

Witness Name: STEPHANIE PHILLIPS

Statement No.: 1 – Module 3

Exhibits: 8

Dated: 25<sup>TH</sup> JULY 2024

## **UK COVID-19 INQUIRY - MODULE [3]**

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### **WITNESS STATEMENT OF [STEPHANIE PHILLIPS]**

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I, **Stephanie Phillips** of NHS 24 will say as follows: -

**1. Introduction:**

- 1.1. I am the current Director of Transformation, Strategy, Planning & Performance within NHS 24. During the time period outlined by the Inquiry I held the position of Director of Service Delivery for NHS 24. This included being responsible and accountable for the delivery of the 111 service. I was also strategic lead for the incident management throughout this period.
- 1.2. The responses outlined within this witness statement are based on my own knowledge and that of relevant colleagues who held key roles within NHS 24 response to the pandemic.
- 1.3. These colleagues have provided the detail for the response to each of the queries listed below. To the best of my knowledge this is an accurate reflection of the NHS 24 actions taken during the period of the Rule 9 request. Therefore, this statement is a collective NHS 24 position to the responses within the Rule 9 notice.

## 1. NHS 24 SERVICES AND ORGANISATIONAL STRUCTURE

- 1.1. For the purposes of this statement NHS 24 have focussed on the matters that occurred during the time period set out by the Inquiry.
- 1.2. NHS 24 is a Special Health Board constituted by the Scottish Ministers under the NHS 24 Scotland) Order 2001 (2001 Order), using powers in the National Health Service (Scotland) Act 1978 (1978 Act).
- 1.3. NHS 24 provides a range of services available via the telephone, webchat, websites, and a mobile phone app.
- 1.4. NHS 24 gives people across Scotland round the clock access to urgent care, mental health advice and support when GP and Dental practices are not available or when there is a need for urgent care and a person is considering attending Accident and Emergency.
  - 1.4.1 **111** – providing urgent care triage for anyone who thinks they need A&E, but it is not life or limb threatening as well as support for those in mental health distress and advice when their GP, pharmacy or dental practice is closed.
  - 1.4.2 **NHSinform.scot** - Scotland's online health information service that offers quality assured health and care information including - Symptom checkers, Scotland's Service Directory and Mental health advice and resources.
  - 1.4.3 **NHS24 Online app** – a new mobile app offering access to symptom checkers and advice which will in future offer omni-channel access directly to NHS 24 services.
  - 1.4.4 **Breathing Space** - a free and confidential phone and web chat service for anyone in Scotland over the age of 16 experiencing low mood, depression, or anxiety.
  - 1.4.5 **Care Information Scotland (CIS)** - a phone, webchat and website service providing information about care services for people living in Scotland.
  - 1.4.6 **Quit Your Way Scotland** - an advice and support service for anyone trying to stop smoking in Scotland.
  - 1.4.7 **Living Life** - a phone service that offers support to people in Scotland who are experiencing low mood, mild to moderate depression or symptoms of anxiety through cognitive behavioural therapy (CBT).

- 1.5. Whereas in parts of England and in Wales, the provider of the 111 service is the relevant local ambulance trust, this is not the case in Scotland. The Scottish Ambulance Service and NHS 24, as provider of the 111 service, are distinct and separate NHS Boards with equal status within the governance structure of NHS Scotland. It is also important to note that whilst some ambulance services in England and Wales provide the 111 service, this remains functionally distinct from the 999 service they also provide. Around 7% of all 111 calls in Scotland result in a request for a 999 ambulance.
- 1.6. It is also important to state that NHS 24 and SAS work collaboratively, including co-location within 3 contact centres in Glasgow, South Queensferry and Inverness, which facilitates close operational working and escalation, not least throughout the pandemic. NHS 24 and SAS established a Joint Collaboration Board in 2023, with input from Scottish Government where the two organisations share a sponsor team within Primary Care. This programme has focussed on improved data linkage, warm transfer of calls, notably to NHS 24's mental health hub, and opportunities for workforce development. Both Boards are now focussed on how best to collaborate to support the wider NHS Scotland health and care system, notably in further strengthening urgent care pathways.
- 1.7. NHS 24 is led by a Board of Directors which meets in public bi-monthly, and comprises of the Board Chair, nine Non-Executive Directors, and four Executive Directors, those being, the Chief Executive, the Director of Finance, the Medical Director, and the Director of Nursing and Care.
- 1.8. The NHS 24 Board has in place a Corporate Governance Framework which comprises of a suite of documents including:
- 1.8.1 NHS 24 Public Bodies Framework document – This document details the key roles and responsibilities which underpin the relationship between NHS 24 and the Scottish Government.
  - 1.8.2 Standing Order for the Proceedings and Business of NHS 24 Board – This document details how the business of NHS 24 Board and its governance Committees is organised. This document also provides an overview of how the organisation is structure.

- 1.8.3 Members Code of Conduct – This document details how members of the NHS 24 Board should conduct themselves in undertaking their duties.
- 1.8.4 Scheme of Delegated Authority – This document provides clarity about the decision-making processes and the extent of delegation and devolution of authority.

NHS 24 has four statutory committees of the Board, namely:

- Audit and Risk Committee
- Clinical Governance Committee
- Staff Governance Committee
- Remuneration Committee
- Each of the statutory committees of the board meet on a quarterly basis, except for the Remuneration Committee, which meets bi-annually.

- 1.9. In addition, the Planning and Performance Committee meets quarterly, and the Integrated Governance Committee meets bi-annually.
- 1.10. During the period between 1 March 2020 and 28 June 2022, meetings of the NHS 24 Board continued in the usual schedule, as did meetings of the statutory and standing committees, albeit these were held virtually via MS Teams, rather than “in-person” meetings due to COVID-19 guidance.
- 1.11. In addition, an extraordinary meeting of the Clinical Governance Committee was held on 29 April 2020. This meeting was convened to consider several topics in relation to the organisation’s response to COVID-19, including the COVID-19 Response Framework, COVID-19 Risk Register, Person-Centred Decision Making, Social Distancing in the Workplace, COVID-19 Quality Metrics, COVID-19 Universal Call Review Process, COVID-19 Proposed Changes to Temporarily Manage Clinical Governance Affairs, and COVID-19 Digital and ICT Development Work.
- 1.12. There were no changes made to the structure of the NHS 24 Board and its statutory and standing committees, however, consideration was given to the Standing Orders of the NHS 24 Board, and amendments/suspensions of orders are described in the section below.
- 1.13. At its meeting on 14 May 2020, the NHS 24 Board conducted a rapid review of its Standing Orders for the Proceedings and Business, to ensure that NHS 24 remained

compliant with its Standing Orders and to consider if any of the Standing Orders required to be suspended to support the organisations ongoing response to the COVID-19 pandemic.

1.14. As such, the Board agreed to the amendment/suspension of the following orders:

- 1.14.1 The Standing Orders state that the Board “shall meet in a public place”, although it was noted that paragraph 7.2 of the Standing Orders did explicitly allow for Board meetings taking place via video or teleconference. This order was temporarily suspended.
- 1.14.2 The Standing Orders state that “all papers will be delivered or sent by post at least 5 days before the Board meeting. This order was temporarily amended, with the agreement that Board papers would be delivered via email or to the secure online portal (AdminControl). Additionally, the Board agreed to some flexibility in relation to the requirement for Board papers to be delivered at least 5 days in advance of Board meetings, and this was to ensure that the Board were receiving the most up to date information available.
- 1.14.3 All papers placed before the Board will require to have been fully considered and approved by EMT, prior to distribution to the Board. This order was temporarily suspended during the current period. It was agreed that the Board would not always require written reports, however, where a Board decision was required and there was no written report, this would be made clear in the verbal presentation and recorded in minutes appropriately, accordingly what processes and supporting documentation were used to arrive at the recommendation being made to the Board.
- 1.14.4 The Standing Orders related to the Schedule of Retained Decisions requiring whole Board approval were temporarily suspended and the Board delegated to approval by the Chair, Chief Executive, and the Director of Finance. These orders related to approval of contracts with an annual value in excess of £500k, procurement of goods and services in excess of £100k, for which no revenue budget had been previously allocated or in excess of £250k for capital budgets, and approval of the retention of management consultants where total contract was over £100k. The Board also agreed the recommendation that any delegated decisions taken under

these amended orders were reported to the NHS 24 Board. (Delegated authority for expenditure of up to £1m had been provided to the Chief Executive).

- 1.15. NHS 24 followed Scottish Government guidance in respect of proportionate governance arrangements throughout the period and Scottish Government emergency powers were in place during this time. NHS 24 adopted a proportionate governance approach during this period which included holding shorter meetings with restricted agenda items and papers to consider critical items of business only. Emergency powers ended on 30 April 2022, and as such, the NHS 24 Board formally approved return to standard governance procedures from 16 June 2022.

## **2. NHS 24 ORGANISATIONAL, INCIDENT MANAGEMENT OR DECISION-MAKING STRUCTURES**

- 2.1. Board Members are responsible and accountable for setting the overall strategy and the direction for the organization. They are also responsible for encouraging and facilitating innovation, driving change, and transforming service delivery to ensure it meets the expectations and needs of their key stakeholders. This was effectively demonstrated by the way in which NHS 24 responded to the COVID 19 pandemic.
- 2.2. In order to hold the Executive Leadership Team to account, the NHS Board requires a clear and accurate picture of the delivery of services. Board Members are provided with the wider strategic and policy context that NHS 24 operates within. The Board considers the risks which could have a significant impact on the delivery of the organisation's purpose, aims, values, corporate objectives, operational priorities, and targets. This also applies to NHS 24's response to the pandemic whereby NHS 24 enhanced its Governance processes to include an extraordinary Clinical Governance Committee that reviewed the response during the initial period.
- 2.3. The Executive Management Team (EMT) is the body established by the Chief Executive to ensure delivery of the organisation's strategic/corporate objectives. The EMT is accountable to the NHS 24 Board and has decision-making responsibility for operational issues within NHS 24. Its members are responsible for the execution of

the Board Strategy and ensuring organisational compliance with policies and procedures.

- 2.4. Engagement between the Scottish Government (SG) and NHS 24 is essential in order that they work together as effectively as possible to maintain and improve public services and deliver improved outcomes. Both the SG and NHS 24 ensure that their relationship is developed and supported in line with the jointly agreed principles set out in the statement on 'Strategic Engagement between the Scottish Government and Scotland's Non Departmental Public Bodies (NDPBs)'. This document outlines the basis for effective cooperation and good communication. This was demonstrated during the pandemic with regular correspondence between the organisations to develop and deliver NHS 24's national response.
- 2.5. The SG Primary Care Division Sponsor team's primary function is to carry out the responsibilities delegated to it by the Scottish Government's Portfolio Accountable Officer, directly or via the Senior Sponsor. As part of the assurance provided to the Portfolio AO, they must ensure that key actions and decisions agreed are documented and implemented. The Sponsor team worked closely with NHS 24 and colleagues across the NHS to commission and deliver the COVID pathway and redesign of urgent care (RUC) pathway.
- 2.6. In line with NHS 24 Incident Management processes, the Executive team implemented an incident management team structure to manage the response to COVID 19. The incident management process described how NHS 24 will respond to an emergency.
- 2.7. In recognition of the size and scale of the pandemic, a COVID 19 response framework was established (**SPh/01 INQ000492926**). This document outlines the roles and responsibilities within NHS 24 for strategic and tactical leads. The incident management team was made up of subject matter experts from across the organisation. Twice daily IMT meetings were held to capture and manage all of the activity being undertaken. This framework was provided to the Clinical Governance Committee for assurance.
- 2.8. In an internal review conducted into our approach to the pandemic, this response framework was deemed to be a model which had facilitated a highly effective response by NHS 24. The Strategic Director met with the Chief Executive daily to

provide situational awareness. A weekly dashboard report was developed, taking into consideration key measures required to manage the additional service pressures which NHS 24's expanded system role experienced. This informed the NHS 24 Winter Escalation Process and allowed NHS 24 to scale its response continuously during the course of the pandemic and report to the Executive Management Team on a weekly basis.

- 2.9. NHS 24 also contributed to national forums and groups in response to the pandemic. This included, but not exclusively, the Public Health National Incident Management Team, Healthcare Systems response group, National out of hours group, Scottish Government Sponsor meetings, national clinical, workforce and finance forums, and the Strategic Communications network across Scottish health boards.

### **3. NHS24 ADAPTED SERVICE DELIVERY MODEL**

#### **OVERVIEW**

##### **NHS inform / National non-clinical special helpline.**

- 3.1. NHS 24 delivers the national health information and support service for Scotland, NHS inform, through website, telephony and webchat. Together with NHS inform calls, staff within our Health Information Services (HIS) team deliver Quit Your Way (smoking cessation) and Care Information Scotland (CIS) advice and support services, again through telephony and webchat.
- 3.2. In addition to these core services, NHS 24 is asked to set up dedicated advice helplines to provide local or national advice and support, for instance, in response to Swine Flu. These are generally time-limited 0800 helplines and scripts, and information for HIS staff is provided by relevant Boards or Scottish Government depending on the focus of the support required.
- 3.3. NHS 24 established a non-clinical special helpline in response to growing concerns around COVID on 30<sup>th</sup> January 2020; this was supported by Public Health Scotland (PHS) in providing information for staff to relay to callers. From March 2020, the demand for that helpline outstripped NHS 24 HIS capacity and, as such, this was outsourced to Ascensos to deliver, however, NHS 24 continued to provide managers



to deliver supervisory support and training to the helpline and engage with key health service stakeholders.

- 3.4. NHS 24 continued to deliver a full suite of services, inclusive of the 111 service, throughout the pandemic, with the exception of the MATS musculoskeletal advice telephone advice service, Quit Your Way and CIS. Quit your Way and CIS were restarted by September 2020 and NHS 24 HIS staff delivered this, although calls are very low to both services. MATS was not an urgent care service rather an advice service to support those managing MSK related self-management of care and staff from this service were redeployed to deliver the non-symptomatic helpline NHS 24 established as described above. Staff working in MATS were redeployed to support the HIS staff and the MATS service has never restarted; this reflects a wider strategic review of MSK services that took place over this time period in partnership with NHS Boards and Scottish Government.
- 3.5. NHS 24 worked with PHS throughout in governing the content available through the NHS inform website and for staff working within the non-symptomatic helpline. The telephone number for this helpline and address for the NHS inform website was promoted on a daily basis during TV briefings by the then First Minister. It was, therefore, critical to ensure the robust governance of content and advice. NHS inform remains a core service offering from NHS 24, however, the scale of the demand during the pandemic required additional capacity. This is recognised as a key element of NHS 24's role within national incident management arrangements for NHS Scotland and is a role NHS 24 has delivered previously and since the pandemic. Establishing the helpline reflected the importance of providing accessible, reliable, and trusted information for citizens.
- 3.6. NHS inform information developed significantly throughout the pandemic. Whilst NHS 24 was not responsible for the management of testing or vaccinations, a portal to these services was available through NHS inform and helpline staff were able to provide telephone advice to those unable to access information online through NHS inform or to support them in accessing through the portal. Content governance was through daily calls with PHS from the outset to ensure a single suite of information.

## **National 111 COVID pathway**

- 3.7. NHS 24 began receiving high volumes of symptomatic COVID related calls through the 111 service early in March 2020. This included high demand during the in hours period (08:00 – 18:00 Mon-Fri), where 90% of 111 demand previously arrived during the out of hours period. 111 in Scotland was essentially a triage route into the out of hours primary care service at that point, with c60% of outcomes resulting in a referral to a local out of hours service. NHS 24 was asked to provide access through 111 to a single national pathway for those with COVID symptoms, and worked with Scottish Government and local Boards, notably those leading out of hours primary and urgent care services, to develop this pathway. The pathway was operational across all NHS Boards 24/7 within 2 weeks, launched 23<sup>rd</sup> March 2020, and supported by national media and communications delivered by Scottish Government.
- 3.8. The detail of the pathway is described later in this document, however, NHS 24 required to go live with the pathway rapidly within 2 weeks, with NHS Boards required to establish covid assessment hubs for telephone and face to face consultation following initial triage through 111. Between March and the beginning of May, NHS 24 recruited and/or redeployed c200fte call operators to operate this pathway, from the GP triage and MSK service internally and through recruitment. Staff were recruited through the NHS Scotland portal and large numbers of staff were recruited from those furloughed from other sectors. Staff were only delivering the COVID protocol and pathway, under supervision from clinicians, reducing the training and induction time whilst ensuring clinical governance standards were maintained.
- 3.9. The COVID pathway operated throughout the pandemic from March 2020 to March 2022. The number of staff working on this pathway did flex as COVID demand fluctuated and as vaccines were rolled out and lockdown criteria changed. Prior to the outset of the pandemic, NHS 24 had also embarked on a GP triage test of change, working with a small number of GP practices to test out NHS 24 triage of same day requests for GP appointment. This test of change ceased in March with the advent of the pandemic, and staff were redeployed to work on the COVID pathways through 111 and to bolster general 111 capacity.
- 3.10. A Band 3 call operator role was developed for the COVID pathway, this allowed for staff to be recruited at pace and scale and focussed training to be provided on a

specific process, rather than the breadth of operational processes within NHS 24 111.

- 3.11. The majority of staff were recruited on a temporary basis to provide the COVID pathway with a small number successfully recruited into a role with NHS 24 once the pathway ended. This approach allowed for rapid implementation of the COVID pathway and also protected the general 111 service, which retained staffing levels throughout. NHS 24 was directly involved in the development of the national COVID pathway, working with PHS to ensure triage protocols continued to reflect the changing nature of the pandemic.
- 3.12. From the outset, NHS 24 participated in national clinical COVID calls, led by Scottish Government primary care out of hours team, with input from SAS and Board COVID leads. These calls were daily reducing to weekly and then fortnightly as the pandemic moved on and allowed the 'system' to monitor and respond to any variance in triage and referral outcomes or demand.
- 3.13. As well as operating primarily out of hours, up to 2018/19, the 111 service delivered both an inbound and an outbound telephony model, whereby around 35% of all calls through 111 were placed in a clinical queue and called back by an NHS 24 nurse practitioner for further triage. This was time stratified dependent on acuity at 1,2 or 3 hours, however, at peak times it was not unusual for the 3-hour calls to breach that target time. This resulted in longer delays for patients in accessing care and onward referral to the out of hours service for further consultation. NHS 24 had been developing its 111 model to be fully inbound, with the exception of the SEDS calls where a dental nurse would continue to call the patient back. This was in the process of being rolled out in the lead up to the pandemic, so, where operational delivery of the COVID pathway was entirely determined by NHS 24, this additionally allowed for acceleration of the move to an inbound telephony model. The COVID pathway was delivered entirely on an inbound basis with no delay in any onward referral to COVID assessment hubs or emergency departments where required.

### **Mental Health**

- 3.14. NHS 24 had also begun to develop and test a new approach to managing mental health calls through the 111 service, testing the concept of a mental health hub. This

was operating 4 days a week at the outset of the pandemic; however, NHS 24 was asked to expand this to a 24/7 service by Scottish Government in response to the pandemic. By July 2020, the service was operating 24/7 and continues to do so. Callers to the 111 service are able to select mental health as an option through the IVR and are routed directly to the mental health hub and to specialist psychological wellbeing practitioner (PWP) staff with that service.

- 3.15. During the test of change, there were 15 PWPs delivering the mental health hub out of hours Thurs-Sun. NHS 24 had set out plans to expand the service across the full week out of hours, however, additional funding from Scottish Government in response to the pandemic allowed NHS 24 to accelerate this expansion with c60 PWPs to enable 24/7 operation and now expanded to c90 PWPs as demand has continued to increase to the mental health hub.
- 3.16. NHS 24 also worked with Scottish Government to roll out national Distress Brief Intervention (DBI) model, where referrals could be made to third sector partners to provide initial support and link with statutory service leaving no gap in support for those in urgent mental health distress. Again, this model had been tested in 4 Health Board areas, however, in response to the pandemic it was rolled out nationally in June 2020 and NHS 24 became involved in the DBI pathway as a result of the development and expansion of the mental health hub. This pathway is still in place accounting for c7% of mental health hub outcomes with around a third of all DBI referrals now coming through the 111 mental health hub.
- 3.17. NHS 24 also delivers Breathing Space, a confidential listening service that operates out of hours for those over 16 years. Demand for this service increased and continued to increase post pandemic, and Scottish Government funded additional capacity within the team in response to the pandemic at the same time as NHS 24 expanded the mental health hub in July 2020. Whilst staffing numbers increased to respond to additional demand, the operating hours for the Breathing Space service remained the same.
- 3.18. NHS 24 was also asked by Scottish Government to provide a national helpline for health and social care staff to support mental wellbeing in responding to the effects of the pandemic. Local NHS Board arrangements were already in place and the national helpline was intended to supplement these services and also offer support outwith an employee's home Board. The service was delivered through the mental

health hub throughout and beyond the pandemic, although calls to the helpline were not high demand.

- 3.19. NHS 24 also significantly enhanced the amount of online mental health advice and support available through NHS inform during the pandemic. This included supporting Scottish Government mental health and wellbeing campaigns through the pandemic.
- 3.20. NHS 24 worked closely with the Scottish Government mental health directorate with routine monitoring and support in developing services as described and this has been a significant area of service change, accelerated through the pandemic in response to increased mental health demand.

### **Scottish Emergency Dental Service (SEDS)**

- 3.21. NHS 24 has delivered the SEDS service for a number of years, providing access through 111 to emergency dental services out of hours. Access to community dental services ceased with lockdown with an increase in demand to SEDS. The SEDS service is delivered by 111 call handlers, dental nurses and dental hub administrative staff and managers. At the outset of the pandemic, a number of dentists came to work for SEDS, initially on a voluntary basis. NHS 24 also set up Near Me video consultation within the SEDS services. These changes allowed for enhanced remote consultation by dentists, resulting in significant reduction in emergency department referrals and the ability to refer directly into other services, such as maxillofacial services. Scottish Government funded this enhanced component up to June 2022.

### **Redesign of Urgent Care (RUC)**

- 3.22. With the easing of lockdown, NHS Scotland was concerned that winter 2020 would result in increased attendances at Emergency Departments (ED) where parallel COVID protocols were being maintained. The focus was on those self-presenting to ED and NHS 24 led the development of triage and referral pathways for these patients and worked with Scottish Government and NHS Boards to establish a national pathway through 111 and into local Board Flow Navigation Centres (FNCs), for further telephone consultation and, where required, scheduled attendance at ED or Minor Injuries Unit (MIU).

- 3.23. This was a significant national piece of service redesign involving all NHS Boards. Expected demand increase for 111 was 645,000 calls per annum and the service was to be available 24/7. The pathway was developed along comparable lines to the COVID pathway with NHS 24 leading the triage work and working jointly with Scottish Government in leading the de minimus FNC requirements. NHS 24 also led the national communications campaign for the roll out of the new pathway. The pathway was tested with NHS Ayrshire & Arran before national roll out 1<sup>st</sup> December 2020.
- 3.24. NHS 24 additional workforce requirements for the RUC projected demand and pathway requirements were 222fte call handlers and 45fte nurse practitioners, an increase of 43%. Demand assumptions were based on an agreed national position that 75% of all those previously self-presenting to A&E would access the RUC pathway through 111; this equated to a planning assumption of 645,000 additional calls per annum. In 2021 NHS 24 received an additional 525,000 and in 2022 that number was 515,000. Around 40% of RUC demand was in hours and this changed the profile of NHS 24 workforce, with the initial recruitment focused on bolstering in hours capacity. NHS 24 workforce planning ensured this pathway was resourced to meet demand, notably in hours. The volume of callers selecting this option remains constant across the week, around 1500 per day, whereas the overall volume of 111 calls on weekend days is roughly 2.5 times that of a weekday.
- 3.25. The detail of the pathway is described in paragraphs 6.1 to 6.5 with the call flow diagram also provided (**Sph/04 INQ000492933**).
- 3.26. The pathway was signed off in September 2020 and launched in December following testing in November. Throughout that time NHS 24 was actively recruiting staff and continued to do so following the launch. This pathway was delivered on an entirely inbound telephony basis given callers had previously self-presented at ED, and accounts for just under one third of total 111 activity. Around 2 million patients have accessed this pathway since it was launched, and it has moved NHS 24 from being a predominantly out of hours primary care service to a 24/7 urgent and primary care service.
- 3.27. The rapid expansion of services described above because of the national response to the pandemic required acceleration of a move to an inbound model to minimise delay, an expanded and evolved workforce to manage increased demand, and an

expansion in NHS 24's estate to accommodate this and meet the requirements of 2m social distancing.

- 3.28. Throughout the pandemic, NHS 24 operated an Incident Management Team (IMT) with Director of Service Delivery and Medical Director Executive strategic leadership. All changes to NHS 24 services described above were managed through the IMT and into the Executive Management Team. Close links with Scottish Government were in place throughout and NHS 24 input to national NHS Scotland governance arrangement.

#### **4. SPECIFIC PATHWAY/ SERVICE DEVELOPMENT**

##### **NATIONAL 111 COVID PATHWAY WITHIN NHS24**

- 4.1. To continue to fulfil its statutory duties during the COVID 19 pandemic NHS 24 firstly focussed on the delivery of triage, assessment, and information. In alignment with clinical advice and professional guidance, NHS 24 continued to provide safe, effective, and person - centred care during the COVID 19 pandemic. Based on agreed clinical risk factors, patients that required an emergency response received it. Clinical risk factors are outline in **(SPh/0.3) INQ000492930)** – COVID Assessment Tool; this includes symptoms, medical history, ongoing clinical conditions, as per medical triage processes. These processes were review in line with changes to national guidance, internal clinical learning and/or periodic review.
- 4.2. Scottish Government Health Directorate Primary Care sponsor division engaged with NHS 24 on a Mobilisation Plan which each Health Board was required to submit. NHS 24 established the 111 triage access to the national COVID pathway to support a national 24/7 primary care response to the threat faced by the pandemic. In particular, the additional requirement for NHS 24 is in the in-hours period to clinically assess those who were unwell specifically related to COVID 19 symptoms. This model was commissioned by Scottish Government, with NHS 24 submitting a mobilisation plan on 18th March 2020 detailing how this would be operationally implemented **(SPh/02 INQ000492927)**.

- 4.3. Our Interactive Voice Recording (IVR) protocol outlined in the mobilisation plan is designed to inform and direct the public to the most appropriate resource based upon their symptoms. The IVR provides a clear message of “well or unwell” to ensure in accessible language, that there is a distinction between the 111 service and any non-clinical special helpline. Whilst clinically safe, a clear message was that in the in-hours period for all non-COVID related health advice, callers should contact their own GP. The COVID symptoms were clearly outlined to support the public to be able to make an informed decision over whether 111 COVID-19 was the most appropriate service to meet their needs.
- 4.4. The IVR also ensured that children under 18 months were prioritised in line with the current process at that time, to ensure they did not experience extended wait times to access the service when we were experiencing periods of high demand. Clear scripting outlined the options which were available to the public.
- 4.5. The mobilisation plan and associated documents show the clinical pathway provided to the public when calling NHS 24 111 through the COVID-19 Hub process. This process was clinically verified by internal clinical staff, respiratory clinicians from NHS Greater Glasgow & Clyde and clinical cell lead for SG COVID. The aim of this was to provide self-care advice where clinically possible and maintain the integrity of other services.
- 4.6. The NHS 24 111 assessment resulted in one of four possible outcomes:
- 4.6.1 If a patient requires a 999 ambulance the patient will be passed through to the Scottish Ambulance Service with the required urgency, with SAS alerted to the potential symptoms of COVID-19.
  - 4.6.2 If a patient requires urgent emergency department (ED) assessment and intervention the patient will be directed to ED with the required urgency and managed appropriately.
  - 4.6.3 If a patient requires a face-to-face clinical review, then NHS 24 will contact the COVID-19 primary care COVID hub to provide a 1hr or 4hr face to face appointment. The primary care COVID-19 hub will then assume responsibility for co-ordinating the subsequent management of the patient, including returning the patient to self-isolation once treatment is complete (should this still be needed).



- 4.6.4 If a patient requires self-care advice an audio self-care script had been developed with the aim of reducing the average call handling time that will free up vital resource.
- 4.7. The clinical process went live on the 23rd of March 2020 and followed an iterative process with a further 41 versions as Covid-19 information was updated. It allowed callers to access NHS 24 via 111 and choose the Covid 19 line (IVR Flow **(SPH/02.1 INQ000492928)** at this time labelled Corona Virus). This introduced a pathway for callers calling in respect of Covid, either with symptoms or general questions. Calls had already begun to increase significantly by this point and NHS 24 was tasked with bringing in a 24/7 service to support patients in and out of hours.
- 4.8. At this time callers awaiting a call back from the Territorial Health Board Covid Assessment Centre (CAC) would be advised to await their call back from them directly and only to call NHS 24 back if their symptoms changed or worsened. Two of the four referral outcomes from the COVID pathway resulted in a referral to the Board CAC for further telephone consultation from a clinician and potentially then a face-to-face assessment scheduled locally. NHS 24 did not co-ordinate this, rather once triage was complete the responsibility rested with the ambulance service for a 999 referral, the relevant Health Board CAC for call back and further triage, or the patient where self-care was the outcome. This is consistent with the protocols in place then and now for onward referral to a local out of hours service within NHS Scotland.
- 4.9. Symptomatic callers were taken through the Initial Details Capture IDC and a Contact Record was created. A tick box was installed into the Patient Contact Management PCM system labelled 'Possible Coronavirus' which was selected for Covid calls.
- 4.10. The COVID 19 process was attached to the process instructing the call taker to select a 'Corona Virus' tick box on the contact record NHS 24 ICT system creates if the caller had travelled to specific regions or countries (e.g., Wuhan) and had any specific symptoms (at that time shortness of breath, OR cough, OR fever). These calls were then directed to seek clinical advice where the clinician would determine the best course of action for each. NHS 24 assessed patients based on clinical risk factors **(SPH/03 INQ000492930)**.

4.11. NHS 24 holds a change log in chronological order in relation to all changes that were undertaken throughout that period. Whilst there were many changes due to changes in national guidance, there was only one change in response to a patient safety concern. This was defined as a 'near miss' incident for the COVID pathway. This was initiated on the 6 January 2021, in response to a mother calling for her daughter with a 'whooping style' cough. The Covid-19 protocol utilised initially indicated a 999 response, with NHS 24 clinical supervision requested, which resulted in a clinical outcome of speak to Dr - 1hr. When the Covid Assessment Centre contacted the family, the child could be heard to have biphasic stridor and croup type of cough in background. The family were advised to call 999 for emergency ambulance. The patient was aged 5 years 6 months with previous hospitalisation for similar symptoms. NHS 24 were notified through our partner feedback method, whereby NHS Board partners submit feedback on any issues through an agreed process allowing for clinical review and further engagement as required. An internal assessment was made of the incident, that included a review of the processes in place, training materials etc. The COVID assessment tool for "under 5's" was amended to include Children of 5 years of age and under. This was an internal process with the learning shared throughout NHS 24 only.

## **5. THE NATIONAL NON-CLINICAL SPECIAL HELPLINE**

- 5.1. This section below details the collaborative working approach taken between NHS 24 and third-party contact centre provider, Ascensos, in relation to the operation of the National Coronavirus Non-Clinical Special Helpline, during the COVID-19 pandemic. This section also details the extent to which and under what conditions private providers were used to support the response of 111 services to the pandemic. NHS24 response times and targets. Asensos was the main private provider to support the response.
- 5.2. This summary outlines how the collaboration was identified and how NHS 24 processes facilitated its implementation, the successes and challenges, lessons learned and how the helpline came to its natural conclusion, summarising feedback from both parties.
- 5.3. Following the emerging evidence of a potential pandemic in January 2020, a Special Helpline went live within NHS 24 on 30th January 2020. It was operational 7 days a

week between 0800 and 2200. However, due to the severity and nature of the COVID-19 pandemic, it became dynamically critical that to address the overwhelming call demand this helpline would require additional resource, not available within NHS 24.

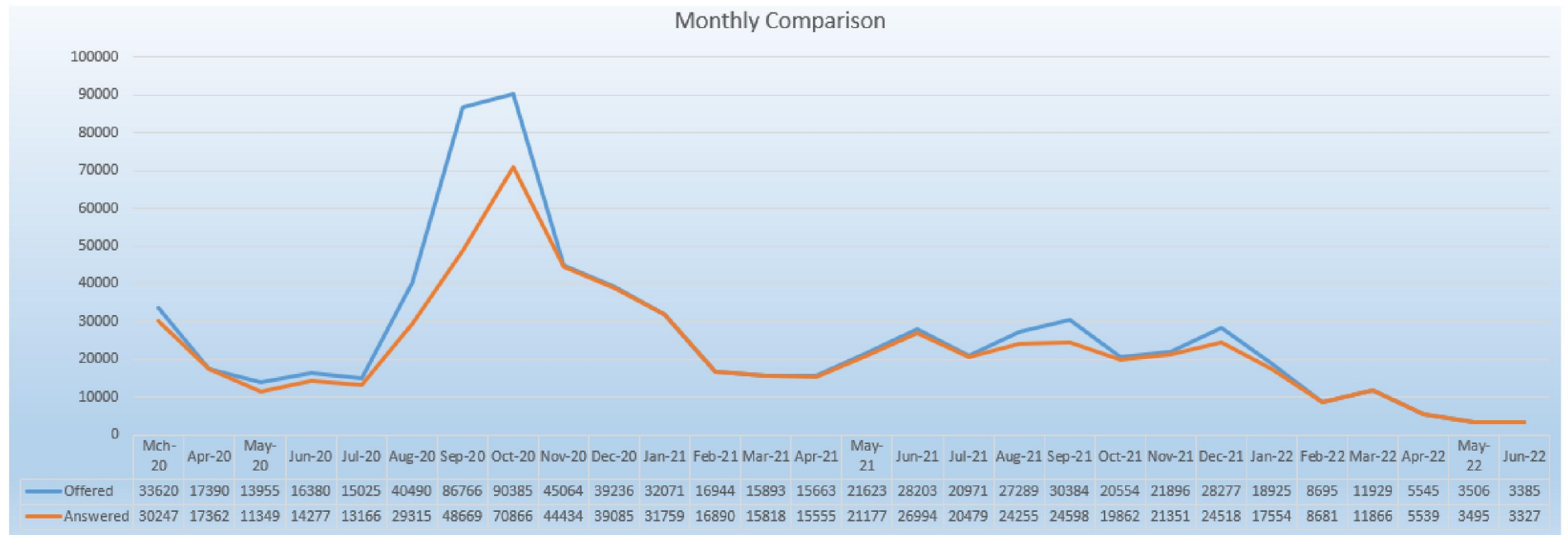
- 5.4. Due to the requirement for an immediate and large-scale response, there was a fast-tracked approach to appoint a third-party provider. From their contact centre in Clydebank, Ascensos were quickly able to meet the criteria set out by NHS 24 and the Scottish Government and following internal agreement and authorisation, a contract was agreed.
- 5.5. NHS 24 provided on site management overview at Ascensos, as NHS 24 Health Information staff were deployed to support the in-house COVID -19 clinical helpline. The desire was to direct all non-clinical questions and requests for general information to the helpline and protect the 111 service to support patients with clinical symptoms.
- 5.6. Ascensos were contracted to recruit approximately 84 WTE, anticipating high demand over seven days, 8am to 10pm. As third-party contact centre specialists, they ensured recruitment reflected the call demand and staff attrition rates.
- 5.7. Ascensos staff are not subject to vetting through the Protecting Vulnerable Groups (PVG) Scheme due to the nature of calls taken i.e., no caller identifiable data recorded/not a clinical service, only a basic security check was conducted allowing for a quicker recruitment process, however associated risks included lower retention and higher attrition rates, thus requiring ongoing recruitment campaigns.
- 5.8. Staff were providing a bespoke signposting and general information service in relation to COVID-19 with the NHS training developed to fit the needs of the service demand.
- 5.9. A Covid Information & Testing Process was developed by NHS 24 ensuring uniformity, with governed training, involving a knowledge check and sign off document for staff to complete before taking live calls/webchats. This bespoke training package, formulated due to lack of clinical risk and wider online information availability, facilitated a quicker training turnaround, with coaching support in real time.

- 5.10. All calls and web chats were recorded for governance and call review purposes, ensuring a safe and effective service was provided. Weekly Ascensos Team Manager call review calibration sessions involved NHS 24 Management input, to ensure call quality remained consistent, with Ascensos adopting NHS 24 call review documentation.
- 5.11. There was an agreed 3Cs (Compliments, Comments and Complaints) process involving Ascensos management directly.
- 5.12. To capture Health Intelligence Data, NHS 24 and Ascensos together created a contact record management system (CRM), referenced to as the “Profiler”, allowing agents to create anonymous records to capture health intelligence and trends, whilst also identifying any performance management issues.
- 5.13. NHS 24 is process driven to ensure patient safety. This approach continued throughout the collaborative partnership where joint processes were created informed by Scottish Government’s policy on the strategic plan for COVID-19. Due to ever changing guidance and rapid updates, agents utilised quality assured resources including [www.NHSInform.scot](http://www.NHSInform.scot) and [www.Gov.scot](http://www.Gov.scot) to inform the public of guidance changes. All updates were communicated to NHS 24 Managers in real time via emails from Public Health Scotland or Scottish Government contacts. There were formal meeting structures in place including:
- 5.13.1 NHS 24’s senior managers attended NHS 24 Incident Management Team meetings.
  - 5.13.2 Weekly stakeholder meeting with NHS 24 senior managers and Ascensos Senior Management provided assurance that formal contractual obligations including SLAs, were being met.
  - 5.13.3 Daily Operational Management meetings between NHS 24 and Ascensos.
  - 5.13.4 Daily conference calls between NHS 24 and Public Health Scotland.
- 5.14. The Ascensos software platform contained a communications hub including a MS Teams Channel. This was an essential communication forum for posting information updates in real time ensuring agents had the most up to date guidance. Updates

from Public Health Scotland/Scot Gov etc arrived to NHS24 Management mailbox and were then sent securely to Ascensos Management who disseminated to agents.

- 5.15. The Special Helpline evolved in response to the COVID-19 pandemic and public and stakeholder requirements. Having started as a non-clinical COVID-19 General Information Helpline, it branched to include a COVID-19 test booking service. This expanded further offering the general Flu information line through winter and the NHS inform line. This flexibility was essential, and showcased prompt collaborative working with Ascensos, with both parties aware of the requirements, and implementing a solution.
- 5.16. The run chart overleaf demonstrates the demand across the period which often reflected Scottish Government announcements and policy changes. The contractual SLA given to Ascensos was 80% of all calls into the helpline would be answered within 90 seconds. Helpline opening hours were subject to review following data analysis i.e., open from 8am to 10pm 7 days a week, adapting to 8pm finishes, and Monday to Friday opening hours, between 8am to 6pm nearing the end of the helpline. At the height of the pandemic the run chart below clearly shows the monthly call volume and supports the need at that time for outsourcing the helpline and the opening hours selected to reflect that demand.

**Graph: Calls to the National Non-Clinical Special Helpline**



- 5.17. The intention of the special helpline was to direct those who were looking for general information away from the 111 service to allow 111 call operators and clinical supervisors to support and assess patients with Covid symptoms. When callers dialled 111, they were signposted to call the special helpline number for information on the latest coronavirus guidance. This approach was effective as is borne out by the number of calls to the helpline. From March 2020 until June 2022, the helpline received 730,064 calls with 632,488 answered. During the same time span the helpline team dealt with 87,853 web chats.
- 5.18. NHS 24 successfully collaborated the delivery of a large-scale helpline with a third-party provider aligning NHS Values throughout, sharing NHS Process and Policy where appropriate, and developing learning to meet the needs of the helpline.

## **6. NHS 24 ROLE IN THE REDESIGN OF URGENT CARE**

- 6.1. As a result of the system pressures across NHS Scotland, there was a requirement for NHS 24 to transform their service delivery model to cope with the additional demand placed on the service. The service has expanded from what was largely an out-of-hours service to 24/7 access to urgent care, dental advice, a dedicated mental health hub and a national Covid pathway. In addition to this, NHS 24 has provided a central role in the redesign of a national single point of access 24/7 through 111 for triaging urgent care needs, to wherever possible reduce physical self-presentation to enhance infection control measures and limit the potential spread of Coronavirus.
- 6.2. In addition, there was a need to ensure patients with urgent care needs are seen in the most appropriate place to optimise their journey and experience, minimise the risk of harm and ensure safety. This required a whole system, multi-agency, multi-disciplinary and person-centred approach that ensured the right care, right place, right time, first time.
- 6.3. This was a fundamental redesign of NHS 24 that saw a redistribution of activity across NHS Scotland services. The new Urgent Care endpoints are supported by Territorial Board Flow Navigation Centres (FNC) that directly receive referrals from NHS 24 and provide rapid access to a senior clinical decision maker to support and determine the onward patient journey at a local territorial level. The clinical process

outlines the clinical flow for redesign of urgent care from an NHS 24 perspective (SPh/04 INQ000492933).

- 6.4. As outlined above, prior to national rollout, NHS 24 worked closely with colleagues in Scottish Government and NHS Ayrshire and Arran to act as a pathfinder to live test the concept from 03 November 2020. This allowed processes and staff training to be tested. The national RUC pathways went live on 01 December 2020.
- 6.5. This new service required NHS 24 to scale up its workforce and expand its Estate to accommodate the additional staff and comply with social distancing. NHS 24 relocated its centre in Dundee to a larger site and expanded its footprint within its Lumina site in Hillington, Glasgow. This enabled further recruitment in line with the agreed workforce targets.

## **7. NHS 24 INFRASTRUCTURE**

- 7.1. NHS 24 Estates profile required to adapt to the expansion in services and workforce, as well as the requirement for additional space due to social distancing requirements.
- 7.2. During the time period NHS Board colleagues were also attempting to manage their estates capacity as effectively as possible. This resulted in NHS 24 vacating a site within the NHS Golden Jubilee hospital and a site within NHS Lanarkshire's Hairmyres hospital. This resulted in NHS 24 procuring a short term 12-month lease in the Lightyear Building in Glasgow, relocating the Golden Jubilee centre to a nearby location hosted by West Dunbartonshire Council and creating a new centre within the Lumina Building Hillington, relocating HQ and frontline staff to this site.
- 7.3. As part of RUC NHS 24 relocated its Dundee centre to a larger site to allow for additional recruitment. The details of these estate moves were aligned to an NHS 24 Estates strategy and supported by Scottish Government remobilisation planning.
- 7.4. NHS 24 received £0.5 million in addition to formula capital allocation to fund the Lightyear and Lumina works. This is in addition to revenue funding, allocated, to cover the increased operational and one-off costs associated with NHS 24's response to Covid.
- 7.5. The workforce numbers have been detailed in terms of expansion of service. NHS 24 also adopted remote clinical supervision over this period; this allowed the clinical



supervisor to speak directly to the patient through the clinical decision-making tool and maintain social distancing from the call taker.

- 7.6. Call handling and frontline staff in general were unable to work remotely due to the clinical risks involved in reliance on staff home broadband and telephony with the current frontline application software in place. Vulnerable staff and those shielding were required to stay at home in compliance with national guidelines and were facilitated to work at home where possible, and corporate functions worked remotely throughout the time period.
- 7.7. NHS 24 applied all national guidelines and protocols in respect of social distancing at all times.

## **8. COMMUNICATION IMPACT ON DEMAND**

- 8.1. NHS 24's communications approach remained proactive and encouraging the public to seek the right care, from the right place, from the start of the pandemic. Our organisation rapidly shifted from being a primarily out of hours service, through 111, to a 24/7 access point for the public when many face-to-face services were effectively closed.
- 8.2. As a national health board with well-established communications channels, the NHS 24 social media channels were designated as the primary public facing channels for information and updates related to the coronavirus (COVID-19) outbreak. National content related to COVID-19 was supplied by colleagues at Scottish Government to ensure it was consistent and accurate.
- 8.3. The NHS 24, as part of its business-as-usual response, utilises prominent levels of engagement with our audiences across all channels to support the service real time during busy periods. This enabled us to be responsive and agile in creating content that had elevated levels of engagement with our audience, managing the public expectations and supporting individuals where required during the pandemic by signposting to appropriate services and online resources. As part of the COVID-19 response, this approach was 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 public often sought clarification and reassurance so this approach, proved to be particularly helpful.

8.4. COVID-19 content was focused 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)

8.5. Given the additional pressures on services it was important that appropriate direction to the right service to support public needs remained a key focus for content. We operated an evolving plan for this to ensure our channels remained focussed on supporting service delivery and patient experience.

8.6. Throughout the period we linked closely with marketing and communications colleagues in Scottish Government to ensure that content was clinically approved through NHS 24 to align with our services, and to ensure digital toolkits and assets were updated on [www.NHSinform.scot](http://www.NHSinform.scot).

8.7. Our first COVID-19 related posts went live on January 31st, 2020, on Facebook and Twitter.

8.8. Twitter became our busiest platform for engagement and the dissemination of information during the pandemic and required intensive levels of resource in its management.

### **Media Relations**

8.9. There were a considerable number of media enquiries and requests for interviews/filming. The communications team facilitated dozens of broadcast interviews and media inquiries, as well as issuing proactive media relations relating to call demand and how to access information for the public. We remained throughout closely aligned to Scottish Government media and social content teams and took part in weekly communications briefings.

## **Stakeholders**

- 8.10. Staying connected to our colleagues in government and health boards was crucial and we worked closely with Scottish Government and NHS Scotland colleagues and established supported communications channels to assist the flow of right information, right time, right channel.
- 8.11. In addition, we 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. We ensured latest information was provided directly to these key organisations from NHS 24 communications team.

## **Redesign of Urgent Care Programme**

- 8.12. During COVID-19, there was a rapid and unprecedented reconfiguration of primary and community care services. Healthcare professionals worked together across acute and primary care, and in partnership with NHS 24's 111 service, which had very quickly been reconfigured as an in-hours (as well as out-of-hours) route for COVID-19 triage, and the Scottish Ambulance Service. Wider NHS Remobilisation activity brought even greater focus on the need for comprehensive protective measures, including social distancing to reduce the spread of the virus.
- 8.13. The need for new ways of delivering services during COVID-19 demonstrated what could be achieved to keep people safe and that there were a range of alternative services that were available in addition to traditional face to face care. Public research showed that the public were receptive to continuing to access care and support in new ways, such as through NHS inform, NHS 24's 111 service, community pharmacy, GP telephone triage.
- 8.14. In July 2020, the Redesign of Urgent Care Programme National Messaging Workstream was established as part of the RUC programme, by Scottish Government. NHS 24's Chief Communications Officer Suzy Aspley was appointed

Chair of the workstream, which was established to design and deliver a comprehensive through the line communications and marketing campaign to support the public to get the right care in the right place, to make use of the in hours COVID-19 pathway operated through the 111 service by NHS 24 and to signpost the public for the latest information and advice to the national health information platform NHSinform.scot, which is also delivered by NHS 24.

- 8.15. The group met fortnightly and was linked with other workstreams within the national RUC programme. It also collaborated with a broad range of stakeholders to refine the messaging to support the RUC. Detailed discussions took place throughout the progress of the work stream as to timing and impact. The campaign, in line with the programme was initially trialled with a successful local communications rollout in the pathfinder site of Ayrshire and Arran in December 2020.
- 8.16. The full TV, radio, digital and local media campaign went live in 2021 and presented a national, consistent approach across all of Scotland, giving clear direction to the public as to how to access care. This continued to be shared throughout the duration of the pandemic across the health and social care system and into 2022.

#### **Internal communications**

- 8.17. Ensuring our staff were well-informed, supported and fully engaged as the organisation faced unprecedented service demand was a communications priority. We took an honest and open approach to our communications across the period ensuring staff were fully informed, up to date and aware of internal and external restrictions and guidance. We did this through:
  - 8.17.1 A dedicated COVID-19 staff information section on our intranet where we shared key information, updates to guidance, emergency alerts, restriction updates etc. These pages were checked and updated daily.
  - 8.17.2 We shared messages from our CEO and Executive Management team regularly across the period to share important news and praise staffs' efforts. This was done through video message where possible, as well as through email, Team Talk and intranet articles.

- 8.17.3 Video content to share important updates and IPC information i.e., instructions on how to correctly wash hands, wear face masks, clean workstations.
- 8.17.4 Use of our staff text messaging service to ensure important information was relayed when colleagues were off shift, shielding or did not have access to their computer.
- 8.17.5 Ensured COVID-19 information, hygiene posters and signage were created and distributed to all our centres to support staff to keep healthy and well at work, and to ensure they were aware of key information and restrictions before entering the contact centre environments.
- 8.17.6 Increased frequency of our monthly staff bulletin – Team Talk – to weekly editions to ensure key information was relayed to staff – focused on important updates, changes to guidance, public praise and feedback, wellbeing support, IPC guidance and vaccine programme information.
- 8.17.7 Due to the extensive works underway across our three main centres, we produced a COVID-19 health & safety information flyer for contractors visiting our centres to support infection control.
- 8.17.8 Intensified health and wellbeing information including mental wellbeing activity to support all colleagues.
- 8.17.9 Created a section on our intranet which was solely focused on supporting our staffs' health and wellbeing.
- 8.17.10 Ensured each edition of Team Talk had a section focused on health and wellbeing.
- 8.17.11 Established a Wellbeing Message of the Week – shared through email to all staff, which put a spotlight on key support services.
- 8.17.12 Provided support for staff who were now working from home, as well as those working in our centres, tailoring the messages to reflective their situations.
- 8.17.13 Utilised staff and management huddle times for key organisational updates
- 8/17.14 Created a space on our corporate website to update staff on information including the vaccination programme, when they were not on shift, shielding or on sick leave.
- 8.17.15 Encouraged uptake of the COVID-19 vaccines through our internal vaccination programme with a full and comprehensive communications plan utilising all channels.
- 8.17.16 Encouraged uptake and use of Lateral Flow Test with consistent and ongoing messaging across our channels.

- 8.17.17 Continued to use our social media channels for staff engagement and to 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.

## **9. ADAPTING TO CHANGES IN GUIDANCE**

- 9.1. Like many organisations NHS 24 were required to adapt to the threats faced at pace and at scale. NHS 24 engaged with the appropriate organisations to provide channels of communication and information flow. This included engaging in a national NHS Incident Management Team, led by Health Protection Scotland (HPS), then Public Health Scotland - PHS). NHS 24 were made aware through appropriate channels of any guidance changes that were then operationalised by the NHS 24 Incident Management Team and frontline Service Delivery colleagues. A process was developed between NHS 24 and PHS to clearly document and sign off any updated information within the helpline and NHS inform. Operational processes were amended and recorded as per business-as-usual process. Changes were communicated to staff primarily through shift briefings to ensure information was always up to date.
- 9.2. Workforce guidance and procedures were received through Scottish Government Directors Letters process and operationalised through the incident management team. NHS 24 always adhered to national guidance.

## **10. HEALTH INEQUALITIES**

- 10.1. NHS 24 aims to deliver safe, effective, and person-centred care. Ethical provision of care and patient advocacy is a priority and lies within the accountability of Executive Nurse and Medical Director role. NHS 24's processes on ethical decision making reflect the fact that the context differs as care is delivered remotely and not face to face. NHS 24 adhered to national guidance at all points throughout the period, all cases were triaged based on clinical presentation and risk factors.
- 10.2. During Covid-19, the Medical and Nurse Director, examined matters that required ethical consideration. An example of this was NHS 24's role in supporting the COVID

pathways in a way that reflected their context and in particular the management of the most vulnerable groups utilising technology and consistent operational processes. NHS 24 engaged with cross sector external experts and stakeholder groups to develop its service.

- 10.3. NHS 24 delivered digital public facing content, providing advice to the public and all clinical call flows with Health Protection Scotland (now Public Health Scotland) to ensure all advice provided was evidence-based and timely changes were undertaken. All content has a Health Literacy focus with provision for people who require more help or have particular needs, where this will involve engagement with NHS 24's Public Partnership Forum or Youth Forum, or a specific representative stakeholder group to test accessibility.
- 10.4. NHS 24, in collaboration with the Scottish Government, NHS Lothian, NHS Greater Glasgow & Clyde, and with support from the third sector and community groups, worked to make sure that accessible information relating to the Covid-19 pandemic was available to members of the public on NHS inform, Scotland's national health information service.
- 10.5. From March 2020, information in English on the Covid-19 pandemic hosted on NHS inform, became available in British Sign Language, Audio and Easy Read, providing accessible information to those who required alternative formats. In addition, this information was published, in the following community-based languages: Arabic, Chinese Mandarin, Polish, Romanian, Czech/Slovak, Urdu, Spanish.
- 10.6. Between March 2020 and February 2022, Covid-19 related information hosted on NHS inform was reviewed and updated on 40 occasions. On each occasion British Sign Language, Audio and Easy Read versions were reviewed to take account of changes to English content. As demand for information grew, the number of community-based languages grew too, from an initial seven languages to 15, namely: Arabic, Chinese Mandarin, Polish, Romanian, Slovak, Urdu, Spanish, Hindi, Punjabi, Bengali, Farsi, Chinese Cantonese, Dari, Pashto, Ukrainian.
- 10.7. This work was supported by an Engagement Plan. The purpose of engaging was to support people to find quality assured, up to date health information on the Covid-19 pandemic when they needed it, and to enable them to understand the information and guidance so they were able to make informed decisions.

- 10.8. NHS 24's approach to raising awareness of these resources was to engage with key stakeholders and partners including, Third Sector Organisations, Community groups, NHS Boards and Local Authorities.

## 11. DATA ON 111 CALLS MADE TO NHS 24 IN MARCH 2020

- 11.1. This section describes the call demand for NHS 24 111 services and the impact this had call wait times.
- 11.2. The call data below outlines the demand and average time to answer for week beginning 24/02/20 (**Table 1**) and for the full month of March 2020 (**Table 2**). Table 1 highlights the increasing average time to answer due to the impact of significant increase in unforeseen demand combined with internal capacity/workforce challenges like many organisations were facing, specifically the profile aligned to 90% of call demand within the out of hours period up to the onset of the pandemic and the subsequent increase in in hours demand and therefore workforce recruitment as a result For example, in March 2020 NHS 24 demand was 41.2% above normal business as usual forecasted levels.

**Table 1: Daily Call Demand and Average Time to Answer week beginning 24/02/20.**

Date	Calls Offered	Calls Answered	Average Time to Answer (hh:mm:ss)
24/02/2020	2,852	2,713	00:01:00
25/02/2020	3,156	2,630	00:04:48
26/02/2020	2,917	2,667	00:01:58
27/02/2020	2,817	2,573	00:02:54
28/02/2020	3,090	2,733	00:03:48
29/02/2020	8,193	6,242	00:10:07
01/03/2020	8,157	6,249	00:10:38
<b>Totals</b>	<b>31,182</b>	<b>25,807</b>	<b>00:06:31</b>



**Table 2: Daily Call Demand and Average Time to Answer March2020.**

<b>Date</b>	<b>Calls Offered</b>	<b>Calls Answered</b>	<b>Average Time to Answer (hh:mm:ss)</b>
01/03/2020	8,157	6,249	00:10:38
02/03/2020	3,633	3,175	00:02:50
03/03/2020	3,344	2,837	00:04:30
04/03/2020	3,485	2,988	00:03:34
05/03/2020	3,599	2,810	00:06:54
06/03/2020	3,858	2,989	00:06:52
07/03/2020	9,786	6,664	00:15:54
08/03/2020	9,630	6,692	00:13:51
09/03/2020	4,980	3,483	00:09:14
10/03/2020	5,178	3,308	00:13:14
11/03/2020	6,045	3,364	00:19:23
12/03/2020	8,145	3,389	00:36:48
13/03/2020	8,053	3,179	00:42:00
14/03/2020	14,229	5,653	00:48:39
15/03/2020	14,203	5,489	00:50:12
16/03/2020	8,841	3,053	00:44:48
17/03/2020	7,189	2,998	00:34:42
18/03/2020	5,728	2,659	00:25:08
19/03/2020	4,907	2,378	00:25:41
20/03/2020	4,923	2,856	00:18:32
21/03/2020	11,879	4,754	00:52:26
22/03/2020	11,075	4,983	00:40:27
23/03/2020	12,210	3,324	01:11:34
24/03/2020	8,773	3,535	00:48:22
25/03/2020	8,713	3,036	01:04:18
26/03/2020	7,975	3,371	00:49:01
27/03/2020	7,587	3,024	00:58:44
28/03/2020	9,214	4,875	01:11:50
29/03/2020	7,689	5,431	00:26:19
30/03/2020	7,176	3,138	00:45:45
31/03/2020	5,456	3,517	00:28:20
<b>Totals</b>	<b>235,660</b>	<b>119,201</b>	<b>00:32:14</b>

- 11.3 Prior to the implementation of the national COVID pathway on 23<sup>rd</sup> March NHS call demand had been above average for the month. Typically, NHS 24 receives calls in relation to unseasonal demand around two weeks earlier than other areas of the NHS, and this is reflected in the increased calls for coughs, fever, COVID symptoms we received earlier in March 2020.
- 11.4 Pre-pandemic 85%-90% of 11 calls arrived out of hours when GP practices are closed. This meant that Monday to Friday NHS 24 received between 2,500 and 3,000 calls on average and on Saturday and Sunday that increased to between 7,000 and 7,500 on average. The call pattern in table 2 shows the stark increase in that demand, notably in hours where access to GP practices was restricted, and at weekends in line with normal call demand patterns. The increases in the second half of the month from 23<sup>rd</sup> March onwards reflect the introduction of the COVID pathway and the national advice to contact 111 if experiencing symptoms of COVID.

## **12. NHS 24 KPI FRAMEWORK**

- 12.1 NHS 24 began reviewing its KPI framework in 2017 with a revised suite proposed to the NHS 24 Board in October 2017. This was in response to its 2016 Annual Review with Ministers, where it was recognised that the current suite of KPIs did not reflect the contribution and effectiveness of NHS 24. The proposed KPIs were in line with the urgent care KPI framework in NHS England and better reflected the impact of NHS 24 services. The Board approved the proposed indicators, however, subsequent changes at Cabinet Secretary level meant no formal change through the annual delivery planning process with Scottish Government to the existing KPI framework. The 30 second response time for non-emergency calls to the 111 service was the quickest response time of any comparable service at that point. It also did not reflect the fact that around 35% of calls were placed in a queue for later nurse triage call back, meaning that the overall time for NHS 24 to handle 111 calls was 46 minutes on average, with delays of several hours for the lowest acuity of calls. October 2017 also saw the implementation of NHS 24's SAP frontline application, which resulted in an extended call handling time and impacted on call answering times.

- 12.1 In 2018/19, NHS 24 reviewed its operational model and redesigned this to facilitate increased inbound calls, moving to a care delivered at first contact model. This required a change to the nurse practitioner role, increasingly providing clinical supervision of call handlers than stand-alone triage. This model was tested during 2018/19, with a new focus on performance once again proposed through the NHS 24 Annual Operating Plan in 2019/20 and a focus on care delivered at first contact above the 90% within in 30 second response time. In tandem, NHS 24 completed a shift review for 111 call handlers and nurse practitioners and the workforce requirements set out in the AOP that year reflected the move to an increasingly inbound model, increased call handling and reduced nurse practitioner workforce requirement. Following implementation of the shift review in October 2019, performance midweek improved significantly to meet target, with the recruitment focus in line with increased funding focused on additional weekend capacity to meet peak demand.
- 12.2 Discussions with Scottish Government in respect of NHS 24's KPI framework had been ongoing since 2017 as described, with the average time to answer target moved to 1.5 minutes as set out in the 2019/20 AOP with a reduction to 70% of calls answered within 30 seconds. In February 2020, NHS 24 proposed a shift to a 3-minute mean average time to answer target with a reduction to 50% within 30 seconds target, reflecting increased demand and the continued recruitment to meet the previously identified weekend capacity shortfall. Whilst not formally approved by Cabinet Secretary this was agreed with sponsor division within Scottish Government and became the de facto KPI metrics for NHS 24 and was the basis of workforce projections and corporate performance reporting throughout 2020.

12.3 **Table 3: Monthly Call Volumes and Median Time to Answer**

	<b>Calls Offered</b>	<b>Calls Answered</b>	<b>Median Time to Answer</b>
<b>Mar-20</b>	235,660	119,201	00:19:34
<b>Apr-20</b>	142,612	123,759	00:00:10
<b>May-20</b>	134,716	124,604	00:00:09
<b>Jun-20</b>	116,677	107,488	00:00:09
<b>Jul-20</b>	117,683	107,138	00:00:12
<b>Aug-20</b>	156,176	129,681	00:03:28
<b>Sep-20</b>	135,453	117,502	00:01:41
<b>Oct-20</b>	136,458	117,389	00:02:09
<b>Nov-20</b>	131,087	111,372	00:02:15
<b>Dec-20</b>	156,880	128,740	00:05:52
<b>Jan-21</b>	171,790	135,000	00:06:38
<b>Feb-21</b>	128,488	105,232	00:05:07
<b>Mar-21</b>	142,680	114,418	00:10:43
<b>Apr-21</b>	157,592	130,992	00:07:07
<b>May-21</b>	175,856	146,933	00:07:34
<b>Jun-21</b>	171,464	129,954	00:13:52
<b>Jul-21</b>	182,786	131,753	00:18:33
<b>Aug-21</b>	180,016	131,233	00:16:02
<b>Sep-21</b>	194,933	125,144	00:25:10
<b>Oct-21</b>	181,941	129,710	00:19:29
<b>Nov-21</b>	159,004	122,718	00:12:06
<b>Dec-21</b>	182,200	134,041	00:13:29
<b>Jan-22</b>	178,547	137,149	00:07:57
<b>Feb-22</b>	138,174	110,221	00:08:46
<b>Mar-22</b>	158,463	113,801	00:17:40
<b>Apr-22</b>	162,957	128,112	00:11:59
<b>May-22</b>	162,826	129,235	00:11:49
<b>Jun-22</b>	163,036	118,200	00:18:45

12.4 Following the introduction of the RUC pathway in December 2020, demand through 111 increased by around 13,000 calls a week, whilst NHS 24 was actively recruiting to increase capacity by 43% as previously outlined. This significant increase in demand couple with ongoing COVID demand, impacted on call answering

performance. Following the peak Festive demand, which is NHS 24's busiest two weeks of the year, discussion with Scottish Government in January and February 2021 resulted in a shift to a 5-minute average time to answer. Scottish Government agreed the interim KPI framework through the sponsor team within Primary Care and into the Chief Operating Officer, however, it was an interim suite of KPIs as at that point it had not received formal Cabinet Secretary approval; this reflects the use of remobilisation planning as opposed to the pre-pandemic annual delivery planning approach, which traditionally encompassed an agreed suite of KPIs.

- 12.5 This interim KPI framework in 2020 moved to an average of 3 minutes time to answer against 50% of calls and introduced median calls answering time for monitoring although no target was set. The move to a 5-minute median time and 30-minute 90<sup>th</sup> percentile time to answer was from January / February 2021 as described in the previous paragraph. At that point the target was still to answer 50% of calls within that target median time. That interim framework was used for Board reporting and reporting to Scottish Government and remained in place until 2023, when a revised KPI framework was formally approved by Ministers and has been in place since September 2023. The new framework retains targets for that median time to answer in 5 minutes and 90<sup>th</sup> percentile 30 minutes, however, there is no percentage target set for the number of calls to be answered within those times as that is implicit within the two metrics of median and 90<sup>th</sup> percentile.
- 12.6 In developing proposals on KPI frameworks as described, NHS 24 sought to benchmark with comparable systems, such as England and Wales, and to seek the views of callers to the 111 service, including undertaking focus groups in 2019 that informed the proposals set out in the 2019/20 AOP and supported the move to a care at first contact operational model. This indicated that callers to the 111 service were prepared to wait longer for their call to be answered where there was no further call back delay in terms of onward referral.
- 12.7 NHS 24 met the KPI framework in 2023/24, however, challenges in recruiting clinicians as experienced across the NHS, and continued high levels of demand has impacted on the length of time calls take to flow through the 111 service (average handling time AHT). This has increased in the last 12 months and NHS 24 is working to improve performance by maximising capacity. This includes continued recruitment to target workforce, streamlining call handling processes to reduce wait times for clinical supervision, and introducing a 'virtual queue' to avoid caller waiting. This

improvement work is firmly embedded into our Service Transformation portfolio work as a key component of our corporate strategy launched in July 2023.

### **13 NHS 24 PEER REVIEW WITH THE WELSH 111 SERVICE**

- 13.1 As described above, following the implementation of the RUC pathway at peak winter demand period for NHS 24, and with continued COVID demand, call answering performance was below target. At that point, discussions with SG sponsor team and the Chief Operating Officer resulted in a shift to 5 minutes median time to answer target and a focus on performance improvement. This reflected the ongoing recruitment of additional 111 staff to meet the significant increase in demand relative to the launch of the RUC pathway in early December. The national RUC programme had oversight of the performance of that pathway, where NHS 24 had not traditionally been under scrutiny for urgent and unscheduled performance as it had been aligned with the primary care out of hours.
- 13.2 In addition to the change to 5-minute median time to answer, NHS 24 worked with Scottish Government to model the performance projections in line with recruitment projections in delivering the RUC pathway within the full 111 service. The peer review with the Welsh 111 service came about through this work with SG. NHS 24 had previously supported the 111 service in Wales with its peer review model as it expanded and suggested this as a comparable service which utilised the peer review approach internally within NHS Wales. Scottish Government commissioned the peer review on that basis and colleagues from NHS Wales and Welsh Ambulance Service Trust, which operates the Wales 111 service, undertook the peer review using their model, with SG involvement as observers.
- 13.3 The outputs of the peer review were shared with NHS 24 and Scottish Government, recognising the significant change in NHS 24's service and operation since 2019, including the response to COVID, development of NHS 24's mental health services, and the implementation of the redesign of urgent care pathway. There was positive recognition of the extent of transformation that NHS 24 had undertaken since 2019 and the move to an inbound model and 24/7 service. There was acknowledgement of the ongoing recruitment and workforce gaps as an area of ongoing focus and the impact on performance while NHS 24 reached worked to attain target recruitment of call handling and clinical supervision staff.

- 13.4 The review took place in April 2021 and was in general a positive reflection of the progress and work NHS 24 had delivered with the key recommendations are noted below:
- 13.4.1 Whilst endorsing the move to an inbound model, there was recognition of the ongoing capacity gaps to meet demand and the work required by NHS 24 to continue to both recruit to fill gaps and also to ensure alignment through workforce planning.
  - 13.4.2 The need to ensure co-design with partners and public in developing services, citing the challenges in meeting demand within the newly expanded mental health hub which was not yet up to full capacity.
  - 13.4.3 The need to reflect on the significant changes to NHS 24 service model in light of the pandemic and the implementation of RUC and to particularly focus on whole system work in respect of the increased in hours activity and move to a 24/7 operation.
  - 13.4.4 Have absolute clarity on your future service strategy for integrated urgent and emergency care not just within your organisation but for NHS Scotland. You have collectively progressed a huge amount throughout the pandemic but now is the opportunity to pause, reflect on what has been successful and agree the incremental steps for NHS24 over the next 12 - 36 months.
  - 13.4.5 Take the opportunity to engage with staff and public on the wider system learning over the last 12 months and share some of your plans and ambitions for the future, but re-emphasis the focus on *delivering core 111 services, consistently 24/7*.
  - 13.4.6 Engage with your clinical peers to undertake a joint tabletop exercise to review a 'typical' snapshot of patient demand in NHS24 and assess presenting conditions against the eventual disposition /outcomes. What could / should have been done differently? Could a more effective solution have been achieved if a different service offering was in place either within

NHS24 or a specific Health Board /third sector etc. (benchmark accordingly).

13.4.7 NHS Wales are actively reflecting on its own internal clinical governance model and best practice against the 5 key pillars identified by IHI around leadership (clinical and managerial), psychological safety, accountability across organisational boundaries, system learning and negotiating /reciprocity. This may be a helpful model for NHS24 and the wider system to consider as part of your future plan.

13.4.8 We believe there is a wider opportunity for shared learning, benchmarking, co-production and learning between NHS24 and NHS111 Wales and would welcome the opportunity to discuss this with you in greater detail.

13.5 NHS 24 Director of Service Delivery and Associate Director of Nursing and Operations reciprocated in October 2022 participating in a peer review of the Welsh 111 service following its expansion to a national service and NHS 24 and WAST / 111 have maintained positive peer / benchmarking relationships since.

## **14 REFLECTIONS ON THE RESPONSE TO THE COVID-19 PANDEMIC**

14.1 The core elements of NHS 24 services remained operational or were expanded during the pandemic. NHS 24 has not been engaged in any discussions with Scottish Government over its response to the pandemic. NHS 24 has previously provided the UK COVID Inquiry with reflections on what went well and areas that did not go so well, summarised below.

14.2 NHS 24's response during the COVID-19 outbreak has provided an opportunity to deliver a wider profile of work within the broader health and care system as the 'front door' to digital health and care, clinical assessment and triage, health information, advice and signposting. For this reason and to ensure that learning from this period is embedded in NHS 24's future portfolio of work, the NHS 24 Executive Management Team (EMT) approved the creation of the Re-mobilise, Recover and Renew (RRR) programme to consider how the organisation has and continues to recover from the COVID-19 outbreak, and further clarify its role and purpose within the health & care



system, and in turn NHS 24's strategic vision and direction. The output report from the review was considered at EMT as the evaluation of the NHS 24 response **(SPH/05 INQ000492934)**.

- 14.3 Key decisions were made with the available information and intelligence at that time. This was central to our effective and safe response. Some non-essential services were temporarily paused in consultation with stakeholders to prioritise timely requirement to provide safe access to the public to support the national COVID 19 pandemic response, e.g., Quit Your Way services. Other services were expanded, and some new pathways were implemented based on the learning from the covid 19 clinical pathway. All changes were inclusive and developed in partnership with staff and key stakeholders (internal and external) to ensure changes aligned with the whole system adaptation. An example of the latter was the implementation of a national redesign of urgent care pathway, which supports patients who were planning to attend an emergency department to access local services in a planned way.
- 14.4 NHS 24 developed a robust incident management structure that remained in place throughout the time period outlined. The organisation felt our incident management arrangements were effective and combined with additional corporate governance allowed Board at pace support for decision making rationale.
- 14.5 A new model of 24/7 care and pathways through the establishment of a national Covid pathway. NHS 24 regard this as an effective response by the organisation and provided a significant contribution to the overall response to NHS Scotland.
- 14.6 Expansion of mental health services from a test of change to a fully operationally 24/7 7 day a week service has also realised significant benefits for NHS Scotland. In addition to the public mental health hub, NHS 24 provided a wellbeing helpline to provide support al health and social care staff across Scotland. This operated effectively.
- 14.7 The non-clinical Covid special helpline was a key decision and separation from the clinical Covid pathway. This allowed for appropriate communication, demand management and use of skill sets.
- 14.8 Digital developments of NHS inform such as self help guides, the use of different languages and formats, the development of an app were key positives from the response to the pandemic. Collaboration with subject matter experts to govern and

assure all public facing information and triage pathways. This included robust equalities and participation principles throughout.

- 14.9 The pandemic demonstrated the importance of NHS 24 data to support system wide understanding of public health incident management.
- 14.10 NHS 24 had taken the learning from the pandemic into its strategic planning processes, with the risk appetite reviewed twice within the initial year of the pandemic to continue to consider the risks within the scope of the decisions taken.
- 14.11 NHS 24 has reflected on areas that could be improved with no areas of high risk or impact were deemed ineffective. Areas such as staff engagement during times of high pace of change could have been improved. Though it is recognised this was very challenging under the circumstances.
- 14.12 Areas that were not financially viable, or the workforce capability was not available to maintain, such as the enhanced dental service provision. Whilst this model was appropriate during the pandemic it is deemed as not a sustainable model for business-as-usual services.

## 15 PLANS FOR ANY FUTURE PANDEMIC

- 15.1 NHS 24 evaluated its response to the COVID 19 pandemic, as per Evaluation, Assessment & Review report (**SPh/05 INQ000492934**). A review of the learnings and outcomes from all the evaluation work informed whether changes needed to be made to ways of working/service models, as a result of COVID 19, should remain as they are, be enhanced or further developed, or revert back to the pre-pandemic state. This has helped to inform the development of NHS 24's wider strategic ambitions and developed of its new Strategy in areas such as mental health, urgent care, and digital development.
- 15.2 NHS 24 was a lead health board in introducing and delivering the COVID 19 community pathway to the public. People who called 111 and selected the COVID 19 Assessment Line option were assessed initially by an NHS 24 Call Taker (CT) using the COVID-19 Assessment Tool (AT), with clinical supervision being provided at various stages where required/appropriate. Clinical supervision was requested by the CT when prompted by the AT, or where there was any uncertainty around the caller's

description of their symptoms. This allowed a single clinical pathway for triage to be introduced alongside suitable clinical content with four possible endpoints.

- 15.3 NHS 24 expects that, should there be a pandemic of similar size and scale that NHS 24, along with all Boards in Scotland would need to implement a similar model. There has been no further engagement with Scottish Government as to whether this is an appropriate model as a national strategic plan.
- 15.4 NHS 24 were nominated by Scottish Government as the recommended single point of contact for the people of Scotland. This included a non-clinical helpline to support, advise, and provide information and signposting. This role was undertaken until 30th June 2022 with 763,161 calls taken in that period. NHS 24 regards this to be a critical decision to provide a clear distinction between the clinical COVID pathway and the non-clinical helpline. If NHS 24 were to undertake this role again for a similar pandemic with similar demand, an external supplier would likely be required in a similar approach, to provide capacity.
- 15.5 NHS 24 supported several of the digital developments through the period of the pandemic. This included an SMS library to signpost the public to the appropriate information they required. This was included in response to calls to the 111 service and in the use of proactive SMS messaging to warn and inform the public, e.g., signposting to test and protect, or NHS Inform. It is expected that NHS 24 will continue to develop this feature into BAU services and will be used as part of the NHS 24 response to a pandemic.
- 15.6 The Scottish Government designated NHS 24 as the single repository of public facing information via a bespoke digital microsite on NHS inform. Through close engagement with Public Health Scotland, this service proved a successful mechanism for communicating public health information to the people of Scotland. It is expected that NHS 24 would undertake this role again.
- 15.7 NHS 24's well established national social media channels were utilised to provide key messaging which was consistent to the public during the initial stages of the pandemic. It is expected that this would be an appropriate model to adopt should there be another pandemic, in line with other national emergency response plans.

## Statement of Truth

I believe that the facts stated in this witness statement are true. I understand that proceedings may be brought against anyone who makes, or causes to be made, a false statement in a document verified by a statement of truth without an honest belief of its truth.

Signed: \_\_\_\_\_  

**Personal Data**

Dated: \_\_\_\_\_ 25<sup>th</sup> July 2024 \_\_\_\_\_

## Annex C

Topic / question (as set out in Annex A)	Paragraphs of the statement addressing the topic / question	Where topic / question has not been addressed
1. Overview of structure and relevant changes	1.1 to 1.15	
2. Incident management and governance	2.1 to 2.9	
3. Overview of service adaptation	3.1 to 3.26	
4. Details of COVID community pathway	4.1 to 4.11	
5. Details of COVID 19 helpline	5.1 to 5.18	
6. Details of redesign of urgent care pathway	6.1 to 6.5	
7. Infrastructure and workforce	7.1 to 7.7 3.1 to 3.26 6.1 to 6.5	
8. Impact of Flow Navigation Centre introduction	6.1 to 6.5	
9. Impact of 'stay at home' messaging	8.1 to 8.16	NHS 24 has offered no opinion on the impact of 'stay at home' messaging, however, this section of statement sets out the role that NHS 24 played throughout the pandemic in supporting consistent national messaging.
10. Details of staff training and communication in relation to policy changes	5.8 to 5.10 8.17	
11. Health inequalities	10.1 to 10.8	
12. Use of private contractors	3.3, 5.1 to 5.18	
13. Call demand and performance	11.1	
14. Changes to NHS 24 KPI framework	12.1 to 12.6	
15. NHS Wales / WAST peer review	13.1 to 13.4	
16. Reflections of NHS 24 role	14.1 to 14.3	
17. Future response	15.1 to 15.7	