

NHS 24 BOARD	20 JUNE 2019. ITEM NO. 6.2
CLINICAL GOVERNANCE COMMITTEE ANNUAL REPORT TO THE BOARD – 2018/19	
Executive Sponsor:	Clinical Governance Committee Chair
Lead Officer/Author:	Director of Nursing & Care
Action Required	The Board is asked to approve the report.
Key Points	The report is prepared and presented as part of the Statutory Annual Accounts process to provide assurance to the Board that the Committee has fulfilled its duties as set out in the Terms of Reference.
Financial Implications	There are no financial implications contained within this paper.
Timing	The paper is due to be presented to the Board on 20 June 2019.
Contribution to NHS 24 strategy	The Clinical Governance Committee reviews the performance of the organisation against the NHS 24 Strategy on an ongoing basis. Good governance is essential to ensure appropriate decision making to support the strategy.
Contribution to the 2020 Vision and National Health and Social Care Delivery Plan (Dec 2016)	The Clinical Governance Committee reviews the organisation's contribution against the 2020 Vision and National Health and Social Care Delivery Plan (Dec 2016) on an ongoing basis.
Equality and Diversity Impact Assessment (EQIA)	The Clinical Governance Committee ensures that all activities have been impact assessed and supports NHS 24 to meet its duties with regard to equality and patient engagement. The Committee also takes lead responsibility on Equality & Diversity issues, patient and public involvement and Public Partnership Forum activities.

1. RECOMMENDATION

- 1.1 The Annual Report to the Board 2018/19 is presented to the Board for approval.

2. INTRODUCTION

- 2.1 This report sets out the activities of the Clinical Governance Committee during 2018/19 and details how it has fulfilled its governance remit.

3. REMIT

- 3.1 The Clinical Governance Committee is a statutory Committee responsible for providing assurance to the Board that appropriate clinical governance systems and processes are in place and effective throughout the organisation. It seeks to provide the Board with a view from the Committee on the overall effectiveness of the system of internal control related to its remit during financial year 2018/19.

4. MEMBERSHIP/ATTENDANCE

- 4.1 The members and attendees of the Committee are listed below:

Members

Ms Madeline Smith	Non Executive & Committee Chair
Ms Juliana Butler	Non Executive Member
Mr John Glennie	Non Executive Member
Dr John McAnaw	Member & Clinical Advisory Group Representative
Mr Albert Tait	Non-Executive

Attendees

Ms Angiolina Foster	Chief Executive
Mrs Lynn Huckerby	Director of Service Development (from July 2018)
Mr Mark Kelly	Head of Clinical Governance & Quality Improvement
Mr Martin McGregor	Partnership Forum Nominated Staff Representative
Mrs Margo McGurk	Director of Finance & Performance
Mr Kevin McMahan	Head of Risk Management & Resilience
Ms Stephanie Phillips	Director of Service Delivery
Ms Esther Robertson	Chair NHS 24
Ms Jennifer Rodgers	Clinical Lead for Dentistry
Dr Laura Ryan	Medical Director
Ms Eileen Wallace	Public Partnership Forum
Ms Brenda Wilson	Deputy Director of Nursing & Care
Mrs Sheena Wright	Director of Nursing & Care (until July 2018)
Mr Eddie Docherty	Director of Nursing & Care (from August 2018)

5. MEETINGS

- 5.1 The Committee met on four occasions during the year between 1 April 2018 and 31 March 2019. All four meetings were quorate.

6. COMMITTEE ACTIVITIES

6.1 The Committee routinely considered the following during 2018/19:

- Report of Clinical Directors
- National Quarterly Healthcare Quality Report
- Review of Clinical Risk Register
- Organisational Resilience Update
- National Clinical Governance Group Minutes
- Clinical Advisory Group Minutes
- Dental Advisory Group Minutes
- Committee Workplan

6.2 During the year, the Committee considered the following:

- Participation Standards
- Public Protection Annual Report
- Public Protection Policy
- Public Protection Accountability & Governance Framework
- Patient Experience Survey Results
- Patient Affairs Annual Report
- Health Inequalities
- Clinical Governance & Quality Improvement Action Plan
- Management of Clinical Outliers Options
- Sharing Intelligence for Health and Care Review
- PPF Annual Report
- Research & Development
- Excellence in Care
- Trainee Advanced Nurse Practitioners
- Mental Health
- Clinical Education
- Organisational Evaluation Framework
- Regional Clinical Governance Function - Options Review
- The Fairer Scotland - Interim Guidance for Public Bodies
- NHS Inform
- Publication of the Equality and Diversity Mainstreaming Report 2019
- NHS 24 Teleprescribing Development
- NHS 24 Quality Framework
- Quality Improvement & Evaluation Framework Action Plan
- Clinical Effectiveness

6.3 Clinical Governance & Quality Improvement

During the year, there was significant focus of Clinical Governance & Quality Improvement work as follows:

- Following an organisational change within the Clinical Governance & Quality Improvement teams, the QI function is now a standalone function within the Service Development Directorate and is being staffed to appropriately and effectively build internal capacity and capability to deliver

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QI's based upon organisational learning. It is anticipated that the team will be fully recruited and in posts by the end of August 2019

- There have been 2 completed Quality improvement WebEx's aimed at increasing awareness of QI and increasing staff capability to influence and be part of QI work.
 - QI work in relation to managing callers with chest pain continues. This work is aimed at ensuring patients over the age of 35 with chest pain as their call reason and one other associated symptom will be transferred to SAS via a Call Handler utilising a protocol. This work has been undergoing repeated tests of change to refine the process and has demonstrated success in developing exclusion criteria for those patients not suitable for transfer, in appropriately transferring those patients with potential cardiac symptoms to SAS without delay and furthermore the actual patient journey time has significantly decreased
 - QI work has continued in collaboration with Erskine and Renfrewshire Nursing Homes in developing a handover tool for Nurses based in Nursing Homes to utilise, when calling NHS 24. Evidence demonstrates this has been successful in supporting Nurses to better communicate their requirements, furthermore there have been occasions where the Nurses advised using the SBAR handover tool has actually negated the requirement for them to contact NHS 24. Work continues in refining and up scaling this tool.
 - The NHS 24 Quality Framework is now live and has an associated action plan
 - The NHS 24 Evaluation Framework is now live and has an associated action plan
 - A QI suggestion box and email has been introduced and advertised to enable staff to offer ideas or suggestions for QI work. The intention is that the staff themselves will be involved in any resultant QI work.
- 6.4 Formal Minutes of each meeting were taken and once approved were placed on the next available Board agenda. In addition, any significant matters arising from discussions at meetings were highlighted to the Board by the Committee Chair at the next available Board Meeting.
- 6.5 The Committee considered clinical risks pertinent to the organisational performance, on a quarterly basis and was assured that risks are actively managed by the organisation.
- 6.6 During 2018/19 the Committee held a number of workshops to review its ways of working and to review and refresh its purpose, duties and priorities. As a result the Committee agreed to adapt its format to allow in-depth review of improvement areas to be scheduled into the meeting (two per meeting).

7. EXTERNAL GUIDANCE, STANDARDS AND LEGISLATION

7.1 During the year the Clinical Governance Committee received regular reports on the activities and developments in the Nursing & Care, Medical, and Dental Directorates. In addition, the Committee considered all national strategies and external standards and legislation as they applied to NHS 24.

8. PRIORITIES

8.1 The following activities will be part of the 2019/20 priorities:

- Personalising Realistic Medicine
- Excellence in Care
- Safe Staffing Legislation
- Workload Tool
- Mental Health Redesign Development
- Waiting Time Improvement Plan
- Trainee advance Nurse Practitioners
- Implementation of the Quality Framework
- Clinical Governance frameworks are in place for improvements to existing and developing new services (including with partners)
- Develop and test new more appropriate clinical KPIs.

9. CONCLUSION

9.1 The Clinical Governance Committee is the mechanism through which patient safety, quality improvement and high standards of care are ensured across NHS 24. Through its work and focus this year the committee has fulfilled this responsibility and will continue to ensure that the CGC is an effective and evolving Committee to the Board to deliver this remit

Madeline Smith
Chair, NHS 24 Clinical Governance Committee