

NHS 24

**Minutes of the Meeting of the
NHS 24 Clinical Governance Committee
held on 23 May 2024 at 10am
Room 1, Cardonald / MS Teams**



PRESENT

Mr Martin Togneri (in the Chair)

Ms Anne Gibson
Ms Marieke Dwarshuis

Ms Liz Mallinson
Dr Martin Cheyne

IN ATTENDANCE

Mr Jim Miller	.. Chief Executive
Dr Ronald Cook	.. Interim Medical Director
Ms Joanne Edwards	.. Director of Service Delivery
Mrs Laura Neil	.. Lead AHP / Interim Head of Clinical Governance &
Quality Improvement	
Mr Andrew Moore	.. Executive Director of Nursing and Care
Dr John McAnaw	.. Associate Clinical Director
Ms Linda Robertson	.. Risk and Resilience Manager
Ms Stephanie Phillips	.. Director of Transformation, Strategy, Planning and
Performance	
Ms Abeer Macintyre	.. Co-opted member
Mrs Geraldine Mathew	.. Board Secretary
Ms Paula Bauge	.. Business Support (Observer)
Mrs Fenella Hynes	.. Clinical Governance Manager (Observer)
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 John Gebbie.

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 8 FEBRUARY 2024

The Committee considered the minute of the previous meeting held on 8 February 2024 and were content to approve this as a complete and accurate record, with amendment to wording on page 5.

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:

- **UN Convention on the Rights of the Child - The UNCRC Act** received Royal Assent on the 16 January 2024. "Royal assent is the final step required for a parliamentary bill to become law." The United Nations Convention on the Rights of the Child (Incorporation)(Scotland) Act 2024 will become law in Scotland in July 2024. The Act places legal duties on public authorities but also intends to improve the culture of Childrens Rights in Scotland. The UN Convention on the Rights of the Child (UNCRC) has 54 articles that cover a range of civil, political, economic, social, and cultural rights that all children are entitled to. It also explains how adults and governments must work together to make sure all children can enjoy their rights.
- **Scottish Mental Health Nursing Review** - The proposal to undertake a review of Mental Health Nursing in Scotland was announced by the Minister for Social Care, Wellbeing and Sport in October 2023. The Scottish Government are keen to hear the voices of Mental Health Nurses across Scotland working at all levels and in all sectors. Within NHS 24 the Mental Health and Learning Disabilities Senior Team plan to facilitate the engagement of our NHS 24 Mental Health Nurses in this National Conversation. These conversations will take place across NHS 24 throughout May 2024. This will form the discovery phase of the review with feedback from these events being analysed by Scottish Government researchers and translated into a thematic report.

Dr Cook highlighted the following key points:

- **Surviving Suicidal Thoughts** - NHS 24 AMD (Mental Health) reports that Surviving Suicidal Thoughts phase 2 is entering completion with 4 new films recorded and digital content in development, incorporating feedback from the lived experience panel. Dissemination of the phase 1 evaluation continues with Oral presentation accepted for 20th European Symposium on Suicide and Suicidal Behaviour (ESSSB20) in Rome, Digital Mental Health and Wellbeing Conference 2024, Londonderry, Northern Ireland and the Associate Medical Director (Mental Health) is presenting a poster at the NHS Scotland conference, SEC 10th June 2024 entitled Surviving Suicidal Thoughts: Advancing Suicide Prevention in Scotland through Digital Innovation.
- **Public Health Scotland Unscheduled Care Datamart & Discovery Collaboration** - NHS 24 AMD (Primary Care) is continuing to lead work with PHS to develop an improved ability to gain better access to national Unscheduled Care data to further develop evidence-based decision making for service improvements. (NSS Discovery, USC Datamart). Medical Director has now been invited to attend the national Discovery Oversight Board providing an opportunity to evaluate further benefits for NHS 24 in

accessing and linking with other datasets. An NHS 24 cross-directorate data working group has been created around an agreed Terms of Reference and will look to develop a draft organisational data strategy going forward.

Ms Dwarshuis questioned the impact of UNCRC and the gaps in compliance from and NHS 24 perspective. Mr Moore stated there are two areas that need to be addressed. These include how we evidence that children's views have been considered and the development of Child Friendly Complaints.

Ms Gibson queried if the views of young people were being sought in terms of UNCRC and suggested that the Youth Forum would be able to be involved. Mr Moore agreed to action this.

The Committee noted the update for assurance.

NOTED

6. CLINICAL RISK MANAGEMENT

6.1 Review of Clinical Risk Register

Ms Robertson presented the Clinical Risk Register which provided an update on all primary and secondary category clinical risks to the organisation as of 9 May 2024. There are currently 14 clinical risks in total, compared to 14 previously. However, the 3 risks scoring over 10 were presented to the Committee. It was highlighted that the Clinical Governance Committee was noted as the secondary committee for each of the risks, however as all have a clinical element, it is important that the Clinical Governance Committee is sighted on these risks.

Ms Mallinson questioned the implications of the Digital Transformation Programme. Ms Edwards stated this was discussed at the Planning & Performance Committee and the risk is around the seniority of clinicians to ensure resource over winter and easter. It is anticipated the target score will reduce to 6 with festive planning starting earlier.

The Committee sought assurance regarding the confidence level that the risk will reduce in Quarter 3. Ms Robertson stated there is a robust review process where each of the Directors sign off on the risks under their ownership with ongoing review and monitoring in place.

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 Q4 January to March 2024. The Report was approved by the National Clinical Governance Group on 9 May 2024.

Ms Neil highlighted the report is still very much a work in progress as the team are reviewing how they can get the data in a more effective way to allow the production of SPC charts. As this was the final report for 2023/24, the team were mindful of this and will look to make further improvements for the Q1 2024/25 reporting at the next meeting.

The following points of interest were highlighted:

- Call demand across all NHS 24 channels in Q4, 2023-24 was 495,291 and Webchat demand 4,231.
- Risk and Patient Experience transferred to the updated incident tracking system Respond v8 within Q4. This impacted on some of the target dates within patient experience as staff acclimatised to the new system.

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- Individual Learning Action completion rate reporting is suspended for Q4 to allow the cross-over to Respond.
- Of the 5 Stage 2 complaints, two were not responded to within 20 working days.
- Appendix A contains the results of the review into the clinical condition Pain (Joint & Muscle), this was identified as the main clinical condition from learning within 2023-24 Q2 and Q3.

Mr Togneri took the members through the report by section allowing for any further clarifications to be sought to ensure members had the correct level of detail to provide assurance.

Mrs Neil stated that in terms of the Individual Learning Actions (ILA), this will be reported on from Q1 2024/25. It was noted the implementation of Respond 8 did not go as quickly as hoped which resulted in colleagues within Service Delivery not being able to complete within target timescales. Mr Moore provided assurance that all ILAs have been closed off.

Mrs Neil highlighted the Appendix 1 paper following previous reports that had seen an increase in feedback around joint pain. The recommendations out of this work relate to MSK training needs and outcomes. This work is already underway with the Practice Education and Training Team and Associate Medical Director.

Ms Gibson questioned the delivery of training to Police Scotland staff. Mr Moore stated that a Training the Trainer approach was used.

Ms MacIntyre queried the referrals from SAS, in particular the abandoned call numbers. Ms Philips stated the % figure is missing from this detail. This is a warm transfer to automated process the data shows it is up in January but that reflects demand. The abandoned calls were more than likely to be user abandonment rather than technical faults. Mr Miller highlighted this was one of the improvements between SAS and NHS 24 with the warm transfer and the narrative follows that warm transfer is an effective piece of work.

Ms Dwarshuis questioned the ability to respond to demand for the Breathing Space service. Ms Edwards highlighted this is an important question and will be picked up as part of the Mental Health Review, which Dr Cook will lead on. It was noted Breathing Space operates different hours to the Mental Health Hub and Living Life. From speaking to the Breathing Space team, they are seeing an increase in demand which may be due to communications plan that has been delivered including the 20-year anniversary. The service has recruited a number of new staff over the last few months.

The Committee discussed the reporting of legal claims in terms of any themes which have arisen. Mr Miller took an action to clarify with Mr Gebbie that thematic analysis would be undertaken as part of the annual review through Audit and Risk Committee.

Ms Dwarshuis requested the target level of 90% for eLearning is clearly shown on future charts with a red line. Ms Neil agreed to progress this action.

Ms Dwarshuis stated although complaints levels are low in comparison to calls that it would be useful to have detail around themes included in future reports. Mrs Neil stated themes are included as part of the Annual Report which will be presented to the next meeting.

There was discussion around including the main highlights for each section of the report within the cover papers. It was agreed Mr Togneri would consider this with Dr Cheyne and Mr Miller before any action is taken to review cover paper detail.

The Committee noted the report and assurance provided.

NOTED

8. SAFE

8.1 Public Partnership Forum Annual Report 2023/24

Ms Phillips presented an update on the positive contribution of the Public Partnership Forum and Youth Forum over the last year. She highlighted that the forums feel more stable than previously, and the core membership have engaged in the work around the strategy development and Investing in Volunteers award.

Ms Gibson as the Non-Executive link stated the report demonstrates the depth and variety of work that the forum engaged in. It was noted work is underway to pilot the PPF and YF members in visits to the centres over July.

Ms Mallinson asked the Committee to note the achievement of the Investing in Volunteers Award.

The Committee endorsed the Annual Report for presentation to the NHS 24 Board in June.

NOTED

8.2 Whistleblowing Annual Report 2023/24

Mr Moore presented the Annual Whistleblowing Report to the Committee. It was noted there was a low level of activity with only one case in 2023/24.

The organisation has significantly increased the confidential contact capacity with nine confidential contacts across the organisation. A training and development programme is in place.

Ms Gibson sought clarity around the one case which was raised and if there had been any learning. Mr Moore confirmed there were two pieces of learning which have been implemented although the case was not upheld.

The Committee endorsed the Annual Report for presentation to the NHS 24 Board in June for approval, with the inclusion of a targeted approach to increase compliance of the eLearning modules added as a Development Priority for 2024/25.

ENDORSED

8.3 Infection Prevention and Control (IPC)

Mr Moore presented a paper to the Committee providing assurance regarding the Infection Prevention and Control arrangements in place across the NHS 24 estate.

The Committee noted the content of the paper.

NOTED

8.4 Adverse Event Policy

Mrs Neil presented the Adverse Event Policy to the Committee for assurance. The Policy had been developed and approved by the National Clinical Governance Group as subject matter experts. It was noted this is the first version of the policy bringing NHS 24 in line with territorial boards.

It was highlighted there is ongoing work around the processes that sit below the policy and further review will be undertaken to bring the non-clinical incidents in line with clinical incidents.

Mr Togneri requested further detail is added to the categorisation and levels for adverse events.

The Committee noted the content of the paper.

NOTED

8.5 Public Protection Policy and Public Protection Accountability, Assurance and Governance Framework

Mr Moore presented the revised Public Protection Policy and Public Protection Accountability, Assurance and Governance Framework which had both been reviewed as part of the bi-annual review cycle. It was noted the main updates to the policy and framework was in relation to the United Nations Convention on the Rights of the Child (Incorporation) (Scotland) Act 2024.

Ms Gibson questioned what would see that is different in terms of the practice of our staff with the Act. Mr Moore stated we are already doing well in terms of taking account of the child, and work is underway in terms of raising organisational awareness regarding the requirements of the act, training on children's rights and child friendly complaints. He noted that although we do take wishes into consideration, we don't record at present and are looking at how we can record and report for assurance.

The Committee noted the revised policy and framework.

NOTED.

8.6 Senior Clinical Forum

The Committee noted the minutes of the Senior Clinical Forum meeting held on 2 May 2024.

NOTED

8.7 National Clinical Governance Group

The Committee noted the minutes of the National Clinical Governance Group meeting held on 29 January 2024.

NOTED

9. COMMITTEE EFFECTIVENESS / WORKPLAN

9.1 Committee Review of Self Effectiveness Update

Ms Mathew presented a paper detailing the Action Plan from the survey undertaken in 2023 and the proposal to undertake the self-effectiveness questionnaire during July 2024.

Members reviewed the action plan and agreed for action 1a a discussion in future deep dive topics would be undertaken at the February meeting. Within specific training needs action 1b, it was agreed undertaking TURAS modules would be included. Mr Togneri stated pre-agenda meetings are in place with the executive leads and chair/vice chair for action 3a.

In terms of action 4a it was agreed that Mr Moore would take this forward. The Committee requested this is added to the workplan.

The Committee approved the recommendation to undertake its Self-Effectiveness Survey for 2024 during the month of July.

APPROVED

9.2 Committee Annual Report 2023/24

The Committee reviewed the Clinical Governance Committee Annual Report for 2023/24 and approved this for onward submission to Audit and Risk Committee and the NHS 24 Board in June.

APPROVED

9.3 Committee Workplan

The Committee reviewed the Workplan for future meetings. It was agreed that Action 4a of the Committee Self Effectiveness Action Plan would be added for Mr. Moore to take forward (as agreed at 9.1); individual Deep Dive topics to be listed; and Healthcare Staffing added as a standing item along with Annual Report.

NOTED

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

Mr. Togneri sought the views of members regarding the papers that had been presented at the meeting.

The Committee welcomed the improvements which had been made to the Healthcare Quality Report.

NOTED

10. Any Other Business

Mr Togneri informed the Committee an action from the iMatter Action Plan for the Chairs of Committees to attend the relevant Directorate Team Meetings, which will be the Medical and Nursing and Care Directorate. An update will be provided to the Committee when these have been undertaken.

NOTED

11. IMPROVEMENT UPDATES & DISCUSSION

11.1 Deep Dive – Healthcare Staffing

The Committee received a presentation from Mr Andrew Moore, Executive Director for Nursing and Care providing an update on the Health and Care (Staffing) (Scotland) Act 2019. The presentation covered each duty of the act and identified some areas for improvement relating to some areas. It was noted there are two duties within the Act which are not relevant to NHS 24.

It was highlighted Healthcare Improvement Scotland (HIS) have the legal requirement in terms of external scrutiny and NHS 24 will be required to submit quarterly reports to HIS along with quarterly meetings. Should any Board not comply then HIS will provide improvement support.

Mr Moore offered to have a separate session with Non-Executive Directors around the requirements for Healthcare Staffing prior to the first report in August.

Ms MacIntyre questioned if there were any concerns with the staff teams. Mr Moore stated there are

good processes in place and operational managers adjusting staffing ratios on a national basis. He noted challenge as we don't have mitigation such as close a service / ward to pull staff from.

Ms Mallinson questioned if there was any relationship between the shift review and the requirements of the Act. Mr Moore confirmed this would be the case from a benefits realisation point of view.

The Committee welcomed the informative presentation and agreed to add Health and Care Staffing as a standing item on the Committee Workplan.

NOTED

12. DATE OF NEXT SCHEDULED MEETING

The next meeting will take place on Tuesday 6th August at 10am to 1pm in Boardroom, Lumina / via MS Teams.

The meeting concluded at 12.45pm