

Public Services Reform Act

The data gathered below represents expenditure in the key categories as defined in the Public Service Reform Act for the period 1st April 2020 to 31st March 2021.

Hospitality and Entertainment

Definition:

"Hospitality and entertainment should be interpreted widely as including any gifts, meals, parties, receptions, tickets for or invitations to public, sporting, cultural or other events or other similar benefits accorded by a public body to its own members or employees or third parties for whatever reason."

Summary of expenditure in period 1st April 2020 to 31st March 2021:

Hospitality	£ <u>15,843</u>
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Public Relations:

Definition:

"The statement of expenditure on public relations should state the total amount of expenditure during the relevant financial year on all external communications, including the cost of in-house and contracted staff and consultants. Expenditure on 'public relations' includes (for example) marketing, PR campaigns, media relations, marketing research and evaluation, branding and design, promotional events, external events, conferences and exhibitions, corporate communications, sponsorship, publications and printing, digital communication, advertising and media planning"

Summary of expenditure in period 1st April 2020 to 31st March 2021:

	£
Pay Costs	207,470
Public Health Information	540,141
	<u>747,621</u>

Notes on expenditure:

"Public Health Information" includes expenditure on the Winter/Easter Campaign, Be Health Wise this Winter, NHS Inform, Breathing Space.

External consultancy:

Definition:

"Scottish Government guidance on 'Use of Consultancy Procedures' defines 'consultancy' as including a wide range of professional services such as management consultancy, IT consultancy, financial consultancy, construction or infrastructure related consultancy, research and evaluation and policy development (including feasibility studies)"

"External Consultancy does not include outsourcing or buying in technical or specialist services such as legal advice and representation or recruitment services"

Summary of expenditure in period 1st April 2020 to 31st March 2021:

Supplier	Description	Amount
ABR	ICT consultancy services	57,405
Redpoll	Professional services in support of ICT Business Case	143,688
Space Solutions	Design of layout for 2 new centres and options within Business Case	22,851
Thomson Gray Ltd	Professional services relating to property options appraisal, acquisition and fit out	28,454
VAT Liaison	Ongoing VAT advice	4,250
GVA Grimley	Commercial advice and negotiation on Property acquisition	37,047
Resulting	Technical ICT knowledge in relation to SAP systems and integration with other systems/hardware	27,600

Notes on Expenditure

VAT Liaison – this fee is derived from a percentage of all identified VAT corrections, and this expenditure is thus offset by the VAT reclaims that NHS 24 is able to make.

The increase on previous years is driven by technical advice on major estate and ICT related projects.

Overseas Travel

Definition:

"The statement of expenditure incurred on overseas travel should include travel to as well as from the United Kingdom, and should also include the cost of hotels, conference fees, the cost of travel and subsistence during the overseas visit and any other related expenditure. In other words, expenditure incurred on "overseas travel" should be regarded as the full costs incurred in connection with the trip from departure until return, and not simply the cost of the journey itself"

Summary of expenditure in period 1st April 2020 to 31st March 2021

The costs incurred by NHS 24 in relation to Overseas travel in the period 1st April 2020 to 31st March 2021 total £0.

A single trip was planned for 2020-21 pre-Covid-19 but cancelled, with full refund.

OTHER DISCLOSURES:

NHS 24 had 2 staff whose who, during 2020-21, received remuneration in excess of £150,000 in relation to their NHS 24 service.

"Remuneration in relation to service as a member or employee includes salary, bonus or other discretionary performance payments, allowances, fees, royalties and also bonuses in respect of performance in a previous financial year but does not include receipt of pension, voluntary severance, redundancy payments or compromise agreements"

More information is contained with the Annual Report and Account for 2020-21.

Annual Statement on Sustainable Growth

Norseman House is stand-alone shared accommodation for which NHS 24 is host board. NHS 24 monitors the environmental performance for this site.

The host board for sites where NHS 24 is co-located is responsible for monitoring environmental performance. NHS 24 continues to support and encourage local initiatives and include all sites within sustainability and carbon reduction plans to ensure estate wide commitment.

There is continued progress in improving environmental performance at Norseman House. The overall energy analysis (Electricity and Gas) for 2020/21 variance against 2019/20 demonstrates an overall emissions variance reduction of -13.74% and CO₂e reduction of -58.9 (Tonnes).

The annual travel mileage, vehicle, air and rail has significantly reduced during 2020/21 which is as expected due to COVID-19 pandemic travel restrictions and the introduction of new digital technology, enabling virtual meetings.

The national boards three yearly Biodiversity report (draft) has been submitted to Scottish Government on the 01 January 2021.

The collaborative response offers a return that is reflective of measures that have been undertaken across the national board estate inclusive of NHS 24, and demonstrates the collective progress made.

<https://nhs.uk/our-work/policies-and-statements/corporate-responsibility-and-sustainability/>

NHS 24 completed and submitted the 2020/21 National Sustainability Audit Tool assessment return on the 31 March 2021, following self-assessment NHS 24 currently remain within the Bronze category. Health Facilities Scotland (HFS) will undertake a full, qualitative review of all NHS Board assessments and finalised 2020/21 scores will then be issued in June 2021

Annual Statement on Efficiency, Effectiveness and Economy

Statement from the Chief Executive

NHS 24 is the national provider of a range of telephone and digital services including 111, NHS inform and Breathing Space. Working with partners across the health and care sector, NHS 24 provides health and social care information and access to urgent and out of hours care for people across Scotland. This is provided via a range of channels including telephone, website and webchat.

Over the last 12 months, NHS 24 has become a key part of the national COVID-19 pathway, has played a significant role in providing mental health support and services, as well as being the foundation of the national model for urgent care. This has meant we have seen a substantial increase in NHS 24 activity and services, particularly during the in hours period, where there was an 81% increase in demand year on year.

NHS 24 has transformed the way it delivers care in a very short period of time, stepping up new services to support people throughout the COVID-19 pandemic at a time when many face-to-face services have not operated in their usual way.

Going forward the organisation will build on these solid foundations to further improve the performance of our services.

Staff across NHS 24 have played a vital role in responding to the COVID-19 pandemic in extremely challenging circumstances, by taking on new roles and adapting to new ways of working, as well as supporting the significant move to a full 24/7 model of operating.

We are extremely proud of the way everyone at NHS 24 has pulled together, alongside our partner agencies, to provide new and safe services to the people of Scotland. The following examples highlight some of our key successes over the last 12 months:

- The development of the national COVID-19 Service which streamed patients with suspected COVID-19 via NHS 24's 111 service 24/7 to one of four endpoints; self-care; 999 ambulance; speak to clinician within one hour; and speak to clinician within four hours.
- The co-sourcing and deployment of the non-clinical COVID-19 Helpline to provide non-clinical support for people who are not experiencing symptoms. In addition, providing further access to the Test and Protect system.
- Working collaboratively to develop a new operational model and pathways to provide a national 24/7 single point of access to triage and stream demand for urgent care as part of national redesign improving access and alleviating pressure across the system. In advance of this, NHS 24 worked with NHS Ayrshire and Arran on the Urgent Care Pathfinder to inform the national roll-out of the Urgent Care Pathway.

- Mental Health Hub 24/7 Availability - from mid-July 2020, the Hub extended its hours of operation to provide mental health support 24 hours a day, seven days a week. It handles an average of 8,000 calls per month.
- Police Scotland Collaboration - in August 2020, the Hub roll-out of the enhanced mental health pathway with Police Scotland to facilitate the safe transfer of callers from people in distress.
- Scottish Ambulance Service Collaboration - in November 2020 NHS 24 designed a SAS service enabling SAS crews to signpost callers to the 111 service or for SAS Crews to receive live professional support.
- Developing and producing the COVID-19 app to enable people to check their symptoms and keep up-to-date with the latest information and guidance.
- Used SMS messaging to issue messages of self-care to previous NHS 24 callers.
- Develop a chatbot to direct people to COVID-19 related content, as well as to relevant other services and roll out of webchat to the COVID-19 Helpline and Breathing Space.
- Expanding the physical estate with two additional sites in the West of Scotland to provide capacity for front line staff whilst allowing them to work in a safe and physically distanced way.
- Health and Social Care Workers Helpline - In July 2020 the Scottish Government provided additional funding to ensure all health and social care workers in Scotland had access to mental health support 24 hours a day, seven days a week through a new national helpline.
- Development of accessible staff wellbeing resources in our centres, on the intranet and via our webpage to ensure staff have access to a range of wellbeing advice and services.

NHS 24 has made considerable progress delivering against its 2020 and 2020/21 Remobilisation Plans, as outlined above. However we recognise continued progress is predicated on the continued roll-out and efficacy of the vaccine and no new variants of the virus causing significant change to these assumptions. At this stage, the assumption is that NHS 24 will also need to maintain some flexibility ahead of next winter and the potential for any continued COVID-19 restrictions. In addition, there is a longer term direction of travel in continuing to support the wider health and care system in key areas of reform.

A significant majority of NHS 24's work was undertaken in a timely manner and although a smaller number of projects were not completed on time, this has been reflected in the nature of managing competing priorities in parallel, with the need to continue to respond to the ongoing pandemic.

This has been a very challenging year for NHS 24, with rapid expansion of services to meet the needs of the population. The Board members and the Executive team are extremely proud of the way everyone at NHS 24 has pulled together to provide existing

services in a seamless manner while helping to build new services for the people of Scotland.

Strategic Context

In June 2019, NHS 24 commenced a review of its 2017-2022 Strategy to confirm that its strategic direction was still valid for NHS 24, the wider health and care service in Scotland and other public third and independent sector partners. The review of the NHS 24 Strategy has helped frame the development of NHS 24's remobilisation priorities to the end of 2020/21 and into 2021/22.

In light of the current COVID-19 pandemic, NHS 24 has even more reason to ensure its Strategy is thoroughly reviewed to highlight the role of NHS 24 within the broader health and care system.

Remobilisation Plans for 2020/21 set out key priorities and outcomes for the pandemic and also form a solid foundation for longer term direction of travel in continuing to support the wider health and care system in key areas of reform. NHS 24 has also identified enabling themes, to support the delivery of the plan and progression of its wider priorities.

Model of Care

In response to the COVID-19 pandemic, the increased need for mental health support and the new model for urgent care, NHS 24 has seen a substantial increase in services, workforce and digital solutions move to new models of care, 24 hours a day, seven days a week from a primarily out of hours response.

From March 2020, NHS 24 provided a national 24/7 single point of contact for those with potential Coronavirus infection to limit self-presentation and maximise infection control as part of the whole system response and Community Hub Model.

This approach was further developed as part of the national redesign of urgent care programme, where NHS 24 has been providing a single point of access to triage urgent care needs on a 24/7 basis since December 2020. The inclusion and development of urgent care is a fundamental change to the NHS 24's operational model and has required a significant increase in resource and expansion of our estate to meet predicted levels of demand. A similar triage approach is offered through the Mental Health Hub to ensure callers are routed to the right support, first time.

In order to provide high quality advice and support, our Call Handlers are supported by highly trained Clinical Supervisors on a one to five supervision model. This model is underpinned by robust clinical governance and provides safe and effective patient centred care with clear patient outcomes.

In addition, the accelerated enhancement of NHS 24's digital services, including the heavily promoted use of NHS inform for all public and professional facing content related to COVID-19, enabled empowerment of citizens for self-supported care and signposting to relevant services. This successfully relieving pressure on face to face services elsewhere in the system.

NHS 24 Governance

The NHS 24 Executive Management Team led on the development, implementation and monitoring of the NHS 24 Remobilisation Plans for 2020/21. Formal governance is via the NHS 24 Board and is overseen by the Planning and Performance Committee.

The NHS 24 wider Governance Groups and Committees are responsible for providing assurance to the Board that appropriate structures and practices are in place and due diligence has been undertaken in regard to this. A regular reporting structure was developed to provide assurance for the plan.

Of particular importance for staff involvement is the Area Partnership Forum whose primary purpose is to discuss NHS 24 business with staff members and provide active involvement in project groups as well as ensuring Patient Focus and Public Involvement.

The Clinical Governance Committee is a statutory Committee responsible for providing assurance to the Board that appropriate clinical governance systems and processes are in place and effective throughout the organisation.

A number of the activities within the NHS 24 Remobilisation Plan 2020/21 were delegated to Programme Boards for implementation, under guidance from the Change Portfolio Board. Each Programme Board implements its delegated activities in line with the NHS 24 Programme Framework. The Change Portfolio Board ensures that these standards are consistently applied across the full range of Programme Boards.

In addition, NHS 24 maintains frequent communication with the Scottish Government (SG) Sponsor Division, with regular reporting on service performance and strategic development.

Collaboration

NHS 24 works collaboratively with other NHS Scotland Boards, Integration Joint Boards (IJBs), Local Authorities, and Voluntary and Independent sectors to ensure that its organisational capability is appropriately focussed on supporting and delivering high quality and person-centred services.

NHS 24 routinely engages with service users and public representatives through a range of fora and mediums to monitor service performance and to ensure patient and public views are reflected in all that it does.

During the year, the NHS 24 Patient Experience team have continued to be committed to providing a person-centred approach to encouraging and managing feedback from service users.

In addition, on-going development has taken place with the Public Partnership Forum and Youth Forum, which have continued to stay involved throughout 2020/21. This helps NHS 24 to improve services and ensure they are accessible to all.

Key Issues and Risks in 2020/21

All NHS Scotland bodies are subject to the requirements of the SPFM and must operate a Risk Management Strategy in accordance with relevant guidance issued by Scottish Ministers.

The unprecedented challenges faced by NHS Scotland in 200/21 has meant NHS 24 responded with a risks and opportunities approach. NHS 24 has developed new services and ways of working, while supported by an incident management structure implemented to manage the clinical, operational, workforce and communication risks. Throughout the pandemic NHS 24 has maintained its governance processes with risks reported to each Board meeting and sub-committee.

NHS 24's corporate governance structure provides assurance on the management of risk. Assurance on clinical risk is provided through the Clinical Governance Committee. Assurance on financial, programme, operational performance, reputation and stakeholder engagement risk management is provided through the Planning and Performance Committee. The Staff Governance Committee seeks assurance that NHS 24 effectively manages risks to the staff governance standards. The Audit & Risk Committee has responsibility for ensuring that the overall processes and procedure are in place to ensure effective risk management is embedded into NHS 24.

The Board approved a revised risk appetite statement in June 2020 to support decision making throughout NHS 24. NHS 24 always ensures that safe, effective, person centred care is a priority for all services. Any risks and opportunities highlighted are reviewed in line with our low clinical risk appetite.

The Board approved its strategic risk register that includes risks to stakeholder engagement with the NHS 24 strategy, providing a sustainable and skilled workforce, values and leadership. There was also significant consideration given to more immediate risks such as EU Exit. NHS 24 has engaged with Scottish Government to

understand the risk and developed mitigation for any potential impact on the organisation, ensuring communication and engagement with staff throughout.

NHS 24 developed a new risk management strategy to continue improving its risk management arrangements. The strategy was informed by the internal auditor maturity review of the organisation's risk management arrangements. The report described the arrangements as being well established, and one that has an enterprise wide approach. The opportunities to further develop and embed risk management focus on aligning strategic planning, programme management and risk management to ensure appropriate information is available for decision making

Performance in 2020/21

Over the past 12 months, NHS 24 has collaborated internally, with partners, with service users and with Scottish Government to develop an enhanced performance framework better suited to NHS 24's role. Effective monitoring of performance ensures robust governance and decision-making in line with corporate objectives.

NHS 24 continued to experience high call volumes in 2020/21 (1.651million) which is in line with 2019/20 demand (1.656 million). Volume in 2019/20 was heavily influenced by record demand in March 2020 (230,000), which was 30% higher than the previous highest monthly demand. Increased volumes can be attributed in part to the COVID pandemic, however it should be noted that in December 2020 there was the launch of Redesign of Urgent Care, which further increased call volumes over the busy Winter period.

NHS 24 achieved seven of its 12 targets during 2020/21. The main areas where issues were identified were: Access Service Level, Average time to answer calls, Calls abandoned, Staff Attendance and Breathing Space. This reflected the significantly increased level of demand, ongoing recruitment issues previously mentioned and absence levels further exacerbated by COVID absence.

NHS 24 did exceed in all areas of care delivered at first point of contact, and P1/P2/P3 clinical key performance indicators. In addition, with the exception of Q3 (the winter period), patient experience and level of complaints, also performed well.

NHS 24 moved to a service model focussed on the delivery of care at first contact, based on engagement with users of the 111 service. Care delivered at first point of contact achieved 91.0% for 2020/21 which was 16 percentage points above target. However, this is also reflected in an increase in Call Takers average handle time and reduces overall capacity to answer incoming calls.

NHS 24 successfully met all its statutory financial targets for the year and completed brokerage repayment in 2020/21. The financial year saw significant investment in NHS

24 with Scottish Government investing an additional £2.6m to expand the Mental Health Hub to 24/7 working and £2.4m as first tranche in the Redesign of Urgent Care.

NHS 24's attendance rates fell below target for the year at 92.8% against 96% Scottish Government target. NHS 24 is progressing its Attendance Improvement Plan and have now developed a Health and Wellbeing Strategy and Action Plan which will support the Improvement Plan.

2. Performance Analysis

As with other Health Bodies, the finances of NHS 24 are subject to resource limit controls. Scottish Government Health and Social Care Directorate (SGH&SCD) sets three annual budget limits. These limits are:

- a) Revenue Resource Limit - a resource budget for ongoing operations;
- b) Capital Resource Limit - a resource budget for net capital investment; and
- c) Cash Requirement - a financing requirement to fund the cash consequences of the ongoing operations and the net capital investment.

NHS 24 is expected to operate within these limits and report on any variations from the limits as set.

The performance against the targets is as follows:

	Limit as set by SGH&SCD £'000	Actual outturn £'000	Variance (over)/under £'000	%
Revenue Resource Limit (RRL)	91,605	91,591	14	0.00
Of which:				
Core Revenue Resource Limit	91,346	91,332	14	0.00
Non-Core Revenue Resource Limit	259	259	0	0.00
Capital Resource Limit (CRL)	1,236	1,236	0	0.00
Of which:				
Core Capital Resource Limit	1,236	1,236	0	0.00
Cash Requirement	89,531	89,531	0	0.00

The first two limits have been split between core and non-core elements. This has been done to recognise how the Board is funded. In simple terms, the Board's day-to-day running costs are covered by 'core' funding. The Board also has to recognise other expenditure in its accounts which is determined by applying accounting standards, and the Scottish Government provides 'non-core' funding for this expenditure. Examples of 'non-core' expenditure are depreciation, other provisions, and impairment charges (where the value of an asset has been written down).

MEMORANDUM FOR IN-YEAR OUTTURN	2021
	£'000
Core Revenue Resource Variance (Deficit)/Surplus in 2020-21	<u>14</u>
Financial flexibility: funding banked with/(provided by) Scottish Government	<u>0</u>
Underlying (Deficit)/Surplus against Core Revenue Resource Limit	14
Percentage	0%

An underspend of £0.014 million against RRL was achieved in 2020/21. The Board delivered an underspend of £0.098 million against its RRL in 2019/20. The £0.098 million underspend from 2019/20 was carried forward and added to the NHS 24 RRL for 2020/21, which means there was excess spend against the in-year RRL in 2020/21 of £0.84 million.

Commentary on the RRL

During 2020/21, NHS 24 reported an underspend of £0.014 million against the budgeted RRL of £91.6 million (£91.346 million core and £0.259 million non-core).

Commentary on the CRL

During 2020/21, the capital expenditure for NHS 24 was £1.236 million. This represents a break-even position against the Capital Resource Limit allocation of £1.236 million.

The majority of the capital spend by NHS 24 during 2020/21 was in relation to the establishment of office space at two additional sites in the year.

Financial brokerage

Following submission of a Full Business Case in December 2011, it was agreed that NHS 24 would receive financial brokerage to support the implementation phase of the new technology implementation. The brokerage received in 2011/12 was £0.320

million, £16.577 million was received in 2012/13 and a further £3.859 million in 2013/14, taking the total to £20.756 million.

NHS 24 has now repaid the brokerage in full. The repayment over financial years was as follows, £0.400 million in 2014/15, £1.050 million in 2016/17, £1.074 million in 2017/18, £6.840 million in 2018/19 , £6.415 million in 2019/20 and the balance of £4.977m in 2020/21.

Performance against key non-financial targets

During 2020/21, focus has remained on maximising efficiency and effectiveness in order to improve performance across all areas of frontline operations. Effective monitoring of performance ensures robust governance and decision-making in line with corporate objectives.

NHS 24 monitors performance of key performance measures on a monthly basis and reports this on an ongoing basis to the Board and to the Planning & Performance Committee through a Corporate Performance Report. In 2020/21 the “at a glance” dashboard was enhanced to provide an accessible way of reporting performance of the key targets. Performance for 2020/21 is shown below in the dashboard format.

Measure	Key Performance Indicator - Target	Target	RAG Thresholds	Q1	Q2	Q3	Q4	2020/21 Performance
111 Service								
Patient experience - satisfaction, helpfulness, usefulness	90% of service users surveyed record overall satisfaction with the service	90%	Amber 80-90% Red <80%	93.6%	92.4%	86.9%	90.9%	91.4%
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%	87.5%	100.0%	96.4%
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%	90.4%	93.4%	95.5%	91.0%
Calls abandoned after 30 seconds	Expressed as percentage of calls abandoned after threshold. Maintain the current measure of <5% after 30 seconds for 111 service.	5%	Amber 5-8% Red >8%	8.7%	12.5%	14.7%	19.0%	13.9%
Access Service Level within 30 seconds	Target to deliver 50% of calls answered within 30 seconds for 111 service	50%	Amber 45-50% Red <45%	52.3%	41.0%	35.8%	27.7%	38.8%
Average Time to Answer	Target to answer 111 calls within an average of 3 minutes	3m	Amber 2m 30s - 3m Red > 3 min	6m 19s	8m 12s	10 m 55s	15m 23s	10m 12s
Median Time to Answer (Time at 50% of calls have been answered)	New measure			9s	1 m 23s	3m 26s	7m 24s	2m 6s
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%	99.3%	100.0%	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%	99.9%	100.0%	100.0%	100.0%	99.9%
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%	91.1%	90.4%	98.7%	92.3%
Workforce								
Staff attendance rates	Achieve and maintain an average attendance rate of 96%	96%	Amber 90-96% Red < 90%	93.9%	92.6%	92.6%	92.3%	92.8%
Digital/Public Health								
Provision of self-care advice	Provide at least 30% of patients with self care advice	30%	Amber 25-30% Red <25%	32.0%	31.6%	30.2%	27.4%	30.3%
Mental Health Services								
Breathing Space	80% of Breathing Space Calls to be answered in 30 seconds	80%	Amber 70-80% Red <70%	47.5%	39.3%	58.6%	49.4%	49.0%

NHS 24 continued to experience high call volumes in 2020/21 (1.65million), with the highest demand received in a financial year. Increased volumes can be attributed in part to the COVID pandemic, however the launch of Redesign of Urgent Care in December 2020 also led to a material expansion in services, which resulted in increased call volumes to the service. As a comparison in-hours average call demand for February 2020 was 380 calls per day, which increased to 1,393 in February 2021, an increase of 267%.

NHS 24 moved to a service model focussed on the delivery of care at first contact, based on engagement with users of the 111 service. Care delivered at first point of contact achieved 91.0% for 2020/21 which was 16 percentage points above target, and this measure remained consistently above target across the year. Handling more patients without need for call back resulted in an 81% drop in P1, P2 and P3 calls and all of these measures comfortably achieved their targets for 2020/21.

An increased “care delivered at first point of contact” has had an impact on the service however, and all three measures relating to access – Access Level within 30 seconds, Average Time to Answer and Calls Abandoned after 30 seconds - failed to meet target. The change in NHS 24’s operating model by delivering a higher Care Delivered at First point % affected the availability to answer incoming calls. It should also be noted that a key performance factor is the shortfall in clinical supervisors, which NHS 24 has, since the first wave of COVID in March/April 2020, highlighted as a significant risk. If call handlers are unable to quickly access supervision or wait extended lengths of time to do so, this increases the AHT and reduces overall capacity to answer incoming calls.

Although access in to the service has been higher than in previous years, it should be noted that the median time to answer for 2020/21 was 2 minutes 6 seconds. This meant that 710,000 patients had their call answered in 2m 6s or less. Overall patient journey – time from when phone rings to when final outcome of call is entered – reduced over the year due to fewer patients waiting extended periods of time (up to 3 hours) for a call back. Average patient journey time decreased by just under 16 minutes when comparing March 2020 to 2021.

Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
46:04	31:06	32:29	26:28	26:28	29:27	27:00	28:55	27:29	30:43	33:12	28:27	30:09

Access to Breathing Space was below the target of 80% across the year, with our lowest performance being met in Q2 (39.3%). A recruitment drive has seen Whole Time Equivalent (WTE) rise from 19.9 advisors in August 2020 to 31.9 advisors in December 2020. However the service experienced unprecedented demand with over 112,000 calls received, this was 22.4% higher than the previous year.

Breathing Space Demand			
Month	2019/20	2020/21	% Diff
Apr	6,589	8,897	35.0%
May	7,636	10,349	35.5%
Jun	7,793	9,337	19.8%
Jul	7,121	8,813	23.8%
Aug	7,283	8,594	18.0%
Sep	7,538	7,391	-2.0%
Oct	7,721	8,583	11.2%
Nov	7,616	9,319	22.4%
Dec	7,598	9,996	31.6%
Jan	8,045	12,111	50.5%
Feb	8,256	9,897	19.9%
Mar	9,077	9,688	6.7%
Total	92,273	112,975	22.4%

During 2020/21 NHS 24 continued to focus on supporting line managers through a learning and development programme, with a clear focus on how line managers manage early intervention in absence cases. As part of the "Better Working, Better Care Programme" there are a number of actions to improve the proactivity of attendance management, including looking at the current alignment of managers and teams to better monitor and address attendance issues with staff. The focus of this has been within Phase 1 of the BWBC programme, which has now been completed for 900 staff. This will help drive all workforce and capacity planning going forward. Partial implementation of Phase 2 is now underway but has been impacted due to the COVID19 pandemic.

NHS 24 are proud to employ the largest proportion of staff with a disability in NHS Scotland. A reasonable adjustment for staff with a disability is to expect a higher percentage of absence. By working with these staff we ensure more citizens of Scotland can access work and remain in employment.

NHS 24 is progressing its Attendance Improvement Plan and has now developed a Health and Wellbeing Strategy and Action Plan which support the improvement plan. Training of all managers on the Once for Scotland Attendance Management Policy is now at 83% and work on improving reports available to managers on eESS, is progressing, as well as training for managers on the eESS system.