

**NHS 24
BOARD MEETING**

**20 JUNE 2019
FOR ASSURANCE**

**Approved minute of the Clinical Governance Committee held on Tuesday, 26
March 2019,
in the Committee Room, Caledonia House**

The Committee is asked to approve the Minutes of the Clinical Governance Committee Meeting held on 26 March, 2019, as an accurate record of discussions.

1. ATTENDANCE AND APOLOGIES

Committee Members

Ms Madeline Smith	Non Executive & Committee Chair
Ms Juliana Butler	Non Executive
Mr John Glennie	Non Executive
Dr John McAnaw	Representative of Clinical Advisory Group (Head of Pharmacy)

In Attendance

Mr Eddie Docherty	Director of Nursing & Care
Mrs Angiolina Foster	CEO
Mrs Janice Houston	Associate Director of Operations & Nursing
Mr Mark Kelly	Head of Clinical Governance & Quality Improvement
Mr Kevin McMahon	Head of Risk Management & Resilience
Mr Davie Morrison	Participation and Equalities Manager
Ms Jennifer Rodgers	Clinical Lead for Dentistry
Dr Laura Ryan	Medical Director
Mrs Caroline Spence	Head of Clinical Services
Ms Brenda Wilson	Deputy Director of Nursing & Care
Ms Avril Ramsay	(Minutes)

Apologies

Mrs Lynne Huckerby	Director of Service Development
Dr Anna Lamont	Associate Medical Director
Mr Martin MacGregor	Partnership Forum Nominated Staff Representative
Mrs Margo McGurk	Director of Finance & Performance
Mrs Eileen Wallace	Public Partnership Forum
Ms Steph Phillips	Director of Operations
Mr Albert Tait	Non Executive

Ms Smith opened the meeting and welcomed those present. Apologies were noted as above.

2. DECLARATIONS OF INTEREST

Ms Smith declared an interest in her capacity as a Board Member of the Scottish Ambulance Service.

Ms Wilson declared an interest as a member of the Board of Trustees Erskine Hospital.

Mr Glennie declared an interest in his capacity as a member of Healthcare Improvement Scotland and the Scottish Health Council.

3. MINUTES OF PREVIOUS MEETINGS

The minutes of the previous meetings held on 14 January, 2019, were approved as an accurate record.

Ms Smith advised the Committee that as the agenda for this meeting was significant, it would be taken that the papers had been read in full and the presenter would focus on highlighting one key area only.

Ms Smith advised the Committee that items 8.2 and 8.3 would be moved to the head of the agenda.

8.2 Equality & Diversity Mainstream Report

Mr Morrison invited the group to be assured of the content of the report presented. The Committee discussed the report and appreciated the work that had gone into it in order for NHS 24 to comply with their public sector duty

8.3 Public Partnership Forum (PPF) Annual Report

This report was presented by Mr Morrison and the Committee were invited to discuss and approve the content and be assured of progress in the continuing development of the NHS 24 Public Partnership Forum (PPF).

NHS 24's Public Partnership Forum Annual Report has been prepared by the Public Joint Chair, on behalf of the PPF, with support from NHS 24 staff and input from PPF members. The Report and Workplan 2019 - 2020 is provided to inform the Clinical Governance Committee of the activities carried out by the PPF.

There are two co-chairs, Martin Hunter, Public Representative and Lynne Huckerby, Lead Director for Patient Focus and Public Involvement.

The Committee discussed and approved the content and asked Mr Morrison to convey their thanks to everyone connected with the PPF for their support and contribution to the organisation.

The Committee also congratulated Mr Morrison on the Scottish Sensory and Equality Awards he had received in recognition of his work with the deaf community, which were very well deserved.

4. REPORT OF CLINICAL DIRECTORS

Mr Docherty introduced the Report of Clinical Directors which provided the Committee with an overview of activities and developments within the Nursing & Care, Medical and Dental Directorates.

Nursing & Care Directorate: Mr. Docherty advised the Committee that from the funding received from the Scottish Government to employ a part time specialist nurse post, NHS 24 has now successfully appointed a Respiratory Nurse Specialist.

Medical Directorate: Data Expert and System Watch Group: Dr. Ryan advised the Committee that since participating in this group, it has significantly raised awareness of NHS 24 activity nationally and of the value in early recognition of emerging illness presentations.

SEDS: Ms Rodgers advised the NHS 24 is now a standing item on the Scottish Interim Directors of Dentistry Group and that work on re-introducing cross boundary patient appointing is back on track.

The Committee discussed and noted the content of the paper.

5. CLINICAL RISK MANAGEMENT

5.1 Review of Clinical Risk Register

Mr. McMahon advised the Committee that two very high risks have reduced in score since the last CGC meeting.

The risk involving the possibility of patients coming to harm as a result of senior clinical staff being repeatedly taken away from managing the national clinical service to manage technical outages had decreased, as ICT on call arrangements had been established and operational from 8 March 2019.

The risk regarding the Knowledge Management System had decreased as the short-term solution put in place for festive has been extended to ensure cover is in place from 9.00 a.m. - 6.00 p.m., 7 days per week, with consideration being given to extending this period further to 10.00 p.m. Work is ongoing by the Clinical Systems Development Team to develop and implement an automated process as a long-term solution for this risk and it is anticipated that a technical solution will be available by Easter 2019, however, partner engagement is required to ensure it is implemented before the Easter period.

The Committee discussed and noted the content of the paper.

5.2 Organisational Resilience Update

Mr McMahon advised the Committee that a key focus of resilience planning has been on the preparations for the EU withdrawal.

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Whilst in the short term NHS 24 is not expected to be significantly impacted by Brexit, there is a need to contribute to the national planning. NHS 24 will have a key role in communicating with the public through the use of NHS Inform and has ring fenced a special helpline number should this service be required. Detailed planning is still being worked through with key partners and NHS 24 is engaging with the Scottish Government regarding information required to provide this helpline.

With regard to the 7 priority 1 technology incidents which occurred over the reporting period November 2018 – January 2019, the Committee asked if this carried any risk to the service. Mrs Houston confirmed that this was average and assured the Committee that this did not present any increased risk and that the service was operating safely and focussing resources in the correct areas.

The Committee discussed and noted the content.

6. SAFE

6.1 National Quarterly Healthcare Quality Report

Mr. Kelly presented this report which covers the period October to December, 2018. Ms Smith, on behalf of the Committee, congratulated Mr Kelly on his new appointment as Associate Director of Nursing.

Mr Kelly highlighted the quarterly points of interest.

- 10 stage 2 complaints were received this quarter, which equates to 0.002% of total calls received. All were acknowledged within the target of 3 working days and responded to within 20 working days.
- 96.3% completion rate was achieved for Call Consultation review this quarter. This is an improvement in performance when compared to 93.8% completion rate last quarter and 69.3% completion rate achieved in the same reporting period last year.
- There were over 10 million online contacts for digital services. This compares to just over 2 million in the same reporting period last year.
- As per request from the Clinical Governance Committee, an additional section has been included within this report to detail clinical and service access level performance.

Mr. Kelly then provided an overview of the report by section and the following points were raised:

- Mr. Kelly advised the Committee that part of the Band 5 Clinical Call Taker ethos is the constant development of this skill set. Band 5 line managers are focusing on areas identified within the call review report on a month by month basis to understand areas for development, and the figures are increasing as evident in Q3.

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- It is anticipated that the online contacts for digital service for the months of January and February 2019 will be approximately 8.5 million
- Living Life: It was noted that there had been 50% reduction in referrals received over Q3 and the Committee asked the reason for this reduction. As there was no data available to explain this reduction, Mr Kelly agreed to discuss this with Living Life and report back to the Committee. **Action: MK**
- Mental Health Hub: the Hub model went live on 15 March 2019 and will be open Friday - Sunday 6.00 p.m. to 2.00 p.m. for the period of the Test of Change. The Committee were advised that this has been positively received and it was agreed that Mrs Houston would update the Committee on progress at the May CGC meeting. **Action: JH**
- Joint Partner Case Review: A further 7 further case reviews are scheduled with other partner services including NHS Highland and NHS Lanarkshire. The Committee agreed that valuable learning had been generated from the Case Review held with NHS Grampian

The Committee discussed and noted the content

6.2 Excellence in Care (EiC) Update

Ms Wilson presented this paper and advised the Group that EiC is a national quality assurance and improvement programme which sits alongside other quality initiatives in each health board and will have a visible dashboard that the public can access to view quality reported measures.

NHS 24 will require to commence submission of the relevant core metrics by spring 2019 and to develop and test the NHS 24 specific metrics by December 2019. Ms Wilson advised the Committee that the National Clinical Governance Group have agreed to support the progression of EiC within NHS 24 and commit to reviewing regular reports to the committee on progress.

The Committee discussed and noted the content.

7. EFFECTIVE

7.1 Trainee Advance Nurse Practitioners (TANPs)

Ms Wilson updated the Committee on the TANPs journey within NHS 24. A QI Webex is scheduled for Tuesday 2 April and the subject will be Advanced Clinical Practice - this will be presented by the Trainee ANPs and a copy of the presentation will be sent to Committee members. **Action: AR**

7.2 Quality Improvement & Evaluation Framework Action Plan

Mr Kelly presented this paper to assure the Committee that the associated action plan from the Quality Improvement and Evaluation Framework is organisationally visible, dynamic and effective.

Mr Kelly highlighted the following six work streams related to the Quality Improvement and Evaluation Framework action plan and have associated improvement actions which will be regularly monitored and updated.

- Design and implement high quality systems of care
- Develop a workforce to deliver the highest quality of care
- Quality Improvement science methodology and tools are used in the development of change ideas and concepts for testing
- Data for improvement is used to evaluate impact of progress against project aims
- Cost and efficiency savings should be boldly considered in the remit of quality improvement
- Meaningful opportunities will be created for managers, staff and stakeholders to work together

The Committee discussed and noted the content and requested that the action plan be amended to include target dates. **Action: GC**

7.3 NHS Inform Update

Ms Bennie presented this update and advised the Committee that with a change in the organisational structure, the responsibility for ensuring content governance now in place sits with the Digital Team. As part of this transition, there was a review undertaken of the current situation, to confirm the areas of priority with regards to sourcing content partnerships.

Ms Bennie confirmed that 69% of this content has either an existing arrangement in place or arrangements are currently being negotiated. The remaining 31% of content is undergoing review from a user perspective, to understand the demand on that content. Once we have this, we can take a prioritised view on whether this content should be retained in the short term.

Mr Bennie confirmed to the Committee that the clinical content is up to date and valid.

The Committee discussed and noted the content.

8. PERSON CENTRED

8.1 Management of Clinical Outliers

Mr Kelly presented this paper which provides an update on the status of NHS 24 Management of Clinical and Dental Outliers and confirmed that the new process, approved by the COPRG in July 2018, had been successful in generating valuable learning and would be the process implemented going forward.

The Committee discussed and supported this view.

8.4 Research & Development Update

Dr McAnaw presented this paper advising the Committee that in this second annual report of research and development (R&D) activity, there had been no new activity over the last 12 months. As NHS 24 is not a research organisation and does not have a dedicated R&D function or administrative support, updating the research register has been slower than anticipated. R&D activity in NHS 24 is robustly governed, however, limited R&D staff resource linked with competing commitments from those staff currently involved in R&D has impeded progress.

Dr McAnaw advised the Committee that the recent re-configuration of the Quality Improvement (QI) team provides an opportunity in 2019 to review the structure and function of R&D activity and consider merging this with QI activity. The Committee agreed that this may be the best way forward and Mr Kelly and Dr McAnaw would discuss this outwith the meeting and update the Committee in due course. Also the committee suggested that given changes that have happened in NHS 24 since the R&D strategy was put in place, in particular the new directorate structure and the strategy, that the R&D strategy should be updated to reflect those changes.

Action: MK/JMcA

8.5 NHS 24 Teleprescribing Development

Dr McAnaw presented this paper and advised the Committed that the exploration of how NHS 24 might introduce teleprescribing has now been fully approved by the organisation, and therefore plans to develop and optimise a safe and effective operating model will begin during April/May 2019. This development will be led by the Head of Pharmacy, Head of Clinical Service (Cardonald) and our Regional Pharmacy Advisor (Cardonald) to enable some of our prescriber-qualified frontline clinicians to use their prescribing skills to support the 111 service. This will have the potential to increase the number of calls we can handle (and close) at primary contact, thereby reducing the number of calls passed on to the GP OOH services for an appointment and/or prescription for acute minor illness. It will not only improve the patient journey, but make the pharmacy advisor clinical role more varied with the potential to have a positive impact on recruitment and retention going forward.

The Committee discussed and noted the content of the paper, confirming the view that NHS 24 need to develop the prescriber-qualified frontline clinicians to use their prescribing skills to support the service to the best advantage

8.6 Sharing Intelligence for Health & Care Review of NHS 24

Mr Kelly presented this paper and asked the Clinical Governance Committee to note the recent engagement work with NHS Healthcare Improvement Scotland's Sharing Intelligence for Health and Care Group and to consider the positive feedback received.

This is the third annual review that Sharing Intelligence for Health and Care have undertaken of NHS 24 and it was confirmed that following the review, they had identified no immediate or specific actions for NHS 24.

The Committee discussed the paper, noting the positive comments from the agencies involved in the review.

9. ITEMS FOR ASSURANCE

9.1 National Clinical Governance Group Minutes

The Committee noted the minutes of the National Clinical Governance Group meeting held on 12 March, 2018, and are therefore presented in draft.

9.2 Dental Advisory Group Minutes

The Committee noted the minutes of the Dental Advisory Group meeting held on 28 February, 2019, and are therefore presented in draft.

9.3 Terms of Reference

Following discussion, it was agreed that the Terms of Reference be amended to reflect the discussions which took place at the Clinical Governance Committee Workshop on 14 January and resubmitted to the Committee at the May meeting for approval.

9.4 Committee Workplan

The Committee discussed and noted the Workplan.

10. MATTERS ARISING/PENDING

10.1 Action Log

The Committee reviewed the Action Log and noted the updates provided.

Accordingly, the following actions were confirmed as complete and agreed for removal from the Action Log.

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11. IMPROVEMENT UPDATES & PRESENTATIONS

11.1 Call Consultation Review: Mrs Orr advised the Committee that the current call review standard is to provide assurance on patient safety and the effectiveness of the service. A minimum of two call reviews is carried out for all frontline staff per month. This figure was agreed at the start-up of NHS 24 as it was achievable and aligned with the practice of NHS Direct (a similar service to NHS 24) at that time. The organisation has, at various points, considered a centralised model. We do not currently record all additional call reviews captured via peer reviews, targeted improvement and investigations, which we need to consider.

Call review has gone through organisation review since the launch of T2. The current SAP technology has the ability to allocate call review to managers, record the review, and report on this through a single application. It also allows call reviews to be carried

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out based on a theme, i.e., one hour home visits. However, NHS 24 does not currently use this facility. This will be explored as a future improvement.

Currently all call reviews are reported via the National Quarterly Healthcare Quality report and are discussed at Regional Clinical Governance Meetings, with visibility at the National Clinical Governance Group and the Clinical Governance Committee.

NHS 24 currently measure call review completion at a target of 100%, with other measures at 90%. It therefore can be perceived that we do not always achieve target and we should consider a trajectory to ensure improvement.

In conjunction with Better Working Better Care (BWBC), a workshop has been organised to review the current call review and also consider more appropriate timely ways of feedback to frontline staff. This will be considered in line with Excellence in Care, the rota review and safer staffing and it is anticipated that BWBC will carry out call reviews in real time

11.2 Better Working Better Care (BWBC): Mrs Spence advised the Committee that the purpose of BWBC was "to devise, test, evaluate and adapt the NHS 24 service delivery organisational model (managerial, staffing and resources) so that expectations, roles and responsibilities are clear, fit our service delivery commitments and we do this with maximum possible involvement of our staff to devise and drive change and improvement".

The aim of BWBC is that by March 2020, 80% of Call Handlers who require face to face Clinical Supervision will receive this support via a new supervision model that will ensure NHS 24 are delivering against the NHS Scotland Quality Strategy Ambitions of Safe, Effective and Patient-Centred Care.

The committee discussed the presentation and agreed that the new model delivered positive steps to improve both the staff experience and patient journey

12 ANY OTHER BUSINESS

12.1 NHS 24 2019-2024 Strategy

Paper taken as read with any comments directed to the author, Mrs McGurk, copying in Avril Ramsay for noting in the Minutes.

12.2 Outturn of Clinical Governance Committee Workshop - 14.01.19

Agreed as an accurate record of the Clinical Governance Workshop held on 14 January, 2019.

12.3a Healthcare Environment Inspectorate Unannounced Inspection of the Queen Elizabeth University Hospital

12.3b NHS 24 Response

The Committee noted the papers as appropriate.

12.4 The Committee commended Mr Docherty and his team for high quality and well presented papers

DATE OF NEXT MEETING

Friday, 10 May, 2019: 10.00 a.m. - 1.00 p.m.
Committee Room, Cardonald.