

NHS Education for Scotland

Local Report ~ *March 2010*

**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 Education for Scotland**. This review visit took place on **11 November 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 Education for Scotland (www.nes.scot.nhs.uk).

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	This core area does not apply to NHS Education for Scotland			
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:

- a robust risk management strategy clearly embedded within all levels of the organisation specifically utilising local risk champions to ensure the risk profile is raised in directorates.
- a commendable approach to educational governance and quality assurance, particularly by incorporating peer review into all reports and policies through the use of the critical reader system.
- innovative styles of communication techniques, both internally and externally, including the strategic named contacts group and the use of podcast technology.

Recommendations

The NHS board to:

- ensure that educational continuity is considered as part of its emergency and business continuity arrangements.
- ensure that outcomes of equality and diversity key performance indicators are measurable.
- improve arrangements for document control across the organisation to better demonstrate structured and timely review processes in a consistent manner.

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 monitoring the effectiveness of 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 organisation.

NHS Education for Scotland (NES) has fully implemented its systems for risk management and has reached the stage where it is reviewing and continuously improving the effectiveness of these arrangements. The risk management strategy has been in place for a number of years and has been subject to two formal reviews, one in 2006 and more recently reviewed, refreshed and approved by the Board in July 2009.

The strategy contains the structures and processes by which risk is managed within NES and sets out the responsibilities for the relevant key committees. As the NHS board does not have responsibility for direct patient care, the approach adopted for risk management is to identify and mitigate risks pertaining to the achievement of its business objectives. There are a series of risk registers in operation at corporate and local level which are recorded and tracked within NES's web-based system '4Risk'. This system allows a joined-up approach to risk management across the organisation as local risks can be easily identified for corporate attention via the use of 'flags'. 4Risk also records individual actions identified against risks, including details of the responsible person and timescales for completion. It then issues email reminders to the nominated individuals when an action is due for completion, thereby ensuring that the system is kept up to date with activities.

The audit committee takes a lead role in overseeing the arrangements for risk management, supported by the business group and a network of local risk champions. The business group consists of all directors within NES who report directly to the chief executive. It acts as an advisory and decision-making group and is tasked with assisting with the smooth operating efficiency of the organisation on a day to day basis. The role of the risk champions is to promote awareness of risk issues at a local level. This includes involving regional staff in the co-ordination of local risk registers and ensuring appropriate ownership of identified risks. Risk champions attend workshops twice a year as training and development events to consider the overall framework of risk management and work towards a consistent and comprehensive approach across the NHS board.

A high level review of local risk registers is undertaken periodically by the director of finance and performance, the executive with delegated responsibility for risk management.

Where activity for improvement is identified, this is proposed and approved via the business group and the audit committee. The corporate risk register is reviewed every 6 months by the business group and amendments are also approved by the audit committee. Furthermore, the NHS board reported that it monitors the effectiveness of the risk management arrangements in the following three ways. Firstly, the extent to which the organisation achieves its business objectives. Secondly, the instances of risks occurring that have not been considered by the structure, or were inappropriately rated. Finally, through the periodic testing of effectiveness controls using internal audit.

In addition to these arrangements, other governance committees operating with the NHS board are required to report annually to the audit committee on their arrangements for mitigating relevant risks. The audit committee also produces an annual report on its effectiveness and presents this to the Board; performance in managing risk forms an integral part of this report.

At the time of the visit, the NHS board clearly demonstrated and evidenced that it has implemented changes as a result of internal audits and reviews. This includes ensuring that project initiation templates contain a section on risk management; without completion of this template the project cannot obtain funding. The NHS board has also integrated the four separate risk registers for each medical deanery into one integral medical risk register. Furthermore NES has recently restructured its functions to incorporate risk management and performance management within one directorate. This is to improve integration of risk and performance management and allow the NHS board to better demonstrate achievement of business objectives. This combined with the structured and planned approach to evaluation, using internal audit, demonstrates that NES has a strong commitment to continually improving the effectiveness of its arrangements for risk management.

Core area: 1(b) Emergency and continuity planning

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

The NHS board is implementing its arrangements for emergency and business continuity planning within the organisation to ensure continued effectiveness of the organisation in the event of an incident. NES has adopted a location-based approach to its planning and as such has a plan in place for each of its offices. As the NHS board is not a category 1 responder and, therefore, does not require emergency plans for response as per the Civil Contingencies Act 2004, it is appropriate to focus attention on business continuity within this core area. However, the review team noted that NES's pandemic flu plan contained reference to how it intends to support other NHS boards in an emergency situation as well as how it would modify its own service delivery if required.

The suite of business continuity plans in place has been subjected to both testing and internal audit since 2007. It was reported that the results of these reviews indicated that substantial improvement was required to the plans, including ensuring risk assessment of the relative importance of the various different incidents and identifying business critical prioritisation of systems and processes required to be reinstated in the event of a problem. The NHS board supplied evidence to support that these improvements to the plans have been made throughout 2009. Key staff at each location have been involved in the reviews

through a process of interview and workshops to ensure that business continuity priorities are correctly identified for that location.

It is clear that the NHS board is committed to improving its arrangements for business continuity (and emergency planning) and is implementing a robust system. There is evidence that issues are considered by both the audit committee and the Board, delegated authority having recently been granted to the finance and performance committee to ensure continued progression in this area. The review team noted that it is less clear that NES is considering continuity arrangements in terms of its educational provision and responsibilities in response to a continuity or emergency issue and is, therefore, deemed to be operating at the implementation level.

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.

NES is responsible for workforce education and development throughout NHSScotland, therefore the focus for the clinical effectiveness and quality improvement core area is on the programmes of educational governance and quality improvement. As such the NHS board has fully implemented its arrangements for educational governance and has reached the stage where it is reviewing and continually improving these.

The NHS board has had its educational governance framework in place since May 2006. This framework sets out a structure of accountability and procedures that enable the Board to exercise effective scrutiny and ensure that there is continuous improvement of quality and performance. The recently reviewed and revised framework includes a developmental strategy that sets out the way in which educational governance principles and good practice will be shared throughout the organisation.

NES work streams and projects are subjected to rigorous evaluation, review and research to inform their development and organisational investment. The outcomes of these are considered by project steering groups and good practice is shared through the governance quality monitoring system. The quality monitoring process includes analysis of quality monitoring reports by a critical reader. A critical reader is a member of the educational governance executive group who reviews a directorate/programme quality monitoring report and highlights points for clarification, issues to be addressed and good practice for wider dissemination (this process is discussed further in core area 3a). This ensures that continuous improvement and review is inherent through all levels of the organisation.

It was reported that evaluation of NES educational activities is used to drive improvements in performance and quality. Action plans are created where there is recognition that improvement is required and is monitored by steering groups and/or educational governance groups. In most instances, progress against these action plans are tracked through the NHS board's performance management system.

The educational governance committee has responsibility for evaluating the effectiveness of the arrangements for continuous improvement of educational work streams and governance procedures. The effectiveness of the educational governance committee, in regards to fulfilling its remit, is reviewed annually by the audit committee.

The review team noted that there was evidence to support whole system evaluation planning contained within the educational governance strategic action plan, thereby demonstrating a planned and systematic approach to monitoring. The NHS board also encourages benchmarking where appropriate, for example the use of Quality Assurance Agency for Higher Education Subject Benchmarks and a review of the Post-graduate Medical Education and Training Board trainees survey data, which enables comparison between medical deaneries. This clearly demonstrates that the NHS board is keen to ensure that it is performing effectively by utilising comparative data where these are available. There is evidence to demonstrate that the outcomes of evaluations are considered by the educational governance executive group, the educational governance committee and the Board, with the status of actions tracked by the audit committee until completion, demonstrating a continuous improvement and review cycle.

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 reviewing and continuously improving its arrangements to provide care and services that take into account individual needs, preferences and choices.

Core area: 2(b) Equality and diversity

Performance assessment statement: The NHS board is monitoring the effectiveness of its arrangements for equality and diversity across the organisation.

NES has implemented its arrangements for equality and diversity and is now monitoring the effectiveness of these. The NHS board has a single equality scheme that was formed, approved and implemented following the evaluation of the previous three schemes on disability, gender and race. The single equality scheme sets out the approach that NES is taking across all six equality strands, as well as considering the lessons learned from the previous strategies.

In the period since the last review, NES has conducted several formal evaluations on its arrangements for equality and diversity. In 2008, the NHS board commissioned an external consultancy firm to conduct a review that identified several recommendations for improvement, including expanding the existing policies to cover religion and belief, age and sexual orientation. This evaluation was the main driving force behind amalgamating the three existing strategies and creating one single equality scheme. It also led to identifying a designated director for equality and diversity and the adoption of an action plan by the business group to ensure robust governance arrangements were implemented. Progress against this action plan was monitored by the business group on a monthly basis and by the patient focus, public involvement (PFPI) committee until the completion and publication of the single equality scheme.

The NHS board has a robust approach to performing equality and diversity impact assessments (EQIAs). The assessments are undertaken for all policies, programmes and functions across all six equality strands. NES has implemented rapid impact assessments as a requirement for all new projects and work streams prior to approval. They are used to inform project development and to plan for full EQIAs. An annual schedule of priority assessments is agreed by the business group and the PFPI executive group. This ensures that existing strategies and policies are covered by the process as well as new procedures and projects. The NHS board has built effectiveness and quality monitoring into this process by ensuring that each completed assessment is reviewed by both a critical reader and the equality and diversity advisor. Furthermore, NES has assessed its effectiveness in this area by conducting a formal review of its performance by IODA, an external consultancy firm. It was reported that this review led to the PFPI executive group and the

business group approving a new simplified toolkit for performing the assessments that fit more clearly with the NHS board's core business. The revised process and framework for managing the EQIA process was reviewed by the PFPI committee and the auditors RSM Bentley Jennison to ensure that it was fit for purpose prior to implementation.

Since the introduction of the single equality scheme, RSM Bentley Jennison has undertaken an internal audit of the suite of arrangements in place, including governance arrangements, the scheme itself and the EQIA process and management. The results of this audit were considered by both the PFPI committee and the audit committee and stated that the controls in place were operating effectively.

At the time of the visit, it was reported that the NHS board was in the process of approving an evaluation plan for monitoring the effectiveness of the single equality scheme on an ongoing basis. In addition, the review team noted that, while there are key performance indicators in place for monitoring equality and diversity, there was little to demonstrate how these would be measured due to their qualitative nature. The evaluation plan for the single equity scheme is awaiting sign-off by the Board thereby demonstrating that the NHS board is currently monitoring its activities and is well placed to move towards evidencing a continuous cycle of review and quality improvement.

Core area: 2(c) Communication

Performance assessment statement: The NHS board is reviewing and continuously improving its arrangement for internal, staff and patient communication across the organisation.

NES has continued to review and continuously improve its arrangements for internal communication since the last review. The strategies for internal and external communication were combined into a joint strategy in 2008, incorporating feedback from internal audits and annual reviews. Annual review is used to inform the development of the strategy and action plan and is subject to consultation with the partnership forum, staff governance committee, business group and local consultation groups. It also contains integral plans for the monitoring and evaluation of the organisation against the strategy. There is also a range of policies and guidance documents available to all staff on the intranet, including media communication protocol and access to information policy.

In 2007, the NHS board commissioned ORC International to conduct an independent audit of internal communication arrangements following the results of the NHS staff survey. This audit included the creation of an internal communications working group to drive the programme across the organisation and acted as a point of reference for local consultation by the independent auditors, and assisted with the creation and promotion of the online survey intended for all staff. There were also focus groups and one to one interviews held throughout the duration of the audit. ORC International then produced a series of reports that identified a number of trends at organisation-wide, directorate-wide and region-wide levels which were posted on the intranet for all staff to access and presented to the business group with a number of recommendations.

The internal communications working group established to help facilitate the audit has been maintained since 2008. The group meets on a quarterly basis with representation from across various professional groups, staff gradings and directorates to discuss issues around internal communications, comment on the delivery of the action plan, and recommend any additional or alternative actions to ensure achievement of the goals. The

group is also responsible for ensuring local consultation with employees in the development of new communication policies and action plans.

In addition to the review described above, the results of the staff survey inform the NHS board's action plan and annual review of strategy each year. This has led to a revision of the corporate induction process, the introduction of 6 monthly regional team briefings from the senior management team and the creation of 'Cascade'. Cascade is a monthly publication that is distributed to all staff detailing the outcomes and discussions from business group meetings, thereby ensuring that key organisational issues and developments are disseminated effectively throughout NES on a regular basis. The staff governance committee regularly considers internal communication and reports to the Board through minutes. The head of communications provides specific reports direct to the Board where appropriate.

The review team was pleased to note the proactive approach to the use of available technology, particularly the introduction of podcasts by the chief executive. The podcasts are used to provide staff with an update on the progress of the NHS board against its strategic aims and objectives and a dialogue on any of the key issues that the organisation is facing. It is intended that the schedule of podcasts will be expanded further to include other members of the senior management team as appropriate. This further demonstrates that the NHS board clearly has an evolving approach and a strong commitment to continuing to improve the arrangements for internal communications.

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.

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 the NHS board's educational outputs are assured. In this regard NES, has reached the stage where it is reviewing and continually improving its arrangements for quality assurance and educational governance.

The NHS board has a framework for educational governance that has been in place since 2005. The educational governance framework was recently revised and approved by the Board in July 2009. At the time of the visit, the revised framework was being widely disseminated across the NHS board, supported by a specific communications plan comprising staff workshops, internal and external publications, and an increased focus on new content within the educational governance sections of both the internet and intranet.

The framework articulates clear organisational arrangements in support of assuring the NHS board regarding the educational governance processes. The educational governance committee has delegated responsibility from the Board and is supported by the educational executive group and by directorate level governance groups. This is clearly set out within the NHS board's accountability framework, including the responsibilities and duties of each committee or group. The educational governance committee reports directly to the Board and produces an annual report that is submitted to the audit committee for review. This annual report considers the committee's effectiveness, including remit and membership; it also details the action taken by the committee as a result of relevant internal audits throughout the year.

The educational governance executive group is the focus of the reporting structure and is responsible for maintaining an annual quality monitoring process. Each directorate and educational programme is required to provide a strategic overview of performance, quality achievements, issues and risk profiles relating to their various initiatives. These reports follow a standard template and are reviewed by a member of the educational governance executive group as part of the critical reader system. This allows for issues to be addressed, matters of clarification to be highlighted and areas of good practice to be identified prior to consideration by the committee. Critical readers are trained members of the clinical governance executive group used as peer reviewers to ensure consistency and a high level

of quality across all reports. This process enables the exchange of detailed information about quality management, progress and good practice between professional groups and directorates. This demonstrates that the establishment of the governance framework has resulted in the review of arrangements at individual directorate level

The review team noted that there is evidence of several reviews of the framework and changes to the process made in the ethos of continuous improvement. An example of this is a recent change to the reporting structure to operate under the principle that the frequency and level of detail provided on education work streams should be proportionate to strategic importance, size and risk. Furthermore, quality monitoring reports now include complaints data as well as analysis of quality issues and identification for improvement. Action points arising from the quality monitoring process are tracked through the action status report system for each committee on a regular basis and included within the performance dashboard where appropriate.

It is clear that the NHS board has a robust system in place for educational governance that is based on assuring the quality of the NHS board's service delivery. In addition the NHS board has demonstrated a commitment to continuous and embedded improvement through changes made to the existing systems after formal internal evaluations. It is also noted that initiatives such as the critical reader system places monitoring of effectiveness into a routine and embedded nature, ensuring there is a consistent and structured approach across the organisation.

Core area: 3(b) Fitness to practise

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

NES has continued to refine and implement its arrangements to ensure that its workforce is fit to practise. There are a range of clear policies and procedures in place that have been widely disseminated to ensure compliance in all areas of the organisation.

There are robust pre-employment checks in place to ensure that successful candidates are suitable for the role they have been employed to fulfil. This includes proof of identity and address, proof of nationality/right to work in the UK, qualifications and professional registration, reference checking and pre-employment health screening. This follows the safer pre and post-employment check Partnership Information Network (PIN) guidelines. As a quality assurance mechanism, the human resources department uses a checklist to ensure that all checks have been carried out before proceeding with an employment offer.

Further to the NHS board's pre-employment check, there is a procedure in place for conducting Disclosure Scotland checks when required. NES has a small number of posts that, due to the nature of the activities, will automatically be subject to disclosure. The NHS board also provides an administration service for NHSScotland in relation to senior management team and other specialist trainee recruitment. As part of this, the NHS board has in place procedures for co-ordinating disclosure checks for trainees as part of the management of recruitment and selection process, provided in the main for GPs and dental practices.

The NHS board is also implementing systems and checks to ensure that records of clinical registration are kept up to date. The information is now included on all employees'

personnel files and logged within the human resources database. The database now contains in-built triggers to highlight when an individual's registration is due to expire and this is then followed up by a member of the human resources team.

NES reported that there are policies and standards in place for clinical supervision for each professional group. These policies are supported by capability and disciplinary procedures that would be utilised as appropriate. The NHS board also reported that it is currently in the process of reviewing recruitment and selection procedures. The review team could not find evidence to support that the NHS board had reached the stage of conducting evaluations of the effectiveness of its arrangements at this time and, therefore, the NHS board is deemed to be operating at the implementation level.

Core area: 3(c) External communication

Performance assessment statement: The NHS board is reviewing and continuously improving its external communication arrangements across the organisation.

NES has continued to progress with its arrangements for external communication and has now reached the stage where it is reviewing and continuously improving these. As noted in core area 2(c), a joint internal and external communications strategy was established in 2008. The strategy contains a clear section on external communication, and includes aims and key messages that the NHS board wishes to convey. Plans for the monitoring and evaluation of the strategy are a component part and include an annual internal review and a 3 yearly formal and independent study.

As part of the NHS board's 3 yearly review cycle, there has been two attitude and awareness surveys conducted by FMR Research with a further study scheduled for 2012. These surveys are used to monitor the effectiveness of the strategy and action plan by consulting a wide range of external stakeholders to identify and address any gaps in awareness or understanding of the role of NES. Results from the survey demonstrated an improvement from the first to the second survey and informed the creation of the joint strategy, with recommendations for improvements being implemented to ensure that continued progress is being made.

As a result of feedback highlighting the need for improved communication between NES and other NHS board's a senior named contacts group has been established. This involves senior staff within NES having a partner named contact at other NHS boards that have regular meetings to discuss issues, training requirements and opportunities for improvement and mutual benefits. This ensures that senior staff within NHSScotland are aware of educational and training support that NES currently enables, and fosters a partnership approach to understanding training needs and priorities.

It is clear that the NHS board is responding to the changing environment of the NHS in Scotland. There is evidence of improvements being made based on a formal and planned 3 year cycle of review and improvement, further supported by in-house annual review. This demonstrates a robust and ongoing commitment to evaluation of effectiveness and continuous improvement of its external communication arrangements.

Core area: 3(d) Performance management

Performance assessment statement: The NHS board is monitoring the effectiveness of its arrangements for performance management across the organisation.

NES has fully implemented its arrangements for performance management and has now reached the stage where it is monitoring its effectiveness. In the period since the last review visit, the NHS board has completed implementation of the online dashboard system for performance management reporting, which incorporates HEAT targets, corporate objective targets and operational planning targets. The performance management strategy was originally developed in 2006 and has been implemented through the roll-out of the performance management dashboard.

The finance and performance committee takes the lead role in monitoring the performance of the organisation, supported by the business group. The committee receives quarterly reports from the performance management dashboard which are reported to the Board through the minutes of its meetings. Any targets that are highlighted red are subject to increased scrutiny and potential remedial action. Performance management is also a standing item on the agenda at fortnightly meetings to ensure any emerging issues can be rectified in a timely manner.

Each directorate has an operational plan which includes key objectives and performance indicators. The individual directorates are responsible for updating the performance dashboard, with targets assigned to specific individuals within the directorate as a performance owner. These individuals have a one-to-one with the performance improvement officer on an annual basis and training courses are held when required. The performance management dashboard system issues automatic emails to target owners when updates are required; responsiveness to this is monitored by the performance improvement officer and followed up when required.

Shortly after completing implementation of the performance management dashboard, NES commissioned an internal audit by RSM Bentley Jennison to consider the effectiveness of the new arrangements and processes. The report was considered by the finance and performance committee in February 2008. The report stated that the controls in place to manage the organisational performance provided substantial reassurance that it would achieve the objective of the system, thereby demonstrating that an internal audit considered the arrangements to be effective. The review team noted, however, that while the NHS board stated that performance management was part of the annual internal audit cycle, there had only been one audit conducted within the period since the last visit.

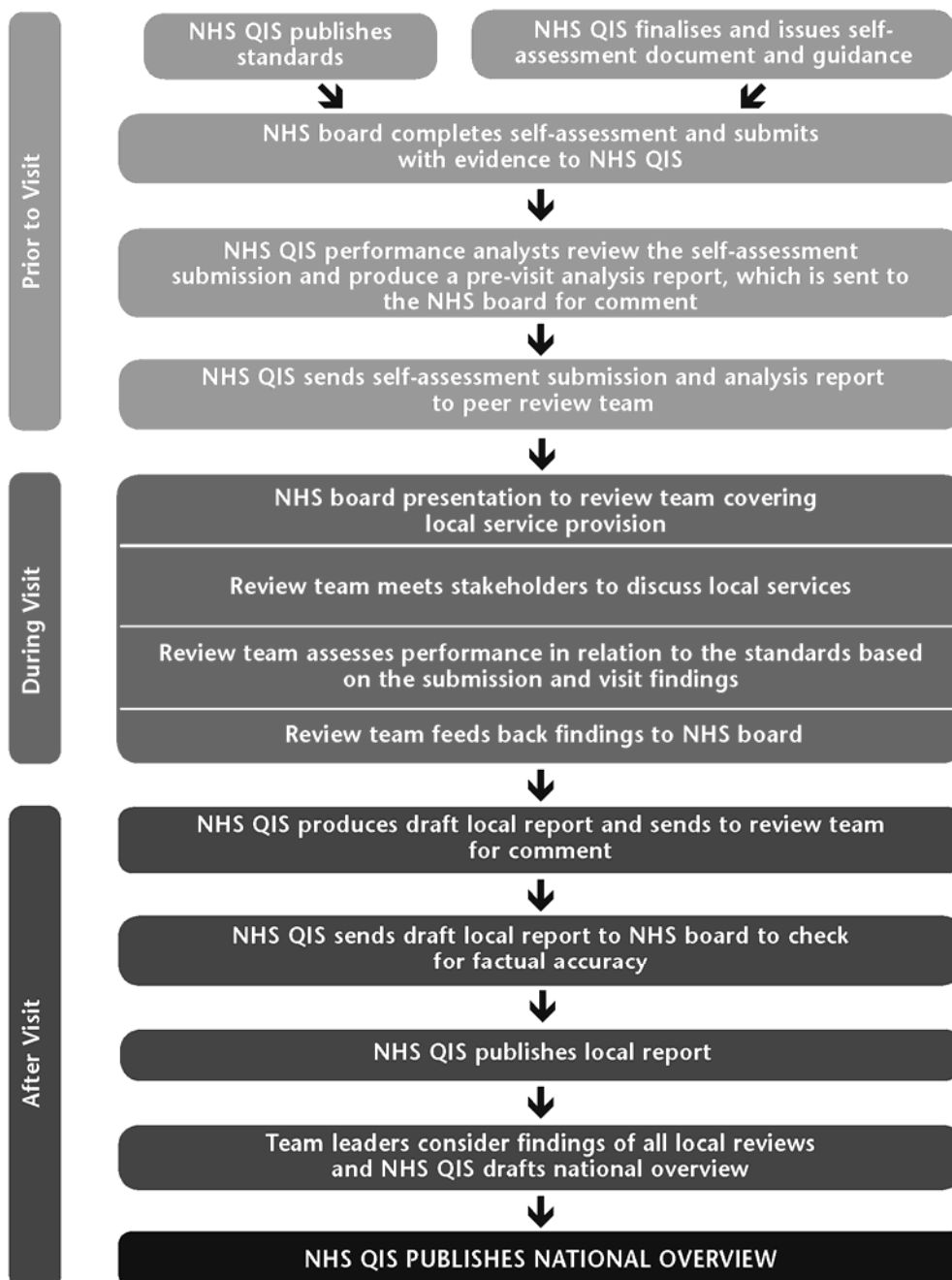
NES reported that it intends to do a whole system review of its performance management arrangements alongside the strategic review of the NHS board as a whole (scheduled for October 2009-March 2010). It was also reported that the performance management review would focus on evaluating the ability of the system to measure achievement of strategic objectives. The review team would encourage progression with this to move the NHS board to the position of evidencing a planned and systematic approach to evaluation that in turn leads to a continuous cycle of review and improvement.

Appendix 1 – Glossary of abbreviations

Abbreviation

CGRM	clinical governance and risk management
CHP	community health partnership
EQIA	equality and diversity impact assessment
HEAT	health, efficiency, access and treatment
KPI	key performance indicator
NHS QIS	NHS Quality Improvement Scotland
PFPI	patient focus, public involvement
PIN	partnership information network

Appendix 2 – Review process



Appendix 3 – Details of review visit

The review visit to NES was conducted on 11 November 2009.

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