NHS 24 BOARD	2 APRIL 2020 ITEM NO 7.2 FOR ASSURANCE

NHS 24 COVID-19 MOBILISATION UPDATE

Executive Sponsor:	Chief Executive
Lead Officer/Author:	John Barber, Service Development Manager Kevin McMahon, Head of Risk Management & Resilience
Action Required	The Board is asked to note the progress update for assurance on the NHS 24 mobilisation to support the national response to the COVID-19 public health situation.
Key Points	NHS 24 has been responding to the demands and challenges of this incident since mid-January 2020.
Date presented to EMT and relevant Committee	Daily Incident Management Team meetings (IMT).
Summary of key discussion points	Organisational response to 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. |
| **Strategic alignment and link to overarching NHS Scotland priorities and strategies** | 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 and Scottish Government guidance. |
| **Key Risks** | • Ability to meet demand levels 24/7.
• Recruitment activity and ability to timeously train and induct new personnel
• Capacity to provide clinical supervision
• Availability of our own workforce given self-isolation and protection guidance
• Impact of intensity of workload on small teams and levels of resilience e.g. digital, communications, clinical systems development. |
| **Financial Implications** | All additional expense is being captured as a result of COVID-19. Costs are being monitored by Finance and reported to SG |
| **Equality and Diversity** | 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. PURPOSE

This document is intended to provide an update to the Board on NHS 24's COVID-19 response and mobilisation to; stream demand for care and advice to support the wider health and social care system; provide accurate and quality assured communication, information and advice to citizens; and support our staff's wellbeing and resilience to meet the challenges of the pandemic.

2. BACKGROUND

As part of the response to the COVID-19 pandemic NHS 24 has worked with Scottish Government to reconfigure our services and how we work across the whole system from back office support, digital and frontline service delivery. This has focused on the development and delivery, including whole system support, of a clinical COVID-19 Protocol to stream patients to a newly established COVID-19 Community Assessment Hub identified in each Health Board area. (NHS Highland is covering the Island Health Boards)

The pandemic had already created unprecedented demand on NHS 24 111 services and until recently this had been supported by demand management of suspected COVID-19 infection via Primary Care and General Practice. Since the launch of the COVID-19 Protocol and the Community Assessment Hub model on 23 March, all unwell patients with suspected COVID-19 cases are streamed via NHS 24's 111 service 24/7 to 1 of 4 endpoints; self-care; 999 ambulance; speak to clinician within 1 hour; and speak to clinician within 4 hours.

With the launch of the new model, 65% of the NHS 24 demand is now in the in-hours period. The demand has been extensive and has increased at a time when the effects of possible COVID-19 infection amongst staff and their families has impacted the staff capacity. The chart below illustrates the current organisational absence figures related to COVID-19, covering both Service Delivery and support functions and exhibits the potential effects on whole system capacity.

In particular, and proportionate to the size of the workforce, there has been a significant impact on frontline delivery capacity with loss of the Call Handlers and Nurse Practitioners that form the mainstay of the 111 service.

The figures 1 & 2 below illustrate the loss of Call Handlers (CH) and Nurse Practitioners (NP) for the past 10 (26th March 2020) days using trend analysis. About 70-80% of this is related to COVID-19 and predicts that there will potentially be an increase of 24-35% in the next 10 days. We expect this trend will plateau at some point; however it continues on the upward trajectory at present, with 15% of hours lost occurring on the day.

Figure 1

NHS 24 Organisational Abscence Related to COVID-19

Figure 2.
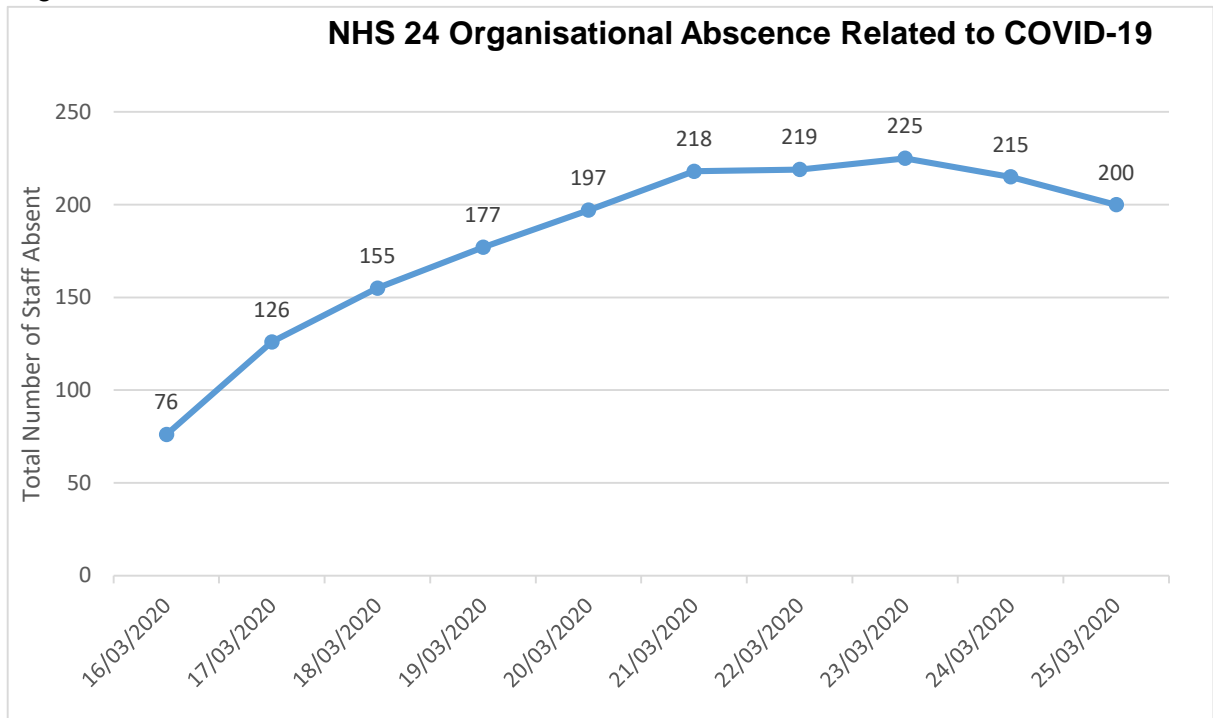
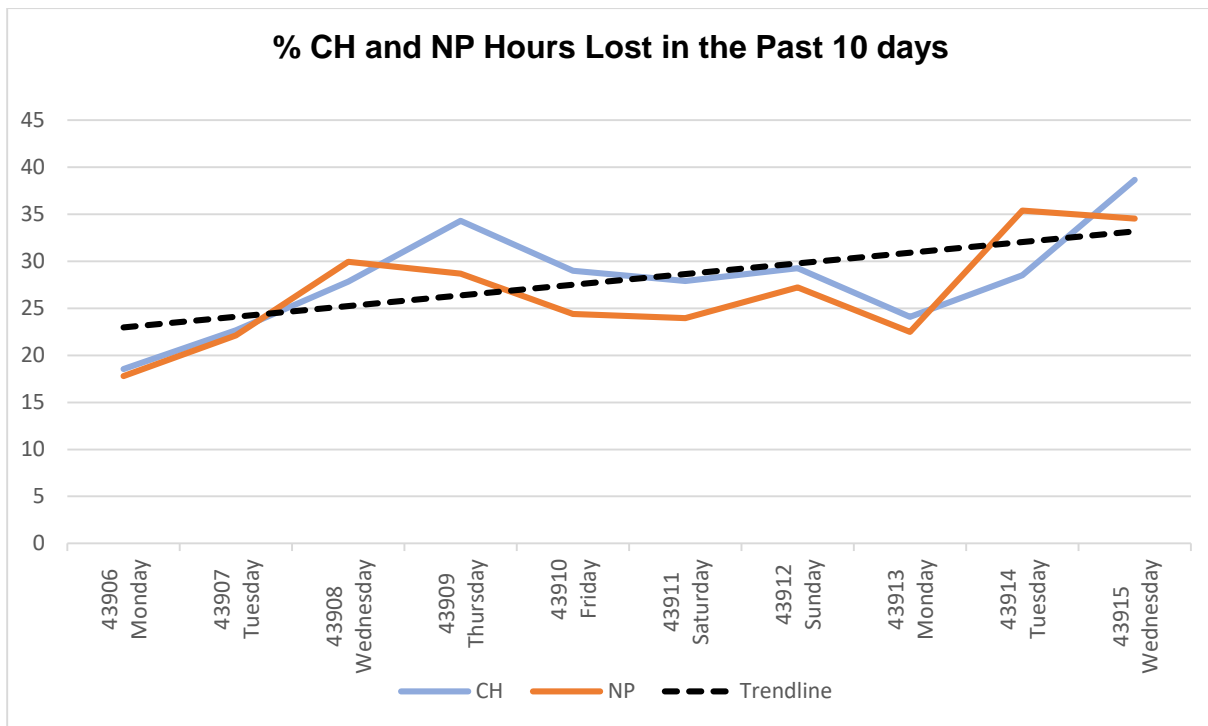| Frontline Hours Lost: 10 Day Trend Analysis										
	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed
	16/03	17/03	18/03	19/03	20/03	21/03	22/03	23/03	24/03	25/03
CH	325.2	380.75	411	518.67	503.25	970.5	1027.9	421.25	493.75	627.5
% LOSS	19%	23%	28%	34%	29%	28%	29%	24%	29%	39%
NP	103	123	143.08	151.5	126.25	257.25	290.75	132	194.75	173.75
% LOSS	18%	22%	30%	29%	24%	24%	27%	23%	35%	35%

% CH and NP Hours Lost in the Past 10 days

Figure3.

3. DELIVERY OF THE COVID-19 PROTOCOL MODEL AND DEMAND

The COVID-19 Protocol service delivery model is based on a clinically approved and risk assessed staffing ratio of 5:1 Call Operators to Nurse Practitioners that form a pod and there are 3 pods to 1 Senior Charge Nurse.

As a predominantly out-of-hours service we have traditionally had limited in-hours capacity. This is illustrated in the table above when the loss against forecasted demand is greater weekdays versus weekends. For the COVID-19 111 Service we currently have circa 60 Call Operators and the supporting clinical staff dedicated during the in hours period from 8am to 6pm with capacity to manage approximately 1300 calls; and out-of-hours the COVID service runs alongside and is delivered via the 111 service to provide 24/7 cover.

It is estimated, based on recent and projected demand, that to support the out-of-hours period we require an additional 140 Call Operators to take our total to 200 during the in-hours period. Subsequently this will require 40 Nurse Practitioners and 14 Senior Charge Nurses providing an overall maximum capacity to manage approximately 3600 calls.

Developing this additional capacity is underway and will be ongoing as we make best endeavours to meet need and support the wider system.

4. DEVELOPING CAPACITY TO MEET COVID-19 SERVICE DEMAND

In response to combined levels of demand and loss of capacity due to COVID-19 NHS 24 has developed plans to accelerate the recruitment and training of additional resource, improve capacity and capability via:

Utilising internal NHS 24 resource to increase capacity and efficiency

- Reallocation of resource from other telephony services to deliver COVID-19 Protocol
  - o The subsequent outsourcing of the Special Helpline to a third party provider
- Releasing support staff from non-essential tasks to be trained to deliver COVID-19 Protocol
- Utilising support staff to undertake Service Delivery administrative tasks

Utilising external NHS resource to increase capacity

Working alongside partners including HIS, NES and others we have identified;

- Non-clinical capacity to be trained to deliver the COVID-19 Protocol.
- Clinical capacity to support the supervision and decision making requirements of the COVID-19 Protocol.
- Also considering digital expertise to support the substantial increase in COVID-19 related work required to update and maintain our digital assets and channels.

New recruitment to increase capacity

- Reaching out via NHS 24 staff to promote via personal networks the recruitment opportunities for temporary contracts.
- Accelerating the recruitment process for existing applicants and focusing this solely on the COVID-19 Protocol.

Increased Training Capacity

- Developed a compressed training syllabus to enable the rapid deployment of resource in the most safe, effective and efficient way.
- Increased the frequency of training across all sites.
- Developing further capacity by seeking to realise and allocate additional expert resource to the training team.
- Via this we expect to deliver the following capacity over the coming weeks illustrated in the table below. This is paced to allow us to source the clinical supervision required and this can be accelerated to match if realised; however this is assuming the impact of COVID-19 on our workforce remains similar to what we are currently experiencing.

Week Commencing	Number of New Call Operators Trained	Cumulative Total (including 60 baseline)
23 March	12	72
30 March	48	120
06 April	24	144
13 April	24	168
20 April	24	192
27 April	24	216

Improved Technological Capability

- Purchased increased line capacity from BT to be able to effectively manage the concurrent level of demand.
- Restructured technology to increase bandwidth to improve capacity and ensure call quality without degradation.
- Improved software systems to flag, efficiently route and improve surveillance of COVID-19 related cases.
- Streamlined processes to differentiate COVID-19 and make pathways more efficient.
- Rapid procurement of hardware and implementation of software; including an accelerated rollout of Microsoft Teams to allow staff to work remotely and stay connected.

Via the sources listed above we have created a pipeline of over 600 people to potentially accelerate through the recruitment process. This alongside ongoing improvements to training capacity and capability is expected to deliver the required number of call handlers and maintain it against potential attrition related to COVID-19 infection.

However, the ability to have this resource in place is further limited by two main factors; our capacity to train people to safely and effectively deliver the Protocol via the extant resource and infrastructure; and the availability of nursing expertise to provide the necessary clinical supervision support required by the model.

5. LIMITING FACTORS TO OPTIMISING THE COVID-19 SERVICE

As described above the effects of COVID-19 on our resource will be an ongoing factor that we will monitor and develop insight and intelligence to provide a feedback loop to inform the recruitment pipeline. The other two factors are more acute and are:

Training Capacity and Capability

Although we have developed an extensive pipeline and are confident we have a supply of people to deliver the Call Operator role we have limited capacity to deliver training. We have wherever possible compressed the syllabus to ensure safety and effectiveness and added

additional courses on the relevant sites. However, the available expertise and infrastructure per site to deliver this still presents challenges to our overall capacity. To mitigate any impact we are actively looking to optimise capacity, capability and resilience in our ability to safely and effectively deliver training

Availability of Clinical Support

An ongoing challenge faced by NHS 24 and across the wider health and social care system, irrespective of the current situation, is the available pool of clinical expertise. In particular, to minimise risk the delivery of the COVID-19 Protocol requires Nurse Practitioners to provide clinical supervision at the levels described in section 3. Nursing expertise is a cornerstone of the model and their availability is a critical limiting factor and ongoing significant risk to maximising our capacity.

To meet our aspirations of 200 in-hours Call Operators we will require an additional 25 Nurse Practitioners. We therefore continue to assertively and actively recruit to these posts and have been liaising closely with external NHS partners in an attempt to identify and secure this expertise in the short-term. Currently we have identified 5 via HIS and are working on the support and governance mechanisms required to have them in-situ as quickly and safely as possible.

6. CHANNELS AND SERVICES OUTWITH COVID-19 HUB

Delivery of the COVID-19 Service, that is required to stream demand of physically unwell patients with suspected infection, is supported by a range of other channels and services to help provide information, advice and support to help with citizen and staff wellbeing. This includes:

DELIVERY AND MAINTENANCE OF THE SPECIAL HELPLINE

Agreed service provision with third party supplier, Ascensos, to deliver;

- A Fully outsourced and managed COVID-19 Helpline 7 days per week from 8am to 10pm service provision within their own premises via their staff.
- Capacity to handle 5000 calls per day within agreed levels of service.
- The ability provide a webchat solution within the same resource envelope.

Day to day operations management is provided by Ascensos. Health Information Team managers are also on-site in an advisory capacity with a view to the resource required to provide this reducing over time.

MENTAL HEALTH AND WELLBEING SUPPORT

As recognised and expected, the effects of COVID-19 and societal changes are starting to increasingly manifest in individuals contacting 111, the Mental Health Hub and Breathing Space with elevated levels of mental distress and anxiety. NHS 24 has committed to not only maintaining but also augmenting services to meet the increased need for support by:

- Extending the operational hours of the Mental Health Hub to a 24/7 service and increasing capacity to deliver this and meet the additional COVID-19 related demand.

- Two additional mental health nurses have been identified via engagement with HIS and discussion with NES is ongoing identify and obtain secure further expert resource to enable us to maximise service provision.

- Accessing clinical psych trainees with clinical supervision to expedite supervision.

- Launched on 27th March 2020 a range of new Mental Health resources on NHS Inform.

- Working to increase the number of breathing space advisors to increase capacity for both telephony and webchat capacity, and again working with NES to identify opportunities to enable this.

- Maximising use of existing online Living Life and cCBT resources improving digital support via COVID-19 specific resources available through Inform.

- The first minister has announced additional £3.8million, of which £2.6million to NHS 24.

- £1.2 Million to extend cCBT and internet enabled CBT resources.

DIGITAL

Technology and Clinical Systems

Technology has been integral to how we develop our capacity and resilience as summarised in section 4 above. In addition to improving hardware and the SAP CRM system to optimise how we meet COVID-19 demand, the Clinical Information Systems team have developed a self-help guide and in collaboration with Digital have provided an online tool to stream COVID-19 demand with the majority resulting in self-care. We have also shared the COVID-19 protocol with Primary Care and Scottish Ambulance Service.

DIGITAL SUPPORT

Incremental updates to support demand and capacity management are currently being worked through as part of the overall response. A clear aim associated with the digital development is to improve the process for producing and updating COVID-19 content; diversify content provision and focus on different channels for disseminating new content formats. This is in progress, as the status of the situation changes, the flow of the content will develop with it. The model with HPS and clinical colleagues is developing to improve flow of information and pace of change. A small digital team of 7 WTE are supporting a rota to ensure extended hours cover, 7 days a week, to support content updates. The Digital Team is focussed only on COVID

related priority activities, with 2 additional WTE from Health Scotland now available to support the team.

NHS 24 is seeking to develop digital and social marketing strategies and activities to promote our base content. This is in development with Communications & Marketing teams who are working closely with Scottish Government Communications teams to plan the approach around a range of Audio Visual content and social media channels.

Digital marketing will increase Search Engine Optimisation (SEO) for the COVID-19 content online and increase visibility of content. The digital team have progressed changes to the NHS Inform site to improve SEO and increase visibility of the content. This is in progress with our web supplier.

There are plans for an outsourced pay per click campaign to promote content. This was live as of 26th March and will run for 1 month. This is being delivered in partnership with a media agency, and funded by NHS 24. This would provide additional awareness of NHS digital assets with the aim to reduce demand to the 111 service.

NHS 24 are exploring alternative ways to engage with citizens using new or emerging channels not already developed. There is ongoing development of online content and self-help guide content to support direction of traffic, especially those who have no symptoms or are seeking information.

The use of Chat bot is being considered with the potential to develop a chat bot to take users through the self help guide content – both audio and visual app. Engagement with NES Digital has also generated potential to develop a bot to support channel choice.

Self-care messages are a key outcome in clinical management of COVID-19 cases. NHS 24 are exploring options for automated self-care messaging – both audio message and text messaging. This can be automated at the end of the call through the 111 service, either by text (for mobile users only) or audio message. The IMT will make a decision on the implementation of any prospective digital opportunities in line with clinical safety, demand & capacity management and patient experience.

NHS 24 is exploring the potential to send pro-active public health messaging utilising mobile numbers already held within NHS 24 111 service. 650k+ messages were sent out across a 4 day period, directing users to the digital content on NHS inform for the most up to date information. This was supported by our SMS supplier Page One, who managed the release of these messages on our behalf, to balance the flow across the network.

NHS 24 AMBER

Due to the protracted nature of the pandemic, NHS 24 digital team are also expediting back office processes which could be automated to release staff time to support COVID-19 activities. This is looking at specific processes which would release service delivery staff time to focus on priority activities.

NHS 24 will continue to develop our IVR system to screen low to medium risk callers. This is where the chat bot would be accessed, from the IVR within the helpline and/or 111 service.

COMMUNICATIONS

NHS 24 social media channels were designated as the primary public facing social media channels for information and updates related to the coronavirus (COVID-19) outbreak. National content related to COVID-19 is supplied by colleagues at Scottish Government to ensure it is consistent and accurate.

NHS 24, as part of its business as usual response, utilises high levels of engagement with our audience across all channels to support the service real time during busy periods. We are responsive and agile in creating content that has high levels of engagement with our audience, managing the public expectations and supporting individuals where required by signposting to appropriate services and online resources. As part of the COVID-19 response, this approach has been extremely successful, making use of the effective network of health and care communications colleagues across Scotland to share important, quality assured information. The team operates a policy of moderation across the channels, engaging with the audience and helping with enquiries wherever possible. During the COVID-19 pandemic the audience has been seeking clarification and reassurance so this approach has proved to be particularly helpful.

Communications have worked closely with the digital team and have managed the Pay Per Click activity which has started on NHS inform, as well as supporting the development of translated materials and bespoke mental health content on NHS inform.
COVID-19 content has been focused effectively on:

- **Redirection** – highlighting all potential sources of help and advice.
- **Prevention** – helping people to stay well with health advice and preparedness messaging.
- **Information** – disseminating up to date, accurate information related to phase of outbreak (containment – delay).

Given the additional pressures on services it is important that redirection remains a key focus for our content and the team has an evolving plan for this to ensure our channels remain focussed on supporting service delivery and patient experience.

We are linking closely with marketing and communications colleagues in Scottish Government to ensure that content is clinically approved through NHS 24 to align with our services, and to ensure digital toolkits and assets are updated on NHSinform.scot

Facebook:

The first COVID-19 related post was on January 31st 2020. There have since been 44 posts, 27 of which were coronavirus specific.

- *Followers* the number has increased from 34,478 to 40,849 an increase of **6381**.
- *Reach* the cumulative total over the period **is 2,597,979** (not unique users) which equates to an average reach of 59,044 per post.
- *Engagement* the cumulative level of engagement has been 182,961 which equates to an average of 4,158 per post.

The most successful post to date was the #bekind post on Saturday 14th March

Twitter:

The first COVID-19 tweet was on the 31st of January, and since then we have tweeted 77 times relating to COVID-19. Twitter has been our busiest social media platform during the pandemic, and our activity on there reflects this.

- **Followers** - an increase of **5,359** from 16,471 to 21,830
- **Impressions** - the number of times a tweet shows up in somebody's timeline - the current figure across is this period is **3,480,000**
- **Engagement Rate** - our average engagement rate across this period was **1.4%.** ''Twitter Engagement rates between 0.02% and 0.09% are considered to be good'' (Scrunch - 2020)

We've used a variety of content on social, but our running theme has been clear and consistent messaging with a minimalist approach to design. We also re-engineered tweets from key Scottish Government officials to great effect.
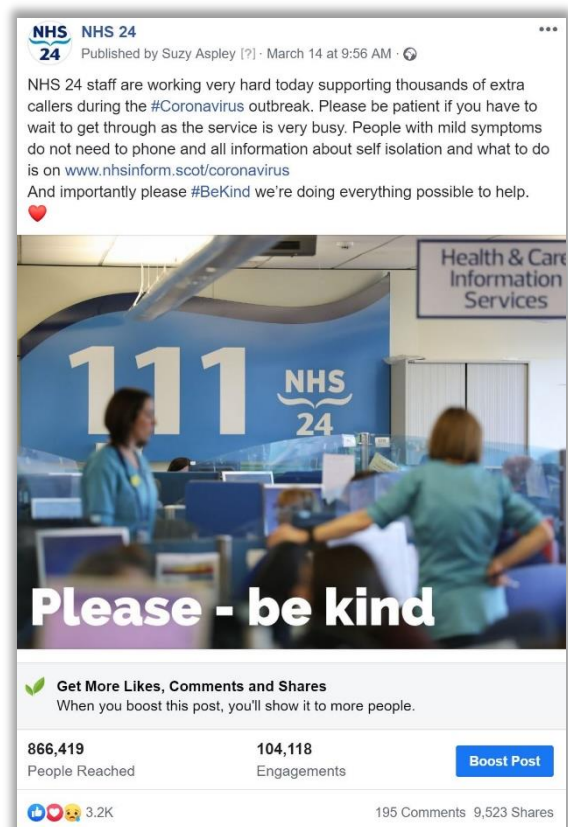
Our most successful tweet was a simple demand management tweet shown above.

Instagram:

Instagram is our newest social media platform, and it's relatively quiet because of this. However, across the COVID-19 crisis, we have seen a substantial spike in activity on Instagram.

11 COVID-19 related posts resulted in:

- 2,180 followers, an increase of **21.9%** from the last period

- 732 engagements, an increase of **695%** from the last period

- Reach of **12,898**

As can be seen below, our Instagram account has been on an upwards trajectory since the beginning of March.
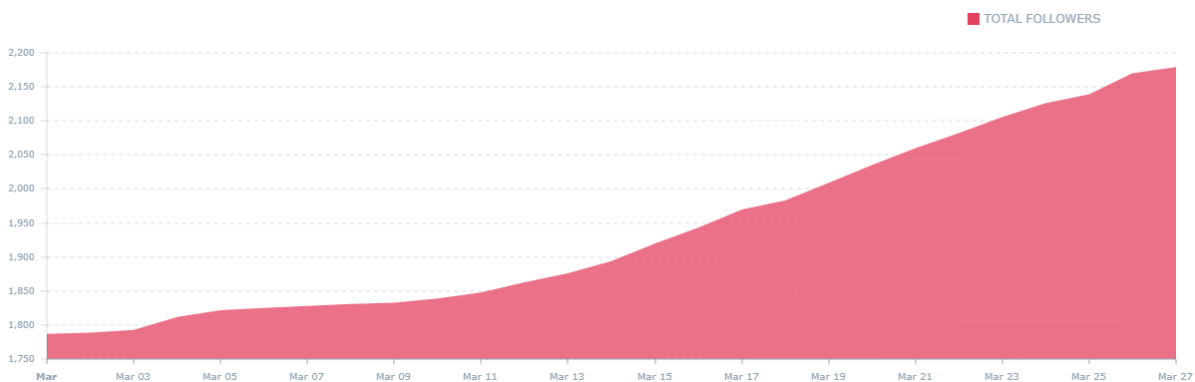

Figure x

Media Relations

There has been a significant number of media enquiries and requests for interviews/filming. The communications team have facilitated 16 broadcast interviews (including Good Morning Britain) and handled 10 print media enquiries. Proactive media includes a call demand news release. The team has been linked in closely with Scottish Government media and social content teams. Participation in weekly comms briefings is ongoing.

From the end of January there have been 1343 mentions of NHS 24 in print and online media, as well as significant broadcast coverage. This has been overwhelmingly positive or neutral in sentiment (ie. Where NHS 24 services are mentioned or referred to).

Event Management

Visits to centres by the First Minister have been supported by the comms team. This includes liaison with the Private Office, security services and handling a significant media presence

ensuring all protocols were observed, as well as ensuring that our staff were briefed and able to continue working with media in attendance.

Internal

Ensuring our staff are well-informed, supported and fully engaged as the organisation faces unprecedented service demand has been prioritised within the team. To date we have delivered the following, with work ongoing to ensure robust communications continues throughout the duration:

- Established dedicated COVID-19 staff information pages on our intranet which are checked and updated daily.
- Weekly videos and messages from CEO and other directors to ensure visibility for hard working staff and key messages using multi-media.
- Utilisation of our staff text messaging service to ensure important information is relayed when colleagues are off-shift.
- A range of COVID-19 information and hygiene posters created and distributed to support staff to keep healthy and well at work.
- Increased frequency of our monthly staff bulletin – Team Talk – to weekly editions to ensure key information is relayed to staff.
- Due to the extensive works underway across three main centres, we have produced a COVID-19 health & safety information flyer for contractors visiting our centres to support infection control.

Going forward, we will:

- Intensify health and wellbeing information, including mental wellbeing activity, to support all colleagues.
- Utilise staff and management huddle times for key organisational updates.
- Continue to use our social media channels for staff engagement and share positive feedback from the public to support staff morale with weekly round ups of thanks and posters to display in centres, as well as coverage in the staff magazine Insight.

Stakeholders

Staying connected to our colleagues in government and health boards is crucial and we have worked closely with Scottish Government and NHS Scotland colleagues and established supported communications channels to assist the flow of right information, right time, and right channel.

In addition, we have built upon the important role we play in primary care, proactively engaging with NHS 24's partners and wider public facing stakeholder organisations - particularly care homes, third and independent organisations and Scotland's 900+ GP practices - to support the distribution of COVID-19 key information, including usage of our digital and social media

channels as well as downloading the communications toolkit. Work is underway to ensure latest information is provided directly to these key organisations from NHS 24 communications team.

7. STAFF SUPPORT AND WELFARE

A staff welfare team has been established to co-ordinate activities to support our staff during this time. This will include mental health and wellbeing, bereavement, staff morale initiatives, staff communication.

In addition to the activities above, the group will co-ordinate the staff welfare checks for those staff in self-isolation. The purpose of this is to provide support to staff who are at home. With support from staff side colleagues, this initiative has been well received by staff.

A point of contact has been established to risk assess those staff with underlying health conditions. This is to ensure that NHS 24 provide a safe working environment for all staff.

Trade union colleagues have been represented on the Incident Management Team since it was formally established, and have been feeding in staff views. They have a vital role to play as NHS 24 management prepare, as far as is reasonably practicable, for this unprecedented challenge.

8. APPROACH TO PLANNING AND INTELLIGENCE

Throughout the mobilisation we have recognised the absolute need for a command and control approach to enable clear communication and decision making required in a rapidly changing environment. However, there is also a need to try and develop intelligence so decisions are wherever possible based on sound planning in addition to the insight and expertise that we have. The challenge is that, with these truly being unprecedented times, there is neither baseline data, nor reliable key performance indicators, nor benchmarks to compare against.

In response, the Incident Management and Response Team been maintaining action logs to capture learning; developing novel processes and protocols to meet requirements and developing dashboards to use data to best effect. Our response has and will continue to be an evolving model of practice largely defined by and constrained by the spread and impact of COVID-19. However, as we move to what might be described as a new temporary operational norm we are systematically developing a clearer picture of how we maintain this, develop resilience and if feasible look to wherever possible improve.

As we strive to do this it is important to acknowledge how far we have come and what we have delivered. We recognise that this this has only been achievable through the efforts of all our

staff and the culture and environment we have created. We will continue to encourage this with the support of the Board and Executive Management Team in order to ensure that we meet the needs of the people we serve, our staff, our partners and the organisation.

9. RECOMMENDATION

The Board is asked to note the action undertaken to date to ensure that NHS 24 responds effectively to the COVID-19 pandemic.