

**NHS 24
BOARD MEETING**

**21 DECEMBER 2023
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



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 Winter 2023 Update

Winter planning has continued throughout the late summer and autumn in order to be ready for the festive period. This year has an additional challenge in terms of how the dates fall, with the same run of dates only occurring twice in the last 17 years. To ensure full readiness in the service, we have put in place earlier planning activities, a pan-NHS 24 team who are supporting the maximisation of all available opportunities to respond to patients, across telephony channels, online through NHS Inform and the mobile App, and through proactive communications strategy.

Supporting our staff in this period is an extremely high priority, ensuring we are clear on our own internal messaging, and in our understanding that peak festive activity is a regular occurrence for NHS 24. Our value to NHS Scotland and all patients who access our services is something we are

focussed on, and Service Delivery leadership will continue to promote these messages, alongside our aims for festive.

Patient and stakeholder messaging is also a key focus in ensuring we manage expectations, understand trends, and are fully engaged with all parts of the system throughout this period. We will be inputting to the Target Operating Model (TOM), however, we also have established clearly defined lines of communication and escalation channels.

Collaboration with SAS and other key partners remains a focus and is a key part of our winter approach, benefitting from shared learning and experiences and testing approaches.

The national winter communications campaign, delivered by NHS 24, was launched in late November and will run across various channels until the end of January. NHS 24 will supplement the activity with a robust programme of content developed in house and specifically to support our range of services.

2.1.2 Centre for Sustainable Delivery Flow Navigation Centre Speciality Delivery Group

NHS 24's Associate Medical Director (ED) has been actively involved in the early work of the Centre for Sustainable Delivery Flow Navigation Centre (FNC) Speciality Delivery Group. This group will work to deliver expanded and improved clinical pathways available nationally from Flow Navigation Centres. NHS 24 has highlighted the need for a national standardised approach to FNC referral guidance and the potential to utilise FNCs for improved patient access to vaccination and other services. Collaborative work with territorial Board representatives in this group will support efforts within NHS 24 to further increase the proportion of referrals sent to FNCs nationally, rather than direct to A&E departments, and assist patients in receiving the right care closer to home.

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

NHS 24 continues to work on the Right Care, First Time clinical workstream of the NHS24/SAS Collaboration Board including:

- Planned test of change to evaluate new enhanced intra-organisational triage and assessment model aimed to streamline patient access to local services and reduced repeated calls and touchpoints between services.
- Collaborative Consultation with Scottish Care to support development of acutely unwell frail patients to ensure they get safe, effective care in the setting to best meet their needs.
- Early work with Public Health Scotland to evaluate data and reduce inequity in access healthcare services between the two organisations.

2.1.4 Digital Look-Up List

The Associate Clinical Director recently met with pharmacy and medicines colleagues from NHS National Services Scotland (PSD) to explore the development of a digital look-up list for use by community pharmacists to aid decision-making around supporting access to an urgent supply of a medicine when a member of the public has lost or run out of an item. The list will allow easy identification of whether a medicine can be supplied under the national Patient Group Direction for Urgent Supply of Medicines, Appliances and ACBS Products. The aim is to support more patients and reduce the number of calls to NHS 24 from people looking to access a medicine they have lost or run out of. Positive discussions with Community Pharmacy Scotland will continue.

2.1.5 NHS Realistic Medicine (RM) Action Plan Review

The Associate Clinical Director met with the Scottish Government (SG) Realistic Medicine (RM) Team to review progress with implementation of the NHS 24 RM Action Plan. The 6-monthly review meeting saw a very positive response from the RM Team around our approach to raising awareness of the six principles among staff, and also extending them into non-clinical areas of the organisation. The RM Team were also supportive of our work with Public Health Scotland (PHS) to begin geographically mapping unscheduled care case demand across NHS 24, SAS and Out of Hours (OOH) and consider how we might use it to identify unexpected variation to provide targeted opportunities for health and care improvement. This would be an approach to NHS 24 identifying and addressing health inequalities at a population level. The RM Team was also interested in our work to assess medicines information needs through some targeted user research, and in supporting messaging to the public around safe and environmentally-friendly disposal of medicines (particularly inhaled medicines). Implementation of the RM Action Plan continues, linked with ongoing collaboration with PHS and the SG Effective Prescribing and Therapeutics Division.

2.2 Delivering Enhanced ICT & Digital Capability

2.2.1 NHS 24 & SAS Collaboration

NHS 24 and SAS Collaborative Digital Patient Handover project is ongoing with key functionality ready to be delivered. While some development and testing work is still to be completed, the ambitious project deliverables are on track to ensure pre-festive delivery.

These include:

- Transfers of mental health calls from SAS to NHS 24 expected to go live late November.
- Transfer of timed Ambulance Requests with associated data transfer from NHS 24 to SAS expected to go live in early/mid December 2023.

2.2.2 Digital Products

A new version of NHS 24 Online App was released on October 31st and incorporates additional functionality including:

- Mental Health and Wellbeing Self Help Guides
- Find Nearest Defibrillator (Find my nearest defibrillator functionality has also been added to the NHS24.scot website)
- 111 Call Waiting Times
- Improvements to usability identified from user feedback.

A refreshed NHS24.Scot website was launched on November 6th.

www.nhs24.scot

This is a significant improvement on the previous version. It has an improved design, is easy to navigate, and provides an environment for future developments including personalisation of user experience and more sophisticated chatbot content related to the self-help guides.

Mental Health and Wellbeing Self Help Guides have now been added to both the NHS 24 app and the nhs24.scot website.

Call waiting times are being actively used internally by Service Delivery. With the release of the new version of the app and website, these are displayed when relevant and of value to users, such as at the completion of a self-help guide.

2.2.3 Digital Maturity Assessment

NHS 24 ICT has engaged fully with the recent Scottish Government / COSLA Digital Maturity Assessment. This programme seeks to evaluate the state of digitisation within the Scottish health and social care system.

After a series of sessions with assessors, NHS 24 has been recognised as being national exemplars in several areas, in particular the use of digital to enable processes that promote clinical safety and in our business continuity and disaster recovery preparations.

2.2.4 Virtual Queue

This functionality is now fully operational and in use during both evenings and weekends. Uptake is approximately 40%. Early indications are that this functionality will have a significant positive impact on discontinued callers rate.

2.2.5 NHS Inform Mental Health Signposting Tool

The Associate Medical Director (MH), Communications Team and the Digital Teams implemented a third iteration of the NHS Inform Mental Health Signposting Tool which guides people to evidence-based mental health tools for sleep, anxiety, and stress. The launch of the updated tool was accompanied by a new digital marketing campaign. The ads had a very high click through rate of 16.5% (average is ~2%) suggesting they were highly effective, and this resulted in 10 times more sign ups and activations of these cognitive behavioural therapy (CBT) based tools, at an average cost of £0.22 per additional site visitor.

During the campaign, the NHS 24 pathway resulted in more sign ups to the tools than all territorial Boards combined, with a large impact seen in NHSGGC, suggesting this approach can reduce regional inequality. The Head of Clinical Systems Development integrated the mental health signposting tool into the NHS 24 app, and this new pathway went live at the end of October 2023.

3. PROVIDING A WORKPLACE IN WHICH OUR PEOPLE CAN THRIVE

3.1 Developing & Empowering Our Workforce

3.1.1 Management Essentials

Delivery of the Management Essentials Programme to all people managers up to and including Band 7 (c.230 staff) completes on 30 November 2023. Level 1 Evaluation effectiveness rating is currently on target at 85%. An end of programme report will be submitted to the December Executive Management Team (EMT) Meeting and the February Staff Governance Committee Meeting and will include Level 1-3 evaluation results received to that point. The programme will thereafter be fully reviewed, refreshed and transition to business as usual (BAU) from Q1 2024/2025.

3.1.2 Middle and Senior Leadership Development Programme

Our first 'Leading for Impact' and 'Leading with Courage' leadership development programme workshops will commence in January 2024 and continue on a cohort basis through to September 2025. All eligible staff have been contacted with their cohort details and dates. Regular updates will be provided to EMT and Staff Governance Committee through the Quarterly Workforce Report and at specific stage completions.

3.1.3 iMatter

The Health and Social Care National Experience Report 2023 is due to be published on 28 November 2023. A comparative analysis of NHS 24's

performance against all other Health Boards will be reported through EMT and Staff Governance Committee in Q4.

3.1.4 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' communications and the continued oversight provided by the Training Quality Assurance Group (TQAG).

3.1.5 Cultural Alignment Programme

A central Culture Action Plan has been created to monitor the progress of work contained within the Cultural Alignment Programme. Alongside this, local culture action plans for each directorate will be developed. They will contain both national culture related actions for each directorate (such as attendance at Values and Behaviours Workshops and Appraisal completion) as well as specific local actions aimed at continuous improvement which is relevant and specific to each directorate. These directorate culture action plans will be developed in Q4 and use baseline data as at 31 March 2024, with the plans themselves commencing from Q1 2024/25.

3.1.6 Culture Dashboard

The creation of a Culture and Wellbeing Dashboard is underway and will be available for review early in 2024. This dashboard will support the measuring of this work and allow oversight of relevant metrics at an organisational level, to monitor progress and identify emerging themes. As there are many interdependencies between our work in culture and wellbeing, a joint dashboard is an efficient way to track the relevant data for both workstreams.

Following the establishment of this dashboard, there is future potential for the development of a directorate culture score card. These would form part of Director Dashboards and provide local oversight and monitoring in line with the directorate culture action plans. This approach would move the focus from a specific action plan to business as usual, continuing focus on cultural improvement. It also allows for quick identification of "hot spots" enabling quick interventions where required; as well as recognising progress and good practice to share more widely.

3.1.7 Values and Behaviours Framework

The NHS 24 Values and Behaviours Framework has now launched, accompanied by a 7 Minute Briefing for managers, to help all staff build familiarity and engagement with the framework contents. To achieve and maintain momentum in this area, workshops are planned to support staff in

recognising the values led workplace behaviours which will benefit the organisation, teams, and individuals.

To date, Values and Behaviours workshops have been delivered to the following directorates and teams: Workforce; Central Resourcing Team; Finance; Transformation, Strategy, Planning and Performance; and Information and Communications Technology. A session is planned for Board and EMT in late November 2023.

A rolling programme of workshops will be rolled out to remaining directorates and all front-line staff and managers following the festive period.

This work is further underpinned by a 12-month culture campaign to recognise good work and celebrate success aligned to each of our four organisational values, strengthening the recognition of our values led approach. The “stories” that feature will come directly from staff, teams, and leaders to ensure authenticity and form one aspect of how we recognise the efforts and contributions of our people.

3.1.8 Attendance Management and Health & Wellbeing

The rolling sickness absence figure is currently 8.45% which is a slight increase on the same timeframe last year. However, this remains below the agreed target of 9%. 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 and understand the reasons for this. There has been no specific cause identified. Despite no requirement for testing, short term absence related to COVID-19 has gradually increased in the past two months and continues to rise weekly as does absence related to cough/cold and flu. As such communications have been issued to reinforce infection control and good hand hygiene guidance.

The People Services Team continue to review and escalate absence cases where appropriate and work closely with the Wellbeing Team Managers and Line 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. In particular, the focus of the Wellbeing Team Managers has been about upskilling the line managers to be ready to take the reins back when team alignment is realised post shift review. To date over 200 managers have been signed off in this area. It is anticipated that in January 2023, the East Centre which has the highest percentage of team alignment will be the first centre where managers will commence their own attendance management responsibilities again. A

workshop has been arranged to determine what activities will transition back to line management.

Mental Health related absence continues to be one of the top three absence reasons. As a result, and during the quarter, mental health support services were promoted. In addition, Able Futures, a new wellbeing initiative, was launched that supports staff to remain at work whilst experiencing mental health related symptoms and offers staff one on one mental health support for nine months. Significant engagement events have taken place across the estate and initial feedback on this service is positive. Thrive, our mental health app, continues to be a well-used resource with over 500 of our staff actively engaging in the app demonstrating that the promotion and engagement of this service is working.

3.1.9 HR Advisory Model (3 Tier Model)

Our People First ticketing system for handling workforce queries has been rolled out in full. Initial KPIs around service levels and satisfaction ratings have been successfully achieved. Since full launch in October 2023 there have been over 750 enquiries responded to within the agreed service levels. Customer satisfaction ratings have been positive at above 90% of users being satisfied with the overall service received. 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, and will be launched in February 2023.

3.1.10 Shift Review

Phase 2 of the Shift Review implementation is nearing completion with 98% of staff through the process and now working on a new rota. The 2% of staff who remain outstanding are complex cases which 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.

3.1.11 Working in Partnership

Monthly meetings have been set up with HR Representatives and TU Representatives at a local level with a view to improve partnership working. The Area Partnership Forum (APF) Workplan continues being rolled out with the next noted deliverable of a development session being scoped and arranged for Committee members around Culture and Values. The Health Information Services organisational change programme is nearing conclusion and there are two new organisational change processes commenced in both

Nursing and Information Communication Technology (ICT) Directorates. Workforce and Partnership colleagues have been actively supporting this work during consultation phases.

3.1.12 Recruitment

Progress continues towards recruitment targets for our key skillsets. Our headcount is the highest it has ever been with us now employing 2047 staff, 1383 of these are employed on a part time basis. To provide more cover at peak demand times we are recruiting more people on smaller hours therefore we gain in employee numbers but not in whole time equivalent (WTE) however the employee numbers is the factor which improves performance in terms of Average Handling Time.

There has been an increase in internal promotions, which means while we are not gaining in terms of WTE, this provides a positive career pathway and progression for our people. An example is in the last month 5 call handlers were promoted to Team Manager posts and posts within Mental Health and Breathing Space.

During November there are recruitment campaigns and open events for scheduled for Call Handlers, Clinical Supervisors, and our Mental Health Hub. This follows the success of recent open events for Clinical Supervisors, Senior Charge Nurses, and Breathing Space. Potential applicants can visit centres, speak to existing staff, and get more insight into the role and the NHS 24 experience before submitting their application and/or attending an interview.

3.1.13 Attrition

Our rolling attrition is now at 20.88% the lowest it has been in 5 years. The top reason for people leaving as at the end of October 2023 was Retirement due to age, followed by new employment elsewhere in the NHS.

An integrated onboarding approach has now been implemented to improve the onboarding experience at NHS 24 for all new staff for their first 12 months in our employment. An action plan is in place which will be progressed by Workforce, and Nursing and Care.

Our stability index, which measures the retention of our experienced employees with one years' service or more, shows that this has improved across the last 12 months by 7.23% to 84.90% at the end of October 2023.

Check-in questionnaires commenced in May 2024 and are sent to all new staff after their 3rd, 6th and 9th month and include a range of open and closed questions relating to their impressions and experiences. They also include 2 common 'Net promoter score' (NPS) questions to gauge and monitor sentiment across time. The average satisfaction level for staff after 3 months is 8.24/10. This reduces to 8.05 after 6 months and 7.43 after 9 months. The

scoring in relation to recommending NHS 24 as a place to work is 8.43/10 after 3 months. This reduces to 8.19 after 6 months and 7.47 after 9 months. There are no clear scoring differences between Directorates, Centres, or hours worked. We will continue to monitor this to understand more about the employee experience within the first 12 months.

3.1.15 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.

As of November 5th, 37.6% of NHS 24 staff had received the flu vaccine either within an NHS 24 clinic or elsewhere, this is in comparison to the national health care worker flu vaccine uptake figures of 32.6% for the same date period. Final vaccination clinics are scheduled throughout November within the six main regional centres, with staff communications via Team Talk, Centre Wall Boards and Local Centre emails targeted to encourage uptake.

4. BEING A COLLABORATIVE FORWARD-THINKING PARTNER

4.1 Continuing to Strengthen NHS 24's Organisational Effectiveness

4.1.1 MSK Digital Platform

NHS 24 is coordinating national discussions and scoping regarding a potential MSK digital platform. 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 was held on October 31st, with MSK leads from across Scotland, where seven companies pitched their digital 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 was provided at the Clinical Governance Committee Meeting in November.

4.1.2 AHP Students

We are due to host 6 further students between October and December on project-based placements. Four paramedic students from Queen Margaret University, and an occupational therapy and a physiotherapy student from The Robert Gordon University.

4.1.3 NHS Pathways Clinical Content Assurance

The Associate Clinical Director met with the National Clinical Assurance Manager (Academy of Medical Royal Colleges), Associate Director for Digital, Emergency and Urgent Care (NHS England), Clinical Director for NHS Pathways, and National Clinical Lead for Urgent & Emergency Care (NHS England) to discuss how clinical assurance around NHS Pathways clinical content is achieved, and how subject matter experts (SME) are engaged in the development and review aspects of clinical content. NHS Pathways have no externally produced content and is entirely 'homegrown' and relies on a large internal team. Securing SME input relies on a financial arrangement they've agreed with The Academy of Medical Royal Colleges (AoMRC) where they will provide the view of the Colleges on specific clinical content. This is not too dissimilar to the approach being taken in Scotland by the Evidence Directorate in NHS HIS. A follow-up meeting is planned to discuss NHS Pathways processes and contracting arrangements.

4.1.4 Relocation of Aberdeen Office

The relocation of our Aberdeen office to Forest Grove House has been agreed to take place during the week of 5th February 2024. NHS 24 has agreed with NHS Grampian our final exit date from the Emergency Care Centre as the 16 February 2024.

4.1.5 Annual Review

The 2022-23 Annual Review with Cabinet Secretary Michael Matheson, took place in Edinburgh at the end of November. The event, in which NHS 24 Chair Dr Martin Cheyne present key performance data for the preceding year, was very well attended with a range of questions from the NHS 24 Public Partnership Forum and Youth Forum, as well as other stakeholder groups in attendance. The event also included the media launch of the national winter health campaign which is delivered on behalf of Scotland by NHS 24.

4.1.6 Corporate Escalation Level

NHS 24 currently operates at Moderate level within our Corporate Escalation Process. The Senior Management Team operations group monitor this status 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 the impact of adverse weather. Any significant issues are escalated to the Executive Management Team.

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.