

**NHS 24  
BOARD**

**27 AUGUST 2020  
ITEM 9.2  
FOR ASSURANCE**

**SERVICE QUALITY REPORT**

<b>Executive Sponsor:</b>	Director of Service Development
<b>Lead Officer/Author:</b>	Associate Director, Planning & Performance /Performance Team
<b>Action Required</b>	The report is presented to the Board to give assurance on the quality and performance of services provided for the period ended 31 July 2020.
<b>Key Points</b>	<p>A “Performance at a glance” scorecard is provided as a summary overview against the performance framework key set of indicators, with each indicator reported as Red, Amber, Green status.</p> <ul style="list-style-type: none"> <li>• Mental Health hub is now operational 24 hours a day, which has resulted in highest ever demand in July (6,965, with 5,721 calls answered)</li> <li>• 111 is constantly reviewing and adjusting the balance between the COVID-19 pathway and the rest of the 111 service to meet the overall demand on 111.</li> <li>• The number of queued calls is now at the lowest ever level, with 89% of calls now being closed at first contact.</li> <li>• Breathing Space access is Red. The service is expecting a notable increase in staffing numbers in September to manage the significant increase in demand since lockdown started.</li> </ul>
<b>Financial Implications</b>	All financial and workforce implications arising from current and projected performance levels are reflected in the routine functional reports.
<b>Timing</b>	This is a monthly report covering July 2020.
<b>Contribution to NHS 24 strategy</b>	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.
<b>Contribution to the 2020 Vision and National Health and Social Care Delivery Plan (Dec 2016)</b>	Effective performance across NHS 24 supports delivery across the wider health and social care system.
<b>Equality and Diversity</b>	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 – Q2 2020 and Year to Date (YTD): key targets

Measure	Key Performance Indicator - Target	Target	RAG Thresholds*	Q1	Q2 (Jul'20)	Q2 (Jul'19)	YTD (Apr20 - Jul20)
<b>111 Service</b>							
Patient experience - satisfaction, helpfulness, usefulness	90% of service users surveyed record overall satisfaction with the service	90%	Amber 80-90% Red <80%	93.6%	92.7%	91.2%	93.2%
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%	100.0%	100.0%	100.0%	100.0%
Care delivered at first point of contact	75% of calls will result in direct access to the service at first point of contact	75%	Amber 65-75% Red <65%	84.5%	89.1%	79.0%	85.5%
Access Service Level (threshold appropriate)	The proposal is to deliver 50% of calls answered within 30 seconds	50%	Amber 45-50% Red <45%	52.4%	49.3%	43.0%	51.6%
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	6m 19s	5m 4s	3m 1s	6m 2s
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%	8.7%	8.0%	9.0%	8.6%
Queued Calls - P1 calls responded to within 60 minutes	98% of P1 calls responded to in 60 minutes	98%	Amber 95-98% Red <95%	99.8%	100.0%	99.9%	99.8%
Queued Calls - P2 calls responded to within 120 minutes	90% of P2 calls responded to in 120 minutes	90%	Amber 85-90% Red <85%	100.0%	100.0%	100.0%	100.0%
Queued Calls - P3 calls responded to within 180 minutes	80% of P3 calls responded to in 180 minutes	80%	Amber 75-80% Red <75%	93.1%	94.2%	95.5%	93.2%
Calls from SAS	Convert at least 75% of SAS calls transferred from SAS to primary care or home care outcomes	75%	Amber 65-75% Red <65%	N/A**	N/A**	69.2%	N/A**
<b>Workforce</b>							
Staff attendance rates	Achieve and maintain an average attendance rate of 96%	96%	Threshold tbc	94.0%	93.1%	91.3%	93.8%
<b>Mental Health Services</b>							
Breathing Space	80% of Breathing Space Calls to be answered in 30 seconds	80%	Amber 70-80% Red <70%	45.7%	39.5%	76.8%	44.5%
Mental Health Hub Volume	Volume of Mental Health Hub Calls Answered	N/A		11,376	5,721	2,283	17,097

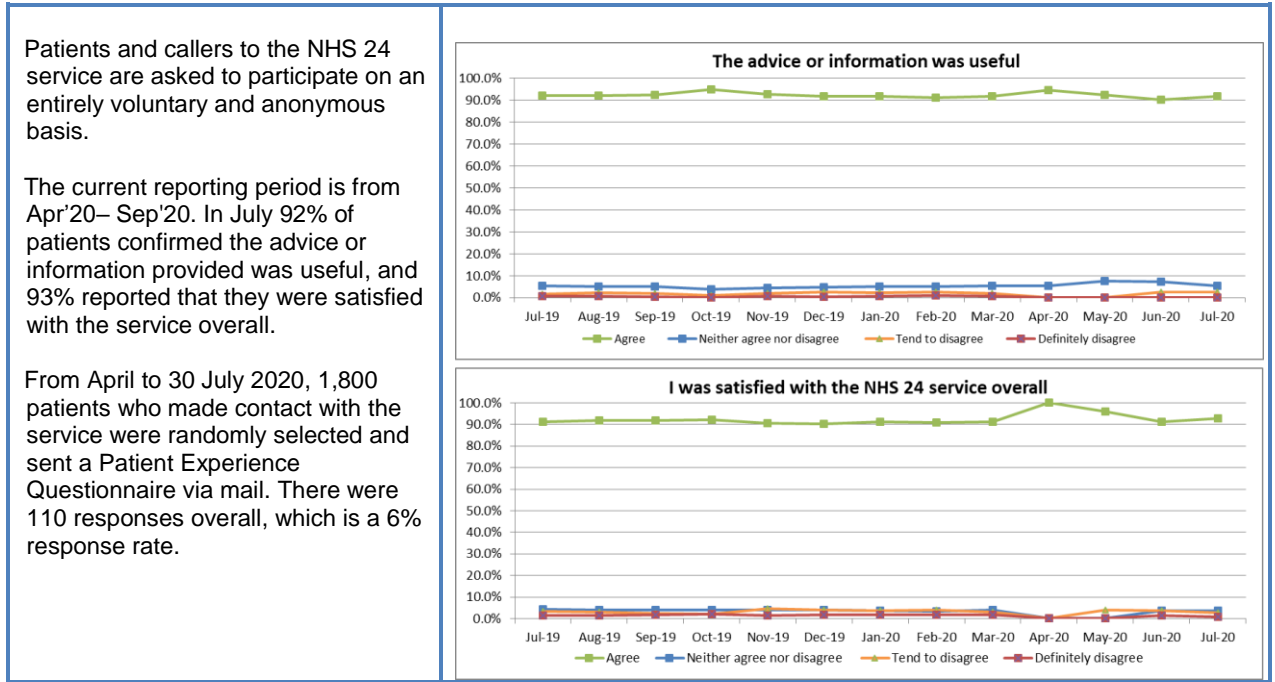
\*Calculation of RAG thresholds: Green rating is where performance has reached specified target. Each target has an individual Red/Amber threshold, dependent on volume of activity in each indicator.

\*\* SAS Calls: Process is currently suspended.

# 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**

<b>Number of Stage 2 complaints received in July</b>	<b>3</b>
<b>% responded to within 20 working days</b>	<b>100%</b>

### Quarterly Performance (Q3)

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 Q1 2020/21, is set out below:

### Total Number of Complaints received in Q1

Call demand for Q1	Complaint Type	Number	% of complaints vs. call demand
423,858	Stage 1	49	0.011%
	Stage 2	3	0.0007%

**Complaints Upheld, Part Upheld, Not Upheld** - 35% of Stage 1 complaints were upheld, with 75% of Stage 2 complaints upheld.

### Average time to respond to complaints in working days

Stage 1	3
Stage 2	12

### Complaints closed in full within the timescales

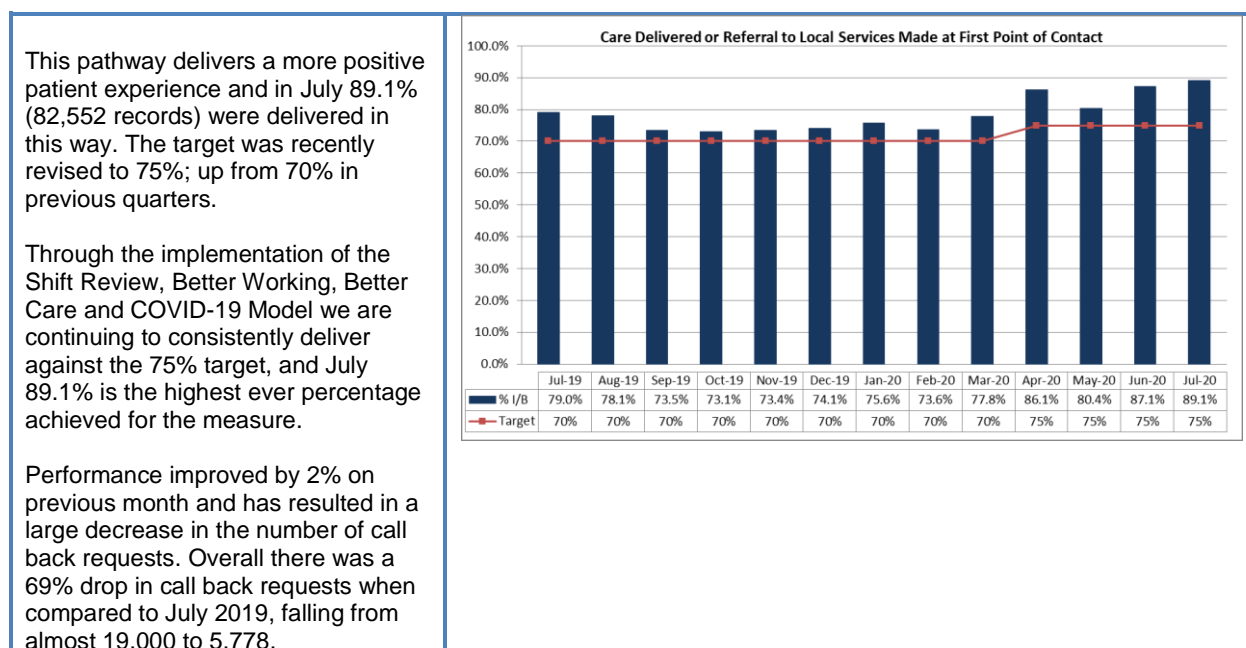
Complaint Type	Number received	Closed within timescale	%
Stage 1 Complaint	49	43	89%
Stage 2 Complaint	3	3	100%

**Learning from Complaints** - 39 items of individual learning were identified in Q1 2020/21.

**Complaint Process Experience** - The Patient Experience Team continues to seek feedback from complainants on their experience of how their complaint was managed. Of 24 forms issued, a total of 7 forms have been returned for Q1 (29%). NHS 24 is not isolated in receiving low returns.

### 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 July for 111 service was 116,486, which was a 0.8% increase on previous month and 3.4% down on July 2019.

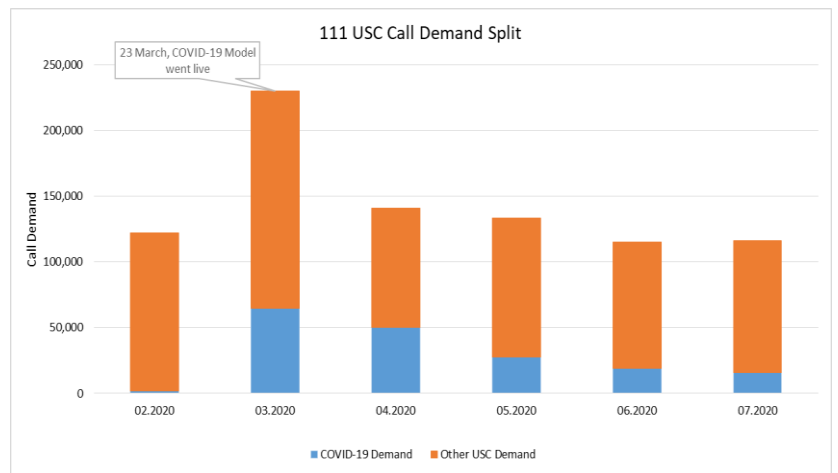
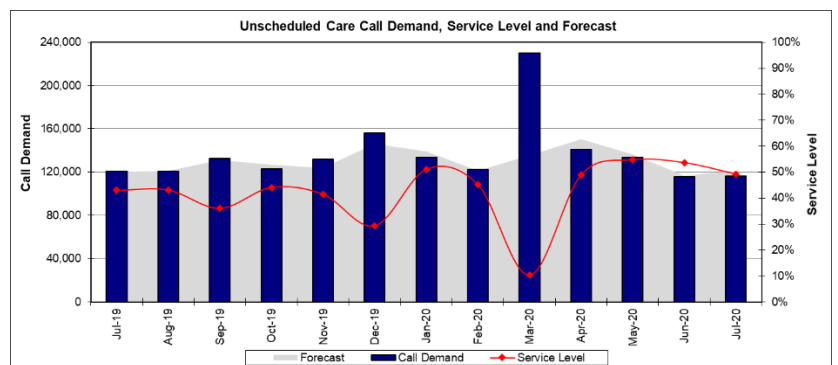
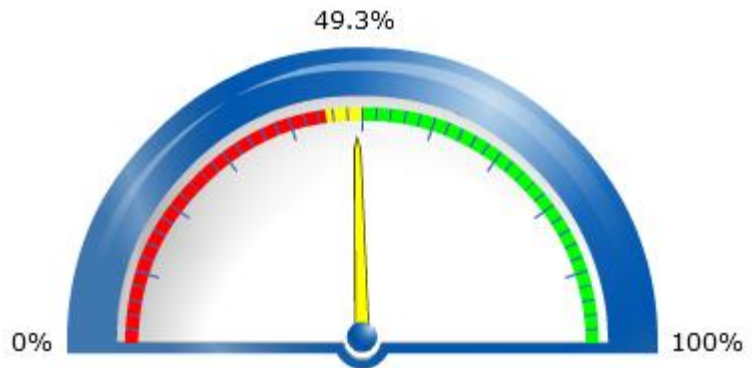
With the agreement of the Scottish Government the KPI for Service Level has been changed to 50%.

In July access level performance narrowly missed the revised target at 49.3%. There were some particularly challenging weekend days in the month i.e. Saturday 4<sup>th</sup> July (25.6%) and Sunday 19<sup>th</sup> July (20.8%). Excluding wither one of these days from the overall monthly calculation would mean target would have been met for the month.

It is important to note that performance against clinical KPIs continues to consistently exceed target throughout the month.

The COVID-19 pathway went live on 23<sup>rd</sup> March. Demand for the COVID-19 line through Unscheduled Care in July was 15,832, which represented 14% of overall demand for USC. The % split has been steadily decreasing since the peak split in April (36%),

**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 July was:

Service Level at 30secs	Service Level at 60secs	Service Level at 90secs
49.3%	51.5%	53.3%

The average time to answer calls in July was 5 minutes 4 seconds, which is a 21 second increase on the previous month.

**Actions to improve performance**

Staffing levels between 111 Unscheduled Care and 111 COVID-19 pathways are continuously rebalanced to respond to their respective demand. Focus has been on balancing adequate levels of staff into the in-hours period, when material levels of call are now received.

Significant numbers of additional temporary call handling staff have been recruited to ensure access levels into the service can meet the increasing demand, especially in-hours. Staff have been recruited for the 111 Mental Health Hub which increased its opening hours to 24 hours a day from mid July.

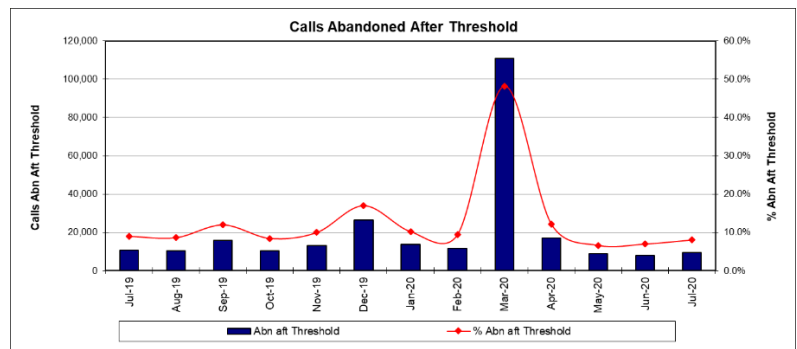
**2.3 Levels of Calls Abandoned**

The percentage of calls abandoned after threshold performance decreased from 7.0% in June to 8.0% in July, 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**

Additional temporary call handling staff have been recruited and in addition increased staffing to resource the now 24/7 Mental Health Hub.



**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.

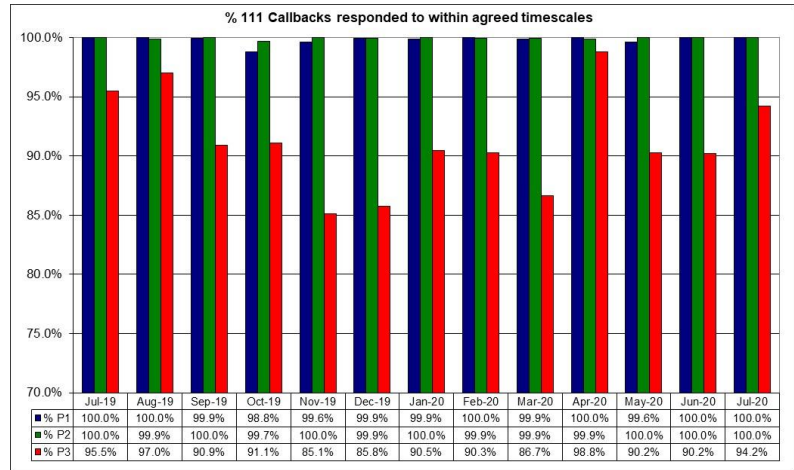
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100.0% of P1 calls were responded to within 60 minutes against a target of 98%.

100.0% of P2 calls were responded to within 120 minutes against a target of 90%.

94.2% of P3 calls were responded to within 180 minutes against a target of 80%.

In total 5,778 patients were triaged using the call back process, of which 5,484 (94.9%) were called back within their allocated timescale. It should be noted that the number of patients that required a call back has fallen to its lowest ever level, and is down 69% on July 2019.



Time taken to respond to P3	1 hr	2hr	3hr	3hr 30min	4hr	4hr 30min	5hr	5hr 30min	6hr
P3 count	2,333	1,522	930	229	65	6	0	0	0
P3 % Split	45.9%	29.9%	18.3%	4.5%	1.3%	0.1%	0.0%	0.0%	0.0%

### 2.5 Calls from SAS

The Scottish Ambulance Service suspended the transfer of calls deemed to be “non-life threatening” or non-serious to NHS 24 as part of the COVID-19 response.

### 2.6 Self Care

NHS 24 closely monitor all endpoints resulting in triaged calls and Self Care is a key AOP target. Self-Care covers a wide range of endpoints, which not only includes Self Care, but actions which do not involve partner action i.e. Contact Optician/Midwife/Police/Dentist.

Self-care is above the 30% target for July (30.9%), this is 1.1 percentage point lower than July 2019 and 0.8 percentage points lower than previous month.

## 3. Workforce

### 3.1 Attendance

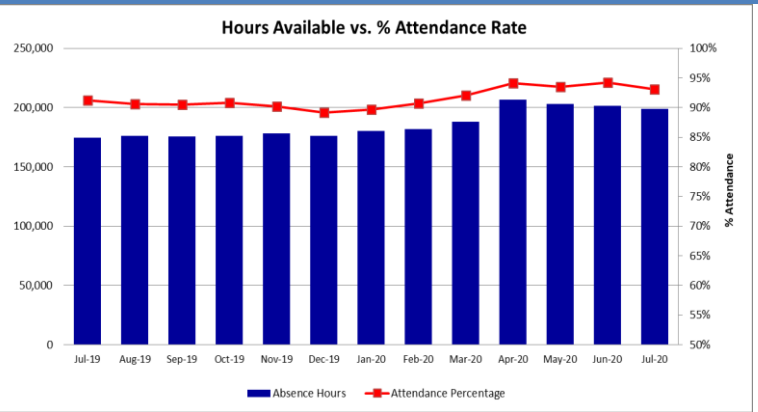
Monthly attendance decreased by 1.2 percentage points from the previous month to 93.1%. The Once for Attendance Management Policy has now been implemented from 1st March 2020.

The updated Attendance Management Improvement Plan which takes into account the actions from an Audit Report is now progressing through the Attendance Management Steering Group, led by a member of the Executive Management Team. This

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group will work to ensure that the attendance management improvement plan is implemented in line with the agreed targets.

Attendance management case work is also now being progressed to ensure that all cases are up to date in line with the new Once for Scotland Policy.



### Actions to improve performance

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. 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.

We continue to work with managers to implement the updated policy and support attendance at work and an Attendance Management Steering Group has been established, which is redefining a new approach through 'discovery' to understand the fundamental issues and challenges.

## 4. Mental Health Services

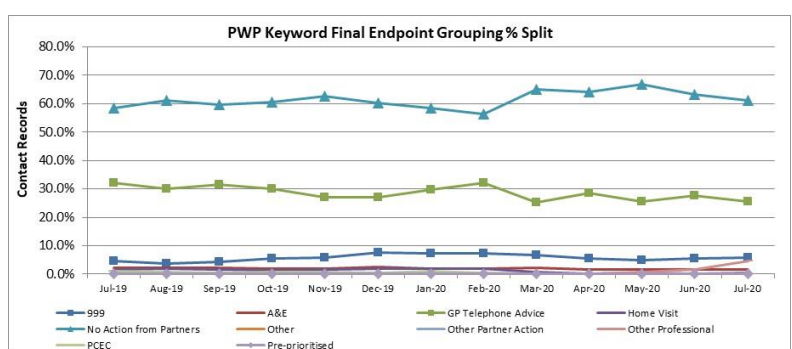
### 4.1 Mental Health Hub

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, seven days a week. The service has been operational since 15 March 2020. On 31<sup>st</sup> March the service moved from Thursday – Sunday nights to 7 nights a week and the hub became a 24 hour service on 16<sup>th</sup> July.

In July 6,965 patients selected the Mental Health Hub IVR option. The service became a 24 hour service from 16<sup>th</sup> July onwards, and as expected activity notably increased. There was a 57% increase on previous month, and a 200% increase on July 2019.

61.2% (2,301) of records with a PWP keyword were given supportive advice which required no further action from partners.

A new endpoint, Distress Brief Intervention (DBI), was added on 14<sup>th</sup> May. There were 179 DBI endpoints in





July, which was a 281% increase from June (47 referrals).

The Distress Brief Intervention (DBI) service provides support to people who are experiencing distress and feeling overwhelmed emotionally. This service provides a quick response which listens and supports with a sensitive, caring and non-judgemental approach. The focus is on the individual's needs. For access to this service from a NHS 24 perspective this is done via referral following assessment with a Mental Health Nurse or from the Mental Health Hub.

Following referral the DBI service will contact the individual within 24 hours, any day of the week and will continue their support for 14 days thereafter.

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.

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. In addition, as part of the 2020 Spending Review and the finalisation of the 2020/21 AOP, we have received additional funding to enable us to further expand this important new service.

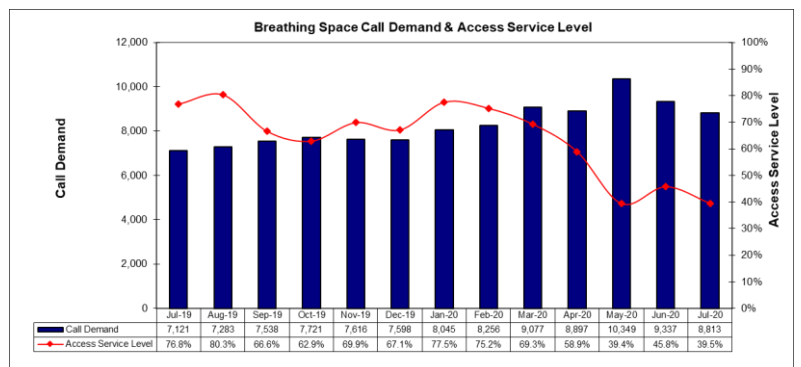
#### 4.2 Breathing Space

The Breathing Space service level for July was 39.5% of calls answered in 30 seconds, against a target of 80%, which was a 6.2 percentage point decrease on previous month. It is worth noting that call demand remains extremely high at 8,813, which is evidenced by demand being 24% higher than July 2019.

Breathing Space has been significantly impacted by the challenges of COVID 19 in terms of both service demands and staff wellbeing. Call volumes unsurprisingly increased from the commencement of lockdown and have continued to be higher than average. The last 5 months have recorded the highest number of calls to the service in its history. Some staff have required to shield and others have self-isolated which has further impacted absence rates. Resource continues to be a challenge with attrition and the time taken to bring in new recruits adding pressure to the service.

Q2 (September) will see an increase of 15 fixed term staff which will improve service performance dramatically and will allow BS to offer Webchat more consistently.

A ToC to progress Webchat working from



home is ongoing. There has been a delay in the delivery of laptops for staff to offer Webchat from home.

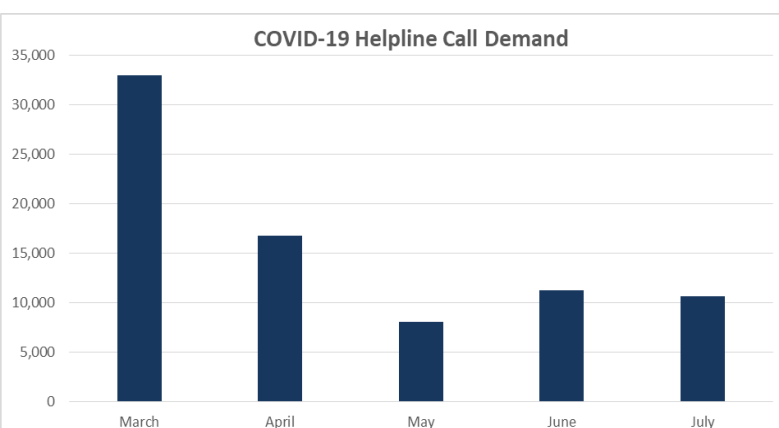
### 4.3 Living Life

The Living Life service managed a demand of 866 for patients self-referring for CBT, which is an 81% increase on previous month and the highest demand ever received for service. Through the use of Cognitive Behavioural Therapy (CBT) the service provides PHQ-9 (Patient Health Questionnaire - Depression) and GAD-7 (Generalised Anxiety Disorder) support. PHQ-9 and GAD-7 are designed to facilitate the recognition for depressive disorders and anxiety disorders respectively.

## 5. NHS inform (including Special Helplines)

NHS inform was suspended as part of the NHS 24 COVID-19 response and replaced by the Coronavirus Special Helpline. This Helpline was outsourced to a third party provider who started taking the calls from the 22<sup>nd</sup> of March. The NHS inform staff were redeployed to the COVID-19 Model.

In addition to the calls received to the 111 service, NHS 24 also operates a helpline relating to Coronavirus, demand for this line was 10,652 calls in July. The helpline now includes the provision of assistance in booking COVID-19 tests (7,059 calls)



## 6. Primary Care Triage Service

The Primary Care Triage service was suspended as part of the NHS 24 COVID-19 response. A programme closure report is under development, with the learning from this work being integrated into the Urgent Care pathway redesign.

## 7. Musculoskeletal (MSK) Service

The MSK service has been suspended as part of the NHS 24 response to the COVID-19 Pandemic.

## 8. 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.

### 8.1 Website activity

There were approximately 5.6m hits to the NHS 24 websites in June, with NHS inform accounting for 5.0m sessions.

Over 50% of traffic was from users in Scotland (from a recent HotJar survey with over 10k responses)

Most popular pages on NHS inform in July continued to be COVID-19 related, with top most viewed pages being COVID-19 in Scotland and COVID-19 General Advice.



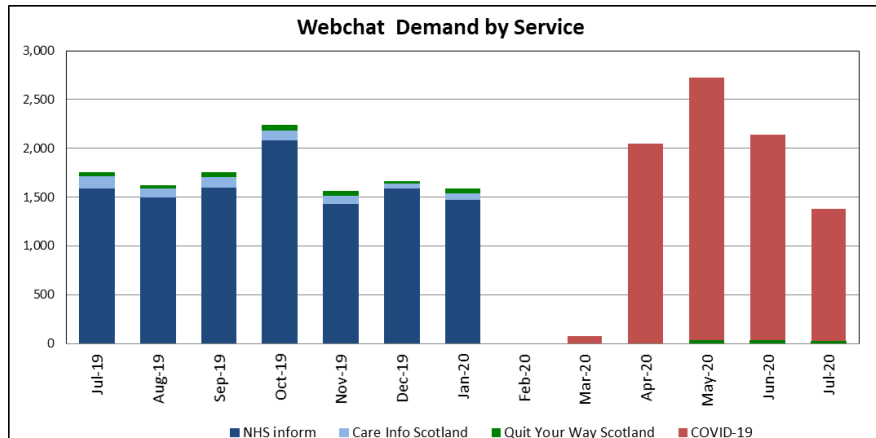
### 8.2 Web chat

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. Webchat was suspended in February as part of the NHS 24 COVID-19 response. On the 31st of March a new COVID-19 Webchat channel opened, in July the channel received 1,357 chats. The Quit Your Way Scotland service restarted at the beginning of May, operating Monday-Friday, 9am-5pm, however NHS inform and Care Information Scotland all remain closed.

Please note that all NHS Inform, CIS and QYWS Webchat services were suspended from 1<sup>st</sup> February. The decision was made due to the increase in calls due to Coronavirus outbreak.

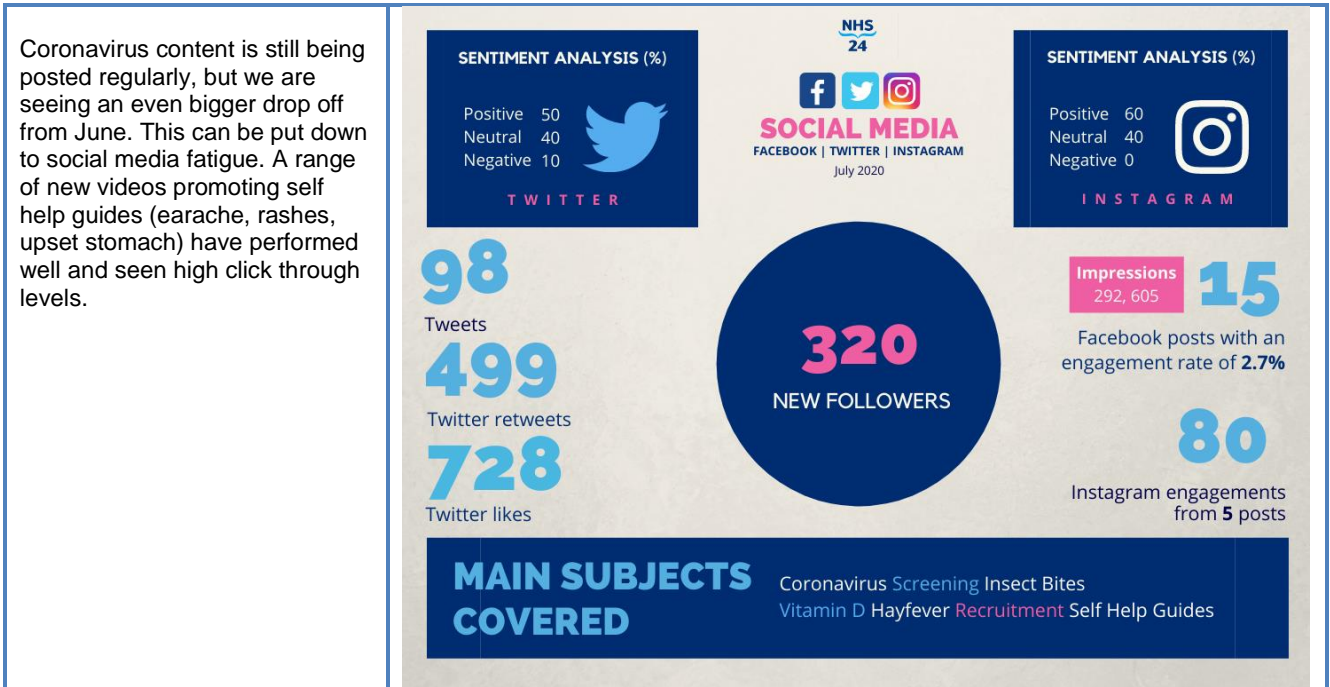
The COVID-19 Webchat service opened on the 31<sup>st</sup> of March.

Quit Your Way Scotland reopened at the beginning of May, however volume remains low (23 calls in July)



### 8.3 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.



## 9. 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. Please note that IT information is not received until 20<sup>th</sup> of each month, therefore June is reported below.

### 9.1 Applications, Network and Infrastructure Management

During June there were three Major Incidents, two of which were out with NHS 24's control.

**INC000038095833 P1**

04/06 Adastra down for all partners, due to a planned change by Capita SWAN. During the change window we were advised that we would require to soft fax for a period, however the change had to be rolled back and we were unable to send any patient details via Adastra. Once the roll back

Availability	Jun-20
Inbound/outbound telephony	100%
Voice recording solution	100%
Technical solution supporting Patient Contact Management	100%
Technical solution supporting KMS	100%

was completed, service was restored.

**INC000038103417 – P1**

On Line Monitoring Down.  
Logged: 16/06/2020 17:04  
Related to security patching work, which caused an issue with the Server Cluster and required a restart. This meant that the SDA's were unable to manage the contact centre traffic. Service was restored at 17:52

**INC000038105538 – P1**

No calls coming in to 111.  
(Outwith NHS24)  
Logged: 19/06/2020 13:06  
Due to issues on the Vodafone platform , calls were unable to route in to the NHS 24, which was impacting all their customers including NHS England  
This was caused by a business as usual activity, and during this time network routes were deleted. Service was restored at 13:59