Senior Clinical Supervision

The EAR group considered the following:

Clinical Supervision – 111 COVID-19 Assessment Line AMPLIFY

NHS 24 was the lead health board in introducing and delivering the COVID 19 Assessment Line to the public. People who called 111 and selected the COVID 19 Assessment Line option were assessed initially by an NHS 24 Call Taker (CT) using the COVID-19 Assessment Tool (AT), with clinical supervision being provided at various stages where required/appropriate. Clinical supervision was requested by the CT when prompted by the AT or where there was any uncertainty around the caller's description of their symptoms. The Assessment Line allowed a single clinical pathway for triage to be introduced alongside suitable clinical content with four possible endpoints: Speak to Dr 1 hr; Speak to Dr 4 hr; 999; Self Care.

Seventeen NHS 24 clinicians were redeployed to provide clinical supervision, and 23 were drafted in from external health boards. Clinical Supervision for designated COVID-19 pods was provided by the a nurse/Senior Charge Nurse/secondees who would view the caller/patient record 'on the floor' and then ask further questions around presenting symptoms, prior to the CT continuing with the AT until a referral point was advised. The Better Working Better Care Clinical Supervision project (BWBC) prompted the use of a similar 1:5 ratio of clinical supervisor to CT in the COVID-19 pods, where only two different AT (Adults, under 18 months old) were used. With social distancing being a requirement within all centres, there were challenges to this when providing clinical supervision when trying to adhere to the social distancing guidelines provided by Health Protection Scotland. Avoiding close contact between the clinical supervisor and staff members was difficult to fully achieve. Use of the Verint supervision functionality to support and maintain social distancing requirements was successful, although this could only be used by existing staff trained on the SAP system, therefore this was not possible for seconded staff from Boards.

CHANGE DURING COVID:

- A new COVID-19 Assessment Line was set up to take calls from members of the public with presenting symptoms of possible COVID-19 infection 24/7
- New COVID-19 assessment tools were developed for call takers to use which were continually reviewed and refined
- Clinical supervisors worked on a 1:5 ratio of clinical supervisor to staff, with some being able to provide remote clinical supervision via a telephony route in order to better comply with social distancing requirements. Seconded staff were unable to undertake remote supervision

Educator team and the senior nurses NR and NR for their support and mentorship. I've also been hugely impressed at the call operators who were drafted in for this – there is a lot of talent there that I hope NHS24 can continue to harness.

I think this awful situation has brought out some of the best in people within the NHS. Obviously, I never wish for a second wave but would be happy to help in any way in the future if required."

RECOMMENDATION:
On reviewing the above information, the EAR group recognised the importance of the single clinical pathway and content making up the Assessment Line and the 4 endpoints. The learning identified from taking this approach must be developed further, and wider access to the Verint remote clinical supervision functionality should be made possible. These elements should be considered within the BWBC Clinical Supervision project when it begins to scale-up again.

Clinical Supervision – Better Working Better Care project AMPLIFY

The Better Working Better Care Clinical Supervision project (BWBC) was already underway as part of the Service Delivery Improvement Programme. This was aligned to both a Recruitment requirement and the Shift Review, which all together would allow NHS 24 to provide safe, effective and person centred care in an improved working environment leading to an improved patient journey overall. This involved a change the way the service originally worked to a Team Based Support Structure, with the operational objective being to complete as many calls a possible at first contact. It was recognised that many of the activities required to continue this improvement programme could not be resourced at the time due to the demands on adapting the service to supporting our COVID 19 response.

CHANGE DURING COVID:

- The BWBC project was scaled down as a result of COVID-19 outbreak
- The 111 service continued to use some BWBC call pods to maintain a degree of support to the service
- Elements of the clinical supervision model e.g. 1:5 ratio of clinical supervisor to staff, were used in the design of the COVID-19 Assessment Line accessed by the public

STAKEHOLDER FEEDBACK (STAFF)
While no formal qualitative evaluation was carried out during COVID-19, feedback from staff continued to demonstrate that using the model was a positive experience.

RECOMMENDATION:
The development of this area is governed by Redesigning Urgent Care Programme Project Board. Although the project did not stop (it was being maintained at a minimum level) the information reviewed by the EAR group supports the gradual scaling-up of the BWBC Clinical