

NHS 24

Local Report ~ *December 2009*

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

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NHS Quality Improvement Scotland (NHS QIS) is committed to equality and diversity. We have assessed the performance assessment function for likely impact on the six equality groups defined by age, disability, gender, race, religion/belief and sexual orientation. For this equality and diversity impact assessment, please see our website ([www.nhshealthquality.org](http://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 24**. This review visit took place on **19 August 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 24 ([www.nhs24.com](http://www.nhs24.com)).

## 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
<b>Standard 1: Safe and effective care and services</b>				
Core area 1a				
Core area 1b				
Core area 1c				
<b>Standard 2: The health, wellbeing and care experience</b>				
Core area 2a				
Core area 2b				
Core area 2c				
<b>Standard 3: Assurance and accountability</b>				
Core area 3a				
Core area 3b				
Core area 3c				
Core area 3d				

### Strengths

The NHS board has:

- clearly embedded clinical governance and risk management throughout the organisation.
- demonstrated a wide range of partnership working with all of its external partners to ensure that they are involved and engaged in taking forward the organisation's work.
- embraced the patient focus public involvement agenda and is actively involving and engaging the public and patients across all its work streams.

- made significant progress in meeting the requirements of the equality and diversity agenda and has started to address all six strands of Fair for All.
- developed effective and innovative use of a range of media to communicate information to the public.

## **Recommendations**

### **The NHS board to:**

- ensure that it is clearly recording and documenting its decision-making processes in relation to its quality improvement activity in order to demonstrate a systematic approach to quality improvement.

### 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**

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##### **Performance assessment statement: The NHS board is monitoring the effectiveness of its risk management arrangements across the organisation.**

NHS 24's risk management arrangements are set out in the NHS 24 risk management strategy 2009 which has recently been reviewed and updated to reflect the organisation's risk management focus and in response to external factors. The strategy includes policies and procedures for the management of risk and clearly outlines the organisation's approach to risk management including review mechanisms, staff training and development, identification of risk registers and the risk scoring system. The strategy also includes details of the hierarchical committee structures and associated responsibilities for risk management within the organisation from the NHS 24 Board to the operational risk management groups.

It is apparent that risk management activity is well embedded in planning and developmental activities throughout the organisation. The incorporation of risk management into the project standards board of all new projects, and the identification of a project lead for risk, help to ensure that risk is considered from the initial stages of any project and that plans are in place to mitigate against potential risk from the outset. Further evidence of the embedding of risk management at individual project level is the inclusion of risk issues in the decision log process of specific projects.

NHS 24's comprehensive approach to risk is further demonstrated in its commitment to training and development in risk management, and highlights the organisational ethos within NHS 24 that the effective management of risk is the responsibility of every staff member. The review team noted the risk management workshops for Board members, facilitated by auditors, which have been used to evaluate the risk management strategy and to identify strategic risks. An electronic learning risk management module has also been rolled out across the organisation to frontline staff and the review team was impressed with the high uptake of this module and the steps that are being taken to ensure that all the organisation's remaining staff complete this mandatory training. Initial feedback from participants in this training has been positive and it was reported that a full evaluation of the training is planned for the future.

It is clear that NHS 24 recognises the importance and value of sharing its experiences of managing adverse incidents and the NHS board provided a number of examples of shared

learning. These included shared learning with other NHS organisations such as NHS Direct in England and the work of the National Patient Safety Group, where other territorial NHS boards are invited to attend and participate in discussions around adverse events. The review team was also impressed with the involvement of patient/public representatives in the review of adverse incidents in different areas of the organisation.

NHS 24 demonstrated that its comprehensive risk management arrangements have been implemented throughout the organisation and provided evidence of the ongoing evaluation of the effectiveness of these systems. Representatives of the NHS board provided examples of a number of changes to the risk management approach as a result of recognising the limitations of existing methods. These included a review of the adverse incident management system, a review of the risk management framework and assessment model, and a review of risk management reporting and escalation procedures. A full evaluation of the risk management programme board system was also undertaken as part of the role of the head of risk management and business continuity.

The review team also noted the change to the risk scoring system, which resulted from the recognition that risks are not static and are subject to change over time. This three-pronged approach to risk classification allocates an initial risk score; a score following risk mitigation and a score to indicate what is considered an acceptable level for any given risk. Although the NHS board was not always able to provide robust documentary evidence of the decision-making processes that have resulted in improvements in its risk management arrangements, representatives of the NHS board provided clear descriptions of the information flows through the various committee structures with responsibility for risk management, and the review team concluded that NHS 24 is monitoring the effectiveness of its risk management arrangements as part of a process of ongoing quality improvement.

## **Core area: 1(b) Emergency and continuity planning**

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

NHS 24 is neither a Category 1 nor Category 2 responder and, therefore, is not required to meet the legislative requirements of the Civil Contingencies Act 2004. However, in line with similar organisations, it fulfils the duties of a Category 2 responder in order to support the continual operation of NHSScotland's territorial NHS boards and special health boards.

Given the nature of the business of NHS 24, the primary focus of its emergency and business continuity arrangements is on its ability to continue to deliver its services in the event of an information technology (IT) failure. The NHS board has a number of emergency and business continuity plans and processes in place to respond to a range of scenarios which have the potential to disrupt the delivery of its services. These include a crisis management team process, a contingency communication and escalation process, guidance for completing a paper call record, symposium downtime guidance, NHS 24 bomb threat procedure and IT system malfunction – instruction manual.

NHS 24 is also fully engaged with national emergency planning work in liaison with both NHS Direct and the territorial NHS boards. The organisation has a key role to play in national planning for periods of high demand on NHS services – such as the winter and

Easter planning process. Internal emergency plans to explicitly address issues such as significant call volumes above the predicted forecast are also in place.

The NHS board's business continuity plans have been fully implemented across the organisation and regular testing of back-up procedures to be deployed in the event of an IT failure are undertaken routinely. Extra capacity is in place at the new Cardonald Centre to enable call handling staff to be relocated if there is a requirement to evacuate other premises. Systems are also in place to allow calls to be rerouted to other centres in the event of localised system failure.

The NHS board has had the opportunity to evaluate and share learning from a number of real emergency and adverse incidents that it has been required to respond to. Following any 'real' incident, comprehensive 'wash up' sessions are held involving all affected staff members to evaluate and share learning from the experience. The involvement of other NHS boards is also often part of this evaluative process to share learning from the experience.

A new business continuity management steering group has recently been formed and this group will be taking forward work to further develop and review the organisation's business continuity and emergency planning arrangements on a regular basis to ensure continued effectiveness.

The review team was impressed with the organisation's recent response to pandemic influenza. NHS 24 successfully established the Scottish Flu Resource Centre which is currently operating as an independent unit on the Cardonald site replicating the core service delivery model used across the organisation's centres. The ability of the organisation to rapidly respond and establish this service efficiently and effectively is testament to the NHS board's robust business continuity arrangements.

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

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### **Performance assessment statement: The NHS board is implementing its arrangements for clinical effectiveness and quality improvement across the organisation.**

NHS 24's arrangements for clinical effectiveness and quality improvement are set out in a number of key documents including developing an NHS 24 clinical effectiveness plan, NHS 24 clinical governance framework and activities of clinical effectiveness, and the clinical audit programme for 2008–2009.

The NHS board was able to provide a number of examples of clinical effectiveness projects that have been delivered throughout the organisation to improve the quality of service provided to patients and the public. NHS board representatives were able to accurately describe the rapid cycle plan, do, study, act (PDSA) quality improvement methodology which is used in many clinical effectiveness projects within the organisation. Examples of clinical effectiveness projects using alternative quality improvement methodologies were also provided.

The review team was interested to note the description and demonstration of the recently introduced call streaming project which is in the process of being rolled out across the organisation. This radical change to the way that calls to the NHS board's core service are handled has been effectively and efficiently introduced to the organisation and, although a full evaluation is yet to be completed, initial feedback of the change is positive. Other areas

of clinical effectiveness activity within the organisation include rapid triage, child protection processes, services for vulnerable adults, partnership working with general practitioners and the impact of the NHS 24 service on territorial NHS boards.

It was evident NHS 24 is committed to improving the quality of service that it provides and the review team was able to see several areas where the NHS board has made improvements to the quality of the service it provides through clinical effectiveness activity. However, there was insufficient recorded evidence to demonstrate that the NHS board has a planned and systematic approach to monitoring the effectiveness of its clinical effectiveness and quality improvement arrangements.

## Standard 2: The health, wellbeing and care experience

### Standard statement

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

### Overall performance assessment statement:

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

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

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

A major role of NHS 24 is to provide information to the public about NHSScotland's services. Significant investment and development of the NHS board's website, NHS24.com, has been undertaken and the review team received a demonstration of the website's capabilities in terms of its content and accessibility. The website provides access to a wide variety of health information ranging from factual information on specific health conditions and self-care advice, to details of local NHS services throughout Scotland.

The public have access to information on the NHS 24 website directly by personal computer, through the website's online enquiry facility, or by telephone via the health information advisors at NHS 24. The NHS board also recognises the need to provide information in alternative formats to enable equity of access to the wider population of Scotland and, to this end, information in different languages and communication modes including British sign language, screen reader software and Language Line, is widely available. The review team was also informed of the steps that are being taken by NHS 24 to provide information to specific vulnerable groups in the population such as older people, people with learning disabilities and the travelling community.

Accuracy and reliability of the information on nhs24.com is of primary concern to the organisation and a robust knowledge management system is in place to assure the quality of information posted on the website. In terms of clinical information, the latest evidence-based material is sourced and this includes sharing quality assured information with other organisations such as NHS Direct. The clinical algorithms and protocols which support the decision-making processes deployed by frontline staff are also subject to close scrutiny by a multidisciplinary group, including clinical partner representation, to ensure they are appropriate and nationally approved. The NHS board also regularly links with territorial NHS boards throughout NHSScotland to ensure that information on local NHS services is current and up to date.

NHS 24 provides a range of services, many of which are accessed via a national telephone service. The core clinical service is telehealth assessment and triage resulting in a number of care outcomes. Caller outcomes include self-care advice, referral to local NHS services; transfer to the health information service, and emergency referral to the Scottish

Ambulance Service. Representatives of the NHS board reported that the recent co-location with the Scottish Ambulance Service at the new Cardonald Centre has strengthened the relationship between NHS 24 and the ambulance service and has helped to ensure appropriateness of referrals to this service.

NHS 24 recognises that working closely with, and gathering feedback from, all of its external partners is crucial to its effectiveness and has mechanisms in place to gather information from its external partners to help inform its processes and service developments. The review team noted many examples of such partnership working throughout the organisation which acted to highlight the NHS board's commitment to partnership working and the value that is placed on this important resource.

A further important and notable area of partnership working was the significance and effort that NHS 24 places on meeting the requirements of the patient focus public involvement agenda. The NHS board recognises the importance of involving the public in all of its processes and developments. The review team had the opportunity to speak to a number of public representatives during the review visit, who provided extremely positive accounts of their involvement with NHS 24. It was evident that public representatives are actively involved in all aspects of the organisation's work and that members of the public are represented on, and influential in, all the organisation's key clinical governance committees and groups.

In addition to the core clinical service, NHS 24 has a number of other services at different stages of development. These include the Scottish emergency dental service – for patients requiring emergency out-of-hours dental services; Breathing Space – a confidential telephone line for people with low mood or depression; and it is currently piloting a cognitive behavioural therapy service for people referred by their GP with mild to moderate depression.

During the peer review visit, it was apparent that NHS 24 provides a unique and diverse range of services to the population of Scotland which impact on all aspects of the patient journey. Representatives of the NHS board provided reassurance to the review team that despite the large range of services provided, and the breadth of the population who have access to these services, governance and evaluation is an integral component of these services.

The NHS board is in the unique position of having access to a wide range of reliable data which can be used to monitor the effectiveness of its services at an operational level, but it is also aware of the wider agenda of effectiveness in terms of the systems and processes that it has in place. Evaluation and improvements of systems and processes is an ongoing activity which is built into all of the organisation's work programmes which address access, referral, treatment and discharge issues. Representatives of the NHS board provided clear descriptions of the lines of accountability and committee structures that are in place within the NHS board to provide assurance of the effectiveness of these systems and processes in terms of access, referral, treatment and discharge.

## **Core area: 2(b) Equality and diversity**

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

NHS 24 has made significant progress with its equality and diversity arrangements and is clearly committed to ensuring that all members of the population are treated with fairness, dignity and respect, and have equity of access to its services regardless of their personal characteristics.

The NHS board is well advanced in considering and putting in place arrangements to address all six strands of the equality and diversity agenda. Equality schemes in race, disability, gender and sexual orientation have been implemented and are subject to ongoing evaluation and review. Equality schemes addressing religion/belief and age are also in development and are due for completion in 2009 and 2010 respectively.

The equality, diversity, involving people and the public (EQIPP) subcommittee of the Board is the driving force behind the NHS board's equality and diversity strategy and the NHS board has reached the stage where equality, diversity and human rights are considered in all areas of the organisation's work. Example minutes from meetings of the EQIPP subcommittee indicate that the committee addresses the full range of the NHS board's equality and diversity arrangements and has a key role in evaluating the effectiveness of the NHS board's equality and diversity arrangements. The chair of the EQIPP subcommittee reports directly to the Board on matters of particular interest, such as the publication of the equality and diversity annual report.

Equality and diversity impact assessment is embedded in all of the NHS board's policies, processes and developments, and representatives of the NHS board reported that impact assessment is a routine part of practice. The NHS board provided final reports on findings from impact assessments to demonstrate that evaluation and subsequent improvements to processes and systems are integral to the impact assessment process.

Further evidence of the NHS board's progress in relation to meeting the requirements of the equality and diversity agenda was provided in the form of the various equality schemes action plans which set out the equality and diversity objectives for the coming year. The equality and diversity annual report pulls together all the strands of equality and diversity work from across the organisation and further illustrates the NHS board's progress in terms of meeting the diverse needs of the population it serves.

## **Core area: 2(c) Communication**

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

NHS 24's communication arrangements are set out in its communications strategy 2006–2009, which has recently been updated and approved by the Board in April 2009.

Development of the current version of the strategy included a wide ranging consultation exercise involving public and staff representatives and the finalised strategy is closely aligned with the NHS 24 strategic framework for 2009–2012. The communication strategy addresses both internal and external communication issues.

Given the unique nature of the business of NHS 24, communication is seen as a critical element of the organisation's ability to deliver its services effectively. The NHS board deploys a number of methods to communicate with its staff including team meetings and briefings; a staff intranet; staff newsletter – news and views incorporating a partnership section; sharing positive stories; NHS 24 achievement awards; and electronic message boards within the frontline staff area. The review team was also impressed with the executive question and answer sessions that take place throughout the organisation's contact centres to raise the visibility of the organisation's directors at frontline staff level, and particularly noted the joint sessions held by the chief executive officer and the employee director.

Given the high level of press interest in the activities of NHS 24, there is a degree of focus on raising awareness among staff of reputation management and ensuring public confidence in the NHS board's services. This is achieved by providing updates on external communications activity on the staff intranet and in the staff news magazine. The executive team also receives monthly communications reports including a media monitoring chart.

The NHS board's approach to engaging with patients and the public is set out in its patient focus and public involvement strategy 2006–2009. As previously noted, the review team was impressed with the level of involvement of public and patient representatives in all of the NHS board's activities. It was reported that the NHS board has a very active public partnership forum (PPF) and that efforts are made to link into other PPFs and community health partnerships throughout NHSScotland to gather the views and opinions of public representatives from across the country.

NHS 24 is implementing a range of methods in order to communicate and engage with its staff, patients and the public across the organisation. The NHS board also recognises the importance of ensuring that its communication methods are effective. The completion of the annual NHS staff survey is one such evaluation mechanism which the NHS board uses in order to determine the views of its staff in relation to communication issues. The review team noted a detailed staff survey action plan for each of the contact centres within NHS 24 which addresses the issues raised by the staff survey. Progress against the staff survey action plans is monitored by the staff governance committee. The review team also noted the response to staff comments on the news and views staff newsletter, which has resulted in the formation of a staff-side editorial committee for the newsletter in order to address feedback that the newsletter was too management focused.

## 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

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**Performance assessment statement: The NHS board is monitoring the effectiveness of its arrangements to co-ordinate clinical governance and quality assurance arrangements across the organisation.**

The NHS board's arrangements for clinical governance are set out in the NHS 24 clinical governance framework and activities of clinical effectiveness 2009. This document describes the NHS board's partnership approach to ensuring that arrangements and activities are in place to support the delivery, review and enhancement of safe, effective, patient-focused care and services. The clinical governance work plan provides the operational detail of how clinical governance is implemented throughout the organisation and the clinical governance committee (CGC) receives quarterly progress reports against the objectives in this work plan.

It is apparent that clinical governance is well embedded throughout the organisation and that it is viewed as part of the role and responsibility of all members of staff within NHS 24. The CGC is in place to oversee clinical governance activity and to assure the NHS board that structures are in place to effectively support clinical governance. A clinical governance public panel is in place and members of this group are represented on the various groups within the organisation's clinical structure from the CGC to the regional clinical governance groups.

The national clinical governance group is in place to scrutinise clinical governance activity across NHS 24 and provides assurance to the CGC that effective clinical governance is in place. A main function of this group is to plan and prioritise the annual programme of clinical governance and co-ordinate all the activities of the clinical governance subgroups. Regional clinical governance groups are in place in each of the NHS board's main contact centres to provide assurance to the national clinical governance group that effective clinical governance is in place within each contact centre. A clinical governance framework is also in place in each of the local centres which details local clinical governance responsibilities.

A comprehensive review of the NHS board's clinical governance strategy and supporting infrastructure was undertaken in 2008. This review included widespread consultation with key stakeholders including representatives from territorial NHS boards and public and patient representatives. Significant changes to the way that clinical governance is delivered within the NHS board were proposed as part of this process in order to streamline processes and improve efficiency and effectiveness. All of the recommendations of the review were taken to the national clinical governance group meeting and to the CGC for

approval. Representatives of the NHS board, who were interviewed as part of the peer review process, reported that full evaluations of the changes that have been made as a result of the review are undertaken in order to assess the effectiveness of these changes. An official paper, presented to the CGC, on the clinical governance structure also evaluated recent changes to clinical governance arrangements as a result of the review process.

The review team noted a number of practical examples of how clinical governance is being implemented within NHS 24. The inclusive decision-making processes used to procure the respond system to bring together existing clinical governance information systems were described. Patient safety reports, generated from this system, are being used to inform the National Patient Safety Group and have been disseminated across the organisation. It was further reported that a full evaluation of the respond system is scheduled to take place 6 months following its initial introduction. The review team was also interested to note the practice of holding clinical governance meetings in the evenings in some of the contact centres to enable more frontline staff to attend and considered that this was one indicator of the ethos within NHS 24 that clinical governance is the responsibility of all the organisation's staff. It was further noted that representatives of territorial NHS boards regularly attend regional NHS 24 clinical governance group meetings, which further demonstrates the NHS board's commitment to partnership working.

### **Core area: 3(b) Fitness to practise**

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#### **Performance assessment statement: The NHS board is monitoring the effectiveness of its arrangements across the organisation that will ensure its workforce is fit to practise.**

NHS 24 has arrangements in place to ensure that its workforce has the necessary skills, knowledge and experience to deliver its services. A robust pre-employment and continuing employment registration checking system is in place to ensure that all professional staff have the necessary qualifications to undertake their role. Representatives of the NHS board provided assurance to the review team that policies and procedures are in place to ensure that any healthcare professional who fails to renew their professional registration on time will not be permitted to practise in their professional role.

NHS 24 is clearly focused on ensuring that all its staff receive the necessary training and development in order to undertake their role effectively and efficiently. Given the unique nature of the business, all frontline staff are required to undertake a competency-based core induction programme in order to prepare them for their telehealth role. Continuing mandatory and statutory training modules are provided to all staff and competency-based training in the use of new systems and technologies is also provided as required.

The example of the recently established Scottish Emergency Dental Service was provided to the review team which was impressed with the descriptions of the training programme provided for dental nurses who deliver the service, and has resulted in a number of extended roles and increased professionalism among this staff group. The review team also noted the organisation's recent achievement in gaining academic accreditation for its nurse induction programme. It was further noted that the organisation has been successful in becoming an approved site for practice placements for nursing students.

The NHS 24 clinical supervision framework is firmly embedded in clinical practice throughout the organisation. Many techniques are deployed including individual and group supervision, call consultation review, coaching, preceptorship, mentoring and personal

development planning. The review team also noted the clinical support line which provides telephone-delivered clinical support by team leaders and senior staff to frontline staff. Plans are in place to fully evaluate the impact of the clinical support line in the future; initial feedback from the service has been positive.

The monitoring and evaluation of the NHS board's fitness to practise arrangements is part of the function of the NHS board's staff governance committee. The strategic workforce plan 2008 sets out the arrangements for evaluation and minutes of the staff governance committee meeting indicate that monitoring and evaluation is built in to all of the NHS board's fitness to practise processes and procedures. Representatives of the NHS board provided reassurance to the review team that clear reporting arrangements are in place between the committees and groups with fitness to practise responsibilities and that a built in approach to system evaluation is firmly established.

### **Core area: 3(c) External communication**

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

NHS 24's communication arrangements are set out in its communications strategy 2006–2009, which has recently been updated and approved by the Board in April 2009. Development of the current version of the strategy included a wide-ranging consultation exercise involving public and staff representatives, and the finalised strategy is closely aligned with the NHS 24 strategic framework for 2009–2012. The communication strategy addresses both internal and external communication issues.

A key component of the communications strategy, in relation to external communication, is the development of a more proactive and effective media strategy aimed at educating and informing the public and stakeholders about the services NHS 24 provides and a range of key developments. A media monitoring system has been developed by the external communications team to chart and track all media coverage that the organisation receives and includes a log of all media inquiries and parliamentary requests for information.

Media awareness is also a key issue for NHS 24's staff who are provided with regular updates on external communications activity by publishing press cuttings on the intranet and updates on media activity and public affairs engagement in the staff news magazine. High level communication monitoring includes monthly communications reports to the executive team and media monitoring charts to the Board.

An annual public relations and communication action plan accompanies the communications strategy and this includes details of the NHS board's communications activity such as campaigns, marketing and media activity. Progress against the objectives in the action plan is monitored and evaluated by the external communication team who in turn report to the executive team on a monthly basis.

## Core area: 3(d) Performance management

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

The performance management model used within NHS 24 is based on the HEAT targets and links the performance objectives of the delivery plan and objectives within the strategic plan. The NHS 24 corporate plan 2009–2010 sets out the context and approach to performance management across the whole organisation.

Given the unique nature of the business of NHS 24, the NHS board has access to a wealth of operational data which it uses to populate its performance management systems. At service delivery level, the NHS 24 hub provides centralised real time access data on all calls being received across the organisation. Daily performance forecasting meetings are held within the main contact centres with the service delivery directorate operational team. Weekly performance management meetings are held to formally evaluate the clinical key performance indicators (KPIs). Weekly reports on performance against clinical KPIs, with particular focus on variances, are received by the executive team.

The executive team also receives monthly performance reports of the core service targets set out in the local delivery plan. This also includes performance against targets for the NHS board's supplementary services such as cognitive behavioural therapy and Breathing Space.

The Board receives a monthly service performance report which clearly details performance in relation to agreed KPIs. The Board also receives quarterly updates on performance in relation to the corporate plan. Access KPIs are also reported to the Scottish Government Health Directorates (SGHD) on a monthly basis.

A number of other committees within NHS 24 have performance management responsibilities including the EQIPP subcommittee, the staff governance committee, the audit committee, the CGC and the ehealth committee.

There is evidence that the NHS board is monitoring the effectiveness of its performance management arrangements to ensure that they are meeting the needs of the organisation. The NHS board provided several examples of changes and improvements to its performance management arrangements as a result of the recognition of a need to make current arrangements more streamlined and fit for purpose.

The NHS board's comprehensive review of its clinical governance arrangements also incorporated aspects of performance management, and took place in recognition that there were too many different groups focusing on similar issues and the need to refocus the NHS board's arrangements in line with SGHD guidance.

Changes have also been made to the monitoring arrangements of clinical and service indicators, previously the responsibility of the clinical and service performance indicator group, now the responsibility of the clinical effectiveness group which has aligned service performance management with clinical governance objectives.

Representatives of the NHS board's CGC reported to the review team on the recent evaluation of changes to organisational structures and reporting routes. It was reported that the views of the CGC were specifically sought on the appropriateness of reporting mechanisms and content of performance reports and whether these could be improved to meet the needs of the committee.

Changes to how the margin times audit is performed and reported were also described by NHS board representatives. It was identified that the margin times process was not as clear as it could be and, therefore, following discussion at the regional clinical governance groups, suggested changes to the margin times audit were implemented and subsequently evaluated for their effectiveness.

As with other areas of the CGRM standards, the NHS board was not always able to provide robust documentary evidence of the decision-making processes that have resulted in improvements in its performance management arrangements. However, representatives of the NHS board provided clear descriptions of the information flows through the various committee structures with responsibility for performance management and several examples of improvements in its performance management systems. Therefore, the review team concluded that NHS 24 is monitoring the effectiveness of its performance management arrangements as part of a process of ongoing quality improvement.

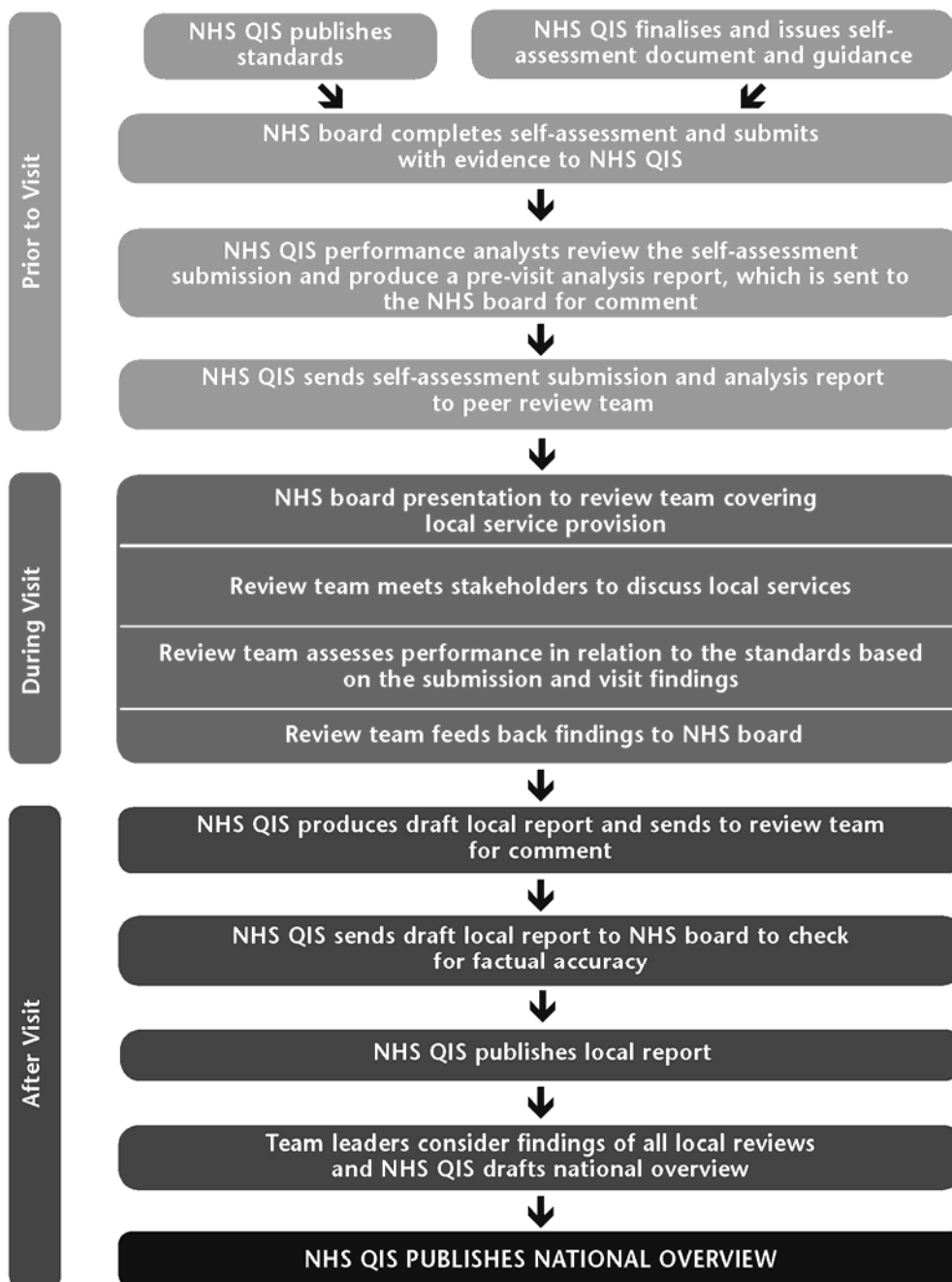
## Appendix 1 – Glossary of abbreviations

### Abbreviation

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<b>CGC</b>	clinical governance committee
<b>CGRM</b>	clinical governance and risk management
<b>EQIPP</b>	equality, diversity, involving people and the public
<b>HEAT</b>	health, efficiency, access and treatment
<b>IT</b>	information technology
<b>KPI</b>	key performance indicator
<b>NHS QIS</b>	NHS Quality Improvement Scotland
<b>PDSA</b>	plan, do, study, act
<b>PPF</b>	public partnership forum
<b>SGHD</b>	Scottish Government Health Directorates

## Appendix 2 – Review process



## Appendix 3 – Details of review visit

The review visit to NHS 24 was conducted on 19 August 2009.

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