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 Shetland. This review took place via video conference on 21 April 2010, and details of the review, 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 Shetland (www.shb.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, and report production and publication following the review. (See flow chart in Appendix 2 for further detail.) Due to disruptions in air travel, the review team was unable to visit NHS Shetland in order to carry out this review, and instead, the review was carried out by video conference between NHS QIS and NHS Shetland.

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:

- broad, deep and mature joint-working arrangements at both strategic and operational levels.
- embraced the use of quality improvement methodology, such as LEAN, to support its clinical effectiveness agenda.
- developed robust, community-focused arrangements for the communication of key messages to patients, staff and the public, including the set-up of NHS 100.
Recommendations

The NHS board to:

- create a systematic work plan for evaluation of its clinical effectiveness, audit and review of processes.
- continue to develop and take forward work surrounding advocacy.
- further develop the clinical interface group to offer all clinicians a voice in improving service delivery.
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 Shetland is monitoring the effectiveness of its risk arrangements across the NHS board area in a planned and proactive manner. Following its implementation in 2005, the NHS board’s risk management strategy has been regularly revised and updated. The most recent revision was signed off in late 2009. It includes the NHS Shetland risk management action plan and the terms of reference for the NHS board’s clinical governance co-ordinating committee, controls assurance group, and the health and safety committee. The review team noted that following a review of risk management structures, the NHS board had created the controls assurance committee, a group responsible for the integration, co-ordination and standardisation of risk management throughout NHS Shetland. The review team commended the NHS board for recognising the need for a group with this function and implementing these arrangements.

The risk management strategy and associated action plan is supported by several key policies, procedures and action plans including: the incident reporting, investigation and management policy; risk assessment procedures; the health and safety policy; the health and safety action plan; and instructions to staff contained within departmental risk management folders. The review team commended the NHS board on its wide range of supporting materials for risk management, however encouraged the NHS board to include more detailed breakdown of systems and arrangements in its documentation.

NHS Shetland operates a corporate risk register which records and reports on action being taken to manage strategic risks facing the Board. In addition, each clinical manager or department head is responsible for developing and maintaining a risk register for their area. Risk registers are maintained in red folders for ease of identification. Departmental risks are also recorded on a central database by the NHS board's risk and incident co-ordinator.

The review team noted the NHS board’s enthusiasm for risk management and the lengths the Board has gone to in order to ensure all staff are trained appropriately in risk management procedures. Risk management is included in both induction and mandatory refresher training programmes. A half-day risk management training course is available for all relevant staff groups, in addition to training in the use of Datix, the NHS board’s risk management software system. A further risk management course for managers was noted.
All staff were invited to undertake a culture survey designed to identify organisational attitudes to risk management and other governance activities. This was noted as an area of good practice.

Plans to develop a risk management communication plan to inform staff and the public about risk management activity throughout the NHS board area were noted. The review team encouraged NHS Shetland to continue to develop this documentation. The NHS board was further encouraged to develop systems and explore ways to allow public and patient involvement in further development and roll-out of risk management arrangements.

The review team concluded that NHS Shetland has implemented a comprehensive system for risk management and is now reviewing its arrangements to ensure that they are fit for purpose. The creation of the NHS board’s controls assurance group in response to the need for a senior team to manage and co-ordinate risk management was highlighted as a good example of the NHS board acting upon result of self-review. Both internal and external audit activity was noted in support of formal strategic monitoring of services, leading the review team to conclude that NHS Shetland is monitoring the effectiveness of its risk management arrangements. The review team advised that NHS Shetland continues to systematically monitor its operational and strategic risk management arrangements. The review team also recommended that the NHS board continues to evolve its risk management action plans in order to demonstrate that it is continuously reviewing and improving its risk management arrangements in future.

**Core area: 1(b) Emergency and continuity planning**

**Performance assessment statement: The NHS board is monitoring the effectiveness of its emergency and continuity planning arrangements across the organisation.**

NHS Shetland has mature arrangements in place for emergency and business continuity planning, which are monitored regularly and revised where appropriate. A partnership arrangement has been agreed between NHS Shetland and Shetland Isles Council, resulting in Shetland Isles Council taking responsibility for emergency planning arrangements across the island. The review team noted that as part of this arrangement, an emergency planning officer has been appointed with a joint contract between the local authority and NHS Shetland. The review team noted that the joint working arrangement and the appointment of the emergency planning officer resulted from an in-depth review of all the NHS board’s emergency and business continuity planning arrangements and a consultation with the local authority.

Business continuity arrangements within NHS Shetland are mature and robust, with a major incident plan in place supported by a series of departmental business continuity plans. Business continuity plans have undergone extensive testing under a range of scenarios, with business critical services identified and prioritised. Departmental business continuity plans are tested yearly, and are reviewed following testing in order to update documentation.

At the time of the review visit, the NHS board was operating its business continuity plans as a result of volcanic ash disruption to flights to and from the island. The review team noted that staff responded enthusiastically to the plan, and strong evidence was produced to support the ongoing monitoring and revision of arrangements. Strong operational
engagement in emergency management was evident, as was a close working relationship with primary care areas in planning activities.

Both the public and NHS board staff are made aware of the NHS board’s business continuity and emergency planning arrangements through notices on the NHS Shetland website and in local media. Staff are actively involved in the drafting of business continuity documentation through team brief sessions, local partnership forum briefings and the clinical services strategy group. The review team was pleased to note that training in emergency and business continuity planning is ongoing, and is reviewed twice each year.

The review team concluded that NHS Shetland has made significant progress in its emergency and business continuity planning following the last review visit, and is now at the stage where emergency and business continuity plans have been fully developed and implemented across the NHS board area. The NHS board is now monitoring the effectiveness of these arrangements to ensure that they are fit for purpose.

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

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

The NHS Shetland clinical effectiveness strategy is included in the clinical governance strategy, which was updated in 2009. It has been rolled out across the NHS board and is accompanied by an action plan. Activity is supported by the clinical governance committee, which oversees the operational monitoring and quality assurance arrangements for information governance, patient safety, clinical effectiveness, research governance, risk management, complaints monitoring and clinical supervision. The staff governance committee oversees operational monitoring and quality assurance arrangements for staff governance, staff development, fitness to practise, workforce planning and equality and diversity. The service redesign committee has delegated Board responsibility for organisational development and service redesign. The audit committee has delegated responsibility from the Board for the joint responsibility for the statement of control with the clinical governance committee.

To support the operational delivery of clinical governance arrangements, the clinical governance support team is in place. The clinical governance support team includes clinical governance and service improvement personnel. The review team noted that, at the time of the review visit, the clinical governance support team was going through a redesign process.

The review team noted a system in place throughout the NHS board, where any department or service which identifies a need can be added to a register of audit and health improvement. The register is monitored at the clinical governance co-ordinating group, which meets every 6 weeks. The review team encouraged the NHS board to develop this register further into a systematic work plan for audit and strategic, as well as operational, review of services.

The NHS board reported that leadership walkrounds are also part of the quality assurance process for clinical effectiveness, health and safety and risk management. Reports on the agreed actions are circulated to heads of departments, and summary reports are escalated
to the senior management team and the clinical services management team on a monthly basis.

NHS Shetland is an active participant in clinical effectiveness and quality improvement programmes for example the Scottish Patient Safety Programme. A strategy is in place, and is accompanied by an action plan which lists progress against the various patient safety work streams. The Board also receives a report on progress with the Scottish Patient Safety Programme twice each year. The infection control programme lists progress against a number of national programmes relating to surveillance, education and decontamination.

The review team noted the holding of clinical interface meetings three times each year. Interface meetings are chaired by, and open to, both primary and secondary care doctors throughout NHS Shetland. They are designed to allow groups to share clinical practice, discuss access, referral, treatment and discharge issues, and to develop stronger working relationships.

Evidence demonstrated some evaluation of clinical effectiveness arrangements. However, the review team concluded that, at the time of the review visit, activity to monitor the effectiveness of arrangements for clinical effectiveness carried out across NHS Shetland had resulted from external factors. The NHS board had not developed a systematic and planned programme for the strategic monitoring of the effectiveness of its clinical governance arrangements. The review team encouraged the NHS board to develop a planned programme for the strategic monitoring of its arrangements for clinical effectiveness in order to demonstrate that it has engaged in a programme of ongoing evaluation activity.
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 Shetland has fully implemented systems for access, referral, treatment and discharge across the NHS board area and is now monitoring their effectiveness. There are well established partnership working arrangements in operation with a range of stakeholders, including NHS Grampian. The review team was pleased to note the level of evaluation activity under way across the organisation within the operational units, allowing the NHS board to deliver local solutions to local issues.

There are various policies in place across the NHS board to support access to services and provide patients, carers and the public with the necessary information to inform their decisions. The communications strategy highlights the importance of communicating with patients, carers and the public, and sets out appropriate methodology for this. It also covers issues such as accessibility, language and style of information.

Following a consultation and evaluation exercise, the health improvement department has taken responsibility for the librarianship of all patient information documentation. The review team was pleased to note the appointment of a health information resources officer to catalogue and update all patient information leaflets in order to ensure that all patient information leaflets are up to date, relevant, accessible and useful. It was noted that as a result of this exercise, a draft policy has been developed which describes the framework for patient information management.

Joint arrangements for admission and discharge have been developed with the local authority via a multi-agency admissions and discharge group. These arrangements have recently been reviewed in line with the joint improvement team’s best practice guidelines on admissions, transfer and discharge. The review included the single shared assessment process developed through joint working with the local authority and other service providers. The process has now been developed electronically and is undergoing adaption to allow partner agencies to also access it. It was noted that further referral guidance is in place throughout the NHS board for specific services, which was developed through joint working with clinical management staff from the relevant services. This includes referral for cancer services, cardiology services and child protection.
NHS Shetland has a clear and comprehensive consent policy which was developed through consultation with clinical teams and senior social care representatives, supported by relevant national legislation. The policy was revised by the clinical governance committee in January 2010 and training has been commissioned to support the roll-out of the updated document.

A multi-agency approach has been developed to ensure that the needs of carers in NHS Shetland are met. The carer link group, which includes support from health, local authority and private agency groups, has taken forward a variety of projects to identify carers and engage with them. This has included: projects to identify new carers, and supply them with support packs; the production of a questionnaire to identify support group needs, and sessions covering carers rights; relaxation sessions; and a one day carer's cruise. The review team commended the NHS board on its ongoing work to ensure that all carers throughout NHS Shetland are supported.

NHS Shetland has demonstrated that it regularly considers its performance across access, referral, treatment and discharge, particularly through commitment to improved patient experience. The review team encouraged the NHS board to continue to develop a whole system approach to evaluation, thereby allowing the organisation to demonstrate a systematic cycle of continuous review and improvement across the whole of NHS Shetland.

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 Shetland is committed to ensuring that the services it provides meet the needs of its population. The NHS board has developed an equality and diversity policy, which includes the NHS Shetland embracing equality and diversity single equality scheme, and a revision of the equality and diversity policy. The revised scheme has been approved by the Board, was published in 2009, and is being rolled out throughout the NHS board area.

The director of human resources and support services is accountable for the equality schemes and action plans approved by the Board, and ensures that equality and diversity are embedded into the work of the NHS board by aligning all six strands of Fair for All into the staff governance standard. The director of human resources and support services heads up a multi-disciplinary and multi-agency diversity task force including senior staff members, champions for each strand of Fair for All, trade union members, public representatives, patient focus and public involvement (PFPI) members and associates from voluntary organisations. The diversity task force is responsible for reporting on equality and diversity activity to the staff governance committee.

Following a review of arrangements prior to the introduction of the single equality scheme, the NHS board has identified impact assessment as the most appropriate way to ensure that equality and diversity arrangements are used effectively. All policies, strategies and schemes signed off by the Board are now routinely impact assessed before ratification.

All equality and diversity activity carried out throughout the NHS board area is overseen by the equality and diversity task force, which in turn works closely with the communications department to ensure that all complaints made regarding equality and diversity issues are
identified and addressed quickly. The equality and diversity task force is responsible for the escalation of any urgent issues to the Board. The Board takes assurance on the success of equality and diversity arrangements through annual reports submitted to the staff governance committee.

The review team did not consider that there was enough evidence of a comprehensive and systematic approach to the evaluation of effectiveness of the NHS board’s equality and diversity arrangements to consider the NHS board to be at the stage of monitoring the effectiveness of its arrangements for equality and diversity. The team encouraged the NHS board to continue to roll out and fully embed the equality and diversity policy, and to develop an action plan for the systematic monitoring and evaluation of the arrangements in place in order to begin to monitor the effectiveness of board-wide equality and diversity arrangements in future.

**Core area: 2(c) Communication**

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

NHS Shetland has a joint internal and external communications strategy, action plan and media policy, which was approved by the Board in 2006 and has been fully implemented. The strategy and supporting documentation were reviewed and ratified in 2010 and set out the aims and objectives of the revised strategy. The review team was pleased to note extensive consultation with patient and public partnership groups, NHS 100 – a public involvement group, and the staff governance committee before the ratification of the revised strategy. The communications strategy is comprehensive, and is underpinned by strategic aims and objectives from communication. It was noted that a draft action plan has been developed to support ongoing communications activity.

NHS Shetland uses a range of initiatives to communicate key internal messages to its staff. This includes regular team briefing sessions, and communication of key messages through the local partnership forum. Departmental meetings are also organised to inform staff of specific issues. All staff within NHS Shetland have access to the NHS board intranet which contains corporate information, news bulletins, telephone directories, staff vacancies and other relevant employment information. The NHS board reported that the annual staff survey is used to collect feedback from staff groups on key issues.

All new staff members attend a corporate induction day, which is held monthly, and includes information on how to access the NHS board’s communications policies and procedures. The review team noted that due to the size and structure of the organisation, open communication is encouraged on a casual level across the NHS board, with staff encouraged to speak directly to senior staff members regarding any issues they have identified. The NHS board reported that this raises awareness of the communications strategy and gives staff the opportunity to ask questions, or feedback on communications initiatives.

Through the establishment of the recent action plan and extensive consultation, as well as ongoing evaluations of existing arrangements, the NHS board has been able to demonstrate that it is beginning to evaluate the effectiveness of its internal communication arrangements. The review team encouraged the NHS board to continue to monitor the
effectiveness of newly developed arrangements and to develop a planned and systematic approach to review these arrangements.
Standard 3: Assurance and accountability

Standard statement
NHSScotland is assured and the public are confident about the safety and quality of NHS services.

Overall performance assessment statement:
The NHS board is monitoring the effectiveness of its arrangements to promote public confidence about the safety and quality of the care and services it provides.

Core area: 3(a) Clinical governance and quality assurance

Performance assessment statement: The NHS board is monitoring the effectiveness of its arrangements to co-ordinate clinical governance and quality assurance arrangements across the organisation.

NHS Shetland has fully implemented its arrangements for clinical governance and quality assurance and is now monitoring their effectiveness. The Board has delegated authority for clinical governance to the clinical governance committee, which is chaired by a non-executive member. The clinical governance committee is further supported by: the clinical governance co-ordinating group, with a remit of ensuring that clinical governance strategic plans are rolled out and integrated at an operational level; and the controls assurance group, which plans both a strategic and tactical role ensuring that there is integration across all risk management systems and the interface with clinical governance.

The strategic framework for clinical governance is set out in specific strategies, such as the clinical governance strategy, risk management strategy and PFPI strategy. These strategies detail the organisational structures in place that support clinical governance and quality assurance processes, and include a formal scheme of delegation.

The NHS board has an internal audit programme which includes a number of clinical governance topics such as clinical governance systems, risk management systems, data protection and performance management. Following audit, the clinical governance strategy has been updated to reflect changes in clinical governance structures and to include detail on the relationship between quality, performance and patient safety. Key performance indicators (KPIs) are written into the clinical governance strategic action plans and evidence was provided to demonstrate that data from these KPIs have been considered by the NHS board's controls assurance group. The review team also noted the revision of KPIs for risk management and recently developed KPIs for clinical effectiveness. A programme of work to develop KPIs for clinical governance at a strategic level was noted.

The review team noted a robust internal audit of clinical governance arrangements took place in 2009. This offered clear recommendations and a good level of information for assurance and improvement purposes, as the clinical governance and quality assurance system was also audited. The review team noted that the recommendations from this audit had been discussed in detail at clinical governance committee meetings and actions from this audit were at the stage of implementation.
It is clear that monitoring and evaluation are 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 of strategic monitoring 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 implementing arrangements across the organisation that will ensure its workforce is fit to practise.

NHS Shetland has arrangements in place to ensure that staff have the necessary professional registrations to carry out their role and that these are kept up to date. The staff governance committee and clinical governance committee are ultimately responsible for ensuring that all staff working throughout the NHS board area have the necessary qualifications. Reports on the monitoring of recruitment activity and appropriate clinical registrations are escalated to both the staff governance committee and the PFPI group twice each year.

The NHS board uses a centralised database to ensure that pre-employment checks are carried out in the recruitment process. Pre-employment checks include taking up references and occupational health checks, as well as ensuring verification of the right to work in the UK. The NHS board reported that all staff are subject to Disclosure Scotland clearance checks. Professional registrations are held on a central human resources (HR) database which is checked on a monthly basis. Professional registration and training needs for medical staff are identified through ongoing annual job reviews.

NHS Shetland is committed to ensuring that staff have the necessary knowledge and training to carry out their duties. Personal development plans (PDPs) and the NHS Knowledge and Skills Framework (KSF) system are well utilised. Compliance with the completion of PDPs is monitored by the staff governance committee and is cited in monthly performance management reports circulated to the Board.

The NHS board reported that it is the responsibility of an employee’s line manager to identify any learning and development needs and to arrange for appropriate training. Training needs and outcomes are recorded electronically on the eKSF system. The review team was pleased to note a standard practice by the NHS board’s education team to contact all staff members who have attended training after 6 months in order to ensure training was appropriate. This follow-up is signed off by the staff member’s line manager in order to inform future training needs. It was noted that training needs analyses have been carried out for several staff groups and these have been used to inform a board-wide training plan.

The review team noted that approximately 100 staff throughout NHS Shetland are employed by Sodexo, a partner organisation contracted to supply catering and hotel services across the NHS board. The team was pleased to note that both NHS board, and Sodexo staff, attend the same NHS board training schemes in order to ensure continuity. In addition, Sodexo regularly shares its training records and training and development
courses with the NHS board. The team encouraged NHS Shetland to continue to maintain its strong professional working relationship with Sodexo staff.

NHS Shetland has developed a draft clinical supervision policy, following a review of the existing procedures in place across a number of professions including allied health professional, nursing, medical and dental supervision arrangements. The review team noted that, following consideration by the clinical governance committee, the policy is being redrafted, and encouraged the NHS board to ratify and roll out the policy.

It was clearly evidenced that appropriate policies and procedures have been developed and implemented throughout the NHS board area. However, the review team considered that the NHS board did not yet have in place a sufficiently systematic, documented and comprehensive approach to monitoring its fitness to practise arrangements across the organisation.

Core area: 3(c) External communication

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

NHS Shetland has a joint internal and external communications strategy, action plan and media policy, which was approved by the Board in 2006 and has been fully implemented. The strategy and supporting documentation were reviewed in 2010 following consultation with the local partnership forum, NHS 100 and the PFPI steering group. The review team was pleased to note that following the review of the strategy, the Board has arrangements in place for the development of a communications group to take forward the actions identified in the revised communications strategy, and to further build communications systems both internally and externally.

NHS Shetland uses a range of initiatives to communicate key external messages to its patients, the public and the press and to gather feedback from these groups. This includes a comments and suggestions scheme, senior manager attendance at local interest groups and community council meetings, and participation in groups such as the PFPI steering group and NHS 100. The NHS board also publishes questionnaires relating to specific service issues, such as the opening of the new day surgery unit to gather patient feedback. The review team further noted an arrangement with local media groups to provide feedback on NHS board communications and usefulness of communications issued. The Board also issues a monthly media diary identifying upcoming NHS board events and visits.

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

Through the establishment of the recent action plan and extensive consultation, as well as ongoing evaluations of existing arrangements, the NHS board has been able to demonstrate that it is beginning to evaluate the effectiveness of its internal communication arrangements. The review team encouraged the NHS board to continue to monitor the effectiveness of recently changed arrangements and to develop a planned and systematic approach to review of these arrangements.
Performance assessment statement: The NHS board is monitoring the effectiveness of its arrangements for performance management across the organisation.

NHS Shetland has developed a performance management strategy, which was ratified by the Board in December 2009 and rolled out across the NHS board area. The strategy sets out the monitoring arrangements for all the NHS board’s performance management reports, including HEAT and healthcare associated infection targets and the communication plan for the dissemination of performance management data. Performance management structures are described in the strategy, including operational groups, and clearly sets out lines of accountability for performance management across the NHS board.

Performance management structures across NHS Shetland take the form of a balanced scorecard based upon the Citistat format, with local adaptations. It is populated with information from a variety of sources, including the community health and care partnership, public health, informatics department and the national HEAT dashboard. The scorecard includes high level performance measures, and is circulated monthly to the clinical services management team and the Board. The controls assurance group was established in 2007 to ensure that NHS Shetland has an integrated approach to risk management across the organisation. The controls assurance group has an assurance and performance management role in relation to all areas of clinical risk and patient safety, including infection control, health and safety, corporate risk systems, and joint risk systems with partners and the community health and care partnership (CHCP).

Performance management monitoring takes place at a strategic and tactical level through the senior management and clinical services management teams respectively. The Board actively challenges performance in relation to the progress noted in the corporate scorecard and other performance reports regularly presented at Board level, including infection control, patient safety, and staff governance. This ensures that a separate committee is responsible for the scrutiny of performance management data.

In addition to the balanced scorecard, a series of performance reports are produced and cascaded to departments, groups and standing committees to appraise them of current performance levels, and to advise on improvement methodology.

The performance management strategy is supported by an action plan which is monitored by the senior management team. Its objectives include both operational and strategy changes to performance monitoring structures to ensure that systems are fit for practise and operating at a high level. The review team noted clear links between the performance management strategy and action plan, and the staff development programme.

The review team praised the NHS board on the comprehensiveness of the performance management strategy, which covers all of NHS Shetland, including the CHCP, and other partner providers. Performance management systems have been developed to assess partner provided services, and these include formal measures set out in the NHS board’s local delivery plan and CHCP agreement. Formal measures are also in place with health service providers, such as NHS Grampian and the Scottish Ambulance Service, through regional planning arrangements and commissioned service reviews.

The review team concluded that at a strategic level, performance management is driven forward by the Board, which holds services to account for performance delivery, and
determines the organisational culture, values and development. Clear lines of delegation, accountability and reporting were evident across the whole organisation to ensure that the Board is assured of all performance management activity. Evidence of continuous monitoring of the effectiveness of performance management structures was provided, underpinned by annual performance management reporting to the Board and its committees, resulting in organisational and structural change. The review team encouraged the NHS board to continue to evaluate the effectiveness of its arrangements and subsequent changes in order to begin to continuously review and improve 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>
</tr>
<tr>
<td>CHCP</td>
<td>community health and care partnership</td>
</tr>
<tr>
<td>HEAT</td>
<td>health, efficiency, access and treatment</td>
</tr>
<tr>
<td>HR</td>
<td>human resources</td>
</tr>
<tr>
<td>KPI</td>
<td>key performance indicator</td>
</tr>
<tr>
<td>KSF</td>
<td>Knowledge and Skills Framework</td>
</tr>
<tr>
<td>NHS QIS</td>
<td>NHS Quality Improvement Scotland</td>
</tr>
<tr>
<td>PDP</td>
<td>personal development plan</td>
</tr>
<tr>
<td>PFPI</td>
<td>patient focus and public involvement</td>
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Appendix 2 – Review process

Prior to Visit

NHS QIS publishes standards

NHS board completes self-assessment and submits with evidence to NHS QIS

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 Shetland was conducted on 21 April 2010.

Review team members

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**Helen Cadden**
Public Partner, Greater Glasgow and Clyde

**Christine Humphries**
Non-Executive Director, Scottish Ambulance Service

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