

<b>NHS 24 BOARD MEETING</b>		<b>26 AUGUST 2019 ITEM NO.11.2</b>	
<b>WORKFORCE PERFORMANCE REPORT: (June 2019)</b>			
<b>Executive Sponsor:</b>		Director of Workforce	
<b>Lead Officer/Author:</b>		Head of Employee Relations	
<b>Action Required</b>		The Board Members are asked to: <ul style="list-style-type: none"> <li>• Discuss and note the workforce report</li> </ul>	
<b>Key Points</b>		<p>This report provides the Board with an update on areas of workforce focus for the month of June 2019. It provides analysis of workforce information to inform decision making in relation to the workforce and in addition identifies any workforce issues. The HR metrics collated in this report are derived from the NHS Scotland HR Management Information System (eESS) and are reported real-time. This report contains high level workforce information for the attention of the Board. Comprehensive reports are still produced and monitored by the HR senior team, and are available for any member of the Executive Management Team or Board member on request.</p>	
<b>Financial Implications</b>		Currently, there are no financial implications to highlight.	
<b>Timing</b>		This workforce report has presented to the Executive Management Team and the Staff Governance Committee prior to presentation at the Board Meeting.	
<b>Contribution to NHS 24 strategy</b>		Information on NHS 24's workforce allows NHS 24's governance committees to make informed decisions, which support achieving the resetting of our culture, creating capacity, capability and confidence in our people and teams.	
<b>Contribution to the 2020 Vision and National Health and Social Care Delivery Plan (Dec 2016)</b>		Ensuring that our workforce continues to be appropriately trained, engaged, motivated, healthy and resilient to deliver NHS 24's services now and in the future which is at the heart of the 2020 workforce vision.	
<b>Equality and Diversity Impact Assessment (EQIA)</b>		Not applicable for the month of June 2019.	

**1. RECOMMENDATION**

- 1.1 The Board members are asked to discuss and note the information contained within the Workforce Report and any actions identified to be taken forward.

**2. TIMING**

- 2.1 This report provides metrics and analysis for the month of June 2019 and includes historic trends and future forecast information.

**3. BACKGROUND**

- 3.1 To support workforce management across NHS 24 the importance of accurate workforce information and intelligence to better understand both the current and future workforce is recognised.
- 3.2 The NHS 24 Workforce Plan is monitored on an ongoing basis. This paper, supported by weekly workforce reports, is produced monthly to identify and monitor key workforce trends including workforce figures by staff cohort, workforce projections, attendance rates, workforce turnover, completed appraisals and health and well-being.
- 3.3 Staffing information is provided to the Staff Governance Committee quarterly to further evidence that the Staff Governance Standards are embedded and adhered to as part of the governance framework.
- 3.4 A comprehensive report on monthly performance and key workforce metrics is provided to the senior HR team for review and monitoring and in addition is sent to senior line managers within the organisation for any appropriate actions to be progressed.

**4. UPDATES**

**Workforce Plan, Effective Recruitment & Deployment**

- 4.1 The table overleaf shows the current staff in post against the year end target establishment as at 30<sup>th</sup> June 2019. For the majority of skill sets the establishment throughout the year remained fairly steady, influenced only by attrition. The Call Handler numbers fluctuate throughout the year, balancing the requirement to have more Call Handlers in place over peak periods, the current Call Handler staffing target of 425 WTE rising to 475 WTE in October 2019 to support the new 111 service model. The under establishment in the budget for Nurse Practitioners has been offset with recruitment to other clinical skill sets including Clinical Practice Educators, Mental Health Nurse Practitioners, Psychological Wellbeing Practitioners and Breathing Space Advisors to support the patient journey and new operational model.

## NHS 24 GREEN

STAFFING	Budgeted WTE	Current Staff as at 30/06/2019			Variance against Budgeted WTE 2019/20
		30-Jun-19			
	WTE	Headcount	WTE	WTE	
Clinical Service Managers	19.00	18	-1.70	17.30	
Clinical Services Manager - Dental	1.00	1	0.00	1.00	
CSM: Practice Development and Education	1.00	1	0.00	1.00	
Senior Charge Nurses	65.04	79	1.79	66.83	
Advanced Nurse Practitioners	9.00	7	-2.00	7.00	
Clinical Practice Educators	6.96	8	0.00	6.96	
<b>Total Nurses **</b>	<b>172.16</b>	<b>241</b>	<b>-32.68</b>	<b>139.48</b>	
Regional Pharmacy Advisors	3.77	3	-1.37	2.40	
Pharmacy Advisors	9.28	19	-3.08	6.20	
Physiotherapy Specialist Advisor	5.00	4	-1.99	3.01	
Senior Dental Nurses	4.48	7	0.48	4.96	
Dental Nurses	31.00	63	-3.89	27.11	
<b>Total Clinical Frontline</b>	<b>319.73</b>	<b>451.00</b>	<b>-44.44</b>	<b>283.25</b>	
Call Handlers	425.00	623	-31.94	393.06	
Team Managers Unscheduled Care	49.00	64	2.38	51.38	
Training Advisors	0.00	7	6.04	6.04	
HIA Team Manager	3.00	3	0.00	3.00	
Health Information Advisors	10.88	12	-2.70	8.18	
Health Information Operators	16.00	10	-8.84	7.16	
SEDS Hub Team Managers	1.00	1	0.00	1.00	
Dental Hub Administrators	11.00	22	-2.43	8.57	
Living Life Cognitive Behavioural Therapist	2.61	5	-0.01	2.60	
Living Life Self Help Coach	3.20	2	-1.80	1.40	
Living Life Mental Health Practitioner	0.00	3	1.40	1.40	
Breathing Space Supervisor	5.00	6	-0.40	4.60	
Breathing Space Phonenumber Advisor	21.00	38	1.33	22.33	
Team Managers Scheduled Care	3.50	5	-0.41	3.09	
Scheduled Care Call Operator (fixed term)	21.66	22	-4.46	17.20	
Unscheduled Care Call Operator (fixed term)	16.00	5	-12.08	3.92	
Unscheduled Care Bank Call Operator	0.00	63	0.63	0.63	
Scheduled Care Bank Call Operator	0.00	2	0.02	0.02	
<b>Total Non Clinical Frontline</b>	<b>588.85</b>	<b>893</b>	<b>-53.27</b>	<b>535.58</b>	
<b>Total Non Frontline</b>	<b>255.89</b>	<b>253</b>	<b>-24.89</b>	<b>231.00</b>	
<b>Total Staff</b>	<b>1164.47</b>	<b>1597</b>	<b>-122.60</b>	<b>1049.83</b>	

Staff who are internally seconded into other positions are recorded in the position they are seconded in to. The Team Manager (1 head, 0.8 WTE) and Senior Charge Nurse figures (1 head, 0.5 WTE) include staff who are deployed to the Cancer Treatment Helpline.

\*The Senior Charge Nurse target does not include those in the Mental Health Hub.

\*\*The total Nurse target does not include Mental Health Nurses. This is a year end target, the headcount and WTE of Nurses is monitored monthly with regards to the interaction of skill sets. The Total Nurses include Nurse Practitioner – Band 6, Nurse Practitioner – Band 5 and Clinical Supervisor

\*\*\* Any in year budget changes will be reflected in amended establishment figures for each cost centre.

\*\*\*\* Non -Frontline staffing comprises all staff who are not directly delivering the Unscheduled Care Service.

## **Recruitment and Retention**

### **4.2 Nurse Practitioners**

Workshops have taken place to review and update supporting advertising, shortlisting and interview/assessment with the Senior Charge Nurses who will be carrying out these activities. An advert for Band 6 Nurse Practitioners was posted in June who generated interest from an initial 42 individuals, 33 of whom submitted an application form. Shortlisting, face to face interviews and clinical assessments will be completed during July and early August.

### **4.3 Call Handlers**

12 Unscheduled Care Call Handlers (3.82 WTE) are forecasted to start with NHS 24 early July 2019. The Recruitment team are working to fill the 48 available places (15.36 WTE) during August and September. A small number of student preferred candidates who were ready to offer for the August 2019 Call Handler induction will be held in reserve should Service Delivery be able to facilitate evening training during September/October 2019.

### **4.4 Primary Care Triage**

We are forecasted to hire 5 (3.67 WTE) Call Handlers and 1 (0.64 WTE) Nurse Practitioner for Primary Care Triage during July. Further liaison with the Practice Education team will take place prior to advertising for further Call Handler and Nurse Practitioner staff to be in place for 2019 year end.

### **4.5 Prince's Trust**

Members of the Recruitment team are scheduled to support the Princes Trust Selection event on 6th August 2019 to provide assistance gathering identification and right to work in the UK documentation. Prince's Trust candidates will be supported in the completion of appropriate Disclosure Scotland documentation.

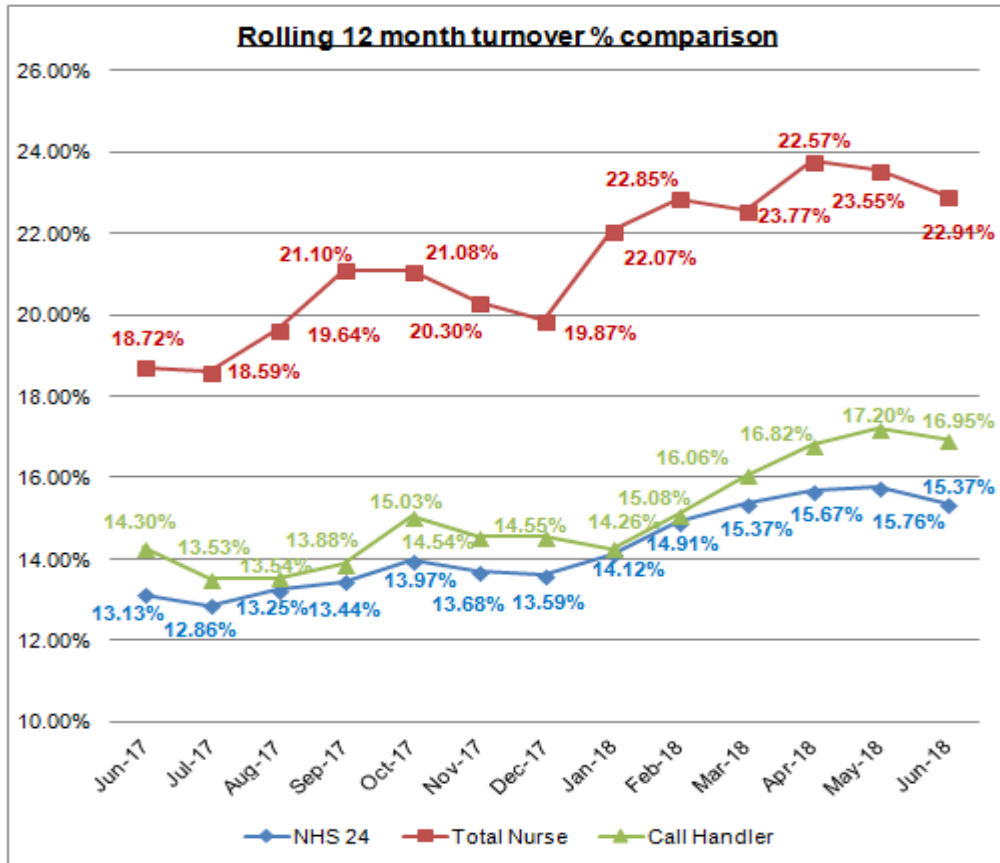
## **Turnover**

4.6 Turnover is monitored by NHS 24 on a monthly basis. The turnover figures contained in this report are calculated by dividing the number of leavers by the total headcount for that staff group.

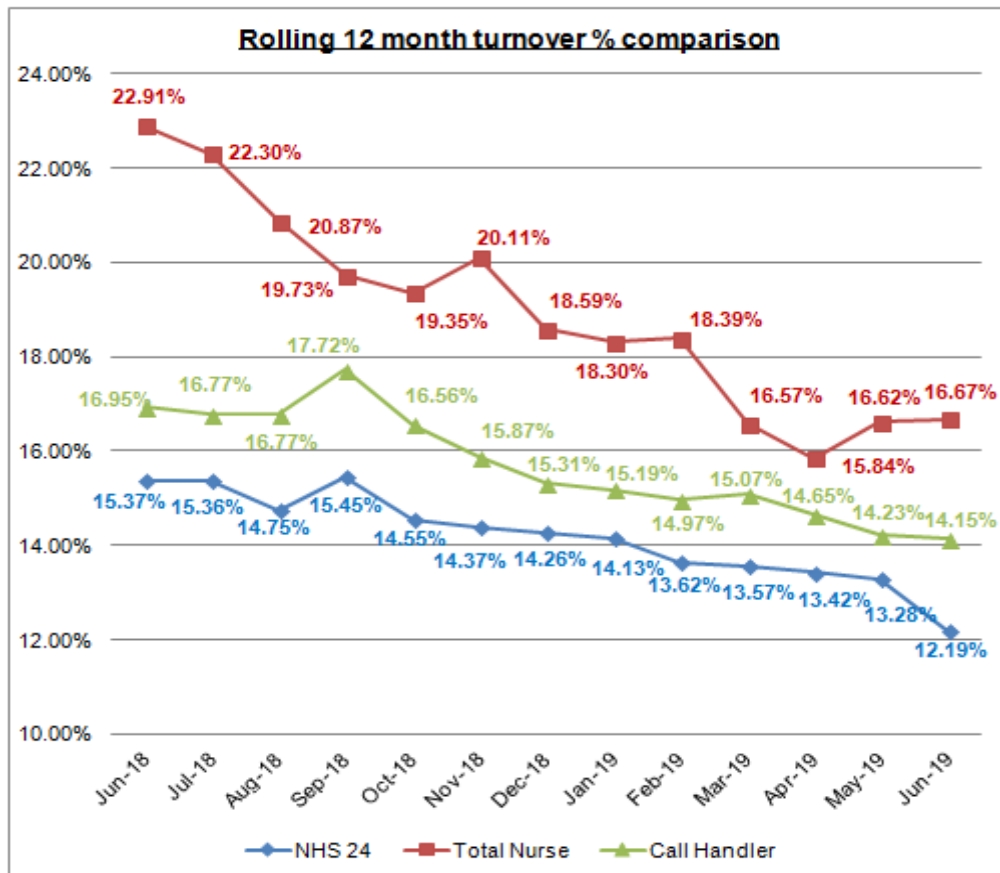
4.7 The following charts show the rolling turnover for NHS 24 over the last year and the previous year for NHS 24 as a whole, and highlights turnover for both frontline Nurses and Call Handlers. The figures are not inclusive of any internal staff movements to other roles within the organisation.

## NHS 24 GREEN

June  
2017  
-  
June  
2018



June  
2018  
-  
June  
2019



\*It should be noted that the chart above includes all NHS 24 leavers including those who left due to end of fixed term contracts/secondments and those transferring to other NHS Boards.

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

## NHS 24 GREEN

- 4.8 The chart above illustrates that the rolling turnover rate has decreased for NHS 24 as a whole since June 2018 (-3.18%). Turnover has also decreased for Call Handlers (-2.80%) and decreased for Nurses (-6.24%).

Skill Set	Headcount		
	July 2018 - June 2019	July 2017 - June 2018	Difference
Call Handler	80	93	-13
Call Operator	4	4	0
Clinical Services Manager	1	1	0
Clinical Supervisor	1	1	0
Non Frontline	25	23	2
Nurse Practitioner Band 6	34	40	-6
Nurse Practitioner Band 5	4	13	-9
Pharmacy Advisor	3	4	-1
Physiotherapy Specialist Advisor	3	0	3
Team Manager	4	1	3
Senior Charge Nurse	5	10	-5
Other Frontline	20	15	7
Nurse Practitioner (In Hours)	0	1	-1
Call Handler (In Hours)	0	0	0
Call Operator (In Hours)	0	1	-1
<b>Grand Total</b>	186	207	-21

- 4.9 The table above shows the number of leavers across the last 12 rolling months against the previous 12 months. For Nurse Practitioners (band 6 and 5 combined) turnover has decreased by 15 heads and Call Handlers have decreased by 13 heads.

- 4.10 The table below shows internal staff movement that took place across the organisation during May and June 2019, predominantly made up of promotions/transfers within frontline skill sets. For example Nurse Practitioners moving into Senior Charge Nurse or Practice Educator roles and Call Handlers moving into Team Manager roles. The table below shows the number of promotions/transfers within each skill set, staff members are counted in the position they are promoted from.

Skill set	May 2019		June 2019	
	Headcount	WTE	Headcount	WTE
Senior Charge Nurse				
Nurse Practitioner (band 6)	1	0.80		
Nurse Practitioner (band 5)				
Team Manager	1	0.80	2	1.60
Call Handler			5	4.32
Other Frontline				
Non Frontline				
<b>Total</b>	<b>2</b>	<b>1.60</b>	<b>7</b>	<b>5.92</b>

\* If a post holder remained in the same role but changed service they haven't been counted in the table above.

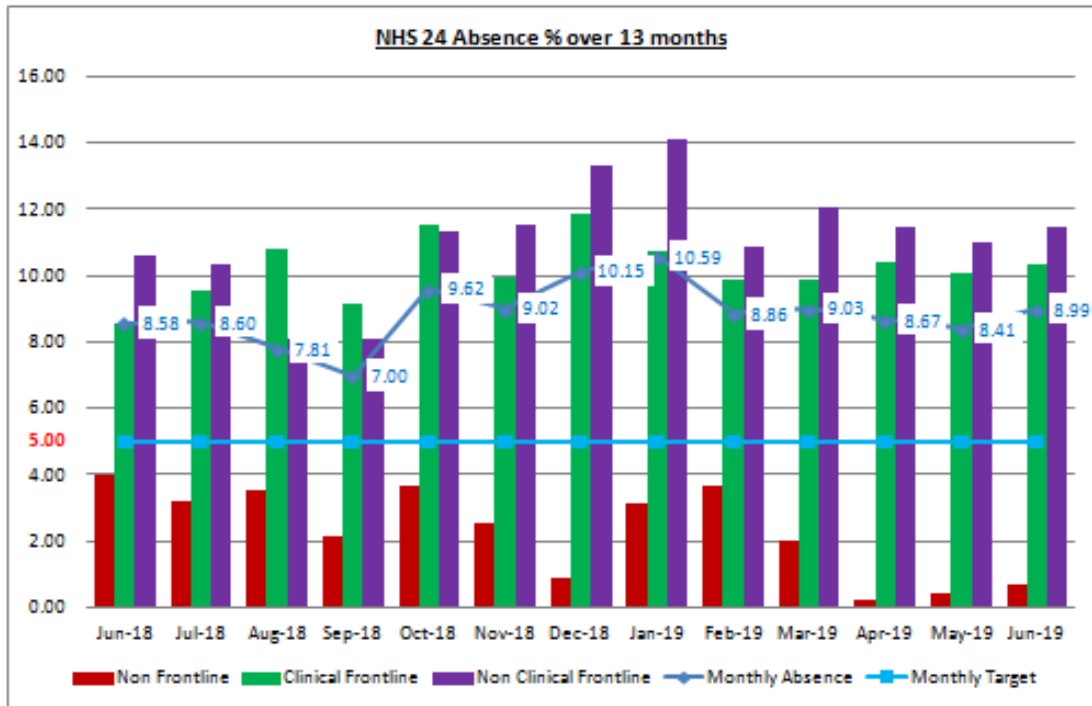
## **eESS**

- 4.11 HR continue to work in collaboration with NHS 24 managers to provide support during the transition to eESS. Drop-in clinics have taken place during June across all centres and will continue throughout July, August and September providing an opportunity for staff and managers to ask questions and the opportunity to receive face to face training focussed on system familiarisation in relation to attendance management, course bookings, professional registrations and common issues. These sessions will be run by HR representatives from across the various functions.
- 4.12 Plans have been developed and are being progressed with regards to Phase 4 of eESS Self Service implementation. Standard Operating Procedures have been developed and a pilot will be conducted in collaboration with managers in Cardonald to test these. The transactions in scope for the next phase include change of hours, change of location, change of cost centre and terminations.

## **Supporting Attendance at Work, Health and Wellbeing**

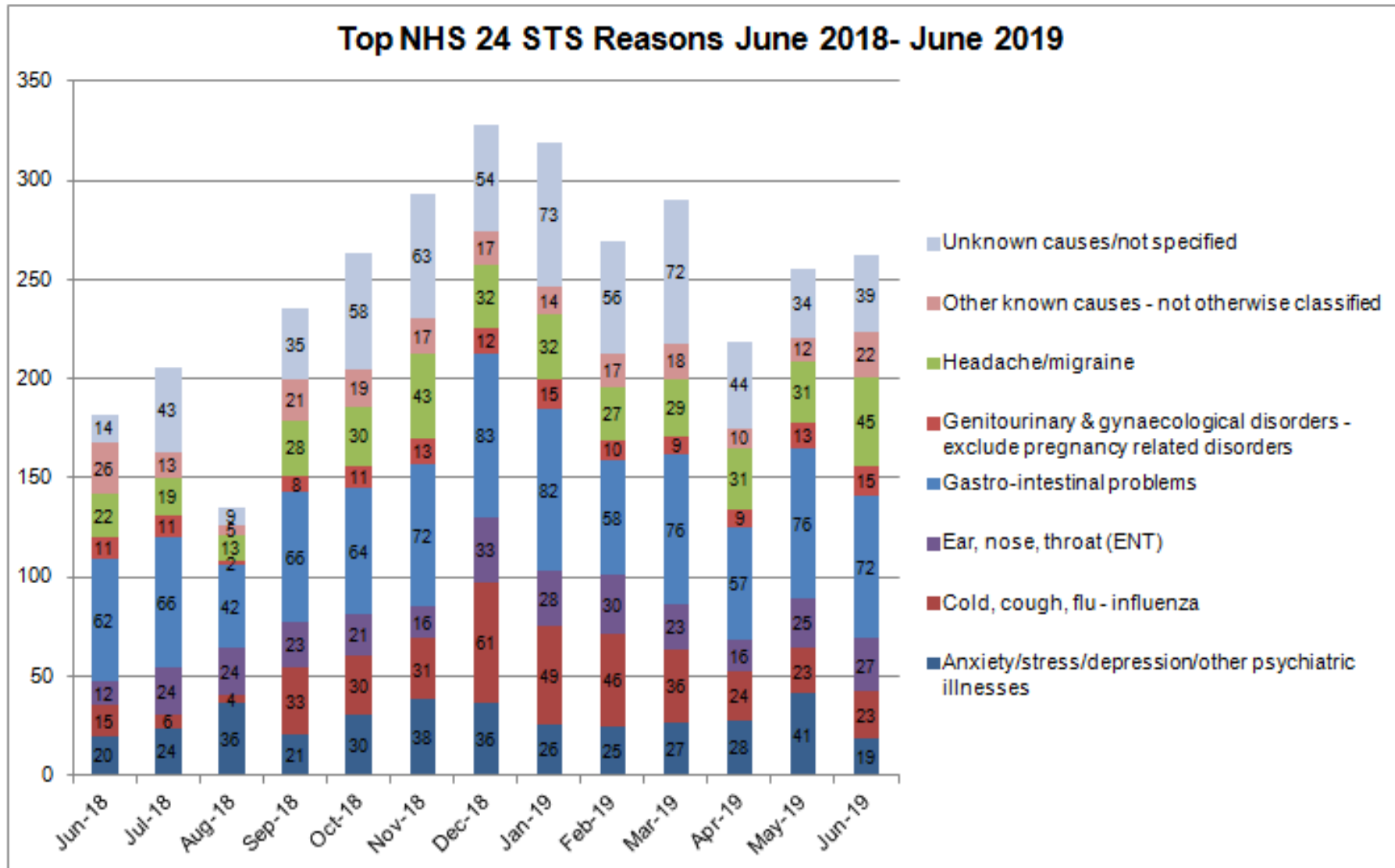
- 4.13 We continue to work with managers on the effective implementation of the Attendance Management Policy around pro-active intervention to support staff to return to work and the implementation of adjustments to allow staff to remain at work. We have developed an Attendance Management Improvement Plan for 2019/20 which will be presented to the Staff Governance Committee. The next steps are to liaise with Service Delivery representatives to take this forward.
- 4.14 The chart below shows that the monthly absence rate has increased from May 2019 and remains high at 8.99%. The most notable variance from May 2019 to June 2019 is the reduction in short term absence from 4.12% to 3.15% and the increase in long term sickness from 4.30% to 5.84%. The Call Handler skillset continue to experience the highest lost related to sickness.
- 4.15 Long Term absence attracts a high number of absentees with NHS 24 carrying an average number of 55-60 people off long term sick at any one time. The Employee Relations Team and Line managers continue to focus on early intervention and offering support at the earliest stage to prevent absences becoming long term (>28 days).

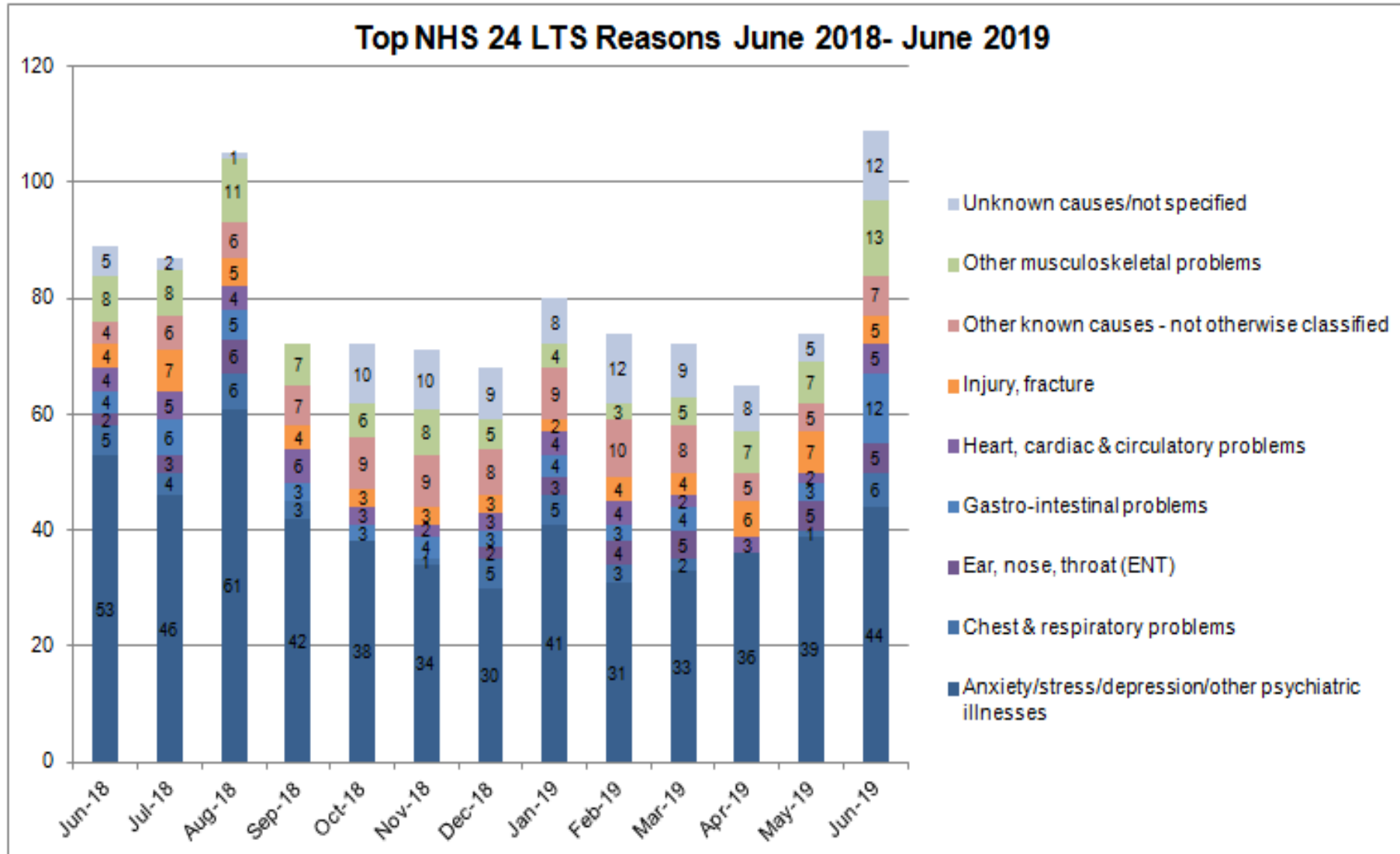
## NHS 24 GREEN



4.16 We continue to review all long-term sickness cases monthly to determine progress, consideration of early intervention and to offer advice and recommendations to managers in line with the Attendance Management Policy. Over 50 attendance meetings take place each month. A Human Resource representative is in attendance at all formal meetings and offers advice to manager's pre and post meeting.







## Learning, Education and Management Development

### Annual Clinical Refresher modules

- 4.17 Core skillsets within Service Delivery are required to complete a suite of clinical refresher update modules annually, in the period starting 1<sup>st</sup> April through to 31<sup>st</sup> March the following year. This means that at the beginning of the new period each April, all completion percentages return to zero. The organisation can then expect to see a rise in completion figures month-on-month from April through to the end of the following March (there is also an exercise to ensure that anyone who did not complete the modules is prioritised at the beginning of the new period). The total number of modules required to be completed differs according to role, up to a maximum of 6 for clinicians.
- 4.18 Completion figures for the Nurse Practitioner and Call Handler staff groups specifically can be seen in the table below. A breakdown of **individual module** completions by these staff groups is also given below:

	Public Protection	Mental Health Awareness	Acute Coronary Syndrome	Meningitis	Recognition of Acutely Ill Adult	Recognition of Acutely Ill Child
<b>Nurse Practitioners</b>	<b>24.3%</b>	<b>28.5%</b>	<b>40.2%</b>	<b>31.4%</b>	<b>32.2%</b>	<b>31%</b>
<i>Cardonald</i>	22%	21%	31%	24%	26%	24%
<i>Clyde</i>	20%	28%	47%	31%	33%	36%
<i>East</i>	35%	46%	45%	39%	46%	38%
<i>North</i>	25%	38%	63%	50%	50%	38%
<i>Local - Tayside</i>	13%	20%	20%	20%	27%	20%
<i>Local – Highland and Islands</i>	6%	18%	24%	24%	24%	18%
<i>Local – Lanarkshire</i>	24%	20%	52%	32%	28%	24%
<i>Local – Ayrshire and Arran</i>	8%	25%	25%	17%	17%	17%
<i>Local - Borders</i>	22%	22%	33%	22%	33%	33%
<b>Call Handlers</b>	<b>13%</b>	<b>18.8%</b>				
<i>Cardonald</i>	13%	18%				
<i>Clyde</i>	12%	19%				
<i>East</i>	15%	18%				
<i>North</i>	18%	29%				

- 4.19 Recent discussions have taken place with Nursing and Care and Service Delivery Clinical Education colleagues regarding the current model of clinical eLearning as a mandatory requirement, and it was confirmed that the key topics covered within the suite of six modules are still appropriate for the organisation and that these will be supported by a wider approach to ongoing clinical CPD. This includes provision of BMJ Learning resources, which the organisation subscribes to for all staff.
- 4.20 Staff have the option of providing a short evaluation (star rating with optional comment) at the end of each clinical eLearning module and feedback received to date has been largely positive – 84% of staff who have opted to leave

feedback since April 2019 have scored the modules 4 or 5 stars (out of a possible 5). Further analysis will be undertaken to further inform content and approach moving forward,

### Personal Development Planning and Review

- 4.20 A number of Executive Management Team and Directorate Objectives and Deliverables workshops have taken place, to support the business planning and Personal Development Planning and Review cycles. All Directorates have agreed to complete appraisal discussions with staff over the next few months with a final date of the end of September 2019.
- 4.21 Turas Appraisal awareness sessions have been arranged during July to take into account the offline time being offered to Service Delivery staff to enable them to complete the three questions within the Discussion Summary section. Current activity recorded in Turas Appraisal is shown below:

	Logged on to Turas Appraisal	Objectives agreed	PDP items agreed	Discussion Summary (Appraisal meeting) agreed
Chief Executives Office	100%	16%	16%	33%
Finance	79%	33%	21%	15%
Human Resources	93%	34%	18%	28%
Information & Communication Technology	54%	5%	2%	2%
Medical	66%	33%	0%	33%
Nursing & Care	77%	27%	22%	18%
Service Delivery	75%	12%	8%	5%
Service Development	77%	9%	6%	9%
<b>Total</b>	<b>75.7%</b>	<b>13.3%</b>	<b>8.9%</b>	<b>6.9%</b>

- 4.22 The functionality within Turas Appraisal continues to be developed, and all exec appraisal developments are now complete based on requirements to date. Board dashboard reports will be available during July; these are not complete and will be developed further based on feedback.

## 5. ENGAGEMENT

- 5.1 Appropriate engagement has taken place with relevant managers from across all Human Resource functions, Service Delivery and Finance.

## 6. FINANCIAL IMPLICATIONS

- 6.1 When finalised, the financial implications of the leadership development plan will be included in the proposal for approval by the Executive Management Team.