NHS 24

WORKFORCE
Strategy and Plan 2022-2025

Developing and Delivering
Our Strategy and Plan 2023 Refresh

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INTR⊙DUCTION

In October 2022, NHS 24 Workforce Strategy and Plan 2022-2028 was published. It set out an ambitious agenda to transform the workforce to meet current and future demands. As part of this, we committed to do an annual refresh. We recognise that the health and care policy landscape changes on an ongoing basis and that there would be a new NHS 24 Corporate Strategy and the digital and service transformation programmes would be progressed during this time.

Looking back, it has been a very positive first year. The evidence in our first annual review shows that most key performance indicators (KPIs) and outcomes have been realised or exceeded. Of note are:

- the development and embedding of effective workforce planning and the reform of our approach to recruitment

- the development and roll out of our digital three tier model to transform the way HR support and advice is delivered

- the improvement to essential learning completion along with the development and implementation of a new corporate induction programme

- the development and delivery of the Management Essentials Programme (MEP) for first line managers

- the establishment of employee engagement forums and a new values and behaviours framework

- the enhancement of partnership working with our Trade Unions through the publishing of a refreshed agreement, the refocus of the Areas Partnership Forum (APF) and the re-establishment of the Regional Partnership Forums (RPF)

As part of the annual review, this document, Developing and Delivering Our Strategy and Plan, has been fully updated and refreshed.

Taking all of this into consideration, our plans for the next two years (see Workforce Strategy and Plan 2023-25) will focus on building on the foundations achieved in the first year.   Work will also be taken forward to improve our culture, wellbeing and staff engagement, increase the use of technologies, continue to recruit and retain staff and the further development of our middle and senior leaders. All of this will ensure that NHS 24 will deliver on its corporate strategy and embrace future digital and service transformation while at the same time delivering a safe and effective service to our patients. The period will also see the further transitioning of the Workforce Directorate from transactional activity to becoming a strategic advisor and support to our leaders, managers and staff.

WORKFORCE STRATEGY

The NHS 24 Workforce Strategy details five priorities within the Plan – Sustainable Workforce, Inclusive Culture, Enhanced Learning and Development, Effective Leadership and Management, Collaboration and Partnerships. While each individual priority will deliver transformational change within NHS 24, when delivered together they also act as mitigators of risk relating to key organisational issues i.e., attrition, attendance, wellbeing and leadership capability. Year One has focused on developing underpinning infrastructure and foundations on which to build the more complex programmes of transformation upon.

Key programmes of work, aligned to the five priorities and key workforce performance outcomes, delivered in Year One include:

Sustainable Workforce	• Developed and implemented new establishment control process to manage corporate workforce requirements
	• Developed and implemented strategic vacancy reporting to enable organisational level assessment of vacancies to allow the re-allocation or removal or roles from directorates
	• Design of a new recruitment model which delivers up to date recruitment practices with the recruitment team running pre-employment sessions, linking with colleges, universities, employability partnerships, screening and short-listing applications freeing up frontline resources
	• New recruitment microsite launched
	• Attrition Improvement Plan developed and implemented including check in questionnaires issued at three, six and nine months
	• Full review of the management of health and safety completed, and a RACI approach implemented
	• Steady decline in accidents and incidents

Inclusive Culture	• Attendance has increased
	• Integrated attendance and wellbeing plan has been developed and is in implementation. The plan also shapes the activities of the Staff Experience Groups and Regional Partnership Forums
	• Service Now system implementation work completed with National Services Scotland (NSS). System is operational and the intranet updated with relevant documentation to service tiers 0 and 1
	• Upskilling of managers in managing attendance allowing Employee Relations team to withdraw from Stage one absence meetings in 2022. Stage two took place in April 2023
	• iMatter highest ever response rate and associated action plan developed
	• Shift Review Phase Two implemented to align managers to their teams
	• Values and Behaviours Framework launched

Enhanced Learning and Development	• A Mandatory Training Review was undertaken to redefine what was mandatory training. The outcomes saw the re-classification of 51 Mandatory Training Modules in total (a mixture of all staff, recurring and specific skillsets)
	• Overall completion of mandatory and statutory training modules has increased
	• Establishment of a Training Quality Assurance Committee (TQAC) to ensure oversight of all training and its classification
	• A new NHS 24 Corporate Induction Programme has been launched. The programme has been extended from the traditional one-day activity to the first 12 months of an employee's career journey

Effective Leadership and Management	• Management Essentials Programme rolled out to first line managers
	• Training Prospectus and Leadership Development Framework launched and embedded and linked to Appraisal
	• Talent and succession approach developed and implemented with the outcomes used as nominations for the NES Developing Systems Leaders Programme and Leading for the Future
	• Middle and Senior Leadership Development Programmes design and build phase completed

Collaboration and Partnerships	• Partnered with NES to introduce an intern via the Graduate Career Advantage Scheme
	• Secured participation in an internship opportunity with the Robertson Trust and their "Journey to Success" programme
	• Stakeholder influencing map completed for key individuals externally to improve engagement
	• Partnership Agreement with our Trade Unions Updated with signed commitment from the Chief Executive and Employee Director
	• Area Partnership self-assessment actions completed
	• Staff Experience Groups and Staff Experience Framework implemented

Moving forward our workforce will be made up of highly talented and motivated people, with a diversity that is representative of the population and the people we serve. They will be enabled, equipped, and empowered to deliver sustainable services. They will be part of a workplace that proactively supports continuous improvement and innovation. We will be recognised as an employer of choice for those wishing to work in healthcare, highly rated and recommended by those who already work here. Our people will experience the highest quality induction, have access to training and development programmes with clear career development pathways.

DEVELOPING OUR THREE-YEAR PLAN

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

Our strategy and plan, when taken together describe:

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

DRIVERS FOR CHANGE

Population Demographics

Demographic change is one of the most significant issues that will impact NHS 24 and its workforce. There is an urgent need to reshape the health and social care workforce to equip it to meet the changing demand from the population it serves. Community health services and social care will at some point reach into all our lives. More than 800,000 people over the age of 18 are unpaid carers. In addition, competitive labour market forces will require NHS 24 to be innovative, flexible and agile in its approach to workforce issues.

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

The population of Scotland is estimated at approximately 5,489,769 according to the National Records of Scotland (NRS) 2020

The population of Scotland is projected to continue increasing until around mid-2033, peaking at 5. 53 million. It is then projected to fall by 0.6% to 5.49 million by mid-2045. The projections show Scotland's population falling below the mid-2020 baseline by around 2050. More people are projected to move to Scotland than leave each year. However, there are projected to be more deaths than births each year, and the gap between births and deaths is projected to widen. Over time, this will outweigh the growth from migration.
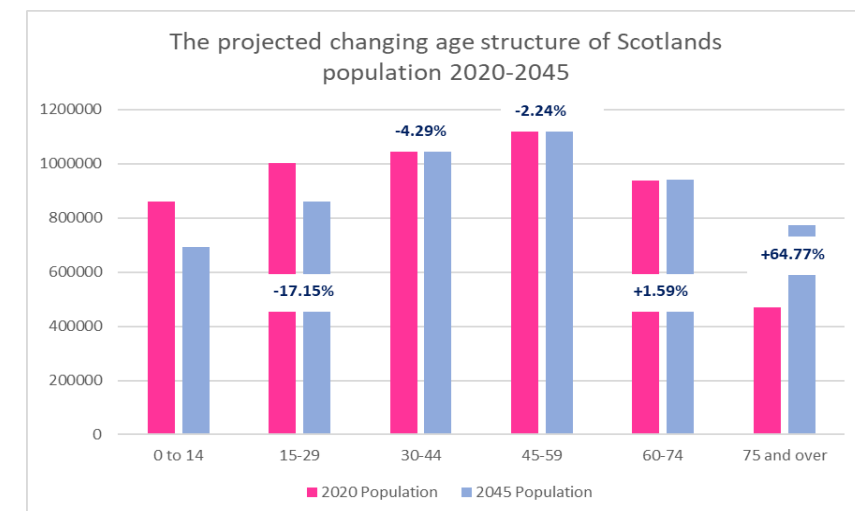
Projected Population of Scotland
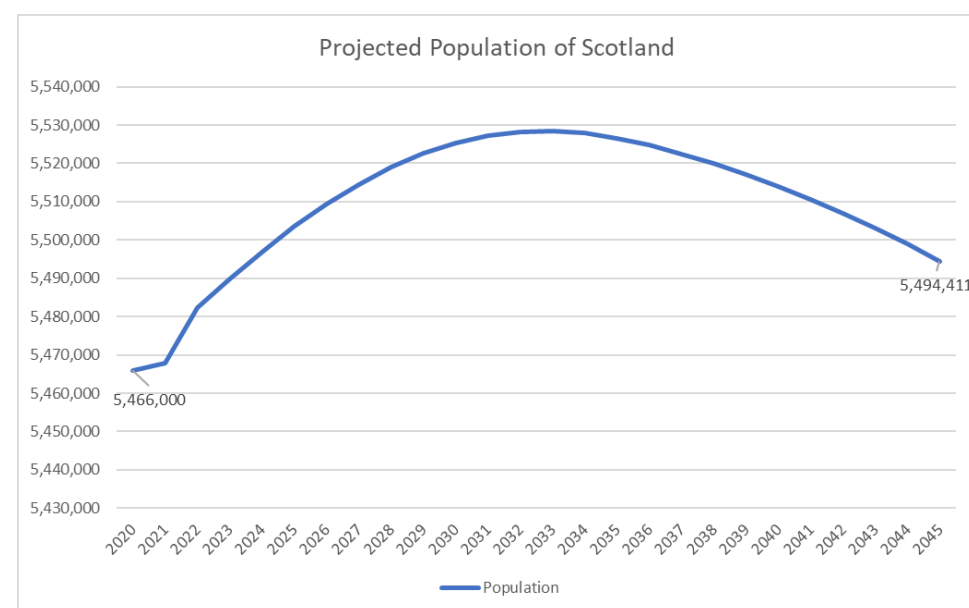
The age composition of a population is one of the most important aspects of population demographics as those of varying age will have different socio-economic impacts for Scotland e.g. increases in the elderly population are likely to place a greater demand on health and social care services.

The Office for National Statistics (ONS) produced new variant population projections using new international migration assumptions and the advice is to use the new projections available, therefore all population demographics have been revised to the latest figures updated in January 2023.

Scotland is now home to approximately 400,000 more people than in the 1990s. But this change has not been the same across age groups. Over that time, the number of children has reduced by about a tenth. In contrast, the number of people aged 65+ has grown by over a third. The current population structure illustrates growth around the age of 73 (baby boomer generation) and mid-50's. As these generations age, with higher life expectancy than in previous generations, they are projected to make up a growing proportion of the population.

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

Changes in projected population will impact on service demand and will inform workforce capacity and capability for the future. Our county's workforce continues to age with fewer people available to fill key jobs. The increase in the population size of Scotland coupled with the change in age profile, shown on the right, further illustrates the potential challenges on health and social care services.

The projected changing age structure of Scotlands population 2020-2045

The increase in the ageing population of Scotland will also be broadly mirrored within the workforce of Health and Social Care in Scotland. Therefore, it is important for NHS 24 to be cognisant of this and ensure mechanisms are put in place to allow flexibility and support to both our ageing workforce, and our workforce throughout each career level, from entry, to ensure their physical and mental health is nurtured.

Having a sustainable and growing working age population is important. This is measured by the dependency ratio of people aged under 16 and those of pensionable age, compared to those between those age. This is generally referred to as the working age population. There are many people over the age of 65 who are working just as there are many who are in the working age population who are not currently working, that said, it is expected that there will be more pensionable aged people than working aged people in the future. This means that there will be fewer people available to support a more dependent population and working aged people may be providing more support to older people.
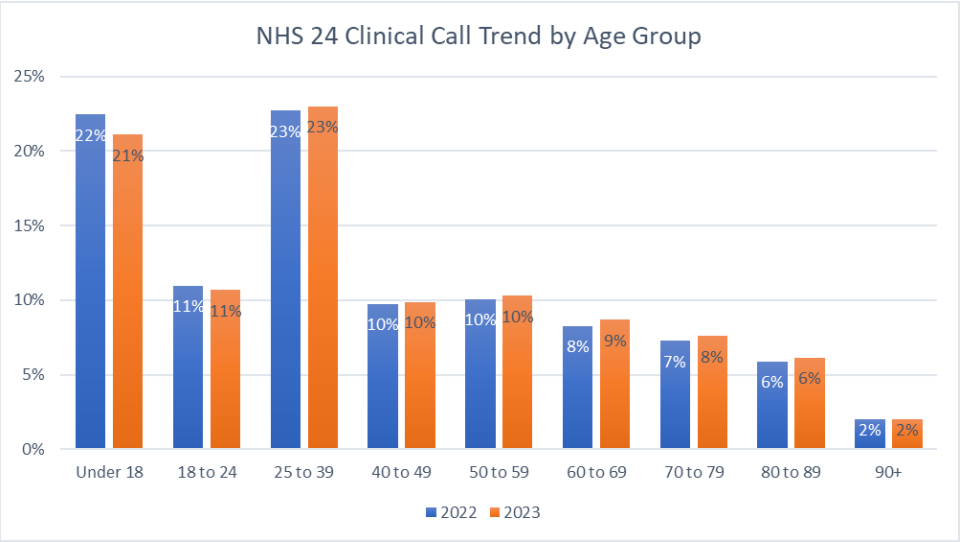
Health and Social Care in Scotland is also shifting away from hospital and residential care towards community-based services, supporting people to live in their own homes, where possible.

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

NHS 24 recognises that meaningful promotion of wellbeing with the public improves health outcomes overall, particularly for the increasing population with one or more long-term conditions, e. g. Diabetes.

NHS clinical call trend by age group

While we know many over 60s are more likely to contact their GP in the first instance, calls to the 111 service from this age group in 2022 accounted for approximately 23. 43% of calls to the service (see below figure), which is the highest proportion of calls. This trend remains consistent in 2023, albeit we currently only have 8 months' worth of data to report on.

NHS 24 Clinical Call Trend by Age Group

Age Group	2022	2023
Under 18	22%	21%
18 to 24	11%	11%
25 to 39	23%	23%
40 to 49	10%	10%
50 to 59	10%	10%
60 to 69	8%	9%
70 to 79	7%	8%
80 to 89	6%	6%
90+	2%	2%

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

NHS 24 will seek to further analyse the call trends post COVID alongside the anticipated population changes to establish the impact this may have on the service moving forward. Evidence shows that the most digitally enabled age groups call the service the most often: aged 25-39 (23%) which is followed by those aged under 18 who require our service (21%).

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

On our journey to offer digitally delivered and digitally enabled services, we have expanded our digital services including NHS inform, and increased our range of self-help guides, information, and practical advice, which is available on our smartphone app, NHS 24 Online (launched April 2023). NHS Inform has seen a 79% increase in page views during 2022/23 compared to 2019/20 (pre COVID pandemic), with a 147% increase in visitors in 2022/23 compared to the same period in 2019/20.

NHS Inform page views
79% increase in **page views** in 2022/23 compared to same period in 2019/20

125.6 million

NHS Inform users

147% increase in visitors in 2022/23 compared to same period in 2019/20

93.9 million

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

NATIONAL DRIVERS

When developing the Workforce Strategy, we took cognisance of the following Policy Drivers all of which remain current. For some, it is not clear what the workforce implications will be so we will continue to keep this under review and update our plans accordingly.

National Care Service

The proposed establishment of a National Care Service (NCS) will begin to take shape over the lifespan of this workforce plan. The Scottish Government is committed to establishing a functioning NCS by 2026. At this point it is not clear what the workforce implications will be so we will keep this under review and update our plans accordingly.

NHS Recovery Plan 2021-2026

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

It will be important that linkages are made with the NHS Recovery Plan and that workforce implications of actions in this document are aligned to these, where relevant. NHS 24 must consider the future direction for the organisation and the role it will play as part of the recovery of the NHS in Scotland until 2026.

Digital Health and Care Strategy (2021)

To support the delivery of the NHS Recovery Plan, the Scottish Government published a refreshed Digital Health and Care Strategy (2021) which contains key actions that are relevant to NHS 24. The plan sets out ambitions for technology and innovation which have the potential to make services more effective, efficient, and sustainable.

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

Health and Social Care National Workforce Strategy

The publication of the 'Health and Social Care: National Workforce Strategy3]' in March 2022 provides additional context on the national direction of travel for the health and social care workforce. This aims to support the ambition of recovery, growth and transformation and the changing demands on health and social care of our workforce. The vision of 'a sustainable, skilled workforce with attractive career choices and fair work where all are respected and valued for the work they do' focuses on the five pillars of the workforce journey - Plan, Attract, Train, Employ and Nurture.

The priorities set out in this national strategy have been embedded in our workforce strategy.

Health and Care (Staffing) (Scotland) Act 2019

The Health and Care (Staffing) (Scotland) Act 20194 sets out the requirements for safe staffing across both health and social care services. It is a key element to remobilising the NHS safely and ensuring that Scotland's care homes can safely deliver care to residents.

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

The Healthcare Staffing Programme Team are leading the review of all workload tools/digitalisation of real-time staffing resource to support this work. We have in place a Lead Nurse for Safe Staffing and Workforce Planning who is actively engaging with the National Programme. A baseline assessment against the requirements of the legislation has been conducted, with actions identified to address any gaps in advance of enactment of the legislation.

Delivering Value Based Health & Care - A Vision for Scotland

This vision sets out the challenges our national system is facing and how practising Realistic Medicine can deliver a more sustainable service. Value Based Health & Care (VBH&C) encourages us to focus on delivering the outcomes that matter to people and helps manage expectations throughout their care or treatment. VBH&C also encourages us to become more creative and challenges us to think carefully about how we optimise the use of the resources we have for maximum benefit.

It requires a transformation in the way we deliver care, and we will support our workforce to practise Realistic Medicine to deliver VBH&C and ensure that appropriate skills and experience are available in the workforce to realise its ambitions.

NHS Scotland Climate Emergency and Sustainability Strategy: 2022-2026

The Scottish Government expects Scotland's public bodies to lead by example in combating climate change, and make a valuable contribution toward achieving emissions reduction targets, influencing, and enabling positive behaviour change, driving change, and acting as an exemplar of climate action and low carbon innovation. To play our part in tackling the climate crisis, NHS Scotland is aiming to become a net-zero health service by 2040 at the latest. This will require unprecedented change in how we work.

Sustainability outcomes need to become part of and underpin delivery of existing and future health and well-being outcomes – taking the opportunity to align local social, economic, and environmental benefits to ensure a cohesive approach to current and future planning.

NHS 24 champions sustainability to contribute to a more cohesive, resilient, and net-zero society. The workforce requirements following from this strategy have been identified through the Climate Emergency and Sustainability Programme.

Health and Social Care: Data Strategy for Scotlan

This strategy seeks to make the best use of Scotland's health and social care data to improve people's health and wellbeing through improved, more sustainable, health and social care services. Setting out how we will work together in transforming the way that people access their own data to improve health and wellbeing; and how care is delivered through improvements to our systems. We need to empower those delivering health and social care services to have the confidence and ability to gather, safely use, and share data to sustainably improve services and ensure outcomes are being met.

NHS 24 has rich data sources, and we will work collaboratively with partners such as Public Health Scotland and the Scottish Ambulance Service, to continue to build a picture of need and demand for services. We will need to further develop our analytical capacity, working with partners to develop predictive analytics to ensure we are better able to deliver services that meet needs as these evolve.

We want to attract, develop, support, and retain a workforce that is confident and competent in the use of data. This includes all staff having essential data skills that help us all to better manage the information we all depend upon, and advanced data skills that help us to create more insight from data.

Mental Health and Wellbeing Strategy for Scotland 2023

The Mental Health and Wellbeing Strategy lays out the approach to improving mental health for everyone in Scotland, placing mental health and wellbeing on an equal footing with physical health. We must ensure that the right help is always available to those who experience severe and enduring mental health conditions and provide the wider support people may need to maintain good mental health.

It is also important to recognise that underlying factors, inequalities, and types of disadvantages affect certain groups of people who may suffer disproportionate impacts on their mental health. Learning from evolving evidence about intersectionality is important. By recognising that people are multi-faceted, we can understand that different experiences can interact to affect mental health in ways that are not the case for everyone.

NHS 24 needs to develop a skilled and diverse workforce which can operate at safe levels, address talent attraction, recruitment, and retention challenges and support staff mental health and wellbeing.

Improving Wellbeing and Workplace Cultures Framework and Action plan

The Scottish Government will soon publish the Improving Wellbeing and Workplace Cultures Framework and Action plan in late 2023, which builds on the actions set out in the 2022 National Workforce Strategy. All NHS Boards will be asked to develop a clear framework of values, behaviours, and competencies for senior leaders to ensure that those who lead our organisations demonstrate and support the creation of positive working cultures.

In August 2023, NHS 24 launched its Cultural Alignment Programme of which a key component is the Values and Behaviours Framework. Rollout of the programme will continue over the next two years.

The NHS 24 Wellbeing Strategy and Action Plan is under development and will align fully with the aims of the Cultural Alignment Programme and Workforce Equality, Diversity and Inclusion Plan.

Pension Changes

There are recent pension changes that have the potential to unsettle the current workforce by having an impact on retiral ages or the number of retirements. NHS 24 will continue to monitor retirement trends to determine the impact this might have in the years to come, particularly within the clinical workforce.

In addition to the above, NHS 24 will continue to monitor the impact the NHS Scotland National Interim Arrangement has on Retire and Return. The Arrangement is issued on an interim basis pending the review of the Retirement Policy by the for Scotland' Workforce Policy Review Programme.

The SPPA partial retirement is a flexible option that enables NHS Pension Scheme members to continue working while receiving some or all their pension benefits. Members can apply for partial retirement twice and after that they will need to fully retire to access their remaining pension.
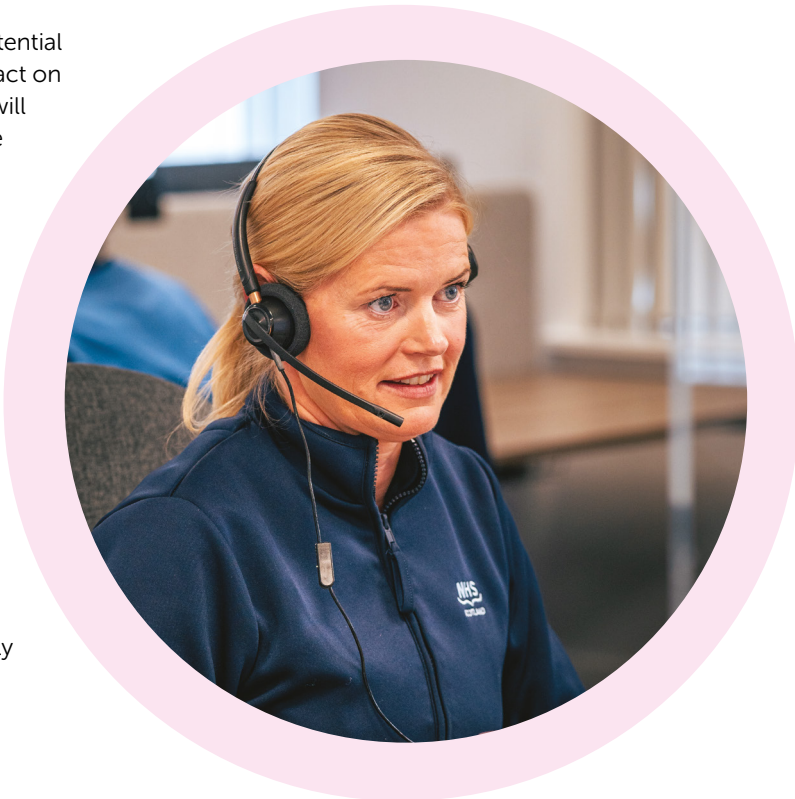
LOCAL DRIVERS

NHS 24 Corporate Strategy

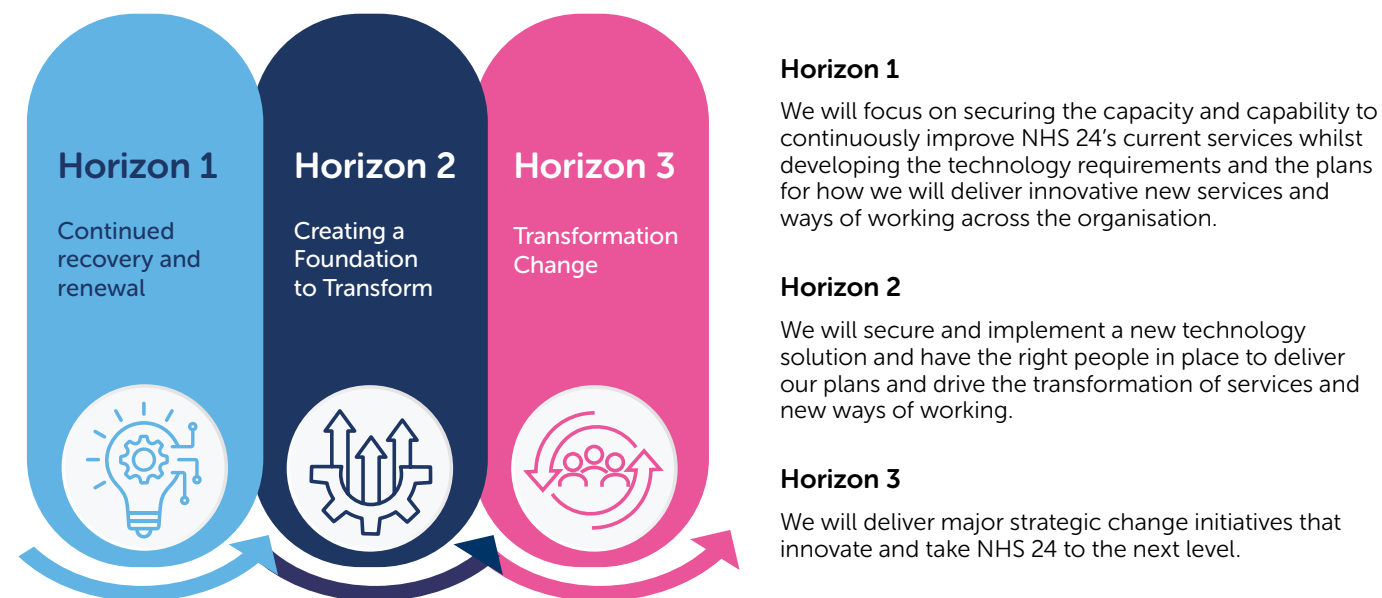In July 2023, NHS 24 launched its new Corporate Strategy for the next five years. The strategy sets out a clear direction, our organisational aims and ambitions, and how NHS 24 will add value to the wider health and care system. This is set out in 3 horizons:

Horizon 1	Horizon 2	Horizon 3
Continued recovery and renewal	Creating a Foundation to Transform	Transformation Change

Horizon 1

We will focus on securing the capacity and capability to continuously improve NHS 24's current services whilst developing the technology requirements and the plans for how we will deliver innovative new services and ways of working across the organisation.

Horizon 2

We will secure and implement a new technology solution and have the right people in place to deliver our plans and drive the transformation of services and new ways of working.

Horizon 3

We will deliver major strategic change initiatives that innovate and take NHS 24 to the next level.

NHS 24 three strategic aims are to:

- Deliver sustainable, high-quality services
- Provide a workplace in which our people can thrive
- Be a collaborative forward-thinking partner

The Corporate Strategy includes 17 ambitions, with those specifically related to our workforce including:

- Where and how people work. We will offer opportunities to carry out a range of roles, with flexible locations to suit our workforce and our patients.
- NHS 24 as an Anchor Institution.   We will offer secure and interesting employment opportunities across our communities and engage with local businesses to support local economic development.
- Our commitment to delivering sustainable services. We will reduce the need for our staff to travel to work, alongside delivery of technology supported services to reduce unnecessary patient travel, accessing care closer to home.

Shift Review

The Shift Review is an important programme of work for NHS 24. It focuses on improving services for patients and meeting our service needs, while supporting staff and improving their on-shift experiences and work-life balance.

In 2019 Phase 1 focused on aligning nurse and call handler shifts to align with service demand. Following a short delay, due to the impact of COVID-19, Phase 2 commenced in 2022 and is nearing completion. Phase 2 focuses on the working patterns of skillsets that were not involved in Phase 1, starting with Team Managers and Senior Charge Nurses.

The expected benefits when Shift Review is fully complete are; quality and performance improvement, better staff engagement, reduced average handling time, reduced unplanned absence, and reduced levels of attrition.

It is anticipated as we go into year two and year three that other services within the 111 service, will be scoped to move over to this way of working including Dental and Breathing Space services.

Digital Transformation

As a national service, NHS 24 is ideally placed to exploit new and emerging technology to enhance our services. NHS 24 has commenced an ambitious programme of work that builds upon our digital infrastructure to deliver accessible, personalised health and care services now and in the future, helping more people access the right care, at the right place. This means the future experience and interaction with NHS 24 will look and feel different. We will still offer telephony for those that need it, but it will be integrated with our digital channels so we can offer an enhanced experience through an omnichannel service.

An omnichannel model means people will have the choice to access our services via telephone, video, app, chatbot, webchat and voice assisted technology. More importantly, it means these different channels will be connected and it will be possible to switch between them to get to the right care without having to repeat information or restart.

Implementation is required by October 2025. The workforce implications will be scoped out fully and will involve new roles, job design, upskilling our staff, training and new ways of working e. g., identify opportunities to enhance and evolve our services through remote devices, home monitoring and artificial intelligence to support care closer to home and self-management of care.

Internally, it will reduce manual processes and remove paper-based systems to improve workflow and reduce repetition waste. Technology will also support greater opportunity for hybrid and remote working across different locations, including homeworking, to provide greater flexibility and contribute to sustainability

Service Transformation

Service Transformation goes hand in hand with Digital Transformation. This programme of work aims to optimise our current services to be the best they can be while delivering against our commitments as a key partner within the wider system.

NHS 24 is currently defining the scope of the Service Transformation Portfolio and has identified five strategic programme areas covering: current services, urgent and unscheduled care, mental health, primary care reform and preventative and proactive care. This work considers extant national policy alongside likely policy direction

This work will be aligned to our Corporate Strategy 2023 – 2028, and in turn, reflected in our refreshed Workforce Action Plan. The impact of this work will mean new roles, new ways of working, building trust internally and externally in digital products all while ensuring we provide a workplace where our people can thrive. Throughout our service transformation journey as an Anchor institution, NHS 24 will offer secure and interesting employment opportunities across our communities and engage with local businesses to support local economic development.

Climate Emergency and Sustainability

NHS 24 has developed a Climate Emergency and Sustainability Strategy and Action Plan which sets out our approach and actions in response to the NHS Scotland Climate Emergency Strategy. There are five main areas aligned with associated delivery actions and targets to achieve our overall net-zero ambitions.

To ensure NHS 24 complies with targets set out in the NHS Scotland climate emergency and sustainability strategy 2022-2026 we will embed sustainability within our ways of working and report on the actions we are taking.

Sustainable Land and Buildings:
- Reducing buildings emissions
- Adaptation of estate
- Environmental stewardship
- Reducing waste
- Protecting greenspace
- Sustainable future development.

Sustainable Travel:
- Reducing the need to travel
- Promoting active travel
- Promoting public transport
- Decarbonising fleet
- Adaptation to maintain access

Sustainable Goods and Services:
- Circularity and reducing waste
- Reducing supply chain impact
- Increasing supply chain resilience
- Improving disposal

Sustainable Care*:
- Sustainable care pathways
- Realistic medicine
- Medicines, including inhalers
- Supporting primary care

* Medical gases and green theatres are also covered within this theme in the national stratey, but are not relevant at NHS 24

Sustainable Communities:
- Supporting health and wellbeing
- Building community resilience
- Engaging our communities

NHS 24 will continue to support our people so that sustainability becomes everyone's responsibility.

Financial Context

The financial outlook for public sector services is extremely challenging in the medium term. This is due to factors including the economic impact of the Covid-19 pandemic as well as current economic conditions, such as inflation. This creates pressure on Scotland's public sector to reduce expenditure while ensuring long-term sustainable public services.

Planned work around service and digital redesign are expected to reduce costs in areas such as telephony and overtime, as well as delivering a range of non-financial benefits.

NHS 24 will continue to recruit to support the redesign of urgent care and strengthen existing mental health services in support of Scottish Government's Mental Health Strategy and Recovery Plan. NHS 24 are in constant discussion with Scottish Government colleagues regarding funding of these key services as any changes in funding will have an impact on workforce projections.

Establishment Control

The Establishment Control Panel and Procedure provides a structure for decision making and governance on staffing establishment changes at a strategic level. Compliance with the Establishment Control Procedure also ensures the level and structure of NHS 24's staffing, including grading and staff numbers, are appropriate to its functions and the requirements of economy, efficiency and effectiveness are met.

Although financial governance is a key driver for establishment control, NHS 24 recognise the requirement to go further than just considering costs and available funding. Establishment control considers the wider impact on other roles, how they best work together and to make sure that decisions take account of Fair Work.

Collaboration with Scottish Ambulance Service

An NHS24/SAS Collaboration Board has been established to improve patient experience. By fostering collaboration between both organisations, along with the wider national health and social care system, we can improve sustainability and further reform urgent and unscheduled care.

The workforce elements focus on developing common roles, skills, capacity, career pathways, training and development, recruitment, wellbeing, digital maturity and leadership development.

DIRECT◎RATE DRIVERS

111 Service

The national redesign of urgent care has reinforced our collaboration with all territorial health boards. This redesign supports those considering attending Accident and Emergency (A&E) departments where their condition is not life-threatening, helping them to access local services and alternative care where safe and appropriate. The high quality and consistency of our clinical triage has supported more people to access urgent care without the need to go to A&E. Working closely with our colleagues in local Board Flow Navigation Centres (FNCs), we have received over one million calls to this service alone in the last two years, 60% of who were able to access a different outcome through NHS 24. This is positive for the patient, often receiving care, advice, or treatment faster than a direct attendance at A&E. This is also positive for NHS Scotland, balancing demand, and capacity across the system.

NHS Scotland has set out its national recovery priorities and NHS 24 is well-placed to make a valuable contribution to those.

- Improved performance across current service through ongoing service delivery improvement plan in line with revised KPI framework.
- Collaborate with partners to deliver improved Out of Hours/Community Urgent Care services, building on the recommendations within the Sir Lewis Ritchie Review.
- Collaborative system leadership to transform the way in which people can access urgent and unscheduled care, enabling patients to receive the right care at the right time in the right place by optimising Flow Navigation Centres, learning from experience in first-stage implementation.
- Continue to work collaboratively with key partners including Police Scotland to deliver an enhanced pathway for those in mental health distress, streamlining the flow of calls between partners to improve patient journey.
- Collaborative strengthening of health information, advice, and support within the parameters of

the Proactive and Preventative Care programme and the development with SAS of a shared approach as anchor institutions.

- Collaborative work to support wider primary care reform agenda, supporting increased self-management of care, and offering clinical triage to get people to the right place for the right care

NHS 24 developed its operational model listening and responding to the experience of those using our services. The change in operational model, aimed to improve clinical efficiency and effectiveness while embedding a strong cultural ethos of team working to improve the patient journey, outcomes, and experience. Demand for the 111 service has increased following the introduction of the redesign of urgent care pathway, with an additional 500,000 calls received each year. This has required an increase in call handler and clinical supervisor capacity with a focus on recruitment.

The overall patient journey through NHS 24 has reduced from 45 minutes to around 30 minutes and there is now no longer any delay for callers waiting on a call back from NHS 24, however, this has resulted in a higher average handling time for call handlers which, together with increased demand, has generated additional workforce requirements to deliver on our performance targets. In addition to an increased workforce, the model is based on team working and a proportionate number of managers to frontline teams both operationally and managerially which also impacts on the management workforce required.

The Redesign of Urgent Care patient pathways has resulted in an increase in calls right across the week, but during the in-hours period and the distribution of weekly volume shifted to 80% out of hours and 20% during the in-hours. This, along with the mental health hub, means the 111 service is now a fully 24/7 operation. This increase in in-hours patient call volumes has resulted in an increase in call handling and clinical supervisor resource, and an increased requirement for operational managers.

To deliver a sustainable service, there are several workforce initiatives being scoped and developed over the coming year:

- Introduction of the Band 5 nursing skill set
- Hybrid working trial in Grampian
- Development of rotational roles and joint working with NHS Tayside
- Optimising current patient pathways and clinical effectiveness such as Advise and Refer

Mental Health Services

We have seen a rapid escalation due to recognition of the potential for a blend of telephony and digital mental health service provision for the people of Scotland. In line with our strategic ambition to help people access the right care at the right place, we will continue to strengthen our suite of mental health services, including the 111 Mental Health Hub, Breathing Space, Living Life and the digital mental health offerings through Surviving Suicidal Thoughts, Mind to Mind, CBT tools and self-help guides.

Through collaborative work with Police Scotland, Scottish Ambulance Service, the Health and Social Care Helpline and the Forensic Medical Examination service we have been able to offer care to around 140,000 people a year. The collaboration with Police Scotland and Scottish Ambulance Service was established to improve the care pathway for people contacting those services in mental health distress

The Police Scotland pathway allows Police Scotland Service Agents access to designated mental health professionals within NHS 24 and, working closely with locality-based care and support services, to provide an appropriate and enhanced mental health triage and assessment of need service.

The Scottish Ambulance Service (SAS) pathway allows SAS call agents to signpost relevant callers to the 111 Mental Health Hub once the assessment is complete. The pathway also allows for the SAS crew on the ground and with the patient to contact the Mental Health Hub to seek advice or have the patient speak with a Psychological Wellbeing Practitioner (PWP) directly.

The Forensic Medical Examination (FME) line provides a 24-hour, year-round digital and telephony-based service for people aged 16 and over who have experienced rape or other sexual assault, allowing them to arrange a forensic medical examination outside a police setting.

We will continue to build on our current mental health webchat service accessed via Breathing Space and further develop online resources for Mind to Mind and Surviving Suicidal Thoughts on NHS Inform. Additionally, we will continue to progress the development of a digital Scottish Psychology Early Intervention Service ('Held in Mind') with Scottish Government. The ongoing recruitment of staff to support these services and the potential to develop new nursing roles will be explored.

Information and Communications Technology

Alignment of organisational strategic goals with the appropriate use of digital systems and services is overseen and managed by Information and Communication Technology (ICT). The current infrastructure was completely refreshed and upgraded in 2022 and brought to a close the stabilisation phase.

The next phase will deliver the systems exploitation and innovation for NHS 24 through the Digital Transformation Programme. This includes the ability to deliver safe, effective and accessible services, alongside the key enablers that support optimising the benefits of new technology through collaboration with users, staff and partners.

In addition to NHS Inform, several other websites are hosted, and content managed via the same hosting provider and content management system: Scotland's Service Directory, Self-Help Guides, GP.Scot (all via NHS Inform), Care Information Scotland, Breathing Space, Telecare Self Check Tool and Falls Assistant. It is essential therefore that NHS Inform, and associated digital web services, are hosted on infrastructure that meets the requirements to deliver 24/7/365 availability with maximum uptime and business continuity.

Webchat and chatbot technology, opens other channels to accessing health information and providing quick answers to the less complicated questions callers ask NHS 24. They have the potential to reduce the demand on the live service and address issues around equality of access. ICT have introduced new chatbot technology through the NHS 24 Online mobile app which provides quick access to symptom checkers and service finders for services such as GPs, Pharmacies, minor injury units etc.

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

Nursing and Care

In 2023 a formal review of the Nursing & Care Directorate commenced. The review will ensure the Directorate is 'fit for purpose' and able to deliver its functions and outcomes effectively and efficiently against agreed objectives and the NHS 24 Clinical Roadmap.

The Practice Education function within Nursing and Care will also undergo an independent external review to inform an evidence based refocusing of the Practice Education function. This will ensure that the Practice Education Team are delivering services that meet current and future strategic priorities and organisational requirements including the requirements of the Practice Education Strategic Plan (2023-26).   Due to current external review and potential changes with service, this could be mean change in the next 12 months in terms of the workforce skills mix and technology

The public protection function within Nursing and Care will look to redesign its operational processes to reduce unnecessary manual administration and ensure capacity can meet current and future demand. This will include role development for administrative staff to transition to Healthcare Support Workers to increase clinical capacity and efficiency.   Any development of additional/ new services within NHS 24 will potentially increase the public protection referrals. This may result in the need to access digital skills to transform manual administrative processes.

Advanced clinical support

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

Allied Health Professionals

The 2023/24 AHP workplan was approved in August 2023. A key component of the workplan is to explore the potential to introduce more AHP specific roles but also consider how AHP's can support the wider clinical workforce. These plans will align to relevant NHS 24 workstreams including public health, advanced clinical support etc. Links have also been established with the wider AHP community through SDAHP (Scottish Directors of AHP).

NHS 24 also reviewed and analysed the impact of our physiotherapy roles within 111 as part of the national Redesign of Urgent Care work. As a result, the physiotherapist role has shifted focus and now supports the 111 service through training and support to positively impact MSK pathways. We are also discussing next steps with national leads to ensure that NHS 24 is part of future MSK developments.

Medical

The Medical Directorate are currently developing a work plan with a distinct focus on their Subject Matter Expert role in delivery of corporate strategy and aligned national strategies. We recognise the need to have a balance and refinement of existing psychiatric and new psychology skills and expertise to deliver our strategic objectives.

There is a longer-term need for public health input to NHS 24 particularly aligned with national and internal proactive and preventative care and climate and sustainability portfolios. This will require a review of Medical Directorate resources.

Currently senior members of the Directorate operate across priority transformation programmes which are cross Directorate. This includes the SAS collaboration.

Communications

The Communications Delivery Plan 2023-24 sets out the high-level work plan for the corporate communications team and covers all core areas of responsibility to support the development and delivery of sustainable services, driving high quality staff engagement and promoting our organisation's key role within the broader health and care system. The delivery plan is aligned to the corporate objectives for 2023-24 and will be regularly monitored.

Where programmes of work require it e.g., Staff Engagement, Climate and Sustainability, Service Delivery communications, etc, bespoke and detailed communications and engagement plans will be developed in partnership with colleagues and programmes of work will be led jointly where appropriate.

Finance

The Finance & Estates function has grown in the last year with the Board Governance and Risk & Resilience departments joining the directorate.

A forward look of staffing requirements was completed recently and approval to recruit additional resource has been granted to support the Digital Transformation Programme.

A recent opportunity also arose within the Estates team where they have been able to bring work inhouse and employ their own staff member, providing additional resilience. Work is currently progressing on looking at the synergies within the Board Governance and Risk & Resilience teams to work as one department. This shall not result in any staffing reductions but should mitigate the risk of single points of failure within two small teams.

The Directorate acknowledges the financial challenges across the NHS and strives to work within its current staffing levels despite an increase in workload in recent years. It is anticipated that continuous improvements via streamlining workloads shall help ensure the department can continue to provide the high-quality service that is currently in place and support the new programmes of work during this exciting time in NHS 24.

Transformation, Strategy, Planning & Performance

TSPP Directorate lead the delivery of NHS 24 Corporate Strategy 2023-2028 and will have oversight of its delivery. This will be through both the Annual Delivery Plan process and the Medium-Term Plan (MTP).

The Directorate will manage a portfolio of change programmes and projects that support NHS Scotland and Health and Social Care Partnerships in the delivery of key organisational objectives. The Directorate will also hold responsibility to support the transformation of NHS 24's existing services and support functions through the provision of expertise across the Directorate's structure: Engagement and Insights, Strategy, Planning, Performance and Service Development. There will be a requirement to enhance project management capacity to support change and the transformation agenda.

NHS 24 will look to work collaboratively with NHS Boards to expand service design / user research capacity across system.

Workforce

Wider organisational focus on engagement and equalities work is required.

The Workforce Directorate will continue to implement the Workforce Strategy and Plan 2022-2025. We will prioritise changing the way we function so that technology is at the centre of every process. We will upskill, re-skill and cross-skill our staff to change the skills mix in the Directorate to ensure we can deliver the ambitions set out in our Strategy.

Our Resourcing and Planning Team will drive delivery of our new Workforce Digital Transformation Workplan which will help us to transform operational workforce processes to become more streamlined, automated, and driven by data, enabling improved workforce experiences for employees and managers across the employee lifecycle.

People analytics will support our data-driven approach to inform our people practices, programmes, and processes. It includes various analytical techniques, including:

- descriptive analytics supporting effective reporting

- predictive analytics through scenario planning and modelling to support improved decision-making

- experimental research to uncover new insights and allow a better understanding of complex people-related issues.

Our Organisational Development, Leadership and Learning Team will facilitate two new major leadership development programmes for senior and middle leaders which aim to build the required capabilities to lead successfully now and through the digital transformation.

Our Cultural Alignment Programme is also a key piece of work and will be delivered closely with the Wellbeing Strategy and Workforce Equality, Diversity and Inclusion Plan. While Workforce may be the facilitator in developing a great culture and purpose, leaders, people managers and other specialists throughout the business have a responsibility to bring to life our new values and behaviours framework through their everyday working lives, instead of relying on policies to drive culture change.

Our People Services Team will transform operational HR processes to become more streamlined, automated, and driven by data enabling improved workforce experiences for employees and managers across the employee lifecycle through the full implementation of our HR Advisory Model (three tier model).
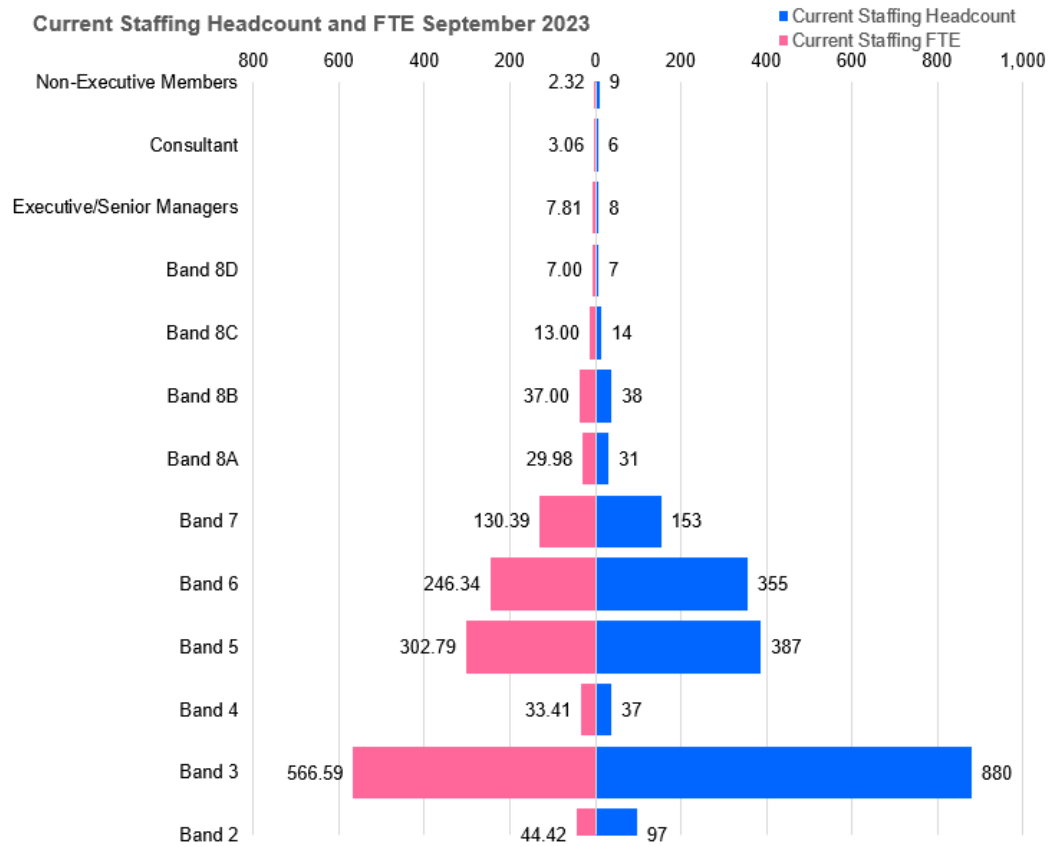
CURRENT NHS 24 WORKFORCE

As of 30th September 2023, NHS 24 employed 2022 staff (1424. 11 whole time equivalent) across six main contact centres, three local centres and two remote working sites.

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

Annex 2 details 30th September 2023 staff in post and as a baseline shows an establishment gap of 187.

55 WTE (11. 63% vacancy factor) between current staff and projected future workforce needs.   This can be broken down into a 20. 00% vacancy across frontline nursing roles, and a 3. 74% vacancy factor within the Call Handler cohort.

Many of the staff work part time (67% overall, 75% frontline), which allows us to ensure we have the right capacity 24 hours a day 365 days a year and shift patterns that work for them. Over the next five years, our people will see a change to the workplace where we will embrace digital technology and new and effective ways of working with increased flexibility.

Current Staffing Headcount and FTE September 2023

- Current Staffing Headcount
- Current Staffing FTE

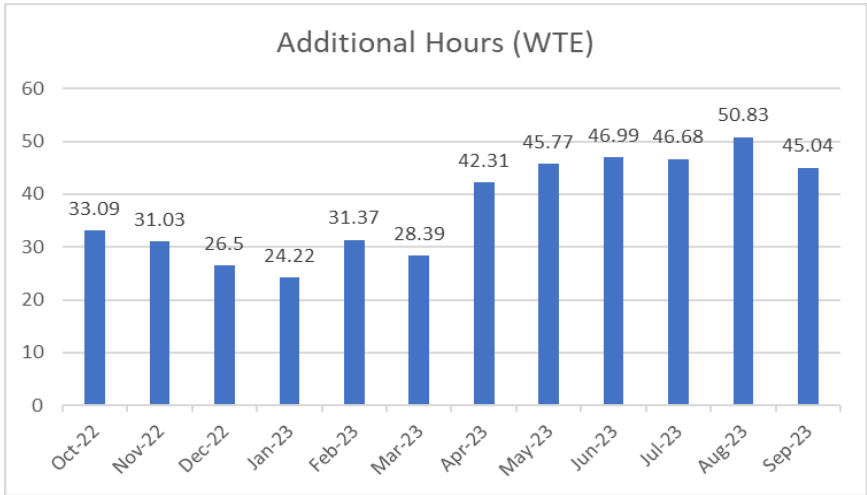| Grade	FTE	Headcount
Non-Executive Members	2.32	9
Consultant	3.06	6
Executive/Senior Managers	7.81	8
Band 8D	7.00	7
Band 8C	13.00	14
Band 8B	37.00	38
Band 8A	29.98	31
Band 7	130.39	153
Band 6	246.34	355
Band 5	302.79	387
Band 4	33.41	37
Band 3	566.59	880
Band 2	44.42	97

Supplementary Staffing

Where we have vacancies and establishment gaps, agency staff, fixed term contracts and staff working additional hours have been utilised to meet key performance targets.

In addition, we have introduced the role of Recruitment Ambassadors to support recruitment activity and have refreshed the Hiring Manager pool for frontline volume recruitment. These roles are undertaken using additional hours.

Additional Hours (WTE)

Month	WTE
Oct-22	33.09
Nov-22	31.03
Dec-22	26.5
Jan-23	24.22
Feb-23	31.37
Mar-23	28.39
Apr-23	42.31
May-23	45.77
Jun-23	46.99
Jul-23	46.68
Aug-23	50.83
Sep-23	45.04

Scenario planning can also help plan for predicted changes or wider workforce types and numbers. For example, around 74% of the Clinical Service Manager workforce is over 50 years of age, scenario planning could support retirement predictions. Wider workforce scenario planning and examination is also important to ensure the availability of an experienced group of staff for future vacancies or hard to fill posts. This highlights the importance of integrated workforce planning data that can take account of all the health professionals required to deliver the desired outcomes, establish a comprehensive understanding of workforce challenges across the whole system, and support decisions about how this might be addressed. The table below details the average age of successful candidates. As the world of work changes, we need to consider and cater for a wider range of people than before, with a multigenerational workforce. This could create several challenges, such as technology readiness, succession planning and knowledge management. We need to be curious and continually update knowledge on Equality, Diversity & Inclusion.

	Appointed
Skill Set	**Average Age**
Senior Charge Nurse	41
Call Handler	33
Clinical Supervisor	39
Mental Health Nurse Practitioner	43
Clinical Services Manager	47

Age Profile

As the pension age increases with people working longer, we have up to five generations of employees working together.

The changing profile impacts amongst other things on our workforce planning, competition for talent, addressing skills gaps and experience at work.

The age profile of the workforce shows 31.16% are over the age of 50, with 8. 95% aged 60 and above. NHS 24 is required to consider longer term plans for making more roles within the organisation more attractive to those within younger age brackets, whilst ensuring the adoption of policies to support a flexible approach to work for those in the over 50 age brackets.

	Average Age	% of workforce 50 and over
NHS 24	42. 1	31. 16%
Call Handler	38. 8	24. 47%
Clinical Supervisor	49. 2	50. 64%
Mental Health Nurse Practitioner	44. 4	34. 38%
Senior Charge Nurse	48. 2	51. 72%
Clinical Services Manager	53. 6	77. 27%

	Staff Currently over 59	Staff over 59 in 5 years
Clinical Supervisor	21. 28%	36. 17%
Mental Health Nurse Practitioner	9. 38%	28. 13%
Senior Charge Nurse	8. 05%	22. 99%
Clinical Services Manager	9. 09%	40. 91%
Head of Clinical Service	33. 33%	66. 67%

Workforce Attrition

Workforce attrition analysis allows NHS 24 to identify why employees voluntarily leave, what might have prevented them from leaving and how we can use the data to predict attrition risks for key roles. The chart below shows the rolling turnover for NHS 24 over the last year, this is inclusive of all NHS 24 leavers. The figure is not inclusive of internal staff movements to other roles within NHS 24.

Rolling Attrition


*2023/24 is correct as at 30ᵗʰ Sept 23
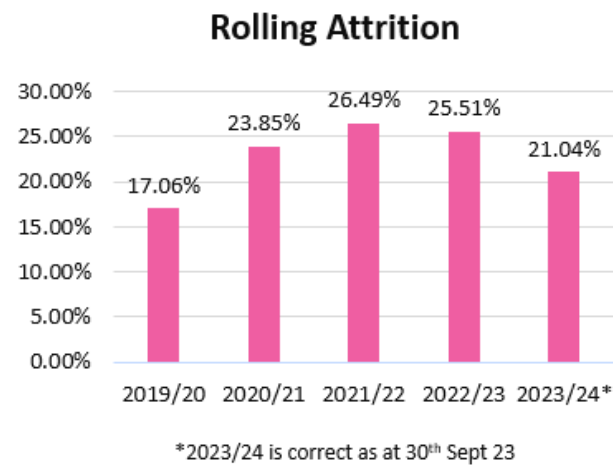
Attrition is actively talked about so that there is a collective understanding across NHS 24 of the challenges. NHS 24 has an attrition improvement plan, signed off by the Executive Management Team and Staff Governance Committee. Work has progressed to retain staff and includes deep dives, introduction of check-in conversations and questionnaires, values and behaviours framework implementation and staff experience groups established in each of the centres and action plans in place.

Since implementing the plan attrition has reduced from 27. 60% to

21. 04%. Our retention strategy focuses on developing a positive organisational culture, building an effective onboarding programme, improve line management skills and a commitment to managing health and wellbeing.

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

A combination of high attrition with low stability will highlight an organisational attrition problem. If the stability and attrition are both high, then often the problem is confined to a smaller number of posts.
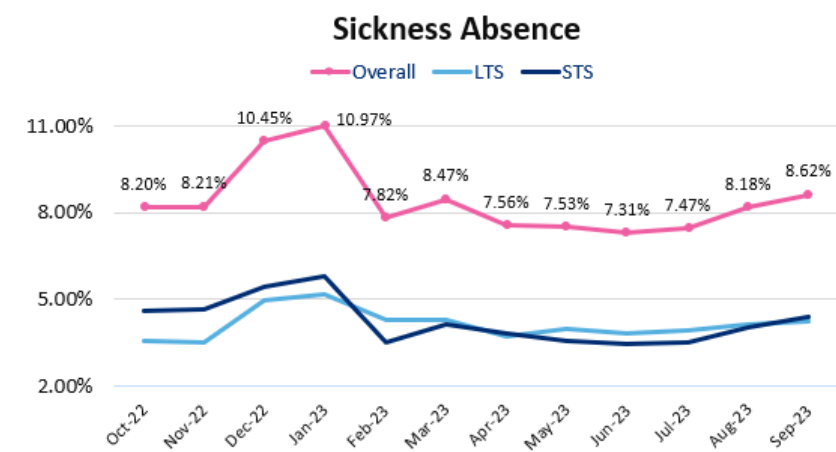
Stability Index
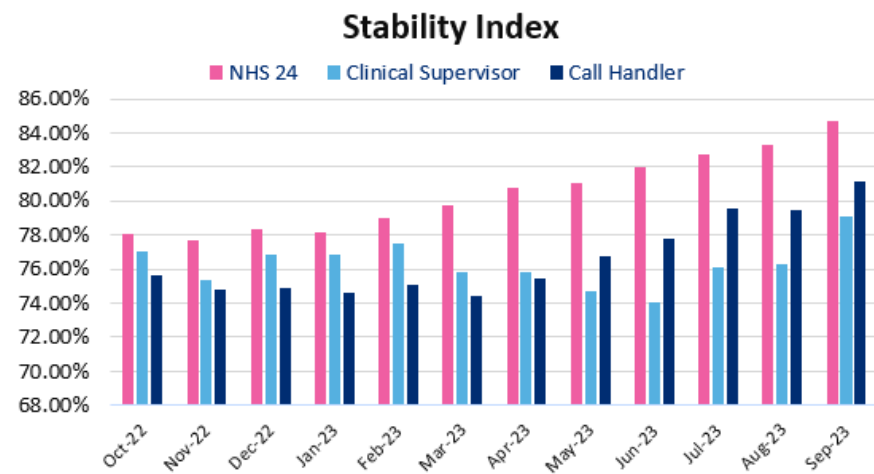
Retention of key roles, Call Handlers, and Clinical Supervisors, remains a challenge. Over one-third of leavers leave within the first 12 months. To curb attrition a review was undertaken into the way NHS 24 recruits to ensure the organisation gets the right candidates.

As a result, we will be focussing on creating more / better content on NHS 24 as an employer, what we do as well as the roles, creating candidate Personas, introducing an Initial Assessment Interview and an NHS 24 Living the Values Assessment Platform along with new Values Based

Competency Interview. We have recruited and trained a pool of hiring managers and recruitment ambassadors and have collaborated with Finance, Practice Education, Central Resource Planning to develop a forecasting plan on a page to recruit and onboard for all key skillsets.

Sickness Absence

NHS 24 continues to proactively work with staff, managers and trade union representatives to review the causes of sickness absence and respond to reduce absence at work, support staff at times of need and move to a culture of attendance at work. The greatest resource of NHS 24 is its staff, and it is only through our staff our services are delivered and improved. Promoting staff attendance at work is central to safe and effective delivery of patient care. The Scottish Government continue to monitor NHS 24 attendance levels against a national target of 4%. A factor for absence is built into NHS 24 planning assumptions and resource is calculated appropriately considering such factors. NHS 24 aims to maximise the attendance at work of all our staff, however it is recognised that a certain level of absence due to ill health may occur. NHS 24 encourages an emphasis on proactive, early and informal interventions to support staff to either remain at work or facilitate an earlier return to work. The introduction of our Wellbeing Strategy will further influence this endeavour by offering a holistic approach to wellbeing and simplifying the support and resources available for staff so they know who and what they can turn to when.
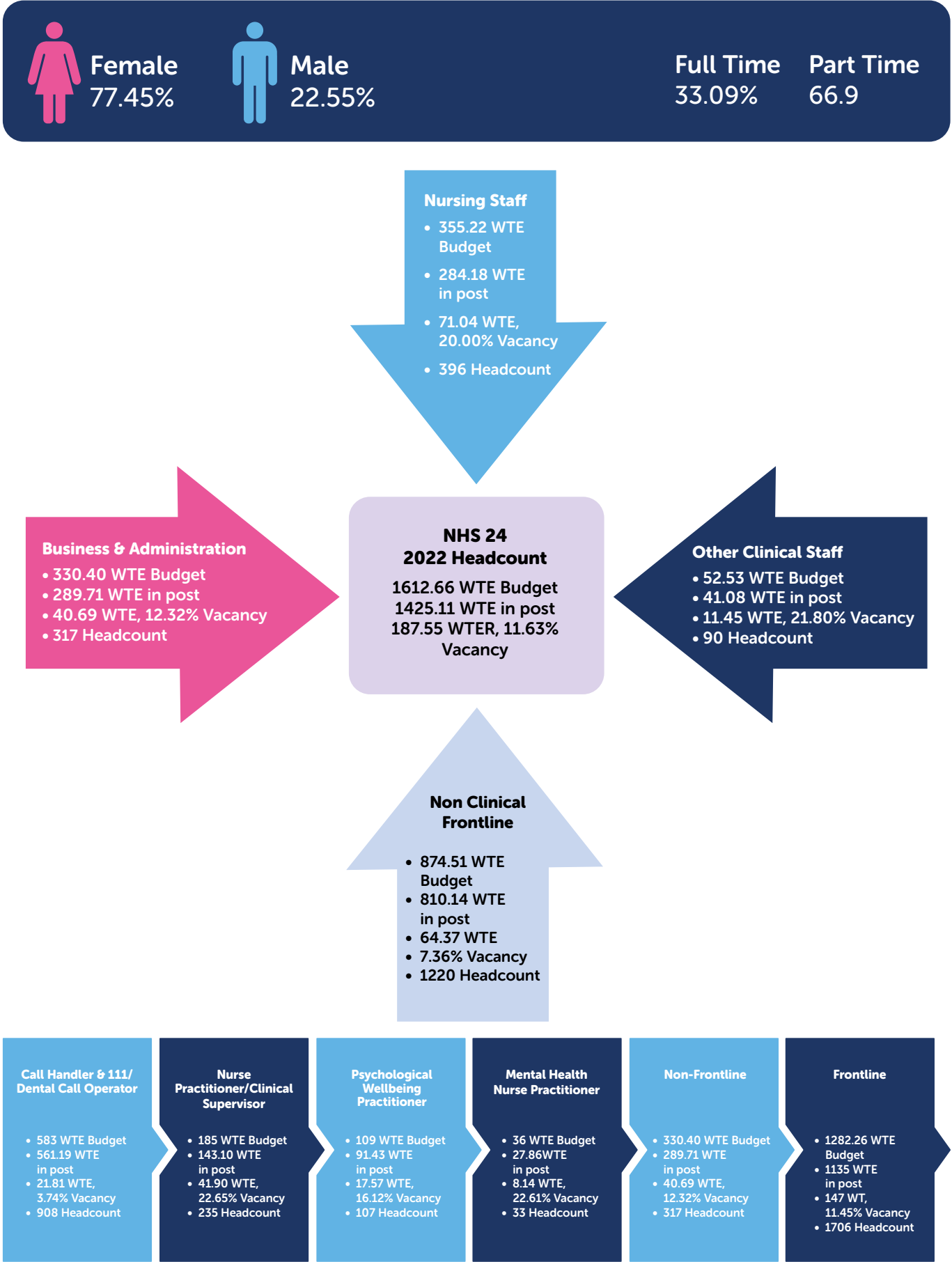
Sickness Absence

Annexe 1

Generation Profile at 30th September 2023

Post War (1928-1945) 0.05%	Boomers (1946-1964) 11.52%	Gen X (1965-1980) 35.66%	Millennials (1981-1996) 39.27%	Gen Z (1997-2012) 13.50%
Post War Average Length of Service 3.74 years	Boomers Average Length of Service 9.24 years	Gen X Average Length of Service 8.20 years	Millennials Average Length of Service 4.12 years	Gen Z Average Length of Service 1.30 years

Call Handler Generation Profile

Boomers (1946-1964) 9.22%	Gen X (1965-1980) 27.78%	Millenials (1981-1996) 39.83%	Gen Z (1997-2012) 23.17%
Boomers Average Length of Service 9.22 years	Gen X Average Length of Service 7.16 years	Millenials Average Length of Service 3.79 years	Gen Z Average Length of Service 1.36 years

Nurse Practitioner/Clinical Supervisor Generation Profile

Boomers (1946-1964) 25.11%	Gen X (1965-1980) 44.68%	Millennials (1981-1996) 29.36%	Gen Z (1997-2012) 0.85%
Boomers Average Length of Service 7.72 years	Gen X Average Length of Service 6.08 years	Millennials Average Length of Service 2.27 years	Gen Z Average Length of Service 0.93years

Annexe 2

Female 77.45% **Male 22.55%**   **Full Time 33.09%** **Part Time 66.9**

Nursing Staff
- 355.22 WTE Budget
- 284.18 WTE in post
- 71.04 WTE, 20.00% Vacancy
- 396 Headcount

Business & Administration
- 330.40 WTE Budget
- 289.71 WTE in post
- 40.69 WTE, 12.32% Vacancy
- 317 Headcount

NHS 24 2022 Headcount
1612.66 WTE Budget
1425.11 WTE in post
187.55 WTER, 11.63% Vacancy

Other Clinical Staff
- 52.53 WTE Budget
- 41.08 WTE in post
- 11.45 WTE, 21.80% Vacancy
- 90 Headcount

Non Clinical Frontline
- 874.51 WTE Budget
- 810.14 WTE in post
- 64.37 WTE
- 7.36% Vacancy
- 1220 Headcount

Call Handler & 111/Dental Call Operator
- 583 WTE Budget
- 561.19 WTE in post,
- 21.81 WTE, 3.74% Vacancy
- 908 Headcount

Nurse Practitioner/Clinical Supervisor
- 185 WTE Budget
- 143.10 WTE in post,
- 41.90 WTE, 22.65% Vacancy
- 235 Headcount

Psychological Wellbeing Practitioner
- 109 WTE Budget
- 91.43 WTE in post
- 17.57 WTE, 16.12% Vacancy
- 107 Headcount

Mental Health Nurse Practitioner
- 36 WTE Budget
- 27.86WTE in post
- 8.14 WTE, 22.61% Vacancy
- 33 Headcount

Non-Frontline
- 330.40 WTE Budget
- 289.71 WTE in post
- 40.69 WTE, 12.32% Vacancy
- 317 Headcount

Frontline
- 1282.26 WTE Budget
- 1135 WTE in post
- 147 WT, 11.45% Vacancy
- 1706 Headcount

Frontline Skill Sets	31st March Baseline Position	Year 1	Year 2	Year 3
Nursing and Midwifery				
Band 5	68	117	109	109
Band 6	174. 66	221	221	221
Band 7	89. 8	115. 5	112. 22	112. 22
Band 8A	1	1	1	1
Band 8B	18. 4	20	20	20
Band 8C	1	1	1	1
Other Therapeutic				
Band 5	28. 02	31	311	311
Band 6	11. 2	12. 74	12. 74	12. 74
Band 7	5. 74	9. 28	9. 28	9. 28
Band 8A	3. 8	3. 77	3. 77	3. 77
Allied Health Professional				
Band 6	3. 01	5	5	5
Dental Support				
Band 2	8. 15	11	11	11
Band 5	25. 59	31	31	31
Band 6	4. 96	4. 48	4. 48	4. 48
Medical and Dental Consultant				
Medical and Dental Consultant	3. 52	0	0	0
Personal and Social Care				
Band 2	4	8. 6	5	5
Band 3	4. 93	10. 89	4. 13	4. 13
Band 5	3	3	2. 6	2. 6
Administrative Services				
Band 2	21. 12	16	16	16
Band 3	569. 39	583	583	583

Corporate Functions	31st March Baseline Position	Year 1	Year 2	Year 3
Medical	8. 26	7. 11	7. 11	7. 11
Nursing	33. 06	44. 14	47. 14	47. 14
Service Delivery	74. 33	86. 87	85. 26	85. 26
ICT	45. 68	61. 6	60. 77	60. 77
CEO	7. 82	5. 13	5. 13	5. 13
Communications	10. 4	13. 4	13. 4	13. 4
Finance	14. 72	21	21	21
Workforce	41. 05	47. 44	47. 44	47. 44
Transformation, Strategy, Planning and Performance	49. 98	43	42	42