

NHS 24 BOARD MEETING		29 FEBRUARY 2024 ITEM NO 10.1 FOR ASSURANCE	
CORPORATE PERFORMANCE REPORT JANUARY 2024			
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 31 January 2024 and to set the context for more detailed discussion by the Board on current performance.	
Key Points for this Committee to consider		<p>The key points in relation to January 2024 performance:</p> <ul style="list-style-type: none"> • Lower volumes in January, with a drop of 16,000 calls compared to December. Call forecast was within 1% of overall volume. • Patient Survey data available after successful test in Mental Health Hub – Dental was chosen as the initial service to start surveys. Overall 88% satisfaction rate with service. • Challenges remained with meeting access targets, Patient Journey Time, Median and 90th Percentile time to answer all missing their respective targets. • Clinical Supervision availability was key challenge in January. This skillset had increased shrinkage, which impacted Call Taker AHT due to extended waits for Clinical Supervision. <p>Virtual Ringback progression continued, with almost 8,000 ringback requests in January, the highest monthly total since inception.</p>	
Governance process		This paper was presented to EMT on 19 February.	
Strategic alignment and link to overarching NHS Scotland priorities and strategies		<ul style="list-style-type: none"> • 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.
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1. RECOMMENDATION

1.1 The NHS 24 Board is asked to note quality and performance of services provided for period ended 31 January 2024.

2. TIMING

2.1 Corporate performance report was presented to Executive Management team on 19 February 2024.

3. BACKGROUND

3.1 Demand on 111 service in January was 150,592, which was within forecast range, the first two weeks were below forecast and second two weeks were above forecast. Demand was 10% lower than previous month and 9% down January 2023. This resulted in lowest volume since January 2020 (pre-pandemic).

3.2 When reviewing volume by pathway, the largest drop in volume was from Unwell pathway, with over 16,000 less calls compared to December (83,000 calls). Dental experienced a notable drop to 8,700 calls (17% drop) – which was a return to BAU levels. Mental Health Hub experienced a 500 call increase to 12,245 which is one of the highest monthly volumes service has ever received. It should also be noted Mental Health Hub maintained excellent access statistics with over 78% of calls answered within 5 minutes. There was also a small increase (1,100 calls) in patients selecting RUC pathway (A&E option) – which was the highest volume since August (pathway is busier in summer months).

3.3 Patient surveys were re-instated after successful testing using Mental Health Hub. Technical upgrades were required as surveys have now moved from postal to an SMS text survey whereby patients receive a text to a webropol survey link approximately 15 minutes after the call has ended. Dental was chosen as the first outcome to use SMS text surveys. In total there were 3,473 dental outcomes where patient called from a mobile – during time SMS survey was switched on there were 474 responses, indicating a 13% response rate. Overall, 88% of patients indicated satisfaction of service, and a further breakdown of these figures will be available in due course.

3.4 Time to access 111 service improved compared to December, but remained high, with most telephony access measures missing target. Median time to answer (12 minutes 26 seconds) was down by over 2 minutes on previous month, but over 4 minutes higher than previous January. This can be said for 90th Percentile Time to Answer and Patient Journey, resulting in 2nd longest times to access service in 13 months.

- 3.5 The key factor behind wait times to access service remaining high was Clinical Supervision numbers and availability across January. Clinical Supervisors are a key element of patient triage and provide key support to Call Takers when clinical advice is required. Across January Clinical Supervision shrinkage (*skillset unavailability for any reason i.e., absence, annual leave, not ready codes*) was in excess of 50% across two weeks (w/c 8th and 15th). As a result of this high shrinkage Call Taker AHT increased to in excess of 30 minutes (again across w/c 8th and 15th.) which results in longer patient journeys and reduced Call Taker availability. Key pieces of work as part of Service Transformation (Advise & Refer) are continuing in order to maximise Clinical Supervision and reduce Call Taker AHT.
- 3.6 Virtual Ringback (VR) has now moved under Business As Usual although project has not yet been fully evaluated and closed. The VR now has set conditions for deployment; when time to access services reaches up to 40 minutes it is now being switched on for patients to utilise this option (*update: the access wait limit has changed to 30 minutes in February*). It should also be noted the option is only available to patients who select the Unwell option (the most common path for patients). 7,922 patients selected ringback in January, with 94% ringback attempts successfully connecting to patients. This is the highest ever use in a month, and during peak waits (1st January) up to 49% of patients given ringback option were selecting it. There is further work being done to review VR aligned with patient behaviours and demographics, in order to maximise the technologies potential. VR also provides additional financial benefits due to reduced cost of VR interactions (no cost of waiting time or talk time on phone) therefore understanding VR benefits is the next phase.

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

January 2024

January Headlines



Demand dropped by 16,000 calls in January to 150,592, which was the lowest January volume since 2020 (135,000).

By pathway Dental volume had biggest drop (17%), Urgent Care fell by 11% whilst Mental Health demand increased by 4% (500 calls)

Virtual Ringback was used to handle the highest number of requests since inception, with 7,922 patients selecting ringback option.

High Clinical Supervisor shrinkage lead to increased Call Taker AHT – weekly AHT increased to over 30 minutes on two occasions in January.

Patient Satisfaction surveys are now live (Dental only) after technical upgrades were put in place. 88% patients were satisfied with service overall.

Performance Framework

1. Patient Experience		Target	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24
1.1 Patients % positive experience using 111 service	90%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	88%
1.2 Complaints: % stage 2 answered within 20 days	100%	100%	100%	100%	100%	100%	100%	40%	100%
1.3 Triaged at First Contact	95%	95%	96%	95%	95%	96%	94%	94.9%	94.9%
1.4 Patient Journey Time	30 mins	0:32:16	0:30:06	0:33:03	0:32:33	0:32:31	0:42:32	0:41:24	0:41:24
2. Whole System Impact		Target	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24
2.1 Primary care: % of outcomes	c45-65%	53%	51%	52%	53%	53%	58%	56%	56%
2.2 Secondary care: % of outcomes	<30%	26%	28%	27%	26%	27%	22%	25%	25%
2.3 Self-care / no partner action: % outcomes	>20%	21%	21%	21%	21%	20%	20%	19%	19%
3. Access		Target	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24
3.1 Median time to answer	5 mins	0:05:26	0:04:17	0:06:46	0:05:01	0:05:32	0:14:40	0:12:26	0:12:26
3.2 90 th percentile time to answer	30 mins	0:25:59	0:24:12	0:29:48	0:29:15	0:29:06	0:58:19	0:55:10	0:55:10
3.3 Caller Discontinued	5%	0.2%	0.2%	0.2%	0.2%	0.2%	0.5%	0.5%	0.5%
4. Digital		Target	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24
4.1 NHS inform Website	N/A	10,825,991	11,694,591	12,878,279	12,618,401	10,354,941	7,715,500	9,185,508	9,185,508
4.2 Webchat (4 services)	N/A	1,051	929	2,051	1,280	1,236	1,247	1,444	1,444
4.3 NHS 24 App (Self Help Guide selection)	N/A	8,174	7,926	8,243	9,280	5,256	7,003	5,889	5,889
5. Staff Experience		Target	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24
5.1 Staff attendance	96%	93%	92%	91%	91%	92%	90%	91%	91%
5.2 Engagement index	75	74	74	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

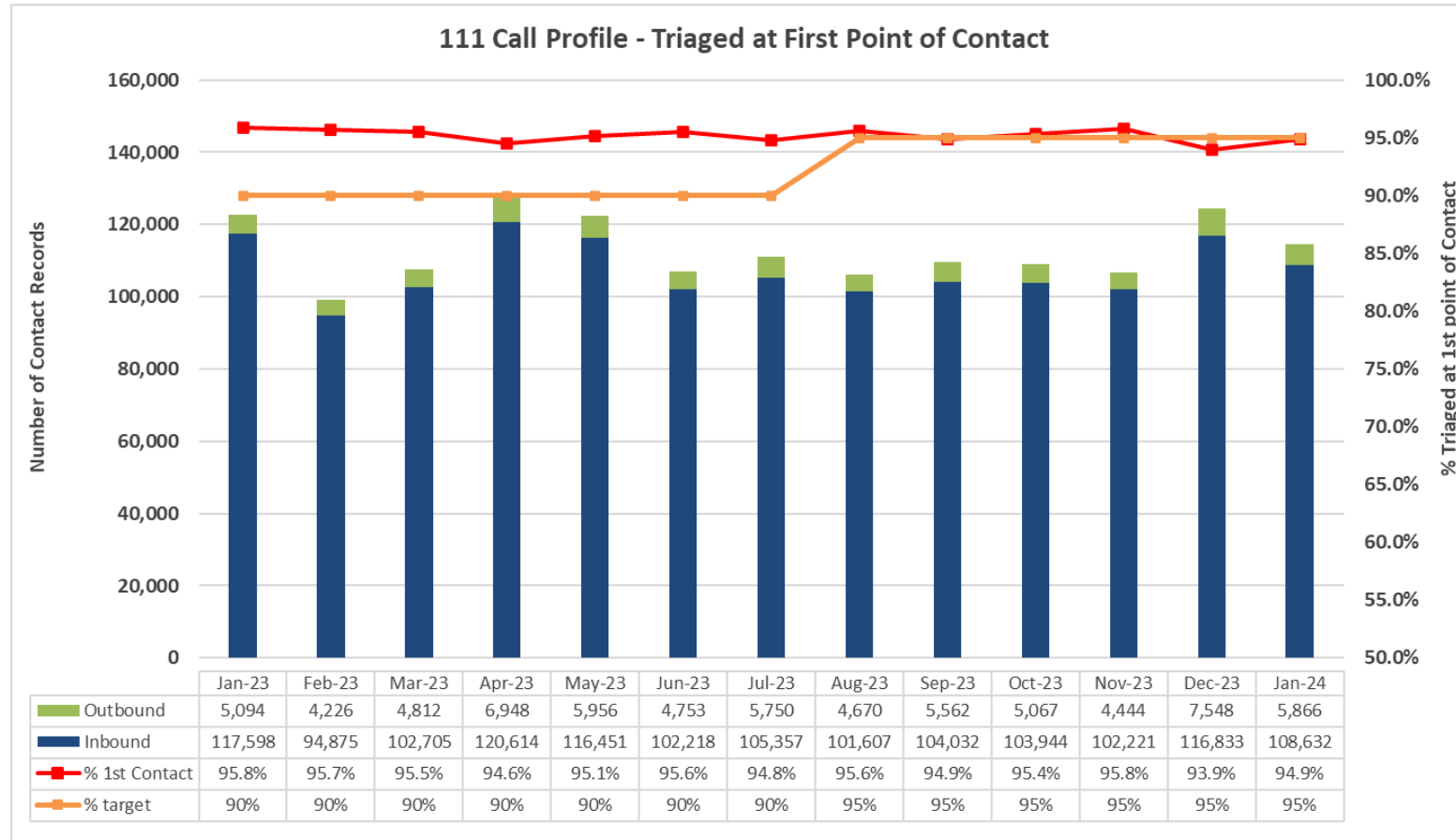
In total there were **136** items of patient feedback:

- Stage 2 complaints is the reportable figure on performance framework. There were **2** stage two complaints, both were responded to within 20-day timescale.
- In total there were **28** complaints which represents 0.02% of total demand.

Feedback Type	January 2024
Stage 2 Complaints	2
Stage 1 Complaints	26
Shared Complaints	4
Comments	34
Enquiries	3
Concerns	-
Compliments	67
Total	136

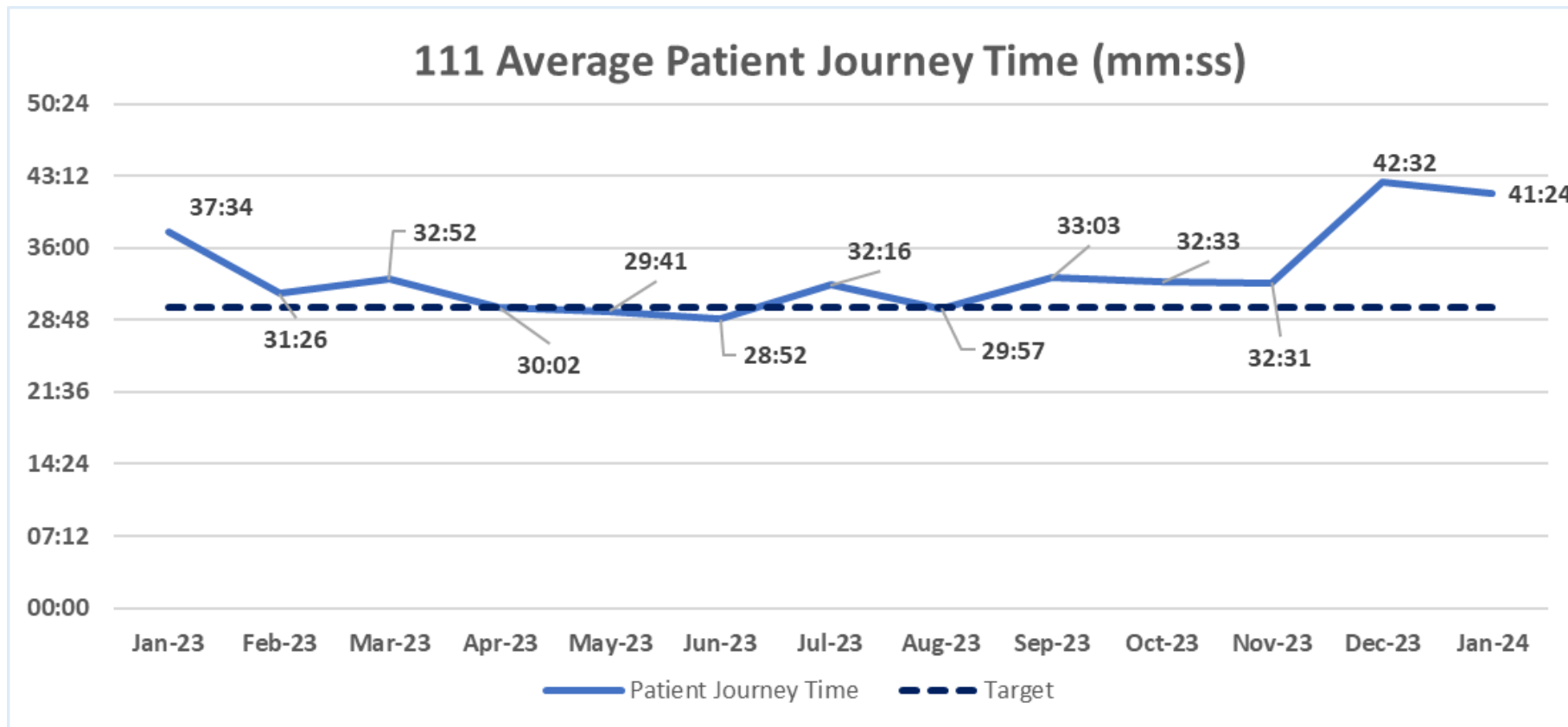
Triaged at First Contact

- 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 target (95%) at **94.9%** - this was due to a higher proportion of dental and pharmacy calls.



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.
- Average journey was **41 minutes 24 seconds**, down 1:08 from previous month.
- Whilst waits to access service improved there was an increase in Call Taker AHT, which resulted in patient journey remaining well above 30 minute target. Two weeks in January Call Taker AHT alone was above 30 minutes.



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

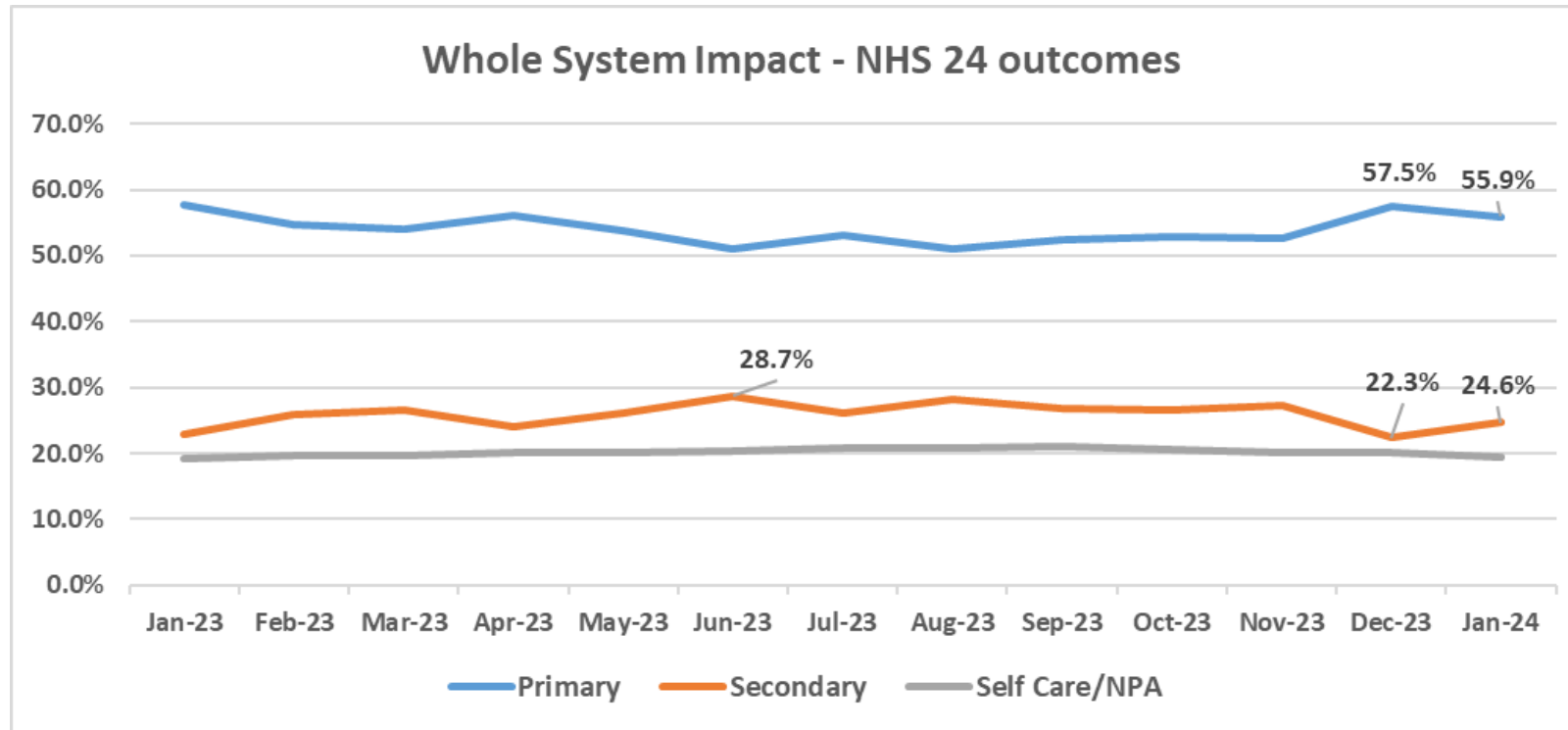
2.2 Secondary Care Outcomes

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** – **55.9%**, down on December but still at an elevated level, primarily due to increase in Urgent Care Centre OOH referrals during Public Holidays on 1st and 2nd.
- **Secondary Care** – up to **24.6%**. A&E returned to levels seen previous 6 months (9,700), 999 dropped to lowest level since September (8,300) and FNC increased in previous month (9,900) but well below 2023 average (11,200)
- **Self Care/NPA** – dropped to 19.5% - the lowest since January 2023.

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

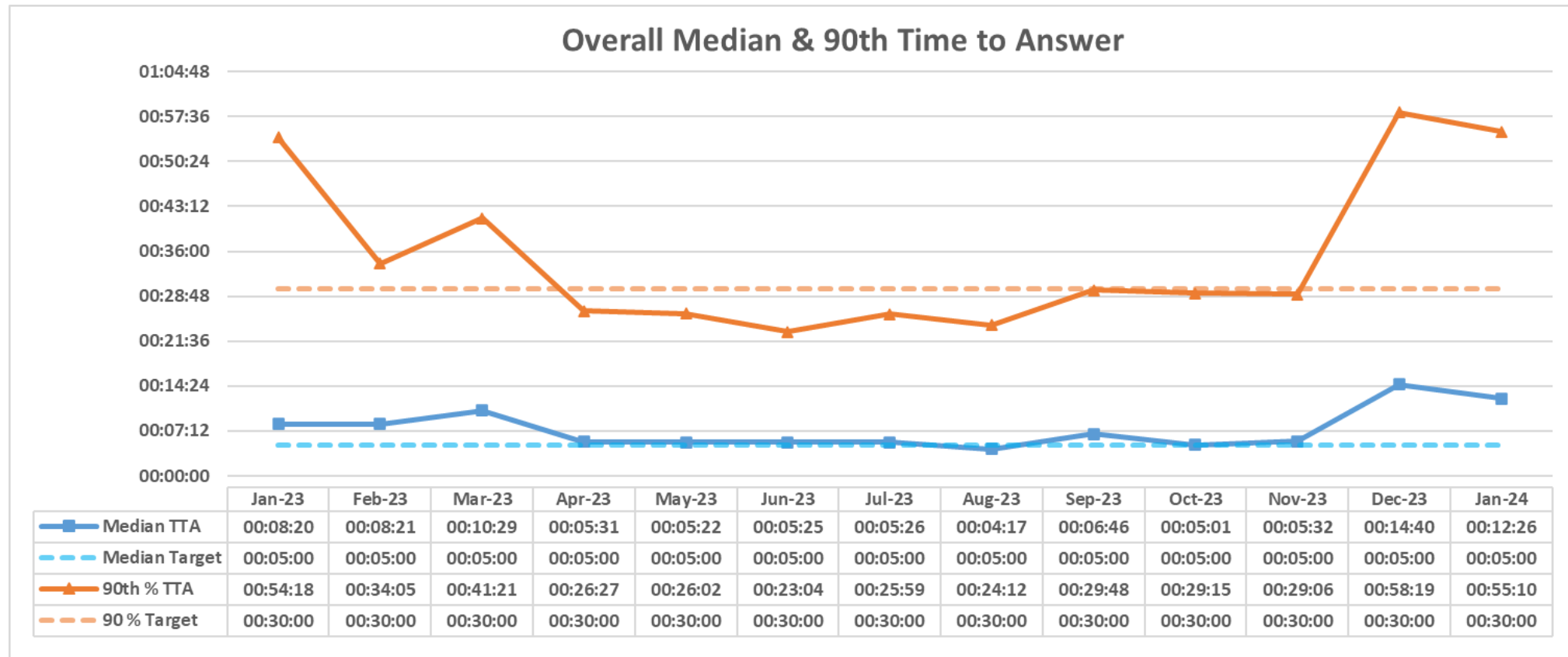
Measure tracks the longer wait times. 90th percentile provides the time where 90% of patients have been answered within (target 30 minutes)

3.3 Caller Discontinued

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 5minutes.

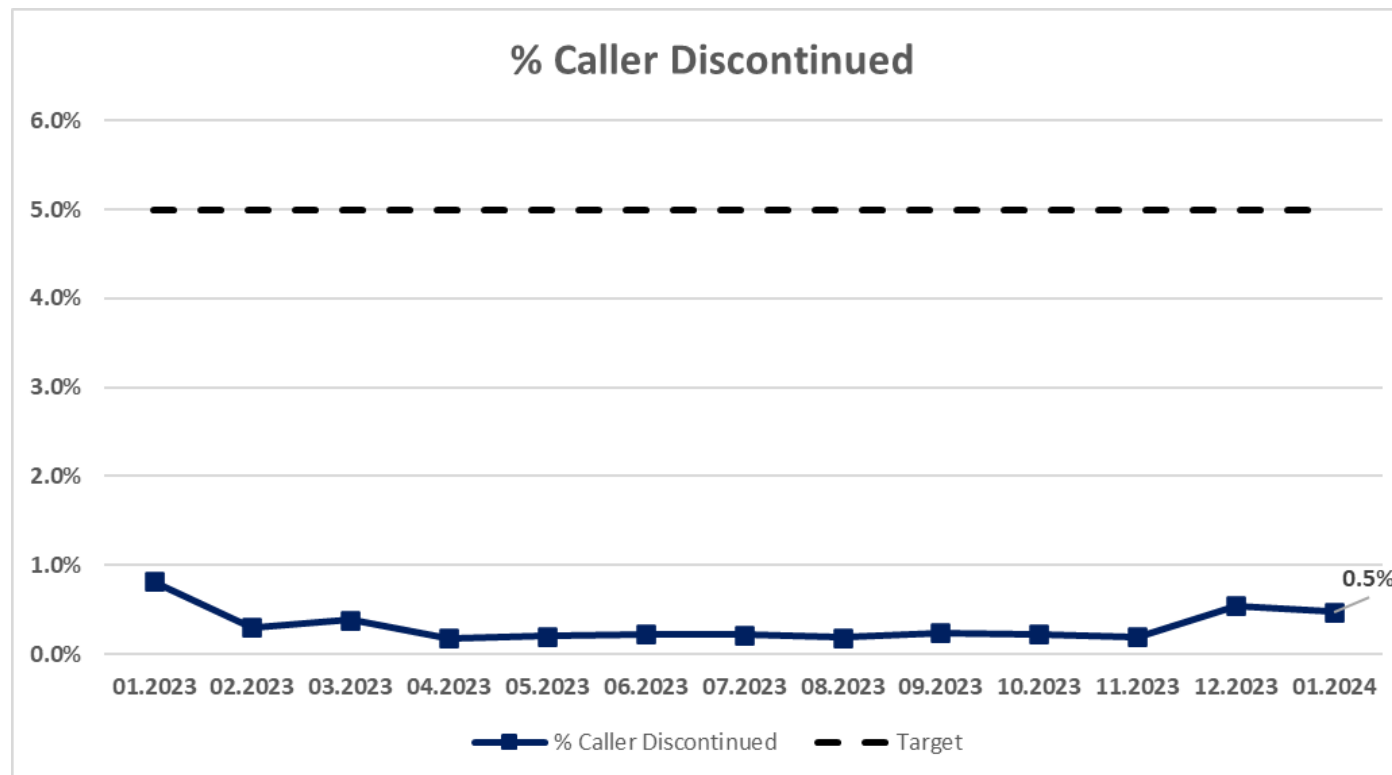
Median & 90th Percentile

- Overall Median Time to Answer - **12 minutes 26 seconds**, a drop of 2:14
- Overall 90th Percentile Time to Answer missed target at **55 minutes 10 seconds**, a drop of 3:09
- Higher volumes, particularly round key festive dates result in longer waits to access service.



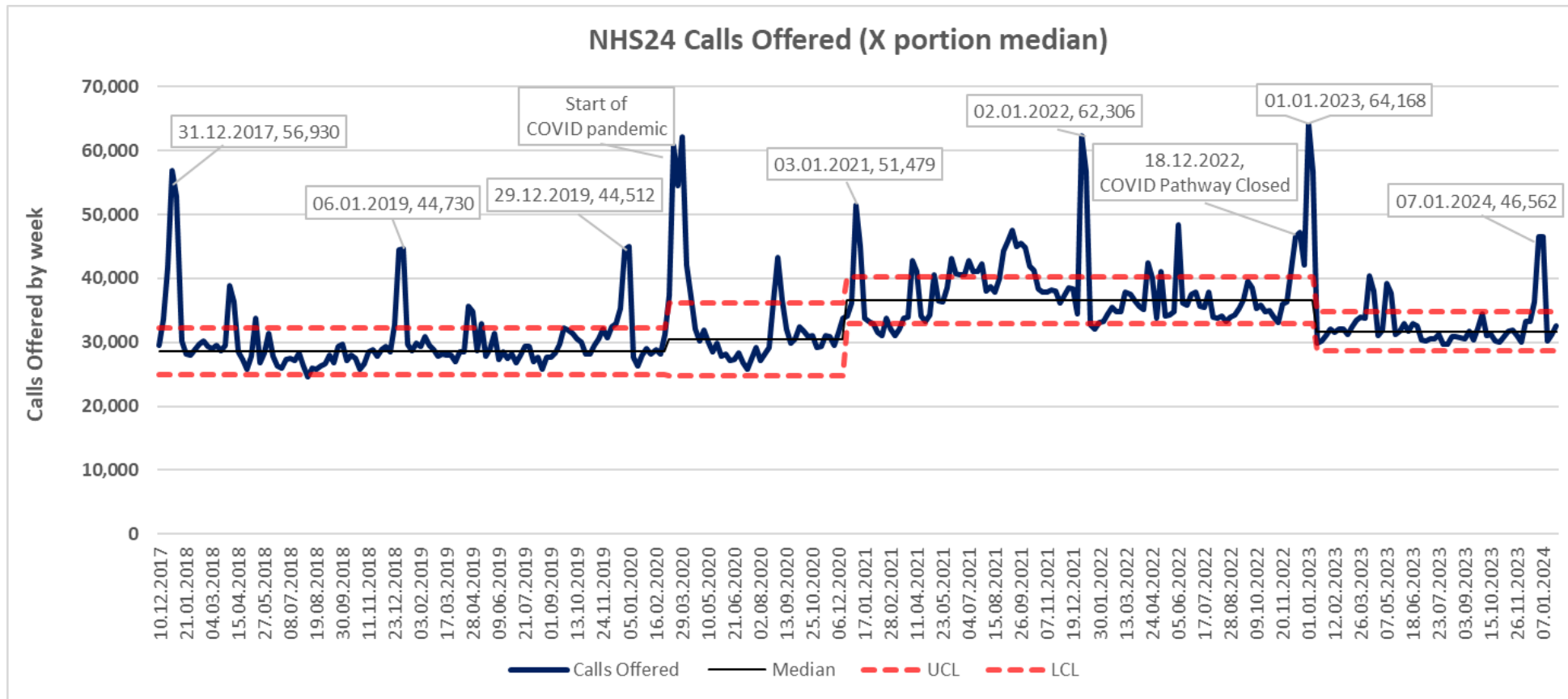
Caller Discontinued

- Caller Discontinued is a patient (based on phone number) who has abandoned after 5 minutes twice or more 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. Measure consistently within target – **January - 0.5%**
- This equates to 570 patients (unique numbers) who did not connect to service after at least two attempts to connect to service, from 120,531 unique numbers overall.



Inbound 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 31,663 calls offered per week.
- After 1st busy week in January with Public Holidays (46,562) inbound call volumes were within 5% of median.



Digital Access



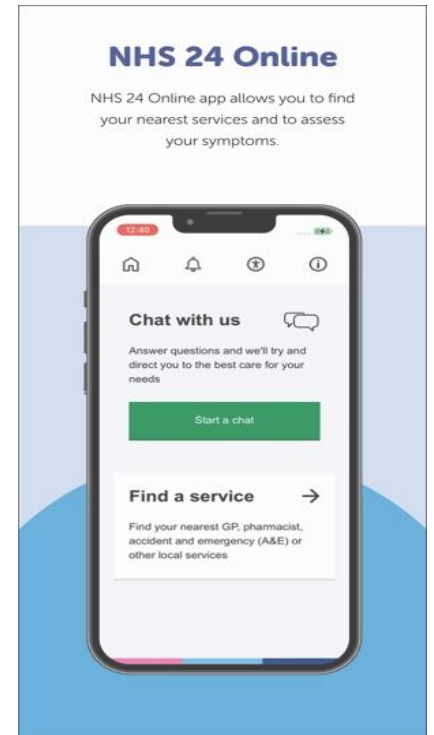
NHS inform – 9.2 million page views



WEB CHAT

1,444 webchats answered
4 services – NHS inform (741),
Breathing Space (669), Quit
Your Way Scotland (16) and
Care Info Scotland (18).

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



NHS 24 app – 5,889 Self
Help Guide Selections.

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

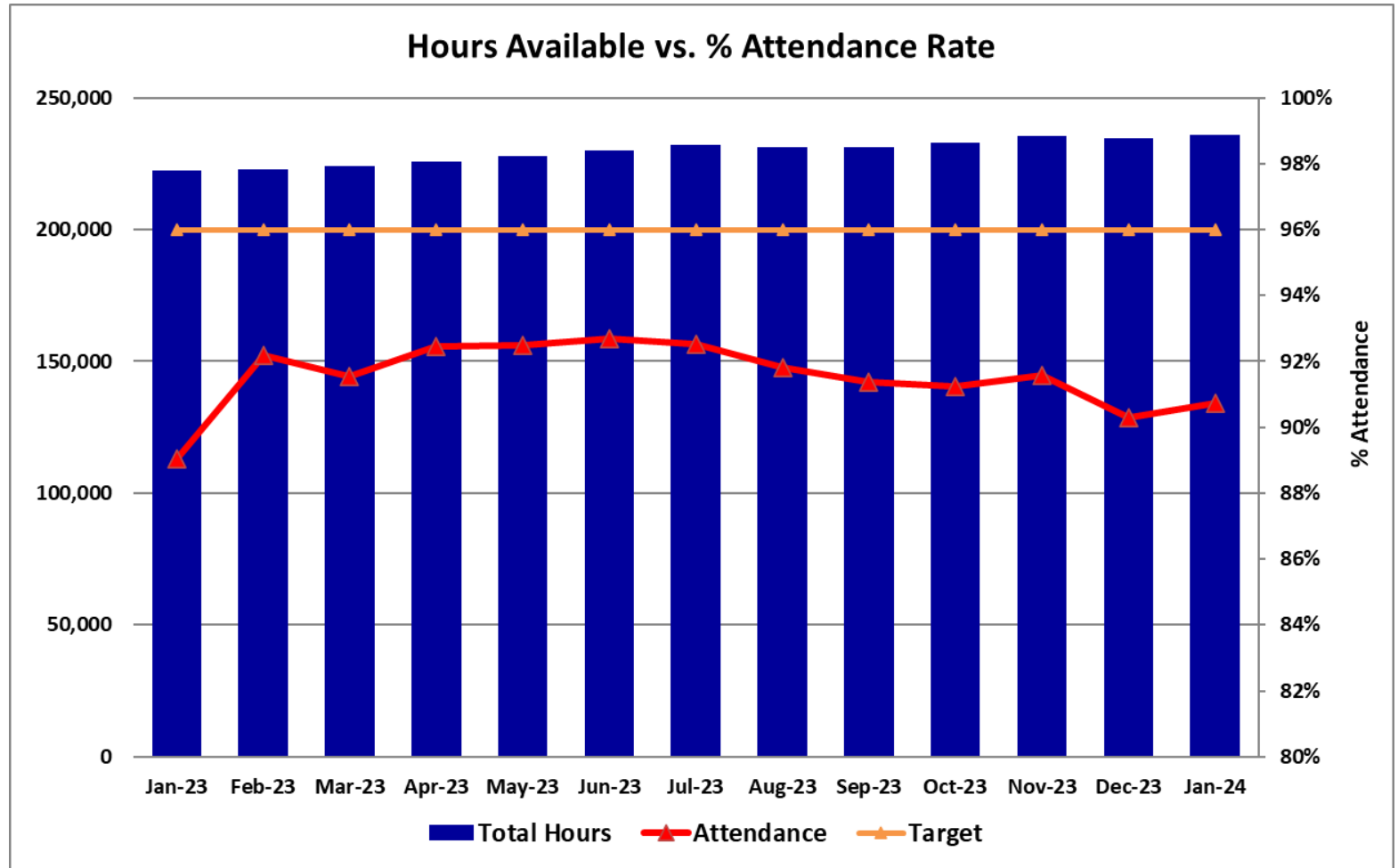
iMatter is a key initiative at NHS 24. It is a tool designed to gather valuable insights into the staff experience and staff are encouraged to participate in an annual questionnaire, consisting of 29 questions. This allows organisation to understand staff in order improve experience at work for all.

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 **90.7%** which missed 96% target and was 0.4 percentage points up on previous month.
- Clinical Supervisor absence remained high (21%) – Call Taker absence dropped 2 percentage points to 11%.



NHS

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**The care behind
your care.**