

**NHS 24  
BOARD MEETING**

**14 FEBRUARY 2019  
FOR ASSURANCE  
ITEM 11.2**

**SERVICE DELIVERY PROGRESS REPORT**

<b>Executive Sponsor:</b>	<b>Director of Service Delivery</b>
<b>Lead Officer/Author:</b>	<b>Director of Service Delivery</b>
<b>Action Required</b>	The NHS 24 Board is asked to note the progress across service delivery in respect of the recent Festive period and the internal transformation work.
<b>Key Points</b>	<p>Key points to note are :</p> <ol style="list-style-type: none"> <li>1) The Festive period 2018/19 was an improvement on the previous year across a number of areas, including both reduced demand and increased performance.</li> <li>2) The Festive Planning Group took a different approach to rosters over Festive, together with the support for staff throughout. A wash up session took place on 25<sup>th</sup> January with the Festive Planning Team and feedback will be sought directly from staff to inform planning for future years.</li> <li>3) Both the shift review and the test of the new supervision model through Better Working, Better Care are at a pivotal stage. Modelling of the options and impact for both is informing the SPRA process for 2019/20 and the development of robust plans for phased implementation across the coming year.</li> </ol>
<b>Financial Implications</b>	Modelling for both the supervision model and the shift review is underway, which will determine the workforce requirements and planned implementation, all of which determines the financial requirements.
<b>Timing</b>	This report covers the third quarter of 2018/19 and next steps in quarter four. Workforce and financial planning is in respect of presumed implementation within 2019/20.
<b>Contribution to NHS 24 strategy</b>	Resetting the culture is a clear organisational goal and the work set out in the 'Better Working, Better Care' programme and shift review will be key contributors to this.
<b>Contribution to the 2020 Vision and National Health and Social Care Delivery Plan (Dec 2016)</b>	The paper will provide a contribution to supporting NHS 24 achieve their strategic objectives.

<b>Equality and Diversity</b>	There are no immediate E&D issues within the paper, however, this is informing the shift review.
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**1. BACKGROUND**

1.1 This paper sets out the key areas of development and progress within the Service Delivery Directorate. Specifically for this reporting period, the focus of the paper is a reflection on the Festive period this year and the two key areas of the shift review and Better Working, Better Care, both of which are at a key stage in informing the development of our operational model and associate workforce planning within Service Delivery.

**2. PROGRESS UPDATE**

***Festive***

2.1 Call demand over the Christmas week was consistently below forecast, which was attributed to the absence of any major outbreaks of the winter illnesses experienced in previous years. That, coupled with the fact that normal GP service was in place on Christmas Eve will have contributed to the below forecast demand levels. The tables below set out the detailed demand and performance over the two weeks of Festive:

	Demand			Service access		Abandonment rate	Clinical KPIs		
	Actual	Forecast	Variance	Actual	Forecast		P1	P2	P3
22-Dec	9,415	10,468	-10.06%	50.49%	48.70%	7.74%	100.00%	100.00%	83.80%
23-Dec	9,175	9,940	-7.70%	53.68%	53.30%	5.81%	100.00%	100.00%	83.40%
24-Dec	2,744	3,333	-17.70%	86.08%	75.90%	1.75%	100.00%	100.00%	100.00%
25-Dec	5,262	6,163	-14.60%	49.75%	36.50%	8.70%	100.00%	100.00%	100.00%
26-Dec	9,348	10,979	-14.90%	38.50%	38.50%	12.20%	100.00%	100.00%	99.60%
	Demand			Service access		Abandonment rate	Clinical KPIs		
	Actual	Forecast	Variance	Actual	Forecast		P1	P2	P3
29-Dec	10,150	11,161	-9.06%	28.81%	31.70%	12.53%	100.00%	100.00%	84.83%
30-Dec	9,968	9,994	-0.26%	23.23%	33.10%	13.80%	100.00%	100.00%	82.49%
31-Dec	2,621	3,295	-20.46%	79.09%	39.10%	2.33%	100.00%	100.00%	100.00%
01-Jan	7,705	7,739	-0.44%	12.90%	28.20%	20.16%	100.00%	100.00%	96.53%
02-Jan	10,551	11,631	-9.29%	26.02%	31.40%	16.22%	97.30%	100.00%	99.95%

2.2 The lower demand levels positively influenced the service access performance which was better than expected. Clinical performance was also extremely strong throughout the Christmas period with lower numbers on the call back queue than we routinely see on a normal weekend and significantly lower than Boxing Day the previous year. SMS messaging was automated ahead of the

festive season, whereby callers are automatically texted after 15 minutes and we have seen a marked reduction in calls from patients awaiting a call back.

- 2.3 As expected, the New Year period was busier and tougher than Christmas. Demand was more in line with forecast across the week, the exception being Monday 31<sup>st</sup>; again, GP surgeries were open on this day. Service access was broadly in line with forecast, with the exception of 1st Jan notably, where we had a particularly busy overnight from Hogmanay, which proved difficult to recover throughout the day. Whilst demand was as forecast, there were periods throughout the day where it was in excess of 20% above forecast, so the arrival pattern of calls impacted on the overall access level across the day. As with the Christmas week, the clinical outbound calling performance was strong across the week and the queue was well managed.
- 2.4 As part of collaborative working, we also significantly increased the number of codes and calls we are taking from SAS in the last three weeks following a review of lower acuity calls. Over the two weeks we took over 2,000 calls from SAS via the stacker. This is currently under review as we also saw an increase in the number of those calls during the in hours period, where there was an impact on NHS 24 staffing capacity, and also the percentage we returned to SAS. Nevertheless, overall we demonstrated the potential to increase the number of calls suitable for NHS 24.
- 2.5 There was some early indications over the New Year period of an increase in levels of winter illness with the first weekend of the New Year being very busy. However, over 74% of callers across New Year week were dealt with during their initial call to the service with no need for a call back which is higher than an average week. Although there were times across the Festive period when wait times to get into the service were longer than ideal, the overall patient journey was good as was demonstrated by some very positive feedback from patients on social media.
- 2.6 As the Committee is aware, normal rotas are suspended across the Festive period. This reflects the need to significantly increase capacity, particularly on the 8 key dates agreed. Given the pattern of days across the Festive weeks, i.e. the Monday of each week being business as usual, a different approach was taken by the Festive Planning Team this year. This allowed us to build rotas that gave staff two consecutive days leave across those dates, which anecdotally appears to have been very well received by staff. Staff will be surveyed directly to gather their views.
- 2.7 Sickness absence across all key dates was lower than it was in 2017/18. The overall total absence across the 4 key dates at Christmas 2018 was 10.65% which is 1.13% down on the 2017 figure of 11.78%. Like Christmas, absence across the New Year key dates was lower than it was in 2017/18. Overall, the

average absence over this period was 11.37%, a decrease of 1.98% on the New Year 2018 figure of 13.35%, albeit, it remains higher than we would like.

2.8 As always, the staff have been fantastic across what is always our busiest time of the year. Service Support colleagues worked hard to make the working environment as pleasant as possible and the funding secured by the Festive Planning Team, was used to provide staff with a range of festive food and snacks as well as prizes for raffles and competitions. The atmosphere across the contact centres was relaxed with staff just getting on with the job.

2.9 We also saw an increased uptake in flu vaccinations this year compared to last, with 729 frontline staff vaccinated compared to 602 in 2017, which is a 21% increase









### 2.10 Festive Digital Service Activity

This report provides a summary of the digital service delivery over the festive period (22<sup>nd</sup> Dec 2018 – 2<sup>nd</sup> January 2019). It covers all current digital services;

- NHSinform.scot
- NHS24.scot
- BreathingSpace.scot
- CareInfoScotland.scot.

It also provides a breakdown of additional services which are accessed via NHSinform.scot; Self-help guides (SHG) and Scotland’s Service Directory (SSD). Both SHG and SSD are also available through partner websites and apps, the activity of which is included within the volumes reported below. We also have data from the NHS inform App, which provides access to the SHG and SSD.


### 2.11 Web site activity

		Change from 17/18 to 18/19
<b>NHS24.scot</b>	Christmas	-43% 
	New Year	-43% 
<b>NHSinform.scot</b>	Christmas	+ 396% 
	New Year	+ 123% 
<b>CareInfoScotland.scot</b>	Christmas	+6% 
	New Year	+16% 
<b>BreathingSpace.scot</b>	Christmas	+27% 
	New Year	+60% 

The increases across Inform in particular, and the decrease in NHS24 are a result of a push to NHS inform content only for the winter campaign (Dr Owl), along with ongoing optimisation work on the site which is meaning content is more ‘findable’ by the public via search engines. This type of access to the site


is by far the most popular way to find our information, for example across December this accounted for over 94% of the visits to inform.

2.12 Self-help Guide Activity (combined festive and new year activity)

Date	Self-help guides (Page Views)	Change from 17/18 to 18/19
Total 2018/19	34,249	+ 522% 
Total 2017/18*	6,554	

The significant increase has resulted from additional guides being developed and available from last year, 'seeding' the guides within related content across NHS Inform to increase visibility, plus the ongoing optimisation work is having a positive impact. A small impact will have come from the text messaging test of change within the 111 service, where patients awaiting a P3 callback received a text message, which also contained a link to the SHG.

2.13 Scotland's Service Directory Activity (combined festive and new year activity)

Date	Self-help guides (Page Views)	Change from 17/18 to 18/19
Total 2018/19	52,430	- 5% 
Total 2017/18*	54,735	

2.14 NHS inform app

Cumulative downloads to date of this app, across both iOS and Android are **12,885**

***Better Working, Better Care***

2.15 Throughout the Festive period we maintained pods in each centre operating under the Better Working, Better Care new supervision model. This was primarily intended to maintain momentum in terms of training for staff.

2.16 The Better Working, Better Care team held a further workshop in January to review PDSA progress based on the successful outcomes to date and positive response from staff to the new model. The next phase of this work is to develop robust plans and options for transition to this new operating model, understanding the current alignment in each centre, including development of training and workforce plans. The role of nurses working in local centres and the role of Senior Charge Nurses within this new model also require to be determined.

- 2.17 Any final decision to move to the new operating model would be based on robust plans, timescales and phasing, and dependent on the workforce being in place to succeed. There has been a widespread awareness of the current test of change and a significant number of staff and managers have been actively participating in the pods across the last few months. Engagement with staff as we develop transition plans will be a key component to ensure we maintain the positive response thus far.
- 2.18 Clearly any plan to transition to the new supervision model would need to be overlaid with the outputs from the shift review. Whilst some initial modelling has been done, there is further work to ensure alignment of these two pieces components, together with the finalisation of agreed key performance measures in determining the workforce requirements.

### ***Shift Review***

- 2.19 Between September and December frontline staff were given offline time as part of the engagement around the shift review. Staff watched a video setting out the reasons for and aims of the review and those who had not already completed the survey were also given the opportunity to do so. As a result 738 staff, 95% of those available, have now completed the online survey and helped inform the review.
- 2.20 Separate Q&A sessions have also been held with managers across the centres, who were not involved in the online surveys at this stage. These sessions also included the video and a discussion around the review. Following this discussion, an intranet page is being set up for the review with Q&A, video, feedback and outputs from the online survey, and a roadmap with timescales for the next stages of the review.
- 2.21 Throughout January, the project team are working with NICE, using the outputs from the engagement together with the analysis of demand and current capacity, to model working pattern options. This is a critical stage of the project to ascertain the scale of impact for staff individually and for NHS 24 organisationally. Once this impact is understood, the timescales and approach for agreeing the preferred option will be determined. This process is expected to begin in March.
- 2.22 In January, we also upgraded our workforce management system (WFM) from v4.6 to v.7 of TotalView, which brings additional functionality. As part of this work, we have the opportunity to test a mobile app for staff, which would allow access to the WFM remotely. There is an investment required to roll out this app fully and clear benefits would need to be realised to generate an acceptable return on investment; at this stage, that would include a significant reduction in administrative processing of short-notice requests, shift changes, additional

hours, overtime, etc. Parameters for these processes will be agreed and tested in Q4 of 2018/19, however, it is worth noting that we are unlikely to realise the full potential of this app until the shift review outputs have been fully implemented.

### **3. RECOMMENDATIONS**

- 3.1 The NHS 24 Board is asked to note progress across these key areas of development within Service Delivery.