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NHS Ayrshire & Arran

Local Report ~ May 2007

Clinical Governance & Risk Management: Achieving safe, effective, patient-focused care and services

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Every person using health services should expect these to be safe and effective. The NHS Quality Improvement Scotland (NHS QIS) clinical governance and risk management standards came into effect from November 2005. They have been developed to support NHSScotland to establish systems and processes, ensuring that care and services are safe and effective. This report presents the findings from the peer review of performance against the standards.

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1 Setting the scene

NHS Quality Improvement Scotland (NHS QIS) was set up by the Scottish Parliament in 2003 to take the lead in improving the quality of care and treatment delivered by NHSScotland. We do this by setting standards and monitoring performance, and by providing NHSScotland with advice, guidance and support on effective clinical practice and service improvements.

About this report

The 'National standards for clinical governance and 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 nationwide.

This report presents the findings from the peer review of **NHS Ayrshire & Arran**. This review visit took place on **13 February 2007**, and details of the visit, including membership of the review team, can be found in Appendix 2.

1.1 How the standards were developed

In September 2003, a clinical governance and risk management standards project group was established and chaired by Dr John Browning, Medical Director, NHS Lanarkshire. The project group had a broad membership, drawn from a range of backgrounds, reflecting all dimensions of healthcare governance and representatives from interest groups.

The remit of the project group was to set standards for clinical governance and risk management, which integrated the healthcare risk management standards developed for NHSScotland by the Clinical Negligence and Other Risks Indemnity Scheme (CNORIS) and the generic standards (Clinical Standards Board for Scotland, 2002). These standards have, therefore, been designed to focus on clinical governance and risk management from the perspective of patient outcomes.

When developing the clinical governance and risk management standards, four focus groups were commissioned to ascertain public views on the standards. These groups were designed to capture a variety of perspectives from different geographical locations in Scotland.

1.2 How the review process works

The review process has three key parts: local self-assessment, pre-visit analysis and external peer review. The review process is described in more detail below (see also the flow chart on page 9).

Self-assessment by NHS Boards

On receiving the standards, each NHS Board assesses its own performance using a framework produced by NHS QIS. This framework includes guidance about the type of evidence (eg policies and reports) required to allow a proper assessment of performance against the standards to be made.

Pre-visit analysis

On receipt of the self-assessment, NHS QIS performance analysts review the self-assessment and evidence, and produce a pre-visit analysis report which is given to the NHS Board for comment. Following discussion between the NHS Board and the performance analysts, this report is agreed and sent to the external peer review team, together with the self-assessment and evidence.

External peer review

An external peer review team visits and speaks with local stakeholders (eg staff) about the services provided. Review teams are multidisciplinary, and include both healthcare professionals and members of the public. All reviewers are trained. Each review team is led by an experienced reviewer, who is responsible for guiding the team in its work and ensuring that team members are in agreement about the assessment reached.

The composition of each team varies, and members have no connection with the NHS Board they are reviewing. Both of these factors facilitate the sharing of good practice across NHSScotland, and ensure that each review team assesses performance against the standards rather than make comparisons between one NHS Board and another.

At the start of the on-site visit, the review team meets key personnel responsible for the service under review. Reviewers then speak with local stakeholders about the services provided. After these meetings, the team assesses performance against the standards, based on the information gathered during both the self-assessment exercise, pre-visit analysis and the on-site visit.

The visit concludes with the team providing feedback on its findings to the NHS Board. This includes specific examples of local initiatives drawn to the attention of the review team (recognising that other such examples may exist), together with an indication of any particular challenges.

Performance assessment statements

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 development, implementation, monitoring and reviewing. These four key stages represent the continuous improvement cycle through which each NHS Board can ensure that all patients in hospitals 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 standard level statements will be added together and this assessment of performance will feed into the Scottish Executive Health Department (SEHD) Performance Delivery Unit in June 2007, and will be used to determine the NHS Board's targets for the following year.

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 organisations who monitor other aspects of healthcare governance to inform the assessment process.

We have lead responsibility for assessing the performance of all NHS Boards against the clinical governance and risk management standards. By working together we share information and scheduling, ensuring organisations are not subject to unnecessary multiple reviews.

The organisations we are working with are Audit Scotland, Chief Scientist Office, NHS Education Scotland, NHS National Services Scotland, Scottish Executive Health Department, and Scottish Health Council.

1.3 Reports

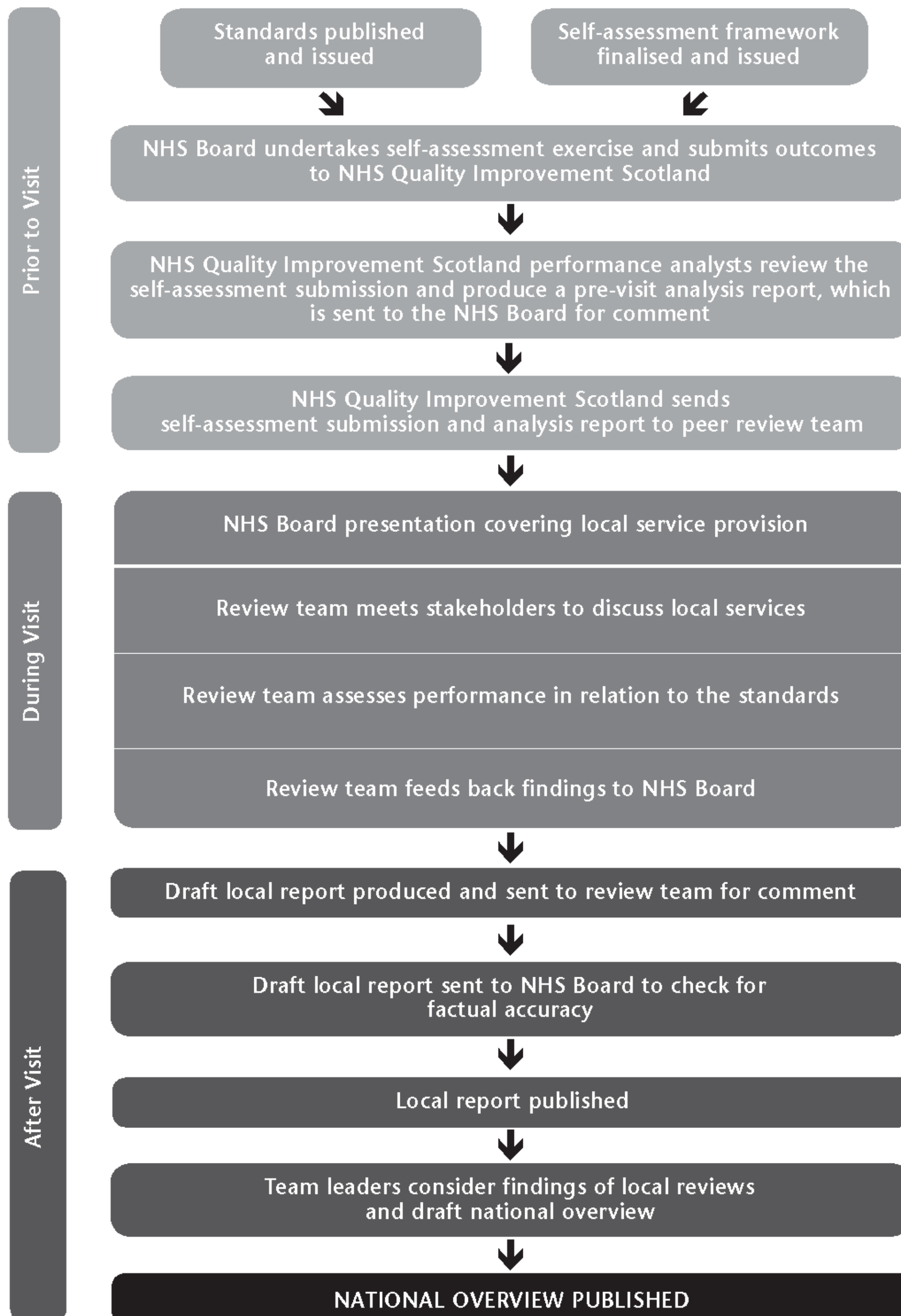
After each review visit, NHS QIS staff, with input as appropriate draft a local report detailing the findings of the review team. This draft report is sent to the review team for comment, and then to the NHS Board to check for factual accuracy. The local report will then be published and made available on the NHS QIS website.

Once the clinical governance and risk management national review cycle is completed, the team leaders will meet to examine review findings and make recommendations. The team leaders then oversee the production of a national overview of service provision across Scotland in relation to the standards. This document includes both a summary of the findings and recommendations for improvement.

Part of the remit of NHS QIS is to report whether the services provided by NHSScotland, both nationally and locally, meet the agreed standards. This does not include reviewing the work of individual healthcare professionals. In achieving this aim, variations in practice (and potential quality) within a service will be encountered and subsequently reported.

Please note – all reports published are available in print format and on the NHS QIS website.

The review process



2 Summary of findings

2.1 Overview of local service provision

Ayrshire & Arran is situated in south-west Scotland and has a population of around 367,010. The majority of the population live in urban areas, of which Ayr and Kilmarnock are the largest in the region, although a significant proportion live in rural areas. The proportion of older people in the population is higher than the national average, as are levels of illness and deprivation.

Local NHS system and services

Ayrshire & Arran NHS Board is responsible for improving the health of the local population and for the delivery of the healthcare required. It provides strategic leadership and has responsibility for the efficient, effective and accountable performance of the NHS in Ayrshire & Arran.

At the time of the review visit, NHS Ayrshire & Arran provided acute and primary care services through a single operating division, patient services. There are three community health partnerships (CHPs), covering north, south, and east Ayrshire respectively. Each CHP is a way of organising non-acute care where an NHS Board maximises its ability to support integration across health services and with other agencies such as social services. NHS Ayrshire & Arran also has four corporate departments, comprising public health, health promotion, civil protection and strategic planning and performance.

The NHS Board is also accountable for both continuously improving the quality of health services, and safeguarding high standards of care, by creating an environment in which excellence in clinical care will flourish (framework of clinical governance).

Further information about the local NHS system can be accessed via the website of NHS Ayrshire & Arran (www.nhsayrshireandarran.com).

2.2 Summary of findings against the standards

A summary of the findings from the review is presented in this section. A detailed description of performance against the standards/criteria is included in Section 3.

Standard 1 – Safe and effective care and services

Overall position statement:

The NHS Board is implementing its policies, strategies, systems and processes to control risk, continually monitor care and services and work in partnership with staff, patients and members of the public.

NHS Ayrshire & Arran has a well-integrated risk management system at operational level and a single system risk management strategy has been approved. However, the corporate risk register is not updated by the Board. The organisation has introduced a safety action notice policy and makes use of benchmarking data.

Well-developed emergency planning arrangements are evident in NHS Ayrshire & Arran and a well-established network with partner agencies is in place. Although the organisation does not have an overarching business continuity plan, corporate departments are in the process of writing departmental business continuity plans.

NHS Ayrshire & Arran has effective clinical governance and quality improvement systems in place and much work is being undertaken at an operational level. However, Board assurance is lacking and benefit may be gained from the involvement of patients, the public and independent stakeholders.

Standard 2 – The health, wellbeing and care experience

Overall position statement:

The NHS Board is implementing its policies, strategies, processes and procedures to provide services that take into account individual needs, preferences and choices.

NHS Ayrshire & Arran uses many methods to raise patient and public awareness of the services provided by the organisation. NHS Ayrshire & Arran has strong links with partner organisations and has effective referral guidance in place.

The equality and diversity agenda is continuing to advance within NHS Ayrshire & Arran. A rapid integrated equality and diversity toolkit has been developed and the Board is in the process of impact assessing all relevant policies.

NHS Ayrshire & Arran has an effective, approved, single system internal and external communications strategy in place. The communications department produces a wide range of materials to communicate with staff, and tools are being developed to progress communications in the CHPs.

Standard 3 – Assurance and accountability

Overall position statement:

The NHS Board is implementing its policies, strategies, processes and procedures to promote public confidence about the safety and quality of the care and services it provides.

NHS Ayrshire & Arran is progressing clinical governance and quality assurance at an operational level, however, the Board has not yet approved the clinical governance strategy. Leads in CHPs have been involved in the development of the clinical governance strategy and are able to influence it.

A single system approach to fitness to practice is being developed within NHS Ayrshire & Arran. The review team noted the high number of staff with personal development plans, and system-wide clinical supervision policies are being developed for all staff groups.

NHS Ayrshire & Arran has a single system internal and external communications strategy. The organisation also liaises with local authorities and is involved in their communications strategies.

Following the introduction of a single system, NHS Ayrshire & Arran formed a health and performance governance committee to ensure there is a robust performance management system across the organisation. However, it is unclear how this committee provides assurance to the Board.

Information governance arrangements within NHS Ayrshire & Arran are at a developmental stage. An information governance team is being established and will develop an information governance strategy.

3 Detailed findings against the standards

Standard Statement 1: Safe and effective care and services

Care and services are safe, effective, and evidence-based.

Overall position statement

The NHS Board is implementing its policies, strategies, systems and processes 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

Position statement: The NHS Board is implementing its risk management policy, strategy, systems and processes across the organisation.

Development

Risk management within NHS Ayrshire & Arran is well embedded at an operational level. An updated single system risk management strategy was approved by the Board in January 2006. There are four governance committees of the Board: health and performance governance; staff governance; clinical governance; and audit committee. Each of these committees approves the corporate risks within its remit. The Board receives minutes of the committees and considers relevant issues at Board meetings. However, the review team agreed that as risk is managed at this subcommittee level, the Board may wish to consider engaging further in this process.

The operational risk group considers operational risks which are organisation wide and service specific. This group provides quarterly reports to the chief operating executive, patient services management team and strategic risk group. The director of finance for NHS Ayrshire & Arran has responsibility for risk management and is the chair of the strategic risk group. The strategic risk group has responsibility for the ongoing development of the risk management strategy from which the strategic risk management objectives are derived. The strategic risk group covers high level corporate risks and reports quarterly to the chief executive and the chief executive's management team. Combined operational and strategic risk reports then go to the four governance committees of the Board on a 6-monthly basis. New corporate risks are taken to the strategic risk group where the lead governance committee, a risk owner and risk manager are identified for each risk. The risk owner is always a named director with overall responsibility for the risk and the risk manager can be any member of staff with delegated responsibility for the management of the risk.

The review team noted that the Board does not identify risks to be added to the corporate risk register. Executive directors were involved in an exercise facilitated by auditors to identify corporate risks, however no non-executive directors were in attendance. Every 6 months each governance committee is asked to identify risks within its remit and this function is delegated by the Board.

Implementation

NHS Ayrshire & Arran has several methods for encouraging staff to report risks, incidents and near misses. This is outlined in the risk management strategy, adverse incident policy and safety notice policy. Staff are also made aware of risk management processes at corporate induction and through training for risk management software systems. The organisation has a staff newsletter called 'Risk Matters: Stop Press' to raise awareness of risk management. The review team was pleased to note the involvement of staff in risk management, staff training programmes, and staff using information, getting feedback and changing practice. However, at a corporate level, the division between clinical and non-clinical risk was noted. The Board envisages that the temporary appointment of a risk manager will assist in bringing clinical and non-clinical risk together.

NHS Ayrshire & Arran provides feedback to patients, the public and other stakeholders by way of the risk management annual report. This report is provided to the governance committees of the Board and is included as a section within the clinical governance annual report, which is available on the internet. Minutes of the strategic risk group and operational risk group are also published on the staff intranet.

There are two software reporting systems in place in NHS Ayrshire & Arran. DATIX is widely used in the acute setting and AdvantageX/Incident Recording and Management System (IRAMS) is widely used in the community setting, although there is now some crossover between systems. DATIX is used for incident reporting, complaints and claims management. AdvantageX is used for incident reporting, risk registers and policy registers. Information from both systems is disseminated through user and focus groups. Data from the systems are also reported quarterly to the health and safety committee, strategic risk group and operational risk group. The Board recognises that the two reporting systems perform well, however, there is a challenge in trying to integrate them. An evaluation of this was being undertaken at the time of the visit.

The review team was pleased to note the safety notice policy which became effective on 1 January 2007. Monitoring arrangements are now in place to determine how effective the policy is and quarterly reports will go to the strategic and operational risk groups. The safety action notice policy ensures that staff receive safety action notices/hazard notifications and safety action alerts appropriate to their area of service or practice. This includes independent partners such as GPs, general dental practitioners and the local hospice.

The review team was pleased to note the external benchmarking and learning from other organisations that takes place within NHS Ayrshire & Arran. When reviewing the risk management strategy, the Board compares other available NHS Board strategies. This can be in the form of contacting NHS Quality Improvement Scotland (NHS QIS) risk managers' network and central Scotland risk management forum colleagues, or by internet search of other NHS and non-NHS websites across the UK.

Monitoring

Although the organisation is currently implementing its risk management policy and strategy, there was no formal monitoring in place at the time of the visit. However, some monitoring and feedback occurs through quarterly activity and exception reports presented to the strategic and operational risk groups. Other examples of monitoring include the annual reports to the governance committees, and the quarterly risk management reports from the strategic risk group to the chief executive's management team.

Reviewing

As NHS Ayrshire & Arran had not demonstrated that it is monitoring its approach to risk management, there is not yet a process in place to undertake a review.

Core area: 1(b) Emergency and continuity planning

Position statement: The NHS Board is developing emergency and continuity planning systems.

Development

NHS Ayrshire & Arran has well-developed emergency planning arrangements, however, at the time of the visit, there was no overarching business continuity plan in place. A civil protection steering committee monitors the work of three operational groups, each of which has a work plan based on the Scottish Executive emergency planning standards. The civil protection steering committee then reports quarterly to the strategic risk group and subsequently to the governance committees.

The review team noted that NHS Ayrshire & Arran has strong civil protection arrangements. A major incident plan was developed by NHS Ayrshire & Arran and distributed to all managers and directors; it is also available on the intranet. Members of staff who would take a lead role in an emergency situation have been identified. These staff have been given emergency planning awareness training and, depending on their role, have also been given specific training. A training and exercise programme is incorporated into the work plan for the civil protection steering committee and the operational working groups. A pandemic flu training exercise has taken place, as well as training and table-top exercises for other emergencies.

NHS Ayrshire & Arran has a well-established network with partner agencies, including the Strathclyde Emergencies Co-ordination Group and the West of Scotland Health Emergencies Co-ordination Group. Mutual aid agreements have been put in place with neighbouring NHS Boards and work is ongoing between community health partnerships (CHPs) and the local authorities, for example for pandemic flu.

The chief executive of NHS Ayrshire & Arran has overall responsibility for business continuity. Operational services have business continuity plans in place which are updated on a regular basis. Corporate departments are in the process of writing their business continuity plans. However, the review team noted that NHS Ayrshire & Arran does not have a Board-wide single system business continuity plan in place and that this is a developing agenda.

Implementation

The review team was given evidence that local programmes of emergency and continuity planning are being implemented within NHS Ayrshire & Arran, but that these are not consistent across the organisation.

Monitoring

As NHS Ayrshire & Arran has yet to implement a Board-wide emergency and continuity planning strategy, it is unable to put a system of monitoring in place.

Reviewing

As NHS Ayrshire & Arran has not demonstrated that it is monitoring its approach to emergency and continuity planning, there is not yet a process in place to undertake a review.

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

Position statement: The NHS Board is implementing co-ordinated programmes for clinical effectiveness and quality improvement across the organisation.

Development

NHS Ayrshire & Arran has active clinical effectiveness and quality improvement processes in place at operational level which are able to prioritise local needs. Dedicated clinical effectiveness teams support individual directorates/services and CHPs. Clinical effectiveness team members work with clinical and non-clinical staff to develop clinical governance work plans. These plans incorporate local and national priorities and link into the local delivery plan. The Board reported that the workplans will be reviewed annually by the clinical governance committee. The chair of each directorate/service and CHP committee presents to the clinical governance committee on areas of good practice and exception reporting against their clinical governance work plans. Formal links are currently being developed between strategic planning and performance and clinical governance departments. This will ensure that strategic priorities are incorporated into the clinical governance strategic development action plan.

A clinical effectiveness group was established in December 2006 as a single system group formed from the three former operating divisions. A clinical effectiveness subgroup meets regularly to co-ordinate clinical effectiveness activity and prepare position reports for the clinical effectiveness group. The clinical effectiveness group reports to the clinical governance steering group which reports to the clinical governance committee and then to the Board.

A quality improvement programme for CHPs is being developed. Clinical governance plans within CHPs also include clinical effectiveness targets.

The review team noted the amount of work taking place in relation to clinical effectiveness and quality improvement at operational level, but recognised that Board assurance is not evident. The co-ordinated and supported programme of clinical effectiveness and quality improvement is not prioritised and approved, and a challenge to the Board may be to ensure that corporate and local priorities are being established. The review team was pleased to note that the clinical effectiveness

strategy is due to be considered at the next meeting of the Board. However, the review team considered that further work would be required to provide the Board with assurance.

Currently, NHS Ayrshire & Arran has no formalised system in place for involving patients, the public, stakeholders and independent sector contractors in the development of clinical effectiveness programmes. However, the clinical effectiveness support department is considering establishing a clinical effectiveness reference group. The reference group would consist of members of the public and potential users of the service and would meet to discuss and review a range of clinical effectiveness projects. The Board also envisages refreshing all of the patient focus and public involvement (PFPI) groups.

Implementation

The NHS Ayrshire & Arran operational plan 2006–2007 provides a summary of how the core business of the organisation is determined by health improvement, efficiency, access and treatment (HEAT) targets, and how this will be delivered at a local level. This operational plan contains an action plan which details performance measures for each of the organisational objectives. The local delivery plan then explains how this target will be achieved at a local level. The operational plan is reported quarterly to the patient services management team and then to the health and performance governance committee of the Board. A standard reporting template is used and provides a scaled rating to show progress towards implementation. The department of strategic planning and performance maintains a tracker of the HEAT targets, which feeds into the local delivery plan and is presented as a balanced scorecard.

NHS Ayrshire & Arran has demonstrated varying methods of monitoring and reporting improvements in patient care and outcomes. These include: caring for all annual report and accounts; clinical governance annual report; clinical effectiveness register report; managed clinical networks annual reports; and charter mark accreditation. These demonstrate key achievements and outcomes and the delivery of excellent customer service. NHS Ayrshire & Arran also undertook an adult lifestyle survey in 2002 which indicated health improvements in the local population. This survey will be replaced by the Scottish Health Survey, which will provide comparable national data.

Organisational protocols are in place in NHS Ayrshire & Arran for the dissemination and implementation of NHS QIS standards and Scottish Intercollegiate Guidelines Network (SIGN) guidelines. Relevant clinicians are identified for the review of other national or local guidelines. These reviews are tabled at the clinical effectiveness group who decide what actions, if any, are required to ensure the guidelines are implemented locally. All NHS QIS best practice statements are distributed to key staff. A benchmarking exercise is then undertaken to identify current practice against the best practice statement. If current practice is non-compliant, a clinical guideline will be developed and implemented locally.

Monitoring

The Board is at the early stage of implementation of its clinical effectiveness and quality improvement arrangements. The review team agreed, therefore, that it is not yet able to monitor its arrangements.

Reviewing

As NHS Ayrshire & Arran has not demonstrated that it is monitoring its approach to clinical effectiveness and quality improvement, there is not yet a process in place to undertake a review.

Standard Statement 2: The health, wellbeing and care experience

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 position statement

The NHS Board is implementing its policies, strategies, processes and procedures to provide care and services that take into account individual needs, preferences and choices.

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

Position statement: The NHS Board is implementing policy and a partnership approach to access, referral, treatment and discharge across the organisation.

Development

NHS Ayrshire & Arran has areas of well-established access, referral, treatment and discharge arrangements. The organisation also uses various methods and mechanisms to raise patient and public awareness of the care and services provided. The communications strategy aims to raise awareness, promote and publicise the organisation, and inform and involve the public. Consultations with staff, patients and the public have taken place to discuss service redesign and reviews. NHS Ayrshire & Arran has a health information shop for staff, patients and members of the public which is also accessible through the internet. The organisation's annual report and accounts details the key achievements for improving patient care and outcomes over the last 12 months. All information is available in a variety of formats, for example different languages, large print, Braille (English only) and audio tape. The use of freefax and textphone services is also being explored. The review team noted the existing good practice which the organisation could use to develop a framework for patient and public involvement.

Referral guidance is developed in consultation with general practices and community and hospital colleagues. A GP referral advisor manages this process. Each service/directorate develops referral guidance to facilitate admission to, and transfer between, healthcare providers and other agencies. The managed clinical networks have also developed comprehensive care pathways and protocols which contain formal referral guidance. The review team noted the auditing of the referral process which has led to the development of a direct audiology referral form. The review team agreed that the development of this system of referral was a strength to the Board.

Each service/directorate within NHS Ayrshire & Arran develops methods and practices to provide patients with information about their condition, treatment options, outcomes, risks and rights. Patients are provided with information on an ongoing basis: when they receive their first appointment; at diagnosis in hospital and primary care settings; and at various points throughout the patient journey. The communications department also reviews and approves all information provided to patients to ensure that it is fit for practice. Patients are enabled and empowered to

make decisions and choices about their own care and treatment. Patients are fully involved in care planning and risk assessment processes and are asked to agree plans/assessments. High-risk procedures are fully discussed with patients and, where appropriate, patients are asked to give written consent for operations/procedures.

NHS Ayrshire & Arran has a consent policy for health professionals which is being reviewed and updated in line with Scottish Executive guidance. The policy provides guidance to staff on patient consent legislation and details organisational roles and responsibilities. The policy is available in clinical areas and can be downloaded from the intranet. Staff are also provided with consent training by the practice development unit.

Implementation

NHS Ayrshire & Arran works with other agencies and organisations in Ayrshire, primarily through the community planning process. NHS Ayrshire & Arran participates in three community planning partnerships, covering the local authority areas of north, east and south Ayrshire. Through the community planning process, NHS Ayrshire & Arran and their partners are engaged in consultation with the Scottish Partnership for Transport (SPT) regarding the regional transport strategy for the west of Scotland. NHS Ayrshire & Arran has appointed a transport and access co-ordinator who is working with SPT to ensure that the needs of patients and others who require access to healthcare services are addressed. The transport and access co-ordinator works with local authority planners to ensure that access to health services is considered as an element of the planning process for new developments.

The Ayrshire & Arran Single Shared Assessment (SSA) framework was developed in joint partnership between NHS Ayrshire & Arran, and North, South and East Ayrshire Councils, and implemented across Ayrshire in March 2002. The SSA steering group established a short-life working group to review SSA. The working group consisted of a wide range of disciplines and partner agencies as well as service users and carer representation. The needs and preferences of patients have been considered in the development and review of the SSA. The principles of SSA underpin NHS Ayrshire & Arran's discharge planning agreement.

NHS Ayrshire & Arran records carer needs within carer's assessments. The carer information strategy also draws from NHS Ayrshire & Arran's joint strategies in north and east Ayrshire and the action research report in south Ayrshire. An editorial group has been initiated for the carer information strategy, which brings together carers, carer groups and managers to enhance joint partnership working and ownership of developments. Carer groups are consulted and involved in initiatives, and carers are represented on the carer information strategy working group. Nursing staff also have carer issues as embedded objectives in their professional development plans.

A planning agreement for hospital discharge was developed in conjunction with NHS Ayrshire & Arran and the three local authorities. This agreement introduces and mainstreams the principles, practices and outcomes of a partnership-based approach to discharge planning. The agreement is included in the Joint Future agenda and identifies specific arrangements for joint working throughout the discharge planning process. Patients and carers are fully involved in the discharge planning process and their needs and preferences are recorded in their care plans.

Monitoring

The review team noted that, at the time of the visit, insufficient information had been provided to demonstrate that NHS Ayrshire & Arran's approach to access, referral, treatment and discharge was being monitored throughout the Board area.

Reviewing

As NHS Ayrshire & Arran has not demonstrated that it is monitoring its approach to access, referral, treatment and discharge, there is not yet a process in place to undertake a review.

Core area: 2(b) Equality and diversity

Position statement: The NHS Board is implementing its equality and diversity policy in accordance with legislation, national guidance and best practice across the organisation.

Development

NHS Ayrshire & Arran is continuing to progress its equality and diversity agenda. The organisation has developed a rapid integrated equality and diversity impact assessment (EDIA) toolkit. All papers going to the Board, chief executive's management team and the patient services management team which are deemed to require impact assessment will not be accepted unless a completed impact assessment is attached. A screening tool allows policies that do not require comprehensive impact assessment to be identified. At the time of the visit, NHS Ayrshire & Arran reported that 50 policies had been impact assessed and a rolling programme is being undertaken from a prioritised list. Results of the impact assessment process are published alongside the associated documents, and the department of strategic planning and performance holds a database of completed impact assessments. Staff who require to undertake impact assessments are being trained in the process to mainstream the approach across the organisation. The review team was pleased to note the list of frequently asked questions that had been compiled to assist staff.

All areas of NHS Ayrshire & Arran are assessing their policies, guidance and procedures and prioritising them for EDIA, as well as carrying out EDIA on a range of new and reviewed policies. The EDIA toolkit also has sections that allow for a rapid assessment of potential environmental, health, social and community planning (partnership) issues. This enables the policy review group to identify any areas of further work. A paper outlining the approach to be taken when implementing EDIA across the system was agreed by the Board in January 2006. At the time of the visit, it was anticipated that an implementation progress report on this approach would be taken to the Board meeting in February 2007.

The diversity steering group of NHS Ayrshire & Arran reports directly to the health and performance governance committee, which is a formal committee of the Board. A number of strand-specific groups, for example the Fair for All steering group, which leads on race equality issues, report directly to the diversity steering group. There is a lead executive director for equality and diversity. Each of the subgroups is chaired by a director, and there is an assistant director with strategic responsibility for the delivery of the equality and diversity agenda. Devolved responsibility for these areas is incorporated into individual objectives. The review team was pleased to note

the organisation's disability equality scheme and the robust disability action plan in place.

NHS Ayrshire & Arran reported that the diversity steering group is developing a gender strand. The spiritual care subcommittee has been developed through PFPI and the nurse director's leadership of the chaplaincy service. However, the review team noted that the spiritual care committee required development. A formal assessment of strategies, as well as practical implementation, is taking place.

Implementation

NHS Ayrshire & Arran reported that the equality and diversity project steering group has introduced a diversity champion and is launching a campaign called 'Dare to be Different'. The group is also applying for funding for local activities to look at the different strands of Fair for All.

NHS Ayrshire & Arran's eHealth strategy will ensure that all systems used are capable of monitoring ethnicity and other diversity data. Routine reporting of these data will then be possible and will be analysed to ensure that all community groups are accessing services. The PFPI process and the introduction of the patient public forums in the three CHPs will allow qualitative information about the accessibility of services to be sought from communities. NHS Ayrshire & Arran participated in the Ayrshire Race Equality Partnership Joint Service Needs Assessment Survey. The report assessed the needs of black and minority ethic residents of Ayrshire, and highlighted a number of issues for NHS Ayrshire & Arran. These issues are being actively addressed through the race equality scheme action plan. NHS Ayrshire & Arran is also piloting a diversity monitoring form for complaints.

A 2-day training programme on equality and diversity covering all six strands of Fair for All for all staff is being launched in April 2007 and will be piloted for 6 months. The e-induction package also includes an introduction to some strands. The review team noted that a challenge to the organisation will be to roll out some of the areas of Fair for All, and the training implications of this.

NHS Ayrshire & Arran recognises the risks associated with translation services and that patient information is offered in a number of languages based on requests for information. The organisation also uses British sign language interpreters. However, with an increased number of Italian and Polish residents in the area, for example, demands have changed and the Board is addressing these changes.

Monitoring

The Board is at the early stage of implementing its equality and diversity arrangements. The review team agreed, therefore, that it is not yet able to monitor its arrangements.

Reviewing

As NHS Ayrshire & Arran has not demonstrated that it is monitoring its approach to equality and diversity, there is not yet a process in place to undertake a review.

Core area: 2(c) Communication

Position statement: The NHS Board is monitoring its policies, strategies and procedures for improving the way that staff communicate and engage with each other, patients and the public across the organisation.

Development

The review team noted the high quality communications information produced by NHS Ayrshire & Arran. The organisation's first single system communications strategy, for internal and external communication, was approved by the area partnership forum and the Board in December 2004. Since then the strategy has been reviewed and was signed off on 29 January 2007. It is anticipated that this will be considered by the Board in April 2007.

NHS Ayrshire & Arran included a representative cross section of staff, patients and the public in the development of the communications strategy. This involved consulting the communications forum, which is open to anyone in the organisation with an interest in improving communications. Views were also sought through feedback mechanisms, which are included in all publications and on the internet. There is also a bulletin board for staff to post their views and suggestions relating to communications. A dedicated email address enables members of the public and patients to make direct contact with the communications department. The patients' council also reviews a cross section of patient literature. The review of services designated lay group has consulted on a number of consultation documents before publication. However, the review team noted that it appeared that frontline staff were not fully engaged in the development of the communications strategy.

At the time of the visit, NHS Ayrshire & Arran reported that tools were being developed to progress communications in the CHPs. Area partnership arrangements have been revised to represent the three local authority areas and an overarching forum is also combined with the chief executive management team. However, the review team noted that a challenge to the Board will be to incorporate CHPs fully into the strategy.

Implementation

Awareness and understanding of communication strategies, policies and procedures is promoted in a number of ways in NHS Ayrshire & Arran. All material produced by the communications department is posted in the 'news room' section of the intranet and public website. A weekly eNews bulletin features press releases issued that week and links to all new material posted on the intranet. A weekly news-in-brief report is also part of this bulletin and features all local and national media coverage relating to the organisation. The staff magazine, 'Dialogue', includes a regular column on the communications forum. All documents relating to communications and freedom of information are also posted on the intranet. 'Team Brief' is delivered to all staff on a monthly basis and, where appropriate, includes all information relating to the communications strategies. NHS Ayrshire & Arran also reported that in the week following the visit it was planning to launch one intranet site for the whole organisation.

NHS Ayrshire & Arran's Board has a receptive approach to the patients' council. The patients' council leaflet is signed off clinically, put into plain English, formatted

and also has input from the patients' council. A non-executive board member within NHS Ayrshire & Arran is a plain English champion and this ensures that leaflets are more accessible.

The communications department also provides support to the clinical governance and risk management team. A publication called 'Stop Press' is published every quarter and is specific to risk issues. The October 2006 issue featured the risk management strategy and, following its distribution, staff used feedback mechanisms to request copies of the strategy. The clinical governance department also works with the communications department to produce leaflets for staff. For example, a leaflet was produced for staff explaining what clinical governance is and who to contact for further information.

Monitoring

NHS Ayrshire & Arran monitors the communications strategy, policies and procedures in a variety of ways. The staff governance committee has reviewed the effectiveness of the communications strategy through the staff governance action plan. A 3-year review of services project featured all elements of the communications strategy during the public consultation. At each stage of the consultation, the plan was evaluated and amended to reflect comments and experiences. The most recent plan was also assessed for compliance with national guidance. A staff communications survey was undertaken in 2004 and the results were published in two newsletters. The communications forum is involved in the ongoing evaluation of the communications strategy.

Reviewing

At the time of the visit, the Board was unable to demonstrate reviewing of its communication arrangements across the organisation.

Standard Statement 3: Assurance and accountability

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

Overall position statement

The NHS Board is implementing its policies, strategies, processes and procedures 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

Position statement: The NHS Board is developing a policy and strategy to set the framework for clinical governance and quality assurance arrangements.

Development

NHS Ayrshire & Arran is progressing clinical governance and quality assurance at an operational level. The organisation reviewed its clinical governance structures in August 2005 and, as part of this process, an option appraisal was undertaken. A clinical governance strategy has been developed and was approved by the clinical governance committee and the patient services management team. The Board reported that once a strategy has been approved by the patient services management team, it is made operational. At the time of the visit, it was planned that the strategy would be discussed by the corporate management team and then by the Board in February 2007. The review team noted that the clinical governance strategy had not yet been approved by the Board.

The lead committee with responsibility for clinical governance within NHS Ayrshire & Arran is the clinical governance committee, which is chaired by a non-executive director. The executive lead for the clinical governance committee is the executive medical director in partnership with the executive director of nursing. The Board agreed that the head of clinical governance is not required to attend the clinical governance committee. The clinical governance steering group supports the clinical governance committee and ensures that clinical governance is being implemented across the organisation. The clinical governance committee has a similar profile to the strategic risk group and the clinical governance steering group has a similar profile to the operational risk group. At the time of the visit, the Board reported that draft minutes of the clinical governance committee are now seen by the Board as opposed to approved minutes. This is in order to reduce the time taken for the Board to see the minutes of the clinical governance and other committees.

The review team noted that there is no streamlined structure for clinical governance across the organisation, and the structure in place is complex. The team also noted the separation of clinical risk from other organisational risks and considered that these could be amalgamated.

CHP leads within NHS Ayrshire & Arran report through the health and performance governance committee to the Board, although the chairs of the CHPs sit on the Board. The CHPs have a programme of organisational development

which includes development of clinical governance and risk management processes and arrangements. Clinical leads and co-ordinators have been appointed to link clinical governance and clinical teams. Each CHP has a work programme developed to address priority areas within the CHP. Each CHP produces an annual report reflecting their progress to date, which is incorporated into the NHS Ayrshire & Arran clinical governance annual report. There is CHP representation on the clinical governance steering group to support the integration of clinical governance activity. Leads in the CHPs have been involved in developing the clinical governance strategy and are able to influence it. Directorates within NHS Ayrshire & Arran are developing action plans that will be fed into the corporate action plan.

NHS Ayrshire & Arran's clinical governance support department promotes awareness among staff of the importance of clinical governance and quality assurance through a variety of methods. These include the clinical governance strategy and the clinical governance annual report. New employees are also provided with information at corporate induction. A clinical governance information leaflet has been developed to inform staff of the role of clinical governance and mechanisms for reporting to the Board and other governance committees. A clinical governance charter is also being developed to inform staff of their roles and responsibilities. An annual clinical effectiveness symposium encourages staff to share good practice, and clinical effectiveness notice boards inform staff of events, SIGN guidelines and training events, for example.

NHS Ayrshire & Arran consults patients, the public and stakeholders in a number of ways. Lay representatives attend a variety of meetings within the organisation. Patient and public facilitators are employed within some CHPs to support the development of patient and public involvement. The organisation also envisages that a patient services and public involvement committee will be established in early 2007. This committee will have responsibility for implementing and advancing the PFPI agenda. It is also hoped that the new appointment of a head of patient and community relations will provide a more co-ordinated approach.

NHS Ayrshire & Arran has different methods for exchanging quality assurance knowledge and information with other NHS and non-NHS organisations. For example, NHS Ayrshire & Arran and NHS Dumfries & Galloway are partners in the patient safety initiative and are working with the Health Foundation to share service improvements across six areas of patient safety. The review team recognised that the implementation of the patient safety initiative will assist in advancing clinical governance and the organisation's commitment to this initiative. The organisation is also working with the police, fire service and health and safety executive to provide staff with specific training in relation to incidents and the environment. The review team noted that a strength that NHS Ayrshire & Arran has is their adverse incident reporting. Regular reports and action plans are monitored and the information is shared across the organisation. In order to support the adverse incident policy and supporting procedures, a chairman's toolkit is being developed.

All proposed research projects within NHS Ayrshire & Arran require to be reviewed by an independent ethics committee as part of the Central Office for Research Ethics Committees (COREC) review system. Before a proposed study receives management approval, the chief investigator must demonstrate that a favourable ethics opinion has been secured. During the life of the project, substantial

amendments must also be notified to the appropriate ethics committee and approved.

Implementation

The review team noted that, at the time of the visit, the clinical governance strategy had not yet been approved by the Board, therefore, it has not been possible to begin the implementation phase.

Monitoring

The review team noted that, at the time of the visit, insufficient information had been provided to demonstrate that NHS Ayrshire & Arran's approach to clinical governance and quality assurance was being monitored throughout the Board area.

Reviewing

As NHS Ayrshire & Arran has not demonstrated that it is monitoring its approach to clinical governance and quality assurance, there is not yet a process in place to undertake a review.

Core area: 3(b) Fitness to practice

Position statement: The NHS Board is developing policies and procedures that will ensure its workforce is fit to practice.

Development

NHS Ayrshire & Arran recognises that system-wide policies are currently being developed to ensure that its workforce is fit to practice. Existing policies are devolved to operational level.

Line managers or appointing managers have responsibility for checking qualifications, registration and accreditation to practice of staff on appointment. These checks are in line with the organisational recruitment and selection procedural guidelines of NHS Ayrshire & Arran. The department of organisational and human resource development monitors staff accreditation to practice, and highlights expired registrations. Nursing registrations are recorded on the Empower human resources system and checked monthly for impending renewals. Allied health professionals (AHPs) have differing practices within former divisions, which vary between central recording and localised management. It is anticipated that these practices will be aligned, and all registrations recorded and monitored on Empower in the future. Medical and dental registrations are monitored by the medical staffing department.

A variety of mechanisms are used across NHS Ayrshire & Arran to promote, co-ordinate and monitor continuous professional development (CPD). For example, a learning and development framework is being developed to standardise the promotion, co-ordination and monitoring of CPD for all staff. From April 2007, NHS Ayrshire & Arran will enter into a service level agreement with the University of Paisley which will allow all nursing staff free access to post-registration programmes at the point of delivery. Training opportunities and CPD funds are also available to staff. The organisation has a policy for annual performance appraisal and personal development planning. All staff participate in the development of their

personal development plan (PDP) on an annual basis. The review team noted that a high number of staff have completed PDPs.

Staffing and human resource issues which cause adverse incidents are reported along with progress against associated action plans at the operational risk group, clinical governance steering group, clinical governance committee and patient services management team meetings. Reporting arrangements for issues not reported through the incident review system involve other standing committees of the organisation, and, in the case of staffing and human resources, this is the staff governance committee.

The NHS Ayrshire & Arran practice development unit is leading on the development of a system-wide clinical supervision policy for nursing and midwifery, and is considering AHP involvement. One area, surgery, is being piloted. All clinical staff also receive one-to-one clinical supervision every 6 weeks. The practice development unit offers support to clinical services to develop local policy and design training programmes in keeping with the models of clinical supervision chosen. The review team recognised that the organisation is committed to developing models of clinical supervision that support individual teams, however, it agreed that consideration should be given to developing organisation-wide clinical supervision policies for all staff. The review team noted that the organisation is committed to progressing their staff's fitness to practice within a no-blame culture.

Implementation

The review team noted that, at the time of the visit, insufficient information had been provided to demonstrate that NHS Ayrshire & Arran's approach to fitness to practice was being implemented throughout the Board area.

Monitoring

The review team noted that, at the time of the visit, insufficient information had been provided to demonstrate that NHS Ayrshire & Arran's approach to fitness to practice was being monitored throughout the Board area.

Reviewing

At the time of the review visit, the Board was unable to demonstrate reviewing of its fitness to practice arrangements across the organisation.

Core area: 3(c) External communication

Position statement: The NHS Board is monitoring the implementation of its external communication strategy across the organisation.

Development

In December 2004, NHS Ayrshire & Arran developed its first single system communications strategy, which was approved by the area partnership forum and the Board.

NHS Ayrshire & Arran recognises that communications for hard-to-reach groups need to be improved, for example black and minority ethnic groups. Relationships with public partners are being improved, and the organisation is using methods such

as CDs, DVDs and podcasts to communicate with the public. The use of text messaging is also being considered. The communications department is working to develop action plans and is building on the work carried out for the review of services, for example with regards to improving relationships with gypsy travellers.

Implementation

NHS Ayrshire & Arran's communications strategy sets out the methods and mechanisms used by the organisation's communications department to engage, inform and liaise with internal and external stakeholders. A communications strategy is used for every review of services. The organisation is also involved in the communication strategies of local authorities. All communications plans identify the relevant messages, mechanisms, audience, timings, costings and actions required. Communications are produced in collaboration with the directorates/departments who are delivering the service change or public consultation. The NHS Ayrshire & Arran annual report and accounts also informs staff, patients, the public and other stakeholders about service developments, performance against targets and achievements.

Monitoring

NHS Ayrshire & Arran reviews the performance of their external communications strategy against best practice models across NHSScotland, and other organisations, to ensure the organisation is up to date with professional developments and standards. For example, the organisation has been involved in an external peer review through the Chartered Institute of Public Relations, for which they have won several awards. NHS Ayrshire & Arran is also the Scottish Public Sector Team of the Year winners for 2005. Entrants were required to provide an overview of activity from the last 12 months, including professional developments and initiatives that best depicted the team and their personalities. The award was designed to reflect the high proportion of public relations professionals working in the public sector.

The communications department produces daily and weekly media monitoring reports to enable monitoring of the effectiveness of press-release uptake among local and national media. The communications department has a dedicated email address, freephone telephone number and freepost address to enable members of the public to contact the organisation. A review of the communications strategy began late 2005 and it is anticipated that it will be presented to the Board in April 2007.

Reviewing

The review team noted that, at the time of the visit, insufficient information had been provided to demonstrate that NHS Ayrshire & Arran's approach to external communications is being reviewed throughout the Board area.

Core area: 3(d) Performance management

Position statement: The NHS Board is implementing its performance management arrangements across the organisation.

Development

The health and performance governance committee of NHS Ayrshire & Arran has delegated authority from the Board to ensure that there is a robust performance management system in place in the organisation. Corporate responsibility lies with the health and performance governance committee, and the clinical governance committee for areas surrounding their remit. Clinical governance arrangements are overseen by the clinical governance committee, which reports to the Board. Performance management arrangements are overseen by the health and performance governance committee, which also reports to the Board. Issues that cut across the remits of both committees are submitted to both for consideration, and routine meetings of the chairs of all governance committees are held, at which common issues may also be discussed. The health and performance governance committee was established by the Board and can escalate issues if necessary. The review team noted that minutes of the health and performance governance committee from the current financial year had not been received at any Board meetings. NHS Ayrshire & Arran reported that, in future, draft minutes will go to the Board to prevent any delays.

The review team noted that it was unclear how the health and performance governance committee provided assurance to the Board. Performance management activity is carried out in separate committees and, given that only exception reports are seen by the Board, the Board does not see one performance report for all issues. The review team recognises that it is necessary to have a performance management level below the Board, but was unsure how the Board could then provide public assurance. The review team noted that the organisation has carried out much work in this area. However, although the Board is achieving positive outcomes, processes to underpin this work are not evident.

The clinical governance committee has developed a clinical governance development action plan in order to monitor the effectiveness of performance management. There is also a clinical governance objective in the local delivery plan. Issues identified within performance have been included in the safer patient's initiative, with clear management and clinical co-ordinated activity. This is reported to the safer patient's initiative project management team, project management board and the Board.

The corporate management team receives monthly reports on HEAT targets using a balanced scorecard. This is combined with the Delivering for Health monitoring template and quarterly report on actions from quarterly and interim annual review letters. These items are combined into one report and a corporate plan is submitted to the health and performance governance committee. The health and performance governance committee receives detailed exception reports from the operational performance management team and agrees processes. For example, processes for taking actions against the outcomes of the annual review. The health and

performance governance committee also receives and approves submissions for the annual review process, the corporate balance scorecard and reports from the public health department.

Implementation

The main indicators used by NHS Ayrshire & Arran to monitor organisational performance are the HEAT targets. The HEAT targets are developed nationally using the specific, measurable, achievable, realistic, timeous (SMART) methodology. The HEAT balanced scorecard methodology being used throughout the organisation also requires the use of SMART indicators. All remedial actions which flow from this process have allocated actions. This level of detail is not routinely reported to the health and performance governance committee or to the Board, other than in the case of exceptions to the health and performance governance committee. The HEAT targets will allow benchmarking against other NHS Board areas. The Information Statistics Division of NHS National Services Scotland is currently developing a business objectives dashboard for NHSScotland for this purpose.

The local delivery plan provides the anchor for corporate performance within NHS Ayrshire & Arran. Beneath the local delivery plan is the operational plan which sets out key strategic areas including Delivering for Health. At operational level there are actions that CHPs will take forward. The organisation has moved from two operational plans, hospital services and community services, to one single system plan.

NHS Ayrshire & Arran and the local authorities have joint targets in the form of the joint performance information and assessment framework (JPIAF). These targets are agreed by each of the three area partnership groups. NHS Ayrshire & Arran was a pilot area for the Citistat process, in which the organisation addressed the issue of delayed discharge. Citistat is a performance management and improvement methodology developed for the public sector. When developing Citistat, NHS Ayrshire & Arran's delayed discharge performance monitoring comparisons could be made with local authority performance elsewhere. The JPIAF reporting mechanisms also allow performance to be benchmarked against other local authority areas.

NHS Ayrshire & Arran publishes its annual review letter as part of the NHS Ayrshire & Arran annual report and accounts to drive improvement across the organisation. There is also a process in place to follow up actions identified as part of the annual review. The planning group reviewed this process in October 2006.

Monitoring

The review team noted that, at the time of the visit, insufficient information had been provided to demonstrate that NHS Ayrshire & Arran's approach to performance management was being monitored throughout the Board area.

Reviewing

As NHS Ayrshire & Arran has not demonstrated that it is monitoring its approach to performance management, there is not yet a process in place to undertake a review.

Core area: 3(e) Information governance

Position statement: The NHS Board is developing a framework for information governance that includes systems, policies and procedures.

Development

At the time of the visit, NHS Ayrshire & Arran was in the early stages of developing its information governance arrangements. The organisation anticipated that an information governance team would be in place by January 2007. This team will create an information governance strategy which it is expected will be in draft form by May 2007.

The existing information governance steering group is in the process of being re-formed to take into account reporting and governance issues. Terms of reference for the new information governance steering group have been developed together with an information governance reporting structure. The Board reported that the information governance steering group will report into the clinical governance structure and Caldicott functions will be subsumed into this.

The health records department has a range of policies covering management, structure and access policies relating to the safe use of clinical notes and radiology films. The main policy, 'Release of Medical Records', covers the processes to follow when releasing patients' records to courts and lawyers, for example. There are also a number of policies relating to accident and emergency casenote management and casenote transportation. The data controller policy is in force within the former general hospital division and a single system policy will be developed following the formation of the information governance team. The policies are used in conjunction with formal staff training, staff training manuals and other procedures. Policies and procedures are reviewed every 3 years, or as service change dictates. These documents are approved by the health records operational group.

A Caldicott committee has been in place in NHS Ayrshire & Arran for a number of years within the three former organisations. A reformed group has not yet met to establish a single system approach. However, the Caldicott functions are subsumed into the information governance steering group of which the medical director (Caldicott Guardian) is a member.

The current patient information leaflet, 'Protecting Personal Information', is sent to all new patients by the health records department. The leaflet identifies how patient information is used and how the patient can challenge the use of their data. A number of new patient information leaflets have been developed and will be used in the near future within NHS Ayrshire & Arran. Patients can obtain access to their data by using a data protection release form in line with the patient information guidance leaflets. If a patient wishes to access their casenotes, this is arranged by applying to the health records manager. If they require access to computer data, they contact the data protection advisor. There is routine contact between the data protection advisor and the health records manager to deal with any issues of ambiguity regarding access requests.

The main policy used by NHS Ayrshire & Arran regarding withholding of consent by a patient is contained in the information sharing protocol. This has been jointly

developed by NHS Ayrshire & Arran and the three local authorities. A joint training programme is also undertaken between NHS Ayrshire & Arran and the three local authorities. Staff are also made aware of data protection issues at induction.

Implementation

The review team noted that, at the time of the visit, insufficient information had been provided to demonstrate that NHS Ayrshire & Arran's approach to information governance was being implemented throughout the Board area.

Monitoring

As NHS Ayrshire & Arran has yet to implement a Board-wide information governance strategy, it is unable to put a system of monitoring in place.

Reviewing

At the time of the visit, the Board was unable to demonstrate reviewing of its information governance arrangements across the organisation.

Appendix 1 – Glossary of abbreviations

AHP	allied health professional
CHP	community health partnership
CNORIS	Clinical Negligence and Other Risks Indemnity Scheme
COREC	Central Office for Research Ethics Committees
CPD	continuous professional development
EDIA	equality and diversity impact assessment
GP	general practitioner
HEAT	health improvement, efficiency, access and treatment
IRAMS	Incident Recording and Management System
JPIAF	joint performance information and assessment framework
NHS QIS	NHS Quality Improvement Scotland
PDP	personal development plan
PFPI	patient focus and public involvement
SEHD	Scottish Executive Health Department
SIGN	Scottish Intercollegiate Guidelines Network
SMART	specific, measurable, achievable, realistic, timeous
SPT	Scottish Partnership for Transport
SSA	single shared assessment

Appendix 2 – Details of review visit

The review visit to NHS Ayrshire & Arran was conducted on 13 February 2007.

Review team members

Mr Andrew Marsden (Team Leader)
Medical Adviser, NHS National Services Scotland

Mr Richard Carey
Chief Executive, NHS Grampian

Ms Suzanne Clark
Public Partner, Greater Glasgow

Ms Caroline Lamb
Director of Finance & Performance Management, NHS Education for Scotland

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Mr Joe Skinner
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Mrs Gail Smith
Clinical Services Development Manager, NHS Tayside

Ms Angela Wallace
Nursing Director, NHS Forth Valley

Mrs Dianna Wolfson
Public Partner, Greater Glasgow

NHS Quality Improvement Scotland Staff

Ms Joanne McDonald
Project Officer

Ms Tracy Walker
Senior Project Officer

During the visit, members of the review team met with Board-level, strategic and operational staff.

Appendix 3 – Timetable of review visits

Organisation reviewed	Visit date(s)
Golden Jubilee National Hospital	8 November 2006
NHS 24	17 August 2006
NHS Ayrshire & Arran	13 February 2007
NHS Borders	24 May 2006
NHS Dumfries & Galloway	8 June 2006
NHS Education for Scotland	5 December 2006
NHS Fife	1 March 2007
NHS Forth Valley	1 February 2007
NHS Grampian	6 July 2006
NHS Greater Glasgow and Clyde	27 September 2006
NHS Health Scotland	26 April 2007
NHS Highland	29 March 2007
NHS Lanarkshire	7 September 2006
NHS Lothian	17 October 2006
NHS National Services Scotland	20 December 2006
NHS Orkney	23 November 2006
NHS Shetland	10 May 2007
NHS Tayside	14 March 2007
NHS Western Isles	12 April 2007
Scottish Ambulance Service	15 June 2006
The State Hospitals Board for Scotland	18 January 2007

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