

# NHS 111 Clinical Governance Information Pack

This pack is designed to help you develop your local NHS 111 clinical governance framework and explain how it fits in to the wider context. It takes you through the steps required and what you need to consider in order to prepare for the Department of Health clinical governance review process.

Version 1.1 - August 2012





# NHS 111 clinical governance principles









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# **The National NHS 111 CG framework**



- Chaired by local GP - Chaired by regional - Oversees the 🗖 - Wide stakeholder <sup>o</sup>u clinical governance lead governance of 111 and - Every Local CG group shares best practice representation - Considers all feedback - Acts as a link to the represented 6 5 to the service - Receives regular 111 national J (J ()  $( \Box$ - Undertakes call reports from Local CG programme board reviews Groups - Evaluates performance / issues within each region - Provides solutions to common problems - Responsible for - Shares learning and investigating incidents identifies key themes - Monitors service - Reports back from the - Provides solutions to - Identifies issu delivery data to assess Ζ - Identifies issues to be clinical risk emerging escalated to national - Platform for issuing new guidance on 111 group - Links to NHS Pathways to improve service and provide feedback - Networking with other areas / regions across Reports to... Reports to...

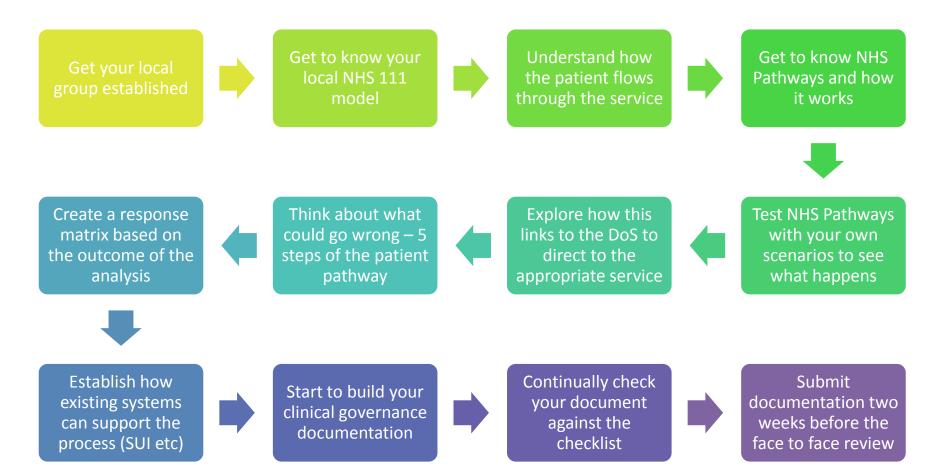
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#### Where to start...



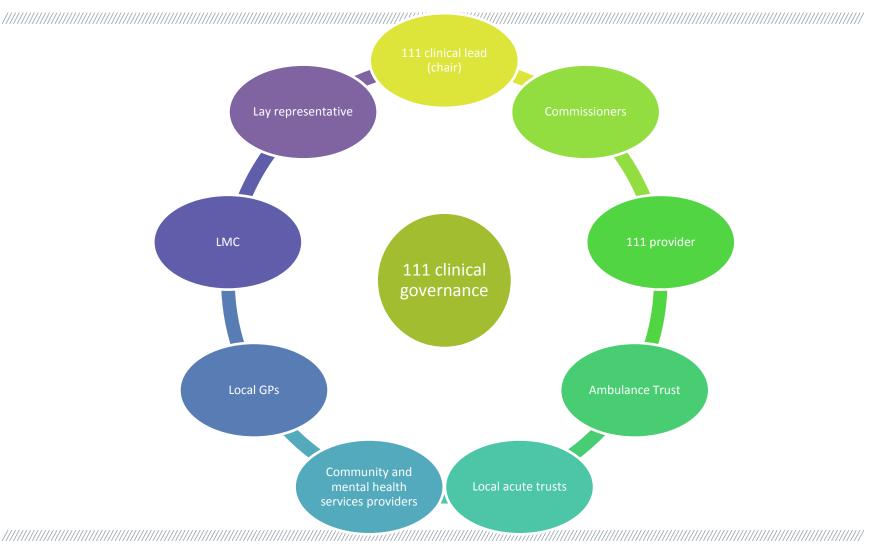


**NHS** Midlands and East



# Establishing a local clinical governance group









# Understanding how patients flow through service MHS

How the patient demographics will be captured

How life threatening situations are identified and dealt with by the service

How patients with identified specialist needs will be dealt with by the service

How the patient is taken through the NHS Pathways assessment and how a disposition is reached

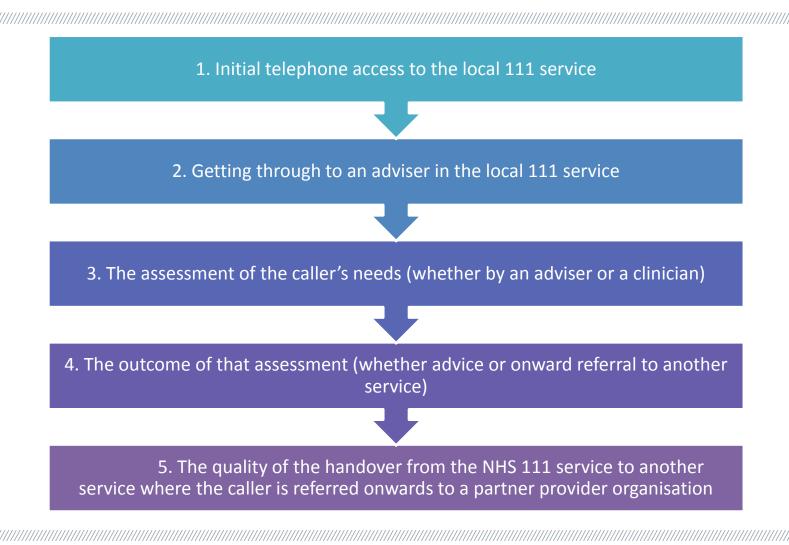
How the DoS will be interrogated and how the patient will be referred to the right service





# Five stages of the patient journey through 111



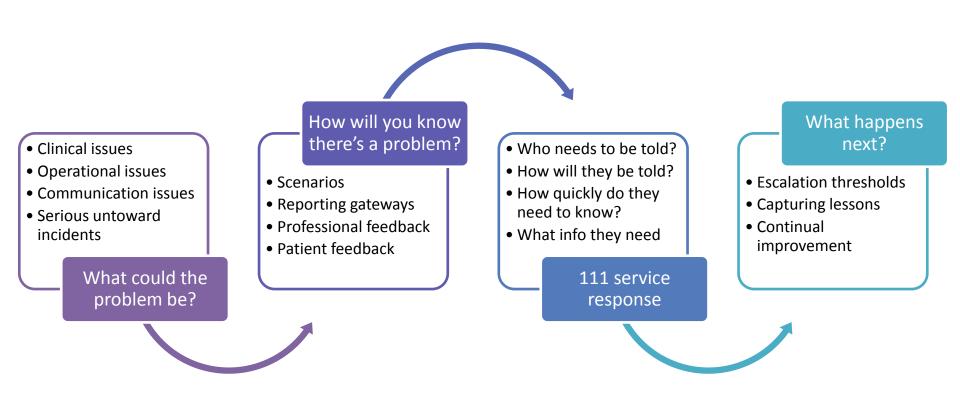






#### **Questions to ask about each stage**









#### **Response matrix to capture**



How quickly the clinical lead will be told

The individual responsible for going back to the person that raised the issue Maximum length of time that will elapse before an appropriate response is prepared

How serious incidents will be handled differently Links between clinical and operational issues and responses





# Creating your clinical governance submission



Small group of authors

- Write content
- Make amendments
- Own distribution
- To include the 111 clinical lead

#### Reviewers

- Clinical governance group
- Information governance

#### Sign off

- 111 clinical lead
- Project SRO
- CCGs
- Clinical governance group





## Submission pack must contain:



Letter from the SRO

The analysis of the 5 stages of the patient journey

The manner in which the approach to clinical governance was developed

Detailed description of the clinical governance regime

Resilience

**Clinical engagement** 

Feedback from healthcare professionals

**Clinical data** 

Staff and patient experience of the service

Clinical decision support software and directory of services

Call advisers and nurses who work in the NHS 111 call centre

Fulfilling the statutory duties set out in the 111 service specification





# Developing your approach to clinical governance

Needs to tell the local story

How did you develop your approach?

Who was involved – individuals and stakeholders?

How will their ongoing involvement in governance of the service be maintained?

How was the scope of the governance group defined?

What did you learn along the way and how was that learning acted upon?

How did you establish a clear and distinctive identity for the effective clinical governance of this new service?





# **Description of the clinical governance of 111**



Needs to be a very detailed description

Clearly defined roles of the clinical lead and clinical governance group

Composition of the clinical governance group and terms of reference

Clear lines of reporting and accountability within NHS 111 and with partner organisations that NHS 111 refers patients to

Clarity on who holds the final responsibility for safe governance of the service

Analysis of the way serious and adverse incidents and complaints will be handled

How issues will be investigated to ensure shared learning across all partner organisations





## Resilience



Needs to describe how integrity of the service will be maintained

Robust resilience plans that have been put in place to cover the whole of the NHS 111 service (potentially multiple providers)

Reporting and responding to issues that arise

How the clinical governance group will review whether patient safety has been compromised

How the clinical governance group will review whether patient experience has been compromised

Responsibility for the development of mitigating action plans where issues arise to safeguard safety and experience

The resilience of the clinical governance regime





# **Clinical engagement**



Needs to demonstrate effective and meaningful engagement

The range of clinicians in the local health community engaged in the development of 111

The range of clinicians and other stakeholders engaged in the review of the 5 stages of the patient pathway

Engagement activities undertaken and outcomes

Engagement activities planned

How engagement will be strengthened once service goes live





### Feedback from healthcare professionals



Needs to explain how will you encourage healthcare professionals to offer feedback

Mechanisms put in place to enable feedback e.g. 111 feedback form

How the feedback will be used

How will the service respond to those that have raised issues relating to the quality of the service?

Who has responsibility for the feedback (clinical and operational issues)?

Who will respond to the feedback?

How will healthcare professionals be encouraged to offer more feedback in the future – how will they know it was worth doing?

How will you ensure all feedback, what ever form it takes, is responded to in a timely and credible way?

How feedback will be encouraged in the early days of the service





# **Clinical data**



#### How will you use clinical data

What data will you require from your NHS 111 provider? Review the minimum data set and decide whether it is sufficient for the needs of the clinical governance group

What data will you require from partner organisations who receive referrals from the NHS 111 service?

How will the data be reported to the clinical governance group?

How frequently will the data be reported to the clinical governance group?

How will you ensure an appropriate mix of process and outcome data?

How will you review the range of data the group receives and identify gaps?





## Staff and patient experience of the service



Needs to explain how will you gather and use soft and hard intelligence

How will you explore patient experience of the service?

How regularly will you ask patients what they think of the service?

How will you explore staff experience of the service?

How regularly will you ask staff what they think of the service?

How will you use this information?

How will it be reported to the clinical governance group and other stakeholders?

How feedback will be gathered in the very early days of the service to inform development

How you will capture the ideas staff have for improving the service





# **Clinical decision support system and DoS**



Needs to explain assurance mechanism used

How did you assure yourselves of the clinical decision support system and the clinical governance of the system?

How was the DoS populated?

How will you ensure the DoS is kept up to date?

What clinical and operational sign off process did you use to ensure accurate information loaded in to the DoS?

How will problems with the clinical decision support system and DoS be identified and reported?

Whose responsibility is it to address any issues identified?





# Call advisers and clinicians who work on NHS 111

Needs to explain the process you have gone through with the NHS 111 provider to assure yourselves of quality of service delivery

How have you assured yourselves about the quality of recruitment, selection and training of all the staff?

How have you assured yourselves of the numbers and skill mix of the staff needed to deliver capacity?

How has the service profiled expected activity levels e.g. bank holidays and weekends

How will you audit staff and address any issues identified?

How will ongoing professional training and development be supported?





# Fulfilling the 111 service specification



Needs to explain how the service will ensure compliance with the statutory duties set out in section 7 of the NHS 111 service specification

The protection and retention of information

Safeguarding and promoting the welfare of children

Safely managing repeat callers to the service

Data sharing with the Health Protection Agency

Care Quality Commission registration

The safe management of callers who contact the NHS 111 service three times or more within a four day period





# What happens next?



Document submission	<ul> <li>Papers collated</li> <li>Signed off by clinical governance team, 111 clinical lead, SRO and CCGs</li> <li>Emailed to Nicholas Reeves (<u>nicholasreeves@gmail.com</u>), cc to SHA</li> </ul>
Face to face review	<ul> <li>Nicholas Reeves and one of the regional clinical leads (Dr Noble or Dr Livingstone) undertake review</li> <li>Discusses the local approach and any questions prompted by the papers</li> </ul>
DH sign off process	<ul> <li>Report on review and recommendations sent from Nicholas Reeves to Prof Matthew Cooke, National Clinical Director for Urgent and Emergency Care</li> <li>Reviews whether governance arrangements are appropriate and safe</li> <li>If they are, confirms that the service can go live. If not, makes recommendations</li> </ul>





# **Ongoing clinical leadership and involvement**



Testing	<ul> <li>Clinical leads assist with testing to ensure confidence in the system</li> <li>Any areas of concern identified through testing are reported to clinical lead to establish clinical risk</li> </ul>	
Soft Launch	<ul> <li>Notification of issues and responsibility for investigations</li> <li>Daily SitRep calls and data monitoring</li> <li>Call reviews</li> <li>Regular clinical governance group meetings (weekly)</li> <li>Responding to feedback from patients, the public and healthcare colleagues</li> </ul>	
Public Launch	<ul> <li>Notification of issues and responsibility for investigations</li> <li>Visible clinical leadership</li> <li>Call reviews</li> <li>Responding to feedback from patients, the public and healthcare colleagues</li> <li>Regular clinical governance group meetings (monthly)</li> </ul>	



