

**NHS 24
BOARD**

**26 AUGUST 2019
ITEM NO. 8.3
FOR ASSURANCE**

SERVICE QUALITY REPORT

Executive Sponsor:	Director of Finance and Performance
Lead Officer/Author:	Associate Director of Planning & Performance/Information Services Team
Action Required	The report is presented to the Board to give assurance on the quality and performance of services provided for the period ended 30 June 2019.
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 a monthly report covering June 2019.
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 Board for approval and to give assurance on the quality and performance of services provided for the period ended 30 June 2019.

2. Connecting to Care at a glance

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



3. Timing

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- 3.1. This report covers performance for the period ending 30 June 2019.

4. Background

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- 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 is now being used in 2019/20 to support the validation of important additional performance and quality measurements in the performance framework.

5. Engagement

- 5.1 This performance report for 2019/20 will be considered by the Executive Management Team, Planning & Performance Committee and 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 and are also reflected through the SPRA bi-monthly review process.

7. 111 Service Performance - Patient Pathway Performance

- 7.1 Key to determining effectiveness is understanding how callers assess their own experience of contacting the 111 service.
- 7.2 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.

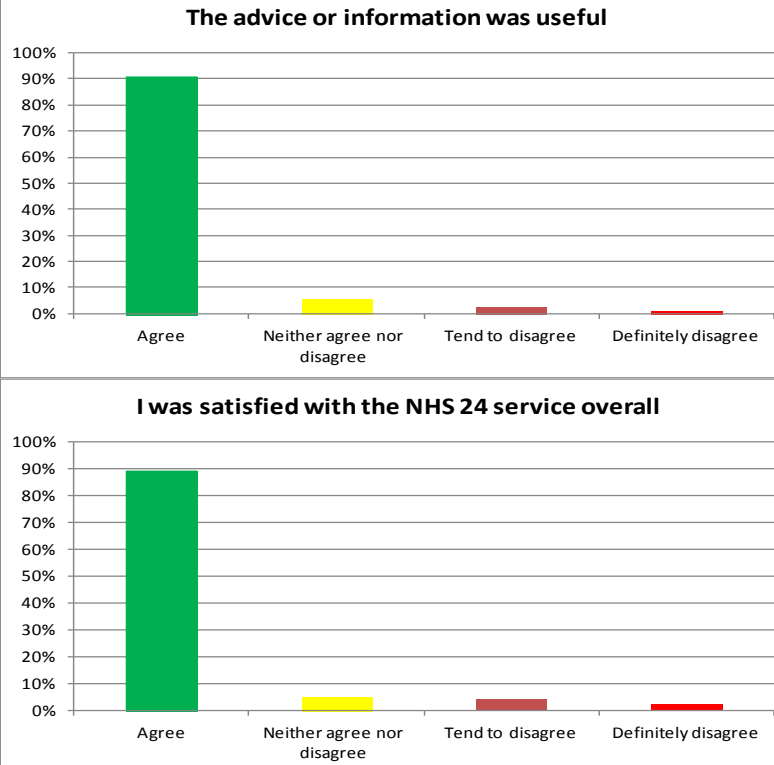
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Patients and callers to the NHS 24 service are asked to participate on an entirely voluntary and anonymous basis.

The current reporting period is from Apr'19 – Sept'19.

From 2 April 2019 to 25 June 2019, 1,300 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 9 week period. There were 199 responses overall, which is a 15% response rate.



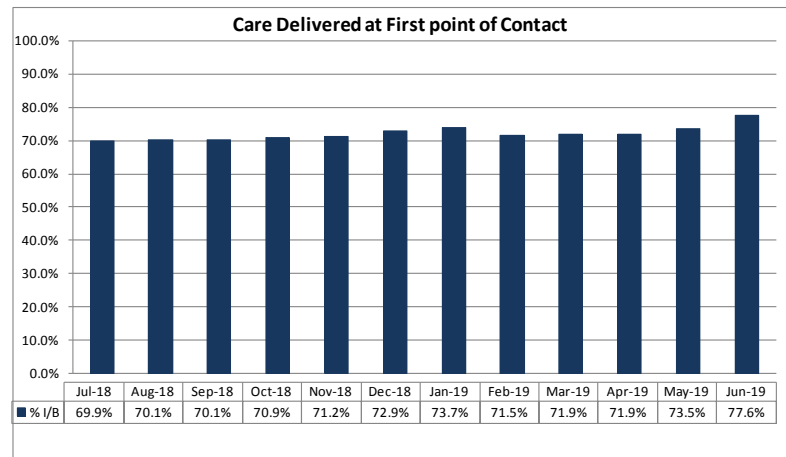
Care Delivered at First Point of Contact

- 7.3 The majority 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 June, 77.6% (87,380 calls) of care was delivered in this way, which is the highest percentage achieved since November 2006.

This pathway delivers 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.



- 7.4 In a small number of cases where there is an issue with the patient experience, which results in a less than positive experience, a complaint may be received. In June 2019, 37 complaints were closed. This consisted of 23 x Stage 1, 6 x Stage 2 and 8 Shared Complaints.

All Stage 2 complaints (100%) were responded to within 20 working days against a target

of 90%. Of the total closed complaints 15 were upheld or part upheld. The key upheld/part upheld theme raised was:

- Inappropriate Outcome/Referral/Advice
- Interpersonal Reasons

Learning from the above themes has focused on individual feedback to staff regarding communication skills and adherence to processes. A further review is being undertaken relating to how we manage the presenting symptoms of back pain unrelated to injury. A joint meeting is being considered with another Health Board to allow national learning.

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 being closed.

Identified learning 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.

Call demand and access

7.5 Call demand in June for the 111 service was 125,456 with service level performance decreasing by 6.2%, from previous month, to 53.8%.

<p>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 of 80%.</p>	<p><i>AOP Operational Target</i></p>
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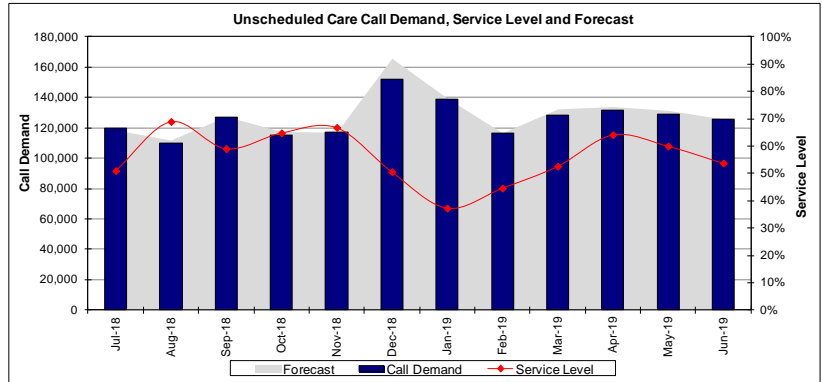
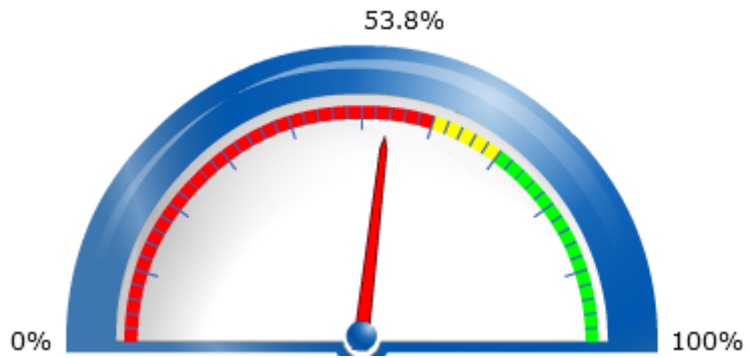
Performance was 53.8% against the operating target of 70%.

Call Handler shrinkage was 42.8% which was below the 46.1% target for the month. Although shrinkage was lower, there was a higher than expected number of staff doing other offline tasks, such as stacker, variation tracker, SSTS inputting roles etc.

Call Handler sickness increased to 12.1% in June, which was up 0.3% from May.

Annual Leave for June was slightly over target (0.06%)

Better Working, Better Care pods continued to expand and run throughout June in tandem with Seasonal Initiative Pods and Rapid Triage Pod. This operational model has affected inbound service performance after 6pm midweek due to a higher AHT.



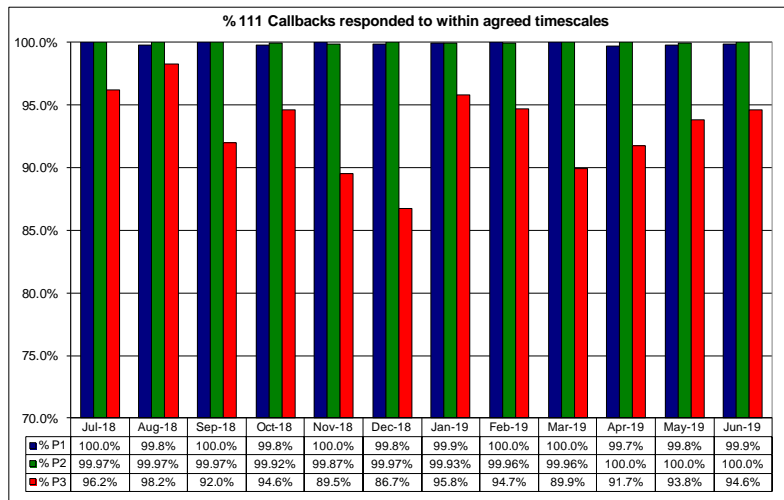
111 Outbound Call-back Performance

7.6 Outbound calls occur where the calls cannot be triaged as they arrive due to a combination of the call volumes 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.

99.9% 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%.

94.6% of P3 calls (18,706) were responded to within 180 minutes against a target of 80%.



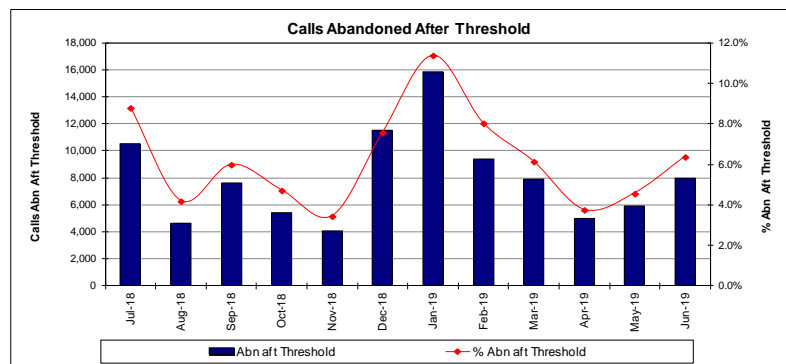
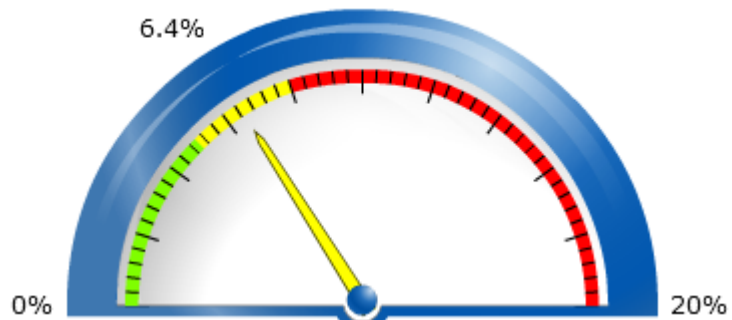
Time taken to respond to P3	1 hr	2hr	3hr	3hr 30min	4hr	4hr 30min	5hr	5hr 30min	6hr
P3 count	8,066	7,320	3,310	327	186	268	130	42	121
P3 % Split	40.8%	37.0%	16.7%	1.7%	0.9%	1.4%	0.7%	0.2%	0.6%

- 7.7 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 June, 69.3% of these Category C calls were converted to primary care or home care outcomes against a target of 75%.
- 7.8 The codes that SAS send to NHS 24 have recently been amended by SAS, which has resulted in a 91% increase in SAS Cat C contacts when compared to June 2018. There is also a significantly higher proportion of in hours transfers within this increase. NHS 24 are currently reviewing the impacts of this change and are due to hold a follow-up with SAS at the end of August to reflect on the outcome of the code change.
- 7.9 A review is underway to determine the appropriateness of the increased volume of calls received from SAS and subsequently to understand if this level of increase will continue.
- 7.10 Work will take place 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 discussed to meet this increased demand on a recurring basis.

Levels of Calls Abandoned

- 7.11 In June the percentage of calls abandoned after threshold increased by 1.8 percentage points to 6.4%, which resulted in the KPI not achieving target.

Calls abandoned after threshold did not meet target in June, after increasing by 1.8% on previous month. This increase directly correlates with the reduction in performance against the access level performance target.



Average Time to Answer Calls

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7.12 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 June was 2 minutes 8 seconds, which is a 40 second increase on the previous month.

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

Service Level 90% at 30secs 53.8%	Service Level 90% at 60secs 58.9%	Service Level 90% at 90secs 64.1%
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Workforce

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- 7.9

7.13 Monthly attendance decreased by 0.6% on the previous month to 91.0%, and 0.4% down on June 2018.

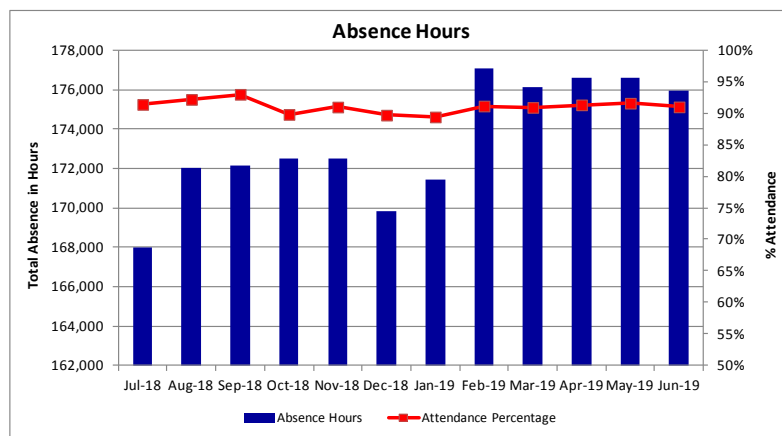
An improvement plan has been developed focussed on promoting health and wellbeing of our staff. The plan should also support a sickness absence reduction of 0.5% in 2019/20 and a further 2% reduction in 2020/21.

An Attendance Management Improvement Plan has been developed for 2019/20, where HR will work in partnership with Service Delivery and trade unions to progress wellbeing activities.

New health and wellbeing initiatives are being developed around health and wellbeing, which will support managers, and will ensure all our staff are supported through the appropriate interventions.

We are working to support managers to manage both short and long-term absence more efficiently. Within the East Contact Centre, there is a test of change currently being undertaken and at this time, the centre has noted an improvement in performance due to the appropriate management of sickness.

This approach should see staff returning to work more quickly with return to work interviews being



undertaken in a more timely manner.

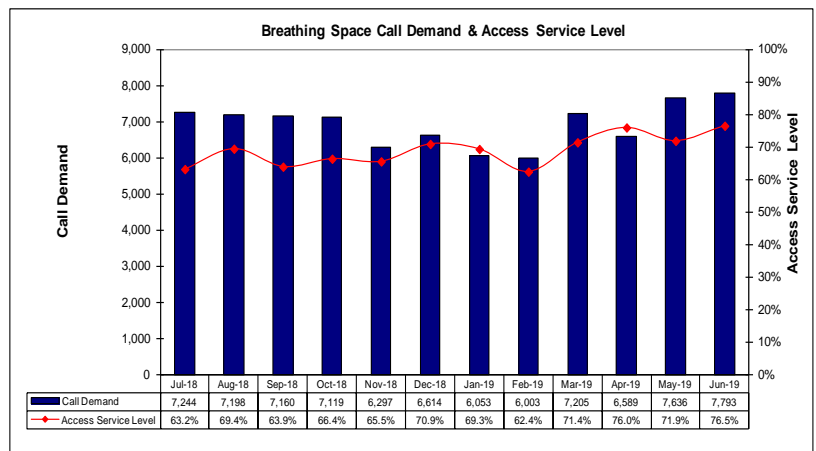
The improvement plan will be reviewed on a regular basis to ensure actions and timescales have been met and work will be undertaken to measure the impact of this plan on attendance at work.

8. Mental Health Services

8.1 The Breathing Space service level for June was 76.5% against a revised target of 80%, this was an increase of 4.6% on the previous month performance. The service level achieved was the highest for the service since June 2017.

All of the additional Breathing Space staff are now in post and service access performance should continue to improve throughout July 2019.

The Breathing Space Webchat 6 monthly ToC continues to be developed and tested as part of the BS service response and the impact of this will be reviewed after completion in September. Early indications are that the ToC has been successful.



8.2 The Living Life service managed a demand of 373 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.

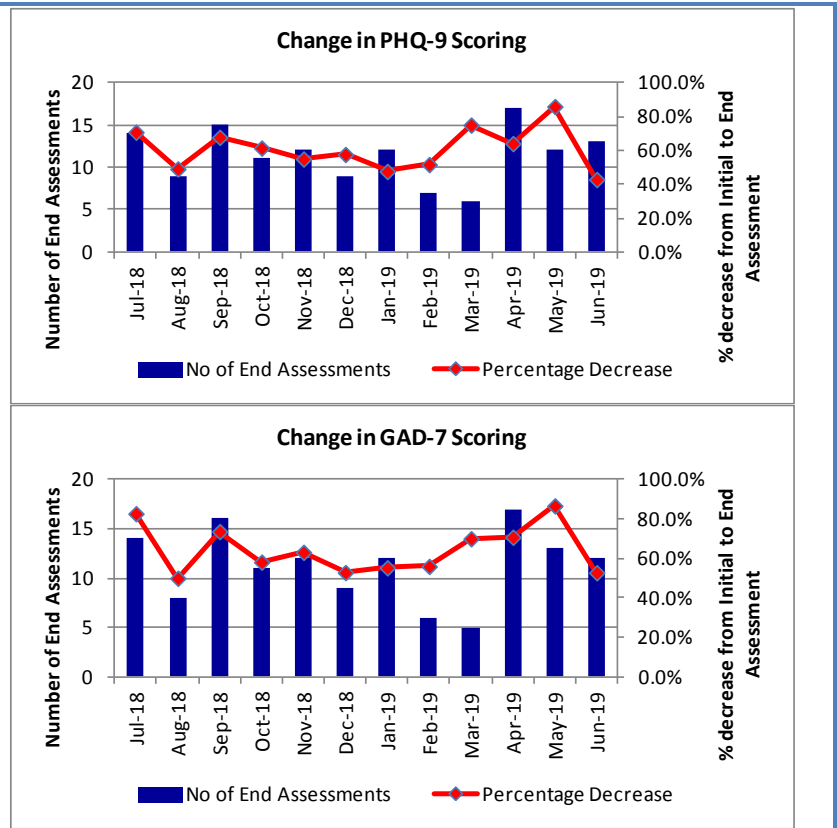
- GAD-7 is a measurement for Anxiety Disorders
- PHQ-9 is a measurement for Depression

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

Due to the changing profile of contacts to the service, not all are deemed suitable for CBT.

To support an effective response to this all staff are now able to offer a variety of clinical outcomes to patients following assessment. These include mindfulness, behavioural activation, psycho-education and interpersonal counselling.

The outcomes highlighted in the graphs are only related to those individuals completing CBT. We are enhancing data collection to report on the wider service provision in the future.

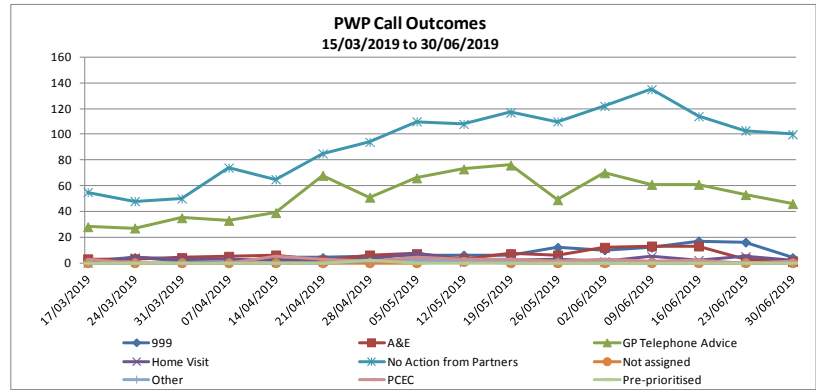


8.3 NHS 24 has developed a Mental Health Hub to manage Mental Health Calls coming into the 111 Service. The Mental Health Hub is accessed via the 111 service, where these calls are referred to Psychological Wellbeing Practitioners (PWP) with support from Mental Health clinicians between the hours of 6pm – 2am, Thursday - Sunday. The new MH Hub service went live on 15 March 2019.

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Between 15 March and week ending 30th June, 2,614 calls identified as Mental Health Hub calls were managed through the new Service. 57.0% (1,490) calls were given a Self Care endpoint.

There is a second phase of the project due to go live in the summer which is working in collaboration with Scottish Ambulance Service (SAS) and Police Scotland (PS). This will provide a patient pathway for individuals who may have a mental health issue or be in distress but do not need a response from either PS or SAS.



9. Primary Care Triage Service

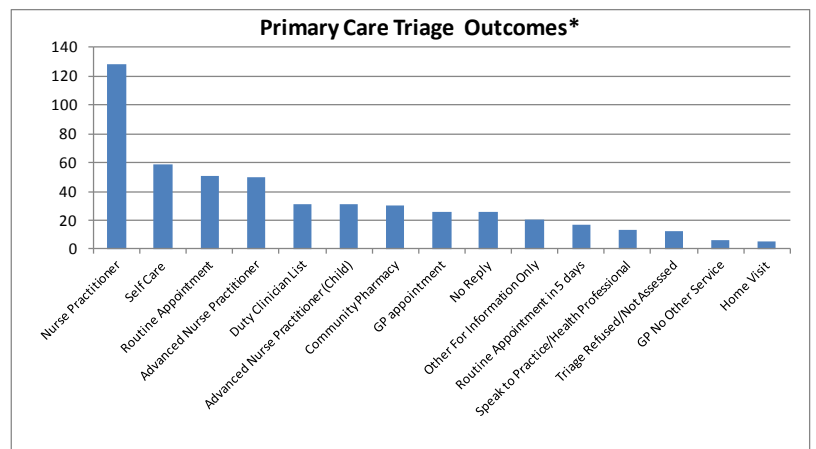
- 9.1 NHS 24 provides Primary Care Triage (PCT) service to General Practitioner (GP) practices. The purpose of the service is to support Primary Care, using our existing infrastructure to provide this service and using current technology; book urgent practice appointments if required.
- 9.2 At present this includes NHS Lothian (Riverside Medical Practice) and NHS Dumfries and Galloway (Upper Nithsdale practices). The service currently has a population coverage of 24,251 patients, with a target to expand to 100,000 by March 2020. Lockerbie Medical Practice will join PCT 15 August with an approximate patient list of 5,000.

NHS 24 make outbound calls to patients via a call-back list provided by the individual GP practices.

Technical upgrades in SAP system have meant that PCT service can now have a fully integrated, automatic reporting suite.

The recent upgrades were implemented on 19th June, therefore the graph is only displaying partial data for June.

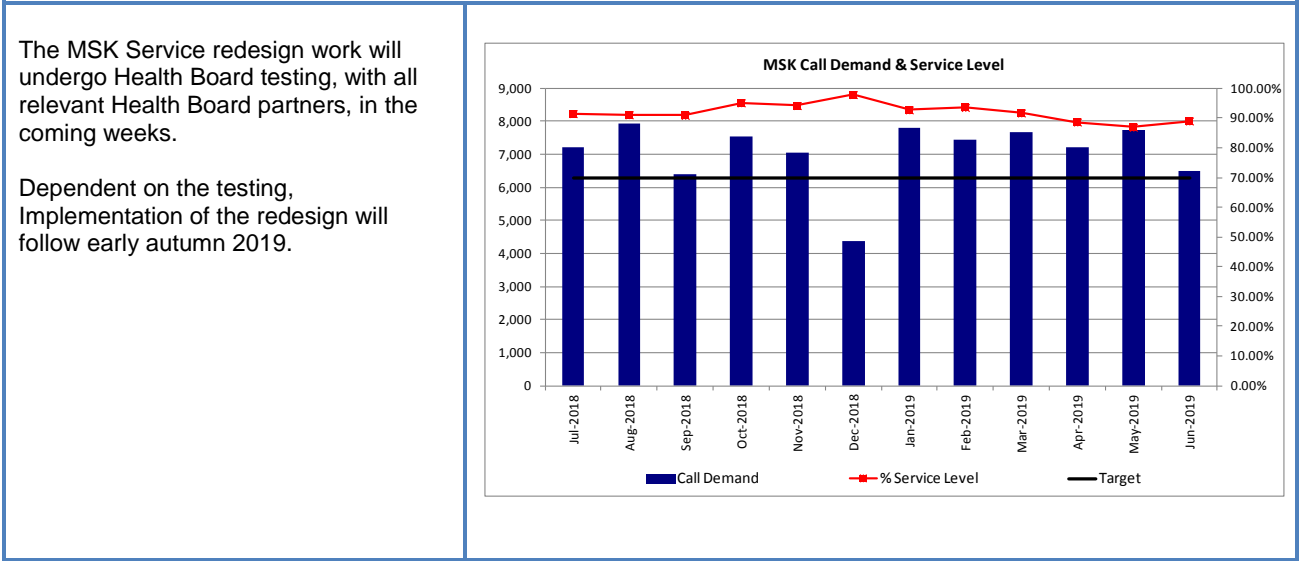
From the 515 patients called back, 41% were directed to Nurse Practitioner, 13% were given a routine GP appointment and 10% were given self care.



*19th -30th June, 98% of outcomes displayed on graph

10. Musculoskeletal (MSK) Service

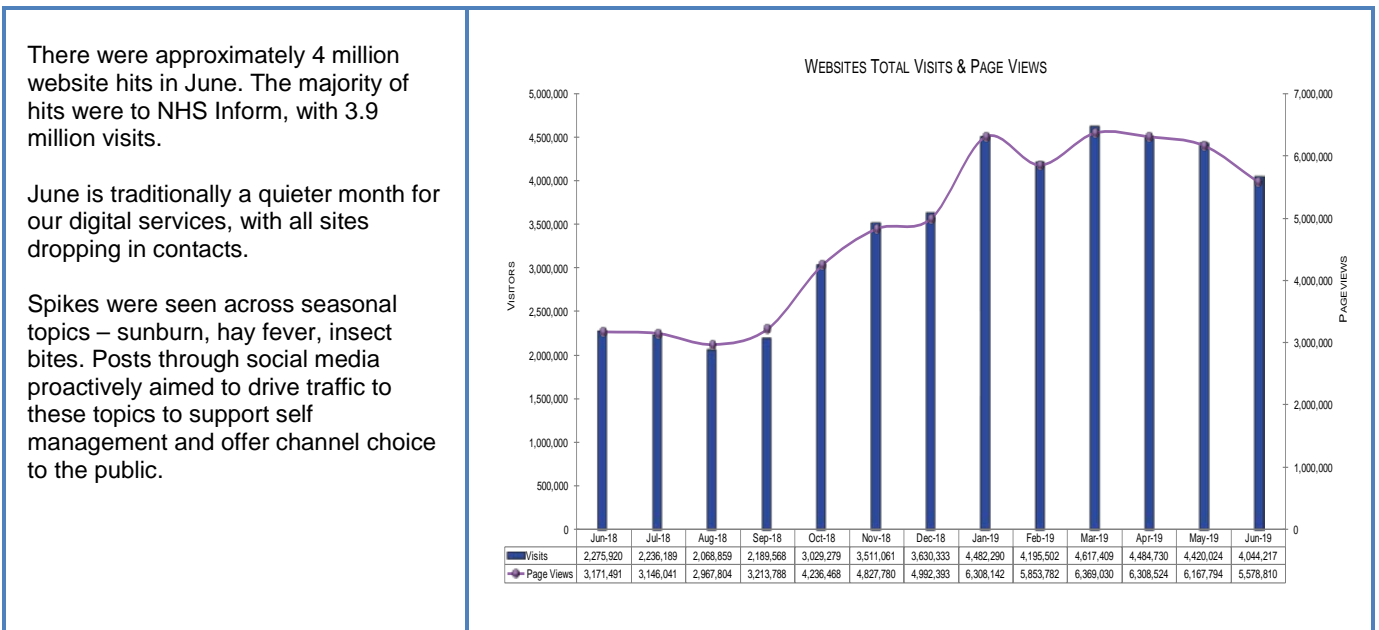
10.1. Demand for the MSK service was 6,489 which was a decrease of 16.0% on the previous month. Service level increased by 2.1%, to 89.0%.



11. Digital and Social Media

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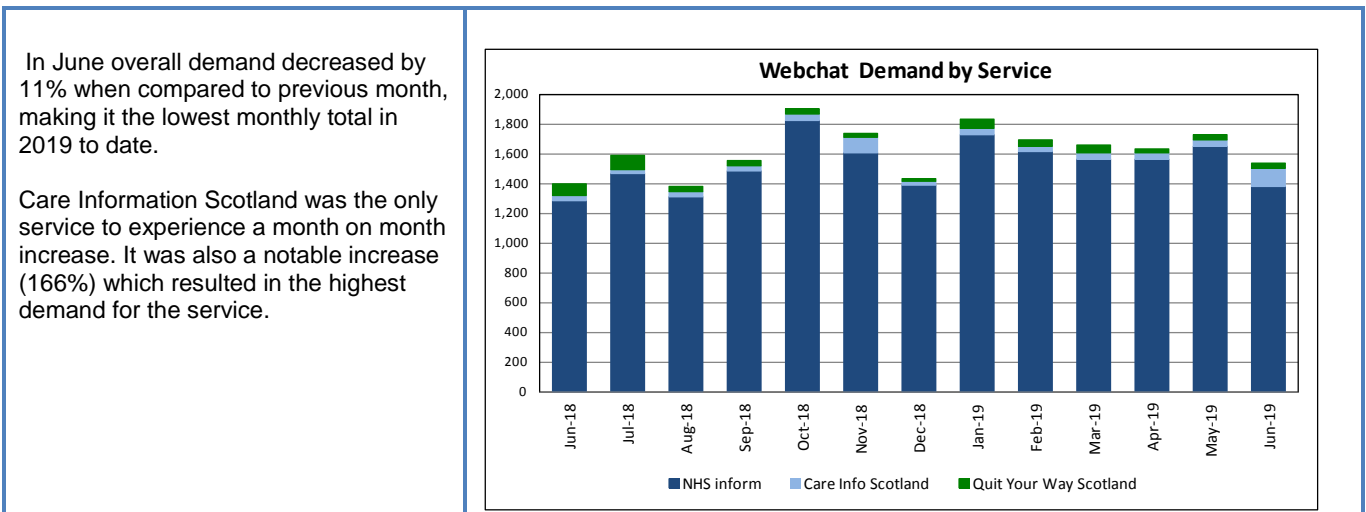
11.1. NHS 24 manages a suite of websites, from the NHS 24 corporate site, through to a range of service specific sites such as NHS Inform, Breathing Space and Care Information Scotland.



Webchat

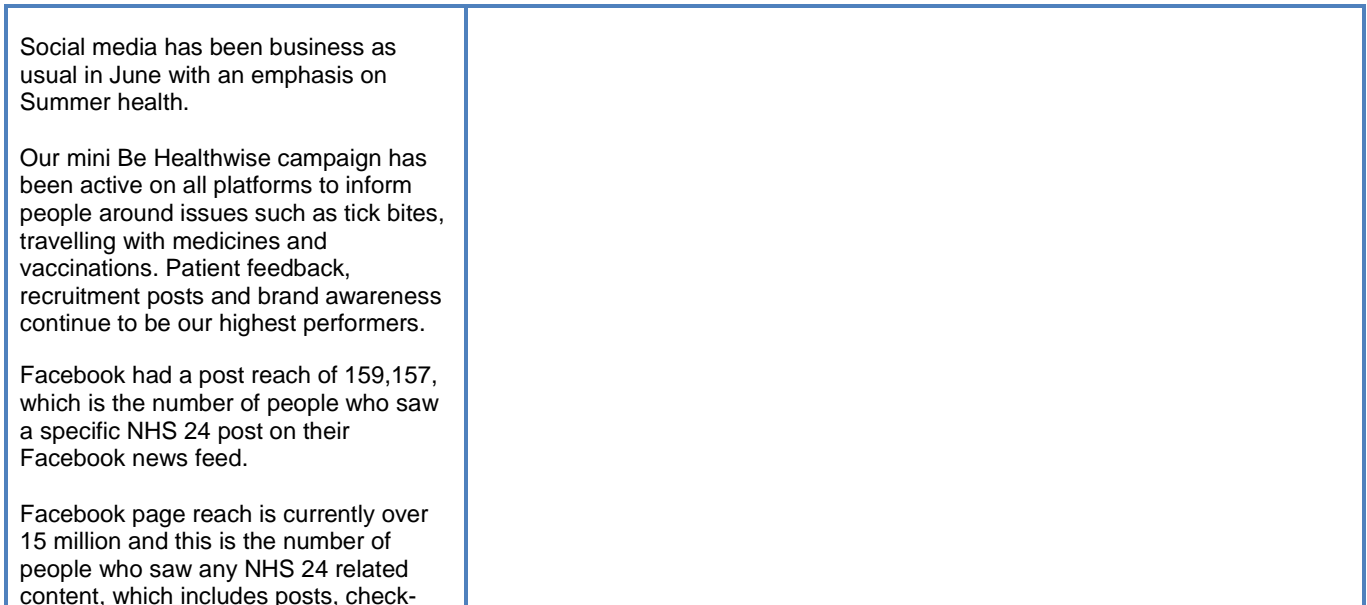
11.2. This channel is an alternative to the telephone to access services. The chart below indicates web chat activity by service, with the majority of contacts coming through the NHS inform service. There is some evidence of channel shift from telephone to web chat, through a reduction in telephone contacts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

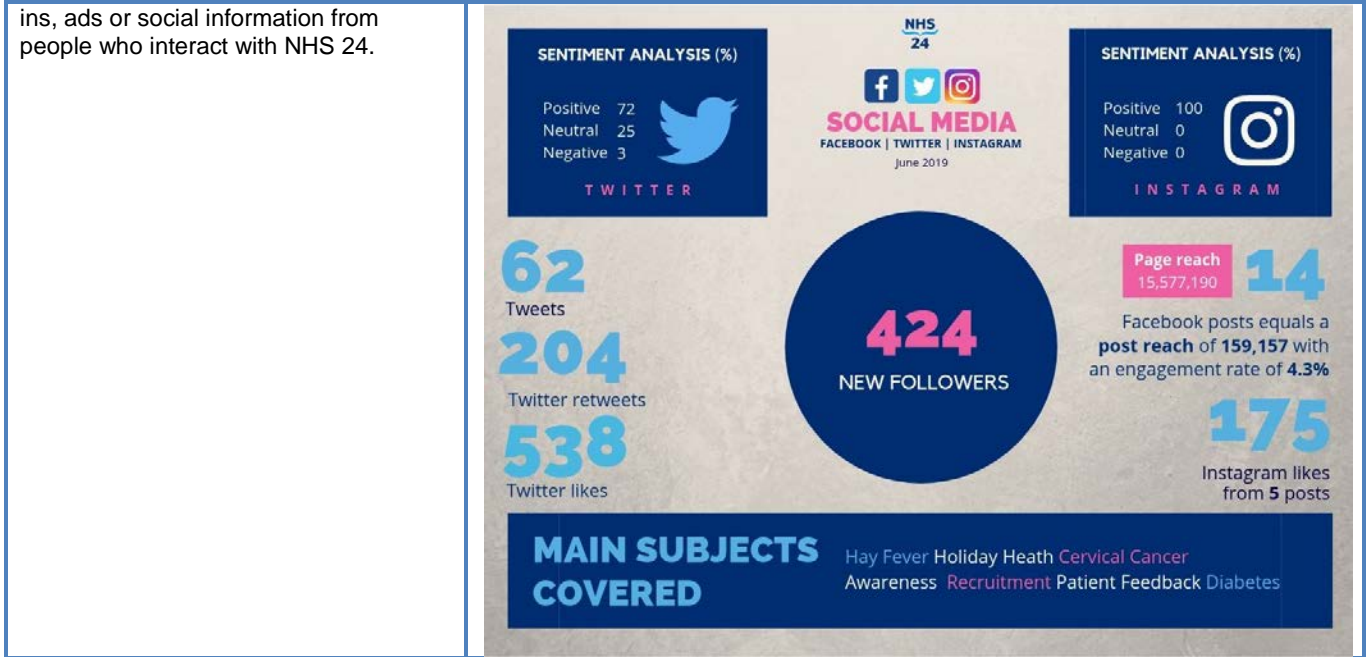
The level of channel shift is relatively low but could suggest that users are gaining the information they need from the website itself without having to seek additional support via NHS 24 advisors. The chart below indicates webchat activity by service.



Social Media Activity

11.3. Our 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.





12. Information Technology

12.

12.1. Applications, Network and Infrastructure Management

<p>There were no incidents resulting in loss of access to SAP systems (telephony and patient contact management), voice recording or KMS in June.</p> <p>Although there were no issues across the NHS 24 managed estate, it is important to note that there were five P1 incidents in June, which originated from externally managed systems (Atos, Adastr). Two of these incidents severely impacted front line and these are outlined in section 12.2.</p>	Availability	Apr-19	May-19	Jun-19
	Inbound/outbound telephony	100%	100%	100%
	Voice recording solution	100%	100%	100%
	Technical solution supporting Patient Contact Management	100%	100%	100%
	Technical solution supporting KMS	100%	100%	100%

P1 Incidents

12.2. The P1 classification is given to an incident that has a significant impact on the whole of the organisation or greatly impacts upon a key service.

There is a dedicated BT team whose primary role is to ensure all major incidents are resolved as quickly and efficiently as possible. In the event of a major incident, this

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team works closely with NHS 24 technology teams and the appropriate partners to ensure that the incident is resolved as quickly and efficiently as possible.

In June 2019, there were 5 P1 incidents, two of which severely impacted front line.

- ECS - significant impact on front line services in that they had to invoke business continuity and go to paper for around six hours. This was due to the ECS application being unavailable within the Atos data centre, which is out with NHS 24's control.
- Aadastra – the application which allows NHS 24 to send patient details to the out of hours partners was down for 1.5 hours, and again significant impact on the front line due to invoking soft faxing which impacts on resource.

13.