clinical governance and quality assurance arrangements. The review team encouraged NHS QIS to develop arrangements for systematically monitoring the effectiveness of its arrangements.

Core area: 3(b) Fitness to practise

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

NHS QIS has strengthened its arrangements since the last review visit to ensure its workforce has the necessary knowledge and skills to undertake its role on advising, supporting and assessing NHS boards to help them improve the quality of healthcare they provide. The staff governance committee is in place to advise the Board on its responsibilities, accountability and performance against the staff governance standards and is chaired by a non-executive director. The other committees in place to ensure fitness to practise of staff are the partnership forum, learning and development committee and the remuneration committee. Regular reports are provided at directorate and Board level on sickness absence, progress towards the NHS Knowledge Skills Framework (KSF) HEAT targets, establishment, recruitment and turnover and access to learning and development. Monitoring arrangements for the implementation of the staff governance action plan is through the staff governance committee and partnership forum. The partnership forum undertakes an annual self-assessment against the staff governance standards, the results of which influence the staff governance action plan for the following year. Representatives of NHS QIS provided assurance that there were clear reporting arrangements in place between the committees and groups.

All staff employed by NHS QIS are recruited following the recruitment and selection policy and procedures, which include employment checks in terms of qualifications, experience, professional registration, eligibility to work in the UK and disclosure checks. All new starts are subject to a 3-month probation period. Surveys have been developed and issued to candidates at every stage of the recruitment process to provide feedback on their experience which is then used to make changes. An internal audit and validation exercise was recently undertaken to cross check staff who required professional qualification or registration. As a result of this, a draft professional registration policy has been developed.
to consolidate the process and procedures when recruiting and retaining clinical staff requiring professional registration or accreditation. Following the establishment of the Healthcare Environment Inspectorate in April 2009, NHS QIS has had to review its arrangements regarding disclosure checks. In the past, very few staff required disclosure checks, however due to the nature of these visits, staff and public partners have to undergo disclosure checks. Arrangements have been amended to take account of this.

A number of human resources (HR) policies have undergone review or will be reviewed in the next year. The partnership forum has delegated responsibility for policy review and development to a sub-group. Although the review team welcomed this, there was concern that all policies were approved by the executive team, with no policy going to the Board for approval. Some work had started to review HR policies, however it was evident to the review team that there was no consistent system in place across all the units within NHS QIS for the development and review of policies. Given that many policies presented to the review team were out of date and had poor document control, it is recommended that NHS QIS implements and monitors its document version control and naming conventions policy as soon as possible.

NHS QIS is fully committed to developing the knowledge, skills, experience, understanding and attitudes of staff. Robust systems are in place across the organisation to identify the training and development needs of its staff. The majority of staff are on the Agenda for Change terms and conditions, with personal development and reviewing being taken forward through the KSF. An annual learning and development plan identifies corporate learning and development priorities based on the organisation’s corporate objectives and training needs identified through staff personal development and review. This plan is approved by the staff governance committee and partnership forum.

Performance against the KSF HEAT target is reported on a quarterly basis at directorate and Board level. A significant piece of work undertaken by NHS QIS was aligning the organisation’s culture to its new strategic direction contained in ‘The Way Ahead’. It achieved this by supporting staff to understand the way in which the organisation was changing and to provide them with an opportunity to influence how this should be done. Staff briefings launched the vision, purpose and strategy with team workshops held to identify what this means at the different levels of the organisation. Following an all staff event, a staff survey went out to all staff asking them to identify the top 10 behaviours that had the greatest impact on changing the organisation’s culture. The result of this was the development of a Staff Charter which has been implemented across the organisation and is now being monitored by charter champions. Staff are encouraged to build a staff charter objective into their performance and development review.

NHS QIS is monitoring the effectiveness of its fitness to practise arrangements and is evaluating its systems. The review team encourages NHS QIS to continue to develop its approach to evaluation thereby allowing the organisation to demonstrate a systematic cycle of continuous review and improvement 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 QIS communication arrangements are set out in its communication strategy which was signed off by the Board in 2008. The strategy covers both internal and external communication with two components covering corporate and programme communication. The strategy was developed through a combination of formal and informal research with internal and external stakeholders. This included internal and external communication research undertaken by SMART research in 2008 which involved internal stakeholder interviews, internal staff survey, external stakeholder interviews and a strategic communication workshop.

A formal action plan has been developed to support the implementation of the communication strategy. This has been signed off by the executive team and Board in December 2009. Progress against the action plan is reported by the head of communications quarterly to the executive team and twice a year to the Board. There is routine reporting to the partnership forum and staff governance committee. Communication steering groups have been established to take forward five areas of work: Design and Print, Media Management, Internal Communications, Web Management and Stakeholder Engagement Group. A member of the communication team is also a member of each of the directorate teams to provide advice and support on communication matters.

NHS QIS uses a number of methods to communicate with its stakeholders. The organisation is responsible for maintaining 13 websites to promote their work. This includes NHS QIS SHOW site, Scottish Health Council, Scottish Intercollegiate Guidelines Network, Scottish Medicines Consortium and project specific websites such as the Mental Health Integrated Care Pathways toolkit, Scottish Patient Safety Programme and Practice Development Tissue Viability. These websites are continuously updated to ensure that the information they contain is current. NHS QIS hosts a number of communication networks for: liaison co-ordinators, chairs of clinical governance committees, clinical governance and risk management professionals, and allied health professionals as a means of formally communicating to stakeholders. Reviews of some of these networks have been undertaken to ensure that they are meeting stakeholders’ expectations and that information they receive is relevant and timely. A recent development has been the external diary which alerts stakeholders to publication dates of local reviews and inspections. A further development has been alerting NHS board contacts to publications of Healthcare Environment Inspectorate reports.

In April 2010, NHS QIS commissioned a further piece of research on its communication with stakeholders to enable it to benchmark the effectiveness of its current approach and to influence future communication practices. The research covers attitudes and perceptions of stakeholders in terms of their understanding of NHS QIS and the quality of the programme communication, it was noted that this piece of work was in progress at the time of the review visit.

It is evident that NHS QIS is now in a position where it is monitoring the effectiveness of its communication arrangements and that improvements have been made. The review team encourages NHS QIS to continue this work, whist acknowledging that the organisation is undergoing significant change in preparation for the establishment of Healthcare Improvement Scotland.
Performance assessment statement: The NHS board is monitoring the effectiveness of its arrangements for performance management across the organisation.

NHS QIS has progressed significantly its performance management arrangements since its last review in 2007. Its strategic planning and performance management framework was approved by the Board in August 2006 to ensure that systems and processes to measure performance and ensure organisational objectives were being set and achieved. The executive team has responsibility for the delivery of the organisation's objectives and has oversight of the performance of the organisation. They have responsibility for assuring the Board of the organisation's performance. The director of planning and resource management has direct responsibility for performance management, with staff within the planning team providing support to the directorate management teams.

NHS QIS performance reports comprise of three key components: progress against the work programme, finance and HR. The planning, finance and HR units are responsible for the provision of information on project status, budget forecasts, absence rates and uptake of eKSF. Information is provided at project, directorate and organisational level on a weekly and monthly basis. Ultimately, the information is used to prepare a detailed Board performance report and is a standing item on the Board meeting agenda. Over the last few years, changes have been made to the Board performance reports. The first change has been to report on projects, the second being reporting by themes and work programmes. From June 2010, following the development of an integrated management system, the Board will receive information on staff time taken for each project area. The non executives informed the review team that the reports were more comprehensible and they found the format useful and reduced the number of questions they had to ask. A challenge for Healthcare Improvement Scotland will be to develop meaningful KPIs which reflect the work of the new organisation.

NHS QIS is continually evaluating its performance arrangements through internal audit, with reports being discussed and considered by the audit committee. Recommendations from these audits have allowed the Board to enhance its performance management arrangements and ensure that they are effective and remain fit for purpose. However, the strategic planning and performance management framework developed in 2006 has not been updated to reflect the significant changes that have been made. Over the last 3 years, the Board has increased the size of the planning team which has enabled the provision of dedicated support to the directorate teams. In response to the internal auditors’ concern about the way projects were approved and linked to the organisation’s strategic objectives, NHS QIS established a programme board. The programme board is chaired by a non executive director and is responsible for devising and overseeing the programme recommendations which meet the needs of NHSScotland and NHS QIS strategic objectives.

Representatives from NHS QIS informed the review team that the strategic planning and performance management framework had not been reviewed since 2006 as it was still relevant and fit for purpose. The review team encouraged NHS QIS to formally review the framework to ensure organisational clarity and update it in light of its performance reporting arrangements, the programme board and the creation of Healthcare Improvement Scotland.
Evidence demonstrated that NHS QIS is evaluating its performance management arrangements. The review team noted that a planned, systematic and documented approach to evaluation would enable NHS QIS to evidence that it is reviewing and continuously improving performance management arrangements.
Appendix 1 – Glossary of abbreviations

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<tr>
<th>Abbreviation</th>
<th>Description</th>
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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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<td>HR</td>
<td>Human Resources</td>
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<td>KPI</td>
<td>key performance indicator</td>
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<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>PFPI</td>
<td>patient focus and public involvement</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
  - 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

- Draft local report sent to review team for comment
- Draft local report sent 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 QIS was conducted on 6 May 2010.

Review team members

John Angus (Team Leader)
Non-Executive Director, NHS Tayside

Peter Baxter
Associate Medical Director, NHS 24

Margaret Clarke
Senior Nurse, NHS Lanarkshire

Elizabeth Moir
Clinical Effectiveness Co-ordinator, NHS Fife

Miriand Morrison
Clinical Governance Development Manager, NHS Highland

Elaine Vanhegan
Head of Performance Management, NHS Forth Valley

Bill Wilson
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Team Support

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