NHS 24
BOARD MEETING

29 AUGUST 2024
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 2024/25 Strategic Priorities and developing NHS 24 corporate strategy.

Executive Sponsor: Chief Executive

1.   INTRODUCTION

1.1.   This report provides updates against the agreed strategic priorities from our 2023-2028 Strategy.

2.   DELIVERING SUSTAINABLE, HIGH-QUALITY SERVICES

2.1   Supporting the Delivery of Urgent and Unscheduled Care

2.1.1.   Staff Engagement Sessions (Quarter 1 April - June 2024)

Two patient safety leadership walk rounds have taken place during quarter one (April to June 2024), within Aurora (Clydebank) and Aberdeen. Both have been supported by an Executive Director and Non-Executive Director. There was a high staff attendance at both sessions incorporating skillsets ranging from service support to frontline staff. All staff engaged fully in the process and raised multiple areas for discussion and consideration.

Discussion within both sessions focused on service and digital transformation with a focus on user acceptance testing and frontline staff involvement throughout the process. Suggestions have been made regarding changes to clinical content and referral points including Pharmacy First.

A focus on internal and external communication during both transformation projects was discussed with the associated plans. Feedback from Aberdeen included improvements which could be made to the estate regarding seating arrangements within the centre in order to maximise staff support.

All actions are discussed at the Corporate Engagement Steering Group and owners assigned, feedback to staff is given in the format of "You Said, We Did."

2.1.2. Mental Health – Surviving Suicidal Thoughts

The Surviving Suicidal Thoughts project has completed its second phase and four new films have been produced, two of which have just been published.

[Kenny's story | NHS inform](#)
[Mark's story | NHS inform](#)

The marketing campaign has been judged as effective by its high click through rate of 6-15% (industry standard is 2%) with over two million video impressions on social media and a video watch through rate of 79% (industry standard 75%).

Evaluation of a sample of site visitors by the Suicide Research Lab demonstrated a reduction in suicidal intensity and this analysis has been accepted for publication in the Journal of Medical Internet Research. A bid for Phase Three funding is in draft.

2.1.3. Service Delivery Optimisation and Continuous Improvement

The Service Delivery Transformation Programme Board (SDTPB) continues to oversee a range of change initiatives via dedicated workstreams to support the continuous improvement across current services. By reviewing operational models and processes across the user journey, the group has a focus on measuring and demonstrating impact.

2.1.4. Calls Closed by Call Handlers – Advise & Refer

Additional keywords have been added to increase the number of patient journeys Call Handlers can complete safely without clinical supervision. For example, a process has been introduced to ensure patients with 999 chest pain outcomes are swiftly referred to SAS for an emergency response without the need for clinical supervision.

The benefits of these changes are an improved, efficient patient experience through a reduced journey time and less repetition. The changes will continually be evaluated to ensure they remain safe and effective.

Data for July 2024 reports the highest rate of calls completed by Call Handlers to date, with the average rate of 4.8% for the month and a peak of 5.35% of calls in the final full week of July.

2.1.5. Clinical Advice Line

The Clinical Advice Line supports a national model for Senior Charge Nurses (SCNs) to support Call Handlers (CH) during periods when high volumes of calls are received, such as when Primary Care Services are closed for extended periods.

The line provides timely support no matter where the CH is based answering specific queries in order nationally supporting the aim to reduce overall average handling time.

The Clinical Advice Line continues to provide insight and increase the organisation's understanding of the reasons for recurring queries. Examples of these are decision support, keyword and Advice & Refer queries which can be responded to efficiently and promptly via the Line.

The line was in place for six days in July answering 3,925 calls with an average talk time of two minutes. Forty-one percent of calls did not require further supervision.

The line will be in place throughout peak periods in September and will inform the process to support future BAU approach to be implemented for the festive period.

2.1.6. Consistent, Effective and Efficient Triage

The Project continues to support staff in improving work experience and morale, as well as to improve consistency in triage and call outcomes, which in turn supports efficiency and effectiveness in care outcomes.

There is a focus on staff training, coaching, and levelling with SCNs and clinical supervisors to ensure consistency. Review of data on average handling time is underway to support the establishment of optimal average handling time (AHT) ranges.

Between April and July there was a total of three hundred and ten levelling sessions and throughout July, Right Care, Right Place training sessions have been delivered across centres with thirty-five staff in attendance. Feedback from staff includes, increase confidence in triaging and future reporting will inform impact with the aim of improved efficiency in practice.

2.1.7. Decision Support (Arezzo) Review

The review has three identified work strands which builds on the continuous improvement work that has already been undertaken (e.g., expansion of Advise and Refer protocols) as well as reviewing and updating endpoints and outcome codes and consideration of options for providing an evidence-based decision support tool for utilisation by clinicians.

A review of current keywords is continuing to identify and implement further call flows that can be safely end pointed by call handlers.

A review of endpoint and outcomes is underway with national engagement and agreement with partners on streamlining and improving the approach to outcomes and endpoints key.

Improvements will be implemented rapidly prior to the change freeze that will

be applied by the end of September, as part of the Digital Transformation Programme, to optimise pathways and outcomes.

2.1.8. IVR/Operational Optimisation

Impact assessments have been complied in relation to changes to:

- Revising in-hours messaging to support the reduction of GP outcomes within the in-hours period.
- Transferring mental health calls from Call Handler to Psychological Wellbeing Practitioners.

Change requests have been submitted to the supplier.

2.1.9. Transforming Roles

This workstream will consider roles within the service and how these align to professional frameworks with an aim to ensure there is structure that supports development and growth, a strong clinical identity for the NHS 24 nurse role along with staff feeling valued in their role. The group has recently established and is currently scoping timelines and resource requirements for each work strand.

2.1.10. Operational Supervision Model

Consideration is being given in terms of how real time supervision can be delivered consistently across all sites ensuring staff feel well supported in their role with a focus on improving retention and professional development.

2.2 Delivering Enhanced ICT & Digital Capability

2.2.1. Update on SMS e-Survey Programme

Data collection for SMS e-survey for measuring patient satisfaction is now classed as business as usual. A monthly report has been developed and distributed to senior Service Delivery and Medical staff. Going forward, it will be presented at regional and service clinical governance meetings for discussion. The first iteration of a quarterly report will be tabled at the National Clinical Governance meeting.

Feedback for July reported that 93% of patients agreed or strongly agreed that the healthcare professional communicated clearly and effectively during the call. Work is underway to analyse the reasons for both positive and negative feedback.

2.2.2. Digital Transformation Programme (DTP)

The procurement of the Contact Centre/Customer Relationship Management system (CC/CRM) is in progress, with award of the contract on track for October 2024.

An additional two-week period was allocated to the negotiation phase to allow for a number of key requirements to be fully validated with the bidders and align on all contractual issues. This has helped to mitigate the risk of receiving non-compliant or unsuitable bids.

All work packages within the programme have made good progress against their schedule and objectives.

- WP1 – CC/CRM procurement.
- WP2 – BT managed services.
- WP3 – Data strategy.
- WP4 – Training and learning strategy.

WP1 - Contact Centre and CRM Replacement

The integrated Contact Centre (CC) & Customer Relationship Management (CRM) procurement is progressing. These are the two main systems used to allow the public to call NHS 24 and to receive the right care based on their needs.

After initial tenders were received, we entered a negotiation phase that allowed us to engage directly with suppliers to run deep-dives into all aspects of the proposals. These included sessions to cover solution components such as the Telephony, Reporting, Training and Support as well as sessions to cover the commercials and contract.

The objective of these sessions was to improve the quality of the bids before final submission and were supported by representatives from National Procurement, our legal partner and subject matter experts from within the NHS 24 organisation.

Below is the current timeline (with governance scheduled through September).

Activity	Dates
Invitation to Submit Final Tenders Issued	24 July 2024
Deadline for Final Tender clarification questions	12 August 2024
Final Tender Deadline	21 August 2024 at 09:30
Final Tender Evaluation	21 August to 6 September 2024
Governance including EMT, PPC, NHS 24 Board	10 to 20 September 2024
Announce Preferred Bidder	23 September 2024
Contract Award	10 October 2024

WP 2 – Managed Services

This work package encompasses two key elements, Service Management, and Infrastructure.

For Service Management, the recommended approach is to bring the services in-house. Following the initial approval, we have successfully developed a detailed schedule, financial model, target operating model, and assessment of workforce impact.

Progress on the Options Appraisal for the Infrastructure elements is ongoing. While there is some dependency on the CC/CRM solution, we have identified various options that are currently being assessed against defined criteria to inform a recommendation for governance review.

WP 3 - Data Strategy

In June, we presented the initial draft of the Data Strategy to the Digital Transformation Programme Board, receiving extensive feedback through written comments and review sessions. All feedback has been incorporated, and the updated document has been reissued.

Our focus has now shifted to evaluating solutions and procurement options for a new Data Warehousing and Business Intelligence system to replace our current SAP HANA suite. We have conducted workshops with key stakeholders across the organisation to gather and refine requirements. Additionally, we have engaged with SAS Procurements to initiate the procurement process and explore market options.

WP 4 - Training and Learning Strategy

In June, we presented the Training and Learning Strategy to the Digital Transformation Programme Board. This presentation outlined our objectives and approach to addressing the learning and training needs of all NHS 24 staff affected by the changes proposed under the Digital Transformation Programme.

We are now focusing on the Learning Needs Assessment, a comprehensive model that aligns the planned changes with specific workforce elements to define precise learning requirements. This assessment will inform the development of a detailed training plan, scheduled for delivery in 2025, ensuring a smooth transition of the entire workforce from the current CC/CRM system to the new CC/CRM system.

New Work Packages

We have also initiated two new work packages to support our objective of implementing the CC/CRM solution in 2025.

We are preparing to commence the CC/CRM Implementation as soon as the contract is awarded. A dedicated team is already in place, developing an outline schedule and evaluating resource requirements for the initial phases, including initiation, discovery, and design.

A working group has been formed to explore options for a new Decision Support tool, a crucial component of the CRM solution. With the current Arezzo platform reaching its end-of-life, we are focused on identifying suitable replacements available in the market.

Communications and Stakeholder Engagement

We have made significant progress in our Communications and Stakeholder Engagement initiatives. Update sessions have been conducted for various groups, including Heads of Service and the National Out of Hours Groups. Additionally, general updates have been communicated to the entire organisation via the Intranet and Team Talk.

2.2.3. SAS/NHS24 Collaboration

The planning for year two of the collaboration has taken place. This will see the year one priorities which were mainly internally focused moving to being overseen by a new Oversight Group, Chaired by the Deputy Chief Executives in SAS and NHS 24. This will ensure that the work continues and that other areas for joint activity can continue to be identified and progressed. The work of the Oversight Group will report every six months to the Collaboration Board.

The year two priorities have been scoped and will focus on improving patient experience, fostering collaboration across both organisations and the wider national health and social care system, and improving sustainability to support the further reform of urgent and unscheduled care. The priorities for year two are:

Urgent and Unscheduled Care:
- Review of NHS 24 endpoints/outcomes to reduce unnecessary unscheduled care ambulance requests.
- Complete test of change expanding call levelling availability to additional territorial board FNCs to reduce unnecessary AE1 outcome referrals.

Digital and Innovation:
- Work together with Public Health Scotland and Partners to influence further development and utilisation of Health & Social Care data across Scotland to inform clinical decision making, deliver better value care, improve population health, and enable evidence-based transformation and improvement of services.
- Review of current technology infrastructure and digital products to identify any potential opportunities to optimise care and experience of users and explore how artificial intelligence could be used to deliver services differently and improve the experiences for patients, staff, and partners.

Clinical Workforce.
- Maximise opportunities for collaboration across the four pillars of advanced practice demonstrating added value for both organisations, patients, and the wider healthcare system.
- Maximise the opportunities to work towards sustainable career pathways and frameworks that support the development of a more integrated urgent/emergency care pathways for patients.

2.2.4. New Workforce Management System Implemented

The new Verint WFM workforce management system used by frontline staff to access rotas and break times, as well as booking and managing their annual leave and shift swaps has now been operational for almost two months. The system also helps to record real time activity of calls and predict volumes and trends. This greatly assists with organisational planning and performance management.

The new system comes with access to a mobile app that allows frontline staff to remotely access their rotas and break times whilst also allowing them to request annual leave and shift swaps. Uptake of the mobile app has been excellent with 79% (1,123) of frontline staff having accessed and actively used the mobile app since its launch in early June. Without the mobile app, staff would need to come into the centre to check their rotas.

2.2.5. Digital Maturity Assessment Update

Scottish NHS Boards, Local Authorities, Health and Social Care Partnerships and organisations within the third and voluntary social care sector in Scotland are asked to complete the Scottish Government / COSLA Digital Maturity

Assessment each year. Last year, the audit was completed in the main by the ICT Directorate as the audit was focussed of ICT responses.

In efforts to enhance the 24/25 assessment, the Scottish Government requested a broadened view across the organisation. This assessment has been broadened to cover more detailed responses from additional areas including Medical, Service Delivery and Nursing & Care to gauge the broader organisational view.

2.2.6. NHS inform Update

Working in conjunction with Scottish Government Policy leads and national partners NHS Inform has been updated to provide the public with quality assured content for the following areas: Dementia, hysterectomy, fertility, and miscarriage.

- Work has continued on Mind-to-Mind content with Phase Two now complete and planning work underway for Phase Three.
- A review of Mental health self-help guides and content is also underway.

3. PROVIDING A WORKPLACE IN WHICH OUR PEOPLE CAN THRIVE

3.1 Developing & Empowering Our Workforce

3.1.1. Call Handler and Clinical Supervisor Recruitment

NHS 24 has met and maintained the Call Handler recruitment target taking the organisation to five hundred and eighty-three whole time equivalent (WTE) Call Handlers since February 2024. However, we continue to be under target for the Clinical Supervisor resource. There is now a recruitment action plan with short, medium, and longer-term actions to endeavour to increase our clinical supervisor resources.

Actions include:
- Managing full time rotas for the first time in several years because of feedback from candidates.
- Advertising hybrid roles in local centres e.g., advert live for Inverness.
- A review of our shortlisting criteria including levelling sessions.
- Continuing the success of open events in all our centres.
- Working with a third party to promote applications from those potentially looking to return to the NHS or return to Scotland.
- Transforming roles to look at potential for Band 4s and 5s, consideration of broader professions than nursing, increasing our Advise and Refer model.

3.1.2. Senior Recruitment

The Remuneration Committee in June 2024 approved a proposal to bring Executive Recruitment and Senior Manager (8c and above on Agenda for Change) in-house. This has resulted in efficiency savings as well as an improved candidate experience. The following roles have been successfully appointed: Director of Service Delivery, Director of Nursing and Care, Medical Director, Associate Director of Workforce and Associate Director of Nursing and Care, via the new process.

3.1.3. Workforce Digital Developments

NHS 24 is 69% complete on the Year One Workforce Data and Digital Transformation workplan, the plan runs from October to September.

Developments include:
- Cultural dashboard
- People First reporting
- Induction Intake Tracker on SharePoint.
- Flexible working application automated.
- Absence tracker now on Power BI

The purpose of the plan is to digitally transform the full employee lifecycle (Attraction, Recruitment, Onboarding, Retention, Development and Exit) this means that digital solutions will be at the centre of every process and through digitisation the digital footprint becomes bigger meaning the organisation have more insights to move to predictive analytics and enhanced data driven decision making.

3.1.4. Essential Learning

In July 2024, Essential Learning compliance reached 90.07%, marking a ten-year high for NHS 24. Following a comprehensive benchmarking exercise, the requirements are now more closely aligned to the other Boards across NHS Scotland.

3.1.5. Leadership Development Programme

We are now six months into the roll out of the NHS 24 Leadership Development Programmes, for middle and senior leaders. Three cohorts (Eleven percent of the total programme) are fully complete, 39% are in progress with
Fifty percent scheduled and yet to start.

Participant feedback is extremely positive with all senior leaders indicating that they would recommend the programme to colleagues, and that they either agree or strongly agree with these statements:

- The overall programme was effective.
- The programme met or exceeded expectations.

- The programme has helped me gain skills, knowledge, or confidence that will support me as a leader.

The first cycle of 720-degree feedback (repeating 360-degree feedback) begins in August 2024. Level Two Evaluation Focus groups are planned for the end of the year and Spring 2025.

The programme is expected to fully complete in December 2025 (accounting for 6-month post programme competency assessment and 720-degree feedback). Regular updates are and will continue to be provided to the Executive Management Team (EMT) and Staff Governance Committee with commencement rates reported through the Quarterly Workforce Report.

3.1.6. iMatter

The 2024 iMatter cycle is progressing exceptionally well, with team confirmation at 100%. We have seen a significant boost in our response rate, which has increased by 6%, from 70% in 2023 to 76% in 2024. Additionally, the Employee Engagement Index (EEI) has risen encouragingly from 74 in 2023 to 77 in 2024.

The ongoing targeted communications have been instrumental in fostering and motivating high engagement with the iMatter process. The NHS 24 iMatter Board Report will be presented to EMT in August and Staff Governance Committee in November 2024.

3.1.7. Culture and Wellbeing Action Plans

Directorate action plans were launched on 01 April 2024 to ensure that improvement in staff experience and culture is owned and driven at all levels across the organisation. The plans contain a blend of core, organisation wide actions (such as iMatter and Appraisal engagement), as well as actions more tailored to the specific needs and dynamics of each directorate. Quarter one progress updates were received from each directorate which showed a range of actions established from staff feedback. Emerging high level themes have been identified through initial directorate actions, which include ways of working, communication, and connection.

Full reporting on directorate action plans will be made through the Staff Experience Governance Group.

3.1.8. Our Wellbeing Matters

Since the launch of the "Our Wellbeing Matters" Strategy and Action Plan 2023-2025 in February 2024, we have adopted a strategic partnering approach to embed these initiatives. Key highlights include the establishment of the Stress at Work Short Life Working Group, which is focused on the development of revised training, communication, policy, and guidance, and the Spiritual Care Short Life Working Group, which is focusing on the development and implementation of spiritual care.

Our Culture and Wellbeing Pulse survey conducted in May 2024 showed improvement in four out of five key wellbeing questions, with an overall average increase of 5%. The most significant improvement was in satisfaction with the health and wellbeing support provided by NHS 24.

The action plan continues to progress, and work is underway to develop mental health first aider provision and implementing a financial cost of living plan to support employees.

3.1.9. Attendance Management

Attendance Management continues to be a focus for all NHS 24 cohorts of staff. Attendance continues to be above 90% with absence at the end of June 2024 recorded as 8.03%. Short and long-term absence are evenly split. As a result, the team continue to support managers in applying the Once for Scotland Attendance Policy and implementing reasonable adjustments to support staff in their endeavour to return to work.

The team have also been working closely with the Service Delivery Directorate and significant responsibilities have now passed back to line managers and the Wellbeing Team Managers have been reintegrated back into their core role. Recent audits identified that we had a high rate of absence amongst new starts and measures to reduce this have been implemented including real time absence reporting and supportive conversations instigated at the earliest stage. Trends amongst this group will continue to be closely monitored.

3.1.10. Case Management

The team continue to support complex case management and mediation services from early resolution up to and including ACAS early conciliation and Employment Tribunal level, ensuring effective resolution and positive outcomes.

Central Legal Office colleagues delivered recent sessions with high engagement and attendance levels on both 'Flexible Working' and 'A Focus on Trans issues' to increase management's knowledge and confidence in these important policy areas.

A suite of reporting KPI's for Case Management has been developed and we are currently collaborating with colleagues to develop an in-house case management solution with the use of PowerBI.

3.1.11. Working in Partnership

Work continues to develop our partnership working relationships and effectiveness.

The Area Partnership Forum undertook a self-assessment survey which was completed in June 2024. The self-assessment survey covered key performance indicators, including decision-making processes, communication, stakeholder engagement, and overall satisfaction with the committee's functioning.

Response rates this year were more than double of those who responded last year showing an increased level of engagement amongst committee members. This year's survey results indicate noteworthy improvement in all areas assessed. Notably, the survey had very low Strongly Disagree responses.

Additionally, the Area Partnership Workplan which reflects activities within both the Corporate and Workforce strategy has been refreshed and is now operational.

3.1.12. Agenda for Change Pay Deal 2023/24 – Short Life Working Group (SLWG)

The cross directorate SLWG continues to meet to take forward all elements of the 2023/24 pay deal including the Reduced Working Week, Protected Learning Time, and Band 5/6 nursing review. The group is a sub-group of the Area Partnership Forum (APF), and all actions and decisions are noted at the APF.

The group meets weekly and have made significant progress as follows:

- Reduced Working Week - Implemented on the 1 May 2024, for Corporate Staff. Implementation plans for frontline staff are progressing well for delivery in August 2024 with the part time staff moving a few weeks later.
- Protected Learning Time – A review was undertaken which evidenced that sufficient time was allocated to meet the requirements across all Directorates.
- Band 5/6 Nursing Review – STAC (Scottish Terms and Conditions) have recently confirmed that our Dental Nurses are not currently in scope for this review so currently there are no implications for NHS 24.

3.1.13. Excellence in Care

Learning from Excellence is a system for NHS 24 staff to nominate and highlight examples of excellence in care provided by their colleagues. This then allows NHS 24 to recognise this, celebrate it and learn from this excellent practice. It was initially piloted in Aberdeen, Dundee and Lumina centres from November 2023 then moved to all centres from March 2024.

Fifteen Learning from Excellence nominations were received in this quarter and certificates have been sent to those individuals. Work is underway to theme responses to identify learning and improvement opportunities.

There has been positive feedback on our Q4 EiC report from Scottish Government, however, there has been no update on a technical solution for NHS 24 to use the national dashboard (Care Assurance and Information Resource).

3.1.14. Infection Prevention and Control – NHS inform Advice on COVID-19

The DL SGHD/CMO(2023)12 originally issued on 9 August 2023 was updated on 24 June 2024. As of 13 June 2024, NHS inform advice on COVID-19 has been updated. The advice to self-isolate for five days following a positive COVID-19 test has been removed from the guidance. NHS 24 have agreed communications to managers and staff noting the change in guidance and to follow the advice on NHS inform. This means that staff who are eligible to test can continue to come to work if they test positive for COVID-19, provided they are asymptomatic.

3.1.15. QI 24 FUNdamentals

Recruitment has commenced for this year's QI 24 FUNdamentals QI education programme. The educational phase of the course is set to begin in September 2024.

4. BEING A COLLABORATIVE FORWARD-THINKING PARTNER

4.1 Continuing to Strengthen NHS 24's Organisational Effectiveness

4.1.1. Public Partnership Forum Centre Visit

A visit to the Lumina centre was arranged for members of the Public Partnership Forum on 2 July 2024. This session was led by Anne Gibson, Non-Executive Director and hosted by the Executive Director of Nursing & Care and Head of Clinical Service who provided a tour of the centre and the opportunity to meet with staff from the 111 service. The PPF representatives were given the opportunity to experience the role of the Call Hander by listening to practice calls, facilitated by one of the Practice Educators. There was a session lead by the Operational Manager for Breathing Space, allowing PPF members to meet with the team and learn more about the service. Following evaluation, it is anticipated that further planned visits will be offered.

4.1.2. UN Convention on the Rights of the Child

The United Nations Conventions on the Rights of the Child (Incorporation) (Scotland) Act 2024 (the Act) commenced on 16 July 2024 helping to ensure that children and young people's rights are legally recognised and protected. This will ensure that children and young people's voices are heard and are involved in decisions that affect them.

The Lead Nurse Public Protection/Children Health Commissioner and members of the Patient Experience Team attended a webinar hosted by SPSO in relation to

Child Friendly Complaints Handling, these have been published and NHS 24 is reviewing internal process to ensure compliance.

4.1.3. Evaluations

The evaluation of the Police Scotland/NHS 24 Mental Health pathway phase three has been completed. The evaluation of the Scottish Ambulance Service/NHS 24 Mental Health pathway phase two is nearing completion, as is the evaluation of the NHS 24 App.

4.1.4.   NHS Scotland Event 2024

Seven posters were displayed at this year's NHS Scotland event showcasing work led or supported by the Quality Improvement and Evaluation team:

1. Innovating Quality Improvement Training: The NHS 24 QI 24: FUNdamentals Experience
2. Developing a nationwide approach to Patient Feedback Collection through SMS and e-survey
3. Reducing variation in triage and improving efficiency and effectiveness in care practice.
4. Surviving Suicidal Thoughts: Advancing Suicide Prevention in Scotland through Digital Innovation
5. Transforming Crisis Response: Scotland's innovative Mental Health pathway
6. Connecting for Better Care: How NHS 24's Quality Month united teams across Scotland
7. Enhancing Mental Health Services: Insights and Progress from the Enhanced Psychological Practice Programme

The Senior Nurse for Mental Health and Senior Project Manager along with colleagues in Police Scotland and SAS presented a parallel session at the NHS Scotland Event to share insights into the mental health pathway collaboration. The session highlighted the positive impact of multi-agency working to deliver person centred intervention for those in mental health distress. The session also set out the Mental Health Hub's role in providing prevention resources and supporting self-management skills, with the ambition of supporting recovery. The session was well received with a wide range of feedback received using a posed question through digital feedback tools. The Mental Welfare Commission have approached the collaboration to present the pathway presentation later in August.

The Associate Medical Director (Acute Care) presented a joint NHS 24 / NHS Tayside Green Flow Navigation Centre (FNC) presentation to the NHS Scotland event in June which was well received with good audience engagement. It successfully promoted the sustainability benefits of the Redesign Urgent Care and remote consultation resulting in reduced patient journeys and delivery of care closer to home with environmental wins. New links are being established with NHS Lanarkshire via their "FNC Plus" Programme Board to further evidence the benefits of Flow Navigation for the patient and the environment.

4.1.5. Senior Public Health Trainees

Plans are progressing for senior Public Health trainees to undertake attachments with NHS 24. Consultation with the Workforce Teams is underway to enable this and potentially create a framework for other speciality trainees to complete similar attachments.

4.1.6. Delivery of Urgent Care in North Skye

Close collaboration and engagement with NHS Highland continues, to address concerns regarding delivery of urgent care in North Skye and to sustainably progress Sir Lewis Ritchie recommendations in the context of the current urgent care system. Further meetings are scheduled for early August with both the NHS Highland Nurse Director & Deputy Medical Director.

4.1.7. Asthma & Allergy Foundation Visit

The NHS 24 Associate Medical Directors (AMD's) recently visited the Asthma & Allergy Foundation to explore the potential for sharing educational resources around exacerbation prevention, particularly in the paediatric population. Both AMDs have been given access to the online "asthma certified course" which is governed jointly by the Asthma & Allergy Foundation and NHS Grampian to establish if hosting the educational link on NHS inform could be appropriate.

4.1.8. Welsh Government Visit

A visit from the Welsh Government Health Department to NHS 24 took place in June. Presentations and discussions were shared about the impact of Redesign of Urgent Care and the NHS 24 interface with OOH and FNCs and the way NHS 24 proactively handles communications across multiple channels about our services. Feedback from the Welsh Government delegates was overwhelmingly positive. A similar visit from Northern Ireland Department of Health also took place in late July.

4.1.9. Corporate Escalation Level

NHS 24 currently operates at Moderate level within our Corporate Escalation Process.

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.