

**NHS 24
BOARD MEETING**

**14 FEBRUARY 2019
FOR ASSURANCE
ITEM NO. 9.3**

SERVICE QUALITY REPORT TO 31 DECEMBER 2018

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 31 December 2018. A final summary presentation will follow for Board assurance.
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>The content has been developed for the month being reported to focus on call demand, service access and patient pathway performance levels.</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 December 2018.
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. NHS 24 has developed a new performance framework, during 2018/19 evidence will be gathered to support the validation of important additional performance and quality measurements.
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 31 December 2018.

2. Timing

2.1 This report covers performance for the period ending 31 December 2018.

3. Background

3.1 NHS 24 has developed a new performance framework. Evidence is being gathered to support this framework throughout 2018/19 and to support the validation of important additional performance and quality measurements. The latter will be implemented from April 2019.

4. Engagement

4.1 This report has been reviewed by the Executive Management Team and the Finance & Performance Committee and has been updated to reflect key review points arising from this engagement.

5. Financial Implications

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

6. 111 Service - Patient Pathway Performance

Call demand and access

6.1 Call demand in December for the unscheduled care 111 service was 152,011.

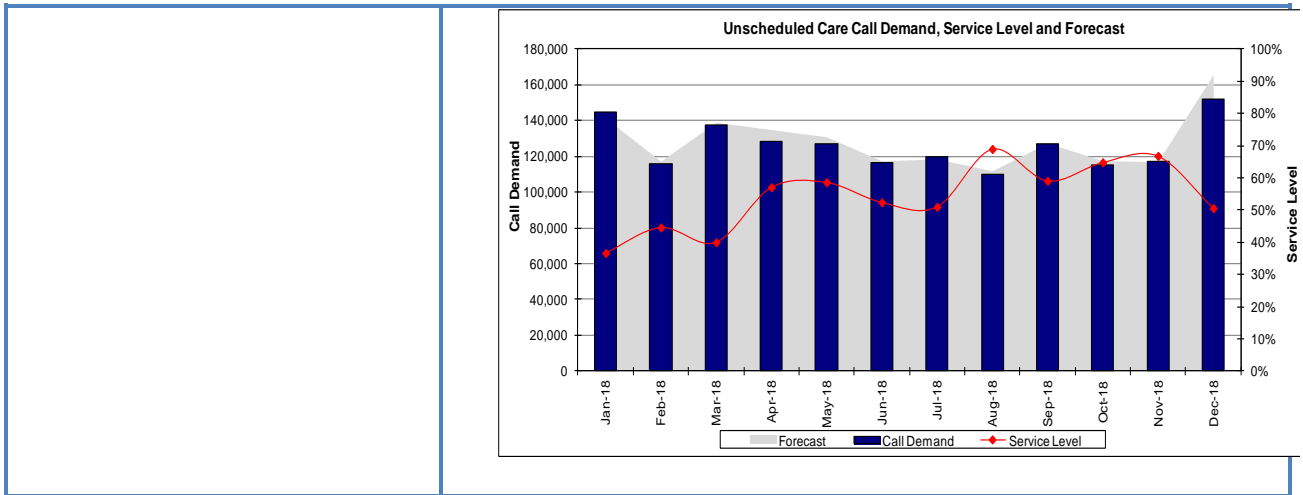
The current target is to answer 90% of all calls in 30 seconds.

Performance was 50.6% against the target of 90% in December; this was higher than the predicted forecast level of 49.5%.

The marginally higher than predicted service level was influenced by call demand over the Christmas week being consistently below forecast. This can be attributed to the absence of any major outbreaks of the winter illnesses as experienced in previous years.

Workforce planning however ensured that staff rotas were optimised to support the anticipated demand during this period. This included 2,679 additional Call Handlers hours.





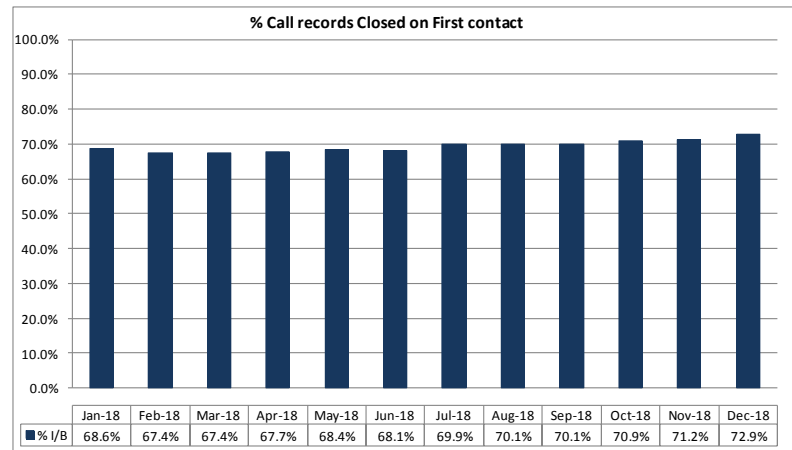
111 Inbound Call Performance – Calls Answered and Triaged at First Point of Contact

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

In December, 72.9% (99,783 records), were triaged successfully through this process, which is a 1.7% increase on previous month.

The inbound only pathway is linked to a more positive patient experience.

72.9% is the highest level of records that were managed on an inbound basis since December 2013.



Patient/Caller Experience Feedback

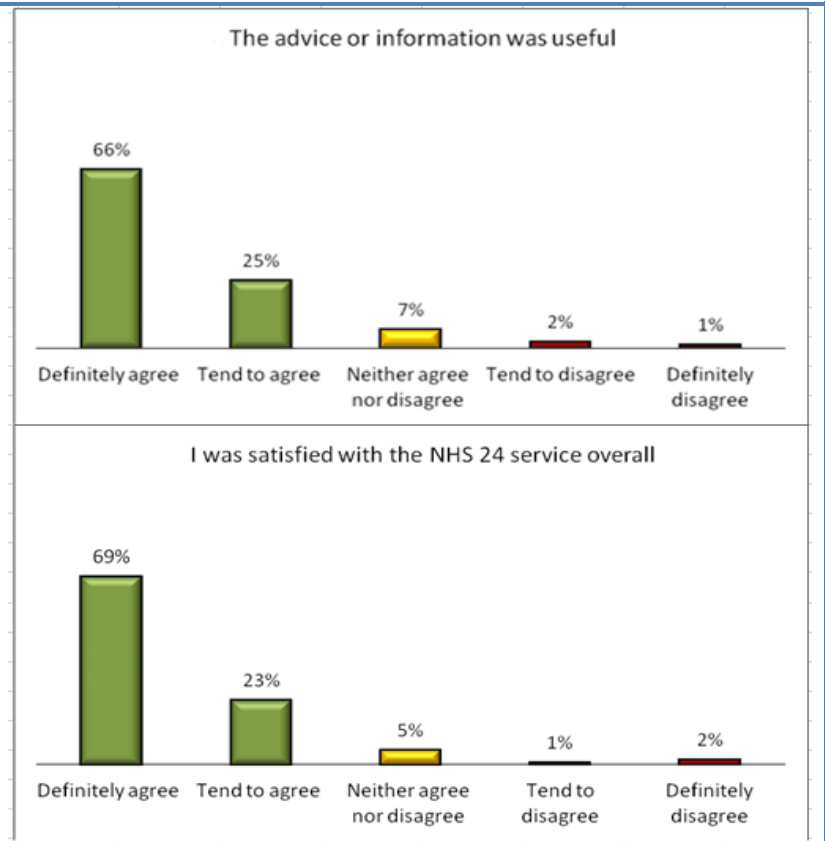
6.3 Key to determining effectiveness is understanding how callers assess their own experience of contacting the 111 service. In line with NHS Healthcare Improvement Scotland’s Person Centred Care Programme and as part of the activities of the NHS 24 Patient Experience framework, we carry out a weekly patient experience survey.

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

A new 6 month reporting period from October 18 – March 19 has begun.

From 1st October 2018 to week ending 30th December 2018, 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 4-week period. There were 258 responses overall, which is a 20% response rate.



6.4 In a small number of cases where there is a reported issue with the call journey and/or call experience, which results in a less than positive experience, a complaint may be received.

In December 2018, 29 complaints were closed. This consisted of 24 x Stage 1, 2 x Stage 2 and 3 Shared Complaints. All Stage 2 complaints (100%) were responded to within 20 working days against a target of 90%.

Of the total closed complaints, 17 were upheld or partly upheld. The upheld/part upheld themes were:

- Inappropriate clinical outcome/referral/advice
- Call back time delay
- Interpersonal reasons/communication

Robust mechanisms are in place to ensure all individual learning from complaints is actioned. Organisational learning is captured, tracked and reported by the National Patient Safety Group.

All complaints are subjected to a rigorous investigation process to determine the nature of the complaint and to identify associated learning. 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. Quality Improvement processes are in place through the quality assurance group to ensure the learning loop is being closed.

Organisational Learning – complaints, feedback and adverse events also yield organisational learning; this is learning which is can involve a process change, or change

to ways of working. Progress against agreed improvements are monitored via a service tracker which is reported routinely to the National Patient Safety Group.

111 Outbound Call-back Performance

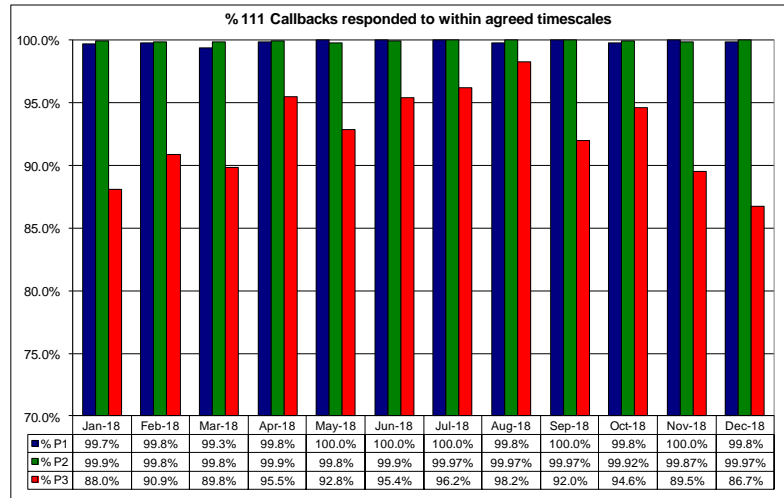
6.5 Outbound calls occur where the calls cannot be triaged as they arrive due to a combination of the call volumes being experienced at the time and the level of staffing available to process them. In these cases, calls will be placed in clinical queues with an assessment of their level of clinical need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

99.8% of P1 calls were responded to within 60 minutes against a target of 98%. Meaning 2 records from 1,123 missed target.

99.9% of P2 calls (3,510 in total) were responded to within 120 minutes against a target of 90%.

86.7% of P3 calls were responded to within 180 minutes against a target of 80%. There were 29,540 P3 records, which was the highest number in 2018

During very busy periods in the month, 5.2% (1,542) P3 calls waited more than 4 hours for a call back.



Time taken to respond to P3	1hr	2hr	3hr	3hr 30min	4hr	4hr 30min	5hr	5hr 30min	6hr
P3 Count	13,374	7,507	4,713	1,231	1,169	849	296	238	159
P3 % Split	45.3%	25.4%	16.0%	4.2%	4.0%	2.9%	1.0%	0.8%	0.5%

6.6 In addition, the Scottish Ambulance Service (SAS) will 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 December, 70.5% of these Category C calls were converted to primary care or home care outcomes against a target of 75%. This is the first time that this target has not been achieved. The codes for calls that SAS send to NHS 24 were recently changed by SAS. This resulted in an 81% increase in records passed to NHS 24. The coding changes are being reviewed jointly with SAS and NHS 24 to ensure only calls appropriate to the NHS 24 service are received.

Levels of Calls Abandoned

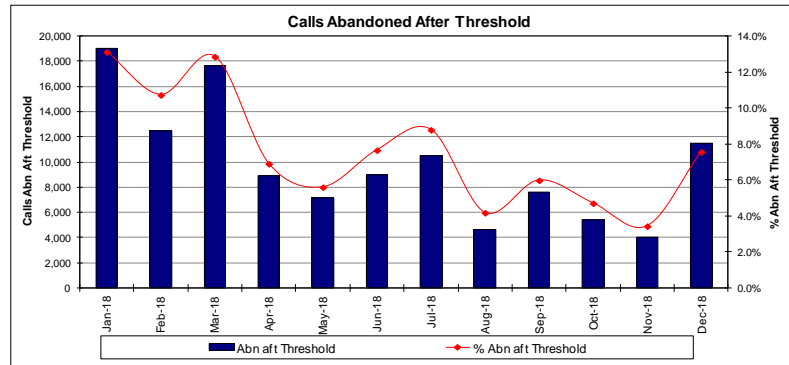
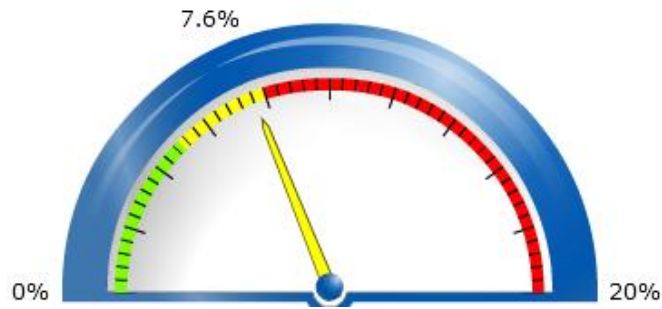
6.7 In December the percentage of calls abandoned after threshold increased by 4.1% to 7.6%, which is outwith the target of 5%.

NHS 24 GREEN

Calls abandoned after threshold fell out with target to 7.6% in December. This was an increase of 4.1% on previous month.

This correlates with the reduced access service level for the period.

Calls abandoned before threshold increased slightly (0.2%) to 1.1% for December.



Average Time to Answer Calls

- 6.8 Where demand is within forecast and staffing levels are sufficient to manage the call arrival pattern, 90% of calls can be answered within 30 seconds. The average time to answer calls in December was 2 minute 35 seconds, which is an 88 second increase on the previous month. During the busier festive periods however, the average time to answer is generally higher than 30 seconds.

NHS 24 has monitored the service level at varying thresholds since the implementation of the new technology and the changes to process from October 2017. We currently measure by 30, 60 and 90 seconds.

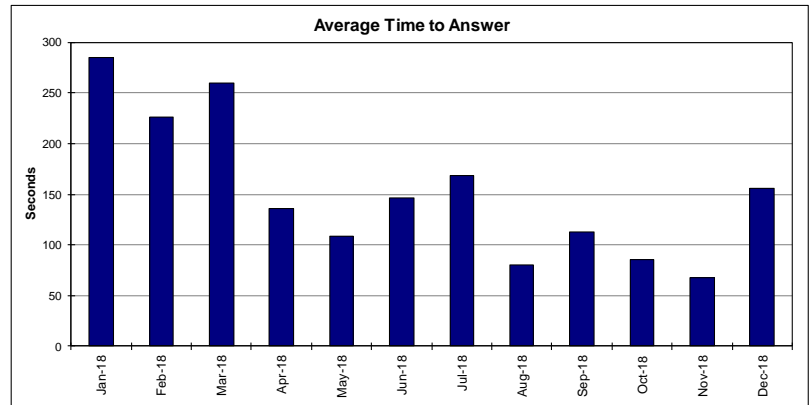
This information is being collected to help test the continuing effectiveness of the overall patient pathway at varying service levels and will be used as part of the evidence gathering exercise to support development of this KPI for 2019/20. The figures for December are provided below.

<p>Service Level 90% at 30secs 50.6%</p>	<p>Service Level 90% at 60secs 55.1%</p>	<p>Service Level 90% at 90secs 58.9%</p>
---	---	---

At peak periods of incoming call volumes and for very short durations of time, the time taken to answer calls will be higher. A maximum time to answer of 35 minutes 24 seconds was recorded in December.

During the month 100,825 of patients waited 3 minutes or less for their call to be answered, which represented 72% of all calls answered.

During peak periods IVR messaging was used to alert callers to the longer than average wait times.



Workforce

- 6.9 Monthly attendance decreased by 1.3% on previous month to 89.7%. The rise in sickness absence is in line with previous years where sickness tends to peak in the winter months, the 2018 figure is however marginally lower than the figure for the same period last year. Long Term absence continues to attract the highest number of absentees within NHS 24 carrying an average number of 60 people off long term sick at any one time. Unfortunately, due to the number of new long term cases each month the figures do not reflect the high numbers of staff who actually resume from long-term sickness each month. The Employee Relations team with managers review all long-term sickness cases monthly to determine progress, interventions and to offer advice and recommendations to managers on timely actions in line with the Attendance Management Policy and also escalate where appropriate. The Employee Relations Team continue to work with managers to support them in dealing with attendance management

7. Breathing Space

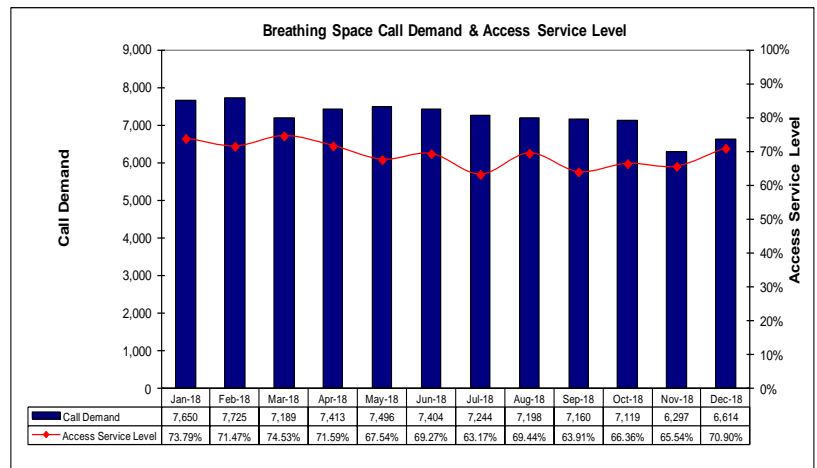
- 7.1 The Breathing Space service level for December was 70.9% against a revised target of 80%, this is an increase of 5.4% on the previous month performance.

NHS 24 GREEN

The overall resourcing of the Breathing Space service has been revised as part of the Mental Health Services redesign throughout NHS 24.

Breathing Space Webchat continues to be planned for launch this quarter. New staffing will be in post to accommodate this by mid-February and to further help with responding to callers and meeting our agreed service levels.

This has been made possible by the Scottish Government who confirmed a commitment to increase the funding for the Breathing Space service; this is part of a significant investment in NHS 24's Mental Health delivery.

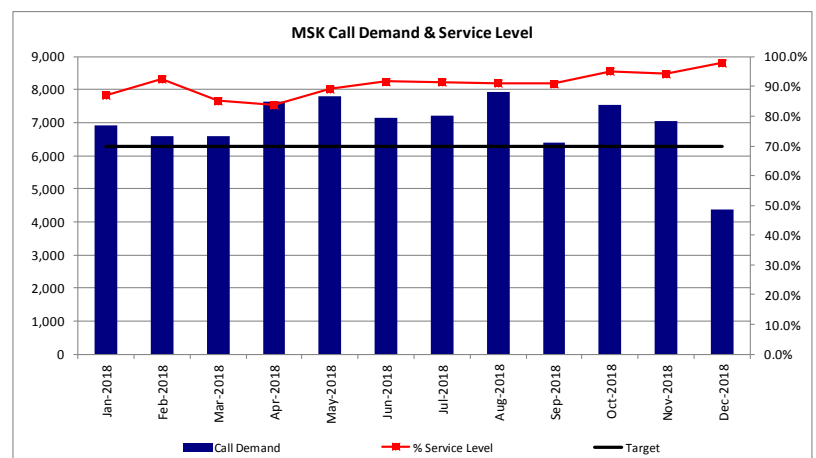


8. Musculoskeletal (MSK) Service

- 8.1 Demand for the MSK service was 4,386 which was a decrease of 37.7% on the previous month, this was largely due to the service being suspended during the key festive dates with the agreement of our partner Boards. The service level increased by 3.7% to 97.9%, this should however be viewed in the context of the lower demand for the month.

We have recently increased staffing in the service as a result of extending the service to include NHS Fife. We have also embarked on internal team improvement activities with a positive impact on handling times being evidenced. Further system development work to be progressed in Quarter 4 should drive a positive impact on productivity.

The MSK service continues to perform well, achieving over 90% service level for 7 consecutive months, and recording a 100% service level across 6 separate dates within December, this should however be viewed in the context of the planned service suspension across key festive dates.

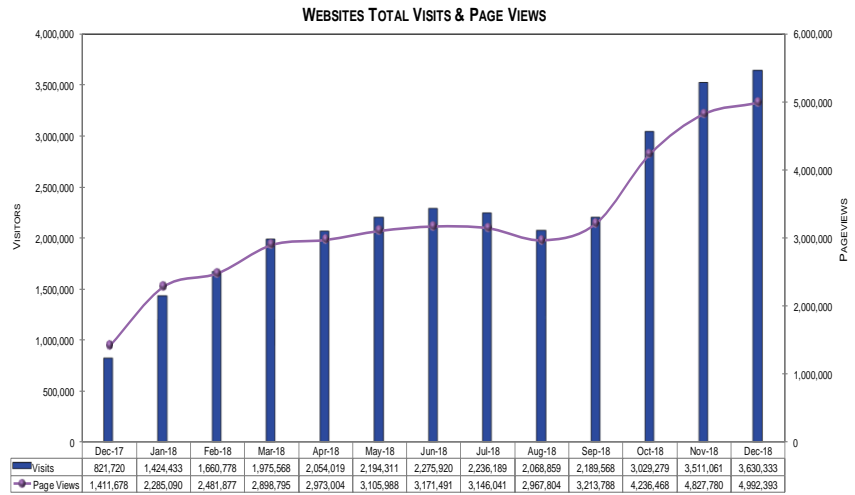


9. Digital and Social Media

9.1 NHS 24 manages a suite of digital channels e.g., the NHS 24 corporate site, through to a range of service specific sites such as NHS Inform, Breathing Space and Care Information Scotland.

December saw NHS 24's busiest digital month ever with over 3.6 million unique visits across all our sites. The majority of these were to NHS Inform, with 3.5 million visits.

Again this builds on the developing search engine optimisation work being progressed.

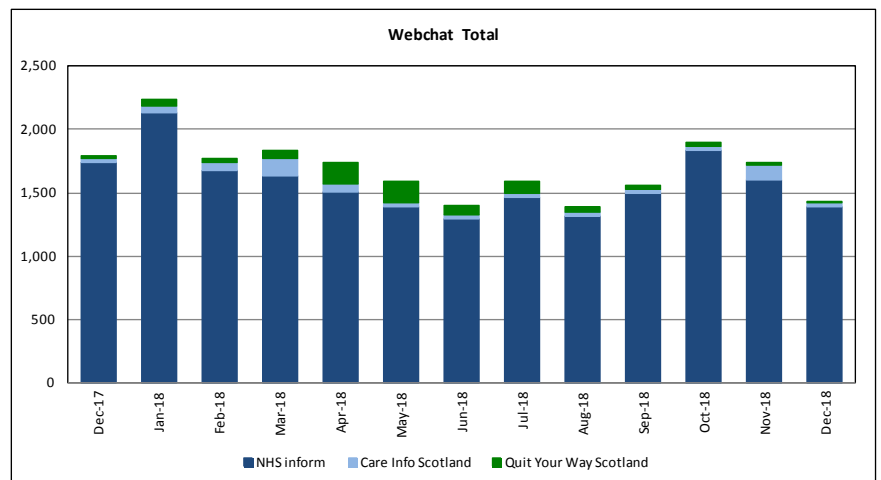


Webchat

9.2 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 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.

In relation to the overall volume of contacts to the website, particularly NHS inform, the level of webchat activity is relatively low, however this points to users 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 December 2018, webchat demand across the three services fell by 17.3% when compared against November 2018 (Care Information Service was notably high in November 2018 with a demand of 107).



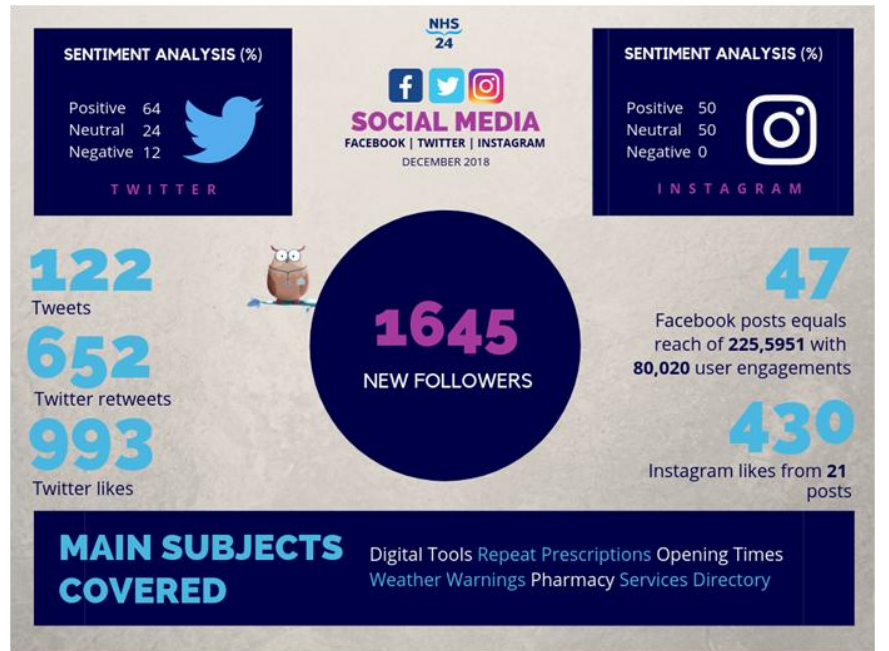
Social Media Activity

9.3 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.

As expected, social media was extremely busy throughout December and this was due to our annual Be Healthwise this Winter campaign.

Our Facebook page reached 30,000 followers and our Instagram and Twitter pages are close to their next milestones, 1,000 and 15,000 followers respectively.

Our Talking 24 podcast continues to be a format that our followers enjoy and we hope to see this continue on an upward trajectory. Video content continues to work well on Facebook, but not to same extent as it has previously and we will be looking at new content strategies in 2019.



NHS 24 GREEN

Annex 1

Performance Framework	Target Performance				Performance to Date					
	Q1	Q2	Q3	Q4	Q1	Q2	Q3			Q4
							M6	M7	M8	
Quarterly average of 98% of P1 calls responded to within 60 minutes	98%	98%	98%	98%	99.9%	99.9%	99.8%	100%	99.8%	
Quarterly average of 90% of P2 calls responded to within 120 minutes	90%	90%	90%	90%	99.9%	99.9%	99.9%	99.9%	99.9%	
Quarterly average of 80% of P3 calls responded to within 180 minutes	80%	80%	80%	80%	94.5%	95.3%	94.6%	89.5%	86.7%	
Less than 5% of Call Demand abandoned after the Threshold	5%	5%	5%	5%	6.7%	6.4%	4.7%	3.4%	7.6%	
Average of 90% of Unscheduled Care Calls to be answered within 30 seconds	90%	90%	90%	90%	56.2%	59.4%	64.8%	66.8%	50.6%	
Average of 80% of NHS inform calls answered within 60 seconds	80%	80%	80%	80%	86.1%	85.0%	87.2%	91.2%	90.6%	
Provide at least 30% of patients with self-care advice	30%	30%	30%	30%	31.6%	31.6%	31.7%	31.8%	29.9%	
80% of Breathing Space Calls to be answered in 30 seconds	80%	80%	80%	80%	69.5%	65.5%	66.4%	65.5%	70.9%	
NHS 24 will commit to supporting successful Quit Your Way Scotland quits through a 5% referral rate to local Boards.	5%	5%	5%	5%	23.2%	25.2%	19.0%	19.5%	12.5%	
Measured an average of at least a 60% decrease in CBT PHQ-9 scoring.	60%	60%	60%	60%	53.9%	62.3%	61.4%	55.0%	57.7%	
Measure an annual average of at least a 60% decrease in GAD-7 scoring.	60%	60%	60%	60%	61.8%	66.7%	58.2%	63.1%	52.9%	

NHS 24 GREEN

Performance Framework	Target Performance				Performance to Date					
	Q1	Q2	Q3	Q4	Q1	Q2	Q3			Q4
							M6	M7	M8	
Maintain 95% of D1 calls responded to within 45 minutes	95%	95%	95%	95%	99.2%	99.5%	99.3%	100%	100%	
Maintain 90% of D3 calls responded to within 180 minutes	90%	90%	90%	90%	99.2%	93.1%	93.1%	100%	99.8%	
Convert at least 75% of Category C calls transferred from the SAS to primary care or home care outcomes	75%	75%	75%	75%	80.4%	81.5%	79.8%	79.4%	70.5%	
Achieve and maintain an average attendance rate of 94.75% throughout 2018/19	94.75%	94.75%	94.75%	94.75%	91.7%	92.2%	89.8%	91.0%	89.7%	
90% of complaints are responded to within 20 working days	90%	90%	90%	90%	100%	100%	100%	100%	100%	

Glossary

SPECIFIC SCORING MEASURES RELEVANT TO THE CBT SERVICE

PHQ -9- Patient Health Questionnaire

GAD-7 - Generalised Anxiety Disorder