

**NHS 24
CLINICAL GOVERNANCE COMMITTEE**

**4 FEBRUARY 2021
ITEM No. 3
APPROVED**

**Minutes of the Meeting held on Thursday 5 November 2020
in the Committee Room 1, Caledonia House, Cardonald / MS Teams**

Members:

Ms Madeline Smith	Non-Executive and Committee Chair
Ms Anne Gibson	Non-Executive
Mr John Glennie	Non-Executive
Mr Albert Tait	Non-Executive
Dr John McAnaw	Representative of Clinical Advisory Group/ Head of Pharmacy

In Attendance:

Dr Martin Cheyne	Chair, NHS 24
Mrs Angiolina Foster	Chief Executive, NHS 24
Mrs Maria Docherty	Director of Nursing & Care
Dr Laura Ryan	Medical Director
Ms Steph Phillips	Director of Service Delivery
Mrs Lynne Huckerby	Director of Service Development
Mr Mark Kelly	Associate Director of Nursing
Mrs Janice Houston	Associate Director of Operations & Nursing
Mr John Barber	Service Development Manager
Ms Linda Robertson	Risk and Resilience Manager
Kay Carmichael	Executive PA (Minutes)

Apologies:

Mr John Gebbie	Director of Finance
Mr Martin MacGregor	Partnership Forum Nominated Staff Representative
Eileen Wallace	PPF Representative
Mr Kevin McMahon	Head of Risk Management & Resilience

1. WELCOME AND APOLOGIES

Ms Smith opened the meeting. 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

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

3. MINUTES OF PREVIOUS MEETING

The minutes of the previous meetings held on 6 August 2020 were approved as an accurate record.

The minutes of the Extraordinary Clinical Governance meeting held on 19 October 2020 were approved as accurate record, following one amendment to page 4 Paragraph 3 – “Dr Cheyne advised the Committee that A&A have been encouraging people to leave ED and go to their GP so there is already some expectation in the population of A&A.”

Ms Smith advised the Committee that the papers would be taken as read with only key points highlighted and issues/queries raised to give maximum time for discussion and assurance.

4. REPORT OF CLINICAL DIRECTORS

Mrs Docherty introduced the Report of Clinical Directors which provided the Committee with an overview of activities and developments within the Clinical Directorates.

Mrs Docherty updated the Committee and highlighted the following:

Influenza Vaccination Programme 2020/21

Nursing and Care are providing the nursing resource to vaccinate staff and a programme of clinics have been developed to maximise the opportunity for all staff in NHS 24 and those Ascensos staff working for NHS 24 to be vaccinated. After 3 weeks of activity approximately 26% of staff have had a flu vaccination.

Advanced Nurse Practitioners

Discussion is taking place with Ayrshire and Arran regarding utilisation of the near me technology. Organisational focus for both is currently on the go live of Redesigning Urgent Care pathway thereafter this will be the main focus.

Mental Health and Learning Disabilities

The Lead Nurse for Mental Health and Learning Disabilities is leading a Short Life Working Group (SLWG) for Mental Health Education with Psychology Colleagues from NHS Education for Scotland and NHS 24. This is to deliver an Enhanced Practitioner Programme initially for Psychological Wellbeing Practitioners, this will also incorporate a Clinical Supervision Programme for Mental Health Nurses.

The Lead Nurse is also leading the development of a 2-hour session to be delivered to BSc (Hons) Mental Health Nursing Students from Glasgow Caledonian University. The module is Psychosocial Interventions. Colleagues from Living Life, Breathing Space and Mental Health Hub are supporting the development and delivery.

NHS 24 are ‘NHS Board Sector leaders’ with over 1,100 staff completing the NHS Education for Scotland (NES) Mental Health Improvement and Suicide Prevention Module and animations on TURAS Learn. The Lead Nurse is collaborating with NES to develop case studies from NHS 24 staff.

SAS Stacker

NHS 24 and SAS have a well-established and successful approach to partnership working. The stacker system was where low acuity clinical calls were transferred from the Scottish Ambulance Service to NHS 24 to clinically assess and manage, however following significant shared learning between the two organisations, the decision has been taken to stop the stacker system following robust analysis of risks.

Ms Smith thanked Mrs Docherty for the updated and took comments from the Committee members:

Ms Smith welcomed the engagement with staff to ascertain their views for not taking the vaccine and Mr Glennie agreed this would also be discussed at the Staff Governance Committee.

Mr Tait queried if there were lessons to be learned from starting the stacker in the first place. Mrs Docherty indicated this would be done in partnership. Ms Smith agreed with the principle was right at the beginning, and the lessons learned would be useful to review.

Dr Ryan updated the Committee and highlighted the following:

Medical Director is co-chairing a short life working group commissioned by the Chief Medical and Chief Nursing Officer to assess opportunities to optimise detection of at risk groups in the pre-hospital environment. This will report to the Clinical Cell in Scottish Government and will influence planning for Winter 2020/21.

Head of Pharmacy attends regular meetings with Directors of Pharmacy and joint meetings with Scottish Government to contribute to, and learn from, the actions being taken by partner Boards in light of the COVID-19 outbreak. Head of Pharmacy also continues to link with the Transforming the Acute and Primary Care Prescribing/Dispensing Pathways work around future development of electronic prescribing.

The Committee noted the content of the paper.

5. CLINICAL RISK MANAGEMENT

5.1 Review of Clinical Risk Register

Ms Robertson presented the Clinical Risk Register which provides an update on all primary and secondary category clinical risks to the organisation.

Ms Robertson highlighted the overall score of Risk RPND/036117 had reduced since the papers were circulated as this had been removed by Chief Information Officer.

In terms of Risk RPND/038263 relating to Infection, Prevention and Control the mitigation had been updated as is reviewed on a daily basis by IMT.

Two new overarching risks related to Redesigning Urgent Care were developed following a review of the Programme Boards risk register.

The overall risk profile is consistent, however, the concurrent risks relating to COVID, Winter and Redesign of Urgent Care, along with pre-existing operational risks, is a significant challenge to NHS 24. The Incident Management Team (IMT) continue to meet daily to manage the response to these areas, with an escalation process in place to the EMT.

Dr Ryan stated risk appetite for NHS 24 was discussed as part of the Board development session on strategic risk, where the current cumulative risk has previously challenged our risk appetite. It was noted that NHS 24 are actively and effectively contributing towards a national system response to the pandemic. Mrs Docherty stated further discussion around cumulative risk would be required at the next Board meeting. **Action: MD/LR**

Ms Smith thanked Ms Robertson for presenting the risk register to the Committee.

Mr Glennie queried if it would be work reflecting on the risk register again at the end of the meeting following the update on Redesigning Urgent Care. Ms Smith agreed this would be beneficial in terms of knowing what to raise at the next Board meeting.

Mrs Foster indicated it is not only NHS 24 Board who are experiencing this and a new piece of governance is being put in place at a Corporate Level.

Mr Tait thanked staff for a good paper, and welcomed the reduction to the reduction of risk RPND/036117. In terms of Risk RPND/038259 Mr Tait queried whether the scoring should be greater than 16. Ms Phillips stated that staff are off due to contract tracing rather than COVID and this is based on the guidance from Public Health Scotland.

In terms of Risk RPND/039308 whether this is more than reputational. Dr Ryan stated this relates to own readiness to deliver, which are ready from safety point of view. Ms Philips highlighted every board submit a readiness assessment on a weekly basis based on minimum requirement. Mrs Docherty emphasised need to be clear around what risks are for NHS 24.

Ms Huckerby indicated there will be a refresh of all programmes risk registers and will review the description and mitigation.

The Committee noted the content of the paper.

5.2 NHS Scotland Resilience Standard Assessment

Dr Ryan presented a paper detailing NHS 24 assessment in relation to the NHS Scotland Organisational Resilience Standards which had been submitted to the Scottish Government Health Resilience Unit.

NHS 24 has made improvements in the sections outlined below:

- Identifying and Mitigating Risk (Section 5 standards 5 & 8)
- Preparedness (Section 6 standards 9, 11, 15, 18, 26)
- Public Relations and Communication (Section 11 standard 40)

Next steps include, continue to develop our business processes for our new services and estate. Address the cyber security challenges through the Connect

Programme and information governance & security group. Enhance training and development for senior managers and executives throughout NHS 24.

Mr Tait stated it was a reassuring report and picks up on elements of the internal audit report.

The Committee noted the content of the paper.

6. NHSS QUALITY STRATEGY

6.1 National Quarterly Healthcare Quality Report

Mr Kelly presented the National Quarterly Healthcare Quality Report for Q2 July to September 2020. The Report was approved by the National Clinical Governance Group in October 2020.

Mr Kelly highlighted the following points of interest:

- Four stage 2 complaints received, all were acknowledged within 3 working days and responded to within 20 working days. Of the total Stage 2 complaints received; 1 was upheld, 2 partially upheld and 1 not upheld. Stage 1 complaints have increased by 47% since the previous quarter from 49 to 72, this increase brings Stage 1 complaints back to normal levels, after a dip in complaints in Q1. A decrease in complaints in Q1 was experienced by other health boards.
- 90.4% care delivered at first point of contact (75% target) during the quarter. P3 performance is, as a result, less stable as the overall number of P3 calls requiring call back has reduced significantly so percentages can fluctuate as a consequence of this reduced activity.
- As from Wednesday 2nd September 2020, the Nursing and Care Directorate is supporting Service Delivery with the management of Stage 1 complaints and partner feedback. This is to allow Service Delivery to focus on frontline demands during the COVID-19 pandemic.
- In September 2020, NHS 24 launched an education and training programme for staff on Quality Improvement based on the NES Scottish Improvement Foundation Skills (SIFS) programme. Cohort 1 of the programme is made up 24 members of staff who will work on 13 improvement projects. Regular updates will be provided within this report.

The Committee requested a paper on the Quality Improvement education and training programme for the next meeting. Ms Docherty indicated the leads within the Quality Improvement Team would also be invited.

Section 3 – Quality Ambition - Safe: Mr Kelly updated the Committee in relation to Adverse Event activity with one case now closed off. This invoked duty of candour with family involved however, was well received.

Mr Tait raised a query in relation to funding for Mental Health Hub. Mrs Foster assured the Committee she and Director of Finance are engaged with Scottish Government finance colleagues as the policy commitment and population demand

will not be diluted anytime soon. The point was also made at the Annual Review which included the Mental Health Minister.

Ms Smith commented on the challenges within Breathing Space, however, Ms Phillips stated staff are now coming online which will make a difference, the service had been hit but the number of staff shielding with arrangements being made for staff to be able to undertake web chat at home, however, this has taken longer than would have liked.

Section 5 – Quality Ambition – Person-Centred: Mr Kelly highlighted Section 5.3 on Training and Development which had been added to the report. Work is progressing around Healthcare Staffing and Excellence in Care.

Mr Tait requested detail around Partner Feedback, Mr Kelly stated there is a robust process in place with full clinical investigations resulting in being upheld or not upheld.

Ms Smith questioned if there was an up to date figure on length of call for part of patient experience. Ms Philips indicated it is 18 minutes which has gone up slightly however, reflects the volume of traffic within the services.

The Committee noted the extensive update and assurance provided.

7. SAFE

7.1 COVID-19 Update

Mr Barber presented a paper providing assurance to the Committee on the effective management and process in place to support NHS 24's response and remobilisation in relation to COVID-19 to stream demand for care and advice to support the wider health and social care system; provide accurate and quality assured communication, information and advice to the public; and support our staff's welling and resilience to meet the challenges of the pandemic.

Mr Baber highlighted staff absence in relation to the test and protect app, which was 251 staff the previous week however, had dropped to 228. They are working to ensure Senior Charge Nurses and Team Managers are issued with smartphone and laptop to allow for working from home.

The Committee noted the update.

7.2 Infection Prevention and Control (IPC)

Mr Kelly spoke to an SBAR providing assurance to the Committee on the Infection Prevention and Control (IPC) measures put in place across NHS 24. Dr Anna Lamont is the Public Health Scotland link for the organisation.

It was noted as there have been changes to the national guidance the organisation has reviewed its response, with the latest update for all staff to move to wearing the fluid resistant type.

Mrs Docherty informed the Committee the Area Health and Safety Committee were remitted to take forward and updates on IPC would be provided to both Committees as progress.

The Committee noted the update.

8. EFFECTIVE

8.1 Service & Quality Improvement Update

Mr Kelly provided a verbal update to the Committee highlighted the Chest Pain protocol is now ready to go live.

The Committee noted the update.

9. PERSON-CENTRED

9.1 Patient Experience Survey

Mr Kelly presented this paper which covers the Patient Experience Survey results for period April 2020 – September 2020.

Mr Kelly advised 7 of the 8 measures achieved the 90% plus satisfaction target and 1 measure scored 89% which is 1% under target. This should still be recognised as a good outcome with some room for improvement.

Participation rates have continued to drop from 13% to 7% for this period. It is not clear if COVID-19 has influenced this significant decrease, however, work is ongoing with Service Development colleagues on other ways to gather feedback.

Mr Kelly expressed his thanks on behalf of the Committee to Mr Gary Conner, Clinical Governance Manager who is retiring at the end of November for his contribution to the Patient Experience Survey and Healthcare Quality Report.

The Committee noted the content of the report.

9.2 Public Protection Learning and Development Strategy

Mrs Docherty presented the Public Protection Learning and Development Strategy for noting. The strategy had been approved by the National Clinical Governance Group in October 2020.

The strategy was prepared by the Lead Nurse for Public Protection and provides a framework for developing NHS 24 workforce to ensure it is appropriately informed of national and local public protection practice and have the training to develop their knowledge and skills to recognise when a child, young person or adult may be at risk or on the pathway to harm and to take the appropriate action.

Ms Smith stated it was good to see as had been raised a few times and questioned whether non-executives should be included in the workforce groups. Ms Docherty stated non-executives are included due to responsibilities of all staff and would be covered at a future Board Development session. **Action: MD**

Mr Tait indicated it was good to see all document and a very robust document. He questioned if all training is mandatory or recommended. Mrs Docherty confirmed all is mandatory based on workforce group.

The Committee noted the update.

10. ITEMS FOR ASSURANCE

10.1 National Clinical Governance Committee

The Committee noted the draft minutes of the National Clinical Governance Group meeting held on 22nd October 2020.

Mr Tait raised a query in terms of Item 5.1 Realistic Medicine, Dr Ryan indicated this is referred to as Realistic Medicine at Scottish Government level. Realistic Care is the preferred term for NHS 24 and this was suspended at beginning of COVID-19. A paper is being presented to the Executive Management Team on the 18th November and an update will be provided at the next Committee meeting.

10.2 Committee Workplan

The Committee discussed and noted the Workplan.

10.3 Key Points Relevant to other Committees

In terms of the Infection Prevention and Control, it was agreed this would be highlighted at the Staff Governance Committee. In terms of risks there would be further discussion at the Audit and Risk Committee.

11. MATTERS ARISING

11.1 Action Log

The Committee reviewed the Action Log.

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

556

12. ANY OTHER BUSINESS

There was no other business raised.

13. IMPROVEMENT UPDATES AND DISCUSSION

13.1 Redesigning Urgent Care

Ms Philips provided an update to the Committee on NHS 24's role in the national programme to Redesign Urgent Care (RUC) services as mandated by the Scottish Government. Ms Philips highlighted the Ayrshire and Arran team have been great to work with as have a shared objective and all on same page along with fully engaging clinicians. The teams meet three times per day with colleagues in Ayrshire and Arran and Scottish Government so there is a high level of scrutiny.

Although only in day 2 the teams are working towards the move to national go live and currently the minimum requirements for go live are on track. Ms Philips emphasised the importance of building a resilience due to the impact track and

trace has had within the rest of the service as there is not a lot of slippage left within the system.

Mrs Houston commented on the 30 minute meeting with clinical colleagues and the benefit of this safe shared space where clinical learning is shared to improve the patient journey.

In terms of staffing the team are located within the Lightyear Centre with business continuity in Norseman House. Mr Tait questioned whether there was the ability to flex up/down and Mrs Houston confirmed do have this ability.

Mr McAnaw queried public communication. It was noted Suzy Aspley, Head of Communications is leading on this piece of work, with a messaging in early December which will then stop and be replaced with wider winter messaging.

Ms Smith stated the evaluation will be key to measure success and will indicated whether can go national. Mrs Foster stated the Scottish Government will make a formal decision on national rollout based on system wide readiness assessment and the assessment/interpretation on the Ayrshire and Arran Test of Change.

The Committee discussed the risks relating to reputational risks, including staffing issues due to the number of new staff within the organisational and the onerous change, however, Mr Glennie indicated he was reassured in terms of RUC.

Mr Tait highlighted there is an added risk around the uncertainty from other boards particularly around children services. Mrs Foster stated they would be able to provide an update at the Planning and Performance Committee.

The Committee noted the update.

14. DATE OF NEXT MEETING

The next meeting will take place on Thursday 4th February 2020 at 10am to 1pm in Committee Room 1 Cardonald/ via MS Teams.

The meeting ended at 12.45pm