

<b>NHS 24 BOARD MEETING</b>		<b>10 DECEMBER 2020 ITEM NO. 10.2 FOR ASSURANCE</b>	
<b>SCOTTISH GOVERNMENT FEEDBACK ON NHS 24 REMOBILISATION PLAN</b>			
<b>Executive Sponsor:</b>	Chief Executive		
<b>Lead Officer/Author:</b>	Interim Director of Service Development		
<b>Action Required</b>	The paper is presented to the Board for assurance.		
<b>Key Points</b>	<p>This paper informs the Board that the Scottish Government have formally responded to the submission of our Remobilisation Plan covering the period to 31 March 2021.</p> <p>The plan has been approved by Scottish Government and the letter is appended.</p>		
<b>Financial Implications</b>	The Remobilisation Plan includes a supporting financial plan which has also been approved as part of this process.		
<b>Contribution to NHS 24 strategy</b>	<p>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</p> <p>This finalised Remobilisation Plan will be used as the basis for engagement with SG to monitor performance for the remainder of 2020/21.</p>		
<b>Contribution to the 2020 Vision and National Health and Social Care Delivery Plan (Dec 2016)</b>	Delivering on the Remobilisation Plan will ensure that NHS 24 contributes to the four key priorities set by the Cabinet Secretary.		
<b>Equality and Diversity</b>	The development of the Remobilisation Plan will be assessed for impact in relation to equality and diversity.		

## 1. RECOMMENDATION

1.1 This report is presented to the Board for assurance.

## 2.1 BACKGROUND

2.2 On the 31 May 2020, the Scottish Government 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.

- 2.3 Following the submission of our Remobilisation Plan (RMP) in May 2020, Scottish Government (SG) requested that all NHS Boards develop a next iteration of Remobilisation Plans, to cover the period from August 2020 until March 2021. The purpose of this plan is to build upon the work outlined in our existing plans to the end of July 2020, identifying our key areas of focus; by end of October 2020, by the end of March 2021 and priorities beyond March 2021. This Plan sits as a component part of the NHS 24 Remobilise, Recover and Renew (RRR) Programme.
- 2.4 SG have again advised that this Remobilisation Plan will act as our Annual Operating Plan (AOP) until 31 March 2020 and act as the point of reference for regular progress reporting to our Sponsor Team.

### 3. HIGHLIGHTS

- Confirmation of **key areas of focus** for NHS 24 through to 31 March 2021:
  - Sustaining the high performance and continued demand management of the 111 service and other helplines;
  - Maintaining links to COVID-19 hubs and testing infrastructure, as we move into a potential COVID-19 resurgence;
  - Considering what continued support can be provided to GP practices as restrictions on GP led services begin to be removed;
  - Supporting the development and delivery of first phase of a new urgent care pathway by autumn 2020
  - Expansion of the mental health hub;
  - Sharing of data and intelligence to support wider health planning;
  - Building digital capacity to support all of the above work; and
  - Continue designated helpline for health and social care workforce.
- **Mental Health funding:** SG indicated that they will look at how they can assist with consolidating funding in light of the range of Mental Health services NHS 24 now offer and our criticality to the COVID-19 response.
- **Redesign of Urgent Care (RUC):** SG noted the challenges in recruitment of clinical supervisors.
- **Digital Development:** SG noted our collaboration with NHS Boards in building digital capacity and requested to be kept updated on progress, especially around our role as the “Digital Front Door”, They also requested further information on our experience with Chat Bots and our plans to develop this service beyond the immediate COVID-19 response and winter period.

- **Performance Framework:** SG noted the discussions that were previously underway to consider performance targets more aligned with our current service and that these were put on hold due to COVID-19. They highlighted the intention to reconvene discussions early 2021.
- Expected level of **funding** confirmed and confirmation of significant allocation in January, reflecting our significant costs associated with RUC.

#### 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 on the organisation. Key areas of progress are outlined below.

##### 4.2 Commit to continuing current levels of COVID-19 resource

COVID-19 flagged records currently make up 30% of the records created (about 5.5k records per week). This means that NHS 24 continues to internally redeploy permanent resource and employ a number of temporary call operators (TCO) and clinical supervisors to deliver the COVID-19 protocol. TCO contracts were extended until the end of March and to increase capacity all were offered increased hours to 37.5 per week.

##### 4.3 Develop a national urgent care pathway

NHS 24 continues to work collaboratively with partners to develop the agreed national pathways as part of the redesign of urgent care. We have worked with colleagues across the whole system to develop the new clinically agreed endpoint outcomes to stream urgent care demand on a 24/7 basis. This is based on updated protocols for decision support in our clinical systems to triage patients with clinical endpoint management and clinical supervision provided to the right care, in the right place at the right time.

4.4 This has been underpinned by comprehensive changes and testing to our technical systems and achieved by working intensely with suppliers. These have been tested and the clinical protocols are actively being revised via a learning loop as part of the NHS Ayrshire and Arran pathfinder to inform the national roll-out scheduled for December, which has worked well. This will require further substantial changes to technical systems and testing across Health Board partners to ensure that we are able to send and confirm referrals to the nationally defined urgent care outcomes.

##### 4.5 Expand and build on 24/7 Mental Health Hub – CH

The Mental Health Hub continues to answer a steady volume of calls, answering 8.2K as at the end of October of which 66% are solved during the call. NHS 24 Distress Brief Intervention (DBI) referrals continue with 1,016 referrals in October. Similarly, the Health and Social Care helpline continues to support health and social staff helping 62 callers last month.

Recruitment and training continues, NHS 24 has employed 60 of the 75 psychological wellbeing practitioner (PWP) and 9 of the 26 MH Nurses required. In addition, Breathing Space have recruited 10 BSA and 2 supervisors.

These new recruits have commenced work and this has had very positive effects on service levels for individuals calling the service.

The Police Scotland Pathway successfully went live on 27th Aug 2020 and continues to be a success with the NHS 24 MH Hub answering 137 calls in October. Development is underway for the implementation of the new SAS pathway, which is scheduled to commence at the end of November 2020.

#### 4.6 Strategic review of NHS inform

NHS 24 continue the roll out and development of GP.scot site to practices across Scotland, which includes the use of 'NHS Near-Me'. In September we has 62 practices live on GP.scot, as of 16 November there will be 68 practices live with a further 12 in progress. Further functionality has been added to allow local customisation of the product with further enhancements planned for 24 November. GP.scot will now report into SG Primary Care Digital Reform Board which is due to meet 30th November.

An NHS 24 Digital Board has been established within the Connect Programme, one of the objectives is to consider and determine the use of NHS Near-Me. NHS 24 is working alongside Scottish Government who have indicated that NHS 24's digital health and care platform will play a key role in the recovery of the wider health and care system. NHS 24 is feeding into this review with further meetings planned for November 2020. In addition, NHS 24 continues to engage with other public service partners to identify opportunities for collaboration on digital and technology, this is supported by ongoing engagement through eHealth Leads group.

#### 4.7 Supporting public health priorities

Initial discussions have taken place with Public Health Scotland, with a view to aligning with their developing new organizational strategy. Now that PHS have published their Strategic Plan, a follow up meeting is being scheduled to further discuss proposed areas of focus.

In addition, NHS 24 are working, as part of the National Boards Collaborative, to address public health inequalities through shared data and improved intelligence. Work is progressing alongside colleagues from PHS, NSS, HIS, SAS and NES.

#### 4.8 Supporting our workforce

The NHS 24 Wellbeing Group continues to meet and link in with the IMT around wellbeing issues. Work is ongoing to offer support to staff including mental health support and resilience training across centres and directorates. The NHS 24 Health and Wellbeing Strategy, is on track for sign off at the end of the financial year.

EMT has authorised creation of The Working from Home Steering Group which will help co-ordinate the development of the Office for the Future. Terms of Reference are currently being developed.

Outputs of the organisational, leadership and workforce development review have now been analysed and recommendations were endorsed by EMT on the 29 September 2020. An initial discussion took place at the Staff Governance Committee, however a Board workshop will be undertaken in the New Year, recognising the importance of change and organisational development.

The Attendance Management Steering Group continues to meet on a regular basis to progress the plan. The main piece of work progressing at this time is the Discovery Exercise to ascertain the views of staff on attendance management issues. This work will form part of the wider work to improve staff experience and will link into any outcomes to be considered by the steering group.

#### 4.9 Estates

Lightyear now operational providing an additional 138 dual podded workstations to increase organisational capacity and resilience. The work on Lumina continues and plans are for NHS 24 areas to be operational in phased basis from December 2020. The Lumina timeline is tight, mainly due to the effects of COVID on the contractor workforce but NHS 24 are working with the contractors and we are currently on track. Training room capacity has been increased in Cardonald and Lumina, this will add further training capacity to mitigate the loss of GJNH.

A draft Estates Strategy has been circulated to the Estates Programme Board. A workshop is being held in November to encourage wider engagement before the next iteration of the strategy is produced. The intention is to have short strategy document with objectives and success criteria that will be supplemented by other documents such as PAMS. The strategy will be used to set estate priorities and provide a framework for making decisions on how our estate will support the strategic ambition of NHS 24.

#### 4.10 Building digital capability

Phase 1 (a, b) of the Connect Programme is underway with the key aim of improving the resilience and robustness of the technology infrastructure to keep the organisation safe and effective. A number of projects within the Phase 1a programme are now in the closure phase. An outline business case is in development for Phase 1c and will be presented to the NHS 24 Board in December 2020 for approval of the preferred option and agreement to progress final business case.

Phase 2 full business case development has been paused whilst the organisation focuses on investing in the ICT structure as well as enabling the organisational focus in delivering Phase 1 of the Urgent Care pathway, Covid19 and winter pressures. The update to the NHS 24 Board on possible timescales to commence has been deferred to the February 2021 board.

## 5.0 **CONCLUSION**

5.1 Despite a challenging time, balancing the demands and effects of COVID-19 on the organisation. NHS 24 continues to progress against the actions of the NHS 24 Remobilisation Plan 20/21. Work will shortly be commencing to develop an

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updated Remobilisation Plan for 2020/22, once guidance from Scottish Government is received.