NHS Governance – Clinical Governance

NHS 24

1. Are services safe, effective, and evidence-based?

The systems and processes NHS 24 currently has embedded are proven to be safe and assist in the effective delivery of care. NHS 24 has existing Clinical Governance routes of escalation, scrutiny, monitoring and systems in place to ensure learning is identified and improvements implemented. Our current system and processes allow the early identification of areas of concern and for the implementation of change as required. All clinical protocols \ algorithms and non-clinical protocols and processes are evidence based which are subject to robust levels of scrutiny. There are organisational and clinical structures in place to receive and react to new evidence and changes in practice. As part of the clinical governance structure NHS 24 has a Clinical Change Governance Group to review published clinical guidelines, Government and health related documents/policies to identify whether they have an organisational impact / relevance. In order to ensure our evidence base is current there is a Clinical Education Governance Group which ensures that NHS 24 staff is provided with appropriate educational resources that enable them to provide a safe, effective, patient centred approach and that educational materials are evidenced base. The evidence based materials, and proposed changes to practice are further discussed at the Core Clinical Group which is a multi-disciplinary professional national reference group to review decision support content.

Furthermore, where there is evidence of patient safety risk / issue(s), NHS 24 has structures in place to determine what has gone wrong. Where learning (organisational or individual) is identified, this is appropriately actioned and improvements implemented and evaluated. NHS 24 report on, measure and monitor appropriateness of partner referral and have the ability to react to immediate issues and resolve in the real time setting. For scrutiny, review and assurance this information is presented to the Regional and National Clinical Governance Groups as well as the Clinical Governance Committee.

2. Are patient and service users’ perspectives taken into account in the planning and delivery of services?

NHS 24 values the contribution that people make. Our Patient Focus and Public Involvement (PFPI) strategy, covering the period 2015 to 2018, sets out the organisation’s commitment to getting people involved in the design and development of its services.

One of the ways we achieve this is through the NHS 24 Public Partnership Forum (PPF).

NHS 24’s PPF meets five times per year and up to 20 members of the public sit on the PPF steering group alongside members of staff. We offer two other PPF membership levels so that members of the public can choose how involved and informed they wish to be about the organisation’s development.
Following an evaluation of the way in which NHS 24 gathered real-time feedback, a new approach was trialled. In August 2016, NHS 24 began to work in partnership with a territorial Health Board to capture ‘real time’ feedback from patients referred by NHS 24 to the local Out of Hours Services in the Health Board area. This work provided NHS 24 with valuable information on what patients and service users felt was managed well by NHS 24 and identified one area for improvement.

Feedback received from the ‘real time’ feedback from the patients referred to the territorial Health Board, and from patients through existing feedback processes, and members of the Public Partnership Forum, highlighted some challenges being experienced by service users when navigating the Interactive Voice Recording (IVR) message heard by callers upon calling the NHS 24 111 Unscheduled Care Service. Initial changes were made to improve the tone, speed and delivery of the message. Members of the Public Partnership Forum welcomed this work. Further communication with patients within the territorial Health Board area is planned, following the analysis of the feedback from a second survey intended to identify how effective the changes have been.

NHS 24 undertakes engagement with equality and locality based communities. Examples of this included our Patient Affairs Manager and the Participation and Equalities Manager who attended the Edinburgh Wellbeing Mela on 23 October 2016. This was an excellent opportunity to engage with members of the lesbian, bi-sexual, gay and transgender community, people experiencing poor communication, poor mental health and ethnic minority groups. It was particularly useful to speak directly to people face to face to hear their experience of our service.

Attendance at community-based events affords staff an opportunity to explain NHS 24’s role within unscheduled care across NHSScotland. A particular emphasis is on the patient journey and NHS 24’s role in assessing and referring patients for onward care to our partner Health Boards. This improved understanding of NHS 24’s role provides an opportunity for comments, unrelated to NHS 24, to be fed back to the appropriate partner Health Board. An example of this was the attendance by the Participation and Equalities Team at a Hard of Hearing Group in the east of Scotland. Feedback received at this event was passed on to partner organisations.

Throughout 2016, NHS 24 staff hosted and contributed to fortnightly meetings attended by the equality leads from each of the Special NHS Boards. The purpose of the meetings was to share good practice and information about the work undertaken by each of the Special Boards to meet the reporting requirements of equality legislation. We collaborated with the other Special Boards to engage with NHS staff, and third sector organisations that represent the interests of people with the relevant protected characteristics, to gather evidence that was then used to inform our equality outcomes and mainstream activities.

Patient and service user accounts and views have seen NHS 24 change areas of service delivery and react to feedback to improve services, these include streamlining the amount of and repetition of questions being asked and adapting our new systems to ensure callers who initially have not replied to their call back and call back in the same day do not need to go through the record creation process.
The ways of understanding Patient families and service user stories has been developed to embrace new platforms such as social media and Care Opinion.

3. Do services treat people with dignity and respect?
The NHS core value of dignity and respect is one that has been embedded and reinforced organisationally to ensure every service user is offered the high standard of care and compassion expected. NHS 24's Corporate Strategy 2017 to 2022 commits the organisation and its staff to take all reasonable steps to provide the public, patients, their carers and families with equality of access to its services. Our aim is to provide an inclusive service free from barriers and disadvantage. To support our aim we work with communities and their representatives to achieve equality of access for the people of Scotland. We work in partnership with other Health Boards to provide appropriate access to services across Scotland, including vulnerable and disadvantaged groups and those within remote and rural locations. We continue to tackle health inequalities, arising as a consequence of individual socio-economic status.

A key principle is our approach to designing, developing and delivering our services in partnership with our public, patients and partners. We positively embrace and welcome all feedback and encourage dialogue and work with all of our stakeholders to ensure the best outcome for all and do so by ensuring that our service users and staff are afforded dignity, respect and their confidentiality and individuality are respected at all times.

Our staff complete equality based learning as part of their induction and continuous professional development. They are regularly provided with information to support them deliver services in a dignified and respectful way to all users of the service. Staff's performance in meeting national standards in relation to equality and diversity is formally measured through an annual performance review.

4. Are staff and the public confident about the safety and quality of NHS services?
Research indicates that that NHS 24’s 111 service is trusted and valued by the public.

This is evidenced by the low level of issues raised in comparison to calls managed by NHS 24. Most recent figures demonstrate that call demand for 2016/17 was 1,468,659 and the complaints figure for the same period was 52 formal complaints. In addition, Care Opinion feedback demonstrates the majority of feedback for the service is positive. Complimentary feedback managed by Patient Affairs for 2016/17 was 414.

Furthermore, results from NHS 24’s patient experience survey regularly indicates high levels of public confidence in the quality of services and care provided by NHS 24. We routinely record satisfaction levels greater than our goal of 90% with the majority of all written feedback being complimentary, typically referring to an excellent, professional and efficient service. The patient experience survey also
indicated the changes NHS 24 has implemented in response to feedback from previous patient experience surveys had been effective.

Further evidence was available through NHS 24 face book page when at exceptionally busy times during the festive and Easter period the public response and positivity in regards to services being provided demonstrated confidence.

In relation to staff confidence NHS 24 has several structures in place to ensure staff are heard and valued these include:

- Monthly leadership walkrounds conducted by the executive and non executive teams to discuss clinical issues of concern and assess the level of confidence that staff have in the safety and quality of services delivered. The actions from these are tracked and reported through the Governance structures.
- Staff attending Regional Clinical Groups – where they can raise, contribute to and discuss any issues of clinical concern \ safety \ quality of care.
- Regional Partnership forums – Staff can discuss concerns
- Manager led activities – Such as team meetings \ iMatters \ One to One meetings \ ad hoc discussions are all areas where staff can raise and discuss matters pertaining to safety \ quality of care.
- Staff can raise issues to be discussed at NHS 24 Clinical and Operation Process review group – based on staff feedback many changes and improvements to process have been made.

Importantly there are many platforms for informing, sharing and cascading the learning within the organisation to all staff.

5. Do quality of care, effectiveness and efficiency drive decision making in the NHS?

The ethos of NHS 24 is deliver the highest quality of safe, effective and appropriate levels of care to each and every one of our patients across all of our services. To ensure this is the case there are several layers of Governance to assist in the delivery of this. These include the Clinical Governance Committee, National and Regional Clinical Governance groups all being structured around the three quality ambitions of safe, effective and person-centred. All decisions are driven with the aim to deliver high levels of quality, safe and effective care. To underpin this NHS 24 has well established national patient safety, clinical effectiveness and call review steering groups whose aims are ensuring decisions are driven by the ethos described above. Recent NHS 24 structural changes have ensured there is a greater organisational focus on Quality Improvement.

6. Are the correct systems in place to detect unacceptable quality of care and act appropriately when things go wrong?

All calls to and from NHS 24’s 111 service are recorded and there is an electronic record and audit trail of all calls which enhances the ability to identify and investigate and understand when things go wrong. NHS 24 has multiple systems and processes to detect unacceptable quality of care and to act appropriately. These include internal measures such as call review, where each staff member has 2 calls reviewed monthly and these are measured against the quality ambitions. Where
practice falls below the expected standard remedial measures are implemented to ensure that patient safety / quality of care does not remain compromised and that staff are offered development, support and improvement plans. This performance indicator is tracked and reported through existing Governance structures.

NHS 24 has a Management of Adverse Events Process which is in line with Healthcare Improvement Scotland's model. This is a system that ensures the organisation is examining where there are system or process issues that require improvement. Improvements in reporting mechanisms now ensure the Clinical Governance Committee and National Groups not only has sight of the number of events but are also informed of the learning derived, any subsequent changes to processes or development of training materials and anything else that has been implemented to ensure the likelihood of recurrence is minimised.

NHS 24 has systems in place to receive feedback from our patient's carers and our NHS Health Board partners as well as our staff.