

**NHS 24  
BOARD MEETING**

**02 MARCH 2023  
ITEM NO 12.4a  
FOR ASSURANCE**

**Approved Minutes of the Planning and Performance Committee Meeting held  
on  
28 November 2022 at 10:00am via Microsoft Teams**

**Minutes of the Meeting of the  
NHS 24 Planning and Performance Committee  
held on 28 November 2022 at 10.00 am  
via Teams**

**PRESENT**

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

Ms Pauline Howie	Mrs Suzy Aspley
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 Anne Gibson	

**IN ATTENDANCE**

Ms Geraldine Mathew	..	Board Secretary
Ms Marieke Dwarshuis		Non-Executive Director
Dr Laura Ryan		Medical Director
Ms Gail MacGregor	..	Associate Director of Nursing & Operations
Ms Linda Robertson	..	Risk and Resilience Manager
Mr Damien Snedden	..	Deputy Director of Finance
Mr John Barber	..	Service Development Manager
Mr Jonathan Rush	..	Service Development Manager
Ms Tracy McMillan	..	EPA (Interim)
Mrs Ann Campbell	..	Board EPA

		<b>ACTION BY</b>
<b>1.0</b>	<b>WELCOME, APOLOGIES AND INTRODUCTIONS</b>	

		<b>ACTION BY</b>
	The Chair welcomed members present to the 28 November 2022 meeting of the NHS 24 Planning and Performance Committee. Apologies were intimated on behalf of Dr Martin Cheyne. <b>Noted.</b>	
<b>2.0</b>	<b>DECLARATIONS OF INTEREST</b>	
	The Chair invited members to declare any interests in any of the items being discussed. There were no declarations made. <b>Noted.</b>	

		<b>ACTION BY</b>
<b>3.0</b>	<b>MINUTES OF PREVIOUS MEETING OF 04 AUGUST 2022</b>	
	<p>The Committee considered the minute of the previous meeting held on 16 May 2022 [Paper No. Item 3.0] and were content to <b>approve</b> this as a complete and accurate record.</p>	
<b>4.0</b>	<b>STRATEGY</b>	
<b>4.1</b>	<p><b>Corporate Planning Process</b></p> <p>Ms Phillips introduced the paper [Paper No. 4.1] and provided members with some background information relating to the item. The following points were noted:</p> <ul style="list-style-type: none"> <li>• Scottish Government are looking at National Boards as a collective asset.</li> <li>• NHS 24 need to produce an Annual Delivery Plan which will be a three year plan developed on a rolling basis and aligned to the strategy.</li> <li>• Regarding process – a SPRA will be introduced for this.</li> <li>• Timing – the commission from Scottish Government will likely be issued at the end of February, with plans being submitted in May and signed off at the end of June.</li> <li>• With regard to the planning collaboration with other boards, it was noted that it sounded good in principle, but that time to consider how to align collective resources was required.</li> <li>• Mr Gebbie made the point that NHS 24 is still waiting for the allocation for this year. The plan for next year will be reviewed and submitted in January.</li> </ul> <p>Thereafter the Corporate Planning Process was <b>noted</b> for <b>assurance</b>.</p>	
<b>4.2</b>	<b>Annual Delivery Plan/Mid-Year Review</b>	
	<p>Ms Phillips referred the Committee to the paper circulated [Paper No. Item 4.2] and advised that the Mid-Year Review (MYR) was due to take place on 24 October 2022. However, due to technical difficulties the Cabinet Secretary could not join the meeting and therefore the MYR has been rescheduled to 05 December 2022.</p>	

		<b>ACTION BY</b>
	<p>Ms Phillips advised that the paperwork provided for this item was what had been submitted to the Scottish Government. Members commented it was a well written piece of work.</p> <p>Following the rescheduled meeting on 05 December 2022, NHS 24 will receive a letter from the Cabinet Secretary, the contents of which will feed into the Annual Review process.</p> <p>Thereafter the Annual Delivery Plan/MYR was <b>noted</b>.</p>	
<b>4.3</b>	<b>Strategy Update</b>	
	<p>Mr Barber spoke to this item [Paper No Item – 4.3] and advised that progress with the strategy was taking place, but there had been a slight delay in terms of where it was hoped the strategy would be at this point in time.</p> <p>The following points were noted:</p> <ul style="list-style-type: none"> <li>• Engagement has commenced and is progressing well, including public engagement with various groups.</li> <li>• A draft framework has been produced showing what the draft strategy will look like.</li> <li>• Mr McCormick advised he is a member of the Strategic Planning Group and advised he considered good consultation has been planned.</li> <li>• Some insight work has been commissioned.</li> <li>• The links for engagement have been shared across social media channels.</li> </ul> <p>Mr Miller made the point that this needed to be progressed recognising the balance; there are twin challenges at present – recruitment/retention/inflation versus ambition.</p> <p>Thereafter the Strategy Update was <b>noted</b>.</p>	
	<p><i>Secretary's Note: Item 4.7 was brought forward on the agenda and the next item to be discussed.</i></p>	
<b>4.7</b>	<b>NHS 24 Climate Change</b>	
	<p>Dr Ryan referred members to the papers she had circulated for the meeting [Paper No Item 4.7] and undertook a presentation.</p>	

		<b>ACTION BY</b>
	<p>The Committee noted and welcomed the comprehensive presentation on this issue from Dr Ryan and the appointment of Marieke Dwarshuis as non-executive champion for this topic. The Committee found positive assurance on this vital area from the presentation and reports and agreed to recommend the reports to the Board.</p> <p>The Committee encouraged further engagement with the Youth Forum given their interest in climate change considerations and suggested that it would add further momentum if the staff engagement could advance to staff empowerment in this area. Mr Howe and Dr Ryan will discuss this further outwith the meeting</p> <p>With regard to resources to undertake this work, it was noted that Mr Gebbie had allocated resource the previous year to allow this work to progress. A project manager has been appointed, Caroline Shanley, and a group set up to take the work forward.</p> <p>Thereafter the NHS 24 Climate Change was <b>noted for assurance</b>.</p>	<p><b>LR</b></p> <p><b>DH/LR</b></p>
<b>4.4</b>	<b>Winter Checklist</b>	
	<p>Ms Phillips referred to the paper circulated for this item [Paper No Item 4.4] and stated it had been presented to the meeting for information only. She went on to say that Scottish Government had requested an outline plan for Winter Planning from NHS 24 to give assurance this was in place. Therefore, NHS 24 submitted this paper in mid-October.</p> <p>With regard to the uptake from NHS 24 staff in the COVID-19 and flu vaccinations it was noted that 45.1% had received the COVID-19 vaccine and 44.1% had received the flu vaccine. However, it should be noted these figures do not include staff who may have taken the vaccine outwith NHS 24.</p> <p>Thereafter the Winter Checklist was <b>noted</b>.</p>	
<b>4.5</b>	<b>Communications Delivery Plan and Annual Report</b>	
	<p>Ms Aspley referred members to the paper she had circulated [Paper No Item 4.5] and advised she would discuss highlights from the paper:</p> <ul style="list-style-type: none"> <li>• <u>NHS 24 Staff Awards</u> – good events had taken place in Glasgow and Dundee. Over 450 staff nominations had been submitted. The Cabinet Secretary attended the Dundee event and enjoyed taking part. Ms Aspley thanked colleagues who had attended.</li> </ul>	

		<b>ACTION BY</b>
	<ul style="list-style-type: none"> <li>• <u>Launch of Winter Campaign</u> – noted that the winter campaign had commenced and would run until the end of January. Toolkits have been developed and delivered to all health boards in Scotland to ensure all are conveying the same message to the public.</li> <li>• <u>NHS 24 Stakeholder Newsletter</u> – the first edition is nearing completion. Once final, Ms Aspley will share with the Committee members. A database of who will receive the newsletter is currently being developed.</li> <li>• <u>Social Media Platforms</u> – a Comms Manager is currently reviewing social medical platforms to determine what works well for NHS 24. Ms Aspley confirmed engagement on this had taken place with the Youth Forum and also younger members of NHS 24 staff.</li> </ul> <p>Thereafter the Communications Delivery Plan and Annual Report was <b>noted for assurance</b>.</p>	<b>SA</b>
<b>4.6</b>	<b>Connect Update</b>	
	<p>The Committee welcomed a presentation from Tony Cronin of Resulting IT and noted the excellent progress on completing Connect 1c and the positive impact this has had on the resilience, risk profile, information security and system stability – including supplier software support status. A question was posed around the consequences of P1s and if they were followed up. Ms Gallacher advised there is a process in place for following up such calls/events.</p> <p>Mr Gebbie reminded members that at the last meeting it had been recorded that the cutover had been postponed. He went on to say the cutover had taken place on 09 November 2022. With regard to the financials for this, Mr Gebbie advised he thought this would amount to £654k (originally £700k).</p> <p>A discussion has taken place with Cap Gemini regarding liability and they have accepted they are responsible for part of the delay. However, NHS 24 will discuss this further with them, the outcome of which Mr Gebbie will advise at a future meeting of the Committee.</p> <p>Thereafter the Connect Programme Update was <b>noted for assurance</b>.</p>	
<b>5.0</b>	<b>QUALITY AND PERFORMANCE STANDING ITEMS</b>	
<b>5.1</b>	<b>Planning and Performance Risk Register</b>	
	<p>Ms Robertson provided a brief overview of the presented Risk Register [Paper No Item 5.1] and highlighted the following:</p>	

		<b>ACTION BY</b>
	<ul style="list-style-type: none"> <li>• RPND/036117: Ms Robertson advised that the risk relating to the technology components supporting NHS 24's front line application had significantly reduced and the risk had reached its target score, following successful completion of the clinical stack cut over and would be considered for closure during the next review cycle</li> <li>• Of the nine risks presented, four are ICT related and there was a separate agenda item to take the Committee through the ICT risk review process for additional assurance.</li> <li>• Two risks are related to finance. The first is the uncertainty related to funding for cost of living increases, pay award and strikes. The second is connected to the finance elements of the shift review.</li> </ul> <p>The Chair confirmed he was assured by the risk management process. The Planning and Performance Risk Register was <b>noted</b> for <b>assurance</b>.</p>	
<b>5.2</b>	<b>Process for Technology Risk</b>	
	<p>Ms Gallacher referred members to this paper [Paper No Item 5.2] and advised its purpose was to provide the Committee with assurance that there is a thorough process in place for technology risk and that it is embedded into the Directorate. The Directorate also holds a weekly operational heads sessions where items can be discussed, linking in with the Risk and Resilience Team where necessary.</p> <p>A summary report is also kept where a very clear record progress against the risks is recorded, including any actions.</p> <p>Significant assurance was taken by members of the Committee from the explanation of the comprehensive process for management of ICT risks with listed mitigation actions and their documented anticipated impact on risk level and timelines all being monitored and managed.</p> <p>Thereafter the Process for Technology Risk was <b>noted</b> for <b>assurance</b>.</p>	
<b>5.3</b>	<b>Corporate Performance Report</b>	
	<p>Ms Phillips referenced the above report [Paper No Item 5.3]and highlighted the following points:</p> <ul style="list-style-type: none"> <li>• Performance is quite static as demand has gone up right across the board with the start of Winter.</li> </ul>	

		<b>ACTION BY</b>
	<ul style="list-style-type: none"> <li>• There has been improvement in mental health performance which reflects that staffing is now up and sitting at 90WTE.</li> <li>• As average call handling time is influenced by clinical supervision, when there are high levels of sickness absence with clinicians call handling time increases. Therefore, efforts are being made to support clinical supervisors more and streamline clinical supervision.</li> <li>• A test of change commenced recently for remote clinical supervision, it is hoped this will have a positive impact.</li> <li>• There have been improvements in staff undertaking mandatory training.</li> <li>• With regard to the increase in people using NHS inform, it was thought the rise in numbers was due to the fact it was “vaccination season” and within NHS inform there is access to the vaccination portal.</li> </ul> <p>A discussion took place with regard to the capacity of NHS inform and it was agreed it would be useful for NHS 24 to consider what the upper limit might be. Mr Snedden advised that if there are to be additional costs for NHS inform, these should be reviewed via the SPRA process. The capacity and affordability of NHS inform will be reviewed.</p> <p>Thereafter the Corporate Performance Report was <b>noted for assurance</b>.</p>	<b>DS/SP</b>
<b>5.4</b>	<b>KPI Framework</b>	
	<p>Ms Phillips discussed the document [Paper No Item 5.4] with members and advised that from page 5 onwards was the current framework in use. She also explained Item 3.5 in the paper shows the output and areas NHS 24 would like to develop into a revised KPI suite.</p> <p>The Committee welcomed the opportunity for further dialogue with Scottish Government on the KPI framework, and through discussion the committee:</p> <ul style="list-style-type: none"> <li>• Advocated a more central focus for the KPI framework on patient experience including patient feedback, call outcomes and timeliness.</li> <li>• Noted the tension on call abandonment given its centrality to existing KPI discussions but its frailty as an indicator given that a caller moving to another route for assistance – SAS, NHS inform or calling at a quieter time etc may well be a success rather than a failure - as current media coverage suggests - creating a need for an altered narrative on this indicator and a future system that can track caller behaviour and outcomes after abandoning a call to NHS 24.</li> <li>• Expressed a desire to see wider inter-board system monitoring to track a patient’s entire journey.</li> </ul>	



		<b>ACTION BY</b>
	<ul style="list-style-type: none"> <li>Agreed the need for a longer session to discuss on KPIs at the next meeting.</li> </ul> <p>Thereafter the KPI Framework was <b>noted</b> for <b>assurance</b>.</p>	<b>TMcM</b>
<b>5.5</b>	<b>Financial Performance</b>	
	<p>Mr Gebbie referred members to the above paper [Paper No Item 5.5] and advised it had been produced to the end of month 7. Currently there is a £880k underspend due to vacancies which demonstrates how challenging it has been to recruit staff.</p> <p>He went on to advise the costs for the Language Line used to be £6k per annum, however last year this had increased to £20k due to increased call volumes. It was noted a 30% reduction had since been negotiated from BT.</p> <p>A paper is due to go to EMT – “Cost Book” – and it was agreed this paper would be submitted to the next Planning and Performance Committee for consideration</p> <p>Thereafter the Financial Performance Paper was <b>noted</b> for <b>assurance</b>.</p>	<b>JG/ TMcM</b>
<b>5.6</b>	<b>Facilities Report</b>	
	<p>Ms Kane drew members attention to the above report [Paper No Item 5.6] and advised there is planned work taking place, some of which has been accelerated to focus on health and safety and staff wellbeing.</p> <p>Work about to commence will focus on capacity, utilisation and strategic outline guides which are being produced for all national boards.</p> <p>Noted that some SLA’s are due for renewal.</p> <p>Mr McCormick enquired about the test of change taking place with regard to seating and desktops and if it was proving successful. Ms Kane will feedback on this matter in due course.</p> <p>Thereafter the Facilities Report was <b>noted</b> for <b>assurance</b>.</p>	
<b>5.7</b>	<b>Information Governance and Security Report</b>	
	<p>From the report [Paper No Item 5.7] Mr Gibson highlighted the following points:</p>	

		<b>ACTION BY</b>
	<ul style="list-style-type: none"> <li>• The DSARS involved a lot of effort.</li> <li>• Freedom of Information requests have dropped in number since the same quarter in 2021/22.</li> <li>• The table within the document is misleading, therefore Mr Gibson will redesign this.</li> <li>• Training figures – there is an increase in the update by staff in mandatory training. The figure in the report advised 75% complete, this has risen to 78.4% complete. Nearly 1200 service delivery staff have completed training modules.</li> <li>• National Records Scotland is now the archivist for NHS 24.</li> <li>• A new Records Management Plan will be developed for 2023.</li> </ul> <p>Thereafter the Information Governance and Security Report was <b>noted</b> for <b>assurance</b>.</p>	
<b>6.0</b>	<b>COMMITTEE WORKPLAN, ACTION LOG, TERMS OF REFERENCE AND COMMITTEE HIGHLIGHTS</b>	
<b>6.1</b>	<p><b>Planning and Performance Committee Workplan</b></p> <p>The Committee <b>approved</b> the content of the workplan.</p>	
<b>6.2</b>	<b>Integrated Governance Key Points</b>	
	Nil.	
<b>6.3</b>	<b>Planning and Performance Committee Action Log</b>	
	<p>The Committee reviewed the action log and agreed the following:</p> <p>Action 355 – John Gebbie has included the frontline leadership requirement in next year's finance plan, however, this is not a guarantee that this can now be progressed. The frontline leadership business case and the finance plan would both require board approval before progressing.</p> <p>Action 356 – will be closed.            Action 357 – will be closed.            Action 358 – will be closed.            Action 359 – will be closed.            Action 360 – will be closed.            Action 361 – will be closed.            Action 362 – will be closed.</p> <p>Thereafter the Planning and Performance Committee Action Log was <b>noted</b> as <b>approved</b>.</p>	

		<b>ACTION BY</b>
	<b>DATE OF NEXT SCHEDULED MEETING</b>	
	Monday 13 February at 10.30 am to 12.30 pm via Teams.	
	The meeting concluded at 12.15 pm	