

**NHS 24  
BOARD**

**12 DECEMBER 2019  
ITEM NO 11.2  
FOR ASSURANCE**

**WORKFORCE: TREND REPORT (OCTOBER 2019)**

<b>Executive Sponsor:</b>	Director of Workforce
<b>Lead Officer/Author:</b>	Head of Employee Relations
<b>Action Required</b>	The Board is asked to note the workforce report
<b>Key Points</b>	This report provides the Board with an update on areas of workforce focus for the month of October 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 NHSScotland 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 the Board on request.
<b>Date presented to EMT and relevant Committee</b>	This workforce report is presented to the Executive Management Team prior to its presentation at the Board.
<b>Summary of key discussion points/actions arising from respective Committees</b>	Absence and recruitment were key discussions.  The figures have been updated for the Board.
<b>Strategic alignment and link to overarching NHS Scotland priorities and strategies</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.  Workforce is a recognised Ministerial Priority therefore by continually reporting on progress ensures that NHS 24 can effectively demonstrate performance against workforce targets.
<b>Key Risks</b>	Any risks identified with our workforce performance including staff resource targets and attendance will be considered as part of the Strategic Planning Resource Allocation (SPRA) process and will be monitored through our Strategic and Corporate Risk Registers.
<b>Financial Implications</b>	Currently, there are no financial implications to highlight.
<b>Equality and Diversity</b>	Not applicable for the month of October 2019.

## **1. RECOMMENDATION**

- 1.1 The Board is 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 October 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 Workforce 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**

### **4.1 Workforce Plan, Effective Recruitment & Deployment**

The table overleaf shows the current staff in post against the year end target establishment as at 31<sup>st</sup> October 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 475 WTE has increased from 425 WTE 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 31/10/2019		Variance against Budgeted WTE 2019/20
		31-Oct-19		
	WTE	Headcount	WTE	WTE
Clinical Service Managers	19.00	17	16.30	-2.70
Clinical Services Manager - Dental	1.00	1	1.00	0.00
Head of Clinical Practice Education and Development	1.00	1	1.00	0.00
Senior Charge Nurses	65.04	80	67.83	2.79
Advanced Nurse Practitioners	9.00	6	6.00	-3.00
Clinical Practice Educators	6.96	8	6.96	0.00
Nurse Practitioners - Band 6	159.18	224	130.74	-
Nurse Practitioners - Band 5	12.00	5	3.20	-8.80
Clinical Supervisor	<b>Inc in Band 6 Nurses</b>	4	0.96	-
<b>Total Nurses **</b>	<b>171.18</b>	<b>233</b>	<b>134.90</b>	<b>-36.28</b>
Regional Pharmacy Advisors	3.77	3	2.60	-1.17
Pharmacy Advisors	9.28	20	7.55	-1.73
Physiotherapy Specialist Advisor	5.00	4	3.01	-1.99
Senior Dental Nurses	4.48	8	5.46	0.98
Dental Nurses	31.00	58	25.35	-5.65
<b>Total Clinical Frontline</b>	<b>318.75</b>	<b>439.00</b>	<b>277.96</b>	<b>-48.75</b>
Call Handlers	475.00	651	390.62	-84.38
Team Managers Unscheduled Care	49.00	60	48.98	-0.02
Training Advisors	0.00	7	6.04	6.04
HIA Team Manager	3.00	3	3.00	0.00
Health Information Advisors	10.88	10	7.01	-3.87
Health Information Operators	16.00	11	7.80	-8.20
SEDS Hub Team Managers	1.00	1	1.00	0.00
Dental Hub Administrators	11.00	23	9.37	-1.63
Living Life Cognitive Behavioural Therapist	2.61	5	2.80	0.19
Living Life Self Help Coach	3.20	2	1.40	-1.80
Living Life Mental Health Practitioner	0.00	3	1.40	1.40
Breathing Space Supervisor	5.00	6	4.60	-0.40
Breathing Space Phonenumber Advisor	21.00	37	22.23	1.23
Team Managers Scheduled Care	3.50	5	3.09	-0.41
Scheduled Care Call Operator (fixed term)	21.66	21	16.60	-5.06
Unscheduled Care Call Operator (fixed term)	16.00	5	2.72	-13.28
Unscheduled Care Bank Call Operator	0.00	60	0.60	0.60
Scheduled Care Bank Call Operator	0.00	2	0.02	0.02
<b>Total Non Clinical Frontline</b>	<b>638.85</b>	<b>912</b>	<b>529.28</b>	<b>-109.57</b>
<b>Total Non Frontline</b>	<b>265.15</b>	<b>262</b>	<b>239.93</b>	<b>-25.22</b>
<b>Total Staff</b>	<b>1222.75</b>	<b>1613</b>	<b>1047.17</b>	<b>-183.54</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.

**'111' Service Band 6 Nurse Workforce trajectory 2019/20**

	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
<b>Total Band 6 USC Nurses</b>						
<b>Nurse Annual Average Target</b>	159.18	159.18	159.18	158.18	158.18	158.18
<b>Actual/Predicted Nurses (band 6)</b>	130.74	129.74	126.20	128.84	126.04	128.80
<b>Target Starters</b>	0.00	2.44	0.00	5.00	0.00	5.00
<b>Total Actual/Target Starters</b>	0.00	2.44	0.00	5.00	0.00	5.00
<b>Variance - total actual vs. predicted</b>	0.00	0.00	0.00	0.00	0.00	0.00

**Mental Health Workforce trajectory 2019/20**

	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
<b>Mental Health Nurse Practitioner (Mental Health Hub)</b>						
<b>Mental Health Nurse (Mental Health Hub) Target</b>	10.82	10.82	10.82	11.82	11.82	11.82
<b>Actual/Predicted Total Mental Health Nurse MHH</b>	10.82	10.82	10.82	11.82	11.82	11.82
<b>Target Starters</b>	0.00	0.00	0.00	1.00	0.00	0.00
<b>Actual/Predicted Starters</b>	0.00	0.00	0.00	1.00	0.00	0.00
<b>Variance - total actual vs. predicted</b>	0.00	0.00	0.00	0.00	0.00	0.00
<b>Psychological Wellbeing Nurse (Mental Health Hub)</b>						
<b>Psychological Wellbeing Practitioner(Mental Health Hub) Target</b>	42.00	42.00	42.00	42.00	42.00	42.00
<b>Actual/Predicted Total Psychological Wellbeing Practitioner MHH</b>	12.92	12.92	12.92	12.92	27.80	27.80
<b>Target Starters</b>	0.00			0.00	27.00	
<b>Actual/Predicted Starters</b>	0.00	0.00	0.00	0.00	9.44	0.00
<b>Variance - total actual vs. predicted</b>	0.00				-12.12	

\*5.44WTE Internal Transfer in February 2020.

**Call Handler Workforce trajectory 2019/20**

	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
<b>Total Call Handlers</b>						
<b>Call Handler Annual Average Target</b>	475.00	475.00	475.00	475.00	475.00	475.00
<b>Actual/Predicted Total Call Handlers available to the service</b>	390.62	395.56	389.14	414.32	414.33	435.00
<b>Target Starters</b>	12.27	12.00	0.00	36.00	30.00	30.00
<b>Total Actual/Target Starters</b>	11.00**	10.31	0.00	29.59	12.48	27.52
<b>Variance - total actual vs. predicted</b>	-1.27	-1.69	0.00	-6.41	-17.52	-2.48

\*2.97 WTE Transferring to Psychological Wellbeing Nurse in February 2020 and 4.36 WTE Transferring to Training Advisor in February 2020.

\*\* This equates to 22 heads currently in induction.



## NHS 24 GREEN

The tables above show the planned recruitment trajectory based upon agreed recruitment targets until the end of 2019/20. The Workforce Directorate will continue to work closely with key stakeholders across Service Delivery and Finance as NHS 24 works to achieve these targets. On a monthly basis the performance against these targets will be reviewed and where targets are not met rationale will be provided.

The 2019/20 Call Handler workforce target increased from 425 WTE to 475 WTE in October, which was based on the anticipated implementation of the improved clinical supervision model ('Better Working, Better Care'). Reaching this target will ensure that NHS 24 deliver to the access level performance indicator.

In preparation for this, a number of Call Handler recruitment campaigns have progressed since July 2019 and will continue through to March 2020 and beyond until the target level is reached. Its worth noting that given focus has been recruiting weekend only staff on lower hours (12 and 16 hours) reaching this workforce target has been challenging e.g. for every Call Handler leaving us on full time hours we are having to recruit 3 heads. As a result, it was agreed that recruitment would open up to 18 and 24 hour Call Handlers also.

Going forward, NHS 24 are working to optimise, as much as possible, 24 hour contracts, however the key factor is maximising the contracted hours worked at periods of peak demand to deliver improved access. Based upon realistic assumptions NHS 24 are confident to recruit to 435 WTE by the end of March 2020. This will ensure that the service access level will be maintained over the festive period.

As at 31<sup>st</sup> October 2019, NHS 24 employed 390.62 WTE. The 27.52 WTE required in March 2020 to reach 435 WTE would equate to approximately 43 heads based on an average WTE of 0.64 (24 hours).

Please see conversion rates below (red = forecast):

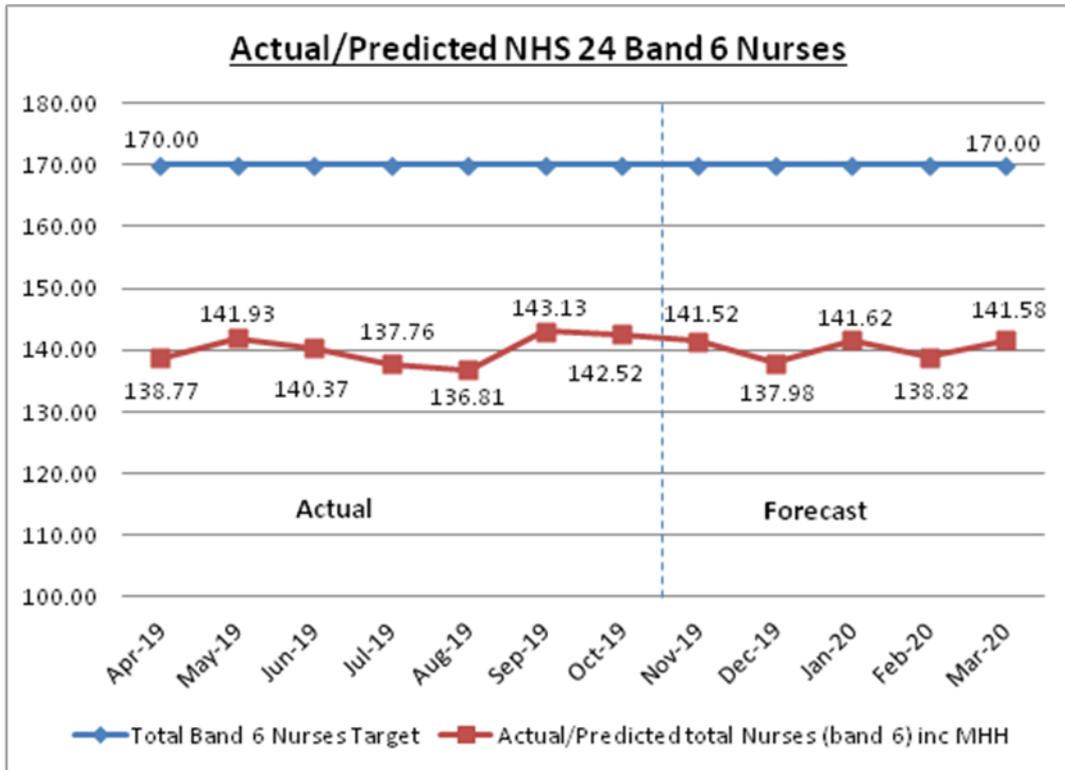
	<b>Conversion Rates</b>	
	<b>In-Hours</b>	<b>October</b>
<b>Application</b>	84%	85%
<b>Telephone Interview</b>	54%	45%
<b>Short listed</b>	78%	76%
<b>Interview</b>	59%	30%
<b>Preferred Candidates</b>	100%	100%
<b>Offered</b>	100%	100%
<b>Started</b>	100%	100%
<b>Conversion</b>	11%	14%

To recruit 30 WTE each month from January to March 2020 we forecast an average WTE of 0.64 (average of hours advertised) would mean a total of 141 heads. Based on our previous conversion rate of 20%, this would require us to attract 700 candidates. 336 candidates engaged via our September and October adverts, approximately 52% lower than what would be required based

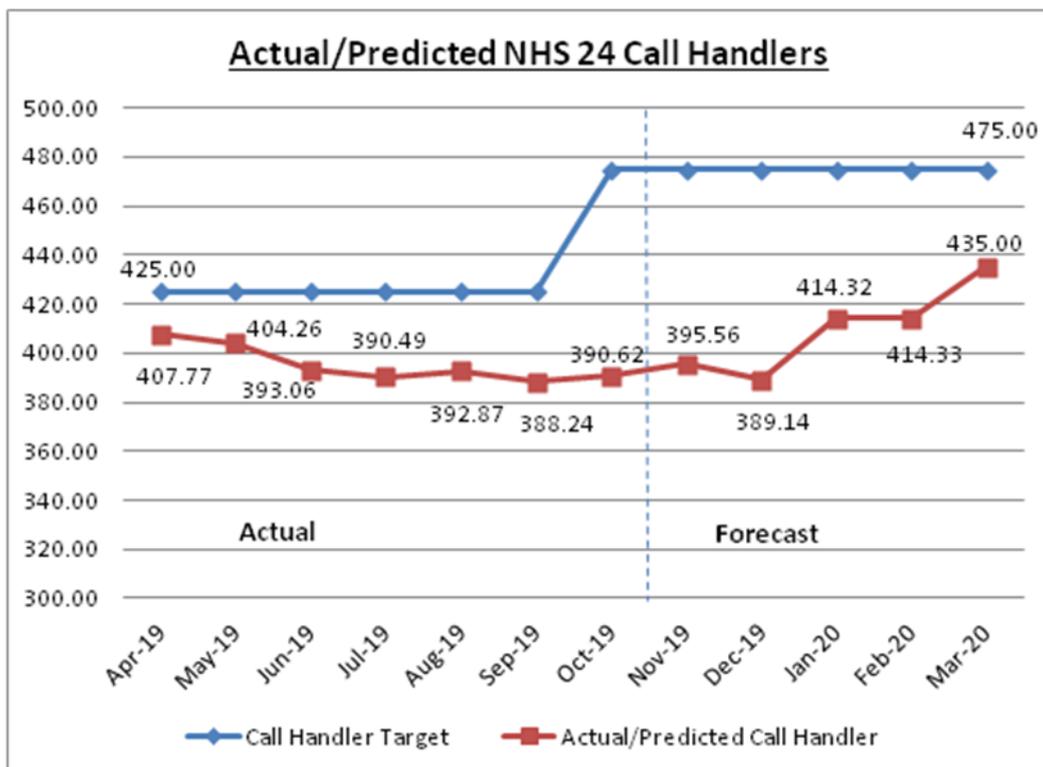
## NHS 24 GREEN

upon these forecasts. In addition, at best our combined conversion rate for September/October will be 18%, down 2% on previous 2019 campaigns.

The charts below shows the actual/projected band 6 Nurse and Call Handler whole time equivalent as at 31<sup>st</sup> October.



The total nurse figure does not include nurses employed within Primary Care Triage. The figure is inclusive of band 6 Nurses employed within the '111' service, Clinical Supervisors and Mental Health Nurse Practitioners.



## **4.2 Recruitment and Retention**

### **Nurse Practitioners**

Recruitment are supporting Service Delivery to progress the September Nurse Practitioner candidates through the process. A planning meeting is scheduled for the end of November to establish if these candidates can be inducted during January and February 2020, with further core induction dates planned from March for candidates engaged early in 2020.

### **Call Handlers**

23 Unscheduled Care Call Handlers (7.31 WTE) started with NHS 24 during October. A further 22 (11.00 WTE) candidates have been offered to start mid-November.

It has been agreed that an evening core induction session will be run early January 2020 in the East to clear the remaining candidates from the May and July campaigns, including students who are unable to train during the day. A similar session will be scheduled for the West. In addition, core inductions will be scheduled to start 'in hours' candidates in both the East and West. Any spare seats for these day core inductions will be filled with candidates from the October campaign.

A new campaign will be launched mid-November to engage directly with students for weekend only 12 and 16 hour rotas. If required, a further campaign will be launched early 2020 for required hours as specified by the Central Resourcing Team (CRT).

### **Prince's Trust**

Of the 8 successful Call Handler candidates, 7 have taken the option to temporarily work in the 111 service. The remaining candidate will stay in the pipeline until April 2020, pending the service confirming the Primary Care Triage operational model.

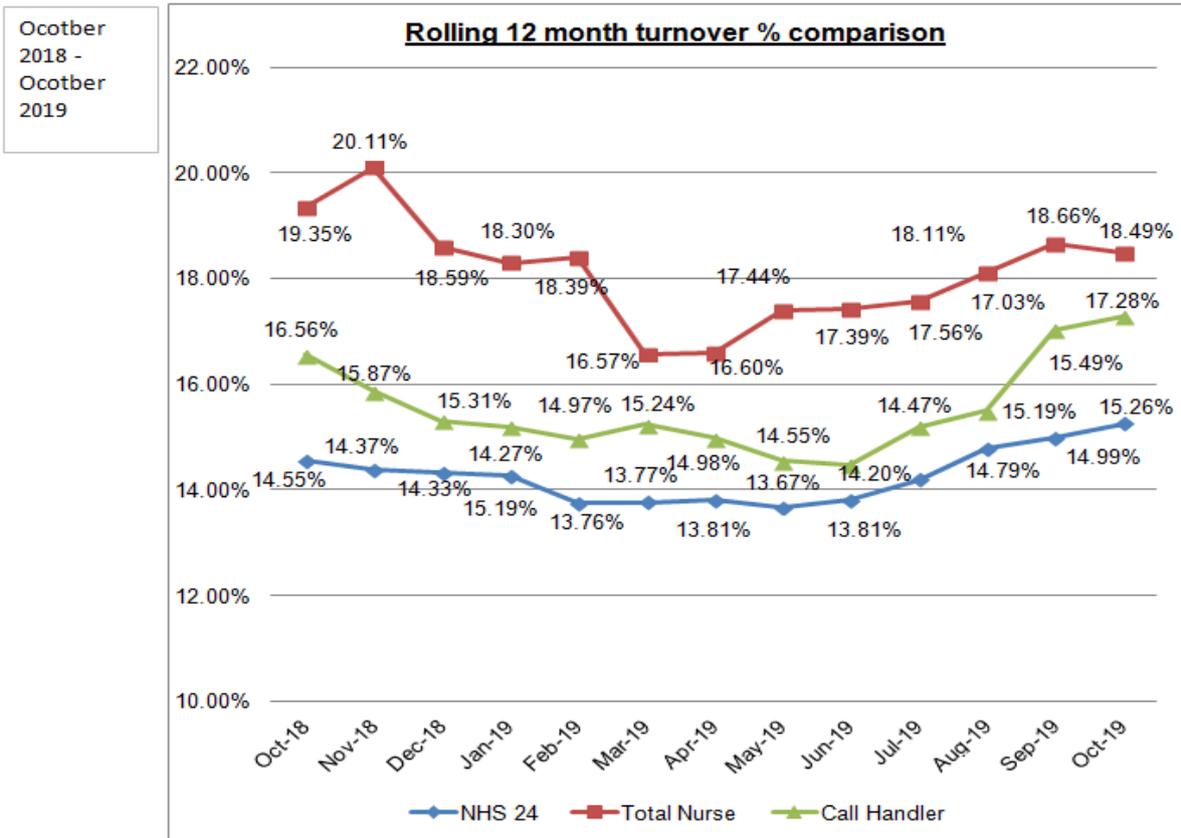
### **Primary Care Triage**

Recruitment have started pre-employment checks on Call Handlers who were successful at interview for Primary Care Triage out of South Queensferry.

## **4.3 Turnover**

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. The following chart shows the rolling turnover for NHS 24 over the last 13 months 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, these are shown separately.

## NHS 24 GREEN



\*It should be noted that the charts 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

The chart above illustrates that the rolling turnover rate has increased for NHS 24 as a whole since October 2018 (+0.71%). Turnover has also increased for Call Handlers (+0.72%) and decreased for Nurses (-0.86%).

Skill Set	Headcount		
	Nov 2018 - Oct 2019	Nov 2017 - Oct 2018	Difference
Call Handler	103	79	24
Call Operator	2	5	-3
Clinical Services Manager	2	1	1
Clinical Supervisor	2	1	1
Non Frontline	26	20	6
Nurse Practitioner Band 6	32	33	-1
Nurse Practitioner Band 5	7	9	-2
Pharmacy Advisor	2	3	-1
Physiotherapy Specialist Advisor	2	1	1
Team Manager	6	1	5
Senior Charge Nurse	4	7	-3
Other Frontline	25	18	7
Nurse Practitioner (In Hours)	0	1	-1
Call Handler (In Hours)	0	1	-1
Call Operator (In Hours)	0	1	-1
<b>Grand Total</b>	<b>213</b>	<b>181</b>	<b>32</b>

## NHS 24 GREEN

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) the number of leavers has decreased by 3 heads and Call Handlers have increased by 24 heads.

The table below shows internal staff movement that took place across the organisation during September and October 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.

### Internal Movement

Skill set	September 2019		October 2019	
	Headcount	WTE	Headcount	WTE
Nurse Practitioner (band 5)	3	2.08	0	0.00
Team Manager	1	1	0	0.00
Call Handler	0	0.00	1	0.64
Other Frontline	1	1	0	0.00
Non Frontline	0	0.00	4	3.60
<b>Total</b>	<b>5</b>	<b>4.08</b>	<b>5</b>	<b>4.24</b>

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

### 4.4 eESS

The Workforce Directorate continue to work in collaboration with NHS 24 managers to provide support during the transition to eESS. Following the drop-in that took place during June to September a review has taken place of key issues/themes that were raised by attendees; the majority were in relation to attendance management and reporting. As a result, the Workforce Planning and Development Team are now liaising with Learning and Professional Education to discuss plans to incorporate e:ESS into induction for new starts and training for promoted managers moving forward.

Testing is ongoing using Standard Operating Procedures with regards to Phase 4 of eESS Self Service implementation. The transactions in scope for this phase include change of hours, change of location, change of cost centre and terminations.

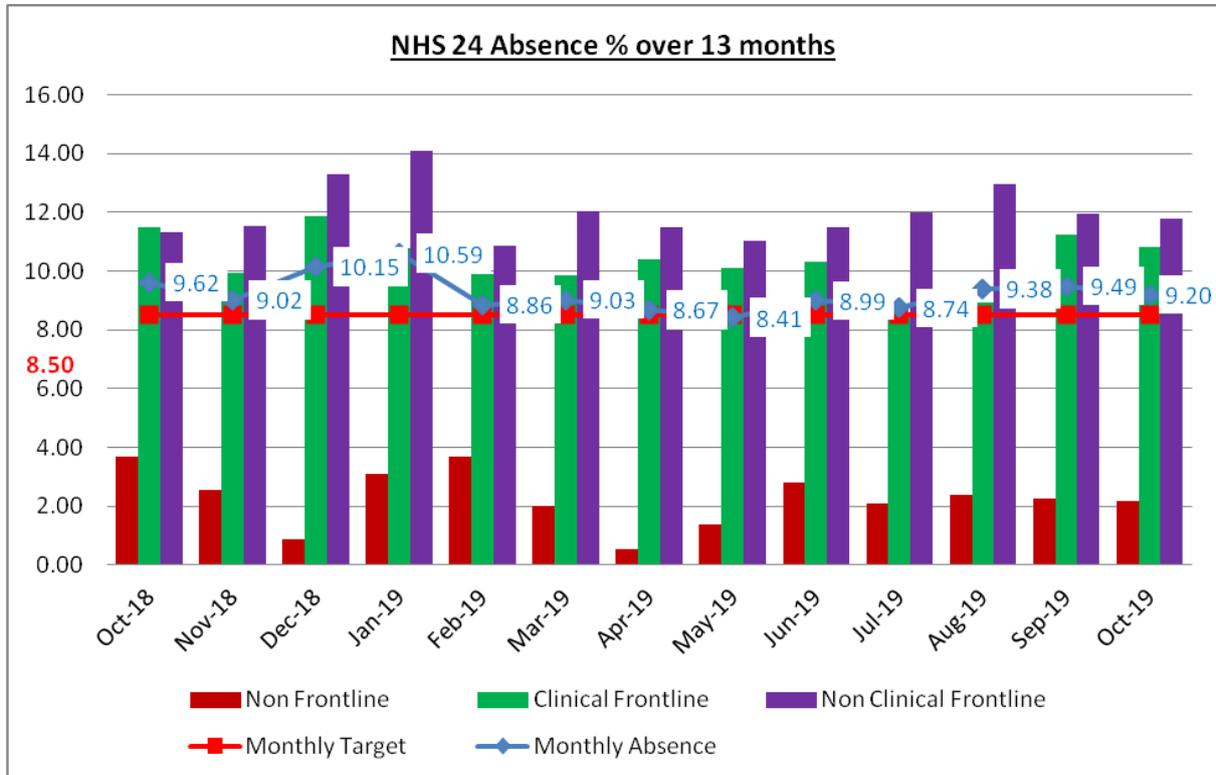
### 4.5 Supporting Attendance at Work, Health and Wellbeing

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 that has been approved by relevant Committees and this continues to be progressed.

## NHS 24 GREEN

The chart below shows that the monthly absence rate has decreased to 9.20%, which although lower than September 2019 by 0.25%, is still a cause for concern. Call Handler absence continues to be the area with the highest volume of absence at 12.61% (7993 hours lost), however, Nurse Practitioner absence is proportionately higher based on number of heads at 13.10%



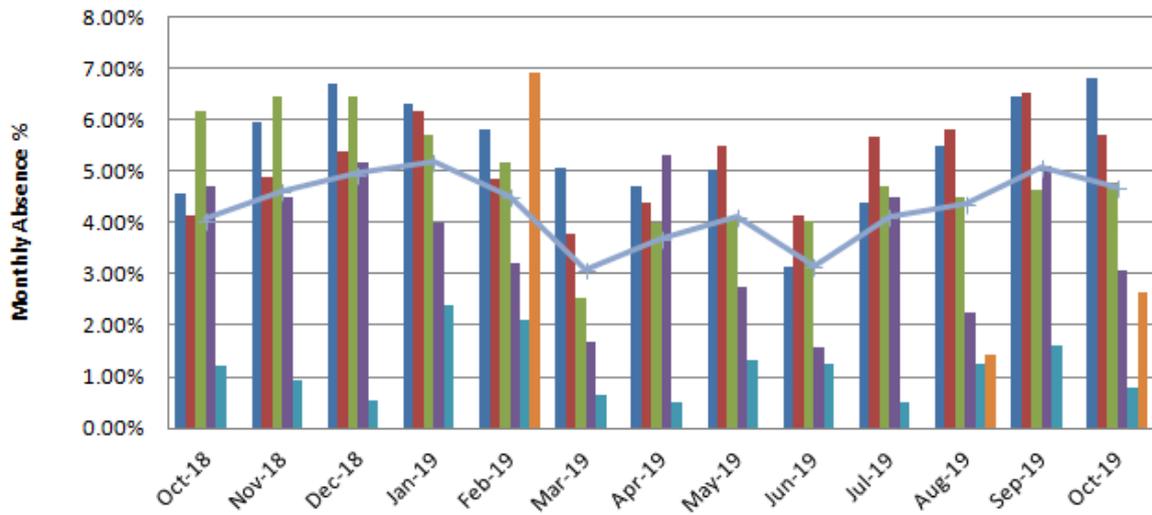
Following a recent review of absence at the Staff Governance Committee it has been agreed that the Wellbeing Manager role currently piloted in the East should be rolled out centre wide. Long term sickness has improved in the East since the inception of this role. An evaluation as well as the benefits of this role is being submitted to relevant Directors.

It was also identified that in terms of short term absence we needed to have better assurance that these cases were being managed robustly and it was agreed improved reporting and awareness of dashboards could support this. The Workforce Planning and Development Team plan on doing a relaunch communication about absence reports and dashboards as well as the creation of compliance reports to offer senior management assurance that appropriate action and monitoring is taking place.

In addition, Grant Thornton are undertaking an independent audit of the attendance management process and will make further recommendations in this regard which will be considered and taken forward.

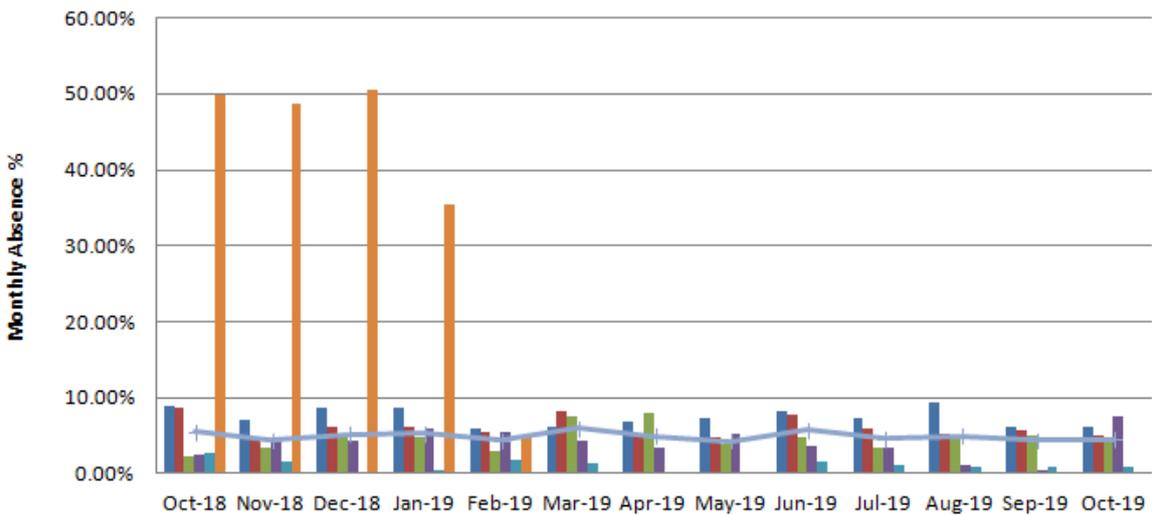
NHS 24 GREEN

**NHS 24 Short Term Sickness Absence by Centre**



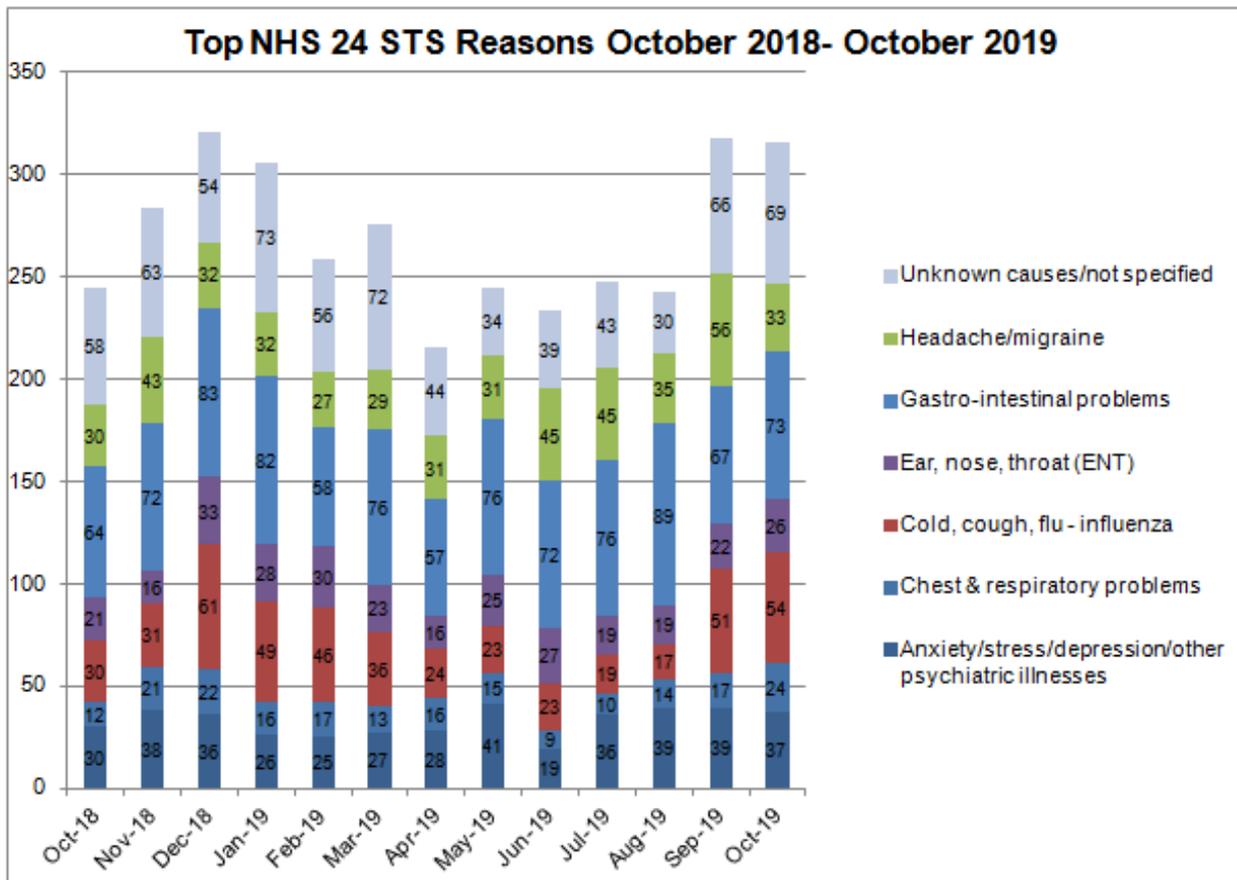
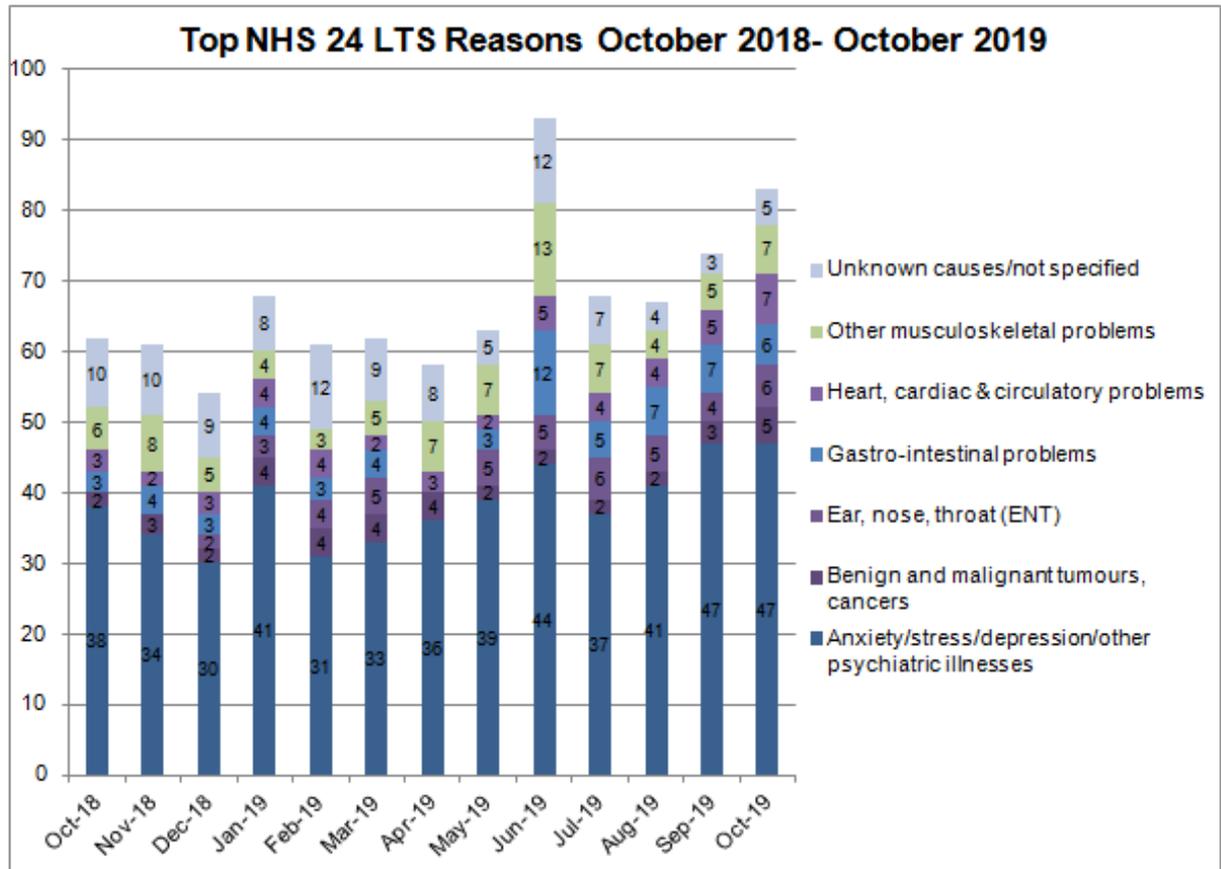
	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19
Clyde	4.58%	5.95%	6.70%	6.31%	5.81%	5.05%	4.72%	5.03%	3.14%	4.39%	5.50%	6.46%	6.82%
Cardonald	4.15%	4.88%	5.39%	6.17%	4.87%	3.77%	4.40%	5.50%	4.12%	5.67%	5.81%	6.52%	5.71%
East	6.15%	6.45%	6.46%	5.69%	5.18%	2.53%	4.00%	4.10%	4.01%	4.69%	4.49%	4.65%	4.78%
North	4.69%	4.50%	5.18%	4.00%	3.19%	1.67%	5.31%	2.75%	1.57%	4.48%	2.26%	5.09%	3.08%
HQ	1.21%	0.93%	0.54%	2.38%	2.10%	0.64%	0.49%	1.33%	1.26%	0.52%	1.25%	1.60%	0.80%
Remote	0.00%	0.00%	0.00%	0.00%	6.91%	0.00%	0.00%	0.00%	0.00%	0.00%	1.41%	0.00%	2.62%
Total	4.07%	4.63%	4.96%	5.19%	4.52%	3.08%	3.70%	4.12%	3.15%	4.11%	4.38%	5.09%	4.68%

**NHS 24 Long Term Sickness Absence by Centre**



	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19
Clyde	9.01%	7.16%	8.67%	8.61%	5.96%	6.11%	6.87%	7.33%	8.27%	7.19%	9.32%	6.06%	6.13%
Cardonald	8.66%	4.67%	6.05%	6.23%	5.41%	8.24%	5.00%	4.70%	7.82%	5.92%	5.32%	5.64%	4.99%
East	2.36%	3.46%	4.84%	4.88%	2.98%	7.49%	7.95%	3.95%	4.86%	3.30%	4.48%	5.09%	4.60%
North	2.48%	4.40%	4.40%	5.84%	5.46%	4.38%	3.33%	5.21%	3.60%	3.31%	1.16%	0.52%	7.62%
HQ	2.70%	1.59%	0.00%	0.47%	1.73%	1.36%	0.03%	0.00%	1.51%	1.21%	1.00%	0.82%	0.89%
Remote	49.91%	48.77%	50.51%	35.41%	4.87%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Total	5.64%	4.44%	5.20%	5.41%	4.34%	6.00%	4.98%	4.30%	5.84%	4.63%	5.01%	4.39%	4.52%

NHS 24 GREEN



## 4.6 Learning, Education and Management Development

### Annual Clinical Refresher modules

Analysis work was recently undertaken to highlight those staff who are still due to complete outstanding modules in the 2019/20 period, as well as to identify those staff who have not completed modules for a longer period of time. This information has been shared with Service Delivery in order to help In order to help with the scheduling and prioritising of staff for the completion of their mandatory clinical modules. The total number of modules required to be completed differs according to role, with two modules required for call handlers up to a maximum of six for clinicians.

The percentage of Nurse Practitioners who had completed all of their required modules is 15% and the percentage of Call Handlers who had completed all of their modules is 22%.

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 - this provides a more representative view of the volume of eLearning activity taking place than the overall figure, with increases in completion across all modules since last month. A further breakdown by location is provided.

	All modules	Public Protection	Mental Health Awareness	Acute Coronary Syndrome	Meningitis	Recognition of Acutely Ill Adult	Recognition of Child Acutely Ill
<b>Nurse Practitioners</b>	<b>15%</b>	<b>33%</b>	<b>41.0%</b>	<b>40.2%</b>	<b>41.3%</b>	<b>43.0%</b>	<b>30.8%</b>
<i>Cardonald</i>	<b>15%</b>	35%	34%	29%	37%	36%	25%
<i>Clyde</i>	<b>14%</b>	30%	41%	39%	41%	46%	36%
<i>East</i>	<b>25%</b>	46%	56%	42%	46%	49%	39%
<i>North</i>	<b>29%</b>	43%	57%	43%	86%	71%	43%
<i>Local - Tayside</i>	<b>15%</b>	31%	46%	54%	23%	54%	31%
<i>Local – Highland &amp; Islands</i>	<b>0%</b>	27%	40%	33%	53%	33%	27%
<i>Local – Lanarkshire</i>	<b>8%</b>	21%	33%	25%	38%	46%	17%
<i>Local – Ayrshire &amp; Arran</i>	<b>0%</b>	0%	23%	39%	39%	31%	31%
<i>Local – D&amp;G</i>	<b>22%</b>	33%	33%	33%	33%	44%	33%
<i>Local – Western Isles</i>	<b>0%</b>	100%	100%	0%	100%	0%	100%
<b>Call Handlers</b>	<b>21.7%</b>	<b>24.3%</b>	<b>30.8%</b>				
<i>Cardonald</i>	<b>23%</b>	26%	30%				
<i>Clyde</i>	<b>19%</b>	20%	28%				
<i>East</i>	<b>23%</b>	26%	32%				
<i>North</i>	<b>27%</b>	27%	47%				

## Personal Development Planning and Review

Appraisal cycle activity continues to take place in the organisation, and current activity recorded in Turas Appraisal is shown below. Only staff who have been in post for more than 12 months are required to have an appraisal – in NHS 24, 16% of our current Agenda for Change workforce started the organisation less than 12 months ago

Directorate	Logged on to Turas Appraisal	Current Objectives Agreed	Current PDP Items Agreed	Discussion Summary (Appraisal Meeting) Agreed
Chief Executives Office	100%	40%	40%	30%
Finance	92%	31%	31%	25%
Workforce	100%	52%	19%	42%
Information & Communications Technology	100%	19%	32%	88%
Medical	50%	50%	50%	0%
Nursing and Care	92%	8%	25%	25%
Service Delivery	89%	31%	20%	41%
Service Development	88%	19%	13%	19%
<b>TOTALS</b>	<b>89%</b>	<b>31%</b>	<b>19%</b>	<b>41%</b>

PowerBI reports have now been made available to Turas Appraisal Healthboard Administrators, which provide realtime data on Appraisal activity – these are currently in test mode and NHS 24 has provided feedback on how effective these are. The dashboard reporting functionality for managers within Turas Appraisal is not yet available but this is in development at NES.

'Quality Appraisal' sessions have been arranged for November, December and January as a core element of the 'Investing In Our Leadership – Cohort 2' programme.

### Leadership and Management Development

The Investing in Our Leadership – Cohort 2 programme commenced on 23 October 2019, when the first of the Launch Events was attended by forty participants. The Event was evaluated as highly effective. The next Launch Event will take place on 7<sup>th</sup> November 2019.

## 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.