

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

The Committee is asked to approve the Minutes of the Planning and Performance Committee meeting held on 15 August 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
Mr Alan Webb	Non-Executive Director
Mr John Glennie	Non-Executive Director

**In Attendance**

Mr Albert Tait	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 Ann-Marie Gallacher	Chief Information Officer
Mr David Miller	Director of Workforce
Mr Davie Morrison	Participation & Equalities Manager
Dr Laura Ryan	Medical Director
Ms Paula Speirs	Associate Director of Planning & Performance
Ms Suzy Aspley	Head of Communications
Ms Yvonne Kerr	Executive Assistant (Minutes)
Ms Cheryl Glancy	Planning Manager
Mr Brian Laughland	Head of Procurement (Item 6.4)
Ms Louise Bennie	Head of Digital
Mr Murdoch Carberry	Head of Service Development

**Apologies**

Ms Esther Robertson	Chair of NHS 24
Mr Eddie Docherty	Director of Nursing & Care
Mr Kevin McMahon	Head of Risk & Resilience
Ms Lynne Huckerby	Director of Service Delivery
Mr Sanny Gibson	Head of Information Governance (Item 5.8)
Ms Lynne Kane	Facilities Manager

The Chair opened the meeting and welcomed members and attendees. In order to allow focus on the most pressing agenda items, in particular, Technology Refresh and matters requiring approval or endorsement such as Strategy Review Approach and the NHS Procurement Strategy, or, items central to the committee's remit including Financial and Service Performance; all other items will be taken as read with authors and other committee members asked only to raise issues or questions by exception.

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 Amendments to minutes:

- Correct the spelling of Mr Togneri's name on page 2.
- Amend wording at 5.3.3 to read – Ms Smith asked whether and how NHS 24 could respond to a request for quicker growth.

After amendments the minutes of the meeting held on 15 May 2019 were approved as an accurate record of discussions.

## **4 STRATEGY**

4.1 **Technology Transformation Programme: Outline Options Appraisal**

4.1.1 Mr McCormick advised that the Committee is asked to review the options presented, recognising they are still in development.

4.1.2 NHS 24 is required to have an agreed technology refresh plan in place for both the infrastructure and applications we use. The direct contract with BT included a contractual commitment to agree a plan by 31 March 2019. There is a provision of up to £6.7m included within the contract. The contractual deadline for agreeing the technology refresh plan has been extended a number of times and until recently was 31 August 2019. As the options remain in a state of development and also given the extra time is required by the external advisors, a further extension has been agreed for 11 October 2019 and this will now be discussed at the Board in October 2019.

External advisors have been supporting the development of the options providing advice on the technical, commercial and contractual aspects for assurance and more time is required to support that review.

Ms McGurk explained the contractual position specifically in relation to options 1 and 2. The detail of this was tabled to Committee on the day.

- 4.1.3 Ms Speirs informed the Committee of the known risks and issues associated with the options and confirmed these were discussed at the Audit and Risk Committee held on 8 August 2019 and agreed more discussion on associated risks was required. The Audit and Risk Committee agreed these would be discussed in more detail at the Board Development Session in September.

In relation to one specific risk, Ms Gallacher advised NHS 24 must be compliant with Network Information Services (NIS) legislation and other Scottish Government guidelines as we are defined as an operator of an essential service. With no current plan in place we are not compliant. Ms Gallacher noted NHS 24 will be audited by Scottish Government and it is anticipated a plan will be in place by then as non-compliance will result in penalties for NHS 24. Following discussion it was agreed that a formal, legal opinion was needed to support the position in relation to the application of this legislation to each option.

- 4.1.4 Since the Board in June 2019, Ms Gallacher has developed a heat map which suggests a decline in our technology support arrangements, capability and resilience over the next 12-18 months.

Ms Gallacher advised that a detailed profile will be developed for each option and will contain information on risk and issues, benefits, opportunities, objectives and clear narrative and will be presented to the Board for discussion.

- 4.1.5 The Committee discussed the options in detail and some key points were noted which could be applied to some and or all options to assist the decision making process.

- Clarify that options 1, 3, 4 and 5 make long term commitments at the current time which could be shown by future history to be flawed or at least sub-optimum.
- IT capability and capacity needs to address the service's future need and demand as best as we can project using strategic, considered assumptions.
- Clinical risks and advantages need to be continuously reassessed in conjunction with the developing understanding of the options.
- It would be useful to use the Board Development session in September to continue to discuss and evaluate the options.
- NHS 24's Risk Appetite Statement needs to be used to assist in the evaluation of the options.
- It would be helpful for each of the options to include an assessment of impact on all software and hardware used not just BT and Capgemini.
- The scope of Option 2 requires to be developed and documented.
- It would be useful to document the software / issues that option 2 would not address and the impact this would have on any future NIS audit.
- It would be useful to describe option 2 as a tactical route to develop the service in stages rather than as a 'Minimal upgrade' approach.
- It would be useful to include issues / risks that are not able to be quantified for the options.

- Draw out the missed saving opportunity in option 3 linked to its requirement to retain some older technologies e.g. citrix servers.
- Forecast - if possible - the level of planned and unplanned down time associated with public cloud approach.
- Draw out the risk of latency in option 4.
- Draw out / express level of risk associated with the risks / issues shown in option 4.
- Ensure that, once available, the similarity of cost between option 4 and 5 is clear along with the differential advantage between 4 and 5.
- Draw out the differing timelines associated with each option including the movement of risk level over the timeline.
- Draw out any variation in impact that each option might have on other IT development work associated with ongoing/ projected Service Development Projects.
- Clarify the significance of risk anticipated with the final option's proposed re-architecture of our current SAP product.
- Clarify - in the options table or covering report - the relative advantages and disadvantages of Software and Infrastructure being provided as a service, both on private and public cloud - including risks of 3rd party control of the Public cloud in terms of both downtime and potential impact of 3rd party applied system changes conflicting with NHS 24 system stack elements.
- Dr Ryan advised an initial assessment of the clinical impact of each option has been completed and will be discussed in more detail at the Clinical Governance Committee.
- Ms Smith suggested timescales and costings should also be included with the options, Ms McGurk advised that the contractual/commercial position was still under development for a number of the options.
- Ms Smith suggested as well as reviewing risks and benefits we should have awareness of what is out of scope.

4.1.6 Mr McCormick advised that the additional clarity set out in para 4.15 is required to enable an informed decision to be made.

The Committee agreed this should be discussed further at the Board Development Session in September and that it would be useful to invite the external advisors to this session to assist with the discussion.

Action: Ms McGurk

## **4.2 NHS 24 Strategy Review Approach**

4.2.1 Ms Speirs presented the paper to the Committee noting key highlights.

4.2.2 Ms Speirs confirmed this is a review and not a refresh and the intention is to bring forward clear recommendations on any proposed changes for EMT, governance committee and Board consideration. It was noted that external horizon scanning should be broader than Scotland and also collaboration opportunities.

4.2.3 The Committee agreed to recommend to the Board the adoption of the review approach noting that the horizon scanning would reach beyond NHS sources and would include consultation with partners.

### **4.3 Service Model and Implementation Programme**

#### 4.3.1 Ms Phillips provided an update on the shift review matching process.

We are currently in the second week of the matching process and to date have a 65% response rate. It is noted that of the people who have replied, 82% have accepted the rota offered with a small number requiring to go to the formal panel stage to resolve their working times.

#### 4.3.2 Ms Smith asked why the new model had not been properly tested on weekends. Ms Phillips confirmed this is due to staffing numbers and the fact that the weekend recruitment is not yet complete. Further discussions and approvals will take place prior to full adoption of the new supervision model.

Action: Ms Phillips

#### 4.3.3 Mr Miller confirmed Staff Side Representatives attended the Staff Governance Committee and are reassured and comfortable with ongoing work.

#### 4.3.4 The Committee noted the report for assurance.

### **4.4 IHART Update**

#### 4.4.1 Ms Phillips provided a verbal update to the Committee.

#### 4.4.2 Ms Phillips confirmed work is ongoing and we are significantly further ahead than other similar organisations in this group; we need to understand the implications of this as it presents a challenge to ongoing engagement.

#### 4.4.3 The Committee noted the report for assurance.

### **4.5 Estates Programme Business Case: Termination Letter**

#### 4.5.1 Mr Snedden presented the report noting key highlights.

#### 4.5.2 Mr Snedden confirmed a Termination Letter to vacate the premises at Clyde Contact Centre was received on 31 July 2019 to vacate by 31 July 2020.

Work is ongoing and NHS 24 and Golden Jubilee are working together to agree an acceptable exit timeline. The property search was completed on Friday and shortlisting of properties will begin next week and will inform the business case.

#### 4.5.3 The Committee agreed further discussions are required before we commit to a final date. The Committee endorsed the intention not to provide a written acceptance of a July 2020 departure from Golden Jubilee and sought that an additional selection criteria be added, setting out relative impact of options on the overall NHS.

Action: Mr Snedden

M Glennie advised Staff Side Representatives are comfortable with the level of engagement throughout this process.

4.5.4 The Committee noted the report for assurance.

#### **4.6 Digital Strategic Framework**

4.6.1 Ms Bennie presented the report to the Committee noting key highlights.

4.6.2 Ms Bennie advised the framework outlines the draft implementation plan for year 1 and the outline of work streams. Although some work streams do not have specified activities assigned they are currently being scoped out.

It was noted that this is a high level report which may have some dependencies on the technology refresh plan.

4.6.3 The Committee noted the report for Assurance.

#### **4.7 Communications Delivery Plan Update**

4.7.1 Ms Aspley presented the update to the Committee.

4.7.2 This report will come back to the Committee as a standing item going forward. Mr Togneri asked if external assurance is sought on the sentiment analysis by a partner agency. Ms Aspley confirmed this is not current practice. Mr Togneri suggested although it is not urgent external independent verification was worthy of consideration.

Action: Ms Aspley

4.7.3 The Committee noted the report for assurance.

### **5. PERFORMANCE**

#### **5.1 Financial Performance Report to 30 June 2019**

5.1.2 Mr Snedden presented the report to the Committee noting key highlights.

5.1.3 Mr Snedden advised NHS 24 is forecasting a breakeven position although due to ongoing work with Technology Refresh and Estates Business cases and the service delivery and development plans for this year, this position will require careful management.

The Committee welcomed the close ongoing scrutiny of the project expenditure and the intention to develop alternative capital spending proposals given that the previous proposals to remodel at the Golden Jubilee and Cardonald sites require further consideration.

5.1.4 Mr Snedden informed the Committee 70% of Transformation Change Fund will be released now with the further 30% available in December.

5.1.5 In terms of Brokerage Mr Glennie asked for the position on repayment. Ms McGurk set out the plan for this year and the remainder of the brokerage repayment profile.

5.1.6 The Committee noted the report for assurance.

## 5.2 Service Quality Report to 30 June 2019

5.2.1 Ms Speirs presented the Service Quality Report to 30 June 2019 and noted the key highlights for the Committee.

5.2.2 Ms Speirs noted work is ongoing with the dashboard which will include improvements on how we report on our suite of KPIs and the quality of patient experience.

5.2.3 The Committee agreed it would be useful for future Service Quality Reports to include more information on the actions being undertaken to address areas where performance is below target incorporating forecasting where possible.

Action: Ms Speirs

5.2.4 The Committee agreed consideration should be given to capture and document the benefits of the new supervision model and the proportion of calls resolved at first point of contact. This to include an assessment of the impact this can have on the whole NHS system, e.g. earlier notification of partners of requirement to arrange a home visit/outpatient appointment.

Action: Ms Speirs

5.2.5 Mr Togneri queried the sickness absence rates in comparison to the figures shown in the Workforce Performance Report. Mr Miller confirmed the figures within this report relate to call handlers and nurses only which is significantly higher than figures in the Workforce report as these are based on NHS 24 as a whole.

Mr McCormick confirmed this issue is discussed in detail at the Staff Governance Committee.

5.2.5 The Committee noted the report for assurance.

## 5.3 Workforce Performance Report

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

5.3.2 Mr Miller confirmed absence rates within this report relate to NHS 24 as a whole.

The target for reducing absence rates is currently 0.5% in year 1. Although this seems relatively low it allows for the implementation of the new supervision model and shift review. Improvement will take time and it is likely the target will rise to 2.5% reduction in year 2.

5.3.3 The new Strategic Workforce Planning Group has been set up to discuss recruitment numbers

5.3.4 The Committee noted the report for assurance.

## 5.4 Annual Operating Plan Confirmation Letter

- 5.4.1 The Committee noted the very positive response to the AOP from Scottish Government. The Committee specifically noted acknowledgement by Scottish Government in relation to the planned reduced level of performance in-year against the 111 service access target.

## **6. GOVERNANCE**

### **6.1 Integration Governance Chairs Group**

- 6.1.1 Ms Speirs presented this report noting the key purpose of the group was to ensure appropriate discussion across the Committees during the year to support the delivery of integrated governance and scrutiny.

- 6.1.2 The Committee noted the report for assurance.

### **6.2 Winter Plan**

- 6.2.1 Ms Speirs presented the report to the Committee noting key highlights.
- 6.2.2 Ms Speirs advised work has begun on the plan although we are still waiting on the formal guidance from Scottish Government.
- 6.2.3 The Committee noted the report for assurance.

### **6.3 Facilities Report**

- 6.3.1 Mr Snedden presented the report to the Committee noting the key highlights.
- 6.3.2 The Committee noted the report for assurance.

### **6.4 NHS Procurement Strategy**

- 6.4.1 Mr Laughland presented the report to the Committee noting key highlights.
- 6.4.2 This is a 3 year procurement strategy, the presentation of the information is prescribed nationally. The Committee is asked to recommend approval to the Board.
- 6.4.3 Mr Laughland confirmed all contracts are considered for best value and not just cost. Any tenders are required to meet defined criteria.
- 6.4.4 The Committee agreed to recommend adoption of the procurement Strategy to the Board.

Action: Mr McCormick

### **6.5 Information Governance & Security Report**



- 6.5.1 Ms Gallacher presented the report to the Committee noting key highlights.
- 6.5.2 The Committee noted the report for assurance.

## **6.6 Change Portfolio Update**

- 6.6.1 Mr Carberry presented the report to the Committee noting key highlights.
- 6.6.2 The Committee noted the report for assurance.

## **7. RISK MANAGEMENT**

### **7.1 Corporate Risk Register**

- 7.1.1 Ms Speirs presented the report to the Committee noting key highlights.
- 7.1.2 Risk Reference: RPND/021544 was discussed and it was agreed it would be useful to review the wording of the risk, target and target date associated with the sickness absence.  
Action: Mr McMahon
- 7.1.3 The Committee requested that a paper be produced for the next meeting setting out the risk associated with the system automation risk. RPND/030603.  
Action: Mr McMahon

### **7.2 EU Exit Preparedness**

- 7.2.1 The Committee noted the report for assurance.

### **7.3 Major Incidents National Plan for NHS Boards and HSCP**

- 7.3.1 The Committee requested that a paper be prepared for the next meeting describing the role of NHS 24 in the event of a Mass Casualty Incident including our capacity to deliver this service alongside business as usual.  
Action: Mr McMahon

## **8. TERMS of REFERENCE**

- 8.1 Mr McCormick presented the revised Terms of Reference to the Committee for approval as the Planning and Performance Committee.
- 8.1.2 The Committee confirmed adoption of the updated Terms of Reference including the new title of Planning and Performance Committee.  
Action: For Noting

## **9. WORKPLAN**

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

9.1.2 The Committee approved the workplan.

**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 actions 235, 252 and 259 will remain on the action log.

**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 26 August 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.