

**NHS 24
FINANCE & PERFORMANCE COMMITTEE**

**31 JANUARY 2019
APPROVED
ITEM NO. 3.1**

**Minutes of the Finance & Performance Committee Meeting held on Wednesday
3 October 2018 at 10.00 am, Committee Room, Caledonia House**

The Committee is asked to approve the Minutes of the Finance & Performance Committee meeting held on 3 October 2018 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
Mr John Glennie	Non-Executive Director
Ms Madeline Smith	Non-Executive Director

In Attendance

Mr Alan Webb	Non-Executive Director
Ms Esther Roberton	Chair of NHS 24
Ms Margo McGurk	Director of Finance & Performance
Mr Iain Adams	Deputy Director of Finance
Ms Steph Phillips	Director of Service Delivery
Ms Linda Lynch	Deputy Director of Human Resources
Mr Kevin McMahon	Head of Risk & Resilience
Mr Davie Morrison	Participation and Equalities Manager
Ms Anna Lamont	Associate Medical Director
Mr Sanny Gibson	Head of Information Governance & Security (Item 5.3)
Ms Suzy Aspley	Head of Communications
Ms Lynne Kane	Facilities Manager
Ms Cheryl Glancy	Planning Manager
Ms Toni Shirley	Planning Manager
Ms Louise Bennie	General Manger (Item 6.1)
Mr John McAnaw	Head of Pharmacy (Item 6.2)
Ms Yvonne Kerr	Executive Assistant (Minutes)

Apologies

Ms Angiolina Foster	Chief Executive
Dr Laura Ryan	Medical Director
Ms Lynne Huckerby	Director of Service Delivery
Mr Brian Laughland	Head of Procurement
Mr Drew Wemyss	Associate Director of Governance & Performance

The Chair opened the meeting and welcomed members and attendees.

Apologies were received as noted above.

Mr Webb introduced himself to the Committee and advised of his background and expressed that he is looking forward to working with NHS 24.

2. DECLARATION OF INTERESTS

- 2.1 Mr Glennie's standing declaration was noted.
- 2.2 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
- 2.3 No other declarations were made.

3. MINUTES OF PREVIOUS MEETING

- 3.1 The minutes of the meeting held on 1 August 2018 were approved as an accurate record of discussions.

4. PERFORMANCE

4.1 Financial Performance Report to 31 August 2018

- 4.1.1 Mr Adams presented the Financial Performance Report to the Committee and reported an underspend of £0.045 million for the period.
- 4.1.2 Mr Adams confirmed that Scottish Government have agreed to publish financial performance returns from NHS Boards on the Scottish Parliament Information Centre (SPICe) website. Mr Adams advised that based on first four months of the year (April to July 2018), a balanced year end position is forecast for the Health and Sport portfolio for both resource and capital budgets.
- 4.1.3 Mr Adams highlighted that the position for NHS Boards at 31 July 2018 is a year-to-date adverse variance of £58.1 million and a forecast year-end adverse variance of £127.1 million. The indicative level of brokerage for NHS Boards is estimated at £67.7 million.
- 4.1.4 Mr Adams reported that on the basis of the period 5 revenue position, a mid-year review of the financial position is on-going. Ms McGurk confirmed the process has identified some cost pressures and some areas of underspend. A full report on this will be prepared and the summary position will be reported to the NHS 24 Board in October 2018.
- 4.1.5 Mr Adams advised revenue allocations received to 31 August 2018 amount to £62.447 million, this being the baseline allocation after taking account of the repayment of brokerage. The latest allocation letter received on 2 October 2018 included the anticipated funding for Advanced Clinical Support and GP Triage.
- 4.1.6 Mr Adams advised the National Boards are working collaboratively to identify ways to reduce operating costs by £15 million. The assumption in the NHS 24 financial plan is that the total allocation will be reduced by £0.353 million in

2018/19 as the contribution towards this target. Ms Robertson advised that all National Boards were finding delivery against this target challenging.

- 4.1.7 Mr Adams confirmed that the additional funding for the pay award has been included in the October Allocation Letter at a value of £0.951 million.
- 4.1.8 Mr Adams advised that there is an overall £0.264 million underspend on the Unscheduled Care Core Service . Mr Glennie asked if the Unscheduled Care Core Service were to breakeven or expenditure increase as a result of successfully staffing to establishment whether this would this create an overall recurring overspend for NHS 24. Ms McGurk advised that current planning assumptions support delivering a balanced position across all directorates in-year and that in terms of recurring impact this is considered annually as part of the SPRA process. At this point Ms McGurk confirmed that the forward plan does not assume that fully staffing to establishment would create a recurring overspend position for NHS 24.

Ms Robertson queried the potential overspend on the Digital Function. Ms McGurk advised this is due to a restructuring of the department and that this was recognised as a financial risk following discussions at Executive Management Team (EMT) meetings in June and July. She confirmed that NHS 24 is committed to a high performing Digital Function and this will require to be funded at the appropriate level in this and next financial year.

- 4.1.9 Mr Adams advised NHS 24 has repaid £4.959 million brokerage, leaving £13.273 million outstanding. The final brokerage repayment will be made in 2022/23.
- 4.1.10 The Committee expressed an interest in discussing at a future meeting the proposed staffing model for Call Handling and Nursing roles arising from the service redesign activities within Service Delivery as part of the Strategic Planning Resource Allocation (SPRA) process for 2019/20 to consider affordability and effectiveness.

Action: All

- 4.1.11 The Committee noted the report for assurance.

4.2 **Quality & Performance Report to 31 August 2018**

- 4.2.1 Ms McGurk presented the Quality & Performance Report to 31 August 2018.
- 4.2.2 Ms McGurk advised that there is steady improvement in the performance against KPIs for the 111 Service. Mr Togneri asked if NHS 24 has given thought to setting an achievable target for inbound calls. Ms McGurk advised that there are no plans to introduce a formal additional target, but that increasing the level of calls responded to on an inbound basis is an area we wish to continuously improve on. Ms McGurk also advised that patient feedback suggests patients would rather wait a little longer to prevent a callback being required. Ms Phillips advised this is not about throughput of patients, but about the most appropriate response. Ms Phillips explained the rapid triage process to the Committee.
- 4.2.3 Ms McGurk highlighted the new social media activity which will now be included within the report. Mr McCormick requested more information on the calls

passed to the Scottish Ambulance Service (SAS). Ms Phillips advised there are approximately 400 calls per week and advised the Committee on the process. Ms Smith advised the Committee that the joint working relationship with NHS 24 and SAS is welcomed. Ms Smith commented that the digital/social media graphics looked positive.

- 4.2.4 Ms Smith asked about the operational challenges facing Breathing Space and the information on staffing issues. Ms Phillips confirmed that staffing levels require to be increased to match demand. The access target was discussed and Ms McGurk advised discussion is ongoing with Scottish Government to agree whether the existing access target continues to be appropriate for this service. As part of the 2018/19 Programme for Government and specifically in relation to the NHS 24 redesign of Mental Health Services, NHS 24 was recently advised by Scottish Government that £1.5 million will be allocated for this service for 2019/20, which will enable the additional funding required to increase staffing levels to meet demand.
- 4.2.5 Mr Togneri commented that it was a good report and was showing improvement. He queried the meaning of the term “abandonment thresholds”. Ms Phillips described the thresholds in relation to abandonment. Mr Togneri queried the current target response times for priority 1, 2 & 3 calls. Ms Lamont advised that the response targets are set at a National level.
- 4.2.6 Ms McGurk asked the Committee to confirm the level of detail that should be included in the report presented to the Board. The committee agreed that the full report should be shared with the Board.

Action: Ms McGurk

4.2.7 The Committee noted the report for assurance.

4.3 **Service Delivery Progress Report**

- 4.3.1 Ms Phillips presented the Service Delivery Progress Report to the Committee.
- 4.3.2 Ms Phillips advised the implementation of Sprint 1 changes had gone well. The changes were entirely driven by staff involvement at both the design and testing stages. Early indications are very positive. Ms Phillips advised additional staff had completed training prior to implementation which had a positive impact on the service response. Ms McGurk advised that the SPRA mid-year review process is considering the funding for Sprints 2, 3 & 4 to further enhance the technology.
- 4.3.3 Ms Phillips highlighted to the Committee the work that is progressing with Better Work, Better Care. Ms Phillips advised that focused work has been done with the Clinical Service Managers, Team Leaders and Team Managers. These sessions considered the supervision model and how teams might be constituted going forward. Ms McGurk advised that assurance will be required that the recommendations from this review are correctly prioritised and are affordable. Mr McCormick asked what the governance process would be in relation to reviewing and approving this work. Ms Phillips confirmed this is managed through the Staff Governance, Clinical Governance and Finance and Performance Committees; each considering from their relevant perspectives. Ms McGurk advised that this work will be considered as part of the overall priorities for Strategic Planning for 2019/20.

4.4 **NHS 24 Winter Plan**

4.4.1 Ms McGurk offered an apology and explanation to the Committee for the late distribution of this paper. Mr Togneri thanked Ms McGurk for the explanation, however advised he would have preferred a verbal update at this stage rather than the draft document.

4.4.2 The Committee provided a number of suggestions that might be added to the draft Winter Plan including:

- Reviewing the projections on absence rates.
- Describing how the uptake of flu inoculation will be promoted.
- Providing additional explanation regarding why call volumes at the festive period will be lower than recent years (i.e. days of the week on which holidays fall).
- Acknowledge more explicitly the risk that Out of Hours (OOH) GPs may, as has been the case in previous years, be unable to assist NHS 24 with pre-prioritised calls at the festive period.
- Describe how engagement with local partners will be able to assist in issues such as helping staff reach their workplaces in extreme weather situations.

5. **GOVERNANCE**

5.1 **National Board Collaborative Local Delivery Plan (verbal)**

5.1.1 Ms McGurk provided a verbal update in the absence of Ms Foster.

5.1.2 Ms McGurk advised that, whilst there is no formal statement on the plans (discussion documents) the Scottish Government has indicated that Boards should share the draft documents with key stakeholders. The National Boards have developed a Stakeholder Engagement Plan that will coordinate events with staff including partners. Linked to this the Cabinet Secretary will make a formal statement in Parliament on Thursday 4 October on the Medium Term Financial Framework for Health and Care.

5.2 **Facilities & Procurement Report**

5.2.1 Ms Kane presented the key points within the Facilities and Procurement Report to the Committee.

5.2.2 The Committee would welcome further engagement on the Estates Strategy proposals for Cardonald and Clydebank centres later this year.

Action: Ms Kane

5.2.3 The Committee noted the report for assurance.

5.3 **Information Governance and Security Report**

5.3.1 Mr Gibson presented the Information Governance and Security Report and noted the key points to the Committee.

5.3.2 The Committee noted the report for assurance.

5.4 **Media and Campaigns Plan 2018/19**

5.4.1 Ms Aspley presented the Media and Campaigns Plan to the Committee, noting the key points within the report.

5.4.2 Ms Aspley advised this will be reported on a quarterly basis. It was noted that a Social Media Strategy is being developed with internal stakeholders involved. Mr Glennie queried the link to the Brand Review work, advising that NHS 24 needs to ensure that the public are aware of all services and not just the 111 service.

Action: Ms Aspley

5.4.3 The Committee agreed that it was a comprehensive report, and noted the report for assurance.

5.5 **Brand Review**

5.5.1 Ms Aspley presented the Brand Review report to the Committee.

5.5.2 Ms Aspley highlighted there had been significant testing carried out on branding and that this has been agreed by the EMT. Mr Togneri agreed that NHS 24 need to bring these brands together with a clear association with NHS 24 to visually reinforce the branding. The designs on branding proposals should maximise the visibility of the NHS 24 logo by having this on the top of pages and web pages.

5.5.3 The Committee noted the review for assurance.

5.6 **Fairer Scotland Duty**

5.6.1 Mr Morrison presented the report to the Committee for discussion.

5.6.2 The Committee recognised the particular need to ensure the new Fairer Scotland Duty was addressed in strategic and operational planning and the need for the Equalities Manager to highlight this new duty to the Board and other Committees. Ms Smith advised this has already been considered by the Staff Governance and Clinical Governance Committees

5.6.3 The Committee noted the report and agreed that the approach taken should be reflected in the Strategy refresh process.

5.7 **Brexit – Potential Impacts**

5.7.1 Mr McMahon presented the report to the Committee noting it was for information and assured the Committee key areas were being considered and managed appropriately.

5.7.2 Mr McMahon advised that there are 2 areas where Brexit could indirectly impact on NHS 24:

- The availability of Community Pharmacy supplies and the supply of medicines generally; and
- Workforce availability.

5.7.3 The Committee confirmed that this was a useful staging document and that it is likely to require to become a standing item for Committees and Board as the detail of the final Brexit deal becomes known.

6. NHS 24 Strategy Development Programme

6.1 Service Transformation Programme: Progress Report incorporating Evaluation of GP Triage and Evaluation of Lothian Gastroenterology Test of Change.

6.1.1 Ms Bennie presented the report to the Committee for assurance.

6.1.2 Specifically Ms Bennie highlighted the key outputs from the recent GP Triage six month evaluation. Ms McGurk reminded the Committee that whilst the evaluation is positive, NHS 24 does not currently have a sustainable technical solution to support delivery of the service at increased scale from the existing pilot. Work is underway however to finalise the technical specification, however the assumption is that this development will require a number of months to conclude.

6.1.3 The Committee noted the progress in relation to the Service Transformation Programme.

6.2 Organisational Evaluation Framework

6.2.1 Mr McAnaw introduced the framework and following discussion the Committee agreed this was a very comprehensive and detailed report.

6.2.2 The Committee noted the report for assurance.

6.3 Strategy Refresh 2019/20 & SPRA

6.3.1 Ms McGurk presented the report to the Committee.

6.3.2 There was discussion on whether this is a rolling strategy to be reviewed every year or an update on the existing strategy. Ms McGurk advised that this was an update to the existing strategy.

6.3.3 The Committee asked that the NHS 24 Board be invited to consider the question of whether the NHS 24 Strategy should cover a fixed five year period (2017 to 2022) with annual updates or whether it should be refreshed annually to cover a rolling five year period.

Action: Ms McGurk

6.3.4 Committee members were invited to provide the Director of Finance & Performance with any additional comments regarding the Strategy Refresh 2019/20 process by 15 October 2018.

Action: All

6.4 GP Triage addendum to Strategy Delivery

6.4.1 Ms McGurk presented the report to Committee for assurance.

6.4.2 The Committee agreed this was a very comprehensive and detailed report

6.4.3 Committee members were invited to provide the Director of Finance & Performance with any additional comments regarding the proposed GP Triage addendum by 15 October 2018.

Action: All

7. RISK MANAGEMENT

7.1 Finance & Performance Risk Register

7.1.1 Mr McMahon presented the Risk Register and noted that some risks on the register had already been discussed under other agenda items.

7.1.2 The Committee noted the report for assurance.

8. WORKPLAN

8.1 Finance & Performance Committee Workplan

8.1.1 The Committee Workplan should include a paper on Benchmarking in relation to the International Health Advice Round Table work at a future session.

Action: Ms Huckerby

9. MATTERS ARISING FROM PREVIOUS MEETING

9.1 Review of the Action Log

9.1.1 Items recommended for removal from the Action Log should be marked as complete with the exception of:

- Item 212 which should be marked for further discussion between Mr Togneri and Mr McMahon to consider how updates to the Risk Log might be highlighted.
- Item 173 (Committee Effectiveness Review) which should be carried forward to the next meeting.

10. AGREED COMMITTEE HIGHLIGHTS TO THE BOARD

10.1 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 18 October 2018.

Action: Ms Kerr

11. ANY OTHER BUSINESS

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

12. DATE OF NEXT MEETING

12.1 The next meeting is due to take place on 24 January 2019, NHS 24, Cardonald, Committee Room 1.

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