

**NHS 24
CLINICAL GOVERNANCE COMMITTEE**

**4 NOVEMBER 2021
ITEM No. 3
FOR APPROVAL**

Minutes of the Meeting held on Thursday 12 August 2021 via MS Teams

The Committee is asked to approve the minutes of the Clinical Governance Committee meeting held on Thursday 12th August 2021 as an accurate record of discussions.

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
Mr Jim Miller	Chief Executive, NHS 24
Ms Stephanie Phillips	Director of Service Delivery
Ms Paula Speirs	Director of Strategy, Planning and Performance
Mrs Janice Houston	Associate Director of Operations and Nursing
Mr Martin MacGregor	Partnership Forum Nominated Staff Representative
Mr Kevin McMahon	Head of Risk Management & Resilience
Mr Andrew Moore	Deputy Director for Nursing & Care
Dr Paul Perry	Associate Medical Director
Mrs Kerry Foley	Senior Nurse IPC/Vaccination Programme
Ms Shona Lawrence	Patient Experience Manager
Mrs Jennifer Rodgers	Head of Dentistry
Mrs Gill Sinclair	Head of Clinical Service
Mr Martin Togneri	Non-Executive (Observer)
Ms Carol Gillies	Incoming Non-Executive (Observer)
Ms Marieke Dwarshuis	Incoming Non-Executive (Observer)
Ms Gillian Phillips	Corporate Governance Manager (Observer)
Kay Carmichael	Executive PA (Minutes)

Apologies:

Mrs Maria Docherty	Executive Director of Nursing & Care
Mr John Gebbie	Finance Director
Mr Mark Kelly	Head of Clinical Governance & Quality Improvement
Mrs Dawn Orr	Nurse Consultant Telehealth and Telecare
Dr Laura Ryan	Medical Director
Eileen Wallace	PPF Representative

1. WELCOME AND APOLOGIES

Ms Smith opened the meeting, welcoming Ms Gillies, Ms Dwarshuis, Mr Togneri and Ms Phillips 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 12 August 2021 were approved as an accurate record.

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

Mr Moore presented the report of the Clinical Directors. Highlighting the main points:

- 88% of staff received both doses of COVID vaccination.
- Flu campaign and COVID booster starting September.
- LFD remains challenging. Improvement plan in place agreed with Scottish Government.
- Medical and Nurse Director remitted revised Clinical Strategy to Deputy Nurse Director and Associate Clinical Director which is currently at scoping/horizon scanning phase.

Dr Perry highlighted Section 10 advising the Committee Dr Ron Cook, Associate Medical Director has joined the Advisory Group and will be on national work with colleagues in ED.

Mr Tait questions the Patient Safety Leadership Walkrounds. Mr Moore stated a plan in place and programme being developed which begins at end of August via a virtual programme.

Mr McAnaw commented on the clinical strategy and how taking forward, as previously clinical was not aligned to the organisational strategy. Worked closely with Service Delivery and Nursing and Care Directorate. Mr Glennie queried whether there was an external process. Mr McAnaw confirmed the same questions are being asked externally via existing networks.

Dr Cheyne questioned what we need to do to satisfy ourselves and staff around LFD uptake. Mr Moore stated have done everything can to make sure easy for staff and ongoing comms around.

Ms Gibson questioned Section 6.2 and the appointment of Senior Nurse for Learning Disabilities. Mr Moore stated a scoping exercise was undertaken of where were in terms of practice, this report was presented to the Executive Management Team with agreement in principle to support. Currently trying to

secure funding with meetings with Professional Advisor for Learning Disabilities at Scottish Government.

The Committee noted the content of the paper.

5. 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.

The key changes noted were:

- 4 new risks have been identified (scoring 10 or more)
- 2 new risks have been identified (scoring less than 10)
- 5 risks have reduced (3 scoring 10 and above and 2 scoring below 10)
- 8 risks have been closed (all scoring less than 10)

The Committee welcomed the inclusion of the risk relating to Mandatory Training.

The Committee noted the content of the paper.

4.2 Organisational Resilience Update

Mr McMahon updated the Committee the main points from a resilience perspective are ongoing challenges relating to COVID and COP 26 which takes place between 1st-12th November with attendance from delegates and Heads of State from over 200 countries. It was highlighted there is a potential for increase in demand for our services along with distribution to both service and staff.

Ms Smith agreed logistics for staff getting to our locations could be difficult and the need to plan well in advance. Mr McMahon informed the Committee a paper was presented to the Executive Management Team to EMT as we do have information around the event and can plan accordingly.

The Committee noted the update.

5. NHSS QUALITY STRATEGY

5.1 National Quarterly Healthcare Quality Report

Mr Moore presented the National Quarterly Healthcare Quality Report for Q1 April to June 2021. The Report was approved by the National Clinical Governance Group in July 2021.

Mr Moore 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 whole system response and Community Hub Model. During quarter 1, there has been 62k COVID-19 flagged records created and on average across the quarter it accounts for 17% of our total demand, with around 29% of this arriving during the in-hours period (8am to 6pm Monday to Friday).

- NHS 24 has been providing a single point of access to triage urgent care needs on a 24/7 basis since 01 December 2020; From April to June there has been 271k urgent care records created. During the in-hours period (8am-6pm Mon-Fri) there were 63k records created and this accounts for 17% of the total volume of all records created across this period. A specific outcome created to support the pathway and provide an alternative to physical presentation at emergency departments are Board Flow Navigation Centres; for the 3 months to June 2021, 30k patients received these outcomes. This accounts for 8% of total records.
- Demand modelling was based on physical presentation data; however COVID-19 has had an impact on access, pathways and behaviours. This has added complexity and challenge to forecasting and data is continually being gathered to provide intelligence to enhance this and improve access and performance.
- Call Demand for the 111 service in Q1 was 498,912 – this is the busiest ever quarter for 111 service.
- Four stage 2 complaints were received during quarter 1. These were all acknowledged within three working days and responded to within the target of twenty working days. In line with the increase in call demand, an increase of 75% is evident in Stage 1 complaints with 48 received during Q1 last year compared to 84 in Q1 this year.
- NHS Inform had its busiest month ever with over 9 million visits to the site in June 2021.

Mr Tait queried Section 3.4 Public Protection and if the increase is due to training of staff so are more knowledge able? Mrs Houston stated increase is via the Mental Health Hub and as we expand expect to continue to rise. Ms Smith highlighted it also reflects the increased complexity of the issues coming into the Mental Health Hub.

Ms Smith questioned Section Breathing Space 3.5 and whether there is a need to recruit? Ms Philips stated are looking at as separate operating model as not directly comparable with 24/7 operations, it was noted there had been relatively meagre investment in Breathing Space compared to the Mental Health Hub when consider dealing with similar level of calls. Mr Miller highlighted RMP 3 reflects the need to consider Mental Health Services in the round.

The Committee noted the extensive update and assurance provided.

6. SAFE

6.3 Infection Prevention and Control (IPC)

Mrs Foley presented a report 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 support the move from a procedure to a policy for IPC.

The Committee noted the content of the paper.

7. EFFECTIVE

7.1 Service Delivery Update

Ms Phillips providing an update to the Committee on Redesigning Urgent Care, with the main points highlighted:

- Media campaigns finishing this week. The Comms team have managed this and an evaluation will take place around desired effect in terms of reach.
- NHS 24 have been tracking to see if would a hike in demand which is already at 60% of demand level prior to. There has potentially seen another 100 calls per day. There has been a shift of approx. 60% going through the Flow Navigation Centres (FNC) FNC rather than Emergency Departments (ED).
- Second stage of evaluation being led by Sir Lewis Ritchie, engagement sessions with Boards to understand what working well and what not.
- Clinical safe spaces sessions been running have been valuable. Improved understanding of what do in NHS 24.

Ms Smith questioned next bit of evaluation with Lewis Ritchie and figures going through FNC. Clinical Safe Spaces good opportunity to get partner feedback and how that is helping us reflect on our services from clinical point of view.

Mrs Houston improved part of the safe space journey is 2 way process, not just poor but excellent journeys.

Dr Cheyne emphasised the clinical safe spaces have benefited NHS 24 in terms of wider engagement and understanding of role.

The Committee welcomed the update and discussion.

7.2 Realistic Medicine

Mr McAnaw provided an update to the Committee on the activity around Realistic Medicine and the Action Plan for 2021/22.

The main points of note were:

- the successful delivery of the 'It's OK to Ask' national campaign
- the NHS 24 Realistic Medicine Action Plan which focuses on communication and engagement, remobilisation, embedding Realistic Medicine across NHS24
- the alignment of Realistic Medicine with public health and health inequalities
- Senior Clinical Forum will be the key reporting point for Realistic Medicine.
- The Executive Management Team approved the structure/membership of the Realistic Medicine Team at its meeting in July.
- Ensuring there is representation from digital, technology and a Clinical Services Manger (CSM) on the Realistic Medicine Team

The Committee noted the content of the paper.

7.3 Mandatory Training

Mr Moore presented a paper outlining the refresh of the composition of the mandatory training requirements both generic and clinically specific and the

actions being progressed via the Mandatory Training Improvement Plan to secure compliance with agreed organisational requirements.

The main points highlighted were

- Define and ensure aligned to Once for Scotland approach
- Ensure complete during induction
- Provide managers with information to track process
- Comms plan so all understand rationale around mandatory training

Ms Gibson highlighted was good to see this coming through as a priority however, stated the need to link to performance review and appraisal.

Mr Tait queried the time allocated to allow staff to do as this? Ms Phillips stated everyone gets of 1.5 hours CPD every 8 weeks, whereas previously only got 6 hours for a year. This includes those who work weekends only. When undertook the shift review CPD was built into requirement.

The Committee noted the content of the report.

8. PERSON-CENTRED

8.1 Duty of Candour Annual Report

Ms Lawrence presented Duty of Candour Annual Report for the period April 2020 - March 2021, highlighting during this period, NHS 24 initiated 7 incidents which Duty of Candour procedure was followed. NHS 24 continue to be an open and transparent organisation.

The Committee welcomed the extensive report, noting the level of engagement which had taken place during COVID and interesting to note the same level so far for 2021/22 as compared to full year.

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

8.2 Duty of Candour Guidance

Ms Lawrence presented the Duty of Candour Guidance which had been prepared from the national guidance however tailored to support staff and has been well received by the governance groups who have reviewed.

It was noted a communications plan is in place to highlight to staff that the guidance is available along with the e-learning module which key senior clinical staff undertake.

The Committee noted the guidance.

8.3 Email Charter

Dr Perry presented the Email Charter which had been developed following an empowerment session lead by the Medical Director and Service Delivery Director whereby staff identified emails as a major source of stress in the workplace.

The Committee noted and endorsed the Email Charter.

10. ITEMS FOR ASSURANCE

10.1 National Clinical Governance

The Committee noted the minutes of the National Clinical Governance Group held on 29th April 2021.

10.2 Committee Workplan

The Committee discussed and noted the Workplan.

10.3 Key Points relevant to Governance Groups

The Clinical Governance Committee noted the main points relevant to other Groups were

Risk for Integrated Governance Committee
Mandatory Training for Staff Governance 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:

561, 563, 564, 565, 566, 567

12. IMPROVEMENT UPDATES & DISCUSSION

12.1 Dental Service – Deep Dive

Mrs Rodgers gave a presentation to the Committee on the Dental Service within NHS 24 providing an update on the work currently being undertaken and the approach to remobilise/recover in line with the national recover of dentistry.

The main points highlighted were the:

- 2020 Oral Health Strategy
- Links with Chief Dental Officer
- Remobilisation/recovery
- Employment of dentists – currently 15 dentists until June 2022
- Near Me which was introduced weekend before Christmas 2020

Mrs Sinclair highlighted to the Committee the work undertaken by Deborah Devlin, Clinical Service Manager and the Senior Dental team, who wrote the processes for Near Me work. It was noted the call volumes to the service are approx. 6500 per month, and believe the reduction of emergency clinical outcome is as a direct result of having dentists within the service. The team work closely with pharmacy and have an advisor allocated to work with them.

Ms Phillips highlighted the amount of change and effort within the service stating as a team they have managed to embrace a raft of challenges and opportunities, in a proactive and positive way.

Ms Smith commented previously dental calls were always a challenge so incredible to see the role NHS 24 is making.

Mr Tait highlighted dental was not on agenda when joined Board and welcomed the work that has been undertaken with the service over the years.

The Committee thanked Mrs Rodgers and Mrs Sinclair for their presentation.

13. ANY OTHER BUSINESS

The Committee expressed their thanks to Ms Smith and Mr Tait for the contribution made to the quality decisions and assurance aspects of the Committee over the years.

14. DATE OF NEXT MEETING

The next meeting will take place on Thursday 4th November 2021 at 10am to 12.30pm in Committee Room 1 Cardonald/ via MS Teams.

The meeting ended at 11.30am