

NHS Grampian

Local Report ~ *November 2009*

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

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NHS Quality Improvement Scotland (NHS QIS) is committed to equality and diversity. We have assessed the performance assessment function for likely impact on the six equality groups defined by age, disability, gender, race, religion/belief and sexual orientation. For this equality and diversity impact assessment, please see our website (www.nhshealthquality.org). The full report in electronic or paper form is available on request from the NHS QIS Equality and Diversity Officer.

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1 Setting the scene

This report presents the findings from the clinical governance and risk management (CGRM) peer review to **NHS Grampian**. This review visit took place on **9 July 2009**, and details of the visit, including membership of the review team, can be found in Appendix 3.

Further information about the local NHS system can be accessed via the website of NHS Grampian (www.nhsgrampian.org).

Background

NHS Quality Improvement Scotland (NHS QIS) was set up by the Scottish Parliament in 2003 and leads the use of knowledge to promote improvement in the quality of healthcare for the people of Scotland and performs three key functions: providing advice and guidance on effective clinical practice, including setting standards; driving and supporting implementation of improvements in quality; and assessing the performance of the NHS, reporting and publishing the findings. In addition, it also has central responsibility for patient safety and clinical governance across NHSScotland.

The National Standards for Clinical Governance & Risk Management: Achieving Safe, Effective, Patient-focused Care and Services were published in October 2005. These standards are being used to assess the quality of services provided by NHSScotland.

The national standards for clinical governance and risk management were first reviewed during 2006–2007. Peer review visits to all NHS boards in Scotland were conducted between May 2006 and May 2007 to assess performance against the standards. Local reports for each NHS board were published during the review cycle and a national overview of the key findings and recommendations was published in October 2007. NHS QIS has subsequently agreed with the Scottish Government that it will review the national standards for clinical governance and risk management at a strategic level, in each NHS board, every 3 years.

Review process

The review process has three key phases: preparation prior to the performance assessment review, the review visit, and report production and publication following the visit. (See flow chart in Appendix 2 for further detail.)

A quality improvement tool is used by each review team to assess performance against the standards. The quality improvement tool enables the review team to assess how an NHS board is achieving each standard through the cycle of development, implementation, monitoring and reviewing. These four key stages represent the continuous improvement cycle through which each NHS board can ensure that all patients receive safe, effective, patient-focused care and services.

The most appropriate performance assessment statement is agreed by the review team to describe an NHS board's current position against each core area. This allows an overall performance assessment statement to be arrived at for each of the standards, which indicates the NHS board's level of achievement for each standard.

The agreed overall performance assessment statement for each standard will be added together for each NHS board and this information will feed into the NHSScotland health, efficiency, access and treatment (HEAT) targets, set by Ministers, in June 2010.

Each review team is led by an experienced reviewer, who is responsible for guiding the team and ensuring that team members are in agreement about the assessment reached.

Links with other organisations

Clinical governance and risk management is part of a shared agenda. During this review process, we have focused on working more effectively in partnership with the following organisations that monitor other aspects of healthcare in order to inform the assessment process:

- Audit Scotland
- Chief Scientist Office
- NHS Education for Scotland
- NHS National Services Scotland
- Scottish Government Health Directorates, and
- Scottish Health Council.

We have agreed that the following areas will not be reviewed by NHS QIS as they are already being reviewed as follows:

- **Criterion 1c.5:** Scottish Health Council (patient focus and public involvement assessment)
- **Criterion 3a.2:** Scottish Health Council (patient focus and public involvement assessment)
- **Criterion 3a.5:** Chief Scientist Office (research governance assessment)
- **Core area 3e:** NHS National Services Scotland (information governance assessment)

We have also agreed an operational protocol with Audit Scotland which sets out broad principles for collaborative working, primarily between NHS QIS and Audit Scotland, covering issues such as the sharing of information, communication and liaison, and avoiding the duplication of work which relates specifically to Audit Scotland's national reporting.

2 Summary of findings

A summary of the findings, including strengths and recommendations, from the review is illustrated in this section. Overall performance is rated using the four assessment categories. The most appropriate category is agreed by the review team to describe the NHS board's current position against each core area – indicated by the shaded areas below. A detailed description of performance against the standards is included in Section 3.

CGRM standards	Assessment category			
	Development	Implementation	Monitoring	Reviewing
Standard 1: Safe and effective care and services				
Core area 1a				
Core area 1b				
Core area 1c				
Standard 2: The health, wellbeing and care experience				
Core area 2a				
Core area 2b				
Core area 2c				
Standard 3: Assurance and accountability				
Core area 3a				
Core area 3b				
Core area 3c				
Core area 3d				

Strengths

The NHS board has:

- demonstrated robust joint working arrangements with partner agencies.
- comprehensive risk management structures embedded well at both a strategic and operational level.
- effective emergency planning arrangements which have been tested and evaluated by a range of real life emergencies.
- an extensive range of clinical effectiveness and quality improvement and access, referral, treatment and discharge activity taking place across the organisation.

- mature arrangements for clinical governance including strong clinical engagement from community health partnerships and sectors.
- mature arrangements for performance management including cross-system performance review.

Recommendations

The NHS board to:

- continue to review the roles and responsibilities of its committees for clarity and establish that the performance management committee can provide the Board with sufficient breadth of assurance across clinical governance and risk management activity.
- translate its good practice in some strands of equality and diversity across all six strands.
- fully implement a system to routinely record training undertaken by staff.

3 Detailed findings against the standards

Standard 1: Safe and effective care and services

Standard statement

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

Overall performance assessment statement:

The NHS board is reviewing and continuously improving its arrangements to control risk, continually monitor care and services and work in partnership with staff, patients and members of the public.

Core area: 1(a) Risk management

Performance assessment statement: The NHS board is reviewing and continuously improving its risk management arrangements across the service.

NHS Grampian has a robust risk management framework, incorporating a risk management strategy with associated action plan, which has been reviewed and updated following the 2006 peer review visit against the NHS QIS standards for clinical governance and risk management. The strategy is comprehensive, detailing the NHS board's organisation of risk management, including organisational responsibilities, underpinning risk management principles, committee control and Board level accountability. A series of key documents supporting the risk management strategy have been ratified and are available to staff with appropriate guidance documentation via the NHS board intranet. These include the risk assessment policy, the health and safety policy, the moving and handling policy, the management of violence and aggression policy, the lone working policy, the recording and learning from occurrence policy, incident management and investigation guidance, and a risk management communication plan.

A comprehensive risk infrastructure is in place throughout the NHS board area. The review team noted the use of a structured risk control plan and sector level risk control plans to ensure appropriate monitoring of risk. It was noted that the corporate risk register is reviewed and monitored by the operational management team, the Board, the performance governance committee and the executive team. Sector level risk control plans are escalated to the risk management group in the form of sector reports, or to the operational management team directly if deemed necessary. The review team noted the robust electronic Datix work plan in place, which is used to record and report risks, and which is fully rolled out to all frontline staff. It was noted that the corporate risk control plan and the sector level control plans are available for viewing on Datix. Representatives of the NHS board described clear processes for risk escalation and reported that high risk items are dealt with efficiently, while recognising the importance of local management of operational risks where appropriate.

The review team was pleased to note the detail of the NHS Grampian risk management communication plan, which supports the broader NHS Grampian communication plan. NHS board representatives reported that risk issues are communicated through a variety of media, including newsletters, emails, intranet tools, the staff newspaper and the safety alert broadcast system.

It was clearly demonstrated that NHS Grampian values its risk management structures and supports staff with appropriate training to utilise the systems in place for managing potential risk. Mainstream risk and health and safety training is delivered through the NHS board learning and development unit, and opportunities for training are published board-wide via the NHS board intranet. Specialised Datix training is delivered by the NHS board Datix support team and is also published on the board-wide intranet. It was noted that bespoke risk awareness sessions have been developed for particular staff groups and have been delivered by risk management advisors in order to meet the needs of the organisation. The review team highlighted the recognition of the need for bespoke training for specialised groups, such as the risk module for junior doctors, as an area of good practice for NHS Grampian. Initiatives such as the rolling out of a DVD to highlight the risk management strategy and a series of risk seminars for the Board were also noted and commended.

The review team noted multiple examples of the NHS board comprehensively planning, monitoring and reviewing the effectiveness of its risk management structures across the whole organisation. Key performance indicators (KPIs) are used to assure the NHS board that risk management arrangements are in place at an operational level and to aid evaluation of the effectiveness of these arrangements. The review team was pleased to note that the KPIs have themselves been evaluated. The holding of risk seminars for the Board to evaluate arrangements for risk management was highlighted as an area of good practice.

It was demonstrated that the 2004 risk management strategy was reviewed and updated in 2009, with further evidence of planning for future evolution of the document. It was noted that comprehensive consultation is also in progress around the development of a health and safety and well being committee as a result of the recent review of the 2004 document. The commitment of NHS Grampian to continuous improvement was also noted in reference to the NHS board's 2007 internal audit of its risk management structures, and the associated action plan developed as a result of this, which has been rolled out across the relevant NHS board areas. A further internal audit carried out in 2009 reported that all actions from the 2007 audit had been completed.

The review team concluded that NHS Grampian had clearly demonstrated that it was reviewing and improving the effectiveness of its risk management arrangements across the organisation.

Core area: 1(b) Emergency and continuity planning

Performance assessment statement: The NHS board is monitoring the effectiveness of its emergency and continuity planning arrangements across the organisation.

NHS Grampian has comprehensive emergency planning arrangements which are evidenced by its major incident plan. The NHS board has reached the stage of monitoring its emergency planning arrangements. The emergency planning steering group is responsible for ensuring that services have plans in place, and that these plans are revised when necessary. Exercises are carried out to test the effectiveness of emergency plans; reports are produced after these exercises to highlight any areas for improvement. NHS Grampian's handling of recent real emergencies illustrates the thoroughness of its planning and its

ability to respond to emergency situations effectively. The review team noted that plans in place enabled NHS Grampian to respond effectively to the recent pandemic flu outbreak.

Significant progress was noted with regard to the NHS board's continuity planning arrangements. A strategic business continuity plan is in place, alongside operational level business continuity plans. Business impact analysis is occurring within some sectors of the service. Again, evidence was provided to demonstrate that exercises have been carried out to test business continuity plans.

A range of training programmes are in place to prepare staff for the event of a major incident or threat. A staff training programme for 2008-2009 incorporates training for emergency planning and business continuity. At the time of the visit, NHS Grampian was implementing a centralised system (AT-Learning) for logging attendance at training sessions.

Evidence demonstrates that NHS Grampian involves key stakeholders both within and outwith the NHS in the development of its emergency planning and business continuity arrangements. Within NHS Grampian, a number of community health partnership and sector emergency planning and business continuity groups feed into the emergency planning steering group, and are represented in this group. NHS Grampian is involved in the Grampian strategic co-ordinating group; this ensures that it works together with key external stakeholders and also partner organisations such as other NHS boards, in order to integrate emergency planning and business continuity arrangements.

Committee structures are in place to ensure that the Board receives key evaluation reports and is updated on the development of emergency and continuity planning arrangements.

NHS Grampian has also begun to monitor the effectiveness of business continuity arrangements; various groups at NHS Grampian and community health partnership/sector level undertake evaluation. Evaluation will be further strengthened by the emergency planning and business continuity planning compliance/monitoring plan which is currently in draft. This plan will detail, amongst other things, arrangements for monitoring systems and processes, and assurance and governance systems.

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

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

Following the 2006 peer review visit to assess NHS Grampian's performance against the NHS QIS standards for clinical governance and risk management, a clinical effectiveness strategy and work plan have been developed and ratified by the NHS Grampian operational effectiveness team. The strategy was disseminated across the NHS board area in December 2007 and reviewed in 2008. The review team confirmed that it is embedded in practice across the NHS board. The work plan details priority areas around national standards, corporate objectives, and sector-based issues. The review team noted that the clinical effectiveness strategy is now used by clinical effectiveness staff to structure their work and their discussions with sector management and clinical leadership staff, to ensure the effectiveness of work is focused around agreed priorities. The clinical effectiveness strategy and work plan are part of the larger clinical governance and risk management work plan, and clear reporting structures were demonstrated to ensure appropriate feedback of issues

and progress to the NHS board's strategic planning groups. It was further demonstrated that integration of clinical governance and risk management staff with sector management teams has been achieved, and sector alignment has been completed successfully. A clinical effectiveness training programme has also been rolled out across the NHS board area, and is under continuous evaluation and amended as required.

NHS Grampian has also been an active participant in the Scottish Patient Safety Programme and has achieved the required level on the improvement scale.

The review team noted that NHS Grampian has continued to successfully include members of the NHS board's patient focus and public involvement group in its unit work. It was demonstrated that the clinical governance committee and sector clinical governance groups all now include public representation in their membership, and public representatives are now included in leadership walkround schemes.

At the time of the previous NHS QIS peer review visit, NHS Grampian reported that they had a number of managed clinical networks (MCNs) but some groups were not aligned as full MCNs. The review team noted that all NHS Grampian's MCNs have been part of a large scale formal review. As a result of this review, a revised MCN framework has been developed and implemented throughout the NHS board area. The review team was pleased to note that this new framework is overseen by an MCN steering group which has clear lines of reporting to the NHS board clinical governance committee. Further examples of the NHS board continuing to evaluate the effectiveness of its arrangements for clinical effectiveness and quality improvement were provided by the NHS board's evaluation of Aberdeenshire birth units and community maternity unit, and the child development team evaluation.

The review team was pleased to note the creation of a consultant nurse in patient safety and experience post. The post holder is responsible for leading a system-wide multi-professional approach to ensuring the delivery of patient care, including aspects of patient experience and safety. The use of a back to the floor scheme, involving senior nursing staff regularly working within clinical areas to support and coach clinical staff was also highlighted as good practice. This initiative has also been evaluated.

The NHS board highlighted an audit conducted by an external agency to assess improvement activity and the action plan NHS Grampian has instigated in order to carry out its recommendations. As a result of this extensive review, the emphasis of the NHS Grampian clinical effectiveness programme has shifted from change and innovation to one of continuous improvement. It was noted that as a consequence of this, a new management structure is in the process of being implemented and a programme for continuous service improvement is under development.

The review team concluded that clinical effectiveness and quality improvement arrangements within the NHS board have been robustly implemented and monitored for their effectiveness and that NHS Grampian is now reviewing and continuously improving the arrangements for clinical effectiveness and quality improvement across the organisation as part of a cycle of continuous quality improvement.

Standard 2: The health, wellbeing and care experience

Standard statement

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

Overall performance assessment statement:

The NHS board is monitoring the effectiveness of its arrangements to provide services that take into account individual needs, preferences and choices.

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

Performance assessment statement: The NHS board is monitoring the effectiveness of its arrangements with a partnership approach to access, referral, treatment and discharge across the organisation.

NHS Grampian has clearly demonstrated that it has moved from the robust implementation of a number of strategies and procedures for access, referral, treatment and discharge to a system of strategic monitoring of the effectiveness of its arrangements. It was noted that the NHS board has continued to develop its relationship with the patient focus and public involvement committee tasked with monitoring the oversight of issues with access to NHS board services. It has also continued to build up the strong systems identified in the previous review visit in order to further strengthen its partnership approach to access, referral, treatment and discharge.

The review team noted robust evidence of the considerable effort made by the NHS board to improve discharge planning following the NHS QIS peer review visit in 2006 and to move towards the effective monitoring of the effectiveness of the changes implemented.

A range of methods are used to continually monitor the effectiveness of NHS Grampian's access, referral, treatment and discharge procedures, and it was noted that the clinical effectiveness strategy and work plan is used to prioritise and direct audit work around the organisation's corporate objectives and national priorities, and to identify any gaps which need to be discussed with sector management teams. A strong commitment to e-health was evident and the NHS board utilises the Scottish Care Information Gateway to provide data to monitor and evaluate referrals between acute hospitals and primary practice. Access to primary care services is monitored by community health partnerships and NHS Grampian via regular surveys, including local intelligence, annual contract review and regular reviews of general practices' patient satisfaction questionnaires.

Multi-agency work methods have been developed through the use of single outcome agreements and single shared assessment processes which have been developed and implemented throughout the NHS board area. Single outcome agreements are monitored and reviewed both locally and centrally by performance management structures.

The review team noted that robust reporting structures are in place for the monitoring and evaluation of services, and reporting of issues is embedded well at a local level. Areas of concern are reported to sector level clinical governance teams for discussion, and if further consideration is required, are escalated to the clinical governance committee. It was noted

that MCN issues are overseen by the MCN steering group with a clear assurance route to the clinical governance committee.

A balanced scorecard including HEAT measures is used to report monthly to the cross system performance review. Reports are submitted to the operational management team and through the performance management committee to the Board.

The review team noted several programmes of monitoring in place throughout the NHS board area pertaining to specific project work under way, including the patient focus and public involvement committee considering a report on primary care redesign in Aberdeen City, and the Aberdeenshire integrated assessment evaluation review in 2008. It was further noted that an internal audit of services and structures regarding waiting times had been evaluated by the NHS board, and actions had successfully been taken to act upon its recommendations.

Extensive efforts to ensure that information provided to the public on access, referral, treatment and discharge is clear have been evidenced by NHS Grampian. Three involvement and consultation events were held with local ethnic communities to evaluate the communication services provided for non-English speaking members of the public. As a result of these events, NHS Grampian identified a need for 'face to face' interpreters throughout the NHS board area, and as a result of an advertising campaign, have attracted 80 candidates for interpretation roles. It was further noted that a permanent 'language line' interpretation service has been introduced throughout the NHS board area to supplement face to face interpretation services and mobile kits to allow patients to access the service from home have also been introduced. The review team was pleased to note that further involvement and consultation events are planned for future evaluation of the changes brought about by recent events.

It was agreed by the review team, that NHS Grampian has robust structures and processes in place for the appropriate access, referral, treatment and discharge of patients, and robust reporting arrangements are in place for the monitoring of the effectiveness of changes made to operational services. At the review visit, a high level of clinical engagement in evaluation of effectiveness was clearly apparent. The review team was pleased to note the role of the health intelligence unit in pulling together a systematic plan of evaluation.

A culture of continuous performance improvement is embedded throughout the NHS board; joint working arrangements are in place, in conjunction with a systematic plan of evaluation. This puts NHS Grampian in a strong position to move towards the level where it is reviewing and continuously improving its arrangements with a partnership approach to access, referral, treatment and discharge across the organisation.

Core area: 2(b) Equality and diversity

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

NHS Grampian is committed to ensuring that the services it provides meet the needs of its diverse population. A comprehensive range of schemes and strategies are in place to ensure disability and gender equality. An updated NHS Grampian race equality scheme 2008–2011 has been developed alongside a race equality communication strategy. To support these strategies, the racial equality action plan lists the priorities and supporting actions for 2008–

2009. Furthermore, the multidisciplinary racial equality working group was set up in 2005 to monitor race equality work within NHS Grampian. The review team was also informed that a religions and cultures handbook had been produced. NHS Grampian is meeting its equality and diversity legislative requirements by virtue of having established race, gender and disability equality schemes in place. However, the review team considered that work on the remaining three equality and diversity strands (age, religion/belief and sexual orientation) was less developed.

The review team was informed that the Board is updated on progress through committee structures, ie the patient focus and public involvement committee. Three committees feed into this committee; the racial equality working group, disability discrimination act review group and diversity working group. There is also a spiritual care committee which reports directly to the Board.

NHS Grampian seeks the views of specific groups within the population, enabling them to identify their needs. An example of this is the June 2008 event 'Information from Ethnic Community Involvement'. The comments of the participants at this event were used to shape the content and priorities within the race equality scheme 2008–2011.

Patient focus and public involvement training takes place for members of staff; however evidence did not demonstrate that equality and diversity is explicit in this training. Equality and diversity impact assessment training is offered to staff. Since May 2005, all new policies and strategies have been equality and diversity impact assessed. The review team was informed that the recruitment website was redesigned as a result of an impact assessment. NHS Grampian offers impact assessment training to other partners, for example local public bodies and charities.

There was evidence that some evaluation of equality and diversity arrangements had begun to occur, particularly of the disability and race strands of Fair for All. Recent internal audit in relation to equality and diversity has also taken place. After a consultation event with local disabled people in March 2009, feedback and suggested priorities were fed into the disability discrimination act reference group, and will be used to guide the priorities for the next disability equality scheme. However, the review team did not consider that there was enough evidence of a comprehensive and systematic approach to the evaluation of effectiveness of the NHS board's equality and diversity arrangements.

Core area: 2(c) Communication

Performance assessment statement: The NHS board is monitoring the effectiveness of its arrangements for improving the way that staff communicate and engage with each other, patients and the public across the organisation.

The NHS Grampian internal communication strategy was developed and ratified in 2004, and forms part of the organisation's overarching communication strategy. The review team noted that due to the NHS board's review of its vision and values – a scheme which involved meeting with members of the public in Grampian to gather their thoughts and views – a scheduled review of the 2004 strategy had not taken place in 2008 as planned. The NHS board reported that a review of the internal communication strategy was due to be held in 2009. Since the involvement seminars and subsequent clarification of vision and values, the NHS board has set strategic objectives and associated outcomes which will be incorporated into the revised strategy documentation.

The NHS board reported that, at the time of the review visit, it was utilising different mechanisms to inform the review of the internal communication strategy and highlighted the NHS staff survey, in conjunction with local questions, as a key tool for developing a revised strategy relevant to staff groups. This internal communication was co-ordinated throughout the NHS board area by the corporate communications directorate, which takes responsibility for using a range of communication tools to reach members of staff throughout the NHS board area.

The review team noted that in addition to the staff survey, NHS Grampian uses the staff newspaper Upfront, team briefings and targeted email in order to communicate key messages throughout the NHS board area. It was reported that staff survey results indicated that the preferred method of communication of key information throughout the NHS board is through briefings from line managers.

The staff survey was identified as a key method used by NHS Grampian to ensure that staff are receiving information briefings from the NHS board and to monitor the effectiveness of communication strategies. NHS Grampian has a communication evaluation plan which covers both internal and external communication. The review team considered that while some of the evaluation activity described in the plan was operational monitoring, rather than monitoring of effectiveness, there was enough activity described in the plan to enable the NHS board to evaluate the effectiveness of its communication arrangements.

Standard 3: Assurance and accountability

Standard statement

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

Overall performance assessment statement:

The NHS board is monitoring the effectiveness of its arrangements to promote public confidence about the safety and quality of the care and services it provides.

Core area: 3(a) Clinical governance and quality assurance

Performance assessment statement: The NHS board is reviewing and continuously improving its arrangements to co-ordinate clinical governance and quality assurance arrangements across the organisation.

Following the 2006 peer review visit to measure performance against the NHS QIS standards for clinical governance and risk management, NHS Grampian has further developed its clinical governance arrangements and now has a single structured system which reaches all areas of the service and which forms a framework of assurance. This framework was reviewed and amended in 2008, and is due to be amended further to reflect changes in the senior management structure. The review team noted that a clinical governance forum was established in 2007 to provide support to the clinical governance committee to explore cross-system issues, and its role and remit have been reviewed and updated. It was further noted that the clinical governance strategy has also been reviewed.

NHS Grampian has further developed its assurance framework in order to clarify committee structures and Board reporting mechanisms. The review team noted that there is a clear reporting structure between committees and the Board, through direct reporting mechanisms and risk reporting via the performance management committee. Members of the Board sit on each committee, and have taken part in committee development sessions in order to ensure appropriate reporting back to the Board.

It is clear that NHS Grampian has taken steps since the previous NHS QIS peer review visit to further develop systems for routine monitoring. The clinical governance committee, headed by a non-executive director of the Board, has developed a continuously updated assurance plan. The clinical governance meeting agenda is structured around ensuring that the plan is regularly monitored. Additionally, the clinical governance committee also has an evaluation plan to ensure that clinical governance structures are continually monitored and reviewed. The review team noted that these plans also include clinical effectiveness. The NHS board clearly demonstrated that Datix is now used to report incidents to the committee, and these are discussed and fed back on at every meeting. The NHS board reported that it is currently exploring ways to combine the intelligence from Datix with incidents and complaints to produce a clearer picture of issues arising.

NHS Grampian has demonstrated a commitment to quality assurance by contracting internal auditors to evaluate the clinical governance framework, resulting in a Board discussion on changes to the NHS board's committee structures. The review team noted

that additional systems monitoring had been undertaken by the clinical governance committee, including an annual review session with associated report, focusing on how the committee functions, how effective it is and how it can improve its activities.

The review team noted that the clinical governance forum produces an annual report to the clinical governance committee which details the changes made in response to reviewing effectiveness and functionality. The forum was also responsible for responding to the review and restructuring of sector groups, and has produced reports to the clinical governance committee identifying areas for improvement and reporting on progress made by groups affected.

The NHS Grampian clinical governance unit has now fully merged with the risk management department to streamline systems within the NHS board. The unit has produced an annual report with evidence of consideration of its recommendations at Board level. The NHS board also cited the review of the MCNs as a further example of the comprehensive monitoring of the effectiveness of its arrangements to co-ordinate clinical governance and quality assurance across the organisation.

The review team noted the comprehensive examples of the NHS board monitoring its systems and services and highlighted the review of committee functioning as an example of the NHS board reviewing and improving the effectiveness of its systems and services to co-ordinate clinical governance and quality assurance across the organisation.

Core area: 3(b) Fitness to practise

Performance assessment statement: The NHS board is implementing arrangements across the organisation that will ensure its workforce is fit to practise.

NHS Grampian has arrangements in place to ensure that staff have the necessary professional registrations to carry out their role, and that these are kept up to date. The NHS Scottish Workforce Information Standard System has been implemented and information on professional registration is stored within this system. The human resources service centre administration team input data into this system and are responsible for ensuring that information is complete. Evidence demonstrated that there is a structure in place for checking that registrations are renewed when required. Policies and procedures are in place to ensure that pre-employment checks are carried out; these are detailed in the recruitment policy and procedure. The post-employment checks action plan documents actions to be taken to ensure that this is carried out for all professional staff. At the time of the visit, a professional registration policy for handling lapsed professional registration had been adopted and implemented. The employee capability and employee conduct policies detail action to be taken should there be concern over a staff member's ability to practise.

Procedures are in place to ensure that any staff governance issues which may affect service provision are identified and appropriately managed through the staff governance committee. After each meeting of the staff governance committee, a report is submitted to the Board and an assurance report is passed to the performance governance committee.

A clinical supervision policy is in place; this aims to ensure that all qualified nursing staff have access to clinical supervision and training. A joint supervision policy has been developed for nursing staff and allied health professionals. Information on clinical supervision can be accessed by staff via the NHS Grampian Intranet site. Work is ongoing

to strengthen assurance provided to the clinical governance committee, for example a clinical supervision monthly return for nursing and allied health professionals.

NHS Grampian is committed to ensuring that staff have the necessary knowledge and training to carry out their duties. Personal development plans and the NHS Knowledge and Skills Framework (KSF) system are well utilised, with 100% of staff registered on the electronic e-KSF system. Furthermore there is a KSF subgroup in place to monitor progress. The review team commended the commitment to e-KSF within NHS Grampian. A performance planning and personal development system is in place for executives and senior managers. At the time of the visit, NHS Grampian did not have a mechanism to systematically record training that is occurring. However, the NHS board has recently purchased an electronic learning management system (AT-Learning) which will allow staff and managers to select, book, record and monitor training online. As this system links to the eKSF system, NHS Grampian reported that this would enable routine collection of data on staff training in the future.

Core area: 3(c) External communication

Performance assessment statement: The NHS board is monitoring the effectiveness of its external communication arrangements across the organisation.

The NHS Grampian communication strategy was developed and ratified in 2004, and the review team noted that in 2008 a process to review the communication strategy was initiated. At the time of the NHS QIS peer review visit, the NHS board had begun preparations to review the document in full, and invitations to staff to participate in the review process had been communicated to relevant staff groups via the team brief bulletin. NHS Grampian reported that a full review of the policy will take place in 2009.

The review team noted that the patient focus and public involvement committee continues to be accountable for assuring the Board that its systems and processes for the public involvement component of communication are developed and implemented across the organisation.

In a bid to further improve external communication from NHS Grampian, the review team noted the creation of a senior communication officer post as part of the public involvement directorate, which is responsible for the support and monitoring of public engagement across the organisation, and to ensure that NHS Grampian meets its statutory obligations in relation to public and community engagement.

NHS Grampian has a communication evaluation plan which covers both internal and external communication. The review team considered that while some of the evaluation activity described in the plan was operational monitoring rather than monitoring of effectiveness, there was enough activity described in the plan to enable the NHS board to evaluate the effectiveness of its communication arrangements.

Core area: 3(d) Performance management

Performance assessment statement: The NHS board is reviewing and continuously improving its arrangements for performance management across the organisation.

Clear performance management arrangements are in place across NHS Grampian. It was noted that, at the time of the 2006 NHS QIS peer review visit, the NHS board had implemented its corporate objectives in relation to performance management and that performance management reviews were beginning to embed across the whole organisation as a result of twice yearly reviews. The review team concluded that the NHS board has now fully implemented its performance management arrangements, and after successfully engaging in a series of exercises to monitor the effectiveness of the arrangements in place, NHS Grampian is now reviewing and continuously improving its arrangements for performance management across the organisation.

The review team noted that there has been considerable organisational focus on strengthening all aspects of performance management within NHS Grampian, and its partner organisations. A performance management strategy and framework have been fully implemented and embedded across the NHS board area, with robust and effective performance management arrangements in place throughout the organisation. It was noted that single system working has been in place throughout the NHS board area since 2003, and the performance management arrangements have been designed and implemented on a single system basis.

NHS Grampian uses a balanced scorecard approach to performance management, which translates the organisation's strategy into measurable objectives and targets used to measure progress. The scorecard includes local delivery HEAT measures in addition to local measures and targets of importance. Scorecard data are used to produce monthly reports for cross-system performance review meetings and the operational management team. The Board's performance governance committee receives reports from these reviews and as a second tier of assurance, the medical director and chief executive ensure that appropriate action is being taken to ensure that performance is being managed effectively and this is included in the performance governance committee's remit and action plan. An assurance framework is also in place through which all governance committees and community health partnerships also report to the performance governance committee, where risks are identified to the delivery of strategic directives. In addition, the performance governance committee reports every two months to the Board on system-wide performance against the organisation's strategic objectives.

A local delivery plan is agreed with the Scottish Government each year which includes improvement trajectories. The Scottish Government holds the Board to account through the annual review meeting process, held in public. An annual report for the public is produced thereafter, detailing the NHS board's performance against key targets.

The review team noted that a strategic management forum is in place to manage major change and innovation programmes, including the work streams of the Better Health, Better Care initiative. The strategic management forum reports to the performance governance committee on progress made within the programmes for assurance.

It was further noted that regular monitoring of staff performance is undertaken by line managers. Performance management training is carried out by the directorate of

performance improvement, with data for the purpose of performance improvement supplied by the health intelligence department.

NHS Grampian has an evaluation plan and KPIs relating to performance management. The evaluation plan informs the NHS board's actions to monitor the effectiveness of its arrangements for performance management, and includes several arrangements to audit and evaluate systems in place. The review team noted an internal audit of effectiveness of the NHS board's local delivery plan, the internal and external audit of the NHS board's CitiStat arrangements for the review of cross-system performance reviews and an internal audit of performance management as a whole as good examples of robust monitoring arrangements of the NHS board's performance management systems.

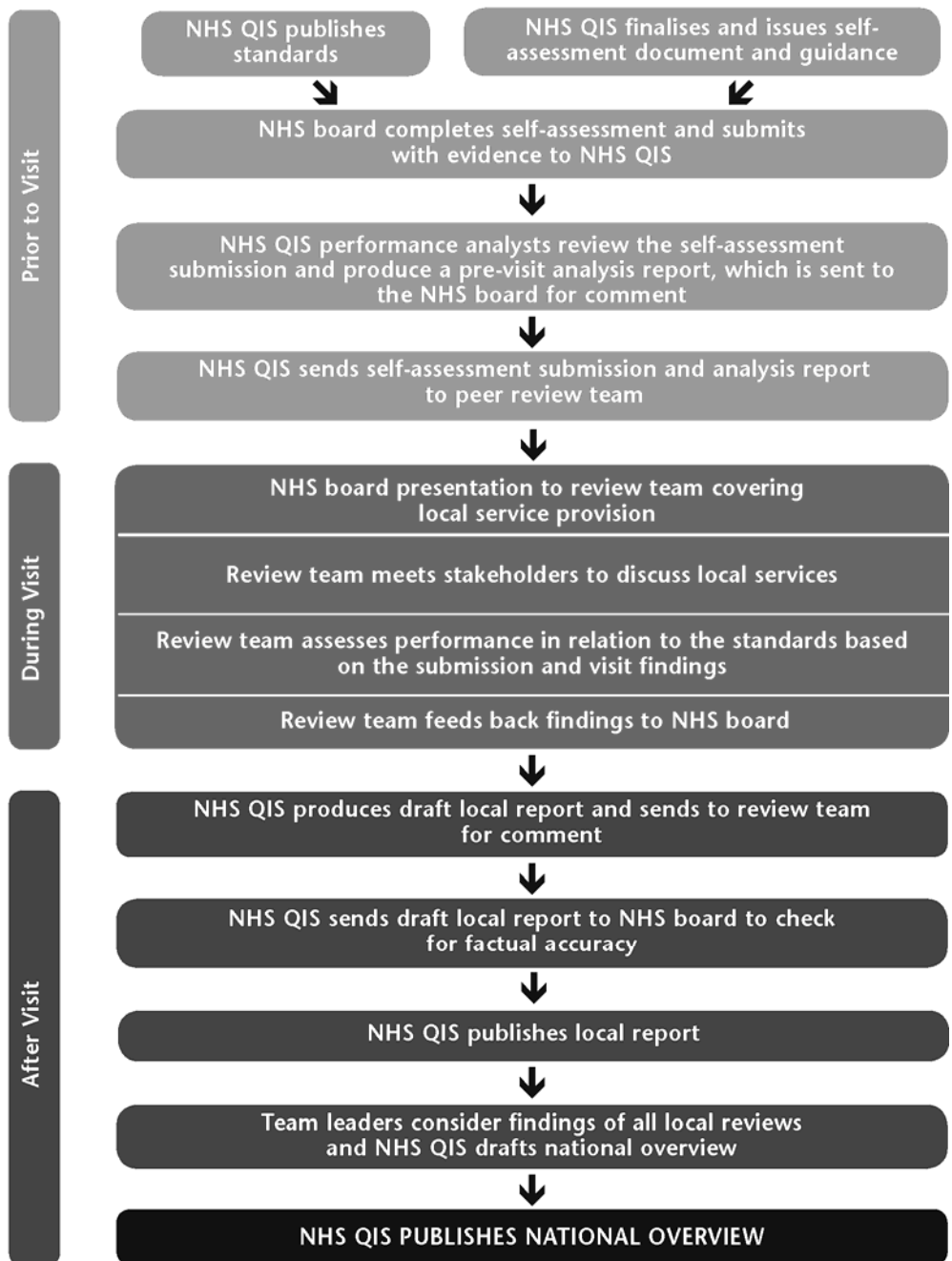
The review team concluded that NHS Grampian has implemented robust systems for monitoring the effectiveness of performance management arrangements across the NHS board area and regular progress reports are being generated for Board consideration. Clear structures are in place for the reporting of performance to the Board, and feedback mechanisms from the Board to guide performance management groups are evident. Internal and external audits are reviewed systematically to ensure action is taken to make improvements where needed, clearly evidencing that the NHS board is reviewing and continuously improving its arrangements for performance management across the organisation.

Appendix 1 – Glossary of abbreviations

Abbreviation

CGRM	clinical governance and risk management
HEAT	health, efficiency, access and treatment
KPI	key performance indicator
KSF	Knowledge and Skills Framework
MCN	managed clinical network
NHS QIS	NHS Quality Improvement Scotland

Appendix 2 – Review process



Appendix 3 – Details of review visit

The review visit to NHS Grampian was conducted on 9 July 2009.

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