NHS 24

Approved Minutes of the Meeting of the
NHS 24 CLINICAL GOVERNANCE COMMITTEE
held on Thursday 7 November 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 Arlene Campbell (for Items 8.1 and 8.3)	Head of Stakeholder Engagement and Insights
Dr Ronald Cook	Medical Director
Mr John Gebbie	Director of Finance
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
Mr Kenneth Woods	Employee Director
Mrs Geraldine Mathew	Board Secretary
Mrs Ann Campbell (Minutes)	

1. WELCOME, APOLOGIES AND INTRODUCTIONS

The Chair welcomed members to the meeting of the 7 November 2024. Apologies were intimated on behalf of Dr Dawn Orr and Ms Jo Edwards.

To allow Mr. McAnaw to attend another commitment, the meeting agenda was amended so that Item 10. Realistic Medicine Update and Item 11. Realistic Medicine Deep Dive were presented after Item 4.

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 6 AUGUST 2024

The Committee considered the minute of the previous meeting held on 6 August 2024 [Paper No. Item 3 Minutes 06-08-2024].

The Committee were content to approve the minute as a complete and accurate record.

APPROVED

4. MATTERS ARISING/ACTION LOG

The Committee considered the action log [Paper No. Item 4 Rolling Action Log] and were content to accept the recommendation that the seven proposed actions presented as completed should be closed.

In the previous meeting, Ms Macintyre asked why the NHS inform survey was limited to individuals aged 18 and over. Considering compliance with The Promise and UNCRC, she requested an update on the progress of separate work to gather feedback from younger people. Ms Philips outlined the role of the Youth Forum and the engagement work that has taken place with stakeholders as part of the NHS inform review.

Mr Moore noted that one action from the Children & Young People Health & Wellbeing Steering Group was to ensure that NHS 24 have considered the expressed wishes of children as part of the clinical assessment process. An audit process was being developed to demonstrate compliance with the requirements of the act.

There were no other matters arising raised.

ACTIONS
Ms Phillips agreed to share insights about younger people, gained through the NHS inform review.

APPROVED

5. REALISTIC MEDICINE UPDATE

Dr McAnaw presented the Realistic Medicine Update - [Paper No. Item 10 NHS 24 Realistic Medicine Update – October 2024] which provided assurance on the work done/planned to embed Realistic Medicine across NHS 24. Dr McAnaw highlighted the key achievements so far across 2024 and the remaining actions to be delivered by March 2025.

The Committee noted the paper and assurance provided.

NOTED

IMPROVEMENT UPDATES AND DISCUSSION

6. DEEP DIVE - REALISTIC MEDICINE

The Committee received a presentation from Dr John McAnaw, Associate Clinical Director.

The presentation highlighted the six principles of realistic medicine—personalised care, shared decision making, managing risk, reducing harm and waste, tackling unwanted variation, and fostering innovation—which should guide both clinical and non-clinical practices within NHS 24.

Key achievements from April to September include participating in the "It's OK to Ask" campaign, raising public awareness, and enhancing internal communications through visual displays and digital information boards. The prescribing process has been recommissioned and NHS 24 have collaborated with Public Health Scotland to analyse unscheduled care data.

Looking ahead, NHS 24 would continue to promote realistic medicine among staff and the public. A future aim was to assess the impact of shared decision-making using tools like the CollaboRATE survey, ensuring that patients feel heard and involved in their care decisions.

The Committee welcomed the informative presentation. A question was asked on how public awareness among excluded groups had been raised. Dr McAnaw noted that excluded groups had not been specifically targeted in this national campaign however, if specific areas were identified, local boards might provide better support with signposting and awareness. The Committee noted the strategic importance of national organisations and the ground work that had been done by territorial boards in engaging with hard to reach groups. A question was raised on how realistic medicine aligns with discussions in relation to GP services and Primary Care. Dr McAnaw noted that realistic medicine involves two key aspects: following a specific action plan and incorporating fundamental principles such as innovation, improvement, and reducing unwarranted variation. These principles were critical for service transformation. Recent reviews supported the goals of minimising variation, eliminating waste, and improving patient experience. Integrating these principles into routine operations and future transformations were essential for delivering the primary care toolkit successfully. A question was asked on how the impact of the "It's OK to Ask" campaign was being measured. Dr McAnaw advised that the intention is to assess patient experiences in realistic medicine, possibly using SMS messaging to gather feedback on whether patients feel involved and listened to during consultations. Dr McAnaw noted that although costly, evaluation remained an intention.

7. REPORT OF CLINICAL DIRECTORS

The Committee considered the report of the Clinical Directors [Paper No. Item 5 Report of Clinical Directors].

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

- **Winter Flu Vaccination Program:** Uptake was lower this year with 14% participation so far. This may be due to vaccine fatigue and the absence of the COVID vaccine. Efforts continued to urge staff to get vaccinated before the winter season. In response to a question, Mr. Moore noted that there were several reasons for mounting a less intense campaign this season, including poor return on investment from previous campaigns.

- **Scottish Health Awards:** Jen Dallas, Physiotherapy Specialist Advisor has been shortlisted as a finalist for the for her work in the MSK space.

Dr Cook highlighted the following key points:

- **Scottish Ambulance Service Collaboration:** There was ongoing collaboration with the Scottish Ambulance Service (SAS), particularly around the NHS Lanarkshire Flow Navigation Centre (FNC) work, which supports service transformation and integrated clinical pathways.
- **Digital Transformation:** Mr John McAnaw and Ms Helen Meldrum have been accepted into the Leading Digital Transformation Postgraduate certificate course, which would benefit the organisation's digital transformation efforts.
- **NHS Wales and NHS England Joint Collaboration:** Shared learning about data and changes to the digital clinical safety landscape which would assist benchmarking as NHS 24 progresses digital and service transformation.

Ms Gibson observed that the Patient Safety Leadership Walk round at Norseman House seemed top-heavy with strategic-level attendees, which might intimidate less confident staff. Ms Gibson also noted the importance of a positive feedback process, essential for staff to feel heard. Mr Moore agreed to reflect on the balance of strategic attendance and mentioned that the 'You Said, We Did' approach which ensured staff receive feedback in a variety of formats regarding the delivery of improvement actions.

Dr Cook confirmed that the keyword review would be included in the annual review programme.

The Committee noted the report and assurance provided.

NOTED

8. CLINICAL RISK MANAGEMENT

8.1 REVIEW OF CLINICAL RISK REGISTER

Mr McMahon presented the Clinical Risk Register [Paper No. Item 6.1 Risk Management Review and Update] which provided an update on all clinical risks as of 28 October 2024 scoring 10 and above.

There were currently 14 clinical risks in total, compared with 15 reported to the previous meeting on 6 August 2024. All risks have been reviewed and Action Owners assigned to each of the mitigating actions. Two risks have been closed, one new risk has been identified, and one risk has reduced in score.

In relation to the new risk RI-0012497, the Committee noted that improvement work regarding the stability of the Breathing Space webchat were in train.

ACTIONS
Mr McMahon agreed to share the detail of the new risk RI-0012497 and Ms Phillips would follow up with Ms Gallagher, Chief Information Officer, with respect to progress.

The Committee noted the report and assurance provided.

NOTED

9. NHSS QUALITY STRATEGY

9.1 NATIONAL QUARTERLY HEALTHCARE QUALITY REPORT

Ms Neil presented the National Quarterly Healthcare Quality Report [Paper No. Item 7.1 National Quarterly Healthcare Quality Report Q2 (Jul-Sep 24)]. The report was approved by the National Clinical Governance Group on 24 October 20204. The below points were highlighted.

The upward trend in the number of adverse events reported continued into this quarter, which was being viewed positively as it may reflect changes in processes, providing a more accurate picture. However, these changes have also resulted in fewer events being completed on time, posing a challenge. Work was ongoing with Service Delivery to improve this, while continuing to monitor for emerging themes.

Adherence to timelines for stage 1 complaints, remained a concern this quarter. Weekly updates on outstanding complaints were provided and education sessions to emphasise the importance of timelines and national reporting standards were planned. While stage 1 complaints need improvement, performance of response times to stage 2 complaints were generally better.

Public Protection Adult referrals remained stable, while Public Protection Child referrals were increasing but still within control limits and this was being monitored.

Ms. Hynes provided an update on the learning actions and new processes implemented over the past six months. Ms Hynes gave assurance that despite some delays, every learning action was followed up and completion tracked.

A question was raised regarding trends, learning in relation to adverse events and legal claims tracking. Mr Moore advised that the number of medical legal claims were small and usually arose from previous adverse events. All adverse events and legal activities were monitored for thematic learning and improvements. Mr Miller highlighted the assurance provided by the Annual Legal Claims Report that was presented to the Board Reserved meeting, which provided an overview of activity including improvements.

For Service Delivery, Mr Rafferty highlighted that the demand for Breathing Space continued to rise, which may be attributed to the anniversary, which has seen considerable promotion. The Mental Health Hub was also performing exceptionally well with increased demand, achieving a 75 to 80% response rate within five minutes, and yielding good clinical outcomes with a very low abandonment rate. The collaboration with Police Scotland concerning the Mental Health Hub was stabilising, with approximately 400 to 450 calls being handled monthly, indicating a valuable pathway.

Concern was raised about the potential adverse event in relation to Breathing Space. Mr Rafferty noted that two main issues have been acknowledged previously for Breathing Space.

These were the inability to capture webchat queue data and the stability of the platform, giving assurance that continuous access to the service was ensured by having clinicians and advisors available to take calls if webchat was unavailable. Users were redirected to call Breathing Space directly, maintaining clinical service continuity. The Digital Transformation Programme would provide a more stable platform for webchat, addressing current stability concerns.

A question was raised regarding the Health and Social Care helpline and if this was being promoted enough, given the low demand. Mr Rafferty stated that this would be kept under review as part of operational performance monitoring.

ACTIONS
Mr Gebbie agreed to share the recent Annual Legal Claims Report presented to the Board Reserved meeting in relation to all legal claims activity.

The Committee noted the report and assurance provided.

NOTED

9.2 QUALITY MANAGEMENT OF CLINICAL CARE

Mr Moore presented the Quality Management of Clinical Care report [Paper No. Item 7.2 Quality Management of Clinical Care]. The proposal sought to enhance current processes and ensure the development of a comprehensive clinical scorecard that reflected all elements of quality, along with the benefits of peer review and external peer review in the future.

The Committee noted the report and assurance provided.

NOTED

10. SAFE

10.1 STAKEHOLDER ENGAGEMENTS AND INSIGHTS UPDATE

Ms Campbell presented the Stakeholder Engagement and Insights Quarterly Update [Paper No. Item 8.1 Stakeholder Engagement and Insights Quarterly Update] which provided an overview of key person and user centred activities facilitated by the Stakeholder Engagement and Insight function within the Transformation, Strategy, Planning & Performance (TSPP) Directorate.

Ms Campbell noted in relation to student engagement, this year, the focus has been on building better relationships with student services to provide continuous support throughout the year, not just during fresher fairs.

The Committee noted the report and assurance provided.

NOTED

10.2 QUALITY FRAMEWORK UPDATE

Ms Neil presented the Quality Framework Update [Paper No. Item 8.2 NHS 24 Quality Framework Update], which outlined progress against the objectives outlined in the framework action plan.

In response to a question about the availability of more detail and if this would be provided in future regarding the outcomes of this work, Mr Moore stated that an updated report including a refreshed action plan would be presented to the Committee in Q1 2025-26.

ACTIONS
Mr Moore agreed to bring an updated paper including a refreshed action plan to the Committee in Q1 2025-26.

The Committee noted the report and assurance provided.

NOTED

10.3 ARMED FORCES COVENANT AND NHS 24 ARMED FORCES AND VETERANS WORKPLAN 2024/25

Ms Campbell presented the Armed Forces Covenant and NHS 24 Armed Forces and Veterans Workplan 2024/25 [Paper No. Item 8.3 Armed Forces & Veteran Workplan 2024/25 and Recommendations]. The paper provided an update against the areas of focus and the recommendations recently approved by the Executive Management Team, including that future assurance related to the duties arising from the covenant be provided through the established governance arrangements common to other “due regard” and mainstreaming obligations.

The Committee noted the report and assurance provided.

NOTED

10.4 VIRTUAL QUEUE UPDATE

Ms Neil presented the Virtual Queue Update [Paper No, Item 8.4 Virtual Queue Update] which outlined progress against the objectives detailed in the framework action plan.

A question was raised about the potential consequences of a call not being returned. Assurance was given that there was no evidence that there had been a failure to call back. Mr Rafferty noted the safety nets in place which included two attempts at call back, IVR Message options which aim to direct the patient to the right pathway straight away and the SMS text message which was repeated at 15-minute intervals if the patient was still in the queue.

The Committee noted the report and assurance provided.

NOTED

10.5 WHISTLEBLOWING UPDATE

Mr Moore presented the Whistleblowing Update [Paper No. Item 8.5 NHS 24 Whistleblowing Update Q2 2024-25] noting that there had been no whistleblowing activity in the last quarter.

In response to questions regarding the case being considered by the Independent National Whistleblowing Officer (INWO), Mr Moore advised that the INWO complaint remained ongoing with no timescale indicated. Mr Moore noted the compliance rate (omitted from the paper) was currently 70% and the intention was to reach 90% by the end of Q4.

The Committee noted the report and assurance provided.

NOTED

10.6 HEALTHCARE STAFFING UPDATE (QUARTERLY REPORTS)

Mr Moore presented the Healthcare Staffing Update [Paper No. Item 8.6 Health and Care (Staffing) (Scotland) Act 2019 Quarter 2 2024-25]. The paper provided an overview of ongoing work to ensure monitoring and compliance with the legislative requirements, improvement actions in train to strengthen systems and processes, and the requirement to submit quarterly reports to Healthcare Improvement Scotland.

Mr Moore noted the expectation that overall assessment would be substantial assurance (rated green) by the next quarter.

The Committee noted the report and assurance provided.

NOTED

10.7 INTERNAL AUDIT PUBLIC PROTECTION REPORT

Mr Moore presented the Internal Audit Public Protection Report [Paper No Item 8.7 NHS 24 Internal Audit Public Protection Report]. The paper provided an overview of the findings of the recent Internal Audit Report, which examined NHS 24 arrangements for Public Protection.

The Committee noted the report and assurance provided.

NOTED

10.8 SENIOR CLINICAL FORUM (MINUTES OF PREVIOUS MEETING)

The Committee noted the minutes of the Senior Clinical Forum meeting held on 11 July 2024.

NOTED

10.9 NATIONAL CLINICAL GOVERNANCE GROUP (MINUTES OF PREVIOUS MEETING)

In response to a query raised regarding Duty of Candour (5.13), Mr Moore advised that going forward the Lead Reviewer would take a lead role in Duty of Candour and an action plan was in place to deliver required training.

The Committee noted the minutes of the National Clinical Governance Group meeting held on 24 October 2024.

NOTED

COMMITTEE EFFECTIVENESS / WORKPLAN

11.1 GOVERNANCE IMPROVEMENT PLAN – PUBLIC HEALTH (IGC)

Mr Moore presented the Governance Improvement Plan – Public Health (IGC) [Paper No. Item 9.1 Blueprint for Good Governance - Improvement Plan: NHS 24 Contribution to Improving Population Health]. The paper provided an overview of plans in place to demonstrate that NHS 24 has a range of actions in train to contribute towards improving population health.

The Committee noted the action plan and assurance provided.

NOTED

11.2 ASSESSMENT OF MECHANISMS IN PLACE FOR STAKEHOLDER ENGAGEMENT

Mr Moore presented the Assessment of Mechanisms in place for Stakeholder Engagement [Paper No. Item 9.2 Blueprint for Good Governance – Improvement Plan: Mechanisms for Effective Engagement]. The paper provided assurance that effective mechanisms were in place to engage effectively with service users, partners, and staff, meeting the spirit and letter of applicable statutory and policy requirements.

The Committee noted the action plan and assurance provided.

NOTED

11.3 ANNUAL COMMITTEE SELF-ASSESSMENT OF EFFECTIVENESS SURVEY: ACTION PLAN

Ms Mathew presented the Annual Committee Self-Assessment of Effectiveness Survey: Action Plan [Paper No. Item 9.3 Clinical Governance Committee Self Effectiveness Survey Action Plan]. The paper included the Draft Action Plan which had been developed following the Committee Effectiveness Survey undertaken by members in July 2024.

The Committee approved the Action Plan.

APPROVED

11.4 COMMITTEE SCHEDULE OF MEETINGS 2025/26

The Committee reviewed the Schedule of Meetings for 2025/26 [Paper No. Item 9.4 Clinical Governance Committee Schedule of Meetings 2025/26] noting that there were no significant changes proposed to the schedule which had been based on the 2024/25 cycle of meetings.

The Committee were content to approve the Schedule of Meetings for 2025/26.

APPROVED

11.5 COMMITTEE WORKPLANS 2024/25 AND DRAFT 2025/26

The Committee considered the Workplan for 2024/25 presented for assurance, and the draft 2025/26 Workplan presented for approval, and noted that this would continue to be developed throughout the year.

The Committee were content to approve the draft Committee Workplan for 2025/26.

APPROVED

11.6 REFLECTION ON COMMITTEE PAPERS/ KEY POINTS RELEVANT TO GOVERNANCE COMMITTEE / AGREED COMMITTEE UPDATE TO BOARD

The Committee remarked on the very high quality of the papers presented. Special commendation was given to the Virtual Queue Paper, the Healthcare Quality Report, and the Clinical Risk Paper.

NOTED

11.7 COMMITTEE HIGHLIGHTS FOR THE BOARD

The Chair and the Committee Secretariat would draft the Committee Highlights Report for the Board.

NOTED

The meeting concluded at 12.42pm

DATES OF FUTURE MEETINGS

Thursday 6th February 2025 at 10am-1pm Boardroom, Lumina / MS Teams