

**NHS 24  
BOARD MEETING  
19 DECEMBER 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. Decision Support Review**

The endpoint review has been completed and operationalised, with the first stage of risk assessment questions now live.

**2.1.2. Video Consultation**

A video consultation initiative has been launched for children aged 2-12 years old, at weekends during the winter period. The initiative involves Advanced Nurse Practitioners (ANPs) conducting video assessments for children presenting with winter illnesses with the aim to reduce the number of 999 ambulance calls and manage patients with self-care advice. This initiative is expected to launch mid-December, with additional paediatric training provided to the ANPs.

**2.1.3. NHS Lanarkshire FNC Plus Collaboration**

NHS 24 continues to progress the Flow Navigation Centre (FNC) collaboration with NHS Lanarkshire and SAS working together to implement a "call before you convey" process for direct outcomes. This will involve clinicians calling the relevant territorial board to discuss referrals and ensure the correct pathway

for patients. The goal is to launch this initiative early in the New Year, with NHS Lanarkshire currently populating their FNC roster to ensure staff availability for these calls.

#### **2.1.4. NHS 24 & Out of Hours Collaboration**

The Associate Medical Director (Primary Care) recently presented at the Lothian Out of Hours 20-year event discussing the opportunities within the Unscheduled Care Datamart to identify how it can be utilised to analyse pathway routes to the Out of Hours service. This event was attended by all Out of Hours providers in Scotland and was very well received. It sparked interest in how NHS 24 can utilise data to quantify our safety, effectiveness, and efficiency.

#### **2.1.5. Clinical Advice Line**

The Clinical Advice Line was in place for nine days over October – including one full week. Over this seven-day period, the line answered 3,608 calls and the average handling time ranged from 1 minute and 59 seconds, to 2 minutes and 46 seconds.

A Clinical Advice Line call review and guidance document has been approved. Regular call reviews are now conducted by a group of Senior Charge Nurses, with support from a CSM. After each Test of Change (ToC), the group reviews two calls for every clinician who has been operational on the Advice Line. In addition, there are regular levelling sessions.

Following the ToC approach, the line will now be in place as business as usual each weekend on 24/7 basis as well as the festive period. The line continues to provide insight and understanding for recurring queries and has informed the implementation of change for keyword queries that are now being directed to Team Managers in the first instance for guidance.

#### **2.1.6. Decision Support - Review of Endpoints and Outcomes**

The recommended endpoints for baby risk assessment questions went live on 16 November. An evaluation to compare the recommended and final endpoints is being undertaken to inform next phase of changes which are child and adult risk assessment recommended endpoints.

The National Clinical Governance Group have ratified recommendations on which outcome codes to keep, retire and repurpose. Engagement is now underway with OOH and GP Leads Groups to advise of proposed changes and understand if there would be any adverse impact relating to the changes. It is anticipated that the updated outcomes codes will be implemented from February 2025.

### **2.1.7. Consistent Efficient Effective and Triage**

Approximately three hundred coaching sessions have been taken across the organisation with SCN Improvement Leads and nurses with a focus on coaching new starts with an aim to support increased call outcomes, faster speed to competency and staff confidence.

A survey has been distributed to understand the impact from a staff perspective. Initial responses report increased confidence with full evaluation of all responses to be analysed.

Dashboards and trackers are in place to monitor, and review talk time to identify where focused coaching is required.

### **2.1.8. Transforming Roles**

Focus is on the plans to introduce the band 5 role that will support career framework within the organisation. A job description has been developed ensuring distinction between the band 5 and band 6 role. A competency framework and training programme are in development and plans are being devised on how the roles will be operationalised in practice.

### **2.1.9. Evaluations of the NHS 24 App and the Virtual Queue system**

The Quality Improvement and Evaluation produced evaluation reports for the NHS 24 App and the Virtual Queue system. The NHS 24 Mobile App, launched in December 2022 and was evaluated using a mixed-methods approach. Data suggests that the App is promising in enhancing healthcare accessibility and service provision. Ten recommendations were identified. The Virtual Queue (VQ) system, implemented in June 2023, is now operational daily for Unwell and A&E queues. Positive patient feedback has been received, with no significant operational risks identified. Future steps include ongoing monitoring and potential adjustments to improve the system further.

### **2.1.10. Poster Accepted for DigiFest 2024: Implementing E-surveys to Enhance Patient Feedback and Drive Service Improvements**

A poster, showcasing the innovative approach to digitally collecting and analysing patient feedback for the 111 service, has been accepted for presentation at DigiFest 2024. The project was a collaborative achievement involving several teams, including Nursing and Care, Quality Improvement and Evaluation, Clinical Governance and User Research.

### **2.1.11. Staff Engagement Sessions**

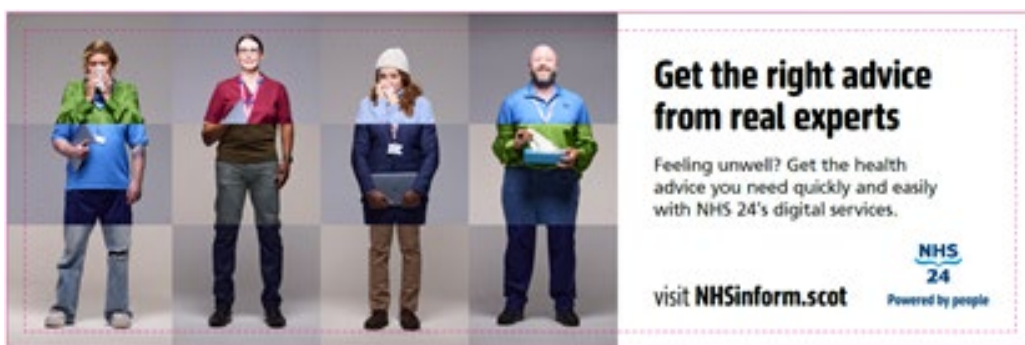
Two Patient Safety Leadership visits have taken place during November, a virtual session has taken place with staff from Ayrshire and Arran, Inverness, and the Western Isles which the Chief Executive attended. A further session took place in Cardonald on 26 November.

Five nurses attended the virtual session with five call handlers and three PWP staff at the Cardonald session. All staff engaged fully in the process and

raised multiple areas for discussion and consideration. Themes varied from discussion about current processes, future developments including use of near me and hybrid working to rotas and the reduction in the working week. All actions will be discussed at the Staff Engagement Steering Group and feedback to local staff engagement leads will be given.

#### **2.1.12. Public Health Campaign**

The first phase (winter) of NHS 24's new public health campaign 'Powered by People' is live. It will feature across digital, radio, pharmacy (interactive panels), billboards, and bus media channels. Messaging is scheduled across a five-month period (to end April) and included are a GP practice distribution of posters, and a series of community engagement sessions focussed on areas of lower SIMD, as well as a toolkit for all Health Boards to use.



The campaign highlights NHS 24's digital services (primarily NHS inform) for low acuity conditions. It is fronted by NHS 24 staff alongside patients (models) using the classic 'flip book' technique to visually bring our frontline carers and their patients closer together. The campaign is also an opportunity to show the people behind our services – the care behind our care.

### **2.2. Delivering Enhanced ICT & Digital Capability**

#### **2.2.1. SAS Collaboration**

The first phase of the collaboration with the Scottish Ambulance Service (SAS) is now part of business as usual, with an upcoming planned joint call review process with integrated clinical hub clinicians from SAS over targeted weekends in December and January. This initiative aims to support decision-making around ambulance requirements. The goal is to reduce the number of 999 ambulance requests by providing additional education and advice from GPs or advanced practitioners.

A successful Go/No Go meeting was held on November 18th. Agreement was reached with SAS to go live in early December with the digital patient handover from NHS 24 to SAS. Achieving go-live at this time will release resource over the festive period for both organisations.

### **2.2.2. Surviving Suicidal Thoughts**

The Surviving Suicidal Thoughts Project has been funded for a third phase, primarily for public health messaging until the end of the financial year. The objectives are to expand evaluation with qualitative interviews of visitors by the Suicide Research Lab; iteration of a messaging campaign to prioritise those searching actively for suicide methods; and creation of a marketing sustainability plan.

NHS 24 representatives will attend the Scottish Public Service Award ceremony following nomination for an award related to NHS 24's audio visual team production of ground-breaking video content for this project.

### **2.2.3. Mental Health Review Delivery Group**

The Mental Health Review Delivery Group is now operational, with an agreed triumvirate leadership approach involving the Nursing & Care Directorate, Medical Directorate, and Service Delivery Directorate co-chairing this. The new mental health management structure has been approved, and the group will transition into a Mental Health Programme Board, reporting to the Service Transformation Board.

### **2.2.4. Emergency Service Partnership Group**

Work continues in the establishment of the Emergency Service Partnership Group which includes the Fire Rescue Service, British Transport Police, Scottish Ambulance Service (SAS), Police Scotland, Scottish Government, and NHS 24.

This group aims to address the issue of frequent callers through a whole-system approach. The initiative involves collaboration with Public Health Scotland to establish an intelligence network around frequent callers, addressing information governance and sharing challenges between different organisations.

This effort is part of the broader Mental Health Unscheduled Care Group, which seeks to improve the management and support of complex users within the emergency services framework.

### **2.2.5. NHS Wales & NHS England Joint Collaboration.**

The Associate Medical Director (Primary Care) has been liaising with NHS Wales and England as a joint collaboration to share learning between the three nations. This aims to build on pre-existing separate relationships and to extend this wider within teams. The main areas of discussion will be data, digital and AI, governance, managing protection and safeguarding and changes to the digital clinical safety landscape.

### **2.2.6. Joint Board Copilot Evaluation**

Microsoft Copilot is an AI-powered tool integrated into Microsoft 365 apps like Word, Excel, PowerPoint, and Outlook. It helps users create, edit, and manage tasks more efficiently.

One hundred colleagues from NHS 24, along with two hundred from NHS Greater Glasgow & Clyde and NHS Education Scotland, participated in the pilot.

A three-month pilot was undertaken between September to November 2024 to assess Copilot's potential sustainability and value for wider rollout.

We are pleased to announce that participants will retain their Copilot licenses until the end of April 2025, whilst the pilot evaluation and licence negotiations are reviewed and progressed.

### **2.2.7. Health Information Services Sugar Replacement**

The Health Information Services Team currently use the Sugar CRM platform to deliver key services, such as Quit Your Way Scotland. An initiative is underway to migrate from Sugar CRM and utilise Microsoft Forms to support the HIS services.

Moving to Microsoft Forms will reduce the need for rebuild and rework of the Sugar Services into the new CRM platform. NHS 24 will also be utilising the Microsoft suite of applications that there are already licences for, reducing reliance on third party platforms.

The final stages of development and testing are nearing completion with a target go live date in December 2024.

### **2.2.8. Board Cyber Session**

A Cyber Security Awareness session was delivered as part of Board Workshop session on 28 November.

The Board Development Session on Cyber Security provided an overview of various cyber threats, including specific threats to Board Members such as whale-phishing and those targeting Executive Personal Assistants and Administrative staff.

It emphasised the importance of managing cyber security risks through a multi-layered approach, such as the "Layers of the Onion" framework and highlighted the Cyber Security risk register as an essential tool for identifying, assessing, and managing risks.

The awareness session also addressed the potential impacts of cyber security threats on health boards, including reputational damage, data loss, and disruption of operations.

Additionally, it stressed the importance of regulatory compliance, awareness training, and policy compliance to reduce the risk of incidents, and discussed incident response planning as a crucial aspect of managing cyber security risks.

#### **2.2.9. National Primary Care Clinicians Database (NPCCD)**

ICT have collaborated on a key strategic initiative working with Scottish Government to provide a single source of accurate data for community optometry. NHS 24 staff will have access to new developed reports which will be used to update internal databases supporting 111 and Scotland's Service Directory. The NPCCD provides a rich quality assured dataset that will allow NHS 24 to improve the data that we hold. Operational use will commence early in 2025.

### **3. PROVIDING A WORKPLACE IN WHICH OUR PEOPLE CAN THRIVE**

#### **3.1. Developing & Empowering Our Workforce**

##### **3.1.1. Pharmacy Operating Model**

The pharmacy operating model has transitioned to hybrid working for pharmacy advisors. This initiative allows advisors to work from home up to 50% of their weekly shifts, aiming to enhance organisational resilience and address the shortage of full-time equivalents in the pharmacy sector. The hybrid working model is expected to improve coverage during peak times, particularly over the winter period.

Additionally, the ongoing definition of the pharmacy operating model has evolved from a test of change into business as usual. The recruitment process for new pharmacy advisors is underway, with hybrid working being a key feature in the job advertisements to attract more candidates.

##### **3.1.2. Autumn/Winter Staff Flu Vaccination Programme**

NHS 24's in house Autumn/Winter Flu vaccination programme is now complete. 392 members of staff (18.5%) were vaccinated at these clinics.

Public Health Scotland are able to provide NHS 24 with the Flu Vaccine uptake figures that they hold for our staff, this will include a combined figure of our in-house clinic uptake and those that attended the national programme clinics. As of end November, 546 members of NHS 24 staff have been vaccinated, which is 25.6% of our workforce. This is in line with the national Flu Vaccine uptake figure for health care workers currently at 26.3% for the same period.



## **4. BEING A COLLABORATIVE FORWARD-THINKING PARTNER**

### **4.1. Continuing to Strengthen NHS 24's Organisational Effectiveness**

#### **4.1.1. Estates Sustainability**

The Estates Strategy has been refreshed via the Estates Sustainability Programme Board, which consists of multi-directorate and multi-disciplinary staff. This group has recommended that the lease break is enacted on two of the floors at Lumina, with NHS 24 exiting the first and second floors by September 2025. This results in recurring efficiencies towards the financial savings target and supports the move to net zero by lowering the carbon footprint. This decision has received the support of the EMT, with assurance provided to the November Planning and Performance Committee.

Staff were notified of this decision on November 13, and notice has been served to the landlord. Work is now progressing through the estates and workforce implementation groups.

#### **4.1.2. Corporate Escalation Level**

NHS 24 currently operates at Moderate level within our Corporate Escalation Framework. The Senior Management Team base this decision on specific risk indicators, threats, and operational issues. Currently NHS 24 clinical capacity is challenged to meet demand, as well as management capacity to deliver across key programmes. Winter related weather activity is also an external factor in decision making.

#### **4.1.3. Strategic Partnership with Strathclyde University**

NHS 24 has entered into a formal three-year partnership agreement with Strathclyde University. The Strategic Partnership formalises the working relationship between the University of Strathclyde and NHS 24 by providing a coordinated process for identifying, defining, and progressing potential opportunities for engagement through collaboration.

The scope of the partnership will encompass a range of areas, for example: research projects, knowledge transfer collaborations, secondments of staff, student recruitment, student projects, sponsored degree, MSc or PhD programmes, knowledge transfer partnerships (KTPs), consultancy and education/training programmes.

The first meeting of the Strategic Partnership Board will take place in January 2025.

## **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.