

**NHS 24  
CLINICAL GOVERNANCE COMMITTEE**

**7 FEBRUARY 2022  
ITEM No. 3  
APPROVED**

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

The Board is asked to note the approved minutes of the Clinical Governance Committee meeting held on Thursday 4<sup>th</sup> November 2021.

**Members:**

Mr Martin Togneri	Non-Executive and Committee Chair
Ms Anne Gibson	Non-Executive
Mr John Glennie	Non-Executive
Ms Marieke Dwarshuis	Non-Executive
Ms Liz Mallinson	Non-Executive

**In Attendance:**

Dr Martin Cheyne	Chair, NHS 24
Mr Jim Miller	Chief Executive, NHS 24
Mrs Maria Docherty	Executive Director of Nursing & Care
Dr Laura Ryan	Medical Director
Ms Stephanie Phillips	Director of Service Delivery
Ms Paula Speirs	Director of Strategy, Planning and Performance
Mrs Janice Houston	Associate Director of Service
Mr Martin MacGregor	Partnership Forum Nominated Staff Representative
Mr Kevin McMahon	Head of Risk Management & Resilience
Mr Mark Kelly	Head of Clinical Governance & Quality Improvement
Mrs Laura Neil	Lead AHP
Mrs Kerry Foley	Senior Nurse – Infection Prevention & Control
Kay Carmichael	Executive PA (Minutes)

**Apologies:**

Mr John Gebbie	Director of Finance
Dr John McAnaw	Associate Clinical Director
Mr Andrew Moore	Deputy Director of Nursing & Care

**1. WELCOME AND APOLOGIES**

Mr Togneri opened the meeting noting his first meeting as Chair and welcoming Ms Dwarshuis and Ms Mallinson as members of the Committee. Apologies were noted as above.

**2. DECLARATIONS OF INTEREST**

Mr Togneri declared an interest in his capacity as a Board Member of the Scottish Ambulance Service.

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.

Mr Togneri 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 presented the report of the Clinical Directors, noting the main areas:

- 40.7% of staff have their Flu vaccine and clinics for the COVID booster would start on the 6<sup>th</sup> November.
- Appendix detailing the finding from an audit undertaken in August 2021. The audit demonstrated that quality of clinical care for patients waiting to access the 111 service for more than 30 minutes did not have a detrimental impact on quality and safety.

Ms Dwarshuis queried how the decision is made around prioritising some mandatory training over others. Ms Docherty stated this is based around statutory requirements and any learning needs, ensuring safety and quality.

Mr Glennie questioned if the flu vaccination level was low at this point and whether the COVID booster would be mandatory. Ms Docherty stated the Flu Vaccination Programme had started in September this year due to when the vaccine supply was received and would likely see an increase with staff getting the flu and COVID booster together. In terms of the COVID booster Scottish Government will consider whether this will be mandatory or not.

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 main areas highlighted to the Committee were in relation to patient access; and training and development.

Mr Glennie questioned the increase in scoring for Connect. It was noted this was due to a number of factors such as staff capacity to delivery along with estates and festive period.

The Committee noted the content of the paper.

#### **4.2 Organisational Resilience Update**

Mr McMahon provided an update to the Committee on current issues and management relating to NHS 24 organisational resilience.

The main points highlighted were:

- COVID-19: NHS 24 continue to manage the operational impacts of the COVID 19 pandemic. Strategic and tactical command and co-ordination continues to be in place. The Incident Management Team (IMT) meet daily and report twice weekly to the Executive Management Team (EMT).
- COP 26: The service has not seen any increased demand during COP 26, however, there are challenges around the planned and unplanned demonstrations and impact on travel. An SMS system of communicating with all frontline staff is in place to notify of any travel disruptions.

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 Q2 July to September 2021. The Report was approved by the National Clinical Governance Group in October 2021.

Mr Kelly highlighted the following points of interest:

- NHS 24 continues to deliver the COVID-19 pathway, as part of the ongoing national pandemic response, alongside other 111 services. Call review participation rate was 91.9% during the quarter.
- Although this quarter has seen a rise in the total number of complaints, when mapped against call volume the actual percentage of stage 2 complaints remains stable and within KPI.
- There has been a 51% increase in stage 1 complaints when compared to the same period last year. In order to support Service Delivery staff, the stage 1 timeline has been extended from 5 working days to 10 working days. This will be reviewed in Q3.
- Outlier Quality Assurance Process is when clinical and dental outliers are measured and reported on a weekly basis to the NHS 24 Executive Team. When instigated, this process was applicable due to the high number of outbound calls undertaken. Plans are in place to review this process to reflect the current inbound call model.
- Living Life have reduced waiting time for therapy from 20 weeks in last Quarter to 11 weeks. Demand remains high.
- NHS Inform had its busiest month ever with over 13 million visits to the site in September 2021 (10 million visits in July and August 2021).
- Service delivery call demand exceeded 500k calls in a quarter for the first time (546,105) 95.5% care delivered at first point of contact (90% target).

There was discussion around the presentation of data within the report to ensure provides the Committee with assurance. It was agreed further discussions would take place with the Chair, Non-Executive Members, Executive Nurse Director and Medical Director around format of future reports.

The Committee noted the report 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.

It was noted there had been no significant issues since the last report to Committee, with joint working and collaborative leadership ongoing.

The Committee noted the content of the paper.

## **7. EFFECTIVE**

### **7.1 Service Delivery Update**

Ms Phillips provided an update to the Committee activity within Service Delivery noting the pressures within the service, however, COVID calls had stabilised to around 23-24%. Temporary call operators have been recruited to bolster the service going into the winter period.

In terms of the RUC programme it was noted there are approx. 1400-1600 calls per day. Phase 2 is starting to progress with each of the workstreams coming together: MSK, Pharmacy and Mental Health. A number of evaluations are underway, however, the evaluation of pubic messaging showed positive results to the public's response to.

The Committee welcomed the update and discussion.

## **8. PERSON-CENTRED**

### **8.1 Patient Experience Survey Report**

Mr Kelly introduced the report detailing the Patient Experience Survey results from April – September 2021. It was noted of 2,700 patients randomly selected the return rate was 4%. Work is currently underway to prepare an action plan to move away from postal surveys to SMS text messaging which will hopefully improve the returns. A paper will be presented to the next Committee meeting in February 2022.

The Committee noted the report.

### **8.2 Right Care Right Place Evaluation**

Mr Kelly introduced the report which was taken as read for noting.

The Committee noted the report.

### **8.3 Whistleblowing Update**

Mr Kelly introduced the report which was taken as read for noting.

The main points highlighted were:

- The work which is in train to meet the requirements of the National Whistleblowing Standards.
- The levels of compliance with the mandatory whistleblowing training on the Standards.

The Committee noted the report.

## **10. ITEMS FOR ASSURANCE**

### **10.1 National Clinical Governance**

The Committee noted the minutes of the National Clinical Governance Group held on 29<sup>th</sup> July 2021.

### **10.2 Committee Workplan**

The Committee discussed and noted the Workplan.

### **10.3 Key Points relevant to Governance Groups**

The key points relevant to Staff Governance Committee were noted as emergency measures, staff training and whistleblowing

## **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:

568

## **12. DATE OF NEXT MEETING**

The next meeting will take place on Monday 7<sup>th</sup> February 2022 2021 at 10am to 12noon via MS Teams.

The meeting ended at 11.55am