15 January 2021

Ms Angiolina Foster
NHS 24
Caledonia House
Cardonald Park
Glasgow
G51 4EB

Dear Ms Foster

Feedback from the Sharing Intelligence for Health & Care Group – NHS 24

The Sharing Intelligence for Health & Care Group (referred to as ‘the Group’) considered NHS 24 at our meeting on 7 December 2020, 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.¹

First we wish to acknowledge, and show our appreciation for, the great efforts of staff from NHS 24 in response to the COVID-19 pandemic. In our annual report for 2019-20, we highlighted the committed workforce in Scotland that has continued to deliver high-quality care. Colleagues’ expertise, professionalism, commitment and compassion are needed now more than ever. We also understand that the COVID-19 pandemic will continue to impact on front line services for a considerable time to come.

The seven national organisations on the Group have also made changes to our work programmes, with the ultimate aim of supporting front line services during the COVID-19 pandemic. This is having some impact on the intelligence that is readily available to us. We are, however, continuing to share and consider intelligence regularly throughout the current pandemic – as we have a duty to make the best use possible 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 on 7 December should already be known to NHS 24, including a range of information which is already in the public domain. This is somewhat different to

¹ The 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 Scotland, and: Scottish Public Services Ombudsman.
the information we look at for territorial NHS boards, reflecting your organisation’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 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. Furthermore, we are prioritising the points that we feed back to individual NHS boards during 2020-21, with the aim of drawing attention to points that continue to be relevant at the time of the current pandemic.

**NHS 24**

When we considered NHS 24 on 7 December 2020, the partner agencies on the Group found it helpful to learn from each other about various aspects of your organisation. 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 NHS 24. We acknowledge that work is already being carried out locally to respond to these issues, sometimes with input from one or more of the partner agencies on the Group.

As a Group, we have previously acknowledged the environment of extreme pressure that the leaders of today’s health and social care systems are working within – together with the significant level of change across Scotland within the senior leadership of NHS boards. We learned that there are a number of changes to the leadership of NHS 24. Your Director of Nursing & Care post was filled in April 2020, your Director of Finance & Performance post is currently filled on a secondment basis, and you have an interim Director of Workforce. We also noted that your new Chair took up post in January 2020, and recruitment has started for your successor as Chief Executive.

Audit Scotland explained that NHS 24’s governance arrangements are appropriate, and we acknowledged that you have commissioned and implemented temporary governance arrangements to oversee and co-ordinate the response to the COVID-19 pandemic.

As a Group, we previously highlighted the significant financial pressures being experienced by care systems across the country. When we considered NHS 24 in 2018 and 2019, we acknowledged that you had effective arrangements in place for financial management – and this continues to be the case. Audit Scotland informed the Group that NHS 24 achieved its financial targets for 2019-20, and you have forecast a breakeven position for the next two years with the aim of concluding brokerage payments in 2021-22. As for NHS boards across Scotland, we understand that you are assessing the financial impact of COVID-19 – and we note that recent recruitment drives in response to the pandemic have resulted in a significant increase to your pay and associated costs.

When we considered NHS 24 in 2019, we learned about some of your workforce challenges, such as difficulties with recruiting call handlers with the requisite skills and experience. At our meeting last month, NHS Education for Scotland explained that NHS 24 continues to have a relatively high rate of nursing vacancies (15%, compared with a national average of 6%). Sickness absence (8%) also continues to be higher than the Scottish average (5%).

At our meeting on 7 December 2020, we learned about NHS 24’s involvement in the redesign of unscheduled care services across Scotland. This is an important and significant development and, as NHS 24’s services develop and expand for this and other pathways, we note potential risks eg given the context of the workforce challenges highlighted above. It will also be particularly important that you have robust mechanisms in place for measuring and monitoring the quality of the services you provide. When we considered NHS 24 in 2018 and 2019, Healthcare Improvement Scotland explained that there were opportunities to improve how data are used as part of your healthcare quality reports. We noted that, during 2019-20, NHS 24 agreed with Scottish Government some changes to your key performance indicators, so that these better reflect the performance of your services.
The Scottish Public Services Ombudsman informed the Group that historically they receive a small number of cases relating to NHS 24 and of the complaints closed recently, only one has proceeded to investigation (and was not upheld). The majority of the cases closed by the Ombudsman relating to NHS 24 have been closed as a result of the organisation having taken appropriate action to remedy the issue. This is indicative of a reasonable approach to complaints and early resolution. The Ombudsman also noted that with a rising demand for NHS 24’s services it would be important to ensure good governance around complaints to ensure that they continue to be responded to in a timely and clear manner. Healthcare Improvement Scotland also explained that NHS 24 has established a Stakeholder Engagement & Insights team, to understand how best to support people in accessing NHS 24 and to support public engagement in the design and delivery of your services. Its activities are informed by the Scottish Approach to Service Design.

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 consideration of our collectively shared intelligence 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 your work to deliver high quality care for patients by NHS 24 then please don’t hesitate to let us know.

Yours sincerely

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