NHS 24 CLINICAL GOVERNANCE COMMITTEE	19 AUGUST, 2019. FOR APPROVAL ITEM NO. 3

Minutes of the Meeting held on Friday, 10 May, 2019,
in the Committee Room, Caledonia House

The Committee is asked to approve the Minutes of the Clinical Governance Committee Meeting held on 10 May, 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)
Mr Albert Tait	Non Executive

In Attendance

Ms Louise Bennie	Head of Digital
Mr Eddie Docherty	Director of Nursing & Care
Mrs Angiolina Foster	CEO
Ms Ann-Marie Gallacher	Chief Information Officer
Mrs Janice Houston	Associate Director of Operations & Nursing
Mr Mark Kelly	Head of Clinical Governance & Quality Improvement
Mrs Lauren Kennedy	Lead Nurse for Safe Staffing and Workforce Planning
Dr Anna Lamont	Associate Medical Director
Mr Kevin McMahon	Head of Risk Management & Resilience
Mrs. Stella MacPherson	Public Partnership Forum
Mr Davie Morrison	Participation and Equalities Manager
Ms Steph Phillips	Director of Operations
Mrs Esther Roberton	Chair NHS 24
Ms Jennifer Rodgers	Clinical Lead for Dentistry
Dr Laura Ryan	Medical Director
Mrs Paula Shiels	Senior Nurse Mental Health, Learning Disability & Adult Protection
Ms Brenda Wilson	Deputy Director of Nursing & Care
Ms Avril Ramsay	(Minutes)

Apologies

Mrs Lynne Huckerby	Director of Service Development
Mr Martin MacGregor	Partnership Forum Nominated Staff Representative

Mrs Margo McGurk	Director of Finance & Performance
Mrs Eileen Wallace	Public Partnership Forum

Ms Smith opened the meeting and welcomed those present. Apologies were noted as above. Ms Smith welcomed Mrs MacPherson who was covering for Mrs Eileen Wallace as they Public Partnership Forum and Mrs Lauren Kennedy who was shadowing Ms Brenda Wilson.

2. DECLARATIONS OF INTEREST

Ms Smith declared an interest in her capacity as a Board Member of the Scottish Ambulance Service and also in her capacity as the Head of Strategy within the Innovation School of The Glasgow School of Art.

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.

Ms Smith advised the Committee that item 9.1 would be moved to the head of the agenda.

9.1 British Sign Language

Mr Morrison presented this paper asking the Committee to note NHS 24's approach to meet its requirements as set out in the BSL National Plan 2017 to 2023 and confirmed that activities continue to be undertaken across the organisation to achieve each of the actions contained within the Plan, which are relevant to NHS 24.

Mr. Morrison advised the Committee that progress in being made to increase the availability of accurate and relevant health and social care information in BSL. BSL content is now available within NHS Inform and is also available using Social Media platforms. NHS Health Scotland and NHS 24 are continuing to work together to deliver this work in partnership.

The Committee discussed and noted the content.

3. MINUTES OF PREVIOUS MEETINGS

The minutes of the previous meetings held on 26 March, 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 should focus on highlighting key areas only.

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

Safe Staffing Legislation: Mr Docherty advised the Committee that the Health and Care (Staffing) (Scotland) Bill has now been passed.

Mental Health Hub: Mrs Houston advised the Committee that staff are embracing the new opportunity and initial staff and public feedback has been very positive. As the Committee are keen to be kept updated on the MH Hub, it was agreed that this would be one of the deep dive presentations at the August GCG meeting. **Action: JH**

Medical Directorate

NHS Scotland Event Poster: Dr Ryan advised the Committee that a Poster describing the effectiveness of the collaboration with East Lothian Health and Social Care Partnership and Riverside Medical Practice to support management of on the day demand for clinical review has been accepted for the NHS Scotland Event.

Pharmacy Student Experiential Learning in NHS: Dr Ryan advised the Committee that NHS 24 Head of Pharmacy and the Regional Pharmacy Advisors from Service Delivery were asked to develop and deliver a 5-day programme for 10 Strathclyde University students and 6 Robert Gordon University students. The students were able to find out in detail what NHS 24's role and contribution to OOH/unscheduled care is and experience the live clinical environment first-hand alongside clinical and non-clinical staff and were also exposed to how we manage our clinical content (111 service, NHS inform) and what happens in the SAS control centre and how we work collaboratively. Initial feedback from the students and the Universities has been extremely positive and Dr McAnaw advised the Committee that NHS 24 has been asked to develop a similar exercise for post grad students.

Scottish Interim Directors of Dentistry Group

Ms Rodgers advised the Committee that she has requested that NHS 24 be added as a standing item to update the Scottish Interim Directors of Dentistry Group on dental activity.

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 Since the March CGC meeting one risk scoring 10 or greater has reduced in score and two risks remain 10 or greater and are being actively managed.

The Committee discussed the reduced risk in relation to clinical safety and quality of the patient journey and Mr. McMahon advised the Committee that a workshop had taken place with a multi-disciplinary team to review the current process and it was agreed that the robust workaround process which had been put in place was working well. Service Delivery colleagues are clear that this risk could reduce in score but would remain open until a permanent solution was put in place.

As the Clinical Risk Register provided to the Committee only shows an update on the risks to the organisation with a score of 10 or greater, the Committee asked for sight of the full Clinical Risk Register and it was agreed that Mr. McMahon would present this at the August GCG meeting. **Action: KMcM**

Mr. Tait asked what was happening regarding the problem which had occurred intermittently with the voice quality/headphones and was advised that although this has improved, there is still no explanation as to why this is happening however, the quality appears to be more stable now than when first implemented. It was agreed that this should be logged as a clinical risk. **Action: KMcM**

The Committee discussed and noted the content of the paper.

5.2 Organisational Resilience Update

Mr McMahon advised the Committee that a review was undertaken to identify if operational escalation framework documents in NHS England OPEL model and the UK Ambulance Services REAP model would be fit for purpose in NHS 24. Following the winter period 2018/2019 a review was undertaken by the Head of Risk Management & Resilience and the Head of Clinical Service (winter lead) to determine if the framework would provide any additional support to existing embedded processes. It was agreed that the existing NHS 24 operational processes are deemed to be sufficient and well embedded to support effective Service Delivery and are fit for purpose However, this may be revisited as the service develops.

The Committee discussed and noted the content of the paper.

6. NHSS QUALITY STRATEGY

6.1 National Quarterly Healthcare Quality Report

Mr. Kelly presented this report which covers the period January to March, 2019.

Mr Kelly highlighted the following quarterly points of interest and advised the Committee that due to the timing of the Clinical Governance Committee, this is an abridged version of the report. Updates will be provided at the August CGC meeting for the sections which have not been included.

- Call Consultation review section has been updated and the quality measure tables for skill set/service have been replaced with clinical supervision and Primary Care Triage, which is a service in development via the Primary Care Modernisation programme.

- 12 stage 2 complaints were received this quarter and all were acknowledged within the target of 3 working days and responded to within 20 working days

- Work continues to raise staff awareness of Care Opinion, the online feedback platform where service users can share their experiences

- The Patient Affairs team is engaging with frontline staff to improve communication with the team in relation to requests for extensions to the timeline to manage Stage 1 complaints

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

- Adverse Incident Reports (AIRs): The Committee discussed the Clinical outlier performance in Q4 and the review of 10 random calls as there had been no breach of KPI. Mr. Kelly advised that of the 10 random calls, 2 were raised as AIR's to allow further clinical investigation. The Committee would welcome a better understanding of the AIR system and it was agreed that Mr Kelly would provide a verbal overview of the AIR reporting system for information at the August CGC meeting.
Action: MK
- Patient Safety Leadership Walkround (PSLW): Ms Wilson advised the Committee that no Patient Safety Leadership Walkrounds were completed within Q4 and going forward, PSLW will follow a new format, using NHS Education for Scotland (NES) patient safety culture discussion cards. It was agreed that Ms Wilson would provide an update paper at the CGC August meeting. **Action: BW**

- Key Performance Indicators (KPIs): The Committee were interested to understand how NHS 24 are advancing the suite of KPIs to ensure quality of care as well as the delivery of safe, effective and person centred care. It was highlighted by the committee that as the service successfully moves away from using queues to manage patient journeys that the current clinical KPIs (time for call back depending on clinical priorities) is no longer the best way to track clinical performance. As such other clinical KPIs may be better suited. The committee asked for some proposal to be brought forward. An update will be provided at the CGC August meeting.
Action: SP

The Committee discussed and noted the content of the paper.

7. SAFE

7.1 Software as Medical Devices

Dr Ryan presented this paper on behalf of Mrs Gallacher.

The Committee were advised that under the new European regulations, any medical intervention that uses digital automation to generate information about patients is now considered to be a medical device and must be CE marked. The procurement strategy has resulted in some technologies being removed from the NHS. However, recent Scottish Government strategies reflect the move to more collaborative and increasingly

digital models of healthcare. As such, governance is required to help include digital technologies in the healthcare sector to comply with these regulatory changes and as the UK is due to leave the EU during 2019, this may leave the UK and EU open to a regulatory divergence. The software and algorithms used by NHS 24 may now be classified as medical devices and will have to comply with the regulatory requirements. Dr Ryan advised the Committee that Mrs Gallacher leads on this project and has been working very closely with Greater Glasgow & Clyde (GGC) in the interpretation and analysis of the changes to the regulations. It was therefore agreed that a further update on progress would be provided to the Committee, by Mrs Gallacher, at the CGC August meeting. **Action: AMG**

The Committee discussed and noted the content of the paper.

7.2 Supporting Primary Care Sustainability (Primary Care Reform)

Dr. Ryan presented this paper and advised the Committee that the purpose is to update Committees on relevant areas of governance underpinning delivery of the Primary Care Reform Programme, substantially our GP triage service model in collaboration with Health Boards/IJBs/HSCP and GP Practices and clusters.

Dr Ryan advised the Committee that this is an early version of a more comprehensive update that will submitted to all Committees as part of the new planning cycle. After discussion of the paper and appendices, it was agreed that Dr Ryan would keep the Committee apprised of progress and ensure that the clinical governance processes are in place across the service as we deliver new content and an update will be provided at the CGC August meeting. **Action: LR**

The Committee discussed and noted the content of the paper.

7.3 Service & Quality Improvement Update

Mr Kelly presented this paper and asked the Committee to note the updates from Service Development, Service Delivery and Quality Improvement teams in relation to the clinical governance aspects of ongoing improvement and development work.

As NHS 24 continues to develop new services and improve the quality of current services, it is vital that the organisation is assured these programmes of work are underpinned by good clinical governance principles, processes and systems. It is also vital that the organisation is sighted at an early stage on the progress of these programmes of work.

Mr. Tait asked how this is developed and Mr Kelly advised that discussions take place with the Leads within Directorates to ensure appropriate measures and monitoring are in place prior to implementation.

Mrs Foster advised that Governance arrangements should cover both internally facing and externally facing change.

The Committee were interested to know what processes are in place to ensure we are capturing any risks in relation to new programmes of work and it was agreed that would be the subject of a deep dive presentation for the August meeting. **Action: MK/KMcM**
The Committee discussed and noted the content.

8. EFFECTIVE

8.1 Realistic Medicine

Dr Ryan presented this paper and asked the Clinical Governance Committee is to note the alignment of this first Realistic Medicine Framework for NHS 24 with our Strategy which was approved by the Executive Management Team on 19 March, 2019.

Realistic Medicine puts the person receiving health and care at the centre of decision-making and creates a personalised approach to their care.

As this RM Framework focuses on improvement of services for the public, it will also be submitted to the Area Partnership Forum and Staff Governance Committee. Quarterly reports would be presented to the Committee to assure that NHS 24 is delivering on the Realistic Medicine vision, including an action plan outlining proposed work streams, owners and timelines

The Committee discussed and noted the content.

8.2 111 Service Model & Implementation Plan

Ms Phillips presented this paper and advisee the Committee that following approval by the Board of the Annual Operating Plan and the plan for implementation of the service model, including shift review and clinical supervision model, this paper sets out progress against the key deliverables. Specifically, this paper provides an update on the three key components of staff engagement, recruitment and training in line with the high-level timetable agreed.

The person-centred benefits incorporated into the shift options for staff. These include:

- 3 hours of rostered CPD time into 8-week rota;
- 15 minute offline time to ‘huddle’ rostered at the beginning of every shift
- No post-midnight Friday finishes into weekend off;
- Minimum of two consecutive days off each week;
- Minimum of 6 consecutive days off between night shift blocks;
- More even spread of early, late, night shifts per contracted hour groups;
- For those working 24 hours or less, hours scheduled each week will equate to contracted hours

The Committee agreed this was a very positive paper and are please to see the training that has been put in place.

The Committee discussed and noted the content.

9. PERSON CENTRED

9.2 Public Protection Policy

Mrs Shiels presented the policy which was approved by the National Clinical Governance Group in April 2019. Mrs Shiels advised the Committee that this policy supports the organisation's position in relation to child and adult protection practice. It underpins the public protection process and educational materials. This is the third edition of the policy which has been reviewed and updated in line with national and local developments.

The Committee discussed and noted the content of the policy.

9.3 Public Protection Annual Report

Mrs Shiels presented this report which was approved by the National Clinical Governance Group in April 2019. Mrs Shiels advised the Committee that the report detailed the organisation's child and adult well-being, welfare and protection activity for the period from April 2018 until March 2019. This is the fifth annual report compiled to provide the organisation with assurances regarding the standard of public protection practice within NHS 24.

The Committee discussed and noted the content of the report. Further conversation focussed on wider demand across the country linked to increase in vulnerability.

Ms Smith advised the Committee that Mrs Shiels would be leaving NHS 24 in June to take up a new position within Stirling and Clackmannanshire Integration Joint Board and this would therefore be her final CGC meeting. On behalf of the Committee, Mrs Smith thanked Mrs Shiels for all hard work and commitment to the Clinical Governance Committee.

9.4 Patient Experience Survey Results

Mr Conner presented this paper which provides the Committee with the Patient Experience Survey results for period October 2018 – March 2018. Mr. Conner advised the Committee that when survey was doubled from 1300 to 2600 with a view to improve evaluation, participation rates initially dropped to 10% but have now achieved 20%.

The Committee were advised that going forward, the Patient Experience Survey would fall under the remit of NHS 24 Stakeholder Engagement with feedback being provided to the Nursing & Care Directorate. The Committee requested that as it is felt this report provided beneficial feedback, six monthly updates still be provided at the CGC meetings. **Action: GC**

The Committee discussed and noted the content of the report.

9.5 Patient Feedback Annual Report

Mr Kelly presented this report which was approved by the National Clinical Governance Group in April 2019. Mr Kelly advised the Committee that the report details the

numbers of items of feedback received and the outcomes and improvements made as a result of receiving and managing patient feedback. Mr. Kelly advised that Committee that the Patient Affairs Team attempt early local resolution of issues to the satisfaction of the feedback provider. This work positively impacts the wider organisation by reducing the requirement for senior staff involvement in terms of time and resource
The Committee discussed and noted the content of the report.

10. ITEMS FOR ASSURANCE

10.1 Annual Committee Report to the Board

The Committee discussed and approved the Annual Committee Report to the Board.

10.2 Terms of Reference (ToRs)

Ms Smith presented the Terms of Reference which had been amended to reflect the discussions which took place at the Clinical Governance Committee Workshop on 14 January.

The Committee approved the ToRs on the further condition that Clause 3 - Meetings of the Committee - be updated in accordance with the Audit & Risk ToRs which have now been approved by the Audit & Risk Committee.

10.3 Committee Workplan

The Committee discussed and noted the Workplan.

11. MATTERS ARISING/PENDING

11.1 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.

527 : 531 : 532 :

12. IMPROVEMENT UPDATES & PRESENTATIONS

12.1 Digital Services: Louise Bennie, Head of Digital provided an overview on Digital Services with a change in the organisational structure, the responsibility for ensuring content governance is now in place sits with the Digital Team. Currently, 69% of NHS inform content has either an existing arrangement in place (via Memorandum of Understanding or Partnership Agreement) or under negotiation and the 31% of content, which has expired governance arrangements, is undergoing review using user data and public health priorities, 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.

NHS 24 manage a suite of digital services/tools:

- NHSinform.scot
- CareInfoScotland.scot
- Primary Care Digital Services (GP website project)
- NHS24.scot
- BreathingSpace.scot
- Self-help guides
- Scotland's Service Directory
- Info4Me

NHS Inform, however, is the most used and forms a 'platform' for public access with integration of our other digital services. Our approach is to set up partnerships with organisations who are closest to the development of clinical guidelines and content, enabling information on NHS inform to be maintained in line with national guidelines and research.

12.2 Excellence in Care: Brenda Wilson, Deputy Director of Nursing & Care provided an overview on Excellence in Care. Ms Wilson advised that following the Vale of Leven Inquiry Report (November 2014) the Cabinet Secretary for Health and Sport expressed the need for a National approach to assuring the quality of Nursing & Midwifery Care in Scotland and as a result, a national framework was agreed known as EiC.

EiC aims to give assurance on the quality and safety of care from the frontline clinical area and this will be achieved by aligning improvement programmes and identifying specific indicators, which demonstrate the nursing and midwifery contribution to the delivery of person centred, safe and effective standards of care

The presentation updated the Clinical Governance Committee on NHS 24 progress to date and the next steps which steps which include:

- Continue testing NHS 24 specific measures
- Regular attendance at APF, clinical governance & risk meetings
- Re draft "What/Who matters to me" to fit NHS 24 care
- Review/ agree complaints measure re draft with hub
- CAIR accounts – e.g. SCNs, CSMs, HoCs
- CAIR reporting & training plan
- Further awareness raising
- Communication plan
- Survey Monkey - staff understanding of EIC
- Roll out to other services e.g. CTH, BS

13. ANY OTHER BUSINESS

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

DATE OF NEXT MEETING

Monday, 19 August, 2019: 10.00 a.m. - 1.00 p.m.
Committee Room, Cardonald.