

<p>NHS 24</p> <p>BOARD</p>	<p>27 FEBRUARY 2020</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 January 2020.
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 January 2020.
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.

NHS 24 GREEN

Performance at a Glance – January 2020 and Year to Date (YTD): key targets:

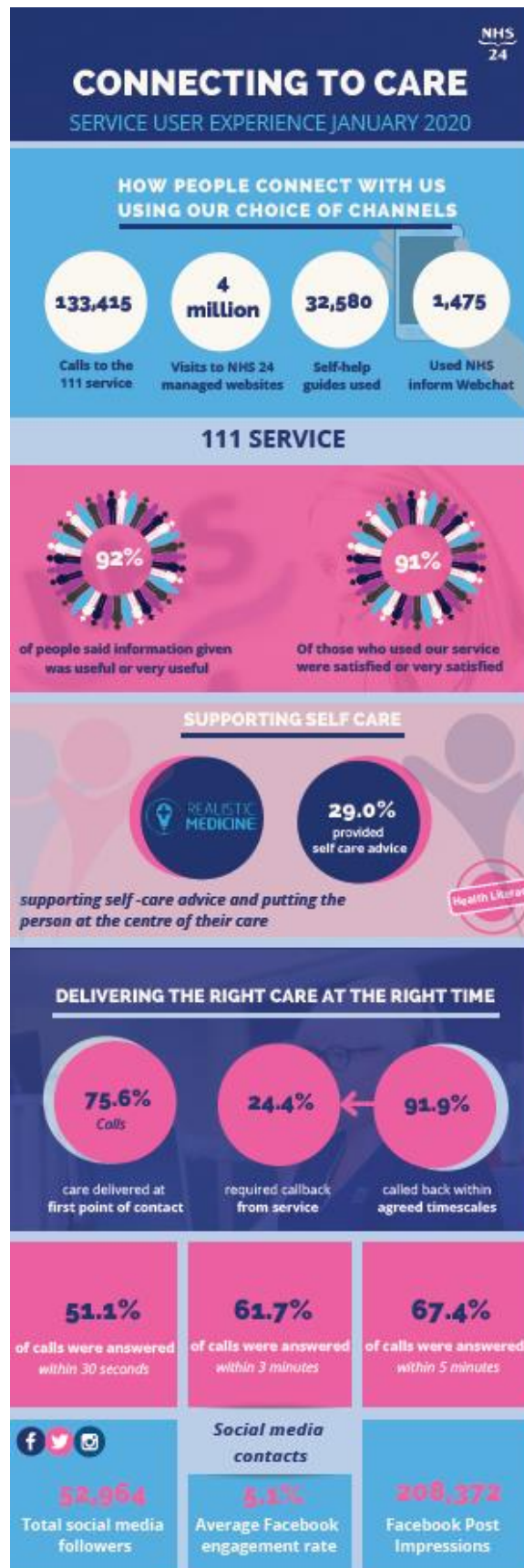
Ref	Measure	Key Performance Indicator - Target	Target	RAG Thresholds*	Jan-20	Jan-19	YTD Cumulative Performance (Apr'19-Jan'20)
111 Service							
1.1	Patient experience - satisfaction, helpfulness, usefulness	90% of service users surveyed record overall satisfaction with the service	90%	Amber 80-90% Red <80%	91.4%	91.0%	90.8%
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%	100.0%	100.0%	96.8%
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%	75.6%	73.7%	74.9%
2.1	Access Service Level	The proposal is to deliver 50% of calls answered within 30 seconds	50%**	Amber 45-50% Red <45%	51.1%	37.3%	46.3%
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	4m 5s	4m 15s	3m 17s
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%	10.2%	11.4%	9.2%
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%	99.9%	99.9%	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%	100.0%	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%	90.5%	95.8%	91.3%
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%	71.0%	72.2%	69.9%
Workforce							
3.1	Staff attendance rates	Achieve and maintain an average attendance rate of 94.75%	94.75%	Threshold tbc	89.7%	89.4%	90.6%
Mental Health Services							
4.2	Breathing Space	80% of Breathing Space Calls to be answered in 30 seconds	80%	Amber 70-80% Red <70%	77.5%	69.3%	72.5%

***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.

** Renewed Service Level target following agreed revision with Scottish Government.

Connecting to Care at a glance – January 2020

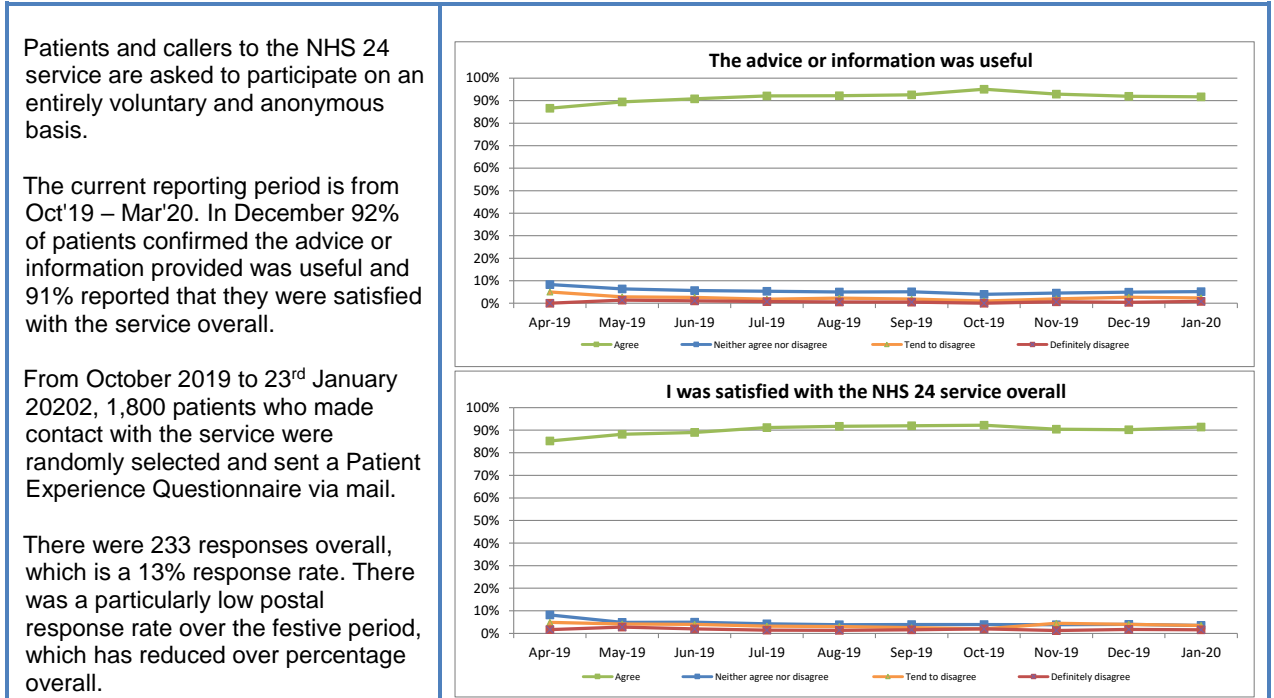
The “Connecting to Care” dashboard below sets out a visual representation of some of the key performance measures and metrics relating to service user experience in January 2020.



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 December	4
% responded to within 20 working days	100%

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 Q3 2019/20, is set out below:

Total Number of Complaints received – Q3

Call demand for Q3	Complaint Type	Number	% of complaints vs. call demand
467,707	Stage 1	63	0.013%
	Stage 2	12	0.002%

Complaints Upheld, Part Upheld, Not Upheld - 27% of Stage 1 complaints were upheld, with 25% of Stage 2 complaints upheld.

Average time to respond to complaints in working days

Stage 1	4
Stage 2	19

Complaints closed in full within the timescales

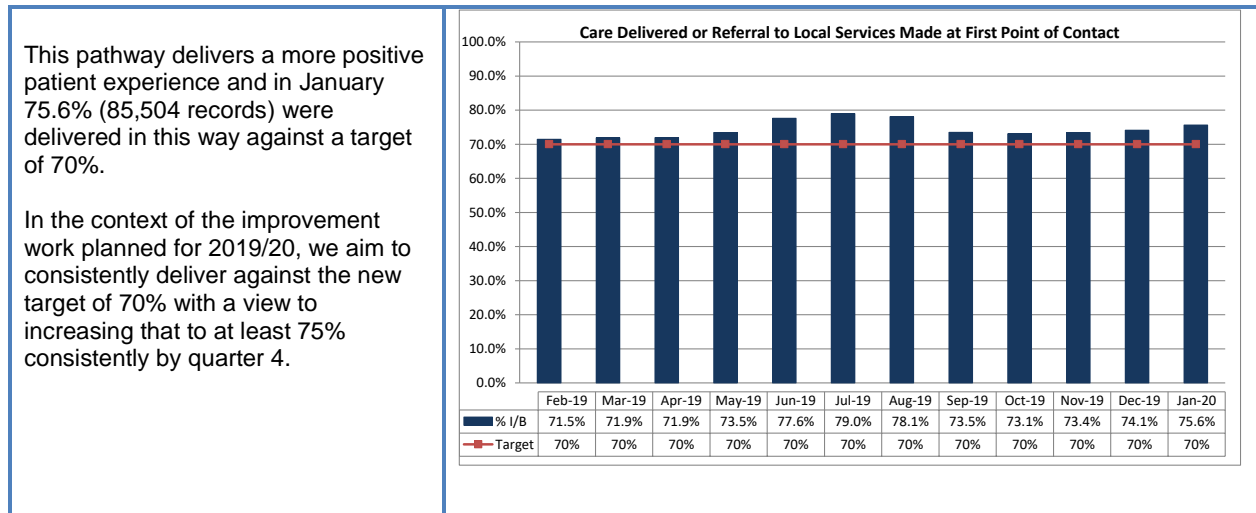
Complaint Type	Number received	Closed within timescale	%
Stage 1 Complaint	63	55	87%
Stage 2 Complaint	12	11	92%

Learning from Complaints - 61 items of individual learning were identified in Q3 2019/20.

Complaint Process Experience - The Patient Experience Team continues to seek feedback from complainants on their experience of how their complaint was managed. Of 35 forms issued, a total of five forms have been returned for Q3 (14%). 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 January for 111 service was 133,415, which was a 14.5% decrease on previous month, and a 4.0% decrease on January 2019. This made it the lowest call demand for a January since 2014.

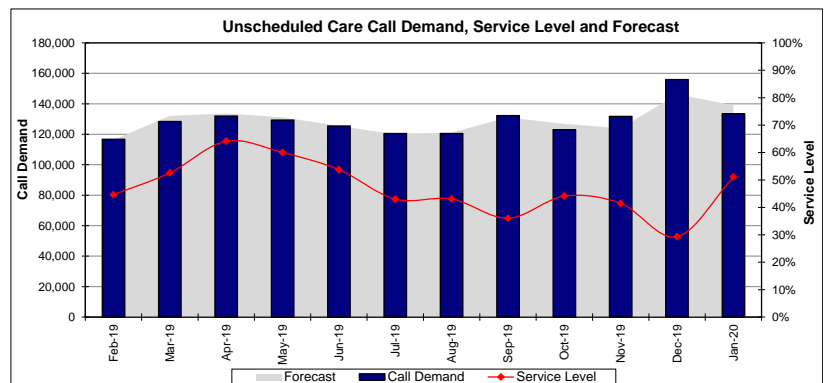
As part of the Mid-Year Review, it was discussed that there would be a revised service level of 50% by the end of the year. This has now been agreed with Scottish Government.

In January 2020, access level performance met the newly revised target at 51.1%. When compared to previous month there was a 21.8 percentage point increase, which is the largest month on month increase since April 2005.

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

Actions to address under performance

Service Delivery remain focussed on identifying further actions to improve service level. Although it is too early to see the full impact of Shift Review, we are starting to see benefit of the changes, especially during the midweek period. Despite January including the end of the busy festive period, access service level improved significantly from previous month.



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 January 2020 was:

Service Level 90% at 30secs 51.1%	Service Level 90% at 60secs 54.1%	Service Level 90% at 90secs 56.8%
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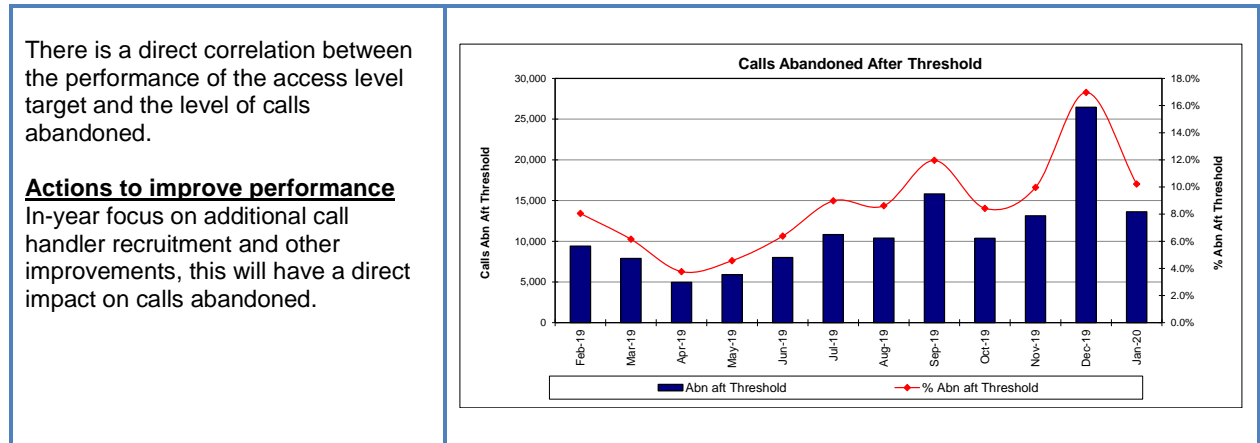
The average time to answer calls in January was 4 minutes 5 seconds, which is a 186 second decrease on the previous month.

Actions to improve performance

The implementation of Phase 1 of the Shift Review is also under review as well as Better Working Better Care continues to bed in, and we would expect to see continued improvement towards the end of Q1 in 2020/21.

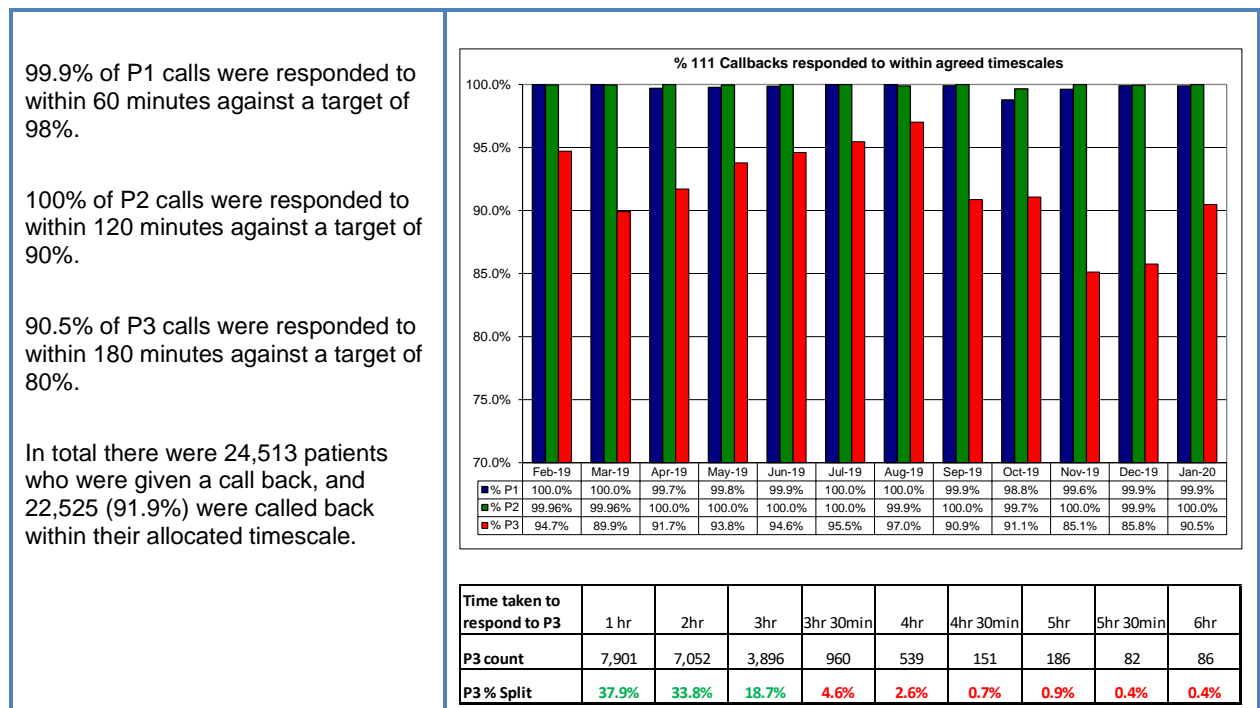
2.3 Levels of Calls Abandoned

In January the percentage of calls abandoned after threshold performance decreased from 17.0% in December 2019 to 10.2% in January, 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.



2.5 Calls from SAS

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 changed in December 2018, therefore January 2019 and January 2020 records are now at similar levels (0.4% decrease). In January, 71.0% of these Category C calls were converted to primary care or home care outcomes against a target of 75%.

Actions to improve performance

A meeting took place on 16 December 2019, with SAS, to further review the impacts of this change with SAS, with the following agreed actions:

- Agreed position on capacity aligned by NHS24 in and out of hours for “stacker” across both the in and out of hours period
- A joint clinical review of calls transferred from SAS, notably in the in hours period, to reduce the proportion of calls escalated to 999 or ED and minimise the delay for patients in accessing care. A further meeting was held and both SAS and NHS 24 are developing an approach to joint review of adverse events.
- Development of a joint enquiry hub due to go live in February. This will help to manage return callers to both organisations calling back for an update on arrival of GP or ambulance where symptoms have not worsened but timescales have been breached.

There has also been a proposal to slightly reduce target based on the notable increase in calls originating from SAS and extension of the range of clinical outcomes from SAS passed to NHS 24.

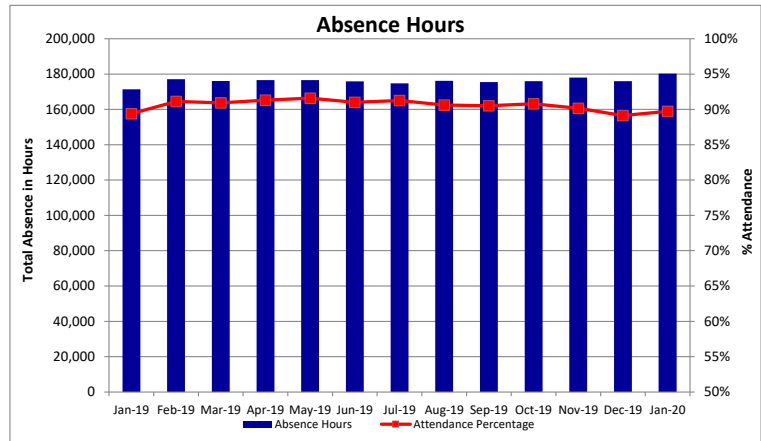
3. Workforce

3.1 Attendance

Monthly attendance increased by 0.6% from the previous month to 89.7%. As part of the implementation of the Once for Attendance Management Policy on 1st March 2020 we are working with managers to implement the updated policy and support attendance at work through an updated improvement plan. The plan will be updated following the absence audit with a focus on compliance reporting against the new Once for Scotland policy.

The Workforce Directorate are working with Service Delivery to agree action plans for Clyde and Cardonald to assist them with the focus on attendance management, whilst the Wellbeing Manager role currently on a test of change in the East will continue until October 2020.

In order to support managers with real time attendance management information the Workforce Planning Team now send out a monthly communication to managers advising them on the supporting dashboards available to them, and how to use these. A programme of training for sessions that will cover the use of reporting/dashboards in e:ESS is being developed and the current Attendance Management face-to-face training available to managers will be extended to include e:ESS training.



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 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

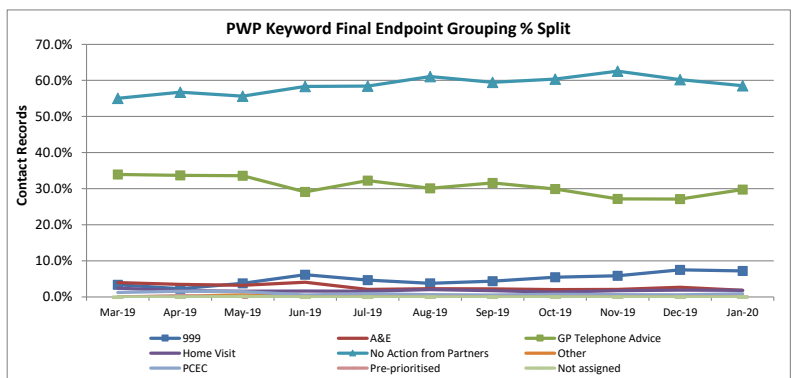
4.1 Mental Health Hub

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 2020.

In January 2,181 patients selected the Mental Health Hub IVR option when the service was open. This was a 3.0% increase on previous month.

58.5% (842) of records with a PWP keyword were given supportive advice which required no further action from partners.

The Mental Health Hub started taking Mental Health calls from the SAS stacker at the end of November and 25 patients were assessed in January. Further



collaboration work continues with SAS colleagues to identify if more calls would be suitable to be dealt with by the PWP skillset.

Work also continues with Police Scotland to devise a process for receiving appropriate low acuity mental health calls from Police Scotland service advisers in their contact centres. The Information Commissioner ruled that warm transfers were not permissible due to GDPR rules. A telephony solution is currently being moved into production environment.

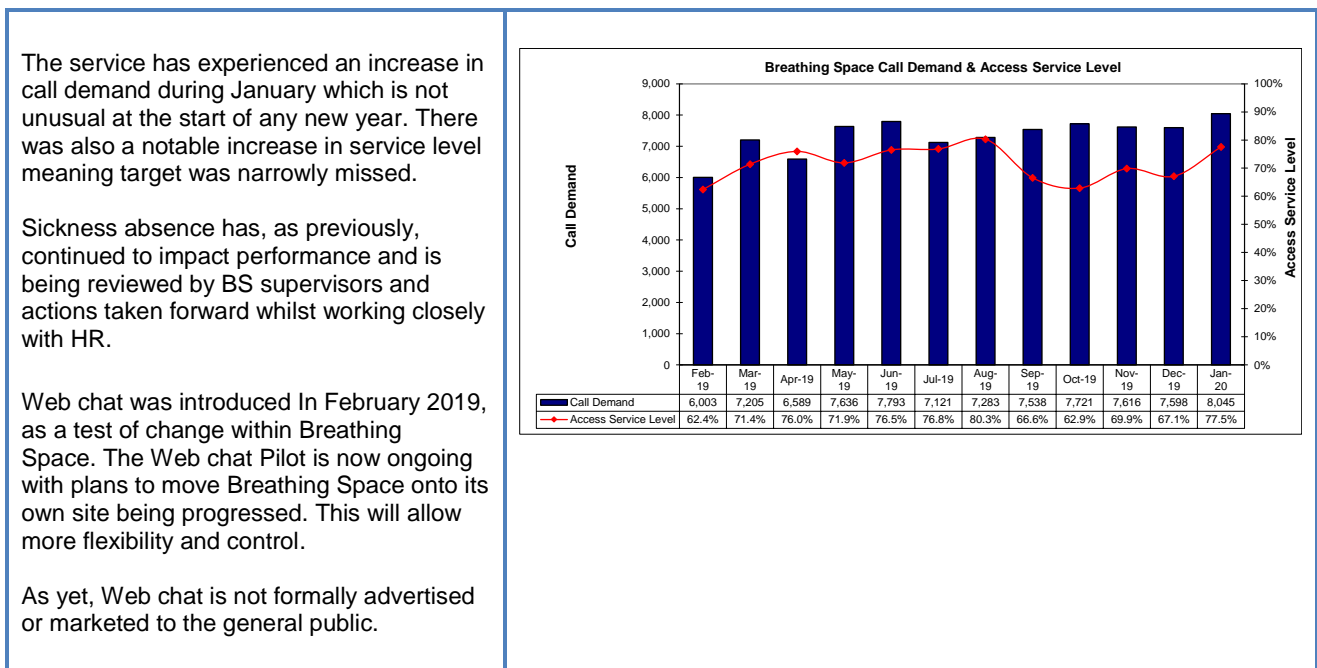
The Mental Health Hub is one element of NHS 24’s redesign of its mental health service offering and a key component of the Mental Health strategic programme in place.

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 2020 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 January was 77.5% of calls answered in 30 seconds, against a target of 80%, which was a 10.4% increase on previous month.



4.3 Living Life

The Living Life service managed a demand of 448 for patients self-referring for CBT, which is a 73.6% increase 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.

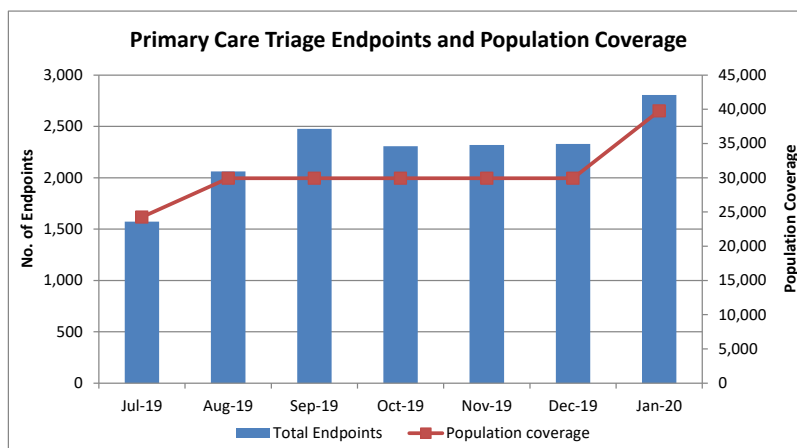
5. Primary Care Triage Service

NHS 24 has developed a Primary Care Triage (PCT) service for General Practitioner (GP) practices. At present the service is provided to four practices across NHS Lothian and NHS Dumfries & Galloway. At 31 January, the service had a population coverage of 39,783 patients, with plans for continued expansion into 2020/21. The expansion achieved in recent months has further demonstrated the value of the PCT service to partners with positive feedback being received from new practices.

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

In January 2,807 calls were managed through this service. The graph identifies the total number of patient contacts and population coverage by month.

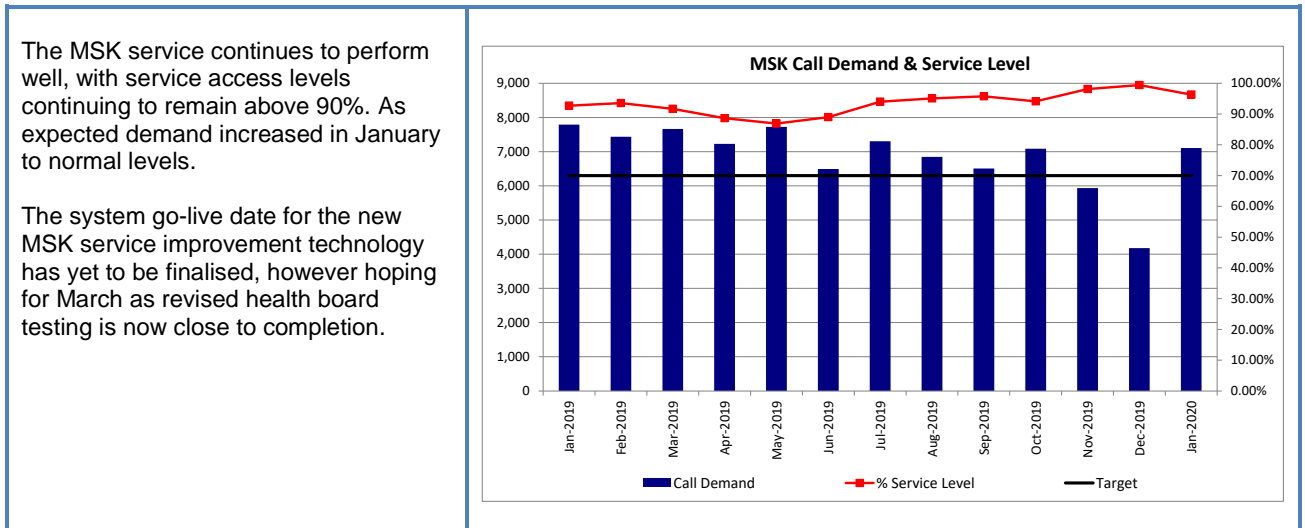
44% of patients were advised to speak to Nurse Practitioner, 19% were advised to see a GP and a further 14% were given self-care advice. The remainder relate to a range of outcomes, including Pharmacy, Home Visit and Physio.



The Harbours practice in Musselburgh joined Riverside Medical Practice in the extension of a ‘Hub’ model, where requests for same day access for multiple practice are handled through shared telephony, IT and care navigation services. The Upper Nithsdale and Lockerbie practices in Dumfries and Galloway, which went live in later part of 2019, have both reported significant benefits from adopting the PCT service. There has been strong expression of interest in adopting this model from other areas and work is in progress to build a single, integrated expansion plan that links timescales for development of technology enablement of the PCT service and a sustainable staffing model with understanding of all partner priorities and wider stakeholder views.

6. Musculoskeletal (MSK) Service

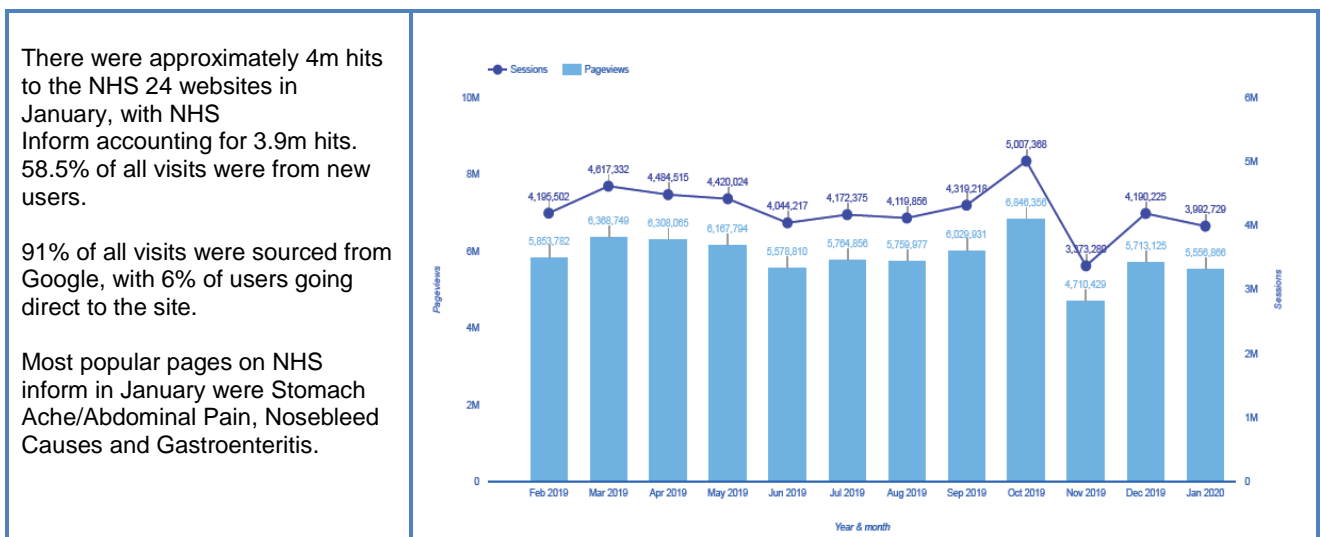
Demand for the MSK service was 7,104 which was a 70.0% increase on the previous month. A decrease in demand is always experienced over the festive period, with demand picking up in New Year. Service level decreased by 3.1 percentage points, to 96.3%, and remains comfortably above 70% target.



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.

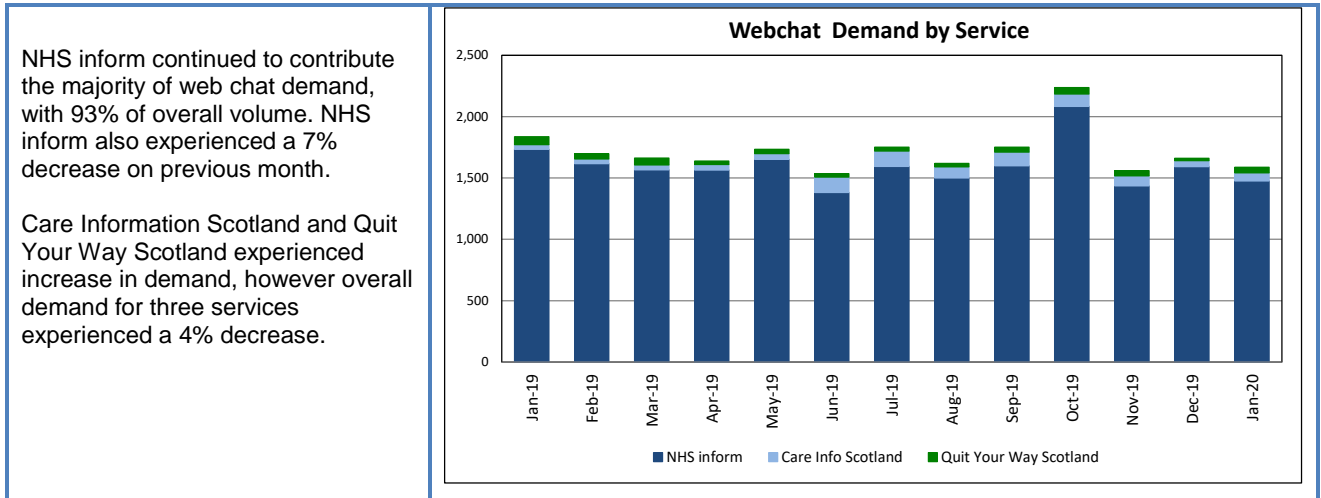
7.1 Website activity



7.2 Web chat

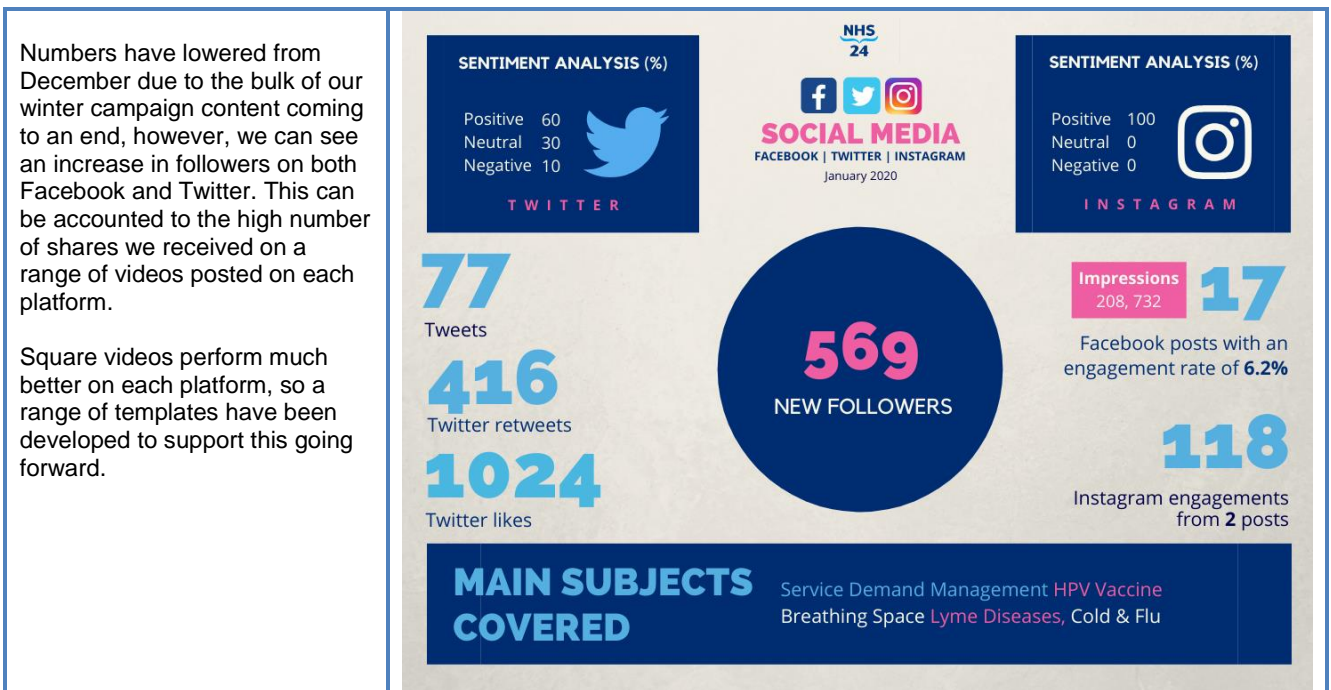
This channel is an alternative to the telephone to access services. The chart below indicates web chat activity by service, with the majority of contacts coming through the NHS inform service. There is some anecdotal evidence of channel shift from telephone to web chat,

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.



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 December.</p> <p>There were four P1 incidents in January, with further details below.</p>	Availability			
	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%

There were 4 P1 incidents in January 2020:

The DCRS Service raised an incident with SUGAR suppliers Provident to recover a deleted record. As agreed with senior service management this should not have been a P1 and technically was caused by user action rather than a technical failure.

Two incidents related to Email/Outlook. The first was 50% of users could not access their mailbox. This was due to a database issue on the affected servers. These servers had to be rebuilt to bring users back into service. The second was all users unable to access emails. Service was restored when Dacoll freed up space to prevent a build-up of log files which was the cause of the outage. Mitigation actions are under review with supplier.

SAP Message Monitoring users were affected as they could not confirm that the patient details captured on SAP PCM had been correctly transferred to NHS24 partners. This was due to a security certificate mismatch on the SAP servers which was swiftly resolved by Cap Gemini. Processes have been changed to mitigate further reoccurrence