

NHS 24

**Minutes of the Meeting of the
NHS 24 Clinical Governance Committee
held on 10 August 2023 at 10am
Boardroom, Lumina / MS Teams**

PRESENT

Mr Martin Togneri (in the Chair)

Ms Anne Gibson	Ms Liz Mallinson
Ms Marieke Dwarshuis	Dr Martin Cheyne

IN ATTENDANCE

Mrs Maria Docherty	..	Executive Director of Nursing & Care
Dr Laura Ryan	..	Executive Medical Director
Mr John Gebbie	..	Director of Finance and Governance
Mr Jim Miller	..	Chief Executive
Ms Stephanie Phillips	..	Director of Transformation, Strategy, Planning and Performance
Mrs Laura Neil	..	Lead AHP / Interim Head of Clinical Governance & Quality Improvement
Ms Pauline Howie	..	Director of Service Delivery
Dr John McAnaw	..	Associate Clinical Director
Mr Kevin McMahan	..	Head of Risk Management & Resilience
Mr Martin MacGregor	..	Staff Side Representative
Mrs Gail Macgregor	..	Associate Director of Nursing and Operations
Ms Nicola Paterson	..	Clinical Service Manager
Mrs Geraldine Mathew	..	Board Secretary
Mr Mario Medina	..	Participation and Engagement Manager
Ms Kay Carmichael	..	Minutes

		ACTION BY
1.	WELCOME, APOLOGIES AND INTRODUCTIONS	
	The Chair welcomed members present to the meeting. Apologies were intimated on behalf of Mr Andrew Moore.	
	NOTED	
2.	DECLARATIONS OF INTEREST	
	The Chair invited members to declare any interests in any of the items being discussed. There were no declarations made.	
	NOTED	

3.	MINUTES OF PREVIOUS MEETING OF 2 FEBRUARY 2023	
	<p>The Committee considered the minute of the previous meeting held on 1 June 2023 and were content to approve this as a complete and accurate record.</p> <p>The Committee approved the minutes.</p> <p><u>APPROVED</u></p>	
4.	MATTERS ARISING / ACTION LOG	
	<p>The Committee considered actions arising from the minutes of the previous meeting and noted the updates provided against each item.</p> <p>Accordingly, actions 2, 4, 5 and 6 were considered complete and approved for removal from the Action Log.</p> <p><u>APPROVED</u></p>	
5.	REPORT OF CLINICAL DIRECTORS	
	<p>Mrs Docherty provided a verbal update to the Committee providing highlights that have not been incorporated into other papers or are updates since the last quarter.</p> <p>The main points for noting were:</p> <ul style="list-style-type: none"> • Paramedic students were on project-based placements with NHS 24 doing a project on falls. This work will be carried forward as part of overall objectives going forward. One of the NHS 24 physiotherapists was their practice-based supervisor and they also received weekly coaching from the Quality Improvement & Evaluation Team. • There were ongoing discussions with other Higher Education Institutes (HEIs) for other placements. • Vaccination Programme. The in-house programme will commence on 4 September, with planning taking place alongside Service Delivery colleagues. Regular updates will be provided to EMT/Committees and Board. <p>Dr Ryan highlighted the following key points:</p> <ul style="list-style-type: none"> • Realistic Medicines will be presented as a Deep Dive session to the Committee. • The Medical Directorate are key members of the work around Advise and Refer in terms of clinical content review and outcomes with Partners. • Ongoing engagement with Scottish Ambulance Service (SAS) as part of the work of the Joint Collaboration Board. • National Values Based Healthcare Group / Climate Emergency Network, with a presentation at the National Climate and Sustainability Conference in November. Promoting approach of NHS 24 to Values Based Healthcare and Net Zero contribution looking at inequalities and access to service. <p>Ms Dwarshuis questioned if there were any safety implications for Advise and Refer in terms of handling of calls and was keen to learn more about what the safety considerations are and can the Committee be assured around the handling of those calls. Dr Ryan suggested this is picked up during the Advise and Refer item later on the agenda.</p> <p>The Committee noted the update for assurance.</p> <p><u>NOTED.</u></p>	

6.	CLINICAL RISK MANAGEMENT	
6.1	Review of Clinical Risk Register	
	<p>Mr McMahon presented the Clinical Risk Register which provided an update on all primary and secondary category clinical risks to the organisation as of 1 June 2023.</p> <p>The key points of note were:</p> <ul style="list-style-type: none"> • There were 11 clinical risks • 1 risk has closed • 2 new risks identified <p>The Committee assurance in relation to the risks that will flow through to closure during August/September or there are mitigation action dates within this period. Mr McMahon stated these will be challenged through the risk review process.</p> <p>The Committee approved the content of the paper.</p> <p><u>APPROVED</u></p>	
6.2	Organisational Resilience Update	
	<p>Mr McMahon presented a paper to the Committee and provided an update on current issues and management relating to NHS 24 organisational resilience.</p> <p>The main points highlighted were:</p> <ul style="list-style-type: none"> • COVID Public Inquiry – work ongoing supporting the requirements of the Scottish Governance and UK Inquiries. • Training continues with a Cyber exercise taking place in September and Winter Planning in October. <p>Ms Gibson queried if there was any feedback from the Cycling Work Championships. Mr McMahon stated there will be a lessons learned session after the event, however, it was going well so far.</p> <p>The Committee noted the report.</p> <p><u>NOTED</u></p>	
7.	NHSS QUALITY STRATEGY	
7.1	National Quarterly Healthcare Quality Report	
	<p>Mrs Neil presented the National Quarterly Healthcare Quality Report for Q1 April to June 2023. The Report was approved by the National Clinical Governance Group on 31 July 2023. The following points of interest were highlighted:</p> <ul style="list-style-type: none"> • Call demand across all NHS 24 channels in Q1, 2023-24 was 495,414 and Webchat demand 5,534 • First report from Stakeholder Engagement and Insights. This includes feedback from PPF and Youth Forum, a section on what matters to you from members of the public (what matters when you call 111 and what matters most at the end of the call) and a section on community engagement. 	

	<ul style="list-style-type: none"> • Timeline for completion of Stage 1 complaints has reverted back to five working days from 1st April 2023 as per the Scottish Government Model Complaints Handling Procedure. • 12 stage 2 complaints all responded to within the target of 20 working days. • 228 items of Partner Feedback were received (at the time of writing the report 51 of these were awaiting investigation – this was due to a combination of tight timescale required for completion of the report and also technical issues with access to Respond v3. The % upheld rate remains constant between 60 and 70% upheld / partially upheld. • ILA completion rates continue to be below national target of 60% completed within 14 working days – this focus continues at Regional Clinical Governance Groups. <p>Ms Dwarshuis commented on the increase in Public Protection referrals and queried if there was adequate resource to deal with. Mrs Docherty indicated that the resource was adequate and there had been an increase in 2WTE, however, stated this was being looked at organisationally in terms of skill mix. In terms of demand this was an interesting point as there was better awareness through induction and training. It was highlighted not all referrals will be due to public protection concerns as many will relate to welfare issues.</p> <p>Ms Gibson questioned what training staff were getting to deal with complex scenarios around Trauma Informed Practice. Mrs Docherty provided assurance to the Committee that a Working Group had been established by the Lead Nurse Mental Health & Learning Disabilities who was also the NHS 24 Trauma Champion. This group were working with NES in terms of the training materials.</p> <p>Dr Cheyne highlighted the figures in relation to potential vs commissioned Adverse Events. Mrs Docherty assured the Committee that Adverse Events were reported and discussed in detail through the National Patient Safety Group which was chaired by Dawn Orr, Nurse Consultant.</p> <p>There was discussion about the load balance between telephone and web channel resource for Breathing Space. Ms Howie highlighted webchat does take longer so would lose call answering capacity, however, highlighted this detail would be reported via the Planning & Performance Committee.</p> <p>Ms Phillips stated the inbound call handling time of 5 minutes was applied across all services e.g. 111, Breathing Space, Mental Health Hub and this was negotiated with Scottish Government as part of the KPI framework, therefore, require to take into account the total picture of abandoned calls. As part of the ongoing improvements to the presentation of data the detail for Breathing Space will be reviewed.</p> <p>The Committee discussed the target of 14 days for learning, and whether this requires to be reviewed to ensure that 100% of learning action has taken place rather than achieving 60% within 14 days. It was agreed further work would be undertaken to review along with the improvements to the overall report.</p> <p>The Committee noted the report and assurance provided.</p> <p><u>NOTED</u></p>		<p>LN/AM</p> <p>LN/AM</p>

8.	SAFE	
8.1	Infection Prevention and Control (IPC)	
	<p>Mrs Neil presented a paper to the Committee providing an update in relation to IPC, the main point highlighted were in relation to:</p> <ul style="list-style-type: none"> • Education and awareness raising through the development of a 7-minute briefing on the importance of hand hygiene. • Review of the National Infection Control Manual and IPC Standards to ensure NHS 24 in line with these. <p>The Committee noted the content of the paper.</p> <p><u>NOTED</u></p>	
9.	EFFECTIVE	
9.1	Advise and Refer	
	<p>Ms Howie introduced Nicola Paterson, Head of Clinical Service to provide an update on the work to date in relation to Advise and Refer.</p> <p>Ms Paterson informed the Committee that Advise and Refer takes call types that were suitable for a call handler to utilise decision support with little or no clinical supervision, taking the call to an endpoint and referral onto partners. The type of calls could be those relating to MSK, urinary, expected death, wound/dressing which would be suitable for District Nurses.</p> <p>Phase 1 of the project was implemented prior to Easter, with Phase 2 setting a target of 15% of calls suitable for Advise and Refer.</p> <p>Dr Cheyne asked for more detail about how calls come into the service if only have a limited number trained on Advise and Refer. Ms Paterson stated all call handlers have been trained on Advise and Refer.</p> <p>Mr Miller highlighted this was a fantastic initiative, but it does not relate to the simplest calls, but where the endpoint would be known and can be referred on by the call handler. Mrs MacGregor highlighted to the Committee for assurance that clinicians were still available to provide support should the call not follow protocol and required clinical input.</p> <p>Mr MacGregor welcomed the involvement of staff side representatives as part of the project, however, sought assurance that call handlers were not waiting longer for clinical support. Ms Howie stated the aim would be proportioning support needed on floor and on phone. Mrs MacGregor highlighted this would be part of the ongoing evaluation with the Quality Improvement & Evaluation Team in terms of any delays in getting supervision. Mrs Docherty assured the Committee that call handler and clinical supervisor feedback will be included as part of the evaluation.</p> <p>The Committee noted the content of the paper and requested an update to the February meeting.</p> <p><u>NOTED</u></p>	

9.2	<p>A collaborative study with NHS 24 and NHS Tayside to evaluate the “green’ benefits of Flow Navigation Centres and National Redesign of Urgent Care Pathway</p>	
	<p>Dr Ryan spoke to a paper providing assurance to the Committee on NHS 24’s Sustainability Development Group’s contributions to meeting NHS Scotland Climate Emergency target.</p> <p>The key points highlighted for the Committee were:</p> <ul style="list-style-type: none"> • NHS 24 can help meet NHS Scotland targets, reduce its overall carbon footprint, and mitigate environmental impact throughout our service resilience and operations. • Value based healthcare and delivery of net zero by NHS 24 as a national clinical organisation, and critically, collaboration with stakeholders, should be considered and measured in a holistic context across NHS Scotland Health and Social Care and its stakeholders. • This delivers value-based outcomes for citizens in line with the Principles of Realistic Medicine, as well as the NHS Scotland Climate Emergency and Sustainability Strategy <p>Mrs Gibson stated the paper was really positive and can see the benefits and queried plans for further roll out. Dr Ryan stated approached detailed within the paper will be presented at the National Conference to promote the opportunity for further collaboration.</p> <p>The Committee noted the content of the paper.</p> <p><u>NOTED</u></p>	
10.	<p>PERSON-CENTRED</p>	
10.1	<p>Patient Experience and Service User Annual Report</p>	
	<p>Ms Neil presented a report to the Committee for approval.</p> <p>The report details key activities and developments relating to patient/service user feedback managed by the Patient Experience Team from 1st April 2022 – 31st March 2023.</p> <p>The Committee approved the report and remitted to the NHS 24 Board for approval of submission to Scottish Government and publication on NHS 24 Website.</p> <p><u>APPROVED</u></p>	
10.2	<p>Duty of Candour</p>	
	<p>Ms Neil presented a paper to the Committee for approval.</p> <p>The report details key activities and developments relating to Adverse Event cases managed under the Duty of Candour legislation from 1 April 2022 - 31 March 2023.</p> <p>Between 1st April 2022 and 31st March 2023, NHS 24 initiated 8 incidents in which Duty of Candour was applied. NHS 24 followed the procedure in seven cases. In one case, despite best endeavours by senior clinical staff, the patient chose not to engage with NHS24.</p>	

	<p>The Committee approved the report and remitted to the NHS 24 Board for approval of submission to Scottish Government and publication on NHS 24 Website.</p> <p><u>APPROVED</u></p>		
10.3	Quality Improvement & Evaluation Annual Report		
	<p>Ms Neil presented a paper to the Committee for assurance.</p> <p>The report details key activities and developments undertaken by the Quality Improvement and Evaluation Team from 1 April 2022 – 31 March 2023.</p> <p>It was highlighted this was the first time the annual report has been presented to the Committee for the Quality Improvement & Evaluation Team as there were updates within the Quarterly Healthcare Quality Report.</p> <p>Ms Gibson stated it was a positive report to see and the alignment to the strategy.</p> <p>The Committee noted the report for assurance.</p> <p><u>NOTED</u></p>		
10.4	Public Protection Annual Report		
	<p>Mrs Docherty presented the paper to the Committee for assurance. The report had been prepared by Theresa Lyttle, Lead Nurse Public Protection and details the organisation's programme of work for Public Protection. It identified service achievements for the period from April 2022 until March 2023.</p> <p>The report was compiled to provide the organisation with assurances regarding the standard of public protection practice within NHS 24.</p> <p>The Committee noted the report for assurance.</p> <p><u>NOTED</u></p>		
10.5	Corporate Parenting and UNCRN Progress Report and Action Plan		
	<p>Mrs Docherty presented the paper to the Committee for assurance. The report had been prepared by Theresa Lyttle, Lead Nurse Public Protection and Diane Boyd, Clinical Service Manager and details how the organisation has met its duties under Corporate Parenting and United Nations Convention on the Rights of the Child over the last three years and the actions for the next three years.</p> <p>Ms Gibson commented on an excellent report, however, requested if reference could be made to The Promise.</p> <p>The Committee approved the report, with the addition of reference to the Promise and remitted to the NHS 24 Board for approval of submission to Scottish Government and publication on NHS 24 Website.</p> <p><u>APPROVED</u></p>		

<p>10.6</p>	<p>Patient and Public Partnership Forum Annual Report</p> <p>Mr Medina presented a paper to the Committee for noting, expressing thanks to Ms Gibson for her contribution and Ms Phillips as Executive Lead.</p> <p>The main points highlighted were:</p> <ul style="list-style-type: none"> • PPF and Youth Forum members offer NHS 24 the opportunity to gain public views on our work, support wider community engagement and welcome opportunities to help NHS 24 to develop our services to meet public needs. • The contribution that NHS 24 volunteers (Public Partnership Forum (PPF) and Youth Forum members) continue to make to NHS 24 • The continued involvement of the PPF and Youth Forum in NHS 24’s work was 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. <p>Ms Gibson thanked Mr Medina for the work he does to ensure the relationships with the PPF and YF members, which experienced first had with the involvement in the development of the strategy.</p> <p>Mr Togneri thanked Ms Gibson for taking a leadership role in the PPF on behalf of NHS 24 Board.</p> <p>Th Committee noted the report.</p> <p>NOTED</p>	
<p>10.7</p>	<p>Whistleblowing Update</p>	
	<p>Mrs Docherty spoke to a paper providing an update to the Committee in relation to Whistleblowing activity during Quarter 1.</p> <p>Ms Mallinson provided an update to the Committee in her role as Whistleblowing Champion following her attendance at a recent meeting with Ministers. It was noted the involvement of the Ombudsmen was valued along with the independence it brings and assurance. There had been discussion around culture change with observations from island boards in terms of whistleblowing in small communities.</p> <p>The Committee noted the content of the paper and update provided.</p> <p>NOTED</p>	
<p>10.</p>	<p>ITEMS FOR ASSURANCE</p>	
<p>10.1</p>	<p>National Clinical Governance</p>	
	<p>The Committee noted the minutes of the National Clinical Governance Group meeting held on the 31 July 2023.</p> <p>NOTED</p>	

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10.2	Committee Effectiveness Review		
	<p>Mrs Mathew presented a paper detailing the findings of the Self-Effectiveness survey which was undertaken by members.</p> <p>The Committee noted the results of the survey with an action plan being presented to the November meeting.</p> <p><u>NOTED</u></p>		
10.3	Terms of Reference		
	<p>The Committee reviewed the Terms of Reference following the minor amendment to include the Armed Forces Covenant within the remit.</p> <p>The Committee approved the updated Terms of Reference.</p> <p><u>APPROVED</u></p>		
10.4	Committee Workplan		
	<p>The Committee discussed and noted the Workplan.</p> <p><u>NOTED</u></p>		
11	AOB		
11.1	Reflection on Committee Papers/ Key Points relevant to Governance Committee / Agreed Committee Update to Board		
	<p>The Committee reflected on the presentation of the risk register and the possible change to presentation for the next meeting.</p> <p>The Chair asked for members to reflect on the Report of the Clinical Director being provided verbally rather than as a written report.</p> <p><u>NOTED</u></p>		
12	IMPROVEMENT UPDATES & DISCUSSION		
12.1	Deep Dive – Quality Framework		
	<p>The Committee received a presentation from Dr John McAnaw providing an update on the Realistic Medicine Action Plan for NHS 24 for 2023/24 which had been agreed with Scottish Government.</p> <p>The Committee noted the updated on Realistic Medicine.</p> <p><u>APPROVED</u></p>		
	DATE OF NEXT SCHEDULED MEETING		
	<p>The next meeting will take place on Thursday 16th November 2023 at 10am to 12noon in Boardroom, Lumina / via MS Teams.</p>		
	The meeting concluded at 12.50pm		

