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Jim Miller

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Dear Jim

Thank you to you and your team for submission of the latest iteration of remobilisation planning for 2021/22.

As detailed in the commissioning letter issued on 14 December, this plan is intended to provide an update and further iteration of your plans for remobilisation, summarising your work in a number of key areas of activity to the end of March 2022 and building on the process which started with your initial remobilisation plan in May last year.

Our four priorities for Re-mobilise, Recover, Re-design are:

- 1. Securing exit from the acute pandemic phase through an effective mass population vaccination programme;
- 2. Suppressing the virus through sustainable precision public health measures such as Test and Protect, Surveillance and Response;
- 3. Keeping people alive and well through provision of essential health and social care services including those that promote wellbeing; and
- 4. Supporting people through incentives and clear communication to comply with public health guidance.

NHS 24 will play a key role in delivering those priorities, and in order to do so, the remobilisation plan highlights specific areas of focus for NHS 24:

- 1. Supporting the Workforce and their Wellbeing
- 2. On-going Management and Recovery from COVID-19
- 3. Continued Development of National Urgent Care Pathways
- 4. Development of a Suite of Aligned Mental Health Services
- 5. Expanding Digital Access to Care
- 6. Tackling Public Health Priorities and Health Inequalities

NHS 24 has also developed enabling themes that will support the delivery of this plan and progression of wider priorities:

7. Transforming Ways of Working

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8. Working Together to Develop your Organisation and Culture

# Supporting Workforce and Wellbeing

The recovery of our services will not be possible without the recovery of our workforce. The ongoing support of staff wellbeing, and embedding sustainability into the workforce, were identified as key priorities in the commissioning of these plans: the process of remobilising services has to be effectively managed alongside ensuring that staff have the opportunity to decompress and heal. That is why Boards were tasked with ensuring that forecasted activity levels are fully informed by this approach. Colleagues in the Scottish Government Health Workforce Directorate will continue to offer appropriate support as you move to the implementation phase of your plan.

We note in particular from your plan your intention to create a steering group, to help build an improved performance in respect of the current rate of staff sickness. The sponsorship team and SG colleagues will continue to support you as required as you take forward this work.

# **Ongoing Management and Recovery from COVID-19**

While at present we are seeing a steady decline in Covid-19 hospitalisations and patients in ICU, we are moving into a period of uncertainty as relaxation of restrictions starts to occur. In terms of risk, we can expect some behavioural changes in the population in advance of the time when all eligible people are fully vaccinated. There is also the risk of new variants emerging which may exhibit a level of resistance to the available vaccines.

The rapid actions of NHS 24's response to COVID, fundamentally changing the service delivery model and reconfiguring to operating 24 hours a day, 7 days a week has been hugely significant.

Another key area of change for the Service has been the expansion of the mental health hub to a 24/7 service, and alongside the impact of Covid-19, this has seen unprecedented levels of demand on the 111 service. As a result there is a requirement for you to enhance your workforce through the recruitment of additional call handlers and clinicians and we are fully committed to supporting you to achieve recruitment targets throughout the year to ensure the continued delivery of a safe and effective 111 service for patients.

This will be especially important as we move forward with the redesign of urgent care which, as you are aware, will bring further increased demands on the Service and it is essential that you have the workforce and infrastructure in place to cope with these additional demands.We will continue to fully engage with you as these plans progress.

# **Expanding Digital Access to Care**

It is acknowledged the expansion of digital care in your plan over the last 10 years, with 69 million unique visits to NHS Inform showing the progress that NHS 24 has made in this area. As your plan states, the pandemic has proven a catalyst to collaboration in delivering services in new and different ways, with an increasing focus being on digital access. We note the strategic development work to date and the actions that you have committed to over the coming year, including using the second phase of the Redesign of Urgent Care to work with partners to create a user centred approach to digital access to care.

# **Tackling Public Health Priorities and Health Inequalities**







We note the key areas of priority that NHS 24 has identified for this year, with the priorities to be created in partnership with stakeholders and the Scottish Government Sponsorship team. We note your approach with a public partnership forum, covering a wide variety of organisations and members of the public. In particular, your work on making all of your services available in a number of minority ethnic languages, BSL and easy read and audio is a significant area of work. It is also positive to note that the patient experience feedback has noted that there has been no increase in complaints received by NHS 24, given the significant increase in traffic that your services have experienced over the last year. We look forward to supporting you in this area moving forward, and note the actions that you have committed to over the next year.

### **Transforming Ways of Working**

As your plan has indicated, the pandemic has given us all the opportunity to reflect on the current ways of working. We note your objective to complete phase 1 of the Connect Programme, and throughout phase 2 to develop a digital and technology plan, whilst continuing to review your operating model. In doing so, this will enable you to develop options for the longer term requirements of the service.

We recognise the upcoming issues that NHS 24 faces regarding your estates, and we note the work that is underway for future changes in the estate, particularly with the sites whose leases are scheduled to cease in 2022.

### Working Together to Develop our Organisation and Culture

We note that NHS 24 will develop a plan for Organisation Development in the coming year, which will ensure that skills are in place to consider access to learning for all, models for different routes to workforce development resources, improved delivery of learning and training interventions and greater flexibility in training delivery and access to improved technology to allow training and development to be taken within a 24 hour service.

### Key Performance/ Delivery Indicators

We are aware that plans to look into alternative performance targets which are better suited to NHS 24's current service and more aligned to patient outcomes had to be put on hold due to COVID-19, but we are committed to resuming these discussions as we move into the summer.

# Finance

We have reviewed your financial plan for 2021/22 and provided detailed feedback on 15/03/2021. We note your financial plan shows a breakeven position for 2021/22 assuming £0.8 million of savings can be met (3% of baseline). However there continues to be significant uncertainty about the financial impact of Covid in both the short and longer-term, and what this will mean both for service delivery and associated financial plans.

As in 2020-21, we will therefore look to assess progress against your plan through the formal Quarter 1 review process, when the in-year Covid funding and costs will be clearer. As part of this review we will look for an update as to the revised financial projections for 2021-22 and the progress the Board has made in taking forward savings plans. Further details around the Quarter 1 review process will be provided to NHS Directors of Finance in the coming weeks.







In the interim we expect that the Board continue to develop sufficient– as far as possiblerecurring savings options to meet the financial challenge outlined in your financial plan.

As previously indicated, we aim to return to three year financial planning and the next steps on this will be detailed in due course. The timing of this will however depend on the impact of Covid over the coming year.

#### Plan Approval and Feedback

Given that the Sponsorship team has already given you early feedback on your plan from across all SG policy areas, we are content to approve your plan for 2021/22. Your finalised and signed off plan will be used as the basis for engagement with the Board over the coming year. Feedback has been and will continue to be provided to you by the Sponsorship team within the Health & Social Care Directorates, as normal. It is vital that this feedback should be taken on board as you move into the implementation phase of your plan.

#### Publication of your plan

We are aware that your Board will need to complete its internal governance processes to approve your draft plan and that your finalised plan, incorporating any developments or amendments made to take account of feedback received in the interim, will be published together with this letter in due course. Given the strict requirements in place at this time, we would ask that while we remain in the pre-election period both your plan and the content of this letter are kept out of the public domain, with publication to take place immediately after the election.

### **Next Steps**

It is our intention to revisit the plans for all Boards later in the year once the position on Covid-19 and related matters is clearer, and planning assumptions used in your existing drafts have been validated or amended. As such, we may commission a further iteration of your plan later in the year, taking account of the foregoing and offering the opportunity for us to update guidance on key areas; this will also be informed by any additional or amended priorities in respect of incoming Ministers.

If you have any questions about this letter, please contact Yvonne Summers, Head of Operational Planning in the first instance (<u>Yvonne.summers@gov.scot</u>).

In the meantime I would like to take this opportunity to thank you, your Board and your entire workforce again for your, and their ongoing extraordinary efforts. Your contribution not just to the nation's response to Covid-19 but to all health & care needs of the population are hugely appreciated by everyone at the Scottish Government.

Yours sincerely,

AIDAN GRISEWOOD Interim Director





