Clinical Governance & Risk Management: Achieving safe, effective, patient-focused care and services
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Local Report (NHS Forth Valley): Clinical Governance and Risk Management – May 2010
1 Setting the scene

This report presents the findings from the clinical governance and risk management (CGRM) peer review to NHS Forth Valley. This review visit took place on 14 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 Forth Valley (www.nhsforthvalley.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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<th>CGRM standards</th>
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**Standard 1: Safe and effective care and services**

- Core area 1a
- Core area 1b
- Core area 1c

**Standard 2: The health, wellbeing and care experience**

- Core area 2a
- Core area 2b
- Core area 2c

**Standard 3: Assurance and accountability**

- Core area 3a
- Core area 3b
- Core area 3c
- Core area 3d

### Strengths

The NHS board has:

- a clear strategic direction and strong leadership as it progresses to its integrated healthcare system.
- robust systems for clinical engagement in improvement activities which allow the NHS board to demonstrate whole system continuous improvement.
- comprehensive performance management arrangements which supports the organisation’s clinical governance agenda.
Recommendations

The NHS board to:

- 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.
- continue to move forward with its arrangements for business continuity.
- progress with delivering its single system approach to fitness to practise and ensure that systems for monitoring the effectiveness of these arrangements are in place across the whole organisation.
3 Detailed findings against the standards

Standard 1: Safe and effective care and services

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

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

**Core area: 1(a) Risk management**

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

NHS Forth Valley has mature arrangements for risk management operating across the organisation. In 2008, the NHS board conducted a system wide evaluation of its existing arrangements thereby demonstrating that it is now operating at a monitoring level. NHS Forth Valley has a dispersed approach to risk management, choosing to integrate risk as a key agenda item at all committees of the Board rather than operate under a single risk management committee. NHS Forth Valley reported that this ensures that risk management is considered across the organisation and integrated into daily activities at all levels and in all departments.

The overarching review of the arrangements undertaken in 2008 had the main aim to ensure that risk management remained robust within Forth Valley as the organisation moves towards implementing its integrated healthcare strategy. This strategy aims to assist NHS Forth Valley achieve its overall vision of improving health and healthcare for the people of Forth Valley by adopting a co-ordinated single system approach in conjunction with key partners. It intends to do this by using better and more co-ordinated pathways of care for patients streamlined between primary and secondary care. The implementation of the integrated healthcare strategy is coinciding with the relocation of acute services to a new facility at Larbert. Appropriately, the NHS board considers robust risk management arrangements fundamental to the successful delivery of the strategy and relocation. The overarching risk management review confirmed that the strategic approach to risk management was adequate and provided further enhancement to recommendations that the NHS board is currently implementing. These recommendations include enhanced understanding and communications between committees with regards to the shared risk agenda and an increased level of consistency in approach to the risk registers. The review team would encourage the NHS board to continue progression with regards to the recommendations, and conduct a follow up-review to assess the effectiveness of these changes. This would move the organisation towards a continuous cycle of review and improvement.

The Board committees and governance groups that consider risk management, including the clinical governance committee, the performance management group, the health and
safety committee and the healthcare strategy programme board, are supported by the risk network. The risk network includes a broad range of staff and is integral to developing the healthcare strategy, maintaining an overview of risk registers, influencing the development of the annual risk management objectives and prioritising on the delivery of actions. It is comprised of senior staff who have a responsibility to support the operational implementation of the risk management strategy across the organisation. It was reported that a particular strength of the network is in engaging all units, corporate departments and community healthcare partnerships (CHPs) to share ways of working and areas identified as good practice.

Following the overarching review, the structure of the risk network has been modified so that the main group meets on alternate months and a smaller risk network steering group meets on the opposite month to review and plan further activity. This allows sufficient time for action by the network on the agreed outcomes of the previous meeting. The steering group is chaired by a general manager to ensure the core aim of operational management ‘buy-in’ and frontline staff input. The steering group also ensures linkage upwards with shared membership with the performance management group and healthcare strategy programme board.

The risk network has also established high level risk objectives that link to the performance management priority framework. This allows organisational risk management objectives to be developed and linked to both the performance management framework and the clinical governance agenda. The risk objectives also inform the various risk registers and action plans for progression and monitoring.

It is clear that there are robust arrangements in place for the management of risk across NHS Forth Valley. It is also apparent that there are mechanisms in place to strategically monitor the effectiveness of these. The review team encourages the NHS board to demonstrate that the changes made to its systems of risk management are as a result of these formal evaluations which are then subsequently re-reviewed. This will allow the NHS board to demonstrate that it is continuing to monitor the effectiveness of its arrangements while developing a cycle of continuous review and improvement supported by documentary evidence.

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 Forth Valley has mature arrangements in place for emergency planning that are subject to rigorous testing, review and continuous improvement. There has also been significant progress made with regard to arrangements for business continuity planning. The NHS board has now reached the stage where it is implementing its business continuity plans across the NHS board area and is supporting this with a comprehensive programme of training.

NHS Forth Valley has a major emergency plan that is updated and monitored on a regular basis and approved by the Board annually. The NHS board has a well-embedded strategic co-ordinating group that brings together all the agencies that are required to respond to major incidents. The group is responsible for ensuring that there are coordinated plans in place to respond to incidents that have been suitably tested and updated to ensure they remain fit for purpose. The structure of the group has been recently reviewed to reflect the
changes required by the Civil Contingencies Act 2004. A strategic handbook has been produced as a guide to arrangements for emergency management both during routine business and occasions of heightened preparedness.

An internal audit on the NHS board’s arrangements for emergency planning was conducted in April 2009. The audit noted that the emergency plan has been subjected to a variety of tests including, NHS board only exercises, Forth Valley wide exercises and national events organised by the Scottish government with the results and lessons learned being incorporated into the operational plans. NHS Forth Valley was able to demonstrate that it has a continuous cycle of review and improvement with regards to its emergency plan including reviewing and modifying the NHS board’s fuel plan, pandemic flu plans and updating strategic support team procedures after a live exercise. It was also noted that the risk management annual report contains a section on emergency planning and business continuity.

The Board approved the business continuity framework and strategy in January 2008 and established a business continuity management tactical team to provide oversight on the implementation. Each general manager has been tasked with developing business continuity management plans for each unit. The review team commended the comprehensive approach demonstrated in the women, children’s and clinical services business continuity plan. To facilitate the implementation of the business continuity management plans, the NHS board has invested in a significant programme of training events, specifically business impact analysis sessions. These provide insight into identifying mission critical systems and assigning roles and responsibilities for responding to an incident. Progress will be tracked for unit, service and department broken down by directorate using a traffic light system. To achieve a green status, there must be an appropriate individual trained and documentation on a business impact analysis submitted.

The NHS board reported that it will monitor the effectiveness of its arrangements for business continuity planning through the use of internal audit and a series of annual exercises. These will be followed by debrief reports and recommendations being incorporated into the plans. Similarly, after any live business continuity management event, a debrief session is held and learning outcomes are reported through the business continuity management tactical team. Any changes or amendments are considered and implemented. The review team noted the progress made by NHS Forth Valley and the intention to monitor the effectiveness of its arrangements for business continuity both during the implementation stage and after successful implementation. However, the review team was unable to find sufficient evidence of evaluation activity to support a monitoring level at this stage.

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

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

The NHS board has sustained its monitoring activities around the effectiveness of its arrangements for clinical effectiveness and quality improvement. It has used the results of the monitoring activities to modify the arrangements to ensure that they continue to deliver the most efficient and effective service thereby reaching the reviewing stage on the continuous improvement scale. NHS Forth Valley has developed its approach to quality improvement as set out in the clinical effectiveness and quality improvement programme.
There is an annual quality improvement work plan which is created in consultation with key stakeholders to identify clinical effectiveness priorities and objectives for the year ahead. Objectives are also identified and prioritised at local CHP and acute unit clinical governance working groups, CHP quality improvement groups and managed clinical networks which reinforces the objectives within the clinical effectiveness work plan.

Since the last review visit, the NHS board has reviewed the acute, safe and effective care committee and the joint CHP clinical improvement group; the two groups that supported clinical effectiveness. This review led to the formation of the single system quality improvement group. In addition, a review of the clinical effectiveness support service was conducted by external consultants and commissioned by the head of clinical governance, and medical and nurse directors in October 2007. The main outcome of the review was the appointment of a single system manager to strengthen and widen the clinical effectiveness services through merging the acute and primary care teams. This led to the creation of a single clinical effectiveness work plan that has strong links with the clinical governance strategy, clinical work plan, corporate plan and integrated healthcare strategy. It was reported that it has also improved partnership working, knowledge sharing and learning. The NHS board also reported that the restructured clinical effectiveness team has been reviewed since the implementation of these changes. The reporting and line management process has been streamlined to ensure robust communication both within the clinical effectiveness support service and with all other units and directorates across the organisation.

There is a clinical effectiveness project registration database in operation which logs all clinical effectiveness work taking place across NHS Forth Valley. This database has been further developed to include a reporting mechanism enabling quarterly monitoring reports to be sent to key groups and individuals. It also enables a continual tracking of progress against the annual clinical effectiveness work plan and an annual report on progress to be produced. It was reported that this monitoring function enables continual review and re-prioritisation of the programme and informs the annual report. NHS Forth Valley has a clinical effectiveness website which is continually updated and acts as a repository for clinical resources including guidelines and guidance, results of clinical audits and other quality improvement tools. The review team was pleased to note that the website also acts as a repository for sharing good practice across the NHS board by allowing information on activities ongoing within each directorate to be available to other directorates for information and action if appropriate. In addition to the website, there is a quarterly newsletter that provides project updates, outcomes and details of awards won which is widely distributed through primary and secondary care facilities as well as in community areas such as pharmacies.

The review team was pleased to note the level of clinical engagement within the area of clinical effectiveness and quality improvement. This was particularly prevalent within the evidenced reviews of managed clinical networks and clinical care pathways in advance of the transition to the new acute hospital facility at Larbert.

NHS Forth Valley is currently engaged in a major period of change, both to a single integrated healthcare system and geographically to a new acute hospital. The review team was able to clearly note the investment that the NHS board has placed in improving the effectiveness and efficiency of its clinical effectiveness and quality improvement arrangements to support the current programme of change and to ensure the organisation's continued success and development. The review team encouraged the NHS board to maintain the momentum created in advance of the relocation and continue to move towards a unified system of healthcare delivery.

Local Report (NHS Forth Valley): Clinical Governance and Risk Management – May 2010
Standard 2: The health, wellbeing and care experience

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

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

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

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

Since the time of the last review visit, the NHS board has continued to monitor the effectiveness of its arrangements for access, referral, treatment and discharge. It is now able to evidence that a continuous cycle of review and improvement is in operation across the organisation. NHS Forth Valley has also demonstrated a commitment to ongoing development throughout its transition to the new acute facilities and integrated healthcare strategy.

To this end, NHS Forth Valley has established a change and improvement plan. This plan brings together all major strands of improvement work relating to access, referral, treatment and discharge, and underpins the service changes required to safely and effectively deliver the integrated healthcare strategy. The healthcare strategy programme board operates the governance arrangements for the change and improvement plan, regularly monitoring progress of the activities against performance targets that were set out at the beginning of the programme. Examples of projects included within the change and improvement plan include the 18 weeks referral to treatment programme, the long term conditions programme and the mental health collaborative programme. It was reported that the aim of the change and improvement plan was to review and improve the effectiveness of care pathways to streamline and improve efficiency as much as possible prior to the relocation of the hospital. Each programme within the plan has its own project board that it regularly reports progress to and provides a more comprehensive level of evaluation of the effectiveness resulting from changes to the arrangements. NHS Forth Valley also reported that the framework for reporting has been streamlined to ensure clear lines of reporting and accountability.

NHS Forth Valley has been able to demonstrate a strong commitment to providing the public with robust information on services and conditions through a range of media to ensure maximum accessibility. The NHS board aims to standardise information where possible to ensure consistency of approach and uses a variety of formats to address differing needs such as literacy, language and sensory impairments. Participation of patients, service users and/or service representatives is commonplace in assisting with preparing information and decision-making on the most suitable format as well as reviewing the effectiveness of draft information. The NHS board attempts to ensure
accessibility at its public consultation events by providing crèche facilities and sign language interpreters. It has also established wall charts at every initial point of patient contact to enable users who do not speak English to identify their language, and has recently established pictorial menu cards to assist those with communication barriers. At the time of the visit, it was reported that the patient focus, public involvement (PFPI) committee is currently piloting a patient information leaflet subgroup to review all written documents for accessibility prior to their approval and distribution to the public.

The NHS board has also significantly invested in its carers’ information strategy, which was developed with representatives from NHS Forth Valley, three local authorities and local carers’ centres. NHS Forth Valley has used funding from the Scottish Government to appoint a carers’ health liaison worker with a remit to identify and provide information to carers and raise awareness of carers’ issues. The carers’ health liaison worker also has a duty to address the training needs of staff across the organisation and ensure that they are fully equipped to deal with the needs of carers. NHS Forth Valley reported that it is intended that this role will continue to develop and will move to focus on identifying and providing information to hidden carers within the primary care sector.

The review team was pleased to note the high level of clinical engagement across access, referral, treatment and discharge, particularly within the primary care setting. Each GP surgery receives a practice profile which outlines its performance with regards to referrals, admissions and prescribing rates and allows benchmarking with other practices across the region. The NHS board stores information on referral pathways on its service information directory. This online resource has been developed using a standard template by each acute service to ensure the correct referral information and pathway is accessible. GPs also use the Sci-Gateway electronic system to facilitate urgent and routine outpatient referrals using an electronic template. NHS Forth Valley was also able to demonstrate continuous improvement in this area by the customising of the template to suit specific service needs; an example of this was customising the template for orthopaedic hip replacements.

Multidisciplinary assessment is embedded across the organisation and further supported by secondary care patients having a unified case record. This record encompasses multi-agency involvement along with patient involvement in goal setting. There is also robust partnership working with regards to delayed discharge co-ordinators, ward areas and local authority practitioners. The shared IT system, accessed by both health and local authority partners, provides real time and trend information on delayed discharges that is regularly monitored. Furthermore it was reported that the delayed discharge policy was under review at the time of the visit involving the relevant stakeholders.

The NHS board has been able to clearly demonstrate a robust approach to access, referral, treatment and discharge and has begun the process of reviewing and continually enhancing these areas. In addition to the change and improvement plan, and other areas already listed, the NHS board has also conducted a significant review of the pathway of urgent and acute care and carries out regular audits of patient experience using surveys, clinical audits, and close monitoring of key performance indicators for the area. This displays that NHS Forth Valley is continuously reviewing its arrangements to deliver safe and effective care with a view to establishing a constant cycle of improvement.
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 Forth Valley has demonstrated a strong commitment to ensuring its services meet the needs of its diverse population. It has fully implemented an effective framework of activity to deliver both services and a workforce that are fair and equitable to all and is monitoring the effectiveness of these arrangements. Since the time of the last visit, NHS Forth Valley became the first NHS board in Scotland to be awarded the Investors in People Standard Award as a single system. This award recognises how the NHS board consults, leads, manages and develops its staff to meet the healthcare needs of the population. It was noted within this accreditation that equality and diversity was a key strength of the organisation and the review team commends this achievement.

In 2008, the NHS board strengthened its ability to provide comprehensive equality and diversity services by establishing an equality and diversity advisory team. The role of this team includes support for managers and the workforce to deliver services for each of the equality strands. In addition to the equality and diversity advisory team, there is also a Fair for All operational group and a Fair for All development group, further supported by several strand specific equality advisory groups. The strand specific advisory groups are pivotal to providing specialist support and advice to ensure that activity under way within the organisation is effective, resources are properly used and strategies are developed appropriately. The Fair for All development group meets quarterly and is comprised of staff and volunteer advisors with a remit of monitoring the progress of equality schemes through quarterly reports. It is also responsible for ensuring that the objectives within the NHS board's single equality scheme and action plan are achieved. The single equality scheme is the NHS board's new strategy for equality and diversity that brings together the NHS board's current activities across all six strands of Fair for All and will also consider issues regarding health inequalities.

NHS Forth Valley has a well-established system in place to invite and respond to patient and public views, and has embedded this into its planning and decision making processes. There are regular stakeholder events where information on patient experience of the organisation and whether it meets the needs of particular communities is gathered. For example, there has recently been a consultation exercise with senior management and the local Chinese community; a scoping exercise was completed in May 2009 with regards to lesbian, gay, bisexual and transgender engagement in service development and delivery; a long term conditions annual stakeholder event which accumulates a wealth of feedback; and two events were held for people with a disability to discuss disability issues with the project team of the new acute services hospital. The review team was also pleased to note the use of NHS Forth Valley coffee mornings as an informal involvement opportunity open for attendance by all and widely advertised in local media. These sessions can have a targeted focus, for example the single equality scheme or be open to discussion on any health issue. This communication with service users and the public informs the focus and context of equality and diversity schemes, action plans and progress reports, and is a key tool for evaluating the effectiveness of the ongoing activities.

The NHS board has also worked in partnership with its community planning partners and voluntary bodies to develop its IDEAL (information on diversity and equality areas locally) database. Launched in February 2009, it is a repository of local information to be used to
improve community engagement and facilitate targeted work with specific community groups. The review team noted this as an area of good practice.

The NHS board has also included equality and diversity training into its mandatory training programme; this was identified as an area of best practice through the Investors in People accreditation process. The review team was encouraged to note the use of volunteers within the disability equality training delivery, using local disabled people to provide their knowledge and personal experience on access to health services.

In terms of evaluation activity, NHS Forth Valley has reviewed its procedures for conducting equality impact assessments (EQIAs). No policy can be implemented without the completion of an EQIA and any identified actions must be signed off for accountability. The NHS board has modified the rapid impact assessment template to ensure that it is robust enough to be used routinely. A generic approach has been adopted to include all six strands of Fair for All and consider potential impact on health inequality issues. A central database was established in 2008 that monitors all policies to ensure that they are reviewed and equality impact assessed at a minimum of every 3 years. It was reported that key themes emerging from EQIAs are used to influence organisational practice, service design and improve the evidence base of the organisation.

The NHS board also uses key performance indicators (KPIs) linked to the performance management framework to monitor its equality and diversity activities and has completed two national benchmarking exercises. The staff survey is used to gather the staff perspective on existing arrangements and a number of patient experience surveys are undertaken throughout the year. This information informs the equality and diversity annual report, which the review team noted was a comprehensive account of progress in all areas of equality and diversity, including health inequalities and outlined the priorities for going forward.

The NHS board has demonstrated that it has implemented the mechanisms for monitoring and evaluating the effectiveness of its arrangements for equality and diversity. It has invested in establishing key relationships with local community groups to provide regular feedback and there are robust training methodologies in place. It has in place an annual cycle for full system evaluation that the review team encourages the NHS board to continuously and regularly develop as the organisation implements its single equality scheme.

Core area: 2(c) Communication

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

The NHS board has a joint internal and external communications strategy that has been fully implemented and covers the period 2009–2014. The strategy was reviewed in 2009 and clearly sets out the aims and objectives of the plan including a commitment to involve key stakeholders in the development and modernisation of services. Communication is a standing item on the healthcare strategy programme board agenda and is also regularly considered at the area partnership forum and staff governance committee. These governance structures are supported by a communication team which plays a lead role in driving the progress of the strategy forward and supporting each unit in developing local
communication action plans. Communication and public involvement is also closely monitored by the PFPI steering group, which reports to the clinical governance committee.

The review team was pleased to note the NHS board’s annual celebrating success event as an area of good practice. This event acknowledges the commitment of NHS Forth Valley staff to improving the service of the organisation at all levels. This event is promoted through various internal communication methods, such as the staff newsletters, where winning entries are published. The NHS board reported that this not only recognises the contribution and dedication of individual staff, but also promotes learning across teams about methods being used by other units and CHPs that could be adopted within their area.

It was also noted that there are a number of major changes under way within NHS Forth Valley, such as the transition to a new acute hospital and the workforce modernisation programme. There are communication plans in place for each of these projects, as well as specific projects in place for the activities under way within the integrated healthcare strategy, change and improvement plan and other large projects. Progress against these plans are regularly monitored by the individual project groups and the healthcare strategy programme board.

As mentioned within core area 2b, NHS Forth Valley became the first health board within NHSScotland to achieve the Investors in People Award as a whole system in March 2008. As a result of recommendations arising from the process of accreditation, the NHS board has undertaken a staff engagement survey and a subsequent consultation exercise to improve the way in which staff are communicated with and involved in decision-making. The NHS board hosted a range of focus groups to consider the effectiveness of existing internal communication arrangements and how the area could be improved. The report, which was externally driven, set out comprehensive details of staff feedback and a wide range of processes and models of communication that were in operation across the organisation. The recommendations from the report have now been incorporated into an action plan which is now being progressed and built into existing communication plans.

Through the establishment of the action plan and extensive consultation, as well as ongoing evaluations of existing arrangements, the NHS board has been clearly able to demonstrate an ongoing commitment to evaluating the effectiveness of its internal communication arrangements. The review team encourages the NHS board to continue with the momentum created during the ongoing transitional period and ensure that changes made to existing arrangements are supported by documentary evidence and subject to further review, thereby demonstrating a cycle of continuous improvement.
Standard 3: Assurance and accountability

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

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

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

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

NHS Forth Valley has fully implemented its arrangements for clinical governance and quality assurance and is now monitoring their effectiveness. The Board has delegated authority for clinical governance to the clinical governance committee, which is chaired by a non-executive member. The clinical governance committee is further supported by the clinical governance management group, with a remit of ensuring that the relevant business of the clinical governance committee is managed, followed up and actioned accordingly. Furthermore, there is also an acute services clinical governance working group and a CHP clinical governance working group. At the time of the visit, it was reported that the structure of these working groups was under review to allow more joined up working, including uniting the groups to consider common issues, thereby reducing duplication and increasing efficiency.

The NHS board’s clinical governance strategy was approved by the Board in 2009. Further evaluation work is scheduled for the summer of 2010 following the release of the national quality strategy. The clinical governance strategy follows on from the first clinical governance strategy created in 2005, which was updated in 2006 and 2008. The strategy sets out the overall aim of NHS Forth Valley to improve health and healthcare for the people of Forth Valley and the principles and arrangements it has to help the organisation achieve this aim. It clearly outlines the committees and supporting management structures in place to provide appropriate assurance to the Board on the progression towards achievement. As previously highlighted, the NHS board’s change and improvement plan is a key document for the organisation and strongly links to the clinical governance agenda. It regularly provides monitoring and evaluation activity on the effectiveness of the new models of care in development prior to the relocation to a new acute hospital facility.

The NHS board also uses its internal audit facility to monitor the effectiveness of its clinical governance arrangements. There is a comprehensive 5-year programme of internal audit in place that is reported to the Board via the audit committee. It was noted that clinical governance is apportioned a significant number of audit days over the coming years, including 10 days within 2009 to review the clinical governance framework. The review team noted that the 2007–2008 audit report stated that the clinical governance
arrangements were ‘adequate’, while the 2009–2010 internal audit report stated that they were ‘broadly satisfactory’ thereby demonstrating an improvement in their effectiveness.

In addition to the internal audit reports for the last 2 years, the NHS board has operated a system of annual reporting from an operational level to the clinical governance committee. These reports include a summary of activity for each unit along with clinical outcomes, clinical audit findings and priorities for the next year. There is also a process of formal annual review of performance for individual managers which includes their responsibility for the quality of patient care and services and clinical governance.

It is clear that monitoring and evaluation are embedded into the NHS board’s strategy and routine ways of working. The review team would encourage the continued use of internal audit and a move towards a rolling programme to ensure that there is a documented, planned and systematic approach to evaluation, demonstrating that changes made to the system are as a result of a co-ordinated review of current arrangements.

Core area: 3(b) Fitness to practise

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

NHS Forth Valley is implementing its fitness to practise arrangements across the organisation. The NHS board has in place a range of measures to ensure that its workforce is appropriately trained, qualified and registered. The NHS board has a professional registration policy that was approved in April 2008 and clearly states the roles and responsibilities of management and staff with regards to registration checking. There are also clear arrangements for pre-employment checking included within the recruitment and selection policy. When someone is employed by NHS Forth Valley, the relevant information is checked by the recruiting manager and passed to the recruitment team for retention on the personal file and entered into the database to then allow for cyclical registration checking.

NHS Forth Valley reported that there are a number of agreed systems in place to support a variety of clinical supervision requirements that comply with national and organisational standards. The NHS board currently has a draft clinical supervision policy that will combine the various systems into a structured and standardised format and allow for regular evaluation of its effectiveness.

The NHS board has established a fitness to practise working group as a short life subgroup of the Forth Valley senior nurse group. The remit of the group is to identify the way to move the organisation towards a more single system process in terms of nursing and midwifery. It is also tasked with developing a framework for fitness to practise issues including the creation of KPIs. At the time of the visit, the NHS Board reported that the framework was nearing completion and would be progressed with the NHS Forth Valley nursing and midwifery executive council. The review team commended the efforts made by the working group and encouraged a similar approach to be progressed within other units of the organisation.

There is also a strategic learning, education and training group chaired by the medical director. This group is tasked with producing a learning, education and training strategy to ensure that all development can be linked to strategic organisational objectives, those of
professional groups and mandatory training needs. The NHS board demonstrated a commitment to its staff’s personal development. It reported that all staff covered by Agenda for Change arrangements have a Knowledge and Skills Framework (KSF) personal development plan and that the roll-out of the electronic KSF system is under way.

The review team was encouraged by the level of progress displayed by the NHS board and the commitment shown to implementing a single system approach for fitness to practise arrangements. However, NHS Forth Valley was unable to demonstrate, at the time of the visit, that evaluation of the effectiveness of its arrangements was taking place across the organisation in a systematic manner.

Core area: 3(c) External communication

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

As noted in core area 2c, the NHS board has a joint corporate communications strategy covering internal and external communication. This strategy clearly sets out the aims and objectives of the NHS board. It has been fully implemented and NHS Forth Valley has now reached the stage where is monitoring the effectiveness of its arrangements.

The NHS board has in place a range of measures for communicating with key stakeholders, including hosting consultations and public meetings, notice boards, press releases in local newspapers, household delivery of information leaflets and internet-based resources. NHS Forth Valley has formed close links with patients and the public through its PFPI agenda, particularly the PFPI committee and patient, public panel, who frequently provide input into project plans or external communication methods as appropriate. The NHS board is currently piloting a leaflet subgroup which reviews draft information before leaflets are published to assist in ensuring communication is patient friendly.

As noted throughout the report, the NHS board is currently undergoing a major transition to a new acute hospital and integrated healthcare strategy; robust communication arrangements are fundamental to the success of these programmes. The review team was pleased to note the extensive consultation undertaken throughout these projects and the ongoing consideration of how they can remain effective.

NHS Forth Valley routinely seeks feedback through patient experience surveys using the strong PFPI committee and patient public panel to gather this feedback. The organisation has invested in training its public volunteers to receive patient experience stories and report on these appropriately. It was noted that as a result of recent feedback, the NHS board has developed picture menus to facilitate easier communication with patients with a barrier to communication and is currently redesigning the NHS Forth Valley website.

It is clear that the NHS board has a strong commitment to communicating effectively with its key stakeholders, as specifically outlined within core areas 2a and 2b. It ensures that there are a range of opportunities and methods in which patients, the public and the wider network of stakeholders have the opportunity to contribute to the development and improvement of health services provided within NHS Forth Valley. While the review team was encouraged with the levels of consultation and was able to find some evidence of structured evaluation activity, there was insufficient evidence to demonstrate a self-perpetuating cycle of continual evaluation, review and improvement. The review team
would encourage the NHS board to embrace the opportunity presented to them with the change of location to the new acute hospital and implementation of the integrated healthcare strategy to review the effectiveness of its external communications. This would allow NHS Forth Valley to implement any necessary changes and share the good practice learned from this experience with the wider NHS in Scotland.

Core area: 3(d) Performance management

Performance assessment statement: The NHS board is reviewing and continuously improving its arrangements for performance management across the organisation.

NHS Forth Valley has continued to monitor the effectiveness of its arrangements for performance management and is now able to demonstrate that it is reviewing and continuously improving its arrangements across the NHS board area. There is a well-established approach to performance management with a strong focus on embedding key strategic targets into frontline delivery activities. The NHS board has a performance management and improvement framework that details the principles of the approach, levels of reporting, roles of key groups and information flows, alongside incorporating the needs of reporting against the single outcome agreements through CHPs.

In 2008, NHS Forth Valley commissioned a whole systems planning review by ATOS consulting. One aspect of this review was to ensure that the performance management arrangements in place were sufficient to support the delivery of the integrated healthcare strategy. The review highlighted that the existing strategy map which linked the strategic aims of the organisation to performance measures could be more effective if it demonstrated a more balanced approach to depicting the links between high level objectives to frontline delivery activity and incorporated a balance scorecard using HEAT targets. This led to the establishment of the priority framework which uses a diagram format to illustrate the long term vision, aims and objectives of NHS Forth Valley and priority actions to achieve these goals.

The review also resulted in a more focused approach to the governance and assurance systems around the effectiveness of performance management with the inclusion of general managers at the performance management group meetings. The performance management group meets on a monthly basis with a remit to ensure that a robust structure is in place. This ensures the ongoing development of performance management and continuous improvement across NHS Forth Valley’s activities. This group considers ‘key hotspot’ areas supported by an in-depth dataset using the HEAT framework which allows for comparison of performance against local and national targets. It also considers broader performance issues including risk management and the requirement for any remedial actions to be carried out to improve performance across the organisation.

The NHS board also includes the strategic management group within the overall performance framework. This provides the chairman and non-executive members the opportunity to conduct in-depth scrutiny and evaluation of performance both broadly and against a range of KPIs. In addition to this group, the Board focuses on performance at its bi-monthly public meeting. This is aided by the Board executive performance report that highlights key issues, provides a general overview and trend information as well as detailed data on key performance indicators.
The review team was pleased to note the strong links between the performance management framework and the change and improvement plan. The plan underpins the clinical models and service changes required to safely and effectively deliver the integrated healthcare strategy. There are a number of work streams including acute/emergency care, elective work, diagnostics and inpatient care. Within these work streams, there is a range of specific improvement projects. Each have explicitly defined outcomes and key measures to ensure that progress is measurable and improvement is clearly evident and linked to the performance management framework. A key element of the change and improvement plan is that each project considers the whole system from secondary and primary care through to community care and partnership working with local authorities etc, thereby moving the NHS board towards achieving a single integrated healthcare system.

The review team was also particularly pleased to note the volume of work undertaken on the ‘whole systems practice profiles project’, enabling GPs to engage with the broader perspective of the healthcare system. As part of the practice profiles project, practices are being given information which includes practice specific demographic, prevalence and deprivation data as well as referral, admission and prescribing rates. This allows practices to consider their performance on an individual basis and enables benchmarking across the region by allowing access to data from other participating Forth Valley practices. The NHS board reported that 53 of the 57 practices have participated in the project and feedback has been positive, particularly with reference to the availability of raw data for use in peer comparison, decision-making and re-defining patient pathways.

It is clear that the NHS board appreciates the value that can be derived from performance management information across the whole organisation. This fundamental understanding has led to the arrangements for performance management within NHS Forth Valley being robustly implemented, closely monitored and continually reviewed. The performance management framework clearly underpins strategic thinking and day to day operations of the organisation. The NHS board has evidence that it has an evolving approach to performance management that is regularly reviewed and continually improved to meet the changing requirements of NHS Forth Valley.
## 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>
</tr>
<tr>
<td>EQIA</td>
<td>equality impact assessment</td>
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<tr>
<td>HEAT</td>
<td>health, efficiency, access and treatment</td>
</tr>
<tr>
<td>KPI</td>
<td>key performance indicator</td>
</tr>
<tr>
<td>KSF</td>
<td>Knowledge and Skills Framework</td>
</tr>
<tr>
<td>NHS QIS</td>
<td>NHS Quality Improvement Scotland</td>
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<tr>
<td>PFPI</td>
<td>patient focus, public involvement</td>
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Appendix 2 – Review process

Prior to Visit

NHS QIS publishes standards

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

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

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

During Visit

NHS board presentation to review team covering local service provision

Review team meets stakeholders to discuss local services

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

Review team feeds back findings to NHS board

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

After Visit

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 Forth Valley was conducted on 14 January 2010.

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