

<p>NHS 24 BOARD MEETING</p> <p style="text-align: right;">18 AUGUST 2022 ITEM NO 10.1 FOR ASSURANCE</p> <p style="text-align: center;">CORPORATE PERFORMANCE REPORT JULY 2022</p>	
Executive Sponsor:	Director of Transformation Strategy, Planning & Performance
Lead Officer/Author:	Head of Corporate Performance
Action Required	This Board is asked to note for assurance the quality and performance of services provided for period ended 31 July 2022
Key Points for this Committee to consider	<p>The key points in relation to July 2022 performance:</p> <ul style="list-style-type: none"> • Calls Offered 165,085 which, although consistent with previous 4 months, is busiest since January 2022. • July is first month since March where there have been no national public holidays • COVID pathway continued to experience increases in volume, volume double compared to May. • Call answering capacity continued to be impacted due to COVID absence. • Referrals to flow navigation centres continued to increase, up to 10.1% of urgent care outcomes, the highest proportion of FNC referrals since the pathway launched.
Governance process	This paper was presented to EMT on 09 August 2022 for assurance to Board on 18 August 2022.
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.
Key Risks	Resourcing Capacity Limitations and management of staff absence related to COVID-19 are considerations for this paper that are on risk register.
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 OVERVIEW

- 1.1 Demand on 111 service has been consistent since April, with calls offered volume staying within a 1% variance across the past four months. One key point to note is July was the only month which did not have a national public holiday, but still had the highest demand to service since January. This underlying increase throughout the summer is reflective of the demand pattern expected with the introduction of the A&E pathway.
- 1.2 The number of patients selecting COVID pathway continued to increase throughout July, presenting mainly in out of hours period (95%) where capacity to answer additional COVID calls is limited. The increase in COVID demand is reflective of the increase in COVID within the population as a whole, however, the dedicated COVID pathway is no longer in place as the Board is aware.
- 1.3 Increased activity in COVID also impacted with continued increased absences due to COVID within the workforce, particularly within clinical resource. Resource loss in clinical group increased from 6% in June to 8% in July, peaking at 13% COVID related absence. A reduced clinical resource impacts on time to access for clinical supervision increasing call taker average handling time (AHT) and availability to answer incoming calls. Further work and analysis is underway in order to look at ways call taker AHT can be reduced to help improve access to service. This is multi-factorial; however, the focus is on ensuring consistency in clinical supervision and streamlining of processes to optimise call flow.
- 1.4 Access performance in July was in line with June (20%). July had 10 weekend days compared to 8 in June, which accounts for a proportion of the increase in demand. There were also four local public holidays in July, where there is no scope to redeploy staff to provide additional capacity to meet the increased demand on these dates. A reduced performance on these local holidays highlighted difficulty in managing demand on these days; NHS 24 provides out of hours cover on 23 additional local public holidays throughout the year, in addition to the national public holidays, primarily from May to October.
- 1.5 Given the challenges outlined above, the percentage of abandoned calls increased in July. There remains a challenge in terms of tracking caller activity where calls are abandoned, however, work is underway to understand the pattern of abandoned calls and to supplement qualitative analysis of caller action aligned to IVR messaging. This has shown that callers are following the advice given through the IVR messaging to contact their own GP, access help and information through NHS inform, or access care through appropriate alternative services such as pharmacists.
- 1.6 Initial quantitative analysis of abandoned calls between January and June was carried out to determine patient/call behaviour. This shows that 26% of patients who abandon will have had made contact with service at least once in the same day. These patients account for 28% of all abandoned calls. 67% of patients who abandon will not call back in on the same day, the prevalence is

higher on busier days when messaging is stronger in terms of wait times which indicates many patients are heeding the advice given in IVR and utilising other services such as NHS inform. Further analysis is required to validate the links between abandoned calls and subsequent caller action in terms of the IVR advice and messaging.

- 1.7 Further analysis has also been done on patients who are high users of service. The highest user of service called over 2,500 times in the 6-month period between January to June with over 1,000 abandoned calls. Of the calls that were answered 97% resulted in self-care outcomes, indicating that there may be a more effective way to support callers with complex needs. Those who called the service over 200 times in 6 months also made over 5,000 abandoned calls in that same time period. Clearly, this is in an area of focus for more in-depth analysis, which is now underway, both in understanding caller behaviour and the reasons for abandoning a call to the service, and in terms of supporting those callers with complex needs who generate multiple, frequent calls to the service.
- 1.8 The urgent care pathway continued to show improved outcomes through July, with 10.1% of referrals to flow navigation centres (FNCs) in Boards; this is the highest proportion of FNC referrals since the pathway launched. This represents a sustained increase in referrals to FNCs, reducing the direct referrals to emergency departments as a result.

2. RECOMMENDATION

- 2.1 The Board is asked to note quality and performance of services provided for period ended 31 July 2022.

Corporate Performance Report

Performance relating to July 2022

Connecting – Caring - Collaborating

1. Summary of July 2022 performance

Calls Offered – **165,085**, volumes have been consistent in the previous 4 months (within 4% range)

Busiest month since January and first month since March where there have been no National Public Holidays

COVID pathway volume experienced the most notable increase in traffic. **14% increase in volume** to 7,510. **COVID volume has more than doubled compared to May** (3,687)

All other pathways experienced small month on month decreases of no more than 3% (or 500 calls)

% Answered in 5 minutes - challenges continue with meeting target for access, 20.0% which is in line with previous month.

Average patient journey increased to **38 minutes 17 seconds**. Two factors which resulted in increase were an increased number of weekend days (10 in July) and covering four local public holidays, where staff cannot be scheduled in for. Some of the local PH's in July covered as much as 34% of population.

Endpoint split remained consistent with previous month, with all endpoints changing by less than 0.8 percentage points. Urgent Care remains the most commonly used endpoint at 23%. **Flow Navigation centre** continued to increase to its **highest ever % split level at 10.1%**.

Non English IVR

4% increase in use of Non English IVR to 782 calls in July. The largest increase in use was Ukrainian which had a 108% increase to 108. Mandarin continues to be the most commonly selected language.

Attendance Summary

Attendance in July was 93.5% - which is the highest since June 2020.

COVID absence is not included as part of overall attendance calculation, and **this increased to 5.2%**. This brought **overall attendance down to 88.2%**, which was 0.3 percentage points lower than June.

2. Summary of Key SG Performance Measures

Telephony Access									
		Target	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22
% Calls Answered in 5 minutes	Unscheduled Care*	50%	33.1%	34.7%	19.9%	27.4%	27.5%	18.5%	19.0%
	Mental Health Hub	50%	31.1%	36.4%	38.7%	41.9%	46.9%	38.9%	32.3%
	Breathing Space	50%	43.7%	37.1%	38.1%	46.7%	39.8%	35.7%	33.9%
% Abandoned After 5 Minutes	Unscheduled Care*	10%	13.6%	11.0%	18.0%	12.1%	11.4%	17.0%	17.8%
	Mental Health Hub	10%	16.3%	15.1%	13.4%	13.4%	12.8%	15.5%	18.2%
	Breathing Space	10%	7.3%	9.3%	10.2%	8.5%	9.1%	11.5%	10.9%
Median Time to Answer (mm:ss)	Unscheduled Care*	5 mins	08:25	09:37	19:13	13:02	13:08	20:01	20:01
	Mental Health Hub	5 mins	03:39	02:02	01:23	00:49	00:06	01:04	02:46
90th Percentile TTA (mm:ss)	Unscheduled Care*	30 mins	54:17	39:34	53:15	38:44	33:24	51:08	57:51
	Mental Health Hub	30 mins	28:08	28:53	26:01	25:58	21:56	29:10	31:16
Access to Health Information (% answered in 5 minutes)		50%	82.7%	97.2%	97.0%	97.1%	79.8%	88.2%	94.3%

Staff Wellbeing									
		Target	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22
Staff Attendance		96%	91.7%	93.2%	92.9%	93.2%	92.2%	92.8%	93.5%
i-matter		77	75	75	75	75	75	75	75

Omni Channel - Digital								
Measure	Target	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22
NHS inform - core service (excl COVID)	-	8,758,641	6,841,651	7,894,384	7,026,512	6,706,617	6,732,586	6,800,599
% change on previous month	-	8.3%	-21.9%	15.4%	2.7%	-4.6%	0.4%	1.0%
COVID Content (as per C19 Dashboard)	-	3,879,269	1,902,274	2,721,420	1,703,693	647,789	798,013	548,836
% change on previous month	-	66.6%	-51.0%	43.1%	-10.4%	-62.0%	23.2%	-31.2%
microsite	-	2,394,760	1,301,995	981,496	856,840	699,480	548,365	407,608
% change on previous month	-	-38.0%	-45.6%	-24.6%	-34.2%	-18.4%	-21.6%	-25.7%
Scotland Service Directory	-	307,603	243,411	262,374	252,190	300,526	324,713	321,375
% change on previous month	-	43.2%	-20.9%	7.8%	3.6%	19.2%	8.0%	-1.0%
Digital User Experience	90%	-	-	-	-	-	-	-

Patient Experience								
Measure	Target	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22
Patient Experience	90%	-	-	-	-	-	-	-
Complaints	95%	100.0%	100.0%	0 complaints	100.0%	100.0%	66.7%	100.0%
Care Delivered at First Point of Contact	90%	94.6%	95.1%	95.6%	94.0%	94.8%	95.2%	95.2%
Patient Journey - Unscheduled Care*	30 mins	35:27	33:03	37:35	34:30	32:33	36:53	38:17
Patient Journey - Mental Health Hub	30 mins	24:03	24:50	24:26	25:10	24:38	25:42	25:42

* Unscheduled Care includes COVID and Dental

3. Person Centred

3.1 Patient Feedback (111 only)

- There have been 0 Patient Surveys returned since November 2021.
- Therefore a new SMS survey is being put in place and this will be operational by Q3 2022/23

3.1 Complaints

- **30** stage 1 complaints and **1** stage 2 complaint in June*
- The main themes of complaint were:
 - Inappropriate attitude / manner
 - Time taken to answer
 - Inappropriate advice

Number of Stage 2 complaints received in June	1
% responded to within 20 working days	100%

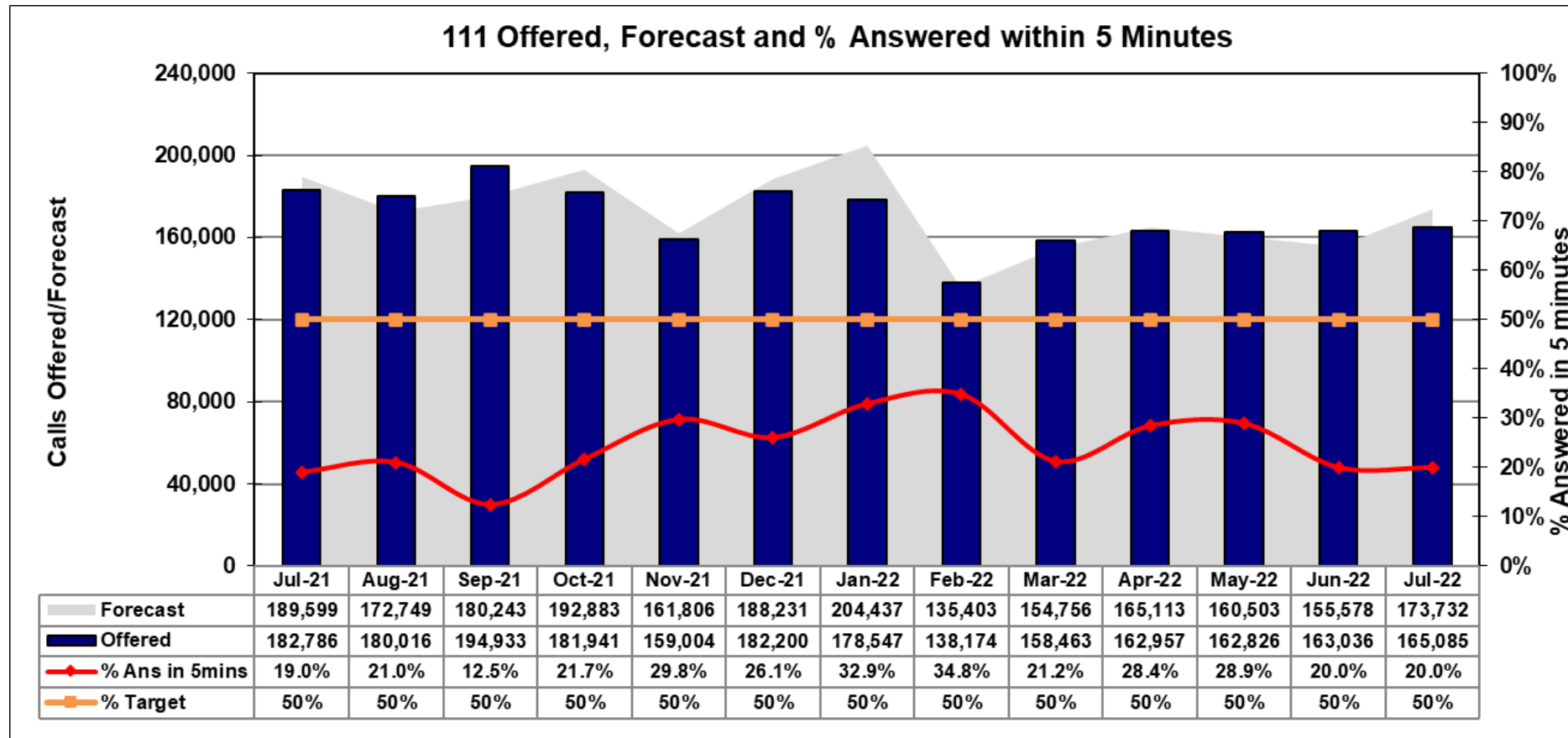
Calls Offered in June	Complaint Type	Number	% of complaints vs. calls offered
162,826	Stage 2	1	0.001%

* Due to 20 working day response time target, complaints are reported one month behind

4.1 Calls Offered, Forecast and % Answered within 5 minutes

Summary

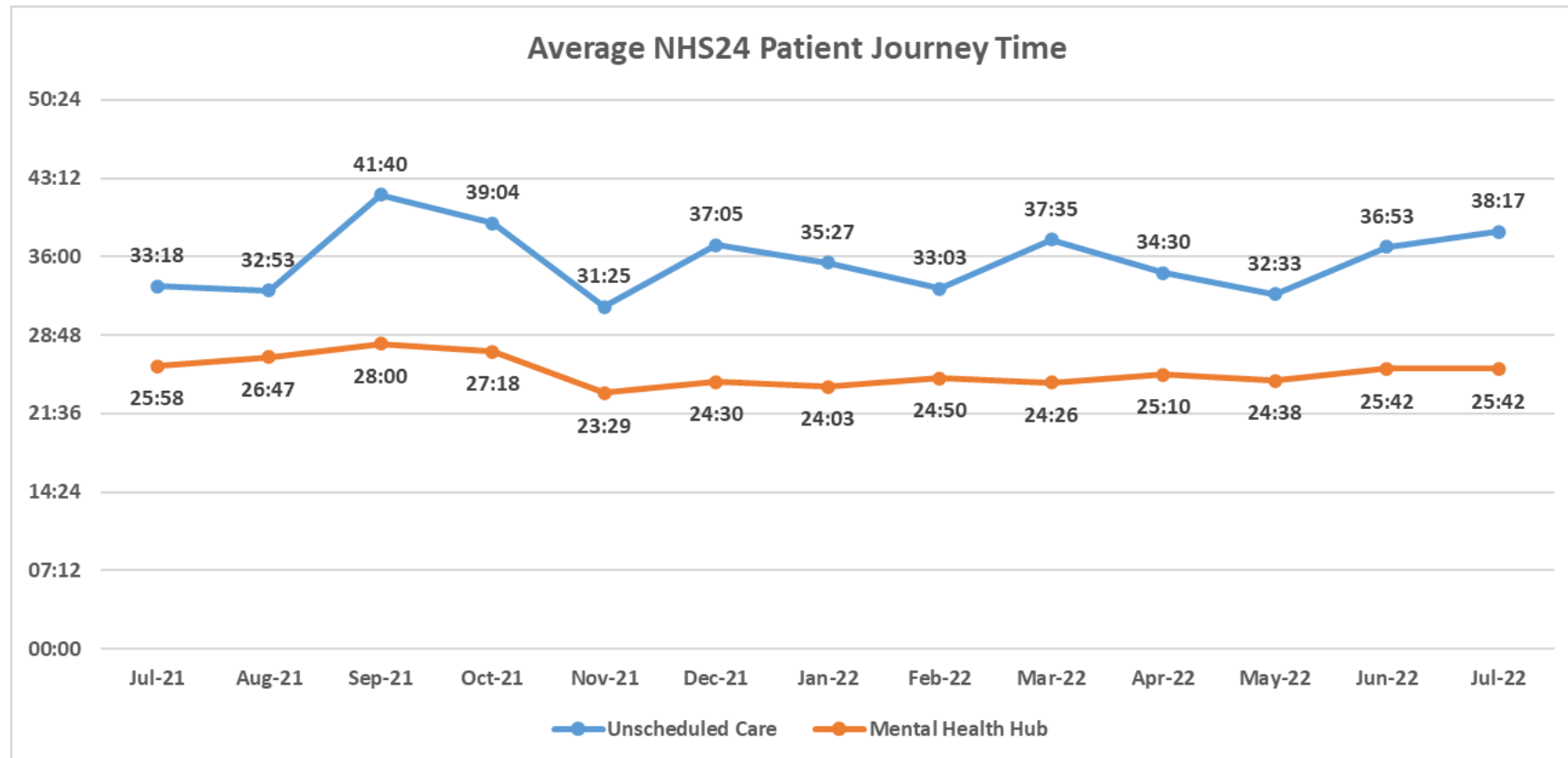
- Calls Offered – **165,085**, volumes have been consistent in the previous 5 months (within 4% range)
- July is the busiest month since January 2022, which is following same trend of 2021 where summer months were busier than winter
- Calls answered within 5 minute threshold was **20.0%**, which is in line with previous month



4.2 Average Patient Journey by Call Type

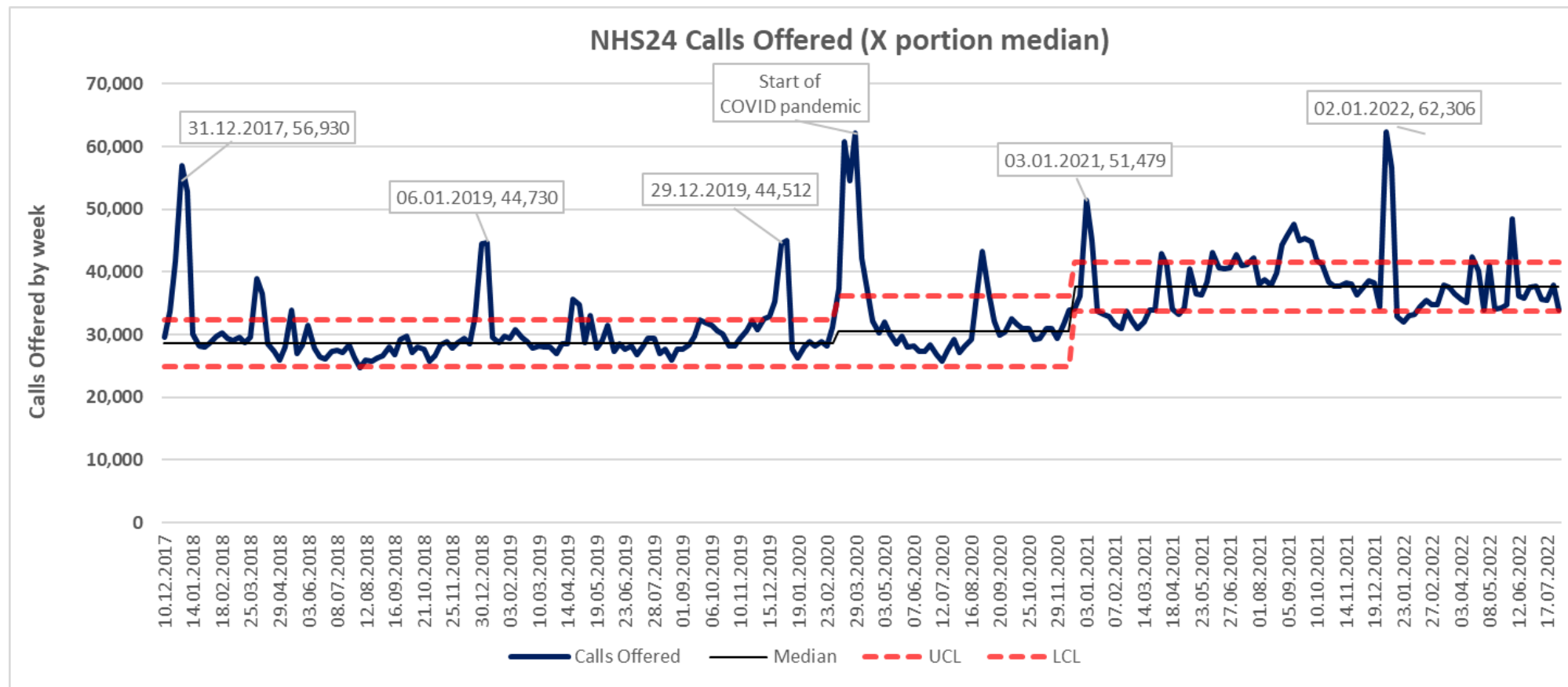
Summary

- Patient Journey is time between when patient selects IVR route (Urgent Care, COVID etc) to when the final endpoint is entered on to the contact record.
- Unscheduled Care (USC) was **38 minutes 17 seconds**, up 1 minutes 24 seconds on previous month.
- Mental Health Hub journey continues to track notably lower at **25 minutes 42 seconds**, this is partially due to calls being answered quicker on this route (Median and 90th percentile notably lower than USC).



4.3 Calls Offered – Control Chart

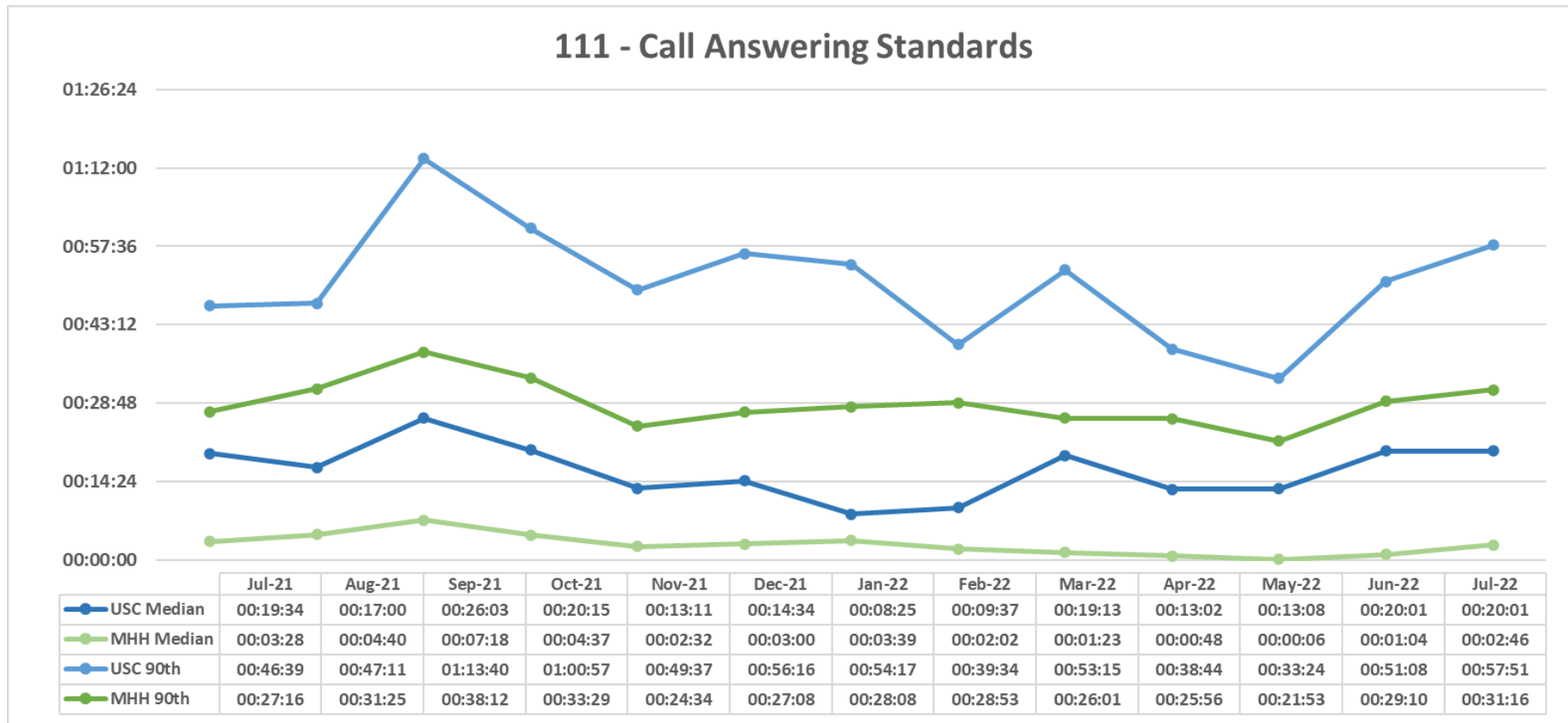
- Upper and Lower control limits have changed twice over past 4 years – the changes to limits occurred in March'20 (COVID pandemic) and December'20 (RUC pathway)
- Current median is 37,558 – most recent week (31st July) was 10% below median
- Remaining weeks in July were within 6% of median



4.4 Call Answering standards by Call Type

Summary

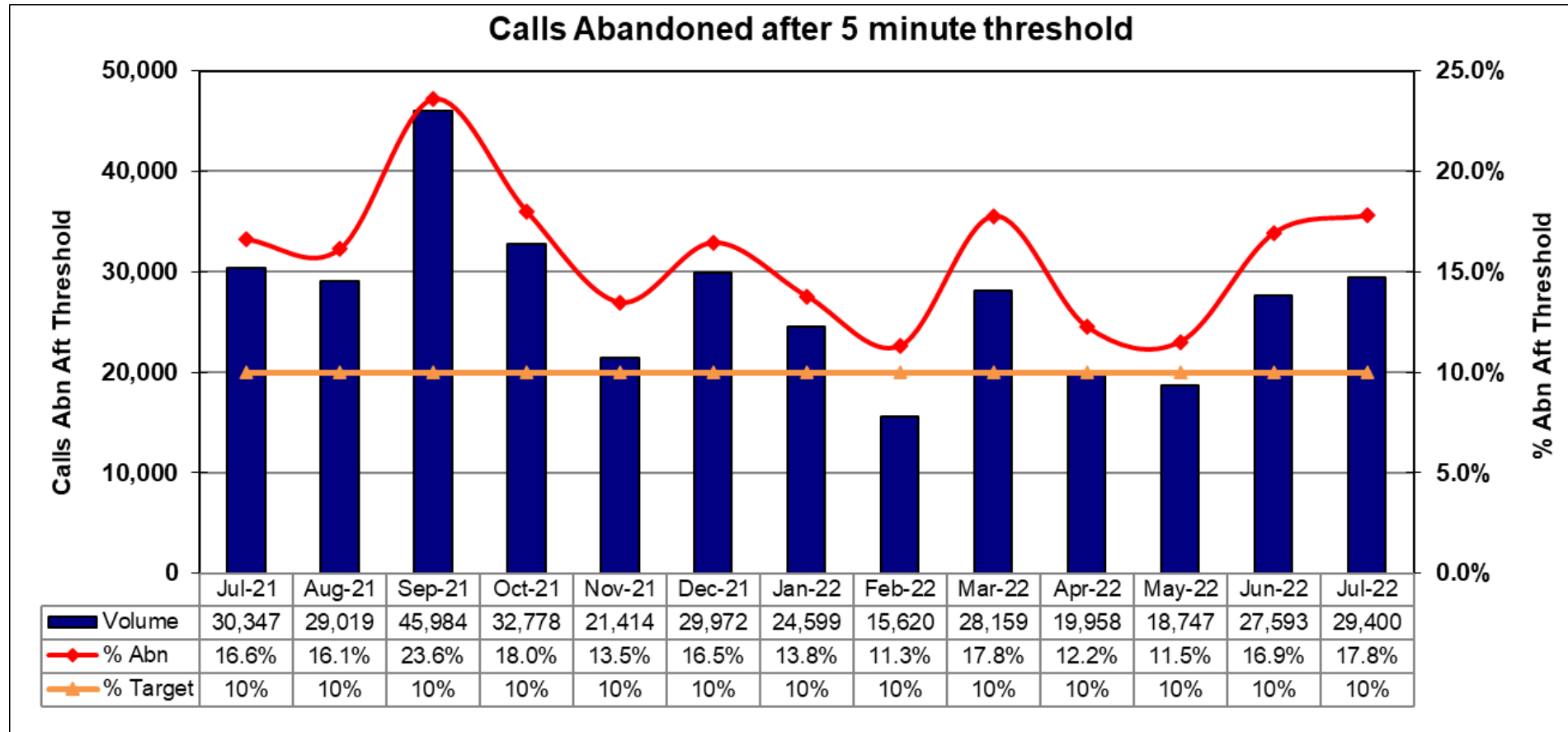
- **Unscheduled Care Median** – maintained same time as June at 20:01
- **Unscheduled Care 90th Percentile** – increased to 57:51, highest since October 2021
- **Mental Health 90th Percentile** – increased above 30 minute target (31:16) for first time since October 2021
- **Mental Health Median** – Despite a small increase to 2:46, this remains well within 10 minute target



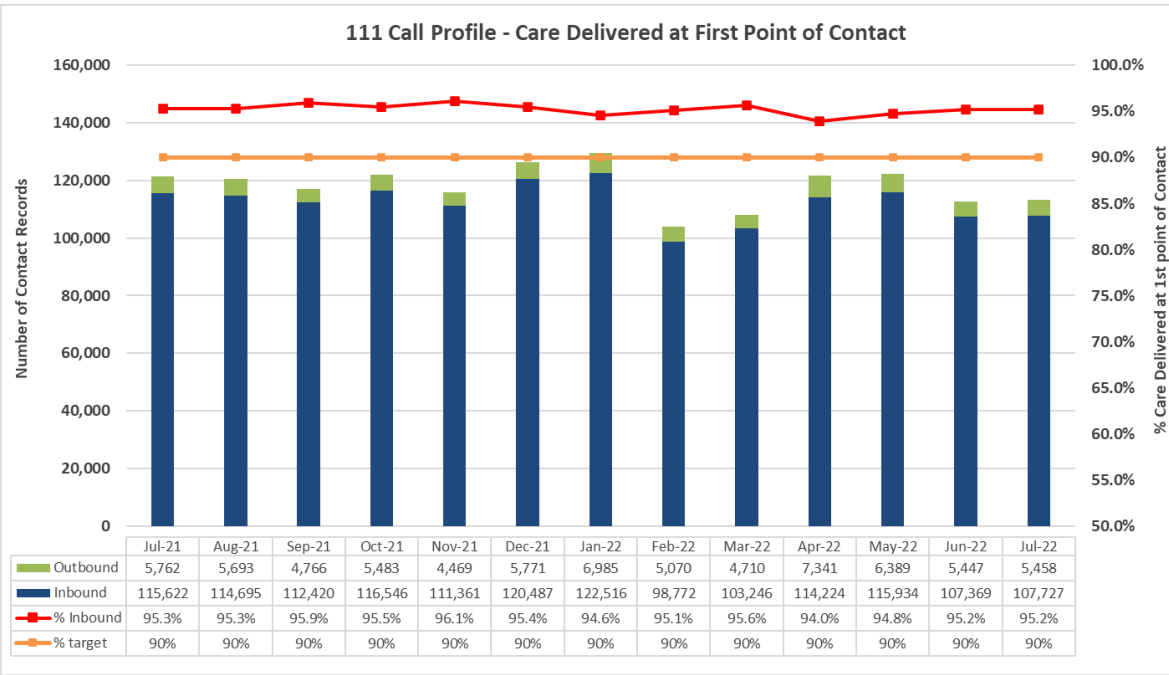
4.5 Calls Abandoned After 5 minute threshold

Summary

- Calls abandoned after threshold was 17.8%, which was up 0.9 percentage points on previous month. July had 10 weekend days which are the most challenging days for service (June had 8 weekend days)
- Average time to abandon increased by 53 seconds to 13 minutes 26 seconds
- Median time to abandon was 8 minutes 13 seconds (up 25 seconds on previous month)

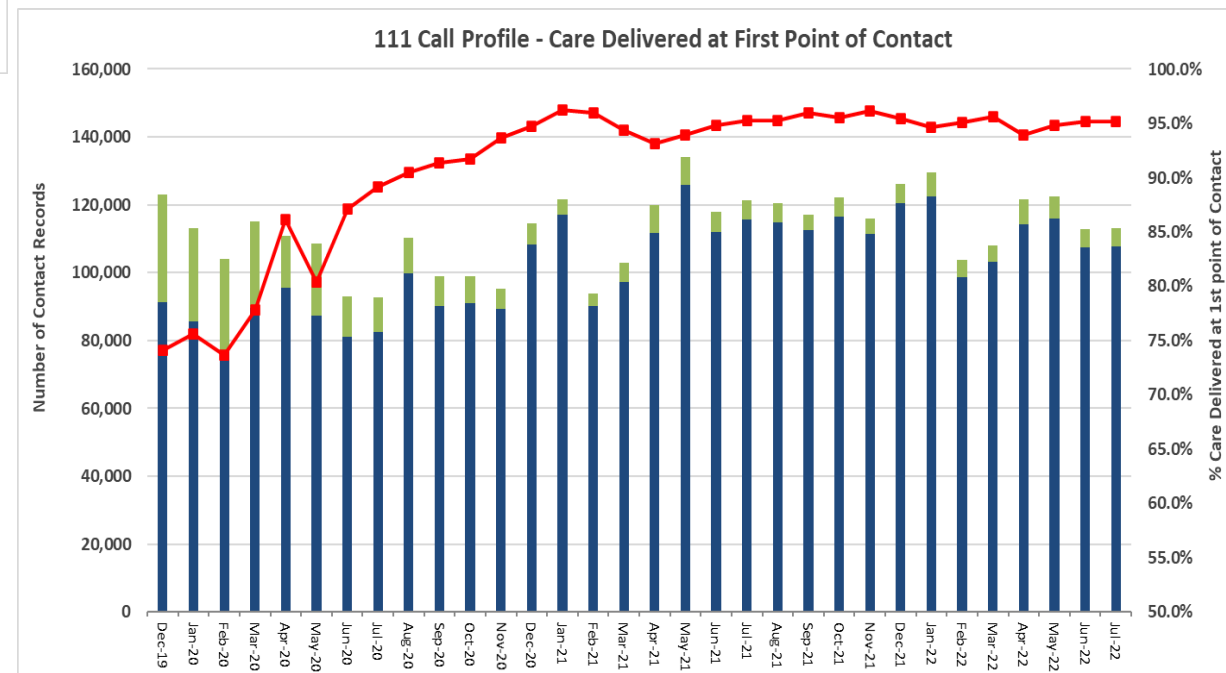


4.6 Care Delivered at First Contact



- Care Delivered at First Contact - 95.2% against a target of 90%.
- Target continuously meets target, which indicates an improved overall patient journey with limited occurrences of calling patient back after initial triage.

The chart to the right shows the increase in Care Delivered at first contact over a longer time frame including operational changes in March 2020.



5. OTHER NHS 24 MANAGED SERVICES

5.1 Breathing Space

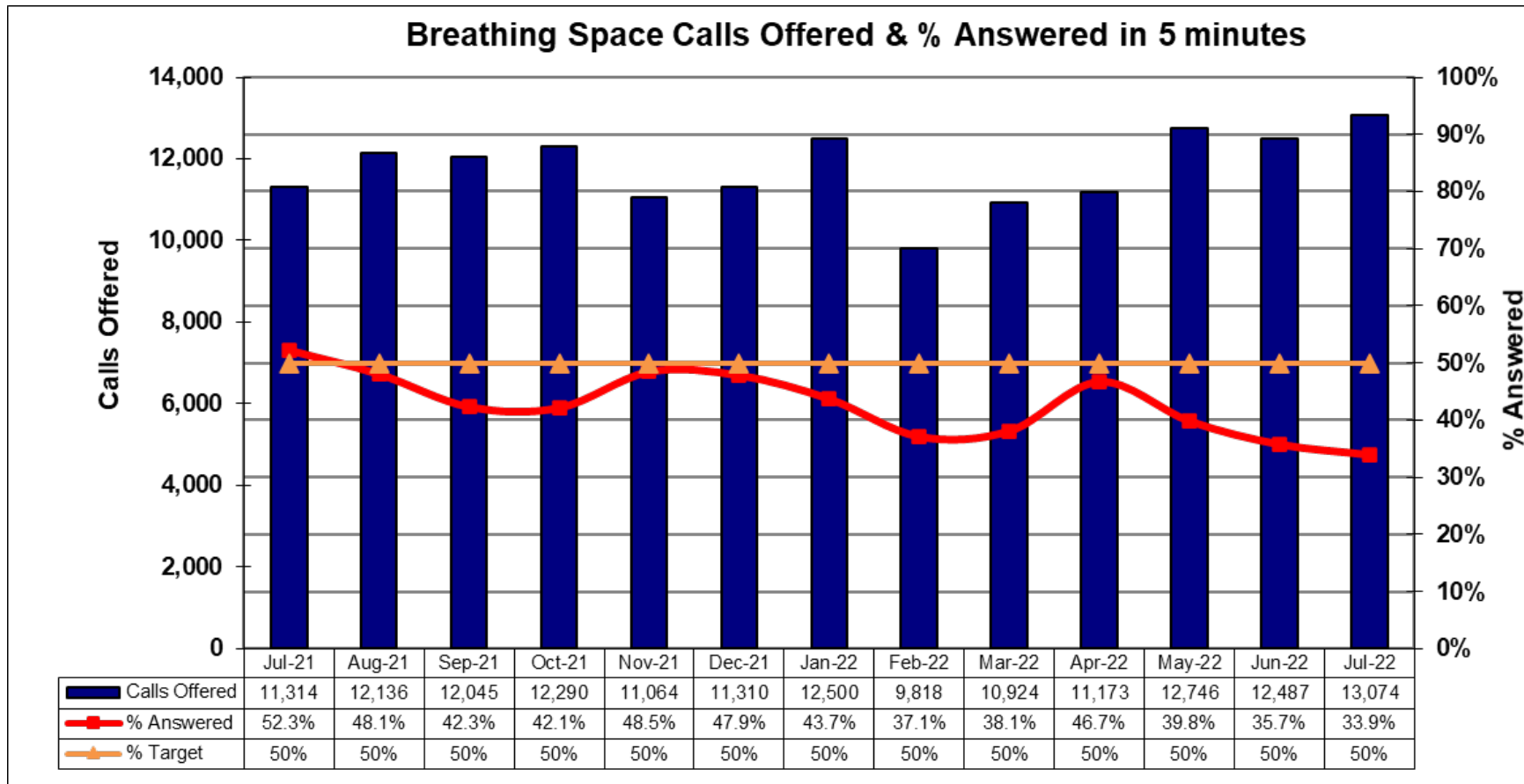
Breathing Space is a confidential, phone service for anyone in Scotland over the age of 16 experiencing low mood, depression or anxiety. Breathing Space is funded by the Scottish Government's Mental Health Unit and is one of the SG target measures.

5.2/5.3 Other Services Calls Offered

Care Information Scotland (CIS)	Phone and webchat service providing information about care services for people living in Scotland
Quit Your Way Scotland (QYWS)	Phone and webchat advice and support service for anyone trying to stop smoking in Scotland
Cancer Treatment Helpline (CTH)	Triage assessment to patients who are receiving or have received specific cancer treatment when they feel unwell, ensuring that they access the most appropriate, effective and timely care if their condition is deteriorating
Living Life	Free phone service offering therapy for anyone in Scotland over 16 years of age with low mood, mild to moderate depression or anxiety
Musculoskeletal (MSK)	Phone service for people experiencing symptoms of MSK disorders - such as back pain or sports injuries. <i>This service has been paused as part of COVID-19 response.</i>
NHS inform	The NHS inform helpline relates to general health information.

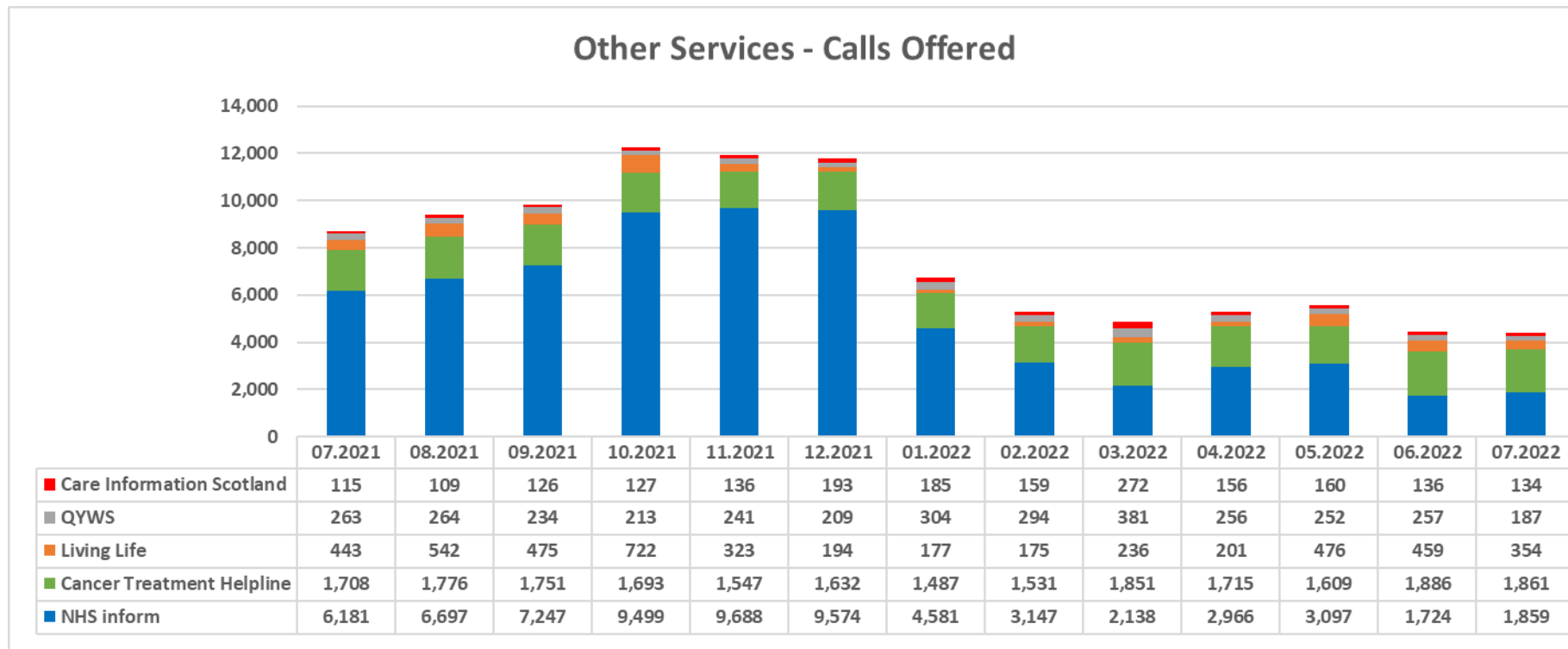
5.1 Breathing Space

- Calls offered, 13,074, only one month has had a higher demand on service.
- Calls answered within threshold was 33.9%
- Calls abandoned after 5 minute threshold – 10.9%
- Average time to answer for Breathing Space was 4 minutes 54 seconds.



5.2 Other NHS 24 Managed Services – Calls Offered

- **Care Information Scotland (CIS)** – Lowest demand for service since October 2021. Service with lowest activity
- **Quit Your Way Scotland (QYWS)** – 27% drop in calls offered, lowest level since December 2020
- **Living Life** – Calls offered fell by 23% to 354.
- **Cancer Treatment Helpline (CTH)** - Volume consistent with previous month
- **NHS inform** – Experienced an 8% increase in activity – 1,859



6. DIGITAL ACTIVITY

6.1 Digital Activity

The provision of digital services continues to grow within NHS 24 and therefore there are now a number measures to reflect this channel of service. In summary, measures relate to core NHS inform website, NHS inform COVID-19, Scotland's Service Directory (SSD) and a new measure related to digital user experience.

- **NHS inform – core service (excluding COVID-19 activity)** - This measure relates to unique page views on core NHS inform website (excluding COVID-19 related activity).
- **NHS inform – COVID-19 content** – unique page views related to COVID-19 content on NHS inform website
- **NHS inform – COVID-19 vaccinations microsite** – unique page views related to COVID-19 vaccinations microsite on NHS inform website.
- **Scotland's Service Directory (SSD)** - Scotland's Service Directory (SSD) sits on NHS inform and provides details of all NHS health services across Scotland, including; Accident & Emergency (A&E), Minor Injury Units (MIUs), Pharmacies etc.

6.1 Digital Activity

Summary

- COVID content experienced a notable decrease (31.2%) in traffic to almost 550k views
- COVID-19 vaccinations continues to drop however, with a further 25.7% drop in activity, its lowest ever level.
- NHS inform and Scotland Service Directory activity remained consistent with June

Omni Channel - Digital													
Measure	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22
NHS inform - core service (excl COVID)	6,736,138	6,540,911	8,088,405	9,446,583	10,453,574	10,713,204	8,758,641	6,841,651	7,894,384	7,026,512	6,706,617	6,732,586	6,800,599
% change on previous month	-5.9%	-2.9%	23.7%	16.8%	10.7%	2.5%	-18.2%	-21.9%	15.4%	-11.0%	-4.6%	0.4%	1.0%
COVID Content (as per C19 Dashboard)	1,640,457	1,883,409	2,328,797	1,767,515	2,557,786	5,737,322	3,879,269	1,902,274	2,721,420	1,703,693	647,789	798,013	548,836
% change on previous month	26.9%	14.8%	23.6%	-24.1%	44.7%	124.3%	-32.4%	-51.0%	43.1%	-37.4%	-62.0%	23.2%	-31.2%
NHS inform – COVID-19 vaccinations	3,105,197	2,472,443	3,861,716	4,475,784	4,145,555	4,670,810	2,394,760	1,301,995	981,496	856,840	699,480	548,365	407,608
% change on previous month	-17.8%	-20.4%	56.2%	15.9%	-7.4%	12.7%	-48.7%	-45.6%	-24.6%	-12.7%	-18.4%	-21.6%	-25.7%
Scotland Service Directory	154,144	167,342	214,756	282,512	280,837	267,892	307,603	243,411	262,374	252,190	300,526	324,713	321,375
% change on previous month	-3.7%	8.6%	28.3%	31.6%	-0.6%	-4.6%	14.8%	-20.9%	7.8%	-3.9%	19.2%	8.0%	-1.0%

7. WORKFORCE

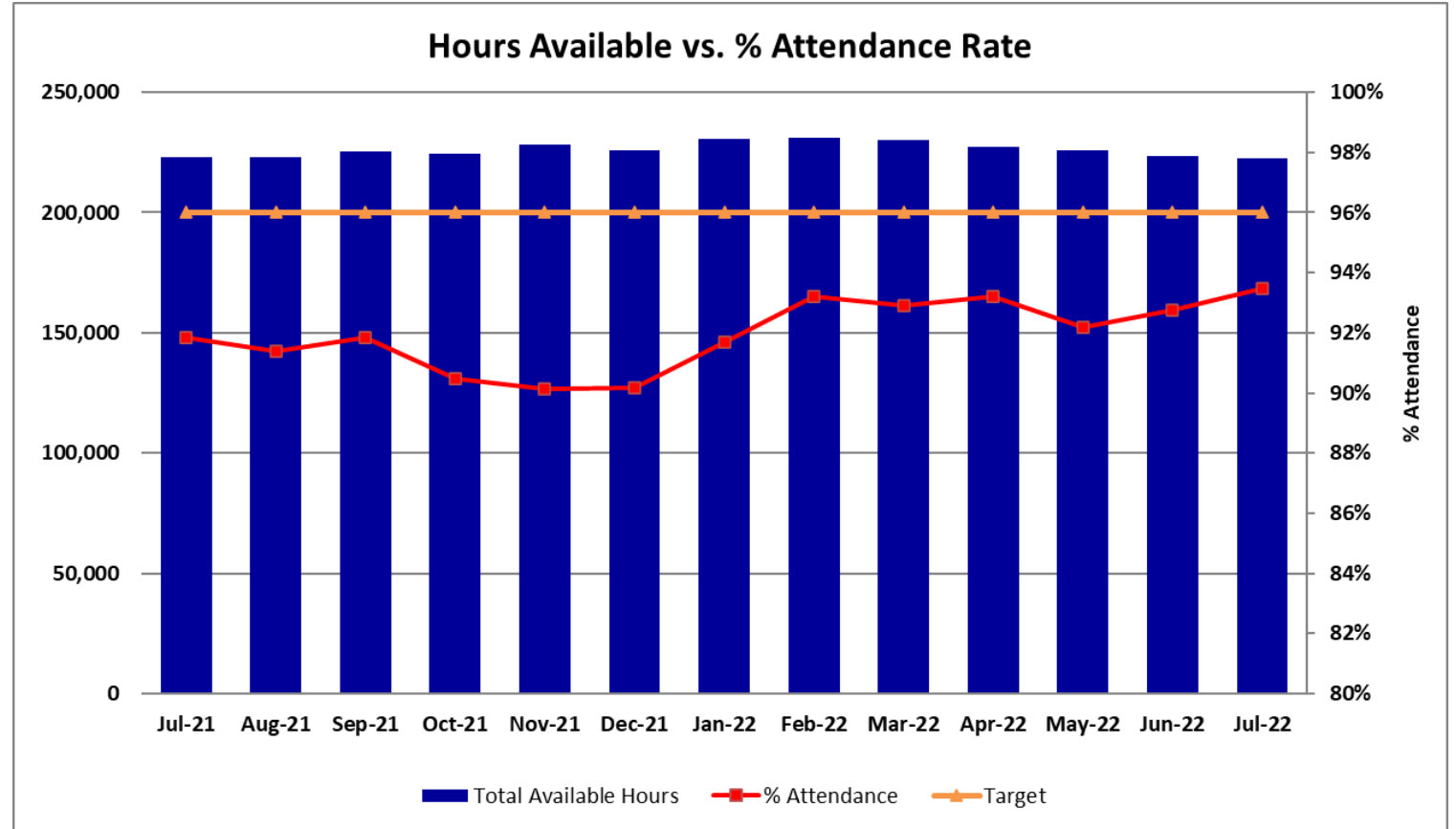
7.1 Attendance Rate

One of the key Scottish Govt. measures relating to workforce. A low attendance in the organisation will impact the organisations ability to deliver services to patients. The attendance rate excludes COVID related absence.

7.1 Workforce: Attendance Rates

Summary

- Attendance was **93.5%** which missed target by 2.5 percentage points.
- Attendance rate was 1.6 percentage points higher than July 2021 (91.8%)



NHS

24

**The care behind
your care.**