

**NHS 24
BOARD MEETING**

**19 AUGUST 2021
BD (2021/22) 002
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 2021/22 Remobilisation Plan, since the last Board meeting.

Executive Sponsor: Executive Team



Introduction

1. The format of this report positions updates against the four agreed Board strategic priorities.

Continuous Development and Delivery of High Quality Accessible Services

Redesign of Urgent Care

2. Phase 1 of the RUC implementation is completed with the inclusion of the under 12s into the pathway and the conclusion of the TV/radio media campaign. The former has had a very positive impact on the proportion of calls being routed through the Board Flow Navigation Centres (c60% of all A&E outcomes). The TV/radio campaign ran for a number of weeks in June and July and the impact of this was tracked closely in terms of 111 demand. Although there is an increased level of awareness and there has been a small increase in calls to the A&E line within 111, we did not see any significant spikes aligned to the campaign that impacted on our capacity to deliver the service. A full evaluation of the media campaign will be undertaken to determine levels of public awareness.
3. Phase 2 workstreams are also coming together with initial meetings being held across each in early August. NHS 24 is represented on each of the workstreams – mental health, SAS, MSK, primary care interface, and pharmacy – and will co-chair the group looking at MSK specifically. The NHS 24 RUC programme board will oversee input across the full programme and maintain a monitoring role in embedding delivery of phase 1 pathway, inclusive of the continued recruitment, which is currently 80% complete but which will be impacted by anticipated timetable in terms of estate configuration.

4. Full time AMD working with Comms and Digital team on updating NHS 24.scot and NHS Inform websites with regards to info on when to call 111 for urgent care. Concerns with RUC roll out are patients not given accurate information on when to call 111. Continue to work with both teams to improve public messaging on sites.
5. Refreshed back pain clinical content has been developed and circulated to a newly formed Emergency Medicine (EM) expert clinical group for comment. Partner feedback will be integrated into new staff Q&A sessions to clarify scope and purpose of Redesign Urgent Care Pathways. EM subject matter expert collaborating with NHS 24 practice educators with the aim of increasing understanding of patient flows associated with the Redesign of Urgent Care pathways

COP26

6. COP26 will take place in Glasgow SECC from 1-12 November 2021 with significant number of dignitaries, Heads of State etc. from nearly 200 countries in attendance. Coinciding with the event there will be a number of parallel (demonstrations, etc.) happening in the Glasgow area and throughout Scotland. SG will require assurance from all Boards in relation to their planning for the event. NHS 24 has established an internal planning group, linked with NHS GGC and will be part of their planning group, and are represented on the national healthcare planning group to ensure appropriate flow of information and planning.
7. The ongoing management of Covid-19 are relevant to the parallel events. For example, Madrid COP 25 had circa 500,000 people involved in the demonstrations. In addition, NHS 24 operating model and capability have changed since the original planning assumptions were made. This will have an impact on both business as usual, resilient planning and major incident planning. Medical Team and Head of Risk Management & Resilience have engaged with SG Health Resilience Unit and the SG Urgent Care pathway lead to determine how RUC and NHS 24 capability will play into major incident planning across the Boards. As Executive Lead for Risk & Resilience, the Medical Director will keep the EMT and the Board apprised of how this is being managed.

Clinical Development

8. The Nurse Consultant, Telehealth and Telecare continues to work with Clinical Development Team (CDT). Currently the work is focusing on:
 - (a) Each call which results in a final endpoint of 999 requires an SAS incident number to be added to enable the call to be closed. This change was in response to an Adverse Event in which an ambulance response was not requested. This change provides an improved governance structure and reduces the risk of this occurring in the future
 - (b) To further support the role out of Redesigning Urgent Care a new outcome of AED2 allows children over 18 months and less than 12 years to be referred to the Flow Navigation Centres thus improving the care pathway for children and more appropriate referrals
 - (c) Due to the current pandemic all Health Boards Rotas are active 24/7 to allow referral to the COVID Assessment Centres. As services return to normal and NHS 24 covers local public holidays a change has been raised to allow calls which utilise the COVID 19 keyword to be sent via the ADASTRA message service in the absence of any type of rota. This will ensure calls are not incorrectly send to Health Boards who are open, and callers should contact their own GP services
 - (d) An improved functionality to allow the CT to change keyword from COVID 19 is in development. This will ask the user to confirm if the call requires a COVID 19

assessment. If no this will allow the CT to select any keyword thus improving clinical safety and allowing the patient details to be sent to the appropriate service

- (e) To allow calls who require a mandatory SKA to be progressed in a timely manner and support appropriate patient referral a warning will be presented to the user to advise that there is an issue with the google mapping widget and this cannot be reached, or results cannot be displayed. The application will present the list in alphabetical order in relation to the SKA type required
- (f) Suppression of the interaction record allows only contact records to be returned to the staff member within the patient record. Up to ten records can now be viewed which improves the ability to view all relevant information and improves the user experience as no unnecessary information is returned
- (g) New non chi Health Board has been added to the workflow within Highland in relation to postcodes covered by Glasgow within the Out of Hours period (OOH). This change allows a range of postcodes to align with alternative health boards who provide care in the OOH for the 111 service only. This change is seamless and requires no further action by NHS 24 staff. It allows an improved journey for callers within these areas who require care in the OOH period
- (h) All callers who contact NHS 24 with COVID related symptoms via a mobile phone are sent a SMS text message which directs them to current information on NHS Inform. The SMS now contains a link which directs them to a community survey which is being carried out by Public Health Scotland. The information is used by PHS to monitor the spread of Coronavirus in Scotland
- (i) Changes are ongoing within the Dental service to allow improvement of the SEDs call flow. A new skillset of Dentist has been added which replicated the Senior Dental Nurse Profile. This allows the dentist to resume decision support when the call is passed from a Dental Nurse, access the remote prescribing functionality, record whether they have used the Attend Anywhere functionality and end point management all decisions. Additional reporting functionality is now available to monitor these changes.
- (j) Additional resilience has been developed to support SEDS sending patient details to their dental partners when email is unavailable. Utilising the sub service for SEDS allows a soft fax to be sent to the Dental Board.
- (k) Changes are also in development to ensure all notes are sent with the dental appointment to provide consistency across the application. These will be triggered to send when the contact record is set to complete and saved.
- (l) Ongoing changes are in place in relation to expanse and development of the Mental Health Hub. The ability to view previous Mental Health Risk Assessment (MHRA) reports allows improved clinical safety for repeat callers and allows the user to compare previous risk assessment with current presentations.
- (m) A navigation function has been enabled for the MHRA to allow the user to navigate to any section of the assessment and complete as desired. This allows an improved user and patient experience and the potential to reduce the call length.

Patient Safety Leadership Walkrounds

9. The Patient Safety Leadership Walk rounds action plan which will combine staff engagement sessions was presented and approved by the Executive Management Team on 20th July 2021, detailing a restart in August 2021.

Communications & Engagement

10. To help support service demand, the Communications Team have worked with digital and service delivery colleagues to deploy a number of assets and methods across social media and digital channels to help signpost the public to the right care in the right place.
11. There has been a significant upturn in social media activity both in terms of our output but also public engagement with content. This content has been exclusively designed to support the 111 service with signposting and self-help advice. Public engagement has increased due to the vaccine rollout and latterly the vaccine “passport” scheme. We have reviewed social media content to take a very proactive approach relating to busy periods and have updated the “when to call 111” page on nhs24.scot to make people aware of peak demand times.
12. Following a test of change in March, we have trialled the use of Facebook advertising to target specific conditions based around frequency and timings of SAP keywords. Three initial adverts were created and deployed to an all Scottish audience – these were UTI, abdominal pain and accessing medicines. A total of 66,144 people were reached and the click through rate was 4% (average is 0.89%). NHSinform content saw a significant increase, particularly the accessing medicines self-help guide which saw an additional 400 people engaged. Whilst the numbers are small, the data does indicate that this approach, if amplified, could direct more people to the relevant content on NHS inform. Further iterations will be rolled out over the summer and, once sufficient data has been gathered, a recommendation will be made for a corporate approach to the use of digital advertising out with campaign activity. We are also developing governance and a risk matrix to support this work.
13. Parallel to the SAP keyword targeting we have been using social marketing to support the rollout of mental wellbeing tools available via Silvercloud. This incorporates both Google Adwords and Facebook ads. Early indications suggest this has been successful.

Equalities and Human Rights

14. Following an equalities focussed presentation at a Board Development Session in March, Board approved the establishment of a Short Life Working Group (SLWG) to consider opportunities to enhance and strengthen NHS 24’s responsibilities and commitments in relation to equalities, human rights and health inequalities as we enter the next period of remobilisation and strategy development. The group has had two meetings and will be working to produce a final report to share with the Board in October 2021.
15. Scottish Government has tasked the Improvement Service to work with Public Bodies in Scotland to embed the Fairer Scotland Duty. NHS 24 has supported a series of guidance sessions delivered to public sector colleagues across Scotland and showcased the work of NHS 24 Estates Programme in embedding the Fairer Scotland Duty principles of considering the socio-economic impact in strategic decision making. A case study of this example will feature in SG guidance to be published during Poverty Week October 2021.

Making a Valued Contribution to Sustainable Whole Health and Care System Reform

NHS 24 Corporate Strategy Development

16. Development of the Strategic Plan is underway. Two key strands of engagement activity will inform the development of our Strategy:
 - Visioning Phase: Gathering views through each stakeholder lens where they understand NHS 24 to be now and a desired future state.
 - Consultation Phase: Formal consultation phase on draft strategy
17. Work is currently underway to capture the view of the Directorates and understand key organisational surveillance and key national strategy and policy. Phase one will conclude after the Board Workshop at the end of September 2021. We are engaging with internal staff through an online survey via a specially developed Corporate Strategy Intranet page and are encouraging discussions through Teams, where possible. We welcome the sharing of the external website with any key partners and professional stakeholders you would wish to involve and the on-going encouragement of staff to participate, to get as many wide ranging views as possible.
18. We are also engaging with key external partners and professional stakeholders through a survey on NHS24.scot on a specially developed consultations page and some individual structured discussion sessions.

Emergency Care Summary/ Clinical Portal

19. The Head of Pharmacy met with the Chief Pharmaceutical Officer, Scottish Government, and the Director for Scotland at the Royal Pharmaceutical Society (pharmacist professional body) to increase use of the Emergency Care Summary/Clinical Portal by community pharmacists. This will enable all Community Pharmacists to access medicines history. This should reduce calls from Community Pharmacy to 111 service to validate patient medicines. In response, the Head of Pharmacy will work with the Royal Pharmaceutical Society and Community Pharmacy Scotland (contractor body) to produce some national guidance to encourage and support community pharmacists and increase their confidence in using it going forward. This has Scottish Government support.

Realistic Medicine Action Plan

20. The Head of Pharmacy finalised the Realistic Medicine Action Plan for NHS 24 with the Medical Director and submitted this to Scottish Government for review. One of the key deliverables was to produce a national campaign (It's OK to Ask) to expand on the ambitions of the "Citizens' Jury" of informing and educating patients of their right to ask questions of their health professionals through a 'digital first' multichannel campaign launched on 11th May. Early evaluation of the 'It's OK to Ask' campaign was positive, with radio spots creating an opportunity to hear of 6.5 (the number of times a listener is likely to hear the radio advert) and 555 downloads of the campaign leaflet, which included downloads of audio, BSL and translated formats. These initial findings were presented to the Scottish Government Realistic Medicine Network session on 23rd June 2021 and was well received. It is planned to undertake a more formal evaluation of the campaign in the autumn where the campaign messaging will be reinforced to members of the public.

Health and Learning Disabilities

21. The Lead Nurse for Mental Health and Learning Disabilities has been working with NHS Education for Scotland and Psychology National Assessors to develop a role for a Consultant Clinical Psychologist within NHS 24. This is a permanent 0.5 wte post. As the strategic lead for Psychology, the post holder will represent NHS 24 on National forums and programme boards including HoPS. This role will encompass both operational and

professional aspects of leadership and contribute to planning across all aspects of NHS 24 and links to the wider system. The Consultant Psychologist will provide expertise on appropriate policy, systems and programmes to promote effective delivery and quality of all psychologically-based interventions delivered in NHS 24.

22. A Learning Disabilities Practice Development Nurse was commissioned by the Lead Nurse for Mental Health and Learning Disabilities to conduct a scoping exercise into the needs of people with learning disabilities and/or autism to access NHS 24. This was done in partnership with NHS Fife. The recommendations from the scope provided key areas of focus for NHS 24 in meeting their ambitions in a stratified approach. The Executive Management Team have approved the introduction of the role of Senior Nurse for Learning Disabilities.

Digital Mental Health Platform (Phase 1)

23. We have received a work request from SG Mental Health and Wellbeing division in SG to develop a Mental Wellbeing Self-Management website by the end of March 2022. This will follow Service Design principles and has been approved by the NHS 24 Mental Health Programme Board. This commission is very much in line with our digital future ambitions, as reflected in our 2021/22 Remobilisation Plan, aligning also with the next iteration of NHS inform.

External collaboration

24. We have been approached by NHS Wales 111s website team in relation to using NHS informs mental health resources (content and self care guides). Much of this content is created with Heads of Psychology and therefore we have engaged with this network to seek agreement from them. The NHS 24 Mental Health Board have approved initial discussions with NHS Wales 111 (following HOPS approval) to determine more detail on their ask.

Investing in an Adaptable, Engaged and Skilled Workforce

Shift review – phase 2

25. Phase 2 of the shift review is now underway. In the first instance this will look to align Team Managers and Senior Charge Nurses with their teams to facilitate more effective team working and structured engagement. This was always a key aim and vision of Phase 1 of the review and will support both ongoing management of staff, but also team engagement and CPD. It is also anticipated that there will be a positive impact on attendance where staff feel more connected to their manager and their team.
26. The engagement and analysis phases are underway. Although the number of staff involved in this second phase is less than in phase 1, the complexities and breadth of the role are greater and the same principles of effective engagement to determine need will be maintained in phase 2. The dental team will follow the management cohort, then pharmacists, with phase 2 being completed with scheduled care service in 2022.

Health & Wellbeing

27. The Health & Wellbeing Action Plan continues to be progressed, with the main areas of work being:
 - (a) Introduction of Wellbeing/ Rest rooms for staff at all sites. We are now looking at outdoor rest areas where centres have an outdoor facility.
 - (b) Coaching or Wellbeing- A coaching service is now available through NHS Education for Scotland and has been communicated to staff. Monitoring of the uptake on this from NHS 24 staff will be undertaken.
 - (c) Implementation of a Workplace Adjustments Policy- Working with the Disability Business Forum, we are developing a Disability and Workplace Adjustment Policy

which will include a Tailored Adjustment Agreement (TAA), which is a record of the agreed and key adjustments required to support the employee in carrying out their role.

Attendance Management

28. The Attendance Management Plan continues to make progress. The main areas of work at this time are:
- (a) Regular communications with staff- Regular communications are provided in fortnightly editions of Team Talk and on the intranet. This includes a focused set of articles on the work of Wellbeing Managers, An info graphic on attendance has also been developed for Team Talk and appears monthly. In addition, a wellbeing message of the week is promoted to staff in between issues of Team Talk. A comprehensive range of content is developed and updated for both the intranet and on our corporate site.
 - (b) Wellbeing Team Managers in place- Regular meetings are now in place to support Wellbeing Team Managers and KPIs have been implemented as measurements of initiative. There have been good outcomes in response to a number of return to work interviews being undertaken, recording of correct absence data and communication with staff off sick.
 - (c) Improved Sickness Absence Reporting Data - The first Power BI dashboard developed for the Heads of Clinical Service of each centre has been published and initial training has been delivered. The Workforce Planning and Development Team are now moving their attention to developing a monthly performance dashboard for the Wellbeing Team Managers.
 - (d) Actions have been developed in response to the report from the Scottish Government representative who was reviewing NHS 24 attendance management practices. The main actions are around implementation of the policy, reasonable adjustments, and communications with staff.

Organisational Development, Leadership and Learning (ODLL)

29. The Benchmarking Exercise to identify best practice in relation to whole function Organisational Development Leadership and Learning (ODLL) practices and structures has been completed and the data analysed. A collated report is currently in draft and will provide recommendations which will inform the transformation of ODLL within NHS 24. The goal is to strengthen individual, team and organisational performance in order to meet strategic outcomes. This complements and supports the external OD Review conducted in autumn 2020. The findings will be shared across interested stakeholders (i.e. OD Leads) within NHS Scotland.

iMatter 2021

30. The Executive Management Team approved a paper on 8 June 2021, which contained options for the approach to iMatter implementation in NHS 24. The Staff Governance Committee were presented with a paper on this for assurance on 29 July 2021. The key points for noting within the paper were:
- (a) Previously within NHS 24, the focus has been on iMatter Response Rate and Employee Engagement Index (EEI) rather than team action planning.
 - (b) Action planning completion in NHS 24 previously has been low. This will be an area of scrutiny in 2021, requiring renewed engagement at all levels, to produce Team Stories that reflect staff experience and its impact on the service.
 - (c) The time within which to submit action plans has been reduced from 12 to 8 weeks.
 - (d) In 2021, in addition to the introduction of sub-reporting levels for all managers of managers, reports will be provided for teams of 5 and above, regardless of response rate.
 - (e) The eESS data will be used during the Team Confirmation stage.

Currently, Team Managers are confirming their team members on the Webropol system, in readiness for the staff experience questionnaire being issued to staff from 13 September to 1 October 2021.

Leadership and Management Development

31. A project plan for a Management Essentials Programme was initiated in July 2021. The Programme will primarily be aimed at first line and newly promoted people managers, as well as managers new to the organisation. A comprehensive review has been undertaken of the resources available internally and nationally to integrate products that are fit for purpose. The Benchmarking Exercise (see point 20 above) was helpful in identifying practise in organisations in the public and third sector, including use of competency, leadership and management frameworks.
32. Engagement and consultation with key stakeholders has commenced which will help to ensure that the Programme design, content and mode of delivery meets the needs of the organisation and the diverse NHS 24 workforce. The Programme continues to be developed and a paper will be submitted to the Executive Management Team in September 2021.

Mandatory Training

33. An improved approach to statutory and mandatory training in the organisation was approved in July 2021 – this incorporated an Improvement Plan which outlined key actions relating to clarity of requirements, communication approaches and improvements in reporting. These actions commenced in July 2021, with a target date set of 31st Dec 2021 to increase compliance across all mandatory training topics. Helen Meldrum (Head of OD, Leadership & Learning) and Andrew Moore (Associate Director of Nursing and Care) will meet with the Board prior to the next Staff Governance committee to discuss this priority further at their request.

Professional Development Award in Telecare

34. An opportunity to offer NHS 24 staff a Professional Development Award in Telecare was approved in July 2021. The initial programme offers 10 places (funded by NHS Education for Scotland) in 2021/22, and is aimed predominantly at our call handling staff. An application and selection process will be progressed, for candidates joining induction sessions in October 2021 and January 2022.

Workforce Data

35. As part of the Workforce Data Warehouse Project the Workforce Planning and Development Team are reviewing the data published to ensure it meets the standard required for Official Statistics. This means guaranteeing data meets the three pillars of the Code of Practice for Statistics: Trustworthiness, Quality and Value.
36. The Workforce Planning and Development Team have held a training session with the Heads of Clinical Service on the newly established performance dashboard. Following the training session the dashboard has now been published for the Heads of Clinical Service to support them in managing their centre's performance and compliance reporting and will be refreshed on a monthly basis.
37. The next workforce performance dashboard that it is being developed is for the Wellbeing Team Manager role to support in measuring performance and also the quality of attendance data held within eESS.

eESS Training

38. Following the Scottish Government's review of NHS 24's Attendance Management Policy, Procedures and Practices it was acknowledged that managers don't feel confident using self-service to run reports using OBIEE. To support with this the Workforce Planning and Development Team have established a training schedule for Absence Management in EESS and OBIEE Reporting which managers can now sign up for through TURAS. The first sessions ran week commencing 26th July 2021.

Workforce Plan

39. The Interim Workforce Plan feedback has been received. Scottish Government have advised given pressures and current timelines there isn't an expectation that we will revise the current interim plan, but instead will incorporate feedback/comments into the 3-year plan due to be published 31st March 2022.

Workplace of the Future

40. Once we move beyond Level 0, we hope to continue to support home working, where possible, through a hybrid arrangement. An Agile Working Group has been set up to look at this approach and the relevant processes and procedures required to support it. Guidance will be issued shortly so that teams can begin to prepare.
41. NHS 24 are represented on the OFS Flexible Location Policy (Homeworking) Group, the consultation for this has just closed therefore it is anticipated that the policy will not be formalised and published until mid-2022. We will therefore implement an interim policy and will continue to ensure this is in line with the national approach.
42. Consultation is underway with the Staff Experience Group for non-frontline staff who are working from home, this group next meets on 05/08/21

Multi-Professional Interaction

43. We are developing a regular programme of staff Q&A sessions to both provide education/information however also to display visible leadership and support staff.
44. Medical staff have completed a modified core induction training programme to gain a deeper understanding of the front line operating model experience of operational staff.

COVID-19 Vaccination Programme

45. 91% of NHS 24 staff have received their 1st dose of the Covid-19 vaccine, with a further 88% having had both doses.
46. We are now actively planning for the Autumn/Winter Influenza vaccination programme due to commence in early September 2021 as well as a Covid-19 booster programme that will commence in early December 2021. Unfortunately the vaccines cannot be delivered together for NHS 24 staff due to ensuring a minimum 6 months gap between the Covid-19 2nd dose and the booster as per JCVI initial guidance.
47. A strategic plan to deliver a peer to peer vaccination model within NHS 24 has been developed and initially due to Service Delivery constraints will be a hybrid model of NHS 24 staff additional hours and bank staff with governance via the Nursing and Care Directorate. The Senior Nurse for Vaccinations will be responsible for ensuring staff are adequately trained and all systems and processes are in place as required to run the programmes safely.

Lateral Flow Device (Testing)

48. 63% of NHS 24 staff have registered for a Lateral Flow Device (LFD) testing kit and we are actively encouraging staff to register and take part in LFD testing via regular communications to staff and posters in centres. LFD testing is now open to all staff within NHS 24. Currently NHS 24 staff have submitted 5% of the expected weekly test results to the national portal and we continue to encourage staff to record the results of their LFD test. Feedback from the Scottish Government in relation to our formal improvement plan for LFD testing was positive. It was noted that there was a considerable effort being put into improving the uptake and recording of LFD testing, the plan was of a high quality and that no formal updates to the plan would be requested by the Scottish Government.

Quality Management Assessment

49. Establishment of a Senior Clinical Forum (led by Nurse/Medical Director) to bring clinical/professional leads together to ensure there is a co-ordinated clinical contribution to quality management and the development of a clinical vision/strategy to inform the refreshed organisational strategy (NHS 24 has had a clinical roadmap in place for a number of years). Building on the recent baseline assessment of current NHS 24 systems, processes and quality measures the next steps will be to re-fresh the NHS24 quality framework.

Clinical Strategy

50. The Medical/Nurse Director have remitted the development of the revised clinical strategy to the Head of Pharmacy and the Deputy Director of Nursing and Care. The Senior Clinical Forum will at the centre of the development of the strategy. A project plan has been agreed and horizon scanning is underway. The refreshed Clinical Strategy will directly inform the development of the NHS24 Organisational Strategy.

Conclusion

51. Members of the NHS 24 Board are invited to **note** the above update for assurance purposes. 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.