NHS National Services Scotland

Local Report ~ March 2010

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 National Services Scotland. This review visit took place on 26 November 2009, and details of the visit, including membership of the review team, can be found in Appendix 3.

NHS National Services Scotland (NSS) is an integral part of the NHS in Scotland and works to support health and frontline patient care by providing or co-ordinating essential national and regional services. These include:

Health support
- Health Facilities Scotland - operational advice on all facilities topics
- Health Protection Scotland – co-ordinating health protection
- Information Services Division - health statistics and analysis
- National Services Division – commissioning screening and specialist health services
- Scottish National Blood Transfusion Service - blood transfusion services; tissue and bone banking services

Business support
- Central Legal Office - specialist legal services
- Counter Fraud Services - deterring, detecting and investigating fraud
- National Information Systems Group - supporting the delivery of national IM&T
- National Procurement - acquiring, storing and delivering goods and services
- Practitioner Services - family health service payments, patient registration and monitoring of clinical standards
- Scottish Health Service Centre - conference facilities, event organising, library and information services and national secretariat services

NSS was formerly known as the Common Services Agency (CSA) and is based in Edinburgh. Further information about NSS can be accessed via its website (www.nhsnss.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.

**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:

- hosted a series of risk management workshops to ensure that all staff groups are appropriately involved in organisational risk management.
- engaged staff in the development of seven strategic enhancement themes (7-SET) which have been defined by the NHS board in order to achieve its vision through specific annual targets.
- demonstrated long-term commitment to equality and diversity.
Recommendations

The NHS board to:

- develop an accountable framework for business continuity planning which ensures that it is embedded throughout the organisation, and is assessed and evaluated systematically.
- embed the principles of clinical effectiveness across all areas of the organisation.
- begin to formally review long-term arrangements in a planned and systematic manner.
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.

Robust and mature risk management arrangements are in place throughout NHS NSS, which are well developed and under ongoing review. At the time of the review visit, a well-established risk management framework and risk management strategy were in place throughout the NHS board, and robust evidence was produced to show a recent review of the effectiveness of the framework and strategy in December 2008. The review team noted that the recent review had highlighted several areas for improvement of risk management structures across the NHS board area, and as a result of this, the NHS board has developed an integrated risk management approach to address the recommendations given and to incorporate the good practice identified as a standard approach for the organisation.

Several initiatives to involve key stakeholders in the development and review of risk management arrangements were noted, and in particular, the review team highlighted the introduction of risk workshops at both a corporate and operational level as an area of good practice. Robust evidence was also produced to demonstrate that the NHS board has integrated its risk management arrangements with partner organisations, where necessary, to ensure management of shared risk.

Comprehensive implementation of the risk management strategy and framework was demonstrated by the NHS board, and the review team was pleased to note the inclusion of identified risk on the front of all Board papers to ensure that the subject of risk remains high on the Board’s agenda. Risk assessment, monitoring and reporting processes are in place to ensure that risks are managed effectively and are reported regularly to risk leads, divisional directors, support groups, the executive management team, the audit and risk committee and the Board. The review team noted clear reporting streams for risks, incidents and near misses at both operational and strategic levels. A variety of mechanisms for regularly updating risk control plans were described and evidenced by the NHS board. It was noted that due to the varied work carried out by each division, the nature of the risks documented may differ however the same risk management methodology is used.

The review team commended the NHS board for its efforts to ensure that all risk management arrangements fit together appropriately.
The introduction of a capability assessment by the NHS board to assess the effectiveness and quality of risk arrangements within the context of projects and programmes was also highlighted by the review team as an area of emerging good practice, and the NHS board was encouraged to continue to use this methodology in order to support the development and delivery of further improvement activities.

The review team concluded that following the recent review of risk management arrangements across the NHS board area, NHS NSS is now monitoring the effectiveness of its arrangements for risk. The NHS board was commended for the steps it has taken to ensure that areas for improvement and good practice are identified and shared across the organisation. The NHS board was encouraged to continue with its plans to robustly monitor its arrangements to ensure that it is in a position to begin to review and continuously improve its risk management arrangements in the near future.

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.

Arrangements for emergency and business continuity planning have been developed by the NHS board and were considered by the review team to be at a stage of implementation at the time of the review visit.

NHS NSS has an overall business continuity plan which has been designed to cover all situations when normal services have been lost, or are temporarily unavailable. It was noted that specific plans have been developed by each business division to cover their own areas of service delivery. A business impact analysis has been undertaken to ensure that risks have been correctly assessed by each division, however, at the time of review, many plans were outdated or unevidenced. The NHS board was able to demonstrate that in addition to the business continuity plan, specific contingency plans, such as the disaster recovery plan for IT and pandemic flu plans have been developed and ratified. The Scottish National Blood Transfusion Service (SNBTS) has developed its own contingency plan to ensure that adequate blood and tissue supplies are available to partner NHS boards in times of need. Roll-out of business continuity plans has been carried out by the business continuity forum, with organisation-wide publication of the plans.

Several committees take responsibility for emergency and business continuity planning throughout the organisation, including the business continuity forum and the crisis management team, however the crisis management team had only met once and the business continuity forum had not taken full responsibility for all aspects of service continuity planning. The review team encouraged the NHS board to develop an accountable framework for business continuity and emergency planning which ensures that they are embedded in the organisation, and are assessed and evaluated systematically.

The review team noted that limited testing of the business continuity plans has been carried out and cited a recent disaster recovery exercise with ATOS Origin, the organisation’s IT partner, and a table top exercise to test pandemic flu plans as examples of reactive plan testing in response to external events, rather than planned, strategic testing of all business continuity arrangements. The review team encouraged the NHS board to consider developing a co-ordinated plan for the testing and review of emergency planning and business continuity documents as a goal for the NHS board in the near future.

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It was noted that following a fire incident in 2006, an internal audit of business continuity was carried out by an NHS board approved contractor, and a report was produced to highlight areas for improvement. The review team encouraged the NHS board to consider the regular review of this report to ensure that all actions recommended have been carried out.

The review team noted that staff training for response to major incidents/threats to care, and service continuity is arranged via the testing of plans in place. The review team encouraged the NHS board to consider the development of a detailed training needs analysis for all staff groups expected to respond to adverse events and/or service continuity issues to ensure that all staff are appropriately trained and that training is refreshed on a regular basis.

The review team concluded that the NHS board is implementing its arrangements for business continuity and emergency planning.

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

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

Due to the unique and distinctive services provided by NHS NSS, the approaches to clinical effectiveness and quality improvement have been tailored appropriately to each business unit. The review team noted that a range of recognised models and approaches to clinical effectiveness are in place throughout the organisation, and that the NHS board is now at the stage of monitoring the effectiveness of these arrangements.

Each business unit within NHS NSS has individually incorporated a relevant clinical effectiveness and/or quality improvement programme into its annual business plan. These plans feed into the NHS NSS corporate business plan and local delivery plan, supported by clinical governance and business and strategic planning processes.

Clinical governance is overseen by the clinical governance committee. The committee receives reports on aspects of the quality assurance of services likely to have an impact, direct and indirect, on patient care, and through its minutes, reports to the Board on all relevant issues. Clinical audit and clinical effectiveness are also part of the regular reporting templates which each division submits to the clinical governance committee. The review team noted that following an extensive evaluation exercise, four support groups have been established throughout NHS NSS, including a clinical support group. The clinical support group, in conjunction with the NHS NSS clinical leadership forum, has taken responsibility for the detailed review of the contents of each business unit report prior to submission to the clinical governance committee to ensure joint learning and to facilitate continuous improvement.

The review team noted the creation of seven strategic enhancement themes (7-SET) which have been defined by the NHS board. 7-SET sets out the route for NHS NSS to achieve its visions through specific annual targets, and one strand of 7-Set is ‘Ensure our quality and innovation’. Several 7-SET sessions have taken place across the organisation since 2008, across all divisions and corporate services, involving the NHS NSS chief executive and executive team. Each division is formally assessed and scored, and action plans are developed to ensure improvement. The review team highlighted 7-SET as an area of good
practice within NHS NSS and encouraged the NHS board to continue to develop the
continuous quality improvement tool.

Robust evidence was provided to demonstrate that the NHS board has processes in place
across each business area to ensure appropriate stakeholder involvement in all aspects of
clinical effectiveness and quality improvement activity.

It was evident that, following evaluation, restructured clinical governance and clinical
effectiveness arrangements have allowed good practice to be shared throughout the
organisation, however the review team encouraged the NHS board to develop and roll out
a clinical strategy which covers all aspects of the organisation in detail.

Several examples of evaluation of the effectiveness of clinical effectiveness and quality
improvement arrangements were demonstrated by the NHS board, including 7-SET
outcome reviews, internal audits across a range of business units and clinical governance
workshops. Further plans to evaluate quality improvement arrangements were noted in the
NHS NSS five-year corporate strategy. The review team noted the intention of the NHS
board to continue to implement its corporate strategy objectives and encouraged the NHS
board to continue to explore ways to embed the principles of clinical effectiveness across
the organisation.

The review team concluded that sound arrangements for clinical effectiveness and quality
improvement processes are now in place throughout the NHS board, and the NHS board
is at the stage of monitoring effectiveness. It was noted that the arrangements which have
been, and are being implemented, should allow NHS NSS to continue to improve its
services, and will allow the NHS board to begin to continuously review and improves its
arrangements 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 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 monitoring the effectiveness of its arrangements with a partnership approach to access, referral, treatment and discharge across the organisation.

Mature and robust arrangements are in place in NHS NSS to ensure a partnership approach to access, referral, treatment and discharge across the national screening programmes, managed within the National Services Division (NSD) and SNBTS, the patient facing business areas of NHS NSS.

Extensive evidence was provided to demonstrate that both NSD and SNBTS have a variety of arrangements in place to ensure that patients who require access to screening services or blood products are fully informed of the options available to them. A variety of patients are targeted for each business area, ranging from the general public to specific patient groups.

The review team noted the innovative approach taken by the NHS board towards sample donation for blood products, and commended NHS NSS on the wide range of resources it has developed to inform the public and enable them to make appropriate choices about blood/tissue donation. Several areas of good practice were highlighted including consultation exercises, advertising programmes and targeted contact with hard to reach donor groups.

Flexibility of approach towards screening services was also highlighted as a strength of the NHS board, with a targeted bowel cancer awareness campaign highlighted as being particularly innovative. The review team noted that the medical director of NSD meets regularly with the chairs of each active screening programme to ensure that programmes run to plan and areas of good practice are shared across projects.

The Board of NHS NSS, through its management and governance arrangements, provides oversight of the performance of NSD and SNBTS, and receives regular updates regarding achievement against agreed performance targets for SNBTS, and for NSD and its commissioned services and programmes. The Board receives formal reporting of achievement and areas of concern regarding services and programmes through the clinical governance and risk management committee on a quarterly basis, with robust arrangements in place for the escalation of matters of immediate concern through the executive management team.
The review team noted the robust structure in place to ensure that all aspects of access referral, treatment and discharge are being monitored for effectiveness and encouraged the NHS board to continue to evaluate effectiveness in a planned and structured way to ensure that it is continuously improving and reviewing its arrangements in the future. The team also encouraged the NHS board to consider access, referral, treatment and discharge across all business units of the organisation, in order to identify how applicable this may be to previously uninvestigated areas.

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.

The review team commended NHS NSS on its obvious long-term commitment to ensuring equality and diversity across the organisation, and concluded that the NHS board is now monitoring the effectiveness of its arrangements. A robust governance framework is in place for all equality and diversity matters.

Equality and diversity issues are overseen by the NHS NSS equality and diversity co-ordinator, who chairs the equality and diversity steering group. The equality and diversity steering group is responsible for the review and dissemination of each of the organisation’s equality and diversity policies, based upon the six strands of Fair for All and operates its own action and delivery plans. Additional policies have been introduced by the organisation, including the sexual orientation scheme and the spiritual care policy. The group also takes responsibility for the regular review of policies and the sharing of information on policy changes to the organisation. All equality schemes are published on the NHS NSS website and are accessible to staff and the public. Equality and diversity is also included on the corporate risk register. The review team highlighted the reorganisation of equality and diversity structures as an area of good practice and recommended the NHS board continues to develop the role of the equality and diversity co-ordinator.

All core delivery services, policies and new projects throughout NHS NSS are impact assessed upon initiation, and results are published on the NHS NSS website. Members of the equality and diversity steering group take responsibility for ensuring roll-out of all new policies and legislation, and work with the directors of each division to ensure appropriate training in impact assessments for their area.

Extensive efforts to train staff in equality and diversity legislation were noted, based around a training scheme which has been in use for 7 years. This encompasses general diversity awareness, refresher training for all staff groups, and face to face training for all new staff members by a member of the equality and diversity steering group. All equality and diversity training is supplemented by recorded online training modules, which help to remind staff of their duties. Evidence was provided to show an uptake of over 70% for online training, with a target of 100% by early 2010. The review team commended the NHS board on its obvious long-term commitment to embedding equality and diversity organisation-wide.

Fifteen key indicators are used by the equality and diversity team to monitor equality and diversity, with the aim of embedding equality and diversity training culturally. The review team commended the extensive use of key indicators to measure performance, but
encouraged the NHS board to formalise the review process, in order to move on to the continuous review and improvement of arrangements for equality and diversity 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 NSS has completed the roll-out and embedding of its arrangements for internal communication since the last review, and is now at the stage of monitoring the effectiveness of these arrangements. In 2008, the strategies for internal and external communication were combined into a joint corporate communications strategy following a comprehensive independent assessment of communication needs by an external agency. An annual report is used to inform the progression of the roll-out of the strategy and associated action plan, with achievement being measured by performance indicators, focus groups, surveys and complaints measurement.

The review team noted the use of an external agency to review internal communication as an area of good practice, and encouraged the NHS board to continue to explore innovative ways to drive forward improvements through audit and review, and to continue with a planned re-review in 2010. The appointment of dedicated communications staff following the 2008 review was also noted.

The NHS NSS communications group is aware of a need for a robust, consistent communications process, and has ensured that all major projects and programmes of work are supported by comprehensive communications strategies to ensure staff are effectively engaged. A range of well-established communications channels are in place, including a staff magazine, Pulse, based around NHSScotland staff governance standards, the corporate intranet and a communications toolkit. The review team noted that regular training is available to all relevant staff groups on effective communication.

Ample evidence was provided to the review team to demonstrate that regular monitoring of the effectiveness of current communications arrangements takes place through a variety of schemes, including the analysis and review of data from the twice yearly staff survey, twice yearly Pulse survey, staff feedback channels and complaints monitoring, resulting in a restyle of the staff intranet, and increased accessibility for disabled groups to Pulse.

The review team concluded that the NHS board is now at the stage of monitoring the effectiveness of its arrangements and is now beginning to effect change from the data gathered. The team encouraged the NHS board to continue to gather and effectively use these data in order to begin to continuously review and improve its arrangements in future.
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 monitoring the effectiveness of its arrangements to co-ordinate clinical governance and quality assurance arrangements across the organisation.

Robust arrangements have been made by NHS NSS to ensure a co-ordinated approach to clinical governance and quality assurance across the organisation. The review team noted that these arrangements have undergone review and refinement, and concluded that the NHS board is at the stage of monitoring the effectiveness of its arrangements.

Clinical governance in NHS NSS is overseen by the clinical governance committee, which has been established as a sub-committee of the Board. The clinical governance committee is chaired by a non-executive director of the Board, has developed the organisational clinical governance strategy and reports regularly to the Board for assurance. Additionally, the committee produces an annual written report to the Board. The review team noted the comprehensive detail included in the strategy and annual reports, and encouraged the NHS board to continue to produce documentation of this standard.

The membership and working arrangements of the clinical governance committee were amended after a management workshop exercise to determine structures to provide Board assurance. The review team commended the clinical governance workshop exercise and urged the NHS board to extend this process to all staff throughout the organisation. Strong working relationships with the staff governance committee and the audit and risk committee were noted, with several members of the clinical governance committee sitting on the groups to ensure knowledge transfer. The review team noted the non-executive commitment to organisational quality improvement.

At an operational level, each business area is responsible for producing divisional clinical governance reports, which are escalated to the clinical governance committee on a quarterly basis. The review team noted the range of business excellence models being used across the organisation to ensure that each division is able to work with an appropriate tool for their business function, however encouraged the NHS board to continue to further develop its divisional quality improvement programmes with the aim of standardising its reporting tools.

Following a review of committee structures, NHS NSS has established a clinical leadership forum, consisting of a variety of staff from different clinical backgrounds, to promote multidisciplinary, ethical working across the organisation. The forum reviews each clinical
governance report escalated to the Board, and offers advice and guidance on the resolution of any issues which arise. The review team commended the Board on the creation of the clinical leadership forum, and encouraged the NHS board to continue to develop and use the unique skills of its Board members to provide appropriate clinical guidance.

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 NSS has a range of robust policies and procedures in place to ensure that its workforce is fit to practise, and these policies and procedures have been widely disseminated to ensure compliance in all areas of the organisation.

There are robust pre-employment checks in place based upon safer pre and post-employment check Partnership Information Network (PIN) guidelines to ensure that successful candidates are suitable for the role they have been employed to fulfil. This includes proof of identity and address, proof of nationality/right to work in the UK, qualifications and professional registration, reference checking and pre-employment health screening. All managers are responsible for carrying out pre-employment checks and are required to sign off documentation to verify an employee’s qualifications at the time of employment. As a quality assurance mechanism, the human resources (HR) department uses a checklist to ensure all checks have been carried out before proceeding with an employment offer.

Further to the NHS board’s pre-employment check, there is a procedure in place for conducting Disclosure Scotland checks when required. NHS NSS has a small number of posts that, due to the nature of the activities, will automatically be subject to disclosure, and operates a preferred supplier list of agencies for specialist staff to ensure compliance.

The NHS board is also implementing systems and checks to ensure that records of professional registration are kept up to date. Both mandatory and voluntary training plans for staff are maintained by the HR department, and are audited every 2 years to ensure that all staff training and qualifications are up to date. The review team acknowledged the effort made by the NHS board to ensure all staff groups are trained appropriately, however encouraged the NHS board to continue to explore ways to ensure that clinical skills and qualifications are kept up to date in all staff groups.

There are policies and standards in place for clinical supervision and performance management for each professional group. These policies are supported by capability and disciplinary procedures that would be used as appropriate. The NHS board also reported significant investment in a corporate learning programme, which provides training to equip staff and managers with the required skills for their continuing development, with an emphasis on a range of skills including leadership and interpersonal skills in addition to clinical or technical competence. The review team commended the NHS board for embedding a culture of personal development throughout the organisation.

The review team concluded that a range of systems have been developed and embedded throughout the NHS board to ensure that staff are fit to practise, however encouraged the NHS board to develop a robust and systematic approach to recording and monitoring staff
employment data in order to be able to begin monitoring the effectiveness of these arrangements in future.

**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 NSS has continued to progress with its arrangements for external communication and has now reached the stage where it is monitoring the effectiveness of its arrangements for external communications. As noted in section 2(c), a joint internal and external communications strategy was established in 2008. The strategy contains a clear section on external communication, including aims and key messages that the NHS board wishes to convey. An external communication manager has been appointed to co-ordinate external communications activity and engagement.

In addition to the corporate communications strategy, a media policy, and complaints policy have been developed to enable staff to effectively manage external communications. An information request protocol has been developed and disseminated, which is linked to information governance policies, to guide staff in the handling of requests for sensitive information.

The review team noted several examples of the review of existing arrangements to external engagement with the public, including the redesign of the NHS NSS corporate website. It was noted that considerable effort had been made to involve stakeholders in the review, including patient groups, staff, NHS boards and the Scottish Government Health Directorates (SGHD).

As a result of feedback highlighting the need for improved communication between NHS NSS and other NHS boards, a customer relationship pilot scheme has been established, where NHS NSS has deployed a customer relationship manager to three territorial NHS boards to help ensure that the NHS boards have a better understanding of the services NHS NSS is able to offer and are able to access those services. A formal report will be forwarded to the Board in May 2010 when the decision will be made regarding the roll-out of the scheme. The review team encouraged the NHS board to continue with this scheme and highlighted it as an area of good practice.

It is clear that the NHS board is now in a position where it is monitoring the effectiveness of the recently implemented changes to external communication arrangements. There is evidence of improvements being made based on planned review and improvement, and the review team encouraged the NHS board to continue this work in order to begin to continuously review and improve arrangements for the future.
Core area: 3(d) Performance management

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

Following the 2007 NHS QIS peer review visit, extensive work has been carried out by the NHS board to support performance management. A new performance management process based upon an outcomes matrix, developed as part of the NHS NSS strategy to align with the SGHD outcomes based reporting initiative, has been developed, and is being implemented and embedded across the organisation. These outcomes, and associated key performance indicators, are used to record and report strategic performance across NHS NSS on a quarterly basis, with the Board and SGHD receiving reports twice each year. Representatives from the Board meet twice each year with the head of each division to discuss outcomes and to support improvement initiatives.

NHS NSS reported that a planning and performance management forum has been established to take forward the development work to support performance management. The forum is chaired by the director of strategic planning and performance management and takes responsibility for the management of performance management data and the associated local delivery plan. The review team noted the creation of the forum as an area of good practice, however encouraged the NHS board to develop a clear remit for group activity and to begin to explore ways to resolve the attendance issues identified by the forum as a challenge.

The review team noted plans in place to begin to review the arrangements in place for performance management and encouraged the NHS board to develop a clear timetable of audit activity in order to demonstrate that it is beginning to monitor the effectiveness of these arrangements in future.
### Appendix 1 – Glossary of abbreviations

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<th>Abbreviation</th>
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<tr>
<td>7-SET</td>
<td>seven strategic enhancement themes</td>
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<tr>
<td>CFS</td>
<td>Counter Fraud Services</td>
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<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>CLO</td>
<td>Central Legal Office</td>
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<td>HEAT</td>
<td>health, efficiency, access and treatment</td>
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<td>HPS</td>
<td>Health Protection Scotland</td>
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<td>HR</td>
<td>human resources</td>
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<td>ISD</td>
<td>Information Services Division</td>
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<tr>
<td>IT</td>
<td>information technology</td>
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<tr>
<td>KPI</td>
<td>key performance indicator</td>
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<td>NHS NSS</td>
<td>NHS National Services Scotland</td>
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<td>NHS QIS</td>
<td>NHS Quality Improvement Scotland</td>
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<tr>
<td>NSD</td>
<td>National Services Division</td>
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<tr>
<td>PIN</td>
<td>Public Involvement Network</td>
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<td>PSD</td>
<td>Practitioner Services Division</td>
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<td>Scottish Government Health Directorates</td>
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<td>SHS</td>
<td>Scottish Healthcare Supplies</td>
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<td>SHSC</td>
<td>Scottish Health Service Centre</td>
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<td>SNBTS</td>
<td>Scottish National Blood Transfusion Service</td>
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Appendix 2 – Review process

Prior to Visit

NHS QIS publishes standards

NHS QIS finalises and issues self-assessment document and guidance

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 National Services Scotland was conducted on 26 November 2009.

<table>
<thead>
<tr>
<th>Review team members</th>
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<tr>
<td><strong>John Angus (Team Leader)</strong></td>
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<tr>
<td>Non-Executive Board member, NHS Tayside</td>
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<tr>
<td><strong>Malcolm Alexander</strong></td>
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<tr>
<td>Associate Medical Director, NHS 24</td>
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<tr>
<td><strong>Bill Bowes</strong></td>
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<tr>
<td>Public Partner</td>
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<tr>
<td><strong>Sandra Mair</strong></td>
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<tr>
<td>Director of Operations, NHS Lothian</td>
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<tr>
<td><strong>Christine Patch</strong></td>
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<tr>
<td>Head of Communications, NHS Education for Scotland</td>
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<tr>
<td><strong>Maggie Simpson</strong></td>
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<tr>
<td>Director of Nursing, NHS Tayside</td>
</tr>
<tr>
<td><strong>Maureen Stevenson</strong></td>
</tr>
<tr>
<td>Head of Clinical Governance – Development and Risk Management, NHS Dumfries &amp; Galloway</td>
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**NHS Quality Improvement Scotland staff**

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<tr>
<td><strong>Sally Douglas</strong></td>
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<tr>
<td>Project Officer</td>
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<tr>
<td><strong>Nanisa Feilden</strong></td>
</tr>
<tr>
<td>Programme Manager</td>
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