NHS 24 **BOARD MEETING**	**8 OCTOBER 2020** **ITEM NO 9.1** **FOR ASSURANCE**

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CHANGE PORTFOLIO UPDATE

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Executive Sponsor:	Director of Service Development
Lead Officer/Author:	Associate Director of Planning and Performance / Programme Manager
Action Required	This paper is for assurance
Key Points to consider	The paper provides a progress summary of the key programmes within the Change Portfolio. The COVID-19 pandemic response is continuing to impact significantly on the Change Portfolio Programme. As previously reported to the Board, a number of projects within the portfolio were paused, however, a number of programmes had their scope widened and delivery fast-tracked. Following discussions with Scottish Government a new national model of unscheduled care is being developed. Getting the Redesigning Urgent Care programme mobilised and the first phase implemented is the key priority over the next few months. This has required us to further review priorities to ensure our resource is aligned appropriately. Supporting the Urgent Care work are a number of enabling programmes with clear dependencies for the Redesigning Urgent Care programme, namely: **Estates Programme** **Mental Health Programme** **Connect – Technology and Digital Programme** In addition, a new programme, **Attendance Management** which is aimed at improving the level of attendance across NHS 24, has also commenced. The Change Portfolio governance structure has been reviewed to ensure they are appropriate and provide robust checks and challenge.
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 are stretched as they continue to deal with the COVID-19 response, close down completed projects, maintain the existing portfolio of work and support the development of new initiatives.

	Therefore we continue to keep under review the allocation of resources in line with NHS 24 priorities. • A further extension of the Incident Management Response could interfere with planned timescales and resource deployment. Parallel pressures to respond to COVID-19 and with a significant volume of change activity could put the Change Portfolio at risk.
Financial Implications	Formal confirmation of funding for the new urgent care pathway is still awaited from SG.
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 – September 2020

Introduction

The Change Portfolio continues to be impacted significantly by the COVID-19 pandemic response, the flu vaccination roll out and the normal winter response.
As previously reported to the Board, the Change Portfolio Board recently undertook a prioritisation exercise to ensure key priorities will be delivered against and that resources are allocated appropriately. The diagram below provides a summary of the current Change Portfolio priorities. For the next few months, Redesigning Urgent Care is the absolute key Change Portfolio priority, in addition to the organisational priority to continue our response to COVID-19. The enabling programmes with key interdependencies to support those projects above the dotted line are shown to provide a complete picture of the Change Portfolio.

Change Portfolio Governance and Priorities
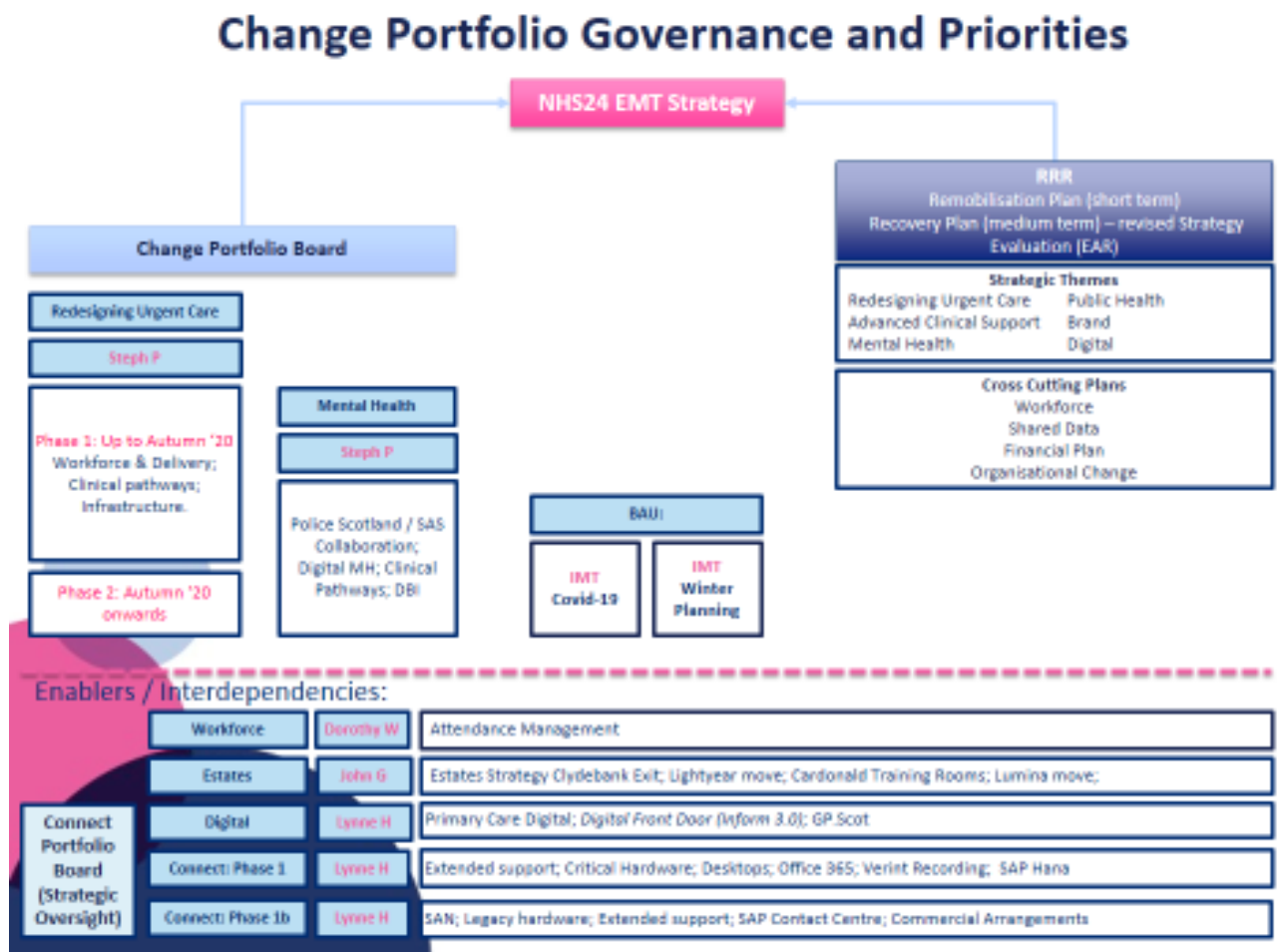
The rest of this report provides an update on progress with key programmes, within the Change Portfolio.

SUMMARY OF KEY PROGRESS

Redesigning Urgent Care

The national Strategic Advisory Group for Scheduling Urgent Care continues to drive the programme forward, at a national level. The Redesigning Urgent Care Programme Board has been established within NHS 24 and appropriate governance set up. Progress has been achieved in a number of areas, including:

- NHS 24 has now developed high level service outcomes during the in-hours and out of hours periods for consultation with the national workstreams and clinical leaders. Following this, we will undertake the technical developments required for our call handers to stream calls appropriately. In addition, NHS inform will require further development to support the requirements of a digital national urgent care pathway.

- A comprehensive communications and marketing plan has been developed

- Recruitment for both call operators and nurse practitioners is underway, although it is anticipated that additional clinical supervision will need to be requested from the territorial boards. This is one of the key go live readiness criteria for NHS 24 and is being escalated to the Strategic Advisory Group.

- Recruitment for the additional call operators and clinical supervisors is underway. An advert for temporary call operators attracted over 2000 applications with 53 candidates awaiting interview and 229 at various offer stages. Traditionally, NHS 24 have found it more difficult to recruit clinical call supervisors although we currently have 23 band 6 clinical supervisors being recruited. There is a limit to the number of nurses available through our traditional networks. We are, of course, maximising all possible recruitment routes, however, we have been clear from the early stages of this work that we will be unable to meet our clinical requirements without seconded resource from Health Board partners.

- Scottish Government have signalled that they will provide us with letter of comfort to cover the additional costs, relating to redesign of urgent care. We have, in addition, been asked not to commit to recurring costs until a national evaluation of the new pathway has taken place.

Mental Health

- As part of the COVID-19 response the mental health hub was upscaled from an evenings only to a 24/7 service. This went live in August.

- The collaboration with Police Scotland to hand over calls to NHS 24 has been completed and is proving successful.

- Work is on-going with Scottish Ambulance Service to look at ways that calls can be moved between the services.

Estates

The expansion of the estate is proving to be a critical requirement to provide additional capacity for front line services, particularly Redesigning Urgent Care, and to provide additional resilience, if there should there be an outbreak of COIVID-19 in the West centres.

- The fit out of the short term office space at Lightyear is nearing completion. It is anticipated that it will be available for front line or HQ staff from early October.

- The lease for the long term office space at Lumina has been signed and planning is underway for the alterations required.

- Work to re-configure office space in Cardonald to replace the training facilities lost from the GJNH is underway. This training capacity is a key dependency for Redesigning Urgent Care to allow additional staff to be brought in to support the additional calls.

- Preparation is underway for the November Programme Board to be a strategy workshop to help in the development of the longer term Estates Strategy.

Attendance Management

This programme is seen as critical in helping address the capacity issues and the mismatch in supply and demand. To that end three key workstreams have been identified:

- work is taking place in the discovery phase
- Once for Scotland Absence Management training has been rolled out
- Reporting on the training's impact and effectiveness is being monitored

Connect

The programme governance has now been refined in line with the Reframe of the Connect Programme. The Strategic Oversight Group oversees the Connect Delivery Board. A representative from Scottish Government also now sits on the Strategic Oversight Group to provide assurance. The Connect Programme is split into 3 phases:

- Phase 1a is now in delivery and is expected to complete by end of March 2021. This phase is mainly about ensuring core infrastructure is updated along with the roll out of Office 365 and Windows 10 build.

- Phase 1b was approved by the NHS 24 Board in August to look at replacing desktops and laptops across the estate. It is planned to merge Phase 1a and 1b early in 2021.

- Phase 1c was proposed as part of the programme re-framing approved at the August 2020 NHS 24 Board. A business case will be presented to the December 2020 Board setting out the plans and costs for the delivery of this phase.

- Phase 2 Full Business Case remains on pause as a result of other organisational pressures and priorities but is intended that at the December Board an indication of possible dates for commencement can be agreed.

The Connect programme also includes a Digital Project Board to support the cross-cutting digital initiatives.