

**NHS 24  
BOARD MEETING**

**27 APRIL 2023  
ITEM 7  
FOR ASSURANCE**

## **EXECUTIVE REPORT TO THE BOARD**

This paper provides an overview of progress on the high-level activity associated with the delivery of the NHS 24 2022/23 Strategic Priorities and developing NHS 24 corporate strategy.

**Executive Sponsor:** Chief Executive

### **1. INTRODUCTION**

- 1.1. The format of this report provides updates against the agreed strategic priorities for 2022/23. NHS 24 is developing its new strategy from 2023 and this report will provide an update on progress against that strategy to the Board.

### **2. URGENT & UNSCHEDULED CARE**

#### **2.1 Supporting the delivery of urgent and unscheduled care**

##### **Advice and Refer (A&R) Protocols**

- 2.1.1 A cross-functional has worked at pace to successfully deliver this project in an 8-week period so that the new protocols were rolled out prior to the Easter Weekend. Training was designed, clinical assured, and was rolled out over March, and by the end of the month 96% of our call handlers (654 of 681), 98% of our team managers (82 out of 84) and 100% of our training advisors (13 out of 13) were trained in the new protocols. As training was completed the new protocols were then put into use. Since implementing the new protocols, the average talk time for these call types has been reducing in line with the rollout of trained Call Handlers. Overall, 111 service AHT remains a focus, however the average talk time for A&R continued a downward trend. As additional keywords are added to A&R and the number of records handled this way increase, it is hoped that an improvement in average time to answer and overall AHT will be realised. Staff have responded to this initiative very positively.
- 2.1.2 Further clinical keywords have been developed for implementation and initial handling times for clinical keywords already launched appear significantly reduced and have provided a better patient experience for the caller and improved service efficiency.

## **Redesign of Urgent Care**

- 2.1.3 NHS 24 is supporting the Scottish Government led evaluation of the redesign of urgent care programme. Specifically, this will involve surveying over 3,000 patients who have accessed the pathway through 111 to evaluate both outcomes and experience. The survey work is due to commence in April with follow up focus groups and discussions with health boards and patient representatives to evaluate the end-to-end patient journey. Previous interim reviews of the pathway have focused on access to 111 disproportionately, where data at flow navigation centres has been incomplete or inconsistent, however, the expectation is this evaluation will look to understand outcomes and patient behaviour across the full pathway.

## **Redesign of Urgent Care MSK (RUC MSK) workstream**

- 2.1.4 As previously reported, an analysis of NHS 24 musculoskeletal (MSK) data has been carried out as part of the Redesigning Urgent Care MSK (RUC MSK) workstream. We are currently working with Scottish Government to finalise and publish this report. An update from Scottish Government is awaited after which approvals will be sought from the MSK Workstream Core Group prior to final publication.

## **Mental Health Programme**

- 2.1.5 Recruitment for the MH Hub in Cardonald and Dundee continues via various routes to help attract suitable candidates, against a backdrop of high demand for all of our MH services. Funding discussions with Scottish Government have been resolved positively, with an agreed revision of target PWP numbers as a result of a number of improvements to the service which have streamlined call handling processes and reduced average handling time.
- 2.1.6 An SMS patient survey tool is being developed with a test of change planned. This involves sending a survey link via SMS to patients who have used the service to obtain their feedback. It is hoped to have the survey tool under test in April, which, if effective, would enable broader application for patient feedback.
- 2.1.7 The evaluation of the Police Scotland collaboration work which ended on 8 December 2022 continues, with the report due in Spring. This feedback will assist in shaping and developing the next phase of the collaboration work. Agreement has been reached within the strategic steering group for the collaboration to continue with an enhanced capacity within the MHH where this has proved more effective than placing MHNPs within Police Scotland contact centre. Whilst there have been demonstrable positive outcomes, the scale of input is shown to be greater where capacity within the MHH allows

for increased referrals from Police Scotland against a reduced number dealt with at source.

- 2.1.8 Mental Health Nurse Practitioners will be involved in helping to shape the Phase 1+ model with support from within the three Police Scotland Service Centre sites. MHNP expertise will also be used to assist in the development of further risk assessment tools and the content of training to support Service Advisors in the early transfer of MH calls. This approach will not involve any clinical assessments by the MHNPs at Police Scotland sites.
- 2.1.9 A further marketing campaign is planned to run through to the end of March raising awareness of the Surviving Suicide Thoughts (SST) content on NHS inform. A formal commission from Scottish Government for phase 2 of SST is expected. Discussions are also underway for phase 2 of the Mind-to-Mind microsite. Work continues as part of BAU to update the videos and content. Work has also commenced on developing and enhancing the signposting of other resources such as Sleepio and Daylight.

#### **Forensic Medical Examinations (FME) Self Referrals**

- 2.1.10 The service has now been operational for a full year with a call demand of 580 calls, and 403 records sent to the National Hub. There has been ongoing collaboration with the Hub which is operated by NHS Ayrshire & Arran. The strong working relationship that has developed ensures calls are processed timeously and effectively, with monthly meetings to monitor and manage the process.
- 2.1.11 The post launch developments have been introduced and reports now include the gender of the caller. This first year 84% were female, 9% male and the remaining 7% unknown.
- 2.1.12 Scottish Government has published their evaluation report and discussions are ongoing with SG regarding the 2023 – 2024 budget.

#### **UK Government Emergency Alerts Test**

- 2.1.13 As part of the UK Government's Emergency Alerts test at 3pm on 23 April 2023, we are preparing a range of communications to support our staff and our patients. For our staff, the messages will provide clear information for those who are on shift to ensure their mobile is either switched off or on airplane mode to ensure the test-siren is silenced. For our patients, communications are working with ICT and Service Delivery colleagues on guidance for those who may be in call when the alert is sounded. An initial communications on this was included in our 17 April edition of Team Talk and provided a link to the [UK Government's Emergency Alerts](#) information page.

### 3. WORKFORCE

#### 3.1 Developing & empowering our workforce

##### Recruitment Forecasting

- 3.1.1 A Recruitment Forecasting Group has been established to develop a 12-month plan for recruitment for the period April 2023 to March 2024. The integrated plan covers resourcing, recruitment and practice education and training. Adopting this approach will allow lead-in time to work with employability partners as well as engaging with ethnic minority communities to support our role as an Anchor Institution.

##### Attendance Management and Health & Wellbeing

- 3.1.2 The updated Attendance Management and Wellbeing Action Plan has been signed off and is being implemented. The team are working with the Communications Team to ensure that this work is linked with the new Staff Experience Groups. Employee Relations continue to support managers to manage attendance management through the Management Essentials Programme as well as providing local support, training, and development plans. The team have recently applied for and gained recognition as a Carer Positive Engaged employer. A paper will be presented to the Staff Governance Committee on this along with the plan to maintain this award within NHS 24.

##### Industrial Action Update

- 3.1.3 The current Joint Industrial Action Group has stood down as the pay deal for 2023/24 has been accepted by all Trade Unions.

##### Strategic Review of Recruitment

- 3.1.4 As part of the Executive Portfolio Review, it was agreed that recruitment for frontline staff would be transferred from Service Delivery to the Workforce Directorate to enable the development of a single 'area of expertise' to deliver resourcing and onboarding. As a result, an external resource, Change Recruitment Group, were procured in October 2022 to undertake a strategic review of recruitment. The outcome of the review was to propose a new recruitment model that could work across NHS 24. The review was concluded in March 2023 with the new model to be implemented in a phased approach from April 2023. Overall, the new model proposed consists of three stages – an initial telephone interview to support engagement, understanding and potential; introduction of NHS 24 - Living the Values online assessments including situational judgement, behavioural and

multitasking skills, and lastly, a revamped face to face interview which aligns with the values and defined competencies.

### Joint Roles

3.1.5 Initial discussions have taken place with two territorial boards to consider the potential for joint roles. In March 2023, the EMT approved a paper outlining a test of change where clinical staff would work for NHS 24 and for a territorial board. Staff would undertake shifts for both organisations as part of the blended model's commitment to meet future workforce requirements. The proposed pilot will initially be in place for 12 months and will be undertaken on the following basis:

- 4 x Band 6 Clinical Supervisors for the 111 service
- 4 x Band 6 Mental Health Nurse Practitioners

3.1.6 All eight will be recruited on a full-time basis with each nurse working 50% with their substantive board and 50% within the host board under an honorary contract agreement.

### Digital Approach

3.1.7 The new Learning Management System (Learning Pool) is within the implementation phase. This system will bring next generation learning into the organisation such as Gamification, AI customised learning content, virtual classrooms and a constantly refreshing CPD collection for digital self-directed learning on demand.

3.1.8 Review of existing workforce processes has been completed, and a plan is in place to automate as many of them as possible, using M365 tool 'Power Automate'. This will release staff capacity to concentrate on more added value work.

### Leadership

3.1.9 OD, Leadership and Learning are working closely with Connect Three to develop the Senior Leaders and Middle Leaders Programmes. Engagement has taken place with various stakeholders and groups across the organisation to help shape the design, ensuring the programmes fully meet the needs of NHS 24 leaders now and in the future.

### Induction

3.1.10 The first 'All Staff' NHS 24 Induction Programme Session was delivered on 3 April 2023, a demonstration of which was provided to Staff Governance

Committee members on 30 March 2023. Evaluation of the programme will be ongoing and reported through the Staff Governance Committee.

### Appraisal

- 3.1.11 The new approach to appraisal, moving from a 12-month rolling window to a phased fixed window, to ensure strategic alignment with the Organisational Strategy and Priorities, commenced on 1 April 2023. Progress will be reported to the Staff Governance Committee through the Quarterly Workforce Report.

### Raising Awareness of Religious and Cultural Occasions

- 3.1.12 The Associate Medical Director (General Practice) recently worked with NHS 24 Comms Team to produce a video about Ramadan, to increase awareness among colleagues regarding other religious/cultural occasions. This is informed by their lived experience, and it also demonstrates to all citizens our commitment to supporting the full range of diversity across our communities in Scotland.

## 4. SUSTAINABILITY & VALUE

### 4.1. Delivering enhanced ICT & digital capability

#### NHS 24 App

- 4.1.1. The NHS 24 Online App has been iteratively developed to bring in additional functionality to enhance the user experience. The minimal viable product version was released in early December 2022 with additional winter related self-help guides added in February 2023. The full version of the app was released on 3 April 2023 and includes the following:

- Additional self-help guides are now available within our Chatbot.
- Push Notifications – users receive alerts from NHS 24 even when the app is closed.
- Improved language line signposting.
- Layout and usability improvements.
- Toggle Open/Closed Locations of Care within the 'Find My Nearest' feature.
- Improved directions information when searching a Location of Care.

#### Virtual Queues

- 4.1.2 Provision of Virtual Queue (Ring-back) facility within the contact centre system has been deployed to the live production environment. This capability can be switched on or off at an individual service and queue level

in accordance with pre-defined triggers. This new functionality is being trialled in Service Delivery and evaluation will include any impact on abandoned calls, better patient experience and potential cost reduction.

### **Call Wait Times**

- 4.1.3 Calculation of estimated call wait times has been developed and is now deployed in the live production environment. This is published and available for internal use currently. Consideration for further sharing across other areas such as NHS Inform, NHS24 Online Application and other Social Media platforms is underway.

### **SAS Collaboration**

- 4.1.4 New functionality is currently underway to automate the request for an ambulance from SAS during an NHS 24 patient contact. Joint discovery work between NHS 24, SAS and Capgemini was undertaken and the core development completed for the transfer of data to SAS. The next step will be to refine the solution with SAS and agree an implementation plan across both organisations.
- 4.1.5 Once implemented, it is expected that this automated solution will improve the accuracy of information transfer across the organisations, reduce handling time by 4% and provide potential cost savings for both NHS 24 and SAS.

### **Joint Board Session with SAS**

- 4.1.6 SAS and NHS24 held a joint Board meeting on 28 March to explore mutually beneficial programmes which would enhance the delivery of services to the citizens of Scotland.
- 4.1.7 The meeting successfully identified a number of areas to be progressed and the representative from Scottish Government supported these findings.
- 4.1.8 It was resolved that a joint Programme Board would be established and that a non-executive director from each Board would support the Programme Board.
- 4.1.9 Further work to refine the proposals to be carried forward will be conducted by the Executives from both organisations and submitted to both Boards for approval.



### **Information Sharing with Community Pharmacy**

- 4.1.10 The Associate Clinical Director and the Head of Clinical Systems Development confirmed the technical capability to share the NHS 24 contact record with community pharmacy is now complete, with an expected implementation in May 2023. This was highlighted to NHS Scotland Directors of Pharmacy and Community Pharmacy Scotland (contractor body). All are supportive of helping deliver the necessary communications and preparation for implementation across the community pharmacy network.

### **NHS Scotland National Out of Hours Operations Group (SNOOP)**

- 4.1.11 The Associate Clinical Director continues to be involved in discussions arranged by the NHS Scotland National OOH Operations Group (SNOOP) influencing the potential use of medication vending machines for authorised patients to collect medicines prescribed by local OOH services. This concept is not new and may require regulatory changes however proof of concept has been published and further discussion on this is expected.

### **Respond**

- 4.1.12 The development and deployment of the change requests and defects identified during UAT is progressing well. There have been two complete walkthroughs of the end-to-end process with two more planned in April. These have been helpful in identifying knowledge gaps and training requirements.

## **4.2 Continuing to strengthen NHS 24's organisational effectiveness**

### **Collaboration with NHS England 111 Service**

- 4.2.1 The Associate Medical Director (ED) is liaising with NHS England 111 Emergency Medicine representatives to explore joint working and collaboration opportunities regarding clinical content governance.

### **Estates Programme**

- 4.2.2 The preparation work for the relocation of the Aberdeen office is underway, with a project team established, initial site visits completed, and options and project plan developed. NHS 24 will work with NHS Grampian to share space and ensure the needs of both are met and services are not interrupted for patients or staff.



- 4.2.3 The end of March is the planned completion date for ground floor works at Lumina. This follows initial delays due mainly to difficulties securing materials, however the work is now proceeding at pace, with final snagging work currently being progressed, inclusive of soundproofing within the booths. The upgrading of the lighting to energy efficient LEDs will coincide with the office space refurbishment.
- 4.2.4 Works on the Cardonald Atrium are planned to start 11 April and will run until September. Key dates and the detailed programme of works has been received from the contractor and are currently being reviewed.

### **Climate Change Emergency and Sustainability**

- 4.2.5 The strategy has been developed with the draft circulated to EMT for review and input. Once signed off a condensed version will be circulated via the Communications Team to broaden the understanding of the issues and how NHS 24 is addressing these. To support the communications new intranet pages have been developed and are live with new information being added regularly.
- 4.2.6 Training sessions run by the Institute of Environmental Management & Assessment (IEMA) have been undertaken. National sustainability meetings have been attended by a number of the Climate Change Project Team Leads. These meetings will help support collaboration across Boards with a Once for Scotland approach.
- 4.2.7 Recycling bins have been delivered to all centres and recycling will be implemented across sites in April, supported by an awareness campaign. The recycling of old uniforms has been raised by staff and this is being explored. A travel survey in conjunction with Travel Know How Scotland will also be issued to all staff in April, again supported by a communications campaign.

## **4.3 Performance Improvement & Operational Excellence Programme**

### **Corporate Escalation Level**

- 4.3.1 NHS 24 currently operates at Moderate level within our Corporate Escalation Process. The Senior Management Team are reporting this status to EMT on a weekly basis as a way of managing and reporting on specific risk indicators, threats, and operational issues. This will remain under review as we move through high demand periods over Easter and the May Public Holiday weekends.

### **Delivering Effective Triage**

- 4.3.2 Previously described under the project name 'Light Touch', this project rolled out training across our Clinical Supervisor and Senior Charge Nurse population which was completed in March. This was accompanied by a programme of coaching and further training under the project name 'Levelling Up' which was executed by five Senior Charge Nurse coaches.
- 4.3.3 The training, which involved a cohort of 41 Clinical Supervisors, focused on retrospective call reviews and with the clinicians on an individual basis, with written feedback provided.
- 4.3.4 1 to 1 discussion with the clinician's line manager on how to continue support for them after the coaching and training is complete. Early indications have seen increased numbers of clinical decisions made, and therefore increased contacts handled by this cohort, however, maintenance of the improved performance is key.
- 4.3.5 While this trial exercise highlighted some areas requiring further attention, we will ensure ongoing supportive dialogue and key messages will be channelled through our new approach to Communications and Performance Management as we move forward in the new financial year.

### **Reinforcing next action via SMS**

- 4.3.6 The delivery of a post call SMS which summarises the information conveyed during the call with NHS24 was tested during the Festive period. This capability is being extended to more call outcomes to support the understanding of the caller as to what the outcome of the call with NHS24 was and what to expect next.

### **Service Delivery Change Management Process**

- 4.3.7 Decluttering the landscape of temporary change activities, tests of change and short-term working groups to focus on those projects and activities that support our staff and improve the performance of our services is a piece of work that has commenced. A full audit of all non-BAU activity taking place in Service Delivery, which is defined as work not focused on the delivery of the service, identified a significant list of work. In April & May a new change management process will be established to assess change, schedule change, and manage the level of impact any change has on the live service at any one time.

## Service Delivery Communications Strategy

- 4.3.8 As our frontline colleagues work across a wide range of shifts and centres, how we communicate with them is critical to the safe and effective delivery of our services. To support staff to receive the right information at the right time, we implemented in April a new streamlined approach for all communications to front line staff. This will see the creation of a centralised team who will curate all requests and disseminate messages for maximum effectiveness. They will be reviewed, edited, and allocated through the most appropriate channel of communication. The move from a predominantly email-led approach to one where information is targeted by audience and urgency and which is hosted and easily searchable within a single platform, aims to half email messages to frontline staff by the end of quarter two.

## Introduction of Remote Working

- 4.3.9 The trial of our remote working model, enabling circa 30 clinical staff to work from home has been really well received by the staff taking part, and we can confirm that the systems and processes to enable this are in place. In quarter one we will be expanding the trial to become a business-as-usual part of our operating model. For Easter this enabled some of our staff to take on additional hours.

## 5. RECOMMENDATION

- 5.1 The Board is asked to note progress against NHS 24's agreed strategic priorities. 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.