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Dear Ms Foster

SUMMARY FROM SHARING INTELLIGENCE FOR HEALTH & CARE GROUP

The Sharing Intelligence for Health & Care Group (referred to as ‘the Group’) considered NHS24 at our meeting on 16 December 2019, as part of our routine annual programme of work. We are writing now to summarise the main points we discussed collectively as seven national organisations.

The Group’s overall aim is to support improvement in the quality of care provided for the people of Scotland, by making good use of existing data, knowledge and intelligence. One of our main objectives is to ensure that, when any of the seven agencies on the Group have a potentially serious concern about a care system, then this is shared and responded to as necessary. Sharing concerns at the right time can help identify emerging problems which can then be acted upon.

The intelligence considered by the Group should already be known to NHS24, including a range of information which is already in the public domain. We note that the data/information about NHS24 we considered is somewhat different to the information we look at for territorial NHS boards, reflecting your NHS board’s unique position in Scotland. It is important to note that we only consider data/information that is held by the seven agencies represented on the Group. This sort of intelligence

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1The Sharing Intelligence for Health & Care Group is a partnership involving: Audit Scotland; Care Inspectorate; Healthcare Improvement Scotland; Mental Welfare Commission for Scotland; NHS Education for Scotland; Public Health & Intelligence from NHS National Services Scotland, and: Scottish Public Services Ombudsman.
helps us identify things that are working well, as well as emerging problems. It does not, however, allow us to make a comprehensive assessment of the quality of care – nor is it the role of the Group to do this.

NHS24

When we considered NHS24 on 16 December 2019, the partner agencies on the Group found it helpful to learn from each other about various aspects of your NHS board. This will help inform the work we carry out as national organisations. As described below, we were pleased to note aspects of your local system that are working well. We also discussed some risks to the quality of care delivered by NHS24. We acknowledge that work is already being carried out locally to respond to these issues. As part of our annual programme of work we will continue to share intelligence, including updates on areas of risk identified, in order to inform the work we carry out as seven national agencies.

Leadership and culture are critically important factors when considering the quality of care in the wider sense. We are also aware that the leaders of today's health and social care systems are working within an environment of extreme pressure. There has recently been a significant level of change across Scotland within the senior leadership of NHS boards. The appointed auditor explained that the leadership of NHS24 has been effective. We noted that a new Chair is taking up post in January 2020, and there is also change in the Director of Nursing & Care post.

The appointed auditor also explained that NHS24 has reviewed governance arrangements in response to the Scottish Government’s Blueprint for Good Governance. We learned that your self-assessment found that there has been improvement in your governance arrangements, and a number of specific actions were identified for the strategic planning process for 2019-2020.

As a Group, we are interested to learn about how NHS24 is developing its approach to measuring and monitoring the quality of its services. On this note thank you for sharing with us, ahead of our meeting on 16 December, examples of your quarterly healthcare quality reports. Healthcare Improvement Scotland has previously provided some feedback on these reports, including on how best to visualise data in order to support decision making as part of your governance processes. Healthcare Improvement Scotland believes that there are still some opportunities to improve how data are used as part of these reports, and would be happy to explore this further with your team.

As highlighted in our annual summary report for 2018-2019², care systems across the country are experiencing unprecedented financial pressures. When we considered NHS24 in December 2018, we acknowledged that you had effective arrangements in place for financial management – and this continues to be the case. We also learned that you have exceeded the payments for the outstanding balance of financial brokerage.

As a Group, we have also highlighted the significant workforce challenges that care systems across Scotland are experiencing. We learned that NHS24 has had some

difficulties with recruiting call handlers with the requisite skills and experience. Public Health & Intelligence reported that your nursing vacancy rate has increased over recent years, and is higher than the national average (13% vs 6%). NHS24 also has the highest sickness absence rate of all NHS boards – this is 9%, compared with the national average of 5%. We noted that there has been a marked increase in the percentage of your teams that have completed iMatter action plans within 12 weeks.

Our meeting on 16 December 2019 provided an opportunity for the partner agencies on the Group to share information with each other about the quality of other front line services delivered by NHS24. For example, we learned that as part of the 111 service which provides urgent health advice out of hours, a new model of delivery is being put in place to support people experiencing mental health distress. We also learned about work you have carried out in East Lothian to test a service for routing requests for same day GP appointments to the most appropriate end-point, and the intention is to develop this in other regions.

As for all NHS boards, the Scottish Public Services Ombudsman highlighted the importance of preparing well for the Independent National Whistleblowing Standards which are to be implemented from July 2020. This includes raising staff awareness of the new standards, and ensuring processes for handling staff concerns are in line with the standards. We acknowledged that NHS24’s published annual Duty of Candour report includes a short video on patient/family experience of an adverse event.

The Group agreed that, at this time, there are no actions beyond any already planned that any of the seven national agencies need to take.

We hope you find this summary of our discussions helpful. As a Group, we will continue to share intelligence in order to inform the work we carry out as seven national agencies. If you have any suggestions for how our Group can better support NHS24 to deliver high quality care then please don’t hesitate to let us know.

Yours sincerely

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