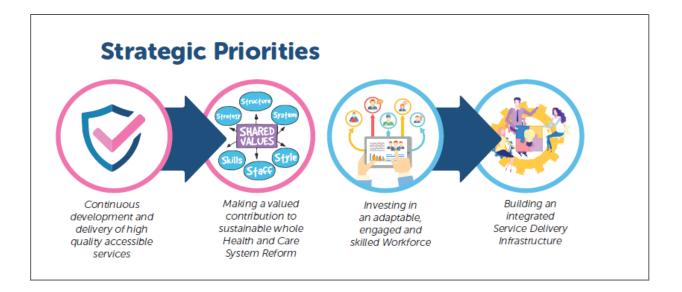|	
NHS 24 **BOARD MEETING**	**27 AUGUST 2020** **ITEM 8** **FOR ASSURANCE**

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

Strategic Priorities

Continuous development and delivery of high quality accessible services

Making a valued contribution to sustainable whole Health and Care System Reform

Investing in an adaptable, engaged and skilled Workforce

Building an integrated Service Delivery Infrastructure

1. INTRODUCTION

1.1 The format of this report positions updates against the four strategic priorities identified within the NHS 24 Operating Plan 2020/21-23.

2. CONTINUOUS DEVELOPMENT AND DELIVERY OF HIGH QUALITY ACCESSIBLE SERVICES

2.1 COVID-19 – Clinical Governance

The Clinical Governance processes which Nursing and Care had undertaken to support service delivery during the intense challenge of the initial phases of COVID-19 have now reverted back to service delivery with the understanding that this may change again at short notice should it be required. Nursing and Care continue to support and input into call review management and in finding themes for development.

Nursing and Care continue to play a pivotal role in Infection Prevention and Control in ensuring NHS 24 are responsive to and acting upon Scottish Government guidelines in relation to COVID-19 and the working environment.

2.2 Clinical Development Team

Since the beginning of March the Nurse Consultant, Telehealth and Telecare has been working with the CDT related to COVID-19. This work has related to:
- Development and updating of the protocol used by frontline staff,
- Chat bot development - voice activated option is expected to be live in August 2020
- Better Working Better Care - clinical development and outcomes
- Remote Prescribing
- Redesigning urgent care (Emergency Department Outcomes)

The Nurse Consultant, Telehealth and Telecare also continues to chair the National Patient Safety Group and Clinical Education Governance Group.

2.3 National Wellbeing Helpline

The Scottish Government commissioned NHS 24 to develop a national wellbeing helpline specifically for the health and social care workforce. This is being routed into the NHS 24 Mental Health Hub and went live on the 20th July 2020. This national service complements the existing range of local and digital staff wellbeing support services. The helpline details are displayed on the National Wellbeing Hub hosted by Psychosocial Response to Major Incidents, Scotland (PRoMIS). The National Wellbeing Hub is a partnership between national, local and professional bodies with a shared passion for looking after the emotional and psychological wellbeing of our health and social care workforce.

2.4 Distress Brief Intervention Programme

The First Minister supported the expansion and development of DBI into a nationwide response for people presenting urgently in emotional distress during the Covid-19 pandemic. The expansion has created a new pathway to person centred support for those who contact NHS 24. A DBI Level 1 response is being provided with confidence and clarity by the Mental Health Hub Team at NHS 24, who have received training from the University of Glasgow. DBI Level 1 training is now firmly incorporated in the NHS 24 MH Core Induction Programme. With over 300 referrals now completed – the feedback for NHS 24 from DBI Level 2 providers remains extremely positive. The Mental Health Directorate at the Scottish Government acknowledged the professionalism and expertise of NHS 24's Mental Health Team in the development and delivery of this pathway.

2.5 Mental Health Hub

Co-development with the Quality Improvement team is underway to review and improve the quality indicators for the Mental Health Hub, in the context of the new national mental health quality indicators.

2.6 Evaluation, Assessment & Review Group

Head of Pharmacy (HOP) chaired the Evaluation, Assessment & Review Group (EAR) under direction from the Remobilise, Recover & Renew (RRR) Group to bring together all available information on changes to models of care and ways of working that occurred as a result of the Covid-19 outbreak. The report was completed 30 July and was presented to the EMT 18 August to support the development of the NHS 24 Recovery Plan.

2.7 EU Exit and Preparedness

As members of the Board will be aware, EU negotiations are continuing. However, Boards must be prepared for a no deal scenario. A revised set of reasonable worst case scenario planning assumptions are expected to be issued by UK Government in the coming weeks. Scottish Government will then review this document for Scottish specific considerations. It is then expected these will be issued to Boards to provide a readiness assessment. Previous planning has indicated that this risk is low to NHS 24 in the short term, and we will engage with the Scottish Government preparedness assessment to determine the risk post COVID-19.

3. MAKING A VALUED CONTRIBUTION TO SUSTAINABLE WHOLE HEALTH AND CARE SYSTEM REFORM

3.1 Annual Review

Preparations are underway for the intended Annual Review before the end of 2020-21.   NHS 24 are proactively updating the self-assessment and will be developing the 'At a Glance' outputs. Consideration is being given to how NHS 24 might engage with a public and partner audience virtually and this will be shared with the relevant Committees and Board in due course.

3.2 Change Portfolio

Our Change Portfolio as the vehicle which delivers our significant programmes of change and transformation, has been under review during recent months. The focus during the first wave of Covid-19 was to agree a position to pause or accelerate activity where there was a direct and positive impact on our ability to manage and respond to the pandemic. Our Remobilisation Plan sets out the key strategic themes and acts as our AOP for the remainder of 2020-21. Careful consideration has been given to the balance between change activity and all other organisational priorities to set out a clear organisational focus for this year.

3.3 Public Protection

There has been a significant increase in Public Protection referrals due to a variety of factors and this has placed additional pressure within the team. This risk has been mitigated by utilising support from Nursing and Care was successful. A more sustainable plan is underway.

The Lead Nurse for Public Protection continues to link in with National Groups on Public Protection matters. A meeting regarding access to the National risk register has been arranged for September 2020.

In order to meet the minimum Public Protection training requirement for all NHS Scotland staff – and following agreement by NHS 24's Executive Management Team, all NHS 24 staff are now required to complete the Public Protection eLearning module (this is already part of annual mandatory training for core Service Delivery skillsets).

3.4 Corporate Parenting

The Corporate Parenting three year progress report and 2020-2023 plan has been agreed. The Scottish Government lead for Corporate Parenting will be making contact with the executive lead at NHS 24 to discuss the plan in greater detail.

3.5 COVID Testing

A consistent route for facilitating testing of case contacts in outbreaks and NHS 24's role in supporting this has been agreed through the national COVID coordination group. This has led to a national SOP ensuring early engagement with NHS 24 by local board IMTs with local outbreaks. Collaborative work with NHS Grampian for a pathway for testing asymptomatic contacts has ensured testing is wherever possible arranged through a digital route and is being extended as a national process from Monday 24th August. The issue previously highlighted about access to test results has been resolved through Primary Care Division and Test & Protect, together with detail on understanding a test result on NHS 24 channels including Inform, chat bot and the COVID helpline.

3.6 Detection of At Risk Groups

Medical Director is co-chairing a short life working group commissioned by the Chief Medical and Chief Nursing Officer to assess opportunities to optimise detection of at risk groups in the pre-hospital environment. This will report to the Clinical Cell in Scottish Government and will influence planning for Winter 2020/21.

3.7 Cross Directorate Assessment

Submission to the Scottish Government of a cross directorate assessment of potential adjustments to arrangements with the UK wide National Pandemic Flu Service – this could impact how a Scottish digital response could develop to

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support large scale prescribing of antivirals for a flu pandemic, or community treatments if available, for coronavirus.

4. INVESTING IN AN ADAPTABLE, ENGAGED AND SKILLED WORKFORCE

4.1 ICT Review

NHS 24 has procured ABR Consulting to undertake a review of our Technical and Digital skills and capabilities in line with our strategic ambitions. The report makes a series of short term (next 2 months), medium term (6-9 months) and long-term (next 2 years) recommendations.

In the short term the recommendations focus on the support requirements for the Connect Programme in terms of developing the Business Case for ICT/Digital Transformation, staffing requirements for FBC, Programme Assurance and developing the Web Development Target Operating Model (TOM).

In the medium term, after the development and approval of the Business Case a period of planning, engagement and delivery would follow. Longer term the completion of the ICT/Digital Transformation Programme would realise the ambition for the organisation and would embrace new ways of working to achieve the desired state.

4.2 Supporting Staff during COVID

The Workforce Directorate continue to support the COVID 19 work by supporting the testing process, providing wellbeing support and initiatives to staff, issuing of up to date information and guidance to staff and managers, and supporting recruitment of staff during COVID. The Workforce Directorate has developed the COVID Health and Wellbeing Strategy in partnership and is continuing to guide and support staff. A Wellbeing Strategy to support staff for the future is in the process of being prepared.

4.3 Home-working

As a direct impact of Covid-19 NHS 24 immediately responded to the requirement for support staff to have the ability to work from home through the assessment and identification of requirements such as access to remote working tokens, laptops and mobile phones where these were not already available. Our staff have over this period quickly learned to adapt to home-working and developed extremely positive ways of working through the introduction of MS Teams. A short-life working group which ended in July was established through the leadership of our Workforce Director which assessed the medium term requirements, including a review of our home-working policies, Display Screen Equipment assessments to improve the office environment within the home, and Mental and Physical health to ensure we continue to support those home-based workers. This work has now concluded and the outcome of the group has been actioned for staff.

4.4 Personal Development Planning and Review

Following previous discussion and endorsement by the Staff Governance Committee of a renewed organisational approach to appraisal within NHS 24, a paper was presented to the Executive Team in June. This sought to clarify a target and measure for effective appraisal, and to consider what the corporate approach to objective setting and personal development planning should be. The Executive Team agreed on the target of 100% of eligible staff to have had agreed objectives, personal development plan and a completed appraisal within Turas Appraisal in the past 12 months. Staff objectives should be informed by alignment to high-level strategic aims or organisational values. Work is progressing to engage with staff on the key messages about the value of an effective appraisal process, and training sessions covering this commenced in July.

4.5 Attendance Management

The Staff Governance Committee has endorsed a revised Attendance Management Improvement Plan. As this is a key corporate priority and area of risk, the work is being taken forward across the organisation and is being jointly chaired by a member of the Executive Team and a Staff Side representative.

As part of the plan, an Attendance Management Training Plan has been approved by the Attendance Management Steering Group – training is mandatory for all people managers, and two training options have been developed with both an eLearning module and facilitated online training sessions being available from August. Weekly reporting will track attendance/ completion of the training package and there will be continuing communication and engagement with managers, with feedback being sought and further training resources developed as required.

4.6 Directors of Pharmacy Meetings

The Head of Pharmacy attends regular meetings with Directors of Pharmacy and joint meetings with Scottish Government to contribute to, and learn from, the actions being taken by partner Boards in light of the Covid-19 outbreak. Head of Pharmacy also continues to link with the Transforming the Acute and Primary Care Prescribing/Dispensing Pathways work around future development of electronic prescribing.

5. BUILDING AN INTEGRATED SERVICE DELIVERY INFRASTRUCTURE

5.1 Connect Programme

Since the approved Outline Business Case (OBC) in June 2020, work has been completed to enable readiness to progress the FBC (Phase 2). We have been closely reviewing our organisational priorities as a result of the requirement to support and enable a new Urgent Care pathway in support of Emergency

Departments as well as the continued pandemic response and winter pressures. We have taken the opportunity to reframe our Connect Portfolio, and this is presented to the Board today for approval. Our proposed reframed Connect Portfolio has been trailed and discussed at both our Executive Management Team and the Planning & Performance Committee.

5.2 Scotland's Digital Health & Care Strategy

The above strategy was launched in 2018, and as a result of the system response to the management of Covid-19, has created the conditions to re-think the system through a digital lens. NHS 24's digital health and care platform will be pivotal to the considerations, and we have been approached to be part of the review which is expected to conclude later this year.

6.   CONCLUSION

6.1   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.