

NHS Education for Scotland

Local Report ~ April 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 Education for Scotland**. This review visit took place on **5 December 2006**, and details of the visit, including membership of the review team, can be found in Appendix 2.

1.1 How the standards were developed

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

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

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

1.2 How the review process works

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

Self-assessment by NHS Boards

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

Pre-visit analysis

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

External peer review

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

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

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

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

Performance assessment statements

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

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

The agreed standard level statements will be added together and this assessment of performance will feed into the Scottish Executive Health Department (SEHD) Performance Delivery Unit in June 2007, and will be used to determine the NHS Board's targets for the following year.

Links with other organisations

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

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

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

1.3 Reports

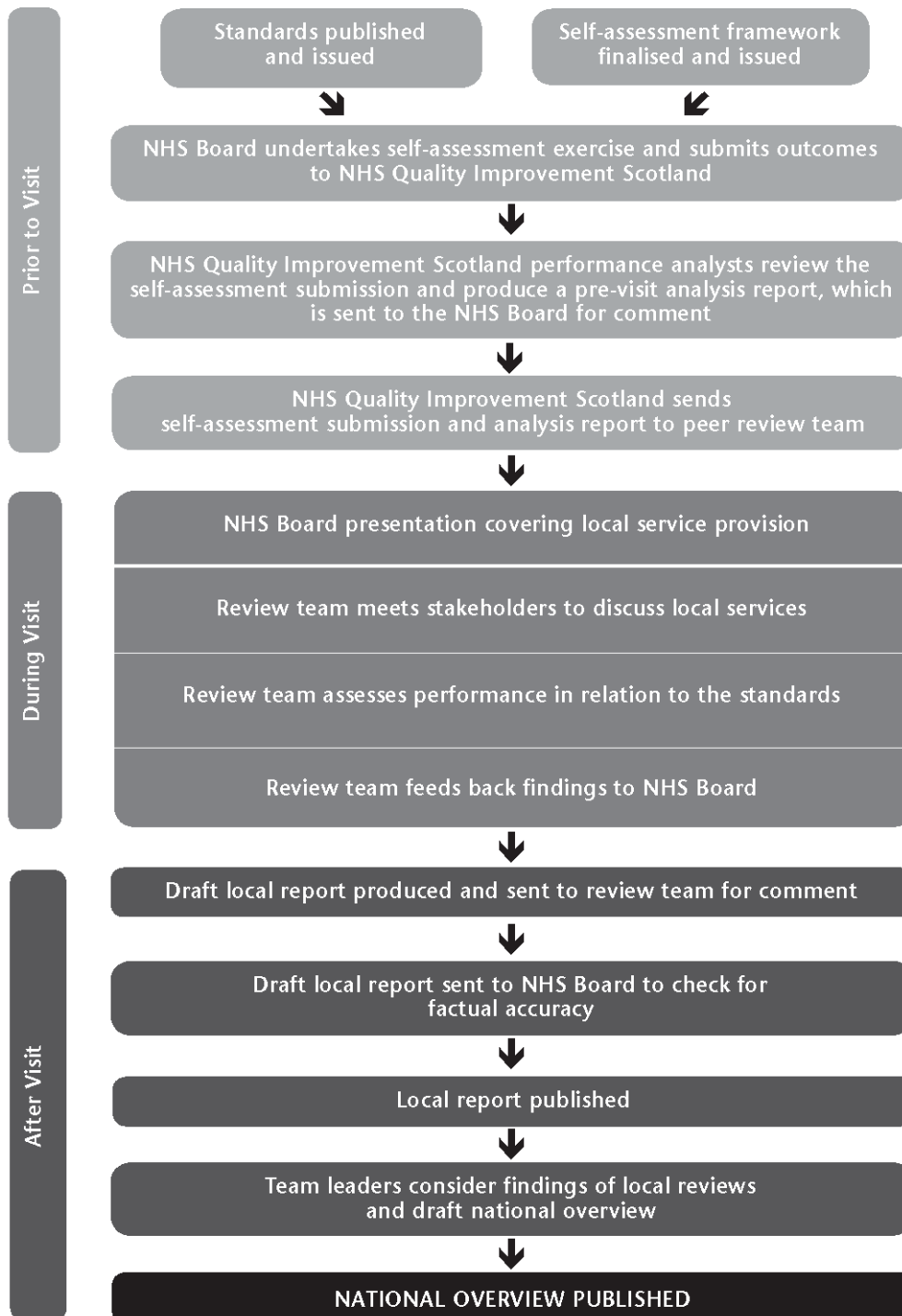
After each review visit, NHS QIS staff, with input as appropriate draft a local report detailing the findings of the review team. This draft report is sent to the review team for comment, and then to the NHS Board to check for factual accuracy. The local report will then be published and made available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

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

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

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

The review process



2 Summary of findings

2.1 Overview of local service provision

NHS Education for Scotland (NES) is NHSScotland's own training organisation. The Special Health Board exists to advance the knowledge, and develop the skills of doctors, nurses, therapists, dentists, scientists, psychologists and all other staff, so improving standards of patient care.

Local NHS system and services

The Board's work covers a wide area including providing and supporting specific training initiatives, ensuring that educational standards are being maintained, providing a range of educational materials, assessing training needs and promoting the development of skills throughout NHSScotland.

NES combines three predecessor organisations that until recently were individually involved with the education needs of doctors, dentists, psychologists, nurses, midwives, health visitors and pharmacists:

- The National Board for Nursing, Midwifery and Health Visiting for Scotland
- The Post-Qualification Education Board for Pharmacists
- The Scottish Council for Postgraduate Medical and Dental Education.

Further information about NES can be accessed via its website (www.nes.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.

NES has a network of risk champions who are pivotal to the risk management process. Risk is built into processes from inception and the review team noted that reporting mechanisms are effective. However, the review team did recognise the reliance on individuals to carry out the work of risk champions. They also noted the limited number of incidents and complaints, and lack of reporting of these issues. Awareness and reporting of risks, incidents and near misses is encouraged, but not mandatory. The corporate risk register is monitored by the audit committee and the Board discusses this at away days.

NES is not required to have emergency planning processes in place compliant with the Civil Contingencies Act 2004. The review team did acknowledge the rapid progress made by the Board with their business continuity plans, however these still require to be implemented following live testing of the plans.

Following the development of the educational governance framework, a corporate approach to educational governance has been established. This has allowed staff to use a template and common methodologies, and allows sharing of good practice. The review team noted that a more systematic process of handling safety action notices and risk alerts could be developed.

Standard 2 – The health, wellbeing and care experience

Overall position statement:

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

At the time of the visit, NES was in the process of amending the SEHD impact assessment tool to make it more relevant to the work of the organisation. Once this has been completed, the Board envisages that monitoring across the organisation can take place. The review team was pleased to note that before becoming a member of an advisory panel, it is a requirement that the panel members undertake equality and diversity training.

The review team was pleased to note the effective internal communications strategy that is embedded in the organisation. The internal audit of this strategy has enabled it to be monitored and reviewed, allowing the strategy to evolve.

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.

NES has a board-approved educational governance and quality assurance framework. This ensures that directorates are applying appropriate standards and quality management arrangements. The audit committee of NES has overall responsibility for ensuring that each standing committee of the Board is fulfilling its remit and that lateral reporting links are being established.

NES has policies and procedures in place to ensure that staff employed are fit to practice. Staff are not employed on a clinical, but on an educational basis. The Board does not currently undertake checks on staff's professional registration, however, it is envisaged that this will be incorporated into the personal development process in the future.

The review team was pleased to note NES' effective external communications strategy. The attitudes and awareness survey issued to external stakeholders has informed the development, monitoring and review of the strategy.

Following the approval of the performance management framework, NES has also worked with its sponsor department at the Scottish Executive to develop its local delivery plan. An action plan for monitoring the outcomes of the annual accountability review has also been developed.

NES has in place policies and procedures that form an information governance framework, however, the organisation does not hold patient data. It is envisaged that with the employment of a corporate records manager, an information governance strategy will be developed in the future.

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 monitoring implementation of its risk management policy, strategy, systems and processes across the organisation.

Development

NHS Education for Scotland (NES) has a well-established risk management strategy that is embedded across the organisation through its network of risk champions. This is further demonstrated with the integration of risk into the local delivery plan and project management templates. Risk is built into processes from inception and with a systematic risk management process being in place. An automatic system of reporting is in place to ensure that all risks are reported and managed routinely, not only when there is a crisis. Risk management is the responsibility of the Board which delegates the detailed work to the audit committee. On an operational basis, this responsibility is delegated to the chief executive and the director of finance and performance management.

The review team noted a lack of incidents reported within NES. Awareness and reporting of risks, incidents and near misses is encouraged, but not mandatory. It was also recognised that there was no single person in the organisation responsible for managing complaints. The review team noted that the Board could learn from incidents and complaints and share this information with NHSScotland and also use it to benchmark with other similar organisations in the UK. The review team also noted that NES could further develop feedback models.

Implementation

Risk champion workshops are held every 6 months, where feedback on the impact and outcomes of the risk management framework is shared, and training and development is explored. The review team noted that the risk champion peer review process appears helpful, however, the appointment of a risk manager to lead this process may be beneficial. During the peer review process, the risk champions meet and review each directorate's risk register. Any inconsistencies between directorates are discussed and amended. This enables the risk champions to ensure that the directorate risk registers are consistent and also share learning with one another. The risk champions are responsible for raising awareness of risk issues at a local level and for the co-ordination of the production of local risk registers on a quarterly basis. Every part of the organisation has a nominated risk champion and this is pivotal to assisting directorates to build a risk management strategy from a bottom-up approach. The risk champions raise awareness and offer help and advice, for

example when staff are completing project templates. Risk champions undertake training on what risk is approximately twice a year. The risk champions score the risk register, which can be a labour intensive process, therefore new software called 4risk is in the process of being implemented. This has been developed together with risk management consultants and the pilot is the opportunity for the risk champions to comment further on the software. Four pilot sites have been identified (including three regional sites) and two sites have been visited. All staff also undertake a session on risk management at induction and there is a risk management section on the intranet.

The review team noted that the role of risk champions worked well at the time of the visit. However, this may be a risk in itself as there is a reliance on those individuals, as the risk champion role is an additional duty. However, NES reported that the director of finance and performance management is in the process of integrating the responsibility of risk champions into job roles, and not as an additional duty. Core aspects of the risk champion role are being identified and incorporated into knowledge and skills framework (KSF) outlines.

The director of finance and performance management introduced the Australian/New Zealand risk management standards prior to them being issued by NHS Quality Improvement Scotland (NHS QIS). However they are congruent and it is only due to timing that they differ slightly from those guidelines issued by NHS QIS.

The NES risk management framework is integrated with other organisations on a project-by-project or contract-by-contract basis. Stakeholders are involved to differing degrees dependent on the size of the project. For short contracts, the standard project template is used which includes a clause regarding risk. In larger projects, for example the audiology project, there is a joint risk register which is discussed at project steering groups.

Monitoring

The business group also regularly monitors the corporate risk register. NES reported that core to the risk management process is movement of risks in the risk register, and risk management is seen as an active process. Modernising medical careers (MMC) is a major risk for the whole of NHSScotland and, as such, NES has split this into four risks on the corporate risk register. MMC also has a separate risk register.

Risk registers are maintained at different levels throughout NES. Monitoring of the content and effectiveness of the corporate risk register is undertaken by the audit committee and this is reported to the Board through minutes of the audit committee meetings. The Board considers risk management as a substantive item and it is also discussed by the full Board at away days. In January 2006, the Board discussed risks at their away day. Outputs from this discussion were checked against the corporate risk register. A report was then produced which was discussed at the audit committee and then by the Board. Agreement was then given to amend the corporate risk register. Scoring of risks is carried out by the audit committee and then discussed by the Board. However, the review team noted that risks were discussed infrequently at Board level and would perhaps benefit from more regular discussion. The review team noted over-complicated links between the audit committee and the educational governance committee and agreed that the threads of

activity could be pulled together to prevent different directorates in the organisation working independently of each other.

Internal and external auditors are used to review risk management processes and provide NES with reports. Risk management is also a standard item at the annual performance review meetings for all senior managers.

Reviewing

Although the Board is monitoring its policies, strategies and procedures for risk management across the organisation, it has not yet begun to review these.

Core area: 1(b) Emergency and continuity planning

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

Development

NES is not required to have emergency planning arrangements in place compliant with the Civil Contingencies Act 2004. These statutory obligations apply to territorial NHS Boards and not to certain Special Health Boards responsible for centrally managed services.

NES' business continuity plans relate to the maintenance of the organisation's services. With regard to avian bird flu, training responsibilities have been identified with a view to assisting other NHS Boards as far as possible in their response.

The review team noted the rapid progress which had taken place in business continuity planning. They also recognised the rapid progression that NES has made to develop a corporate board approach, particularly in such a dynamic and maturing organisation.

During the summer of 2006, final year students from Glasgow Caledonian University's risk management course facilitated the review of business continuity plans. The students examined what plans were currently in place and what changes were required. All business continuity plans were discussed in detail through a workshop which resulted in a number of recommendations which have been implemented. Following the workshop, training sessions also took place. Revised business continuity plans were due to be complete later in the year and all plans, with the exception of one, had been signed off at the time of the visit.

The review team noted that NES has yet to implement their business continuity plans. A key part of implementation is live testing of plans, not only table-top or dry-run exercises, but this has not yet taken place. The review team recognised that much work has been undertaken in a short time and that testing of business continuity plans is a complex process. Due to the timing of the review visit, the Board was unable to evidence the testing and full implementation of business continuity plans.

Implementation

The review team noted that, at the time of the visit, insufficient information had been provided to demonstrate that NES' approach to emergency and continuity planning was being implemented across the organisation.

Monitoring

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

Reviewing

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

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

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

Development

As a Special Health Board, NES is responsible for workforce education and development, not direct patient care. Programmes for educational quality improvement are, therefore, the focus of the clinical effectiveness and quality improvement criteria.

The Board has overarching responsibility for educational governance, but has delegated authority to the educational governance committee. The remit of the educational governance committee is to advise the Board on educational quality assurance and enhancement issues which may influence NES' strategic direction. The educational governance committee has delegated detailed work to the educational governance executive group. This group is responsible for receiving reports and data covering compliance with national standards, guidance and policies.

NES has an overarching educational governance framework. The framework provides a corporate-level oversight of educational quality assurance and improvement activities within each directorate. Monitoring mechanisms exist in each directorate, and are directorate specific, but are linked to each other through the educational governance committee. Systems and processes for educational governance have been revised in the year prior to the visit.

Implementation

The educational governance executive group has developed an educational governance framework which was signed off by the Board in May 2006. This has allowed staff to use a template and common reporting methodology. Staff have been asked to reflect on performance, identify key business issues and strengths, to facilitate the sharing of good practice. Each directorate feeds into the template which was developed from existing mechanisms. The templates are continually evolving and will be revised again in February 2007.

The local delivery plan for NES represents planned developments for each of the clinical directorates for the year and highlights ministerial priorities. The organisation contributes indirectly to providing assurance to the continuous improvement in the health of the population. This is achieved by ensuring that an appropriately skilled workforce is available to NHSScotland.

NES has a standard template for the structure of advisory groups. All key stakeholders are involved in these and meetings which are held at least twice a year. NES has demonstrated multi-agency working, for example through healthcare acquired infection work. This has involved providing a multi-agency education package. The leadership management programme strategy also involves working with other agencies, such as community health partnerships, the Care Commission and the prison service.

The review team noted a reliance on NHS QIS to highlight safety action notices. NES queried whether some risk alerts and safety action notices are relevant to them as a Special Health Board. However, the pharmacy department highlighted that it receives health department letters from the Scottish Executive Health Department (SEHD) chief pharmacist, as well as via the chief executive's office. NES noted that risk alerts are distributed to the appropriate directors and key individuals. However, the review team noted that a formal methodology for assessing risk alerts may be beneficial and NES could capture learning from the risk alerts and guidelines. The educational governance committee is currently discussing this to determine how they can 'close the loop'.

Monitoring

Feedback on the service provided by NES comes from trainees rather than patients or the public, and the organisation is aware that this is a challenge. Feedback from dental trainees includes patient opinions and 30,000 completed questionnaires have been received over 3 years. These questionnaires include responses from patients who were treated by the trainee. Dental teams have a process for collating and analysing the results. The review team recognised the difficulty which NES has in seeking feedback regarding the services it provides, when it works mainly through third parties.

NES considered that the educational governance structure is one example of best practice sharing across directorates. However, the review team noted that NES should also consider wider educational quality improvement across the organisation and at corporate level, not only within individual directorates.

NES has in place an educational governance monitoring process. This is designed to check that appropriate mechanisms are in place within directorates to ensure that educational activities are consistent with external reference points. Each directorate is required to state the related performance indicators, standards and criteria relating to its activities and to review progress and quality against these.

The educational governance executive group carries out detailed scrutiny of submitted quality monitoring reports. These reports are also submitted to the educational governance committee together with the minute of the educational governance executive group.

Reviewing

The review team noted that, at the time of the visit, insufficient information had been provided to demonstrate that NES' approach to clinical effectiveness and quality improvement is being reviewed throughout the organisation.

Standard Statement 2: The health, wellbeing and care experience

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

Overall position statement

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

Core area: 2(b) Equality and diversity

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

Development

The patient focus public involvement (PFPI), equality and diversity standing committee has delegated authority for implementing and advancing the equality and diversity agenda within NES. This is a standing committee of the Board.

NES is in the process of amending the SEHD impact assessment toolkit to make it more relevant to the work of the organisation. Once this process has been completed, existing policies and procedures will be impact assessed to ensure equality of access to services. Some staff have also received impact assessment training.

Implementation

All new proposals submitted to the business group for review require a completed project template. The template includes a mini impact assessment to assess the impact of the proposal in relation to equality and diversity issues. If the proposal is likely to have a differential impact, the proposer is prompted to complete a more detailed assessment.

The NES race equality scheme and pending disability equality scheme have involved stakeholders. These will also be monitored through performance management of these schemes. Reports will then be submitted to the PFPI and equality and diversity standing committee and through performance management structures. The review team was pleased to note that when recruiting to advisory panels, NES ensures that all those recruited have equality and diversity training. Although it is the responsibility of the employing Board to ensure that their staff are trained in this respect, NES reported that it often has to provide training to panellists.

NES is involved in a range of work including: deaf awareness, which involves working with the deaf community; work regarding lesbian, gay, bisexual and transgendered people, which has been commissioned to a group of external consultants; learning disabilities, for which a DVD has been produced in partnership with NHS QIS; and a joint project with Scotland's commissioner for children and

young people, involving recruiting a group of young people to advise on relevant healthcare services and issues.

Monitoring

Although the organisation is currently implementing its equality and diversity agenda, there was no formal monitoring in place at the time of the visit due to the introduction of new systems and policies or lack of appropriate tools. The review team noted that without the impact assessment tool in place at the time of the visit, the Board was unable to demonstrate monitoring of the equality and diversity policy across the organisation. A challenge for the organisation will be to implement monitoring through the finalised impact assessment tool.

Reviewing

As NES had 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 reviewing the effectiveness of its internal, staff and patient communications policies, strategies and procedures across the organisation.

Development

NES has a well-embedded communications strategy. Following the appointment of a head of communications, NES developed an internal and external communications strategy in 2004–2005.

Implementation

The review team noted that NES is proactive in communicating with its staff. Following approval of the communications strategy, it was displayed on the intranet and brought to staff attention by email. The head of communications also participates in the staff induction course where the strategy is described to attendees.

NES distributes a staff newsletter called NES Express to all staff. The intranet also displays a flag when a new item has been added to the site. Checks are also made to establish the most frequently viewed pages and these are highlighted on the home page. Away days also allow information to be shared to allow a common understanding on issues, including continuing professional development.

A major focus of the organisation has been the relocation of NES from Edinburgh to Glasgow. There has been partnership working with staff throughout the process. Meetings with staff regarding relocation are regularly arranged, information is displayed on the intranet and articles in NES Express also communicate further updates.

The review team noted that a challenge to NES is to explain and communicate effectively the wide range of directorates to stakeholders outwith the organisation, as well as to other departments and directorates within the organisation.

Monitoring

An annual internal communications audit is carried out to monitor the effectiveness of the communications strategy. The audit is based on a questionnaire which is circulated to staff who have agreed to respond on behalf of their department, discipline or region. These members of staff consult with their colleagues and feedback to the head of communications. The audit monitors the implementation of the communications strategy, identifies areas of concern and implements suggestions for improvement.

Reviewing

A revised communications strategy, taking account of information from the monitoring systems described above, was approved in April 2006. Amendments to the strategy have also been informed through information contacts, the staff survey, an external attitudes and awareness study, and a review of organisational culture commissioned from internal auditors in November 2005. The strategy is also sent out for consultation with staff side via the local consultative groups, partnership forum and business group. As a result of the review, work will take place to develop an activity map to track projects and initiatives throughout NES. Style and brand guidelines will also be developed to ensure a consistent approach throughout the organisation.

Standard Statement 3: Assurance and accountability

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

Overall position statement

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

NES does not have responsibility for direct patient care, therefore, in the context of the remit and responsibilities for the organisation, quality assurance relates to the policy and strategy by which educational outputs are assured. In 2005–2006, NES undertook a major review of quality assurance frameworks. The review resulted in the publication of a revised educational governance and quality assurance framework which was approved by the Board in May 2006. The lead committee with responsibility for delivering the educational governance and quality assurance framework on behalf of the Board is the educational governance committee. The education governance committee membership comprises of non-executive board members, the director of the quality assurance agency for higher education, and executive officers and representatives from each directorate. The educational governance executive committee supports the educational governance committee in this work. The educational governance executive committee has representation from all directorates of NES. From May 2006, the educational governance executive committee has been working through a plan of critical examination of quality assurance reports from all directorates to ensure due process is being followed and there are no significant issues emerging.

Implementation

NES consults stakeholders (NHSScotland staff undergoing training and the public) in a number of ways. Professional advisory groups consist of representation from higher academic institutes, regulatory authorities and stakeholders, and meet quarterly. The Board envisages that the patient focus public involvement (PFPI) committee should increase the number of stakeholders involved.

A contract and service-level agreement template is used by NES to govern services provided by external organisations. The template includes key performance indicators, which include quality monitoring arrangements as relevant to each individual agreement.

A research governance framework is in operation in NES which aids the organisation in considering the ethical implications of clinical programmes and research projects.

This framework includes a requirement for projects to achieve ethical approval through local research ethics committees.

Monitoring

The educational governance committee monitors the effectiveness of quality assurance processes. The role is delegated to the educational governance executive committee who carry out the operational work on behalf of the educational governance committee. The educational governance executive committee receives regular reports from each of the clinical directorates, agrees actions arising from these, and follows up the actions.

The educational and quality assurance framework provides the Board with a means of scrutiny. The framework ensures that directorates are applying appropriate standards and quality management arrangements. The review team noted the effectiveness of the education governance model developed by NES.

NES' audit committee reports directly to the Board. The audit committee has responsibility for ensuring that each standing committee is fulfilling its remit and is operating effectively and is responsible for signing off the statement of control. The audit committee therefore receives reports from committees summarising recent activity. Lateral reporting links between committees are also being established. The chair of the audit committee is also a member of the educational governance committee and therefore facilitates communication between the committees. The number of non-executives has also increased to encourage the sharing of information.

Reviewing

At the time of the review visit, the Board was unable to demonstrate reviewing of its clinical governance and quality assurance arrangements across the organisation.

Core area: 3(b) Fitness to practice

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

Development

NES ensures staff continue to be fit to practice through policies of continual professional development and by having processes and procedures in place to address under-performance. NES employs 606 staff (463 whole-time equivalent) in an educational, rather than clinical, capacity. The interim director of strategic resourcing has overall responsibility for staff governance and human resource strategies and action plans. The professional lead for each directorate is then responsible for ensuring that quality assurance and quality improvement requirements are actioned.

When advertising for a post, essential components required for the job are outlined within the person specification. Prior to commencing employment, all employees are asked to present proof of qualifications, registration and accreditation. When staff continue in clinical practice, a contract is undertaken with the relevant NHS Board which is then responsible for qualification checks. Registration checks on staff required to have up-to-date registration are not currently undertaken by NES.

However, it has been proposed that this will now be incorporated into the personal development planning process. Managers are required to ensure that all staff have personal development plans and this is being embedded with the implementation of KSF.

Implementation

NES' external auditors have conducted a culture audit which aimed to assess all aspects of staff governance. The results of this work highlighted inconsistencies with regards to performance management of staff across the organisation. A revised system of setting and monitoring objectives for staff, linked to KSF and personal development plans, was, therefore, launched in September 2006.

If a member of staff is assessed as unfit to practice, the situation would be addressed through the management of employee capability process. Managers are supported by senior staff from the human resources team. Occupational health staff also assist in designing plans for a return to work and establish if the organisation can make any reasonable adjustments to sustain and support the employee at work. When working with contractors, clauses covering termination of the contract or service-level agreement in the event of failure to perform are built into standard documentation.

Monitoring

The review team noted that, at the time of the visit, insufficient information had been provided to demonstrate that NES' approach to fitness to practice was being monitored throughout the organisation.

Reviewing

As NES 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 reviewing the effectiveness of its external communication strategy across the organisation.

Development

NES has an integrated internal and external communication strategy. The communication strategy was first developed in 2004–2005 and this has now been monitored, reviewed and revised.

Implementation

NES produces a range of publications to communicate to external stakeholders including, the annual report; Communiqué, a publication aimed at Board chairs which introduces key workstreams, policies and initiatives impacting on NHSScotland; an external newsletter called Focus (currently produced every 6 months but it is envisaged that this will increase to quarterly publications); and NES: The basics, an introductory overview of the organisation. The internet is also used to communicate information externally.

NES has regional development directors who are responsible for liaising with NHS Boards at a local and regional planning level. Professional leads communicate with

stakeholders at a variety of levels, for example postgraduate deans, professional advisory groups and practice education facilitators.

NES is responsible for the development and maintenance of the eLibrary website. This is a source of information about health-related topics which patients and professionals can access. The 'Get Involved' website is also fostering the involvement of patients and the public.

The dentistry directorate within NES has been involved in the development of outreach centres to create access to NHS dentistry services. NES is providing funding for centres in locations such as Perth, Dundee and Coatbridge. This has involved partnership working with, for example, NHS Boards and higher education institutions. By working in partnership with the communications department, the dentistry directorate has achieved publicity for the centres on national television, in local newspapers and in NHS Board publications. The review team was pleased to note the enabling culture regarding external communications.

NES reported that it deals with many parliamentary questions and freedom of information requests. The attitudes and awareness study has helped to address issues which may have developed into complaints. This study collects and responds to feedback on the services and functions provided.

Monitoring

At the same time as the development of the communications strategy, an attitudes and awareness survey was commissioned among key external stakeholders, including patients and carers groups. The survey created baseline information on what stakeholders know of and think of NES. This survey will be repeated every 2 years over the next 4 years.

NES also commissioned an evaluation of the regional development initiative. This reported favourably on the impact this initiative had in improving communication with NHS Boards.

Reviewing

Further to the monitoring activity described above, NES has reviewed its communications strategy. Information gained from the attitudes and awareness survey informed the review and development of the communications strategy. The first revision was approved in April 2006. An example of a new initiative as a result of reviewing the communications strategy is the development of a database containing details of staff articles in peer reviewed journals, posters and conference presentations. The database will be held on the internet for external stakeholders to access. The review team noted that it may be beneficial to NHSScotland if NES shared its intelligence, learning and feedback from its communications strategy.

Core area: 3(d) Performance management

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

Development

Performance management is well established within NES and the review team noted the relevance of the system in place. The Board approved an outline performance management framework in March 2005, which was based on monitoring indicators around outcomes, cost, quality and PFPI. Following this, in 2006, the finance and performance management committee was formed. NES also worked with its sponsor department at the Scottish Executive to develop its local delivery plan. Health improvement, efficiency, access and treatment (HEAT) targets and local delivery plans are set principally for territorial NHS Boards and NES finds ways to support Boards to achieve their targets. The review team noted, however, that NES could identify opportunities to facilitate local delivery plan performance indicators in NHSScotland.

Corporate performance management is the responsibility of the director of finance and performance management. Performance against targets is reported on a red, amber, green (RAG) basis to the business group, finance and performance management committee of the Board, and through this group to the Board. Exception reports are produced and followed up within the business groups and with individual directorates. Performance reviews are also held within each directorate.

Implementation

All directorates within NES report quarterly into the corporate plan. This is in alignment with the corporate direction with each directorate setting their own targets.

NES finds it challenging to benchmark with other NHS Boards as the organisation sets targets which do not relate to patient care. However, where benchmarking is possible it does take place, for example with regulatory authorities. NES also reported that information benchmarking takes place through the commissioning of internal and external audit reports.

NES has worked with a group of external consultants to develop a performance dashboard. This will result in a real time, web-enabled reporting tool which will allow easier dissemination of performance data, particularly within directorates. At the time of the visit, 65% of the organisation's targets were live on the performance dashboard, and NES envisages that this figure will be at 100% by January 2007. Following this, the dashboard will be made available to all staff in the organisation on their desktop. The review team noted that it may be a challenge to implement an organisation-wide performance monitoring model given the varying work carried out within directorates.

Monitoring

The review team agreed that the current performance management system was effective and by monitoring this, a new dashboard system had been developed. In March 2006, NES went to external tender to identify a firm of consultants to assist in improving systems. The work with the consultants involves linking together

existing data systems to enable performance reporting to be automated. This will enable continued monitoring of the collation of data across the organisation and allow the information to be more easily shared. The work will also identify if 90% is a reasonable trigger level across the targets or whether trigger-exception reporting may be required. Currently exception reports have only been provided where performance drops below 90% (into the amber or red categories). The work will involve those responsible for achieving the targets to ensure objectives, deliverables, timescales and the impact are clear.

NES also developed an action plan for monitoring improvements and reporting the outcomes and conclusions of the annual accountability review to the sponsor department. This action plan identifies issues affecting the Board as well as where NES influences other NHS Boards. For 2006–2007, the nine action points from the annual review have been built into the local delivery plan monitoring template as additional targets. These will be monitored by the finance and performance management committee in the same manner as the local delivery plan targets.

Reviewing

At the time of the visit, the Board was unable to demonstrate reviewing of its performance management arrangements 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

NES does not hold any patient data, however, there are various policies in place which support an information governance framework. Following an external review of NES' record management, a corporate records manager has been appointed. A priority for this post-holder will be the development of an overarching information governance strategy. NES acknowledges that a more corporate and joined-up structure for information governance is required.

The Board has lead responsibility for overseeing the policies and procedures that make up the information governance framework. However, at an operational level, the business group oversees these arrangements. The business group reports to the Board on an exception basis and the Board receives policies for approval. The director of planning and information has delegated responsibility for information governance and general responsibility for freedom of information. The deputy chief executive is the Caldicott guardian and educational governance is shared widely, but lead by the director of nursing, midwifery and allied health professionals.

NES does have an email policy (approved by the Board in October 2006), an internet policy is being drafted, and a policies and procedures document regarding freedom of information has also been approved and circulated to staff.

Implementation

All staff are made aware of information governance policies and procedures at induction, and all policies and procedures are available on the intranet. New and

existing staff are also offered training courses on data protection and freedom of information.

NES does not hold patient personal information. However, when a patient consultation is recorded as part of a doctor's training, patient consent would be sought in line with the hospital or general practice data protection policy. A reference to the NES data protection registration on the information commissioner's website is provided which describes how non-patient personal information may be used. The NES website also identifies how access to personal data held may be requested by the data subject.

NES has been working with the SEHD and NHS National Services Scotland to develop a Masters course in information governance. The first group of 20 NHS staff have been given bursaries to assist them in completing the course.

Monitoring

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

Reviewing

As NES 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

CNORIS	Clinical Negligence and Other Risks Indemnity Scheme
HEAT	health improvement, efficiency, access and treatment
KSF	knowledge and skills framework
MMC	modernising medical careers
NHS QIS	NHS Quality Improvement Scotland
PFPI	patient focus and public involvement
RAG	red, amber, green
SEHD	Scottish Executive Health Department

Appendix 2 – Details of review visit

The review visit to NHS Education for Scotland was conducted on 5 December 2006.

Review team members

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Risk Management Development & Programme Manager

Ms Jan Warner (Observer)

Director of Performance Assessment and Practice Development

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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