

## NHS 24

### Approved Minutes of the Meeting of the NHS 24 Clinical Governance Committee held on 8 February 2024 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

Mr Jim Miller	..	Chief Executive
Ms Joanne Edwards	..	Interim Director of Service Delivery
Mrs Laura Neil	..	Lead AHP / Interim Head of Clinical Governance &
Quality Improvement		
Mr Andrew Moore		Deputy Director of Nursing and Care
Dr John McAnaw	..	Associate Clinical Director
Mr Kevin McMahan	..	Head of Risk Management & Resilience
Mr Martin MacGregor	..	Staff Side Representative
Mr Patrick Rafferty	..	Associate Director of Nursing and Operations
Mr Alasdair Quinney	..	Associate Director of Operations
Mrs Nicola Paterson	..	Head of Clinical Service
Mrs Geraldine Mathew	..	Board Secretary
Ms Paula Bauge	..	Business Support (Observer)
Mrs Fenella Hynes	..	Clinical Governance Manager (Observer)
Ms Kay Carmichael	..	Minutes

#### 1. WELCOME, APOLOGIES AND INTRODUCTIONS

The Chair welcomed members present to the meeting. Apologies were intimated on behalf of Mrs Maria Docherty and Mr Ronald Cook.

#### 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.

Dr Cheyne provided an update to the Committee following the recent Non-Executive Director appointments. It was highlighted Mrs Abeer McIntyre would be a co-opted member of Clinical Governance Committee.

Mr Togneri clarified that for appropriate governance reasons, she will attend Committee meetings as an observer and be able to participate and contribute to meetings but not vote in the event that any decisions require a vote.

**NOTED**

**3. MINUTES OF PREVIOUS MEETING OF 10 AUGUST 2023**

The Committee considered the minute of the previous meeting held on 16 November 2023 and were content to approve this as a complete and accurate record.

The Committee approved the minutes.

**APPROVED**

**4. MATTERS ARISING / ACTION LOG**

The Committee considered actions arising from the minutes of the previous meeting and noted the updates provided against each item.

Accordingly, two actions were considered complete and approved for removal from the Action Log.

**APPROVED**

**5. REPORT OF CLINICAL DIRECTORS**

Mr Moore provided an update to the Committee highlighting the following key points:

- **QI24: Fundamentals Cohort 4** – Cohort 4 of the QI 24: FUNdamentals programme, which ran from September to November 2023, was a 7-week course designed to equip staff with skills for Quality Improvement (QI) initiatives. The programme combined practical training with real-world application, involving bi-weekly virtual sessions and additional work on improvement projects. It maintained high engagement with 15 staff members and overall programme evaluation was positive on a range of measures. Following the programme the QIE team set up weekly 'QI Coaching Clinics' for ongoing support. The team continues to assist in developing and integrating change ideas into organisational practices, with a focus on sustainable improvement. The programme will conclude with a graduation ceremony on 21st February 2024.
- **Excellence in Care** – Learning from Excellence, a system for NHS 24 staff to nominate and highlight examples of excellence provided by their colleagues, went live at the beginning of November 2023 for testing in Dundee, Aberdeen, Lumina and for our Corporate staff. To date we have had six nominations from both frontline and non-frontline staff. These staff members have received their certificate informing them of their nomination and the 'excellence' they have been nominated for will be reviewed, themed and shared for learning within the organisation. The focus of this initiative is to identify and share learning from excellent care delivery as well as when care falls below the standard expected.
- **SMS E-Survey Programme** – the programme had been launched with the Dental Service in January 2024 and was being expanded during Q4 with a view to covering all appropriate NHS 24 services by the start of the new financial year.
- **Vaccination Programme** – The Autumn/Winter 2023/24 Staff Vaccination Programme for NHS 24 concluded on the 29 November 2023. As per Scottish Government policy decision, NHS 24 staff were offered the Flu Vaccine only, a change to previous years where the COVID-19 Vaccine was also offered. On conclusion of the staff vaccination programme, 42% of NHS 24 staff had received the Flu Vaccine either within an NHS 24 in house vaccination clinic or elsewhere. In comparison, data for the national health care worker flu vaccine uptake, up to the 14 January 2024, is 41.7%.

Mr McAnaw highlighted the following key points:

- **Centre for Sustainable Delivery – National Clinical workstreams** - NHS24 continues to have active representation on the Centre for Sustainable Delivery (CfSD) Flow Navigation Centre Speciality Delivery group through the Associate Medical Director (Acute Care). A new workstream of Community Urgent Care has also been established by the CfSD and is committed to forming a Speciality Delivery Group to improve urgent care delivery in the Care home environment. NHS24 advocated this action and will have representation going forward.
- **NHS Scotland Value Based Health and Care Action Plan – Action 10** - Associate Clinical Director and fellow Realistic Medicine Leads in NHS Education for Scotland and NHS Healthcare Improvement Scotland are jointly leading the implementation of Action 10 in the NHS Scotland Value Based Health and Care Action Plan, published in October 2023.

Mr Togneri requested an update on the interaction of the Flow Navigation Centres as a future deep dive. Ms Phillips highlighted the national evaluation which is being led by Scottish Government is underway.

Ms Mallinson asked what the impact has been of the QI FUNdamentals course. Mr Moore stated Cohort 4's projects were aligned to organisational priorities.

Ms Gibson highlighted the progress of the collaboration with SAS seems positive, however, asked if there were any challenges or learning identified to date. Mr Miller confirmed that a presentation is planned for the NHS 24 Board in June.

The Committee noted the update for assurance.

**NOTED.**

## 6. CLINICAL RISK MANAGEMENT

### 6.1 Review of Clinical Risk Register

Mr McMahon presented the Clinical Risk Register which provided an update on all primary and secondary category clinical risks to the organisation as of 30 January 2024. There are currently 14 clinical risks in total, compared to 10 previously.

There are currently two risks with target dates of Q4 of 2023/24, both of these risks are anticipated to be mitigated in line with the target dates. The mitigation for both these risks are aligned to the implementation and training on the new Incident Management System which is on target:

- RPND/048526: There is a risk that clinical governance and patient experience processes are compromised due to the limited functionality/workarounds of the current Incident Management System and the reduced number of users.
- RPND/046235: There is a risk that frontline staff inappropriately access information on the public protection referrals, due to no control measures being available within the current Public Protection system.

The following risk was approved for closure by the Director of Nursing and Care:

- RPND/047302: There is a risk that the Training and Practice Education Team are unable to meet the training needs of the organisation due to the ongoing technical issues with the current training system. This risk was mitigated following the migration of the system to the new data centre.

In terms of one of the new risks identified: RPND/048511: There is a risk that NHS 24's information assets or technology systems are lost or compromised due to a successful malicious cyber attack or data breach by an individual or organisation attempting to gain access to technology network/infrastructure, corrupt data or steal confidential information. This risk was developed following discussion at Committees to ensure oversight of cyber security risk at a corporate level. This risk is currently scored 10. The CGC is the secondary governance committee for this risk.

Mr Togneri questioned the target date of March 2025. Mr McMahon confirmed a Cyber audit had been undertaken with a number of actions identified which are now complete however, there is an opportunity to do more, with a tabletop exercise planned for the 11 March 2024.

In terms of risk: RPND/037063: There is a risk that the NHS 24 would not be able to sustain a safe and effective response due to significant and prolonged surge in demand caused by unforeseen circumstances or events.

Mr Togneri highlighted that the expansion of “Advise and Refer” could be considered a mitigation for this risk. Ms Edwards stated that she would wish to consider this risk around operating model due to the summit taking place on Service Transformation.

The Committee approved the content of the paper.

### **APPROVED**

## **7. NHSS QUALITY STRATEGY**

### **7.1 National Quarterly Healthcare Quality Report**

Mrs Neil presented the National Quarterly Healthcare Quality Report for Q3 October to December 2023. The Report was approved by the National Clinical Governance Group on 29 January 2024.

Following presentation at the last Committee the report was presented in the new format utilising SPC charts where appropriate. It was noted the slide deck spans 80 slides compared to 40 pages previously. There was some discussion about whether this was accounted for by the provision of a greater amount of information to the Committee at its request or by the formatting of the existing information as slides rather than text. It was agreed that the report authors should be requested to make the report as concise as possible consistent with providing all the information the Committee had requested to have included in the report.

Ms Neil highlighted the report is still very much work in progress as the team are reviewing how can get the data in a more effective way to allow to produce SPC charts.

The following points of interest were highlighted:

- Call demand across all NHS 24 channels in Q3, 2023-24 was 487,625 and Webchat demand 1,044.
- NHS 24's Annual Review took place on 29 November 2023. The level of positivity and stakeholder engagement was noted by the ministerial team.
- Learning from Excellence, a system for NHS 24 staff to nominate and highlight examples of excellence provided by their colleagues, went live as a test of change in Q3 in Dundee, Aberdeen and Lumina as well as Corporate staff.
- Breathing Space Webchat has shown significant improvement in Q3. Although minor challenges persist, these are being addressed promptly.
- Of the 9 Stage 2 complaints, two were not responded to within 20 working days. One case was a Verint (technical) issue, and the other was a delayed clinical review spanning dental/ clinical.
- Individual Learning Action completion rates for Patient Experience cases was 80.6% for Q3, well above the national target of 60%. Within Partner Feedback and Clinical Incident learning, for the eighth month in a row Individual Learning Action completion rates continue to be below this target KPI. Completion rates at a regional or service level continue to be a focus at the associated Clinical Governance Group

Mr Togneri took the members through the report by section allowing for any further clarifications to be sought to ensure they had the correct level of detail providing assurance, this included around the Cancer Treatment Helpline, Breathing Space Webchat. Mr Moore stated in terms of the Cancer Treatment Helpline a nationally agreed tool is used which scores the acuity of the patient in terms of clinical decision making. Mr Quinney was able to provide assurance that the technology issues for the

Breathing Space Webchat have been resolved and work is ongoing with performance team and supplier around the numbers for reporting.

Mr Togneri queried the communication to potential users of the differences between Living Life and Breathing Space, since there is substantial overlap between the symptoms for which each might be appropriate that are described on our web pages. Ms Philips stated that Living Life is a planned care service offering CBT via referral from GP or self-referral. Breathing Space is a free confidential listening service available for people experiencing low mood, anxiety or depression.

Mr Dwarshuis highlighted the performance around public protection figures and noted that the charts were much easier to read. Mr Moore stated the referrals track call demand and perhaps feel a better measure would be to show as % of calls. Mrs Neil stated this would be something that would be looked at for reporting from next year.

Ms Dwarshuis commented on the Breathing Space numbers within Prison Service, Mr Moore stated a group is currently reviewing the governance arrangements associated with this and would provide an update at a future meeting.

Mr Togneri requested further detail is added to the glossary in terms of definition for adverse events and potential adverse events.

Mr Togneri commented on the Individual Learning Actions and the target of 60% within 14 days. Mr Moore confirmed this is a historical target and as move to new system of Respond v8 would be more confident that will be able to record more robustly and would look to review this target. At the moment we believe they are being completed but we don't have the robust evidence to support this view. Mrs Hynes stated the current 14 days is a challenge for service delivery, with a view to revise as 14 days for priority in terms of patient safety, unacceptable actions and 30 days for routine learning. The Committee requested an update for the next meeting.

The Committee noted the report and assurance provided.

### **NOTED**

#### **8. SAFE**

##### **8.1 Equalities Human Rights and Community Engagement Governance Matrix**

Ms Phillips presented the paper on 'Equality, Human Rights and Community Engagement Governance Matrix, highlighting the Clinical Governance Committee has a primary role around equalities along with the Staff Governance Committee.

Ms Dwarshuis sought clarity around areas whereby two Committees have been assigned assurance lead. Ms Phillips provided an example whereby Staff Governance and Clinical Governance would review from both remits and have the majority of the responsibility in terms of staff and patients.

Ms Gibson commended the work the group has achieved in a short space of time, with PPF members involved whose input has been valued for this process.

The Committee endorsed the report as an accurate reflection of areas of responsibility.

### **NOTED**

##### **8.2 Infection Prevention and Control (IPC)**

Mr Moore presented a paper to the Committee providing an update in relation to Infection Prevention and Control, the key point of note was around compliance with the 4 eLearning modules. It was noted the current modules are lengthy and inpatient focused. These are being reviewed by NHS Education for

Scotland with input from Senior Nurse within NHS 24 to ensure are relevant to our context and community space to ensure more meaningful for staff.

The Committee noted the content of the paper.

**NOTED**

### **8.3 Whistleblowing Update**

Mr Moore provided an update on Whistleblowing activity during Quarter 3 (October to December 2023). It was noted there had been no whistleblowing cases reported during the reporting period. There are now 9 confidential contacts based across the organisation.

Ms Mallinson commented on eLearning and whether this is offered to all new staff to the organisation and whether the Short Life Working Group (SLWG) will end as it has been running for a number of years. Mr Moore confirmed the eLearning is part of the Corporate Induction for all new staff and the SLWG will be brought to a close, however, highlighted there has been a real interest in this aspect across the organisation.

The Committee noted the content of the paper.

**NOTED**

### **8.4 Prescribing Policy**

Mr McAnaw presented the revised Prescribing Policy which was presented to the Committee for assurance. There were minor changes in terms of content and formatting issues.

The scope of the policy had been widened to include healthcare professionals including Allied Health Professionals (AHPs), medics, nurses and pharmacist, all under the generic term of "prescriber".

Mr McAnaw highlighted prescribing activity remains low in the organisation via Advanced Nurse Practitioners (ANP's) and pharmacists. In terms of the digital prescribing pathway, the focus is currently on primary care in the first instance however, once this is available for NHS 24 it will allow for prescribing to be mainstreamed and maximise the use of those clinical staff with prescribing qualifications.

The Committee noted the revised policy which will be reviewed on a 2-year cycle.

**NOTED**

### **8.5 Senior Clinical Forum**

Mr Moore informed the Committee the Senior Clinical Forum had been meeting on an informal basis, however, this has now been formalised with the Terms of Reference provide for information. The Forum ensures senior clinicians are supporting the work of the Board with the group meeting on a quarterly basis in line with governance cycles.

Mr Moore highlighted the most recent meeting focused on digital transformation and review of the draft Annual Delivery Plan.

The Committee noted the minutes of the Senior Clinical Forum meeting held on 25 January 2024 and the Terms of Reference.

**NOTED**

### **8.6 National Clinical Governance Group**

The Committee noted the minutes of the National Clinical Governance Group meeting held on 6 November 2023.

**NOTED**

**9. COMMITTEE EFFECTIVENESS / WORKPLAN**

**9.1 Terms of Reference**

The Committee reviewed and approved the revised Terms of Reference, following the removal of organisational resilience which will be undertaken by the Planning and Performance Committee.

**APPROVED**

**9.2 Committee Workplan**

The Committee discussed and approved the Workplan noting the Prescribing Policy will move to a 2-year cycle.

Mr Togneri encouraged members to highlight any topics would wish to consider for future deep dive sessions.

**ACTION**

List to be prepared for potential future deep dives which will be reviewed by Chair / Vice Chair of Clinical Governance Committee at next agenda planning meeting.

AM/LN

**9.3 Reflection on Committee Papers/ Key Points relevant to Governance Committee / Agreed Committee Update to Board**

Following comments made during the course of the meeting, Mr Togneri reflected on the revised Healthcare Quality Report spanning to 80 pages, however, highlighted this the core paper of the Committee. Ms Dwarshuis stated she felt the paper took less time to go through as was easier to digest and allowed for more meaningful questions in relation to sections of the report. Mr Togneri welcomed the improvements that have been made to date following the ask from the Committee. Mrs Neil concluded that some aspects of the report may be more suited as individual papers.

The Committee felt the reports presented were consistent and concise to provide assurance.

**NOTED**

**10 IMPROVEMENT UPDATES & DISCUSSION**

**10.1 Deep Dive – Advise and Refer**

The Committee received a presentation from Mr Alasdair Quinney, Associate Director of Operations and Ms Nicola Paterson, Head of Clinical Service providing an update on the work on Advice and Refer within NHS 24.

Mr Togneri question if there had been any compliments, concerns, patient stories in terms of those handled via A&R. Ms Patterson stated to date have looked at staff and partner engagement, with no partner feedback that would suggest anything other than a good experience.

Ms Gibson sought more detail around the Champions within each centre. Ms Paterson confirmed these are within all centres across the estates with some being call handler coaches who were identified via their line manager through PDP if interested in role of education.

The Committee welcomed the informative presentation on the initiative showcasing the progress made and the potential.

**NOTED**

**11. DATE OF NEXT SCHEDULED MEETING**

The next meeting will take place on Thursday 23<sup>rd</sup> May 2024 at 10am to 1pm in Cardonald Room 1 / via MS Teams.

The meeting concluded at 12.35pm.