

**NHS 24
BOARD MEETING**

**26 AUGUST 2019
FOR APPROVAL
ITEM NO. 12.4**

**Approved Minutes of the Planning and Performance Committee Meeting held
on Wednesday 15 May 2019 at 10.00 am, Committee Room 1, Cardonald**

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 Margo McGurk	Director of Finance & Performance
Mr Damien Snedden	Deputy Director of Finance
Ms Steph Phillips	Director of Service Delivery
Ms Angiolina Foster	Chief Executive
Ms Lynne Huckerby	Director of Service Delivery
Ms Ann-Marie Gallacher	Chief Information Officer (Item 6.4)
Ms Lynne Kane	Facilities Manager
Ms Linda Lynch	Deputy Director of HR
Mr Davie Morrison	Participation & Equalities Manager
Dr Anna Lamont	Associate Medical Director
Mr Brian Laughland	Head of Procurement
Ms Yvonne Kerr	Executive Assistant (Minutes)
Mr Sanny Gibson	Head of Information Governance (Item 5.8)
Ms Toni Shirley	Planning Manager (Item 5.4)
Mr Kevin McMahon	Head of Risk & Resilience (Item 7.1)
Ms Paula Speirs (Observer)	New Associate Director of Planning & Performance

Apologies

Mr John Glennie	Non-Executive Director
Dr Laura Ryan	Medical Director
Mr Eddie Docherty	Director of Nursing & Care
Mr David Miller	Director of Workforce

The Chair opened the meeting and welcomed members and attendees. Introductions took place around the table.

Mr McCormick welcomed Ms Paula Speirs the new Associate Director of Planning and Performance who will take up post on 1st June 2019.

Apologies were received as noted above.

2. DECLARATION OF INTERESTS

2.1 Mr Togneri's Standing declaration was noted.

Mr Togneri advised that he is a Non-Executive Board member with the Scottish Ambulance Service (SAS) and asked that this should be noted as the standing declaration

3. MINUTES OF PREVIOUS MEETING

3.1 The minutes of the meeting held on 11 March 2019 were approved as an accurate record of discussions.

4 PERFORMANCE

4.1 Financial Performance Report to 31 March 2019

4.1.1 Mr Snedden presented the Financial Performance Report to the Committee, thanking Mr Adams and the wider team for the production of this report. Mr McCormick and the Committee also expressed their thanks to Mr Adams.

4.1.2 Mr Snedden advised there is an underspend of £0.300 million for the 2018/19 financial year. Of the £0.300 million, £0.228 million is carried forward from the National Transformation Fund into 2019/20.

4.1.3 Ms McGurk Advised an underspend in the Unscheduled Care Service of £1.348 million in 2018/29. £0.500 million was utilised in the final month of the year to support the additional brokerage repayment in January.

4.1.4 Mr Snedden advised the Annual Operating Plan has been submitted to Scottish Government and some flexibility was redirected to cover the implementation of the Shift Review.

4.1.5 Mr Snedden noted the Capital Resource Limit variance should be zero however, the figures within the report were correct at the time of writing.

4.1.6 Ms McGurk advised the external audit has concluded with no significant findings or recommendations. A final meeting to close the Annual Accounts audit process has been arranged with Scott-Moncrieff.

4.1.7 Mr McCormick noted the full year overspend for Breathing Space reflected the appointment of additional staffing. It was also noted that the additional Scottish Government funding for Mental Health in 2019/20 will fully cover these additional staffing costs.

4.1.8 Mr Togneri thanked NHS 24 for achieving on target and within the planned assumptions. The Committee agreed.

4.1.9 The Committee noted the report for assurance.

4.2 **Service Quality Report to 31 March 2019**

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

4.2.2 Ms McGurk highlighted the improvements that have been applied to the report from feedback received from the Board to show patient experience at the beginning of the report.

4.2.3 It was noted that patient/caller experience feedback has been consistently positive during 2018/19.

4.2.4 Ms McGurk highlighted there is no formal KPI in place for Care Delivered at First Point of Contact up to 31 March 2019. This will be introduced for 2019/20.

4.2.5 Mr Togneri queried the process regarding the individual learning which is carried out after a complaint has been upheld. Ms Phillips advised there are mechanisms in place to manage the individual learning and this captured and recorded by Line Managers.

Ms Smith noted this is reviewed at the Clinical Governance Committee and Nursing & Care Directorate are involved with this process.

4.2.6 The transfer of calls from Scottish Ambulance Service (SAS) to NHS 24 was discussed and Ms Phillips advised due to a change in coding with SAS has resulted in increased calls to NHS 24. Ms Phillips advised this issue is currently being reviewed with SAS.

4.2.7 Following a question from Mr Togneri, Ms Phillips advised there is a correlation between the level of calls abandoned and access targets. She also advised that calls can be abandoned before or after 30 seconds. There was discussion regarding abandoned calls however it was noted that after patient listens to the IVR message, abandoning the call may be entirely appropriate.

Mr McCormick questioned if there was anything in place for patients who are awaiting a priority 3 callback. Ms Phillips advised text messaging service was introduced in December 2018.

4.2.8 It was noted that the staff attendance has increased from the previous month however, is still not yet at an acceptable level.

4.2.9 Ms Phillips highlighted Breathing Space Service Level is gradually increasing with more staff and therefore increased ability to answer more calls.

4.2.10 Mr Webb noted and Mr McCormick agreed the dashboard is making progress and moving towards showing the full patient experience although improvements can still be made.

4.2.11 Annex 1 was discussed and it was suggested that given that targets for services do not vary from one quarter to the next, showing a single target for the year would make the table easier to read.

Action: Ms McGurk

Recognising the consistent over-performance against target level of response to callers to NHS Inform shown in Annex 1 it was suggested that consideration is given to review the performance measures in this area to reflect the range of activities and services the team provides.

Action Ms McGurk

- 4.2.12 Mr Togneri noted that from the content of the report that the public can be reassured that NHS 24 is a high performing organisation. The Committee noted the report for assurance.

4.3 Workforce Performance Report

- 4.3.1 Ms Lynch presented the Workforce Performance Report to the Committee noting key highlights.

- 4.3.2 Ms Lynch highlighted the absence figure continues to rise and noted NHS 24 absence is currently the highest in Scotland. Ms Lynch focused her update on the range of activity underway to support improvement in this area.

Ms Phillips advised the implementation of the shift review will have a positive effect on attendance and wellbeing as moving to team working will deliver better alignment of shifts and allow team relationships to be more dynamic and personal.

- 4.3.3 There have been a series of road shows over the last month focusing on mental health and depression. These have been well received by staff with positive feedback.

- 4.3.4 Ms Lynch noted there is now a very a close working relationship with Service Delivery and the HR teams to support recruitment and retention and advised that the turnover of nurses last year reduced by 12%.

- 4.3.5 Completion of CPD modules is poor and plans are in place to address this. Non-completion within the last 12 months has been reported to Service Delivery although this will improve with the implementation of the shift review as allocated time for CPD has been built into the new shift arrangements.

Mr Webb noted the Committee would be interested to see evaluation of the completion of CPD modules and how these affect current practice and how the learning currently measured.

Mr Webb advised evaluation and quality of training should be addressed in this Committee however noted other aspects of CPD would be addressed within Staff Governance Committee.

It was clear from the Committee discussion that the table presented at 4.2.3 within the report had created different understandings, it was suggested consideration is given on how to present progress on training module completion as well as adding some information in relation to evaluation of training.

Action: Mr Miller

4.3.6 Ms Smith noted her concern at the comparison on short-term sick from April 2018 to March 2019 in the report. Ms Smith acknowledged the wellbeing initiative being piloted in East Contact Centre and the Committee would be interested on further information if this approach is effectively supporting staff.

4.3.7 The Committee noted the report for assurance.

5. GOVERNANCE

5.1 111 Service Model & Implementation Plan

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

5.1.2 Ms Phillips advised recruitment process for weekend only staff is now underway with extensive use of social media.

5.1.3 Ms Phillips noted the scheduled offline time for staff to view the video for the shift review began last week.

There have been four roadshows to date with executive management in attendance. Feedback from these suggests staff are starting to see the outputs for the process and what it means for them. Staff recognise that NHS 24 have listened to them and engaged with them throughout this process and see the results of this within the proposed new rotas. It was noted there is a commitment to increasing weekend only staff.

5.1.4 Ms Phillips highlighted elements of the Senior Leadership programme have been utilised in supporting the development of the new clinical supervision model. Service Delivery hosted 3 days training to engage with Band 6 staff to ensure success of the new model.

The Committee would welcome further information on the non-clinical content of the leadership training to be provided to Senior Charge Nurses and Team Leaders.

Action: Ms Phillips

5.1.5 The Committee noted the report for assurance.

5.2 Mental Health Redesign Development

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

5.2.2 Ms Phillips informed the Committee the redesign programme is now into year 2 although the Board was formally established in August 2018.

5.2.3 It was noted this new model takes the majority of calls related to mental health although some are still reaching the 111 service. Mr McCormick noted that as well as improving the patient experience that this will benefit call handlers who may not have the relevant experience to deal with these types of calls.

- 5.2.4 Ms McGurk noted this is first round of Strategic Workstream reporting to Committees in line with the new planning cycle. These papers will be supplied to all relevant Committees and going forward there will be clearer sign-posting at the beginning of reports to direct Committee focus on specific issues. .

Ms Smith advised the report had been discussed at the Clinical Governance Committee who have asked for further detail for the next meeting.

- 5.2.5 The Committee noted the funding for Mental Health that has been secured for the next 4 years to allow NHS to forward plan.

- 5.2.7 The Committee noted the report for assurance.

5.3 **Primary Care Reform (IncGPT)**

- 5.3.1 Ms Lamont presented the report to the Committee noting the key highlights.

- 5.3.2 The relevance for this Committee is the development and scaling of GP Triage, our ambitions and what we can achieve.

Initially the GP Triage was seen as a rescue package for General Practice however, has since shown to be more effective when supporting more general primary care redesign including the introduction of the new GP Contract.

- 5.3.3 Ms Huckerby advised NHS 24 is currently in discussion with NHS Fife, NHS Shetland and NHS Borders and it is anticipated that target of 100,000 population by 31 March 2020 will be achieved.

Ms Smith asked whether the service could respond to a request for quicker growth. It was noted that building relationships, capability and redesigning local processes takes time, which should not be underestimated. If there was pressure nationally to speed the process up, the outputs may not be to an acceptable standard.

Ms Lamont highlighted that currently some of the technology may not be scalable or existing issues easily rectified.

The Committee recognise the breadth of information contained within the report and would welcome more information on the cost profile of the project work including the cost of any changes to the plan and the staffing levels with an explanation of the value that will be added in terms of staff and patient experience for the costs.

Action: Dr Ryan

- 5.3.4 Mr Togneri wanted to understand fully the process and limit of calls per day from practices. Ms Huckerby advised there is no hard limit on the number of calls per day, it is measured as an average. Ms Huckerby invited Mr Togneri to visit Norseman to gain a fuller understanding of the process. Mr Togneri accepted the invitation.

Action: Ms Huckerby

- 5.3.5 Mr McCormick asked if there is a business case available. Ms McGurk advised this is part of the Strategic Business Case and there was an addendum last

year to refresh costs and assumptions. A significant investment in multi-disciplinary teams locally is required for this to be viable.

Work has been ongoing over the last few years and evaluation material is available. The next phase will be to identify the correct model for further scaling and potentially commissioning this service.

In the model of the multi-disciplinary teams envisaged by the GMS contract it would be useful to consider how this could be reflected in the GPT business case in terms of support for policy direction and the wider health and care system.

Action: Ms McGurk

Quantifying the potential for digital access to the service is also important as trying to drive forward the test to demonstrate that contact with the GP may not be required.

Action: Ms Huckerby

5.3.6 The Committee noted the report for assurance.

5.4 **SPRA Bi-Monthly Process**

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

5.4.2 Ms McGurk advised this is to monitor and review progress against in-year objectives across the organisation more regularly and consistently.

5.4.3 Ms McGurk advised that EMT will test this process over the next few months to encourage conversations and ensure correct process is in place for all workstreams.

5.4.4 Mr McCormick requested that further consideration be given to the relationship between the SPRA annual process and the three-year NHS 24 Strategy Refresh.

Action: Ms McGurk

5.4.5 The Committee approved the new Bi-Monthly review process.

5.5 **Finance and Performance Annual Report 2018/19**

5.5.1 Mr Snedden presented the report to the Committee with the assumption of being read.

5.5.2 The Committee noted the report for assurance.

5.6 **Procurement Annual Report 2018/19**

5.6.1 Mr Laughland presented the report to the Committee noting key highlights.

5.6.2 Mr Laughland noted as there is a set proforma from Scottish Government for completion of this report there is limited scope to add more information.

Mr McCormick queried if technology refresh is part of the procurement process. Ms McGurk advised the Capgemini and BT Contracts have already been through the procurement process but that consideration will be given to including reference to these arrangements.

5.6.3 Ms McGurk suggested this report should go to the Board with recommendation of approval from this Committee.

5.6.3 The Committee noted the report for assurance and recommends approval to the Board.

Action: Mr McCormick

5.7 Estates and Facilities Annual Report 2018/19

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

5.7.2 Key Points:

- Property maintenance performance has improved.
- Improvements to Norseman.
- NHS 24 sustainability have achieved Bronze and this is inline with other Boards.
- Extensive work has been completed on the 2018/19 Estates Strategy however, due to recent developments the estates work has been paused.

5.7.3 The Committee noted the report for assurance.

5.8 Information Governance and Security Annual Report 2018/19

5.8.1 Mr Gibson presented the report to the Committee noting key highlights.

5.8.2 Key Highlights:

- Small increase in subject to access requests.
- Small increase in Freedom of Information requests.
- 8 late FOI responses – reason is known for these.
- 5 FOI reviews have been upheld by the review panel.
- Working towards achieving Cyber Essentials Accreditation.
- 1 incident reported to ICO although this was not a reportable incident and was reported in error.
- Audit is now complete and some areas identified for improvement.

5.8.3 The Committee noted the report for assurance.

6. STRATEGY

6.1 IHART Update (v)

6.1.2 Ms Huckerby provided a verbal update to the Committee

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- 6.1.3 Ms Huckerby advised the Executive Management Team are currently committed for one further year and will report back to Committee on the effectiveness of the engagement later in 2019/20.

It was noted there have been changes to the management of IHART.

Action: Ms Phillips

- 6.1.4 The Committee noted the update.

6.2 **Property and Asset Management Strategy**

- 6.2.1 Ms Kane presented the report for approval noting key highlights.

- 6.2.2 Scottish Government have asked for confirmation of any high risk maintenance items. It was noted we have some small maintenance items but they are not considered high risk.

- 6.2.3 Mr Togneri noted and the Committee agreed that NHS 24 requires to have a formal notice to vacate the Clyde Contact Centre. Ms McGurk will review the formal notification process and report back to Committee.

Action: Ms McGurk

- 6.2.4 The Committee noted the report for assurance.

6.3 **Estates Strategy – Clyde Contact Centre Update**

- 6.3.1 Ms McGurk presented the update report noting key highlights.

- 6.3.2 Ms McGurk advised a specific project group has been established and members confirmed to identify the scope of work required and will be joint chaired by Ms McGurk and Mr Miller.

There is an indicative timeline which has to be tested to identify if this is feasible for NHS 24 although it may require some flexibility.

The first meeting of this group was this morning and the next meeting will focus on developing a long list of response options. The group should include colleagues from SAS and NHS Greater Glasgow & Clyde (NHSGGC) at the appropriate points.

- 6.3.3 Ms Foster advised Golden Jubilee Foundation (GJF) have produced a business case to reflect requirements in order for them to deliver their objectives in relation to the Elective Centre Programme. GJF has not however factored in timescales and costing to facilitate moving NHS 24. It was agreed the GJF business requires to be revised to include NHS 24 costs however, it is noted this would not necessarily change the outcome. We may however have some flexibility around the timeline.

All options for relocation will be reviewed in detail before progressing. Ms Smith commented we cannot agree to leave in the current timescale unless we have a suitable location to move to. Ms Foster and the Committee agreed with this.

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The Committee recognised that there is the potential for significant risk to the delivery of the NHS 24 service and the consequent impact of that on the overall NHS system if this change is not managed well.

Action: For Noting

6.3.4 The Committee noted the report for assurance.

6.4 **Technical Transformation Programme**

6.4.1 Ms Gallacher presented the report summarising discussion at the Board meeting on 9 May 2019.

6.4.2 After discussion at the Board it was agreed a wider and deeper review of information was required to look at all potential options.

A summary of all relevant areas will be distilled into recommendations and be presented at Executive Team Management meeting for review, discussion and approval. This will then go to the Board for approval.

Ms Smith asked if anything could be done to mitigate risks in the future, this is currently being reviewed. The timing of this is crucial and Ms Gallacher advised any incidents should be immediately reported directly to Scottish Government.

Ms Gallacher advised there will be some information available for review by the end of the week.

The Committee welcomed the additional scope and option appraisal rigor now applied to this work and noted the update.

Action: For Noting

7. **RISK MANAGEMENT**

7.1 **Corporate Risk Register**

7.1.1 Mr McMahon presented the report to the Committee noting key highlights.

7.1.2 The Committee noted the reduction of high risks and advised they welcomed the level of information on the possible risks relating to the Clyde Contact Centre and the Technology Refresh position.

Action: Mr McMahon

8. **TERMS of REFERENCE**

8.1 Mr McCormick presented the revised Terms of Reference to the Committee for approval.

8.1.2 The Committee approved the amendments to the revised Terms of Reference and these will be adopted going forward.

Action: For Noting

9. **WORKPLAN**

9.1 Mr McCormick presented the workplan to the Committee for approval.

- 9.1.2 Mr Togneri advised of inconsistency in timing for the Committee to review the SPRA Proposal & Operating Plan. The Committee agreed subject to the deletion of the indication at the top right of the table that the 2019/20 SPRA proposal and Operating Plan would be considered at the meeting in February 2020. This will be amended.

Action: Ms McGurk

- 9.1.3 After amendment the Committee is content to adopt the plan as it stands.

10. MATTERS ARISING FROM PREVIOUS MEETING

10.1 Review of Action Log

- 10.1.2 The Committee agreed to remove all actions recommended for removal and also closed off an additional four actions, 210, 226, 243 and 245.

11. AGREED COMMITTEE HIGHLIGHTS TO THE BOARD

- 11.1 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 20 June 2019.

Action: Ms Kerr

12. ANY OTHER BUSINESS

- 12.1 There being no other business, the meeting was closed.

13. DATE OF NEXT MEETING

- 13.1 Date for the next meeting:
26 August 2019, 10am, Committee Room 1, Cardonald.