NHS 24   **20 JUNE 2019**
BOARD MEETING   **FOR ASSURANCE**
                                                               ITEM 8

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 Corporate Strategy since the last Board meeting.

Executive Sponsor: Executive Team

| Improving Services to ensure continuous quality, safe and effective patient care | Resetting our culture, creating capacity, capability and confidence in our people and teams | Significantly improve our Stakeholder Engagement. Ensure our services match our stakeholder needs | Deliver the Organisational Improvement Programme | Fully align the NHS 24 Strategy with the National Health & Social Care Delivery Plan | Confirm the role of NHS 24 in delivering within the digital health and care landscape |

Transformation Programme

1. **INTRODUCTION**

1.1 The format of this report positions updates against the key priorities identified within the NHS 24 Corporate Strategy.

2. **IMPROVING SERVICES TO ENSURE CONTINUOUS QUALITY, SAFE AND EFFECTIVE PATIENT CARE**

2.1 **Mental Health**

2.1.1 The Mental Health Hub now has a complement of 14 staff with a planned increase to 28. Staff are embracing the new opportunity and initial staff feedback has been positive.

2.1.2 In a tripartite arrangement, the Hub is working collaboratively with SAS and Police Scotland to support callers to their services who require mental health support, by providing transfer to the Hub for appropriate care. A challenge has been presented in relation to data sharing across the services, and this is expected to be resolved during the summer with an indicative commencement during September 2019

The evaluation of our Mental Health 'hub' model and our online developments including Breathing Space webchat and the expansion of our Self Help Guides specifically in offering anxiety and depression related guides is underway. This will include a qualitative and quantitative internal evaluation in accordance with our Evaluation Framework, and will be available by September.

2.1.3 The Senior Nurse for Mental Health, Learning Disabilities and Public Protection continues to work closely with colleagues from across Service Delivery, Service Development and other partner agencies in respect of the ongoing Mental Health Hub developments.

2.1.4 This has included:

- Working with colleagues from NHS Lanarkshire, Police Scotland, Scottish Ambulance Service and Support in Mind, presentation of the work of the Distress Brief Intervention at the National Health & Social Care conference facilitated by the Alliance.

- Attending the Glasgow School of Art students' final presentation on the development of new ways to support mental health. Following this presentation we were able to link a group of students with the national leads currently tasked with improving access to Child & Young People's mental health services.

2.2   Public Protection

2.2.1 Our two Public Protection Nurse Practitioners have attended external training on Childhood Adversity, Older Adult Vulnerability and Adult Support & Protection legislation.

2.3   Safe Staffing Legislation

2.3.1 The Lead Nurse for Safe Staffing and Workforce Planning is now in post, working across Nursing & Care and Service Delivery Directorates. An early action was to organise a staff engagement event highlighting the Safe Staffing Legislation. This took place in Cardonald on Tuesday 28 May 2019, and was well attended by colleagues who used the opportunity to meet the Lead Nurse and ask questions.

2.3.2 A Senior Programme Advisor from the Nursing & Midwifery Workload and Workforce Planning Programme (NMWWPP), responsible for leading the development of educational resources, attended the event. It is intended that the educational resources will be available nationally to support the implementation of the Bill and the use of the associated workload tools.

2.3.3 NHS 24 nursing staff took part in the national learning needs analysis. This involved responding to a number of questions to assess their knowledge and understanding of the Health and Care (Staffing)(Scotland) Bill, workload tools and rostering. The Lead Nurse is also supporting the review and digital

development of the NHS Education for Scotland Learning Resource for Workload Tools.

2.3.4 The Health and Care (Staffing) (Scotland) Bill has now passed Stage 3 in the Scottish Parliament. Once the guidance is written, and the new law enacted, it will aim to evidence high-quality care and improved outcomes for those using health and social care services, as well as embedding openness in decisions about staffing across all clinical staff groups.

2.3.5 The NMWWPP has been working with NHS Scotland for a number of years on the development of a suite of workload planning tools. These tools use rigorous statistical analysis to calculate the number of nurses recommended for the workload and they have been tested extensively across NHS Scotland, before being confirmed as fit for purpose.

2.4 Medical Directorate/Clinical Develop Team Work

2.4.1 Associate Medical Director (AMD) presented to the British Medical Association policy executive on the Primary Care Digital Services (PCDS) project and the engagement the BMA was willing to provide to support the project and its take up by General Practices. The AMD continues to support the clinical content and development of the PCDS and negotiated release of the gp.scot domain for use with the project.

2.4.2 The AMD has also been working to standardise the process by which both static and dynamic content are developed for NHS inform and in conjunction with the content team has been mapping out how content is developed. The team have trialled developing a Self Help Guide using the reviewed process.

2.5 NHS inform Mental Health Self-care Guides (Moodjuice Migration)

2.5.1 Our Associate Medical Director (Mental Health), working with the Service Development Digital Team and representatives of the Heads of Psychology Scotland (HOPS), have created new CBT-based depression and anxiety self-care guides, based on those of the previous Moodjuice website. New guides have been pair-written and went live in April. Re-development of the remaining more specialist guides is planned over the next 6 months, and expert clinical governance and creation capacity has been agreed by HOPS.

2.6 Telepharmacy

2.6.1 Head of Pharmacy met with NHS GGC Lead Prescribing Advisor, Primary Care Pharmacist Lead and member of GGC finance team to review arrangements around the proposed Teleprescribing initiative. Arrangements were agreed around how NHS 24 will cover costs of prescribing, and funding has already been allocated for this within the current financial year. NHS GGC have also agreed to support NHS 24 with what it needs to deliver the initiative, and they will continue to work with us to further develop our Teleprescribing model as we move forward.

3. RESETTING OUR CULTURE, CREATING CAPACITY, CAPABILITY AND CONFIDENCE IN OUR PEOPLE AND TEAMS

3.1 Supporting Attendance Management

3.1.1 An Improvement Plan for 2019/20 to support Attendance Management has been developed. This plan will deliver an in house mental health support service for staff through the new Mental Health Hub, CBT sessions for staff, mental health support clinics, mindfulness sessions, and provision of Mental Health First Aiders (Champions). Also as part of this plan, we are working with the East Contact Centre on a test of change where an identified Wellbeing and Engagement Manager has a role to support line managers to ensure that they apply the attendance management policy in a timely and supportive way. The test of change is for 6 months, after which an assessment will be undertaken.

3.2 Engagement with Staff

3.2.1 The Employee Relations team have been working with the Digital Team to develop automated and digital ways of engaging with staff as part of the digital transformation plan. A test of change has been progressed where staff have been asked to give a view on having a web chat facility on the intranet to allow them to contact the HR team in addition to already available channels. The information gathered as part of this will be used to ascertain whether this communication channel is something that staff would use and could be further developed.

3.3 Investing in Our Leadership

3.3.1 The first cohort concluded in March 2019. A proposal for the next phase of leadership development has been designed for the wider leadership team to include all people managers. A proposed programme will be presented to the relevant Committee(s).

3.4 Service Model Implementation

3.4.1 Further engagement with staff has taken place between April and June. Once again, all staff involved in phase 1 of the shift review have been given offline time to watch a video setting out the key principles included within the proposed shift rosters. This has demonstrated the link back to the initial feedback from 95% of staff involved in the survey and the specific person-centred elements that have been factored into all the proposed working patterns. It also included information on the modelling of options and the reasons for the preferred shifts that have emerged to find the balance between service pressures and staff preferences.

3.4.2 In addition to the current round of Executive Team engagement sessions, which have included discussion on the shift review, the shift review team has also delivered a series of roadshows in each of the centres. These have focussed more explicitly on the detail of the proposed rosters, giving staff an opportunity to consider how this could affect them directly. There has been a high level of engagement from staff in all these sessions, with many staff also

taking time to provide feedback directly to the shift review team via the dedicated email.

3.4.3 Starting in June, the process of matching staff to one of the 35 shift rosters developed will begin. Staff will be matched to a rota that best aligns with their current pattern of work and hours worked. This process will continue throughout July, giving sufficient time to implement agreed shifts by October as planned. Training for clinical staff to support the new supervision model is also underway as is recruitment for additional weekend only staff. As we finalise the matching process, further targeted recruitment will be progressed to deliver the optimised service model.

4. SIGNIFICANTLY IMPROVE OUR STAKEHOLDER ENGAGEMENT. ENSURE OUR SERVICES MATCH OUR STAKEHOLDER NEEDS

4.1 NHS Highland - Sir Lewis Ritchie Review of Out of Hours Services in Skye and Lochalsh

4.1.1 NHS 24 has been engaged with NHS Highland, the Scottish Ambulance Service, and local community representatives as a member of the Steering Group delivering the recommendations set out following Sir Lewis' review of out of hours provision across Skye and Lochalsh.

4.1.2 Senior representatives from Service Delivery, Nursing & Care and the Communications Team held a series of focus groups with local community representatives, clinical staff and the third sector during the Easter period raising awareness of the role that NHS 24 111 service plays in supporting local out of hours provision, understanding the particular issues faced by remote and rural communities in Skye and Lochalsh, and informing the groups of the joint work with NHS Highland to develop an Advanced Nurse Practitioner (ANP) model.

4.1.3 The Deputy Nurse Director and the Director of Service Delivery returned to the Isle of Skye during May 2019, to carry out further engagement with representatives of the population of Skye, Lochalsh and South West Ross. A significant amount of communications material including updated leaflets, posters and work with local media has also been carried out. NHS 24 also produced a podcast with the lead Clinical Services Manager for remote and rural services and the NHS Highland out of hours lead specifically focused on the challenges of delivering services to these communities.

4.1.4 The Cabinet Secretary for Health & Sport, the Director General and Chief Executive of NHS Scotland and Sir Lewis Ritchie attended the May meetings to receive updates on the work streams relating to Sir Lewis Ritchie's recommendations for urgent care in the area. The emphasis of all work streams is around co-production of innovative services that meet the needs of the people within the localities. This includes the proposal for NHS 24 and NHS Highland Advanced Nurse Practitioners to work across organisational boundaries to deliver urgent care via various channels e.g. phone, VC and face to face. It has been recognised that to maintain and develop advanced practice competencies and to offer an attractive role for these highly skilled

individuals within NHS 24, a role which provides 50% NHS 24 and 50% face-to-face practice is required. This type or role split will also contribute to the retention strategy for Advanced Nurse Practitioners within NHS 24.

4.1.5 The feedback from the initial engagement sessions in April 2019 was very positive with the public representatives expressing their gratitude, a feeling of being listened to and mutual respect, as a result of the NHS 24 engagement sessions.

4.2   NHS 24 Stakeholder Engagement Framework 2019-21

4.2.1 The EMT have recently approved its refreshed NHS 24 Stakeholder Engagement Framework 2019-21, and this is a separate item on the Board's June agenda.   This framework outlines 6 key principles which have been informed by the engagement and consultation in the development of the framework. The Stakeholder Engagement toolkit was also endorsed as a way to support a consistent approach to engaging with our key audiences.

4.3   Stakeholder Engagement (Medical)

4.3.1 AMD has worked closely with the Nursing Directorate to recruit three new General Practices to support ANP training in primary care: one in Lanarkshire, one in Tayside and one in Grampian. Engagement with the Practice teams identified and addressed perceived challenges, and we continue to identify Practices that may offer opportunities for strategic alignment.

4.3.2 AMD (MH), along with Service Development team, met with National Suicide Prevention Leadership Group Academic Advisory Group lead Prof Rory O'Connor (Head of Suicide Research Lab) to establish links and explore ways to collaborate and align NHS 24 mental health development activity with national suicide prevention strategy. We identified ongoing suicide/self-harm search engine optimisation, NHS inform suicide landing page content, and integration of Suicide Prevention Strategy 'Aim 6' (digital) with NHS 24's mental health services as likely areas for joint working.

4.3.3 Head of Pharmacy attended the National Stakeholder Event on Pharmacist Experiential Learning (EL) in Scotland, where feedback on the NHS 24 EL weeks was extremely positive from both Schools of Pharmacy. At the event, Robert Gordon University (RGU) leads asked if NHS 24 would be willing to provide the same EL week in the Autumn for their postgraduate students due to the impact on their undergraduate students. NHS 24 has tentatively agreed with RGU looking to fund NHS 24 to provide the EL.

5.   DELIVER THE CORPORATE CHANGE PORTFOLIO (previously Organisational Improvement Programme)

5.1   The EMT have recently approved a revision to the Service Transformation Programme Board, now described as the Change Assurance Portfolio Board (CAPB) (agenda item).   The CAPB is responsible and accountable for all programmes of change and improvement both internal and external facing.

The 2019-20 scoping across each of the 8 work streams is underway and the first set of the new arrangements expected to be fully functional by Q2.

5.2 Primary Care Reform

5.2.1 The Medical Director and AMDs continue to engage with new and existing primary care partners to deliver further expansion of the GP Triage service where required. This has included a collaborative workshop with the HSCP and NHS Lothian for the Riverside Medical practice to ensure clinical and information governance align effectively with NHS 24.

5.2.2 AMD contributed to NHS GG&C's Primary care programme board development session, presenting GPT as a model for optimising the delivery and use of a multi-disciplinary team. NHS 24's guidance on and evaluation of practices preparing for GPT was recognised as applicable to the majority of practices implementing an MDT. The GPT service adoption guide was shared, with future engagement to explore the scope of GPT services that could be provided to GG&C Primary care.

5.2.3 Service adoption activity to extend the model in East Lothian, and to 'on board' practices within NHS D&G is well underway. It is anticipated at this stage that three NHS D&G practices will go live during the period Q2 as a phased implementation.   East Lothian's extended model is planned at this stage for Q3.

5.2.4 A range of engagements with interested Boards (NHS Fife, Borders, Shetland, Ayrshire & Arran and Glasgow) with firm commitments being finalised during June/July.

5.3 Waiting Times Improvement

5.3.1 NHS 24 continues to work with NHS D&G to scope the opportunities for a test of change in supporting the Board's waiting times improvement priorities.

5.3.2 NHS 24 has developed a briefing for Scottish Government which is intended will facilitate a conversation with the Operational Performance Board of the Scottish Government in relation to NHS 24's role in supporting this work.

6. CONFIRM THE ROLE OF NHS 24 IN DELIVERING WITHIN THE DIGITAL HEALTH AND CARE LANDSCAPE

6.1 National Digital Health & Care Strategy

6.1.1 The development of a draft Terms of Reference for the Service Design (Domain C) Workstream aligned to the Digital Health & Care Strategic Portfolio Board has been approved. NHS 24 will have a key role in supporting this workstream; roles and responsibilities to be defined.

6.2   National Digital Maturity Assessment

6.2.1   The collection of data across the 17 domains ranging from strategic alignment, to information governance, standards and enabling infrastructure is currently being completed. A staff survey has also been issued to provide a baseline assessment of the skills, competences and training needs of our staff.   The outputs from this will inform a National Assessment on digital maturity across the system, and will be available in September 2019.

6.3   Computerised   Cognitive   Behavioural   Therapy   (cCBT)   National Procurement

6.3.1   AMD (Mental Health) has worked with the Service Development Digital Team to procure a replacement to the current national therapy package. Short listing and product demonstration and testing (with Heads of Psychology Scotland) have concluded and we have given the clinical and technical green light for procurement, subject to minor changes to align the clinical governance of the new package with existing processes. A one year no-cost overlap of the old system will facilitate transition of care.

7.   CONCLUSION

7.1   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.