



Workforce Plan 2019/20



Contents

Chief Executive foreword		Page 4
<u>Section 1: Drivers for Change</u>		Page 5
1.1 National Context		
1.1.1	CEL 32 (2011) Six Steps Methodology	Page 5
1.1.2	Health and Social Care Delivery Plan	Page 5
1.1.3	National Health and Social Care Workforce Plan	Page 6
1.1.4	National Clinical Strategy for Scotland	Page 6
1.1.5	Scotland's Digital Health and Care Strategy	Page 7
1.1.6	Mental Health Strategy 2017-2027	Page 7
1.1.7	National Shared Services	Page 7
1.1.8	BREXIT	Page 8
<u>1.2 Local Context</u>		Page 8
1.2.1	Our Strategy 2017-2022	Page 8
1.2.2	Service Transformation Programme	Page 9
1.2.3	NHS 24 Digital Strategy 2019/20–2021/22	Page 10
1.2.4	Better Working Better Care	Page 10
1.2.5	NHS 24 Shift Review	Page 11
1.2.6	Clyde Contact Centre – Estate	Page 11
<u>Section 2: NHS 24 Service Changes</u>		Page 12
2.1	Service Delivery Directorate	Page 12
2.1.1	111 Service	Page 12
2.2	Breathing Space Service	Page 13
2.3	NHS Living Life Service	Page 13
2.4	Service Development Directorate	Page 14
2.4.1	Developing change skills and organisational Approach	Page 14
2.4.2	Digital Function	Page 14
2.4.3	Stakeholder Engagement and Insights	Page 15
2.4.4	Service Development – including Programme management, service/quality Improvement and evaluation	Page 15
2.5	Communications and Engagement	Page 15
2.6	Development of new services and roles	Page 15
2.6.1	Mental Health Hub	Page 16
2.6.2	Primary Care Triage	Page 16
2.6.3	Advanced Clinical Support	Page 16
2.7	Financial Implications	Page 17
<u>Section 3: Defining the Required Workforce</u>		Page 18
3.1	111 Service Workforce Requirements	Page 18
3.2	Workload Tool	Page 18
3.3	2019/20 Workforce Target Establishment	Page 19
3.4	3 Year Projections	Page 20

<u>Section 4: NHS 24 Workforce Intelligence</u>		Page 21
4.1	Current Workforce Profile	Page 21
4.2	Age Profile	Page 22
4.3	Gender Profile	Page 24
4.4	NHS 24 Workforce Turnover	Page 25
4.5	Recruitment	Page 25
4.6	Supporting Attendance and Well-being at Work	Page 26
<u>Section 5: Workforce Development</u>		Page 29
5.1	Supporting the development of digital skills	Page 29
5.2	Career Pathways	Page 29
5.3	Appraisal and Incremental Progression: Statutory and Mandatory Training	Page 29
5.4	Improving access to courses, content and Knowledge resources to support learning	Page 29
5.5	Staff Engagement	Page 29
5.6	Personal Development Planning and Review	Page 30
5.7	Leadership Development	Page 30
5.8	Workforce Directorate Structure	Page 30
5.9	Workforce Development	Page 30
5.10	Coaching and Mentoring	Page 30
5.11	National Board Collaborative Working	Page 30
5.12	Colleague Development	Page 30
<u>Section 6: Workforce Action Plan</u>		Page 31
6.1	Workforce Plan Action Plan	Page 31
6.2	Risks	Page 32
6.2.1	Workforce Risks	Page 32
6.2.2	Financial Risks	Page 32
<u>Section 7: Implementation and Monitoring</u>		Page 33
Appendix 1:	Call Demand and Access	Page 34

Chief Executive's foreword

Welcome to the NHS 24 2019/20 Workforce Plan, which is designed to sit alongside our strategy 2017-2022 "Delivering a healthier Scotland together" and our Annual Operating Plan 2019/20. Our plan describes how we will resource and develop our workforce this year so we can deliver the commitments made in our Operating Plan and prepare, with our staff for the changes ahead. We recognise that the biggest opportunity NHS 24 has to reshape the workforce for the future lies in developing the skills of our current workforce. Our aim is to have in place the right skills and roles to enable us to enhance the services we offer. This will ensure we have the right blend of clinical and support staff to deliver safe, effective and efficient services. We will develop our workforce to be available, adaptable and affordable to meet the needs of the services we offer; this will include appropriate access to and training to deliver multi-channel capability.

We are best known for the delivery of our 111 service, and this service is at the forefront of delivering safe and effective urgent care and support to the public when GP practices are closed. We also deliver a range of other urgent care and scheduled services in partnership with other NHS Boards, working collaboratively to connect people to the care they need. NHS 24 services are delivered across a range of channels including telephone, online, web chat, text, email and social media, on a "Once for Scotland" basis, which compliments the face to face delivery of NHS Scotland's health care services.

We work in collaboration with other NHS Scotland Boards, Integration Joint Boards, Local Authorities, Voluntary and Independent sectors, service users and public representatives to ensure that our organisational capability is appropriately focussed on supporting and delivering high quality and person centred services to the people of Scotland. Since the launch of our 5-year strategy in 2017, we have had a period of positive change across the organisation as a result of the dedication and determination of the people across NHS 24 and the support of our partners across the health and care services in Scotland.

We will deliver the most unique use of our capabilities across workforce, clinical triage and information, digital, technical and resource allocation. We will evidence this through direct alignment with the national transformation programmes across primary, acute and mental health and care services. We have three strategic objectives:

- To support people to live longer, healthier lives
- To contribute to the delivery of our organisation's role in helping to deliver the Health and Social Care Delivery Plan.
- To continue to strengthen our organisation

Our delivery principles continue to underpin everything we do, reliably supporting the whole health and care system 24/7. Having the right workforce with the right skills will be critical to the success of these objectives. We still have much to do but remain focussed and passionate about delivering this important and exciting work.



Angiolina Foster
Chief Executive | NHS 24

Section 1: Drivers for Change

1.1 National Context:

1.1.1 CEL 32 (2011) Six Steps Methodology

The Workforce Planning process within NHS 24 aligns HR Workforce Planning, Service Planning, and Financial Planning, thus ensuring that NHS 24 has the capability, capacity and skills within the workforce to deliver a clinically safe, effective and affordable service. This plan has been written in line with the principles of Workforce Planning for NHS Scotland, as directed in CEL 32 (2011), which is currently under review nationally.

1.1.2 Health and Social Care Delivery Plan

The aim of the Scottish Government¹ is a Scotland with high quality services that has a focus on prevention, early intervention and supported self-management. Where people need hospital care, the aim is for day surgery to be the norm, and when stays must be longer, the aim is for people to be discharged as swiftly as it is safe to do so. The Health and Social Care Delivery Plan², published in December 2016, sets out the key aims and actions for the NHS going forward, including Health and Social Care Integration, public health and Board reform. The aims of the Delivery Plan is to further enhance health and social care services, so the people of Scotland can live longer, healthier lives at home or in a homely setting, supported by a health and social care system.

NHS 24 have ambitious plans for 2019/20 where we will seek to enhance and improve our current services and continue with the development of a range of new services aimed at supporting the delivery of the National Health and Social Care Delivery Plan. Effective delivery of these plans requires the development of a range of key enabling activities. The diagram below sets out some of the main areas NHS 24 will focus on in 2019/20.



Figure 1

¹ www.gov.scot/Topics/Health/Policy/2020-Vision

² www.gov.scot/Publications/2016/12/4275

1.1.3 National Health and Social Care Workforce Plan

It has been recognised that in the future, workforce planning needs to recognise the interdependence of several key workforce sectors – the NHS, local government, the independent and third sectors and the newly created Integration Joint Boards (IJBs). The National Health & Social Care Workforce Plan is instrumental to delivering the strategic intent of the Health & Social Care Delivery Plan. This was published across 2017 and 2018 in three distinct parts:

Part 1 was published in June 2017³ and focuses on NHS Scotland workforce planning.

Part 2 which looks at a framework for improving workforce planning for social care in Scotland was published in December 2017⁴.

Part 3 which looks at improving workforce planning for primary care in Scotland was published in April 2018⁵.

All three parts combined are part of a roadmap that is underway to improve workforce planning across the entirety of health and social care. An integrated plan is expected to be published during 2019.

Action: NHS24 will reflect on the recent NHS Scotland workforce planning publication and participate in all National discussions, taking necessary action in relation to workforce planning development. NHS 24 will continue to collaborate with partners in relation to the National Health and Social Care Workforce Plan.

The publication of the Health & Social Care Delivery Plan, Audit Scotland Report and the National Health & Social Care Workforce Plan, allied with NHS 24's Service Development Programme has prompted the need to reconsider our approach to workforce planning. The need for greater governance roles and responsibilities, increased and improved workforce intelligence, recruitment and career development. A short term, annual plan cannot meet the aspirations for truly transforming the services provided by NHS 24. With an ageing population and the drive to ensure earlier identification of some chronic conditions we expect to see a continuing trend of increased demand for health and social care services which prompts consideration of current and future models of care and the staff who will deliver these.

1.1.4 National Clinical Strategy for Scotland⁶

The National Clinical Strategy sets out a framework for the development of health services across Scotland for the next 15 years, including the changing demographic composition of our population, the increased demand for health and social care that will follow the advent of Health and Social Care Integration, and significant technological changes in healthcare. It is recognised that there is scope to further develop use of IT to deliver health and social services such as mental health and NHS 24 in collaboration with other Health Boards play a pivotal role in that.

³ "National Health and Social Care Workforce Plan - Part 1 a framework for improving workforce planning across NHS Scotland" www.gov.scot/Publications/2017/06/1354

⁴ "National Health and Social Care Workforce Plan Part 2 – a framework for improving workforce planning for social care in Scotland" www.gov.scot/Publications/2017/12/2984

⁵ "National Health and Social Care Workforce Plan Part 3 - improving workforce planning for primary care in Scotland" www.gov.scot/Publications/2018/04/3662

⁶ <https://www.gov.scot/publications/national-clinical-strategy-scotland/>

1.1.5 Scotland's Digital Health and Care Strategy: enabling, connecting and empowering⁷

In April 2018, Scotland's Health and Care Strategy was published detailing how technology will be used to reshape and improve services, support person-centred care and improve outcomes across Scotland. The strategy applies across national government, local government and NHS Scotland. It is intended to deliver:

- **National Direction and Leadership** – working in partnership with other national organisations to drive the digital agenda across the health and care landscape;
- **Information Governance, Assurance and Cyber Security** – demonstrating high quality standards for digital delivery, collaborating with colleagues to ensure good governance;
- **Service Transformation** – putting digital at the heart of health and care organisations ways of working achieved through co-designed service transformation;
- **Workforce Capability** – up-skilling staff to deliver in a digital age and supporting local teams to deliver digital services for the public;
- **National Digital Platform** – leading the public facing development of the national digital platform for health and care services;
- **Transition Process** – continuing to deliver nationally and support locally to ensure Scotland delivers its digital vision.

1.1.6 Mental Health Strategy 2017-2027

The vision for the Mental Health Strategy is of a Scotland where people can get the right help at the right time, expect recover, and fully enjoy their rights free from discrimination and stigma.⁸ As part of the strategy 40 initial actions have been identified to better join up mental health services in Scotland. NHS 24 have been identified as playing a key role in two of the recommendations; including developing unscheduled mental health services to complement locally-based services and supporting making more accessible psychological self-help resources and a national rollout of computerised Cognitive Behavioural Therapy packages.

NHS 24 continues to develop and implement a tiered offering in relation to Mental Health services. The current model provides support to the population with low-moderate mental health needs, and we recognise the broader requirements around complex care needs and the support required to maintain good mental wellbeing. We will ensure that safe and effective access to the management of mental health across the spectrum of mental wellbeing and illness is at the core of our approach and implementation. We will work with the public; our staff and our partners to develop digitally enabled mental health services which help reduce waiting times and improve access for people with mental health distress and/or mental health problems.

1.1.7 National Shared Services

NHS 24 is actively participating in the shared services agenda, working towards reducing geographical and organisational barriers to the delivery of support services and functions, including Finance, Estates, Procurement and Human Resources. The 'Once for Scotland' agenda promotes, where appropriate, that services should be managed on a Scotland-wide basis and should be delivered in a consistent way, unless a compelling reason exists for variation.

NHS 24 appreciates the opportunities through digital service transformation and collaboration across the wider system to review and redesign the delivery of services. This will be focussed on improving pathways and positioning NHS 24 services within the wider, integrated health and social care system.

⁷ <https://www.gov.scot/publications/scotlands-digital-health-care-strategy-enabling-connecting-empowering/>

⁸ Derived from work by the Scottish Mental Health Partnership

Action: NHS 24 will continue to actively participate in the shared services agenda and will continue to collaborate where possible with National Boards in the development of services, standardising processes and making continued efficiencies.

1.1.8 BREXIT

It is recognised that the impact of Brexit is difficult to assess due to the uncertainty surrounding what form it will take, the breadth of areas affected and the complexity of interdependencies. NHS 24 has undertaken significant risk management to identify and mitigate the risks as far as possible given the circumstances.

Short term workforce challenges are not expected to directly impact on NHS 24 with a very low number of staff identified as EU citizens. HR continue to support and engage with staff and partner agencies on this matter. Longer term implications will require monitoring at an NHS Scotland level, with strategic planning on what this will mean for NHS 24 being considered as a component part of that.

Action: NHS 24 will continue to be informed on the developments in relation to BREXIT and continue to workforce plan taking into consideration the implications across the organisation.

1.2. Local Context

1.2.1 Our Strategy 2017-2022 Delivering a healthier Scotland together

We have identified clear priorities and objectives for the next 5 years. In the earlier years of the plan we have greater clarity on the scope of each priority area and have assessed our readiness to deliver against them. There are three main themes to our strategic objectives , these are:

- Supporting people to live longer healthier lives
- Alignment with National Healthcare Strategies
- Building a stronger organisation

The strategic plan for NHS 24 have been developed in the context of the system wide challenges in demand and access to key services and the overall financial position of NHS Scotland.

The timeline below sets out a high-level picture of NHS 24's key objectives over the next 5 years which have been described in the 2019/20 Annual Operating Plan (AOP).

2019/20	Transition to new 111 service model, including new supervision model, better work better care and the shift review
	Implement new mental health pathway within 111, establishing mental health hub, developing pathways with Police Scotland and SAS
	Develop strategic and operational workforce planning, specifically implementing the agreed outcomes from the shift review
	Deliver the expansion and further development of the GP triage service, advanced clinical support and outpatient triage services to deliver organisational objectives in line with SDP programme
	Develop professional nursing agenda / strategy with Nursing & Care Directorate, including excellence in care and realistic medicine.
	Strengthen access through digital channels, implementing and expanding web chat, testing and evaluating virtual working, ensuring staff are skilled and workforce model is appropriate
	Deliver the Technology, Data and Digital Strategies with underpinning financial framework
	Develop a professional nursing 5-year Strategy fully integrated with organisational workforce plan
	Develop leadership and management capacity, capability and resilience
	Enhance and deliver improvements in strategic clinical partnerships across health and social care
	Develop capability to deliver an effective business intelligence service to support future planning and continuous improvement of our services
	Develop our communications and engagement capability to support the delivery of our strategic priorities
2020/21	Continued extension of in-hours services to support primary care and outpatients in line with strategic delivery plan and transition of STP services as appropriate into BAU
	Progress Better Working, Better Care supporting change and improvement and building leadership capacity
	Blended workforce and service delivery model embedded
	Continued growth of digital first within BAU
	Complete reconfiguration of estate
	Embedded organisational approach to Quality Improvement, Insights, User Engagement and Evaluation
2021/22	Ongoing development and improvement of NHS 24 operational services
	Continued growth of digital first within BAU
	Undertake research to determine behaviour change and impact of services provided by NHS 24
2022/23	Ongoing development and improvement of NHS 24 services
	Continued growth of digital first within BAU
2023/24	An integrated multichannel range of unscheduled and scheduled care services for the Health & Social Care sector of Scotland in and out-of-hours
	Public Facing digital is widespread and supporting transformation of Health and Social Care

Figure 3

1.2.2 Change Portfolio

The responsibility for delivering this programme sits with the Service Development Directorate. In this role, the Directorate will be accountable to a senior level Change Portfolio Programme Board, which will approve the programme plan, monitor progress and ensure the programme has sufficient resources to deliver the outcomes required. NHS 24 has a clear digital transformation ambition using service design principles, as part of the Change Portfolio. The programme has 8 key strands currently;

- Mental Health Redesign;
- Primary Care Reform;
- Waiting Times Improvement

- Digital
- Business Intelligence/Analytics
- Estates
- NHS 24 Operating Model
- Technology Transformation

1.2.3 NHS 24 Digital Strategy 2019/20 - 2021/22: Collaboration, Co-design, Connecting

NHS 24's role in the delivery of Scotland's Digital Health and Care Strategy has required us as an organisation to activate our own organisational transformation, of which digital is a priority. We recognise that this is not just about technology, digital transformation is also about culture, how we work, how we interact as well as what we deliver.

As a virtual organisation NHS 24 has always had a lead role in the delivery of digital services in Scotland, initially designing telephony as our primary delivery channel at a time when health services were not routinely delivered in that way. The rapidly developing digital landscape tells us that we need to transform as an organisation to respond to the people's needs. This opens up potential opportunities for people to interact with our services in a range of ways, supporting their ability to have a choice on how they want to contact a service. One example of this is the addition of follow up texts to appropriate people waiting for a call back in the 111 service.

By developing a range of ways for the public to contact our services within NHS 24 means that from a staff perspective they will be able to deliver services across a range of channels, which will be easy for them to navigate and improve their staff experience.

As an organisation, we cannot deliver on any of our ambitions without having the right people, with the right skills and the empowerment and authorisation to undertake their roles. NHS 24's workforce planning is to build a multi-disciplinary workforce to support the changing nature of the health and care system, and to take forward the development of digital skills and improvement expertise to deliver on our strategic ambitions. The NHS 24 workforce, by nature, is made up of varied level of digital skills. This needs to be taken into account when thinking about service delivery and the skills available within the organisation to take forward our digital ambitions. We need to understand our capabilities as an organisation to deliver our strategy, and support all our staff to develop and up-skill in the areas they are interested in.

Action:

- Expand the skillset of our staff so that we can deliver a digital enabled workforce.
- Explore opportunities to work flexibly across a variety of locations and potentially from home to deliver elements of our services, securely and safely, to support a broader workforce.

1.2.4 Better Working Better Care

Better Working Better Care is an improvement programme for Service Delivery that aims to devise, test, evaluate and adapt our service delivery operational model (managerial, staffing and resources) so that expectations, roles and responsibilities are clear, fit our service delivery commitments and we do this with maximum possible involvement of all our staff to devise and drive change and improvement.

The key priorities identified are:-

- Supporting frontline managers to fulfil their role effectively – Continuing Professional Development (CPD) time, tools, information, effective 121s, and support;
- Effective engagement with staff and building in time and appropriate mechanisms for engagement; Developing a team model and matching capacity across management roles to support this;
- Agreeing and implementing an appropriate supervision model;
- Linked to the shift review, develop a workforce model that ensures we have the right people in the right place at the right time

Action: We will deliver phase 1 of Better Working Better Care

1.2.5 NHS 24 Shift Review

The purpose of the shift review is to explore how shifts can be more appropriately aligned to maintain a safe service for patients that meets both the needs of service delivery and supports work-life balance for staff.

Following the initial phase of activity, to collate and understand the data that is available within NHS 24 including analysis of data such as, shift patterns and individual working patterns, staffing by interval and by day, performance and critical resource related key performance indicators, the focus of the review has been on the engagement with staff. A survey was issued in May to all staff to obtain their perspective on the current patterns of work. The outputs from the survey informed a series of focus groups that have taken place across the estate. Around 60% of staff responding to the survey felt there is scope to improve working patterns and associated processes, such as rota review, and this was common to both Call Handlers and Nurse Practitioners.

NHS 24 recognises that in order to achieve optimum performance for its service and maximise staff engagement to deliver it, staff wellbeing is paramount, and healthy shift patterns are a significant contributing factor to this. However, this needs to be balanced with a service where its peak demands are in the out of hours, weekends, and public holidays, and working practices need to be blended across those times. NHS 24 wants its staff to work in a culture where there is a real team working ethos and practice, flexibility to deploy staff to optimise performance of both staff and the service, whilst future proofing the organisation in terms of staff deployment for further growth.

Action: Deliver phase 1 of shift review

1.2.6 Clyde Contact Centre – Estate

As part of NHS Scotland's National Elective Centres' programme, the Golden Jubilee National Hospital (GJNH) are required to expand their surgical capacity within the site. As a consequence of this, NHS 24 have been asked to vacate the Clyde contact centre, possibly as early as spring 2020.

NHS 24 recognises that the Elective Centres' programme is a national priority and will work in partnership with GJNH and our other partners, to find the most appropriate solution for all concerned. We will however require to do that in the context of maintaining the accountabilities of the NHS 24 Board to deliver safe and effective access to our services for the people of Scotland. The NHS 24 immediate priority is to provide assurance to staff and the Board that we will mitigate the disruption this unexpected news has had. The focus will be on identifying an effective modern solution that minimises disruption for our staff and our service users.

Section 2: NHS 24 Service Development

The Government has confirmed that NHS 24 should play an expanded role in patient care in the future to help meet increasing demands on the primary and secondary care sectors. The Government has also signalled a need for greater collaboration between the national health boards and territorial boards in order to design and deliver a more sustainable health and care system for the future.

2.1 Service Delivery Directorate

In 2019/20 NHS 24 will continue to improve the operational effectiveness of our scheduled and unscheduled services, and ensure that Service Delivery is fully engaged in the development of NHS 24 services in line with its strategy.

Service Delivery have a key role in the wider development of health and social care planning, primary care planning, and collaboration with National Boards and Regional planning. This context will be important in 2019/20 and NHS 24 will be developing its capacity and services in hours as well as exploring innovative ways to support more effective management of demand across the whole system.

2.1.1 111 Service

We operate a multi-disciplinary team approach involving a range of clinical skills to ensure that the public get access to the best health care professional to manage their care efficiently and effectively. Our multidisciplinary approach has now extended to working with Health and Social Care Partnerships and GP Practices to support quality management of patient flows using our experience and expertise in remote triage and digital design around user needs. The 111 Service also delivers the Cancer Treatment Helpline. Patients receiving treatment for cancer, can call our service if they are experiencing symptoms which are out with the expected side effects of their treatment. This line is available to patients at all times throughout the year. It aims to recognise acute illness related to their treatment and directs patients to the best place to appropriately support their needs. This service has been developed with all NHS Boards and outcomes include referral to hospital oncology units, next day call back or self-care advice.

NHS 24 have been working over the past 12 months with our partners, our service users and with Scottish Government to develop an enhanced performance framework. As part of the performance framework development NHS 24 carried out a comprehensive review of comparable services, such as the 111 service in England and Wales, reflected the development of an urgent care model in line with the National Review of Primary Care Out of Hours Services⁹, focussed more explicitly on the whole patient journey rather than focussing on access and sought the views of service users to ascertain their expectations of the 111 service. This review confirmed that there was a greater tolerance for a slightly longer time to access the service, but a strong desire to minimise the need for any subsequent call back, which lengthens the overall patient journey.

This work is being undertaken as part of the Better Working, Better Care Service Delivery improvement programme, which focuses on increasing the level of "care delivered at first point of contact" calls whilst maintaining a moderated but strong focus on how quickly we can respond to all calls, which in turn will deliver greater value to patients from the resources applied to the 111 service. This is not only a far more positive journey for the caller, it also impacts positively on onward referral to out of hours partners and minimises the delay in accessing

⁹ <https://www.gov.scot/binaries/content/documents/govscot/publications/progress-report/2015/11/main-report-national-review-primary-care-out-of-hours-services/documents/00489938-pdf/00489938-pdf/govscot%3Adocument/00489938.pdf>

clinical support for the caller. The delivery of the new 111 Service Model will be carefully phased and implemented, reflecting key pressure points in the year and the importance of staff engagement and readiness for significant change. The diagram below highlights the benefits associated with the emerging redesign of the operating model for the 111 service:



Figure 4

Ensuring optimisation of resource, both matched to demand and clinical supervision is essential, as is a strategic approach to recruitment and deployment of staff. The first phase of this work considered the workforce profile requirement for Call Handlers and Nurse Practitioners (requirements detailed in section 3). This included delivering a new supervision model and shift pattern to support moving towards a service which "supports the full assessment of more calls at first point of contact" and to avoid the requirement, where possible to queue calls.

2.2. Breathing Space Service

Breathing Space is a free, confidential listening and signposting, phone and web based service for people in Scotland experiencing low mood, depression or anxiety. This service receives over 8000 calls per month and in 2018/19 there were 125,000 visits to the Breathing Space web service.

The service aims to give people support to help improve their present situation and so prevent the development of more serious problems. Breathing Space also has an important role in helping the partners, friends and family members of people experiencing difficulties associated with depression via web-chat.

At present, Breathing Space is supported by a combination of Specialist Phone line Advisors, with Breathing Space Supervisors supporting four teams of advisors throughout the business.

2.3 Living Life Service

NHS Living Life is an NHS 24 telephone service offering Cognitive Behavioural Therapy (CBT) and Guided Self-help (GSH) through established CBT packages for patients as well as telephone supported guidance. CBT is an evidence based approach to help treat a wide range of emotional and physical health conditions in adults, young people and children. CBT looks at how an individual thinks about a situation and how this affects the way they may behave. The therapist and client work together in changing the client's behaviours or their thinking pattern or both of these. Patients are able to access a range of online and written support for mild to moderate mental health issues, and can be signposted to local community resources.

NHS 24 have an ambitious plan to further develop our mental health services in partnership with the Scottish Ambulance Service and Police Scotland. This includes introducing the web-chat option to Breathing Space, more widespread access to CBT, strengthening self-help platforms provided through NHS Inform, improving psychological assessment and therapies in rural areas through the use of technology such as video-conferencing and enhancing the handling of mental health calls to the 111 service with more specifically trained staff providing mental health advice.

2.4 Service Development Directorate

The Service Development Directorate brings together a number of organisational capabilities within a single coherent structure. These are broadly:

- Change leadership and management;
- Digital; including Digital Project Management and Content Design
- Stakeholder Engagement and Insights, including User Research;
- Service Development; including programme management, service design, quality improvement and evaluation.

NHS 24 recognise that it is essential to invest in the development of new digital services which in turn will promote increased channel choice and could reduce the demand on the 111 and partner services in the future.

2.4.1 Developing change skills and organisational approach

NHS 24 has adopted the Scottish approach to service design to take forward new service developments and as an approach to improvements, along with systems thinking and quality improvement methodologies. There are skills requirements across these areas which require development within the directorate, with the 'ripple' affect out across the organisation through involvement in change activities. The directorate will provide leadership around the management of change and the implementation of these approaches, to deliver best value and user driven improvements.

2.4.2 Digital Function

We are currently undergoing a significant programme of redesign across many of our services including the development of a personalisation tool across all our websites. This supports personalised access to our range of content and will give service users the chance to select content relevant to them, which can be shared, printed and saved. The Digital function within NHS 24 is based on the legacy Content Team within Health Information Services. There are additional skills which are now being developed across search engine optimisation, digital marketing and project management which were not in place previously. The Content roles have adapted to a content design focus, and will continue to develop in line with this growing professional area of specialism. There are additional technical skills which are becoming a more important part of the content role, which will need to be developed and supported in the future. Engagement within the wider content design community is supporting development of the team's skills. Additional resource required for specific projects will be brought in to supplement the team as required, and as funding is available.

We are introducing a DataLab MSc Data Science student for the summer period, plus a 12 month Digital Marketing apprenticeship (through Who Cares Scotland) within the team linked to our youth employment strategy. This provides great opportunities for the team to perform mentorship roles, development and future colleagues to be developed. Additionally the team will be looking to increase the editorial role within the team, to focus on good content writing as well as design, as these are now becoming more defined roles within content speciality.

Working across the functions, all the key roles are either in place or being developed to support a fully formed service design function.

2.4.3 Stakeholder Engagement and Insights

There are two key functions within this team, Stakeholder Engagement and User Research. The main developing area is within the User Research (UR) team. This is a brand new specialism within the organisation, and in fact within NHS Scotland. NHS 24 are the first NHS Board to develop a specialist UR team. The team is very actively engaged within the growing user research community in Scotland, and developing their skills rapidly. A joint post with Scottish Government for a Senior User Researcher is intended to increase the knowledge and skills within the organisation and embed skills partnerships within this skill.

This will be a growing area within the organisation, with the anticipation that there will be more WTE added to this team to support the need for UR across all developments and improvements within NHS 24. There is also increased development on the Stakeholder Engagement function within the directorate. Moving to a more corporate position, supporting the broader participation and equalities agenda, as well as refining the stakeholder engagement role, there will be ongoing development of the team to support these ambitions.

2.4.4 Service Development - including programme management, service/quality improvement and evaluation

Key developments within this part of the directorate really focus on the Programme Management Office (PMO) structure and function, and the development of the new service design role. With the change in organisational structure there has been the opportunity to review the legacy PMO function to ensure that it's fit for purpose for the developing organisation and the change function to support the transformation programme. The key governance activities for the transformation programme will be managed by the PMO and the structure will develop to support this programme. The new role of Service Designer within NHS 24 is a key development in our change management approach. This builds on this growing specialty within Scotland and underpins the organisational commitment to the service design approach within the management of change.

2.5 Communications and Engagement

NHS 24 will invest during 2019/20 in the development of our audio visual and multi-media capability. Multi-media content is a huge growth area for digital platforms in terms of how we communicate with and engage a wide range of audiences. We have responded to the surge in demand for multi-media content and changing consumer behaviour across social media by taking an innovative approach to the way in which content is developed.

To fully realise the potential of content production we will expand of our current resource (both workforce and equipment). Increasing the capacity means production can be broadened to include all NHS 24 digital services, internal and external communications, stakeholder engagement and collaborative solutions to transformational change. The longer-term ambition is to develop a resource in partnership with health and social care providers so that a whole system approach to audio-visual communications can be realised.

2.6 Development of new services and roles

In 2019/20 NHS 24 will continue to take forward the Service Transformation Programme that will support delivery of the priorities in the National Health and Social Care Delivery Plan. Improving our stakeholder engagement will be central to achieving this and ensuring that NHS 24 services match our stakeholder needs. As NHS 24 evolves, we will aim to take a blended approach to

delivering the service, with multi-skilled staff groups working across a range of services to deliver maximum efficiency, with potentially new roles being developed. NHS 24 needs to adapt to the growing presentation of complex long term conditions, which requires professionals with a broader range of skills to support the service and develop staff skills and knowledge.

2.6.1 Mental Health Hub

NHS 24 are actively taking forward developments in support of the Scottish Government Mental Health Strategy 2017-2027.¹⁰ The development of the unscheduled care mental health services within NHS 24 aims to compliment locally based services to support and improve prevention and early intervention. The expansion of the mental health workforce (Senior Charge Nurses, Mental Health Nurse Practitioners and Psychological Wellbeing Practitioners) to increase the number of dedicated mental health professionals will improve access to treatment and joined up, accessible services.

The aim of the Mental Health Hub:

- Right Care, Right Time, Right Place;
- An effective, safe and solid foundation service;
- Develop/evolve service which meets the needs of users;
- To improve the pathway of patients with mental health difficulties through NHS 24;
- Reduce vulnerably

By working in collaboration with partners this will improve and simplify the care pathway for those suffering from mental illness/distress who present to either the Scottish Ambulance Service or Police Scotland. Where possible and clinically appropriate NHS 24 will manage and support the needs of individuals without onward referral to other agencies. This will reduce the deployment of frontline police officers or Scottish Ambulance Services resources, the emergency demand on locality based emergency services and the number of patients taken to Accident & Emergency via the provision of better support and access to appropriate services. The Mental Health Hub has growth plans to support the demand for mental health support through the 111 service. The evaluation for this is ongoing and will inform the way forward.

2.6.2 Primary Care Triage (PCT)

The aim of PCT is to develop a co-ordinated and scalable solution to support demand management and sustainability for General Practitioners (GP) practice services. Specifically, the model involves NHS 24 Call Handlers and Nurses triaging requests for same day appointments based on clinical need. The service makes appointments to GPs and other practice based specialisms, and also routes patients to safe suitable alternatives including pharmacy, self-help guidance, information and sign-posting, the latter supporting a digital first approach to health and care. The Primary Care in-hours triage model is already expanding into Dumfries & Galloway, NHS 24 will seek to expand the team who deliver the service to maintain the growth plan during the next 12 months and beyond.

2.6.3 Advanced Clinical Support

NHS 24 currently employs 7 Advanced Nurse Practitioners (6 of whom will qualify in August 2019) who contribute to clinical support utilising a high level of knowledge therefore improving the patient journey. This new role was created in direct response to the National Review of Primary Care out of hour's services¹¹ which highlighted the need for disciplines of healthcare

¹⁰ <https://www.gov.scot/publications/mental-health-strategy-2017-2027/>

¹¹ <https://www.gov.scot/publications/main-report-national-review-primary-care-out-hours-services/>

staff to work in different ways. This included the development of new roles and as a result, the Scottish Government committed to funding the training of 500 additional Advanced Nurse Practitioners in Scotland. It is recognised that Advanced Nurse Practitioners take between two and three years to be fully qualified, knowledgeable and skilled to work at this level which is equivalent to a ST3 trainee GP.

A test of change for a remote and rural model of care is in development in partnership with NHS Highland and the Scottish Ambulance Service. The overall proposal would introduce NHS 24 ANPs as an integral part of the ANP team nationally internal and external to NHS 24. Within all settings ANPs would manage patients with complex clinical presentations, support effect discharge from acute care and assist with prescribing/medication advice. The staff would:

- Work on a rotational basis with NHS Highland
- Support, augment and enhance the current model of care by NHS Highland ANPs
- Develop shared/rotational training/substantive posts across the health boards providing an attractive career pathway
- Provide triage support to Scottish Ambulance Service clinicians

Discussions continue with NHS Lanarkshire around joint posts which would involve working within NHS 24 and OOH centres. Staff from both NHS 24 and NHS Lanarkshire would rotate and train within both areas.

2.7 Financial Implications

It is recognised that the financial situation across the whole of Scotland's public sector will continue to present significant challenges in the coming years. Within the Five Year Financial plan, approximately £53 million out of total planned revenue expenditure of approximately £71.8 million relates to pay costs in 2019/20 (74%). It is therefore vital that the Workforce Plan continues to be integral to the NHS 24 Financial Plan and Annual Operating Plan. The Strategic Planning Resource Allocation process ensures that workforce targets are consistent with available resources and priorities. The current forecast financial risks are provided within the risk analysis within section 6. The incremental cost associated with the increase in employer pension contributions places a cost pressure on any new posts in 2019/20 and beyond where the funding has been set in advance and based on 2018/19 rates.

Section 3: Defining the Required Workforce

The information contained within this section has been informed by the predicted service changes and drivers detailed in previous sections.

3.1 111 Service Workforce Requirements

For all frontline telephony based services, workforce requirements are defined using the 'Erlang' theory of Resource Planning. This methodology takes into account call demand forecasting in conjunction with average call handling time, utilisation rates, and access service level KPI, to predict resource requirements. Full details of the planning assumptions currently used for each skill set within the frontline service can be found within appendix 1. Based upon current information and remodelling, the workforce requirements for this service are detailed below for the Call Handler and Frontline Nurse skill-sets for 2019/20.

Skill Set	2018/19 Requirements	2019/20 Requirements
Call Handlers	425 WTE	475 WTE
Frontline Nurses	198 WTE	182 WTE

Table 1

*The Frontline Nurse requirement includes Mental Health Nurse Practitioners, band 5 Nurse Practitioners and Clinical Supervisors in requirements. The numbers do not include the requirements for Primary Care Triage.

The 2019/20 requirement for Call Handlers is higher than 2018/19. This is in response to a significant piece of work undertaken to review the 111 service access level target and subsequently the Operational Model as detailed in Section 2 Service Changes. Full details of the Workforce Plan numbers are shown in table 3.

3.2 Workload Tool

The Health and Care (Staffing) (Scotland) Bill was passed on 2nd May 2019 which provides guiding principles for health and care staffing. NHS 24 have introduced the Lead Nurse for Safe Staffing and Workforce Planning role who will work across Nursing & Care and Service Delivery Directorates. One of the early objectives of the role was about staff engagement on the Safe Staffing Legislation.

The National Nursing & Midwifery Workload Workforce Planning Programme (NMWWPP) has been working in NHS Scotland for a number of years on the development of a suite of workload planning tools. These tools use rigorous statistical analysis to calculate the number of nurses recommended for the workload and they have been tested extensively. The workload tool calculator for NHS 24 is now available for testing but has been deferred until the model of care is rolled out across NHS 24.

3.3 2019/20 Workforce Target Establishment

STAFFING	2019/20 Budgeted WTE	STAFFING	2019/20 Budgeted WTE
	WTE		WTE
Clinical Service Managers	19.00	Medical	5.10
Clinical Services Manager - Dental	1.00	Nursing	18.00
CSM: Practice Development and Education	1.00	Service Delivery	34.84
Senior Charge Nurses	65.04	ICT	33.80
Advanced Nurse Practitioners	9.00	Scheduled Services	2.00
Clinical Practice Educators	6.96	CEO	20.95
Nurse Practitioners - Band 6	170.00	Finance & Performance	25.00
Nurse Practitioners - Band 5	12.00	Human Resources	33.69
Clinical Supervisor	Inc in Band 6 Nurses	Service Development	54.23
Total Nurses (band 5 & 6)	182.00	Contact Centres	28.28
Regional Pharmacy Advisors	3.77	Total Non Frontline	255.89
Pharmacy Advisors	9.28		
Physiotherapy Specialist Advisor	5.00	Primary Care Triage	2019/20 Budgeted WTE
Senior Dental Nurses	4.48		WTE
Dental Nurses	31.00	Clinical Service Managers	1.00
Total Clinical Frontline	319.73	Senior Charge Nurses	3.00
Call Handlers	475.00	Nurse Practitioners	15.00
Team Managers Unscheduled Care	49.00	Team Managers	3.00
HIA Team Manager	3.00	Call Handlers	29.00
Health Information Advisors	10.88	Call Operators	0.00
Health Information Operators	16.00	Total	51.00
SEDS Hub Team Managers	1.00		
Dental Hub Administrators	11.00	Mental Health Hub	2019/20 Budgeted WTE
Living Life Cognitive Behavioural Therapist	2.61		WTE
Living Life Self Help Coach	3.20	Senior Charge Nurses	4.00
Breathing Space Supervisor	5.00	Mental Health Nurse Practitioner	Inc in Band 6 Nurses
Breathing Space Phonenumber Advisor	21.00	Psychological Wellbeing Practitioner	15.00
Team Managers Scheduled Care	3.50	Total	28.84
Scheduled Care Call Operator (fixed term)	21.66		
Unscheduled Care Call Operator (fixed term)	16.00		
Total Non Clinical Frontline	588.85		

Table 2

A detailed breakdown of the planning assumptions that sit behind these requirements can be found in appendix 1.

The requirements for NHS 24's skill sets are reviewed on an ongoing basis and are subject to in year changes.

3.4 3 Year Projections

Workforce projections are an integral part within the Six Step Workforce Planning Methodology as set out in CEL 32 (2011). NHS Boards are asked to complete a standardised template agreed by the Scottish Government.

Within the workforce projections, cognisance has been given to the significant change ongoing in NHS24. Our Workforce Projections were submitted to the Scottish Government in June 2018 indicate the staffing levels NHS 24 anticipate employing as at 31st March 2019. The forecast has been developed in line with NHS 24's Financial Plan, which, given the considerable number of unknowns, will largely reflect the existing Workforce Plan. The figures relate to actual staff in post and do not take into account supplementary staff usage. The consolidated workforce projections for NHS Scotland will be published by the Scottish Government at the end of August.

Section 4: NHS 24 Workforce Intelligence

4.1 Current Workforce Profile

As at 31st March 2019 NHS 24 employed 1578 staff (1088.53 whole time equivalent) across 4 main contact centres, 5 local centres and 6 remote working sites. There were a further 486 staff on the bank. This figure is made up predominantly of Bank Call Handlers and Bank Nurse Practitioners who are being utilised to provide additional hours to the Unscheduled Care Service. These staff all have substantive Call Handler or Nurse Practitioner positions. The chart below shows the breakdown of workforce composition across job families.

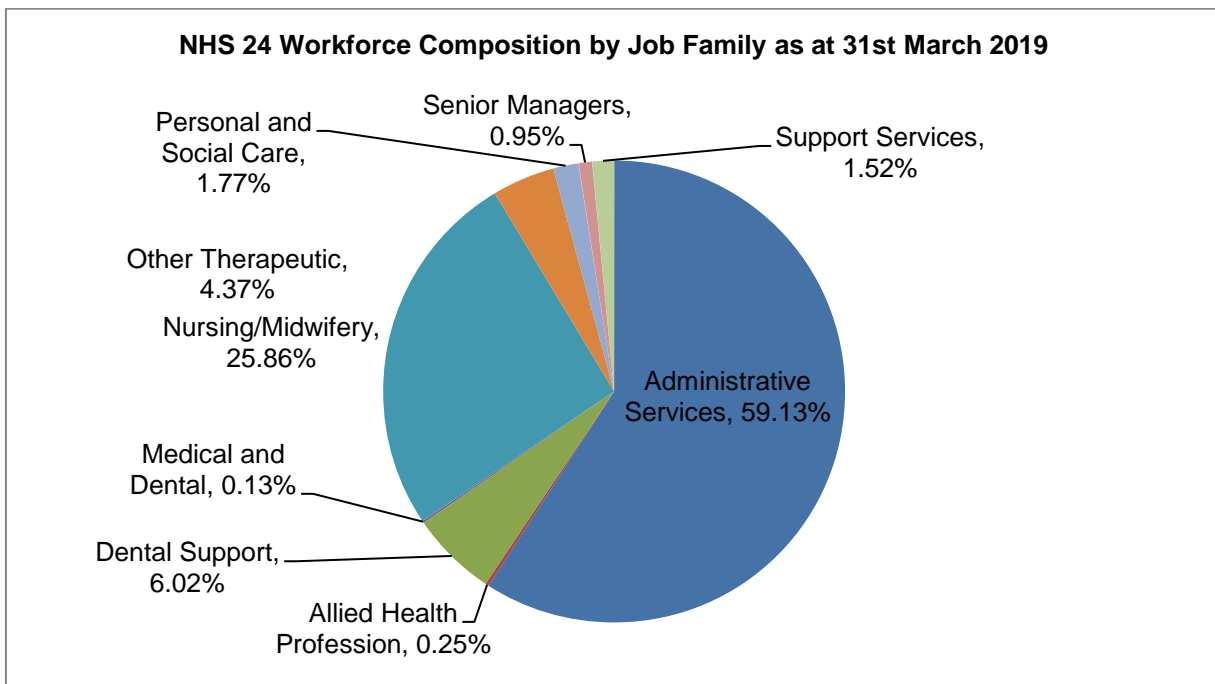
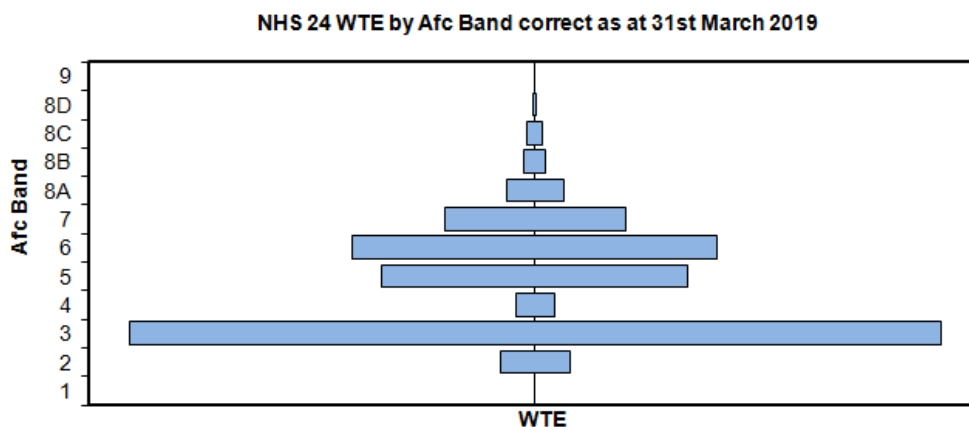


Figure 5

*It should be noted that NHS 24 Team Managers, Call Handlers and Call Operators are included within Administrative Services, however they perform a frontline patient facing role.

** Doesn't include staff within Medical and Dental Consultant, Executive Pay bands or those not employed under Agenda for Change terms and conditions).



Wte Staffing by Afc Band													
	1	2	3	4	5	6	7	8A	8B	8C	8D	9	
WTE		58.0	678.0	32.0	256.0	304.0	151.0	48.0	18.0	13.0	2.0		1560.0

Figure 6

This chart can be used to represent the whole workforce or specific job families/service areas. It is a useful tool to help identify where gaps in particular areas exist. For example, relatively small numbers in one band might reveal limited opportunities for staff in terms of career progression which could potentially impact on the ability to retain staff. As the largest cohorts of the NHS 24 core service are Nurse Practitioners and Call Handlers who sit within Agenda for Change band 6 and band 3 respectively it can be expected that both of these grades will have the largest proportion of WTE. The above chart illustrates this with 19.49% of the overall NHS 24 workforce located within the Agenda for Change band 6 and 43.46% within band 3.

4.2 Age Profile

The chart below shows the age profile of the NHS 24 workforce as at 31st March 2019 in comparison to 2018. Through analysing the age of the workforce today and in previous years we are able to identify any changes in the average age of our workforce or of particular staff groups and factor this into our future workforce planning.

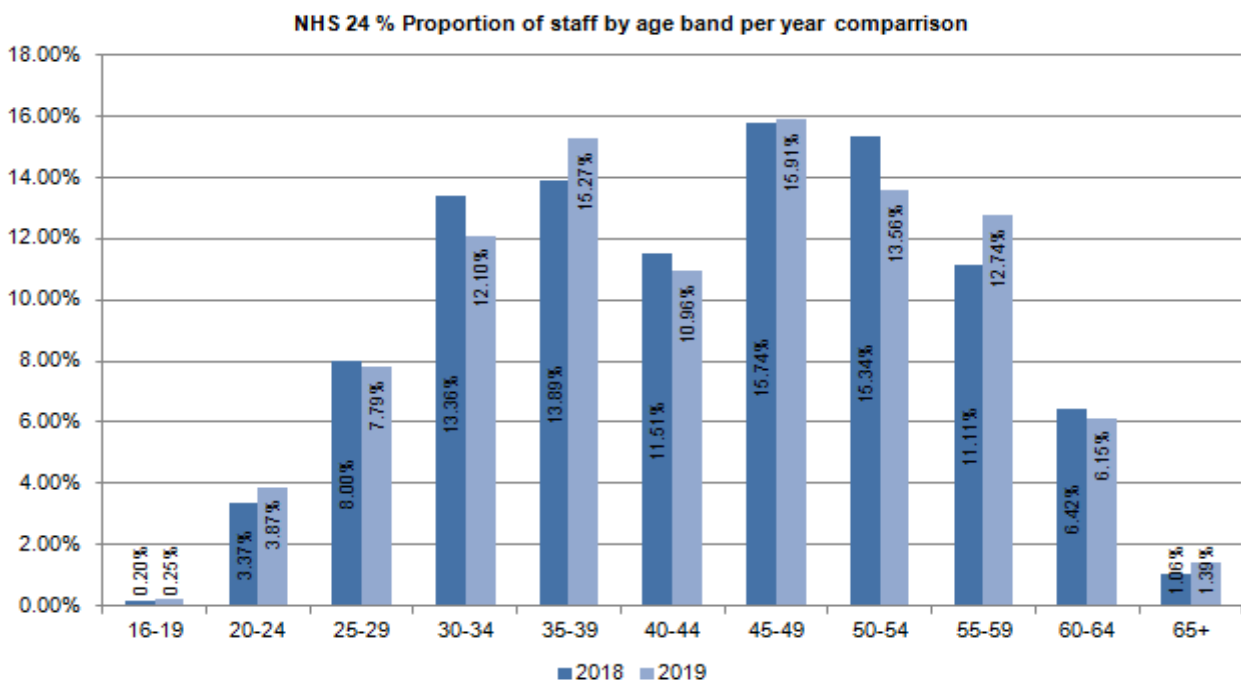


Figure 7

The age profile of the workforce shows 33.84% are over the age of 50, 20.28% are over 55, and 7.54% are over 60 years of age. The above information necessitates that NHS 24 is required to consider longer term plans for making all roles within the organisation more attractive to those within the 20-49 age bracket, whilst ensuring to adopt, through its policies, a flexible approach for working for those in the over 50 age brackets.

In particular, NHS 24 is planning on creating more opportunities to support the employment of youths; early discussions have taken place with The Princes' Trust employability programme and we are also considering how we can increase the number of modern apprenticeships supported by NHS 24. As shown in the following chart, there is a clear variance across job families with regards to age distribution which needs to be taken into consideration when ensuring robust succession planning, to ensure the availability of an experienced group of staff for future vacancies.

NHS 24 Workforce age by Job Family as at 31st March 2019

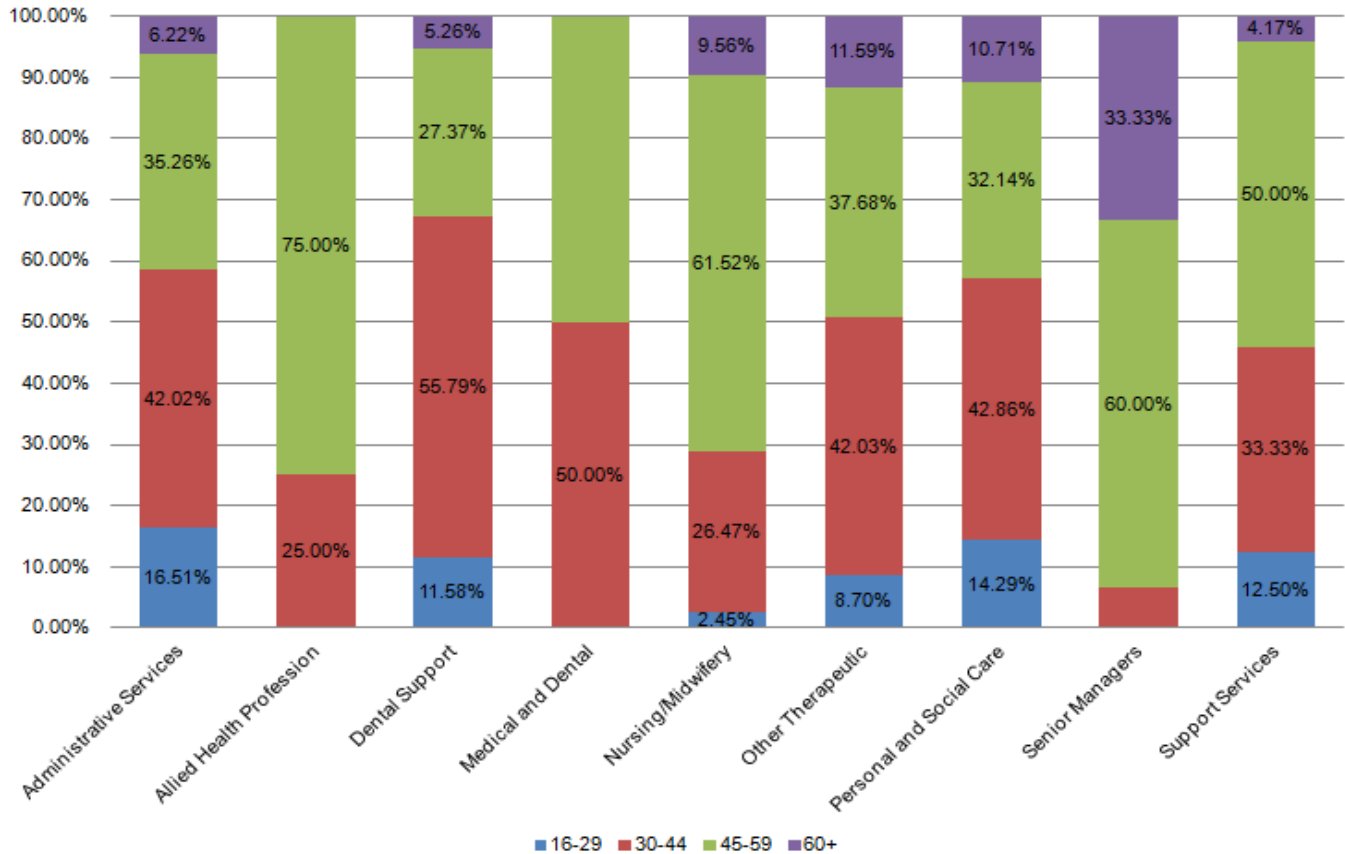


Figure 8

Most notably the job families that have an ageing workforce are the Nursing and Midwifery job family (71.08% aged 45+), Personal and Social Care job family (42.86% aged 45+) and Senior Managers (93.33% aged 45+).

We're living longer, healthier lives and have the opportunity to think differently about working as we get older. Evidence shows that increasingly people over 50 who are in work would be willing to continue working past 'normal' retirement age: NHS 24 recognises that its workforce like the population, is getting older, with the state pension age rising, many people are seeing the financial necessity of working longer.

The health benefits that good work can bring have been evidenced recently by the Chief Medical Officer's annual report¹² which shows that good work can contribute to self-esteem, wellbeing and cognitive benefits. For work to be sustainable as many work for longer, it must be fulfilling which matters not just to the working population but also organisations that look to retain experienced workers.

¹² Department for Work and Pensions (2016) "Chief Medical Officer's Annual Report 2015: health of the 'baby boomer' generation" 8th December 2016

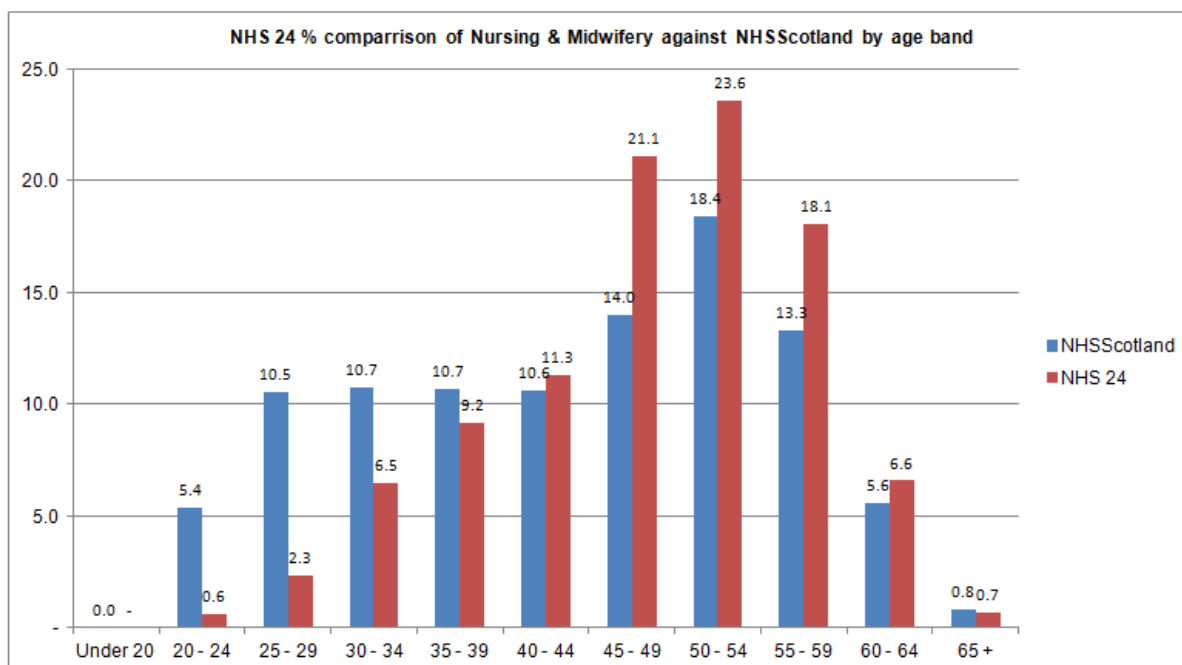


Figure 9

4.3 Gender Profile

At 31st March 2019, over three-quarters of the NHS 24 workforce were female (80.93%, based upon heads, 77.69% based upon WTE). This is largely accounted for by the high proportion of females in the Dental Support job family (94.74% female based upon headcount and 95.65% based upon WTE) and the Nursing and Midwifery job family where females account for 86.27% (headcount) and 83.39% by WTE. Figure 10, below details the gender split in the workforce as at the 31st March 2019 by both headcount and WTE. The percentage split based upon WTE is not as significant as the difference based upon headcount. It is worth noting that the reason for this difference is attributable to a larger proportion of male staff working longer contractual hours. Additional information on the NHS 24 Workforce Profile can be found within the NHS 24 Annual Mainstreaming and Diversity Workforce Data Report on NHS 24's website, <http://www.nhs24.scot>.

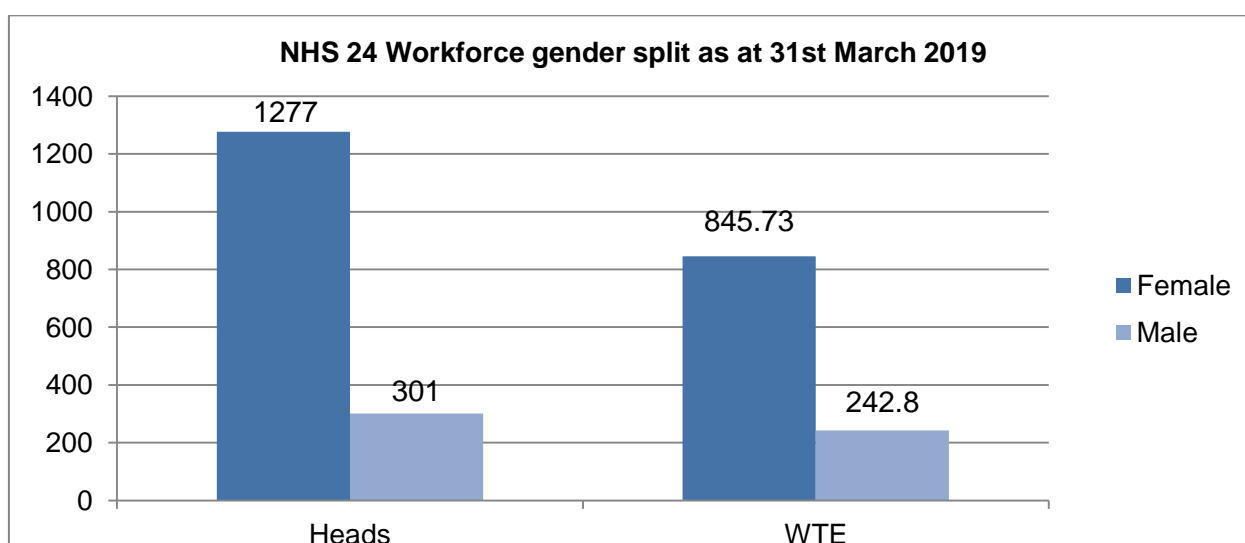


Figure 10

4.4 NHS 24 workforce turnover

Workforce turnover analysis allows NHS 24 to measure the movements of our employees and develop staff group trends. Figure 11, shows the rolling turnover for NHS 24 over the last year for all job families, this is inclusive of all NHS 24 leavers including voluntary and non-voluntary. The figure is not inclusive of internal staff movements to other roles within the organisation.

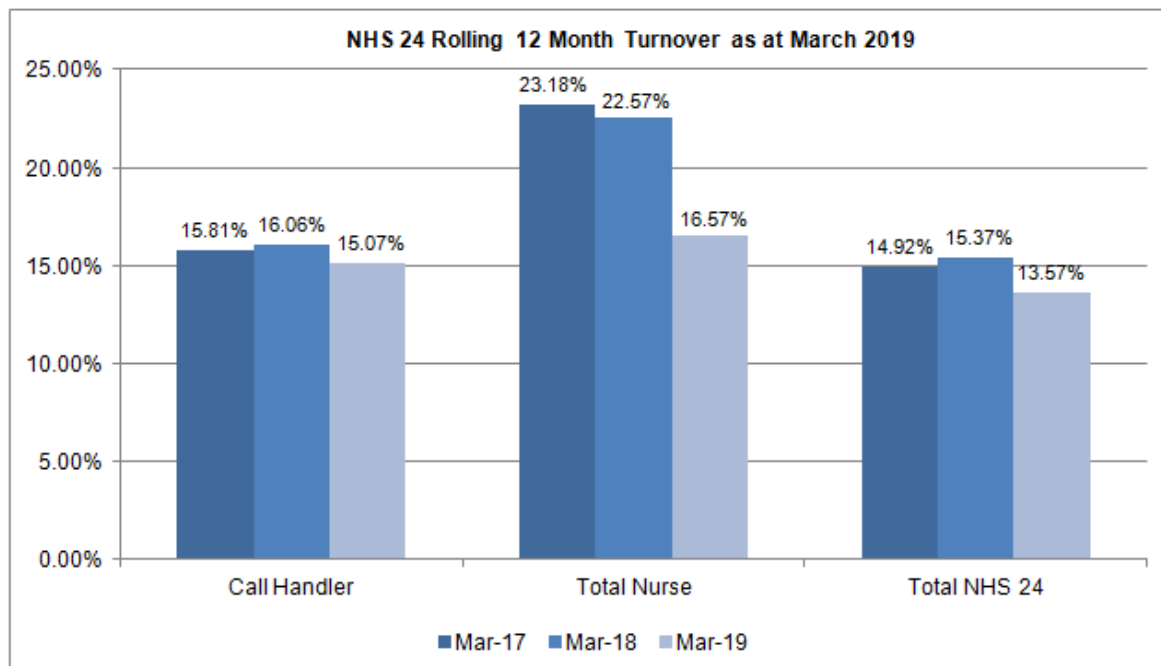


Figure 11

*Total nurse figure includes Nurse Practitioner Band 6, Nurse Practitioner Band 5, Clinical Supervisor and Mental Health Nurse Practitioners

4.5 Recruitment

NHS 24 aims to become an employer of choice for Scotland's citizens, attracting the best staff with the appropriate range of skill sets to deliver our services. During 2019, NHS 24's Executive Management Team approved the move to the delivery of Values Based Recruitment process for all skill sets regardless of grading. Values based recruitment approach delivers on the commitment made by the Cabinet Secretary for Health and Sport to the Scottish Parliament's Health and Sport Committee and is an integral part of Project Lift. The revised process was used for firstly for new Executive level posts and was rolled out to roles at the level below Executive Management team during 2019. Further roll out is planned during 2019-20.

The development of the National Youth Strategic Framework to increase the number of 16-29 year olds working for the NHS has resulted in some new initiatives piloted in NHS 24, which have included a newly formed partnership with the Princes Trust. This was a very successful project, resulting in six appointments to permanent posts. A second cohort of people from the Princes Trust is scheduled to commence in Clydebanks during August this year, with Call Handler interviews being offered to participants who successfully complete the tailored training programme.

NHS 24 has also recently partnered with Who Cares Scotland to bring in the next cohort of Modern Apprentices. It is anticipated that these apprentices will work across a range of Directorates including communication, technology and service development. NHS 24 is also engaged with the Founders4Schools pilot, which seeks to engage employers with schools directly. NHS 24 has and continues to collaborate with other Health Boards on careers initiatives for young people including Prospects events, schools career fairs and is engaged with

school leavers interested in a career in nursing with the opportunity to promote NHS 24 as an employer offering a nursing career. NHS 24 is committed to achieving the Investors in Young People Award in 2019-20, gaining recognition for Youth Employment in attracting, recruiting, supporting, developing and retaining young people. Ongoing work with Service Delivery specifically to attract younger Call Handler candidates evolved over the last year, and it is planned to roll this out in principal across all Service Delivery volume recruitment positions to ensure a national standard of recruitment and selection. To date there have been three Call Handler and one Dental Hub Administrator campaigns delivered using the same model. NHS 24 is committed to making the recruitment journey more attractive to younger candidates, removing recruitment barriers which younger people often face when applying for a job within the NHS.

NHS 24 is also committed to offer the full range of apprenticeship programmes including Foundation, Modern and Graduate, as a means to attract and retain staff. It is anticipated that during 2019 a further cohort of Foundation and Graduate apprenticeships will augment existing cohorts. We are scheduled to bring in the newly procured national recruitment system by September 2019. Early implementers of the system have already indicated a rise in the number of job applicants for each vacancy, as the system is more modern and effective. It is planned that once all boards are working on the same platform; further reviews will take place to 'unlock' the further potential of Job Train. The standard process will enable candidates to access and apply for vacancies via multiple devices.

The use of varied advertising media was used last year, producing a podcast that was well received during their recruitment campaign for Primary Care Triage. Going forward, recruitment will utilise more varied media opportunities as these can be linked to particular vacancies at point of advert on Job Train, the new national recruitment system. In addition, it is planned that the use of video content will to support explaining roles will be more clearly to attract more candidates who might not initially think of a career within the NHS.

The target to recruit to 475 WTE Call Handlers for October 2019 was made more challenging by output from the Shift Review informing Service Delivery that the 50 WTE vacancies require to be filled via 12-hour weekend only shifts. It is anticipated that, after NHS 24 staff have been allocated their new rotas, there will be a number of other shifts available on higher hours and these may be attractive to a different potential candidates. Nurse Practitioners recruitment remains to be a challenge and the target for 2019 is 170 WTE (band 6), including Mental Health Nurse Practitioners. HR and Recruitment continue to work in partnership with Service Delivery to achieve the required numbers of staff. Progress is monitored monthly through the strategic workforce planning group which is jointly chaired by the Director of Workforce and the Employee Director.

4.6 Supporting Attendance and Wellbeing at work

NHS 24 continues to work with staff, managers and partnership representatives to improve attendance at work and create a culture of attendance at work. The greatest resource of NHS 24 is its staff and it is only through our staff that services are delivered and improved. Promoting staff attendance at work is central to safe and effective delivery of patient care. The Scottish Government continue to monitor NHS 24 attendance levels against a national target. A factor for absence is built into NHS 24 planning assumptions and resource is calculated appropriately considering such factors. NHS 24 aims to maximise the attendance at work of all our staff, however it is recognised that a certain level of absence due to ill health may occur. NHS 24 encourages an emphasis on proactive, early and informal interventions to support staff to either remain at work or facilitate an earlier return to work. NHS 24 continues to work with managers and partnership representatives to improve attendance at work through improved communications with staff and managers. Our plan for Attendance Management for 2019/20 includes:

- Applying for Disability Confident Leader Status which means acting as a champion within the local and business communities.
- A test of change in the East Contact Centre which involves an identified Wellbeing and Engagement Manager who supports line managers to ensure that they apply the policy to support staff in a timely and supportive way. This test of change is for 6 months and an assessment of the impact on attendance management will be undertaken in October 2019, which will be reported to the Executive Management Team.
- Working in Partnership implement the Once for Scotland Management of Sickness Absence (Promoting Attendance Policy) and support staff and managers with the associated changes this will bring.
- As part of the national roll out of e:ESS and in keeping with the Manager Self Service functionality there will be further development of a suite of national and local dashboard reports published to managers. These will provide real time meaningful management information in relation to sickness absence to ensure proactive action and timely support for staff.
- The continued promotion of health and wellbeing initiatives, information and guidance. NHS 24 has the Gold Healthy Working Lives Award and has a one year and three year action plan which supports this. Centres have their own Wellbeing and Values Groups, which support and implement this plan.

Ongoing support, training and development of line managers continues, with a particular focus on new line managers, through the Management Matters Programme. Sessions include managing attendance at work and building personal resilience. We are also looking at how we support carers as there is evidence that a reason for some sickness absence is related to caring responsibilities which affects a range of age and staff groups.

Action: To improve attendance at work in 2019/20

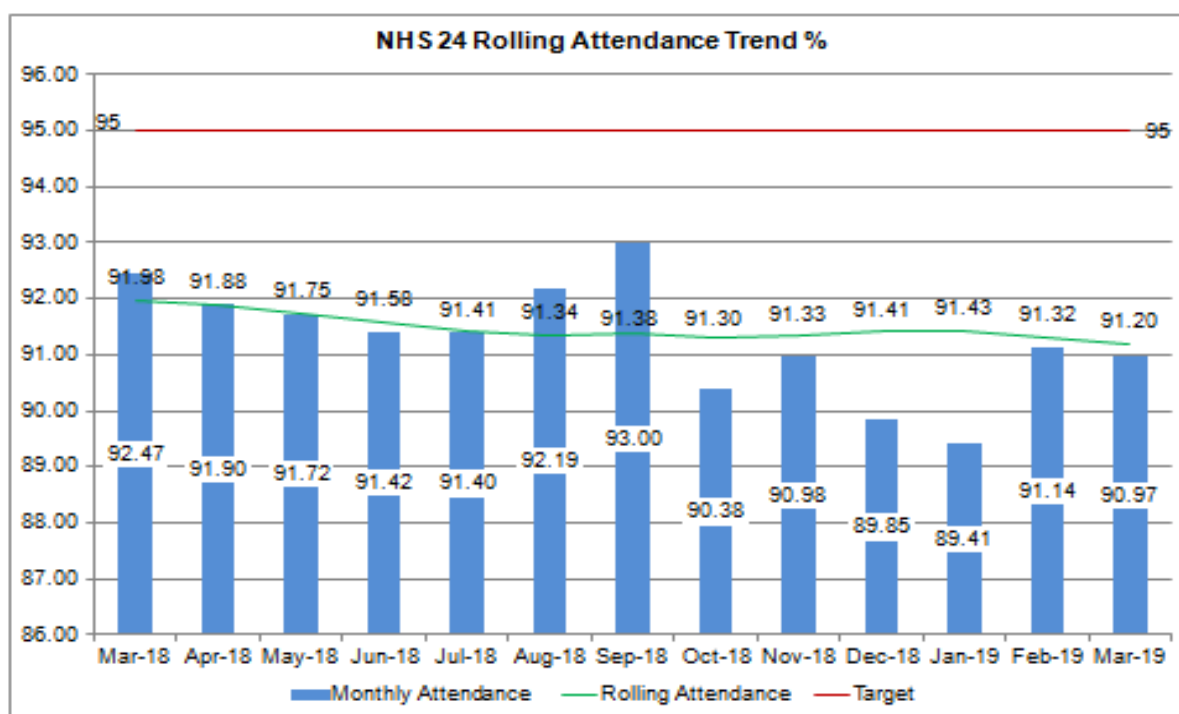


Figure 12

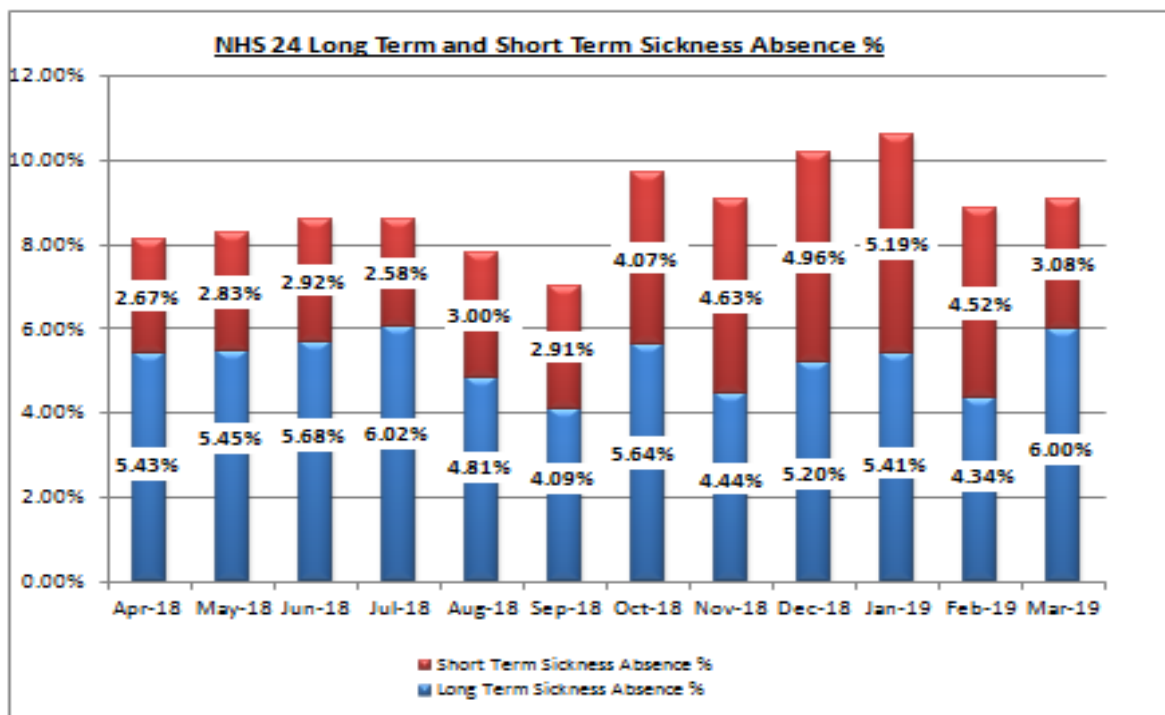


Figure 13

Throughout 2018/19, long-term sickness absence attributed for the majority of sickness absence, equating to an average of 59.43% of all absence across the year. This is a decrease on last year where long term sickness absence equated to 61.7%. Utilising evidence from historic trends available to us it is apparent that there are differences in the sickness absence patterns across age groups that will need to be considered. The table below provides further detail on the composition of the sickness by age group.

Table 3: Short Term and Long Term sickness absence by age for 2018/19

	Short Term Absence %	Long Term Absence %	Average of Days Lost	Number of Episodes	Average Headcount
18-29	4.74%	2.72%	4.10	2444	173
30-39	3.91%	3.69%	3.59	6454	418
40-49	3.50%	4.48%	4.22	5964	415
50-59	3.15%	5.42%	3.89	7137	408
60+	3.98%	7.39%	3.92	2320	113

Action: Service Delivery with support from Human Resources continue to look at will the hotspots around absence and developing actions plans to work with staff and managers to address any issues.

Section 5: Workforce Development

5.1 Supporting the development of digital skills

A Digital Maturity assessment (launched at the end of May 2019) will provide baseline data for how our staff view their current level of digital skills, and analysis of this data will provide the opportunity to develop and/or curate key resources to support appropriate development of digital skills. With digital transformation a key strategic aim, it is vital that our workforce feel supported in the development and maintenance of these skills.

5.2 Career Pathways

We are committed to developing career pathways for all skill sets. Career pathways, are important for all staff, but particular for the younger workforce, where skills development is a key factor in attracting them to work for any organisation. The next generation of our workforce, Generation Z, are most interested in the journey employers lay out for them and will seek out this information from organisation websites prior to joining. National Education for Scotland (NES) have published career pathways for non-clinical staff and these are displayed on their website. There are currently plans to develop a national career framework for Nursing and Midwifery by the NMAHP Directorate, as part of the CNO Widening Participation Recommendations. NHS 24 currently has in place the full range of Apprenticeship Levels; 3 Foundation Apprentices in IT Software Development ,1 Modern Apprentice in Healthcare Support (Non-clinical) and 14 Graduate Apprentices in Applied Business Management and Cyber Security.

5.3 Appraisal and Incremental Progression: Statutory and Mandatory Training

NHS 24 will continue to support the embedding of Turas Appraisal across the organisation with staff and managers, supporting good practice around personal development review discussions and the agreement of appropriate Objectives and Personal Development Plans.

NHS Scotland are developing changes to current processes for accessing, recording and reporting on statutory and mandatory training. NHS24 have a key role in taking forward this work in collaboration with other Boards by April 2020. This will require engagement and communication regarding the topics that our staff are asked to complete as well as a change in how compliance is then confirmed via the appraisal process.

5.4 Improving access to courses, content and knowledge resources to support learning

Continued development of our use of the Turas Learn platform will enable staff to access information on key programmes, mandatory training and Continuing Professional Development resources, both at a local and national NHS Scotland level. We will also continue to embed eESS Learner and Learner Manager Self-service as part of the overall roll-out of eESS, and will engage with the workforce to establish how we can improve their experience of this.

5.5 Staff Engagement

NHS 24 is being considered to pilot reconfiguration of the iMatter team reporting levels to CSM level in Service Delivery, to support further meaningful action. Actions in response to iMatter data will be planned and taken at Board as well as team level. The iMatter storyboarding approach will be reviewed to increase shared learning within NHS 24 and nationally on the iMatter website. A new Values Survey will be undertaken and aligned with our iMatter results at the end of this year.

5.6 Personal Development Planning and Review

The Directorate team objective setting process will be refined and adopted. All Directorates will complete the Personal Development Planning and Review cycle and this will be recorded on Turas. Awareness training on Turas and completing a quality appraisal will be provided by Learning and Organisational Development to support colleagues.

5.7 Leadership Development

Following on from the Investing in Our Leadership programme for the senior leadership team in 2018/19, a new Investing in Our Leadership programme is being developed for our next level of leaders. This programme will be aimed at encouraging all people managers and others in leadership roles to make a collective commitment to embracing the NHS 24 Strategic Delivery Plan implementation now and in the future. It is intended to support and empower the leadership team to flourish in their career. A series of development and engagement events will be planned with a range of presenters, which will also provide opportunities for networking with colleagues to support collaborative working building communities of practice. The programme will be planned alongside provision of essential skills training for new people managers. National leadership development opportunities will be offered to the target audience for each programme or event.

5.8 Workforce Directorate Structure

The Workforce Directorate Structure will be redesigned to ensure it provides a modern adaptive added value service to the Board. It will also align to support HR Shared Services and provide a clear career pathway and development for colleagues within the Directorate and to support the increasing scope of practice within different roles.

5.9 Workforce Development

The Workforce Development Fund will be utilised in 2019/20 to provide the Coaching and Mentoring Institute (CMI) Level 3 college course and qualification. Qualified CMI colleagues will provide mentoring support to the NHS 24 Applied Business Management and Cyber Security Graduate Apprentices. Qualified CMI colleagues will also provide operational and non-operational coaching and mentoring support and can respond to requests to support collaborative national working, where their capacity will support their release.

5.10 Coaching and Mentoring

Coaching development from foundation level through to advanced and development of mentoring support and skills across the organisation will be planned and delivered in the forthcoming year.

5.11 National Board Collaborative Working

Development of national Organisational Development and coaching guidance will be delivered to support NHS 24 aims.

5.12 Colleague Development

The suite of development available to support staff engagement and learning needs and plans for delivery will be reviewed, refreshed and aligned to support the release of Service Delivery staff for CPD following Shift Review implementation.

Section 6: Workforce Action Plans

6.1 Workforce Plan Action Plan

The Workforce Planning process for 2019/20 has built upon the 2018/19 progress with the focus on the 2020 Workforce Vision. The 2019/20 actions have been incorporated throughout the Workforce Plan linked to relevant sections. Progress will be reported to the Staff Governance Committee.

	Action
1	NHS24 will reflect on the recent NHS Scotland workforce planning publication and participate in all National discussions, taking necessary action in relation to workforce planning development. NHS 24 will continue to collaborate with partners in relation to the National Health and Social Care Workforce Plan.
2	NHS 24 will continue to actively participate in the shared services agenda and will continue to collaborate where possible with National Boards in the development of services, standardising processes and making continued efficiencies.
3	NHS 24 will continue to be informed on the developments in relation to BREXIT and continue to workforce plan taking into consideration the implications across the organisation.
4	Expand the skillset of our staff so that can we can deliver a technology enabled workforce.
5	Explore opportunities to work flexibly across a variety of locations and potentially from home to deliver elements of our services, securely and safely, to support a broader workforce.
6	NHS 24 will deliver phase 1 of Better Working Better Care.
7	Deliver phase 1 of shift review.
8	To improve attendance at work in 2019/20.
9	Service Delivery with support from Human Resources continue to look at will the hotspots around absence and developing actions plans to work with staff and managers to address any issues.

Table 4

6.2 Risks

NHS 24 will not accept risks that negatively impact or are in detriment to the quality, safety and effectiveness of patient care.

The NHS 24 Board have approved strategic risks are those risks that if realised will impact on the long-term vision and success of NHS 24 and are owned by the Board including:

- Stabilising shift patterns long term through shift review and maintain the benefits realised is identified as a key risk to valuing and leading people within the organisation. Sustainable shift patterns are being developed in partnership with clear governance to support the process.
- Developing and maintaining a sustainable skilled workforce to reliably deliver current and proposed services has been identified as a key strategic risk. A number of mitigating actions are being progressed to support this risk.
- Other strategic risks relating to workforce include values and leadership are not fully and consistently demonstrated. Ownership and engagement on the NHS 24 strategy is not consistent across the whole the organisation.
- A strategy for the long term workforce implications of Brexit is being supported by the Scottish Government Health Directorate.

6.2.1 Workforce Risks

- Insufficient clinical resources, in particular Nurses due to recruitment challenges, an older clinical workforce, and potentially pension changes.
- NHS 24 has an older clinical workforce; there is a risk that the clinical workforce will further reduce in size due to the number of staff retiring in the next five years.
- The Clyde contact centre relocation may impact on staff morale.
- Inability to reduce absence rates may have a potential impact on the effectiveness of the NHS 24 Unscheduled Care Services.

6.2.2 Financial Risks

- There is a risk that the key workforce planning assumptions are not delivered in-year. This could lead to a situation specifically in relation to clinical staffing where the staffing profile is insufficient to allow safe delivery of the service to be maintained;
- The funding required to provide Scheduled services to other Boards is either non-recurring or accommodated within NHS 24's resources, which may provide a financial risk for the funding of these services and the associated staff;
- The level of financial savings required in the next five years could create staffing shortages in a number of departments;
- There is a risk that the impact of changes to AfC paycales and Pension contributions are not fully funded. Scottish Government have agreed to fund the increase at a static point in time.

Section 7: Implementation and Monitoring

Robust workforce planning is in place across HR, the Central Resourcing Team and Finance to provide a sustainable workforce.

NHS 24's 2019/20 Workforce Plan will be monitored on an ongoing basis as part of NHS 24's governance procedures. This monitoring includes but is not limited to:

Workforce Plan Implementation & Monitoring

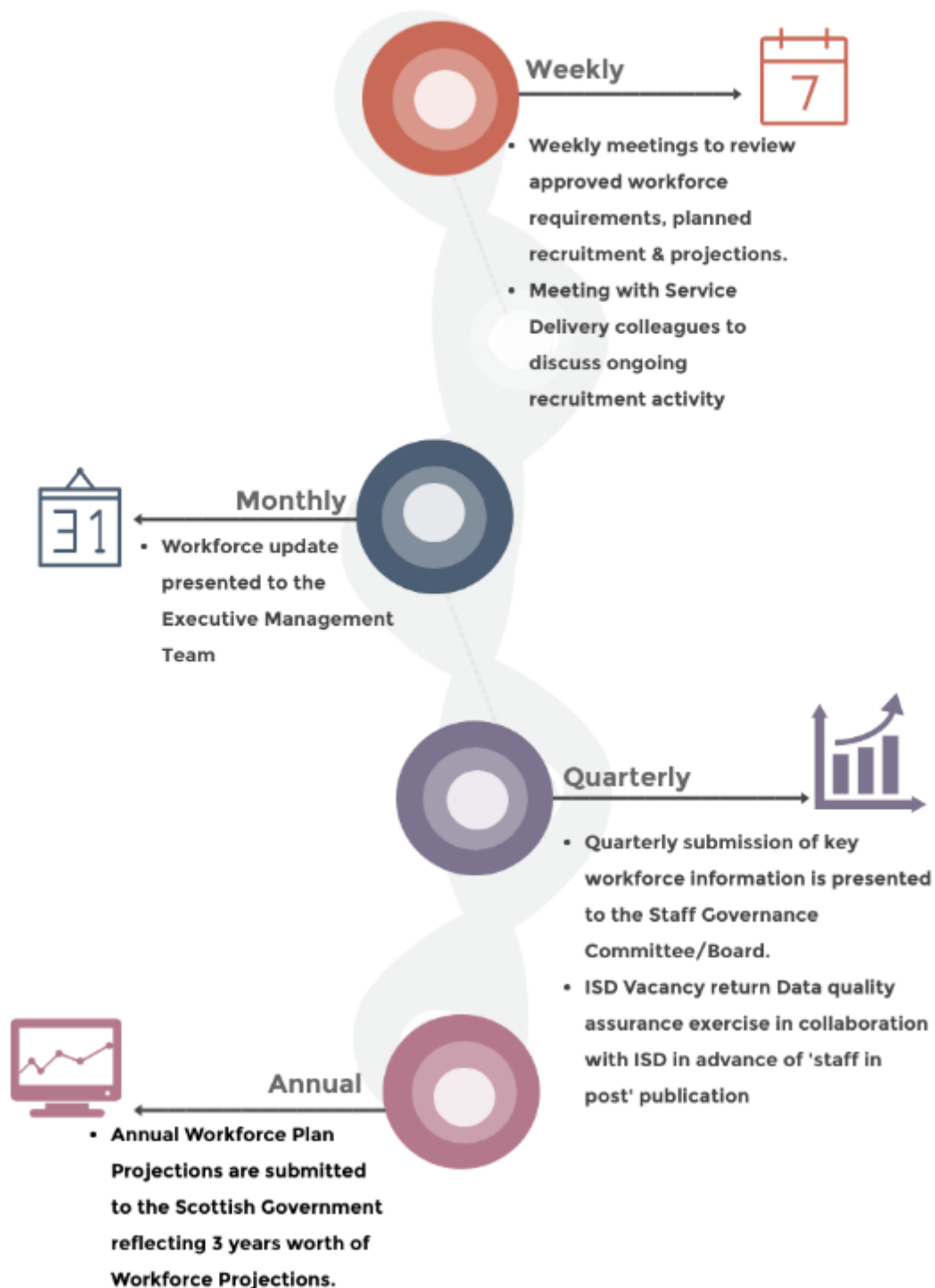


Figure 14

Appendix 1: Call Demand and Access

Frontline Resource Planning Calculations

From an NHS 24 perspective, the workforce requirements for our frontline skill set are defined using a calculation that takes into account call demand forecasts, utilisation rates, call handling times and skill set utilisation.

Call Demand Forecast 2019/20

The NHS 24 call demand forecast takes into account the call volumes received over the past four years and allows some contingency to deal with the unpredictable nature of the demand. For 2019/20, a review of 2018/19 data has taken place in order to incorporate any changes in call demand year on year. The call forecast is the first stage in the resource planning process and is underpinned by the Erlang theory which is consistent with best practice contact centre resource planning and takes into account the random nature of call arrival patterns. The forecast also incorporates the variable factors around Festive, Easter and Public Holidays as well as Protected Learning Time. For 2019/20, current annual call demand forecast is 1,506,381 calls, which includes calls for Cancer Treatment Helpline.

Average Call Handling Time 2019/20

The call handling time is the total time taken to deal with a call. This is a combination of the time spent speaking with the patient which is described as talk time and the time required by the Call Handler/Nurse Practitioner to update the clinical record and complete any associated post call work that is required to be done in relation to the call which has just ended. This is referred to as wrap time and only when the wrap time has been completed is the Call Handler/Nurse Practitioner ready to take the next call and therefore the wrap time needs to be added to the talk time when calculating the full call duration.

The average handling time (AHT) differs for each skill set and the percentage split of time spent talking and wrapping also varies for each group. Call Handlers spend an average of 90% of their total handling time talking, whilst the remaining 10% of their time is spent completing post call work in wrap. Nurse Practitioners spend an average of 63% of their overall handling time speaking with the patient whilst the remaining 37% is spent completing post call work which will include the writing of clinical summaries. This type of modelling is also applied to other frontline skill sets within NHS 24.

Access Service Levels 2019/20

Service levels are aligned to Key Performance Indicators in terms of the desired performance for time taken to answer calls and then assess and deal with the needs of the patient within appropriate timeframes based on clinical priority. The performance targets are factored in to the Workforce Plan and are aligned to using our national technology infrastructure to deliver a highly responsive and effective service.

Access Service Level	75% of all calls answered within 30 seconds (by Q4 2019/20)
Clinical Calls	Quarterly average of 98% of P1 calls responded to within 60 minutes
	Quarterly average of 90% of P2 calls responded to within 120 minutes
	Quarterly average of 80% of P3 calls responded to within 180 minutes

Shrinkage Assumptions for 2019/20

Shrinkage is a key planning assumption which is taken account of within the workforce planning process and recognises that there will always be a proportion of staff who will either not be in work or not available to take calls for a number of reasons. These include all types of leave, sickness absence, coaching, staff development and breaks.