

NHS 24 BOARD		19 AUGUST 2021
		BD (2021 22) 009 FOR ASSURANCE
PROGRESS UPDATE ON 2021/22 REMOBILISATION PLAN		
Executive Sponsor:	Director of Strategy, Planning and Performance	
Lead Officer/Author:	Interim Head of Strategic Planning	
Action Required	The paper is presented to the NHS 24 Board for assurance on progress against the 2021/22 Remobilisation Plan (RMP3).	
Key Points	<p>The paper provides an update against each of the key deliverables in RMP3.</p> <p>Considerable progress continues to be made across the key priorities of the plan, despite balancing the demands and effects of COVID-19 and Urgent Care on the organisation.</p> <p>In assessing and signing off the Remobilisation Plans earlier this year, Scottish Government (SG) agreed that the level of uncertainty around the trajectory of the pandemic meant it would be sensible to take stock of developments in NHS 24's operating context half way through the year.</p> <p>The RMP 4 commissioning pack has now been received from SG, which requires NHS 24 to provide a further update to the RMP and confirm deliverables for the second part of the year. This provides an opportunity to consider progress against RMP3 and determine if NHS 24 wants to propose any refinements to this plan.</p>	
Financial Implications	The Remobilisation Plan includes a supporting financial plan which will require approval as part of this process.	
Contribution to NHS 24 strategy	All NHS Boards were required to develop a Remobilisation Plan to outline their response to the COVID-19 pandemic. Following the submission of our Remobilisation Plan in May 2020, Scottish Government requested that all NHS Boards develop a next iteration of Remobilisation Plans, to cover the period from August 2020 until March 2021	
Contribution to the 2020 Vision and National Health and Social Care Delivery Plan (Dec 2016)	Delivering on the Remobilisation Plan will ensure that NHS 24 contributes to the key priorities set by the Cabinet Secretary.	

<p>Equality and Diversity</p>	<p>The development of the Remobilisation Plan will be assessed for impact in relation to equality and diversity.</p>
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1. RECOMMENDATION

1.1 This report is presented to the Board for assurance.

2. BACKGROUND

2.1 On the 31 May 2020, the Scottish Government (SG) published its NHS Scotland Framework: Re-mobilise, Recover, Re-design. It set out the steps being taken to safely resume some paused NHS services across Scotland. It ensured that the successful steps taken to maintain services during the pandemic are learnt from and built upon. This includes the significant innovations introduced across the NHS to assess patients utilising digital technology.

2.2 Following the submission of the NHS 24 Remobilisation Plan (RMP) in May 2020, SG requested that all NHS Boards develop a next iteration of Remobilisation Plans (RMP2), to cover the period from August 2020 until March 2021. The purpose of this plan was to build upon the work outlined in existing plans to the end of July 2020, identifying key areas of focus; by the end of October 2020, by the end of March 2021 and priorities beyond March 2021.

2.3 In December 2020, in recognition of the complexity of planning very far ahead in the circumstances, as well as the significant and immediate pressures being faced by the system, SG requested that all NHS Boards develop and submit a further one year plan (RMP3). SG noted that this would be reviewed at the end of the summer 2021, in order to better understand the landscape of the pandemic.

2.4 SG have again advised that this Remobilisation Plan will act as NHS 24's Annual Operating Plan (AOP) until 31 March 2022 and act as the point of reference for regular progress reporting to the Sponsor Team.

3. 2021/22 CONTINUATION AND REMOBILISATION PLAN

3.1 The 2021/22 Continuation and Remobilisation Plan (RMP 3), outlines key COVID-19 continuation activities, alongside other key strategic priorities. NHS 24 remains committed to providing the best health and care services for the people of Scotland as a core priority.

3.2 The key priorities for NHS 24 through to 31 March 2022 are:





- 1. Supporting our 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 its wider priorities:

- 7. Transforming our Ways of Working**
- 8. Working Together to Develop our Organisation and Culture**

4. PROGRESS OF THE REMOBILISATION PLAN

4.1 Considerable progress continues to be made across the key priorities of the plan, despite balancing the demands and effects of COVID-19 and Urgent Care on the organisation. The first quarterly review of the RMP3 has been undertaken between April and June 2021. This has been pulled together into a comprehensive document presented as Appendix one and reviewed and approved by EMT on 3 August 2021. Of note, there are currently **19 actions** linked to RMP3, these are currently marked with the following status:

Status				
No	1 (complete)	15	3	0

Whilst some of these do not directly transpose from RMP 2, in general the position has improved since RMP2. Key areas of progress are outlined below.

4.2 Supporting our Workforce and their Wellbeing

- The Health and Wellbeing Strategy Action Plan has been developed and progressing with actions on plan to be completed by March 2022. The plan is reviewed on a regular basis at the monthly Wellbeing Steering Group.
- Other key activities include; training in place on attendance management, Healthy Working Lives initiatives progressing, Introduction of wellbeing/rest rooms in centres and availability of coaching wellbeing support for staff.

4.3 On-going Management and Recovery from COVID-19

- The COVID-19 service is being incorporated with the wider 111 service, which enables us to most effectively balance Call Handler resource between COVID demand and urgent care service.
- NHS inform continues to be a trusted source of COVID-19 information and has undergone significant development including; changes in isolation guidelines, development of a COVID microsite and information on Long COVID.
- We continue to develop Advance Practice and SEDS continues to provide additional support and guidance including the use of Near Me.

4.4 Continued Development of National Urgent Care Pathways

- NHS 24 continues to participate and play an active role in the national programme and has played a key role in the national public communications campaign.
- NHS 24 leads have been nominated to participate in the 6 Phase 2 workstreams.
- NHS inform continues to support this pathway and NHS inform saw its busiest month ever in June 2021 with 9.3million unique visits and continues to develop a range of ways to engage including chatbots.
- Recruitment continues at pace, with numbers on boarding currently maximised.
- Achieving the forecast resource targets is dependent on a number of factors including; infrastructure to train and estates seating capacity; and matching skillsets to available supervisory and managerial capacity to optimise effectiveness. Additionally there has been high levels of attrition/leavers in key skillsets and work is underway to better understand/mitigate.
- Due to the factors described above, confidence is low that recruitment targets will be achieved within the proposed timescales.

4.5 Development of a Suite of Aligned Mental Health Services

- The Mental Health Hub, Distress Brief Interventions (DBI) and Mental Health & Wellbeing Assessment Framework transitioned to Business as usual at end of June 21. Since the start of the NHS 24 DBI process the MH Hub has referred 3,641 service users with an average of 74 referrals per week.
- A number of evaluations have taken place across the service including DBI, Health and Social Care Helpline, SAS and Police Scotland, these were well received and learning currently being progressed.
- Digital developments continue to support the service including a wellbeing signposting tool and Breathing Space webchat.

4.6 Expanding Digital Access to Care

- Ongoing engagement continues with Scottish Government on the shape of NHS 24's contribution to Scotland's digital health and care strategy and specifically the role of NHS inform to the development of Scotland's digital front door. A commission is expected from SG within the next few weeks to support the first phase of service design.
- Service Design and Digital review ongoing, an Interim Head of Service Design is in post until end March 2022 to help define the ways of working and embedding of approach.
- SG Commission received for development of Mental Health Platform (Phase 1) for delivery by March 2022.

4.7 Tackling Public Health Priorities and Health Inequalities

- Work is underway to scope and review the work require to develop an NHS 24 Public Health Framework. The work is overseen by the Senior Clinical Forum and will inform our new Clinical Strategy.
- To help support public health work, we are in the final stages of appointment for a Public Health Consultant (2 sessions a week for 12 months).
- In addition, significant developments have been undertaken to ensure our services are accessible for all these include MH content in British Sign Language, COVID-19 information is provided in alternative formats and 12 community languages. SG have commissioned two additional languages ((Dari and Pashto), intended to support people arriving in Scotland from Afghanistan under the Afghan Relocation and Assistance Policy (ARAP) scheme.

4.8 Transforming Our Ways of Working

- Considerable development has taken place to ensure safe and efficient IT systems, this includes; SAP Hana Reporting System upgrade, CRM Upgrade workstream and new Data Centre design and build are in progress.
- Work is in progress to move the Respond and Sugar CRM applications to a software as a service delivery model and a Desktop/Laptop, including Windows 10 and O365 refresh and upgrade programme is in the final planning stages.
- The Estates Strategy was approved by the Board in June 2021 and submitted to SG colleagues for final sign off. This will secure additional capacity to meet current and future workforce requirements. Working from home is still under discussion while the national policy is awaited.

4.9 Working Together to Develop Our Organisation and Culture

- The Head of Organisational Development, Leadership and Learning (ODLL) is now in post and is leading development of a draft ODLL Framework.
- We are continuing work with colleagues at NES to develop cloud-based hosting of key workforce data through a dashboard, to provide managers and staff with quicker, easier access to reporting data for a wider range of stakeholders

5.0 **Remobilisation Plan (RMP4)**

5.1 In assessing and signing off the Remobilisation Plans earlier this year, SG agreed that the level of uncertainty around the trajectory of the COVID-19 pandemic meant it would be sensible to take stock of developments in NHS 24's operating context half way through the year. The RMP 4 commissioning pack has now been received outlining a review of the year so far and what NHS 24 expect to deliver over the second part of the year. It also includes a Winter Planning Checklist and Delivery Planning Template to help capture clearly defined deliverables going forward. This provides NHS 24 an opportunity to consider progress against RMP3 and determine if it wants to propose any refinements to this plan.

5.2 This updated plan must be submitted by **30 September 2021**.

6.0 **CONCLUSION**

6.1 Despite a challenging time, balancing the demands and effects of COVID-19 and Urgent Care on the organisation, NHS 24 continues to progress against the actions of the NHS 24 Continuation and Remobilisation Plan 20/21. Work has commenced to develop an updated Remobilisation Plan (RMP4) for 2020/21, as the guidance from Scottish Government has been received.



NHS 24 Remobilisation Plan 3

Quarterly Review

EMT Approved

3 August 2021

Version 1



Version Control Record

Version Number	Date	Status	Description of Changes
1.0	16.07.21	New file	New quarterly review document created.
2.0	26.07.21	In progress	Updated Section 3 with tables 1, 3.1, 3.2, 3.4 7 and 8.
3.0	28.07.21	In progress	Further updates following PS review. Version issued to EMT.
4.0	06.08.21	Approved	EMT approved

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- 8 Working Together to Develop our Organisation and Culture

3 Detailed Action Plan

1 Remobilisation Plan Overview

In May 2020, the Scottish Government (SG) published its NHS Scotland Framework: Re-mobilise, Recover, Re-design, setting out the steps being taken to safely resume paused NHS services across Scotland. Following the submission of the NHS 24 Remobilisation Plan in May 2020, SG requested that all NHS Boards develop a next iteration of Remobilisation Plans (RMP2), to cover the period from August 2020 until March 2021.

This Remobilisation Plan (RMP3) is an extension of our earlier COVID-19 Continuation and Remobilisation Plan - August 2020 to 31 March 2021, outlining key COVID-19 continuation activities, alongside other key strategic priorities. Our RMP3 sets out key priorities and actions for April 2021 to March 2022. These are:

Key priorities to 31 March 2022:

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

NHS 24 has also identified key enablers that will support the delivery of this plan and help it to move forward:

7. Transforming our Ways of Working
8. Working Together to Develop our Organisation and Culture

This Plan is a living document and we will therefore adapt and modify it, as we further evolve our Recover and Renewal thinking and also as we undertake our regular reporting with Scottish Government.

Review

This plan will be updated quarterly and progress monitored and reported through NHS 24 governance processes. In addition, Scottish Government has recently sent commissioning letters for a review of the current Continuation and Remobilisation Plan (RMP3) to produce a Remobilisation Plan for October 2021 to March 2021 (RMP4). This review will help inform that process.

RAG Status

For the purpose of monitoring current progress, a RAG status is used for each action using the following standard definitions. Use of these definitions will allow comparison across actions and build a picture of our most 'at risk' areas:

Definitions:

- Proposal – New project, funding not yet agreed
- Red - Unlikely to complete on time/meet target.
- Amber - At risk - requires action.
- Green - On Track.
- Blue – Complete/Target met

These definitions have also been used by Scottish Government in the RMP 4 document.










2 Quarterly Plan Summary











 Complete

 On time

 At Risk

 Delayed

1.	Supporting our Workforce and their Wellbeing – Key Deliverables	Status
1.1	Continue to develop our Workforce Health and Wellbeing Strategy and associated Action Plan.	
2.	On-going Management and Recovery from COVID-19	Status
2.1	Continue to deliver COVID-19 pathway, with continued levels of resource and resilience.	
2.2	Continue to provide a recognised trusted source of up-to-date health information and guidance about Coronavirus via NHS inform and expand our digital offering to help people manage their own health and wellbeing	
2.3	The Scottish Emergency Dental Service will continue to provide access to an extended urgent dental service and evaluate potential service developments, such as the Near Me test of change.	
2.4	Continue to provide quality assured non-clinical advice about Coronavirus and support to book COVID-19 testing for those who require assistance via a National COVID-19 non clinical Helpline. We will also review the longer term delivery options for the Helpline	
3.	Continued Development Of National Urgent Care Pathways	Status
3.1	Recruit resource required to meet the expected increase in demand.	
3.2	NHS 24 will, as part of the national programme of urgent care redesign, continue to work collaboratively to support the Phase 2 and further design and development of urgent care (including MH and MSK pathways).	
3.3	Continue to progress our digital developments, including use of digital services with our 111 offering and also integration with wider pathways of care. This will include the potential of our IVR, SMS and voicebot solutions to encourage self-care and communications to direct users to appropriate digital self-care resources or appropriate digital channels e.g. Inform, webchat & chatbot.	
3.4	Continue to define and develop an expanded advanced clinical support model to meet organisational demand, optimising the use of technology, to improve outcomes for more complex clinical presentations	
4.	Development Of A Suite Of Aligned Mental Health Services	Status

4.1	NHS 24 will continue to consolidate operation of the Mental Health Hub and all other NHS 24 Mental Health Services (SAS/Police Scotland Collaboration, DBI, Breathing Space, Living Life). This will include applying a whole systems approach to incorporating a clear mental health pathway within the national Urgent Care pathway.	
4.2	Continue to collaborate with Police Scotland to embed Mental Health Nurse Practitioners providing mental expertise within Police Scotland Command Centre to provide a person-centred experience.	
4.3	Continue work on mental health digital services, including the development of a digital entry point into mental health service, such as cCBT directly through NHS inform. This will be in line with priorities from the Mental Health Digital Programme Board.	
5.	Expanding Digital Access to Care	Status
5.1	Engage with Scottish Government on the role of NHS 24 in the refresh of Scotland's Digital Health & Care Strategy.	
5.2	Progress work with Scottish Government, the Digital Citizen Programme Board, the Alliance and other key stakeholders across health and care to develop a digital access to care. This will include incorporating NHS inform, GP.scot and other NHS platforms, web services and digital developments in health and care.	
6.	Tackling Public Health Priorities and Health Inequalities	Status
6.1	Continue to collaborate with other Boards to develop an NHS 24 Public Health Framework which will accelerate addressing public health inequalities through shared data and improved intelligence.	
6.2	Continue to review and develop our telephony and digital services to ensure they are accessible for all. For example, interactive voice response to enable people with disabilities to access our services. Working with partners, on a Once for Scotland basis, to ensure that public health information is available and accessible for all communities across Scotland.	
7.	Transforming our Ways of Working	Status
7.1	Continue to progress and deliver Phases 1 and 2 of Connect Programme.	
7.2	Develop an NHS 24 Estates Strategy by the first quarter of 2021/22, aligning with future strategic priorities and operational and future workforce requirements. This will include relocation from Golden Jubilee and reflect new PIN guidelines on working from home.	
8.	Working Together to Develop our Organisation and Culture	Status
8.1	Develop a plan for Organisational Development going forward concentrating on the Strategic aims of NHS 24 and developing its services, staff and improving its culture.	


3 Detailed Action Plan


1 Supporting our Workforce and their Wellbeing - Key Deliverables


No.	Action	Exec Lead/ Exec Co Lead	Status - RAG	Target Date
1.1	Continue to develop our Workforce Health and Wellbeing Strategy and associated Action Plan.	Pauline Docherty		March 2022

Current position:

- The Health and Wellbeing Strategy Action Plan has been developed and progressing with actions on plan to be completed by March 2022. The plan is reviewed on a regular basis at the monthly Wellbeing Steering Group.
- The majority of the actions are progressing and are on target to meet their completion dates. A number of initiatives are now green on the RAG status including:
 - Training in place on attendance management and other Once for Scotland Policies
 - Healthy Working Lives initiatives progressing
 - Introduction of wellbeing/rest rooms in centres
 - Availability of coaching wellbeing support for staff
- Progress on Mental Health support work for staff is slightly behind target. Workforce are seeking support from Service Delivery to bring this back on track.

2 On-going Management and Recovery from COVID-19				
No.	Action	Exec Lead/ Exec Co Lead	Status - RAG	Target Date
2.1	Continue to deliver COVID-19 pathway, with continued levels of resource and resilience.	Steph Phillips		On-going – March 2022
<p>Current position:</p> <ul style="list-style-type: none"> Continuing to deliver the COVID-19 service, via 111, as part of ongoing national pandemic response. The provision of this service model is aligned with and reliant on the continuing operation of local Board Community Assessment Centre (CAC) Model. The COVID-19 service is being incorporated with the wider 111 service, which enables us to most effectively balance Call Handler resource between COVID demand and urgent care service, where recruitment is underway at pace to respond to expected growth in demand. In total there are currently 28.7 FTE Temporary Call Operators (TCOs), made up of 35 heads of which 15 are MSK with 8 of these permanent staff. The TCO role is used as part of an established pipeline to up skill and provide experience to candidates for conversion to Call Handler roles to optimise training capability and capacity. The longevity and requirement to provide the service will be aligned to national need / planning and is assumed to be linked to prevalence where any fluctuation can impact on overall 111 demand. For example, in the reporting period (w/e 04/04 to 27/06) there was 46.5K COVID-19 flagged records created (395.6K total from 01 March 2020) and mid-May saw the lowest weekly total of 3162 records (12.5% of total volume) since first wave. However, due to increased prevalence of Delta variant at end June this had risen to 6213 and 23.5% requiring significant resource balance/allocation to meet demand. It is worth noting that due to the success of the vaccination programme that other areas of the system might not see significant increases in demand. 				

No.	Action	Exec Lead/ Exec Co Lead	Status - RAG	Target Date
2.2	<p>Continue to provide a recognised trusted source of up-to-date health information and guidance about Coronavirus via NHS inform and expand our digital offering to help people manage their own health and wellbeing</p>	<p>Paula Speirs/Laura Ryan /Suzy Aspley</p>	<p style="text-align: center;"></p>	<p style="text-align: center;">Ongoing</p>
<p>Current position:</p> <ul style="list-style-type: none"> • Work undertaken on COVID Hub content for all changes relating to moving to Level 0, along with changes in isolation guidelines for HCSW (this was a very short notice change) of which further refinement is anticipated. Further changes will be coming with the anticipated move to beyond Level 0 on 9th August, which will be a significant change across the COVID content. • On-going development of COVID microsite, as part of COVID response – working with PHS and SG • COVID vaccine micro-site –sprint to develop new template for COVID vaccine status app download content completed, testing to be completed ahead of deployment • NHS 24 has provided medical support on the portal to access vaccine status and signposting to booking of vaccines. • We have worked with the Clinical Priorities Unit to co-develop a commission for staged development of Long Covid content on NHS inform. • NHS 24 Medical Director and Head of Pharmacy have worked with the Chief Pharmaceutical Officer to develop a process for the Pharmacy First national patient group directions – this Improves accessibility to medicines for minor illness under the Pharmacy First Scotland service in the community (May 2021) • The mental wellbeing signposting tool has now been published with Consultant Psychiatrist input. The tool is linked from a number of our mental wellbeing pages as well as being accessible from the overall Self-help Guides and can be found at https://www.nhsinform.scot/self-help-guides/get-help-with-your-mental-wellbeing 				

No.	Action	Exec Lead/ Exec Co Lead	Status - RAG	Target Date
2.3	<p>The Scottish Emergency Dental Service will continue to provide access to an extended urgent dental service and evaluate potential service developments, such as the Near Me test of change.</p>	<p>Steph Phillips/Laura Ryan/ Maria Docherty</p>		<p>Ongoing – March 2022</p>
<p>Current position:</p> <ul style="list-style-type: none"> • In the reporting period (w/e 04/04 to 27/06), 16.5k dental records were created, accounting for 5.5% of all records created. • Evaluation has demonstrated the success of the service and funding has been secured for a further year to 1 July 2022. This was signed off at NHS 24 Clinical Governance Committee. • Over the period, 11 dentists were employed through SEDS to provide more complex urgent care, with 11.4 and 11.9 FTE in April and May, dropping to 7.25 in June. This is reflective of the funding position prior to it being extended and numbers will be increased/recruited with the extension. • Dentists issued 555 prescriptions over the period. This coupled with the use of Near Me allows the service to meet patient care needs and manage and stream demand more effectively reducing physical presentation at emergency departments. • Technical changes have been made to SAP to enable the automation and ease of access to performance data to improve future reporting functionality; where previously this had to be recorded/interrogated manually or is not readily available e.g. use of Near Me 				

No.	Action	Exec Lead/ Exec Co Lead	Status - RAG	Target Date
2.4	<p>Continue to provide quality assured non-clinical advice about Coronavirus and support to book COVID-19 testing for those who require assistance via a National COVID-19 non clinical Helpline.</p>	Steph Phillips	●	Ongoing – March 2022
<p>Current position:</p> <ul style="list-style-type: none"> • NHS 24 continues to provide/manage a co-sourced model of delivery for the National Coronavirus Helpline. NHS 24 has secured the additional call centre capacity required to deliver this via a mini competition process with the contract awarded to incumbent provider - Ascensos. They provide a fully managed and outsourced resource/service with on-site advisory and quality assurance capacity provided via NHS 24 managers. • This model of delivery safeguards the 111 service/infrastructure and contributes to NHS 24's ability to expand to deliver national urgent care pathway; whilst providing citizens without other means or ability access to standardised information and assistance to book testing. From April 01 the Helpline also provided generalised health via NHS Inform for callers without means/ability to access this online/independently. • For the reporting period demand was 65.5K calls plus 11.5K chats and of these 63.7k/11.4K calls/chats were answered and overall performance remains excellent. The call demand was is composed of 50% of callers looking for assistance with and 28% is about general COVID-19 enquires and information. The remainder of calls were related to NHS Inform and arrive via this established number; however analysis of these indicates that over 90% of calls are about COVID. April had seen the lowest call demand since July 2020 at 15.6k; however this increased to 28.2K in June and similar to section 2.1 above is associated with the increase in the Delta variant. This indicates that demand and the need to provide the service is associated with prevalence and the course of the pandemic. • The service is monitored to ensure best value and to forward plan the longevity/viability of the current delivery model. Internal control measures and triggers/parameters have identified that would initiate a return to direct delivery by NHS 24. • The model of delivery will also be evaluated and considered if requirements or circumstance necessitate periods where short-term or rapid escalation of call centre capacity is needed. 				

3 Continued Development Of National Urgent Care Pathways


No.	Action	Exec Lead/ Exec Co Lead	Status - RAG	Target Date
3.1	Recruit resource required to meet the expected increase in demand.	Pauline Docherty/ Steph Phillips	●	March 2022


Current position:


- Recruitment continues at pace, with numbers onboarding currently maximised against available training capability and capacity. The current position and forecast for October 21 is outlined below:


Skillset		Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21
Call Operator	Actual	63.80	45.77	32.70	32.70	34.70	38.70
	Target	27.05	27.57	58.06	58.54	58.96	59.37
Call Handler	Actual	511.25	523.97	542.53	562.95	583.48	601.17
	Target	563.00	588.00	588.00	613.00	628.00	643.00
Senior Charge Nurse	Actual	67.62	69.66	69.85	69.85	72.29	75.79
	Target	70.48	73.48	75.48	75.48	74.48	73.48
Clinical Supervisor / Nurse Practitioner	Actual	141.47	145.22	141.75	143.93	146.67	145.00
	Target	150.00	152.00	160.00	165.00	168.00	171.00
Team Manager	Actual	65.83	66.55	62.52	62.52	73.32	73.32
	Target	49.95	51.95	55.00	60.00	63.00	66.00



- Achieving the forecast resource targets is dependent on a number of factors including; infrastructure to train and estates seating capacity; and matching skillsets to available supervisory and managerial capacity to optimise effectiveness. Additionally there has been high levels of attrition/leavers in key skillsets and work is underway to better understand/mitigate.
- Due to the factors described above, confidence is low that targets will be met. Alongside this since the launch of the pathway, we have experienced incremental growth in demand largely attributable to urgent care that has persisted into the start of the summer months. Levels have neared the predicted 75% target increase for the year, when it was considered that this would peak in winter months with time to recruit resource and reconfigure the estate to meet this. There is therefore risk that demand growth could outstrip pace of recruitment and that any shortfall will further impact ability to consistently meet this across all shifts/peak times until the end of Quarter 4.
- Progress against target is monitored at the PIP weekly meetings. To meet many of the targets we are reliant on the new Dundee regional site to be open and that the recruitment market in that region can fill some of the skills gaps. HR are working with Communications and the Dundee Project Group to plan how we launch in Dundee.


No.	Action	Exec Lead/ Exec Co Lead	Status - RAG	Target Date
3.2	<p>NHS 24 will, as part of the national programme of urgent care redesign, continue to work collaboratively to support the Phase 2 and further design and development of urgent care (including MH and MSK pathways).</p>	<p>Maria Docherty/Paula Speirs/Steph Phillips</p>		<p>On-going-March 2022</p>
<p>Current position:</p> <ul style="list-style-type: none"> • NHS 24 continues to participate and play an active role in the national programme, associated workstreams and whole system planning. In particular there is significant involvement and collaboration, advice and direction provide in the development/implementation of the national public communications campaign; where noting the increase in demand described in 3.1 this is being closely monitored to assess any impact. • NHS 24 leads have been nominated to participate/support the 6 Phase 2 workstreams to understand any potential impact/risk and opportunity/benefit with emergent work on interconnectivity/technology and ensuring the pathway and principles are further embedded/optimised. Workstreams are beginning to come together. NHS 24 has been asked to co-chair the MSK workstream, which ties in with the wider joint review of the MSK pathways and appointment of AHP lead. 				


No.	Action	Exec Lead/ Exec Co Lead	Status - RAG	Target Date
3.3	<p>Continue to progress our digital developments, including use of digital services with our 111 offering and also integration with wider pathways of care. This will include the potential of our IVR, SMS and voicebot solutions to encourage self-care and communications to direct users to appropriate digital self-care resources or appropriate digital channels e.g. Inform, webchat & chatbot.</p>	<p>Paula Speirs/ Ann-Marie Gallacher</p>	<p style="text-align: center;"></p>	<p style="text-align: center;">On-going March 2022</p>
<p>Current position:</p> <ul style="list-style-type: none"> • NHS Inform saw it's busiest month ever in June 2021 with 9.3million unique visits, highlighting it's role as a single point of truth and helping stream demand across the wider health and care system. • Development of screening and immunisation chat bots continuing • Mental Health signposting tool launched • Evaluation of voice chat bot undertaken to be part of the discussion and decision on whether to extend the current contract with Amazon/Cap or not at end April • Working with ICT on NHS inform and other digital product resilience and disaster recovery infrastructure • Diabetes tool development, CGE and Cytosponge content development, ACP and Palliative Care content review and update, Cancer content review (with MacMillan Cancer) • Continued development of Content Development Model and Content Operations Model processes, to enhance ways of working – with the aim of being able to share this across the organisation to enhance quality of online content developed (included intranet and other areas). 				


No.	Action	Exec Lead/ Exec Co Lead	Status - RAG	Target Date
3.4	<p>Continue to define and develop an expanded advanced clinical support model to meet organisational demand, optimising the use of technology, to improve outcomes for more complex clinical presentations</p>	<p>Maria Docherty/ Laura Ryan</p>		<p>On-going March 2022</p>
<p>Current position:</p> <ul style="list-style-type: none"> NHS 24 currently has three qualified Advanced Nurse Practitioners (ANP) and three trainees in post. All qualified currently have non-medical prescribing qualification. A test of change with 1 ANP in underway to evaluate and measure impact of Advance Clinical Support (ACS) model by handling complex medication enquires. Access to patient clinical data supports decision making to improve the patient journey and outcomes whilst reducing onwards referral benefitting the wider system. The use of video (Near Me) is being explored with NHS Ayrshire & Arran to extend the test of change to a specific cohort of patients. This proposes that 3 ANP are utilised at peak times to further optimise patient experience and outcomes; including direct referral to other services. This will be a more effective use of NHS 24 expertise to better manage and stream demand and will result in more efficient use of local resource such as the PCEC in NHS A&A. Deputy Nurse Director is leading a piece of work on future nurse, and exploring the roles of practise level 6 as per National Transforming Roles Work. 				


4 On-going Development of Mental Health Services				
No.	Action	Exec Lead/ Exec Co Lead	Status - RAG	Target Date
4.1	<p>NHS 24 will continue to consolidate operation of the Mental Health Hub and all other NHS 24 Mental Health Services (SAS/Police Scotland Collaboration, DBI, Breathing Space, Living Life). This will include applying a whole systems approach to incorporating a clear mental health pathway within the national Urgent Care pathway.</p> <p>Current position:</p> <ul style="list-style-type: none"> • MH Hub, DBI and Mental Health & Wellbeing Assessment Framework transitioned to Business as usual at end of June 21, after approval of the Evaluation report. Recruitment and training is ongoing. • Despite aggressive recruitment, the rate of onboarding new staff has been affected by staff retention and reduced staffing pool. There are currently 61.6 FTE from a target of 75 PWP's. • MH Hub: within Q1 improvements were made to MH&W Assessment Framework and decision support which assisted in improving call answer time. • Distress Brief Intervention: Since the start of the NHS 24 DBI process the MH Hub has referred 3,641 service users with an average of 74 referrals per week. The Evaluation report will presented to MH Programme Board on 4 August 2021. • Health & Social Care Helpline: Service in the first quarter of 21/22 answered an average 30 calls per month. An evaluation has been completed and will be presented to the MH Programme Board on 4 August 2021. • Breathing Space: A new Operational Manager was appointed for Breathing Space and Living Life. Webchat pilot evaluation is in progress with report scheduled to be presented to MH Programme Board in November 21. • A new transfer line from Breathing Space (BS) to MH Hub went live on 7/7/21 which will further integrate NHS 24's Mental Health Services. Calls from BS will be given priority into the MH Hub and this will further support the service user to access appropriate care. • Police Scotland Pathway: This pathway continues to be a success, with the evaluation report warmly received by both NHS 24 and Police Scotland. • Scottish Ambulance Service: Evaluation report to be presented to the MH Programme Board on 4 August 2021. This evaluation has shown that 429 hours of ambulance time saved over an initial 20 weeks testing period with 55% of individuals successfully contacting NHS 24 within 24 hours of being signposted by the SAS. <p>As part of the Redesign of Urgent Care a new piece of work will be established on the redesign of MH urgent care and will report to the NHS 24 MH Programme Board. Awaiting further information from the National Programme Board.</p>	Steph Phillips/ Maria Docherty		March 2022


No.	Action	Exec Lead/ Exec Co Lead	Status - RAG	Target Date
4.2	Continue to collaborate with Police Scotland to embed Mental Health Nurse Practitioners providing mental expertise within Police Scotland Command Centre to provide a person-centred experience.	Steph Phillips/ Maria Docherty		March 2022
Current position: <ul style="list-style-type: none"> Police Scotland MH Pathway continues and will see NHS 24 employed Mental Health Nurse Practitioners (MHNP) based within Police Scotland. Test of change planned for Oct 2021. MHNP recruitment ongoing although posing challenging. Police Scotland priorities in Oct/Nov are COP 26 and this may affect scheduled go live date. NHS 24 supporting technology changes implemented July 21. Work on SAS MH Pathway redesign continues with evaluation showing 70.5% of signposted individuals to the NHS 24 Mental Health Hub had a non-emergency outcome endpoint. 				
No.	Action	Exec Lead/ Exec Co Lead	Status - RAG	Target Date
4.3	Continue work on mental health digital services, including the development of a digital entry point into mental health service, such as cCBT directly through NHS inform. This will be in line with priorities from the national Mental Health Digital Programme Board.	Paula Speirs/ Maria Docherty/ Steph Phillips		March 2022
Current position: <ul style="list-style-type: none"> Wellbeing signposting tool to cCBT on NHS inform go live took place in May 21 Paid social and google adwords campaign to promote the wellbeing signposting tool launched 28 June 21 and has so far been a success. A review of campaign is about to be undertaken. Usability testing on the cCBT signposting tool underway. Breathing Space webchat – changes to improve the service user journey from Breathing Space website into the BS webchat service were implemented on 7/7/21 Breathing Space webchat engagements. Webchat pilot evaluation is in progress with report scheduled to be presented to MH Programme Board in November 21. Confirmation received of SG commission to develop national mental health platform with Phase 1 due by end March 2022 New Safer Online Suicidal Journey's project commenced July 21, linking from the Action 6 workgroup of the National Suicide Prevention Leadership Group. This is a 6 month project which will commence with a discovery piece. 				


5 Expanding Digital Access To Care				
No.	Action	Exec Lead/ Exec Co Lead	Status - RAG	Target Date
5.1	Engage with Scottish Government on the role of NHS 24 in the refresh of Scotland's Digital Health & Care Strategy	Ann-Marie Gallacher/ Paula Speirs/ Laura Ryan		September 2021
<p>Current position:</p> <ul style="list-style-type: none"> Ongoing engagement continues with Scottish Government on the shape of NHS 24's contribution to Scotland's digital health and care strategy and specifically the role of NHS inform to the development of Scotland's digital front door. A commission is expected from SG within the next few weeks to support the first phase of service design. Interim Head of Service Design appointed (on secondment from NES), who will work part time with NHS 24 and part time with DHAC team on service design of the digital front door. We are awaiting the refresh Scotland's Digital Health & Care Strategy to map future work – this will be picked up in the RMP4 refresh. 				

No.	Action	Exec Lead/ Exec Co Lead	Status - RAG	Target Date
5.2	Progress work with Scottish Government, the Digital Citizen Programme Board, the Alliance and other key stakeholders across health and care to develop a digital access to care. This will include incorporating NHS inform, GP.scot and other NHS platforms, web services and digital developments in health and care.	Paula Speirs/ Ann-Marie Gallacher/ Laura Ryan		March 2022
<p>Current position:</p> <ul style="list-style-type: none"> Ongoing engagement with strategic partners, with work is aligned to new Digital Health & Care Strategy. Service Design and Digital review ongoing. Interim Head of Service Design is in post until end March 2022. Work continues to define the ways of working and embedding of approach. Commission accepted for development of Mental Health Platform (Phase 1) for delivery by March 2022, and awaiting direction on Phase 2 of Urgent Care programme. 125 practices now live with GP.scot, supporting a population of over 560k 				

6 Tackling Public Health Priorities and Health Inequalities				
No.	Action	Exec Lead/ Exec Co Lead	Status - RAG	Target Date
6.1	<p>Continue to collaborate with other Boards to develop an NHS 24 Public Health Framework which will accelerate addressing public health inequalities through shared data and improved intelligence.</p> <p>Current position:</p> <ul style="list-style-type: none"> • Work is underway to scope and review the work require to develop an NHS 24 Public Health Framework. The work is overseen by the Senior Clinical Forum and will inform our new Clinical Strategy. • A cross directorate short life working group (SLWG) was established by the Board to review our current inequalities priorities and governance arrangements and to inform our strategy development. • To help support PH work, we are in the final stages of appointment for a Public Health Consultant (2 sessions a week for 12 months) to support user engagement and expertise on the Public Health framework, as it evolves. They will also provide a whole system assessment of where NHS 24 can expand to improve its engagement. • NHS 24 and PHS have begun to collaborate as National Boards to develop augmented data sets as part of new way of collaborating in line with national recovery and renew strategic aims. This will sit on a shared NSS platform. • In addition we are reviewing how data on harder to reach groups can be used to inform whole system practice. For example, there is a Joint Agreement to explore how NHS 24 data on frailty and place of residence e.g. care home setting, could support system wide change in line with ongoing COVID pressures and inform requirements for the new national care service. 	Laura Ryan/ Paula Speirs/ Ann-Marie Gallacher		March 2022

No.	Action	Exec Lead/ Exec Co Lead	Status - RAG	Target Date
6.2	<p>Continue to review and develop our telephony and digital services to ensure they are accessible for all. For example, interactive voice response to enable people with disabilities to access our services. Working with partners, on a Once for Scotland basis, to ensure that public health information is available and accessible for all communities across Scotland.</p>	<p>Paula Speirs/ Laura Ryan</p>	<p style="text-align: center;"></p>	<p>March 2022</p>
<p>Current position:</p> <ul style="list-style-type: none"> • NHS 24 successfully launched the ‘it’s ok to ask’ campaign in May 2021. This was an accessible and effective digital first multichannel campaign to help citizens manage own health and wellbeing – and encourage people to ask questions when interacting with health professionals. This information is now available in ten community languages, British Sign Language and audio. • A campaign was developed by an NHS 24 project team to communicate to the wider public through outdoor, radio and digital channels. This was undertaken in consultation with the Scottish Government Realistic Medicine team and the health boards Realistic Medicine Leads Network. (11 May 2021). • Early evaluation has been very positive with the campaign poster being in all 1254 community pharmacy windows, 1268 radio spots providing an ‘opportunity to hear’ of 6.5 (with a reach of 1.75m people), and good digital access to the campaign site on NHS inform through Facebook and Instagram (over 6m impressions reaching 2.2 million people) or directly via the website (10,230 unique page views with 555 leaflet downloads) • Using digital data use, Scroll Maps (activity on NHS inform) were created to understand what people do on website pages e.g. how far they scroll and what they look at or ignore, this will inform future development • Change request being progressed to improve access to the 111 service Interactive Voice Response messaging for people whose first or preferred language is not English. • Additional mental health information content is now available on NHS inform in British Sign Language. • In partnership with the Scottish Government and other Health Boards information on Covid-19 continues to be hosted on NHS inform and is provided in alternative formats and 12 community languages. • Agreement has been reached with the Scottish Government to expand the Covid-19 information hosted on NHS inform, to include two additional languages ((Dari and Pashto), intended to support people arriving in Scotland from Afghanistan under the Afghan Relocation and Assistance Policy (ARAP) scheme. 				

7 Transforming Our Ways Of Working				
No.	Action	Exec Lead/ Exec Co Lead	Status - RAG	Target Date
7.1	Continue to progress and deliver Phases 1 and 2 of Connect Programme.	John Gebbie/ Ann-Marie Gallacher		March 2022
<p>Current position:</p> <ul style="list-style-type: none"> • Tri-partite working arrangement is now fully up and running with fortnightly programme board meetings tracking progress of the Connect programme. • The SAP Hana Reporting System upgrade was successfully completed in July 2021, which completes the first workstream in the Connect 1c programme and provides the springboard for moving the overall Reporting Stack to Public Cloud. • The Public Cloud platform build is in progress. This will host the upgraded SAP Reporting applications with a target switch over date of early December 2021. • The CRM Upgrade workstream is in progress with a target go live date of 14th October 2021. This is a pre-requisite task for the migration of the Clinical Stack to the new Data Centre environment. • The new Data Centre design and build is in progress and the handover will initiate the upgrade of all NHS 24 core SAP and inter-connected applications with a projected go-live in early March 2022. • Verint Voice and Screen recording application is scheduled to be updated on 7th September 2021 ahead of a transition to the new Data Centre. • Local and Wide Area Network (LAN/WAN) upgrades and replacements are in planning for implementation between August and November 2021. • A Desktop/Laptop, including Windows 10 and O365 refresh and upgrade programme is in the final planning stages with the roll-out being scheduled from Sept-Nov 2021 across the NHS 24 estate. This includes Windows 10 and O365 across the NHS 24 estate. • Work is in progress to move the Respond and Sugar CRM applications to a software as a service delivery model by end of 2021. 				

No.	Action	Exec Lead/ Exec Co Lead	Status - RAG	Target Date
7.2	<p>Develop an NHS 24 Estates Strategy by the first quarter of 2021/22, aligning with future strategic priorities and operational and future workforce requirements. This will include relocation from Golden Jubilee and reflect new PIN guidelines on working from home.</p>	<p>John Gebbie/ Linda Davidson/ Steph Phillips</p>		<p>March 2022</p>
<p>Current position:</p> <ul style="list-style-type: none"> • Regular Estates Programme Board meetings are held on a monthly basis. Clyde Relocation meetings are held every 2 weeks to agree any actions around this move. • A Once for Scotland Policy on Flexible Work Location has been out for consultation and NHS 24 have submitted their comments. • A short life working group on Agile working has been set up in NHS24 to look at this issue for the future - Agile working is also on the Health and Wellbeing Strategy. • Estates Strategy paper approved at the June Board meeting and submitted to SG colleagues for final sign off. This will secure enough capacity to meet current and future workforce requirements. • Aurora House lease has now been signed. Works are forecast to be completed in August with testing taking place early September before staff transition over. Decommissioning of Golden Jubilee site will then proceed. • Lease paperwork and site plans are currently being worked up in anticipation of Dundee being approved and reconfiguration in Cardonald. • Working from home is still under discussion while the national policy is awaited. Comms are being prepared for staff to update them of the latest position, highlighting that as restrictions ease staff will be able to access the office more. However, due to growth in frontline services during the day a booking service for space will be required to ensure that we can accommodate everyone while space restrictions are still in place. • Interim Plan now agreed and feedback received from SG. We intend to use this as part of the development working towards the 3 year plan due for completion by 31st March 2022. • Once we move beyond Level 0, we hope to continue to support home working, where possible, through a hybrid arrangement. • An Agile Working Group has been set up to look at this approach and the relevant processes and procedures required to support it. Guidance will be issued shortly so that teams can begin to prepare. • NHS24 are represented on the OFS Flexible Location Policy (Homeworking) Group, the consultation for this has just closed therefore it is anticipated that the policy will not be formalised and published until mid-2022. We will therefore implement an interim policy and will continue to ensure this is in line with the national approach. • Consultation is underway with the Staff Experience Group for non-frontline staff who are working from home, this group next meets on 05/08/21 				

8 Working Together to Develop Our Organisation and Culture

No.	Action	Exec Lead/ Exec Co Lead	Status - RAG	Target Date
8.1	<p>Develop a plan for Organisational Development going forward concentrating on the Strategic aims of NHS 24 and developing its services, staff and improving its culture.</p>	Pauline Docherty	●	March 2022
<p>Current position:</p> <ul style="list-style-type: none"> • Head of ODLL now in post and is leading development of a draft Organisational Development, Leadership and Learning (ODLL) Framework (to be developed further in consultation with stakeholders), identifying key deliverables which will shift the ODLL function from transactional to transformational in order to accelerate organisational maturity within NHS 24. • Transforming ODLL will be presented to Staff Governance Committee via a presentation in July and will be the initial step in a future business case for transformation across the Workforce Directorate. • Collaborated with Nursing & Care on development of Mandatory Training Improvement Plan, focusing on renewed commitment to increasing compliance with mandatory training. Actions to be taken forward from July onwards include further development of Turas Learn site to improve user experience, a communications strategy, clear targets and improved reporting. • Continuing work with colleagues at NES to develop cloud-based hosting of key workforce data through a dashboard, to provide managers and staff with quicker, easier access to reporting data for a wider range of stakeholders. 				



The banner features a dark blue background with a network of white icons representing various digital services: Wi-Fi, people, mobile phone, social media (Twitter, Facebook, @), and communication (speech bubbles, headset, mobile phone with signal). The NHS 24 logo is in the top right corner.



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