

NHS 24 BOARD		26 OCTOBER 2023 ITEM NO 10.1 FOR ASSURANCE
CORPORATE PERFORMANCE REPORT SEPTEMBER 2023		
Executive Sponsor:	Steph Phillips, Director of Transformation Strategy, Planning & Performance	
Lead Officer/Author:	Paul McLaughlin, Head of Corporate Performance	
Action Required	This paper is presented to the NHS 24 Board to provide assurance on the quality and performance of services provided for period ended 30 September 2023 and to set the context for more detailed discussion by the Board on current performance.	
Key Points for the NHS 24 Board to consider	<p>The key points in relation to September 2023 performance:</p> <ul style="list-style-type: none"> • New KPI performance framework has now been officially signed off by Cabinet Secretary. Reporting has been amended to reflect new measures. • Demand in September increased by 6% to 138,747, which was within forecast range. Month by month increase in volume can be attributed to local public holidays. • Access to service experienced some increases; Median time to answer increased above 5 minute target to 6 minutes 46 seconds. 90th percentile time to answer remained within 30 minute target. • There was a slight increase in absence to 8.6%, whilst some key frontline skillsets remained high, the absence rates did improve on previous month. 	
Governance process	This paper was presented to APF on 5 October and presented to EMT on 17 October.	
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 in respect to call demand 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. RECOMMENDATION

- 1.1 The NHS 24 Board is asked to note quality and performance of services provided for period ended 30 September 2023.

2. TIMING

- 2.1 The Corporate Performance Report was presented to the Executive Management Team on 17 October 2023 and to the Board on 26 October 2023.

3. BACKGROUND

- 3.1 The new KPI performance framework which has been developed has now been fully signed off at Scottish Government. To summarise and recap, the new framework more appropriately aligns with current operational model and whilst a number of current interim KPIs have remained in place, additional metrics have been introduced. The new measures provide further context on patient experience and impact that NHS 24 has across wider system in terms of outputs and outcomes.
- 3.2 Demand on 111 service in September was 138,747 calls, which was within forecast range. Demand was 11% down against September 2022 and 6% up on previous month. Call volumes per week increased as month progressed, and this can mainly be attributed to covering local public holidays, including particularly large holiday on Monday 25th September which covered 54% of population. This resulted in volumes more generally experienced at weekends (6,700 calls).
- 3.3 Access to 111 service dropped slightly when compared to August; median time to answer for 111 was 6 minutes 46 seconds, this increased by over 2 minutes on previous month and finished above target (5 minutes). 90th percentile time to answer stayed within 30 minute target (29:48) and was the highest overall achieved since March 2023. The newly added KPI measure discontinued calls remained static at 0.2% against a target of 5%. Discontinued Callers are callers who abandon after 5 minutes two or more times in a calendar day with no call answered in that 24 hour period.
- 3.4 There was a slight increase in sickness absence figure in September to 8.6% compared to August (8.2%). For frontline skillsets, the highest absence in terms of hours lost and % absence were skillsets used for Clinical Supervision. Nurse Practitioner Band 6 (15%) and Clinical Supervisor (13%) had notable absence in September. It is important to note both skillsets absence dropped compared to August, however both continue to be closely monitored. Both of these skillsets are critical to operating model who provide key Clinical support to Call Takers, these skillsets need to be maximised in order to maintain good access and talk time for Call Takers. Cold, Cough, Flu experienced the biggest increase in absence reason, which was reflected in increases in Breathing, Cough and Throat Pain from keywords selected from calls.
- 3.5 Virtual Ringback continued development throughout September and regular testing has been conducted throughout the month. Across days when ringback was activated 2,519 patients selected this option, these are included

in overall demand which is cited above. Overall, 78% patients were successfully contacted on first ringback attempt, with an average time to ringback of 32 minutes 51 seconds. Testing continues throughout weekdays to increase familiarity across skillsets, and larger scale testing on a weekend is being discussed.

4. ENGAGEMENT

- 4.1 This report requires collaboration across a number of directorates in order to compile report.

5. FINANCIAL IMPLICATIONS

- 5.1 All financial and workforce implications arising from current and projected performance levels are reflected in the routine functional reports.



NHS 24 Board

Corporate Performance Report

September 2023

September Headlines



Demand increased by 6% (7,257 calls) to 138,747 – several local Public Holidays contributed to increased demand.

New KPI performance framework fully signed off by Scottish Government and Cabinet Secretary.

Time to access 111 service increased in September. Median Time to Answer missed 5-minute target (6:46)

Increase in absence to 8.6% (from 8.2%) – key frontline skillsets remain high (Nurse Practitioner Band 6 – 15%) despite improvements from August.

Virtual Ringback testing continued throughout September. 2,519 requests with 78% patients successfully contact on first attempt.

Performance Framework

1. Patient Experience	Target	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
1.1 Patients % positive experience using 111 service	90%	N/A	N/A	N/A	N/A	N/A	N/A
1.2 Complaints: % stage 2 answered within 20 days	100%	100%	100%	100%	100%	100%	100%
1.3 Triaged at First Contact	95%	95%	95%	96%	95%	96%	95%
1.4 Patient Journey Time	30 mins	0:30:02	0:29:41	0:28:52	0:32:16	0:30:06	0:33:03
2. Whole System Impact	Target	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
2.1 Primary care: % of outcomes	c45-65%	56%	54%	51%	53%	51%	52%
2.2 Secondary care: % of outcomes	<30%	24%	26%	29%	26%	28%	27%
2.3 Self-care / no partner action: % outcomes	>20%	20%	20%	20%	21%	21%	21%
3. Access	Target	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
3.1 Median time to answer	5 mins	0:05:31	0:05:22	0:05:25	0:05:26	0:04:17	0:06:46
3.2 90 th percentile time to answer	30 mins	0:26:27	0:26:02	0:23:04	0:25:59	0:24:12	0:29:48
3.3 Discontinued Callers	5%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%
4. Digital	Target	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
4.1 NHS inform Website	N/A	11,938,676	12,210,971	11,189,956	10,825,991	11,694,591	12,878,279
4.2 Webchat (4 services)	N/A	1,922	2,079	540	1,051	929	2,051
4.3 NHS 24 App (Self Help Guide selection)	N/A	5,561	4,520	3,940	8,174	7,926	8,243
5. Staff Experience	Target	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
5.1 Staff attendance	96%	92%	93%	93%	93%	92%	91%
5.2 Engagement index	75	74	74	74	74	74	74

Patient Experience Measures



1.1 Patient experience: % positive experience of using 111 service

Ongoing measure which gauges satisfaction from users of 111 service. Reliant on automated SMS service – this has undergone testing in Mental Health Hub and due to be extended to wider 111 service overall.

1.2 Complaints: % stage 2 answered within 20 days

Proactive management of complaints monitored, all other relevant patient feedback including compliments and stage 1 complaints reviewed.

1.3 Triaged at First Contact

Reflects stated preference of callers and key system partners with calls being triaged on initial inbound calls. Results in no further delays through NHS 24 or repetition of questions to patient.

1.4 Patient journey time

Provides full journey time, from selection at Interactive Voice Response to when triage of call has ended. Both answering time and triage time monitored in this measure.

Complaints / Patient Feedback

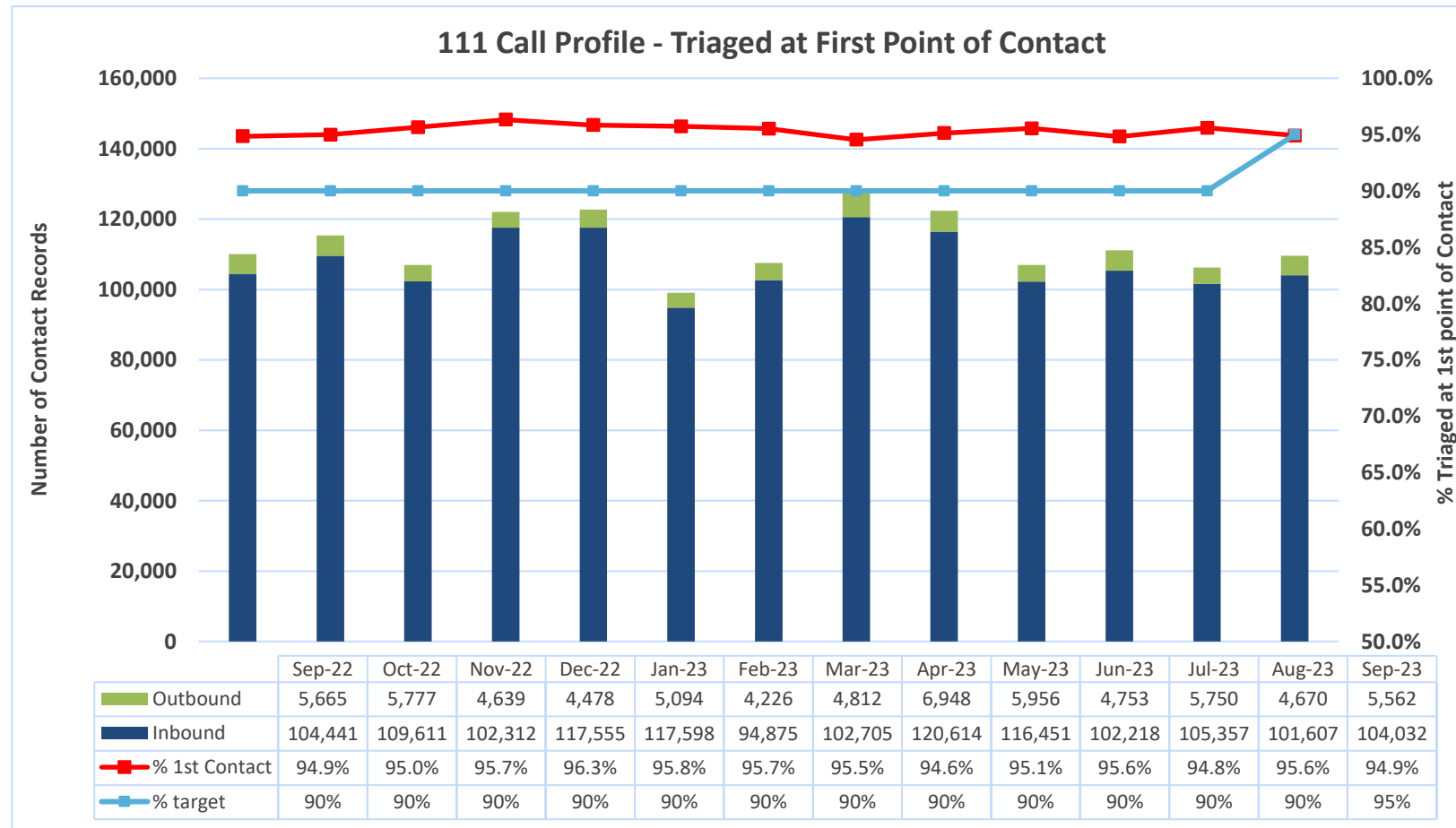
In total there were 58 items of patient feedback:

- Stage 2 complaints is the reportable figure on performance framework. There were 6 stage two complaints, all responded to within 20 day timescale.
- In total there were 18 complaints which represents 0.01% of total demand.
- Main themes of complaints were – Inappropriate Outcome / Referral
– Time taken to answer

Feedback Type	September
Stage 2 Complaints	6
Stage 1 Complaints	12
Shared Complaints	3
Comments	14
Enquiries	4
Concerns	-
Compliments	19
Total	58

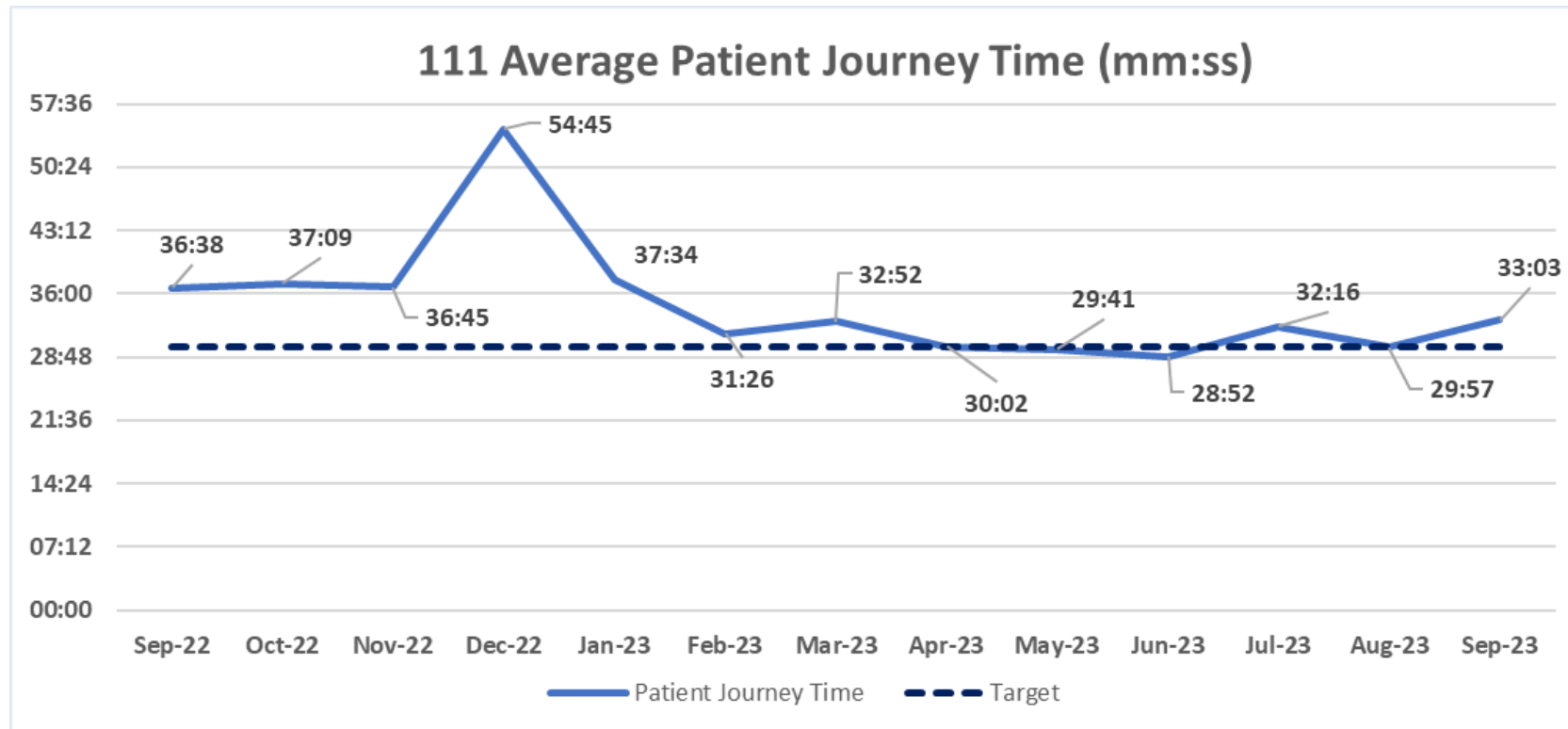
Triaged at First Contact

- Measurement monitors the transition to an inbound model
- Scottish Emergency Dental Service continues to make outbound calls – and is the main driver of outbound calls – small proportion of Pharmacy calls also managed outbound.
- Triaged at First Contact narrowly missed the new target (95%) at **94.9%**.



Patient Journey Time

- Patient Journey is time between when patient select desired Interactive Voice Response (IVR) route (Urgent Care, Dental, Mental Health) to when the final endpoint is entered on to the contact record.
- In line with the new performance framework patient journey time is now a 111 overall time (previously split by Urgent Care and Mental Health pathways)
- Patient Journey Time for September 2023 was **33 minutes 3 seconds**.



Whole System Impact



2.1 Primary Care Outcomes

Shows impact of NHS 24 triage on wider system. To include out of hours referrals and advice to contact own GP in hours

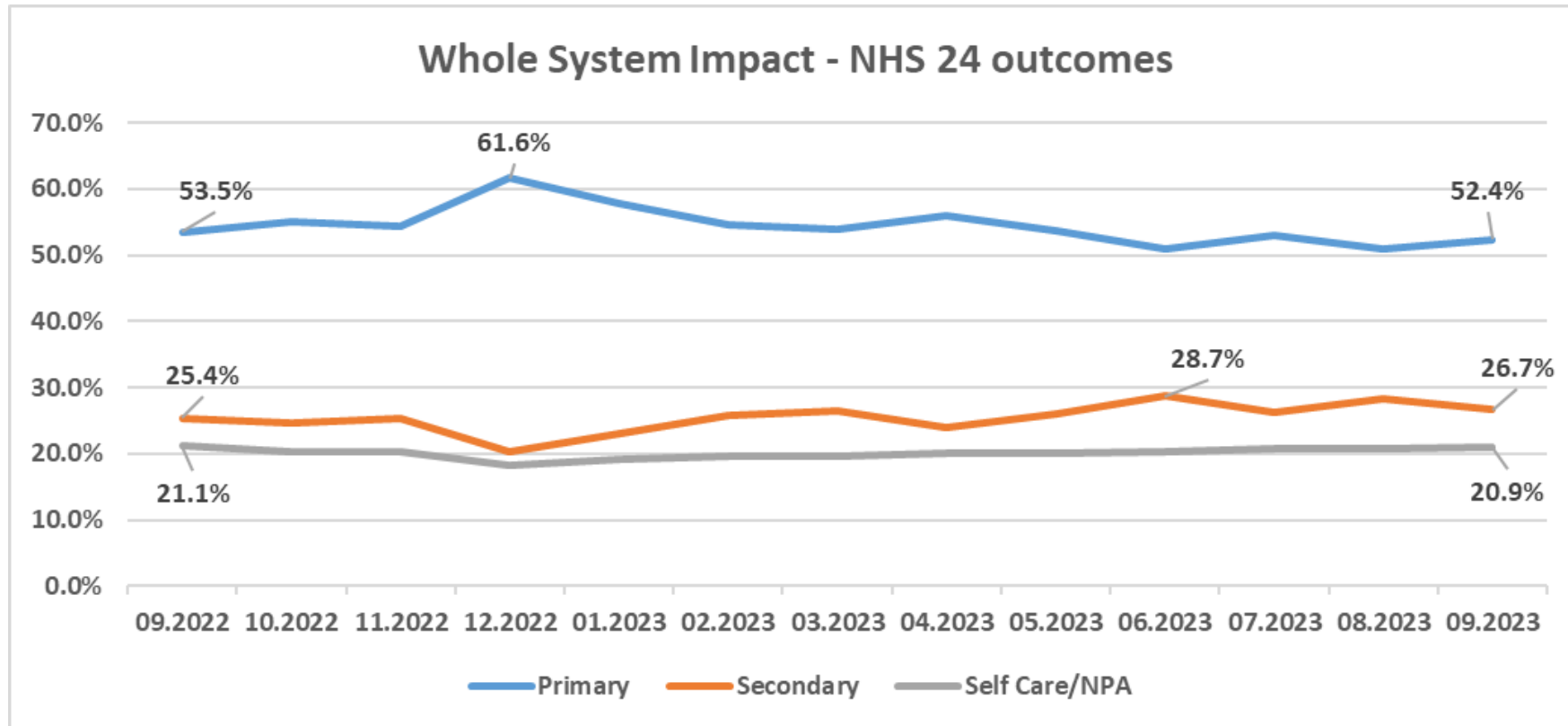
2.2 Secondary Care Outcomes

Secondary care outcomes include referrals to Accident & Emergency, 999 and Flow Navigation Centres.

2.3 Self Care – No Partner Action

This grouping includes all self care advice, as well as referrals to other services including Pharmacy, Midwife, Police and Optician.

Whole System Impact



- **Primary Care** – increase of 1.4 percentage points on previous month to 52.4%. 13 month high occurred in December 2022, primarily due to influx of Strep A calls and a difficult/busy flu season.
- **Secondary Care** – decrease of 1.6 percentage points from August to 26.7%. 13 month high occurred in June (28.7%), due to a high level of RUC pathway calls.
- **Self Care/NPA** – measure remains static and remains within 1.1 percentage points of 20%.

Telephony Access



3.1 Median Time to Answer

Measure which tracks mid point in answering time of calls to 111 (target 5 minutes)

3.2 90th Percentile Time to Answer

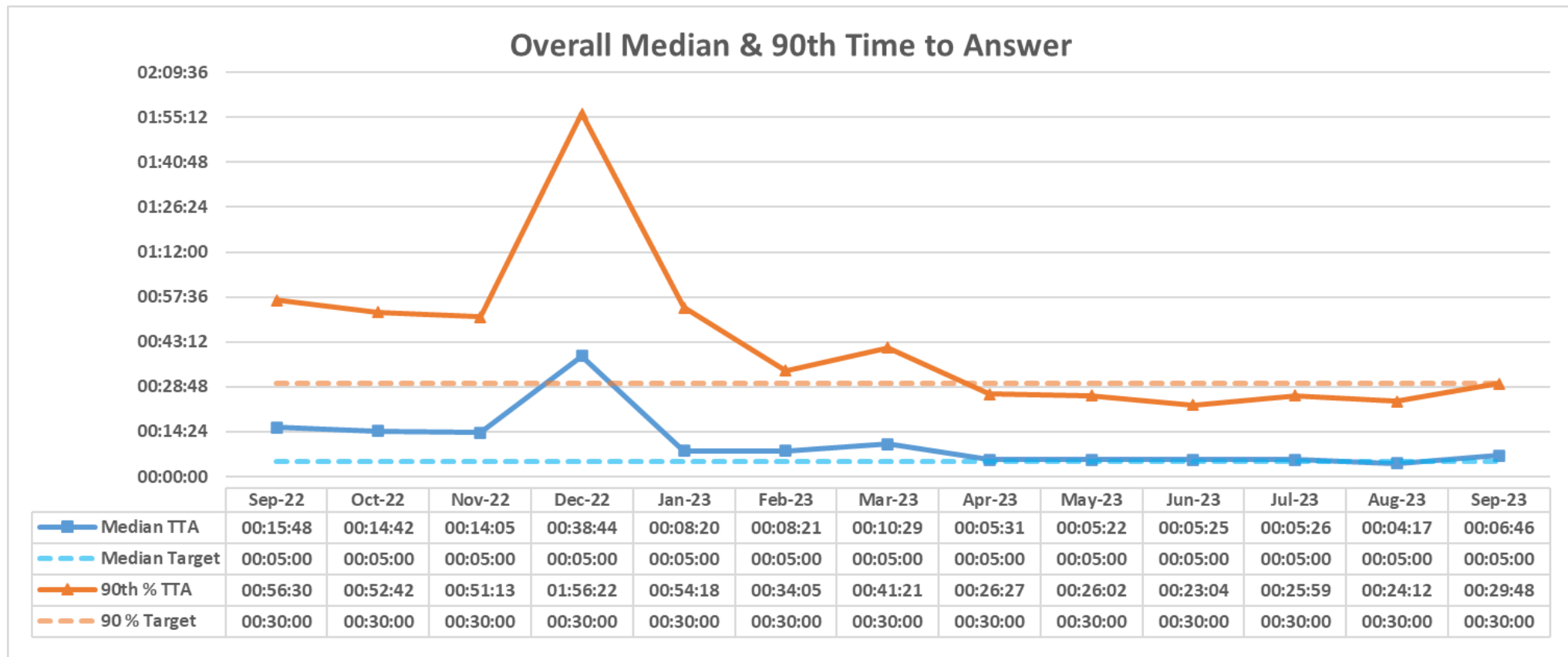
Measure tracks the longer wait times. 90th percentile provides the time where 90% of patients have been answered within (target 30 minutes)

3.3 Discontinued Calls

Measures % of callers within a calendar day who call 2 or more times and do not have any call answered within that time period having waited longer than 5 minutes.

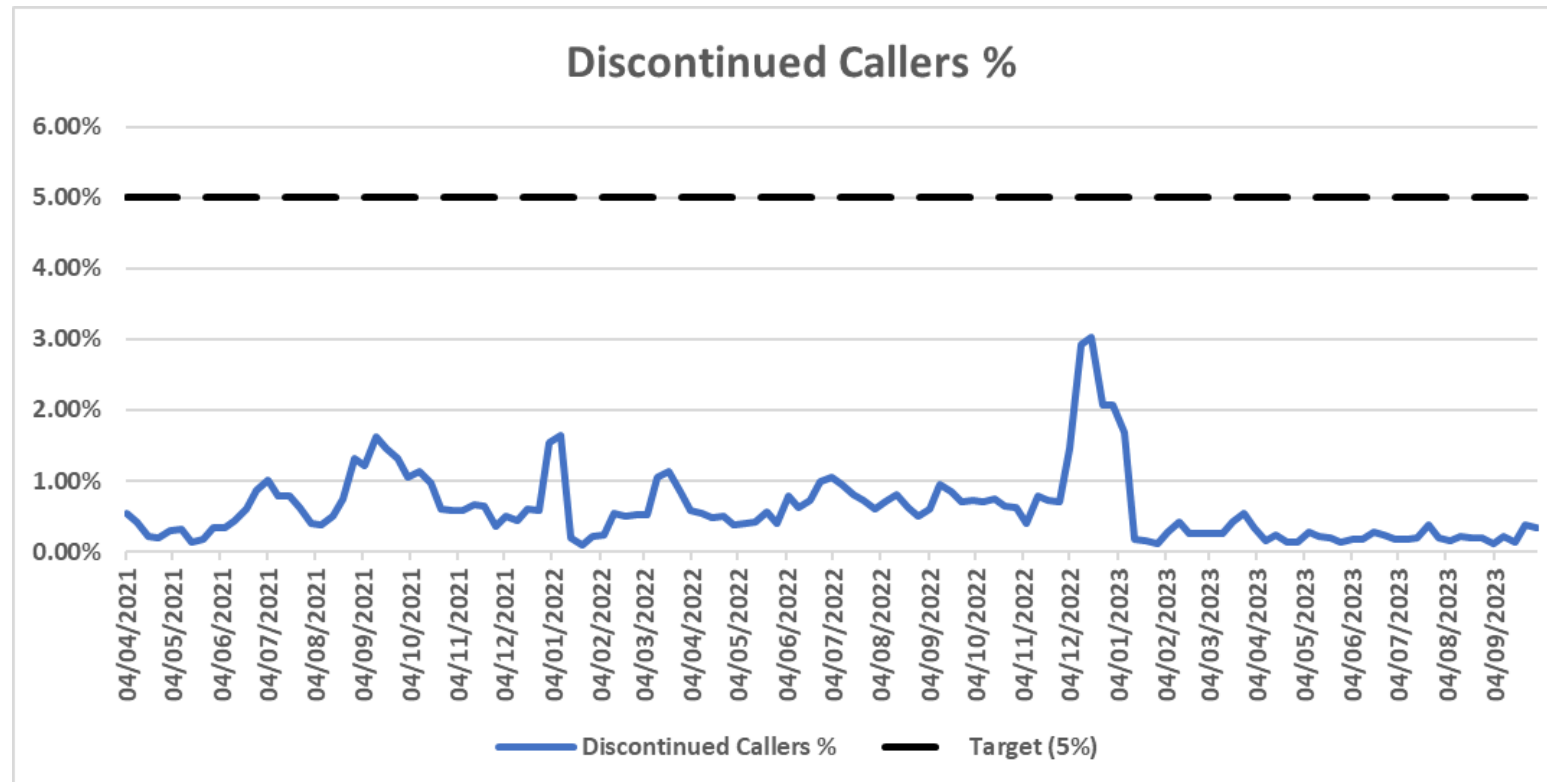
Median & 90th Percentile

- In line with the new performance framework Median and 90th Percentile will now be an overall figure.
- Overall Median Time to Answer in September 2023 was **6 minutes 46 seconds**.
- Overall 90th Percentile Time to Answer in September 2023 was **29 minutes 48 seconds**.



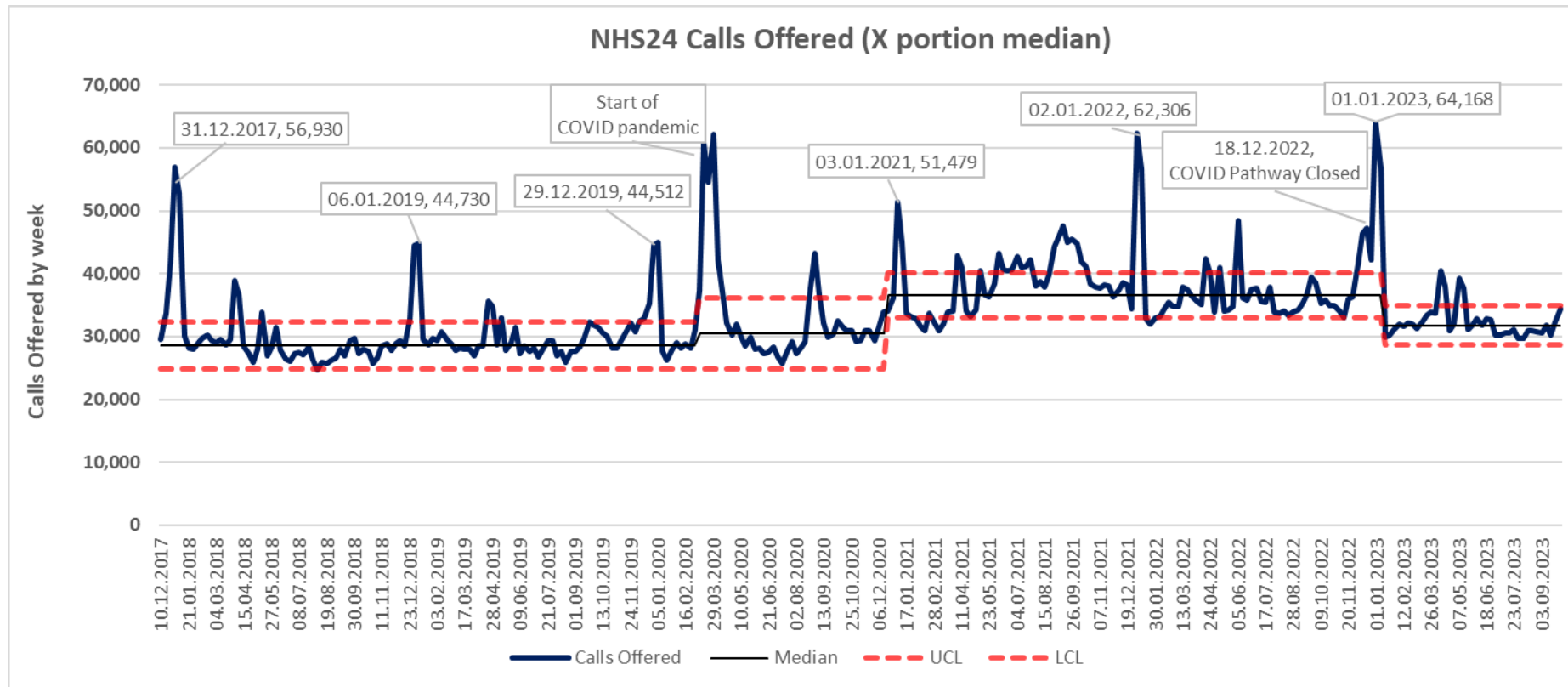
Discontinued Callers

- Newly introduced measure within performance framework
- Discontinued caller is patient (based on phone number) who has abandoned after 5 minutes twice in one calendar day, whilst having no call answered.
- A noted portion of abandoned calls will originate from patients who have had at least one call answered that day. It is assumed that other abandoned calls have accessed digital information (NHS inform or NHS 24 app) for self help advice.
- Measure consistently within target at 0.2% of overall demand.



Call Volumes – Control Chart

- Control Chart data is provided for context on access measures – volumes above weekly median often result in longer times to access service.
- Current median is 31,750 calls offered per week.
- Weekly volumes were between -5% to +9% of new median in September, however neither control limit was breached.



Digital Access

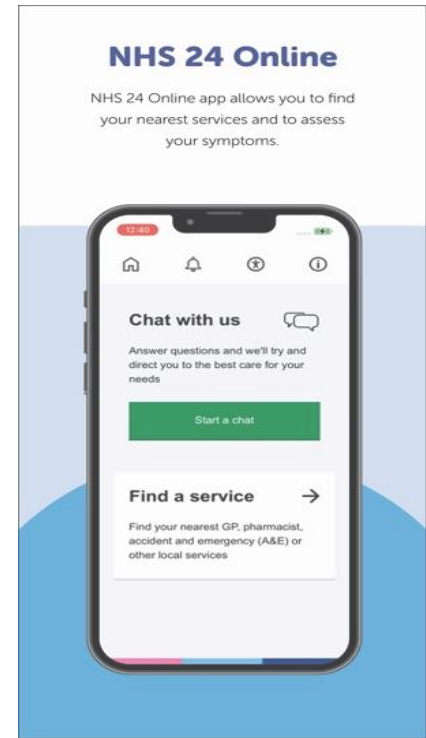


NHS inform – 12.9 million page views in September.



2,051 webchats answered
4 services – NHS inform (1,461), Breathing Space (578), Quit Your Way Scotland (8) and Care Info Scotland (4)

Note: new Webchat system does not capture any attempts to webchat when no advisor available



NHS 24 app – 8,243 Self Help Guide Selections in September.

Staff Experience



5.1 Staff Attendance

Identifies and monitors overall staff attendance – this is an NHS wide target which is set nationally for all Health Boards at 96%.

5.2 Engagement Index

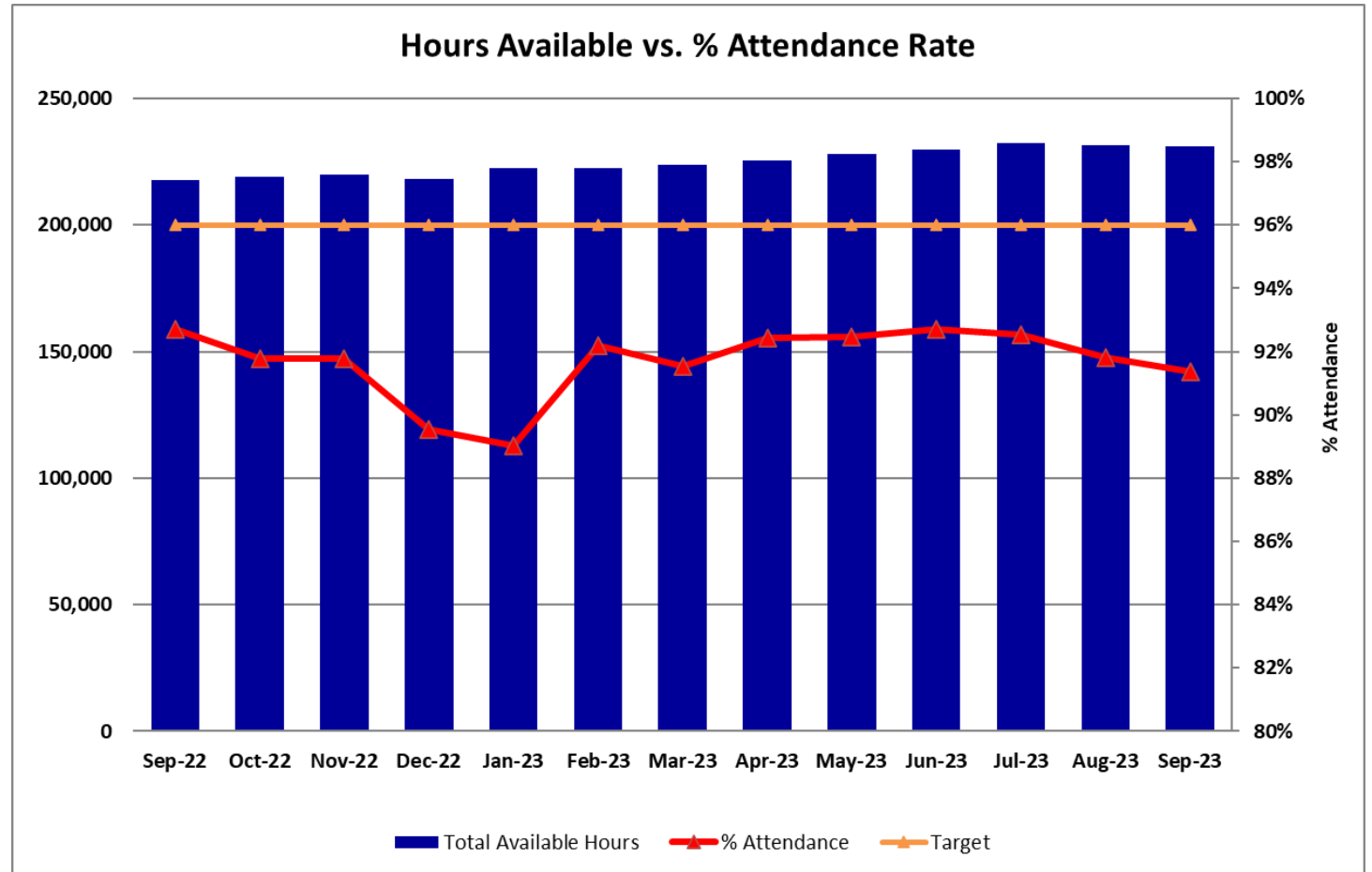
iMatter is a key initiative at NHS 24. It is a tool designed to gather valuable insights into the staff experience and staff are encouraged to participate in an annual questionnaire, consisting of 29 questions. This allows organisation to understand staff in order improve experience at work for all.

Engagement score is the % of staff who participate in survey. This has remained high overall for 2022/23 at 74.

Workforce Attendance

Summary

- Attendance was **91.4%** which missed 96% target
- Attendance was down slightly on previous month (91.8%) and down on September 2022 (92.7%)
- Nurse Practitioner (Band 6) experienced a decrease on previous month absence at 15%. This is a key skillset for Clinical Supervision therefore is being closely monitored with regular meetings between Service Delivery and HR.



NHS

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**The care behind
your care.**