

NHS 24

Local Report ~ March 2007

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



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

Every person using health services should expect these to be safe and effective. The NHS Quality Improvement Scotland (NHS QIS) clinical governance and risk management standards came into effect from November 2005. They have been developed to support NHSScotland to establish systems and processes, ensuring that care and services are safe and effective. This report presents the findings from the peer review of performance against the standards.

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# 1 Setting the scene

NHS Quality Improvement Scotland (NHS QIS) was set up by the Scottish Parliament in 2003 to take the lead in improving the quality of care and treatment delivered by NHSScotland. We do this by setting standards and monitoring performance, and by providing NHSScotland with advice, guidance and support on effective clinical practice and service improvements.

## About this report

The 'National standards for clinical governance and risk management: achieving safe, effective, patient-focused care and services' were published in October 2005. These standards are being used to assess the quality of services provided by NHSScotland nationwide.

This report presents the findings from the peer review of **NHS 24**. This review visit took place on **17 August 2006**, and details of the visit, including membership of the review team, can be found in Appendix 2.

## **1.1 How the standards were developed**

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

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

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

## **1.2 How the review process works**

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

### **Self-assessment by NHS Boards**

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

### **Pre-visit analysis**

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

### **External peer review**

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

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

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

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

### **Performance assessment statements**

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

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

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

### **Links with other organisations**

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

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

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

### 1.3 Reports

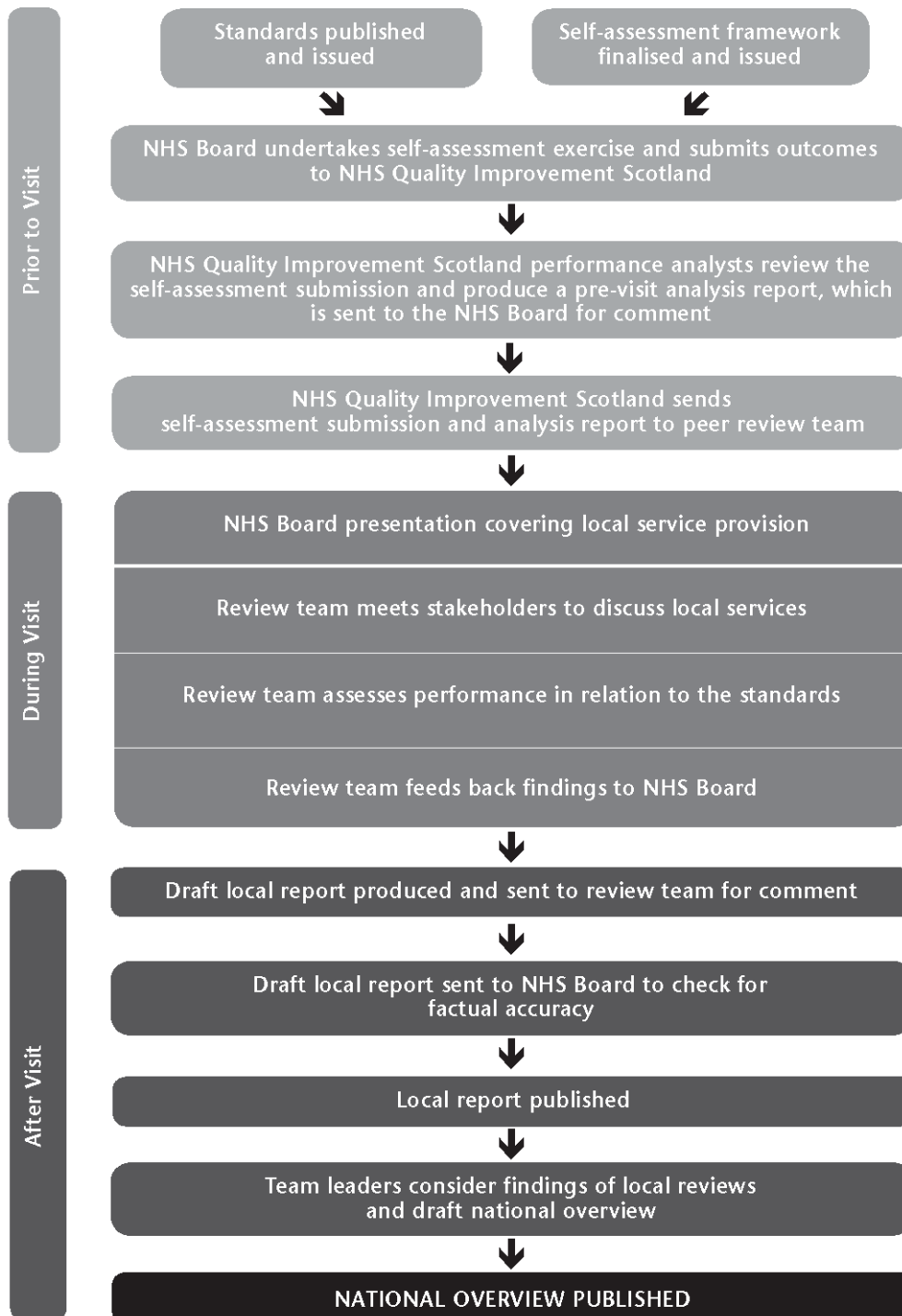
After each review visit, NHS QIS staff, with input as appropriate draft a local report detailing the findings of the review team. This draft report is sent to the review team for comment, and then to the NHS Board to check for factual accuracy. The local report will then be published and made available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

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

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

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

## The review process



## **2 Summary of findings**

### **2.1 Overview of local service provision**

NHS 24 is a special health board, which provides a confidential 24-hour telephone health advice and information service which is available across Scotland. NHS 24 works with local NHS Boards' out-of-hours services to provide patients with health advice and help when GP practices are closed. Callers can talk directly to nurses, pharmacy and dental nurse advisors and/or health information advisors. Following an assessment of the symptoms, the patient may be given advice about how to treat their symptoms at home or, if they need to see a doctor or nurse for further face-to-face assessment or treatment, NHS 24 can arrange for them to be seen by local out-of-hours services.

NHS 24's patient-centred service works in partnership with primary care out-of-hours services which are provided by local NHS Boards, as well as the Scottish Ambulance Service and accident and emergency departments.

There are three regional NHS 24 contact centres in Clydebank, South Queensferry and Aberdeen. In addition to these, there are currently five smaller local units which have been established in partnership with NHS Ayrshire & Arran, NHS Dumfries & Galloway, NHS Highland, NHS Lanarkshire and NHS Tayside. The local centres are part of the national NHS 24 service. They contribute to national demand management at peak times, improved operational communications with local services and also enhance the level of understanding of local areas, which is particularly important in remote and rural areas.

All calls are initially answered by call handlers in one of the three contact centres and, at busy times, may be transferred to one of the local units which are staffed by nurses at peak times. Staff in the local units have access to the same information systems, training and processes as their colleagues in the regional contact centres.

### **A Brief History**

#### **Original role**

NHS 24 was set up in April 2001 as a 24-hour confidential telephone health advice and information service for Scotland. The service was also to provide clinical assessment and direct referral to other NHS services. To achieve this it was to operate from three centres located in the north, west and east of Scotland, and link in with GP out-of-hours services across Scotland. The first link was established in the Grampian region in May 2002, with the last NHS Board area being linked to NHS 24 in November 2004.

#### **Changes**

Negotiated by the doctors union, the British Medical Association (BMA), and the national Westminster Government, the new General Medical Services (nGMS) Contract allowed GPs to opt out of providing services out-of-hours from April 2004, and local NHS Boards then became responsible for providing out-of-hours services for most people. This change resulted in the majority of NHS 24's work being carried out when GP practices were closed. The original plan for NHS 24 predicted that out-of-hours calls would account for around 60% of all calls, but instead the percentage of calls to NHS 24 out-of-hours increased to over 90%, with

the busiest times being evenings, weekends and public holidays when GP practices are closed.

The service found the increase in demand challenging, especially on Saturday mornings when people still expected their GP practice to be open. It became difficult for patients and callers to access the service, especially at those peak periods. The call-back system was introduced to allow calls to be prioritised on the basis of clinical need, although this meant that people often waited longer than NHS 24 would have liked to access care.

It became clear that the role of NHS 24 was changing from the original plan. The service required to develop further in order to respond to these changes to the provision of out-of-hours services.

NHS 24 is now the first point of contact  
for people who are ill when their  
GP practice is closed.

Concerns about the performance of NHS 24 prompted the Minister for Health and Community Care, Andy Kerr MSP, to announce an independent review of NHS 24 led by Owen Clarke, former Chairman of the Scottish Ambulance Service. Key actions were identified in the review team's final report. NHS 24 has made key improvements in response to this, including the creation of five new local centres which were set up across Scotland to increase capacity, and further work is being carried out in partnership with local NHS Boards to develop services. In addition, NHS 24 carried out significant work to develop internal processes to improve the patient journey.

Over the last 18 months, NHS 24 has significantly improved and sustained its performance, delivering excellent access to people who use the service.

NHS 24 receives between 25,000–30,000 calls (seasonal) per week, 91% of them when GP practices are closed. At these times, NHS 24 provides the first point of access to healthcare for people when they become ill and they cannot wait until their GP practice is open again.

There is a strong commitment within NHS 24 to involve patients, the public, service users and NHS partners in developing the service, and to ensure that people understand the role of NHS 24 and how it works with the out-of-hours services provided by NHS Boards and the Scottish Ambulance Service.

Further information about NHS 24 can be accessed via its website ([www.nhs24.com/](http://www.nhs24.com/)).

## 2.2 Summary of findings against the standards

A summary of the findings from the review is presented in this section. A detailed description of performance against the standards/criteria is included in Section 3.

### Standard 1 – Safe and effective care and services

#### Overall position statement:

**The NHS Board is developing its policies, strategies, systems and processes to control risk, continually monitor care and services, and work in partnership with staff, patients and members of the public.**

NHS 24 is working hard to deliver service improvements and develop and implement appropriate policies, strategies and systems to manage risk within the organisation during a period of intense organisational change. A risk management policy has been developed, although, at the time of the review visit, this was in draft format.

Systems for business continuity planning are well implemented across NHS 24 and the review team was satisfied that the back-up systems in place would ensure continued service delivery in the event of a systems failure in one or more of the regional centres. Emergency planning processes were less fully implemented at the time of the visit.

There has been a major transformation within NHS 24 in the year prior to the review visit. There is evidence of much ongoing development work in the area of clinical effectiveness and quality improvement, and good examples of improved clinical processes. However, the review team did not consider there to be a formal and agreed programme of clinical effectiveness and quality improvement in place across the organisation at the time of the visit.

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

#### Overall position statement:

**The NHS Board is implementing its policies, strategies, processes and procedures to provide care and services that take into account individual needs, preferences and choices.**

NHS 24 is implementing policy and a partnership approach to access, referral, treatment and discharge across the organisation. The review team was informed of numerous innovative approaches that have been implemented in the organisation to ensure that accessing the service is as straightforward as possible and that accurate and effective advice is provided.

At the time of the visit, NHS 24 was developing its arrangements for equality and diversity, and an equality and diversity co-ordinator had recently been appointed. An equality and diversity strategy and associated implementation plan which details how the equality and diversity agenda will be taken forward within the organisation have been developed. An equality and diversity committee has also been established to deliver the objectives in the plan.

A communication strategy is in use and is being monitored across the organisation. At the time of the visit, a new 3-year strategy for the period 2006–2009, informed by the outcomes of consultation events with both staff and the public across Scotland, was being developed. In practice, the review team agreed that communication between different levels of staff is good within NHS 24. Web-based information can

be easily accessed. This is supported by verbal communication, and staff reported that team leaders are available and approachable and routinely pass on important information to them.

### **Standard 3 – Assurance and accountability**

#### **Overall position statement:**

**The NHS Board is implementing its policies, strategies, processes and procedures to promote public confidence about the safety and quality of the care and services it provides.**

NHS 24 is implementing a policy and strategy to set the framework for clinical governance and quality assurance. A clinical governance framework which encompasses clinical governance and quality, risk management, and complaints and performance management has been produced and has been signed off by partner NHS Boards.

The review team agreed that NHS 24 has appropriate systems in place to ensure its workforce is fit to practice. NHS 24 is investing in staff development and actively supporting staff, in a range of ways, to continue their professional development.

NHS 24 has a fully implemented external communications strategy which outlines NHS 24's key external stakeholders and the methods for communicating with them. The strategy is due for revision and updating during 2006 after finalisation of the organisation's 2006–2009 strategic plan.

Robust performance management processes are in place and are being monitored within NHS 24. In line with current best practice, the organisation has implemented a balanced scorecard approach using key performance indicators (KPIs).

NHS 24 is implementing the key components of information governance across the organisation, namely access, confidentiality, security, and consent and sharing. There is an agreed information governance policy in place which is underpinned by a range of guidance and procedural documents. In addition, an information governance manager has been appointed. This individual has operational responsibility for the implementation and facilitation of information governance across the organisation.

### 3 Detailed findings against the standards

#### **Standard Statement 1: Safe and effective care and services**

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

#### **Overall position statement**

**The NHS Board is developing its policies, strategies, systems and processes to control risk, continually monitor care and services, and work in partnership with staff, patients, and members of the public.**

#### **Core area: 1(a) Risk management**

Position statement: The NHS Board is developing policy, strategy, systems and processes for risk management.

#### **Development**

The review team was provided with evidence that considerable work is underway within NHS 24 to develop appropriate policies, strategies and systems to manage risk within the organisation. At the time of the visit, there was little evidence of the involvement of patients and the public in risk management processes. NHS 24 reported that it is focusing its attention on engagement with risk management partners in its smaller local unit host areas in the first instance; wider stakeholder involvement may be considered in the future.

A risk management policy has been developed, although, at the time of the visit, this was in draft format and an up-to-date version of the associated risk management strategy was not available. NHS 24 reported that the final draft of the organisation's risk management strategy was due to be presented for approval at the next meeting of the audit committee.

The review team acknowledged that NHS 24 is working hard to deliver service improvements and develop and implement policies during a period of intense organisational change. In particular, the review team noted that the pace of change within the organisation was considerable. This has been necessary to cope with the development of NHS 24. At the time of the visit, systems for risk management within the organisation appeared disconnected and the mechanisms for routinely informing the NHS Board of organisational risks were ad hoc in nature. The draft risk management policy, while comprehensive, does not fully explain the relationships and reporting mechanisms between the various committees and groups that have risk management as part of their remit.

Staff use paper-based adverse incident reporting forms to report risks incidents and near misses and are actively encouraged to do this by operational managers. At the time of the visit, there were no formalised mechanisms for feeding back the outcomes of any risks reported by staff members. However, adverse incidents are discussed at regional clinical governance committee meetings and changes to practice have occurred following learning from adverse incidents. For example, the chest pain learning cards were developed using learning from experience. NHS 24 agreed that

development in this area would be necessary to ensure that practice is standardised across each of its main regional centres and smaller local units.

At the time of the visit, the director of planning had overall responsibility for developing, implementing, monitoring and assessing the delivery and impact of the organisation's strategic risk management objectives. NHS 24 reported that it is planning to transfer clinical risk management to the clinical governance and patient safety support unit, with the leadership of the clinical director during 2006–2007. In addition, the corporate risk register would be further split into directorate specific registers, which are the responsibility of each individual director. These will feed into the overarching corporate risk register through executive team meetings.

NHS 24 is endeavouring to raise awareness amongst its staff about the importance of risk reporting and risk management and their responsibilities in this area. A general briefing on risk-related issues is included in induction training for all staff and there are plans to develop a more specialised training programme in the future. At the time of the visit, due to issues with resource, more detailed risk management training was only being provided to certain staff members on a needs-assessed basis, for example root cause analysis. An online risk reporting form has also been developed and is due to be implemented across the organisation shortly.

## **Implementation**

As the draft risk management policy and strategy are not finalised, implementation of the policy, strategy, systems and processes across the organisation is not yet possible. Furthermore, the review team noted that the absence of an organisation-wide staff training programme would make it difficult to fully implement robust risk management arrangements across NHS 24.

## **Monitoring**

NHS 24 requires to finalise and implement its risk management policy and strategy before a system of monitoring can be put in place.

## **Reviewing**

A organisation-wide risk management policy and strategy has yet to be implemented and monitored across NHS 24. Therefore, due to a lack of monitoring data, the review team concluded that NHS 24 was not in a position, at the time of the visit, to review the effectiveness of its risk management policy, strategy, systems and processes across the organisation.

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

Position statement: The NHS Board is implementing emergency and continuity planning systems across the organisation.

## **Development**

The review team agreed that systems for business continuity and emergency planning are well developed within NHS 24. The director of planning has overall accountability for business continuity, with the responsibility for liaison with the SEHD Health Emergency Planning Unit resting with the clinical director. A business continuity strategy, based on relevant national best practice guidance, has been

developed in liaison with other comparable NHS organisations. At the time of the visit, this document was still in draft format. NHS 24 reported that the strategy is awaiting inclusion of information related to planning for pandemic influenza before going to the relevant committee as a final draft for approval.

## **Implementation**

Systems for business continuity planning are well implemented across NHS 24 and, at the time of the visit, the Board was in the final stages of appointing a business continuity/emergency planning manager. There is a back-up paper-based system for call handling in the event of an IT systems failure and staff who met with the review team are aware of how to access and use the system. In addition, a series of desktop exercises have been undertaken to test transferring of services to other centres and shutting down and restarting the system. In the event of a site-specific disaster, calls can be routed through the remaining centres and the smaller local units. At the time of the visit, NHS 24 was also investigating the potential benefits of establishing a fourth centre in Glasgow which would split the workforce from the Clydebank site and enhance capacity for business continuity in the event of a site-specific systems or buildings failure.

As part of NHS 24's clinical effectiveness training, each centre is focusing on high priority issues that would most affect business continuity. These include refresher sessions for staff in how to use the various contingency plans for instances of systems failure and routes of communication to staff. Information is communicated to staff in a number of ways including via line managers, by posting on open plan area plasma screens and on the NHS 24 knowledge web. At the time of the visit, there was no system in place to check and record if staff have accessed, read and understood the business continuity and emergency planning information on the knowledge web.

At the time of the visit, emergency planning processes were not fully implemented in NHS 24. Most notably there was no tested and approved plan in place for pandemic influenza. NHS 24 reported that this would be in place by September 2006.

## **Monitoring**

There is evidence that NHS 24 has robust plans in place for business continuity. Some testing and monitoring of the efficacy of these plans has been carried out and there are plans in place to test other specific processes in the future.

As procedures for emergency planning are not fully implemented throughout NHS 24, a system of monitoring is not yet in place which provides the Board with assurance that these procedures are being followed.

## **Reviewing**

NHS 24 has good links with other NHS organisations, in particular comparable Special Health Boards for example the Scottish Ambulance Service. Ongoing engagement with these organisations is planned to ensure a continued commonality of approach as best practice in business continuity and emergency planning evolves in the light of the outcomes from test exercises and changes to national guidance.

Organisation-wide arrangements for emergency planning have yet to be fully implemented and monitored. Therefore, at the time of the visit, there was not a

process in place to utilise the outcomes of monitoring to review emergency planning processes and emergency plans.

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

Position statement: The NHS Board is developing co-ordinated programmes for clinical effectiveness and quality improvement.

### **Development**

There has been a major transformation within NHS 24 in the year prior to the review visit. The organisation is addressing the findings of the 'Clark Review' and has responded positively to the challenge. NHS 24 reported that the service is now performing at a level that is much improved from the situation 12 months ago. Both call-handling times and staff turnover have been significantly reduced. Front-line call handlers have undergone development which has streamlined the patient journey and ensures that callers are transferred to the most appropriate clinical service as early as possible after contacting the centre. For example, calls from elderly patients requiring catheter care would be routed immediately to a partner organisation to arrange a home visit.

The review team agreed that these developments are positive and there is evidence of much development work under way within NHS 24 in the areas of clinical effectiveness and quality improvement. These include good examples of stand alone pieces of clinical audit work such as the chest pain management audit and some evidence of joint audit activity. NHS 24 reported that, at a local level, quality improvement programmes would be developed and agreed by the regional clinical governance groups. The national clinical governance group has a remit for developing national programmes of quality improvement. NHS 24 reported that localised clinical effectiveness programmes existed in the regions. However, the review team did not consider there to be a prioritised, approved, co-ordinated and supported programme of clinical effectiveness and quality improvement in place throughout the organisation, at the time of the visit. The clinical process development group and clinical change governance group could provide useful structures for development and implementation of a systematic approach to clinical effectiveness and quality improvement within NHS 24.

NHS 24 engages well with staff in terms of involving them in quality improvement work. While there is evidence of some robust stand alone pieces of audit work under way within NHS 24, at the time of the visit, there was no rolling programme of audit in place. However, a draft clinical audit strategy was in place, which was being consulted upon. There is a national clinical audit group, which meets monthly to monitor clinical audit activity across NHS 24 providing assurance to the national clinical governance group.

There is an obvious commitment within the organisation to involve patients and the public more in all of the work that NHS 24 does. There are various plans under development with regard to this and NHS 24 is engaging with other organisations, for example NHS QIS, which have already established robust public partnership forums and groups.

## **Implementation**

Development of a formal and agreed programme of clinical effectiveness and quality improvement will be necessary before strategies for delivering clinical effectiveness and quality improvement can be implemented across all areas of the organisation.

## **Monitoring**

NHS 24 requires to finalise and implement its programme of clinical effectiveness and quality improvement across all areas of the organisation before a system of monitoring can be put in place.

## **Reviewing**

NHS 24 requires to finalise and implement its programme of clinical effectiveness and quality improvement and establish a system of monitoring before the efficacy of the clinical effectiveness and quality improvement activity can be reviewed.

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

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

### **Overall position statement**

**The NHS Board is implementing its policies, strategies, processes and procedures to provide care and services that take into account individual needs, preferences and choices.**

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

Position statement: The NHS Board is implementing policy and a partnership approach to access, referral, treatment and discharge across the organisation.

### **Development**

The nationwide remit of the health and information services provided by NHS 24 means that the organisation requires to be promoted and accessible to a wide and diverse range of existing and potential patients. The review team was satisfied that NHS 24 has developed a partnership approach to access, referral, treatment and discharge albeit within a unique operating system within NHSScotland. In addition, the organisation is continually striving to promote the service and make it as accessible as possible to everyone, including minority and hard-to-reach groups within the population. At the time of the visit, NHS 24 had recently appointed an equality and diversity co-ordinator, part of whose role is to ensure that patients have equitable access to all of the services provided. The organisation's patient focus and public involvement (PFPI) strategy was in draft format at the time of the visit.

Working relationships are developing with partner agencies both within and outwith the NHS, for example British Telecom. The review team noted that the establishment of five smaller local units which are hosted within the Lanarkshire, Tayside, Dumfries & Galloway, Ayrshire & Arran and Highland NHS Board areas could further strengthen NHS 24's partnership approach to delivery of services.

### **Implementation**

NHS 24 utilises a range of methods to advertise and promote the services that it provides and to support people to access those services. These include posting information on the organisation's website, media campaigns, leaflets and posters in hospitals, GP surgeries and other prominent public areas and public engagement sessions. The organisation also maintains a close relationship with its partners to ensure that the information they provide on how to access NHS 24 is up to date, for example the details on a GP surgery's out-of-hours answer phone message.

NHS 24 recognises that the needs of its client group are many and varied. The review team was informed of numerous innovative approaches that have been implemented in the organisation to promote the service, to ensure that access is as straightforward as possible and that accurate and effective advice is provided.

NHS 24 established an initiative to support the Special Olympics which were hosted by the City of Glasgow in 2005. The athletes, their families, supporters and coaches were provided with contact details for NHS 24 on the back of their official badges. Members of staff from NHS 24's contact centre in Clydebank were on hand to provide general nursing support to the athletes. This initiative allowed NHS 24 to provide the organisers of the Special Olympics with a portfolio of healthcare contacts throughout the games, enabling the organisers to plan for future events.

The organisation has a consent policy in place which is available to all staff on the knowledge web. All staff are made aware at induction of their responsibility with regard to patient confidentiality. The NHS 24 call-handling computer system has a mandatory field which ensures that the advisors request patient consent to share their information with their GP before they can complete the call.

There is a protocol for staff to follow when taking a call from a person with a learning disability. A disability equality scheme and action plan, developed in partnership with disabled service users, is due to be rolled out by the end of 2006. The organisation uses Language Line to support callers with limited or no spoken English and endeavours to provide publications in a range of languages and in large print and Braille.

The pool of clinical expertise has been expanded to include pharmacists and dental nurses, and the call handlers have been developed to enable them to process calls more accurately and effectively. In addition, the role of health information advisor has been established. Calls that do not require clinical intervention can be routed directly to a health information officer who can answer questions and provide advice about illnesses and conditions, NHS services, support groups and organisations, health promotion and disease prevention. The organisation also undertakes regular review of its many algorithms to ensure that they are reflective of current best practice. The clinical algorithms in use contain questions to ask callers in relation to 'carer coping' and nurse advisors use these questions, where appropriate, to inform their decision-making with regard to individual patients. In addition, the organisation holds information on a range of carer support organisations and resources, and the nurse advisors and health information advisers will provide details of these as necessary.

The NHS 24 patient database allows GPs to add special notes to patients' files, for example if they have particular complex needs; this allows the call handler or clinical adviser to route the call as quickly as possible to the most appropriate destination.

At the time of the visit, NHS 24 did not have processes in place to ensure that patients receive a multidisciplinary assessment. Despite the challenge to provide this in such a unique environment as telephone triage, NHS 24 is committed to development and implementation of a protocol and system for multidisciplinary assessment of patients.

NHS 24 has agreed referral/discharge processes in place with all NHS Boards in Scotland that provide out-of-hours services. The consultation system within NHS 24 ensures that information on patients' individual needs is sought and considered at all stages of the consultation process. In addition, various internal information stores have been established which hold information on local specialist services. This

supports nurse advisors to discharge patients to the most appropriate and convenient local service.

## **Monitoring**

NHS 24 actively seeks feedback from the public and partners which is routinely followed up by regional clinical governance groups. There is also ongoing monitoring and revision of the clinical processes, algorithms and referral pathways in use within the organisation and the approach to monitoring appears to be particularly robust within the pharmacy discipline. Although the review team saw evidence of monitoring at an operational level, there was insufficient evidence to support systematic Board-level monitoring of the implementation of policy and a partnership approach to access, referral, treatment and discharge throughout the organisation.

## **Reviewing**

The review team noted that, at the time of the visit, there was insufficient evidence to demonstrate that NHS 24's approach to partnership working was being reviewed throughout the organisation. The review team was pleased to note some individual examples of reviewing, for example the regular review of clinical processes and algorithms.

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

Position statement: The NHS Board is developing an equality and diversity policy in accordance with legislation, national guidance and best practice.

## **Development**

The director of communications has overarching accountability for both equality and diversity and PFPI within NHS 24. At the time of the visit, an equality and diversity co-ordinator had recently been appointed. There is an equality and diversity strategy and associated implementation plan, which detail how the equality and diversity agenda will be taken forward within the organisation. An equality and diversity committee has also been established to deliver the objectives in the plan.

In line with current legislation, NHS 24 is aiming to bring together three work strands, PFPI, equality and diversity and Fair for All. It is hoped that this will allow the organisation to maximise value in the work already carried out and in what is planned for the future. NHS 24 is also taking advantage of work carried out in other NHS organisations and building on this good practice in development of their own strategies and plans.

The review team noted that it would be important to balance best value with the appropriate degree of clarity around the PFPI and equality and diversity agendas. At the time of the visit, the post of PFPI co-ordinator was vacant and the organisation's PFPI strategy was out for public consultation, although there was an interim action plan in place. NHS 24 reported that PFPI is well linked into its equality and diversity work and it is considering changing the name of the equality and diversity committee to the equality, diversity and involvement committee in the near future to reflect this.

## Implementation

As the equality and diversity strategy and implementation plan were relatively new developments, at the time of the visit, arrangements had not been fully implemented across the organisation. A team of staff has been trained to carry out impact assessments of new and existing services, with support from the equality and diversity co-ordinator. NHS 24 reported that a modified version of the SEHD toolkit (2005) would be used to do this. At the time of the visit, the views and feedback of patients, the public and communities were not being routinely sought during impact assessments. NHS 24 acknowledges that patient and public involvement is an area that requires development generally within the organisation and various plans have been developed to address this.

While full implementation is still some way off, the review team saw evidence of good work to engage with vulnerable and minority groups. This includes publication of information in a range of ethnic minority languages and in Braille; Language Line which provides a translation service for non-English speaking callers; and an information booklet for older people which was produced in conjunction with Help the Aged and outlines, in plain English and user friendly terms, what services are available and how to access them. In addition, the NHS 24 system has a database of patients who have particular complex healthcare needs, for example people receiving palliative care, which ensures that calls from those individuals are prioritised and routed as necessary.

## Monitoring

NHS 24 requires to fully implement its equality and diversity strategy before a system of monitoring can be put in place. Evidence provided to the review team did, however, show that reports detailing progress in the implementation of the strategy have been presented to the NHS 24 executive management team.

## Reviewing

Organisation-wide arrangements for equality and diversity have yet to be fully implemented and monitored. Therefore, at the time of the visit, there was not a process in place to utilise the outcomes of monitoring to review the effectiveness of the equality and diversity strategy across the organisation.

### Core area: 2(c) Communication

Position statement: The NHS Board is monitoring its policies, strategies and procedures for improving the way that staff communicate and engage with each other, patients and the public across the organisation.

## Development

Communication strategies, policies and procedures are developed in line with NHS 24's overarching organisational strategy. At the time of the visit, a communication strategy was in place and the organisation was developing its new 3-year strategy for the period 2006–2009 which has been informed by the outcomes of consultation events with both staff and the public across Scotland. It is envisaged that the revised communication strategy will be completed by September 2006 and, thereafter, it will be presented to the NHS 24 Board for final approval and sign off. NHS 24 reported that a review of all internal communications is planned for 2006. This will involve

corporate affairs working collaboratively with the partnership forum in the development of a revised communications plan.

While the review team agreed that there is evidence of patient involvement, at the time of the visit, staff involvement in development of policies appeared to be more robust. NHS 24 reported that a clinical governance public panel is being developed which will have patient and public representation and should facilitate wider public involvement in all aspects of planning and strategy development within NHS 24.

## **Implementation**

In practice, the review team agreed that communication between different levels of staff is good within NHS 24. The communication strategy is available on the NHS 24 knowledge web, which all staff can access. The knowledge web and the plasma screen monitors that are situated in all open plan work areas, in conjunction with verbal communication from team leaders, are used to convey current information to staff including any changes to the approved algorithms. In addition, the executive team holds 'meet the executive team' open meetings that all staff members are welcome to attend. At these meetings, staff can hear about the strategic direction that the organisation is taking, including its approach to communications, and ask questions.

Similarly, the review team was encouraged to see evidence of external publications being tailored to meet the needs of ethnic minorities and vulnerable groups such as the elderly.

## **Monitoring**

The review team agreed that policies, strategies and procedures for improving the way that staff communicate are being monitored across the organisation. NHS 24 uses feedback from the staff survey, and staff and public consultation events are held to discuss communications. Findings are routinely reported to the executive team and the NHS 24 board. In addition, the partnership forum is used as a conduit for feeding back views on both the communication strategy and how affective 'live' communications are within the organisation.

## **Reviewing**

NHS 24 is monitoring its policies, strategies and procedures for improving the way that staff communicate and engage with each other, patients and the public across the organisation. While there was some evidence of review of strategic documents in the light of feedback from staff and the public, this was not happening across all areas of the organisation at the time of the visit.

### **Standard Statement 3: Assurance and accountability**

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

#### **Overall position statement**

**The NHS Board is implementing its policies, strategies, processes and procedures 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**

Position statement: The NHS Board is implementing its policy and strategy to co-ordinate clinical governance and quality assurance arrangements across the organisation.

#### **Development**

The review team saw evidence of work under way within NHS 24 to drive forward the clinical governance and quality assurance agenda.

NHS 24 has signed up to a partnership approach to national and regional decision-making including involving staff, patients, the public and other service delivery partners in all of the work that it does. At the time of the visit, public involvement in clinical governance and risk management activity was at the planning stage. NHS 24 is endeavouring to establish a clinical governance public panel which will have patient and public representation and should start to facilitate wider public involvement in this area. A new partner agreement has been developed which will outline the relationships and reporting mechanisms between NHS 24 and its partner organisations.

A draft research strategy is in place and a research governance policy and procedures were being developed at the time of the visit.

#### **Implementation**

The review team noted that, at the time of the visit, a framework for clinical governance, which encompasses clinical governance and quality, risk management and complaints, and performance management has been produced. The document has been agreed with partner NHS Boards.

The lead committee for clinical governance and quality assurance is the clinical governance committee; this is a sub-committee of the NHS 24 Board. Executive accountability for clinical governance is held jointly by the clinical and nursing directors. The national clinical governance group reports to the clinical governance committee and regional issues are fed back to the national clinical governance group via the regional clinical governance groups. At a regional level, the associate medical directors and directors of operations and nursing are the nominated leads. Operational staff are invited to attend the weekly regional group meetings, however, this can often be difficult due to shift working patterns. The clinical governance infrastructure is supported by the clinical governance and patient safety support unit,

which was established in autumn 2005. Each region is supported by a clinical governance facilitator who is based locally.

## **Monitoring**

NHS 24 requires to continue to implement its framework for clinical governance and finalise its programme of clinical governance and quality assurance work across all areas of the organisation before a system of monitoring can be put in place.

## **Reviewing**

NHS 24 requires to continue to implement its framework for clinical governance and finalise its programme of clinical governance and quality assurance work, and establish a system of monitoring, before the efficacy of clinical governance and quality assurance activity can be reviewed.

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

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

## **Development**

The review team agreed that NHS 24 has appropriate systems in place, to ensure its workforce is fit to practice. The organisation's recruitment policy stipulates that NHS 24 verifies that staff have the relevant professional qualifications, current registration with an appropriate professional body and adequate references prior to commencement of employment. Enhanced disclosure checks are also carried out for all NHS 24 staff before they are deemed competent to practice.

While general supervision of staff is good, at the time of the visit, an agreed clinical supervision policy was not in place. A robust draft clinical supervision policy has, however, been developed and the review team noted that it would be important to ensure that the policy is finalised and implemented in the near future. All staff have regular reviews with their line managers with regard to their performance and any issues or themes that are noted as recurring for groups of staff would be added to the generic staff induction programme. In addition, staff also take part in constructive call review, coaching and reflective practice with their line managers at regular intervals.

## **Implementation**

There is a robust system in place whereby staff's registration is checked on an ongoing basis. For nursing staff this is done monthly and reminder letters are sent to individuals whose registration is coming up for renewal. The human resources department checks individual registrations for pharmacy and medical staff online on the Royal Pharmaceutical Society of Great Britain and General Medical Council websites. In addition, staff have a personal responsibility to ensure that their registration is up to date and those who met with the review team were aware of this. In the unlikely event that a member of staff's registration was allowed to lapse they would be removed from patient-facing duties until they are re-registered.

NHS 24 is aiming to have personal development plans (PDPs) in place for all staff in the near future. At the time of the visit, about 80% of staff had completed a PDP.

The review team noted that NHS 24 is investing in staff development and actively supporting staff, in a range of ways, to continue their professional development.

### **Monitoring**

The review team agreed that the system for checking registration and accreditation is robust, and a good example of ongoing monitoring within the organisation. However, as NHS 24 has yet to fully develop and implement its clinical supervision policy, an appropriate system of monitoring has not yet been established for this aspect of ensuring that staff are fit to practice.

### **Reviewing**

A organisation-wide clinical supervision policy has yet to be implemented and monitored. Therefore, the review team noted that there is not yet a process in place to comprehensively utilise the outcomes of monitoring to review the effectiveness of all policies and procedures across the organisation to ensure the workforce is fit to practice.

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

Position statement: The NHS Board is implementing its external communication strategy across the organisation.

### **Development**

NHS 24 has an external communications strategy. The strategy was developed by the director of communications and signed off by the Board in 2003. NHS 24 reported that the strategy would be revised and updated in 2006 when the organisation's 2006–2009 strategic plan is finalised.

### **Implementation**

The review team was satisfied that the 2003 communications strategy, which outlines NHS 24's key external stakeholders and the methods for communicating with them, has been fully implemented across the organisation. NHS 24's audience for external communications is both wide and varied. At the time of the visit, a partner agreement and engagement model was being developed in conjunction with partner organisations.

### **Monitoring**

The external communications strategy was undergoing revision at the time of the visit and would not be finalised until towards the end of 2006, after completion of the organisational strategic plan. NHS 24 reported that monitoring processes have already been developed and will be put into place after the new strategy has been implemented.

### **Reviewing**

NHS 24 has reviewed its original communication strategy. When the new version of the strategy is fully implemented, NHS 24 will be in a position to monitor and review the effectiveness of the strategy across the organisation.

## Core area: 3(d) Performance management

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

### Development

NHS 24 has adopted a best practice approach to performance management using a balanced scorecard methodology and key performance indicators (KPIs). The review team agreed that the system in place to deliver the performance management function is one of the organisation's strengths. The strategic balanced scorecard was developed through a series of facilitated workshops with the NHS 24 executive team. The draft version of the scorecard was then used as the basis for a development workshop with NHS 24 board members who had the opportunity to provide feedback. The final version of the scorecard and methodology was approved by the board in 2002.

The organisation's performance management framework is continuing to develop as the strategic direction of the organisation evolves. At the time of the visit, NHS 24 was also drafting a local delivery plan which includes specific, measurable, achievable, realistic and timely (SMART) performance indicators for the organisation.

### Implementation

The balanced scorecard approach to performance management has been fully implemented across NHS 24. In 2005, a balanced scorecard working group was established to look at ways to provide information on the balanced scorecard approach to front-line staff. Team leaders disseminate performance information, for example turnaround times for calls to staff, on a regular basis. The review team was pleased to note that there was a high awareness among front-line staff that they met with regarding how the KPIs and scorecard are used to manage and improve organisational performance.

### Monitoring

The review team saw evidence that NHS 24 is monitoring implementation of its performance management arrangements across each of its regional centres. Performance management data are collected by a specialist team of decision support analysts and is used to inform performance reports. Performance 'dashboard' reports, which are tools that support continuous performance improvement, are produced and disseminated to staff via team leaders. Operational performance reports are produced for the executive team and the chief executive officer on both a weekly and monthly basis. The Board and NHS 24's out-of-hours partners receive a copy of the strategic level scorecard monthly. At the time of the visit, operational performance information was not routinely reported to the clinical governance or risk management committees. NHS 24 reported that the organisation is developing a more integrated approach to performance management. A vision paper for this development, which includes clinical governance, performance management, quality processes and risk management, has been produced and was presented to the clinical governance committee in June 2006.

## Reviewing

The review team saw evidence of ongoing review of the effectiveness of performance management arrangements across the regional contact centres. However, it was unclear at the time of the visit, if reviewing mechanisms were in place in the smaller local units.

### Core area: 3(e) Information governance

Position statement: The NHS Board is implementing its information governance systems, policies and procedures across the organisation.

## Development

The clinical director is the member of the executive team with overall responsibility and accountability for information governance across NHS 24. There is an agreed information governance policy in place which is underpinned by a range of guidance and procedural documents, some of which were in draft format at the time of the visit.

## Implementation

Despite the draft status of some of the information governance related policies and guidelines, the review team agreed that the key components of information governance namely access, confidentiality, security, and consent and sharing, are being implemented within NHS 24. The information governance manager who was appointed in August 2003 has operational responsibility for the implementation and facilitation of information governance across the organisation.

## Monitoring

The clinical governance committee has lead responsibility for overseeing the implementation and monitoring the efficacy of the information governance policy. The committee receives an annual information governance report detailing progress in this area. In addition, the NHS 24 executive team receives 6-monthly reports which outline any data protection issues or freedom of information requests that have been received over that period. While the review team agreed that there is evidence of some ongoing monitoring, at the time of the visit, this did not appear to be robust and there was no agreed implementation and monitoring plan in place. NHS 24 acknowledges that more formalised reporting mechanisms would facilitate monitoring of information governance development and there are plans to enhance routine reporting mechanisms.

## Reviewing

Robust, organisation-wide arrangements for monitoring the implementation of systems, policies and procedures for information governance are not yet in place across the organisation. Therefore, at the time of the visit, there was not a formal process in place to utilise the outcomes of monitoring to review the effectiveness of information governance processes across the organisation.

## Appendix 1 – Glossary of abbreviations

<b>BMA</b>	British Medical Association
<b>CHP</b>	community health partnership
<b>CNORIS</b>	Clinical Negligence and Other Risks Indemnity Scheme
<b>KPI</b>	key performance indicator
<b>nGMS</b>	new General Medical Services
<b>NHS QIS</b>	NHS Quality Improvement Scotland
<b>PDP</b>	personal development plan
<b>PFPI</b>	patient focus and public involvement
<b>SEHD</b>	Scottish Executive Health Department
<b>SMART</b>	specific, measurable, achievable, realistic and timely

## Appendix 2 – Details of review visit

The review visit to NHS 24 was conducted on 17 August 2006.

### **Review team members**

**Dr Brian Montgomery (Team Leader)**

Associate Medical Director, NHS Lothian

**Ms Judy Allison**

Risk & Quality Manager, Golden Jubilee National Hospital

**Mr John Angus**

Non Executive Board Member, NHS Tayside

**Mrs Fiona Campbell**

Clinical Governance Manager for Argyll & Bute CHP, NHS Highland

**Mrs Adele Cook**

Public Partner, Dumfries & Galloway

**Mr Stephen Milloy**

Nursing Director, The State Hospitals Board for Scotland

**Mrs Nancy Robson**

Public Partner, Highland

**Mr John Wilson**

Chief Executive, NHS Fife Operational Division

**NHS Quality Improvement Scotland Staff**

**Mrs Jane Byrne**

Project Officer

**Ms Tracy Walker**

Senior Project Officer

During the visit, members of the review team met with Board-level, strategic and operational staff.

## Appendix 3 – Timetable of review visits

<b>Organisation reviewed</b>	<b>Visit date(s)</b>
Golden Jubilee National Hospital	8 November 2006
NHS 24	17 August 2006
NHS Ayrshire & Arran	13 February 2007
NHS Borders	24 May 2006
NHS Dumfries & Galloway	8 June 2006
NHS Education for Scotland	5 December 2006
NHS Fife	1 March 2007
NHS Forth Valley	1 February 2007
NHS Grampian	6 July 2006
NHS Greater Glasgow and Clyde	27 September 2006
NHS Health Scotland	26 April 2007
NHS Highland	29 March 2007
NHS Lanarkshire	7 September 2006
NHS Lothian	17 October 2006
NHS National Services Scotland	20 December 2006
NHS Orkney	23 November 2006
NHS Shetland	10 May 2007
NHS Tayside	14 March 2007
NHS Western Isles	12 April 2007
Scottish Ambulance Service	15 June 2006
The State Hospitals Board for Scotland	18 January 2007



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