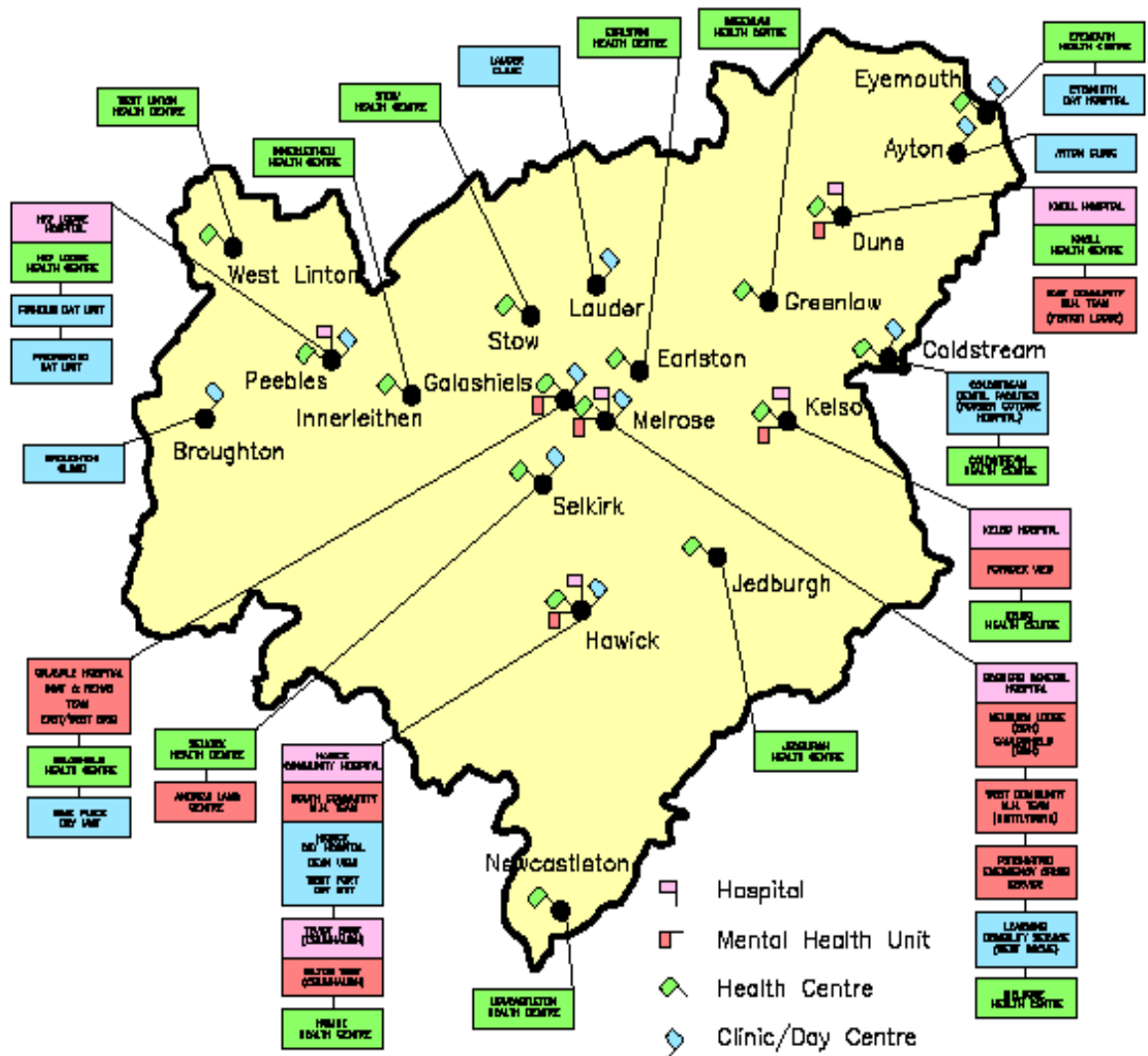


NHS Borders

Local Workforce Plan

Update

2011-2012



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Chapter 1.

Review of the Local Workforce Plan 2010-2011

In the Local Workforce Plan 2010 - 2011 we highlighted strategic workforce priorities, linked to Patient Safety, Workforce Efficiency Projects, and Workforce Sustainability. We expressed our objective over a three year timescale to ensure that we can provide an affordable, fit for purpose workforce, capable of delivering the required health services to the people of the Scottish Borders.

The 3 strategic priorities to meet this objective were as follows:

- **Ensure Patient Safety through effective Workforce Redesign** - We have taken this priority forward over the last year by mainstreaming workforce assessment and risk assessment with the efficiency programme projects and service redesign. A template (which is now part of the PID documentation) has been agreed in partnership, and Workforce Planning Guidance to support managers to carry out appropriate risk assessments when opportunities arise to revise the workforce through vacancy management and service redesign. Patient Safety has been at the forefront of Skill Mix Changes and Role Development, through the application of the Career Framework and KSF. NHS Borders exceeded the national HEAT target by March 2011 to have 80% of employees with a Joint Development Review (JDR) completed, recorded and signed-off on eKSF.
- **Ensure Workforce Board has an Oversight of all Efficiency Projects which have Workforce Implications.** – The aim of the Workforce Redesign project was to oversee the achievement by 31st March 2011 of reduced workforce costs, whilst ensuring that NHS Borders can provide a workforce which is fit for purpose and capable of delivering required health services. NHS Borders have made a significant reduction in Workforce Costs through each of the strands of this Project;
 1. Opportunities from Vacancy Control, Internal Redeployment, and Pay Modernisation redesign.
 2. Opportunities from Review of Fixed Term Contracts
 3. Opportunities from Medical Workforce Efficiency
 4. Nursing and Midwifery & AHP Workforce Efficiency

The Clinical Boards and Support Services have also brought forward their redesign projects and the Workforce Team has developed an Inventory of Service Redesign which contains all current projects, and highlights Workforce Implications. The Workforce Board and APF therefore have an oversight and scrutiny of the workforce assessment of all redesign projects. This ensures a joined up approach to service redesign and full consideration of the whole workforce as projects are signed off.

- **Provide reassurance to Permanent Staff regarding Employment Security** NHS Borders gave a clear message that it would achieve the workforce reduction of 96 wte projected in last years Local Workforce Plan exclusively through a process of staff turnover and redeployment in order to ensure the affordability and sustainability of the Workforce. In a statement from Calum Campbell, Chief Executive a firm and sincere commitment to employment security was given, and an acknowledgement that people may have to work

differently as we redesign our services. As services have been redesigned we have used the Career Framework and Role Development to support people to work differently to protect the employment security of current permanent staff.

Chapter 2

NHS Borders Workforce Action Plan 2009 – 2012 Second Year Update - Developed from the five key themes from “A Force For Improvement: The Workforce Response To Better Health, Better Care” 2009.

LINK TO “A FORCE FOR IMPROVEMENT: THE WORKFORCE RESPONSE TO BETTER HEALTH, BETTER CARE” 2009 AND LOCAL WORKFORCE PRIORITIES

Each section of this action plan reflects a key theme extracted from “A Force for Improvement”.

TIMESCALE KEY

Short Term – **S (up to 18 months)**

Medium Term – **M (18 months – 3 years)**

Long Term – **L (3 years +)**

LINK TO CORPORATE OBJECTIVES

This year NHS Borders Corporate Objectives have been set around the 4 key ministerial Priority areas found in HEAT (national targets for performance in Health, Efficiency, Access and Treatment). Along with the HEAT targets, objectives are included which have been identified by the Clinical Executive/BET as key organisational priorities and for 2010 -11, identified through the Local Delivery Plan (LDP).

Review of Performance

So that current performance can be judged, symbols are used to show how well progress compared to the trajectory is being achieved. These are shown in the table below:

Current Performance Key	
R Under Performing	Current performance is significantly below the trajectory set.
A Slightly Below Trajectory	Current performance is moderately out with the trajectory set.
G Meeting Trajectory	Current performance matches the trajectory set
☆Exceeding Trajectory	Current performance exceeds the trajectory set

Direction Arrows

So that the direction of travel towards the achievement of the target can be viewed direction symbols are also included in the scorecard template. These are shown below:

Better performance than previous month	↑
No change in performance from previous month	↔
Worse performance than previous month	↓

Section 1: Tackling Health Inequalities

“Recognising, valuing and celebrating diversity in the workforce, as well as in society at large, is a priority for NHS Scotland. This is particularly important if NHS Scotland is to recruit and retain staff in an increasingly competitive employment market.”

“People working in NHS Scotland have an important contribution to make in promoting health and wellbeing. This is particularly important in relation to ensuring that children have the best start in life, and by anticipating and preventing health problems”
(A Force For Improvement: The Workforce Response to Better Health Better Care, 2009, Pages 16 & 17)

	Action	Leads	Timescale & Performance Compared to Last Year	Outcome Measure
1.1	Develop concept of the key worker role and the competencies and skills required (the Generic Support Worker model will be used as an example of good practice).	Janice Laing Learning and Development Team	S / M ↑	Generic Support Workers across professions and agencies.

Action 1.1 Meeting Trajectory - NHS Borders requires competent, flexible Healthcare Support Workers (HCSW) in clinical and non-clinical roles to deliver high-quality safe and effective patient care with nationally recognised qualifications. An operational plan will be developed to ensure a robust educational infrastructure is in place to support both HCSW development and the HCSW induction Standards & Codes of Practice which will be Mandatory by December 2010. Highlighted in the code of practice for employers is that

HCSW will be provided with appropriate induction training & other learning opportunities, to help HCSW perform their roles effectively and prepare them to face the challenge of new and developed roles at the appropriate SCQF level of their post. A working group is established to progress the implementation of the Mandatory HCSW Standards & Codes.

1.2	Regularly review and take account of changes in the labour market and legislative policy developments to ensure NHS Borders remains sensitive to inequalities.	Human Resources Workforce Development & Planning Team	S / M ↑	More inclusive employer – helping to build bridges in communities.
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Action 1.2 – Meeting Trajectory – NHS Borders have engaged with APEX and SBC to provide work placements for young people from disadvantaged backgrounds. The draft Gender Equality Scheme which was published prior to the 29th June 2010 DoH deadline will be ratified by the Board in August 2010.

1.3	Ensure employees are health inequalities-aware and possess the capability and capacity required.	Janice Laing Equality and Diversity Team Health Promotion	M / L ↑	Better understanding of health inequalities and an ability to tackle these.
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Action 1.3 Meeting Trajectory - Equality and Diversity training is available to all staff via an e-learning module. This is an ongoing commitment to meet legal requirements and is reported on annually. A basic level awareness e-learning module and an advanced level eLearning module are now available via LearnPro and Learning Nexus.

1.4	Continue to support The CHCP Joint Recruitment, Learning & Development Centre Pre-employment Training Programmes.	Janice Laing HR	S ↓	More representative workforce
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Action 1.4 – Below Trajectory - NHS Borders continue to be involved in the CHCP programme with SBC. Despite its significant success over the past 4 years, the Pre-employment Programme as it currently stands has a number of barriers to continuing: Analysis of recruitment from the previous two cohorts has shown that interest in the course is beginning to wane compared to previous times it has been held, with only 3 successful candidates completing the last programme. This, coupled with the majority of students seeming to view the course more as a stop gap rather than a genuine move into the care sector, means that some rejuvenation of interest is

needed if the course is to continue. A scoping exercise is currently underway prior to committing & planning any further cohorts. Analysis of the recruitment from the previous two cohorts shows that the location is not necessarily responsive to economic downturn incidences and levels of unemployment in the Scottish Borders as a whole. Vacancy controls within NHS/SBC are proving prohibitive as currently all students who successfully complete the Pre-employment Programme are guaranteed an interview.

1.5	Improve the return rate of equal opportunities data held for staff in NHS Borders, target an awareness campaign at employees who have not returned equalities questionnaire, promoting the importance of equal opportunities data.	Workforce Development and Planning Team	S / M ↔	Full Equal Opportunities Data held for the majority of the workforce.
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Action 1.5 –Slightly Below Trajectory - NHS Borders continues to collect equalities information for new starts. Plans to target employees who have not returned an equalities questionnaire, promoting the importance of equal opportunities data. Also aim to gain compliance with all staff completing the E&D Awareness Learning Module.

Actions 1st April 2010 – 31 March 2012

1.1	To develop an employer led partnership Business Model with Borders College and Scottish Borders Council to provide advice, guidance, joint development and delivery of new qualifications to meet the changing needs of the Health and Social Care Sector.	Training and Development Team	M/L	Appropriately Trained Workforce
1.3	A Training Needs Analysis to determine the levels of training required for particular staff groups will be undertaken 2011. NHS Borders participating in the development of a national Equality & Diversity Learning Strategy	Training and Development Team	S/M	Appropriately Trained Workforce

Section 2: Shifting the Balance of Care

“Delivering the service within Scotland’s challenging demographic context will require a more joined-up, flexible and mobile workforce with resources aligned across public, private and voluntary sectors.”

“Education, training and continuing professional development (CPD) are key to supporting new roles and new models of care in service delivery.”

(A Force For Improvement: The Workforce Response to Better Health Better Care, 2009, Pages 19 & 21)

	Action	Leads	Timescale	Outcome Measure	CO Ref.
2.1	Consider workforce implications of new models of care and new ways of working within community settings as a result of “Modernising Community Nursing.”	Jan MacDonald Workforce Development and Planning Team	S / M ↑	Sustainable workforce in the community.	CO 61
Action 2.1 Trajectory Achieved - Community Profiling work undertaken to establish the potential impacts of Modernising Community Nursing undertaken over 2009 -10. New Community Profiles in the process of development as at 31 st March 2011 to ensure sustainability of the Community Workforce following roll out of a Workforce Planning Tool.					
2.2	Hold a table top exercise with Workforce Plans from both NHS Borders and Scottish Borders Council to establish areas where workforce planning can be taken forward jointly across the health and social care sector. This was an outcome from the Board’s Partnership Workforce Planning Conference in January 2009.	Graham Allison Workforce Development and Planning Team	S / M ↑	Integrated workforce planning with partners.	CO 8
Action 2.2 Trajectory Partially achieved – Discussions held between NHS Borders OTs and Social Work OTs around using the six step methodology to workforce planning to undertake joint planning across the sectors as part of the Cheviot Model work. If successful this will be rolled out widely. Plans to further develop links in 2011-12.					
2.3	Consider creative solutions to sustainable workforce across NHS Board and agency	Workforce Development and Planning Team	S / M	More flexible workforce with	CO 49

	boundaries and prepare a review.		↑	transferable skills.	
Action 2.3 – As Action 2.2. Also the creation and development of joint training and development for staff is being explored and taken forward in some areas.					
2.4	Assess options for expanding the role of Hospital at Night Practitioners in the day time and weekend out of hours period to augment junior doctor input	Workforce Development and Planning Team	S / M ↑	Promote Working Time compliance. Improve day time referrals for new admissions at BGH, swifter review and assessment by trained professionals therefore assisting in shifting the balance of care.	CO 53
Action 2.4 – Trajectory on Target - Under review by Workforce Board and Reshaping Medical Workforce Project. Practitioners have augmented junior doctors' rotas from Aug 2009 to meet Working Time Compliance. Option prepared for expanding hospital at night model to weekends.					
2.5	Strengthen career framework in Mental Health Nursing using appropriate Nurse Consultant, Advanced and Assistant Practitioner roles.	Isobel Swan Workforce Development and Planning Team	S / M	Promote a shift in the balance of care in relation to reducing re-admissions and changing the way in which rehabilitation services are delivered.	CO 52
Action 2.5 – Meeting Trajectory - Mental Health Services have undertaken a Skill Mix Review as they redesign services to ensure a reduction in re-admissions and change in way Rehab services are delivered.					

Section 3: Ensuring a quality workforce

“Working Well is a broad strategic concept which encompasses actions that influence the workforce culture, engagement and commitment of staff, health, safety and wellbeing” - Employment packages should offer flexible training and work opportunities, harness skills developed through a wide range of higher and further education choices, offer flexible career pathways and recognise that individuals are now more likely to change careers later in life.”

“Successful quality improvement will depend on strong clinical leadership and ownership by staff of the patient experience agenda. Improvement needs to be led and delivered at local level. National initiatives need to find the right framework, incentives and approaches to support local delivery and enable improvements.”

(A Force for Improvement: The Workforce Response to Better Health Better Care, 2009, Pages 23 & 26)

	Action	Leads	Timescale	Outcome Measure	CO Ref.
3.1	Support, co-ordinate and facilitate the mainstream implementation of KSF and develop an effective approach to appraisal and PDPs.	Janice Laing Claire Burke/Julie Roberts Clinical Boards	S ↓	KSF HEAT target achieved and 80% of staff has KSF review by March 2011. Benefits realisation from KSF.	CO 19

Action 3.1 – Trajectory Achieved - The co-ordination of KSF has been mainstreamed effectively within the Workforce Directorate and this supported NHS Borders to exceed the target set with over 90% employees having a review undertaken, recorded and signed off on eKSF. Work is required to further mainstream within the clinical boards to ensure that compliance with the HEAT Standards is continued. This will be monitored through Clinical Board Performance Scorecards.

3.2	Review age profile of the current workforce and consider developing sustainable succession plans for key posts and Age as Asset research.	Workforce Development and Planning Team	S / M ↑	Succession planning embedded throughout the organisation for key posts.	CO 21
Action 3.2 Meeting Trajectory – Age profiles developed by staff group for Annual Workforce Report to inform succession planning for Key Posts. More detailed work has been undertaken using the Workforce Tool which allows us to scenario plan predicted retirements based on retirement at 55,60 and 65.					
3.3	Review and implement relevant recommendations identified in “Developing an Educational Framework for Staff in Administrative Services and Support Services.”	Janice Laing Julie Roberts/Claire Burke Workforce Development and Planning Team.	S / M ↑	Increased level of education and development across Administrative Services and Support Services.	CO 19
Action 3.3 Meeting Trajectory - KSF Essentials course has been delivered to build awareness for staff members (particularly those within bands 1-3) about KSF and enable them to prepare for their Joint Development Review. Work is also on-going with NES to keep up to date with all developments regarding A&C and SS Staff. NHS Borders have successfully set up a Personal Assistant (PA) development course with Borders College. 12 students have successfully completed a PDA in Office Administration. A PA toolkit is also being developed for New Starts to A&C roles. Further national developments include the development of a web portal for A&C staff to provide information on career development opportunities and work is ongoing regarding SS staff career framework.					

3.4	Improve links with schools, colleges, and universities, provide work experience opportunities, and promote pre-employment schemes with partners considering developing joint posts when applicable.	Janice Laing Human Resources Workforce Development and Planning Team	S / M ↑	Greater pool of potential applicants.	CO 47
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Action 3.4 Trajectory Achieved – Workplace Tours process is now well established, NHS Borders represented at Jedburgh Grammar School Business Engagement Sessions, NHS Borders participates in Joint Pre-employment scheme with SBC and opportunities for Partnership & Joint Working with Scotland's Colleges/Scottish Funding Council continue to develop. NHS Borders participate & contribute to the working group which produced the Review of Work Based Vocational Opportunities in Scottish Borders Council and in the Scottish Borders.

3.5	Review results of the Nursing and Midwifery Workload Tools / development of Clinical Quality Indicators for Nursing and Midwifery and advise on the adaptability for AHPs.	Isabel Swan/ Workforce Development and Planning Team	S / M ↑	Agreed process for NWWWP and AHP tools in the workforce planning cycle in NHS Borders.	CO 14
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Action 3.5 Trajectory Partially Achieved – Workload Tools rolled out across key areas within Nursing & Midwifery/AHP Services and results

being reviewed as part of Christmas Tree Modelling Work across Clinical Boards. Professional Judgement Tool with some adjustments is suitable for most staff groups but other tools are nursing specific. The AHP Capacity Calculator is suitable for use within other staff groups. Clinical Quality Indicators are still in development nationally but are being piloted in some areas within NHS Borders. Development and Roll Out of New Tools such as Community Nursing Workforce Tool and Timed Task Analysis.

Actions 1st April 2010 – 31st March 2012

3.3	Second cohort PDA Office Administration has commenced August 2011. To be completed June 2012. Supported by NES funding.	Training & Development Team	S/M	Increased level of education and development across Administrative Services.	

Section 4: Delivering Best Value across the Workforce

“Modernised pay and terms and conditions systems can be used to ensure an effective workforce contribution to wider efficiency and HEAT targets, sustainability and environmental aims.

“The use of improvement methodologies increases capacity to generate quality improvements and build morale across teams.”
 (A Force For Improvement: The Workforce Response to Better Health Better Care, 2009, Page 28)

	Action	Leads	Timescale	Outcome Measure	CO Ref.
4.1	Continue to develop SVQ Level 2 & 3 Care Programmes mapped to KSF and take account of CQI's/Patient Safety/Patient Experience and Local Need. Support the development of the assistant practitioner Health Care Support Worker.	Janice Laing	S / M ↑	Appropriately Trained Staff working at the right level	CO 14

Action 4.1 – Meeting Trajectory - Resources limit the numbers of candidates we can support at any one time, and at present two cohorts run annually for both level 2 and 3 candidates in Health and Social Care. The current funding arrangements are not continuing and alternatives are being explored on a Regional Basis through the SEAT Workforce Education and Development Advisory Group in conjunction with FE Colleges. An expanding waiting list exists as a result of personal and role development. Between November 2005 and October 2009 129 HCSW have achieved Health & Social Care awards at levels 2 & 3 (85 at SVQ level 2 and 44 at SVQ level 3). Work to be carried forward into next year to link with KSF.

4.2	Conduct a local scoping exercise to identify gaps to inform the development of roles at each level of the career framework and ensure all staff work at an appropriate level.	Training & Development/ Workforce Development and Planning Team	S / M ↔	Appropriately Trained Staff working at the right level	CO 14
Action 4.2 –Slightly below trajectory – Action to be carried forward to next year. An organisational training needs analysis for HCSW and RGN has been developed and tested in a medical ward in BGH. The six step methodology has been utilised to identify the workforce competencies required to deliver a safe and effective service. As a result of this work clarity of current and future roles has been achieved and training needs identified.					
4.3	Quantify and review the current Pay Modernisation grading arrangements across NHS Borders and produce a set of recommendations to achieve productivity gains.	Workforce Development and Planning Team	S / M ↑	Increased workforce productivity	CO 14
Action 4.3 – Meeting Trajectory - Christmas tree models produced to demonstrate distribution of Pay Bands across NHS Borders. Skill Mix review being taken forward within Nursing and AHP Services to ensure staff work at the appropriate level for their band. Pharmacy and Catering Services are now also undertaking Workload Reviews.					

4.4	Continue to reduce use of agency staff and manage the use of the bank within a locally agreed limit in response to 'A guide to good practice in use of supplementary staff.' Set out a target for supplementary staff as a percentage of the total nurse-staffing establishment. Implement a locum medical process to avoid unnecessary costs in engagement of temporary medical staff.	Elaine Cockburn Ross Cameron Workforce Development and Planning Team	S ↑	Reduction in spends on supplementary staff, particularly agency; where possible and agreed investment in bank and substantive staff where there is cost efficiencies.	CO 14
Action 4.4 –Under Performing - Agency Spend continues to increase and bank spend still more than agreed limit. More stringent controls introduced during 2011 to manage this. LEAN project team for Nurse Bank being developed. New procedures being drafted by an Associate Nurse Director.					
4.5	Sustain training support on	Human Resources	S	4% or below sickness absence.	CO 12

	Management of Attendance Policy to support reduction of sickness absence to 4% or below.		↑		
Action 4.5 – Meeting Trajectory - Training is held on a quarterly basis to capture all new managers who require support in managing sickness absence. Managing difficult conversations training is used regularly to support those managers experiencing significant difficulties.					
Actions 1st April 2010 – 31st March 2012					
	4.5 contd	A new Sickness Absence training programme is being developed in partnership with HR and T&D to commence latter part of 2011 and into 2012	M/L	4% or below sickness absence.	

Section 5.1: Integrated Workforce

“Transformational service change (acknowledging local policy and service needs), multi-professional/multi-agency team working and the development of new and extended roles are key to ensuring effective delivery of services by individuals with the required competencies and who have access to relevant education and training opportunities.”

“Integration of service and workforce planning needs clinical staff, senior managers and operational manager to have real involvement in the planning process and in the implementation of the plans.”

(A Force For Improvement: The Workforce Response to Better Health Better Care, 2009, Page 31)

	Action	Leads	Timescale	Outcome Measure	CO Ref.
5.1.1	Develop flexibility across roles in Nursing and Midwifery and AHP services to ensure safe, efficient and effective care for patients as detailed in Delivering Health, Enabling Care.	Kathleen Henderson/Janice Laing /Workforce Development and Planning Team	M ↑	Flexible workforce with transferable skills.	CO 49
Action 5.1.1 – Meeting Trajectory. Role Development Toolkit developed to aid managers to think more flexibly when creating or developing new roles.					
5.1.2	Roll out further series of workshops on Six Step methodology (NES Framework – Workforce Planning Resource Pack), encouraging a consistent framework for workload measurement and workforce planning.	Workforce Development and Planning Team	S ↑	Increased workforce capability and capacity across NHS Borders.	CO 47

Action 5.1.2 – Meeting Trajectory - Six Step Methodology now used widely across the organisation. Input from Workforce Planning Team in the development of Christmas Tree Modelling has taken place over the past year and further support will be provided to help managers to achieve revised workforce models. 5 Cohorts of Senior Charge Nurses have received Nursing & Midwifery Workforce Planning Training – with further roll out to Band 6’s planned over the coming years.

5.1.3	Establish improved workforce projections for career grade doctors, using as basis the SGHD workstream “Reshaping the Medical Workforce”	Ross Cameron/ Workforce Development and Planning Team	S / M ↑	Workforce projections both affordable and sustainable	CO 14
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Action 5.1.3 –Meeting Trajectory - Board has produced initial plans for services delivered by trained doctors and submitted the necessary returns to national and regional working groups on reshaping the medical workforce.

5.1.4	Identify the future sustainability issues caused by MMC and the reduction in training numbers. Establish how these may be addressed by workforce planning for the career grade doctors and wider workforce, linking to role development and redesign. Monitor EWTD compliance of rotas and ensure their continuing stability – the final outcome of our EWTD rota compliance plan August 2009 is attached as appendix 3.	Ross Cameron/ Workforce Development and Planning Team	M ↑	Medical Workforce contribution to treatment targets.	CO 37, CO 38, CO 41
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Action 5.1.4 - Meeting Trajectory - Working Time Compliance Achieved and monitored in this year, key redesign projects have already been implemented in Paediatrics and Emergency Medicine to address reduction in training grade workforce.

5.1.5	<p>NHS Borders will further develop workforce capabilities and move towards more dynamic workforce planning, workforce strategies will be based on the research evidence available and we will commission research e.g. into potential modelling of future population service needs for specific specialties.</p>	<p>Ross Cameron/ Workforce Development and Planning Team</p>	<p>S / M</p> <p style="text-align: center;">↑</p>	<p>Workforce Planning with effective horizon scanning, scenario planning on projected patient needs and improved use of evidence, data and available tools and techniques to provide better-planned and delivered services for patients.</p>	<p>CO57</p>
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Action 5.1.5 – Meeting Trajectory – Workforce Planning Capabilities are being developed and Community Health Profiles also developed to inform healthcare requirements across different localities. The future workforce will reflect differing needs of localities/services. The Workforce Tool is helping us to Scenario Plan in terms of potential Workforce Changes. Public Health Information is used to project future patient needs to ensure we have the services and workforce to provide sustainable services in future.

Actions 1st April 2010 – 31st Sept 2011				
5.1.1	An organisational training needs analysis for HCSW and RGN has been developed and tested in a medical ward in BGH. The six step methodology has been utilised to identify the workforce competencies required to deliver a safe and effective service. As a result of this work clarity of current and future roles has been achieved and training needs identified. This approach will now be utilised in Clinical Boards to support skill-mix development and service improvement.	Workforce Planning Team/Training and Development Team	M/L	Appropriately trained workforce working at correct level.

Section 5.2 Workforce Information and Systems

	Action	Leads	Timescale	Outcome Measure
5.2.1	Continue to develop SGIS, build interfaces with EKSF,	Workforce Development and Planning Team	S ↑	Improved quality of workforce information.

	National Directory and SWISS to ensure most efficient use of systems, preventing duplicate data entry.			
Action 5.2.1 –Below Trajectory - Interfaces between SGIS and SWISS/eKSF now working effectively. SGIS now also interfaces with the national directory. NHS Borders is under-performing in terms of SSTS and managers have been required to duplicate data entry for a longer period than anticipated, due to a combination of technical issues at a national level, then local capacity. There is still a commitment to go live with the interface ASAP. Action to be taken forward to next year to ensure NHS Borders are well prepared for the New National HR System – Go Live for NHS Borders is October 2012				
5.2.2	Improve data collection and reporting of workforce information analysing trends and patterns in workforce and address as appropriate.	Workforce Development and Planning Team	S ↑	Development of quarterly statistical workforce reports for senior management.
Action 5.2.2 – Meeting Trajectory – Presentation of Annual Workforce Statistics at APF 30 th August 2011. – Monthly Workforce reports now available. KPI's identified for Workforce and will be reported Monthly. Monthly WTE trends and Financial Costing produced in co-operation with Finance to measure changes in staffing levels/workforce budgets across the Clinical Boards. Further development of workforce reports				

will be taken forward to next year.				
5.2.3	Improve the intelligence on the Primary Care Workforce in Borders	PACS GM/ Workforce Development and Planning Team	S ↔	Improved quality and consistency of data on Primary Care Workforce.
Action 5.2.3 – Slightly Below Trajectory NHS Borders participated in a national survey to collect Primary Care Data improving local intelligence. Action to be carried forward to next year.				
Actions 1st April 2010 – 31st Sept 2011				

Chapter 3: Action Plan for Achievement of Efficiency Delivery Programme

The NHS Borders Efficiency Delivery Programme is now well underway. Projects in the programme are at different stages; most projects have produced Project Initiation Documents and are in the process of delivering savings.

The overall aims of the workforce redesign project is to oversee the achievement of reduced workforce costs whilst ensuring that NHS Borders can provide a workforce which is fit for purpose and capable of delivering required health services. Considering our workforce demographics we plan for workforce cost reduction to be achieved through the opportunities presented by natural wastage and efficiencies. The project at present has four main strands.

1. Opportunities from Vacancy Control, Internal Redeployment, Pay Modernisation Redesign
2. Opportunities from Review of Fixed Term Contracts
3. Opportunities from Medical Workforce Efficiency
4. Nursing and Midwifery Workforce Efficiency

In line with the feedback from our Partnership Workforce Conference, this action plan is flexible and related to local priorities of the Efficiency Delivery Programme as they develop. This is planning cycle, to link in with corporate plans and on an annual basis measuring key milestones and reporting to the Workforce Board and Area Partnership Forum when relevant. An initial action plan is appended below.

	Action	Leads	Timescale	Outcome Measure	Ref.
1. Opportunities from Vacancy Control, Internal Redeployment, Pay Modernisation Redesign					
6.1.1	Implement fit-for-purpose process which combines vacancy control, recruitment and the redeployment process	Chief Operating Officer Workforce Directorate	By August 2010	Reduced external recruitment.	
Action 6.1.1 – Meeting Trajectory - New VAF Process in place leading to significant reduction in external recruitment. 1/3 rd of posts replaced are by external applicants.					
6.1.2	Develop revised redeployment processes.	Chief Operating Officer Workforce Directorate	By August 2010	Internal redeployment in response to vacancies.	
Action 6.1.2 – Meeting Trajectory - The redeployment process has been revised, and employees active on the register are now considered at an early stage when a vacancy is approved. The default position is to identify someone on redeployment to fill the post, before the vacancy would go to the full Vacancy panel.					
6.1.3.	Pay Modernisation plan e.g. AfC grading review, skill mix, flexibility, consultant job plans.	Workforce Development and Planning Team	By October 2010	Maximise benefits from new contractual arrangements.	
Actions 6.1.3 – Skill Mix Reviews/Christmas Tree Modelling are ongoing and are supporting us to review that staff are working at an appropriate level.					

6.1.4	BET to consider VER / VS proposal	Workforce Development and Planning Team	By November 2010	Workforce cost reduction when financial criteria are achieved and all other options have been exhausted.	
Action 6.1.4 – As NHS Borders met the efficiency targets set for 2010/11 in terms of Workforce Costs with a reduction of 107wte this was not required. VAR and VS are options that may be considered in future. NHS Borders are involved in the development of PIN guidelines in these areas.					
2. Opportunities from Review of Fixed Term Contracts					
6.2.1	Permanent and fixed term staffing establishments to be agreed by Finance and HR, these to include vacancy rates, recurring and non recurring funding	Finance Directorate Workforce Directorate	By August 2010.	Certainty on current establishment position	
HR and Finance have worked together to ensure there is consistency in terms of information form both systems. This enabled us to track if Workforce Costs were reducing in line with Workforce Reductions.					
6.2.2	HR to facilitate notification of fixed term contract on expiry dates through a business alert to managers advising redeployment.	Workforce Directorate	By August 2010	Avoidance of any unnecessary workforce costs through extension or transfer to permanent status.	
HR send reminders to alert managers to Fixed Terms contracts which are about to expire and provide support in terms of termination of fixed term contracts.					
6.2.3	Review and risk assess fixed term	General Managers Operational H.R.	By September 2010	Appropriate Service, Financial and Patient Safety risks recorded and understood prior to decisions on fixed term	

	contracts	Workforce Development and Planning Team		contracts.	
Workforce Risk Assessment template now in use to support managers to identify risks associated with not renewing fixed term contracts within redesigned establishments.					
3. Opportunities from Medical Workforce Efficiency					
6.3.1.	Establish a trajectory and recovery plan for medical staff costs and agency locum usage	Assoc Medical Directors General Managers Workforce Development and Planning Team	By August 2010	Control supplementary medical staff costs.	
Recovery Plan and trajectory for medical workforce costs agreed and achieved by March 2011. Efficiency project for 2011/12 identified savings from medical workforce / increased productivity of £500,000.					
6.3.2.	Establish a scenario Medical Workforce Plan (Reshaping the Medical Workforce Plan) taking account of medical workforce demographics, turnover, and rate of retention/replacement and service redesign by 31 October 2010.	Assoc Medical Directors General Managers Workforce Development and Planning Team	By October 2010	Sustainable workforce in the context of many medical workforce changes.	
Action Plan contained in NHS Borders response to NHS CEL 28 (2009). Identified Annualised Direct Clinical Care Activity (rather than headcount and WTE by grade and specialty) to meet medical workforce requirements for future changes in service configuration, clinical activity and likely future reductions in training grade doctor numbers. Plans concentrate on an alternative workforce as a mixed economy of consultants, specialty doctors and non-medical healthcare professionals.					
6.3.3.	Complete Consultant job planning and Specialty Doctor /	Assoc Medical Directors	by April 2011	Appropriate designation and timeshift from medical contracts.	

	Associate Specialist job planning				
Revised job planning guidance issued to the Service in January 2011, backed by a training package in March 2011. Improved compliance with consultant job planning this year (only one job plan outstanding).					
4. Opportunities from Nursing and Midwifery Workforce Efficiency					
6.4.1.	Identification of our baseline N & M establishment and benchmarked profiles, using national workforce tools and other available peer comparisons.	Nursing and Midwifery Leads	By end July 2010	Certainty on current establishment position	
Identification of Baseline Establishments achieved across each of the Clinical Boards and new establishments agreed within the BGH and Mental Health (with work in progress to identify these in Primary and Community Services due to the lack of a Workload Tool).					
6.4.2.	Implement redesign workforce profile for each ward/team/service, including the associated costs signed off by the Director of Nursing and the Chief Operating Officer and a proposal for continued monitoring of the nursing and	Director of Nursing Chief Operating Officer	By Sept 2010	Operational Workforce Plans leading to future service sustainability.	

	midwifery establishments.				
Work towards achieving the new establishments underway within BGH and Mental Health Services. Primary and community services will move towards new profiles once agreed and signed off.					
6.4.3.	Review of existing shift patterns across our in-patient services and implement a redesign (which will require a reduction in the number and range of shifts currently worked) for each service, detailing how and when the new shift patterns will be introduced.	Nursing and Midwifery Leads Director of Nursing Chief Operating Officer	By Oct 2010	Sustainable Shift Patterns across NHS Borders.	
New Shift Patterns (which reduce the number and range of shifts currently worked) agreed and signed off across NHS Borders. New shift patterns now rolled out in many areas.					

Chapter 3

Strategic Context

A. Supporting Patient Safety through Effective Workforce Planning:

The workforce directorate has a key role in supporting patient safety via the delivery of responsive, effective services to keep the organisation safe, compliant and effective. Key to this is ensuring a continuing commitment towards KSF which drives for a higher take up of effective appraisals. Evidence suggests a direct link between decreased patient mortality and therefore increased patient safety and effective appraisals. NHS Borders exceeded the HEAT target of at least 80% permanent staff with a Joint Development Review completed, recorded and signed off on eKSF over the period 2009-2011, and is committed to continuing to monitor progress of this HEAT standard through Clinical Board Performance Scorecards. As part of the Quality Strategy, one of the key Workforce Indicators is to ensure all employees have at least one agreed and signed off Personal Development Plan activity. We will link this with the recently developed organisational Training Plans to ensure all of our staff are appropriately trained.

The provision of effective and timely access to high quality professional HR/OH and H&S advice is also key to ensuring a workforce which delivers safe patient care of the highest quality. Ensuring appropriate pre-employment checks are completed on employees and maintaining effective Industrial Relations & Partnership Working maximise benefits to patients.

Reducing sickness absence is a key priority for NHS Borders and the Workforce Directorate is involved in ensuring an effective plan is followed with regard to targeting resource at hotspots, analysing reasons for sickness absence and following effective and time limited frameworks for the management of complex cases/long term sickness. A reduction in levels of sickness absence would lead to a fitter, happier workforce which is ultimately capable of delivering safer patient care.

The Workforce Directorate has developed more accurate workforce data and effective read across to payroll and other systems over the past year, leading to the avoidance of duplication, minimized errors and effective recording and reporting. Further improvements are planned this year with the introduction of the SSTS interface with SGIS. Accurate Workforce data is essential for managers to use to plan for current and future service delivery of patient care.

Update on integration of workforce plans with LDP and financial plans

NHS Borders has made significant progress over the past year integrating workforce, service and financial planning. This years Local Delivery Plan included workforce commentary and Scenario Plans were produced jointly with service and financial planning. "A Force for Improvement" states that "Integration of service and workforce planning needs clinical staff, senior managers and operational managers to have real involvement in the planning process and in the implementation of the plans." (A Force For Improvement: The Workforce Response to Better Health Better Care, 2009, Page 31).

To achieve this outcome, workforce planning should feature as an integral element of NHS Borders strategic planning processes to ensure that the workforce is fully

aligned behind service delivery needs in a way that is both affordable and sustainable.

Workforce Planning, Human Resources, Risk Health & Safety and Training & Development now sit within the same directorate as Performance and Planning lead by a Director of Workforce and Planning. This has helped to further integrate Workforce and Service Planning – with strong linkages developed in supporting the clinical boards to take forward projects, with the introduction of the Workforce Risk Assessment as part of the Project Initiation Documentation and development of Service Redesign Inventory which presents an overview of Efficiency Projects with identified Workforce Implications.

B) Update on the Local Economy/Labour Market

The Scottish Borders is the 6th largest local authority (in area) in Scotland, with several small towns. The largest towns are Galashiels and Hawick, followed by Peebles, Kelso and Selkirk.

In 2010 Scottish Borders had an estimated population of 112,900 of which 62.1% are working age. This is below the working age proportion for Scotland which is 65.7%. This means that Scottish Borders has a higher dependency ratio (0.70) than Scotland (0.60); there are proportionally fewer people economically supporting the dependent population (i.e. children and older people).

Information relating to the population at 2008 and dependency ratios for Scotland, the Scottish Borders and towns based on GRO(S) 2008 Mid-Year Estimates were considered throughout the development of the Local Workforce Plan.

The General Register Office for Scotland has projected that between 2006 and 2031 there will be a 15.6% increase in the population of the Scottish Borders, which is well above the 5.0% projected for Scotland. From 2008 – 2011 we have already seen an increase of over 300 population, which supports this projection.

Analysis of unemployment trends within the Scottish Borders indicates that those within the 16-24 age bracket are more than twice as likely to be unemployed than other age groups. Younger people specifically have been affected by a lower rate of turnover within existing employers, particularly within the Scottish Borders where there is a higher reliance on public sector employment. As employees are not leaving existing jobs to progress to higher paid jobs elsewhere, we now see fewer opportunities at entry level.

The local labour market in the Scottish Borders is also affected by the reduction of people willing to travel out with the area for employment. The higher wages in Edinburgh labour markets are less attractive due to the increased costs of travel, resulting in workers becoming more likely to stay in local employment. At the same time, declining household incomes in real terms is causing a strain on private sector growth, which has had a knock on effect on new job creation in this sector.

Future Workforce – School Leavers

The predicted destinations of school leavers in summer 2010 showed that 89.2% of leavers hoped to embark on higher or further education courses. With the ageing population coupled with the reduction in working age population, NHS Borders will rely on young entrants to the labour market in the next few years to fill future gaps. It is therefore important to continue to engage with Schools e.g. through providing workplace tours, holding open careers evenings where young people get a taster of different NHS Professions and providing speakers at Schools Business engagement events etc.

NHS Borders is one of the largest employers in the area; as part of the public sector it has a responsibility to employ people reflecting the local community. Analysis shows that NHS Borders employs 6.6% fewer 'people aged 24 and under' compared to the Scottish Borders population base, Scottish Borders Council has 7.7% fewer. These figures are concerning given that '24 and under' age group is under-represented within the NHS workforce and the effect that this may have on future workforce development.

C) Service Redesign and the Efficiency Programme

As NHS Borders continue to progress the efficiency programme, the Workforce Team are supporting the completion of appropriate Workforce Risk Assessment and the development of future Workforce Plans.

A Workforce Tool was developed to highlight potential Workforce Changes at a variety of levels such as Organisation Wide, by Department, and Cost Centre etc.

The Workforce Team is using this to support managers to develop Workforce Plans, by considering potential Workforce Savings as a result of end of fixed term contracts, potential retirements and an estimate of potential natural turnover. This intelligence supports managers to develop future Workforce Profiles.

Appropriate Workforce Risk Assessment is also carried out using information generated from the Workforce Tool which provides information to support succession planning when redesigning services.

As the majority of Efficiency Projects have Workforce Implications, a Service Redesign Inventory, which collates information on the Workforce Impact of all projects, is being maintained by the Workforce Development and Planning Team. This gives an overview of all current projects, by Clinical Board. This gives the Workforce Group and APF an oversight and scrutiny of the workforce assessment of all redesign projects. This ensures a joined up approach to service redesign and full consideration of the whole workforce as projects are signed off.

D) Workforce Planning Processes

Building Workforce Planning Capacity and Capability

Workforce planning has become a key element of strategic planning, and managing the changes taking place within the workforce, and the wider population, has been recognised as key if it is to secure the workforce it requires to deliver services to the population of the Scottish Borders. The diagram below highlights the main ethos of Workforce Planning.



Chart 1 – Workforce Planning Methodology, Source – NHS Resource

Service managers who lead and run our services undertake the bulk of workforce planning, and NHS Borders has embarked on a programme to develop local workforce capacity and capability of service managers in compliance with the six-step methodology. Over the past financial year, the Workforce Team have continued to roll out the Six Step Methodology to Workforce Planning. This will ensure a consistent approach to Workforce Planning throughout NHS Borders.

The diagram below illustrates the 6 Step Workforce Planning Methodology which underpins our future Workforce Plans. This methodology supports managers to develop robust Workforce Plans when redesigning services. The vast majority of NHS Borders current efficiency programmes have workforce implications and the Workforce Planning Team is supporting managers to develop sustainable future Workforce Plans through appropriate workforce risk assessment and developing action plans based on gap analysis identified through this process.

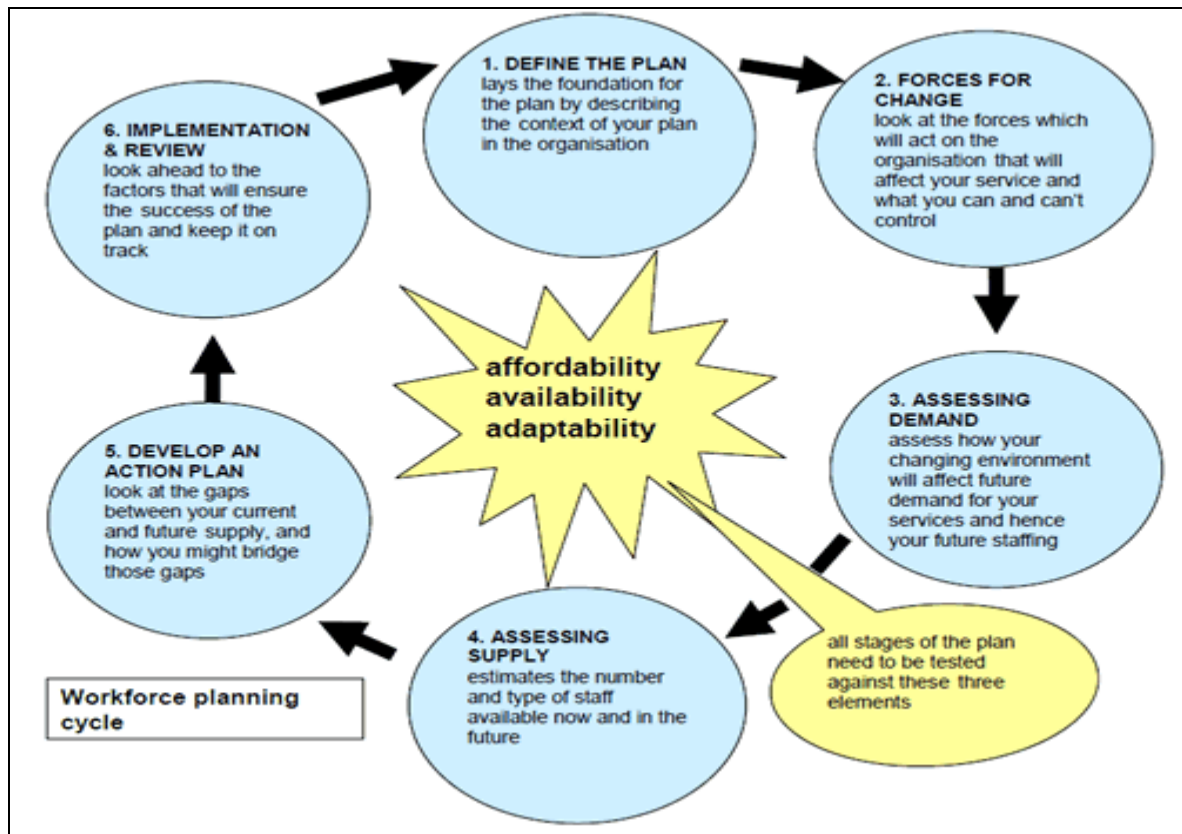


Chart 2 – Six Step Methodology, Source – NHS Resource

E) Workforce Information – Preparing for electronic Employee Support System (eESS)

The new Employee Support System (eESS) is a national system for the administration of Human Resources and Training information that will replace NHS Borders current system (SGIS). The benefits of having a national system include the ability to transfer records between NHS boards, and consistency of reporting across Boards through nationally developed reports. Further local benefits include the development of online recruitment and the ability for staff/managers to update changes (previously recorded on Change Forms/Staff Engagement Forms) electronically with a direct feed to HR, Training and Payroll. This will streamline the current process of a triplicate form.

Benefits specifically related to Workforce Development and Planning include the ability to confidently benchmark Workforce Information with other NHS Boards when undertaking Workforce Reviews, and the ability to access consistent data published nationally e.g. through ISD.

This new system is being rolled out using a phased approach, with the first NHS Boards going live in December 2011. NHS Borders is in Phase 3 of the Implementation Plan with a Go Live date of September 2012.

Preparation for eESS locally, lead by the recently formed project team, will continue over the coming financial year, with an emphasis around ensuring high quality data is available for the data migration stage of the project. The SGIS data quality project has been developed to take forward a specific piece of work which involves managers checking key information fields for their direct reports, and a large data cleansing exercise within HR and Training.

Chapter 4

The Workforce Projection for 2011 – 12

1. Affordability of the Workforce & Update on Financial Position

NHS Borders, along with all Public Sector services, is facing significant financial challenges. To ensure we continue to deliver safe and sustainable services whilst maintaining financial balance, significant efficiency savings have been identified. The workforce represents around 70% of the overall resource revenue limit for NHS Borders so reducing workforce costs will make a major contribution to achieving savings targets. Alongside this NHS Borders is committed to delivering safe and effective services and recognises that this can not be delivered without a sustainable workforce.

The implementation of a workforce costs reduction plan aims to ensure that NHS Borders can provide a workforce which is fit for purpose and capable of delivering required health services whilst reducing the workforce costs.

The table below illustrates a projected Workforce reduction of 107.1 wte over the next financial year which equates to 4.2% of the Workforce. Within the largest staff group (Nursing & Midwifery Services), we have projected a reduction of 30.1 wte which equates to 2.6% of that Staff Group. This highlights our commitment to retain capacity within our clinical services.

The highest percentage reduction in wte can be found within Administration Services with a projected reduction of 43.6 wte (down 9.6%). This will largely be achieved by end of fixed term contracts within centralised services such as IM&T as large projects are delivered. There may, however be some increases in Administrative Services in Clinical Areas however, as Services develop workforce plans, where analysis of tasks show clinical staff undertaking tasks that can be performed more efficiently by administrative staff.

In terms of Senior Management, NHS Borders have already made significant progress towards a 25% reduction in posts (excluding Direct Clinical such as Medical Directors etc) target with a reduction from 20.73 wte to 15.9 wte in 2010/2011 (23%).

The projected reductions will be achieved through natural turnover, vacancy control and service redesign. We are, at all times aiming to improve quality when redesigning our services and specific examples include; conversion of a surgical ward from an Inpatient Unit to a Day Case facility and the development of Palliative Care Specialist Inpatient Unit. Recent changes to shift patterns will also support these redesigned services.

The only staff group specific increases projected over the next financial year are within Medical and Dental where we anticipate a slight increase if successful in filling Consultant vacancies and a service development for career grade medical posts in Emergency Medicine.

Staff Group	Baseline	Year 1	Year 2	Year 5 Lower %	Year 5 Upper %
All Staff Groups	2,572.7	2,465.6			-
Medical	195.9	198.9			
Dental	24.7	25.7			
Sub Total	2,352.1	2,241.0	2,150.1		
Medical & Dental Support	57.2	55.2	53.7	0.0%	4.6%
Nursing & Midwifery	1,147.4	1,117.3	1,073.1	-3.9%	3.6%
Allied Health Profession	184.5	176.5	170.3	-2.8%	0.3%
Other Therapeutic Services	70.6	68.6	65.6	-1.7%	2.9%
Healthcare Science	72.0	67.2	63.2	-4.4%	1.3%
Personal & Social Care	20.9	19.0	19.0	0.0%	0.0%
Support Services	348.2	329.3	314.3	0.0%	0.0%
Administration Services	451.5	407.9	390.9	0.0%	0.0%
<i>Management (non AfC)</i>	15.9	15.9	15.9	-7.0%	-0.7%

Table 1– Annual Workforce Projections – Source ISD/SGIS/Workforce Tool

Availability

We continue to expand our knowledge of demographic profiles in the Scottish Borders and the local labour market (see chapter 5), and the effects of the economic recession indicate that more people are now chasing each job vacancy in the Scottish Borders.

The headline demographic figure is that the Scottish Borders are predicted to have the highest percentage of population increase in Scotland, most of the population growth, however has been in older age groups over the average retirement age. The number of those over working age increased by more than twice the rate for working age people.

Changing demographics present complexities but we also must take account of our challenging financial position. Whilst NHS Borders will be robustly controlling vacancies and external recruitment will be very rare as part of the Efficiency Delivery Programme, there remains the prospect of a small number of recruitment difficulties for shortage specialties which can have a disproportionate impact on our ability to deliver services. We have examined our own workforce and have begun to assess the risks posed by an ageing workforce particularly for identified specialties and healthcare sectors. Part of the solution is to consider our current workforce and make a step change towards effective succession planning.

Adaptability

We view our plans for role development, new and advanced roles and our continuing commitment to the life long learning of our staff as key to the adaptability test. There are many examples of the changing workforce and some of the revised and new roles to be explored. The adaptability test is rooted in our acceptance that we can no longer rely on increasing staff numbers and traditional roles, as new ways of working are required to meet the healthcare demands and the restrictive financial outlook.

In a rapidly moving healthcare environment the workforce is facing major challenges around changing demographics, higher expectations of health, advancements in technology, improving quality and new ways of delivering care. Meeting these challenges will require new approaches to multi-professional learning and workforce planning. The different healthcare professions are dependent on each other and there is evidence of a shift towards more collaborative working.

Scottish Medical Training (SMT) affects the whole workforce as more staff work in multi-professional teams, and many healthcare professionals take on enhanced roles which include work previously done by doctors in training. We will need to develop further enhanced roles for example by developing healthcare support workers roles to support the 18-Week Referral to Treatment Time (RTT) and modernisation of the peri-operative workforce, national clinical priorities in mental health, dementia, children and young people, older people, cancer, heart disease and stroke, maternal health, blood borne viruses, sexual health, and diabetes. These areas provide rich opportunities for multi-professional education and training.

Better workforce planning information goes hand in hand with integrated approaches to education and training for a workforce increasingly engaged in activities which previously were not part of their role. In medicine it is important that education and workforce planning becomes more closely integrated with education for other healthcare professionals. We expect that Scottish Medical Training (SMT) will produce a larger than usual number of trained doctors and therefore a reduced number of current training posts based on workforce plans for a service delivered with less doctors in training. This will require a better approach to workforce planning allied to a range of modernised roles which contribute to patient care and help develop the careers of a broad range of practitioners.

The NHS Education for Scotland (NES) / Scottish Social Services Council (SSSC) Strategy Group, with senior representatives from the health and social care sector, are working together to deliver jointly on education and workforce development and to develop a guide to educational resources which develop the roles and skills of health and social care workers on key policy initiatives: Scotland's Dementia Strategy, Reshaping Care for Older People and the Early Years Framework.

NES aim to develop and implement a national approach to supporting and developing HCSW roles in Nursing, Midwifery and Allied Health Professions at levels 2 to 4 of the Career Framework for Health. In 2010, NES published 'A Guide to Healthcare Support Worker Education and Role Development', which sets out the nationally agreed educational requirements and core skills for clinical HCSWs. Locally we are exploring the development of an employer driven partnership to ensure a competent, skilled and knowledgeable workforce to meet the needs of the Health and Social Care sectors within the Scottish Borders.

An example of Service Redesign being supported by Local Workforce Development is being taken forward in Ward 12. In an effort to ensure that quality and patient

safety are built into revised establishments there is the requirement to both develop roles of non-registered nurses and clarify role parameters, ensuring the reconfiguration of Skill Mix, leading to higher level of practice required from HCSWs is supported. The Six Step Methodology to Workforce Planning will be used to take this forward.

The first stage of the Workforce Review includes an Educational Training Needs Analysis(TNA), the identification of Workforce Competencies and rolling out Workload Tools. This will then be followed by Stage 2 where a Training Plan (informed by the TNA) is developed, quality assured and a supervision and governance framework identified to take forward both inhouse and external training aligned to the National Role Development Strategy. The end result of this review will be a robust Workforce Plan for Ward 12, and a framework to take forward in other clinical areas.

Similar reviews, using the Six Steps to Workforce Planning Methodology are being taken forward in Non-Clinical Areas such as Catering Services and Pharmacy. Timed Task Analysis have been used in the absence of nationally developed workload tools to help inform the “Analysing Workload” section of the programme. The Workforce Development & Planning Team is supporting managers to identify future workforce requirements in the Development of their Workforce Plans.

Chapter 5:

Report from the Partnership Workforce Conference

Local Workforce Planning Conference 2011-12 Report

A successful Local Workforce Conference took place on Monday 13th June in the Board Room, Newstead. This was hosted by the APF and ACF and Chairs of both forums introduced the event, which was attended by 50 delegates, with representation from each of the Clinical Boards, Support Services and Partnership etc. This was followed by a Key Note address by the Chief Executive where he highlighted the importance of partnership working in Workforce Planning and ensuring a Sustainable Workforce.

An update regarding the financial challenge and efficiency delivery programme was given by the Director of Finance, and the Director of Workforce and Planning then spoke about the development of this years Local Workforce Plan 2011-12 before introducing the Workshops.

All Delegates attended the Workshop to help Shape the Local Workforce Plan; (over two sessions) and feedback from these sessions has been grouped into themes and shown below;

Key Themes for the development of the Local Workforce Plan Workshop

Group 1

Education/Development & Training;

- Invest in SVQ's for Bands 1- 4/Increasing Level of Staff with these.
- Qualitative – How can we measure this?
- How can we ensure efficiency in Skill Mix, and what can be achieved over time with investment?
- Develop Training Needs Analysis – Boost the Utilisation of the Workforce. If we invest in Bands 1- 4, ensure this is built into service redesign.
- Examples; Clinical Support Workers in Theatre but no SVQ specifically for Theatre – Clinical Governance Issue. To ensure patient safety, robust competency measures required e.g. share with Lothian competencies required for Band 4 in Theatre.

Consider Profile of Borders Staff/Population;

- Conscious of Age Profile and Long Term Sustainability. Requirement to build scenarios into skill mix projections;
- Succession Plans/Workforce modelling required
- Apprenticeship
- Pensions changes – Hutton Report
- Age profile and legislation – Is there a conflict at the younger end?

Communications/Involvement

- Ensure all existing staff are on board with changes
- Promote joint working in training and development in the Care Sector
- Provide clarity on education support to support service redesign

Key Point

Provide clarity across the service on education support to support service redesign.

Group 2**Transition Support**

- Use Workforce Planning to progress move to the transition phase of service redesign.
- Use Redeployment to improve flexibility when redesigning the Workforce.
- PID's required for consistency – ensure workforce impact measured in all projects. Consistency of messages/process.
- Training & Development during the Transition is important

Integration/Engagement

- Demonstrating Integration Important
- Investigate Shared Services/Opportunity of Working with other sectors
- Workforce Engagement required in making changes

Workforce Issues/Hotspots

- Establish the other Workforce Costs that are impacting on our ability to save money, e.g. overtime, extra hours, extensions to fixed term contracts – intelligence required at departmental level.
- Medical Workforce Response – High Risk Areas/ Pensions Changes
- Social Responsibility to be considered as one of the largest employers in the Borders

Key Point

Ensure appropriate Workforce Planning when moving to the transition phase of service redesign.

Key Themes from Service Specific Workshops

Delegates also attended one of the sessions below; Staff Governance and Quality Indicators, Healthcare Support Workers, Advanced Practice or electronic Employee Support System and key points for consideration from these Workshops are highlighted below.

**Staff Governance and Quality Indicators Workshop
(Edwina Cameron/Bob Salmond)****Key Points -:**

- Involvement
- Bottom Up
- Excellence
- Quality - How will we judge quality?
- Variation by Staff Group – Consistency Needed.
- Policies implemented, financed - Workforce Planning easy guide required.
- Active Feedback
- Consultation
- Staff Survey – results are only as good as the actions which result

Healthcare Support Workers - CEL 23 Workshop (Jill Helps)

Key Point in ensuring CEL 23 is rolled out effectively within NHS Borders;

Communication is key – We must establish who CEL 23 is affecting locally and establish whether it is nationally transferable.

Advanced Practice Workshop – Nancy Kirkland

Key Point

Ensure Advanced Practice is considered as an option where appropriate when considering service redesign. National Support is available to help take this forward.

eESS – electronic Employee Support System - Claire Burke/Clare Brennan

Key Points

Produce business case, which highlights the benefits of implementing eESS.
Reporting functionality highlighted as key area to get correct – lessons learned from implementation of TrakCare.

Conclusion

The key themes highlighted above will be incorporated into the development of this years Local Workforce Plan. We will specifically include a section within the Action Plan dedicated to providing clarity across the service on education support to deliver service redesign and we will also outline how we plan to ensure appropriate Workforce Planning when moving to the transition phase of service redesign.

Appendix 1.

Workforce Projections Submitted to Scottish Government

Staff Group	Baseline	Year 1	Year 2	Year 5 Lower %	Year 5 Upper %
All Staff Groups	2,572.7	2,465.6			-
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Appendix 2

NHS Borders Annual Workforce Statistical Report

April 2010 – March 2011

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Introduction

This third Annual Workforce Statistical Report highlights key Workforce Trends across NHS Borders for the financial year April 2010 - March 2011. This report provides Management Information to inform key workforce decisions and support managers to develop sustainable workforce plans over the next few years.

Context

As part of the Workforce Efficiency Project, NHS Borders adopted a savings target for Workforce over the period April 2010 – March 2011. NHS Borders exceeded the target by 32 wte, with a reduction of 127.83 wte. We now face a significant challenge (due to the current financial climate) over the next 12 months to ensure we have a workforce which is both affordable and sustainable to provide redesigned services in the coming years.

Historical Trends

Chart 1 below illustrates the staff in post (excluding Training Grade Medical Staff) by staff group over the period 2008-11 and projected staff in post to 2012. This shows a slight increase in WTE between 2008-09 followed by decreases in 2010-11 and a projected reduction of 107 wte by end of March 2012.

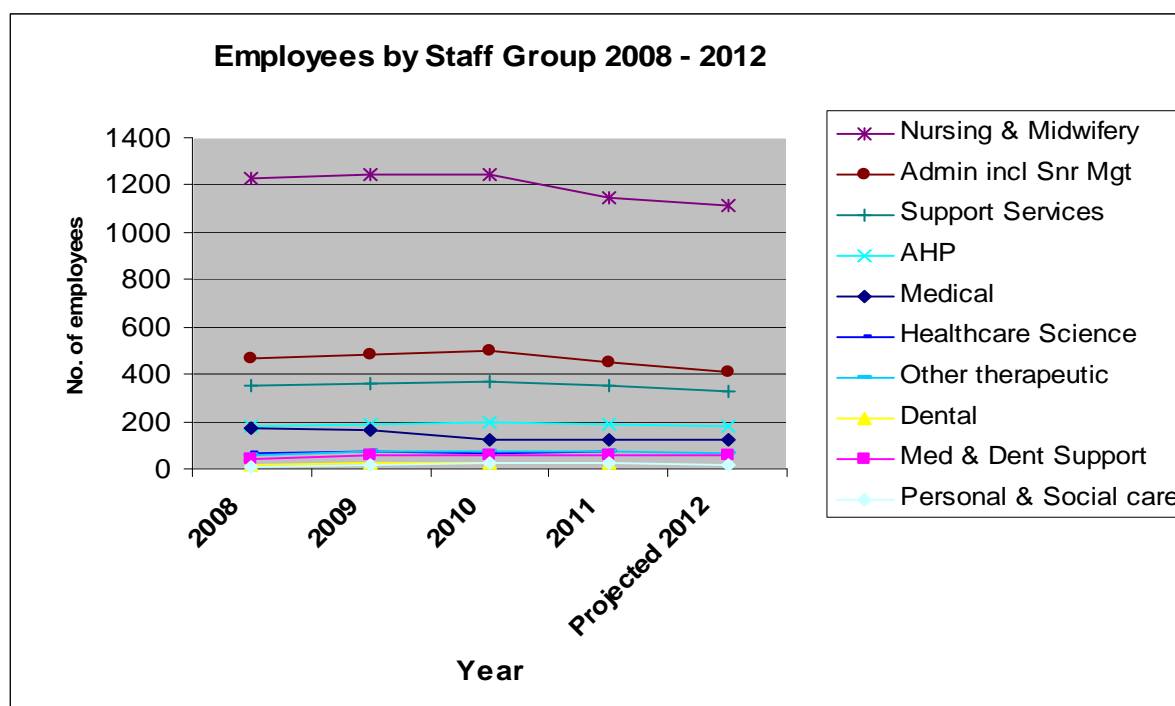


Chart 1 – Employees by Staff Group – 2008 – projected 2012 – source ISD/SGIS/Local Projections

Staff Group	2008	2009	2010	2011	Projected 2012
Medical	169.9	166.0	123.0	123.0	126
Dental	16.0	21.2	22.0	22.3	23.3
Med & Dent Support	37.0	57.9	56.0	57.2	55.2
Nursing & Midwifery	1,229.8	1,242.5	1,243.0	1,147.4	1,117.3
AHP	183.8	191.0	197.0	184.5	176.5
Other therapeutic	54.8	70.3	73.0	70.6	68.6
Personal & Social care	10.6	17.8	23.0	20.9	19
Healthcare Science	62.6	70.9	68.0	72.0	67.2
Admin incl Snr Mgt	468.1	486.5	500.0	451.5	407.9
Support Services	351.1	362.7	372.0	348.2	329.3
Total	2,583.8	2,686.8	2,677.0	2,497.6	2390.3

(Table 1 – Source 2008-10 ISD, 2011-12 SGIS (reduction in Medical staff illustrated due to differences in inclusions under medical, e.g. Community Hospital GP's are included in ISD figures).

Employment Trends April 2010 – March 2011

Chart 2 below illustrates a reduction in the WTE number of staff over the last 12 months. NHS Borders exceeded its trajectory, set up as part of the wider efficiency delivery programme, by 32 WTE for the financial year 2010-11 with a reduction of 127.83 WTE.

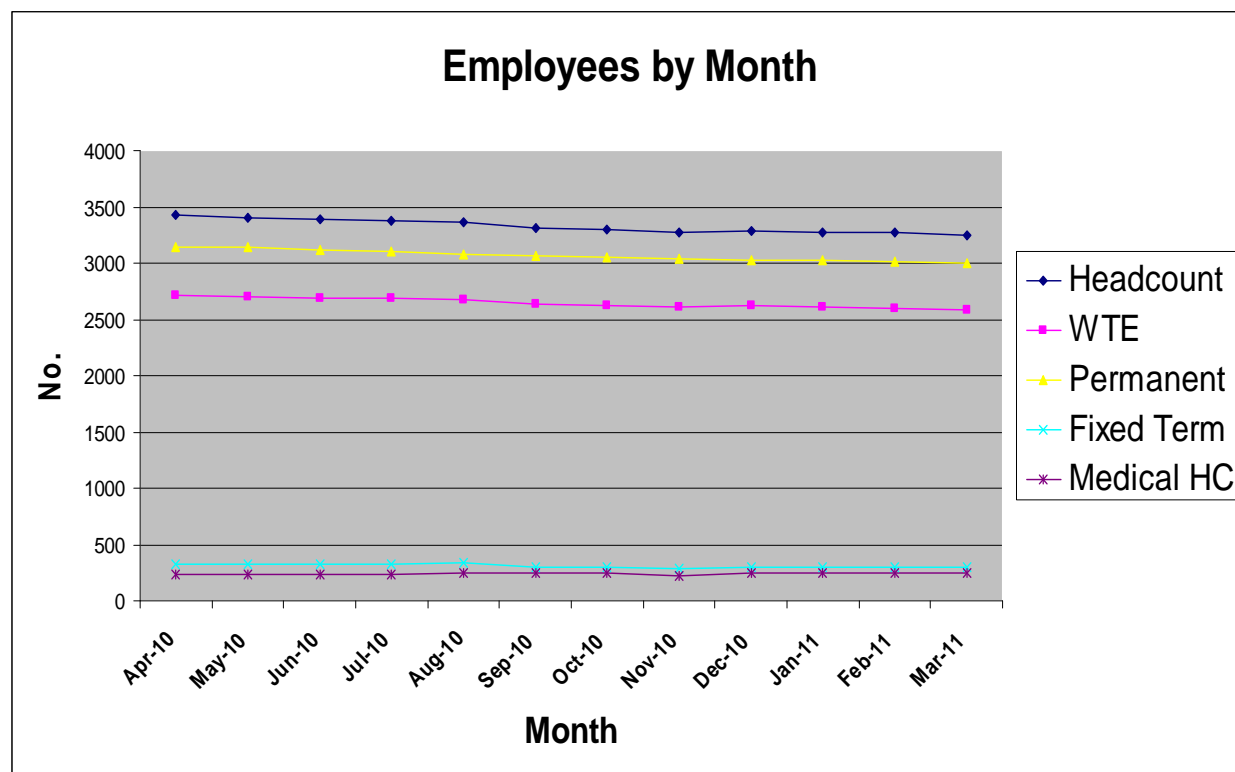


Chart 2 – Employees by Month – Source SGIS

Table 2 below breaks down the same information by Month. Further analysis shows that by August 2010 NHS Borders exceeded the target set by the efficiency programme every month.

Month	Headcount	WTE	Permanent	Fixed Term	Medical/ Dental HC	WTE Trajectory	WTE Required to meet Trajectory
Apr-10	3424	2714.00	3143	323	239		
May-10	3408	2705.56	3139	323	237	-8.44	2705.6
Jun-10	3387	2689.21	3120	320	233	-24.79	2689.21
Jul-10	3382	2684.43	3104	331	232	-29.57	2684.53
Aug-10	3358	2669.92	3077	333	245	-34.80	2679.2
Sep-10	3316	2640.34	3060	305	245	-43.50	2670.76
Oct-10	3303	2628.95	3049	301	245	-52.20	2662.32
Nov-10	3276	2606.82	3041	281	224	-60.90	2653.88
Dec-10	3286	2617.10	3031	299	243	-69.60	2645.22
Jan-11	3275	2606.87	3022	295	246	-78.30	2627.3
Feb-11	3271	2602.7	3014	299	250	-87.00	2618
Mar-11	3249	2586.17	2996	293	251	-95.70	2609

Table 2 – Employees by Month breakdown – source SGIS

Christmas Tree Modeling

A breakdown of staff by Band illustrated as a “Christmas Tree” is shown below for All Staff (Chart 3) then broken down by Clinical Board and Support Services (Charts 4-8). These models show the proportion of staff on each grade and are used in all services when undertaking Workforce Reviews and Service Redesign.

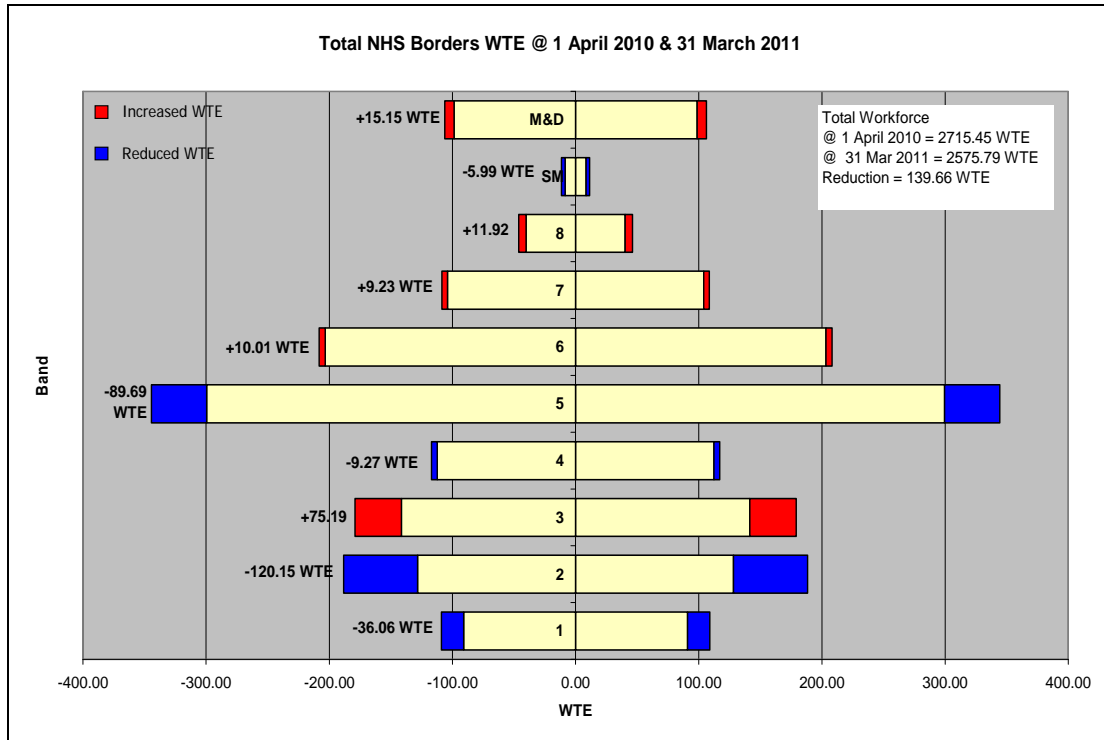


Chart 3 – Total NHS Borders WTE by Band – Source SGIS

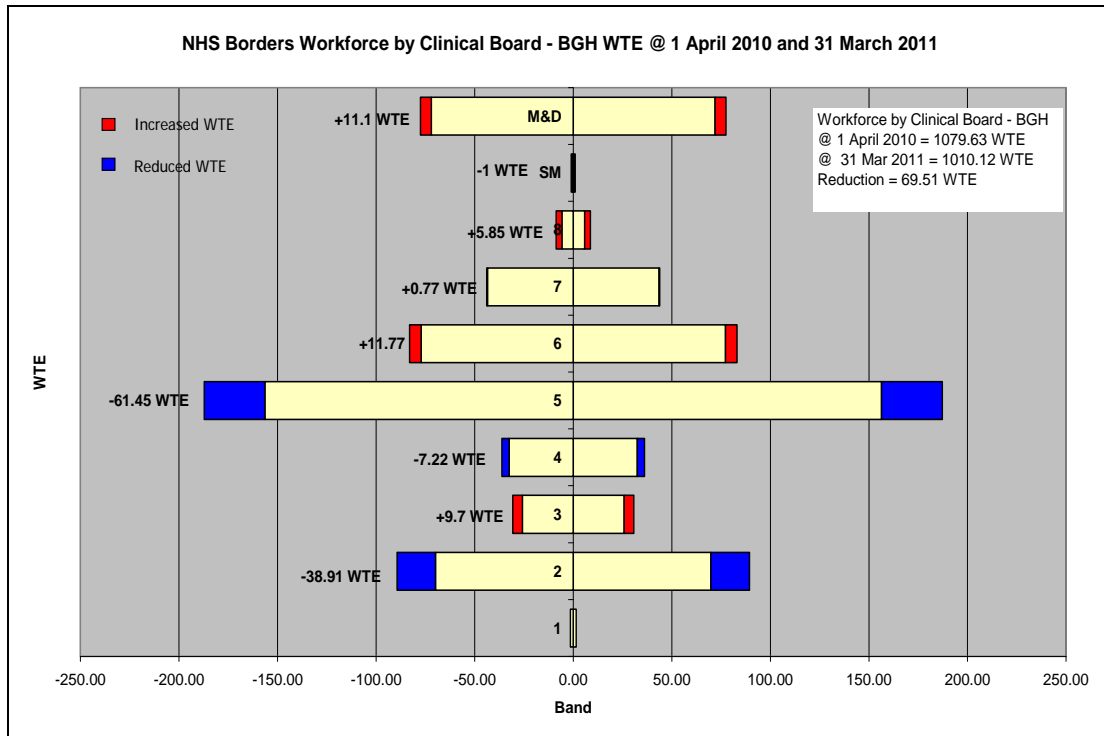


Chart 4 – Total BGH WTE by Band – Source SGIS

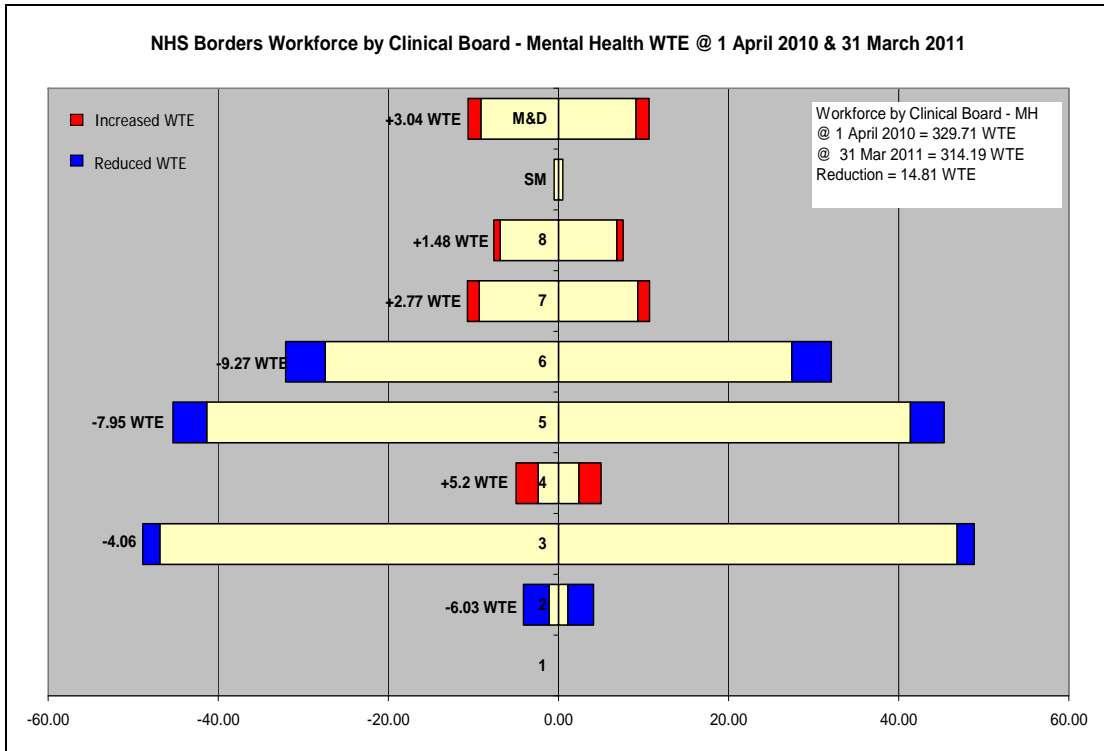


Chart 5 – Total Mental Health WTE by Band – Source SGIS

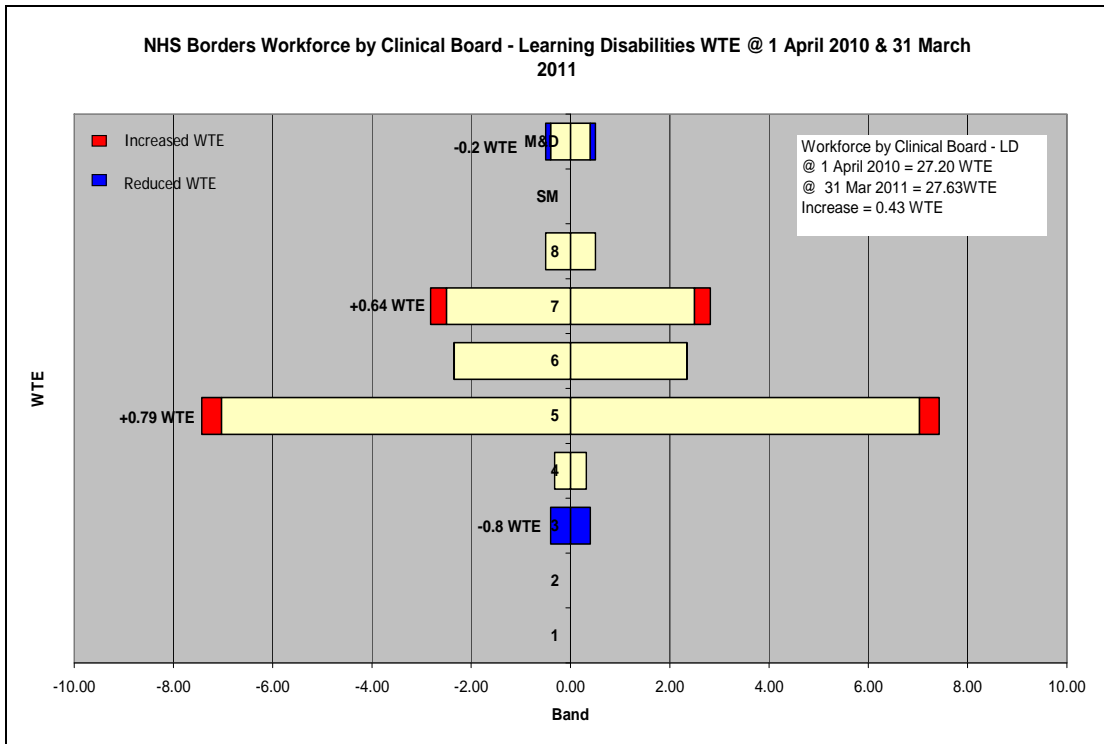


Chart 6 – Total Learning Disabilities by Band – Source SGIS

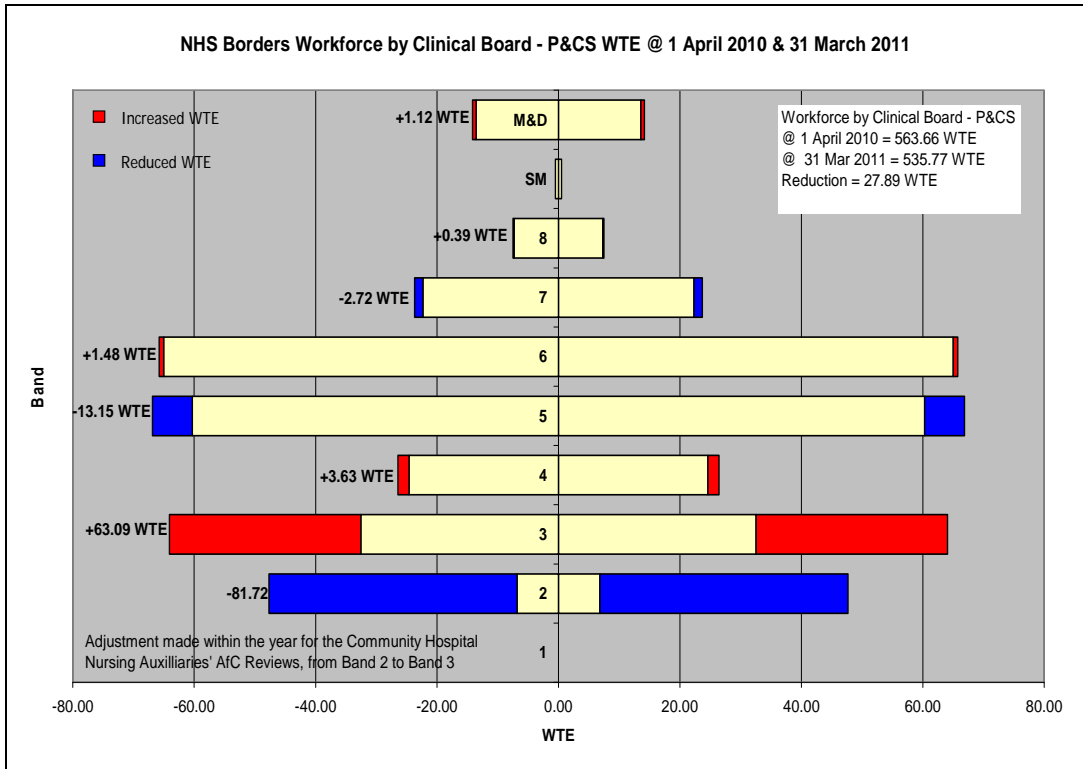


Chart 7 – Total Primary and Community Services by Band – Source SGIS

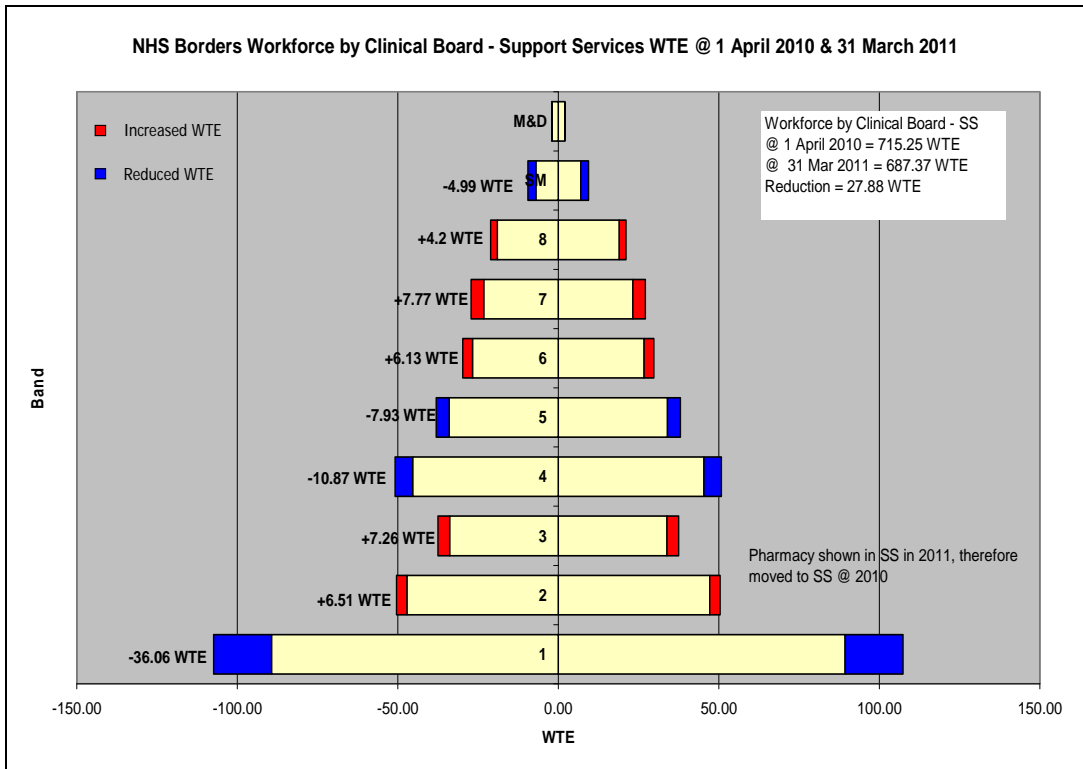


Chart 8 – Total Support Services WTE by Band – Source SGIS

New Starts/Leavers and Internal Transfers

Chart 9 illustrates that there were more WTE leavers than starters across the majority of Staff Groups over the period, with almost 42% of posts vacated, then being filled by external employees. The percentage difference between Leavers and Joiners within Nursing and Midwifery looks particularly high, but it should be noted that this is a snap shot at a point in time when Nursing & Midwifery were agreeing new establishments. A high proportion of these posts have been recruited to since April as the new establishments have now been signed off.

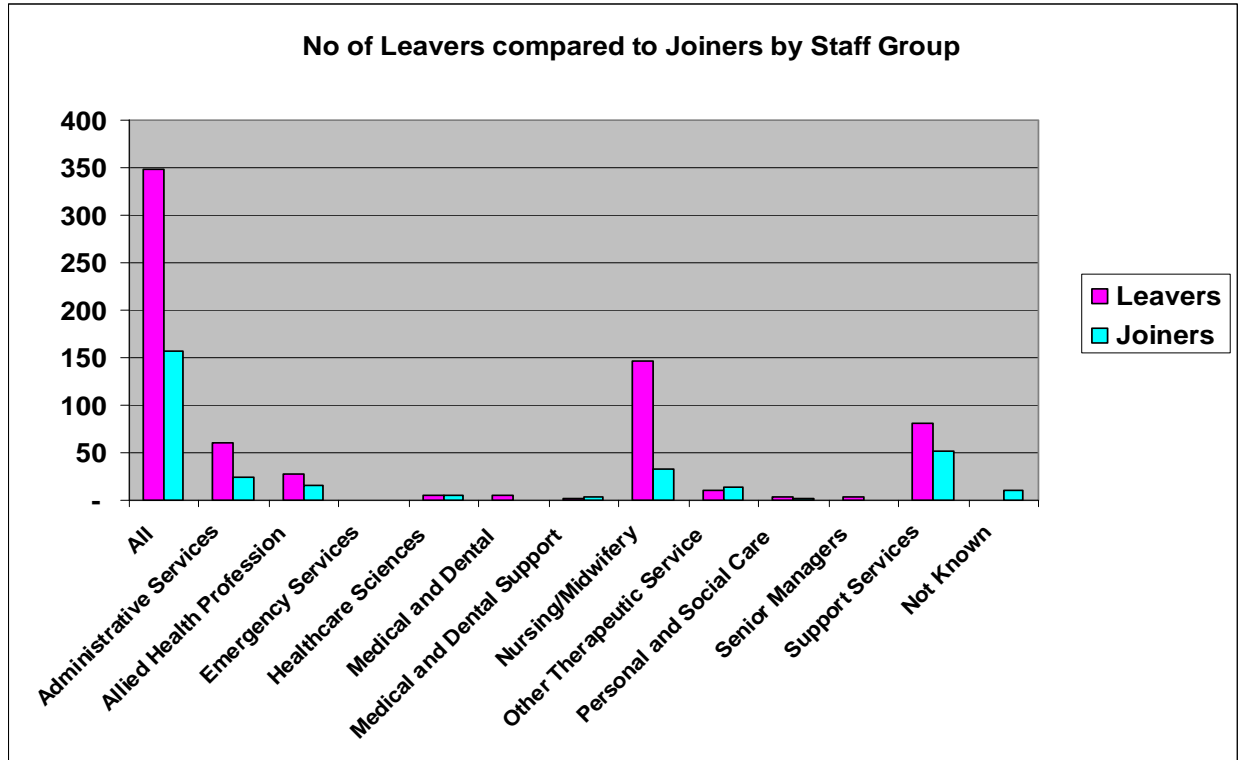


Chart 9 – Starters and Leavers by staff group – source Staff Governance Stats

Chart 10 below illustrates the same information including actual changes in WTE.

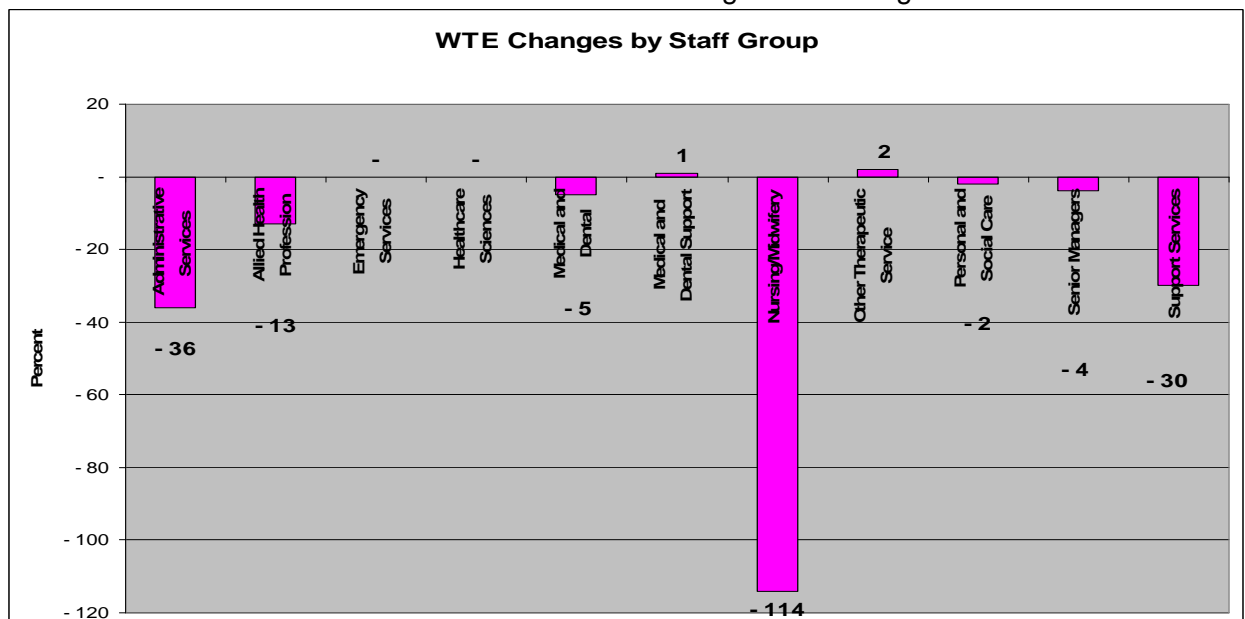


Chart 10 – WTE Changes by Staff Group – Source SGIS

Chart 11 illustrates the reasons for leaving by Staff Group. The total number of leavers over the period April 10 - March 11 was 288 headcount. This is a reduction on the same period last year (378 headcount), and is likely to be linked to the current economic climate, and rising unemployment rate within the Scottish Borders. The most common reasons for leaving were retirement and resignation, with both reasons accounting for around 26% each. The proportion of leavers retiring was 8% higher than last year, and this trend is likely to continue due to the large proportion of staff within the higher age categories. Just over 20% of leavers were due to end of fixed term contract.

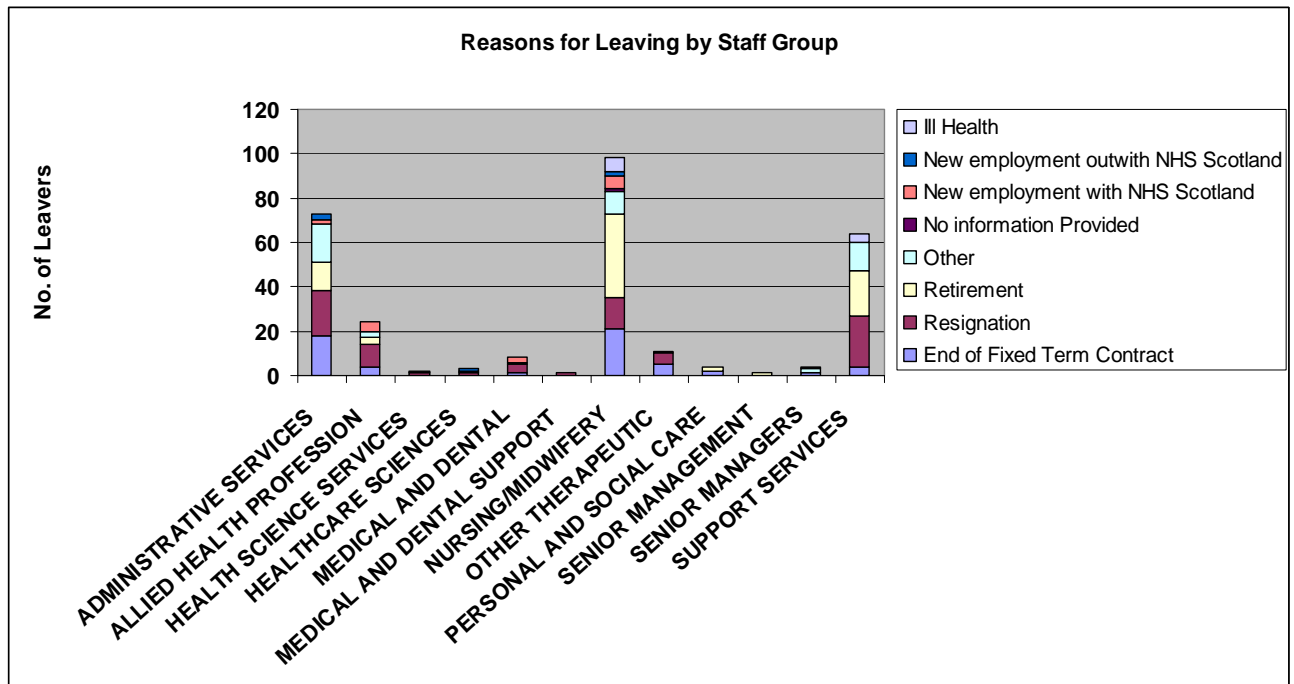


Chart 11 – Reason for Leaving by Staff Group – Source SGIS

Chart 12 illustrates the internal transfers within NHS Borders and highlights that the majority (74%) made a lateral move, i.e. to a post at the same level. The chart illustrates that a high proportion of these moves were within Nursing and Midwifery Services. Further analysis shows that 23% of lateral moves were as a result of redeployment. 15% of internal moves were to a promoted post.

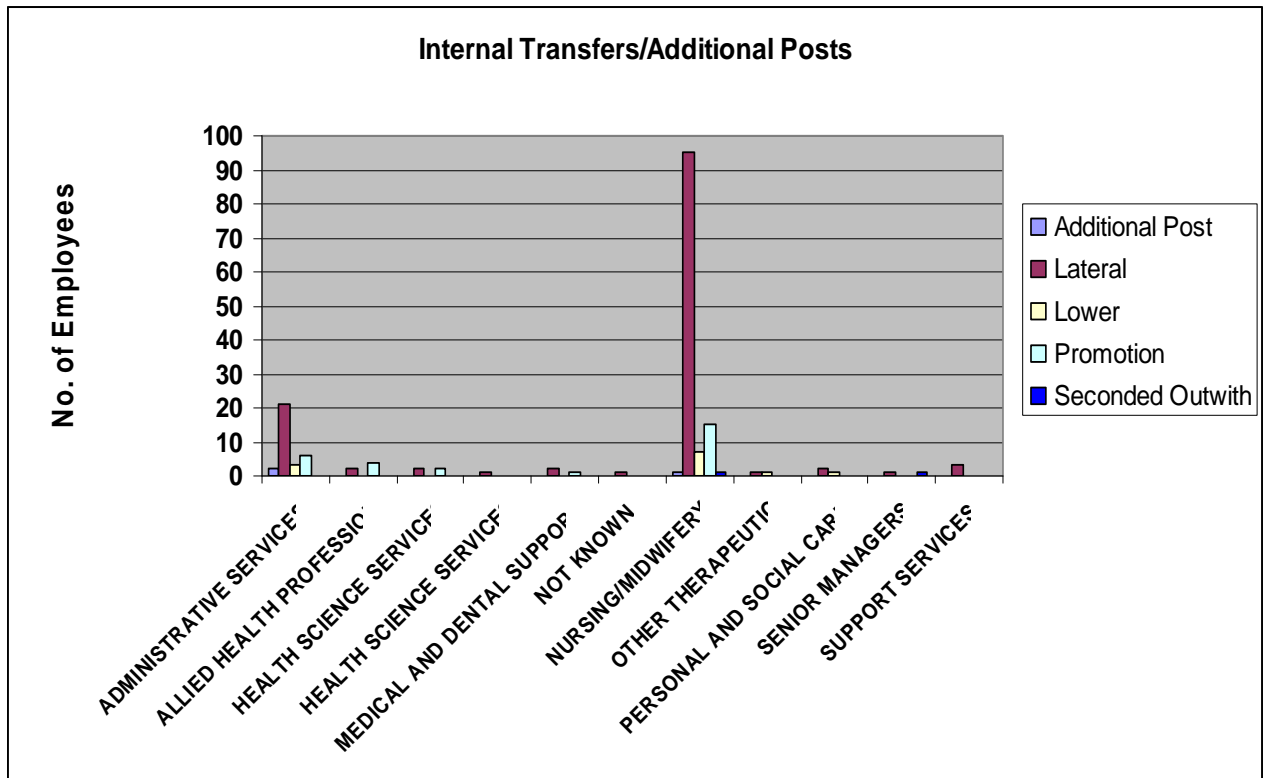


Chart 12 – Internal Transfers/Additional Posts – Source SGIS

Temporary Fixed Term/Bank Contracts

Chart 13 illustrates that the highest proportion of staff on fixed term contracts are those within Medical & Dental (Training Grade Doctors). Over 20% of Other Therapeutic, e.g. Labs/Pharmacy employees, are also on fixed term contracts. The high percentage of FT Staff within Personal and Social Care is skewed by the small numbers of staff within this category.

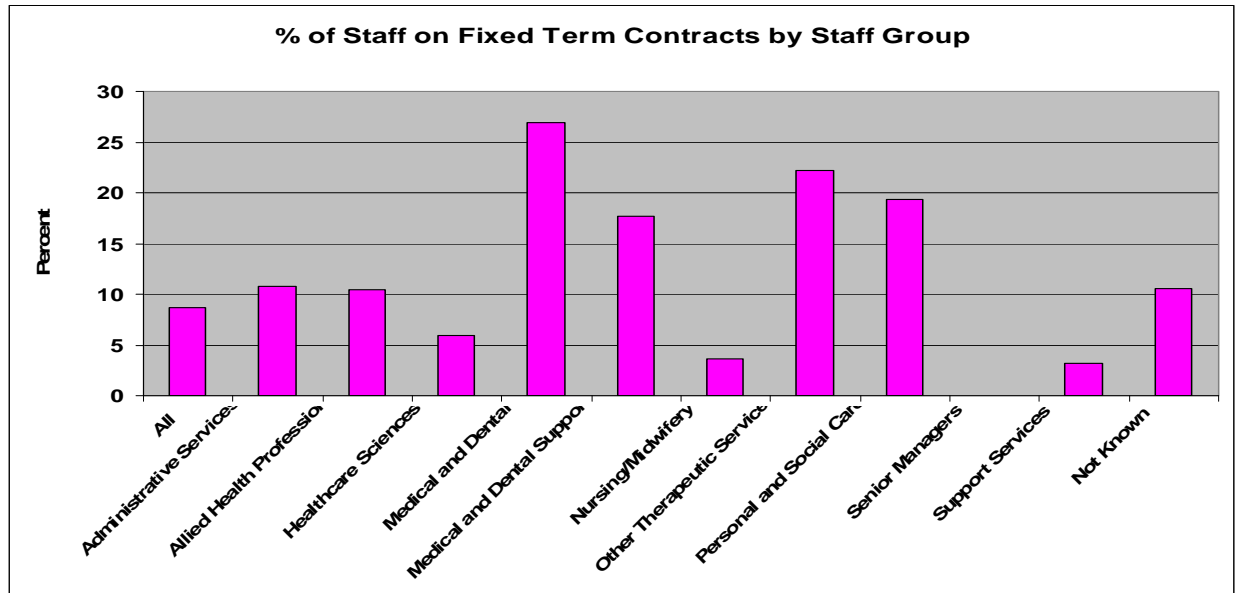


Chart 13 - % of staff on Fixed Term Contracts by Staff Group – Source Staff Governance Stats

Chart 14 illustrates that of the total bank usage within NHS Borders, Nursing and Midwifery account for almost 75%, and around 68% of the Costs. Medical and Dental account for 2% of the usage, but almost 15% of the costs.

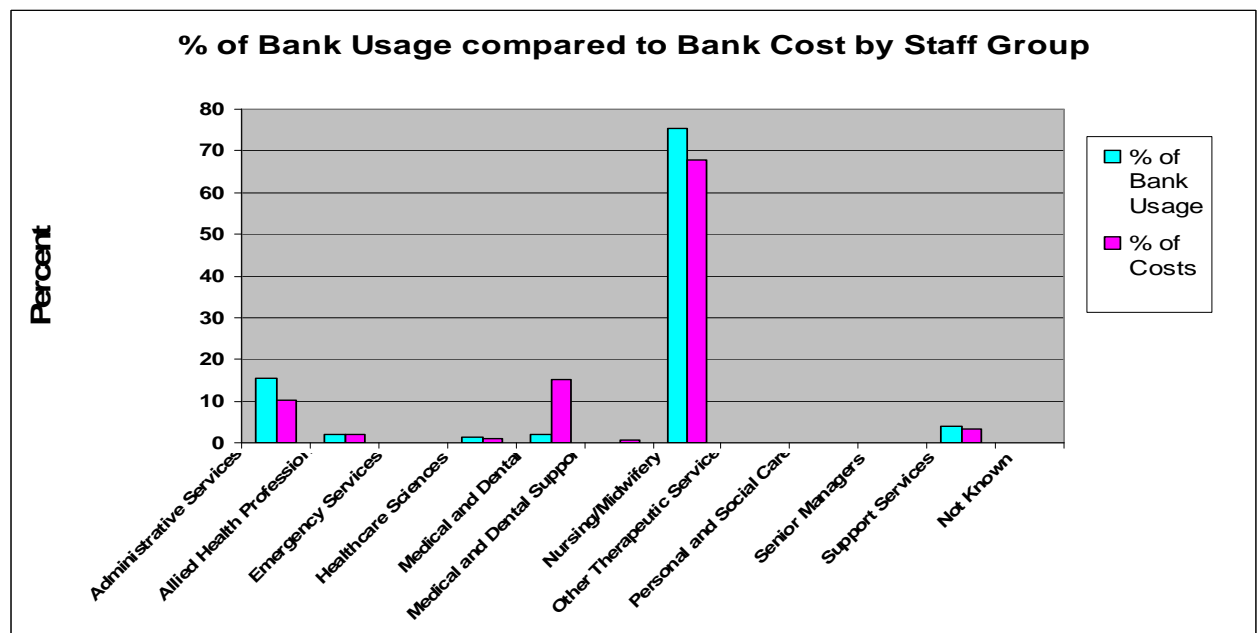


Chart 14 - % of Bank Usage compared to Bank Cost by Staff Group – Source Staff Governance Stats

Sickness Absence

NHS Borders Sickness Absence Rate over the period 1st April 2010 to 31st March 2011 was 4.1%. Although Personal and Social Care have the highest Sickness Absence Rate, this is skewed by the small number of staff within this grouping. Nursing and Midwifery and Support Services had Sickness Absence Rates well above the average target of 4% at 5.3 and 5.2% respectively, whilst Medical & Dental, Administrative and Other Therapeutic Services have rates well below the national target at between 1.5 and 2.7%.

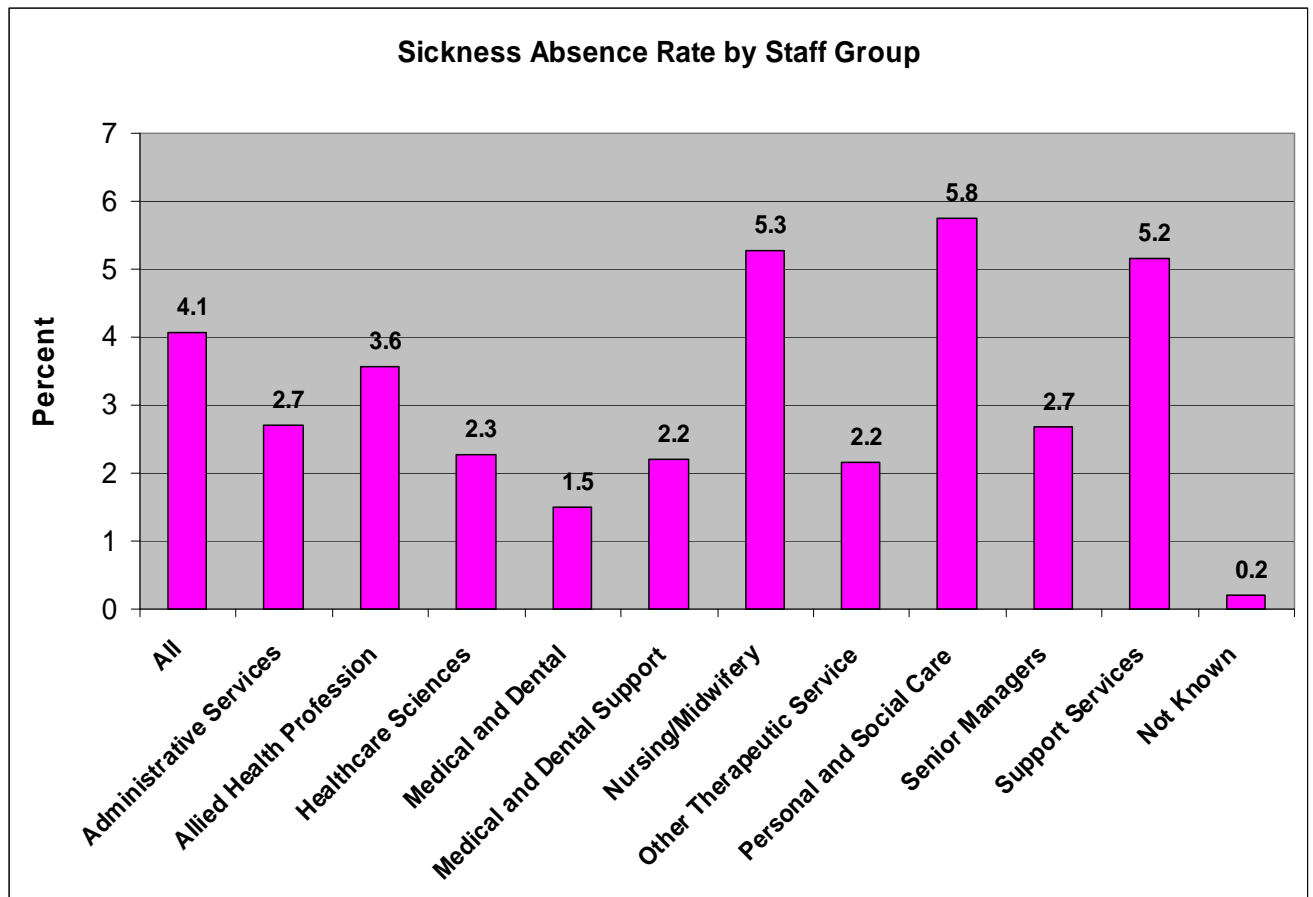


Chart 15 – Sickness Absence Rate by Staff Group – Source SGIS

Employee Turnover/Age/Ethnicity & Gender Profile

The turnover rate for NHS Borders for the year 2010-11 was 10.2%. This is a reduction on last years rate of 11.2% and also lower than the turnover rate for the public sector which averaged 12.6% in 2009 (CIPD). This rate was however, higher than the 8.3% we predicted at the beginning of the financial year. When the total turnover is broken down, 6% of this can be attributed to end of fixed term contracts and retirements, with the remaining 4% assessed as natural turnover. Chart 16 illustrates that the highest level of turnover was within Senior Management at 19% which shows the progress already made towards the 25% reduction in Senior Managers target. This was followed by Support Services at just over 15%. Although an ageing Nursing and Midwifery workforce is evident from the Age Profile, the turnover rate for this group was lower than last year with a 0.9% reduction.

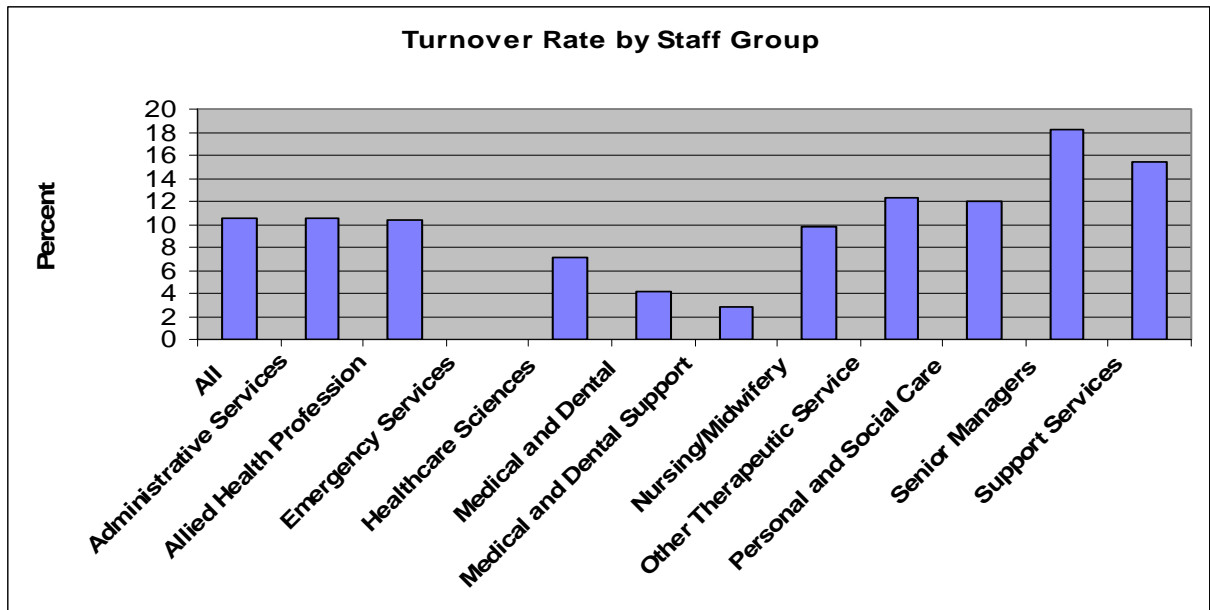


Chart 16 – Turnover Rate by Staff Group – Source SGIS

The age profile below (Chart 17) illustrates that a high proportion of NHS Borders staff, (29.8%) are over 50 and may be eligible to retire in the coming years.

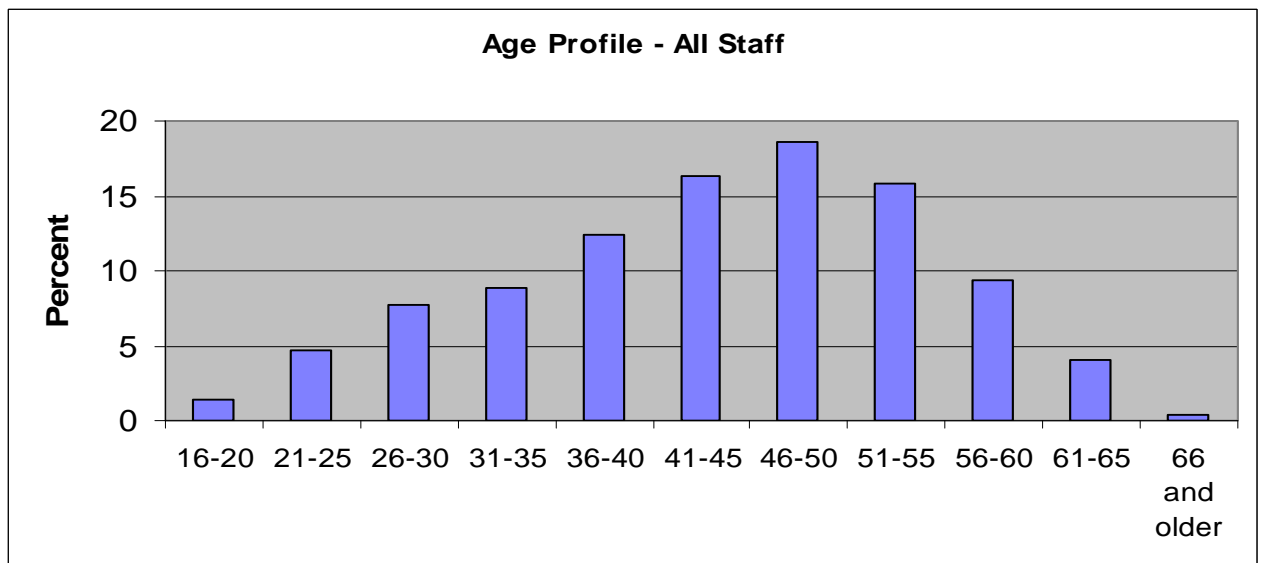


Chart 17 – All staff Age Profile – Source SGIS

Chart 18 shows the breakdown by Staff Group. Previous Workforce Plans have highlighted this demographic challenge for key services such as Mental Health Nursing, Community Nursing and General Surgery, with 27.82 of total Nursing Staff over 50 years old. Other Clinical areas such as Medical & Dental and Allied Health Professions have a similar age profile with around 25% of staff over 50. The non-clinical groups most affected by the ageing profile are Administrative Services and Support Services with 34% and 38% over 50 respectively. Critically, some of the longest serving and most experienced employees are over 50. Succession Planning is key to ensuring sustainability of services over the next decade. As Workforce Plans are developed, specific hot points are analysed to help aid future decision making around, and highlight opportunities for Workforce Redesign.

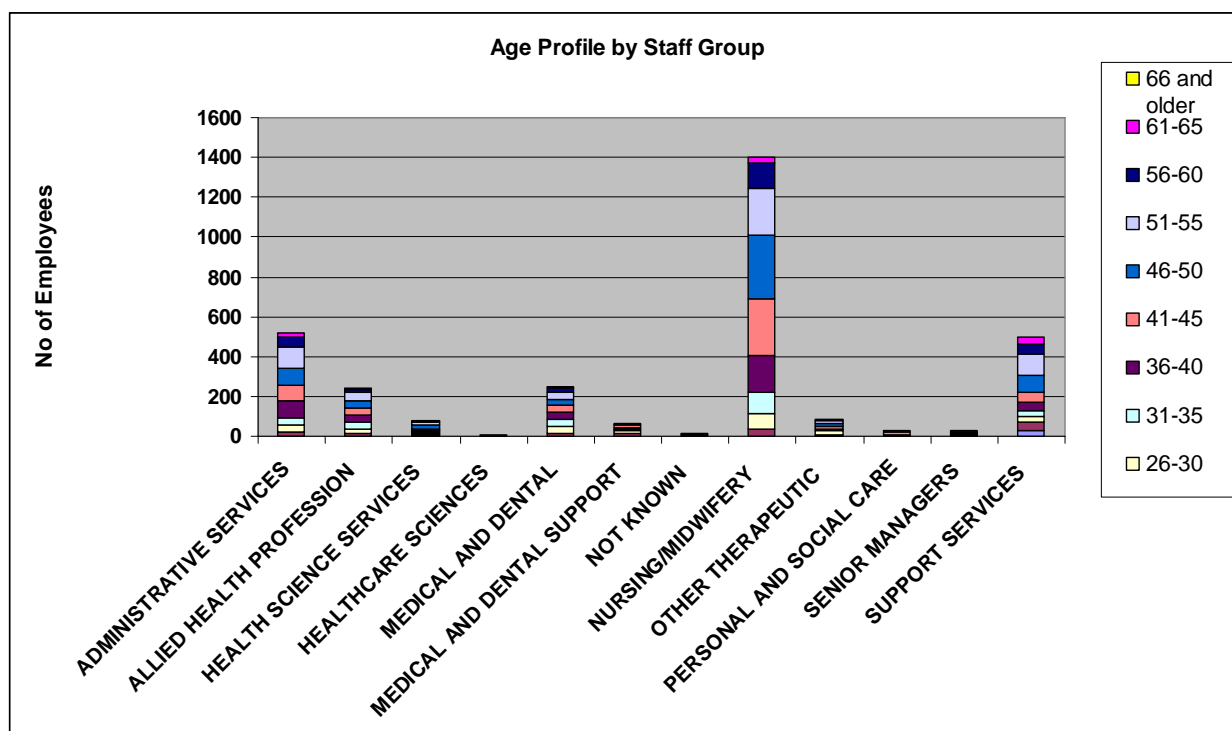


Chart 18 – Age Profile broken down by Staff Group – Source - SGIS

Ethnicity/Gender Profile

Ethnic Origin Description	Headcount	Percentage of Population	Female	Male
WHITE				
White Scottish	1214	34.23	1012	201
White British	244	6.88	185	59
Other White	69	1.95	45	24
Other British	39	1.10	28	11
White Irish	21	0.59	15	6
MIXED		0.00		
Any Mixed Background	8	0.23	5	3
ASIAN				
Chinese	3	0.08	2	1
Indian	23	0.65	9	14
Other Asian	5	0.14	5	
Pakistani	3	0.08	1	2
BLACK				
African	11	0.31	4	7
Caribbean	1	0.03	1	
Other Black	1	0.03		1
OTHER ETHNIC BACKGROUND		0.00		
Other Ethnic Background	6	0.17	5	1
DECLINED TO COMMENT				
Declined to Comment	1900	53.57	1564	336
Grand Total	3547	100.00	2880	665

Table 3 – Ethnicity/Gender Profile – Source SGIS

Recruitment Activity

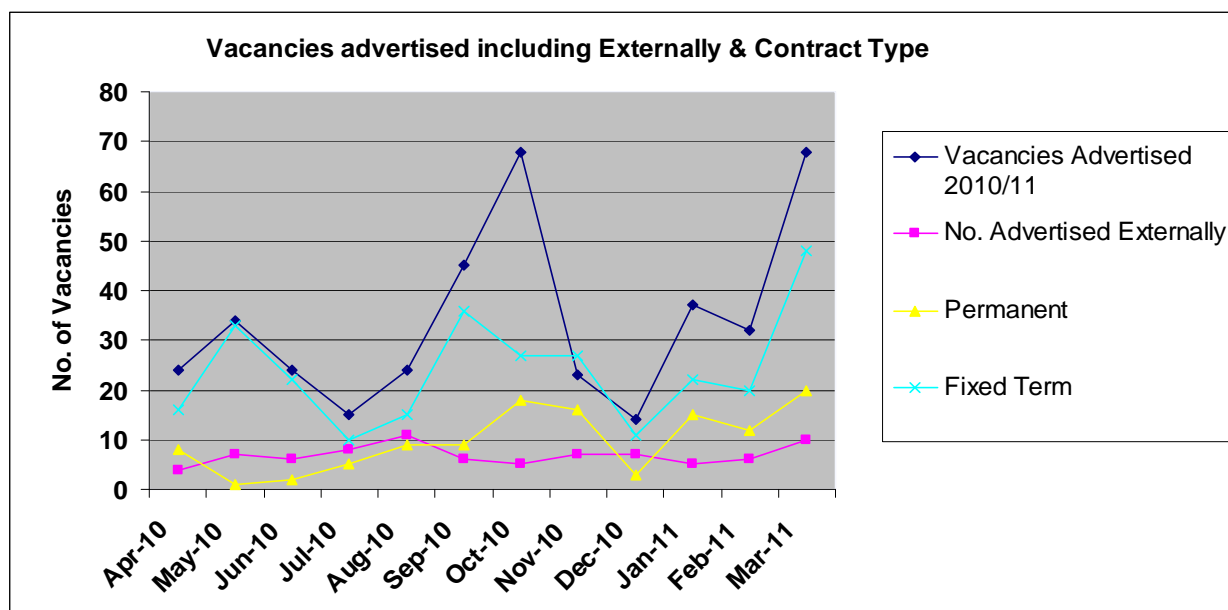


Chart 19 – Recruitment Activity – No. of Vacancies Advertised – source Human Resources

The above Chart (19) illustrates an increase in the number of vacancies advertised over the financial year (April 10-March 11). There were specific peaks in the number of vacancies in October 2010 and March 2011. It should be noted however that in both October 2010 and March 2011, seasonal variation impacted on the number of vacancies advertised with 19 Summer Relief Domestic/Portering Staff and 4 Catering Assistants advertised in March. Table 4 shows the same information numerically.

Month	Vacancies Advertised 2010/11	No. Advertised Externally	Permanent	Fixed Term
Apr-10	24	4	8	16
May-10	34	7	1	33
Jun-10	24	6	2	22
Jul-10	15	8	5	10
Aug-10	24	11	9	15
Sep-10	45	6	9	36
Oct-10	68	5	18	27
Nov-10	23	7	16	27
Dec-10	14	7	3	11
Jan-11	37	5	15	22
Feb-11	32	6	12	20
Mar-11	68	10	20	48

Table 4 – Vacancies advertised broken down by Permanent/Fixed Term and External Adverts – Source Human Resources

KSF Progress

Chart 20 below outlines KSF Progress by Clinical Board between 1st April 2009 and 31st March 2011. NHS Borders exceeded the HEAT Target by over 10% with every Clinical Board and Support Service achieving over 80%.

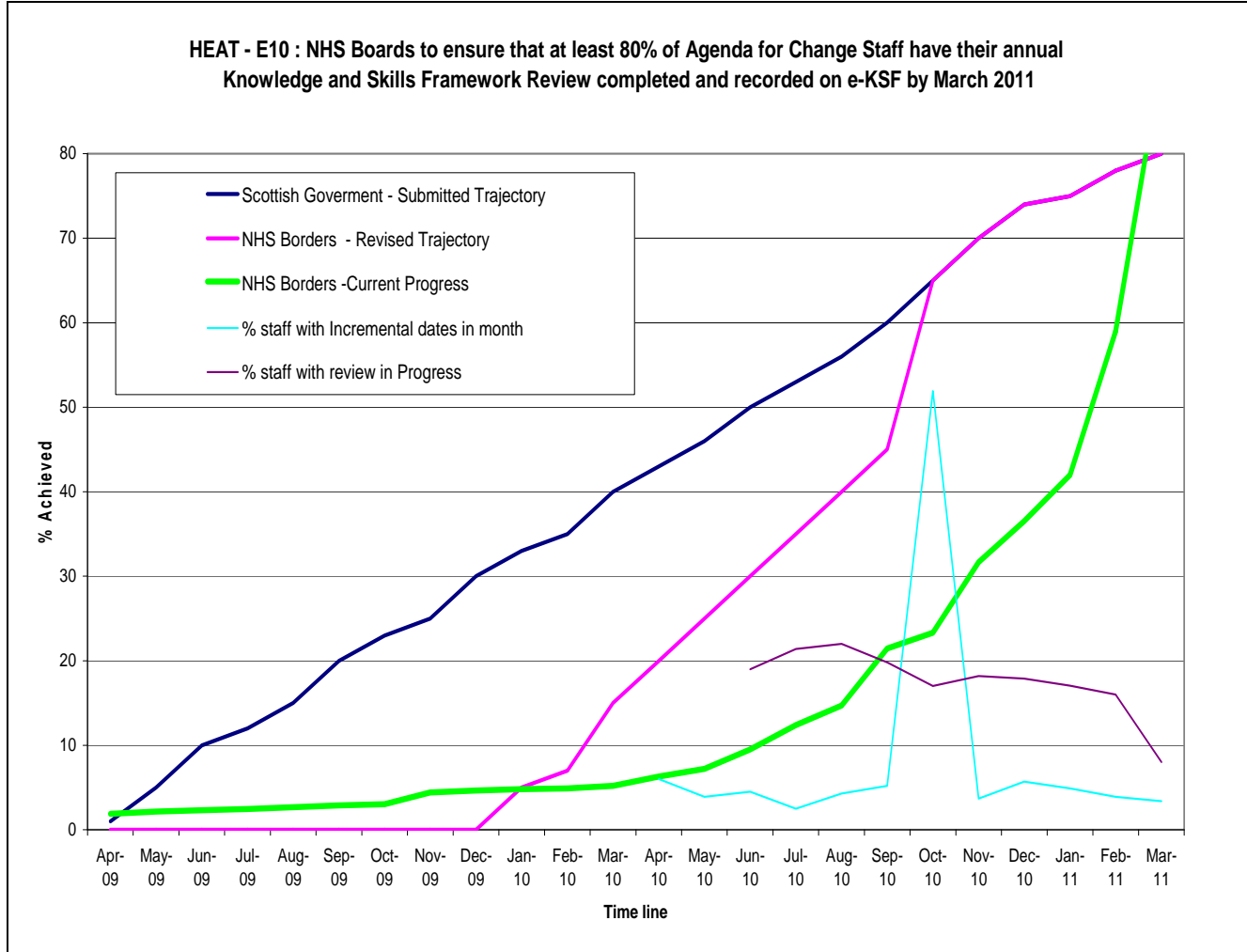


Chart 20 – KSF Progress towards HEAT Target – April 2009 – March 2011 – Source EKSF

Table 5 below shows the same information broken down by Clinical Board

	% Reviews Completed, Signed Off and recorded on EKSF
Borders General Hospital	89.56%
Mental Health	94.77%
Learning Disability	100%
Primary & Community	93.83%
Support Services	91.77%
Total	90.71%

Table 5 - KSF Progress by Clinical Board at 31st March 2011 – Source EKSF

Agency/Locum Usage

Chart 21 below illustrates the Agency usage by Staff Group, shown as WTE, with the associated percentage cost. This shows that Nursing and Midwifery used the highest proportion of Agency Staff over the period, the equivalent of 10 WTE, which equated to 23% of the total agency cost. Medical and Dental used the equivalent of 4 WTE which equated to 44% of the total agency cost.

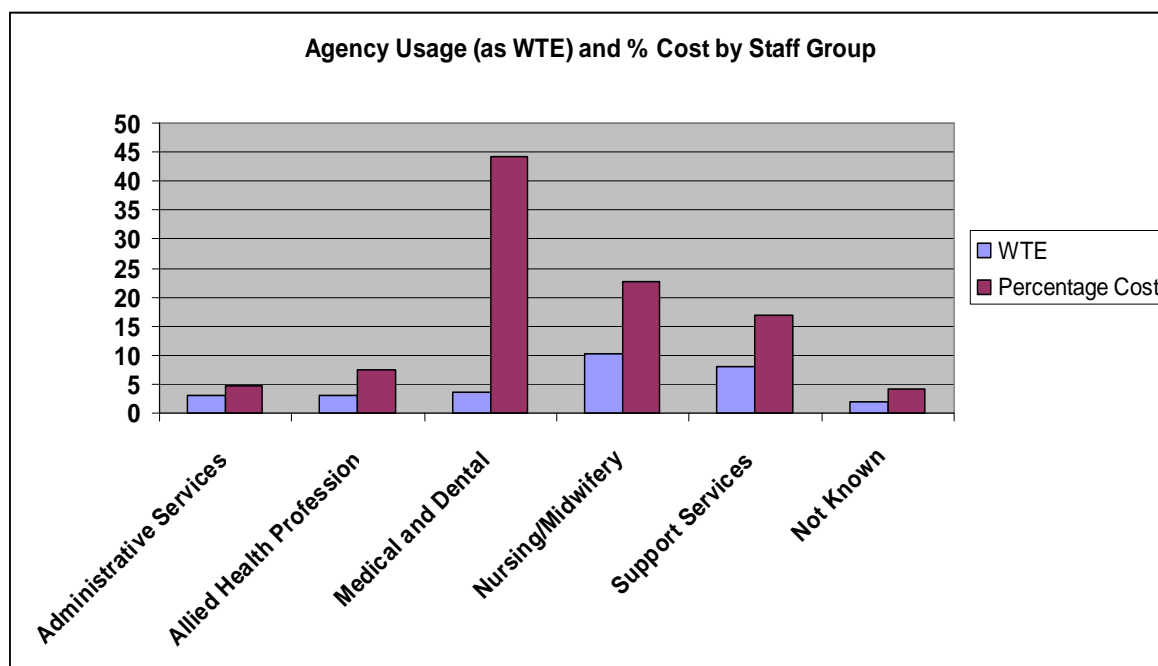


Chart 21 – Agency Usage and Cost by Staff Group – Source Staff Governance Stats

Agency locum medical

The annual cost of agency medical locums has risen marginally, in 2010/11 compared to the previous year. It is noticeable however that the costs have steadily increased for career grade locums whilst the cost of training grade locums has decreased. This is attributable to vacancies at career grade level and success in establishing a list of local doctors available for NHS locums.

This is the second year of the Scottish Agency contract, however we are still finding frequent of non contract agencies is required to fill essential medical cover. This is particularly the case in some specialist areas (Laboratory specialties, Anaesthetics/ICU and Cardiology) and some non consultant and training grade areas, particularly Acute Medicine and Orthopaedics.

NHS Borders introduced a revised locum policy and procedure in January 2011 to ensure that locums were engaged only when appropriate authorisation and criteria was in place. At national level there are continuing discussions on a national medical locum bank.

Agency Locum Medical						
2009/10	Non Consultant	Epidisodes	Consultant	Episodes	Total Costs	Total Episodes
Medical Specialties	33169.00	16	36234.00	3	69403.00	22
Surgical Specialties	19763.00	5	0	0	19763.00	5
Psychiatry	0	0	0	0	0	0
Paediatrics	83010.00	35	0	0	83010.00	35
Obstetrics & Gynaecology	836.00	1	0	0	836.00	1
Laboratory	0	0	132563.00	17	132563.00	17
Radiology	0	0	0	0	0	0
Anaesthetics	1004.00	1	0	0	0	0
Ophthalmology	0	0	0	0	0	0
Other	0	0	0	0	0	0
Total	137782.00	58	168797.00	20	305575.00	80
2010/11	Non Consultant	Epidisodes	Consultant	Episodes	Total Costs	Total Episodes
Medical Specialties	111377.50	9	111377.50	10	222755.00	19
Surgical Specialties	71287.51	10	42895.49	1	114183.00	11
Psychiatry	0	0	0	0	0	0
Paediatrics	65670.00	15	12517.00	2	78187.00	17
Obstetrics & Gynaecology	0	0	0	0	0	0
Laboratory			87556.00	5	87556.00	5
Radiology	0	0	0	0	0.00	0
Anaesthetics	43299.56	6	43882.44	10	87182.00	16
Ophthalmology	0	0	0	0	0	0
Other	0	0	0	0	0	0
Total	291634.57	40	298228.43	28	589863.00	68
Annual Comparison of Agency Locum Costs						
Year	2006/07	2007/08	2008/09	2009/2010	2010/2011	
Agency Medical Spend	418153.00	434623.00	313792.00	551894.00	589863.00	
Change of Previous Year		3.79%	-38.51%	43.14%	6.44%	

Table 6 – Agency/Locum Medical Spend – Source, Human Resources

Training Grade Doctors - Working Time Regulations

Training Grade Working Time Regulations - 1 August 2011

Specialty	Compliance Levels @ 01 April 2010						Compliance Levels @ 01 April 2011					
	Posts under 48 hours	Posts Derogated Over 48 Hours	Posts Non Compliant	Vacancies	Totals	% Compliant	Posts under 48 hours	Posts Requiring Resign	Posts Non Compliant	Vacancies	Totals	
Anaesthetics & Intensive Care	5	0	0	1	6	100	5	0	0		5	
Medicine	24	0	0	3	27	100	26	0	0	1	27	
Medical Specialties*												
Obstetrics and Gynaecology	9	0	0	0	9	100	9	0	0	0	9	
Psychiatry	8	0	0	1	9	100	8	7	0	1	16	
Surgical Specialties*	7	0	0	1	8	100	8	3	0	1	12	
Trauma and Orthopaedics	8	0	0	1	9	100	8	0	0	1	9	
Medical Paediatric Specialties	1	3	0	2	6	100	4	0	0	2	6	
Other	0	0	0	1	1	100	0	0	0	1	1	
Totals	62	3	0	10	75	100	68	10	0	7	75	

The derogation allowing maximum working hours in Paediatrics to be extended to an average of 52 hours per week was no longer required from February 2011.
Table 7 – Working Time Regulations – Source, Human Resources

Conduct - Disciplinary Proceedings - 1st April 2010 – 31st March 2011

Staff Group	Number	Outcomes				
		Resigned	Warning issued	Dismissed	Ongoing	No further action
General Services including catering, laundry and domestic services	9	1	6	1		1
Medical & Dental	1					1
Nursing	4		4			
Other Services including clinical and non-clinical support services and AHPs	2	1	2	1		

Table 8 – Conduct, Disciplinary Proceedings 1st April 2010 – 31st March 2011, Source Staff Governance Stats

Conduct - Disciplinary Appeals - 1st April 2010 – 31st March 2011

Staff Group	Number	Appeal	
		Dismissed	Upheld
General Services including catering, laundry and domestic services	4	2	2
Medical & Dental	0	0	0
Nursing	2	2	1
Other Services including clinical and non-clinical support services and AHPs	0	0	0

Table 9 – Conduct – Disciplinary Appeals 1st April 2010 - March 2011, - Source Staff Governance Stats

Grievances - 1st April 2010 – 31st March 2011

Staff Group	Number			Outcome of Formal Stage		
		Resolved at Initial Stage	Formal Stages	Grievance Upheld	Grievance Dismissed	No further action / Ongoing
General Services including catering, laundry and domestic services	2	1	1		1	1
Medical & Dental	5	3	2			2
Nursing	4		4	1	3	2
Other Services including clinical and non-clinical support services and AHPs	2		2	2		

Table 10 – Grievances 1st April 2010 - March 2011, - Source Staff Governance Stats

Capability 1st April - 2010 – 31st March 2011

Staff Group	Number	Outcomes				
		OHS Referral	Initial Resolution	Targets/ Action Plan	Warning	Dismissal
General Services including catering, laundry and domestic services	2	2		2		
Medical & Dental	1	1		1		
Nursing	8	5		6		
Other Services including clinical and non-clinical support services and AHPs	2	2		2	1	

Table 11 – Capability 1st April 2010 - March 2011, - Source Staff Governance Stats

Capability Appeals - 1st April 2010 – 31st March 2011

Staff Group	Number	Outcome of Appeal	
		Appeal Dismissed	Appeal Upheld
General Services including catering, laundry and domestic services	1	1	
Medical & Dental	0		
Nursing	0	0	
Other Services including clinical and non-clinical support services and AHPs	1	1	

Table 12 – Capability Appeals 1st April 2010 - March 2011, - Source Staff Governance Stats

Dignity at Work - 1st April 2010 – 31st March 2011

Staff Group	Number	Outcome of Formal Stage				
		Initial Resolution	Investigation	Complaint Upheld	Complaint Dismissed	Disciplinary Action
General Services including catering, laundry and domestic services	1		1		1	
Medical & Dental	2	2				
Nursing	1	1				
Other Services including clinical and non-clinical support services and AHPs	2		2		2	

Table 13 – Dignity at Work - 1st April 2010 - March 2011, - Source Staff Governance Stats

Dignity at Work Appeals - 1st April 2010 – 31st March 2011

Staff Group	Number	Appeal Dismissed	Appeal Upheld
General Services including catering, laundry and domestic services	0		
Medical & Dental	0		
Nursing	0		
Other Services including clinical and non-clinical support services and AHPs	0		

Table 14 – Dignity at Work Appeals - 1st April 2010 - March 2011, - Source Staff Governance Stats

Absence and Attendance - 1st April 2010 – 31st March 2011

Staff Group	Number	Outcomes				
		OHS Referral	Phased Return	Targets/ Action Plan	Warning	Dismissal / II Health Retiral
General Services including catering, laundry and domestic services	6	4	2		2	4
Medical & Dental	6	6	2	2		
Nursing	22	20	6		2	6
Other Services including clinical and non-clinical support services and AHPs	4	4	2			

Table 15 – Absence and Attendance - 1st April 2010 - March 2011, - Source Staff Governance Stats

Absence and Attendance Appeals - 1st April 2010 – 31st March 2011

Staff Group	Number	Appeal Dismissed	Appeal Upheld
General Services including catering, laundry and domestic services	1	1	0
Medical & Dental	0		
Nursing	1	1	
Other Services including clinical and non-clinical support services and AHPs	1		1

Table 16 – Absence and Attendance - 1st April 2010 - March 2011, - Source Staff Governance Stats

Total Number of Overseas Nationals (Outwith the EU) Employed by NHS Borders at 31 March 2011

Category	Number
Indefinite Leave to Remain	26
Work Permit or Tier 2	9
HSMP or Tier 1	5
Other	6
Total	46

Category	Number
Medical & Dental	21
Nursing & Midwifery	14
AHP	4
Other	7
Total	46

Table 17 – Overseas Internationals – Source SGIS

Glossary

Agenda for Change Job Families

Allied Health Profession

Arts Therapies
Dieticians
Orthoptists
Occupational Therapy
Orthotists
Prosthetists
Podiatry
Physiotherapy
Radiography
Speech and Language Therapy
Generic Therapies

Administrative Services

Finance
Human Resources
Office Services
Patient Services
Information/Systems/Technology
General Management Services

Healthcare Science

Physiology
Clinical Sciences Physiology
Clinical Perfusion Physiology
Biomedical Sciences Life
Clinical Technology Life.
Clinical Sciences Life
Clinical Technology Physical
Clinical Sciences Physical
Clinical Photography Physical
Maxillofacial Prosthetics Physical

Medical and Dental

All Doctors and Dentists

Medical and Dental Support

Theatre Services
Dental Nursing
Dental Technology
Oral Health

Nursing and Midwifery

All types of Acute, Community, Mental Health, Learning Disabilities Nursing & Midwifery

Other Therapeutic

Clinical Psychology/Therapy/Counselling
Play Specialists
Optometry
Pharmacy

Genetic Counselling

Personal and Social Care

Social Work

Health Promotion

Hospital Chaplaincy

Support Services

Hotel Services

Sterile Services

General Services

Catering Services

Domestic Services

Laundry Services

Linen/Sewing Room Services

Security Services

Stores Services

Portering Services

Grounds Services

Estates

Engineering

Building

Calculations

$$\text{Turnover Rate} = \frac{\text{No. of leavers}}{\text{Av. no of employees over the period}} \times 100$$

$$\text{Sick Absence Rate} = \frac{\text{Total Hours Lost}}{\text{Total Hours Available}} \times 100$$

Appendix 3

Workforce Risk Assessment



WORKFORCE ASSESSMENT FOR SERVICE REDESIGN



Service:

Key Contacts:

National Sources:

Local Sources

Description of Redesign:

Workforce Development Implications (Including Training and Development)

Risk Assessment Checklist

<u>Risk Areas</u>	<u>Current Risk Assessment</u>		<u>Mitigating Actions Agreed or planned*</u>
	<u>Impact</u> <i>High, Medium or Low</i>	<u>Likelihood</u> <i>High, Medium or Low</i>	
<u>Retention of key staff</u> •			
<u>Skills and Competence</u> •			
<u>Recruitment</u> •			
<u>Deployment</u>			
<u>Working differently</u> •			
<u>Labour Market</u> •			

Assessment of risk

What can be done to reduce the likelihood of a risk occurring?

What can be done to reduce the impact of the risk should it occur?

Likelihood	High			
	Medium			
	Low			
		Low	Medium	High

Impact of Risk

Priority: Very high risk, needs immediate action

Action: High risk, needs immediate attention

Caution: Moderate risk, needs regular monitoring

Low risk, needs monitoring

Projected Workforce Numbers

Staff Group	Baseline	10/11	11/12	12/13		
Administrative Services						
Support Services						
Nursing						
Midwifery						
AHPs						
Health Science Services						
Doctors						
GPs						
Other – Please Specify						

Skill Utilisation Shift

	Baseline	10/11	11/12	12/13		
Band 1						
Band 2						
Band 3						
Band 4						
Band 5						
Band 6						
Band 7						
Other – Please Specify.						