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

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1 Setting the scene

This report presents the findings from the clinical governance and risk management (CGRM) peer review to NHS Lothian. This review visit took place on 1 October 2009, and details of the visit, including membership of the review team, can be found in Appendix 3.

Further information about the local NHS system can be accessed via the website of NHS Lothian (www.nhslothian.scot.nhs.uk).

Background

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

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

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

Review process

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

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

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

The agreed overall performance assessment statement for each standard will be added together for each NHS board and this information will feed into the NHSScotland health, efficiency, access and treatment (HEAT) targets, set by Ministers, in June 2010.
Each review team is led by an experienced reviewer, who is responsible for guiding the team and ensuring that team members are in agreement about the assessment reached.

**Links with other organisations**

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

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

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

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

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

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

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Strengths
The NHS board has:

- developed a strong risk management framework, expanding and adapting its Datix system for local use.
- robust emergency planning arrangements in place with evidence of strong partnership working arrangements and well-tested operational plans.
- developed locally focused quality improvement teams which embed quality improvement programmes at a local level.
- robust equality and diversity arrangements, evidencing a solid understanding of the challenges minority groups and those with healthcare inequalities face.
- a strong communications team, with evidence of ground-breaking work both internally and externally.
- an embedded culture of performance improvement.

**Recommendations**

The NHS board to:

- include strategic risk management priorities in revisions of its quality improvement strategy.
- develop a systematic approach to documenting the evaluation activity taking place across a range of areas.
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 Lothian has a mature and robust risk management framework in place which covers all aspects of healthcare governance and risk management throughout the NHS board area. Following the previous NHS QIS peer review visit, the NHS board has revised and developed a ratified risk management strategy as part of NHS Lothian's broader quality improvement strategy. The risk management strategy is comprehensive, clearly detailing the roles, responsibilities and relationships of individuals, management and governance groups. However, the review team noted that the strategy document lacked a list of strategic risk management priorities, and encouraged the NHS board to include this within subsequent reviews of the document.

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 Lothian policy for addressing healthcare governance and risk management related guidance, the quality improvement strategy and the risk management guidance: risk register procedure. Operational incident management policies have also been developed and disseminated throughout the NHS board area, and further to this, the review team noted the involvement of the NHS board’s partnership forum for staff in the sign-off and dissemination of an incident decision-making tool.

The review team noted a well-developed risk infrastructure supporting risk management activity throughout the NHS board area. Organisational relationships for healthcare governance and risk management are clearly defined and positioned to provide Board level assurance of risk monitoring activity. The corporate risk register is used as a key tool to systematically monitor and report risk to the NHS Lothian executive management team, and the healthcare governance and risk management (HCGRM) committee on a quarterly basis. The content of the corporate risk register is driven by a quarterly review and assessment of all clinical management teams, community health partnerships (CHPs), community health and care partnerships (CHCPs), and rapid evidence assessment risk registers. The review team noted that a summary of the content of these risk registers is also provided to the HCGRM committee and the executive management team along with the corporate risk register in order to assure senior management of the quality of the content of risk registers at a service level. It was noted that several of NHS Lothian’s
service level risk registers are now managed on the Datix electronic risk management system; plans are in place to ensure that all risk registers will be managed on Datix by spring 2010. The review team highlighted NHS Lothian’s dedication to expanding the Datix system to incorporate all risk registers throughout the NHS board area as an example of good working practice and encouraged the Board to continue to drive this work forward.

It was further noted that NHS Lothian has also developed a joint risk register with West Lothian Council for matters relating to the community health and care partnership.

Training and support for staff on risk management is available through the intranet, which contains a section dedicated to risk. This includes a programme of training sessions, contact details for a dedicated Datix trainer, published risk register guidance, instructions on incident reporting and an e-learning module on risk management. Further to this, the review team noted that in-house training for root cause analysis is also delivered by the NHS board. The NHS board also produces a quarterly clinical governance newsletter, featuring articles and advice relating to risk management. It was noted that in addition to this guidance and training, the risk management team provides ad hoc advice and training to the organisation as required, including quarterly training sessions for newly qualified healthcare practitioners on risk management principles and a risk management session in foundation year one doctors’ induction.

The review team noted that there was clear evidence that NHS Lothian is monitoring the effectiveness of its risk management arrangements and is systematically structuring its risk management arrangements based upon the results of this monitoring. However, it encouraged the NHS board to document all monitoring activity in order to fully demonstrate the breadth of monitoring work being carried out throughout the NHS board area.

Annually, the HCGRM committee reviews its remit and actions over the previous 12 months in order to ensure that it is discharging its role appropriately, and to identify areas of its remit which may need to be evolved. This is reported directly to the Board for assurance, in addition to the Board receiving the minutes of every meeting of the committee and a progress report on healthcare governance at every Board meeting.

The NHS board takes assurance about organisational risk management from its internal audit process, highlighting recent audits of risk management and clinical governance arrangements to demonstrate that systems are operating as required. The review team noted the recent audit activity throughout the clinical governance and risk management work stream and encouraged the NHS board to bring together future audit activity into a planned, systematic and comprehensive approach to evaluation with clear strategic objectives. This would enable NHS Lothian 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.**

Arrangements for emergency planning are well developed in NHS Lothian. The review team noted that an ambitious programme of emergency planning exercises has been undertaken at both local and regional levels, in addition to the NHS board taking part in a
series of national multi-agency exercises. Plans have been updated to reflect national
guidance and lessons learned from planning exercises, and the review team noted that a
significant volume of plan testing has been arranged and carried out. It was demonstrated
through NHS Lothian’s recent handling of real emergency incidents that mature planning
arrangements are in place, and key areas for improvement have been identified. 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 Lothian to respond effectively to the recent pandemic flu outbreak. A full-time
emergency planning officer was recruited by the NHS board in December 2008. The
emergency planning officer is responsible for chairing the NHS Lothian emergency
planning strategic advisory group and for providing assurance to the director of public
health, and to the Board, that robust emergency planning arrangements are in place and
under review. It was clearly demonstrated that significant progress has been made in the
testing and reviewing of emergency plans.

Significant progress was noted with regards to the NHS board’s business continuity
planning arrangements. In April 2008, the NHS Lothian strategic business continuity group
was established, consisting of 17 local business continuity planning co-ordinators from
each operational area. The business continuity lead appointed in January 2008, chairs the
group every 2 months, in order to gain assurance that co-ordinators are progressing
business continuity arrangements. The business continuity planning lead reports on the
group’s activities to the NHS Lothian executive management team and the HCGRM
committee on a quarterly basis. The review team noted the progress that NHS Lothian has
made in clarifying the roles and remits of business continuity team members and the effort
made to embed business continuity planning in organisation culture by the establishment

Evidence demonstrates that NHS Lothian involves key stakeholders both within and
outwith the NHS in the development of its emergency planning and business continuity
arrangements. Within NHS Lothian, a number of community health partnerships and local
emergency planning and business continuity groups feed into the emergency planning
group, and are represented in this group. NHS Lothian is a member of the Lothian and
Borders emergency planning strategic co-ordinating group; this ensures that it works
together with key external stakeholders and also partner organisations such as other NHS
boards, police and fire brigade services in order to integrate emergency planning and
business continuity arrangements.

The review team noted the positive steps that NHS Lothian has taken towards the
development of robust and mature emergency and business continuity planning structures,
and highlighted the NHS board’s well-developed and implemented arrangements for
managing incidents. The strength of emergency planning arrangements in particular was
highlighted as well developed, and the review team noted that with the implementation of
the NHS board’s business continuity strategy, NHS Lothian will be in a position to
demonstrate that it has a planned and comprehensive approach to evaluating the
effectiveness of its emergency and continuity planning arrangements in future.
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.

Following the 2006 peer review visit to assess NHS Lothian’s performance against the NHS QIS standards for CGRM, a quality improvement strategy and implementation plan have been developed and ratified by NHS Lothian. The strategy was disseminated across the NHS board area in 2008. The review team confirmed that it is embedded in practice across the NHS board. The work plan details priority areas around national standards, corporate objectives and locally based issues. The review team noted that the quality improvement strategy and associated guidance is used by the NHS board’s quality improvement teams to structure their work and their discussions with local management and clinical leadership staff to ensure the effectiveness of work is focused around agreed priorities. The quality improvement strategy and implementation plan are part of a wider portfolio of quality improvement plans, and clear reporting structures were demonstrated to ensure appropriate feedback of issues and progress to the NHS board’s strategic planning groups.

A training programme for quality improvement has also been rolled out across the NHS board area, and is under continuous evaluation and amended as required.

NHS Lothian is an active participant in the Scottish Patient Safety Programme and has demonstrated active involvement in patient focus and public involvement (PFPI). An associated programme, Lean in Lothian, is also used to further improve clinical effectiveness and quality improvement within the project environment.

The review team noted that NHS Lothian has continued to successfully include members of the NHS board’s PFPI group in its quality improvement work. It was demonstrated that quality improvement teams now include public representation in their membership. Public representatives are now also included in the consultation process on new policy documentation, including the quality improvement strategy 2008–2011, and the involving people, improving patients’ experience and care strategy 2008–2013.

It was clearly demonstrated that NHS Lothian has systematically monitored the effectiveness of its clinical effectiveness and quality improvement arrangements for a significant period of time, and that steps are being taken to continuously review and improve existing arrangements. The review team was pleased to note the formation of the NHS Lothian safer clinical documentation group in 2008 endorsed by the HCGRM committee, and based on the findings of a range of audits surrounding clinical documentation. Further examples of the NHS board continuing to evaluate the effectiveness of its arrangements for clinical effectiveness and quality improvement were provided by the NHS board’s evaluation of falls data in Liberton Hospital, Edinburgh, and the annual review of the remit and performance of the quality improvement teams.

The review team was pleased to note that a comprehensive system for the dissemination of key clinical effectiveness messages is in place throughout NHS Lothian via the quality improvement teams, local training opportunities, the NHS Lothian policy and procedures for addressing healthcare governance and risk-related guidance, and an annual ‘good practice day’ for staff. Additionally, the clinical governance support team produces a quarterly newsletter updating staff on initiatives, and includes quality improvement and clinical effectiveness news in the staff newspaper ‘Connections’.
The review team concluded that clinical effectiveness and quality improvement arrangements within the NHS board have been robustly implemented and monitored for their effectiveness and that NHS Lothian is now reviewing and continuously improving the arrangements for clinical effectiveness and quality improvement across the organisation as part of a cycle of continuous quality improvement.
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 Lothian from implementation to strategic monitoring of the effectiveness of arrangements. It was noted that the NHS board has continued to develop its relationship with the improving people’s experience of care group tasked with monitoring the oversight of issues with access to NHS board services, and has continued to build up the sound systems identified in the previous review visit in order to further strengthen its partnership approach to access, referral, treatment and discharge. The review team noted the development of the NHS Lothian involving people, improving people’s experience of care strategy and the policy and procedure for producing, reviewing and managing clinical information for patients, and highlighted these as areas of good practice.

Considerable effort has been made by the NHS board to extend electronic referral management processes following the NHS QIS peer review visit in 2006, and this was highlighted by the review team as a strength of NHS Lothian. Clear evidence was provided to demonstrate the activity which has taken place to move towards monitoring of the effectiveness of the changes implemented. The review team also noted the development of a bespoke reporting system for delayed discharge, which is reviewed as a standing item by the executive management team. The team highlighted the significant reduction in delayed discharges, clear reporting arrangements, and joint working with four local councils as areas of good practice.

The NHS Lothian performance management framework is a key mechanism for evaluating the effectiveness of the NHS board’s local policies surrounding access, referral, treatment and discharge, and provides local and national comparators for management reference. Access to primary care services is monitored by CHPs, CHCPs and NHS Lothian via regular surveys, including local intelligence, and annual contract review, and regular reviews of general practices’ patient satisfaction questionnaires.

Multi-agency work methods have been developed through the use of single outcome agreements and single shared assessment processes, which have been developed and implemented throughout the NHS board area. Single outcome agreements are monitored and reviewed both locally and centrally by performance management structures. Joint
planning arrangements are evidenced across the NHS board area, including joint strategic plans for older people, physical and learning disabilities, and the carers information strategy, which is embedded in a locally enhanced services for general.

A balanced scorecard including HEAT measures is used to report monthly to the cross-system performance review. Reports are submitted to the executive management team and through the finance and performance management committee to the Board. The review team noted that robust reporting structures are in place for the monitoring and evaluation of services, and reporting of issues is embedded well at a local level. Areas of concern are reported to the relevant local delivery team for discussion, and if further consideration is required, are escalated to the finance and performance management committee.

Considerable effort to ensure that information provided to the public on access, referral, treatment and discharge is clear has been evidenced by NHS Lothian. The review team commended the patient information policy which had been developed recently. Involvement and consultation events were held with local ethnic communities to evaluate the communication services provided for non-English speaking members of the public. As a result of these events, NHS Lothian identified a need for Polish speakers throughout the NHS board’s maternity services, and as a result of this programme of work, has secured several members of staff fluent in Polish to work within maternity services. It was further noted that a telephone interpretation service has been introduced throughout the NHS board area to supplement face to face interpretation services. The review team was pleased to note that further involvement and consultation events are planned for future evaluation of the changes brought about by recent events.

NHS Lothian has comprehensive structures and processes in place for the appropriate access, referral, treatment and discharge of patients, and the review team highlighted that strong reporting arrangements are in place for the monitoring of the effectiveness of changes made to operational services. Evidence was provided to demonstrate that monitoring data are regularly used to inform change to practices and procedures for patient management.

Performance improvement is clearly a cultural focus for the NHS board and robust joint working arrangements are in place. The review team noted that systematic documentation of evaluation activity would place NHS Lothian 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 monitoring the effectiveness of its arrangements for equality and diversity across the organisation.

NHS Lothian is committed to ensuring that the services it provides meet the needs of its diverse population. A comprehensive range of schemes and strategies are in place to ensure disability and gender equality. The NHS Lothian equality and diversity strategy is now well established as a key strategic document and guides all significant organisational development and policy work on equality issues.

The review team was informed that the Board is updated on progress through committee structures. Following the previous NHS QIS peer review visit, a head of equality and
A non-executive director chairs the recently developed equality and diversity steering group. The equality and diversity steering group is responsible for overseeing NHS board activity over all six strands of Fair for All, and has included mutuality and human rights in its strategy for furthering equality and diversity arrangements across the NHS board’s work plan. The committee oversees the equality and diversity elements of NHS Lothian’s communication strategy, and reports to the NHS Lothian staff governance and committees. The equality and diversity steering group undertakes an annual review of its performance and remit to ensure that it is fit for purpose, and is responsible for the delivery of an annual report on its progress and objectives to the staff governance committee for assurance.

The process used by NHS Lothian to assess the impact of its policies and strategies on the Fair for All groups is the rapid impact assessment toolkit. The review team was pleased to note that following review of health inequality throughout NHS Lothian, additional strands have been incorporated into the toolkit for assessment, including people living on a low income, people with mental health problems, homeless people, people involved in the criminal justice system, staff and carers. The toolkit and its accompanying guidance were reviewed in 2008 and are available to all staff on the intranet. The NHS board was able to provide several examples of the toolkit being used to drive change to existing and developing policies upon review.

It was noted that there are strong PFPI structures in place throughout NHS Lothian which are designed to allow all patient groups to feed into the development of policies and services with equality and diversity links. Strong partnerships exist with external equality groups such as the Edinburgh Equality Network, Lothian and Borders Police, and the City of Edinburgh Council.

The review team noted several initiatives carried out by NHS Lothian to measure the level of impact its services have provided for minority groups and was pleased to note the creation of a GP clinic to provide services to homeless patients, and a scheme to engage with the homeless throughout the NHS board’s CHCPs. Following a review of maternity services throughout the NHS board, it was noted that a lack of support and translation services was available for the area’s large Eastern European population, and several schemes of work have been successfully implemented to ensure that appropriate support is provided. The NHS board was able to further evidence a review of services following implementation of these schemes, to demonstrate improvement in the service.

A healthcare worker has now visited Poland to understand how maternity services are structured and to feed this back to NHS Lothian. Several translators are now undergoing training to provide maternity support.

The review team concluded that there was evidence that evaluation of equality and diversity arrangements was now regularly occurring, particularly of the race and ethnicity strand of Fair for All and work with the homeless population. Internal audit in relation to equality and diversity has also taken place. Regular consultation events with local minority groups are taking place and have been scheduled for the future. There is sound evidence of feedback and suggested improvements being fed into the equality and diversity steering group. However, the review team encouraged the NHS board to develop formal documentation to outline the work carried out to date and planned for the future for evaluation of the effectiveness of its equality and diversity arrangements.
Performance assessment statement: The NHS board is reviewing and continuously improving its arrangement for internal, staff and patient communications across the organisation.

The NHS Lothian corporate communication strategy was developed and ratified in 2004, updated in 2005, and then substantially revised during 2007 to reflect organisational change to a single system, and the establishment of CHPs, and CHCPs. The strategy and action plan incorporate both internal and external communications and was approved by the Board in 2008 following widespread consultation. The NHS Lothian staff partnership forum played a key role in the consultation on the document and worked with local partnership forums to ensure appropriate stakeholder participation. The review team was pleased to note that a range of initiatives had taken place to encourage staff participation in the consultation process, including open sessions in staff recreation areas, an intranet feedback site, a dedicated email address for comments and reminders to participate in the Connections newsletter.

There is a range of methods used by NHS Lothian to communicate key messages to staff, and the review team was pleased to note that extensive monitoring of communications procedures has taken place to ensure that messages are disseminated quickly and effectively to all relevant staff groups. The publication of the corporate communications strategy on the intranet was highlighted in the staff newsletter and in the monthly team brief: a process whereby senior managers cascade key information down to line managers who in turn, cascade to their teams. The review team was pleased to note that the team brief process has been subject to two internal 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 of these audits have been implemented. It was further noted that following a reader survey in 2007, the Connections newsletter was re-branded and re-launched as a result of staff feedback.

The review team noted that in addition to the team brief session and the staff newsletter, NHS Lothian uses targeted email, intranet updates and written protocols in order to communicate key messages throughout the NHS board area. The review team was pleased to note that when staff communications are deemed important, a system has been developed to include a briefing note within each staff member’s payslip, to ensure that all staff throughout the NHS board are notified.

It was clearly demonstrated that NHS Lothian has robust systems in place to monitor the effectiveness of its internal communication arrangements. Internal communications are a standing agenda item for the staff governance committee, and annually, the director of communications provides the committee with an update on the implementation of the communications strategy, including a description of evaluation activities undertaken throughout the year. The review team was pleased to note the introduction of an annual external review of the communications strategy by a director of communications in another NHS board who is a member of the Chartered Institute of Public Relations. It was demonstrated that feedback mechanisms are in place for all methods of staff communication and systems are embedded throughout the organisation for using this feedback to inform change.

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 Lothian. Following audits of the team brief and staff newsletter
arrangements, additional monitoring processes have been introduced to ensure that messages are being communicated to staff in the most effective way possible. Feedback on the outcomes of these changes has been reported to the staff governance committee and the executive management team for assurance.

The review team noted that a staff governance committee paper on the communications strategy details systematic evaluation of effectiveness of the entire communications system, and evidences that improvements have been made as a result of the evaluation activity. The strategy is reviewed annually, with outcomes being reported to the staff governance committee.
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 across the organisation.

Following the 2006 peer review visit to measure performance against the NHS QIS standards for CGRM, NHS Lothian has further developed its clinical governance arrangements and now has a single structured system which reaches all areas of the service and forms a framework of assurance. The NHS Lothian quality improvement strategy for 2008–2010 was developed in 2007 and approved by the Board in 2008. Within the strategy is an architecture of committees and groups to discharge the board’s system of clinical governance and quality assurance. The NHS Lothian HGRM committee has delegated authority from the Board to oversee all clinical governance activity and to provide assurance to the Board that systems are operating effectively. The HCGRM committee has an annual work plan to follow and is supported by a single system clinical governance support team.

The quality improvement strategy outlines a programme of work which is carried out by the NHS board’s quality improvement teams. Each clinical area has a quality improvement team responsible for the development of a local quality improvement programme relevant to that service. The quality improvement work plan April 2007–March 2009 was agreed as part of the quality improvement strategy and sets out delegated responsibilities throughout the organisation for the implementation of the strategy. Progress reports on the implementation of the strategy are compiled by the clinical governance and risk management steering group and are reported to the HCGRM committee on an annual basis. The review team noted that a number of the work streams within the strategy, including patient safety, PFPI and risk management, are also included on the HCGRM committee agenda as standing items.

The quality improvement strategy is reviewed on an annual basis by the HCGRM committee, and a full revision is planned for 2010. The review team also noted that the HCGRM committee also undertakes an annual review to ensure that it remains fit for purpose, and continues to discharge its delegated responsibility.

It was noted by the review team that operational groups throughout NHS Lothian have a clear sense of understanding of clinical governance as a driver for quality improvement,
and that quality improvement teams throughout the NHS board area perform to a high standard, while having different clinical priorities.

The review team noted the comprehensive examples of the NHS board monitoring its systems and services and highlighted the review of committee functioning as an example of the NHS board monitoring the effectiveness of its systems and services to co-ordinate clinical governance and quality assurance across the organisation, and highlighted this as a sound basis for the NHS board to demonstrate that it is reviewing and continuously improving its clinical governance and quality assurance structures 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 Lothian has arrangements in place to ensure that staff have the necessary professional registrations to carry out their role and that these are kept up to date. A single system approach for all aspects of human resources (HR) activity has been developed. The NHS Lothian staff governance committee is responsible for ensuring that all staff working throughout the NHS board area have the necessary qualifications and operates in conjunction with the HCGRM committee. Minutes of staff governance committee meetings are also shared with the audit committee and the finance and performance review committee.

The Board has delegated responsibility for the approval of all HR policies to the NHS Lothian partnership forum. A sub-group of the forum, the HR policy group is responsible for reviewing and developing employment policies and procedures. Two policies for the recruitment of staff have been developed – a policy for general staff and a policy for medical staff. Both policies detail the steps required to be taken to ensure that all staff recruited within the NHS board are appropriately qualified. The HR policy group was also responsible for the development of the verification of registration policy, which sets out the steps required to ensure that staff requiring professional registration have the correct documentation in place. Policies for clinical supervision of nursing, medical and allied health professional staff have also been ratified.

NHS Lothian is committed to ensuring that staff have the necessary knowledge and training to carry out their duties. Personal development plans and the NHS Knowledge and Skills Framework (KSF) system are well utilised, with 95% of staff registered compliant with the KSF system by 2009. Furthermore, there is a KSF partnership sub-group in place to monitor progress, support implementation and to make recommendation to the Agenda for Change steering group. The review team commended the commitment to e-KSF within NHS Lothian. An electronic performance planning and personal development system is in place for executives and senior managers. A GP appraisal scheme is in place which is designed to offer a confidential setting in which to review all relevant aspects of a GP’s professional and personal development.

The review team noted the robust arrangements in place throughout NHS Lothian 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 implemented throughout the NHS board area. Internal audits have been conducted to monitor the implementation of policies and procedures. However, the review
team considered that the NHS board did not yet have in place a sufficiently planned, documented and comprehensive approach to evaluating its fitness to practise arrangements across the organisation.

**Core area: 3(c) External communication**

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

The NHS Lothian corporate communications strategy was developed and ratified in 2004, updated in 2005, and then substantially revised during 2007 to reflect organisational change to a single system, and the establishment of CHPs, and CHCPs. The strategy and action plan incorporate both internal and external communications and was approved by the Board in 2008 following widespread consultation.

There are a range of methods used by NHS Lothian to communicate key communications messages to patients and the public, and the review team was pleased to note that extensive monitoring of communications procedures has taken place to ensure that messages are disseminated quickly and effectively to all relevant population groups. The publication of key policies on the NHS Lothian website in a variety of languages was highlighted by the review team as an area of good practice. It was further noted that the website can now be accessed in several different languages to aid accessibility to minority populations throughout the NHS board area, as a result of feedback and evaluation processes. The review team noted that a public newsletter ‘Health Links’ has been established and local versions are made available throughout the four council areas.

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 of these audits have been implemented.

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 Lothian. Feedback on the outcomes of these changes has been reported to the staff governance committee and the executive management team for assurance.

The review team noted that a staff governance committee paper on the communications strategy details systematic evaluation of effectiveness of the entire communications system and evidences that improvements have been made as a result of the evaluation activity. The strategy is reviewed annually, with outcomes reported to the staff governance committee.
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.

The review team noted that there has been considerable organisational focus on strengthening all aspects of performance management within NHS Lothian. A performance management framework has been fully implemented and embedded across the NHS board area, with robust and effective performance management arrangements in place throughout the organisation.

NHS Lothian was able to demonstrate a consistent approach to monitoring performance across the organisation. Following the peer review visit in 2006, MIDAS (an IT management information system) has been fully implemented and rolled out across the organisation, and facilitates the efficient and effective reporting and dissemination of management information to operational managers and clinicians. Robust evidence was provided to demonstrate that the system is continually monitored and reviewed, with new modules developed and added to reflect user requirements.

The review team noted that clear performance management arrangements are in place across NHS Lothian. The NHS board was able to provide a number of examples where performance management information has been used to implement and demonstrate improvements in service delivery.

NHS Lothian uses a balanced scorecard approach to performance management, which translates the organisation’s strategy into measurable objectives and targets used to measure progress. The scorecard includes local delivery HEAT measures in addition to local measures and targets of importance. Scorecard data are used to produce monthly reports for executive management team meetings, and reports for the finance and performance review committee every 2 months. Quarterly reports are developed for the Board meetings where performance management is a standing agenda item, to assure Board members that appropriate action is being taken to ensure that performance is being managed effectively. An assurance framework is in place through committees of governance, through which all operational management structures report, as well as to the finance and performance management committee on local delivery plans.

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 thereafter, detailing 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 review team concluded that NHS Lothian has implemented sound systems for monitoring performance management arrangements across the NHS board area and regular progress reports are being generated for Board consideration. Structures are in place for the reporting of performance to the Board and feedback mechanisms from the Board to guide performance management groups are 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 Lothian to evidence that it is reviewing and continuously improving its performance management arrangements across the NHS board area.
## 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>CHCP</td>
<td>community health and care partnership</td>
</tr>
<tr>
<td>CHP</td>
<td>community health partnership</td>
</tr>
<tr>
<td>HCGRM</td>
<td>healthcare governance and risk management</td>
</tr>
<tr>
<td>HEAT</td>
<td>health, efficiency, access and treatment</td>
</tr>
<tr>
<td>HR</td>
<td>human resources</td>
</tr>
<tr>
<td>KSF</td>
<td>Knowledge and Skills Framework</td>
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<tr>
<td>NHS QIS</td>
<td>NHS Quality Improvement Scotland</td>
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<tr>
<td>PFPI</td>
<td>patient focus and public involvement</td>
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Appendix 2 – Review process

Prior to Visit

1. NHS QIS publishes standards
2. NHS QIS finalises and issues self-assessment document and guidance
3. NHS board completes self-assessment and submits with evidence to NHS QIS
4. 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
5. NHS QIS sends self-assessment submission and analysis report to peer review team

During Visit

1. NHS board presentation to review team covering local service provision
2. Review team meets stakeholders to discuss local services
3. Review team assesses performance in relation to the standards based on the submission and visit findings
4. Review team feeds back findings to NHS board
5. NHS QIS produces draft local report and sends to review team for comment
6. NHS QIS sends draft local report to NHS board to check for factual accuracy

After Visit

1. NHS QIS publishes local report
2. Team leaders consider findings of all local reviews and NHS QIS drafts national overview
3. NHS QIS PUBLISHES NATIONAL OVERVIEW
Appendix 3 – Details of review visit

The review visit to NHS Lothian was conducted on 1 October 2009.

Review team members

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