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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1 Setting the scene

This report presents the findings from the clinical governance and risk management (CGRM) peer review to NHS Greater Glasgow and Clyde. This review visit took place on 16 September 2009, and details of the visit, including membership of the review team, can be found in Appendix 3.

Further information about the local NHS system can be accessed via the website of NHS Greater Glasgow and Clyde (www.nhsggc.org.uk).

Background

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

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

- clearly embedded risk management structures throughout the organisation.
- demonstrated a strong commitment to clinical effectiveness and quality improvement across the organisation.
- a sound cycle of annual clinical governance reporting arrangements for operational entities with devolved responsibilities.
- a robust performance management framework that provides the context to support statistics with a high level of qualitative information.
Recommendations

The NHS board to:

- ensure that there is a documented, planned and systematic approach to evaluation demonstrating that changes made to arrangements are as a result of a co-ordinated review of current arrangements.

- ensure that the training needs of employees are identified and responded to, particularly with reference to equality and diversity.
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 Greater Glasgow and Clyde has implemented its arrangements for risk management and is monitoring these across the NHS board. Responsibility for the management of risk is co-ordinated by the risk management steering group and embedded into the general management structure. The risk management steering group has a specific remit to ensure the ongoing development of the risk management structure and mechanisms across the NHS board. The group maintains an annual development plan that is supported by various action plans that feed into the overall risk management arrangements, particularly relating to clinical risk and health and safety.

Due to the scale of the NHS board, the arrangements for risk management have been devolved to local community health (care) partnerships (CH(C)Ps) and acute services (operating entities) to manage at a divisional level. This is to ensure that risks are given the appropriate level of consideration by the people to whom they are most relevant. There are corporate functions comprising specialist risk staff to support local services organised via the clinical governance team, who provide advice and guidance on existing policies and on evaluation activities. Each operating entity maintains its own risk register that feeds into the corporate risk register which is centrally managed by the risk management steering group. CH(C)P risk registers are reviewed on a quarterly basis by senior management teams and any changes made to risks categorised as high or very high are fed upwards to the risk management steering group and reflected accordingly on the corporate risk register. The review team was informed that all risks on the corporate risk register were linked to the organisation’s seven corporate objectives thereby demonstrating a comprehensive approach to evaluating the impact of the risks to the organisation.

The corporate risk register is subject to an in-depth annual review process, which includes an evaluation of all the risk registers from the key operational and corporate units in the NHS board and feeds into the annual development plan. In addition to the annual development plan, there is an annual health and safety action plan and a number of patient safety goals included within the annual clinical governance plan. It was reported that this suite of plans provides the overarching framework for evaluating the overall effectiveness of the risk management arrangements and progress against these are considered at the
quarterly meetings of the risk management steering group. The review team noted that the risk management steering group was comprised of executive directors and key leads for clinical governance and risk management and did not contain non-executive membership. However, the review team also noted that the evaluation of the effectiveness of the procedures for risk management are regularly considered by internal audit which in turn presents its findings to the NHS board’s audit committee, thereby ensuring non-executive oversight.

It is clear that the NHS board has made significant improvements to the management of risk since the 2006 review. The creation of the annual development plan by the risk management steering group demonstrates the NHS board’s movement towards drawing together the themes of risk management across the NHS board area which will allow for clearer understanding of the management of risk and for further development of a consistent approach to systematic and planned evaluation. The review team considered that in adopting the structured and annual development plan with regards to effectiveness evaluation, the NHS board will be able to demonstrate that changes to existing arrangements are based upon planned and structured evaluations. This would place the NHS board in a strong position to move towards demonstrating that it is reviewing and continuously improving its risk management arrangements across the organisation as part of a cycle of continuous quality improvement.

Core area: 1(b) Emergency and continuity planning

Performance assessment statement: The NHS board is implementing its emergency and continuity planning arrangements across the organisation.

NHS Greater Glasgow and Clyde has a comprehensive suite of major emergency plans and 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 remains in the implementation stage for business continuity. The NHS board has established local civil contingencies groups at most CH(C)Ps, with the creation of further groups in the acute division and remaining CH(C)Ps in progress. There are a suite of major incident plans and business continuity arrangements in place across the organisation that have been tested in various table-top exercises, with the exception of the west sector of the acute division. It was reported that the west sector of the acute division has submitted an index of plans to the NHS board’s civil contingencies planning unit, but that sight and testing of these plans remains outstanding. The plans in place for the majority of the organisation follow a standard template that has been developed by the civil contingencies planning unit in consultation with the acute division, CH(C)Ps, partnerships and other key stakeholders.

The review team was pleased to note the responsiveness of the NHS board to major incidents, for example the implementation of an ‘emergency grading scale’ to categorise the emergency depending on the level of disruption to service caused. It was also noted that the NHS board has rolled out further testing of its pandemic flu plans in light of recent outbreaks to test fitness for purpose and made the necessary adjustments.

However, the review team noted that the NHS board was not able to evidence a whole system approach to evaluating the effectiveness of their business continuity arrangements. The evidenced changes which had been implemented as amendments to existing plans were based on reactive evaluations rather than as a result of a planned review. Furthermore,
the lack of plans in the west sector of the acute division demonstrates that emergency and business continuity plans have not yet been fully implemented across the NHS board. The progress made by the NHS board since the last review is noted and is expected to continue to improve with a move towards a planned and systematic approach to evaluation supported by documentary evidence.

**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 Greater Glasgow and Clyde has implemented its arrangements for clinical effectiveness and is monitoring and evaluating their effectiveness across the NHS board area. It has implemented a clinical effectiveness framework and associated action plan that was approved by the clinical governance committee in December 2007 and supports the NHS board's clinical governance strategy and framework.

It was reported that the clinical effectiveness framework has been subject to a consultative review. This review was a structured questionnaire that focused on the objectives and actions within the clinical effectiveness framework and action plan which was distributed to a wide range of staff and key stakeholders. Furthermore, lead clinicians for clinical governance from each component part of the NHS board took part in face to face interviews. The results have been compiled into a report that was presented to the clinical governance implementation group in August 2009, with amendments to the framework being agreed and signed off for implementation in December 2009.

The clinical implementation group operates an annual clinical governance development plan that focuses on evaluation and development of the framework and associated quality improvement methods. The group provides a key link between corporate domain and clinical services in providing direction on the clinical effectiveness programme. The NHS board has also established a clinical governance support unit which is corporately managed but aligned to the main clinical services and their management structures. This includes a dedicated clinical governance liaison person assigned to each CH(C)P and directorate.

Each directorate and CH(C)P has a clinical governance forum which is required to maintain an annual clinical governance work plan. The work plan includes clinical effectiveness and should demonstrate a commitment to clinical audit, improvement in patient care and outcomes and a review of services as well as outlining progress against the key aims and objectives. Information is consolidated from these reports and informs the NHS board’s overarching development plan and annual report and is fed back to the services. A clinical governance bulletin is circulated every 2 months that aims to provide short, regular summary of key activities around clinical effectiveness and identify areas of good practice.

A policy for addressing clinical governance related guidance was approved by the NHS board's clinical governance committee in September 2007 after consultation with the relevant groups. The status of guidance is tracked every 2 months and a monthly communication is distributed throughout the NHS board with an update on new national standards guidance which is discussed at directorate and CH(C)P clinical governance forums. New standards are benchmarked against current practice to identify gaps and develop action plans to address these.
There is a range of training modules on clinical effectiveness and clinical audit is a key component of the consultant appraisal process. There is a defined process for accepting clinical effectiveness projects which was evaluated in March 2009 with an action plan produced that has led to a number of changes to the process and documentation. Clinical effectiveness is also considered as part of the organisational performance reviews and individual project reviews (e.g., keep well project and healthy weight programme). The review team noted that there is a wide and comprehensive level of evaluation activity across the NHS board.
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 Greater Glasgow and Clyde has fully implemented its systems for access, referral, treatment and discharge and is now monitoring the effectiveness of the arrangements. This is closely linked to the framework of performance management arrangements, including a twice yearly organisational performance review held by the chief executive for all the CH(C)Ps and acute services division. These reviews assess the performance of the effectiveness of the arrangements in place at a local level within the fields of referral, multi-disciplinary assessment, patient information and discharge. It provides an opportunity for the units with devolved responsibility to feedback on both areas of good practice and areas where there have been challenges. The review team was pleased to hear that these reviews were treated as a two-way process in which the divisional management teams can challenge the NHS board's senior management team to assist them in overcoming barriers to better performance that cannot be tackled at a locally devolved level. The results of these reviews are recorded in a letter from the chief executive and sent to the Board of the operating entity and to the performance review group. This allows for action plans to be established and good practice to be shared formally across the CH(C)Ps and acute division services network.

In addition to the twice yearly organisational performance review, the general management structure regularly considers issues within access, referral, treatment and discharge, including the use of key performance indicators to monitor activity changes. The NHS board uses external benchmarking to monitor delayed discharges on a monthly basis as well as internal benchmarking across the CH(C)Ps in a range of areas. The review team noted that there is a wide range of evaluation activity taking place across the NHS board and across the four areas (access, referral, treatment and discharge) including the introduction of e-vetting to reduce waiting times and delays to treatment; a number of audits of referral criteria and processes; peer review of clinical assessment and care; exception reporting; and joint planning meetings with each partner local authority. The mental health partnership has established a performance assurance group that receives and reviews quarterly reports summarising the overall patterns of bed use and compares these with the different CH(C)P
areas. This formalised framework of assurance ensures wider dissemination of feedback of both qualitative and qualitative information on a structured basis to inform practice.

The NHS board has invested in the use of technology with the majority of primary care practitioners now using an electronic referral system, for example an electronic discharge form is used to create a quicker flow of information and allows for comparison.

Responsibility for the provision of information and measuring the quality of information is also devolved to the directorate and CH(C)Ps. There is a variety of approaches to assess the suitability, relevance and value of the information the NHS board provides including audits, feedback, complaints analysis and the involvement of patients and the public in the development of information. A review group has been established to review all existing inpatient information with a view to standardising the information across all acute adult hospitals. The service also engages in an annual review of their patient focus public involvement (PFPI) activity in conjunction with service users and other key stakeholders. The NHS board has a carers information strategy and has produced a leaflet for carers that is widely disseminated. Carers’ needs are also included as part of pre-assessment documentation for elective admission to acute hospitals and considered as part of the discharge planning.

The NHS board conducts a range of internal audits and several satisfaction surveys from patients, staff and contractors that are considered at local levels and used in an informal manner to make changes to the systems in place. The review team considers that the NHS board should continue to evaluate the effectiveness of their arrangements and further enhance them by taking a whole system approach to reviewing the outputs of the evaluation activity and making the subsequent changes as required across the NHS board area. This will place the NHS board in a strong position to demonstrate that it is reviewing and continuously improving its arrangements for access, referral, treatment and discharge in future reviews.

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 Greater Glasgow and Clyde is implementing its arrangements for equality and diversity across the region. The NHS board has one single equality scheme for the period 2006–2009 that incorporates the six strands of Fair for All as well as placing a significant focus on health inequalities. The NHS board reported that it will be reviewing progress against this policy in December 2009 to fulfil legislative requirements.

The NHS board is in the process of completing equality impact assessments for existing policies on a priority basis, ie those that are most relevant to be impact assessed are done first, and all new policies are impact assessed prior to approval and publication. As a result of an internal audit, further supporting advice and prioritisation tools for the system are being developed. Each operating entity of NHS Greater Glasgow and Clyde has been tasked with completing four equality impact assessments through 2008–2009 and a similar target has been set for 2009–2010. Due to the scale of the NHS board it was noted that it is not possible to cover all services in the medium term and a programme for rolling out these assessments across the organisation is currently under way.
The NHS board has a community engagement team that is responsible for identifying the needs of specific communities to ensure the opportunity to engage is maximised prior to undertaking additional work programmes. This team has developed a number of patient panels which advise, review and support its work including a young people's panel, a families and carers panel, a community engagement advisory group and a transport and access forum.

There is an equalities website for staff that is part of the equalities and diversity communications plan to provide support and advice. In addition to the website, a leaflet was sent out to all staff setting out their responsibilities in tackling discrimination and directing staff to the website. However, the review team noted that whilst equality and diversity training is included in the induction process for new employees, there is no training plan to cover the existing staff.

The NHS board has developed a number of key performance indicators within the corporate inequalities team that will be implemented in 2009–2010 which focus on reducing health inequalities and monitoring of equality targets. It was also noted that internal audit is used to consider the arrangements for equality and diversity monitoring as part of its annual plan and the review team would encourage NHS Greater Glasgow and Clyde to continue to invest in its internal audit function and demonstrate that action is taken as a result of the findings.

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 Greater Glasgow and Clyde has fully implemented a new communications strategy that covers both internal and external communications for the period 2007–2010. This strategy was formed following a review of the previous strategy which included conducting a survey on the use of communications across a range of stakeholders including patients, staff and the public. The strategy is reviewed annually which leads to the creation of a yearly action plan, which is formed following feedback from staff focus groups, surveys, external market research and direct feedback from patients and the general public. Progress against the annual action plan is formally monitored every 2 months at performance review group meetings and quarterly at the involving people committee with membership comprised of both non-executive members and a cross section of staff.

The review of the previous communications strategy highlighted that there was a need to strengthen and improve internal communications across the organisation. This led to the creation of a dedicated internal communications team within the corporate communications directorate in January 2008 to drive forward the agenda appropriately.

The NHS board has also introduced a monthly team brief that the review team considered was particularly effective. This is a short one page bulletin from the chief executive that explores key strategic issues and is communicated to all staff via face to face team briefings with their line management. The team briefs are linked to one of the organisation’s seven corporate objectives each month to ensure consistency of message and allow local managers the opportunity to attach relevant information specific to their area. The review team was pleased to note the example used in the mental health partnership of attaching a different human resources (HR) policy to each briefing to ensure that the changes made to
these documents had been communicated clearly. The new team brief style and structure has recently undergone an audit, and the results will be analysed and necessary changes implemented.

In addition to the team brief, there is a monthly staff newsletter that has undergone extensive redesign and changes to content, frequency and distribution following feedback. The staff newsletter focuses on good news stories as well as key corporate information and has been made available both in paper copy and online via the staff intranet. The staff intranet is also a key internal communications tool that contains both information on the NHS board and local information. Each directorate and CH(C)P has local authors who are responsible for updating and reviewing content for their area as appropriate.

The review team was pleased to note the progress made since the last review, particularly with reference to regular feedback and stakeholder involvement, and encouraged the NHS board to continue with this approach, ensuring that key changes are signed off by the appropriate committee after a planned and systematic evaluation.
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.

NHS Greater Glasgow and Clyde has fully implemented its arrangements for clinical governance and quality improvement and it is now monitoring their effectiveness. The Board has delegated authority for clinical governance to the clinical governance committee which is further supported by the NHS board’s clinical governance implementation group and the individual clinical governance forums that exist for each of the major services and the local CH(C)Ps. The clinical governance implementation group operates within an annual clinical development plan that focuses on evaluation and development of the clinical governance strategy and framework alongside the associated quality improvement methods and provides a key link between corporate domains and clinical services. In addition to these, the NHS board is further supported by the clinical governance support unit, which is corporately managed but aligned to the main clinical services and their management structures, supporting local clinical governance forums.

All major services are required to publish and maintain an action plan that is regularly monitored and updated at clinical governance forums. They are also required to produce an annual report on the effectiveness of their clinical governance activities which follows a standard template and is reviewed by a member of the clinical governance support unit, the clinical governance implementation group and the clinical governance committee. The review team was particularly pleased to note the use of a standard template across the NHS board which allows for internal benchmarking and sharing of good practice to be employed across the range of services with regards to clinical governance.

In addition to the system of annual reporting, the clinical governance committee operates a rolling cycle of presentations which ensures the effectiveness of local arrangements is considered at a strategic level on an annual basis. These presentations demonstrate the progress a service has made against its annual action plan, achievement against the objectives set out in its annual report and its contribution to achieving the strategic aims of the clinical governance framework. It is also an opportunity for the individual services to feed upwards on what support they require to enable them to achieve their goals.

The themes arising from the cycle of presentations and annual reporting are then fed into the corporate annual report on clinical governance and the creation of the overarching annual clinical governance development plan. Furthermore the role and performance of...
the clinical governance committee and clinical governance implementation group are considered on an annual basis in the creation of the plan.

The audit committee also plays a key role in ensuring that clinical governance is continually monitored by commissioning various internal audits including one to consider the effectiveness of the clinical governance arrangements. There is also a close tie-in to the performance management structure with clinical governance being considered as part of the service reviews held every 6 months.

It is clear that monitoring and evaluation are well embedded into the NHS board's strategy and routine ways of working. The review team would encourage the continued use of internal audit and a move towards a rolling programme to ensure that there is a documented, planned and systematic approach to evaluation demonstrating that changes made to the system are as a result of a co-ordinated review of current arrangements.

Core area: 3(b) Fitness to practise

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

NHS Greater Glasgow and Clyde is monitoring the effectiveness of its arrangements with regards to fitness to practise. Since the last visit, the NHS board has established a centralised recruitment team to undertake registration checks on new employees, which includes professional registration checks, verification of the right to work in the UK, Disclosure Scotland clearance and references. Ongoing registration checking is the responsibility of line managers and is reported on within the NHS board's clinical governance annual report. The NHS board is currently undertaking a review of these arrangements with a view to developing a standard NHS board-wide process to ensure all staff are registered.

The NHS board has commissioned a number of internal audits on a variety of staff governance topics as part of an annual rolling programme including absence management, recruitment of foreign nationals, the use of medical locums, and bank and agency nursing. These internal audit reports are reported to the audit committee who approve the recommendations for action and then revisit the report in 6 months to ensure that the appropriate action has been implemented.

There are a variety of guidance documents and models for clinical supervision in place that are tailored to the specific professional group and operate as appropriate to the patient context and the professional group. The clinical supervision policy is also used to provide a structured environment for approval that is further supported by the NHS Knowledge and Skills Framework and continuous professional development plans.

The NHS board uses the annual staff survey to gain insight into areas for improvement, which form part of the staff governance action plan. The staff governance committee has an action plan sub-group that is responsible for updating and developing the staff governance action plan and raising awareness of staff governance issues. There are five working groups to address the individual strands of staff governance standards. In addition to the staff governance action plan, the staff governance committee has worked on standardising the approach to absence management across the NHS board. This has involved creating a suite of standard templates and tools to be used by line managers when...
dealing with absence. This has been piloted in the West CHP and is intended to be rolled out across the NHS board after some further refinement and will not only modernise the approach taken but the consistency in data will allow for internal comparisons and benchmarking.

In addition to this, the NHS board has also rolled out a web-based induction checklist to ensure that all new staff are receiving the correct induction. This allows the NHS board to monitor the dissemination of information through the completion of the checklist. The checklist, which is easily accessible for line managers, contains the necessary information to support the induction in one location. The NHS board is monitoring the use of this tool and will continue to make changes as required.

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 Greater Glasgow and Clyde has a joint internal and external communications plan for the period 2007–2010 that has been fully implemented and is now being monitored. The new strategy contains an evaluation of the effectiveness of the previous strategy. The NHS board has a specific team within the corporate communications directorate to focus on external communications and several groups and committees that feed into this structure including: a community engagement team that is responsible for ensuring local community groups are engaged and informed in the development of the health service; a PFPI group that ensures internal and external communication policies are implemented at a local level as well as pursuing the PFPI actions; and the involving people committee that has a key governance role for ensuring that the NHS board meets its obligations in relation to PFPI.

In addition to the above mentioned committees, the NHS board commissions external market research, surveys and focus groups every 2 years to gain an understanding of public and stakeholder opinion, and the results are fed into the creation of the overarching strategy and the annual action plans. The NHS board also reported that it uses an involving people database which contains contact details for over 5,000 individuals and community groups that it regularly contacts with information regarding services or for feedback on specific issues. The NHS board hosts ‘our health’ events, which are a series of regular events designed to update the public on the services and support available within the NHS board area and create a forum for feedback and discussion, as well as hosting specific public consultation events for large projects or initiatives.

The NHS board produces ‘Health News’ every 2 months which is inserted into the Evening News and the Glasgow Herald newspapers, as well as distributed across a range of hospital and community facilities within the NHS board area. This newsletter was evaluated in 2008 and has been modified to incorporate the results of this feedback including changing the content of each issue to reflect a main theme or topic in line with the key issues identified by service users. This has resulted in the creation of dedicated editions covering mental health, older people and women’s and children’s services. The NHS board’s website has also undergone changes to the layout and content to make it more accessible and was evaluated by focus groups in 2008 which highlighted further areas for improvement. Furthermore, the NHS board has piloted information points in two key sites within NHS Greater Glasgow and Clyde. These contain a wide range of information on
services and links to other organisations including public transport links, public services and support groups. Following a review of these pilot sites, it is intended that these information points will be rolled out to other strategic areas within the NHS board area.

The NHS board has demonstrated that an appropriate level of planned evaluation is regularly conducted in the field of external communication at a strategic level, and strong links to stakeholders are maintained.

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

**Performance assessment statement: The NHS board is reviewing and continuously improving its arrangements for performance management across the organisation.**

NHS Greater Glasgow and Clyde has fully implemented its arrangements for performance management within the NHS board area and has evaluated the effectiveness of these arrangements. The NHS board has now reached the stage where it is reviewing and continuously improving its performance management arrangements. Due to the size of the NHS board, there is a significant level of devolved responsibility to directorate and CH(C)P level. To ensure that there is a consistent and structured level of activity in operation across the NHS board, there is a robust performance management framework in place, which allows the success of the organisation to be measured and evidenced throughout the NHS board area.

The performance management framework and action plan has been developed after a series of co-ordinated evaluations on the performance management framework. The NHS board hosted a series of corporate sessions attended by non-executives, senior NHS board management and representatives from each of the operating entities to consider the arrangements for performance management in detail and create an action plan that reflected the changing needs of the organisation. This was followed in 2008 with another series of corporate sessions that provided a progress report on the action plan and considered the requirements for the coming year, thereby demonstrating a rolling programme of systematic review.

The NHS board participates in benchmarking via the national performance forum and has undertaken a number of performance management arrangements. The internal audit conducted by PricewaterhouseCoopers details the existing arrangements, recommendations for improvements and notably a management response that details the actions to be carried out, the persons responsible for the action and a timescale for completion. The review team was informed that the report was presented to the audit committee who revisit the report at a later date, generally after 6 months, to ensure the actions have been completed.

Since the last review in 2006, the NHS board had also introduced organisational performance reviews for each of the operating entities, where the chief executive and a panel meet with the senior team to discuss performance and issues on a twice yearly basis. In instances where there are joint service arrangements, the NHS board co-ordinates joint organisational performance reviews, for example with East Renfrewshire Council.

Furthermore, there are regular reports submitted to the NHS board’s performance review group detailing the success of each of the operating entities, which is also discussed at the local level in the relevant committee. The performance review group is a sub-group of the Board with delegated authority for performance management; it is comprised of 10 non-
executive members of the Board, includes local authority membership and is attended by Audit Scotland. The group is tasked with ensuring that there is a co-ordinated approach to the management of performance improvement across all aspects of the NHS board's responsibilities, activities and partnerships consistent with the NHS board's corporate objectives and priorities. This includes monitoring the implementation of approved strategies in relation to key milestones, timescales and overall governance. The review team was pleased to note that all performance reports included a commentary providing explanation of the figures produced, thereby allowing analysis to be drawn in context of the results.

The NHS board has outlined and evidenced a closely monitored and comprehensive structure for performance management across the organisation which is regularly reviewed to ensure it remains fit for purpose. It is clear that the NHS board considers performance management a fundamental tool for demonstrating its success against its seven corporate objectives and as such has dedicated a sufficient amount of resources to ensuring there is a system in place that can accurately reflect the performance of the organisation in an efficient and effective manner.
# Appendix 1 – Glossary of abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>CGRM</td>
<td>clinical governance and risk management</td>
</tr>
<tr>
<td>CH(C)P</td>
<td>community health (care) partnership</td>
</tr>
<tr>
<td>HEAT</td>
<td>health, efficiency, access and treatment</td>
</tr>
<tr>
<td>HR</td>
<td>human resources</td>
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<tr>
<td>NHS QIS</td>
<td>NHS Quality Improvement Scotland</td>
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<tr>
<td>PFPI</td>
<td>patient focus public involvement</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 Greater Glasgow and Clyde was conducted on 16 September 2009.

Review team members

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