

**NHS 24  
BOARD MEETING**

**24 FEBRUARY 2022  
ITEM NO: 10.3  
FOR ASSURANCE**

**WORKFORCE PERFORMANCE REPORT  
(Quarter 3 October - December 2021)**

<b>Executive Sponsor:</b>	Director of Workforce, Jacqui Hepburn
<b>Lead Officer/Author:</b>	Director of Workforce, Jacqui Hepburn
<b>Action Required</b>	The Board is asked to note the workforce report
<b>Key Points for this Committee to consider</b>	This report provides the Board with an update on areas of workforce focus for Quarter 3. It provides analysis of workforce information to inform decision making in relation to the workforce and in addition identifies any workforce issues. The HR metrics collated in this report are derived from the NHSScotland HR Management Information System (eESS) and are reported real-time. This report contains high level workforce information for the attention of the Board. Comprehensive reports are still produced and monitored by the HR senior team and are available for any member of the Executive Management Team, Staff Governance Committee, or the Board on request.
<b>Governance process</b>	The Workforce Report is presented to the Executive Management Team prior to its presentation to the Staff Governance Committee and the Board.
<b>Strategic alignment and link to overarching NHS Scotland priorities and strategies</b>	Information on NHS 24's workforce allows NHS 24's governance committees to make informed decisions, which support achieving the resetting of our culture, creating capacity, capability and confidence in our people and teams.  Workforce is a recognised Ministerial Priority therefore by continually reporting on progress ensures that NHS 24 can effectively demonstrate performance against workforce targets.
<b>Key Risks</b>	Any risks identified with our workforce performance including staff resource targets and attendance will be considered as part of the Strategic Planning Resource Allocation (SPRA) process and will be monitored through our Strategic and Corporate Risk Registers.
<b>Financial Implications</b>	Currently, there are no financial implications to highlight.
<b>Equality and Diversity</b>	NHS 24 has noted the emerging data on the impact of COVID-19 on BAME health and social workers. NHS 24 are currently looking to source clear and comprehensive data to support a review and any required adjustments.

## **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 October - December 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 monthly workforce reports, is produced quarterly to identify, and monitor key workforce trends including workforce figures by staff cohort, recruitment activity, 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 31<sup>st</sup> December 2021. For most of the skill sets the establishment throughout the year remain steady, influenced by turnover, internal workforce movement and changes in hours.

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.

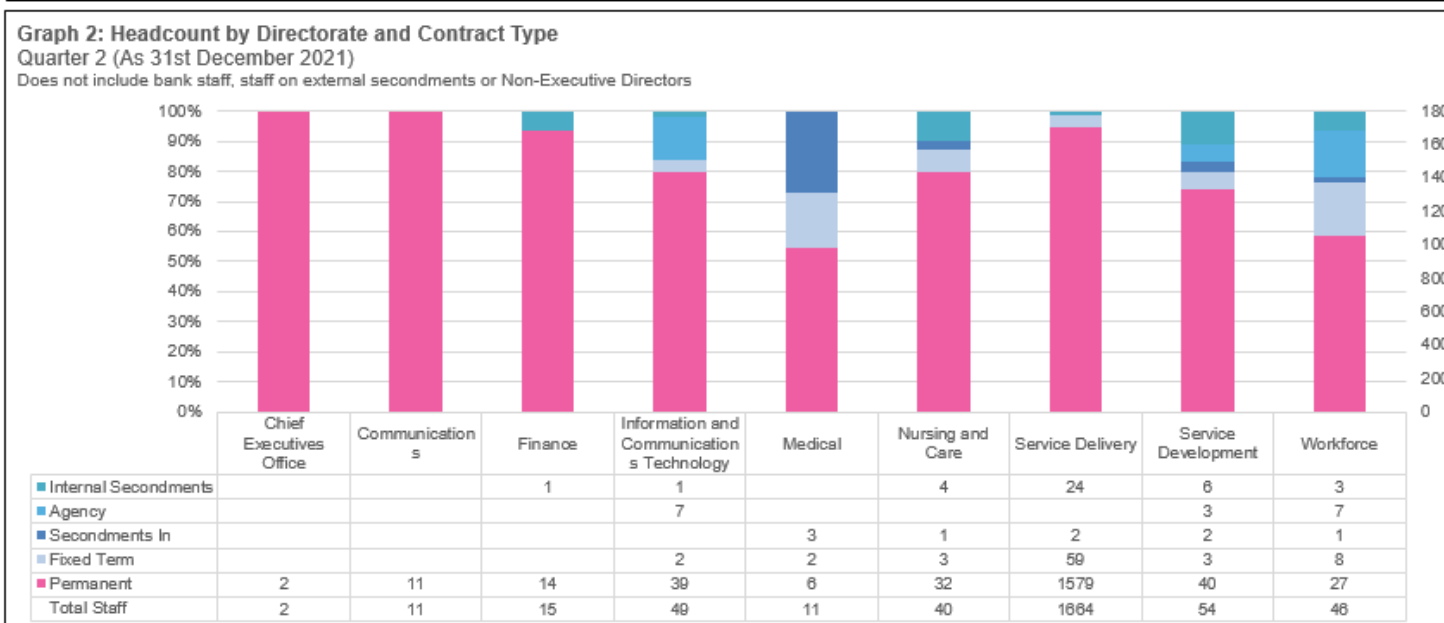
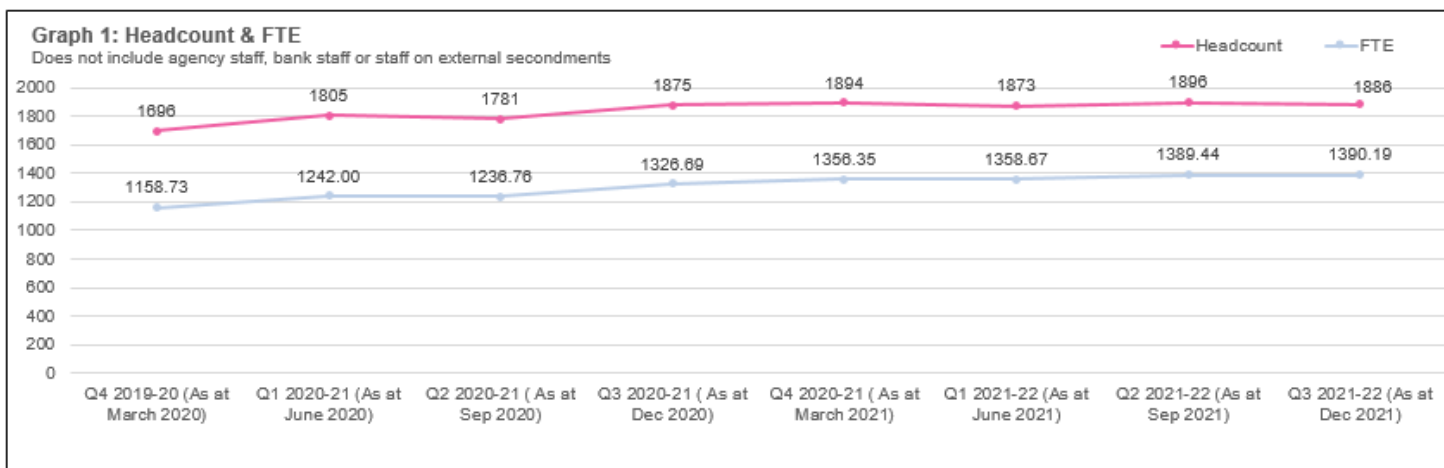
The vacancies in the Nurse Practitioner/Clinical Supervisor establishment are offset, when required, with recruitment to other clinical skill sets including Clinical Practice Educators, Mental Health Nurse Practitioners, Psychological Wellbeing Practitioners and Breathing Space Advisors to support the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

Table 1: STAFFING	December Monthly Target WTE	Current Staff as at 31/12/2021			Variance against Budgeted WTE 2021/22
		31-Dec-21			
	Agreed WTE	Current Staffing Headcount	Current Staffing WTE	Established WTE	
Total Nursing Staff	305.30	375	268.01		-37.29
Total Other Clinical Staff	55.09	101	47.11		-7.98
Total Non Clinical Frontline	837.58	1111	803.76		-33.82
Total Business & Administrative	318.19	316	288.31		-29.88
<b>Total Staff</b>	<b>1516.16</b>	<b>1903</b>	<b>1407.19</b>		<b>-108.97</b>

Mental Health Hub and Covid-19 staff have been included within these figures

The agreed WTE is made up of annual 2021/22 budget targets and monthly defined targets for volume recruitment

In the following graphs staff in post figure includes staff on maternity leave. These charts do not include staff on career breaks or who are seconded out of NHS 24. As at 31<sup>st</sup> December 2021 there was 13 staff members who were on an external secondment, this is an increase of 2 from the previous quarter.



## 4.2 Recruitment

Recruitment is progressing for all areas (quarter 3 activity is shown in graph 10), focus is on Dundee vacancies, where an ongoing review of the active pipeline continues to determine when NHS 24 will be required to re-advertise where we may be short of meeting our expected targets.

Recruitment targets for the remainder of 2021/22 as part of the Remobilisation Plan 4 have been agreed. An update for the ETM is being provided fortnightly to measure actual WTE, workforce projections based on recruitment pipelines and turnover against the identified targets. Recruitment and Workforce Planning are monitoring progress on an ongoing basis which will mean early identification of when workforce targets will not be met.

All mental health roles for both Cardonald and Dundee have been re-advertised as not enough applications have been received. Recruitment will work with Service Delivery with a view to working towards targets. Inductions have been scheduled for early 2022 in Cardonald, with Dundee to follow, and then pipeline remainder.

Clinical Supervisor Recruitment was very successful for Dundee, with successful candidates being brought in January / March 2022. The National Clinical Supervisor advert has provided a new pipeline which recruitment will progress to offer as soon as possible.

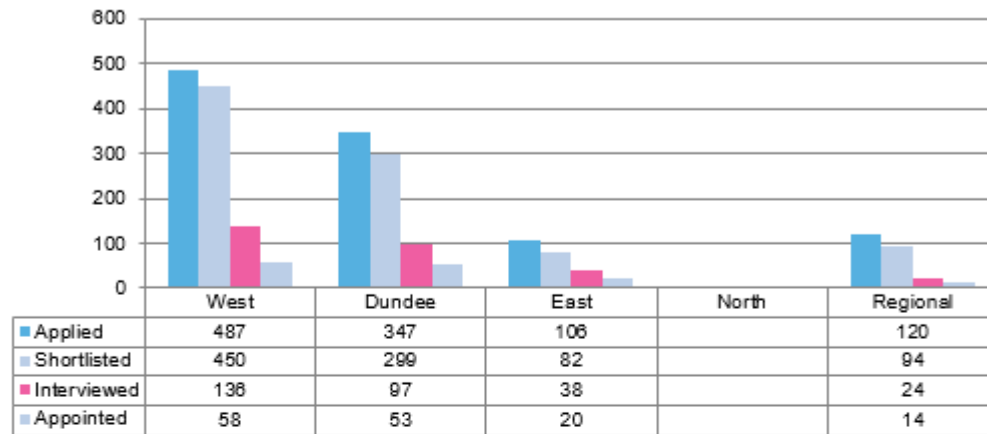
Dundee Team Manager recruitment was successful with all 5 WTE selected offered. Dundee Call Handler interviews are now complete, multiple intakes scheduled for January 2022 onwards.

Dundee Temporary Call Operator advert created a small pipeline, scheduled to come in over 2 inductions in January 2022 to support frontline. An intake of Call Handlers was also brought in at short notice on 20th December 2021, to support frontline in taking COVID calls, they were initially given Call Operator training.

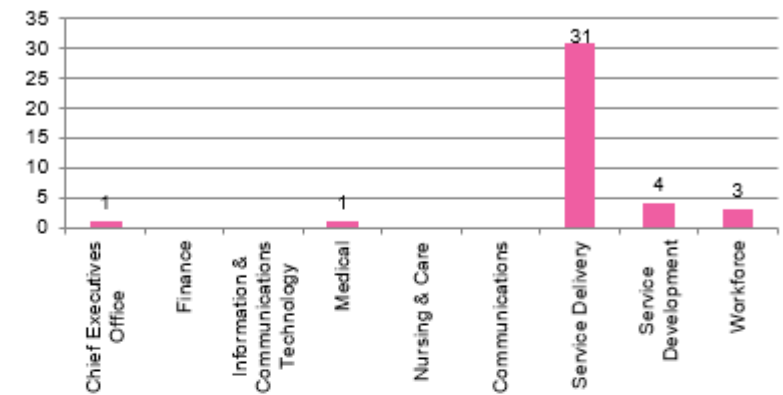
For any unfilled Senior Charge Nurse vacancies, a coordinated national advertisement will be produced in the New Year.

On average over the previous 12 months we have brought in 40 new starts per month however on average per month we have 38 staff leaving per month.

**Graph 3: Recruitment by Region Q3**

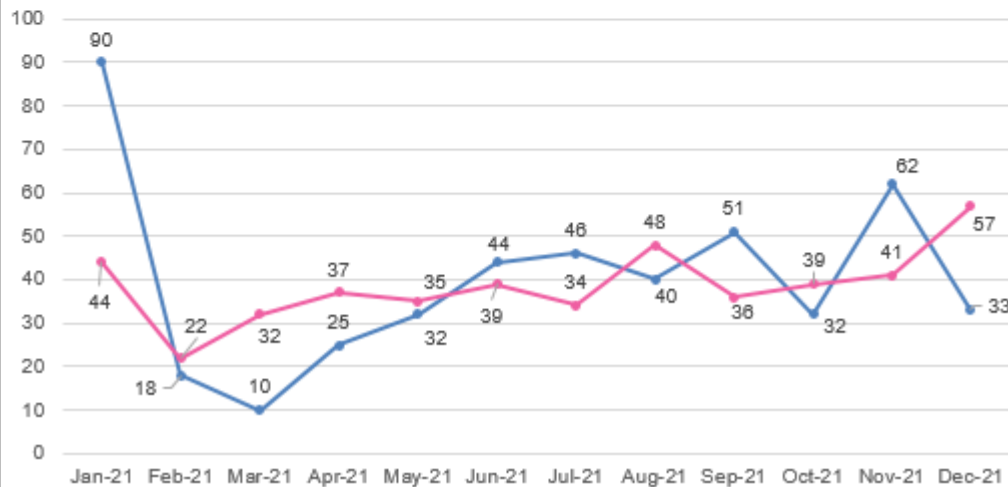


**Graph 4: Posts advertised by Directorate Q3**



**Graph 5: New Starts and Leavers November 2020 - December 2021 Headcount**

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



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 Vaccinations

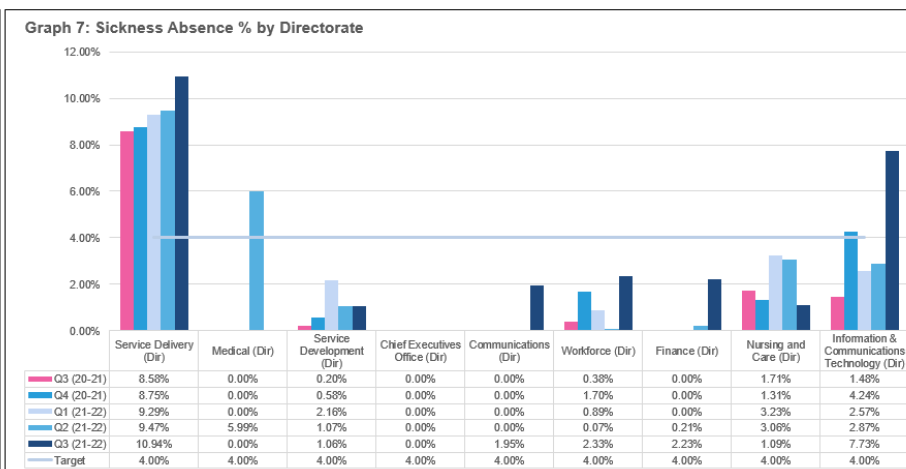
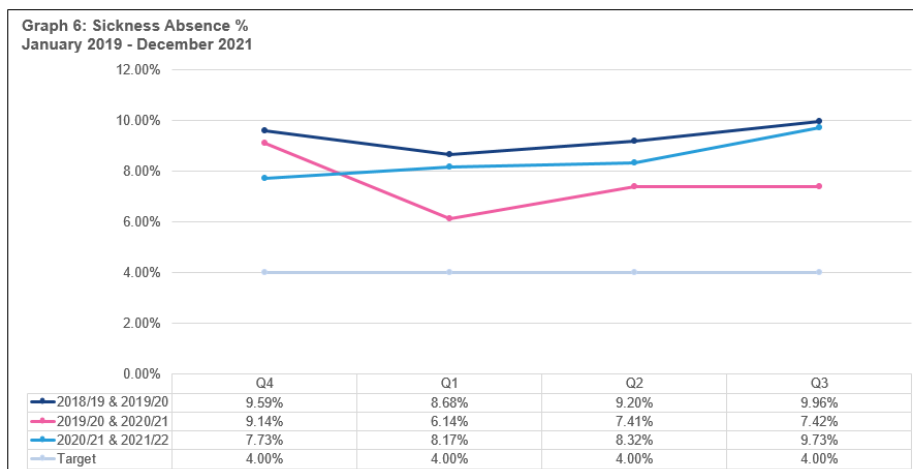
54.1% of staff have now received their booster and flu vaccinations ensuring impact of Covid-19 is lessened as well as allowing these staff to follow the new reduced isolation guidance. Planned and pop up clinics continue. It is anticipated that the new reduced self-isolation guidance will be helpful.

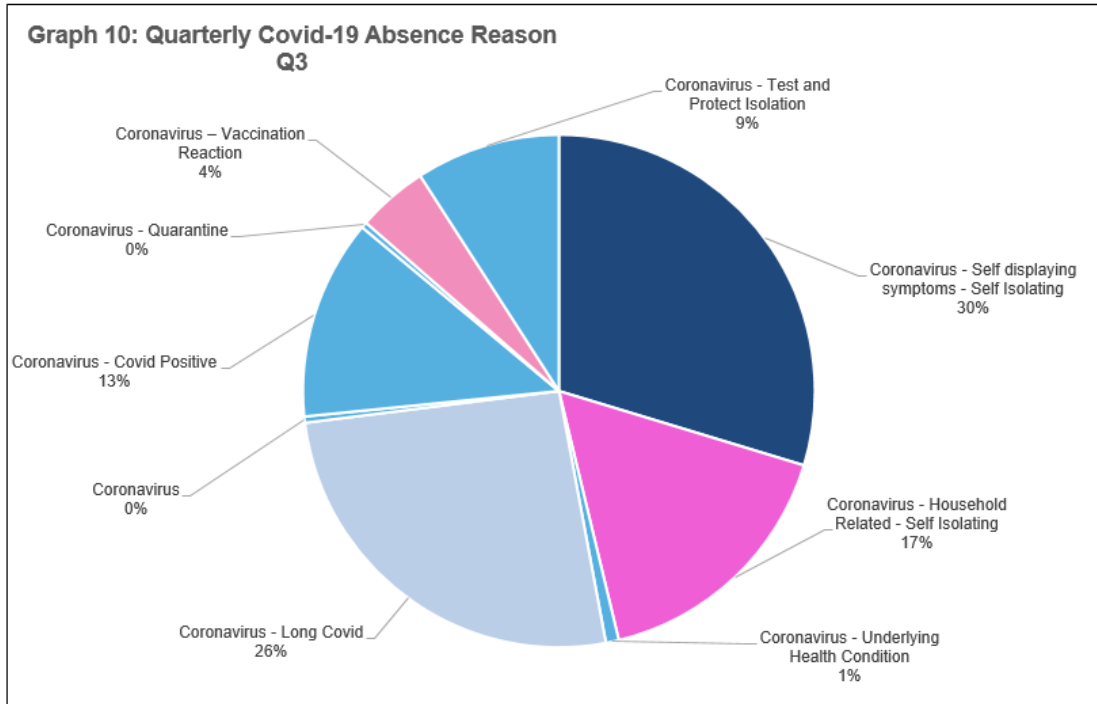
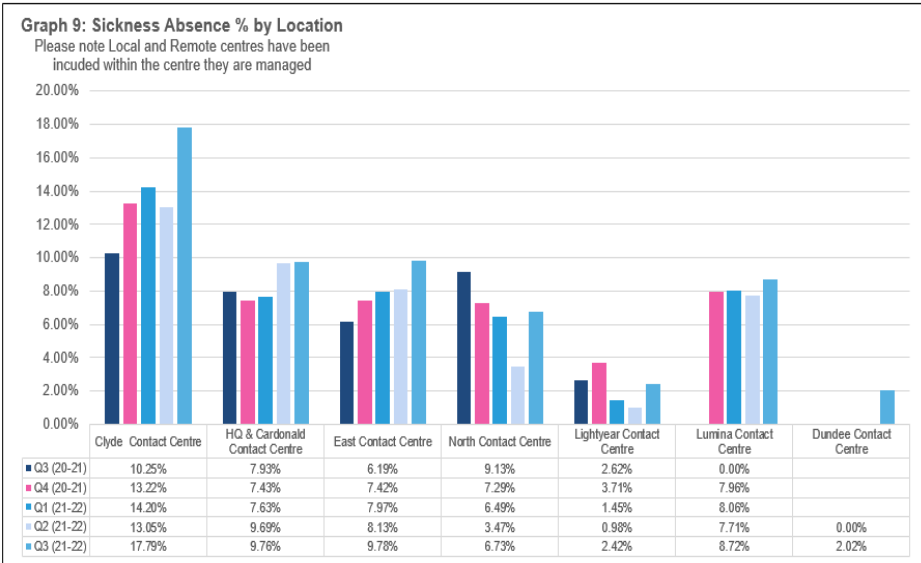
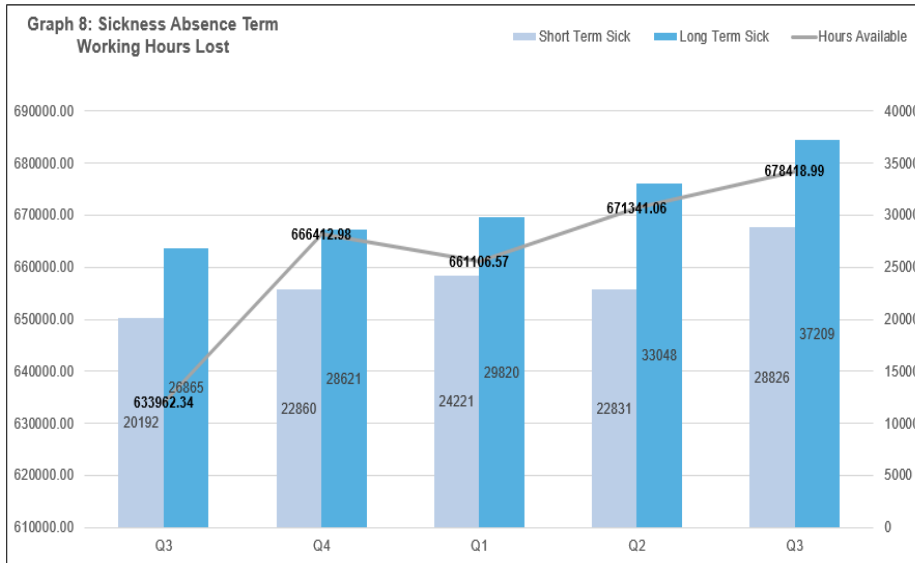
### 4.4 Absence

Attendance continues to be a cause for concern across all cohorts of our frontline staffing groups. Sickness absence excluding COVID related special leave continues to be high. In October, November and December absence continues to sit above 9% with no noted improvements across the quarter.

Long Term Sickness (absence beyond 28 days) equates to the higher proportion of sickness absence and averages at 5.42% over the quarter. In real terms this equates to 84 staff members not including our staff absent with Long COVID which is currently sitting at 31 staff members.

COVID related absence has significantly increased in this quarter with December having the highest COVID related absence to date, with 13.53% of our staff being unable to attend work either due to testing positive and isolating or awaiting test results. The two absence types combined create a significant impact on resource, this is reflective of other Boards in NHS Scotland.





### Table 2

	Oct-Dec	Dec
Coronavirus	10	5
Coronavirus - Covid Positive	159	106
Coronavirus - Household Related - Self Isolating	423	218
Coronavirus - Long Covid	84	45
Coronavirus - Self displaying symptoms - Self	9	296
Coronavirus - Underlying Health Condition	787	2
Coronavirus - Test and Protect Isolation	210	119
Coronavirus - Quarantine	13	7
Coronavirus - Vaccination Reaction	117	45
<b>Total</b>	<b>1812</b>	<b>843</b>



## 4.5 Turnover

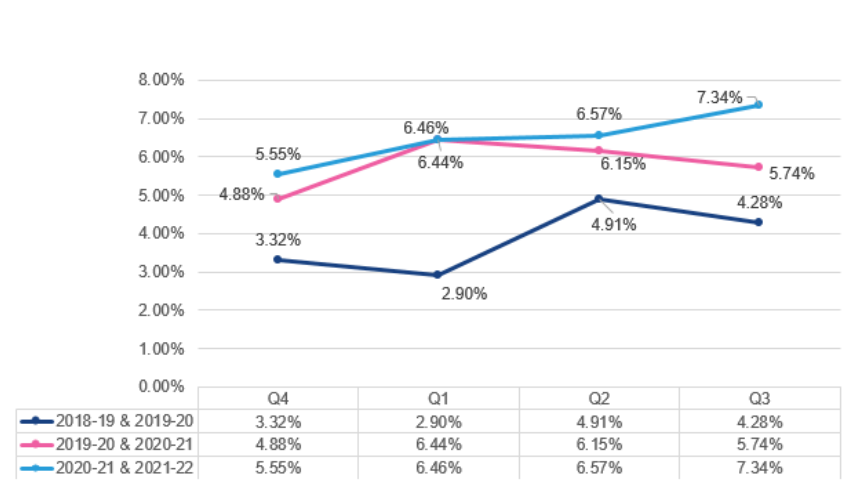
Turnover remains high within NHS 24 sitting at 7.34% for Q3. The highest number of leavers in Q3 were from the Call Handler skill set (58 leavers which equates to 41.72% of all leavers) however it should be noted that this has decreased since Q2 where we had 69 leavers within the Call handler cohort. Call Operators also showed a high level of turnover with 20 leavers which equates to 14.38% of leavers within the quarter. The total number of leavers for Q3 was 139 (this is an increase of 15 leavers from Q2). Of the 139 leavers in Q3, 115 had a permanent contract with NHS 24, whereas 24 had a fixed term contract.

39.56% of Q3 leavers had less than 12 months service, the majority of those who left with under one-year service were from the Call Handler (25 leavers) and Call Operator skill sets (19 leavers). The most common reasons captured for those who left within 12 months were personal reasons (10 leavers), Training/Induction (9 leavers) and dismissal (9 leavers).

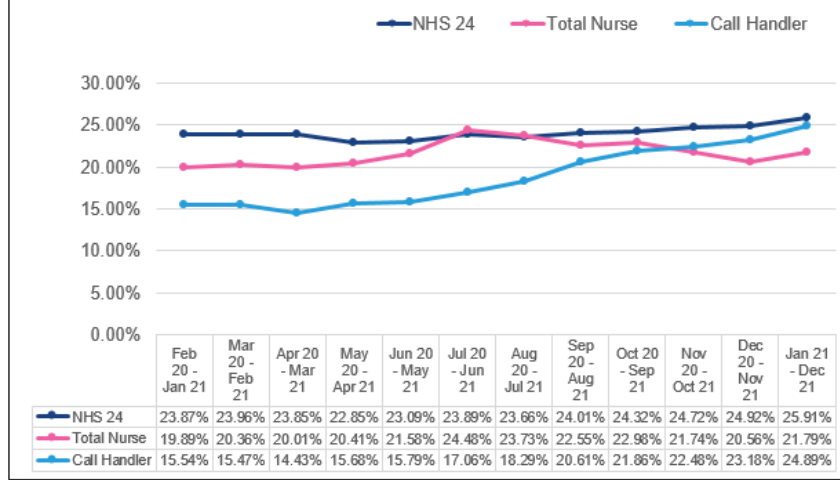
For NHS 24 turnover has been steadily increasing over the last couple of years. As growth continues, this means that we are in a never ending cycle of recruitment and not reaching a sustainable position on workforce numbers. Employee retention is one of the most intense challenges facing the health sector at this time. This is evidenced through the current levels of vacancies in health e.g. over 5000 nursing vacancies and over 35,000 total vacancies in NHS Scotland.

In order to curb employee attrition turnover cannot be looked at in isolation. EMT have approved an action plan to improve retention including: hiring the right person, first time; developing on-boarding practices and analysing why people stay and leave. The plan is split into short, medium and longer term goals due to the interdependencies of other strands of work. The overall aim of our longer term retention improvement work will be to review all aspects of the journey a member of staff takes whilst working at NHS24. Attrition and retention are influenced by many different factors and highlights the need for all stakeholders 'to work together' to increase their commitment to each other and to take ownership for the contribution they play in the 'journey' to reduce attrition and improve retention.

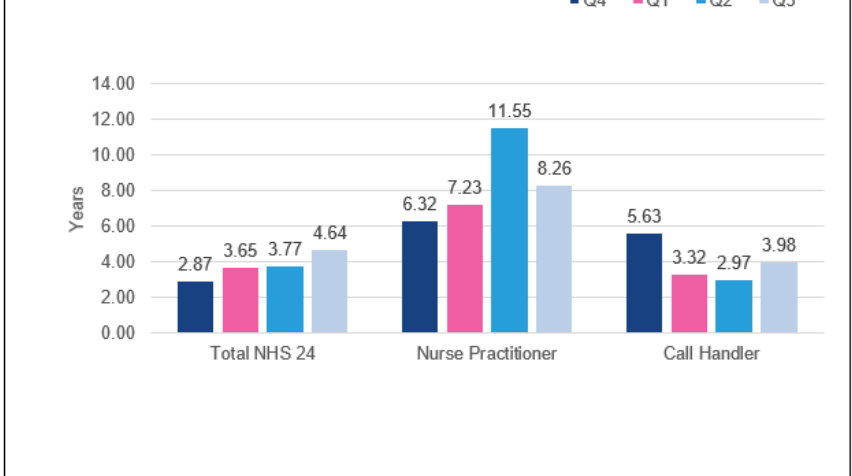
**Graph 11: Turnover %**



**Graph 12: Rolling 12 month Turnover % comparison**

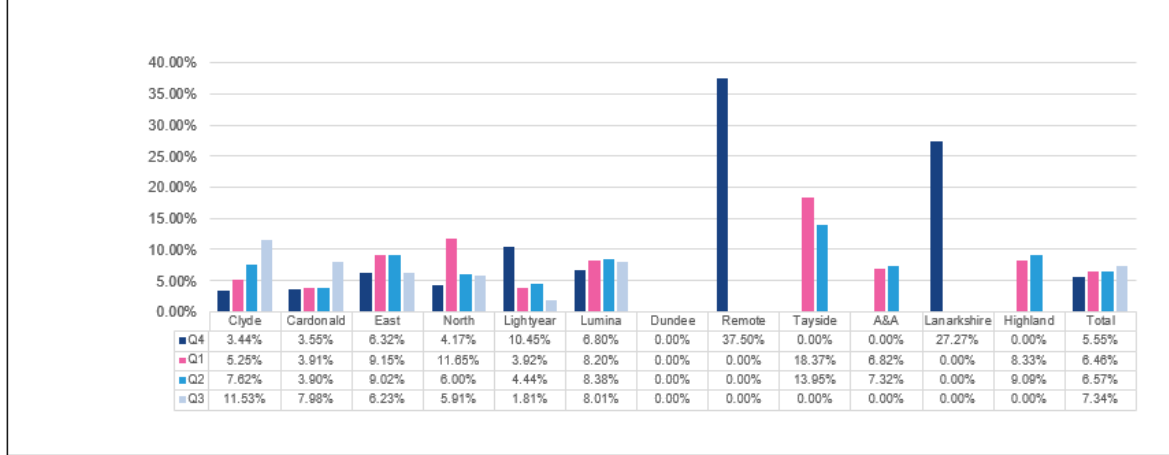


**Graph 13: Average LOS of Leavers**



**Graph 14: 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.

The leaving reasons recorded when staff leave NHS 24 are NHSScotland standard classifications. The Workforce Directorate have been working to capture additional leaving reasons for staff who have selected “Other” or “Voluntary Resignation - Other” to provide a more meaningful insight as to why staff leave NHS 24. This can be found in table 3.

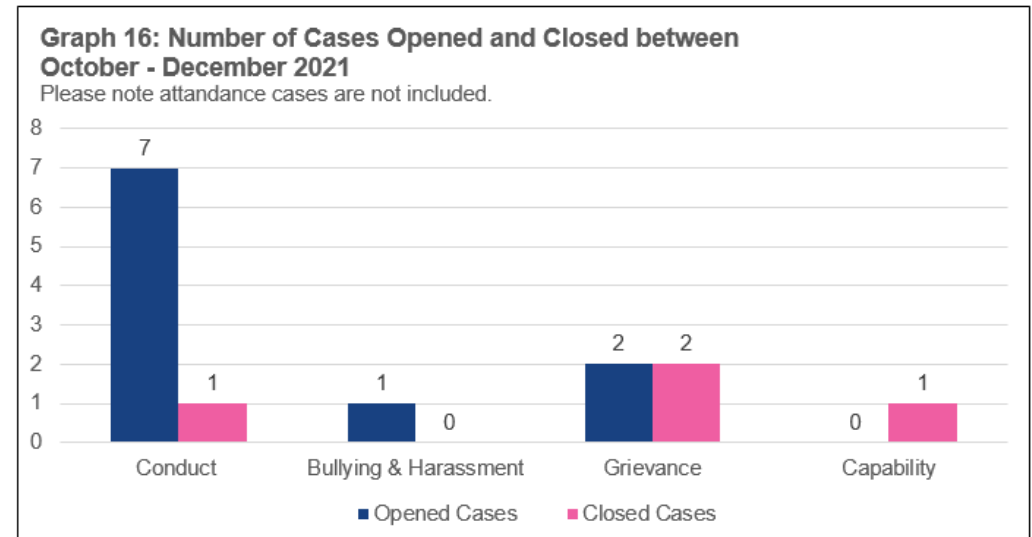
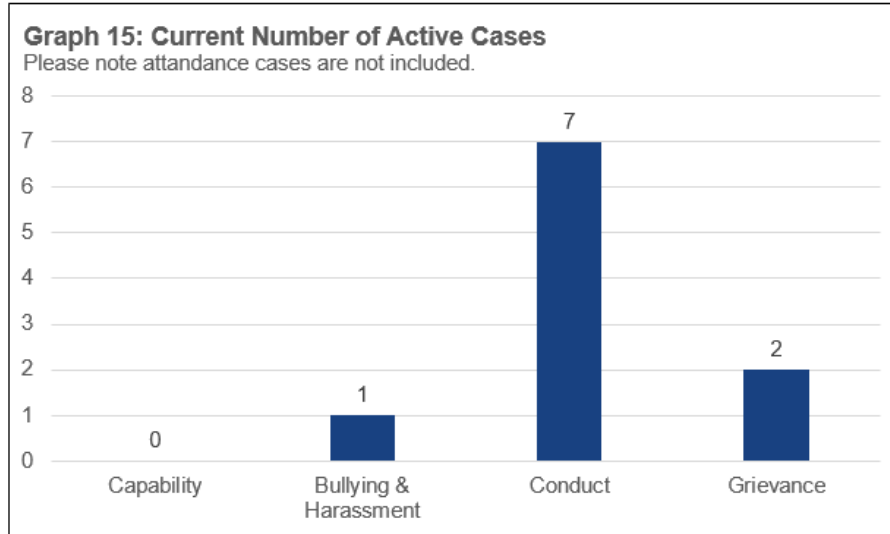
Internal transfers are not included in the Turnover figure, this is made up of staff who leave NHS 24.

<b>Table 3:</b>	
<b>Leaving Reason</b>	<b>Number of Employees</b>
Dismissal	12
Dismissal Capability	2
End of FTC	2
Ill Health	1
New Employment with NHS Scotland	29
New Employment with NHS out with Scotland	3
Retirement - Age	14
Retirement Other	2
Attend Further Education	1
Career/Personal Development	4
Face to Face Patient Contact and patient follow-up	1
Family Commitments	5
Flexibility of hours/rotas	1
Move to New Employer (Unknown)	6
Move to New Employer Out with NHS	10
Personal Reasons	14
Relocation	4
Training/Induction	9
Travel	1
Unknown/Did not answer	15
Work/Life Balance	3
<b>Total</b>	<b>139</b>

<b>Table 4:</b>	
<b>Transferred to another NHS 24 post.</b>	
<b>Original Post</b>	<b>Number of Employees</b>
Call Handler	4
Call Operator	7
Clinical Practice Educator	1
Non-Frontline	14
Senior Charge Nurse	2
Team Manager	1
<b>Total</b>	<b>29</b>

## 4.6 Employee Relations

In respect of case management the Employee Relations Team continue to manage other ER related cases, although case load volume appears low, the management capability and therefore the support required in managing these cases is intensive. As part of continuous improvement efforts a lessons learned log and feedback mechanism has now been implemented in respect of Employee Relations cases in an attempt to improve work processes, equity, consistency, quality and safety.



## 4.7 Statutory and Mandatory/ Essential Training

### Statutory and Mandatory Training.

In November 2021 a new Training Escalation Framework was devised, in line with the Corporate Escalation Process. The Training Framework detailed which training remained switched on and which were switched off dependent on the service pressure level. It should be noted that all Mandatory Training being reported within this report will remain switched on regardless of service pressure level with the only exception being Whistleblowing being stopped at the potential service failure pressure level. Technical issues still exist in relation to the Stay Safe Online module with a manual fix required to move them from 'in progress' to 'complete'. This has been highlighted to the National Cyber Security Centre, the owner of the module. All other completion levels remain similar to the previous reporting period.

## Mandatory eLearning Modules, where refresher is required

<b>Table 5</b> <i>% of all NHS 24 staff who are compliant with the requirement to complete the mandatory modules below every 2 years, as at 31<sup>st</sup> December 2021</i>	Compliant	Non-compliant
Health and Safety Awareness	69%	31%
Fire Safety	73%	27%
Office Ergonomics	69%	31%
Safe Information Handling	49%	51%
Stay Safe Online	22%	78%
Mental Health Improvement and Suicide Prevention	62%	38%
Public Protection	74%	26%
Whistleblowing - all staff	54%	46%
Whistleblowing - all managers	41%	59%
Attendance Management - all managers	79%	21%

Note: Infection Control modules (suite of four in total) are also mandatory but reporting will not commence until April 2022

## Mandatory Clinical Modules

<b>Table 6</b> <i>% of staff who have completed required annual clinical modules for their skillset, as at 31<sup>st</sup> December 2021</i>	Mental Health Awareness	Acute Coronary Syndrome	Meningitis	Recognition of Acutely Ill Adult	Recognition of Acutely Ill Child
Nurse Practitioners	71%	69%	69%	80%	57%
Call Handlers	62%				

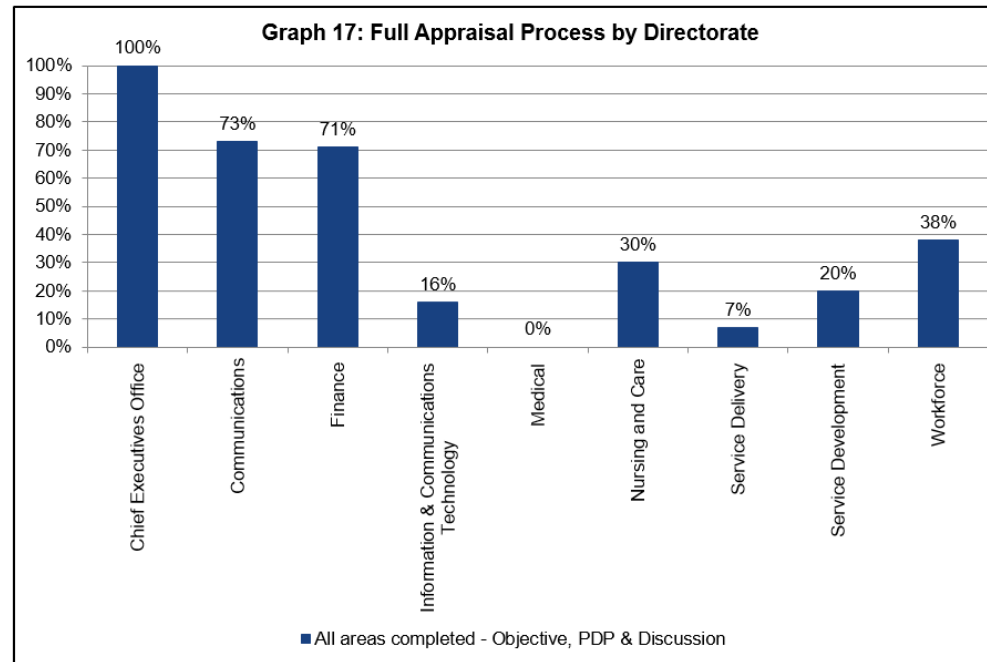
Note: Public Protection is now required to be completed every 2 years by all staff, and is no longer identified separately in the requirements for Mandatory Clinical refresher training.

## 4.8 Appraisal

Due to service pressures in relation to the ongoing COVID 19 pandemic, NHS 24 took the decision in November 2021 to ask staff and managers to only complete the discussion element of the appraisal process. This is a temporary change and it is anticipated that our organisational goal of 100% of Agenda for Change staff (who are currently in the business) requiring to complete agreed objectives, PDP and appraisal discussions in the last rolling 12 month period and recorded in Turas Appraisal, will return in April 2022. The figures in the table demonstrate a good level of appraisal discussion activity across the organisation at 44% despite service pressures - the lower figures relating to agreed personal development planning and objective setting activity are in line with the decision to concentrate on the discussion element. A key deliverable within the Workforce People Plan is to re-invigorate appraisal completion and to this end we commit to a) investigate the low use and adoption of appraisal b) review and advise on approaches to 121's, c) highlight and mainstream appraisal through relevant learning resources and programmes, d) use CPD Protected Learning Time to direct learning towards Appraisal good practice resources and e) work with the Board to implement any recommendations. The first workshop to explore this is set for 17th January 2022.

<b>Table 7</b> <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 31<sup>st</sup> December 2021.</i>	Objectives Only	PDP Only	Discussion Only	All areas completed - Objective, PDP & Discussion
		23%	16%	44%

<b>Table 8</b> <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%	73%	100%	73%
Finance	71%	79%	93%	71%
Information & Communications Technology	45%	29%	61%	16%
Medical	9%	0%	18%	0%
Nursing and Care	49%	41%	41%	30%
Service Delivery	18%	12%	42%	7%
Service Development	40%	27%	26%	20%
Workforce	65%	47%	62%	38%



#### 4.9 Staff Experience

The iMatter Staff Experience Questionnaire was completed from 13 September to 4 October 2021. The response rate was 57%, which is a significant achievement under current service pressures. The Employee Engagement Index (EEI) is 75%. A paper was submitted to the Executive Management Team on 12 October 2021 with a detailed analysis of the data. Each Director also received an analysis of their Directorate results at the end of October 2021.

Submission of Action Plans closed on 30th November with 58.4% of the organisation meeting the deadline, however Action Plans continue to be submitted. A paper will be submitted to EMT and Staff Governance in February and May respectively, detailing the whole of Health and Social Care iMatter returns, providing an opportunity to analyse NHS 24's performance nationally. It shall also provide insights into where collaborative interventions for national issues presents as an option to drive whole systems improvements.

#### 4.10 Develop and deliver a First Line Management Essentials Programme

The design phase of the new Management Essentials Programme is now complete, having been approved at both EMT and Staff Governance in November 2021. The build phase has now commenced and progress is in line with the approved Project Plan.

The Programme includes modules which have been designed to help drive improved performance around key people management practices within NHS 24 including attendance management, appraisal and supporting staff wellbeing. The 12 modules represent 26 hours of learning and will be delivered flexibly to meet the needs of the organisation and they are:

##### ***Managing Self***

An introduction to Management and Leadership (2 hrs)

Decision-making and critical-thinking (2 hrs)

Emotional intelligence and relationship building (2 hrs)

Manager as Coach (2 hrs)

##### ***Managing Teams***

Employee relations (3 hrs)

Communication, Resilience and Wellbeing (3 hrs)

Team Development and Support (2 hrs)

Equality, Diversity and Inclusion (2 hrs)

Quality appraisal and development planning, for individuals and team (2 hrs)

Recruitment and Selection (2 hrs)

##### ***Managing in the Organisation***

Responsibilities, Values and Competencies (2 hrs)

Workforce Policies and Systems (2 hrs)

#### **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.