NHS 24   **26 OCTOBER 2023**
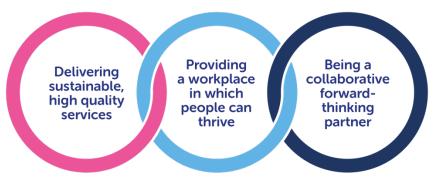**BOARD MEETING**   **ITEM 7**
                                      FOR ASSURANCE

EXECUTIVE REPORT TO THE BOARD

This paper provides an overview of progress on the high-level activity associated with the delivery of the NHS 24 2023/24 Strategic Priorities and developing NHS 24 corporate strategy.

Executive Sponsor: Chief Executive

Delivering sustainable, high quality services — Providing a workplace in which people can thrive — Being a collaborative forward-thinking partner

1. INTRODUCTION

1.1. The format of this report provides updates against the agreed strategic priorities from our new 2023 Strategy. This report will provide an update on progress against that strategy to the Board.

2. DELIVERING SUSTAINABLE, HIGH QUALITY SERVICES

2.1 Supporting the Delivery of Urgent and Unscheduled Care

2.1.1 Advise and Refer Process

Clinical assurance has been provided to all updated clinical content used in the "Advise and Refer" clinical process. This is based on data analysis, to identify eight high volume keywords. This has safely reduced the amount of time to complete a patient journey (average handling time) by 50% for these specific protocols. This improves the patient experience, by shortening the call length, and getting them to the right care at right place at the right time. It also releases capacity to improve access, and related KPI. A further four keywords, accounting for 10% of all call reasons over winter, will be in place prior to the Festive period.

Advise and Refer functionality provides automated decision support for staff in certain well-defined circumstances. This functionality delivers increased

efficiency in the call handling process and ensures that consistent, best-practice advice is offered.

NHS 24 has been using Advise and Refer in a limited number of circumstances since Easter 2023. This has been successful, and building on that success, usage for additional protocols will now be expanded to gain further benefits. During October, these additional decision support protocols will be delivered to support the following scenarios:

1. Access to medications (simple requests for prescription medicines referred to community pharmacy, Pharmacy First).
2. Urinary Problems (Common uncomplicated symptoms referred to community pharmacy, Pharmacy First).
3. Syringe Driver (Support for Palliative Care).
4. Cough, cold, earache, sore throat, and flu (Common presentations to 111 in the winter months).

These additional protocols do not require mandatory clinical supervision and support prompt referral as required.

The impact of deploying these protocols will be carefully monitored and the benefits delivered will be quantified and documented.

2.1.2 SAS/NHS 24 Clinical Collaboration: Right Place, First Time

SAS/NHS24 Clinical Collaboration (Right Place, First Time) is underway with work concentrating on effective patient flow, triage, and assessment. Priority clinical pathways have been agreed by both Executive Medical Directors, with an associated set of measurables.

2.1.3 Patient Group Direction for Urgent Provision of Medicines, Appliances and ACBS Products

The Associate Clinical Director has recently led the review, update and sign-off of the national Patient Group Direction for Urgent Provision of Medicines, Appliances and ACBS Products (version 30). This is an essential tool available to all community pharmacies in Scotland to use when a patient loses or runs out of their medicines. Its widespread use has a significant impact on reducing the number of calls to NHS 24 from people looking to access medicines. The Pharmacy Team continue to engage with board partners and the pharmacy contractor body to maximise its use in community practice and improve the patient experience.

2.2 Delivering Enhanced ICT & Digital Capability

2.2.1 SMS and e-Surveys

NHS 24 has initiated a new approach for measuring patient care satisfaction that combines Short Message Service (SMS) and electronic surveys (e-surveys). Testing of the approach in the NHS 24 111 Mental Health Hub demonstrated potential in terms of improved survey response rates, streamlined data collection and cost-effectiveness. The SMS e-Survey Working Group is now supporting the Clinical Governance Team in further testing with the NHS 24 unscheduled care service. This will meet a previous commitment set to replace the former 111 postal survey with a new digital approach. A poster abstract for this project has been submitted for the International Forum for Quality and Safety in Healthcare, London 2024.

2.2.2 Microsoft Teams Back-Office Telephony

Successful completion of a pilot to use Microsoft (MS) Teams as a replacement for the back-office telephony system has established its suitability. This follows a mobile phone audit conducted across the organisation to identify where mobile phones had to be retained and where it was suitable to consume an MS Teams telephony license. This change will provide a recurring mobile phone telephony saving.

2.2.3 Post Connect 1 Decommissioning

Significant decommissioning work has now been completed across the entire estate. The removal and disposal of decommissioned equipment has vastly reduced the physical and carbon footprint of the technology estate. It also provides financial savings and sustainability improvements through reductions in energy consumption and removal of any requirement for emergency power and air conditioning. These achievements bring the technology estate into a compliant position under the NIS-R audit requirements.

2.2.4 Secure & Resilience Services

This year, NHS 24 was subject to the full Network and Information Systems (NIS) Audit under the newly published framework. The audit report highlighted NHS 24's clear commitment to the audit programme and the associated benefits. The overall compliance level of 78% is a significant achievement against a Scottish Government target of 60%. This shows a high level of assurance for the delivery of NHS 24's essential services.

2.2.5 Virtual Queue

The introduction of Virtual Queue functionality when calling the 111 service is gradually being introduced into the live system. It offers patients the option to press 1 if they wish to receive a ring-back rather than waiting in the live queue to speak to NHS 24 during busy service periods.

The threshold trigger for deploying the Virtual Queue option is flexible and is deployed by Service Delivery as required. For context, the industry standard for this type of threshold is 15 minutes.

Development work on the Virtual Queue functionality continued throughout September along with regular testing. To date 2,519 patients have selected this option. Data shows 78% of these patients were successfully contacted on first ringback attempt, with an average time to ringback of 32 minutes 51 seconds. Live running of the Virtual Queue continues throughout weekdays to increase familiarity across skillsets, with plans to move to a larger scale live switch-on over a weekend in planning.

Some issues were identified in relation to how queues were managed in certain circumstances. Enhancements have now been made to improve the reliability and efficiency of the Virtual Queue. These enhancements have been tested in non-production environments and in live running, with encouraging results.

ICT and Service Delivery continue to work together with key suppliers to deliver further improvements to the Virtual Queues with expected benefits for both those who use the service and our staff.

3.   PROVIDING A WORKPLACE IN WHICH OUR PEOPLE CAN THRIVE

3.1   Developing & Empowering our Workforce

3.1.1 QI 24 FUNdamentals

Sixteen staff from four directorates have been recruited on to Cohort 4 of the QI 24: FUNdamentals programme. The education phase of the programme commenced in September and will run until November 2023. Graduation will take place in February 2024.

3.1.2 Vaccination Programme

The Autumn/Winter Staff Vaccination Programme for NHS 24 commenced on the 5th September 2023. As per a Scottish Government policy decision, NHS 24 staff were offered the Flu Vaccine only, a change to previous years where the COVID-19 Vaccine was also offered.

Currently, 31.55% of NHS 24 staff have received the flu vaccine either within an NHS 24 clinic or elsewhere. We continue to plan Flu Vaccination Clinics throughout October within the six main regional centres and are targeting staff communications via Team Talk, Centre Wall Boards and Local Centre emails to encourage uptake.

3.1.3 Management Essentials

Delivery of the Management Essentials Programme to all people managers up to and including Band 7 (c.230 staff) is approaching its final phases and remains on schedule for completion in Q3. Level 1 Evaluation effectiveness rating is currently on target at 85%. An end of programme report will be submitted to December EMT and February Staff Governance and will include Level 1-4 evaluation results received to that point. The programme will thereafter be fully reviewed, refreshed and transition to BAU from Q1 2024/2025.

3.1.4 Middle and Senior Leadership Development Programme

The build of our Middle and Senior Leadership Development Programme is complete and has been approved to move to delivery phase.
Both programmes will see delegates participate in:
- Psychometric Colours Profiling
- 360 Degree Feedback
- Workshops (detailed below)
- 90 min Learning Transfer Workshops
- Wicked Challenges
- 1:1 Executive Coaching
- Final Showcase Event

Full Day Workshops – Leading for Impact (Senior Leaders)
- Developing a growth mindset
- Bigger picture thinking
- Leading Change

Full Day Workshops – Leading with Courage (Middle Leaders)
- Doing things differently
- Courageous conversations
- Being Brave

Both programmes will launch by the end of Q3. Regular updates will be provided to EMT and Staff Governance Committee.

3.1.5 iMatter

Since the last update, the iMatter Action Plan completion phase has concluded. Completion levels have increased a notable 6% from 56% in 2022 to 62% in 2023.

These improvements indicate that NHS 24 is actively fostering psychological safety and that our people want to engage with the organisation. Updates and comparative analysis of NHS 24's performance against all other Health Boards will be reported through EMT and Staff Governance Committee in Q4.

3.1.6   Essential Learning

The integration of Essential Learning into organisational processes, along with the implementation of Manager Dashboards, have played pivotal roles in helping NHS 24 achieve its highest-ever Essential Learning compliance rate in August 2023, which stood at 89%. Efforts continue to maintain this high compliance and reach the agreed target of 90% through regular 'Module of the Month' comms and the continued oversight provided by the Training Quality Assurance Group (TQAC).

3.1.7   Cultural Alignment Programme

A Culture Action Plan has been created to monitor the progress of work contained within the Cultural Alignment Programme. The creation of a Culture Dashboard will also support this work. Current priorities within the Cultural Alignment Programme include the refresh of Appraisal and 1:1 guidance, and the development of a values led reward and recognition event for staff to be held locally in centres following the festive period.

3.1.8   Values and Behaviours Framework

A key Year 1 commitment of the Cultural Alignment Programme was to develop in conjunction with our staff a Values and Behaviours Framework. The NHS 24 Values and Behaviours Framework has now launched, accompanied by a 7 Minute Briefing for managers to deliver to their teams. The intention is to build familiarity and engagement with the framework, and for all staff to start to reflect on their own behaviours and how they align with those articulated in the framework. The framework becomes a common language of the behaviours that are expected from each member of staff – and of the standard of behaviour they can expect to experience whilst at work.

The Values and Behaviours Framework will be supported by workshops and additional resources to more closely examine how we can promote positive values led behaviours, and how to practically address unhelpful recurring behaviours. Planning is underway on the roll out of these workshops.

In addition, a 12-month communications plan has been drafted to continue the momentum. This will include active and passive consumption of various culture related content and will demonstrate a genuine commitment to promoting a supportive, inclusive and values led culture at NHS 24.

3.1.9   Staff Experience Groups

The new format Staff Experience Groups are now established, and a calendar has been published with meeting dates for all centres and HQ staff.

Our Chief Executive and Deputy Chief Executive and Director of Workforce are attending each Staff Experience Group in October and November to support the leadership visibility work and to gain further insights on the work of the Staff Experience Groups. The Groups afford staff the opportunity to ask

questions directly which supports our culture work, demonstrating that our people are valued, and their voice is listened to. Suggestions are captured and responses are provided through Staff Experience Groups and via the staff intranet, to close the feedback loop.

3.1.10 Attrition

The Attrition Improvement Plan continues to progress and since implementation attrition continues to decrease. As of 30th September, rolling attrition was 21.04%, this is a reduction of 2.37% since we last reported in June 2023 (23.41%). We started the year at 25.05%.

A deep dive was presented to Staff Governance Committee in July 2023, and this now occurs every 6 months. Tackling attrition is a collaborative approach across all Directorates, it is also discussed at the Strategic Workforce Planning Meetings, is progressed by an attrition improvement group, discussed every month with every Director as part of their monthly establishment control and movement meetings and is now available to every line manger across NHS 24 in terms of the management dashboard.

Our retention strategy includes developing a positive organisational culture; building an effective onboarding programme; improve line management skills and a commitment to managing health and wellbeing.

Check-In Questionnaires support the *Stay Conversations* embedded within the new Corporate Induction Programme which spans 12 months. The results of these remain positive. Since it was introduced in May 23, over 500 Check-In Questionnaires have been issued with a completion rate of 46%. In these, we scored 8.04/10 for satisfaction with their roles and 8.19/10 for recommending NHS 24 as a place to work.

3.1.11 Strategic Review of Recruitment

The move from Service Delivery to Workforce for end-to-end recruitment of frontline posts as agreed by the Portfolio Review has been completed. A pool of Recruitment Ambassadors and Hiring Managers have been recruited and trained in the new ways of working. Candidate questionnaires have been developed and issued to monitor withdrawals and candidate experience and to support new ways of working.

We have also advertised our first Hybrid Clinical Supervisor roles for our North region in the first instance. These roles will split their time between working in a regional centre and time working from home. It is planned that these roles will commence training early December.

3.1.12 Health and Safety

EMT and Staff Governance Committee continue to receive quarterly update reports following each Health and Safety Committee, these reports continue

to provide assurance that we are maintaining or making positive progress in all areas.

The actions from an internal audit were completed in June 2023 and this audit is now complete.

Accidents increased slightly over the last quarter however insight would suggest this was down to how they were recorded. A session has taken place with the H&S Leads, and we are also offering training, in conjunction with SAS, on accident investigations which is accredited by NEBOSH. There continue to be no new personal injury claims – the last one was for an accident that occurred in 2021.

The Fire Service implemented new legislation from July 2023 regarding call outs. To reduce the number of unwanted call outs there is now a double knock system where if an alarm is triggered there needs to be a second confirmation before the fire service will attend. NHS 24 worked with our Fire Consultant and were well prepared for the changes.

3.1.13 Attendance Management and Health & Wellbeing

Attendance Management continues to be a key area of activity and focus for all NHS 24 cohorts of staff. During this quarter and in particular the latter end of it both Short Term (+0.77%) and Long Term (+0.54%) absence have increased since the previous quarter and the overall absence by +0.45%. The most noted increase is amongst the clinical group of staff and work is on-going to address this and understand the reasons for this. People Services continue to review and escalate absence cases where appropriate and work closely with the Wellbeing Team Managers around policy compliance.

The updated Attendance Management and Wellbeing Action Plan is progressing with main actions focused on the continued training and development of managers to raise skill and confidence levels.

Mental Health related absence continues to be one of the top three absence reasons. During the quarter, Able Futures, a new wellbeing initiative, was launched that supports staff to remain well while at work and offers staff one on one mental health support for nine months. Engagement events have taken place across the estate and initial feedback is positive.

Account management meetings with our occupational health provider are now established with linkages to the Wellbeing and People manager. Management information is now included in discussions and will feed into the Culture and Wellbeing dashboard that is in development phase at this time.

3.1.14 HR Advisory Model (*3 Tier Model*)

Our *People First* ticketing system for handling workforce queries - launched in Lumina in Quarter 1 - has now been extended to full roll out in Quarter 2. Initial KPIs around service levels and satisfaction ratings have been

successfully achieved. Additionally, a large part of this work is reviewing the query types and ensuring improved information is available for staff and managers to access via self-service.

Scoping work has also commenced on the implementation of a Case Management System to further support the roll out of the *3 Tier Model*. It is anticipated that this will allow for the creation of KPI's, as well as identifying trends and hotspots, supporting our cultural alignment programme.

3.1.15 Shift Review

Phase 2 of the Shift Review implementation is nearing completion with 95% of staff through the process and now working on a new rota. The 5% of staff who remain outstanding are nearing completion and are being supported through the relevant policies. The Shift Review Governance Group has been paused to allow time for the *benefits realisation piece* to be presented in Quarter 3.

3.1.16 Working in Partnership

Monthly meetings have been set up with HR Reps and TU Reps at a local level with a view to improve partnership working.

A case management levelling session also took place in the last quarter looking at application of policy in a bid to improve outcomes, create consistency and consider ways of more joined up working. This was an extremely positive session, and these are now scheduled quarterly and delivered in Partnership.

Following the Area Partnership Forum (APF) self-assessment, a workplan has been devised to ensure the effectiveness and efficiency of the Committee. It received recent approval by the Area Partnership Forum for roll out.

The People Services Team have been working closely with Trade Union colleagues on the impending Once for Scotland work-life balance policy rollout.

Health Information Services have been involved in an organisational change programme. Workforce and Partnership colleagues have actively been supporting this work and it has now moved from formal consultation phase to implementation.

4.   BEING A COLLABORATIVE FORWARD-THINKING PARTNER

4.1   Continuing to Strengthen NHS 24's Organisational Effectiveness

4.1.1 Public Health Scotland Collaboration

Engagement with Public Health Scotland has commenced, to extend the data linkage from NHS 24 to wider health and social care system. This will improve knowledge of the entire patient journey for specific vulnerable groups, link to call reasons, and the final endpoint of care. This in turn will support the joint SAS and NHS 24 collaboration by identifying areas of improvement with associated finite measurements.

4.1.2 Corporate Escalation Level

NHS 24 currently operates at *Moderate* Level within our Corporate Escalation Levels. This is primarily due to capacity versus demand challenges over this period. The Senior Management Team report this status to EMT on a weekly basis as a way of managing and reporting on specific risk indicators, threats, and operational issues. This is being kept under review due to challenges in key areas such as clinical capacity, technology stability and estates issues.

4.1.3 MSK Digital Platform

NHS 24 is coordinating national discussions and scoping regarding a potential MSK digital platform. It is felt that this could help to signpost and ease demand on Primary Care, Urgent Care and MSK Services which are seeing growing waiting lists. A scope of such a platform is being developed and a virtual workshop is planned for 31 October 2023 with MSK leads from across Scotland enabling digital companies to pitch their existing products. A procurement business case to develop a platform will then be progressed seeking SG funding.

Work continues in the interim to update and develop MSK content on NHS Inform. We have seen an increase in access of these pages and early analysis suggests that there may have been a corresponding slight decrease in MSK demand to 111. A deep dive presentation on MSK will be provided at the Clinical Governance Committee Meeting in November.

4.1.4 The Blueprint for Good Governance

The NHS 24 Board recently welcomed Professor John Brown CBE to the Board Workshop Session which took place on 28 September 2023. Professor Brown provided a presentation to NHS 24 Board members on the Second Edition of The Blueprint for Good Governance and the principles of good governance.

4.1.5 Paramedic Students

NHS 24 hosted four paramedic students from Glasgow Caledonian University for two-week placements in May and June. Their project-based placements focussed on increasing understanding around falls-related calls and pathways

to the 111 service. An NHS 24 physiotherapist was their practice educator while on placement, with weekly coaching from the Quality Improvement & Evaluation Team. Work is underway to arrange dates for further AHP students for project-based placements.

4.1.6 My Health, My Care, My Home Healthcare Framework

The Associate Clinical Director attended the initial meeting of the Healthcare Framework Implementation Group, which has been set up to support the implementation of the *My Health, My Care, My Home* Healthcare Framework for adults living in care homes (published June 2022). The group plans to also align the framework with other workstreams and governance across the health and social care system. As care home staff regularly access the 111 service, there is an opportunity here for us to learn more about the issues and challenges faced in trying to access the right care in the out-of-hours period and allow us to identify ways we can further meet the needs of that patient population.

4.1.7 Climate Emergency and Sustainability

The NHS Scotland Executive Sustainability Leads meeting took place in July 2023. Discussions included decarbonising the NHS vehicle fleet, reducing emissions related to nitrous oxide/Entonox® use, and on potential co-operation between Health Boards and Scottish Water. One proposal being developed between an NHS Territorial Board and Scottish Water is the potential to use heat generated by a water treatment plant to heat a nearby hospital. As this work progresses there may be potential opportunities for a similar approach to be considered by NHS 24 supporting our climate change and sustainability agenda going forward.

4.1.8 Relocation of Aberdeen Office

NHS 24 is delighted to announce the approval of the relocation of our Aberdeen Centre to Forest Grove House on the same ARI campus as our current site. This collaborative work with NES enables NHS 24 to utilise a smaller day time footprint, but then expanding into NES space in the out of hours period, maximising the use of the building for both organisations.

5. RECOMMENDATION

5.1 The Board is asked to note progress against NHS 24's agreed strategic priorities. 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.