

<p>NHS 24 BOARD MEETING</p> <p style="text-align: right;">22 APRIL 2021 ITEM NO 10.1 FOR ASSURANCE</p> <p style="text-align: center;">CHANGE PORTFOLIO UPDATE</p>	
Executive Sponsor:	Interim Director of Service Development
Lead Officer/Author:	Interim Director of Service Development / Interim Head of PMO
Action Required	This paper is for assurance.
Key Points to consider	<p>The paper provides a progress summary of the key programmes within the Change Portfolio.</p> <p>Following approval by EMT, a new Productivity Improvement Programme (PIP) is under development. The first phase brings together a number of existing, independent strands of work into one single, integrated programme. This will ensure that resources are used most effectively, the appropriate level of importance is attached to the delivery of these improvements and the benefits may be able to be realised sooner.</p>
Strategic alignment and link to overarching NHS Scotland priorities and strategies	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.
Key Risks	<ul style="list-style-type: none"> • Resources across the whole organisation are stretched as they continue to deal with the impact of the COVID-19 response, delivering the prioritised Productivity Improvement Plan and maintaining the existing portfolio of work. The allocation of resources is being carefully managed to deliver these programmes. However, there is limited capacity and because of the number of interdependencies any delays with one project could have significant adverse impacts on the delivery of another. • 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.
Financial Implications	Additional funding for the new Urgent Care pathway has been received and covers the short term financial exposure.
Equality and Diversity	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 – Feb 2021 - Mar 2021

Introduction

Due to the operational pressures and limited availability of resources, the Change Portfolio was reviewed and a prioritisation exercise undertaken at the January Change Portfolio Board (CPB). The review highlighted the number of inter-dependencies across the portfolio which, following the discussion, resulted in very few pieces of work being paused.

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

SUMMARY OF KEY PROGRESS

Productivity Improvement Programme (PIP)

EMT has established the Productivity Improvement Programme (PiP) Board and chaired by the CEO. The purpose of the PiP Board is to:

- Act as a gateway to assess proposals for new projects according to the pipeline and governance process and ensuring appropriate involvement and liaison across Directorates;
- Act as a focus for supporting and facilitating the development of relevant productivity initiatives and service developments, consistent with the objective of delegating authority to Directorates, as appropriate.
- Identify and remove obstacles preventing or hampering successful implementation of agreed opportunities, including resolving any apparent conflict between projects within the Programme;
- Monitoring progress, providing guidance and direction to maintain the momentum of all improvement and productivity activities

This new Productivity Improvement Programme consists of a number of immediate, short and medium term work packages and brings together existing projects and programmes including improvement strands being delivered in conjunction with Scottish Government, the recently established Service Optimisation Project, the Attendance Management Programme and a number of ICT optimisation projects within the Connect Programme.

The new Service Optimisation Project consists of a number of technology enabled service improvements that support the improvement of our operational performance.

It should be noted that these packages of work are all initiatives that have been progressed over the past few years and are currently on pause, due to the focus on COVID related activities, within the current Change Portfolio. Following discussions over the past few weeks by EMT, work is underway to incorporate activities into a single coordinated Programme.

A Project Initiation Document (PID) has been drafted for the first phase (Service Optimisation Project) and will be presented to Change Portfolio Board for approval. Managing these as part of one service optimisation programme may allow NHS 24 to realise benefits sooner than originally planned. A summary of the this first phase is set out below:

- Optimising our current workforce management (WFM) functionality, including

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- Demand Forecasting and Scheduling. Currently, Demand forecasting is undertaken manually using a multitude of spreadsheets. Significant development work has taken place with suppliers to transform telephony data and to enable the necessary data to create automated forecast and associated resource requirements.
- Assigning Staff and Real Time Management. This will enable optimisation of the available resource during shifts and levelling of working practices across all centres and staff. Initial evaluation is showing improvements in Logged hours; Time in productive state; Calls handled per logged hour; and Average handling time (AHT)
- implementation of EEM App and automation of timesheets. This will enable optimisation of shift swaps, additional hours and additional annual leave offers and an Improved staff experience. The automation of timesheets will remove the manual steps of quality control and data input, allowing frontline staff to be released to answer calls rather than being offline.
- Deploying Voice Analytics
- Integration of Better Working Better Care including enabling call handlers and supervisors to operate from home

In parallel with the above, we will continue to explore opportunities for further service improvement e.g. integration of digital/telephony channels to develop more 'seamless' omni-channel user pathways.

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 with the national Go Live on 1 December 2020. For phase 1 of the RUC programme there are two elements outstanding and needing agreement at a national level:

- It was agreed that a soft launch was appropriate with low key communications through social media. A comprehensive communications and marketing plan is being developed for the national rollout, with the Chief Communications Officer and her team significantly engaged.
- The introduction of paediatrics into the Urgent Care model.

The development of Phase 2 is underway with the national programme for implementation once agreed.

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 continue to be on hold.

Estates Programme

The expansion of the estate is a critical requirement to provide additional capacity for front line services, particularly whilst the social distancing requirements are still in force.

- The office space at Lightyear is currently being used by HQ staff. Options are being considered for when it would be prudent to terminate the lease.
- The fitting out of the space at Lumina was done on a temporary basis to ensure availability for the festive period. The final fit out for the long term office space at Lumina has now been completed and the site was fully operational well before Easter.
- Preparatory work is underway at Arora House in Clydebank. An assessment of the space requirement is underway and it has been agreed with the local council who owns the building to allow NHS 24 first refusal on the additional floor that is currently available.

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 / 1b is focused on the roll out of the new desktop hardware, a new Windows 10 operating system that will ensure up to date security patches are able to be installed and install Office 365 across the organisation. A number of options have been explored and findings from early adopter boards have been assessed. Issues have been noted around the different licences and the planned licence for front line staff does not appear to deliver what was expected or required. Discussions with Microsoft are taking place at a national level but it is likely that staff will need to be given a higher level licence than initially thought. A proposal will be made to the Connect Programme Board shortly.

Phase 1b is also working on upgrading 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 was signed off by the NHS 24 Board in February 2021.

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.

Change Portfolio Board & Governance Arrangements

