

## NGICNS Website Adverse Event (AE) Investigation report recommendations for improvement

### Situation

An adverse event (AE) was reported on 16 June 2022 in relation to the National Gender Identity Clinical Network for Scotland (NGICNS) website. The report of an investigation into the incident has identified the need for better governance and controls for national network websites in NSD and made recommendations to mitigate the risk of similar events (Appendix 1). The purpose of this paper is to inform NSS EMT how NSD has responded to the report's recommendations. NSS EMT are asked to provide direction on the options and actions identified.

### Background

National Networks (NN) are primarily reserved for driving improvements in quality and access to specialist care for rare or complex conditions. National Networks is used here to refer to National Managed Clinical Networks (NMCN) and National Strategic networks managed by NSD. The remit of NNs is set out in a range of core principles within [CEL 29 \(2012\)](#) that includes 'meaningful involvement of those for whom services are provided'. Each National Network has a dedicated website to enable them achieve their aims and publicise their work. Content is both patient facing (providing information about conditions and services and signposting to third sector support), and clinician facing (source of clinical guidelines, pathways and other resources to support specialist care). Other stakeholders include third sector, social care and education.

National Networks are commissioned by NSD on behalf of NHS Boards in Scotland. Technical platform support is provided by NSS. However, their websites are hosted outside the current NSS website governance structure which does not support patient or clinician facing content.

The AE investigation identified a number of factors that contributed to the incident; training and guidance focused on the technical aspects of websites; lack of governance for online content and lack of clarity on roles and responsibilities as they relate to communications and engagement.

The investigation report identified:

- two options to mitigate the risk of similar events:
  - Option 1: Reshape how networks communicate and embed robust governance
  - Option 2: Bring network websites under existing NSS corporate website governance models and replicate for social media
- three actions to be taken irrespective of which option is recommended:
  1. Clinician-facing content on managed network sites is removed and relocated to a secure NHS tool
  2. Patient-facing clinical content is moved to NHS Inform
  3. Social media promotion directs stakeholders to the most appropriate central NHS resource (likely NHS Inform)

In response to these findings NSD established a Task & Finish Group, with appropriate authority and expertise from relevant areas within NSS, to assess the feasibility of each option and recommend a preferred option and action plan for NSS EMT approval.

## Assessment

### Option 1: Reshape how networks communicate and embed robust governance

Responsibility for communications and engagement activity remains within the networks, but with a number of changes quickly being brought into practice:

This option would require NSD to:

- Continue to host clinician and patient facing website content on NN websites in order to fulfil their remit within the CEL
- Establish website governance arrangements aligned to those in place within NSS/PCF (structure/standards/role definitions/templates/processes etc)
- Establish systems and a framework within NSD to define and monitor performance and drive improvement
- Establish a structure within NSD to ensure peer support and shared learning across National and Strategic Networks
- Establish and embed a process for regular review of on line and off line content
- Establish links to NSS MarComms via NSD representative
- Revise relevant job descriptions and person specifications to reflect website roles/responsibilities/accountability
- Provide access to appropriate training
- Revise existing Communication and Engagement Strategy templates
- Revise its Communication and Engagement Strategy to incorporate NN websites and communications activity

#### Benefits:

- There is an existing PCF website content management model available and support from PCF Web Editor to progress this option.
- Links to established PCF governance and peer support
- NSS training (DaS and MarComms)
- Networks and Network Teams retain “ownership” but with appropriate governance.
- Enhanced benefit if move to Standard Web Offering – standardised architecture; automatic upgrades that support effective governance
- Reduces current risk
- Supports skill development for staff
- Can be implemented quickly – is not dependent on a move to standard web offering
- Model for all network websites
- Clarifies roles/responsibilities/accountability within NSS and NSD

#### Risks:

- Requires additional NSD resource and capacity to:
  - design and support local NSD governance structure
  - design and maintain local process for regular review of online and off line content

- implement and meet PCF model standards
- provide/access/monitor training
- Reliant on support from PCF Web Editor and structures
- Potential stakeholder resistance
- Cost associated with transfer to standard web offering
- Costs associated with training
- Diverts resource away from other Network BAU

Option 2: Bring network websites under existing NSS corporate website governance models and replicate for social media

The NSS Digital Engagement Strategy (2016) deemed NN website content was out of scope and would not be hosted on the NSS website and the extant NSS web strategy (2018) does not allow clinician and patient facing content. In the absence of suitable alternatives to host clinician and patient facing content this is not a viable option at the moment and would require agreement from EMT.

Benefits:

- NN clinician and patient facing content published under NN identity within NSS website
- Dedicated, trained Web Editor/Content Manager resource operating to defined standards within a dedicated team
- Existing governance systems and process
- Central upgrades
- Single site with consistent approach
- Reduces current risk
- Clearly associates NN identities and web content as governed by NSS
- Validates NN website content with NHS NSS brand identity
- Improves ease of access through improved page ranking for internet searches of NN content
- Reputational value to NSS of association with NN activity and guidance
- Single site of reference for all NN site content to be accessed

Risks

- While content management would be responsibility of dedicated central support within PCF team the NN clinicians and Teams would still be responsible for developing the content, including review and revision of guidelines and engaging with the PCF Team
- Funds diverted from network budget to provide a dedicated central support
- Distanced from Network professional and non professional stakeholders so less “ownership”
- Dilution of separate NN identity
- May be protracted process to agree revised NSS position and recruit resource
- Possible stakeholder resistance

### **Action 1 – Clinician facing content**

Three potential secure NHS tools to host clinician facing content have been identified and investigated through engagement with primary care and national stakeholders. The following sites were considered as part of the discovery work:

iHub, gov.scot, sign.ac.uk, <https://rightdecision.scot.nhs.uk>, TURAS (NES), NHS board intranet sites.

1. Sharepoint is not yet implemented consistently across boards with differing information governance to provide the consistent national access that would be required by the range of professional stakeholders from specialist to community practitioners. It is possible that Sharepoint may be a longer term option and NSS DaS are engaged with NHS Boards on its functionality and roll out.
2. ihub.scot : Hosted by Healthcare Improvement Scotland. HIS advised that the NHS Knowledge Hub was unsuitable due to the specialist nature of the NN guidelines which was inconsistent with current content.
3. rightdecision.scot.nhs.uk : Hosted by Digital Health & Care Innovation Centre. The Right Decision Service focuses on interactive web tools and apps localised to individual NHS boards. The platform is not a standardised or mature technical solution, would not support the NN content as currently produced and would require bespoke development for each element of NN guidance. However, like Sharepoint, this is potentially a suitable longer term option though would require investment in digital development for each network.

At present there is no centralised recognised site for holding national reference. NHS Board intranet sites provide information about their own services and currently neither HIS nor NES (TURAS) host guidelines. There may be a number of options within the various national boards (apart from NSS), that need further exploration and an understanding of what the strategic direction is as ultimately this would ensure that National Network stakeholders will know where to go for specialist information.

### **Action 2 – Patient facing content**

NHS Inform is Scotland's national health information service. It is the most recognised platform for patient facing content, but it does not currently provide content aligned with the highly specialist NN information. Altering NHS Inform to include the specialist content of the networks is not part of NHS 24 technical strategy for digital content. Discussions between NSS PCF Medical Director and NHS 24 on behalf of the Task & Finish Group have indicated that there may be an opportunity in future for commissioned national networks and specialist services to govern specialist clinical content on NHS Inform, which would support the move of the NN website information. This would require a change to NHS 24's digital strategy and would require Executive level approach and agreement between NSS and NHS 24. Moving patient facing content to NHS Inform therefore remains a possible medium to long term option.

### **Action 3 - Social media accounts**

Some National Networks have social media accounts. Arrangements for their management vary and they are not aligned with NSS governance. Existing work within NSD has identified and appraised

three options for optimising the effectiveness of social media activity in supporting NN aims.

Regardless of the option that is followed there will be NN representation on the NSS Social Media Editorial Group that facilitates sharing of best practice, although does not provide governance:

1. Networks tweet through the @NHSNSS account using hashtags to distinguish work streams
2. Networks have a small number of combined accounts to reflect common audiences e.g. diagnostics, again using hashtags to distinguish the individual workstreams.
3. Networks have individual accounts

The second option is scheduled to be recommended to NSD SMG by the National Network Team and will be progressed within the context of the AE response.

The Task & Finish Group concluded that in the immediate term, none of the solutions external to NSS address the recommended actions and options to relocate clinician and patient facing content from NN websites. However, each of the possible hosting sites should continue to be explored as potential medium to long term solutions within a strategic approach to how National and Strategic Networks communicate and engage with stakeholders.

These findings have implications for appraisal of Options 1 and 2.

## Conclusions and recommendations

For National Networks to fulfil their remit of effective communication within CEL(2012)29 there is an ongoing need to provide stakeholders with access to specialist information. In the immediate term, there is no central NHS or NSS resource to which specialist clinician and patient facing content can be relocated and stakeholders directed. There may be a number of options within the various national boards (apart from NSS). These need further exploration as does the strategic direction for NHS Scotland so that National Network stakeholders will know where to go for specialist information. Until validated alternative options are available the current arrangement whereby these resources are accessed through NN websites must remain in place.

### Immediate/short term solution

There is an urgent need to improve NSD governance for NN websites to mitigate the risk of similar adverse events. This will be best be achieved through Option 1; reshaping of how networks communicate and embedding robust governance. This option will incorporate Network social media accounts within NSS corporate governance as recommended within the Investigation Report. Further enhanced effective governance will be achieved through transferring National Network websites to a Standardised Web Offering. However, an implementation plan to transfer website content to the Standard Web Offering will require to be assessed.

This Option will address the need for urgency and require NSD to mandate and resource a project that will enable National Networks to meet their policy remit within a robust governance framework that reduces the risk of similar adverse events occurring in future.

**Recommendation 1: NSD follows Option 1; reshape how networks communicate and embed robust governance as an immediate/short term solution**

**Estimated project timescale to completion: 3 months (excludes implementation of transfer of websites to Standard Web Offering)**

Medium /long term solution/s

## Internal

Option 2 within the report; to bring the Network websites under NSS corporate website governance, is not feasible as a short term solution as the NSS Website strategy does not allow patient and clinician facing content. Any change in policy would require agreement from NSS EMT and it is unclear whether there is an appetite for this and likely timescale. However, this may be a medium term option.

## External

It is also possible in the medium/long term that one of the options for clinician facing content will be developed to be suitable for NN clinician facing content and for NHS 24 to revise the NHS inform digital strategy to host specialist patient information. Efforts should be made through NSS governance to engage with the relevant NHS Boards to explore and influence their suitability within a strategic approach to how National and Strategic Networks communicate and engage with stakeholders. In the case of NHS Inform it is recognised that this will require NSS and NHS 24 to reach an organisational agreement on provision and governance of clinical content. Again, it is unclear whether there is an appetite for this and likely timescale.

At a strategic level, the requirement for recognised and validated national NHS Scotland resources for all clinician and patient resources should be escalated with Scottish Government sponsors. While the options explored in this paper refer to content in NSD National and Strategic Networks, many of the issues identified apply to healthcare subject specific websites managed by other national health boards and Scottish Government.

**Recommendation 2: In parallel NSD explores internal and external options identified;**

- a) To ascertain whether EMT will support a change to NSS Website Strategy to allow NN clinician and patient facing content to be hosted on the NSS website in order to bring network websites under existing NSS corporate website governance as a medium/long term solution.**
- b) Through NSS governance, engage with the relevant NHS Boards to explore and influence their suitability within a strategic approach on how National and Strategic Networks communicate and engage with stakeholders.**

**Recommendation 3: NSS escalate the requirement for recognised and validated national NHS Scotland resources for all clinician and patient resources with Scottish Government sponsors**

A RACI Matrix to define responsibilities, accountability and who needs to be consulted and informed for each option is included as Appendix 1.

NSS EMT is asked to:

- **Endorse the NSD response and findings in relation to the AE Investigation Report recommendations**
- **Approve Recommendation 1: NSD to follow Option 1; reshape how networks communicate and embed robust governance as immediate/short term solution**
- **Approve Recommendation 2: In parallel NSD to explore internal and external options identified as medium to long term solutions:**
  - a) **ascertain whether EMT will support a change to NSS Website Strategy to allow NN clinician and patient facing content to be hosted on the NSS website in order to bring network websites under existing NSS corporate website governance as a medium/long term solution.**
  - b) **through NSS governance engage with the relevant NHS Boards to explore and influence their suitability within a strategic approach to how National and Strategic Networks communicate and engage with stakeholders.**
- **Approve Recommendation 3: NSS escalate the requirement for recognised and validated national NHS Scotland resources for all clinician and patient resources with Scottish Government sponsors**

**Appendix 1. RACI (Responsible; Accountable; Consulted; Informed) Matrix**

Option	Responsible	Accountable	Consulted	Informed
<p>1 <i>Content hosted on NN websites with improved governance aligned with NSS systems.</i></p>	<p>NN steering groups responsible for producing and ensuring specialist content is accurate and appropriate .</p> <p>NSD SMG responsible for governance for NN website content aligned with NSS standards and systems and that all content is subject to that governance.</p>	<p>NSS accountable for ensuring that the NN Steering group and NSD adhere to governance standards.</p>	<p>Network stakeholders</p> <p>NSS MarComms, DaS and PCF Technology Services</p>	<p>Network stakeholders</p> <p>NHS Boards</p> <p>NSS stakeholders</p>
<p>2a <i>Content hosted on NSS website.</i></p>	<p>NN steering groups responsible for producing and ensuring specialist content is accurate and appropriate.</p> <p>NSD NN Teams responsible for producing updates to content.</p> <p>PCF Technology Services responsible for publishing updates.</p>	<p>NSS accountable for ensuring that the NN Steering group, NSD, and PCF Technology Services adhere to governance standards.</p>	<p>Network stakeholders</p> <p>NSS MarComms, DaS and PCF Technology Services</p>	<p>Network stakeholders</p> <p>NHS Boards</p> <p>NSS stakeholders</p>
<p>2b <i>Content hosted on external websites.</i></p>	<p>NN steering groups responsible for producing and ensuring specialist content is accurate and appropriate .</p> <p>NSD for establishing systems to support the links between NN and external host/s i.e. through NN Programme Teams.</p> <p>NSS, through NSD, responsible for ensuring that host websites meet NHS and public sector website standards.</p>	<p>External hosting NHS Board accountable for content hosted on their services.</p>	<p>Network stakeholders</p> <p>NSD stakeholders</p> <p>NSS MarComms, DaS and PCF Technology Services</p>	<p>Network stakeholders</p> <p>NHS Boards</p> <p>NSS stakeholders</p>



