

## NHS 24 BOARD

### Minute of the Public Meeting held Thursday 19 August 2021 at 1010am 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 Martin Togneri (Non-Executive); Mr Alan Webb (Non-Executive); Mr Kenneth Woods (Non-Executive); Ms Maria Docherty (Director of Nursing & Care); Mr John Gebbie (Director of Finance).

**APOLOGIES:** Mr Albert Tait OBE (Non-Executive); Dr Laura Ryan (Medical Director)

**IN ATTENDANCE:** Ms Suzy Aspley (Chief Communications Officer); Ms Pauline Docherty (Interim Director of Workforce); Ms Anne Marie Gallacher (Chief Information Officer); Ms Stephanie Phillips (Director of Service Delivery); Ms Paula Speirs (Director of Strategy, Planning & Performance); Mr Andrew Moore (Deputy Director of Nursing & Care); Mr John McAnaw (Head of Pharmacy); Mr Kevin McMahon (Head of Risk & Resilience) (*items #8.2, #8.3 and # 8.4 only*); Ms Gillian Phillips (Corporate Governance Manager (Clerk).

**OBSERVING:** Ms Carol Gillie; Ms Marieke Dwarshuis; Mr David Howe.

#### 1. Welcome, Apologies & Introductions

The Chair welcomed all Board members to the meeting and the apologies were **noted**. Members of the Board were advised that Mr McAnaw was attending the meeting in place of Dr Ryan and that Mr Moore was attending to speak to the items on Patient Stories and the Duty of Candour Report.

A particular welcome was extended to Ms Pauline Docherty, who was attending the meeting in her capacity as Interim Director of Workforce.

The Chair also welcomed Ms Gillie, Ms Dwarshuis and Mr Howe to the meeting. The Board were advised that they were attending the meeting in an observational capacity prior to formally taking up their respective Non-Executive roles on 1<sup>st</sup> September 2021.

The Chair also extended a welcome to members of the public who were observing the Board meeting virtually.

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

It was also noted that during this meeting, the Board had considered the future membership of NHS 24's Standing Committees following the appointment of three new Non-Executives. It was noted that the proposals contained within this paper had been **approved** by the Board and that these would be posted on the externally facing website in due course.

#### 2. Declaration of Interest

Ms Smith and Mr Togneri's standing declarations as Non-Executive Board members of the Scottish Ambulance Service (SAS) were **noted**. Ms Smith's declaration as the Head of Strategy & Innovation at Glasgow School of Art in addition to her Board membership

at the Digital Health & Care Institute were also duly **noted**. Mr Glennie's declaration as a Non-Executive Board members at Healthcare Improvement Scotland was also **noted** as a standing declaration.

### **3. Minute of the meeting held 17 June 2021**

The minute of the meeting held 17 June 2021 was **approved** as an accurate record

### **4. Matters Arising**

Members **agreed** that there were no other substantive matters arising from the minute.

### **5. Notes on any Other Business**

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

### **6. Chairs Report**

Dr Cheyne provided the Board with a high level overview of his activities during July and August which included:

- (i) Attendance at all NHS 24 standing committee meetings;
- (ii) Attendance at the NHS Scotland Event;
- (iii) Attendance at the regular quarterly meeting with the Chief Executive and Tim McDonnell, SG Director of Primary Care;
- (iv) Participation in and delivery of a final mentoring session;
- (v) Regular weekly meetings with the Chief Executive; and
- (vi) Regular fortnightly meetings with the Corporate Governance Manager.

The Chair's Report was **noted** by the Board for **assurance**.

### **7. Executive Report to Board**

The Chief Executive introduced the report and highlighted the sustained significant pressure across the health & social care system. It was noted that ED attendances remained high and that calls routed through established Flow Navigation Centres (FNCs) had accounted for circa. 60% of all ED outcomes in July. It was noted that whilst this demonstrated that the FNC process was working effectively from an NHS 24 point of view, it was nevertheless acknowledged that referrals were difficult to track once transferred to local health boards.

The Board were advised that Phase 2 of the Redesign of Urgent Care (RUC) programme was progressing as planned and initial meetings of identified workstreams had commenced in early August. It was noted that NHS 24 was represented on each of the workstreams and would co-chair the group examining the musculoskeletal (MSK) referral process.

The Board were reminded that COP26 was presently scheduled to take place in Glasgow from 1- 12 November 2021. It was noted that the event was likely to attract in the region of 500,000 visitors to the city and anticipated to place additional significant pressure on local and national services. The Board were informed that NHS 24 was undertaking relevant preparation planning in relation to the event and it was highlighted that that an internal planning group had been established which was linked to NHS Greater Glasgow & Clyde and further that NHS 24 were suitably represented on the national healthcare resilience planning group. It was also noted that an internal incident management training session, facilitated by the Head of Risk & Resilience was scheduled to take place 30 August.

Members of the Board cautioned that with the increase in local population and security measures in place, staff could experience challenges in travelling to work. It was suggested that this aspect is factored into future contingency planning work.

The Chief Executive noted that there continued to be a strong focus on corporate performance and that the gradual re-opening of the economy had seen anticipated spikes in demand. In light of this increase, the Board were reassured that recruitment was progressing at pace and Workforce were continuing to support the high-volume recruitment of Call-Takers and Clinicians for 111/ RUC.

The Board noted the update and welcomed in particular the news that NHS 24 staff had been offered the opportunity to participate in and complete a Professional Development Award in Telecare. It was unanimously agreed that this development presented a positive step forward in creating a robust and professionally recognised skillset.

The Board also welcomed the progress made on the COVID-19 Vaccination Programme, noting that 91% of NHS 24 staff had now received their first dose of the vaccine with 88% of staff having received both first and second doses.

The proposed imminent resumption of the Patient Safety Leadership Walkrounds was warmly welcomed by members of the Board. In response to a query, it was confirmed that it was intended that Non-Executive Board members would be included in these sessions, and that these would be undertaken in a safe, proportionate and measured manner.

Members welcomed the Executive Report and noted that it provided a rich insight into the quality of services and activities undertaken by the Executive Team and wider organisation.

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

## **8. Quality & Safety**

### **8.1 Patient Stories**

Mr Moore 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.

Mr Moore also highlighted a recent incident of positive feedback, received from a patient who had incurred an injury to her knee and had been routed to Minor Injuries where she had subsequently received prompt and efficient care and attention.

On behalf of the wider Board, the Chair expressed his thanks and gratitude to both patients for their willingness to share their respective stories and took the opportunity to wish them both well for the future.

Thereafter, the Patient Stories were **noted** for **assurance**.

### **8.2 Duty of Candour Annual Report**

Mr Moore introduced the report which outlined the key activities and developments relating to Adverse Events cases managed under the Duty of Candour legislation from 1 April 2020 to 31 March 2021. The Board were reminded that the completion of the report was a legislative requirement.

Mr Moore highlighted the incidents and described the lessons which had been learned and preventative measures which had been put in place in response to an unintended event which had resulted in death or harm as described in the Duty of Candour Act.

The Board were advised that the Duty of Candour organisational guidance had also been updated and was presented to the Board for completeness. It was noted that the report and guidance had been presented and discussed at the recent Clinical Governance Committee and that no substantive concerns or queries had been raised.

The Duty of Candour Annual Report was duly **approved** by the Board.

### **8.3 Corporate Risk Register**

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

It was noted that subsequent to the last Board meeting in June, all directorates had undertaken an in-depth review of their risks in order to ensure that they were reflective of the organisation's response to COVID-19 and the delivery of the Remobilisation Plan. The Board were advised that a close review of risk had been maintained throughout the pandemic and that the relevant risks had been considered and discussed in detail during the Board's committee meetings.

The Board welcomed the significant progress which had been made on the corporate risk register, particularly around the area of ICT risk and agreed that the mitigations and actions identified were appropriate.

In response to a query, Mr McMahon confirmed that the secondary committee for risk#4 would be altered to Staff Governance. Members of the Board agreed that given the nature of the risk, it was more appropriate for the Staff Governance Committee to monitor and receive assurance on this.

**ACTION** Secondary committee for Risk #4 to be altered to Staff Governance Committee. **L Ryan** **21 October 2021**

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

### **8.4 Strategic Risk Register**

Mr McMahon spoke to the paper, the purpose of which was to provide the Board with an update on progress on the mitigation and management of the organisation's strategic risk register.

The Board were advised that the EMT Risk & Opportunities Group had further reviewed the risk register as had been requested by the Board and following that review the register had been presented to the Audit & Risk Committee for their review. It was noted that the committee had recommended the risk register for onwards transmission to the Board and had signalled their broad contentment with the considerable progress which had been made.

The Board were informed that the Strategic Risk Register would continue to be reviewed and refresh in order to ensure alignment with the organisation's emerging RMP 4 plan and broader corporate strategy.

Thereafter, the Board **approved** the Strategic Risk Register.

## **9. Strategic Planning & Development**

### **9.1 Risk Appetite Statement**

Mr McMahon spoke to the paper, the purpose of which was to seek the Board's approval on the organisation's revised risk appetite.

The Board were reminded that discussion on NHS 24's risk appetite had taken place at the Board Workshop in May 2021. The Board had recommended that the risk appetite be reviewed in light of the ongoing pandemic and organisational priorities and the level of financial risk appetite could legitimately increase whilst maintaining sound financial governance.

The Board was informed that following a review by the EMT Risk & Opportunities Group, the risk appetite was considered to accurately reflect NHS 24's current position and risk profile. It was noted that the risk appetite statement had also been considered and subsequently endorsed by the Audit & Risk Committee.

Members welcomed the visual representation of the organisation's risk appetite and agreed that this was both helpful and effective.

Thereafter the Risk Appetite Statement was **approved** by the Board.

### **9.2 NHS 24 Procurement Strategy**

The Board received the updated strategy and were advised that a minor amendment with regards to the relevant legislation had been made to the document subsequent to its presentation to the Audit & Risk Committee in August.

The Procurement Strategy was **approved** by the Board.

### **9.3 2021/22 Finance Plan**

Mr Gebbie 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. The Board 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 the Board.

The Board was also provided with further clarity around initial assumptions on the recurring and non-recurring nature of allocations.

The Board 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.

It was noted that the Planning & Performance Committee had 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.

The Board welcomed the update and noted the significant progress which had been made

to the organisation's financial position. It was agreed that the submission of strong business cases to the Scottish Government had yielded positive results and a notable increase in the organisation's financial credibility.

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

#### **9.4 Progress Update on 2021/22 Remobilisation Plan**

Ms Speirs introduced the paper on Quarterly Progress against the 2021/22 Remobilisation Plan (RMP3). The Board 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 the redesign of urgent care on the organisation.

It was noted that the Scottish Government had recently issued guidance for RMP4, but that in practice would be an update on RMP3. The Board were informed that this requirement for RMP4 provided NHS 24 with the opportunity to consider progress against RMP3 and determine whether any refinements required to be made to the existing plan. It was confirmed that RMP4 would seek to encapsulate information around COVID resource and that this would be extended for the remainder of the year.

Thereafter, the update on the Remobilisation Plan was **noted for assurance**.

#### **9.5 Change Portfolio Update**

Ms Speirs spoke to the paper which provided the Board with a progress summary of the key programmes within the Change Portfolio. The Board were informed that work continued to align key programmes with the organisation's Remobilisation Strategy. It was also noted that a further, more substantive review would be undertaken following the development of the new corporate strategy.

It was noted that the Planning & Performance Committee had requested that specific consideration be given to the interface between strategy development and the role of the Change Portfolio Board.

Thereafter, the Change Portfolio Update was **noted for assurance**.

#### **9.6 NHS 24 Health & Wellbeing Strategy**

Ms Pauline Docherty introduced the paper which outlined NHS 24's proposed Health & Wellbeing Strategy. It was noted that the strategy had been presented and received endorsement at both the APF and Staff Governance Committee meetings.

NHS 24's commitment to providing a healthy working environment that supports, promotes and protects the physical and mental wellbeing of its employees was highlighted. It was also noted that the Health & Wellbeing Strategy had been developed to align with other key corporate strategies and plans and sought to complement the organisation's values.

The Board welcomed the action plan which had been developed along with the strategy and acknowledged the significant progress which had been made in key areas to date.

Thereafter, the Board **approved** the Health and Wellbeing Strategy.

### **10. Performance**

#### **10.1 Corporate Performance Update**

Ms Speirs introduced the Corporate Performance Report which provided an overview of performance across the organisation during July 2021. It was noted that the report had

been considered in great detail during the Planning & Performance Committee meeting which had taken place earlier in the month.

The Board were informed that the new proposed Performance Framework had recently received approval from the Health and Social Care Management Board and was now awaiting formal sign-off from the Cabinet Secretary. It was noted that the new framework would be reported against in the next reporting period and that in the meantime control charts had been added to the existing reporting framework, where appropriate.

The Board noted the continued demand for key services, particularly around COVID activity. It was acknowledged that the continued demand for service could in part be attributable to the *Right Care, Right Place* media campaign which had continued throughout July and which had placed a strong emphasis on the 111 call service.

It was also noted that the high levels of demand had coincided with the continuing challenges around availability of staff. In addition to the normal high levels of seasonal annual leave, the high volume of COVID related absence (staff isolating) had added to existing operational pressures. The Board were informed that COVID absence had reduced in August and that this had contributed to a much improved access performance at the start of the month.

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

### 10.2 Workforce Performance Report

Ms Docherty presented the Workforce Performance Report which provided an update on areas of workforce focus for Quarter 1. It was noted that the report had been considered comprehensively at the recent Staff Governance Committee meeting.

The Board expressed concern at the high number of leavers and discussed the benefits of a more consistent application of exit interviews to allow reasons for leaving to be more accurately determined and addressed.

It was noted that compliance with PDP completion was also low. The Board were reassured that action was being taken internally to encourage managers to have these discussions with their respective team members. It was nevertheless recommended that this was an area which would merit further scrutiny by the Staff Governance Committee and recommendations for improvement would be subsequently brought to the Board for consideration and discussion.

<b>ACTION</b>	Staff Governance Committee to scrutinise non-compliance with PDP requirements and propose recommendations for improvement to Board.	<b>P Docherty/ J Hepburn</b>	<b>16 December 2021</b>
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Thereafter, the Workforce Performance Report was **noted** for **assurance**.

### 10.3 Financial Performance Report

The Board received the paper and the Director of Finance 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.

The Board were also informed that NHS 24 had received indicative 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**.

## **11. Corporate Governance**

### **11.1 Approval of Extension to Internal Audit Contract**

Mr Gebbie spoke to the paper and noted that the proposals contained within this sought to extend the existing internal audit provider's contract by a further 12 months. It was noted that the proposal had been considered at the recent Audit & Risk Committee meeting where members had recommended it for approval to the Board.

The Board agreed that the current designated internal audit provider's contribution in providing independent assurance in respect of internal controls, risk management and governance had proven to be both considerable and beneficial during the existing contract period.

Thereafter, the Board **approved** the extension to the internal audit provider's contract for a further 12 months.

### **11.2 Terms of Reference**

The Chair spoke to the paper, the purpose of which was to seek the Board's approval to the current standing committee terms of reference (ToR).

It was noted that the ToR had been reviewed and updated accordingly by individual committees. In particular, the following changes were highlighted.

- (i) Planning and Performance Committee- Greater emphasis had been placed on the committee's responsibility for Cyber Security in order to satisfy recent internal audit and Networking and Information Systems Regulations 2018 (NIS-R) recommendations.
- (ii) Audit & Risk Committee - Reference to the committee's responsibility for recommending the Annual Report and Accounts for approval to the NHS 24 Board had also been captured.

Members were informed that a further more comprehensive review of ToRs was proposed to be undertake later in 2021 to align with the publication of the upcoming revised Blueprint for Governance and Once for Scotland templates.

Subject to a handful of minor amendments, the Board **approved** the terms of reference.

## **12. Board Standing Committees- Receipt of Minutes and Highlight Reports**

### **12.1 Clinical Governance Committee (Approved Minute 13 May 2021 and Highlight Report 12 August 2021)**

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

It was noted that the meeting held 12 August had included a deep dive into the changes which had been made within the Scottish Emergency Dental Service. The Board were informed that the presentation had made reference to adaptations made to the service during the pandemic and highlighted the use of Near Me technology.

Members were also informed that the Inequalities SLWG which had been commissioned by the Board had met twice and its terms of reference had been agreed. It was noted that an indicative review of the group's findings would be presented to the Board at its September workshop with a fuller report due in October. It was clarified that the purpose of the group was to consider and ultimately identify the most appropriate governance arrangement for participation, inclusion and equalities, particularly in relation to access to services. Members were informed that the SLWG would also consider governance of decision making in the design and development of policies, functions and services in relation to equalities and human rights.

The Board agreed that it was appropriate for the indicative findings and recommendations of the SLWG to be shared with the Integrated Governance Committee.

<b>ACTION</b>	Indicative findings and recommendations of Inequalities SLWG to be shared with the Board	<b>P Speirs</b>	21 October 2021
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### **12.2 Staff Governance Committee (Approved Minute 6 May 2021 and Highlight Report 29 July 2021)**

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

### **12.3 Audit & Risk Committee (Approved Minute 3 June 2021 and Highlight Report 5 August 2021)**

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

### **12.4 Planning & Performance Committee (Approved Minute 7 May 2021 and Highlight Report 9 August 2021)**

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

Following discussion, it was **agreed** that the format and structure of the committee highlight report should be kept succinct and should seek to cover the three key points covered during the meeting. It was agreed that the efficacy of this process would be checked again at the end of the calendar year.

## **13. Board Action Log and AOB**

### **13.1 Board Action Log**

The Board noted that all actions with one were considered to have been addressed and be noted as complete.

In relation to the one remaining open action (#744), it was noted that work on the Corporate Governance Framework was ongoing and would feature as part of the upcoming Board workshop planned for 18 November. It was noted that this time would be used principally to discuss aspects of Active Governance, the output of the review of the Blueprint for Governance. Members were informed that a meeting of the Corporate Governance Steering Group had taken place 11 August and further information about the Revised Blueprint for Governance was proposed to be cascaded to Boards in due course.

Thereafter, members **approved** the Action Log.

### **13.2 AOB- Valediction**

The Chair took the opportunity to express his thanks and gratitude to both Ms Smith and in absentia, Mr Tait. Members were informed that both Ms Smith and Mr Tait had joined NHS 24 in June 2013 and that their respective and individual contributions to the organisation had been considerable. The Chair noted the various (and numerous)

committees that both Ms Smith and Mr Tait had served on and the breadth of knowledge and set of skills they had both respectively brought to NHS 24.

The Chair added that Ms Smith and Mr Tait's contributions and commitment to NHS 24 throughout the pandemic and during a particularly significant and momentous period for NHS 24, which had included the introduction of in-hours service, the establishment of a dedicated COVID helpline, in addition to the Redesign of Urgent Care (RUC) programme had been greatly valued. It was noted that their knowledge, experience and expertise had helped NHS 24 to steer a particularly complex course over the last 18 months.

The Board warmly endorsed these sentiments and expressed their own thanks and gratitude to Ms Smith and Mr Tait for their contributions to NHS 24.

#### **AOB- Structure and Format of Meetings**

The Chair took the opportunity to remind members of the Board that standing committee meetings should aim to run for no longer than two hours, with the caveat of an additional half an hour if the committee was undertaking a deep dive exercise.

Members of the Board were also informed that in light of the easing of restrictions, Committee Chairs were welcome to canvass opinion as to how meetings should be held going forward. The Chair of the Board indicated that he was content for committee meetings to continue to be held virtually or where committee members were comfortable, these could begin to be held face to face. It was agreed that Committee Chairs would liaise with Ms Phillips with regards to this particular matter so that the appropriate arrangements could be put in place.

<b>ACTION</b>	Committee Chairs to consider future format and structure of committee meetings	<b>G Phillips/ Committee Chairs</b>	30 September 2021
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#### **14. Date of Next Meeting**

The date of the next Board meeting was confirmed to be Thursday 21 October 2021.

