

<p>NHS 24 BOARD MEETING</p>		<p>17 JUNE 2021 ITEM NO: 11.2 FOR ASSURANCE</p>	
<p>WORKFORCE PERFORMANCE REPORT (Interim Quarter 1 April - May 2021)</p>			
Executive Sponsor:		Interim Director of Workforce	
Lead Officer/Author:		Interim Director of Workforce	
Action Required		The Board is asked to note the workforce report.	
Key Points for this Committee to consider		<p>This report is an interim 2-month 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.</p> <p>The figures included in this report are interim for quarter 1 covering April and May 2021.</p> <p>A full quarterly report will be available at the next Board meeting in August.</p>	
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		<p>NHS 24 has noted the emerging data on the impact of COVID-19 on BAME health and care workers.</p> <p>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.</p>	

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 April - May 2021 (a full quarter 1 report will be provided in August) 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 May 2021. For the majority of skill sets the establishment throughout the year remain steady, influenced only by attrition. Please be aware we are awaiting confirmation from Finance of revised budgets for 2021/22.

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	Agreed WTE	Current Staff as at 31/05/2021		Variance against Established WTE 2021/22
		31-May-21		
	Agreed WTE	Current Staffing Headcount	Current Staffing WTE	Established WTE
Total Nursing Staff	357.62	382.00	272.22	-85.40
Total Other Clinical Staff	52.53	92.00	43.80	-8.73
Total Non Clinical Frontline	285.78	351.00	248.87	-36.91
Total Business & Administrative	273.32	309	282.55	9.23
Total Staff	1646.25	1921.00	1371.41	-274.84

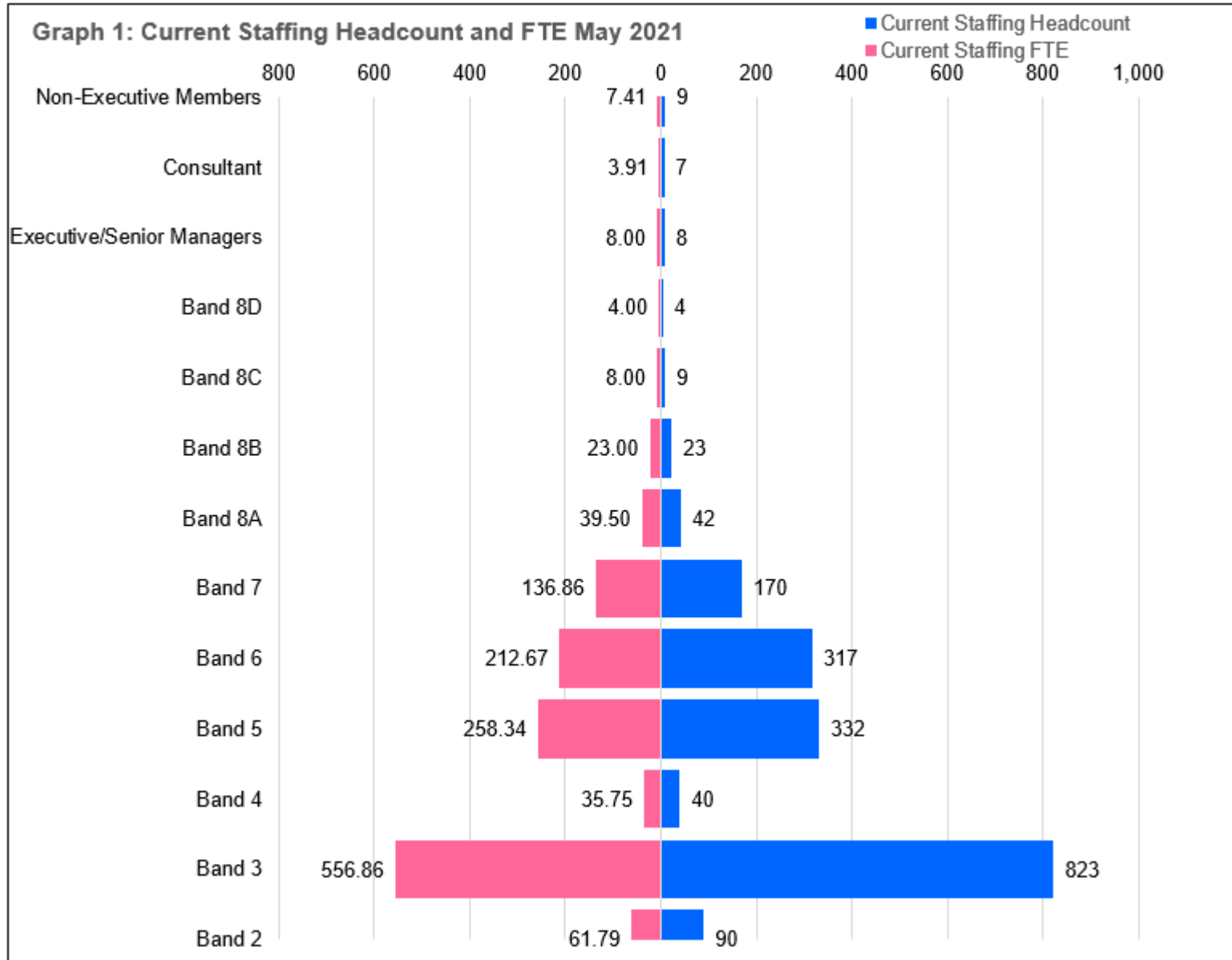
Mental Health Hub, Covid-19 and Redesign of Urgent Care staff have been included within these figures

Total Call Handlers include the call handlers working in the 111 Service and Redesign of Urgent Care

The agreed WTE is an interim figure awaiting final confirmation of 2021/22 budget from finance.

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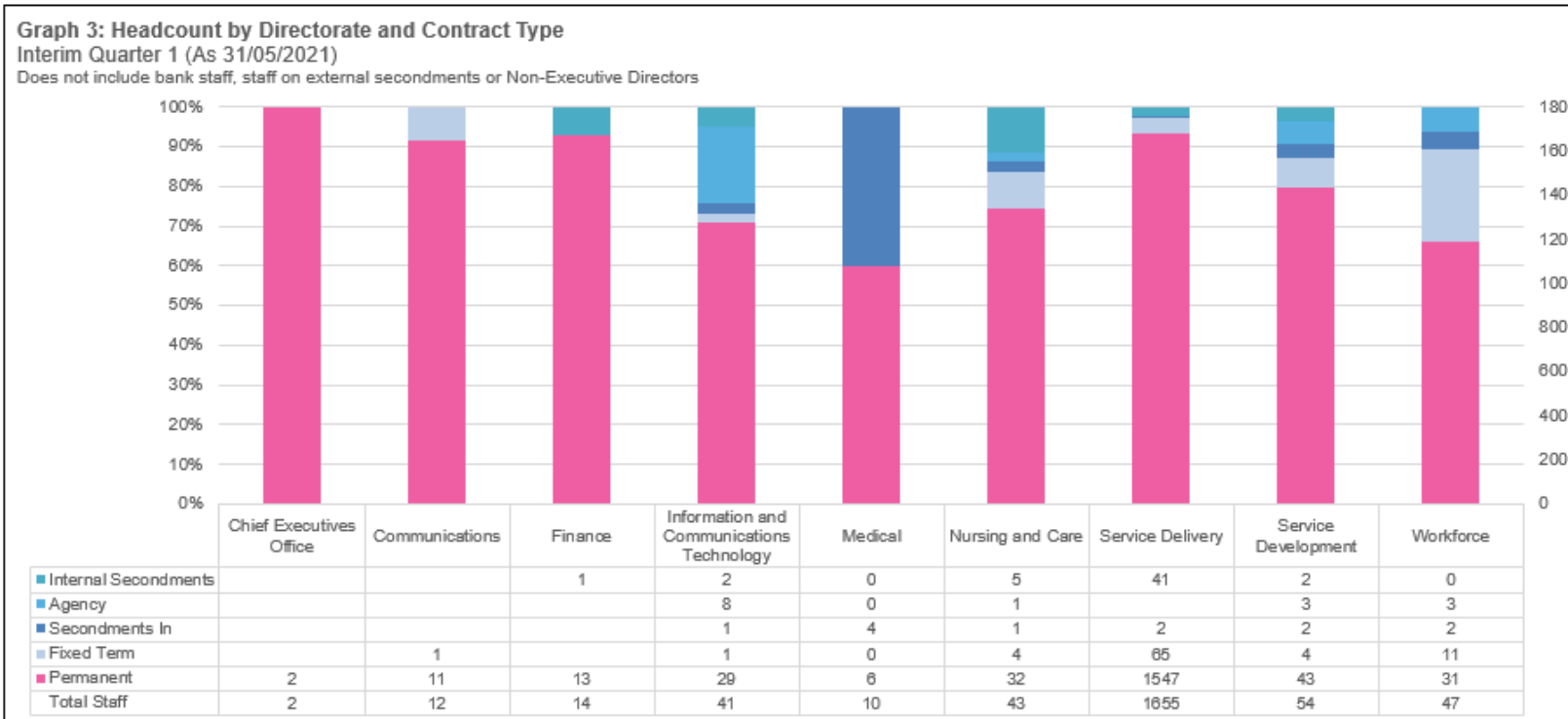
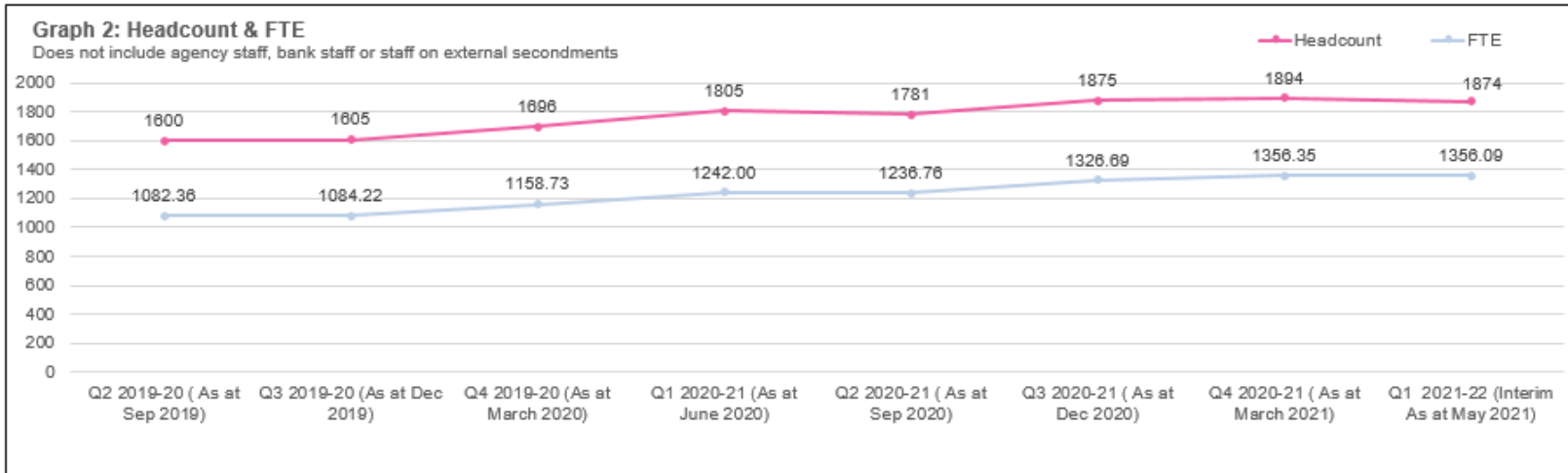
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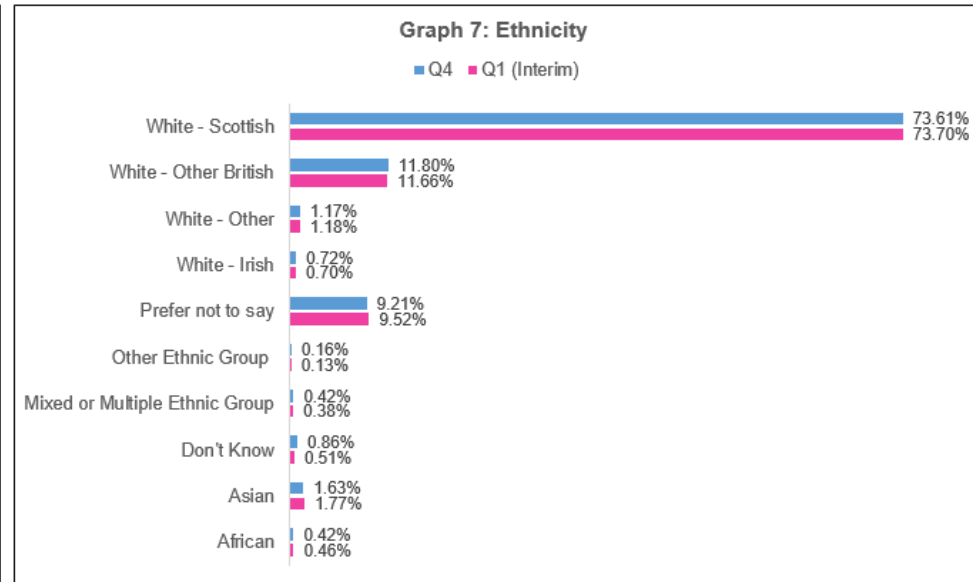
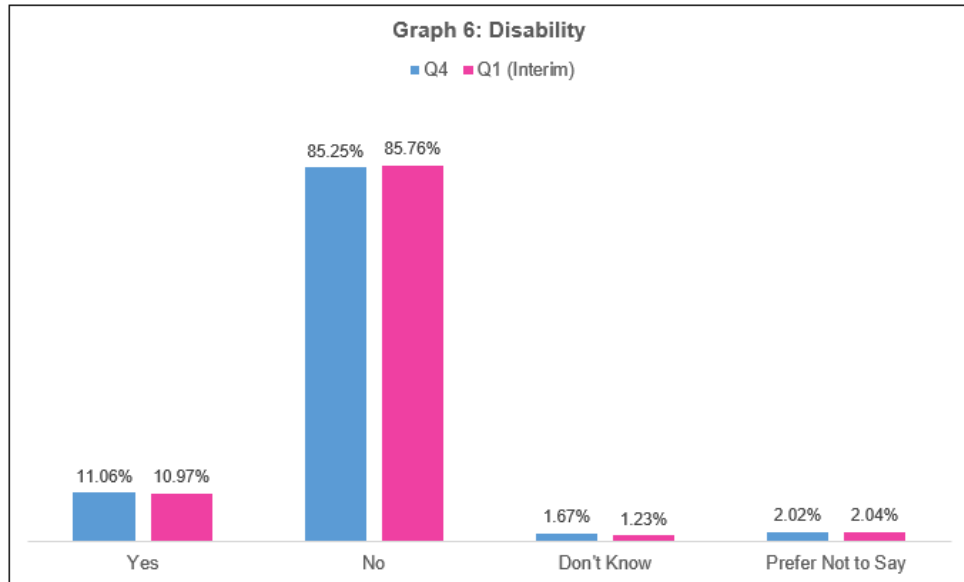
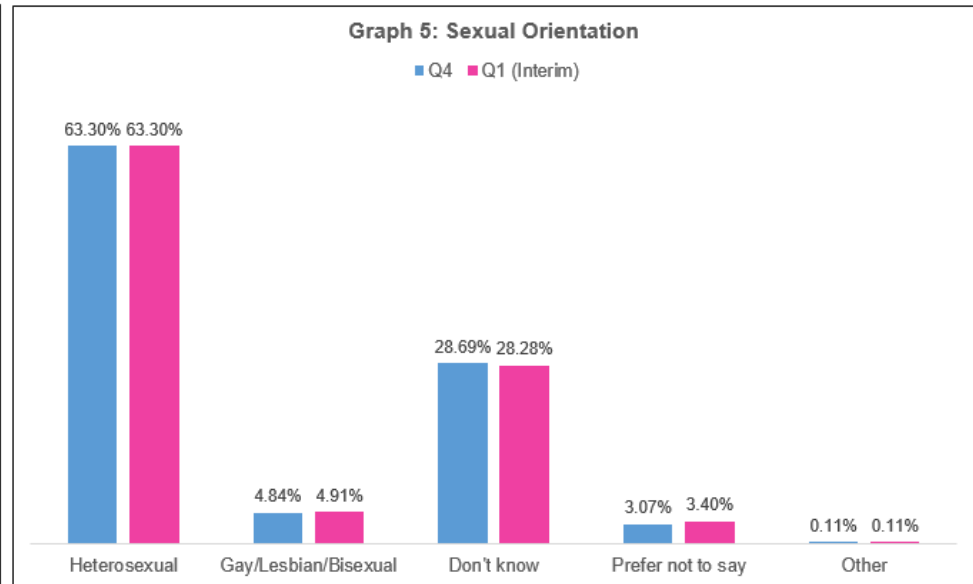
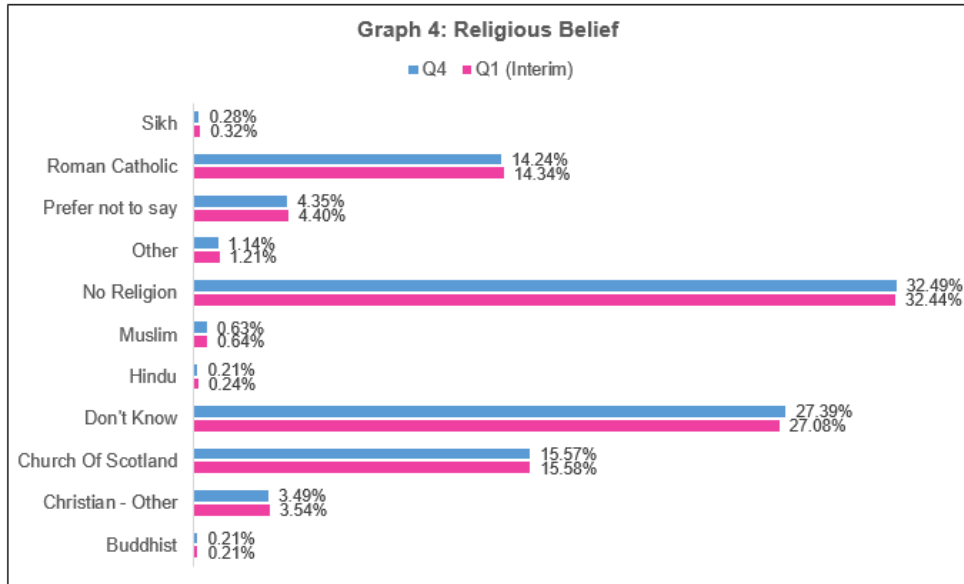
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In the following graphs staff in post figure includes staff on maternity leave. These charts do not include staff on career breaks or on secondment out of NHS 24 (as at 31st May there was 10 staff members an external secondment).

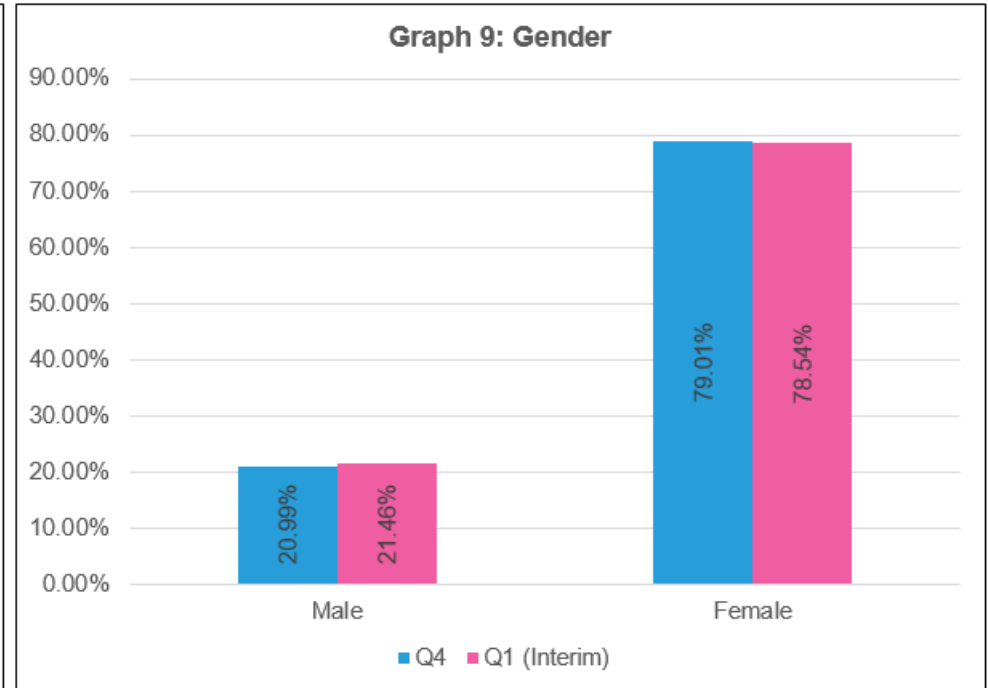
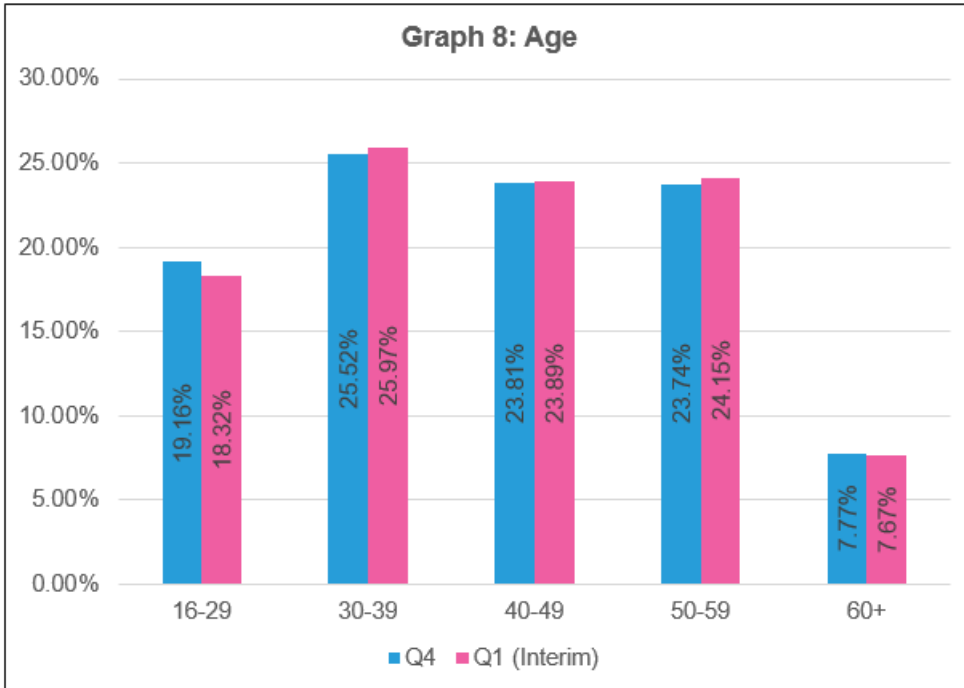
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4.2 Recruitment

HR Business Support (HRBS) continue to support the high volume recruitment of Call Takers and Clinicians for 111/RUC. Interviews for the Call Handler advert posted during March are complete with new hires commencing from late April. Pre-employment checks continue and the remainder of the pipeline will start during June and July. A new CH advert was posted at the end of May with interviews scheduled for the second week in June. Successful candidates are forecasted to be placed on Core Induction from the end July onwards.

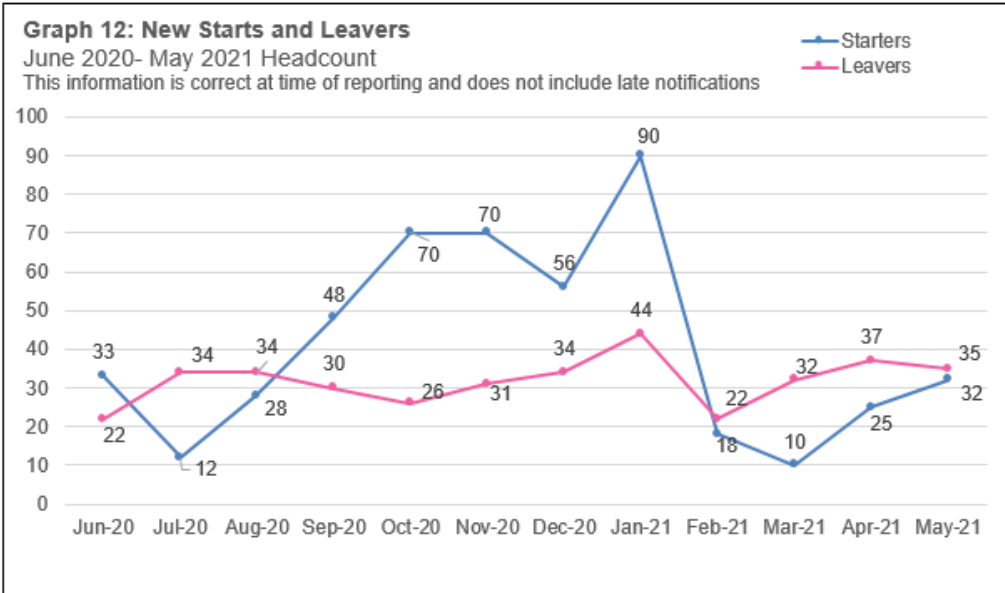
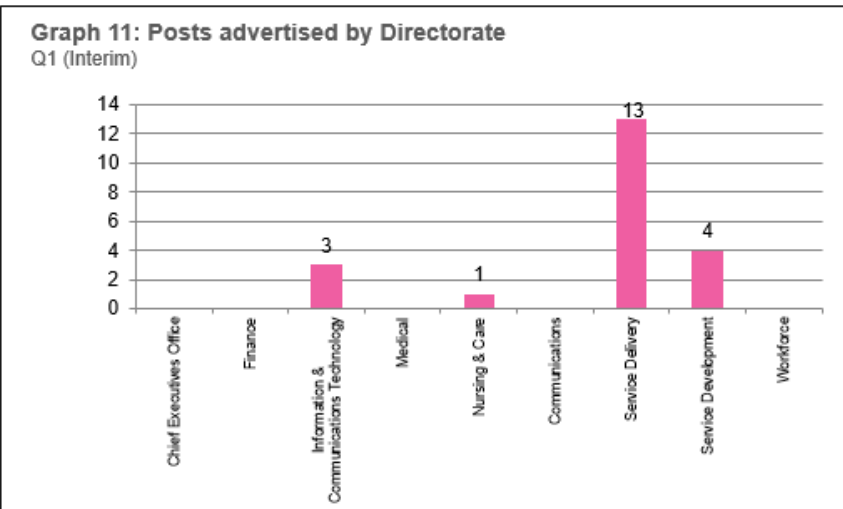
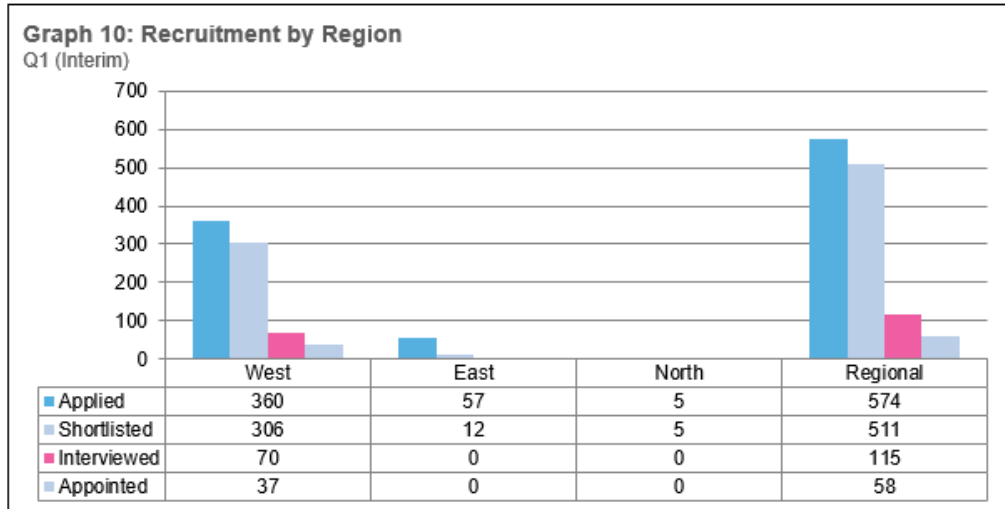
Adverts are live for both Senior Charge Nurses and Team Managers to support the recruitment of additional Call Handlers.

Recruitment for the Mental Health Hub (MHH) continues. Interviews during April and May secured additional external Psychological Wellbeing Practitioners (PWP) as well as most of the existing temporary PWPs successfully securing permanent posts. MHH Core Inductions are scheduled for June, July and August. The Band 6 Nurse Practitioner advert has been re-advertised for staff to work with both NHS 24 and Police Scotland.

Following the ICT re-structure, recruitment has commenced to fill vacant posts.

At the end of May the Director of Strategy, Planning & Performance was confirmed in post.

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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.

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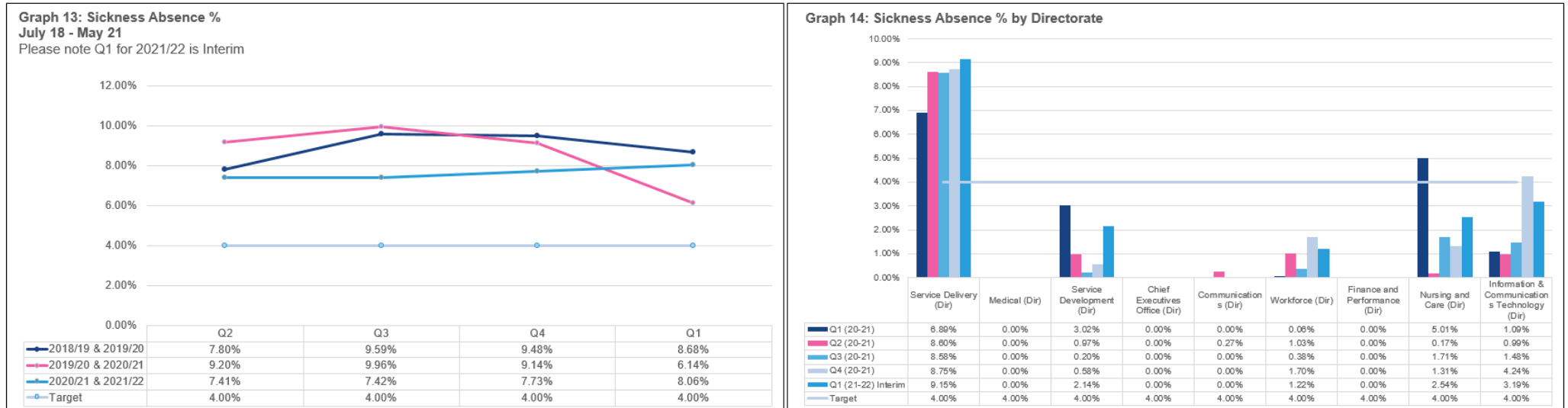
4.3 Vaccinations

81% of NHS 24 staff have now received their 1st dose of the Covid-19 vaccine, with a further 54% of staff having received both doses. 55% of NHS24 staff have registered for a Lateral Flow Device (LFD) testing kit.

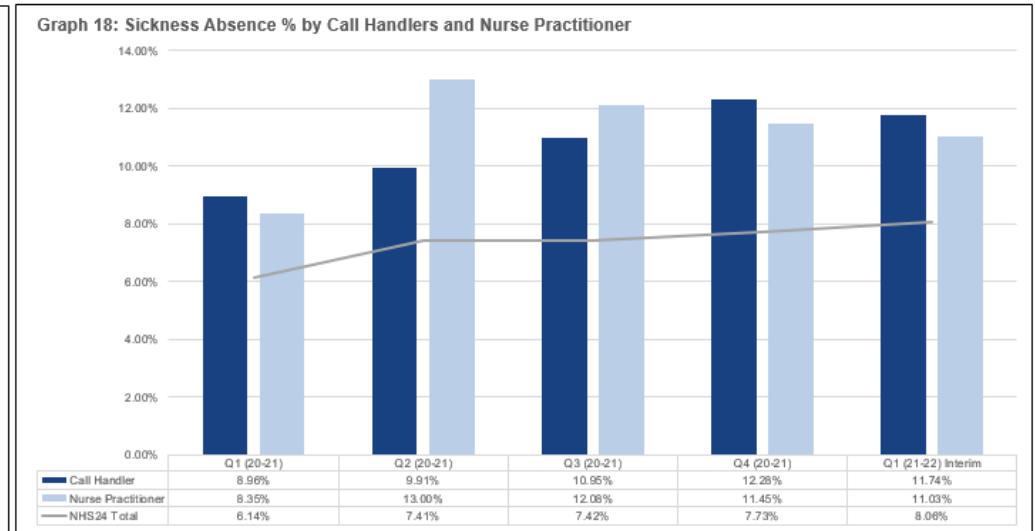
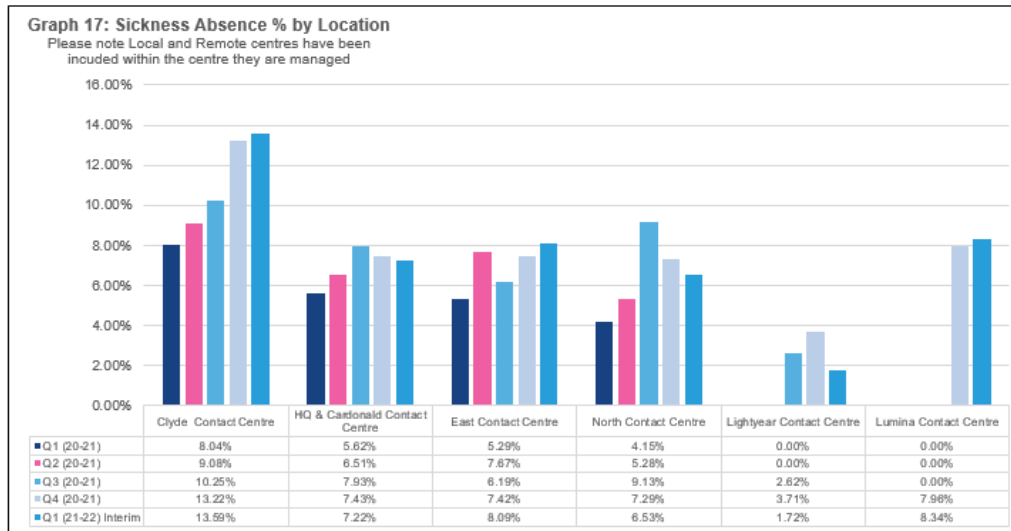
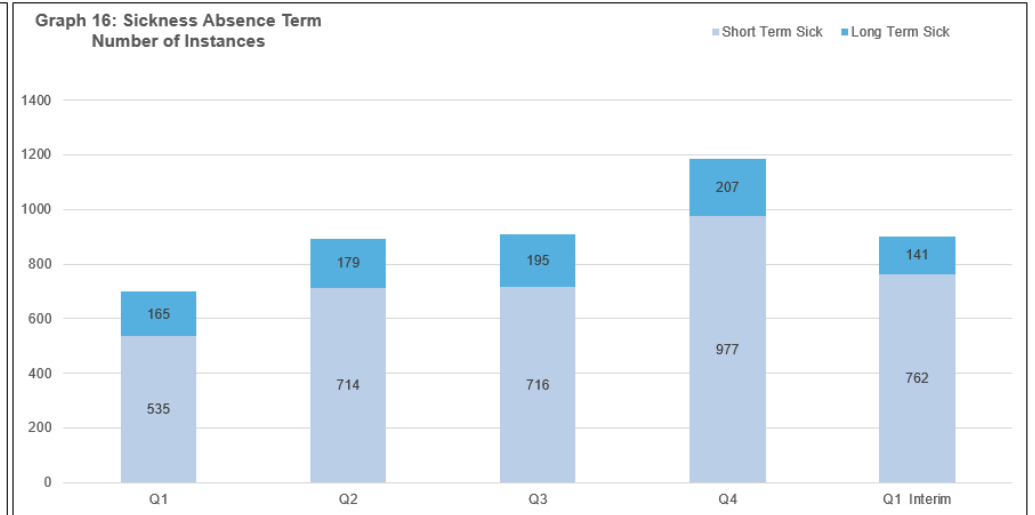
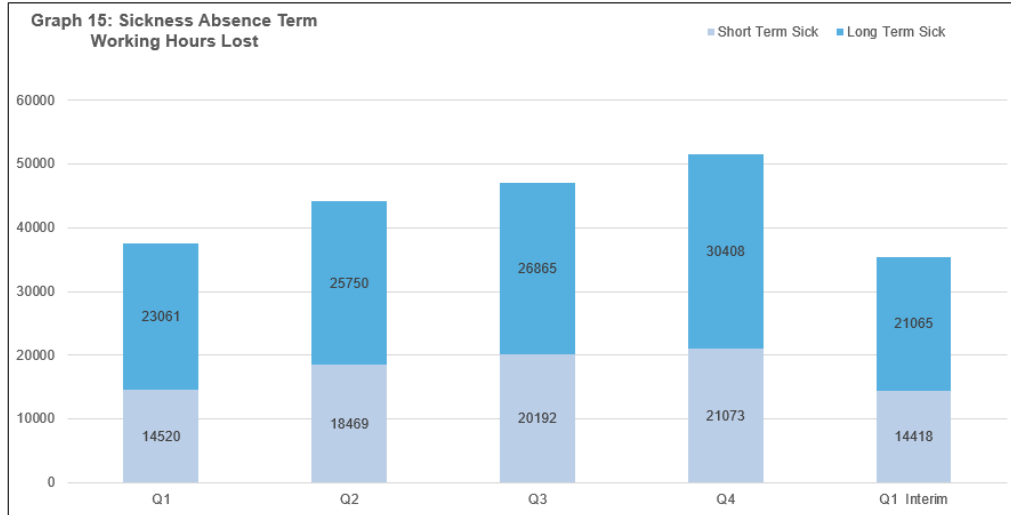
4.4 Absence

Attendance continues to be a cause for concern across all co-horts of our frontline staffing groups. Sickness absence excluding Covid related special leave has risen in April to May from 7.4% to 8.7% with over 15,000 hours lost in the month of April and over 19,000 hours lost in May. Both short time and long term sickness absence rates have increased during May. Covid related absence has reduced during May, with 92 staff currently off with COVID Special leave which is an increase from the beginning of May.

Changes have been made to how absence data is reported to improve data accuracy, as a result there has been some minimal changes in the absence figures reported when broken down which is predominantly due to rounding. However, please note the overall absence figures have not been affected.



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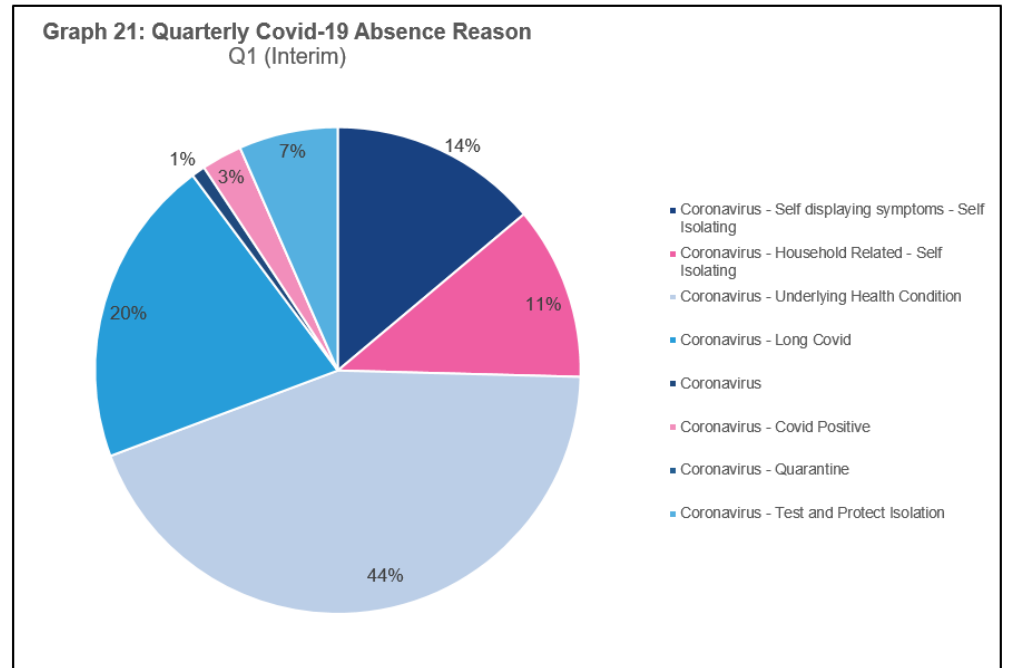
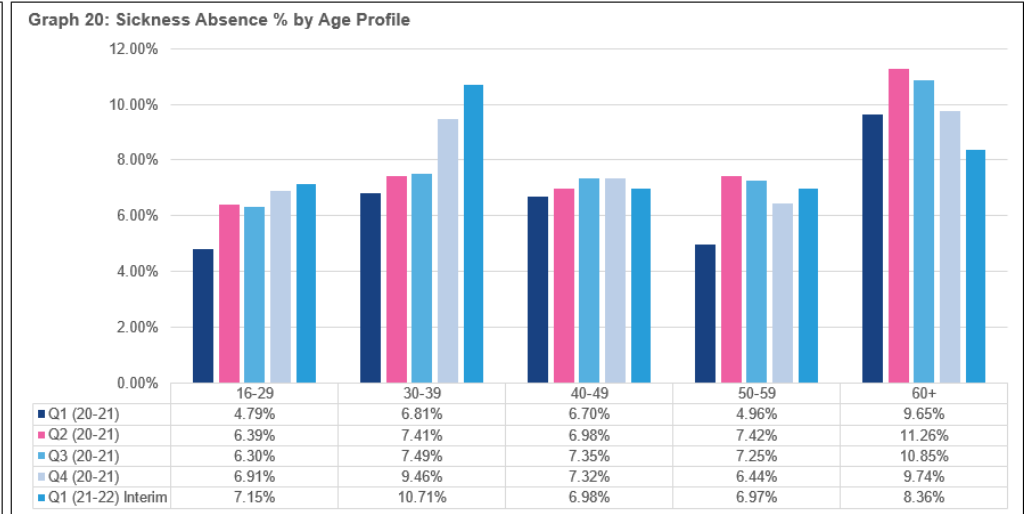
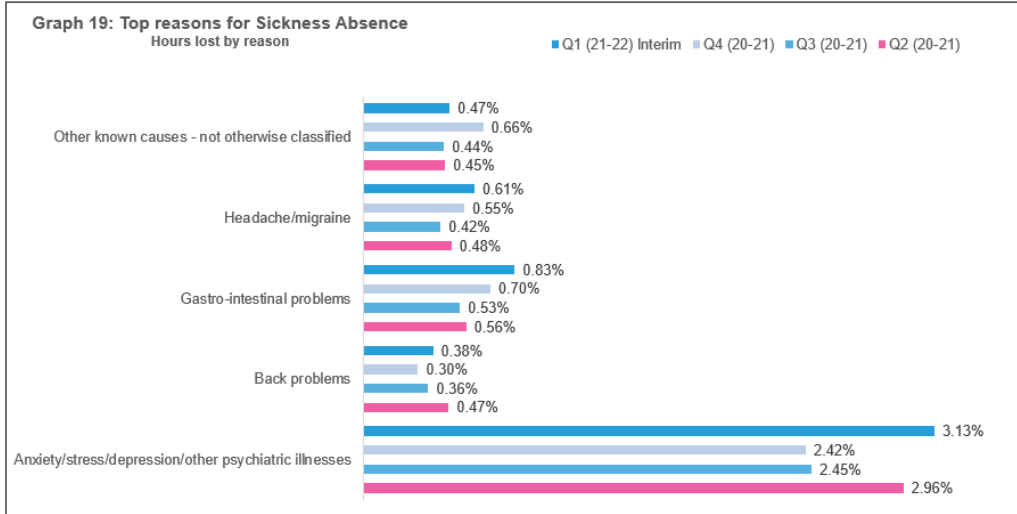


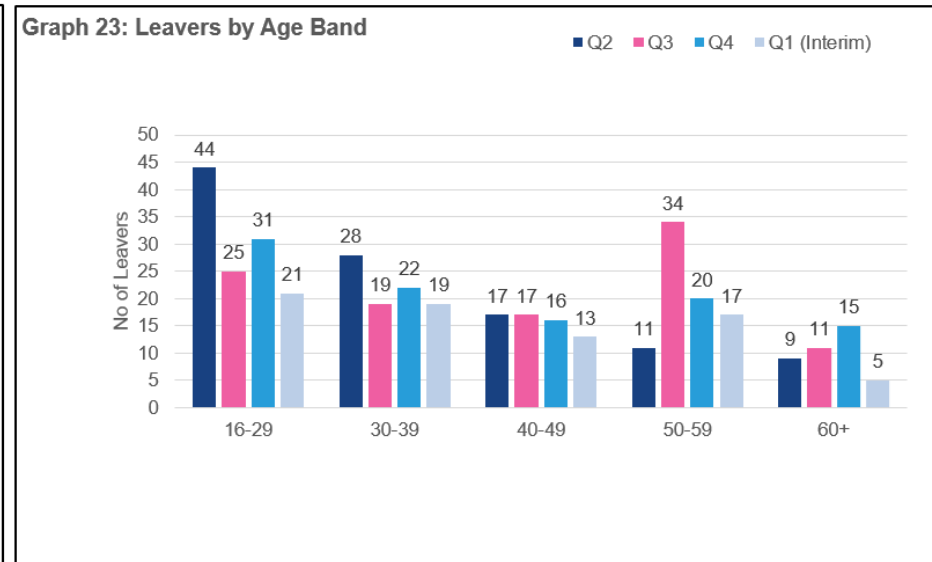
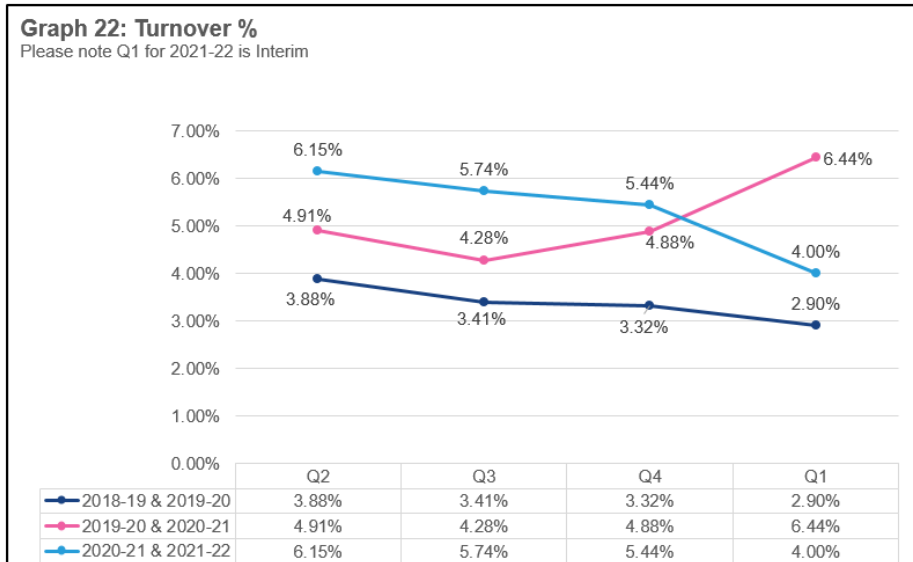
Table 2

	April - May	May
Coronavirus	9	6
Coronavirus - Covid Positive	16	6
Coronavirus - Household Related - Self Isolating	145	99
Coronavirus - Long Covid	36	15
Coronavirus - Self displaying symptoms - Self Isolating	167	93
Coronavirus - Underlying Health Condition	82	8
Coronavirus - Test and Protect Isolation	40	12
Coronavirus - Quarantine	0	0
Total	495	239

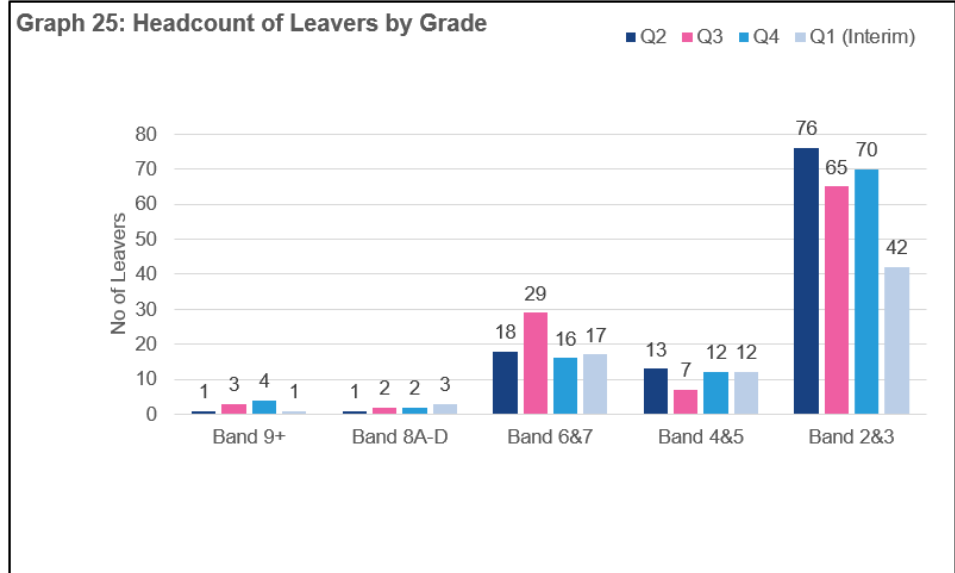
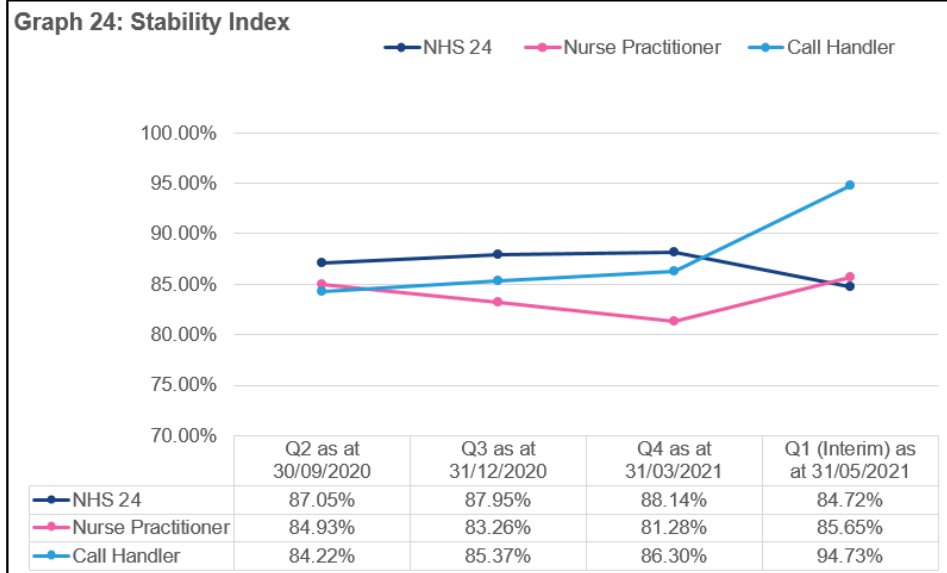
4.5 Turnover

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 Q4 (50%) and Q1 (Interim) (30.67%).

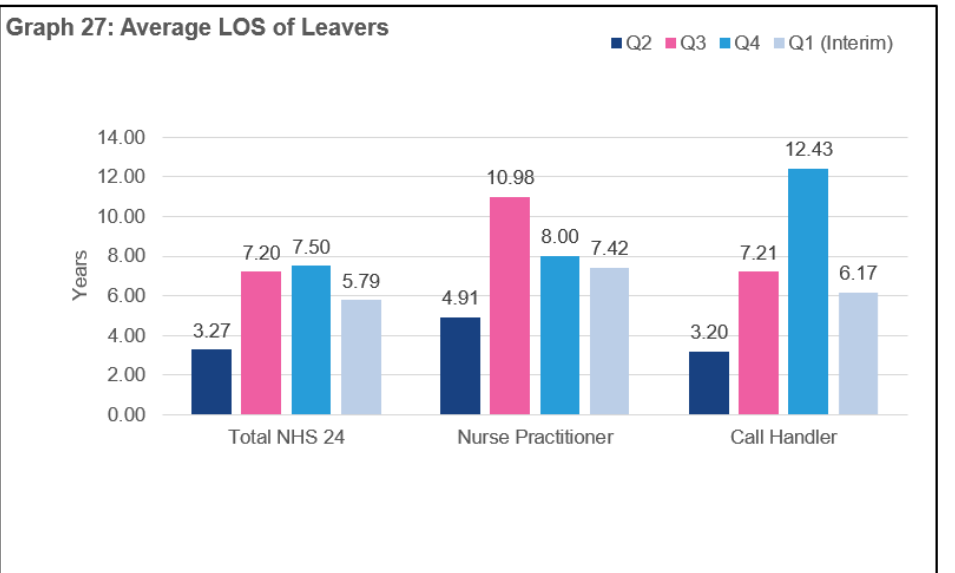
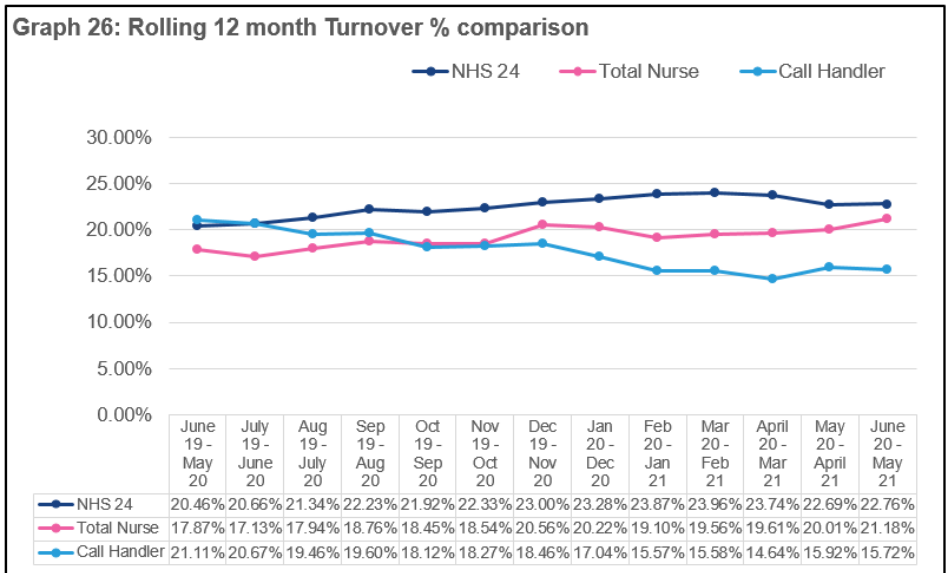
Excluding the temporary staff the highest number of leavers in Q1 were from the Call Handler (26 leavers), Nurse Practitioner (7 leavers), and Non-Frontline (6 leavers) cohort.



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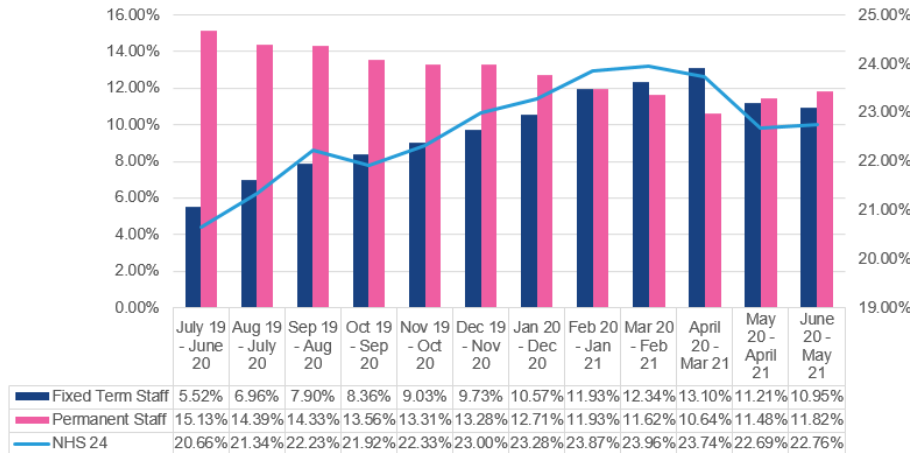


Note:
The stability index formula is the number of employees at period end with one year's service or more/number of employees in post one year ago.

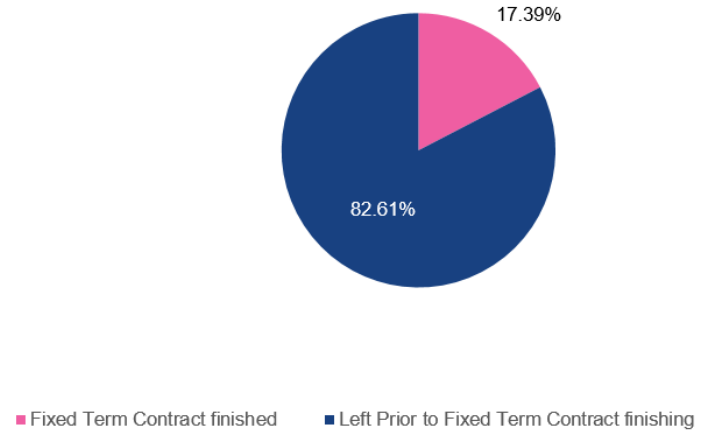


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Graph 28: Rolling Turnover % by Fixed Term and Permanent Staff

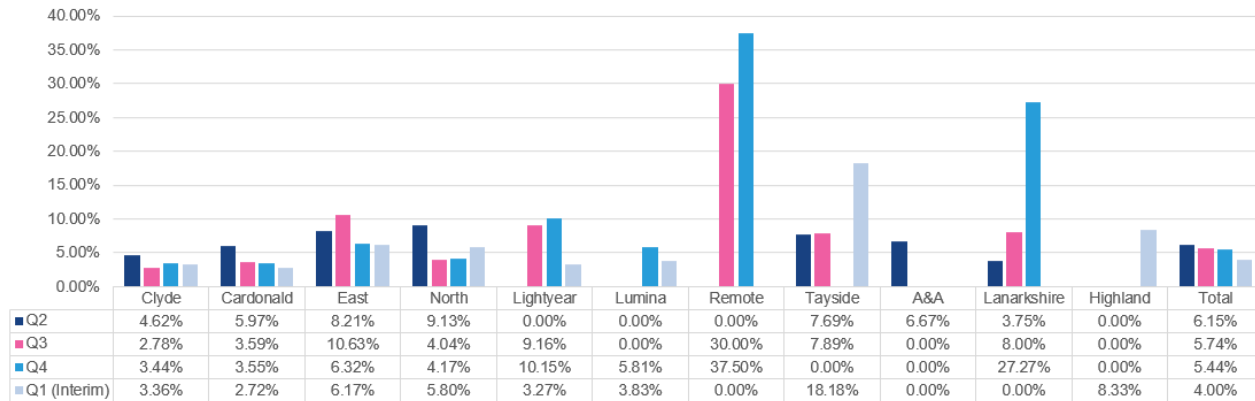


Graph 29: Breakdown of Fixed Term Contracts leaving Reasons Quarter 1 (Interim)



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.

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Table 3:	
Leaving Reason	Number of Employees
Dismissal	4
End of FTC	4
New Employment with NHS Scotland	26
Retirement - Age	1
Vol. Resignation - Other	21
Retirement Other	4
Other	15
Total	75

Table 4:	
Transferred to another NHS 24 post.	Number of Employees
Original Post	
Call Handler	1
Call Operator	48
Health Information Advisor	1
Health Information Operator	2
Mental Health Nurse Practitioner	1
Nurse Practitioner	3
Senior Charge Nurse	1
Team Manager	2
Training Advisor	1
Total	60

4.5 Employee Relations

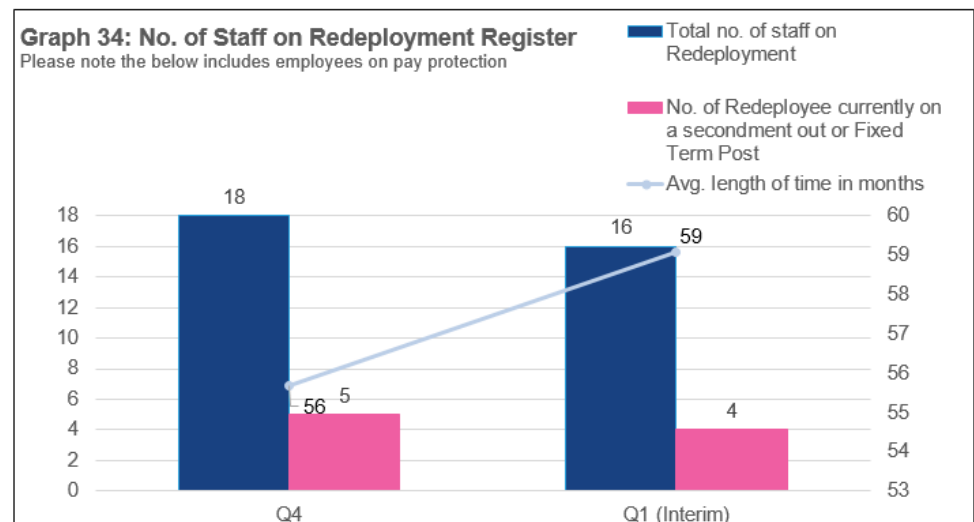
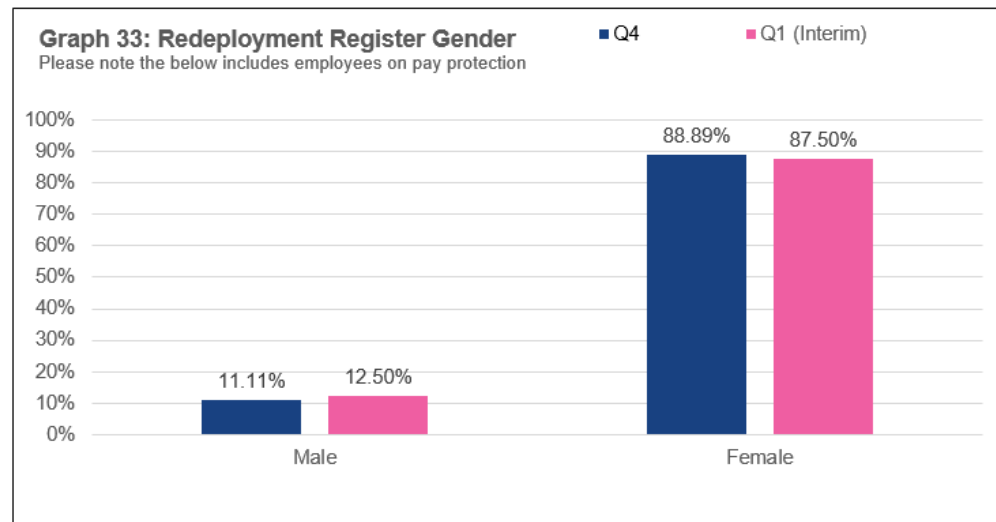
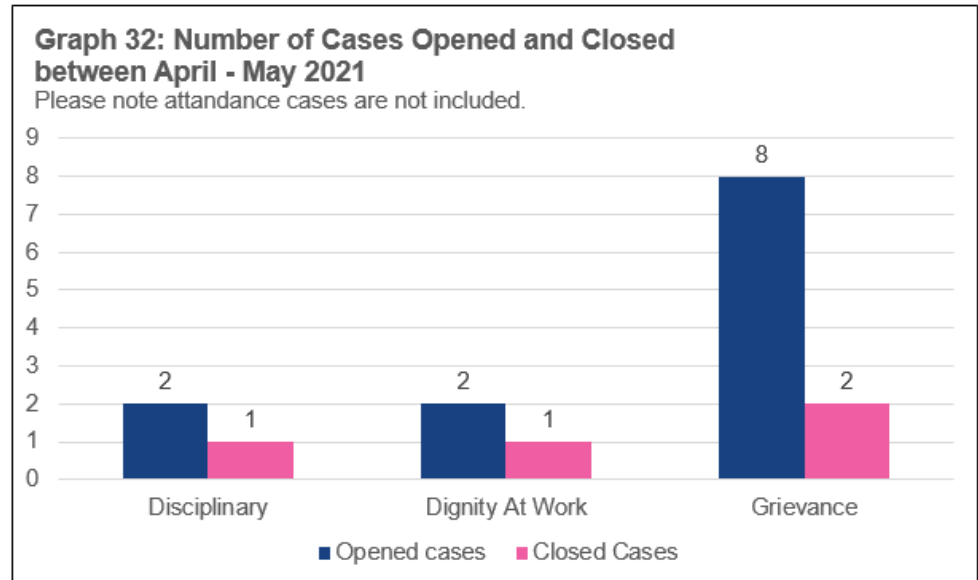
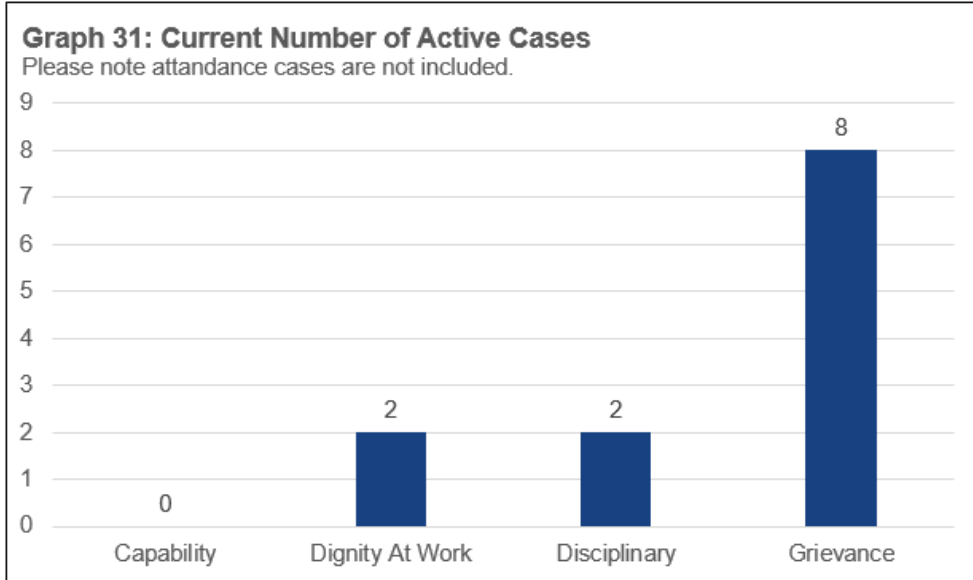
The Employee Relations Team continue to support line managers on the application of the new Attendance Management policy and at the time of writing 88% of managers have completed the e-learning module. Levelling sessions and support for line managers continues to be provided.

The Wellbeing Team Managers are now in place in the East and West Centres, this initiative will be in place until March 2022. These managers will support line managers to ensure a consistent approach in attendance management within the centres. The ER Team have been working with the Wellbeing Team Managers to develop KPI's for this work. A dashboard for managers, focusing on a Head of Clinical Services dashboard in the first instance, is also being developed by the Workforce Planning Team.

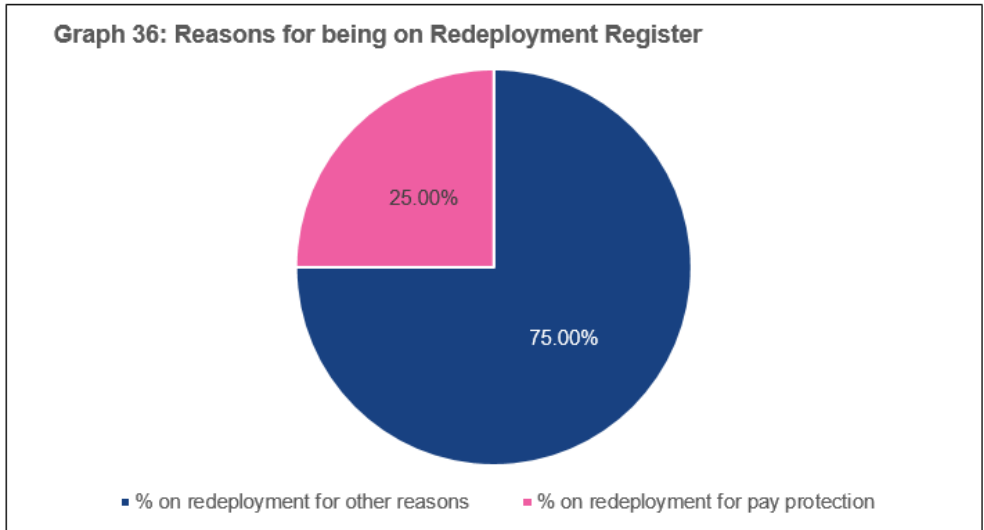
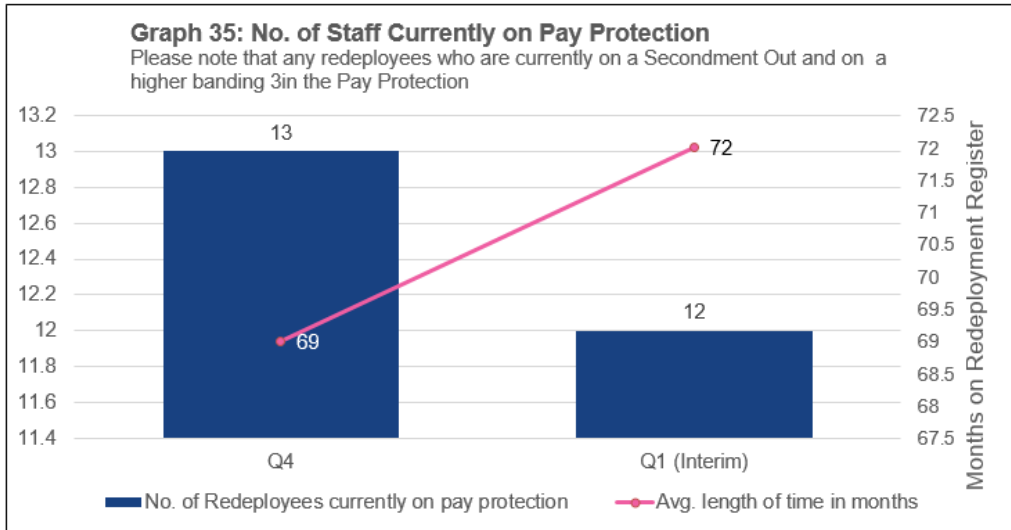
The Attendance Management Improvement Plan is also progressing and regular updates are given to relevant committees on this piece of work.

A representative from Scottish Government has also been looking at NHS 24 attendance management processes and will report back on this issue to the Workforce Director.

In respect of case management The Employee Relations continue to 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 trend that explains the increase, case type and reason vary. The team continue to progress cases in line with policy and in reasonable timeframes.



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4.6 Statutory and Mandatory/ Essential Training

Statutory and Mandatory Training.

Work has commenced to review NHS 24’s existing arrangements for statutory and mandatory training, in order to offer assurance and to improve compliance in this area. Key activities identified on the improvement plan include clarifying the mandatory training requirements for all staff and for specific roles and actively communicating these to the organisation, providing regular reminders for staff, as well as reviewing module content through robust evaluation practices to help ensure a positive learning experience. These will be supplemented by refined reporting processes. This work, led by Associate Director of Nursing Andrew Moore, and involving Helen Meldrum, Head of OD and trade union representation, has now commenced and regular updates will be provided.

Table 5 <i>% of all NHS 24 staff who are compliant with the requirement to complete the mandatory modules below every 2 years, as at June 2nd 2021</i>	Compliant	Non-compliant
Health and Safety Awareness	70%	30%
Fire Safety	73%	27%
Office Ergonomics	70%	30%
Safe Information Handling	46%	54%
Stay Safe Online	8%	92%

Essential eLearning modules

Table 6 <i>% of all NHS 24 staff who are compliant with the requirement to complete essential modules, as at June 2nd 2021</i>	Compliant	Non-compliant
Mental Health Improvement and Suicide Prevention	27%	73%
Public Protection	55%	45%
Whistleblowing - all staff	45%	55%
Whistleblowing - all managers	39%	61%
Attendance Management - all managers	88%	12%

Essential Clinical Modules

Table 7 <i>% of staff who have completed required annual clinical modules for their skillset, as at June 2nd 2021</i>	Public Protection	Mental Health Awareness	Acute Coronary Syndrome	Meningitis	Recognition of Acutely Ill Adult	Recognition of Acutely Ill Child	All modules
Nurse Practitioners	66%	63%	54%	64%	73%	56%	30%
Call Handlers	68%	54%					45%

4.7 Appraisal

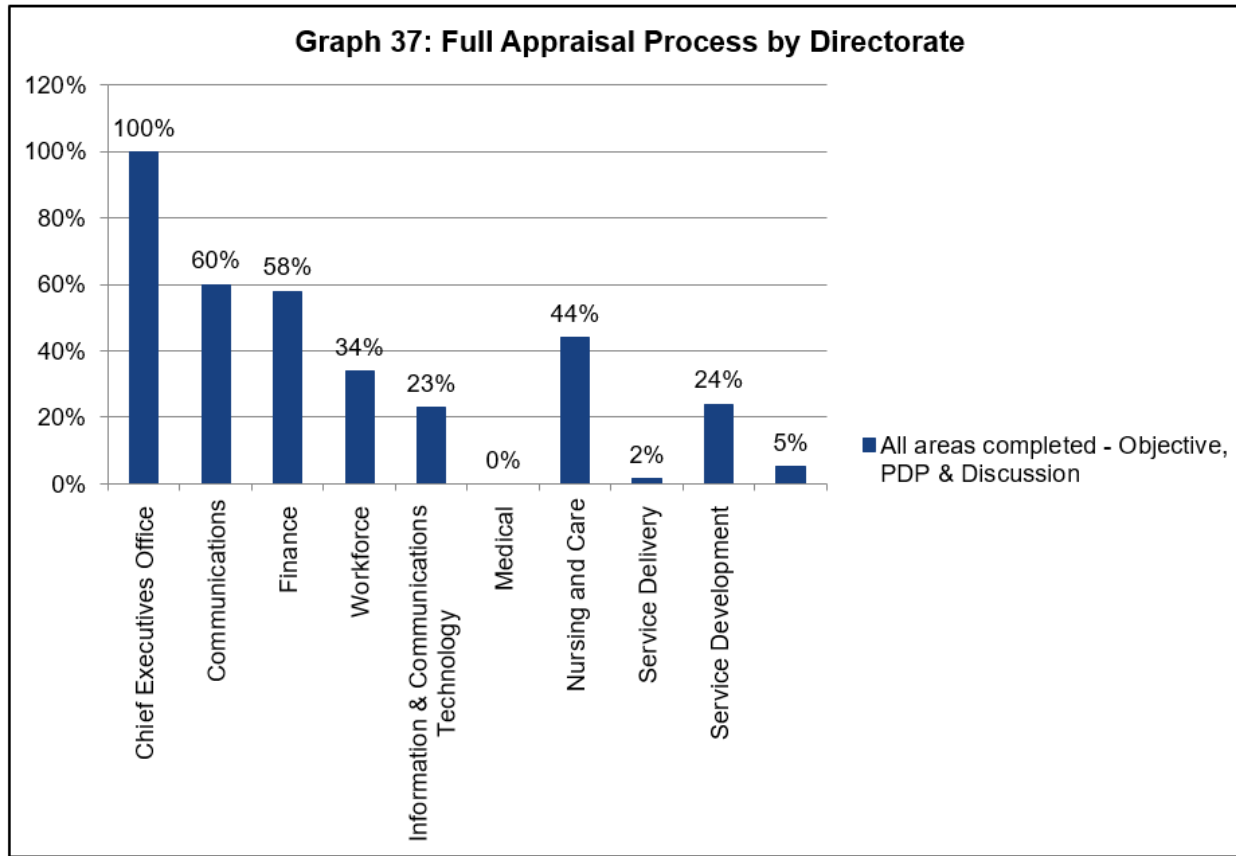
Training sessions on Effective Appraisal have been running weekly since January 2021. Resources have been developed and shared with all line managers, with a dedicated resource page available on Turas Learn.

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 May 2021</i>	Objectives Only	PDP Only	Discussion Only	All areas completed - Objective, PDP & Discussion
		12%	8%	18%

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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%	90%	60%
Finance	58%	67%	58%	58%
Workforce	47%	38%	56%	34%
Information & Communications Technology	54%	32%	71%	23%
Medical	25%	0%	0%	0%
Nursing and Care	53%	56%	64%	44%
Service Delivery	8%	4%	13%	2%
Service Development	48%	36%	74%	24%



4.8 Everyone Matters Pulse Survey

NHS 24 iMatter Sub-Reporting Levels were submitted to the Scottish Government on 21 May 2021. Previously, reports were provided at team, Directorate and Board level. This year, reporting is expected for all managers of managers. The sub-reporting levels will receive a report which displays the aggregated Employee Engagement Index (EEI) and Response Rate for their area of responsibility, as well as the EEI and Response Rates for every team that ultimately reports into them, in the same way the Directors do currently. This provides greater dispersed accountability and oversight on iMatter Key Performance Indicators, and the ability to identify where support is required for individual teams.

The NHS 24 iMatter Cycle for 2021 has been updated to reflect a reduction in the action planning phase from twelve weeks to eight weeks. Sub-reporting levels have been made available to all managers of managers within NHS Scotland. Options for the approach to implementation in NHS 24 will be presented in a paper to the Executive Management Team on 8 June 2021.

The key dates are as follows:

Team members confirmation: 16/08/21 until 10/09/21

Questionnaire completion: 13/09/21 until 01/10/21

Report received: 05/10/21

Action planning commences: 06/10/21

Deadline for Action Plan submission on Webropol: 01/12/21

4.9 Organisational Development

Organisation Development External Review (Yellow Kite)

A review of learning and organisational development in NHS 24 was conducted in autumn 2020, and the resulting report outlined 8 key recommendations which would help to embed a robust approach to organisational development, leadership and learning. Actions which will help to meet these recommendations are now being progressed by the newly appointed Head of Organisational Development, Leadership and Learning, with progress being made on the development of a Strategy and a Framework which will underpin how this function operates to support organisational priorities.

Benchmarking Exercise

Tying in to the Organisational Development Review, a Benchmarking Exercise has commenced. The purpose is to identify best practice in relation to whole function Organisational Development Leadership and Learning (ODLL) practices and structures. Data gathered will inform the transformation of ODLL within NHS 24, in NHS Scotland. The goal is to strengthen individual, team and organisational performance in order to meet strategic outcomes. The Exercise is in the form of an online Survey, which participants have been asked to complete by 15 June 2021. Participants are from the private and public sector, including NHS Scotland.

Continuing Professional Development

Options for a full suite of non-clinical Continuing Professional Development facilitated virtual micro learning sessions in the form of an annual CPD Calendar are currently being developed. This will be expanded in phases to allow for co-design and collaboration with other public sector bodies, ensuring a comprehensive, holistic and joined up approach is achieved, with the ambition of NHS 24 having an industry leading CPD offering over time.

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.