

**NHS 24
BOARD MEETING**

**14 FEBRUARY 2019
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



1. INTRODUCTION

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

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

2.1 Clinical Nurse Specialist

Funding was received from the Scottish Government to employ a part time specialist nurse post within NHS 24.

A review of Adverse Events/complaints and partner feedback identified challenges in relation to the triage of callers with cardiac symptoms. As a result it was agreed to target the funding at improving care for a set of presenting symptoms relating to potential cardiac events and a Cardiac Nurse Specialist Nurse role was created (0.16 WTE).

NHS 24 GREEN

The post holder had an extensive background in cardiac care management and was already employed as a Clinical Services Manager within NHS 24. During an 18 month tenure the post holder reviewed the relevant eLearning modules, partner/patient feedback and adverse event reviews. A survey was carried out with frontline nurses to establish areas where they would welcome education. As a result a new heart failure and acute coronary syndrome eLearning module was developed which will soon be added to the eLearning platform.

Additional educational and support materials on acute coronary syndrome including wallet cards were developed for all nurses who regularly triage patients presenting with cardiac related symptoms. The post holder has now moved into a new role and as the aforementioned improvements were complete, there was discussion around other specialist areas of care to address.

After discussion with, and approval from, Scottish Government, it was agreed to move the focus of the funding. A further review of the previously cited feedback mechanisms identified respiratory conditions as an area for review. NHS 24 has now successfully appointed a Respiratory Nurse Specialist who commenced on 6 February 2019.

2.2 Quality Improvement January 2019 (Chest pain)

Early recognition and referral of chest pain in over 35 year olds, test cycle 3 commenced in December 2018 across Cardonald Contact Centre. This test of change used a Call Taker protocol to identify potential Acute Cardiac Syndrome (ACS) criteria for referral to 999. 999 endpoints initially require clinical supervision. This testing has previously proven successful in smaller scale (cycle 1&2) sustaining high rate of safe referrals to 999 with reduced call times for patients. On successful conclusion of test 3, a rollout plan to multiple sites is the next proposed test of change in February 2018.

2.3 Erskine Hospital - SBAR Handover

Improvement work continues with Erskine Nursing Home using a new standardised SBAR handover process. The SBAR is now being used in all Erskine Care facilities.

The process has established improved decision making by nurses Erskine and in the consistency and accuracy of information at handover and the outcomes provided by NHS 24. Due to the success of this work done in partnership with Erskine it has been agreed to upscale the SBAR test to all nursing homes in Renfrewshire.

2.4 Update on Dementia Champions

NHS 24 currently has five registered nurses who have completed the Dementia Champions Programme - 4 Nurse Practitioners and a Lead Nurse for Dementia.

NHS 24 GREEN

The Dementia Champions have worked with Learning and Professional Development to produce a bespoke dementia eLearning module which reflects the NHS 24 care environment. The module was launched during Dementia awareness week during 2018. The Champions have provided Continuous Professional Development (CPD) sessions in their local centres and they attend monthly meetings with the aim of developing further learning resources and identifying process which may be adapted to better support people living with dementia.

The Champions have connected with the Dementia Nurse Consultants in their local Territorial Health Boards - this provides peer support from other Dementia Champions and develops community links.

The Dementia Nurse Consultant and Delirium Nurse for Ayrshire and Arran plan to attend a meeting in April to better understand the Nursing role in NHS 24 and discuss potential collaborative improvement.

Two additional NHS 24 Nurse Practitioners will commence the Dementia Champion Programme in March 2019.

2.5 Mental Health

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 to progress the realisation of phase 1 of the Mental Health Hub. Key areas being taken forward at this time are recruitment and training

Following a request by colleagues in the East Contact Centre, the Senior Nurse will be facilitating four Mental Health Awareness CPD sessions over the next 2 months. At present there are over 40 call handlers identified to attend, and we will also be joined by some SAS colleagues.

2.6 Public Protection

The Senior Nurse for Mental Health, Learning Disabilities and Public Protection provided an overview of the work of the Public Protection team to the National Clinical Governance Committee as part of a “deep dive” exercise.

We have welcomed 2 new clinical staff to the Public Protection team. Gillian Wilson and Gillian Hart, Public Protection Nurse Practitioners, took up post in early January and will be based within their local centres. This new role within the team will allow the team to provide better continuity between NHS24 and the wider health and care partner agencies.

2.7 Medical Directorate/Clinical Develop Team Work

Our Associate Medical Director, Dr Lamont, continues to review and update the monthly ‘Ask the Doc’ clinical Q&A for media distribution. Updates to reflect advice specific to Scotland have been identified and are now being shared with NHS Inform to ensure updates are reflected in our online content. Dr Lamont has been liaising with communications and NHS Inform to explore

how the Ask the Doc content could be published on NHS Inform. Similarly, the weekly Health Protection Scotland bulletins have identified updates for NHS Inform content.

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

3.1 Supporting Attendance Management

NHS 24 are now participating in the Access to Work Mental Health Support Service delivered by Remploy on behalf of [Access to Work](#) across England, Scotland and Wales. Support is available to individuals who are experiencing difficulties at work due to depression, anxiety, stress and/or other mental health conditions. This free service complements any occupational health scheme or employee assistance programme a company already has in place, and is delivered by a UK wide team of Vocational Rehabilitation Consultants (VRCs) who are fully trained professionals with expertise in mental health and its impact in the workplace. Appointments have been made available to staff from January 2019 and the majority of the appointments have now been filled by staff. There will be an ongoing review of this service.

3.2 Turas Appraisal

Continues to be embedded across the organisation, and monthly reports distributed from the national team at NHS Education for Scotland illustrate progress across the organisation in setting objectives and Personal Development Plan items, and in recording appraisal discussions. Executive Objective Setting and Mid Year Review functionality is also being used via the Turas Exec Appraisal functionality, with End of Year Review functionality currently being developed. Information on the objective setting and discussion summary has been communicated to all staff - 95 staff have recorded objectives (excluding Executives), though Executive Objectives should be now be being cascaded to all managers and their teams.

All NHS 24's eLearning content, along with selected supportive resources form our Knowledge Lab site, will move to **Turas Learn** by 1st April, and a dedicated team continues to make progress on this project – key milestones include design and development of the Turas NHS 24 site, testing of all content, confirmation of reporting functionality and decommissioning of our existing eLearning platform.

3.3 iMatter

Individual and team coaching and training was provided throughout the 12-week action-planning phase of iMatter, which concluded on 10 December at noon. There is a significant improvement, with 129 of the 195 teams converting their reports into action plans, representing 66% of the teams that participated in iMatter and an increase of 51% on 2017.

NHS 24 has been selected as one of the six boards to participate in an academic evaluation of iMatter, and the SWAG report submission is due in

April 2019. The overarching aim of the research is to provide evidence which will support and inform on-going work by SWAG and others, to ensure that we have a modern and meaningful approach for effective staff engagement at the core of continuous improvement and that we maximise improvements in staff experience and the cost-effectiveness of measuring employee engagement. Individual interviews were conducted with the Learning and Organisational Development Manager, on behalf of the Executive Lead for HR, the NHS 24 Operational Lead for iMatter and with the Employee Director during the review period. Two focus groups are planned for January 2019 and the Chair of the Staff Governance Committee will be asked for his contribution.

3.4 2018/19 Flu Vaccinations Programme

This year 769 staff took the opportunity to be vaccinated. This is almost a 21% increase in uptake from 2017. Whilst the final statistics have been reported to Scottish Government, any staff who still wish to be vaccinated in the coming month will be accommodated.

3.5 Better Working, Better Care

Throughout the Festive period, pods in each centre operating under the Better Working, Better Care new supervision model were maintained. This was primarily intended to maintain momentum in terms of continuation of training for staff.

The Better Working, Better Care team held a further workshop in January to review PDSA (Plan, Do, Study, Action) progress based on the successful outcomes to date and positive response from staff to the new model. The next phase of this work is to develop robust plans and options for transition to this new operating model, understanding the current alignment in each centre, including development of training and workforce plans.

There has been a widespread awareness of the current test of change and a significant number of staff and managers have been actively participating in the pods across the last few months. Engagement with staff as we develop transition plans will be a key component to ensure we maintain the positive response thus far.

The next key areas of focus under Better Working, Better Care will be exploring the role of Senior Charge Nurses within this new supervision model and the development of the 1:1/performance management arrangements working with staff and Team Managers; this aligns to the overarching programme objective to ensure managers have the tools they need to be effective.

3.6 Shift Review

Between September and December frontline staff were given offline time as part of the engagement around the shift review. Staff watched a video setting out the reasons for and aims of the review and those who had not already completed the survey were also given the opportunity to do so. As a result, 738 staff, 95% of those available, have now completed the online survey and

NHS 24 GREEN

helped inform the review. Separate Q&A sessions have also been held with managers across the centres, who were not involved in the online surveys at this stage. These sessions also included the video and a discussion around the review. Following this discussion, an intranet page is being set up for the review with Q&A, video, feedback and outputs from the online survey and a roadmap with timescales for the next stages of the review.

Throughout January, the project team are working with National Institute of Clinical Excellence (NICE), using the outputs from the engagement together with the analysis of demand and current capacity, to model working pattern options. This is a critical stage of the project to ascertain the scale of impact for staff individually and for NHS 24 organisationally. Once this impact is understood, the timescales and approach for agreeing the preferred option will be determined. This process is expected to begin in March 2019.

In January, we also upgraded our workforce management system (WFM) from v4.6 to v.7 of TotalView, which brings additional functionality. As part of this work, we have the opportunity to test a mobile app for staff, which would allow access to the WFM remotely and facilitate shift swaps, annual leave, additional hours, etc. reducing the administrative requirements and allowing for more dynamic management of these processes

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

4.1 Data Expert and System Watch Group

Since the beginning of December an Associate Medical Director and Head of Clinical Systems Development, have joined a new weekly conference call with SG unscheduled care, HPS, acute care, and OOH representatives to review the weekly system watch data and service activity to agree a narrative on illness activity and anticipate demands on services. NHS 24's own activity including prevalence of different presentations is discussed prior to the call and shared with the group. This has significantly raised awareness of NHS 24 activity nationally and of the value in early recognition of emerging illness presentations.

4.2 Analysis of Seasonal Activity and Acuity Data

Following queries raised at the national OOH operational group and national system watch group, an AMD provided data and analysis of activity passed to OOH partners over the 2018 Christmas and New Year period. The analysis demonstrated activity highly consistent with the previous year for high acuity priorities and a marked reduction in referrals for 4 hour visits. The latter reflects the comparatively low flu activity this year compared to last. Similarly, no delay relative to previous years was shown for transfer to partner services. The data and analysis has been shared with NHS 24 operational services.

4.3 Annual Review 2017/18

The core purpose of the Annual Review is to hold NHS Boards to account for their performance. The NHS 24 2017/18 Ministerial Annual Review took place on Friday 7 December 2018 and was attended by Clare Haughey, the Minister for Mental Health. As part of the session, the Minister met with the Area Clinical Forum, Area Partnership Forum and the Patients and Carers Forum. The Minister also met with operational staff in Clyde Contact Centre and received presentations on the implementation of the new technology, In hours GP Triage, Mental Health service redesign and our development work on Values and Leadership.

NHS 24 also held an Annual Review Public Session on 31 January 2019 at the Golden Jubilee Hotel and Conference Centre. The Minister for Mental Health chaired the event which was attended by key stakeholders as well as members of the public. The format of the event included introductory presentations on Service Delivery, Service Transformation, Mental Health and Digital services with follow up question and answer sessions.

NHS 24 await feedback from the Scottish Government following both the Ministerial Annual Review and Public Session. We are also conducting a 'Lessons Learned' exercise to ensure that key learning is implemented into future Annual Review preparation.

5. DELIVER THE ORGANISATIONAL IMPROVEMENT PROGRAMME

5.1 Service Transformation Programme

5.1.1 Primary Care Modernisation: GP Triage

Plans are in progress to expand the current GP Triage (GPT) test of change at Riverside Medical Practice (NHS Lothian) to include three other practices in the same geographical area with Riverside acting as the local hub. The SAS Specialist Paramedic integrated with the test of change in Riverside as planned during January, and evaluation activity is underway.

The development of our technology to support the growth of the service model will be available for testing in March 2019. Partner readiness is likely to impact our timescales for delivery into Q1 2019-20.

A successful discovery stage with NHS Dumfries & Galloway has enabled positive engagement which will see the progression to study stage and programme planning supporting 2 practices to a volume of 15K population.

It is our intention to grow the model to 150,000 population by March 2020 and planning is underway to meet this objective.

Branchalwood Practice (NHS Lanarkshire) have notified their intention to withdraw from the service. Our exit planning has commenced, and is intended will be completed before the end Q4. Engagement with NHS

NHS 24 GREEN

Lanarkshire continues as they review their requirements across their locality for the model.

A follow up evaluation with Kersiebank Practice (NHS Forth Valley) takes place mid-February following their exit from the service.

5.1.2 Advanced Clinical Support

Advanced Nurse Practitioners (ANP)

Initial scoping meetings have taken place with NHS Highland and SAS on joint training and posts to develop a remote and rural model of care are complete, with workshops to follow to agree scope and deliverables of each position.

A further recruitment of 2 qualified ANPs is underway and 3 trainee ANPs will be fully qualified in July 2019.

Partner Health boards are continuing to support clinical placements across a variety of care areas and specialties in Golden Jubilee National Hospital, NHS Greater Glasgow and Clyde, NHS Lanarkshire (including the Lanarkshire Medical Group), NHS Tayside in Perth Royal Infirmary and Grampian out of hours service.

A workshop is scheduled with SAS to agree scope and deliverables for joint working, focusing on the development of face to face competencies

Virtual Working

Workstream aims and objectives agreed. First phase defined which will see the improved use of capacity and infrastructure of satellite sites as well as deploying remote working within other clinical settings e.g. GP practices, Board Out-of-Hours Hubs, community hospitals.

Tele-Prescribing

An ambition for this programme has been established to transition from written Tele-prescribing through to digital (paperless) prescribing in line with the national programme. A paper setting out the current and future options for Pharmacist delivered tele-prescribing was prepared by an AMD and Head of Pharmacy. This included information on the regulatory environment, and how each stage of tele-prescribing could develop within NHS 24. This was shared with the tele-prescribing group to inform the delivery of the pharmacist telephone prescribing test of change. A test of change to deliver a tele-prescribing model via our pharmacists will commence during February, with evaluation outputs to follow.

5.1.3 Mental Health Services Re-design

The Mental Health Services Redesign project is preparing a test of change that will see the development of a Mental Health Hub within the 111 service, and aligned with this is the project with SAS and Police Scotland to facilitate a

NHS 24 GREEN

new pathway of care for those people in acute Mental Health distress.

This is aimed at providing people with mental health needs with a compassionate and expert, right care/right time response. The Hub model which is intended will go live during March 2019 will also enable improved integration of all NHS 24's Mental Health services.

The next phase of the programme will be to consider the user needs and requirements of the broader mental health service provision and how best these services can be integrated to provide a seamless experience.

5.1.4 Modernising Out-Patients

A plan to set out NHS 24's offer of support in the wider Access Collaborative is being developed.

Engagement with NHS Dumfries & Galloway is progressing to determine the support NHS 24 can provide specifically in relation to the management of their Neurology Out-Patients. NHS 24 will offer a patient validation (administrative) role which is currently in planning phase.

5.1.5 Digital

The digital programme of activity is being fully integrated into the Service Transformation Programme work streams, in order to fully embed a digital first response to delivery.

Key programmes of activity include SG programmes; Primary Care Digital Services and Care Navigation as well as Technology Enhanced Care (TEC) Programmes such as Video Consultations, Home and Mobile Health Monitoring and computerised cognitive behavioural therapy (cCBT) and Macmillan funded Scotland's Service Directory.

Organisationally, the digital programme is supporting the development of expanded channels of access i.e. Breathing Space webchat and the Art of the Possible outcomes which are facilitating tests of change in enabling channel shift.

6. FULLY ALIGN THE NHS 24 STRATEGY WITH THE NATIONAL HEALTH & SOCIAL CARE DELIVERY PLAN

6.1 All of the work described in this update are focused on delivering aspects of the Health and Social Care Delivery Plan.

6.2 Strategic Planning Resource Allocation (SPRA)

The Strategic Planning Resource Allocation (SPRA) process for 2019/20 has commenced. Review meetings have now taken place for all Directorates with the exception of Communications, Medical and Governance & Performance. The outstanding meetings will be completed by mid February. In addition, a follow up, joint Service Delivery, Service Development and Technology

NHS 24 GREEN

prioritisation and discussion meeting has also taken place to ensure intra directorate priorities are recognised appropriately.

This has allowed a draft five year financial plan to be produced, which was tabled at the 31 January Finance & Performance Committee meeting. This plan will be revisited once all Directorates have taken part in their SPRA meetings and EMT have considered and prioritised all investment proposals. The new service model for Service Delivery is being looked at in detail and a range of staffing options are being considered and explored. A final decision on the return on investment in this area will be key to finalising the five year financial plan

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

7.1 Digital Health & Care Awards 2019

The following nominations have been selected for the Holyrood Connect Digital Health & Care Awards 2019 on 20th February 2019:

7.1.1 Independent Living Award; Home and Mobile Health Monitoring

7.1.2 Digital Health & Care Team; NHS inform

7.1.3 Industry Collaboration (Tactuum); Scotland's Service Directory

7.2 NHS 24's Digital Strategy

Our digital strategy is under development and exists in draft form which has recently been reviewed by our EMT. We are now in a consultation phase with key partners and stakeholders and will be presented to the Board for approval in April 2019.

7.3 Digital Health & Care Strategy

A key interest area for NHS 24 is in Domain C, Service Transformation category of the Strategy, and specifically the role of NHS 24 in supporting the implementation of the strategy through a service design approach to change management. A proposal is being presented to the Digital Health & Care Strategic Portfolio Board in March 2019.

8. CONCLUSION

8.1 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.