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 Dumfries & Galloway. This review visit took place on 10 June 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 Dumfries & Galloway (www.nhsdg.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:

- a comprehensive range of information available to the public and strong commitment to public involvement and lay members on committees, particularly the quality improvement working group.
- created a joined-up approach to risk management, clinical effectiveness, clinical governance and performance management through its connecting quality agenda.
- strong partnership working with local authority and other external agencies, particularly with reference to risk management, and emergency and business continuity planning.
Recommendations

The NHS board to:

- evidence a systematic and planned approach to evaluation and monitoring of governance arrangements.
- ensure a structured approach to document control and review, including the formal approval of policies.
- ensure that it has oversight of strategic activities through the reporting structure and that this is appropriately documented through Board minutes, particularly with reference to healthcare governance.
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 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 Dumfries & Galloway has a risk management strategy in place that is supported by various key policies, eg the adverse incident policy and the risk register policy. The current strategy is under review to reflect the changes required due to the implementation of the risk management module of Datix.

Risk registers are now in operation across most of the organisation. All services within the acute unit have a risk register which are then combined into an acute services risk register that, in turn, informs the corporate risk register. Similar arrangements to this are in place across most managed delivery units.

General managers hold responsibility for reviewing and updating their risk register on a regular basis with support from clinical governance facilitators. Clinical governance facilitators also have responsibility for assessing training needs, assisting in identifying risks at departmental levels and reviewing the adequacy of risk assessments.

The review team was pleased to note the creation of the significant incident review group. This is a responsive multidisciplinary group which reviews adverse incidents and conducts investigations in a timely manner to produce meaningful recommendations that contribute to sustained improved patient care. Actions identified by the significant incident review group are signed off by the strategic complaints and adverse incident review group, which in turn ensures that any risks identified as unresolved by the significant incident review group are put on the appropriate risk register and fed upwards to the healthcare governance committee.

The review team was also interested to note that the NHS board has made funding available to GPs to facilitate sharing of information and lessons learned following investigations into adverse incidents within their practices. This allows trends to be identified and support provided to reduce instances of these incidents.

The NHS board has also made significant progress with the transfer of its risk management systems to an electronic system; recording adverse incidents, complaints, claims and freedom of information requests on Datix. The roll-out of this system has coincided with increased levels of training and awareness raising of risk across the NHS.
board. It has also facilitated close partnership working, allowing the Scottish Ambulance Service and the local authority to report incidents and risks straight into the system, improving joined-up working across the Dumfries & Galloway region. The review team looks forward to observing the progress the NHS board continues to make with the implementation of the risk management module of Datix and it is hoped that the NHS board will continue to receive the benefits of improved transparency over investigations and increased accountability already reported.

The NHS board continues to monitor its risk management arrangements on an annual basis through the use of internal audit reports that consider the effectiveness of the system. The reports are presented to the healthcare governance committee and the actions identified within are assigned to an appropriate individual. Progress on these actions is noted in the subsequent year’s internal audit review indicating that the NHS board is monitoring the activities for risk management across the organisation.

**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 Dumfries & Galloway has reached the stage where it is monitoring the effectiveness of its arrangements for emergency planning. The NHS board has also made significant progress since the previous review visit in 2006 and reached the stage where it is implementing its arrangements for business continuity.

The review team was pleased to note the prominence of joint working between the NHS board and its local authority partners, particularly the joint appointment of a dedicated programme advisor for emergency and business continuity planning within the region. There are regular meetings held with key stakeholders and key responders to consider the NHS board’s arrangements for emergency response. There are several specific emergency plans in place, including a comprehensive pandemic flu plan that has been routinely tested in scheduled exercises. Following a testing exercise, or periods of heightened preparedness, a lessons identified debrief workshop is held with follow-up actions identified and changes made to the plan where appropriate.

NHS Dumfries & Galloway has also developed a resilience strategy with the intention of improving its arrangements for business continuity. The resilience strategy aims to embed the principles of integrated emergency management into the organisational planning by addressing the consequences of emergencies rather than their causes. The main point of the strategy is to ensure that the NHS board has a suite of flexible and adaptable arrangements in place to ensure continuity of service should an incident occur. As such, the resilience strategy is supported by a resilience work programme and a number of business continuity plans. These plans provide either a generic set of arrangements to respond to a specific incident, or where deemed necessary a department specific focus to responding, for example the business continuity plan for theatre services.

The resilience work programme sets out the tasks to be undertaken in the field of emergency and business continuity planning with the aims of providing the NHS board management group with a strategic overview of the arrangements in place and actions outstanding. The work programme identifies a lead officer from the business management group with responsibility for ensuring the action progresses, as well as documenting the current status of the action, progress made in the last 4 months and individuals with
nominated responsibility. Progress against this work programme is tracked on a quarterly basis at the NHS board management group meeting.

The review team also commended the NHS board’s commitment to training. It was reported that a number of organisational developmental events had been arranged which were attended at both NHS and multi-agency level, focusing on NHS facilities and processes to cover an emergency response. There have been training events covering business continuity in 2007 and the NHS board reported that several additional workshops have occurred throughout 2009.

In conclusion, it is clear that NHS Dumfries & Galloway recognises the importance of robust emergency and business continuity arrangements and is ensuring these are firmly in place. While the NHS board was able to demonstrate that its emergency plans are subject to a rolling programme of testing and review it was considered that this was not yet in place for business continuity. The continued use of the resilience strategy and work programme to track actions and consider progress is encouraged; this will act as a useful tool for moving the NHS board forward in managing and monitoring arrangements for business continuity.

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

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

NHS Dumfries & Galloway has incorporated its clinical effectiveness arrangements into an integrated plan for healthcare governance, clinical effectiveness, performance management and clinical governance to form one ‘fit for future’ healthcare governance strategy.

It is within this strategy that the NHS board outlines its ‘connecting quality’ agenda, recognising that continuing to embed a culture of quality into the organisation is paramount to the NHS board’s success. As such, each of the five clinical networks have implemented models for connecting quality that ensure that quality is the fundamental consideration in service design, so that the public have a health system that delivers care that is safer, more reliable and integrated to enable whole system improvement. The healthcare governance committee monitors progress against this agenda on a 6-monthly basis, receiving reports that detail progress over the last 6 months, actions for the coming months, overall progress against corporate objectives and further recommendations.

The NHS board’s quality improvement working group plays a pivotal role in the connecting quality agenda and is another forum for ensuring that the clinical effectiveness arrangements in place are monitored. The quality improvement working group is responsible for monitoring evidenced assurance of continuous improvement in patient care and outcomes, and for highlighting areas of concern to review. As a group, it is charged with receiving and reviewing feedback on the quality of care for patients and staff, and identifying system development needs for managing complaints, adverse incidents and survey feedbacks, and ensuring appropriate action is taken to address and respond to the issues raised. The review team was encouraged to note that the membership of this group was comprised of 50% lay membership, one of whom would be the chair, indicating that there is a good level of stakeholder involvement in the clinical effectiveness arrangements of the NHS board.
The review team also noted the clinical effectiveness plan 2008, that outlined the activity to be conducted through 2009 in regards to audits and programmes of assurance and the progress made against this across the NHS board area in primary, secondary and tertiary care. The purpose of this work plan is not only to ensure that each clinical area undertakes a clinical effectiveness review each year but to ensure that there is alignment with the corporate aims and objectives to enable sound decision-making and develop structures that support partnership working. The review team was informed that progress against this plan is reported to the Board on an annual basis.
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 implementing its arrangements to provide care and 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 implementing arrangements with a partnership approach to access, referral, treatment and discharge across the organisation.

NHS Dumfries & Galloway has a range of information available to patients and their carers in a variety of formats. There is a patient information centre, supported by volunteers, in the reception foyer of Dumfries & Galloway Royal Infirmary which holds information on the service provided by the NHS board. It also hosts access to the internet for online information from either the NHS board’s website or partner organisations providing valuable information to service users. The creation of this information centre was led by the patient information steering group, a committee created in 2006 with the remit to develop, implement, monitor and review patient and carer information arrangements that was subsequently merged into the quality improvement working group in 2009, following a review and streamlining of the governance structure. Ward information is posted outside each ward on a ward notice board and there is a plasma screen detailing information regarding the service in the foyer of the emergency department. All information developed in-house is done in consultation with the public and service users, and feedback is received prior to publication. Information leaflets are available in a range of languages; the NHS board has also contracted the Language Line Interpretation and Translation Service and can produce information in Braille if required.

The majority of communication with patients regarding their condition in the community setting is done on a verbal basis with GPs, district nurses, health visitors, etc supported by information leaflets or DVDs in some specialist areas. An information booklet on admissions is sent to patients included with their admission date. Procedures for conducting pre-assessments have been re-designed to enable direct referral of patients from their outpatient consultation to the ‘drop in’ session on the same day if they choose. At the pre-assessment appointment, a patient’s specific risk factors are considered and the risks and benefits are discussed with the patient (and carer where appropriate) in a multidisciplinary way prior to admission.

The use of the single shared assessment documentation ensures that carers are identified on admission and their needs are identified. Charge nurses and sisters have received ongoing training with regards to identifying the needs of carers, and links have been formed with the local branch of the Princess Royal Trust for Carers to allow for referrals.
and information gathering. In December 2008, the NHS board endorsed a paper outlining
the progress with regards to the implementation of the Dumfries & Galloway carers’
information strategy that empowers carers, through the provision of targeted information
and support, to help them undertake and sustain their caring role.

The review team was pleased to note the high level of partnership working displayed in this
area; the carers’ strategy has been developed in partnership with Dumfries & Galloway
local authority, voluntary agencies, carers’ organisations and carers. Inpatient and carer
surveys are conducted to gather feedback on patient experience with regards to
information provided and carers are included in some condition management training for
patients, for example the Dafne course for newly diagnosed diabetes. A transition planning
policy for young people with complex needs or a disability was also developed with a high
level of consultation and partnership working with young people, their parents, carers and
a range of other stakeholders.

NHS Dumfries & Galloway works closely with the local authority on planning for
discharge, discharge procedures and co-ordinating care, particularly with respect to
discharge from acute care or prevention of admission. The review team was informed that
delayed discharges are monitored closely by the associate nurse director who meets with
the director of health services and the director of social work to address any actions arising
from this. Delayed discharges are reported to the quality improvement working group and
reviewed on a regular basis which are then reported for review to the healthcare
governance committee. The NHS board has worked with the local authority to enhance the
short term augmented response service (STARS) to increase its capacity and co-ordinate
care with respect to discharge from acute care or prevention of admission.

Referral guidance is developed as services are changed or new services are initiated and is
available both electronically and in hard copy. Staff are notified by email and/or staff
newsletters of any new publications or updates, and a systematic approach to
implementation of these referral guidelines is undertaken as part of the development of
managed clinical networks. The long-term conditions strategy details how the NHS board
and Dumfries & Galloway local authority will enhance communication mechanisms and
implement new methods of working to provide holistic, integrated and seamless care to
those living with chronic conditions within the region and is due to be reviewed with
reference to achievement of outcomes in 2009.

It is also noted that integrated care pathways are well established in mental health services
and have been developed for a range of other services such as orthopaedic procedures,
theatres pathways, diabetes and care of the dying. It was reported that integrated care
pathways are audited through the channel of service performance by the quality
improvement working group and healthcare governance committee review. NHS Dumfries
& Galloway has made progress in other areas of access, referral, treatment and discharge,
particularly with reference to the health and community plan, which has been jointly
developed and signed off with Dumfries & Galloway local authority. It was reported that it
is planned to be monitored every 6 months.
Core area: 2(b) Equality and diversity

Performance assessment statement: The NHS board is implementing its arrangements for equality and diversity in accordance with legislation, national guidance and best practice across the organisation.

NHS Dumfries & Galloway has implemented a new equality and diversity structure comprising of three work groups: race and religion, gender and sexual orientation, and age and disability. These groups were originally chaired by non-executive directors, but this has been subsequently changed to the NHS board’s equalities and diversity lead. Each group meets six times a year and is attended by members from across the organisation, as well as members from community areas that they are representing. The board is also a member of the local diversity working group, which is a multi-agency group with membership from police and fire services, the local authority and colleges. This group meets six to eight times a year to share good practice, news, and develop shared solutions to common issues.

The NHS board reports annually on the progress and operating effectiveness of the gender, disability and race equality schemes that are in place. The review team was informed that these reports include sections covering what has been done well and what could be done better that incorporates feedback posed to the appropriate community groups.

There are several key policies in place across the NHS board including a code of positive behaviour, a bullying and harassment policy and an equal opportunities policy. It was reported that all new starts have mandatory diversity training delivered by human resources (HR) advisors before starting in their position. The organisation is also rolling out a new mandatory equalities and diversity training programme. This includes a half-day face to face session delivered by in-house staff, followed by an online refresher course after a 2-year period. The NHS board stated that approximately 70% of the workforce has completed the initial stage of the training, and effectiveness will be monitored through responses to the staff survey.

The NHS board uses the Scottish Government’s Equality and Diversity Impact Assessment Toolkit to ensure that appropriate consideration is given to the impact of every new or revised policy on equality and diversity issues. There are currently 30 individuals trained in conducting impact assessments with plans to increase this to 150 individuals throughout 2009.

Furthermore, there is a comprehensive approach to public involvement in key organisational and service changes across the region. Each local health partnership has a community involvement worker who is aware of and dedicated to encompassing specific group needs into their work.

Core area: 2(c) Communication

Performance assessment statement: The NHS board is implementing its arrangements to improve the way that staff communicate and engage with each other, patients and the public across the organisation.

The NHS board has developed a communication plan following feedback from the previous local authority and health communication plan. The plan incorporates internal and external communication and sets out objectives and key messages alongside the

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methodology that will be employed to achieve these objectives. A new board-wide communications team was established in January 2009 to create an increased capability to develop enhanced internal communications and deliver clear information on the NHS board’s strategic matters.

NHS Dumfries & Galloway also produces a monthly board-wide newsletter, ‘Working Together’, which is used to express NHS board issues, spread staff information, good news stories and draw attention to any new strategies, policies and procedures that have been put in place. These newsletters are distributed to all NHS email users and published in hard copy, and located in key staff and public areas including GP surgeries, health centres, and community hospitals and staff changing areas. The communications team is charged with ensuring that it remains responsive to issues that matter to staff and to engage staff at all levels to read and contribute to the newsletter. The newsletter is supplemented by ‘newsflashes’ that are communicated on an ad hoc basis to staff when the message is high priority.

The NHS board has also created a ‘Feedback’ briefing newsletter that is produced within 24 hours of a Board meeting and details the key messages discussed. This is distributed to managers and heads of department to use as a briefing tool with their staff, as well as being posted on the intranet and internet for general access. The NHS board also uses notice boards and posters to portray key messages to staff and the public on a regular basis. It was reported that the NHS board intends to monitor the effectiveness of its communications through the patient focus and public involvement (PFPI) arrangements, the staff survey and staff governance arrangements.
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.

As noted in Section 1(c), the NHS board has unified its governance structures from individual topic areas (ie risk management, adverse incidents and clinical effectiveness) under the banner of healthcare governance. As part of this, NHS Dumfries & Galloway has established a healthcare governance framework ‘fit for future’ 2007–2012, that it has fully implemented and is now monitoring its effectiveness. The framework is designed to move the NHS board towards a more co-ordinated and connected approach with regards to clinical governance and quality assurance, embedded within the general management structure and supported by the clinical governance support team. It is reported that this is a model for continuous improvement that is leading to high quality, appropriate and reliable patient care, thereby helping the NHS board to achieve its vision of improving the health of the population on a long-term basis.

The healthcare governance committee has responsibility for the oversight of the fit for future framework. Its remit is to provide the Board with assurance that there are appropriate structures and systems in place to effectively manage clinical governance processes. Its main role is to provide quality assurance in areas including: patient safety; healthcare associated infection; adverse incidents; health improvement; and non-financial risk management. The review team was pleased to note that the membership of the healthcare governance committee included four non-executive members and three lay persons appointed by the Board, thereby ensuring that a wide range of perspectives is included in the scrutiny conducted by the committee.

The healthcare governance committee is supported by the quality improvement working group, which plays a key role in ensuring that sustained improvements in the quality of care are visible following reviews of service delivery. The group specifically uses patient and public feedback to shape its work programme as well as the results of internal and external audits. It regularly reports recommendations and areas for consideration to the healthcare governance committee and monitors progress against action plans to ensure improvements are made.

The NHS board also has a number of clinical governance facilitators in post to support the implementation of the framework. These facilitators are specifically aligned to a general manager and a local quality or continuous improvement group. There are several quality
groups in place across NHS Dumfries & Galloway, each chaired by a general manager, which meet at least monthly to monitor and appraise the care and services provided within their respective area. The clinical governance facilitators have a responsibility to gather and exchange knowledge on quality assurance and best practice, and assist with its wider dissemination across the NHS board. Local quality groups provide reports to executive directors through the general manager reports, which are then considered on a monthly basis at the NHS board management group meetings and every 2 months at the healthcare governance committee meetings.

NHS Dumfries & Galloway reported that it has a rolling programme of internal audit which covers various aspects of clinical governance and is used to assess the ongoing effectiveness of the arrangements in place. It was also stated that the NHS board has linked its arrangements for monitoring clinical governance with its performance management arrangements through the use of data dashboards. It was noted that the data dashboards in place cover five specific areas: service; quality; finance; people; and health improvement and include a range of indicators. The data dashboards are monitored on a monthly basis by the business management group and are used to support decision-making across the NHS board area. The NHS board also reported that the annual and mid-year review process also assesses progress against the fit for future framework, thereby further assisting in evidencing that the NHS board is conducting whole system evaluations of its performance in regards to clinical governance on a regular basis.

Core area: 3(b) Fitness to practise

Performance assessment statement: The NHS Board is monitoring the effectiveness of its arrangements across the organisation that will ensure its workforce is fit to practise.

The review team noted the continued use of the online HR monitoring system, ‘hr.net’, which enables electronic recording of professional registration. This system triggers email reminders to line managers regarding professional registration of their employees and they are responsible for checking that it remains up to date. For medical staffing, this email reminder is sent to the HR medical staff department which checks the registration accordingly. It was reported that the hr.net system also records information relating to induction, training and development, the annual review process and links to the NHS electronic Knowledge and Skills Framework.

At the time of the visit, the NHS board reported that there is a framework for clinical and professional supervision which is reviewed through the personal development review process, which has been rolled out across the NHS board area.

Systems are in place to ensure that issues of staff governance impacting on service provision are reported and appropriately managed through the clinical governance arrangements. It was reported that monitoring of the system is aided by the staff governance action plan which is reviewed and updated on an annual basis. This action plan responds to themes arising from the 2-yearly staff survey amongst other areas such as health and safety reporting and sickness absence. The plan is separated into target areas and outlines actions to be taken, target dates, and expected outcomes; it is then updated at the end of the year to detail the action that was taken and the evidence of progression/achievement of the target and success.
The NHS board was also audited by KPMG (external auditors) as part of a national audit of pre-employment checks on overseas staff. The findings were presented to the staff governance committee and recommendations and actions agreed upon.

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

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

As noted in Section 2(c), the NHS board has developed a cohesive communications plan covering internal and external communications that has been agreed and is in the process of being finalised. This plan sets out the key messages that NHS Dumfries & Galloway wants to portray to service users and the public, and the methodology it intends to use to do so.

The head of communications is involved in several key joint working committees and attends the major emergency scheme media sub-group to plan and co-ordinate the public information response in the event of a major emergency. The communications team also ensures that regular contact is maintained with the Scottish Government Health Directorates media colleagues to ensure consistency of messages.

The review team was also pleased to note the high level of public engagement across the region, particularly with reference to the clinical services strategy and the ‘your NHS – your future’ campaign of public involvement. The NHS board used a variety of mechanisms to engage the public, in particular local media to advertise the numerous public meetings hosted across the region to update service users on the progress with the clinical strategy and allow an opportunity for contribution to ensure the services offered and strategy reflected the needs of the public. The NHS board also contributed four pages to a joint local authority/NHS newsletter delivered to every household in the NHS board area detailing key messages, articles of general interest and highlighting opportunities and mechanisms for public engagement and contribution.

In addition to monitoring the local press and broadcast media for stories, the NHS board has a comprehensive approach to maintaining a high standard of communication through the media. All media requests are handled by the NHS board’s communication department, which seeks input from the relevant teams, eg infection control team, and ensures that messages are consistent and standardised in format. The head of communications presents a monthly ‘Health Check’ radio slot on Westsound Commercial Radio, where feedback is invited and discussed along with topical health issues.

Alongside the new communications plan, the communications team is working with community planning partners to design and implement a joint community communications strategy and action plan to support the work of the local health partnership and allow activities for monitoring the effectiveness of arrangements to be taken forward.
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.

NHS Dumfries & Galloway has aligned its performance management arrangements with its clinical governance systems. It has fully implemented its arrangements for performance management and is monitoring its progress against the targets outlined. Responsibility for overseeing performance management lies with the director of health services and the staff governance committee takes responsibility for performance against staff-related targets.

Following a review of the governance committee structure, the NHS board established a scrutiny committee in January 2009 to consider the performance of the organisation against the local delivery plan and HEAT targets. The scrutiny committee consists of three non-executive directors, the chairman of the Board, the chief executive and other key executive directors by invitation. It meets on a quarterly basis and considers progress against key targets, outcomes of NHS board investment, financial plans and oversees the delivery of major projects for service improvement. The scrutiny committee reports on performance of the organisation on these areas in a quarterly formal report to the Board.

In addition to the quarterly meetings held by the scrutiny committee, each of the operating divisions has a performance management review twice a year, chaired by the director of health services. The first of these reviews focuses on the operating unit's performance against service, people, quality and finance with the director of health service, nurse director, finance director and director of human resources and workforce strategy leading on each element. Each directorate, led by the general manager, then undergoes an annual review chaired by the chief executive, which focuses on the NHS board’s four identified themes of performance (service, people, quality and finance) and is attended by the full executive team. It provides an opportunity for local areas of good practice to be identified and shared across the organisation as well as common areas of challenge to be highlighted and tackled as a wider piece of work across the NHS board.

The review team noted the implementation of data dashboards to support continual and real time monitoring of performance management arrangements. This is a software tool that uses graphical interface to illustrate progress against key performance indicators linked to the NHS board's connecting quality agenda. The data dashboards provide up-to-date information on current trends, identifiable by theme of service, quality, finance, people or health improvement, or by individual management or executive team.

NHS Dumfries & Galloway disseminates information on performance management through the management structure in a cascade format, and includes producing a monthly briefing document for use at team meetings. It is also a regular feature within the staff newsletter, which is provided both electronically and in hard copy. Furthermore, a full review of performance management arrangements is provided to the public within the annual report. This demonstrates that the NHS board is regularly evaluating and publishing its progress against its performance management arrangements and is, therefore, deemed to be operating at the monitoring level on the continuous improvement scale.
# Appendix 1 – Glossary of abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>CGRM</td>
<td>clinical governance and risk management</td>
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<tr>
<td>CHP</td>
<td>community health partnership</td>
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<tr>
<td>HEAT</td>
<td>health, efficiency, access and treatment</td>
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<tr>
<td>HR</td>
<td>human resources</td>
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<tr>
<td>KPI</td>
<td>key performance indicator</td>
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<tr>
<td>NHS QIS</td>
<td>NHS Quality Improvement Scotland</td>
</tr>
<tr>
<td>PFPI</td>
<td>patient focus and public involvement</td>
</tr>
<tr>
<td>STARS</td>
<td>short term augmented response service</td>
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Appendix 2 – Review process

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

During Visit
- NHS board presentation to review team covering local service provision
- Review team meets stakeholders to discuss local services
- Review team assesses performance in relation to the standards based on the submission and visit findings
- Review team feeds back findings to NHS board

After Visit
- NHS QIS produces draft local report and sends to review team for comment
- NHS QIS sends draft local report to NHS board to check for factual accuracy
- NHS QIS publishes local report
- Team leaders consider findings of all local reviews and NHS QIS drafts national overview
- NHS QIS PUBLISHES NATIONAL OVERVIEW
Appendix 3 – Details of review visit

The review visit to NHS Dumfries & Galloway was conducted on 10 June 2009.

Review team members

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Risk Manager, NHS Lanarkshire

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