

**NHS 24 BOARD
PLANNING AND PERFORMANCE COMMITTEE**

**19 AUGUST 2021
BD (2021 22) 020
FOR ASSURANCE**

**Minutes of the Planning and Performance Committee Meeting held on
Friday 7 May 2021 at 10.00**

The Committee is asked to approve the Minutes of the Planning and Performance Committee meeting as an accurate record of discussions.

1. WELCOME AND APOLOGIES

Committee Members

Mr Mike McCormick	Non-Executive Committee Chair
Ms Anne Gibson	Non-Executive Director
Mr John Glennie	Non-Executive Director
Ms Madeline Smith	Non-Executive Director
Mr Martin Togneri	Non-Executive Director
Mr Alan Webb	Non-Executive Director

In Attendance:

Mr Albert Tait	Non-Executive Director (observer)
Ms Maria Docherty	Director of Nursing & Care
Mr Jim Miller	Chief Executive
Ms Linda Davidson	Interim Director of Workforce
Ms Ann-Marie Gallacher	Chief Information Officer
Mr John Gebbie	Director of Finance
Dr Laura Ryan	Medical Director
Mr Damien Snedden	Deputy Director of Finance
Ms Paula Speirs	Interim Director of Service Development
Mr Kenny Woods	Employee Director (observer)
Ms Nicola Dawson	Head of Integrated Service Delivery (deputy)
Fred McCosh	Staff Side Representative (deputy)
Mr Graham Mirtle	Interim Head of Project Management Office
Mr Paul McLaughlin	Senior Performance Analyst
Mr Kevin McMahan	Head of Risk & Resilience
Ms Julie Thompson	Executive Assistant (Minutes)

Apologies:

Ms Suzy Aspley	Head of Communications
Dr Martin Cheyne	NHS 24 Board Chair
Ms Steph Phillips	Director of Service Delivery (deputy attending)
Mr Joseph Markey	Staff Side Representative (deputy attending)

Apologies were received as noted above.

Mr McCormick opened the meeting by thanking everyone for attending.

2. DECLARATION OF INTERESTS

2.1 No new declarations of interest were declared.

3. MINUTES OF PREVIOUS MEETING

3.1 The minutes of the meeting held on 11 February 2021 were approved as an accurate record of discussions.

4. STRATEGY**4.1 Change Portfolio Report**

4.1.1 The Committee noted the report for assurance.

5. PERFORMANCE**5.1 Performance Update (Inc. Corporate Performance Report)**

5.1.1 Ms Speirs introduced the agenda item to the Committee which included a brief summary of the Corporate Performance Report and a presentation on the newly established Productivity Improvement Programme (PiP).

5.1.2 Ms Speirs welcomed Mr Paul McLaughlin, Senior Performance Analyst to provide a verbal summary on the Corporate Performance Report, focussing on the key themes of performance during April 2021.

5.1.3 The Committee noted the highest ever call demand for the month of April and that the Average Time to Answer and Abandonment rates are at their lowest levels since November 2020.

5.1.5 It was welcomed that the average handle time for inbound calls was two seconds lower than March and also the 3rd consecutive month there has been a decrease.

5.1.6 Ms Speirs welcomed Mr Graham Mirtle, Interim Head of PMO to the Committee. Mr Mirtle shared a high level presentation on the newly established Productivity Improvement Programme (PiP). The purpose of the PiP Board is to:

- Act as a gateway to assess proposals for new projects according to the pipeline and governance process and ensuring appropriate involvement and liaison across Directorates;
- Act as a focus for supporting and facilitating the development of relevant productivity initiatives and service developments, consistent with the objective of delegating authority to Directorates, as appropriate.
- Identify and remove obstacles preventing or hampering successful implementation of agreed opportunities, including resolving any apparent conflict between projects within the Programme;
- Monitoring progress, providing guidance and direction to maintain the momentum of all improvement and productivity activities.

5.1.7 The Chair opened up discussion to the Committee. Discussions centered on virtual queuing, advantages and disadvantages of 'outbound' calling, handling times and attendance management.

The Committee noted the following;

- The inclusion of information on the wait time for callers in the 90th percentile was helpful and provided reassurance.
- It was noted that a significant amount of work was being undertaken to improve performance through the 'PiP'.
- A report was being compiled setting out the advantages and disadvantages associated with Service Delivery focused on resolving calls at first point of contact rather than prioritising rapid call answering and use of call backs, and this would be shared with the Board.
- The clinical risk associated with call backs was notably higher due to handovers this introduced.
- Any time consumed by call handlers and callers having to wait for clinical advice was being minimised and was notably offset by the value of avoiding the handover duplication and risk associated with call backs.
- The improved overall patient journey time associated with calls resolved at first point of contact but the need to recognise that prolonged waits to be answered were not a good experience and extended delay in answering could undermine the benefit of the reduced overall shorter patient journey - a balance is required.
- The focus on resolving calls at first point of contact had the support of clinical partners in other agencies as the better model for patient safety
- Performance information will increasingly have a future focus to advise on choices of approach.
- There was a welcome intention to develop a technique that would ensure that callers received a form of intervention that would at least provide them with an update or potentially a form of triage if they had waited 30 minutes for a response.
- A call back system introduced risk and inefficiency when the outbound call from NHS 24 could not get an answer from the person being called back (a fairly recurring issue in the past).

Action: Presentation to be assembled reflecting points made above and circulated to Committee / Ms Speirs

5.2 Workforce Performance

- 5.2.1 The Committee noted the report and requested the data within the report be updated to reflect this quarter.

Action: Ms Davidson

- 5.2.2 The Committee noted that Staff Governance were driving work to address the poor level of staff appraisal completion, noting the TURAS system was not correctly reflecting the actual level of appraisal completion due to system complexities.

- 5.2.3 The Committee noted that Staff Governance Committee and Clinical Governance Committee were working to improve and better manage the level of mandatory staff training completion.

- 5.2.4 Ms Davidson informed the Committee of the new appointment of the Head of Organisational Development, Leadership & Learning. This post will be responsible for supporting and encouraging completion of CPD's.

5.3 Financial Performance

- 5.3.1 The Committee welcomed the positive year-end financial projected position and improvements in levels of recurring funding. The Chair commended Mr Gebbie and his team for their work during a particularly complex year.

- 5.3.2 The Committee welcomed that the contract for the COVID helpline would provide for prompt ending of the service when this is appropriate.

5.4 Estates and Facilities Report

The Committee noted the report. The Committee welcomed the range of work completed within the Estates area.

- 5.4.1 The Committee welcomed the recognition achieved with Scottish Government and Greater Glasgow & Clyde on the need to recognise NHS 24 premises as essential infrastructure rather than administration buildings.

6. GOVERNANCE

6.1 Information Governance & Security update

- 6.1.1 Ms Gallagher provided a verbal update to the Committee noting nothing to report out of trends.

6.2 Information and Security Annual Report 2020/21

- 6.2.1 The Committee approved and welcomed the report for assurance.

- 6.2.2 The Committee welcomed the progress made and the appropriate, risk based prioritisation of training in this area as well as learning being accrued from other services in this area

6.3 Planning & Performance Committee Annual Report 2020/21

- 6.3.1 The Committee approved the report, subject to an addition of a reference to the fact that business cases had been scrutinised by the Committee.

Action: Ms Speirs

- 6.3.2 The Committee noted that it had more than the number of Non-exec members required by its terms of reference and that this would be addressed through the conclusion of the tenure of a number of members in the coming months.

Action: Chair / Ms Speirs

7. RISK MANAGEMENT

7.1 Corporate Risk Register

- 7.1.1 The Committee noted a Board Session on risk was scheduled, and that this could include consideration on how better to reflect the views and target dates associated with risk reduction and the anticipated timing of the impact of mitigating actions on likelihood of impact scores.

- 7.1.2 The Committee asked that consideration be given to adding a risk to the register regarding the level of incomplete mandatory training.

Action: DrRyan

8. WORKPLAN

9. MATTERS ARISING FROM PREVIOUS MEETING

9.1 Review of Action Log

- 9.1.1 The Committee supported the closure of all items recommended within the action log.

10. AGREED COMMITTEE HIGHLIGHTS TO THE BOARD

- 10.1 It was agreed that the list of key points from the meeting included Performance with an emphasis on Productivity Improvement Programme (PiP). The highlights will be submitted ahead of the next full NHS 24 Board meeting on 17 June 2021.

Action: Ms Thompson

11. ANY OTHER BUSINESS/DATE OF NEXT MEETING

- 11.1 No other business was raised.

12. DATE OF NEXT MEETING

- 12.1 Date for the next meeting:
9 August 2021, 10am via MS Teams

NHS 24 BOARD

PLANNING AND PERFORMANCE COMMITTEE- HIGHLIGHT REPORT TO BOARD

Purpose

1. The purpose of this report is to provide the NHS 24 Board with an update on key issues discussed at the Planning & Performance Committee meeting held 9 August 2021. Members of the NHS 24 Board will be invited to **note** the contents of the report.

Corporate Performance Report

2. The Committee received and discussed the Corporate Performance Report which provided an overview of performance across the organisation during the identified reporting period. The following key points were noted:
 - (i) 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.
 - (ii) The Committee noted that call demand during June 2021 was 169,108 which was 5% over forecast (160, 603) and the 6th busiest month on record.
 - (iii) 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 feasible to identify the location of service users, but it would require NHS24 to design and develop the appropriate software and that this would require to be aligned with national services.
 - (iv) 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 shown this would be a complex and IT resource hungry project that was not guaranteed to succeed and had therefore been paused to allow focus on other approved projects.
 - (v) The Committee were provided with an update on recruitment and were advised that the process to recruit to the new site in Dundee was on target, but that the organisation was moving to recruit additional posts.
 - (vi) Members discussed the impact of the Flow Navigation Centres (NFCs), and noted that there had been circa 12,000 referrals during the month of June. It was noted that whilst this demonstrated that the NFC 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.

- (vii) 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.
- (viii) 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 less impactful and significant.

Financial Performance Report

3. The Committee received the financial performance report for the period April 2021 to June 2021. 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.
4. The Committee was also informed of an update to the current finance plan, which noted that:
 - (i) An additional uplift had been received from SGHSCD to fund the pay award; and
 - (ii) Further clarity around initial assumptions around the recurring and non-recurring nature of allocations was outlined within the paper.
5. The Committee 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.
6. 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 ensured that efficiencies were spread evenly across the organisation.
7. 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.

Estates and Facilities Report

8. 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.
9. 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 delayed.

10. The Committee were informed that due to the volume of work currently underway within Estates, additional resource was required. The creation of a new post had been approved and would shortly go out to recruitment.

Remobilisation Plan

11. The Committee received the Remobilisation Plan Quarterly Update, which highlighted progress against the 2021/22 Remobilisation Plan (RMP3). Members noted the good progress which continued to be made here.
12. 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.

NHS 24 Procurement Strategy

13. The Committee received the updates 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.

Planning and Performance Risk Register

14. The Committee received the updated risk register and noted the significant progress which had been made on this.
15. 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.
16. 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 the Head of Risk and Resilience was presently engaging with other national colleagues in order to identify NHS 24's role, should a major incident occur.
17. The Committee requested that further consideration be given to the role of Staff Governance Committee in relation to risk # 038901 (Gaps in skill mix).

Information Governance and Security

18. The Committee welcomed the risk based prioritisation of training in this area 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).

Planning and Performance Committee Terms of Reference

19. 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.

Recommendation

20. Members of the NHS 24 Board are invited to **note** the above highlights.