

NHS 24 BOARD		19 AUGUST 2021 BD (2021 22) 013 FOR ASSURANCE
WORKFORCE PERFORMANCE REPORT (Quarter 1 April - June 2021)		
Executive Sponsor	Interim Director of Workforce	
Lead Officer/Author	Interim Director of Workforce	
Action Required	The Board are asked to note the workforce report.	
Key Points for this Committee to consider	<p>This report provides the Board with an update on areas of workforce focus for Quarter: 1. 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.</p>	
Date presented to EMT and relevant Committee	The Workforce Report is presented to the Executive Management Team prior to its presentation to the Staff Governance Committee and the Board.	
Strategic alignment and link to overarching NHS Scotland priorities and strategies	<p>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.</p> <p>Workforce is a recognised Ministerial Priority therefore by continually reporting on progress ensures that NHS 24 can effectively demonstrate performance against workforce targets.</p>	
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

The Board is asked to:

Discuss and note the information contained within the Workforce Performance Report and any actions identified to be taken forward.

2. TIMING

2.1 This report provides metrics and analysis for the months April - June 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 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.

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4. Updates

4.1 Summary of Current Establishment

The table shows the current staff in post against the year-end target establishment as at 30th June 2021. For the majority of skill sets the establishment throughout the year remain steady, influenced only by attrition. Please be aware we are awaiting confirmation from Finance of revised budgets for 2021/22.

The Call Handler numbers fluctuate throughout the year, balancing the requirement to have more Call Handlers in place over peak periods, it is also worth noting that the WTE target includes the Redesign of Urgent Care. Currently recruitment has focussed on recruiting temporary Call Takers/Operators who will be given the opportunity to apply to convert into Call Handler roles should they successfully complete the Call Handler recruitment process.

With the vacancies that sit within the Nurse Practitioner/Clinical Supervisor cohort, that have been historically hard to fill posts for NHS 24, we have introduced new roles and increased the WTE in other roles to reduce the effect on the patient journey of not being at the target requirement. By operating a multi-disciplinary team approach including a range of clinical skill sets such as Clinical Practice Educators, Mental Health Nurse Practitioners, Psychological Wellbeing Practitioners and Breathing Space Advisors we are doing what we can to ensure that the public get access to the best health professional to manage their care efficiently.

The reference to the new operational model is in relation to call handlers handling more calls at the first point of contact, with supervision available as required.

Table 1: STAFFING	21/22 Monthly Target WTE	Current Staff as at 30/06/2021		Variance against Budgeted WTE 2021/22
		30-Jun-21		
	Agreed WTE	Current Staffing Headcount	Current Staffing WTE	Established WTE
Total Nursing Staff	318.12	375	267.64	-50.48
Total Other Clinical Staff	52.53	91	43.32	-9.21
Total Call Handlers*	588.00	809	542.53	-45.47
Total Non-Clinical Frontline	293.38	334	235.45	-57.93
Total Business & Administrative	300.17	313	287.05	-13.12
Total Staff	1552.20	1922	1375.99	-176.21

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

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

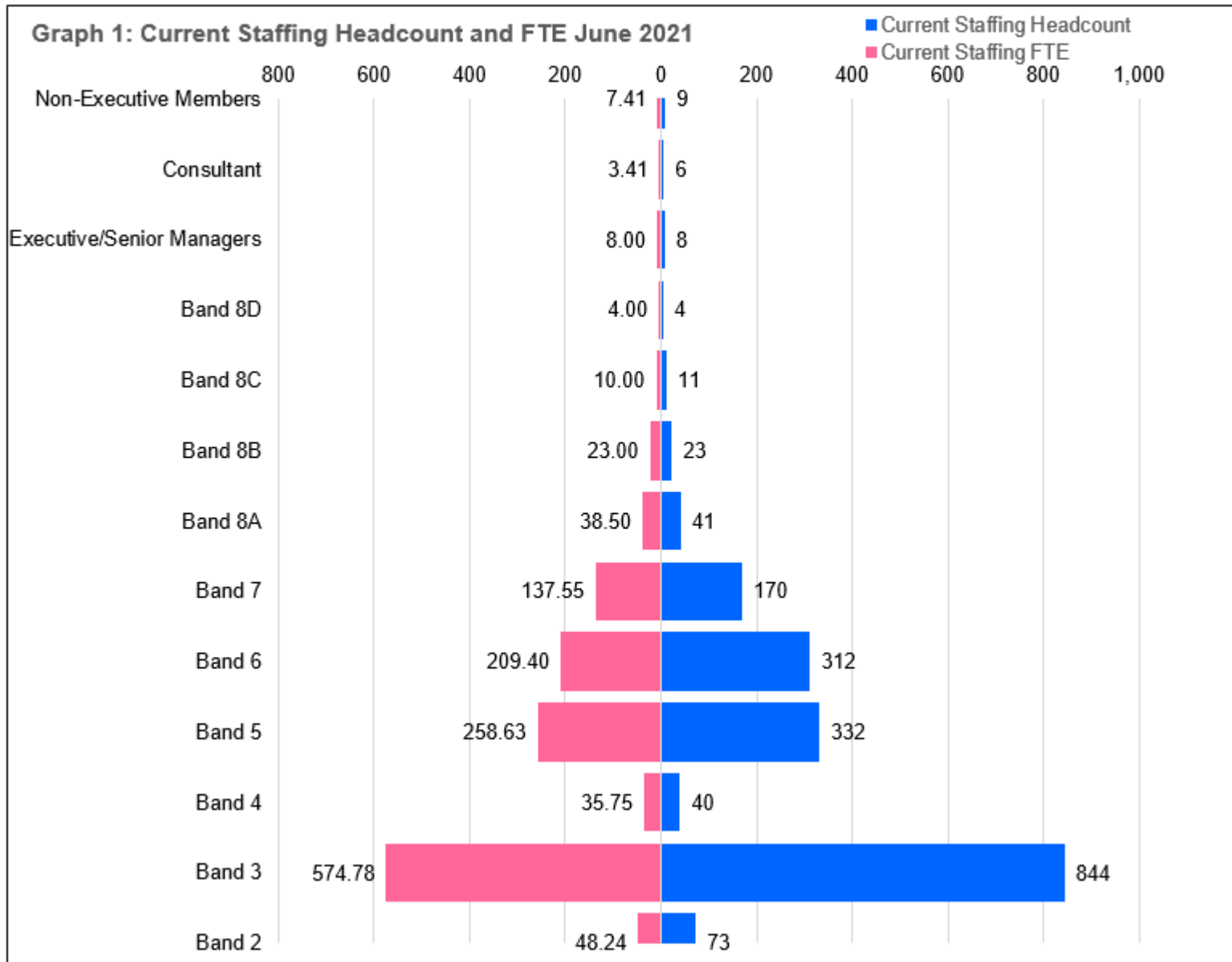
The agreed WTE is made up of annual 2021/22 budget targets and monthly defined targets for volume recruitment

* The recruitment target for the end of of 2021/22 for Call Handlers remains at 677 WTE, 588 WTE is the monthly target.

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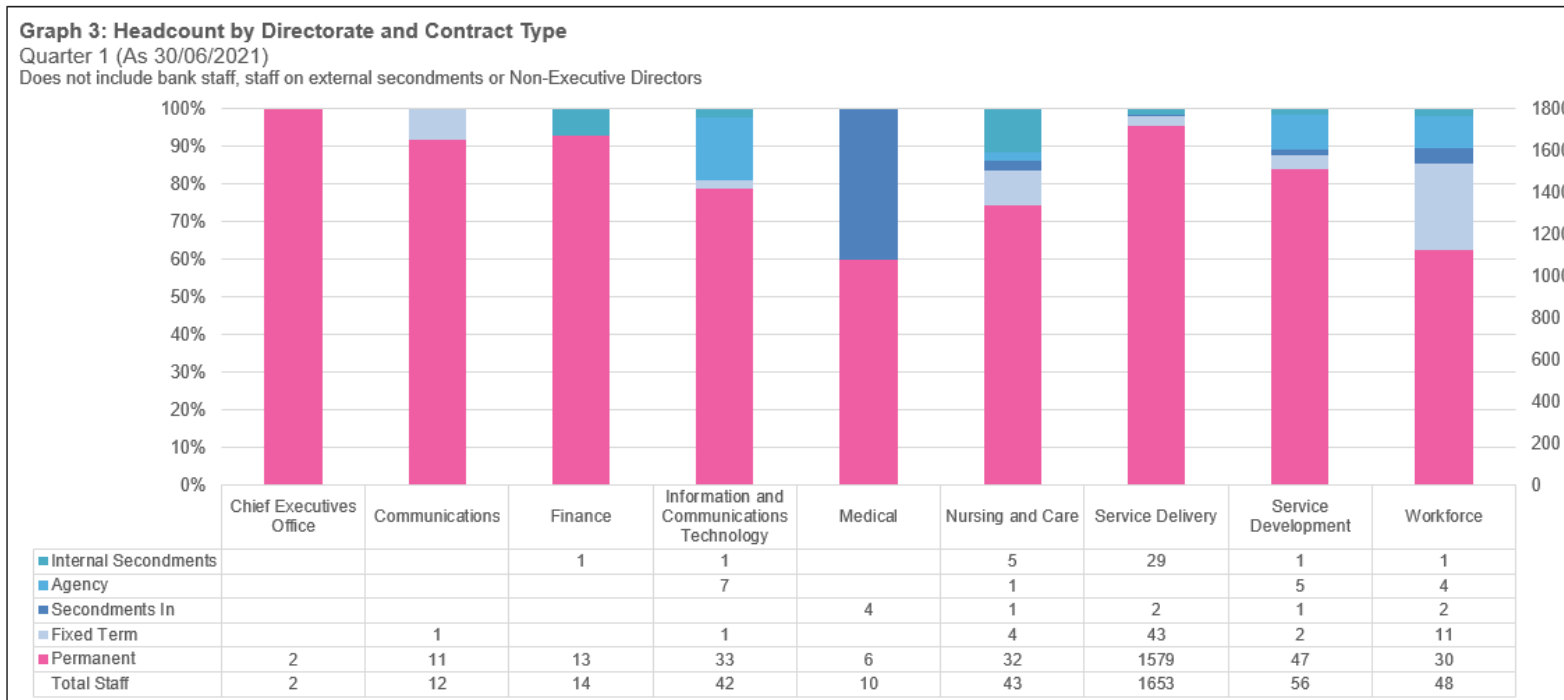
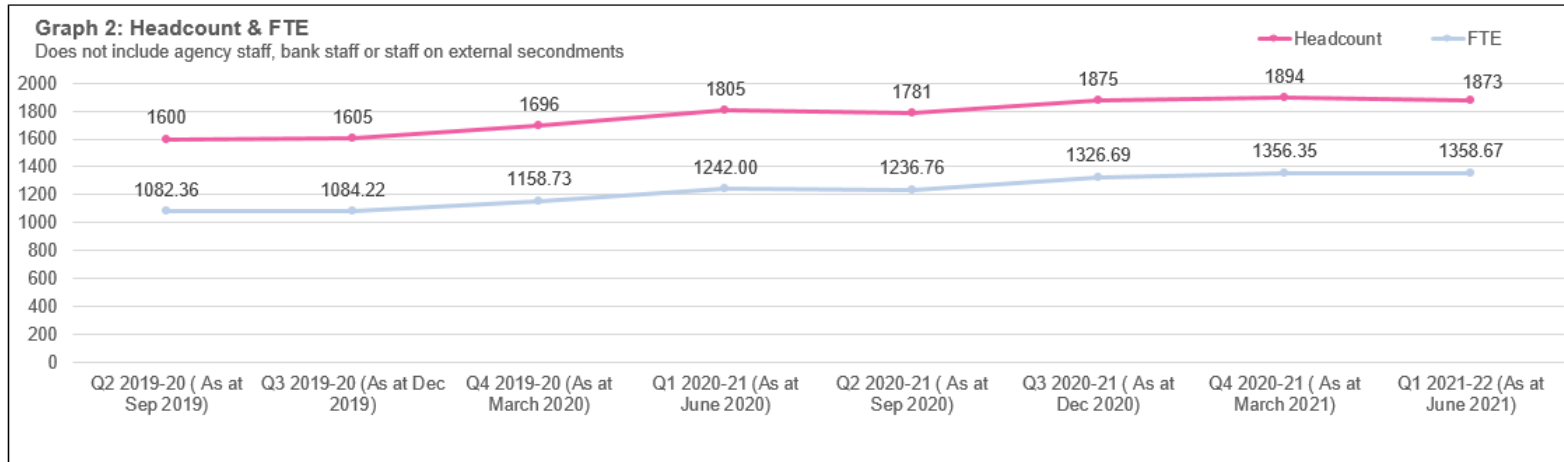
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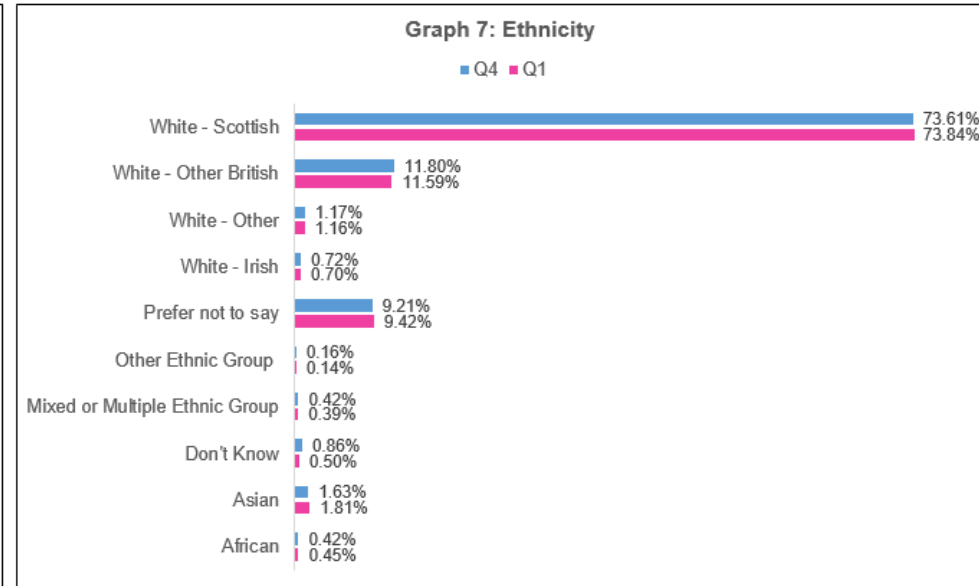
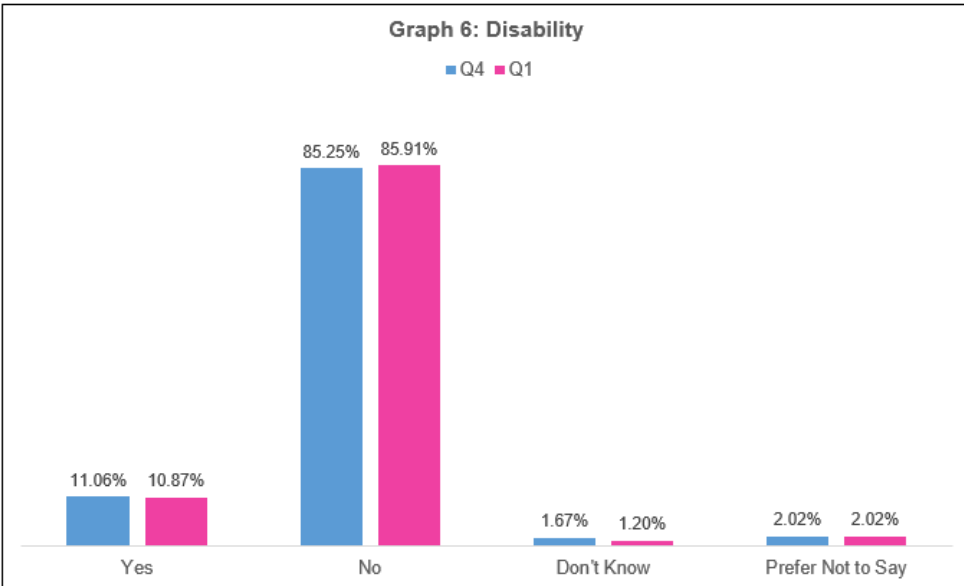
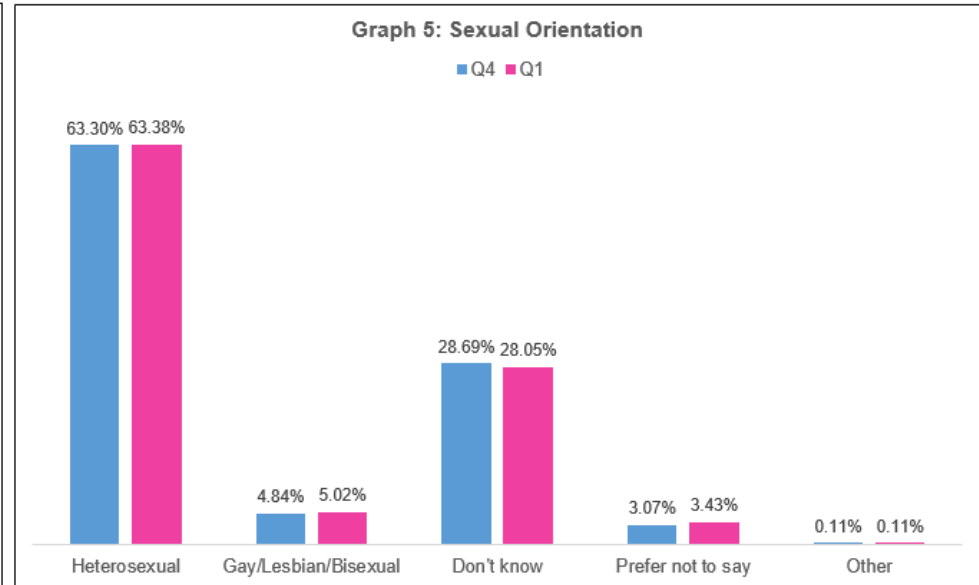
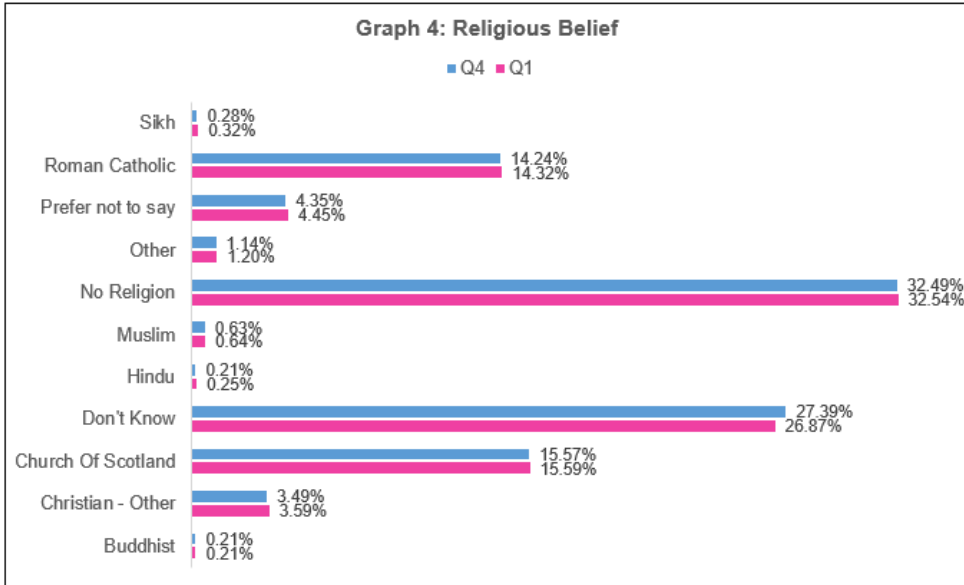
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In the following graphs staff in post figure includes staff on maternity leave. These charts do not include staff on career breaks or on secondment out of NHS 24 (as at 30th June there was 10 staff members an external secondment).

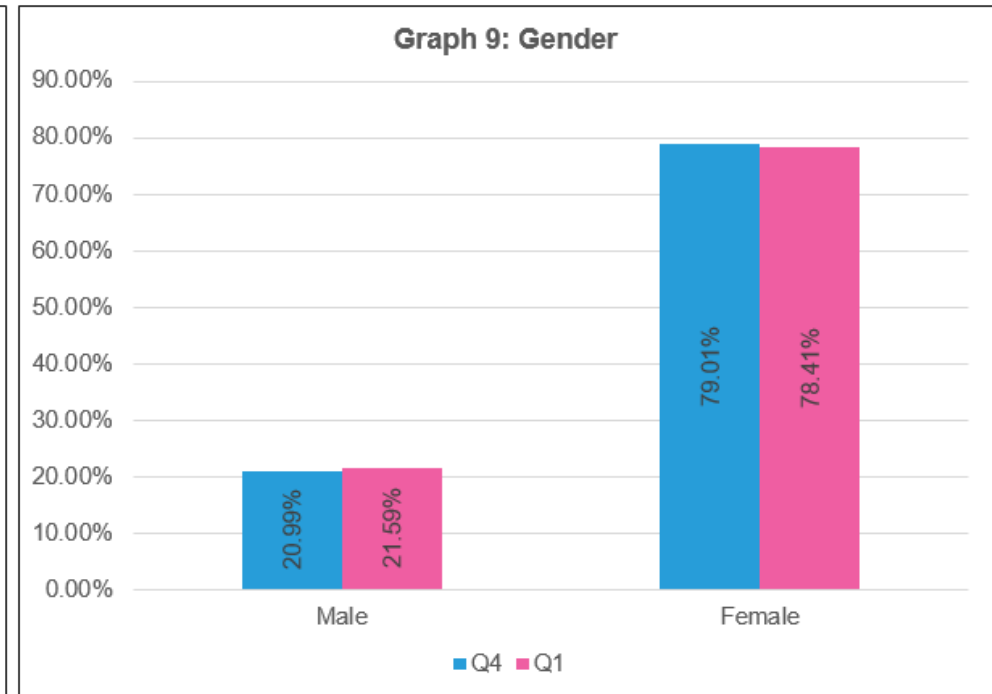
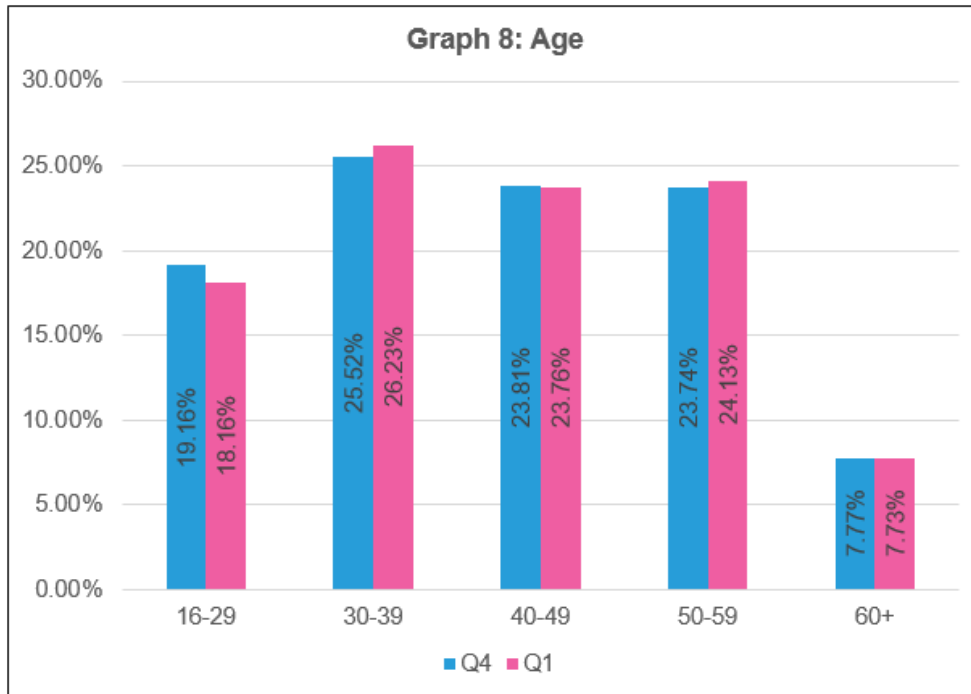
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4.2 Recruitment

HR Business Support (HRBS) continue to support the high-volume recruitment of Call Takers and Clinicians for 111/RUC. Interviews continue for the second group of Call Handlers advertised in May with successful candidates forecasted to be placed on Core Induction from late July.

Interviews have been completed for both Senior Charge Nurses and Team Managers to support the recruitment of additional Call Handlers and the HOCs are working to appoint these to the required bases.

Recruitment for the Mental Health Hub (MHH) continues for Nurse Practitioners and Psychological Wellbeing Practitioners (PWPs). MHH Core Inductions are scheduled for June, July and August. To support the resourcing of the Dundee MHH it is anticipated that there will be MHH Core Induction sessions every 4 weeks for the foreseeable future.

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

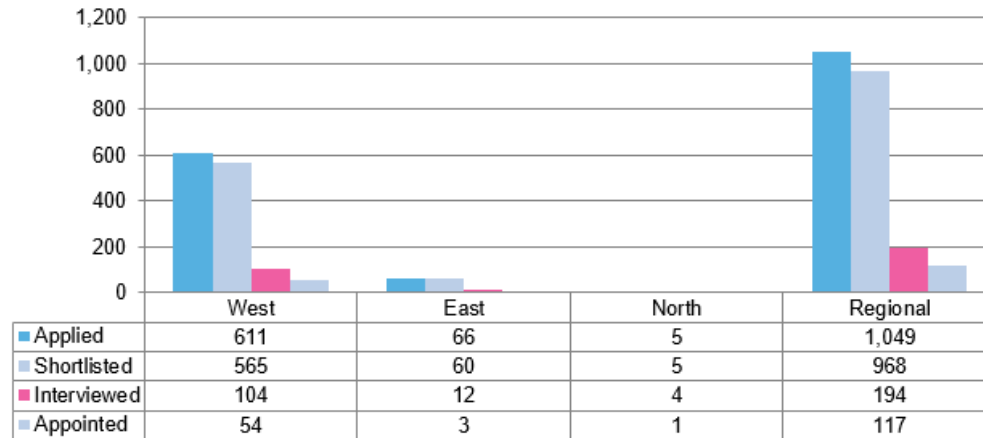
During June the Workforce Director was appointed, who is due to start early September.

Initial discussions have taken place with the Communications team to ready the organisation to recruit to a new base.

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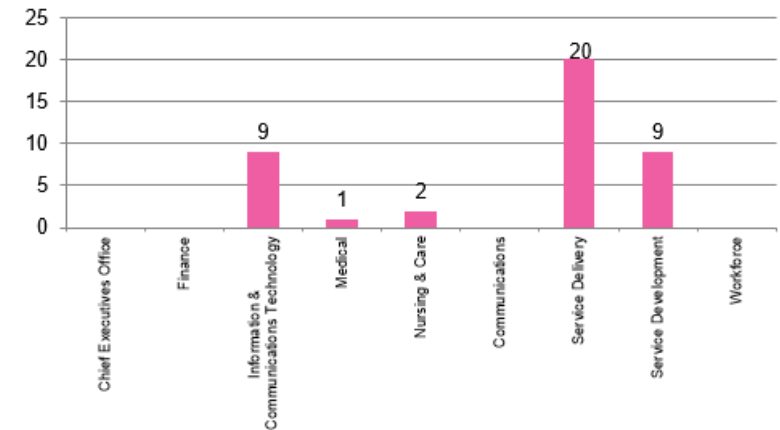
Graph 10: Recruitment by Region

Q1



Graph 11: Posts advertised by Directorate

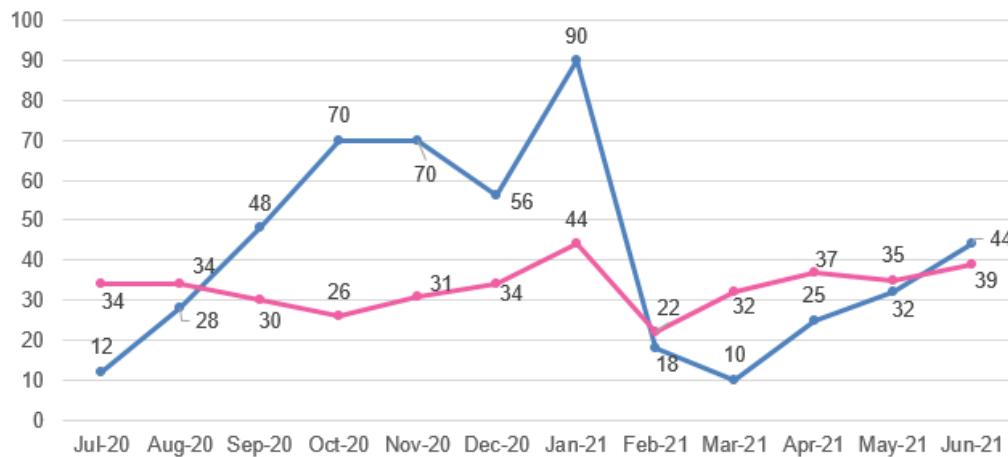
Q1



Graph 12: New Starts and Leavers

July 2020- June 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.

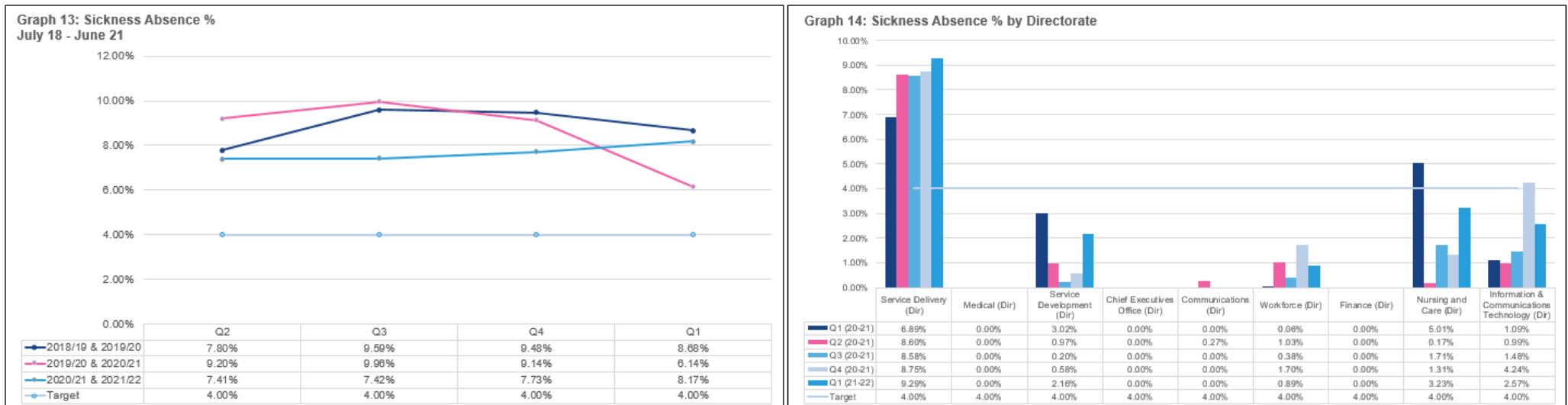
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4.3 Vaccinations
90% of staff have now received both vaccinations.

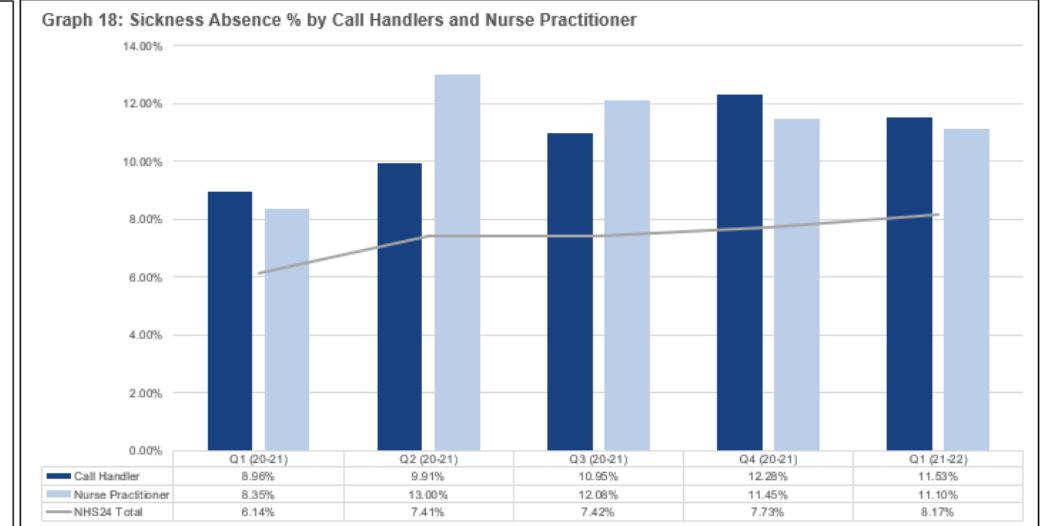
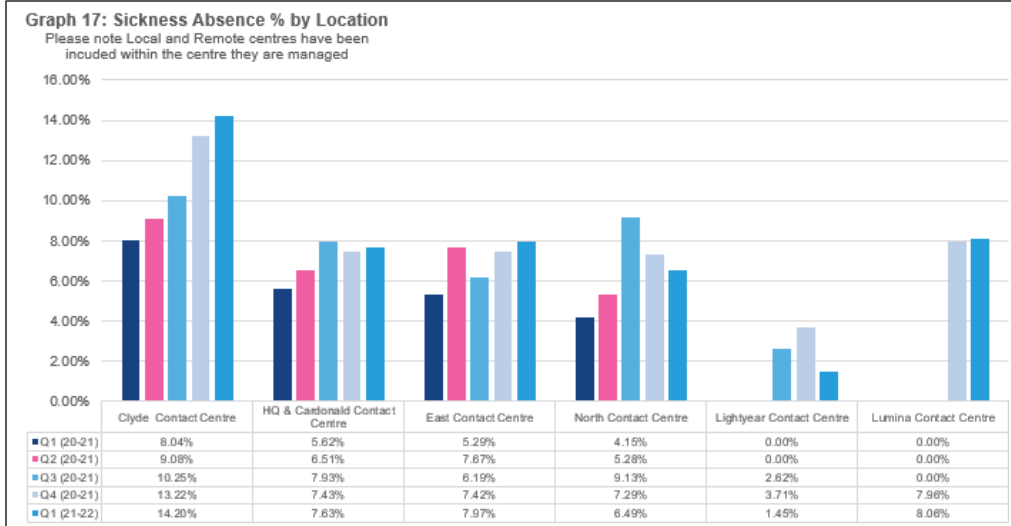
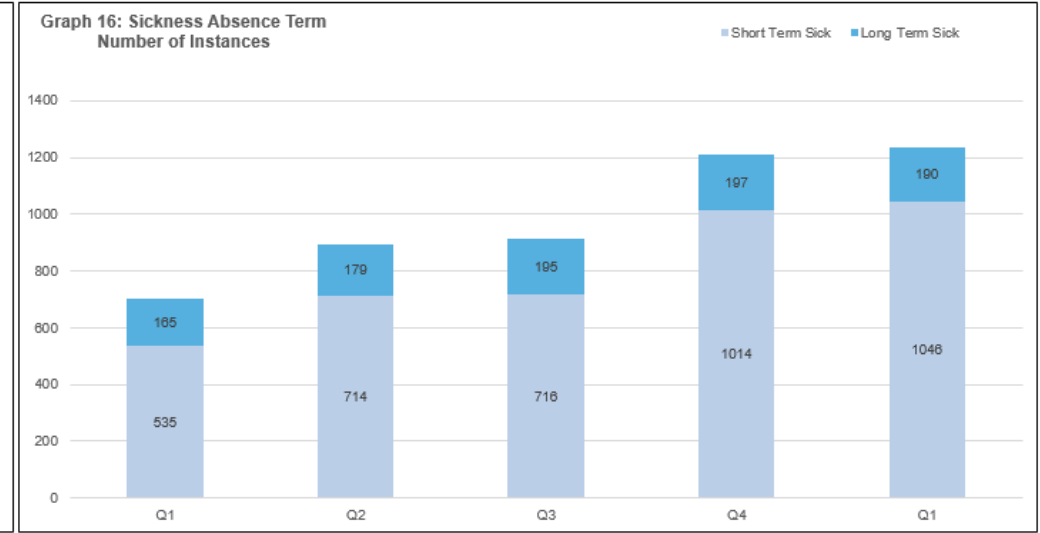
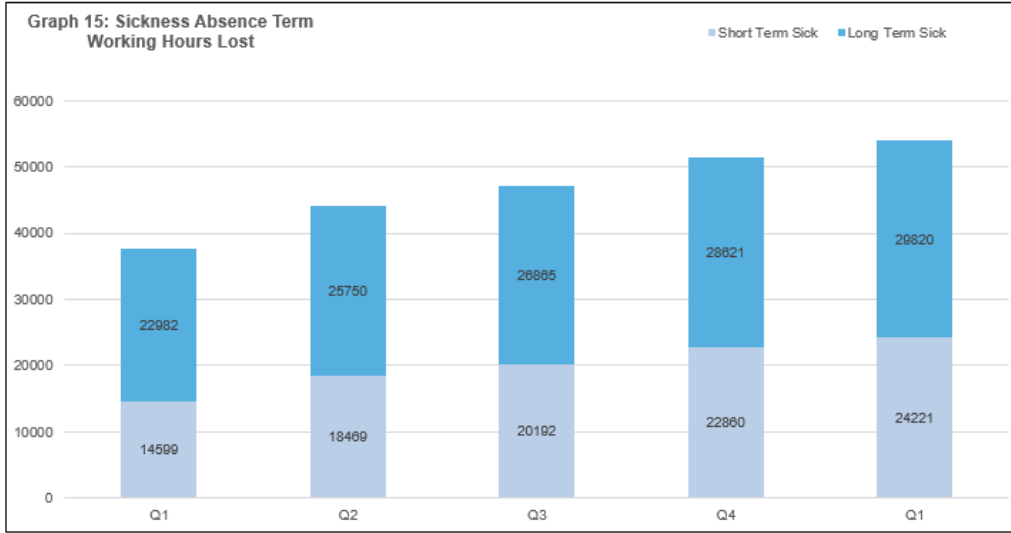
4.4 Absence
Attendance continues to be a cause for concern across all cohorts of our frontline staffing groups. Sickness absence excluding Covid related special leave rose in May to 8.71% (19000 hours lost), however, decreased in June to 8.41% (18500 hours lost). Both short term and long-term sickness absence rates have decreased slightly in June.

Covid related absence has increased during June (2.79%) compared to May (2.08%).

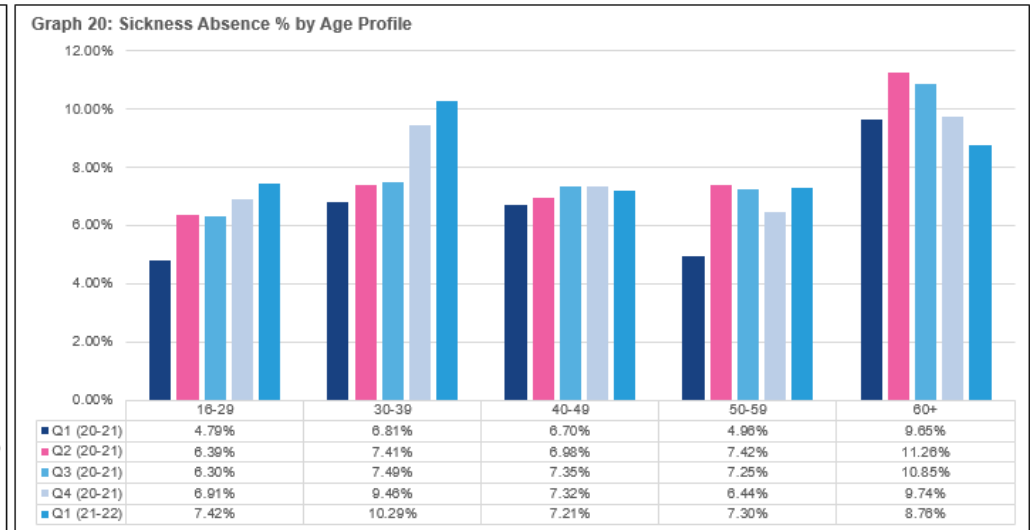
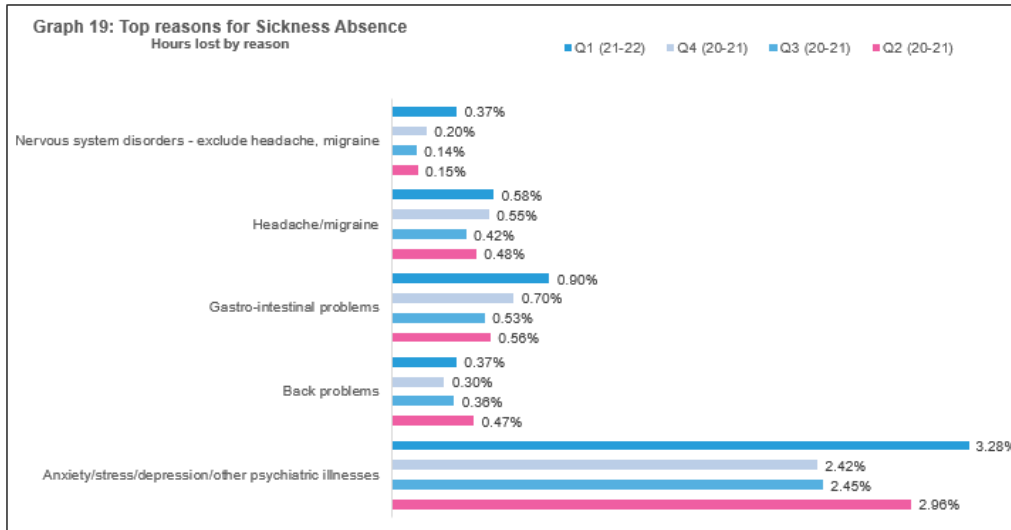
Changes have been made to how absence data is reported to improve data accuracy, as a result there has some minimal changes in the absence figures reported when broken down which is predominantly due to rounding. However, please note the overall absence figures have not been affected.

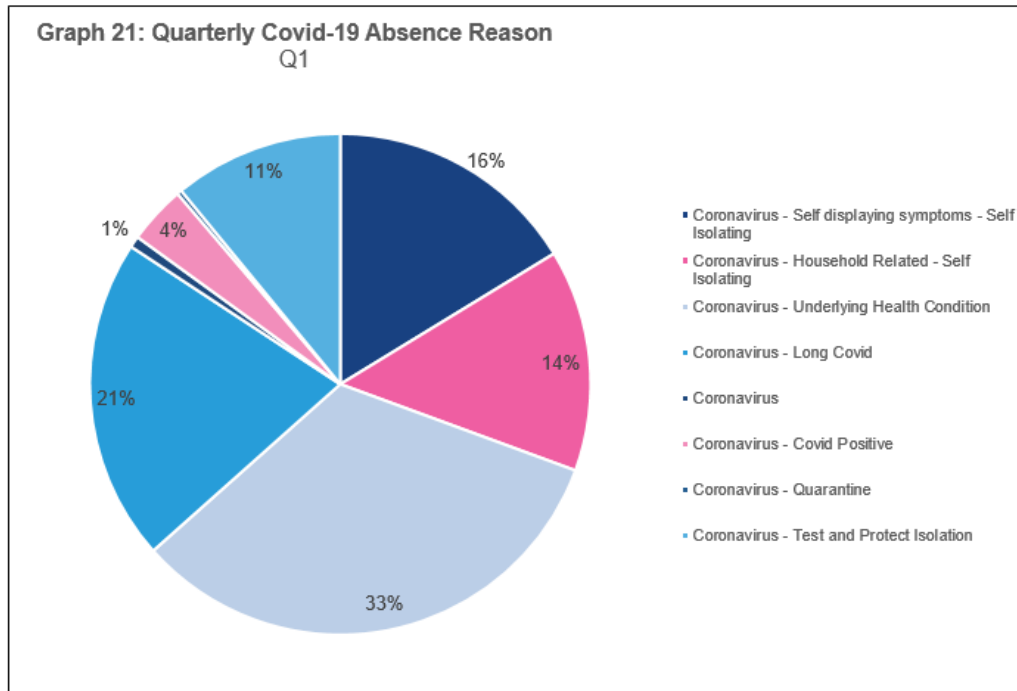


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	April - June	June
Coronavirus	11	2
Coronavirus - Covid Positive	33	17
Coronavirus - Household Related - Self Isolating	259	114
Coronavirus - Long Covid	51	15
Coronavirus - Self displaying symptoms - Self Isolating	280	113
Coronavirus - Underlying Health Condition	88	6
Coronavirus - Test and Protect Isolation	103	63
Coronavirus - Quarantine	3	3
Total	828	333

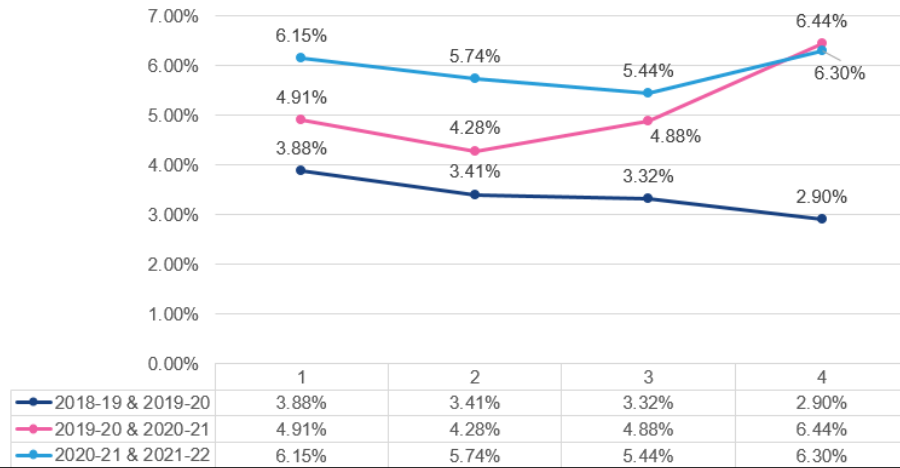
4.5 Turnover

Due to COVID-19 and the Redesign of Urgent Care, NHS 24 has recruited temporary staff on fixed term contracts to help support the demand on our services. A number of fixed term contracts for this staff group have been ended which has contributed to a high proportion of our overall leavers in both Q4 of 2020/21 (50%) and Q1 of 2021/22 (33.90%).

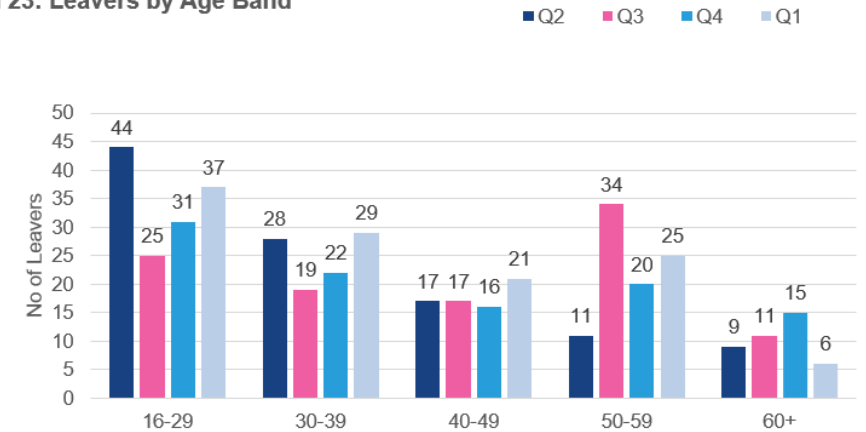
Excluding the temporary staff, the highest number of leavers in Q1 were from the Call Handler (42 leavers), Nurse Practitioner (13 leavers), and Non-Frontline (6 leavers) cohort.

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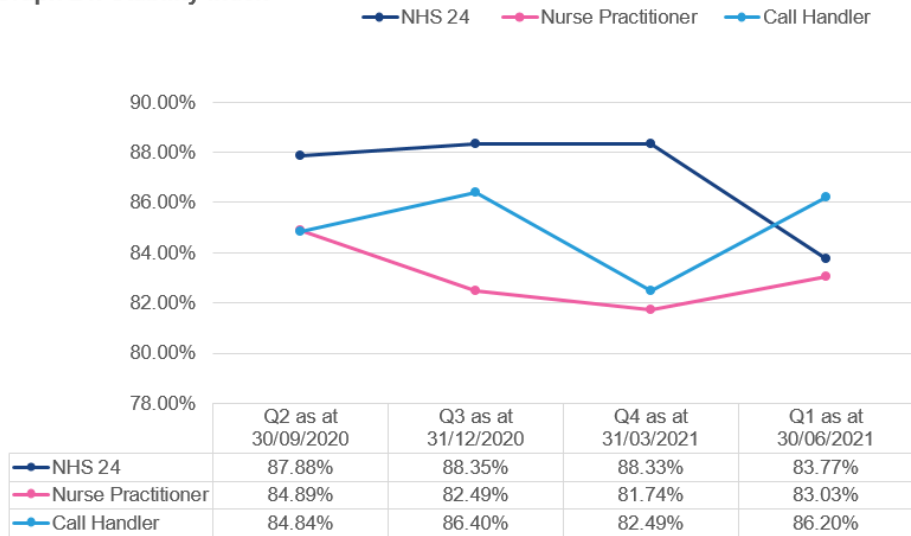
Graph 22: Turnover %



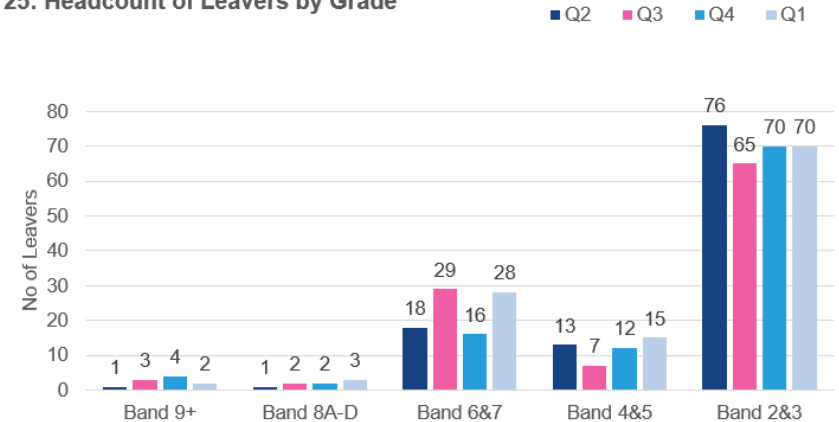
Graph 23: Leavers by Age Band



Graph 24: Stability Index



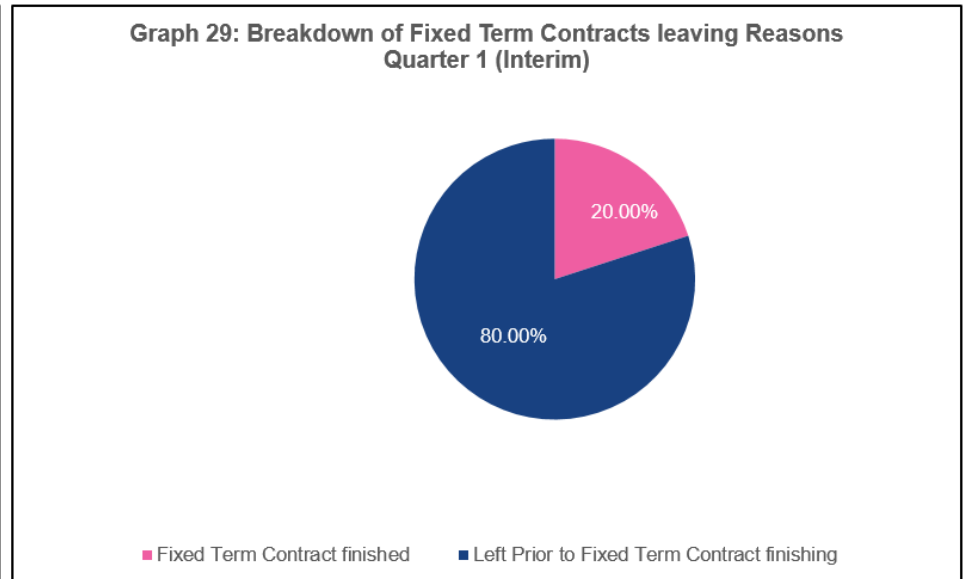
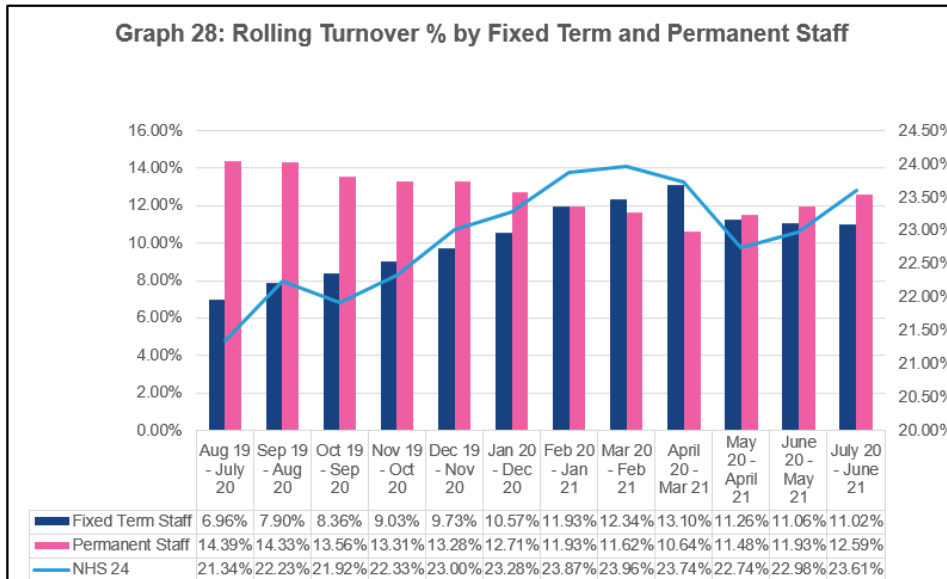
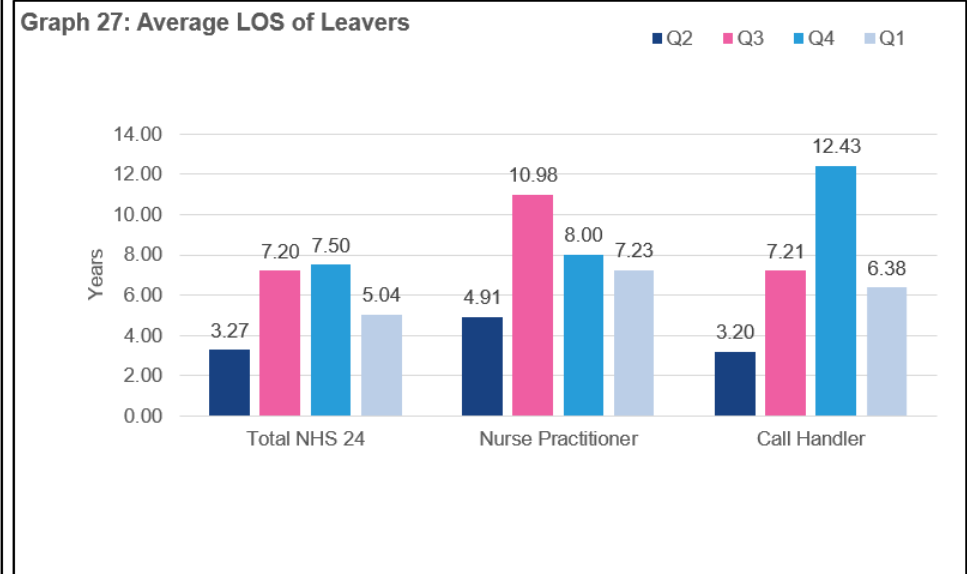
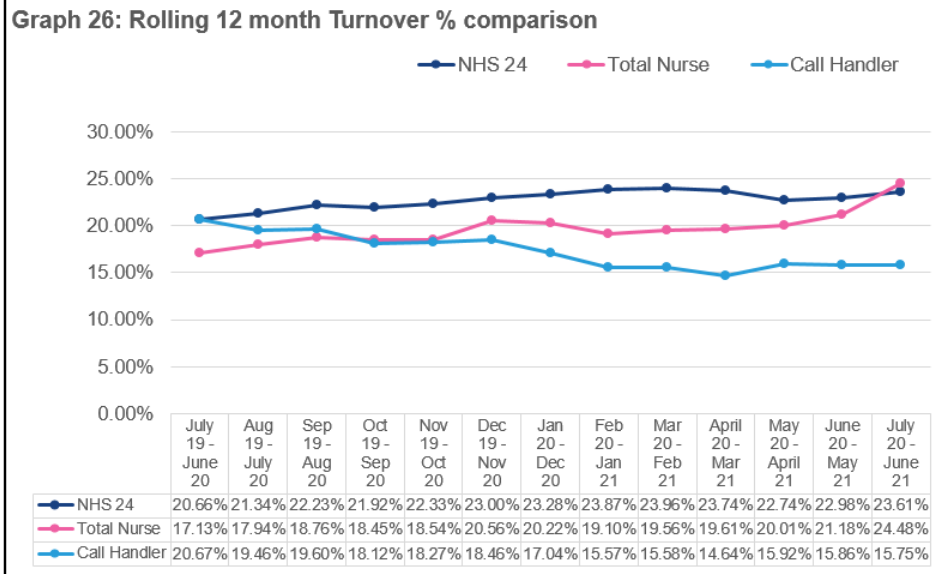
Graph 25: Headcount of Leavers by Grade



Note:

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

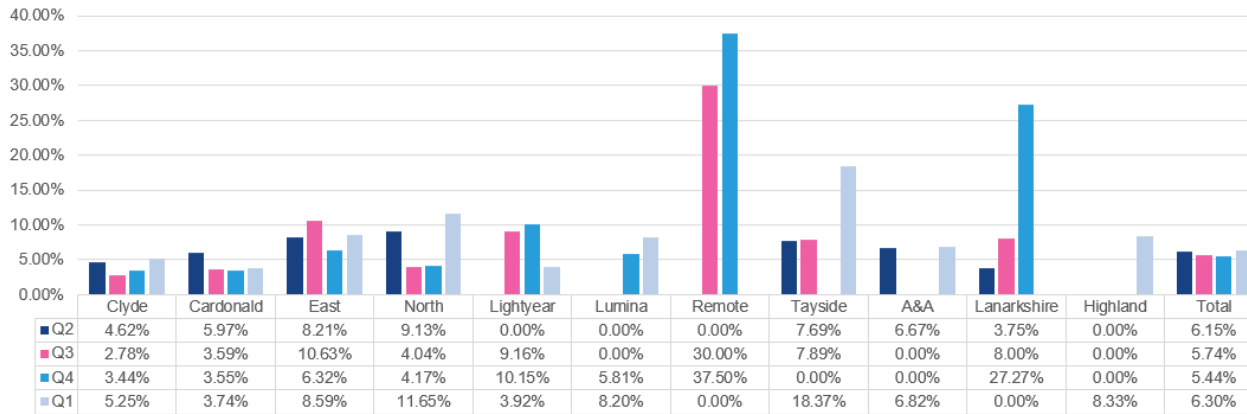
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Graph 30: Turnover by Location

HQ Staff included within the centre they are based



Note:

The turnover by location is calculated by totaling the number of leavers for the quarter and dividing them by the average headcount for the quarter.

Table 3:

Leaving Reason	Number of Employees
Dismissal	6
Dismissal Capability	1
End of Fixed Term Contract	8
Ill Health	1
New Employment with NHS Scotland	34
New Employment with NHS out with Scotland	1
Retirement - Age	4
Vol. Resignation - Other	34
Retirement Other	4
Other	25
Total	118

Table 4:

Transferred to another NHS 24 post.	Number of Employees
Original Post	
Call Handler	2
Call Operator	52
Health Information Advisor	1
Health Information Operator	2
Mental Health Nurse Practitioner	1
Nurse Practitioner	3
Senior Charge Nurse	1
Team Manager	2
Training Advisor	1
Total	65

4.5 Employee Relations

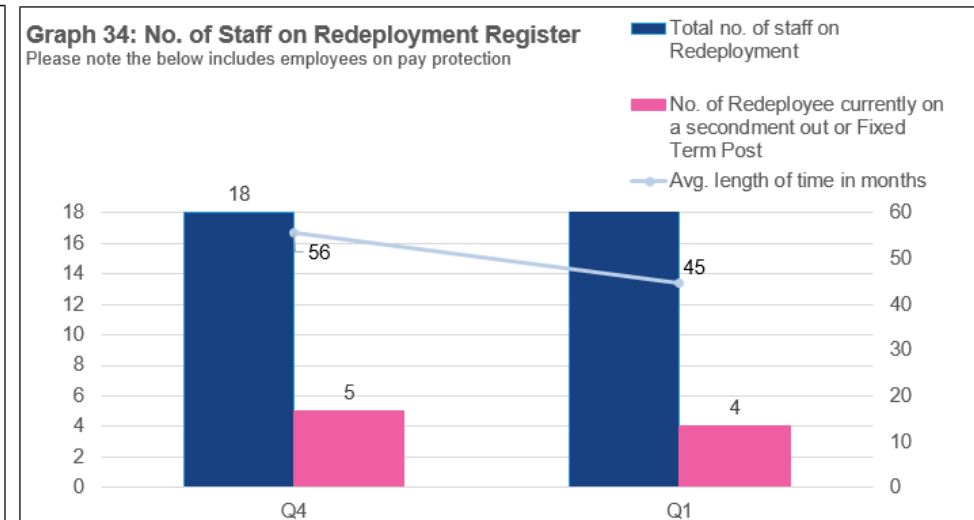
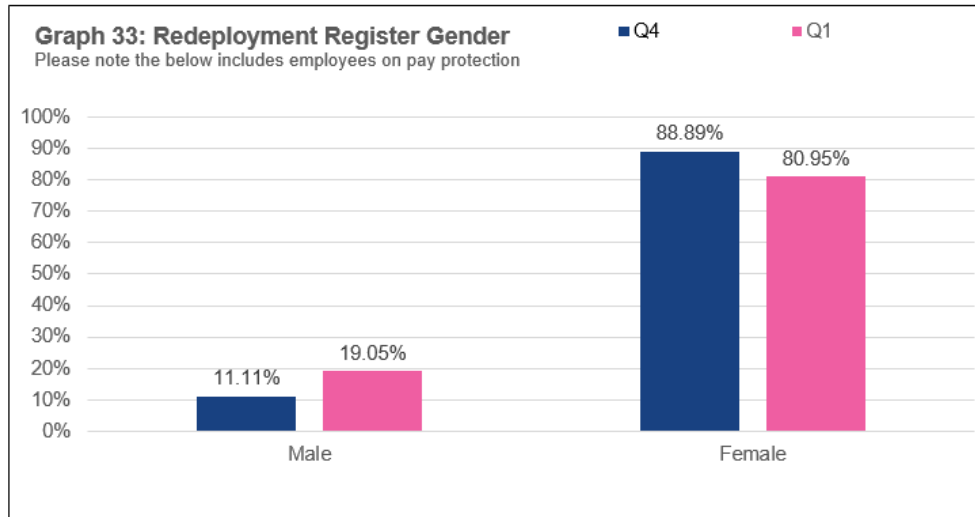
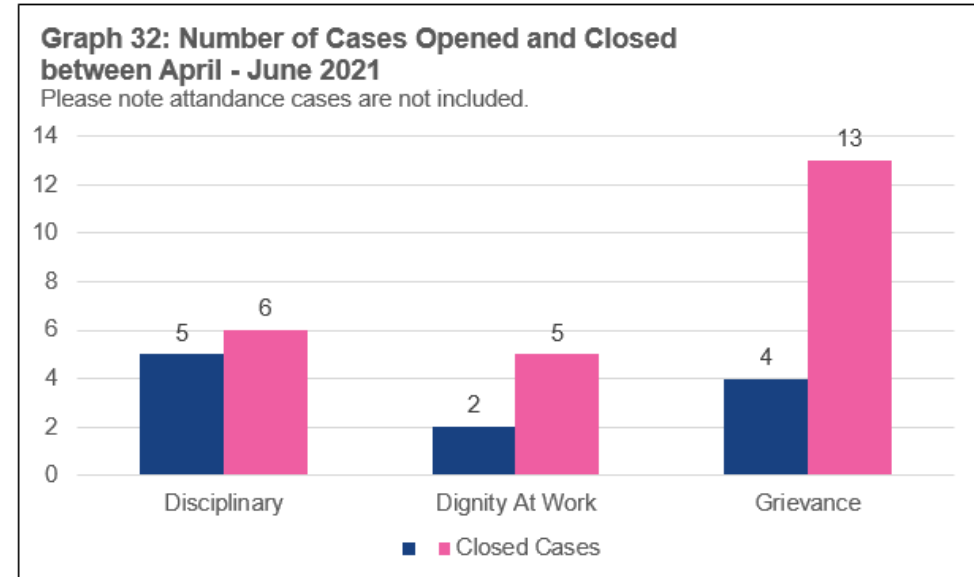
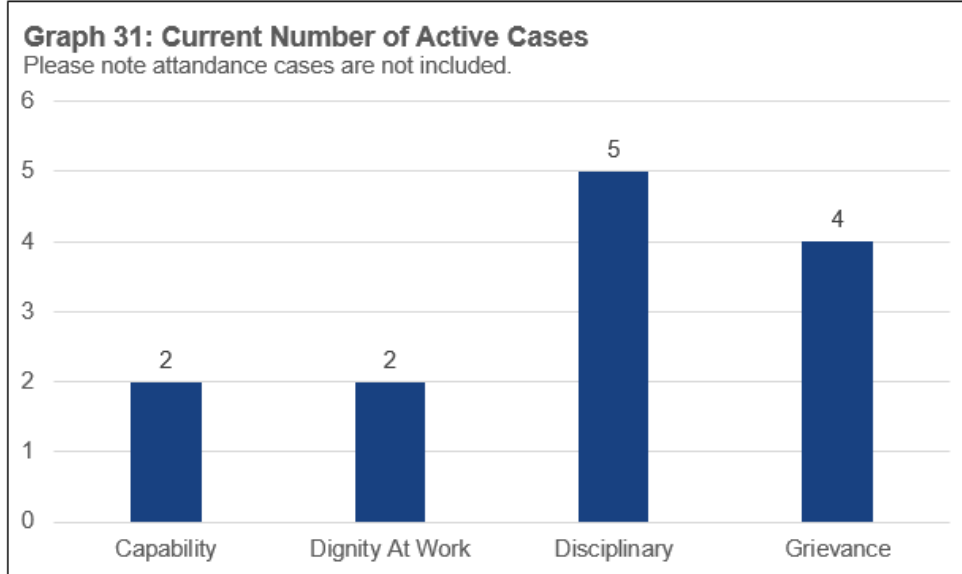
The Employee Relations Team continue to support line managers in the application of the new Attendance Management policy, training in the policy and levelling sessions. The Wellbeing Team Managers have been in place since May 2021 and we they are starting to see results in improvements in the number of return to work interviews being carried out, reduction in the number of unknown absences being recorded in the system and more timely meetings with staff who are off sick.

The Attendance Management Improvement Plan and Wellbeing Action Plan are progressing and progress on these plans is reported to relevant committees.

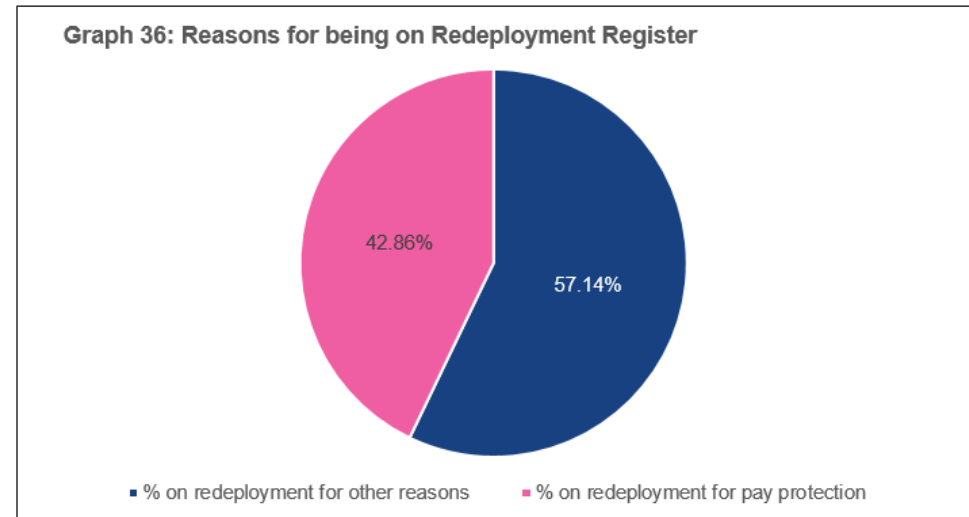
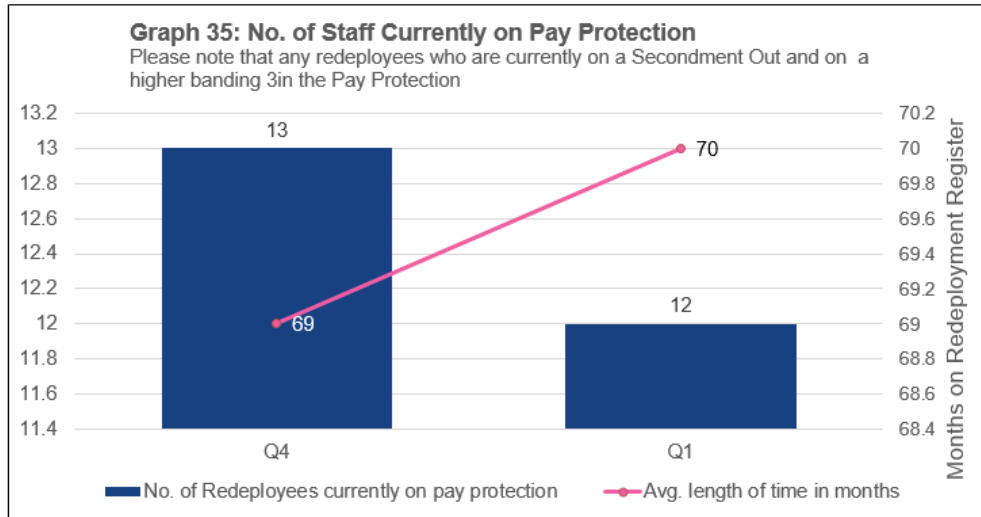
We have now received the report from a representative from Scottish Government who was looking at NHS 24 attendance management processes. We are currently looking at this report and any actions will be incorporated into our relevant actions plans.

In respect of case management, the Employee Relations Team continue to manage their case load as well as manage the case load from attendance management cases. We are currently looking at a new KPI in respect of timescales in the management of cases, flagging cases that are out with recommended timeframes. Once the new dashboards are in place the Employee Relations Team can report on and it is anticipated this information will be available in August 2021.

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4.6 Statutory and Mandatory/ Essential Training

Statutory and Mandatory Training.

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

It has been established that staff have been experiencing difficulties with completing the Stay Safe Online module, a learning resource which we use which has been developed by another provider. Whilst the issue has been fixed, completion rates remain low and it is anticipated that these will improve through enhanced communication, following the implementation of the Statutory and Mandatory Training Improvement Plan.

Table 5 <i>% of all NHS 24 staff who are compliant with the requirement to complete the mandatory modules below every 2 years, as at June 30th 2021</i>	Compliant	Non-compliant
Health and Safety Awareness	66%	34%
Fire Safety	71%	29%
Office Ergonomics	66%	34%
Safe Information Handling	48%	52%
Stay Safe Online	10%	90%

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Essential eLearning modules

Table 6 <i>% of all NHS 24 staff who are compliant with the requirement to complete essential modules, as at June 30th 2021</i>	Compliant	Non-compliant
Mental Health Improvement and Suicide Prevention	56%	44%
Public Protection	67%	33%
Whistleblowing - all staff	47%	53%
Whistleblowing - all managers	40%	60%
Attendance Management - all managers	82%	18%

Essential Clinical Modules

Table 7 <i>% of staff who have completed required annual clinical modules for their skillset, as at June 30th 2021</i>	Public Protection	Mental Health Awareness	Acute Coronary Syndrome	Meningitis	Recognition of Acutely Ill Adult	Recognition of Acutely Ill Child	All modules
Nurse Practitioners	60%	63%	55%	65%	76%	59%	32%
Call Handlers	67%	56%					48%

4.7 Appraisal

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

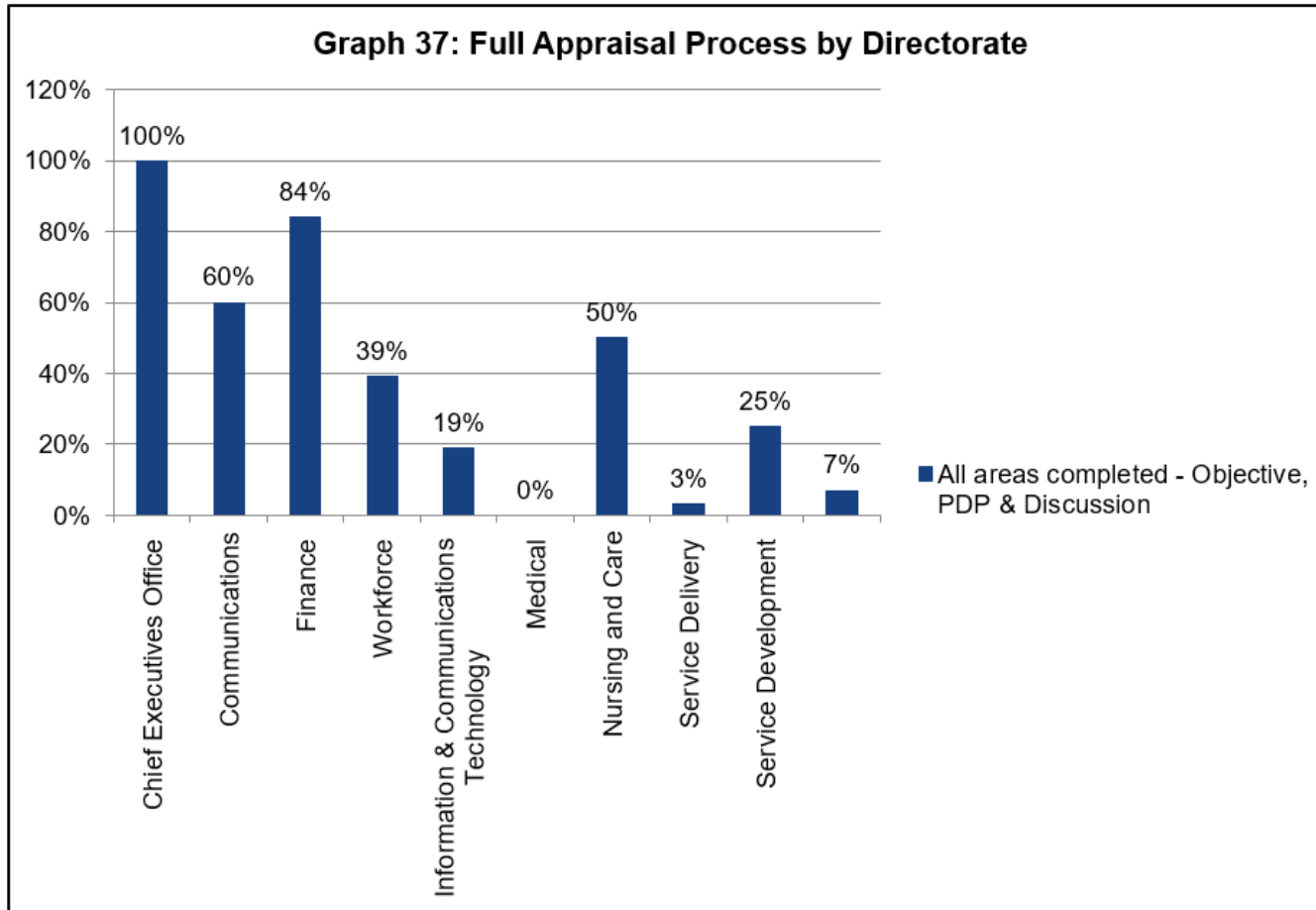
The agreed target for the organisation is that all eligible staff should have agreed PDP items, Objectives and a signed off Appraisal discussion recorded in Turas Appraisal at least once every 12 months - this is a more comprehensive target than in previous years when the focus was on the annual discussion only. Eligible staff includes all Agenda for Change staff who have been in post for at least 12

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months. As the report reflects compliance on a rolling basis, the completion figures fall when appraisals are more than 12 months past sign off. Directorate reports detailing the status of each staff member's appraisal are circulated on a monthly basis.

Table 8 <i>% of AfC staff in the business who have had agreed objectives, PDP and appraisal discussions in last 12 months, recorded in Turas Appraisal. The table reflects the percentages of staff who have completed individual elements of the process as well as the full appraisal process, as at June 30th 2021</i>	Objectives Only	PDP Only	Discussion Only	All areas completed - Objective, PDP & Discussion
		18%	23%	29%

Table 9 <i>Directorate Breakdown</i>	Objectives Only	PDP Only	Discussion Only	All areas completed - Objective, PDP & Discussion
Chief Executives Office	100%	100%	100%	100%
Communications	100%	70%	90%	60%
Finance	92%	100%	92%	84%
Workforce	55%	39%	64%	39%
Information & Communications Technology	57%	34%	66%	19%
Medical	25%	0%	0%	0%
Nursing and Care	59%	59%	66%	50%
Service Delivery	13%	7%	23%	3%
Service Development	48%	35%	75%	25%



4.8 Everyone Matters Pulse Survey

The Executive Management Team approved options for the approach to iMatter implementation in NHS which were presented to them in a paper on 8 June 2021. All sub-reporting level managers, that is all managers of managers, are currently confirming that the teams that report into them are correct on eSS, for this data to be used for the upload to Webropol.

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Key actions within the next quarter are:

- Sub-reporting levels and team structures signed off by Directors: 30/07/21
- Team members confirmation, by line managers: 16/08/21 until 10/09/21
- Questionnaire completion, by all staff: 13/09/21 until 01/10/21

4.9 Organisational Development

Organisation Development External Review (Yellow Kite)

A review of learning and organisational development in NHS 24 was conducted in autumn 2020, and the resulting report outlined 8 key recommendations which would help to embed a robust approach to organisational development, leadership and learning. Actions which will help to meet these recommendations are now being progressed by the newly appointed Head of Organisational Development, Leadership and Learning, with progress being made on the development of a Strategy, Framework & associated Plan which will underpin how the function operates to support organisational priorities. A full business case is being developed which will detail the transformation and future target operating model. It is anticipated that this will be rolled into a wider business case for Workforce and will be presented to the appropriate Board by the new Director of Workforce in Q3 of 2021.

Benchmarking Exercise

Tying into the Organisational Development Review, a Benchmarking Exercise has been completed with the participation of 23 organisations comprised of 15 x NHS Scotland Boards, 1 x NHS England Trust and 7 other public and third sector organisations. The purpose is to identify best practice in relation to whole function Organisational Development Leadership and Learning (ODLL) practices and structures. The Exercise was extended to 22 June 2021, due to the degree of interest from organisations who wished to participate. The data will be analysed in the next quarter, with a full report published (internally) by the end of June 2021 and used to inform the transformation of ODLL within NHS 24. In addition, the NHS Scotland OD Leads have taken a keen interest in the findings and how this may inform the way forward nationally. An anonymised Executive Summary of findings will be shared with them.

Continuing Professional Development

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

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Leadership Development

In May and June, NHS 24 co-facilitated Leading for the Future, a National Senior Management Development Programme for Health and Social Care. By facilitating, NHS 24 is provided with 5 places on the programme. The 2021-2022 programme was also advertised during this quarter and 3 applicants from NHS 24 were successful in securing places on it.

Coaching and Mentoring

13 colleagues ranging from Team Managers to a Director are progressing with Institute of Leadership and Management (ILM) Coaching and Managing qualifications. 10 are completing the ILM 5 Certificate of Effective and Coaching and Mentoring. 3 are completing the ILM 7 Diploma for Executive and Senior Level Coaches and Mentors. The Organisational Coaching Lead (OCL), who works within Organisational Development, Leadership and Learning is completing the ILM 7 Certificate for Coaching Supervisors. In addition to providing supervision, the OCL is developing the structure, processes, meeting and 121 support for the ILM coaching bank as the service is established within NHS 24. The OCL is also arranging coaching matches for staff who require a more experienced coach, or to work with an external coach.

Mediation Training

Arrangements for Mediation training and support were reviewed and a supplier recommended by another NHS Board has provided costs to supply similar training and support within NHS 24. Heads of Department in Workforce Directorate are currently establishing which staff members are best placed and who will have most impact within the organisation to undertake this training. Initial considerations point to new and existing Wellbeing Managers and Confidential Contacts.

Spaces for Listening

To assess its usefulness as part of the health and wellbeing support within NHS 24, Organisational Development, Leadership and Learning arranged for members of the Wellbeing Steering Group and to attend Spaces for Listening sessions facilitated by a Scottish Government Consultant, Brigid Russell and a NHS England Clinical Psychologist, as well as an internal session co-facilitated with an East Senior Charge Nurse, Julie Lindsay. In the next quarter, key stakeholders will meet with Brigid and plan our use of Spaces within NHS 24.

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.