

**NHS 24  
CLINICAL GOVERNANCE COMMITTEE**

**26 MAY 2022  
ITEM No 1.3  
APPROVED**

**Approved Minutes of the Clinical Governance Committee Meeting held on Monday 7<sup>th</sup>  
February 2022 via MS Teams**

**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
Mrs Maria Docherty	Executive Director of Nursing & Care
Dr Laura Ryan	Medical Director
Mr John Gebbie	Director of Finance
Mr Andrew Moore	Deputy Director of Nursing & Care
Mrs Laura Neil	Lead AHP / Interim Head of Clinical Governance & Quality Improvement
Dr John McAnaw	Representative of Clinical Advisory Group/ Associate Clinical Director
Mrs Janice Houston	Associate Director of Service
Mr Martin MacGregor	Partnership Forum Nominated Staff Representative
Mrs Kerry Foley	Senior Nurse – Infection Prevention & Control
Kay Carmichael	Executive PA (Minutes)

**Apologies:**

Ms Stephanie Phillips	Director of Service Delivery
Mr Jim Miller	Chief Executive, NHS 24
Mr Kevin McMahon	Head of Risk Management & Resilience

**1. WELCOME AND APOLOGIES**

Mr Togneri welcomed everyone to the meeting. Apologies were noted as above.

**2. DECLARATIONS OF INTEREST**

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 4<sup>th</sup> November 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:

- the percentage of NHS 24 staff to have received their flu vaccine was 54.6% and 56.3% for the Covid-19 booster. These figures include staff vaccinated at the in-house clinics and where staff have informed us that they have been vaccinated externally.
- The Medical Director has been identified as the executive lead to support NHS 24's contribution to the COVID-19 public inquiry. Further updates will be provided once the enquiry is underway.

Ms Gibson welcomed the update in terms of the Public Health Framework which will be presented at the next Committee.

Mr Glennie questioned the establishment of an AHP Forum. Ms Neil stated there are a small number of AHP's within the organisation who sit in normal line management structures, however, this they are coming together informally at this stage to share and discussion any national AHP and professional issues along with networking. Mrs Docherty stated there is also a Professional Nursing Forum which will stand back up in the future.

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.

The key changes to risks scoring 10 and above are:

- 2 risks have reduced in score
- 2 risks have been closed
- 1 risk has changed risk register

Mr Glennie highlighted to the Committee the risk in relation to Statutory and Mandatory training has reduced due to the completion of the Mandatory Training Action Plan. The primary committee for the risk is Staff with Clinical as the secondary committee.

The Committee noted the content of the paper.

##### **5.2 Organisational Resilience Update**

Ms Robertson informed the Committee organisational resilience is reviewed by the Incident Management Team (IMT) daily, with an update to the Executive Management Team (EMT) on a weekly basis.

The Committee noted the update.

## **6. NHSS QUALITY STRATEGY**

### **6.1 National Quarterly Healthcare Quality Report**

Mr Moore presented the National Quarterly Healthcare Quality Report for Q3 October to December 2021. The Report was approved by the National Clinical Governance Group in January 2022.

Mr Moore 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. To date (w/e 26 Dec) since inception in March 2020, NHS 24 has created 556.6k COVID-19 records. Over this quarter COVID-19 flagged records have accounted for 25% of the total records created.
- Since the launch of the national Redesign of Urgent Care Programme in December 2020, NHS 24 has provided a single point of access to manage and stream demand for urgent care needs supported by Health Board Flow Navigation Centres (FNC). NHS 24 now routinely refers ~13% of all urgent (and unscheduled) care volume, or about 2,300 patients per week to the Flow Navigation Centre.
- During this quarter the organisation has effectively applied the corporate escalation process in response to the pressures faced by the ongoing pandemic. Essential elements of governance have been maintained throughout this period to ensure the safety and wider quality of essential services. At the same time non-essential activities were paused to ensure resources and efforts were directed towards supporting service delivery.
- NHS 24 is now reporting against the new Performance Framework with new measures being applied across the whole reporting suite. Notable changes are thresholds being increased to 5 minutes and Call Demand (only includes abandoned after threshold) will now be replaced by Calls Offered (includes all abandoned calls). The new Performance Framework has been approved by all levels within NHS 24 and up to Health and Social Care Management Board within Scottish Government.
- Five Stage 2 complaints were received. All were acknowledged within three working days and responded to within 20 working days.
- NHS Inform experienced its second busiest month ever with over 12.3 million users to the site in December 2021. This compares to 5.2 million users in December 2020.

It was agreed a session would be undertaken with Non-Executive Members on the detail within the Healthcare Quality Report to allow for understanding on the information presented and feedback on areas for improvement.

The Committee noted the report and assurance provided.

## **7. SAFE**

## **7.1 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). The main points of note were in relation to:

- Winter (21/22) Respiratory Infections in Health and Care Settings Addendum had no changes to physical distancing.
- Update on self-isolation exemption for health and social care staff 17<sup>th</sup> January 2022, which is in line with public.

Ms Dwarshuis questioned why the agreed route for staff who claim exemption from wearing a face mask has not been implemented. Ms Foley stated this is being undertaken within local centres to allow discussions with staff.

The Committee noted the content of the paper.

## **8. EFFECTIVE**

### **8.1 Service Delivery Update**

Mrs Houston provided an update to the Committee highlining the service is settling, however, very busy receiving 6,000 per calls per week above historical levels due to the additional in hours call volume of approx. 1,200 calls per day for the RUC pathway.

The COVID pathway is approx. 15% of daily call volume and there are discussions ongoing with Scottish Government around the how long the pathway will continue, certainly until end of March 2022.

Mental Health Services including Breathing Space are under pressure, recruitment ongoing along with opening of second Mental Health Hub within the new Dundee site. Training is underway for the new Psychological Wellbeing Practitioners (PWP) and Mental Health Nurses.

The Committee welcomed the update and discussion.

### **8.2 Student Nurse Placement**

Mr Moore presented a paper providing an update to the Committee on the phased plan to introduce Student Nurse Placements across NHS 24, which will commence in February 2022.

The progress and evaluation of this work will be assured through existing governance structures (Clinical Education Governance Group), with planned updates to future Clinical Governance Committees.

An integrated multi-professional approach to student placements will also be progressed and this will be developed via the Senior Clinical Forum.

The Committee noted the report.

## **9. PERSON-CENTRED**

### **9.1 Patient Experience Survey Report Action Plan**

Mr Moore presented a paper providing the Committee with an update to the approach and progress of the project group in implementing a SMS Patient Experience Survey which will hopefully improvement the return rates.

The group has developed a work plan with a phased implementation. Phase 1 of the project will look at replacing the postal survey. Phase 2 would expand into an organisational suite of patient experience tools to enhance User Research, Quality Improvement and Evaluation, as well as enabling targeted patient experience surveys aligned to clinical audit and operational priorities.

The group has developed a work plan with a phased implementation. Phase 1 of the project would look at replacing the postal survey. Phase 2 would expand into an organisational suite of patient experience tools to enhance User Research, Quality Improvement and Evaluation, as well as enabling targeted patient experience surveys aligned to clinical audit and operational priorities.

It was originally planned that phase 1 would be implemented from Quarter 1 of 2022/23. However, the project has been delayed due to the NHS 24 COVID-19 Incident Management Response, and because of staff absence. The project team are now working to implement phase 1 beginning Q2 or earlier.

The Committee noted the report.

## **9.2 Whistleblowing Update**

Mr Moore presented the response to the letter from the Cabinet Secretary to Liz Mallinson, Whistleblowing Champion providing an update on the work which is in train to meet the requirements of the National Whistleblowing Standards.  
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Mr Cheyne expressed his thanks to Ms Mallinson for ensuring that this went through a process allow the Chair, Chief Executive and Committee to be fully informed.

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 28 October 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 and approved the closure of 564.

**12. DATE OF NEXT MEETING**

The next meeting will take place on Thursday 26<sup>th</sup> May at 10am to 12.30pm via MS Teams.

The meeting ended at 12noon