

<p>NHS 24</p> <p>BOARD</p>	<p>12 DECEMBER 2019</p> <p>ITEM 8.2</p> <p>FOR ASSURANCE</p>
<p>SERVICE QUALITY REPORT</p>	

Executive Sponsor:	Director of Finance and Performance
Lead Officer/Author:	Associate Director, Planning & Performance /Performance 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 31 October 2019.
Key Points	<p>A “Performance At A Glance” scorecard is provided as a summary overview of performance against the key set of indicators, with each indicator reported against Red, Amber, Green status. 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 October 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.

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

Ref	Measure	Key Performance Indicator - Target	Target	RAG Thresholds*	Oct-19	Oct-18	YTD Cumulative Performance (Apr-Oct 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%	92.2%	94.0%	92.0%
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%	66.7%	100.0%	94.4%
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%	73.1%	70.9%	75.1%
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%	44.1%	64.8%	49.3%
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 55s	1m 26s	2m 30s
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%	8.4%	4.7%	7.5%
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%	98.8%	99.8%	99.7%
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%	99.7%	99.9%	99.9%
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%	91.1%	94.6%	93.3%
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%	69.2%	79.8%	69.4%
Workforce							
3.1	Staff attendance rates	Achieve and maintain an average attendance rate of 94.75%	94.75%	Threshold tbc	90.8%	89.8%	91.0%
Mental Health Services							
4.2	Breathing Space	80% of Breathing Space Calls to be answered in 30 seconds	80%	Amber 70-80% Red <70%	62.9%	66.4%	72.8%

*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 – October 2019

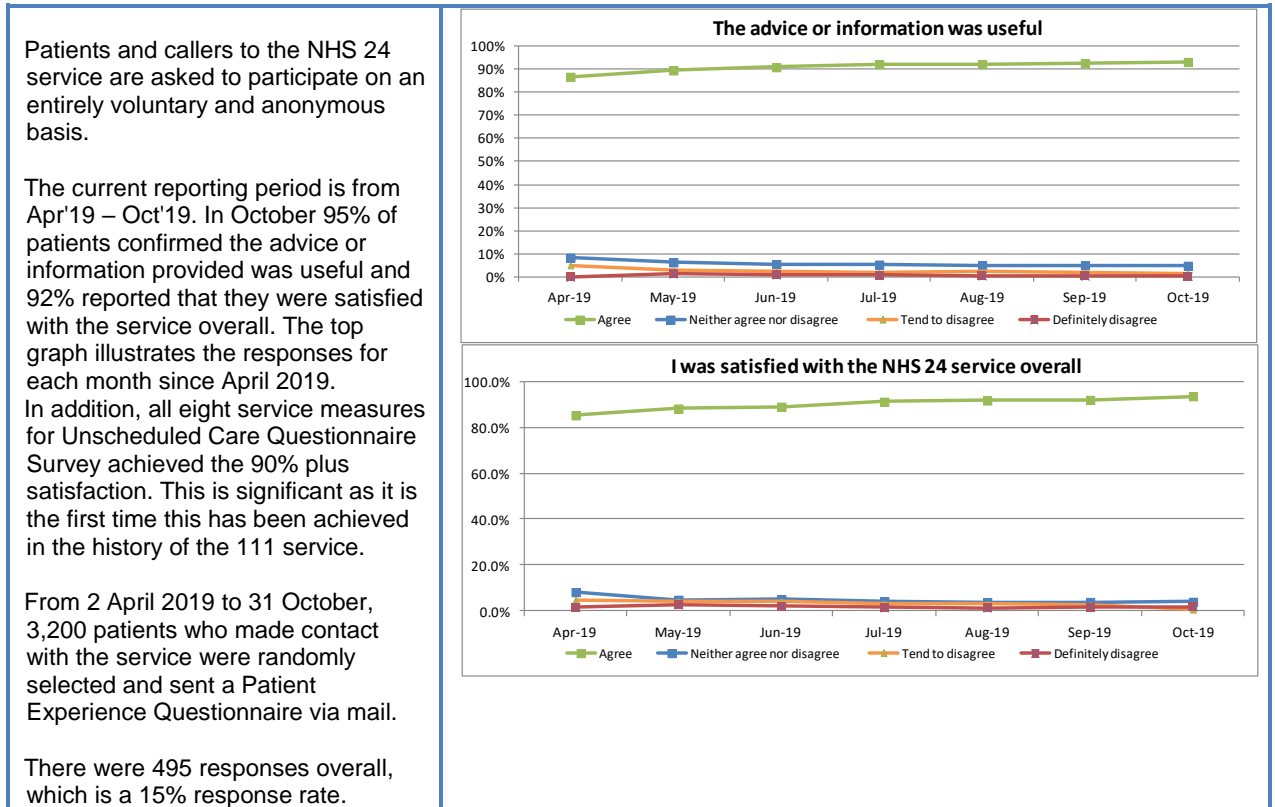
The “Connecting to Care” dashboard below sets out a visual representation of some of the key performance measures and metrics relating to service user experience in October 2019.



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.



1.2 Complaints

Performance target: 90% of complaints responded to within 20 working days

Number of complaints received in October	3
% responded to within 20 working days	66.7%

The complaints performance target was missed in October, due to one of the three complaints subject to dispute in relation to preferred outcome for the patient. The complainant was advised of the delay and a meeting has taken place with them to follow up on their queries.

Quarterly Performance (Q2)

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, relating to Q2 2019/20, is set out below:

Total Number of Complaints received – Q2

Call demand for Q2	Complaint Type	Number	% of complaints vs. call demand
373,395	Stage 1	86	0.023%
373,395	Stage 2	7	0.001%

Complaints Upheld, Part Upheld, Not Upheld - 35% of Stage 1 complaints were upheld, with 57% of Stage 2 complaints upheld.

Average time to respond to complaints in working days

Stage 1	4
Stage 2	12

Complaints closed in full within the timescales

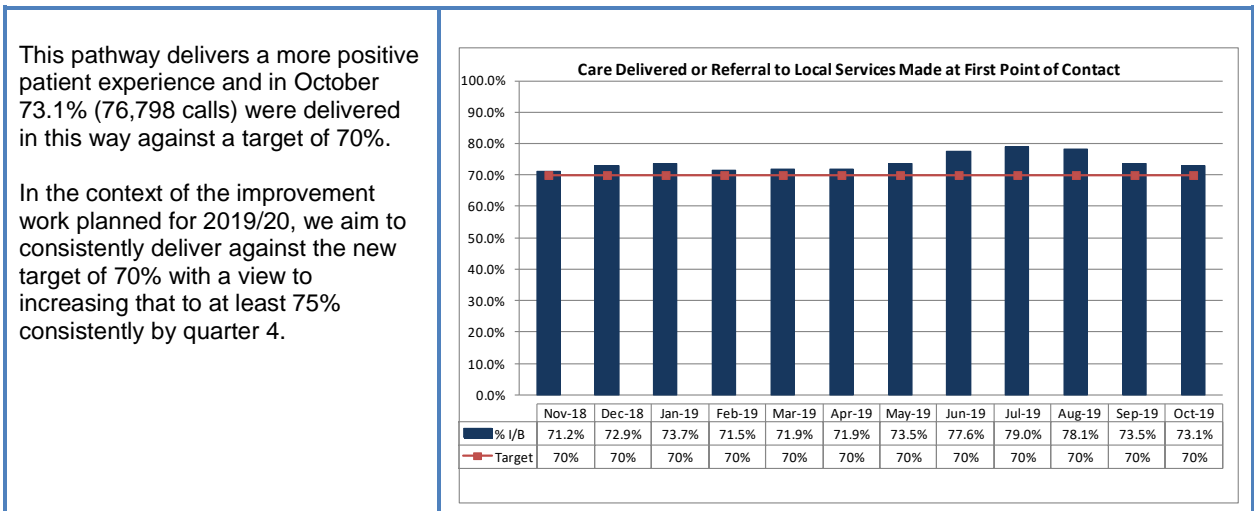
Complaint Type	Number received	Closed within timescale	%
Stage 1 Complaint	86	68	79%
Stage 2 Complaint	7	6	86%

Learning from Complaints - 94 items of individual learning were identified in Q2 2019/20.

Complaint Process Experience - The Patient Experience team continues to seek feedback from complainants on their experience of how their complaint was managed. A renewed focus on this particular KPI will be undertaken in the coming quarter. NHS 24 is not isolated in being challenged in relation to this indicator and some Health Boards no longer report on this due to limited returns received.

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 October for 111 service was 123,096, which was a 7% drop on previous month. This reflects the scale of population covered by NHS 24 for protected learning time (PLT) and local holidays in September, including Lothian and Glasgow. Access within 30 seconds increased by 8% from previous month to 44.1%.

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 75%. As part of the Mid-Year Review, we have advised Scottish Government that a service level of 50% by the end of the year is more realistic. We await formal written confirmation of the Scottish Government position on this.

In October 2019, access level performance was significantly below target at 44.1%. It is important to note however that performance against clinical KPIs have all been consistently exceeded throughout the month.

Actions to address under performance

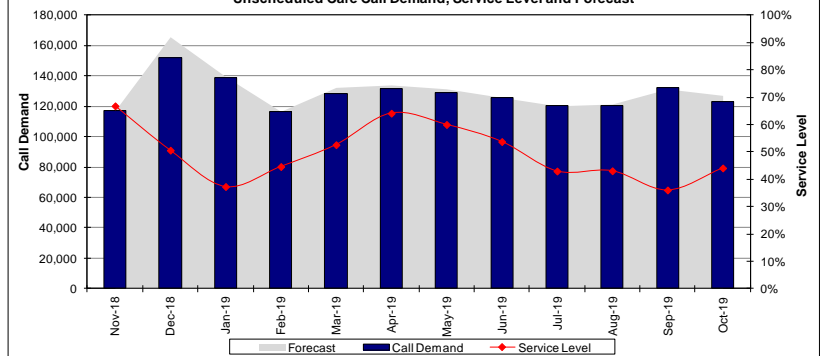
The EMT have all been involved in discussions on the current service level performance and the key areas driving underperformance. Significant focus is also being given to the current recruitment projections and actions to optimise 111 CH resource.

It is recognised that significant work remains to deliver an improved performance against this target in-year. Key to this is continuing with our recruitment efforts for both call handlers and for nursing staff and the implementation of a number of improvements to how we deliver the 111 service.

AOP Operational Target



Unscheduled Care Call Demand, Service Level and Forecast



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 October 2019 was:

Service Level 90% at 30secs 44.1%	Service Level 90% at 60secs 47.8%	Service Level 90% at 90secs 51.6%
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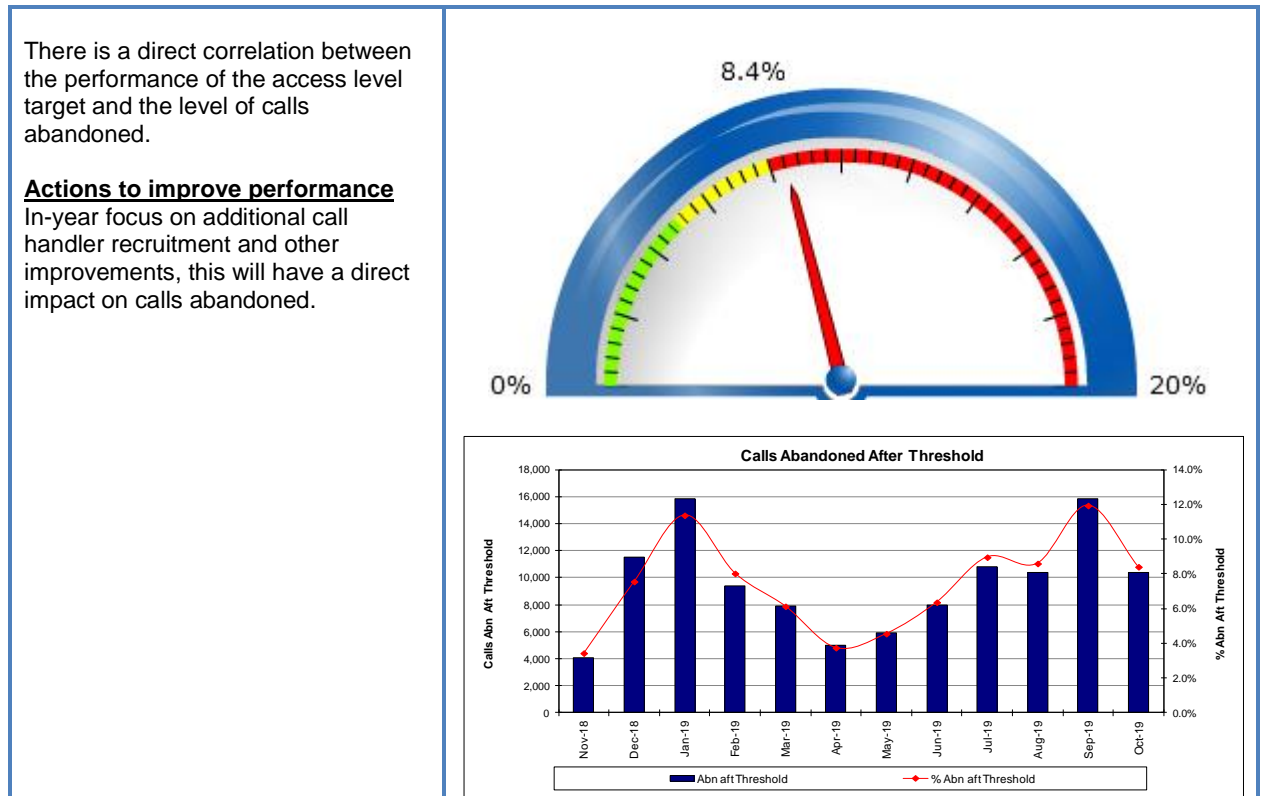
The average time to answer calls in October was 2 minutes 55 seconds, which is a 72 second decrease on the previous month.

Actions to improve performance

Work is ongoing to understand the under performance in time to answer calls. As has been already reported to the Board, there are a number of factors driving performance in this area. The impact of implementation of Phase 1 of the Shift Review will also be reviewed, as this should enable staffing levels to better align with demand.

2.3 Levels of Calls Abandoned

In October the percentage of calls abandoned after threshold decreased by 3.5% from the previous month to 8.4%, underperforming the 5% target.



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.

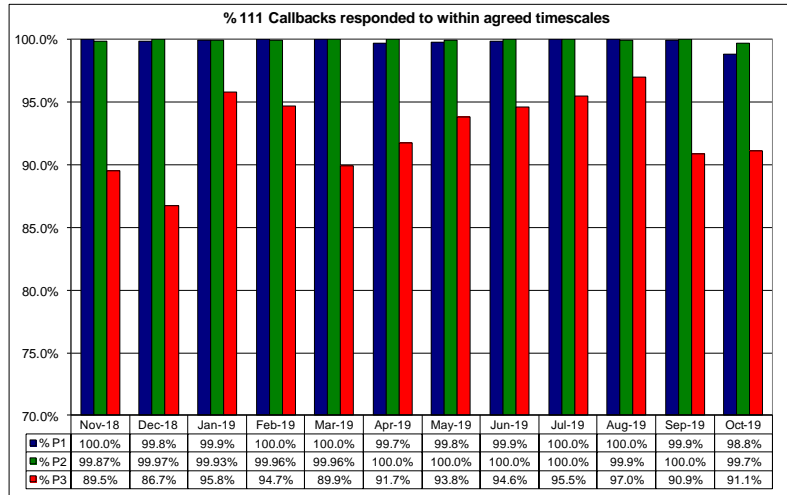
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98.8% of P1 calls were responded to within 60 minutes against a target of 98%.

99.7% of P2 calls were responded to within 120 minutes against a target of 90%.

91.1% of P3 calls were responded to within 180 minutes against a target of 80%.

In total there were 24,642 patients who were given a call back, and 22,776 were called back within their allocated timescale.



Time taken to respond to P3	1 hr	2hr	3hr	3hr 30min	4hr	4hr 30min	5hr	5hr 30min	6hr
P3 count	6,548	7,573	4,633	795	479	411	88	97	9
P3 % Split	31.7%	36.7%	22.5%	3.9%	2.3%	2.0%	0.4%	0.5%	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 a 113% increase in SAS Cat C contacts when compared to October 2018. There is also a significantly higher proportion of in-hours transfers within the increase. In October, 69.2% 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 has confirmed 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, and a joint enquiry hub will be in place to manage this activity.

Given the work to date has confirmed 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 form part of formal discussions with the Sponsor Team. We will take this issue into the AOP 2020/21 process for formal resolution on both the target and the funding required to deliver the increasing volumes.

3. Workforce

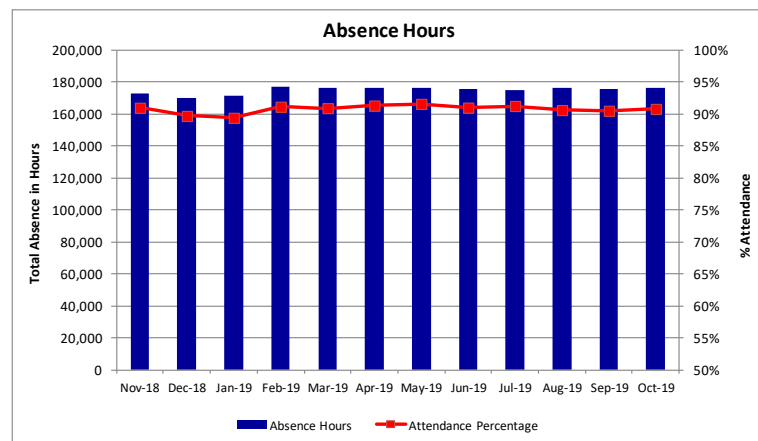
3.1 Attendance

Monthly attendance increased slightly (0.3%) from the previous month to 90.8%. 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 is progressing which has been approved by relevant Committees. The plan should also help to support a sickness absence reduction of 0.5% in 2019/20 and a further 2% reduction in 2020/21.

The attendance figures have slightly improved this month and we continue to progress all of our health and wellbeing initiatives. The full absence details are detailed in the in the workforce performance report later in the Board agenda.

The Shift Review has now been implemented for the majority of staff and this together with the attendance management improvement plan and other plans and initiatives, including a range of manager training should begin to have an impact on our attendance figures.

We have access to our new workforce dashboards and continue to refine these in order that managers can have real time information to hand. These will be rolled 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 was 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)	Jan (3)	Feb	
Heads:	24	24	24	12	24	12	28	148
WTE low:	7.79	7.68	7.68	3.84	7.68	3.84	16.92	55.43
WTE high:	7.79	12.72	7.68	6.36	12.72	6.36	19.60	73.23

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 caller’s expectations of the 111 service.

4. Mental Health Services

4.1 Mental Health Hub

The Mental Health Hub service delivers 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.

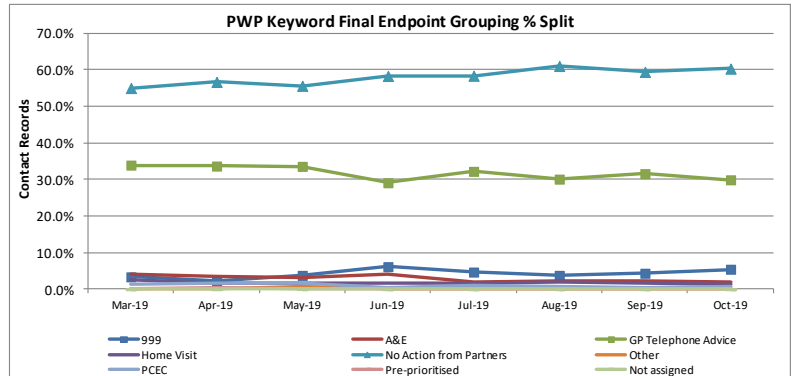
In October 2,075 patients selected the Mental Health Hub IVR option when the service was open. This was a 5.9% decrease on previous month.

60.4% (720) of these patients were given supportive 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.

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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 has been undertaken and recently approved by the Mental Health Programme Board. 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 CBT 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.

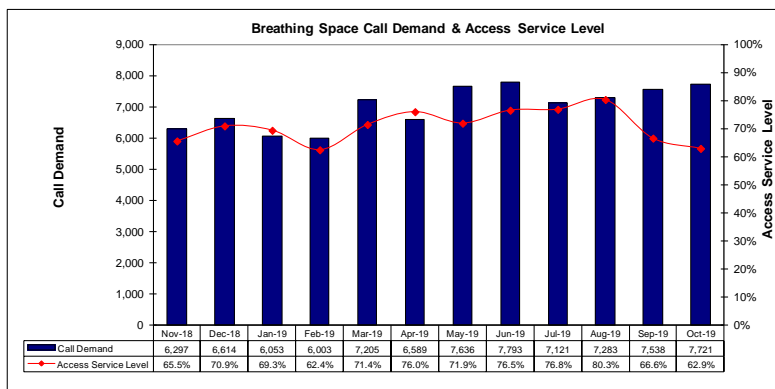
4.2 Breathing Space

The Breathing Space service level for October was 62.9% of calls answered in 30 seconds, against a target of 80%, which was a 3.7% drop on previous month.

All of the additional Breathing Space staff are now in post, which had helped improvement of the service level target. Sickness absence has, this month, impacted performance and is being reviewed and actions taken forward. Demand also continued to increase.

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 indications show that those accessing 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 has been completed as we prepare to move into the next stage of development. We have, as yet, not formally advertised webchat to the general public.



4.3 Living Life

The Living Life service managed a demand of 373 for patients self-referring for CBT, which is a 5% decrease 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.

5. Primary Care Triage Service

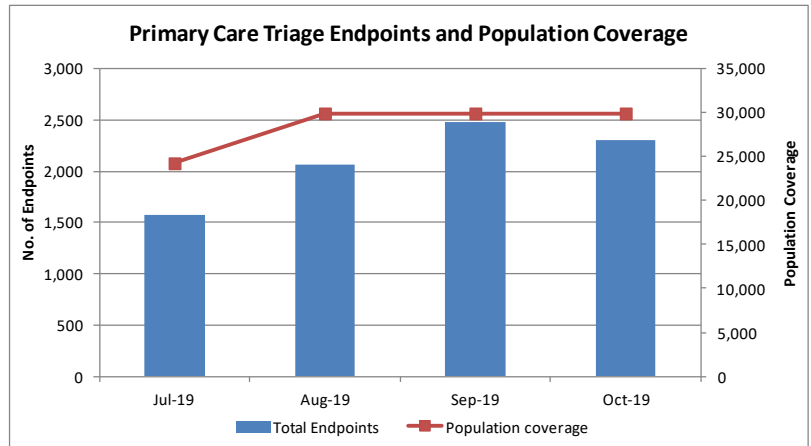
NHS 24 has developed a Primary Care Triage (PCT) service for General Practitioner (GP) practices.

At present the service is provided to NHS Lothian (Riverside Medical Practice) and NHS Dumfries & Galloway (Upper Nithsdale and Lockerbie practices). At 31 October, the service had a population coverage of 29,921 patients, with a target to expand to 83,000 by March 2020.

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

In October 2,307 calls were managed through this service. The graph identifies the total number of patient contacts and population coverage by month.

45% of patients were advised to speak to Nurse Practitioner, 18% were advised to see a GP and a further 12% were given self-care advice. The remainder relate to a range of outcomes, including Pharmacy, Home Visit and Physio.



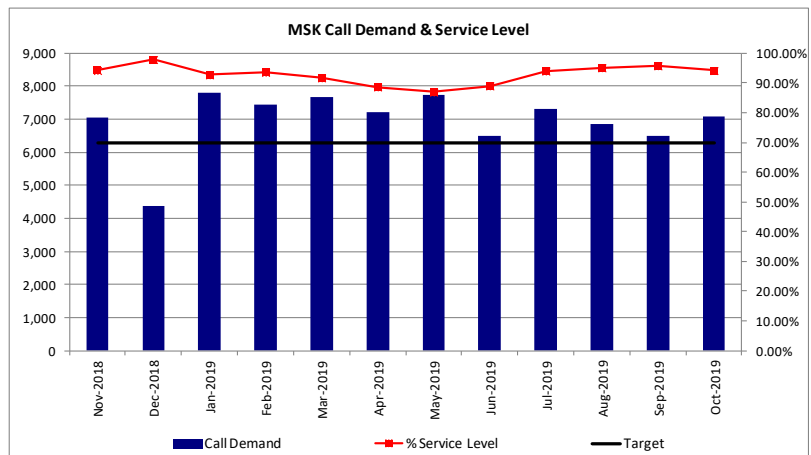
6. Musculoskeletal (MSK) Service

Demand for the MSK service was 7,086 which was an 8.9% increase on the previous month. Service level decreased by 1.6%, to 94.1%, which was still comfortably above target (70%).

The MSK service continues to perform incredibly well, with service access levels continuing to remain above 90% on a routine basis.

It is anticipated that the festive period will be a quieter time for the service, with the potential introduction of a Test of Change with NHS D&G during this period to assist with National Waiting Time targets.

The system go-live date for the new service improvement technology for MSK remains TBC as health board testing is still underway.



7. Digital and Social Media

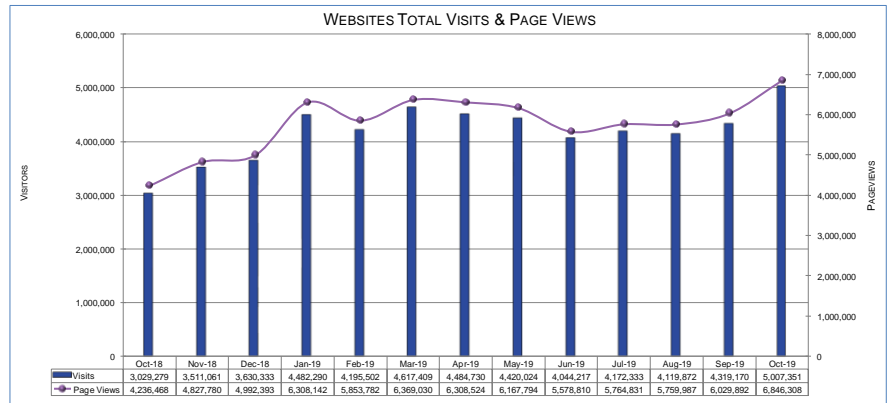
NHS 24 manages a suite of websites, from the NHS 24 corporate site, through to a range of service specific sites such as NHS Inform, Breathing Space and Care Information Scotland.

7.1 Website activity

There were approximately 5m hits to the NHS 24 websites in October, with NHS Inform accounting for 4.9m hits.

Since launch NHS inform has now had its pages viewed over 100 million times. We are anticipating hitting 100 million unique page views by the end of the year.

Work on self-help guides (SHGs) and how they present within articles – making it easier to access and view - has been implemented and visits to the SHGs have increased 13% compared to September.



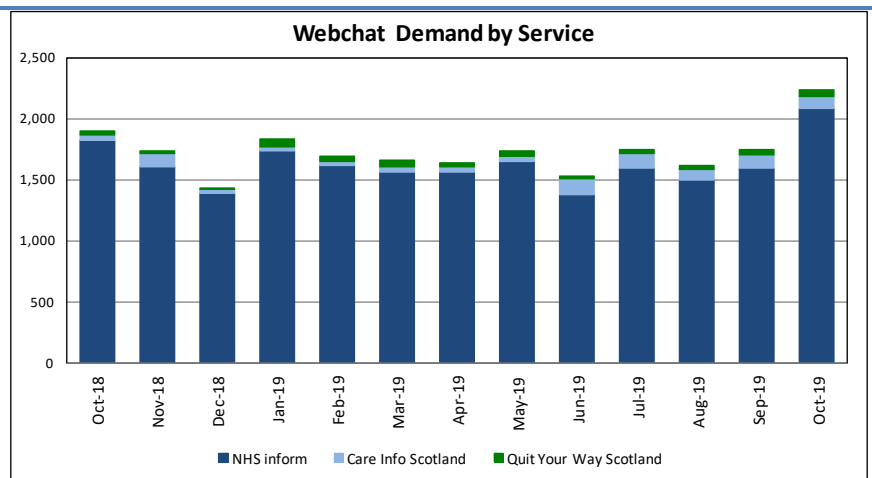
7.2 Webchat

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 anecdotal 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 October overall demand increased by 28% when compared to previous month, to 2,236. Making it the busiest ever month for webchats (January 2018 received same volume)

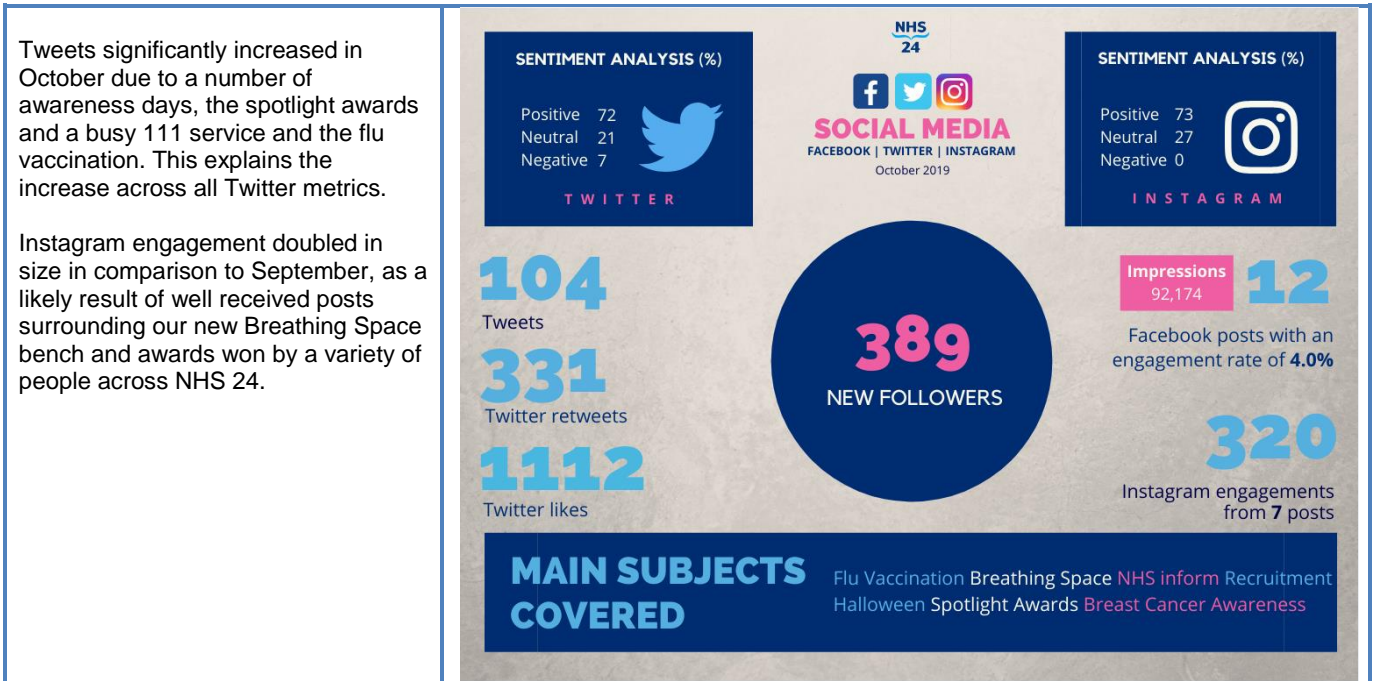
Although this was the busiest month for services overall, Care information Scotland experienced a 9% decrease month on month.

Quit Your Way Scotland and NHS inform both experienced a 30% increase in demand.



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.



8. Information Technology

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

8.1 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 September.</p> <p>There were two P1 incidents, which related to (i) a SAP Contact Centre Integrations Component failure and (ii) failure in one of the four Arezzo servers.</p>	<p>Availability</p> <table border="1"> <thead> <tr> <th></th> <th>Aug-19</th> <th>Sep-19</th> <th>Oct-19</th> </tr> </thead> <tbody> <tr> <td>Inbound/outbound telephony</td> <td>100%</td> <td>100%</td> <td>100%</td> </tr> <tr> <td>Voice recording solution</td> <td>100%</td> <td>100%</td> <td>100%</td> </tr> <tr> <td>Technical solution supporting Patient Contact Management</td> <td>100%</td> <td>100%</td> <td>100%</td> </tr> <tr> <td>Technical solution supporting KMS</td> <td>100%</td> <td>100%</td> <td>100%</td> </tr> </tbody> </table>		Aug-19	Sep-19	Oct-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%
		Aug-19	Sep-19	Oct-19																	
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