

WORKFORCE PLANNING 2013/14

WORKFORCE CHANGES AND CHALLENGES

NHSGGC is currently undergoing a significant service redesign and change programme focussed on improving quality and efficiency and supported by a capital investment programme in its facilities which will transform health care delivery. The changes will see acute services delivered on fewer sites with increased technology and greater synergy between services and increased community services resulting in reduced bed numbers and reduced lengths of stay. The implementation of the Mental Health Strategy has also resulted in a reduction in long stay in-patient facilities with an increase in specialist services to support clients living in the community. In Primary Care, the development of the Community Health (and Care) Partnerships has resulted in new service delivery models and the emergence of new roles spanning health and social care. This service redesign requires us to redesign the workforce in a way that ensures a high quality, fit for purpose and affordable service in the years ahead.

The NHSGGC Corporate Plan for 2013-16¹ sets out the strategic priorities which will achieve this purpose and the outcomes the Board will deliver over the next three years. The strategic priorities are:

- 21st Century Hospital Services: moving to fewer sites; planning for the new SGH in 2015 and planning for 2015 onwards.
- Developing primary care services: addressing demand and prescribing costs; primary/secondary interface; matching resources to need.
- Comprehensive system of community services: supporting people to stay at home; using change fund effectively.
- Improving the quality of the services we provide: focusing on evidence of effectiveness; identifying and addressing barriers to high quality care; balancing the six dimensions of quality.
- Vulnerable children and families: focusing on parenting, maternity care and gender based violence and achieving the right balance between universal and targeted services.
- Prevention, health improvement and early intervention: interventions which are most cost effective/biggest impact: smoking, alcohol, anticipatory care, 0-5s.
- Health inequalities: removing discrimination; responding to different needs; assessing the impact of savings plans.

The workforce planning process underpins delivery of this strategic direction. The plan needs to respond to these issues and provide a strategic framework for managing workforce change during this period and is developed as part of an extensive and inclusive process.

Skill mix across all job families is regularly reviewed as part of any redesign process to ensure that the appropriate balance of staff and grades is being deployed. As part of regular workforce planning activity, the nationally validated workforce planning tools for

¹ The NHSGGC Corporate Plan for 2013-16

nursing and midwifery, professional judgement and clinical quality indicators are used to set the required number of nurses on a per ward basis in order to ensure the delivery of safe and effective care.

In the last two years NHSGGC has invested in training and education provision for clinical HCSW's working at Level 3 & 4 of the career framework, in order to ensure that appropriately trained and skilled staff are available to support registered practitioners.

CONTRIBUTION TO EFFICIENCY SAVINGS

NHSGGC, continues to operate in a challenging financial environment. As around 50% of costs are salary related, securing efficiencies from the redesign of services, while continuing to maintain and improve the quality of service to patients, will be the main driver of our approach. New workforce models will have to be affordable as well as adaptable to ensure long term sustainability although initial workforce projections for 2013/14 are indicating a stable position in terms of workforce numbers with little or no reduction in the workforce predicted.

In March 2011 the Board submitted proposals to SGHD detailing the year on year progression towards the National target of a 25% reduction in management posts. The Board has committed to reducing the total number of 262 senior manager posts by 66 within five years (from April 2010). To date the Board remain within the targeted savings and are on route to achieving the 25% reduction by 31st March 2015.

ASSESSING RISK

Workforce capacity and capability risk assessments are carried out as part of the service planning process. The workforce implications of change are articulated in project initiation documents (PIDs), local delivery and service plans and the narrative supporting the HEAT targets. All of this information feeds into the NHSGGC Workforce Plan and includes an assessment of staff availability to deliver the target, the need for any training and development to ensure that staff are competent in the tasks required and considerations of affordability cross-referenced to the financial plan.

There are a range of risks associated with workforce planning, across job families and services, e.g. issues of supply such as recruitment, age profile of the workforce, and changes to medical staffing as a consequence of national drivers; and demand issues such as ageing population and the impact of changing patterns of health and disease. As part of local planning processes, these risks are considered and appropriate responses developed. The impact of these factors can be variable and our response has to be sufficiently flexible to respond.