2024/25 Delivery Plan: Mid-Year Update

The 2024/25 delivery plan below, details the activity and actions that NHS 24 will undertake for the remainder of the year to meet corporate deliverables. This includes the expected outcomes that the organisation wants to achieve and how success will be measured.

Item	NHS 24 Corporate Delivery Plan 2024/25			Proposed Mid-Year Adjustment
1	**Corporate Deliverable:**	**Replacement of NHS 24's core service technology and providing an infrastructure to deliver agile, connected, accessible and collaborative omni-channel environment.**		
1.1	**Activity:**	**Procure and implement next generation technology to deliver agile, connected, accessible and collaborative omni-channel environment**		
	Actions	**Expected Outcomes**	**Measuring Success – Year 1**	

1.1a	• Procurement of a new integrated Contact Centre / Customer Relationship Management software solution:
	  ○ Full tender document to be developed and issued to invited candidates.
	  ○ Competitive dialogue with suppliers to ensure requirements are met.
	  ○ Final tender document is issued.
	  ○ Preferred supplier is identified, and contract awarded.
		• NHS 24 will secure an integrated Contact Centre / Customer Relationship Management solution that is fit for purpose by:
		  ○ Meeting operational business requirements for safe and effective delivery of services.
		  ○ Improves choice, access and ease of use for people using NHS 24 services.
		  ○ Improves workflow and makes better use of resource and expertise.
			• A new supplier will be identified, and a contract awarded to secure a new integrated Contact Centre / Customer Relationship Management software solution.	Actions Completed

1.1b	• Implementation of a new integrated Contact Centre / Customer Relationship Management software solution:
	  ○ Intensive, detailed design and build phase working with suppliers on the new solution.
	  ○ Finalisation of business processes, delivery of training for all skillsets, managed
		• NHS 24 progressing with an identified supplier on the design and build of a new integrated Contact Centre / Customer Relationship Management solution.
		• NHS 24 organisational readiness activities mapped and commenced:
			• Supplier meets milestone targets for implementation.
			• Lowered total cost of ownership than current system defined through contractual terms.
			• Organisational readiness activities fully defined and developed.
				No Change

	Actions	Expected Outcomes	Measuring Success – Year 1	Proposed Mid-Year Adjustment
	implementation of new technology solution.	o NHS 24 business processes aligned to the new solution finalised. o An organisational training approach planned with appropriate planning and delivery resources allocated. o NHS 24 is progressing with an organisational plan for implementation in Q2 25/26. o Reduced cost for technology changes. o Increased speed of technology changes. o Simplification of technology based activities allowing a shift into operational control.	• Identification of simplified technology-based activities to move into operational control.	
1.2	**Activity:** **Provide a fully supportable ICT infrastructure.**			**Proposed Mid-Year Adjustment**
	Actions	**Expected Outcomes**	**Measuring Success – Year 1**	
1.2a	• Replacement of the ICT managed services contract to improve quality, value, and sustainability.	• NHS 24 business requirements for ICT service management identified. • Outline business case developed complete with options appraisal.	• ICT service management requirements finalised. • Outline business case completed. • Preferred option selected and progressed. • Lowered total cost of provision than existing contract agreed for further financial years.	No Change
1.2b	• Procure and implement a new Data Warehousing solution to improve quality, value and sustainability.	• NHS 24 business requirements for data warehousing identified. • Outline business case developed complete with options appraisal.	• NHS 24 data warehousing requirements finalised through internal engagement. • Outline business case with options appraisal completed.	No Change

					Procurement and tender documentation developed and published.	Procurement and tender process progressed. • New supplier identified and contract awarded.	

2	**Corporate Deliverable:**	**Continuous improvement of core service performance in line with NHS 24's Key Performance Framework, and delivery of programmes to support the wider health and care system and delivery of Right Care, Right Place.**	**Proposed Mid-Year Adjustment**
2.1	**Activity:**	**Undertake a review of the 111 clinical delivery model to optimise processes, systems and tools to make best use of available expertise to meet patient/user need.**	

	Actions	**Expected Outcomes**	**Measuring Success – Year 1**	
2.1a	• Continuous improvement of current operational delivery model to make best use of available technology, resource and expertise to optimise pathways, current resource and outcomes whilst creating the conditions for service transformation: o Continue expanding call types and protocols that enable Call Handlers to manage the patient journey safely and effectively to endpoint outcome. o Coaching and peer mentoring to develop and support best practice, reduce uncertainty and enhance decision making to improve clinical talk time.	• Improved patient access and overall journey time. • Improved use of resource and expertise. • Improvement in patient experience through reduced effort and repetition. • Optimised use of FNC outcome as part of redesign of urgent care • Contribution to whole system flow and demand. • Improved use of resource and expertise. • Potential to recruit different clinical skillsets	• Increased number of keyword outcomes with endpoints that can be safely and effectively reached by Call Handler skillset. • Increased and consistent use of above endpoints by all Call Handlers. • Increased utilisation of Call Handler skillset and availability of Clinical Supervisors. • Evaluation and tracking of changes for improvements to KPI measures.	New and combined the previous 2.1a/b/c
2.1a	• Scope and review the 111 operational delivery model and identify current opportunities for improvement: o Aligned to outputs from wider service transformation and development of future models of delivery.	• Improved patient access and reduce overall journey time. • Improved use of resource and expertise. • Potential to recruit different clinical skillsets.	• Reviewed the current operational model and develop a plan for service improvement. • Opportunities for change identified, benchmarked, and deployed to deliver efficiencies and improved interaction.	Completed, and combined with other activity into new 2.1a

			• Evaluation and tracking of changes for improvements to KPI measures.	
2.1b	• Review of the processes, systems and tools to improve Clinical Talk Time. • Review the inbound decision support system Arezzo.	• Improved patient access and overall journey time. • Improved use of resource and expertise. • Improvement in patient experience through reduced effort and repetition. • Potential to recruit different clinical skillsets	• Opportunities for improvement identified and existing state baselined. • Identified improvements tested and deployed. • Increased availability of Clinical staff. • Evaluation and tracking of changes for improvements to KPI measures.	Completed, and combined with other activity into new 2.1a

2.1c	• Increase the potential of and optimise inbound decision support led pathways that Call Handler can safely and effectively endpoint to improve capacity and outcomes e.g. Advise and Refer protocols.	• Improved patient access and journey time.
		• Appropriate keywords identified and benchmarked.
		    o Optimised use of FNC outcome as part of redesign of urgent care
		    o Contribution to whole system flow and demand
		• Improved use of resource and expertise.
			• Increased number of keyword outcomes with endpoints that can be safely and effectively reached by Call Handler skillset.
			• Increased and consistent use of above endpoints by all Call Handlers.
			• Increased utilisation of Call Handler skillset and availability of Clinical Supervisors.
				Completed, and combined with other activity into new 2.1a

2.1d	• Develop appropriate roles/skillsets to meet the requirements of future clinical/service models.	• Ability to recruit, train and retain required skillsets, including HCSW and Band 5 Nurses, optimising safety, efficiency, and person centredness.	• Clearly defined future workforce requirements. • Defined the workforce requirements and a plan for the development of required skillset(s) including training requirements. • Recruitment opportunities identified. • Plan for Implementation and evaluation of any new roles e.g., Band 5 Nurses.	No Change

2.2	Activity:	Continued development and improvement of mental health services and associated pathways in collaboration with strategic partners		Proposed Mid-Year Adjustment
	Actions	**Expected Outcomes**	**Measuring Success – Year 1**	
2.2a	• Continued collaboration with Scottish Ambulance Service and Police Scotland to deliver improved pathway and experience for patients and staff.	• Better user experience and outcomes. • Better experience for staff. • Improved data-driven decision-making. • Enhanced operational efficiency and effectiveness.	• Improved patient satisfaction and outcomes. • Reduced deployment of SAS and Police Scotland resource where an emergency response is not required. • Reduced demand placed on locality-based Emergency services to manage individuals in mental health crisis / mental distress, including reduction in attendances at accident and emergency departments. • Cost reduction.	New to combine 2.2a and 2.2b
2.2a	• Continued collaboration with SAS to deliver improved pathway and experience for patients and staff.		• Patient satisfaction and outcomes. • Reduce deployment of SAS resource where an emergency response is not required. • Reduce demand placed on locality based Emergency services to manage individuals in mental health crisis / mental distress, including reduction in attendances at accident and emergency departments. • Cost reduction.	No Change
2.2b	• Continued collaboration with Police Scotland to deliver improved pathway and experience for patients and staff.	• Better experience and outcomes for individuals. • Improved data-driven decision-making. • Enhanced protection of sensitive information.	• Increase in patient satisfaction via survey. • Reduce deployment of PS resource where an emergency response is not required.	No Change

		• Enhanced operational efficiency and effectiveness.	• Reduce demand placed on locality-based Emergency services to manage individuals in mental health crisis / mental distress, including reduction in attendances at accident and emergency departments. • Cost reduction.	

2.2b	• Collaborate with Scottish Government on development of digital mental health products that are aligned with wider digital health and care aims.	• Development of content and products that meet assessed user needs to:
		    ○ Impact on people's lives (improved health outcomes).
		    ○ Change in practice and behaviour (people take action to improve their mental wellbeing).
		    ○ Change in knowledge or understanding (people better understand how to manage their health and wellbeing).
			• Tailored content for those most affected by health inequalities.
			• Regular user feedback through digital survey to determine quality, impact and value.
			• Increase in organic traffic to Mind to Mind.
			• Engagement/click through to signposted external services.
			• Increase in self-referral to digital therapies (e.g. Silvercloud, Sleeplio, Daylight).
				New to combine previous 2.2c and 2.2d

2.2c	• Continue to develop and promote the Surviving Suicidal Thoughts site.	• Development of engaging, chapter-structured video content featuring personal stories, catering to diverse user needs. • Adaptive marketing strategies, enhancing the website's reach and effectiveness. • Contribute to the reduction of suicidal ideation.	• Expansion of lived experience content. • Promotion and signposting of SST. • Evaluation to determine impact and value of SST.	Combined with other activity into new 2.1c
2.2d	• Work with Scottish Government on the continued development of Mind to Mind.	Outcomes relate to three key headings: 1. Impact on people's lives (improved health outcomes).	• Tailored content for those most affected by health inequalities. • Regular user feedback through digital survey.	Combined with other activity into new 2.1c

					Proposed Mid-Year Adjustment
			2. Change in practice and behaviour (people take action to improve their mental wellbeing). 3. Change in knowledge or understanding (people better understand how to manage their health and wellbeing).	• Increase in organic traffic to Mind to Mind. • Engagement/click through to signposted external services. • Increase in self-referral to digital therapies (e.g. Silvercloud, Sleeplio, Daylight).	
2.3	Activity:	Deliver comprehensive external multi-channel/media communications that support the delivery of Right Care, Right place.			Proposed Mid-Year Adjustment
	Actions		Expected Outcomes	Measuring Success – Year 1	
2.3a	• Deliver a targeted public communication plan across all available platforms, reaching audiences across Scotland.		• Increases awareness and appropriate use of NHS 24 and its services. • NHS 24's reputation is enhanced and secured.	• Increased use of NHS 24's digital services. • Increased availability of audio-visual content to enhance user experience of NHS inform.	No Change
2.3b	• Develop and deliver the national seasonal health marketing campaigns.		• Increased understanding and awareness of self-care and health preparedness. • Ongoing contribution to preventative health care and self-management to improve population health and wellbeing.	• Media metrics to increase year on year. • Effectiveness evaluation to demonstrate efficacy of messaging in driving behaviour change.	No Change
2.3c	• Deliver a programme of targeted communications and engagement activity with key partners, and with third & independent organisations to support communities at risk of health inequalities.		• Improved partner relationships by providing them with a sound understanding of the full range of services we deliver, and how. • Better patient pathways. • Community capacity building by educating key organisations on the services we provide, and how and when to utilise them.	For our Partners: • Increased awareness and understanding of the delivery of the full 111 service including its endpoints, as well as the wider range of all NHS 24 services and how they are delivered. For our communities: • Increased awareness and understanding of how and when to access NHS 24s range of services, and what	No Change

				assistance services we provide to ensure equity of access.	
3	**Corporate Deliverable:**		**Deliver a sustainable workforce and a supportive workplace that ensures we have the right people with the right skills.**		**Proposed Mid-Year Adjustment**
3.1	**Activity:**		**Deliver sustainable workforce and plan our workforce to meet service requirements through attracting and retaining people**		
	Actions		**Expected Outcomes**	**Measuring Success – Year 1**	
3.1a	• Implement recommendations from strategic review of recruitment to hire right first time and curb attrition.		• Reduce hiring manager time. • Improve core training pass rates. • Reduce cost of attrition. • Improve attrition.	• Improved stability index. • Increase in induction completion. • Increase in iMatter response rate and EEI. • Increased headcount for frontline.	No Change
3.1b	• Promote a digital culture where the Workforce directorate, all employees and managers embrace new technology through workforce digital solutions and a digital-first mindset.		• Reduce time spent on administrative tasks. • Capacity diverted to value added tasks. • Increase digital literacy within the workforce.	• Increase in Digital Workplan completion level. • Increase in adoption of digital solutions.	No Change
3.2	**Activity:**		**Ensure the organisation has effective leaders and mangers that role model values and behaviours which enable an inclusive and supportive environment and strengthens their capacity and confidence to engage, develop and challenge staff to deliver excellence**		**Proposed Mid-Year Adjustment**
	Actions		**Expected Outcomes**	**Measuring Success – Year 1**	
3.2a	• Deliver our 'Management Essentials Programme' to frontline leaders, 'Leading with Courage' to middle leaders and 'Leading for Impact' to senior leaders.		• Staff turnover decreases. • Improved stability index. • Increase in attendance at work. • Increases in iMatter response rate and engagement score.	• 90% of all eligible managers and leaders attend their respective programme. • >85% effectiveness rating for Level 1 evaluation. • Increase in scores of pre and post competency assessment.	No Change
3.3	**Activity:**		**Deliver an inclusive culture that supports our people's health and wellbeing**		**Proposed Mid-Year Adjustment**
	Actions		**Expected Outcomes**	**Measuring Success – Year 1**	

3.3a	• We will implement the strategic actions outlined in 'Our Wellbeing Matters' Strategy and Action Plan.	• The Thrive App Continuation has been evaluated to have a direct effect on attendance, attrition and engagement. • Mental health training will mean leaders and managers are more aware of own and others mental health resilience and challenges and able to provide early intervention to support return to work.	• Attendance Rates increase. • Attrition reduces. • Engagement Score increases.	No Change
3.3b	• We will enable a values led culture by developing and implementing directorate level Culture and Wellbeing Action Plans and delivering values and behaviours workshops for all NHS 24 staff.	Staff will be able to: • Describe the organisational values. • Identify the desired workplace behaviours for NHS 24. • Demonstrate methods of addressing negative workplace behaviours. • Appraise personal behaviours against the NHS 24 Values and Behaviours Framework.	• All staff have attended workshop. • Attrition reduces. • Improved stability index score. • Attendance rates increase. • Increases in iMatter response rate and engagement score.	No Change
3.3c	• We will ensure attendance management and case management support is available for all leaders and managers.	• Leaders and managers are supported, and their people management capabilities extended.	• Attrition reduces. • Attendance rates increase. • Improved application of Once for Scotland policies linked to case management.	No Change
3.3d	• We will develop a multi-channel Workforce internal engagement plan in partnership with our Internal Communications Team, to inform and engage our people.	• Our staff have access to multi-channel communication options in which to provide and receive feedback. • Staff Experience Groups continue to be developed as a key communications forum providing highly valued face-to-face	• Developed Team Talk readership further (currently 1200/1500 per edition). • Introduced analytics/evaluation tool on new staff intranet - ensuring ongoing effectiveness of content.	No Change

			Expected Outcomes	Measuring Success – Year 1	
		opportunities with senior managers. • As a result of the above: o Our staff feel involved in decisions which relate to them and the organisation. o Our staff feel that we care about their health and wellbeing.		• Through staff surveys, the value and effectiveness of staff experience groups is understood. • As a result of the above: o Reduced Attrition. o Improved stability index score. o Increased Attendance rates. o Increased in iMatter response rate and engagement score.	
4	**Corporate Deliverable:**	**Enhance online presence and improve support through strategic development and improvement of digital products and services.**			**Proposed Mid-Year Adjustment**
4.1	**Activity:**	**Strategic review and recommission of NHS inform to develop a national asset for NHSScotland with improved functionality and content for health information, advice and support.**			
	Actions		**Expected Outcomes**	**Measuring Success – Year 1**	
4.1a	• Work with Scottish Government to develop strategic vision for NHS inform to support formal recommission through user research, stakeholder engagement and evaluation.		• Evaluation of NHS inform in its current form to understand strength, weakness, threats and opportunity. • Greater understanding of user needs for health information, advice and support. • Mapping of wider digital landscape. • A clear and updated mission and vision. • Review of resource requirements to deliver a refreshed model.	• Deliver revised mission and vision for NHS inform. • Evidence of stakeholder engagement and input. • Allocation of budget and resource in line with strategic needs. • Development of governance model and medium/long term roadmap.	Phase 1 Complete
4.1b	• Work with Scottish Government to take forward recommendations from phase 1 of NHS inform review.		• Roadmap for improvement to deliver content that best meets user needs and fit with wider digital landscape.	• Established NHS inform improvement and redesign workstreams. • Developed of outline business case.	Continued activity to take forward recommendations and actions from 4.1a

		• Business case that identifies the potential and value add of NHS inform as part of National health and care digital services and the resource requirement to deliver revised service model and redesign.			
4.2	**Activity:**	**Continuous improvement and development of NHS 24 Online and the products to deliver this.**			**Proposed Mid-Year Adjustment**
	Actions		**Expected Outcomes**	**Measuring Success – Year 1**	

4.2a	• Undertake scoping, review and research to determine the future needs and requirements for development.
	    o Aligned to outputs from wider service transformation and development of future models of omnichannel delivery.
			• Greater understanding of user needs and role of NHS 24 online as part of an omnichannel delivery model.
			• Improvement in user experience and with a more seamless connected service.
			• Improved data capture to deliver a personalised experience and interventions to promote self-management and proactive and preventative care.
				• Completed internal scoping and user research to develop NHS 24 Online roadmap for feature enhancement.
				• In year one this is creating the foundations of what we want to achieve and ensure these are well laid down to build on in coming years including:
				    o Enhanced choice and continuity between digital and non-digital channels based on user/patient need.
				    o Improved and consolidated user experience between digital channels (NHS 24 Online App and website).
				    o Improvement in reporting to provide understanding of user behaviour and interactions.
					No Change

5	**Corporate Deliverable:**	**Ongoing collaboration with Health Board partners and Scottish Government to deliver a more preventative, and integrated approach to delivering sustainable services.**			**Proposed Mid-Year Adjustment**

5.1	Activity:	Deliver a programme of activity and scope further development opportunities across agreed strategic themes through the Scottish Ambulance Service/NHS 24 Collaboration Board		
	Actions	**Expected Outcomes**	**Measuring Success – Year 1**	
5.1a	• Joint working to take forward a range of activity and improvements that will make best use of resource, expertise, and technology to deliver better outcomes and value for stakeholders and patients.	• Greater understanding of the opportunities for sharing of resources and expertise. • Greater understanding of the opportunities to share infrastructure and technology. • Greater understanding of the opportunities for joint working and development of roles, and training and development opportunities. • Greater understanding of potential to improve sustainability with respect to costs, efficiency, and energy savings.	• Mapping of all opportunities and scoped feasibility to exploit collaborative initiatives and ways of working to make best use of resource, expertise, and technology to deliver better outcomes and value for stakeholders and patients.	New activity to combine and take forward actions from previous 5.1a and 5.1c

5.1a	• Joint working to deliver digital improvements that improve safety, effectiveness, efficiency and savings.	• Greater understanding of shared requirement and opportunities for shared:
		   o Customer (services that are provided to Boards)
		   o Corporate (services that are internally delivered)
		• Increased sustainability with respect to costs, efficiency and energy savings.
		• Increased resilience.
			• Scoped potential to exploit opportunities for shared approaches to infrastructure and capacity building, specifically:
			   o Shared Service - ICT First Line Support
			   o Shared Data Centres
			   o Voice Analytics
			• Outline business case developed for how services could be shared and managed jointly.
				Combined with other activity into new 5.1a

5.1b	• Joint working with SAS and NHS Lanarkshire to develop more effective ways of working to optimise right care,	• Increased use of Flow Navigation Centre endpoint outcomes to NHSL.	• Test of change work completed and optimised model developed to make best use of Flow Navigation Centre and	New activity to capture progress and in-year

	right place outcomes and help with local flow and demand for urgent care.	• Reduction in NHSL Emergency Department endpoint outcomes. • Whole system learning for development of FNC+ model.	better manage emergency department attendance in North Lanarkshire .	development of previous 5.1b
5.1b	• Joint working to deliver effective patient flow triage and assessment	• Improvement in patient experience and clinical outcomes. • Reduction in avoidable ED attendance and admissions. • Improvement in staff experience.	• Implementation of a joint enhanced assessment process to allow streamlined referral from SAS to GP OOH and other partners. • Captured the baseline and demonstrate measurement of improved patient and staff experience through feedback. • Have a greater understanding of high-intensity users and to reduce the number of Mental Health welfare public protection referrals.	New 5.1a reflective of progress and in-year development

5.1c	• Joint working to develop shared approach with SAS and NES to training and development in respect of common roles, digital maturity and leadership development	• Increased skills/resilience/flexibility in our workforce
		• Greater understanding of the opportunities for joint working and development of roles, and training and development opportunities.
		• Greater understanding of the opportunities for sharing of resources and expertise.
			• Delivered opportunities for shadowing of front-line roles to improve cross-organisational working.
			• Successfully mapped opportunities for joint professional development and developed a plan to deliver this.
			    o Opened QI Fundamentals to a cohort of SAS staff.
			• Successfully mapped and demonstrated where resource and expertise can be shared.
			    o Explored opportunities for public protection support.
				Combined with other activity into new 5.1a

5.2	Activity:	Scope and develop opportunities with Public Health Scotland to develop data and intelligence that proactively evidences service development opportunities and interventions that could support self-managed and preventative and proactive care.		Proposed Mid-Year Adjustment
	Actions	**Expected Outcomes**	**Measuring Success – Year 1**	

5.2a	• Joint working to develop comprehensive shared data sets about the end-to-end patient journey and service use to develop a pipeline of activity that seeks to optimise Right Care, Right Place outcomes and provide opportunities to improve population health e.g. undertake discovery to help us understand what meaningful data is available and what we can/cannot do.	• Understand what happens to patients once an end point is reached, and what the clinical outcomes are.
		• Understand and articulate data gaps which may be hidden and how it impacts on data interpretation.
		• Improvement in patient/user experience and utilise data to make informed decisions in service delivery, call hander and clinical management.
		• Understand the degree of confidence around what a 'data driven' decision is and how to utilise data insights in our work safely.
		• Identifying ways of linking up all data available from patient touch points from IVR steering onwards to create learning loops.
		• Greater understanding of population health and gaps in provision to support and inform reform and development of services that meet population need.
		• Better understanding of where and how initiatives for proactive and preventative care could be specifically deployed.
			• Mapped end-to-end patient/user journey across agreed demographics and outcomes.
			• Developed clinically meaningful dashboards which will describe the patient/user journeys, and what happened to them to identify gap analysis of data sets, user and patient behaviours and unmet system needs.
			• Created the foundations of what we want to achieve and ensure these are well laid down to build on in coming years including:
			   ○ Develop personas/baseline measures to benchmark potential interventions.
			   ○ Increase data interpretation for various skill sets in the organisation and utilisation of the dashboards wherever there is a touch point.
			   ○ Generate interest and ideas from all members
				No Change

			of the NHS24 team into further enhancements.	
5.3	**Activity:**	**Collaboration across national digital platforms and solutions**		**Proposed Mid-Year Adjustment**
	Actions	**Expected Outcomes**	**Measuring Success – Year 1**	
5.3a	• Joint working to design and develop solutions that can utilise national digital platforms.	• Full engagement and inclusion with the patient data platform activity being led by NES under the Digital Front Door programme. • Full engagement and inclusion with the national identity solution activity being lead by SG under the Digital Front Door programme. • Engagement with SG Chief Data Officer to agree opportunities for utilisation of NHS 24 data.	• Access to the central platform and identification of potential uses for NHS 24 digital products and services. • NHS 24 digital products designed and built with the ability to utilise a new national identity solution along with current options. • Identification of potential AI opportunities using NHS 24 data. • Clarity on alignment potential with national business systems programme inclusive of e-rostering, working collaboratively with SAS.	No Change
6	**Corporate Deliverable:**	**Creating the conditions for transformation by developing future models and ways of working to meet stakeholder needs with services that are easy to access, seamless and connected.**		**Proposed Mid-Year Adjustment**
6.1	**Activity:**	**Develop service blueprints and safe, effective, sustainable care, information and advice pathways for future service models to make best use of limited resources and expertise to meet assessed need.**		
	Actions	**Expected Outcomes**	**Measuring Success – Year 1**	

6.1a	• Engage with stakeholders through user research and apply good service design principles to explore potential future delivery models for care, information, and advice across the four high-level pathways:
	  o Human only interaction (telephony/voice model).
	  o Human to digital interaction.
	  o Digital to human interaction.
		• A greater understanding of user needs across the four high-level pathways with insight an intelligence to inform the development of future care pathways.
		• A greater understanding of how digital tools could be utilised to deliver a seamless omnichannel
			• Successful mapping of the four high-level patient/user journeys to identify the:
			  o Behaviours, needs and expectations of people who use services.
			  o The experience, learning and insight from those who deliver services to generate
				No Change

○ Digital only interaction. - Scope where digital tools could have the most impact across the four high-level pathways and explore their potential to: ○ Help safely and effectively improve access and manage demand. ○ Meet needs, reduce effort and make best use of limited resource/expertise to deliver an optimised experience and outcomes. - Co-develop service blueprints that seek to make best use of expertise, safely and effectively meet assessed needs and deliver an optimised experience and outcomes.	model to improve access and reduce repetition and effort.
	
	• Well defined care pathways that safely and effectively match need to expertise and provide an optimised interaction, experience, and outcomes.
	
	• New ways of accessing NHS 24 services through omnichannel delivery are defined to meet needs whilst more effectively managing demand.
	
	• Transform the way in which people can access urgent and unscheduled care, enabling people to receive the right care at the right time in the right place supporting:
	  ○ Whole system flow and demand across the urgent care pathway
	  ○ Wider primary care reform supporting increased self-management of care and a care closer to home.
	
	• Delivery of preventative and proactive care information and advice aimed at promoting health and preventing diseases to support and improve individual and population health and wellbeing.

ideas for improvement and redesign.
○ Identify the digital requirement and expectations of people who use and deliver services.
• Produce draft service blueprints that define new care, information and advice pathways and ways of working to meet user needs.
• In year one this is creating the foundations of what we want to achieve and ensure these are well laid down to build on in coming years including:
○ Create a pipeline of development (aligned to replacement of core technologies) that will determine how NHS 24 will utilise new technologies and digital tools.
○ Describing new operational models of delivery with new skillsets, digital tools and ways of working.

7	**Corporate Deliverable:**	**Ensuring compliance and that the Board continues to meet all responsibilities and statutory duties across key areas.**	**Proposed Mid-Year Adjustment**
7.1	**Activity:**	**Deliver duties and responsibilities for Climate Emergency, Sustainability & Value Programme**	
	Actions	**Expected Outcomes** **Measuring Success – Year 1**	

7.1a	• Deliver a programme of activity to support efficiencies improvements that will lead to: 　o Cost reduction, cost avoidance and income generation. 　o Service Productivity Improvements.	• NHS 24 compliant with Scottish Government priorities on the climate emergency and sustainability and value. • Financial savings through a reduction of NHS 24 spend on utilities. • Reduction of electricity usage and carbon footprint.	• Financial savings (through cost reduction, avoidance, and income generation) identified and realised (through saving and invest to save initiatives) via Sustainability and Value Group scrutiny. • Electricity usage baselined, monitored, analysed, and reduced across estate. • Reduction in utility spend.	No Change
7.1b	• Deliver interventions that seek to reduce negative impact to the environment and contribute towards net zero.	• NHS 24 compliant with Scottish Government priorities on the climate emergency and sustainability and value. • Reduction of electricity usage and carbon footprint. • Reduction of non-essential NHS 24 business travel. • NHS 24 engaged with procurement partners to work with suppliers aligned to organisational climate emergency and sustainability values.	• Electricity usage baselined, monitored, analysed, and reduced across estate. • Reduction in non-essential business travel.	No Change
7.1c	• Review of estates plan in line with contractual break clause to scope opportunities for optimal utilisation and resilience with reduced physical and carbon footprint and costs.	• Detailed plan that sets out how NHS 24 could deliver potential changes to current estate in-line with contract break clause to: 　o Reduce physical estate whilst maintaining resilience to deliver strategic change and operational capacity. 　o Reduce energy usage and carbon footprint.	• Scoped opportunities to capitalise on contractual break clause and determined the feasibility alongside concurrent change activity.	New activity to capture in-year development

		o Make financial savings through a reduction of NHS 24 spend.	
7.2	**Activity:** **Deliver duties and responsibilities for Equality, Inclusion and Human Rights**		**Proposed Mid-Year**
	Actions	**Expected Outcomes**	**Measuring Success – Year 1**	**Adjustment**
7.2a	• Deliver a programme of Stakeholder Engagement, including community engagement and insight gathering.	• NHS 24 meets its statutory responsibility to involve people (all stakeholders) in the design, development, and improvement of services.	• The views of stakeholders are demonstrably represented in the work of NHS 24, through: o Active participation in projects. o Public consultations. o The contribution of insights/evidence in relation to the behaviours, motivations, needs and experience of stakeholders. • An extension of the organisations that support/work in partnership with NHS 24 to promote an improved awareness of our services to their stakeholders.	No change
7.2b	• Enable and facilitate effective and meaningful Public Involvement; specifically, the development and management of NHS 24 Public Partnership Forum and Youth Forum.	• NHS 24 meets requirements for meaningful and effective Public Involvement. • Engaged and proactive Public Partnership and Youth Forums.	• Members of the NHS 24 Public Partnership Forum and Youth Forum: o Participate in NHS 24 projects managed by the Programme Team. o Participate in Service Design and User Research activities. o Are given the opportunity to share their views on the work	No change

			○ of NHS 24 at their own meetings. ○ Represent the diversity of the Scottish population.	
7.2c	• Deliver equality led initiatives across the organisation, including: ○ Influencing and reporting on the Public Sector Equality Duty (PSED), the Fairer Scotland Duty, and people's human rights. ○ Deliver a corporate suite of EQIAs. ○ Review and refresh of Equality duty and relevant policies.	• The NHS 24 Board Ensure effectively discharges its responsibilities with high levels of assurance in relation to Equalities, Inclusion and Rights.	• NHS 24 publish a mainstreaming report that sets out how it has met it duties, in line with legislative requirements. • NHS 24 demonstrates that due regard has been given to the need to consider an EQIA for all relevant work through the application of appropriate governance. • Completed EQIA's are published on the corporate website for consultation and then published when complete. • Number of EQIA recommendations that are approved and implemented. • Programme of Equality, Inclusion and Rights focused improvement activity advanced through oversight of the NHS 24 Equality Inclusion and Rights Board Group.	No change