

**NHS 24
BOARD MEETING**

**3 OCTOBER 2019
FOR ASSURANCE**

SERVICE QUALITY REPORT

Executive Sponsor:	Director of Finance and Performance
Lead Officer/Author:	Associate Director, Planning & Performance
Action Required	The report is presented to the Board to give assurance on the quality and performance of services provided for the period ended 31 August 2019.
Key Points	<p>This report sets out the key metrics established to track, assess and continuously improve the quality and performance of services across NHS 24.</p> <p>A “Performance At A Glance” scorecard has been added to the report, to provide a summary overview of performance against the key set of indicators, with each indicator reported against Red, Amber, Green status.</p> <p>Where performance is currently challenging against target (Red/Amber), a narrative highlighting some of the key actions in place to address performance is provided within the respective section in this report.</p> <p>The remainder of the report sets out performance of the wider set of formal AOP targets and additional internal measures.</p>
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 August 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.

NHS 24 GREEN

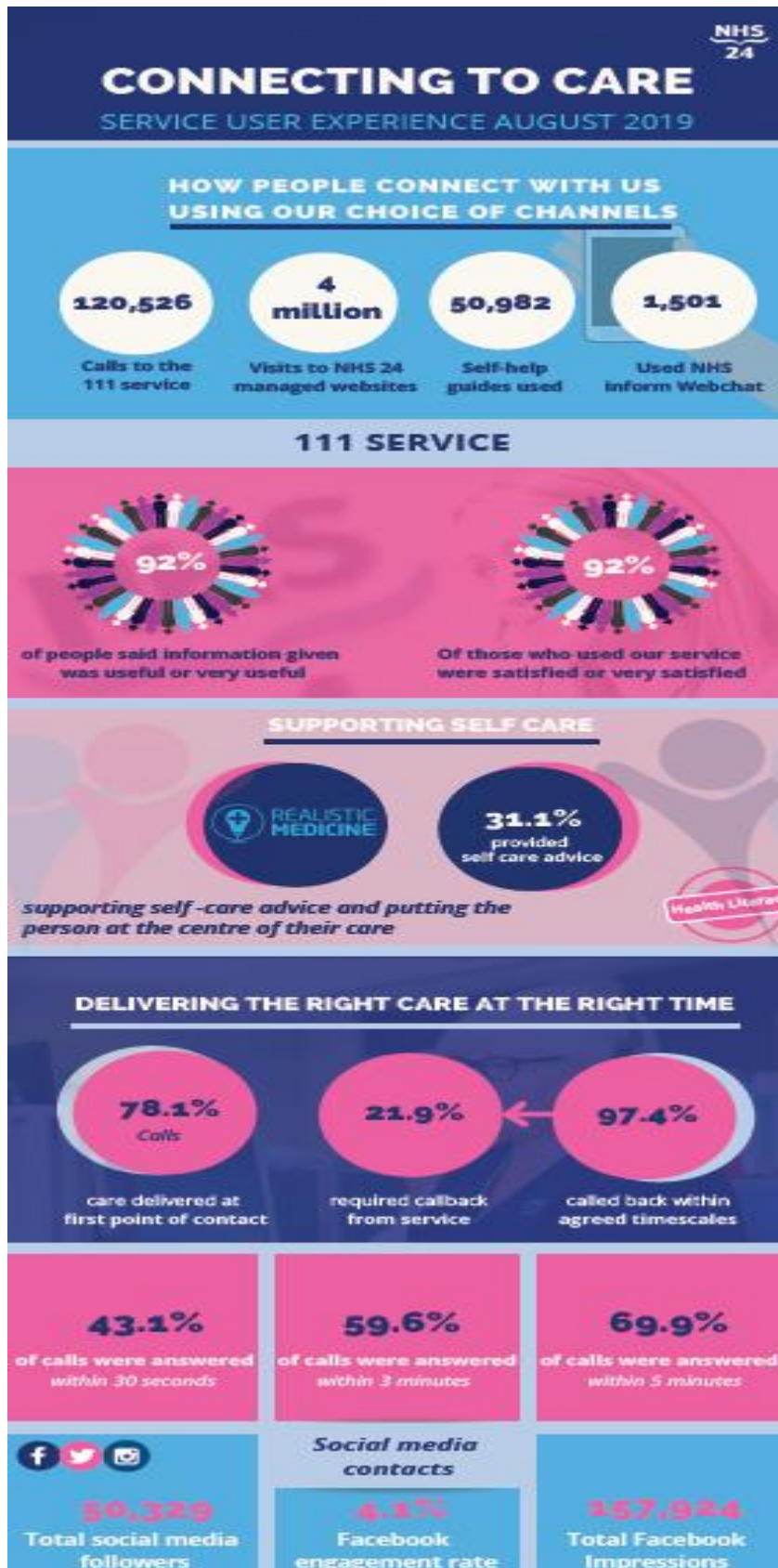
Performance at a Glance – August 2019 and Year to Date (YTD) : key targets

Ref	Measure	Key Performance Indicator - Target	Target	RAG Thresholds*	Aug-19	YTD Cumulative Performance (Apr-Aug 19)
111 Service						
1.1	Patient experience - satisfaction, helpfulness, usefulness	90% of service users surveyed record overall satisfaction with the service	90%	Amber 80-90% Red <80%	92%	92%
1.2	Level of complaints (could be applied to all services)	90% of complaints are responded to within 20 working days	90%	Amber 80-90% Red <80%	100%	100%
1.3	Care delivered at first point of contact	70% of calls will result in direct access to the service at first point of contact, increasing to 75% by quarter 4	70%	Amber 65-70% Red <65%	78.1%	75.9%
2.1	Access Service Level (threshold appropriate)	The proposal is to deliver 70% in 30 seconds, increasing it to 80% by quarter 4 2019/20 following development of service model	70%	Amber 65-70% Red <65%	43.1%	53.1%
2.2	Average Time to Answer (threshold appropriate to service)	Target is to answer calls within an average of 1 minute 30 seconds	1m 30s	Amber 1m30-2 m Red > 2 min	2m 51s	2m 6s
2.3	Calls abandoned after threshold (threshold appropriate to service)	Expressed as percentage of calls abandoned after threshold. Maintain the current measure of <5% after 30 seconds for the '111' service.	5%	Amber 5-8% Red >8%	8.6%	6.4%
2.4	Queued Calls - P1 calls responded to within 60 minutes	98% of P1 calls responded to in 60 minutes	98%	Amber 95-98% Red <95%	100.0%	99.8%
2.4	Queued Calls - P2 calls responded to within 120 minutes	90% of P2 calls responded to in 120 minutes	90%	Amber 85-90% Red <85%	99.90%	99.97%
2.4	Queued Calls - P3 calls responded to within 180 minutes	80% of P3 calls responded to in 180 minutes	80%	Amber 75-80% Red <75%	97.0%	94.2%
2.5	Category C calls transferred from SAS	Convert at least 75% of Category C calls transferred from the SAS to primary care or home care outcomes	75%	Amber 65-75% Red <65%	67.4%	69.5%
Workforce						
3.1	Staff attendance rates	Achieve and maintain an average attendance rate of 94.75%	94.75%	Threshold tbc	90.6%	91.2%
Mental Health Services						
4.2	Breathing Space	80% of Breathing Space Calls to be answered in 30 seconds	80%	Amber 70-80% Red <70%	80.3%	76.3%

*Calculation of RAG thresholds: Green rating is where performance has reached specified target. Each target has an individual Red/Amber threshold, dependent on volume of activity in each indicator.

Connecting to Care at a glance – August 2019

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 in August 2019.



1. 111 Service Performance - Patient Pathway Performance

1.1 Patient Experience

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.

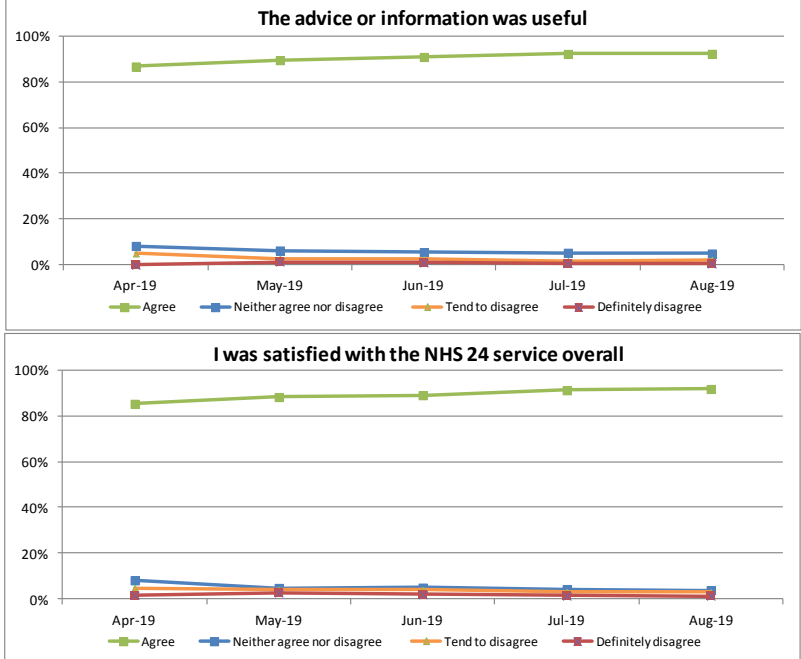
Patients and callers to the NHS 24 service are asked to participate on an entirely voluntary and anonymous basis.

The current reporting period is from Apr'19 – Sept'19. For both questions asked, 92% of patients confirmed the advice or information provided was useful and reported that they were satisfied with the service overall. The top graph illustrates the responses for each month since April 2019.

From 2 April 2019 to 27 August, 2,200 patients who made contact with the service were randomly selected and sent a Patient Experience Questionnaire via mail.

The second graph sets out the monthly response, showing responses of over 80% since April and at 92% in August.

There were 343 responses overall, which is a 16% response rate.



1.2 Complaints

The complaints procedure sets out nine Key Performance Indicators (KPI), and these are monitored and reviewed by the Clinical Governance Committee, on a quarterly basis. A summary of the key indicators is set out below. All figures below relate to Q1 2019/20:

Total Number of Complaints received

Call demand for Q1	Complaint Type	Number	% of complaints vs. call demand
444,769	Stage 1	92	0.021%
444,769	Stage 2	12	0.003%

Complaints Upheld, Part Upheld, Not Upheld - 31% of Stage 1 complaints were upheld, with 42% of Stage 2 complaints upheld.

Average time to respond to complaints in working days

Stage 1	4
Stage 2	16

Complaints closed in full within the timescales

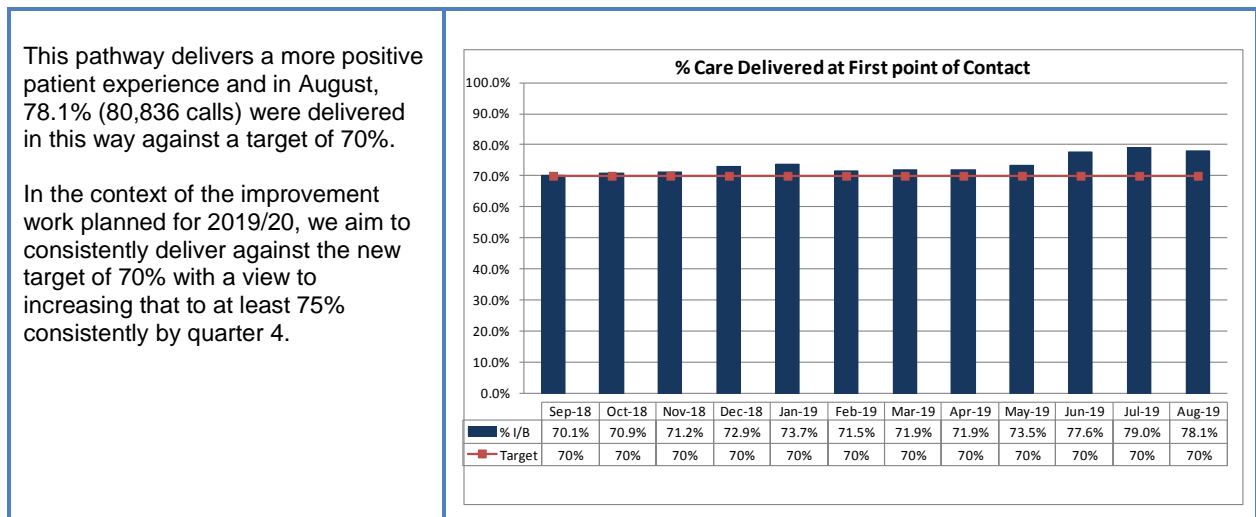
Complaint Type	Number received	Closed within timescale	%
Stage 1 Complaint	92	70	76%
Stage 2 Complaint	12	11	92%

Learning from Complaints - 83 items of individual learning were identified in Q1 2019/20.

Complaint Process Experience - Patient Experience team continues to seek feedback from complainants on their experience of how their complaint was managed. Of 32 forms issued, a total of 8 forms have been returned for Q1 (25%), which is in line with other Boards' return rate.

1.3 Care Delivered at First Point of Contact

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, or an appropriate referral to local health care services is made, at the first point of contact with our service.



2. Call demand and access

2.1 Service access within 30 seconds

Call demand in August for the 111 service was 120,526 which is a similar call demand to July. However access within 30 seconds was 25.9 percentage points below August 2018.

As part of the 2019/20 AOP we have committed to deliver at least 70% until the last quarter when we had anticipated that the organisational improvement work would begin to deliver enhanced performance of 80%. In August 2019, access level performance was significantly below target at 43.1%. It is important to note however that performance against clinical KPIs have all been consistently exceeded throughout the month.

There are a number of key factors impacting the delivery of the access level at the current target level. These include

- the increase in call handling time following the technology implementation and changes to operational processes
- a shortfall in the level of planned recruitment particularly for call handling staff
- the initial operational impact of the implementation of team working and the new supervision model (BWBC)
- an increase in the level of short term absence rates for call handling staff

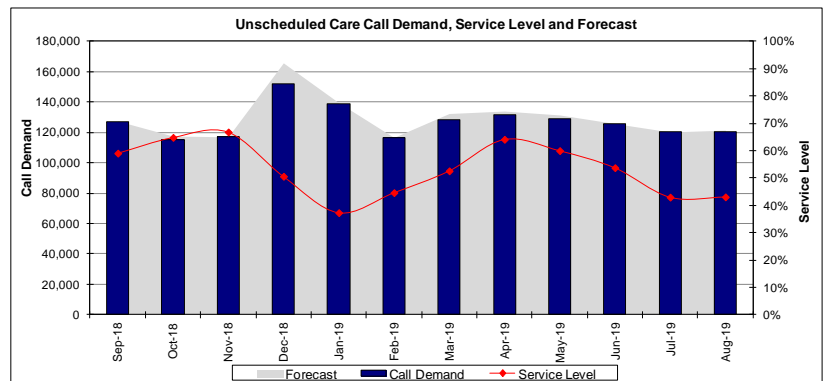
The AOP set out the plan to mitigate against these factors. Whilst there has been good progress made, specifically in relation to recruitment of call handling staff, there are some risks to the delivery in full in the current financial year.

More detail is set out in the workforce section of this report.

Actions to address under performance

A review of service level performance is currently being finalised. This sets out further improvement opportunities to improve the access level performance recovery trajectory throughout the winter and to the end of March 2020.

AOP Operational Target



2.2 Average Time to Answer Calls

Where demand is within forecast and staffing levels are sufficient to manage the call arrival pattern, calls are answered within 30 seconds.

NHS 24 monitors the service level at varying thresholds, 30, 60 and 90 seconds. Performance in August 2019 was:

Service Level 90% at 30secs 43.1%	Service Level 90% at 60secs 47.3%	Service Level 90% at 90secs 51.4%
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The average time to answer calls in August was 2 minutes 51 seconds, which is a 10 second decrease on the previous month.

Actions to improve performance

The Performance team have been working with Service Delivery to understand the under performance in time to answer calls. A fuller review of the service level is now underway, considering further improvement opportunities to address performance.

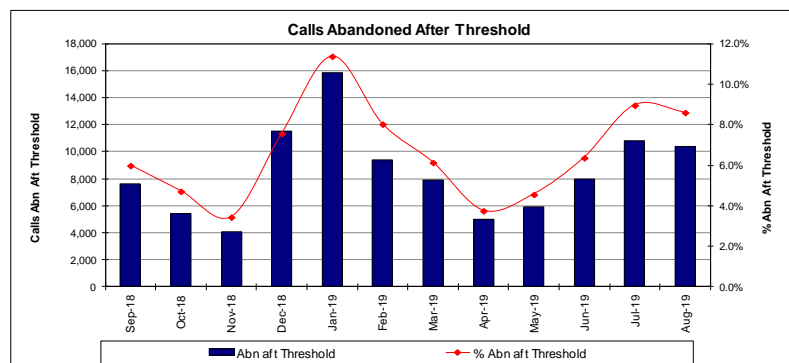
2.3 Levels of Calls Abandoned

In August the percentage of calls abandoned after threshold decreased slightly (0.4%) from the previous month points to 8.6%, underperforming the 5% target.

There is a direct correlation between the performance of the access level target and the level of calls abandoned.

Actions to improve performance

The focus operationally is to improve the access target to a position closer to the planned 70% which should have a direct impact on calls abandoned.



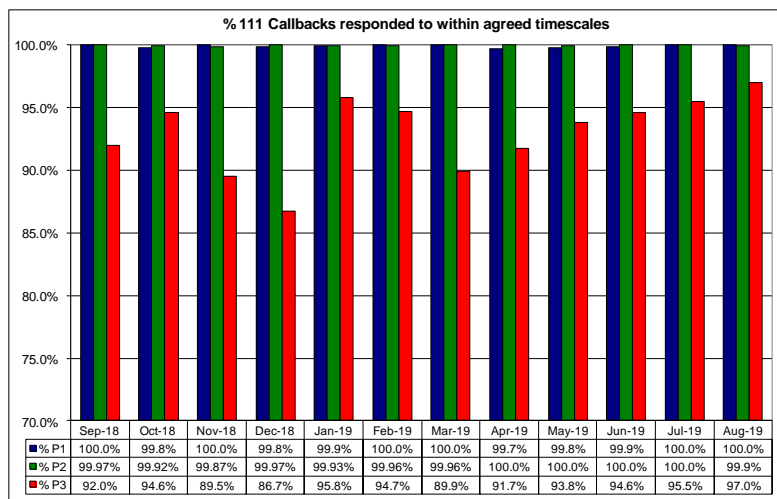
2.4 111 Outbound Call-back Performance

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.

100% of P1 calls were responded to within 60 minutes against a target of 98%.

99.9% of P2 calls were responded to within 120 minutes against a target of 90%. Overall 1,747 P2 patients were called back within the 2 hour target time.

97.0% of P3 calls 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	7,670	7,185	1,977	224	247	29	18	3	0
P3 % Split	44.2%	41.4%	11.4%	1.3%	1.4%	0.2%	0.1%	0.0%	0.0%

2.5 SAS Cat C calls

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. The codes that SAS send to NHS 24 have been changed, resulting in an 83% increase in SAS Cat C contacts when compared to August 2018. There is also a significantly higher proportion of in hours transfers within the increase. In August, 67.4% of these Category C calls were converted to primary care or home care outcomes against a target of 75%.

Actions to improve performance

NHS 24 are currently reviewing the impacts of this change with SAS. The joint review will determine the appropriateness of the increased volume of calls received from SAS and the recurring impact of this change. It has been agreed jointly, with SAS, that, for Winter planning, there will be a focus on return callers, as this generates significant demand for both NHS 24 and SAS.

Given the work to date is likely to confirm the appropriateness and recurrent nature of the impact of this change on referrals to NHS 24, the current target level and funding required to deliver this part of our service will require to be discussed formally with the Sponsor Team. We will take this issue into the Scottish Government 2019/20 Mid-Year Review (MYR) and AOP 2020/21 processes for formal resolution.

3. Workforce

3.1 Attendance

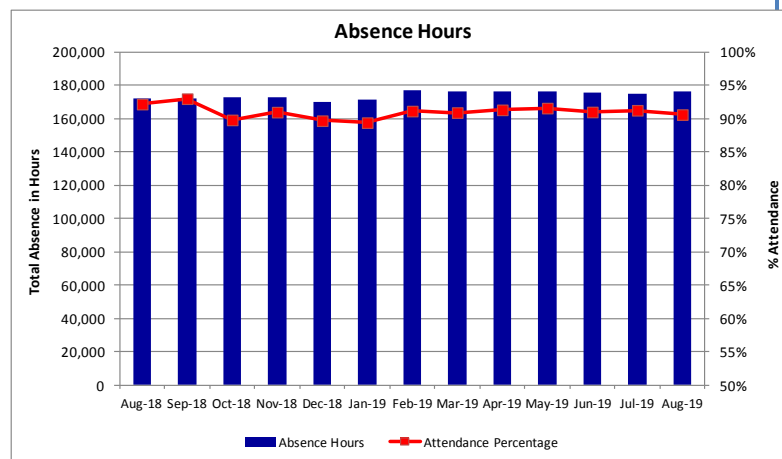
Monthly attendance decreased by 1.6% from the previous month to 90.6%. We continue to work with managers on the effective implementation of the Attendance Management Policy around pro-active intervention to support staff to return to work and the implementation of adjustments to allow staff to remain at work. An Attendance Management Improvement Plan has been developed for 2019/20, which has been approved by relevant Committees and is actively being progressed. The plan should also support a sickness absence reduction of 0.5% in 2019/20 and a further 2% reduction in 2020/21.

The attendance figures in August were disappointing as we continue to progress all of the health and wellbeing initiatives. The full absence details are detailed in the in the workforce performance report later in the Board agenda.

Some of the increase in the absence rate is related to the Shift Review as we continue to move to implement the new rota model.

We will have access to our new workforce dashboards from October which we will then roll out across the organisation, to empower managers with their own team data to help manage attendance and performance.

We continue to work in partnership to implement our attendance management improvement plan to realise the reduction in long and short term absence in the Board.



Actions to improve performance

Recruitment is a key component of our improvement activity. Whilst the Shift Review will redress capacity imbalances, there remains an underlying shortfall in capacity, notably at the weekends. Two recruitment campaigns have been run in May and July.

Given the focus on additional weekend only staff, 1 person recruited converts to roughly 0.32 FTE. The May campaign resulted in 60 people being recruited. The July campaign is expected to result in a further 100 people being recruited. The projections for the remainder of the year, based on the two campaigns in May and July, are set out below. The upper and lower FTE projections are based on the actual contracted hours offered, however, going forward, we are working to optimise, as much as possible, 24 hour contracts, which would give a 0.53 FTE to people ratio and generate the higher forecast.

A further recruitment campaign has been launched in September, however it is unlikely that this cohort of recruited staff will be in post until February / March 2020 and therefore these numbers have not yet been fully factored into the assumptions below:

Planned Recruitment Induction Programme

Forecast	Sep	Oct	Nov	Jan (1)	Jan (2)	Feb	Mar	
Heads:	24	24	24	24	12	24	24	156
WTE low:	7.79	7.68	7.68	7.68	3.84	7.68	7.68	50.03
WTE high:	7.79	12.72	7.68	12.72	6.36	12.72	12.72	72.71

Key recruitment milestones for the remainder of 2019/20

- 28 October 2019 : implement Shift Review for all 111 Call Handlers and Nurse Practitioners
- Q4 2019/20 : transition to the 1:5 supervision model
- The 2019/20 workforce projections have been based on implementation of this model post shift review. To fully transition to this model, increasing the % of care delivered at first contact to 80% and maintaining improved access at 75%, it is imperative that underlying staffing levels increase in line with target projections.

The decision to fully implement the new supervision model, team working and shift review need to be balanced with our overall performance delivery commitment, however, NHS 24 remains fully committed to implementation of these changes in 2019/20. They will deliver significant benefits to patients, partners and staff by streamlining the 111 journey, optimising our clinical resource and delivering improved performance and experience in line with callers expectations of the 111 service

4. Mental Health Services

4.1 Mental Health Hub

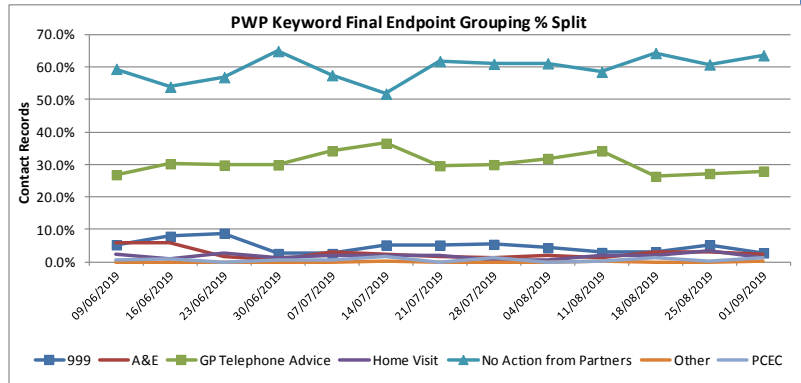
NHS 24 has developed a Mental Health Hub service to deliver more effective support to people contacting the service where mental health is a factor. The Mental Health Hub is accessed via 111, where these calls are referred to Psychological Wellbeing Practitioners (PWP) who are supported by Mental Health clinicians between the hours of 6pm – 2am, Thursday - Sunday. The service has been operational since 15 March 2019.

In August 1,272 Mental Health Hub calls were supported through the service. This was a 26.6% increase on previous month.

61.1% (777) of these patients were given advice which required no further action from partners.

There is a second planned phase of the project due to go live before the end of quarter 3, 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.

As previously reported, this second phase is delayed, awaiting approval from the Information Commissioner relating to GDPR. Whilst waiting for this approval, we are, in parallel, working jointly with Police Scotland on an alternative telephony solution.



The Mental Health Hub is one element of NHS 24’s redesign of its mental health service offering and a key component of the Mental Health strategic programme in place.

Since March the Hub has been operational 4 evenings a week and a formal evaluation is due for completion at the end of September. It is clear that the model in place is having a positive impact on the patient journey and effective outcomes for those contacting 111, with 60% of calls being resolved within the Hub.

The wider programme includes 111, Breathing Space, Living Life, and online and digital resources such as cCBT and NHS inform. The programme also includes development of an enhanced pathway for people in mental health distress with Police Scotland and the Scottish Ambulance Service, which will be routed directly to the Mental Health Hub.

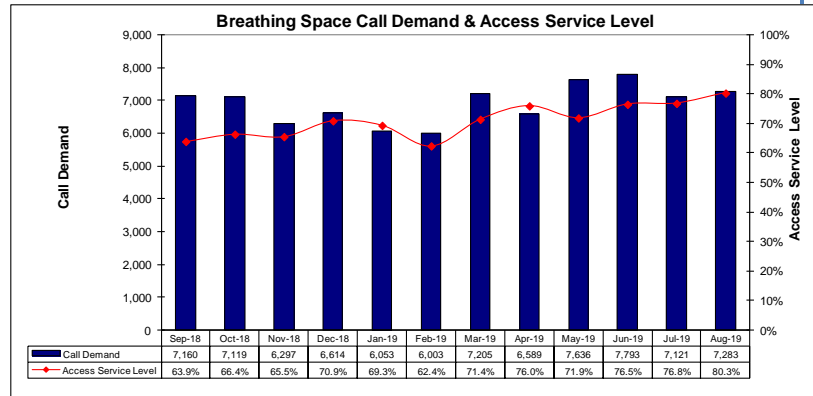
As part of the 2019 Spending Review and the preparation of the 2020/21 AOP, we are in discussion with Scottish Government to determine the future scaling potential of this important new service.

4.2 Breathing Space

The Breathing Space service level for August was 80.3% against a target of 80%.

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

In February 2019, we introduced webchat as a test of change within Breathing Space. There has been a steady demand for the webchat with 200-300 chats per month initiated. Early indication shows that those accessing via webchat are predominantly aged 16-35, the majority of whom are female, and two-thirds of whom have told us they would not have telephoned for help and prefer the webchat as a channel, therefore this service appears to be meeting unmet demand. A formal evaluation of the test will be completed by the end of October 2019.



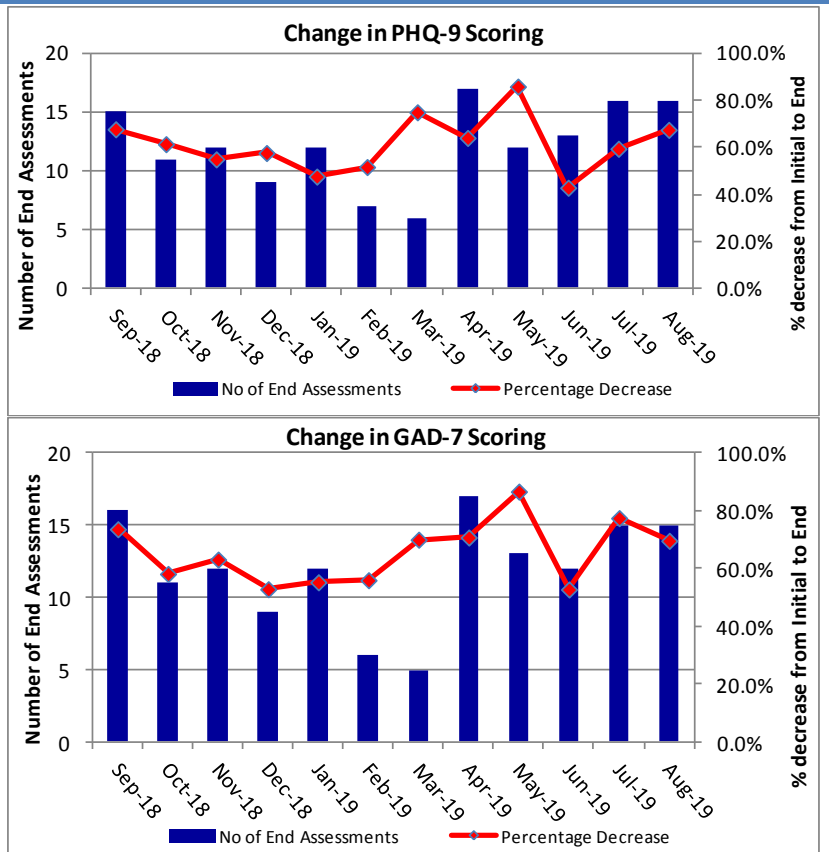
4.3 Living Life

The Living Life service managed a demand of 399 for patients self-referring for CBT, which is a decrease of 11.9% on previous month. Through the use of Cognitive Behavioural Therapy (CBT) the service provides PHQ-9 (Patient Health Questionnaire - Depression) and GAD-7 (Generalised Anxiety Disorder) support. The PHQ-9 and GAD-7 measurements 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 contacts 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.



5. Primary Care Triage Service

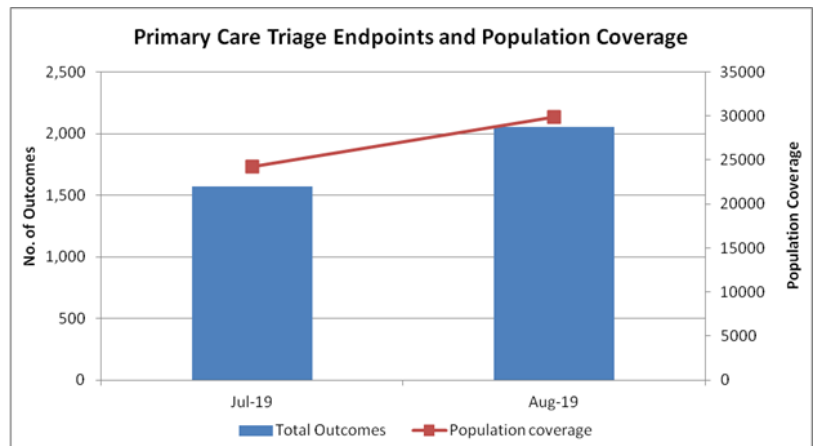
NHS 24 provide Primary Care Triage (PCT) service to General Practitioner (GP) practices, using our existing infrastructure and technology.

At present this includes NHS Lothian (Riverside Medical Practice) and NHS D&G (Upper Nithsdale and Lockerbie practices). At 31 August, the service had a population coverage of 29,921 patients, with a target to expand to 100,000 by March 2020.

NHS 24 make outbound calls to patients from lists provided by the practices.

In August 2,056 calls were managed through this service. The graph identifies the total number of patient contacts and population coverage by month.

35% of patients were advised to speak to Nurse Practitioner, 21% were advised to see a GP and a further 10% were given self-care advice. The remainder relate to a range of outcome, including Pharmacy, Home Visit and Physio.

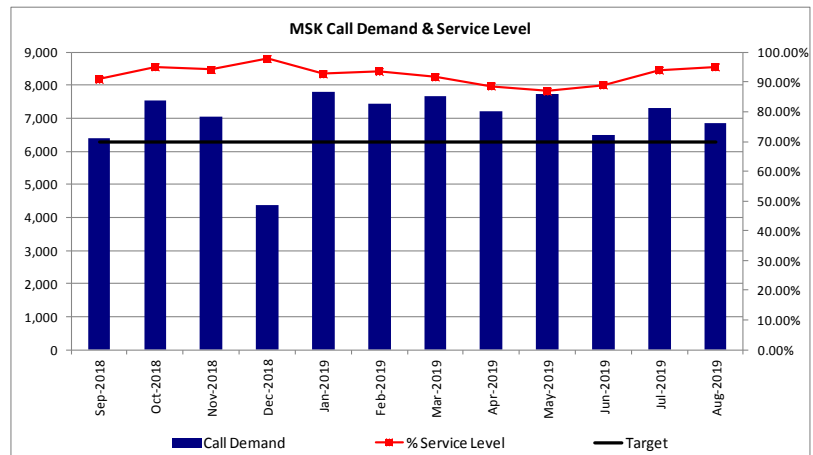


6. Musculoskeletal (MSK) Service

Demand for the MSK service was 6,849 which was a 6.2% decrease on the previous month. Service level increased by 1.1%, to 95.1%.

The MSK service provides MSK help and advice to the public based in 10 Scottish Health Boards.

These Health Boards are currently testing a new set of assessment questions to reduce talk time and provide a more streamlined service for users.



7. Digital and Social Media

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.

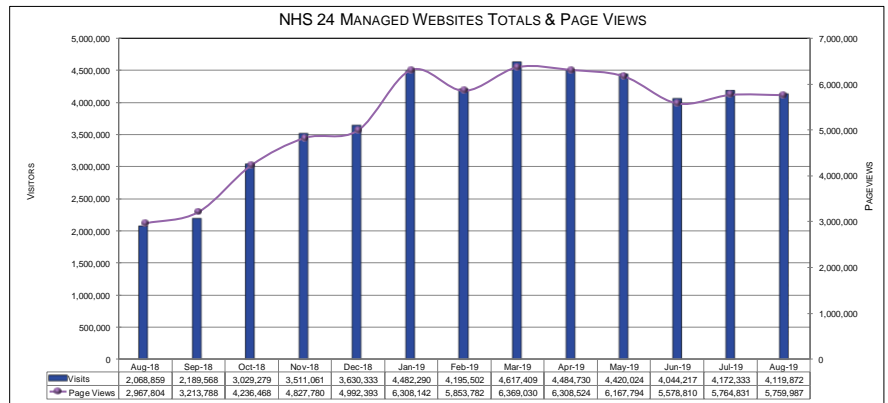
7.1 Website activity

There were approximately 4.1 million website hits in August. The majority of hits were to NHS inform, with just over 4 million visits, 63% were originated in the UK.

NHS inform figures are 104% up on August 2018 visits.

Self Help guides visits are over 100,000, which is more than 240% up on August 2018. 88% of Self Help Guide views were UK based.

Work is underway to determine whether there is any correlation between the NHS Inform site visit levels for Scotland and the access and utilisation of the Self-Help guides.

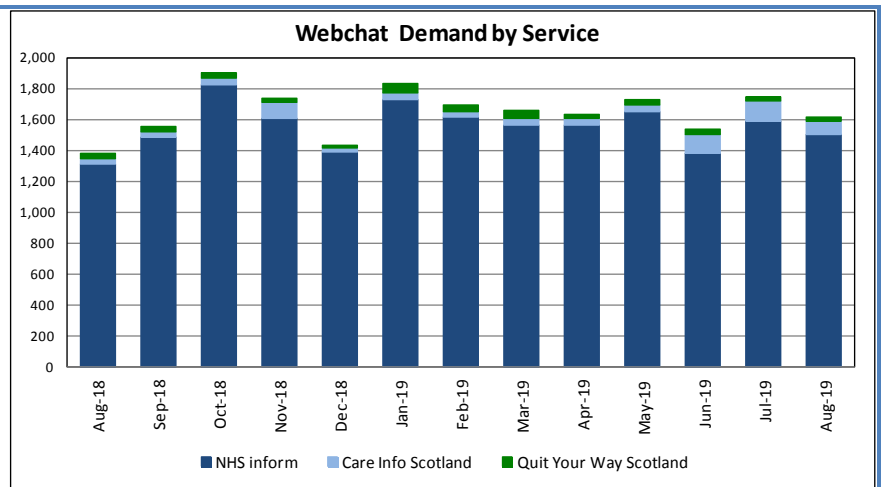


7.2 Webchat

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.

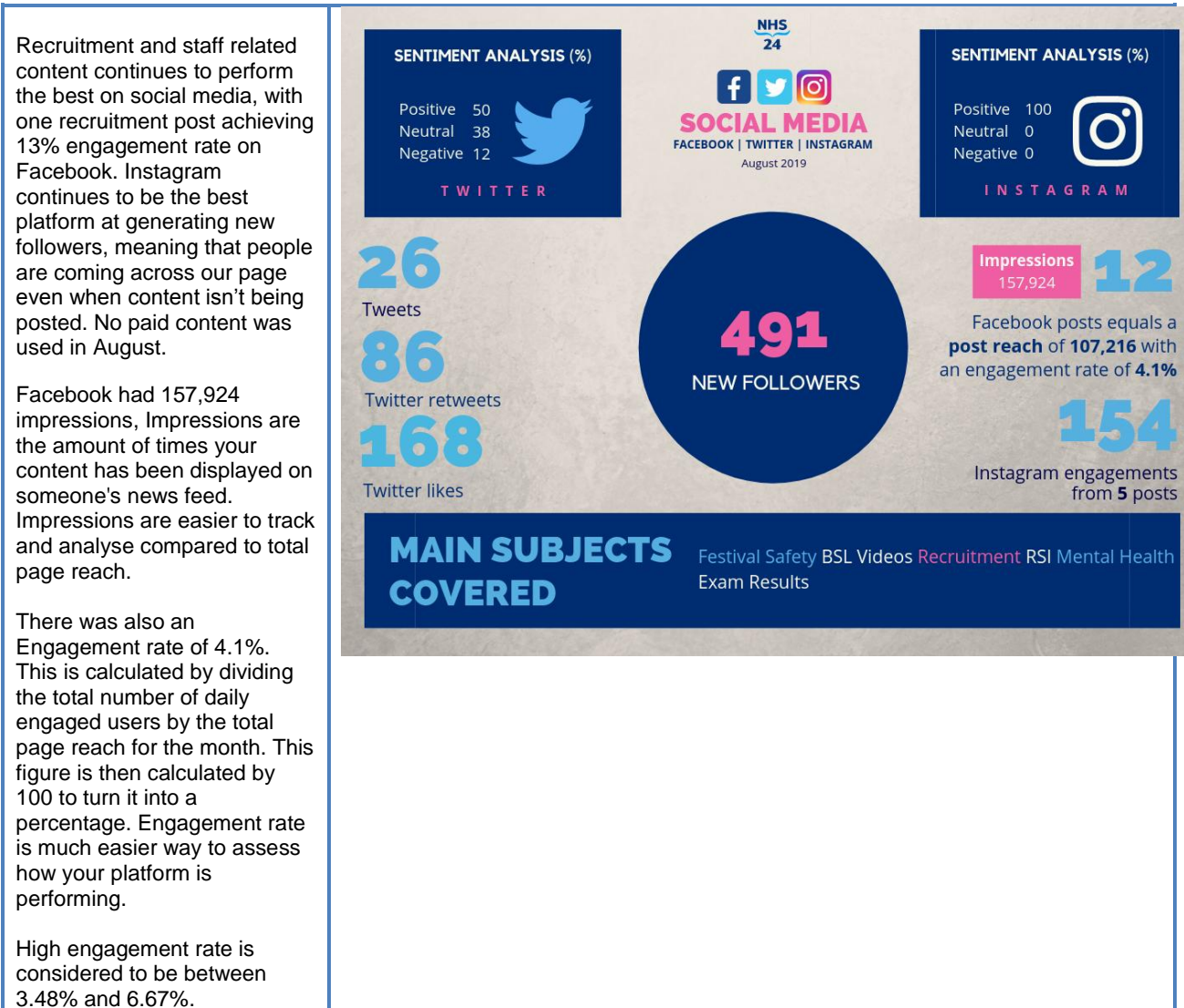
In August overall demand decreased by 8% when compared to previous month, to 1,618. However when compared to August 2018 webchat demand experienced a 17% increase.

All three services experienced a decrease in demand when compared to previous month.



7.3 Social Media Activity

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. In order to make the Social Media stats more meaningful two new measures have been used in the report: Facebook Impressions and Engagement rate.



Recruitment and staff related content continues to perform the best on social media, with one recruitment post achieving 13% engagement rate on Facebook. Instagram continues to be the best platform at generating new followers, meaning that people are coming across our page even when content isn't being posted. No paid content was used in August.

Facebook had 157,924 impressions, Impressions are the amount of times your content has been displayed on someone's news feed. Impressions are easier to track and analyse compared to total page reach.

There was also an Engagement rate of 4.1%. This is calculated by dividing the total number of daily engaged users by the total page reach for the month. This figure is then calculated by 100 to turn it into a percentage. Engagement rate is much easier way to assess how your platform is performing.

High engagement rate is considered to be between 3.48% and 6.67%.

8. Information Technology

The Performance Team are continuing to work with both IT and Service Delivery to establish meaningful performance indicators, as well as identify the impact of any P1 incidents.

8.1 Applications, Network and Infrastructure Management

There were no incidents resulting in loss of access to SAP systems (telephony and patient contact management), voice recording or KMS in August.	Availability	May-19	Jun-19	Jul-19	Aug
	Inbound/outbound telephony	100%	100%	100%	100%
	Voice recording solution	100%	100%	100%	100%
	Technical solution supporting Patient Contact Management	100%	100%	100%	100%
	Technical solution supporting KMS	100%	100%	100%	100%

8.2 P1 Incidents

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 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 August no P1 incidents were logged.