

**NHS 24  
CLINICAL GOVERNANCE COMMITTEE**

**11 FEBRUARY, 2020.  
APPROVED  
ITEM NO. 3**

**Minutes of the Meeting held on Monday, 18 November, 2019,  
in the Committee Room, Caledonia House**

## **1. ATTENDANCE AND APOLOGIES**

### **Committee Members**

Ms Madeline Smith	Non Executive
Ms Juliana Butler	Non Executive
Dr John McAnaw	Representative of Clinical Advisory Group (Head of Pharmacy)
Mr Albert Tait	Non Executive & Committee Chair

### **In Attendance**

Mrs Angiolina Foster	CEO
Ms Ann-Marie Gallacher	Chief Information Officer (part time)
Mrs Janice Houston	Associate Director of Operations & Nursing
Mrs Lynne Huckerby	Director of Service Development
Mr Mark Kelly	Head of Clinical Governance & Quality Improvement
Dr Anna Lamont	Associate Medical Director
Ms Linda Robertson	Risk & Resilience Manager (part time)
Ms Jennifer Rodgers	Head of Dentistry
Mrs Dawn Orr	Nurse Consultant, Telehealth & Telecare (part time)
Dr Laura Ryan	Medical Director
Mrs Paula Speirs	Associate Director, Planning & Performance
Ms Brenda Wilson	Deputy Director of Nursing & Care
Ms Avril Ramsay	(Minutes)

### **Apologies**

Mr Eddie Docherty	Director of Nursing & Care
Mr John Glennie	Non Executive
Mr Martin MacGregor	Partnership Forum Nominated Staff Representative
Mrs Margo McGurk	Director of Finance & Performance
Mr Kevin McMahan	Head of Risk Management & Resilience
Ms Steph Phillips	Director of Operations
Mrs Eileen Wallace	Public Partnership Forum

Mr Tait opened the meeting and welcomed those present. 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

Ms Wilson declared an interest as a member of the Board of Trustees Erskine Hospital.

Mr Tait advised the Committee that item 7.2 Software as Medical Devices - MHRA Legislation Update would be moved to the head of the Agenda.

### 7.2 Software as Medical Devices - MHRA Legislation Update

Mrs Gallacher presented this paper which provides an update to the Medicines & Healthcare products Regulatory Agency (MHRA) legislation update on Medical Devices.

Mrs Gallacher advised the Committee that the new regulations to replace the current regulatory system have now 'entered into force' since May 17. These will apply from May 2020. MHRA have produced guidance to new medical device regulations. Mrs Gallacher advised the Committee that NHS 24 have been working closely with Devices Software & Apps Manager from the regulator (MHRA) and it had been agreed that NHS 24's frontline application SAP CRM tools, which are electronically embedded within the application to support the 111 service and enable the frontline staff to triage callers to the service via a question based framework, are exempt from the regulation. The exemption would be applied in consideration that the software is not commercially available to other healthcare providers and is exclusively used by NHS 24 in its health care setting.

NHS 24 have provided MHRA access to the Self-Help Guides in order that they can confirm the position regarding exemption. A response from MHRA is expected in November 2019, and an update will be provided at the February CGC meeting, together with the NHS 24 draft projected plan to take this legislation forward.

**Action: AMG**

## 3. MINUTES OF PREVIOUS MEETINGS

The minutes of the previous meetings held on 19 August, were approved as an accurate record.

## 4. REPORT OF CLINICAL DIRECTORS

Ms Wilson 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: Ms Wilson updated the Committee on the following points:

- Open University Student Nurses
- Trainee Advanced Nurse Practitioners

- Dementia at NHS 24
- Recruitment
- Adverse Events Review

Ms Wilson confirmed that the post of Head of Clinical Governance has now been filled.

Medical Directorate: Dr Ryan updated the Committee on the following points:

Joint Case Review: The Committee were advised that all Boards are now fully engaged and feedback has been very positive. NHS 24's review tool for the JCRs has now been accepted as part of the new national reporting set that will be standardised for Out of Hours services and systems. There is timetabling in place for all partners. Any cancelled meetings are proactively rescheduled.

Significant stakeholder engagement continues across NHS Scotland by all members of the Medical Directorate. The Value Improvement Bid was successful in achieving £80k pounds over two years, with a focus on patient empowerment and 'its ok to ask' campaign, nationally. This furthers our offer in the digital enablement of citizens and improving public facing content as part of the NHS 24 Realistic Medicine Framework

2018-19 Medical Appraisal & Revalidation Quality Assurance (MARQA) Review: NHS Education for Scotland have formally recorded their appreciation of the time and efforts by NHS 24 in preparing and submitting the Medical Appraisal and Revalidation data return for the organisation.

Scottish Interim Directors of Dentistry Group: It was agreed that the SEDS update would be included within the Deep Dive presentation - Agenda Item 12.2

The Committee discussed and 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 provided an update on all primary and secondary category clinical risks scoring 10 and above as at 5 November 2019. She advised that the Risk Register was reviewed by the Clinical Risk Review Group on 9 October 2019 and National Clinical Governance Group on 24 October 2019.

Ms Robertson provided the following highlights:

- One new clinical risk had been identified, this being that the 111 Service would not be able to respond effectively to significant additional pressure/demand on services (i.e. any health outbreak) due to current system and resourcing capacity limitations. Following review it was determined that although this was an operational technology risk and its primary committee is the Planning & Performance Committee, due to the potential impact on frontline services the secondary committee should be changed from Audit & Risk Committee to the Clinical Governance Committee. This risk,

along with all clinical risks, will be closely monitored by the Clinical Risk Review Group.

- Since the preparing of the paper, Ms Robertson advised that the EU Exit risk had reduced in score from 12 to 9. This was due to the extended timescales allowing additional time for planning to be put in place and confirmation on the potential role of NHS 24 from Scottish Government.

The Committee discussed the closing of the risk in relation to NHS 24 being unable to remove downloaded versions of the NHS Inform app and sought further detail in relation to what measure had been put in place to mitigate any potential impact on the patient journey and NHS 24's reputation. Ms Robertson undertook to liaise with the Service Development Directorate to provide a more detailed update. **Action: LR**

The Committee noted the content of the paper.

## **5.2 Organisational Resilience Update**

In Mr McMahon's absence, the Committee discussed the paper and, in particular, the table top exercise carried out in October in relation to winter planning. The Committee discussed the training of corporate staff to support demand management at critical times for the 111 service (e.g. Severe weather) to ensure a more corporate wide response and requested a more detailed update on how the outcomes from the exercise might be incorporated into winter planning. Ms Houston advised that a paper had been prepared for presentation and discussion at the Executive Management Team meeting. Ms Robertson undertook to liaise with Mr McMahon and provide the Committee with an update on the outcomes of that discussion. **Action LR**

The Committee noted the content of the paper.

## **5.3 EU Exit Preparedness**

In Mr McMahon's absence it was agreed that this paper would be taken as read with any queries/questions being submitted to the author direct, copying in Avril Ramsay for the Minutes.

## **6. NHSS QUALITY STRATEGY**

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

Mr Kelly presented the National Quarterly Healthcare Quality Report for Q2 July to September 2019. The Report was approved by the National Clinical Governance Group in October 2019.

Mr. Kelly highlighted the following points of interest:

The quarterly points of interest include:

- Call Consultation review: The National Clinical Governance Group requested that the quarterly call review report was incorporated into this report to eliminate duplication. Therefore, the participation rates relating to each region/service and

the appropriateness of clinical outcome or patient endpoints across all NHS 24 skill sets and services have been included.

- Seven Stage 2 complaints were received. All were acknowledged within three working days and six were responded to within the target of 20 working days. The hard work of all staff to deliver these timely outcomes were acknowledged by the committee.
- Mental health issues are the main reason for both child and adult public protection referrals during this reporting period. The team continue to work closely with the Lead Nurse for Mental Health and Learning Disability to identify any learning.

Mr. Kelly gave a brief overview of the report and invited questions and the following points were discussed.

**Fatal Accident Inquiry:** The Procurator Fiscal has called a Fatal Accident Inquiry into the death of a Tayside resident who died on 27 April 2015 aged 4 years. A preliminary hearing took place in November 2019 and a Fatal Accident Inquiry date has been set for February 2020. Mr Kelly confirmed that all staff involved (including any leavers) have been informed and will be fully supported by NHS 24 and the Central Legal Office.

**Public Protection:** Mr Kelly advised the committee that mental health issues are the main reason for both child and adult referrals during this reporting period and the Lead Nurse for Public Protection continues to work closely with the Lead Nurse for Mental Health and Learning Disability. As both are relatively new posts it was agreed that a joint presentation on the initial review of both services, would be the subject of one of the Deep Dive sessions at the February Committee meeting.

The Committee discussed and noted the content of the paper.

## **7. SAFE**

### **7.1 Service & Improvement Quality Improvement Update**

Mr Kelly presented this paper which provides updates from Service Development, Service Delivery and Quality Improvement teams in relation to the clinical governance aspects of ongoing improvement and development work.

The following three Clinical Governance Reports were presented and discussed:

- Advanced Clinical Support
- Mental Health Redesign Project
- Primary Care Triage

The Group discussed and noted the content of the paper.

## **8. EFFECTIVE**

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

Mrs Houston presented this paper in Ms Phillip's absence and advised the Committee that Phase 1 of the shift review has now been successfully completed with new shift patterns live from October, in line with planned implementation timetable. Most staff have now transitioned onto their new shift pattern and, whilst a full evaluation of the shift review will be undertaken, the vast majority of staff have responded positively to the process throughout.

Given the time involved to complete the review process, a small number of staff have not yet finalised their new shift arrangements and will continue to work on their existing pattern in the short-term. The introduction of a 15 minute huddle at the start of each shift and two sessions of CPD for every member of staff has been positively received.

The Committee are keen to understand the purposes and outcomes the review of the Senior Charge Nurse and Team Manager positions. Mrs Houston agreed to provide the Committee with an update of purposes, outcomes and actions at the February Committee meeting. **Action: JH**

The Committee discussed and noted the content of the paper.

### **8.2 Advanced Nurse Practitioners - Areas of Focus**

Ms Wilson presented this paper and highlighted the potential areas of focus for ANPs. Ms Wilson advised the Committee that ANPs are qualified prescribers and it has been agreed by the Director of Nursing & Care and the Director of Service Delivery this was the area that the ANPs would concentrate on, which will use their enhanced clinical assessment, diagnosis and treatment planning skills. Dr Ryan observed that this is an important area of focus of real relevance to colleagues in OOH services who receive significant volumes of referrals regarding medicines.

The Committee discussed and noted the content of the paper.

## **9 PERSON-CENTRED**

### **9.1 Patient Experience Survey Results**

Mr Kelly presented this paper which was approved by the National Clinical Governance Group in October.

Mr Kelly advised the Committee that all 8 of the 8 measures contained within the survey had achieved the 90% plus satisfaction target and confirmed that this is significant as it is the first time this has been achieved in the history of this postal survey of 111 service since 2009. Mr Kelly advised the Committee that this was an exceptional result and the Patient Experience Survey Results had been incorporated into the Mid Year Review. A summary version of the survey would be submitted for inclusion in the NHS 24 magazine 'Insight'.

The Committee noted the content of the paper.

## 9.2 NHS 24 Prescribing Policy

Dr McAnaw presented this policy which was approved by the National Clinical Governance Group in October 2019.

Dr McAnaw advised the Committee that this is the first NHS 24 Prescribing Policy and outlines the governance arrangements and requirements to support prescribing by telephone within NHS 24. This policy provides a framework to assure that all prescribing practice, undertaken by telephone within NHS 24, is governed by robust procedures and processes. It is designed to ensure patient safety, safeguarding, and support the clinicians working in prescribing roles, ensuring compliance with legislation.

There is clear alignment with NHS GG&C prescribing policy and governance as a result of the NHS 24 Acute Prescribing Service being run as a 'ghost practice' and has been reviewed against other similar policies from other organisations using non-medical prescribers.

## 9.3 Realistic Medicine Update

Dr Ryan presented this paper which provided the following updates:

- The Medical Director is now the RM lead for NHS 24 and thanked BW for her contribution thus far.
- NHS 24 had a successful bid through Value Improvement Fund supporting delivery of Realistic Medicine which will focus on empowering and preparing patients who are going to see a clinician, design of through easy preparation supports and supportive tools
- An NHS 24 return for the proposed 'Atlas of Variation' led by the Medical Directorate, has been submitted. This had input from service delivery colleagues.
- The RM Framework has been presented at the APF.
- Our GPT and Mental Health Hub were the focus of two workshops at the national Realistic Medicine conference in October, both of which were well received and consolidated the view on what NHS 24 is offering to support a range of strategic aims nationally..

With regard to the NHS 24 for the proposed 'Atlas of Variation', Dr Ryan advised the Committee that she had met with Professor Mahmood Adil, Medical Director, National Services Scotland, regarding possible collaboration work and Dr Lamont has a further meeting scheduled to examine short term opportunities for data sharing and usage..

Dr Ryan asked the Committee if it would be helpful if the external 'Atlas of Variation' Team presented to the Committee and it was agreed that this would be the second Deep Dive presentation at the February CGC meeting. **Action: LR**

## 10. ITEMS FOR ASSURANCE

### 10.1 2020/21– 2023 NHS 24 Operating Plan

Mrs Speirs presented this paper for assurance and asked that the Committee note the draft 2020/21– 2023 NHS 24 Operating Plan will be submitted to Scottish Government in February with final Operating Plan submitted by March 2020.

## **10.2 National Clinical Governance Group Minutes**

The Committee noted the draft minutes of the National Clinical Governance Group meeting.

## **10.3 Dental Advisory Group Minutes**

The Committee noted the draft minutes of the Dental Advisory Group meeting.

## **10.4 Committee Workplan**

The Committee discussed and noted the Workplan. Due to the significant items for the February meeting, it was agreed that Mrs Speirs and Planning Managers, would discuss the agenda with Ms Smith, Chair of the CGC, prior to setting the February agenda.

## **10.5 Integrated Governance Group**

The Committee were asked to note that the Integrated Governance Group (Chairs of each Governance Committee) are keen that papers sent to Committee and then onto Board clearly reflect changes and discussions that take place at each of the respective governance forums.

Mrs Speirs confirmed that an e-mail has been sent to each directorate advising that updates to the cover paper templates for the Board and respective Committees to enable us to be clearer on the key discussion points and also, from a governance perspective, clarity on what we are asking the committee to consider from a specific lens, and asked that each Directorate cascade this to all who are involved in drafting cover papers.

## **11. MATTERS ARISING/PENDING**

### **11.1 Action Log**

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

Accordingly, the following actions were confirmed as complete and agreed for removal from the Action Log.

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## **12. IMPROVEMENT UPDATES & PRESENTATIONS**

### **12.1 Scottish Emergency Dental Service Presentation**

Ms Rodgers advised the Committee that of the posts she holds within the NHS:

- Head of Dentistry, SEDS (NHS 24)
- Consultant in Dental Public Health, NHS Forth Valley



- Co- director of the Childsmile Programme)

Ms Rodgers provided the Committee with a SEDS overview, highlighting the following work currently being undertaken:

The Dental Advisory Group (DAG) meets quarterly and is currently tasked with the two workstreams (cross boundary flow and emergency dental care). These are being worked up in close conjunction with the 3 Regional Groups. In addition, the DAG are also looking at each of the dental protocols in turn to ensure that they remain robust and fit for purpose. Work is now progressing on Dental Trauma - this is in conjunction with work at Glasgow Dental Hospital to ensure consistency with all 14 Health Boards and with the management of Dental Trauma in the in-hours phase.

NHS 24 are currently implementing a test of change to the Urgent Pathway (face to face dental care within 24 hours). From the beginning of October 2019, we have re-introduced the offer of cross boundary patient appointing for most patients within agreed parameters on Saturdays and from November 2019 on both weekend days. This had previously been done in 2013 and has been consistently done since 2013 for certain groups/localities. Initial activity seems uneventful and is well received/supported by the Boards.

These changes were mentioned in the Scottish Government's Oral Health Improvement Plan, January 2018. The Clinical Lead for Dentistry met with the Chief Dental Officer and the Deputy Chief Dental Officer in the SG in June 2018 and they are in agreement with these changes for Scotland as a whole.

The Scottish Emergency Dental Service historically have used two SDCEP Guidelines as a basis for clinical protocols. As the most recent guideline was published in 2013, they are becoming unsurprisingly more out of date as time goes on. The Clinical Lead for Dentistry is communicating with the Director of the SDCEP programme to decide if a request for an updated version should be submitted to the Steering Group and, if, in the meantime, these guidelines should be taken down from the website to avoid confusion. The Clinical Lead for Dentistry will keep in close contact with clinical colleagues to ensure protocols are in line with current clinical practice.

## **12.2 Patient Safety Leadership Walkround (PSLW)**

Mrs Orr provide the Committee with an overview on Patient Safety Leadership Walkrounds and advised the Committee that NHS 24 now utilise the NHS Education for Scotland (NES) safety culture discussion cards. Mrs Orr explained that these cards are designed to provoke discussion amongst teams about issues of importance to them that may affect how work is carried out and how this can impact on patient safety and wellbeing.

Using the card options also allows the staff to:

- Compare views
- Discuss issues for 10-15 minutes
- Focus on cards in a particular element
- SWOT analysis (strengths, weaknesses, opportunities and threats)

## NHS 24 GREEN

- Influences, organise cards into patterns to show how the issues relate to one another

Mrs Orr confirmed that using the cards has generated new themes and has encouraged staff to participate in more detailed discussions which gives staff the opportunity to raise questions/concerns.

Mrs Butler advised the Committee that she had attended a Patient Safety Leadership Walkround and that the new model was very informative and successful.

### **13. ANY OTHER BUSINESS**

- 13.2** The Committee commended Ms Wilson and team for high quality and well presented papers

### **DATE OF NEXT MEETING**

Tuesday, 11 February, 2020: 10.00 a.m. - 1.00 p.m.  
Committee Room, Cardonald.