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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www.nhshealthquality.org
1 Setting the scene

This report presents the findings from the clinical governance and risk management (CGRM) peer review to NHS Ayrshire & Arran. This review visit took place on 28 January 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 Ayrshire & Arran (www.nhsayrshireandarran.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:

- embedded risk management and reporting throughout all levels of the organisation.
- developed a series of patient referral pathways and managed clinical networks which have ensured a more effective service for patients.
- demonstrated a commitment to the continuous review and improvement of communication, both internal and external.
- developed innovative arrangements with the University of the West of Scotland in order to enable nursing and allied health professional staff to develop their skills.
Recommendations

The NHS board to:

- continue to roll out the single equality scheme, and ensure staff are trained appropriately in all six strands of Fair for All.
- ensure consistency and completeness of clinical governance reporting.
- ensure that there is a documented, planned and systematic approach to evaluation, demonstrating that changes made to arrangements are as a result of a co-ordinated review of current arrangements.
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 monitoring the effectiveness of its risk management arrangements across the organisation

NHS Ayrshire & Arran has mature and robust risk management arrangements in place which cover all aspects of healthcare governance and risk management throughout the NHS board area. The NHS board has a risk management strategy in place, which has been fully implemented and embedded throughout the organisation. The risk management strategy is formally reviewed every 2 years, and is supported by a comprehensive risk management action plan. The NHS board’s risk management group examines the action plan on a quarterly basis, and this is used for ongoing monitoring of the Board’s strategic risks. A series of ratified key documents and policies supporting the risk management strategy have been developed by the NHS board, and are available to staff through the NHS board’s intranet. These include the NHS Ayrshire and Arran adverse event policy, the health and safety policy, and the safety action notice policy.

Risk registers and the risk management strategy are monitored throughout the NHS board by the risk management group, which was formed in 2008 by the merging of the NHS board’s strategic risk group and the operational risk group. The group reports into each of the NHS board’s four governance committees, which in turn escalate any issues to the Board. The risk management group also provides reports to the four governance committees on a 6-monthly basis which include details of the organisation’s corporate risk registers.

The NHS board’s risk management framework has been developed in collaboration with other NHS boards (as part of a clinical governance network), and the three local authorities. Shared risk registers have been developed with emergency services, local authorities, government groups and utilities providers.

Operational and corporate risk registers are created and monitored using the Datix risk management module. This was implemented following a review of the previous risk reporting system, AdvantageX, which indicated a need for a revised system. The review team noted the intention of the NHS board to replace its incident reporting systems with Datix in 2010. A comprehensive implementation plan, including staff training, for this change has been developed. The review team also noted comprehensive root cause analysis training arrangements in place for staff involved in incident investigations.
The review team noted clear evidence that NHS Ayrshire & Arran is monitoring the effectiveness of its risk management arrangements and is systematically structuring its risk management arrangements based upon the results of this monitoring. This included review of the risk management strategy every 2 years, merging of operational and strategic risk management groups, internal audit of risk management systems by PricewaterhouseCoopers, and the review and upgrading of risk and incident management IT systems.

The review team encouraged the NHS board to develop a planned, systematic and comprehensive audit programme to evaluate its risk management arrangements. This would enable NHS Ayrshire & Arran to evidence that it is reviewing and continuously improving its risk management arrangements across the NHS board area.

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 Ayrshire & Arran has a comprehensive suite of major emergency plans and has reached the stage where it is reviewing the effectiveness of its emergency planning arrangements as part of a cycle of continuous quality improvement. However, it was noted that the NHS board remains in the implementation stage for business continuity.

Arrangements for emergency planning have been developed with a range of stakeholders, including local emergency planning groups and local authorities. Following changes to reporting arrangements agreed after a review of systems, plans are overseen, and managed by the civil protection steering committee. This committee holds delegated responsibility from the Board for the management of emergency planning and is chaired by the director of public health. Plans have been updated to reflect national guidance and lessons learned from planning exercises. The review team noted that a significant volume of plan testing has been arranged and carried out. The review team was pleased to note that improvements to the plans are under consideration and a process for evolving plans is in place. The review team noted that plans in place enabled NHS Ayrshire & Arran to respond effectively to the recent pandemic flu outbreak. It was clearly demonstrated that significant progress has been made in the testing and reviewing of emergency plans.

NHS Ayrshire & Arran has developed its business continuity arrangements and is implementing these arrangements board-wide. An overarching business continuity plan was developed and implemented in 2007, and has been revised twice. The review team noted that following the previous review, the NHS board has identified key services which must be maintained, and has developed business continuity arrangements for these services.

Business continuity arrangements have been included on the NHS board intranet, and have been discussed at several awareness raising sessions. However, the review team noted that the NHS board was not able to evidence a whole system approach to evaluating the effectiveness of its business continuity arrangements. The review team concluded that the evidenced changes which had been implemented as amendments to existing plans have principally been based on reactive evaluations rather than as a result of a planned evaluation of effectiveness of business continuity arrangements. The progress made by the NHS board since the last review is noted and is expected to continue to improve with a move towards a planned and systematic approach to evaluation supported by documentary evidence.
Core area: 1(c) Clinical effectiveness and quality improvement

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

NHS Ayrshire & Arran has a fully developed system of clinical governance and quality assurance. In 2007, a clinical governance strategic framework and clinical effectiveness strategy, with supporting action plans, were approved by the Board and disseminated across the organisation. The implementation of the framework and strategy was supported by a clinical governance away day, which identified key clinical governance priorities across the organisation, and informed a 5-year strategic plan for clinical governance and quality improvement. A continuous clinical improvement board was established in 2009 to support the implementation of the 5-year strategic plan.

The continuous clinical improvement board oversees the organisation’s clinical effectiveness activity. It has developed a paper in conjunction with academic staff which updated the Board on work which has been undertaken to review current approaches to clinical improvement.

Following a consultation and review of clinical governance and effectiveness structures, the clinical effectiveness support department evolved into the clinical governance support department in 2007. The clinical governance support department is managed by the clinical governance manager who reports to the head of clinical governance and risk management. The clinical governance support team operates within this department, and leads on the delivery of clinical governance activity through a co-ordinated approach through service clinical governance action plans and prioritised clinical effectiveness work plans.

Clinical governance plans, and clinical effectiveness work plans have been developed for all directorates, including primary care, and are underpinned by national standards and initiatives. Clinical governance plans are developed from the organisational clinical governance strategic objectives and the clinical governance and risk management national standards. Clinical effectiveness work plans are underpinned by the clinical effectiveness strategy, national standards/guidelines and local priorities.

A variety of mechanisms have been developed to share good practice across all areas of NHS Ayrshire & Arran including: a range of managed clinical networks, a revised communications strategy, a public health competency development unit, and a NHS board wide practice development unit. A programme of education courses to share good practice in clinical areas was noted by the review team.

NHS Ayrshire & Arran has begun to consider the evaluation of its clinical effectiveness arrangements; however this evaluation is at an early stage. A rolling programme of reporting to the clinical governance committee was noted. However, the review team considered that there was little evidence of a planned approach to the evaluation of the arrangements for clinical effectiveness and quality improvement.

The review team concluded that NHS Ayrshire & Arran has implemented clinical effectiveness systems across the NHS board area and regular reports of operational progress are being generated for Board level consideration. However, the NHS board needs to develop a systematic and planned system of evaluation of its arrangements for clinical effectiveness in order to begin to monitor the effectiveness of these arrangements in future.
Standard 2: The health, wellbeing and care experience

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

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

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

**Performance assessment statement:** The NHS board is monitoring the effectiveness of its arrangements with a partnership approach to access, referral, treatment and discharge across the organisation.

Strategies and procedures for access, referral, treatment and discharge have clearly moved forward in NHS Ayrshire & Arran from implementation to strategic monitoring of the effectiveness of arrangements. The review team was pleased to note the extensive work carried out by the NHS board to develop referral pathways for patients over a range of clinical areas including respiratory illness and mental health, based upon review of existing systems, and an identified need for improvement. It was also demonstrated that the Board is assured of sound arrangements for access, referral, treatment and discharge, through changes to reporting structures, which allow access, referral, treatment and discharge statistics to be reported to the Board through existing performance management reporting arrangements.

Several examples of review and improvement of services were noted by the review team, including a revised referral pathway for respiratory illness, which was developed in response to high admission figures flagged up by performance monitoring statistics. The new pathway was developed by a multidisciplinary team, with the focus on management of patients in the community, by consultants, and management by a nominated physician if admission to hospital is required. The pathway has been evaluated and refined, and the NHS board demonstrated ongoing monitoring of patient statistics for respiratory illness, to demonstrate that the pathway is effective and fit for purpose. The review team commended a similar pathway developed by the NHS board to ensure that patients requiring out-of-hours emergency admission for mental health are now dealt with by a specialist mental health response team, instead of accident and emergency staff. This resulted in improved patient care and a reduction in out-of-hours admissions.

Extensive work to review and improve managed clinical networks was also noted by the review team. Following handover from national initiatives to NHS Ayrshire & Arran, the NHS board undertook an audit of the effectiveness of the network arrangements in conjunction with external academics and developed refined reporting structures to ensure appropriate information transfer. This work has been supported and evaluated through regular patient satisfaction surveys.
In addition to the commendable work being undertaken by the NHS board on managed clinical networks and referral pathways, the review team noted that ongoing monitoring of access, referral, treatment and discharge statistics is taking place throughout the NHS board. A recent evaluation of bed management arrangements was undertaken, resulting in the commissioning of new bed management software, Helix, to ensure that beds are managed in the most effective way possible. The review team highlighted this as an area of good practice, and encouraged the NHS board to continue to develop the reporting arrangements from Helix in order to fully utilise the data it generates in order to begin to continuously review and improve arrangements.

The review team concluded that systems for managing the access, referral, treatment and discharge of patients are well established and fully implemented throughout NHS Ayrshire & Arran. Extensive evidence was provided to demonstrate that the NHS board is monitoring the effectiveness of these arrangements through the review of single outcome agreements, patient feedback, and the result of regular review of performance statistics. Clear examples of improvements made as a result of review were noted and commended by the review team. Performance improvement is clearly a cultural focus for the NHS board and robust working arrangements are in place. The review team noted that systematic documentation of evaluation activity would place NHS Ayrshire & Arran in a good position to move towards the level where it is reviewing and continuously improving its arrangements with a partnership approach to access, referral, treatment and discharge across the organisation in future.

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 Ayrshire & Arran is committed to ensuring that the services it provides meet the needs of its diverse population. Schemes and strategies are in place to ensure disability, race and gender equality. However, schemes and strategies to deal with age, faith and sexual orientation were not fully disseminated or embedded throughout the NHS board. The NHS board reported it has now developed a single equality scheme, which covers all six strands of Fair for All. This scheme has been approved by the Board, was published in December 2009, and is being disseminated throughout the NHS board area.

Following a review of arrangements prior to the introduction of the single equality scheme, the NHS board has identified impact assessment as the most appropriate way to ensure that equality and diversity arrangements are used effectively. A monthly training programme for appropriate staff has been developed on the use of the NHS board’s equality and diversity impact assessment toolkit. The toolkit is used to impact assess all policies, procedures, clinical guidelines, strategies and strategic plans developed throughout the NHS board before ratification by the directors’ team or the Board. All impact assessments are published on the NHS Ayrshire & Arran website and the NHS board’s internal intranet.

Two supervisory groups have been developed by the NHS board to oversee all equality and diversity activity following the introduction of the single equality scheme. The equality and diversity implementation group oversees training and impact assessment activity. The equality and diversity steering group, chaired by the chief executive, provides guidance on
overarching equality and diversity issues which arise across the NHS board. The equality and diversity steering group is responsible for the escalation of any urgent issues to the Board. The Board takes day to day assurance on the success of equality and diversity arrangements through performance management reports.

The review team noted that robust arrangements are in place for identifying, assessing and responding to the needs of several patient groups through the disability, gender and race policies. However, robust arrangements to deal with the needs of individuals or groups covered by the other strands of Fair for All were not yet established. The team encouraged the NHS board to continue with the dissemination and implementation of the single equality scheme in order to ensure that all patients within the NHS board area with a particular need or preference are identified and assisted in future. The roll-out of a continuous programme of training for all six strands of Fair for All was also recommended in order to ensure that all staff are able to use the single equality scheme.

There was evidence that some evaluation of equality and diversity arrangements had begun to occur, particularly of the disability and race strands of Fair for All. However, the review team did not consider that there was enough evidence of a comprehensive and systematic approach to the evaluation of effectiveness of the NHS board’s equality and diversity arrangements to consider that the NHS board is at the stage of monitoring the effectiveness of it arrangements for equality and diversity.

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 Ayrshire & Arran is committed to a policy of continuous improvement through ongoing monitoring, evaluation and review of its communications strategy. The NHS board developed a single system communication strategy in 2003 in partnership with management and staff. The strategy was approved by the Board and the area board partnership forum in 2004. The strategy was developed in response to feedback from staff, patients and stakeholders, and is designed to: raise awareness of, and explain, the NHS board’s decisions; policies and strategies; provide information on the NHS board; encourage the involvement of patient and community groups in healthcare decisions; and to inform and involve staff. The strategy has been reviewed twice, in 2006–2007 and 2008–2009 and at the time of the review visit, was under revision for a third time. The review team noted that objectives and aims for the strategy have evolved with each revision of the document, and encouraged the NHS board to continue to revise and improve its strategy in future. The communication strategy is supported by a range of communication policies, including the NHS Ayrshire & Arran media policy, major incident plan, and the Strathclyde emergencies co-ordinating group media policy.

All communication activity throughout the NHS board is monitored and recorded on the communication department’s work programme and action plan, which is updated every 2 weeks. The organisation’s core communication activities are also measured and monitored every 2 weeks at internal communication meetings, and quarterly by the NHS board’s directors. The review team was pleased to note that communication is a standing agenda item for a range of committees including the staff intranet project board, the 18 week
referral to treatment steering group, the information governance steering committee, and the staff governance working group.

A range of methods are used to communicate key information to NHS board staff, including information notices and surveys on the NHS board intranet, information cards on key topics, electronic and traditional notice boards, a two-way team brief system, global email, and ‘stop press’ flyers. A communications forum meets regularly, and staff members of this forum are asked to comment and feedback ideas about general issues and specific communications methods.

The NHS board has committed significant time and resources to ensuring plain language and accessible design for all of its internal communication documentation. The communications team has developed a series of staff information cards detailing procedures for dealing with the media, freedom of information legislation and making information accessible. Information can also be accessed by staff on the NHS board intranet. A training programme for appropriate staff on the use of plain language has been developed and has been rolled out across the NHS board.

The review team noted several examples of the NHS board critically appraising the fitness of its arrangements for communication including: an independent external survey, a survey on the public website, views of staff collated through a series of communication road shows, comments from patients and members of the public as part of a project to develop a primary care strategy, a communications workshop involving staff, partners and members of the public, and ongoing monitoring of the communications forum. It was noted that the methods of evaluation had been planned and carried out systematically to ensure that a wide range of feedback was gathered from as many sources as possible. The review team was pleased to note several examples of changes made to the communications strategy as a result of this feedback and further planned evaluation activity scheduled for the future.
Standard 3: Assurance and accountability

**Standard statement**

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

**Overall performance assessment statement:**

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

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

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

NHS Ayrshire & Arran has a fully developed system of clinical governance and quality assurance. In 2007, a clinical governance strategic framework and clinical effectiveness strategy, with supporting action plans, were approved by the Board and disseminated across the organisation. The implementation of the framework and strategy was supported by a clinical governance away day, which identified key clinical governance priorities across the organisation, and informed a 5-year strategic plan for clinical governance and quality improvement. A continuous clinical improvement board was established in 2009 to support the implementation of the 5-year strategic plan.

Clinical governance and quality improvement activity throughout NHS Ayrshire & Arran is overseen by the NHS board’s clinical governance committee, which is chaired by a non-executive director, and reports directly to the Board. The clinical governance committee meets every 2 months, oversees the work of local clinical governance groups, and receives and considers direct reports from the staff governance, health and performance governance, and audit committees. The review team noted that the health and performance committee is responsible for governance of all public health practice.

The clinical governance committee receives annual reports for comment and feedback from service areas and relevant briefings from local and national sources. However, it was not apparent from the evidence provided that there were effective assurance mechanisms in place to ensure that the clinical governance committee received the information it required on all aspects of clinical governance activity taking place across the organisation in a consistent and comprehensive manner. The review team encouraged the NHS board to develop a more systematic approach to information gathering. Reports from service areas to the clinical governance committee do not follow a standard format. The review team encouraged the NHS board to consider developing a standardised reporting template for ease of use and to ensure consistency of reporting across all service areas. The review team also noted that clinical governance committee meetings do not appear to follow a standard agenda. The review team encouraged the NHS board to develop a standard agenda in order to ensure all required topics are covered at each meeting.

NHS Ayrshire & Arran has begun to consider the evaluation of its clinical governance and quality assurance arrangements; however this evaluation is at an early stage. A rolling
programme of reporting to the clinical governance committee was noted, based upon the monitoring of a series of key performance indicators designed to measure clinical governance performance. However, the review team felt that there was little evidence of a planned approach to the evaluation of the arrangements for clinical governance and quality improvement as most of the reports currently being produced are operational in nature.

The review team concluded that NHS Ayrshire & Arran has implemented clinical governance and quality assurance systems across the NHS board area and regular reports of operational progress are being generated for Board level consideration. However, the NHS board needs to develop a systematic and planned system of evaluation of its arrangements for clinical governance and quality assurance in order to begin to monitor the effectiveness of these arrangements in future.

Core area: 3(b) Fitness to practise

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

NHS Ayrshire & Arran has arrangements in place to ensure that staff have the necessary professional registrations to carry out their role. These are kept up to date, and co-ordinated through the NHS board's practice development unit and human resources department. The area partnership forum, staff governance committee and integrated care modernisation board have accountability in ensuring fitness to practise arrangements are in the remit of delivery of the staff governance committee.

All managers use the NHS Ayrshire & Arran recruitment policy, which details all aspects of the recruitment process from vacancy to appointment of a new employee. The policy sets out guidance for ensuring that any new employee has appropriate references, security clearance, and if necessary, current registration with appropriate professional bodies. A clinical supervision policy has also been developed and recently ratified by the Board; however, this policy was still being rolled out at the time of the review visit. The NHS board reported that the data generated by the policy will be reported annually to the clinical governance committee for assurance. The review team encouraged the NHS board to continue to roll out and embed the clinical supervision policy in order to ensure that all clinical staff are supported and managed appropriately.

The review team noted a manager support programme in place, designed to ensure that all managerial staff are trained in line management techniques and are fully aware of their supervisory duties. The team highlighted this as a strength of the NHS board.

A further area of good practice was noted in the NHS board's service level agreement with the University of the West of Scotland. The agreement was developed to allow nursing and allied health professional staff to continue their professional development while working, by undertaking training modules, short courses, and postgraduate qualifications under the supervision of the University. The review team encouraged the NHS board to continue to develop its relationship with the University in order to continue to allow its staff to develop their skills and knowledge further.

It is clear that continuous professional development is a key focus for the NHS board, with further initiatives in place to support the development of staff including: personal
development reviews, annual lecture day programmes for nurses and allied health professionals, and clinical training days for nurses and allied health professionals.

The review team noted a balanced scorecard designed for charge nurses to monitor the training their staff had attended as a further area of good practice.

The review team noted the robust arrangements in place throughout NHS Ayrshire & Arran designed to ensure that all staff are appropriately qualified to carry out their professional duties. It was clearly evidenced that all appropriate policies and procedures have been developed, and are implemented, or being implemented throughout the NHS board area. However, the review team considered that the NHS board did not yet have in place a planned, documented and comprehensive approach to evaluating its fitness to practise arrangements across the organisation. The team encouraged the NHS board to develop such an approach in order to begin to monitor the effectiveness of its arrangements.

**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 Ayrshire & Arran is at the stage where it is continuously reviewing and improving its arrangements for external communications through a cycle of continuous improvement. The NHS board’s communications strategy has been disseminated and implemented throughout the NHS board since 2004, and has been reviewed regularly following its release. At the time of the review visit, the strategy had been reviewed for a third time to ensure that it is fit for purpose and was scheduled for further reviews in 2010 and 2011.

NHS Ayrshire & Arran has produced a range of patient information material in a variety of formats designed to ensure that information is accessible to all patients within the NHS board area. All publicity material and patient information leaflets carry a feedback form, details in several languages offering publications in different languages, larger print, Braille, audio tape, or any other format of choice. All patient information produced by the NHS board is developed to ensure it is written in plain language and is designed in an accessible way.

The review team was pleased to note that the external communications processes have been subject to both internal and external audit reviews which have informed the Board on the effectiveness of the implementation of the process. It was clearly demonstrated by the NHS board that the recommendations from these audits have been implemented.

The review team noted several examples of the NHS board critically appraising the fitness of its arrangements for external communication including: an independent external survey; a survey on the public website; views of staff collated through a series of communication road shows; comments from patients and members of the public as part of a project to develop a primary care strategy; and a communications workshop involving staff, partners and members of the public.

Further to the monitoring activity taking place throughout the NHS board area, the review team noted substantial evidence of robust and planned evaluation activity taking place regularly throughout NHS Ayrshire & Arran. Feedback on the outcomes of these changes has been reported to the staff governance committee and the executive management team for assurance.
Core area: 3(d) Performance management

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

There has been considerable organisational focus to strengthen all aspects of performance management within NHS Ayrshire & Arran. This has resulted in the merging of strategic and operational performance management groups into a single team, which operates within a performance management framework overseen by the NHS board’s health and performance governance committee. The framework has been developed to allow flexibility in the reporting of performance management data to the Board. This has allowed the Board to devolve responsibility for performance management to the health and performance committee, while maintaining supervision of key performance management data such as continuous clinical improvement, healthcare associate infection, and overall financial performance. Performance is also reviewed at director level and by Board committees.

The NHS board reported that the performance management framework is based on balanced scorecard methodology, providing ‘at a glance’ pages for key areas of the organisation’s performance improvement reporting. The NHS board has assured consistency in reporting by ensuring that all scorecards used throughout the organisation include: SMART targets, routine reporting to the relevant committee, required reporting against all red and amber graded issues, and transparent availability of the data behind headline performance information. The review team highlighted the use of the at a glance scorecard design as an area of good practice by the NHS board.

A local delivery plan is agreed with the Scottish Government each year which includes improvement trajectories. The Scottish Government holds the Board to account through the annual review meeting process, held in public. An annual report for the public is produced, which details the NHS board’s performance against key targets.

Regular monitoring of staff performance is undertaken by line managers. In addition to an individual’s job description, each individual agrees with their line manager their own work plan and objectives aligned with overall corporate objectives. Ownership and effective leadership of the performance management arrangement is achieved by sign-off at an appropriate level within the organisation of their individual work plan and objectives. The NHS board’s performance team delivers many training and awareness sessions each year ranging from entry level ‘performance for dummies!’ sessions to complex training designed to enable staff to develop robust performance measures.

In addition to the ongoing monitoring of performance management, the review team noted a comprehensive audit undertaken by PricewaterhouseCoopers to assess the fitness of performance management arrangements across the organisation. It was clear that outcomes from the audit were taken into consideration by the health and performance management committee, and were addressed throughout the organisation to drive improvement.

The review team concluded that NHS Ayrshire & Arran has implemented systems for monitoring performance management arrangements across the NHS board area and regular progress reports are being generated for Board level consideration. Structures are in place for the reporting of performance to the Board and its committees. Feedback mechanisms from appropriate committees to guide performance management groups are
also evident. Audits are reviewed to ensure action is taken to make improvements where needed, evidencing that the NHS board is monitoring the effectiveness of its arrangements for performance management across the organisation. The review team noted that systematic documentation of planned evaluation activity would allow NHS Ayrshire & Arran to evidence that it is reviewing and continuously improving its performance management arrangements across the NHS board area in future.
### Appendix 1 – Glossary of abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>CGRM</td>
<td>clinical governance and risk management</td>
</tr>
<tr>
<td>CHP</td>
<td>community health partnership</td>
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<tr>
<td>HEAT</td>
<td>health, efficiency, access and treatment</td>
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<tr>
<td>NHS QIS</td>
<td>NHS Quality Improvement Scotland</td>
</tr>
<tr>
<td>SMART</td>
<td>specific, measurable, achievable, relevant, time related</td>
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Appendix 2 – Review process

Prior to Visit

NHS QIS publishes standards

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

NHS QIS performance analysts review the self-assessment submission and produce a pre-visit analysis report, which is sent to the NHS board for comment

NHS QIS sends self-assessment submission and analysis report to peer review team

During Visit

NHS board presentation to review team covering local service provision

Review team meets stakeholders to discuss local services

Review team assesses performance in relation to the standards based on the submission and visit findings

Review team feeds back findings to NHS board

After Visit

NHS QIS produces draft local report and sends to review team for comment

NHS QIS sends draft local report to NHS board to check for factual accuracy

NHS QIS publishes local report

Team leaders consider findings of all local reviews and NHS QIS drafts national overview

NHS QIS publishes national overview
# Appendix 3 – Details of review visit

The review visit to NHS Ayrshire & Arran was conducted on 28 January 2010.

### Review team members

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