

**NHS 24
BOARD MEETING**

**10 DECEMBER 2020
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



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 Collaboration with Glasgow School of Art and NHS AA

Final presentations from the students were provided during November. Six presentations in all, two on each of the following topic areas (1) Urgent Care, (2) Chronic Care (3) Holistic and Preventative Care with a future focus on these services in 2030. Strong focus across the presentations on community hubs of volunteers and networks, and transitioning healthcare into the community and focusing NHS services on complex and acute presentations. A key theme was the use of wearables and technology in the home to provide monitoring but expanded to include real-time verbal and physical interaction. The outputs of

these presentations will be shared and fed into our Change Portfolio Board early in the New Year. NHS Ayrshire & Arran were also key collaborators and opportunities should be explored for potential future work.

2.2 Weight Management App

Public Health Scotland have approached NHS 24 to take forward the development of a weight management app. This builds upon the weight management tool, and healthy weight content already in place on NHS inform. This is being funded by PHS, and aligns well with the PHS Strategy as well as NHS 24's contribution to a *healthier Scotland* as part of our current Strategy. This has been approved by our Change Portfolio Board and EMT.

2.3 Health Inequalities Stocktake

A health inequalities stocktake is being prepared by the Service Development Directorate. This work will highlight the positive progress which has been made to date, and the gaps to be addressed. This will be a key component of our Three Year Plan, and particularly an aspect of our service design approach in how we design our services to accommodate those who do, and those who currently do not use our services as a result of these barriers. EMT Strategy considered this at their meeting on 8th December.

2.4 Scottish Emergency Dental Service (SEDS)

Exploration of use of Near-me technology for a small number of dentist calls to improve accuracy and accessibility to a dentist. It is estimated that 2% of calls to SEDS may be amenable to this approach. Whilst the numbers are small the impact for patients and services could be significant. The recent addition of dentists has improved communication with the staff in the SEDS team and with the Health Board contacts via the Director of Dentistry Group at Scottish Government. The Chief Dental Officer in Scottish Government has been kept informed throughout the COVID crisis.

2.5 Medical Input to Digital Assets

Review of the self-help guides with medical directorate and Clinical Development Team assimilated COVID symptoms at the entry point of each guide. This was felt to be the safest solution as it does not involve integrating any new clinical decision logic.

The Associate Medical Director (AMD) has worked with Public Health Scotland to develop a new infographic to support self-isolation advice. This will be used in print and social media by territorial boards and linked to NHS inform.

The AMD, working with the digital team, developed a new Self Help Guide to support decisions on self-isolation and testing for individuals, their household and extended household. This is available to the public and used by the helpline call handlers to support advice on when people should self-isolate and for how long.

The AMD (MH) continues to attend challenging case reviews with national partners to support better management of high risk individuals and improve anticipatory care planning.

2.6 Infection, Prevention and Control (IPC)

Associate Director of Nursing and Lead Nurse for Public Protection are supporting the organisational approach to IPC during COVID-19, in ensuring NHS 24 are aligned to Scottish Government, Public Health Scotland and Chief Nursing/Medical Officer guidance. NHS 24 have implemented multiple measures to ensure that NHS 24 place staff safety at work and their environment as an absolute priority. This is monitored daily at Incident Management Meetings.

2.7 Clinical Development Team

The Nurse Consultant, Telehealth and Telecare continues to work with Clinical Development Team (CDT). Currently the work is focusing on: Updating of COVID-19 frontline protocol related to COVID long term effects and the focus on children. Consideration of when to embed protocols into system.

- Usage of Near Me technology for Dental D1 (emergency outcomes)
- Chest Pain protocol now live as of 17/11/2020. One Advance Nurse Practitioner (ANP) carrying out evaluation via call reviews for patient safety and learning.
- Better Working Better Care additional questions in testing phase.
- Remote Prescribing is live and is being utilised by our Pharmacists, ANPS and Dentists.
- Redesigning Urgent Care (RUC) Test schedule designed for national go live piloted with Ayrshire and Arran during November. The National RUC programme went live on 1 December at 8.00am.
- Senior Nurse Advanced Practice Job Description in progress.

2.8 Mental Health and Learning Disabilities (MH&LD)

The Lead Nurse for Mental Health and Learning Disabilities (MH&LD) is leading a Short Life Working Group (SLWG) for Mental Health Education with Psychology Colleagues from NHS Education for Scotland and NHS 24. This is to deliver an Enhanced Practitioner Programme initially for Psychological Wellbeing Practitioners. This will also incorporate a Clinical Supervision Programme for Mental Health Nurses.

The Lead Nurse for MH&LD is also leading the development of a 2-hour session to be delivered to BSc (Hons) Mental Health Nursing Students from Glasgow Caledonian University. The module is Psychosocial Interventions. Colleagues from Living Life, Breathing Space and Mental Health Hub are supporting the development and delivery.

NHS 24 are 'NHS Board Sector leaders' with over 1,100 staff completing the NHS Education for Scotland (NES) Mental Health Improvement and Suicide

Prevention Module and animations on TURAS Learn. The Lead Nurse for MH&LD is collaborating with NES to develop case studies from NHS 24 staff.

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

3.1 Redesign of Urgent Care

The Medical Director is co-chairing a new national Expert Clinical Oversight Group with cross system subject medical expertise to review learning loops relating to the Redesign of Urgent Care roll out initially in Ayrshire and Arran and this will continue during national roll out.

The Clinical Governance Team are working to ensure all of the systems, processes and pathways in place remain fit for purpose to deliver safe, effective and person centred care.

At the time of writing, the new national pathway for access to urgent care has been live across Scotland for 48 hours. A further update will be provided at the Board meeting.

3.2 Scottish Association of Medical Directors (SAMD)

Medical Director worked with territorial SAMD colleagues to frame a collaborative view on the breadth of inclusion of age cohorts in the SG redesign of urgent care programme.

3.3 Partnership Working

The AMD has joined new national committees representing NHS 24's perspectives on whole system care together with Directors of Public Health, National Boards, Deputy Chief Medical Officer (DCMO) and Chief Medical Officer (CMO). In the period of this report, this includes new representation at the National Incident Management Team, Tele-monitoring: Clinical Oversight Group and the Protect Scotland app - Operational Oversight Group. For the NIM, this has provided NHS 24 with advance notice of changes to national guidance, and ensured boards take a consistent approach to the information they provide about contacting NHS 24. For the Tele-Monitoring group, we have ensured people enrolled in the service will have a streamlined route through to senior medical care and that a separate helpline will support the use of telemonitoring rather than the NHS 24 helpline. For the Protect Scotland app group, we have ensured that the information provided to the public by the app is consistent with NHS 24 information channels, and that the guidance on when the app should be used aligns with NHS 24 operational processes.

3.4 Partnership Working and Mental Health

The AMD (MH) contributed to the Digital Interventions to reduce suicide (Action 6) workstream of the National Suicide Prevention Strategy, and developed a proposal to intervene in the moment of suicidal ideation to present to the

Leadership Group, combining Digital Marketing and Vlogs by experts by lived experience.

The AMD (MH) represented NHS 24 in supporting the Grampian Mental Health and Learning Disability transformation programme, and provided updates on NHS 24 mental health service and guidance about unscheduled patient journeys.

The AMD (MH) attended Tayside MH Digital and Technology and Unscheduled Care transformation programme meetings, and provided updates on NHS 24 mental health service and guidance about digital mental health and unscheduled patient journeys.

3.5 NHS 24 Winter Health Campaign

The annual winter health campaign has been refreshed with a new creative and extended duration as a response to current situation and additional winter pressures. The new creative is called 'Show you Care. Prepare' which takes the idea of clap for carers and inverts it. We see people making choices to support their winter health (such as checking their repeat prescription) being cheered by healthcare workers, appreciative of their efforts to look after themselves and to support the wider system. The creative has been put through public testing and it has also been shared with a wide range of internal and external stakeholders. Support for the concept has been unanimous.

The campaign will run across TV, radio, digital and outdoor press advertising and will be supported by a comprehensive PR, social media and internal communications activity. From December 4th there will be various bursts of activity to keep the campaign fresh and a communications toolkit has been shared with health board colleagues to extend the reach.

With other notable campaigns running concurrently, the campaign will tie in messages of these campaigns to ensure consistency. Post-campaign effectiveness evaluation will be carried out when it is concluded.

3.6 Public Protection

From the 7th of November 2020, the Scottish Government has implemented an amendment to current legislation "**The Children (Equal Protection from Assault) (Scotland) Act 2019**". This amendment gives children the same protection as adults with regards to assault. This predominantly affect parents and carers and their actions when engaging with their children in a physical manner.

The Lead Nurse for Public Protection has communicated a 7 minute briefing to all staff via Team Talk and the relevant Process (30) will be amended to reflect this change in legislation.

The Learning and Development Strategy for Public Protection has now been ratified by the National Clinical Governance Group and has been communicated via Team Talk to all staff.

4. INVESTING IN AN ADAPTABLE, ENGAGED AND SKILLED WORKFORCE

4.1 NHS 24's Service Design Business Case Development

Following the development and co-production of the ICT/Digital Business Case, and the consideration which this has been given at Audit and Risk Committee, Planning & Performance Committee, and EMT it has been agreed to review the current infrastructure supporting our Service Design approach. This will involve a review of all three functions within SDD; User Research, Digital and PMO/Data through the lens of Service Design, noting that the directorate has a wider remit than Service Design, although elements of all of the functions will be part of the review. The intention is to provide a robust assessment of the skills and capabilities required to build the service design function to ensure its fitness for purpose as we enter a significant organisational growth and development period.

4.2 Flu Campaign 2020/21

A working group has been established to plan and deliver the flu campaign for this year in accordance with Scottish Government Guidance on the Adult Flu Campaign for 20/21. This work is progressing and the campaign is progressing with 59% of staff vaccinated as at 30th November 2020. Quality Improvement & Evaluation Senior Nurse Practitioner is supporting the vaccination programme across the NHS 24 estates.

As part of the clinical support of flu vaccination to our workforce, the AMD provided a booked and walk in flu clinic at Norseman House.

NHS 24 are currently benchmarking against the Scottish Government readiness checklist for vaccinating staff across the NHS 24 estate.

4.3 COVID-19 Vaccination Programme 2020/2021

A working group has been established to plan and deliver the COVID vaccine campaign. Currently we are liaising with Scottish Government on the arrangements for this and planning internally to delivery this vaccine programme.

4.4 Recruitment for COVID 19

The AMD has selected and recruited new medical staff from the NES portal returners scheme to support operational clinical supervision. The AMD has met with the doctors currently working with NHS 24 to support our COVID-19 response, to understand how their experiences can support improvement work for recruitment and communication with clinical staff and has also worked with

the training team to establish an accelerated induction and training process to support doctors working in NHS 24. This has been productive collaboration between the Medical, HR and Service Delivery directorates.

Recruitment continues to support the Urgent Care Programme Board by ensuring the resourcing plan is agreed and implemented to meet the needs of the service roll out, placing Call Operators and Clinical Supervisor candidates on induction sessions as and when these are scheduled by Service Delivery.

The additional resources required to support the Urgent Care roll out beyond the initial frontline posts are now being progressed.

Work has commenced on a Recruitment Development Plan with resource aligned to activities and a timeline agreed which will add to the governance around recruitment processes.

4.5 Mental Health

The AMD (MH) and lead MH nurse responded to Incident Management Team (IMT) requests for urgent staff resilience support by offering to provide informal clinical supervision and advice to all managerial colleagues and staffside representatives.

4.6 Attendance Management

The agreed Attendance Management Improvement Plan is progressing with the Attendance Management Training Plan having a good uptake from managers in both the eLearning module and facilitated online training session. As at 30th November 60% of managers have progressed through the webinar and online training sessions. This training is mandatory for managers.

5. BUILDING AN INTEGRATED SERVICE DELIVERY INFRASTRUCTURE

5.1 Digital Health & Care Strategy Refresh

The timescales for the refresh of the Scottish Government Digital Health & Care Strategy have now been set. The refresh, along with a Data Strategy will be issued for consultation by the end March 2021. NHS 24 will inform the strategy refresh, and our Digital team have been asked to provide further input into the concept of the Digital Front Door which will also feed into the strategy refresh.

5.2 Connect Programme Gateway Review

A Gateway Review has been carried out by ABR Consulting as part of his agreed set of deliverables. This has encompassed feedback on a key question set covering planning, governance, procurement/commercial, stakeholders/users, strategic oversight/assurance, standards and delivery methods. As an output to this review, a set of 9 recommendations were made.

This will be reviewed and progressed by the Connect Programme Strategic Oversight Group.

5.3 Paediatrics and COVID 19

With Scottish Government and Royal College of Paediatrics leads, the AMD and MD have worked to develop improved pathways for the better care of children with possible COVID-19 symptoms. While no longer part of a new case definition for child symptoms, the pathways are being further reviewed for use in urgent care flow hubs.

5.4 Realistic Medicine

With the restart of Realistic Medicine (RM) activities by Scottish Government, the AMD has provided papers and reports to secure continuation of funding for the RM lead, new funding for an RM project management officer, and the 'Ok to ask' project.

5.5 Estates

Lightyear is up and running and feedback from staff has been positive. Lumina fit out work is progressing well with a phased approach to allow the site to be used in December with further works to complete after January. Cardonald reconfiguration work in rooms 4, 5, & 6 is complete and the additional training room is now operational providing much needed training capacity for the intake of staff for urgent care. The handover of the non-contact centre space in Clydebank is complete with work commencing on the requirements for the Clydebank site from October 2021.

An Estates Workshop took place on the 27th November to focus on how we shape our future estates strategy. This was well attended and is the first in a number of meetings planned to review our demand & capacity (physically and non-physically distanced); workforce requirements; lease renewal dates; what the office of the future could look like; ICT horizon scanning; and co-dependencies with other organisations to name some of the topics being worked on.

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.