

## NHS 24

### Approved Minutes of the Meeting of the NHS 24 Clinical Governance Committee held on Thursday 22 May 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 Jim Miller                             | Chief Executive Officer                                                                 |
| Mr Andrew Moore                           | Director of Nursing & Care                                                              |
| Dr Ron Cook                               | Medical Director                                                                        |
| Mr John Gebbie                            | Director of Finance                                                                     |
| Ms Jo Edwards                             | Director of Service Delivery                                                            |
| Dr Jacqui Hepburn                         | Deputy Chief Executive Officer & Director of Workforce                                  |
| Dr John McAnaw                            | Associate Clinical Director                                                             |
| 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                    |
| Ms Steph Phillips                         | Director of Transformation, Strategy, Planning & Performance                            |
| Mr Patrick Rafferty                       | Associate Director of Operations & Nursing                                              |
| Ms Linda Robertson                        | Head of Risk Management                                                                 |
| Ms Fenella Hynes (For Item 7.1, 7.4, 7.5) | Clinical Governance Manager                                                             |
| Dr Julie Ronald (For Item 10)             | Associate Medical Director East                                                         |
| Mr Bob Benson                             | Observer, Non-Executive Director from NHS Tayside/Aspiring Chairs Programme Participant |
| Mrs Ann Campbell (Minute)                 |                                                                                         |

#### 01. WELCOME, APOLOGIES AND INTRODUCTIONS

The Chair welcomed members present to the May 2025 meeting of the Clinical Governance Committee. Apologies were intimated on the behalf of Dr Jennifer Rogers and Ms Geraldine Mathew.

The Chair advised that Dr Jacqui Hepburn, Ms Fenella Hynes, and Dr Julie Ronald would be joining the meeting later for their respective items. Mr Bob Benson was welcomed to the meeting as an observer.

Mr. Benson gave a brief overview of the Aspiring Chairs Programme, an annual initiative funded by the Scottish Government and sponsored by NES. The programme includes a year-long commitment with a host board, such as NHS 24. Mr. Benson expressed enthusiasm about collaborating with NHS 24 and emphasized the valuable learning opportunities it offered.

#### 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 MEETINGS**

### **a) Minutes Of Previous Meeting held 6 February 2025**

The Committee considered the minute of the previous meeting held on 6 February 2025 [Paper No. 03a] and were content to approve this as a complete and accurate record, subject to the inclusion of the below amendment on page 6.

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.

The Committee were content to approve the Minute with amendment proposed.

### **APPROVED**

### **b) Minute of Extraordinary Meeting held 10 April 2025.**

The Committee considered the minute of the extraordinary meeting held on 10 April 2025 [Paper No. 03b] The Chair noted that the meeting had been convened to discuss the Annual Healthcare Staffing Report, which was to be submitted to the Scottish Government for the first time by 30 April 2025, in advance of presentation to the NHS 24 Board for approval.

The Committee were content to approve the Minute.

### **APPROVED**

## **04. MATTERS ARISING**

### **a) Rolling Actions Log**

The Committee considered the Rolling Actions Log [Paper No. 4a] and were content to accept the recommendation that 8 actions were closed.

Item 11 - Breathing Space Web Chat – The group confirmed that assurance had been given in relation to the delivery of the service and signposting at the meeting on 13 February 2025 to discuss residual concerns regarding the provision of the Breathing Space service, subsequent to Clinical Governance Committee on 6 February 2025. A question was raised about whether NHS 24 meets all contractual elements for Breathing Space delivery, and it was clarified that there are no issues with fulfilling the contract requirements.

### **APPROVED**

## 05. REPORT OF THE CLINICAL DIRECTORS

The Committee considered the paper 'Report of the Clinical Directors' [Paper No. 5] 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 highlighted the test of change around the use of the collaborative tool for shared decision making, focusing on patient-centred care, and offering choices based on what matters to patients. He proposed the committee receive updates on the progress of this initiative. Dr Cook highlighted the importance of the Realistic Medicine sustainability network in embedding sustainability into practice and supporting realistic medicine. He also mentioned the successful recruitment event for the Head of Psychology post, which is crucial for advancing the mental health review and supporting the Living Life and Held in Mind services. The appointee, from Greater Glasgow and Clyde has significant experience with digital tools.

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

Dr Cook responded to a question about psychological therapies by explaining that the Head of Psychology post was a strategic role to support psychological services across all suites. This included Living Life, which was currently the main psychology intervention service. The best way to link this service with the mental health hub and ensure pathways from both GP referrals and the 111 line, was under consideration.

Dr Cook clarified that the Held in Mind service was a new service in development providing an enhanced pathway for people accessing the mental health hub. This pathway will aim to provide more interventional and sustained psychological support, potentially up to five sessions. It could also expand upon the existing Living Life service. The specific details were still being finalised.

A question was asked about the review of system keywords and endpoints, specifically regarding the timeline for completing the review and the expected outcomes. Dr Cook replied that the review of the advise and refer protocols was ongoing and aimed to increase during service transformation. Six additional keywords have been added, and practicalities were being assessed during the transition of systems. Dr Cook mentioned that the goal was to reach a 15% mark for the uptake of the advise and refer protocols. They hope to achieve a confidence tipping point as the suite of available calls increased, thereby enhancing call handlers' familiarity and confidence in their practice.

### NOTED

### ITEMS FOR APPROVAL

#### 6.1. WHISTLEBLOWING ANNUAL REPORT

The Committee considered the paper 'Whistleblowing Annual Report 2024-25' [Paper No. 6.1] presented by Mr Andrew Moore, Director of Nursing and Care. The paper provided an overview of the development actions delivered during the reporting period to demonstrate ongoing compliance with the National Whistleblowing Standards.

Mr. Moore noted that the wording in the cover paper under 'Key Risks' was incorrect.

Mr Moore highlighted

- A focus on raising staff awareness to speak out, supported by a communications plan and participation in Speak Up Week.
- Development and training for new confidential contacts to ensure they feel supported in their roles.
- During the reporting period, only two concerns were raised, with one progressing to a stage 2 investigation that is still ongoing.

Ms. Mallinson praised the efforts in recruiting and training confidential contacts, as well as the cultural progress driven by HR. She also mentioned a meeting with the Minister and Whistleblowing Champions, with notes to follow from the Scottish Government.

The Chair thanked Mr. Moore and Ms. Mallinson and opened the floor for questions or observations.

Asked about the benefits of a national network, Ms Mallinson highlighted that one of the national network's achievements was including whistleblowing questions in the annual staff survey, which initially faced resistance but was eventually supported by the government. She noted the network aids organizations in discussing challenges, particularly for smaller health boards struggling to secure independent investigation resources. There is ongoing discussion about creating a national resource mechanism to solve this issue.

In response to a question about possible initiatives to improve the 73.6% completion rate of the mandatory whistleblowing training module, Mr. Moore noted that the module is now part of the board induction process, ensuring all new staff complete it. The challenge was getting existing staff to complete the module due to competing priorities around mandatory training. A work plan for the year includes a targeted month to capture service delivery colleagues who have not yet completed the training.

The committee approved the report, subject to seeing the updated wording under the heading 'Key Risks,' which would be circulated for virtual approval.

## **APPROVED**

### **6.2. PUBLIC PARTNERSHIP AND YOUTH FORUM ANNUAL UPDATE**

The Committee considered the paper 'Public Partnership Forum & Youth Forum - Annual Update' [Paper No. 6.2] presented by Ms Stephanie Phillips, Director of Transformation, Strategy, Planning and Performance.

Ms Phillips highlighted the proactive involvement and strengthened role of the Public Partnership Forum (PPF) and Youth Forum within the organization this year. Their consistent engagement in strategic work was key. Ms Gibson acknowledged the work of the Public Partnership Forum (PPF) and Youth Forum, highlighting their progress in co-production and co-design. The beneficial outcomes of interactions with the vice chair and chair and the advancement of Youth Forum members to call handler roles were highlighted.

It was noted that Board approval was required for the PPF and Youth Forum's annual update, as the PPF was a statutory committee whose reports must be approved and published.

It was noted that the self-assessment process includes developing a work plan for the PPF and Youth Forum, managed through the PPF and engaging them in strategic work. The absence of plans for the upcoming year was noted which prompted the suggestion to include such information in future reports. In addition, the inclusion of a background section that covered compliance with UNCRC and other commitments was suggested as an amendment to the report.

#### **ACTION: Ms Phillips**

A question was raised about the process for appointing members to the PPF and Youth Forum, it was clarified that membership is voluntary and based on individuals' willingness to participate. Members were expected to show commitment and involvement, gaining expertise through strategic discussions and activities. Concerns about control over appointments were addressed by emphasizing the voluntary nature of participation and the importance of dedication and engagement.

In response to concerns about fair representation, Ms Gibson mentioned that specific groups were targeted to foster diversity and that there is a procedure where interested individuals meet with a representative to discuss their potential contributions and expectations. It was noted that input and involvement from underrepresented groups was consistently sought, aiming for the broadest representation possible.

The Committee commended the work that the PPF and Youth Forum had been doing and were content to approve the report, and the amendments proposed.

## APPROVED

### 6.3. COMMITTEE ANNUAL REPORT 2024/25

The Committee considered the Committee Annual Report 2024/25 and were content to approve the report subject to the below date amendment.

|                      |                                           |
|----------------------|-------------------------------------------|
| Ms Marieke Dwarshuis | Non-Executive Director (until 01/08/2024) |
|----------------------|-------------------------------------------|

## APPROVED

### ITEMS FOR ASSURANCE

#### 7.1. NATIONAL QUARTERLY HEALTHCARE QUALITY REPORT Q4

The Committee considered the paper 'National Quarterly Healthcare Quality Report' [Paper No. 7.1] presented by Mr Andrew Moore, Director of Nursing and Care. The paper provided an update on the key activities and developments in relation to clinical governance and quality improvement for the period January to March 2025. Mr Moore provided an overview of the key activities outlined in the report and the following points were highlighted.

- The report had been updated to include additional information, such as if a clinical review and associated learning had been completed in cases involved in a potential claim, a new chart in relation to cancer treatment helpline showing the percentage of calls offered/answered for context, and further details on practice education and development.
- Historical data on the Breathing Space web chat had also been incorporated for this report only.
- Performance indicators for the completion of adverse events had declined, and improvement actions were being considered. A proposal will be going to Service Delivery in the next couple of months to establish a Commissioning Group for Adverse Events that will meet weekly to ensure more consistency and better adherence to timescales.
- There was a challenge in completing Stage 1 complaints, leading to a modification in the complaints process. Clinical investigations will now be reviewed at Stage 2, providing more time for resolution.

In response to a request to explain the drop off in Living Life Call Reviews, Mr Moore explained that the Head of Psychology post is a strategic role to support psychological services across NHS 24, including the Living Life service. This role will help coordinate psychological interventions and ensure pathways from GP referrals and the 111 line are effectively managed. The Living Life service primarily provides psychological intervention, and the new head of psychology will enhance its integration with other mental health services. Ms Edwards mentioned that there was high attrition among Psychological Wellbeing Practitioners (PWP) because NHS 24 is often their first experience in both educational and service settings. Many PWPs left in September for further academic qualifications. This is why there were continuous adverts for PWP positions – the ongoing recruitment challenge affects performance.

A question was asked about the declining performance metrics for the mental health hub, specifically noting eight consecutive months of declining figures for calls answered within five minutes, which are now below the lower confidence limit. Mr Rafferty explained that the higher demand in January and

February for the mental health hub is cyclical, typically increasing after the festive period. This increased demand puts a strain on the system, affecting call answering performance. He noted that while demand was much higher in January and February, it has since dropped back to normal levels, and recent recruitment efforts have helped improve performance. It was requested that the next report comment on whether a reversal of the trend had been achieved.

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

The Committee were content to note the paper.

## **NOTED**

### **7.2. RISK MANAGEMENT UPDATE**

The Committee considered the paper 'Risk Management Update' [Paper No. 7.2] presented by Mr John Gebbie, Director of Finance. The paper provided an overview of the current corporate risks within the remit of the Clinical Governance Committee. There were ten risks, with five scoring ten or higher. In Q4, six risks were due for review; five have been closed, and one has been extended for twelve months. Five new risks have been identified which fall under the remit of staff governance or planning performance but also have clinical implications. The remaining open risk relates to ensuring patient, public, and staff stakeholder intelligence informs service development.

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

A concern was raised that many risks in the register fall under Clinical Governance Committee as Secondary Governance Committee. Mr Gebbie explained that risks were assessed and assigned to the most appropriate primary committee, with clinical governance often serving as a secondary committee due to the nature of the risks. The committee acknowledged the importance of monitoring these secondary risks while ensuring that primary committees handle the main responsibilities, particularly for risks related to service performance and digital transformation.

Ms Robertson explained the increase in target dates for risks in 2026-2027, attributing it to a significant review of risks aligned with the new corporate delivery plan. This review led to updated target dates and deliverables, resulting in a significant shift in the risk profile with 18 new risks identified and 11 closed since the last report.

The Committee were content to note the paper.

## **NOTED**

### **7.3. QUALITY IMPROVEMENT & EVALUATION TEAM WORKPLAN 2025-2027**

The Committee considered the paper 'QIE Team Workplan 2025-27' [Paper No. 7.3] presented by Mr Andrew Moore, Director of Nursing and Care who summarised the plan which focused on three key areas

- Leadership and Strategic Alignment: Aligning resources with the corporate delivery plan priorities.
- Measurement and Evaluation: Broadening the approach to include the application of return on investment tools.
- Training and Development: Building capacity and capability in quality improvement at essential, enhanced, and expert levels.

The detailed inputs and measures of success were outlined in the appendix of the work plan.

Mr Moore mentioned that the Return On Investment (ROI) analysis will focus on the economic impact of improvement and evaluation work, especially in terms of financial returns. This will be integrated into the

benefit analysis of various programs, with Mr Harley, QIE Manager contributing to sustainability efforts to align with the QIE team's plans. Mr Gebbie added that the team is identifying budget outputs for potential savings and emphasizing non-cash releasing efficiencies, which need to be evidenced to the government to highlight overall efficiency improvements.

The Committee were content to note the paper.

**NOTED**

#### **7.4. PATIENT SATISFACTION SURVEY REPORT**

The Committee considered the paper 'Patient Satisfaction Quarterly Report' [Paper No. 7.4] presented by Mr Andrew Moore, Director of Nursing and Care who noted that qualitative data from the patient satisfaction survey was provided to Service Delivery colleagues and utilized for improvements in the Business Excellence Unit (BEU). Additionally, this data informed future pathways as part of the service transformation program.

Asked whether there was potential to explore the demographics of the respondents to ensure a good cross-section of responses rather than just a specific demographic responding through SMS. Mr Moore indicated that the response rate for the patient satisfaction survey is determined by keeping the survey open until the number of responses needed for statistical validity was reached. This methodology ensures that the responses are statistically significant. Ms Hynes added that the patient satisfaction survey did not collect any demographic information, such as age or gender, to maintain anonymity. The survey focused solely on the service received, asking four specific questions. She mentioned that if the survey system becomes more electronic and less manual, there could be potential to start collecting demographic data in the future.

The Committee were content to note the paper.

**NOTED**

#### **7.5. ADVERSE EVENT MANAGEMENT UPDATE**

The Committee considered the paper 'AE Management Update' [Paper No. 7.5] presented by Mr Andrew Moore, Director of Nursing and Care who provided an update on the adverse event management process. The Scottish Government's review last year revealed variability in the quality and timeliness of adverse event reviews across health boards. Healthcare Improvement Scotland had published an updated national adverse events framework and revised duty of candour guidance. NHS 24 was in a relatively good position but needed to review some processes to align with the new framework. New stipulations included mandatory training for conducting adverse event reviews and having conversations with patients and families under the duty of care. Reporting requirements would be standardised to ensure consistency across Scotland. It was confirmed that the organisation will undertake the necessary work to comply with these new requirements and will report back on progress.

Ms Hynes elaborated on the role-specific training requirements within the new adverse events framework. She mentioned that lead authors must undergo specific training related to duty of candour and staff support. Additionally, line managers and staff involved in support and engagement must complete psychological safety training. This comprehensive training approach aims to ensure that staff are well-prepared to handle adverse events and support patients and families effectively.

The Committee were content to note the paper.

**NOTED**

## **7.6. MINUTES OF SENIOR CLINICAL FORUM MEETING**

The Committee received the minutes of the Senior Clinical Forum meeting of 1 May 2025 and were content to note these.

**NOTED**

## **7.7. 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.

**NOTED**

## **7.8. COMMITTEE SELF EFFECTIVENESS ACTION PLAN UPDATE**

The Committee received the paper 'Committee Self Effectiveness Action Plan Update' [Paper No. 7.8] presented by Mr Moore, Director of Nursing & Care, who noted good progress in terms of actions.

The Chair thanked Mr Moore for the update and the introduction of the Chair's Brief which he found valuable.

The Committee were content to note the paper.

**NOTED**

## **7.9. STAKEHOLDER ENGAGEMENT AND INSIGHTS QUARTERLY/ANNUAL UPDATE**

The Committee received the paper 'Stakeholder Engagement and Insights Annual Report 2024-25' [Paper 7.9], presented by presented by Ms Stephanie Phillips, Director of Transformation, Strategy, Planning and Performance. The paper outlined the significant breadth of work in stakeholder engagement over the past year. The ongoing evolution and development of the approach, with a focus on service-led design was noted. A deep dive session was conducted at the Planning Performance Committee, showcasing the progress in embedding this approach, particularly through transformation programs. Efforts have been made to strengthen governance around stakeholder engagement, including the development of a stakeholder engagement framework and the establishment of a steering group to drive this work forward. These initiatives were essential in enhancing stakeholder engagement and ensuring alignment with strategic priorities.

Different expectations between older and younger people, particularly in accessing services were noted. Young people were not typically using clinical services at this point, but there was a clear shift in their preferences for accessing health information. It is important to engage young people in a meaningful way to broaden their understanding of when to use services and to raise awareness. There were good links with the university sector and efforts to work with younger groups.

The Committee acknowledged the regular attendance and engagement of a significant cohort of Stakeholders at the Annual Review with the Cabinet Secretary.

Ms Phillips confirmed future plans for a targeted project with the Children's Parliament and implementing a coordinated approach to expand the third sector interface.

The Committee were content to note the paper.

**NOTED**

## ITEMS FOR NOTING

### 8.1 TRAINING AND PRACTICE EDUCATION DIGITAL TRANSFORMATION PROGRAMME (DTP) AND TRANSFORMATION DELIVERY PLAN

The Committee received the paper 'DTP Training and Learning update' [Paper 8.1], presented by Dr Hepburn, Deputy Chief Executive and Director of Workforce. The training strategy and action plan were being delivered over five phases in partnership with Coforge. The training environment was now operational, and various training materials had been developed. Phase one, which includes training supervisors, subject matter experts (SMEs), and trainers, had been completed. Phase two, the 111 pilot, was currently underway, with 75 out of 106 staff trained as of lunchtime the previous day. Feedback from the training had been overwhelmingly positive, with 100% satisfaction in evaluations. Trainees found the system intuitive and practical, appreciating the hands-on training approach. The training included an e-learning module for basic system understanding before practical sessions. Dr Hepburn concluded by expressing confidence in the progress and effectiveness of the training, with plans to provide further updates in due course.

The Committee were content to note the paper.

## NOTED

## COMMITTEE BUSINESS

### 9.1. COMMITTEE WORKPLAN 2025/26

The Committee considered the Workplan for 2025/26 and noted the planned items for upcoming meetings. The amendments below were noted:

- Remove Organizational Resilience report (PPC remit)
- Remove Armed Forces Covenant & NHS 24 Armed Forces & Veterans Workplan (Business As Usual)
- Rename Committee Self Effectiveness items to Committee Self-Review of Effectiveness

ACTION: Committee Secretariat

## NOTED

### 9.2. REFLECTION 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.

### 9.3. COMMITTEE HIGHLIGHTS FOR THE BOARD

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

ACTION: Ms Campbell

### 9.4. AOCB

The Chair congratulated Mr Rafferty on his appointment as Director of Nursing and Care and thanked Mr Moore for his substantial contribution to the Clinical Governance Committee's success during his tenure.

## IMPROVEMENT UPDATES AND DISCUSSION

### 10.1 NHS 24 Centre/Service Specific Deep Dive – Outcomes ANP trial

Dr Cook, Medical Director and Dr Ronald, Associate Medical Director provided a presentation on the Outcomes of the ANP Video Triage Test of Change held earlier in the year. Video consultations have become more prevalent during and after the COVID pandemic. NHS 24 successfully used video for dental assessments and aims to explore sustainable, scalable implementation for outpatient groups. Paediatric assessment, identified for improvement through partner feedback and adverse events, was chosen for this test. The trial results are supporting service transformation and providing future direction concepts.

The use of video consultations led to fewer 999 ambulances, more accurate referrals, and increased self-care outcomes. Advanced practitioners felt more confident in their assessments and decisions. Phase two of the project includes additional keywords and prescribing capabilities. There are considerations for upskilling clinicians, recruiting paediatric-trained practitioners, and potentially expanding the model to adult patients.

The presentation was keenly received by the Committee and the discussion that followed, reflected a broad range of considerations, including the potential for expanding the trial to include other nursing roles, the balance between generalist and specialist services, resource allocation, and the integration of the trial outcomes into broader healthcare practices.

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

### DATE OF NEXT SCHEDULED MEETING

Thursday 7 August 2025, 10am, Boardroom, Lumina/MS Teams.

The meeting concluded at 1pm.