

NHS 24
CLINICAL GOVERNANCE COMMITTEE

24 NOVEMBER 2022
ITEM No. 3
FOR APPROVAL

Minutes of the Meeting held on Monday 8 August 2022
in Boardroom, Lumina / via MS Teams

The Committee is asked to approve the minutes of the Clinical Governance Committee meeting held on Monday 8th August 2022 as an accurate record of discussions.

Members:

Mr Martin Togneri	Non-Executive and Committee Chair
Ms Anne Gibson	Non-Executive
Ms Marieke Dwarshuis	Non-Executive
Dr John McAnaw	Representative of Clinical Advisory Group/ Associate Clinical Director

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
Mrs Janice Houston	Director of Service Delivery
Mr Martin MacGregor	Partnership Forum Nominated Staff Representative
Mrs Laura Neil	Lead AHP / Interim Head of Clinical Governance and Quality Improvement
Ms Geraldine Mathew	Corporate Governance Manager
Ms Flora Ogilvie	Consultant in Public Health
Mr Graham Mirtle	Interim Head of PMO
Ms Kerry Foley	Senior Nurse – Quality & Standards
Mr Kevin McMahon	Head of Risk Management & Resilience
Dr Donald MacIntyre	Associate Medical Director – Mental Health
Ms Theresa Lyttle	Lead Nurse Public Protection Nurse
Mr Mario Medina	Engagement Manager
Kay Carmichael	Executive PA (Minutes)

Apologies:

Ms Liz Mallinson	Non- Executive
Ms Stephanie Philips	Director of Director of Transformation, Strategy, Planning & Performance
Mr Andrew Moore	Deputy Director of Nursing & Care

1. WELCOME, INTRODUCTIONS, APOLOGIES & APPROVAL OF MINUTES

1.1. Welcome and Apologies

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

1.2. Declarations of Interest

There were no declarations of interest.

1.3. Minutes of Previous Meeting

The minutes of the previous meetings held on 8 August 2022 were approved as an accurate record.

1.4 Resilience Exception Update

The Chief Executive gave an update on the recent cyber-attack, which targeted the Aadastra software system. Mr Miller advised of the significant operational impact on service delivery and the business continuity arrangements that have been deployed. Mr Miller provided assurance that business continuity arrangements were stable and working well.

2.0 REPORT OF CLINICAL DIRECTORS

2.1 Mrs Docherty presented the report of the Clinical Directors, noting the main areas:

- 2.1 Patient Leadership Walk Round - An engagement plan to incorporate staff engagement, patient safety leadership programme and Health & Safety has been agreed, with a timetable being produced over the coming weeks for the year ahead.
- 3.1 Vaccination Programme – Planning is well underway for the NHS 24 Vaccination Programme for 2022. At the time of writing NHS 24 was awaiting a decision from Scottish Government regarding staff inclusion in the COVID booster for winter 2022.

Dr Ryan highlighted the following key points:

- 7.1 Surviving Suicidal Thoughts Project - The Surviving Suicidal Thoughts is using an iterative approach, has been co-designed with people with lived experience of suicidal thoughts and behaviour to develop digital resources to support suicide prevention.
- 9.1 Realistic Medicine and Care – A multi-media approach is being taken to the raising of awareness around key aspects of this agenda.

The Committee noted the content of the paper for assurance.

3.0 CLINICAL RISK MANAGEMENT

3.1 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 as of 8th August 2022.

It was noted there were 1 new risk, 1 risk which had increased and four risks which had reduced. It was noted that the new risk related to the imminent risk of industrial action and Mr McMahon outlined the planning which is underway to consider the risks, contingency plans, and any required additional mitigations.

The Committee noted the content of the paper.

3.2 Organisational Resilience Update

Mr McMahon presented the paper 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 is taking arrange of actions to prepare for the requirements of the public enquiry, including training for staff.
- Winter and festive planning has commenced NHS 24 with work being taken to assess organisational preparedness and resilience for the coming winter.

The Committee noted the report.

4.0 NHSS QUALITY STRATEGY

4.1 National Quarterly Healthcare Quality Report

Ms Neil presented the National Quarterly Healthcare Quality Report for Q1 April to June 2022. The Report was approved by the National Clinical Governance Group in May 2022. The following points of interest were highlighted:

- Following instruction by Scottish Government and aligned to national pandemic de-escalation and recovery, the clinical COVID-19 pathway has been decommissioned. The required changes to NHS 24 technical systems, protocol, process and resourcing were successfully implemented by the target date of 01 April 2022.
- 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.
- Reviewing direct patient feedback from stage 1 and 2 complaints plus compliments received- the percentage of compliments against this total figure

remains steady, at 42% for Q1 2021/22, 45% Q4 2021/22 and 45% for Q1 2022/23.

- Following the go live of the FME line in April 2022 the service has received 106 calls of which 102 were answered. The other 4 calls were abandoned before the threshold. For callers that do not abandon the average time to answer is 9 seconds. 74 callers were referred to the National Hub, 1 was sent to A&E and an additional 28 were not referred onwards.
- Poster submissions accepted for the NHS Scotland event 2022:

The Committee noted the report and assurance provided.

5.0 SAFE

5.1 Infection Prevention and Control (IPC)

Ms Foley introduced the report to the Committee updating the areas the organisation is progressing in terms of Infection Prevention and Control (IPC) highlighted the following:

- NHS 24 continue to review and update our guidance in line with the National Infection Prevention and Control Manual.
- NHS 24 continue to review and update our guidance in line with Scottish Government/PHS publications.
- NHS 24 following National Guidance, have an escalation framework in place which has been agreed by the IPC Group which feeds into National Clinical Governance Group and Clinical Governance Committee.

The Committee noted the content of the paper.

6.0 Effective

6.1 National Suicide Reviews

Dr MacIntyre presented a paper to the Committee for assurance.

The main points highlighted were:

- The National Suicide Prevention Leadership Group (NSPLG) in conjunction with Public Health Scotland (PHS) and partners are carrying out testing of multi-agency suicide reviews in NHS Boards Grampian, Borders, and Dumfries & Galloway.
- This has identified some challenges in accessing information on a person's contact with services both locally and nationally in the period prior to their death.
- To determine the proportion of people contacting NHS 24 in the weeks before their deaths, resource implications for future reviews and meeting the strategic aims for multi-agency collaboration for suicide reviews, NHS

24 in conjunction with the National Suicide Prevention Leadership Group (NSPLG), Public Health Scotland (PHS) and Police Scotland, are proposing to undertake a brief scoping review of suicides from a given month in 2021 to identify any recent contacts with NHS 24 prior to a person's death by suicide

The Committee noted the update provided by this report.

7.0 PERSON-CENTRED

7.1 Public Partnership Forum Annual Report

Mr Medina presented a paper to the Committee for noting.

The main points highlighted were:

- The continued involvement of the PPF and Youth Forum in NHS 24's work being one way the organisation can demonstrate that it is meeting its duties in respect of community engagement/ public involvement.
- PPF and Youth Forum members act as ambassadors for NHS 24, and can support NHS 24 by sharing information about our services in communities across Scotland.

The Committee noted the update provided by report.

7.2 Public Protection Annual Report

Ms Lyttle presented a paper to the Committee for noting.

The main points highlighted were:

- The report presents details of the organisation's programme of work for Public Protection. It identifies service achievements and potential risks for the period from April 2021 until March 2022.
- The report is compiled to provide the organisation with assurances regarding the standard of public protection practice within NHS 24.

The Committee noted the update provided by the report.

7.3 Public Protection Learning and Development Strategy

Ms Lyttle presented a paper to the Committee for noting.

The Committee reviewed the Public Protection Policy which supports the organisation's position in relation to child and adult protection practice. The Policy underpins the public protection process and education materials. The policy has been reviewed and updated in line with national and local developments and was approved by the National Clinical Governance Committee in March 2022.

The Committee noted the update provided by the report.

7.4 Patient and Service User Feedback Annual Report 2021-22

Ms Neil presented a paper to the Committee for noting.

The report details key activities and developments relating to patient/service user feedback managed by the Patient Experience Team from 1st April 2021 – 31st March 2022.

The Committee noted the update provided by the report.

7.5 Duty of Candour Annual Report 2021-22

Ms Neil presented a paper to the Committee for noting.

The report details key activities and developments relating to Adverse Event cases managed under the Duty of Candour legislation from 1 April 2021 - 31 March 2022. Between 1st April 2021 and 31st March 2022, NHS 24 initiated 7 incidents in which Duty of Candour was applied. NHS 24 followed the procedure in six cases. In one case, despite best endeavours by senior clinical staff, the parent of a child patient chose not to engage with NHS24.

The Committee noted the update provided by the report.

7.6 Whistleblowing Annual Report 2021-22

Ms Neil presented a paper to the Committee for noting.

- To provide an update on the work which has been delivered over the past year to meet the requirements of the National Whistleblowing Standards.
- There was zero whistleblowing activity during the reporting period
- Compliance with whistleblowing training was outlined (55.4% as at April 2022).

The Committee noted the update provided by the report.

8.0 Items for Assurance/Approval

8.1 National Clinical Governance Group

Ms Docherty presented the minutes of the National Clinical Governance Group for noting.

The Committee noted the update provided by the minutes.

8.2 Committee Workplan

The Chair outlined that existing workplan would be updated to include a 'deep dive' agenda item as we move back into business as usual following the pandemic. The Committee discussed the suggested topics and agreed that public health/ realistic medicine would be the topic for the November meeting, with Quality Assurance being a topic for a future meeting. It was agreed that the Reshaping of Unscheduled Care would be a topic for a future NHS 24 Board development session.

9.0 DATE OF NEXT MEETING

The next meeting will take place on Thursday 24th November at 10am to 12noon in Boardroom, Lumina / via MS Teams.

The meeting ended at 11.53am