NHS 24

**Minutes of the Meeting of the
NHS 24 Clinical Governance Committee
held on 1 June 2023 at 10am am
Boardroom, Lumina / MS Teams**

PRESENT

Mr Martin Togneri (in the Chair)

Ms Anne Gibson	Ms Liz Mallinson
Ms Marieke Dwarshuis	Dr Martin Cheyne

IN ATTENDANCE

Mrs Maria Docherty	..	Executive Director of Nursing & Care
Dr Laura Ryan	..	Executive Medical Director
Ms Stephanie Phillips	..	Director of Transformation, Strategy, Planning and Performance
Mr Andrew Moore	..	Deputy Director of Nursing & Care
Mrs Laura Neil	..	Lead AHP / Interim Head of Clinical Governance & Quality Improvement
Dr John McAnaw	..	Associate Clinical Director
Mr Kevin McMahon	..	Head of Risk Management & Resilience
Ms Gail Macgregor	..	Associate Director of Nursing and Operations
Mr David Morrison		Engagement and Inequalities Manager
Mrs Geraldine Matthews		Board Secretary
Ms Arlene Campbell		Head of Stakeholder Engagement & Insights
Ms Kay Carmichael		Minutes
Ms Anne Campbell		Interim PA (Observer)

			ACTION BY
1.	**WELCOME, APOLOGIES AND INTRODUCTIONS**		
	The Chair welcomed members present to the meeting. Apologies were intimated on behalf of Mr Jim Miller, Mr John Gebbie and Ms Pauline Howie.		
	NOTED		
2.	**DECLARATIONS OF INTEREST**		
	The Chair invited members to declare any interests in any of the items being discussed. There were no declarations made.		
	NOTED		
3.	**MINUTES OF PREVIOUS MEETING OF 2 FEBRUARY 2023**		
	The Committee considered the minute of the previous meeting held on 2 February 2023 and were content to approve this as a complete and accurate record.		

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	The Committee approved the minutes. **APPROVED**		
4.	**MATTERS ARISING / ACTION LOG**		
	The Committee considered actions arising from the minutes of the previous meeting and noted the updates provided against each item. Accordingly, actions 1 and 3 were considered complete and approved for removal from the Action Log. Action 2 would remain on the action log and be brought back to a future meeting. **APPROVED**		
	Mr Togneri sought the view of the Committee to take Item 9.2 Quality Framework at the end of the meeting as part of the Deep Dive item. Members agreed. Mr Togneri provided an update to the Committee following a meeting of the Non-Executive Directors in relation to the Quarterly Healthcare Quality Report. Mr Moore informed the Committee work is being undertaken to review the presentation of data within the report with the use of control charts to show trends.		
5.	**REPORT OF CLINICAL DIRECTORS**		
	Mrs Docherty informed the Committee the presentation and purpose of the Report of Clinical Directors would be reviewed for the next meeting. From the report the main areas for noting were: - There are five **Paramedic Students** on project placed placement with NHS 24, the students. Their projects will focus on increasing our understanding around falls callers and pathways to the 111 service. One of the NHS 24 physiotherapists will be with the practice education team while on placement along with receiving weekly coaching from the Quality Improvement Team. **Mental Health SMS Survey** a test of change will run for one week with all callers from a mobile who provide consent having the ability to provide feedback via a SMS link. The Quality Improvement Team will sample 500 responses with evaluation due by end of June. - In relation to the **Once for Scotland NHS Public Protection Accountability and Assurance Framework 2022** a toolkit has now been devised by leaders across Scotland. To establish how effective the toolkit is a Test of Change (ToC) has commenced in a number of health boards including NHS 24. The Lead and Senior Nurse for Public Protection will be working across all services throughout the organisation to gain evidence required that provides assurance and identify any gaps for improvement as part of the ToC. This will include processes in child and adult protection, governance arrangements, education, human resources and trauma approaches. Dr Ryan highlighted the following key points: **Pharmacy Transfer** – The Associate Clinical Director led the successful development and launch on 16th May 2023 of the sharing of the NHS 24 contact record with community pharmacists across Scotland. This means that whenever a 'Contact Pharmacy' outcome is reached by frontline staff, a copy of the record		

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	is sent to a pharmacy selected by the caller for 'information only. A copy of that contact record will also be sent to the caller's own GP practice at the same time, again for information only. This means that community pharmacy has finally become an integrated referral partner for NHS 24, supporting the transfer of information between healthcare settings and continuity of care for the individual caller. • Associate Medical Director (Emergency Medicine) attended **NHS 24 / NHS Tayside** partner engagement meeting and highlighted successful areas of collaboration and improvement – specifically concerning improved referral patterns to Boards services. They also gained commitment from NHS Tayside to continue and expand Green FNC project work. The initial results of this study have been shared with Scottish Government Value Based Health and Care group, this included a joint pilot study with territorial Board, realising and promoting the organisational impact of NHS 24 in the Redesign Urgent Care pathway, through reducing carbon emissions and decreasing travel costs. Ms Gibson queried how feedback is given to respondents. Mr Moore highlighted the limitations of SMS survey as not able to ask too many questions. However, the results would be used as intelligence for improvements. Dr Ryan agreed to bring a paper on the Green FNC Project Work with NHS 24 and NHS Tayside to the next Committee meeting. The Committee members were pleased the work with information being shared with Community Pharmacies. The Committee noted the content of the paper for assurance. **NOTED**.		Dr Ryan
6.	**CLINICAL RISK MANAGEMENT**		
6.1	**Review of Clinical Risk Register**		
	Mr McMahon presented the Clinical Risk Register which provided an update on all primary and secondary category clinical risks to the organisation as of 16th February 2023. The key points of note were: • The overall risk profile has reduced • 8 risks have been closed • 3 new risks identified • 3 risks have reduced in score Dr Cheyne queried the risks around Public Protection. Mrs Docherty indicated the wording would be reviewed. The Committee discussed the risks relating to ICT infrastructure with Mr McMahon highlighting there is specific work being undertaken with a target date of the end of June. Ms Phillips provided some additional assurance the scale of the work around IT infrastructure is reported through the Planning & Performance Committee with the risks being reviewed monthly. The Committee approved the content of the paper.		

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6.2	**Organisational Resilience Update**		
	Mr McMahon presented a paper to the Committee and provided an update on current issues and management relating to NHS 24 organisational resilience. The main points highlighted were: • COVID Public Inquiry • Training in incident management, log keeping and media training • Cycling Work Championships event planning The Committee noted the report. **NOTED**		
7.	**NHSS QUALITY STRATEGY**		
7.1	**National Quarterly Healthcare Quality Report**		
	Mr Moore presented the National Quarterly Healthcare Quality Report for Q4 January to March 2023. The Report was approved by the National Clinical Governance Group on 17 May 2023. The following points of interest were highlighted: • There were 483,794 calls offered across all services during Q4. This compares to 579,914 calls offered during Q3 and 554,198 calls offered in the same reporting period last year. Within Unscheduled Care calls offered down 17.9% on previous quarter (434,636) (90% target) with 95.7% care delivered at first point of contact (90% target). • There has been an increase in Scottish Public Services Ombudsman activity during the reporting period. This may be attributed to the SPSO office managing a backlog of delayed complaints due to the impact of COVID-19. Of the cases reviewed, no recommendations have been made by the SPSO. • Monthly engagement sessions are now in place which focus on staff engagement, health and safety and patient safety concerns. Two sessions have taken place, one in Clyde and one in the East during the reporting period • The Advise and Refer Protocols have been successfully introduced during this quarter, which enables call takers to safely endpoint specific low acuity call types without the need for additional clinical supervision. Since implementing the new protocols, the average talk time for these call types has been reducing in line with the rollout of trained Call Takers. No increase in feedback from partners has been noted during the reporting period. • In March 2023, NHS 24 launched its first Quality Month to promote excellence and continuous improvement in patient care. To maximise staff engagement, different channels were used, including in-person sessions, live MS Teams sessions, pre-recorded and recorded MS Teams sessions, digital information, and social media engagement. 35 events took place covering 16 different topics. Examples of topics included Excellence in Care, MSK, Intelligent Kindness and Person-Centred Care, Public Protection, QI myth busting, Patient feedback, Learning Disability, and Advance Nurse Practitioners. The evaluation and feedback from this activity will inform future planning. • Q4 shows a decrease in patient feedback to 315, compared to 363 in Q3. All stage 2 complaints were closed within timescales.		

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	• For Q4, a total of 73 stories were posted on Care Opinion. Of these, 70% of authors described a positive experience Mr Togneri welcomed members to highlight any key areas in the report for further discussion. Ms Mallinson queried the quality standard at Section 2.7. Mr Moore highlighted these are reviewed by the Call Review Steering Group, however, there is work underway around how call reviews are undertaken with one centre reviewing a % of another centre. Ms Gibson questioned access and inclusion, and whether we know we are reaching the right people for example young people. Ms Phillips indicated could develop that level of reporting. An evaluation had been undertaken around webchat which showed this used a lot more by young females. It was noted there is a programme in place for the Staff Engagement Sessions across the full estate with improvement being collated following each session. In terms of the detail within Section 3.1 Call Reviews it was highlighted call reviews had been undertaken however, had missed the cut off date for reporting. Mr Togneri questioned the individual learning target of 60% within 14 days. Mr Moore stated this had been discussed by the National Patient Safety Group, however, at present there is an issue around recording. This should be resolved with the implementation of Respond 8 and the Phase 2 of Shift Review. The Committee noted the report and assurance provided. **NOTED**		
8.	**SAFE**		
8.1	**Infection Prevention and Control (IPC)**		
	Mr Moore presented a paper to the Committee providing an update in relation to IPC, the main point highlighted were in relation to: • Environment • Spill Kits • National Infection Control Manual and IPC Guidance The Committee noted the content of the paper. **NOTED**		
9.	**EFFECTIVE**		
9.1	**MSK**		
	Mrs Neil presented a paper to the Committee providing an update on the work of the MSK workstream of the Redesign of Urgent Care Programme, and implications for NHS 24.		

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	It was noted a lot of work has been undertaken as part of the workstream however, at present awaiting the publication of the final report and the recommendations within it. Mrs Neil is working with Scottish Government colleagues to ensure it is published. Mrs Neil stated NHS 24 have taken forward some of the recommendations which are in relation to them. It was highlighted the Executive Management Team are supportive of NHS 24 taking a lead on digital solutions, in order to facilitate a more joined up Once for Scotland approach. The Committee noted the content of the paper. **NOTED**		
10.	**PERSON-CENTRED**		
10.1	**Care Opinion**		
	Mrs Neil presented a paper to the Committee providing detail around the use of Care Opinion as a valuable feedback mechanism within NHS 24. The key points highlighted were: • NHS 24 have developed excellent links with Care Opinion • NHS 24 is ranked one of the highest performing Health Boards in relation to timely person-centred responses • Currently three staff have responding rights • The majority of our stories involve two or three Health Boards which means some stories may have several responses. For some, the HB portion may be negative, however positive for NHS 24 or vice versa. The Committee noted the content of the paper. **NOTED**		
10.2	**Whistleblowing Annual Report**		
	Mr Moore presented the Whistleblowing Annual Report for approval by the Committee prior to onward submission to the NHS 24 and submission to INWO. Ms Mallinson informed the Committee she meets with the other NHS Board Whistleblowing Champions on quarterly basis and these meetings are also attended by a representative from the INWO. The Committee approved the Whistleblowing Annual Report for onward submission and approval by the NHS 24 Board. **APPROVED**		
10.3	**Armed Forces Covenant and NHS 24 Armed Forces and Veterans Workplan**		
	Ms Campbell presented a paper detailing the Armed Forces Covenant and NHS 24 Armed Forces and Veterans Workplan 2023/24. The following points were highlighted to the Committee:		

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	- A new Armed Forces Covenant Duty was introduced in November 2022 - This Duty places a legal obligation on named public bodies in Scotland, including NHS 24, to actively pay due regard to the principles set out in the Armed Forces Covenant when exercising certain statutory functions in the fields of *healthcare*, education and housing - The Covenant Duty does not mandate what organisations must do to comply with their legal duties. The actions and outcomes that bodies deem appropriate will vary. - The corporate Armed Forces and Veteran workplan sets out commitments which aim to support NHS 24 in meeting both the legal aspects covered by the Duty as well as the wider aspects included in the Armed Forces Covenant The Committee noted the contents of the report and requested the Terms of Reference of the Committee be updated to reflect compliance with the duty and reporting of progress against the workplan through the Clinical Governance Committee as the primary committee for NHS 24s 'Person Centred' portfolio and aligned with equalities, public involvement and related 'due regard' duties. **NOTED**		Mrs Mathew
10.	**ITEMS FOR ASSURANCE**		
10.1	**National Clinical Governance**		
	The Committee noted the minutes of the National Clinical Governance Group meeting held on the 2 February 2023. **NOTED**		
10.2	**Committee Effectiveness Review**		
	Mrs Matthew presented a paper detailing the survey to review committee effectiveness and the timetable for the completion of the surveys and reporting of the finding. Ms Dwarshuis suggested within the survey where states 'Committee Member' this should be changed to 'I'. Mrs Mathew stated the tool is based on one used by other Boards, which Dr Cheyne confirmed this is a standard template used across the NHS. Mr Togneri requested an option be added to the survey for Neither Agree nor Disagree. The Committee approved the survey with the above amendment and timetable for reporting. **APPROVED**		
10.3	**Annual Report to the Board**		
	The Committee reviewed the Annual Report 2022/23 for presentation at the June Board. The Committee approved the report for submission to the Board.		

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	APPROVED		
10.4	**Committee Workplan**		
	The Committee discussed and noted the Workplan. **NOTED**		
11	**AOB**		
11.1	**Reflection on Committee Papers/ Key Points relevant to Governance Committee / Agreed Committee Update to Board**		
	The Committee welcomed the detailed papers which had been presented however, highlighted the formatting of the risk register spreadsheet and whether this could be presented in a different style, specifically individual risk on one page. **NOTED**		
12	**IMPROVEMENT UPDATES & DISCUSSION**		
12.1	**Deep Dive – Quality Framework**		
	The Committee received a presentation from Mr Andrew Moore on the refreshed Quality Framework for NHS 24. The framework outlines the essential elements of the quality management system and the prioritised actions that will further strengthen 'quality management' in our 'ways of working'. The paper outlined the priority actions and associated timescales that will demonstrate continuous improvement of the management of quality across the organisation. The Committee approved the refreshed Quality Framework for NHS 24. **APPROVED**		
	DATE OF NEXT SCHEDULED MEETING		
	The next meeting will take place on Thursday 10th August 2023 at 10am to 12noon in Boardroom, Lumina / via MS Teams.		
	The meeting concluded at 12.50pm		