

**NHS 24  
BOARD MEETING  
31 OCTOBER 2024  
ITEM NO 10.1  
FOR ASSURANCE**

**CORPORATE PERFORMANCE REPORT**

**Executive Sponsor:**

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**Lead Officer/Author:**

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**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 2024 and to set the context for more detailed discussion on current performance.

**Key Points for the Board to consider:**

Key points in relation to September 2024 performance:

- Overall demand in September was 129,022, which was within forecast variance. Volumes continue to align closer to pre-pandemic levels (Sept'18 -128,462), notably the calls through the general Unwell queue.
- The highest number of virtual queue requests received in September, 19,532 requests which represents 15% of overall demand. Virtual Queue option remains on Unwell and A&E queue options with activation time of 10 minutes.
- Time to access challenges remain – median, 90<sup>th</sup> percentile and patient journey time all missed target with increases experienced month on month.
- Secondary Care outcomes (A&E, 999, FNC) remains at its highest percentage split since grouping was created in 2021 at 30%. 999 outcomes are at their highest ever level, 9.1% (9,128 outcomes) and A&E is at its highest % since March 2023.
- Attendance fell to a six month low at 91.4% - key skillsets for Clinical Supervision remain high, with Nurse Practitioner increasing to 15% (from 13%)

**Governance process:**

This paper was presented to EMT on 22 October 2024 and to Board 31 October 2024.

**Strategic alignment and link to overarching NHS Scotland priorities and strategies:**

Corporate Performance paper aligns with Key Performance Framework measures which were agreed alongside Scottish Government sponsors. Effective performance across NHS 24 supports delivery across the wider health and social care system.

**Strategic alignment and link to Corporate Delivery Plan activity:**

Corporate Deliverable 2: continuous improvement of core service performance in line with NHS 24's Key Performance Framework, and delivery of programmes to support the wider health and care system and delivery of Right Care, Right Place.

**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 Board is asked to note quality and performance, specifically measures set out in Performance Framework for period ending 30 September 2024.

## **2. TIMING**

- 2.1 This report covers performance up to 30 September 2024.

## **3. BACKGROUND**

- 3.1 Demand on 111 service in September was 129,022, which was 3% over forecast with volumes steadily increasing across month, this was partially due to an increased Local Public Holiday cover. Local Public holidays cover was across 5 days in month managing up to 35% of population on these days, which provided additional challenges to rota in additional staff to manage demand. Virtual Queue requests made up 15% of overall volume with 19,532 across month, the highest volume of requests received since option became available.
- 3.2 When reviewing volume by pathway Unwell volume increased by 10% (6,700 calls) month on month against recent trends, with a decrease in calls through the A&E pathway; overall there were 35,500 calls on this option, which is one of the lowest for this pathway. Dental dropped by 5% which equated to 400 calls, and Mental Health hub volume remained consistent at 12,200.
- 3.3 Time to access 111 service increased on previous month, median time increased to 12 minutes 26 seconds against a target of 5 minutes. Patient Journey time also increased to 41 minutes 30 seconds against a target of 30 minutes. Patient Journey time is largely made up of Call Taker talk time was driven by ongoing waits for Clinical Resource. Average Handle Time per week was consistently over 30 minutes with ongoing work with aim to reduce talk time and waits for supervision. Another key factor was managing Local Public Holidays across September, of which there were 5 in total. Average time to answer across these 5 days was high (peaking at 28 minutes) and these 5 days increased monthly time to answer from 12 minutes 50 seconds to 13 minutes 36 seconds overall, a 46 second increase to monthly average from these 5 days alone.
- 3.4 Attendance figures in September was 91.4% which is 1.1 percentage points lower than previous month. Attendance for some of the key frontline skillsets remains high (Nurse Practitioner 85%, Clinical Supervisor 89%) while Call Handler attendance has seen a 2 percentage point decrease in attendance to 88%. In total Call Handler absence made up over half of total absence hours lost with 10,688 hours lost from a total of 20,556 hours.
- 3.5 Secondary Care grouping remains at its highest % level, 30%, since grouping was introduced. Within Secondary Care, A&E and 999 both increased month on month, however Flow Navigation Centre saw a decrease. 999 is now at its highest level both percentage (9.1%) and in volume. Further analysis work has been undertaken to analyse the overall increase in 999 outcomes. The most common keyword selected for 999 outcomes is Breathing, accounting for 22% of total volume. Between August and September there was a 27% increase in Breathing 999 occurrences, the

equivalent of 447 extra records. More analysis and call listening are underway to understand the increasing trend.

**4. ENGAGEMENT**

- 4.1 Collaboration across a number of teams and directorates is required to complete 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.

**6. MEASURABLE BENEFITS**

- 6.1 This is routine reporting to NHS 24 Board to ensure awareness.

**7. NEXT STEPS**

- 7.1 This is routine reporting to NHS 24 Board to ensure awareness.