NHS 24

DEVELOPING OUR STRATEGY & PLAN

# WORKFORCE STRATEGY and Plan


1

2022-2025

NHS 24

# Contents





## Foreword

**I am delighted to present the NHS 24 Workforce Strategy for 2022 to 2025. This strategy sets out an ambitious vision for our future and a route map to its achievement, building on the solid foundations of the last 20 years.**

It is an important milestone as we recover from COVID 19 and NHS 24 cements its place within the health and social care system in Scotland.

Looking back over the last two years, it is clear that the pandemic has had a significant impact on health and social care in Scotland which is likely to continue for years to come. It has led to government and health and social care priorities changing, and with this, new approaches to the way our communities access care. Added to this, there have been advancements in healthcare innovation, the significant growth of digital health technologies and the potential for increased use of artificial intelligence, machine learning and robotics. This context is challenging, but it has renewed our determination to prioritise our work to reduce health inequalities, to work seamlessly across boundaries, to utilise technology to provide our patients with omni channel access to the latest and most effective digital healthcare. I know that to deliver our ambitions our people are the key driver to success. I would like to thank them for all their hard work, dedication, and commitment over the last two years. Particularly how they have stepped up to develop new services, took on new roles and responded to the pressures of moving to a 24/7 service.

Looking forward to 2025 it is important that we create an organisation that is flexible and has the agility to respond effectively to new challenges and opportunities. I believe that the publication of our three-year strategy provides a clear path to ensuring our organisation is responsive, our culture is inclusive, our people feel valued and engaged and are equipped with the right skills to deliver the best digitally enabled care in Scotland 24/7.

I look forward to working with our colleagues across NHS 24, our trade unions, and our external partners to deliver this strategy.

With thanks and best wishes.

Chief Executive

# Developing our three year plan

To help us deliver the ambitions of our strategy, we have developed a three year plan. Our plan has been developed as outlined in the National Health and Social Care Workforce Strategy Three Year Workforce Plan Guidance. The underpinning workforce planning framework used is the 'six step methodology to Integrated Workforce Planning'[1].

Our strategy and plan, when taken together describe:

- the overall 'direction of travel' for the workforce
- the context and drivers for change
- the type and level of changes required
- the new roles and skills requiring investment
- the new ways of working, including with our colleagues and partners
- the workforce risks and development needs, and
- key actions to implement change


[1] *six-steps - skillsforhealth.org.uk*

## NHS 24 Statement of Strategic Intent

NHS 24's current organisational strategy covers 2017-2022. While work to refresh that strategy progressed in 2021, this continued to be impacted by the global pandemic coupled with evolving service changes.

In the interim, a Strategic Intent Statement 2022/23 has been developed that sets out our high level ambitions as we progress the development of a new organisational strategy.

While it is important that NHS 24, as with the wider health and social care system, takes time to consolidate and clarify immediate emergent needs and priorities, it is also imperative to start the process of planning beyond recovery and renewal. This is the purpose of this Strategic Intent.



To begin describing NHS 24's future ambitions and to provide a foundation for the new strategy. It is based on intelligence and insight that was gathered from policy review and extensive engagement.

This has been further refined via feedback and distilled to the presented overarching and supporting statements.

# Drivers for Change

## Population demographics

Although it is difficult to predict the full range of factors that will influence the delivery of NHS 24's services across the next three years, this section aims to assess the drivers for change, the likely impact of known changes on the organisation and the external environment and therefore by extension on our workforce.

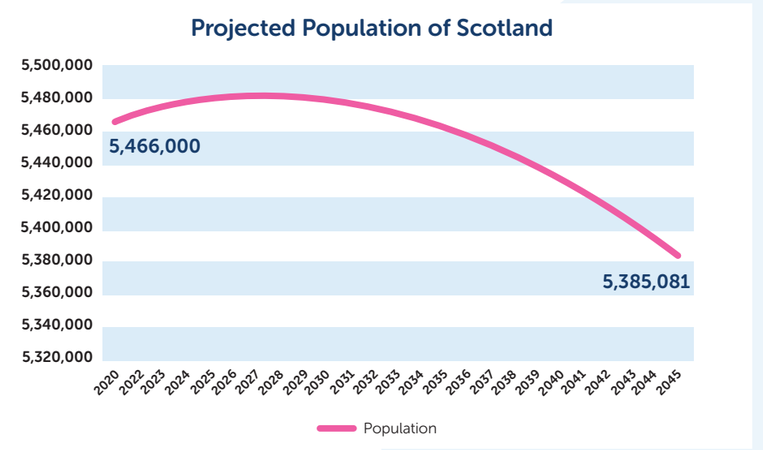
## Factors influencing the workforce

Demographic change is one of the most significant issues that will impact NHS 24 and its workforce. There is an urgent need to reshape the health and social care workforce to equip it to meet the changing demand from the population it serves. In addition, competitive labour market forces will require NHS 24 to be innovative, flexible and agile in its approach to workforce issues.

Population indicators are key in determining NHS 24's service profile. By better understanding the profile of the population of Scotland and how they access services, we can more efficiently design and deliver effective patient care.

International research demonstrates the need to develop population led, needs-based, workforce planning which uses an epidemiological and population distribution evidence base.

The population of Scotland is estimated at approximately 5,470,824 according to the National Records of Scotland (NRS) Projected population of Scotland (2020-based). This is projected to decrease by 1.5% by 2045 based on past trends and labelled as interim due to more uncertainty in the mid-2020 base year, and in setting long-term demographic assumptions following the coronavirus (COVID-19) pandemic.



The age composition of a population is one of the most important aspects of population demographics as those of varying age will have different socio-economic impacts for Scotland.

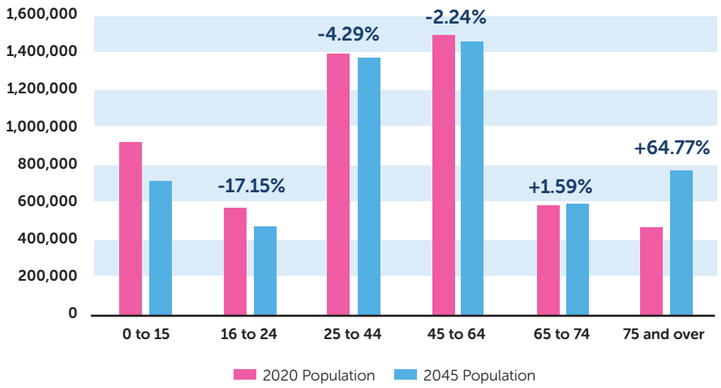
Scotland is now home to approximately 400,000 more people than in the 1990s. But this change has not been the same across age groups. Over that time, the number of children has reduced by about a tenth. In contrast, the number of people aged 65+ has grown by over a third.

All 32 Scottish local authority areas have seen an increase in their population aged 65+ in the last decade. This includes areas where the total population fell. It is anticipated that the population of Scotland is likely to continue ageing for some decades.

Changes in projected population will impact on service demand and will inform workforce capacity and capability for the future. The increase in the population size of Scotland coupled with the change in age profile, shown below further illustrates the potential challenges on health and social care services.

> We are living longer. People aged 65+ now outnumber people under 16. We need to understand how our population is ageing so we can prepare for it. For example, the number of people dying from Dementia and Alzheimer's disease has roughly tripled in the last 20 years. These changes will put greater demand on health and social care services."[2]

**The projected changing age structure of Scotland's population 2020-2045**




Health and social care in Scotland are shifting away from hospital and residential care towards community-based services supporting people to live in their own homes, where possible.

With an increasingly aged population this brings with it a complexity of health and social care needs in the longer term e.g., mental health problems, obesity, dementia, coronary, diabetes and other long-term conditions.

NHS 24 recognises that people's health and wellbeing, as well as inequalities in health and wellbeing, are shaped by a range of 'wider determinants of health'. Ensuring that the public have access to information, advice and support in relation to these wider determinants, such as income maximisation; housing and employment is important for improving health outcomes and reducing health inequalities.

*[2] Beth Watson, Statistician, Population and Migration Statistics, National Records of Scotland, Scotland's Population 2020 The Registrar General's Annual Review of Demographic Trends*



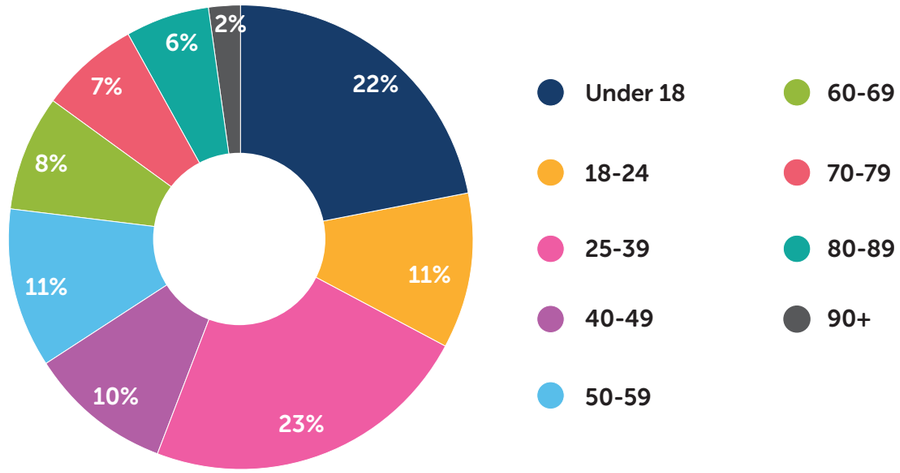
Our approach is aimed at supporting the people of Scotland to self-manage health and care needs for themselves and those that they care for, particularly for the increasing population with one or more long-term conditions, e.g., Diabetes.

While we know many over 60s are more likely to contact their GP in the first instance, calls to the 111 service from this age group in 2021/22 accounted for approximately 23.17% of calls to the service (see figure), which is the second highest proportion of calls, behind 25–39-year-olds (23.23%).

The predicted increases in life expectancy are likely to have a continuing impact on the number and complex types of calls received by the service.

NHS 24 will seek to further analyse the call trends post COVID alongside the anticipated population changes to establish the impact this may have on the service moving forward.

**NHS 24 Clinical Call Trend by age group**

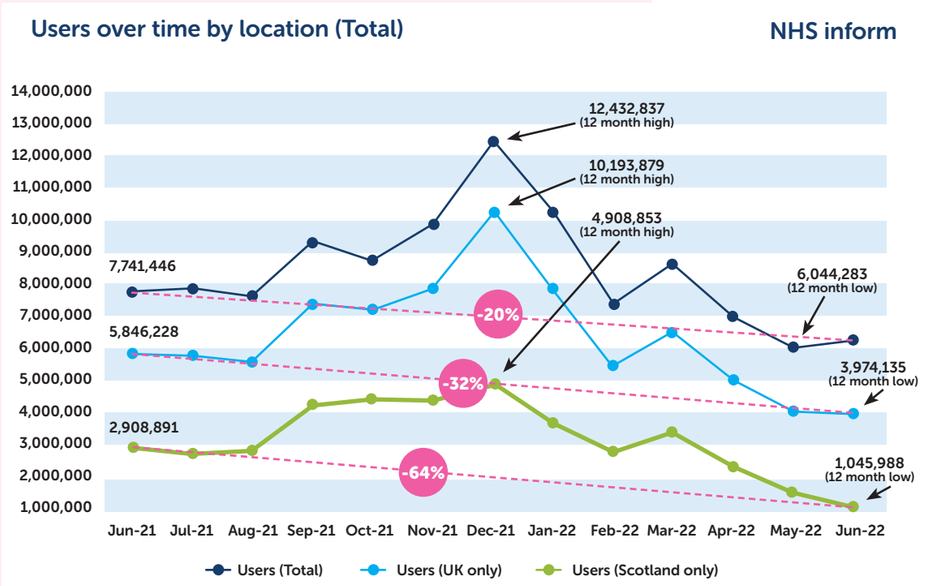



The most digitally enabled age groups call the service the most often 25-39 (23%) which is followed by under 18 (22%). The under 10s and over 71 age ranges have all seen lower call volumes since pre-pandemic, whereas the 31 to 40 age range experienced the largest increase in records, 2 percentage points since pre pandemic which has maintained since 2020.

Since its launch, NHS 24 has evolved from being a purely telephony-based service to increasingly adopting omni channel services to deliver virtual, digital-first health and care services.

NHS inform drew significant national attention due to the pandemic, with the number of people visiting the site in search of COVID-19 related content increasing from approximately 4.5 million hits to 8.6 million hits in March 2022. We will continue to monitor this as NHS Scotland continues to recover from the COVID pandemic and use the learning to feed into its future developments.

With the expected growth of an aged population in Scotland coupled with reductions in the number of people of working age, NHS 24 needs to consider how this might affect the workforce including the management of an ageing workforce and changes to national legislation surrounding pensions. We will need to develop new roles, new ways of working and new recruitment and retention strategies to avoid a significant loss of staff in the next 5 to 10 years.




# National Policy Drivers

## National Care Service

The proposed establishment of a National Care Service (NCS) will begin to take shape over the lifespan of this workforce plan as the consultation ends and the legislation begins to go through the parliamentary process in summer 2022. At this point it is not clear what the workforce implications will be so we will keep this under review and update our plans accordingly.

## NHS Recovery Plan 2021-2026

In response to the pandemic the Scottish Government's NHS Recovery Plan 2021-2026[1] sets out a five year plan to address the backlog in care and meet ongoing healthcare needs for people across Scotland. Although recovery is the immediate task, this Plan is fundamentally about ensuring that the process of recovery also delivers long term sustainability. Service re-design and the creation of additional capacity are central to this plan including the next phase of the redesign of urgent care programme - clinical pathways for primary care (including pharmacy first, dentistry and optometry) and mental health, which will expand and develop NHS 24 services further.

It will be important that linkages are made with the NHS Recovery Plan and that workforce implications of actions in this document are aligned to these, where relevant. NHS 24 must consider the future direction for the organisation and the role it will play as part of the recovery of the NHS in Scotland over the next three years and beyond.

To support the delivery of the NHS Recovery Plan the Scottish Government has recently published a refreshed Digital health and care strategy (2021)[3] which contains key actions that are relevant to NHS 24.

[3] *Digital health and care strategy - gov.scot (www.gov.scot)*



## Digital health and care strategy (2021)

> To improve the care and wellbeing of people in Scotland by making best use of digital technologies in the design and delivery of services.

A key element of this strategy is the development of a 'digital front door' and the appropriate deployment of digital technology to deliver care. Ongoing clinical input into developments within NHS inform will be essential along with developments in digital triage and other digital interactive technologies (including video consultation and e-prescribing/dispensing). Core to the future success of these developments will be user involvement in service design, the exploration of new roles to support development and enhancing the digital skills and confidence of the NHS 24 workforce. There is also an opportunity for NHS 24 to provide clinical leadership in this space.

## National Health and Social Care Workforce Strategy

The publication of the 'Health and social care: national workforce strategy[4]' in March 2022 provides additional context on the national direction of travel for the health and social care workforce. This aims to support the ambition of recovery, growth and transformation of the workforce and highlights the actions we will need to take to achieve our vision and ambition. It also sets out the changing demands on health and social care and our workforce. The workforce vision of 'a sustainable, skilled workforce with attractive career choices and fair work where all are respected and valued for the work they do' focuses on the five pillars of the workforce journey - Plan, Attract, Train, Employ and Nurture.

### Health and Care (Staffing) (Scotland) Act 2019

The Health and Care (Staffing) (Scotland) Act 2019 was passed in the summer of 2019[5]. This legislation is the first in the UK to set out requirements for safe staffing across both health and social care services. It is a key element to remobilising the NHS safely and ensuring that Scotland's care homes can safely deliver care to residents.

The implementation has been delayed by the pandemic; however, Scottish Government has now published a timetable for implementation which sets out a 21-month programme of work which will see the Act come into force from April 2024. The Health and Care (Staffing) (Scotland) Act and Excellence in Care strives to drive improvements and assurances in nursing and midwifery. At the heart of this work is the premise that staff are our most important asset, and their health and wellbeing is of paramount importance.

Effective implementation of the Health and Care (Staffing) (Scotland) Act 2019 will:

- Provide assurance that staffing is appropriate to support high quality care across all health care professions delivering services.
- For nursing and midwifery, the Excellence in Care core and specialty specific measures will be used to assess quality of care and to explore whether staffing levels have had an impact on that quality.
- Strengthen and enhance arrangements already in place to support transparency in staffing and employment practice across Scotland and through the use of, and outputs from, the Common Staffing Method in associated decision-making processes. For Nursing and Midwifery Excellence in Care core and specialty specific quality measures will be used as an integral part of the common staffing method on which decisions about staff requirements will be made.

Ensure the clinical voice is heard at all levels by ensuring arrangements are in place to seek and take appropriate clinical advice in making decisions and putting in place arrangements in relation to staffing including identification of any risks; mitigation of any such risks, so far as possible; notification of decisions and the reasons why and a procedure to record any disagreement with the decision made. This will require real-time staffing and risk escalation/management.

NHS 24 re-launched the safe staffing programme in June 2022 to support implementation. The Healthcare Staffing Programme Team are leading the review of all workload tools/digitalisation of real-time staffing resource to support this work. To support this, we now have in place a Lead Nurse for Safe Staffing and Workforce Planning who is actively engaging with the National Programme. A baseline assessment against the requirements of the legislation has been undertaken, with actions identified to address any gaps in advance of enactment of the legislation.

*[4] Health and social care: national workforce strategy - gov.scot (www.gov.scot)*
*[5] Health and Care (Staffing) (Scotland) Act 2019 (legislation.gov.uk)*



# Local policy drivers

### NHS 24 Clinical Roadmap 2022-2024

The NHS 24 Clinical Roadmap has been developed by our clinicians during a time of unprecedented challenge. This includes responding to the COVID-19 pandemic with a nationally agreed single point of contact COVID pathway, the instigation of a new national urgent care pathway and supporting sustainability in primary care with respect to their capacity and demand profile. Services rapidly expanded in response to the pandemic, and other national drivers, resulting in NHS 24 now providing national healthcare services on a truly 24/7 basis. The impact of COVID on an already strained health and social care system has been significant and reflects the need for whole system thinking. With this, NHS 24 is well placed to contribute significantly to the development of sustainable models of health and social care going forward, employing the learning from COVID to digital technology appropriately in the delivery of care in right way, place and time that works best for citizens, supporting individual choice and control of wellbeing. This refreshed Clinical Roadmap has provided the opportunity to identify through a 'clinical lens' the key actions that will inform and support the development of the refreshed NHS 24 organisational strategy for the next two years and beyond.

The four key themes identified were:

- Collaborative and Inclusive Leadership
- Service Provision and Improving Access
- Improving Outcomes
- Sustainable Workforce

### NHS 24 Portfolio review

As NHS 24 moves to recovery, the future strategy is being considered in line with Scottish Governments 'NHS Recovery Plan 2021-2026'[6]. Within NHS 24, there has been several executive level changes over the last two years. As a result and to meet our strategic ambitions, it was agreed that a director portfolio review would be undertaken to ensure coherence and alignment. The review was carried out using an external consultant to allow an independent assessment of portfolios. This enabled effective consultation and engagement and to allow for external benchmarking against other organisations both within and outside the health and social care sector.

Following the finalisation of the outcomes by the consultant, and in agreement with the CEO, a full organisational change process is being undertaken, in partnership with our trade unions, to ensure that there is sufficient opportunity for those affected to be consulted on the proposed change. At the end of this process, the review will be finalised and implemented.

*[6] NHS Recovery Plan 2021-2026 (www.gov.scot)*

## Shift Review

Phase one of the Shift Review was delivered in Autumn 2019 with the corresponding review of frontline managers (phase 2) originally planned to follow immediately after but was delayed due to the COVID-19 pandemic. The business case for the shift review phase two has been written in response to, and reflective of, unprecedented change associated with COVID-19, including the widespread implementation of the 'closed at first contact' operating model, the introduction of the Reform of Urgent Care patient pathway, and the consolidation of Shift Review Phase 1.

COVID-19 has been a catalyst for change across the whole health and social care system. For NHS 24 it has had significant direct and indirect impact on the operational model, workforce requirements and our estate requirements to meet these demands. Principally, it has driven rapid expansion and growth to accommodate government mandated service developments as part of the pandemic response and wider healthcare system redesign.

Phase two of the shift review entails combining frontline leadership workforce requirements (Team Managers and Senior Charge Nurses) into a singular cohesive plan, to be implemented over 2022/23 and 2023/24 financial years. It has been designed to meet immediate operational requirements and to deliver on our strategic intentions. (Further details on implementation is included within the service delivery section).

The delivery of phase two will provide the foundation for quality and performance improvement, through better staff engagement and support, reduced average handling time, reduced unplanned absence and reduced levels of attrition. Investing in these staffing groups is essential if NHS 24 is to achieve its strategic intentions and quality ambitions.




## Financial Context

The financial outlook for public sector services is extremely challenging in the medium term which has been worsened by the economic impact of the Covid-19 pandemic. This creates pressure for Scotland's public sector to reduce expenditure while ensuring long-term sustainable public services.

NHS 24 will aim to consolidate the growth and expansion of our workforce to support the redesign of urgent care and strengthen existing mental health services in support of Scottish Government's Mental Health Strategy and Recovery Plan by recruiting up to the agreed WTE required to meet key performance standards. Annexe 3 provides a summary of the current WTE baseline (as of 31st March 2022) and target establishment for year one based upon funded establishment. As NHS 24 awaits confirmation of funding for some services, the projections are subject to change. In addition, we are unable to predict the impact this will have on our workforce projections for years two and three until further clarity is provided.

A modelling exercise has been undertaken and submitted to the relevant Scottish Government sponsor teams, at their request, for both the Redesign of Urgent Care and the Mental Health Hub. Various scenarios have been developed to look at the impact reduced funding would have on capacity and performance because of a significantly tighter financial landscape going forward. NHS 24 awaits the outcome of this, and we will then adjust our workforce targets and plans accordingly.

The financial case for a recurring investment in frontline leadership, phase two of the shift review noted above, is being delivered in part through a 'test of change' within our Dundee centre with the costs being absorbed within current budgets. Any further future investment in other centres will be considered in line with allocated budgets. It is expected that there will be significant return in investment, both financially through a reduction in telephony costs (through reduced access wait times), reduced frontline overtime costs and reduced levels of attrition over time, and through other benefits, such as increased staff morale and a better workplace culture.

[7] *RCN Workforce Standards | Publications | Royal College of Nursing*

### Establishment Control Process

Our aim is to have in place the right skills and roles to enable us to enhance the services we offer and to ensure we have the right blend of clinical and support staff to deliver safe, effective and efficient services and an economic workforce structure. As a public body. we have a requirement to meet the level and structure of our staffing, including grading and staff numbers to ensure they are appropriate to our functions and the requirements of economy, efficiency and effectiveness.

Although financial governance is a key driver for establishment control our approach to making staffing changes needs to go further than a consideration of costs and available funding. We need to consider the wider impact on other roles, how we best work together and make sure our decisions take account of Fair Work.

It is essential that our staffing establishment can change and evolve to meet changing requirements. This is normally considered as part of the annual budgeting process, but in-year changes are sometimes necessary and/or desirable.

The establishment control process is used to ensure there is a structured evaluation undertaken before decisions are made to change the agreed staffing structure. Integral to taking this work forward is the implementation of The Establishment Control Panel to provide oversight and scrutiny of vacancy management and changes to posts on behalf of the Executive Management Team. The panel will ensure the establishment control process is followed when making changes to posts, budgeted WTE, bands attached to posts and job purpose (including reporting lines, job title and type of work undertaken).

A further development has been the creation of the establishment control movement sheets. These provide directors with an overview of their directorate budget, WTE of staff in post and vacancies, whilst asking them to advise of any changes to the structure/budget to ensure more accurate and consistent reporting across Finance and Workforce.

# NHS 24 Service Change

### 111 Service

The introduction of both the COVID 19 and Reform of Urgent Care patient pathways, necessitated the rapid implementation of the 'closed at first contact' operational model – the operational output of the Better Working, Better Care programme. The change in operational model aimed to improve clinical efficiency and effectiveness while embedding a strong cultural ethos of team working to improve the patient journey, outcomes and experience.

The pre-existing operating model relied on the principle of access to the service within seconds, but care delivery within hours. This resulted in delays in care to 30-40% of patient callers and was not compatible with the requirement for rapid and seamless patient flow through the 111 service, and onwards to both COVID-19 Assessment Hubs and the Flow Navigation Centres. As such, the 'closed at first contact' operating model – which focuses on both access to the service and care delivery within minutes, was integral to the success of both pathways.

The average handling time for call handlers has increased because of the closed at first contact operating model, and therefore, the workforce requirements to deliver this has increased. In addition to an increased workforce, the model is based on team working and a proportionate number of managers to frontline teams both operationally and managerially which also impacts on the management workforce required.



Prior to 2020, the 111 service was predominantly an out of hours service, with 90% of patient calls occurring during the periods of 1800-0800 midweek, and right across the weekend. The introduction of the COVID-19 and Reform of Urgent Care patient pathways has resulted in an increase in calls right across the week, but in particular during the in-hours period and the distribution of weekly volume shifted to 80% out of hours and 20% during the in-hours. This shift in call distribution has opened the door towards transition of the 111 service to a 24/7 operation. This increase in in-hours patient call volumes has resulted in an increase in call handling and clinical supervisor resource, and an increased requirement for operational managers.

In summary, although the COVID-19 patient pathway has now been decommissioned, the changes noted remain. It is important for NHS 24 to continue to plan for this, and for increased demand as the future of COVID-19 is not known, and neither is the medium and long-term demand for the service. Investment will be required to ensure that there is sufficient frontline and support staff to be able to respond effectively.

To meet these service pressures, it is proposed that there is a change to the Senior Charge Nurse role to make it a non-caseload holding role to meet the workforce standards as set out by the RCN: 'Nursing Workforce Standards: Supporting a safe and effective nursing workforce',[7] published May 2021, and the Staffing Guidance as set out by the Health and Care Staffing Legislation Act. Investing in these clinical leaders is necessary in achieving clinical assurance and quality improvement of frontline services, as well as a sustainable workforce striving for excellence. Current frontline organisational Senior Charge Nurse capacity does not include sufficient time for these responsibilities to be fulfilled, and therefore change is necessary to meet these standard requirements, which are key enablers in ensuring NHS 24 will deliver 24/7 accessible high quality, clinically safe and effective services. Any planned amendments to the Senior Charge Nurse role are within current financial resource with no anticipated cost pressures.

The 'Closed at First Contact' operating model is underpinned by defined ratios of frontline staff and operational management to ensure efficiency of call answering, real-time performance support, and, through consistency of scheduling, strengthened professional relationships between teams. Whilst these operational ratios are not designed to be rigid, the gold standard has previously been defined as one Team Manager to fifteen Call Handlers, and the corresponding three Clinical Supervisors, per shift. Current frontline Team Manager capacity also does not include sufficient time to manage and support the staff for whom they are responsible, in addition to achieving their own personal development and mandatory training. This would therefore require an increase in Team Manager staffing which would be determined by frontline Call Handler and Call Operator numbers recruited. It is therefore proposed that Team Managers are aligned to teams of Call Handlers to provide team working, whilst releasing Senior Charge Nurses from a direct case load role to focus on quality assurance, clinical outcomes and staff development  This in turn, will provide sufficient time for managers to meet the performance management requirements of their role, to learn and develop themselves to ensure they have the knowledge and skills required to do their job well and time to support staff engagement and wellbeing.  A test of change has been approved to take place in our Dundee Contact Centre.

In 2022/23, there are plans to recruit approximately 30 WTE Call Operators in response to a recent call demand management initiative to reduce call handler workload allocating tasks to a more appropriate skillset. This 30 FTE will initially be financed from the Call Handler allocation.

## Mental Health Services

A project is underway to develop a digital Scottish Psychology Early Intervention Service ('Held in Mind') to provide timely and equitable access to short term Tier 2 evidence based Psychological Interventions and Psychological Therapies.  The project builds on the innovative models of care mobilised during the pandemic recognised by the Scottish Health Awards and National Quality Improvement Awards.  The project will contribute to delivery of the National Standards for Child and Adolescent Mental Health Services (CAMHS) and Psychological Therapies (PT) which aim to ensure a minimum of 90% of people assessed commence treatment within 18 weeks of referral.



## Information and Communications Technology

Alignment of organisational strategic goals with the appropriate use of digital systems and services is being overseen and managed by the Information and Communication Technology (ICT) directorate through the Digital Technology Roadmap.  The current infrastructure will be appraised in alignment with the future organisational and system ambitions through its Connect Programme and strategic alignment at a national level, e.g., Digital health & care strategy, and potential opportunities for economies of scale through partnership working around a common technology platform and standards.  The opportunities to expand and fully exploit NHS 24's role in a public-facing digital delivery model in the next 3–5-year period means that a level of investment is required in enabling our readiness.

Phase two of the Connect Programme is tasked with the strategic development of infrastructure to provide a fully integrated platform fit for the future. This includes the ability to deliver safe, effective and accessible services, alongside the key enablers that support optimising the benefits of new technology through collaboration with users, staff and partners.

A key part of NHS 24's strategic intent is to enhance and expand digital infrastructure and capabilities, both to improve existing services and integration of patient pathways, and to develop omni-channel access to services, information and advice.  We will continue to embed digital solutions to complement service delivery with the aim of reducing any burdens on the service, supporting management with peaks in demand, and increasing channel choice and accessibility for users. This may take the form of enhanced self-help and greater access/signposting to digital products and end to end digital pathways. In doing so, NHS 24 will explore opportunities to integrate digital services with the 111 services.

In addition to NHS inform, several other websites are hosted, and content managed via the same hosting provider and content management system: Scotland's Service Directory, Self-Help Guides, GP.Scot (all via NHS inform), Care Information Scotland, Breathing Space, Telecare Self Check Tool and Falls Assistant.  It is essential therefore that NHS inform, and associated digital web services, are hosted on infrastructure that meets the requirements to deliver 24/7/365 availability with maximum uptime and business continuity.  In addition, the team managing website content and development need to have access to the best possible management tools aligned to the business team and wider organisational requirements along with multi-professional, clinical subject matter input and capacity to ensure the content is contemporary and evidence based.

Webchat and chatbots/ voicebots, opens other channels to accessing health information and providing quick answers to the less complicated questions callers ask NHS 24. They have the potential to reduce the demand on the live service and address issues around equality of access. There is a need to continue the development of the webchat and bots, refining how they are used and fully understanding their potential. The overall aim is to consolidate towards a preferred solution suite for these technologies and understand further discovery work before an informed procurement process can be started. ICT have initiated work on future technology solutions for webchat and bots. The aim of this work is to review and document the vision, benefits and requirements for use of webchat and chat / voice bot technology to enable a shared understanding of the potential use and direction of travel and to set out a business case and plan to implement.

Critical to this is NHS 24's ability to increase both the capability and capacity of the ICT Directorate to support the digital leadership ambitions and objectives of NHS 24 over the next 5 years whilst increasing the Value for Money return on costs and investments in ICT / Digital products and services delivered.



## Public protection

The public protection function is looking to redesign its operational processes to reduce unnecessary manual administration and ensure capacity can meet current and future demand. Any development of additional / new services within NHS 24 will potentially increase the public protection referrals.

## Advanced clinical support

The pandemic response has been a catalyst for new ways of working and provided an opportunity to review the original vision for Advanced Clinical Support (ACS) within NHS 24 which has previously focused on the Advanced Nurse Practitioner (ANP) role. This has been broadened to anticipate, and then potentially develop, several advanced practice roles for the incremental development of new/ enhanced clinical pathways of care. We aim to reduce turnover and retain existing members of the team through effective job planning with more emphasis on partnership working with partner boards including the exploration of joint roles. Any increase in numbers will be limited by availability of funding. The AHP workplan also cites the exploration of advanced practice roles for example in the mental health hub.

## Clinical governance, patient experience, quality improvement and evaluation

If NHS 24 services expand further, it is anticipated that the resource for clinical governance, patient experience and quality improvement & evaluation (QI&E) should increase proportionally. We wish to reduce manual administration and increase productivity across the three functions – clinical governance, patient experience and QI&E.

An AHP lead was appointed in 2021 and an AHP workplan has now been approved which will explore the potential for AHP specific roles and for AHPs in the wider AHP workforce. These plans will align to relevant NHS 24 workstreams including public health, advanced clinical support etc. Links have also been established with the wider AHP community through SDAHP (Scottish Directors of AHP).

## Medical

A Public Health Consultant is currently employed on a fixed term basis for two years. Given the importance and primacy of public health, provision of accessible, equitable services supporting population health and the national strategy for sustainability and climate change, consideration will be given to converting this to a permanent post. Workforce planning for clinical expertise and profile, will align with NHS 24 strategy and planned objectives which could result in a cross-board shared role.

## Finance

Risk and Resilience will move to the Finance directorate in alignment with Portfolio review timelines. Once this takes place, it will be necessary to review current capacity requirements to deliver everything required in this area.

## Workforce

The Workforce Directorate will go through ongoing change as the three-tier digital HR model is implemented, resourcing reduces, and organisational development delivers outcomes. The Directorate will also move from having an operational focus to becoming a strategic advisory service. This will mean the removal of staff from transactional activity where there is no added value, e.g., stage 1 and 2 absences. It will also mean that roles within the directorate will change which will require staff to be upskilled, move function and /or take on different responsibilities along with the introduction of new skill sets e.g., organisational design.

There will be a requirement to upskill the whole directorate regarding digital both from a skills perspective but also from a functional and understanding viewpoint. In addition, the role that data will play in setting out our priorities will increase as the Directorate continues to maximise the data it currently collects but also to consider other data that should be collected for further analysis and reporting.

At an organisational level, we will focus on improving systems and technologies that support people analytics practices and decision making. We must ensure that we continue to invest in the development of people analytics skills and technologies. It will enhance performance and productivity that can result from improvements in evidence-based decision making. We will strive to use data at every stage of the employment lifecycle from workforce planning to transition. People analytics supports a data-driven approach to inform our people practices, programmes and processes. It includes various analytical techniques, including:

- descriptive analytics supporting effective reporting
- predictive analytics through scenario planning and modelling to support improved decision-making
- experimental research to uncover new insights and allow a better understanding of complex people-related issues.




As the directorate continues to deliver across its responsibilities, it will be important for measurement and evaluation to sit at the heart of what is delivered to ensure it has real organisational impact. This will require an additional skillset to consider how this could be delivered or alternatively an upskilling of a current resource. There will also be a need to put a business partner model in place to ensure all directorates address all people issues.

Aligning to recruitment targets, NHS 24 statement of intent, the NHS Scotland Workforce Strategy and the Digital Health and Care Strategy requires staff to be able to deliver services through omni channels. This means that staff will require different skillsets and there will be a requirement to ensure that all staff have digital skills to transform workforce practices.

Within workforce, there are clear challenges around recruitment which is sector wide. This will require attention to how staff are recruited and retained and importantly the consideration of new and hybrid roles to address this issue. There has also been little investment in CPD which results in staff not being up to date or having the skills required to deliver activity. Working at appropriate levels is important and will require the further upskilling of staff through building on individual strengths and encouraging cross team working with the likely introduction of hybrid roles working across teams within the directorate.

It is recognised that in the context of the development of new services and the expansion of existing services that we need to ensure corporate functions are considered in the planning as the organisation grows.

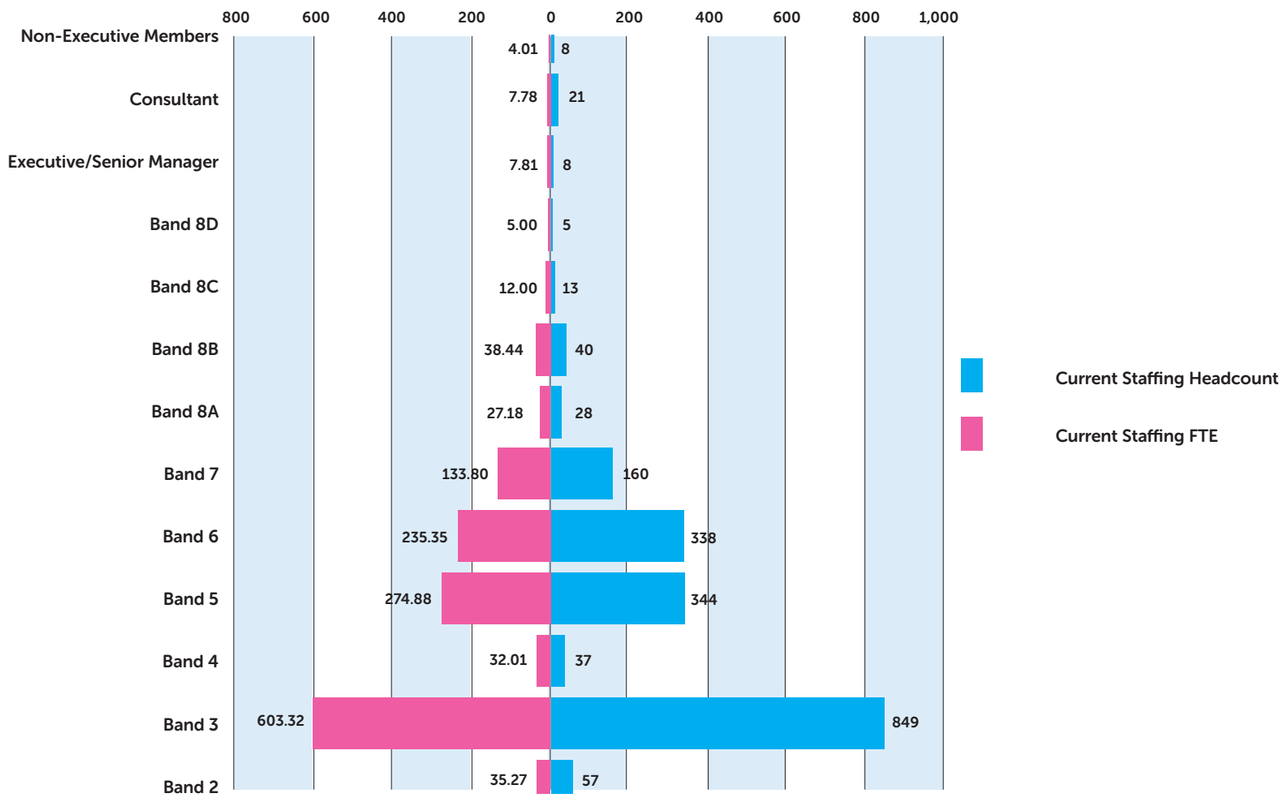
## Current NHS 24 Workforce

As of 31st March 2022, NHS 24 employed 1908 staff (1416.85 whole time equivalent) across seven main contact centres, three local centres and two remote working sites. There were a further 457 staff on the bank. This figure is made up predominantly of Bank Call Handlers and Bank Nurse Practitioners who are being utilised to provide additional hours to the Unscheduled Care Service.

This chart presents the current NHS 24 workforce split by grade. It is a useful tool to help identify where gaps in particular areas exist. For example, relatively small numbers in one band might reveal limited opportunities for staff in terms of career progression which could potentially impact on the ability to retain staff. As the largest cohorts of the NHS 24 core service are Call Handlers and Clinical Supervisors who sit within Agenda for Change band 3 and band 6 respectively it can be expected that both grades will have a larger headcount and proportion of WTE. Within band 5, NHS 24 also has several frontline positions (Team Managers, Psychological Wellbeing Practitioners, Dental Nurses, Breathing Space Phoneline Advisors and Training Advisors) which explains the higher number of staff at this grade.

### Current Staffing Headcount and WTE March 2022

**(Agency and Bank staff are not included)**





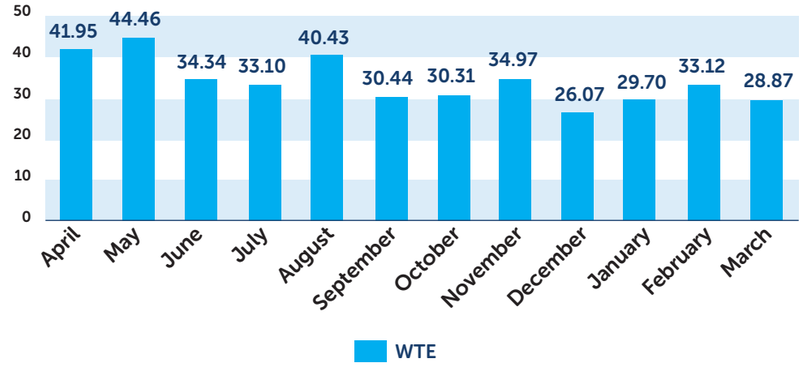

Annex 2 details 31st March 2022 staff in post and as a baseline shows an establishment gap of 282.18 WTE (16.51% vacancy factor) between current staff and projected future workforce needs. This can be broken down into a 22.37% across frontline nursing roles, and a 12% vacancy factor within the Call Handler cohort.

Recruitment continues to be a priority as detailed in Sustainable Workforce section of Our Strategy.

## Supplementary Staffing

Where we have vacancies and establishment gaps, agency staff, fixed term contracts, bank staff and staff working additional hours have been utilised to ensure service levels meet key performance targets, and the service is able to deal with recovery from Covid-19, the delivery of NHS 24 BAU services and the expansion and development of new services.

### Additional Hours WTE




## Age Profile

As the pension age increases with people working longer, we have up to four generations of employees working together. As with all organisations, we need to ensure that our responses are appropriate at each stage of the employment cycle. The changing profile impacts amongst other things on our workforce planning, competition for talent, addressing skills gaps and experience at work.

The age profile of the workforce shows 32.23% are over the age of 50, with 8.12% aged 60 and above. The above information necessitates that NHS 24 is required to consider longer term plans for making more roles within the organisation more attractive to those within younger age brackets, whilst ensuring the adoption of policies to support a flexible approach to work for those in the over 50 age brackets.

| | Average Age | % of workforce 50 and over | WTE of workforce 50 and over |
|---|---|---|---|
| NHS 24 | 42.5 | 32.23% | 436.69 |
| Call Handler | 38.9 | 24.26% | 136.44 |
| Clinical Supervisor | 49.2 | 50.83% | 63.52 |
| Mental Health Nurse Practitioner | 42.3 | 32.00% | 6.80 |
| Senior Charge Nurse | 49.3 | 57.14% | 42.63 |
| Clinical Services Manager | 52 | 73.68% | 12.64 |

Scenario planning can also help plan for predicted changes or wider workforce types and numbers. For example, around 74% of the Clinical Service Manager workforce is over 50 years of age, scenario planning could support retirement predictions. Wider workforce scenario planning and examination is also important e.g., analysing the age distribution of staff by skill set/job family to identify areas of variance / gaps where consideration needs to be given to robust succession planning, to ensure the availability of an experienced group of staff for future vacancies or hard to fill posts. Without data that links workforce, prevalence, predicted need and outcomes, it is not possible to determine if this change is signalling a significant future workforce crisis or is the result of changes in activity. This highlights the importance of integrated workforce planning data that can take account of all the health professionals required to deliver the desired outcomes, establish a comprehensive understanding of workforce challenges across the whole system, and support decisions about how this might be addressed.

| | Staff currently over 59 | Staff over 59 in 5 years | Staff over 59 in 5 years (WTE) | Staff over 59 in 5 years (Heads) |
|---|---|---|---|---|
| Clinical Supervisor | 21.67% | 38.33% | 42.17 | 92 |
| Mental Health Nurse Practitioner | 12% | 20% | 3.8 | 5 |
| Senior Charge Nurse | 8.79% | 27.47% | 19.62 | 25 |
| Clinical Services Manager | 5.26% | 31.58% | 5.14 | 6 |
| Head of Clinical Service | 33.33% | 66.67% | 3 | 4 |

The table below details the average age of successful candidates between November 2020 and November 2021 by skill set . It provides additional intelligence on the skill sets that may be established to attract younger applicants.

**Appointed**

| Skill Set | Average Age |
|---|---|
| Senior Charge Nurse | 41 |
| Call Handler | 32 |
| Clinical Supervisor | 41 |
| Mental Health Nurse Practitioner | 38 |
| Clinical Services Manager | 48 |

It is worth noting that the NHS 24 clinical workforce age profile is older than the NHS Scotland average amongst several key skill sets e.g., nursing. Although there is no evidence that overall older workers have more time off, there is evidence that older workers are more likely to suffer from chronic health problems involving longer periods of absence.

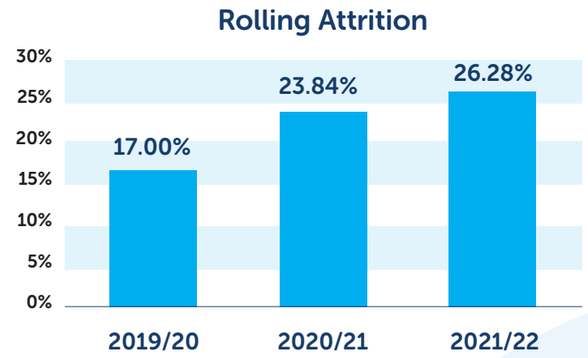


The number of clinical staff aged 59 and over is detailed above which shows that for these frontline staff groups the proportion of staff within this age bracket will grow in 5 years' time. It is worth noting that the average retirement age of NHS 24 clinical staff is 60 years old. The table below illustrates if this trend was to continue the proportion of staff who might retire from these staff groups.

| | Staff aged 60 who might retire in 5 years | Staff aged 60 who might retire in 5 years |
|---|---|---|
| **Skill Set** | **%** | **WTE** |
| Head of Clinical Service | 66.67% | 3 |
| Senior Charge Nurse | 27.47% | 19.62 |
| Clinical Supervisor | 38.33% | 42.17 |
| Mental Heath Nurse Practitioner | 20% | 3.8 |
| Clinical Services Manager | 31.58% | 5.14 |

## Workforce Attrition

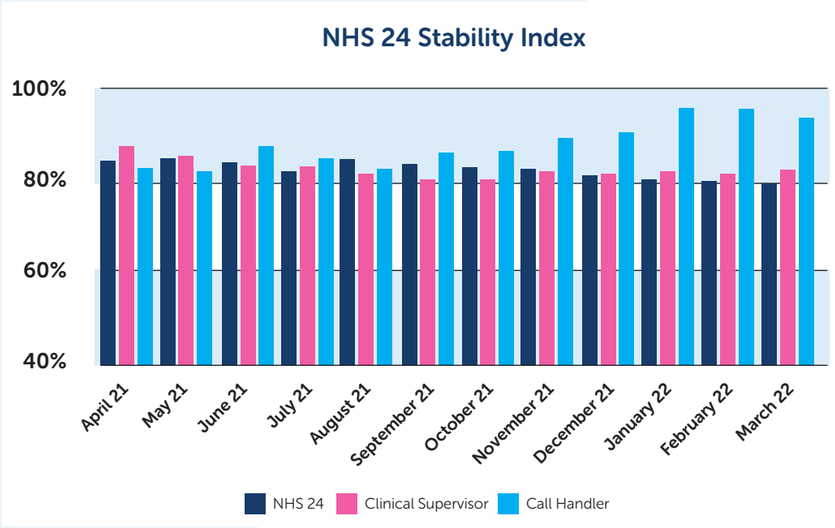
Workforce attrition analysis allows NHS 24 to measure the movements of our employees and develop staff group trends. The chart below shows the rolling turnover for NHS 24 over the last year, this is inclusive of all NHS 24 leavers including voluntary and non-voluntary. The figure is not inclusive of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




In response to the increase in staff attrition, an action plan tailored to addressing turnover has been established. It commits to the review of the whole exit interview process, the possibility of hybrid roles, introduction to stay conversations, gathering feedback within first 12 months and a review of recruitment processes. The data shows that there is a low uptake of exit interviews which limits our ability to get to the root cause of why staff are leaving NHS 24. The current levels of staff leaving with less than 1 year service are 32.85 % in 19/20, increasing to 61.78% in 2020/21, 36.20% in 2021/22.

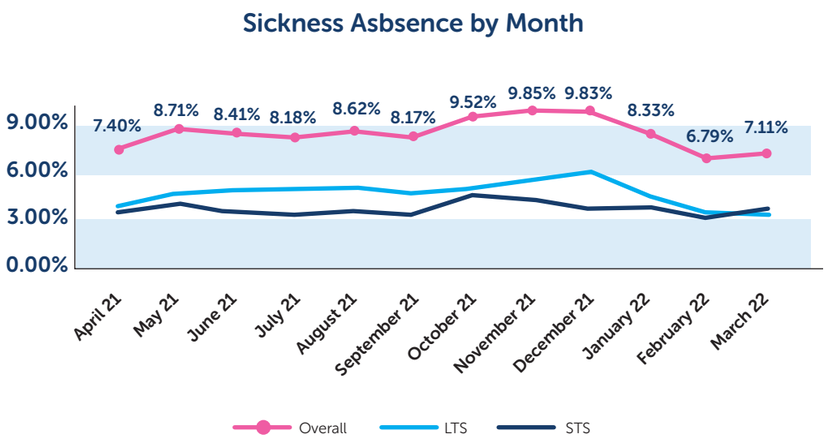
When thinking about staff retention, its useful to consider the stability rate as it measures how effectively NHS 24 is at retaining experienced staff. It can help inform which staff groups have relatively good or poor stability and can provide us with a better understanding of the labour dynamics both internally and externally, in terms of how NHS 24 connects to the wider labour markets.
The stability index formula is the number of employees at end of period with one year's service or more/number of employees in post one year ago.

A combination of high attrition with low stability, will highlight an organisational attrition problem, if the stability and attrition are both high then often the problem is confined to a smaller number of posts.




## Sickness Absence

NHS 24 continues to work with staff, managers and trade union representatives to reduce absence at work and create a culture of attendance at work. The greatest resource of NHS 24 is its staff, and it is only through our staff that services are delivered and improved. Promoting staff attendance at work is central to safe and effective delivery of patient care. The Scottish Government continue to monitor NHS 24 attendance levels against a national target of 4%. A factor for absence is built into NHS 24 planning assumptions and resource is calculated appropriately considering such factors. NHS 24 aims to maximise the attendance at work of all our staff, however it is recognised that a certain level of absence due to ill health may occur. NHS 24 encourages an emphasis on proactive, early and informal interventions to support staff to either remain at work or facilitate an earlier return to work. NHS 24 continues to improve attendance at work through ongoing support and improved communications with staff and managers.






## Defining the required workforce

The Unscheduled Care Service remains a key focus and priority, delivering a safe and effective service to the people of Scotland. The implementation of the new technology platform may have an impact on how this service is delivered and the skill mix required to deliver the service.

For all frontline telephony-based services, workforce requirements are defined using the Erlang theory of Resource Planning. This methodology considers call demand forecasting in conjunction with average call handling time, utilisation rates and access service level KPI, to predict resource requirements.

Overall, our workforce planning process aims to plan a sustainable workforce of the right size, with the right skills and competencies, which is responsive to health and social care demand and ensures an effective and person-centred service delivery across a broad range of services across Scotland by:

- Designing the future workforce by understanding influences and constraints placed upon it and ensure integration with service and financial planning.
- Developing the future workforce by including education commissioning, staff development, recruitment, and retention processes.
- Delivering the future workforce by identifying management actions to ensure plans are delivered, processes are effective, all staff groups are engaged, and best practice is shared.

# Annexe 1

## Generation Profile at 31st March 2022

| Post War (1928 -1945) 0.05% | Boomers (1946-1964) 14.68% | Gen X (1965-1980) 37.58% | Millennials (1981-1996) 38.42% | Gen Z (1997-2012) 9.28% |
|---|---|---|---|---|
| Post War average length of service 2.25 years | Boomers average length of service 7.94 years | Gen X average length of service 7.37 years | Millennials average length of service 3.93 years | Gen Z average length of service 1.27 years |

### Call Handler Generation Profile

| Boomers (1946-1964) 11.58% | Gen X (1965-1980) 28.94% |
|---|---|
| Millennials (1981-1996) 42.24% | Gen Z (1997-2012) 17.24% |
| Boomers Average length of service 8.73 Years | Gen X Average length of service 6.99 Years |
| Millennials Average length of service 3.62 Years | Gen Z Average length of service 1.34 Years |

### Clinical Supervisor Generation Profile

| Boomers (1946-1964) 29.17% | Gen X (1965-1980) 46.25% |
|---|---|
| Millennials (1981-1996) 10.42% | Gen Z (1997-2012) 0.83% |
| Boomers Average length of service 6.40 Years | Gen X Average length of service 5.42 Years |
| Millennials Average length of service 2.58 Years | Gen Z Average length of service 0.62 Years |



# Annexe 2

## Establishment as at 31st March 2022

Female 76.83%
Male 23.17%

Full Time 59.59%
Part Time 40.41%

### Nursing Staff
- 3.56.50 WTE Budget
- 284.90 WTE in post
- 21.90 WTE 6.14% Vacancy
- 393 Headcount

### Business & Administration
- 337.24 WTE Budget
- 285.30 WTE in post
- 48.94 WTE, 14.51% Vacancy
- 312 Headcount

### NHS 24
- 1918 Headcount
- 1634.95 WTE Budget
- 1426.85 WTE in post
- 208.10 WTE, 12.73% Vacancy

### Other Clinical Staff
- 60.41 WTE Budget
- 45.62 WTE in post
- 11.79 WTE, 19.52% Vacancy
- 98 Headcount

### Non Clinical Frontline
- 880.80 WTE Budget
- 811.03 WTE in post
- 49.34 WTE 5.60% Vacancy
- 1115 Headcount

### Call Handler
- 583 WTE Budget
- 569.39 WTE in post
- 19.61 WTE, 3.36% Vacancy
- 393 Headcount

### Nurse Practitioner/ Clinical Supervisor
- 185 WTE Budget
- 151.90 WTE in post
- 30.6 WTE, 17.89% Vacancy
- 240 Headcount

### Psychological Wellbeing Practitioner
- 127 WTE Budget
- 68 WTE in post
- 59 WTE, 40.46% Vacancy
- 72 Headcount

### Mental Health Nurse practitioner
- 36 WTE Budget
- 22.16 WTE in post
- 13.84 WTE, 38.44% Vacancy
- 25 Headcount

### Non-Frontline
- 337.24 WTE Budget
- 285.30 WTE in post
- 51.94 WTE, 15.40% Vacancy
- 312 Headcount

### Frontline
- 1224.58 WTE Budget
- 1141.55 WTE in post
- 219.08 WTE, 16.10% Vacancy
- 1606 Headcount

# Annexe 3

| Frontline Skill Sets | 31st March Baseline Position | Year 1 | Year 2 | Year 3 |
|---|---|---|---|---|
| Nursing and Midwifery | | | | |
| Band 5 | 68 | 127 | 127 | 127 |
| Band 6 | 174.66 | 232.4 | 232.4 | 232.4 |
| Band 7 | 89.8 | 115.5 | 115.5 | 115.5 |
| Band 8A | 1 | 1 | 1 | 1 |
| Band 8B | 18.4 | 20 | 20 | 20 |
| Band 8C | 1 | 1 | 1 | 1 |
| Other Therapeutic | | | | |
| Band 5 | 28.02 | 31 | 31 | 31 |
| Band 6 | 11.2 | 12.74 | 12.74 | 12.74 |
| Band 7 | 5.74 | 9.28 | 9.28 | 9.28 |
| Band 8A | 3.8 | 3.77 | 3.77 | 3.77 |
| Allied Health Professional | | | | |
| Band 6 | 3.01 | 5 | 5 | 5 |
| Dental Support | | | | |
| Band 2 | 8.15 | 11 | 11 | 11 |
| Band 5 | 25.59 | 31 | 31 | 31 |
| Band 6 | 4.96 | 4.48 | 4.48 | 4.48 |

| Corporate Functions | 31st March Baseline Position | Year 1 | Year 2 | Year 3 |
|---|---|---|---|---|
| Medical | 8.26 | 7.11 | 7.77 | 7.11 |
| Nursing | 33.06 | 39.34 | 39.34 | 39.34 |
| Service Delivery | 74.33 | 88.47 | 88.47 | 88.47 |
| ICT | 45.68 | 55.6 | 55.6 | 55.6 |
| CEO | 7.82 | 13 | 13 | 13 |
| Communications | 10.4 | 13.4 | 13.4 | 13.4 |
| Finance | 14.72 | 21 | 21 | 21 |
| Workforce | 41.05 | 45.04 | 45.04 | 45.04 |
| Transformation, Strategy, Planning and Performance | 49.98 | 54.28 | 54.28 | 54.28 |

| Medical and Dental Consultant | 31st March Baseline Position | Year 1 | Year 2 | Year 3 |
|---|---|---|---|---|
| Medical and Dental Consultant | 3.52 | 0 | 4.88 | 4.88 |

| Personal and Social Care | 31st March Baseline Position | Year 1 | Year 2 | Year 3 |
|---|---|---|---|---|
| Band 2 | 4 | 8.6 | 8.6 | 8.6 |
| Band 3 | 4.93 | 10.89 | 10.89 | 10.89 |
| Band 5 | 3 | 3 | 3 | 3 |

| Administrative Services | 31st March Baseline Position | Year 1 | Year 2 | Year 3 |
|---|---|---|---|---|
| Band 2 | 21.12 | 46 | 16 | 16 |
| Band 3 | 569.39 | 583 | 677 | 677 |
| Band 5 | 92.22 | 102.1 | 120.1 | 120.1 |