Clinical Governance and Quality Improvement Strategy

2017 – 2019

Connecting people and providing healthcare advice, information and support wherever and whenever it is needed

(NHS 24 Purpose 2016)
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Foreword

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NHS 24 Director of Nursing and Care / Executive Lead for Clinical Governance and Quality Improvement.

“Our aim is to ensure that our service users experience consistently high quality care, delivered to a standard that all of us in NHS 24 would expect for ourselves, our family and our friends.

We will achieve this through service design, delivery and continuous improvement through learning that is focused on the individual needs of those who need our support - ensuring that such support is delivered with care, compassion and empathy.

This can only happen by putting the patient at the centre of everything we do, working as a team and making sure we have the information and data we need to deliver excellent care and outcomes”.

November 2016
1 Introduction

NHS 24 is the national contact centre organisation for NHSScotland and is responsible for providing a range of telehealth services to people across Scotland. NHS 24 also supports and facilitates developments in telehealth and telecare to improve the health and wellbeing of the population. Delivery of safe, effective and person-centred care to the people of Scotland is the absolute priority for NHS 24. Services are delivered across a range of channels including telephone, online, web chat, text, email and social media, on a 'Once for Scotland' basis to complement the face to face delivery of NHS Scotland’s health and care services.

Clinical governance provides organisations with assurance in relation to quality and risk. This is a systematic approach to facilitate the co-ordination of multiple activities and to inform and progress improvement in NHS 24’s services, ensuring they are based upon best available evidence, person-centred, safe and effective. As the national healthcare landscape continues to develop and evolve, together with the advancement in methods of care delivery and technology, the NHS 24 Clinical Governance and Quality Improvement (CG&QI) strategy will be dynamic in approach to ensure patient safety and the development of a motivated workforce remains NHS 24’s priority.

This strategy describes how NHS 24 CG&QI will progress over the next two years and is set within the context of continuously striving to improve the safety and quality of service. These principles are central to NHS 24’s way of working and supporting the delivery of patient care and are aligned to the following local and national policy documents:

- The Healthcare Quality Strategy for NHSScotland (2010)¹
- NHSScotland 2020 Workforce Vision (2013)²
- A National Clinical Strategy for Scotland (2016)³
- Pulling together: transforming urgent care for the people of Scotland (2015)⁴
- Realistic Medicine: The Chief Medical Officers Annual Report (2014)⁵
- NHS 24 Delivering person-centred health & care services 24/7: Our strategy 2016-2021⁶
- NHS 24 Local Delivery Plan 2016-2021⁷.

1.1 Key Elements

Clinical governance is an integral part of the NHS 24 governance framework. The key elements to maintain patient safety in our system are:

- Clinical Risk Management
- Clinical Effectiveness
- Person-Centredness
- Continuous Improvement
- Quality of Care
- Involving Key Stakeholders in the Clinical Governance Agenda.

The delivery of effective clinical governance relies on blend of these key elements being brought together through analysis, scrutiny, reporting and escalation processes and by adopting a risk management approach that ensures person-
centred, safe and effective clinical care. NHS 24 staff are already familiar with risk identification and improvement activities. A key strategic driver towards quality improvement and successful clinical governance is the requirement to drive forward these activities together, ensuring these are cohesive, effective and relevant to staff, organisational and patient safety agendas.

The NHS 24 CG&QI strategy aims to set out a shared vision and describes an existing robust framework for clinical governance, including the organisational structure and lines of accountability, which will ultimately provide assurance to stakeholders on the quality of care delivered. The primary focus is to:

- Deliver high quality, safe and evidenced based care
- Promote patient and carer involvement in service delivery, development and improvement
- Anticipate, prevent and remediate harm through effective systems for identifying clinical risk, patient safety issues and investigation of near misses and other incidents
- Understand and minimise unnecessary variation through the intelligent use of data, measurement and improvement science
- Demonstrate effective, measurable, learning and meaningful sustainable change from adverse events and all other feedback
- To create a dynamic quality improvement agenda that seeks to interrogate, review and resolve key clinical issues
- Adopt a realistic medicine approach to clinical services.

2 Strategic Approach: Delivering Objectives.

In order to meet the organisations ambition of ‘improving services to ensure continuous quality, safe and effective patient care’ as well as the key strategic vision and delivery principles set out in the NHS 24 Local Delivery Plan 2016-2021, the organisations key objectives will be embedded into our approach to clinical governance and quality improvement (Diagram 1). These effectively demonstrate, through our priorities and ways of working that quality is core to the organisational purpose and strategy.

Diagram 1: NHS 24 Key Objectives, ‘Making it Happen – Our Key Priorities.’
The CG&QI objectives are to:

- Continuously monitor and improve the safety and quality of the care provided
- Embed clinical governance concepts and clinical effectiveness processes into the planning and delivery of NHS 24 services
- Routinely use evidenced based practice and quality improvement methodologies to structure, inform and add value to learning, development and patient safety
- Ensure that the quality of clinical care drives decision-making about the provision, organisation and management of services
- Ensure a person-centred approach to the planning and delivery of services
- Ensure that the care delivered meets the required standards
- Quickly detect and address less than optimal practice
- Ensure that staff are appropriately trained, supported and developed
- Respect all people and cultures working and learning together
- Ensure that patient and staff confidentiality is maintained.

To support the delivery of the objectives CG&QI will:

- Work closely with the operational transformation teams to ensure that all clinical governance arrangements will be delivered upon in regard to expected organisational transformational and technology changes
- Ensure NHS 24 responds to and is compliant with the requirements of national legislation
- Review the current individual performance improvement arrangements to ensure these adequately measure the quality and safety of the core service and identify potential improvements in processes and systems and developing supporting staff
- Introduce arrangements that will be the focus for all organisational learning activity and ensure that improvements are measureable and can be evidenced
- Review and update NHS 24’s clinical governance feedback structure and processes
- Continue to understand the implications to NHS 24 of national healthcare recommendations and influences, ensuring we are responding to these appropriately. Examples include the Scottish Government's proposals to introduce the Statutory Duty of Candour for Health and Social Care Services’ or recommendations from national inquiries e.g. the Vale of Leven report (2014), Aberdeen Royal Infirmary inquiry (2014), the Mid Staffordshire NHS Foundation Trust Public Inquiry (2013) and Morecombe Bay Inquiry (2015).

3 Key Elements of the Assurance Framework

The key elements of the framework (appendix 3) are designed to assure the organisation that clinical governance and quality improvement measures are in place:

**Monitoring and Improving** - key clinical performance indicators are monitored and reviewed in the clinical service areas by senior clinicians managing the day to day delivery of NHS 24 service, drawing upon qualitative and quantitative data. NHS 24 is
committed to developing data linkage activities to develop cross system outcomes that are relevant to the patient.

**Outcome Measures** - NHS 24 collects and collates clinical activity and performance data and analyses this data to ensure the care meets strategy aims. This information is used to inform continuous improvement in patient care.

**Decision Making** - The quality and effectiveness of decisions made by NHS 24 clinicians is consistently reviewed and assessed. This is achieved through the following mechanisms:

- **Call Review**: Managers reviewing calls and discussing learning and development with staff. Themes emergent from call review are also organisational information and learning tools
- **Clinical Audits**: Informed by organisational learning
- **Call Levelling**: Where staff can review and discuss calls, call structure and control, ultimately learning together
- **Patient and Public Experience**: Patient feedback is welcomed and encouraged. Feedback from compliments and complaints drive change and improvement
- **Partner Feedback**: is embraced, informs learning, driving change and improvement
- **Clinical Investigations**: a mechanism for understanding individual and organisational learning and the catalyst for improvement.

**Clinical Audit and Measurement** - NHS 24 has an annual audit programme in place, which encompasses monitoring against standards (organisational and national), service developments and joint audits with NHS partners. The annual audit programme is monitored by the National Clinical Effectiveness Group, and the National Clinical Governance Group.

**Person-centred Health and Care Programme** - is key to the NHSScotland Healthcare Quality Strategy. NHS 24 is an active participant in the national Person-Centred Health and Care Programme. This programme's long term aims include working with people to provide health and social care services, which are designed, delivered and improved by focussing on what matters to the population of Scotland.

**Patient Focus and Public Involvement** - NHS 24 welcomes and facilitates patient and public participation in the following ways:

- The NHS 24 Public Partnership Forum (PPF), which provides a patient's perspective on clinical matters at various fora.
- Annual programme of public and patient experience surveys and public engagement campaigns.

**Complaints, Comments and Compliments** – Feedback is received via multiple routes and is in the form of complaints, concerns, comments and compliments. Patient feedback is reported monthly to the Executive Management Team and forms part of the quarterly Healthcare Quality Report, which is reported to the Clinical Governance Committee.

Feedback on the services NHS 24 provide is also received via Patient Opinion. This is a web-based platform for patients to share their experiences and stories, NHS 24 responds to all postings in which NHS 24 is cite.
Clinical Performance Review - Systems to monitor, review and improve clinical performance within NHS 24 are established. These include call review, call levelling, Elearning, EKSF, professional registration, competency frameworks, education and training programmes. These systems will continue to be refined and developed as part of NHS 24's 2017-2019 strategy to ensure staff are optimally developed to deliver safe and effective patient care.

4 Continuous Quality Improvement

The NHS Scotland Quality Strategy (2010) provided NHS Boards with an obligation to make a shared commitment to continuously improve healthcare quality to ensure care is consistently safe, effective and person-centred. Furthermore, the Berwick review into patient safety (2013)\(^9\), gave clear guidance that the quality of patient safety and care should be placed above all other aims. NHS 24's ambition to continuously improve is strengthened by strategies that create the conditions for improvement and development.

NHS 24 CG&QI strategy will encourage staff to share good practice and highlight areas for improvement supporting teams to make change. This empowering strategy enables staff to develop skills, confidence and focus on quality improvement.

The focus of the NHS 24 CG&QI 2017-2019 strategy is on continuously improving quality of care sustaining that improvement and measuring its impact.

Crucial to success is working together, to develop a culture that is underpinned by the NHSScotland values\(^2\), where staff feel empowered to report and discuss areas of good practice and concern. The actions required over the next two years to deliver the strategy will be that:

- NHS 24 will develop a quality improvement framework and communication plan to ensure a methodical organisational approach is taken to learning and improving quality. This will also ensure staff remain informed, updated and have the ability to contribute to governance and quality matters
- The key focus will be on increasing staff engagement through conversations focusing on topical clinical and quality improvement matters and where appropriate will be linked to national campaigns
- NHS 24 will establish a quality improvement function whose core purpose will be to identify and resolve organisational clinical quality issues, which require an improvement focus. This will be delivered through analysis, action and evaluation, drawing upon a suite of evidenced based, nationally recognised quality improvement tools and resources. This is essential to demonstrate that improvements are necessary, measurable and provide support for those delivering care to patients
- NHS 24 will establish a group whose core purpose will be to assure NHS 24 that all identified organisational and individual learning is being completed, measurable and adding value to the individuals' development, patient safety and the improvement agenda
- NHS 24 will develop and embed an electronic recording monitoring system that will record, link, measure and monitor organisational and individual
learning. This will offer assurance that learning is completed, measurable and improving patient safety

- NHS 24 will review the current individual performance management arrangements including call review to ensure these are adequately measuring the quality and safety of the core service, driving potential improvements in processes/systems and developing/supporting staff
- The national and regional Clinical Governance Groups and National Patient Safety Group agenda will have a quality improvement item added to ensure quality improvements are taken forward, discussed and actioned as an organisation and decreases the risk of duplication of effort
- NHS 24 will strengthen relationships with key internal and external partners and stakeholders, including territorial Health Boards and Healthcare Improvement Scotland. Constantly monitoring developments and be in a position to embed national clinical governance and quality initiatives into NHS 24 where appropriate and to be in a position to inform and influence the national quality improvement agenda
- There will be a review of all groups related to CG&QI to ensure these are fit for purpose, providing the overarching governance required and improving the quality of NHS 24 services
- All quality improvement projects will have the principles of a Quality Improvement methodology applied to allow NHS 24 to build an improvement portfolio and with it the ability to evidence improvement.

5 Everyone playing their part

Everyone within NHS 24 has a responsibility and accountability for clinical governance. This strategy will support staff to understand the pivotal role that they play in ensuring its success and how they contribute to the delivery of safe, effective and person-centred care. Clinical governance arrangements must integrate with structures, staff and patients to create a shared ownership. Patient involvement and person-centeredness is more than engaging patients in their own care pathway, this should be centred on creating learning environments that allow a substantial involvement in the design, evolution and improvement of care and services. This strategy will build upon the work already being undertaken in hearing the voices of patients, carers and families and develop new ways of listening and sharing learning.

All staff must feel enabled to inform the discussions on:

- What matters most to patients
- What they can do to change and improve care
- Raise concerns, record and escalate patient safety matters.

The Scottish Government announced its plans for the 2020 Workforce Vision (2013) for achieving sustainable quality in the delivery of health and social care across Scotland. Staff engagement underpins the 2020 vision, as do the NHS Scotland Staff Governance Standards.

Staff involvement and engagement are critical factors to successfully developing a culture of learning and continuous improvement. This strategy will set out a clear communication and engagement plan to inform, involve and enable staff to contribute to the CG&QI agenda. Through empowering and enabling staff, NHS 24 will be better positioned to listen, learn and deliver safe and effective patient care.
NHS 24 will continue in progressing the Scottish Patient Safety Programme by utilising the evidence based improvement methodologies to demonstrate that NHS 24 has an infrastructure to support patient safety, demonstrating that safety is a strategic priority this includes staff focused leadership walkrounds.

6 Conclusion

The NHS 24 CG&QI strategy will ensure that the clinical governance reporting mechanisms currently in place continue to meet the needs of staff, patients, carers, families and stakeholders. Ensuring that these remain fit for purpose they will remain under constant scrutiny for review, update and change as appropriate. The strategic objectives are weighted toward extending and developing quality improvement measures, seeking to offer the organisation assurance that learning is meaningful, measurable and continually developing our staff and service.

The NHS 24 CG&QI strategy and supporting arrangements will be reviewed annually to ensure it remains up to date and responsive to national\local legislation and health and social care policy.
7 References

1. NHSScotland Healthcare Quality strategy (2010)

2. NHSScotland 2020 Workforce Vision (2013)


   Edinburgh, UK: Scottish Government; 2015


6. NHS 24 Delivering person-centered health & care services 24/7: Our strategy
   2016-2021
   **Document in currently in draft**

7. NHS 24 Local Delivery Plan 2016-2021
   **Currently awaiting publication to NHS intranet**

8. Links to reports referenced:
   A. The Vale of Leven report (2014)

   B. Aberdeen Royal Infirmary inquiry (2014)

   C. The Mid Staffordshire NHS Foundation Trust Public Inquiry (2013)

   D. Morecombe Bay Inquiry (2015)


Appendix i: Responsibilities

To ensure our patients are receiving the highest standards of care and treatment everyone has a valuable contribution to make:

<table>
<thead>
<tr>
<th>Roles</th>
<th>Responsibilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overseeing role</td>
<td>Board, Clinical Governance Committee</td>
</tr>
<tr>
<td>Delivering role</td>
<td>Management Structures</td>
</tr>
<tr>
<td>Supporting role</td>
<td>Staff whose work underpins Clinical Governance activity</td>
</tr>
<tr>
<td>Practising role</td>
<td>All staff</td>
</tr>
</tbody>
</table>

Diagram 2: Four Levels of clinical governance responsibilities (NHS MEL (2000)29)

<table>
<thead>
<tr>
<th>Roles</th>
<th>Responsibilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>NHS 24 Board</td>
<td>Must satisfy itself that the organisation is pursuing clinical governance and quality improvement in an appropriate manner.</td>
</tr>
<tr>
<td>Chief Executive</td>
<td>The accountable officer with overall responsibility for the delivery of clinical governance.</td>
</tr>
<tr>
<td>Director of Nursing and Care</td>
<td>Executive lead and delegated responsibility for clinical governance and person-centred care.</td>
</tr>
<tr>
<td>Senior managers, clinical and department leads</td>
<td>Provide professional advice and leadership for clinical governance, promoting high standards of care and development of clinical practice and are responsible for ensuring appropriate and effective arrangements are in place within their own areas.</td>
</tr>
<tr>
<td>Clinical team leaders and managers</td>
<td>Role models and enablers in the promotion of safety and quality. They are responsible for effective clinical governance and risk management and the implementation of continuous improvement. Managers should take action, both proactively and reactively.</td>
</tr>
<tr>
<td>Staff</td>
<td>To practice within their scope of practice and accountability. Staff are responsible for ensuring patient safety and quality of care. Staff are actively encouraged to suggest and implement improvements in their area of practice.</td>
</tr>
</tbody>
</table>

Diagram 3: NHS 24 staff Roles and Responsibilities
### Appendix ii: Remit and Responsibilities

Detail of the groups associated with Clinical Governance and Quality and the remit of these are provided below:

<table>
<thead>
<tr>
<th>Group</th>
<th>Remit and Responsibilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Governance Committee</td>
<td>Provides assurance to the Board that all arrangements are in place and are effective.</td>
</tr>
<tr>
<td>National Clinical Governance Group</td>
<td>The core purpose of the National Clinical Governance Group is to monitor and review clinical governance activity across NHS 24.</td>
</tr>
<tr>
<td>Clinical Assurance Group</td>
<td>Supports the clinical focus of NHS 24, providing clinical advice to the Clinical Governance Committee, National Clinical Governance Group, Core Clinical Group and others within NHS 24.</td>
</tr>
<tr>
<td>Dental Assurance Group</td>
<td>Provides dental expertise and advice on dental strategy, to support the delivery of Scottish Emergency Dental Service within NHS 24. Provides independent clinical dental advice to the CGC and others within NHS 24.</td>
</tr>
<tr>
<td>Regional and Service Specific Clinical Governance Groups</td>
<td>Responsible for ensuring that all clinical governance arrangements are in place and effective at a local frontline level.</td>
</tr>
<tr>
<td>National Patient Safety Group</td>
<td>Reviews and assures adverse event management arrangements and organisational learning arrangements.</td>
</tr>
<tr>
<td>Core Clinical Group</td>
<td>A multi-disciplinary professional national reference group to review decision support content.</td>
</tr>
<tr>
<td>National Clinical Effectiveness Group</td>
<td>To monitor, review, prioritise and co-ordinate clinical effectiveness activity across NHS 24.</td>
</tr>
<tr>
<td>Clinical and Operational Process Review Group</td>
<td>To review the development of new NHS 24 business processes, changes to existing process and scripting guidance to ensure fitness for purpose, and consistency.</td>
</tr>
<tr>
<td>Clinical Change Governance Group</td>
<td>Reviewing published clinical guidelines, government and health related documents/policies to identify whether they have an impact on NHS 24.</td>
</tr>
<tr>
<td>Call Review Steering Group</td>
<td>Ensures that an appropriate and comprehensive approach is taken to the development of all call review standards and scoring documents.</td>
</tr>
<tr>
<td>Child and Adult Protection Group</td>
<td>Responsible for ensuring the development of NHS 24 policies, processes and plans in respect of child and adult protection.</td>
</tr>
<tr>
<td>Clinical Education Governance Group</td>
<td>Ensures that NHS 24 staff are provided with appropriate educational resources that enable them to provide a safe, effective, patient centred approach and that educational materials are evidenced base.</td>
</tr>
<tr>
<td>Research and Development Group</td>
<td>Provides an organisational strategic view on all clinical and non-clinical Research and Development throughout all services within NHS.</td>
</tr>
</tbody>
</table>

Diagram 4: Clinical Governance groups remit and responsibilities
This details the CG&QI assurance arrangements and the different levels in the organisation where information, data and clinical risks are reported to and used to inform the provision of high quality patient care.
Appendix iv: Map of Key Priorities

- Review patient feedback structures to ensure they support multi channel and multi technology
- CG&QI team takes a central function in the operational transformation programme
- NHS 24 Learning Assurance and Quality Improvement groups established
- Develop CG&QI staff engagement and communication plan
- Develop CG&QI Quality improvement function
- Develop electronic recording monitoring system
- Measure the success of strategy aims and create vision for the future
- Develop networks with HIS territorial HB's partners and stakeholders. Influence national agenda
- Review Individual performance improvement arrangements
- Develop CG&QI Strategy
- Reset aims and objectives
- Develop the internal quality improvement capability and portfolio
- Complete a review of all groups related to CG&QI. QI should feature on the agenda of all groups
- Embed the concepts of QI methodology practice to improvement projects and measures
- Review patient feedback structures to ensure they support multi channel and multi technology
- Develop networks with HIS territorial HB's partners and stakeholders. Influence national agenda
- Review CG&QI Strategy
- Reset aims and objectives
- Develop the internal quality improvement capability and portfolio
- Complete a review of all groups related to CG&QI. QI should feature on the agenda of all groups
- Embed the concepts of QI methodology practice to improvement projects and measures
- Measure the success of strategy aims and create vision for the future

2017-2019

NB: These milestones are generic objectives - please refer to the action plan associated with the strategy which details the work streams, owners, completion and evaluation dates. These priorities should be considered as dynamic and fluid that may change in line with organisation priorities and national influences.