

**NHS 24
CLINICAL GOVERNANCE COMMITTEE**

**18 NOVEMBER, 2019.
FOR APPROVAL
ITEM NO. 3**

**Minutes of the Meeting held on Monday, 19 August, 2019,
in the Committee Room, Caledonia House**

The Committee is asked to approve the Minutes of the Clinical Governance Committee Meeting held on Monday, 19 August, as an accurate record of discussions.

1. ATTENDANCE AND APOLOGIES

Committee Members

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

In Attendance

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
Mrs Lynne Huckerby	Director of Service Development
Mr Mark Kelly	Head of Clinical Governance & Quality Improvement
Dr Anna Lamont	Associate Medical Director
Mrs Margo McGurk	Director of Finance & Performance
Mr Kevin McMahan	Head of Risk Management & Resilience
Ms Steph Phillips	Director of Operations
Mrs Esther Robertson	Chair NHS 24
Dr Laura Ryan	Medical Director
Mrs Paula Speirs	Associate Director, Planning & Performance
Ms Avril Ramsay	(Minutes)

Apologies

Mr John Glennie	Non Executive
Mr Martin MacGregor	Partnership Forum Nominated Staff Representative
Ms Jennifer Rodgers	Clinical Lead for Dentistry
Mrs Eileen Wallace	Public Partnership Forum
Ms Brenda Wilson	Deputy Director of Nursing & Care

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, Head of Strategy within the Innovation School of The Glasgow School of Art and a Board Member of Digital Health & Care Institute

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 10 May, 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.

Ms Smith advised the Committee that item 13.1 Technology Refresh Options - Clinical Comments would be moved to the head of Section 7 - SAFE.

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 the posts of Lead Nurse for Mental Health & Learning Disabilities and Lead Nurse for Public Protection have been filled with starting dates of 5 August and 20 August, 2019, respectively.

The new Associate Director of Nursing for NHS 24 and NHS Dumfries and Galloway is now in post and is working on areas of collaboration between both boards.

Recruitment continues to seek a fixed term Head of Clinical Governance & Quality Improvement.

Medical Directorate: Dr Ryan advised the Committee that the Head of Pharmacy and Head of Clinical Service (Cardonald) implemented the teleprescribing test of change onto the live clinical floor in Cardonald Contact Centre on 28 June, 2019. The test stage is ongoing at present and involves a single Regional Pharmacy Adviser (Cardonald), who is a qualified prescriber, testing the operating model/process in the first instance to ensure it is practical and workable.

Dr Ryan confirmed that an Associate Medical Director is providing the prescriber with mentoring and support whilst the call review process to ensure any undertaken prescribing activity is in scope, is assessed.

Scottish Interim Directors of Dentistry Group: Scottish Emergency Dental Service (SEDS): Due to the absence of Ms Jennifer Rodgers, Clinical Lead for Dentistry, no update was provided

As it has been sometime since a SEDS presentation has been made, it was therefore agreed that this would be the subject of a deep dive presentation at the November meeting. **Action: JR**

The Committee discussed and noted the content of the paper.

5. CLINICAL RISK MANAGEMENT

5.1 Review of Clinical Risk Register

Mr. McMahon presented this paper and confirmed that as requested by the Clinical Governance Committee at the April meeting the Clinical Risk Register presented, provides an update on all primary and secondary category clinical risks to the organisation as at 6 August 2019.

Ms Smith advised that prior to the Committee meeting, as Chair of the GCG, she had met with Mr Kelly, Associate Nurse Director, Mr McMahon, Head of Risk Management and Resilience and Ms Robertson, Risk & Resilience Manager, to review all risks in detail to ensure that the Committee had an overview of all organisational clinical risks even if they did not score sufficiently highly to require escalation to the committee. It had been agreed that this detailed review of all risks would be undertaken on an annual basis and incorporated into the workplan for the Committee.

Mr McMahon also advised the Committee that the risk management process is outlined in the risk management framework, which includes the Clinical Risk Group, which seeks to ensure that clinical risk is being appropriately managed throughout NHS 24.

The Committee noted the robust process, and discussed and noted the content of the paper.

5.2 Organisational Resilience Update

Mr. McMahon presented this paper and advised the Committee that the revised Major Incident with Mass Casualties Plan has outlined the role of NHS 24. The new plan places additional expectation on NHS 24, which includes public messaging through NHS Inform and social media platforms, establishing a special helpline and out of hours GP co-ordination. The committee welcomed the specific inclusion of NHS24's role within this plan.

Mr. Tait referred to the graph within the paper which outlines the number of Priority 1 Technology Incidents and stated that the committee would benefit from more detail regarding the type of P1 outages that have occurred, i.e., system, telephony, to understand if there is a pattern to the incidents. Mrs Houston advised that there was no clear pattern to the incidents thus far. It was therefore agreed that Mr McMahon and Mrs Gallacher would discuss this issue and Mr McMahon would provide more

information within the November meeting organisational resilience update paper on P1 incidents
Action: KMcM

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 April to June, 2019.

Mr Kelly highlighted the following quarterly points of interest:

- Patient Safety Leadership Walkrounds now utilise the NHS Education for Scotland (NES) safety culture discussion cards. This is to re-focus the walkrounds and create generation of new discussion and themes. Initial feedback from staff has been positive.

The Committee discussed the new format of the Patient Safety Leadership Walkrounds and it was agreed that this would be the subject of a deep dive presentation at the November meeting.
Action: MK

- 12 Stage 2 complaints were received. All were acknowledged within 3 working days and 11 were responded to within 20 working days.
- Real time patient feedback has been captured in 2 Primary Care Emergency Centres within NHS Lanarkshire Health Board. Work is also currently ongoing within NHS Highland to capture real time feedback from service users in Skye. Further information is detailed within the patient feedback section.
- The committee welcomed the go-live of the Mental Health Hub within the 111 service. The hub staff are Psychological Wellbeing Practitioners, Mental Health Nurses and Senior Charge Nurses. This has seen the management of Mental Health calls to the 111 service handled in a coordinated and consistent way.

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

Public Protection: The Committee discussed the increase in the Volume of Referrals in respect of Vulnerable Adults. It was agreed that this required further investigation and with the two new appointments of the Lead Nurse for Mental Health & Learning Disabilities and Lead Nurse for Public Protection, analysis and actions from this should be fed back to a future committee.
Action: BW

KPIs: Going forward, it was agreed to include performance against care delivered at first point of contact within Section 6 of the report.
Action: SP

Adverse Events: The Committee were advised that a new near miss event recording process has been introduced and is producing some useful prevention learning.

The Committee discussed and noted the content of the paper.

7. SAFE

13.1 Technology Refresh Options - Clinical Comments

Dr Ryan opened the discussion by advising the Committee that NHS 24 is required to have technology plan in place for both the infrastructure and applications we use, and that this includes planned refresh of technology. The Committee was asked to consider and review the current assessment of the following 6 options for a planned technology refresh in the context that this remains a work in progress and further work is required to complete the commercial/contractual impact assessment for each option which will impact on clinical assessment of each option. The key ask of the committee was to highlight where further information is required and key questions remain insufficiently answered so that this can inform further preparation of information and assurance for the committee and the board. The committee was asked to do this through the lens of clinical safety and patient experience.

Mrs Gallacher advised NHS 24 must be compliant with Network Information Services (NIS) legislation and other Scottish Government guidelines as we are defined as an operator of an essential service and therefore any plan needs to show our plan for progressing in this area.

- Option 1: Do Nothing (No Tech Refresh Plan)
- Option 2: Undertake minimal upgrades to our technology to keep the systems supported in the short to medium term (1-3 years).
- Option 3: 'Like for like' technology refresh upgrade
- Option 4: Original hybrid option (May 2019 Board, Option 2)
- Option 5: Option 4 with storage on Clouds
- Option 6: Option 4 with SAP Re-architected for Cloud

To ensure that the proposed options are considered appropriately, this paper was also presented to both the Audit & Risk Committee and the Planning and Performance Committee. It was submitted to the Clinical Governance Committee as it is important to review the clinical impact of options, to ensure the correct questions are asked and information presented is challenged appropriately through a clinical lens.

The Committee is asked to recognise that the updates to this work are regular and developing at pace. The clinical view and assessment of options herein will be updated regularly and have already been superseded in some areas by discussions in the days preceding the Clinical Governance Committee meeting.

Mrs Gallacher advised the Committee that external advisors have been supporting the development of the options, providing advice on the technical, commercial and contractual aspects and Dr Ryan stated she believed it would be beneficial to meet with the external advisors in order to discuss the clinical implications.

Mrs Gallacher advised the Committee that after discussion, a further extension for the completion of the plan has been agreed for 11 October, 2019, and this will now be discussed at the Board in October 2019.

The Committee discussed each option in detail and the following key questions were raised from a clinical viewpoint:

- Resilience
- Planned/unplanned downtime
- Frequency and impact
- Likelihood
- Patient safety
- Strategic opportunities and the patient journey
- Timing and critical dates

7.1 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.

The Group agreed that this is a very informative piece of work and offers assurance that these programmes of work are underpinned by good clinical governance principles, processes and systems.

The Committee discussed and noted the content of the paper.

7.2 Change Portfolio Scope & Governance Update

Mrs Huckerby presented this paper which provides an update on the definition of NHS 24's strategy led Change Portfolio and arrangements for delivery during 2019-20.

The first Change Portfolio Board met during August, with key decisions being taken in relation to programme scope, criterion for assessment of strategic change, and approach to strategic stakeholder engagement. There are 8 Programme Boards aligned to the Change Portfolio, as follows:

- Primary Care Reform (PCR)
- Mental Health (MH)
- Digital
- NHS 24 Operating Model
- Waiting Times Improvement
- Technology Transformation
- Business Intelligence/Analytics
- Estates

The Committee discussed and noted the content of the paper.

7.3 The Health and Care (Staffing) (Scotland) Act 2019

Mr. Kelly presented this paper confirming that NHS 24 is prepared to meet the legislative requirements of The Health and Care (Staffing) (Scotland) Act. The Bill for this Act of the Scottish Parliament was passed by the Parliament on 2 May, 2019 and received Royal Assent on 6 June, 2019. A detailed background to the Scottish Government's commitment to enshrine safe staffing in law was presented for noting to the NHS 24 Board in October 2018.

NHS 24 GREEN

Mr. Kelly advised the Committee that a shift review process, with full staff engagement, is currently being carried out within NHS 24, and as such should be allowed to embed before final analysis can be undertaken.

NHS 24 workload tools have been developed and the prototype calculator is ready for testing. This will take place following the completion of testing of the new model of care delivery.

The Committee discussed and noted the content of the paper.

7.4 Software as Medical Devices

Mrs Gallacher verbally updated the Committee and advised that the software and algorithms used by NHS 24 may now be classified as medical devices and will have to comply with the regulatory requirements. NHS 24 have been working very closely with Greater Glasgow & Clyde (GGC) in the interpretation and analysis of the changes to the regulations. The Committee noted the very proactive approach to new legislation taken by NHS 24 and were assured that this approach was helping to mitigate risks and agreed that a formal paper will be submitted at the November CGC meeting.

The Committee noted the verbal update.

8. EFFECTIVE

8.1 111 Service Model & Implementation Plan

Ms Phillips presented this paper to update the Committee on the progress of the transition plan for implementation of the 111 service model in 2019/20.

Ms Phillips advised the Committee that currently there have been 580 returns, which is 67% of staff with an 80% acceptance rate of the new rota.

The Committee asked about outcomes of patients and Ms Phillips advised that the Clinical Effectives Group had reviewed this and agreed to focus the call review process in August on Emergency Department outcomes and on home visits in September. Ms Phillips advised that outcomes have been monitored as part of the Better Work Better Care QI approach and it was agreed that an update of Supervision Model including outcomes would be submitted at the November meeting. **Action: SP**

The Committee discussed and noted the content of the paper.

8.2 Realistic Medicine

Dr Ryan presented this paper and highlighted the updates.

Dr Ryan advised the Committee that NHS 24 has been invited to host a 45 minute Workshop at the second Realistic Medicine Conference on 8 October 2019 and the organisation plans to present three areas of improvement/redesign.

The Committee discussed and noted the content of the paper.

9. PERSON CENTRED

9.1 Muscle & Bone Strengthening & Balance Activities in the Workplace

Dr McAnaw presented this paper and highlighted the following:

- Around 69% of men and 76% of women in Scotland don't meet the physical activity guidelines when both moderate to vigorous aerobic physical activity and MBSBA are included
- The workplace is a key setting in which to intervene to increase the number of people reaching the guidelines
- The research project will ultimately develop and evaluate a workplace MBSBA intervention to improve and maintain health including reduced muscle loss, falls prevention, reduced CVD and diabetes risk and improved mental health

It is anticipated that this project will run in one NHS 24 centre during Summer/Autumn 2019, and will avoid any peak periods involving service delivery and the 111 service. The Group discussed the project and the following issues were raised:

- Injury from participation
- Health & Safety Issues
- Liability should injury occur

It was agreed that Dr McAnaw would investigate what risk assessment is in place.

Ms Butler asked if it would be helpful for this paper to go to the Staff Governance Committee and it was agreed that Dr McAnaw would submit this to the SG meeting in November

Action: JMCA

Ms Butler asked if once the study is complete, would it be possible to update the Committee of the impact of this on staff sickness/absenteeism and Dr McAnaw agreed to bring this back to the Committee in due course.

Action: JMCA

The Committee discussed and noted the content of the paper.

9.2 Accreditation of NHS 24 Core Induction by Glasgow Caledonian University

Mr Kelly presented this paper which was approved by the Executive Management Team on 30 July, 2019. Initial outlay of £6-8k for initial consultation and accreditation followed by a yearly quality assurance fee of £12-1500, was also approved.

Mr Kelly advised the Group that NHS 24 will work with Glasgow Caledonian University (GCU) to gain a credit-rating award for a course that NHS 24 presently delivers which will allow nurses to gain Master level credits.

Mr Kelly advised it may also be possible to introduce academic awards for other staff groups and those outwith graduate programmes.

The Committee discussed and noted the content of the paper, reflecting that this was a positive endorsement of our training approach and also gave the opportunity to link formal recognition of that training for our staff.

10. ITEMS FOR ASSURANCE

10.1 SPRA 2019/20 Bi-Monthly Review Process

Mrs Speirs presented this paper for assurance and asked that the Committee note the Strategic Planning Resource Allocation (SPRA) 2019/20 Bi-Monthly Review process which has been approved by:

- Executive Management Team (EMT) in April 2019
- Planning and Performance Committee in May 2019
- NHS 24 Board in June 2019.

10.2 Winter Plan Proposal

Mrs Speirs presented this paper for assurance and asked that the Committee note the update on the NHS 24 approach to the 2019/20 Winter Plan which will be submitted to Scottish Government (SG) for publication in October 2019.

10.3 NHS 24 Annual Review Self Assessment Proposal

Mrs Speirs presented this paper for assurance and asked that the Committee note the proposed approach to the 2018/19 Annual Review Self Assessment which will be submitted to Scottish Government.

10.4 Integrated Governance Group

Ms Smith presented this paper, the purpose of which is to provide each NHS 24 Governance Committee with assurance on the work being progressed through the Integrated Governance Group, and reported that she had met with the clinical directors to discuss the role of the CGC within this..

10.5 National Clinical Governance Group Minutes

The Committee noted the draft minutes of the National Clinical Governance Group meeting.

10.6 Dental Advisory Group Minutes

The Committee noted the draft minutes of the Dental Advisory Group meeting.

10.7 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.

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12. IMPROVEMENT UPDATES & PRESENTATIONS

12.1 Process for capturing risks and clinical governance assurance with regard to new programmes of work:

Mr Davenport provided the Committee with an overview of the clinical governance assurance measures which are put in place regarding 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. Further, it is vital that the organisation is sighted at an early stage on the progress of these programmes of work.

Mr Davenport provided an example of the new Clinical Governance Assessment Form which will be used going forward and the Committee discussed in detail and agreed that this was a very informative piece of work.

Dr McAnaw asked if it would be beneficial to submit the form for information and discussion to the Clinical Effectiveness meeting and it was agreed that Mr Davenport and Dr McAnaw would discuss outwith the CGC meeting.

12.2 Mental Health Hub

Mrs Houston provided the Committee with an overview of the Mental Health Hub. The hub was successfully launched in March 2019, including a new skillset for NHS 24, Psychological Wellbeing Practitioners (PWP's), changes to the IVR so that callers self-select mental health as the reason for their call and are routed directly to the hub, and a new approach to assessing need based on a psycho-social assessment.

Mrs Houston advised that over 60% of the calls to the Hub, required no onward referral or partner action, a significant increase compared to the 111 service generally. The bulk of the remainder are routed to a speak to doctor or speak to CPN outcome with less than 10% being passed to A&E, 999, home visit or PCEC. Clearly, it is early days and the test of change will be formally evaluated as part of the programme. However, early indications are positive and planning is underway to determine the scale of the hub required. Funding for the expansion of the hub is aligned to the Programme for Government commitments previously detailed.

13. ANY OTHER BUSINESS

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

DATE OF NEXT MEETING

Monday, 18 November, 2019: 10.00 a.m. - 1.00 p.m.
Committee Room, Cardonald.