

**NHS 24 BOARD  
PLANNING AND PERFORMANCE COMMITTEE  
Minute of the meeting held Monday 9 August 2021 from 10am via Teams**

- PRESENT:** Mr Mike McCormick (Chair); Mr John Glennie; Ms Anne Gibson; Ms Madeline Smith; Mr Martin Togneri; Mr Alan Webb.
- APOLOGIES:** Mr John Gebbie (Director of Finance); Ms Stephanie Phillips (Director, Service Delivery); Ms Lynne Kane (Facilities Manager)
- IN ATTENDANCE:** Dr Martin Cheyne (Chair of NHS 24); Mr Jim Miller (Chief Executive); Ms Suzy Aspley (Chief Communications Officer); Mr Damien Snedden (Deputy Director of Finance); Ms Paula Speirs (Director of Strategy, Planning & Performance); Ms Ann-Marie Gallacher (Chief Information Officer); Ms Nicola Dawson (Clinical Services Manager); Ms Marnie Westwood (Head of HR Business Services) (*item 4.1 only*); Mr K McMahon (Head of Risk & Resilience) (*items 6.1 and 6.2 only*); Ms Gillian Phillips (Corporate Governance Manager) (Clerk).
- OBSERVING:** Mr Kenneth Woods; Mr David Howe; Ms Carol Gillie.

**1. Welcome, Introductions & Apologies**

The Chair welcomed all Committee members and guests to the meeting and the relevant apologies were **noted**.

A particular welcome was extended to Ms Gillie and Mr Howe, who it was noted, were observing the meeting as part of their formal induction to NHS 24 after being appointed as Non-Executives to the Board last month.

**2. Declarations of Interest**

Mr Glennie declared a potential interest in relation to item #4.3 (Financial Plan) in his capacity as Vice Chair of Health Improvement Scotland (HiS)

**3. Minute of the meeting held Friday 7 May 2021**

The minute of the meeting held 7 May 2021 was **approved** as an accurate record.

**4. Performance**

**4.1 Corporate Performance Update**

The Committee received and discussed the Corporate Performance Report which provided an overview of performance across the organisation during the identified reporting period. It was noted that call demand during June 2021 was 169, 108 which was 5% over forecast (160, 603) and the 6<sup>th</sup> busiest month on record.

The Committee welcomed the report, and noted that further improvements had been made to data and additional enhancements had been made to the layout and evaluation methodology of the report.

It was noted that continued pressure across the system had resulted in reduced access performance- the average time to answer in addition to the percentage of calls answered within 30 seconds and the percentage of calls abandoned after the identified threshold had been negatively impacted as a consequence. The Committee queried whether it was possible to identify if callers had successfully obtained the relevant support and/ or

information elsewhere as a consequence (i.e. through NHSinform). In response, members of the Committee were informed that hits to the NHSinform website were global and as a consequence it was presently not possible to identify Scottish citizens from this data. Despite this, the Committee was informed that it was technically feasible to identify the geographical location of service users, but that this would require NHS24 to design and develop appropriate software which would also require to be aligned with broader, national services.

Members of the committee were informed that it was currently not technically possible to establish whether those who abandoned calls had moved to find a response via another channel- such as NHS inform- but that this initiative would be pursued via the Connect 2 programme.

The Committee noted that exploration of developing a technical fix to ensure callers who waited 30 minutes would receive an update or form of triage had been shown to be a complex and IT resource hungry project that was not guaranteed to succeed. It was noted that this initiative had therefore been paused to allow focus on other approved projects.

Members discussed the impact of the Flow Navigation Centres (FNCs), and noted that there had been circa 12,000 referrals during the month of June. It was noted that whilst this demonstrated that the FNS process was working effectively from an NHS 24 point of view, it was nevertheless acknowledged that these referrals were difficult to track once they had migrated to local health boards.

The Committee also received and noted the NHS 24/ Welsh Peer Report and noted that this could act a useful comparator for services whilst providing an opportunity for future benchmarking.

In response to a query in relation quarterly performance monitoring, it was noted that demand (and therefore performance) had been subject to significant change from month to month as a consequence of COVID and RUC activity coming online which in turn meant that looking back more than one month could be considered less meaningful. The Committee was reminded that the organisation was presently navigating its way through an unprecedented situation, so identifying a baseline could prove to be challenging. It was also noted that as there was little stability at present quarterly reporting, as opposed to the present monthly and weekly reporting could be considered to be less impactful and significant.

Thereafter, the Corporate Performance Update was **noted for assurance**.

#### **4.2 Financial Performance Report**

The Committee received the financial performance report for the period April 2021 to June 2021 and Mr Snedden highlighted the significant areas of movement over the identified reporting period.

It was noted that in relation to revenue resource, NHS 24 was overspent by £1.9million, however when anticipated allocations were factored in, it was projected that the overspend would be offset to provide a reported ledger underspend of £2k.

Members were also informed that NHS 24 had received indicative and positive confirmation that all Mental Health activities would be fully funded. It was noted that funding for 50% of the anticipated COVID-19 expenditure and the full anticipated Redesign of Urgent Care (RUC) had already been received. These developments were welcomed by the Committee.

Thereafter the Financial Performance Report was **noted for assurance**.

#### **4.3 2021/22 Finance Plan**

Mr Snedden spoke to the paper which provided an update on the previously presented plan by highlighting the change in uplift which had been received from SGHSCD to fund the anticipated pay award. Members were informed that subsequent to the announcement of the Agenda for Change pay award, NHS 24 had been informed that it would receive a £3.3m uplift for 2021/22. This development was welcomed and endorsed by members of the Committee.

Members of the Committee were also provided with further clarity around initial assumptions around the recurring and non-recurring nature of allocations.

Thereafter the update to the Finance Plan was **noted for assurance**.

#### **4.4 NHS 24 Financial Savings Plan**

Mr Snedden spoke to the paper which provided a recommended approach as to how future allocations and savings targets could be achieved.

The Committee were informed that recurring and non-recurring savings targets required to be allocated out in advance of month 4 accounts. It was noted that a pro-rata approach was being proposed across all Directorates, based on their budget base. It was acknowledged that this was the most equitable approach and would ensure that efficiencies were distributed evenly across the organisation.

It was noted that in 2020/21 there had been £1.1m set aside for the Strategic Planning and Resource Allocation (SPRA) process, however due to COVID-19, this funding had been redirected to Connect costs. It was noted that these were recurring costs and savings were required to be made elsewhere in the organisation in order to subsidise this programme.

The Committee requested that a paper be brought tracking the budget “surplus” through from brokerage repayment and how this might be protected for service development in the face of other budget pressures.

<b>ACTION</b>	Paper to be presented to committee outlining and tracking budget “surplus” through from brokerage repayment.	<b>J Gebbie/ D Snedden</b>	<b>8 November 2021</b>
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#### **4.5 Estates and Facilities Report**

Mr Snedden spoke to the paper which provided an update of estates activity and developments across the organisation. The Committee was advised that subsequent to the distribution of committee papers, the Estates Business Case had been approved by the Scottish Government. This development was welcomed by Committee members.

It was noted that a combination of Brexit and COVID had caused delays in the supply and demand of materials, parts and equipment and as a consequence the fit out programme of Aurora House had been unavoidably postponed.

The Committee were informed that volume of work in addition to other internal pressures had necessitated additional resource within the Directorate. The creation of a new post had been approved and would shortly go out to recruitment.

Thereafter, the Estates and Facilities Report was **noted** for **assurance**.

## 5. Strategy

### 5.1 2021/22 Remobilisation Plan Quarterly Update

The Committee received the Remobilisation Plan Quarterly Update, which highlighted progress against the 2021/22 Remobilisation Plan (RMP3). Members noted the considerable progress which continued to be made across the key priorities of the plan despite balancing demands and effects of COVID-19 and Urgent Care on the organisation.

It was noted that the Scottish Government had recently issued guidance for RMP4, but that in practice this would be an update on RMP3 only. The Committee were informed that this update provided NHS 24 with the opportunity to consider progress against RMP3 and determine whether any refinements required to be made to the existing plan.

Members of the Committee expressed some concern around the increase in leavers but were reassured that this could be in part attributed to the end of a number of fixed term contracts. Despite this members of the Committee requested that further detail be brought to the committee in relation to staff retention.

<b>ACTION</b>	Additional information/ scrutiny to be presented in relation to staff retention and the reported increase in leavers	<b>P Speirs/ P Docherty</b>	<b>8 November 2021</b>
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Thereafter the Remobilisation Plan update was **noted** for **assurance**.

### 5.2 NHS 24 Procurement Strategy

The Committee received the updated strategy and were advised that a minor amendment with regards to the relevant legislation would be made to the document prior to its presentation to the Board on 19 August.

Thereafter, the Committee **recommended** the Procurement Strategy for **approval** to the NHS 24 Board.

### 5.3 Change Portfolio Update

Ms Speirs spoke to the paper which provided members of the Committee with a progress summary of the key programmes within the Change Portfolio. Members of the Committee were informed that work continued to align key programmes with the organisation's Remobilisation Strategy. It was agreed that similar cognisance was required in relation to the evolving and overarching organisational strategy. The committee duly requested that consideration be given within Strategy Development to the interface between organisational strategy and the role of the Change Portfolio Board.

<b>ACTION</b>	Consideration be given within Strategy Development to the interface between organisational strategy and the role of the Change Portfolio Board.	<b>P Speirs</b>	<b>8 November 2021</b>
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Thereafter, the Change Portfolio update was **noted** for **assurance**.

### 5.4 Communication Delivery Plan Update

Ms Aspley spoke to the paper which provided an update on activities contained within the Communications Delivery Plan.

Members of the Committee welcomed the significant progress which had been made and noted in particular the development of the new Team Talk 24. In response to a query, it was confirmed that all Non-Executive Members of the Board would receive a copy of future editions of Team Talk and that this process would be facilitated by the Corporate Governance Manager.

<b>ACTION</b>	Arrangements to be put in place to allow Non-Executive Members of the Board to receive future editions of Team Talk 24	<b>G Phillips</b>	<b>13 August 2021</b>
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## 6. Risk Management

### 6.1 Planning and Performance Risk Register

Mr McMahon introduced the paper and outlined the significant progress which had been made in the area of risk management since the Committee's last meeting in May.

It was noted that since the last meeting of the Committee (7 May 2021), all directorates had undertaken an in-depth review of risks within their remit to ensure current risks reflected the embedding of the response to COVID-19 into ongoing business processes and the ongoing challenges to NHS 24's delivery of its Remobilisation Plan. The Committee agreed that the risks identified were not only more current and relevant but the mitigating actions identified were more robust.

The Committee discussed CO26 and were advised that the UK Government was taking the lead with regards to arrangements for this event. It was nevertheless noted that Mr McMahon was presently engaging with other national colleagues in order to identify NHS 24's role, should a major incident occur.

The Committee welcomed the significant redrafting and updating of the risks and requested that further consideration be given to the role of Staff Governance in relation to Risk #038901 (gaps in skill mix).

<b>ACTION</b>	Further consideration to be given to the role of Staff Governance Committee in relation to Risk # 038901 (gaps in skill mix)	<b>K McMahon</b>	<b>08 November 2021</b>
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Thereafter, the Committee **noted** the Planning & Performance risk register for **assurance**.

### 6.2 ICT Risk Register

Ms Gallacher introduced the paper, which provided the Committee with an update on all ICT risks presently contained within corporate risk register.

Members welcomed the update and noted that the mitigations in place were considered to be proportionate, comprehensive and timely.

Thereafter, the ICT Risk Register was **noted** for **assurance**.

## 7. Information Governance and Security

## **7.1 Information Governance & Security Report**

Ms Gallacher introduced the report which provided an overview of the key areas of activity for Q1. The following key areas were highlighted:

- (i) There had been a significant increase in both Data Subject Access and Freedom of Information requests during the identified reporting period;
- (ii) In parallel, there had been significant improvements made in web access protection across the organisation; and
- (iii) Improvements to the security posture of the estate in line with work on the Network and Information Systems Regulations 2018 had been made.

In particular, the Committee welcomed the risk based prioritisation of training in the area of Information Governance and Security and the work being undertaken via Staff Governance to improve the addressing of “Mandatory Training” and noted that ownership of responsibility for training in this arena would be clarified through the Integrated Governance Committee (between Planning & Performance and Staff Governance Committees).

Thereafter, the Information Governance & Security Report was **noted for assurance**.

## **8. Committee Workplan, Action Log, Terms of Reference and Committee Highlights**

### **8.1 Review of Planning and Performance Committee Terms of Reference**

The Committee received the updated Terms of Reference for the Committee, noting the inclusion of the reference to the Committee’s responsibility and oversight for cybersecurity, which had been recommended for inclusion as a consequence of a recent internal audit review.

The Committee **recommended** the terms of reference for **approval** to the NHS 24 Board.

### **8.2 Proposed Committee Highlights to Board**

The Chair summarised the key highlights from the meeting.

### **8.3 Planning & Performance Committee Workplan**

Members of the Committee **noted** the workplan for **assurance**.

### **8.4 Review of Committee Action Log**

It was noted that the actions identified during previous meetings were considered to be complete. Members of the Committee welcomed the progress which had been made.

### **8.5 Valediction**

The Chair took the opportunity to express his thanks and gratitude on behalf of both the Committee and members of the Executive Management Team (EMT) to Ms Smith, who was attending her final Planning & Performance Committee meeting as a Non-Executive member of NHS 24.

Members were informed that Ms Smith had joined NHS 24 in 2013. The Chair noted that her experience and expertise had helped the organisation enormously as it steered a particularly complex course over the last 18 months. It was noted that Ms Smith’s leadership in the committee in addition to her support to individual committee members and NHS 24 staff as well as her comradery and friendship would be sorely missed.

Members of the committee endorsed these sentiments and expressed their own gratitude to Ms Smith for her considerable contributions to NHS 24.

### **8.6 Dates of Future Meetings**

Monday 8 November 2021 at 10am via Teams  
Monday 14 February 2021 at 10am via Teams.