

NHS Tayside

Local Report ~ August 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 Tayside**. This review visit took place on **14 March 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

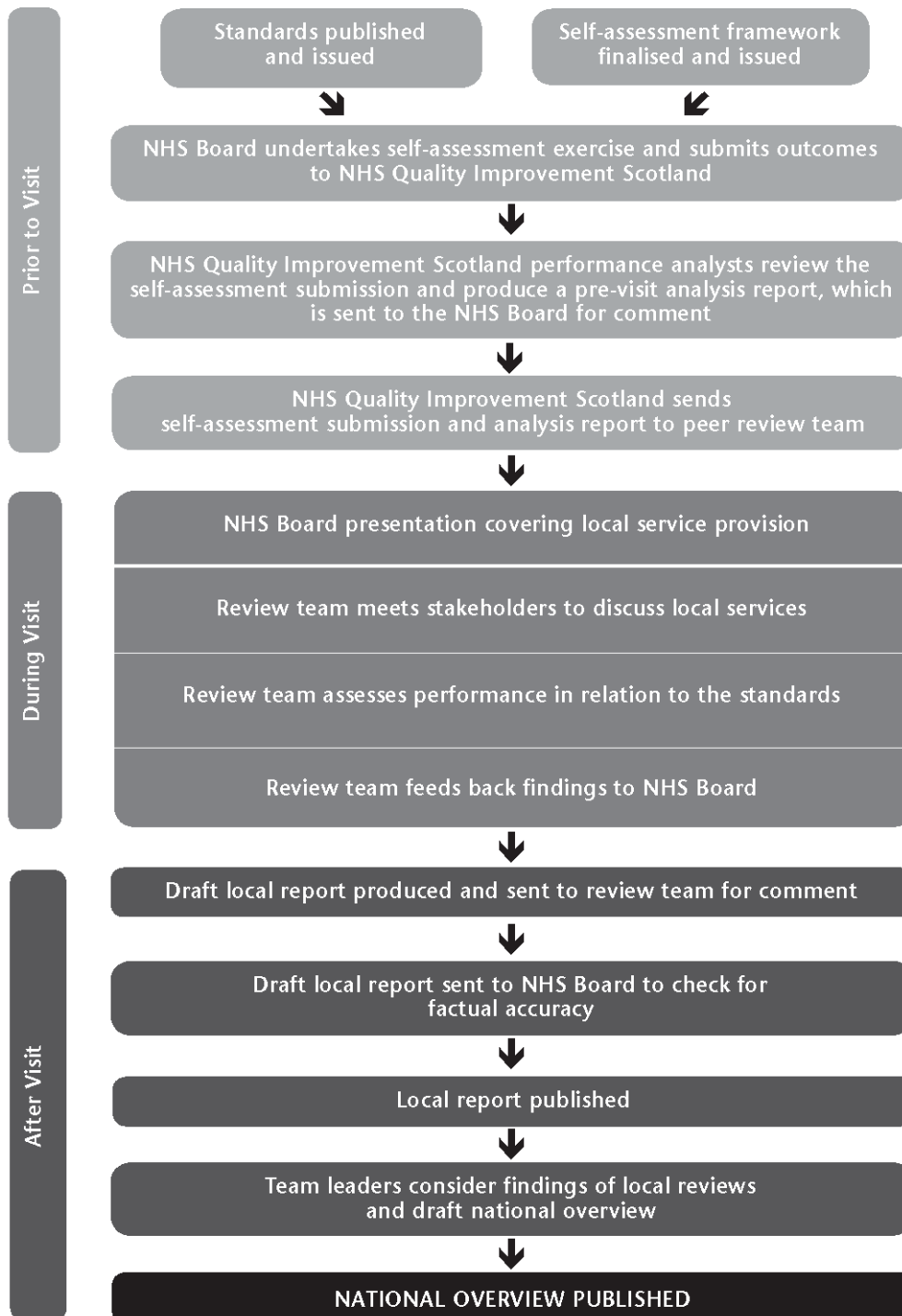
After each review visit, NHS QIS staff, with input as appropriate draft a local report detailing the findings of the review team. This draft report is sent to the review team for comment, and then to the NHS Board to check for factual accuracy. The local report will then be published and made available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

Tayside is situated in the east of Scotland and has a population of around 389,707. Many of the population live in urban areas, of which Dundee and Perth are the largest in the region, although a significant proportion live in rural areas. The proportion of older people in the population is higher than the national average. Levels of illness and deprivation are close to the national average.

Local NHS system and services

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

At the time of the review visit, NHS Tayside was operating a single delivery unit (SDU). The SDU was formed to accelerate the collaboration/integration of primary and secondary care services; promote consistent standards of care and reduce inequalities of health care and health outcomes; allow a holistic approach to budget allocation and financial planning; simplify and unify workforce planning and education/development functions; improve collaboration with partner organisations; and increase operational efficiency by reducing bureaucracy and duplication. There are three community health partnerships (CHPs). Each CHP covers a geographical area and is a way of organising non-acute care where an NHS Board maximises its ability to support integration across health services and between these and other agencies such as social services.

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

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

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 Tayside has a single system approach to risk management and robust processes in place. The system to manage and assess risk in Tayside (SMART) plays an integral role in the organisation. It maintains an audit trail, highlights when dates for addressing risks have been breached, and produces quarterly monitoring reports.

NHS Tayside has implemented emergency planning arrangements, however, business continuity plans have yet to be developed throughout the organisation. The organisation has carried out a number of table-top and live exercises to test emergency plans and various staff training initiatives have taken place.

Co-ordinated programmes for clinical effectiveness and quality improvement are well established within NHS Tayside. The Board has shown commitment to driving this agenda forward. Systems and processes are further advanced in the acute sector compared to the CHPs.

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 Tayside has a comprehensive approach to access, referral, treatment and discharge. The public partnership health group (PPHG) is a valuable link to the wider public of NHS Tayside and the maturity of this group is a strength to the organisation.

The equality and diversity agenda is well integrated in NHS Tayside. An equality and diversity impact assessment tool has been developed and is fully integrated into policy development, implementation and review. A variety of health needs assessments have also taken place to understand and identify the needs of particular population groups.

A single system corporate communications framework is in place in NHS Tayside and local communications plans for each directorate/department are also being developed. The intranet is widely used as a method of sharing a variety of information with staff.

Standard 3 – Assurance and accountability

Overall position statement:

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

Clear clinical governance and quality improvement arrangements are in place across NHS Tayside. Quality indicators are actioned within subgroups and in addition specific patient safety priorities are highlighted through the Safer Patient Initiative.

NHS Tayside has a number of policies and procedures in place to ensure that the workforce is fit to practice, however, an overarching clinical supervision policy has yet to be implemented. Systems and processes are in place to apply registration checks to all clinical staff groups.

Effective external communications systems are in place within NHS Tayside. The corporate communications department works closely with the patient focus and public involvement (PFPI) manager and collaborative working with local authorities can be demonstrated by the 'your health days'.

NHS Tayside was involved in the national citiStat pilot. TayStat, which is the implementation of citiStat in NHS Tayside, is now embedded in the organisation. Scrutiny meetings take place as part of the TayStat process and actions are followed up until a satisfactory response has been achieved.

NHS Tayside has a number of policies and procedures in place to support the information governance agenda. However, at the time of the review visit, there was no single system information governance strategy in place. The review team did recognise the mapping exercise which had taken place to address this and the plans to develop a strategy.

3 Detailed findings against the standards

Standard Statement 1: Safe and effective care and services

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

Overall position statement

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

Core area: 1(a) Risk management

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

Development

NHS Tayside has a unified approach to risk assessment and has consistent processes in place. The organisation has a risk management strategy which, at the time of the visit, was under review. While the Board has delegated responsibility to subcommittees, the audit committee has oversight of the whole system (risk management and internal control) on behalf of the Board. A risk analysis is required for all Board standing papers.

The corporate risk control plan constitutes high-level risks and is discussed quarterly at the strategic risk management health and safety committee, which includes all members of the executive team. Minutes from this group also go to the audit committee. The corporate risk control plan is aligned to corporate objectives and fed into the improvement and quality committee and audit committee. The audit committee oversees systems of risk management and governance, not details of work plans. The improvement and quality committee is a strategic committee which reports to the Board. The improvement and quality subcommittee reports to the single delivery unit committee and minutes are fed to the improvement and quality committee. Operational clinical governance committees report to the improvement and quality subcommittee.

The review team noted that there were two systems in place to escalate a risk. Within the community health partnerships (CHPs), a day-to-day risk would be reported to a risk manager. The risk manager then reports to the CHP clinical governance forum, the lead clinician for clinical governance then reports to the CHP committee. The CHP committee reports to the improvement and quality subcommittee, which reports to the improvement and quality committee which reports to the NHS Board. In addition, the risk management department reported that an identified risk would be reported to line managers where it is decided whether or not to add it to the system to manage and assess risk in Tayside (SMART). The locality groups (CHP risk management/health and safety groups) report to the single delivery unit risk/health and safety management group. This committee reports to the strategic risk management health and safety committee and then to the Board. The review team noted that some staff interviewed as part of the review visit were unclear about

the different structures in place, some structures were not clear or well documented, and organisational charts appeared confusing.

Implementation

The NHS Tayside approach to risk management is communicated to all staff through workshops, held twice a month, which are offered to all staff. Educational events are also held and directorate group managers and members of the risk management groups feed back to staff. NHS Tayside raises awareness and encourages staff to report risks, incidents and near misses through adverse incident management training and root cause analysis workshops. Feedback occurs through the local risk alerts and newsletter. All staff have read-only access to SMART. Line managers can generate reports from this system.

NHS Tayside was one of four NHS Boards/Trusts across the UK chosen to participate in the Safer Patient Initiative, funded by the Health Foundation. The Health Foundation is supporting these sites to develop, use and promote initiatives to improve patient safety. The Safer Patient Initiative in NHS Tayside has also introduced a safety walk-round process which several patients have participated in. The risk management framework is disseminated by the communications department to relevant stakeholders, the public and patients. A risk management newsletter is also circulated to all staff and an article has been written for the NHS Tayside magazine, Spectra. Staff are being trained to use run control charts which are visible in some wards in the acute hospitals. Every area has laminated charts and marker pens to record improvements, and local champions provide support to areas.

NHS Tayside's risk management framework is integrated throughout the three CHPs, Dundee, Angus, and Perth & Kinross. The organisation is also involved in the Patient Safety in Primary Care Initiative where joint-level agreements and healthcare approaches are in place. NHS Tayside shares risk management information with other organisations in a variety of ways, for example information is shared and discussed with NHS Quality Improvement Scotland's (NHS QIS) risk management network. The adverse incident management policy also outlines potential external recipients of adverse event information.

Strategic risk management objectives are compared with the annual internal audit plan, agreed and then prioritised. They are then aligned with the NHS Tayside corporate objectives. Through the annual review process, regular consultation with internal audit takes place to ensure all key risks are identified and managed. The chief executive and executive team members identify and assign executive leads for all strategic risks. The strategic risk management group has delegated authority for risk management. This group forms part of the executive team and is chaired by the chief executive of NHS Tayside.

Monitoring

The review team noted that, at the time of the visit, insufficient information had been provided to demonstrate that NHS Tayside's approach to risk management was being monitored strategically throughout the NHS Board area. Monitoring is more mature in some parts of the organisation than in others, however, at the time of the visit it was not systematic across the organisation. The review team was pleased to note, however, the following individual examples of monitoring at operational level. SMART has been audited to ensure the accuracy of the information recorded in the

risk control plans. The review team was pleased to note the effectiveness of SMART. It is a unified system which keeps an audit trail of how risks are managed and flags up when dates have been breached. The chief executive, executive team members of NHS Tayside and the strategic risk management group identify, agree and assign executive leads for all strategic risks. Executive leads also have risk management as part of their personal objectives. All risks and risk control plans are continually reviewed by the owners and managers. SMART sends automatic reminders to the risk owners/managers for re-assessment and review of the risk control plans. Two weeks before the risk is due for review, the owner receives an email. Following this they receive weekly emails until it has been resolved. The system also allows quarterly monitoring reports to be produced. An annual report and work plan is to be developed for risk management which will be used by internal audit.

Reviewing

At the time of the review visit, the Board was unable to demonstrate reviewing of its risk management arrangements 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 Tayside has well-embedded emergency planning arrangements and business continuity planning is starting to be addressed comprehensively. Systems to comply with statutory obligations set by the Civil Contingencies Act 2004 have been developed in a variety of ways. For example: NHS Tayside was involved in the planning for the G8 summit; an audit has been carried out by consultants on emergency planning and continuity planning; SEHD audit carried out on major incident procedures; and representatives attended a multi-agency workshop on the Act. NHS Tayside is developing business continuity plans and, when complete, approximately 100 plans will be available on the intranet. The review team noted that the development of these plans is a future challenge to the organisation.

Meetings of the NHS Tayside Regional Emergency Co-ordinating and Planning Group (RECAP) and health emergency planning officers (HEPOs) are held regularly.

Table-top and live exercises have taken place to test emergency plans, for example: exercise thunderclap (G8 table-top exercise); Dundee airport airex 2005 (live exercise); multi-agency pandemic flu table-top exercise; and T in the Park seminar.

Staff are aware of and trained to respond to, emergency planning incidents. All emergency plans are available on the intranet; induction/refresher training is available for staff operating the hospital control centre in the event of a major incident; annual multi-agency emergency awareness courses are available; and emergency planning society annual conferences and strategic exercises take place.

Implementation

The review team found evidence that local programmes for business continuity are being implemented within NHS Tayside, but that this is not consistent across the organisation.

Monitoring

The review team agreed that there is a well-developed, implemented and monitored emergency plan. The Board provided a significant volume of evidence, demonstrating the testing of emergency plans. NHS Tayside conducts local exercises to test its readiness and ensures its emergency procedures are fit for purpose, as well as participating in national exercises and strategies. Many staff are trained to deal with emergencies, and have been involved in national and local exercises.

Reviewing

At the time of the review visit, the Board was unable to demonstrate reviewing of its emergency and continuity planning arrangements across the organisation.

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

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

Development

NHS Tayside has established systems of clinical effectiveness and quality improvement. Clinical effectiveness and quality improvement plans are developed from the clinical governance strategy and organisational objectives, which are based on delivering for health. Clinical effectiveness and quality improvement programmes respond to the priorities of the local delivery plan by ensuring that the key measures are reflected in quality improvement reports. Although NHS Tayside has no clinical effectiveness strategy, clinical effectiveness is incorporated into the quality improvement strategy.

The review team noted that clinical effectiveness and quality improvement is well advanced in the acute sector, for example wards in the acute sector have run charts which display quality improvement targets. However, in the CHPs, the clinical effectiveness and quality improvement agenda is beginning to be implemented and there was evidence of effective working. For example, in Dundee CHP, quality indicators on key issues are reported to the CHP committee and then to the single-system improvement and quality subcommittee. The review team noted that the next steps for NHS Tayside will be to bring the CHPs to the same level of maturity as the rest of the organisation.

NHS Tayside involves members of the public through public partnership health groups (PPHGs). Members of the PPHGs participate in the improvement and quality committee, improvement and quality subcommittee, and the quality improvement forums in the CHPs and single delivery unit. The quality improvement forums contribute to the development of clinical effectiveness and quality improvement programmes. PPHGs have also worked in partnership with the single delivery unit and CHPs in planning and participating in public events. The 'your health matters' public workshops have also given people the opportunity to

participate in the ongoing development and planning of services which will inform the improvement programmes. Within all CHPs, a wide range of stakeholders attend committees, network and planning groups (for example, patient focus and public involvement (PFPI) groups), forums, CHP committees and redesign development events.

Implementation

Corporate objectives for NHS Tayside can be categorised into those related to the local delivery plan, for example health, efficiency, access and treatment (HEAT) targets, and non-local delivery plan objectives, which are local and regional priorities. Regional priorities are pursued through south east and Tayside (SEAT) and north of Scotland planning groups. There is a template in place for the annual report of managed clinical networks (MCNs). This sets out proposed action and progress against that action and the objectives for the following year. These are reported to the improvement and quality subcommittee.

NHS Tayside has established a quality improvement network which the review team recognised as a strength to the organisation. The network is used to bring information together, share information and examine ways of single system working. Learning is brought together from other areas and challenges are discussed. All of the improvement work is carried out on the basis of collaboratives and a multi-disciplinary reference group oversees the work.

NHS Tayside has also been involved in the Safer Patient Initiative. The aim of this was to reduce adverse events by 50% by reviewing patient casenotes and identifying potential or actual events. In Tayside, these events have been reduced by 71% and a range of 41 measures were introduced to improve safety, which are monitored monthly. This initiative recently won the top team awards in the Scottish Health Awards 2006.

NHS Tayside has a variety of targets in place to drive continuous improvement in the health of the population. National targets are contained in the local delivery plan, and targets are also developed locally to address local issues. For example, NHS Tayside has a clinical services development work plan linked to delivering for health, strategic workforce development plan, managing long-term conditions developments, MCN targets, and quality outcomes framework (QOF) targets.

National standards guidance and policies are received by the chief executive's office or via the NHS QIS liaison co-ordinator. They are then disseminated throughout the organisation. A template for the clinical lead to complete with regards to the national standards, guidance and policies being disseminated is prepared where relevant, and sharing of this template helps communicate the guidance. Clinical groups assess whether they can meet the guidance or not. Completed templates are sent back to the executive team and/or clinical governance meetings for action as appropriate. Scottish Executive directives are received by the chief executive and a lead is identified to co-ordinate dissemination and implementation.

Monitoring

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

Reviewing

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

Standard Statement 2: The health, wellbeing and care experience

Care and services are provided in partnership with patients, carers and the public, treating them with dignity and respect at all times, and taking into account individual needs, preferences and choices.

Overall position statement

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

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

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

Development

NHS Tayside has a comprehensive approach to access, referral, treatment and discharge arrangements. The organisation uses a variety of methods to raise the awareness of patients and the public about the care and services provided. For example, PPHGs are a key link to the wider public of NHS Tayside and PPHG members are included in all standing committees. The organisation also has user groups, patient forums, patient information leaflets and invites the media to many meetings. A report template for papers being submitted to the Board includes a mandatory section which must be completed to demonstrate that there has been public/patient involvement.

PPHGs were established within NHS Tayside approximately 4 years ago and membership includes all age groups. The groups meet monthly and members also sit on other groups where they have the opportunity to ask questions and challenge proposals. The PPHGs try to meet the public as much as possible and go to, for example supermarkets and libraries to generate more interest in their work. The review team noted the maturity of the PPHGs as a strength to NHS Tayside.

NHS Tayside formed a patient information group in an attempt to stop information being provided in duplicate formats. The group supports the co-ordination and management of leaflets to ensure that they are accurate and consistent. At the time of the visit, the group was carrying out a mapping exercise on patient information which will be reported to the improvement and quality subcommittee.

Implementation

NHS Tayside involves young people, older people and people with physical disabilities in the planning and delivery of services, and each care group has a strategy. Cool2talk, a website providing health information for young people, and other interactive web-based communications encourage young people to ask and give their views on health matters and health services. The organisation has joint working groups with each local authority, the Scottish Ambulance Service, PPHGs and the voluntary sector to address transport provision across NHS Tayside. Through regional planning NHS Tayside is also linked into the new strategic transport

authorities. Specific groups have been involved as part of the development of the disability equality scheme, for example Tayside Association for the Deaf. A public meeting was well attended by disabled people to establish their priorities regarding access. NHS Tayside has also worked with local bus companies in Perth on the Scottish Healthy Communities Collaborative Falls Project where improvement skills were given direct to the public. For example, one company altered bus passes to say 'please give me time to sit down'; elderly passengers display these to the driver when boarding the bus.

NHS Tayside has developed and implemented a service directory which gives clinicians information and referral criteria for all outpatient clinics and is available on the internet. Multi-professional meetings have taken place between CHP and secondary care colleagues to discuss the design and content of the information site. Referral guidelines for the main referring services are contained in an eCare system used by multi-professional groups for single shared assessment, and this is reviewed on an annual basis. A number of referral audits have also taken place in specialist areas. Referral guidance across Tayside is also discussed at a Tayside cross-boundary group.

A single shared assessment is used throughout NHS Tayside. For example, a multidisciplinary admission and assessment document is in use across NHS Tayside secondary care adult settings. This is used by nurses, pharmacists and allied health professionals (AHPs). The document also acts as a single shared assessment for health and social care. Multidisciplinary groups are also actioning the eHealth and eCare agendas, with pilots under way with the electronic health record. Trigger questions within the single shared assessment core admission document identify appropriate involvement of other agencies in patient care. These agencies are then contacted for supplementary assessment information and to support care planning. All NHS Tayside staff have been trained on the single shared assessment. It was also reported that training is planned for spring 2007 to support the transfer of paper-based records to the electronic single shared assessment.

NHS Tayside involves carers in the joint planning process through representation on the Angus Carers Joint Planning Group and the Perth Carers Task Group. The carers have assisted in developing the carers information strategies in Angus and Perth & Kinross. A core assessment document ensures that carers are informed of their right to a separate assessment and why this might be useful to them. The social work department is then requested to carry out a carer's assessment. The documentation will assist staff in identifying specific carer needs, for example equipment required for a patient at home.

NHS Tayside uses a variety of methods to provide patients and, with their consent, carers with information about their condition. This includes using leaflets which are available in various formats. Good practice guidelines for writing and reviewing patient leaflets have been developed. Discussions also take place with patients and carers, if appropriate, as a routine part of professional practice, and are documented within casenotes. Some staff groups have dedicated time slots to allow for discussion with relatives, if appropriate. NHS Tayside nursing and clinical policies, protocols and guidelines promote the involvement of patients and their carers to make decisions and choices about their own care and treatment. For example, a joint health and social care discharge protocol is in place. Patient information is also readily available to enable patients to make decisions and choices about their own

care. The consent policies from the acute and primary care divisions have been reviewed. The Board envisaged that the NHS Tayside informed consent policy would be approved at a future meeting.

NHS Tayside has a discharge information group with patient and public involvement. The remit of this group is to involve all members of the multidisciplinary team, patients and the public in discharge planning with the aim of having a co-ordinated approach across the organisation. The group also reviews developments on an ongoing basis in order to continue to improve discharge planning. Discharge planning is discussed with the patient and carer from the time of admission and continually throughout the period of stay. Local authorities, community nursing and patient/public representation were involved in a group which reviewed the discharge planning policy. In conjunction with the Care Commission, NHS Tayside has quarterly meetings with the private sector to discuss developments, issues, joint training and education.

Monitoring

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

Reviewing

At the time of the visit, the Board was unable to demonstrate reviewing of its access, referral, treatment and discharge arrangements.

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 Tayside is robustly implementing the equality and diversity agenda throughout the organisation. An equality and diversity impact assessment tool has been developed locally and is fully integrated into policy and service development. Initially policies or services are reviewed using a rapid impact assessment tool which identifies any adverse impact. Where this is highlighted, a more comprehensive assessment is carried out using the equality and diversity impact assessment tool modelled on the national example. The review team was pleased to note the integration of equality and diversity into the governance structures of the organisation.

Implementation

NHS Tayside routinely involves and consults members of the community about access to health services and care. The equality impact assessment (EIA) process ensures that this involves discussion with a cross section of the community. The feedback is used to influence the future design and delivery of care. The race equality scheme 2005–2008 sets out the organisation's plans to impact assess all existing policies by December 2007, and provides a prioritised action plan to achieve this. This is also a requirement of the disability equality and the gender equality

scheme, both of which will include a timetable for continual review of policies and services. In addition, all papers to the Board and standing committee require the inclusion of a statement on the impact on equality and diversity. They must also confirm that the policy, procedure and/or proposed service change has been appropriately impact assessed.

NHS Tayside has carried out a number of health needs assessments in recent years to understand and identify the needs of particular population groups. For example, a health needs assessment was carried out on the needs of the local black and minority ethnic community. This sets out the local demography and highlights the differential prevalence of specific diseases, additional barriers to accessing services, as well as cultural and religious needs of patients and visitors. NHS Tayside and community planning partners also commissioned a health needs assessment into the needs of the local lesbian, gay, bisexual and transgender population. A health needs assessment is also being developed in relation to the needs of migrant and international workers.

Monitoring

The review team noted that, at the time of the visit, insufficient information had been provided to demonstrate that NHS Tayside's approach to equality and diversity was being monitored throughout the NHS Board area.

Reviewing

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

Core area: 2(c) Communication

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

Development

NHS Tayside has developed and implemented a single system corporate communications framework. This was developed following an external review, after the move to single system working, in which staff, managers, the press and other stakeholders were approached for their views, and gave feedback on the services provided by the corporate communications team. The review informed the development of a draft corporate communications framework and action plan. The draft framework and action plan was then distributed for consultation before being approved by the staff governance committee in January 2006. The corporate communications department reports to the NHS Tayside staff governance committee annually regarding the 'well informed' strand of the staff governance standard.

The review team noted the amount of work being undertaken by NHS Tayside in relation to communications. NHS Tayside is developing local communications plans for each directorate/department. A template communications plan was developed by the corporate communications team, following feedback from managers, to assist in the development of the plans. It is envisaged that these will be produced by 31 July 2007.

Implementation

NHS Tayside ensures that a representative cross section of staff, patients and the public are involved in the development of the communications framework through the communications forum. This was established to provide an environment for staff to share and promote good communication practice within the organisation. The communications forum has representation from across the organisation, including the employee director and a member of the PPHG.

The corporate communications team of NHS Tayside has developed a branded website which is available on the intranet. Good practice guidelines, covering various aspects of internal communications, have been developed and are available on this website. The review team was pleased to note the amount of relevant information available to staff on the intranet.

Monitoring

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

Reviewing

As NHS Tayside has not demonstrated that it is monitoring its approach to communication, there is not yet a process in place to undertake a review.

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 monitoring the implementation of 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 monitoring implementation of its policy and strategy to co-ordinate clinical governance and quality assurance arrangements across the organisation.

Development

NHS Tayside has clear clinical governance and quality assurance policy and strategy arrangements across the organisation. The lead committee responsible for clinical governance and quality assurance is the NHS Tayside improvement and quality committee. The operational lead committee is the improvement and quality subcommittee. These feed down into quality improvement groups and forums which are in place in all three CHPs and in each clinical group in secondary care.

Implementation

Clinical governance is promoted to staff in NHS Tayside at staff induction. The clinical governance team also works alongside colleagues from modernisation to assist in, for example raising awareness and supporting staff.

NHS Tayside works with PPHG members who are a link to the wider public and attend standing committees, focus groups, forums, projects and events across the organisation. Other methods of communicating with the public include: ongoing development of the public partnership forums in CHPs; existing patient forums; voluntary sector links; and working with carer groups and local authority partners. The Scottish Health Council self-assessment offers assurance to the Board of the effectiveness of these approaches and this is completed annually. This is monitored and reviewed by the Board and the PFPI operational group which produce action plans and responses. The improvement and quality committee has responsibility for PFPI.

NHS Tayside has a number of arrangements and service level agreements in place with other agencies to ensure quality and consistency of provision. For example: joint service level agreements and service specifications with voluntary organisations; information sharing protocol between NHS Tayside and the three Tayside councils; and independent sector clinical governance arrangements for assuring quality of clinical services.

In parallel with accreditation requirements to which all NHS research ethics committees are subject, NHS Tayside requires that all research projects are registered with, and approved by, their research and development office. Ethical approval is a

prerequisite for overall management/governance approval and before initiating research, local management/governance approval must be in place. Procedures are in place to audit and monitor clinical research in progress and to ensure compliance with good clinical practice. This is achieved by regular communication with the research community and by providing education and training programmes.

Monitoring

NHS Tayside has clear reporting structures in place to ensure the effectiveness of quality assurance and improvement activities at all levels of the organisation. Services/clinical groups report routinely to the quality improvement groups and forums in each CHP and in secondary care. Minutes of all group and forum meetings are presented at the NHS Tayside improvement and quality subcommittee and quarterly reports are presented by clinical governance leads from CHPs and secondary care. The PFPI lead, MCNs and spiritual care leads also present annually to the subcommittee. Minutes of the subcommittee and exception reports go to the quality and improvement committee.

The quality of care and services provided by NHS Tayside can be monitored, measured and appraised in a number of ways. For example, clinical audit, run charts, Taystats/citiStats, and complaints. The review team recognised the review of, and improvement in, the complaints process following complaints being highlighted through Taystat. These quality indicators are actioned in the subgroups of the improvement and quality subcommittee, and key priorities have been identified through the Patient Safety Initiative. Safer patient methodologies are now used for complaints and a quality response is given. Run charts are used to establish whether changes are making a difference. The review team noted the monitoring of the quality indicators and the effectiveness of the clinical governance processes.

Reviewing

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

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 Tayside has developed policies and is implementing these to ensure that the organisation's workforce is fit to practice. Qualification, registration and accreditation checks are carried out at the selection, offer of employment and engagement stages, and references are requested at interview. Details of Disclosure Scotland checks, occupational health screening and verification of registration are included in the offer letter. All professional staff are required to provide evidence of up-to-date professional registration on appointment.

NHS Tayside has no overarching clinical supervision policy, although clinical supervision procedures are in place. NHS Tayside reported that the nursing and midwifery strategic group was leading on the development of a single system clinical supervision policy. Staff are supported via coaching and mentoring, and a coaching

and mentoring network has been established alongside the Royal College of Nursing (RCN) clinical leadership programme. All newly-qualified nurses are also involved in the flying start programme. Junior AHP staff are supervised within a team and have objectives set. It was realised that clinical supervision of more senior staff was a challenge, therefore, the lead AHPs now meet as a forum to address this. GPs can be placed with other GPs for clinical supervision. Staff have a number of options in place with regard to clinical supervision, for example one-to-one, peer, or team/group supervision. The review team noted that a challenge to the organisation will be to develop and implement a single system clinical supervision policy. NHS Tayside reported that a draft clinical supervision policy is out for approval.

Implementation

NHS Tayside has systems in place for local managers and HR to check registration renewal dates. A monthly spreadsheet with registration details, checked and verified through General Medical Council (GMC), Nursing and Midwifery Council (NMC) and Health Professions Council (HPC) websites, has renewal dates recorded. In the event of a lapse in registration, the lapsed professional registration policy is applied. All areas have a checking system in place to remind nurses and midwives that their registration is due for renewal and all areas have a spot check in place. The Board is assured of these processes through local clinical governance reports to the improvement and quality subcommittee. The review team recognised the registration monitoring system as a strength of the organisation.

Staffing and HR issues which impact upon the delivery of safe, effective, patient-focused care are escalated to the Board through the internal governance process.

NHS Tayside has one HR system for nursing registration checks across the organisation. Pre-employment checks are carried out for all staff, including bank nurses. Professional registration checks for AHPs are made by managers. Administration staff enter the registration date to an HR database and a paper copy is put in staff's personal files. Doctors and medical students' GMC registrations are checked through performance checks and locum checks are also undertaken. The organisation reported that it can be a challenge to check the registration of staff with different nationalities. Professional registration is checked on an annual basis through the GMC, general dental council (GDC), NMC, pharmaceutical council and HPC. For commissioned services through the voluntary sector, the organisation would require to go through the local authority's approved provider status.

Monitoring

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

Reviewing

As NHS Tayside has not demonstrated that it is monitoring its approach to fitness to practice, there is not yet a process in place to undertake a review.

Core area: 3(c) External communication

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

Development

NHS Tayside has effective monitoring systems in place and an innovative approach to external communications. Following the move to single system working in 2004, the corporate communications team commissioned an external review. Staff, managers, the press and other stakeholders were all approached for their views and feedback on the services provided by the corporate communications team. This review informed the development of a draft corporate communications framework and action plan. This was presented to the staff governance committee in May 2005. Following endorsement from the staff governance committee, it was widely distributed and consultation took place throughout the organisation from July 2005 prior to its approval by the staff governance committee in January 2006.

NHS Tayside's corporate communications team provided each CHP with a template for their communications plan and held a workshop to enable a consistent approach to be taken across the CHPs when developing their communications plans. The CHPs are then able to identify the audiences for their communications and develop an effective communication plan. The review team was pleased to note the development of the Perth & Kinross CHP communications plan which was the first to be produced by the CHPs in NHS Tayside. The Perth & Kinross information governance subgroup ensures that information is reaching frontline staff and is also communicated upwards.

Implementation

NHS Tayside engages with, liaises and informs key local, regional and national stakeholders on services development, issues and achievements in a number of ways. The corporate communications department works closely with NHS Tayside's PFPI manager in support of the PFPI framework. The head of corporate communications has regular contact with and briefs press officers at the SEHD and has links with other communications leads across Scotland. The corporate communications team links into regional planning mechanisms to ensure communications around service development and regional issues are taken forward. The Board secretary facilitates a regional informing, engaging and communication group. The corporate communications department also uses press releases, media briefings and interviews with key clinical leads to promote the work of NHS Tayside. The review team was also pleased to note the collaborative working with local authorities and the 'your health days'. Your health days are patient conference/meeting events which have taken place in each CHP. The public and staff have participated in these events to contribute to the delivering for health agenda. NHS Tayside also use the internet to communicate with patients and the public including young people, for example the Cool2Talk website.

Monitoring

The corporate communications department of NHS Tayside monitors media analysis statistics regarding the external impact of press coverage. The department also provides a daily media monitoring service which is posted on the corporate

communications department intranet site. A weekly report of all enquiries to, and press releases issues by, the corporate communications department is also produced for senior managers within the organisation. This, together with the daily media monitoring report, is made available on the intranet for all staff to access. The review team noted the use of the intranet in sharing a vast amount of information with staff. The communications department also undertakes a daily media analysis on the impact of media coverage received by NHS Tayside. This information is collated into monthly reports and is reported to the staff governance committee annually.

The review team agreed that sustaining the effective work being carried out with regards to external communications may be a challenge to the Board. NHS Tayside may also benefit from making CHP information more available to the local community.

Reviewing

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

Core area: 3(d) Performance management

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

Development

NHS Tayside has embedded performance management arrangements across the organisation. The organisation was part of the national citiStat pilot (a performance management and improvement methodology developed for the public sector in the USA) which looked at how performance management and scrutiny was implemented across the organisation. TayStat is the implementation of citiStat in NHS Tayside.

Implementation

The organisational performance of NHS Tayside is driven through the national priorities, for which performance is measured against the HEAT national targets. Local indicators are all driven by the local delivery plan and non-local delivery plan corporate objectives. These are identified locally, reflecting national strategies and policies and commitments to the local population. Performance is managed against local indicators, many of which have been developed from the TayStat process in association with the TayStat team and operational management.

citiStat, which is a tool to improve performance through effective channels of accountability, is a national initiative which has been implemented locally in NHS Tayside as TayStat. Local delivery plan objectives and local commitments of NHS Tayside are monitored through the TayStat chair's scrutiny meeting. This is supported by the monthly chief executive's performance meeting and a monthly report on corporate objectives.

Through TayStat, NHS Tayside has introduced two levels of scrutiny meeting, one is undertaken by the chief executive and the other by the chairman. The national HEAT targets form a core part of this scrutiny. A TayStat meeting consists of a

TayStat panel who address questions to the respondents. These questions may arise from the analysis of the TayStat report, which summarises performance for key performance indicators against agreed targets or as trends. Questions may also relate to actions carried forward from previous meetings. The respondent may call upon supporting officers to provide detail in the response to the question. The response should not be to describe the problem, but to outline the action being taken to resolve the problem. The result of the discussion is then documented as clear actions with timescales. Such actions are followed up at subsequent meetings until a satisfactory resolution of the problem is achieved. All non-executive directors of NHS Tayside receive all TayStat papers prior to the meeting and minutes of the meeting 48 hours after the meeting.

Monitoring

The improvement and quality subcommittee, as lead committee for operational clinical governance, and reporting into the improvement and quality committee, which has overall responsibility for clinical governance, receives actions from the chairman's TayStat scrutiny meetings on a quarterly basis. The committee is in a position to review the key actions that have been implemented in order that they can be entirely satisfied that the actions being taken are consistent with the drivers of improving performance.

The Board is provided with a quarterly performance management report which shows progress against the corporate objectives. This assures the Board across a range of targets and includes a report on the HEAT targets.

Reviewing

At the time of the review visit, there was evidence of aspects of performance management which were established and routinely or periodically reviewed. However, the Board was unable to demonstrate that performance management arrangements were being reviewed across 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 Tayside has a wide range of well-developed documents relating to policy, procedures and guidance to support its information governance responsibilities. A number of groups within NHS Tayside have an interest in information governance. These are the: area information security and confidentiality group; community health index (CHI) subgroup; Freedom of Information (Scotland) Act (FOISA) disclosure group; FOISA working group; information and clinical records group; eHealth group; business information management and technology (IM&T) group; and the electronic patient record (EPR) information governance group. NHS Tayside reported that the area information security and confidentiality (AISC) group remit is under review. This will take into account the changes that have taken place within the organisation and bring together an integrated approach to information governance. The NHS Tayside improvement and quality committee has the lead

responsibility for overseeing the implementation and operation of the information governance framework.

The review team noted that a challenge to the organisation will be the development and implementation of a comprehensive single system information governance strategy. The Board recognised this and informed the review team that following the completion of the clinical governance and risk management self-assessment, and receipt of the analysis, a short-term action plan has been developed. This will form the basis of how to progress the information governance agenda and will feed into an information governance strategy.

Implementation

Guidance on safeguards to guarantee the confidentiality and security of patient information is included in the NHS Tayside IM&T strategy. Awareness presentations on policy and guidance are also given to staff, and articles on information governance are included in staff newsletters. Access to clinical information support systems is managed through directory management and approval is required by management to gain access to specific information. In addition, NHS Tayside has a general information sharing protocol in place with other local authorities.

NHS Tayside produced and widely distributed a generic leaflet 'confidentiality of patient information' which explains how patient information is used in the organisation. The Health Rights Information Scotland patient information leaflets have also been distributed. Specific projects or studies also require to have documentation explaining the use of specific patient information prior to receiving Caldicott approval to use this patient information.

At the time of the visit, there were no facilities in place within NHS Tayside to allow patients to make decisions regarding sharing and protecting their personal information. Where the organisation has arrangements for sharing information with other agencies, then explicit consent is required. These arrangements are carried out within the terms of the general information sharing protocol established between NHS Tayside and the three local authority partners. Specific arrangements are also described in supporting information access protocols. Patients within NHS Tayside have the option to withhold consent for certain clinical data transfers, for example GP data transfers and emergency care summary data transfers from GP systems. In the development of the NHS Tayside EPR, a subgroup addressing information governance matters has been established which includes direct patient representation. When patients request access to personal information, practitioners and managers assist them in gaining access to the information that will address any issues that they have. Where a formal approach requires to be taken then requests are processed as subject access requests under the terms of the Data Protection Act 1998.

NHS Tayside has a number of methods in place to manage situations where consent to share information is withheld, but disclosure is required without consent of the patient. The recommendations of the Confidentiality and Security Advisory Group for Scotland (CGAGS) have been incorporated into NHS Tayside guidance, such as a guide to confidentiality for staff. Information sharing consent recording is also established in the computerised single shared assessment and in the computerised area CHI system.

Monitoring

The review team noted that, at the time of the visit, insufficient information had been provided to demonstrate that NHS Tayside's approach to information governance was being monitored throughout the organisation.

Reviewing

As NHS Tayside has not demonstrated that it is monitoring its approach to information governance, there is not yet a process in place to undertake a review.

Appendix 1 – Glossary of abbreviations

AHP	allied health professional
AISC	area information security and confidentiality
CGAGS	Confidentiality and Security Advisory Group Scotland
CHI	community health index
CHP	community health partnership
CNORIS	Clinical Negligence and Other Risks Indemnity Scheme
EIA	equality impact assessment
EPR	electronic patient record
FOISA	Freedom of Information (Scotland) Act
GDC	General Dental Council
GMC	General Medical Council
HEAT	health, efficiency, access and treatment
HEPO	health emergency planning officer
HPC	Health Professions Council
IM&T	information management and technology
MCN	managed clinical network
NHS QIS	NHS Quality Improvement Scotland
NMC	Nursing and Midwifery Council
PFPI	patient focus and public involvement
PPHG	public partnership health group
QOF	quality outcomes framework
RCN	Royal College of Nursing
RECAP	regional emergency co-ordinating and planning group
SDU	single delivery unit

SEAT	south east and Tayside
SEHD	Scottish Executive Health Department
SMART	system to manage and assess risk in Tayside

Appendix 2 – Details of review visit

The review visit to NHS Tayside was conducted on 14 March 2007.

Review team members

Dr Robert Masterton (Team Leader)

Executive Medical Director, NHS Ayrshire & Arran

Ms Margaret C Duffy

Chief Operating Officer, NHS Forth Valley

Mrs Susan Kinsey

Public Partner, Grampian

Mr William May

Public Partner, Greater Glasgow

Ms Erica Nisbet

Head of Clinical Governance, NHS Borders

Ms Linda Semple

Assistant Director (Performance), NHS Ayrshire & Arran

Ms Carol Hislop (Observer)

Audit Manager, Audit Scotland

Ms Helen Robbins (Observer)

Head of Clinical Governance and Risk Management, NHS Grampian

NHS Quality Improvement Scotland Staff

Ms Joanne McDonald

Project Officer

Ms Tracy Walker

Senior Project Officer

Mr Douglas Blair (Observer)

Risk Management Development & Programme Manager

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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