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

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1 Setting the scene

This report presents the findings from the clinical governance and risk management (CGRM) peer review to NHS Health Scotland. This review visit took place on 8 April 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 Health Scotland (www.healthscotland.com).

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:

- demonstrated a commitment across the organisation to establish a culture based on continuous improvement.
- robust communication arrangements, particularly with regards to the delivery of external programmes of work.
- established mechanisms for evaluating the long-term outcomes from project work to enable assessment of the effectiveness of the organisation.
Recommendations

The NHS board to:

- progress with development of business continuity and ensure comprehensive implementation of arrangements.
- ensure there is documented evidence of internal engagement with staff, including non-executive Board members.
- extend its evaluation approach for external policies to assess the effectiveness of internal arrangements, particularly with regards to employment related policies and equality and diversity impact assessments.
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 Health Scotland has invested significantly in improving its risk management arrangements and is now implementing these across the organisation. Arrangements are based on the NHS board’s risk management policy and strategic framework that was signed off by the audit committee on behalf of the Board in January 2006. The risks faced by NHS Health Scotland are pertinent to its special health board status and are mainly focused on achieving corporate objectives and ensuring effectiveness of the organisation. The NHS board has addressed this by using its strategy map, corporate plan and corporate framework to identify the key risks to its effectiveness in health improvement, reputation, staff, property and financial stability. The NHS board also held a series of workshops to help prioritise the key identified risks and developed appropriate mitigating action plans.

The NHS board has a master risk register that stores the major risks of the organisation which is regularly reviewed by the corporate management team. Each directorate is responsible for identifying, assessing, measuring and mitigating its own significant risks including updating these on the corporate risk register. Risk management is embedded at operational level with all projects having a risk assessment. These assessments are stored on the organisation’s business planning tool and are accessible to all staff. The corporate management team discusses the risk registers on a quarterly basis and updates these as necessary ensuring follow-up actions are delegated as appropriate. In addition to this, it was stated that the audit committee conducts annual in-depth reviews of the full content of the master risk register. The highest rated risks are considered on a quarterly basis and subsequently reported to the Board.

The NHS board has established a network of risk champions across the directorates to drive forward the risk management agenda. The directorate risk champions are senior managers and are responsible for ensuring that risks are correctly placed onto risk registers, mitigated and escalated as appropriate. The NHS board stated that risks are managed within directorates to ensure correct action is swiftly implemented dependant on the nature of the risk concerned.

Since the last review visit, it was noted that NHS Health Scotland has moved from using RisGEN software as a risk management tool to adopting an Excel based risk register. The
NHS board stated that the previous software was found to be too cumbersome for the organisation and that using software that was familiar to the majority of staff improved staff engagement. It was also noted that the NHS board has recently appointed a dedicated information governance and risk manager; a key element of this role being to source and implement an appropriate risk management software package. This would improve the organisation’s ability to track progress in risk management over time and ensure changes made result in tangible improvements. The review team encourages the NHS board to progress with this and to consider benchmarking arrangements with other special health boards to see if lessons can be shared.

At the time of the visit, the NHS board was unable to demonstrate that there is a planned and systematic approach to evaluating the effectiveness of its risk management arrangements. The review team noted that there is a strong commitment to move to achieving this and commends the leadership shown by the corporate management team to improving this. The review team encourages the NHS board to continue with the development of a formal evaluation plan, thereby ensuring there is a clear strategic direction for risk management. This will allow the organisation to demonstrate that it is achieving the objectives it has set for managing risks. The review team considers that this will also increase the opportunity for effective challenge from the Board and ensure that NHS Health Scotland can evidence a continuous cycle of review and improvement going forward.

Core area: 1(b) Emergency and continuity planning

Performance assessment statement: The NHS board is developing its emergency and continuity planning arrangements.

NHS Health Scotland is not a Category 1 or 2 responder within the Civil Contingencies Act 2004 and therefore does not have emergency planning responsibilities. As such this section will focus on the development of the NHS board’s business continuity arrangements. NHS Health Scotland reported that its major incident plan was last updated in 2005 and is the current framework for business continuity arrangements. This plan is supported by an IT service continuity plan which was updated in December 2009 and a recently established influenza contingency action plan. The NHS board reported that it has recently appointed a business improvement programme manager, information governance and risk manager and an estates and facilities manager who have been tasked with progressing with this agenda.

At the time of the visit, the NHS board reported that it was in the process of developing a comprehensive business continuity plan. This will incorporate IT services and is intended to be in place by the end of 2010. It was noted by the review team that there appears to be an awareness of business continuity issues operationally and informal arrangements in place in the event of an incident. The review team encourages the NHS board to formalise the existing arrangements and roll out a system of planned and documented evaluation activities, including testing to ensure that the new arrangements are effective. The information governance and risk manager has recently been tasked with undertaking this evaluation and improvement activity and the review team encourages progress with this. It was reported that the audit committee has responsibility for ensuring that the arrangements are evaluated and fit for purpose. It was also noted that there had been recent testing on critical IT systems and further testing is scheduled to take place periodically. The review
team noted the progress in this area and encourages the NHS board to widen the test remit to consider the wider business continuity environment.

The review team was pleased to note the response of the NHS board to the pandemic flu crisis, aligning members of its communication and public health team with other NHS boards to offer support if required. The recent commitment demonstrated by NHS Health Scotland is noted by the review team and progress with the agenda is encouraged as a priority.

**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.

Clinical effectiveness and quality improvement in the context of NHS Health Scotland is primarily concerned with the quality of public health and health improvement related information and how this is acquired, developed, disseminated, used and evaluated. Therefore, NHS Health Scotland approaches quality improvement strategically as part of establishing a culture of continuous quality improvement behaviour. The review team was pleased to note the significant progress made in this area by the NHS board. It has implemented arrangements to ensure ongoing quality improvement and effectiveness and is now evaluating the effectiveness of these arrangements in achieving the organisation’s aim to improve the health of Scotland’s population and reduce health inequalities.

The NHS board has developed a new corporate framework after significant consultation with both internal and external stakeholders. The framework sets out the organisation’s commitment to health improvement, its vision and responsibilities and the outcomes it is focused on achieving for the period 2009–2012. Quality improvement is an explicit theme of the framework which clearly states three overarching goals for organisational improvement to be achieved by 2012. These include: fully aligning its systems, services and style of delivery with customers’ needs; ensuring products and services are high quality, accessible and meet the needs of those who use them; and modernising business systems so that they are more customer focused and responsive.

In order to monitor progress with this agenda, the NHS board has established a health governance committee to oversee the implementation of quality improvement processes and consider the results of evaluation activities to ensure that appropriate action is taken forward. In 2009, the health governance committee and Board accepted a paper setting out the strategic approach to assessing the NHS board’s effectiveness in improving health. The paper identified three approaches: assessing the short term impact of key projects given high priority by the Scottish Government; assessing the longer term impact of major programmes of work, for example tobacco control, action on alcohol and healthy eating; and assessing the effectiveness of main functional approaches, for example supporting local implementation of government policies, disseminating evidence, learning and good practice. This paper aimed to improve the ability of the organisation to assess effectiveness of its contribution to the health of Scotland. It does this by linking each project in the business planning tool to at least one of its seven main functions as set out in the corporate framework. This allows easier oversight of the level of activity under way in each area.
Furthermore, the health governance committee has also worked to establish quality standards for NHS Health Scotland. These standards represent the objectives of the organisation and provide a framework to measure projects against. These are now being used by the health governance committee to assess performance in overall efforts to improve health and reduce inequalities addressing equality and diversity, research commissioning, appropriateness and accuracy of published information and learning and workforce development through its programme of annual reporting. The review team encourages continued progress with the implementation of these standards, including consulting and disseminating these to staff across the organisation.

The review team also noted several evaluations of key projects and ways of working within the organisation, including a review of the way in which the NHS board enables NICE public health guidance to be used to promote good practice in the Scottish context. In 2008–2009 the organisation, in liaison with the directors of public health group and the Scottish Government, reviewed its approach to producing commentaries on the guidance. A revised product, the Scottish Perspective, was introduced and has been received positively. There is a robust approach to outcomes-based evaluations throughout the organisation, closely linked to the performance management arrangements for operational monitoring of projects. In addition to the project management arrangements, there is a focused presentation and discussion at each Board meeting on one or more specific health improvement topics or work programmes. Child healthy weight, breastfeeding and suicide prevention were considered by the Board during 2009. This allows the opportunity for the Board to evaluate the performance of the project to ensure it is on track to achieve its objectives.

The NHS board is also in the process of finalising an engagement strategy following identification of a significant gap in this area. After conducting an evaluation it noted that: the organisation could not articulate fully how or who it engages with; it could not guarantee that all engagement activities were quality assured; it did not have a standard for engagement that was promoted among staff; and lacked principles on which to base future improvement activities. The review team was pleased to note that the engagement strategy describes and monitors the NHS board’s engagement activity and sets an aspirational standard and structure for creating a framework for ongoing improvement. The review team commends the organisation’s progress with this and considers that this will allow demonstration of ongoing improvements with stakeholder consultations and engagement. It will also enhance the NHS board’s ability to monitor the effectiveness of its programmes of work.
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(b) Equality and diversity

Performance assessment statement: The NHS board is monitoring the effectiveness of its arrangements for equality and diversity across the organisation.

NHS Health Scotland has continued to progress with its agenda for equality and diversity and is now monitoring the effectiveness of these arrangements. The NHS board’s planning to reduce inequalities strategy was approved in 2006 and sets out the organisation’s intention to mainstream equality and diversity through its work. There were action plans in place for race, disability and gender. These action plans have been drawn together into a single equality and diversity action plan and includes actions on age, religion/belief and sexual orientation. This is regularly monitored by the equality and diversity group, corporate management team and the Board. The NHS board has recently approved new governance arrangements for equality and diversity to include quarterly performance management reports to the corporate management team and partnership forum. Furthermore, there are 6-monthly reports to the health governance, staff governance and audit committees on relevant actions to the remit of each committee for appropriate scrutiny, and a 6-monthly report to the Board summarising progress against the action plan.

The review team noted that NHS Health Scotland has a particularly robust approach towards improving external arrangements for equality and diversity. This is best demonstrated by recent changes to the NHS board’s process for completing equality and diversity impact assessments (EQIA) for projects and campaigns. NHS Health Scotland has now contacted a group of voluntary organisations to be involved in EQIA workshops. These are half-day events attended by a range of stakeholders including those from equalities communities. This brings together a range of experiences and backgrounds to identify the right issues and actions to address potential discrimination and promote equality at the beginning of the process rather than waiting until the consultation phase. At the time of the visit, it was reported that a preliminary evaluation of this change has resulted in positive feedback. It is reported that this approach will be repeated across the NHS board in 2010.

The NHS board also has in place a patient focus, public involvement (PFPI) framework and action plan that is reported annually to the Scottish Health Council. In addition, the NHS board incorporated a comprehensive review of the PFPI framework into the
development of its engagement strategy. The NHS board has finalised and approved its engagement strategy which sets out how it will work with partners and communities to design and deliver effective services with a key focus on accessibility. It is envisaged that the strategy will replace the framework.

Internally, the NHS board is also progressing with the equality and diversity agenda. It has established an inequalities forum, championed by a senior manager, to provide learning opportunities on specific equalities and diversity topics. The first forum was held in 2008 and has since held three seminars on topics including HIV and AIDS, poverty and deprivation and gender. There are also arrangements in place to gather and analyse workforce equality and diversity information. The NHS board reported that it is currently establishing a staff equality forum to inform workforce practices, which aims to improve responses to workforce information gathering. Staff from all areas and levels of the organisation have been consulted on its development and this will be progressed through 2010.

NHS Health Scotland has also evaluated its approach to equality and diversity training. It has employed an equalities and diversity facilitator to develop and deliver half-day EQIA workshops, half-day awareness sessions on each of the strands and one day equality and diversity awareness sessions. This training was developed following an issue raised through the annual reviews of the equality schemes. Since August 2009, 45 members of staff have attended the one day awareness raising sessions and 69 have been trained in the EQIA process. It was reported that the NHS board regularly monitors the effectiveness of this training using feedback from staff. As such, the EQIA workbook has been redeveloped and an EQIA mind-map has been produced to improve understanding.

The review team noted that the NHS board was proactive in conducting evaluations and responsive to recommendations that were subsequently made. However, the review team also noted that most evaluations had been conducted fairly recently and had not re-entered the cycle for evaluation. The NHS board was not, therefore, deemed to be at the review stage of continuous improvement at this point in time. Furthermore, the review team was disappointed to learn that the majority of internal human resources policies had not been subject to EQIA procedures and encourages NHS Health Scotland to progress with this as a matter of urgency.

Core area: 2(c) Communication

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

NHS Health Scotland has implemented comprehensive arrangements for internal communication that are subject to regular evaluation and monitoring to ensure continuous improvement. The corporate and campaigns communication strategy was approved by the Board in February 2009 and was informed by the results of various evaluations from both the initial communications strategy 2005–2008 and the internal communications strategy and action plan for 2007–2008. The aim of the corporate and campaigns strategy, as far as internal communications is concerned, is to ensure that all staff members are well informed, that communication is two-way and that each person is involved in decisions which affect them and has enough information to do their job well. The staff governance
committee monitors internal communications activity and incorporates actions into the staff governance action plan that is formally reported to the Board.

There are a wide range of communication methods in use including a ‘Rude Health’ monthly e-newsletter which showcases the organisation’s activities to staff; ‘Talking points’ is the chief executive’s monthly ‘blog’ giving staff updates on Board and senior management meetings in a more conversational and informal manner than the previous ‘Core Brief’. The review team noted the wide range of mechanisms and the high level of opportunity to feedback to management on communications and other concerns. There are suggestion boxes in all offices and the option to feedback via email. All comments are sent to the partnership forum before being dealt with by the chief executive. The NHS board reported that it also has ‘lunchbox’ sessions that provide a relaxed and informal opportunity each month for individuals to showcase work over a sandwich lunch and engage in two-way communication. Following consultation in 2007, these sessions have been further developed to increase interaction with external stakeholders and be used as hands-on workshops.

In addition to ad-hoc feedback described above, NHS Health Scotland uses the NHS staff survey as a tool to evaluate the effectiveness of its internal communication arrangements. The NHS board also conducts its own staff survey in the period between national surveys which is reported to the staff governance committee with actions incorporated into the annual staff governance action plan. As a response to feedback from the staff survey, the NHS board has improved its induction process, and altered the format of numerous other internal communications including ‘Rude Health’, ‘Core Brief’ and ‘Reasons to be Cheerful’. Reasons to be Cheerful is a monthly celebration of key accomplishments and success stories within the organisation. Nominations are put forward by any member of staff and this process is designed to show recognition for staff and improve leadership and vision in the organisation.

NHS Health Scotland also has a 3-yearly internal communications audit and annual all staff events. A high level of consultation is sought in both of these and the review team noted the commitment displayed by the staff governance committee in acting on these comments. The review team commends the approach to communication within NHS Health Scotland and encourages the organisation to continue with this progress taking the opportunity to be innovative with techniques and share its experiences and learning across the NHS.
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 implementing 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 implementing its arrangements to co-ordinate clinical governance and quality assurance arrangements across the organisation.

As NHS Health Scotland does not provide direct clinical care it has adopted an ethos of health governance to ensure organisational effectiveness and quality assurance. There has been a period of substantial change since the last visit which began with the creation of the quality assurance group. This group, made up of representatives from a cross section of the organisation, produced a report for the Board with a number of recommendations on options for quality assurance monitoring. The working group analysed in detail the various functions of the organisation by receiving papers and presentations from the component parts of the NHS board. This informed the report that was widely disseminated for consultation and led to the creation of the health governance committee.

The health governance committee meets on a quarterly basis and has a responsibility for ensuring that the organisation assures the effectiveness of its activities aimed at improving health and reducing inequalities and conducting various quality assurance roles. It is chaired by the vice chair of the Board, includes an additional three non-executive members and is attended by the director of public health science as the lead executive director and both the chair and chief executive of the Board.

In November 2008, at the first meeting of the health governance committee, a programme of work was agreed for its first year of operation. A significant portion of this programme considers annual reports and receiving presentations from relevant staff on each aspect of the committee’s remit based on the quality standards it has derived, as discussed in core area 1c. This includes receiving reports through 2009–2010 on the following topics: the effectiveness of health improvement activities; equality and diversity; appropriateness and accuracy of outputs of the organisation; research and commissioning; and learning and development. The Board receives the minutes and updates from the health governance committee and to date this has been how the effectiveness of the committee has been assessed. It was reported that the NHS board will be formally assessing the effectiveness of the health governance committee in June 2010 via an annual report.

The NHS board stated that it is also currently developing processes to help assess the overall effectiveness of its programmes of work, for example tobacco control, action on alcohol etc, and to assess the effectiveness of particular methods of working including reviewing research evidence to be able to learn lessons and continually improve.
Furthermore, the NHS board stated that the health governance committee intends to give further consideration to whether it can define and use appropriate and useful key performance indicators (KPIs). The review team noted that in 2008, the NHS board attempted to establish KPIs through a series of meetings with key stakeholders, but it was felt at that point that concise narratives were more appropriate. The review team encourages the NHS board to continue with the development of KPIs and to consider benchmarking arrangements with other special health boards to share experiences where possible.

The review team was pleased to note NHS Health Scotland’s commitment to improving its governance arrangements and was particularly encouraged by the enthusiasm for challenge and scrutiny demonstrated by operational staff at the time of the visit. The NHS board should harness this commitment to further develop its arrangements and ensure that the Board plays an active part in setting the agenda and work programme of the health governance committee.

While it is clear that NHS Health Scotland has progressed substantially in this core area, the review team considers that the new arrangements are currently at the implementation stage as there has not yet been a full cycle of evaluations with the new health governance committee or an annual report from the committee. The review team recognises that this is scheduled to occur over the coming months and is pleased to note that arrangements to ensure evaluation, review and continuous improvement have been considered as part of the development process. This will place the NHS board in a strong position to evidence future attainment of evaluation and continuous improvement levels.

**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.**

The NHS board has in place a range of policies and procedures to ensure that its workforce is fit to practise. These policies have been widely disseminated across the whole organisation to ensure compliance.

There is a recruitment and selection policy and procedure which covers advertising vacancies, applications, short-listing, interviewing, offering, pre-employment checks and contracting. This policy is supported by the safer pre and post-employment check Partnership Information Network (PIN) guidelines that assist in ensuring successful candidates are suitable for the role they have been employed to fulfil. This includes proof of identity and address, proof of nationality/right to work in the UK, qualifications and professional registration, reference checking and pre-employment health screening. Before recruitment is undertaken, each manager completes an authority to recruit form which is counter-signed by the director of the department. Additionally after each interview, an interview selection record has to be completed by each panel member stating their views accompanied by a report from the chair of the panel, normally the recruiting manager. The NHS board stated that this ensures integrity and consistency of the recruitment process.

Given the non-clinical nature of the work of NHS Health Scotland, there is limited requirement for systems to ensure that staff maintain their professional registration and accreditation. In the few cases where clinical staff are employed, registration checks are
include the contract of employment and updates are maintained as part of the annual appraisal process.

The NHS board has a commitment to learning and development and this is incorporated into the organisational development plan which also includes staff governance issues, priorities and funding. NHS Health Scotland has policy frameworks for the Knowledge and Skills Framework, personal development planning and review. Furthermore, there are procedures for conduct, capability, grievance and whistle blowing. Investigation reports and recommendations are submitted to management for action when required and coaching, mentoring and mediation as necessary to improve staffing issues.

The review team notes that there is a strong commitment to establishing a workforce that is fit to practise through ongoing professional development, supported by a staff governance action plan and workforce plan. The review team also noted, however, that the majority of employment related policies had not been revised since they had been established in 2004 and were, therefore, out of date. At the time of the visit, the NHS board reported that this was due to a delay in the publication of new PIN guidelines and that while the review of policies and procedures may not have been explicitly considered, legislative change had been incorporated where appropriate. The review team noted that a prioritised timetable of reviews has now been scheduled to take place through 2010 and progress with this is encouraged as a matter of urgency.

Core area: 3(c) External communication

Performance assessment statement: The NHS board is reviewing and continuously improving its external communication arrangements across the organisation.

NHS Health Scotland has continued to evaluate its arrangements for external communication and is now at the stage where it is reviewing and continuously improving these. It has progressed from the overarching engaging with partners and staff strategy 2005–2008 to a corporate and campaigns strategy after various evaluations. In 2008, the NHS board undertook a customer satisfaction survey with key partners and frontline staff at other NHS boards. The findings from this survey led to the development of a new corporate framework that sets out the organisation’s purpose, focus and goals for 2009–2012. After setting out its vision and communicating that to partners, staff and the public, it then developed its corporate and campaigns communication strategy which details how it will achieve its aims.

A variety of mechanisms are used by NHS Health Scotland to communicate with its stakeholders including quarterly magazines, MSP briefings, partnership working groups, road shows and weekly press engagement. Communication is arranged into six disciplines: internal communication, media relations, partnership working, public affairs, social marketing and stakeholder engagement. Each work stream has a dedicated account team overseen by a senior communication manager. This ensures consistency of direction and message as well as enabling good working relationships to be developed with stakeholders.

The NHS board has a number of monitoring tools in place to ensure that communication is effective including quarterly evaluation of the quantity, topic and tone of media messages to allow for analysis. It also conducts in-depth impact monitoring of the campaigns it conducts allowing the organisation to assess the effectiveness of
communication. Each campaign has a separate strategy and involves tailoring the approach appropriately, using language, tone and timing to suit the message.

The review team was pleased to note that NHS Health Scotland has in place a range of performance measures to assess the effectiveness of its external communication. These include: using pre-testing prior to roll-out to ensure that messages are received as intended; ensuring that the message is clear and accessible; and making any modifications that are required prior to full scale publication. Additionally, the NHS board monitors uptake figures, awareness and understanding in target audiences and feedback from NHS partners. This information is regularly considered by the appropriate members of the communication team and by relevant committees as necessary.

The NHS board has continued to build strong relationships with other NHS boards through its partnership management programme. NHS boards across Scotland have a named contact within NHS Health Scotland who makes regular contact to ensure support is being provided where required. There are also opportunities for networking and engagement at events organised by the NHS board and quarterly meetings.

In addition to the ongoing monitoring and evaluation through feedback described, the NHS board commissioned an internal audit of the communications functions in 2009 that had no recommendations for improvement. The NHS board's inclusive communications group also conducted a major review of the accessibility of publications and other outputs for people with disabilities or who do not speak or read English fluently. This led to a series of recommendations designed to improve accessibility.

NHS Health Scotland has a robust approach to external communication with a planned and systematic approach to monitoring and evaluation. Customer satisfaction surveys are undertaken every 2 years. Internal audit is used to assess effectiveness on a regular basis and there is regular contact with those being communicated with to ensure messages are portrayed in an effective manner. The NHS board should continue to demonstrate the commitment displayed and ensure that there is evidence of the Board steering the direction of communication and providing leadership.

Core area: 3(d) Performance management

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

NHS Health Scotland is implementing comprehensive performance management arrangements across the organisation. Since the last visit, the NHS board has further developed its intranet-based business planning tool and used this to embed a culture of performance management throughout the organisation. This tool is used to plan and manage all projects within the organisation's business plan and is accessible to all staff. Each project within the business plan has a defined outcome, rationale and delivery commitments, and is measured against a suite of financial and other indicators stored within the business planning tool. This tool is closely linked to the NHS board's financial system, which allows for tight budgetary control.

The planning and performance team sits within the equalities and planning directorate and is responsible for managing and supporting performance management throughout NHS Health Scotland. The business plan, developed in consultation with key partners including other NHS boards and the Scottish Government Health Directorates, is signed off.
annually by the Board. This provides a framework of all activities underway within the organisation and incorporates all HEAT targets that the NHS board has a role in. Corporate reports are taken to the corporate management team and the Board on a quarterly basis, while management information reports are considered at the corporate management team on a monthly basis. The monthly management reports bring together performance, workforce and financial information to support decision-making and ensure accountability.

At the time of the visit, it was reported that as an action from an internal audit report and a request from the Board the format of the corporate report was being amended. It was noted that the current reporting style is largely narrative based on each programme within the organisations business plan leading to long and wordy reports. The NHS board is implementing a traffic light system to support the narratives to provide an ‘at a glance’ user friendly report, while providing the necessary context and depth for areas that require further explanation. The development of this report is being taken forward by the corporate reporting review group, a short-term internal working group with representation from across the organisation.

The review team was pleased to note the connection of performance management with organisational objectives. On a quarterly basis every project lead, programme co-ordinator and strand lead contributes to the corporate report detailing how their programme has been contributing to the achievement of the overall organisational objectives. It was also noted that the organisation’s objectives are linked to the appraisal process through personal development plans to the extent that key weekly goals are shared amongst operational teams to ensure clear aims and objectives at all levels of the organisation.

The review team considered that while internal audit had conducted some review of the NHS board’s performance management arrangements there was little evidence to support an ongoing programme of evaluation that is driven by the Board, in particular by non-executive members of the Board. The review team encourages NHS Health Scotland to further establish a strategic vision for performance management with clearly defined aims of what added value the system should bring to the organisation. This will in turn allow the NHS board to develop the business planning tool to enable more meaningful information to be produced. It will also enhance the ability of the Board to perform detailed scrutiny and evidence ongoing monitoring and continuous improvement in all areas of performance management. The review team notes that there are instances of evaluation activity taking place across the organisation. However, it is considered that this activity is not yet at the stage where it can be considered as a planned and systematic approach towards monitoring the effectiveness of the arrangements. The NHS board is encouraged to continue the progress demonstrated in this area over the coming years.
<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>CGRM</td>
<td>Clinical governance and risk management</td>
</tr>
<tr>
<td>CHP</td>
<td>Community health partnership</td>
</tr>
<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>
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<tr>
<td>KPI</td>
<td>Key performance indicator</td>
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<tr>
<td>MSP</td>
<td>Member of Scottish Parliament</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>PIN</td>
<td>Partnership Information Network</td>
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Appendix 2 – Review process

Prior to Visit
- NHS QIS publishes standards
- NHS QIS finalises and issues self-assessment document and guidance
- NHS board completes self-assessment and submits with evidence to NHS QIS
- NHS QIS performance analysts review the self-assessment submission and produce a pre-visit analysis report, which is sent to the NHS board for comment
- NHS QIS sends self-assessment submission and analysis report to peer review team

During Visit
- NHS board presentation to review team covering local service provision
- Review team meets stakeholders to discuss local services
- Review team assesses performance in relation to the standards based on the submission and visit findings
- Review team feeds back findings to NHS board
- NHS QIS produces draft local report and sends to review team for comment
- NHS QIS sends draft local report to NHS board to check for factual accuracy
- NHS QIS publishes local report

After Visit
- Team leaders consider findings of all local reviews and NHS QIS drafts national overview
- NHS QIS publishes national overview

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Appendix 3 – Details of review visit

The review visit to NHS Health Scotland was conducted on 8 April 2010.

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