

**NHS 24
CLINICAL GOVERNANCE COMMITTEE**

**14 JANUARY 2019.
FOR APPROVAL
ITEM NO. 3**

**Minutes of the Meeting held on Tuesday 25 September, 2018,
in the Committee Room, Caledonia House**

The Committee is asked to approve the Minutes of the Clinical Governance Committee Meeting held on 25 September, 2018, as an accurate record of discussions.

1. ATTENDANCE AND APOLOGIES

Committee Members

Ms Madeline Smith	Non Executive & Committee Chair
Mr Albert Tait	Non Executive
Dr John McAnaw	Representative of Clinical Advisory Group (Head of Pharmacy)
Mrs Esther Robertson	Chair NHS 24 (co-opted to ensure meeting is quorate)

In Attendance

Mr Eddie Docherty	Director of Nursing & Care
Ms Cheryl Glancy	Planning Manager
Mrs Janice Houston	Associate Director of Operations & Nursing
Mr Mark Kelly	Head of Clinical Governance and Quality Improvement
Dr Anna Lamont	Associate Medical Director
Mr Martin MacGregor (t)	Partnership Forum Nominated Staff Representative
Mr Kevin McMahan	Head of Risk Management & Resilience
Mr Davie Morrison	Participation & Equalities Manager
Ms Steph Phillips	Interim Director of Operations
Ms Jennifer Rodgers	Clinical Lead for Dentistry
Dr Laura Ryan	Medical Director
Ms Toni Shirley	Planning Manager
Mrs Eileen Wallace (t)	Public Partnership Forum
Ms Brenda Wilson	Deputy Director of Nursing & Care
Ms Avril Ramsay	(Minutes)

Apologies

Ms Juliana Butler	Non Executive
Mr John Glennie	Non Executive
Dr Donald MacIntyre	Associate Medical Director

Ms Smith opened the meeting and welcomed those present. Apologies were noted as above. Ms Smith advised that Mrs Robertson was present in the capacity as Non Exec to ensure the meeting was quorate.

Eddie Docherty, NHS 24 Director of Nursing & Care, Cheryl Glancy & Toni Shirley, NHS 24 Planning Managers, were welcomed to the meeting and introduced to the committee.

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.

Ms Smith advised the Committee that due to a full agenda, all papers would be taken as read with only question/issues raised being discussed, in order to ensure all agenda items are covered.

Ms Smith advised the Committee that items 8.2 and 10.1 would be moved to the head of the agenda.

8.2 Health Inequalities (taken in conjunction with paper 10.1)

Mr Morrison presented both papers:

This paper invites the Clinical Governance Committee to discuss the legislative and policy drivers introduced by the Scottish Government intended to tackle health inequalities, and the steps being taken by NHS 24 to contribute to the reduction of health inequalities being experienced by people and communities across Scotland.

Mr Morrison advised the Committee that in August 2018, NHS 24 co-hosted an "Art of the Possible, the purpose of which was to explore the use of new technologies to support NHS 24 to address health inequalities.

10.1 The Fairer Scotland duty - Interim Guidance for Public Bodies

This paper invites the Clinical Governance Committee to discuss the guidance issued by the Scottish Government which requires public bodies in Scotland, including NHS 24, to actively pay due regard to how the public bodies can reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions.

Mr Morrison advised the Committee that this paper had been submitted to the NHS 24 Executive Management Team who agreed that the Director for Service Development be allocated the role of appropriate officer, responsible for making sure that due regard has been given to tackling socio-economic disadvantage in strategic decision making.

Mr Morrison further advised that the Executive Team considered it appropriate to apprise each of the governance committees and the Board of the Fairer Scotland Duty.

The Committee discussed both papers in details and noted the content.

3. MINUTES OF PREVIOUS MEETINGS

The minutes of the previous meetings held on 31 May, 2018, were approved as an accurate record.

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 and passed to Ms Wilson to present the Nursing & Care Directorate Update.

Nursing & Care Directorate: Ms Wilson presented the update highlighting the following:

Trainee Advanced Nurse Practitioners (TANPs) Cohort 1 and 2: NHS 24 now has seven trainee Advanced Nurse Practitioners, three in cohort 1 and four in cohort 2. The role is designed not only to improve patient care in the out of hours period but to improve recruitment and retention of nurses in NHS 24 by providing an attractive career pathway.

Cohort 1 trainees are in year two of training and have commenced the prescribing module. They will be supervised and mentored by GP colleagues in the Lanarkshire Medical Group. They will also shortly commence the first test of change in relation to patients of over 75 years and one hour GP home visits aimed to improve the quality and effectiveness of care and utilise system wide resources appropriately.

NHS 24 is in discussion with NHS Highland and SAS re joint training and substantive advanced practice roles. With NHS Highland there is discussion around a remote and rural model of care in response to Sir Lewis Ritchie's recommendations for urgent care and a meeting is scheduled to take this forward.

Workload Tool: The feedback on the evaluation of the workload observational data collection, carried out earlier this year will take place on 2 October 2018. The analysis and the prototype tool will be presented to NHS 24 representatives by the Nursing & Midwifery Workload and Workforce Planning Programme Team.

Quality Framework: The Committee asked for an update with regard to the Quality Framework draft document and Mr Kelly confirmed that this had been submitted to colleagues for consultation and review. Once this has been completed, this will be passed to Comms to format in alignment with the NHS 24 Strategy. On completion the framework will be submitted to the relevant governance structures and will be submitted to the CGC at the January meeting.

The Committee discussed the well being and support for NHS 24 staff. Given the importance of mental health in our service delivery, we also need to ensure we are supportive of our staff. Mr Kelly & Ms Wilson are exploring the possibility of introducing

Schwartz Rounds to NHS 24 and will attend the next forum scheduled at the Golden Jubilee Hospital. Schwartz Rounds are an evidence-based forum for hospital staff from all backgrounds to come together to talk about the emotional and social challenges of caring for patients. The aim is to offer staff a safe environment in which to share their stories and offer support to one another.

Paula Shiels, NHS 24 Senior Nurse Mental Health, Learning Disability & Adult Protection, has recently delivered Value Based Reflective Practice training to Team Managers in the East, as part of their continuous professional development programme.

Ms Phillips advised the Committee that several support options are also available to staff including:

- One to one support
- External employee counselling
- Working with other organisations, e.g., SAMH (Scottish Association for Mental Health)

Medical Directorate: Dr Ryan presented the update highlighting the following:

Clinical Content Working Group: Dr Ryan advised the Committee the group had been re-established and membership and terms of reference had been submitted to the Core Clinical Group.

New GP Contract: Dr Ryan confirmed that NHS 24 are taking a proactive role in supporting GPs.

SEDS: Ms Rodgers presented the update and advised that a full update was included in the presentation paper submitted to the Committee.

A discussion took place with regard to Analgesia in Care Homes and Ms Rodgers advised the Committee this had been on the Dental Advisory Group Agenda for some months without resolution however this has been raised at SG level and Oral Health for Elderly nationally and the Chief Dental Officer was aware of this.

The Committee discussed and noted the content of the paper.

6. CLINICAL RISK MANAGEMENT

6.1 Review of Clinical Risk Register

The paper was taken as read and the following discussed:

Mr McMahon advised the committee that one risk has increased, this being that senior clinical staff are not able to focus on leading the clinical service during technical outages due to managing the technical response. The risk is being discussed by the Director of Service Delivery and Chief Information Officer with NHS 24 technology managed service provider to deliver a solution and it was agreed that Mr McMahon would keep the Committee updated on progress.

Action: KMCM

Mr McMahon advised the Committee that there is a Board Development session scheduled for January 2019 at which time all risks and issues will be discussed in detail to ensure all relevant data is being captured.

The Committee discussed the risk in relation to the Scottish Government 10 Year Mental Health Strategy and the ability of NHS 24 to meet the ambitions and objectives detailed there in. Although the target date for this is 2020, the Committee asked for an update and Ms Phillips advised that work was progressing. It was therefore agreed that a Mental Health update would be one of the deep dive presentations made to the Committee at the January CGC meeting. **Action: SP**

6.2 Organisational Resilience Update

The paper was taken as read and the following discussed:

Pandemic Flu: Mr McMahon advised the Committee that work continues on the NHS 24 pandemic flu workshop including engagement with partners to move towards a digital approach to pandemic flu response. Dr. Ryan advised that the Scottish Government had sent the flu planning document which she will review and return, highlighting what NHS 24 can do to support the challenges faced by the Scottish Government with the issues relating to pandemic flu.

Mr. McMahon advised the Committee that although NHS 24 are not a designated responder within the Civil Contingencies Act, we are being proactive in providing a revised approach regarding the role NHS 24 could play within the system at crucial events

The Committee discussed and noted the content.

7. NHSS QUALITY STRATEGY

7.1 National Quarterly Healthcare Quality Report

The paper was taken as read and Mr Kelly provided an overview of the following:

- Trend Analysis
- Adverse Events
- Adverse Incidents
- Public Protection
- Patient Safety Leadership Walkrounds
- Clinical Legal Claims
- Call Consultation Review
- Clinical Effectiveness Programme
- Joint Partner Case Review
- Patient Feedback
- Partner Feedback
- Duty of Candour
- Quality Improvement

Mr. Kelly highlighted the following:

- There continues to be a significant increase in the volume of contacts to the NHS inform site, with over 2 million visits each month.
- Q1 is the first full quarter which incorporates the updated outlier process, that came into effect in February 2018. No outliers breached their Key Performance Indicator (KPI) within Q1 and therefore no Adverse Incident Report forms were raised relating to this. Mrs Houston reported that since the implementation of the new process, there was one weekend shift where no outliers were reported.
- Public Protection: This quarter has seen a significant increase in the number of adult concern referrals and a small increase in child referrals. Work is ongoing within Service Delivery to improve the uptake of the mandatory public protection e-learning module.

A public protection rapid intervention workshop was held on 19 & 20 April 2018 and involved a wide range of internal and external stakeholders. There were four workstreams agreed as an output of the workshop. A 30/60/90/120 day progress update was agreed.

Work has been progressing and continues through the work streams and further time has been granted to complete this before making decisions on how best to move the function forward. There will now be a 120 day evaluation on 1 October 2018 and it was agreed that this would be the second deep dive presentation made to the Committee at the January CGC meeting. **Action: MK/PS**

The governance of clinical content with regard to Digital Services was discussed and it was agreed that Louise Bennie, General Manager, NHS 24 Health Information & Scheduled Care Services, would provide an update to the Committee at the January CGC meeting. **Action: LB**

The Committee discussed the learning resulting from Adverse Events, in particular the status dates and requested a more comprehensive narrative regarding the rationale behind the extension of these dates. **Action: MK**

Mr. Kelly advised the Committee that work was still in progress to streamline this report and apologised for the delay. It was hoped to present the report in the new format at the January CGC meeting. Ms Smith asked if it would be possible, at the January meeting to have an HCQR update covering the period September - December and Mr. Kelly agreed to provide a verbal update. **Action: MK**

The Committee noted the report.

8. SAFE

8.1 Operational Pressures Escalation Levels Framework Update (Previously referred to as REAP)

The paper was taken as read and the following discussed:

A workshop was held in June to develop the framework and formed recommendations on recognition of the levels of escalation and, the domains for triggers and examples of operational stresses at each level.

Dr Lamont advised the Committee that the reason for the change to OPEL was that NHS England and Ireland use the OPEL framework which was developed from the REAP model to better fit with NHS health organisations that provide a broad range of services and this is a better fit with NHS 24 providing services across multiple channels and domains of care. Alignment with OPEL levels is also consistent with NHS Scotland Emergency Department pressure levels.

A second workshop is planned for the second half of 2018 and an update will be provided at the January CGC meeting.

Dr. Lamont confirmed that the organisation is well placed through quality improvement to develop and deliver an operational escalation framework, with a model to recommend for implementation to be presented by March 2019.

The Committee discussed and noted the content.

8.2 Health Inequalities: Moved to top of agenda

8.3 Organisational Evaluation Framework

The paper was taken as read and the following discussed:

Dr McAnaw advised the Committee that a short-life working group had been established, including colleagues from Service Development, Nursing & Care, Medical, L&PE and Service Development, to drive forward the development a single Evaluation Framework which can be consistently applied and measured across the organisation.

Dr McAnaw advised that this will be a constantly evolving document and will be formally owned by the Service Development Director, which will take responsibility for its use across all programmes and tests of change and will formally evaluate its effectiveness to ensure it remains relevant.

The Committee discussed and noted the content.

9. EFFECTIVE

9.1 Review of NHS 24 Regional Clinical Governance Functions: Options Paper

The paper was taken as read and the following discussed:

Mr Kelly advised the Committee that this paper offers a high-level overview of the current Regional Clinical Governance arrangements and examines options to develop a regional Clinical Governance function that is inclusive, effective, offers assurance and promotes quality improvement.

The preferred Option 3 proposed to redesign and transform the current structure with an innovative, collaborative approach. This approach will be to reformat and restructure the meeting framework to ensure it is productive, offers the required assurances, involves staff, and leads to an improvement in the quality of outputs. This option will be evaluated after three months and again after six months to ensure the changes are fit for purpose and deliver assurance and improved outputs.

The Committee were advised that the National Clinical Governance Group had discussed the various options contained within the paper and agreed to approve, in principle, Option 3, on the understanding that a workshop would be organised with key players in attendance to take this option forward.

The Group discussed the paper and it was agreed that an update would be provided at the January CGC meeting. **Action: GC**

9.2 Clinical Governance and Quality Improvement Strategy Action Plan

Mr Kelly presented this paper to offer assurance to the Group that the associated action plan from the Clinical Governance & Quality (CG&QI) Improvement strategy is organisationally visible, dynamic and effective. The Committee requested a copy of the action plan and this will be provided. **Action: MK**

Mr Kelly advised the Committee that there are eleven work streams related to the CG&QI strategy all of which have a green rating. All have associated improvement actions which are regularly monitored and updated.

The Group discussed and noted the content.

10. PERSON CENTRED

10.1 The Fairer Scotland duty - Interim Guidance for Public Bodies: Moved to top of agenda

11. ITEMS FOR ASSURANCE

11.1 National Clinical Governance Group Minutes

The Committee noted the minutes of the National Clinical Governance Group meeting which had taken place on 6 September, 2018, and are therefore presented in draft.

11.2 Dental Advisory Group Minutes

The Committee noted the minutes of the Dental Advisory Group meeting which had take place on 24 May, 2018, and are therefore presented in draft.

11.3 Committee Workplan

The Committee discussed and noted the Workplan.

12. MATTERS ARISING/PENDING

12.1 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.

481 : 497 : 500 : 501 : 502 : 503 : 504 :

13. ANY OTHER BUSINESS

13.1 NHS 24 Strategic Dashboard: It was agreed that Ms Smith and Mr Tait would discuss outwith the meeting and feedback as appropriate.

13.2 Clinical Effectiveness: It was agreed that that the Clinical Effectiveness Review would be sent to the Non Execs for approval. **Action: AR**

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

14a. Overview of 6 Month Evaluation of GP Triage

Mr Carberry presented a 15 minutes session on the GPT which is a multichannel service provided by NHS 24 to partners to route request for same day GP appoint to the most appropriate endpoint. The committee discussed the results of the pilots and the potential opportunity for NHS 24 and asked to be kept informed of developments. This will be included in the CGC Workplan.

14b. Overview of Chest Pain Quality Improvement

Mr Conner presented a 15 session on the early recognition and referral of chest pain as an example of a QI approach to improvement. The committee discussed the outcomes but also the speed with which QI improvements were being implemented and asked for progress on the action plan to be reported regularly at the CGC. This will be included in the CGC Workplan.

DATE OF NEXT MEETING

Monday 14 January, 2019: 10.00 a.m. - 1.00p.m.
Committee Room, Cardonald.