BOARD MEETING: 12 NOVEMBER 2010

NHS QUALITY IMPROVEMENT SCOTLAND CLINICAL GOVERNANCE AND RISK MANAGEMENT 2010 REPORT AND PROPOSED ACTION PLAN

Recommendation/action required

The Board is asked to consider the findings of the QIS 2010 Report and approve or suggest amendments to the proposed Action Plan.

Author: Sponsoring Director:

| Laurence Gruer | Laurence Gruer |
| Director of Public Health Science | Director of Public Health Science |

4 November 2010
Purpose of Paper

1. The purpose of this paper is to summarise the key findings of the NHS Quality Improvement Scotland (QIS) 2010 report and invite the Board to consider and then approve or amend the proposed Action Plan.

Background

2. Following our submission of an extensive self-assessment, supported by several hundred documents, the QIS Clinical Governance and Risk Management Review Team met with representatives of NHS Health Scotland's senior management and Board on 7 and 8 April 2010. Our evidence and the findings of their analysts were discussed in relation to each of the nine core areas addressed by the review. At the end of the second day, the Chair of the review team gave a short presentation of their initial conclusions. Overall, the QIS team acknowledged that NHS Health Scotland had made considerable progress in almost all the nine areas since the last review in 2007. There was a consensus among the NHS Health Scotland representatives that the QIS team had conducted the review in a thorough but fair way and that their initial conclusions were positive and reasonable.

3. NHS Health Scotland was sent a draft Report in June 2010. Directors and senior managers were generally content with the QIS assessment of eight of the nine areas but felt that our progress in performance management had not been fully recognised and there was a case for our rating in this area to be elevated from implementing to monitoring. We submitted a number of factual corrections and suggested amendments before the mid-June deadline. Most of these were accepted and incorporated into the final Report, but the Review Team’s ratings were unchanged.

The Final Report

4. The tone of the report is very positive. In their overall assessment, the Review Team highlighted our commitment to continuous improvement, our robust communication arrangements and our mechanisms for assessing the organisation’s effectiveness. They found we had made considerable progress since 2007 in most of the nine core areas covered by the review. This is reflected in their summary rating system which has four levels: developing, implementing, monitoring and reviewing. As shown in the table, we were up-rated by two levels in one area, by one level in five and were unchanged in three.
5. The review team made three main recommendations:

- progress with development of business continuity and ensure comprehensive implementation of arrangements.
- ensure there is documented evidence of internal engagement with staff, including non-executive Board members.
- extend its evaluation approach for external policies to assess the effectiveness of internal arrangements, particularly with regards to workforce-related policies and equality and diversity impact assessments of these policies.

6. The first recommendation is one with which we fully agree and had been making progress on before the Review. The second might appear surprising, given that the Review Team gave us their highest rating for Internal Communication. However, it may reflect a perception by the Review Team that we were not always able to provide documented evidence, for example in Board, committee, Corporate Management Team (CMT) or Partnership Forum minutes, of engagement with staff on issues such as performance management and in particular that non-executive Board members had had opportunities for input. It was CMT’s view that this was more a shortcoming of how we recorded the engagement rather than there being an absence of engagement. This is now being addressed. The third recommendation relates largely to the fact that we had not formally reviewed most of our workforce related policies since 2004. We had anticipated that revised PIN guidelines for these would be issued nationally but they have been subject to major delays. Following the QIS Review, we are now proceeding to review the policies as a matter of urgency, with governance oversight from the Staff Governance Committee. Equality and diversity impact assessments will be part of the process.

7. In their more detailed findings for each core area, the team made a number of further recommendations. These have been set out in the attached draft Action Plan, along with a proposed set of actions, in response to each recommendation, indicating who has lead responsibility and a completion date where appropriate. The overall aims of these actions are to strengthen our governance arrangements and increase the quality and effectiveness of NHS Health Scotland’s contributions to improving health and reducing health inequalities.
Version control and archiving

8. While preparing our self-assessment for the review, it became clear that version control of important reports and other documents (version number, date document produced, author(s), status etc) was often absent or insufficient. In addition, although Board papers and the minutes of all the Board committees and the CMT were readily available on our website or intranet, papers submitted to the committees and the CMT were not, and sometimes proved difficult to track down. It has therefore been agreed by CMT that:

- It will become mandatory to include version control information on all corporate papers. A simple system will be developed.
- All Board committee and CMT papers will be electronically archived on either our website or the intranet as appropriate, linked to the minutes of the meeting they were presented to.

Research Governance

9. The Chief Scientist Office (CSO) conducts a separate Research Governance Standards exercise. Although primarily designed to address clinical research, NHS Health Scotland was invited to submit a self assessment for the first time in November 2009. We received a satisfactory overall ‘implementing’ rating across the twelve standards, some of which were only partly applicable due to their clinical nature. In the light of the CSO exercise, the Public Health Science Directorate has developed a set of Research Commissioning Standards which were approved by the Health Governance Committee in August 2010 and will now be implemented by the Research Commissioning Team. A self assessment will be sent annually to the CSO, the next being due this month. The Director for Public Health Science will submit an annual Research Governance report to the Health Governance Committee, the next being due in August 2011.

Information Governance

10. A separate Information Governance exercise is conducted by National Services Scotland (NSS), whereby a self-assessment is submitted quarterly using an Information Governance Toolkit. So far NHS Health Scotland has submitted six quarterly self-assessments. To a greater extent than the Research Governance exercise, many of the elements are not applicable as they refer to handling confidential clinical data. Consequently, this exercise has not proved entirely helpful, although it has demonstrated some progress over the period. An update will be given to the Audit Committee in January 2011.

Finance and Resource Implications

11. Full implementation of the proposed Action Plan may require some additional investment of staff time and modest additional funding, for example to cover the cost of additional risk management software.

Communications

12. The improved reporting and documentation which should result from implementation of the Action Plan will enhance both internal and external
communication. Communication about each part of the Action Plan will the responsibility of the relevant Lead Director and supporting staff.

Risk

13. As the Actions proposed in the Action Plan are aimed at improving the quality and effectiveness of NHS Health Scotland’s work, their implementation should reduce the risks to which we are exposed.

Equality and Diversity

14. The Action Plan confirms NHS Health Scotland’s commitment to ensuring that all its policies and functions have been subject to Equality and Diversity impact assessment.

Environment

15. This paper has no specific environmental implications.

Action/Recommendations

16. The Board is asked to consider the findings of the QIS 2010 Report summarised above and approve or suggest amendments to the proposed Action Plan.

Dr Laurence Gruer
Director of Public Health Science
4 November 2010
### Appendix 1 QIS Review 2010 Action Plan Draft: 4 Nov 2010

<table>
<thead>
<tr>
<th>Core Area</th>
<th>Level</th>
<th>Recommendation</th>
<th>Action</th>
<th>By whom</th>
<th>When</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Risk management</td>
<td>2</td>
<td>Progress with sourcing and implementing an appropriate risk management package and consider benchmarking arrangements with other special health boards to see if lessons can be shared (p9). Continue with the development of a formal plan to evaluate the effectiveness of its risk management arrangements (p9).</td>
<td>Continue to seek a more suitable electronic risk management system (either off the shelf or internally developed), and explore possibilities for benchmarking. Continue to develop strategies and processes as necessary and evaluate the effectiveness of these.</td>
<td>Dir RM</td>
<td>Ongoing</td>
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<tr>
<td>1b Emergency and Continuity Planning</td>
<td>1</td>
<td>Progress with development of business continuity and ensure comprehensive implementation of arrangements. This should include roll out of a system of planned and documented evaluation activities, including testing to ensure that the new arrangements are effective (p9-10).</td>
<td>Policy development is in progress and further strategies and overall plan are in hand. Detailed business continuity and disaster recovery plans and testing strategies to be developed and implemented.</td>
<td>Dir RM</td>
<td>Dec 2010</td>
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<tr>
<td>1c Clinical Effectiveness and Quality Improvement</td>
<td>3</td>
<td>Continued progress with the implementation of the Health Governance Committee’s Standards, including consulting and disseminating these to staff across the organisation (p10).</td>
<td>A revised version of the Standards will be considered at the HGC meeting on 14 January 2011. Subsequent implementation will follow the agreed schedule of reporting.</td>
<td>Dir PHS</td>
<td>Jan 2011</td>
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<tr>
<td>2b Equality and Diversity</td>
<td>3</td>
<td>Internal human resources policies should be subject to EQIA procedures as a matter of urgency (p13). Extend its evaluation approach for external policies to assess the effectiveness of internal arrangements, particularly with regard to equality and diversity.</td>
<td>• Note that equality screening has been carried out on all policies currently reviewed. • Agree policy ‘families’ for all workforce-related policies. • Complete EQIA of each policy family and confirm development arising from the EQIA.</td>
<td>n/a</td>
<td>Jan 2011 tbc (no later than June 2011)</td>
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<td>2c Communication (Internal)</td>
<td>4</td>
<td>Continue with progress, taking the opportunity to be innovative with techniques and share its experiences and learning across the NHS (p14). Ensure there is documented evidence of internal engagement with staff, including nonexecutive Board members (p7)</td>
<td>Review of internal communications by CMT in light of Staff Survey and need for efficiency savings. An annual report from the communications team to the SGC, documenting relevant progress during the year. Annual assessment by SGC of its methods for evaluating internal communications.</td>
<td>Dir PDD</td>
<td>April 2011</td>
</tr>
<tr>
<td>3a Clinical Governance and Quality Assurance</td>
<td>2</td>
<td>Continue with the development of key performance indicators and consider benchmarking arrangements with other special health boards to share experiences where possible (p15). Further develop its arrangements and ensure that the Board plays an active part in setting the agenda and work programme of the health governance committee (p15).</td>
<td>Revised measures for progress against the Health Governance Committee Standards will be presented to the HGC at its meeting on 14 Jan, for subsequent approval by the Board. Regular updates from the HGC to the Board, with the Board’s involvement before signing off the HGC’s work programme.</td>
<td>Dir PHS</td>
<td>Jan 2011</td>
</tr>
<tr>
<td>3b Fitness to Practise</td>
<td>2</td>
<td>The prioritised timetable of reviews of employment related policies, scheduled to take place through 2010, should be progressed as a matter of urgency (p17). Extend its evaluation approach for external policies to assess the effectiveness of internal arrangements, particularly with regards to employment related policies.</td>
<td>• Note that of 41 identified policies, 22 are now reviewed or in process or review. • Policy Steering Group to meet to agree prioritisation and system for review of remainder of policies. • Reviews to be completed.</td>
<td>n/a</td>
<td>Dec 2010</td>
</tr>
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<td>3c External Communication</td>
<td>4</td>
<td>The Board should continue to demonstrate the commitment displayed and ensure that there is evidence that it is steering the direction of</td>
<td>An annual report to the HGC on external communication activities during the year and a review of how</td>
<td>Dir PDD</td>
<td>Nov 2011</td>
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<td>3d Performance management</td>
<td>2</td>
<td>NHS Health Scotland should further establish a strategic vision for performance management with clearly defined aims of what added value the system should bring to the organisation. It should continue the progress demonstrated in this area over the coming years (p19).</td>
<td>they are being evaluated. Clear minuting of Board discussion and decisions on this subject.</td>
<td>Board Chair</td>
<td>Ongoing</td>
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<td>• Define vision and purpose of performance management within Organisational Performance work plan and appropriate Strand 4 reporting programme.</td>
<td>Dir EPP</td>
<td>April 2011</td>
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<td>• Evaluate Corporate Performance Reporting to ensure it is meeting the needs of CMT in terms of organisational decision-making and Board in terms of governance.</td>
<td>Dir EPP</td>
<td>June 2011</td>
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<td></td>
<td></td>
<td>• Agree role of HS Board in performance management strategy and continuous improvement of PM systems and reporting.</td>
<td>Dir EPP, CEO, Board Chair</td>
<td>June 2011</td>
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