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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Contents

1 Setting the scene 4

2 Summary of findings 6

3 Detailed findings against the standards 8

Appendix 1 – Glossary of abbreviations 21
Appendix 2 – Review process 22
Appendix 3 – Details of review visit 23
1 Setting the scene

This report presents the findings from the clinical governance and risk management (CGRM) peer review to NHS Tayside. This review visit took place on 24 February 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 Tayside (www.nhstayside.scot.nhs.uk).

Background

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

The National Standards for Clinical Governance & Risk Management: Achieving Safe, Effective, Patient-focused Care and Services were published in October 2005. These standards are being used to assess the quality of services provided by NHSScotland.

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

Review process

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

A quality improvement tool is used by each review team to assess performance against the standards. The quality improvement tool enables the review team to assess how an NHS board is achieving each standard through the cycle of development, implementation, monitoring and reviewing. These four key stages represent the continuous improvement cycle through which each NHS board can ensure that all patients receive safe, effective, patient-focused care and services.

The most appropriate performance assessment statement is agreed by the review team to describe an NHS board’s current position against each core area. This allows an overall performance assessment statement to be arrived at for each of the standards, which indicates the NHS board’s level of achievement for each standard.

The agreed overall performance assessment statement for each standard will be added together for each NHS board and this information will feed into the NHSScotland health, efficiency, access and treatment (HEAT) targets, set by Ministers, in June 2010.
Each review team is led by an experienced reviewer, who is responsible for guiding the team and ensuring that team members are in agreement about the assessment reached.

**Links with other organisations**

Clinical governance and risk management is part of a shared agenda. During this review process, we have focused on working more effectively in partnership with the following organisations that monitor other aspects of healthcare in order to inform the assessment process:

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

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

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

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

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

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

The NHS board has:

- a robust and unified approach to risk management.
- developed impressive structures for organisation-wide quality improvement.
- a comprehensive and well-developed framework for both internal and external communication.
- structured and comprehensive governance work plans.
Recommendations

The NHS board to:

- develop a comprehensive framework which will provide assurance to the Board that all service areas have appropriate business continuity plans in place.
- ensure systems are developed to enable its quality and improvement committee to manage the challenging agenda it faces.
- continue to develop its equality and diversity framework to cover all six areas of Fair for All.
- develop an organisation-wide system for document control.
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.

NHS Tayside has a mature and robust risk management framework in place which covers all aspects of healthcare governance and risk management throughout the NHS board area. Risk management was reviewed throughout the organisation, and as a result of identified duplication of effort, a unified safety, governance and risk strategy was developed in 2008. The safety, governance and risk strategy is a 3-year document, based on the amalgamation of the NHS board’s previous risk management strategy and the strategy for quality improvement and patient safety.

Responsibility for risk management throughout the NHS board has been devolved from the Board to the audit committee. The safety, governance and risk strategy is supported by a range of policies across the NHS board, and the NHS Tayside health and safety strategy. This has resulted in a much more integrated way of working across safety, governance and risk as a whole. The review team noted that many alterations have been made to strengthen processes that are subject to ongoing review, updating, improvement and scrutiny where required, resulting in the NHS board beginning to implement a self-sustaining cycle of continuous improvement.

The review team noted the development of key performance indicators (KPIs) for risk management, which are reported to the audit committee twice each year as part of mid year and year end reports. This forms part of an assurance process that there are adequate and effective arrangements in place for risk management.

Review of all risks within the organisation’s risk register was also noted by the review team, which has resulted in the significant reduction of both corporate and operational risks. In addition, this had led to the development of a twice yearly process to conduct an in-depth review of the organisation’s corporate risk profile to ensure that it remains up to date and fit for purpose. This has also led to the introduction of twice yearly papers on corporate risks being reported to the relevant standing committee of the Board to ensure that there is strong Board involvement in the risk management process. The review team also highlighted the inclusion of risk into the NHS board’s critical systems checklist as an area of good practice.

The review team noted that the NHS board largely relies upon its internal audit processes, supported by reporting from other Board committees, to provide assurance that risk management systems are robust and fit for purpose. This includes: monthly meetings with colleagues from internal audit to monitor and review progress in relation to risk management; and formal internal audit reviews of risk management.

The review team concluded that NHS Tayside has developed and implemented robust systems for risk management throughout the whole organisation, and is now at the stage of monitoring these arrangements to ensure that they are fit for purpose. The NHS board was encouraged to continue to embed and evolve its monitoring processes to ensure that, in future, it will be able to demonstrate that it is continuously reviewing and improving 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.**

Following the previous NHS QIS review visit, NHS Tayside has made significant progress in the development of its emergency planning arrangements, and has a comprehensive suite of major emergency plans. The NHS board has reached the stage where it is reviewing the effectiveness of its emergency planning arrangements as part of a cycle of continuous quality improvement. However, it was noted that the NHS board is in the implementation stage for business continuity arrangements.

The major emergency response plans are subject to ongoing monitoring, review, updating and testing where required. The review team noted the continued updating of plans for pandemic preparedness, the testing and consolidation of emergency plans for key NHS functions, and improving the NHS Tayside capacity to respond to the need for decontamination following a chemical, biological, radiological or nuclear incident.

NHS Tayside produces its strategic plans with the involvement of staff and its partner organisations. This was well evidenced through a series of multidisciplinary and multi-agency meetings in response to the recent pandemic flu outbreak. The development, implementation, monitoring and review of emergency plans is also now included as part of NHS Tayside’s clinical governance framework.

It was noted that the NHS board devolves responsibility for the assessment of need for, and creation of, business continuity plans to the service manager of each service area. The review team highlighted the inclusion of operational staff in the development in specific service areas in the planning of business continuity arrangements as a positive step. The review team encouraged the NHS board to develop a framework of assurance to ensure that all areas of the organisation, which require business continuity plans, have appropriate plans in place, and to ensure that these are tested and reviewed in a structured and systematic way.

Exercises for major local events and contingencies have taken place with appropriate participation of NHS staff. Training has continued to maintain the skills of staff that may be required to respond to an emergency. The review team noted the undertaking of a series of multi-agency table top exercises to test emergency planning arrangements as an area of good practice. Monitoring and review of these exercises and proposed changes to existing plans is managed through regular reporting to the emergency planning advisory group, the
delivery unit risk/health & safety management group, the Board executive team and the strategic risk management group. The review team noted the intention of the NHS board to hold a 1 day event with relevant staff groups to assess the arrangements for emergency and business continuity planning.

The emergency planning department has developed its own specific site on Staffnet, the NHS board intranet, which is a repository for all information regarding emergency planning. Staffnet contains NHS Tayside’s major emergency plans, business continuity plans and other associated documents. In response to the flu pandemic, a new website was developed which pulls together all relevant documents and signposts staff to other external sources of information, including websites.

The review team concluded that the NHS board has developed robust systems for emergency and business continuity planning and is beginning to develop a framework for the monitoring and review of business continuity plans. The team encouraged the NHS board to continue to explore ways to ensure appropriate assurance frameworks are in place to comprehensively demonstrate that all areas of the organisation are covered by appropriate plans, and that these plans are being reviewed in a structured and systematic way in order to begin to monitor the effectiveness of these arrangements in the future.

**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.

NHS Tayside has fundamentally reviewed its clinical governance and clinical effectiveness arrangements following the previous NHS QIS peer review. This has resulted in a better performing system which supports the integrated whole system approach across safety, governance and risk. Several improvements were noted by the review team, which have demonstrated strengthened processes which are subject to ongoing review and improvement.

The integrated strategy for safety, governance and risk is used extensively across the organisation to support and underpin clinical effectiveness activity. A set of KPIs for safety, governance and risk, have also been developed to monitor clinical effectiveness activity. Progress towards achieving these KPIs is reported twice each year to the NHS board’s improvement and quality committee as part of the assurance process. The NHS board reported that KPIs are also used to evaluate that clinical effectiveness systems are operating effectively.

The NHS board is undertaking delivery of national quality improvement programmes such as national collaborative programmes and the Scottish Patient Safety Programme. A local programme of strategic improvement work, aligned to local and national priorities, has also been developed and is being rolled out across the organisation.

The improvement and quality committee has reviewed its role, remit and membership in light of recommendations from the last NHS QIS review and internal evaluation by internal audit. The review team was impressed by the strategic approach taken to restructure this area. The improvement and quality subcommittee has also undergone a fundamental review, and as a result, has been replaced by the Tayside improvement panel. This group fulfils a key role of scrutiny for clinical governance and clinical effectiveness.
The Tayside improvement panel works alongside the quality and improvement committee to scrutinise any issues identified by the committee. The panel also works with service areas to resolve these issues in order to ensure clinical effectiveness. The Tayside improvement panel's agenda is informed by the improvement and quality committee. Feedback from panel meetings is fed back to the improvement and quality committee for Board assurance. The review team noted several examples of the work of the Tayside improvement panel leading to an improvement in clinical effectiveness, and encouraged the NHS board to continue to support and develop the good practice the group has undertaken. It was further noted that both the improvement and quality committee and the Tayside improvement panel had identified a large workload as a potential risk to their agendas, and had put measures in place in order to streamline and prioritise agenda issues. The review team encouraged the groups to continue to streamline their workloads in order to maximise improvement activity.

Further to the review of the improvement and quality committee functions, delivery unit clinical governance forums have also reviewed their role, remit and terms of reference. The forums now deliver a consistent reporting system, which is scrutinised by the Tayside improvement panel. The formation of the Tayside improvement network as a vehicle for sharing strengths and challenges around clinical governance and improvement and producing a less fragmented approach to issues was also noted by the review team as an area of good practice.

The review team concluded that NHS Tayside has developed robust systems for ensuring the effectiveness of its arrangements for quality improvement and clinical effectiveness, and is undertaking a range of monitoring activities in order to ensure improvement. The review team encouraged the NHS board to continue to monitor its arrangements for clinical effectiveness and quality improvement, and to begin to consider future evaluation activity in order to begin a cycle of continuous review and improvement of these arrangements.
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.

NHS Tayside has established a range of initiatives to communicate key information to patients regarding services available to them, to ensure that services are accessible, and the needs of patients and carer are identified and responded to. These include: the NHS board's patient focus public involvement (PFPI) framework; good practice guidelines for writing and reviewing patient leaflets; patient and carer information leaflets; public partnership (health) groups (PPGs); a healthy communities collaborative established in Perth and Kinross; public consultation and information sharing events; local media; and carers groups and carers conferences.

The review team noted that a robust framework for management of the patient journey has been implemented by the NHS board, with detailed referral guidance and documented multidisciplinary assessment processes in place. A range of KPIs were noted for the monitoring of the access, referral, treatment and discharge processes. The review team commended the NHS board on its impressive range of partnership arrangements and single outcome agreements, which have been shown to have improved the patient journey of care. A variety of training courses were noted which provide staff with key skills and guidance on the assessment process, and improvement of the patient experience.

The recent establishment of NHS Tayside’s joint clinical boards was highlighted as a commendable initiative. The joint clinical boards are multidisciplinary strategic boards chaired by a GP from primary care, and a consultant from secondary care. The boards are tasked with identifying and improving issues which may arise in the referral and discharge process for patients with a focus on quality, improvement, variation and harm as it affects the population served. The team encouraged the NHS board to fully document the successes of the joint clinical boards in order to demonstrate improvement in future patient care.

The NHS Tayside informed consent policy was ratified in 2009. This policy was a revision of a policy previously ratified in 2007. The policy stresses that obtaining consent is a process designed to ensure patients receive information to enable them to make decisions about undergoing investigations, treatments and operations. New consent forms have been designed and implemented across NHS Tayside that incorporate best practice from the
Department of Health. These new forms were developed based on guidance and then fully tested using plan, do, study, act methodology. The forms were also developed with the input of PPG partners who reviewed the forms’ content and language. The review team noted the extensive audit activity carried out by the NHS board to revise the forms to ensure that they are clear to all patients, and highlighted this as an area of good practice. The team encouraged the NHS board to review and update similar patient focused policies which require revision, such as the carer policy.

The NHS board's pilot study and subsequent roll-out of the Quality Outcomes Framework (QOF) Plus, an initiative to assist GP practices in scrutinising data and improving performance, was also commended by the review team as an area of good practice.

The review team concluded that NHS Tayside has developed and implemented a sound framework for access, referral, treatment and discharge of patients, and is now at the stage where it is monitoring the effectiveness of these structures. The team encouraged the NHS board to continue to develop its methods of evaluation and to document outcomes from this activity to be able to demonstrate that it is continuously reviewing and improving these arrangements in future.

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 Tayside has made significant progress in recent years in implementing its commitment to promoting equality and eliminating discrimination on grounds of race, disability and gender equality, through the actions that have been taken in developing and implementing the NHS board’s race, disability and gender equality schemes, with regular review of progress by the equality and diversity steering group. NHS Tayside is meeting its equality and diversity legislative requirements by establishing race, gender and disability equality schemes. Work on the remaining three equality and diversity strands (age, religion/belief and sexual orientation) was noted, but considered to be less well developed.

In order to address all six strands of Fair for All, and an additional seventh strand for gender reassignment, NHS Tayside is developing a single equality scheme and action plan, which will ensure that all aspects of discrimination are addressed throughout the organisation. However, at the time of the review visit, this scheme had only recently been ratified by the Board, and had yet to be fully disseminated and implemented throughout the NHS board area. The review team encouraged the NHS board to continue to roll out the single equality scheme, and to support its implementation with appropriate training. This will ensure that all six strands of Fair for All are fully implemented throughout the NHS board area.

The review team noted that NHS Tayside has fully integrated equality impact assessment processes into policy development and service delivery, with the aim of engagement and consultation with communities to help develop policies and service improvements which are meeting their needs. All staff throughout the organisation are made aware of equality and diversity policies and procedures as part of the induction process. Over 100 equality and diversity champions have been trained across the organisation. The review team noted training plans in place to ensure that all staff required to carry out equality impact assessments are supported and trained to do so.
Operational monitoring of equality actions across key service areas is completed by all key service leads and workforce leads. The leads report annually to either the improvement and quality committee or the staff governance committee on progress with actions on race equality, disability equality and gender equality to show improvement in service delivery, equality of access to services, and equality of opportunity within employment practices.

A draft health equality strategy was noted by the review team as an area of good practice. The review team encouraged the NHS board to ratify and roll out this policy in order to merge health equality activity with ongoing equality and diversity work.

It is clear that NHS Tayside views progression in equality and diversity as a priority for service improvement and is beginning to consider the approach as a whole. The review team encouraged the NHS board to continue with the progress it has shown and develop a comprehensive and systematic approach to the evaluation of the effectiveness of its equality and diversity arrangements.

Core area: 2(c) Communication

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

NHS Tayside has robust arrangements in place for the communication of key internal information to its staff and patient groups. The NHS board has demonstrated that these arrangements are continuously reviewed and improved in a self-sustaining cycle of quality improvement.

The corporate communications department, which was established in 2003, is responsible for ensuring there is a strategic and consistent approach to communications across the organisation. However, the review team noted that a culture has been established throughout the NHS board where all staff are encouraged to take responsibility for effective communications to ensure all staff are well informed. The corporate communications department provides an internal and external communications service. It is a recognised source of expertise and advice for all communication issues and champions effective communications throughout the organisation.

Following review by the communications forum, the 2006 corporate communications framework and action plan, which was developed following an external review of NHS Tayside internal and external communication functions, was reviewed and updated, and a second version was approved by the staff governance committee in May 2008. The corporate communications framework provides the strategic direction for both internal and external communications. Its accompanying action plan sets out the communications channels and actions, which underpin the objectives for the implementation, delivery, monitoring and reviewing of all the elements of the yearly action plans.

All the actions in the action plan are monitored and reviewed by the communications forum, made up of representatives from the divisions, CHPs, wards and departments across NHS Tayside, including the employee director, staff representatives and links to the public partnership groups. The forum monitors the actions within the corporate communications framework and action plan and monitors the impact of internal and external communications. The review team commended the NHS board’s communications
work plan, however, encouraged the NHS board to examine the risk around the complexity and volume of initiatives in the communications work programme.

The review team highlighted a range of systems in place for the communication of information to staff groups as good practice, and was particularly impressed by Staffnet, the NHS board’s intranet system. Staffnet covers a comprehensive range of information, documentation and presentations on a range of operational and governance areas. The team also highlighted the ‘Ask us’ section of Staffnet – an area where staff can pose questions to the Board about the running of services within the organisation – as an area of positive practice. The team noted that the system was clearly a success, with good feedback from both staff and the Board. The team brief system, which was piloted by the NHS board, was also highlighted as an effective mechanism to communicate key messages to all staff groups.

The review team noted that the performance of internal corporate communications is monitored by the staff governance committee, which is also responsible for reviewing and monitoring corporate communications. Performance is also monitored through the NHS Scotland staff survey and local internal staff surveys, benchmarking and audits. The corporate communications department undertakes daily media monitoring and reports on the data. Clear evidence was provided to demonstrate that the NHS board is evaluating feedback and responding to issues raised by staff.

The review team concluded that NHS Tayside is reviewing and continuously improving its arrangements for internal, staff and patient communications across the organisation.
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.

Following the previous NHS QIS review, NHS Tayside has reviewed its clinical governance arrangements. This has resulted in an integrated system which supports safety, governance and risk. The review team noted that a range of improvements have been made to strengthen frameworks for delivery, which are now subject to review and improvement. The team was pleased to note several examples of improvements in clinical governance processes resulting in improved patient care and experience.

Clinical governance activity throughout NHS Tayside is supported by the NHS board’s integrated strategy for safety, governance and risk. The improvement and quality committee oversees all clinical governance activity. It has delegated responsibility for the implementation of the integrated safety, governance and risk strategy, and is supported by, and delegates scrutiny to, the Tayside improvement panel. It was noted that both the improvement and quality committee and the Tayside improvement panel had identified a large workload as a potential risk to their agendas, and had put measures in place in order to streamline and prioritise agenda issues. The review team encouraged the groups to continue to streamline their workloads in order to maximise improvement activity.

The review team noted the close working links between the NHS board’s audit groups and the clinical governance teams. Audit committee members sit on clinical governance groups to ensure strong cross-disciplinary working.

The integrated strategy for safety, governance and risk was developed to include a set of KPIs. Progress is reported twice each year to the improvement and quality committee as part of the assurance process. The KPIs are also used to evaluate that the NHS board’s clinical governance systems are operating effectively. It was noted that progress towards the achievement of KPIs was supported by structured and comprehensive governance work plans.

Each part of the NHS Tayside delivery unit has a clinical governance forum which scrutinises reports on service level clinical governance activity within their areas of responsibility. The delivery unit clinical governance forums have reviewed their role, remit and terms of reference in light of changes to the improvement and quality committee.
forums’ restructure now delivers a consistent reporting system, which is scrutinised by the Tayside improvement panel.

The review team noted clinical participation in improvement and clinical governance groups throughout the NHS board and highlighted the development of joint clinical boards – forums chaired by a clinician and a GP to address governance issues across primary and secondary care as an area of strong practice. It was further noted that the NHS board has piloted and rolled out QOF Plus. This initiative assists GP practices to scrutinise data and improve performance.

The review team concluded that NHS Tayside has robust measures in place to monitor and evaluate its clinical governance systems and processes. It encouraged the NHS board to continue to evaluate and improve these systems in order to begin a self-sustaining cycle of improvements in clinical governance activity.

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 Tayside has developed and revised a range of policies and procedures which ensure its workforce is fit to practise and that professional registrations are kept up to date, and co-ordinated through the NHS board’s practice development unit and human resources department.

All managers use the recruitment policy. The policy details all aspects of the recruitment process from vacancy to appointment of a new employee and sets out guidance for ensuring that any new employee has appropriate references, security clearance, and if necessary, current registration with appropriate professional bodies. The review team encouraged the NHS board to update this policy as it is a few years old. The NHS board was also encouraged to update its voicing concern policy. A clinical supervision framework has been established by the NHS board and will be reviewed regularly for assurance.

It is clear that continuous professional development is a key focus for the NHS board, with initiatives in place to support the development of staff. These include personal development reviews linked to the Knowledge and Skills Framework, regular update training for nurses and allied health professionals, and clinical training days for nurses and allied health professionals.

The review team noted the arrangements in place throughout the NHS board designed to ensure that all staff are appropriately qualified to carry out their professional duties. It was clearly evidenced that appropriate policies and procedures have been developed, and are implemented, or being implemented throughout the NHS board area for nursing and midwifery staff. However, the review team considered that the NHS board did not yet have in place a planned, documented and comprehensive approach to evaluating its fitness to practise arrangements for all disciplines across the organisation. The review team encouraged the NHS board to develop such an approach in order to begin to monitor the effectiveness of its arrangements. The review team encouraged the NHS board to continue to use appraisal to ensure that medical staff are fit to practise, and to explore further ways to ensure that medical staff are monitored and developed appropriately.
Performance assessment statement: The NHS board is reviewing and continuously improving its external communication arrangements across the organisation.

NHS Tayside has robust arrangements in place for the communication of information to the public, and for the evaluation of information regarding the NHS board from external media. The NHS board has demonstrated that these arrangements are continuously reviewed and improved in a self-sustaining cycle of quality improvement.

The corporate communications department is also responsible for ensuring there is a strategic and consistent approach to external communications across the organisation. The corporate communications department provides an internal and external communication service. It is a recognised source of expertise and advice for all communication issues and champions effective communications throughout the organisation.

As with internal communications, the actions in the NHS board’s communication action plan are monitored and reviewed by the communications forum. Again, the review team commended the NHS board’s communications work plan, however, encouraged the NHS board to examine the risk around its complexity and volume of initiatives.

The review team highlighted a range of systems in place for the communication of information to the public as good practice, and were particularly impressed by the NHS board’s internal media analysis activity, designed to monitor all media reports on the NHS board and to brief staff on the media’s conclusions. A content tracker tool, developed by the NHS board to monitor what information is being accessed by staff, was also highlighted as an area of good practice.

As with internal communication arrangements, external communication is monitored by the staff governance committee, which is also responsible for reviewing and monitoring corporate communications. Clear evidence was provided to demonstrate that the NHS board is evaluating feedback and responding to issues raised by the public and the media, and that this feedback is discussed at a senior level within the NHS board. The review team was pleased to note that the NHS board had achieved an improvement in response to complaints.

The review team concluded that NHS Tayside is reviewing and continuously improving its external communication arrangements across the organisation. It encouraged the NHS board to continue to work on community engagement initiatives to ensure that NHS Tayside continues to maintain its high standards of communication.
Core area: 3(d) Performance management

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

Following the previous NHS QIS review, NHS Tayside has fundamentally reviewed its performance management arrangements, and is now at the stage where it is monitoring the effectiveness of these arrangements.

NHS Tayside has developed a strong assurance framework for organisational performance management, with clear escalation procedures for delivery, which has evolved from the NHS board’s Taystat model. The improvement and quality committee has delegated responsibility from the Board to provide it with assurance that mechanisms are in place and effective throughout NHS Tayside to support improvements. While overall responsibility for performance management lies with the Board, the process of assurance for the performance management of services which provide healthcare or improve health has been delegated to the improvement and quality committee. The review team also noted that other Board committees have delegated responsibility for governance for other specific areas of performance management. For example, the management of financial affairs is the responsibility of the strategic policy and resources committee.

Performance improvement activity is driven by the corporate plan, which is updated annually, and reported on to the Board four times each year. The improvement and quality committee also receives reports from TayStat twice each year, and these reports are used to focus upon particular improvement issues which have been raised. The improvement and quality committee also receives in-depth reports of performance against the corporate plan twice each year, and these reports are used to focus on particular improvement issues which have been raised. The review team noted that clear lines of communication have been established between the Board and its committees, ensuring that the Board is fully assured of their activities.

Performance management structures in Tayside have developed around the NHS board’s bespoke performance tool Taystat, based upon the performance management tool CitiStat. The review team noted the PerthStat pilot, to test an application of CitiStat principles at CHP level, has been adopted by Perth & Kinross CHP, routinely reporting into the CHP Committee. The Tayside improvement panel takes responsibility for extending the application of the CitiStat principles beyond scrutiny and into the improvement agenda.

The review team further noted that NHS Tayside has established a local programme of strategic improvement work. Priorities are set through a whole system mapping approach which enables NHS Tayside to review data and prioritise tasks on the basis of cost, volume, risk, quality and patient experience. This work is refreshed and reprioritised on a 6-monthly basis. The review team encouraged the NHS board to continue to review and refresh priorities regularly to ensure that all issues are addressed in a timely manner.

The development of clinical dashboards (from the existing clinical group KPI reports) to ensure a greater clinical involvement in performance management and a greater focus on clinical performance through the joint clinical boards were highlighted by the review team as an area of good practice.

The NHS board reported that evaluation of the effectiveness of its performance management structures is assured through internal audit activity. However the review team noted that a lack of formal documentation to support this was available. The team...
encouraged the NHS board to develop a clear system for documentation in this area, and
to begin to formally document its audit activity in order to be able to show that NHS
Tayside is reviewing and continuously improving its performance management
arrangements in future.
## Appendix 1 – Glossary of abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>CGRM</td>
<td>clinical governance and risk management</td>
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<tr>
<td>CHP</td>
<td>community health partnership</td>
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<tr>
<td>GP</td>
<td>general practitioner</td>
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<tr>
<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>NHS QIS</td>
<td>NHS Quality Improvement Scotland</td>
</tr>
<tr>
<td>PFPI</td>
<td>patient focus and public involvement</td>
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<tr>
<td>PPG</td>
<td>patient partnership group</td>
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<tr>
<td>QOF</td>
<td>Quality Outcomes Framework</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
- 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 Tayside was conducted on 24 February 2010.

<table>
<thead>
<tr>
<th>Review team members</th>
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<tbody>
<tr>
<td><strong>Robert Masterton (Team Leader)</strong></td>
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<td>Medical Director, NHS Ayrshire &amp; Arran</td>
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<td><strong>Ruby Hughes</strong></td>
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<tr>
<td>Non-executive Director, NHS Fife</td>
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<tr>
<td><strong>Sandra Mair</strong></td>
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<tr>
<td>Head of Operations, NHS Lothian</td>
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<tr>
<td><strong>Helen Robbins</strong></td>
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<tr>
<td>Head of Clinical Governance and Risk Management, NHS Grampian</td>
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<tr>
<td><strong>Joe Skinner</strong></td>
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<tr>
<td>Risk Manager, NHS Lothian</td>
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<tr>
<th>NHS Quality Improvement Scotland staff</th>
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<tbody>
<tr>
<td><strong>Sally Douglas</strong></td>
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<tr>
<td>Project Officer</td>
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<td><strong>Nanisa Feilden</strong></td>
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<td>Programme Manager</td>
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<tr>
<td><strong>Sinead Dorrian (Observer)</strong></td>
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<tr>
<td>Project Administrator</td>
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