

NHS 24 BOARD

19 AUGUST 2021

BD (2021/22) 010

FOR ASSURANCE

CHANGE PORTFOLIO UPDATE

Executive Sponsor:	Director of Strategy, Planning and Performance
Lead Officer/Author:	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>The Productivity Improvement Programme (PIP) produced a detailed report that was presented to Scottish Government pulling together all the actions being taken to address the level of demand and subsequent performance issues.</p> <p>The Estates Programme has overseen the identification and evaluation of a number of potential sites in the East. A business case outlining the options and the preferred route to expanding our call centre capacity has now been approved by Scottish Government. The plan is to have this expanded capacity operational ahead of the festive period.</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	Resources across the whole organisation continue to be stretched. The level of change across the portfolio of programmes is highlighting key pinch points and is pushing teams to their capacity. The allocation of resources is being carefully managed, however there is limited room for manoeuvre and because of the lack of capacity any delays with one project could have significant adverse impact on the delivery of another.
Financial Implications	There are a number of projects within the PIP that do not have ongoing funding attached to them. Once the pilots have been evaluated there will be difficult budgetary decisions required.
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 – July 2021

Introduction

Due to the operational and resource pressures the Change Portfolio is being reviewed on an ongoing basis to ensure key programmes of work are prioritised.

This report provides a progress update on the key programmes within the current Change Portfolio.

SUMMARY OF KEY PROGRESS

Productivity Improvement Programme (PIP)

EMT established the Productivity Improvement Programme (PIP) Board which is chaired by the CEO. The Productivity Improvement Programme consists of a number of immediate, short and medium term work packages along with some of the existing projects and programmes.

A comprehensive picture of the significant work being undertaken to address the level of demand being placed on the operation was developed for Scottish Government. Following the discussions in May no further requests have been made by Scottish Government. A weekly update is provide to give assurance.

There are a number of areas that are currently being focused on, including:

- Staff recruitment
- Attendance Management
- Shift review (Phase 2 – building on from Phase 1 which involved reviewing and moving all Call Operators, Call Handlers and Clinical Nurse Supervisors over onto a new shift rota). The expected benefits include improved team working; staff well-being, attendance and retention; better patient accessibility and response times; along with improved operational performance
- ICT improvements including the Employee Engagement App (which will enable optimisation of shift swaps, additional hours) and timesheet automation.
- Ring back exploratory work – the development of a test of change to explore the possibility of allowing an intervention aimed at preventing the length of time to answer calls exceed 30 minutes. Following extensive investigation it was concluded this was not workable and has been stopped.

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 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 supported by PMO.

The first phase of RUC, which went live in December 2020, is proving to be successful and was further expanded at the start of June with the introduction of paediatrics into the Urgent Care model. There have been some relatively low-key communications through social media advertising the introduction of the new pathway. More high profile communications to raise awareness using radio and TV advertising is planned for the summer.

The development of Phase 2 is underway at a national level and will be implemented once agreed.

Mental Health Programme

The Mental Health Hub is continuing to experience higher than predicted demand which is resulting in undesirable wait times as there are insufficient Psychological Welfare Practitioners 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 although recruitment is challenging. 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. This is particularly the case with the increases in call demand currently being experienced and whilst the social distancing requirements are still in force.

- The Estates business case outlines the future strategy following the review of a number of potential sites. This was further complicated by the lease break for Norseman House and the forthcoming lease expiry at Cardonald. Detailed site surveys have been undertaken and an extensive scoring exercise was completed to identify the preferred options. A limited site visit was also made as it was agreed by the Estates board that scoring the sites as a “desktop” exercise was too challenging. The business case was signed off by the NHS 24 board in June and forwarded to Scottish Government. The business case has now been approved.
- The development of possible floor plans and desk layouts has begun for the preferred options. Key items for the installation of networks in the new site have been ordered due to the long lead times. Despite this mitigation there is a key risk the opening of the site will be delayed because of the timescales for obtaining this equipment.
- Preparatory work is underway at Arora House in Clydebank with technical surveys required to allow the necessary circuits to be ordered. This is being coordinated in conjunction with the Connect programme. Work is also underway to plan the move out of GJNH and close the site.
- Additional seating is also being installed into Lumina to maximise the capacity 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 underway to develop the guiding principles for Phase 2 and it is proposed that these are presented to Planning and Performance Committee and the Board in August 2021, for discussion and approval.

Respond

Respond is NHS 24's incident tracking system, presently the system is utilised to record patient and partner feedback, risk, information governance, clinical incidents and adverse events. This version of Respond will also include the recording of Public Protection concerns and non-clinical incidents. One of the benefits of the upgraded system will be the increased functionality of reporting, of particular benefit will be reporting for individual and organisational learning. As part of the Connect project Respond v8 will be available to all NHS 24 staff members to log health and safety, facilities and technical incidents

The roll out of Respond 8 was being progressed at pace. However, following a review additional training and time to build user's confidence with the new system and processes is required. Further User Acceptance Testing will follow and a revised roll out plan is currently being created. Due to the gap between the processes being signed off and the implementation of the system some updating of the system will be required. The extend of these updates will be explored during the rebase lining of the implementation plan.