

**NHS 24
BOARD MEETING
27 FEBRUARY 2025
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 Review of System Keywords and Endpoints

The first stage of new recommended outcomes as part of our triage assessment was successfully implemented in early December. The results are being analysed and this will guide the launch of further risk assessment questions after the festive freeze period.

2.1.2 Video Consultation

An Advanced Nurse Practitioner Video consultation trial began in early January. The test of change is evaluating the assessment of children aged 2-12 where the use of video would provide clinical benefit to the triage. Early results show all cases were managed with either self-care or referral into out-of-hours primary care services. There were no onward referrals to Emergency Departments or SAS services. These results will be evaluated against past referral patterns to track continuous improvement.

2.1.3 999 Outcomes SLWG

A 999 Outcomes Short Life Working Group has been established between NHS 24 and SAS looking specifically at emergency 999 requesting from NHS

24. The first meeting took place in January. Current status of both services were discussed, and potential streams of improvement work identified. After a period of intensive work both within NHS 24 and in collaboration with SAS over the festive period, recent higher rates of 999 referrals from NHS 24 have reduced by over 20% over the first three weeks of January.

2.1.4 Decision Support - Review of Endpoints and Outcomes

The baby risk assessment endpoints, launched in mid-November, have been evaluated against the final endpoints. Further refinement of the questions has been undertaken to increase alignment rate between the recommend and final endpoints. The final version is under clinical approval and will be deployed by 24th February. This review informs the next phase of changes which are child and adult risk assessments recommended endpoints.

Following approval from National Clinical Governance Group, engagement with OOH and FNC Groups revealed no concerns from partners on the proposed rationalisation of outcome codes.

2.1.5 Consistent, Efficient and Effective Triage

The Consistent, Efficient and Effective Triage workstream first test of change has concluded, focusing on new starts to improve confidence and support consistency. A comparison of average talk time for the staff within the first Plan, Do, Study, Act (PDSA) cycle reported a 1-minute improvement between September to December. The next PDSA cycle will use the target average handling range and endpoints dashboard to identify the next cohort of staff for inclusion as well as continuing the focus with new starts. Work is in progress to develop dashboards that will allow staff to track their own performance.

2.1.6 Transforming Roles

Plans are progressing for the introduction of the Band 5 nurse role that will support a career framework within the organisation. The job description and personal specification are agreed and the delineation between the B5 and B6 in terms of induction and roles are described. The training and induction programme is in development as well as the operational model which will define the approach to supervision, quality assurance, coaching and the ongoing continuing development programme. The current aim is to advertise Band 5 posts before end of Q4.

2.2 Delivering Enhanced ICT & Digital Capability

2.2.1 PHS Data Collaboration

Ongoing work with Public Health Scotland is reaching the final stage of collaboration with the Respiratory Surveillance Team analysing the outcomes of triage and admissions. NHS 24 has been contributing clinical support and insights.

Further collaborative work will identify whether PHS can contribute to the formation of prediction analysis in future.

2.2.2 Digital Transformation Programme

The Digital Transformation Programme (DTP) continues to make significant progress on the replacement of NHS 24 key partner contracts. Since the previous update, the final major procurement exercise within the programme has now concluded following the Data Warehouse contract award to our new partners Coforge. This contract will be governed separately from CC/CRM. To date, three stage gates have been held with three go decisions being reached (two CC/CRM and one CRE). Mid-February will see the launch of our new Service Desk in the first significant change for our wider NHS 24 colleagues: a significant programme milestone.

2.2.3 NHS24/SAS Collaboration Board

The electronic transfer of referrals from NHS 24 to SAS for urgent timed requests is now live. This automatic transfer/updated patient record will streamline the patient journey, as well as saving time for both organisations. This has multiple benefits; resourcing savings for both organisations and improvements in data quality as the possibility of transcription errors is removed. The interface went live on 3 December 2024 and in the first six weeks from go live 400 records were passed using the digital channel.

Following the introduction of the new Chest Pain pathway a joint analysis is being undertaken on the data collected over the last three months to consider its impact.

A tripartite group (NHS 24, SAS, NHS Lanarkshire) is working to expand use of SAS call before you convey and the launch of NHS 24 call levelling for A&E direct referrals to decrease unnecessary ambulance conveyance and supporting more locally delivered care. The group is currently undertaking a baseline assessment, mapping out current frontline skillset roles against national/ professional frameworks in advance of considering future workforce plans.

2.2.4 Health Information Services Sugar Replacement

The Health Information Services Team currently uses 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 these 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 new process successfully went live in December 2024.

2.2.5 Joint Board Copilot Evaluation

A three-month M365 Copilot evaluation was conducted from September to November 2024, involving a collaboration between NES, NHS 24, and NHS GGC on behalf of all Boards in Scotland. The evaluation supported the M365 Organisational Delivery Group (ODG), which is responsible for leading implementation across NHS Scotland.

Approximately 300 participants were involved. The Microsoft partner, WM Reply, led the discovery of various use cases, enabling them to produce a detailed end-of-evaluation report that will be presented back to ODG by the pilot Boards in early February 2025.

Some high-level evaluation outcomes included:

- Users reported an average timesaving of 36.4 minutes per day, equating to an efficiency saving of approximately 8%. This figure is above average, with other Microsoft clients calculating an average of 22 minutes per day, and WM Reply calculating an average of 30 minutes across their public sector clients.
- The majority of participants indicated that they would be disappointed if they no longer had access to Copilot (77%), spent less mental effort on mundane tasks (66%), and completed tasks faster (64%). The evaluation noted improvements in user wellbeing and work-life balance.
- Across all areas, there was strong positive feedback regarding Copilot's support for users with accessibility needs.

2.2.6 Cyber Security Position

Following a second successful cyber security exercise and the submission of evidence to the auditors regarding the involvement of the Managed Service Provider, all remaining internal audit actions have been successfully completed on time.

3. PROVIDING A WORKPLACE IN WHICH OUR PEOPLE CAN THRIVE

3.1 Developing & Empowering Our Workforce

3.1.1 NHS 24 Public Health Trainee placement

NHS 24 is supporting the national Public Health Training programme. This is a competitive 5-year Speciality training programme leading to the completion of training as Consultants in Public Health. NHS 24 is now able to provide attachment opportunities for phase two Specialist Registrars (in the final two years of the training) and the first trainee registrar has started their attachment.

Registrars must be able to demonstrate a range of competencies, across a wide range of domains, from public health intelligence, overall health improvement and policy and strategy development through to systems leadership through their work. Placed Registrars will be able to undertake pieces of work that align to their learning outcomes and will become members of the NHS 24 team allowing the opportunity to gain a better understanding of the organisation and contribute to our public health and preventative and proactive healthcare plans.

3.1.2 Essential Learning

The overall compliance rate reached 93.2% on 13 January 2025. The Board's target of 90% was achieved in July 2024 and has been continuously maintained since then. Work continues to support the review and refresh of learning content for continuous improvement, as part of the annual review of Essential Learning.

3.1.3 Appraisal

The Service Delivery appraisal window closed on 30 November 2024. The year two commitment to Staff Governance was a KPI target for appraisal completion at an organisational level of 75%. This was exceeded by 5%, to reach 80% completion by that date.

3.1.4 Equality, Diversity, and Inclusion

The draft NHS 24 Anti-Racism Action Plan 2025-2028 has been produced, in response to the request received from Scottish Government for Health Boards to make rapid progress in this area. The plan takes a dual focus, with actions to support enhanced patient and staff experience in relation to improving outcomes for minority ethnic people.

3.1.5 Clinical Supervisor Recruitment

Recruitment to our Band 6 Clinical Supervisor roles continue to progress with 64 candidates due to start between January and March 2025. Further interviews are scheduled which will help us to reach the Scottish Government target of 175 WTE by end of March 2025 and the establishment target of 185 WTE by July 2025.

3.1.6 Real Living Wage Accreditation

NHS 24 is now a Real Living Wage employer

Accredited employers display the Living Wage Employer Mark to recognise their commitment. Employers are also listed on the Living Wage Foundation website and employer map. Formal presentation of our accreditation is scheduled for late January 2025 and will be publicised.

3.1.7 Workforce Planning 2025

A Directors letter was issued to all Boards on 17 December 2024 which supersedes DL 2022 (09). Scottish Government provided a reporting template with nine key workforce planning questions. These include recruitment, retention, absence, and use of digital products to improve performance. All Boards must submit their responses by 17 March 2025 to the Health Workforce Planning and Strategy Unit.

4. BEING A COLLABORATIVE FORWARD-THINKING PARTNER

4.1 Continuing to Strengthen NHS 24's Organisational Effectiveness

4.1.1 Estates Sustainability

The Lumina staff relocation and high-level implementation plan was approved by the EMT on 20 January. Work begins at Cardonald in early February to provide additional desks, improved staff break out spaces, and an enhanced working environment for everyone. Service Delivery management have proposed that all Frontline staff based at Lumina will move to Cardonald after Easter. The Staff Consultation Period began when staff were notified of the update on 21 January. Once staff have vacated Lumina this will allow the Estates Team to commence decommissioning works.

A communication was issued to all staff at Lumina and Cardonald. The project board will continue to meet monthly with the implementation groups meeting weekly to progress this key project. This involves close working with Digital Transformation Programme colleagues to ensure programmes are aligned.

Workforce and Trade Union colleagues have been working closely together to develop plans to fully support staff during this period of change. This includes ensuring concerns raised by staff can be addressed as part of the process.

4.1.2 Corporate Escalation Level

NHS 24 currently operates at Moderate level within our Corporate Escalation Framework. This reflects a number of seasonal weather and resource factors.

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.