

**NHS 24  
CLINICAL GOVERNANCE COMMITTEE**

**6 AUGUST 2020  
ITEM NO. 3  
FOR APPROVAL**

**Minutes of the Meeting held on Tuesday, 19 May, 2020,  
in the Committee Room, Caledonia House**

Approved Minutes of the Clinical Governance Committee Meeting held on Tuesday, 19 May, 2020, as an accurate record of discussions.

**1. ATTENDANCE AND APOLOGIES**

**Committee Members**

Ms Madeline Smith	Non Executive & 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 Maria Docherty	Director of Nursing & Care
Mrs Angiolina Foster	CEO - NHS 24
Mr John Gebbie	Director of Finance
Mrs Janice Houston	Associate Director of Operations & Nursing
Mr Mark Kelly	Associate Nurse Director
Dr Anna Lamont	Associate Medical Director
Ms Liz Mallinson	Non Executive
Mr Martin MacGregor	Partnership Forum Nominated Staff Representative
Mr Kevin McMahan	Head of Risk Management & Resilience
Ms Steph Phillips	Director of Operations
Ms Jennifer Rodgers	Head of Dentistry
Dr Laura Ryan	Medical Director

Ms Avril Ramsay (Minutes)

**Apologies**

Mrs Lynne Huckerby Director of Service Development

Ms Smith opened the meeting and welcomed Ms Anne Gibson, Non-Executive to her first CGC meeting. Apologies were noted as above.

Dr Cheyne asked if an item could be added to the agenda under AOB – this was in relation to a directive received from the Scottish Government regarding the Executive Nurse Director role during Covid-19 and the Chair confirmed this was acceptable to the Committee.

## 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 MEETINGS

The minutes of the previous meetings held on 11 February, 2020, were approved as an accurate record

Ms Smith advised the Committee that the papers would be taken as read with only keypoints 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 Nursing & Care, Medical and Dental Directorates.

Nursing & Care Directorate: Mrs Docherty updated the Committee and highlighted the following:

- Training: The Committee were informed that it has been recommended that **all** NHS 24 staff should now be required to complete the Public Protection eLearning module which is already part of annual mandatory training for core frontline skillsets – this has been discussed at the Executive Management Team meetings and further discussion will take place with the Lead Nurse for Public Protection and the Director of Human Resources.

Ms Gibson asked what the proposal is for future training. Mrs Docherty advised that training is in currently in hand with Service Delivery and it was agreed that Ms Gibson and Mrs Docherty would take this outwith the meeting for further discussion.

- The Nursing & Care Directorate has played a pivotal role in supporting rapid recruitment of clinicians to provide clinical supervision during the Covid-20 period. The Committee would like to note the support this has provided for Service Delivery
- Advanced Nurse Practitioners: Mrs Docherty advised the Committee that nationally all current recruitment is on hold and confirmed that this has had no impact on the service and there is no risk involved. This is suspended until August 2020 when the position will be reviewed by NES.
- Corporate Parenting: Mrs Docherty confirmed that work in continuing in this respect with a three year Corporate Parenting Progress Report and 2020-2023 plan

underway which will be submitted to the CGC in due course. The Committee were advised that Corporate Parenting fits within the realms of Public Protection.

Medical Directorate: Dr Ryan updated the Committee and highlighted the following:

- Dr Ryan advised the Committee that the Head of Pharmacy continues NHS 24's involvement in Experiential Learning Programme for student pharmacists. Students were taken through our call structure, call review process and exposed to a range of services and included live call-listening with NHS 24 and the SAS. Initial feedback on the programme from the students was very positive and work is ongoing with NES to potentially expand this programme to student doctors/nurses.

SEDS: Ms Rodgers updated the Committee and highlighted the following:

- The SEDS dental service were quick to react to the national picture by implementing a number of short term changes. These were risk assessed and communicated to the Health Boards via Director of Dentistry Group by the weekly teleconference and by email to the clinics. Ms Rodger advised the Committee that the NHS 24 dental input has been recognised by the Scottish Government.
- Due to difficulties in ensuring social distancing and the cessation of aerosol generating procedures, the Chief Dental Officer stated that all primary care routine dentistry should cease on 23 March 2020. This reduced the availability of primary care dentistry in Scotland to nil.

This situation put pressure on the OOH dental service. It was decided that redeploying volunteer dentists into the SEDS service would support the service, and fifteen dentists were redeployed, in a staggered fashion, from 10 April 2020. Ms Rodgers advised the Committee that from July 20 Dental Practices will re-open, again in a staggered fashion. This will result in dentists leaving NHS 24 to return to their Practices and this may put pressure on the service in the short term.

The Committee noted the content of the paper.

## **5. CLINICAL RISK MANAGEMENT**

### **5.1 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 as at 12 May 2020.

Mr McMahon advised the Committee that the 6 new clinical risks presented specifically related to Covid-19. One risk had reduced in score since previously reported and this related to NHS 24's potential to support an increased digital response to pandemic flu. This has reduced as NHS 24 has evidenced a positive and effective digital response.

Mr McMahon advised the Committee that the response to Covid-19 has identified a number of new risks to the organisation which were reviewed by the Clinical Governance Committee at the Extraordinary Clinical Governance Committee meeting held on 29 April. A number of risks have been escalated to the Corporate Risk Register.

Mr McMahon further confirmed that all BAU risks continue to be maintained and these are reviewed, on a regular basis, by the Clinical Risk Review Group, which is chaired by the Medical Director.

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 Q4 January to March 2020. The Report was approved by the National Clinical Governance Group in April 2020.

Mr Kelly highlighted the following points of interest:

- **Covic-19:** There has been a significant increase in all demand which relates to the pandemic and the organisational focus in response to Covid-19 has had an impact on some areas detailed within the report.
- **Patient Feedback:** One complaint did not achieve the 20 day target due to a delay in receiving consent. Mr Kelly explained that formal consent is required from the patient when a 3<sup>rd</sup> party requests the information.
- Through the Covid-19 pandemic, the Nursing & Care Directorate will be supporting Service Delivery by providing frontline support, amending and delivery clinical governance processes including adverse events and complaint management.
- **Patient Safety Leadership Walkround:** Due to staffing pressures and the current Covid-10 situation, both February and March walkrounds were cancelled. The Committee asked what was planned to ensure frontline staff were being kept updated and asked if it were possible for them to be given access to Teams and were advised that the frontline equipment would not accommodate this programme. The Committee were advised that Comms have been communicating with the front line, via Teamtalk and CEO video which has been well received. Discussion continues on how to keep front line staff in the loop.
- There has been no increase in negative partner or patient feedback
- **Mental Health Hub:** The Mental Health Hub has been operating successfully on four evenings per week. Testing to enable close collaboration with the Scottish Ambulance Service and Police Scotland was successfully completed. Scottish Government has requested the Mental Health Hub be expanded to a full 24/7 service and planning to undertake this expansion has been completed and recruitment for additional staff commenced. After discussion, the Committee requested that we revisit mental health to look at all new/enhanced provisions and it was agreed that this should be a deep dive topic at a future CGC meeting. Mr Kelly suggested that Mental Health should be incorporated in the report as a standalone item and this was agreed by the Committee.

**Action: MK**

The Committee noted the content of the paper.

## **7. SAFE**

### **7.1 Covid-19 Update**

Dr Ryan presented this paper which provided an update to the response to Covid-19 incident management, service management, digital development and recovery.

Dr Ryan advised that the purpose of this paper was to provide the Committee with assurance of the decisions taken to date by NHS 24 incident command structure in response to the Covid-19 incident. This paper is an update of the paper presented and discussed at the Extraordinary Clinical Governance Committee meeting on 29 April, 2020.

There being no further issues to be raised, the Committee noted the content of the paper.

### **7.2 Service & Improvement Quality Improvement Update**

Mr Kelly advised the Committee that the purpose of this update was to provide the Committee with continued visibility of ongoing work.

The following Clinical Governance Reports were presented:

- Advanced Clinical Support
- Primary Care Triage
- Chest Pain

The Committee agreed that this is useful to get a clinical lens on improvements which are underway. John Glennie asked about the future of Primary Care triage and Dr Ryan assured the Committee that all partners are having meetings over this period and as part of wider RRR work the support to Primary Care transformation, this remains a short and longer term strategic priority for NHS 24 and Scottish Government.

The Committee noted the content of the paper.

## **8. EFFECTIVE**

### **8.1 111 Service Model & Implementation Plan**

Ms Phillips presented this paper and highlighted the following points

- Significant recruitment and induction, including redeployment of NHS 24 staff in delivering our response to COVID, establishing a national pathway 24/7 for COVID, and expanding our mental health services.
- Planning for both phase 2 of the shift review and the full roll out of the supervision model had halted due to the COVID outbreak, however, the new supervision model has been used for the COVID pathway and care delivered at first contact has consistently exceed target as a result.

- The level of detailed planning by the Resource Planning Team in response to COVID and the requirements for physical distancing has been considerable and will continue as we manage the increased demand to the service and reduced capacity as a result.

The Committee asked if the briefings sessions at both start and finish of shifts are still taking place. Mrs Houston advised that the end of shift briefing was proving challenging as due to social distancing, staff were leaving at staggered intervals, however best endeavours were being implemented.

The Committee noted the content of the paper.

## **9 PERSON-CENTRED**

### **9.1 Suicide Prevention Digital Marketing Campaign**

Dr McAnaw presented this proposal which invites the Clinical Governance Committee to review and note the outlined research study which was supported and approved by the National Clinical Governance Group in April.

Dr McAnaw highlighted the following key points:

- An understanding of how individuals interact with online suicide prevention resources as well as how to identify those at high risk is crucial to allow effective initiatives to be put into place.
- Analysis of Google AdWords data will allow some insight into how people interact with online suicide prevention tools (as well as NHS resources as a whole).
- Digital suicide prevention initiatives are a key area of focus for the National Suicide Prevention Leadership Group, and information gleaned from looking at AdWords in the context of the NHS 24 digital marketing campaign could be used to better direct people at high risk towards awareness and use of tools and services.

The Committee were advised that due to Covid-19, work has currently paused but will be picked up again when appropriate.

The Committee noted the content of the paper.

### **9.2 Public Protection Policy**

Mrs Docherty presented the policy which was approved by the National Clinical Governance Group in April 2020. This policy supports the organisation's position in relation to child and adult protection practice. It underpins the public protection process and educational materials and has been reviewed and updated in line with national and local developments.

Ms Gibson noted that the policy was reviewed every 2 years and questioned as to why this was not reviewed annually. Mr Kelly confirmed that NHS 24 policy review cycle is every 2 years. However, should there be new evidence or legislative requirements, the policy would be reviewed sooner and updated if appropriate.

The Committee noted the content of the policy.

### **9.3 Public Protection Annual Report**

Mrs Docherty presented this report which was approved by the National Clinical Governance Group in April 2020. The Committee were advised that the report identifies service achievements and potential risks for the period from April 2019 until March 2020. This report is compiled to provide the organisation with assurances regarding the standard of public protection practice within NHS 24.

The Committee noted the content of the report.

### **9.4 Public Protection Accountability & Governance Framework**

Mrs Docherty presented the framework which is aligned with National Legislation, Policy and Guidance and has been updated in line with National Legislation and Policy and Guidance. The framework, which was approved by the National Clinical Governance Group in April 2020, the accountability across differing roles nationally and within the organisation for public protection, and highlights the governance structures in place to support this.

The Committee asked what procedures are in place to ensure that staff have achieved the relevant competences/training around Public Protection and were assured that there are systems and processes in place to ensure that all staff are aware and understand their personal responsibility. The Committee were advised that a stratified approach with regard to Public Protection issues is currently being looked at.

It was agreed Mr Glennie would discuss this with the Staff Governance Committee.

The Committee noted the content of the framework.

### **9.5 Patient & Service User Feedback Annual Report**

Mrs Docherty presented this report which details key activities and developments relating to patient/service user feedback managed by the Patient Experience Team from April 2019 - March 2020. The Report was approved by the National Clinical Governance Group in April 2020.

The report details the number of items of feedback received, and outcomes and improvements made as a result. There is a slight decrease inpatient feedback this year which demonstrates a high level of satisfaction by service users.

The Committee agreed that this was a positive report and it was beneficial to see the positive feedback received from patients.

The Committee noted the content of the report.

### **9.6 Patient Experience Survey**

Mr Kelly presented this paper which covers the Patient Experience Survey results for period October 2019 – March 2020.

Mr Kelly advised that 6 of the 8 measures achieved the 90% plus satisfaction target and 2 measures 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 to 13% as expected for paper based surveys.

The Committee noted the content of the report.

## **9.7 Duty of Candour Annual Report**

Mrs Docherty presented this report and advised the Committee that all Health and Social Care services in Scotland have a Duty of Candour which is a legal requirement. Organisations are required to provide an Annual Report in relation to Duty of Candour, including how this is implemented by NHS 24. This report describes how NHS 24 has implemented Duty of Candour between April 2019 and March 2020.

During this period, NHS 24 initiated 11 incidents which and Duty of Candour procedure was followed in all 11 cases and individual and organisation learning has been undertaken and subsequent action and improvement plans have been developed and completed. NHS 24 continue to be an open and transparent organisation.

The Committee noted the content of the report.

## **10. ITEMS FOR ASSURANCE**

### **10.1 Annual Report to the Board**

The Committee discussed and approved the Annual Committee Report to the Board, subject to the following additional clauses:

- 5.2: It was felt beneficial for additional scrutiny and assurance that an Extraordinary Clinical Governance Committee Meeting be scheduled and a meeting is planned for early April 2020 to cover the additional responses we have had to put in place for Covid-19.
- 6.4: A detailed review of all risks would be undertaken on an annual basis and incorporated into the workplan even if the risk did not score sufficiently highly to require escalation to the committee.

### **10.2 Dental Advisory Group Minutes**

The Committee noted the draft minutes of the Dental Advisory Group meeting held on 5 March, 2020.

### **10.3 Committee Workplan**

It was agreed that Covid-19 would be standing item on the workplan until further notice. The Committee discussed and noted the Workplan. **Action: AR**



## 11. MATTERS ARISING/PENDING

### 11.1 Action Log

The Committee reviewed the Action Log and noted the updates provided.

Accordingly, the following action was confirmed as complete and agreed for removal from the Action Log.

549

## 12. ANY OTHER BUSINESS

12.1 Mrs Docherty advised the Committee of a letter received from the Cabinet Secretary for Health and Sport, regarding a variation to the roles and responsibilities of Executive Nurse Directors during Covid-19.

The Committee were advised that whilst this had no direct impact on NHS 24, there may be indirect consequences for the organisation and discussions were taking place on how the service can support territorial boards.

The Committee requested sight of this letter and Mrs Docherty agreed to distribute this by e-mail. **Action: MD**

12.2 The Committee commended Mrs Docherty and team for high quality and well presented papers

## DATE OF NEXT MEETING

Thursday 6 August 2020: 10.00 a.m. - 1.00 p.m.  
Boardroom Clyde.