

**NHS 24
BOARD MEETING**

**02 MARCH 2023
ITEM NO 12.1a
FOR ASSURANCE**

**Approved Minutes of the Clinical Governance Committee Meeting held on
Thursday 24 November 2022
in Boardroom, Lumina / via MS Teams**

Members:

Mr Martin Togneri	Non-Executive and Committee Chair
Ms Anne Gibson	Non-Executive (Teams)
Ms Marieke Dwarshuis	Non-Executive (Teams)
Ms Liz Mallinson	Non-Executive
Dr John McAnaw	Associate Clinical Director (Teams)

In Attendance:

Mrs Maria Docherty	Executive Director of Nursing & Care
Dr Laura Ryan	Executive Medical Director
Mrs Janice Houston	Director of Special Projects
Mr Martin MacGregor	Partnership Forum Nominated Staff Representative
Ms Pauline Howie	Director of Service Delivery
Ms Flora Ogilvie	Consultant in Public Health
Mr Kevin McMahon	Head of Risk Management & Resilience
Ms Arlene Campbell	Head of Stakeholder Engagement & Insights (Teams)
Ms Gail Macgregor	Associate Director of Nursing and Operations
Ms Lisa Gallacher	Executive PA to Medical Director (Minutes)
Ms Ann Campbell	Executive PA to NHS 24 Board (Teams)
Ms Geraldine Matthews	Board Secretary

Apologies:

Dr Martin Cheyne	Chair, NHS 24
Mr Jim Miller	Chief Executive, NHS 24
Mr John Gebbie	Director of Finance
Mrs Laura Neil	Lead AHP / Interim Head of Clinical Governance & Quality Improvement
Ms Stephanie Phillips	Director of Transformation, Strategy, Planning and Performance
Ms Jennifer Rodgers	Head of Dentistry

1. Welcome and Apologies

Mr Togneri welcomed everyone to the meeting. Apologies were noted as above.

2. Declarations of Interest

There were no declarations of interest.

3 Minutes of Previous Meeting

The minutes of the previous meetings held on 8 August 2022 were approved as an accurate record.

ITEMS FOR DISCUSSION / APPROVAL

4. REPORT OF CLINICAL DIRECTORS

Mrs Docherty presented the report of the Clinical Directors, noting the main areas:

- 2.1 Patient Leadership Walk Round – engagement sessions will restart in the February 2023. A full calendar will be produced for the engagement sessions. Executive and Non-Executive members will be asked for their availability to take part.

Mrs Docherty advised that visits can be arranged through the Board Secretary. Ms Dwarshuis and The Chair expressed interest in taking part and will follow up.

- 3.1 Vaccination Programme - advised programme is coming to end at the end of November, with NHS 24 November figures matching the benchmarking across all boards for uptake. There is a reliance on staff informing NHS 24 if and where they are receiving their vaccinations outside of the organisation. A further verbal update on the Vaccination Programme will follow at the December Board. **ACTION: Verbal update to the Board**

Dr Ryan highlighted the following key points:

- 7.3 Inequalities in relation to Public Health is very high up the organisations agenda. Ongoing Strategic Planning work is underway to identify opportunities to support the Scottish Care and Wellbeing Preventative and Practice Care Programme.
- 8.1 Engagement following a presentation at Royal College for Emergency Medicine Policy Forum has opened an opportunity to discuss the learning outcomes and collaborations with NHS England, NHS Engagement team & National Clinical Advisor 111.

A discussion was held regarding the redesign of urgent care with Dr Ryan and Ms Houston proving assurance to the Committee.

Ms Mallinson asked if there were any immediate observations with respect to Learning Disabilities and Scottish Government policy. Mrs Docherty highlighted the positive impact made by a newly appointed Senior Nurse who is engaging with several policy colleagues – although it is early days, the engagement is proving valuable - informing working practice and engagement with users. A follow up paper is expected in Q4.

The Committee noted the content of the paper for assurance.

5. CLINICAL RISK MANAGEMENT

5.1 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 24th November 2022.

It was noted that there was no new risks and no high risks. It was also noted that the primary committee responsibility for scrutinising the risks arising from possible industrial action had been assigned to the Staff Governance Committee, with Clinical Governance Committee now having secondary responsibility.

The Committee queried the context of the industrial action risk. Mrs Docherty provided assurance to the committee that detailed planning is underway in partnership with colleagues to ensure that all business continuity arrangements are followed.

The removal of the risk related to dentistry was discussed with Dr Ryan covering the parameters of the removal and assuring the Committee that there is no compromise to the service.

The Committee noted the content of the paper.

5.2 Organisational Resilience Update

Mr McMahon presented the above paper to the Committee and provided an update on current issues and management relating to NHS 24 organisational resilience.

The main points highlighted were:

- Winter resilience planning - undertaken to support organisational preparedness and resilience for the coming winter.
- Corporate Escalation Process - noted that this process has been approved by the EMT, and further discussions to be held at the upcoming Audit and Risk Committee.
- Adastra Cyber incident – now resolved and highlighted the outstanding work from Service Delivery throughout the incident.

The Committee noted the report.

6. NHSS QUALITY STRATEGY

6.1 National Quarterly Healthcare Quality Report

Mr Moore presented the National Quarterly Healthcare Quality Report for Q4 July - September 2022. The Report was approved by the National Clinical Governance Group on 9 November 2022. The following points of interest were highlighted:

Mr Moore noted the two new additions to the report

- Table 2 - Showing multi-board activity concluded within Q2:
- Graph 11 - Stage 1 and Stage 2 Complaints per Quarter 2020-2022

The following points of interest were highlighted:

- Collaborative Working around adverse events with other Boards – better pathway for Patients/Families
- Resilience – the number of patients seen over the last quarter remained high, despite IT challenges
- Clinical Effectiveness Work ongoing in terms of improvements to be put in place in advance of winter.
- Complaints – the extension for Stage 1 from 5 to 10 days remains however, of the 94 Stage 1 complaints received, none went to Stage 2 demonstrating the hard work of Staff in terms of resolutions.
- Continuing Cohort 3 of QI – 11 members have completed the course.

In relation to Adverse Event Reviews, the Chair asked if it would be helpful to have more details on the outcomes (as the paper is presented, the review outcome is not shown).

Mr Moore noted that in addition to the numbers, it would be possible to include more qualitative narrative. Mrs Docherty agreed, noting that reviews are about thematic learning and improvement, giving a reminder that all reviews go in detail to the National Patient Safety Group for scrutinization.

Ms Gibson noted the continuing increase in Breathing Space calls and asked, given the anticipated additional increase through winter what planning/resource is in place for Mental Health Services.

Mrs Houston provided assurance to the Committee on this, advising that there is ongoing work to maximise capacity including recruitment and manage demand.

The Committee discussed signposting during calls with Mrs Houston providing a brief note of areas where calls may be signposted. The Chair noted that a Deep Dive session would be useful to cover the services available and how they differ from each other. Mrs Docherty agreed. **Action: update log/tracker**

The committee discussed the expected outcomes from the Quality Improvement and Evaluation 'Management Essentials' programme. Mrs Docherty advised that the reports would come out via Staff Governance Committee and feed into Clinical Governance Committee, noting that whilst there is not yet a formal evaluation, really good feedback is being received across the organisation.

The Committee noted the report and assurance provided.

7 SAFE

7.1 Infection Prevention and Control (IPC)

Mr Moore presented the above report to the committee, the main point highlighted from it was to note the recent benchmarking against the Healthcare Associated Infection (HAI) standards and how they are applied in NHS 24, as it is possible that National Boards may be inspected in the future. Mrs Docherty advised that there will be a meeting in the next couple of months to clarify expectations.

Mr Moore advised content with NHS 24's position on this.

The Committee noted the content of the paper.

8. EFFECTIVE

8.1 Realistic Medicine and Care Update

Dr McAnaw provided the Realistic Medicine and Care update to the Committee, noting that the Committee had previously seen the action plan.

The main points highlighted:

It's Ok to Ask campaign: the campaign's second wave was now complete. There will be a five week predominantly digital and social media campaign with feedback from Republic of Media to be produced in the coming weeks. Dr McAnaw advised that there has been good interaction with territorial boards looking to use NHS 24 resources locally.

A key focus has been on internal communications which has progressed with the creation of videos of the Senior Directors and Senior Clinicians highlighting how Realistic Medicine underpins their work, these videos have been shared via TeamTalk and cover the six principles of Realistic Medicine.

Mr McAnaw advised there had been a continued drive to share the contact record with Community Pharmacy. Delays encountered were due to Connect/Adastra issues – the cut over is now planned for early next year with a view to completion.

Remote Prescribing Activity has been deliberately limited in numbers as it is a manual process. NHS 24 is looking to progress electronic prescribing as part of the national roll out.

Members were asked if they would support a temporary change in governance of the action plan. The monitoring will be now performed by National Clinical Governance Committee in the interim. No objection from the Committee.

The Committee noted this paper.

9. PERSON-CENTRED

9.1 Healthcare Staffing Legislation

Mr Moore presented the paper to the committee highlighting the following:

Implementation of this work had been paused during the pandemic. The government had agreed an implementation timeframe with draft guidance expected to be published before Christmas. An annual report would be due from April 2024.

NHS 24 is working toward full implementation of the legislation by April 2023, a baseline assessment has been undertaken against the duties in the act and an action plan developed to address the gaps.

The Committee noted the update provided by report.

9.2 Whistleblowing Update

Mr Moore gave an update – highlighting:

- There has been no activity in the last Quarter.
- NHS 24 took part in 'Speak Up' in October.
- The intranet page has been refreshed and videos circulated.

The Committee noted the update provided by the report

10. ITEMS FOR ASSURANCE

10.1 National Clinical Governance

The Committee was advised that the minutes of the National Clinical Governance Group held in November would be circulated virtually as soon as possible for noting. The Committee agreed to this.

10.2 Terms of Reference

The Committee reviewed the proposed revision to its Terms of Reference, noting the addition of a responsibility to monitor the effectiveness of the Board's arrangements for whistleblowing and whistleblowing reporting.

The Committee approved the Terms of Reference.

10.3 Committee Workplan

The Committee discussed and noted the Workplan.

The Chair queried Business Continuity Annual Report had an amber rating.

Action: Mrs Docherty will liaise with Mr McMahon and feedback.

The Prescribing Policy – Mr McAnaw noted that this work was unfortunately delayed and will ensure it is on the agenda for the next meeting.

2023/2024 Workplan will be updated and circulated virtually in the next couple of weeks prior to Integrated Governance Committee on 6 December 2022.

The Committee agreed to these points.

11 AOB

11.1 Reflection on Committee Papers/ Key Points relevant to Governance Committee / Agreed Committee Update to Board

Informal discussion regarding the format of meetings was held, the Chair recommended continuing with hybrid meetings to ensure meetings are quorate with a strong recommendation to meet in person where possible.

The Committee agreed.

The Chair commended the high standard of papers presented at the Committee.

12 IMPROVEMENT UPDATES & DISCUSSION

12.1 Deep Dive Public Health Framework (Climate and Sustainability)

The Committee received a presentation by Dr Flora Ogilvie, Consultant in Public Health. The presentation provided an overview of the current population health policy priorities, population health needs, data and intelligence, and climate emergency and sustainability. The Committee welcomed the presentation which led to an engaging discussion, which was both thought-provoking and informative. The committee were appreciative for the opportunity to undertake in-depth exploration of this key topic.

13. DATE OF NEXT MEETING

The next meeting will take place on Thursday 16th February 2022 at 10am to 12noon in Boardroom, Lumina / via MS Teams.

The meeting ended at 12.30pm