NHS 24   **22 MAY 2020**
PLANNING AND PERFORMANCE COMMITTEE   **FOR APPROVAL**
                                                                    ITEM NO. 3.1

Approved Minutes of the Planning and Performance Committee Meeting held on Monday 10 February 2020 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 (Teleconference)

In Attendance
Dr Martin Cheyne	Board Chair
Mr John Glennie	Non-Executive Director
Ms Angiolina Foster	Chief Executive
Ms Steph Phillips	Director of Service Delivery
Ms Margo McGurk	Director of Finance & Performance
Ms Ann-Marie Gallacher	Chief Information Officer
Dr Laura Ryan	Associate Medical Director
Mr David Miller	Director of Workforce
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 McMahon	Head of Risk & Resilience
Mr Sanny Gibson	Head of Information Governance (Item 6.1)
Ms Lynne Kane	Facilities Manager
Ms Suzy Aspley	Head of Communications
Mr Davie Morrison	Participation & Equalities Manager
Mr Joseph Markey	Staff Side Representative
Ms Brenda Wilson	Associate Director of Nursing & Care

Apologies
Ms Lynne Huckerby	Director of Service Development

Ms Smith opened and chaired the meeting for the initial items until Mr McCormick was able to join the session in person – his delay as the result of a road closure. Ms Smith welcomed members and attendees and in particular welcomed Dr Cheyne to his first meeting as Board Chair.

Apologies were received as noted above.

2. DECLARATION OF INTERESTS

2.1 Mr Togneri and Ms Smith advised that they are Non-Executive Board members with the Scottish Ambulance Service (SAS) and asked that this should be noted as the standing declaration.

Ms Foster declared an interest for Item 4.9 as Chair of the Major Incidents with Mass Casualties National Group.

Ms Wilson also declared an interest in the same agenda item as a member of the group.

3. MINUTES OF PREVIOUS MEETING

3.1 The minutes of the meeting held on 22 November 2019 were approved as an accurate record of discussions.

4 STRATEGY

4.1 Estates Programme Draft Business Case Phase 1

4.1.1 Mr Snedden presented the Draft Business Case to the Committee.

4.1.2 Mr Snedden explained an options appraisal has been completed with a focus on three sites. One option has been identified as the preferred option and Mr Snedden explained the details to the Committee. This option would incur costs however, funding discussions are in progress with Scottish Government as part of the Annual Operating Plan to securing funding.

4.1.3 It was noted that floor space at the preferred option is smaller than Clyde Contact Centre, however dual use of desk space will address this.

4.1.4 Mr Togneri queried if there will be facilities for a Boardroom at the site. Mr Snedden advised the site would provide enough space to incorporate this if required.

4.1.5 Mr Snedden asked the Committee for agreement to pursue this option.

4.1.6 The Committee welcomed the well-constructed Business Case and endorsed the recommendation in the covering paper that the preferred option should be progressed in the interim, to allow detailed financial negotiations, recognising that full approval will require to be considered by the Board.

4.1.7 The Committee welcomed the suggestion to include the rationale for progressing the Golden Jubilee National Hospital (GJNH) relocation as a standalone project rather including in the full estate reconsideration, acknowledging that the second phase of the estates programme would include that wider strategic review.

Action: Mr Snedden

4.1.8   The Committee suggested a more explicit reference on the move and consequential costs being attributable to the Scottish Government's acceleration of GJNH extension and not determined by NHS 24.

Action: Mr Snedden

4.1.9   The Committee suggested highlighting our already relatively low level space allocation per staff member as a viable reason to go forward with the larger site.

Action: Mr Snedden

4.1.10   The Committee noted the report for assurance.

4.2   2020/21 – 23 NHS 24 Operating Plan

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

4.2.2   Work has been ongoing on Strategic Objectives at Directorate level to confirm the Strategy. An update on progress will be presented at the March Board Development Session.

4.2.3   Ms Speirs noted the joint NHS 24/SAS EMT meeting was very productive and we have agreed narrative in several areas to align both Operating Plans.

4.2.4   Ms Phillips gave a presentation providing more context on revised workforce projections linked to proposed performance framework as explained in the plan.

4.2.5   Ms Speirs noted the draft plan will be submitted to Scottish Government tomorrow and we are expecting feedback in time for the March Board Development Session.

4.2.6   The Committee noted the report for assurance.

4.3   Connect Programme Progress Update

4.3.1   Dr Ryan introduced the paper and asked Ms Speirs to provide the update.

4.3.2   MS Speirs advised Phase 1 now has 5 operating work streams. Phase 2 is now underway and we are at the early stages developing the design principles.

4.3.3   Dr Ryan advised the tender for Programme Director has now gone live.

4.3.4   The Committee noted that balance is required for membership of both the Programme Board and the Technical Assurance Group. Confirmation has been received from external partners who have been involved with Scottish Government on the National Digital Platform.

4.3.5   Mr Webb referred to the comment "multichannel view" and suggested this be changed to "Omni channel view".

Action: Ms Speirs

4.3.6   The Terms of Reference are being reviewed to ensure inclusion of wider representation.

4.3.7   The Committee noted the report for assurance.

4.4   Communications Delivery Plan 2019-20

4.4.1   Ms Aspley provided a verbal update to the Committee.

4.4.2   Ms Aspley noted the success of the winter campaign and vast social media activity. Ms Aspley informed the Committee that NHS 24 were the best performing 'paid for' campaign over the winter.

4.4.3   It was advised a Senior Manager from NHS 24 supported NHS Greater Glasgow & Clyde over the festive period. Dr Cheyne asked if there are any learning points from the external support provided. Ms Aspley advised the benefits of working with territorial boards and will discuss further out with the meeting.

4.4.4   The Committee noted the plan for assurance.

4.5   Change Portfolio Update

4.5.1   Mr Carberry presented the update noting key highlights.

4.5.2   The update is to provide assurance on the degree of scrutiny and progress of current projects. Mr Carberry noted there are a number of projects at amber and red as timescales or budgets may not be met.

Mr McCormick noted the vast scale of the projects relative to the size and capacity of the organisation. Ms Foster advised not all projects have equal weighting and this will be addressed through the SPRA and Annual Operating Plan to ensure robust prioritisation.

4.5.3   The Committee welcomed the update and look forward to further discussion on the development of, and prioritisation within the programme at the upcoming Board Development Session, recognising the significant number and varied scale of the projects.

Action: All

4.5.4   The Committee noted the report for assurance.

4.6   EU Exit Preparedness

4.6.1   Mr McMahon presented the report to the Committee.

4.6.2   Mr McMahon advised there will be a planning event held on 21 February to consider the longer term impact.

4.6.3   The Committee noted this has moved to a watching brief in the short term, with a further update to be brought to the Committee later in the year.

Action: Mr McMahon

4.6.4   The Committee noted the report for Assurance.

4.7   Service Model and Implementation Programme

4.7.1   Ms Phillips presented the report to the Committee.

4.7.2   Ms Phillips advised further testing has been completed on the new supervision model running over a full week, including the weekend, which was very successful. This has provided further assurance that the Better Working Better Care model is robust and planning is now underway to transition fully to this model this year.

4.7.3   Ms Phillips confirmed Easter planning is underway and noted that the service access projections included were, therefore, only indicative at this stage.

4.7.4   The Committee noted the report for assurance.

4.8   iHart

4.8.1   Ms Phillips provided a verbal update to the Committee.

4.8.2   Ms Phillips advises iHart was being wound up as an organisation and will not continue due to dwindling membership. It was noted benchmarking within the United Kingdom will continue.

4.8.3   The closure of iHART was noted with some regret, however the ongoing opportunity for continued bi-lateral benchmarking and shared learning was welcomed by the Committee.

4.8.4   The Committee noted the update for assurance.

4.9   Major Incidents and Mass Casualties National Plan for NHS Boards and HSCP 2019

4.9.1   Mr McMahon presented the report to the Committee.

4.9.2   Mr McMahon advised NHS 24 have a wider role within this plan in the out of hours. A training and development session with Executive Management Team has been scheduled and will be reshaped to include CoronaVirus.

4.9.2   Dr Cheyne asked if NHS 24 is included in scenario planning with Territorial Boards. It was noted there is currently no direct request for our involvement as NHS 24 is not an identified category 1 responder, however Territorial Boards are all aware of our involvement.

4.9.3   Mr Glennie noted it is not explicit in the report what the telephony requirements are for NHS 24 as operating the helpline may have implications. Mr McMahon confirmed this would be requested from the Health Board with required information and that NHS 24 would require scripts and detailed specification before any helpline would be opened. Mr McCormick confirmed the need to be fully engaged in discussions should the situation arise and Mr McMahon confirmed that there are well-established processes in place

4.9.4   The Committee welcomed the thorough planning and it was suggested that the role of NHS 24 to establish and operate a helpline should be made more explicit in the report.

Action: Mr McMahon

4.9.5   The Committee noted the report for assurance.

4.10   Property and Asset Management Strategy

4.10.1   Ms Kane presented the report to the Committee.

4.10.2   Ms Kane advised National Boards have been asked to produce a collaborative report for Scottish Government. This was agreed at the National Board Collaboration where five National Boards will produce a report and National Services Scotland will collate and combine into one report. The completed draft collaborative report will be issued for comments prior to submission to Scottish Government.

4.10.3   Ms Smith noted the reference to SEDATe within the report. It would be useful to replace the reference to SEDATe with the updated term "Connect Programme" and thereafter the Committee endorsed the request that the well-constructed and thorough strategy be passed to National Services Scotland for inclusion in the combined submission, which will be for consideration by the NHS 24 Board in due course.

Action: Ms Kane

4.10.4   The Committee noted it would also be useful to get an understanding of the estate performance around utilisation as we move forward.

Action: Ms Kane

4.10.5   The Committee noted the report for assurance.

5.   PERFORMANCE

5.1   Financial Performance Report to 31 December 2019

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

5.1.2   Mr Snedden advised at the end of December the underspend was £1.1m, against a forecast underspend of £1m. It was noted we are expecting a significant level of spend in the last quarter although this is starting to filter through now. It was noted the surplus is driven by timing issues on elements such as recruitment and IT spend.

5.1.3   The Committee asked for continued focus on expenditure projections, especially on recruitment and growth in service development projects, to avoid continued underspending and a potential risk to future funding.

5.1.4   The Committee noted the report for assurance.

5.2   Service Quality Report to 31 December 2019

5.2.1   Ms Speirs presented the report to the Committee and was assumed as read.

5.2.2   The Committee welcomed the move to reporting by quarter rather than by month, however would request that the equivalent quarter for the previous year be included in the tables to allow for seasonal variations.

Action: Ms Speirs

5.2.3 The Committee noted the absence of the table within the Outbound Call-Back Performance section showing the number of callers contacted out with the 3 hours (P3) timeframe. It would be helpful if this is included in future papers.

Action: Ms Speirs

5.2.4 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 It was noted that there is planned development based on the Wellbeing and Attendance Management pilot in the Norseman, which will involve Cardonald and Clydebank centres.

5.3.3 The Committee noted an absence audit has been completed by internal auditors Grant Thornton which, although not highlighting any issues that we are not already aware of, nevertheless supports the need to focus on improving attendance management. This report will be presented to Audit and Risk Committee.

5.3.4 Mr Miller advised a recruitment drive with Universities has been positive with a great response. .

5.3.5 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 policy review has not yet been completed although there are three currently for virtual approval.
- Information and Security will be addressed by Grant Thornton.
- As a result of a Priority 1 it was noted we will have issues with SAP going forward if it is not upgraded.

6.5.3 The Committee noted the report for assurance.

6.2 Facilities Report

6.2.1 Ms Kane presented the report to the Committee.

6.2.2 Ms Kane highlighted the Property and Asset Management Strategy is aligned with this report.

6.2.3 The Committee noted the report for assurance.

6.3   PMO Audit Response

6.3.1   Mr Carberry presented the report to the Committee.

6.3.2   The purpose of the audit was to confirm the continued progress to deliver projects and improve processes.

6.3.3   Follow up to the audit will focus on capability and capacity, the function of the Change Portfolio Board and structure and reviewing corporate and financial processes across programmes.

6.3.4   The Committee noted the report for assurance.

6.4   Terms of Reference

6.4.1   Mr McCormick presented the Terms of Reference to the Committee.

6.4.2   The Committee agreed the Terms of Reference subject to the update of the term "STP" to "Change Portfolio".

Action: Ms Kerr

6.4.4   The Committee noted for approval.

7.   RISK MANAGEMENT

7.1   Corporate Risk Register

7.1.1   Mr McMahon presented the Risk Register to the Committee noting risks had been discussed under agenda items.

7.1.2   Ms Gallacher noted the likelihood of Risk RPND/025796 is expected to decrease from 3 to 2 although the impact will remain the same.

7.1.3   The Committee noted the register for assurance.

8.   WORKPLAN

8.1   Planning and Performance Committee Workplan

8.1.1   The Committee approved the workplan subject to the removal of the iHart agenda item.

8.2   Integrated Governance – Items to exchange with other Committees

8.2.1   Due to their greater relevance to other Committees the following matters were suggested for consideration by Chairs of other Committees. The following was agreed:

Clinical Governance Committee:
- Turnover, retention and consequent impact on the target operating model for Advanced Nurse Practitioners.

- Impact of proposed changes to KPIs on clinical considerations linked to monitoring of time for callers to wait for answer, or to be called back by the core 111 service.
- The implications on the high rate of abandonment regarding the average time to answer.

Staff Governance Committee:
- Staff absence rates.
- Recruiting progress and impact on prioritisation of associated projects on Change Portfolio.
- Staff turnover rates.
- Level of appraisal objectives agreed.

9.   MATTERS ARISING FROM PREVIOUS MEETING

9.1   Review of Action Log

9.1.1   The Committee agreed actions 287, 289, 290, 291, 292, 293, 294, 296, 297, 298, 299, 301, 303, 305, 306 and 307recommended for closure can be removed from the action list.

The Committee agreed actions 235,252, 295, 300, 302 and 304 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 27 February 2020.

Action: Ms Kerr

11.   ANY OTHER BUSINESS

11.1   CoronaVirus

11.1.1   Dr Ryan provided an update to the CoronaVirus.

11.1.2   Mr McMahon advised the relevant groups have been established according to the process and the helpline is up and running with relatively low volume at the moment. In the event the volume of calls increases, there is a plan to use non-essential staff to manage the helpline.

11.1.3   The screening process for staff returning from abroad will be aligned with SAS.

11.1.4   Ms Aspley advised information is available on the intranet and is downloadable.

11.1.5   The Committee were impressed on the work completed to date and is a good reflection of where NHS 24 is in the system.

11.1.6   Dr Ryan advised further updates will be provided until further notice.

11.2.   Ms Margo McGurk

11.2.1 Mr McCormick expressed the Committee's thanks to Ms McGurk as this will be her last Committee before going to NHS Fife, and wished her well.

There being no other business, the meeting was closed.

12.   DATE OF NEXT MEETING

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