

Q1: A read-out of the Board's current financial status and its strategic plan (including specific actions, allocated resources and how outcomes are being evaluated) for addressing financial sustainability

2022/23 out-turn position

NHS 24 has just completed the annual accounts process for year ending 2022/23, reporting a £0.795m underspend for the year (99.25% of budget spent in-year).

The organisation was in recurring financial balance in 22/23 with savings targets fully achieved. The underspend was due to vacancies during the year. External Audit have reported an unmodified opinion.

Finance Plan 2023/24 to 2025/26

The 3-year finance plan was formally approved at the NHS 24 April Board meeting after a dedicated March Board Workshop. The Workshop enabled a more indepth discussion on the financial challenges facing the health sector at present; the impact on NHS 24; and the inflationary and efficiencies assumptions, including scenario planning.

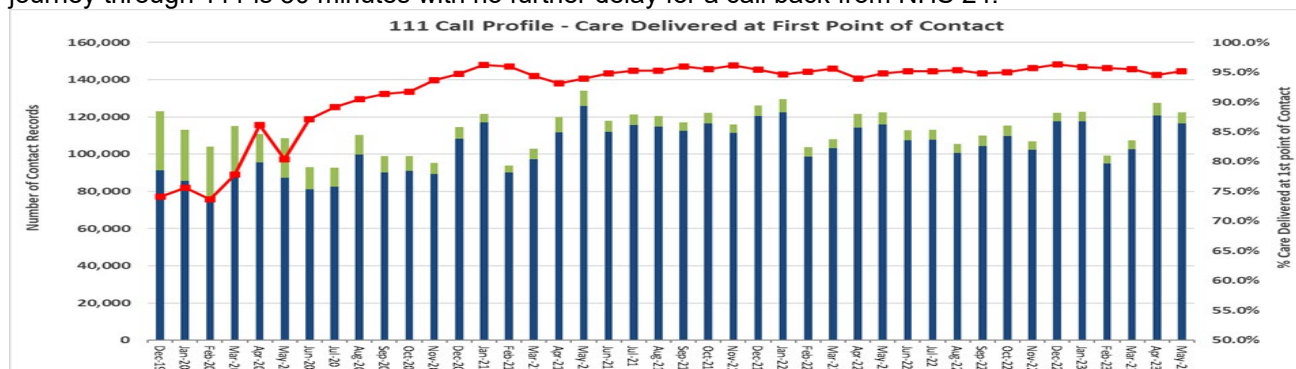
The Board signed off a 3-year finance plan which demonstrates that the organisation can breakeven each year. The main points to note are:

- There will be a reliance on non-recurring funding to breakeven in 23/24 (£0.9m) and in 24/25 (£0.6m) before the Board returns to recurring financial balance.
- Inflation is having a significant impact on the finance plan in 23/24 before returning to lower levels. Funding uplift of £6.3m is offset by predicted inflationary increases of £8.0m. The £1.7m forecast gap will be monitored throughout the year and detailed as follows:
 - £0.2m energy price increases
 - £1.0m on supplier contracts (£0.7m on Managed Service Contracts RPI indexation)
 - £0.1m anticipated rates increases
 - £0.4m incremental moves up the pay scales
- Efficiencies of £2.9m are required in-year to breakeven with plans in place to achieve this.
- An investment fund of £0.3m recurring and £1.6m non-recurring has been set aside to prioritise current commitments and pump prime invest to save opportunities that will support the organisation and its future finance plan. The focus is on digital and workforce improvements that can help streamline our technology and improve our recruitment.
- A Sustainability & Value (S&V) Group has been established to review additional opportunities for efficiencies, linking these closely to the climate emergency agenda. To date investments in LED lighting have improved the working environment for staff while reducing our carbon footprint and helping reduce the cost pressure on energy bill increases.

Q2: A summary of your most recent performance against organisational KPIs

Performance

As shown below, NHS 24 began moved to an inbound call model from 2019, accelerated through the pandemic, to deliver care at first contact for all but dental and some pharmacy calls to the 111 service. This has reduced the overall patient journey through 111 and any delay in onward referral to other services, such as out of hours, where this is required. That means patients access care faster and, on average, their patient journey through 111 is 30 minutes with no further delay for a call back from NHS 24.

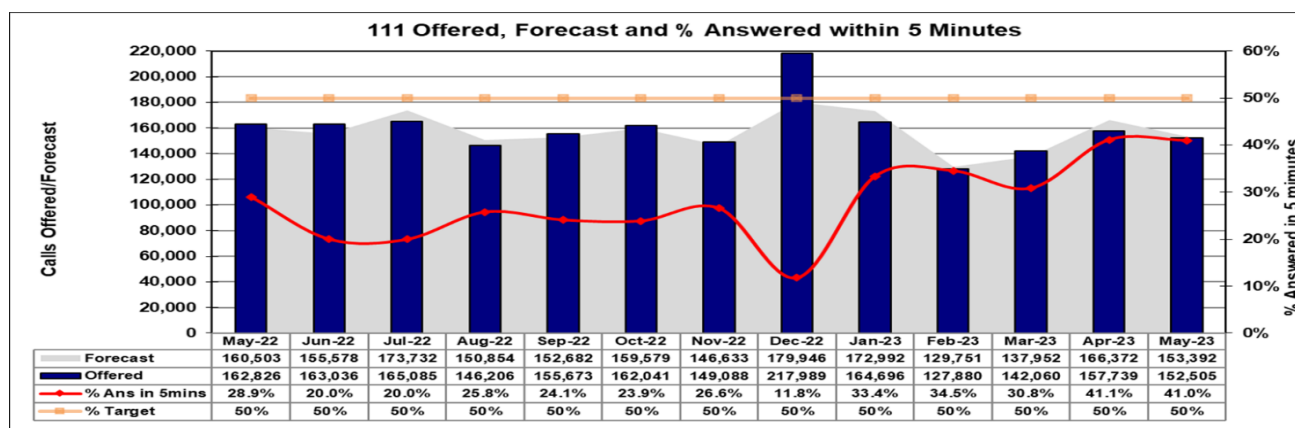


111 now operates 24/7, specifically offering access to our mental health hub and urgent care pathway for those previously self-presenting to A&E during the in hours period. Since 2020, over 300,000 callers have accessed the mental health hub within the 111 service with c60% of those calls managed by the specialist

staff in the team with no onward referral. Collaboration with SAS and Police Scotland also supports an alternative to A&E attendance. Where contact is through 101 or 999 and transfer into the NHS 24 mental health hub over 15,000 callers have been able to access distress brief intervention (DBI) support since 2020, with NHS 24 accounting for around one third of all referrals nationally.

The redesign of urgent care pathway has been accessed by over 1 million callers since December 2020, with 60% of these calls managed through primary care or self-care, with no onward referral. Working with NHS Scotland partners, this pathway offers alternative to self-presentation to A&E, including further virtual consultation from Board clinicians through the flow navigation centres, with an overall reduction across Scotland of self-presentation to A&E of c11% since its full introduction.

Despite the increase in demand that has resulted from this expanded role for 111, there has been a continued improvement in performance, and an increase in workforce and focus on improving access. The graph below shows the % of calls answered within 5 minutes, showing an increase over the last 12 months against underlying increase in demand.



Performance Summary against the full suite of key performance measures below shows ongoing improvement in all of primary service areas.

Patient Experience							
Measure	Target	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23
Care Delivered at First Point of Contact	90%	96%	96%	96%	96%	95%	95%
Patient Journey - Unscheduled Care*	30 mins	56:15	38:28	31:59	33:33	30:18	30:01
Patient Journey - Mental Health Hub	30 mins	26:40	25:35	25:07	25:04	26:07	25:52

Telephony Access							
Measure		Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23
% Calls Answered in 5 minutes	Unscheduled Care*	9%	32%	33%	29%	40%	40%
	Mental Health Hub	60%	58%	54%	50%	62%	55%
	Breathing Space	44%	35%	23%	23%	27%	41%
% Abandoned After 5 Minutes	Unscheduled Care*	32%	14%	9%	11%	7%	8%
	Mental Health Hub	9%	8%	10%	10%	7%	8%
	Breathing Space	8%	10%	14%	14%	13%	8%
Median Time to Answer (mm:ss)	Unscheduled Care*	43:38	09:32	09:25	11:57	06:19	05:58
	Mental Health Hub	00:06	00:06	00:06	00:09	00:06	00:07
90th Percentile TTA (mm:ss)	Unscheduled Care*	1:56:58	59:34	34:48	42:00	26:57	26:30
	Mental Health Hub	14:37	14:15	16:29	16:52	13:05	16:03
Access to Health Information (% answered in 5 minutes)		99%	97%	96%	94%	95%	96%

Staff Wellbeing						
Measure	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23
Staff Attendance	89.5%	89.0%	92.2%	91.5%	92.4%	92.5%

NHS 24 monitors iMatter complaints as a proportion of call demand where this sits between 0.1% and 0.2% of total calls received.

Q3: Latest status and trends in relation to staff turnover, vacancy numbers (broken down by discipline and length of time positions have been unfilled) and workforce planning (including up-to-date figures on numbers of staff choosing to leave the profession)

Recruitment and Retention

Workforce planning

The NHS 24 Workforce Strategy and Plan was published on 31st October 2022. The strategy sets out 5 strategic priorities which underpin NHS 24's workforce transformation - Sustainable workforce; Inclusive culture; Effective leadership and management; Enhanced learning and development; Collaboration and engagement

In order to achieve a sustainable workforce some of the areas of work include:

- New establishment control process and panel to provide robust strategic planning. The process includes vacancy management, redeployment, agency use, secondments and the allocation of bursary and external funding.
- New recruitment microsite was launched in January 2023 to drive traffic vacancies, develop employer brand and position NHS 24 as an employer of choice.
- Management dashboards launched in September 2022, giving managers the ability to manage staffing, turnover, and absence.
- Attrition Improvement Action Plan includes introduction of stay conversations, revamp of exit interview process, piloting of mandatory exit interviews, introduction of feedback mechanisms throughout 1st year of employment and implementation of Once for Scotland Retiree Returner Programme.

Vacancy numbers

Posts	NHS 24	Call Handler and 111/Dental Call Operator	Psychological Wellbeing Practitioner	Nurse Practitioner / Clinical Supervisor / Mental Health Nurse practitioner	Team Managers	Senior Charge Nurses	Other Clinical	Other Non-Clinical	Total Business & Administrative
Budget (WTE)	1637.9	583	114	221	85.55	96.5	93.53	105.77	338.56
In post (WTE)	1392.2	538.68	92.39	157.43	76.97	77.58	84.78	76.26	288.14
Vacancies (WTE)	245.68	44.32	21.61	63.57	8.58	18.92	8.75	29.51	50.42
Heads	1924	834	105	246	88	89	136	115	311

The focus for NHS 24 in 22/23 was on its frontline roles – specifically call handlers, call operators and clinical supervisors with shift patterns linked to service demand. In the last 6 months, NHS 24 committed to recruiting an additional 200 frontline staff to get closer to target. This was exceeded with the appointment of 251 frontline staff. This has resulted in NHS 24 having the highest ever headcount of 1924 heads with a direct positive impact on patient access times.

In relation to recruitment planning and forecasting, a 12-month integrated recruitment plan has been developed. The plan incorporates operational requirements, training and recruitment planning, and is fully aligned with the financial plan. This will ensure continued progress towards recruitment targets.

The figures set out below are based on the actual recruitment pipeline (May to July 2023), and from August onwards forecasting assumptions based on previous recruitment outcomes.

Total 111 Call Handlers and Call Operators	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Average WTE
Target	583	583	583	583	583	583	583	583	583	583	583	583	
Actual/Predicted Call Handlers based on pipeline	538.68	553.31	561	590.95	588.76	588.98	603.81	593.3	576.67	577.24	577.85	579.67	577.52
Recruitment Actual/Predicted Starters	18.99	28.84	21.06	41.06	16.57	17.92	25.6	0	0	11.52	11.52	11.52	

Total Nurses	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Average WTE
Establishment Target	185	185	185	185	185	185	185	185	185	185	185	185	
Actual/Predicted Nurses based on pipeline	133.77	133.86	134.31	136.77	140.27	145.29	152.83	147.73	144.61	145.93	148.55	152.55	143.04

*It is worth noting that there is no recruitment in November and December as this is used for training contingency and also to ensure that staff are available to support front line services at this busiest time of the year.

There are a range of measures to improve the recruitment pipeline and to onboard and retain more frontline staff and a number of new actions are being taken forward. These include: measures to support talent acquisition and staff retention, the development of open sessions at centres for clinical staff to understand job roles, the implementation of a new recruitment model which focuses on the quality of candidates and the development of career pathways for clinical staff.

Staff turnover

Rolling staff turnover has declined by 2.58% in the last 12 months, moving from 26.75% to 24.17%. Included in this figure are those that have retired or have had contracts ended which make up 3.41% of leavers. This shows that rolling turnover is sitting at 20.76% with month-on-month reporting showing a declining trend. It is worth noting that the majority of clinical staff and Psychological Wellbeing Practitioners leave NHS 24 for employment elsewhere in the NHS.

	NHS 24	Call Handler	111/Dental Call Operator	Nurse Practitioner / Clinical Supervisor	Psychological Wellbeing Practitioner	Mental Health Nurse Practitioner	Non-Frontline
May-22	1.93%	2.61%	4.55%	1.24%	3.49%	4.17%	0.66%
Jun-22	2.38%	2.51%	0.00%	2.48%	8.54%	4.00%	1.99%
Jul-22	2.46%	2.84%	0.00%	3.42%	4.44%	0.00%	1.95%
Aug-22	2.41%	2.86%	0.00%	2.16%	4.26%	0.00%	1.31%
Sep-22	2.89%	3.06%	16.67%	3.57%	2.15%	3.85%	1.66%
Oct-22	1.77%	1.39%	11.11%	2.22%	2.08%	0.00%	3.31%
Nov-22	1.86%	2.20%	12.50%	3.14%	3.13%	3.70%	0.33%
Dec-22	2.48%	3.52%	30.43%	1.36%	3.09%	3.85%	0.98%
Jan-23	1.71%	1.95%	5.88%	2.23%	3.03%	0.00%	1.31%
Feb-23	1.12%	1.63%	0.00%	0.90%	2.06%	0.00%	0.64%
Mar-23	2.11%	2.93%	1.75%	2.75%	0.00%	3.85%	0.96%
Apr-23	1.30%	1.86%	1.28%	0.46%	1.90%	0.00%	1.29%

Q4: A brief overview of key issues facing your Board and priority actions you would like to see the Scottish Government taking to address these.

20% of NHS 24's financial allocations in 22/23 were received on a non-recurring basis. Building capacity to meet increased demand for NHS 24 services remains a priority. Baseline funding for redesign of urgent care and mental health enhanced services is still to be confirmed, however, both pathways are now fully embedded within the 111 service. Recruitment, retention and wellbeing of staff is a key priority and delivering demonstrable improvement in call answering. NHS 24 is currently supporting the evaluation of the RUC pathway and working to maximise the value of the flow navigation centres within Boards to reduce A&E attendance.

NHS 24 is launching its strategy for the next 5 years in July of this year. With a focus on digital transformation of current services, but also building the platform to maximise the value add that NHS 24 can bring across the wider system – for instance, how we better link pathways, share data for better care outcomes, and make it easier for people to access and navigate to the right care for them. NHS 24 is well positioned as a 'front door' to care, be that digital or telephony or through online information, and has demonstrated effectiveness in helping people to manage their care closer to home and would want to continue to build on this role across in support of wider health and care reform agendas.

NHS 24 is also working with Scottish Government to review the commission for NHS inform as a national asset for NHS Scotland, following the significant and sustained increase in public access as a result of the pandemic. This has become a valued and trusted source of information, advice and support and we would want to ensure this continues to evolve and enhance opportunities for people to manage their own care and support increased proactive and preventative care and wellbeing.