

**NHS 24
BOARD MEETING**

**24 FEBRUARY 2022
ITEM NO 10.1
FOR ASSURANCE**

CORPORATE PERFORMANCE REPORT JANUARY 2022

Executive Sponsor:	Director of Service Delivery, Steph Phillips
Lead Officer/Author:	Head of Corporate Performance, Paul McLaughlin Head of Integrated Service Delivery, Nicola Dawson
Action Required	The Board is asked to note quality and performance of services provided for period ended 31 January 2022, capturing the ongoing focus on improvement for assurance
Key Points for the Board to consider	<p>The key points in relation to January 2022 performance:</p> <ul style="list-style-type: none"> • 111 Service (including Mental Health Hub): <ul style="list-style-type: none"> ○ Volume of calls offered resulted in the busiest January since 2005, and Monday 3rd January was the busiest daily total in 11 years. ○ % calls answered within threshold reached the highest levels since May'21 • COVID Helpline volume dropped to its lowest level since April'21. • Demand for unscheduled Mental Health Services remains high, with Breathing Space experiencing its second busiest month on record for the service • Digital activity decreased across majority of services offered • Attendance for January was 91.7%, missing target by 4.3 percentage points. This was similar levels to January 2021 (91.8%) <p>Final approval from Cabinet Secretary on the new proposed Performance Framework is still outstanding, however, the new framework continues to be reported on an interim basis until final sign off is received.</p>
Timelines/Governance	Noted by Planning and Performance Committee at the meeting held on 14.02.22 and noted by EMT at the meeting on 15.02.22.
Strategic alignment and link to overarching NHS Scotland priorities and strategies	Effective performance across NHS 24 supports delivery across the wider health and social care system.
Financial Implications	All financial and workforce implications arising from current and projected performance levels are reflected in the routine functional reports.
Equality and Diversity	All equality and diversity issues arising from maintaining and continuously improving performance management are integrated with service planning.

1 BACKGROUND

- 1.1 NHS24 has undergone a recent expansion of services through the introduction of COVID-19 (March 2020) and Urgent Care Reform (December 2021) pathways, with system wide impact. This has required additional resources attained through internal redeployment, and externally focused recruitment, to manage a 24/7 call demand profile.
- 1.2 A key enabler of this system wide reform was the 'closed at first contact' operating model, which ensured a seamless journey through the 111 service and timely referrals to partner services where required. Key driver for this was Right Care, Right Place, Right Time – First Time quality ambition.
- 1.3 This reform programme has resulted in an evolution of focus, away from access timeframes measured in seconds, to quality and location of care outcomes aimed to be delivered within minutes.
- 1.4 Mental Health Services offered through the Mental Health Hub and the Breathing Space services, also experienced increased demand, with increased operating hours for the Mental Health Hub to 24/7 in line with the wider 111 service.
- 1.5 Patient call lengths have extended due to the increasing complexity of the COVID-19 pandemic, and the drive to ensure timely outcome is delivered during the first contact. Demand across NHS 24 services has increased significantly and, in particular, the fluctuating nature of COVID demand has, at times, placed additional pressure on capacity and consequentially impacted performance.
- 1.6 The stability of NHS 24 workforce has been challenged by COVID-19 pandemic, impacting on overall performance.
- 1.7 The full Corporate Performance Report is in the appendix to this report.

2. OVERVIEW

- 2.1 The 111 service continues to experience high call volumes, with daily and weekly year on year volume increases
- 2.2 Exceptionally high call volumes across the New Year 4-day GP closure had a significant impact on performance across the month for the 111 service. Excluding this period, the average time to answer reduced by 45%, to just under 10 minutes, and calls answered within threshold increased by 11.6%.
- 2.3 There has been a shift away from 'GP telephone advice' outcomes and towards face to face 'Urgent Care Centre' referrals. This is a result of a decrease in COVID-19 activity, and signals a return towards pre-pandemic referral patterns, however COVID-19 activity remains volatile and difficult to forecast.

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- 2.4 Since September 2021, performance has largely been on an improving trajectory for the Unscheduled Care component of the 111 service, however work is still ongoing to continue this improvement against all of the service access measures.
- 2.5 A key component of this improvement is the Average Handling Time (AHT), which has been stable at around 22 minutes since November 2021. There is an ongoing programme of work focusing on reducing this to reach a target of 20 minutes or less, whilst ensuring there is no compromise in quality of patient or staff experience.
- 2.6 COVID-19 has had a significant impact on the AHT, both through workforce challenges and the complexity of the COVID-19 triage protocol and the fluctuation in the proportion of overall demand that is COVID flagged at any point does have broader performance impact as described for the 111 unscheduled care performance.
- 2.7 Calls Closed at First Contact KPI has been reached consistently since July 2020, rising from 75% in February 2020 - pre-COVID-19 pathway introduction, to an average of 95% since the introduction of the Urgent Care Pathway in December 2020. It remains stable at around 95% for January.
- 2.8 Breathing Space performance has been stable, despite the continued increase in call volume month on month.
- 2.9 Demand for digital services has decreased across all services, with the exception of the Scottish Services Directory, for which January 2022 saw the highest level of traffic in a single month – an increase of 107% since April 2021. Again, the demand for online information and support has directly correlated to the COVID demand and a similar pattern across January was evident where the start of the month was far busier than the second half of the month.
- 2.10 Demand for other NHS 24 Managed Services is fluctuating, however notably the Living Life service has experienced the lowest level of demand since February 2010. This is largely due to a reduction in referrals throughout the COVID-19 pandemic and the need to stop intake of new referrals for a few weeks, although this is now fully operational again.
- 2.11 Attendance remains stable with some improvement in January, however, it remains below target levels. There is significant focus across all directorates on staff wellbeing, and there are well established support mechanisms in place, in addition to new initiatives being introduced.
- 2.12 Patient feedback remains challenging to gather, with 0 patient survey returns in January. NHS 24 is currently working on a revised engagement strategy in an effort to improve returns and gather increased feedback from those using our service.

3. RECOMMENDATION

- 3.1 The Board is asked to note quality and performance of services provided for period ended 31 January 2022, capturing the ongoing focus on improvement for assurance.

Appendix: Corporate Performance Report