

NHS 24 Governance Improvement Programme

September 2019

Contents

1. INTRODUCTION	1
2. STRATEGY	1
2.1 Strategy Development – Repositioning the Organisation	1
2.2 Strategic Planning and Resource Allocation	1
2.3 Delivering Best Value	2
3. PEOPLE	2
3.1 Strengthening Organisational Arrangements and the Executive Management Team	2
3.2 Leadership Development Programme	3
4. SERVICE QUALITY AND PERFORMANCE	3
4.1 Service Quality	3
4.2 Service Performance	3
4.2.1 Focus on improving the Patient Journey and Service User Experience	3
4.2.2 Care Delivered at First Point of Contact	4
5. RISK	4
5.1 Risk Appetite	4
5.2 Developing Awareness of Strategic Risk	5
6. BOARD and GOVERNANCE COMMITTEE IMPROVEMENT	5
6.1 Board Development	5
6.2 Committee Development	6
6.3 Integrated Governance	6
6.4 Board Member Skills Audit and Training	7
6.5 Board Planning Cycle and Workplan Development	7
6.6 The National Blueprint for Good Governance	8
7. NATIONAL BOARD COLLABORATION	8
7.1 National Board Collaboration and Governance Framework	8
8. AN INDEPENDENT PERSPECTIVE ON OUR GOVERNANCE	9
8.1.1 Internal Audit Review of Governance 2019	9
9. Annex 1 – Board Development Action Plan	10
10. Annex 2 Board Skills Audit	14
11. Annex 3 Board Planning Cycle 2019/20	16

1. INTRODUCTION

The Board is asked to take assurance from this report which records the key activities undertaken over the past 2 years to develop and embed significant improvements in Board governance arrangements and the overall control frameworks in operation across the organisation.

Our improvement journey focus has been on a number of key areas and themes covering; strategy, people, service quality and performance, risk, Board and Governance Committee effectiveness, integrated governance and national board collaboration. The report ends with an independent perspective from our internal auditors on our progress so far.

2. STRATEGY

2.1 Strategy Development – Repositioning the Organisation

For a number of years the main focus of the executive and Board leadership was the delivery of the technology implementation. During that period, the organisation did not have an organisational strategy to focus the capabilities and capacity of the organisation beyond that immediate task.

In 2016 and in the context described above, the NHS 24 Board established the organisational conditions and leadership commitment required to develop capacity to focus on developing the future service capabilities of the organisation.

The Board continued that strategy development and engagement internally and externally and approved the current NHS 24 Strategy in 2017. The Board also translated the impact of the new strategic objectives within the Strategy into economic evidence through the development of a 5-year business case which articulated the potential return on investment possible for the wider Health and Social Care sector.

We are now midway through the 2017 Strategy and are currently reviewing and revalidating the scope, scale and pace of our strategic objectives.

2.2 Strategic Planning and Resource Allocation

In 2017, in order to strengthen the governance of resource allocation and the delivery of our strategic objectives we launched a formal Strategic Planning and Resource Allocation Process (SPRA). The SPRA process is an integrated planning and resource allocation framework. It sets out the system-wide context within which NHS 24 operates and describes how our current strategy aligns with that. The SPRA process also references our agreed strategic objectives and our delivery principles. Over the past 2 years we have enhanced and refined the SPRA process through our experience of delivering this important, integrated planning exercise.

In line with the delivery principles within our Strategy, the resource allocation process is committed to:

- Adding value to the health and social care system across Scotland;
- Delivering services as effectively and efficiently as possible;
- Driving additional value to our partners through maximising the utilisation of our capacity and capability 24/7;
- Releasing cash savings, cost avoidance and productive opportunities through more effective and focussed national collaboration.

Each director has a role to ensure that the knowledge and insights gathered from their individual or collective engagement with various national groups and key stakeholders is shared with EMT as part of the SPRA process and used to guide and inform this planning process.

The SPRA is an annual process which details how each directorate supports the delivery of the overall 5-year organisational strategy. The directorate positions are discussed, prioritised and consolidated then considered as a whole by the EMT. The consolidated SPRA is then presented to the Planning and Performance Committee, the Staff Governance Committee, the Area Partnership Forum and NHS 24 Board for scrutiny and approval.

The SPRA process integrates the strategic objectives to the operational, workforce, financial planning and risk management process and involves input from each directorate within NHS 24. The summary consolidated position is presented to the Board in the form of the Annual Operational Plan, which included key priorities for a 3-year period.

A mid-year review takes place annually in September/October to assess progress. Following the mid-year review, a refreshed SPRA is presented to the Executive Management Team, the Planning and Performance Committee, the Staff Governance Committee, the Area Partnership Forum and NHS 24 Board.

2.3 Delivering Best Value

In accordance with the principles of Best Value, the Board aims to foster a culture of continuous improvement. As part of this, executive and non-executive directors and senior managers are encouraged to review, identify and improve the efficiency and effectiveness of resource allocation. Additionally the Planning and Performance Committee provides assurance to the Board that best value is achieved from resource allocation across the organisation including new service development and investment.

3. PEOPLE

3.1 Strengthening Organisational Arrangements and the Executive Management Team

During 2018/19, new arrangements in relation to the Executive Team were developed and all Executive Team Director posts were confirmed and in place by the end of March 2019. The Executive Team structure was redesigned to better reflect the needs of the new strategy and the changing external context. This has

facilitated improved performance internally as well as improvements in outward focused collaboration with patients and partner bodies.

3.2 Leadership Development Programme

The NHS 24 Board also undertook a review of effectiveness in 2018 and agreed development plans which are described in section 6. In parallel, the Executive Team and senior managers across the organisation developed a Leadership Programme which supported the delivery of a range of improvement activity across the organisation. This work is continuing and will transition as a business as usual leadership development and support programme.

4. SERVICE QUALITY AND PERFORMANCE

4.1 Service Quality

Service quality is reviewed and clinical improvements and enhancements are scrutinised by the Clinical Governance Committee. The Committee seeks to ensure that; the principles and standards of clinical governance as reflected in the Healthcare Quality Strategy are applied to all activities of the Board; and that appropriate mechanisms are in place for the effective engagement of representatives of patients and clinical staff.

During 2018 the Committee refocused the working agenda to permit regular time to deliver more detailed assessments of specific existing and new services, delivered through focussed, “deep dive” reviews involving frontline staff. This work delivers an enhanced level of assurance on patient experience.

The committee also provides assurance to the Board that appropriate structures and processes are in place to address issues of diversity and equality, human rights, and the governance requirements of Patient Focus Public Involvement (PFPI).

4.2 Service Performance

4.2.1 Focus on improving the Patient Journey and Service User Experience

Work began in 2017 to develop an improved performance framework to better reflect and measure the effectiveness of the 111 service. This work had the full support of Scottish Government and the then Cabinet Secretary for Health and Sport.

The Board recognised that the suite of key performance indicators for NHS 24 was, at that time, primarily focused on timeliness of response, both in answering the initial call and in respect of subsequent call back where clinician input was required and was initially unavailable. There was an acknowledgment that these indicators did not meaningfully measure either the effectiveness or appropriateness of the NHS 24 response nor indeed the experience of callers, nor did they offer any insight into how effectively NHS 24 supports whole system integration and patient pathways.

We established a number of new performance measures, aligned to the NHS 24 5-year strategy, which then informed our revised suite of key performance indicators. These measures included; service access, managing demand and flow, clinical effectiveness and safety, patient experience and importantly considered the whole patient journey and improving outcomes.

4.2.2 Care Delivered at First Point of Contact

Whilst speed of service is important and remains a significant target for NHS 24, this is now complemented through refocussing the service model to increase the number of calls where care can be delivered at the first point of contact.

Building upon the bank of user insight gathered routinely, NHS 24 carried out a small but structured research exercise with service users to further explore their views on service effectiveness. This more focussed engagement has demonstrated that speed of answering was not the most important consideration for people accessing the 111 service. Callers have a clear preference for being supported in one single call wherever possible i.e. without the requirement to be placed in a queue for a call back. The public understand the necessary trade-off between staff aiming to answer all incoming calls as speedily as possible and staff spending longer on the call with patients in order to fully conclude the assessment at this first point of contact.

Taking the user insight on service experience, complaints information and structured research outputs, we have focussed on increasing the proportion of calls where care is delivered at first point of contact.

Ongoing work in relation to the clinical supervision model in the 111 service, which aims to increase this overall proportion, has demonstrated the ability to reduce the patient journey from an average of 43 minutes currently, inclusive of call back, to 15 minutes. This is a significant improvement in the quality of the care journey and represents a 65% reduction in the time required to effectively support those calling the service. It also results in improved management of demand for partners across the system as patients who require referral will not be queued by NHS 24 and therefore be referred at the point of their call to Partner Health Boards. Fewer patients will be delayed in the 111 service until later in the day and consequently there will be a more efficient throughput of patients across the wider system.

During 2018 and the early part of 2019, NHS 24 collaborated internally, with partners, with service users and with Scottish Government to develop the enhanced performance framework.

The framework offers a more informed view of the effectiveness of the service provided. This was submitted as a formal proposal through the 2019/20 Annual Operating Plan process and has been agreed with Scottish Government. There has also been significant improvement to performance reporting during the year through the development of an enhanced Service Quality Report.

5. RISK

5.1 Risk Appetite

All NHS Scotland bodies are subject to the requirements of the SPFM and must operate a Risk Management Strategy in accordance with relevant guidance issued by Scottish Ministers. NHS 24 aims to manage risk to an acceptable level, in line with the organisation's risk appetite. During 2018/19 the risk appetite of NHS 24 was formally revised and approved by the Board. A key focus of improvement was to embed and reflect the risk appetite within management practice.

The Operational Risk Management Group continues to support the practical application through local management arrangements by ensuring staff are informed, involved and engaged in operational risk management. This includes support for the Strategic Planning Resource Allocation (SPRA) process to ensure that risks in relation to directorate planning are appropriately articulated, assessed and managed through the framework.

5.2 Developing Awareness of Strategic Risk

A series of development sessions focusing on the articulation of strategic risk identification and assessment were held with the Executive Team, the Audit and Risk Committee and the Board. The outputs from this work were then transitioned to form a strategic risk register which was formally approved by the Board in February 2019.

Key themes identified on the strategic risk register include:

- Maintaining a sustainable skilled workforce
- Stabilising the shift pattern long term
- Delivering effective stakeholder engagement to drive change
- Delivering change at the pace and scale
- Consistently demonstrating values and leadership
- Ownership and engagement in the NHS 24 strategy
- Adapting to demographic changes in clinical workforce
- Planning and delivering the core systems technology refresh

The Executive Team Risks and Opportunities Group manage and periodically report to the Audit and Risk Committee and the Board on this assessment of strategic risk.

All Governance Committees receive risk management updates relevant to the scope defined within their terms of reference.

6. BOARD and GOVERNANCE COMMITTEE IMPROVEMENT

6.1 Board Development

In the summer of 2018, the Board Chair and Chief Executive launched a Board effectiveness review. This followed a period of turbulence and significant media and political scrutiny associated with the implementation of the core technology infrastructure and applications. By this time the Board had also approved the ambitious new Strategy and there had been significant developments made to the capacity and capability of the Executive Team.

The Chair and Chief Executive were committed to achieving excellence in both the progress and the governance of the organisation as it moved into a period of greater prominence in the NHS Scotland system. To this end and as part of the ongoing Board development work, the Chair asked that the Board spend some time examining the effectiveness of its workings and making adjustments to achieve continuous improvement. The Board and EMT assessed effectiveness, including Committee working and the practices and support to and for the Board.

Through this work the Chair sought to maximise the effectiveness of the Board and the newly appointed Executive Team in governing NHS 24 through achieving excellence in their working relationships. The work also clarified Non-Executive Directors and Executive Directors needs and expectations of one another and clarified the respective roles and responsibilities of the Board and its Committees and how they interrelated to maximum effect. The action plan arising from this important work is included as Annex 1.

6.2 Committee Development

This Board review of effectiveness was extended to Committees to ensure effective scrutiny and assurance through the work of all Committees was achieved. As part of this work, the purpose, roles, responsibilities and remits of the Committees and how they inter-relate were fully reviewed and a number of changes made.

A series of Committee workshops took place during 2019 to consider; purpose, duties and priorities and the impact on existing Committee "Terms of Reference". This work has now concluded with the delivery of refreshed Terms of Reference and Committee Purpose Statements.

6.3 Integrated Governance

In 2019 the Board also developed an Integrated Governance Chair's group where the Chairs of each governance committee meet twice per year. This group met in June 2019 for an initial discussion and then held a workshop in July 2019.

The purpose of the workshop was to consider a number of important areas including; individual Committee development plans, the relationship between the Board and its Committees and to articulate the specific 'lenses' of each Committee on areas of mutual interest. Additionally, the purpose was to ensure clarity of governance responsibility and that there were no gaps or areas of duplication.

The group explored the issues/subjects of interest common to more than one Committee. The outcome of this was agreement on the specific Committee lenses to be applied to each of the areas of strategic and operational importance below:

- Organisational Resilience and Emergency Planning:
- Attendance
- Service Development Programme
- 111 Service Model Development
- Service Performance

- Technology/ Information Management
- Environmental issues
- Performance Review
- Quality

6.4 Board Member Skills Audit and Training

A skills audit was commissioned by the Chair in 2018 in the context that the organisation had come through a period of major and high impact change and that several key members of the Board and expert co-optees were leaving the Board.

The new Executive Team was in place and new working relationships between the Non-Executive Directors and Executive Directors was taking shape. The purpose of the audit was to establish the experience and expertise required in the recruitment of new Board members to NHS 24 to govern both its operations and to help meet its rapidly evolving and growing strategy. Through the course of discussions, some development priorities for the Board were identified and these were also captured in the full report from this audit.

Overall the review evidenced the Board had considerable strength and depth in its current cohort and that there was significant confidence across this cohort in its ability to govern the organisation well.

Board members also saw the opportunities for strengthening the collective Board and their own individual contributions through a combination of, introducing new members with different backgrounds and developing their existing skills. A breakdown of the skills identified and those areas for future development is detailed at Annex 2.

6.5 Board Planning Cycle and Workplan Development

We refined and formalised the NHS 24 Board planning cycle and workplan to match the new strategy and SPRA process and the NHS 24 Board. The planning cycle includes alignment and engagement with the EMT, the Area Partnership Forum and the Public Partnership Forum. It also informs the agendas for Board Development Sessions and operates as an annual addendum to the Standing Orders of the NHS 24 Board.

The planning cycle charts the key work areas and priorities across the year to support decision-making, and sets the agenda for Board and Governance Committee scrutiny.

The planning cycle and workplan is derived from the key strategic and operational objectives and associated activities agreed annually through the SPRA process. It also includes scheduled time to review annual/quarterly and monthly standing items.

To facilitate meaningful scrutiny and governance, the sequencing and scheduling of review time for Governance Committees prior to Board review is important. To this end we have agreed that Governance Committee meetings will all take place

one month before Board meetings to allow adequate time for further work or to make any required changes that may be agreed prior to submission of papers to the Board. The only exception to this will be the consideration of the Statutory Annual Accounts by the Audit and Risk Committee and the Board. Due to nationally agreed submission dates both will cover this aspect of Board business in June of each year.

Committee meetings are held in May, August, November and February to ensure they align with organisational workplan ensuring the Committee and Board receive the right information at the right time. A review of volume of work across public Board meetings was also undertaken, recognising that items may require to go to the Board more than once. January, February and March are key months for focusing on preparing for the next financial and operational year.

Under the leadership of the Associate Director of Planning and Performance, one of the Planning Managers takes operational responsibility for the maintenance and development of the planning cycle and workplan. A monthly face-to-face meeting is arranged with the Chair, the Chief Executive and the Planning Team to agree sign-off on the Board agenda, these are scheduled at least 1 week in advance of the EMT Board planning sessions. EMT and their teams to take full responsibility and ownership for production of papers in line with the agreed planning cycle and workplan. Annex 3 sets out the 2019/20 planning cycle and workplan.

6.6 The National Blueprint for Good Governance

In 2019 NHS 24 completed the self-assessment against the NHS Scotland Blueprint for Good Governance. This enabled us to recognise areas where the organisation demonstrates effective governance and, through comparison with good practice, identified some potential areas for improvement.

An action plan was developed from this assessment to enhance the effectiveness of governance arrangements in those areas which were identified as adequate or inconsistent. The action plan areas include: strengthening stakeholder engagement through a revised engagement plan, strengthening the effectiveness and consistency of risk management arrangements and enhancing the effectiveness of NHS 24 quality improvement arrangements to support improvement.

7. NATIONAL BOARD COLLABORATION

7.1 National Board Collaboration and Governance Framework

The National Board Collaborative Discussion Document 2019-23 was developed and supported in principle by NHS 24 and other national boards in March 2018. At that time and as a consequence of changes to national and regional planning arrangements and the request that the current Cabinet Secretary for Health and Sport required time to fully consider the plans, the Discussion Document has not yet been approved by the Board or the Scottish Government. The content relating to NHS 24 does however largely reflect the current approved Strategy however which continues to be supported by Scottish Government.

NHS 24, working in collaboration with the other National Boards, developed a draft National Board Collaborative Partnership - Governance Framework. The document sets out a Framework for the 8 National Boards to support the delivery of collaborative working; to provide services and infrastructure which will support health, social care and public health at national, regional and local levels. While the extent and depth of collaborative working across the National Board remains uncertain, the framework could, in future, act as an important tool to ensure appropriate governance and oversight across the boards involved.

8. AN INDEPENDENT PERSPECTIVE ON OUR GOVERNANCE

8.1.1 Internal Audit Review of Governance 2019

Recognising the importance of an independent perspective on our governance improvement work we commissioned our internal auditors, Grant Thornton, to conduct a review. That reviewed concluded that our processes provide a significant level of assurance to the Audit and Risk Committee on the areas covered.

The report confirmed that having effective scrutiny and governance arrangements in place is and has been a key area of focus for NHS 24 with significant development over recent years.

The report refers to the delivery of a range of initiatives which have transformed governance and scrutiny arrangements, including evidence of governance oversight, monitoring and challenge. The specific developments they referenced were:

- enhancements to risk management arrangements
- a revised performance management framework established with supporting KPIs to align to strategic priorities
- quality Framework 2019-21 established to support and embed service quality and delivery
- Strategic Planning and Resource Allocation (SPRA) processes developed and embedded to align operational delivery to strategic priorities
- an approved NHS 24 Board Planning Cycle and workplan
- detailed review and update of committee terms of reference and committee and Board workplans to ensure committees focus on key priorities and discharge their delegated governance responsibilities.

Their report advised that the Board has well established governance arrangements and that we demonstrate commitment to continue to develop and refine these.

9. Annex 1 – Board Development Action Plan

PROGRESS UPDATE SEPTEMBER

ACTION	CURRENT STATUS
BOARD	
<p>1. <u>Board Meetings Schedules</u></p> <p>(a) 6 Board Meetings and 4 meetings of each Committee to be held annually.</p> <p>(b) Board/Committee cycle to be scheduled and sequenced to reflect annual business cycle including mandatory and statutory requirements and organisational objectives.</p>	<ul style="list-style-type: none"> • Agreed and implemented • Annual business cycle and schedule for Board and Committees approved at February Board meeting.
<p>2. <u>Board Agendas</u></p> <p>(a) Agenda designed and ordered to allocate time to most important issues, particularly strategic focus.</p> <p>(b) Board content more forward focused and less retrospective.</p> <p>(c) Increased focus and time allocation on matters of external focus.</p> <p>(d) Committee Chairs to provide a summary of Committee business undertaken and conclusions reached.</p>	<ul style="list-style-type: none"> • Actioned. Progress/effectiveness to be reviewed at Board development session in March • Ongoing reviewed at March Board development session • Ongoing reviewed March Board development session • Agreed and implemented
<p>3. <u>Conducting Board Business</u></p> <p>(a) Papers to be taken as read.</p> <p>(b) Presenters to draw out 2 key highlights or developments.</p> <p>(c) EMT/Officers to identify and explain links/impacts regarding other organisational initiatives, in papers and at meetings.</p> <p>(d) Clear identification of actions and timelines and revisited for closure to agree timeline.</p> <p>(e) No repetition of Committee business/scrutiny unless agreed between Chair of the Board and Committee Chair.</p>	<ul style="list-style-type: none"> • Actioned. Effectiveness/Progress to be reviewed at March Board development session • Actioned. Effectiveness/Progress to be reviewed at March Board development session • Ongoing progress considered at March Board development session • Actioned. • Actioned. Effectiveness/Progress to be reviewed at March Board development session. It was however agreed that this should not stifle full Board debate on items of strategic

	importance.
<p>4. <u>Board Engagement</u></p> <p>(a) Increased Board visibility through peripatetic Board hosting across NHS24 and externally.</p> <p>(b) Observers/attendees from all staff levels and types to attend Board meeting – minimum of 2 per meeting.</p> <p>(c) Attendance at other NHS Board meetings – NEDs to consider visiting 2 territorial/national Board meetings per annum (EMT member to accompany?).</p> <p>(d) Chairs of Committees to participate in national groupings of other Chairs of comparable Committees across NHS Boards.</p> <p>(e) All Board/NED external engagement to be captured as part of NHS24 stakeholder engagement strategy (identifying with whom, for what purpose and outcomes. To include Scottish Govt).</p>	<ul style="list-style-type: none"> • Commenced. • To commence in April 2019 • Scheduling to be undertaken by Planning team – this remains ongoing • Scheduling to be undertaken by Planning team – this remains ongoing • Stakeholder engagement strategic framework approved by Board in June 2019.
<p>5. <u>Governance Assurance</u></p> <p>(a) Assurance is provided that across the work of all Committees, an accurate picture and full scrutiny across NHS24 operations, is achieved.</p> <p>(b) The purpose, roles, responsibilities and remits of the Board and its Committees and how they inter-relate are fully and accurately articulated.</p> <p>(c) Routine meetings of Committee Chairs are held.</p>	<ul style="list-style-type: none"> • All Committees agreed statements of purpose, duties and priorities for 2019/20 for consideration, final agreement June 2019. • Committee TORs considered by the Board at its March development session; final agreement on changes by June 2019. • Reconciliation of cross cutting Committee issues in development. • Agreed to be held twice per annum and scheduled as part of the annual business cycle meetings
<p>6. <u>Other</u></p> <p>(a) Consideration to be given to how the Board uses its development sessions for 'deep dives' into areas of the business.</p> <p>(b) iMatter action plan to be developed (Board outturn).</p> <p>(c) Edgecumbe assessment undertaken</p>	<ul style="list-style-type: none"> • Agreed at March Board development session and now implemented • Complete

<p>and results used to progress Board and Board/EMT effectiveness.</p> <p>(d) Board assessment tool to be completed.</p> <p>(e) Improvements to physical environment for Board meetings to be considered.</p>	<ul style="list-style-type: none"> • Assessments complete. Development work undertaken at January workshop. Board and EMT summary profiles shared and considered at March development session • Considered – issues with availability of alternative accommodation
<p>ACTION</p>	<p>CURRENT STATUS</p>
<p>COMMITTEES</p>	
<p>7. <u>Committee Purpose and Remit</u></p>	
<p>(a) Committee purposes defined.</p> <p>(b) Committees' terms of reference reviewed.</p> <p>(c) Respective Committee roles and responsibilities articulated, checked for duplication/gaps and shared.</p> <p>(d) Committees to set their priorities/workplans for 2019/20 including working towards Scottish Govt requirements as appropriate.</p>	<ul style="list-style-type: none"> • All completed and approved by June 2019.
<p>8. <u>Committee ways of working</u></p>	
<p>(a) Agree operational detail focus/what each Committee needs/wants to know/expectations of data etc.</p> <p>(b) Undertake 'deep dives' on key areas of business and agree necessary levels of scrutiny in order to provide assurance to the Board that operational business is fully governed.</p> <p>(c) Performance is assessed both retrospectively and prospectively and lessons learned captured.</p> <p>(d) Content and structure of Committee meetings reviewed including taking papers as read and adding 2 highlights/issues when introducing paper.</p> <p>(e) Committees to consider which decisions they require of the Board.</p>	<ul style="list-style-type: none"> • Discussed broadly – not concluded due to time constraints • Complete and reflected in Committee priorities for 2019/20 • Ongoing • Agreed – progress to be reviewed ongoing • Completed

<p>(f) Committee meetings scheduled to meet the needs of the organisational business cycle including statutory and mandatory obligations.</p> <p>(g) Inputs and support to Committees to be assessed for effectiveness including (i) ownership of respective parts/mechanics of Committee working (ii) preparation/operation with lead Director(s) and Committee Chair.</p>	<ul style="list-style-type: none"> • Completed • Completed
<p>9. Committee/Committee Chair ways of working with the Board</p> <p>(a) Committee Chair to provide a written summary of Committee business to the Board following each meeting. A one page paper is to be submitted and introduced.</p> <p>(b) Sufficient briefing to be given to the Board to avoid repetition of issue management/detail at the Board.</p>	<ul style="list-style-type: none"> • Ongoing and to be reviewed for effectiveness • Ongoing and to be reviewed for effectiveness
<p>10. Other</p> <p>(a) Regular attendance of required EMT members to be agreed.</p> <p>(b) Each Committee to hold a development session prior to the March Board development session to agree and progress Committee actions and modus operandi.</p>	<ul style="list-style-type: none"> • To be agreed following further EMT discussion. • Completed.

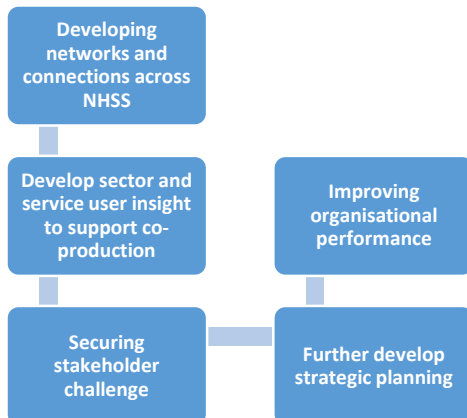
10. Annex 2 Board Skills Audit

Taking the backgrounds, experience into account, the

Board's strengths are in:



Board members identified opportunities for developing in the following areas:



As well as seeing the need to develop, many of these skills were considered to be useful also to bring to the organisation through new Board members

The Board has developed considerably over the last three years or so moving from an agenda of crisis management and turnaround to stability and strategic focus. Its internal working relationships and its relationships and reputation with external stakeholders have been transformed. The task for the Board now, is to position and strengthen itself for the future and provide continuity of leadership and stability to support continued flourishing and progression internally and meet its expanding role in the NHS Scotland

system.

Key skill/ profile requirements are:

- Macro level partnering and collaborative planning to achieve major change through experience of multi-agency systems working, planning and organisational and service integration
- Medical/ clinical/ GP/ primary care experience and expertise
- Experience and expertise in technology/ digital/ multi-channel services delivery in a customer facing environment
- Commercial/ private sector experience to bring variety and diversity of organisational experience
- Board membership to reflect the Scottish population profile, particularly youth, ethnicity and disability

Where full coverage cannot be achieved, the Board should consider introducing co-optees to the Board and/ or to its Committees as appropriate

Key development areas to focus on are:

- Planning for and developing succession for the Chair of the Board and Committee Chair roles
- Achieving greater clarity of roles and responsibilities across the Board and its Committees
- Achieving assurance and efficiency in scrutinising NHS 24's operations and performance across Committees to allow the Board to focus on development and achievement of the Strategy building networks and connecting with stakeholders
- Achieving the right balance between NEDs and officers regarding probing evidence for decisions/ triangulating, performance, improvement to allow both parties to fulfil their roles effectively
- Skills in multi-agency co-production of service/ organisational delivery (influencing, planning, financial planning, IT systems)

11. Annex 3 Board Planning Cycle 2019/20

PUBLIC BOARD MEETINGS PLANNING CYCLE AND WORKPLAN 2019/20						
STRATEGIC ITEMS AND KEY DECISIONS	11/04/2019	20/06/2019	26/08/2019	03/10/2019	12/12/2019	27/02/2020
SPRA Proposal & Operating Plan 19/20						
Performance Framework						
Blueprint for Good Governance Self-Assessment and Action Plan						
Service & Quality Improvement Update						
Estates Strategy						
Digital Strategy						
Mental Health Redesign Development						
Technology Transformation Programme						
Brexit Position Report						
Waiting Time Improvement Programme						
Primary Care Reform (including GP Triage and PCIP)						
Service Model & Implementation Plan						
Business Intelligence & Reporting Proposal						
Workforce Plan						
SPRA 19/20 Mid Year Review						
SPRA Proposal & Development 20/21						
2018/19 Annual Reports Committees						
2018/19 Annual Accounts & Assurance Packs						
2018/19 Annual Review Preparation						
Winter Plan						
Risk Management Strategy Framework						
NHS 24 2018/19 Annual Report						
Easter Plan						
Corporate Governance Framework						
Stakeholder Engagement Framework						
Communications Delivery Plan						
Refresh Communications Strategy						
Realistic Medicine Framework						
Data Strategy						
Property and Assessment Mgt Strategy (PAMS)						
NHS 24 Procurement Strategy						
Planning and Performance Update						
NHS 24 Response to Sturrock Report						
Workforce Framework						
NHS 24 Strategy Review Approach						
Change Portfolio Board Structure Update						
Major Incidents with Mass Casualties National Plan for NHS Boards and HSCP 2019						
SPRA Bi-Monthly Draft Proposal						
Review of work on Governance						
Integrated Governance Group						
2020/21 Governance Meeting Dates						
QUALITY AND PERFORMANCE STANDING ITEMS	11/04/2019	20/06/2019	26/08/2019	03/10/2019	12/12/2019	13/02/2020
Corporate Risk Register						
Strategic Risk Register						
Service Quality Report						
Workforce Performance Report						
Procurement Annual Report						
Executive Report to the Board						
Financial Performance Report						
Integrated Governance (Chair's) Group						
Audit Scotland Annual Overview Report						
Hospitality Register						
Annual Confirmation of Committee Membership						
Register of Interests						
Assurance Map						
Equality Mainstream Report						
PPF Annual Report						
All Committees TOR April 2020						
Committee TOR 2019/20						