

**NHS 24  
BOARD MEETING**

**20 JUNE 2019  
FOR ASSURANCE**

**Approved minute of the Finance and Performance Committee Meeting held on Monday 11 March 2019 at 10.00 am, Boardroom, Clydebank**

The Committee is asked to approve the Minutes of the Finance and Performance Committee meeting held on 11 March 2019 as an accurate record of discussions.

## 1. WELCOME AND APOLOGIES

### Committee Members

Mr Mike McCormick	Non-Executive Committee Chair
Mr Martin Togneri	Non-Executive Director
Ms Madeline Smith	Non-Executive Director

### In Attendance

Mr Alan Webb	Non-Executive Director
Ms Esther Robertson	Chair of NHS 24 (via telephone)
Ms Margo McGurk	Director of Finance & Performance
Mr Iain Adams	Deputy Director of Finance
Ms Steph Phillips	Director of Service Delivery
Ms Angiolina Foster	Chief Executive
Dr Laura Ryan	Medical Director
Ms Lynne Huckerby	Director of Service Delivery
Mr Eddie Docherty	Director of Nursing & Care
Mr David Miller	Director of Workforce
Ms Ann-Marie Gallacher	Chief Information Officer
Ms Lynne Kane	Facilities Manager (Item 5.4)
Ms Linda Lynch	Deputy Director of HR
Mr Davie Morrison	Participation & Equalities Manager
Ms Yvonne Kerr	Executive Assistant (Minutes)
Ms Lindsey Wilson	HAA Design (Item 5.4)
Mr Damien Snedden	New Deputy Director of Finance (Observer)

### Apologies

Mr John Glennie	Non-Executive Director
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The Chair opened the meeting and welcomed members and attendees. Introductions took place around the table.

Mr McCormick welcomed Ms Wilson of HAA Design and Mr Snedden who will take up the post of Deputy Director of Finance on 1 April 2019.

Apologies were received as noted above.

## **2. DECLARATION OF INTERESTS**

2.1 No declarations were made beyond those previously recorded.

## **3. MINUTES OF PREVIOUS MEETING**

3.1 The minutes of the meeting held on 31 January 2019 were approved as an accurate record of discussions subject to a change at 5.4.2 regarding a recent Freedom of Information (FOI) request.

**Action: Ms Kerr**

## **4 PERFORMANCE**

### **4.1 Financial Performance Report to 31 January 2019**

4.1.1 Mr Adams presented the Financial Performance Report to the Committee, reported an underspend of £0.451 million for the period and highlighted the key points from the report for the Committee.

4.1.2 Mr Adams advised there is an underspend of £1.219 million on the Unscheduled Care Core Service, the majority of which relates to recruitment for 2018/19 not reaching planned levels for nursing staff. This underspend has increased by £0.4 million from that previously advised through the mid-year review process.

Mr Togneri asked why the additional underspend was not formally reported earlier and whether there were issues of control or process involved.

Ms Foster advised that this recent and significant change to the financial position has been reviewed and discussed in detail by Executive Management Team (EMT) and the appropriate management action has been taken to bring the position back in line with that established through the mid-year review process. She further advised that learning will be taken from this which will include increasing the focus of EMT on the robustness of forecast planned activity, the risk levels around those forecasts and expenditure related to them on an ongoing basis.

**Action 231: EMT**

4.1.3 Mr Adams advised that in relation to the service delivery position, Finance, HR and Service Delivery meet regularly to review the recruitment process, but that further improvement was required in this as this delay should have been clarified much earlier in the process. Ms Phillips advised there is the added complication that a number of established nursing staff from the 111 service have been recruited to support the new services such as GP Triage and that this also brings challenge in managing the workforce across the organisation.

**Action 232: Mr Miller**

4.1.4 Mr Adams also advised of an increase to the underspend agreed at the mid-year review for the Strategic Delivery Programme of £0.200 million, reporting

that this was due to income assumptions and lower recruitment than forecast in the final quarter of the year.

Ms Huckerby advised that NHS 24 is working collaboratively with NHS Lothian to advance implementation of the GP Triage model, however recent discussion has identified that planned recruitment of staff will be delayed now until quarter 2 of the 2019/20 and this is the main reason for the increase to the underspend. Mr McCormick advised this delay should be included on the risk register to monitor that the revision to plan is achieved .

**Action 233: Ms Huckerby**

4.1.5 Mr Adams advised that Scottish Government has confirmed that the NHS 24 brokerage will not be cleared and will be repaid as originally planned. The amounts repaid in 2018/19 were noted. Mr Adams advised that Scottish Government has confirmed in writing that £4-5 million will be provided non-recurrently to fund the NHS 24 Strategy in 2019/20 and that strategy funds will be made available on a recurring basis from 2020/21 onwards.

4.1.6 The Committee noted the report and sought assurance that the variations described in the report against the planned expenditure for the last quarter be closely monitored and reported by EMT.

#### **4.2 Service Quality Report to 31 January 2019**

4.2.1 Ms McGurk presented the Service Quality Report to 31 January 2019 and noted the key highlights for the Committee.

4.2.2 Ms McGurk highlighted the dashboard recently added to the report, noting the support from Mr Webb. This was reviewed by the EMT over the last week and was supported, however it was noted that the language used may need some refinement. Ms Smith noted that the dashboard is a snapshot and it may be better reporting over a longer period and suggested the average time to answer calls information could also be included.

**Action 234: Ms McGurk**

Ms Robertson supported the dashboard and agreed some minor amendments to the language is required. It was noted that previous amendments to the order of the report had been completed, however Ms Robertson suggested it would be helpful if the order of 7.7 and 7.8 of the report were changed.

**Action 237: Mr Wemyss**

4.2.3 It was advised that service access was challenging in January, however over 70% of calls continue to have care delivered at the first point of contact.

Following a question from Mr Togneri, Ms Phillips confirmed that the figure of 11.4% of calls abandoned after the threshold is based on the total volume of calls into the service.

It was advised that the average time to answer has increased from 3 minutes to 4 minutes over the month, although it was noted that the average answer time varies from day to day and is dependant on call volume.

Mr Webb asked if there is visibility on repeat call backs. Ms Phillips advised an analysis of this has been completed which shows that an 8% abandonment rate generates a 4% increase on demand. It was noted that the use of text messages that were introduced before January has however had a positive impact on the management of calls and service user expectations.

Ms Smith advised an update on progress would be helpful on the calls transferred from Scottish Ambulance Service (SAS) and NHS 24.

**Action 235: Ms Phillips**

4.2.4 Ms Smith expressed concerns around the service access level for Breathing Space. Ms Phillips advised additional staff have recently started and we should see a marked improvement going forward.

4.2.5 It was noted from the report that there has been no significant improvement in the access level since the implementation of Sprint 1, and it would be useful to have a succinct explanation as to why service improvement in this area has been limited despite this investment. Ms Phillips advised that the underlying issue of misalignment of capacity and demand remained and would be addressed by the shift review and development of the service model

**Action 236: Ms Phillips**

4.2.6 The Committee noted the report for assurance.

### **4.3 Workforce Performance Report**

4.3.1 Mr Miller presented the Workforce Performance Report to the Committee noting key highlights.

4.3.2 Mr Miller noted the progress on the implementation of eEES and noted we are on track to decommission CIPHR.

4.3.3 Sickness absence is above 10% and a written response has been provided to Scottish Government on how we are addressing this with reducing sickness being a key priority particularly those absences categorised as "unknown".

**Action 239: Mr Miller**

Mr Togneri enquired if there was data on staff going from long term sickness absence to retirement. Ms Lynch advised she did not have that detailed information to hand and this will be included in the next report.

**Action 238: Ms Lynch**

Mr Markey advised there were issues with nurses retiring early due to stress and although this is improving there are now concerns the same issues are affecting call handlers as they will manage more calls in a single day than nurses. Mr McCormick advised consideration for sickness/stress in call handlers may be better discussed at the next Staff Governance Committee meeting.

**Action 240: Ms Lynch**

4.3.4 Mr Miller advised that the Leadership and iMatter programmes have both been positive. He also noted the very positive Youth Employment Initiative with work ongoing to further build on the excellent work done so far.

4.3.5 Mr Miller advised there was a slight increase in the staffing shortfall in quarter 3 and Ms Smith asked what assurance there is to address the shortfall. Ms Phillips advised we are implementing changes to the recruitment process and noted there have been less nurses leaving this year than last.

4.3.6 The Committee noted the report for assurance.

## **5. STRATEGY**

### **5.1 NHS 24 Strategy 2019-24**

5.1.1 Ms McGurk presented the report to the Committee highlighting the key points.

5.1.2 Ms McGurk advised that this report is a refresh of the existing NHS 24 Strategy. Delivery remains in a 5 year timeframe with major components of the Strategy unchanged. The Strategy shows consistent improvement of the services portfolio and it is aligned closely with the Strategic Planning Resource Allocation (SPRA) process. Formal sign off will take place at the April Board Meeting.

5.1.3 Mr McCormick suggested any comments/amendments should be sent directly to Ms McGurk for inclusion in the paper.

**Action: Ms McGurk**

5.1.4 Ms Smith advised that she would discuss general points directly with Ms McGurk, however she suggested changing some of the order of the report. Ms Smith referred to the 5 year actions and the key themes section and felt the key objectives from the current strategy should be reflected here. Ms McGurk agreed to review this aspect specifically.

Mr Togneri advised he will discuss general points directly with Ms McGurk, however advised it would be helpful to have a section which highlights the key changes between this refresh and the original strategy document.

Mr Togneri also pointed out that there are a number of typographical corrections required.

**Action 241: Ms McGurk**

5.1.5 Mr Webb asked for clarification of the meaning on the term "Gold Standard". Mr Webb also noted there was no mention within the report of work with communities, although we are connecting with people through the partnership groups. Ms McGurk agreed to take this into consideration as part of the overall review process.

**Action 242: Ms McGurk**

5.1.6 The Committee noted the report for assurance.

## 5.2 Strategic Planning Resource Allocation Proposal 2019/20 and Operating Plan

5.2.1 Ms McGurk presented the report to the Committee noting key highlights.

5.2.2 Ms McGurk advised this is an updated paper from the February Board Meeting and is presented to this Committee for further scrutiny before the April Board Meeting. It was noted the final report has to be submitted to Scottish Government by end of March 2019.

5.2.3 The formal proposal to reduce the current access level target from 90% to 70% for most of 2019/20 was discussed in detail with suggestions on how the information might be presented demonstrating focus on the patient journey. This proposal is based on operating at least until October 2019 with the current model and then with the new service model thereafter. The impact of this change is being modeled however it is expected that the access level target will improve by quarter 4 of 2019/20.

Ms McGurk advised moderating the access target could be helpful in placing more focus on the introduction of the new "care delivered at first point of contact", although approval is still required by Scottish Government. Mr Webb highlighted that as we have the evidence from public research that this change would be supported by stakeholders including Government.

**Action 244: Ms McGurk**

There was a lengthy discussion on this issue which resulted in the Committee resolving to support the proposed changes.

5.2.4 Ms McGurk advised that following recent information from the Corporate Finance Network, all Boards are assuming Scottish Government will allocate resources to cover the A4C pay progression costs for 2019/20. NHS 24 has currently factored in £0.500 million, this can now be released resulting in an additional £0.5 million brokerage repayment as a consequence.

5.2.5 Mr Togneri advised the presentation of the report suggests this is the final version and cannot be amended. Ms McGurk advised this remains in draft and can be modified if required as this is still a work in progress.

5.2.6 Mr McCormick asked the Committee to send any comments/amendments to Ms McGurk as soon as possible to allow for any amendments prior to the Board Meeting.

**Action 245: Ms McGurk**

5.2.7 The Committee noted the report for assurance.

## 5.3 Service Transformation Programme

5.3.1 Ms Huckerby presented the report to the Committee noting the key highlights.

5.3.2 There are ongoing discussions with East Lothian Partnership regarding the expansion and support to progress their GP Triage Hub based model although it was noted there are issues with the telephony platform at the moment.

NHS 24 is in discussion with NHS Fife for their GP Triage model and it is anticipated this should be operational by quarter 2.

There has been further interest from NHS Greater Glasgow & Clyde and also NHS Borders in the GP Triage model. Discussions are ongoing to progress this.

5.3.3 Ms Huckerby advised the Mental Health Hub will go live later this week and there has been significant investment in staff training.

It was advised Webchat has been live since February 2019.

5.3.4 Ms Smith stated that the Modernising Out-Patients initiative is a high priority nationally and asked how NHS 24 is addressing this. Ms Huckerby advised we are commencing work with NHS Dumfries and Galloway to develop a test of change and will report on that in more detail over the coming months.

5.3.5 Ms Huckerby advised the team won 3 awards at the Digital Health and Care Awards in February:

- Digital Health & Care Team - NHS inform
- Independent Living - Home & Mobile Health Monitoring
- Industry Collaboration - Scotland's Service Directory in partnership with Tactuum and Macmillan.

5.3.6 The Committee noted the report for assurance.

#### 5.4 Estates Strategy – High Level Plan and Presentation

5.4.1 Mr Adams presented the report to the Committee noting key highlights followed by a presentation from Ms Wilson on the proposed plans for both the Clyde Contact Centre and the Cardonald HQ and Contact Centre to the Committee and gave a detailed description of drawings.

5.4.2 NHS 24 is currently working with HAA Design on the new layout proposals for Clyde and Cardonald. The financial implications for remodeling are currently estimated at £0.300 million per site.

5.4.3 Mr Adams noted a recent staff engagement session at the Clyde Contact Centre was well received and gave staff the opportunity to comment on the designs. An engagement session will be arranged for Cardonald..

Mr Markey advised that recent feedback from staff indicates staff are having difficulty visualising the end result. It was suggested a 3D electronic model could be made available to allow more visualisation.

**Action 246: Ms Kane**

The designs promote a better open plan space for all partners. As the Cardonald Contact Centre will move into some of the space in Headquarters, Dr Ryan advised a risk assessment may be required as other staff will have access to areas containing patient information.

**Action 247: Ms Kane**

Ms Gallacher noted that a Data Protection Assessment should be carried out on current practice to ensure compliance with GDPR.

**Action 248: Ms Gallacher**

5.4.4 Ms Robertson and Ms Foster advised that they do not require the private space allocated to them at the moment although it would be helpful to have a quite space for confidential conversations.

**Action 249: Ms Kane**

5.4.5 Mr Adams noted the lease for Cardonald expires in 2022 and NHS 24 need to be mindful of ensuring value for money on any expenditure given the relatively short remaining life. Beyond 2022, longer term options are being considered including a new build facility and we are also working closely with Scottish Futures Trust for viable options.

Ms Robertson advised that EMT should liaise with Scottish Government to ensure alignment for the longer term in relation to the timing of the lease for Cardonald.

Ms Smith noted that any future move away from the current buildings should recognise that access to public transport and car parking facilities especially in the out of hours period is important.

5.4.6 The Estates Strategy has involvement from all partner boards to reach agreement on the new designs.

5.4.7 Mr Morrison noted there have been concerns from staff being able to make personal calls on their breaks and sometimes the accessible toilet is used for this purpose which has an impact on staff that need this facility. Mr Morrison requested, as the design progresses, that consideration is given to this privacy issue and a private space staff can use is incorporated.

5.4.8 Ms Robertson noted that staff have been through a great deal of change recently and staff should be clear on why we are doing the remodeling and the benefits that come with that. It is vital that staff engagement continues through this process.

**Action 250: Ms McGurk**

5.4.9 Ms McGurk advised the final recommendation will be presented to this Committee prior to presentation to the Board and is included within the Planning Cycle.

5.4.10 The Committee noted the report for assurance.

## 5.5 Digital Strategy

5.5.1 Ms Huckerby presented the report to the Committee noting key highlights.

5.5.2 Ms Huckerby advised this draft is in the consultation phase and the aim is to define NHS 24's position in the health and care landscape.



5.5.3 The aim is to integrate all digital activity into the Strategy to allow service users to choose how they access our services and is intended to support Service Transformation.

Mr Webb noted partnership working, particularly with communities is not explicit enough within the Strategy and should be inclusive of all service users even if they are unable to use digital services. Mr Morrison advised NHS 24 is working with training partners in Fife to help people with their digital skills.

**Action 251: Ms Huckerby**

5.5.4 The Committee noted the report for assurance.

## 5.6 Technology and Data Strategy

5.6.1 Ms Gallacher presented the report to the Committee noting this update was on the Technology Strategy only.

5.6.2 Ms Gallacher summarised the vision of the Technology Strategy as detailed in the report. It was noted the need to attain and maintain a level of confidence to ensure support is managed correctly.

Mr McCormick asked if we have the capacity and capability to implement the strategy with the existing technology workforce. Ms Gallacher advised the implementation plan has detailed training built in to ensure skill sets are kept up to date, and the committee would be provided with more information on the team's capabilities and capacity.

**Action 252: Ms Gallacher**

5.6.3 The Committee noted the report for assurance.

## 5.7 New Service Model and Implementation Plan

5.7.1 Ms Phillips presented the report to the Committee noting key highlights.

5.7.2 Ms Phillips explained we remain in a situation where we have limited capacity to meet demands for the service effectively due to working patterns and the mix and level of staff available. This will be improved through the Shift Review to provide better alignment to resources, delivery of the service and the development of the service model, moving away from one that has grown organically in response to a narrow focus on targets and staff mix, to one that is focused on improving the overall journey and experience for those accessing our service

5.7.3 Ms Phillips advised NHS 24 is moving towards a fully inbound model, with the new supervision model aiming to increase the proportion of calls where care is delivered at first point of contact without the need to place callers in a queue.

It was noted the new model will be one nurse practitioner to five call handlers working at a defined pod and working the same shift. The aim is that every shift will feel the same, giving a defined team structure and building in offline time for continuing professional development (CPD), leveling and time with managers.

It was noted that 34% of nurses currently work in local centres, however this is still workable by aligning their shifts to fit with the new model and achieve the 1:5 ratio within the main centres. Ms Robertson queried if we can introduce a new model with fewer nurses and will there still be nurses in the local centres. Ms Phillips advised that currently Band 7's provide floor supervision and in the new model this will be provided by band 6 nurses, as would be the case in other clinical environments. It was noted that clinical supervision is part of the Band 6 role currently so there will not be any grading issues for this change. Team Leaders will also play a key role in managing staff and real time performance. Nurses will remain in the local centres. Mr Docherty advised this is a significant professional development opportunity for nursing in NHS 24 and is supportive of this as the way forward. The committee welcomed the approach.

**Action : For Noting**

5.7.4 All elements of the transition phase will be in place before implementation and the aim is to complete the transition by October 2019.

5.7.5 The Committee noted the report for assurance.

## **5.8 Technology Refresh Programme**

5.8.1 Ms Gallacher presented the report to the Committee with the recommendation to have the opportunity to delay the decision by 1 month if required. Ms Gallagher explained the issue in some detail.

5.8.2 Ms Gallacher advised the clause within the BT Contract states it must be signed by 29 March 2019 if both parties agree. If this is not agreed there is the risk that there could be commercial and operational implications for NHS 24.

5.8.3 The Committee would have welcomed earlier resolution of this issue and agreed to recommend that the board should support the extension by 1 month should this be required.

**Action 254: Mr McCormick**

## **5.9 National Transformation Fund 2019/20**

5.9.1 Ms McGurk presented the report to the Committee for assurance noting key highlights.

5.9.2 Ms McGurk noted this report is to allow the Committee to be aware of the range of work the Transformation Fund is supporting however it was advised the position of the report has now changed over the last few days as the budget will be reduced by £6 million and therefore further re-prioritisation of funds will be required.

5.9.3 The Committee noted the report for assurance.

## **6. WORKPLAN**

6.1 Finance and Performance Committee Workplan

6.1.2 Due to time pressures it was agreed this report would be considered at the next meeting.

## **7. MATTERS ARISING FROM PREVIOUS MEETING**

### **7.1 Review of Action Log**

7.1.2 Due to time pressures it was agreed this report would be considered at the next meeting.

## **8. AGREED COMMITTEE HIGHLIGHTS TO THE BOARD**

8.1 It was agreed that a list of key points from the meeting would be compiled and emailed to the Chair ahead of the next full NHS 24 Board meeting on 11 April 2019.

**Action 255: Ms Kerr**

## **9. ANY OTHER BUSINESS**

9.1 There being no other business, the meeting was closed.

## **10. DATE OF NEXT MEETING**

10.1 Date for the next meeting:  
15<sup>th</sup> May 2019, 10am, Committee Room 1, Cardonald.