

NHS 24 BOARD

Minute of the Public Meeting held Thursday 17 June 2021 at 1040am in Committee Room 1, Caledonia House, Cardonald, G51 4EB and via Microsoft Teams

PRESENT: Dr Martin Cheyne (Chair); Ms Madeline Smith (Vice Chair) Mr Jim Miller (Chief Executive); Ms Anne Gibson (Non-Executive); Mr John Glennie OBE (Non- Executive); Ms Liz Mallinson (Non-Executive); Mr Mike McCormick (Non-Executive); Mr Albert Tait OBE (Non-Executive); Mr Martin Togneri (Non-Executive); Mr Alan Webb (Non-Executive); Mr Kenneth Woods (Non-Executive); Ms Maria Docherty (Director of Nursing and Care); Dr Laura Ryan (Medical Director); Mr John Gebbie (Director of Finance).

APOLOGIES: None.

IN ATTENDANCE: Ms Suzy Aspley (Chief Communications Officer); Ms Linda Davidson (Interim Director of Workforce); Ms Paula Speirs (Director of Strategy, Planning and Performance); Ms Stephanie Phillips (Director, Service Delivery); Ms Anne Marie Gallacher (Chief Information Officer); Mr Damien Snedden (Deputy Director of Finance (*item #6 only*)); Mr Paul McLaughlin (Senior MI Analyst) (*item # 9.2 only*); Mr Kevin McMahon (Head of Risk & Resilience (*item # 9.3 only*)); Ms Yvonne Kerr (Board Governance Officer); (Ms Gillian Phillips (Corporate Governance Manager).

1. Welcome, apologies & Introductions

- 1.1 The Chair welcomed all Board members to the meeting.
- 1.2 A particular welcome was extended to Ms Gillian Phillips, who, it was noted, was attending her first NHS 24 Board meeting in the new role of Corporate Governance Manager. Non-executive members of the Board were informed that Ms Phillips would assume operational responsibility for ensuring effective governance across the organisation and for leading the development and implementation of a robust Corporate Governance Framework to better meet the current and emerging needs of the NHS 24 Board.
- 1.3 On behalf of the Board, the Chair expressed his thanks and gratitude to Ms Kerr who, the Board agreed, had provided a high standard of secretariat and administrative support to non-executive members of the Board over the last eighteen months.
- 1.4 The Chair also took the opportunity to extend his warm wishes and congratulations to Ms Speirs who had recently been appointed to the substantive role of Director of Strategy, Planning & Performance. On behalf of the wider Board, the Chair wished both Ms Phillips and Ms Speirs every success in their respective new roles. These sentiments were warmly endorsed by Board members.
- 1.5 The Chair extended a welcome to members of the public who were observing the Board meeting virtually.

- 1.6 The Chair noted that a reserved session of the Board was held immediately before the meeting, to consider two areas of commercial sensitivity.

2. Declaration of Interests

- 2.1 Ms Smith and Mr Togneri's standing declarations as Non-Executive Board members of the Scottish Ambulance Service (SAS) were **noted**. Ms Smith's declarations as the Head of Strategy & Innovation at Glasgow School of Art in addition to her Board membership at the Digital Health and Care Institute were also duly **noted**. Mr Glennie's declaration as a Non-Executive Board Member at Healthcare Improvement Scotland was also **noted** as a standing declaration.

3. Minutes of the meeting held 22nd April 2021

- 3.1 Subject to a minor amendment, the minutes of the meeting held 22nd April 2021 were **approved** as an accurate record.

4. Matters Arising

- 4.1 Members **agreed** that there were no matters arising.

5. Notes of Any Other Business

- 5.1 Members **agreed** that there was no notes on any other matters of substantive business to consider at this time.

6. NHS 24 Annual Report and Accounts 2020/21

- 6.1 The Chair welcomed Mr Snedden to the meeting, noting that he was attending to assist in the explanation, description and clarification of the organisation's Annual Report and Accounts. The Board received the papers which were presented to enable the Board to discharge its statutory responsibilities in respect of the Annual Accounts for 2020/21. It was noted that the statements and accompanying assurance reports had been previously considered and recommended for submission to the Board by the Audit & Risk Committee.
- 6.2 In his capacity as Chair of the Audit & Risk Committee, Mr Tait introduced the report and confirmed that it provided formal assurance to the NHS 24 Board from the Audit & Risk Committee that the Annual Report and Accounts for 2020/21 had been fully and comprehensively reviewed. A number of areas to note from the Financial Statement were highlighted.
- 6.3 Board members were advised that member of the Audit & Risk Committee had considered in detail various elements of the assurance pack which were presented in support of the Annual Report and Accounts and which included:
- (i) External and Internal Audit Annual Reports
 - (ii) A number of internal audit reports; and
 - (iii) Various NHS 24 Standing Committee Governance Reports.
- 6.4 In relation to a statement on FOI non-compliance which was referenced within the Annual Information Governance and Security Report, it was **agreed** that the relevant paragraph would be updated to reflect the organisation's ambition to achieve zero late FOI responses.

ACTION: Paragraph 4.3.5 of the Annual Information Governance & Security Report to be revised prior to external publication.

AM Gallacher

- 6.5 Members of the NHS 24 Board were informed that the Annual Report and Accounts had received an unqualified Audit opinion and that minor amendments which had been recommended by Board members subsequent to the distribution of Board papers had been incorporated and captured in the report's final iteration.
- 6.6 The Board extended their thanks to the Finance team for the diligent and comprehensive level of work undertaken in relation to the preparation of the Annual Report and Accounts, noting that a high standard of accounts had been produced.
- 6.7 Thereafter, the Board **approved** the Annual Report and Accounts for 2020/21 and **authorised** the Chief Executive and Director of Finance to sign the Financial Statements and Letter of Representation on its behalf.

7. Chair's Report

- 7.1 Dr Cheyne provided the Board with a high level overview of his activities over the last quarter. Members were informed that these included:
- (i) Participation in the appointment process for Non-Executive Director posts for NHS 24, the Scottish Ambulance Service (SAS) and NHS Lanarkshire;
 - (ii) Attendance at an Improving Diversity on Health Board meeting;
 - (iii) Attendance at NHS 24 Standing Committees;
 - (iv) Along with the Chief Executive, attending a meeting with the Minister for Public Health, Women's Health and Sport; and
 - (v) Attending the West of Scotland's Chair's Group.
- 7.2 Members of the Board were reminded that interviews for two new Non-Executive Directors for the NHS 24 Board had taken place earlier in the month and that a further update on the appointments would be made once these had been approved by the Minister. The Chair also noted that Ms Gillian Phillips would be working over the summer months to develop a more thorough and comprehensive induction programme for the new Non-Executive Directors.
- 7.3 Thereafter, the Chair's update was **noted** by members for **assurance**.

8. Executive Report to the Board

- 8.1 The Chief Executive introduced his written report and highlighted the positive feedback which had been received as part of the 2021 Winter Campaign. It was noted that outputs from the 2021 Campaign evaluation would be used to inform the planning of winter communications for 2021/22 and that discussions with the Scottish Government's primary and unscheduled care teams were planned to take place to ensure that winter communications continue to be aligned with the Right Care, Right Place approach. Members were informed that a new creative was to be developed for the 2021/22 campaign.
- 8.2 Members were informed that Patient Safety Leadership Walkrounds were proposed to restart again in August, subsequent to the relevant logistics and SBAR being

considered by the Executive Management Team (EMT). This development was warmly welcomed by members of the NHS 24 Board.

- 8.3 It was noted that due to the expansion of Mental Health Services, Redesigning Urgent Care and a variety of other factors, NHS 24 had experienced a significant increase in operational demand within the Public Protection service. Members were informed that the data was currently being reviewed by the clinical governance team but that an initial interrogation of the data had highlighted that the number of referrals made were considered to be appropriate and commensurate with the broader Health & Social Care sector.
- 8.4 NHS 24's participation in the NHS Scotland Annual Event was also highlighted and it was noted that this year, its contribution would extend to the delivery of one of the Key Parallel Sessions. Members were informed that the session would focus on the organisation's response to the pandemic, and would showcase how service delivery was scaled up at pace, through a cross-organisational focus. Members were advised that in addition to the parallel session, NHS 24 had been successful in its application for eight posters to be presented during the event. It was noted that these would be shared with Board members via the Admin Control service in due course.

ACTION: NHS 24 posters to be shared with Board Members via Admin Control **G Phillips**

- 8.5 Members of the Board expressed some concern in relation to compliance rates for the recently developed Attendance Management e Learning Module. It was noted that the identified target of 95% compliance included those staff members who were presently on sick or maternity leave. It was **agreed** that further consideration as to how compliance against this target could be more accurately monitored and a further update on progress would be provided to the Board at their next meeting in August.

ACTION: Attendance management compliance measure to be reviewed and further update to be provided at next Board meeting in August **L Davidson/
P Speirs**

- 8.6 The Board welcomed the progress made on the COVID-19 Vaccination Programme, noting that 81% of NHS 24 staff had now received their first dose of the vaccine with 54% of staff having received both first and second doses.

- 8.7 Thereafter, the Executive Report was **noted for assurance**.

9. Quality & Safety

9.1 Patient Stories

- 9.1.1 Ms Docherty provided the Board with an overview of the circumstances relating to a recent complaint and highlighted key learnings which had been identified as a result.

- 9.1.2 Ms Docherty also highlighted a recent incident of positive feedback, received from the mother of a patient who had complemented the professionalism and diligence of the call handler and Senior Charge Nurse.
- 9.1.3 On behalf of the wider Board, the Chair expressed his thanks and gratitude to both families for their willingness to share their respective stories and wished them both well for the future.
- 9.1.4 Thereafter, the Patient Stories were **noted** for **assurance**.

9.2 Corporate Performance Report- May 2021

- 9.2.1 The Chair welcomed Mr McLaughlin to the meeting.
- 9.2.2 Ms Speirs introduced the paper, noting that it had been considered in detail by the Planning and Performance Committee in May.
- 9.2.3 Members of the NHS 24 Board were advised that a refresh on the current Performance Framework was already underway with the intention of reflecting better performance metrics across the organisation's broad suite of services.
- 9.2.4 It was also noted that with additional capacity now within the Performance Team, work had commenced to develop an internal dashboard which would host a broader set of performance outcomes and measures.
- 9.2.5 Mr McLaughlin provided a summary of key performance highlights for the month of May. These included:
 - (i) Increased call demand- May was noted as being the 3rd highest ever in service history. It was noted that demand was 7.3% over forecast and 30% higher than in May 2020.
 - (ii) Average time to answer and Abandonment rates- it was noted that these had reached their lowest levels since November 2020, despite the significant and unprecedented increase in call volumes;
 - (iii) Dental Service- May had seen the highest ever number of calls answered in a single month.
- 9.2.6 In response to a query in relation to the unprecedented increase in number of calls, Board members were informed that COVID cases had accounted for circa 20% of the calls received during the identified reporting period. It was noted that the vast majority of calls received were considered to be urgent case calls and that this increase could, in part be attributable to the gradual and progressive easing of restrictions across the country. Ms Stephanie Phillips confirmed that additional analysis and interrogation of the data was presently being undertaken to determine whether this was the case and additionally noted that mental health and dental services had seen a sharp increase in demand.
- 9.2.7 Mr McLaughlin confirmed that a number of run charts on performance had already been created and that the intention was to add control charts to the performance reports, as appropriate. It was suggested that this change could be reflected within the Corporate Performance Report presented to the

Planning & Performance Committee at its next scheduled meeting in August. This recommendation was welcomed by Board members.

ACTION: Performance run charts to be incorporated into next iteration of Corporate Performance Report. **P Speirs**

9.2.8 The Board thanked Mr McLaughlin for his attendance and for providing such a thorough and comprehensive summary of recent performance measures.

9.2.9 Thereafter, the May Corporate Performance Report was **noted for assurance**.

9.3 Corporate Risk Register

9.3.1 The Chair welcomed Mr McMahon to the meeting and thanked him for his attendance.

9.3.2 Members were advised that a close review of risk had been maintained during the pandemic and that the relevant risks had been considered and discussed at detail at the Board's standing committees. Mr Tait confirmed that work was ongoing with the organisation's designated internal auditor to gain feedback on the maturity of risk across NHS 24.

9.3.3 Members of the Board were advised by the Chief Executive that greater cognisance was being made to the relevant risk action points and mitigation in order to better determine a sharper balance of likelihood and impact.

9.3.4 Thereafter, the Board **approved** the Corporate Risk Register.

9.4 Redesign of Urgent Care Update

9.4.1 Ms Stephanie Phillips introduced the paper which sought to provide Board Members with an update on the Redesign of Urgent Care (RUC) programme. Members were reminded that the aim of the redesign work was to ensure that patients and the public were able to access urgent care effectively and to safeguard patient and public safety during the ongoing pandemic.

9.4.2 Key highlights of the report included:

- (i) The inclusion of children over 18 months and under 12 years into the flow navigation centre (FNC) went live nationally on 1st June. It was noted that this development had had an immediate and positive effect on the proportion of calls to FNCs.
- (ii) The continued positive trends in terms of recruitment, which was tracking in line with planned trajectory.

9.4.3 Ms Stephanie Phillips informed the Board that demand for urgent care was increasing across the sector and was not solely limited to NHS 24. It was noted that paediatric activity in particular had experienced a significant increase in activity.

9.4.4 Members of the NSH 24 Board welcomed the paper, noting that it provided strong reassurance that the implementation of RUC programme was being effectively implemented and was working well.

9.4.5 Thereafter, the Board **noted** the report for **assurance**.

10. Strategic Planning and Development

10.1 2021/22 Continuity & Remobilisation Plan

10.1.1 Ms Speirs introduced the paper, the purpose of which was to inform the NHS 24 Board that the Scottish Government had formally responded to the organisation's submission of its Continuation and Remobilisation Plan (RMP).

10.1.2 Members of the Board were reminded that a consultative approach had been adopted with the plan and that this had been developed through discussion with key stakeholders, the NHS 24 Board, the IMT and the Public Partnership Form (PPF). It was noted that the Remobilisation Plan would act as NHS 24's Annual Operating Plan until 31 March 2022.

10.1.3 Ms Speirs noted that work was already underway to produce an updated RMP and that this was likely to be completed in the late summer.

10.1.4 Members of the Board welcomed the report and expressed their thanks and gratitude to the Strategic Planning team for their input and overall co-ordination of the RMP. The positive nature of the letter of support from the Scottish Government was also noted and welcomed.

10.1.5 Thereafter, the 2021/22 Continuation and Remobilisation Plan was **approved** by the Board.

10.2 Development of new NHS 24 Strategy

10.2.1 Ms Speirs introduced the paper, the purpose of which was to seek the Board's approval for the proposed approach to the development of a new overarching strategy for NHS 24 along with the associated development of a Clinical and Quality Strategy.

10.2.2 It was noted that the development of the new strategy would enable NHS 24 to set out its role within the wide Health & Care agenda and would seek to include the following key ambitions:

- (i) Outlining NHS 24's contribution to the national work on redesign of urgent care;
- (ii) Increasing NHS 24's contribution to the Mental Health Delivery Plan; and
- (iii) Defining NHS 24's role in working in partnership to reduce health inequalities and support the national delivery of public health priorities.

10.2.3 Members were informed that development on the strategy would commence formally in July and engagement would continue throughout the summer with ultimate approval of the strategy planned to be sought from the Board in April 2022. It was noted that the proposed Board Workshop in September would

focus predominantly on the strategy development and that the EMT would use this time to engage with the Board on key aspects of the NHS 24's strategy and vision.

10.2.4 The Board noted the importance of carrying out a comprehensive and thorough needs assessment so that a strategy which was fully representative of the whole of Scotland could be developed and produced.

10.2.5 In response to a suggestion from Ms Gibson, it was agreed that members of the EMT would consider arranging a joint strategy development planning session between the NHS 24 Board and Public Partnership Forum (PPF) as part of the broader strategy engagement process.

ACTION: Members of the EMT to consider arranging a joint strategy development planning session between the NHS 24 Board and the Public Partnership Forum (PPF). **P Speirs**

10.2.6 The development of a Clinical Quality Strategy which would seek to underpin the overarching strategy was welcomed by Board members.

10.2.7 Thereafter, the Board **approved** the development of the NHS 24 strategy.

10.3 Change Portfolio Update

10.3.1 Ms Speirs introduced the paper, noting that it had been considered in detail by the Planning and Performance Committee in May. The paper provided a progress summary of the key programmes currently underway within the Change Portfolio.

10.3.2 It was noted that resources across the entire organisation continued to be stretched and that the level of change across the portfolio of programmes was highlighting key pinch points and pushing teams to capacity. Members of the NHS 24 Board were reassured that the allocation of resources was being carefully managed but that there was little scope for flexibility due to the number of interdependencies and that any delays experienced with one project could have a significant adverse impact on the delivery of another. It was noted that the Change Portfolio was being reviewed on an ongoing basis to ensure that key programmes of work were appropriately prioritised.

10.3.3 It was noted that further detail in the scope of Phase 2 of the Connect Programme would be presented to the Board after it had been duly considered by the Planning and Performance Committee.

10.3.4 Thereafter, the Board **noted** the Change Portfolio Update for **assurance**.

10.4 Communications Annual Delivery Plan

10.4.1 Ms Aspley introduced the paper, the purpose of which was to seek the Board's approval on the Communications Annual Delivery Plan.

10.4.2 It was noted that the plan had previously been approved by the Executive Management Team (EMT) and was appropriately aligned with core objectives contained within the 2021/22 Remobilisation Plan.

10.4.3 It was noted that a number of new communication initiatives were underway which included the development and implementation of a new weekly *Team Talk* newsletter. Members of the Board were also advised that in addition to the forthcoming RUC radio/TV advertising, guides to services content in NHS 24 were also under development. It was clarified that these guides would be distributed across internal channels and through primary care and board channels in order to help signpost the public to the right care in the right place.

10.4.4 In response to a query from the Board, members were advised that all communications campaigns would be independently evaluated and reviewed.

10.4.5 Thereafter, the Board **approved** the Communications Annual Delivery Plan.

11. Performance

11.1 Financial Performance Report

11.1.1 The Board received the Financial Performance Report, noting the positive final outturn for the year. The reported underspend was noted along with the achievement of key financial and savings targets achieved in year.

11.1.2 Thereafter, the Board **noted** the Financial Performance Report for **assurance**.

11.2 Workforce Performance Report

11.2.1 The Board received the Workforce Performance Report.

11.2.2 It was noted that a workforce dashboard was currently under development and that this would seek to monitor attendance management, mandatory training and appraisals.

11.2.3 The continued good progress with recruitment was noted and welcomed by Board members.

11.2.4 Thereafter, the Workforce Performance Report was **noted** for **assurance**.

12. Board Standing Committees

12.1 Clinical Governance Committee- Approved minute of the meeting held 4 February 2021 and Highlight Report of the meeting held 13 May 2021

12.1.1 The Board received and **noted** the approved minute and highlight report for assurance.

12.2 Staff Governance Committee- Approved minute of the meeting held 2 February 2021 and Highlight Report of the meeting held 6 May 2021

12.2.1 The Board received and **noted** the approved minute and highlight report for assurance.

12.3 Audit & Risk Committee- Approved minute of the meeting held 16 February 2021 and Highlight Report of the meeting held 3 June 2021

12.3.1 The Board received and **noted** the approved minute and highlight report for assurance.

12.4 Planning & Performance Committee- Approved minute of the meeting held 11 February 2021 and Highlight Report of the meeting held 7 May 2021

12.4.1 The Board received and **noted** the approved minute and highlight report for assurance.

12.5 Integrated Governance Committee- Approved minute of the meeting held 3 December 2020 and Highlight Report of the meeting held 25 May 2021

12.5.1 The Board received and **noted** the approved minute and highlight report for assurance.

13. Action Log

13.1 It was noted that all actions on the action log, bar one could be considered to be closed. With relation to the action pertaining to the review of the Standing Orders, it was noted that a Review of the Blueprint for Governance was presently underway and that the Standing Orders would be updated accordingly and in line with guidance once further information on the Blueprint had been received. It was agreed that the deadline date for completion of this action would be duly extended.

14. Date of Next Meeting

14.1 The date of the next Board meeting was confirmed to be Thursday 19 August 2021. Members were advised that an alternative date was being sought for the next Board workshop and that this would be confirmed by Ms Gillian Phillips in due course.