



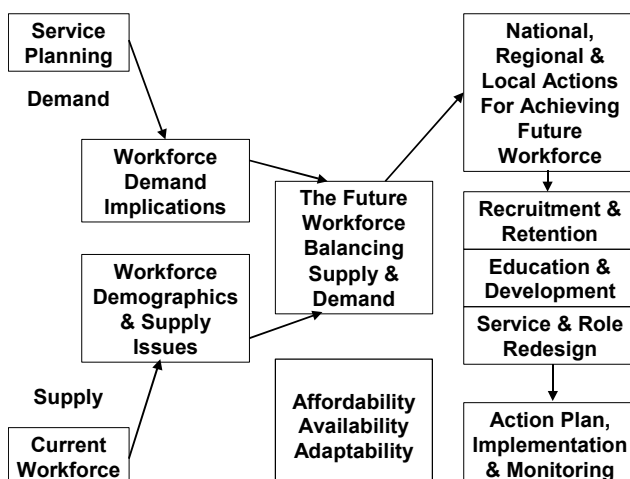
Workforce Plan 2006

Recommendation

The NHS Board is asked to note the progress on the development of the workforce plan and to approve the associated action plan.

1 Introduction

- 1.1 The NHS Greater Glasgow Workforce Plan 2006 is currently being developed and consulted upon, being part of a national, regional and local framework of workforce planning activity introduced in NHS Scotland in 2005. The first West of Scotland workforce plan was published in January 2006; a further West of Scotland workforce plan will be published in September 2006 and a national workforce plan in December 2006. From 2007 onwards, NHS Board workforce plans will be published in April; the West of Scotland workforce plan in September and the national workforce plan in December.
- 1.2 The Workforce Plan, a full copy of which is available for Board members, reflects the Local Delivery Plan and is written, in part, as a high level overview of detailed workforce planning activity in recent years covering both service areas (Children’s Services, Mental Health, Learning Disabilities, Primary Care) and individual professions (Nursing and Midwifery, Allied Health Professionals).
- 1.3 The Workforce Plan has been prepared in parallel with the NHS Argyll and Clyde plan and the action plans are the same. NHS Boards in the West of Scotland agreed to use the format shown below.



2 Service Plans and Workforce Demand Implications

- 2.1 Over the past few years, the number of direct care staff within NHS Greater Glasgow has steadily increased given the ability of the Board to invest across all elements of its Local Health Plan. It is likely that this will not continue to be the case. The Executive's focus on 'Efficient Government' is now quite properly ensuring that the whole of the public sector looks to improving efficiency and productivity, particularly in 'back office' functions.
- 2.2 The Board's five year financial plan, within which the workforce plan is set, makes clear how challenging the years ahead will be in order to ensure we can deliver the further strategic change planned in Acute Services and priority areas, such as mental health, while still being able to 'step up' our work in tackling health inequalities.
- 2.3 The creation of the new Community Health and Care Partnerships now brings major opportunities for further service integration, which will present new opportunities for our workforce and these will be worked through systematically in the coming months and years. Equally, the delivery of the Acute Services plan involves quite different working arrangements and patterns, as the work in progress on Diagnostics is already throwing up.
- 2.4 The period ahead is therefore likely to be one in which we will see much less growth in staff numbers than we have seen in recent years and much more emphasis on finding smarter ways in which to deliver patient-centred care.
- 2.5 The Local Delivery Plan, the Acute Services Strategy and other service plans form the basis of the workforce plan. Initial five year projections are included for medical and dental; nursing and midwifery; and allied health professions. The plan sets out that the future workforce will be quite different from that at present with the new need for new roles and new skills.
- 2.6 The current workforce is defined as comprising three distinct groups: medical and dental; other professionals; and clinical and non-clinical support staff. Currently there is little or no movement among these three groups. The future workforce is seen as still having a discrete medical and dental element but otherwise having other professional staff with an enhanced career path and an increased number of clinical specialists and advanced practitioners. These staff will be supported by care workers and non-clinical support workers both of which will have enhanced roles and opportunities to advance a career – for some a professional career. This will be supported by a 'Career Framework', which again is currently being consulted on. The 'Career Framework' has been developed by 'Skills for Health', the national health sector Skills Council. The framework sets out nine levels through which staff will deliver services. The levels can be described as follows:

More Senior Staff - Level 9

Staff with the ultimate responsibility for clinical caseload decision making and full on-call accountability.

Consultant Practitioners- Level 8

Staff working at a very high level of clinical expertise and/or have responsibility for planning of services.

Advanced Practitioners - Level 7

Experienced clinical professionals who have developed their skills and theoretical knowledge to a very high standard. They are empowered to make high-level clinical decisions and will often have their own caseload. Non-clinical staff at Level 7 will typically be managing a number of service areas.

Senior Practitioners/Specialist Practitioners - Level 6

Staff who would have a higher degree of autonomy and responsibility than 'Practitioners' in the clinical environment, or who would be managing one or more service areas in the non-clinical environment.

Practitioners - Level 5

Most frequently registered practitioners in their first and second post-registration/professional qualification jobs.

Assistant Practitioners/Associate Practitioners - Level 4

Probably studying for foundation degree, BTEC higher or HND. Some of their remit will involve them in delivering protocol-based clinical care that had previously been in the remit of registered professionals, under the direction and supervision of a state registered practitioner.

Senior Healthcare Assistants/Technicians - Level 3

Have a higher level of responsibility than support worker, probably studying for, or have attained NVQ level 3, or Assessment of Prior Experiential Learning (APEL).

Support Workers - Level 2

Frequently with the job title of 'Healthcare Assistant' or 'Healthcare Technician' - probably studying for or has attained NVQ Level 2.

Initial Entry Level Jobs - Level 1

Such as 'Domestics' or 'Cadets' requiring very little formal education or previous knowledge, skills or experience in delivering, or supporting the delivery of healthcare.

- 2.7 This new way of working will be supported through the new pay arrangements being introduced as part of 'Agenda for Change' and the Knowledge and Skills Framework (KSF), which supports staff moving through the new pay bands. Examples of how the career framework might apply to specific service areas are set out in Appendix 1.

3 Affordability and Availability

- 3.1 The Local Delivery Plan is supported by a five-year financial plan. This assumes that pay rates increase by no more than inflation. It is assumed that, over a five year period, the introduction of new contractual arrangements (Consultant Contract, GMS Contract and Agenda for Change) will lead to productivity gains with headcount relating more closely to activity. Development of new services will require to be balanced with "efficient government" gains in some backroom functions (supplies, pharmacy, finance and human resources for example). This will allow a shift from indirect to direct care staff within the overall resource envelope.

3.2 Being able to recruit and retain staff will be increasingly difficult for the period of the plan. The projected change in the population within Glasgow City is shown in Appendix 2. Over the next fifteen years it is projected that there will be a 9% fall in the number of young people entering the labour market and a 12% increase in those approaching retirement age. Therefore, the workforce plan sets out a number of actions required under the headings of recruitment & retention, education & development, and service & role redesign. These will be part of the objectives of the Director of Human Resources and the HR function, which is being restructured as part of the move to single system working and the integration with 'Clyde'.

4 Action Plan

4.1 The action plan is set out below and will form part of the overall NHS Greater Glasgow and Clyde Workforce Strategy, which is currently being developed.

4.1.1 Recruitment and Retention

Take account of the results of the staff satisfaction survey.
Working for Health in Greater Glasgow and Clyde: <ul style="list-style-type: none"> - intake in Greater Glasgow 250 in 2005/06 and 350 in 2006/07 - increase the programme to Dunbartonshire and Renfrewshire with 40 additional places in 2005/06 and 70 in 2006/07
Through the Workforce Development Officers working with refugees and with the black and minority ethnic population, seek to recruit from these communities professionally qualified and other staff.
Through the Workforce Development Officers working with refugees and with the black and minority ethnic population, seek to recruit from these communities to health-related studies.
Work with the Glasgow Employer Coalition and Scottish Enterprise Glasgow to enable and encourage the non-NHS employed health sector to recruit from Working for Health.
Working with Glasgow Caledonian University and ISD Scotland, develop and pilot a model to derive appropriate intake student numbers to ensure an adequate supply of newly qualified Allied Health Professionals to meet demand.
Through the Strategic Alliance "Recruitment" Working Group, jointly develop careers material for school pupils - targeted particularly at those making school subject choices.
Develop innovative placements and brand continuing professional development as a recruitment and retention incentive.

4.1.2 Education & Development

Support the work of the Strategic Alliance and develop it as a vehicle for joint working with the education sector in order to ensure the availability of appropriate education, training and development and as a forum for strategic discussion and overview of joint working groups.
Building on service and staff group workforce plans, through the Strategic Alliance "Demand" Working Group, develop and prioritise demand for education, training and development relating to relevant competencies with indicative numbers for some Allied Health Professionals; Nurses and Midwives; and care and support workers.
Through the Strategic Alliance Further Education and Higher Education "Supply" Working Groups, specify education, training and development to meet prioritised demand for Allied Health Professionals; Nurses and Midwives; and clinical and non-clinical care workers.

4.1.2 Cont.....

Through the Strategic Alliance, develop proposals to identify and prioritise demand for education, training and development for other elements of the workforce.
Identify existing and new roles for professional, care and support workers; identify competencies and education, training and development requirements for care and support workers; develop proposals for mainstreaming provision of appropriate education, training and development.
Develop and pilot a methodology for achieving the above.
Develop the Career Framework for the entire workforce.
Identify and highlight the case for adequate resources for and in support of education, training and development.
In collaboration with the education sector, develop efficient and innovative funding arrangements for education, training and development.
Work with the education sector to develop an integrated approach to competency and qualification frameworks e.g. Knowledge and Skills Framework, SCQF, Skills for Health, National Occupational Standards, and the requirements of regulatory bodies and care groups such as children’s services, diagnostic and stroke.
Through the Strategic Alliance Steering Group, develop and agreed common approach to the vocational training agenda.
Development of innovative placements.
Working with the education sector to reduce student attrition and non-practice rates – especially in nursing and midwifery.
Packaging and branding continuous professional development as a recruitment and retention incentive.
Identifying and prioritising provision of education, training and development for the non-NHS employed health sector.

4.1.3 Service and Role Redesign

Involve workforce planners in service redesign at a formative stage.
Allocate workforce planners to service redesign projects.
Develop expertise within the workforce planning function in supporting groups of staff in the workforce aspects of service redesign.
Identify tools and methodologies which support the development of new roles.
Develop a “library” of resources which support the workforce aspects of service redesign.
Identify aggregate impact of role redesign process and consider cross-functional application and appropriate national / regional / local actions.
Consider alternative service redesign options to test against the affordability, availability and affordability of the workforce.
Identify existing and new roles and innovative ways of working.
Through the Care Worker Foundation Training Programme project, identify existing and new roles for care and support workers and identify the required competencies.
In collaboration with other NHS boards in the West of Scotland, implement the recommendations of the National Nursing and Midwifery Workload and Workforce Planning report.
For other professions, develop and implement effective workload measurement arrangements.

4.1.4 Other Associated Action

Recruit to the workforce planning team.
Establish working arrangements with NHS Greater Glasgow and Clyde management and staff representatives.
Develop and agree a prioritised programme of workforce planning activity.
Develop the expertise of the workforce planning team.
Identify and meet the awareness and training needs of strategic planners, workforce planning specialists and managers and staff representatives contributing to the workforce planning process.
Working through Partnership Forums, establish arrangements for staff representative input which adds value to the workforce planning process.
Develop effective and efficient links with national and local payroll and HR information systems – and with ISD Scotland.
Develop corporate and local reporting arrangements on workforce usage and associated costs.
Merge NHS Greater Glasgow with Clyde data in discussion with ISD Scotland.
Update the Baseline Report.

Appendix 1

Examples of how the career framework might apply to specific service areas are shown below.

	Non-clinical	Older People	Radiography	Medical Care	Cardiology
9	Board Level Director	Consultant Geriatrician	Radiologist	Physician	Cardiologist
8	General Manager	Consultant AHP	Consultant Imaging Radiographer	Nurse Consultant	Nurse Consultant
7	Ambulance Service Area Manager	Highly Specialist Nurse Respiratory	Advanced Practitioner Radiography	Advanced Practitioner (Medical Care)	Assistant Practitioner Angiography
6	Systems Analyst	Nurse Specialist	Radiographer - Extended Role	Specialist Radiographer (Diagnostic)	Catheter Lab Practitioner
5	Payroll Manager	Nurse	Radiographer	Nurse	Nurse
4	Team Leader - Finance	Community Care Assistant	Assistant Practitioner Radiography	Assistant Practitioner (Nursing)	Assistant Practitioner Cardiology
3	Personal Assistant	Senior Healthcare Assistant	Senior Healthcare Assistant	Senior Healthcare Assistant	Senior Clinical Support Worker
2	Admissions Clerk	Health and Social Care Assistant	Assistant Technical Officer	Support Worker	Clinical Support Worker
1	Porter	Care Assistant	Junior Healthcare Support Worker	Domestic	Receptionist

Appendix 2. Population Demographics

The following chart shows changes in the age distribution of the NHS Greater Glasgow population up to 2018.

