



NHS 24 Winter Plan 2019/2020

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1 Executive Summary

- 1.1 NHS 24 is frequently the first point of contact for citizens requiring clinical assistance in the unscheduled care period. This means we have a role in supporting maintaining whole system patient flow, minimising delay in the patient journey and increasing the quality of patient experience. NHS 24 is therefore fully committed to engaging with the national winter planning process and is working in partnership with NHS Boards to support the continuous delivery of safe and person centered services during the winter period.
- 1.2 The Scottish Government has set out 5 key priorities for the coming winter. These include; reducing attendances wherever possible by managing care closer to home, managing or avoiding admission wherever possible, ensuring appropriate workforce availability across the winter period, reducing length of stay and focusing on flow through acute care.
- 1.3 Given our position in the patient journey, the NHS 24 winter plan focuses on the first 3 of these priorities as they align best with the services we provide. The plan also describes how we will plan and resource our services to ensure maximised resilience not just to our own service provision but the whole system. The key Festive dates will receive specific focus in recognition of the additional pressure on these dates.
- 1.4 In relation to services focused on assessment and care closer to home and managing or avoiding admission wherever possible, we will work with our key partners in the Board OOH services and SAS to focus on referral only when clinically necessary.
- 1.5 All of our digital assets will be used to provide the best information, signposting and redirection in ways that are clear and easily understood as we recognise that health literacy impacts on the effectiveness of what is produced. We are focused on the service user and listening through specific public engagement to what will deliver a safe experience but also support good public decision making around choice of service.
- 1.6 In relation to ensuring appropriate availability of workforce across the winter period, we will plan to deliver the appropriate levels of clinical and other non-clinical patient facing staff across all our services to facilitate efficient and effective patient care and patient flow across the wider service. Our leadership will work in ways that enable our frontline staff and technology to deliver the best outcome for each patient every time with a focus on choosing the right venue of care and self-care where that is safe and appropriate.
- 1.7 We are a data rich organisation and recognise that blending of our data with that of the whole system e.g. to Unscheduled Care Data mart and System watch, gives rise to opportunity for predictive approaches and disease surveillance. Building on our weekly clinical engagement with the unscheduled care community last winter, we will utilise the intelligence and information to develop and modify detailed demand and capacity projections across the winter period, including monitoring of System watch.
- 1.8 We will plan the internal flu immunisation programmes with and for our staff to

minimise impact of illness across all staff groups

- 1.9 Key risk to the success of this plan have been considered and where possible mitigation has been implemented. This includes, reflecting on the lessons learned from previous severe weather periods.

2 Service Delivery – Supporting Patient Flow and Experience

2.1 Unscheduled Care – 111 Service

2.1.1 In line with the whole health and care sector across Scotland, we proactively plan for the increase in patient demand throughout the winter period. We use historical information and lessons learned from previous years to ensure robust planning is in place.

2.1.2 As in previous years, we have taken a collaborative approach across the organisation to planning for winter. The Operational Winter Planning Group has representation from all relevant directorates, with trade union involvement in all stages of planning. This ensures that comprehensive preparation for winter challenges is in place, with particular focus on the following areas.

- i. Effective resource planning based on call volume forecasts and presenting profile pattern with the identification of staffing resource requirements to meet patient demand and maintain the provision of a high quality service.
- ii. Senior management teams within Service Delivery review forecasting and planning on a weekly basis and respond where required to any arising issues.
- iii. The call demand and arrival pattern at peak times is challenging and will result in some patients waiting a little longer to access the service for periods of time. However, resource is planned to maximise capacity at the predicted times of high activity, to ensure the continued delivery of a safe service, and movement of calls into our system.
- iv. To support safe flow and caller expectation, we will maximise the utilisation and effectiveness of our Interactive Voice Response (IVR) system. We have adapted this so that it is tiered and informs patients and carers of predicted waits so that expectation is supported and managed at times of high demand.
- v. We have listened to service users who have explained that they value the swiftest journey possible through our service and prefer to have their call responded to and care delivered at the point of first contact. We are focusing on this through our clinical model as it minimises frustration relating to extended response times. It is imperative to state at this point that clinical prioritization and senior clinical oversight and visibility, support the safe management of all patients in our services at all times.
- vi. We will maximise the input of our physiotherapists to support musculoskeletal calls.

- vii. We will maximise the input of our pharmacists in relation to medication enquiries and minor illness calls, as well as ensuring that all frontline staff utilise safe appropriate clinical processes to access the Pharmacy support line for medicine related enquiries. We recognize the impact on NHS 24 and OOH services of calls relating to medicines and are developing capability and capacity in prescribing to help address this need.
- viii. We will utilise all available clinical resources, including NHS 24 medical and pharmacy staff, to enhance whole system clinical capacity at peak times.
- ix. We will ensure internal co-operation between frontline services and non-frontline staff to supplement patient care requirements at peak times.
- x. There will be robust signposting for the public through bespoke focused campaigns and social media to our online resources e.g. Self Help Guides, which will help to divert less complex calls to our online service provision and provide the patient with information about resources available to them in their local community

2.2 Clinical and Service Management Model

- 2.2.1 Resilience planning is crucial all year round however with the expected increase in patient demand over winter and the Festive period, it is vital that NHS 24 is prepared for particular areas of challenge. Winter is a whole system 'issue' and we recognise our role in supporting safe, effective and efficient care while maintain a person centered outcome.
- 2.2.2 A detailed review of operational processes has been undertaken including ensuring robust plans are in place to respond to any service delivery or service management issues arising. The Clinical and Operational Model takes into account anticipated winter challenges. Actions include:
 - i. A 'Seasonal Initiative' model to support high volume winter illness call presentations with a focus on swift clinical response to more vulnerable groups e.g. the very young and very old. This person centered approach aims to reduce the choice to attend ED with younger children through quick assessment. By supporting older age groups we deliver care or referral to care, as close to entering our service as possible. We can maximize the number of patients with a triage outcome that results in care being delivered as close to home as possible.
 - ii. Identifying efficient ways to support patients with high risk clinical presentations, requiring time critical responses to the quickest and most appropriate outcome as early as possible in their interaction with NHS 24 e.g. Chest pain, sepsis and Stroke.
 - iii. Adaptation of our call processes to identify patients with specific long term conditions e.g. Chronic Obstructive Pulmonary Disease early in the call so the correct level of response is provided.
 - iv. Early recognition of calls relating to palliative care and end of life care with the

- vast majority of this call type being referred to Primary Care rather than hospital settings.
- v. Collaboration with partner Health Boards to ensure that patient Key Information Summaries (KIS) and electronic Palliative Care Summaries (PCS) are fully updated with relevant medical information during winter and specifically again prior to the Public Holiday period to ensure delivery of safe, effective person-centred care.
 - vi. Call flows review to identify areas where we can safely redirect patients to the most appropriate types of care, including local community pharmacies, the Self Help Guide and Scotland's Service Directory, which can direct the user to local services based on postcode location technology.
 - vii. Continued multidisciplinary team development and planning, including pharmacy, physiotherapy, medical and mental health nurse practitioners.
 - viii. Although covered in more detail below it is relevant in terms of resilience to identify the important focus NHS 24 is placing on services for calls relating to mental health. For the vast majority of these callers care close to home is the safest and least stressful outcome and our processes and team development are delivering this over 4 days currently, with ambitions to expand across a longer time period.
 - ix. Maximum utilization of all available clinical resource engaged in other departments out with the 111 service.
 - x. Senior Management on-call, and Executive on-call rota planning in place.
 - xi. Senior Management rotas to ensure presence across key locations on peak days.
 - xii. Pre-festive season accommodation review to ensure sufficient seating capacity on key dates. Including, creating additional capacity for the mental health hub.
 - xiii. Conversion of additional accommodation i.e., training rooms, to ensure seating capacity.
 - xiv. Management Information and reporting planning in place during winter and the key festive dates to allow intelligence led planning and responsive 'live' shift management
 - xv. There is a process in place, as part of routine Change and Release management, to approve emergency or non-frontline system affecting change if required. However to minimize impact of any non -essential work on operations and service provision. There is an agreed 'freeze' during the festive period for all technology/telephony works

2.3 Pharmacy and Prescribing

- 2.3.1 Calls relating to medicines are significant at all times of year but are notable in their increase across weekends and public holidays and particularly over Festive public holidays. The skills of the pharmacist are maximised across winter to ensure calls can be closed at source and have minimal impact on partners.
- 2.3.2 The Pharmacy Support Line (PSL) is operational 1800 to 2300 hrs Monday to Friday and at the weekend from 0730 to 2300 hrs. It is anticipated that over the Festive period the operational hours will be 0730 to 2300 hrs on all key dates. Operating the PSL is the main focus of activity where the pharmacy advisors support our call handling team with the primary aim of advising patients appropriately and managing calls at the first point of contact or very close to that.
- 2.3.3 The PSL also supports nurses, dental nurses and physiotherapists with medication related queries and with advice on a range of minor ailments/illness. In addition to PSL activity, pharmacy advisors will be involved in calling back patients from the clinical queue, as well as supervising rapid triage teams, which are managed by the Regional Pharmacy Advisor team.
- 2.3.4 In recognition of the impact on OOH services of requests for prescriptions, NHS 24 is developing capability and capacity around advanced clinical support and non -medical prescribing. This is at an early stage and being grown, but practitioners will be able to reduce referrals to OOH services.
- 2.3.5 To support strategic planning, the NHS 24 pharmacy team is active in raising community pharmacist awareness of the Pharmacy First Initiative in an effort to improve community Pharmacist provision of Unscheduled Care. Pharmacy First allows patients to access free advice and/or treatment for uncomplicated urinary tract infections in women, and impetigo. The aim of this scheme is to improve patient access to GP appointments by encouraging patients with uncomplicated urinary tract infections and impetigo to use the pharmacy for treatment, rather than making an appointment or contacting out-of-hours services.
- 2.3.6 NHS 24 will send pre-drafted reminder letters on the use of this service to Boards for onward distribution to all community Pharmacies and GP practices ahead of the Festive closures. There will also be a focus on using social media to communicate messages about the services, support and advice available from the community pharmacy as part of the wider "Be Healthwise" campaign. NHS 24 also uses the networks of the Royal Pharmaceutical Society and Community Pharmacy Scotland to cascade appropriate messaging.
- 2.3.7 The Pharmacy Team maintain material for Self Help Guides which will be available on www.nhsinform.scot to help improve public understanding of when and how they can use their community Pharmacy, which is anticipated will reduce the number of calls into the service.

These tools should be available through every Pharmacy in Scotland.

2.4 Mental Health Services

- 2.4.1 During winter we will continue to operate all of our mental health services including Breathing Space, Living Life, and online and digital resources such as cCBT and NHS inform. We will also continue to develop and increase service cover from the new Mental Health Hub where that is possible. Discussion is ongoing with Scottish Government to seek to increase the hub provision across the week and to cover in and out of hours although this is unlikely to be in place in full before the end of the coming winter period.
- 2.4.2 The hub has been operational 4 evenings a week so far and, although initial formal evaluation is due for completion at the end of September, it is clear that the model in place is having a positive impact on the patient journey and effective outcomes for those contacting 111, with 60% of calls being resolved within the hub. The hub service also includes development of an enhanced pathway for people in mental health distress with Police Scotland and the Scottish Ambulance Service. Essentially this new service will help to avoid unnecessary referrals to ED, PCEC and GP calls or visits.
- 2.4.3 We have also expanded access to our Breathing Space service through webchat service model, and this is also demonstrating that the service is meeting unmet demand by offering an additional route to access the service. The model is currently under evaluation, however, the data is demonstrating increased access to dedicated mental health professionals for people in crisis situations. This service will continue throughout the winter period.

2.5 Daytime Primary Care Support

- 2.5.1 Winter poses a challenge for the whole system and we know that more than 90% of all NHS interactions occur in daytime General Practice. Higher prevalence of winter illness and an increase in the ageing population with co-morbidities resulting in significant demand for complex care in Primary Care.
- 2.5.2 NHS 24 recognises its strategic role in delivery of sustainability in Primary Care and to Health and Social Integration and to this end have been working to assist local GP practices in managing demand for 'same day' appointments. We are doing this through user centered design and adaptation of our well established triage model to support local communities.
- 2.5.3 This in hours triage capability is in operation on a small scale in a number of health boards but is expanding throughout the rest of the year. This service ensures optimised use of multi-disciplinary teams and ensures GP capacity is protected for the most complex cases. This aligns with the aims of the GMS contract and the recent Auditor General report on workforce planning for Primary Care.
- 2.5.4 Outcomes from this approach may include referring patients to other healthcare professionals, such as nurse practitioners, pharmacists, mental health and musculoskeletal specialists, or to digital solutions such as the Self-Help Guides on NHS inform www.nhsinform.scot. Those who require to see a GP still do so, but for some, their needs may be best met by seeing another health professional within a local multi-disciplinary team.

2.5.5 The outcomes of this new service are significant and are contributing to improved patient experience as well as 'right time, right care' for the individuals. Through our evaluation so far we have demonstrated two key areas of importance for the system:

- As a minimum, 30% of patients can be diverted to a relevant self-care outcome for their need (where there is no or limited multi-disciplinary team available);
- Where there is an extended MDT, NHS 24 can demonstrate a 92% reduction in 'same day' access to a GP appointment. This in turn is enabling GP's to develop their role in Expert Medical Generalist and increase appointment times to 15 minutes to support complex patient care.

2.5.6 This service, whilst still in the early stages of implementation will help demand management for GP services in hours for those practices using it and this contribution will be important during the winter period. It is clear that the improved demand management approach has released capacity for GP practices and GPs.

2.6 Scheduled Care Services

2.6.1 NHS 24 Scheduled Care Services will operate full services during most of the winter, however there will be a reduced service for Musculoskeletal Assessment and Triage Service over the Festive period. This is in line with anticipated reduced patient demand. The Scheduled Care team will not operate over the four key public holiday dates, and due to the expected lower call demand, the service will require reduced workforce cover over the 2 week festive period.

2.7 Scottish Emergency Dental Services (SEDS)

2.7.1 The Scottish Emergency Dental Service (SEDS) manages approximately 6,500 calls per month, which significantly increases at times of peak activity. SEDS will be fully operational across winter, including the festive period. The forecasted call volume, with associated clinical outcomes is shared with our Health Board partners.

2.7.2 The service has continued to work closely with all Territorial Health Board partners in 2019. The East, North and West Regional Groups meet quarterly. These meetings are now well established, which supports joint working, shared learning and service improvements. As SEDS has an overview of real time, national activity, we have led reviews of contingency, for periods of exceptional demand. Systems and processes are in place to manage unexpectedly high volumes of dental callers into the 111 service. Similarly, the Dental Booking Hub has contingency for times when there are pressure points at the Health Board clinics and all clinics have an overspill facility.

2.7.3 SEDS' key contribution to the Oral Health Improvement Plan has been to support the improvement of the patient pathway, for those requiring to be seen within 24 hours. Historically, patients registered with a dentist outside the

Health Board where they live, were asked to travel to their registered **General Dental Practitioners (GDP)'s** Board, for **OOH** treatment. During 2019, SEDS has facilitated discussion with Health Board partners and patients now have the option to either be seen at a clinic in the Board of their current location or the Health Board of their registered GDP. Work is also underway to introduce to offer of a cross boundary clinic to urgent patients (those who are offered dental treatment within 24 hours).

- 2.7.4 The Dental Advisory Group, led by NHS 24's Head of Dentistry, continues to bring together senior dental, Emergency Department and NHS 24 clinicians. The group has a vital role to ensure robust clinical governance and continual patient care improvements. This year, the focus has been on cross boundary, collaborative working which will give patients the option to attend the out of hours clinic which is nearest to their location. All Dental nurses have been trained on 'spotting the dental septic patient'. The group has also started to look at updating the dental trauma protocol in line with current clinical practice working closely with Glasgow Dental Hospital.

3. Workforce Availability and Resilience

3.1 Staff Health and Wellbeing

- 3.1.1 In order to ensure maximum attendance and promote staff health and well-being during the winter period, there will be a continued focus on wellbeing at work.
- 3.1.2 Support is provided to managers to manage attendance levels within their teams during this busy period where absence can increase. In previous years absence of frontline staff has increased during November to January.
- 3.1.3 NHS 24 continues to adopt an individual person-centred approach to support our staff and implement reasonable adjustments where possible to retain staff at work or facilitate an early return by promoting a recovery and return to work approach.

The annual Flu Vaccination Campaign for staff will commence in October 2019 utilising peer vaccination approach. Our Nursing Directorate and Medical Directorate colleagues will support this, this year and internal communications will support the promotion of this campaign.

- 3.1.4 Nurse and Call Handler recruitment will continue into October and November 2019 in a bid to reach or get as close to agreed workforce plan headcount. It is anticipated that the numbers recruited during this time will be trained and ready to Go Live in advance of the busy festive period ensuring they are available for our patients during this time.
- 3.1.5 Given absence rates throughout 2019 to date and the fact that during the winter months this generally increases, the Workforce Directorate has been working with the Service Delivery Directorate and have developed an Attendance Improvement Plan for 2019/20. This plan works with managers, staff and trade union partners, not only tackling absenteeism but also

promoting the range of health and wellbeing initiatives on offer to staff to ensure they are healthier and well at their work.

- 3.1.6 The management team will maintain scrutiny over the arrangements to ensure adequate resourcing is in place. During the festive period, clinical staff from the Nursing and Medical directorates will supplement the Unscheduled Care Service. Senior nurses, clinical practice educators and clinical development experts will be deployed to support on a pre-planned basis.

4. Digital Services

4.1 Public Messaging and Communications

4.1.1 The winter campaign, 'Dr Owl', will be hosted on NHS inform and across social media channels, to support use of services across the winter period, promoting public preparedness and appropriate use of services. The year round campaign to support care navigation, 'We'll Keep you Right' assets will continue to be distributed across practices through our Engagement team, which supports the appropriate services if someone is unwell supporting appropriate care navigation.

4.1.2 Improvements to the user experience of NHS inform self-help guides, based on user feedback, will be delivered ahead of the winter period, which will increase usability and access to this self-help content within NHS inform articles. This will be supported by some digital marketing spend to push the visibility of this content within search engine results and promote usage over the winter period.

4.1.3 NHS 24 communications and marketing activity has a pivotal role in supporting service delivery throughout the winter period, with a particular focus on the Festive holidays. Using the full scope of media channels the objective of all communications activity is to:

- Raise awareness of the full variety of help and information available for the healthcare needs of people across Scotland.
- Encourage winter health preparedness for appropriate self-care.
- Support service delivery and the wider OOH community with messages that emphasise self-care and community pharmacy, where appropriate.

4.1.4 NHS 24's communications team is part of a working group, chaired by Scottish Government communications colleagues, exploring the wider winter health communications agenda. The National Boards Collaborative Group is due to meet in late September 2019 with the initial focus being a scoping exercise about what activity is currently planned and how this might be better coordinated to ensure the public messaging is consistent and not counterproductive.

4.2 PR and Social Media

4.2.1 In addition to the main campaign messages, which will be concentrated during the main five week run of activity from late November, NHS 24's

communications will deliver the full range of winter health and 'Be Health-Wise this Winter' messages across all channels including:

- Make sure you have cold and flu remedies.
- Ensure that you have enough of your regular medications at home and to order what you need in plenty of time to see you over Festive Period
- Use your local pharmacy for advice about medications.
- Your local pharmacist can help you with a range of minor ailments.
- The NHS inform self-help guides can help you understand your illness and make a decision about how to get the right care.

These messages will be delivered via press releases and a full suite of multi-media content including videos, info graphics and photography.

- 4.2.2 In addition to the proactive messaging, NHS 24's communications team offers a full on-call response service to operational colleagues allowing real-time messages to be disseminated in the event of service pressures. This means that people requiring help when the service is busy are enabled to choose the channel is right for them. The senior communications team also monitors social media throughout the festive period to ensure
- 4.2.3 NHS 24 staff will be fully supported throughout the winter period with a focus on the 'Be Health-Wise this Winter' campaign. Using staff case studies will help to develop an understanding of the multi-disciplinary service offered by NHS 24 and, where possible, how this links with other health-care providers such as community pharmacy. We will also use our internal communication channels to support other winter health campaigns such as the flu campaign.
- 4.2.4 Analytics work, to develop early indications of demand through analysis of online traffic and its relationship to resulting demand on the 111 service, will continue to be developed and tested. The aim of this work is to get an early indication of demand so that this can be managed in the most appropriate way. The response to this will be a range of options, for example social media messaging to promote self-management of certain symptoms, communication with partner areas to highlight peaks in specific demand so that they can prepare, service delivery response to manage specific demand into 111 or diverting traffic to a more appropriate service as appropriate.
- 4.2.5 Expansion of the automated SMS function within 111 is being explored, following initial test of change evaluation. This was aimed at people calling the 111 service who are expecting a call back from 111 receiving text messages to confirm that their call has been prioritised and confirming the indicative timeframe within which they will be contacted. Further development of this will aim to improve patient experience and reduce return calls to the 111 service which don't relate to a change in symptoms or condition.
- 4.2.6 The collection of the local service information to update the Knowledge Management System is planned, including early engagement with all health board partner contacts. This is to ensure prompt receipt of the specific public holiday information over the festive periods, to update the information available to all frontline teams over this period. Contingency

arrangements are in place to provide on-call cover across all the key dates to address any issues identified real-time over this winter period to update any change in knowledge content.

5. Collaboration Across Health and Social Care

5.1 Partner Engagement

- 5.1.1 Partner engagement planning in place, including coordination of the National Festive Conference calls to which all Board OOH services and SAS are invited. This allows 'live' assessment of any operational issues and review of the previous day's activity.
- 5.1.2 NHS 24 has regular meetings with OOH partners throughout the year where rotas are a fixed item on the agenda. NHS 24 is represented at the monthly National Out of Hours Operational group where Winter and Festive periods are discussed.
- 5.1.3 NHS 24 and the Scottish Ambulance Service have established a joint operational group to look at areas of improvement. Initial focus has been on alignment of processes and utilisation of our current resources to improve patient pathways and support demand management.
- 5.1.4 A resilience winter tabletop exercise will take place early October 2019 to test winter planning arrangements and any learning will be shared with partners, and required changes implemented
- 5.1.5 NHS 24, Health boards and the SAS work in partnership ensuring planning and contingency arrangements are in place for the Festive and winter periods. Historical data identifies a difference in peaks and call arrival patterns, affording the opportunity of efficient resourcing through joint working which in turn improves the patient journey for both services. NHS 24 & SAS are currently planning a joint flow hub where existing skillsets will work together to deal more effectively with the general enquiries that come through when services are exceptionally busy – for example:

Existing model

- Callers querying ambulance times, phone NHS 24, speak with an NHS24 Call Handler who dials through and speaks to an SAS Call Handler, then reconnects to patient to relay information.

Improved Model

- Callers will call NHS 24 or SAS to query an ambulance time, be transferred to a joint flow hub where a member of both services will be seated in the same locality (with appropriate supervision), they will consult either NHS24 or SAS systems and then update caller.

Benefits Aim

- The skillset can be administrative therefore not utilising frontline Call Handlers from either service allowing more appropriate use of the Call

Handler skillset. The patient journey will be shorter as there will be significantly less call waiting times. It will offer staff from each service an opportunity to work closely together.

5.1.6 NHS 24 and SAS are undertaking significant analysis of existing clinical outcomes and patient journey. This includes:

Existing Model

- Callers who contact SAS but are initially deemed as not requiring conveyance to hospital are placed on SAS Stacker and called back by NHS24. Some of these then result in a return to SAS.

Improved Model

- Caller will call and only require to have an ambulance dispatched or be passed to NHS 24 who will endpoint the call.

Benefits Aim

- Primary benefit will be a shorter, more efficient and effective patient journey in alignment with the desire for treatment by right person, at right time, in right place. This should in turn reduce attendances at Emergency departments and minimise the proportion of patients being secondarily transferred back to SAS.

The above are examples of two larger pieces of work to improve patient flow and care over winter. There will also be consistent process reviews and staff engagement to accompany this.

6. Contingency, Communication and Escalation of Significant Operational Incidents

6.1 Escalation and Management of Significant Incidents

6.1.1 Despite the significant planning in place to support the winter period events such as serious adverse weather may cause major service disruption. NHS 24 has a clear set of processes, which will be triggered in the event of any such disruption to service delivery. This process is based on pre-determined triggers within the service management process; examples include significant issues with technology, facilities provision and adverse weather. The full process is included for reference at Annex 2. Some specific additional detail on adverse weather and preparedness for an EU Exit are noted below.

6.2 Adverse Weather

6.2.1 Adverse weather, in particular snowfall, is a significant challenge to NHS 24. The lack of internal fleet resource means that unlike other Boards there is no fleet to repurpose to get staff to and from work. NHS 24 has engaged with voluntary 4x4 agencies and have established a memorandum of understanding (MOU) in the Grampian and Tayside region. However, this remains a challenge due to the finite resource available and competing public sector critical services. The NHS 24 Contingency and Escalation process

outlines specific actions required in the event of met office weather warnings.

6.3 European Union (EU) Exit Preparedness

6.3.1 NHS 24 has identified Executive Director European Union (EU) leadership with clear reporting on EU Exit as a standing item on the Executive Management Team agenda. The NHS 24 Clinical Governance Committee and Planning and Performance Committee have provided detailed scrutiny over the Boards preparations prior to updates being provided to the Board. NHS 24 is involved in health and social care national planning for EU exit to support the overall response to any potential challenges during a period of high demand. The Head of Pharmacy is representing NHS 24 on the national group relating to medicines resilience.

NHS 24 has limited workforce risk with less than 10 EU nationals currently employed. NHS 24 is represented on the EU Exit Health & Social Care group to work with partners to manage operational challenges EU Exit may present.

NHS 24 has been asked to deliver a Public Managing Helpline to support an EU Exit Health response. This, to date, is not in place with further work required with Scottish Government colleagues to identify the information required, potential scale and demand of the service. This may produce additional demand on NHS 24 during the winter period.