

NHS 24

**Minutes of the Meeting of the
NHS 24 Clinical Governance Committee
held on Thursday 6 February 2025 at 10am
Boardroom, Lumina/MS Teams**

PRESENT

Mr Martin Togneri (in the Chair)
Dr Martin Cheyne
Ms Anne Gibson
Ms Liz Mallinson
Ms Abeer Macintyre

IN ATTENDANCE

Mr Andrew Moore	Director of Nursing & Care
Dr Ron Cook	Medical Director
Dr John McAnaw	Associate Clinical Director
Mr Jim Miller	Chief Executive Officer
Prof Dawn Orr	Associate Director of Nursing and Care
Mr Martin MacGregor	Partnership Forum Nominated Staff Representative
Ms Laura Neil	Lead AHP/Interim Head of Clinical Governance and Quality Improvement
Dr Jacqui Hepburn	Deputy Chief Executive Officer & Director of Workforce
Ms Steph Phillips	Director of Transformation, Strategy, Planning & Performance
Mr John Gebbie	Director of Finance
Mr Patrick Rafferty	Associate Director of Operations & Nursing
Mr Kevin McMahon	Head of Risk and Resilience
Ms Linda Robertson	Risk and Resilience Manager
Ms Suzy Aspley (For Item 12)	Chief Communications Officer
Ms Fenella Hynes (For Item 10,11)	Clinical Governance Manager
Ms Arlene Campbell (For Item 5-7)	Head of Stakeholder Engagement and Insights
Mr Mario Medina (For Items 6,15)	Engagement Manager
Ms Victoria Knox	Associate Director of Workforce
Ms Geraldine Mathew (Minutes)	Board Secretary

01. WELCOME, APOLOGIES AND INTRODUCTIONS

The Chair welcomed members present to the February 2025 meeting of the Clinical Governance Committee. There were no apologies noted.

Mr Togneri welcomed Ms Arlene Campbell, Mr Mario Medina, and Ms Linda Robertson. He also welcomed Ms Victoria Knox, who was in attendance as an observer.

Following discussion, the Committee agreed to take items 8.1, 8.3 and 8.4, first on the agenda.

NOTED

02. DECLARATIONS OF INTEREST

The Chair invited members to declare any interests in any of the items being discussed. There were no declarations made.

NOTED

03. MINUTES OF PREVIOUS MEETING OF 7 NOVEMBER 2024

The Committee considered the minute of the previous meeting held on 7 November 2024 [Paper No. 03] and were content to approve this as a complete and accurate record, subject to the following amendment:

The start time of the meeting of 7 November 2024 was amended to 10am.

APPROVED

04. MATTERS ARISING

a) Rolling Actions Log

The Committee considered the Rolling Actions Log and [Paper No. 4.1] and were content to accept the recommendation that 4 actions were closed, and 3 actions remained ongoing.

In addition, the Committee discussed the following actions:

Item 11 – Breathing Space Webchat Data

Ms Phillips provided an update on this action and noted that it was currently not possible to obtain the demand data despite every avenue being exhausted with the system supplier to obtain this. Ms Phillips assured members that patients were advised to call Breathing Space at times when webchat was unavailable, therefore there were no patient safety concerns. The issue with obtaining demand data would be resolved on the implementation of the new system in September. The Committee were content to close this action.

Item 28 – Clinical Risk Register Risk Number RI-0012497

Mr McMahon provided an update on this action and noted that this risk had been monitored for a period of 6 months and had subsequently closed. The Committee were content to close this action.

In addition to the actions discussed above, Ms Gibson provided an update on the recent meeting with herself, Ms Phillips, and the Children's Parliament. She noted that this had been an extremely helpful meeting to understand the role of the Children's Parliament.

APPROVED

05. STAKEHOLDER ENGAGEMENT AND INSIGHTS UPDATE

The Committee considered the paper 'Stakeholder Engagement and Insights Quarterly Update' [Paper No. 8.1] presented by Ms Arlene Campbell, Head of Stakeholder Engagement and Insights. The paper described provided an overview of key person and user centred activities facilitated by the Stakeholder Engagement and Insight functions within the Transformation, Strategy, Planning and Performance Directorate.

Ms Campbell noted the key points within the report including the Annual Review and continued follow-up with partners and stakeholders, to strengthen the links with these groups, the signing of the Armed Forces pledge, and the planning and engagement with stakeholders undertaken in respect of the review of NHS inform.

The Chair thanked Ms Campbell for the update and invited comments and questions from members.

In response to questions regarding the engagement undertaken with Women's Aid and the Rape Crisis Centre and if there was an opportunity to access training, Ms Campbell advised that these were some of a number of agencies that NHS 24 was engaging with regarding NHS inform, and as this was a user research piece of work, this had not been explored, however, opportunities to collaborate with other agencies would be explored.

Discussion took place regarding the review of NHS inform and if there was a view of the financial implications of providing more in that space. Ms Phillips noted that this continued to be a key factor in terms of planning.

In summary, the Committee were content to note the report and were assured by the information provided.

NOTED

06. EQUALITY MAINSTREAMING REPORT AND WORKFORCE EQUALITY MONITORING REPORT 2025

The Committee considered the paper 'NHS 24 Equality Mainstreaming Report and Workforce Equality Monitoring Report 2025' [Paper No. 8.3] presented by Mr Mario Medina, Engagement Manager. Mr Medina provided an overview of the key points and noted that the reports require to be published to meet equalities duties. The paper would be presented to the NHS 24 Board for approval of publication at its next meeting on 27 February 2025.

The Chair thanked Mr Medina for the report and invited comments and questions from members.

In response to a question regarding the publication of the report, Mr Medina advised that this would be published on the NHS 24 website. He noted that the report had been prepared in an accessible format. All NHS Boards were required to publish their report by April 2025.

A question was raised regarding benchmarking of employment of those from minority ethnic communities. Mr Medina advised that the baseline was obtained from the census data of the population of Scotland to ensure that centres were reflective of local communities. He also noted the minority ethnic pay gap which was a result of a higher number of minority ethnic staff within the lower pay bands and this continued to be a focus to improve numbers within the higher pay bands.

In response to a question regarding details of a person's age, Mr Medina noted that all equalities monitoring information was captured at recruitment stage. He stressed that this information was not shared with recruiting managers or recruiting panels and this information remained anonymous for all individuals.

A question was raised regarding the organisations which NHS 24 work with, and Mr Medina agreed to provide an overview of each of these organisations and agreed to consider the language used within the report in terms of the use of statistically accurate terms e.g. "broadly", "significantly" etc.

In summary, the Committee were content to note the report and endorse presentation of the report to the NHS 24 Board, for approval, subject to the minor amendments described.

ACTION: Mr Medina.

NOTED

07. DIGITAL TRANSFORMATION PROGRAMME: EXTERNAL COMMUNICATIONS AND ENGAGEMENT UPDATE

The Committee considered the paper 'Digital Transformation Programme: External Communications and Engagement Update' [Paper No. 8.4] presented by Ms Arlene Campbell, Head of Stakeholder Engagement and Insights. The paper provided an update on the current planning and mechanisms in place to communicate and engage effectively with external stakeholders.

The Chair thanked Ms Campbell for the report and invited comments and questions from members.

In response to a question raised regarding the financial implications if the funding requirement for this work went above "business as usual", Mr Gebbie advised that this would be dealt with through the SPRA process.

In summary, the Committee were content to the report, the activities planned and mechanisms in place to engage with external stakeholders.

NOTED

08. REPORT OF THE CLINICAL DIRECTORS

The Committee considered the paper 'Report of the Clinical Directors' [Paper No. 8.4] presented by Mr Andrew Moore, Director of Nursing & Care, and Dr Ron Cook, Medical Director. The paper provided an overview of activities and developments in the Nursing & Care and Medical Directorates. Mr Moore provided an overview of several key areas including uptake of the winter flu vaccination programme for staff and the QI Fundamentals Programme. Dr Cook provided an update on several areas including commencement of the Public Health Trainee Programme, the ongoing work with SAS, specifically in relation to 999 referrals, analysis of the recent up-tick in these and the significant collaborative work underway to address this. He noted the recent paper presented to the National Board Chairs Group, and a subsequent paper which demonstrated the significant work to address this. He was pleased to note that this had reduced throughout the January period.

The Chair thanked Mr Moore and Dr Cook for the updates and invited comments and questions from members.

In response to a question regarding when the work with NHS Lanarkshire would be concluded and future roll out of this, Dr Cook advised that this was currently a test of change, with this scheduled to be completed by mid-March. It was important that work was completed first with Boards to ensure that they had senior clinicians in place to respond to these calls, prior to this being rolled out, and this was underway.

A question was raised regarding the QI Fundamentals Programme, and if a further cohort had been organised. Mr Moore highlighted that, given the ongoing focus on the Digital Transformation Programme and the Service Transformation Programme, consideration was being given to the capacity required to deliver another training programme and whether this was achievable at this time.

In summary, the Committee were content to note the report and were assured by the information provided of the activities and developments in the Nursing & Care and Medical Directorates.

NOTED

09. RISK MANAGEMENT UPDATE

The Committee considered the paper 'Risk Management Update' [Paper No. 6.1] presented by Ms Linda Robertson, Risk and Resilience Manager. The paper provided an overview of the current corporate risks within the remit of the Clinical Governance Committee. There were 12 risks in total, with 2 scoring 10 or above. Ms Robertson noted work carried out to refine the report and include the risk appetite for each risk type. She noted that for the 2 risks highlighted, both target scores were out with the risk appetite statement limits. These were the only 2 risks which were out with the risk appetite out of a total of 28 corporate risks.

The Chair thanked Ms Roberston for the update and invited comments and questions from members.

Discussion took place regarding the fact that 2 risk target scores were out with the risk appetite, and several factors were considered, including:

- Were the mitigations and timescales for mitigations sufficient, if not, should consideration be given to whether these required further mitigations or amended timescales?
- If all the mitigations and timescales were appropriate, and no further actions could be taken to reduce the risks, should consideration be given as to whether Committees were content to accept that these risks sit out with the current risk appetite?
- Should the risk appetite levels for these types of risks be reconsidered by the Board?

The Chair noted that it was for the Staff Governance Committee, as the primary Committee for risk RI-0003927, to consider whether the mitigations and timescales remained the appropriate ones or whether there were any further activities that could be undertaken to reduce the risk. Dr Hepburn noted that the Committee had already had extensive discussions regarding this risk and had concluded that all possible activities to mitigate the risk had been identified. However, she agreed to discuss this matter with the Staff Governance Committee.

Similarly, it was for the Planning and Performance Committee to consider whether mitigations in place in respect of risk RI-0003979 remained sufficient.

Ms Robertson confirmed that as part of the next review and update of the Enterprise Risk Management Framework, she would be considering the definitions of risk types in relation to risk appetite. In line with Board and Committee workplans, this would be discussed when the Board Audit & Risk Committee reviewed the risk appetite later in the year.

ACTION: Mr Togneri, Dr Hepburn, Ms Robertson.

10. NATIONAL QUARTERLY HEALTHCARE QUALITY REPORT Q3

The Committee considered the paper 'National Quarterly Healthcare Quality Report' [Paper No. 7.1] presented by Ms Laura Neil, Lead AHP/Interim Head of Clinical Governance & Quality Improvement. The paper provided an update on the key activities and developments in relation to clinical governance and quality improvement for the period October to December 2024. Ms Neil provided an overview of the key activities outlined in the report and the following points were highlighted.

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Public protection eLearning compliance was at 90.39% which met the organisational target.

Concern was raised regarding the removal of data related to the Forensic Medicine Examination Service, given that this was now reported directly to Scottish Government. Following discussion, it was agreed that this information would be included in the report going forward.

A question was raised regarding compliance with eLearning modules, and why the target was not 100%. Mr Rafferty explained that due to staff being unavailable to complete training, for example, whilst on long term sick or maternity leave, it was not possible to always achieve 100% compliance, therefore the target was set to account for this.

Ms Hynes provided an update on the partner feedback data, and a question was raised regarding the learning points from those that were upheld. Dr Cook noted that consideration was being given to conducting a review of how these were reported. He assured the Committee that there was always learning obtained from partner feedback.

Ms Hynes provided an overview of work underway to provide enhanced training in respect of clinical investigations, to upskill clinical staff. She assured members that significant work was underway to address the challenges associated with meeting the prescribed targets for adverse events, and that there was a plan in place to tackle this. It was agreed that a further update on the completion of commissioning requirements would be provided at the next Committee meeting.

In response to a question about the size and scale of potential single points of failure, Mr Moore advised that significant effort had been made to move away from reliance on specific individuals within the organisation, and this was incorporated into the Risk Register under RI-0030960: Failure to maintain legal and ethical compliance with the National Whistleblowing Standards may result in legal penalties, damage to the organisations reputation, loss of stakeholder trust and potential harm to employees or the public due to unreported or mishandled concerns.

Mr Rafferty provided an overview of the activities contained within the delivery section of the report, including Breathing Space demand, recruitment of PWP's, demand for Living Life, Mental Health Hub demand and resilience of the service.

A question was raised regarding the cancer treatment helpline and the themes from partner feedback. Mr Rafferty agreed to provide this detail to Ms Gibson.

Discussion took place regarding the availability of webchat demand data for Breathing Space, specifically, service users who wished to use webchat to contact the service but had not successfully completed a webchat. Ms Phillips explained that the current system provider had exhausted all technical solutions to obtain this data, however, were unable to resolve this. This issue would be resolved with the implementation of the Digital Transformation Programme in September and was not indicative of an issue with access to the service, which remained fully responsive to demand. It was agreed that historical data on the percentage of webchats abandoned would be provided if possible, in the next report.

In summary, the Committee were content to note the report and were assured by the information provided.

ACTION: Mr Moore, Ms Neil, Ms Hynes, Mr Rafferty.

NOTED

11. PATIENT SATISFACTION SURVEY REPORT

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The Committee considered the paper 'Patient Satisfaction Survey Report Q3' [Paper No. 8.2] presented by Ms Fenella Hynes, Clinical Governance Manager. Ms Hynes noted work undertaken with the supplier in respect of the AI survey of free text columns, and that currently, surveys could be carried out for 4 services. Work continued with Service Delivery colleagues to explore more in-depth summaries. Surveys were carried out over the festive period. There were positive responses in respect of the Flow Navigation Centres, and overall satisfaction had increased in December, compared with November.

The Chair thanked Ms Hynes for the update and invited comments and questions from members.

In response to a question regarding the surveys, Ms Hynes confirmed that only mobile phone users were surveyed as this was through SMS text. Between 85-90% of callers use a mobile phone to contact services rather than landlines.

The Committee were content to note the report.

NOTED

12. DIGITAL TRANSFORMATION PROGRAMME COMMUNICATIONS & STAFF ENGAGEMENT DELIVERY PLAN

The Committee considered the paper 'Digital Transformation Programme Communications & Staff Engagement Delivery Plan' [Paper No. 8.5] presented by Ms Suzy Aspley, Chief Communications Officer. Ms Aspley noted that the paper had been presented to the Staff Governance Committee and provided an overview of the mapping of external and internal audiences, staff engagement sessions, reactive approach to external communications, and the creation of a webpage.

The Chair thanked Ms Aspley for the paper and invited comments and questions from members.

In response to a question regarding involvement of the media, Ms Aspley explained the approach being taken at this time, and assured members that more proactive communications with the press would progress once the significant milestones in the programme had been achieved.

The Committee were content to note the report.

NOTED

13. WHISTLEBLOWING UPDATE

The Committee considered the paper 'Whistleblowing Update – Quarter 3 2024-25' [Paper No. 8.6] presented by Mr Moore, Director of Nursing & Care. One concern had been raised in the quarter; however, this did not meet the whistleblowing criteria and was therefore referred through another organisational process. The organisation took part in Speak Up Week in the quarter, and there was good staff engagement. Ms Mallinson, Whistleblowing Champion, was pleased to note the high number of confidential contacts which had been recruited across the organisation.

The Chair thanked Mr Moore and Ms Mallinson for the update and invited comments and questions.

A question was raised regarding the case which had been referred to the Independent National Whistleblowing Officer (INWO) for review. Mr Moore advised that this case remained with the INWO, and no feedback had been received to date. An update on this was expected from the INWO imminently.

The Committee were content to note the report.

NOTED

14. HEALTH AND CARE STAFFING REPORT

The Committee considered the paper 'Health and Care (Staffing) (Scotland) Act 2019 Quarter 3 2024-25' [Paper No. 8.7] presented by Mr Moore, Director of Nursing & Care. The overall assessment of compliance was reasonable assurance. There was 1 area rated yellow, with all other areas green. All areas were on target to report a green status by the time of the Annual Report. Quarterly reports continued to be submitted to Healthcare Improvement Scotland, and no feedback had been received on the submissions to date.

The Chair thanked Mr Moore for the report.

The Committee were content to note the report.

NOTED

15. DRAFT ANTI-RACISM PLAN

The Committee considered the paper 'Draft Anti-Racism Action Plan' [Paper No. 8.8] presented by Mr Mario Medina, Engagement Manager. All Health Boards in Scotland had been asked to develop an Anti-Racism Plan following guidance received from Scottish Government. Significant engagement work and collaboration had been undertaken to develop the draft plan, which was presented to the Committee for assurance.

The Chair thanked Mr Medina for the update and invited comments and questions from members.

It was noted that most of the measurable benefits were in relation to workforce, and a question was raised about the potential to expand on the patient facing elements. Mr Medina noted that consideration was being given to this, however, as NHS 24 does not collect this type of information at the time of service, it was difficult to identify measurable outcomes. Consideration was being given to how this could be achieved through focus groups and community engagement. Ms Phillips added that a significant amount of work was already underway in respect of this.

The Committee queried if there was a pre-report which had prompted this requirement. Mr Medina noted that work to tackle discrimination had been ongoing for several years, specifically through the Equality Mainstreaming activities, to focus on tackling inequalities. All the previous Equality Mainstreaming Reports were available on the NHS 24 website.

A question was raised regarding the process to feedback to external stakeholders. Mr Medina assured members that feedback was provided to stakeholders through a "You Said, We Did" approach.

In summary, the Committee were content to endorse the Draft Anti-Racism Action Plan for presentation to the NHS 24 Board for approval.

NOTED

16. MINUTES OF SENIOR CLINICAL FORUM MEETING

The Committee received the minutes of the Senior Clinical Forum meeting of 9 October 2024 and were content to note these.

NOTED

19. MINUTES OF NATIONAL CLINICAL GOVERNANCE GROUP

The Committee received the minutes of the National Clinical Governance Group meeting of 23 January 2025 and were content to note these.

20. QUALITY OF CARE ASSURANCE FRAMEWORK

The Committee received the paper 'Quality of Care Assurance Framework' [Paper No. 9.1] presented by Mr Moore, Director of Nursing & Care. The Framework had been developed following the action agreed as part of the Committee Self Effectiveness Survey Action Plan and provided a reference guide to good clinical governance.

The Chair thanked Mr Moore for the update.

The Committee were content to note the paper.

NOTED

21. REVIEW OF COMMITTEE TERMS OF REFERENCE

The Committee received the 'Clinical Governance Committee Review of Terms of Reference' [Paper No. 9.2] presented by Ms Geraldine Mathew, Board Secretary. There were no significant changes to the Terms of Reference proposed, however, several minor amendments were proposed to ensure consistency with other Committees.

Discussion took place regarding the Partnership Forum Representative, and that this had been changed from 2 representatives to 1, because only 1 representative usually attended. It was agreed that this would remain as 1 representative, however, if Mr MacGregor was unable to attend a meeting, another Partnership Forum Representative would be invited as a deputy.

The Committee were content to approve the Terms of Reference, and the amendments proposed.

APPROVED

22. COMMITTEE WORKPLAN 2025/26

The Committee considered the Workplan for 2025/26 and noted the planned items for upcoming meetings. It was agreed that an update on Digital Transformation Programme would be planned into the Workplan for November 2025.

ACTION: Committee Secretariat

NOTED

23. REFLECTIONS ON COMMITTEE PAPERS AND KEY POINTS RELEVANT TO GOVERNANCE COMMITTEES

The Committee reflected on papers presented today and agreed that these were of a good quality which promoted beneficial discussions.

Key points relevant to Governance Committees were previously highlighted including:

- Risks – remit consideration of additional mitigation measures to Staff Governance Committee and Planning and Performance Committee, in relation to the two risks which were above the risk appetite.

24. COMMITTEE HIGHLIGHTS REPORT FOR BOARD

Ms Mathew to draft the Committee Highlights Report for review and approval by Mr Togneri.

ACTION: Ms Mathew

25. AOCB

Discussion took place regarding legal claims, and the Committee was assured that all legal claims have undergone review and outcomes, and learning has been shared through the Healthcare Quality Report.

NOTED

26. DEEP DIVE – SERVICE TRANSFORMATION

Dr Cook provided a presentation on work underway in respect of the Service Transformation Programme, and noted several areas including the NHS 24/SAS collaboration, Phase 1 priorities, Phase 2 priorities, Chest Pain Pathway, shared education, the 999 Short Life Working Group, Associate Medical Director links, Care Home end of life care, frailty, the decision support review, review of outcome codes, and tests of change such as the ANP video consultations.

The Chair thanked Dr Cook for the presentation and invited comments and questions from members.

The Committee highlighted that the presentation demonstrated the wide range of opportunities which NHS 24 could contribute to in this space. Discussion took place regarding opportunities for innovation across the whole system and how this was considered to ensure a cohesive approach. There was also discussion regarding the Strategy, and Ms Phillips noted that an EMT Development session was scheduled to take place to undertake a mid-year review of the Strategy and consider ways in which NHS 24 could offer more in the context of the wider system.

In summary, the Committee were content to note the presentation and were assured by the information provided that significant work was underway in respect of Service Transformation.

NOTED

DATE OF NEXT SCHEDULED MEETING

Thursday 22 May 2025, 10am, Boardroom, Lumina/MS Teams.

The meeting concluded at 1pm.