

**NHS 24
BOARD MEETING
30 OCTOBER 2025
ITEM NO 9.1
FOR ASSURANCE**

CORPORATE DELIVERY PLAN

Executive Sponsor:

Steph Phillips, Director of Transformation, Strategy, Planning & Performance

Lead Officer/Author:

John Barber, Head of Strategic Planning/Mark Stewart, Planning Manager

Action Required:

The NHS 24 Board to note:

- The status of the 2025/26 delivery action plan as part of 2024-27 Corporate Delivery Plan (CDP).

Key Points for the NHS 24 Board to consider:

- There is continued progress against all actions within the 2025/26 CDP with most still reporting a high level of confidence to meet in-year success criteria. As part of the quarter 2 update and review process there was some modest adjustments made to 7 of actions and 1 new action developed and approved by relevant senior responsible officers and subsequently ratified by the Executive Management Team.
- There is now more of a focus on the transition and management of resource as effort is expected to shift from digital and service transformation. This includes, with relevant project support, the development of pragmatic action plans and initiation of work with more definitive deliverables and timescales. In addition, there has been discussion about other emergent business as usual infrastructure work that will commence to support the safe and effective delivery of services e.g. technical changes and estates work. Visibility and understanding of this will help prioritise activity and is crucial to creating a baseline for the development of a robust 2026/27 delivery plan. The Strategic Planning team will engage with Executive Management Team (EMT) and Senior Management Team (SMT) to develop this further.

Governance process:

Formal ratification of the CDP was received from Scottish Government on 12 June 2025 and the 2025/27 update was approved by Board on 19 June 2025.

The Planning and Performance Committee will assure oversight of delivery of the CDP, and the Strategic Delivery Group (SDG) and EMT will ensure close monitoring of progress and corrective action where required.

Strategic alignment and link to overarching NHS Scotland priorities and strategies:

The CDP is aligned to the NHS 24 Corporate Strategy, the NHSScotland Recovery Plan and Ministerial Priorities. The Corporate Strategy was reflective of the full range of NHS Scotland Health and Care policy and NHS 24 Frameworks.

Strategic alignment and link to CDP activity:

This paper relates to the entirety of the CDP and the ongoing review and deliverability of actions to deliver corporate commitments and strategic aims.

Key Risks:

- Financial sustainability could challenge NHS 24's capacity to deliver on commitments and strategic aims.
- There is a risk that limited tolerance, contingency and capacity across concurrent actions accrues risk and impacts the delivery of key elements of the CDP.

Financial Implications:

The CDP is aligned to the Finance Plan.

Equality and Diversity:

The CDP does not have direct impact on equality and diversity. However, it will monitor and assure specific activity to deliver responsibilities and duties, and it is an expectation of all activity within the plan to set out and ensure compliance.

1. RECOMMENDATION

1.1 The Board is asked to note:

- The report (Appendix 1 within this paper) and the status and prospective confidence about the overall delivery of the actions and achievement of the expected success criteria within the 2025/26 CDP.

2. TIMING

2.1 Formal ratification of the CDP was received from Scottish Government on 12 June 2025 and the 2025/27 update was approved by Board on 19 June 2025.

3. BACKGROUND

CDP STATUS REPORT

3.1 The status report (Appendix 1) is intended to provide assurance about the deliverability of the entirety of the Three-Year CDP, and specifically the actions within the 2025/26 action plan that were identified and agreed as part of the year two update and 2025/27 delivery plan.

3.2 The reporting consists of assessments, made by delivery leads, of status and projected confidence to deliver the actions and success criteria within scope and on time. It also includes a rationale for the confidence level, a note of any risks, issues, and dependencies, and an assessment of organisational impact should the action not be completed.

3.3 The summary table below provides an overview of the RAG status and projected confidence at the start of September 2025, noting that this is not about the overall net effect as some actions have potential to have more significant impact on the organisation - more detail about this is included within the report.

Status	September 2025	October 2025	Confidence	September 2025	October 2025
Complete	1	1	Complete	1	1
Green	26	27	High	26	25
Amber	10	9	Medium	10	11
Red	0	0	Low	0	0
Nil Return	0	0	Nil Return	0	0

3.4 The amber status and medium confidence are associated with the Digital Transformation Programme (DTP), Service Transformation Programme (STP), and NHS inform review.

3.5 Reporting from delivery leads shows that confidence in meeting year-end success criteria is dependent on resource and capacity being released post implementation of the CC/CRM and transition from digital to service transformation. This recognises that progress will be dependent on subject matter expertise capacity to engage in activity to develop plans and project support resource to initiate and take this forward, where deliverables have been identified.

3.6 The overall deliverability of the CDP is supported by regular review and discussion at Senior Management Team (SMT) regarding status and confidence across the entirety of the delivery plan. This approach supports leads to make decisions and to adjust planning and expectations within their areas of responsibility about the prioritisation and resource allocation, as well as supporting individual and team resilience and wellbeing.

3.7 Through this there has been discussion about emergent work that is expected to commence before year-end and in particular activity to ensure the ongoing provision of a safe and stable infrastructure e.g. contractual replacement/update of technical solutions and estates rationalisation and improvement work. Further scoping is required to develop visibility and understanding about this to ensure resource and capacity in effectively managed in-year, and to provide a baseline for 2026/27 planning. The Strategic Planning Team (SPT) will engage with EMT and SMT to develop this further.

CDP QUARTER 2 PROGRESS AND REVIEW

3.8 For the quarter 2 review and as part of the agreed corporate planning process, Delivery Leads, and Senior Responsible Officers (SRO) were asked if any revisions or adjustments were needed to the actions or expected in-year outcomes. This resulted in minor changes to seven actions, and the inclusion of one additional action that have been reviewed and approved by EMT. None of the changes were substantive and were primarily a result of changes to timescales for expected delivery and some alignment with external changes and national developments.

3.9 In terms of progress to date, highlights have been provided in the table below.

Corporate Delivery 2025/26 Quarter 2 Progress Update

Deliverable 1: Replacement of NHS 24's core service technology and providing an infrastructure to deliver agile, connected, accessible and collaborative omni-channel environment.

- Significant progress has been made in the development of a new integrated CC/CRM solution in Q2 via the Digital Transformation Programme, with full implementation scheduled for Q3 of 2025/26. Phase 1 of the programme (Ayrshire and Arran) was successfully launched, receiving positive feedback from staff. Planning for Phase 2 implementation (national roll-out of the remaining 111 Board areas) continued throughout the quarter with extensive testing undertaken to ensure the solution is clinically safe, stable, and secure. Planning for phase 3 (the roll-out to all remaining services) is continuing to enable a Q3 delivery. A transition and closure plan for the Digital Transformation Programme has been finalised, which will guide its work through to full closure at the end of Q4.
- To ensure that all staff are trained, proficient, and confident in the use of the new solution and able to continue providing high-quality care, an organisational wide CC/CRM training and learning plan has been delivered within timescales, recording a 96% training completion rate to date for Phase 2. This contributed to a cumulative 100% competency and 99.3% confidence level post training. Additional functionality is expected imminently as at the end of Q2 to support training delivery for Phase 3. It is notable that the training team have continued to train new starts into the organisation to maintain establishment while delivering this training.
- A replacement decision support tool (the Clinical Reasoning Engine) was delivered within Q1 and successfully embedded within the new CC/CRM solution, with all clinical content transferred over. As at the end of Q2, all decision support content is currently in delivery ahead of the predicted national go live.

- The in-house service management function continued to be embedded within Q2 with service desk, incident management, and change management functions all being delivered by NHS 24. The Managed Print replacement is on track for early Q3, with the LAN/WAN migration and hardware replacement scheduled in Q4. The data centre and server replacement procurement is additionally due to commence in Q4 with expected delivery in Q3 of 2026/27.
- Activity to implement a new Data Warehouse and Business Intelligence tool to deliver enhanced access to data and an improved reporting and analytical capability has continued through Q2. Some challenges have arisen, particularly around developing the reporting model, however the programme is on track to deliver the Data Warehouse in line with the CC/CRM Phase 2 go-live, ensuring that reporting is in place.

Deliverable 2: 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.

- As part of the organisation's approach to developing needs informed redesign and transformation of our services, a workshop took place to explore the current and future delivery models of urgent and unscheduled care at NHS 24. This used 'tube maps' that had been developed to understand the user journey and the impact of making changes up or downstream to people, process or technology. The aim was to look at what might be different at each stage of the user journey - entry, need identification and routing; and - segmented need pathways, meeting need and outcomes. It generated ideas encouraging breadth and creativity to unlock diverse thinking and surface a wide range of possibilities. Analysis of the outputs to identify patterns and to identify a set of clearly defined themes that included; Right Service, Right Time; One Story, Told Once; and Needs defined by people, not process was completed. These will underpin 3 areas for further development - Protocol Guided Care (initially increasing CH endpoints), Digital and Omnichannel Service Access, and Proactive and Effective Self-Care to be taken forwards.
- A high-level roadmap for the transforming roles workstream was agreed within Q2, with a cross-directorate short life working group commencing to prepare work for phase 1. A survey has been undertaken to gather thoughts and views on several areas around evolving roles, the required capabilities, and what success looks like.
- An education package on the redesign of urgent care pathway is now on the national CPD timetable and is being delivered. The Advanced Nurse Practitioner (ANP) video triage test of change continues to be successful with the addition of remote prescribing for appropriate cases. This is currently being scoped to move into business-as-usual with the ANP team and making it accessible to other clinical groups. A pilot Primary Care toolkit has been provided to two practices (one in Greater Glasgow and Clyde, the other in Tayside). A Primary Care dashboard is operational, and data can be pulled to individual practice level – ideas on how best to use this data are being developed.

Deliverable 3: Enhance online presence and improve support through strategic development and improvement of digital products and services.

- There has been significant scoping work undertaken to determine how the new technology solution could support the delivery of an omnichannel model for NHS 24. This includes how current and new pathways could use technology and digital assets to improve the interaction, experience and outcome for patients e.g. the use of video and imagery to enhance triage. There has also been consideration as to how NHS 24 will need to integrate with wider system NHS Scotland digital developments with the Digital Front Door and launch of MyCare.scot, and the NHS inform review to provide a seamless digital access based on needs and preference.
- A workshop is planned for early Q3 to begin defining and mapping what a seamless omnichannel offering could look like for NHS 24 with the development of products, assets, and solutions that make best use of new technologies to improve access, identify and route need, and make best use of expertise and resource through redesign of current and development of new digitally enabled pathways.

Deliverable 4: Take forward the recommendations from review of NHS inform working with the Scottish Government to develop a national asset for NHSScotland with improved functionality and content for health information, advice and support.

- The NHS inform redesign has continued during Q2. Phase 2 funding has been approved, and the service redesign mobilised, with the programme expected to move from planning to initiation in Q3. User research has been completed with insights feeding into vision workshops planned for early Q3. The service redesign will define future service blueprints, while a continuous improvement strand addresses ongoing content quality, accessibility, and governance. Work has continued to integrate the NHS inform redesign with national digital programmes (e.g. Digital Front Door) and to clarify the vision, mission, purpose in the system, reinforcing the service's role in prevention, self-care, and demand management.

Deliverable 5: 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.

- Within Q2, several initiatives and actions continued to progress with the aim of optimising and maintaining the current operational delivery model and performance, providing the stability required for the safe and effective implementation of the new core technology solution.
- To promote best practice, reduce variation, improve individual performance, quality, and call handling times, Kaizen Blitz improvement workshops that commenced in Q1 have continued into Q2, helping identify and inform improvements. Feedback from participants has been positive and action plans have been developed to support individual improvement. This activity is, however, paused for Q3 to accommodate training for the implementation of the new

CC/CRM solution, with alternative options being explored go-live which aim to deliver measurable improvements comparable to those of the Kaizen Blitz approach.

- A Managers Performance Toolkit is being developed to offer comprehensive support and guidance to Senior Charge Nurses and Team Managers, with the aim of enhancing overall service performance by clearly outlining expectations.
- An in-hours optimisation workstream has been created and is progressing activity, with the introduction of a new in-hours process, which has resulted in a 4.5% reduction in the number of contact records created. Proposed updates to Call Handler scripting is intended to drive further enhancements. Quality compliance checks have been introduced to assess adherence to the process, with plans to broaden this quality assurance approach and integrate into the National Clinical Effectiveness group.
- Efforts have been made in Q2 to implement digital solutions that will eliminate the need for physical cards to be held up by staff who require clinical supervision. A pilot process is currently in place and is being evaluated, which enables Call Handlers to log calls electronically while allowing managers to monitor queue status in real time. The initiative has received positive feedback from staff however it is recognised that a sustainable solution that is applicable across all centres, coupled to robust governance, is required.
- Maintaining a stable operating environment, level of service performance, and staff and patient experience before, during, and after the implementation of the new CC/CRM solution is acknowledged as a key activity. Throughout Q2, efforts have been undertaken to manage impact to service performance while supporting the necessary staff training phase. While there has been some impact to performance, this has been well mitigated through effective scheduling and the offering of additional hours to frontline staff. There is likely to be some disruption during the Phase 2 rollout as the vast majority of staff use the live system for the first time, however the expectation is that this will be minimal due to the success of the Phase 1 implementation and the positive feedback from staff.
- The Mental Health Service review has continued throughout Q2 with the aim of streamlining and enhancing the mental health offering, improve the patient experience, and seamlessly connect existing services. A programme board meets every 2-3 months, with a working group established to progress any arising actions. Workshops were held in Q2 in relation to the development of a Target Operating Model, and progression was made in the integration and rationalisation of digital content and pathways. Additionally, the management structure has been reviewed, with a Head of Psychology now in post, with a Head of Clinical Services for Mental Health post advertised.
- Collaborative activity alongside the Scottish Ambulance Service and Police Scotland has continued throughout Q2, with the optimisation of current technology ongoing with the aim of improving the patient experience. The warm transfer of

calls from Police Scotland directly into NHS 24's Mental Health Hub remaining a focus of attention, scheduled for 2026.

- NHS 24 have continued to support the development of Mind to Mind, which is now classed as a business-as-usual service following agreement with the Scottish Government. Quarterly strategic review meetings are to continue as part of this. New content relating to eating disorder and ADHD/autism is being developed with national experts.
- NHS 24 continues to deliver comprehensive external multi-channel and media communications that supports the delivery of Right Care, Right Place, increases awareness of our services, and maintains organisational reputation. This includes delivering public communications across all platforms, developing and delivering season campaigns, and targeted communications and engagements with partners to elevate understanding of the full range of NHS 24 services.

Deliverable 6: Deliver a sustainable workforce and a supportive workplace that ensures we have the right people with the right skills.

- Workforce Strategy activity which is aligned to the Corporate Delivery Plan has progressed to plan in Q2, with a continued high level of confidence across all activities and actions that in-year success criteria will be achieved.
- A historic milestone in Clinical Supervisor recruitment has been achieved, with the full establishment for 185 WTE reached and maintained from August 2025. This achievement is attributed to a multipronged strategy that includes open and online events, career fayres, partnerships with employability organisations, and a 12-month extended induction programme. The introduction of a buddying system and continuous CPD support has further strengthened onboarding and retention. The Call Handler establishment has been met and maintained since February 2024.
- Year 2 of the Workforce Data and Digital plan was completed, with sixteen digital initiatives developed and embedded in the past year. Initiatives included Candidate and Hiring Manager automated feedback questionnaires, attrition dashboards, automated flexible working process, hiring manager hub, stress risk assessment automated process, and digital recording of trade union activities.
- Activity has continued in Q2 to develop an organisation-wide approach to enhancing digital skills and capability. A digital skills survey concluded at the end of Q2, with over 100 responses submitted. Survey data is being analysed (including liaising with NES) to provide a tailored approach to enhancing capability. Upskilling sessions (included approaches such as lunch and learn) will run Q3-Q4.
- The Leadership Development Programme has continued in Q2, completing its organisational wide roll out successfully. The programme aims to ensure that the organisation has effective leaders and managers by strengthening their capability and confidence. A further two cohorts of Leading with Courage and one cohort of Leading for Impact is due to begin in Q4. Course material has been adapted based on feedback and evaluation. The programme has been rated as 91% effective, with improvements noted in all leadership development competencies post-completion,

with an increase in relevant line manager aspects of the iMatter survey evidencing the benefit of values-based leadership.

- Promoting a strong culture and wellbeing remains a key priority for the organisation. The 2025 iMatter results achieved a record high for NHS 24, indicative of a positive staff experience and values led culture. 95% of action plans have subsequently been submitted, with continuous professional development, communication, and connection key themes emerging from these. End of Q2 updates on directorate Culture and Wellbeing action plans are being sought to ensure collective progress is reported on.
- The People Services team continue to provide attendance and case management support, by providing active case support, advisory services, and training sessions for leaders to increase their own confidence and capability. A case management dashboard has been established, with case management KPIs assigned to each, particularly with regards to flexible working cases. An Attendance Taskforce has been established in response to higher absence rates across the summer, with a focus on what measures can be implemented to maintain staff at work, particularly in advance of any potential winter illness.
- A comprehensive plan for internal workforce engagement is included within the Communications Delivery Plan, with staff engaged and informed through various internal media, such as the Intranet, Team Talk, and wallboards placed throughout the estate. This activity has progressed as planned through Q2 and will continue throughout the remainder of the year.

Deliverable 7: Ongoing collaboration with Health Board partners and Scottish Government to deliver a more preventative, and integrated approach to delivering sustainable services.

- The organisation has continued to work jointly with health board partners and the Scottish Government throughout Q2 to identify and take forward a range of activities and improvements across agreed strategic themes, notably through the Scottish Ambulance Service (SAS) / NHS 24 Collaboration Board.
- Following publication of new NHS Scotland reform policy, with references to increased collaboration between NHS 24 and SAS, an initial set of scoping meetings have taken place, identifying three new short-term priorities: diversity, inclusion, and anti-racism; Inphase; and resilience. Longer term areas of collaboration have additionally been identified, and these will be further refined in the coming months. The Scottish Government have set out the strategic direction for collaboration, and SAS and NHS 24 are working on an implementation approach to progress this. This will necessitate an adjustment to the Corporate Delivery Plan to reflect the new priority areas as more detail arises.
- SAS and NHS 24 continue to explore opportunities for digital collaboration. Regular meetings are in place for all stakeholders and deliverables and timescales are being finalised.

- Throughout Q2, the model of professional-to-professional call levelling for all A&E 1-hour referrals, developed alongside NHS Lanarkshire, has continued, with four further territorial boards seeking to adopt. It is, however, acknowledged that this onboarding will require controlled management due to system capacity.
- NHS 24 is scoping and developing opportunities with Public Health Scotland to develop data and intelligence that provides a comprehensive overview of the end-to-end patient journey and service use, to develop a pipeline of activity that optimises right care, right place outcomes. Early life dashboards have been developed however further progress is dependent on the delivery of a new data warehouse (deliverable 1).

Deliverable 8: Strategic review of the NHS 24 estate to maximise utilisation and sustainability leveraging technology to rationalise and reduce physical and carbon footprint where possible.

- NHS 24 formally exited the first and second floors in the Lumina centre during Q2, with the remaining ground floor space due to be exited in Q1 of 2026/27, reducing our estate footprint in the west region as per plan.
- The Cardonald phase 2 development is underway with an options appraisal on Dundee options scheduled for completion in early Q3.

Deliverable 9: Implementation of an advanced business intelligence model with the right people, technology and culture to ensure decision making and continuous improvement is driven by data and insights.

- The NHS 24 Quality Management Group has continued to meet monthly with progress made against the two-year workplan, which is to finalise with the delivery of an advanced Business Intelligence (BI) model to support decision making and ensuring that planning, change, and continuous improvement are driven by data and insights. A key dependency of delivering this is the development of an effective and recognisable quality management system (QMS), which is expected to commence in Q4 of 2025/26. Within Q2, a refreshed definition of quality and the associated quality domains was developed, and it is expected these will help to refine and define the quality measurement criteria which underpins the QMS.
- Development of a change impact assessment process has progressed, to complement the existing change management framework. This will enable an objective and robust impact assessment and scoring of change proposals, following which change initiatives can be appropriately prioritised and sequenced based on expected return on investment, effort, complexity, and cost. Formal approval of this new process is to be sought within Q3.

Deliverable 10: Ensuring compliance and that the Board continues to meet all responsibilities and statutory duties across key areas.

- Across Q2, NHS 24 has continued to deliver upon its responsibilities for the Climate Emergency, and the Sustainability and Value agendas. A programme of activity to support efficiencies and improvements that lead to cost reduction, cost avoidance, and income generation, along with productivity improvements has been progressed, with systems and processes in line to identify such opportunities

and action as appropriate, with regular monitoring through a Sustainability and Values group. As at the end of Q2, plans are in place to enable the achievement of efficiency targets, with most savings identified. Work will continue throughout Q3 and Q4 to identify opportunities to meet the small target that remains.

- Interventions to reduce the organisational impact to the environment and contribute to the net zero agenda have been made. The first and second floors of the Lumina centre were formally exited, with the property handed back to the landlord in Q2. This has had the effect of reducing our electricity usage, utility spend, and carbon footprint along with reducing and rationalising the west estate, ensuring alignment and compliance with Scottish Government priorities on the climate emergency. Additional notice has been served to exit the remaining ground floor of Lumina in Q1 2026/27, advancing on the benefits being realised in 2025/26.
- To ensure that the organisation meets its statutory obligations to involve people in the design, development, and improvement of services, a programme of stakeholder and community engagement, user research, and service design activities has been planned and is being delivered. Notably, NHS 24 facilitated a workshop session on its services at the Health and Wellbeing Networking Session, engaged students to promote key messages in relation to our services and overall wellbeing, and delivered presentations to minority ethnic community groups. To support an improved understanding of user needs, NHS 24 worked in partnership with user experience consultants to better understand the value and impact of NHS inform, supporting the redesign of that service, and supported the ongoing Service Transformation work (deliverable 2) through establishing the current user journey and identifying how to further improve the patient experience.
- To further support organisational obligations to plan with people and enable meaningful public involvement, the NHS 24 Public Partnership and Youth Forums have been facilitated and continue to meet regularly. The Forums have recently had the opportunity to share their views with the Director of Service Delivery, participated in a centre visit, and engage with Workforce colleagues in relation to the draft workforce strategy, amongst a range of engagement activity.
- To help ensure that the Board effectively discharges its responsibilities with high levels of assurance in relation to Equalities, Inclusion, and Rights, a set of equality led initiatives continue to be progressed across the organisation. The Equality Mainstreaming and Workforce Equality Monitoring reports have been successfully published, setting out what NHS 24 is doing to meet our duties. Activity to progress and improve equality outcomes as part of this continue to progress.

4. ENGAGEMENT

- 4.1 SDG, SRO and EMT have been engaged in the development of CDP reporting. SRO and Delivery Leads are engaged to produce the monthly CDP report for EMT.
- 4.2 SRO and Delivery Leads have been engaged in the quarter 2 review and progress update.

5. FINANCIAL IMPLICATIONS

5.1 There are no specific financial implications from this paper. Financial and delivery planning have been aligned, however, any changes to the financial picture should be reflected in the CDP.

6. MEASURABLE BENEFITS

6.1 A benefits monitoring plan aligned to CDP action's success criteria and outcomes has been developed and approved by and will be monitored through the SDG.

7. NEXT STEPS

7.1 Routine review and assurance of deliverability will continue to be monitored through EMT, SDG, Planning and Performance Committee (PPC) and Board.

Appendix 1: Corporate Delivery Plan Status Report October 2025

NHS 24

Corporate Delivery Plan 25-26

Status Report

October 2025

NHS 24. Connected, Consistent, Convenient.

Connected.	We connect people to the care and advice they need. We connect and collaborate to improve the health of Scotland.
Consistent.	We never close. We are here 24 hours, every day.
Convenient.	We offer choice. Telephone, web, mobile app help for everyone, everywhere.

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Purpose

The following report provides current RAG status of the 37 actions within the NHS 24 Corporate Delivery Plan with a prospective assessment of confidence to deliver the identified success criteria within scope and timescales, including a rationale and note of any risks, issues and dependencies. This includes an overall summary and observations, and sections with actions aggregated by strategic portfolio or other corporate commitments.

Completed actions are monitored and reported against separately on a quarterly basis to ensure success criteria and expected outcomes are delivered and that measurement criteria are identified to track contribution to strategic benefits.

NHS 24 OFFICIAL

Corporate Delivery Plan: Summary & Observations - Corporate Delivery Plan Overview: RAG Status Confidence and Timescales

Ref	CDP Action	Start	End	Confidence	2025/26												2026/27				
					Start	End Apr	End May	End Jun	End Jul	End Aug	End Sep	End Oct	End Nov	End Dec	End Jan	End Feb	End Mar	Q1	Q2	Q3	Q4
Strategic Portfolio: Digital Transformation																					
1.1a	CC/CRM Implementation	20/03/24	25/10/25	Mid																	
1.1b	CC/CRM Training and Learning	01/04/25	25/10/25	High																	
1.1c	Clinical Reasoning Engine Implementation	01/04/25	31/10/25	High																	
1.2a	ICT Managed Services Contract	01/09/23	27/10/26	High																	
1.2b	New Data Warehouse Solution	01/04/24	31/10/25	Mid																	
Strategic Portfolio: Service Transformation																					
2.1a	NHS 24 Service Pathway/Model Redesign	01/10/24	31/03/26	Mid																	
2.1b	Transforming Roles	01/10/24	31/03/26	High																	
2.1c	Training and Practice Education	28/06/23	31/03/26	High																	
2.1d	Urgent Care Pathway Redesign	28/06/23	31/03/26	Mid																	
3.1a	Digital & Omnichannel Development	02/01/24	31/03/26	Mid																	
4.1a	NHS inform Redesign	29/01/24	31/03/26	Mid																	
Operational Priorities & Corporate Commitments																					
5.1a	Service Development	01/04/25	31/03/27	High																	
5.1b	Stable Operational Environment (CC/CRM implementation)	01/04/25	31/10/25	High																	
5.2a	Mental Health Service Review	01/04/25	31/03/27	Mid																	
5.3a	MHH SAS & PS Collaboration	01/04/25	31/03/27	Mid																	
5.3b	SG Digital Mental Health Products	01/04/25	31/03/27	Mid																	
Corporate Commitment: Communications																					
5.4a	Public Communications	01/04/25	31/03/26	High																	
5.4b	Seasonal Health Campaign	01/04/25	28/02/26	High																	
5.4c	Partner Communications	01/04/25	31/03/26	High																	
6.3c	Internal Workforce Engagement	01/04/24	31/03/26	High																	
Strategic Portfolio: Workforce																					
6.1a	Effective Establishment Control	01/01/24	31/03/26	High																	
6.1b	Digital Culture & Ways of Working	01/01/24	31/03/26	High																	
6.1c	Training & Digital Skills Review	01/09/23	31/03/26	High																	
6.2a	Deliver Management Essentials	01/11/23	31/12/25	High																	
6.3a	Culture & Wellbeing	01/10/23	31/03/26	High																	
6.3b	Attendance & Case Management	01/01/24	31/03/26	High																	
Corporate Commitment: Collaboration																					
7.1a	SAS & Digital Opportunities	01/04/24	31/03/26	Mid																	
7.1b	SAS & Workforce Opportunities	01/04/24	31/03/26	Complete																	
7.1c	SAS & Operational Delivery	01/04/24	31/03/27	High																	
7.2a	PHS Patient Journey Datasets	01/11/23	31/03/26	Mid																	
Strategic Improvements																					
8.1a	Strategic Estates Review	01/04/25	31/03/26	High																	
9.1a	Title: Quality Management & Business Intelligence	01/04/25	31/03/26	High																	
Corporate Commitment: Compliance																					
10.1a	Sustainability Value & Efficiencies	01/01/24	31/03/26	High																	
10.1b	Climate Emergency & Net Zero	01/04/24	31/03/26	High																	
10.2a	Stakeholder Engagement	01/04/24	31/03/26	High																	
10.2b	Public Involvement	01/04/24	31/03/26	High																	
10.2c	Equality Inclusion & Human Rights	01/04/24	31/03/26	High																	

Corporate Plan Summary Table

The overview of status and confidence reported for September 2025 is provided in the summary table below. Please note for the comparison table below that one additional action emerged within this reporting period.

Status	September 2025	October 2025	Confidence	September 2025	October 2025
Complete	1	1	Complete	1	1
Green	26	27	High	26	25
Amber	10	9	Medium	10	11
Red	0	0	Low	0	0
Nil Return	0	0	Nil Return	0	0

Key Points

- The overall Corporate Delivery Plan (CDP) and delivery of expected in-year success criteria continues to be assessed at a Medium level of confidence. There is continued progress against all actions within the CDP with most still reporting a High level of confidence to meet in year success criteria, however both Digital and Service Transformation programmes along with the NHS inform redesign continue to report a Medium level of confidence due to timescales, capacity, and dependencies, contributing to the overall Medium assessment.
- The High level of confidence is in the expectation that resource and capacity will be more readily available post implementation of the CC/CRM. Notably, the transition from DTP to STP is being proactively considered to manage resource transfer and develop more pragmatic delivery plans, however, this will require project support resource to develop further and define these with milestones and timescales.
- There is also, at this time, a level of unknown/unquantified level of potential additional change activity that is associated with emergent work. This is associated with the ongoing/cyclical need to ensure the provision of a safe and secure infrastructure and updates/replacement of technology aligned to contractual requirements, and rationalisation/improvement of the estate. The scale/scope of this needs to be defined to fully understand what is achievable in-year and to provide a foundation for 2026/27 planning.

Strategic Portfolio: Digital Transformation

Digital Transformation Summary

The table below provides an overview of status and confidence about delivering the expected success criteria within timescale and any change to this.

Ref	CDP Action	Start	End	Confidence	2025/26												2026/27				
					Start	End Apr	End May	End Jun	End Jul	End Aug	End Sep	End Oct	End Nov	End Dec	End Jan	End Feb	End Mar	Q1	Q2	Q3	Q4
Strategic Portfolio: Digital Transformation																					
1.1a	CC/CRM Implementation	20/03/24	25/10/25	Mid																	
1.1b	CC/CRM Training and Learning	01/04/25	25/10/25	High																	
1.1c	Clinical Reasoning Engine Implementation	01/04/25	31/10/25	High																	
1.2a	ICT Managed Services Contract	01/09/23	27/10/26	High																	
1.2b	New Data Warehouse Solution	01/04/24	31/10/25	Mid																	

There are five active actions for 2025/26 within the Digital Transformation Portfolio reporting Amber. CC/CRM implementation for phase 1 pilot with Ayrshire and Arran successfully went live on the 22 July.

Replanning activity, following a lessons learned review, for phases 2 and 3. Phase 2 is nearing completion with go live in October. This is subject to UAT and wider testing to ensure that it stable, secure and clinically safe. There have been some final functionality challenges which have had to be escalated with AWS and Pega for resolution. Phase 3 activity continues to enable delivery by the end of October.

Training for Phase 2 has progressed well with 96% of staff in scope now trained at time of writing. Specific planned training is being provided for the residual staff.

Data Warehouse has also experienced recent challenges particularly around getting the reporting model developed. However, it is on track to deliver in line with the CC/CRM go live which will ensure reporting is in place.

The transition and closure plan for DTP has been finalised. This will guide the work of the programme through to full closure in March 2026.

Activity 1.1	Procure and implement next generation technology to deliver agile, connected, accessible and collaborative omni-channel environment
Action 1.1a	<ul style="list-style-type: none"> Implement a new integrated Contact Centre / Customer Relationship Management software solution. Engage with NHS 24 partners on the safe implementation of the new solution, including integration with existing partner process and technology. Decommission the existing CC/CRM platform.

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ETA	June - October 2025 (Phased Implementation), Decommissioning will be post-delivery.	Former Status	Current Status	Former Confidence	Current Confidence
		Amber	Amber	Medium	Medium
Rationale	Level of risks carried by project (register available). These are closely managed with escalation when off track.				
Risks, Issues, and Dependencies	Risks around tight timescale, volume of activity remaining, resource constraints. Deployment plan adjusted to reduce risk/increase contingency.				
What are the key highlights of the action to date?	<p>Phase One successfully launched in July, covering the 111 service for NHS Ayrshire & Arran. Staff feedback was overwhelmingly positive, with >80% rating their shift experience 4 or 5 stars. Within this milestone included several others such as fully tested Adastra integrations with health boards, phase one training and CRE delivered.</p> <p>Phase Two has cleanly exited SIT and now in UAT with over 2600 test scripts executed (approx. 90%) and achieving >96% pass rate. Phase 3 discovery ongoing. Business readiness criteria has been defined and tracked against, with support models developed for go-live requiring cross-organisational input. Despite some delays the implementation remains with the programmes critical path. In the past 6 months the programme has been subject to internal and external audits and performed extremely well while conducting its own lessons learned exercises informing future delivery.</p>				
Action 1.1b	<ul style="list-style-type: none"> • Deliver an organisational-wide CC/CRM training and learning plan. • Undertake full evaluation of training plan post-delivery, reviewing as appropriate with suppliers, and capturing lessons learned. 				
ETA	31st Oct 2025	Former Status	Current Status	Former Confidence	Current Confidence
		Green	Green	High	High
Rationale	Phase 2b Scottish Emergency Dental Service, Pharmacy, Forensic Medical Examination, Telephony Services and all remaining 111 staff training is 90% complete (100 % competence and 99.3% aggregated Confidence rating achieved). Additional functionality expected imminently to support training delivery of Phase 3: Webchat and Cancer Treatment Helpline.				
Risks, Issues, and Dependencies	Should the supplier fail to deliver the functionality of the new system per current programme timeline for subsequent services, this would have a knock-on effect to the current planned training dates. Mitigations include executive briefing to Scottish Government detailing positional impact (Service Delivery Performance), use of additional paid hours and training shifts scheduled around known increased service demand.				
What are the key highlights of the action to date?	DTP Training Project has delivered within programme timeline, recorded a cumulative to date 100% competency and 99.3% confidence rating whilst the training team have continued to train new starts into the organisation to maintain organisational establishment. A key achievement has been the collaborative mitigating approach with Service Delivery colleagues to the abstraction of staff to undertake training which has ensured the services performance has been maintained.				
Action 1.1c	<ul style="list-style-type: none"> • Implementation of a new cloud-based decision support tool – Clinical Reasoning Engine – to deliver next generation technology to enhance the operational and clinical delivery model. • Decommission the existing decision support tool. 				

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ETA	All infrastructure and builds are complete and the remaining decision support is in delivery.	Former Status	Current Status	Former Confidence	Current Confidence
		Green	Green	High	High
Rationale	Clinical Integrity Checks completed for: <ul style="list-style-type: none"> • Scottish Emergency Dental Service. • Mental Health Hub. • Living Life. • Cancer Treatment Helpline. 				
Risks, Issues, and Dependencies	Scope creep and unexpected RFCs.				
What are the key highlights of the action to date?	Full infrastructure for Clinical Reasoning Engine delivered to May 19th 2025. 111 decision support transformed and updated ahead of Phase 1 Roll out. Additional services; Cancer Treatment Helpline and Living Life developed and deployed to required environments. New functionality designed, developed and deployed for Scottish Emergency Dental Service. JSON Clinical Bundle information deployed to support Clinical Reporting, syndromic analysis and management information.				
Activity 1.2	Provide a fully supportable ICT infrastructure				
Action 1.2a	<ul style="list-style-type: none"> • Progress replacement of service management functions of ICT managed services contract. • Progress replacement of ICT infrastructure elements of the ICT managed services contract. • Exit from existing Managed Services contract. 				
ETA	October 2026.	Former Status	Current Status	Former Confidence	Current Confidence
		Green	Green	High	High
Rationale	Workstream is tracking to plan. NHS 24 are now primary providers of Desktop and Laptop support with BT on standby for the final weeks of dual-running. Managed print replacement on track to complete 05/10/2025. LAN/WAN migration and Hardware replacement scheduled between Jan-Mar 2026. Data Centre and Server replacement procurement will commence January 2026.				

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Risks, Issues, and Dependencies	None currently identified				
What are the key highlights of the action to date?	Successful delivery of the below functions to in-house support: <ul style="list-style-type: none"> • Service Desk. • Incident Management. • Change Management. 				
Action 1.2b	<ul style="list-style-type: none"> • Implementation of a new Data Warehousing & Business Intelligence solution to deliver preferred business case option. • Decommissioning of existing data warehouse. 				
ETA	07/10/2026. This has changed and aligns with CC/CRM go-live.	Former Status	Current Status	Former Confidence	Current Confidence
Rationale	Good progress has been made over the past 2 weeks. There is an unknown entity in relation to defects that will be identified as the team are working through data and data model validation. To address this we have resource available to carry out defect resolution as soon as defects are identified and the revised date allows more time for validation and defect resolution. All environments now built. No open blockers in relation to environments.				
Risks, Issues, and Dependencies	There is an unknown entity in relation to defects that will be identified as the team are working through data and data model validation. To address this, we have resource available to carry out defect resolution as soon as defects are identified.				
What are the key highlights of the action to date?	All environments built. Power BI Gateway is in place. PHS reporting connectivity in place.				

Strategic Portfolio: Service Transformation

Service Transformation Summary

The table below provides an overview of status and confidence about delivering the expected success criteria within timescale and any change to this.

Ref	CDP Action	Start	End	Confidence	2025/26												2026/27				
					Start	End Apr	End May	End Jun	End Jul	End Aug	End Sep	End Oct	End Nov	End Dec	End Jan	End Feb	End Mar	Q1	Q2	Q3	Q4
Strategic Portfolio: Service Transformation																					
2.1a	NHS 24 Service Pathway/Model Redesign	01/10/24	31/03/26	Mid																	
2.1b	Transforming Roles	01/10/24	31/03/26	High																	
2.1c	Training and Practice Education	28/06/23	31/03/26	High																	
2.1d	Urgent Care Pathway Redesign	28/06/23	31/03/26	Mid																	
3.1a	Digital & Omnichannel Development	02/01/24	31/03/26	Mid																	
4.1a	NHS inform Redesign	29/01/24	31/03/26	Mid																	
Ref	CDP Action	Start	End	Confidence	2025/26												2026/27				
					Start	End Apr	End May	End Jun	End Jul	End Aug	End Sep	End Oct	End Nov	End Dec	End Jan	End Feb	End Mar	Q1	Q2	Q3	Q4
Operational Priorities & Corporate Commitments																					
5.1a	Service Development	01/04/25	31/03/27	High																	
5.1b	Stable Operational Environment (CC/CRM implementation)	01/04/25	31/10/25	High																	
5.2a	Mental Health Service Review	01/04/25	31/03/27	Mid																	
5.3a	MHH SAS & PS Collaboration	01/04/25	31/03/27	Mid																	
5.3b	SG Digital Mental Health Products	01/04/25	31/03/27	Mid																	

There are eleven active actions within 2025/26 corporate delivery plan under the Service Transformation portfolio, grouped within transformation activities and operational priorities/corporate commitments.

With regards to redesign and transformation work, the Portfolio structure, governance model and approach are now established and better understood. Work has gradually been progressed using good service design principles to identify initial work packages to be reviewed and progressed by the workstreams. This will require additional programme support resource to work with leads and the core team to develop more detailed critical path and capacity plans.

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These are expected to be formalised around 3 areas – Protocol Guided Care (initially increasing CH endpoints), Digital and Omnichannel Service Access, and the Target Operating Model – where these will have ramifications for workforce and Transforming roles. Two workshops are in planning to initialise this work. Notably, these are expected to result in significant programme of interdependent activity and developing these further will require additional project support resource to work alongside the core team and provide support to workstream leads.

Other work under the umbrella of STP to deliver iterative continuous improvement activity is also progressing to optimise protocols/process, noting that some changes are reliant on technical change capacity aligned to CC/CRM implementation work. There is potential to review and realign, pause or stop some of this work dependent on the requirements and plans that emerge from the 3 key areas mentioned above and developing an understanding of effort/benefit to make best use of change capacity.

Activity 2.1	Develop new safe, effective, sustainable care, information and advice service pathways that are designed to meet need at the point of contact, make best use of resource, expertise, and technology to support delivery of Right Care, Right Place.				
Action 2.1a	<ul style="list-style-type: none"> • Build upon the development of the service blueprints and learning and insight from service optimisation work to redesign current and develop new service pathways. 				
ETA	No change.	Former Status Amber	Current Status Amber	Former Confidence High	Current Confidence Medium
Rationale	<p>Collaborative working continues. Child Risk Assessment questions have been further reviewed and are now ready for deployment.</p> <p>Audit of Baby Risk Assessment Questions will continue into October to understand full impact.</p> <p>Keywords queries continue to be reviewed - scale of this work is vast due to number of keywords, protocols, pathways and endpoints.</p>				
Risks, Issues, and Dependencies	<p>As described above, this is large scale piece of work to ensure accuracy and consistency of endpoints for all keywords and pathways. Regular meetings have been scheduled to review, however, DTP commitments are the priority.</p>				
What are the key highlights of the action to date?	<p>Implementation of Baby Risk Assessment Questions and initial audit.</p> <p>First review of all Child and Adult Safety Questions and all Keywords - submitted to CCGG for review.</p> <p>Engagement with 999 Outcomes SLWG to ensure alignment of 999 endpoints with SAS.</p> <p>Deployment of 10 additional keywords that align to NHS Pharmacy First Scotland.</p>				
Action 2.1b	<ul style="list-style-type: none"> • Take forward the recommendations from service blueprint development (action 2.1a) and learning and insight from service optimisation work to transform current and develop new roles and skillsets to meet the requirements of future service models. 				

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ETA	31/03/2026.	Former Status	Current Status	Former Confidence	Current Confidence
Rationale	High level roadmap agreed by EMT/APF July, SLWG kicked off in September and work for Phase 1 is underway.				
Risks, Issues, and Dependencies	The work needs to align with service transformation developments and the target operating model work. There is also only so much change we can do to existing roles within the current financial envelope and organisational change policy.				
What are the key highlights of the action to date?	SLWG established with representatives from across Directorates; survey undertaken to gather thoughts and views on a number of areas including evolving roles, required capabilities and what success would look like; sub group conducting a stop, start, continue on current job descriptions; Participation in the target operating model workshops.				
Action 2.1c	<ul style="list-style-type: none"> Implement the Training and Practice Education Transformation Delivery Plan, the new core initial training programmes for frontline skillsets. 				
ETA	N/A.	Former Status	Current Status	Former Confidence	Current Confidence
Rationale	High level roadmap agreed by EMT/APF July, SLWG kicked off in September and work for Phase 1 is underway				
Risks, Issues, and Dependencies	The work needs to align with service transformation developments and the target operating model work. There is also only so much change we can do to existing roles within the current financial envelope and organisational change policy.				
What are the key highlights of the action to date?	SLWG established with representatives from across Directorates; survey undertaken to gather thoughts and views on a number of areas including evolving roles, required capabilities and what success would look like; sub group conducting a stop, start, continue on current job descriptions; Participation in the target operating model workshops.				
Action 2.1d	<ul style="list-style-type: none"> Optimise NHS 24 practice and outcomes to support flow and demand for primary and secondary urgent and unscheduled care through Right Care, Right Place, and delivery of care closer to home, including self-care. Continued collaboration with partners to support the national redesign of primary and secondary urgent care pathways to reduce attendance, deliver care closer to home and improve the patient journey and outcomes. Work with partners and take forward learning from advise and refer/minor injuries protocol development to scope the potential for digital only self-directed referral pathways to FNC. 				
ETA	End of Q4 - unchanged	Former Status	Current Status	Former Confidence	Current Confidence
Rationale	Limited CDT capacity to optimise NHS 24 pathways. Will impact on implementation of keyword changes into PEGA to support new recommended final endpoints and non-clinician closed pathways.				

Risks, Issues, and Dependencies	As above.				
What are the key highlights of the action to date?	RUC Education package on national CPD timetable and is being delivered. ANP Video triage continues to be successful with the addition of remote prescribing for appropriate cases. Currently scoping move to BAU with ANP team and making it accessible to other clinician groups within the organisation. Professional-to-Professional call levelling has been expanded to NHS Lanarkshire FNC+ following the ongoing successful establishment of the concept with NHS Tayside FNC. Early conversations have also taken place with other territorial boards (NHS Lothian, NHS GG&C, NHS Highland, NHS Grampian) around the expansion and implementation of similar process in boards. Pilot Primary Care toolkit out in two practices in NHS GG&C and one in NHS Tayside. Primary Care Dashboard operational and data can be pulled to individual practice level - ideas around how best to use data being developed.				
Activity 3.1	Continuous improvement and development of NHS 24's digital products and services to deliver a seamless omnichannel experience.				
Action 3.1a	<ul style="list-style-type: none"> • Digital discovery, development, and implementation of an omnichannel model. • Continuous improvement and development (dependant on capability delivered through action 1.1a) of 'NHS 24 Online' and the products to deliver this including the NHS 24 app. 				
ETA	End Q4 2025/26	Former Status	Current Status	Former Confidence	Current Confidence
		Amber	Amber	Medium	Medium
Rationale	The current expected year-end criteria, due to changes to timescales, ongoing level of commitment and SME requirements across DTP, are potentially too optimistic e.g. fully evaluated and scoped new technology, created a pipeline of development etc. These could be revised to reflect circumstance and current position.				
Risks, Issues, and Dependencies	SME capacity - whilst resource and expertise is expected to transition from DTP to STP and could accelerate some of this work, there could be other pressures that could limit engagement e.g. winter planning and operational focus.				
What are the key highlights of the action to date?	A workshop has been planned for early Q3 to begin to define and map what an omnichannel offering could look like for NHS 24 to make use of new technologies being implemented and to align with work on new service pathways.				
Activity 4.1	Delivery of agreed improvement and redesign roadmap for NHS inform aligned to the business case to meet stakeholder needs on behalf on NHSScotland.				
Action 4.1a	<ul style="list-style-type: none"> • Redesign of NHS inform based on user research, stakeholder engagement, and the principle of co-design. • Development of outline business case for future service delivery. 				
ETA	31/03/26 (unchanged)	Former Status	Current Status	Former Confidence	Current Confidence
		Amber	Amber	Medium	Medium
Rationale	Solid progress on prerequisites e.g. governance and case-building are in place, with substantive, external dependencies not yet fully resolved. The SRD will move from planning to initiation in Oct (once contract details finalised). The digital weight management service in partnership with DHI has been completed/delivered.				

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	<p>The CI workstream (including Content and Clinical Governance) is progressing well, with an urgent focus on improving the governance around cancer content.</p> <p>Support request for OBC submitted to HIS.</p>
Risks, Issues, and Dependencies	<p>Positive indicators (Sep 1–25):</p> <ul style="list-style-type: none"> • Governance & leadership operating effectively: Project Board arrangements remain the assurance mechanism; SRD governance and delivery leads are being confirmed as part of mobilisation. • Funding & partner activation: Phase 2 funding confirmed with SRD work proceeding with DHI; Innovate UK/SG commitments noted in the latest portfolio narrative. • Baseline & planning artefacts advancing: OBC drafting and service baselining continue; discovery/user-research outputs are feeding the October vision workshops. • Risk management strengthened: A Phase 2 risk briefing is live (with RAID population/escalation approach), specifically addressing platform degradation and governance/safety concerns. SBAR for Governance of Cancer Content being revised and updated in order to support Clinical Governance workstream. • Operational insights: Latest discovery/analytics and stakeholder research (e.g., July/Aug 2025 “Professionals” study) continue to inform prioritisation for SRD. <p>Potential barriers (Sep 1–25):</p> <ul style="list-style-type: none"> • Resource planning: Timely onboarding of service design, clinical governance, health economics, BA and technical roles remains essential to keep SRD pace. (Portfolio status shows Resource/Capacity = Amber.) • Technical dependencies: The CMS route (migration vs. stabilise/bridge) must be decided without incurring technical debt; contract expiry Oct 2025 compresses decision lead-time. <p>Strategic dependencies (Sep 1–25):</p> <ul style="list-style-type: none"> • National alignment: Continued coordination with national programmes (e.g., DFD, NDP) and alignment to national digital/web consolidation to avoid duplication and fragmentation. • External partnerships: Collaboration with DHI and other national partners (e.g., SG/NSS) as part of SRD delivery and governance progression. <p>Risks & Mitigation:</p> <ul style="list-style-type: none"> • Amber RAG Status: Reflects positive momentum but ongoing risks in resource mobilisation, technical dependencies, and governance gaps. • AI & GDPR Impact: Decline in user metrics due to AI search changes and cookie consent; remediation underway. • Cancer Content Risk: Unupdated content flagged for removal by November unless governance is resolved.

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What are the key highlights of the action to date?	<p>Strategic positioning & funding secured: Phase 2 funding approved and Service Redesign (SRD) mobilised, moving the programme from planning to initiation. This cements the action's strategic intent (vision, blueprint, OBC) and underpins recommissioning discussions with SG.</p> <p>User-centred evidence base strengthened: User research completed with insights feeding vision workshops (Oct) and priority journey definition—providing an evidence-led foundation for design choices and success measures.</p> <p>Governance uplift & safety emphasis: Clinical Content Governance strengthened (digital clinical safety focus - checklists, documentation updates, priority sprints for high-risk areas—e.g., rapid cancer content governance), alongside an updated, approved content process & governance cycle (v2.0) to manage un/externally-governed content and formalise MoU pathways and removal criteria.</p> <p>Early delivery aligned to national priorities: Digital Weight Management Service remains on track (Sept), demonstrating tangible progress in areas that support prevention/self-management and a “Once for Scotland” approach.</p> <p>Clear scope and cadence within the Portfolio: CDP alignment reconfirmed: Action 4.1a centres on strategic vision + recommission; SRD will define future service blueprints while a continuous-improvement strand addresses “keep-the-lights-on” governance, accessibility and content quality.</p> <p>Risk clarity and targeted mitigations: A consolidated risk stock take (service, project, corporate) clarified critical items (clinical governance equity; SHG hazard logging; analytics/data backbone; supplier constraints) and set concrete calls-to-action several timed for mid/late September to stabilise delivery and clinical safety.</p> <p>System alignment and whole-system value case: Work continued to integrate NHS inform’s redesign with national digital programmes (e.g., DFD) and to clarify the Vision, Mission, Purpose in the system, reinforcing inform’s role in prevention, self-care, and demand management across Scotland.</p>				
	Activity 5.1	<p>Take forward recommendations from the endpoint review and wider insight and learning to optimise and maintain the current operational delivery model and provide the stability and resilience required for the safe and effective implementation of new core service technology.</p>			
	Action 5.1a	<ul style="list-style-type: none"> Build upon developments and systematically take forward learning from ongoing review and evaluation to revise processes and, within the limits of current tools and technology, continuously improve patient experience and outcomes, and make best use of resource and expertise 			
	ETA	Mar 2026	Former Status	Current Status	Former Confidence
		Green	Green	High	High
	Rationale	<p>Initiatives continue to optimise the current delivery model which include:</p> <ul style="list-style-type: none"> Two workshops for Phase 2 of the Kaizen Blitz improvement initiative were conducted prior to pausing this cohort until 2026 to accommodate DTP training and operational priorities. With the postponement of the planned workshops, alternative training options are being explored for implementation after the DTP go-live. One option under consideration is an enhanced two-day coaching program for clinical supervisors with the highest call handling 			

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	<p>times. This program would focus on call review, reflective practice, and the development of individualized SMART plans, aiming to deliver measurable improvements comparable to those of the Kaizen Blitz approach while minimising offline time impact.</p> <ul style="list-style-type: none"> • A Managers Performance Toolkit is being developed to offer comprehensive support and guidance to senior charge nurses and team managers, with the aim of enhancing overall service performance by clearly outlining expectations and required documented actions. • The in-hours optimisation workstream is progressing, with the introduction of the new process resulting in a 4.5% overall reduction in the number of contact records generated for calls. Proposed updates to call handler scripts are intended to drive further enhancements. Quality compliance checks, utilising dip sampling, have been established to assess adherence to process, initial scripting, and endpoint protocols. There are plans to broaden this quality assurance approach and integrate it into the national Clinical Effectiveness meeting to facilitate ongoing evaluation and improvement. • Efforts are underway to implement digital solutions that will eliminate the need for physical cards. A pilot process is currently in place and is being evaluated, enabling call handlers to log calls electronically while allowing managers to monitor queue status in real time. This digital initiative has received positive feedback from staff; however, it is recognised that a sustainable solution applicable across all centres, with robust governance measures, is required. 										
Risks, Issues, and Dependencies	As described, some workstreams have/may pause to support DTP rollout										
What are the key highlights of the action to date?	<p>Improvements achieved as outlined in recovery trajectory and relating to KPIs:</p> <ul style="list-style-type: none"> • Percentage of calls answered within five minutes increasing: 22% in April to 50% in September • The average patient journey time decreasing: 39 minutes in April to 33 minutes in August • Median time to answer decreased: 14 minutes to 7 minutes <p>With no negative impact on other KPIs or unintended negative consequences from the improvements reported.</p> <p>Contributing factors are the achievement of the following:</p> <ul style="list-style-type: none"> • Reduced call routing time. • In-hours pathway optimisation. • Revised support package for clinical staff post-core induction. • Staff development through Kaizen Blitz Improvement Workshops. 										
Action 5.1b	<ul style="list-style-type: none"> • Create the conditions and provide a stable operational and working environment for the implementation and transition to a new integrated Contact Centre/Customer Relationship Management (CC/CRM) software solution (Action 1.1a) whilst providing continuity and maintaining safe levels of service performance. 										
ETA	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 25%;"></th> <th style="width: 25%; text-align: center;">Former Status</th> <th style="width: 25%; text-align: center;">Current Status</th> <th style="width: 25%; text-align: center;">Former Confidence</th> <th style="width: 25%; text-align: center;">Current Confidence</th> </tr> <tr> <td style="width: 25%;"></td> <td style="width: 25%; text-align: center;">Amber</td> <td style="width: 25%; text-align: center;">Amber</td> <td style="width: 25%; text-align: center;">Medium</td> <td style="width: 25%; text-align: center;">High</td> </tr> </table>		Former Status	Current Status	Former Confidence	Current Confidence		Amber	Amber	Medium	High
	Former Status	Current Status	Former Confidence	Current Confidence							
	Amber	Amber	Medium	High							
Rationale	Impact has been well managed during the build, development and training phases of DTP. There has been some impact to performance, however this has been well mitigated against by the scheduling of staff to minimise service impact and the offer of additional hours. Inevitably there has been some reduction in performance but wait times to access the service have not been excessive. The current status remains										

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	amber as there will be disruption during the phase 2 roll out when the vast majority of staff use the system for the first time, however this should be minimised due to the success of phase 1, the positive feedback from staff training, the involvement of frontline staff in user testing and the support model that will be put in place across all shifts in all centres.				
Risks, Issues, and Dependencies	In terms of the final phase, any significant technology issues could impact on the success criteria and cause disruption to service and performance. There are workarounds in place where the new technology doesn't provide the ideal solution and it will take staff time to get used to new processes. Given the nature of the service it will take several weeks for staff to become fully familiar with the new applications and that's likely to have an impact on service. Higher than forecasted call volumes and an unexpected surge in demand together with higher staff absence could affect the success criteria.				
What are the key highlights of the action to date?	Successful completion of the training for all frontline staff and managers with minimal disruption to patients. The positive feedback from staff following the completion of their training as, if there had been concerns, it would have impacted in terms of anxiety in relation to doing their role. Performance has actually improved over the past 6 months which is testimony to successful recruitment programmes particularly in relation to clinical staff and also a series of performance improvement initiatives. This has been a major achievement given the DTP commitment in relation to key people seconded, training, user testing, phase 1 roll out and the related split of resource. Disruption for staff and ultimately patients has been kept to a minimum which is the key highlight.				
Activity 5.2	Take forward actions from the strategic review of NHS 24's suite of mental health services				
Action 5.2a	<ul style="list-style-type: none"> Systematically review and address findings from the Mental Health Review, focusing on service definition, public awareness, and patient safety and experience to ensure that mental health services (Breathing Space, Living Life, and the Mental Health Hub) are aligned with ongoing continuous improvement efforts, redesign, workforce development, and service integration initiatives. Work with Scottish Government and scope the potential delivery of Held in Mind early intervention psychology service. 				
ETA	End of March 2027.	Former Status	Current Status	Former Confidence	Current Confidence
Rationale	Target Operating Model (ToM) Development for Mental Health Services: The first series of workshops have been completed to define the vision and principles for the future operating model of mental health services. These sessions are modelled on the approach used for the 111 service. The TOM outputs are in the process of being shared with EMT and can't be shared wider at this stage. Recruitment Update: Awaiting official outcome of recruitment for Head of Clinical Services for Mental Health. The working group continue to work on a regular basis. The Mental Health Programme Board is due to meet on the 2nd of October.	Green	Green	Medium	Medium
Risks, Issues, and Dependencies	Although the DTP phases and services have been realigned, the risks and dependencies remain unchanged: <ul style="list-style-type: none"> Resource and Capacity Constraints: Limited availability of subject matter expertise and resources could impact the ability to meet timescales and deliver the required outcomes. Additionally, competing priorities, such as the need to implement and train staff on new technology through the Digital Transformation Portfolio (DTP), may divert resources from other areas. Technological Challenges: Any delays in the implementation of new technology solutions could hinder progress and affect the alignment of mental health services. Uncertainty and Contingency: Limited contingency and tolerance for unexpected events, particularly heading into winter, could affect the overall confidence in delivery. 				

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What are the key highlights of the action to date?	<p>Clinical safety concerns around Breathing Space anonymity and number masking have been addressed.</p> <p>Management structure strengthened. Head of Psychological in post, Head of Clinical services for Mental Health advertised.</p> <p>Workshops underway for development of TOM and 24/7 aligned service model to improve patient experience and outcome measurement.</p> <p>Integration and rationalisation of digital content and pathways in progress.</p> <p>Mental Health Programme Board re-established.</p> <p>Review of Mental Health Wellbeing Assessment and webchat review underway.</p> <p>Held in Mind posts have been advertised and recruitment starting.</p>					
	Activity 5.3 <p>Continued development and improvement of mental health services and associated pathways in collaboration with strategic partners</p>					
	Action 5.3a <ul style="list-style-type: none"> Continued collaboration with Scottish Ambulance Service and Police Scotland that builds on previous work and the progress made to take forward the next phase. 					
	ETA	March 2026.	Former Status	Current Status	Former Confidence	
			Green	Green	Medium	
	Rationale	<p>Police Scotland – High, SAS – Mid confidence. PS - Warm Transfer - NHS 24/PS in discussion to change the current (NHS 24 call patient back) process to a warm handover for their calls into MHH, scheduled for 2026. As unable to transfer 999 calls, PS will develop an internal process prior to warm transfer to NHS 24 MHH. Currently Test of Change in place for a period of 8 weeks, increasing PWP ringfencing to 2 on backshift from 25th Aug - 19th Oct to determine if an increase in call answering if achievable.</p>				
	Risks, Issues, and Dependencies	<p>999 Telephony issues caused by AWS VOIP system not yet resolved.</p>				
	What are the key highlights of the action to date?	<p>Test of Change underway - analysis will follow.</p>				
Action 5.3b <ul style="list-style-type: none"> Collaborate with Scottish Government on the next phase of the development of digital mental health products that are aligned with wider digital health and care aims. 	ETA	March 2026.	Former Status	Current Status	Former Confidence	
			Amber	Amber	Medium	
	Rationale	<p>NHS 24 continue to support the development of Mind to Mind which is now classed as a 'BAU' service after agreement with SG (quarterly strategic review meetings to continue with primary engagement via the Digital Content team. New eating disorder and ADHD/autism content is being developed with national experts.</p>				

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Risks, Issues, and Dependencies	NHS 24 may have limited capacity to support work that requires significant UR, service design or Stakeholder Engagement activity due to ongoing STP and DTP priorities.
What are the key highlights of the action to date?	New eating disorder and ADHD/autism content is being developed with national experts.

Strategic Portfolio: Workforce

Workforce Summary Table

The table below provides an overview of status and confidence about delivering the expected success criteria within timescale and any change to this.

Ref	CDP Action	Start	End	Confidence	2025/26												2026/27				
					Start	End Apr	End May	End Jun	End Jul	End Aug	End Sep	End Oct	End Nov	End Dec	End Jan	End Feb	End Mar	Q1	Q2	Q3	Q4
Strategic Portfolio: Workforce																					
6.1a	Effective Establishment Control	01/01/24	31/03/26	High																	
6.1b	Digital Culture & Ways of Working	01/01/24	31/03/26	High																	
6.1c	Training & Digital Skills Review	01/09/23	31/03/26	High																	
6.2a	Deliver Management Essentials	01/11/23	31/12/25	High																	
6.3a	Culture & Wellbeing	01/10/23	31/03/26	High																	
6.3b	Attendance & Case Management	01/01/24	31/03/26	High																	

There are six Corporate Actions relating to the Workforce portfolio. All actions are reporting a Green status, with all actions reporting a high level of confidence.

Activity 6.1	Deliver sustainable workforce and plan our workforce to meet service requirements through attracting and retaining people								
Action 6.1a	<ul style="list-style-type: none"> Ensure effective budgeted organisational workforce establishment with continuous review and control to deliver the right roles and skillsets to meet operational priorities and business requirements, with a key focus on. 								
ETA	March 2026.	Former Status		Current Status		Former Confidence		Current Confidence	
		Green		Green		High		High	
Rationale	<p>Clinical supervisor establishment met and maintained since August 2025.</p> <p>CH establishment met and maintained since February 2024.</p> <p>Clinical supervisor attrition has reduced by 4% this year.</p>								
Risks, Issues, and Dependencies	N/A								
What are the key highlights	NHS 24 has achieved a historic milestone in CS recruitment, reaching and maintaining a full establishment of 185 WTE from August 2025 - the first time the organisation has had a complete nursing compliment. The success is attributed to a multipronged strategy that includes								

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of the action to date?	open and online events, career fayres, partnerships with employability organisations and a 12 month extended corporate induction programme. The introduction of buddy systems and continuous CPD support has further strengthened onboarding and retention.				
Action 6.1b	<ul style="list-style-type: none"> Promoting a digital culture where Workforce Directorate embrace new technology through workforce digital solutions and a digital-first mindset, by delivering Year 2 of the Workforce Data and Digital Action Plan. 				
ETA	3-year workplan in place until October 2026.	Former Status	Current Status	Former Confidence	Current Confidence
Rationale	Year two of the plan is 100% complete with 16 digital initiatives developed and embedded since October 2024. Initiatives included Candidate and Hiring Manager automated feedback questionnaires, attrition dashboards, automated flexible working process, hiring manager hub, stress risk assessment automated process and digital recording of trade union activities.				
Risks, Issues, and Dependencies	N/A				
What are the key highlights of the action to date?	The Workforce Data and Digital workplan is designed to embed digital first thinking and data driven decision making across the organisation. The projects completed deliver tangible benefits including improved access to workforce data for managers, enhanced recruitment stability and increased digital literacy across teams.				
Action 6.1c	<ul style="list-style-type: none"> Conduct a review of training and digital skills. 				
ETA	31/03/2026	Former Status	Current Status	Former Confidence	Current Confidence
Rationale	Digital skills survey closes 29th September with over 100 responses currently. Upskilling sessions, lunch and learns etc from Oct - March already being planned and sessions offered through the KIND Network and M365 Champions already being promoted. The survey data will be analysed to give a breakdown per directorate taking part; this will allow for tailored approaches in upskilling for maximum benefit.				
Risks, Issues, and Dependencies	Low engagement with and uptake of digital offerings for upskilling due to lack of capacity (due to DTP and/or festive demands). Will monitor uptake at high level, evaluate sessions for feedback, liaise with frontline colleagues and ensure a clear comms plan to mitigate against this as far as possible.				
What are the key highlights of the action to date?	<p>Directorate approach to digital upskilling piloted in Workforce - staff identified 4 digital tools to learn more about and upskilling sessions have been delivered via team meetings, by different colleagues to build confidence and ownership. This approach has evaluated well and is a model that can easily be adapted for other directorates.</p> <p>Appointment of a Learning Technologist to prioritise this work.</p> <p>Agreement with NES to liaise on NHS 24 digital survey results and establish where the TEL team or NES resources can support us.</p> <p>Digital Skills survey complete to establish baseline data and inform upskilling approach for next 6 months.</p>				
Activity 6.2	Ensure the organisation has effective leaders and managers 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				
Action 6.2a	<ul style="list-style-type: none"> Deliver our 'Management Essentials Programme' to frontline leaders, 'Leading with Courage' to middle leaders and 'Leading for Impact' to senior leaders. 				

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ETA	31/03/2026	Former Status	Current Status	Former Confidence	Current Confidence
		Green	Green	High	High
Rationale	Leadership Development Programme completed its organisation wide roll out successfully, with a further 2 x cohorts of Leading with Courage and 1 x cohort of Leading for Impact taking place Jan-March 2026, with delegates scheduled. Adaptations to course materials and timings have been made following delegate feedback via evaluation methods and are ready for Q4.				
Risks, Issues, and Dependencies	<p>The Management Essentials Programme scheduled for September 2025 required to be rescheduled due to DTP requirements and the impact abstraction would have on frontline colleagues at this time. The delivery has been rescheduled to Q4 2025/26 although will not fully complete by year end due to the date change.</p> <p>The specific success criteria of "90% of eligible managers to complete MEP by December 2025" will not now be met due to the date change; (will request amendment of this specific criteria as part of the 6 month review)</p>				
What are the key highlights of the action to date?	<p>90% of in scope leaders completed Leadership Development Programme.</p> <p>LDP rated as 91% effectiveness overall; improvements noted in every single one of the thirty leadership development competencies post course; improvement in 360 feedback post programme in every case.</p> <p>Wicked Issue topics and cohort recommendations have yielded tangible benefits such as the pilot of a Primary Care Toolkit.</p> <p>An increase in relevant line manager aspects of iMatter staff survey and hugely positive results overall speaking to the benefits of values led leadership for staff experience.</p> <p>NHS 24's Leadership Development Programme shortlisted for 'Learning and Development Award of the Year' with HR Network Awards.</p>				
Activity 6.3	Deliver an inclusive culture that supports our people's health and wellbeing				
Action 6.3a	<ul style="list-style-type: none"> 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. 				
ETA	31/03/2026	Former Status	Current Status	Former Confidence	Current Confidence
		Green	Green	High	High
Rationale	2025 iMatter record high results including response rate and engagement score, and in particular 95% of action plans submitted, indicate a commitment to (and trust in) a values-led culture. End of Q2 updates on directorate Culture and Wellbeing Action Plans are being sought currently, and collective progress will be reported on.				
Risks, Issues, and Dependencies	Attendance rates continue to be challenging, as one of the success criteria for this action, however a task force has been established to specifically target this area.				
What are the key highlights of the action to date?	<p>The iMatter 2025 results have reached record highs for NHS 24 and indicate a positive staff experience and values led culture.</p> <p>Consistent themes across directorate action plans include:</p> <ul style="list-style-type: none"> Continuous professional development/learning 				

	<ul style="list-style-type: none"> • Communication • Connection <p>The Service Delivery approach is developing to encompass centre-specific actions, demonstrating mainstreaming of the approach.</p>										
Action 6.3b	<ul style="list-style-type: none"> • Further develop and embed the use of Case Management and Attendance KPI's. 										
ETA	<table border="1"> <tr> <td>31/03/2026</td><td>Former Status</td><td>Current Status</td><td>Former Confidence</td><td>Current Confidence</td></tr> <tr> <td></td><td>Green</td><td>Green</td><td>High</td><td>High</td></tr> </table>	31/03/2026	Former Status	Current Status	Former Confidence	Current Confidence		Green	Green	High	High
31/03/2026	Former Status	Current Status	Former Confidence	Current Confidence							
	Green	Green	High	High							
Rationale	<p>We are able to report this confidence level due to the following:</p> <p>Active Case Support: We are currently supporting a significant number of active cases, demonstrating our robust capacity to manage and resolve issues effectively.</p> <p>Advisory Services: Our team has responded to numerous tickets, providing timely and expert advisory services. This proactive approach has facilitated early resolutions and minimised escalation.</p> <p>Training Sessions: We have delivered multiple training sessions aimed at equipping managers with the necessary skills and knowledge to handle absence and case management confidently. These sessions have been well-received and have contributed to a more informed and capable management team.</p> <p>Our data reflects a consistent and reliable support system that ensures managers are well-equipped to handle all stages of absence and case management.</p> <p>We also conducted a deep dive into attendance, and a new taskforce is established and a suite of actions being taken forward.</p>										
Risks, Issues, and Dependencies	<p>High absence rates in these summer months is a concern and the reason for the establishment of the attendance taskforce.</p> <p>Potentially winter illness so the taskforce is focused on what measures can be implemented to maintain staff at work.</p> <p>Requirements for DTP training and implementation may mean managers have less focus and time in this area.</p>										
What are the key highlights of the action to date?	<p>The establishment of a Case Management Dashboard and Case Management KPIs and achieving timescales of each particularly in regards to Flexible Working cases.</p>										

Corporate Commitment: Collaboration

Collaboration Summary Table

The table below provides an overview of status and confidence about delivering the expected success criteria within timescale and any change to this.

Ref	CDP Action	Start	End	Confidence	2025/26												2026/27				
					Start	End Apr	End May	End Jun	End Jul	End Aug	End Sep	End Oct	End Nov	End Dec	End Jan	End Feb	End Mar	Q1	Q2	Q3	Q4
Corporate Commitment: Collaboration																					
7.1a	SAS & Digital Opportunities	01/04/24	31/03/26	Mid																	
7.1b	SAS & Workforce Opportunities	01/04/24	31/03/26	Complete																	
7.1c	SAS & Operational Delivery	01/04/24	31/03/27	High																	
7.2a	PHS Patient Journey Datasets	01/11/23	31/03/26	Mid																	

There are a total of 4 active actions relating to Collaboration in the Corporate Plan. One action has been completed, with fulfilment of all planned actions in the workforce collaboration. The remaining three actions have a medium confidence due to internal and external dependencies.

Following publication of the NHS Scotland service renewal frameworks and reference to increased collaboration between NHS 24 and the Scottish Ambulance Service (SAS), an initial set of scoping meetings have taken place which is identified three new priorities in short term. These are:

- Diversity, inclusion and anti-racism,
- Inphase,
- Resilience.

in addition, other areas had been identified for longer term collaboration, and these will be worked through in coming months. A Project Initiation Document (PID) has also been received from Scottish Government (SG) to set out the strategic direction for collaboration in coming years. SAS and NHS 24 are working on an implementation PID to take forward the SG request for action.

Activity 7.1	Joint working to take forward a range of activity and improvements and scope further development opportunities across agreed strategic themes through the Scottish Ambulance Service/NHS 24 Collaboration Board
Action 7.1a	<ul style="list-style-type: none"> • Joint working with SAS and PHS to influence further development and utilisation of Health & Social Care data across Scotland. • Scoping potential of technology and digital products to identify opportunities to optimise care and experience of users. • Explore how artificial intelligence might be used to deliver services differently and improve the experience for patients, staff, and partners.

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ETA	Plans being agreed to cover period to April 26	Former Status	Current Status	Former Confidence	Current Confidence
		Green	Amber	Medium	Medium
Rationale	All data strategies from the organisations have been shared. Good progress with regards to the mechanics of data sharing.				
Risks, Issues, and Dependencies	DTP, resourcing and delivery. Dependencies on resource availability from partner boards.				
What are the key highlights of the action to date?	All AI strategies have been shared. Regular meetings in place with all stakeholders. Finalisation of deliverables and respective timetable. Plans developed for internal and external access to defined data items within the new data warehouse.				
Action 7.1b	<ul style="list-style-type: none"> Joint working with SAS to understand, develop and maximise opportunities for collaboration in advanced practice, joint roles, career frameworks and pathways. 				
ETA	Actions to date are completed - workforce not included in phase 3 of collaboration	Former Status	Current Status	Former Confidence	Current Confidence
		Green	Complete	High	Complete
Rationale	Planned workforce actions to date have been completed.				
Risks, Issues, and Dependencies	As above.				
What are the key highlights of the action to date?	Planned workforce actions to date have been completed.				
Action 7.1c	<ul style="list-style-type: none"> Undertake a joint review of urgent and unscheduled care outcomes for patients that contact NHS 24. 				
ETA	End of Q4 - unchanged	Former Status	Current Status	Former Confidence	Current Confidence
		Amber	Green	Medium	High
Rationale	TOC Complete - see six-month highlights for details.				
Risks, Issues, and Dependencies	N/A				
What are the key highlights	Professional-to-Professional call levelling has been expanded to NHS Lanarkshire FNC+ following the ongoing successful establishment of the concept with NHS Tayside FNC. Early conversations have also taken place with other territorial boards (NHS Lothian, NHS GG&C,				

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of the action to date?	NHS Highland, NHS Grampian) around the expansion and implementation of similar process in boards. FNCs data analysis with NHS Lanarkshire indicate 50% of patients who would otherwise have been advised to directly attend an Emergency Department within the hour are redirected to an alternative pathway of care following senior clinical decision maker P2P intervention.				
Activity 7.2	Scope and develop opportunities with Public Health Scotland to develop data and intelligence that proactively evidences service development opportunities.				
Action 7.2a	<ul style="list-style-type: none"> 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. 				
ETA	Pending DW	Former Status	Current Status	Former Confidence	Current Confidence
		Amber	Amber	Medium	Medium
Rationale	Need to dedicate resource to this from data team also.				
Risks, Issues, and Dependencies	Current resource and agreements.				
What are the key highlights of the action to date?	<p>"The dashboard has been incredibly useful even though it is very limited use and limited in knowledge as it can provide a very quick birds eye overview of the patient pathway whilst acknowledging it is not complete.</p> <p>It also has generated as it is a test version of what would make it more usable in the future in terms of function and information.</p>				

Corporate Commitment: Communications

Communications Summary Table

The table below provides an overview of status and confidence about delivering the expected success criteria within timescale and any change to this.

Ref	CDP Action	Start	End	Confidence	2025/26												2026/27				
					Start	End Apr	End May	End Jun	End Jul	End Aug	End Sep	End Oct	End Nov	End Dec	End Jan	End Feb	End Mar	Q1	Q2	Q3	Q4
Corporate Commitment: Communications																					
5.4a	Public Communications	01/04/25	31/03/26	High																	
5.4b	Seasonal Health Campaign	01/04/25	28/02/26	High																	
5.4c	Partner Communications	01/04/25	31/03/26	High																	
6.3c	Internal Workforce Engagement	01/04/24	31/03/26	High																	

There are four Corporate Actions relating to Communications. All reported actions are reporting a green status with a high level of confidence that success criteria will be achieved for the year.

Activity 5.4	Deliver comprehensive external multi-channel/media communications that support the delivery of Right Care, Right place.				
Action 5.4a	<ul style="list-style-type: none"> Deliver a targeted public communication plan across all available platforms, reaching audiences across Scotland to promote the full range of NHS 24 products and services. 				
ETA	Rolling activity.	Former Status	Current Status	Former Confidence	Current Confidence
		Green	Green	High	High
Rationale	Plan on track.				
Risks, Issues, and Dependencies	N/A				
What are the key highlights of the action to date?	All actions and plans are on track. Winter campaign is in development and expected to be delivered as per the plan and internal comms focus across all channels has been BAU as well as intense focus on DTP this year.				
Action 5.4b	<ul style="list-style-type: none"> Develop and deliver the national seasonal public health marketing campaigns to improve knowledge and appropriate use of NHS 24 services and to promote self-care and health preparedness. 				
ETA	Rolling activity.	Former Status	Current Status	Former Confidence	Current Confidence
		Green	Green	High	High
Rationale	Plan on track.				

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Risks, Issues, and Dependencies	N/A.				
What are the key highlights of the action to date?	All actions and plans are on track. Winter campaign is in development and expected to be delivered as per the plan and internal comms focus across all channels has been BAU as well as intense focus on DTP this year.				
Action 5.4c	<ul style="list-style-type: none"> Deliver a programme of targeted communications and engagement activity about the full range of NHS 24's services with key partners, and with third & independent organisations to support communities at risk of health inequalities. 				
ETA	Rolling activity	Former Status Green	Current Status Green	Former Confidence High	Current Confidence High
Rationale	As per previous update - active programme of activity underway.				
Risks, Issues, and Dependencies	As per previous update - it would be impacted by resource issues.				
What are the key highlights of the action to date?	All actions and plans are on track. Winter campaign is in development and expected to be delivered as per the plan and internal comms focus across all channels has been BAU as well as intense focus on DTP this year.				
Activity 6.3	Deliver an inclusive culture that supports our people's health and wellbeing				
Action 6.3c	<ul style="list-style-type: none"> Develop a multi-channel Workforce internal engagement plan in partnership with our Internal Communications Team, to inform and engage our people. 				
ETA	Rolling activity	Former Status Green	Current Status Green	Former Confidence High	Current Confidence High
Rationale	As before, all activity is defined within the Communications Delivery Plan and DTP Communications Delivery Plan. it is reported quarterly into EMT and Staff Governance				
Risks, Issues, and Dependencies	If resource were to be impacted, so would our ability to deliver.				
What are the key highlights of the action to date?	All actions and plans are on track. Winter campaign is in development and expected to be delivered as per the plan and internal comms focus across all channels has been BAU as well as intense focus on DTP this year.				

Corporate Commitment: Compliance

Compliance Summary Table

The table below provides an overview of status and confidence about delivering the expected success criteria within timescale and any change to this.

Ref	CDP Action	Start	End	Confidence	2025/26												2026/27				
					Start	End Apr	End May	End Jun	End Jul	End Aug	End Sep	End Oct	End Nov	End Dec	End Jan	End Feb	End Mar	Q1	Q2	Q3	Q4
Corporate Commitment: Compliance																					
10.1a	Sustainability Value & Efficiencies	01/01/24	31/03/26	High																	
10.1b	Climate Emergency & Net Zero	01/04/24	31/03/26	High																	
10.2a	Stakeholder Engagement	01/04/24	31/03/26	High																	
10.2b	Public Involvement	01/04/24	31/03/26	High																	
10.2c	Equality Inclusion & Human Rights	01/04/24	31/03/26	High																	

There are five active Corporate Actions in relation to Compliance in 2025/26's delivery plan. All reported actions are reporting a Green starting position and a high-level of confidence of the fulfilment of in-year success criteria.

Activity 10.1	Deliver duties and responsibilities for Climate Emergency, Sustainability & Value Programme.								
Action 10.1a	<ul style="list-style-type: none"> Deliver a programme of activity to support efficiencies and improvements. 								
ETA	End of March 2026.	Former Status		Current Status		Former Confidence		Current Confidence	
Rationale	Plans in place to enable the achievement of efficiency targets. Regular Sustainability & Values Group meetings to review plans, establish new ideas and ensure actions are undertaken.								
Risks, Issues, and Dependencies	Action of savings plans depends on availability of key personnel who may have insufficient time due to involvement in Digital Transformation and Service Transformation programmes.								
What are the key highlights of the action to date?	Majority of savings plans identified in order to achieve savings targets for 2025/26. Work will continue in second half of year to identify opportunities to meet the small target that remains.								
Action 10.1b	Deliver interventions that seek to reduce negative impact to the environment and contribute towards net zero.								

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ETA	End of March 2026	Former Status	Current Status	Former Confidence	Current Confidence
		Green	Green	High	High
Rationale	Lumina keys handed over Sept-25. OpenReach couldn't remove cables from 2nd floor - remains outstanding.				
Risks, Issues, and Dependencies	Reliant on OpenReach to move cables.				
What are the key highlights of the action to date?	Smooth transfer of staff from Lumina to Cardonald and the Estates exit plan executed on time and on budget.				
Activity 10.2	Deliver duties and responsibilities for Equality, Inclusion and Human Rights				
Action 10.2a	<ul style="list-style-type: none"> • Deliver a programme of Stakeholder Engagement, including community engagement, user research and service design activities. 				
ETA	End of March 2026.	Former Status	Current Status	Former Confidence	Current Confidence
		Green	Green	High	High
Rationale	Progress made against all actions as detailed in below summary				
Risks, Issues, and Dependencies	None currently				
What are the key highlights of the action to date?	<p>Key community engagement activity during the reported period includes:</p> <ul style="list-style-type: none"> • Delivering a presentation in relation to the mental health services and resources NHS 24 offer to over 40 people at the Voluntary Action South Lanarkshire Community Mental Health and Wellbeing Network. • Facilitating workshop sessions on NHS 24's services to over 50 attendees at the Health and Wellbeing Networking Session hosted by Glasgow Life at the Mitchell Library. • Student engagement campaign promoting key messages in relation to NHS 24, our services and overall wellbeing, including how to register with a G.P. Students were also asked to take part in a survey to help us better understand their awareness of and perceptions of NHS 24's mental health services. This will help to inform our future engagement work to promote improved awareness of our mental health services to younger people. • Delivering presentations to minority ethnic community groups in relation to NHS 24 services. <p>To support an improved understanding of NHS 24 users needs, informing service design, development and improvement, we have:</p> <ul style="list-style-type: none"> • Worked in partnership with User Vision (user experience consultancy) to better understand the value and impact of NHS inform in the delivery of health and care services in Scotland from a professional user perspective. Findings from the research will help inform the NHS inform service re-design. • Supported the ongoing Service Transformation Programme through our work to establish the current user journey and the potential improved patient experience further to the implementation prioritised opportunities that support an omni-channel approach. These 				

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	prioritised opportunities will inform distinct work packages for further exploration in relation to feasibility. Key leads for each work package will be considered, and planning is underway to begin further user research activity to support and shape their development.				
Action 10.2b	<ul style="list-style-type: none"> • Enable and facilitate effective and meaningful Public Involvement; specifically, the development and management of NHS 24 Public Partnership Forum and Youth Forum. 				
ETA	End of March 2026.	Former Status	Current Status	Former Confidence	Current Confidence
		Green	Green	High	High
Rationale	Progress made against all actions as detailed below.				
Risks, Issues, and Dependencies	None currently				
What are the key highlights of the action to date?	<p>We have had a programme of engagement with stakeholders to encourage active participation at the public session of the Annual Review, with questions being submitted and responded to by members of the public.</p> <p>The Public Partnership Forum (PPF) and Youth Forum (YF) continue to meet regularly and contribute their views to NHS 24's work. They have recently had opportunities to share their views with Jo Edwards, Director of Service Delivery, our Workforce colleagues in relation to their draft workforce strategy, and our Planning Team in relation to the NHS 24 Strategy review. PPF and YF members have also recently had the opportunity to participate in a centre visit, meeting with key Service Delivery colleagues, helping to improve their awareness of how NHS 24 operates.</p> <p>We participated in a Board workshop that showcased the breadth of engagement taking place across NHS 24, to support an improved and co-ordinated approach to capturing stakeholder engagement activity across the organisation.</p> <p>PPF and YF members have participated in engagement activities, supporting NHS 24 staff to improve public awareness of our services.</p> <p>We have provided PPF members with new opportunities to contribute to our work through the establishment of sub-groups with additional responsibilities for planning meetings and ensuring ongoing meaningful involvement.</p> <p>PPF and YF members have shown support to get involved with our Anti-Racism Action Plan, with volunteers set to be represented on our new Anti-Racism Network group.</p>				
Action 10.2c	<ul style="list-style-type: none"> • Deliver equality led initiatives across the organisation. 				
ETA	End of March 2026.	Former Status	Current Status	Former Confidence	Current Confidence
		Green	Green	High	High
Rationale	Progress made across all actions as detailed below				
Risks, Issues, and Dependencies	None currently				
What are the key highlights	We successfully published our Equality Mainstreaming and Workforce Equality Monitoring reports, that set out what NHS 24 is doing to meet our duties.				

of the action to date?

Activity to progress equality outcomes published as part of our Equality Mainstreaming Report have progressed. For the outcome relating to mental health, we have:

- Conducted desk-based research to establish baseline data on service users, in collaboration with teams across NHS 24.
- Developed and tested a data collection form to assess awareness of NHS 24 mental health services among students so we can gather a baseline from 16 -24-year-olds which will support decision making and evaluation of the programme of work.
- Planned engagement with young people during student engagement events in August/September to gather insights and gauge awareness of mental health services.

For the outcome relating to improving access to our services for people who might experience barriers to communication, we have:

- Drafted a survey aimed at gathering awareness of what is available to support individuals with sensory loss when seeking to access NHS 24 services and resources. This will support with the identification of barriers to access and potential adjustments that can be made.
- Collected data from services, where sensory loss information is recorded.
- Met with NHS 24's Lead Nurse for Learning Disability to gather insights and identify key stakeholders for inclusion within the Engagement Plan.

We have provided support to NHS 24 colleagues further to the Supreme Court ruling in relation to the definition of sex within the Equality Act 2010, providing guidance on incidents within the workplace.

Engaged Senior Management Team to assess their awareness and confidence in relation to undertaking Equality Impact Assessments (EqIA's). Based on their feedback guidance and training is being developed to support improved

Corporate Commitment: Strategic Improvements

Strategic Improvements Summary Table

The table below provides an overview of status and confidence about delivering the expected success criteria within timescale and any change to this.

Ref	CDP Action	Start	End	Confidence	2025/26												2026/27				
					Start	End Apr	End May	End Jun	End Jul	End Aug	End Sep	End Oct	End Nov	End Dec	End Jan	End Feb	End Mar	Q1	Q2	Q3	Q4
Strategic Improvements																					
8.1a	Strategic Estates Review	01/04/25	31/03/26	High																	
9.1a	Title: Quality Management & Business Intelligence	01/04/25	31/03/26	High						Yellow											

There are two active actions in the 2025/26 delivery plan relating to Strategic Improvements. Both are currently reporting a Green status and a high-level of confidence on the fulfilment of in-year success criteria.

Activity 8.1	Review of estate to maximise utilisation and provide resilience to support future operational delivery models and ways of working.								
Action 8.1a	<ul style="list-style-type: none"> Provide a flexible estate that meets organisational needs and balances demand, capacity and scheduling to provide an infrastructure that supports effective delivery of the operational model 365 days a year on a 24/7 basis. Make best use of available estate through scoping opportunities to share space with partners. Systematic review of each estate in line with contractual break clause to scope opportunities for optimal utilisation and resilience with reduced physical and carbon footprint and costs. 								
ETA	End of March 2026.	Former Status		Current Status		Former Confidence		Current Confidence	
Rationale	Estate footprint within the West Region has been reduced as per plan, with full exit from Lumina scheduled for June 2026, retention within Aurora House. Cardonald phase 2 development underway with Dundee options appraisal scheduled for completion within next 4 weeks.								
Risks, Issues, and Dependencies	<p>Cardonald Phase 2 - there is a risk that NHS GGC OOH do not vacate existing space within a timely manner, resulting in delay in completion of new space fit out works.</p> <p>Dundee - dependencies in relation to capital investment, NHS 24 may not receive additional funding to complete the necessary fit out require if the preferred option is to relocate to Kingscross. Additionally, there is a tight timescale to ensure that all necessary sign offs including ministerial depending on the outcome of the options appraisal.</p>								
What are the key highlights of the action to date?	Exit from Lumina 1st and 2nd floor, with ground floor exit scheduled by end of June 2026.								

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Activity 9.1	Develop a framework that will provide the basis of a refreshed quality management approach and system to underpin the development of an advanced business intelligence model designed around NHS 24's needs.				
Action 9.1a	<ul style="list-style-type: none"> Develop a framework that describes how NHS 24 will make best use of enhanced data and business intelligence capability (action 1.2b) and implement a Quality Management approach and business intelligence model. 				
ETA	End of March 2026.	Former Status	Current Status	Former Confidence	Current Confidence
		Amber	Green	High	High
Rationale	Whilst there has been challenge in meeting some timescales/expectations with respect to understanding the capabilities of the new DW and BI solution, there is still time in the second half of the year to develop this if the initial data strategy/requirements are met as intended.				
Risks, Issues, and Dependencies	Lack of understanding about the new DW solution capability/access to relevant data and business objects to develop a cohesive and integrated organisational quality management and reporting system.				
What are the key highlights of the action to date?	A definition of quality as applied to NHS 24's role and purpose has been developed alongside further definitions for the 6 domains. It is expected that these will help refine/define measurement criteria to underpin a cohesive and integrated organisational quality management system to support assurance and decision making.				