

**NHS 24  
BOARD**

**14 MAY 2020  
ITEM NO 4  
FOR ASSURANCE**

**NHS 24 COVID-19 RESPONSE FRAMEWORK**

<b>Executive Sponsor:</b>	Director of Service Delivery
<b>Lead Officer/Author:</b>	Head of Risk Management & Resilience
<b>Action Required</b>	The paper is provided for assurance to the Board. The COVID-19 response framework is implemented to ensure an appropriate response that supports effective decision making.
<b>Key Points</b>	NHS 24 has been responding to the demands and challenges of this incident since 9 <sup>th</sup> January 2020. The response framework has been implemented has the incident has escalated to ensure appropriate command and control decision making is in place across NHS 24.
<b>Date presented to EMT and relevant Committee</b>	EMT - 7 <sup>th</sup> April 2020 Extraordinary Clinical Governance Committee – 29 <sup>th</sup> April 2020
<b>Summary of key discussion points</b>	Organisational response to the support the wider health & social care response to the demand challenges of COVID19.  NHS 24 has implemented a 24/7 primary care operation to support the management of COVID-19.
<b>Strategic alignment and link to overarching NHS Scotland priorities and strategies</b>	National impact across the whole health and care system of COVID-19. NHSS is focussed on safe and effective management of those affected and potentially affected by Coronavirus in accordance with UK government guidance.

<b>Key Risks</b>	<p>If an appropriate framework is not implemented NHS 24 will be ineffective in meeting incident response demand to COVID 19.</p> <p>Impact of intensity of workload on small teams and levels of resilience e.g. digital, communications, clinical systems development.</p>
<b>Financial Implications</b>	Costs are being monitored by Finance and reported to SG on a weekly basis.
<b>Equality and Diversity</b>	All directorates are represented through the COVID-19 Response Team. The needs of staff are being captured and addressed through the Staff Wellbeing stream of activity, ensuring staff needs are met.

## 1. RECOMMENDATION

- 1.1. This document is intended to provide the Board with assurance that NHS 24 have implemented an effective structure for the response to COVID-19. The document outlines the strategic priorities, roles and responsibilities and response structures in place.

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# COVID 19 RESPONSE FRAMEWORK

<i>V1.1</i>	<i>NHS 24 COVID 19 RESPONSE FRAEMWORK</i>	<i>Effective From:</i>	<i>01/02/2020</i>
<i>Lead Reviewer:</i>	<i>Head of Risk Mgt &amp; Resilience</i>	<i>Review Date:</i>	<i>Monthly</i>

## Document History

### Author

Role	Name	Title
Author / Editor	Kevin McMahon	Head of Risk & Resilience
Lead Executive	Stephanie Phillips	Director of Service Delivery

### Approvals

Forum	Approval Date
COVID IMT	April 2020
EMT	April 2020
BOARD	

### Revision Changes

Version	Date	Reason	Owner
0.1	April 2019	Response to COVID 19	Kevin McMahon
0.2	14/042020	Amendments from Head of Clinical Governance, Comms, and Medical	Kevin McMahon
0.3	17/04/2020	Amendments from Service Development	Kevin McMahon
1.0	23/04/2020	Approval form EMT inc' minor amendments.	Kevin McMahon
1.1	06/05/2020	Minor amendments following Clinical Governance Committee feedback.	Kevin McMahon

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## 1. INCIDENT SITUATION

- 1.1. This document is intended to provide an outline of the NHS 24 response to the threat of COVID 19.
- 1.2. COVID 19 began in December 2019, with NHS 24 providing a response to the threat since Mid-January 2020. The virus was declared a pandemic by the World Health Organisation (WHO) on the 11<sup>th</sup> March 2020. A four nation's government action plan was agreed to mitigate the impact and support the National Health Service response.
- 1.3. The pandemic is the highest risk on the UK national risk register. As such the impact on the Scottish population will be hugely significant. The impact on the health service will provide significant challenges and interdepend links that require the full health and social care service is sustainable. NHS 24 will support the wider health and social care response wherever possible.
- 1.4. The initial NHS 24 response in the contain phase supported the wider system through NHS Inform data and a special helpline. As well as planning for clinical contact tracing. As the situation escalated the 111 system has seen unprecedented demand.
- 1.5. The move to the delay phase has continued to put demand on the NHS 24 response. Therefore this document outlines the NHS 24 strategic and tactical response to managing the NHS 24 mobilisation response, threats and opportunities.

## 2. STRATEGIC PRIORITIES

- 2.1. It is NHS 24 strategic priority to ensure patient safety is maintained throughout the incident and will be a significant factor in decision making. There may be instances where demand is such that we will require to allocate resources where clinically required.
- 2.2. Staff welfare is key duty for the response team to ensure staff are supported in the incident, both their physical and mental wellbeing.
- 2.3. NHS 24 will utilise our unique capacity and capability to support the health and social care response across Scotland. Work with key partners to ensure a co-ordinated response.
- 2.4. To achieve this NHS 24 will require to maintain telephony and digital service provision throughout the incident. This will require to balance all of the above priorities of business, clinical, staff and reputational risk.

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2.5. Maintain our key position with the public as the entry point to key services within NHS Scotland.

### 3. STRATEGIC PLAN

3.1. The response to COVID19 follows the principles of the NHS 24 pandemic flu plan and the NHS 24 Mobilisation plan whilst being agile enough to adapt to the evolving situation and internal and external stakeholder needs.

The principles:

- NHS 24 will draw on the knowledge and expertise of individuals within the organisation. A response team from across the service will meet the challenges of incident.
- The strategic incident directors, operational and clinical, will maintain contact with the Executive Management Team (EMT) to ensure continuity and contribute to the transition period following de-escalation.
- The tactical level staff will inform, involve and engage their directorates in the response where required. They will also brief their Director at appropriate points.
- Operational activity will be managed on a team basis across the organisation.
- We will work in partnership with Trade Union colleagues to ensure staff have a voice on key decisions being made.
- Appropriate and practical measures will be undertaken to ensure staff safety in delivering frontline services.
- We will work closely with partner agencies to ensure services are aligned to provide the best possible patient care.

3.2 The strategic team made up of the Director of Service Delivery, Medical Director and Director of Nursing & Care as a strategic cell will maintain close communication with the Chief Executive for any matters that require further escalation.

3.3 Board Governance will be provided with weekly quantitative and qualitative information. Board meetings in January, February and March 2020 will provide the appropriate information for assurance. This will include the NHS 24 mobilisation plan and progress updates against that, COVID-19 risk management, clinical decision making and staff wellbeing considerations. Appendix 1 illustrates the

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incident management structures in place. Information will be required to feed into the Board governance structures. Guidance from the Director of Service Development will support this.

- 3.4 It is important to note that this incident will provide a governance challenges as strategic decision making and service change will be required to support the wider response. This will be agreed by the appropriate level and retrospective evidence and decision making will be provided for assurance.
- 3.5 The pace of change will mean that business as usual decision making processes are not responsive enough to meet the demands.

#### 4.0 INCIDENT MANAGEMENT STRUCTRE

Strategic Cell	<p>A strategic Delivery Group to provide oversight and direction to meet the service challenges of the incident supported by directorate leads where required.</p> <p>Key duties:</p> <ul style="list-style-type: none"> <li>• Maintain delivery of NHS 24 core services</li> <li>• Implement strategic priorities</li> <li>• Accountable for successful mobilisation of entire response</li> <li>• Strategy and policy setting and direction to the Tactical Cell</li> <li>• Ensures resources available to support Tactical and Operational response</li> <li>• Report and engage with Scottish Government</li> <li>• Engagement with other agencies inc' Scottish Ambulance Service, HPS and Health Boards.</li> <li>• Ensures communications are appropriate and consistent across public, staff and partners</li> <li>• Ensures effective communication with Chair and Non-Executive Directors on a weekly basis and through formal Board Governance mechanisms.</li> <li>• Informs the development of the transition to the future state post Covid-19</li> </ul>
Tactical Cell	<p>An Incident Management Team will meet daily to manage the incident response. The Exec On-call will attend to ensure continuity in the out of hours period.</p> <p>Key duties:</p> <ul style="list-style-type: none"> <li>• Implementation of mobilisation plan</li> </ul>

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	<ul style="list-style-type: none"> <li>• Report to Scottish Government</li> <li>• Engage with other agencies</li> <li>• Link to specialist support</li> <li>• Direct operational staff</li> </ul>
Operational Cell	<p>Directorates will establish their own response mechanisms where appropriate to ensure managers are aware of the incident response and key decision making.</p> <p>Key duties:</p> <ul style="list-style-type: none"> <li>• Undertake operational tasks to implement the mobilisation plan and maintain service delivery.</li> </ul>

## 5.0 CONCEPT OF OPERATIONS

5.1 The nominated strategic incident Director is Director of Service Delivery (Stephanie Phillips), with clinical strategic Lead from the Medical Director (Dr Laura Ryan) and the Director of Nursing & Care (Maria Docherty). The COVID-19 strategic cell will be supported by the Head of Risk Management & Resilience. This role is not location specific and can be virtual if required. Dr Ryan will deputise as Incident Director if/when required.

5.2 Directorate leads and deputies have been identified for all directorates. The sustained increase in call activity with no prospect of it subsiding, NHS 24 will modify its organisation structure for the duration of the pandemic. A COVID 19 IMT (Programme Group) has been established to ensure that NHS 24 is in a position of operational readiness. In addition, the COVID19 IMT will be responsible for ensuring that NHS 24 has resilience to deal with potential increased demand and complexity at a time when infection is likely to be impacting staffing resource and that non-frontline services are sufficiently robust to continue to support the operation of the organisation.

5.3 A programme structure has been established. The roles identified will be the responsibility of senior managers within each directorate. The Programme Group (COVID19 IMT) meet on a regular basis with regular reporting and escalation of key issues and risks to the Executive Team.

5.4 The mobilisation plan will outline the activities undertaken to respond to the incident. As the incident progresses the team will consider the various trigger points for key decisions. This will be achieved through dynamic risk assessment

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and support from reasonable worst case scenario planning sessions in the strategic delivery group. The sessions will consider demand level and complexity, technology, workforce, stakeholders, management and finance. Performance management information will be used to supplement decision making where possible.

## **6.0 ROLES & RESPONSIBILITIES**

### **COVID 19 STRATEGIC INCIDENT DIRECTOR**

6.1 The Director of Service Delivery is the strategic incident director and will lead the NHS 24 response to this incident. The strategic cell outlined above will provide oversight and decision making support. In their absence this role will be filled by the Medical Director.

### **COVID 19 STRATEGIC CLINICAL DIRECTOR**

6.2 The Medical Director will provide strategic clinical decision making to work in conjunction with the COVID 19 Strategic Incident Director. Further support for this role will be provided by the Director of Nursing & Care.

### **STRATEGIC CLINICAL ADVISOR**

6.3 The strategic clinical advisor will act in an advisory capacity to consider and support the clinical and ethical decision making of the strategic clinical director. This role will be involved in the strategic cell discussion.

### **COVID 19 TACTICAL COMMAND**

6.4 Tactical command will be provided by the Head of Risk Management & Resilience. This role will be responsible for the co-ordination of the COVID 19 IMT group. This programme group will provide a lead representative from each workstream. This group will meet daily.

### **OPERATIONAL COMMAND**

6.5 Each directorate is responsible for outlining operational priorities within their directorate. Any issues will be escalated into the daily IMT.

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## ON-CALL STRUCTURES

6.6 The incident management structures put in place enables the business as usual on-call to still be in place. The Service Delivery On-call and the Executive On-call attend the daily IMT meeting.

## WORKSTREAM LEADS

6.7 Operational leads are outlined in figure 1 below then described in greater detail

<b>Role</b>	<b>Principal Member</b>	<b>Deputy Member (only attends if principle requests or is unavailable).</b>
<b>Chair</b>	Kevin McMahon	John Barber
<b>Executive/Medical Lead</b>	Laura Ryan	Anna Lamont
<b>Digital Lead</b>	Louise Bennie	Alison Deakin
<b>Nursing &amp; Care Lead</b>	Mark Kelly	Brenda Wilson
<b>Service Delivery Lead</b>	Janice Houston/ Alasdair Quinney	SD On-call
<b>Clinical Systems Lead</b>	John Sandbach	Dawn Orr
<b>Communications Lead</b>	Comms On-Call	Suzy Aspley/Lisa Morton/Lisa Dransfield
<b>Workforce/Staff Welfare Lead</b>	Pauline Docherty	Gill McInnes
<b>Staffside Lead</b>	Martin McGregor	Fred McCosh
<b>Technology Lead</b>	Anne-Marie Gallacher	John Martin
<b>Finance/Facilities Procurement</b>	Damien Snedden	
<b>Incident Loggist</b>	Linda Robertson	Mario Medina/Fiona Millar

## SERVICE DELIVERY LEAD

6.8 The service delivery lead will ensure that the all 111 service is maintained as a priority. This will require to ensure the appropriate capacity and resources are available to meet predicted demand. This will include the special helpline.

## **DIGITAL LEAD**

- 6.9 The digital lead will be responsible for the developments within NHS Inform. They will also drive the digital development opportunities that may provide demand management opportunities for the 111 service.

## **NURSING & CARE LEAD**

- 6.10 The Nursing & Care lead will provide nursing leadership to ensure NHS 24 continue to deliver safe, effective and person centred care and that our staff are appropriately trained and supported to do this The Lead will be responsible for ensuring that appropriate clinical governance arrangements are in place across the organisation during COVID 19 The role will also include leading healthcare associated infection control with appropriate support from external expert advisors as required. Patient & partner feedback and maintaining public protection processes are key aspects of this role. Nursing lead will also update IMT with any medico legal impacts related to patient safety \ COVID 19.

## **MEDICAL LEAD**

- 6.11 The medical lead will in conjunction with the nursing lead be responsible for ensuring appropriate clinical decision making support arrangements are in place throughout the organisation. Ensuring the patient safety is a key factor in decision making. They will ensure appropriate engagement with other agencies to provide safe digital clinical content. They will consider the NHS Scotland clinical environment and appropriate engagement with medical colleagues and nursing colleagues to deliver NHS 24 services.

## **CLINICAL SYSTEMS LEAD**

- 6.12 The clinical systems lead will provide all appropriate amendments to the system. They will drive innovation where possible and provide a critical role in operationalising these opportunities within core systems.

## **COMMUNICATION LEAD**

- 6.13 The Head of Communications will lead on NHS 24's national response for both internal and external communications, and staff engagement, and the team will develop content to support demand management for the service through agile and responsive multi-channel communications. The Head of Communications will be supported through two deputies both in and out of hours and will ensure strategic direction is in line with the national response led by Scottish Government.

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## **WORKFORCE LEAD**

- 6.14 The workforce lead will ensure managers are supported throughout the incident. They will lead on areas of staff welfare, sickness absence, recruitment, training and Health & safety. They will also support the staff testing process to allow us to get staff back to work as quickly as possible.

## **TECHNOLOGY LEAD**

- 6.15 Technology lead will ensure system capacity and resilience is in place. They will lead working from home and communication improvements. The lead will work closely with digital and clinical content improvements. The lead will also engage information governance and security where required.

## **TRADE UNION REPRESENTATIVE**

- 6.16 A trade union representative will provide the national collective views of all the staff and feed this into the group. They will support with staff welfare workstream and work with management to assess risks.

## **OTHER SUPPORT**

- 6.17 Finance & Facilities will be key points of contact through the incident and will engage with workstream leads wherever required to do so. The Deputy Director of Finance will support the operational finance process to accurately record the COVID19 financial spend. They will also liaise closely with Scottish Government and strategic incident director over the financial position. The Facilities Manager will support procurement of appropriate PPE and implementation of infection control measures such as deep cleaning.

## **7.0 SECONDMENTS & TEMPORARY APPOINTMENTS**

- 7.1 The pandemic flu plan states that the incident director role will be formally seconded into this position for the duration of the pandemic. The scale and complexity of the incident has meant that pre-COVID-19 organisational objectives have been disrupted or accelerated. The organisations priority has been the response to COVID19 therefore no new official secondment is required.
- 7.2 Additional support may be required for areas where there is limited capacity such as the digital team and medical team. Temporary employment opportunities may be offered and fast tracked to support these areas as required.

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## **8.0 MOBILISATION PLAN OVERVIEW**

- 8.1 A summary of the key actions within the mobilisation plan are outlined in appendix 2.

## **9.0 RECOVERY PHASE**

- 9.1 The extensive change that has occurred in NHS Scotland to adapt to the challenges set by COVID19 will mean that there are opportunities for NHS 24 to continue to provide this added value when NHS Scotland has recovered. A Respond, Recover, Renew workstream has been established to formulate the transition plan and future state beyond COVID-19 (See Appendix 3 &4). This area will be led by the Director of Service Development to ensure a co-ordinated and timely NHS 24 response is considered.
- 9.2 De-escalation from current levels will be discussed as part of the strategic delivery group.

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## INCIDENT MANAGEMENT STRUCTURES

### STRATEGIC DELIVERY GROUP

The Strategic cell will meet twice weekly on a formal basis to consider the strategic planning to date and consider the future strategy to service priorities. These meetings will be virtual or in Cardonald HQ for those present.

When: twice weekly

Attendees: Strategic Incident Director, Strategic Clinical Director, Director of Nursing & Care, Strategic Clinical Advisor. Director of Finance, Operational & Digital Leads, CEO where appropriate.

Facilitated by: Head of Risk Mgt & Resilience and/or the Service Development Manager.

The Incident director will maintain close contact with others out with this meeting.

### INCIDENT MANAGEMENT TEAM

Daily meeting with all workstream leads to manage the response.

When: 0915hrs daily (flex where required)

Attendees: workstream leads

Facilitated by: Head of Risk Mgt & Resilience

### EXECUTIVE MANAGEMENT TEAM

There will be a weekly COVID 19 meeting to allow the EMT members not involved in the immediate response to be briefed and contribute to discussions in respect of strategic opportunities and post-COVID strategic developments.

When: 1hr every Tuesday

Attendees: EMT Members

Facilitated by: CEO

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## INCIDENT MANAGEMENT STRUCTURE CONTACT DETAILS

### STRATEGIC INCIDENT DIRECTOR

Name - Director of Service Delivery - Stephanie Phillips

Email - [Stephanie.phillips@nhs24.scot.nhs.uk](mailto:Stephanie.phillips@nhs24.scot.nhs.uk)

Tel - 07920 271 637

### STRATEGIC CLINICAL LEAD

Name – Dr Laura Ryan

Email – [laura.ryan@nhs24.scot.nhs.uk](mailto:laura.ryan@nhs24.scot.nhs.uk)

Tel – 07896 805 879

### STRATEGIC NURSE LEAD

Name – Maria Docherty

Email – [maria.docherty@nhs24.scot.nhs.uk](mailto:maria.docherty@nhs24.scot.nhs.uk)

Tel - 07811010398

### NHS 24 COVID RESPONSE

[NHS24.Coronavirus@nhs24.scot.nhs.uk](mailto:NHS24.Coronavirus@nhs24.scot.nhs.uk)

### WEEKLY ON-CALL STRUCTURE (ISSUED ON FRIDAYS)

EXEC ON-CALL

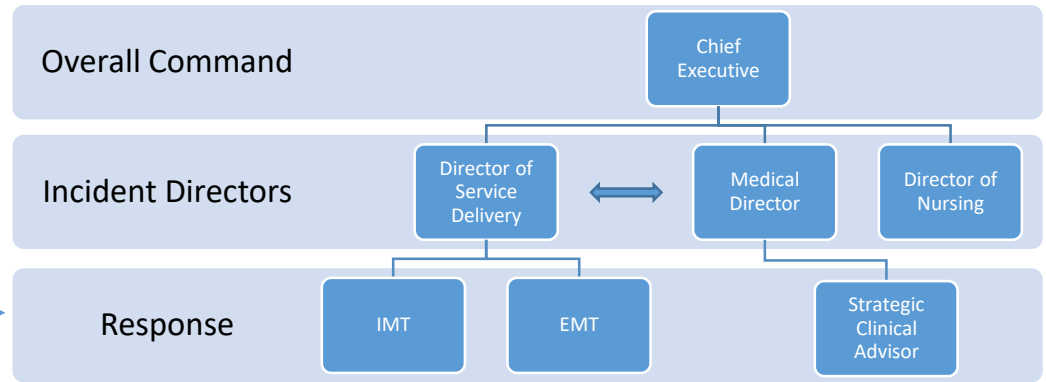
SD-ONCALL

COMMS ON-CALL

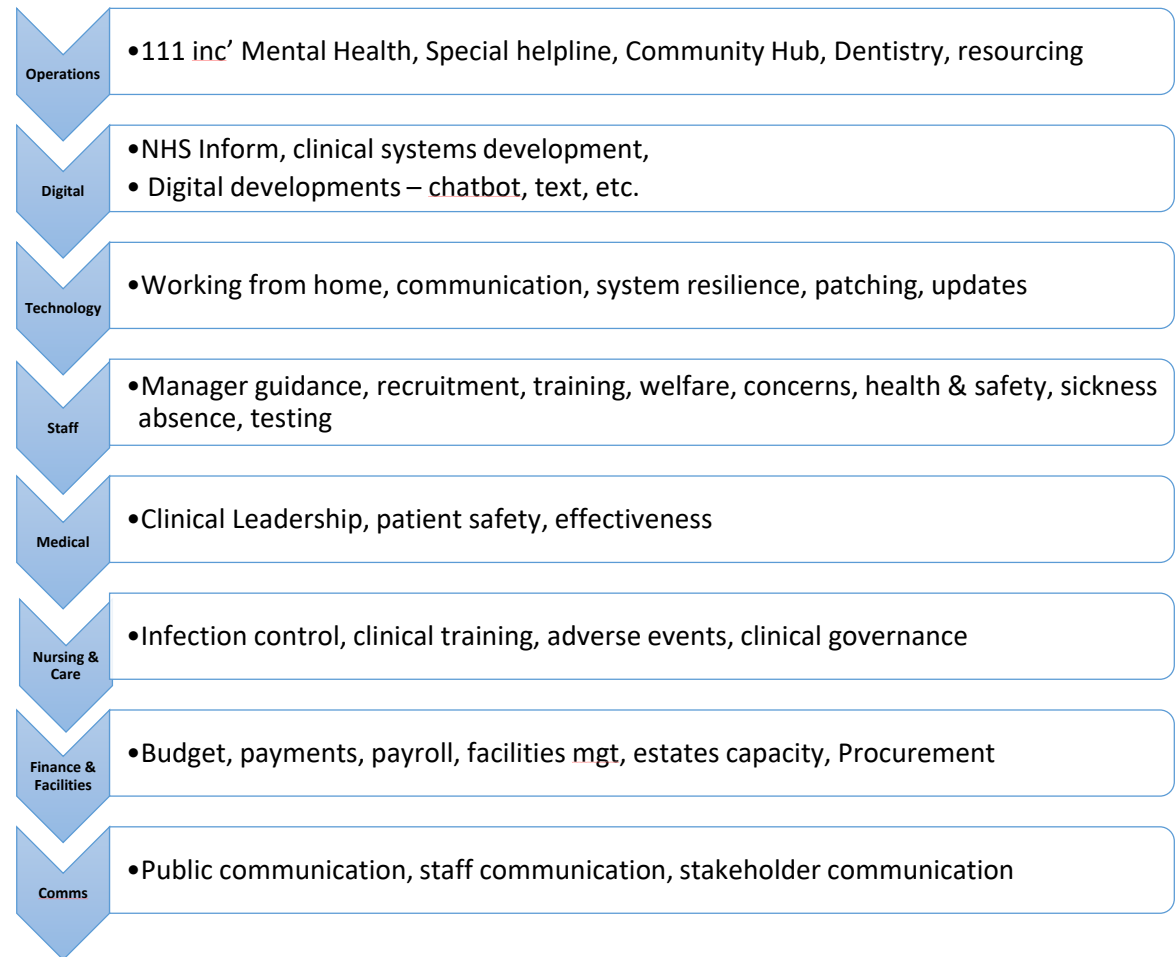
DIGITAL ON-CALL

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# COVID 19 RESPONSE SCHEDULE



## IMT WORKSTREAMS





## MOBILISATION PLAN OVERVIEW

Objectives	Action	Benefit	Long term Opportunity
111 Services	<p>Create capacity through prioritisation of services, recruitment of call handlers and clinical supervisors.</p> <p>Establish the community hub model to support 24/7 Primary Care triage service.</p> <p>Support NHS 24 SEDS service by repurposing dentists to provide triage service within NHS24.</p>	<p>Increased capacity to improve patient journey and NHS 24 performance.</p> <p>Community Hub will support consistent national approach and provide initial level of self-care advice. Allowing vital capacity to be maintained in other parts of NHS Scotland.</p> <p>The SEDS service enhancement will support the national response.</p>	<p>Significant opportunities from the community hub model.</p> <p>Review SEDS model for benefits.</p>
Digital	<p>Utilise NHS Inform.scot to provide single source of truth for Scottish specific health information.</p> <p>Utilise digital expertise to support demand management of frontline services.</p>	<p>Clinically governed reliable health information that the people of Scotland can trust.</p> <p>Digital capability may improve demand management.</p>	<p>Significantly enhanced reputation.</p> <p>Monitor performance of digital assets to understand contribution to wider services.</p>
Special Helpline	<p>Provide NHS Scotland non-clinical special helpline to provide health information and signposting to the public.</p>	<p>Take national demand from NHS Scotland services.</p>	
Mental Health	<p>Accelerate the expansion of the mental health hub, additional digital services and breathing space, living life additional response.</p>	<p>Additional capability and capacity to provide mental health support. Benefits previously documented.</p>	<p>Already a key objective of NHS 24.</p>
Staff	<p>Support rapid recruitment of call handlers and clinicians to support service delivery.</p> <p>Ensure staff welfare is a key priority.</p>	<p>Support staff.</p> <p>Meet BAU resource targets.</p>	<p>Meet resource targets.</p> <p>Different skill mix within the service.</p>

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	<p>Provide support to managers on interpretation of national guidance.</p> <p>Monitor sickness absence rates.</p> <p>Enable staff testing for COVID19.</p>	<p>Minimise impact of sickness absence throughout this period.</p>	
Technology	<p>Enable working from home capability, roll out of Microsoft teams.</p> <p>Ensure system resilience.</p>	<p>Back office staff able to work remotely.</p> <p>Continue with the CONNECT programme.</p>	<p>Additional capability.</p> <p>Supports estates strategy.</p> <p>Review back office space required.</p> <p>Improvement in communication tools.</p>

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# COVID-19 Strategic-Tactical-Operational Cells

## Governance Framework

April 2020

V0.2

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# 1 Introduction

## 1.1 Purpose of this document

This document describes the governance model supporting the Strategic, Tactical and Operational structure which has been put in place to support NHS 24's response to the Covid-19 pandemic. The framework aligns to the Incident Management Protocol and the following work streams are in place.



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## 2 COVID-19 EMT

### 2.1 Remit

- Developing the strategic position beyond Covid19
- Oversees the transition from the incident management response into the new norm
- Ensures resources available to support Incident Management Team
- Ensures communications appropriate and consistent across public, staff and partners
- Ensures effective communication with Chair and Non-Executive Directors through Integrated Joint Governance Group

### 2.2 Membership

Name	Role	Covid 19 Incident Management Role
Angiolina Foster	CEO	On-Site Strategic Escalation
Laura Ryan	Medical Director	Strategic Incident Clinical Director
Steph Phillips	Director of Service Delivery/Deputy CEO	Strategic Incident Director
Maria Docherty	Director of Nursing & Care	Strategic Incident Clinical Director

2.2.1 To ensure clear succession planning within strategic roles within NHS 24, the Director of Service Delivery will assume CEO level responsibility and accountability if the CEO is not available. If the CEO and Director of Service Delivery are both not available, the Director of Service Development will assume the role of CEO.

2.2.2 The CEO will provide a first line of on-site Strategic escalation to manage matters which cannot wait.

### 2.3 Meeting Structure

- EMT will meet weekly on a Tuesday unless otherwise advised by CEO. This meeting will provide an opportunity for broader engagement with EMT on a weekly basis. The wider EMT will support the full role and remit of the Strategic IMT.
- The Director of Service Development will lead the workstream 'Respond, Recover and Renew' jointly with the Medical Director, Director of Service Delivery and the CIO and will invite senior colleagues as relevant. This workstream will report frequently via the weekly EMT.

## 3 Tactical Cell/Incident Management Response

### 3.1 Remit

The Incident Management Response reports to the Strategic Cell and has the following remit:

- Develops tactical plans to implement agreed strategies
- Makes tactical decisions to support implementation of plans
- Oversight of Operational level operationalisation of plans

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- Develops and enhances NHS 24 online digital health and care products and services for the purpose of maximising effective response
- Escalates hot issues as required – the route for this will be the Strategic IMT for timeous decision making in the in the first instance to prevent delay. Strategic IMT will capture and feed in longer term strategic opportunities via the Respond, Recover, Renew workstream.

### 3.2 Membership

<b>Role</b>	<b>Principal Member</b>	<b>Deputy Member (only attends if principle requests or is unavailable).</b>
<b>Chair</b>	Kevin McMahon	John Barber
<b>Executive/Medical Lead</b>	Laura Ryan	Anna Lamont
<b>Digital Lead</b>	Louise Bennie	Alison Deakin
<b>Nursing &amp; Care Lead</b>	Mark Kelly	Brenda Wilson
<b>Service Delivery Lead</b>	Janice Houston/ Alasdair Quinney	SD On-call
<b>Clinical Systems Lead</b>	John Sandbach	Dawn Orr
<b>Communications Lead</b>	Comms On-Call	Suzy Aspley/Lisa Morton/Lisa Dransfield
<b>Workforce/Staff Welfare Lead</b>	Pauline Docherty	Gill McInnes
<b>Staffside Lead</b>	Martin McGregor	Fred McCosh
<b>Technology Lead</b>	Anne-Marie Gallacher	John Martin
<b>Incident Loggist</b>	Linda Robertson	Mario Medina/Fiona Millar
<b>Finance</b>	Damien Snedden	
<b>Exec On-Call</b>	As per rota	

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### 3.3 Meeting Structure

#### 3.3.1 Weekly Huddle – Strategic\* (EMT)

\* Note Strategic IMT will make decisions as and when required (ref 2.2)

Comment	
When	Tuesdays – 9.45 – 11.15 am
Why	Strategic decisions made, hot issues, Transition Work stream update
How	Microsoft Teams and On-site
Who	Strategic Cell
Structure	Template to be developed

#### 3.3.2 Daily Huddle – Tactical/Operational (Incident Management Response)

Comment	
When	Twice Daily – 9.15 - 9.30a.m and 4.00-4.15 pm
Why	Incident management, identification of hot issues
How	Microsoft Teams and On-site
Who	Incident Management Team
Structure	As per Incident Management Process

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# Respond, Recover & Renew

COVID19 EMT

April 2020

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## 1 Introduction

- 1.1 This document sets out the key principles, objectives, deliverables and approach to the development of a Covid-19 Strategic Cell workstream which focusses on the experiential learning and opportunities gained through NHS 24's Incident Management response to Covid-19. The experience of Covid-19 will undoubtedly bring organisational opportunities to re-shape our offer to the wider system, the public and our staff in planning for a new norm beyond Covid-19
- 1.2 Scottish Government are adopting a working title of Respond, Recover, Renew and Service Transformation to their reflections of Covid-19 and its application to the service transformation activity across NHS Scotland. NHS 24, for the purpose of clarity and transparency, intend to adopt this title. Service transformation and change is not a one-off activity, rather it is an evolving and evolutionary state of normal, and for that reason will use Respond, Recover, Renew as its workstream title.

Peter Drucker (Management Guru)

“The greatest danger in times of turbulence is not the turbulence – it is to act with yesterday's logic”.

## 2 Key Principles

- 2.1 NHS 24 is a national public facing board operating within the domain of primary care 24/7;
- 2.2 NHS 24 supports primary care demand management and sustainability across the system;
- 2.3 NHS 24 provides Omni-channel access across its suite of integrated services; health and wellbeing, mental health, 111, Musculo-skeletal urgent and scheduled care;
- 2.4 NHS 24 is a virtual health and care organisation which provides care as a first point of contact and the 'front door' to the primary care system;
- 2.5 NHS 24 works collaboratively as an integrated system provider of primary care services;
- 2.6 NHS 24 is an integrated delivery arm of the care system enabling health and care join up.

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### 3 Objectives

- 3.1 Capture and document the learning through the Covid-19 Incident Management response from January to date, and dynamically updating through this period;
- 3.2 Translate into strategic themes and agree detailed components of those themes;
- 3.3 Prepare a recovery plan which transitions from the Incident Management response into a 'transition' state;
- 3.4 Prepare a business case/plan for discussion with EMT, Board Committees and Board which sets out a proposed future state for NHS 24 within the wider health and care system;
- 3.5 Engage and consult with Scottish Government's sponsor division and other relevant partners.

### 4 Deliverables

- 4.1 Prepare and plan for the 'transition' state post Covid'19 mitigation phase;
- 4.2 Clear description of NHS 24's role and function within the wider health and care landscape
- 4.3 A vision outlining NHS 24's future state in the form of a Target Operating Model (TOM).
- 4.4 A business case/plan which describes NHS 24's future state and plan to operationalise

### 5 Approach

- 5.1 NHS 24 will establish a COVID-19 Strategic workstream 'Respond, Recover, Renew'.
- 5.2 The Executive Leadership team will be the Director of Service Delivery, Medical Director, CIO and Director of Service Development (Exec Sponsor). The group will be supported by the Head of Resilience and Risk. The leadership group will also anticipate support in the field of Communications, Finance, Digital, Strategic Planning and Data and will draw on that support as and when required through the development.
- 5.3 The group will meet fortnightly in the first instance.
- 5.4 Deliverables will be completed in conjunction with the Connect Programme OBC and will have time-bound outputs of completion by June 2020.

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