NHS 24	**18 JUNE 2020**
BOARD	**ITEM NO 11.2**

WORKFORCE PERFORMANCE REPORT (MAY 2020)

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	This report provides the Board with an update on areas of workforce focus for the month of May 2020. It provides analysis of workforce information to inform decision making in relation to the workforce and in addition identifies any workforce issues. The HR metrics collated in this report are derived from the NHSScotland HR Management Information System (eESS) and are reported real-time. This report contains high level workforce information for the attention of the Board. Comprehensive reports are still produced and monitored by the HR senior team, and are available for any member of the Executive Management Team or the Board on request.
Date presented to EMT and relevant Committee	This workforce report had been presented to the Executive Management Team and Staff Governance Committee prior to being presented to the Board, Due to the Committee meetings schedule only April information had been presented.
Strategic alignment and link to overarching NHS Scotland priorities and strategies	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.
Key Risks	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.
Financial Implications	Currently, there are no financial implications to highlight.
Equality and Diversity	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

1.1 The Board is asked to discuss and note the information contained within the Workforce Report and any actions identified to be taken forward.

2. TIMING

2.1 This report provides metrics and analysis for the month of May 2020 and includes historic trends and future forecast information.

3. BACKGROUND

3.1 To support workforce management across NHS 24 the importance of accurate workforce information and intelligence to better understand both the current and future workforce is recognised.

3.2 The NHS 24 Workforce Plan is monitored on an ongoing basis. This paper, supported by weekly workforce reports, is produced monthly to identify and monitor key workforce trends including workforce figures by staff cohort, workforce projections, attendance rates, workforce turnover, completed appraisals and health and well-being.

3.3 Staffing information is provided to the Staff Governance Committee quarterly to further evidence that the Staff Governance Standards are embedded and adhered to as part of the governance framework.

4. UPDATES

4.1 Workforce Plan, Effective Recruitment & Deployment

The table overleaf shows the current staff in post against the year end target establishment as at 31st May 2020. For the majority of skill sets the establishment throughout the year remain steady, influenced only by attrition.

The Call Handler numbers fluctuate throughout the year, balancing the requirement to have more Call Handlers in place over peak periods. 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.

Staff in Post

Table 1: STAFFING	Budgeted WTE	Current Staff as at 31/05/2020		Variance against Budgeted WTE 2020/21
		31-May-20		
	WTE	Headcount	WTE	WTE
Clinical Service Managers	19.00	19	17.10	-1.90
Clinical Services Manager - Dental	1.00	1	1.00	0.00
Head of Clinical Practice Education and Development	1.00	1	1.00	0.00
Senior Charge Nurses	65.04	78	64.58	-0.46
Advanced Nurse Practitioners	17.00	6	5.00	-12.00
Clinical Practice Educators	6.96	8	6.96	0.00
Nurse Practitioners - Band 6	150.00	216	127.89	
Nurse Practitioners - Band 5	12.00	2	1.28	-10.72
Clinical Supervisor	Inc in Band 6 Nurses	3	0.64	
Total Nurses **	162.00	221	129.81	-32.19
Regional Pharmacy Advisors	3.77	2	1.80	-1.97
Pharmacy Advisors	9.28	19	7.28	-2.00
Physiotherapy Specialist Advisor	5.00	4	3.01	-1.99
Senior Dental Nurses	4.48	7	4.96	0.48
Dental Nurses	31.00	62	26.95	-4.05
Total Clinical Frontline	317.57	428.00	269.45	-56.08
Call Handlers	455.00	683	416.27	-38.73
Team Managers Unscheduled Care	52.00	60	50.30	-1.70
Training Advisors	0.00	13	10.20	10.20
HIA Team Manager	3.00	3	3.00	0.00
Health Information Advisors	10.88	9	6.37	-4.51
Health Information Operators	16.00	10	7.12	-8.88
SEDS Hub Team Managers	1.00	1	1.00	0.00
Dental Hub Administrators	11.00	22	9.37	-1.63
Living Life Cognitive Behavioural Therapist	2.61	5	2.60	-0.01
Living Life Self Help Coach	3.20	2	1.00	-2.20
Living Life Mental Health Practitioner	1.40	3	1.40	0.00
Breathing Space Supervisor	5.00	9	6.60	1.60
Breathing Space Phoneline Advisor	21.00	36	20.68	-0.32
Team Managers Scheduled Care	3.50	5	3.09	-0.41
Scheduled Care Call Operator (fixed term)	21.66	18	13.32	-8.34
Unscheduled Care Call Operator (fixed term)	16.00	8	5.28	-10.72
Unscheduled Care Bank Call Operator	0.00	64	0.64	0.64
Scheduled Care Bank Call Operator	0.00	2	0.02	0.02
Total Non Clinical Frontline	623.25	953	558.26	-64.99
Total Business & Administrative*	273.32	273	248.49	-24.83
Total Staff	1214.14	1654	1076.20	-145.90

*Due to current COVID-19 related activity the budgeted WTE target for Business and Administrative staff has not been finalised and so the target is subject to change.

Table 2: Primary Care Triage	Budgeted WTE	Current Staff as at 31/05/2020		Variance against Budgeted WTE 2019/20
		31-May-20		
	WTE	Headcount	WTE	WTE
Clinical Service Managers	1.00	0	0	-1.00
Senior Charge Nurses	3.00	4	2.60	-0.40
Nurse Practitioners	15.00	16	9.87	-5.13
Team Managers	3.00	2	1.60	-1.40
Call Handlers	48.00	10	8.38	-39.62
Call Operators	0.00	0	0.00	0.00
Total	**70.00**	**32**	**22.45**	**-47.55**

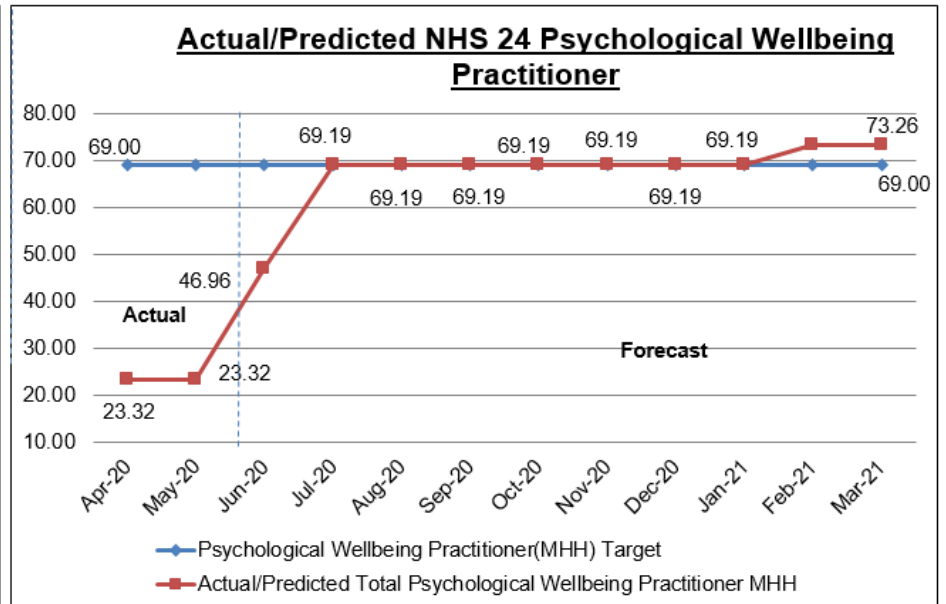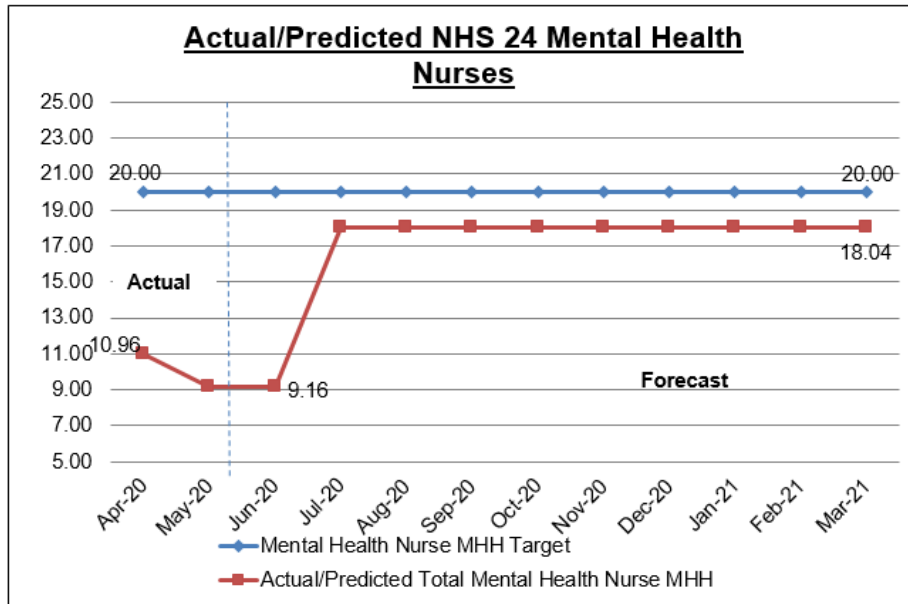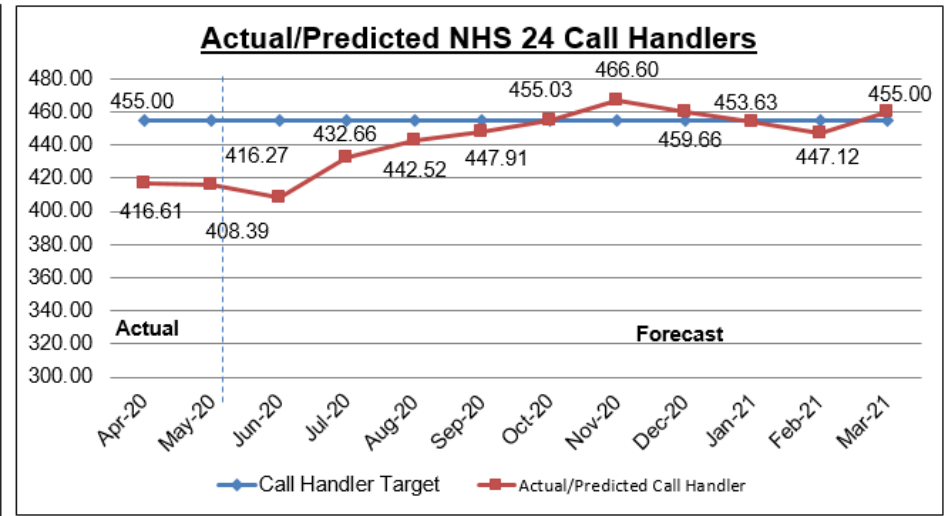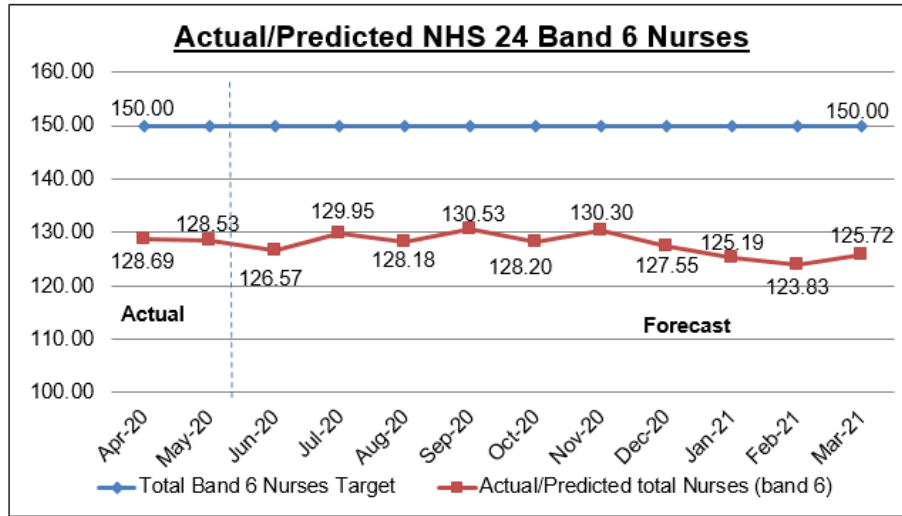| Table 3: Mental Health Hub	Budgeted WTE	Current Staff as at 31/05/2020		Variance against Budgeted WTE 2019/20
		31-May-20		
	WTE	Headcount	WTE	WTE
Senior Charge Nurses	8.00	5	5.00	-3.00
Mental Health Nurse Practitioner	20.00	12	9.16	-10.84
Psychological Wellbeing Practitioner	69.00	25	23.32	-45.68
Total	**97.00**	**42.00**	**37.48**	**-59.52**

Temporary staff in post to support COVID-19 Activity

Table 4: Covid-19	Budgeted WTE	Current Staff as at 31/05/2020		Variance against Budgeted WTE 2020/21
		31-May-20		
	WTE	Headcount	WTE	WTE
Call Operators	200.00	132	117.11	-64.49
Senior Charge Nurse	Included in Total Clinical Target	1	0.64	Included in Total Clinical Target
Clinical Supervisor (Nurse)	Included in Total Clinical Target	12	6.48	Included in Total Clinical Target
Clinical Supervisor (GP)	Included in Total Clinical Target	7	2.75	Included in Total Clinical Target
Strategic Clinical Advisor	Included in Total Clinical Target	1	0.21	Included in Total Clinical Target
Total Clinical	**40.00**	**21**	**10.08**	**-29.92**
Total	**240.00**	**153**	**127.19**	**-112.81**

The numbers detailed in table 4, include staff that have commenced on fixed term contracts through social media advertising, clinical staffing through the portal and via secondments. NHS 24 has achieved our current target for Call Operators and therefore no further training is scheduled. However, it should be noted that this will continue to be reviewed.

The graphs below show the planned recruitment trajectory based upon the agreed recruitment targets for 2020/21. The Workforce Directorate will continue to work closely with key stakeholders across Service Delivery and Finance as NHS 24 works to achieve these targets.

Actual/Predicted NHS 24 Band 6 Nurses

Total Band 6 Nurses Target — Actual/Predicted total Nurses (band 6)

Actual values: 150.00, 128.69, 128.53, 126.57, 129.95, 128.18, 130.53, 128.20, 130.30, 127.55, 125.19, 123.83, 125.72, 150.00

Actual/Predicted NHS 24 Call Handlers

Call Handler Target — Actual/Predicted Call Handler

Values: 455.00, 416.61, 416.27, 408.39, 432.66, 442.52, 447.91, 455.03, 466.60, 459.66, 453.63, 447.12, 455.00

Actual/Predicted NHS 24 Mental Health Nurses

Mental Health Nurse MHH Target — Actual/Predicted Total Mental Health Nurse MHH

Values: 20.00, 10.96, 9.16, 18.04, 20.00

Actual/Predicted NHS 24 Psychological Wellbeing Practitioner

Psychological Wellbeing Practitioner(MHH) Target — Actual/Predicted Total Psychological Wellbeing Practitioner MHH

Values: 69.00, 23.32, 23.32, 46.96, 69.19, 69.19, 69.19, 69.19, 69.19, 69.19, 69.19, 73.26, 69.00

4.2 Recruitment and Retention

NHS 24 has implemented an accelerated recruitment process in order that staff can be employed or redeployed as quickly as possible into the organisation, either through direct recruitment, secondment or through the NHS Scotland accelerated recruitment portal, managed by NES.

Temporary Call Operators - 185 temporary Call Operators have started at NHS 24 between the end March to the end April, adding 158.16 WTE of support to the COVID-19 111 line. There are currently a further 136 candidates in the temporary Call Operator pipeline should we need to recruit additional support in the coming months.

Call Handler – during March 2020, 25.99 WTE Call Handlers started with NHS 24 taking the total WTE to 430.43 against a target of 435 WTE. These Call Handlers received 3 day Call Operator training and have been supporting the COVID-19 111 line. From 4th May this group commenced full induction training and move to their contractual Call Handler position in the 111 Unscheduled Service.

A new Call Handler campaign was initiated on 6th March and the recruitment team are working through pre-employment checks. It is expected that these candidates should be ready to start with NHS 24 from late June.

Mental Health Hub - To support the expansion of the Mental Health Hub service to 24/7, additional Mental Health Nurses and Psychological Wellbeing Practitioners are currently being recruited. The recruitment team are working through their pre-employment checks.

Accelerated Recruitment Portal - NHS 24 is engaging with the National Accelerated recruitment portal, to support the service in terms of employing additional clinical supervision resource, as quickly as possible. The portal has been set up to centrally collate and manage all potential returners to the NHS, in terms of carrying out pre-checks and offering placement letters. To date NHS 24 has employed 8 nurses and 6 GPs through the portal, however more clinicians are still being cleared through the accelerated pre-employment checks through NES.

Secondments - NHS 24 has had 13 clinicians seconded into the service from other parts of the health service (HIS, NES and GG&C) and private organisations, such as Superdrug to support COVID-19.

Ad Hoc Recruitment - NHS 24 has recruited other clinicians via direct contact with NHS 24, and although the numbers are relatively small, they are adding to the clinical supervision capacity required to support the additional Call Operators.

RCN Job Fair – the event scheduled for March was postponed pending confirmation of a suitable date in the future.

4.3 Turnover

Turnover is monitored by NHS 24 on a monthly basis. The turnover figures contained in this report are calculated by dividing the number of leavers by the total headcount for that staff group. The following chart shows the rolling turnover for NHS 24 over the last 13 months and highlights turnover for both frontline Nurses and Call Handlers. The figures are not inclusive of any internal staff movements to other roles within the organisation, these are shown separately.
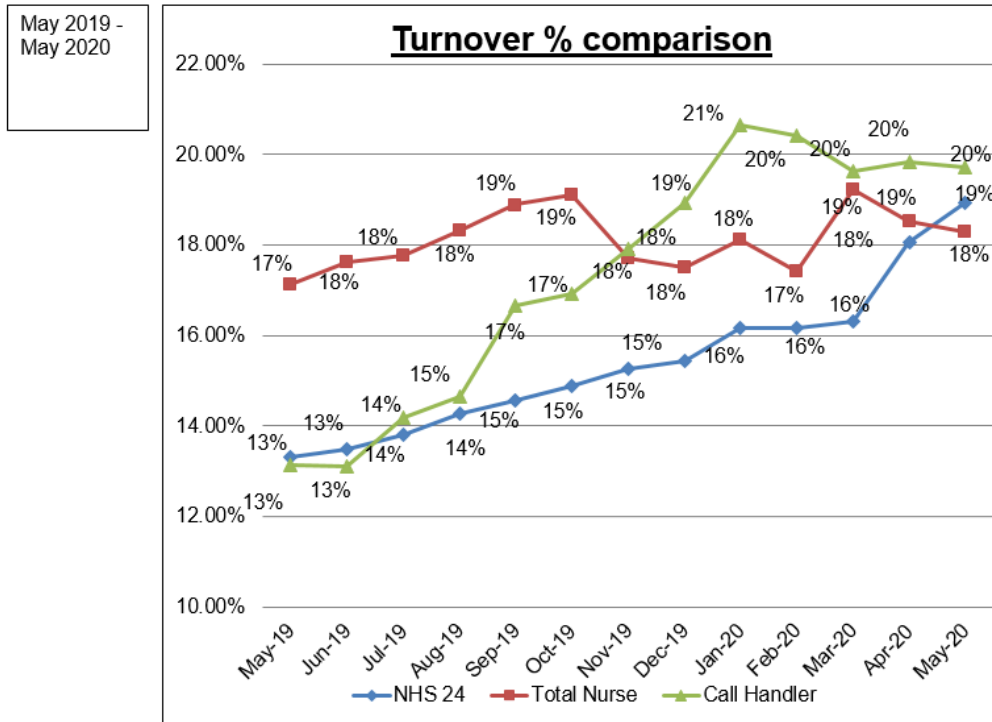
It should be noted that the charts above includes all NHS 24 leavers including those who left due to end of fixed term contracts/secondments and those transferring to other NHS Boards.**Total nurse figure includes Nurse Practitioner Band 6, Nurse Practitioner Band 5, Clinical Supervisor and Mental Health Nurse Practitioners

The chart above illustrates that the NHS 24 rolling turnover rate for May 2020 was 18.92% (+5.62% from May 2019). Turnover has also increased for Call Handlers currently totalling 19.72% (+6.57% from May 2019) and Nurses which equates to 18.28% (+1.14% from May 2019).

Table 5:	Headcount		
Skill Set	June 2019 – May 2020	June 2018 - May 2019	Difference
Call Handler	124	76	48
Call Operator	4	5	-1
Clinical Services Manager	2	0	2
Clinical Supervisor	2	1	1
Non Frontline	31	25	6
Nurse Practitioner Band 6	34	32	2
Nurse Practitioner Band 5	4	5	-1
Pharmacy Advisor	1	3	-2
Physiotherapy Specialist Advisor	0	3	-3
Team Manager	6	4	2
Senior Charge Nurse	6	5	1
Other Frontline	29	21	8
Nurse Practitioner (In Hours)	2	0	2
Call Handler (In Hours)	6	1	5
Call Operator (Covid-19)	48	0	48
Grand Total	**299**	**181**	118

The table above shows the number of leavers across the last 12 rolling months against the previous 12 months. For Nurse Practitioners (band 6 and 5 combined) the number of leavers has increased by a headcount of 1 and Call Handlers have increased by 48 leavers (headcount).

The chart below shows the stability index for May 2020 in comparison to May 2019. The stability index formula is: (number of employees at end of period with one year's service or more/number of employees in post one year ago. This indicates that since May 2019 there has been a decrease in the NHS workforce stability (-3.59%). During the 12 month period, 40.38% of leavers left within their first year of employment (126 headcount), 40.77% of Call Handlers (53 headcount) and 13.89% of Nurse Practitioner band 6 (5 heads) leavers. The Call Handler and Nurse Practitioner figures are for the '111' service only.

Stability Index %

Leaving Reasons by Turnover Proportion
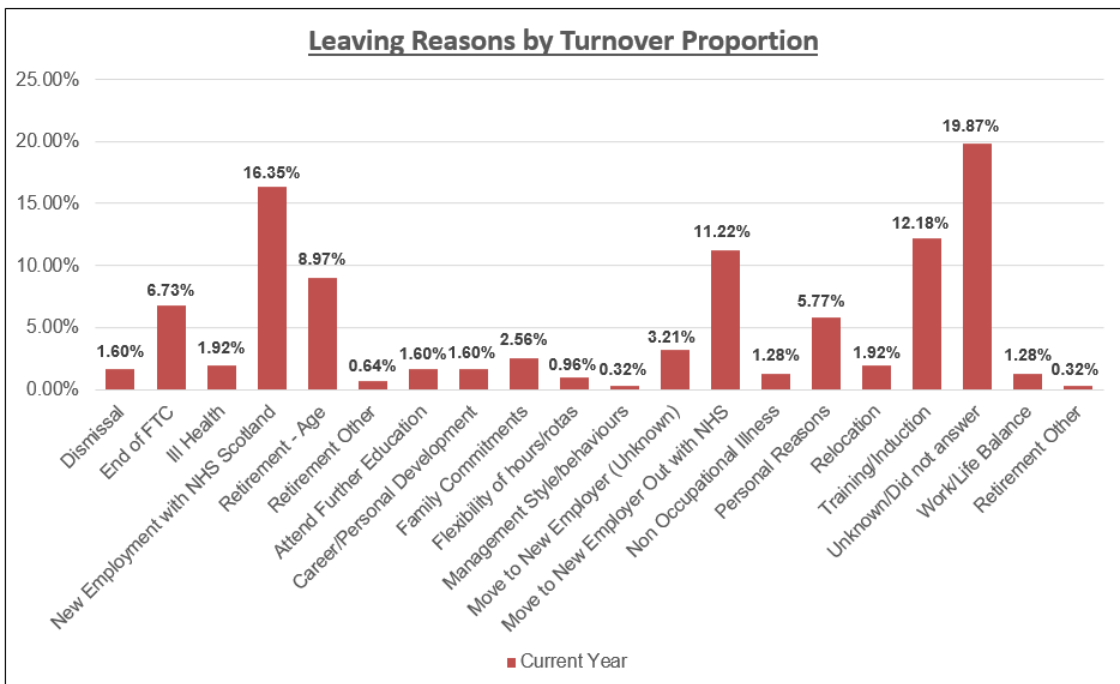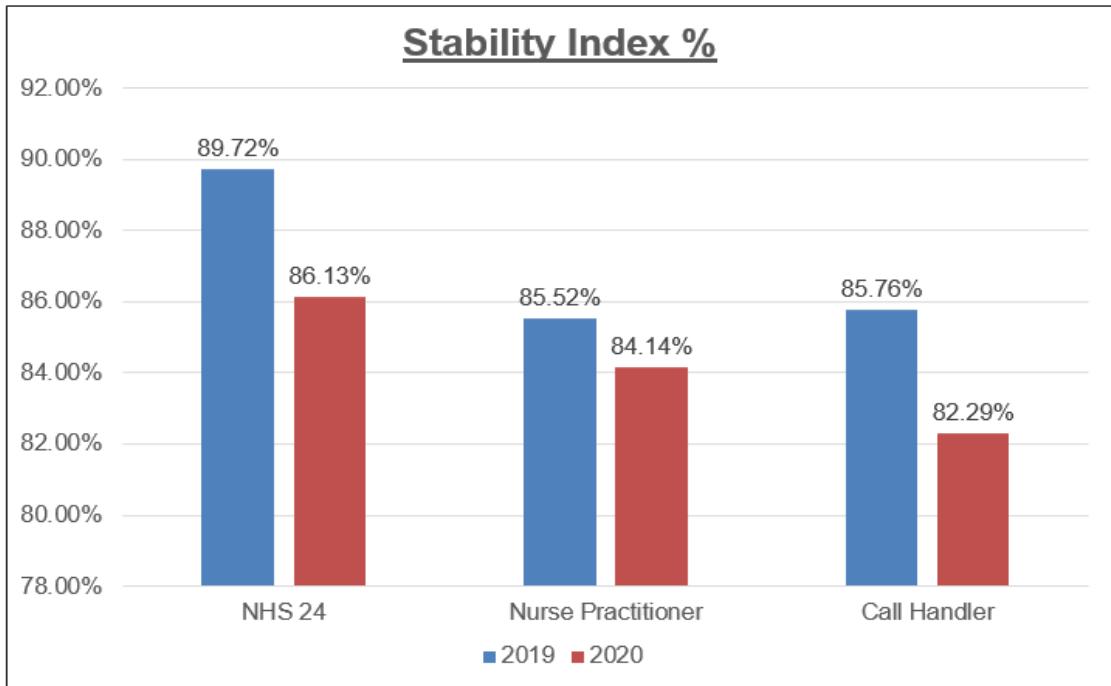
The chart above illustrates the leaving reasons for leavers over the past 12 months as a proportion of the total leavers. We can see that the percentage of employees leaving with "Unknown/did not answer" is the highest leaving reason with 19.87% of employees being recorded as this. However, this has decreased from the previous year where 48.29% were recorded under this leaving reason. We are following an exercise to better capture leaving reasons in eESS. There has been an increase in employees moving to a New Employment within NHS Scotland, 13.17% (Previous Year) to 16.35% (Current Year)

It would also be important to note internal staff movement, table 6 shows the number of promotions/transfers within each skill set during April and May 2020, staff members are counted in the position they are promoted/transferred from. For example Nurse Practitioners being promoted into Senior Charge Nurse or Practice Educator roles and Call Handlers being promoted into Team Manager roles.

Internal Movement

Table 6	Apr-20		May-20	
Skill set	Headcount	WTE	Headcount	WTE
Nurse Practitioner	1	0.8		
Nurse Practitioner (band 5)				
Team Manager	1	0.48		
Call Handler	18	12.29	3	2.44
Other Frontline	2	1.4	6	4.22
Non Frontline			1	1
Total	**22**	**14.97**	**10**	**7.66**

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

4.4 Supporting Attendance at Work, Health and Wellbeing

Sickness Absence Update

An updated Attendance Management Improvement Plan which takes into account the actions from an Audit Report was presented to the recent meeting of the Staff Governance Committee. The updated plan was approved at the committee with a proposal to set up a steering group led by a member of the Executive Management Team. This group would work to ensure that the attendance management improvement plan is implemented in line with the agreed targets.

Discussions are also ongoing with the trade unions to discuss the progression of the Attendance Management Policy and implementing the training of the Attendance Management Once for Scotland Policy.

NHS 24 Absence % over 13 months
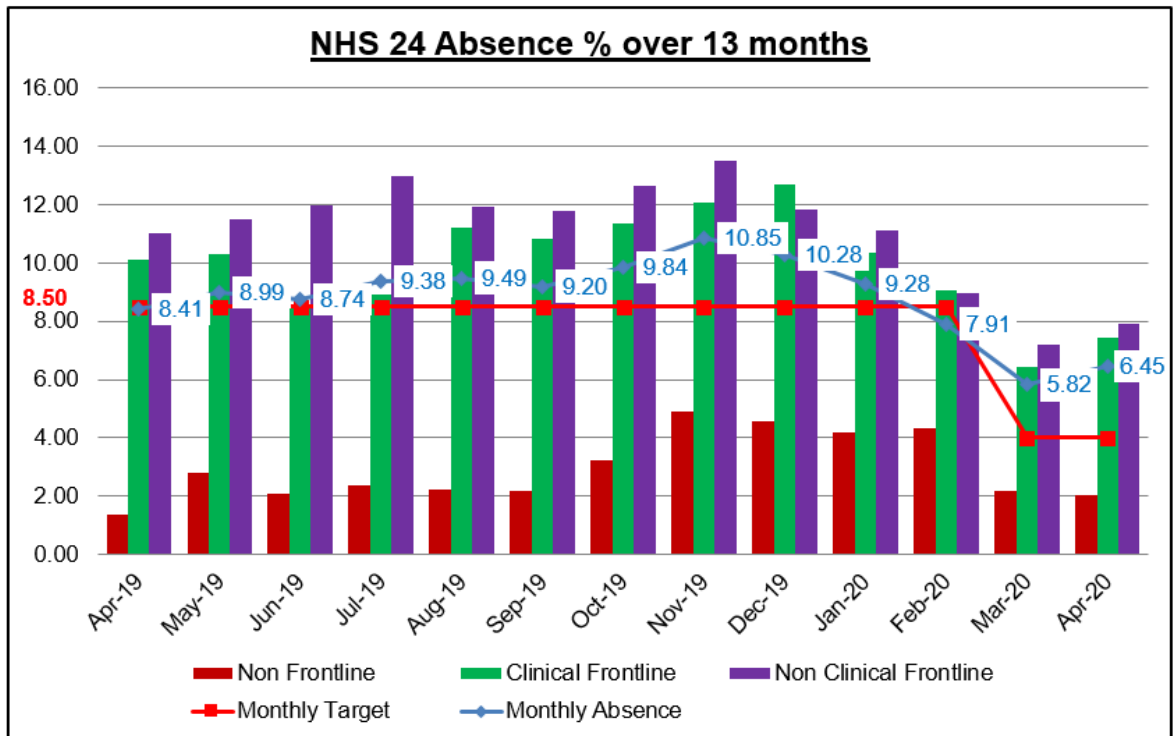
The chart below shows that the monthly absence rate has increased to 6.45% for May 2020, from 5.82%, for April 2020, (+ 0.63%) which is a decrease on the May 2019 figure of 1.96 %. Call Handler absence continues to be the area with the highest volume of absence at 10.19% (68882 hours lost), with Nurse Practitioner sickness absence at 9.27% (band 6, 1925 hours lost). Please note that the absence target has been changed from April 2020 in line with the NHS Scotland target of 4%.

It is worth noting that the above figure does not include absence due to COVID-19 which is recorded a Special Leave.

The Workforce Directorate continue to work with Service Delivery to progress actions to improve attendance at work in line with the updated Attendance Management Improvement Plan.

In order to support managers with real time attendance management information the Workforce Planning Team continue to support managers with face to face eESS training and reporting information and dashboards.

We continue to review all long-term sickness cases monthly to determine progress, consideration of early intervention and to offer advice and recommendations to managers in line with the Once for Scotland Attendance Management Policy.
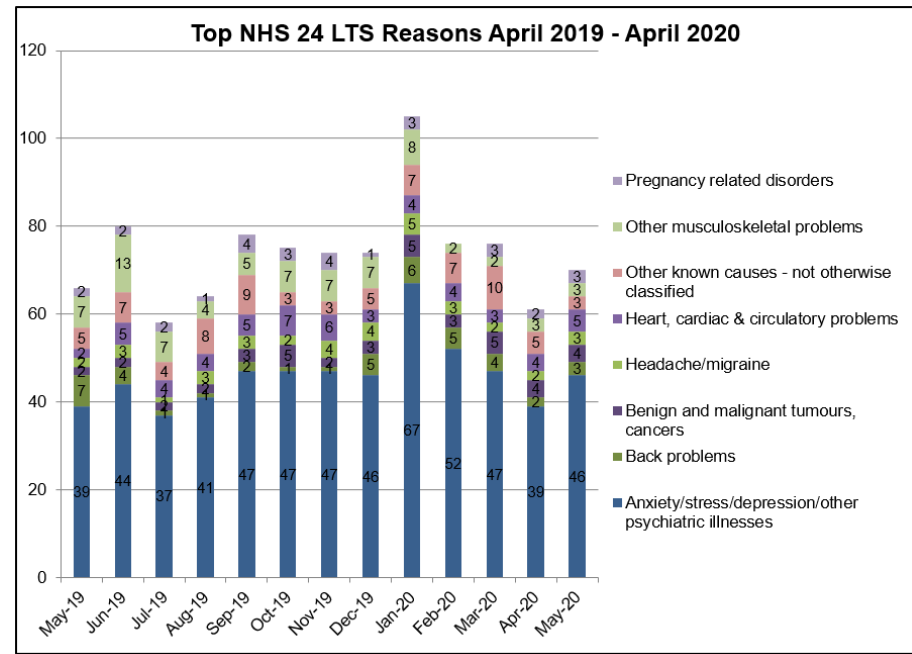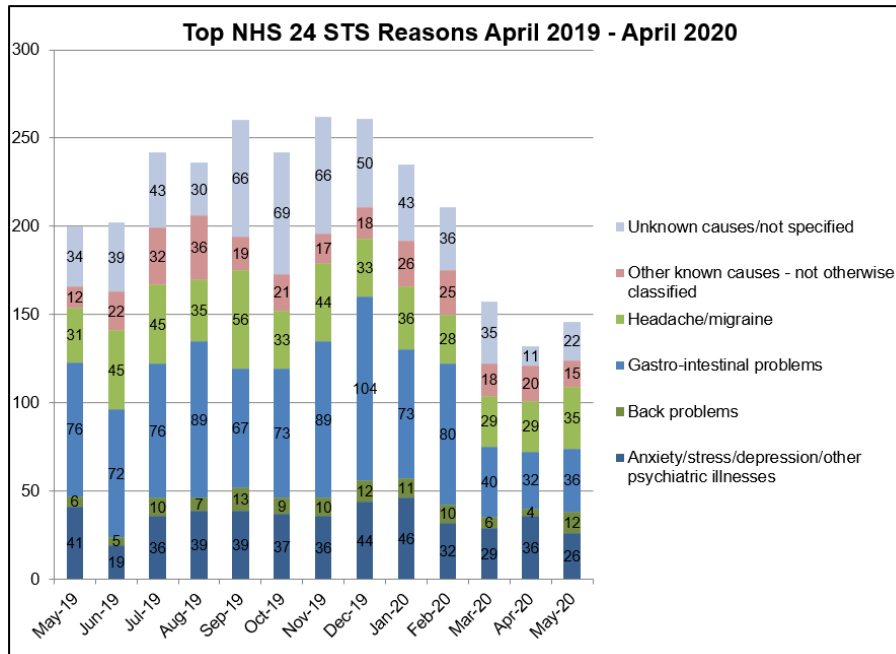
NHS 24 Short Term Sickness Absence by Centre
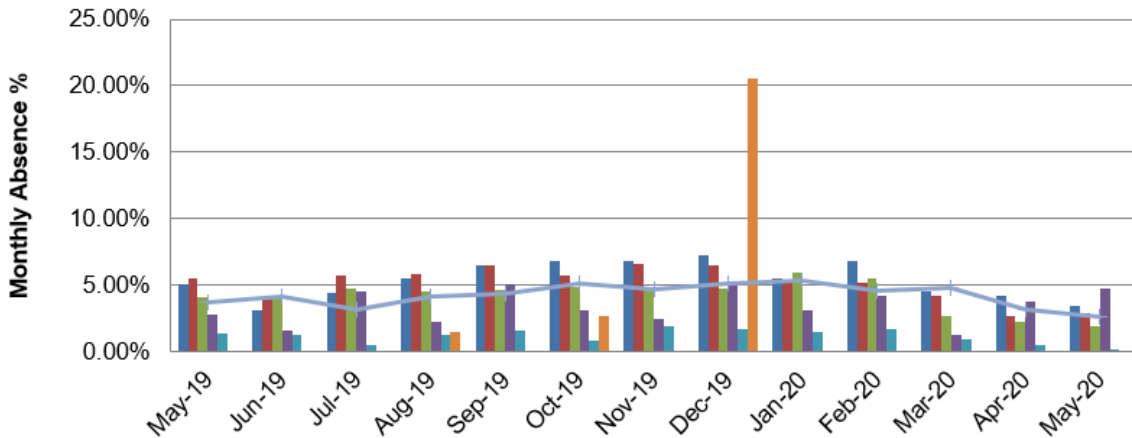
	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20
Clyde	5.03%	3.14%	4.39%	5.50%	6.46%	6.82%	6.84%	7.28%	5.44%	6.81%	4.46%	4.20%	3.42%
Cardonald	5.50%	4.12%	5.67%	5.81%	6.52%	5.71%	6.59%	6.47%	5.43%	5.12%	4.13%	2.65%	2.90%
East	4.10%	4.01%	4.69%	4.49%	4.65%	4.78%	4.80%	4.71%	5.89%	5.51%	2.69%	2.22%	1.90%
North	2.75%	1.57%	4.48%	2.26%	5.09%	3.08%	2.48%	5.27%	3.08%	4.14%	1.25%	3.73%	4.68%
HQ	1.33%	1.26%	0.52%	1.25%	1.60%	0.80%	1.91%	1.69%	1.44%	1.65%	0.86%	0.48%	0.11%
Remote	0.00%	0.00%	0.00%	1.41%	0.00%	2.62%	0.00%	20.57%	0.00%	0.00%	0.00%	0.00%	0.00%
Total	3.70%	4.12%	3.15%	4.11%	4.38%	5.09%	4.68%	5.14%	5.32%	4.56%	4.80%	3.10%	2.58%

NHS 24 Long Term Sickness Absence by Centre
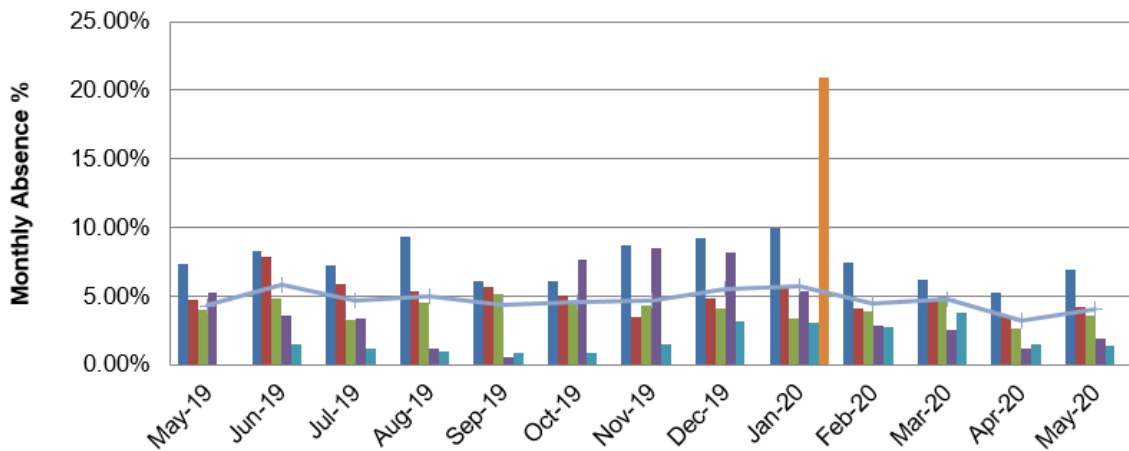
	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20
Clyde	7.33%	8.27%	7.19%	9.32%	6.06%	6.13%	8.70%	9.20%	10.00%	7.46%	6.19%	5.23%	6.88%
Cardonald	4.70%	7.82%	5.92%	5.32%	5.64%	4.99%	3.46%	4.86%	5.72%	4.12%	4.77%	3.53%	4.17%
East	3.95%	4.86%	3.30%	4.48%	5.09%	4.60%	4.35%	4.11%	3.34%	3.89%	4.98%	2.67%	3.61%
North	5.21%	3.60%	3.31%	1.16%	0.52%	7.62%	8.47%	8.21%	5.33%	2.79%	2.57%	1.17%	1.92%
HQ	0.00%	1.51%	1.21%	1.00%	0.82%	0.89%	1.44%	3.14%	3.04%	2.72%	3.75%	1.53%	1.35%
Remote	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	20.93%	0.00%	0.00%	0.00%	0.00%
Total	4.30%	5.84%	4.63%	5.01%	4.39%	4.52%	4.71%	5.53%	5.72%	4.47%	4.81%	3.24%	4.05%

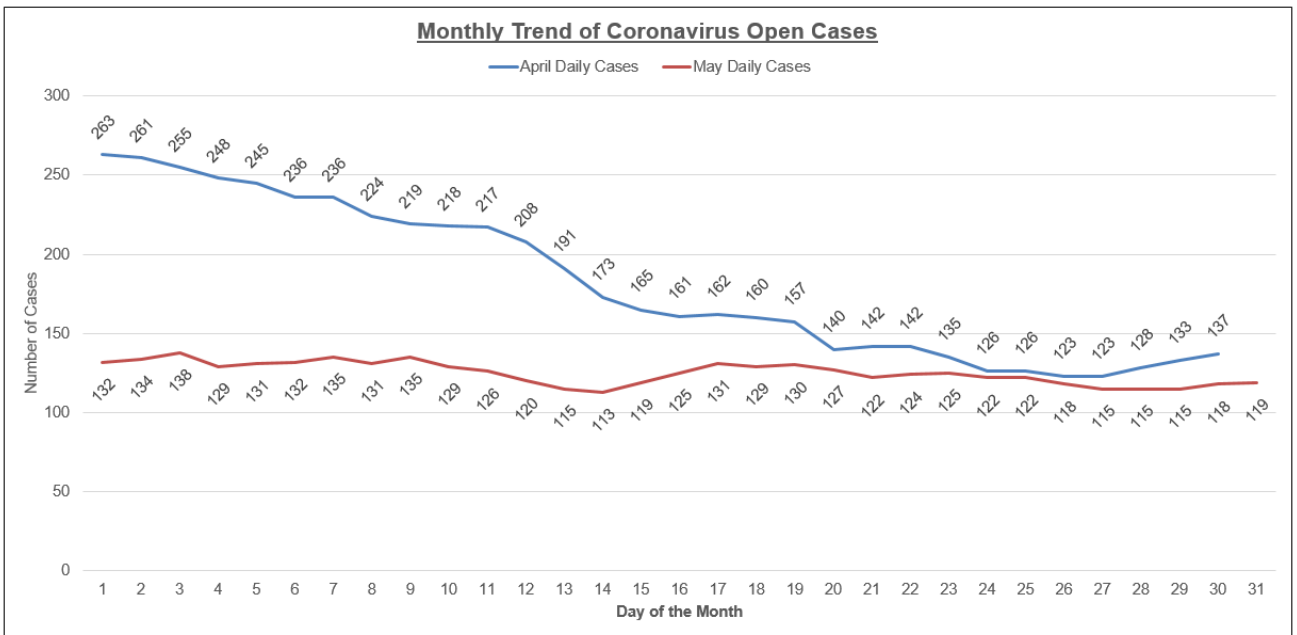Top NHS 24 STS Reasons April 2019 - April 2020
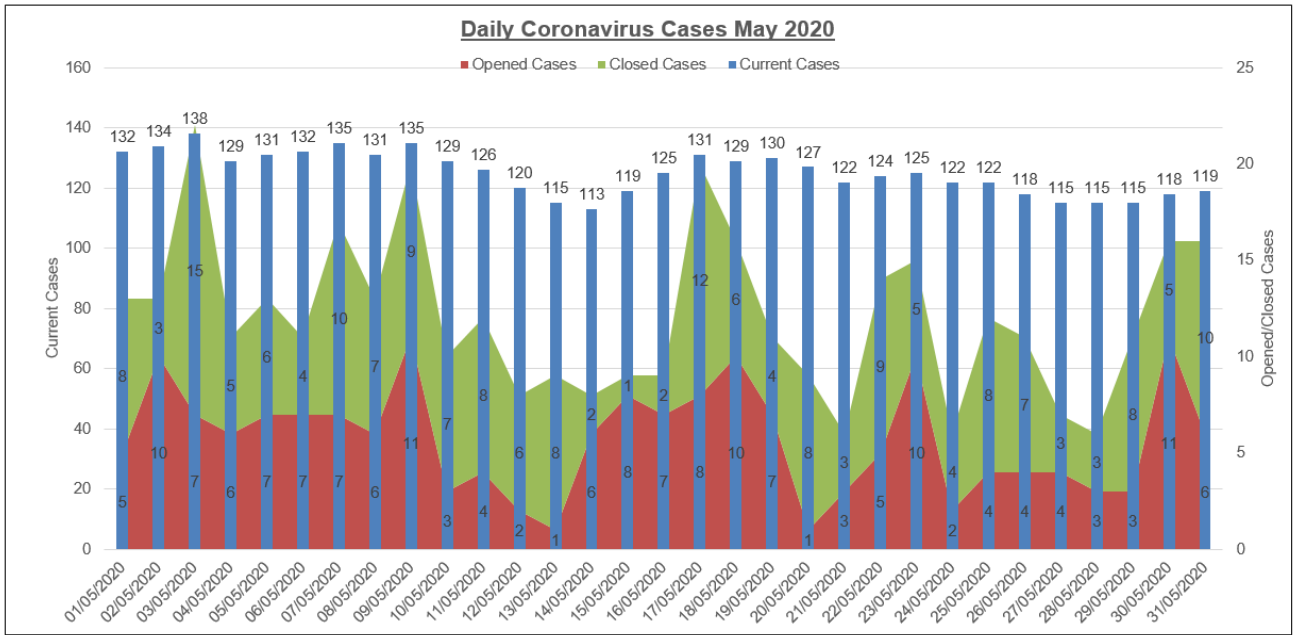

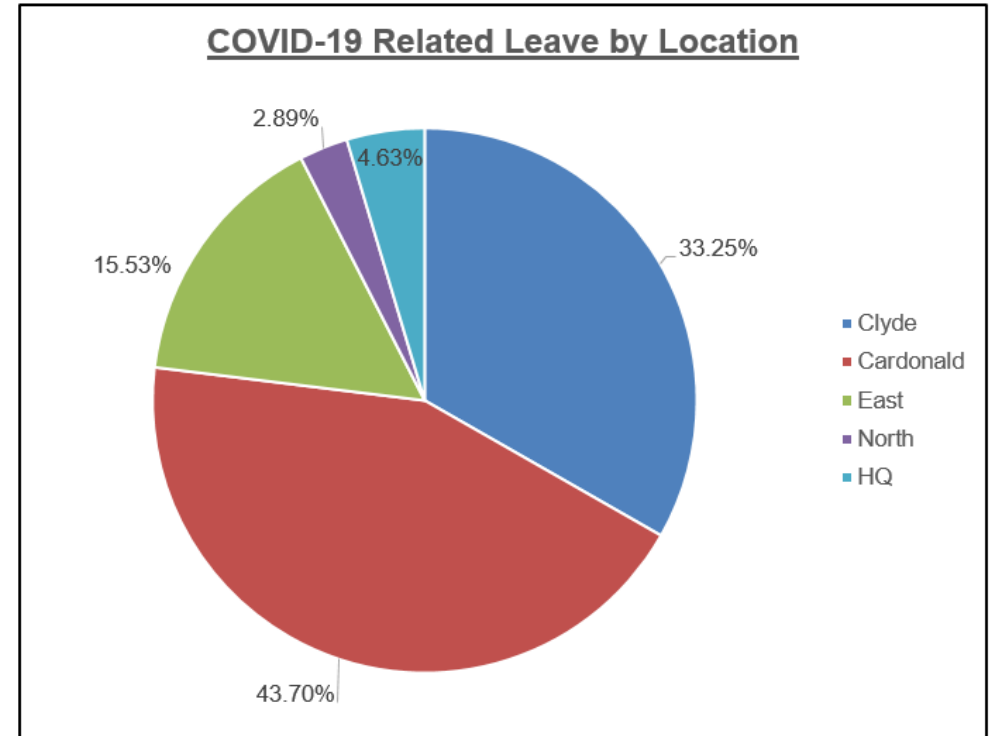Top NHS 24 LTS Reasons April 2019 - April 2020

COVID-19 related Absence Update

All absence related to coronavirus for May 2020 totalled 7.10%, this includes staff who have tested positive for COVID-19, staff who have caring responsibilities as a result of COVID-19 e.g. school closures and staff isolating due to self displaying symptoms, household related symptoms or underlying health conditions, . This figure does not include staff that have underlying health conditions and are **able** to continuing to work from home. The Workforce Directorate have been providing daily updates for the COVID-19 Management Team. The graphs below provide a summary of Coronavirus related leave throughout May.

Daily Coronavirus Cases May 2020

Monthly Trend of Coronavirus Open Cases

COVID-19 Related Leave Breakdown

Category	Percentage
Coronavirus	3.25%
Coronavirus - Covid Positive	2.44%
Coronavirus - Household related - Self Isolating	8.39%
Coronavirus - Self displaying symptoms - Self Isolating	16.83%
Coronavirus - Underlying Health Condition	69.09%

- Coronavirus
- Coronavirus - Covid Positive
- Coronavirus - Household related - Self Isolating
- Coronavirus - Self displaying symptoms - Self Isolating
- Coronavirus - Underlying Health Condition

COVID-19 Related Leave by Location

Location	Percentage
Clyde	33.25%
Cardonald	43.70%
East	15.53%
North	2.89%
HQ	4.63%

4.5 Employment Tribunals

Table 7: ET Cases	Background Information
Case 1 v NHS 24	- Staff member on Long Term Sickness Absence. - Dismissed in line with Attendance Management Policy. - ET claim for; Unfair Dismissal – Disability Discrimination and, Discrimination by Association. - The preliminary hearing was arranged for May 2020 but put on hold due to COVID-19.
Case 2 v NHS 24	- Staff member on Long Terms Sickness Absence. - Dismissed in line with Attendance Management Policy. - ET claim for; Disability Discrimination, Unfair Dismissal and Breach of contract. - The preliminary hearing was arranged for April 2020 but put on hold due to COVID-19.
Case 3 v NHS 24	-Staff member resigned before conclusion of Dignity at Work claim. -ET claim for; Constructive Dismissal, Disability Discrimination, Bullying and Harassment, Data Protection breach. - DAW process put on hold due to the COVID-19 pandemic. CLO sent request to sist the case for 3 months to allow the process to be concluded, awaiting response from ET.
Case 4 v NHS 24	-Staff member remains employed by NHS 24. - Submitted a claim to ET for Disability Discrimination following internal grievance procedure exhausted. - GOR submitted to CLO 10th June.

4.6 Learning, Education and Management Development

Annual Clinical Refresher modules

Each frontline staff group is expected to complete a particular set of Clinical Refresher modules relevant to their role each year. The current approach requires staff to complete these modules in the period April-March each year, therefore all module completions reset to zero at the beginning of April 2020. Engagement will be undertaken with key stakeholders in the organisation to ascertain if this approach should be revised for the 20/21 period.

The percentage of all relevant staff groups who had completed all of their required modules as of 30th May was **6%**. All module completions started from zero at the beginning of April as the reporting period for this set of modules runs from April to March, therefore this figure of 6% represents a good level of clinical refresher activity. There has been a particular focus on the Public Protection module and completions for this module have been very positive.

The percentage of **Nurse Practitioners** who have completed all 6 of their required modules is **3.4%** and the percentage of **Call Handlers** who have completed both of their required modules is **7%**. Staff have until the end of March 2021 to complete these modules.

Completion figures for the Nurse Practitioner and Call Handler staff groups specifically can be seen in the table below. A breakdown of **individual module** completions by these staff groups is also given - this provides a more

representative view of the volume of eLearning activity taking place than the overall figure.

Table 8	All modules	Public Protection	Mental Health Awareness	Acute Coronary Syndrome	Meningitis	Recognition of Acutely Ill Adult	Recognition of Acutely Ill Child
Nurse Practitioners	**3.4%**	**27%**	**12%**	**9%**	**12%**	**16%**	**11%**
Cardonald	*0%*	*14%*	*9%*	*2%*	*4%*	*7%*	*2%*
Clyde	*0%*	*13%*	*11%*	*11%*	*11%*	*16%*	*13%*
East	*6.7%*	*40%*	*13%*	*15%*	*20%*	*22%*	*20%*
North	*25%*	*88%*	*38%*	*38%*	*25%*	*25%*	*38%*
Local - Tayside	*0%*	*50%*	*25%*	*8%*	*8%*	*8%*	*8%*
Local – Highland & Islands	*8%*	*58%*	*17%*	*25%*	*25%*	*25%*	*17%*
Local – Lanarkshire	*0%*	*9%*	*4%*	*0%*	*4%*	*13%*	*0%*
Local – Ayrshire and Arran	*0%*	*8%*	*0%*	*0%*	*0%*	*8%*	*0%*
Local – D&G	*0%*	*17%*	*17%*	*17%*	*50%*	*67%*	*17%*
Local - Orkney	*0%*	*50%*	*0%*	*0%*	*50%*	*50%*	*0%*
Local – Western Isles	*0%*	*100%*	*0%*	*0%*	*0%*	*0%*	*0%*
Call Handlers	*0%*	*100%*	*0%*	*0%*	*0%*	*0%*	*0%*
Cardonald	**7%**	*28%*	*10%*				
Clyde	**3.3%**	*26%*	*7%*				
East	**5%**	*19%*	*8%*				
North	**13%**	*36%*	*15%*				

Personal Development Planning and Review

Appraisal activity recorded in Turas Appraisal up to the end of April is shown below. Only Agenda for Change staff who have been in post for more than 12 months are required to have an appraisal and the figures should be viewed in this context – in NHS 24, almost 21% of our current Agenda for Change workforce started the organisation less than 12 months ago.

Table 9 Directorate	Logged on to Turas Appraisal	Current Objectives Agreed	Current PDP Items Agreed	Discussion Summary (Appraisal Meeting) Agreed
Chief Executives Office	91.7%	41.7%	33.3%	16.7%
Finance	84.7%	23.1%	23.1%	15.4%
Workforce	90.1%	65.6%	25%	43.8%
Information & Communications Technology	100%	19.4%	3.2%	90.3%
Medical	100%	33.3%	33.3%	33.3%
Nursing and Care	93.6%	35.5%	32.3%	38.7%
Service Delivery	82.9%	28.6%	17.6%	37.3%
Service Development	87%	22.2%	14.9%	24.1%
TOTALS	**83.7%**	**29.1%**	**17.9%**	**37.7%**

All people managers now have access to Dashboard reports within Turas Appraisal which clearly indicate the status of team members with regards to current appraisals, objectives and personal development plans.

An approach is being developed to outline how we continue to engage with the organisation over the coming 6 months and beyond to support ongoing discussions regarding Personal Development Planning and Review activities. A paper and presentation was tabled at the Staff Governance Committee meeting on 20th May, and this will be followed by a paper for the Executive Management Team.

Leadership and Management Development

The Executive Management Team participated in a development session to scope needs and themes for their team development, as they consider next steps for NHS 24. Each team member identified individual contributions and strengths, aspects of the pandemic response that have been challenging, and important areas for individual and team focus for the future.

5. ENGAGEMENT

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

6. FINANCIAL IMPLICATIONS

6.1 When finalised, the financial implications of the leadership development plan will be included in the proposal for approval by the Executive Management Team.