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

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1 Setting the scene

This report presents the findings from the clinical governance and risk management (CGRM) peer review to NHS Fife. This review visit took place on 9 February 2010, and details of the visit, including membership of the review team, can be found in Appendix 3. Further information about the local NHS system can be accessed via the website of NHS Fife (www.nhsfife.scot.nhs.uk).

Background

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

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

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

Review process

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

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

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

The agreed overall performance assessment statement for each standard will be added together for each NHS board and this information will feed into the NHSScotland health, efficiency, access and treatment (HEAT) targets, set by Ministers, in June 2010.

Each review team is led by an experienced reviewer, who is responsible for guiding the team and ensuring that team members are in agreement about the assessment reached.
**Links with other organisations**

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

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

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

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

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

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

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**Strengths**

The NHS board has:

- embedded systems for reviewing and improving its comprehensive risk management arrangements.
- an embedded culture of clinical improvement at an operational level.
- strong partnership working arrangements for access, referral, treatment and discharge.
- demonstrated a commitment to enhancing its performance management arrangements to ensure they remain fit for purpose.
Recommendations

The NHS board to:

- increase Board involvement in assurance for business continuity.
- progress with its arrangements for clinical supervision, including establishing an approved strategy and mechanisms for monitoring the effectiveness of the arrangements in place.
- progress with the review of the internal and external communications strategy leading to an updated and approved strategy against which effectiveness can be monitored.
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 reviewing and continually improving its risk management arrangements across the organisation.

NHS Fife has reached the stage where it is reviewing and continually improving its arrangements for risk management across the NHS board. The risk management framework is set out in the risk management strategy that outlines the vision and key arrangements for NHS Fife. The framework has been reviewed on three occasions since 2006. It is supported by a range of policies including incident management, risk assessment and risk registers. The risk management strategy has also developed in line with the Scottish Patient Safety Programme, the Better Care Action Plan and the Patient Experience Programme as well as local delivery plans. Formerly, the controls assurance group provided the oversight of the development and implementation of the risk management strategy, systems and processes. The remit of this group has been incorporated into the reformatted strategic management team (SMT). The SMT meets on a weekly basis and specifically to consider risk management as SMT (risk) every 2 months. The SMT is supported by the core risk management group, the risk management team and the audit committee. Risk management is reported through all the governance committees of the NHS board.

The core risk management group is chaired by the executive lead for risk management and meets every 6 weeks. Its purpose is to co-ordinate and facilitate the implementation of the risk management strategy and set the objectives and work plan for the risk management team. It also has a key role with regards to the roll-out of Datix, the NHS board’s electronic risk management system, and in analysing the information derived from the system. There is also a risk reference group which is comprised of clinical and non-clinical professionals from different specialties across NHS Fife. The group provides peer support and a forum to share good practice, ideas and concerns in relation to areas of risk management and patient safety such as incidents, near misses, claims, complaints and health and safety. This gives an opportunity for learning across the organisation.

Risk registers are in place across the organisation and are linked to the organisation’s objectives and local delivery plans. The corporate risk register includes strategic risks, linked to NHS Fife’s objectives and operational risks, that have an organisation-wide impact on the provision of safe and effective patient care. It is reviewed at every SMT (risk) meeting.
and 6-monthly at the Board. As a result of a recent review, any proposed additions or removal of risks is supported by a summary paper citing the rational for the change presented by the proposing executive. The community health partnership (CHP) and operational division risk registers are well established and regularly reviewed at the operational division risk management group and at CHP clinical governance group meetings. These groups are attended by Board members, where it was reported that they provide scrutiny of the risk management agenda. They also contribute to its continued development and use as background to draw on in Board meetings.

All risk registers are recorded on Datix. Further enhancement of the system and additional training has been delivered across the organisation to support its increased use. The NHS board reported that it is in phase two of the Datix project and is involved in developing a roll-out of the electronic incident reporting system DatixWeb across Fife. Progress on this is reported at meetings of the Datix project management team, Datix project board and SMT (risk). The review team was pleased to note the extent and breadth of the use of Datix information across the organisation.

NHS Fife has made a considerable investment in education and training in risk management. A comprehensive suite of training and support mechanisms targeting a wide range of staff groups and levels was evidenced.

On an annual timetabled basis, executive leads provide reports to the SMT (risk) on each of their areas of responsibility. These reports detail key risk management objectives and describe the systems and processes in place to manage risk in their area and relevant internal audits. They also detail action plans to manage risks, an assessment of the progress made and key actions that are required to be implemented over the next 6 months. The framework of these reports has been recently reviewed as a result of feedback from the Board. The reports now contain more detail which has reportedly improved the opportunity to identify and discuss new risks.

There is a suite of key performance indicators (KPIs) in place to support monitoring of the arrangements for risk management. On a 6-monthly basis, the risk management team prepares a report for SMT (risk) and the Board, which outlines progress against these KPIs and any significant changes to the risk registers. An annual report is produced in line with the review of the risk management strategy, and the objectives and work plan for the forthcoming year are agreed and signed off.

The effectiveness of the overall risk management arrangements has also been considered at several joint development sessions of the Board and SMT. These sessions provide an opportunity to engage meaningfully on key issues with Board members and invite full and frank dialogue, questioning and challenge.

The NHS board also reported that it uses internal audit to further assess the effectiveness of its arrangements and follow-up reports with repeat audits to ensure the necessary action has been taken where required. It is clear that the NHS board is proactively considering the success of the systems and processes in place for managing risk as part of a cycle of continuous 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 Fife has demonstrated a strong commitment to improving its arrangement for both emergency planning and business continuity. It has reached the stage where it is reviewing and continually improving its emergency plans and focusing on the comprehensive implementation of its business continuity arrangements. The NHS Fife resilience forum is chaired by the chief executive of the operational division and is the lead group with devolved responsibility from the Board in this area. Representatives from the three CHPs, operational division, Scottish Ambulance Service, NHS 24, staff and patient representatives attend to ensure there is a wide and diverse range of perspectives considered. Leadership and direction in this area is also provided on an ongoing basis through the weekly SMT meetings and specifically at SMT(risk).

In terms of emergency planning, the NHS Fife major emergency response procedures manual satisfies the statutory responsibility to be prepared for an emergency. All emergency contingency plans now include a section on communication with the public, stressing the need to inform not only the mainstream population, but also vulnerable groups and minority and ethnic groups. The lead emergency planning officer and emergency planning officer have roles delegated by the Board to lead the development, implementation and testing of major emergency plans. Exercises are held regularly to test the arrangements and involve personnel at all levels and from all departments. The NHS board reported that the exercises are designed to give staff an insight to the response requirements in the event of an incident. A structured debrief follows testing, appropriate training is rolled out and amendments to plans made as required. There was an internal audit of emergency planning arrangement conducted in December 2008 which concluded the arrangements in place were fit for purpose and recommendations were actioned.

The NHS board has progressed with developing business continuity plans and is now implementing these across the organisation. The NHS Fife business continuity framework outlines the strategy to be followed in the development of business continuity arrangements and was approved by the Board in November 2008. There is a business continuity forum in place, with a remit of providing a Fife-wide multi-agency forum that oversees the development, implementation and review of all aspects of the local business continuity processes. Each department has a business continuity co-ordinator, generally a senior manager that has a duty to maintain an overview of the business continuity work within the department. They also co-ordinate and liaise with the service recovery leaders who are undertaking the mapping and business impact analysis processes and collate the outcomes to report to the business continuity manager.

NHS Fife has also hosted various awareness-raising sessions across the organisation. Nominated staff have attended training that outlines the NHS board’s future business continuity planning arrangements, contingency, response, recovery structures and templates. Attendees have then reportedly reinforced these sessions by disseminating their learning at individual departmental meetings to ensure continued progress with the business continuity agenda. Similarly to emergency planning, the NHS board conducted an internal audit on business continuity which provided some key recommendations for improvement that are currently being actioned.

The review team noted the commitment and progress made in business continuity, in particular the leadership provided by the appointment of a specific business continuity
manager. However, it also noted that the majority of testing had been conducted as a result of real time incidents, such as in response to pandemic flu, or indeed as a response to specific legislative requirements. The review team encourages the NHS board to continue with the further development and enhancement of its programme of testing the effectiveness of its business continuity arrangements. It also encourages the NHS board to develop mechanisms to ensure robust Board involvement and assurance in its processes for business continuity and emergency planning.

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

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

NHS Fife has developed and implemented co-ordinated programmes for clinical effectiveness and quality improvement and is monitoring the impact and effectiveness of these programmes. The NHS board’s clinical effectiveness strategy implemented in 2006 was reviewed in 2007 and as part of the clinical governance strategy review in 2008. The organisation has since moved to incorporate clinical effectiveness into its clinical governance strategy for 2009 in an effort to avoid duplication. The NHS board reported that it now uses clinical governance structures to identify and communicate evidence of clinical effectiveness across the organisation. Reports on clinical effectiveness activities such as audit, clinical outcome indicators, review against standards and implementation of guidance are included in the work plans and agendas of relevant clinical governance committees and groups to provide assurance. Co-ordination of Fife-wide clinical effectiveness is led by the clinical effectiveness co-ordinator who attends the clinical governance steering group. This group has representation from all component parts of NHS Fife and reports to the clinical governance committee.

Clinical effectiveness facilitators are aligned within each CHP and operational division. They give support to a wide range of work going on within NHS Fife focused on ultimately improving the care for patients. There is a clinical effectiveness networking group that provides a forum for learning, sharing expertise and best practice and effective communication in relation to clinical effectiveness. It was reported that the network is a valuable forum to support and facilitate clinical effectiveness, particularly with regards to prioritising activity.

Each of the three CHPs has prioritised clinical effectiveness work plans that reflect local delivery plans. The review team was pleased to note the level and range of clinical effectiveness and quality improvement activity under way at the divisional level and within managed clinical networks. The CHPs and operational division have dedicated clinical effectiveness facilitators that support clinicians to undertake audit and service reviews in line with local and national priorities. All projects supported by the clinical effectiveness facilitators are entered onto the NHS Fife clinical effectiveness register, an electronic database which details the activities under way and is available for all staff to access. The effectiveness of the activities is assessed at local clinical governance groups through individual reports and for hosted services forms part of their annual report to the relevant CHP clinical governance group or operating division’s clinical governance committee. The NHS board reported that there is an increased ability to monitor reporting through the clinical governance map software (discussed in core area 3a), however, the review team encourages the NHS board to further enhance governance arrangements to include...
increased oversight at strategic level, particularly with regards to the Board and standing committees of the Board that provide direct challenge and direction.

The review team also noted the commitment and enthusiasm of NHS Fife with regards to the Scottish Patient Safety Programme, in particular to moving this into the CHP setting. The patient safety alliance subgroup has been formed in Kirkcaldy and Levenmouth CHP. This subgroup will progress the development and implementation of the key work streams in relation to infection control, medicines management, general ward and executive walkrounds.

There is also an ‘involving people template’ used in appropriate audit and improvement projects to capture and monitor the ways patients and the public are involved and the impact these have had on them. At the time of the visit, the NHS board reported that a forthcoming priority for the organisation is to continue to increase the levels of public involvement in evaluation activity and the review team encourages progression with this.

The review team was pleased to note the breadth and quality of clinical effectiveness evaluation under way within NHS Fife. It encourages the NHS board to enhance the strategic governance arrangements for clinical effectiveness and demonstrate that changes are made in a documented, planned and systematic manner, as a result of a co-ordinated review of the current arrangements.
Standard 2: The health, wellbeing and care experience

Standard statement
Care and services are provided in partnership with patients, carers and the public, treating them with dignity and respect at all times, and taking into account individual needs, preferences and choices.

Overall performance assessment statement:
The NHS board is monitoring the effectiveness of its arrangements to provide services that take into account individual needs, preferences and choices.

Core area: 2(a) Access, referral, treatment and discharge

Performance assessment statement: The NHS board is reviewing and continuously improving its arrangements with a partnership approach to access, referral, treatment and discharge across the organisation.

Since the last review visit, the NHS board has continued to monitor the effectiveness of its arrangements for access, referral, treatment and discharge. It is now able to evidence that a continuous cycle of review and improvement is in place across the organisation. NHS Fife has developed a number of improvement projects that are in operation across the organisation supported by the robust leadership provided from the health and social care partnership and its supporting structures. The NHS board has adopted a partnership approach to ensure that effective services are delivered. It has also outlined its key priorities and strategic direction within the Fife health and social care partnership service delivery plan, which covers the period 2008–2011. The partnership meets on a quarterly basis and is attended by the elected member of Fife Council, the chief executive of NHS Fife, the director of nursing from the operational division, the chair of each CHP and two CHP general managers. The partnership takes overall responsibility for the management and strategic development of health and social care services, with a specific remit to consider policy, strategy and resource issues. It also has a role to play in scrutinising joint plans to ensure effective integration and that they are reflective of policies and priorities of the respective partners.

The health and social care partnership is supported by the partnership management group and, at an operational division and CHP level, local management units. The partnership management group reports to the health and social care partnership twice a year on progress against the health and social care delivery plan and plays a key role in monitoring the effectiveness of the NHS board’s approach to access, referral, treatment and discharge. NHS Fife stated that progress reporting is supported by the development of detailed management scorecards that outline each of the work streams under way and the outcomes sought to meet the plan and its objectives. The partnership management group also provides direction to the work of the local management units. Each local management unit has an action plan that focuses on the implementation of joint plans and are reported through joint performance management arrangements, reporting arrangements twice a year and systematic reports to the partnership management group. The review team commends the level of partnership working across the organisation and the strategic overview and direction that this is evidently providing to NHS Fife.
The NHS board demonstrated that there is a range of evaluation and improvement activity ongoing across the four areas of access, referral, treatment and discharge. For example, single shared assessment and multidisciplinary discharge is in operation across the organisation, with the guidance for this being reviewed and re-launched in 2008 in partnership with Fife Council. NHS Fife has introduced the JONAH discharge planning tool to all acute and relevant community hospital wards. This is an electronic discharge planning tool that facilitates discharge through identification and resolution of delays in the discharge process. The roll-out of this system has been supported by an extensive training programme. Discharge support nurses also provide specialist support to all wards in relation to complex discharges and manage the process of patient transfer between acute and primary care beds, ensuring the care pathway is clear and appropriate to need. In March 2009, the joint hospital discharge policy was launched and it was agreed that the NHS board would work in partnership with Fife Council to establish an admission and discharge group to monitor the effectiveness of the policy. This group reports to the health and social care partnership management group and makes recommendations on amendments and/or actions to be taken as a result. Members of the local management units meet every 2 weeks to ensure discharge proceeds in good time. The NHS board monitors readmission rates and benchmarks this with other healthcare areas.

NHS Fife has worked with the joint improvement team to evaluate and improve a number of services and policies including the joint discharge process and work on the intermediate care demonstrator project. This is an initiative that seeks to prevent unnecessary admission to hospital or help facilitate early discharge of patients in hospital. NHS Fife is focusing on increasing access to the intermediate care services it has developed including introducing a pharmacist to the team. As part of the work on balance of care and 18 weeks referral to treatment, the NHS board has reviewed, with referrers, clinicians and service users, the referrals process for a number of specialties and evaluated the outcome of the process with patients and clinicians. Suggested changes and improvements are implemented as part of the individual service transformation groups action plans with ongoing monitoring and evaluation by the 18 weeks project board and by the capacity and sustainability group. Visioning events are held with service users and clinical staff for projects within the 18 weeks programme which has been fed into appropriate action plans.

It is clear that NHS Fife has a continuous cycle of review and improvement across a number of quality improvement projects. The NHS board’s partnership approach attempts to ensure continuous care is delivered to its service users in an efficient and uninterrupted manner. The NHS board was able to evidence high quality, planned evaluations that are reported to the Board through a clear management structure and linked to the overall strategic direction of the organisation.

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 Fife has progressed to the implementation stage of arrangements for equality and diversity across the organisation. There is an equality and diversity strategy group that meets every 2 months with a cross section of representatives from key departments, each of the three CHPs, the operating division, the Scottish Health Council, the disability working group and ‘FRAE Fife’. FRAE Fife is a voluntary agency that is able to act as
advocates for the population and helps to facilitate local involvement. The review team noted the commitment that the NHS board has shown to forming strong links with local community groups, for example FRAE Fife, the Fife Disability Network and the Pakistani Association and embedding this into the equality and diversity arrangements.

The NHS board has an equality and diversity business programme that clearly outlines the action to be taken in each priority area, timelines for achievement and key leads. Progress against this plan is tracked by the equality and diversity strategy group and subsequently reported to the patient focus, public involvement (PFPI) standing committee. There is currently a race quality scheme, disability equality scheme and a gender equality scheme in place. The NHS board reported that these schemes would be evaluated and reviewed as it moved towards developing a single equality scheme in 2010. The single equality scheme will cover the six strands of Fair for All and will also include relevant aspects of health inequalities. It will allow the NHS board to have a more proactive approach to equality and diversity and enhance the opportunities for shared learning across the strands.

NHS Fife began implementing a process to complete equality and diversity impact assessments (EQIAs) in 2008. An extensive training programme has been rolled out with 600 managers being trained by an external consultant. The NHS board reported that it is in the process of publishing EQIAs on both the intranet and the internet on the specific equality and diversity web pages. Furthermore, the NHS board reported that it intends to move from completing abbreviated EQIAs, using the rapid impact assessment toolkit, to full impact assessment which will ensure that the organisation is able to better identify where change is required within NHS Fife.

NHS Fife has begun to develop an approach to the three strands of Fair for All that are not a legislative requirement: faith and belief; age; and sexual orientation. It is a member of the Stonewall Diversity Champions Network that provides the opportunity for the organisation to have increased awareness and insight into what the key issues are for staff and service users who are lesbian, gay, bisexual or transgender. There is also a spiritual and pastoral care committee, chaired by the director of nursing, that ensures the NHS board has mechanisms in place to identify the needs of service users in relation to religion and belief. Further progress in these areas is expected to be evidenced by progression to the single equality scheme.

NHS Fife is also in the process of developing a system to collect data on employees to allow for effective monitoring of the staff demographic of the organisation. It is working closely with partner organisations, such as Fife Council, to ensure effective consultation with staff and service users throughout this process. It has in place a set of KPIs to measure progress against operational targets and has taken part in a national benchmarking exercise. The NHS board has also invested significantly in implementing accessible information available in a variety of formats and a robust interpreting and translation service accessible by all members of NHS Fife. It is clear that NHS Fife views progression in equality and diversity as a priority for service improvement. It has demonstrated a commitment to moving forward with the agenda across the organisation and beginning to consider the approach as a whole. The review team encourages the NHS board to continue with the progression it has shown towards developing specific mechanisms that will allow it to consider the effectiveness of the arrangements it has implemented.
Performance assessment statement: The NHS board is implementing its arrangements to improve the way that staff communicate and engage with each other, patients and the public across the organisation.

NHS Fife is implementing its arrangement for communication across the organisation. There is a joint internal and external communication strategy that was due to be reviewed in 2009. At the time of the visit, it was reported that the review of the strategy has been delayed and the evaluation of the strategy was at the initiation stage. The NHS board stated that it is currently developing a new approach to communications based on establishing governing principles that will provide a fundamental basis for all communication within the organisation. It was reported that these principles will allow gaps to be identified in the existing strategy and supporting policies and inform the development of new ones. The review team was informed that the area partnership forum will be asked to agree the principles which will be presented as a discussion paper at CHP public partnership forums to ensure that there is a wide range of consultation. The review team encourages progression with this approach leading to a signed off communication strategy with a clear strategic direction as a priority.

In the absence of a current approved strategy, the NHS board reported that it is continuing to operate in line with the previously approved strategy. As such, there continues to be a staff newsletter ‘Staff ‘n’ Nonsense’ which is distributed across NHS Fife. There is a web services project board that has conducted two staff surveys to inform the development of the intranet. NHS Fife’s internet has also been linked with FifeDirect, the local authority website. It was reported that there have been a number of in-house communication events specific to subject or geographical area, for example the patient safety conference and annual CHP conference.

NHS Fife has an involving people team that has developed a database to co-ordinate involvement activities across the organisation. It was reported that this enables effective communication with key stakeholders and ensures that there is not a reliance on key individuals for participation. The NHS board has also re-formed its accessible communications group which aims to create a forum to actively consider accessibility issues within the service.

The review team encourages the progression with the communication strategy and the establishment of further opportunities to collect feedback on the effectiveness of its communication arrangements. The NHS board should ensure it can demonstrate that there is a planned and documented approach to evaluating the effectiveness of its current and future communication arrangements.
Standard 3: Assurance and accountability

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 reviewing and continuously improving its arrangements to co-ordinate clinical governance and quality assurance arrangements across the organisation.

NHS Fife has continued to invest in enhancing its clinical governance and quality assurance arrangements since the last visit and is now able to evidence a continuous cycle of review and improvement in this area. The components of NHS Fife’s clinical governance arrangements are described in the clinical governance strategy and the code of corporate governance. The strategy was developed in consultation with relevant key stakeholders and is reviewed on an annual basis. As noted in core area 1c, as part of the 2008 review of clinical governance, it was agreed to incorporate the clinical effectiveness strategy into the clinical governance strategy. The review of the strategy included an away day with stakeholders and adopted an appreciative enquiry approach. This allowed for an evaluation of the strengths and weaknesses of the previous clinical governance arrangements. This was then used to inform the draft clinical governance strategy that was submitted to the clinical governance steering group, the clinical governance committee and the Board for consideration and approval.

The clinical governance committee is supported by the clinical governance steering group, which has responsibility for co-ordinating and facilitating the implementation of the clinical governance strategy. The group agrees the priorities and sets the strategic objectives that inform the annual clinical governance work plan. The group uses a monitoring and evaluation plan to assess the success of the implementation of the strategy. In 2007, the NHS board amended its reporting arrangement structures for hosted services. Some services within NHS Fife are hosted by a named CHP or the operational division on behalf of the whole organisation, for example community and emergency dental services are hosted by Glenrothes and North East Fife CHP. These services now report on an annual basis via the local clinical governance group and the minutes of these meetings inform the basis of a report to the Fife clinical governance committee. This has ultimately established a system of timetabled annual reports and reviews of strategies for each of the component parts of the clinical governance system that considers their effectiveness.

In 2008, NHS Fife invested in establishing a clinical governance map using Mindjet Mindmanager software. It is used to summarise reporting arrangements and enables ongoing monitoring of reports by various committees. The software uses colour coding to show the status of the reports and allows the appropriate papers to be attached for viewing. At the time of the visit, the NHS board reported that it intends to use the system.
to improve transparency across the organisation by ultimately providing open access through the internet to the public and service users to view reports, agendas and minutes. The review team was pleased to note the development of this system and considered it to be a useful assurance tool with regards to monitoring compliance with reporting timetables. The review team also encourages the NHS board to continue the refinement of the software and explore ways in which it can potentially contribute to demonstrating the effectiveness of the content of the reports within the systems.

NHS Fife supplements its timetable of annual reporting with a 5-year rolling programme of planned audit. A high level review of clinical governance and risk management arrangements takes place every year and the NHS board stated that there are usually two more detailed reviews on specific areas of clinical governance identified within the 5-year programme using a risk scoring approach. In January 2009, there was an internal audit of clinical audit report which was discussed at several meetings of the clinical governance steering group and at the January 2009 meeting of the NHS Fife clinical governance committee. Actions to address the recommendations from this audit are being monitored by the clinical governance steering group and reported through minutes to the clinical governance committee. All internal audits are followed by a timed action plan, with ongoing updates to the audit committee and relevant clinical governance group until completion.

It is clear that there is a range of evaluation activities under way within NHS Fife that are leading to improvements in the clinical governance and quality assurance systems and subsequently to the services the organisation provides. In addition to those already listed, the NHS board has streamlined the complaints reporting process, produced an evaluation paper on the effectiveness of its governance committees and reviewed the induction programme for new staff to include clinical governance. The review team encourages the NHS board to continue to build on the enthusiasm and momentum in place for this area and continue to evidence a high level of review and continuous improvement.

**Core area: 3(b) Fitness to practise**

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

NHS Fife is implementing its arrangements to ensure that its workforce has the relevant knowledge, experience and skills to ensure that they are fit to practise. There are a number of policies and procedures in place to support the NHS board’s arrangements including recruitment, disclosure and appraisal. At the time of the visit, the NHS board reported that, whilst it has a rolling programme of policy review, human resources (HR) policy reviews had not yet been conducted due to ongoing Agenda for Change commitments. Across the organisation, mechanisms are in place to ensure that staff are registered with the appropriate professional body. These include pre-employment checks conducted with the HR team to verify that staff hold relevant qualifications and accreditation to carry out their role, and a ‘flag system’ to highlight when professional registration is due for renewal. Staff are required to provide evidence of re-registration and online checks are conducted with professional bodies, for example the Nursing and Midwifery Council.

The NHS board is committed to supporting the ongoing professional development of its workforce. Under the leadership of the NHS Fife knowledge and skills framework steering
group, knowledge and skills framework (KSF) post outlines have been developed for all posts covered by Agenda for Change. A validation and review process with supporting guidance has been developed to ensure post outlines are formally approved and able to be updated. The NHS board reported that a comprehensive training programme for personal development plan reviewers has been delivered and an ongoing eKSF training programme is being implemented.

There is an appraisal system in place for medical staff to ensure that doctors are fit to practise. Appraisal interviews are held and any issues flagged up are brought to the attention of the appropriate clinical director and, if necessary, the medical director. Mandatory training events for all medical staff within NHS Fife commenced in December 2007. Originally, there was a requirement to attend a half day event, however this has been increased to one full day event. Attendance at mandatory training is now incorporated as an objective into personal development plans and job planning documentation.

NHS Fife reported that its staff have access to appropriate clinical supervision if required. However, the review team was also informed that there was not yet a clinical supervision policy to support the systems in place or mechanisms to monitor how frequently clinical supervision was being accessed or how effectively it was delivered. The review team encourages the NHS board to develop arrangements to address this as a priority. It was also noted that the existing evaluation mechanisms were operationally focused, such as the number of staff with a personal development plan. The review team encourages the NHS board to develop a planned and documented approach to considering how effective the arrangements are for ensuring that its workforce is fit to practise.

Core area: 3(c) External communication

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

NHS Fife is implementing its arrangements for communication across the organisation. Its communication strategy covered both internal and external communication for the period 2006–2008. As detailed in core area 2c, the communication strategy is currently under review and will be taken as a discussion paper to the patients’ forum at the operational division and to the three public partnership forums in each of the CHPs. In the meantime, the NHS board reported that it is continuing to engage in a range of external communication methods including the use of the involving people template to capture public engagement activities. The PFPI leads have developed a standard template and a database that outlines the project or programme, who was involved and the aims of the project.

The NHS board also contributes to a quarterly community planning newsletter distributed to all households across the NHS board area. It works closely with various partner organisations that strive to achieve better rights and services for ethnic minority communities living and working in Fife. Regular contact is maintained with local media and newsletters, press releases and booklets detailing aspects of healthcare are produced and distributed as appropriate.

The review team was informed that all major projects are supported by the communications team to ensure the patient and public perspective is considered. Specific examples of this are found in engagement exercises carried out on the building of the new Victoria Hospital, Kirkcaldy. It was also reported that all policy development requires active
consideration of patient and public partner issues and policy authors have to confirm that this has been considered as part of the authorisation process. NHS Fife has a key focus on increasing patient and public involvement in management groups and, as such, has added four public partners to its patient safety implementation group. The review team was pleased to note the involvement of a public partner who is a wheelchair user in a patient safety walkround which resulted in a number of accessibility adjustments.

The review team notes the progress that NHS Fife has made with regards to public involvement and encourages the NHS board to progress with the review of the communication strategy and the production of a new strategy as a priority.

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 Fife has well-developed and structured arrangements in place to manage its performance that are subject to regular review and a continuous cycle of improvement. The balanced scorecard has been in place for 4 years and has been reviewed and updated annually and submitted to the Board for approval. From 2007, NHS Fife has also used a CitiSTAT briefings approach known as FifeSTAT and the NHS board has recently developed a FifeSTAT statistical report to further support this model. The FifeSTAT briefings approach has evolved into regular performance improvement papers that are discussed on a monthly basis by SMT.

The chief executive is ultimately responsible for ensuring that NHS Fife is achieving its performance objectives, and these are considered at SMT and regularly by the Board. In 2008–2009, SMT set up three separate groups to tackle the full agenda for performance management: the challenge group, for planning and integrating investment and performance; a co-ordinating group to consider the delivery of performance management; and a performance management group for monitoring and action planning. However, alongside the refresh of SMT, these groups were absorbed into the weekly SMT meetings where performance management is a regular monthly agenda item and is considered at any other weekly meetings as required.

The NHS Fife balanced scorecard contains national HEAT targets, national standards, local priorities and associated indicators. A review of the performance management arrangements supported by the scorecard stated that it was an effective tool for managing performance at a corporate level and highlighted the need to improve performance reporting and planning arrangements at the operational unit level. This led to the establishment of service delivery plans and scorecards in the three CHPs and operational division that correlate to the NHS Fife balanced scorecard. Furthermore, in addition to the cascading of the balanced scorecard, the NHS board has developed an equivalent drill down statistical report as the FifeSTAT performance report used at regular SMT meetings. The NHS board reported that in conjunction with its initial review of FifeSTAT, it was agreed to develop the report and indicators to provide the same information at the CHP/operating division level where these data were available. The FifeSTAT performance report uses a traffic light system and the red, amber, green status is used to draw attention to both areas of achievement as well as areas of concern. Accountable executives for the indicators are asked to respond to the performance report during routine SMT discussions.
and action planning as well as in the more detailed form of performance improvement papers. These papers provide information on data trends, strategy development, delivery issues and action planning; generally focused on one performance target area each month.

In addition to the regular consideration of performance management at Board meetings, there are also regular Board development sessions. The NHS board reported that there have been two recent sessions focused on performance management. The first session concentrated on the effectiveness of the key components such as the local delivery plan, balanced scorecard and the FifeSTAT performance report. The second concentrated on the wider linkages to performance management arrangements such as national outcomes and the single outcome agreement. This demonstrates a significant degree of Board involvement in evaluating the effectiveness of performance management arrangements within NHS Fife and the review team encourages the continued use of these sessions in an appropriately structured manner.

As noted in core area 2a, NHS Fife has also shown significant commitment to developing a strong partnership approach to the delivery of services with Fife Council; this has included forging joint performance management arrangements which have been regularly assessed for effectiveness. In addition, it uses internal audit on a regular basis to provide an additional level of assurance around the arrangements across the organisation. The NHS board has demonstrated a significant level of focus to its performance management arrangements. It has committed to investing in and developing the balanced scorecard and FifeSTAT approach to ensure continuous improvement and a performance management system that supports the organisation’s needs.
# Appendix 1 – Glossary of abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>CGRM</td>
<td>clinical governance and risk management</td>
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<tr>
<td>CHP</td>
<td>community health partnership</td>
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<tr>
<td>EQIA</td>
<td>equality and diversity impact assessment</td>
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<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>KPI</td>
<td>key performance indicator</td>
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<tr>
<td>KSF</td>
<td>knowledge and skills framework</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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<tr>
<td>SMT</td>
<td>strategic management team</td>
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</tbody>
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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 Fife was conducted on 9 February 2010.

Review team members

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