

**NHS 24
BOARD MEETING**

**22 APRIL 2021
ITEM NO 11.2
FOR ASSURANCE**

WORKFORCE PERFORMANCE REPORT (Quarter 4 January - March 2021)

Executive Sponsor:	Interim Director of Workforce
Lead Officer/Author:	Interim Director of Workforce
Action Required	The Executive Management Team is asked to note the workforce report
Key Points for this Committee to consider	This report is the quarterly workforce performance report to Board Committees and the NHS Board. This report contains high level workforce information for governance purposes with more detailed reporting (weekly/monthly) of key measures to operational management teams.
Date presented to EMT and relevant Committee	The Workforce Report is presented to the Executive Management Team prior to its presentation to the Staff Governance Committee and the Board.
Strategic alignment and link to overarching NHS Scotland priorities and strategies	Information on our workforce allows NHS 24 governance committees to make informed decisions, which support achieving a healthy culture, creating capacity, capability and confidence in our people and teams. NHS 24 is required to evidence performance against the Staff Governance Standard.
Key Risks	Any risks identified with our workforce performance will be considered as part of the Strategic Planning Resource Allocation (SPRA) process and will be monitored through our Strategic and Corporate Risk Registers.
Financial Implications	Currently, there are no financial implications to highlight.
Quality and Diversity	NHS 24 has noted the emerging data on the impact of COVID-19 on BAME health and care workers. NHS 24 is continuing to work with emerging data and advice and are currently taking forward a request from Scottish Government to strengthen our engagement with our BAME workforce.

1. RECOMMENDATION

The Board is asked to:

Discuss and note the information contained within the Workforce Performance Report and any actions identified to be taken forward.

2. TIMING

2.1 This report provides metrics and analysis for the months of January – March 2021 and includes historic trend information for comparison. The Workforce Performance report is now aligned with financial quarters as agreed, which are:

Q1 – April to June

Q2 – July to September

Q3 – October to December

Q4 – January to March

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. The Executive Management Team has considered and agreed a programme of work to enhance our approach to workforce planning, reporting and reviews of our internal establishment control groups and procedures.

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.

4. Updates

4.1 Summary of Current Establishment

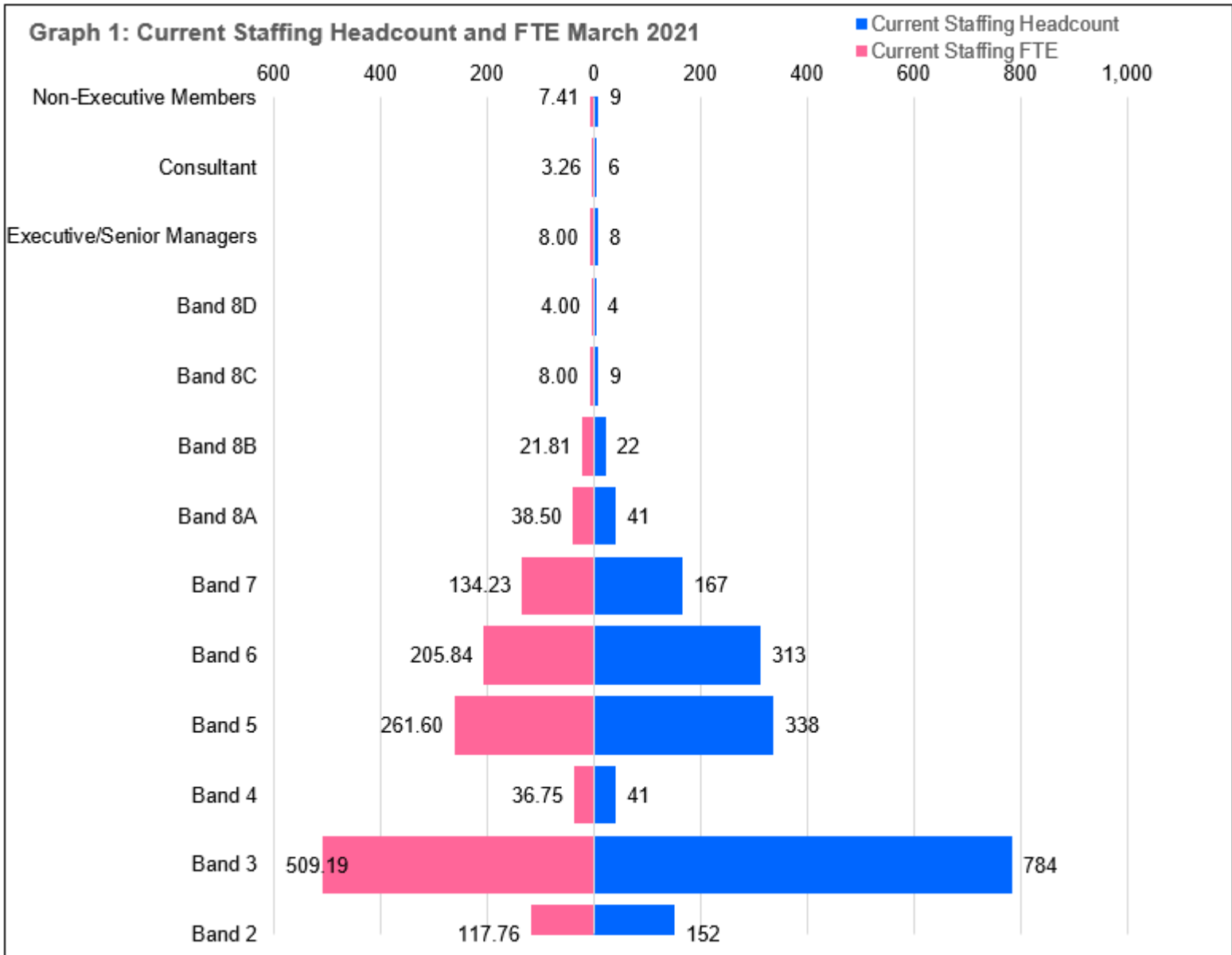
The table shows the current staff in post against the year-end target establishment as at 31st March 2021. For the majority of skill sets the establishment throughout the year remain steady, influenced only by attrition.

The Call Handler numbers fluctuate throughout the year, balancing the requirement to have more Call Handlers in place over peak periods, it is also worth noting that the WTE target includes the Redesign of Urgent Care. Currently recruitment has focussed on recruiting temporary Call Takers/Operators who will be given the opportunity to apply to convert into Call Handler roles should they successfully complete the Call Handler recruitment process.

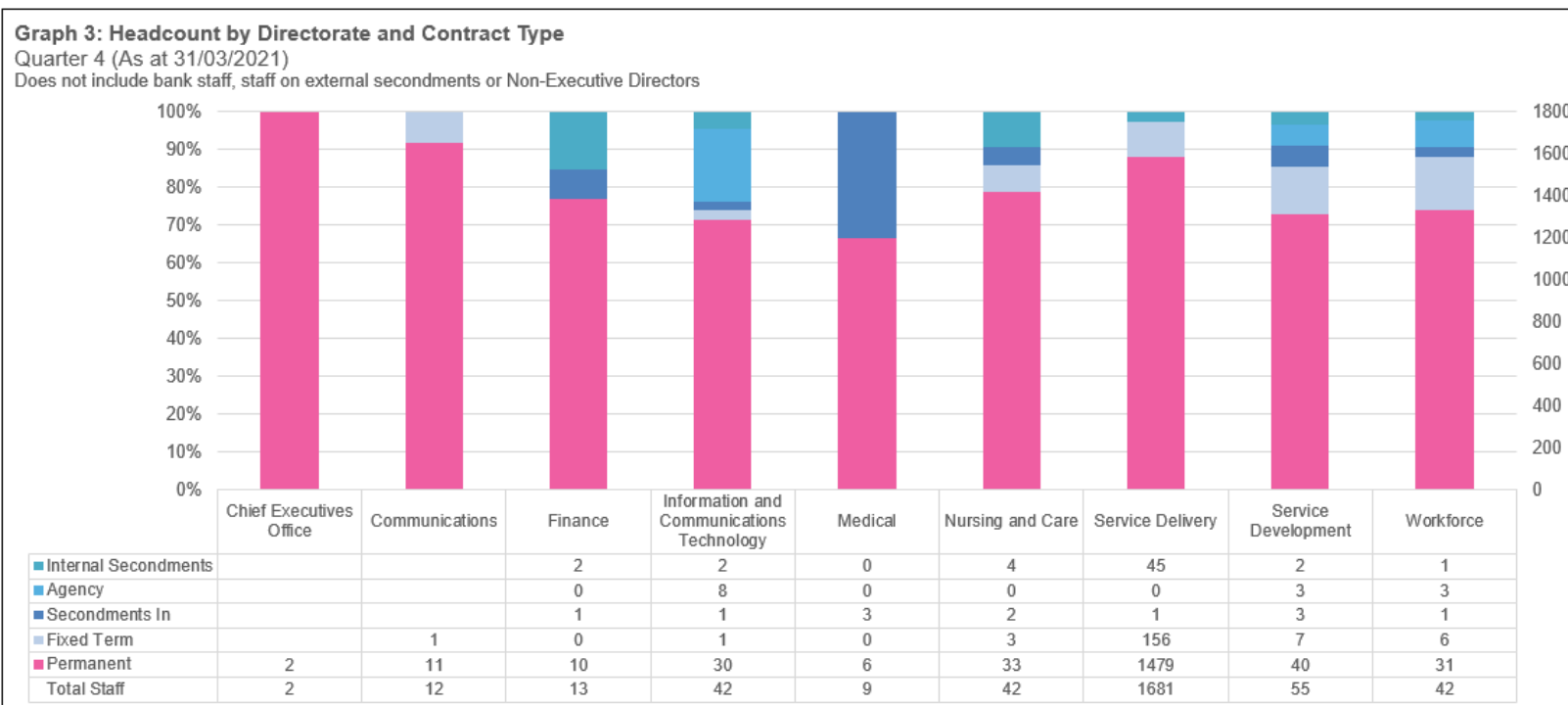
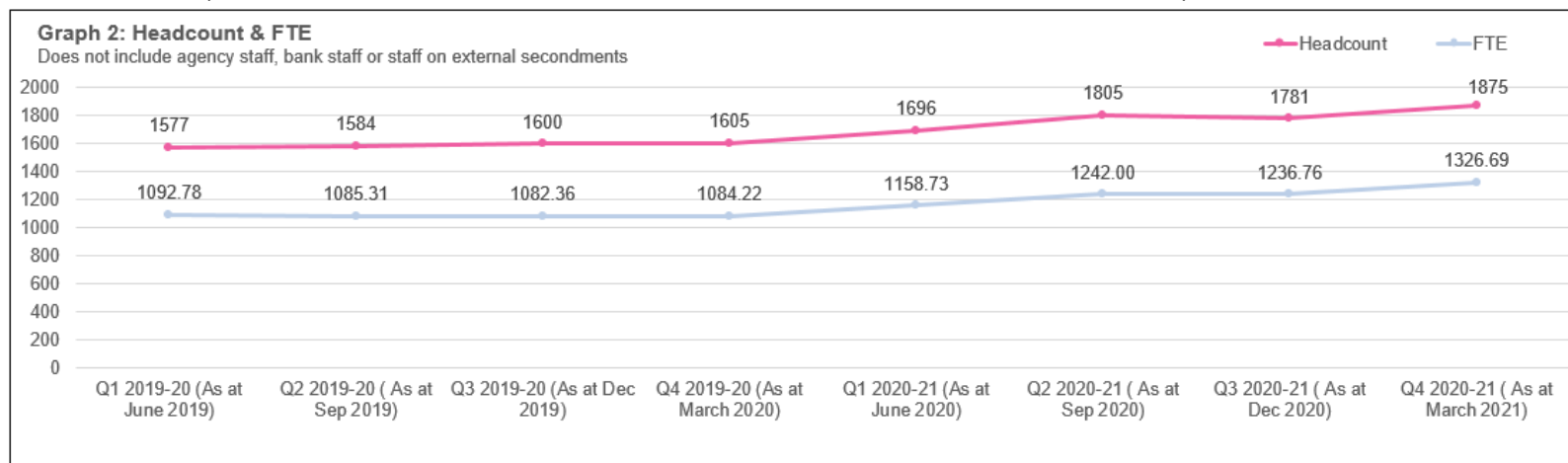
The vacancies in the Nurse Practitioner establishment are offset with recruitment to other clinical skill sets including Clinical Practice Educators, Mental Health Nurse Practitioners, Psychological Wellbeing Practitioners and Breathing Space Advisors to support the patient journey and new operational model.

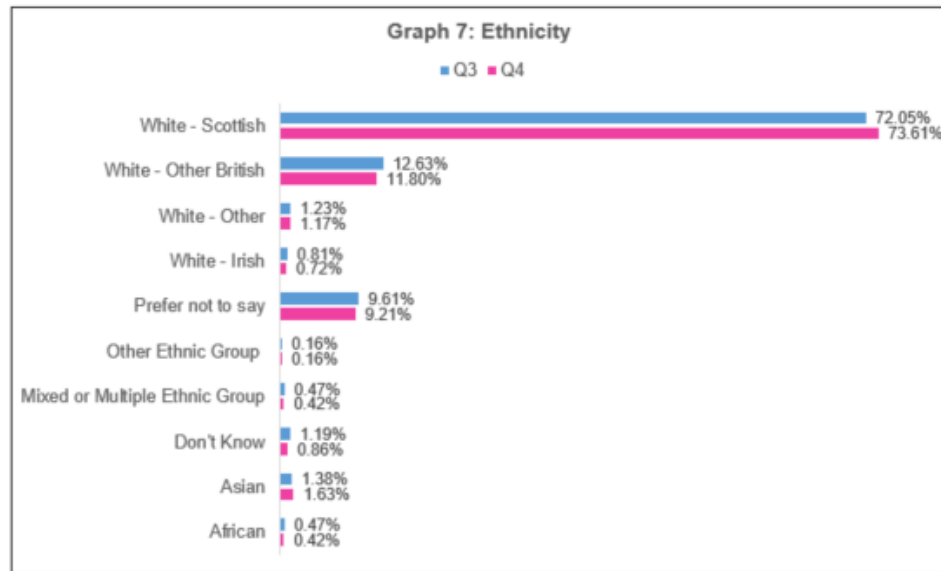
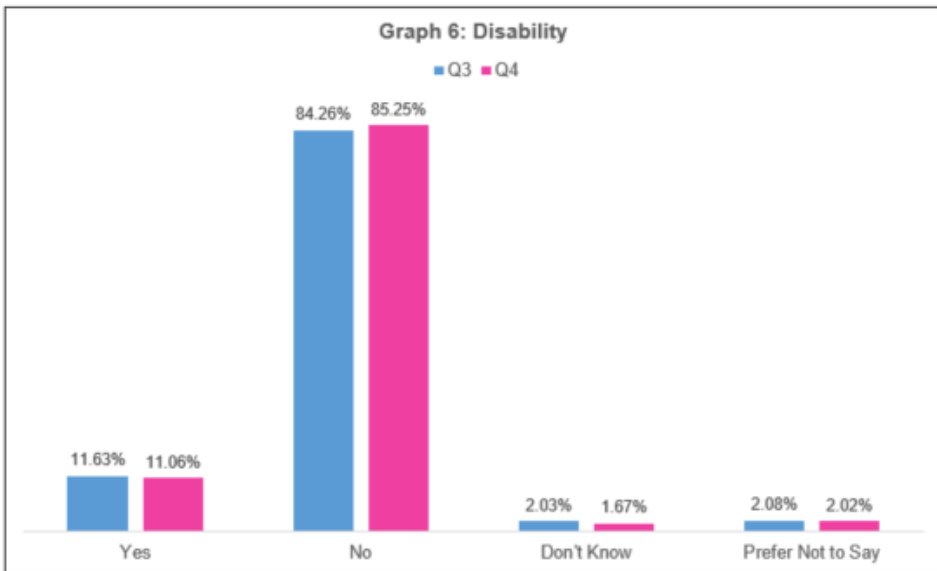
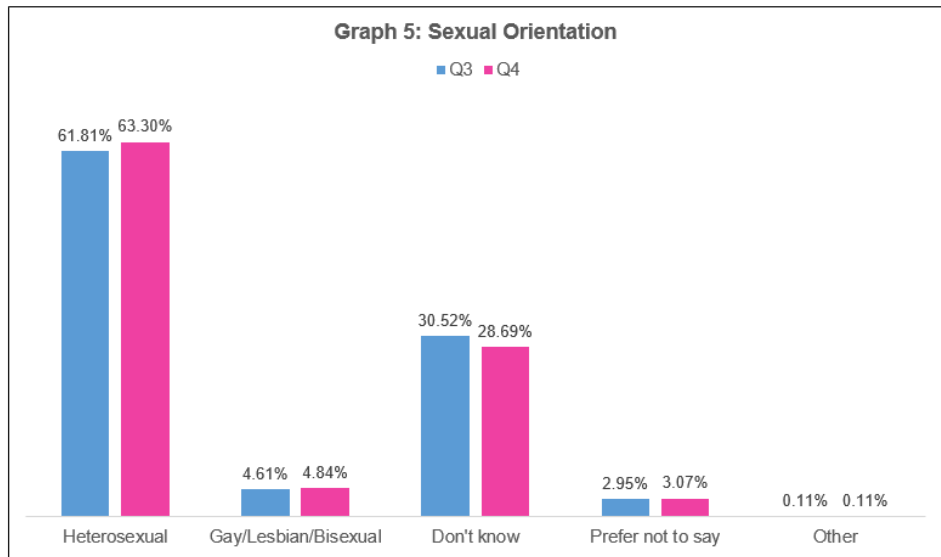
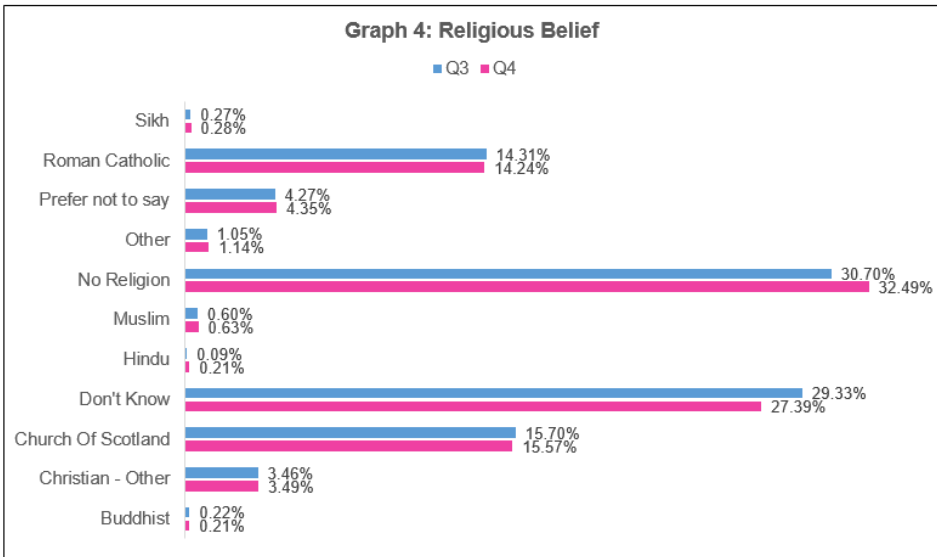
Table 1: STAFFING	Budgeted WTE	Current Staff as at 31/03/2021		Variance against Budgeted WTE 2020/21
		31-Mar-21		
	Agreed WTE	Current Staffing Headcount	Current Staffing WTE	Established WTE
Total Nursing Staff	348.30	372.00	260.74	-87.56
Total Other Clinical Staff	52.53	94.00	44.71	-7.82
Total Call Handlers	688.00	753.00	482.79	-205.21
Total Non Clinical Frontline	285.78	439.00	309.42	23.64
Total Business & Administrative	273.32	300	272.94	-0.38
Total Staff	1647.93	1958.00	1370.60	-277.33

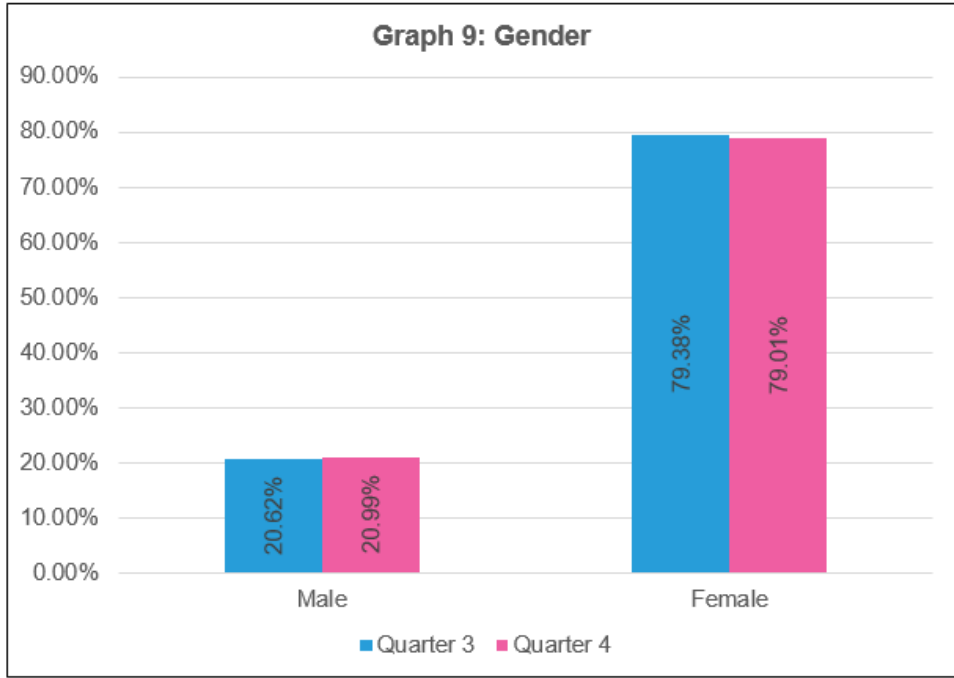
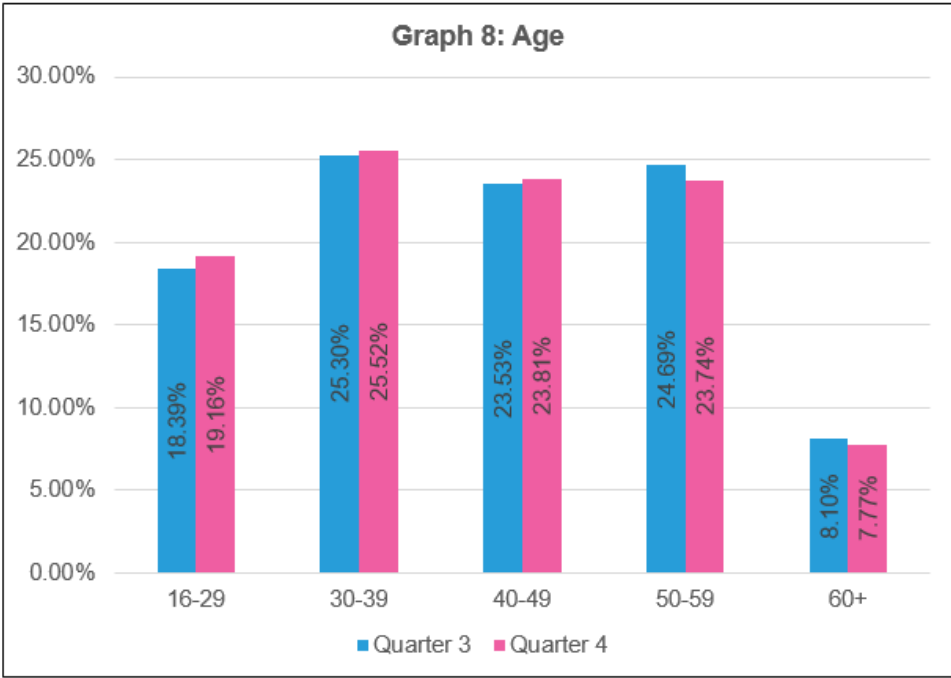
Primary Care Triage, Mental Health Hub, Covid-19 and RUC staff have been included within these figures
 Total Call Handlers include the call handlers working in the 111 Service, Redesign of Urgent Care and Primary Care Triage.



In the following graphs staff in post figure includes staff on maternity leave. These charts do not include staff on career breaks or on secondment out of NHS 24 (as at 31st March there was 10 staff members an external secondment).







4.2 Recruitment

HR Business Support (HRBS) continue to support the high volume recruitment of Call Takers and Clinicians for the Redesign of Urgent Care. The final cohort of internal recruitment of temporary COVID-19 Call Operators to permanent Call Handlers was completed in March and these staff members will be trained by the end of April.

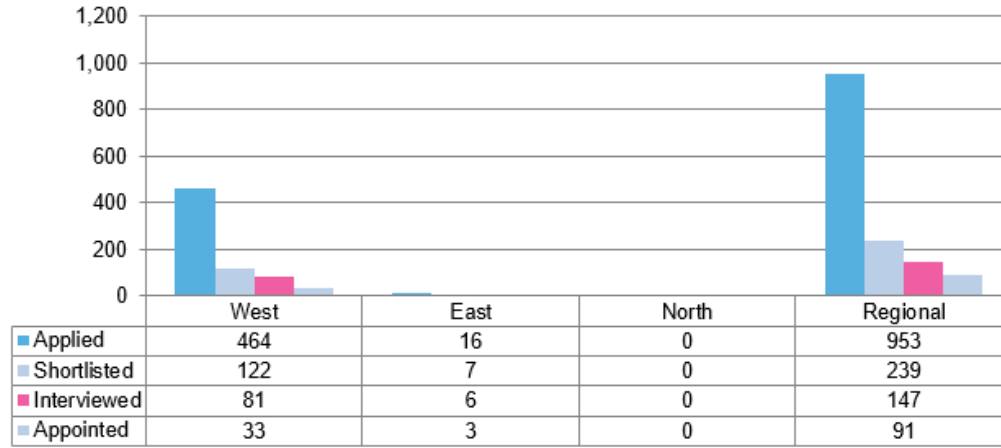
NHS 24 advertised externally for permanent Call Handlers at the East and West centres. We have not advertised externally for Call Handlers since 2019 and this is the first time we have advertised for Call Handlers using Jobtrain, as anticipated, there has been a high level of interest. The target is to recruit 100 WTE between May and October 2021 from this pipeline, depending on the availability of Core Induction places and seating in the West and East centres. Conditional offers of employment will be made to speed up the recruitment process, and the Recruitment and Core HR teams will work to move these to unconditional as soon as possible.

Recruitment continue to support the expansion of the Mental Health Hub with open adverts for both Nurse Practitioners and Psychological Wellbeing Practitioners.

Breathing Space have posted internal adverts for permanent supervisor and advisor vacancies; the plan being to convert as many staff members who are currently on temporary contracts.

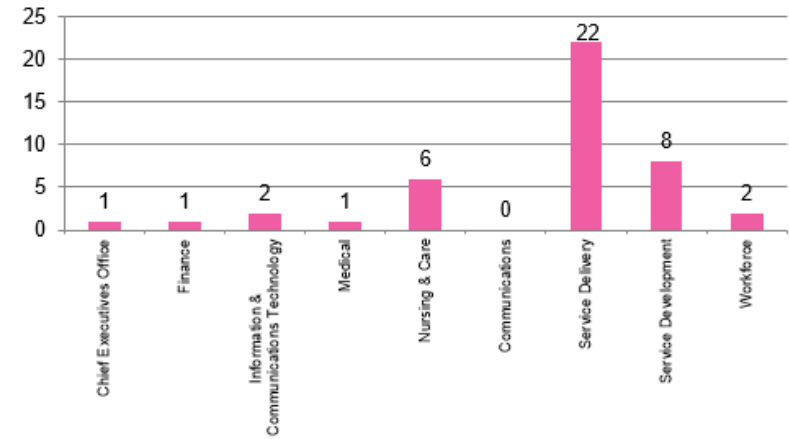
Graph 10: Recruitment by Region

Q4



Graph 11: Posts advertised by Directorate

Q4

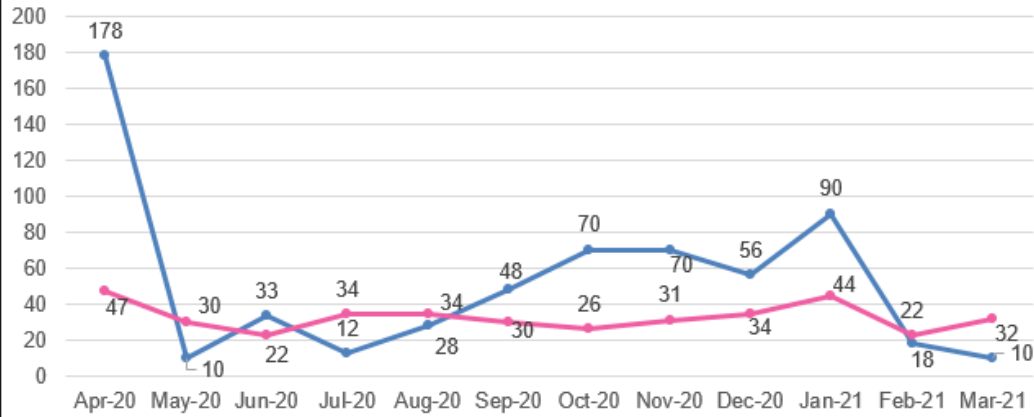


Graph 12: New Starts and Leavers

April 2020- March 2021 Headcount

This information is correct at time of reporting and does not include late notifications

Starters
Leavers



Note:

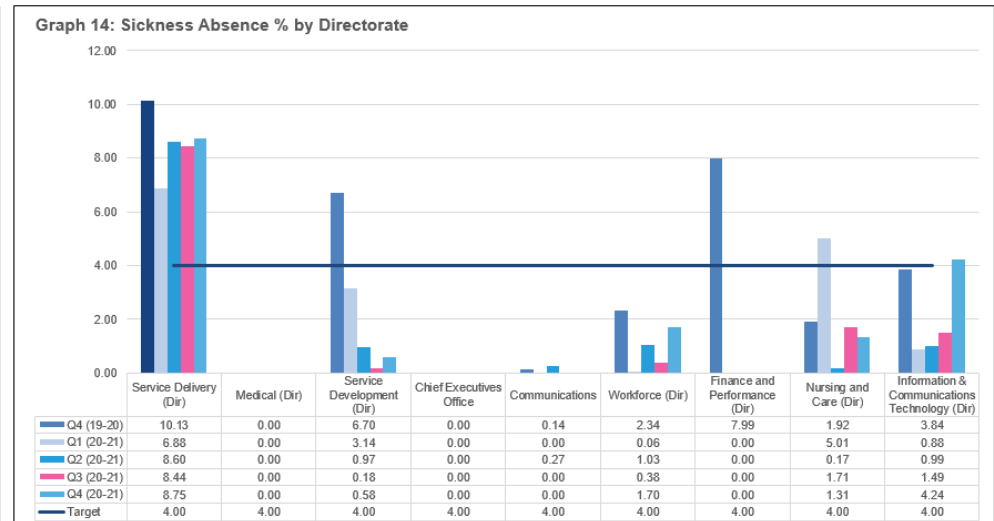
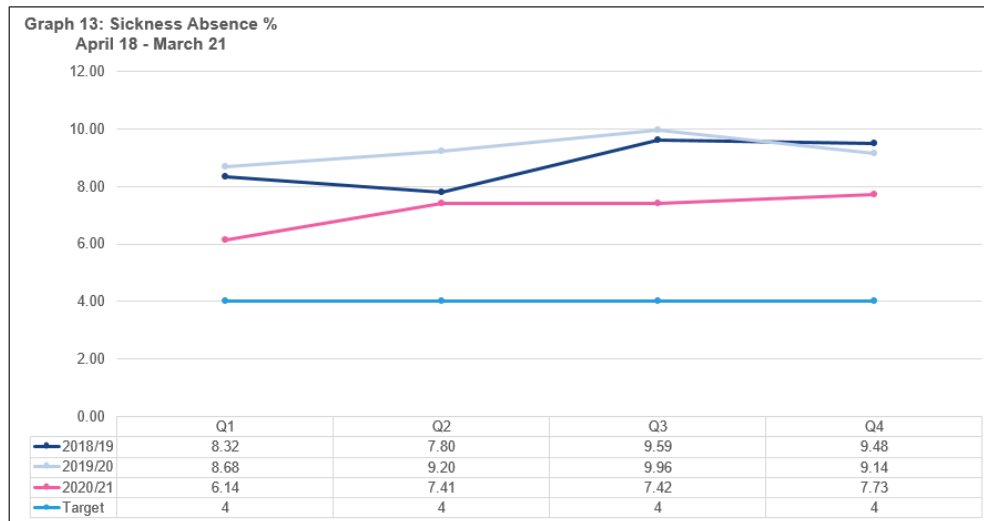
Regional is used when we are recruiting to more than one of the Main Centres - Cardonald, Clyde, East or North. This is predominantly used for Service Delivery and Service Development when the vacancy can be for all or a combination of the Regional Centres, rather than just for one of them.

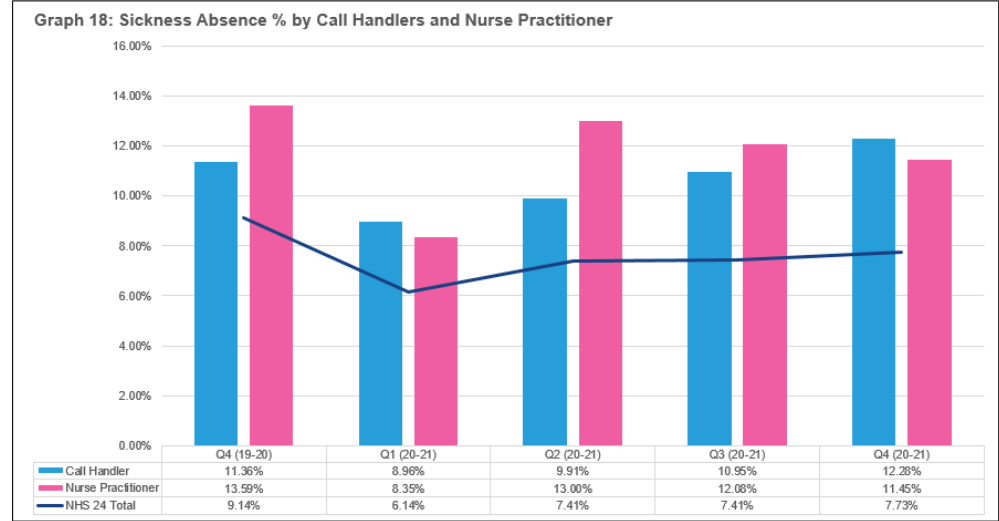
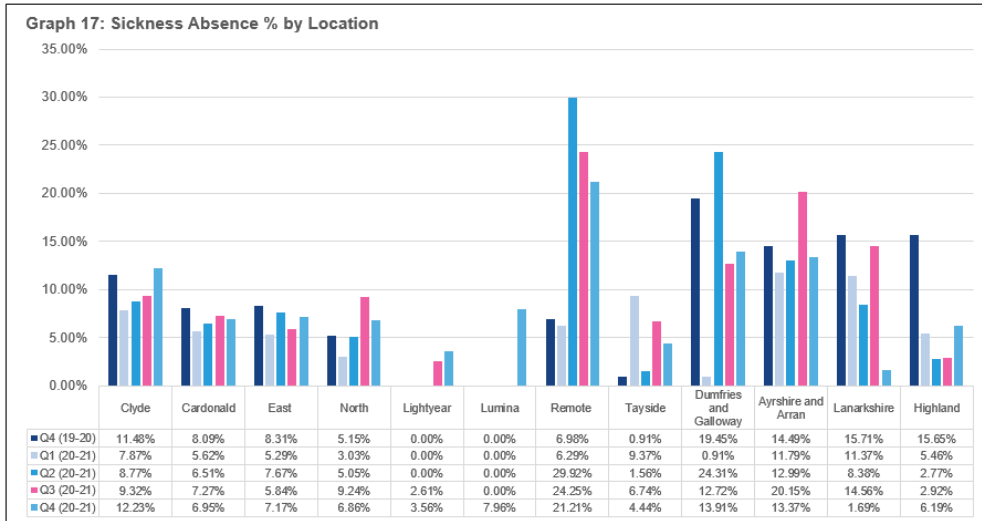
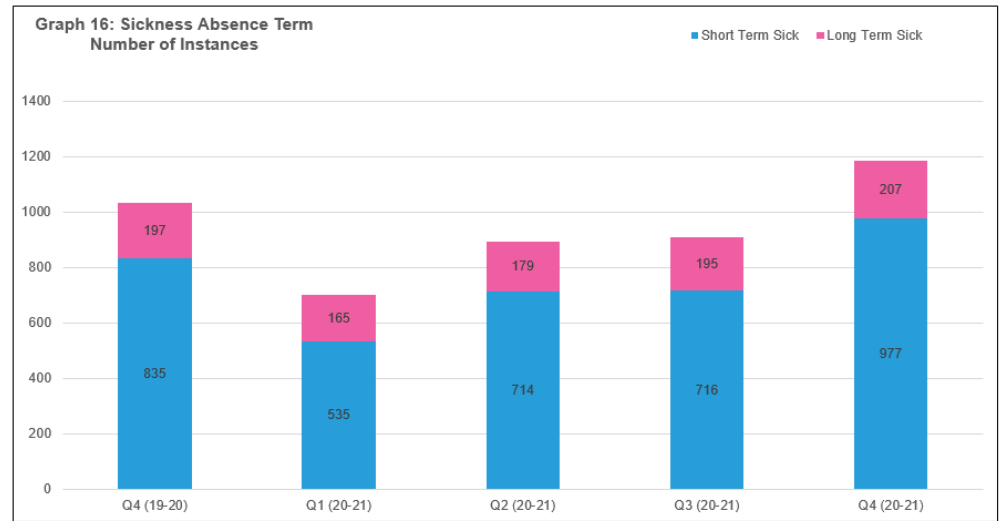
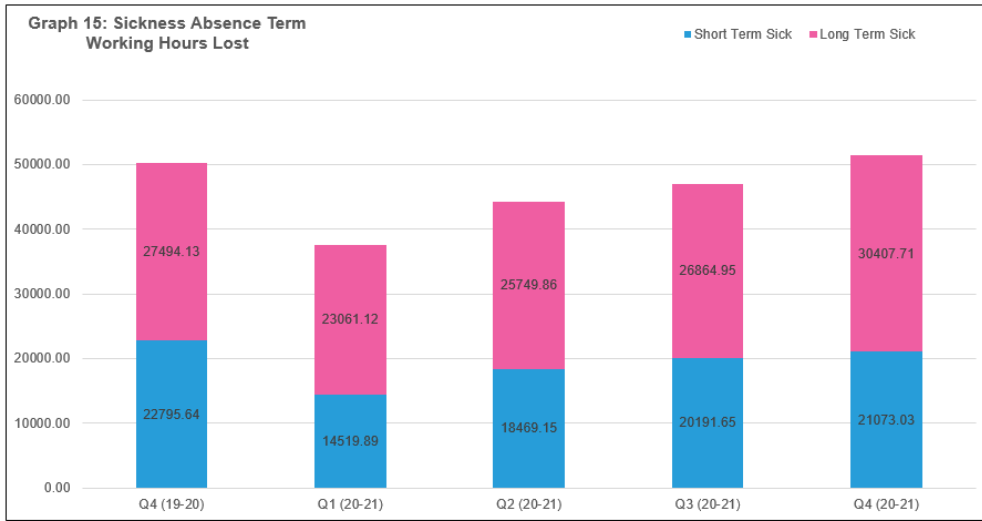
4.3 Flu Vaccinations

Flu Campaign is complete for 20/21 and planning will commence for the 21/22 campaign in April. Following positive experience of the COVID Vaccination Programme around online booking and appointment reminders it is anticipated the Flu Campaign will adopt this approach.

4.4 Absence

Attendance continues to be a cause for concern across all cohorts of our frontline staffing groups. Sickness absence excluding COVID related special leave has risen from February to March from 6.77% to 8.21% with over 18,000 hours lost in the month of March alone. Long Term sickness has remained static with an increase in short term sickness absence of 1.89%. COVID related absence continues to be high and this has also increased by 0.47% (5.70% in February and 6.17% in March). However, it is anticipated that with the roll out of the COVID staff vaccination programme in progress these figures will start to reduce. In terms of progress 1294 NHS 24 staff members have been vaccinated. As an added layer of protection and in attempt to reduce the spread of COVID 19 and the resultant impact Lateral Flow Testing is now available to all staff with 964 staff being registered.





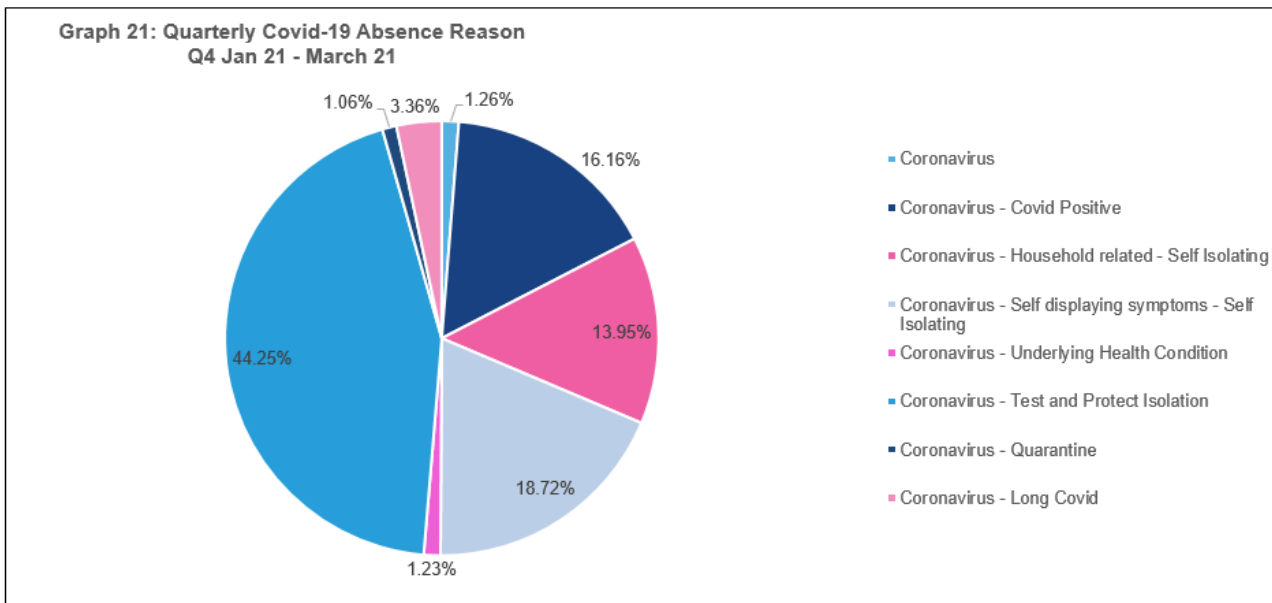
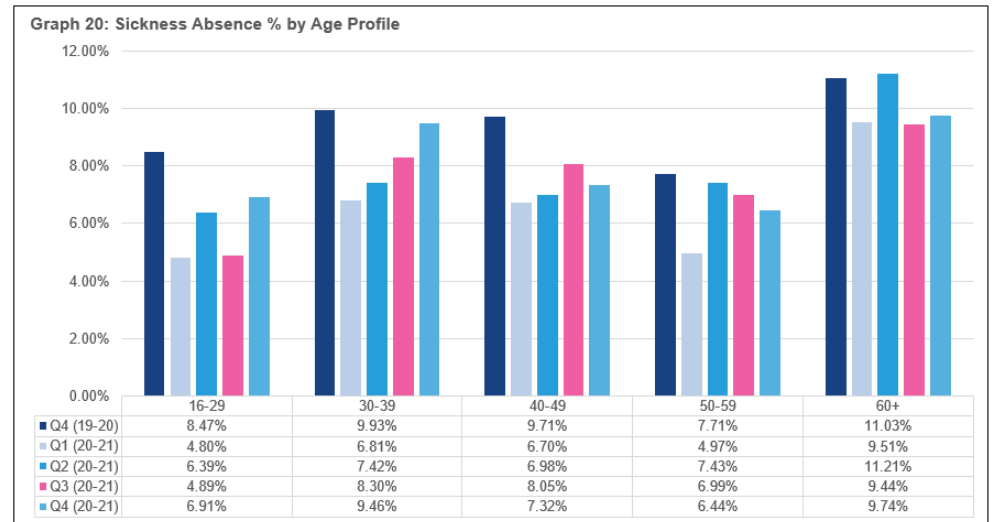
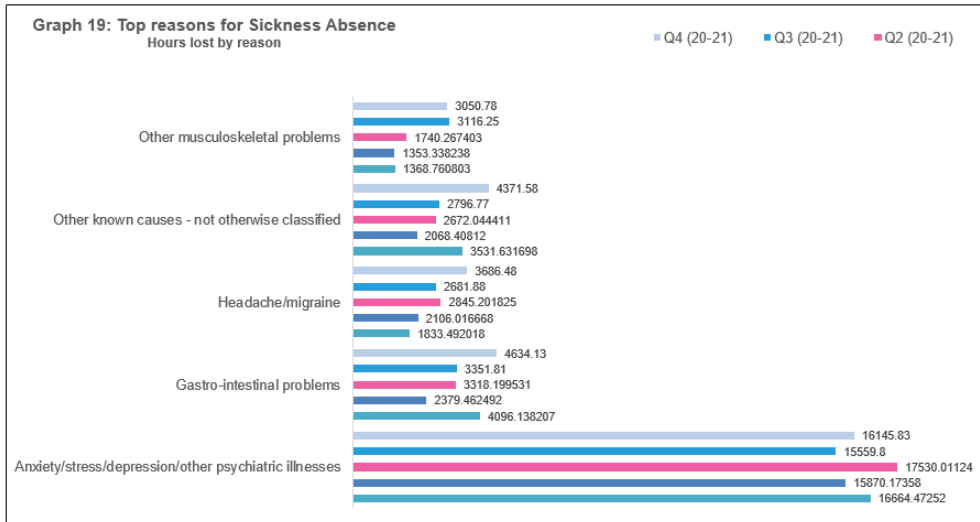
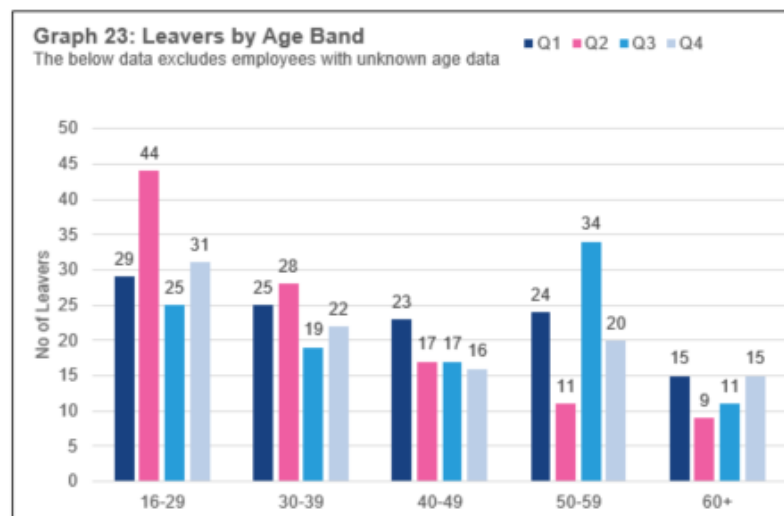
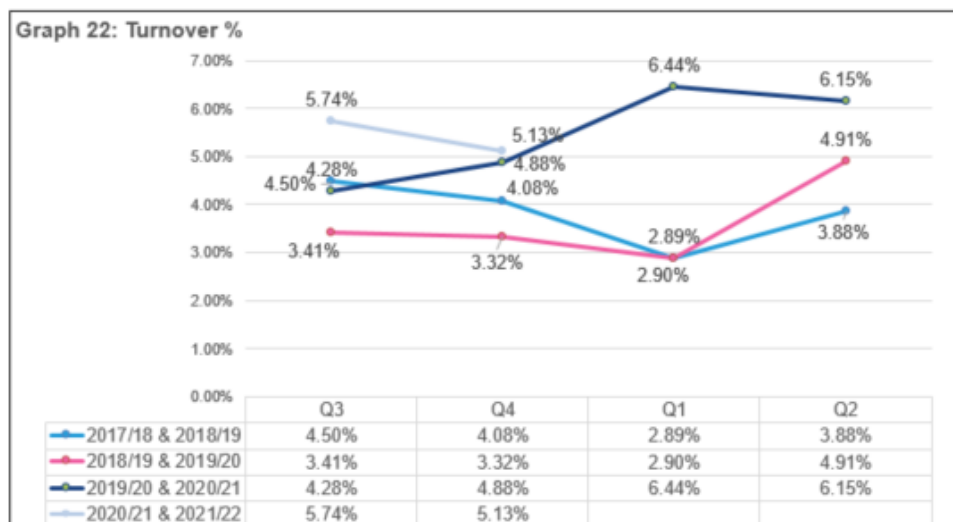


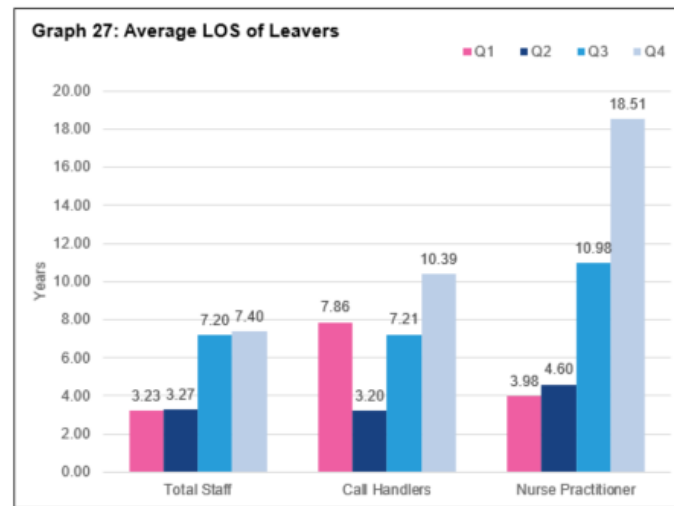
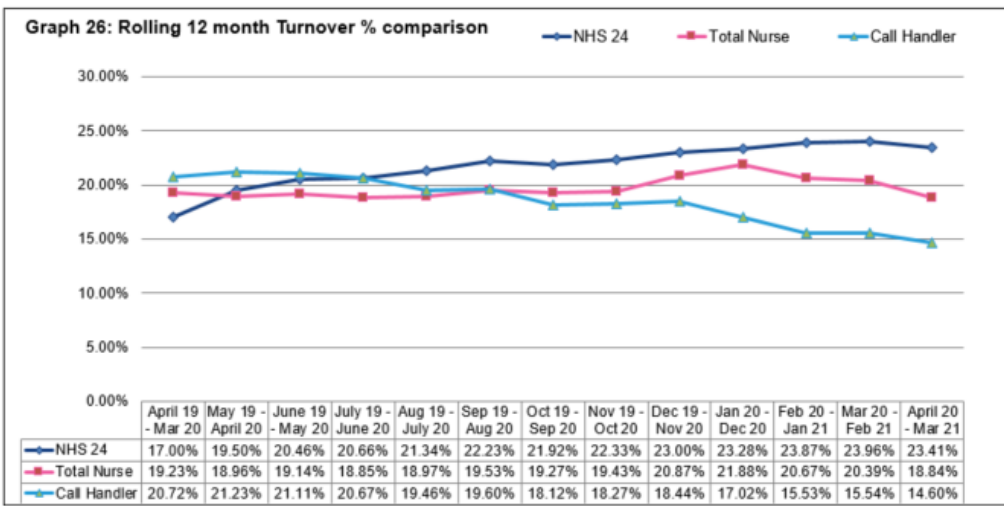
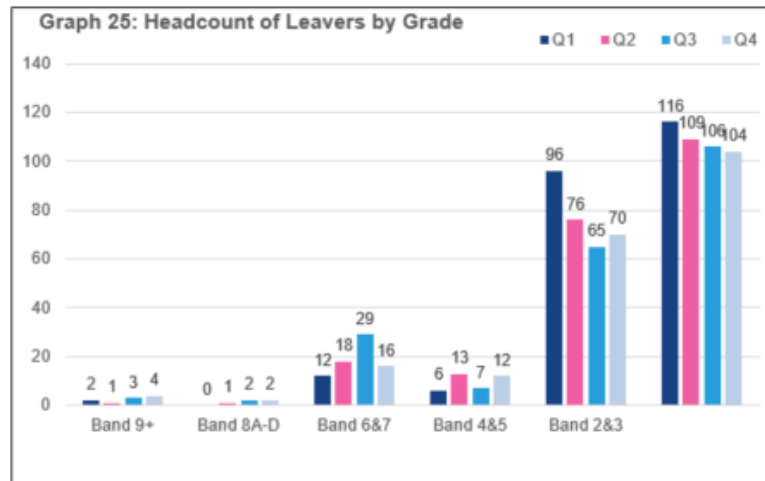
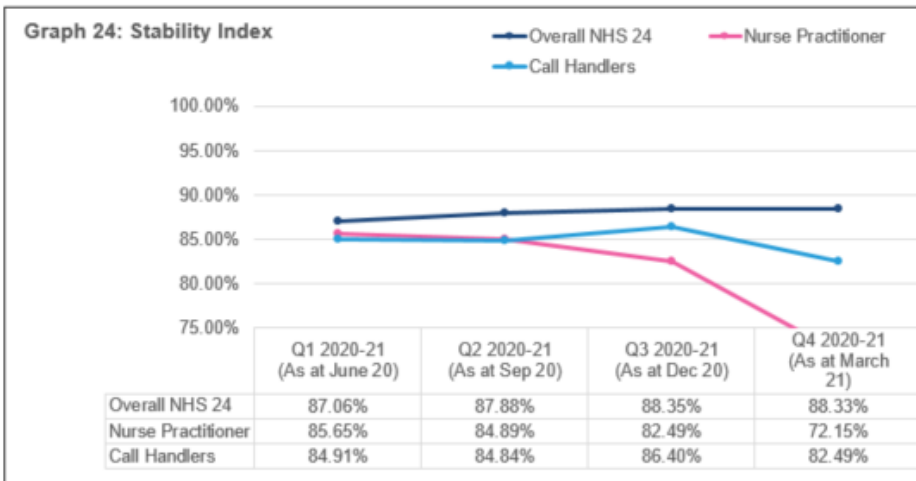
Table 2	January - March	March
Coronavirus	18	3
Coronavirus - Covid Positive	70	15
Coronavirus - Household related - Self Isolating	244	69
Coronavirus - Long Covid	74	21
Coronavirus - Self Displaying Symptoms - Self Is	374	83
Coronavirus - Underlying Health Condition	264	88
Coronavirus - Test and Protect Isolation	183	32
Coronavirus - Quarantine	2	1
Total	1229	312

4.5 Turnover

Due to COVID-19 and the Redesign of Urgent Care, NHS 24 has recruited temporary staff on fixed term contracts to help support the demand on our services. A number of fixed term contracts for this staff group have ended which has contributed to a high proportion of our overall leavers in both Q3 (26%) and Q4 (50%).

Excluding the temporary staff the highest number of leavers in Q4 were from the call handler (22 leavers), non-frontline (8 leavers), and psychological wellbeing practitioner (5 leavers) cohort.

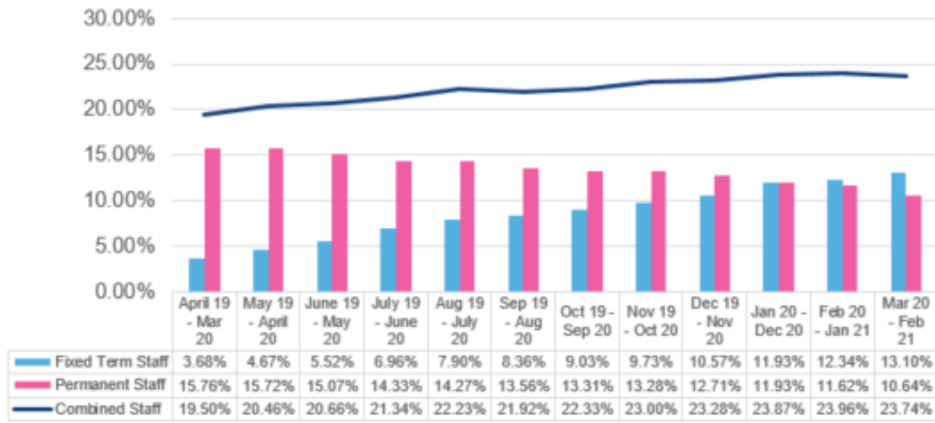




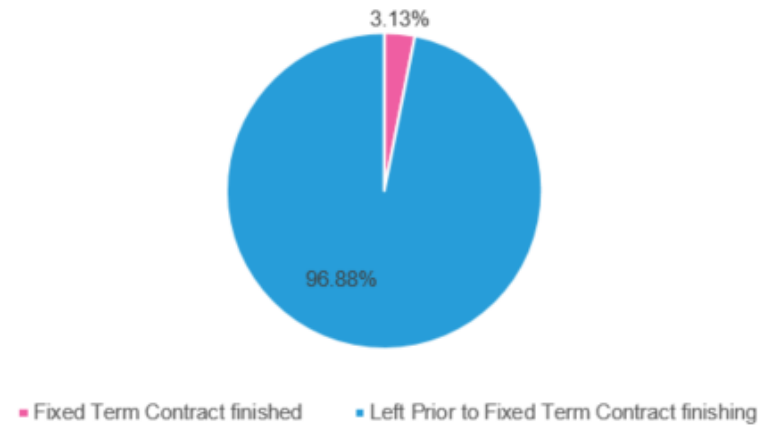
Note:
The stability index formula is the number of employees at period end with one year's service or more/number of employees in post one year ago.

Graph 28: Rolling Turnover % by Fixed Term and Permanent Staff

Includes Late Notifications

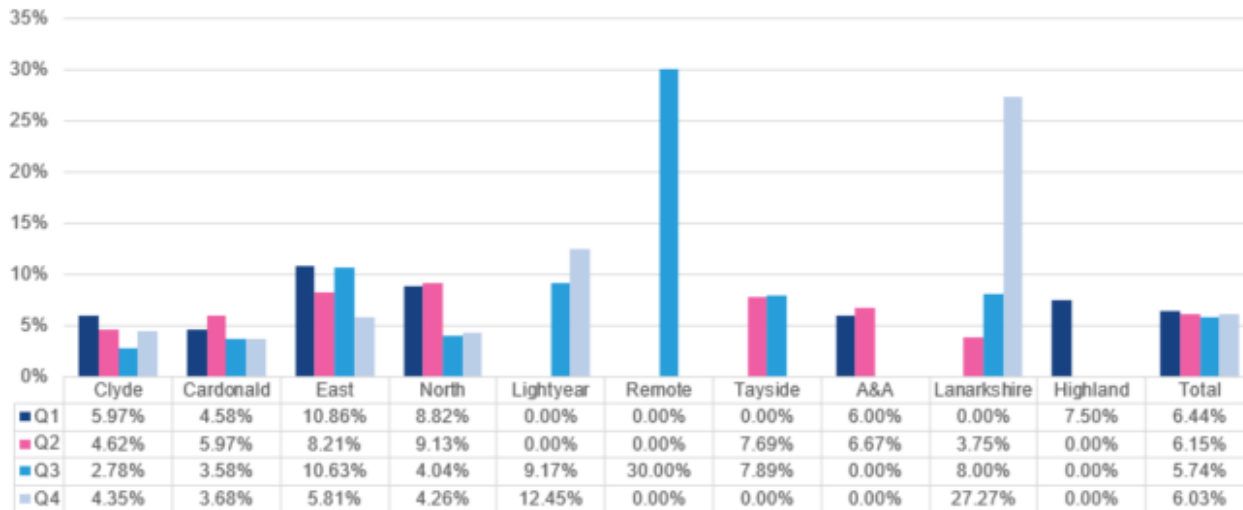


Graph 29: Breakdown of Fixed Term Contract leaving Reason Quarter 4



Graph 30: Turnover by Location

HQ Staff included within the centre they are based



Note:

The turnover by location is calculated by totaling the number of leavers for the quarter and dividing them by the average headcount for the quarter.

Table 4: Leaving Reason	Number of Employees
Death in Service	3
Dismissal	0
End of FTC	16
Ill Health	1
New Employment with NHS Scotland	18
New Employment with NHS out with Scotland	1
Retirement - Age	2
Vol. Resignation - Other	22
Retirement Other	1
Other	40
Total	104

Table 5: Transferred to another NHS 24 post. Original Post	Number of Employees
Advanced Nurse Practitioner	1
Call Operator	62
Call Handler	12
Clinical Supervisor	1
Clinical Services Manager	1
Dental Hub Administrator	1
Nurse Practitioner	7
Senior Charge Nurse	5
Non-Frontline	1
Total	91

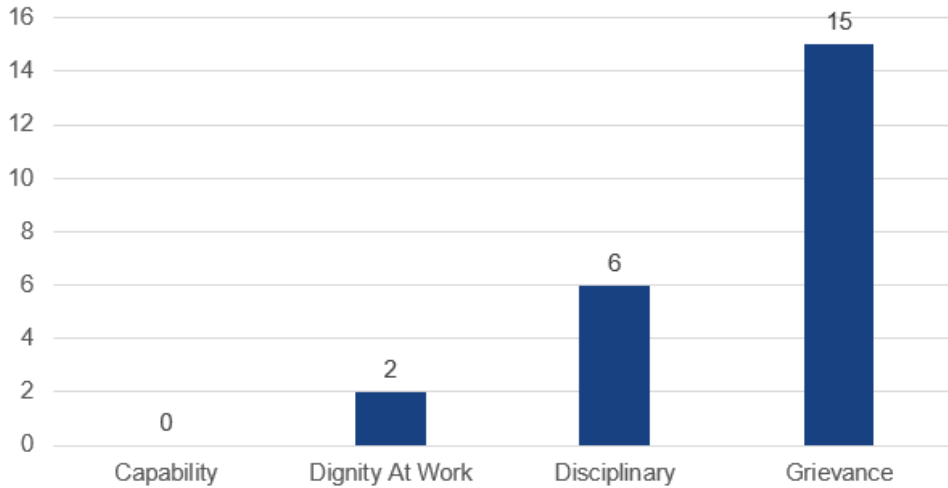
4.5 Employee Relations

The Employee Relations Team continue to support line managers on the application of the new Attendance Management policy and at the time of writing with 75% of management having completed the e-learning module on this subject. Further sessions on the new Once for Scotland Attendance Policy are scheduled for managers into March 2022. In addition, following feedback from the Attendance Management Steering Group levelling sessions with Managers around cases continue. It is hoped that this additional coaching and support will have some effect in reducing absence in the coming months.

In respect of case management The Employee Relations have a high case load at this time particularly in the area of Grievance. Looking at the case detail there is no common theme or thread that explains the increase, case type and reason vary. It should be noted that we have one Collective grievance which accounts for 4 cases. The team continue to progress cases in line with policy and in reasonable timeframes.

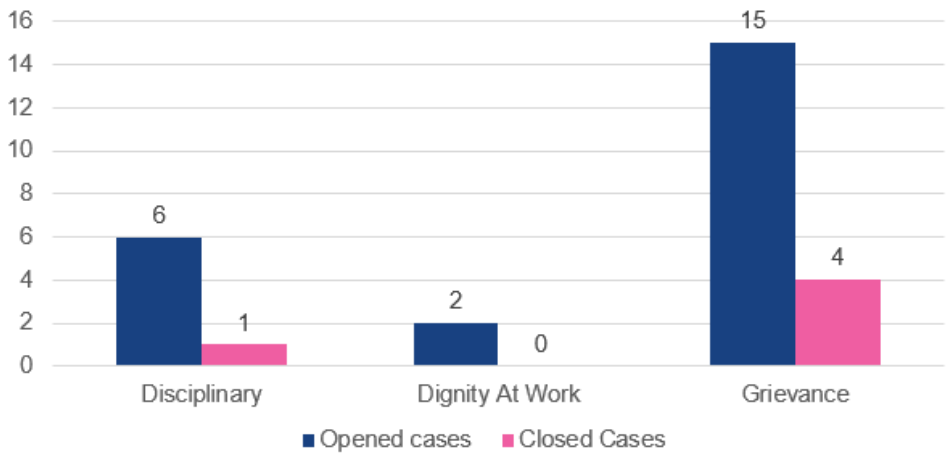
Graph 31: Current Number of Active Cases

Please note attendance cases are not included.



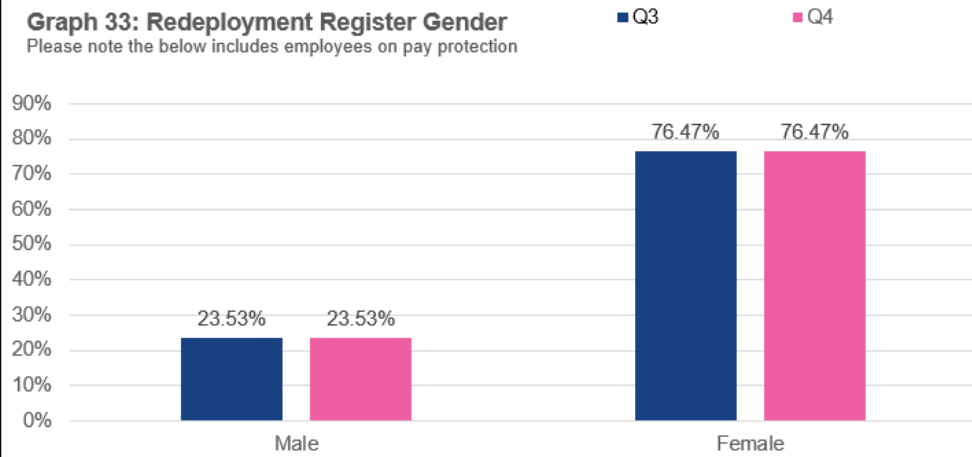
Graph 32: Number of Cases Opened and Closed between Jan - March 2021

Please note attendance cases are not included.



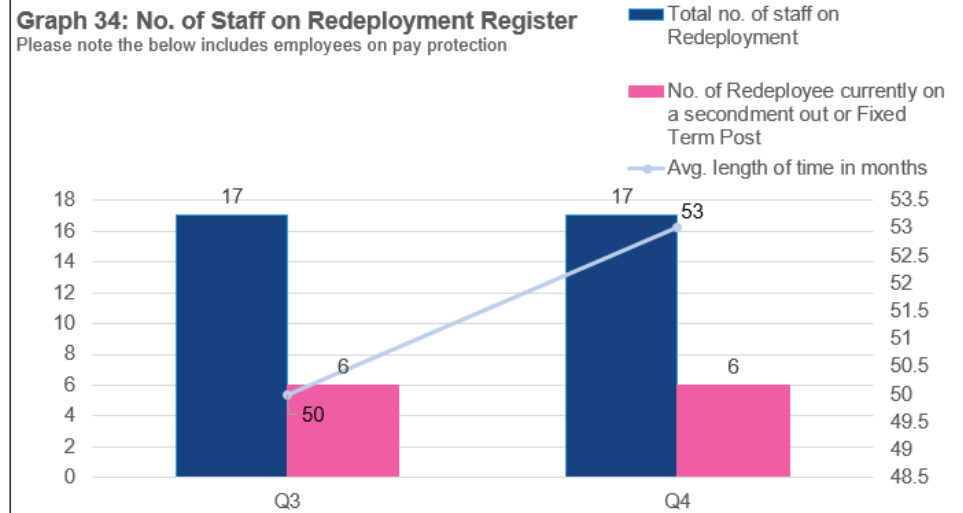
Graph 33: Redeployment Register Gender

Please note the below includes employees on pay protection



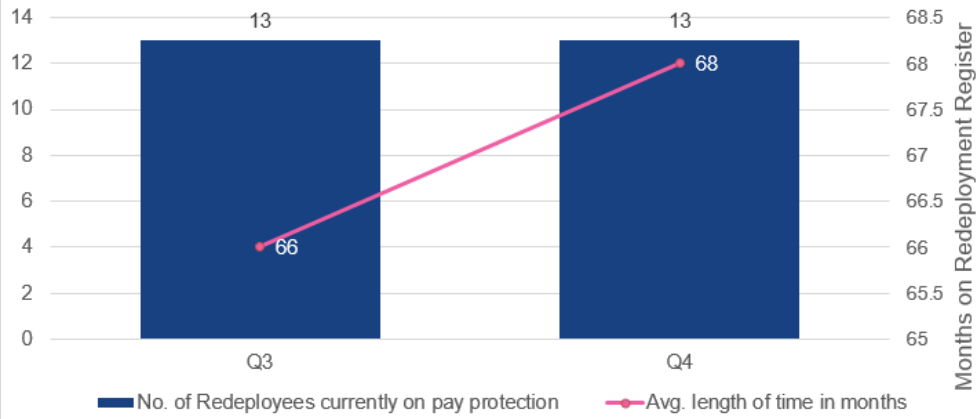
Graph 34: No. of Staff on Redeployment Register

Please note the below includes employees on pay protection

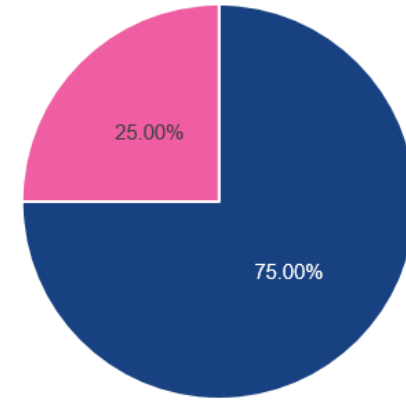


Graph 35: No. of Staff Currently on Pay Protection

Please note that any redeployees who are currently on a Secondment Out and on a higher banding 3 in the Pay Protection



Graph 36: Reasons for being on Redeployment Register



4.6 Statutory and Mandatory/ Essential Training

Mandatory eLearning Modules, where refresher is required.

Statutory and Mandatory training at NHS 24 is made up of 17 core modules which all staff must complete as part of their induction experience - this list includes Health and Safety and Information Security modules which must be completed again every 2 years. There are current challenges in reporting ongoing compliance across every single module due to the number of multiple systems and manual analysis involved, including data from historical systems. Ongoing data analysis and dashboard development work with NES - which will result in all data being accessible through one cloud-based application - aims to address these issues in the next quarter. The report currently focusses on those modules with a statutory requirement and an ongoing need for refresher.

Table 5 <i>% of all NHS 24 staff who are compliant with the requirement to complete mandatory modules every 2 years, as at December 31st 2020</i>	Compliant	Completed but refresher now overdue	Never completed
Health and Safety Awareness	71%	24%	6%
Fire Safety	73%	22%	5%
Office Ergonomics	69%	26%	5%
Safe Information Handling	46%	34%	20%
Stay Safe Online	5%	0%	95%

Essential eLearning modules

Other key organisational training requirements are categorised as 'essential' as necessary. At the moment this includes Attendance Management training which is required to be completed by all managers as part of a roll out of Once For Scotland policies and NHS 24's Attendance Management Improvement Plan. Whistleblowing training is also underway - the Whistleblowing Policy Soft Launch commenced on 5 February 2021, with the requirement communicated throughout the organisation that staff and managers should aim to complete their training modules before 1 April 2021.

The tables above show compliance levels with key modules, and work continues with stakeholders to develop a clear view of training needs, in alignment with organisational and skillset requirements, and with national Once For Scotland content developments.

Table 6 <i>% of all NHS 24 staff who are compliant with the requirement to complete essential modules, as at December 31st 2020</i>	Compliant	Non-compliant
Mental Health Improvement and Suicide Prevention	57%	43%
Public Protection	66%	34%
Whistleblowing - all staff	24%	76%
Whistleblowing - all managers	24%	76%
Attendance Management - all managers	83%	17%

Essential Clinical Modules

In addition to the 'all staff' requirement, there are modules which form part of annual governance and skills development/ maintenance for key Service Delivery staff groups, as listed above. These Essential Clinical Modules are required to be repeated on an annual basis, and a paper was approved at January's Clinical Education Guidelines Group, which sought agreement on a revised approach to encourage completion and support clearer reporting. New reports indicating RAG status for each centre will be in place from April onwards, and staff will receive reminders when they pass the required refresher date for each module.

Table 7 <i>% of staff who have completed required annual clinical modules for their skillset, as at December 31st 2020</i>	Public Protection	Mental Health Awareness	Acute Coronary Syndrome	Meningitis	Recognition of Acutely Ill Adult	Recognition of Acutely Ill Child	All modules
Nurse Practitioners	63%	41%	53%	58%	59%	55%	23%
Call Handlers	70%	41%					38%

4.7 Appraisal

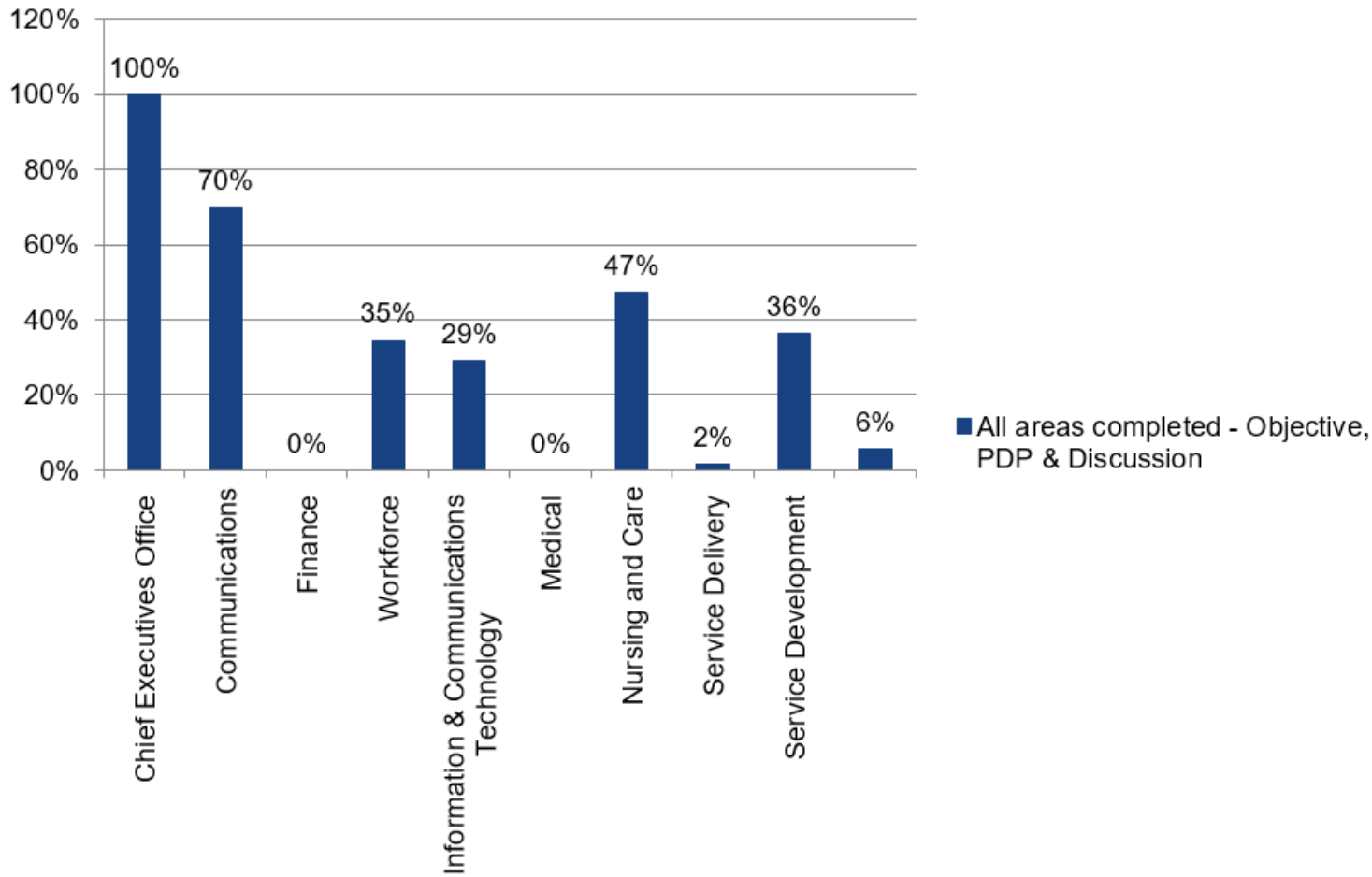
Training sessions on Effective Appraisal have been running weekly since January 2021. Resources have been developed and shared with all line managers, with a dedicated resource page available on Turas Learn.

The agreed target for the organisation is that all eligible staff should have agreed PDP items, Objectives and a signed off Appraisal discussion recorded in Turas Appraisal at least once every 12 months - this is a more comprehensive target than in previous years when the focus was on the annual discussion only. Eligible staff includes all Agenda for Change staff who have been in post for at least 12 months. As the report reflects compliance on a rolling basis, the completion figures fall when appraisals are more than 12 months past sign off. Directorate reports detailing the status of each staff member's appraisal are circulated on a monthly basis.

Table 8 <i>% of AfC staff in the business who have had agreed objectives, PDP and appraisal discussions in last 12 months, recorded in Turas Appraisal. The table reflects the percentages of staff who have completed individual elements of the process as well as the full appraisal process, as at 31st March 2021.</i>	Objectives Only	PDP Only	Discussion Only	All areas completed - Objective, PDP & Discussion
		10%	7%	11%

Table 9 <i>Directorate Breakdown</i>	Objectives Only	PDP Only	Discussion Only	All areas completed - Objective, PDP & Discussion
Chief Executives Office	100%	100%	100%	100%
Communications	100%	70%	80%	70%
Finance	0%	0%	0%	0%
Workforce	45%	35%	45%	35%
Information & Communications Technology	58%	36%	77%	29%
Medical	25%	0%	0%	0%
Nursing and Care	56%	53%	58%	47%
Service Delivery	4%	3%	4%	2%
Service Development	52%	41%	73%	36%

Graph 37: Full Appraisal Process by Directorate



4.8 Everyone Matters Pulse Survey

Dates for the NHS 24 iMatter Cycle for 2021 have been provided to the Scottish Government. Options for the approach to implementation will be presented in a paper to the Executive Management Team in due course.

The dates are as follows:

- Team members confirmation: 16/08/21 until 10/09/21
- Questionnaire sent: 13/09/21 until 01/10/21
- Report received if paper copies submitted: 18/10/21
- Report received if no paper copies submitted: 05/10/21

Action planning commences the day after the report is completed and is likely to be for 8 weeks only compared to 12 weeks of previous years.

5. **ENGAGEMENT**

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

6. **FINANCIAL IMPLICATIONS**

6.1 Currently, there are no financial implications to highlight.