

**NHS 24
BOARD**

**27 FEBRUARY 2020
ITEM NO 11.2
FOR ASSURANCE**

WORKFORCE: TREND REPORT (JANUARY 2020)

Executive Sponsor:	Director of Workforce
Lead Officer/Author:	Head of Employee Relations
Action Required	The Board is asked to note the workforce report
Key Points	This report provides the Board with an update on areas of workforce focus for the month of January 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 is presented to the Executive Management Team and Staff Governance Committee prior to its presentation at the Board, however on this occasion, due to the Committee meetings schedule only December information has been presented.
Summary of key discussion points/actions arising from respective Committees	Absence and recruitment were key discussions. The figures have been updated for the Board.
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	Not applicable for the month of January 2020.

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.

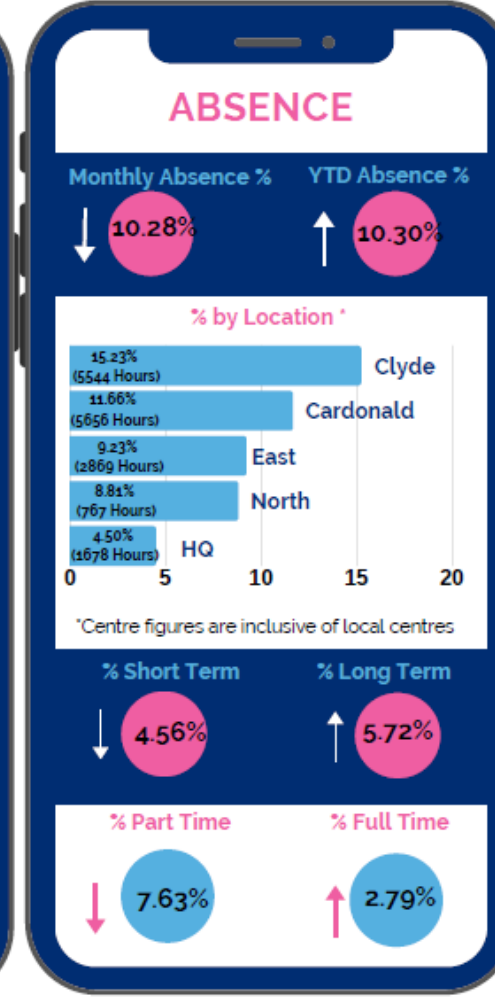
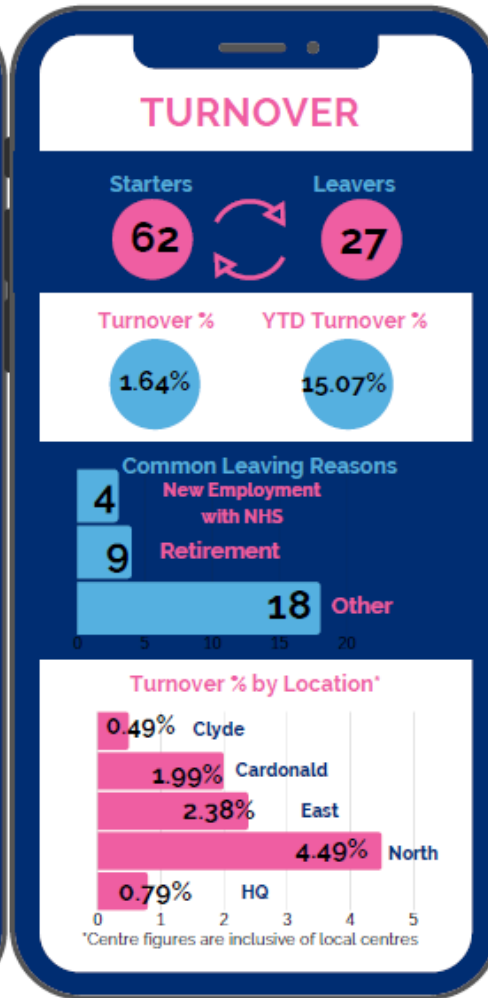
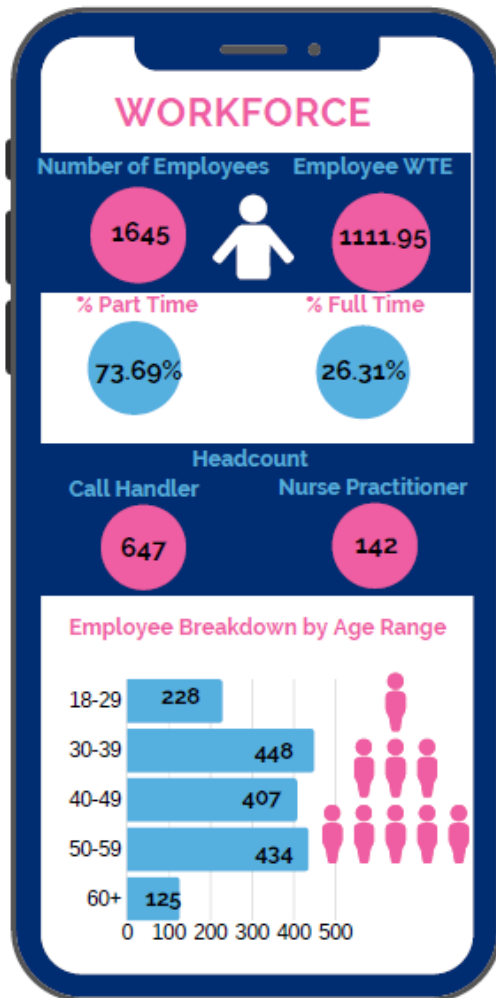
2. TIMING

- 2.1 This report provides metrics and analysis for the month of January 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.
- 3.4 A comprehensive report on monthly performance and key workforce metrics is provided to the senior Workforce team for review and monitoring and in addition is sent to senior line managers within the organisation for any appropriate actions to be progressed.

January 2020 Snapshot

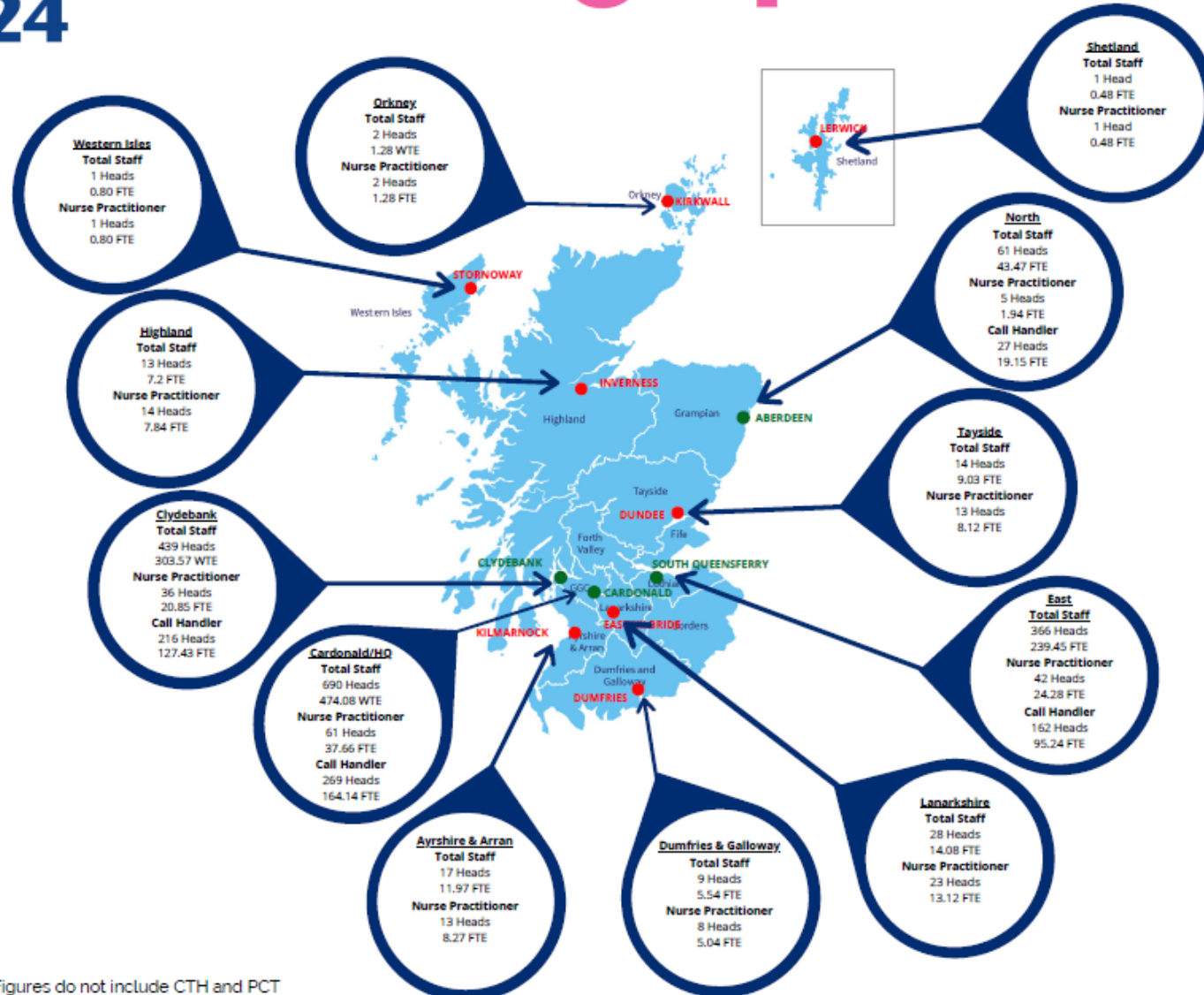


↑ indicates the figure has increased from the previous month ↓ indicates the figure has decreased from the previous month



Demographics

- REGIONAL CENTRES
- LOCAL & REMOTE CENTRES



*NP & CH Figures do not include CTH and PCT

4. UPDATES

4.1 Workforce Plan, Effective Recruitment & Deployment

The current Call Handler staffing target of 435 WTE is to support the implementation of the new 111 clinical supervision model ('Better Working, Better Care'). Reaching this target will ensure that NHS 24 deliver to the access level performance indicator.

In preparation for this, a number of Call Handler recruitment campaigns have progressed since July 2019 and will continue through to March 2020 and beyond until the target level is reached. Its worth noting that given focus has been recruiting weekend only staff on lower hours (12 and 16 hours) reaching this workforce target has been challenging e.g. for every Call Handler leaving us on full time hours we are having to recruit 3 heads. As a result, it was agreed that recruitment would open up to 18 and 24 hour Call Handlers also.

Going forward, NHS 24 are working to optimise, as much as possible, 24 hour contracts, however the key factor is maximising the contracted hours worked at periods of peak demand to deliver improved access. Based upon realistic assumptions NHS 24 are confident to recruit around 435 WTE by the end of March 2020. This will ensure that the service access level will be maintained over the festive period.

As at 31st January 2020, NHS 24 employed 405.96 WTE Call Handlers. The 32.71 WTE required in March 2020 to reach 435 WTE would equate to approximately 51 heads based on an average WTE of 0.64 (24 hours).

The under establishment in the budget for Nurse Practitioners has been 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. As at 31st January 2020, NHS 24 employed 129.68 WTE band 6 Nurse Practitioners and Clinical Supervisors.

The tables below show the planned recruitment trajectory based upon agreed recruitment targets until the end of 2019/20. The Workforce Directorate will continue to work closely with key stakeholders across Service Delivery and Finance as NHS 24 works to achieve these targets. On a monthly basis the performance against these targets will be reviewed and where targets are not met rationale will be provided.

Call Handler Workforce trajectory 2019/20

	Jan-20	Feb-20	Mar-20
Total Call Handlers			
Call Handler Annual Average Target	435	435	435
Actual/Predicted Total Call Handlers available to the service	405.96	409.14	435.00
Target Starters	36.00	30.00	31.91
Total Actual/Target Starters	28.54	8.32	32.71
Variance - total actual vs predicted	-7.46	-21.68	0.80

'111' Service Band 6 Nurse Workforce trajectory 2019/20

	Jan-20	Feb-20	Mar-20
Total Band 6 USC Nurses			
Nurse Annual Average Target	159.88	158.88	158.88
Total Actual/Predicted based on Target Nurses	129.68	129.76	132.08
Actual/Predicted Nurses (band 6)	129.04	128.48	130.12
Actual/Predicted Clinical Supervisors	0.64	0.64	0.64
Target Starters	5.00	2.24	5.00
Total Actual/Target Starters	3.72	0.64	5.68
Variance of Starters - total actual vs predicted	-1.28	-1.6	0.68

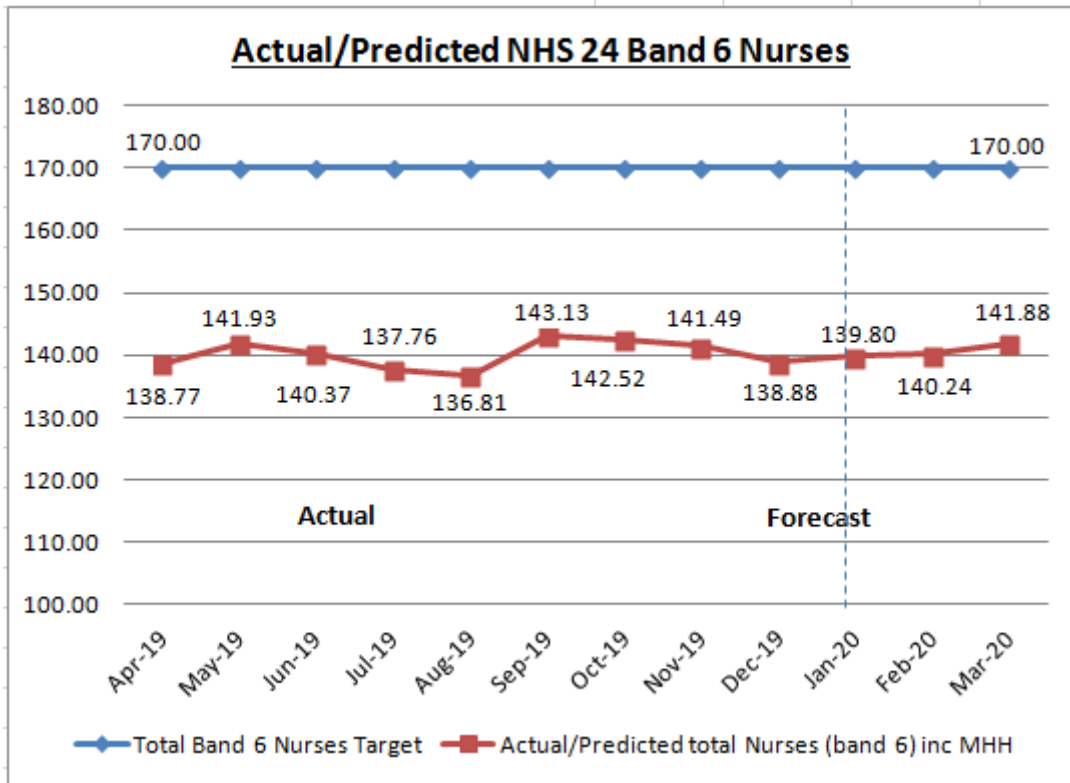
Mental Health Workforce trajectory 2019/20

	Jan-20	Feb-20	Mar-20
Mental Health Nurse Practitioner (Mental Health Hub)			
Mental Health Nurse (Mental Health Hub) Target	10.12	11.12	11.12
Actual/Predicted Total Mental Health Nurse MHH	10.12	11.12	11.12
Target Starter	0.00	1.00	0.00
Actual/Predicted Starters	0.00	1.00	0.00
Variance - total actual vs predicted	0.00	0.00	0.00
Psychological Wellbeing Nurse (Mental Health Hub)			
Psychological Wellbeing Practitioner(Mental Health Hub) Target	42.00	42.00	42.00
Actual/Predicted Total Psychological Wellbeing Practitioner MHH	12.68	19.48	19.48
Target Starters		27.00	
Actual/Predicted Starters	0.00	6.80	0.00
Variance - total actual vs predicted		-20.20	

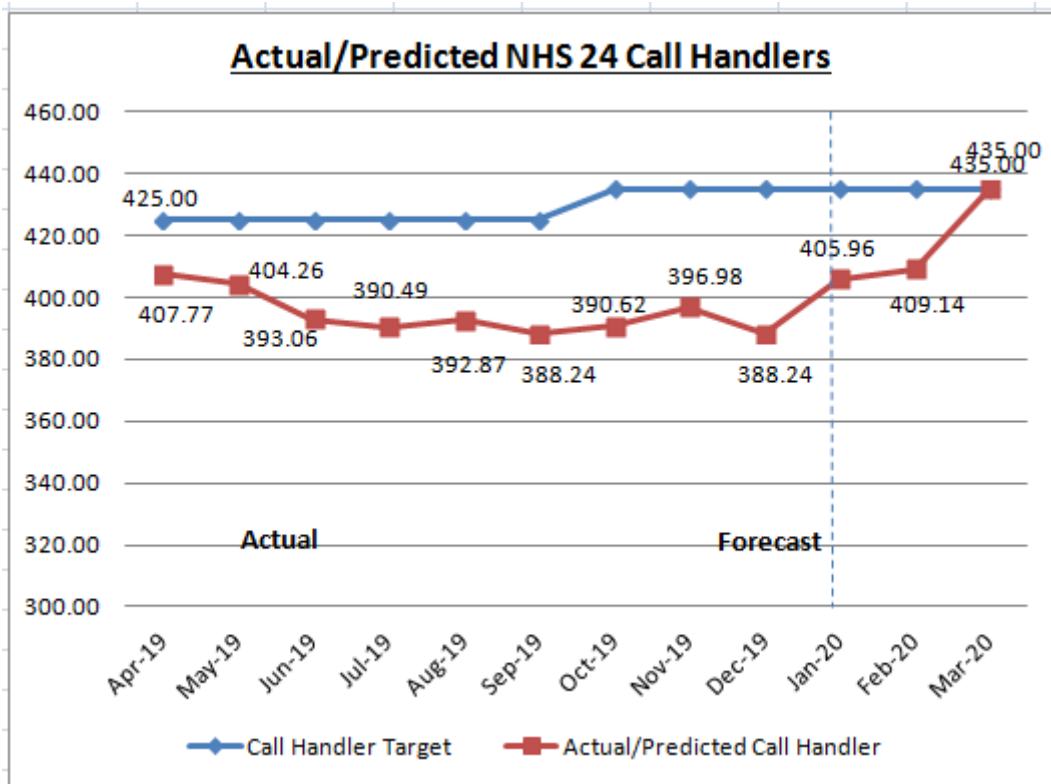
*Please note that there will be 5.44WTE Internal Transfers from Call Handler and Team Manager to Psychological Wellbeing Practitioner in April 2020.

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The charts below shows the actual/projected band 6 Nurse and Call Handler whole time equivalent as at 31st January 2020.



The total nurse figure does not include nurses employed within Primary Care Triage. The figure is inclusive of band 6 Nurses employed within the '111' service, Clinical Supervisors and Mental Health Nurse Practitioners.



4.2 Recruitment and Retention

Nurse Practitioners

In January we had 5 Nurse Practitioners Band 6 (3.72 WTE) start at NHS 24. Recruitment are working closely with Service Delivery to progress a number of candidates at all stages of the recruitment pipeline to fill the two Nurse Practitioner induction groups that are scheduled for March. A number of offers have been made.

Call Handlers

A new campaign was launched early January to attract 12 to 30 hours out-of-hours candidates, to work 8/8 weekends, and to increase the number of full-time in-hours Call Handlers at Clydebank and South Queensferry. Both adverts attracted considerably more candidates than the late 2019 campaigns. Service Delivery and the Recruitment team continue to progress candidates through the process, targeting start dates for March and April 2020.

In January we had 45 Unscheduled Care Call Handlers (28.54 WTE) start with NHS 24. A further 12 (8.32 WTE) candidates have been offered to start during February.

There are four Call Handler induction groups scheduled for March. An induction session has been scheduled for mid April in Aberdeen. As we gain a better understanding of how the early 2020 candidates progress, induction groups from April 2020 will be confirmed.

Mental Health Hub

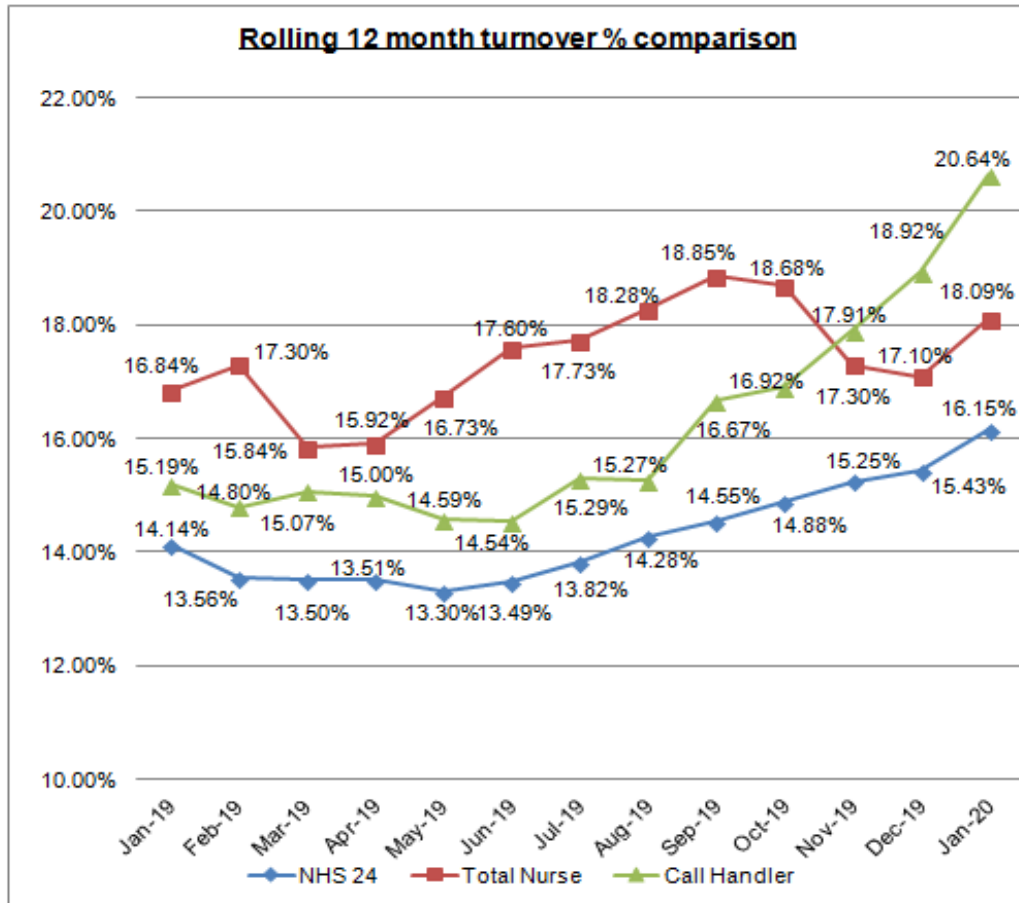
The Recruitment team are working with the Mental Health Hub to re-advertise for a further 14 WTE to meet the target. It is planned that this campaign will be managed via Jobtrain.

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.

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January
2019 -
January
2020



*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 rolling turnover rate has increased for NHS 24 as a whole since January 2020 (+2.01%). Turnover has also increased for both Call Handlers (+5.45%) and for Nurses (+1.25%).

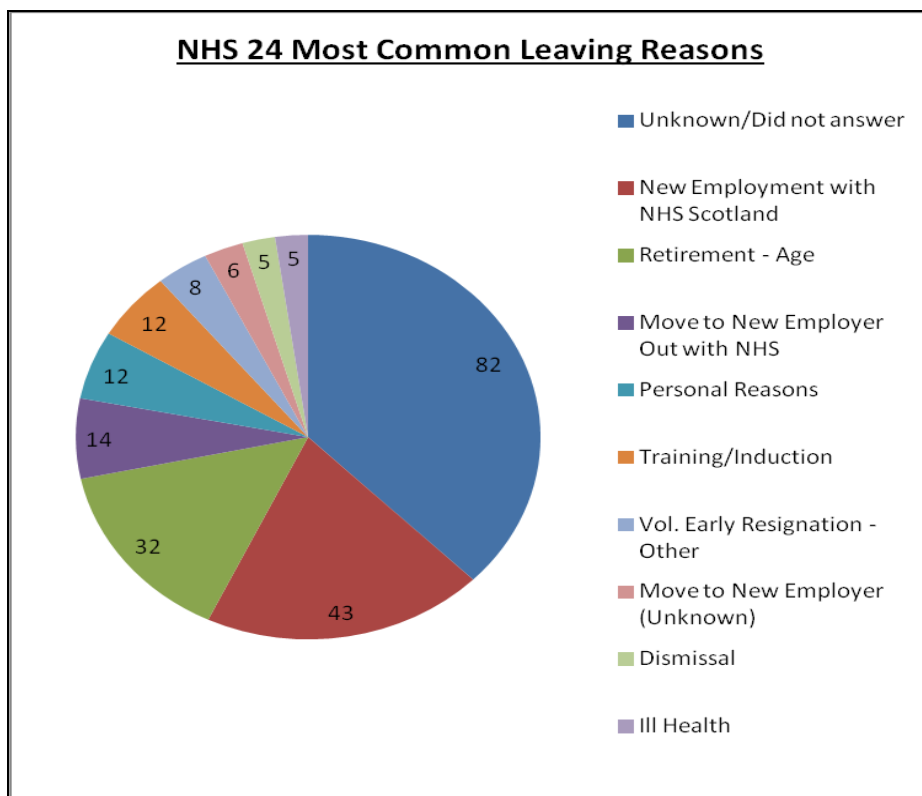
Skill Set	Headcount		
	February 2019 – January 2020	February 2018 – January 2019	Difference
Call Handler	125	72	53
Call Operator	2	5	-3
Clinical Services Manager	2	1	1
Clinical Supervisor	2	1	1
Non Frontline	25	26	-1
Nurse Practitioner Band 6	32	31	1
Nurse Practitioner Band 5	5	9	-4
Pharmacy Advisor	2	3	-1
Physiotherapy Specialist Advisor	1	2	-1
Team Manager	7	1	6
Senior Charge Nurse	7	4	3
Other Frontline	24	19	5
Nurse Practitioner (In Hours)	2	1	1
Call Handler (In Hours)	5	2	3
Call Operator (In Hours)	0	1	-1
Grand Total	241	178	63

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 decreased by 3 heads and Call Handlers have increased by 53 heads.

Leaving Reasons

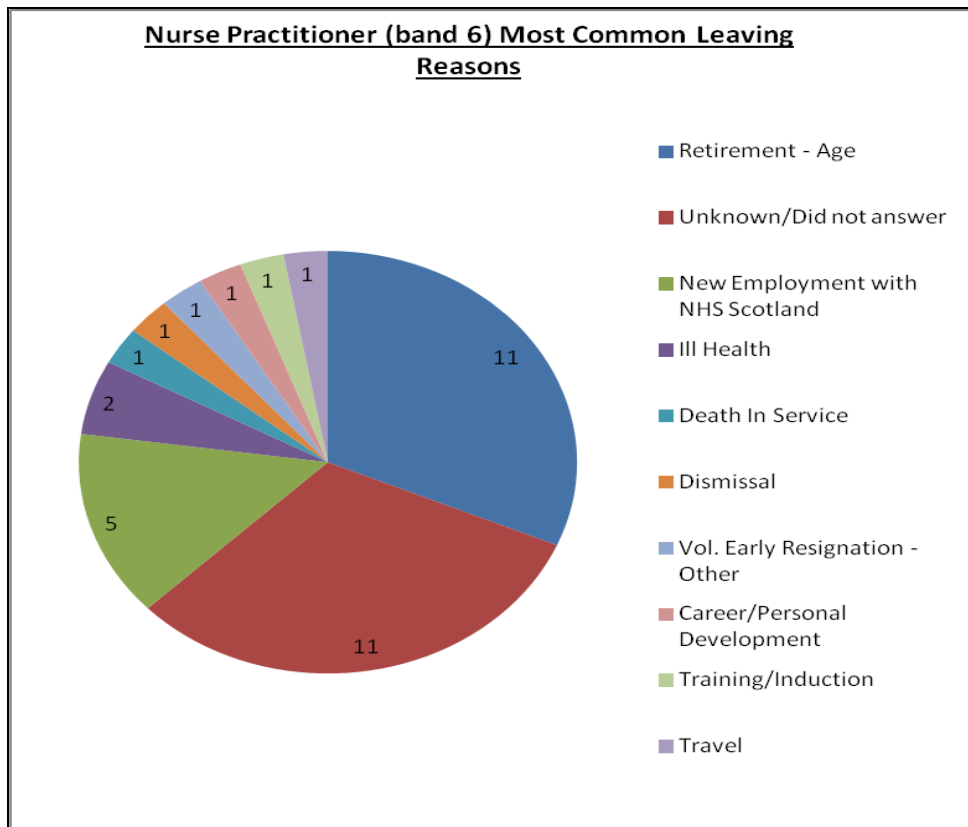
The reasons behind attrition can highlight issues to us within the workforce or specific staff group trends such as dissatisfaction with career progression opportunities which where possible we should strive to address and create a positive working environment people want to work in.

Throughout 2019, the most common reason for leaving captured was 'Voluntary – Other' (140 leavers), based upon the NHS Scotland standard leaving reason classifications. It is recognised that this offers little insight as to why a staff member has actually left and so the HR Business Support Team have commenced capturing additional information where they can for those whose leaving reason fits this category. The chart below shows the top 10 reasons for leaving, where the reason captured is, 'Voluntary Other' the supplementary information recorded has been used.

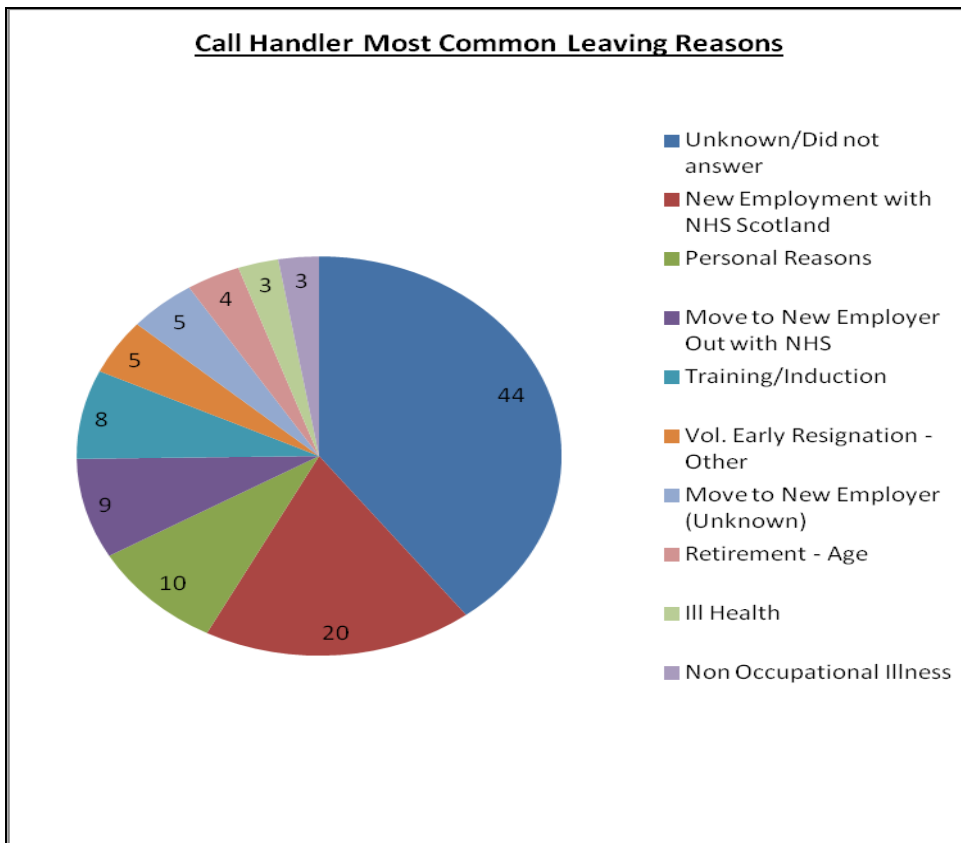


Analysing this by staff group allows NHS 24 to identify if there are particular leaving reason trends that affect certain groups more than others. For Nurse Practitioners (band 6) the most common reason given was 'Voluntary – Other' (14 leavers), followed by 'Retirement- Age' (11 leavers) and 'Unknown' (11 leavers). The chart below breaks down the top 10 reasons, again where possible staff who were recorded as having a leaving reason of 'Voluntary – Other' have been recorded using the additional information recorded.

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When reviewing the Call Handler leaving reasons again the most common reason recorded was 'Voluntary – Other' (81 leavers), followed by 'Unknown' (44 leavers) and 'New Employment within NHS Scotland' (20 leavers). The chart below details the top 10 reasons with those recorded within 'Voluntary – Other' broken down based upon additional information provided.



The table below shows internal staff movement that took place across the organisation during December 2019 and January 2020, predominantly made up of promotions/transfers within frontline skill sets. For example Nurse Practitioners moving into Senior Charge Nurse or Practice Educator roles and Call Handlers moving into Team Manager roles. The table below shows the number of promotions/transfers within each skill set, staff members are counted in the position they are promoted/transferred from.

Internal Movement

Skill set	December 2019		January 2020	
	Headcount	WTE	Headcount	WTE
Team Manager	1	0.80	1	1
Call Handler	1	1.00		
Other Frontline	1	1.00	1	0.48
Non Frontline	1	1.00	4	4
Total	4	3.80	6	5.48

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

4.4 eESS

The Workforce Directorate continue to work in collaboration with NHS 24 managers to provide support during the transition to eESS. Following the drop-in that took place during June to September a review has taken place of key issues/themes that were raised by attendees; the majority were in relation to attendance management and reporting. As a result, the Workforce Planning and Development Team have been working with the Employee Relations team to incorporate training of eESS and the reporting tool (OBIEE) as part of the 'Managing Attendance and Supporting Wellbeing' training session for managers. In addition to this, the Workforce Planning and Development Team are engaging with Service Delivery to arrange face-to-face training in both the East and North Contact Centres over the coming months.

As part of Phase 4 of eESS Self Service implementation the change of hours process has been rolled out authorising managers to complete a change of hours for their staff members upon receipt of Notification of Change forms by HR Business Support. Testing is ongoing using Standard Operating Procedures with regards to terminations.

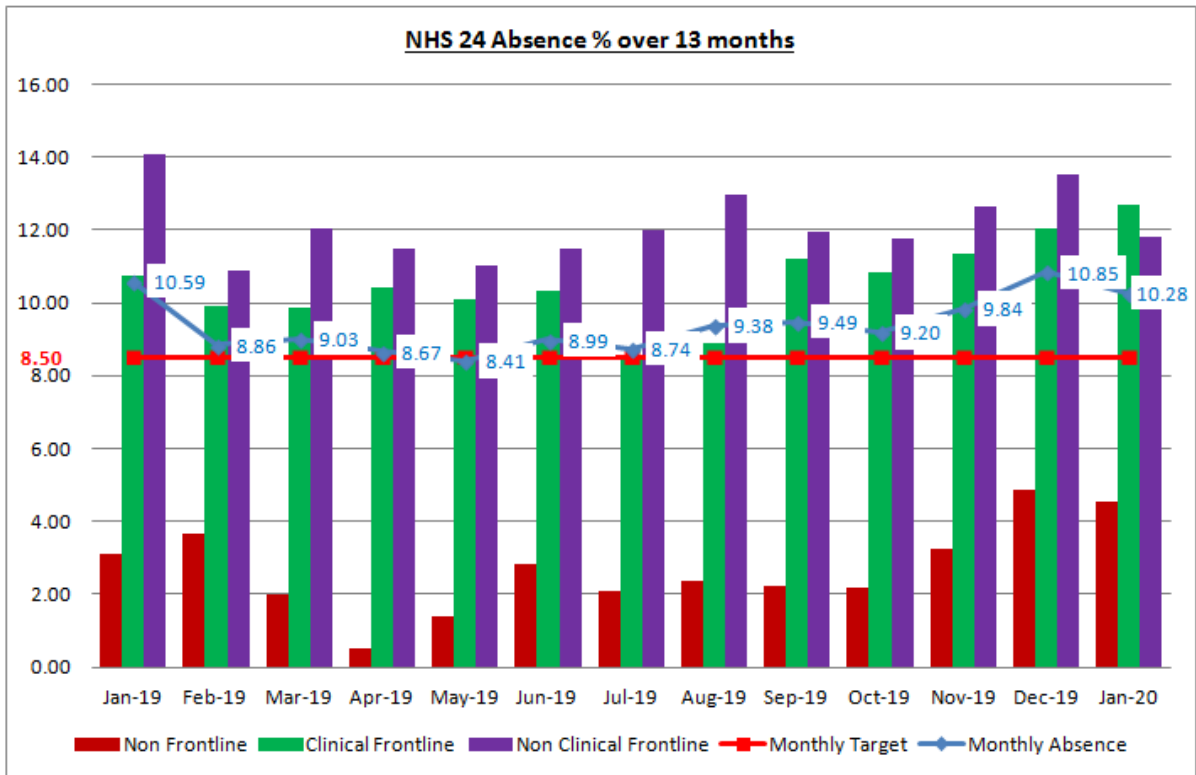
4.5 Supporting Attendance at Work, Health and Wellbeing

As part of the implementation of the Once for Attendance Management Policy on 1st March 2020 we will be working with managers to implement the updated policy and support attendance at work through an updated improvement plan. The plan will be updated following the absence audit with a focus on compliance reporting against the new once for Scotland policy.

The chart below shows that the monthly absence rate has decreased to 10.28%, for January 2020, which is a decrease on the January 2019 figure of 0.31%. Call Handler absence continues to be the area with the highest volume

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of absence at 12.37% (8147 hours lost), with Nurse Practitioner sickness absence at 17.67% (band 6, 3700 hours lost).

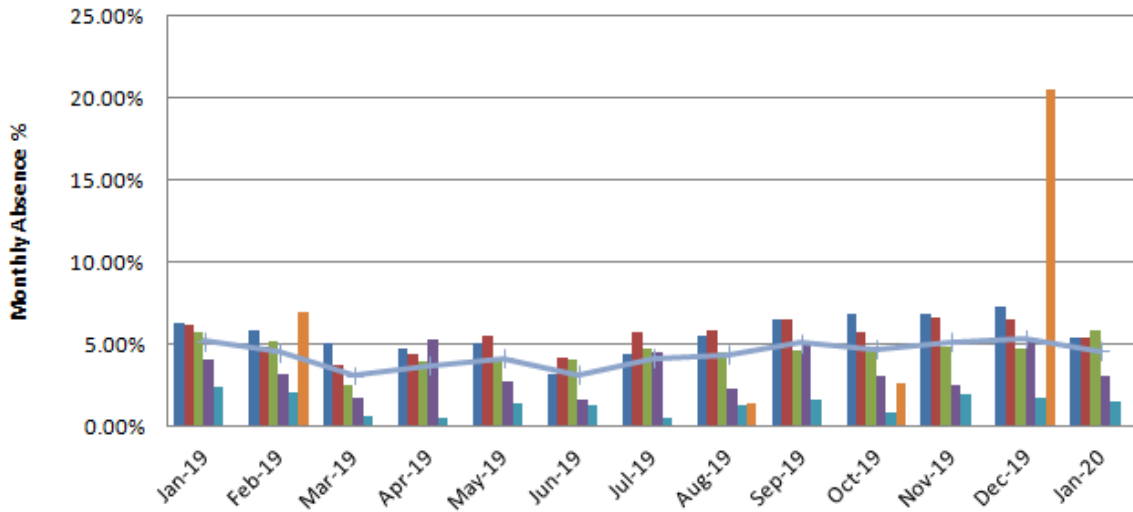


The Workforce Directorate are working with Service Delivery to delivery improvements across all centres, the Wellbeing Manager role currently on a test of change in the East will continue until October 2020. Plans have been provided for Clyde and Cardonald to deliver improvements.

In order to support managers with real time attendance management information the Workforce Planning Team now send out a monthly communication to managers advising them on the supporting dashboards available to them, and how to use these. A programme of training for sessions that will cover the use of reporting/dashboards in e:ESS is being developed and the current Attendance Management face-to-face training available to managers will be extended to include e:ESS training.

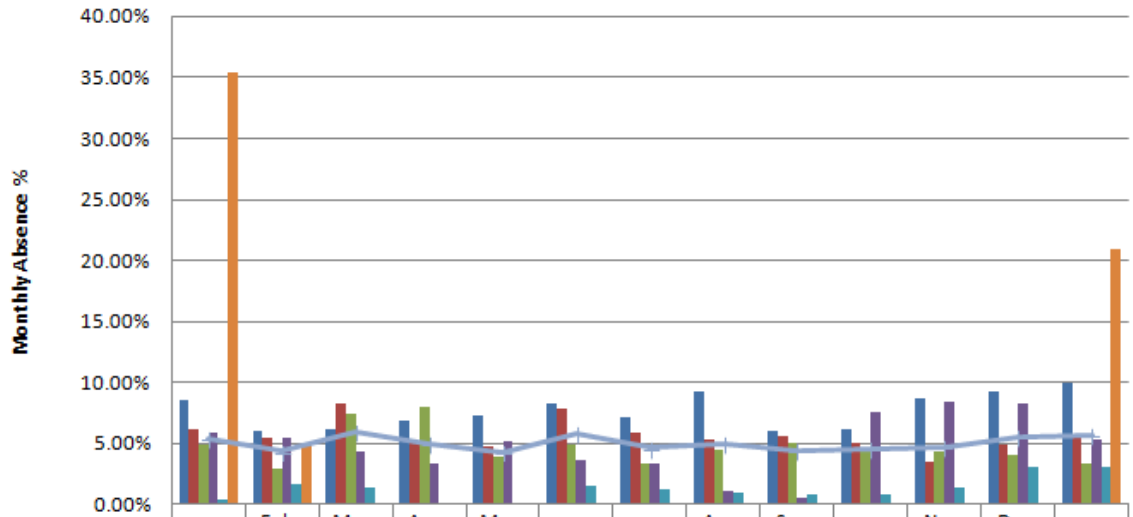
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NHS 24 Short Term Sickness Absence by Centre



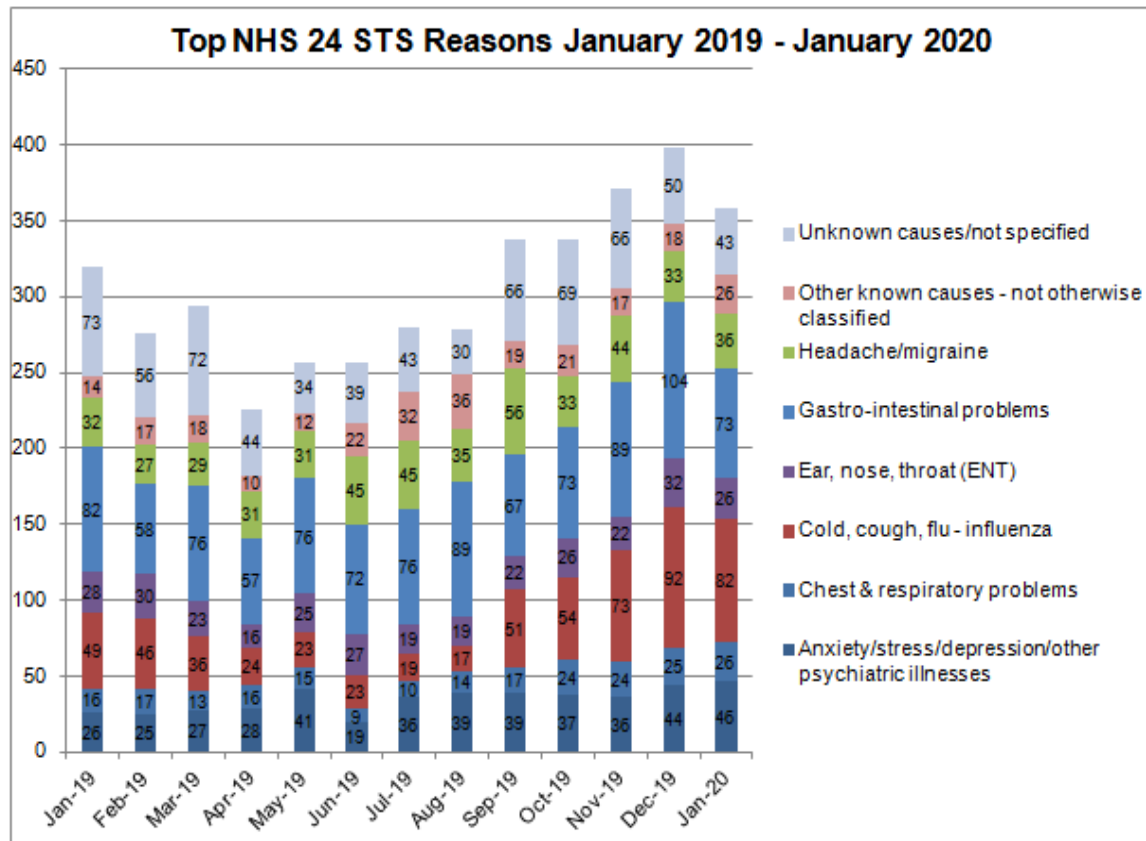
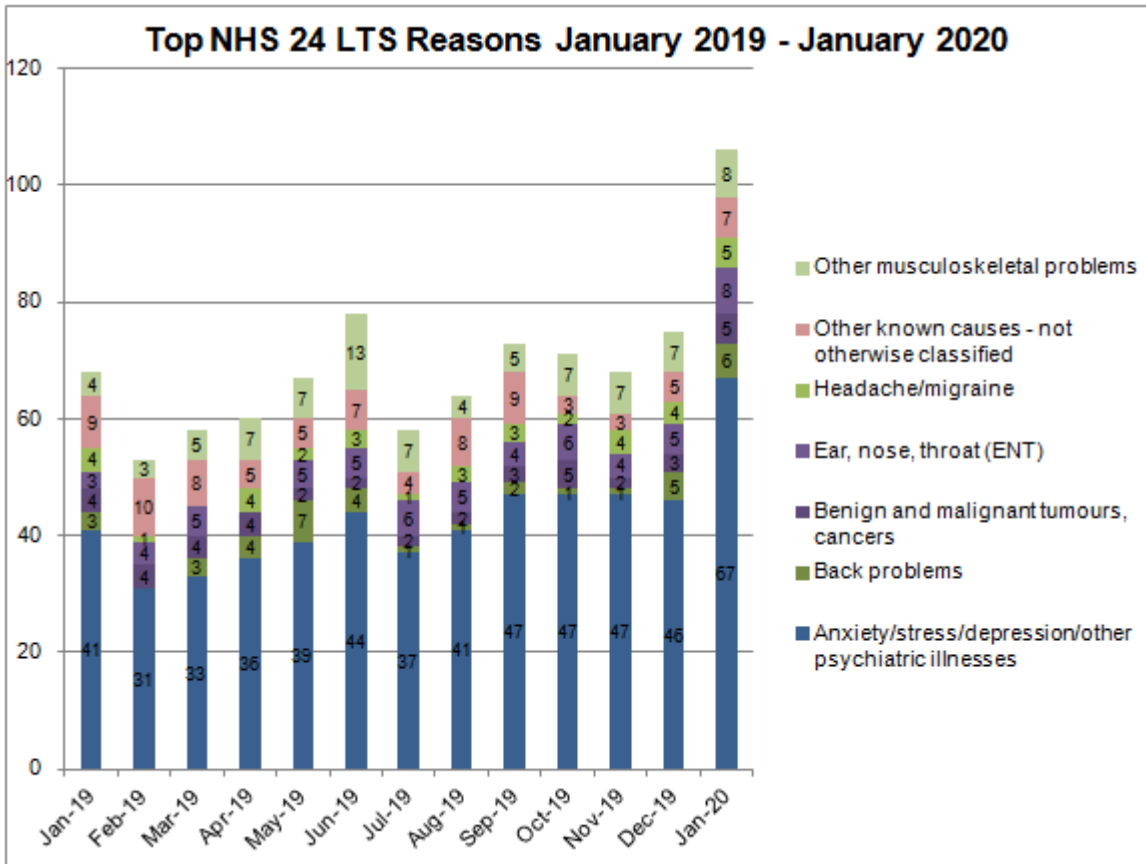
	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20
Clyde	6.31%	5.81%	5.05%	4.72%	5.03%	3.14%	4.39%	5.50%	6.46%	6.82%	6.84%	7.28%	5.44%
Cardonald	6.17%	4.87%	3.77%	4.40%	5.50%	4.12%	5.67%	5.81%	6.52%	5.71%	6.59%	6.47%	5.43%
East	5.69%	5.18%	2.53%	4.00%	4.10%	4.01%	4.69%	4.49%	4.65%	4.78%	4.80%	4.71%	5.89%
North	4.00%	3.19%	1.67%	5.31%	2.75%	1.57%	4.48%	2.26%	5.09%	3.08%	2.48%	5.27%	3.08%
HQ	2.38%	2.10%	0.64%	0.49%	1.33%	1.26%	0.52%	1.25%	1.60%	0.80%	1.91%	1.69%	1.44%
Remote	0.00%	6.91%	0.00%	0.00%	0.00%	0.00%	0.00%	1.41%	0.00%	2.62%	0.00%	20.57%	0.00%
Total	5.19%	4.52%	3.08%	3.70%	4.12%	3.15%	4.11%	4.38%	5.09%	4.68%	5.14%	5.32%	4.56%

NHS 24 Long Term Sickness Absence by Centre



	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20
Clyde	8.61%	5.96%	6.11%	6.87%	7.33%	8.27%	7.19%	9.32%	6.06%	6.13%	8.70%	9.20%	10.00%
Cardonald	6.23%	5.41%	8.24%	5.00%	4.70%	7.82%	5.92%	5.32%	5.64%	4.99%	3.46%	4.86%	5.72%
East	4.88%	2.98%	7.49%	7.95%	3.95%	4.86%	3.30%	4.48%	5.09%	4.60%	4.35%	4.11%	3.34%
North	5.84%	5.46%	4.38%	3.33%	5.21%	3.60%	3.31%	1.16%	0.52%	7.62%	8.47%	8.21%	5.33%
HQ	0.47%	1.73%	1.36%	0.03%	0.00%	1.51%	1.21%	1.00%	0.82%	0.89%	1.44%	3.14%	3.04%
Remote	35.41%	4.87%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	20.93%
Total	5.41%	4.34%	6.00%	4.98%	4.30%	5.84%	4.63%	5.01%	4.39%	4.52%	4.71%	5.53%	5.72%

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4.6 Learning, Education and Management Development

Annual Clinical Refresher modules

The percentage of all relevant staff groups who had completed all of their required modules as of 31st January is 27%. The percentage of Nurse Practitioners who had completed all 6 of their required modules is 23% and the percentage of Call Handlers who had completed both of their required modules is 33%.

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, with increases in completion across all modules since last month. A further breakdown by location is provided.

	Public Protection	Mental Health Awareness	Acute Coronary Syndrome	Meningitis	Recognition of Acutely Ill Adult	Recognition of Acutely Ill Child
Nurse Practitioners	44%	51%	46%	55%	63%	40%
<i>Cardonald</i>	40%	41%	29%	41%	50%	28%
<i>Clyde</i>	42%	61%	47%	56%	75%	42%
<i>East</i>	59%	64%	57%	66%	71%	54%
<i>North</i>	71%	71%	57%	86%	86%	57%
<i>Local – Tayside</i>	62%	54%	77%	62%	77%	62%
<i>Local – Highland and Islands</i>	43%	43%	50%	57%	50%	36%
<i>Local – Lanarkshire</i>	30%	39%	30%	57%	57%	26%
<i>Local – Ayrshire and Arran</i>	0%	31%	54%	46%	54%	31%
<i>Local – D&G</i>	50%	50%	38%	50%	50%	38%
<i>Local – Orkney</i>	50%	50%	50%	50%	50%	50%
<i>Local – Western Isles</i>	100%	100%	100%	100%	100%	100%
Call Handlers	39%	47%				
<i>Cardonald</i>	38%	47%				
<i>Clyde</i>	33%	42%				
<i>East</i>	48%	53%				
<i>North</i>	32%	54%				

Personal Development Planning and Review

Appraisal cycle activity continues to take place in the organisation, and current activity recorded in Turas Appraisal is shown below. Only staff who have

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been in post for more than 12 months are required to have an appraisal – in NHS 24, 14% of our current Agenda for Change workforce started the organisation less than 12 months ago

Directorate	Logged on to Turas Appraisal	Current Objectives Agreed	Current PDP Items Agreed	Discussion Summary (Appraisal Meeting) Agreed
Chief Executives Office	88%	25%	19%	19%
Finance	88%	28%	17%	17%
Workforce	100%	73%	27%	47%
Information & Communications Technology	97%	18%	3%	91%
Medical	100%	100%	100%	0%
Nursing and Care	93%	26%	26%	19%
Service Delivery	89%	32%	20%	41%
Service Development	77%	19%	11%	18%
TOTALS	89%	32%	19%	40%

'Quality Appraisal' sessions continue to take place as a one of the Core Management Sessions of the 'Investing in our Leadership, both as classroom sessions and as Webex offerings. These sessions are referenced in the section below under 'Personal Development Planning and Review' sessions.

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.

Leadership and Management Development

The third and final Launch Event of the Investing in Our Leadership Cohort 2 Programme took place on 22 January 2020 and was attended by 132 delegates. The total attendance was 251 participants, 142 of which were from the original target audience of 181, representing 78% of that audience. Of the 22% original target audience that did not attend, 1% has retired, 1% did not attend and gave no reason for non-attendance, 2% is on long term sick absence, 2% left the organisation, 2% did not have childcare, 8% had work commitments and 8% booked and did not attend.

There was extensive engagement with the Service Delivery senior management team and engagement with the Executive Management Team, other Directorate senior management teams and the Area Partnership Forum when the Programme was being developed. Prior to and following the first Launch Event, there has been extensive engagement with Service Delivery leads for the Programme, to encourage attendance by those colleagues who had not booked a place and to discuss options.

The original target audience has expanded to 280, to include new skill sets and colleagues in key roles for resetting our culture from staff side and the Employee Relations and Communications team. In addition, 16 senior managers that committed to sponsoring and supporting the Programme were present to participate and network at the Launch Event.

The Launch Events were opened by Angiolina Foster, NHS 24 Chief Executive Officer, followed by Peter Anderton, from the Art of Brilliance, in an Event entitled Leading for Our Future. The Launch Event has been evaluated by 39% of participants and those who completed the evaluation rated it as highly effective.

The Personal Development Planning and Review and the iMatter quality action planning and team stories that matter Core Events took place from October to December 2019. Attendance at these Events was 25 and 41 respectively. The leadership team were expected to attend these Events, if they have not attended them previously. These were evaluated by 36% and 21% of participants respectively and those whom completed the evaluation rated these Events as highly effective and effective respectively.

The next Core Event is entitled Empowered for Building a Stronger Organisation and will be facilitated by the Director of Operations and the Medical Director. This Event will take place over three dates on 12 February, 11 March and 1 April 2020. 180 leadership team members are expected to attend these Events, as they have not attended them previously.

The first of the Pick 'n' Mix Event of Courageous Conversations took place on 4 February, 50% of participants evaluated Courageous Conversations. Those who completed the evaluation rated it as highly effective.

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 The financial implications of the leadership development plan has been approved by the Executive Management Team and endorsed by the Staff Governance Committee.