

NHS Board Meeting
28 August 2019

Lanarkshire NHS Board
Kirklands
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SUBJECT: NHS LANARKSHIRE (NHSL) WORKFORCE PLAN 2019-20

1. PURPOSE

The NHSL Workforce Plan 2019-20 is coming to the Board:

For approval	<input checked="" type="checkbox"/>	For endorsement	<input checked="" type="checkbox"/>	To note	<input type="checkbox"/>
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2. ROUTE TO THE BOARD

The paper has been:

Prepared	<input type="checkbox"/>	Reviewed	<input checked="" type="checkbox"/>	Endorsed	<input checked="" type="checkbox"/>
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by the following committees: Corporate Management Team, Human Resources Forum, Area Partnership Forum, and Staff Governance Committee

3. SUMMARY OF KEY ISSUES

NHSL is required to submit an annual Workforce Plan to the Scottish Government in line with the “Revised Workforce Planning Guidance”, CEL 32¹. The plan describes the anticipated changes during 2019/20 faced nationally and locally, and identifies potential strategic actions needed to deliver the NHSL healthcare strategy ‘Achieving Excellence’.

SGHD issued an online projections template which was populated locally with the Board’s baseline data as at 31st March 2019 and the ISD baseline date. The projections were signed off by the CEO. The Executive Nurse Board Director/AHP Director had professional oversight and endorsed the projections as part of the overall NHS Board Workforce Plan which was submitted to the Scottish Government at the end of June 2019.

The NHSL workforce as at 31st March 2019 equates to 10724.52 WTE in-post staff² (SWISS³, March 2019). Since March 2018, the NHSL workforce has reduced by 84.48 WTE. As at March 2018 the staff turnover rate is 9.62%, an increase since last report in the 2017-20 Workforce Plan (1.27%).

Most staff groups actually show an increase in staffing (Table 1) – the overall contraction of the NHSL workforce is largely due to NHSGGC taking over the direct employment relationship with Doctors in Training.

¹ Scottish Government Revised Workforce Planning Guidance 2011, CEL 32 (2011). Available at <http://www.sehd.scot.nhs.uk/mels/CEL201132.pdf>

² Excluding intern nurses but including medical locums

³ Scottish Workforce Information Shared System (SWISS), data as at 31 March 2019, extracted 10 April 2019.

Table 1: Variance by Job Family

Job Family	In Post Staffing March 2018 (WTE)	In Post Staffing March 2019 (WTE)	Variance (WTE)
MEDICAL AND DENTAL	1038.92	708.01	-330.91
MEDICAL AND DENTAL SUPPORT	130.28	135.56	5.28
NURSING/MIDWIFERY	5353.61	5448.93	95.32
ALLIED HEALTH PROFESSION	938.00	961.23	23.23
OTHER THERAPEUTIC	461.32	522.17	60.85
PERSONAL AND SOCIAL CARE	75.63	76.13	0.50
HEALTHCARE SCIENCES	396.05	410.35	14.30
ADMINISTRATIVE SERVICES	1713.41	1773.59	60.18
SENIOR MANAGERS	55.80	52.19	-3.61
SUPPORT SERVICES	644.95	636.37	-8.57
TOTALS	10807.97	10724.5	-83.45

- The highest increase was in Nursing and Midwifery, which increased by 95.32 WTE. This reflects an ongoing drive to recruit newly qualified nurses into Band 5 positions.
- The next highest increase was in Other Therapeutic Services. This relates to continuing growth in Pharmacy posts (43.5 WTE Pharmacists and 30 QTE Pharmacy Technicians) to fulfil the requirements of the GMS contract.
- Administrative Services increased by 60.18 WTE. This is projected to rise further in 2020 due to the requirement to create additional community link worker roles across Scotland
- There were increases in Medical and Dental Support (5.28 WTE), Allied Health Professions (23.23 WTE), and Healthcare Sciences (14.3 WTE)
- Personal and Social Care staffing remained stable, with a slight 0.5 WTE increase
- There was a reduction in Senior Managers (3.61 WTE) and Support Services (8.57 WTE)

NHSL's workforce will continue to be instrumental in the successful delivery of Achieving Excellence through making best use of the skills and capabilities of its staff. The workforce, in all professions and at all levels, will have a part to play and staff will be supported and developed to ensure they can fully engage and commit to the revised service delivery model. The future workforce will be based on teams of staff rather than individual practitioners to develop effective multi-disciplinary teams working with the appropriate knowledge and skills. It will integrate more closely the work of hospital based specialties alongside community based teams, with a clear understanding and value of each other's roles and a culture which supports people with long term conditions and their carers to be the lead partners in decisions about their health and wellbeing.

It is recognised that the future workforce must be based on a robust availability, adaptability and affordability model.

4. STRATEGIC CONTEXT

This paper links to the following:

Corporate objectives	<input checked="" type="checkbox"/>	AOP	<input checked="" type="checkbox"/>	Government policy	<input checked="" type="checkbox"/>
Government directive	<input checked="" type="checkbox"/>	Statutory requirement	<input type="checkbox"/>	AHF/local policy	<input type="checkbox"/>
Urgent operational issue	<input type="checkbox"/>	Other	<input type="checkbox"/>		

5. CONTRIBUTION TO QUALITY

This paper aligns to the following elements of safety and quality improvement:

Three Quality Ambitions:

Safe	<input checked="" type="checkbox"/>	Effective	<input checked="" type="checkbox"/>	Person Centred	<input checked="" type="checkbox"/>
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Six Quality Outcomes:

Everyone has the best start in life and is able to live longer healthier lives; (Effective)	<input checked="" type="checkbox"/>
People are able to live well at home or in the community; (Person Centred)	<input checked="" type="checkbox"/>
Everyone has a positive experience of healthcare; (Person Centred)	<input checked="" type="checkbox"/>
Staff feel supported and engaged; (Effective)	<input checked="" type="checkbox"/>
Healthcare is safe for every person, every time; (Safe)	<input checked="" type="checkbox"/>
Best use is made of available resources. (Effective)	<input checked="" type="checkbox"/>

6. MEASURES FOR IMPROVEMENT

It is recognised that the future workforce must be based on a robust availability, adaptability and affordability model. Achievements of such will demonstrate improvement.

7. FINANCIAL IMPLICATIONS

The paper recognises that public sector budgets continue to be restrained, and identifies that the financial context that the board operates in is tighter than ever as our ability to create cash savings diminishes.

8. RISK ASSESSMENT/MANAGEMENT IMPLICATIONS

Individual Directors are responsible for the identification, mitigation and, where possible, avoidance of risks. Workforce issues and risks are identified. This includes risks associated with the workforce. Risks are recorded and managed through a robust corporate approach to Risk Management.

9. FIT WITH BEST VALUE CRITERIA

This paper aligns to the following best value criteria:

Vision and leadership	<input checked="" type="checkbox"/>	Effective partnerships	<input checked="" type="checkbox"/>	Governance and accountability	<input checked="" type="checkbox"/>
Use of resources	<input checked="" type="checkbox"/>	Performance management	<input checked="" type="checkbox"/>	Equality	<input checked="" type="checkbox"/>
Sustainability Management	<input type="checkbox"/>				

10. EQUALITY AND DIVERSITY IMPACT ASSESSMENT

Workforce Planning arrangements are equally applicable to all, irrespective of age-group; disability; gender reassignment; marriage or civil partnership; religion or belief; pregnancy or maternity; race; sex, sexual orientation; or on the grounds of social origin, or other personal attributes, including political opinions.

The Workforce Plan contains an appendix detailing NHSL equality monitoring of workforce data based on protected characteristics as defined in the Equality Act 2010.

11. CONSULTATION AND ENGAGEMENT

All services within Lanarkshire work in partnership with Trade Unions and Professional Organisations on service reviews and developments. Workforce plans are developed as part of such reviews / developments.

The workforce plan is brought together by the Workforce Team and endorsed by the Corporate Management Team, Human Resources Forum, Area Partnership Forum, the Staff Governance Committee and finally the NHSL Board.

12. ACTIONS FOR THE BOARD

The Board is asked to:

Approve	<input checked="" type="checkbox"/>	Endorse	<input type="checkbox"/>	Identify further actions	<input type="checkbox"/>
Note	<input type="checkbox"/>	Accept the risk identified	<input type="checkbox"/>	Ask for a further report	<input type="checkbox"/>

13. FURTHER INFORMATION

For further information about any aspect of this paper, please contact:

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16 August 2019