

**NHS 24
BOARD MEETING**

**22 JUNE 2023
ITEM 12.4
FOR ASSURANCE**

**APPROVED Minutes of the Planning and Performance Committee Meeting held on
Monday 13 February 2023
in Boardroom, Lumina / via MS Teams**

**Minutes of the Meeting of the
NHS 24 Planning and Performance Committee
held on 13 February 2023 at 10.30 am
via Teams**

PRESENT

Mr Mike McCormick, Non-Executive Director (in the Chair)

Mr David Howe	Mr Kevin McMahon
Mr Alan Webb	Ms Steph Phillips
Mr Jim Miller	Ms Ann-Marie Gallacher
Mr John Gebbie	Dr Martin Cheyne
Ms Pauline Howie	

IN ATTENDANCE

Dr Laura Ryan	..	Medical Director
Ms Lynne Kane (part meeting)	..	
Mr Paul McLaughlin	..	
Lisa Dransfield (rep Suzy Aspley)	..	
Ms Tracy McMillan	..	EPA (Interim)

		ACTION BY
1.0	WELCOME, APOLOGIES AND INTRODUCTIONS	
	The Chair welcomed members present to the 13 February 2023 meeting of the NHS 24 Planning and Performance Committee. Apologies were intimated on behalf of Ms Anne Gibson and Ms Suzy Aspley. Noted.	
2.0	DECLARATIONS OF INTEREST	

		ACTION BY
	The Chair invited members to declare any interests in any of the items being discussed. There were no declarations made. Noted.	
3.0	MINUTES OF PREVIOUS MEETING OF 28 NOVEMBER 2022	
	The Committee considered the minute of the previous meeting held on 28 November 2022 [Paper No. Item 3.0] and noted the following amendments against items 4.7 and 5.6: replace “McCormack” with “McCormick”. The Committee were then content to approve this as a complete and accurate record.	
4.0	STRATEGY	
4.1	<p>Strategy Update</p> <p>Ms Phillips introduced the paper [Paper No. 4.1] advised members the paper set out the progress to date regarding the development of the strategy. She confirmed:</p> <ul style="list-style-type: none"> • The strategy is in the final stages of being drafted. • Formal consultation will commence in mid-March 2023. • The aim is to submit the strategy to the NHS 24 Board in April 2023. • . • The strategy will align with the workforce strategy, the sustainability roadmap etc. • The timeline for the strategy will be five years. • The Community Team within Health Improvement Scotland have been engaged with on the strategy for a number of months. • The development of the strategy has been overseen by the strategic planning group (SPG) on a monthly basis. <p>Members advised they considered the strategy to be shaping up Positively. With regard to stakeholders who had been engaged as part of the strategy consultation, Ms Phillips agreed share a list of those with members.</p> <p>Ms Phillips referred to the SPRA process document, highlighting the timetable therein. She went on the say that the commissioning letter from Scottish Government for 2023/24 is expected on 10 March 2023, with an assumption that it will be an end of May submission date for the ADP. Medium term plans will also be required, which will be a three-year delivery plan aligned to the strategy and NHS Scotland recovery priorities.</p> <p>Noting the above timelines and with regard to bullet point 3 above, the committee will consider convening an extra Board session to discuss and</p>	<p style="text-align: center;">SP</p> <p style="text-align: center;">All</p>

		ACTION BY
	<p>approve the three-year plan in May 2023 to meet the emerging Scottish Government planning timetable requirements. This was agreed with the NHS 24 Chair following the Committee.</p> <p>This will come with NHS Scotland national plan. There will be collaborative work across national boards. This might be a risk in terms of alignment with our strategic and three-year plan.</p> <p>Thereafter the Strategy Update was noted for assurance.</p>	
	<p><i>Secretary's Note: Item 5.2 was brought forward on the agenda and the next item to be discussed.</i></p>	
5.2	Corporate Performance Report	
	<p>Mr McLaughlin referred the Committee to the paper circulated [Paper No. Item 5.2] and discussed key highlights from the January report.</p> <p>It was noted that with the reduced demand on the service, there had been an improvement in access performance. The time to access improved in January by 18 minutes when compared to December and the median time to answer dropped from 30 minutes to 8 minutes.</p> <p>Mr McCormick asked if a year-on-year comparison could be provided rather than month-on-month. Mr McLaughlin will provide this going forward but it was noted that graphs included within the report include a rolling 13 months.</p> <p>With regard to COVID-19 sickness/absence it was noted that since August 2022 this was no longer recorded separately as special leave – all absence is recorded together.</p> <p>Ms Phillips made the point that assuming approval of the KPI Framework it is the intention to reframe the Corporate Performance Report.</p> <p>Regarding mental health workforce numbers, it was noted that the organisation was still not at full strength. However, the PWP roles are now at 90 fte, which is the most NHS 24 have had, so that, along with ICT improvements, has resulted in calls stabilising.</p> <p>Mr Gebbie advised confirmation had been received from Scottish Government that the mental health funding requested would be granted.</p> <p>Thereafter the Corporate Performance Report was noted for assurance.</p>	PMcL
4.2	KPI Framework	

		ACTION BY
	<p>Ms Phillips referred members to the paper circulated [Paper No Item: 4.2] and advised the following points regarding the development of the KPI Framework:</p> <p>The Committee welcomed the work to date and the proposals presented on the KPI Framework. It endorsed the desire to better reflect the “abandoned call” measure to ensure this adequately reflected the issue of risk rather than proactive redirection to more appropriate services via IVR. This measure can evolve as NHS 24 technology and wider quality management systems allow for better tracking of outcomes and navigation across NHS 24 access channels.</p> <p>It was noted that the ultimate intention is to measure the whole patient experience and outcomes. The desire to measure NHS 24’s effectiveness and impact on the whole NHS system is also a key driver.</p> <p>The Committee welcomed the following:</p> <ul style="list-style-type: none"> ▪ The move to measure outcomes and not just inputs and outputs. ▪ Similarly the presentation of metrics in terms of the experience and outcomes for public/patients, staff and the wider system, to demonstrate value add and effectiveness. ▪ The proposal to measure call median and 90th percentile, not percentage answered in X amount of minutes. ▪ The post call SMS system to gather feedback on patients’ experience and next steps. ▪ The additional introduction of a measure in terms of sustainability. ▪ Virtual queue whereby NHS 24 calls the patient back – anticipated this technology will be available at the end of March and tested throughout Easter period. ▪ A sustainability score may require to be incorporated in terms of an annual assessment process. <p>Finally, the Committee noted the need to use actual numbers, not percentages, for complaint response.</p> <p>Thereafter the KPI Framework document was noted as discussed.</p>	
4.3	SPRA Process and Timetable	
	<p>Ms Phillips referred members to the paper she had circulated for the meeting [Paper No Item 4.3] and advised members the SPRA template had been circulated within NHS 24 for review. The SPRA template will form part of the planning framework.</p>	

		ACTION BY
	<p>The point was made that it was a useful tool for ensuring all Directorates were aligned on the same template and ensuring alignment with the financial planning process.</p> <p>Thereafter the SPRA Process and Timetable was noted for assurance.</p>	
4.4	First Cut – 3 Year Finance Plan	
	<p>Mr Gebbie referred members to the Draft Finance Plan [Paper No Item 4.4] discussed it with the Committee advising it would be presented to the Board reserved session scheduled for 02 March 2023. He explained the draft plan</p>	
	<p>is based on the assumptions which were received from Scottish Government and the current inflation pressures.</p> <p>The Committee noted page 2 of the report where the impact of uplift assumptions and inflation pressures were demonstrated.</p> <p>The draft update has been discussed with Scottish Government and it was noted final plans are due to be submitted at the end of March 2023.</p> <p>The Committee noted the budgetary pressures on the organisation and the requirement to prepare a balanced budget for the Annual Delivery Plan. Mr Gebbie was invited to make further contact with the Committee on budgetary choices if required.</p> <p>Thereafter the First Cut – 3 Year Finance Plan was noted for assurance.</p>	All
4.5	ADP Update	
	<p>Ms Phillips referred members to the ADP Update [Paper No Item 4.5] and advised it demonstrated the work taking place this year with a note of a likely timetable. She reiterated the ongoing uncertainty around templates and priorities at this stage, however, went on to confirm that guidance would be issued to territorial Boards at the end of February. However, this should be resolved on 10.03.23 when SG release the guidance for producing ADP's for national Boards and shared commissions for 2023/24.</p> <p>Thereafter the ADP Update was noted for assurance.</p>	
4.6	Communications Delivery Plan and Annual Report	
	<p>Ms Dransfield referred members to the above document [Paper No 4.6] and highlighted the following:</p>	

		ACTION BY
	<ul style="list-style-type: none"> ▪ The festive season had been a very busy time for the Comms Team, who during the period dealt with over 20 press enquiries. ▪ Low level marketing of the NHS 24 online app had taken place. ▪ There are plans in place to now increase activity with regard to marketing the app – once funds are secured. ▪ Comms planning for the Easter period will commence approximately three weeks beforehand. <p>On behalf of the Committee Mr McCormick thanked Ms Dransfield for the informative report and thereafter the Communications Delivery Plan and Annual Report was noted for assurance.</p>	

		ACTION BY
5.0	QUALITY AND PERFORMANCE STANDING ITEMS	
5.1	Planning and Performance Risk Register	
	<p>Mr McMahon provided a brief overview of the presented Risk Register [Paper No Item 5.1] and highlighted that a number of ICT risks have been mitigated by the work completed under the Connect 1c Programme. A number of these have reduced to target score and are proposed for closure.</p> <p>A new risk in relation to the resilience of key suppliers and dependencies is currently being developed following recent technology system incidents. As a result of that process new risks may arise.</p> <p>Mr McCormick thanked Mr McMahon for an informative and positive report.</p> <p>Thereafter the Planning and Performance Risk Register was noted for assurance.</p>	
5.3	Financial Performance	
	<p>Mr Gebbie referred members to the Financial Performance Report [Paper No Item 5.3] and highlighted the following:</p> <ul style="list-style-type: none"> ▪ At month 9 there is a £580k underspend due to a national insurance levy (funding for this remained with Boards) and also due to a number of vacancies. ▪ Scottish Government have confirmed that for Agenda for Change and Mental Health, NHS 24 will receive the funding required to finance both. 	

	<ul style="list-style-type: none">▪ Call charges have seen a significant increase this year in terms of spend. However, there may be a savings against this next year due to the “virtual queue”.▪ The Language Line costs have begun to abate. <p>Members confirmed to Mr Gebbie that in their view the new format of the report worked well, producing a good clear report.</p> <p>Thereafter the Financial Performance Report was noted for assurance.</p>	
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5.4	Estates and Facilities Report	
	<p>Ms Kane discussed the Estates and Facilities Report with members [Paper No Item 5.4] and the following points were noted:</p> <ul style="list-style-type: none"> ▪ The Aberdeen Centre had received notification from NHS Grampian to exit the space by 01.03.23. However, following discussions this date has been extended and plans are in place to source alternative accommodation with three potential relocations identified. Mr Miller is scheduled to visit and meet with the Aberdeen Centre staff on 28.02.23. ▪ With regard to the Property Improvement Plan all works are going well and good progress is being made. ▪ Legionnaire Incident – advice and support has been sought and all actions undertaken. The full system has been disinfected and filters installed on taps. ▪ Within the Norseman site, plans are being implemented to try and improve efficiency, eg sensor lighting being installed. ▪ Regarding Estate Optimisation, it was noted a working group has been established to review this, for example, it might be possible for another Board to use NHS 24 work space during the day. A paper on this is being prepared for submission to EMT for consideration. <p>On behalf of the Committee, Mr McCormick thanked Ms Kane for a useful and informative report.</p> <p>Thereafter the Estates and Facilities Report was noted for assurance.</p>	
5.5	Connect Phase 1 Closure Paper	
	<p>Mr Tony Cronin from Resulting-IT presented an update on the above, which the Committee found extremely helpful. [Paper No Item 5.5].</p> <p>The Committee welcomed the enormously positive impact and sound financial management in Connect 1c and requested that an update be brought back to the Committee in six months in terms of benefits realisation. This would allow the Committee to hear about the longer-term impact of the changes in terms of system performance and resilience along with financial impact.</p> <p>Thereafter the Connect Phase 1 Closure Paper was noted for assurance.</p>	JG/ TMcM

		ACTION BY
<p>5.6</p>	<p>Information Governance and Security Report</p> <p>Regarding the above report, [Paper No Item 5.6] Ms Gallacher advised the format of the previous report had been modified to make the report easier to follow.</p> <p>She discussed the report with members and highlighted the following key points:</p> <ul style="list-style-type: none"> ▪ Sections 3-4: Data Protection FOI is now being undertaken within the new Response System. ▪ FOI requests have increased by nearly 60% from the previous year and therefore causing a lot of extra work for Service Delivery colleagues working on this. ▪ Section 5: Information Security – in Q4 there is a cyber incident desktop exercise scheduled. The results will be available and presented to the next meeting. ▪ Automated Updates – have been switched off and delivery manually. ▪ Section 6 – a significant amount of work has been undertaken on ICT polices with 10 being updated. ▪ Data Information Asset Owners – staff who undertake this role will have this information added to their job descriptions. ▪ Mandatory Training – this is in a good position with seven Directorates are sitting at 100% and one sitting at 80%. ▪ There have been no reportable incidents in Q3. <p>The Committee thanked Ms Gallacher for the informative report and confirmed the new format made the presentation of the information easier to understand.</p> <p>Thereafter the Information Governance and Security Report was noted for assurance.</p>	<p>AMG</p>
<p>5.7</p>	<p>Climate Emergency and Sustainability Programme</p> <p>Dr Ryan discussed the above report [Paper No Item 5.7] with members. She referred to item 3.2.1 and advised that the savings demonstrated in terms of CO2 savings should be double as it was a return journey. She went on to say, and confirm, that with regard to item 3.2.3 she had spoken to the Centre for Sustainable Delivery.</p> <p>It was noted that the University of Edinburgh Business School had been in contact with NHS 24 proposing a collaboration on an MSc. Dr Ryan is investigating this further as it shows commitment towards working with academic institutions.</p>	

		ACTION BY
	<p>The Committee thanked Dr Ryan for a comprehensive update and endorsed the report being submitted to the NHS 24 Board.</p> <p>Thereafter the Climate Emergency and Sustainability Programme Report was noted for assurance.</p>	
6.0	COMMITTEE WORKPLAN, ACTION LOG, TERMS OF REFERENCE AND COMMITTEE HIGHLIGHTS	
6.1	<p>Planning and Performance Committee Terms of Reference</p> <p>The Committee approved the Terms of Reference.</p>	
6.2	Planning and Performance Committee Workplan 2023/24	
	The Committee approved the Committee Workplan for 2023/24.	
6.3	Planning and Performance Committee Dates 2023/24	
	The Committee noted the proposed dates for 2023/24. These dates will be approved at the NHS 24 Board meeting on 02.03.23.	
6.4	Integrated Governance – key points arising	
	Nil.	
6.5	<p>Planning and Performance Committee Action Log</p> <p>The following updates to actions were noted:</p> <p>Action 346 – an update on the digital staffing situation will be sought from Ms Gallacher.</p> <p>Action 348 – an update on engagement with Young Scot will be sought from Ms Dransfield</p> <p>Action 350 – close.</p> <p>Action 351 – close.</p> <p>Action 355 – remains current.</p> <p>Action 363 – close.</p> <p>Action 364 – close.</p> <p>Action 365 – close.</p> <p>Action 366 – an update on whether there is capacity limitations on NHS inform will be sought from Ms Phillips.</p>	<p>TMcM</p> <p>TMcM</p> <p>TMcM</p>

			ACTION BY
	Action 376 – close. Action 368 – carry forward to May 2023 meeting.		
	DATE OF NEXT SCHEDULED MEETING		
	Tuesday 23 May 2023 at 10.00 am via Teams.		