

**NHS 24
PLANNING AND PERFORMANCE COMMITTEE**

**10 FEBRUARY 2020
APPROVED
ITEM NO. 3.1**

**Approved Minutes of the Planning and Performance Committee Meeting held
on Friday 22 November 2019 at 10.00 am, Committee Room 1, Cardonald**

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

In Attendance

Ms Angiolina Foster	Chief Executive
Ms Steph Phillips	Director of Service Delivery
Mr Damien Snedden	Deputy Director of Finance
Ms Paula Speirs	Associate Director of Planning & Performance
Ms Yvonne Kerr	Executive Assistant (Minutes)
Mr Murdoch Carberry	Head of Service Development
Mr Kevin McMahan	Head of Risk & Resilience
Mr Sanny Gibson	Head of Information Governance (Item 6.1)
Dr Anna Lamont	Associate Medical Director
Ms Pauline Docherty	Head of Employee Relations

Apologies

Mr John Glennie	Non-Executive Director
Ms Margo McGurk	Director of Finance & Performance
Mr Eddie Docherty	Director of Nursing & Care
Dr Laura Ryan	Medical Director
Mr David Miller	Director of Workforce
Ms Ann-Marie Gallacher	Chief Information Officer
Ms Lynne Huckerby	Director of Service Delivery
Ms Lynne Kane	Facilities Manager
Ms Suzy Aspley	Head of Communications
Mr Davie Morrison	Participation & Equalities Manager
Mr Joseph Markey	Staff Side Representative

The Chair opened the meeting and welcomed members and attendees.

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:

- Move Mr Webb's name to show he is a member on page 1 rather than an attendee.
- Amendment at paragraph 4.7.2, last sentence to read "Mr Togneri suggested although it is not urgent external independent verification was worthy of consideration."

Action: Ms Kerr

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

4 STRATEGY

4.1 2019/20 Ministerial Review

4.1.1 Mr McCormick advised the review briefing document had been discussed at previous meetings and if there were no further comments, he invited Ms Smith and Ms Foster to provide an update from the meeting.

4.1.2 Ms Smith noted the meeting was very strategic and positive. The Cabinet Secretary was interested in the role of NHS 24 in the wider system and the challenges it faces. It was noted that Scottish Government are looking to carry out a review of the whole system comparing it to the Denmark model, where access to health services is largely funneled through an organisation similar to NHS 24 .

4.1.3 Ms Foster advised the Cabinet Secretary is pleased with NHS Inform however asked if the data from this service can be analysed.

4.1.4 Mental Health Services were discussed and the Cabinet Secretary was keen to ensure our pre-existing and more recent services are in alignment to include young people and children.

4.1.5 The Committee noted the update for assurance.

4.2 2020/21 – 23 NHS 24 Annual Operating Plan

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

- 4.2.2 Ms Speirs advised that Scottish Government are now transitioning from an Annual Operating Plan to a 3 Year Transformation plan. Guidance has been received from Scottish Government and noted a progress update from NHS 24 is due to be submitted by 13 December 2019. Territorial Boards have been asked to submit their first draft in the same timescale to enable Scottish Government to review how they are working in alignment with National Boards. Ms Speirs noted the Strategy Review will run in alignment with this.
- 4.2.3 Scottish Government have requested that the workforce plan is more integrated and Ms Speirs advised that the Strategic Planning team will work with the Workforce & Organisational Development team to progress this.
- 4.2.4 Mr Webb referred to the discussion at the Board Development session regarding the Strategy Review, noting we were explicit in specifics and have we considered how we incorporate that detail into the Strategy Review.
- 4.2.5 As work on the Strategy Review continues, Ms Smith advised assurance is required that we are heading the right direction. A Draft paper on updated Strategy will be presented to the Board in December 2019 and then the emerging 3 Year Plan to the next Planning and Performance Committee in February 2020.

Action: Ms Speirs

- 4.2.6 The Committee noted the report for assurance.

4.3 Service Enabling Digital and Technology (SEDATe) Programme – Phase 1 Business Case

- 4.3.1 Ms Speirs presented the report to the Committee, in absence of both Chief Information Officer and Director of Finance & Performance.
- 4.3.2 Ms Speirs noted the SEDATe Programme will now be a regular update at this Committee and the planning cycle will be amended to reflect this.
- 4.3.3 Mr Togneri noted concerns, highlighted as a risk within the Business Case, on the level of technical support from January 2020 and storage of server elements beyond that date as detailed within the report. Mr Snedden confirmed support will still be available however, may not be as timely or at the level we currently have as accessing the parts required will be difficult.

Action: Ms Speirs

Mr Togneri asked if there is a specific risk relating to the catastrophic loss of patient data. This was confirmed, however the likelihood of the risk will change as we implement a new system.

- 4.3.4 Mr Snedden confirmed the longer the storage element is not replaced the greater the risk becomes however, Mr Snedden also confirmed our data is regularly backed up. Mr McCormick requested more information on the server challenges as NHS 24 will rely on these systems for at least the next 18 months. Mr Snedden confirmed servers will be replaced as part of phase two.
- 4.3.5 The Committee also indicated that it would be useful to have explicit monitoring in relation to the risk of data loss that may arise from the support from data

storage systems moving to a “best endeavours” position rather than explicit, time bound guarantees of repair. This will be captured within Phase one update to the Board in December.

Action Ms Gallacher

4.3.6 The Committee noted the report for assurance.

4.4 Service Model and Implementation Programme

4.4.1 Ms Phillips provided a verbal update to the Committee.

4.4.2 Ms Phillips provided an update on the implementation of the new service model, recruitment and Shift Review.

4.4.3 Ms Phillips confirmed that phase one of the Shift Review was implemented on 28 October 2019 and has been received positively by the majority of staff. There is a small number of staff with rotas still to be confirmed and Service Delivery and Human Resources are continuing to work through this process. Staff are remaining on their current rotas until a resolution is agreed.

4.4.4 Phase two will begin in the New Year and will include front line managers, dental staff and scheduled services. It was noted engagement for front line managers was completed in phase one.

4.4.5 Ms Phillips noted recruitment is ongoing with scheduled inductions to continue in January 2020. All front line staff are now recruited to NHS 24, rather than for individual services e.g. 111 service and GP Triage. This allows for more flexibility to allocate resources where there is demand.

4.4.6 Better Working Better Care continues to be tested across the contact centres at different times. Ms Phillips confirmed there are plans to run this model as a whole site in the New Year although more testing is still required. Mr McCormick asked what the impact of Average Handling Time will be as we move to Better Working Better Care and resolving call at first point of contact. Ms Phillips advised this will be affected depending on the number of call handlers on shift.

Dr Lamont noted resolving calls at first point of contact is the preferred method as it is clinically safer.

4.4.7 The Committee agreed it would be useful for Staff Governance Committee to receive early feedback from staff regarding their experience of the new shift system and the Better Working Better Care model rather than waiting for full evaluation to be available.

Action: Ms Phillips

4.4.8 It was noted the SAP system does not perform as well at Cardonald, as it does in other centres, as there appears to be network issues, which result in staff taking longer to access the system. Ms Phillips advised this will need to be monitored as staff numbers grow in Cardonald.

It would be useful for the Committee to receive information, when available, regarding the impact of network quality issues and user friendliness of the current software on Average Handling Time.

Action: Ms Gallacher

4.4.9 The Committee noted the report for assurance.

4.5 Mental Health Redesign

4.5.1 Ms Phillips presented the report noting key highlights.

4.5.2 Ms Phillips confirmed the Mental Health Hub has been in operation since April 2019, running three days per week. The service currently only runs until 2am however support at the weekend is being extended. The Hub manages 60% of calls without onward referral.

4.5.3 NHS 24 is on track and working collaboratively with Scottish Ambulance Service and Police Scotland. There is no facility to receive transferred calls from Police Scotland although there is a work around in place at the moment with an immediate call back from NHS 24. Discussions are ongoing to resolve this issue.

4.5.4 The Committee noted the report for assurance.

4.6 Estates Programme Business Case - Update

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

4.6.2 Mr Snedden advised there have been further negotiations between NHS 24 and Golden Jubilee National Hospital (GJNH) and GJNH have agreed a phased approach for NHS 24 to vacate the premises. It has been agreed that November 2021 is the latest date to vacate the contact centre however, access to the Boardroom, meeting rooms and headquarter space has been requested immediately.

4.6.3 It has been suggested to move our administrative staff into the contact centre space allowing GJNH to use the headquarter space although we will retain the offices until October 2020. As NHS 24 will have the contact centre space until November 2021 further discussion is required to decide if we vacate before that date and move to other premises. It was noted the exit dates are final although we can vacate sooner.

4.6.4 The Committee welcomed the opportunity for NHS 24 to extend/phase the NHS 24 egress from GJNH, noting that NHS 24 has agreed early access to some areas of the current footprint. This should confirm that if early egress becomes practicable and helpful to NHS 24 then this should be agreed by the GJNH.

Action: Mr Snedden

4.6.5 Mr Snedden advised three sites have been identified for relocation and The Estates Programme Board are evaluating the criteria before applying weightings. Ms Smith asked if we have more time to vacate could we use the opportunity to take more time to evaluate the options. Mr McCormick agreed it

would be helpful to have a longer timeline although queried what implications this has for Cardonald. Mr Snedden advised Cardonald lease timelines could align with the GJNH, although our future growth of services will have an impact on relocation.

- 4.6.6 Ms Smith queried if NHS 24 move to another location in an early timeline can we replicate the technology we have now as we move into phase two of the SEDATe Programme in a new environment. It is important that both programmes are in alignment and addressed together.
- 4.6.7 The approach to the Business Case was discussed and the Committee agreed NHS 24 should re-assert to GJNH and the Scottish Government our view that the cost of the NHS 24 relocation should be encompassed within the Golden Jubilee Business Case, rather than being a separate NHS 24 Business Case.
Action: Mr Snedden
- 4.6.8 The Committee agreed further discussion is required at Board level and a paper should be provided to the NHS Board setting out the additional approaches that may be considered in light of the potential to delay the removal of all NHS 24 staff from GJNH until 12 months later than was previously anticipated. This report should cover issues that will have an impact on staff, organisational growth potential, IT/SEDATe, wider Estates Strategy and financial implications, recognising the impact of spend falling in later or earlier years and the Scottish Government suggested possibility to use revenue budget rather than capital budget to fund the move.
Action: Mr Snedden.
- 4.6.9 The Committee noted the report for Assurance.

4.7 Communications Delivery Plan 2019-20

- 4.7.1 The report was taken as read and the Committee welcomed the quality and range of progress noting external endorsement.
- 4.7.2 The Committee noted the report for assurance.

4.8 Business Intelligence Update

- 4.8.1 Ms Speirs presented the report to the Committee noting key highlights.
- 4.8.2 Ms Speirs updated the Committee on the work progressing with Business Intelligence. Work on this was halted due to the Technology Refresh however, as we are now aware that SAP HANA will be out of support in July 2020, work is accelerating to create a new data model that will meet the needs of NHS 24.
- 4.8.3 A Programme Board is being established and is currently in the pre-project phase to assess the Terms of Reference and scope of the project.
- 4.8.4 The Committee noted the report for assurance.

4.9 Change Portfolio Update

- 4.9.1 Mr Carberry presented the report to the Committee noting key highlights.

- 4.9.2 Mr Carberry informed the Committee that the SEDATe Programme will now be part of the Change Portfolio Board.
- 4.9.2 As the Committee is aware, a recent internal audit on the Change Portfolio Board highlighted there was no Project Management Framework in place. This has now been developed and put into practice.
- 4.9.3 Ms Smith questioned the growth of GP Triage. It was noted some partners are not yet ready operationally. Mr Carberry noted there is growing confidence that the model is widely supported.
- 4.9.4 Mr McCormick asked if we can undertake preliminary assessment before we predict our future growth. Ms Foster advised predicted figures were previously based on assumptions with no confirmed sense of deliverability as we are working with individual businesses. Dr Lamont noted the work completed to date in this area cannot be understated.
- 4.9.5 The Committee noted the report for assurance.

4.10 Change Portfolio Board – role of P&P Committee

- 4.10.1 Mr McCormick asked the Committee for their thoughts on this becoming a standing item at this Committee for monitoring.
- 4.10.2 The Committee discussed this in detail and agreed the report and the dashboard were all informative. It was noted the dashboard was particularly helpful as it demonstrates the interdependencies and the impact they have on each other. Ms Smith noted the key milestones section provided timelines and it is important to see this information.
- 4.10.3 Mr McCormick asked if this should also be included on the Board Agenda. The Committee agreed this would be useful although the frequency of reporting should be considered.
- 4.10.4 The Committee welcomed the input regarding the Change Portfolio report and the appendix which brought together all projects with some detail of progress in a single spreadsheet. The Committee would welcome this paper to each Planning and Performance Committee and suggested this be included in the papers for the following NHS 24 Board meeting for wider member awareness.

Action: Ms Speirs

5. PERFORMANCE

5.1 Financial Performance Report to 30 September 2019

- 5.1.1 Mr Snedden presented the report to the Committee noting key highlights, providing an update on the October position.
- 5.1.2 Mr Snedden advised the October position has a surplus of around £1m. It was noted the surplus is driven by timing issues on elements such as recruiting and IT spend, and this provides added flexibility into next year.

5.1.3 The Committee agreed that it would be useful for the Finance Report to be written as a quarterly report rather than a single month of performance, to avoid undue focus that can arise within a single month.

Action: Mr Snedden

5.1.4 The Committee noted the report for assurance.

5.2 **Service Quality Report to 30 September 2019**

5.2.1 Ms Speirs presented the Service Quality Report and noted the key highlights for the Committee.

5.2.2 The report has been updated to include Performance at a Glance dashboard to draw out current status under the key actions. Ms Smith suggested adding quarterly data to the report and as a result the Committee agreed it would be useful for the report to be written as a quarterly report rather than a single month of performance.

Action: Ms Speirs

5.2.3 It would be helpful if the Committee could receive information on the capacity and training available within the complaints team.

Action: Ms Speirs

5.2.4 The Performance team are currently working on operational planning and the addition of more detail around shift adherence and planning.

5.2.4 The Committee noted the report for assurance.

5.3 **Workforce Performance Report**

5.3.1 Ms Docherty presented the Workforce Performance Report to the Committee noting key highlights.

5.3.2 Ms Docherty noted the addition of the workforce trajectory which will be included within the report going forward.

5.3.3 It was noted that the Attendance Management pilot in the East has now concluded and a report is currently being prepared.

5.3.4 The Committee welcomed the information on recruitment provided within the report and suggested it would be useful for this to include data on the number of recruits in the different stages of recruitment and induction.

Action: Mr Miller

5.3.5 As recruitment figures were discussed it would be helpful if the Committee could receive contextual and, if available, comparative information on staff turnover to allow an understanding about what an appropriate level of turnover might be for NHS 24. This information should recognise retirement, internal transfers and workforce demographics such as age and disability.

Action: Mr Miller

- 5.3.6 Ms Docherty advised there has been a positive outcome regarding the engagement index for iMatter and we are now currently working on action planning.
- 5.3.7 The Committee noted the report for assurance.

6. GOVERNANCE

6.1 Information Governance & Security Report

- 6.5.1 Mr Gibson presented the report to the Committee noting key highlights.
- 6.5.2 Mr Gibson noted:
- The paper previously stored at an external location has now been destroyed in compliance with destruction timelines.
 - Declaration of responsibilities for Information Asset Owners has been fully implemented, meeting previous recommendations in this area.
- 6.5.3 The Committee noted the report for assurance.

7. RISK MANAGEMENT

7.1 Corporate Risk Register

- 7.1.1 Mr McMahon presented the Risk Register to the Committee.
- 7.1.2 The Corporate Risk Register was discussed at the Audit and Risk Committee and it was suggested risks where scores are reduced remain on the Risk Register to be endorsed by the Committee and confirming they can be reduced/removed. This will also apply to this Committee.
Action: Mr McMahon
- 7.1.3 The Committee noted that the risk regarding system automation was being well managed in relation to clinical risk, also noting that the associated system inefficiency would be addressed through future ICT changes.
Action: For Noting

- 7.1.4 The Committee noted the register for assurance.

7.2 EU Exit Preparedness

- 7.2.1 Mr McMahon provided an update on EU Exit Preparedness.
- 7.2.2 Mr McMahon assured the Committee plans are in place and NHS 24 have an agreed position with Scottish Government around the use of telephony systems should they be requested.
- 7.2.3 The Committee noted the report for assurance.

8. WORKPLAN

8.1 Planning and Performance Committee Workplan

8.1.1 The Committee approved the workplan.

8.2 Integrated Governance – Items to exchange with other Committees

8.2.1 The Committee discussed issues that are required to be shared with other Committees and the following was agreed:

- The Committee would like to invite Ms Phillips to take to Staff Governance Committee an update on Better Working Better Care and the Shift Review on staff's experience of the implementation.

Action: Ms Phillips/Ms Kerr

- The Committee agreed that the Change Portfolio Board Programme should provide a quarterly update to the Board going forward.

Action: Ms Kerr

9. MATTERS ARISING FROM PREVIOUS MEETING

9.1 Review of Action Log

9.1.1 The Committee agreed actions 246, 259, 273, 274, 275, 276, 277, 278, 279, 280, 281, 282, 283, 284, 285, 286 and 288 recommended for closure can be removed from the action list.

The Committee agreed actions 235, 252 and 287 should remain on action list with an update for 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 12 December 2019.

Action: Ms Kerr

11. ANY OTHER BUSINESS

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

12. DATE OF NEXT MEETING

12.1 Date for the next meeting:
10 February 2020, 10am, Committee Room 1, Cardonald.

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