

**NHS 24  
CLINICAL GOVERNANCE COMMITTEE**

**13 MAY 2021  
ITEM No. 3  
FOR APPROVAL**

**Minutes of the Meeting held on Thursday 4 February 2021 via MS Teams**

The Committee is asked to approve the minutes of the Clinical Governance Committee meeting held on Thursday 4<sup>th</sup> February 2021 as an accurate record of discussions.

**Members:**

Ms Madeline Smith	Non-Executive and Committee Chair
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
Ms Paula Speirs	Interim Director of Service Development
Mr Mark Kelly	Associate Director of Nursing
Mr John Gebbie	Interim Director of Finance
Mr Martin MacGregor	Partnership Forum Nominated Staff Representative
Mr Kevin McMahon	Head of Risk Management & Resilience
Kay Carmichael	Executive PA (Minutes)
Mr Alan Webb	Non-Executive (Observer)
Dr Paul Perry	Associate Medical Director (Observer)
Mr Jim Miller	Incoming Chief Executive (Observer)
Theresa Lyttle	Lead Nurse Public Protection (Item 8)
Davie Morrison	Participation and Equalities Manager (Item 8)

**Apologies:**

Ms Anne Gibson	Non-Executive
Eileen Wallace	PPF Representative

**1. WELCOME AND APOLOGIES**

Ms Smith opened the meeting, welcoming Mr Miller Mr Webb and Dr Perry who were observing today's 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 5 November 2020 were approved as an accurate record.

Mr Glennie updated the Committee on an action from the previous meeting around policy for staff not prepared to take vaccine with the extant is the same as the Flu Vaccination being individual choice. Mrs Linda Davidson sought clarity for the HR Directors and there was nothing further at a national level. Mr MacGregor stated staff side agree with this approach.

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. CLINICAL RISK MANAGEMENT**

#### **4.1 Review of Clinical Risk Register**

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

Mr McMahon highlighted all relate to the sustainability of services due to sickness absence and contact centre outbreaks making staffing levels unpredictable. (18% of staff off 03/02/2021, with 29% call handlers). It was highlighted there are particular challenges around the clinical resource.

Ms Smith highlighted there are 2 sides being demand and absence and questioned where the organisation was in terms of recruitment. Ms Phillips stated continuing to recruit however, remain short. There are a number of pinch points in the speed to move from Call Operator to Call Handler which is ongoing along with the Mental Health Hub being at full capacity however, this is not efficient for the demand. Remote clinical supervision started at the weekend as there are currently 30 nurses and 12 Senior Charge Nurses shielding.

Mr Kelly highlighted in terms of the clinical portal this was much richer last year at the start of the pandemic and currently unable to obtain anyone with the specific skills set required for our Clinical Supervisor roles.

Mr McMahon informed the Committee, the IMT had looked internally at what resource could be moved around while balancing the risk, a number of staff from within the Nursing and Care are supporting frontline.

Mr Tait commented on the three risks which are almost certain category and highlighted this demonstrated the risk management team being on top of and managing these risk due to the mitigations in place providing assurance to the Committee.

The Committee noted the content of the paper.

## 4.2 Organisational Resilience Update

Mr McMahon updated the Committee that the service remains at a critical level due to COVID-19. He highlighted the announcement of some primary children going back to school in February likely to see a spike in demand similar to August. The organisation continues to create as much clinical capacity as can with remote clinical supervision. There has been feedback from staff around those presenting are sicker after 5 days which was previously 7-10 days, this data is being reviewed closely linking with Public Health Scotland.

Dr Ryan highlighted to the Committee the pattern of presentation to NHS 24 was at 7-10 days sicker people however, there is a sense from frontline clinicians that sicker people are presenting earlier. Therefore we are listening to own clinicians looking at risk and mitigation along with communicating with the wider system.

Mr McMahon informed the Committee, NHS 24 are engaged in the planning for COP26 which is planned for November 2021. Ms Philips informed the Committee that Emma Croft from Scottish Government who has worked on the Mental Health Pathways will be working on COP26.

The Committee noted the update.

## 5. NHSS QUALITY STRATEGY

### 5.1 National Quarterly Healthcare Quality Report

Mr Kelly presented the National Quarterly Healthcare Quality Report for Q3 October to December 2020. The Report was approved by the National Clinical Governance Group in January 2021.

Mr Kelly highlighted the following points of interest:

- NHS 24 continues to act as a national 24/7 single point of contact for those with potential Coronavirus infection to limit self-presentation and maximise infection control as part of the Community Hub Model. To date there have been 283,486 COVID-19 flagged records created and on average it accounts for 25% of total demand, with around 60% of this arriving during the in-hours period (8am to 6pm Monday to Friday).
- On 01 December 2020, as part of the National Redesign of Urgent Care (RUC), NHS 24 launched new pathways to provide 24/7 single point of access through 111 to triage and stream demand for urgent care needs. It sees the inclusion of new Urgent Care outcomes supported by Board Flow Navigation Centres that directly receive referrals from NHS 24 to provide rapid access to a senior clinical decision maker to support and determine the onward patient journey at a local level to minimise self-presentation. This a fundamental redesign of NHS 24's operational model and has resulted in a redistribution of activity across all our services. In particular, there has been a significant increase to in-hours (8am to 6pm) demand, where this period now accounts for ~20% of weekday records created.
- There has been a noted increase in the amount of partner feedback received recently with over 56% of the Partner Feedback from this quarter being received in December 2020. This is being monitored closely and actions taken

accordingly including a daily update reported to the Incident Management Team (IMT).

- Seven Stage 2 complaints received, all were acknowledged within three working days. Six complaints were responded to within 20 working days. One case was delayed due to the involvement of translation services in ensuring a person-centred approach to the final response. The complainant was kept updated of the delay.
- 93.4% care delivered at first point of contact (75% target) during the quarter. Care delivered at first contact now consistently exceeds 90%.
- The Nursing and Care Directorate continue to support 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.

Ms Smith commented was positive to see the benefits of offering more channels within the digital web chat services along with Section 3.7 Mental Health Hub, it would be useful to have demand/recruitment as part of the trend to see growth as well as the DBI activity.

There was discussion around Section 5.3 Training and Development Mr Glennie highlighted the detail reported to Staff Governance Committee showed were lagging behind in terms of clinical statutory/mandatory training. Ms Smith stated the Committee used to receive training undertaken. Ms Docherty stated need to develop and make sure the information provided is meaningful for the Clinical Governance Committee.

The Committee noted the extensive update and assurance provided.

## **6. SAFE**

### **6.1 COVID-19 Update**

Mr McMahon informed the Committee this had already been covered within the Clinical Risk Register and Organisational Resilience items.

The Committee noted the update under Clinical Risk Register and Organisational Resilience.

### **6.2 Redesigning Urgent Care (RUC)**

Ms Phillips providing an update to the Committee on RUC highlighting challenges remain around workforce however, are getting closer to target in terms of recruitment. However, there has been a greater understanding of NHS 24 role along with sharing of learning.

The Committee requested a future Deep Dive session to review the calls received and where go in order to demonstrate adding to the patient journey.

Dr Ryan stated the qualitative stories are being tracked as part of the national group.

The Committee noted the update.

### **6.3 Infection Prevention and Control (IPC)**

Mrs Docherty presented an SBAR to the Committee updating the areas the organisation is progressing in terms of Infection Prevention and Control (IPC) which included reviewing and updated the current IPC Procedure and bespoke training package for all NHS 24 staff.

Ms Smith stated it was good to get an update as this year the organisation having to focus in on IPC.

The Committee noted the update.

## **7. EFFECTIVE**

### **7.1 Remote Monitoring to support Health Outcomes during COVID**

Dr Ryan presented a paper providing the Committee with an update on a national clinical pilot for remote monitoring of at risk COVID-19 patients is currently being tested with a view to rapid roll out. This clinically led pathway offers supported self-management for COVID-19 patients at risk of poor outcomes with enhanced monitoring through provision of SG purchased CE marked pulse oximeters supported by a digital pathway.

The Committee noted the update.

## **8. PERSON-CENTRED**

### **8.1 United Nations Convention on the Rights of Children (UNCRC) 2017-2020**

Mrs Docherty introduced Theresa Lyttle to present the report.

Mrs Lyttle presented NHS 24 24 UNCRC Progress Report 2017-2020 which will be published. The UNCRC report presents details of the organisation's approach to children's rights and what our next steps are for NHS 24 to fully embed children's rights across all services.

Ms Phillips highlighted the challenges on keywords of PWP and MH Hub, however, a piece of work is in progress to look at the clinical content in the system.

Mr Tait questioned the reference to Scots Law on page 6 of the report and whether still accurate and intention. Mrs Lyttle confirmed has been passed.

Mr Tait requested the wording of the report be amended as started off positive and then changes to negative e.g. could to will, we plan to we will. Mrs Lyttle agreed to amend the report.

The Committee noted the content of the report.

## **8.2 Public Partnership Forum Annual Report**

Ms Speirs introduced the Public Partnership Forum Annual Report.

Ms Smith welcomed the update and was pleased to see engagement hasn't stopped given the current circumstances.

The Committee recognised the work of the PPF and Youth Forum along with the links to other communities across Scotland.

The Committee noted the report.

## **8.3 Equality Mainstream Report**

Ms Speirs introduced the draft NHS 24 Equality Mainstreaming Report 2021 which under The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012, NHS 24 are required to publish by April 2021. Ms Speirs acknowledged the amount of work which had been undertaken by Mr Morrison and the team to prepare.

Ms Smith commented the report was an interesting read and noted the Committee were assured nationality was not a factor in employment following this data being included for the first time.

Mr Glennie raised two points in relation to recruitment numbers - turnover alongside recruitment and ethnicity section - 100% BME interviewed with less recruited.

Ms Speirs informed the Committee the final report will be approved by the Board at their meeting in April before being published.

The Committee noted the draft report for final approval by the Board.

## **10. ITEMS FOR ASSURANCE**

### **10.1 Committee Workplan**

The Committee discussed and noted the Workplan.

## **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:

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**12. ANY OTHER BUSINESS**

The Committee expressed their thanks to Angiolina Foster for the contribution made to the quality decisions and assurance aspects of the Committee over the years.

**13. DATE OF NEXT MEETING**

The next meeting will take place on Thursday 13<sup>th</sup> May 2021 at 10am to 1pm in Committee Room 1 Cardonald/ via MS Teams.

The meeting ended at 11.30am