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| **NHS 24**<br>**NHS 24 BOARD** | **20JUNE 2019**<br>**FOR ASSURANCE** |

<div align="center">

**SERVICE QUALITY REPORT**

</div>

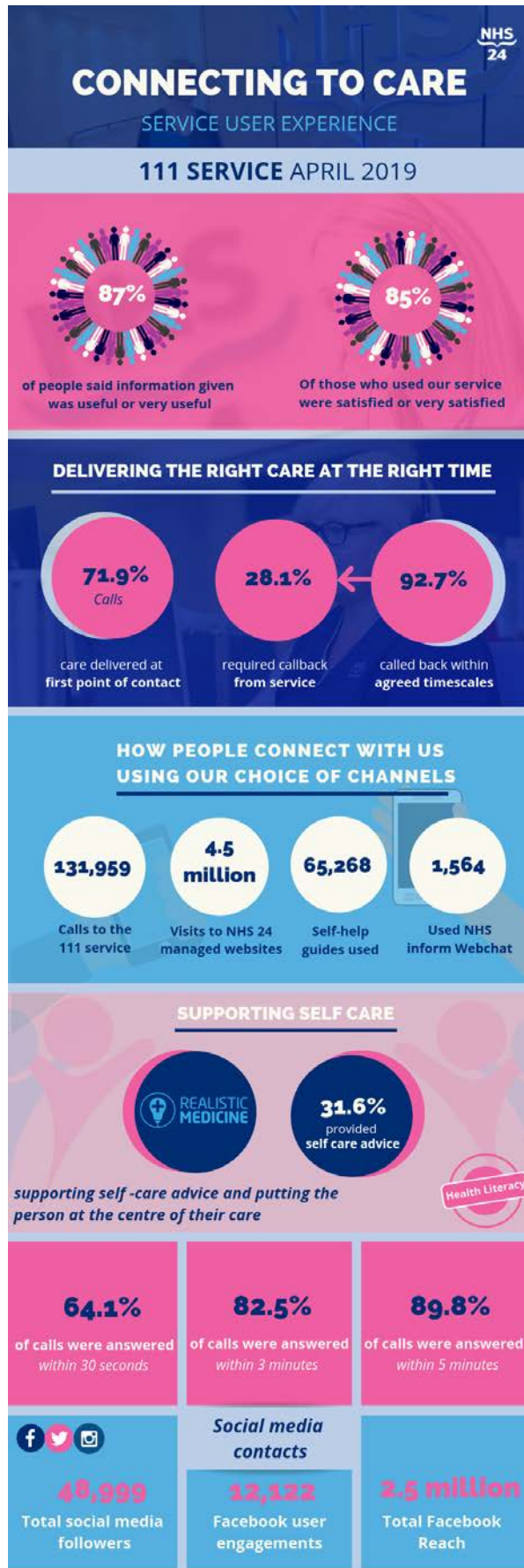| | |
|---|---|
| **Executive Sponsor:** | Director of Finance and Performance |
| **Lead Officer/Author:** | Information Services Team |
| **Action Required** | The report is presented to the NHS 24 Board to give assurance on the quality and performance of services provided for the period ended 30 April 2019, this is the first report on performance for the 2019/20 year. |
| **Key Points** | This report sets out the key metrics established to track, assess and continuously improve the quality and performance of services across NHS 24. |
| **Financial Implications** | All financial and workforce implications arising from current and projected performance levels are reflected in the routine functional reports. |
| **Timing** | This is the first performance report for 2019/20. |
| **Contribution to NHS 24 strategy** | Key performance measures are developed to support delivery of NHS 24 strategy and the Operational Plan key performance indicators. Effective monitoring of performance ensures robust governance and decision-making in line with corporate objectives. |
| **Contribution to the 2020 Vision and National Health and Social Care Delivery Plan (Dec 2016)** | Effective performance across NHS 24 supports delivery across the wider health and social care system. |
| **Equality and Diversity** | All equality and diversity issues arising from maintaining and continuously improving performance management are integrated with service planning. |

## 1. Recommendation

1.1 The report is presented to the NHS 24 Board for approval and to give assurance on the quality and performance of services provided for the period ended 30 April 2019, this is the first performance report for 2019/20.

## 2. Connecting to Care at a glance

1.

2.

2.1. The "Connecting to Care" dashboard below sets out a visual representation of some of the key performance measures and metrics relating to service user experience.

**CONNECTING TO CARE**
SERVICE USER EXPERIENCE

**111 SERVICE** APRIL 2019

**87%**
of people said information given
was useful or very useful

**85%**
Of those who used our service
were satisfied or very satisfied

**DELIVERING THE RIGHT CARE AT THE RIGHT TIME**

**71.9%**
Calls
care delivered at
first point of contact

**28.1%**
required callback
from service

**92.7%**
called back within
agreed timescales

**HOW PEOPLE CONNECT WITH US
USING OUR CHOICE OF CHANNELS**

**131,959**
Calls to the
111 service

**4·5 million**
Visits to NHS 24
managed websites

**65,268**
Self-help
guides used

**1,564**
Used NHS
inform Webchat

**SUPPORTING SELF CARE**

REALISTIC MEDICINE

**31.6%**
provided
self care advice

supporting self -care advice and putting the
person at the centre of their care

Health Literacy

**64.1%**
of calls were answered
within 30 seconds

**82.5%**
of calls were answered
within 3 minutes

**89.8%**
of calls were answered
within 5 minutes

*Social media
contacts*

**48,999**
Total social media
followers

**12,122**
Facebook user
engagements

**2.5 million**
Total Facebook
Reach

**3.    Timing**

1.
2.
3.
   3.1. This report covers performance for the period ending 30 April 2019.


## 4.    Background

1.
2.
3.
4.
   4.1. During 2018/19, NHS 24 developed a new performance framework and have formally proposed this through the Annual Operating Plan submission to the Scottish Government. The evidence gathered throughout 2018/19 will be used in 2019/20 to support the validation of important additional performance and quality measurements in the performance framework.


## 5.    Engagement

5.1   This first performance report for 2019/20 and was considered by the Executive Management Team prior to presentation to the NHS 24 Board.


## 6.    Financial Implications

6.1   All financial and workforce implications arising from current and projected performance levels are reflected in the routine functional reports.


## 7.    111 Service Performance - Patient Pathway Performance

**Patience Experience Feedback**

7.1   Key to determining effectiveness is understanding how callers assess their own experience of contacting the 111 service. In line with NHS Healthcare Improvement Scotland's Person Centred Care Programme and as part of the activities of the NHS 24 Patient Experience framework, we carry out a weekly patient experience survey.
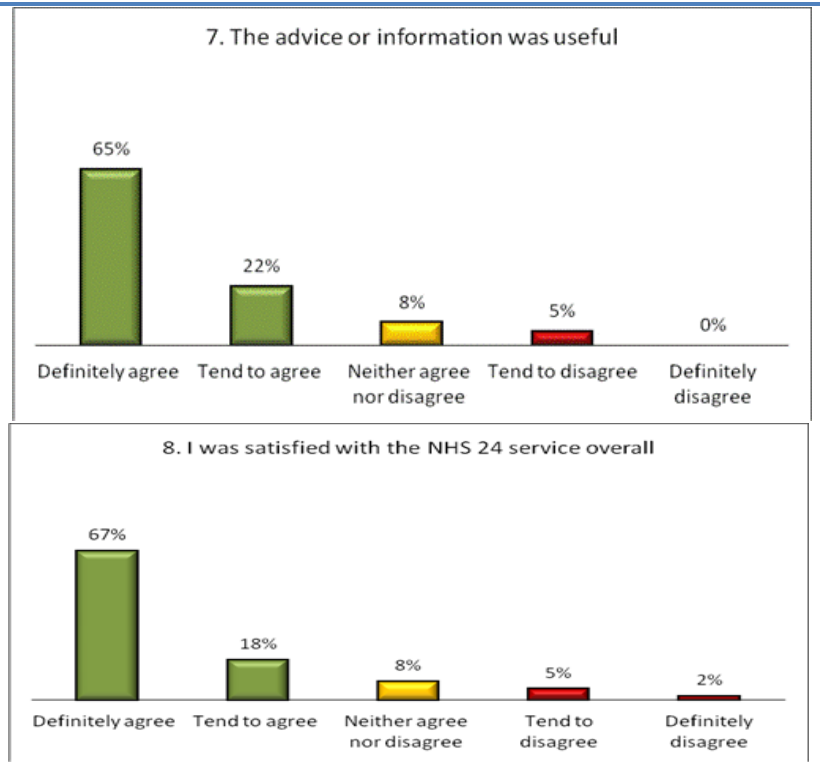
Patients and callers to the NHS 24 service are asked to participate on an entirely voluntary and anonymous basis.

The current reporting period is from April 19 – September 19.

From 2nd April 2019 to 30 April, 400 patients who made contact with the service were randomly selected and sent a Patient Experience Questionnaire via mail.

The graphs provide the cumulative responses from patients across the 4 week period. There were 62 responses overall, which is a 16% response rate.

**7. The advice or information was useful**

| Definitely agree | Tend to agree | Neither agree nor disagree | Tend to disagree | Definitely disagree |
|---|---|---|---|---|
| 65% | 22% | 8% | 5% | 0% |

**8. I was satisfied with the NHS 24 service overall**

| Definitely agree | Tend to agree | Neither agree nor disagree | Tend to disagree | Definitely disagree |
|---|---|---|---|---|
| 67% | 18% | 8% | 5% | 2% |

7.2 Where there is an issue with patient experience patients may choose to highlight this through the complaints process. All complaints are subjected to a rigorous investigation process to determine the nature of the complaint and to identify associated learning. Quality assurance and improvement processes are in place to ensure the learning loop is closed in all cases.

During April 2019, 39 complaints were closed. This consisted of 36 stage 1s, 2 stage 2s and 1 shared complaint. All Stage 2 complaints were acknowledged within 3 working days and responded to within 20 working days, against a target of 90%.

Of the total closed complaints, 23 were upheld or part upheld. The key upheld/part upheld themes raised were:

- Clinical assessment inappropriate
- Interpersonal reasons

Identified learning from patient complaints falls into two categories:

**Individual Learning** - where learning has been identified for the staff member, this is cascaded to the line manager and put in place.

**Organisational Learning** – complaints, feedback and adverse events also yield organisational learning; this is learning which can involve a process change, or change to ways of working. Progress against agreed improvements are monitored and reported routinely to the National Patient Safety Group.

Work is ongoing with Care Opinion to learn from feedback and increase receipt of stories and improve staff awareness. NHS 24 are also collaboratively working with Care Opinion and other Boards to offer a streamlined single response to authors. NHS 24 Patient Experience Team are working collaboratively with NHS Lanarkshire to obtain real time feedback to inform improvements.

The overarching purpose is to learn from patients and service users experiences and improve services.
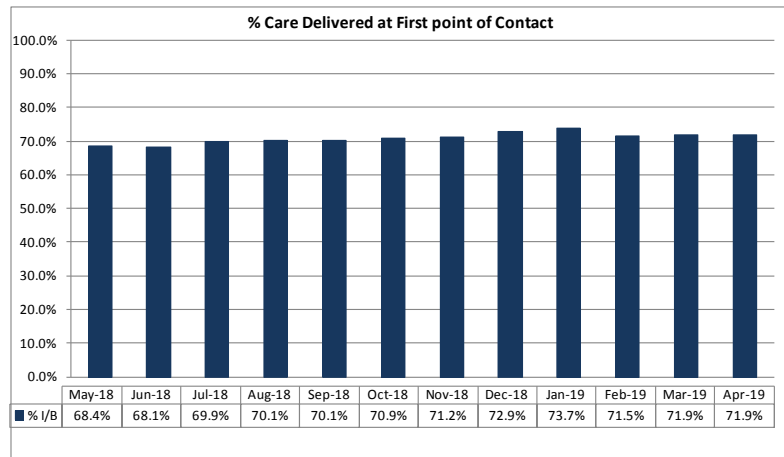
### Care Delivered at First Point of Contact

7.3 A significant proportion of 111 calls are managed on an inbound basis. An inbound call is where the patient is triaged, and where appropriate care is delivered, at the first point of contact with the service without the need for a call back.

In April, 71.9% (86,993 calls), against a new target in this area of 70%, were triaged successfully through this process.

The inbound only pathway is linked to a more positive patient experience and for the past year has reached a performance level of around 70%.

In the context of the improvement work planned for 2019/20, we aim to consistently deliver against the new target of 70% with a view to increasing that to at least 75% by quarter 4.

**% Care Delivered at First point of Contact**

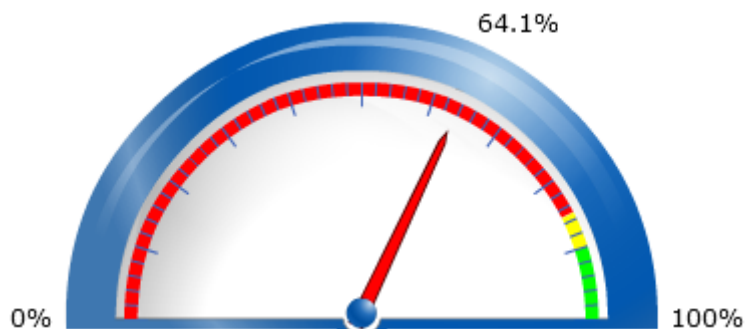| | May-18 | Jun-18 | Jul-18 | Aug-18 | Sep-18 | Oct-18 | Nov-18 | Dec-18 | Jan-19 | Feb-19 | Mar-19 | Apr-19 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| % I/B | 68.4% | 68.1% | 69.9% | 70.1% | 70.1% | 70.9% | 71.2% | 72.9% | 73.7% | 71.5% | 71.9% | 71.9% |

### Call demand and access

7.4 Call demand in April for the 111 service was 131,959 with service level performance increasing by 11.5%, from previous month, to 64.1%.

The current formal target is to answer 90% of all calls in 30 seconds. As part of the AOP we have however committed to deliver at least 70% until the last quarter when the organisational improvement work should begin to deliver enhanced performance reaching 80%.

Performance was 64.1% against the operating target of 70%.

Call Handler shrinkage was 36.68%, which is below the 40.05% shrinkage target for the month, indicating a higher resource available than initially planned for.

Short term sickness dropped slightly from 12.63% in March to 12.22%.

64.1%

0%                          100%

Annual leave for April was also lower than in March, as the same pressure to use up annual leave before the end of the financial year was not present.

Better Working, Better Care pods continued to run in April, which will likely have affected inbound service level performance due to an AHT that we perceive to be higher than BAU.

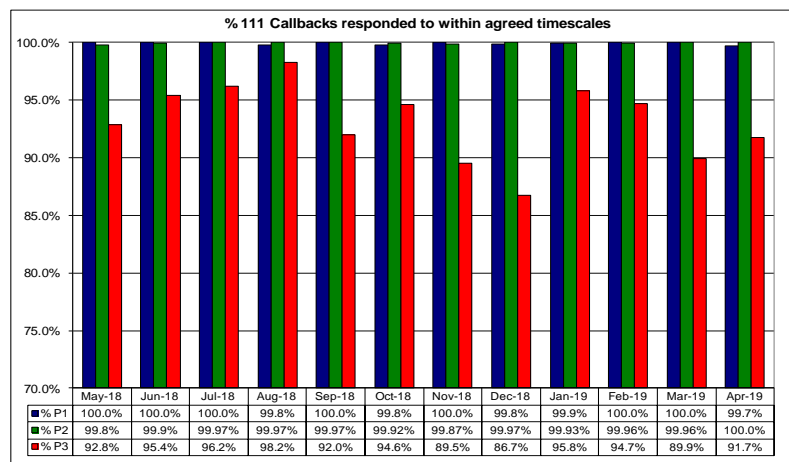**Unscheduled Care Call Demand, Service Level and Forecast**
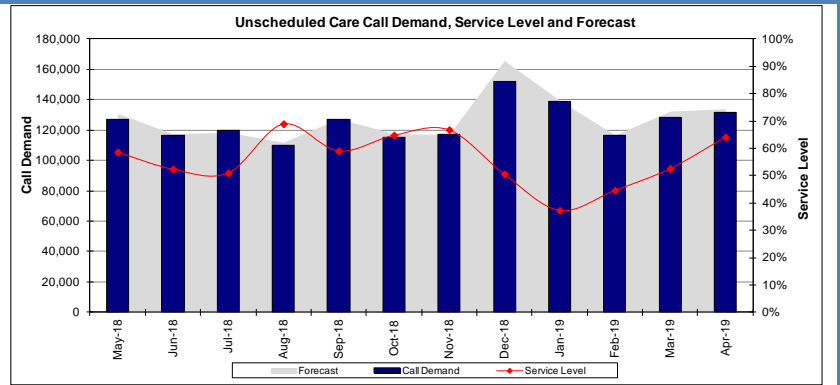


## 111 Outbound Call-back Performance

7.5 Outbound calls occur where the calls cannot be triaged as they arrive due to a combination of the call volumes being experienced at the time and the level of staffing available to respond to them. In these cases, calls will be placed in clinical queues with an assessment of their level of clinical need being either P1, P2 or P3. The clinical queue is monitored for safety by senior clinicians.

99.7% of P1 calls were responded to within 60 minutes against a target of 98%.

100% of P2 calls were responded to within 120 minutes against a target of 90%.

91.7% of P3 calls (24,214) were responded to within 180 minutes against a target of 80%.

**% 111 Callbacks responded to within agreed timescales**



| | May-18 | Jun-18 | Jul-18 | Aug-18 | Sep-18 | Oct-18 | Nov-18 | Dec-18 | Jan-19 | Feb-19 | Mar-19 | Apr-19 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| % P1 | 100.0% | 100.0% | 100.0% | 99.8% | 100.0% | 99.8% | 100.0% | 99.8% | 99.9% | 100.0% | 100.0% | 99.7% |
| % P2 | 99.8% | 99.9% | 99.97% | 99.97% | 99.97% | 99.92% | 99.87% | 99.97% | 99.93% | 99.96% | 99.96% | 100.0% |
| % P3 | 92.8% | 95.4% | 96.2% | 98.2% | 92.0% | 94.6% | 89.5% | 86.7% | 95.8% | 94.7% | 89.9% | 91.7% |

| Time taken to respond to P3 | 1 hr | 2hr | 3hr | 3hr 30min | 4hr | 4hr 30min | 5hr | 5hr 30min | 6hr |
|---|---|---|---|---|---|---|---|---|---|
| P3 count | 8,802 | 10,618 | 4,776 | 849 | 638 | 367 | 209 | 135 | 7 |
| P3 % Split | 33.3% | 40.2% | 18.1% | 3.2% | 2.4% | 1.4% | 0.8% | 0.5% | 0.0% |

7.6 The Scottish Ambulance Service (SAS) pass calls that are deemed to be "non-life threatening" or non-serious (Category C) to NHS 24. Contact records are created for these calls and patients are called back by NHS 24. In April, 70.5% of these Category C calls were converted to primary care or home care outcomes against a target of 75%. The codes that SAS send to NHS 24 were recently changed, which resulted in a 74% increase in SAS Cat C records when compared to April 2018, with a significantly higher proportion of in hours transfers than initially anticipated. The aim of this change is to improve the pathway for patients, as such we are working with SAS using a quality improvement approach to review the outcome and pathway for patients. Additionally, SAS is exploring

options regarding in and out of hours outcomes to manage the variability in outcome due to the role of NHS 24 111 across the day.

7.7    Review of this consistent level of increase has confirmed that the calls coming through to NHS 24 are appropriate and therefore it is likely that this increase will continue. Work will be done over the coming months to identify whether the target remains appropriate at 75% given the increase in call volume and whether the resourcing within NHS 24 will require to be increased to meet this increased demand on a recurring basis.

**Levels of Calls Abandoned**

7.8    In April the percentage of calls abandoned after threshold decreased by 2.4 percentage points to 3.8%, falling below the target level of 5% for the first time since November 2018.



Calls abandoned after threshold fell within target at 3.8% in April.

Call Handler shrinkage was 36.68%, which is below the 40.05% shrinkage target for the month, indicating there was more resource available than initially planned for.  Short term sickness dropped slightly from 12.63% in March to 12.22%. Annual leave for April was also lower than in March, as the same pressure to use up annual leave before the end of the financial year was not present.

Better Working, Better Care pods continued to run in April, which will likely have affected inbound service level performance due to an AHT that we perceive to be higher than BAU.
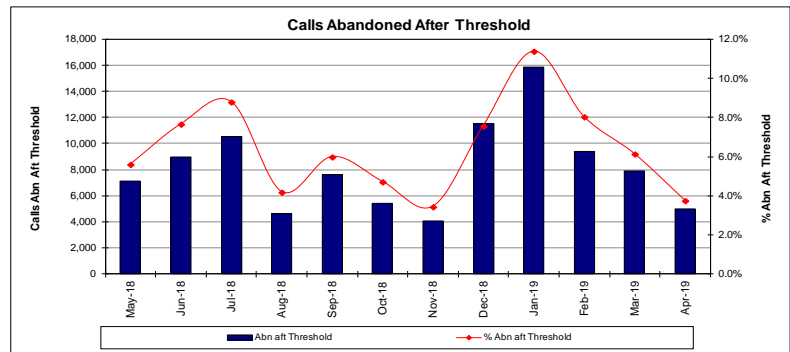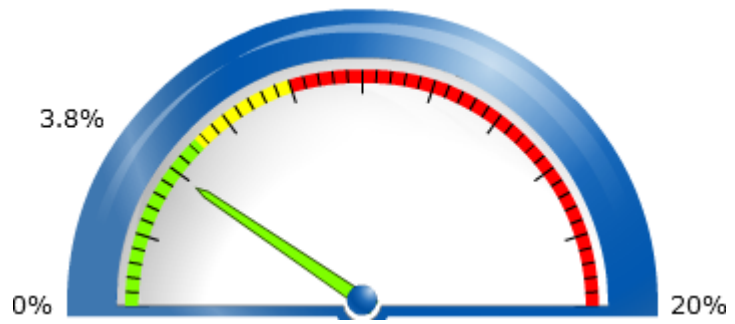
**Average Time to Answer Calls**

7.9    Where demand is within forecast and staffing levels are sufficient to manage the call arrival pattern, calls are answered within 30 seconds. The average time to answer calls in April was 1 minute 13 seconds, which is a 50 second decrease on the previous month.

NHS 24 monitors the service level at varying thresholds, 30, 60 and 90 seconds.

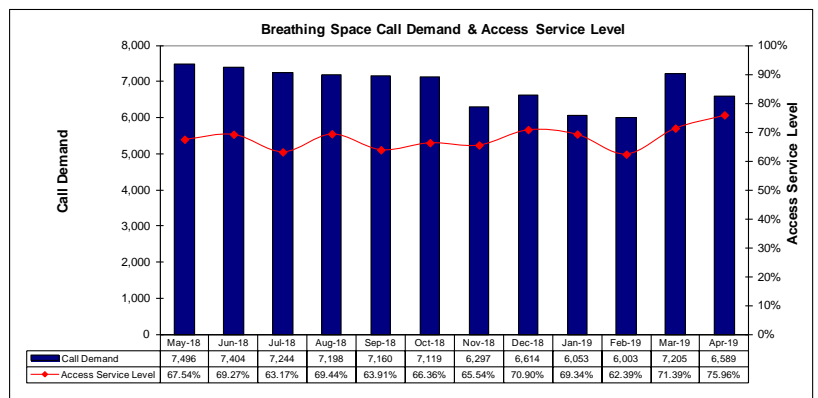| Service Level 90% at 30secs | Service Level 90% at 60secs | Service Level 90% at 90secs |
|---|---|---|
| 64.1% | 69.3% | 74.3% |

## 8. Workforce

8.1 Monthly staff attendance increased by 0.4% on the previous month to 91.3%. Attendance Management information and reports are provided to the Board on a regular basis. An attendance management improvement plan has been developed to further support the effective management of staff attendance and to also promote staff health and wellbeing. The plan aims to reduce sickness absence by 0.5% in 2019/20 with a further reduction in 2020/21 of 2%.

8.2 All current staff wellbeing activities will continue and we will ensure all our staff have their needs met through the appropriate interventions. More information on the staff attendance improvement plan will be discussed at the Staff Governance Committee and the Area Partnership Forum.

8.3 The Employee Relations Team plan to pilot Webchat as an alternative way for staff to make contact. To gauge interest in this new channel, a Webchat option has been added to a number of pages within the Workforce section on the intranet. So far interest in contacting HR by Webchat has been positive with over 150 staff filling in the questionnaire and selecting the webchat option. Staff feedback is that this is a more flexible way of contacting HR. The data collected from the questionnaire, will allow us to evaluate interest and demand in using this channel to engage with staff and put a plan in place launch the Webchat this year.

## 9. Mental Health Services

9.1 The Breathing Space service access level performance is continuing to improve, the recruitment of additional staff has taken time to complete however is now showing significant impact.

The Breathing Space service level for April was 76.0% against a revised target of 80%, this is an increase of 4.6% on the previous month performance. This resulted in highest service level since June 2017.

**Breathing Space Call Demand & Access Service Level**

| | May-18 | Jun-18 | Jul-18 | Aug-18 | Sep-18 | Oct-18 | Nov-18 | Dec-18 | Jan-19 | Feb-19 | Mar-19 | Apr-19 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Call Demand | 7,496 | 7,404 | 7,244 | 7,198 | 7,160 | 7,119 | 6,297 | 6,614 | 6,053 | 6,003 | 7,205 | 6,589 |
| Access Service Level | 67.54% | 69.27% | 63.17% | 69.44% | 63.91% | 66.36% | 65.54% | 70.90% | 69.34% | 62.39% | 71.39% | 75.96% |

9.2   The Living Life service managed a demand of 483 for patients self-referring for CBT. Through the use of Cognitive Behavioural Therapy (CBT) the service provides PHQ-9 (Patient Health Questionnaire) and GAD-7 (Generalised Anxiety Disorder) support.

- GAD-7 is a measurement for Anxiety Disorders
- PHQ-9 is a measurement for Depression

The PHQ-9 and GAD-7 are designed to facilitate the recognition for depressive disorders and anxiety disorders respectively.

9.3   In the first 3 months of the introduction of the Mental Health Hub 3,436 calls were routed to the Mental Health Hub after callers selected the appropriate service using the IVR messaging. Over the coming months information will be generated on this test of change to assess the volume of calls and the effectiveness of the patient experience and access to appropriate care. Early indications point to a significant proportion of the calls resulting in self-care.

## 10   Musculoskeletal (MSK) Service

10.1  Demand for the MSK service was 7,229 which was an increase of 5.7% on the previous month. Service level decreased by 3.0%, to 88.6%.

As part of the Service Improvement Work, the system changes to the Sugar CRM are under User Testing with the expected implementation due in June 2019.



MSK Call Demand & Service Level
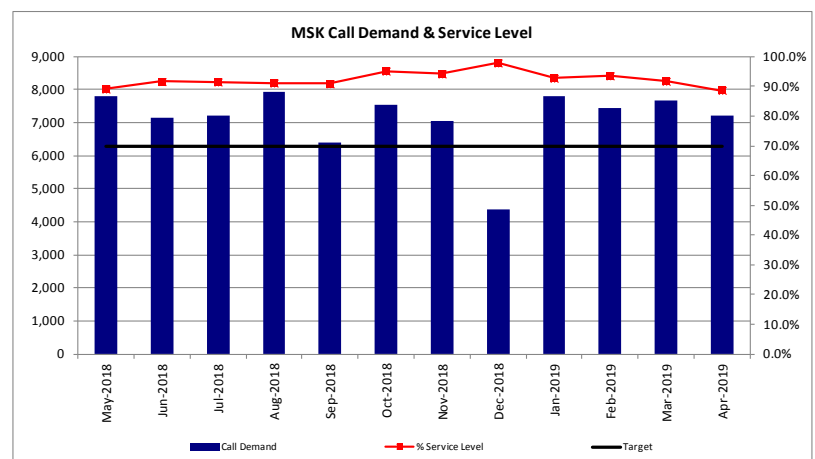
## 11.   Digital and Social Media Services

11.1  The digital ambitions of NHS 24 are developing, in line with the recently approved digital strategic framework to support delivery of the Digital Health & Care Strategy for Scotland (2018).  Digital transformation aims to improve the user/public experience of a service, as well as the staff experience.  This applies across the services NHS 24 delivers and how NHS 24 operates as an organisation.  Increasing accessibility of services, through

alternative channel provision and the ability for data to be shared and accessed across channels supports channel choice for the public.

11.2 The development of our digital mental health content demonstrates the impact of digital transformation.  The implementation of web chat within Breathing Space, whilst still in test of change status, has indicated a transformational effect on that service.  The population contacting the service via web chat are a different demographic to the telephone cohort, and have indicated through direct feedback that they would not have contacted the service via telephone.  Therefore the introduction of this channel has enabled access to the service for a whole new cohort of the population who would not have chosen to contact the service previously.  It has also impacted on the skill set required by the advisors and potentially opened up opportunities for differently skilled staff to manage the different channels.
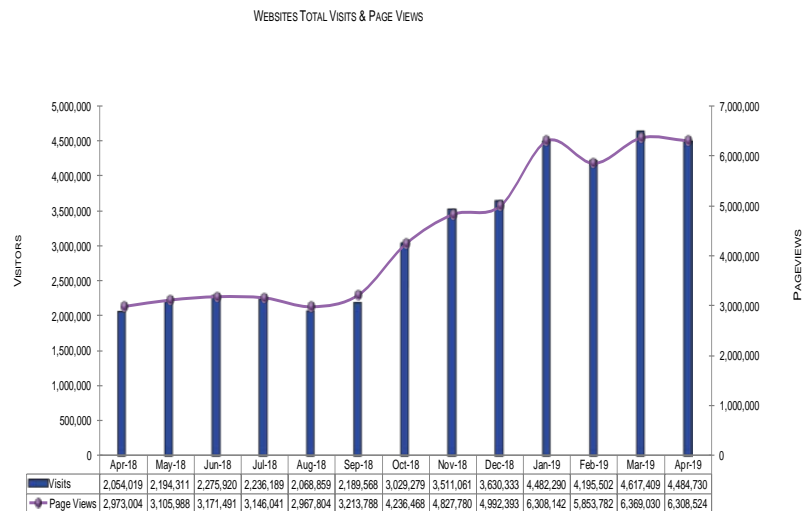
5.
6.
7.
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9.
10.
11.3 NHS 24 manages a suite of websites, from the NHS 24 corporate site, through to a range of service specific sites such as NHS Inform, Breathing Space and Care Information Scotland.

There were approximately 4.5 million website hits in March. The majority of hits were to NHS Inform, with 4.4 million visits.

This is likely to be linked to the recent search engine optimisation work.

Integration of new services into NHS Inform, such as Ready Steady Baby and Immunisation Scotland have also helped raise the profile of the site and increased usage.

WEBSITES TOTAL VISITS & PAGE VIEWS

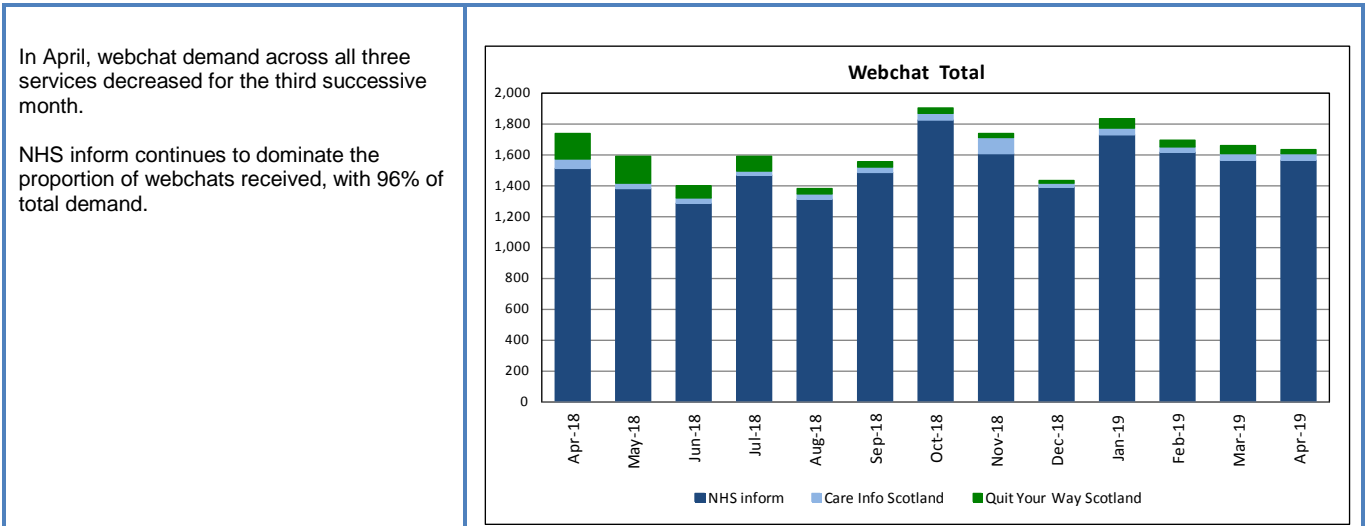| | Apr-18 | May-18 | Jun-18 | Jul-18 | Aug-18 | Sep-18 | Oct-18 | Nov-18 | Dec-18 | Jan-19 | Feb-19 | Mar-19 | Apr-19 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Visits | 2,054,019 | 2,194,311 | 2,275,920 | 2,236,189 | 2,068,859 | 2,189,568 | 3,029,279 | 3,511,061 | 3,630,333 | 4,482,290 | 4,195,502 | 4,617,409 | 4,484,730 |
| Page Views | 2,973,004 | 3,105,988 | 3,171,491 | 3,146,041 | 2,967,804 | 3,213,788 | 4,236,468 | 4,827,780 | 4,992,393 | 6,308,142 | 5,853,782 | 6,369,030 | 6,308,524 |

**Webchat**

11.4  This channel is an alternative to the telephone to access services. The chart below indicates web chat activity by service, with the majority of contacts coming through the NHS inform service. There is some evidence of channel shift from telephone to web chat, through a reduction in telephone contacts to the NHS inform service, at the same time an

increase in volume to the web chat channel. This is particularly noticeable on Saturdays and Sundays.

The level of channel shift is relatively low but could suggest that users are gaining the information they need from the website itself without having to seek additional support via NHS 24 advisors. The chart below indicates webchat activity by service.

In April, webchat demand across all three services decreased for the third successive month.

NHS inform continues to dominate the proportion of webchats received, with 96% of total demand.



**Webchat Total**

Legend: NHS inform | Care Info Scotland | Quit Your Way Scotland

### Social Media Activity

11.5 Social media channels are used for promoting NHS 24 service updates, new developments and for engaging with the public and professional audiences using multi-media and digital content.

From this month onward we have changed the metric 'number of engagements' to the new Facebook metric 'engagement rate' as this is a clearer way of displaying our post performance.

Engagement Rate on Facebook for a post the number of Engaged Users divided by the total reach of that post. This figure is then multiplied by 100 to turn it into a percentage. Engagements on Facebook include reactions, shares, comments, and some clicks on links, videos and images. industry standard guidelines for benchmarking results are as follows:

- Less than 1% = low engagement
- Between 1% to 3.5% = average/good engagement
- 3.5% and above = high engagement



**SOCIAL MEDIA**
FACEBOOK | TWITTER | INSTAGRAM
April 2019

**SENTIMENT ANALYSIS (%)** — TWITTER
Positive 71
Neutral 20
Negative 9

**SENTIMENT ANALYSIS (%)** — INSTAGRAM
Positive 100
Neutral 0
Negative 0

107 Tweets
300 Twitter retweets
498 Twitter likes

348 NEW FOLLOWERS

18 Facebook posts equals reach of 2,390,020 with an engagement rate of 3.5%
135 Instagram likes from 6 posts

**MAIN SUBJECTS COVERED** Patient Feedback Dental Health Exam Stress Mental Health Awareness Recruitment Easter