Clinical Governance & Risk Management: Achieving safe, effective, patient-focused care and services
Clinical Governance & Risk Management: Achieving safe, effective, patient-focused care and services
NHS Quality Improvement Scotland (NHS QIS) is committed to equality and diversity. We have assessed the performance assessment function for likely impact on the six equality groups defined by age, disability, gender, race, religion/belief and sexual orientation. For this equality and diversity impact assessment, please see our website (www.nhshealthquality.org). The full report in electronic or paper form is available on request from the NHS QIS Equality and Diversity Officer.
## Contents

1. Setting the scene .......................... 4

2. Summary of findings ...................... 6

3. Detailed findings against the standards 8

Appendix 1 – Glossary of abbreviations 18
Appendix 2 – Review process .............. 19
Appendix 3 – Details of review visit ........ 20
1 Setting the scene

This report presents the findings from the clinical governance and risk management (CGRM) peer review to NHS Borders. This review visit took place on 28 May 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 Borders (www.nhsborders.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.

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

**Strengths**

**The NHS board has:**

- provided several examples of joint working with the Scottish Borders Council and other external agencies including benchmarking activity.
- comprehensive major emergency plans in place 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.
- undertaken an internal audit of its clinical governance framework which has identified a number of areas for improvement.
**Recommendations**

The NHS board to:

- ensure that its comprehensive business continuity plans are rolled out and evaluated across the organisation.

- widen its equality and diversity agenda to ensure that it is considering all six strands in its work programme.

- formalise a structured approach to demonstrate changes/improvements to its performance management systems.
3 Detailed findings against the standards

Standard 1: Safe and effective care and services

Standard statement
Care and services are safe, effective, and evidence-based.

Overall performance assessment statement:
The NHS board is implementing its arrangements to control risk, continually monitor care and services and work in partnership with staff, patients and members of the public.

Core area: 1(a) Risk management

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

NHS Borders risk management framework incorporates a number of key documents including: its risk management strategy, with associated action plan and risk management policy; incident reporting policy; occupational health and safety policy; and general health and safety risk assessment guidance. The risk management strategy sets out the organisation’s unified approach to risk management and it is clear that NHS Borders views risk management as an integral component of its functions and processes.

A robust infrastructure is in place to support the NHS board’s risk management activity including: its electronic risk register (ERR); risk management board; risk management team; and clinical risk management group. It was apparent that the NHS board has made considerable progress with the roll-out of its ERR and it was reported that this should be fully implemented by the end of June 2009. Representatives of NHS Borders considered that risk management is firmly embedded within the day to day business of the organisation and that recent changes in the management structure have facilitated this process. It was further reported that all significant risks are recorded on the register and that there is total visibility of these risks once they are captured on the register with ownership identified. Representatives of the NHS board described robust processes for risk escalation and reported that high risk items are dealt with efficiently, while recognising the importance of local management of operational risks where appropriate.

A range of risk management support and training resources are available to staff including: risk management training for managers; training in the use of the ERR; and training in how to undertake a risk assessment. The review team was also interested to note the outcome of the recent risk management board away day which focused on the development of the strategic risk register. It was reported that this was well attended and board representatives who participated in the day provided positive feedback to the review team about the event.

It is evident that the NHS board recognises the value of training and support for its risk management activity. However, there was an absence of evidence to demonstrate a planned and systematic approach to risk management training and consequently NHS Borders was unable to demonstrate that its Board is assured of the effectiveness of training in risk.
management. It was, however, reported that an evaluation of risk management training and use of the ERR is scheduled for later in 2009.

The NHS board was able to provide a number of examples of changes and improvements that have been made to its risk management arrangements and was satisfied that its committee structures, and associated lines of accountability, provide assurance of the effectiveness of its risk management arrangements. It was reported that any changes to the risk management framework are agreed and evaluated through the committee structure, although there was a lack of documentary evidence to support this. The review team, therefore, concluded that the NHS board has not yet reached the stage where it is systematically planning and monitoring the effectiveness of its risk management arrangements across the organisation.

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 Borders 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. Regular testing of emergency plans is undertaken which includes a full evaluation and sharing of lessons learnt leading to procedural improvements. The NHS board’s response to a number of real emergency incidents further demonstrates its rigorous approach to emergency planning, its ability to deal with emergency situations effectively, and to evaluate and share learning from such incidents. This is reflected in the NHS Borders emergency planning newsletter which contains serious content written in a user friendly style to aid communication with staff.

The NHS board is progressing well with its continuity planning arrangements and clearly recognises the importance of service continuity planning, and has made significant investment in this area. Service continuity plans have been developed to respond to a full range of scenarios which have the potential to disrupt the organisation’s daily functions.

The NHS board is in the process of implementing its service continuity plans throughout the organisation. Various activities are being undertaken including distribution of contingency packs, staff training and testing exercises, to ensure that contingency planning is integrated into the daily operations of each of the clinical boards within the organisation. A service continuity steering group is in place to help ensure that continuity planning is embedded into the organisation’s activities and that the NHS board fulfils its responsibilities under the Civil Contingencies Act 2004.

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

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

Clinical effectiveness and quality improvement are an integral component of NHS Borders clinical governance structure and function and as such form a key element of the clinical governance work programme. The clinical governance strategy includes a description of
the organisation’s clinical effectiveness arrangements and aspirations, and outlines NHS Borders’ commitment to supporting its clinical staff in its activities to improve the quality of care delivered to patients.

The NHS board’s clinical effectiveness and quality improvement activity is clearly aligned with the local delivery plan to help ensure that local priorities and objectives are the focus of this activity. Each of the organisation's clinical boards has responsibility for its own clinical effectiveness work programme with an overall view and direction being provided by the clinical governance steering group. The clinical governance steering group has an overarching responsibility for setting clinical effectiveness priorities in relation to organisational need and national guidance. A clinical governance support team is also in place to provide operational support to the clinical boards in their clinical effectiveness activity.

Reporting arrangements for clinical effectiveness and quality improvement are part of the NHS board's overall performance review process which provides further assurance that resources are directed to areas of priority. The clinical governance steering group is accountable to the NHS board’s clinical executive and reports to the clinical governance committee through quarterly performance reports, which include progress against clinical effectiveness and quality improvement objectives.

NHS Borders is able to demonstrate a range of ways in which it involves key stakeholders in its work. The NHS board has an active involving people network which is used to ensure public/patient representation in many areas including its clinical effectiveness and quality assurance activity. Staff involvement is also achieved through involvement in specific projects and the opportunity to comment on key documents such as the clinical governance strategy.

The NHS board has recently undertaken a review of its clinical governance framework which highlighted a number of areas for improvement within its clinical governance structure. An action plan, which includes steps to improve clinical effectiveness and quality improvement activities within the NHS board, has been developed and is about to be instigated. Other methods that have been deployed to illustrate the NHS board’s commitment to evaluating its clinical effectiveness activities include: a workload and priorities review by the clinical governance support team; a review of accountabilities and reporting lines of committees and groups; reviews of policies/protocols/procedures as part of the document management process; use of staff surveys to gain feedback on support for clinical governance activities; and involvement in national programmes such as the Scottish Patient Safety Programme.
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 implementing its arrangements to provide care and 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 implementing arrangements with a partnership approach to access, referral, treatment and discharge across the organisation.

NHS Borders deploys a number of methods to ensure that patients, carers and members of the public have access to information on the services it provides. A major source of information is the Borders Information Support Services for You (BISSY) website. A large range of information leaflets, including local and nationally produced items, are available to download from this website and hard copies of leaflets are available in clinical areas throughout the organisation. Patients, carers and the public can access BISSY from information kiosks located within Borders General Hospital, Melrose, as well as directly from the internet.

An NHS Borders website to support people with long-term conditions has also recently been launched, and this includes information on how to access services within the NHS board area along with clinical information. The NHS Borders public information policy is in place to help ensure that all members of the public have access to information about the services and information that the NHS board provides and that this information is available in a range of formats to meet the needs of a diverse population. The NHS board is using some measures to monitor the effectiveness of the information it provides including: patient satisfaction surveys; complaints audit; and website hits. However, it was unable to illustrate that it is systematically evaluating the effectiveness of its information provision.

It is reported that protocol-led referral is being established for an increasingly wide range of services within NHS Borders. The review team noted the work of the Borders interface group in relation to referral patterns and it was apparent that this group has been instrumental in standardising referral practices within the region. The Borders interface group is a group of primary and secondary care clinicians and managers and acts as the focus for GP representation on NHS board-wide interface issues. It was apparent that this group has been instrumental in standardising referral practices within the NHS board area. NHS board representatives were able to provide some examples of work that has been undertaken to evaluate referral practices, including the completion of a GP referrals to acute services data pack by four general practices, as part of the strategic change programme. The use of integrated care pathways for certain conditions/services also
ensures referrals are monitored as part of this process. It was reported that the vast majority of referrals between primary care and acute services are undertaken electronically which is also facilitating standardisation of practice. However, there was an acknowledgement that close communication links between healthcare professionals, and the relatively small size of the NHS board area, has resulted in a reliance on more informal referral practices in some areas of the NHS board.

The review team was also informed about the register of policies that is being developed within NHS Borders which aims to create a complete picture of what policies, procedures and guidance are available, and will facilitate shared learning and the dissemination of good practice. The NHS board’s standards for document management of clinical policies, procedures, protocols and guidelines describes a clear process for the approval of such documents and it is reported that there has been a significant increase in the volume of queries on policy and protocol development since its launch.

Multidisciplinary assessment is well established within NHS Borders and it was reported that a unified patient record is in use in the majority of areas within acute services. The review team also noted the close links that the NHS board has with other services, for example, videoconferencing for cancer multidisciplinary teams, and considered that this multi-agency approach to care will help to create a more positive and holistic experience for patients and carers. This multi-agency approach was further illustrated in the publication of the joint Scottish Borders Council and NHS Borders carers strategy which highlights the vital role of carers in the community and how to support this important resource.

NHS Borders has made progress in other areas of access, referral, treatment and discharge including the finalisation of their consent to treatment policy following a rigorous consultation process. Plans are in place to review the use of the policy on a 2-yearly basis or in response to legislative changes. The joint adult patient discharge policy has also been finalised and is available, as with all organisational policies, on the NHS Borders intranet. Again, plans are in place to carry out audits of the discharge policy on a 6-monthly basis.

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 Borders’ commitment to ensuring that the services it provides meet the diverse needs of people from different cultural backgrounds is set out in its Fair for All action plan. A number of other documents have been implemented as part of the NHS board’s equality and diversity work programme including: a race equality scheme; disability equality scheme; and a gender equality scheme.

Alongside the roll-out of these schemes is an accompanying business plan for equalities including: a training strategy; equality impact assessment toolkit; interpretation and translation policy and guidelines; and an audit framework to measure progress against legislation, national guidance and best practice.

NHS Borders is meeting its equality and diversity legislative requirements by virtue of having established race, equality and disability equality schemes in place. However, work on the remaining three equality and diversity strands (age, religion/belief and sexual orientation) is significantly less developed. Some preparatory meetings on the NHS board’s
spiritual care obligations have been planned. NHS Borders is also represented on the Borders lesbian, gay bisexual and transgender equality forum. In addition, the NHS board has endorsed an ageing well in the Scottish Borders handbook in partnership with Scottish Borders Council and the Borders voluntary community care forum and is holding a learning event for managers on the latest age discrimination legislation.

The review team was also pleased to note the proposals that are in place to implement a joint equality and diversity service across NHS Borders and Scottish Borders Council and highlighted the benefits that this multi-agency approach would create.

**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 Borders communication arrangements have recently been subject to a major evaluation and redesign resulting in the establishment of an integrated public involvement and communications department. An initial objective of the department has been to refresh the organisation’s existing communications strategy and associated action plan which have recently been approved by the Board. The NHS Borders media policy has also been revised and updated as part of this process.

The staff intranet is a major communication resource for staff within the organisation and this has also been recently revamped and updated as part of the communication evaluation. All staff within NHS Borders are introduced to the intranet as part of the induction programme and access to the intranet is reported to be available in all areas of the organisation. A weekly staff update is also circulated to all parts of the organisation and this is reported to be a well-utilised and important information resource for staff. The staff governance committee plays a key role in reviewing the performance of the organisation in communicating with staff. The staff governance action plan includes communication objectives and deliverables, and progress monitoring is undertaken by the staff governance committee.

An internal audit report of communications was undertaken in 2007-2008 and identified strong performance in relation to the NHS board’s communication arrangements. The public involvement and communications team also evaluates the effectiveness of the NHS board’s communications arrangements by seeking the advice and views of other NHS boards as well as using the national communicators network. Other evidence that the NHS board is monitoring the effectiveness of its communications arrangements was provided in the form of a post-incident review following an anthrax incident in the NHS board area. This included an evaluation of the NHS board’s external and internal communication arrangements in response to the incident.
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.

The NHS Borders clinical governance strategy outlines the NHS board’s clinical governance arrangements. The clinical governance development plan, which is integral to the strategy, sets out the clinical governance objectives, is divided into core clinical governance areas and identifies the lead person responsible for the attainment of each objective with associated timescales. A clinical governance steering group is responsible for setting the organisation’s clinical governance priorities in relation to the statutory requirements of national policy and best practice. It is further reported that information from the NHS board’s own systems, such as risk management and complaints, informs the clinical governance prioritisation process.

The clinical governance steering group is directly accountable to the clinical executive and provides it with quarterly clinical governance activity reports. In addition, a number of the members of the clinical governance steering group are also members of the clinical executive and this facilitates the flow of information between these groups. The minutes of the clinical governance steering group are noted by the NHS board’s clinical governance committee and further assurance of the effectiveness of the NHS board’s clinical governance arrangements is provided through direct reporting to the clinical governance committee by the directors with responsibility for clinical governance who are also members of the clinical governance committee.

All of the clinical boards within NHS Borders have a clinical governance lead and a clinical governance group. Each of these clinical governance leads are also members of the clinical governance steering group which helps to ensure a consistent approach. The clinical board level groups are responsible for supporting and co-ordinating the clinical governance activity of the services and staff for which the clinical board is responsible. At this level, clinical governance activity is closely linked to the objectives within the local delivery plan which in turn are aligned to the organisation’s corporate objectives.

A clinical governance support team is in place and this is structured to reflect the core components of clinical governance – clinical audit and research governance; clinical effectiveness; external clinical review; clinical risk management and patient safety; and patient feedback and complaints. Each of the clinical boards has an identified named link person from the clinical governance support team to provide operational support and
advice for its clinical governance activity. The clinical governance support team also provides a progress report to the clinical governance committee at each of its meetings and has responsibility for drafting the clinical governance annual report.

The NHS board has recently undertaken an evaluation of its clinical governance arrangements which has identified several areas for improvement within its clinical governance structure. The review has resulted in the development of an action plan which is about to be instigated. Other methods that have been deployed to illustrate the NHS board’s commitment to evaluating its clinical governance arrangements include: a workload and priorities review by the clinical governance support team; a review of accountabilities and reporting lines of committees and groups; reviews of policies, protocols and procedures as part of the document management process; use of staff surveys to gain feedback on support for clinical governance activities; and involvement in national programmes such as the Scottish Patient Safety Programme.

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 Borders has arrangements in place to ensure that its workforce has the necessary knowledge and skills to deliver safe and effective care. The staff governance committee is in place to advise the NHS board on its responsibility, accountability and performance against the staff governance standard and addresses issues of policy, targets and organisational effectiveness. The staff governance submission report details the NHS board’s performance in relation to the standards within the NHS staff survey and includes an action plan in response to the findings of the staff survey. Staff governance champions are identified in each of the clinical boards and have a key role in increasing staff engagement to ensure that all staff groups are represented on the staff governance forum.

A staff governance information system is in place which records the registration status of staff working within the NHS board. This ensures that continuing employment checks are undertaken by electronic tracking of registrations and alerts line managers within each of the clinical boards when a professional registration is required to be renewed.

A range of workforce policies are in place to support the NHS board’s arrangements for ensuring that its staff are fit to practise and include: a pre-employment/pre-placement checks policy statement and protocol; equal opportunities policy statement; fixed term contracts policy; voicing concerns policy statement and protocol; management of employee conduct policy; managing sickness absence policy; and management of employee capability policy.

The NHS board is clearly committed to developing its staff and recognises the need and value in investing in the skills and knowledge of its workforce. The NHS Borders learning and development strategy and business plan, which is inclusive of an action plan, provides a detailed breakdown of how the NHS board will realise its learning and development objectives over the next 3 years. The strategy underpins the local workforce plan and focuses on strategic workforce actions, the Board’s corporate objectives, HEAT targets, the strategic change programme and the continuous improvement agenda.
Core area: 3(c) External communication

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

The NHS Borders recently revised and updated communications strategy is inclusive of internal and external communication. A comprehensive consultation process was undertaken prior to the adoption of the strategy and the NHS board clearly recognises the value of ensuring meaningful involvement of all stakeholders in its communication processes. The recently established public involvement and communications function undertook the communications strategy revision as an initial step in its work programme, which aims to promote an integrated and cohesive approach to communication with all the NHS board’s stakeholders.

The NHS Borders media policy has also recently been revised and aims to ensure that press enquiries are dealt with appropriately while creating and maintaining a good public image of NHS Borders. The NHS board provides regular media briefings and press releases, and uses a media diary to monitor and promote all external communication activity. It is reported that there has been a significant increase in media requests, parliamentary enquiries and information enquiries, and the NHS board aims to respond to these within statutory and self-imposed standard deadlines.

The review team noted the plans to develop co-ordination of communications between NHS Borders and other external agencies and considered that this approach would help enhance the NHS board’s external communications arrangements. This partnership approach is further demonstrated through the NHS board’s community health and care partnership infrastructure. External stakeholders are encouraged to be involved in strategic service issues and partners are represented on clinical boards, service planning and redesign groups.

An internal audit report of communications was undertaken in 2007-2008 and identified strong performance in relation to the NHS board’s communication arrangements. The public involvement and communications team also reviews the effectiveness of the NHS board’s communications arrangements by seeking the advice and views of other NHS boards as well as using the national communicators network. Other evidence that the NHS board is monitoring the effectiveness of its communications arrangements was provided in the form of a post-incident review following an anthrax incident in the NHS board area. This review included an evaluation of the NHS board’s external and internal communication arrangements in response to the incident.

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.

NHS Borders performance management arrangements are modelled on the HEAT targets and each of the clinical boards has a local delivery plan which outlines the intended level of performance against a series of agreed performance measures derived from the HEAT targets.
A number of specific performance management methods are established within the NHS board to manage and drive performance across the organisation. These include performance management information – waiting times and activity reporting; performance reviews; key performance indicator (KPI) monitoring; corporate objective setting; productivity; and benchmarking.

A range of specific performance management reports are produced including: the NHS Borders corporate objectives; local delivery plans; monthly KPI reports; mid-year managing our performance report; Scottish Borders single outcome agreement; Borders General Hospital, Melrose, monthly activity report; Scottish Borders community plan; and monthly waiting lists and times reports. All Board papers inclusive of monthly performance reports and progress updates are available to the public on the NHS Borders website.

Waiting times and activity data are used to inform and support clinical/service managers in daily decision-making, service redesign and regular review and monitoring. Mid-year and annual performance reviews are undertaken in each of the clinical boards which enable the NHS board’s executive team to appraise clinical boards on their performance in relation to the key performance measures. The primary purpose of the monthly KPI report is to update the Board on progress against the HEAT framework and other key deliverables. This report also monitors progress against the NHS Borders corporate objectives.

The NHS Borders strategy and performance committee oversees performance management throughout the organisation. A number of other groups also play a key role in driving and managing organisational performance. These include: the clinical boards; the hospital management team; waiting times group; productivity and benchmarking steering group/project board; and the Board. It is reported that the clinical governance committee considers performance issues at each of its meetings and the chair of the clinical governance committee is also a member of the Board and as such is in receipt of regular NHS board performance reports. As noted previously, this dual representation on key committees helps to ensure the flow of important information between groups.

As with other areas of the organisation, the review team was pleased to note evidence of joint working in terms of performance management arrangements. In particular, the plans to establish a joint review process within learning disabilities, as this service is jointly provided by NHS Borders and Scottish Borders Council. Other evidence of joint working was noted in the Scottish Borders community plan and the NHS Borders single outcome agreement. The recently appointed community health care partnership integration officer further highlights the NHS board’s commitment to joint working and part of this role will include the establishment of mechanisms for performance monitoring and performance management.

There is evidence that the NHS board is monitoring the effectiveness of its performance management arrangements and, in some cases, that it is making changes to improve existing systems. However, while some of these changes are as a direct result of effectiveness monitoring, some are in response to centrally imposed changes. In addition, the review team could not see that these changes were being systematically reviewed and evidenced as improvements. The review team, therefore, concluded that the NHS board has not yet reached the stage where it is reviewing and continuously improving its arrangements for performance management across the organisation.
## Appendix 1 – Glossary of abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>BISSY</td>
<td>Borders Information Support Services for You</td>
</tr>
<tr>
<td>CGRM</td>
<td>clinical governance and risk management</td>
</tr>
<tr>
<td>ERR</td>
<td>electronic risk register</td>
</tr>
<tr>
<td>HEAT</td>
<td>health, efficiency, access and treatment</td>
</tr>
<tr>
<td>KPI</td>
<td>key performance indicator</td>
</tr>
<tr>
<td>NHS QIS</td>
<td>NHS Quality Improvement Scotland</td>
</tr>
</tbody>
</table>
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 Borders was conducted on 28 May 2009.

Review team members

Lesley-Anne Smith (Team Leader)
Head of Clinical Governance and Risk Management, NHS Highland

Malcolm Alexander
Associate Medical Director, NHS 24

John Anning
Non Executive Director, NHS Tayside

Robert Bell
Public Partner, Fife

Shona Chaib
Nurse Director, National Waiting Times Centre

Anne Ross
Head of Performance and Quality Improvement, NHS Grampian

NHS Quality Improvement Scotland staff

Angela Balharrie
Project Officer

Anne Hanley
Team Manager

Deborah McIntyre (Observer)
Project Officer
You can read and download this document from our website. We can also provide this information:

- by email
- in large print
- on audio tape or CD
- in Braille, and
- in community languages.

**NHS Quality Improvement Scotland**

Edinburgh Office  
Elliott House  
8-10 Hillside Crescent  
Edinburgh EH7 5EA  
Phone: 0131 623 4300  
Textphone: 0131 623 4383  
Email: comments.qis@nhs.net  
Website: www.nhshealthquality.org

Glasgow Office  
Delta House  
50 West Nile Street  
Glasgow G1 2NP  
Phone: 0141 225 6999  
Textphone: 0141 241 6316