

<p><b>NHS 24 BOARD MEETING</b></p> <p style="text-align: right;"><b>25 FEBRUARY 2021 ITEM NO 10.1 FOR ASSURANCE</b></p> <p style="text-align: center;"><b>CHANGE PORTFOLIO UPDATE</b></p>	
<b>Executive Sponsor:</b>	Interim Director of Service Development
<b>Lead Officer/Author:</b>	Interim Director of Service Development / Interim Head of PMO
<b>Action Required</b>	This paper is for assurance.
<b>Key Points to consider</b>	<p>The paper provides a progress summary of the key programmes within the Change Portfolio, noting that this paper was discussed in detail at the recent Planning and Performance Committee.</p> <p>The COVID-19 pandemic response and the Redesign of Urgent Care is continuing to impact significantly on the workload and resources across NHS 24 and in particular the Change Portfolio Programme.</p> <p>The work being undertaken across the Change Portfolio has been reviewed and prioritised. Due to the external commitments, interdependencies and enabling projects, very few pieces of work we able to be put on hold. It was however noted that NHS 24 was at the limit of its capacity to deliver change.</p> <p>The Change Portfolio governance structure has been reviewed to ensure it is appropriate and provide robust checks and challenge.</p>
<b>Strategic alignment and link to overarching NHS Scotland priorities and strategies</b>	The priorities within the Change Portfolio are kept under review to ensure that there is appropriate focus and allocation of resource on key organisational and wider NHS Scotland priorities.
<b>Key Risks</b>	<ul style="list-style-type: none"> <li>• Resources across the whole organisation are stretched as they continue to deal with the impact of the COVID-19 response, delivering Urgent Care against very tight timescales and maintain the existing portfolio of work. The allocation of resources is being carefully managed to deliver these requirements and ensure all the work is in line with NHS 24 priorities. However any further demands would require a re-evaluation of the priorities and for a piece of work to be paused to allow a new additional project to be started.</li> <li>• A further extension of the Incident Management Response, to deal with the ongoing pandemic response, will inevitably impact on planned timescales and resource deployment for some projects.</li> </ul>

NHS 24 GREEN

<b>Financial Implications</b>	Additional funding for the new Urgent Care pathway has been received and covers the short term financial exposure. There will be financial implications for NHS 24 should the Urgent Care pathway not continue beyond the next financial year
<b>Equality and Diversity</b>	There have been no equality and diversity issues identified arising from this report. All Equality & Diversity considerations are integral to the change management approach.

## NHS 24 CHANGE PORTFOLIO BOARD UPDATE – Nov 2020 - Jan 2021

### Introduction

Work across the Change Portfolio continues although it remains impacted by the COVID-19 pandemic response. Demand for NHS 24 services is high whilst significant numbers of front line staff and managers are having to self-isolate, adding further pressure to staff availability.

Due to the limited availability of resources, the Change Portfolio was reviewed and prioritisation exercise undertaken at the January Change Portfolio Board (CPB). Following discussion, the following actions were agreed:

1. **Redesigning Urgent Care** – continue (although awaiting direction from National Programme)
2. **Connect** – continue
3. **Estates** – continue
4. **Mental Health**
  - a. MH Hub recruitment & training – continue
  - b. Nurses to support Police Scotland – continue (although noted recruitment is currently proving challenging)
  - c. SAS dedicated phone number – continue, albeit in line with available capacity
  - d. Breathing Space / Hub pathway – pause
  - e. Digital workstream - pause
  - f. Clinical pathway / integration – currently paused, remain paused until March
  - g. Evaluation & MI reporting – initially paused, but some aspects of the evaluation work has been restarted because of the interdependencies on other elements within the MH programme.
5. **Attendance Management** – align with Health & Wellbeing work and combine into a new programme
6. **GP.scot** – continue to deliver through to Phase 1 (ends March '21)
7. **SSD** – continue
8. **Respond** – continue “behind the scenes” work and when front line staff available roll out (indicatively April)

The review highlighted the number of inter-dependencies across the portfolio which, following the discussion, resulted in very few pieces of work being paused. A further review will take place in March for those projects that have been temporarily paused.

It was also agreed during the prioritisation review that NHS 24 was at the limit of what we could take on. If another request came in from Scottish Government, or elsewhere, then we would have to adopt a further review of portfolio prioritisation.

The remainder of this report provides a progress update on the key programmes within the Change Portfolio.

### SUMMARY OF KEY PROGRESS

#### Redesigning Urgent Care Programme

The national Strategic Advisory Group for Redesigning Urgent Care (RUC) is continuing to drive the programme forward at a national level. Within NHS 24, a Redesigning Urgent Care Programme Board has been in place since September 2020, with IMT delegated to deliver the programme, with support from PMO.

The RUC pathfinder with NHS Ayrshire and Arran went live on 3 November 2020. This test of change required a significant amount of technical development and resources to deliver within the very tight timescales. Twice daily meetings took place with key stakeholders to monitor and feedback. The feedback has been very positive with successful patient journeys and there has been a significant amount of learning coming from the work with Ayrshire and Arran which was then incorporated into the national rollout.

Preparations were finalised for a national Go Live on 1 December 2020. The technical changes and staffing arrangements were in place and the testing of the new process flows to the territorial boards were completed on time. A soft launch was agreed with low key communications through social media. A comprehensive communications and marketing plan has been developed for the national rollout although it will be held over until there is more capacity within Service Delivery.

The recruitment, particularly for Clinical Supervisors, continues to prove challenging. Various avenues are being explored including the National Recruitment Portal, bank staff and other boards. In the short term, GPs will provide cover for approximately 96 hours per week giving additional clinical supervision and capacity. Adverts for call operators have yielded significant numbers and these are being worked through. The training team has been expanded to ensure that the additional resources recruited are trained and able to be productive as soon as possible.

Due to the numbers of team managers having to self-isolate, a small project team has been created to rollout ICT kit for all front line managers. Work is also under way testing the system and infrastructure to explore the possibility of clinical supervisors providing remote supervision to call handlers while they are self-isolating from home.

Scottish Government have provided additional funding to cover the additional costs relating to the Redesigning Urgent Care Programme. Discussions are underway with Scottish Government in relation to funding to enable NHS 24 extending recruitment beyond March 2021. Steps have been taken to minimise the exposure, for example using temporary or short term contracts, however the risk currently sits with NHS 24 should the Urgent Care programme end.

### **Mental Health Programme**

The Mental Health Hub is experiencing higher than predicted demand which is resulting in insufficient resource to meet that demand. Recruitment and training are continuing in an attempt to increase staff numbers. Other activities include:

- The collaboration with Police Scotland to hand over calls to NHS 24 is proving successful. Lessons learned will be incorporated into the work that is on-going with Scottish Ambulance Service to move calls between the services. Technical and data protection issues are currently being addressed.

Due to the pressure of the Urgent Care workload and COVID-19 impact the Clinical Pathway Integration and Digital Mental Health workstreams have been paused until March to relieve the pressure on Service Delivery.

### **Estates Programme**

The expansion of the estate is a critical requirement to provide additional capacity for front line services, particularly Redesigning Urgent Care, and to provide more resilience, if there should there be an outbreak of COVID-19 in one of the centres.

- The new office space at Lightyear is now available and being used by front line staff supporting Urgent Care and HQ staff.

- The space at Lumina was prepared on a temporary basis and made available for use before the festive period. Final fit out for the long term office space at Lumina has begun with work due to be completed and the site fully operational by Easter.
- An urgent request was made by NHS Lanarkshire for NHS 24 to exit our satellite office in Lanarkshire, to enable them to increase their clinical capacity. Decommissioning has been completed with the staff relocated to the main sites.

## Connect Programme

The Connect Programme is tasked with addressing the current resilience risks faced by NHS 24 due to ageing Information and Communications Technology (ICT) infrastructure. Phase 1 is focused on delivering a secure, stable and supported infrastructure platform. Phase 2 is considering the strategic development of our infrastructure and digital maturity to provide a fully integrated platform and systems fit for the future.

### Phase 1

Phase 1a is close to completion with the aim of stabilising the current environment through upgrading end of life hardware and extending support on the operating systems/applications to ensure on-going performance. It will also deliver a new Windows 10 build and prepare the groundwork for the roll-out of Office 365 across the organisation.

Phase 1b is currently in the planning phase and includes further updates and extended support to existing infrastructure and applications as well as the procurement and roll-out of new equipment with Windows 10 and Office 365. The Wide Area Network (WAN) will be replaced and the Local Area Network (LAN) refreshed.

Phase 1c was developed to address the move towards a fully 24/7 operation, increased service demand and growth coupled with limited internal capacity. The Business Case for Phase 1c will be presented to the NHS 24 Board in February 2021 for sign off.

### Phase 2

Phase 2 is tasked with the strategic development of infrastructure to provide a fully integrated platform fit for the future. Work is beginning to develop the NHS 24 Digital and Technology Plan, which will set out the path to achieving increased maturity for NHS 24. This will build on the requirement to deliver an environment that is stable, scalable, flexible and value for money (Phase 1). The plan will be developed and delivered through four indicative phases:

- Phase 1      Stabilise to support the organisation (current phase)
- Phase 2      Optimise the use of current resources (under development)
- Phase 3      Innovate to transform the organisation
- Phase 4      Sustain the organisation