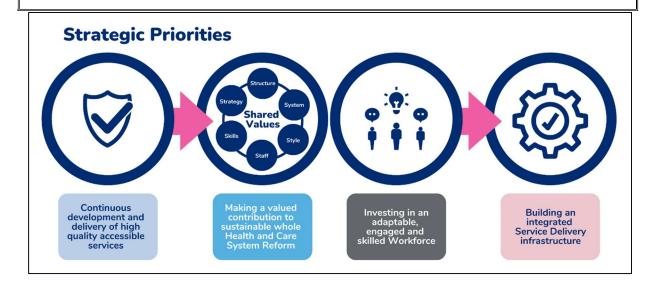


NHS 24 BOARD MEETING 28 APRIL 2022 ITEM 07 FOR ASSURANCE

EXECUTIVE REPORT TO THE BOARD

This paper provides an overview of progress on the high-level issues associated with the delivery of the NHS 24 2021/22 Remobilisation Plan, since the last Board meeting.

Executive Sponsor: Executive Team



1. INTRODUCTION

1.1. The format of this report positions updates against the four agreed strategic priorities identified within the NHS 24 Operating Plan 2020/21-23.

2. CONTINUOUS DEVELOPMENT AND DELIVERY OF HIGH QUALITY ACCESSIBLE SERVICES

2.1. Organisational Contribution of Health and Sports Committee March 2022

Evidence was presented on behalf of NHS 24 to the Scottish Government's Health and Social Care Committee on "alternative pathways to primary care" for 22/03/2022. There was recognition of the ongoing and potential future contribution of NHS 24 building on digital ways of working, which would be whole system coordinated.

A successful joint medical review of Flow Navigation Centre referrals from NHS 24 by SAS/NHS 24/NHS Tayside has been completed. This will support a standardised approach to undertaking similar reviews which can



be replicated across other Boards, ensuring NHS 24 participation in the process and provides a valuable feedback mechanism to aid both internal education and service development, as well as strengthening national visible collaboration.

2.2. Patient Safety Leadership Walk Round

A pilot engagement session with Nursing & Care via MS Teams took place on 9th February. This session focused on staff engagement with the Executive Team in the form of the Chair, Chief Executive and three newly appointed Non-Executive Directors. The session was supported by the Communications Team.

Two surveys were compiled by the Communication team to gain feedback on how the session went and for future recommendations as to the suitability of this method on a national basis.

The first survey focused on the Executive attendees. Feedback advised that the session went well and staff were well prepared. They valued the ability to meet people via MS Teams and appreciated the whole directorate attending. Feedback commented on the ability of this method to reach a wider audience.

It was acknowledged that for future sessions, smaller groups would enable conversation to flow and more mutual engagement. This would also allow the staff time to ask questions and raise issues. All valued the briefing pack provided, which provided enough information to start the conversations.

Thirteen attendees from the N&C Directorate completed the survey. All found the session informative. Seven respondents found the session relevant to their role with nine strongly agreeing that they valued the engagement opportunity.

All attendees concurred with the Executive Attendees in that the session went well and valued the input from all with appropriate questions being asked. They agreed the session involved an opportunity to raise awareness of the different roles within each team and it was good to put a face to a name. Many team members had not had the opportunity to engage at this level before.

Recommendations are currently being discussed in regard to how we can roll this format out on a national basis.

2.3 Estates

The Estates Strategy, signed off last summer, has entered its final stage of implementation. Dundee is now fully up and running with minor snagging



works being completed in April. Lumina ground floor is now open for business, providing additional capacity in time for Easter, with the Boardroom due to be fitted out this month.

In addition, the Executive Office refresh and the Cardonald LED lighting upgrades have been completed.

The Estates team have worked tirelessly over the last year opening three new sites (Lumina, Aurora and Caledonian House), decommissioning two (Lightyear and Golden Jubilee) and reconfiguring work at Cardonald and Norseman. This was in addition to BAU activity ensuring all compliance works and training are kept up to date.

2.4 Connect

The Connect programme Reporting Stack technical go-live approaches work continues to prepare for the Clinical Stack upgrade. As part of our due diligence on the plans, a recent meeting of the Technical Assurance Group was convened with representatives from other Boards and Scottish Government e-health. NHS 24 presented on the work undertaken to date, and the processes in place for future implementation, as a sense check of our plans. The group were impressed with the planning in place, with no areas for concern. They recommended we share our processes with other boards as a demonstration of good practice.

2.5 Workforce

Corporate Stakeholder Engagement Framework: A significant programme of work is underway to review and strengthen all aspects of corporate stakeholder engagement as NHS 24 shifts into a new phase of pandemic recovery, operating in a different landscape with re-defined priorities, changed expectations and new ways of working. This work is being carried out by HR, the stakeholder engagement and communications teams.

EMT has approved a framework which sets out a clear, high level and enduring approach within which NHS 24 can develop an increasingly effective and appropriate means of engaging with its many stakeholders, both internally and externally, in ways which meet their needs and expectations and ours. Regular reporting and engagement of the Board is proposed to ensure alignment with objectives and strategic priorities.

2.6 Widening access

Changes have been implemented to the Interactive Voice Response (IVR) messaging intended to provide improved access for people who require to use the Language Line function when calling the 111 service. This includes 6 community based languages: Polish, Arabic, Mandarin, Spanish, Romanian, Kurdish and a route to other languages not listed. As part of the organisational



response to the humanitarian crisis in Ukraine, agreement has been reached to also introduce Ukrainian.

2.7 Easter public communications

The national Easter health campaign, delivered by NHS 24 on behalf of NHSScotland began in March with an initial burst of digital and radio activity supported by Scottish Government surplus. The Easter iteration of 'Healthy Know How' was started at the end of March and ran for 2 weeks across radio and digital with outdoor advertising booked for 3 weeks. This activity has been supported by media relations activity which was widely picked up, and organic social media across all NHS 24 channels.

3. MAKING A VALUED CONTRIBUTION TO SUSTAINABLE WHOLE HEALTH AND CARE SYSTEM REFORM

3.1. Enable community access and timely response for Urinary Tract Infection

The Associate Clinical Director is providing ongoing influence, through membership of the Pharmacy First Advisory Group. Currently processing comments made by Scottish Antimicrobial Prescribing Group (SAPG) on the proposed revision of inclusion/ exclusion criteria for the Patient Group Direction for Urinary Tract Infections used in community pharmacy. Revision of the PGD is imminent, with implementation following soon after. This will benefit NHS 24 and allow more direct referrals to community pharmacy as well as volumes of calls being managed in the community. UTI is one of our most frequent call reasons.

3.2. Enabling NHS 24 to increase digital prescribing as part of national digital prescribing pathway development

The Medical Directorate attended the Digital Prescribing and Dispensing Pathways (DPDP) Clinical Advisory Group (CAG) which had its inaugural meeting at end of January 2022. NHS 24's requirements regarding digital prescribing are being presented at the national Clinical Advisory Group and will enable prescribing pathways and the use of digital signatures for remote prescribing for NHS 24. This is supported by Three SG-sponsors (Medicines and Pharmacy, Primary Care, Digital.) Digital prescribing will align with our clinical strategy digital intent to deliver services without recourse to onward referral and will deliver a safe and effective, more timely patient journey.

3.3. COVID-19 National Response

The risks and opportunities group provided feedback to key stakeholders including sponsors to ensure a high quality process for amendments to the national pathway including the 111 clinical line provision.



3.4. Advanced Practice

Key stakeholders have developed a discussion paper which outlines a proposed multi-disciplinary strategic approach for advanced clinical practice. Feedback will be used to shape a strategic plan before the end of March 2022. A session has now taken place with Service Delivery Colleagues regarding Advanced Practice. An action plan is in progress which will show the planned progression of the ANP skillset and their added benefit.

3.5. Mental Health

A scoping exercise in early 2021 on meeting the needs of people with Learning Disabilities and/or Autism within NHS 24 was conducted. The Lead Nurse for Mental Health and Learning Disabilities presented a paper with recommendations to the Executive Management Team (EMT). The EMT agreed to the development of the role of Senior Nurse for Learning Disabilities to take forward the recommendations to fulfil the NHS 24 strategized approach. The post holder should take up their role in June 2022 for a one year fixed term contract.

NHS 24 now has Mental Health Nurse Practitioners within Police Scotland. This is a further development to the collaborative pathways. This is an initial Test of Change to enable ongoing real-time development of the model of practice with robust governance and continuous evaluation.

The Mental Health Leadership Team have continued to engage with NHS Tayside throughout the recruitment for and development of the Mental Health Hub with the NHS 24 Dundee site. There is an interest in shared posts within both NHS Boards which are being considered by workforce leads.

The Lead Nurse for Mental health and Learning Disabilities has been working with the Medical Director to develop the role of Consultant Clinical Psychologist for NHS 24 and a recruitment process is now under way.

3.6 Children and Young People Steering Group

The Children and Young People Steering Group first meeting is set to commence April 2022. This group will support the work of The Children and Young People (Scotland) Act 2014 which addresses a range of areas relating to the wellbeing of children and young people and contains a number of provisions and duties that apply to health boards.

4 INVESTING IN AN ADAPTABLE, ENGAGED AND SKILLED WORKFORCE

4.1 Risk and Resilience Awareness and Training

In recognition of the importance of a robust risk and resilience approach, a refreshed resilience training & exercising schedule for 2022/23 for the EMT



and senior managers is being developed. This will include a blend of in person and e-learning training and exercises.

4.2 Flu Vaccination Programme 2021/22

The 2021/22 Flu Vaccination Programme, which ended in January 2022, has seen 54.6% of NHS 24 staff receive the flu vaccine. This figure includes staff vaccinated at our in house clinics and where staff have informed us that they have been vaccinated externally.

4.3 COVID-19 Booster Programme

The 2021/22 COVID-19 Booster Programme, which ended in January 2022, has seen 56.3% of NHS 24 staff receive the COVID-19 booster. This figure includes staff vaccinated at our in house clinics and where staff have informed us that they have been vaccinated externally.

We continue to ask staff to advise us if they have had received their COVID-19 booster or flu vaccine out with NHS 24.

4.4 Lateral Flow Device Testing

Implementation of guidance back to twice weekly LFD testing for healthcare workers.

Communications have been delivered to staff to advise of the change and encourage more people to take part in LFD testing.

4.5 Infection Prevention Control

We continue to deliver robust IPC across all of our centres. Key work includes:

- Implement healthcare worker self-isolation exemption guidance dated 17th December 2022.
- Continue to ensure NHS 24 are compliant with the Scottish National Infection Control Manual.
- Assist Service Delivery with COVID-19 cluster/outbreak management and reporting to local Health Protection Teams.
- Carry out unannounced IPC audits within the main NHS 24 centres.

4.6 Workforce

A new approach to strategic workforce planning has been developed which includes all resourcing and reporting. An establishment control process and panel has been set up to oversee all establishment management, forecasting, job grading and redeployment. It will also ensure effective future forecasting to



underpin the next recruitment planning cycle. As the work matures, it will move to provide oversight and guidance on the introduction of new skillsets and influence the future of training.

4.7 Recruitment

Recruitment continues to be a priority as there are still a number of vacancies across NHS 24. To improve the approach to resourcing, a root and branch review of recruitment and retention is underway to transform the recruitment journey of staff at all levels. Work streams include developing our employer brand, creating our attraction strategy and promoting NHS 24 in the labour market. We are working with partners to access different feeder routes such as armed forces service leavers and veterans; youths including care experienced young people; retiree returners as well as minority groups to transform the demographic of the workforce to better reflect the communities of Scotland.

4.8 Attrition and Retention

Attrition and retention are influenced by many different factors and highlights the need for all stakeholders 'to work together' to increase their commitment to each other and to take ownership for the contribution they play in the 'journey' to reduce attrition and improve retention. EMT have approved an action plan to improve retention including: hiring the right person, first time; developing on-boarding practices and analysing why people stay and leave. This will be implemented in 2022.

4.9 Talent Identification Process

A new Talent Identification process has been introduced and the first exercise at sub Director level completed. The results of this will inform the sponsored nominations for 2 national leadership programmes, namely 'Aspire' the new Systems Leadership across Health and Social Care Programme and 'Leading for the Future'. This process will be rolled out further in the organisation over 2022 and utilised for future nominations to national programmes across all levels of leadership in NHS 24. Talent, Succession and Leadership development progress in NHS 24 will be shared with Staff Governance Committee.

4.10 Management Essentials Programme

The new Management Essentials Programme is in final build stage. An initial Pilot will commence on 24th May and complete on 16th June 22, after which a dynamic evaluation will be undertaken. It is anticipated that full rollout will commence in late June and the retrospective upskill to all line managers, up to and including Band 7, will be complete by November 2023. Key programme phase updates will be shared with Staff Governance Committee



4.11 Attendance Management

A new Attendance Management Plan is currently being developed and this will link in with the reviewed Health and Wellbeing Strategy.

- Over the past few months attendance has improved and sickness absence is currently 7.11%. Reviews are underway on how support is provided to frontline managers going forward. This will involve:
 - Monthly absence review meetings with Directors/HOCs
 - Monthly case study/levelling session
 - Delivery OFS AM training sessions to all new line managers
 - Refresher sessions on eESS
 - CPD session on Stage 3 preparation and report writing
 - Access to an HR representative in advance of any formal meeting to run through their case
 - Provision attendance performance dashboards by area.
 - o The Wellbeing Team Managers will still schedule and co-ordinate
 - New manager essentials programme will cover format of formal meetings and interaction with a Trade Union Representative

5 BUILDING AN INTEGRATED SERVICE DELIVERY INFRASTRUCTURE

5.1 Decommissioning of National COVID Pathway

NHS 24 has delivered access to the COVID assessment infrastructure since 23rd March 2020, where callers with symptoms of COVID have contacted the 111 service for initial triage and, where necessary, onward referral for telephone or face-to-face assessment. In line with easing of COVID restrictions and Scottish Government policy, this pathway was formally decommissioned as of 1st April 2022. Normal out of hours processes remain in place, however, in hours, responsibility for the management of care for patients has reverted back to primary care; as such, callers to 111 in hours will be given self-care advice or advised to contact their own GP.

NHS 24 supported public communications with the development of content to signal the change.

6 CONCLUSION

Members of the Executive Management Team will be happy to provide further detail or answer questions in relation to any of the content of this paper.