

NHS Health Scotland

Local Report ~ July 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 Health Scotland**. This review visit took place on **26 April 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

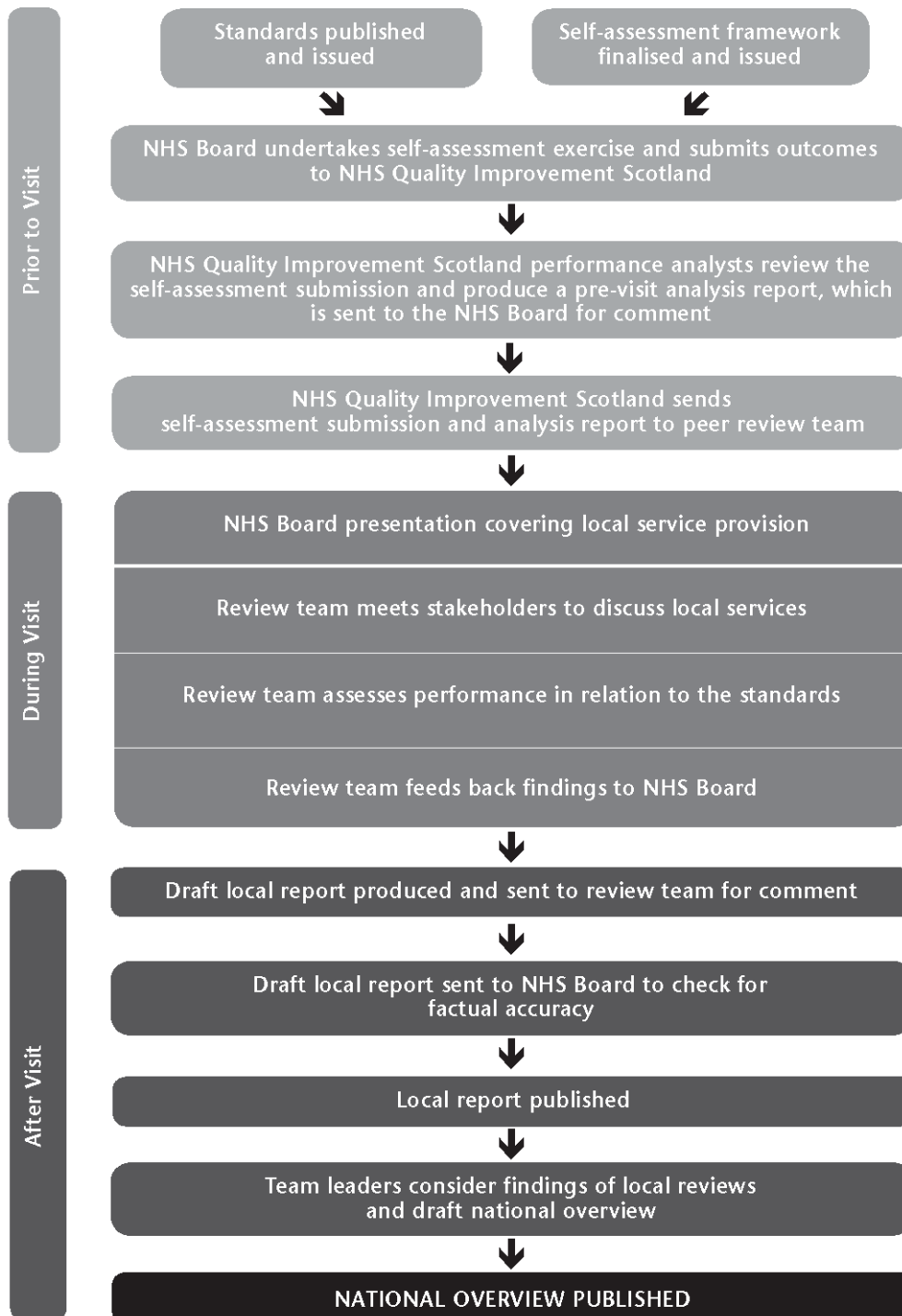
After each review visit, NHS QIS staff, with input as appropriate draft a local report detailing the findings of the review team. This draft report is sent to the review team for comment, and then to the NHS Board to check for factual accuracy. The local report will then be published and made available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

NHS Health Scotland was created as a new Special Health Board on 1 April 2003 from the merger of the Public Health Institute of Scotland (PHIS) and the Health Education Board for Scotland (HEBS). The key aim is to provide a national focus for health improvement and reducing health inequalities in Scotland.

NHS Health Scotland uses information, skills and evidence to gain a fuller understanding of why Scotland's health is the way it is and what can be done to make it better. The Board works closely with the media to raise awareness of health issues and encourage people to make improvements. NHS Health Scotland also works with multiple partners to co-ordinate and focus health improvement activities and resources. Key activities are:

- analysing and distributing national and international research and evidence on what approaches improve health
- co-ordinating input to, and evaluation of, health improvement policies
- developing and delivering health improvement programmes, including advertising, publications, new media and training and development opportunities
- working with a range of partners, including the NHS, local government, community, voluntary, academic and business sectors and the media
- monitoring trends in health-related awareness, motivation and behaviour
- conducting needs assessments on particular health topics and population groups, and
- setting up networks of professionals and practitioners to share knowledge and skills, including seminars and conferences.

Further information about NHS Health Scotland can be accessed via its website (<http://www.healthscotland.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 developing 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 Health Scotland has developed a policy and framework for risk management, and is developing structures and lines of reporting for its risk management processes. Strategic risk registers are in place and the RisGen risk management software is being utilised, although the complexities of this system are limiting its widespread implementation. Therefore, at the time of the visit, the organisation's risk management activity had been focused at senior manager and corporate levels. Plans are now being put in place to address the need to embed and integrate risk management in the daily practice of all staff throughout the organisation.

Emergency and continuity planning arrangements are in place which centre on the internal operation of NHS Health Scotland as the organisation is not involved in the delivery of direct patient care. The Board now needs to test, monitor and review these plans in order to provide assurance that they will enable the organisation to continue to function in the event of an emergency situation arising.

NHS Health Scotland recognises the importance of ensuring the quality and effectiveness of the service it provides and has incorporated quality indicators into key strategic plans within the organisation. Examples of quality initiatives within NHS Health Scotland were provided. However, there is no evidence that an overarching framework to ensure a co-ordinated and systematic approach to the organisation's quality improvement activity is in place.

Standard 2 – The health, wellbeing and care experience

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.

NHS Health Scotland has developed the structures and processes it requires to enable it to meet its obligations under the equality and diversity agenda. A systematic approach to the implementation of the equality and diversity work programme has been adopted. Mechanisms for monitoring and reviewing the effectiveness of its equality and diversity work programme, which would provide Board assurance that it is meeting its equality and diversity obligations, are less well developed.

Structures, processes and procedures are in place to ensure that NHS Health Scotland is able to effectively communicate with its internal stakeholders. A range of communication mechanisms are used including verbal, written and web-based media. The Board has also established a number of methods to enable it to monitor the implementation of its communications framework.

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.

Quality assurance mechanisms are built into individual projects and work programmes as a means of ensuring the quality and effectiveness of the outputs produced by NHS Health Scotland. This commitment to quality is reflected in key organisational plans. However, an overarching framework to provide Board assurance that quality assurance processes are in place across the organisations is yet to be established.

NHS Health Scotland clearly recognises the essential contribution that its workforce makes to the success of the organisation. A range of processes and procedures are in place to help ensure that staff within the organisation have the necessary knowledge, skills and experience to carry out the Board's functions in a safe and effective manner.

Effective communication is fundamental to the success of NHS Health Scotland and the Board has developed and implemented a number of innovative mechanisms to enable it to communicate effectively with its external stakeholders. The Board has reached the stage where it is able to monitor the implementation of its external communication arrangements, but still faces the challenge of reviewing its effectiveness as part of a cycle of continuous quality improvement.

Performance management arrangements within NHS Health Scotland are underpinned by its intranet-based business planning tool which is used to record a wide range of project-specific information. Outputs from the business planning tool are then used to populate the organisation's performance management progress reports. Processes for monitoring the quality and content of its performance management systems and implementation of its corporate objectives require further development.

NHS Health Scotland's information governance arrangements are under development. However, work towards implementing the organisation's information governance framework is progressing.

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 developing 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 developing policy, strategy, systems and processes for risk management.

Development

NHS Health Scotland's risk management arrangements are set out in its risk management policy and risk management strategic framework. The framework incorporates a risk management action plan which details the Board's agreed course of action in terms of risk management. It is recognised that, as NHS Health Scotland does not provide any direct clinical services, its risk management framework has been developed from an audit control background, and focuses on risks which have the potential to impact on the organisation's ability to deliver its corporate objectives.

It was reported that overall responsibility for risk management is delegated to the audit committee which regularly reviews the corporate risk register as a standing agenda item. The corporate management team (CMT) has operational responsibility for risk management, and plays a key role in developing, updating and reviewing the corporate risk register. It was further reported that a small steering group is in place to drive forward the organisation's risk management agenda, comprising the director of resource management as lead for risk management, the resources manager, resources officer, head of policy and planning, planning officer and internal auditor. The resources officer is responsible for the day-to-day maintenance of the risk register and providing regular updates to the CMT.

Representatives of NHS Health Scotland were able to provide descriptions of the structures and committees which support its risk management framework, both in the self-assessment submission and during the review visit. However, there was limited documentary evidence of the decision-making processes whereby NHS Health Scotland's current risk management framework, including its committee structures, lines of delegation and reporting arrangements, were agreed. The review team also found a lack of evidence to demonstrate Board assurance of the organisation's risk management arrangements.

Implementation

Two distinct risk registers are in place within NHS Health Scotland: a corporate risk register and a relocation risk register which focuses on specific risks related to the future change of geographical location of the organisation. Each of the risks

identified on the corporate risk register are categorised in terms of their level of severity, have an identified owner, action plan or progress report and date for review.

The corporate risk register was developed, and has been subsequently updated, following a series of risk management workshops held with members of the CMT and senior managers group. Corporate risks are inextricably linked to NHS Health Scotland's strategy map, corporate plan and delivery plan and, as such, directly relate to the organisation's strategic objectives. There was limited evidence to indicate that other stakeholders were involved in developing the risk register and that escalation routes for items populating the risk register are established.

The RisGen risk management software system is in place to record organisational risks and is currently being populated by the resources officer who is transferring existing risk registers to the RisGen system. The inaccessibility of the RisGen system was cited as the main barrier to involving all staff in the organisation's risk management processes. It was reported that in view of the complexities of RisGen, the Board is considering adopting an alternative risk management system to enable staff throughout the organisation to have the ability to contribute to its risk management processes.

An intranet-based business planning tool is in place within NHS Health Scotland which incorporates a risk management field where risks to specific projects can be captured. At the time of the review visit, the risk management function of this system was not fully operational, although it was anticipated that, in future, this would be used to develop divisional risk registers which could be used to inform the future development of the corporate risk register.

Some risk management training has been provided for members of the CMT and senior managers group in risk management workshops to develop the corporate risk register. At the time of the review visit, a programme of risk management training for other staff was not established. However, it was reported that plans are in place to introduce training in the use of the business planning tool, which will include elements of risk management. It is anticipated that this will be incorporated into induction training for newly-appointed staff.

Although NHS Health Scotland is making some progress with implementing certain aspects of its risk management policy and framework, the Board was unable to demonstrate that its risk management arrangements are embedded and integrated into the daily practice of all staff within the organisation. The review team noted the number of proposed actions to take forward the organisation's risk management processes which, when implemented, will greatly enhance the current arrangements.

Monitoring

In view of the developmental nature of NHS Health Scotland's risk management arrangements, the Board has not yet reached the stage where it is monitoring implementation of its risk management policy, strategy, systems and processes across the organisation.

Reviewing

NHS Health Scotland has not reached the stage where it is reviewing the effectiveness of its risk management policy, strategy, systems and processes across the organisation.

Core area: 1(b) Emergency and continuity planning

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

Development

NHS Health Scotland's major incident plan sets out its emergency and continuity planning arrangements. The plan makes reference to a range of emergency scenarios which have the potential to impact on the ability of NHS Health Scotland to carry out its functions. As NHS Health Scotland does not deliver direct patient care, it was noted that the plan focuses on business continuity and internal emergency planning such as loss of premises, fire, flood and major information technology failure.

The plan includes details of roles and responsibilities of key staff in the event of an emergency situation arising. Overall responsibility for business continuity planning is delegated to the audit committee which is responsible for reviewing and approving continuity plans prepared by the resource management directorate.

Implementation

NHS Health Scotland was unable to demonstrate that its major incident plan has been measured or tested. However, the Board reported that plans are in place to further develop the organisation's business continuity and contingency plans in line with current legislation and in response to the relocation of NHS Health Scotland's premises.

Monitoring

The Board is not at the stage where it is monitoring the implementation of its emergency and continuity planning systems across the organisation.

Reviewing

The Board is not at the stage where it is reviewing the effectiveness of its emergency and continuity planning systems across the organisation.

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

Position statement: The NHS Board is developing co-ordinated programmes for clinical effectiveness and quality improvement.

Development

As NHS Health Scotland is not a direct provider of clinical care, its approach to clinical effectiveness is focused on organisational effectiveness and the quality of health improvement information, and how this is used and disseminated.

The Board does not have a specific clinical effectiveness programme. However, its commitment to organisational effectiveness and continuous improvement is reflected in a number of key documents. These include its corporate plan, organisational development plan and its delivery plan. Specific objectives within each of these documents focus on ensuring the quality and effectiveness of the outputs produced by NHS Health Scotland.

The evidence into action discussion paper provided further evidence of the Board's commitment to ensuring the effectiveness of its products. The paper provides a detailed account of how the development of an evidence into action strategy will help enhance the effectiveness of action aimed at improving health and reducing health inequalities in Scotland.

Implementation

The Board provided evidence of quality assurance activities that are being implemented in parts of the organisation to help ensure the effectiveness and quality of its work.

A quality assurance group has recently been established which will initially focus on project management, learning and development, and technical and scientific accuracy. In addition, systems for commissioning and managing research are well established.

NHS Health Scotland has an active role in putting the guidelines produced by the National Institute of Clinical Excellence (NICE) into context for distribution to the rest of NHSScotland. The recently-established policy and planning team is responsible for ensuring the development, adoption, dissemination and implementation of other national guidance and standards throughout the organisation.

A complaints procedure is in place and details of how to make a complaint are published on the NHS Health Scotland website. It was reported that the Board only receive a small volume of complaints which are analysed and changes in practice are initiated dependent on the outcome of this analysis.

From the evidence provided, the review team considered that although the Board was implementing quality assurance activities in parts of the organisation, it was unable to demonstrate that it is implementing a co-ordinated and prioritised approach to quality improvement across all areas of the organisation.

Monitoring

NHS Health Scotland has not reached the stage where it is able to monitor the implementation of its quality improvement activities across the organisation.

Reviewing

NHS Health Scotland has not reached the stage where it is reviewing the effectiveness of its quality improvement activities across the organisation.

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(b) Equality and diversity

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

Development

Executive-level responsibility for the equality and diversity programme in NHS Health Scotland rests with the director of programme design and delivery, who is also the designated director for patient focus and public involvement (PFPI). Operational leadership and co-ordination for equality and diversity is the responsibility of the policy and planning team.

The director of programme design and delivery chairs the equality and diversity group which is comprised of staff representatives from all areas of the organisation. This group has developed a 'planning to reduce inequalities' strategy and an equality and diversity action plan. The action plan brings together commitments in the race equality scheme; the PFPI framework; the disability equality scheme and other schemes to be developed and has been embedded into the business plan.

The chair of the equality and diversity group reports to the Board on behalf of the group every 6 months and on a quarterly basis to the corporate management team. The group also reports to the Board through the business plan as part of the performance management and planning process.

Implementation

An equality and diversity impact assessment toolkit was commissioned by the Board in 2006 and has now been integrated into the business planning tool on the intranet. The policy and planning team assist staff undertaking equality impact assessments (EQIAs) and progress of all EQIAs across the organisation is overseen by the equality and diversity group. NHS Health Scotland is looking to carry out further high-level impact assessments of organisational functions in 2007–08. It was reported that all equality and diversity impact assessments are signed off by a senior manager.

The comprehensive planning to reduce inequalities strategy, developed through workshops with senior managers and the equality and diversity group, and approved by the Board, is now being implemented. It clearly outlines organisational responsibilities.

The review team noted the range of consultation mechanisms and relationship-building work that is under way between NHS Health Scotland staff and organisations that represent diversity strands. A stakeholder involvement section has also been included on their intranet-based business planning tool so that all work with stakeholders is captured and recorded.

There is clear evidence of practical implementation of strategic action plans, policies and procedures.

Monitoring

At the time of the visit, insufficient information was provided to demonstrate that NHS Health Scotland's approach to equality and diversity is being monitored across the organisation.

The review team was, however, pleased to note that there was some evidence of monitoring, for example, monitoring of progress of the equality and diversity action plan by the equality and diversity group. The team also noted that a number of equality and diversity policies and procedures were monitored for effectiveness through the organisational intranet-based performance management tool. However, there is still some uncertainty surrounding how the Board is assured of the effectiveness of the equality and diversity policy across the organisation.

Reviewing

Board-wide arrangements for equality and diversity have yet to be fully monitored. Therefore, at the time of the visit, there was not a process in place to utilise the outcomes of monitoring to review the effectiveness of the equality and diversity strategy across the organisation.

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

NHS Health Scotland's communication strategy covers both internal and external communications and is directly influenced by their 3-year corporate plan (2005–2008) and business planning priorities. The strategy was developed in partnership with staff, partners and key stakeholders. To ensure a representative cross-section of the population was involved in the development of the strategy and other policies, a corporate database of stakeholders was maintained. This group was consulted on throughout the strategy development process. A core communication group of relevant partners, specialists and other stakeholders is also established when developing marketing campaigns.

At the time of the review visit, it was noted that the head of communications post was vacant and the challenge of driving forward the organisation's communication work plan in the absence of effective leadership for the communications team was recognised. It was considered that the recruitment of a head of communications would enhance the organisation's current arrangements. However, it was further noted that comprehensive systems and structures for communications should enable

the communications team to operate effectively in the absence of leadership in the short term.

Implementation

The communications strategy (2005–2008) was implemented throughout the Board in 2006. The associated work plan details information regarding objectives, aims, actions, teams involved and status commitments and is useful in determining progress. It enables staff to keep track of targets and is revisited on an ongoing basis. All staff have access to the work plan through the communications section on the intranet.

There is a range of formal and informal means of communicating with staff. Awareness and understanding of the communications strategy is promoted through various means. For example, the staff newsletter 'Rude Health' is produced monthly and keeps staff up to date on current issues. Staff inductions, Board presentations and 'lunchtime learning' seminars (whereby updates are given on particular key work developments) are other ways used to communicate with staff. Communications managers also regularly attend team and other business function meetings. The intranet site is an important source of information for staff and includes project information, progress monitoring and planning.

Monitoring

An audit of internal communications has recently been conducted, identifying the current perception of internal communications. For example, a staff opinion survey was sent out to staff electronically which received a 68% response rate. An evaluation has now been produced on the findings of this survey and results have been published on the intranet as well as being set out in an easy-to-read feedback leaflet.

There is also an internal communications mailbox set up to receive ongoing feedback from staff. This is another way NHS Health Scotland monitors the effectiveness and impact of its communications strategy and policies, and enables staff to communicate with senior management on various issues.

The communications strategy includes communications objectives and associated sources of feedback, milestones and targets. The strategy is supported by the communications team work plan which sets out communication aims, actions and measures of success. These communications objectives are incorporated into the organisational delivery plan. Monitoring of progress against the organisation's communications objectives is incorporated into the performance management framework.

Reviewing

At the time of the visit, insufficient information had been provided to demonstrate that NHS Health Scotland's approach to external communication is being reviewed throughout 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

As NHS Health Scotland is not a direct provider of clinical care, its approach to clinical governance reflects its quality improvement activity in that it focuses on organisational effectiveness and the quality of health improvement information, and how this is used and disseminated.

The Board demonstrates its commitment to ensuring the effectiveness and quality of its work through key documents such as its corporate plan, organisational development plan and delivery plan. Each of these documents includes objectives which focus on quality indicators.

Processes are in place to help ensure the safety and quality of outputs produced by the organisation. It was noted that quality assurance mechanisms are built into individual projects and programmes of work. The intranet-based business planning tool is used to record details of all projects being undertaken by the organisation. Progress monitoring against individual project objectives, which includes monitoring of quality indicators, is built into the business planning tool. The review team also noted the robust assurance and quality arrangements that NHS Health Scotland has in place with external providers.

There is, however, no evidence that an overarching framework for clinical governance and quality assurance is in place. The structures and processes to provide Board assurance of quality and effectiveness are still in the early stage of development. The review team considered that NHS Health Scotland needs to further explore its governance arrangements, in terms of how governance applies to an organisation which does not deliver direct patient care. Furthermore, it was considered that NHS Health Scotland needs to recognise, and separate, its governance responsibilities from its performance management arrangements.

Implementation

A quality assurance group has recently been established to take forward the organisational arrangements for clinical governance and quality assurance. It was reported that the remit of this group has recently been established at its inaugural meeting. The identified areas of focus for this group were processes for assuring the accuracy of medical information, scientific programmes, appropriateness of

materials, management processes, research commissioning processes and external consultations.

The establishment of this group indicates that the Board is beginning to focus on developing its overarching framework for clinical governance and quality assurance. However, given the relative infancy of this group, it is still at an early stage in developing Board assurance processes.

Monitoring

Given the developmental nature of NHS Health Scotland's arrangements for clinical governance and quality assurance, the Board has not reached the stage where it is able to monitor the implementation of its policy and strategy to co-ordinate clinical governance and quality assurance arrangements across the organisation.

Reviewing

NHS Health Scotland has not reached the position where it is reviewing the effectiveness of its policy and strategy to co-ordinate clinical governance and quality assurance arrangements across the organisation.

Core area: 3(b) Fitness to practice

Position statement: The NHS Board is implementing its policies and procedures across the organisation that will ensure its workforce is fit to practice.

Development

NHS Health Scotland recognises the essential contribution that its staff make to achieving its organisational objectives. A range of policies and procedures are in place to help ensure that its workforce has the necessary skills, knowledge and experience to carry out its role effectively and efficiently.

A comprehensive human resources plan outlines the strategic human resources framework for the organisation and is underpinned by an annual work plan which includes aims, principles of working and measures of success.

The organisational development plan incorporates a number of objectives that specifically focus on workforce issues including staff governance, managing relocation, maintaining a motivated and skilled workforce, and creating a supportive and learning culture. This is further supported by a learning and development plan which provides the detail and action for meeting the learning and development needs of NHS Health Scotland's workforce.

Other policies related to fitness to practice issues are a recruitment and selection policy, a management of employee capability policy and an employee conduct discipline policy.

Implementation

Given the non-clinical nature of the work of NHS Health Scotland, the majority of its staff are from non-clinical backgrounds. Therefore, the need for systems for ensuring that staff maintain their professional registration and accreditation is limited. In the few cases where clinical staff are employed, registration checks are included in the contract of employment and updates are maintained as part of the

annual appraisal process. For non-clinical staff, pre-employment checks are undertaken as part of standard human resources procedures as detailed in the recruitment and selection policy. In addition, the voluntary register for specialists in public health is utilised to enhance the accreditation status of public health specialists.

NHS Health Scotland demonstrates its commitment to meeting the continuing professional development needs of its workforce and has a well-established performance development review framework in place. It was reported that the vast majority of its staff have personal development plans in place. They are also in the processes of implementing the knowledge and skills framework (KSF) which is anticipated to be fully implemented by the end of 2007.

Monitoring

The staff governance committee is a subcommittee of the Board of NHS Health Scotland and has an overseeing role in relation to staffing issues which have the potential to impact on the ability of the organisation to carry out its functions.

An annual performance audit-staff governance report and a workforce report are produced for the staff governance committee which reports directly to the Board on staff governance issues.

Whilst it is evident that reporting arrangements for staff governance are well established, the Board was unable to demonstrate that it is monitoring the implementation of its policies and procedures that ensure its workforce is fit to practice as part of the cycle of continuous quality improvement.

Reviewing

The Board was unable to provide evidence to demonstrate that it is reviewing the effectiveness of its policies and procedures across the organisation to ensure its workforce is fit to practice.

Core area: 3(c) External communication

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

Development

NHS Health Scotland's communications strategy incorporates both internal and external communication. The remit of NHS Health Scotland is to communicate with the public on important health issues and offer health improvement information to the population of Scotland.

NHS Health Scotland also works with a large number of partners and stakeholders both nationally and internationally. They range from the Scottish Executive, NHS Boards and local authorities, to community and voluntary organisations, the media and private companies.

Implementation

The communications strategy (2005–2008) was implemented throughout the Board in 2006. There are many ways in which NHS Health Scotland is proactive in its

approaches to engaging with key stakeholders to inform them of service developments, issues and achievements. 'All in good health' is a quarterly magazine produced by NHS Health Scotland for its partners and stakeholders. It aims to share information on some of the organisation's recent achievements, future initiatives and organisational priorities.

Other means by which the Board communicates with partners and stakeholders include production of an annual report, ongoing face-to-face liaison via the partnership management network, continuous development of the NHS Health Scotland website, and production and distribution of regular briefings.

Monitoring

The communications strategy includes communications objectives and associated sources of feedback, milestones and targets. The strategy is supported by the communications team work plan which sets out communication aims, actions and measures of success. These communications objectives are incorporated into the organisational delivery plan. Monitoring of progress against the organisation's communications objectives is incorporated into the performance management framework.

The partnership management network has been developed as a means of strengthening links with other NHS Boards throughout NHSScotland. The network has evolved into a forum for gaining ongoing feedback from other NHS Boards on the effectiveness of NHS Health Scotland's communication strategies and also as a way of finding out how other NHS Boards perceive the organisation. In addition, it is now policy for NHS Health Scotland's Board meetings to take place at various locations across the country.

Pre-testing of all public campaigns is undertaken as part of the process, to help determine their effectiveness and gain feedback from the public. NHS Health Scotland also encourages involvement from the public on specific health promotion campaigns. For example, after public consultation during the development of an oral health campaign, there was feedback which indicated that the group favoured a visual form of communication rather than published literature. As a result, a DVD was produced instead.

Research is commissioned among target audiences so that communication objectives can be agreed, as well as key messages and appropriate communication channels identified.

Reviewing

At the time of the visit, insufficient information had been provided to demonstrate that NHS Health Scotland's approach to external communication is being reviewed throughout the organisation.

Core area: 3(d) Performance management

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

Development

NHS Health Scotland's performance management arrangements are set out in its performance management framework. The framework describes the structures and processes which are in place throughout the organisation to manage performance and provides a detailed breakdown of the various roles and responsibilities of management staff within the organisation.

A policy and planning team is in place to co-ordinate the management of the performance management system, and work closely with the corporate management team and senior managers in developing the organisation's performance management arrangements.

A recently-introduced bespoke, intranet-based, business planning tool underpins and forms the basis of the organisation's performance management system. Details of each individual project within the organisation are recorded on the business planning tool. Progress against project objectives is recorded on the business planning system which is also linked to financial information. It was further reported that the business planning tool will be used in future to record project specific risks and will also have an equality and diversity function.

Implementation

The business plan is based on key deliverables which reflect the national health, efficiency, access and treatment (HEAT) targets. Each individual project undertaken within the organisation is related to achieving the objectives set out in the overarching business plan. The review team also noted the team objectives that are in place to guide the work programme of individual teams within the organisation.

All organisational projects are recorded and monitored on the business planning tool. At operational level, project leads and team heads use the planning tool to manage individual projects on a day-to-day basis. Output reports from the business planning tool are used to inform the organisation's performance management processes.

Information extracted from the business planning tool is used to populate a range of reports which feed into the organisation's performance management arrangements. These include monthly performance monitoring reports to the corporate management team and the corporate report which is presented to the Board. The system is also used to populate quarterly financial and directors reports.

It was evident that NHS Health Scotland considers that the business planning tool has greatly enhanced its ability to effectively manage organisational performance, and the review team acknowledged the range of functions and useful information that the system produces. However, the team was unclear about the decision-making processes that has led to the development and adoption of the business planning tool and how the Board of NHS Health Scotland was assured of its value and fitness for purpose.

Monitoring

NHS Health Scotland provided evidence to indicate that it has well-developed structures and reporting lines for managing organisational performance. However, the Board was unable to demonstrate that it is systematically monitoring the implementation of its performance management system and its corporate objectives.

Reviewing

NHS Health Scotland was not able to demonstrate that it is reviewing the effectiveness of its performance management arrangements across the organisation as part of a cycle of continuous quality improvement.

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

NHS Health Scotland's information governance framework outlines its information governance arrangements. The framework is underpinned by a number of supporting documents including an information management policy, a retention and destruction policy, a Freedom of Information Act 2000 policy, a data protection policy, an information disclosure policy, an email policy and an information technology security policy.

It was noted that many of these supporting documents were under review or in draft format, which reflect the largely developmental nature of NHS Health Scotland's information governance arrangements.

It was reported that a policy development review subgroup has been established and that this group will be undertaking a full review of the organisation's information governance policies in 2007. It was further reported that the Board intends to establish an information management group during 2007 to drive forward the organisation's information governance work programme.

The information management group will provide progress reports to the CMT which oversees the organisation's information governance requirements. The CMT provides updates to senior management and the Board on progress in terms of information governance.

Implementation

NHS Health Scotland was unable to demonstrate that it is implementing its information governance systems, policies and procedures across the organisation.

Monitoring

In view of the developmental nature of NHS Health Scotland's information governance framework, the Board has not reached a position where it is able to monitor the implementation of its information governance arrangements across the organisation.

Reviewing

NHS Health Scotland has not reached the stage where it is reviewing the effectiveness of its systems, policies and procedures for information governance across the organisation.

Appendix 1 – Glossary of abbreviations

CMT	corporate management team
CNORIS	Clinical Negligence and Other Risks Indemnity Scheme
EQIA	equality impact assessment
HEAT	health, efficiency, access and treatment
KSF	knowledge and skills framework
NHS QIS	NHS Quality Improvement Scotland
NICE	National Institute of Clinical Excellence
PFPI	patient focus and public involvement
SEHD	Scottish Executive Health Department

Appendix 2 – Details of review visit

The review visit to NHS Health Scotland was conducted on 26 April 2007.

Review team members

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Public Partner, Greater Glasgow and Clyde

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Clinical Governance & Clinical Effectiveness Co-ordinator, NHS Orkney

Mrs Sandra Mair

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Mr Gerry Marr

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Mrs Joanna McGregor

Public Partner, Highland

NHS Quality Improvement Scotland Staff

Mrs Angela Balharrie

Project Officer

Mrs Anne Hanley

Team Manager

Ms Catriona Foley (Observer)

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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