

NHS Quality Improvement Scotland

Local Report ~ January 2008

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

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

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.

NHS QIS recognises the importance of being included within the review cycle for these standards and this is the first opportunity that we have had to participate.

In order to maintain the credibility and independence of the review process we have adhered to the processes outlined in the following sections.

This report presents the findings from the peer review of **NHS Quality Improvement Scotland**. This review visit took place on **3 October 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.

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.

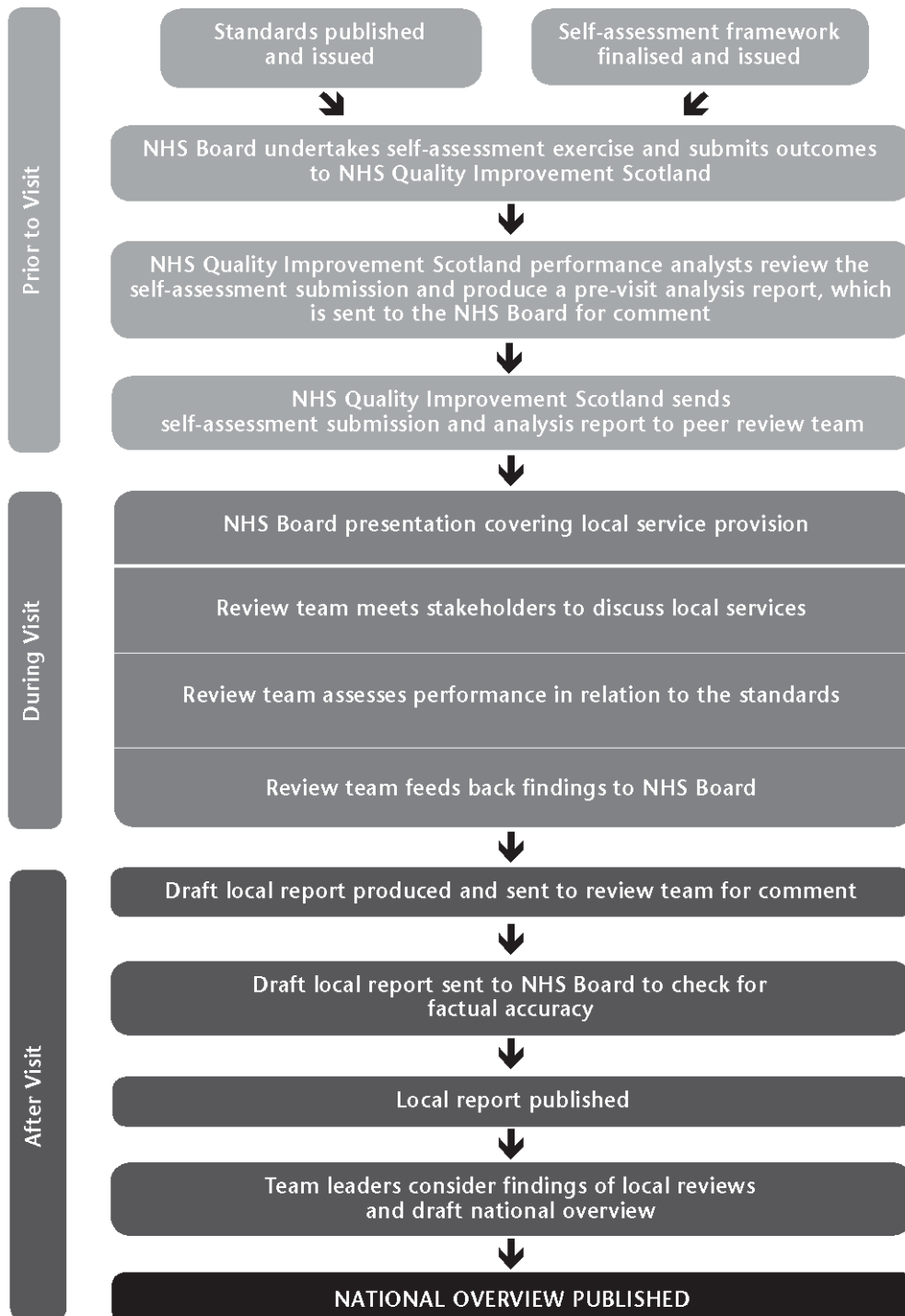
We have lead responsibility for assessing the performance of all NHS Boards against the clinical governance and risk management standards. By working together we share information and scheduling, ensuring organisations are not subject to unnecessary multiple reviews.

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, normally NHS QIS staff, with input as appropriate draft a local report detailing the findings of the review team. However, for this review visit, Ms Maureen Stevenson, Head of Clinical Governance & Development, NHS Dumfries & Galloway drafted this report. 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.

The review process



2 Summary of findings

2.1 Overview of local service provision

NHS QIS is a Special Health Board of NHSScotland. It works with healthcare staff, patients and members of the public, to translate the latest scientific research, expert opinion, and patient experience into practical improvements that can be implemented in the health service.

NHS QIS has five key functions: to provide clear advice and guidance on effective clinical practice; set clinical and non-clinical standards of care; review and monitor the performance of NHS services; support NHS staff to improve services; and promote patient safety and implementation of clinical governance.

NHS QIS is also an umbrella for two other organisations that work to improve the quality of healthcare. These organisations are the Scottish Health Council, which monitors NHS boards to make sure they are involving patients and the public in decisions about services, and taking account of their views; and the Scottish Medicines Consortium, which advises on the clinical effectiveness and cost effectiveness of all newly-licensed medicines.

NHS QIS has three main offices – two in Edinburgh and one in Glasgow – and a number of regional offices across the country for staff working with the Scottish Health Council.

Further information about NHS QIS can be accessed via its website (www.nhshealthquality.org).

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 QIS has developed a risk management strategy which is being implemented across the organisation. The audit committee has delegated responsibility to assure the risk management process with the head of finance as lead executive. Risks relating to staff governance fall within the remit of the head of human resources.

Risks to the work programme are reviewed by the clinical governance and quality assurance committee on behalf of the Board.

Risk management has been incorporated into NHS QIS' approach to project management with exception reporting at directorate management team meetings.

A corporate risk register is in place and is subject to annual review by senior managers. It was unclear how this was reviewed and amended throughout the year to reflect changing risk profiles. Directorate risk registers are at an early stage of development and lack a common approach across the organisation. Project risks are well defined, however, there is a need for project risks to be incorporated within directorate and unit risk registers.

NHS QIS has established a systematic approach to involving stakeholders in risk assessment around individual projects; this could usefully be extended to the wider corporate risk management agenda.

There is a lack of clarity around the Board's role in developing and reviewing the risk profile of the organisation.

NHS QIS demonstrated a commitment to refresh the roles and remits of both individuals and committees with regard to clinical governance and risk management. This work needs to proceed to support the Board in developing a more systematic 'top down bottom up' organisation-wide approach to risk management.

NHS QIS is not required to have emergency planning processes in place as it is not a Category 1 or Category 2 responder under the Civil Contingencies Act 2004. The Board has indicated that it would make staff available to territorial NHS Boards were a major emergency to arise, eg pandemic flu. The review team suggests that NHS QIS needs to review its response to the issue of emergency planning and consider with territorial NHS Boards how that support could be delivered.

The review team noted the progress that NHS QIS is making with its business continuity plans; however, these still require to be formally adopted and cascaded throughout the organisation.

NHS QIS is currently developing arrangements for research governance.

Standard 2 – The health, wellbeing and care experience

Overall position statement:

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

NHS QIS has utilised the SEHD impact assessment toolkit to develop their equality and diversity impact assessment template. The review team was pleased to note that all public partners are required to undertake equality and diversity training and that this has been included in the induction programme for all new starts.

The review team was pleased to note the communication strategy and internal communication plan. NHS QIS as a relatively small organisation has put a lot of effort into informal as well as formal communication mechanisms. Partnership forum representatives reported that they felt well informed, but were not always clear on the purpose of the communication (eg for comment or information). Consideration needs to be given as to how the effectiveness of the strategy and plan is to be systematically monitored and reviewed.

Standard 3 – Assurance and accountability

Overall position statement:

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

NHS QIS has come relatively late to ensuring that arrangements are in place for clinical governance. A clinical governance and quality assurance committee has been established during the last 12 months; it has met on four occasions and is currently refining its role, remit and membership. There is currently no clinical governance strategy or overarching framework in place across the organisation.

NHS QIS has policies and procedures in place to ensure that staff who are employed are fit to practice. The review team was pleased to note the arrangements in place for continuing professional development (CPD), in particular protected learning time and the staff 'bursary' scheme for non-essential CPD.

External communication is a strategic priority for NHS QIS. The review team was pleased to note the communication strategy and NHS QIS' commitment to stakeholder feedback. The impact evaluation commissioned by NHS QIS and reported earlier this year demonstrates that commitment and has provided NHS QIS with useful feedback to inform the further refinement of the strategy.

NHS QIS has recently approved a revised performance management framework to pull together the different aspects of performance management for its Board and directorates. This is being developed and has not, as yet, been implemented across the Board.

NHS QIS has in place the policies and procedures to support its information governance framework.

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 services and work in partnership with staff 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

NHS QIS has developed the core elements of a risk management system. These include a risk management strategy, corporate risk register and risk matrix. The risk management strategy is approved by its Board and updated annually. The strategy outlines NHS QIS' approach to managing risk, and the roles and responsibilities of staff, managers, directors and the Board. However, the strategy does not have an explicit implementation/action plan and lacks sufficient detail around the process of risk identification, assessment, evaluation, mitigation and escalation. Risk management workshops have been held to familiarise staff with the risk management process, but it remains unclear how risk issues are raised and communicated across the organisation. The process of escalation and risk sharing between directorates/divisions lacks formality.

NHS QIS' system for managing project risk through its quality management system would appear to be an area of good practice. This approach to identification, monitoring and reviewing could usefully be spread to the wider risk management context.

Implementation

An annual workshop is held for senior staff to review and develop the corporate risk register. The corporate risk register clearly identifies a risk rating, and the actions and actors responsible for mitigation. Outcomes from this workshop are available to staff through the intranet and are cascaded through directorate management team meetings.

Directorate management teams are operationally responsible for identifying and managing risk across their area of responsibility, for health and safety and for project risk. Risk registers are developed at directorate level, but there is a lack of consistency of process across all directorates. Unit teams are at an early stage in developing their risk registers and would benefit from access to a formal risk register policy. An electronic recording mechanism would clarify the process for frontline staff and allow an appreciation of the full portfolio of risks across the organisation.

Although NHS QIS is implementing Risk Management systems and processes across its directorates and units, the risk management process has not as yet been fully integrated in a consistent and systematic way across all areas of the organisation.

Monitoring

The executive team oversees the day-to-day management of systems for integrated governance, risk management and internal control. The Board has delegated responsibility for reviewing risk management arrangements to the audit committee. Evidence of effective and sustained monitoring of risk was not demonstrated by any of the committees/groups with responsibility. No annual report has been produced, either by the head of finance to the audit committee or the head of human resources to the staff governance committee and no risk management annual report has been presented to the Board.

Internal audit's annual audit plan incorporates a review of some of the elements of risk management, however, the scope and depth of the plan does not constitute regular and comprehensive monitoring of the entire risk management system.

There is no overarching operational group with specific responsibility for risk management. Reporting mechanisms lack formality and make it difficult to track a risk from identification at operational level through to strategic risk management objectives.

The corporate risk register is reviewed on an annual basis. NHS QIS may wish to consider a more regular review to ensure that the register accurately reflects the Board's risk profile throughout the year and that timely assurance is given of the adequacy of controls.

Feedback and monitoring mechanisms for risk management information require further development.

Reviewing

At the time of the visit, NHS QIS was unable to provide sufficient evidence that it was reviewing its approach to risk management across all its directorates. Refinement of its risk management framework in response to an evaluation of its effectiveness would provide a mechanism for ensuring that future risk management objectives meet the needs of, and are responsive to, the risks facing both frontline staff and wider stakeholders.

Core area: 1(b) Emergency and continuity planning

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

Development

NHS QIS, under the Civil Contingencies Act 2004, is not deemed to be a Category 1 or Category 2 responder and, therefore, this section is subject to business continuity review only. The relevance of emergency planning to the business of NHS QIS needs to be considered.

Business continuity plans are currently in draft format, have not been approved by the Board nor shared within directorates and require further development.

NHS QIS undertook a business continuity planning workshop in February 2007. This workshop was facilitated by a business continuity consultant who provided a status report with recommendations. To date, these recommendations have not been agreed or actioned.

Implementation

A business continuity strategy has been developed which requires to be refreshed in light of the external report. Business continuity plans (BCPs) have been developed for a number of functional areas and a crisis management team established, although there is no formal crisis management approach or plan. Knowledge and responsibility for BCPs is held by senior managers and available on the intranet. During the review visit, staff were unaware of the plans, but felt confident that their managers would know and tell them what to do in the event of a crisis.

Monitoring

NHS QIS provided evidence of how a crisis management exercise was evaluated and reported, however, this on its own is insufficient to demonstrate comprehensive monitoring of business continuity arrangements.

The information management technology (IMT) disaster recovery and business continuity plan represents an area of good practice. The document is under full document control, has been approved and is being regularly monitored.

Reviewing

The review team noted that, at the time of the review, there was insufficient evidence to demonstrate that BCPs were being systematically reviewed.

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

Clinical governance and quality improvement are key functions of the clinical governance and quality assurance committee. The chief executive is the lead for clinical governance, however, consideration needs to be given to the roles of other directors, in particular the medical and nursing directors.

The work programme of NHS QIS is detailed in the delivery plan which is approved by the Board. A new, Board-wide topic selection process has been developed and is currently being piloted.

The majority of NHS QIS outputs are developed by multidisciplinary groups and include public partners.

Implementation

There is no separate clinical effectiveness or quality improvement framework in place. NHS QIS' core business is to ensure that the care and services delivered across NHSScotland are safe and effective, and that the products and services it delivers on behalf of the Scottish Government are developed, implemented and reviewed using best available evidence in terms of content and process. While these are necessary elements in the quality assurance of the functions of the organisation, they are not sufficient. There is a need for a formal framework of review through reflective practice, critical self-assessment and measurement of performance against appropriate criteria/standards. NHS QIS has commissioned a number of external evaluations of their processes and a Board-wide approach now needs to be developed.

The recently formed clinical governance and quality assurance committee will have an increasingly pivotal role in monitoring quality and consistency across all areas of the business and establishing a robust reporting framework as it matures.

Monitoring

NHS QIS has recently introduced a strategic planning and performance management framework to restructure the work programme around themes enabling greater integration across directorates and units. This should enable a more robust monitoring and review of clinical effectiveness and quality improvement once fully implemented. NHS QIS staff showed a great deal of enthusiasm for this approach and there is a clear drive to make it work from the chair of the board down.

The impact evaluation of NHS QIS undertaken earlier this year, and the actions from this, represent a significant step forward in assessing stakeholder feedback on the products, services and impact of NHS QIS outputs. However, an overarching reporting framework would enable the organisation to ensure a consistency of approach and monitoring.

Reviewing

The review team noted that, at the time of the visit, insufficient information had been provided to demonstrate that NHS QIS' approach to clinical effectiveness and quality assurance was yet fully embedded in the organisation to the point where the organisation could be regarded as monitoring or reviewing practice.

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 its equality and diversity policy in accordance with legislation, national guidance and best practice across the organisation.

Development

NHS QIS has developed an equality and diversity policy to be known as the fair for all policy which, at the time of the review, remained in draft format. This work is supported by the fair for all group which reports to the director of planning and resource management. The role and remit of this group will need to be clarified to ensure that the agenda is being advanced effectively and that relevant reports are sent to the clinical governance and quality assurance committee.

Implementation

NHS QIS has appointed an equality and diversity officer to take the lead on the implementation of equality and diversity across the organisation. A systematic programme to update all existing policies has been undertaken, with training programmes delivered to support staff implement.

Mandatory awareness-raising sessions entitled 'On Being Different' have been held for staff and are now part of the induction programme for all new starts. All public partners and staff are required to undertake equality and diversity training provided by NHS QIS.

An equality impact assessment group was established in April 2007 to take forward the planning and implementation of equality impact assessment across the organisation. Agreement has been reached that all NHS QIS outputs will be equality impact assessed. At the time of the review, 20 staff had been trained in equality impact assessment and nine assessments had been undertaken. The results are published on the NHS QIS website.

Monitoring

The review team noted that, at the time of the review, insufficient evidence had been presented to demonstrate NHS QIS' approach to equality and diversity is monitored across the organisation.

The fair for all team has developed a scorecard which will be used to monitor performance against key targets. At the time of the review, this scorecard was not in operation, but the review team was told that it would be monitored by the clinical governance and quality assurance committee.

Reviewing

As NHS QIS had not demonstrated that it is currently monitoring its approach to equality and diversity, there is not yet a process in place to undertake review. It was reported that the clinical governance and quality assurance committee would take responsibility for reviewing this work.

Core area: 2(c) Communication

Position statement: The NHS Board is implementing its policies, strategies and procedures to improve the way that staff communicate and engage with each other, patients and the public.

Development

NHS QIS has developed a communication strategy and an internal communication plan, however, both documents are in draft format and lack any form of document control.

Both of the above documents require to be formally endorsed by the Board with a clear plan as to how they will be monitored and reviewed on a regular basis.

Implementation

NHS QIS reported, and could clearly evidence, examples and methods of communication it was using to inform staff. The intranet, team briefings, and the partnership forum are core channels of communication and are pivotal to the approach being undertaken. Staff reported that they felt well informed, but they were less clear as to the purpose of the communication, ie to inform, to engage etc.

It was reported that the relatively small size of the organisation has allowed regular informal communication between management and staff. The chief executive undertakes regular walkarounds across the three sites to engage with staff either on a topic-specific or informal basis.

The communication plan surrounding the proposed, now cancelled relocation, which included both regular face-to-face and written communication to all staff was an example of good practice.

Monitoring

At the time of the visit, insufficient information was provided to demonstrate that NHS QIS' approach to communication is being regularly and systematically monitored.

The review team was pleased to note some examples of good practice, particularly around the relocation issue, the role of the partnership forum and the reliance on team briefings to cascade information.

It was noted that the staff survey and project-specific surveys provided some evidence of monitoring activity; however, it was less clear as to how this information had been used to revise or update communication plans/strategies.

Reviewing

The review team noted that, at the time of the visit, insufficient information was presented to demonstrate that NHS QIS' approach to internal communication was being reviewed across all areas of 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 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 QIS does not have a responsibility for direct patient care, therefore, in the context of the remit and responsibilities of the organisation, clinical governance and quality assurance relates to the policies and strategies by which its outputs are assured.

A clinical governance and quality assurance committee has been established within the last 12 months and has been developing its role and remit. The membership of the committee is mainly drawn from non-executives on the Board with the ability to co-opt up to three non-Board members. Executive directors attend as required, but it appears that few have been required to attend the small number of meetings to date. Consideration was being given to whether, and how, the committee might involve those with a responsibility for driving elements of the clinical governance and quality assurance agenda within the organisation in a more inclusive fashion.

The clinical governance and quality assurance committee has been developing a workplan; however there is currently no clinical governance strategy in place.

A scheme of delegation has been developed which outlines the formal committees of the Board and the delegation of powers to executive directors. It was unclear how the directorates and divisions of NHS QIS related to the committee. It was recognised that the scheme of delegation required revision.

Reporting arrangements to the clinical governance and quality assurance committee are currently informal and heavily reliant on individuals. No formal clinical governance framework was evidenced, although the quality management system for project work represents an area of good practice in that it incorporated risk management, patient focus and public involvement (PFPI) and quality assurance as core elements.

Arrangements for research governance are being developed to ensure a standardisation of approach across the organisation, a system for monitoring research type activity and include workshops for staff.

Implementation

The review team noted that, at the time of the visit, the role, function and membership of the clinical governance and quality assurance committee was still developing. While work plans have now been approved, insufficient evidence was presented to confirm that these were as yet being implemented across the organisation.

No overarching clinical governance framework or strategy was evidenced, although individual pockets of excellent practice exist.

Monitoring

NHS QIS involves and consults stakeholders in the development, review and monitoring of outputs. Public partners are recruited and actively involved in many aspects of its work. Staff and managers from across NHSScotland are seconded/commissioned by NHS QIS to support specific pieces of work.

NHS QIS has come relatively late to the formalisation of clinical governance and quality assurance arrangements. The Board previously had responsibility for monitoring effectiveness of such arrangements. This has now been delegated to the clinical governance and quality assurance committee. It is too early in the development of these arrangements to judge the adequacy of monitoring.

Reviewing

The review team noted that at the time of the visit, insufficient information was presented to demonstrate that NHS QIS' approach to clinical governance and quality assurance was being reviewed across all areas of the organisation.

Core area: 3(b) Fitness to practice

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

Development

NHS QIS has continued to grow and develop as an organisation since it was formed in 2003. It has had a significant challenge to integrate staff from five previous organisations while requiring to increase capacity and capability of their workforce to meet the emerging work plan.

NHS QIS has well-developed systems, policies and procedures to ensure that all pre-employment and ongoing checks are undertaken to ensure professional staff are registered with appropriate bodies.

A fit to practice, learning and development policy and a performance and review process are in place to co-ordinate and monitor the continuous professional development of staff. Issues of poor/under performance are dealt with through performance management and disciplinary and grievance policies.

NHS QIS has an established staff governance committee with delegated responsibility from the Board to oversee the requirements of NHSScotland staff governance standards.

Implementation

NHS QIS works in partnership with staff to ensure the requirements of staff governance standards are fully implemented. The partnership forum, with representatives drawn from across the workforce raises issues of concern, which are taken by the joint chair to the staff governance committee. Members of the partnership forum felt well informed and involved in the development of policies and procedures that impact on employees. A subgroup of the partnership forum approves all NHS QIS policies.

The recruitment process requires that all essential requirements for the job are outlined in a person specification, and that qualifications and appropriate registration is checked prior to commencement of employment. Appropriate registration is checked following interview before appointment, and annually where appropriate, as part of annual performance review process. It should be noted that the majority of NHS QIS staff are not clinically qualified.

The responsibility for staff on secondment lies with the substantive Board and this is documented in the secondment agreement. For any post where professional registration is mandatory for functioning, this will be checked annually by the human resources unit.

Annual development reviews identify personal development plans for individual members of staff. Access to training opportunities was identified as good, with a bursary scheme to support staff undertaking non-essential continuing education. Protected learning time is made available to all staff in support of CPD.

Performance and development review guides and documentation are available for both managers and staff to support the process.

Further work is required to ensure part-time staff in the periphery are fully engaged in the process.

Monitoring

NHS QIS has focused on developing and implementing its policies and procedures and now needs to embed and formalise reporting and monitoring arrangements.

Monitoring of fitness to practice currently rests with individual line managers; however, the roll-out of electronic knowledge and skills framework (KSF) will enable a central database and reporting mechanism to be established.

NHS QIS has agreed that further consideration of workforce planning and fitness to practice in relation to the move towards themed work planning needs to happen.

Reviewing

The review team noted that, at the time of the visit, insufficient information was presented to demonstrate that NHS QIS was monitoring the effectiveness of its policies and procedures across all areas of the organisation to ensure fitness 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 QIS has identified external communication as a strategic priority and has a clear communication strategy with stated objectives and values expressed.

Implementation

NHS QIS is robustly implementing a range of actions in support of its communication strategy.

NHS QIS prepares and disseminates a range of publications, stages events and exhibits at external events and maintains a variety of websites to proactively promote the work of the organisation.

Communication plans are developed for each project/product to involve and inform stakeholders throughout the process.

NHS QIS hosts a number of communication networks: liaison co-ordinators, non-executives and board chairs and allied health professionals as a means of formally communicating with stakeholders.

Monitoring

The NHS Board is monitoring the implementation of its external communication strategy across the organisation; however this requires a more structured approach.

Feedback mechanisms at the product development stage are good and a variety of communication channels are utilised.

The impact evaluation reported earlier this year indicated that NHS QIS and SIGN in particular are strong brands representative of a quality product; other elements of NHS QIS work were less well known and understood. The challenge for NHS QIS will be to influence the wider strategic view held by stakeholders to make the connection between outputs and implementation support.

Reviewing

NHS QIS was unable to demonstrate that it is acting on the results of its impact evaluation to review its external communication and strategy arrangements across the organisation.

Core area: 3(d) Performance management

Position statement: The NHS Board is developing performance management arrangements.

Development

In August 2007, the NHS QIS Board, approved a strategic planning and performance management framework; however, at the time of the review, there was no overarching performance management system in place.

Directorates were clear on their targets and that these would be monitored against the delivery plan, but it was not clear how the organisation's performance as a whole would be assessed. Development of, and implementation of, a robust and systematic framework for performance management was a clear priority from a Board perspective, however, there were some clear challenges in data collection to support this.

Implementation

Insufficient evidence and assurance was provided to the review team to demonstrate that the Board has successfully integrated its performance management framework into day-to-day practice across all areas of the organisation.

The review team noted NHS QIS' strength in terms of individuals' and project performance management.

Monitoring

The review team noted that, at the time of the visit, insufficient information was provided to demonstrate that NHS QIS' performance management arrangements are being monitored throughout the organisation.

Reviewing

The review team noted that at the time of the visit, insufficient information was provided to demonstrate that NHS QIS' performance management arrangements are being reviewed throughout the organisation.

Core area: 3(e) Information governance

Position statement: The NHS Board is implementing its information governance systems, policies and procedures across the organisation.

Development

NHS QIS has developed a framework for information governance and is currently implementing it across the organisation. Information governance arrangements are based on the Best Practice Information Self-Assessment issued by the SEHD.

Implementation

The NHS Board is implementing its information governance systems, policies and procedures across the organisation. It was clear that some work still needed to be done to embed the policies supporting information governance at service level.

Monitoring

NHS QIS has produced an information governance annual report for the year 2006–2007. This was not reviewed by the Board and serves as a summary document outlining work to date.

Insufficient evidence was presented to demonstrate that the NHS QIS Board is currently assured that information governance strategies and policy are being integrated into the day-to-day practice of staff throughout the organisation.

The review team noted the planned monitoring arrangements.

Reviewing

NHS QIS is at an early stage of implementing its information governance framework and was not in a position to demonstrate that the Board is reviewing the effectiveness of these arrangements.

Appendix 1 – Glossary of abbreviations

BCP	business continuity plan
CHP	community health partnership
CNORIS	Clinical Negligence and Other Risks Indemnity Scheme
CPD	continuing professional development
IMT	information management technology
KSF	knowledge and skills framework
NHS QIS	NHS Quality Improvement Scotland
PFPI	patient focus and public involvement
SEHD	Scottish Executive Health Department

Appendix 2 – Details of review visit

The review visit to NHS QIS was conducted on 3 October 2007.

Review team members

Ms Margaret C Duffy (Team Leader)

Chief Operating Officer, NHS Forth Valley

Mr John Angus

Non-executive Board Member, NHS Tayside

Mr Robert Bell

Public Partner, Fife

Dr Adam Bryson

Medical Director, NHS National Services Scotland

Mr Ronnie Cleland

Non-executive Director, NHS Greater Glasgow and Clyde

Mr Gary Hardacre

Head of Resilience, Scottish Ambulance Service

Mrs Alison McGilvray

Public Partner, Forth Valley

Mrs Mirian Morrison

Clinical Governance Development Manager, Highland Direct Health Services (Modernisation)

Ms Maureen Stevenson

Head of Clinical Governance & Development, NHS Dumfries & Galloway

Ms Angela Canning (Observer)

Project Manager, Audit Scotland

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 Quality Improvement Scotland	3 October 2007
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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