

**NHS 24  
CLINICAL GOVERNANCE COMMITTEE**

**5 NOVEMBER 2020  
ITEM No. 3  
APPROVED**

**Minutes of the Meeting held on Thursday 6 August 2020  
in the Committee Room 1, Caledonia House, Cardonald / MS Teams**

**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/<br>Head of Pharmacy |

**In Attendance:**

|                            |  |
|----------------------------|--|
| Dr Martin Cheyne           | Chair, NHS 24                                    |
| Dr Laura Ryan              | Medical Director                                 |
| Mr Mark Kelly              | Associate Director of Nursing                    |
| Mrs Janice Houston         | Associate Director of Operations & Nursing       |
| Mrs Angiolina Foster       | Chief Executive, NHS 24                          |
| Mr Kevin McMahon           | Head of Risk Management &                        |
| Mrs Lynne Huckerby         | Director of Service Development                  |
| Mr Martin MacGregor        | Partnership Forum Nominated Staff Representative |
| Mr David Morrison (Item 9) | Participation and Equalities Manager             |
| Ms Liz Mallinson           | Non-Executive                                    |
| Mr Allan Webb              | Non-Executive                                    |

**Apologies:**

|                    |                              |
|--------------------|------------------------------|
| Mrs Maria Docherty | Director of Nursing & Care   |
| Mr John Gebbie     | Director of Finance          |
| Ms Steph Phillips  | Director of Service Delivery |
| Eileen Wallace     | PPF Representative           |

**1. WELCOME AND APOLOGIES**

Ms Smith opened the meeting and welcomed Liz Mallinson and Allan Webb, Non-Executives who were observing the meeting. Apologies were noted as above.

The Committee acknowledged the help and support provided over the years by Brenda Wilson, Deputy Director of Nursing and wished her well for her retirement.

**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 19 May 2020 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 Kelly 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: Mr Kelly updated the Committee and highlighted the following:

- The Clinical Governance processes which Nursing and Care had undertaken to support service delivery during the intense challenge of the initial phases of COVID-19 have now reverted back to service delivery with the understanding that this may change again at short notice should it be required. Nursing and Care continue to support and input into call review management and in finding themes for development
- Nursing and Care continue to play a pivotal role in Infection Prevention and Control in ensuring NHS 24 are responsive to and acting upon Scottish Government guidelines in relation to COVID-19 and the working environment.
- Since the beginning of March the Nurse Consultant, Telehealth and Telecare has been working with the Clinical Development Team (CDT) related to COVID-19. This work has related to:
  - Development and updating of the protocol used by frontline staff,
  - Chat bot development - voice activated option is expected to be live in August 2020
  - Better Working Better Care - clinical development and outcomes
- Nursing and Care are supporting Human Resources and Communications in developing a plan of action for offering influenza vaccinations to all NHS 24 staff and co-located colleagues and are seeking all opportunities to maximise the uptake.
- Following an initial meeting with the Allied Health Professionals (AHPs) and leadership team it is agreed that the priorities moving forward will focus on remote prescribing and attend anywhere (near me).
- As a result of several factors including the 24/7 go live of the mental health hub there has been a large increase in referrals which has resulted in a review of current resource required to manage the public protection referrals – An SBAR has been prepared for presentation at EMT on 11<sup>th</sup> August which recommends a long term solution. In the meantime mitigation has been put into place.

Mr Glennie questioned whether there was a way to know everyone who takes the Flu vaccine even if this is not directly through the internal programme. Mr Kelly indicated the team are currently in the planning stages and are hoping to do things differently in being more proactive around uptake of the vaccination and recording of those who had had the vaccine elsewhere.

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

- Head of Pharmacy (HoP) chaired the Evaluation, Assessment & Review Group (EAR) under direction from the Remobilise, Recover & Renew (RRR) Group to bring together all available information on changes to models of care and ways of working that occurred as a result of the COVID-19 outbreak. The report was completed 30 July and will be presented to the Executive Management Team (EMT) 18 August to support the development of the NHS 24 Recovery Plan.
- Medical Director is co-chairing a short life working group commissioned by the Chief Medical and Chief Nursing Officer to assess opportunities to optimise detection of at risk groups in the pre-hospital environment. This will report to the Clinical Cell in Scottish Government and will influence planning for Winter 2020/21.

SEDS: An update had been provided within the report by Jennifer Rodgers, Head of Dentistry.

Ms Smith recognised the dental service provided by NHS 24 had been a revelation during COVID.

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.

Mr McMahon advised the Committee the Clinical Risk Review Group, which is chaired by the Medical Director had continued to meet during the pandemic. It was noted no new clinical risks had been reported. However, Mr McMahon highlighted the current technology related risks in terms of the organisations ability to sustain an effective response along with increased in phishing and malware attacks which had seen an increase in during the pandemic. It was noted a Resilience Exercise meeting had taken place to look at the organisation's response.

The Committee recognised the work which had been undertaken to close a number of risks however, aware those open risk are an increasing challenge.

Dr Ryan proposed the closure of Risk– RPND/038269 as the number of Advanced Care Plans had quadrupled due to the proactive work undertaken by GPs to increase the number of ACPs within the Key Information Summary as a result of COVID. The Committee approved the closure of this risk. **ACTION: KMCM**

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 Q1 April to June 2020. The Report was approved by the National Clinical Governance Group in July 2020.

Mr Kelly highlighted the following points of interest:

- As approved by the Executive Management Team in March 2020 to support Service Delivery during the COVID-19 pandemic, the Nursing and Care Directorate implemented interim processes to allow Service Delivery to focus on frontline demands. The Clinical Governance business processes reverted back to standard process on Monday 22nd June 2020, apart from call consultation review which resumed standard process on 1st July 2020.
- There was a dedicated single point of contact to complete all clinical investigations for an interim period to support Service Delivery during COVID-19. This model worked well and helped to facilitate communication and achieved improved turnaround times in relation to the management of all incidents.
- Four Stage 2 complaints received, all were acknowledged within three working days and all responded to within 20 working days. Of the total Stage 2 complaints received, 3 were upheld and 1 not upheld. NHS 24 is not isolated in seeing a reduction in patient feedback at this time as other partner Health Boards have reported a similar trend.
- Specific services were able to continue call consultation review at a reduced measure of 1 call for each staff member. These services were Cancer Treatment Helpline, Scottish Emergency Dental Service, Mental Health Hub and Pharmacy. These services achieved a participation rate of 76.3%.
- The Nursing and Care team reviewed 100 randomly sampled COVID-19 related calls each month with focus on clinical outcomes and auditing certain areas. Senior Clinicians reviewed calls against the universal call review matrix.
- 84.5% care delivered at first point of contact (70% target) during the quarter. This is also reflected in the reduction of call back requests created (calls queued) as detailed in the trend analysis.

Ms Smith requested detail relating to call being closed at the first point of contact are added to the trend analysis going forward. **Action: MK**

Section 3 – Quality Ambition - Safe: Mr Kelly updated the Committee in relation to the death of a 4 year old child in 2015. This has progressed from preliminary hearing to Fatal Accident Inquiry (FAI). Mr Kelly alerted the committee to a further potential FAI relating to the death of a 6 week old child in 2018 is currently at the preliminary hearing stage. Mr Kelly assured the committee that all staff are being fully supported.

Section 5 – Quality Ambition – Person-Centred: Mr Glennie queried if Care Opinion feedback were included in the overall totals. Mr Kelly confirmed they are included and highlighted Mrs Docherty is keen to do more with Care Opinion.

The Committee noted the extensive update and assurance provided.

## 7. SAFE

### 7.1 COVID-19 Update

Mr McMahon gave a presentation to the Committee on the work which had been undertaken in response to the COVID-19 pandemic which started on the 8<sup>th</sup> January 2020 following notification from Health Protection Scotland (HPS). This resulted in a small management team being formed which evolved into the current Incident Management Team (IMT). The data collected by NHS 24 has allowed for relationships to be established with HPS who are using the COVID flag data available. Dr Ryan emphasised the detailed intelligence available by postcode has allowed HPS to identify spikes.

Ms Smith welcomed the summary as a reminder of the extensive work which was undertaken during this short period and questioned what areas went well and those which could be improved. Mrs Huckerby stated this would be part of the report from the Evaluation, Assessment and Review (EAR) group.

Mrs Foster highlighted a point around leadership development which has signalled a fundamental new way of leading and working recognising the leadership shown throughout the challenging COVID-19 period. Ms Smith requested this be further explored within the Staff Governance Committee. Mr Glennie agreed to follow this up at the next Staff Governance Committee.

Dr Ryan informed the Committee learning from the response to COVID-19 has informed discussions with Scottish Government resilience colleagues on how practice aligns to the National Pandemic Flu Service and any potential future developments to support pandemic response and planning.

In terms of the data presented Dr Ryan stated these are the average figures over a 3 month period, however, further data around deaths is now available. Ms Smith requested a future Deep Dive around the COVID-19 response and use of data.

**Action: LR/KMcM**

The Committee noted the update.

### 7.2 Service & Quality Improvement Update

Mr Kelly provided a verbal update to the Committee highlighting much of the work normally reported in this section has been paused during COVID-19 including Primary Care Triage. Mental Health Reporting has been moved into the Healthcare Quality Report.

Mr Kelly requested Service & Quality Improvement remain a standing agenda item to allow Committee to be provided with an update on any new services/projects.

The Committee noted the update.

## 8. EFFECTIVE

### 8.1 Service Model Implementation

Mrs Houston provided a verbal update to the Committee highlighting the following key points:

- Two patient pathways through the 111 service are still in operation 24/7
- The COVID service has 4 end points which were all nationally agreed.
- Better Working Better Care – still focusing on team ethos
- Estates – challenges remain due to social distancing guidelines.
- Recruitment – challenges remain, especially for nurse practitioners and will be particularly challenging coming into winter

Mrs Houston highlighted to the Committee there were 87 shielded staff within Service Delivery with each requiring an individual risk assessment and support on place of work and what they can do.

The Committee noted the update.

## 9. PERSON-CENTRED

### 9.1 Accessible information hosted on NHS Inform

Mr Morrison presented a report to the Committee detailing the steps the Service Development Directorate are taking to ensure information is accessible to a wide range of communities during the pandemic, particularly through the use of translation services for key information.

The Committee commended the team for the work done and the groups which have been reached. Mr Morrison emphasised the work is being undertaken in partnership and hoped to work collaboratively with Boards in the future.

Ms Smith queried funding, however, Mr Morrison confirmed there is sufficient funding in place at the moment.

The Committee noted the report for assurance.

### 9.2 NHS 24 Corporate Parenting Progress Report and Action Plan (2020-2023)

Mr Morrison presented the Corporate Parenting Plan for NHS24 and informed the Committee the organisation is required to prepare, keep under review and publish a Corporate Parenting Plan every three years. This plan must set out how the organisation proposes to fulfil its corporate parenting responsibilities.

Mr Morrison highlighted the contribution made by members of staff working which NHS 24 who have shared their experience for the report. Ms Smith expressed her thanks on behalf of the Committee to those young people who shared their stories.

Ms Gibson welcomed the report and action plan, highlighted the stories will have a huge impact in relation to employability for the future. Ms Gibson recommended linking with Fiona Duncan who has been appointed to the Chair of the Promise Oversight Board.

**ACTION: DM**

The Committee approved the Progress Report and Action Plan.

## **10. ITEMS FOR ASSURANCE**

### **10.1 Committee Workplan**

The Committee discussed and noted the Workplan.

### **10.2 Key Points Relevant to other Committees**

In terms of the COVID-19 response and the leadership development, it was agreed further discussion would take place at the 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  
562

## **12. ANY OTHER BUSINESS**

There was no other business raised.

## **13. IMPROVEMENT UPDATES AND DISCUSSION**

### **13.1 Mental Health Hub Deep Dive**

Mr Kelly and Mrs Houston gave a presentation to the Committee on the Mental Health Hub (MHH), highlighting the overall structure within the Mental Health Redesign Programme within which the MHH sits.

Mrs Houston provided an update on the service which commenced in March 2019 initially Thursday to Sunday from 6pm-2am. This then progressed to 7 nights per week from 6pm-2am and from 13<sup>th</sup> July has been 24/7. The service is now receiving over 2000 calls per week from 150 at go live. The Committee noted the speed of growth of the hub, and commended all those involved in delivering such accelerated implementation.

In terms of staffing there are currently 55 Psychological Wellbeing Practitioners (PWP), 10 Mental Health Nurses and 6 Senior Charge Nurses. Mrs Houston acknowledged there are national challenges in terms of recruitment.

There is ongoing collaboration and partnership working with Scottish Government, Police Scotland, Scottish Ambulance Service and Ayrshire & Arran Mental Health Team.

Mr Kelly gave an overview of the Clinical Governance arrangements underpinning the Mental Health Hub, which includes Call Reviews. Mechanisms are in place for Partner Feedback with no negative feedback to date, and Patient Feedback where there has been 3 complaints and 4 compliments. A formal evaluation had been undertaken prior to up scaling. Staff have been positive in terms of support offered especially concerning the debrief at the end of shift. All staff have three hours of allocated Continuous Professional Development time every eight weeks.

Mrs Foster informed the Committee she had spoken to the team and they had all agreed the 1 hour debrief at the end of the shift is invaluable, highlighting staff and patient safety are inseparable.

It was noted the rapid expansion of the mental health hub had been challenging, however, the organisation see this as a key component of the 111 service.

There was discussion round the next phase including a dedicated phone line for Police Scotland calls, this piece of work is progressing with the group meeting on a fortnightly basis.

Mrs Houston indicated there were challenges due to funding an unmet demand and this was without the service having been advertised. Ms Huckerby informed the Committee a formal communication and engagement plan was being developed. Mr Cheyne informed the Committee that the Chairs of Dumfries & Galloway and Orkney Health Boards both commended the service which was being used widely and appreciated in the remote areas.

The Committee thanked Mr Kelly and Mrs Houston for their presentation welcoming further updates on evidence of the value being added to ensure sustainability of the service going forward.

#### **14. DATE OF NEXT MEETING**

The next meeting will take place on Thursday 5<sup>th</sup> November 2020 at 10am to 1pm in Committee Room 1 Cardonald.

The meeting ended at 12.50pm