



NHS 24 Continuation and Remobilisation Plan (RMP4)

October 2021 - March 2022

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Version Final Draft to SG



The care behind your care

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1 Introduction

Background

Following the submission of our initial Continuation and Remobilisation Plan (RMP) in May 2020, Scottish Government has continued to request that all NHS Boards update their Remobilisation Plans to reflect the on-going uncertainty around the COVID-19 pandemic. This has seen the development of NHS 24's RMP 2 covering October 2020 to March 2021 and our RMP 3 from April 2021 – March 2022.

In July 2021, the Scottish Government published the commissioning pack for RMP4 and Winter Planning 2021/2022. It had been agreed that due to the level of uncertainty around the trajectory of the COVID-19 pandemic, it would be sensible to offer a formal opportunity to take stock of developments in our operating context half way through the year. The high levels of complexity and uncertainty going forward mean that planning becomes an even more important tool, to ensure where possible, foreseeable circumstances are planned for and risks are managed as optimally as possible.

In addition, there are many factors that impact on NHS 24 services over the winter months, including Respiratory Syncytial Virus (RSV), seasonal influenza as well as developments with COVID 19 and we must prepare for the effect this may have on demand from the public and how it may impact our workforce and therefore our ability to respond to potentially many and varied pressures.

This plan is therefore presented in two parts:

- (i) A updated plan for the remainder of 2021/22
- (ii) A summary of progress against RMP3

As requested, further detail is set out in the accompanying **NHS 24 Delivery Planning Template and Winter Planning Checklist**.

2 Summary position against Current 2021/22 Remobilisation Plan (RMP3)

Considerable progress continues to be made across the key priorities of RMP3, despite balancing the demands and effects of COVID-19 and related pressures on the organisation. The first quarterly review of the RMP3 was undertaken and presented to the Board in June 2021. This review has been further augmented as part of the RMP 4 process and has been consolidated into a comprehensive RMP 3 Review document presented as Annex 1. In addition the high level deliverables have been captured in the associated [NHS 24 Delivery Planning Template 2021/22](#). Key progress includes:

Supporting our Workforce and their Wellbeing

- We have recently launched our Health and Wellbeing Strategy and Action Plan. The plan is reviewed on a regular basis at the monthly Health and Wellbeing Steering Group.
- We have engaged with staff, using a number of channels and approaches, to make staff aware of wellbeing resources and also included access to wellbeing resources, as part of CPD time within rotas.
- We are also developing a Mental Health Charter which will underpin our commitment to becoming a mentally healthy workforce. We are currently engaging with staff experience groups to obtain feedback about the best way to develop and then launch the Charter within NHS 24.

On-going Management and Recovery from COVID-19

- Although the COVID-19 service is being incorporated with the wider 111 service, due to unexpected COVID-19 demand, we are undergoing accelerated recruitment for additional COVID-19 call operators.
- 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-19 microsite and information on Long COVID.
- The Scottish Emergency Dental Service (SEDS) continues to provide additional support and guidance including the use of Near Me.

Continued Development of National Urgent Care Pathways

- NHS 24 continues to participate in the national programme and has played a key role in the national public communications campaign.
- Recruitment continues, 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; matching skillsets to available supervisory and managerial capacity to optimise effectiveness. Additionally there has been high levels of attrition/leavers in key skillsets as the wider lockdown measures have decreased. Work is underway to better understand/mitigate this impact.
- *Due to the factors described above, confidence is low that full recruitment targets will be achieved within the proposed timescales. However it remains a stretch target and key organisational area of priority and focus..*

Development of a Suite of Aligned Mental Health Services

- The Mental Health Hub (MH Hub), Distress Brief Interventions (DBI) and Mental Health & Wellbeing Assessment Framework transitioned to business as usual at the end of June 2021. DBI provides a compassionate and effective response to people in emotional distress via third sector organisations. As of September 26, the MH Hub has made 4,749 DBI referrals averaging 94 per week in Aug/Sep (up from 84 in Jun/Jul). Demand for DBI

was unknown, however the steady increase of DBI referrals has helped reduce call times and the number of OOH CPN referrals.

- A number of evaluations have taken place across the service including DBI, Health and Social Care Helpline, joint work with the Scottish Ambulance Service (SAS) and Police Scotland, these were well received and learning is currently being progressed.
- Digital developments continue to support the service including a wellbeing signposting tool and a Breathing Space webchat.

Expanding Digital Access to Care

- On-going 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 in the development of Scotland's digital front door. A commission is expected from Scottish Government within the next few weeks to support the first phase of service design.
- Service Design and Digital review on-going, an Interim Head of Service Design is in post until the end of March 2022 to help define the ways of working and embedding of approach. This work is also supporting national user centred design on "digital front door".
- Scottish Government Commission received for development of Mental Health Platform (Phase 1) for delivery by March 2022.

Tackling Public Health Priorities and Health Inequalities

- Work is underway to scope and review the work required to develop an NHS 24 Public Health Framework.
- To help support public health work, NHS 24 have appointed a Public Health Consultant (two sessions a week for 12 months).
- In addition, significant developments have been undertaken to ensure NHS 24 services are accessible for all. These include Mental Health content in British Sign Language, COVID-19 information is provided in alternative formats and 12 community languages. Scottish Government 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.

Transforming Our Ways of Working

- Considerable development has taken place, as part of NHS 24's Connect programme, to ensure safe and efficient IT systems, this includes; SAP Hana Reporting System upgrade, CRM Upgrade workstream and a new Data Centre design and build are in progress.
- Work is in progress to move the Respond and Sugar CRM applications to 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 then Scottish Government in August 2021. This secures additional capacity to meet current and future workforce requirements.

Working Together to Develop Our Organisation and Culture

- The Head of Organisational Development, Leadership and Learning (ODLL) is now in post and leading development of an 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.

3 Priorities and Assumptions

This Remobilisation Plan (RMP4) is an extension of our earlier 2021/22 Continuation and Remobilisation Plan 3, outlining key COVID-19 continuation activities, alongside other key strategic priorities. NHS 24's key priorities 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 Mental Health Services**
5. **Expanding Digital Access to Care**
6. **Tackling Public Health Priorities and Health Inequalities**
7. ***New SG commission – support for Rape & Sexual Assault Forensic Medical Exam (FME) Self-Referrals***

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

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

Winter Planning Assumptions

The **Winter Planning Checklist**, attached separately, sets out our assessment of organisational preparedness and resilience for the coming months. It highlights that although NHS 24 has well established business continuity and escalation plans in place, which have been further revised over the course of the pandemic, due to wider system pressures and the expanded role in which NHS 24 now operates, there remains significant risk to the organisation over winter.

The continuing impact of COVID-19 means NHS 24 will have to balance responding to COVID-related demand with the provision of non COVID-related services; this will be challenged by seasonal demand and staffing availability and require that appropriate flex capacity is built into the system, where possible. NHS 24 will continue to offer enhanced public health information to ensure the public are kept as informed as possible.

The range and capacity for the delivery of non-COVID services will be impacted by the varying requirements of living with COVID, as well as other seasonal demands, with decisions guided by clinical prioritisation and the safety of patients and staff. This will build on the new ways of working, like the Redesign of Urgent Care, that make best use of data and evidence. In addition, new delivery models for health and care, including self-care, will be supported and developed through digital.

A high level overview of the key risks is included at Section 4. Although we are seeking to mitigate these as much as possible, we have also considered the potential for concurrency of these risks, with further amplification of COVID-19 prevalence, associated level of increased resource loss and rapid on-the-day fluctuation of demand. As a result, NHS 24 expects to remain at **severe** on our

Corporate Escalation Framework and potentially experience periods of critical pressure across winter.

It should be noted that although we have set out a number of actions to address the service pressures, it is unlikely that our key performance measures will improve materially over the winter period. We are currently undertaking demand modelling, reflecting whole system modelling, to establish indicative winter performance measures.

This is a living document and we will therefore adapt and modify it, as we further evolve our thinking and also as we undertake our regular reporting through our governance processes and with Scottish Government. This governance remains unchanged since our [RMP3](#) document.

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3.1 Supporting our Workforce and their Wellbeing

In order to continue to live with COVID-19 throughout the remainder of 2021/22 and beyond, stringent Infection Prevention and Control will underpin everything NHS 24 do. In addition, NHS 24 will continue to support workforce and recruitment opportunities which will be kept under review throughout this plan, as we recognise that supporting the recovery and on-going wellbeing of our workforce will be key to service sustainability. In addition, NHS 24 will continue to support staff vaccination programmes for the remainder of the year, as well as the continuation of screening and testing in line with national policy.

We recognise that the biggest opportunity NHS 24 has to reshape the workforce for the future lies in applying a 'whole systems' multi-professional approach and overview of workforce planning in developing the skills of our current workforce. Our aim is to have in place the right skills and roles to enable us to enhance the services we offer now and into the future. This will ensure we have the right blend of clinical and support staff to deliver safe, effective and efficient services. We will develop our workforce to be available, adaptable and affordable to meet the needs of the services we offer; this will include appropriate access to and training to deliver multi-channel capability. Scottish Government have provided feedback on our Workforce Plan which we are progressing.

The NHS 24 Covid-19 Vaccination programme was safely, efficiently and effectively rolled out with priority being given to NHS 24's frontline services initially before being offered to other staff. The Scottish Government has agreed that frontline NHS 24 staff will be part of the COVID-19 Vaccine Booster Programme and clinics will be rolled out from November 2021. This is welcome confirmation and supports our planning assumptions.

SUMMARY OF ACTIONS BY MARCH 2022

- Continue to implement our Workforce Health and Wellbeing Strategy and associated Action Plan and monitor delivery.
- Ensure that wellbeing resources are **accessible to all staff** across our workforce.
- Continue to develop our support for staff working from home, enabling agile working approaches.
- Roll-out of Covid-19 vaccination to staff as they become eligible.
- Develop a Leadership Development Framework for all levels within NHS 24 [NEW].
- Further develop our strategic approach to Workforce Planning [NEW].

3.2 On-going Management and Recovery from COVID-19

Additional COVID Call Operator Resource

As reported in RMP3, it was NHS 24's intention that the level of specific resource for COVID-19 and maintenance of a state of readiness will remain at current levels across Quarter 1 and into Quarter 2. There was an indication that with vaccine roll-out there was potential for de-escalation and this would be informed and supported by intelligence and agreed with sponsors. Additionally it was noted that the potential impact of new variants and prevalence beyond restrictions would be monitored, and in particular how NHS 24 demand might be different to that experienced in acute settings.

The inclusion and delivery of the national 24/7 urgent care pathway has provided an opportunity to consider how the COVID-19 service might be resourced and delivered as part of wider urgent care services. This has included increased utilisation of call operators, having a pool of permanent and temporary staff and building a bank of staff to supporting the smooth transition of patient data between NHS 24 and Partner Health Boards. We have created a career pathway to train and convert call operators to call handler roles to meet the needs of both pathways and to grow our own to stabilise our attrition rates and future proof our resourcing model for when the COVID-19 service requirements decline.

The delivery of the service is prioritised and resource actively balanced to meet demand, impacting delivery of our service, and therefore overall demand of services, resource and skillset availability will be considered to further refine this. Some of the original resource allocated to COVID-19 has been reallocated to the 111 service as we move through the pandemic. As part of our winter preparedness, alongside the recent increase in COVID-19 demand and the anticipated increase in respiratory demand as we go into winter, we have identified a need to increase our COVID Call Operator resource. This is on the assumption that we expect demand to remain high throughout winter with COVID and COVID-related presentations.

The table below provides a summary of the current WTE baseline for our COVID-19 workforce, the WTE target and forecast over for 2021/22 however the services will be prioritised dependant on public and partner need. We are working with SG Finance team on funding sources for this additional temporary resource.

COVID-19 Workforce

Skill sets	Service	WTE Target	Current Staff as at 31/08/2021	21/22 Q2 Forecast	21/22 Q3 Forecast	21/22 Q4 Forecast
Call Operators	COVID	150*	19.66	19.66	101.54	131.54

* Target increased on 22/9/21 from 50 to 150 WTE, to reflect continued COVID-19 demand and the anticipated increase in respiratory demand as we go into winter.

NB Forecasting takes into account only the ongoing recruitment campaigns, any approved requests, attrition and internal moves. We are working with Service Delivery to plan the future recruitment campaigns which will be needed from Jan to March 2022 and beyond.

We are also working with NHS NSS to launch a campaign about Call Handlers and Call Operators being a career choice with the NHS. In addition to providing sufficient internal resource the effective delivery of the COVID-19 service is reliant on territorial

Board COVID Assessment Hubs and clinical resource to provide further assessment for symptomatic COVID-19 patients. Their continuation will also be subject to overall levels of demand and local requirements to be decided at Scottish Government level working with NHS Boards.

COVID Non-clinical Helpline

NHS 24 established a non-clinical Coronavirus Helpline as part of the national response, which provides standardised advice, guidance and support to book COVID-19 testing. In order to protect NHS 24 resource to support the COVID-19 111 service, the helpline is currently delivered through a third party, with onsite supervisory capacity for quality assurance and escalation provided by NHS 24 management. The current delivery model has enabled NHS 24 to prioritise its own resources and for our delivery partner to flexibly respond to rapid changes in demand and need.

The model contributes to wider resilience by preserving 111 clinical capacity, physical seating capacity and technical capability during periods of peak demand. A critical success has been the separation of symptomatic COVID-19 through 111 with all non-symptomatic calls managed effectively by the Helpline.

It was noted in RMP3 that the nature of delivery was initially envisaged as a short term solution, however the longevity of the pandemic and level of resource required has evolved to meet changing needs and circumstance whilst safeguarding the 111 service. Based on the scenario and assumption of a notable positive impact by summer, RMP3 forecast that demand for the Helpline would diminish over Quarter 1, and that this could potentially coincide with a reduced need for delivery of the COVID-19 service. With the ongoing demand for the COVID-19 service, we have determined that the review of longer term options will now take place by June 2022.

SUMMARY OF ACTIONS BY MARCH 2022

- Continue to deliver COVID-19 pathway, with expanded levels of resource and resilience **[UPDATED]**
- 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
- Continue to provide 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 longer term delivery options for Helpline, although timeline has moved to June 2022. **[UPDATED]**.

3.3 Continued Development of National Urgent Care Pathways

To meet additional urgent care demand of 15,000 calls per week will take considerable additional expansion of the NHS 24 workforce. This increase has required a significant change to the recruitment and training processes with increased internal resource and capacity to deliver this. In part, it has been enabled and accelerated through the conversion of experienced and suitably skilled COVID-19 Temporary Call Operators to Call Handlers enabling them via training investment to take calls on both pathways.

In addition, a pre-requisite for increasing call handler numbers is the requirement for clinical resource. As previously advised in readiness submissions and in dialogue with Scottish Government, the recruitment of Clinical Supervisors remains a significant challenge. As at 31/08/2021 we have 139 WTE Clinical Supervisors, an overall shortage of 56 WTE. NHS 24 are exploring options e.g. Nurse Bank and other recruitment initiatives and technology and systems to maximise this. However the nursing expertise required is in high demand with competition from across the whole system. Whilst we continue to recruit clinical resource, we will need to consider, in the meantime, how we best manage patient expectations.

A review is underway to explore the potential to establish a staff bank. In the first instance, the review will consider an internal staff bank. In addition, Nursing & Care and Workforce colleagues are working to explore the use of agency nurses. In addition, our Director of Workforce and Director of Nursing & Care are also reviewing the potential to leverage Annex 21 within Agenda for Change in our recruitment campaigns.

The table below provides a summary of the current WTE baseline for our 111 workforce, the WTE target and indicative forecast for the remainder of 2021/22.

Work is currently underway, led by our Director of Workforce, on a full review of our approach to Strategic Workforce Planning, which will include an updated establishment figure for each skillset, consider how we create more feeder routes into the organisation and how we improve retention to manage our attrition levels. This work will critically inform the development of our future Strategic Workforce Plan.

111 Workforce

Skill sets	Service	WTE Target	Current Staff at 31/08/2021	21/22 Q2 Forecast	21/22 Q3 Forecast	21/22 Q4 Forecast
Call Handlers	111	677	549.22	543.57	620.95	677.0
Nurse Practitioners / Clinical Supervisors	111	195	139.09	140.29	170.56	195.0

NB Forecasting takes into account only the ongoing recruitment campaigns, any approved requests, attrition and internal moves. We are currently working with Service Delivery to plan the future recruitment campaigns which will be needed from Jan to March 2022 and beyond.

SUMMARY OF ACTIONS BY MARCH 2022

- Recruit **resource** required to meet the continuing demand. Exploring the use of both internal and external Nursing Banks, outsourcing and other feeder programmes **[UPDATED]**.
- 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).
- 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.
- Development of a multi-professional plan for Advanced Clinical Support to meet organisational demand, optimising the use of technology, to improve outcomes for more complex clinical presentations **(AMENDED)**

3.4 Development of a Suite of Mental Health Services

There has been no considerable change or development since the commissioning of RMP3 and the subsequent quarterly review. All relevant updates and actions are captured in the delivery template. The table below provides a summary of the current WTE baseline for our Mental Health workforce, the WTE target and forecast.

Mental Health Workforce

Skill sets	Service	WTE Target	Current Staff as at 31/08/2021	21/22 Q2 Forecast	21/22 Q3 Forecast	21/22 Q4 Forecast
PWP	Mental Health	123	61.16	61.16	83.16	120.16
Mental Health Nurse Practitioners	Mental Health	30	19.96	19.96	28.96	30.96

NB Forecasting takes into account only the ongoing recruitment campaigns, any approved requests, attrition and internal moves. We are working with Service Delivery to plan the future recruitment campaigns which will be needed from Jan to March 2022 and beyond.

PWPs is a relatively new role and due to the increase in service demand the target WTE has increased significantly. In addition to continuing recruitment to our new regional centre in Dundee which opens in November 2021, early discussions are also taking place about introducing a lower Band trainee PWP role to open up the market, create a career pathway and grow our own PWPs for the future whilst supporting service demand at this time.

In relation to work underway with SAS and Police Scotland on the enhanced Mental Health pathway, this programme of work requires to be funded, if continued into 2022/23 and beyond.

SUMMARY OF ACTIONS BY MARCH 2022

- 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.
- Due to the increase in service demand the target PWP WTE has increased significantly. To support this, we are exploring introduction of a lower Band trainee PWP role to open up the market, create a career pathway and grow our own PWPs for the future whilst supporting service demand at this time **[NEW]**.
- 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.
- 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.

3.6 Expanding Digital Access to Care

There has been no considerable change or development since the commissioning of RMP3 and the subsequent quarterly review. All relevant updates and actions are captured in the delivery template. For noting, we have been engaging significantly with the Digital Health and Care Directorate on the design brief for the next iteration of NHS inform, including the development of a Digital Mental Health self-management platform. This will critically consider accessibility challenges in accessing digital services.

SUMMARY OF ACTIONS BY MARCH 2022

- Engage with Scottish Government on the role of NHS 24 in the refresh of Scotland's Digital Health & Care Strategy.
- 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.

3.7 Tackling Public Health Priorities and Health Inequalities

In RMP3, NHS 24 made considerable commitments to addressing inequalities faced by people in Scotland and how we can best focus our efforts to help tackle them, as part of a fairer society. NHS 24 remains focussed on the commitments made in our RMP3 but would like to outline more focussed work, as part of our RMP4. A detailed update on progress is included within the Delivery Plan template.

SUMMARY OF ACTIONS BY MARCH 2022

- 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.
- 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.

3.7 NEW COMMISSION

In addition to RMP3 commitments, SG have also commissioned NHS 24 to provide support to the **Rape & Sexual Assault Forensic Medical Exam Self-Referrals** service. The service is an output of the Chief Medical Officer chaired Taskforce that was setup in April 2017 to provide national leadership in the improvement of healthcare and Forensic Medical Services (FMS) for young people who have experienced rape, sexual assault or child sexual abuse. In tandem, with the commencement of the FMS act, NHS 24 have been commissioned to provide a national telephony based referral service (supported by digital resources), allowing victims of rape and sexual assault to access forensic medical services outside a police setting. The go-live date is April 2022. The key deliverables are:

- Standalone telephone number with dedicated support 24/7.
- Digital information and support via NHS inform
- Appointment referral process integrated with regional Sexual Assault referral Centres (SARCs)
- Trauma-informed service delivery

There will be a new national telephone number backed up with digital support. An estimated 1,100 calls are expected per year, with service users being directed online for support/triage before calling the new number. There is a risk that call demand might exceed initial forecasts and modelling will be updated in advance of go-live as part of established governance and review processes. Additionally, there are dependencies to be managed e.g. NHS 24's underpinning technical infrastructure programme to ensure timescales are met alongside other key deliverables.

SUMMARY OF ACTIONS BY MARCH 2022

- Develop and implement the Rape & Sexual Assault Self-Referral Helpline
[NEW]

3.8 Transforming our Ways of Working

NHS 24 Estates Strategy

NHS 24 developed a Strategic Estates Business Case, subsequently approved by Scottish Government, that aims to secure an estate that will support the; planned growth in services and subsequent increase in resource required; and geographical expansion to increase recruitment potential. The primary aim is to contribute to operational stability and resilience; however within this NHS 24 also looked for strategic opportunity to develop new ways of working through the expansion in Dundee.

The city centre location looks to attract a different workforce that broadens and augments our existing ways of working e.g. a skilled student population that in turn could enhance links to local academia. There is also potential to promote green and sustainable outcomes in relation to using public transport, walking or cycling. Overall, the ambition is to provide a space that delivers maximum productivity and wellbeing for the workforce NHS 24 wants to recruit and retain.

The timescales for delivery, recognising extant circumstance and the potential for disruption, are extremely ambitious and wherever possible engagement with suppliers, stakeholders and partners has been proactive to manage risk and dependencies. However, alongside the strategic benefits NHS 24 recognises how critical the location will be in operational forward planning and having adequate resource in place for winter/festive peak demand and that timescales are not by choice but by necessity.

Enabling our staff to work differently

Work will progress on our “Workplace of the Future” to continually improve and support a more agile way of working for our staff. We will consider the culture of the organisation as we move forward from the pre-COVID working practices to new ways of working. We recognise that work space is becoming an increasing challenge and that there is a need to develop modern working practices enabling employees to maximise their performance.

A short life working group has been established to develop and implement a policy, structures, processes and governance arrangements for NHS 24 to implement agile working until a national approach is finalised and rolled out. The group will consider the balance of needs of the individual and their role with organisational factors including patient or service user experience; staff experience; service delivery and service capacity. We will build on agile and remote models of working to be a career of choice for clinical and non-clinical roles.

A key dependency will be aligning this work with the refreshed NHS 24 strategy. As part of this, we will review and confirm our vision and ensure we have a shared understanding of our services and how they work together as a component part of health and care system in Scotland.

SUMMARY OF ACTIONS BY MARCH 2022

- Continue to progress and deliver Phases 1 and 2 of Connect Programme.
- Engage with other public service partners to identify opportunities for collaboration on digital and technology initiatives (i.e. NES, NSS and SAS).
- Continue to develop our NHS 24 services (including digital products) to enable the organisation to delivery key Ministerial priorities.
- Develop an NHS 24 Estates Strategy by the first quarter of 2021/22, aligning with future strategic priorities and operational and workforce requirements.
- Complete exit and relocation from Golden Jubilee.
- Fit out, recruit to and operationalise a new site in Dundee to contribute to strategic intentions and support operationalise resilience **[NEW]**.

3.9 Working Together to Develop our Organisation and Culture

All relevant updates and actions are captured in the delivery template and an updated review document. There has been no considerable change or development since the commissioning of RMP3 and the subsequent quarterly review.

SUMMARY OF ACTIONS BY MARCH 2022

- 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. This will include:
 - Develop and deliver a First Line Management Essentials programme.
 - Develop an NHS 24 Leadership Development Framework.
 - Conduct an OD, Leadership & Learning National Benchmarking Exercise.
 - Develop and publish Organisational Development Learning and Leadership Strategy for NHS 24, including Learning Philosophy.
 - Develop an approach to Training and CPD delivery, encompassing calendar of events and prospectus.
 - Develop Quality Assurance Framework for Learning, to underpin design and delivery of all organisational resources.
 - Launch Professional Development Award in Telecare.
 - Develop a Coaching & Mentoring Framework.

4 Risks

Throughout this plan and accompanying Delivery Plan template, NHS 24 has identified a number of risks to achieving RMP priorities and risks related to winter pressures. When combined with other winter and external factors there is the potential for aggregation / concurrency of risk in what has been described as the 'perfect storm' scenario; where these might prove difficult to effectively manage, stretching beyond conventional business continuity and normative planning and mitigation processes. NHS 24 has considered a range of factors as part of the winter planning process and how they might impact operational delivery and performance of services; and organisational milestones, deliverables and strategic intentions (where these could further impact operational performance).

An overview of the potential risks, impacts and outcomes are summarised below. These are based on a set of informed assumptions drawn from experience, learning, internal expertise and other national data and intelligence. Although we are seeking to mitigate these as much as possible, we have also considered the potential for concurrency of these risks, with further amplification of COVID-19 prevalence, associated level of increased resource loss and rapid on-the-day fluctuation of demand. As a result, NHS 24 expects to remain at **severe** on our Corporate Escalation Framework and potentially experience periods of critical pressure across winter.

It should be noted that although we have set out a number of actions to address the service pressures, it is unlikely that our key performance measures will improve materially over the winter period. We are currently undertaking demand modelling, reflecting whole system modelling, to establish indicative winter performance measures.

Overview of Winter / Aggregated Risks

Risk	Potential Impacts	Potential Outcomes
Workforce	<ul style="list-style-type: none"> Diminished resilience from protracted response and meeting pace and scale of change Poor frontline experience from meeting constant and sustained high levels of demand and increasing patient frustration (wait times / unmet need) 	<ul style="list-style-type: none"> Poor morale Increased rates of sickness absence rates
Increased prevalence of COVID-19	<ul style="list-style-type: none"> Sustained increase and / or spikes in demand Disruption to frontline resourcing due to isolation (self and household) Extended loss of expertise with infection and potential for Long COVID 	<ul style="list-style-type: none"> Periods of poor operational performance Delays to projects and key deliverables Financial pressure on recurring funding.

	<ul style="list-style-type: none"> • Loss of infrastructure due to IPC if site outbreak • Supply chain disruption and contractor delays • Financial risks of COVID related response becoming recurring, i.e. dentists £0.5m 	
Increased prevalence of other seasonal illness and outbreaks	<ul style="list-style-type: none"> • Increased demand and in particular if respiratory and meet extant case definition • Disruption to frontline resource if meet case definition and triggers isolation guidance • Loss of infrastructure due to IPC e.g. Norovirus outbreak • Loss of expertise if increased/extended • Supply chain disruption and contractor delays 	<ul style="list-style-type: none"> • Periods of poor operational performance • Delays to projects and key deliverables
Urgent Care (& 111) & Wider System Demand & Unmet Need	<ul style="list-style-type: none"> • Pre-pandemic baselines impacted by changes to health seeking behaviours and wider unmet need that are challenging to forecast/resource • Demand outpaces planned capacity and growth to meet agreed levels • Misinterpretation and misuse of the pathway (backlog of care and unmet need) with poor patient experience 	<ul style="list-style-type: none"> • Periods of poor operational performance • Aims and benefits of the pathway are restricted • Damage to reputation from poor patient experience • Poor staff experience
External & Environmental Factors	<ul style="list-style-type: none"> • Weather related travel disruption and resource loss • Reduced partner capacity and availability if affected by any of the risk factors • COP26 increasing general demand and driving increased prevalence or outbreaks of illness 	<ul style="list-style-type: none"> • Periods of poor operational performance • Delays to projects and key deliverables (weather and supply disruption)
Concurrent & Sequential Risk	<ul style="list-style-type: none"> • Significant risks occurring simultaneously and overwhelming ability to respond • Aggregated range factors occurring consistently over protracted period • Sequential 'waves' of incidents 	<ul style="list-style-type: none"> • Periods of poor operational performances • Diminished resilience, capability and capacity • Attrition of resilience












ANNEX 1 SUMMARY REVIEW OF PROGRESS AGAINST RMP3
AT 7/9/2021

 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.	●



The care behind your care