

## 23. Finance and Workforce

23.1 This section summaries the financial implications of the various framework documents and the Board-wide financial planning requirements.

Table 1 below provides details of the CHP's budget to be carried forward into 2010/11, incorporating the full-year effect of agreed service developments, cost savings plans, as agreed with the NHS Board Director of Finance, the revenue impact of agreed capital investments, prescribing growth uplift and agreed inflation on contractual commitments. Assumptions around the budgetary uplifts are as outlined in the financial planning paper from the 18 February 2010 event

The second table is a summary of cost savings plans, identified to achieve the target level of savings agreed for the CHP -

**Table 1**

CHP/CH(C)P:	Renfrewshire	£m
Current Budget (gross expenditure)		121.929
<b>Less:</b>		
09/10 Non-recurring		(0.900)
<b>Add:</b>		
09/10 Full-year effect		0.100
Service Developments/New Funding		
Renfrew Health and Social Work Centre		0.635
New alcohol monies		0.117
CAMHS Nursing and Psychology		0.220
RAM		0.045
Transfer from Prescribing savings into GMS		0.650
<b>2010/11 Base Budget</b>		<b>122.796</b>
<b>Inflation Uplifts (net of prescribing savings)</b>		<b>1.569</b>
<b>Total Savings Targets (recurring)</b>		<b>(0.326)</b>
<b>2010/11 Opening Budget</b>		<b>124.039</b>

**Table 2**

Cost Savings Proposals	10/11 In-year effect £000	Full-year effect £000
District Nursing Staff Mix	83	97
Rationalisation of Out of Hours Teams	44	44
Children & Families Staffing	68	68
AHP Staffing	14	14
Mental Health Management	5	10
3rd Party Contract Reduction	24	24
Learning Disability Staff Band Mix	20	20
Estates	30	-
GP Sessional Payments	10	10
Various Planning&HI Initiatives	80	39
<b>Total Savings</b>	<b>378</b>	<b>326</b>

## **23.2 The CHP Workforce**

As indicated earlier in this three year plan, the CHP is fully committed to working with its staff to developing a workforce which can effectively deliver high quality services to the population it serves. It is recognised throughout the plan that significant changes will be implemented over the next three years to address service need, support shifts in the balance of care, with an increased focus on tackling inequalities.

The CHP has an initial Workforce Assessment established and workforce information is used regularly to support specific redesign within services, including service model, structure and skill mix change.

An overview of the CHP workforce providing both service and job family profiles, part-time/whole-time and gender splits, age profile, turnover and attendance management can be accessed at Appendix ???

## **23.3 Staff Engagement**

Effective staff engagement will continue to have a high priority as reflected elsewhere in the Plan. The CHP's commitment to this is demonstrated through a range of activities including an annual staff engagement event, a focus on regular team meetings which include discussion and feedback on Team Brief and Attendance Management reports, and a Staff Partnership Forum that meets bi-monthly.

Other initiatives include the Bright Ideas Fund established in 2007 through the CHP Development Group to recognise and value staff input and involvement in developing and implementing changes to improve the quality and effectiveness of services. The aim is to empower staff working within the CHP in NHS, joint and community services to take forward ideas and improvements with the help of a small amount of money, either working on their own or within teams.

Where we have undertaken service review, we have a track record of staff engagement throughout these processes.

## **23.4 Staff Development**

A priority workforce issue has been effective implementation of the Knowledge and Skills Framework (KSF) with KSF Outlines and Personal Development Plans for all appropriate staff. The CHP is concerned to ensure that KSF reflects organisational as well as personal development needs and it was agreed in 2009/10 that all staff have incorporated in their PDP's the target of undertaking the on-line Equality & Diversity introductory module. This is an ongoing commitment for new staff as they are recruited and is monitored quarterly.

Through the Development Group, the CHP has invested in a programme to support culture change. Staff, managers and the Staff Partnership Forum have been involved in developing the CHP's culture web, working over the past 18 months from the premise of 'what the CHP looks like now' and describing the future culture of the CHP. This is a long term piece of work which will focus on individual, service and team development and will continue to be supported within all service areas.

## 23.5 Supporting the Achievement of Outcomes

Throughout the plan, specific workforce issues have been identified reflecting the planned outcomes. Actions to support achievement of the outcomes are provided below. Any changes to service models and to skillmix will involve collaboration with colleagues in Finance to ensure appropriate cost efficiency outcomes. Overall the progress already made by the CHP on workforce issues provides an effective platform from which to move forward as indicated below.

- Appropriate staffing structures are in place to ensure effective service delivery and are reviewed regularly, including staffing levels and skill mix. Staff are fully engaged in any change initiatives and effective communication arrangements agreed with staff to support change as it is implemented.
- Potential changes to workforce structures and skill mix are modelled with input from finance colleagues to ensure any changes deliver on service need as well as cost efficiency – this includes changes in the balance of care where staff and services are moving from Acute to Community, the development of joint and integrated services between health and the local authority, and the final stages of implementing the Clyde Mental Health Strategy.
- System-wide service redesign is supported locally to ensure effective implementation, including a focus on the Rehabilitation and Enablement Framework and AHP services.
- Opportunities for co-location of staff are explored to enhance team and service working where this will impact positively on services to patients, clients and the community.
- Human Resource information systems continue to be developed along with expertise in analysing and interpreting workforce data to support managers to deliver on workforce change
- Achieving the 4% sickness absence HEAT standard remains a CHP priority with monthly monitoring and feedback to managers, staff and the Staff Partnership Forum.
- There is a focus on improving the health and wellbeing of staff within the CHP including mental wellbeing, supported by the work of the Health Working Lives Sub-Group of the Staff Partnership Forum.
- Redesign plans incorporate staff development plans and agreed models recognise the need for dedicated time for staff to access required training programmes.
- Where additional funding for posts becomes available all options are explored to determine the best way to structure and fill these posts including situations where funding is short-term.
- Opportunities to work collaboratively with other agencies and their staff are explored where this can enhance and improve service delivery.
- Staff responsibilities will include supporting carers' needs and promoting self-care - any capacity issues will be incorporated into redesign programmes.
- Access to specialist clinical advice and information is available to all staff as appropriate, as well as access to advice on professional matters.
- The CHP Workforce Plan is refreshed to ensure its relevance, reflecting the impact of national and NHS GGC strategies on service plans and service delivery, wider demographic changes and the application of developing resource allocation models. .
- Partnership working with trade unions continues to be recognised and staff representatives are fully engaged in the roll out of the Development Plan actions as well as the change and redesign agenda both system wide and within the

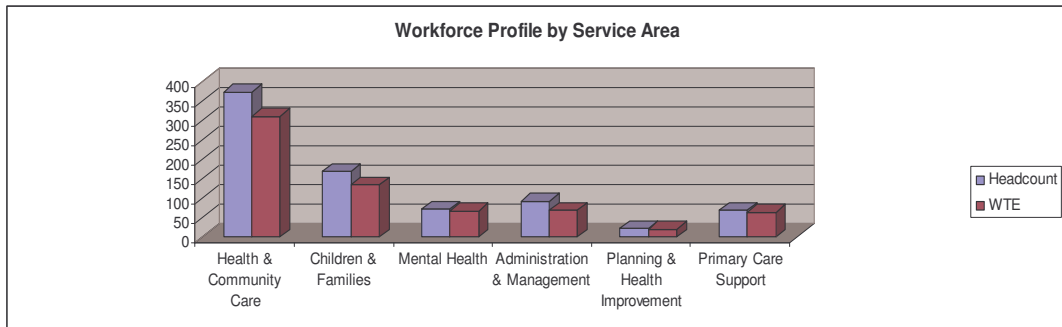
CHP.

- Continued development of a culture where staff are competent, committed and empowered to deliver high quality care and contribute to service improvement, working effectively with patients and clients and collaboratively with colleagues across services and other agencies including Renfrewshire Council.
- Independent Contractors and their staff are engaged at all levels within the CHP, particularly in working with CHP staff to remove barriers to service provision in support of improved access and seamless care for patients.
- Open and transparent communication is fully embedded, with communication processes reviewed regularly to ensure these are fit for purpose and that identified gaps are appropriately dealt with.
- Opportunities are taken regularly to recognise the success of staff and their teams and demonstrate that the input of staff is valued – this will reflect feedback from patients and clients.
- It is recognised that staff may experience competence or performance issues at times and support and assistance will be provided in accordance with NHS GGC Policies and Procedures.
- New policies and procedures are brought effectively to the attention of managers and staff.
- Learning and education activity, including practice development, is coordinated and managed to ensure that staff are competent in their roles, have the opportunity for personal and career development, and that mandatory and statutory training is delivered effectively as and when required.
- Training associated with HEAT and organisational targets is delivered on time to the identified staff groups, including Alcohol Brief Interventions, Child Protection, Vulnerable Adults, Psychological Therapies and suicide prevention.
- TripleP training is implemented appropriately for CHP staff, working with other agencies to achieve successful outcomes.
- Employability awareness programmes are put in place to ensure effective engagement of CHP staff in promoting appropriate support for clients to access and sustain employment.
- Development plans associated with change and redesign programmes are put in place and implemented, including tailored development packages to meet specific training and development needs including care management.
- Access to on-line training provision is explored as a viable alternative to traditional training, to address capacity issues where appropriate.
- Training activity data is improved along with the evaluation of activity to ensure the quality and effectiveness of interventions, including cost effectiveness.
- Implementation of the Knowledge and Skills Framework (KSF) progresses to meet the HEAT target of 80% of staff annual reviews being carried out on the electronic eKSF system by 31 March 2011.
- Through the CHP Development Group, Personal Development Plans and annual reviews are monitored to establish that they are of high quality and staff are fully engaged with their supervisors/managers in all aspects of KSF.

## **23.6 Workforce Profile**

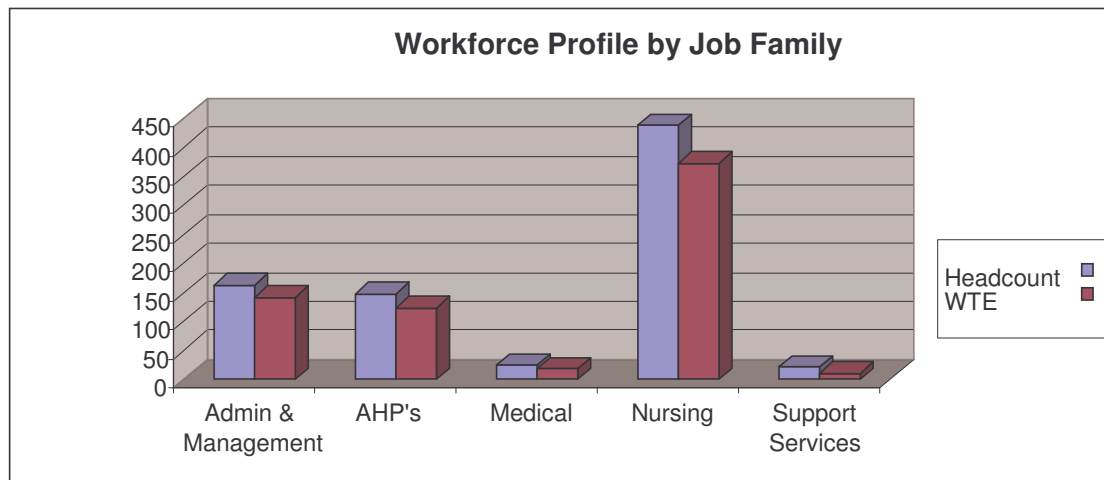
The workforce profile includes the overall staffing figures reflecting the number of staff in post at 28 February 2010, part-time/whole-time and gender percentages, turnover data for the past two calendar years and sickness absence levels as at 31 January 2010.

The following chart provides an overview of the staffing profile within the CHP. The actual staffing figures are in the table below the chart which shows both the headcount and the whole-time equivalent (WTE).



Service Area	Headcount	WTE
Health & Community Care	374	312
Children & Families	168	134.79
Mental Health	71	67.22
Administration & Management	92	68.89
Planning & Health Improvement	22	19.6
Primary Care Support	68	63.36
<b>TOTAL</b>	<b>795</b>	<b>665.86</b>

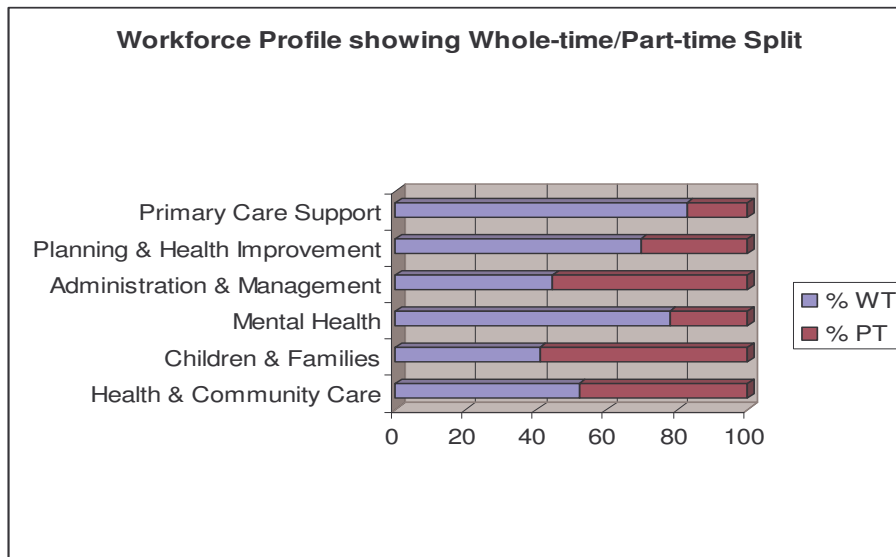
The following chart provides a breakdown of the staffing profile on a job family basis, followed by a chart showing the number of staff and the whole-time equivalent:



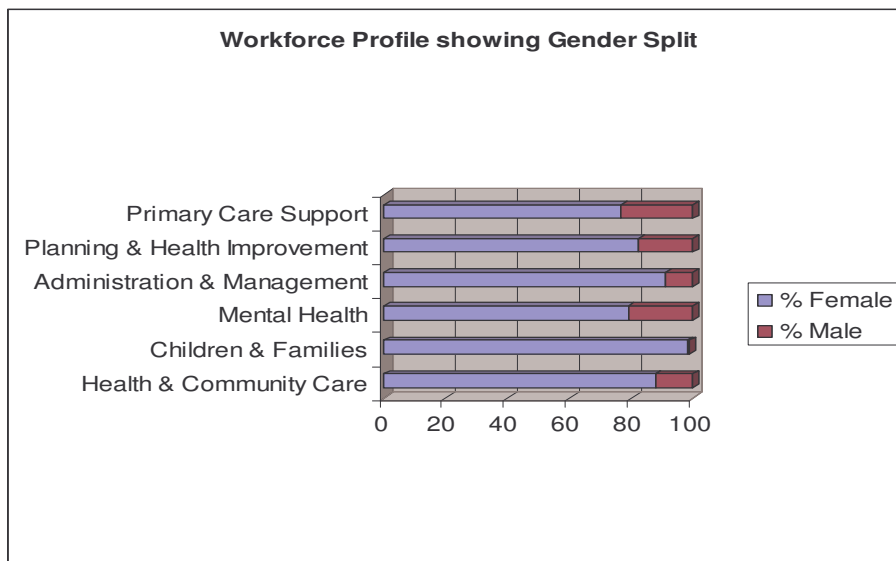
Job Family	Headcount	WTE
Admin & Management	163	141.25
AHP's	147	123.06
Medical	25	18.77
Nursing	438	372.04
Support Services	22	10.74
<b>TOTAL</b>	<b>795</b>	<b>665.86</b>

A breakdown of staffing numbers by service areas showing the percentage split between whole-time and part-time staff is shown in the chart below. 45.5% of the

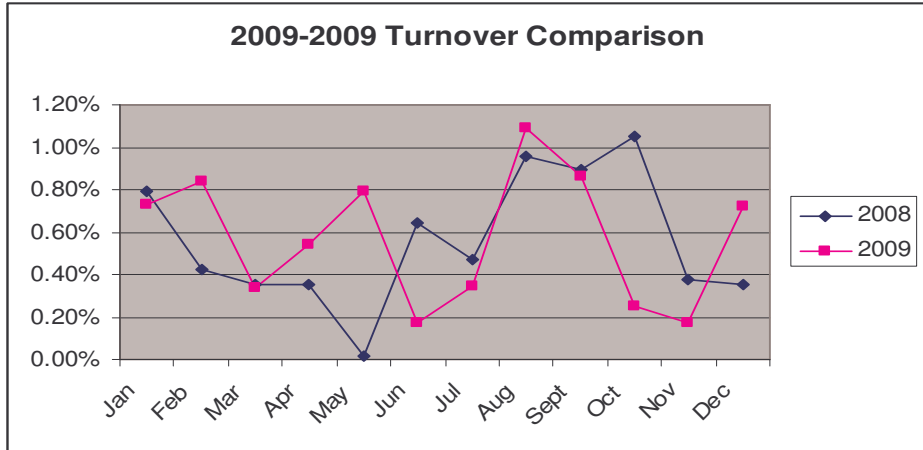
overall workforce works part-time.



The next workforce chart provides a percentage overview of the gender split, again on a service area basis. Overall, 88.6% of the workforce is female.



The following chart provides a comparison of staff turnover for the two years, 2008 and 2009, based on staff leaving the CHP. Overall turnover for 2008 was 6.71% and in 2009 was very similar at 6.85%. This turnover figure is relatively low and reflects a stable staffing position.



The latest available sickness absence figures relate to 31 January 2010 with sickness absence levels in Renfrewshire CHP at 5.65%. The CHP has been working towards achieving the HEAT standard of 4% sickness absence and progress towards this over the last 2 12-month periods is demonstrated in the chart below. Average sickness absence has fallen from 7.3% in 2008/09 to 5.6% in 2009-10.

