

NHS 24
BOARD MEETING
24 APRIL 2025
ITEM NO 10.1
FOR ASSURANCE

COPORATE PERFORMANCE REPORT

Executive Sponsor:

Steph Phillips, Director 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 March 2025 and to set the context for more detailed discussion on current performance.

Key Points for the Board to consider:

Key points in relation to March 2025 performance:

- Overall, 111 volume 138,450 – 111,848 inbound calls and 26,602 Virtual Queue demand. Call Volumes up 16% on February but down 11% on last year.
- Access targets remain challenging with Median and 90th percentile increasing. Whilst patient journey time decreased by 52 seconds, it remains 11 minutes over target (41:07).
- 88% patients noted positive experience from SMS surveys sent in March. Almost 4,000 patients responded to survey.
- 2024/25 111 volume was 1.62 million calls offered, which is down 7% on previous financial year (1.73 million). This was also lowest call volume since 2018/19 when volume was 1.51 million. Over 250,000 patients selected virtual queue option which had in excess of 95% successful connection to patient.
- Over 1.2 million episodes of care were carried out in financial year – 52% of patient records were directed to Primary Care, a decrease of 2 percentage points on previous year.

Governance process:

This paper is presented to the NHS 24 Board on 24 April 2025.

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 NHS 24 Board is asked to note quality and performance, specifically measures set out in Performance Framework for period ending 31 March 2025.

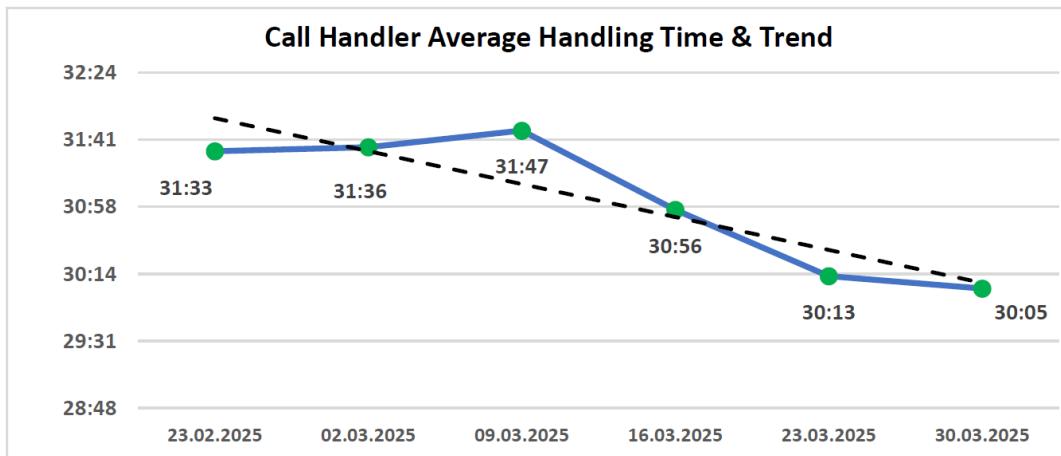
2. TIMING

2.1 Corporate Performance report is presented to the NHS 24 Board on 24 April 2025.

3. BACKGROUND

3.1 Demand on 111 service in March was 138,450, which was on forecast (139,324). Weekly call volumes remain below current median for service (31,042) – all weeks in March were between 2%-5% below median. Virtual Queue demand continues to make up a high proportion of overall demand, March saw 19% (26,602) of patients opting for a call back. Virtual Queue continues to be available on Unwell and RUC (A&E) pathways when average wait times reach 10 minutes.

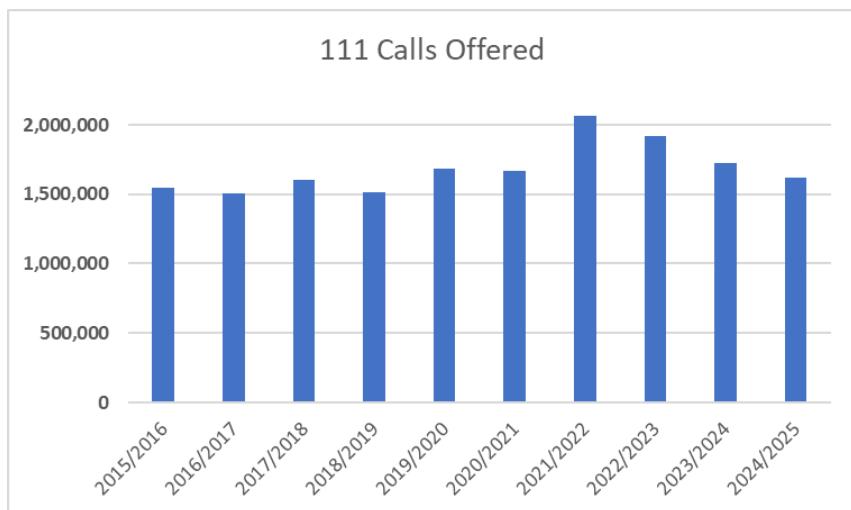
3.2 All 3 Time to Access key performance indicators missed target. Median time increased 14:16 against a target of 5 minutes. 90th percentile increased to 50:56. Despite increases to access times overall Patient Journey time decreased by 52 seconds; this was due to a consistent weekly decrease in Call Handler Average Handle Time.



3.3 Attendance in March was 91.2% is consistent with previous month. Absence for some of the key frontline skillsets continue to fall, Nurse Practitioner saw a further decrease (5.7%) to 12.8%. This is a significant and continued drop from 23.6% absence for same skillset in December. A reduction in absence for Nurse Practitioner has contributed to the drop in AHT across March.

3.4 The Patient Survey for March saw 33,707 surveys sent via SMS to patients with a 13% response rate (4,485 respondents). 88% of patients noted the service they received was either Good or Excellent, which is a 4-percentage point increase on previous month.

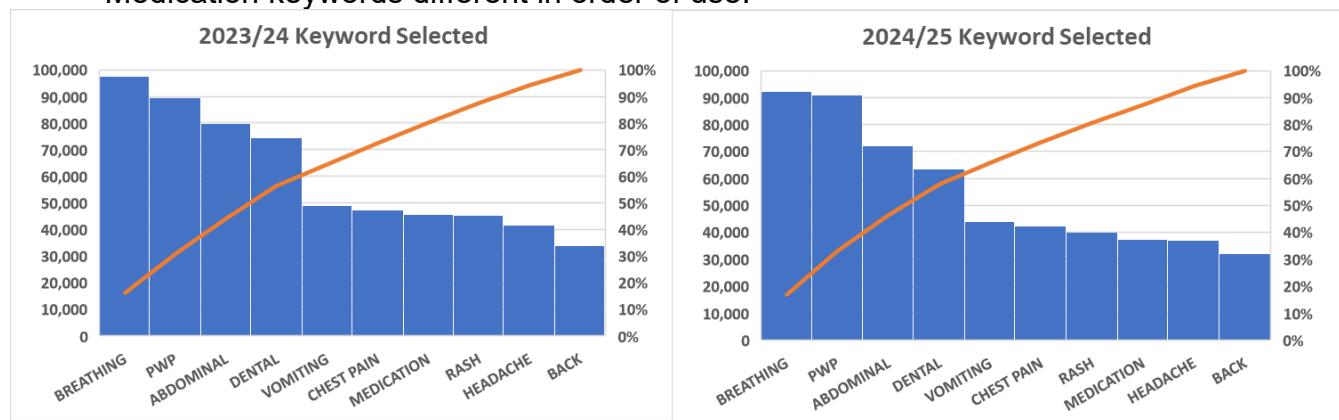
3.5 2024/25 overall demand for 111 was 1.62 million, 7% down on previous year and the lowest since 2018/19. Volumes split by pathway highlighted an increase in Mental Health Hub (5%, to 147k) and A&E call (4%, to 470k). The biggest drop occurred in Unwell, which fell 13% to 895k with a further drop in Dental volume, 7% to 102k.



3.6 In 2024/25 1.2 million contact records were created – 52% records received Primary Care outcome, 28% Secondary Care and 19% Self Care or No Partner Action. Within Primary Care there was a noted drop in GP Telephone Advice of 3.1 percentage points to 10%. Secondary Care increased year on year primarily due to increases in 999 (1p.p up to 8%) and Flow Navigation Centre outcomes (up 1p.p to 11%) - this can be linked to increase in patients selecting A&E IVR option as mentioned in 3.5.

3.7 Access times in 2024/25 were challenging in terms of meeting targets – median time to answer for year was 15 minutes 30 seconds against a target of 5 minutes. 90th percentile was 55 minutes against a target of 30 seconds. Overall, for 111, 29% of inbound calls were answered within 5 minutes, with performance of pathways varying. Mental Health Hub access performance remained strong with 69% calls being answered within 5 minutes, with average time to answer across the year less than 3 minutes (2:56).

3.8 Keyword selected remained consistent in terms of top 10 selected. The same 10 keywords were most commonly used in 2023/24 and 2024/25 with only Rash and Medication keywords different in order of use.



3.9 The introduction of AI Snippets by Google does appear to be beginning to impact on page view activity for NHS inform. This reflects a change in how people are accessing content that has been picked up in the work to date on the redesign and gathering of insights and will feature in the redesign work going forward for NHS inform. However, it is too early to tell what any re-baselining of demand would be.

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 the NHS 24 Board to ensure assurance.

7. NEXT STEPS

7.1 This is routine reporting to NHS 24 Board to ensure assurance.



NHS 24 Board

Corporate Performance Report

March 2025

March Headlines



Overall 111 volume 138,450 – 111,848 inbound calls and 26,602 Virtual Queue demand. Call Volumes up 16% on February but down 11% on last year.

Time to access 111 service varied with increases in Median and 90th Percentile, to 14:16 and 50:56 respectively but a decrease in Patient Journey Time, to 41:07.

Attendance remained consistent with last month at 91%. Absence in key skillsets for Clinical Supervision remain high with Nurse Practitioner (13%) and Clinical Supervisor (13%), however, Nurse Practitioner decreased by 5.7% on previous month.

Proportion of records assigned to Accident & Emergency Endpoint remained consistent with last month (10.1%), however volume of records increased from 9,104 to 10,521.

88% patients noted positive experience from SMS surveys sent in March. Almost 4,000 patients responded to survey.

Performance Framework

1. Patient Experience	Target	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
1.1 Patients % positive experience using 111 service	90%	87%	86%	86%	87%	88%	85%	87%	87%	88%	89%	84%	88%
1.2 Complaints: % stage 2 answered within 20 days	100%	50%	N/A*	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
1.3 Triaged at First Contact	95%	94.8%	95%	94.6%	94.8%	94.5%	94.6%	95.2%	95.3%	94.6%	94.8%	94.9%	95.0%
1.4 Patient Journey Time	30 mins	0:40:20	0:42:45	0:43:21	0:43:59	0:38:15	0:41:30	0:43:42	0:43:48	0:54:52	0:42:27	0:41:59	0:41:07
2. Whole System Impact	Target	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
2.1 Primary care: % of outcomes	c45-65%	54%	54%	53%	52%	49%	51%	51%	52%	55%	53%	51%	52%
2.2 Secondary care: % of outcomes	<30%	26%	27%	27%	28%	30%	30%	30%	29%	27%	28%	30%	30%
2.3 Self-care / no partner action: % outcomes	>20%	20%	19%	20%	20%	21%	19%	19%	19%	18%	19%	19%	19%
3. Access	Target	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
3.1 Median time to answer	5 mins	0:12:12	0:16:08	0:17:18	0:15:18	0:09:46	0:12:26	0:16:36	0:18:03	0:35:01	0:12:29	0:13:55	0:14:16
3.2 90 th percentile time to answer	30 mins	0:48:16	0:59:21	0:50:34	0:56:57	0:36:51	0:43:06	0:49:50	0:52:26	1:31:47	0:51:39	0:46:22	0:50:56
3.3 Caller Discontinued	5%	0.3%	0.5%	0.5%	0.5%	0.2%	0.3%	0.4%	0.5%	1.1%	0.4%	0.4%	0.4%
4. Digital	Target	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
4.1 NHS inform Website	N/A	6,784,601	4,663,241	4,224,086	6,358,412	6,689,138	7,866,153	8,577,286	7,023,359	6,446,246	6,692,171	5,729,510	5,615,322
4.2 Webchat (4 services)	N/A	1,374	1,536	1,256	1,304	1,325	1,529	1,730	1,496	1,282	1,533	1,249	1,170
4.3 NHS 24 App (Self Help Guide selection)	N/A	5,550	5,856	5,354	5,500	4,905	5,393	7,394	5,900	6,978	6,948	6,053	6,291
5. Staff Experience	Target	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
5.1 Staff attendance	96%	92%	92%	92%	92%	92%	91%	91%	91%	88%	89%	91%	91%
5.2 Engagement index	75	77	77	77	77	77	77	77	77	77	77	77	77

* No Stage 2 complaints were received

Patient Experience Measures



1.1 Patient experience: % positive experience of using 111 service

Ongoing measure which gauges satisfaction from users of 111 service. 4 pathways (based on outcome) now receive links to surveys via text soon after triage. Patients have opportunity to fill out Webropol survey.

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

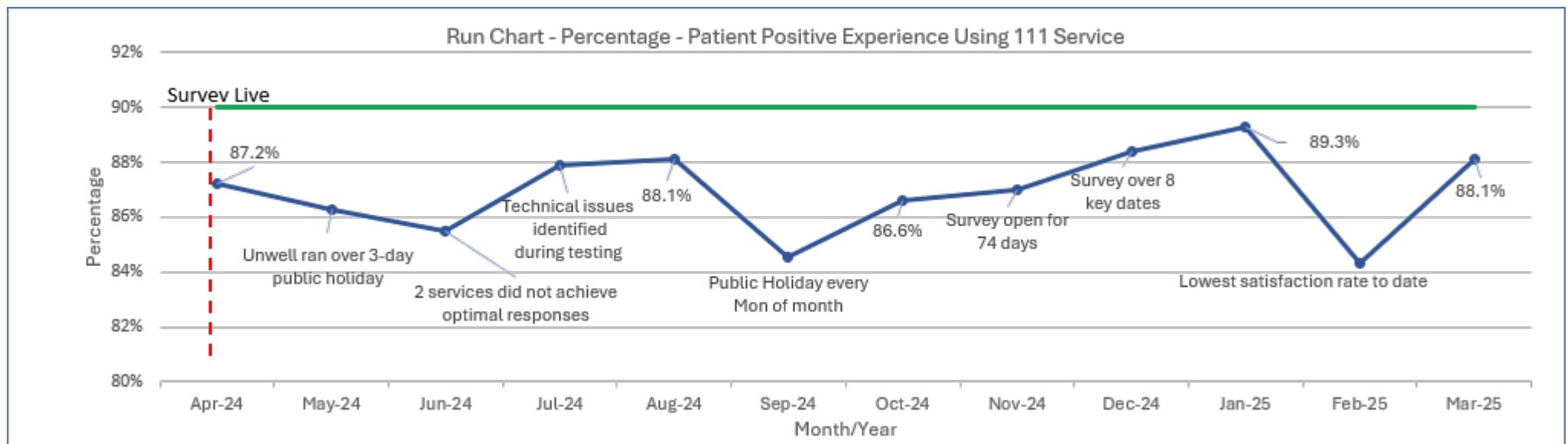
Reflects stated preference of callers and key system partners with calls being triaged on initial inbound calls. Results in no further delays through NHS 24 or repetition of questions to patient.

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.

Patient Experience - % positive

- Patient experience data has now been standardized across all reporting in organisation.
- Mental Health, Dental, Flow Navigation Centre and Unwell patients who call via mobile receive a text message soon after triage.
- 33,707 survey links sent – 4,485 respondents (13% response rate).
- **88%** of patients noted a positive experience.



Complaints / Patient Feedback

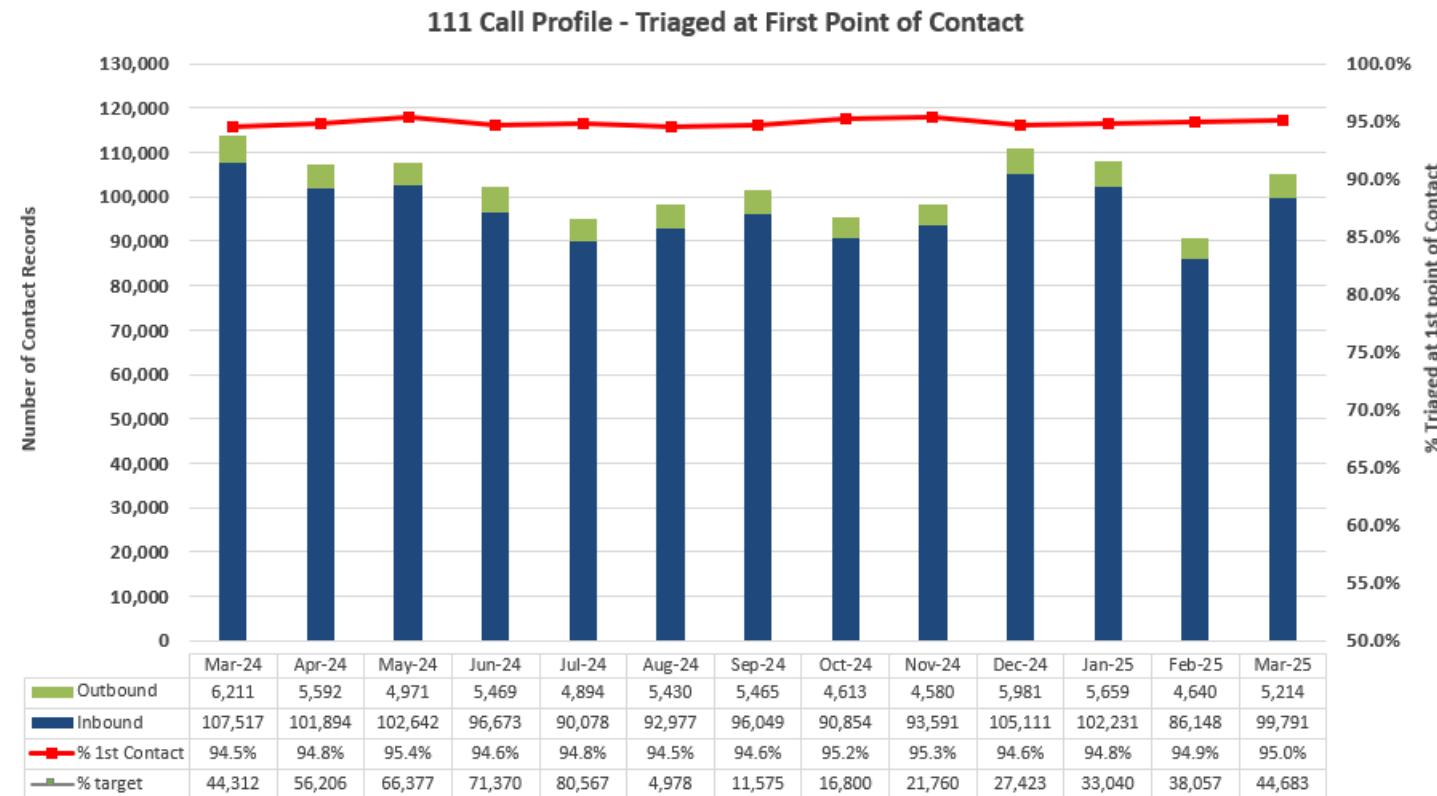
In total there were **131** items of patient feedback:

- Complaints responded to % on framework is reported one month in lieu, due to response target time of 20 working days. There was 1 stage 2 complaint which was responded to on time.
- In total there were **25** complaints received which represents 0.02% of total demand.

Feedback Type	March 2025 Activity Received
Stage 2 Complaints	2
Stage 1 Complaints	23
Stage 1 to Stage 2 Complaints	0
Shared Complaints	0
Comments	18
Enquiries	2
Compliments	47
Non NHS 24 Issue	39
Total	131

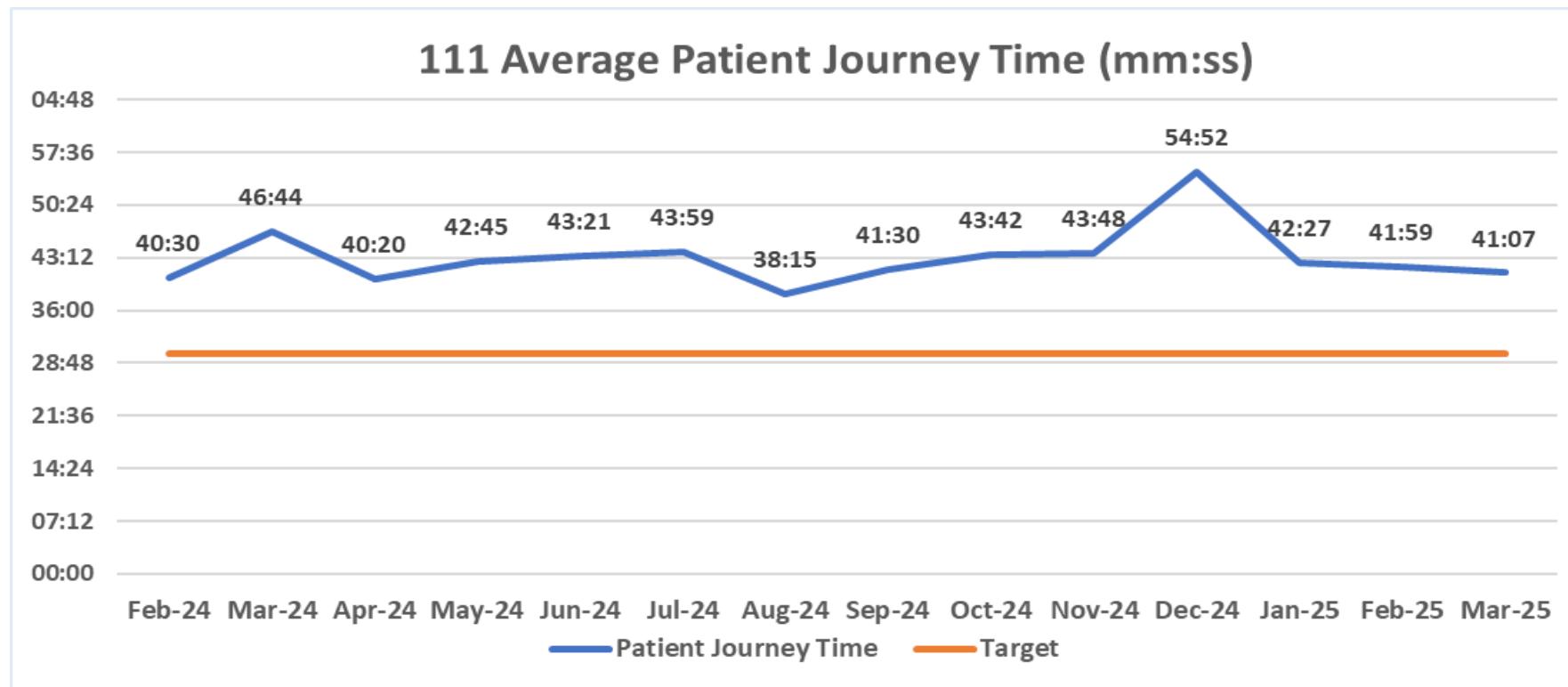
Triaged at First Contact

- Measurement monitors the percentage of calls which are triaged from initial inbound contact.
- Scottish Emergency Dental Service continues to make outbound calls – and is the main driver of outbound calls – small proportion of Pharmacy calls also managed via outbound.
- Triaged at first contact – **95.0%**



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 decreased to **41 minutes 07 seconds** – the lowest since August 2024.



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

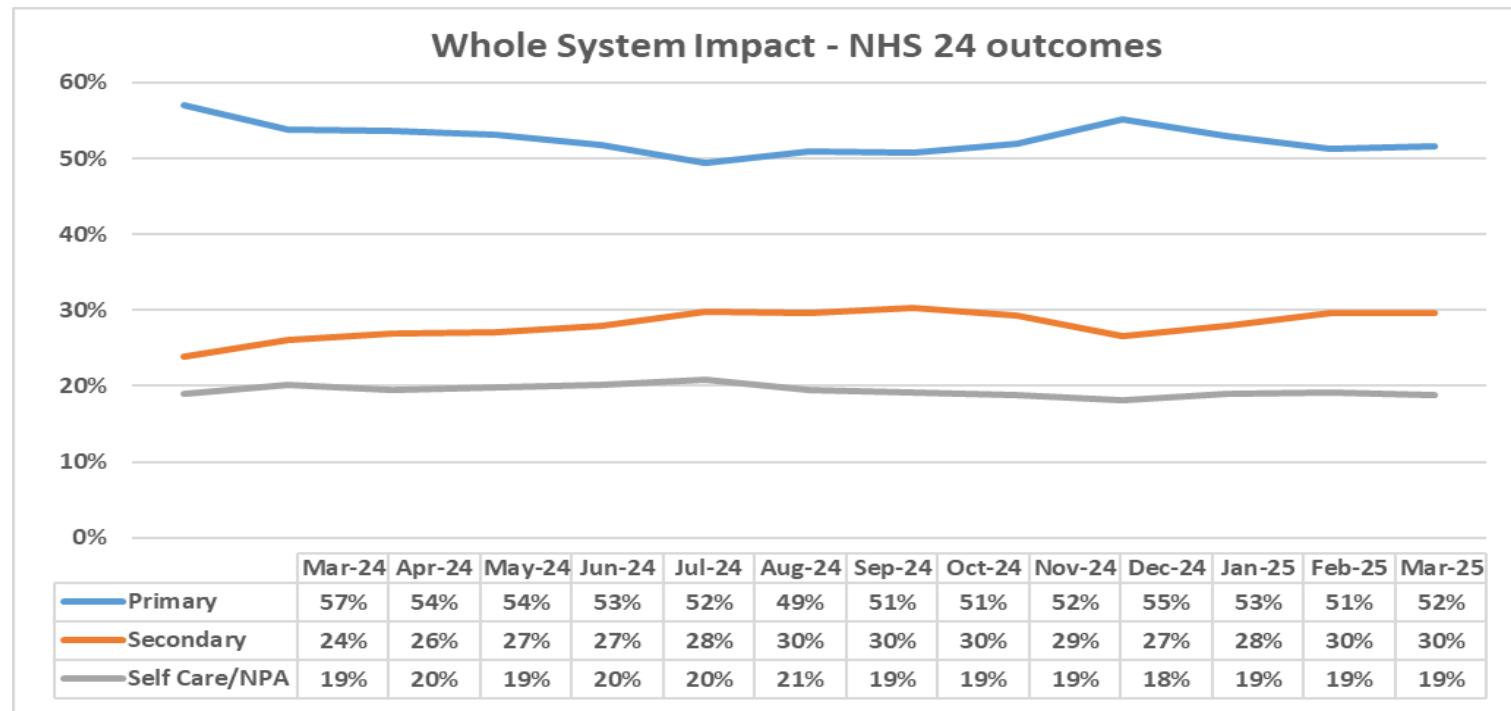
2.2 Secondary Care Outcomes

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 – 52%**, the most commonly used endpoint Urgent Care Centre (OOH GP) increased marginally to 31%.
- **Secondary Care – 30%**, FNC (12%) increased for the third consecutive month, to its highest level since August 2024.
- **Self Care/NPA – 19%** - Self Care (11%) and Dental (6%) remain consistent.

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

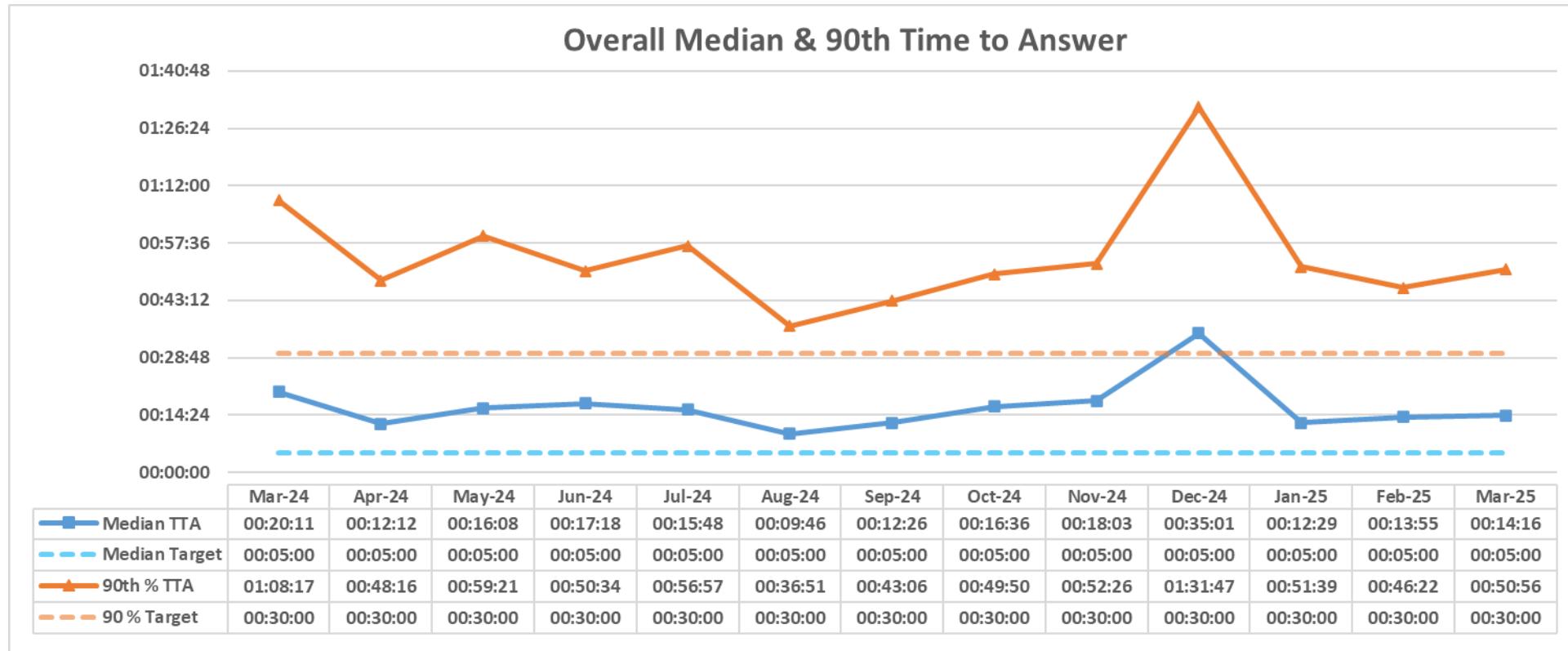
Measure tracks the longer wait times. 90th percentile provides the time where 90% of patients have been answered within (target 30 minutes)

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.

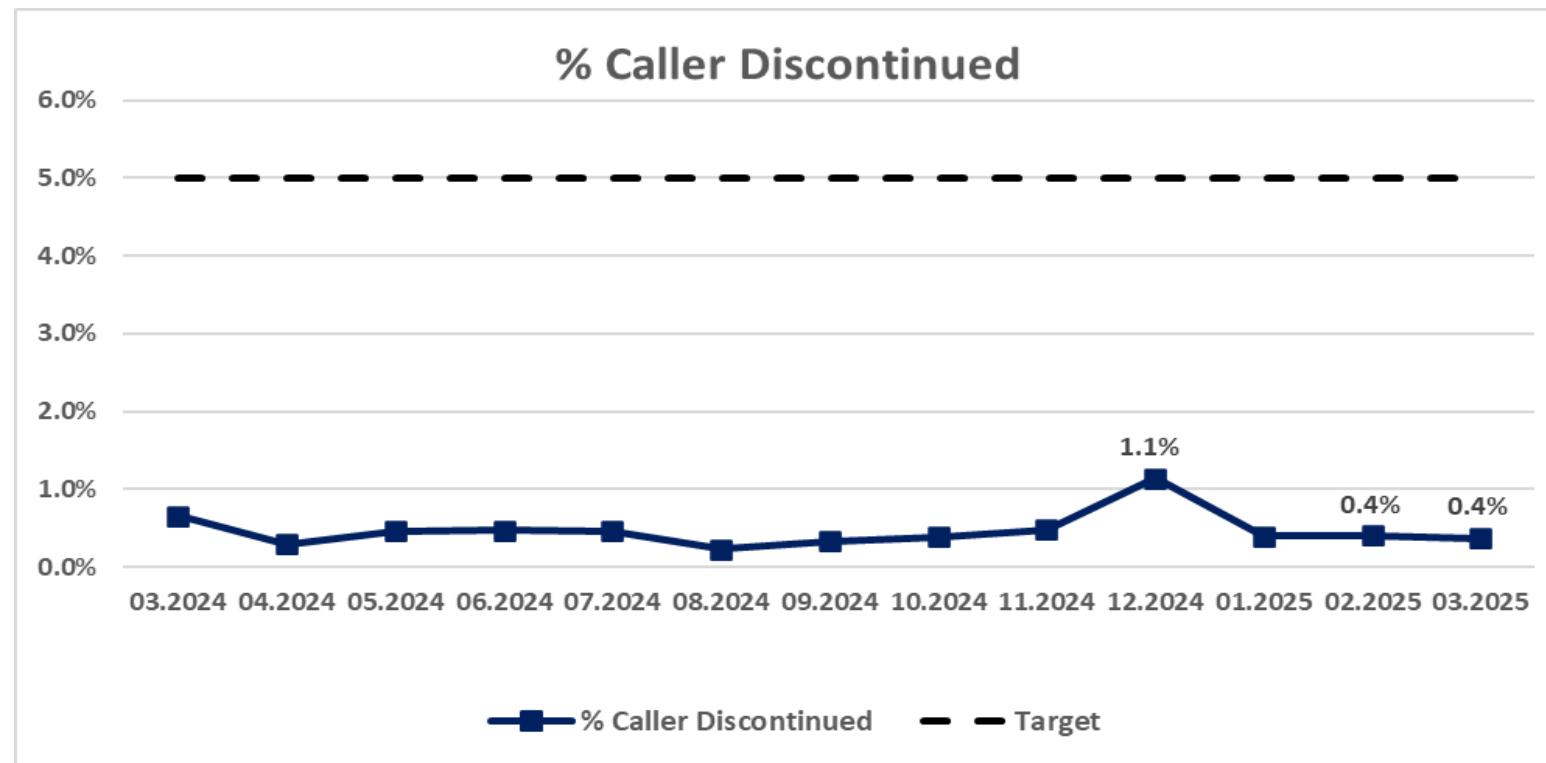
Median & 90th Percentile

- Time to answer measures include patients who select virtual ringback option.
- Median Time to Answer - **14 minutes 16 seconds**
- 90th Percentile Time to Answer missed target at **50 minutes 56 seconds**



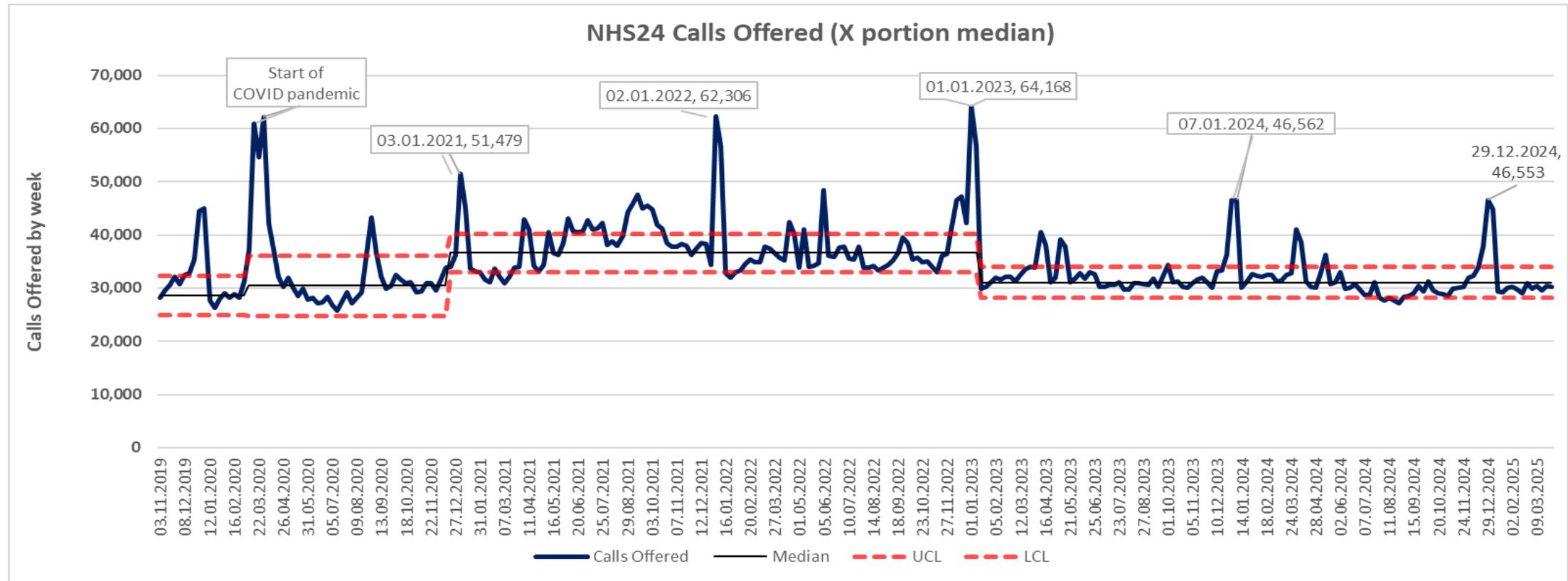
Caller Discontinued

- 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.
- Measure consistently within target – **0.4%**
- Equates to **347** patients who made at least two attempts to contact service with no answer.



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 31,042 calls offered per week. March's average was 30,156.
- All four weeks in March fell below the median, ranging between 29,577 and 30,474.



Digital Access



Got a Health Question?
visit nhsinform.scot

NHS inform – 5.6 million page views – 2% decrease on previous month.

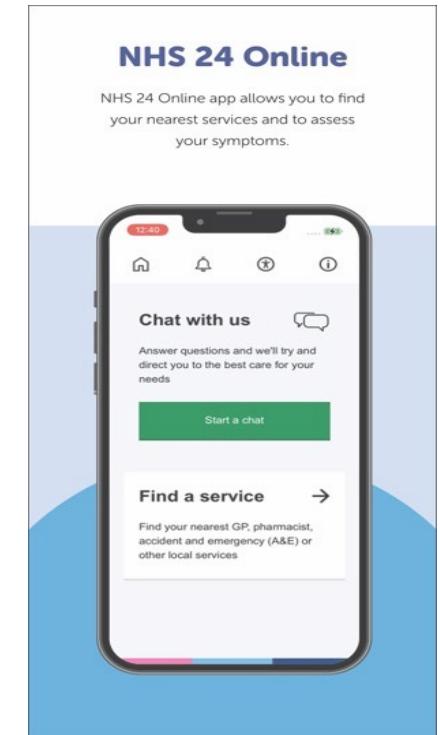


WEB CHAT

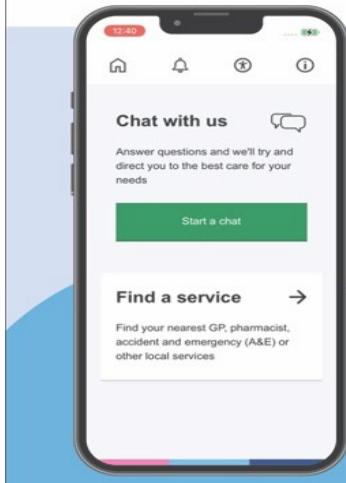
1,170 webchats answered

- NHS inform (528)
- Breathing Space (575)
- Quit Your Way Scotland (44)
- Care Info Scotland (23)

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



NHS 24 Online
NHS 24 Online app allows you to find your nearest services and to assess your symptoms.



NHS 24 app – 6,291 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

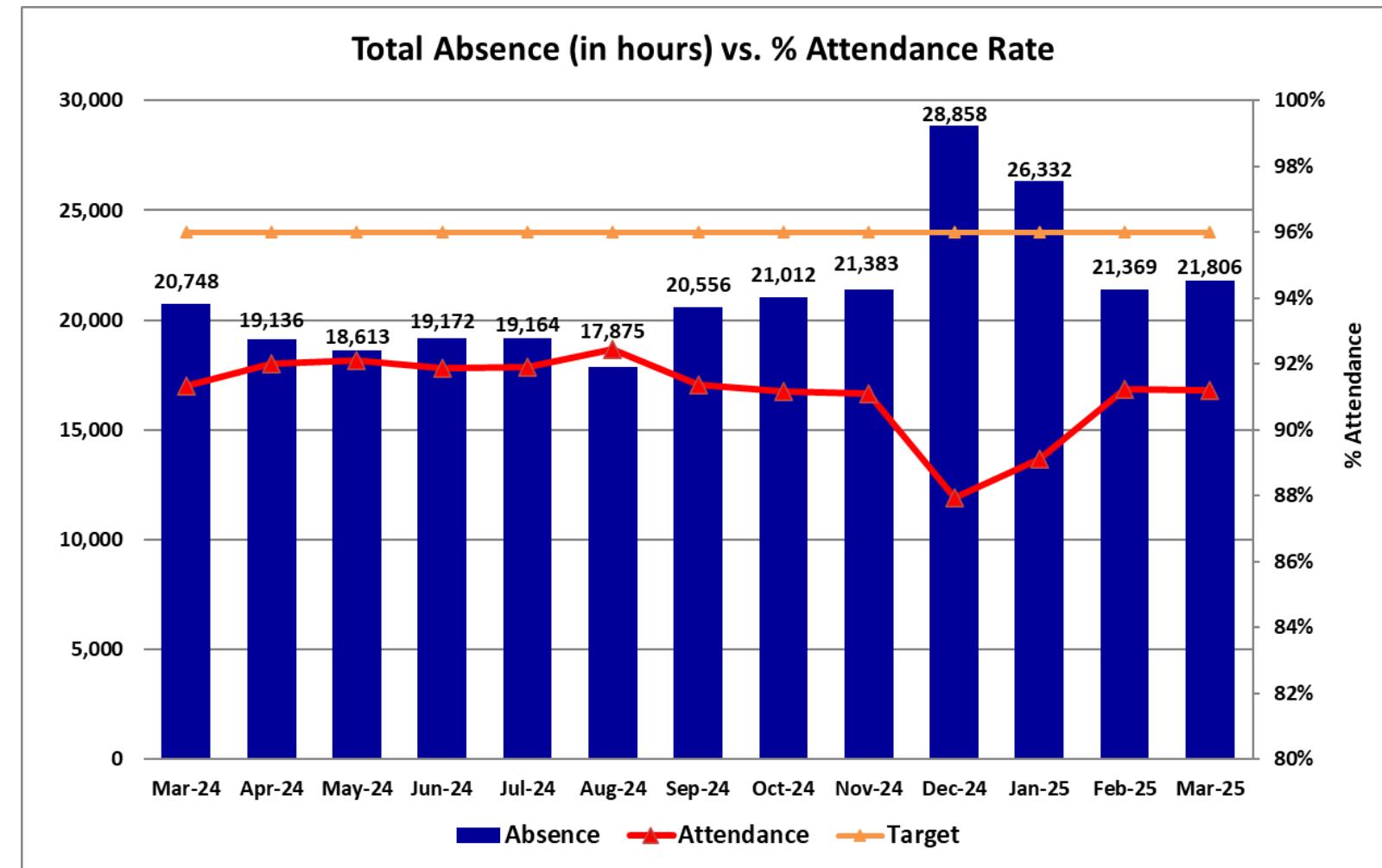
iMatter is a key initiative at NHS 24. It is a tool designed to gather valuable insights into the staff experience and staff are encouraged to participate in an annual questionnaire, consisting of 29 questions. This allows organisation to understand staff in order improve experience at work for all.

i-matter for 2024/25 – 77 – an improvement on previous years score (74)

Workforce Attendance

Summary

- Attendance was **91.2%** against a 96% target, consistent with February but 0.1 ppts down on previous year.
- Total absence hours in March were 21,806, 1,058 hours more than March 2024.
- Mental Health Nurse Practitioner had the lowest attendance of any skillset (81.1%). Nurse Practitioners attendance rose by 5.7 ppts to 87.2%.





The care behind
your care.