

NHS 24



**Approved Minutes of the Meeting of the
NHS 24 Clinical Governance Committee
held on 6 August 2024 at 10am
Board Room, Lumina / MS Teams**

PRESENT

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

IN ATTENDANCE

Mr Jim Miller	Chief Executive
Ms Maureen Burns	Lead Nurse Public Protection/Child Health Commissioner (For Public Protection item only)
Dr Ronald Cook	Medical Director
Ms Joanne Edwards	Director of Service Delivery
Ms Kerry Foley	Senior Nurse Quality Assurance and Standards (For Patient Feedback item only)
Mr John Gebbie	Director of Finance
Mr Dan Harley	Quality Improvement and Evaluation Manager (For Patient Satisfaction and Quality Improvement items only)
Ms Jacqui Hepburn	Deputy Chief Executive and Director of Workforce (Observer)
Mrs Laura Neil	Lead AHP / Interim Head of Clinical Governance & Quality Improvement
Mr Kevin McMahon	Head of Risk Management & Resilience
Mr Andrew Moore	Director of Nursing and Care
Mr Patrick Rafferty	Associate Director of Operations & Nursing
Ms Stephanie Phillips	Director of Transformation, Strategy, Planning and Performance
Mrs Geraldine Mathew	Board Secretary
Mrs Ann Campbell	Minutes

1. WELCOME, APOLOGIES AND INTRODUCTIONS

The Chair welcomed members present to the meeting. Apologies were noted from Kay Carmichael.

The Chair noted that the Cabinet Secretary has accepted Marieke Dwarshuis' resignation from NHS 24 Board with effect from 1 August 2024.

NOTED

2. DECLARATIONS OF INTEREST

The Chair invited members to declare any declaration of interests. There were no declarations made.

NOTED

3. MINUTES OF PREVIOUS MEETING OF 23 MAY 2024

The Committee considered the minute of the previous meeting held on 23 May 2024.

A revised version of the minute was circulated the day before the meeting, which included grammatical changes. There were no substantive changes to the minute.

Dr Cheyne provided an update on the format of information contained within committee covering papers (page 5 of the minute) and the requirement to follow national guidance. It has been agreed that this issue would be reviewed at the next Integrated Governance Committee. Mr Togneri outlined the context of the discussion at the previous committee, including the requirement to balance the identification of key points from paper authors with the governance requirement of facilitating full non-executive scrutiny of the content of papers.

The Committee were content to approve the minute as a complete and accurate record, noting the update above.

APPROVED

4. MATTERS ARISING / ACTION LOG

The Committee considered the actions tabled for closure and were content to accept the recommendation that five actions were closed.

The Committee agreed that in addition to the Urgent and Unscheduled Care Deep Dive Session today, the topic should be proposed for a future a Board Workshop.

There were no other matters arising raised.

APPROVED

ACTIONS: R Cook/G Mathew

5. REPORT OF CLINICAL DIRECTORS

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

- **PPF Centre Visit** - A visit to the Lumina Centre was arranged for members of the Public Partnership Forum on 2 July 2024.
- **Excellence in Care** - Learning from Excellence is a system for NHS 24 staff to nominate and highlight examples of excellence in care provided by their colleagues. 15 Learning from Excellence nominations were received in this quarter and certificates sent to those individuals. Work is underway to theme responses to identify learning/improvement opportunities.

Dr Cook highlighted the following key points:

- **NHS Scotland Event 2024** - Seven posters were displayed at this year's NHS Scotland event showcasing work led or supported by the Quality Improvement and Evaluation team:
- **SAS/NHS 24 Collaboration Board** - Following SLWG collaboration, NHS 24 / SAS / OOH PC enhanced triage pathway agreed by National OOHs group and implementation now planned for July 2024.

Questions were then invited from the Committee.

Dr Cheyne wished to congratulate all staff involved in the NHS Scotland Event 2024 in respect of the impressive quantity and quality of posters and presentations submitted by NHS 24.

Ms Gibson noted the incredibly positive feedback received following the recent PPF visit and expressed keenness for another visit to be organised soon.

Ms Gibson asked how UN Convention on the Rights of the Child operational practices would be evaluated to show that the child/young person's expressed wishes had been taken into consideration. Mr Moore advised that children were fully involved in the assessment process. The Children and Young Persons Group is looking at options to evidence their involvement as an integral part of the clinical record.

Ms Gibson asked how feedback was going to be given in relation to the responses received via the e-survey. Mr

Moore advised that feedback would be part of the Development Plan going forward and would be considered from a communications perspective. The emphasis will be on identifying and publicising improvements both for patients and staff. There is also the potential to give people individual feedback via existing mechanisms.

Ms Gibson asked if there were any learning points from the evaluation of the Police Scotland/NHS 24 Mental Health Pathway. Ms Edwards confirmed the evaluation report has been shared widely. Ms Phillips noted that the evaluation was overwhelmingly positive, giving very tangible data showing a reduction in deployment of police resources. Over two thousand Police Scotland staff are now fully trained in using the mental health pathway.

Ms Macintyre asked for more detail in relation to the North Skye delivery of Urgent Care issue. Dr Cook gave a summary of the background to this issue. There is ongoing collaboration between NHS 24 and NHS Highland who have developed an Urgent Care Plan for North Skye and Portree which is currently being implemented. Dr Cook highlighted the main role for NHS 24 is promoting 111 as a national resource to direct residents/tourists to the right care, right place, right time.

Mr Togneri asked for clarification on the technical issue mentioned in the last paragraph under Excellence in Care. Mr Moore advised that NHS 24 is not able to use the national dashboard owing to a technical issue. Public Health Scotland has confirmed that it is not possible to resolve the issue, and it has therefore been agreed that NHS 24 will develop its own Excellence in Care Dashboard, which will enable the submission of data nationally.

The Committee noted the update for assurance.

NOTED

6. CLINICAL RISK MANAGEMENT

6.1 Review of Clinical Risk Register

Mr Togneri noted that all clinical risks were being tabled at this meeting as part of the annual review of clinical risks. Mr McMahon presented the Clinical Risk Register which provided an update on all primary and secondary category clinical risks to the organisation as of 26 July 2024.

The key points of note were:

- There were fifteen clinical risks.
- One risk has closed.
- Two new risks have been identified.

The Committee agreed that RI-0009057 description should be reworded in advance of Board. The change should reflect the risk to staff confidence in mechanisms to raise concerns and the opportunity to learn from feedback. Mr Moore and Mr McMahon would take the action forward.

Mr Togneri requested that the Consequence rating for RI-0004625 be reconsidered.

The Committee approved the content of the paper subject to the amendments above.

APPROVED

ACTIONS: A Moore/K McMahon

7. NHSS QUALITY STRATEGY

7.1 National Quarterly Healthcare Quality Report

Mrs Neil presented the National Quarterly Healthcare Quality Report for Q1 April to June 2024. The Report was approved by the National Clinical Governance Group on 22 July 2024.

Ms Neil noted that the report has been further restructured since the last quarter, the changes allowing the report to flow and read better. Following comments made at the last meeting, where possible, the data has been plotted by percentage rather than number, to give more meaningful comparison and target lines have been added.

Mr Togneri took members through the report section by section.

For Quality and Governance, Mrs Neil highlighted below:

- Familiarity with the new Respond (Risk and Incident Management) system is improving all the time and there are robust contingency measures in place in the event of a system outage for Adverse Events, Patient Experience and Public Protection. Mr. Moore gave assurance that no cases had been missed, all had been processed appropriately.
- The launch of Learning Hub has received very positive feedback.

Mr Togneri asked for the next report to include a section to address the Patient Experience lowlight described on p.14 in relation to open Stage 1 complaints. Mrs Neil agreed to action this.

Mr Moore confirmed that the target for both Priority Learning and Routine Learning is 90% (the timeframe for Priority Learning being 14 days and Routine Learning being 30 days, the timeframe allows contingency for shift rotas, leave, sickness, etc). Ms Edwards noted that there has been a change in process, a dual approach is being taken, tagging eLearning actions to two Clinical Service Managers to support improvement towards the agreed target.

For Service Delivery, Mr Rafferty highlighted:

- Both the Cancer Treatment Helpline and Living Life remained stable over the last few months and are meeting the Safe targets.
- Breathing Space has experienced the highest usage over the last couple of months, since recording began on the Service.
- The Mental Health Hub has shown sustained improvement – the calls offered have been high in three of the last 4 months, but most calls have been answered within the 5-minute threshold and the abandonment rate is well within the threshold – Safe targets have been maintained over 90%.
- There are several services that are still offered in small numbers e.g., Health & Social Care Helpline – going forward, the services will be amalgamated in the report to provide clarity.
- The Mental Health Hub – Police Scotland usage has been increasing over the last few months with low abandonment rates.
- An anecdotal observation of note, in relation to Quit your way - over the last 4 months call have gone down by fifty and webchat has gone up by fifty. Although figures are not statistically significant yet, it indicates that people are happy to access the service digitally.

Ms Gibson asked whether there was communication between the supplier of the Breathing Space webchat with NHS 24 in advance of software updates. Mr Rafferty advised that the issue had been caused by a routine software update/patch. NHS 24 were not sighted on the potential impact of this software update as it was classified as low risk. Consequently, a request has been made to the supplier that NHS 24 are sighted on all software updates in advance.

Mr Togneri asked what determined the range of services reported on in the Service Delivery section suggesting that 111 service was not visible in this section of the report. Mr Moore confirmed that all services were covered in the report, advising that 111 is picked up in the Quality and Governance Section. Mr Rafferty added that several smaller services had been separated out in this quarterly report, so that the small numbers were not lost in the Quality and Governance section of the report. Mr Moore stated that further consideration will be given to the structure of the report.

The Committee noted the report and assurance provided.

NOTED

ACTIONS: L Neil

8. SAFE

8.1 Stakeholder Engagement and Insights Update

Ms. Phillips presented the paper, which she noted reflects the breadth of engagement work ongoing to improve the interface with stakeholders. The paper also reflects NHS 24's commitment to enabling a user centred design approach to service development.

Ms. MacIntyre noted that the NHS inform survey group was aged 18 to 70 and asked why, considering UNCRC, a younger cohort had not been considered. Ms. Phillips advised that younger people had been targeted through separate work via Young Scot to understand their needs around Inform. Ms. Gibson commended the team, noting the incredibly positive progress over the last year regarding building collaborative partnerships. Ms. Gibson suggested that further opportunities exist to broaden the range of stakeholders further, for example engaging the Youth Parliament.

Ms. Mallinson asked about the digital transformation programme and how the sense of assurance that individual patients get from face-to-face interaction would be replicated in the digital space. Ms. Phillips noted that a problem statement emerging from the work was around the whole system interfaces, adding that the work had been jointly led by NHS 24 and the Government Digital Health and Care Team and consequently has good whole system input.

Ms. Phillips noted that a separate accessibility audit was completed as part of the NHS Inform review which yielded a massive amount of learning that will inform improvement work over the next 18 months.

The Committee noted the paper and assurance provided.

NOTED

8.2 Patient Satisfaction Survey

Mr. Harley walked the Committee through the paper. The paper is co-authored by Clinical Governance and Quality Improvement teams and is the first iteration of a quarterly report and is expected to evolve to reflect feedback and organisational requirements.

Mr. Harley gave background on the methodology for sampling. A quota sampling approach has been taken because the evidence suggests that oversampling results in data saturation over time. Quota sampling is more cost effective. The sampling approach will be kept under review over the next few months to determine whether it is the best approach.

Ms Gibson asked if equalities data can be captured as part of the sampling. Mr Harley advised that data is not presently being collected however, the ambition is to gain a picture of the people who are responding, to improve services in a targeted way. Ms Edwards highlighted that this new approach provides an opportunity to thematically analyse the data to identify opportunities for service improvements.

The Committee noted the paper and assurance provided.

NOTED

8.3 Duty of Candour Annual Report

Mrs Neil presented the paper to the Committee, covering activity between 1st April 2023 and 31st March 2024. Over this period there were 15 Adverse Events of which five activated Duty of Candour.

Errors were noted for correction on page 3 and page 7.

The Committee were content to approve the content of the paper for presentation to the NHS 24 Board for Approval, subject to corrections.

APPROVED

ACTIONS: L Neil

8.4 Patient Feedback Annual Report

Ms Foley presented the paper to the Committee, covering activity between 1st April 2023 and 31st March 2024.

A correction was noted for slide eighteen, Stage 1 and Stage 2 complaint figures.

The Committee were content to approve the content of the paper for presentation to the NHS 24 Board for Approval, subject to corrections.

APPROVED

ACTIONS: K Foley

8.5 Quality Improvement and Evaluation Annual Report

Mr Harley presented the report to the Committee covering activity between 1st April 2023 and 31st March 2024.

A revised version of the paper was circulated to the Committee the day before the meeting – there were no changes to content, the layout was standardised.

The Committee noted the report and assurance provided.

NOTED

8.6 Public Protection Annual Report

Ms. Burns presented the report to the Committee covering activity between 1st April 2023 and 31st March 2024.

A revised version of the paper was circulated the day before the meeting – changes having been made to data presented on page 7 and page 8. It was noted during the meeting that the graph required adjustment on page 10.

Ms. Burns noted ongoing work to achieve 90% compliance with mandatory e-learning modules, which was recorded as 79.4% at the time of reporting, an increase of 3.8% from last year. The latest figure is 81.05%.

Ms. Gibson asked how the Team engage with young people in processes. Ms. Burns confirmed that the Youth Forum has been asked to nominate a member to sit on the Children and Young Peoples Steering Group and the group was actively seeking the views of children and young people.

Ms. MacIntyre asked if the Team horizon scan on the external landscape to understand the change in child call reasons shown on slide seven. Ms. Burns advised that she sat on several national groups where intelligence is shared regarding themes and trends locally and nationally.

The Committee noted the report and assurance provided.

NOTED.

8.7 Whistleblowing Update

Mr. Moore presented the paper to the Committee. It was noted that there has been no whistleblowing activity in the last quarter. Mr. Moore highlighted that the Scottish Public Services Ombudsman were investigating a complaint regarding a previous NHS 24 whistleblowing concern.

The Committee noted the paper and assurance provided.

NOTED.

8.8 Healthcare Staffing Update (Quarterly Reports)

Mr. Moore presented the report to the Committee for Q1 April to June 2024, this being the first time that the report has been presented to the Committee. Mr. Moore outlined the current assessment of organisational compliance

and the improvement actions in train to achieve full compliance and reported that full compliance was likely to be achieved before the date for the first formal submission to Scottish Government for the full year.

Mr. Moore noted that the associated internal audit report provides further independent assurance as the internal auditors concurred with the NHS 24 assessment including the areas identified for further improvement.

The Committee noted the report and assurance provided.

NOTED

8.9 NHS 24 Clinical Workforce Staffing Levels audit

The Committee noted the paper and assurance provided.

NOTED.

8.10 Senior Clinical Forum (Minutes of previous meeting)

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

NOTED

8.11 National Clinical Governance Group

The Committee noted the minutes of the National Clinical Governance Group meeting held on 9 May 2024.

NOTED

9. COMMITTEE EFFECTIVENESS / WORKPLAN

9.1 Annual Committee Self-Effectiveness Survey: Results

Ms. Mathew presented the paper to the Committee detailing the results of the Effectiveness Survey for 2024 undertaken in July. The associated Action Plan to address improvements will be presented at the next meeting.

The Committee noted the paper and assurance provided.

NOTED.

ACTIONS: G Mathew

9.2 Committee Workplan 2024/25

The Committee noted the paper and assurance provided.

NOTED.

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

Mr. Togneri noted that to improve the minute process, it had been agreed that draft minutes will be reviewed by Mr. Moore within five working days of the meeting before being circulated to Mr. Togneri as Chair and Ms. Gibson as Vice Chair to ensure more timeous review.

Mr. Togneri noted that papers should be reviewed thoroughly to avoid late revisions in advance of the meeting although there will be occasions when this is unavoidable.

It was agreed that Staff Governance Committee should be made aware of the new whistleblowing risk - RI-0009057.

NOTED

ACTIONS: K McMahon

10. IMPROVEMENT UPDATES & DISCUSSION

10.1 Deep Dive – Urgent and Unscheduled Care

The Committee received a presentation from Dr Julie Ronald, Associate Medical Director, who was introduced by Dr Cook. The presentation focused on the Redesign of Urgent Care pathways and explained the concept around the development of flow navigation centres, including current challenges, and future improvement opportunities as part of a whole system approach.

The Committee welcomed the informative presentation and agreed again that the topic should be presented at a future Board workshop.

NOTED

ACTIONS: R Cook/G Mathew

DATE OF NEXT SCHEDULED MEETING

The next meeting will take place on Thursday 7th November at 10am to 1pm in Boardroom, Lumina / via MS Teams.

The meeting concluded at 12.50pm