NHS 24 **BOARD MEETING**	**12 DECEMBER 2019** **ITEM 7** **FOR ASSURANCE**

EXECUTIVE REPORT TO THE BOARD

This paper provides an overview of progress on the high-level issues associated with the delivery of the NHS 24 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   Improving Services to Ensure Continuous Quality, Safe and Effective Patient Care

The Dental Advisory Group (DAG) review all the Dental Protocols over a 24 month period to ensure the clinical advice stays in line with current clinical practice and evidence. This is led by a member of the DAG and communication with the Scottish Dental Clinical Advisory Programme and National Dental Advisory Committee. The DAG also rely on clinical advice from clinical colleagues at the 3 dental hospitals and surgical colleagues in maxillofacial surgery.

The organisational system has also been reviewed to introduce a test of change for cross-boundary flow of patients in the urgent pathway (where patients are appointed within 24 hours).

2.2 The Associate Medical Director (AMD), working with Primary Care Division, created a national proposal for OOH electronic prescribing for all unscheduled care settings, OOH and police custody. This may provide the opportunity to expand NHS 24 teleprescribing in future. This has now been submitted to the national pharmacy board for approval and funding.

2.3 The AMD represented NHS 24 at the national OOH event and national Adastra event. Specifically discussing national unscheduled care oversight, 12 hour disposition call outcomes and local management of community pharmacy referrals to OOH services.

2.4 The AMD worked with the communications team to produce the Cold vs Flu podcast, detailing the differences between the common cold and flu, prevention and management. The podcast has been distributed via email for all NHS 24 staff.

2.5 The AMD, working with the digital directorate, developed the business case description of telephone triage training levels, skill sets and options for the proposed telephone triage academy.

2.6 Head of Pharmacy (HoP) and AMD are leading the review/revision of inclusion/exclusion criteria for the community pharmacy 'Pharmacy First Patient Group Direction for Urinary Tract Infection' ahead of a joint meeting with NHS Lanarkshire and the Pharmacy Primary Care Leads Group. The meeting will go ahead in December 2019, although changes agreed are unlikely to be implemented until early 2020. This will help standardise the range and scope of presentations that can be treated under the PGD in each Board, and will allow NHS 24 to make more referrals to the community pharmacy rather than the GP OOH service.

2.7 The HoP led the Clinical Content Review commissioned by the Executive Management Team, and produced a single framework for review, sign-off and release of clinical content within NHS 24. The resulting framework will see the existing Clinical Change Governance Group extend its role to include the triage and prioritisation of clinical content down the appropriate pathway to eventually being signed-off and released. The CCGG will also ensure a consistency check has been undertaken where the same content appears in more than one area of the organisation. Sign-off and release will be through a re-purposed Core Clinical Group which will now consider digital content in addition to decision-support and other content. The first piece of clinical content to be considered through the approved clinical content framework will be discussed at the next CCGG meeting on 6 December 2019.

2.8 The MD and HoP attend the Scottish Government Medicines Shortages Resilience Group and Sub-group to ensure clarity of NHS 24 involvement in how information on medicine shortages is to be communicated in preparation for BREXIT, and to manage expectations of SG and other Boards. The Medical Director and Head of Pharmacy work collaboratively with colleagues

in Operations/Service Delivery to ensure consistency of message and commitment.

2.9 The HoP led the development of the NHS 24 Prescribing Policy to underpin the organisation's teleprescribing activity which has been enabled in the frontline service. Pharmacists/Advanced Nurse Practitioners who are qualified as independent prescribers will be expected to comply with the policy which has been approved by the National Clinical Governance Group and the Clinical Governance Committee (November 2019). More detailed guidance and standard operating procedures are also being developed to support implementation of the policy.

2.10 Public Protection

The new Public Protection Lead Nurse has joined NHS 24 after 25 years with a territorial board, and has undertaken an initial scoping exercise of the Public Protection team. The scoping exercise included the remit of the core functions for NHS 24 Public Protection team and what they can offer as a service.

Conclusion of the scoping exercise with findings and recommendations will be shared with the Clinical Governance Committee early 2020.

2.11 Human Trafficking Scotland Act (2015)

Newly refreshed Turas module by the Scottish Government for all healthcare staff that supports them to recognise and respond appropriately to victims of Human Trafficking. The module will be circulated to NHS24 frontline staff in order that they complete the twenty minute module.

2.12 The Health and Care (Staffing) (Scotland) Act

The Health and Care (Staffing) (Scotland) Act received Royal Assent on 6 June 2019. The Deputy Nursing and Care Director and the Health and Care (Staffing) Implementation team are now preparing statutory guidance to accompany the Act and preparation with support from all Health Boards.

In line with all other Health Boards, The Scottish Government Health and Care (Staffing) Implementation Team will visit NHS 24 on Wednesday, 4 December, 2019 to provide an overview of the implementation of each of the provision in the legislation in respect of the Health & Care Staffing (Scotland) Act and explore the following:

- The processes NHS 24 currently have in place and any changes needed
- Any information NHS 24 would find helpful to be included in statutory guidance
- Any examples of good practice NHS 24 have for inclusion in guidance

2.13 Excellence in Care

In common with all health boards NHS 24 is working towards data capture for the core Excellence in Care (EiC) measures for inclusion on the Care Assurance and Improvement Resource (CAIR) Dashboard, for January 2020.

Teams will have access to the data via the CAIR dashboard and be able to utilise the information to inform quality improvement activity.

2.14 EU Exit

The withdrawal from the European Union has been extended to 31 January 2020. There remains a significant degree of uncertainty around the terms of the exit agreement and what it will mean for the UK and the NHS. Using Operation Yellowhammer planning assumptions, key areas such as workforce, medicines, finance and supply chain have all been impact assessed and this will continue to be monitored until Britain exits the EU. An agreement, in principle with Scottish Government on the approach to the use of NHS 24 telephony and digital capability is now in place. The telephony capability will only be used if an issue is identified by Scottish Government or NHS 24. Communication with partners will continue on national command and co-ordination arrangements.

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

3.1 Youth Employment – Apprenticeships Programmes

NHS 24 has employed 3 Modern Apprentices in partnership with "Who Cares? Scotland" which aligns both to our commitment to Youth Employment, but also in our role as a Corporate Parent. The 3 Modern Apprenticeships are working in Communications, Service Development and Technology Directorates.

Our first Graduate Apprentice, has now successfully graduated in a BA in Business Management from Glasgow Caledonian University. There are still 14 other Graduate Apprentices working across the organisation.

Work has commenced with Skills Development Scotland to look at the content of the Healthcare Foundation Apprenticeship qualifications to increase the uptake in this area amongst the Health Service. This framework would be part of NHS 24 career pathway.

Work continues with Skills Development Scotland and NES to review the Professional Development Award in Telehealthcare which could be applicable for our Call Handlers. It is anticipated that this revised qualification would be available early in the New Year.

3.2 Recruitment

NHS 24 continues to recruit Call Handlers, with a further 22 being recruited in November. Further intakes are planned for in January, February and March 2020 with a recruitment campaign already commenced to target students at universities across Scotland. Nurse recruitment campaigns are being planned for with further intakes in March 2020 supporting those currently planned for January and February.

3.3 Workforce Service Improvement

In June, the Workforce Directorate commenced a service design review with the support of Service Development colleagues. This process has generated a commitment to a single shared HR vision and shared objectives in delivering the vision. The first phase of improvement activity focuses on the recruitment pathway and is progressing.

3.4 Attendance Management

A presentation on Attendance Management was given to the Staff Governance Committee on 4 November where an update was given on the progress of the Attendance Management Improvement Plan. It was agreed that following the success of the East Pilot, which was the introduction of the Wellbeing and Engagement Manager that Service Delivery would look at how this role could be extended to other centres.

3.5 HR Connect

The Workforce Directorate is moving all existing workforce content to the new HR Portal HR Connect. This will provide staff and managers with a useful self-service tool giving them information, guidance, useful tools, templates and frequently asked questions. It is envisaged that the Portal will be the first point of contact for our staff members for all HR related information. The portal hosts HR information for the 8 National Boards.

The roll out will commence in January 2020 allowing time for the site to be tested and implemented post festive period. We have done some staff engagement around the portal with information on the Intranet and an article in Insight, demonstrations are also planned at Local Partnership Forums and it is anticipated that communications will be issued at the new team huddles for service delivery.

3.6 Webchat Test of Concept

The Webchat test of concept continues to be run by the Employee Relations Team. Initial engagement levels are relatively low, however, of those staff and managers who have engaged, satisfaction levels have been high, most rating the service 5 out 5 and commenting on the ease of access and that their query had been answered.

Plans are being developed to look at whole Workforce Directorate operating this service to increase availability and extending hours of operation of webchat to ensure we are offering this at times that most suit our customers.

3.7 Learning Resources

An eLearning module is currently being developed with our Participation and Equalities colleagues' team entitled "Signposting for Self Care" which is designed to support staff in GP Practices and other healthcare settings in promoting access to self-care resources such as NHSinform.

As part of the communication strategy to support Excellence in Care and Safe Staffing, an animation is being developed which will provide an engaging overview for staff.

In relation to supporting business continuity, additional learning resources have been developed which provide an overview of the operational processes in place in the event of a technical malfunction, as well as providing bite-sized refreshers for specific roles.

3.8   Leadership and Management Development

The Executive Management Team launched "Investing in Our Leadership Programme" – Cohort 2. Supported by engagement and consultation with the extended senior management team and Area Partnership Forum.

The programme commenced in October 2019 and will conclude in September 2020.   The programme comprises 4 core/mandatory events focussed on organisational, leadership and people management development. There are a further 7 core/mandatory sessions which cover the essential aspects of people management development.

So far, the programme has been evaluated as highly effective by participants.

3.9   iMatter Staff Experience Tool

The iMatter NHS 24 Board Report for 2019 was received on 16 September. The response rate was 65% and the Employee Engagement Index was 78. All of the Staff Governance Standards Strand Scores are rated as improved on 2018, except the Well Informed Strand, which has remained the same and is the highest scoring Strand.

A national Staff Experience Group is being formed to identify actions to be taken to improve on the lower scoring areas, to reduce the number of no reports, and to maintain or improve further the higher scoring areas. All teams are to complete team action plans by 9 December 2019. The Health and Social Care iMatter Report will be available early in 2020 and will contain a team story provided for NHS 24 by the Communications Team.

3.10   Service Model Implementation

Staff successfully transitioned across onto new shift patterns on 28 October with 86% of staff agreeing their initial match or a further match based on a request to change their contracted hours. Around 60 staff have not yet agreed a new shift pattern, we are working through this with the staff involvd using the agreed internal review processes. Staff are receiving shift briefings at the start of each shift as planned and scheduled CPD sessions, initially focussed on mandatory e-learning.

The shift review process and the required shifts associated with that are the basis upon which all current and future recruitment will be determined and initiated. Having implemented the shift review, including adjustment for staff requesting an increase or decrease in contracted hours, recruitment is being

targeted to meet gaps identified, primarily increasing weekend capacity. Service delivery are working closely with HR towards the targets set out in the annual operating plan for call handlers and nurse practitioners, with current projection of 435 FTE call handlers in post by the year end.

We continue to operate the 1:5 supervision model throughout the week to build staff confidence and complete training for the newly recruited staff joining the 111 service. Throughout November we tested the model at scale with each regional centre operating 100% whilst the remaining 3 operate the business as usual model. This allowed us to test the impact on service access, queue and average handling time as well as the staff experience.

The Better Working, Better Care team have also been progressing a number of other key developments to support the new supervision model. These have included a review of the role of Senior Charge Nurses and Team Managers in supporting the new model, development of engagement tools such as the huddle template now rolled out across 111, ongoing coaching for staff, and testing of a 1:3 supervision model with the remote sites. Further review of the clinical content within SAP to support supervision has also been undertaken with sprint 3 planned for implementation in the new year.

3.11 Nursing & Care Recruitment

We welcomed our new interim Head of Clinical Governance & Quality Improvement in October 2019. This will ensure important capacity and capability in this area to support the continuous improvement of our services.

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

4.1 The AMD (MH) met with a Research Fellow from the Usher Institute at the University of Edinburgh and identified patient journeys in the Unscheduled Care Datamart as a promising area for collaboration.

4.2 The Primary Care Triage project is now live in Lockerbie and Upper Nithsdale in NHS Dumfries and Galloway. The implementation in East Lothian is progressing with a further practice expected to join in the next 6-8 weeks, depending on successful testing of new process.

4.3 As part of our strategic engagement activities, the MD and Director of Service Development engaged in a number of external facing strategic groups in recent weeks including the NHS GGC Local Medical Committee and the Chair & Vice-Chair IJB group to provide an overview specifically of our Primary Care Reform, Mental Health and Digital developments. Significant interest has been generated and follow-up activity underway. The CEO also presented to the IJB Chief Officer group on 28 November 2019 in relation to NHS 24's offer around 'Integration Enablers'.

4.4 NHS 24 contributed to the Digital Health & Care Fest week in November 2019. The CEO led a panel session on Digital Innovation in Care and

Support. The MD and Director of Service Development presented on 'Innovation in Primary Care'.

4.5   The Director of Service Development gave evidence to the Health & Sport Committee on the Future of Primary Care: Phase 2 and was part of a panel with a specific focus on digital and technology.

4.6   NHS 24 has received funding to support the Collaborative Leadership in Practice (CLiP) programme facilitated by NES and the Scottish Social Services Council (SSSC) to build reflective practice into change leadership. The focus of this is the collaborative work with East Lothian Health & Social Care Partnership (ELHSCP), Riverside Medical Practice and NHS 24 on our developing Primary Care Triage Service. The programme will run from January to March 2020.

4.7   **Be Health-Wise this Winter**

The NHS Scotland 'Be Health-Wise this Winter' campaign was launched at the end of November by the Chief Pharmaceutical Officer (Scottish Government) our HoP, and our Lead Nurse for Mental Health and Learning Disabilities.

The 'Be Health-Wise' campaign is a winter health initiative designed to raise awareness of common ailments, support the appropriate use of NHS services and to encourage readiness ahead of the festive season when primary care services are altered. This campaign is fronted by Dr Owl and uses advertising (TV, radio, digital and press), PR and social media to remind people to:

•   Check your GP and local pharmacy surgery opening times
•   Make sure you have enough of any repeat prescriptions and if not, order only what you will need and in plenty of time
•   Make sure you have home remedies to deal with common winter ailments

TV, Radio and digital advertising is now underway. The campaign is also supported by comprehensive PR & social media activity.

The latest episode of 'Talking 24', our monthly podcast, is designed to support winter health communications. It is entitled 'Cold vs The Flu' and takes a lively and informative look at these seasonal illnesses, how we can avoid them and what to do if we succumb. The podcast is available here:
https://anchor.fm/talking-24/episodes/EP9--Cold-Vs-Flu-e96uqe/a-a130gs6

5. DELIVER THE CORPORATE CHANGE PORTFOLIO (previously Service Transformation Programme)

5.1 Primary Care Reform (PCR)

The business case to develop the Telephone Triage Training Academy (TTTA) is in the final stages of completion and will be presented to EMT during December 2020 for review. The proposal sets out an extended role for NHS 24 in utilising our triage expertise and experience to build local capability. As part of recent strategic engagements there is a growing appetite for such a service offer. If accepted, the proposal will see a test of change with a few alternative geographic and demographic areas.

We are currently agreeing an academic evaluation process of our Primary Care Triage (PCT) service model.

Internal resource planning for the upscale of PCT from 2020-21 with NHS Borders and NHS Dumfries and Galloway has commenced. An internal workshop session is being scheduled to ensure that our Service Model and technical capabilities meet the requirements of the expanding model.

5.2 Mental Health Redesign

The evaluation of both the Mental Health 'hub' and the Breathing Space webchat channel is completed and has been reviewed and considered by the MH Programme Board.

Agreement to phase the expansion of the 'hub' model, subject to SG funding, has been approved. This will be part of Phase 2 activity using our agreed approach to Service Design.

Planning continues with the Police Scotland and SAS collaborative in relation to the soft launch of the enhanced pathway to support a test of change to support people contacting our services in acute mental health distress.

5.3 NHS 24 Operating Model

This programme will have its first Board meeting in December to review the Terms of Reference for this work.

5.4 SEDATe (Service Enabling Digital and Technology Estate) Programme

A separate report to the Board is included in the papers for the meeting.

5.5 **NHS 24 Estates Programme Business Update**

A separate report to the Board is included in the papers for the meeting. Golden Jubilee National Hospital have provided an alternative phased timeline for NHS 24 to vacate the site.

The plans to create additional capacity at Norseman are progressing well. As are plans for Mental Health Hub staff to utilise three pods out of hours at Caledonia house currently used by non-call handling staff. A DPIA assessment is currently being assessed to ensure there are no data protection issues that have not been considered.

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

6.1 The AMD (MH) and Head of Digital met with the Child and Adolescent Mental Health Services (CAMHS) team at SG, and identified areas for collaboration and further development.

6.2 The AMD (MH) reviewed data from the NHSinform Suicide Prevention Adword campaign, and identified scope for further analysis. Literature review support from the University of Edinburgh and data science expertise has been identified and ethical approval for external analysis is being sought.

6.3 The MD attended the Royal College of Emergency Medicine Policy Forum with the Associate Director of Operations & Nursing. Discussions included NHS 24 Strategy, Mental Health Hub and delivery of Health & Social care Integration. Two outputs are:

- A planned meeting in early 2020 with NHS 24 and senior clinicians in emergency medicine seeking opportunities for greater collaboration.
- An invitation by NHS Tayside Emergency Medicine Lead to join urgent care reconfiguration work.

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

7.1 NHS 24 continues to strengthen its partnerships with SG Technology Enabled Care Programme, Digital Health & Care Strategic Portfolio Board and specifically through the development of the National Digital Platform (Enabling Infrastructure, Digital Health & Care Strategy).

7.2 Work is progressing on the development of a 'commissioning approach' between Scottish Government and the National Boards who have a role within the delivery and implementation of the Digital Health & Care Strategy.

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.