NHS 24
BOARD MEETING
31 OCTOBER 2024
ITEM NO. 7
FOR ASSURANCE

EXECUTIVE REPORT TO THE NHS 24 BOARD

Executive Sponsor:
Mr Jim Miller, Chief Executive Officer

Purpose:
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 the NHS 24 2023-2028 Corporate Strategy.

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   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 continuous improvement and service optimisation.

2.1.2   Calls Closed by Call Handlers – Advise & Refer

Following the addition of keywords, the benefits of these changes continue to be demonstrated with increasing number of calls being completed without clinical supervision.

Data for August and September on number of calls completed by Call Handlers, reports an increase from the previous month, with an average of 5.4% across the two months (4.8% in July) with the highest rate of 6.8% being reported in July and 7.3% in August.

2.1.3 Clinical Advice Line

The Clinical Advice Line was in place for eight days in September answering 5,028 calls with an average talk time of 1 minute 14 seconds and an average talk time of 2 minutes 20 seconds.

Total calls to service for these eight days were 32,028 with 25,778 answered. Calls to Clinical Advice Line represented 19.5% of these calls.

The line continues to provide insight and understanding for recurring queries and will inform the process to support future 'business as usual' (BAU) approach to be implemented for the festive period.

2.1.4 Decision Support (Arezzo) Review

A review of all risk assessments questions and keywords has taken place to support the replacement of interim endpoints with a recommended endpoint to support patient-centred, timely and effective decision making. In the first instance, calls will still require clinical supervision to ensure the endpoint is appropriate. An evaluation to compare the recommended and final endpoints will be undertaken in the new year to inform which calls can be safely end pointed without the need for mandatory supervision.

In conjunction with this, the rationalisation of outcomes and endpoints has taken place with a recommendation to reduce the number of endpoints from 78 to 25. This has been informed by data, examining how often codes were used in the past year as well as partner and staff feedback.

2.1.5 Transforming Roles

The Transforming Roles Workstream is reviewing current roles of the Band 6 Clinician and Band 3 Health Care Support Worker (HCSW) and has identified how these align and map to the relevant professional frameworks.

These activities also support and enable the recognition of where any future new skillsets can be developed within the organisation.

2.1.6 Staff Engagement Sessions

One Patient Safety Leadership visit has taken place during quarter two within Norseman House which was supported by an Executive Director and Non-Executive Director. There was a high staff attendance at the session incorporating skillsets ranging from service support to frontline staff. All staff engaged fully in the process and raised multiple areas for discussion and consideration.

An update was given regarding service and digital transformation with staff keen to be fully involved in building and testing of the new system.

Discussion took place regarding the Cancer Treatment Helpline and the increased volume of patients contacting the line. A review is currently underway to understand if more staff require to be trained to take these types of calls. Positive feedback was received from staff members who had recently joined the organisation and completed a core induction, with all feeling well supported during training and within the live environment. There was also discussion about the ongoing development of the Call Advice Line and what additional support this line could provide.

2.1.7 NHS Lanarkshire FNC Plus Collaboration

NHS 24 continues to work with NHS Lanarkshire on a proposed Test of Change which will replicate the 'call levelling model' already in operation in NHS Tayside. NHS Lanarkshire will also be the pilot partner board for a Primary Care toolkit launch.

2.1.8 Review of System Keywords and Endpoints

The role of the Clinical Change Governance Group (CCGG) in the quality assurance of clinical content is being further developed with several meetings held to review system keywords and endpoints to support Clinical Decision. This has resulted in new recommended outcomes for all previous Serious & Urgent presentations and a reduction in the number of endpoint options for onward referral to partners.

2.2 Delivering Enhanced ICT & Digital Capability

2.2.1 Patient Experience Survey

The survey is now at month six of 'business as usual' and an overall satisfaction percentage is reported within the Corporate Performance Report. Utilising system knowledge and feedback from senior managers we have updated the report to maximise dashboards. The Quality Improvement and Evaluation Team have analysed the qualitative data available and developed suggested themes to Service Delivery. These themes would form the basis to create and evaluate improvement actions utilising the survey data.

2.2.2 Digital Transformation Programme

The Digital Transformation Programme (DTP) continues to make significant strides to replace the legacy arrangements of NHS 24 key partner contracts by October 2025. At the time of reporting, the programme has recently reached a major milestone as it transitions from procurement of the integrated Contact Centre (CC) & Customer Relationship Management (CRM) to implementation.

In August and September 2024, final tender responses were successfully received and scored by the Programme Team. Following the agreed extensive procurement process, and with support from National Procurement

throughout, the contract was awarded to Coforge on 12 October after review by the Planning & Performance Committee (12 September) and approval at an extraordinary Board meeting (20 September). The paper also recommended the approval of the decision support tool procurement, which was awarded to the existing vendor.

2.2.3 SAS/NHS24 Collaboration

The planning for year two of the collaboration has taken place with an overarching workplan now agreed. Further work continues to unearth the actions and expected outcomes underpinning the priority activities (listed below), as well as success criteria.

Year one priorities which were mainly internally focused will now be 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 overseen by the Collaboration Board 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
- Flow navigation – To complete a review of endpoints and outcomes for patients that contact NHS 24 and SAS to understand and reduce unwarranted variation to ensure patients receive the right care first time and to improve the flow of patients throughout the wider unscheduled care system.
- Professional-to-Professional – To complete a test of change expanding call levelling availability to additional territorial board FNCs to reduce unnecessary ambulance requests and A&E attendance.

Digital and Innovation
- Joining up and leveraging of data – Collectively work together with Public Health Scotland (PHS) 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.
- Digital products and use of AI - Review of current technology infrastructure and digital products to identify any potential opportunities to optimise care and experience of users. Explore how artificial intelligence could be used to deliver services differently and improve the experiences for patients, staff, and partners.

Clinical Workforce
- Advanced Practice Skillsets - Maximise opportunities for collaboration across the 4 pillars of advanced practice demonstrating added value for organisations, patients, and the wider healthcare system.
- Future joint roles, career frameworks and pathways - Maximise the opportunities to work towards sustainable career pathways and framework that support the development of a more integrated urgent/emergency care pathways for patients.

2.2.4   Syndromic Surveillance

NHS 24 representatives met with the Syndromic Surveillance Team from Public Health Scotland to better understand data we share with them for syndromic surveillance purposes, and to help maximise the usefulness of the data in monitoring health changes. Syndromic surveillance is the process of collecting, analysing and interpreting health-related data to provide an early warning of public health threats, which require public health action. A review of NHS 24 data harvesting process is underway, and work is ongoing to review the accuracy and efficiency of data processing/analysis in preparation for our move to a new frontline application.

2.2.5   Unscheduled Care Datamart (UCD) and Patient Pathways

The Medical Directorate is working with NHS 24 Performance Team and Public Health Scotland on the review and analysis of the patient pathways and outcomes that occur under a variety of keywords. This aims to explore how data can be used to describe whole system patient journeys from a quality perspective, as well as prompting enquiry into those journeys that appear unusual or protracted.

2.2.6   Surviving Suicidal Thoughts

Funding has been secured for Phase 3 of the Surviving Suicidal Thoughts Initiative. Objectives are to expand evaluation with qualitative interviews of visitors by Suicide Research Lab; iteration of a marketing campaign to prioritise those searching actively for suicide methods; and creation of a marketing sustainability plan. A paper entitled, "Surviving Suicidal Thoughts: A Cross-Sectional Pilot Study Exploring Online Support for Suicidal Ideation in the Scottish Population" has been accepted for publication by JMIR Formative Research.

2.2.7   Joint Board Copilot Evaluation

Microsoft Copilot is an AI-Powered tool integrated into Microsoft 365 applications, such as Word, Excel, PowerPoint and Outlook. It acts as a virtual assistant, helping users to create, edit and manage tasks more efficiently.

NHS 24 have been selected to be involved in a three-month pilot between September and November 2024 to build evidence and knowledge of using

Copilot, and any potential sustainability and value benefits that might be realised from a wider rollout.

One hundred colleagues from NHS 24 have been selected to take part, alongside two-hundred colleagues from NHS Greater Glasgow & Clyde and NHS Education Scotland.

A comprehensive evaluation will be completed at the end of the pilot, utilising data from surveys that will be conducted throughout the pilot with all participants.

2.2.8 Data Strategy

A Data Strategy for NHS 24 has now been finalised and published. This key document is fully aligned to the National Data Strategy and articulates the principles that when delivered, will allow NHS 24 to unlock the value of the data it holds. The timing of this has been carefully planned. The new suppliers being brought in under the Digital Transformation Programme will be obligated to adhere to the principles documented in the strategy. This will keep our data secure and allow it to be used in ways previously not possible.

2.2.9 Digital Contact Reporting

The implementation of a Digital Contact Reporting dashboard will deliver a better understanding of how the public are engaging with NHS 24's various digital channels. This will provide the data on which to base improvement initiatives, help find better ways to engage and optimise the digital channels and help to ensure patients get the right care at the right time at the right place.

Switch over from the current process to the new process will be timed with appropriate lead times into the next corporate reporting cycle that will be delivered at the beginning of Q3. NHS 24 Digital Champions have also received a training session on using the dashboard and have been provided access to the dashboard.

2.2.10 GP.Scot CMS Re-Platforming

Evaluation is underway of a new Content Management solution, utilising the GP.Scot estate as a 'proof of concept' for the new platform. The new platform is being evaluated in conjunction with Scottish Government to determine if the platform could be viable for use across the wider healthcare sector in Scotland. It is expected that this new platform will be easier to manage, highly secure and potentially deliver recurring financial efficiencies.

The first site has now been migrated to the new platform and handed over to NHS 24. Plans are now being finalised to migrate all other GP.Scot sites.

2.2.11   System Decommissioning

Following successful implementation of the new workforce management system, the previous platform has now been decommissioned, with all data required for historic reporting extracted and made available securely to the Central Resource Team (CRT) Team for ongoing historical analysis. This decommissioning reduces the maintenance and security burden carried by NHS 24 ICT.

2.2.12   Network & Information Systems Regulations (NIS-R) Review Audit

NHS 24 is classed as an 'Operator of Essential Services' under the Network and Information System Regulations 2018 (NIS-R). These are UK regulations designed to enhance the security and resilience of essential services and digital services against cyber threats. The regulations mandate that organisations in critical sectors, such as energy, health, and transport, implement robust cyber security measures to protect their network and information systems. The designated 'Competent Authority' for the health sector in Scotland is the Scottish Ministers. The Competent Authority has mandated that compliance against the controls detailed in the Public Sector Cyber Resilience Framework will be audited on a three-year audit and review cycle to assess an organisations compliance against NIS-R. The current compliance target is 60-60-0.

In 2023/24 NHS 24 achieved 78-87-0.

The 2024/25 review result is 89-100-0, significantly outperforming the target.

NHS 24 was also complimented on achieving the advanced target of 80-80-0 with an assessment result of 89-82-0. This demonstrates the Board's commitment to the NIS-R three-year audit and review programme. Compliance with the assessed controls improves the cyber security posture of NHS 24.

2.2.13   Cyber Incident Desktop Exercise

NHS 24 held its second cyber resilience tabletop exercise of the year on 4 September 2024. The event was attended by senior leaders from NHS 24 and key representatives from Police Scotland, the Scottish Government Health Emergency Preparedness, Resilience and Response (EPRR) Division, the Scottish Cyber Co-Ordination Centre (SC3) and the managed service provider BT (whose involvement also addresses two internal audit recommendations).

The SC3 facilitator-led exercise centred on a real-life scenario to encourage and discuss tactical and strategic responses to a cyber incident. Follow-up sessions and another exercise are planned for Q4 2024/25.

2.2.14   Seasonal Health Campaign

NHS 24's campaign is moving from being seasonally focused (i.e. Winter/Spring) to a campaign that will stretch and support the organisation throughout the year.

Currently in the testing phase, the new creative will highlight the use of NHS 24's digital services (primarily NHS inform) for low-acuity conditions. Promoting a digital-first approach to seasonal illness care will be highlighted through radio, digital and outdoor public health messaging, supported by PR, organic social media, and engagement running from December to April.

Community engagement activities, such as fieldwork in SIMD areas, are planned. The Engagement Team will be provided with campaign key messages, toolkit, and social media assets to communicate winter campaign messages to the public and partners.

Internal communications will be used to support and engage staff. Staff case studies and spokespeople will be used externally to highlight the people behind NHS 24's services.

3.   PROVIDING A WORKPLACE IN WHICH OUR PEOPLE CAN THRIVE

3.1   Developing & Empowering Our Workforce

3.1.1   Autumn/Winter Staff Flu Vaccination Programme

The Autumn/Winter Flu Vaccination Programme for staff is due to begin on Wednesday 9 October in our Cardonald Centre. The programme will run for 6 weeks (excluding the October school week) and is due to be completed by week ending 17 November. 'Drop In' clinics will be available in 5 main centres including Cardonald, Aurora, Lumina, Norseman and Dundee and be staffed with our bank vaccinator. Communications will include a link to the national programme for staff who cannot attend one of our in-house clinics. Staff from Aberdeen can attend Grampian's National Vaccination programme.

3.1.2   World Suicide Prevention Day

On 10 September, NHS 24 staff participated in World Suicide Prevention Day, focusing on changing the narrative and encouraging open conversations about suicide.

3.1.3   World Mental Health Day

On 10 October, for World Mental Health Day, the theme was prioritising mental health at work. NHS 24 showcased efforts some of which included access to mindfulness, open discussions about mental ill health and wellbeing, mental health first aiders, wellbeing managers, relaxation spaces, the THRIVE App, and Employee Assistance Programmes.

3.1.4 QI 24 FUNdamentals: internal Quality Improvement training

The QI 24 FUNdamentals Programme for 2024 started its education phase in September and will continue until November. It includes eleven staff members from five Directorates, one volunteer (from the NHS 24 Youth Public Partnership Forum), and five Scottish Ambulance Service (SAS) staff, with support from the SAS QI Team.

3.1.5 Scotland's Health Awards

NHS 24 has been nominated as a finalist in two prestigious awards: Scotland's Health Awards 2024 and The Herald Top Employer Awards 2024. Our nominations in the Scotland's Health Awards include the Allied Health Professional category, where physiotherapist Jen Dallas has been recognised for her exceptional work in advancing musculoskeletal care across Scotland. Our Mental Health Hub's collaboration with Police Scotland and the Scottish Ambulance Service has been acknowledged for its innovative approach to providing high-quality mental health support.

NHS 24 has also been shortlisted for The Herald Top Employer Awards 2024, Best Internal Communications Award, in recognition of our outstanding internal communications and employee engagement strategies. This nomination highlights our commitment to fostering a positive organisational culture and ensuring that our staff feel valued and heard. Our strategic overhaul of internal communications, including the introduction of digital wallboards and a new SharePoint intranet, has significantly improved information access and staff engagement.

3.1.6 Workforce Planning

To improve our workforce planning for 2024 and beyond, we have collaborated with our Executive Team, Senior Management Team, and Staff Side to ensure everyone understands our approach to workforce planning. We held collaborative, facilitated meetings with each of the Directorates to ensure financial plans, corporate plans and workforce plans were aligned. All Directors were required to complete a Workforce Plan questionnaire for their service(s) to give insight into any future changes to their resourcing/workforce establishment requirements for year 3 of the plan and beyond. The questionnaire supported the Directors to assess their future workforce projections to support the delivery and the alignment with the Corporate Strategy, the Annual Development Plan, and the Financial Plan (SPRA).

3.1.7 Clinical Supervisor Recruitment

Recent campaigns for hybrid roles in Inverness and full-time roles across all centres received sixty-seven applications, more than we have previously received for any clinical supervisor campaign in recent years. The plan is to build on the success of these campaigns and move to advertise hybrid roles in other areas such as Dumfries & Galloway and Ayrshire & Arran as well as re-

advertising full time posts as this is now generating interest. Recent open events for all centres were also fully booked.

3.1.8 Clinical Supervisor Recruitment

Year one of our Workforce Data and Digital Transformation Workplan has been completed. Outputs of this included automated flexible working process; new start check in questionnaires; a case management system; automated retire/return process; automation of internal consultancy process for Organisational Development, Leadership and Learning (ODLL), and development of dashboard tools to monitor progress on culture metrics, allowing for targeted interventions and identification of best practice.

3.1.9 Essential Learning

The overall compliance rate for Essential Learning completion was 91.5% on 30 September 2024. The Board-agreed target of 90% was met in July 2024 and this has been maintained for three consecutive months. The annual review for Essential Learning will commence in Q3 and focus on module content reviews and quality assurance. Essential learning is reported to the Staff Governance Committee through the Quarterly Workforce Report.

3.1.10 iMatter

Ongoing targeted communications have been pivotal in driving and sustaining high levels of engagement with the iMatter process. As a result, iMatter response rates and action planning hit an NHS 24 high of 76% and 92%, respectively. These efforts have been noted by Scottish Government and a request was received from them to provide further information on the NHS 24 approach to iMatter, including team stories which were drawn from Service Delivery and Workforce Directorates.

The national iMatter results report will be received from Scottish Government at the end of November 2024. A paper detailing how NHS 24 results compare to all other NHS boards will be submitted to the Executive Management Team (EMT) in January 2025 and Staff Governance Committee in February 2025.

3.1.11 Appraisal

The end of September 2024 marked the end of the annual appraisal window for all Directorates, apart from Service Delivery, due to the high volume of staff within this Directorate. The appraisal window for Service Delivery has been extended to 30 November 2024. Overall, appraisal compliance has increased to 24.2%, with seven out of eight Directorates reaching 100% compliance.

The Service Delivery Directorate continues to make progress across the three elements which make up appraisal, namely 32.9% of staff have completed the discussion element; 26.2% have set objectives and 24.7% have set a Personal Development Plan (PDP).

A series of initiatives have been implemented to enhance appraisal compliance within Service Delivery and more widely, including:

- Training of fourteen Appraisal Champions across centres, with ongoing support and resources provided through Appraisal Champion Teams channel.
- Delivering appraisal drop-in support sessions for managers, enabling to troubleshooting and targeted support.
- Issuing biweekly Team Talk and digital wall board reminders.
- Targeting communications to all People Managers with outstanding appraisals.
- Delivering the Management Essentials Programme (MEP) Module 12: Quality Appraisal Training to twenty-two managers.

Appraisal compliance is reported through the Staff Governance Committee via the Quarterly Workforce Report.

3.1.12 Management Essentials Programme

The refreshed Management Essentials Programme (MEP) was delivered during August 2024 to new managers and achieved an overall effectiveness score of 88%. Additional sessions were delivered in October 2024 and further sessions planned in February 2025. This programme has now moved to 'business as usual' and will report to Staff Governance Committee.

3.1.13 Leadership Development Programme

The programme continues to be delivered as scheduled with 25% of the combined total of middle and senior leaders having now completed their programme. Evaluations show an average workshop effectiveness score of 96%. Self-assessment scores of 30 leadership competencies taken before and after the programme show increases across the board; this is mirrored in before and after scores for 360-degree feedback.

An end of Year 1 update paper was presented to EMT in October 2024 and will be presented to Staff Governance Committee in November 2024.

3.1.14 Culture and Wellbeing Action Plans

Quarter 1 Directorate Culture and Wellbeing Action Plans have now been completed and a format for future reporting has been agreed. Of note, several Directorates have established their own Culture and Wellbeing Working Groups, mainstreaming culture, and wellbeing activities within NHS 24.

Quarter 2 update submissions were received by 14 October 2024 and a six-monthly update paper will be provided to EMT in November 2024.

3.1.15 Equality, Diversity, and Inclusion

Following the Directors Letter on Anti-Racism Plans received in September 2024 from Scottish Government, the Workforce Directorate will work closely with the Participation and Equalities Team to ensure workforce implications, opportunities, and requirements are captured and progressed via the Workforce Equality, Diversity and Inclusion Action Plan.

3.1.16 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 September 2024 at 8.63%. 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.

3.1.17 Case Management

The Workforce Directorate continues to support complex case management, early resolution, and mediation services. Additionally, the lessons approach has now become an established practice, and a range of guidance created as a result to support managers. This includes a new end to end process on the Right to Work, Ill Health Capability and Redeployment as well as a guide on working time regulations and secondary employment aiding compliance and consistency.

A suite of key performance indicators (KPIs) for Case Management have now been developed to drive improvement in timescale compliance, highlighting any potential hotspots or cultural trends as well as shifting responsibility for case management to managers. The first iteration of the dashboard has been published for Directors in October 2024 with engagement sessions with Directors having taken place in September 2024.

3.1.18 Working in Partnership

Workforce colleagues and Partnership representatives are supporting two Organisational Change consultation exercises that have commenced following Executive Management Team approval in Nursing and Care, and Information Communication Technology Directorates, supporting improved ways of working and digital transformation.

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

The cross directorate SLWG was stood down in the last quarter as plans had been agreed and were operational with regards to the 2023/24 pay deal. This included the Reduced Working Week, Protected Learning Time, and Band 5/6 nursing review. An update on these activities is noted below:

Reduced Working Week

The 37-hour reduced working week was implemented for all staff across the organisation by the 30 September 2024 following significant engagement with staff. Scottish Government have been informed of this ensuring NHS 24's compliance with the agreed backstop date of 30 November 2024. Evaluation of the implementation has also been submitted to NES to ensure lessons learned are captured for next phase of implementation.

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) following requests for clarity it has been confirmed this work does not affect NHS 24 at this time.

The Short-Life Working Group will be re-established in November 2024 to plan the approach for the next two years to reduce to the agreed 36 hour working week over the next 2 years. The group is a sub-group of the Area Partnership Forum (APF), and all actions and decisions will be noted at the APF.

3.1.20 Pharmacy & Medicines Newsletter

The Associate Clinical Director and the Regional Pharmacy Advisor Team have led the development of a quarterly newsletter for frontline pharmacy advisor staff to ensure they have regular communication on the work of the pharmacy team within and out with NHS 24, and to share useful resources, opportunities and information to support their practice and professional development.

3.1.21 University of Edinburgh – Leading Digital Transformation in Health and Care in Scotland

Both the Associate Clinical Director and the Head of Organisational Development, Leadership and Learning, were successful in being accepted onto the PgCert course in Leading Digital Transformation in Health and Care in Scotland run by University of Edinburgh. Scottish Government and NHS Education for Scotland have funded the places, and both will be expected to contribute to the ongoing digital transformation work within NHS 24.

4. BEING A COLLABORATIVE FORWARD-THINKING PARTNER

4.1 Continuing to Strengthen NHS 24's Organisational Effectiveness

4.1.1. Estates Sustainability Plan

An Estates Sustainability Programme Board has been established and is currently in the process of reviewing where improvements can be made. The group has wide representations from across the Directorates and is currently

focusing on utilisation figures, exploring where carbon footprint reductions and financial efficiencies can be made as part of the sustainability and value agenda. It is anticipated that this work shall be presented to the Planning & Performance Committee in November with its recommendations.

4.1.2 The Armed Forces Covenant

The Armed Forces Covenant Duty was introduced November 2022 and places a legal obligation on named public bodies in Scotland, including NHS 24, to actively pay due regard to the principles set out in the Armed Forces Covenant.

The Covenant Legal Duty is limited to key service delivery areas however and does not cover the broader policy areas that the Armed Forces Covenant support.

NHS 24 has, over the past year, demonstrated significant progress in aligning with the broader principles of the Covenant and supporting the Armed Forces Community across the areas of workforce and employability, person and user centred practices, digital health and care and stakeholder engagement. The work achieved in this space has been commended by colleagues across Scottish Government and the Armed Forces Talent Programme and has led to conversations around the opportunity and benefits that might be realised in NHS 24 formally pledging to the Armed Forces Covenant, which was agreed at EMT in September. Formally signing the Covenant Pledge supports NHS 24 explore opportunities in engaging with the Defence Employer Recognition Scheme, continue to strengthen our equality, inclusion and rights commitments and lean into aspects supporting our Anchors Strategic Plan.

4.1.3 Learning Disability Student Nurses

NHS 24 in collaboration with NHS Lothian Acute Liaison Services and Edinburgh Napier University have begun to facilitate Learning Disabilities Student Nursing Practice Learning Experiences. The first student spent time within the Mental Health Hub and Breathing Space with a particular learning focus on exploring access and engagement of people with Learning Disabilities and considering reasonable adjustments and communication.

4.1.4 University of Strathclyde and Sentinel Collaboration

The Associate Medical Director (Mental Health) and the Associate Director of Operations & Nursing initiated a collaboration with Strathclyde University and tech startup Sentinel (PTSD prevention for emergency responders). There is a supported research and development (R&D) application to consult NHS 24 staff for feedback on the current version, and consultation through exhibition at NHS Research Scotland Mental Health Network Conference on 07 November 2024, where the Chief Scientist will provide the opening address on economic and health importance of innovation.

4.1.5 NHS 24 and NHS Education for Scotland collaboration

NHS 24 continues to progress joint meetings with NHS Education for Scotland (NES) in the new premises in Aberdeen to help review arrangements regarding the new shared space, and to explore areas of potential collaboration between the organisations. NES Pharmacy and NHS 24 Pharmacy jointly presented current collaboration work and outputs from that, which was well received. Future meetings will hopefully see our collaboration flourish across a range of clinical areas.

4.1.6 Realistic Medicine

A proposal with the Realistic Medicine Community of Practice, has been developed to describe how the 'It's Ok to Ask' campaign should be delivered going forward, with a main focus on Boards' delivering local activity but being supported nationally by NHS 24 through development of digital toolkits and recorded media resources. NHS 24, NHS Forth Valley and NHS Lothian are considering further development of the approach. The NHS 24 Realistic Medicine intranet site is currently being developed further to build a richer environment in which to communicate the Chief Medical Officer (CMOs) key messages around Realistic Medicine & Value Based Health Care. The aim of this is to have the site as a valuable source of information for staff in one place, and to be able to direct staff to the site to ensure they know what realistic medicine is, and how the principles apply in their roles. More direct staff engagement activity is being planned.

4.1.7 Corporate Escalation Level

NHS 24 currently operates at Moderate level within our Corporate Escalation Process. The escalation level will remain under review aligned to the concurrent risks managed by NHS 24 including the transformation programmes, service performance, and corporate delivery plan objectives.

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.