Workforce Plan 2010
Do you have a visual impairment or have difficulty understanding the English Language?

This document is available in large print and other formats and languages, upon request. Please call NHS Grampian Corporate Communications on (01224) 551116 or (01224) 552245.
CONTENTS PAGE

Executive Summary 6

Section 1
The Strategic Context 8
NHS Grampian’s Vision
Health Plan 2010 -2013
Priorities for Next 3 Years 10

Section 2
The Need for Change 13
Reshaping the Medical Workforce 13
European Working Time Directive (EWTD) 13
Quality Strategy 13
Unemployment Rate & Workforce Supply 13
Population Changes 14
Grampian Population Changes 2007/2008 and Projected 14
Changes 2033 (table) 14
Grampian Health Trends 14
Population Changes by Age 15
Scottish Population by age, June 2008, and Projected Change (table) 15
Integrating Financial, Workforce and Service Planning 16
Workforce Competence 16
Working with our Partners 16
Shifting the Balance of Care 17
Section 3

New Ways of Working

Workforce Profile

Workforce Changes/Workforce Plan 2010/11 (table)

Section 4

Workforce Trends

Workforce Trends (chart)

Staff in Post 2009 Whole Time Equivalent WTE (chart)

Absence (chart)

Sickness Absence Trend (graph)

Section 5

Workforce Changes – NHS Grampian Action Plan

5.1 Safe and Affordable Workforce (SAW)

5.2 Workforce Management Strategies

Vacancy Management

Skill Mix

Reduced Hours

Attendance Management

Compulsory Redeployment

65 Plus Workforce

Voluntary Early Release Scheme and Voluntary Severance (VERS/VS)

Regional Workforce

5.3 Nursing Workforce

Safe Affordable Nursing Establishment (SANE)

Senior Charge Nurse Programme

Nurse Bank Usage

Nurse Agency Usage
Productive Operating Theatre 29
Productive Community 29
Releasing Time to Care 29
Workforce Tools 30
Band 3/4 30
Newly Qualified Nurses (NQNs) 30

5.4 Medical Workforce 30
Medical Locums 31

5.5 Continuous Service Improvements (CSI) Change Portfolio 31

Section 6
Implementation, Monitoring and Review 33
In Partnership 33

Section 7
Acknowledgements 34

Statistical Information 34
Executive Summary

This single year Workforce Plan has been developed to show the future workforce model of NHS Grampian and how this will be achieved. In the first section, the Plan highlights the workforce objectives over the next 3 years. The projections however, are focussed on 2010 - 2011. These figures are based on the workforce projections scenario submitted to the Scottish Government Health Department and shows a reduction in whole time equivalents based on realistic turnover and redesign.

Within this Plan there are descriptions of the expected changes within each staff category (based on ISD formats). In all cases this is a reduction in our overall whole time equivalent workforce. There are however, variances between staff groups in the level of changes and these are clearly set out within the projection template. Generally the reductions are greater in non clinical staff groups but consideration will need to be given to the interdependency of roles such as consultants and medical secretaries. Focussing on only non clinical workforce groups is a risky strategy and does not ensure a sustainable workforce.

The changes to the workforce described are required in order to achieve financial balance within 2010 and 2011; figures are estimated and not actual as there will be a degree of variance based on the interdependency of many roles, actual turnover across all workforce groups and the outcome of the redesign work.

These changes will be developed in the context of reducing levels of financial uplift (2.42% in 2010/11 with 1% or less predicted in subsequent years) on NHS Grampian’s core funding allocation whilst absorbing increases in pay costs, drugs costs, the cost of meeting tougher access targets, the cost of implementing HAI preventive measures and providing funding to enable significant service redesign.

Although it is difficult to be specific about the financial position in future years, it is clear however, that the demands on funding will increase because of population changes, new drugs, new treatment and advances in technology. This will require difficult decisions, hard choices and strong leadership, along with the support of the public. Safety and quality will remain core to the organisation, but so will efficiency. NHS Grampian will be challenged to look carefully at the Healthfit plans, how these services will be delivered, the workforce employed, and our building programme.

A description of the actions which NHS Grampian will use to achieve the workforce changes is given is Section 5. These include a robust vacancy management process, Voluntary Severance scheme, embedding workforce planning within an acceleration of Continuous Service Improvement (CSI) activity and the implementation of a Safe and Affordable Workforce Programme. They are part of a suite of measures which are being implemented to achieve savings in the region of £34 million.

In order to achieve these projected reductions, it will be necessary for NHS Grampian to review services and the level at which these can be provided. It is recognised that there is a risk that such changes to the workforce will bring with them a significant impact to the continued provision of services at current levels. It is unclear how the organisation will be able to maintain the achievement of certain standards and in some situations this could lead to reduced service. An example of this may be the
inability to achieve all targets set out within the HEAT and Local Delivery Plans. The organisation will, however, continue to reduce the bureaucracy and inefficiencies.

NHS Grampian is acutely aware that as the population continues to rise, by 2031 the over 65s population in Scotland is predicted to increase by 62%. Coupled with the trend of year on year rising demand for hospital beds in acute hospitals, by 2031, this scenario would potentially require more than 6000 extra hospital beds across Scotland and double the number of health and care services currently provided. For Scotland this would mean a new 600 bed hospital every 3 years for 20 years, a new 50 bed care home every 2 weeks for 20 years, £2.8 billion investment in sheltered housing to “stand still” and virtually all school leavers into the care sector by 2030. The expected change in NHS Grampian population by 3031 for over 65 is 86% and for over 85s is 173%. (GRO(S) 2006).

This potential increasing demand for acute hospital beds underscores the need to take action, both upstream to reduce the need for hospital admission in the first place and, where emergency hospital admission has occurred, by reducing length of stay through improvements such as effective discharge co-ordination.

NHS Grampian will redesign services and develop a culture that supports working differently and promotes continuous service improvement. This will mean developing an organisation fit for change and with organisational behaviours which strive to improve service and quality for patients. Rather than building more of the same, we aim to improve the facilities already available to our patients through shifting the balance of care from big expensive hospitals to community based services, from doctor-dependent care to involve other healthcare workers and self-care and from emergency admissions to prevention of ill-health, with patient-centered support of long term conditions such as diabetes, heart disease and lung disease.

As with previous years Workforce Plans, this year builds on previous Plans which can be accessed through:

(http://intranet.grampian.scot.nhs.uk/foi/files/WFP09_FINALVERSION1.pdf)

Richard Carey
Chief Executive

Alan Gall
Director of Finance

Gordon Stephen
Employee Director
1. NHS Grampian Workforce Plan: – The Strategic Context

The current NHS Grampian Health Plan: http://www.nhsgrampian.org/nhsgrampian/files/GHP2010-13.pdf sets out how NHS Grampian will deliver services to the population of the Grampian region. It describes the key priorities for healthcare and services over the next 3 years and the challenges which will be faced in improving the health and inequalities in the population. The document details the need to improve services, work more efficiently and encourage the population to take more responsibility for their own health. These goals are supported by the NHS Grampian’s Vision:

Proudly working together to deliver the best possible services for a healthier Grampian.

It explains that for the Grampian population this will mean:

- Helping them to enjoy better health through understanding how to keep healthy.
- Supporting them to live a longer, healthier life.
- Developing with them safe, sustainable, high quality services, delivered in the right place, at the right time by suitably trained and skilled staff.
- Delivering services fairly for their improved wellbeing.

In Workforce terms the key challenge is to ensure we have a sustainable workforce which is both safe and affordable.

As around 70% of NHS Grampian’s budget is spent on staff and associated costs, there is a need to look at other ways of delivering safe, high quality care, in a cost-effective way. This will mean, for example, employing fewer staff by not always replacing staff who retire or leave the organisation.

To achieve this, the organisation will continue to develop multi-professional workforce plans which reflect the future needs across Grampian. With the changes expected in the population over the next ten years including a significant increase in the over 65s and decreases in the under 25s clarity is required on how the organisation will be staffed. These plans should consider the availability of the labour supply; recognise the need for development of the current and future workforce. This means ensuring that the workforce is competent, capable and flexible to meet the changes.

The plan covers all staff groups within the workforce and also highlights the importance of working with our partners in local authorities, colleges and universities as well as our regional partners in the other 5 Boards across the North of Scotland.

The following template provides a description of the NHS Grampian’s priorities over the next 3 years. It makes the links between the service, workforce and national strategies, showing how they provide the direction of travel for future workforce requirements.
From a service perspective the template uses the 5 themes of the Health Plan:

- **Improving Health**
- **Safe, Effective and time care**
- **Involving You**
- **Developing Workforce**
- **Best from Resources**


1. Improving Health & Reducing Health Inequalities
2. Involving Patients, Carers, the Public, Staff and Partners towards Mutuality
3. Deliver Safe, Effective and Timely Care in the Right Place
4. Developing the Workforce and Empowering Staff
5. Getting the Best from our Resources

It then combines the actions of the NHS Grampian People Strategy and A Force for Improvement – the national workforce response to Better Health, Better Care. By linking these key documents it provides an overall context for the Workforce Plan.
### NHS Grampian’s Priorities for Next Three Years

<table>
<thead>
<tr>
<th>Local Service Strategy</th>
<th>Local Workforce Strategy</th>
<th>National Workforce Strategy</th>
</tr>
</thead>
<tbody>
<tr>
<td>NHS Grampian Health Plan</td>
<td>NHS Grampian People Strategy – Key Principles</td>
<td>A Force for Improvement – the Workforce Response to Better Health Better Care</td>
</tr>
</tbody>
</table>

#### Improving Health & Reducing Health Inequalities
- Increase number of dentists and access to NHS Dental Care

#### Involving Patients, Carers, the Public, Staff and Partners towards Mutuality
With our staff we aim to:
- Make the NHS Grampian Vision a reality for patients.
- Provide opportunity for staff to have a say in how care and services can be improved and tell patients of these changes.
- Support staff to ensure they involve patients, carers, public and partners in the planning, delivery and review of services.
- Work with staff to develop ways of improving communication.

#### Deliver Safe, Effective and Timely Care in the Right Place
- Ensuring the work of the Scottish Patient Safety Programme becomes part of the

#### Involving Patients, Carers, the Public, Staff and Partners towards Mutuality
- Involving staff in decision making to deliver more effective and efficient delivery of services.
- Through Continuous Service Improvement, (CSI) demonstrate what is of value to the public, patients and staff.

#### Deliver Safe, Effective and Timely Care in the Right Place
- Ensuring staff are equipped with

### Key Workforce Ambitions
1. All staff will be ambassadors for health, safety and quality.
2. Work together to promote the benefits of preventative action and measures of self care for patients the public.
3. Further develops and delivers multi-disciplinary and multi-agency models of care.
4. NHS Scotland is an employer of choice
5. Working with Universities and Further Education and the wider education sector to encourage and maximise flexible access to education and training.

### Workforce Challenges

#### Tackling Health Inequalities
- NHS Scotland is an inclusive employer, reflecting and understanding the diversity of the population it serves.
- Provide a healthy working environment through effective management and leadership.
### NHS Grampian’s Priorities for Next Three Years

<table>
<thead>
<tr>
<th>Local Service Strategy</th>
<th>Local Workforce Strategy</th>
<th>National Workforce Strategy</th>
</tr>
</thead>
<tbody>
<tr>
<td>NHS Grampian Health Plan</td>
<td>NHS Grampian People Strategy – Key Principles</td>
<td>A Force for Improvement – the Workforce Response to Better Health Better Care</td>
</tr>
</tbody>
</table>

#### Shifting the Balance of Care
- Shifting the Balance of Care e.g. Aberdeen City Health and Care Village.
- Emergency Care Centre.

#### Developing the Workforce and Empowering Staff
- We continue to develop multi-professional workforce plans which reflect our future needs across Grampian. With the changes expected in our population over the next 10 years including a significant increase in the over 65s and decreases in the under 25s we need to have clarity on how we will staff the organisation. These plans should consider the availability of the labour supply, recognise the need for development of our current and future workforce and ensure that any workforce is affordable and cost-efficient. We will need to ensure that the workforce is competent, capable and flexible to meet these changes.

#### Ensuring a quality workforce
- A more integrated approach to quality improvement, improving patient safety and quality outcomes.
- Robust staff governance and partnership working at all levels.
- Building effective multi-disciplinary, multi-agency team working.

#### Shifting the Balance of Care
- Developing new roles within the context of the multi-disciplinary team e.g. reshaping the Medical Workforce.

#### Moving towards an integrated workforce
- Develop a workforce plan fully integrated with financial and service plans.
- A renewed focus on regional planning to help ensure sustainability.
- More dynamic workforce planning including improved use of evidence, data and available tools and techniques.

#### Developing the Workforce and Empowering Staff
- Align workforce planning, development and redesign with our Strategic Themes adopting a future rather than current focus on required changes.
- Development of real and sustainable leadership within NHS Grampian.
- Ensuring Learning and Development as an integral part of service and workforce planning and redesign.

#### Developing the Workforce and Empowering Staff
- the skills, knowledge and behaviours to deliver the services patients and the public expect.
- Develop workforce plans on the basis of the multi-disciplinary, multi-level workforce team, following the Patient Pathway approach.
<table>
<thead>
<tr>
<th>Local Service Strategy</th>
<th>Local Workforce Strategy</th>
<th>National Workforce Strategy</th>
</tr>
</thead>
<tbody>
<tr>
<td>NHS Grampian Health Plan</td>
<td>NHS Grampian People Strategy – Key Principles</td>
<td>A Force for Improvement – the Workforce Response to Better Health Better Care</td>
</tr>
</tbody>
</table>

### Getting the Best from our Resources
- Work with Public Sector partners such as Local Authorities, Grampian Police, Scottish Ambulance Service, Universities, Voluntary Sector and other NHS Boards in sharing buildings, staff and equipment.
- Supporting staff to look after themselves at work and at home so that they feel and stay healthy and we reduce staff sickness absence.
- Continue to be a family friendly employer helping staff to maintain a healthy work-home balance.
- Comparing how we deliver care and services with other areas, to work towards being one of the best performing NHS Boards in Scotland.

### Getting the Best from our Resources
- Assuring effective implementation and development of Benefits Realisation of Pay Modernisation and Workforce Development.
- Through Continuous Service Improvement develop a model of service which is sustainable.

### Delivering best value across the workforce
- Realising the benefits of Pay Modernisation through using the tools in the new contracts to deliver improvements in patient services and to meet national HEAT targets.
- Building on the development of benchmarks and sharing best practice with wider public sector partners.
2. The Need for Change

Similarly to previous NHS Grampian Workforce Plans there is consistency in relation to the forces and drivers which impact on the workforce supply and demand within NHS Grampian Board area. These have been highlighted in detail within previous Plans: http://intranet.grampian.scot.nhs.uk/foi/files/WFP09_FINALVERSION1.pdf

From a Board perspective consideration needs to be given to the following:

**Reshaping Medical Workforce,**
The reshaping of the medical workforce is key NHS Scotland policy which is outlined in the NHS Scotland quality strategy. Preliminary work and analytical projections have been developed which have been submitted to the Scottish Government. NHS Grampian will continue to progress this work-stream in keeping with key national timelines.

**European Working Time Directive (EWTD)**
The European Working Time Directive (EWTD) came into effect on the 1st August 2009 and is a legal requirement for all doctors in training to work less than 48 hours on average over a six month period. There is no formal requirement to monitor for EWTD compliance. The current best intelligence is a EWTD compliance of 100% for NHS Grampian.

**Quality Strategy**
The NHS Scotland draft quality strategy vision is to create high quality person centred, clinically effective and safe healthcare services with the following objectives:

- Caring and compassionate staff and services
- Clear communication and explanation about conditions and treatment
- Effective collaboration between clinicians, patients and others
- A clean care environment
- Continuity of care
- Clinical excellence

The NHS workforce will be required to be supported, developed and equipped to respond to these challenges as outlined in the “A Force for Improvement” 2009 strategy.

**Unemployment Rate & Workforce Supply**
Over the last 2 years the unemployment rate for Grampian has increased from 1.6 to 2.9%. This reflects the current economic climate and the impact of the recession. Previously unemployment rates within the Grampian area have been consistently under 2%.

There are further internal indicators that the workforce is becoming more stable as the stability rate has increased and the turnover rate increased (See Section 4). Also the number of applicants per post has risen over the last 12 months and there were more leavers than starters during 2009/10
These are all indicators of an increased labour supply in a market which does not have an increased workforce demand. One example of the change in workforce supply is the national agreement to provide a 1 year employment guarantee to Newly Qualified Nurses following graduation. This has an impact on NHS Grampian's ability to develop the Band 3 / 4 posts as vacancies arise and offer opportunities for redesign. It is also having an impact on Higher Education Institutes ability to respond quickly to develop competence to meet service need around band 3/4.

**Population Changes**
The chart below uses data published by the General Register Office of Scotland (GROS) and the Scottish Government Statistics Website.

### Grampian Population Changes 2007, 2008 and Projected Changes 2033

<table>
<thead>
<tr>
<th></th>
<th>2007 (000s)</th>
<th>2008 (000s)</th>
<th>Change 2008 vs 2007 (%)</th>
<th>2033 (000s)</th>
<th>Change 2033 vs 2008 (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grampian Total</td>
<td>535</td>
<td>539</td>
<td>0.75%</td>
<td>604</td>
<td>12.06%</td>
</tr>
<tr>
<td>Aberdeen City</td>
<td>209</td>
<td>210</td>
<td>0.48%</td>
<td>219</td>
<td>4.29%</td>
</tr>
<tr>
<td>Aberdeenshire</td>
<td>239</td>
<td>241</td>
<td>0.84%</td>
<td>295</td>
<td>22.41%</td>
</tr>
<tr>
<td>Moray</td>
<td>87</td>
<td>88</td>
<td>1.15%</td>
<td>90</td>
<td>2.27%</td>
</tr>
</tbody>
</table>

Source: [www.gro-scotland.gov.uk/statistics](http://www.gro-scotland.gov.uk/statistics)

**Points to note:**
- The total Grampian population has seen a slight increase (4,000) from 2007 to 2008.
- In 2007 the largest increase for Aberdeenshire (+1.27%), but the biggest growth area 2007 to 2008 was Moray at (+1.15%).
- Aberdeenshire is projected to increase by 22.4% from 2008 to 2033, followed by Aberdeen City projecting an increase of 4.29% from 2008 to 2033, and Moray is projected to increase by 2.27% in the same period.

**Grampian Health Trends**
The most common causes of death in Grampian reflect the national picture with the main causes being cancers (28% of all deaths in Grampian), ischemic heart disease (15.3% of all deaths in Grampian), diseases of the respiratory system (12.6% of all deaths in Grampian) and cerebrovascular disease (stroke) (10% of all deaths in Grampian).
## Population Changes by Age

### Scottish Population by age, June 2008, and Projected Change

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No.(000s)</td>
<td>%</td>
<td>No.(000s)</td>
<td>%</td>
<td>No.(000s)</td>
<td>%</td>
</tr>
<tr>
<td><strong>Total Population June 2008</strong></td>
<td>210</td>
<td>100%</td>
<td>241</td>
<td>100%</td>
<td>88</td>
<td>100%</td>
</tr>
<tr>
<td>Below Working Age</td>
<td>33</td>
<td>16%</td>
<td>46</td>
<td>19%</td>
<td>16</td>
<td>18%</td>
</tr>
<tr>
<td>Of Working Age</td>
<td>145</td>
<td>69%</td>
<td>157</td>
<td>65%</td>
<td>56</td>
<td>64%</td>
</tr>
<tr>
<td>Above Working Age</td>
<td>32</td>
<td>15%</td>
<td>38</td>
<td>16%</td>
<td>16</td>
<td>18%</td>
</tr>
</tbody>
</table>

### Change in Population, 2033 – Difference 2008 - 2033

<table>
<thead>
<tr>
<th></th>
<th>Total Population</th>
<th>Below Working Age</th>
<th>Of Working Age</th>
<th>Above Working Age</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>5%</td>
<td>-6%</td>
<td>-5%</td>
<td>56%</td>
</tr>
<tr>
<td></td>
<td>22%</td>
<td>11%</td>
<td>4%</td>
<td>111%</td>
</tr>
<tr>
<td></td>
<td>2%</td>
<td>-6%</td>
<td>-13%</td>
<td>69%</td>
</tr>
<tr>
<td></td>
<td>-89%</td>
<td>-2%</td>
<td>-5%</td>
<td>65%</td>
</tr>
</tbody>
</table>

Source: [www.scotland.gov.uk/topics/statistics/browse/population-migration](http://www.scotland.gov.uk/topics/statistics/browse/population-migration)
Some key demographic trends and projections include:

- By 2033 it is projected that the Grampian population will be 16% Below Working Age, 58% Of Working Age and 26% Above Working Age.
- In 2008 16% of the Grampian population was above working age.
- The population above working age is predicted to increase significantly, particularly in Aberdeenshire (an increase of 111% by 2033 compared to projected increase of 65% across Scotland).
- Aberdeen City and Moray have predicted decreases in both working age and below working age populations.
- Since the expansion of the European economic Area (EAA) in May 2004, Grampian has been one of the most attractive areas in Scotland for inward migration. The extent of this inward migration will only be fully quantified when the results of the 2011 Census are available. However, local evidence suggests it is very substantial.
- The working age population in Grampian is expected to fall from 66% to 58% by 2033.
- Over 12 months to August 2008, the number of unemployment claimants fell by 3% in Grampian. The claimant count unemployment decreased over the same period by 3.76% in Aberdeen, 2.47% in Aberdeenshire and 1.96% in Moray.
- Over 12 months to June 2008, the birth rate in Grampian increased by 3.42%. The largest increase was 7.41% in Aberdeen City, 3.01% in Aberdeenshire and a decrease of 4.5% in Moray. Currently there are over 6000 deliveries per year in Grampian, with a 20-year prediction of an estimated 18% reduction in Aberdeen City, an estimated 13% increase in Aberdeenshire, and an estimated 6% reduction in Moray.
- Over a ten year period to 2008, the life expectancy with Grampian increased by 2% (age 77.1 to 78.7).

Integrating Financial, Workforce and Service Planning

The process of the integration of service workforce and financial planning is one which has been developing and evolving over the last 3 years. Through every iteration of NHS Grampian’s annual workforce plan the organisation has honed the processes used. There is however an issue with the timescales for each of the 3 planning cycles though this has been reduced with the submission requirements of the Local Delivery Plan.

Promoting the use of the 6 Steps Methodology to Integrated Workforce planning will continue to support the amalgamation of the planning process.

Workforce Competence

To meet the challenging and changing demands as we shift the balance of care NHS Grampian require a workforce which is flexible adaptable and appropriately trained. The Knowledge and Skills Framework (KSF) will provide a consistent framework to ensure this progresses in line with organisational objectives. Development of new roles will need to be as a response to identified need from service redesign to ensure a sustainable and affordable workforce. New roles will be created as vacancies are reviewed in line with overall service plans including those which release clinical staff to concentrate on their clinical roles.

Working with our Partners

Integral to the provision of services across the region, are the close working relationships NHS Grampian has with the 3 Local Authorities. The ongoing co-operation and co-ordination continues to successfully support key services. These successes are the result of communication and planning in partnership.

Opportunities for closer working with our workforce planning colleagues from other Boards in the North Region has commenced through the North of Scotland Workforce Learning Network and the North of Scotland Workforce Planning and Development Group. These groups meet regularly to share information and knowledge and provides opportunities to develop our approach to workforce planning and redesign and avoid duplication of effort.
The Workforce Planning and Development Group are currently developing a work programme for NOSPG approval which identifies the areas of priority for the North.

Developing closer links with universities and colleges will provide opportunities for alignment to service need and the graduate demand for the future workforce. This in turn will help to ensure that we have an appropriately skilled and flexible workforce available to meet our future needs.

NHS Grampian will continue to plan and implement services and development solutions within agreed timescales and in partnership to ensure the workforce are capable and competent.

**Shifting the Balance of Care**
The quality strategy highlights 6 dimensions of quality of which one is effectiveness. Within the aforementioned strategy the one attribute which is a key focus is shifting the balance of care. For NHS Grampian, this work is identifying and reducing inappropriate variation in community, primary and acute healthcare pathways, care packages and treatments so that the best care is consistently provided by the right person in the right place at the right time. The work is already being developed within NHS Grampian with an aim of ensuring that there are the appropriate skills and competencies within the workforce to allow this to happen.

**Regional Working**
Given the geography Scotland and the need to ensure overall workforce sustainability, NHS Grampian will develop opportunities to work collaboratively with the partner Boards in the North. To support this a North of Scotland Workforce Planning & Development Group has been established. The group reports to NOSPG and has links with the regional Medical nursing groups and with NES. Currently the 6 North of Scotland Boards are developing a role, remit and work plan to support a collective approach to the regional work and the priorities for the North. There are 19 projects within the North of Scotland regional scope. Work continues to agree the areas of priority and which may require further input and support.
3. New Ways of Working

The changes and drivers across NHS Grampian are well documented and included within the NHS Scotland draft quality strategy. Workforce pressures will be a key component of how NHS Grampian responds to this. As a consequence developments in technology, communication and person centred care will require a different set of key workforce competencies and skills to allow the above agendas to be delivered.

Workforce Profile
The workforce profile will need to reflect new ways of working that in turn reflect service need and are affordable, available and adaptable. Opportunities for development of staff through Bands 1 – 4 are seen as an important development to ensure an appropriate level of skill mix. Currently the RCN ratio for registered to unregistered nurses is 65:35, NHS Grampian has a ratio of 75:25 for all nursing and midwifery, and this however, changes to 62:38 for adult nursing.
## NHS Grampian Workforce Projections 2010/2011

<table>
<thead>
<tr>
<th>Staff Category</th>
<th>Staff in Post 2009 (ISD figures) WTE¹</th>
<th>Turnover Realistic Estimate WTE</th>
<th>Turnover Realistic Estimate % WTE</th>
<th>Workforce Change Redesign WTE⁶</th>
<th>Total WTE</th>
<th>Percentage Change WTE</th>
<th>End of Year Cost Saving As A % Of Total Saving Identified in LDP 2010/11</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Consultants</td>
<td>432.50</td>
<td>2.16</td>
<td>0.50%</td>
<td>5.41</td>
<td>424.93</td>
<td>1.75%</td>
<td></td>
</tr>
<tr>
<td>Medical Others²</td>
<td>89.40</td>
<td>0.89</td>
<td>1.00%</td>
<td>1.79</td>
<td>86.72</td>
<td>3.00%</td>
<td></td>
</tr>
<tr>
<td>Dental³</td>
<td>62.50</td>
<td>0.31</td>
<td>0.50%</td>
<td>0.93</td>
<td>61.26</td>
<td>1.99%</td>
<td></td>
</tr>
<tr>
<td>Nursing &amp; Midwifery Registered⁴</td>
<td>4047.00</td>
<td>60.71</td>
<td>1.50%</td>
<td>79.83</td>
<td>3906.47</td>
<td>3.47%</td>
<td></td>
</tr>
<tr>
<td>Nursing &amp; Midwifery Unregistered⁵</td>
<td>1307.30</td>
<td>19.61</td>
<td>1.50%</td>
<td>28.25</td>
<td>1259.44</td>
<td>3.66%</td>
<td></td>
</tr>
<tr>
<td>AHPs⁴</td>
<td>904.50</td>
<td>9.04</td>
<td>1.00%</td>
<td>18.48</td>
<td>876.98</td>
<td>3.04%</td>
<td></td>
</tr>
<tr>
<td>Other Therapeutic⁴</td>
<td>308.30</td>
<td>3.08</td>
<td>1.00%</td>
<td>7.77</td>
<td>297.45</td>
<td>3.52%</td>
<td></td>
</tr>
<tr>
<td>Healthcare Sciences⁴</td>
<td>462.50</td>
<td>4.63</td>
<td>1.00%</td>
<td>9.52</td>
<td>448.36</td>
<td>3.06%</td>
<td></td>
</tr>
<tr>
<td>Admin &amp; Clerical</td>
<td>1796.70</td>
<td>71.87</td>
<td>4.00%</td>
<td>109.16</td>
<td>1615.67</td>
<td>10.08%</td>
<td></td>
</tr>
<tr>
<td>Support Services</td>
<td>1550.30</td>
<td>46.51</td>
<td>3.00%</td>
<td>58.25</td>
<td>1445.54</td>
<td>6.76%</td>
<td></td>
</tr>
<tr>
<td>Management</td>
<td>158.60</td>
<td>4.76</td>
<td>3.00%</td>
<td>25.87</td>
<td>127.97</td>
<td>19.31%</td>
<td></td>
</tr>
<tr>
<td>Medical &amp; Dental Support</td>
<td>152.50</td>
<td>2.29</td>
<td>1.50%</td>
<td>3.71</td>
<td>146.50</td>
<td>3.93%</td>
<td></td>
</tr>
<tr>
<td>Personal &amp; Social Care</td>
<td>54.90</td>
<td>0.82</td>
<td>1.50%</td>
<td>1.36</td>
<td>52.72</td>
<td>3.97%</td>
<td></td>
</tr>
<tr>
<td><strong>Total for Board</strong></td>
<td><strong>11327.00</strong></td>
<td><strong>226.68</strong></td>
<td><strong>2.00%</strong></td>
<td><strong>350.33</strong></td>
<td><strong>10750.00</strong></td>
<td><strong>5.09%</strong></td>
<td><strong>46%</strong></td>
</tr>
</tbody>
</table>

Notes:
1. WTE and Headcount exclude bank, agency and locums
2. Medical Others excludes GPs and training grade doctors
3. Dental excludes training grades
4. Nursing & Midwifery Registered, AHPs and Healthcare Scientists all include management and leadership posts at band 8a and above
5. Nursing and midwifery unregistered recognises the increase of band 3 in particular due to redesign
6. Workforce change redesign based on full year
7. Figures do not include 30.1 wte unallocated posts
## NHS Grampian Workforce Projections 2010/2011

<table>
<thead>
<tr>
<th>Staff Category</th>
<th>Staff in Post 2009 (ISD figures) Headcount</th>
<th>Turnover Estimated Headcount Reduction</th>
<th>Turnover Realistic Estimate % Headcount</th>
<th>Workforce Change Redesign Headcount</th>
<th>Total Headcount</th>
<th>Percentage Change Headcount</th>
<th>End Year Cost Saving As A Result of Any Changes (£)</th>
<th>End of Year Cost Saving As A % Of Total Saving Identified in LDP 2010/11</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Consultants</td>
<td>506</td>
<td>3</td>
<td>0.50%</td>
<td>6</td>
<td>497</td>
<td>1.75</td>
<td>423</td>
<td>46%</td>
</tr>
<tr>
<td>Medical Others ²</td>
<td>160</td>
<td>2</td>
<td>1.00%</td>
<td>3</td>
<td>155</td>
<td>3.00</td>
<td>152</td>
<td>42%</td>
</tr>
<tr>
<td>Dental ²</td>
<td>80</td>
<td>0</td>
<td>0.50%</td>
<td>1</td>
<td>78</td>
<td>1.99</td>
<td>78</td>
<td>46%</td>
</tr>
<tr>
<td>Nursing &amp; Midwifery Registered ⁴</td>
<td>4988</td>
<td>75</td>
<td>1.50%</td>
<td>98</td>
<td>4815</td>
<td>3.47</td>
<td>4035</td>
<td>42%</td>
</tr>
<tr>
<td>Nursing &amp; Midwifery Unregistered ⁶</td>
<td>1617</td>
<td>24</td>
<td>1.50%</td>
<td>35</td>
<td>1558</td>
<td>3.66</td>
<td>1027</td>
<td>46%</td>
</tr>
<tr>
<td>AHPs ⁴</td>
<td>1188</td>
<td>12</td>
<td>1.00%</td>
<td>24</td>
<td>1152</td>
<td>3.04</td>
<td>917</td>
<td>42%</td>
</tr>
<tr>
<td>Other Therapeutic ⁴</td>
<td>368</td>
<td>4</td>
<td>1.00%</td>
<td>9</td>
<td>355</td>
<td>3.52</td>
<td>399</td>
<td>42%</td>
</tr>
<tr>
<td>Healthcare Sciences ⁴</td>
<td>555</td>
<td>6</td>
<td>1.00%</td>
<td>11</td>
<td>538</td>
<td>3.06</td>
<td>480</td>
<td>42%</td>
</tr>
<tr>
<td>Admin &amp; Clerical</td>
<td>2316</td>
<td>93</td>
<td>4.00%</td>
<td>141</td>
<td>2083</td>
<td>10.08</td>
<td>4076</td>
<td>42%</td>
</tr>
<tr>
<td>Support Services</td>
<td>2185</td>
<td>66</td>
<td>3.00%</td>
<td>82</td>
<td>2037</td>
<td>6.76</td>
<td>2029</td>
<td>42%</td>
</tr>
<tr>
<td>Management</td>
<td>164</td>
<td>5</td>
<td>3.00%</td>
<td>27</td>
<td>132</td>
<td>19.31</td>
<td>1957</td>
<td>42%</td>
</tr>
<tr>
<td>Medical &amp; Dental Support</td>
<td>174</td>
<td>3</td>
<td>1.50%</td>
<td>4</td>
<td>167</td>
<td>3.93</td>
<td>155</td>
<td>42%</td>
</tr>
<tr>
<td>Personal &amp; Social Care</td>
<td>65</td>
<td>1</td>
<td>1.50%</td>
<td>2</td>
<td>62</td>
<td>3.97</td>
<td>67</td>
<td>42%</td>
</tr>
<tr>
<td><strong>Total for Board</strong></td>
<td><strong>14366</strong></td>
<td><strong>291</strong></td>
<td><strong>2.03%</strong></td>
<td><strong>444</strong></td>
<td><strong>13630</strong></td>
<td><strong>5.12</strong></td>
<td><strong>15794</strong></td>
<td><strong>46%</strong></td>
</tr>
</tbody>
</table>

Notes:
1. WTE and Headcount exclude bank, agency and locums
2. Medical Others excludes GPs and training grade doctors
3. Dental excludes training grades
4. Nursing & Midwifery Registered, AHPs and Healthcare Scientists all include management and leadership posts at band 8a and above
5. Nursing and midwifery unregistered recognises the increase of band 3 in particular due to redesign
6. Workforce change redesign based on full year
7. Figures do not include 30.1 wte unallocated posts
4. Workforce Trend

The NHS Grampian Workforce is made up of a number of highly skilled staff across a wide variety of professions. There is a total headcount of 14,366 (11,327 Whole Time Equivalent WTE) across 10 defined job families. These are detailed in terms of numbers in each staff grouping and a percentage of the overall workforce in the pie charts below.

All data relating to workforce is taken as at 30 September 2009. Medical and Dental Categories include information on Hospital, Community and Public Health Services staff only.
Over the past 12 months the total headcount decreased by 2.09% (WTE decreased by 0.03%), although the workforce had been predicted to remain static in the 2009 Workforce Plan. A proportion of these changes have been in relation to fixed term posts and the voluntary early release and voluntary severance schemes.

Turnover for the year ending 30 September 2009 was 10.6% across all job families. It should be noted that the rate has dropped over the last few years by approximately 2.4%. This coming year the absence rate is expected to be approximately 8.7%.

Stability for the year ending 30 September 2009 was 88% across all job families. Stability rate has increased slightly from last year by 2%.

**Absence**
The total absence rate for NHS Grampian workforce for the period March 2009 to February 2010 was 4.6%. There were notable increases however during the autumn and winter months.

Total sickness absence was above the national HEAT target of 4% with the absence rate for NHS Grampian at end February 2010 being 4.37%. There is work ongoing to achieve this target through Absence Management initiatives, Attendance Management reports combining information from OHS and Scottish Workforce Information Standard System (SWISS) to improve the management of sickness absence.
Total sickness absence for the 12 months ending 30 September 2009 was 4.63%. With Facilities being the highest at 6.44% and Corporate Services being the lowest at 3.49%.
This year’s Action Plan builds on the work undertaken in 2009/2010, taking into account the Board’s HR Strategy, the requirement for financial balance and the five National Ambitions for staff in NHS Scotland outlined in the Executive Summary. It aims to further embed workforce redesign and utilisation within the Service by ensuring that managers have the necessary tools, understanding and skills to take this work forward.

From last years action plan the following are some examples of what has been achieved:

Around 50% of staff are now included on the Scottish Standard Time System (SSTS) across NHS Grampian, including acute nursing, midwifery staff, facilities staff and mental health nursing. This provides real time workforce information and better management decision making.

A workforce survey of all general practices was completed during August 2009. For the City, Moray and Aberdeenshire CHP this was a very useful return in terms of understanding the detail of their workforce. The survey looked at the overall workforce profile for GPs, nurses, admin and other staff categories. It also looked at vacancies, potential retrials and future workforce plans in terms of replacement of posts in new or different ways.

In partnership with HEI the development of management guidance on the use band 3 and 4 roles and the relevant educational support required.

NHS Grampian has met the European Working Time Directive in terms of the trainee doctor workforce through developing alternative and sustainable workforce models for service provision.

NHS Grampian (NHSG) are facing unprecedented financial pressures for 2010/11, this significant gap which currently sits at £34 million gap must be met by cost reductions targeted across all areas of NHS Grampian’s activities. To date the organisation has identified actions and processes which will achieve savings in the region of £18 million. This includes service redesign, budget management and efficiency and creating a sustainable and affordable workforce.

Like most other Board areas and in keeping with the North of Scotland region, NHS Grampian has identified the need to achieve financial balance whilst ensuring there is a sustainable workforce. The current financial position does not allow for additional workforce resources except in areas prioritised with a higher clinical risk. The organisation therefore needs not only to have an affordable workforce but one which is safe, efficient and sustainable to provide services to the people of Grampian. This objective can only be achieved through a balance of a reduction in overall costs and numbers of staff along with the redesign of roles to support the multi-disciplinary, multi-agency approach to shifting the balance of care.

The current workforce objective is to secure professional, competent individuals to work flexibly to meet patient and service needs within the agreed financial envelope. This objective is further underpinned with the need to have an adaptable, available and affordable workforce. In the current climate NHS Grampian propose to reduce their workforce by approximately 577 whole time equivalent (wte) staff*. (See separate projection template for details).

There are a number of ways in which the organisation can reduce the cost of its workforce.

- Reduce numbers (i.e. vacancy management/redundancies)
- Reduce cost (i.e. terms and conditions)
• Improve Effectiveness (i.e. doing things differently – technology, patterns of working – (i.e. elimination of dead time and duplication of effort, standardisation of work redistribution of tasks etc.)

This will be achieved by the following approaches.

5.1. Safe and Affordable Workforce (SAW)

With workforce costs accounting for approximately 70% of our controlled spend, it is essential that NHS Grampian reviews the workforce to ensure it is safe, affordable and able to meet the tough challenges ahead. To achieve this NHS Grampian has initiated a project to look across the organisation at 8 staff groups (detailed below). The challenge is to determine for each area of the organisation and each staff group a workforce which is safe and affordable. This process will be carried out in partnership with staff side.

By reviewing the workforce structure through 8 workstreams, NHS Grampian will determine a cross system workforce that is sustainable. This work will start with the current structure for managers/senior staff (staff on Agenda for Change band 8a and above and Manager Cohort grade A and above).

Each sector/CHP has already commenced work along with the HR Manager, immediate reports and staff side representative(s), to prepare an essential management/senior staff structure which will deliver a safe service over the next 3 years. These structures are then discussed through “challenge meetings" to ensure they are robust, sustainable and realistic.

The consistent process includes the following questions:

1. What actually is this team/function/department required to deliver as an essential?
2. What are we doing now that does not contribute to this requirement? (this activity is to cease)
3. Do we have the right skills to deliver what is required of us?
4. Consider each role – is all of the current activity in this role essential?
5. If yes, could this be performed by a lower grade of staff or in across-functional/pan-Grampian way?
6. Finally, what is the optimum number and grade of staff required to deliver the answer to question 1?

Through partnership and staff involvement each sector/CHP will consider how they will streamline their structure as appropriate to achieve the minimum required numbers i.e. – types of staff, skills required, new ways of working. This process will link into the key themes/priorities of NHS Grampian and the development of a safe and sustainable workforce. Sectors/CHPs will develop suggestions of appropriate bandings/grades for the structures and review comparisons and benchmarking with other areas/sectors/Boards. These meetings will use robust methodology to ensure all services take a consistent approach. They will use comprehensive workforce information to understand the opportunities for redesign and effective utilisation of the workforce. They will develop suggestions to appropriate routes of obtaining the new structure including timescales for completion.
Agreed SAW Workstreams

<table>
<thead>
<tr>
<th>Management/Senior Staff</th>
<th>(Initial group)</th>
</tr>
</thead>
<tbody>
<tr>
<td>AHP</td>
<td></td>
</tr>
<tr>
<td>Nursing</td>
<td></td>
</tr>
<tr>
<td>Admin &amp; Clerical</td>
<td></td>
</tr>
<tr>
<td>Medical &amp; Dental</td>
<td></td>
</tr>
<tr>
<td>Pharmacists/Technical/Healthcare Scientists</td>
<td></td>
</tr>
<tr>
<td>Facilities/Estates</td>
<td></td>
</tr>
<tr>
<td>Corporate Services</td>
<td></td>
</tr>
</tbody>
</table>

5.2. Workforce Management Strategies

NHS Grampian has proposed a variety of processes to support the required workforce reduction within 2010 and 2011. All of these measures can be further supported by the use of VERS and VS schemes allowing staff to choose to leave the organisation whilst building on organisational efficiency. (These however, require a variation order). As turnover continues to drop a range of methods will be introduced to manage the overall workforce numbers. All of these strategies rely on managers being competent and having a sound understanding of future as well as current workforce needs. Relevant skills development is provided including the development and roll out workforce skills and capability workshops and a sustainable leadership programme for senior and middle managers.

Vacancy Management

In May 2009, NHS Grampian introduced a robust process for vacancy management which asks managers to review each post in terms of necessity, band, profession and hours. From 1 May 2009 to 20 April 2010 a total of 1,457 vacancies have been subject to these new arrangements. The Vacancy Panel provides an overall review of all posts submitted and can either decline (3% of posts have been declined), accept or refer a post for further amendment. However, decisions made at a local level not to fill vacancies are not accounted for in this figure. Since the introduction of current controls the number of vacancies requested to be filled through Vacancy Management has dropped from 289 vacancies in Aug 2009 to 105 in April 2010.

Additionally, areas such as Aberdeen City CHP and Moray CHP have introduced an additional local vacancy controls to further scrutinise vacancies before they reach Vacancy Management.

Vacancy Management is estimated to build in a minimum of 8 weeks delay into the recruitment of a new start in terms of the process of approval and monthly meetings. It is estimated that this is equivalent to £6,621,074 of cost avoidance on 2009/10 new starts as a result of delaying new starts by 8 weeks. The above calculation is based on an average salary being the mid point of a Band 5 i.e. £23,345 plus on costs and takes into account conditioned hours i.e. a split between whole and part-time.
The decreasing number of vacancies being advertised has allowed for savings to be made in the Corporate Advertising Budget, the overall spend has reduced from £490,785 in 08/09 to £284,458 in 09/10 - a significant 42% improvement.

As the majority of posts are stimulated by turnover, this process is key to managing the demand for workforce across the organisation. Over the last 12 months NHS Grampian has reduced the number of posts in the organisation by 400. NHS Grampian will however, continue to recruit to roles to ensure that they do not compromise safe and effective patient care.

**Skill Mix**
As part of the vacancy management process and as an independent process, managers are being encouraged to review the skill mix of their workforce. This provides managers with a process to review the balance of staff within their team, identifying opportunities to develop new ways of working and introduce a different skill mix; examples of this include the introduction of assistant practitioners and housekeepers. Skill mix management ensures that the service has the most appropriate complement and blend of competence to meet the service and patient needs. Over the last 12 months
- 7% or 105 posts have been redesigned to a lower band.
- This redesign is either at the request of Vacancy Management or at a local level to increase the likelihood of Vacancy Management approval and to achieve budgets.

**Reduced Hours**
Given NHS Grampian’s desire to promote employability there is an opportunity to offer the workforce in certain circumstances reduced hours of work. This is based on the premise of improved efficiency which provides an opportunity to make a reduction in hours. In the last year through the vacancy management process
- 8% or 122 posts have been reduced in hours.
- This reduction is either at the request of Vacancy Management or at a local level to increase the likelihood of Vacancy Management approval and to achieve budgets.

Clearly this will only reduce the WTE and not the overall headcount of the organisation.

**Attendance Management**
NHS Grampian recognises the importance of promoting good health and maintaining a positive work/life balance, which has clear benefits for both employees and the organisation and is committed to providing a process that:

- enables employees who might otherwise go on sick leave to remain at work or,
- supports employees who are absent on sick leave to return to work earlier than might otherwise have been possible.

This proactive attendance management scheme has been implemented within NHS Grampian to support staff and managers and has contributed to the reduction in absences across the organisation.

**Compulsory Redeployment**
With significant areas of redesign throughout the organisation there are opportunities to utilise the current competent workforce into areas of most need thus ensuring retention of skills and knowledge whilst filling the vacant posts and gaining a more equitable workforce across the organisation.

**65 Plus Workforce**
NHS Grampian employs over 200 staff who are over the age of 65. Currently the UK’s national default retirement age is 65, and employers are required to give 6 months notice to retire an individual. Any individual can request postponement of retirement beyond 65, which must be done at least 3 months prior to their leaving date or they will automatically be retired. NHS Grampian, will review the employment of those that are over 65 on an annual basis.
Voluntary Early Release Scheme and Voluntary Severance (VERS/VS)

During 2009/2010, NHS Grampian introduced a VERS/VS scheme to support the facilitation of transformational change without compromising quality of service.

The scheme offered two options:

- **Voluntary Severance (VS):** which permits staff that satisfy agreed scheme criteria and subject to overall affordability provisions to voluntary redundancy – detailed in AFC Section 16.
- **Voluntary Early Release (VERS):** this permits staff that satisfy agreed scheme criteria and overall affordability provisions to enhanced voluntary redundancy.

Whether VS or VERS applied depended on:

- Length of service
- Age
- Pension Scheme Membership

NHS Grampian has used a clear process and clear qualifying criteria for this schemes objectives and rules. It has provided an opportunity for the release of staff within a relatively short time interval without the significant and protracted process of organisational change. It has also provided non financial benefits including the reduction of anxiety and effects on morale of staff group and a more speedy process for redesign of services.

The scheme has been successful in reducing the overall headcount of the organisation by 61 and promoting the redesign of service. The full financial benefit of this scheme will be achieved within 2010/2011.

Regional Workforce

Through the North of Scotland Planning Group and the newly formed North of Scotland Workforce Planning & Development Group, the North Boards will collaborate to achieve workforce and service sustainability. They will work collectively to ensure that the regional workstreams attain the benefits of regional working, recognising where there is added value in a collective approach.

5.3. Nursing Workforce

NHS Grampian’s annual nursing budget is the largest in the organisation. Nursing establishment is also the largest in terms of WTE staff. The outputs from SAW and SANE project (Safe Affordable Nursing Establishment) will provide a clear direction to ensure that the nursing workforce continues to work effectively and efficiently.

Safe Affordable Nursing Establishment (SANE)

The SANE project has reviewed nursing establishments for the majority of nursing units across NHS Grampian and has identified areas of good practice from 355 completed templates e.g. alternative skill mix and 12 hour shifts. Peer reviews are currently underway. The output from this project will help identify areas requiring additional support and greater equity to ensure a safe and affordable establishment for each individual nursing unit and provide recommendations on how this can be resourced through redesign or staff redistribution.

Senior Charge Nurse Programme

This Grampian wide roll out of the Senior Charge Nurse Review continues with a designated module on effective rostering. The programme develops Senior Charge Nurses skills in many areas including workforce utilisation. To date around 100 nurses and midwives have completed this programme.

Nurse Bank Usage

On a monthly basis all nursing managers are given information about the usage of bank staff and a breakdown of why these staff were utilised. The aim is to continue to reduce bank usage which has
reduced by 23% over the last 12 months. NHS Grampian has encouraged managers to look at utilisation of their workforce and identify how this can be improved e.g. reviewing reason for bank usage and more active management of annual leave or the introduction of 12 hour shifts. All nurse bank requests continue to be scrutinised by Nurse Managers to ensure effective bank usage.

An action plan highlighting opportunities for significant savings is in place to progress recommendations of an internal Audit Report from Price Waterhouse Coopers on Nurse Bank Arrangements. These include the integration of Aberdeen Maternity Hospital Bank and the Moray Bank by the end of May 2010. The NHS Grampian Nurse Bank Service has drafted a proposal for service redesign which is currently awaiting approval. Once approved this will allow further integration of Bank Services including Aberdeen CHP and possibly Royal Aberdeen Children’s Hospital.

Nurse Agency Usage
NHS Grampian has already made a significant impact on the use of agency staff. Over the last 12 months there has been a reduction of 52%. The objective is to continue to reduce the usage of agency staff.

Productive Operating Theatre
The Productive Operating Theatre is part of the Productive Series Programme which supports NHS teams to redesign the way they manage and deliver their service. A key element of the success of the programme is that the initiatives are led and developed by the staff, which is supported in applying improvement techniques in their workplace setting. The programme focuses on safety and reliability, team performance, staff well being, and also efficiency.

In NHS Grampian, the Productive Ward and Productive Community Hospital Programmes commenced during the last financial year. More recently, the Productive Theatre Programme was introduced. In April 2010, a number of key members of theatre teams from Aberdeen and Moray received training for the Productive Theatre Programme. It is anticipated that the programme will provide a framework for theatre teams to support improvement work, complementing the work already undertaken through the Patient Safety Programme.

Productive Community
NHS Grampian has developed a programme which uses key tools to support community teams in increasing their productivity. This programme is known as productive community and the model is being tested with 3 community teams across Grampian. Dyce and Bucksburn along with Stonehaven have started and Forres will start in late April 2010. It is expected that roll out plans will be formulated for all 3 CHPs once this approach is finalised and planning for this will happen locally and in partnership with local authority colleagues. With significant support from Lead Nurses NHS Grampian has have taken learning from Lanarkshire and are applying it locally with support from the Continuing Service Improvement (CSI) team.

Releasing Time to Care
Releasing Time to Care which was previously known as the Productive Ward, focuses on improving ward processes and environments to help nurses and therapists spend more time on patient care thereby improving safety and efficiency. NHS Grampian are rolling out the Releasing Time to Care project across the system and from experience. Below is an example of an improvement.

A new handover format has been introduced using the SBAR framework (Situation, Background, Assessment and Recommendations) which is now used to communicate information. This format includes the use of preprinted handover sheets. The structure of handover and prompts were developed using a Plan Do Study Act (PDSA) approach to ensure the new process was appropriate to the ward needs. Team member involvement in the PDSA activity was critical, thus keeping ward team informed and ensure ownership. The handover times were measured over 1 week before the change and used subsequent PDSA’s to continue improvements. The handover time has reduced by 25 minutes per day over the three handovers and this has been sustained. The process, however, will continue to be
adjusted using the PDSA approach. In total at current levels this means 150 hours of nursing time can be released per year leading to improved staff satisfaction and delivery of care appropriate to the needs of the patient.

**Workforce Tools**

Utilising workforce tools as part of a robust methodology will provide a valuable evidence base from which the organisation can make and measure changes to its workforce in the context of patient safety and the quality framework. A toolkit of resources and process (6 steps, CSI/Lean, Productive Ward, NMWWPP tools, Patient Pathways and Workflows, Patient Safety Initiatives), along with workforce information (e.g. SWISS, SSTS, Finance, Vacancy Management) and Standardised Quality Measures (Clinical Quality Indicators, Datix reporting, Clinical Audit, Risk Registers, Complaints) will provide a rich source of information to inform discussions around appropriate safe staffing levels.

**Band 3 / 4**

Guidance has been developed in partnership for managers on the utilisation of band 3 and band 4 health care support workers; this has been circulated to managers to support role development in response to:

- Increasing and/or changing service demands
- Improving skill mix to release capacity within Band 5/Band 6 roles
- Supporting changes in the multi-professional team e.g. the roles and responsibilities of trainee doctors
- More efficient use of current staffing budgets to meet required efficiency savings

Further guidance on education options for band 3’s and 4’s is being developed to provide information around study time, mentoring requirements, service needs, transferability and accredited qualifications which will be mapped to NICHE and SVQ programmes.

**Newly Qualified Nurses (NQNs)**

Consideration needs to be given as to how NHS Grampian utilises and deploys Newly Qualified Nurses so that their roles and contribution complements the above initiatives. Around 130 nurses are due to graduate in September 2010 and it will be extremely challenging to place all of these individuals. Work is underway to look across all wards as well as other areas (e.g. Public Health) to accommodate the NQNs graduating in May.

**5.4. Medical Workforce**

The current NHS Grampian workforce issues for medical staffing are summarised in Annex 5 of the NHSG Local Delivery Plan from a perspective of affordability, adaptability and availability. NHS Grampian's CEL28 submission is our proposed possible medical workforce projections for some of our specialties (previously submitted to the Scottish Government).

From the perspective of medical staffing and possible workforce change the proposed reduction for NHS Grampian at this stage is minimal.

Although there are three possible options on moving this forward if a regional or national consensus is agreed:

1) a regional programme of work that aims to achieve three objectives:
   a) the establishment of a regional training programme in Emergency Care for rural hospital clinical staff, in particular nursing staff
   b) the augmentation of the community out of hours doctor service to allow assessment and treatment of inpatients in small rural hospitals out of hours
   c) the establishment of integrated community out of hours/Hospital at Night services
2) As appropriate, affirmative service redesign of turnover in trained doctor WTE as and when this occurs. This includes a focus on ensuring any such approach is affordable, safe in terms of patient care, efficient and inclusive of all relevant drivers for example HEAT targets. Two issues that require clarification are: is this an opposite direction of travel to other NHS Boards across Scotland and how to ensure that this is undertaken in a partnership manner which could require agreement at a national level?

There are a number of approaches possible to such a service redesign approach which would require careful consideration on a case by case basis.

3) Increase the number of doctors in training within estimates of appropriate yearly turnover in trained doctor WTE. This is in the opposite direction to the national policy of moving towards a trained doctor service although this would allow for the fundamental issue of affordability to be addressed. As described above for the second possibility of medical workforce redesign the two issues that require clarification are exactly the same.

Medical Locums

A locum doctor recruitment protocol has been introduced from the 1st April 2010 for NHS Grampian. This is following a recent review of the recruitment of locum doctors which highlighted a number of areas where current performance could be enhanced namely, the development of a formal written protocol for the recruitment of such staff, similar to that which exists for the recruitment of agency staff.

In association with such a policy various initiatives are being developed in the background to support the above approach. A process management and review of the above locum doctor recruitment protocol is ongoing to ensure a safe patient service is maintained at all times.

5.5 Continuous Service Improvement (CSI)

CSI is the framework through which NHS Grampian is embedding the lead methodology and the achievement of a culture within which all staff focus on continually improving the service they deliver – with the main aim being to expose and eliminate inefficiencies whilst sustaining safe, quality services across the whole system. Since its inception in Spring 2009, the potential impact and benefits of CSI are now being recognised as vital to the sustainability and improvement of services across NHS Grampian.

CSI encompasses a series of structured projects and programmes along with smaller, local improvements and aligns with the successes of the Scottish Patient Safety Programme (SPSP), Better Together and Releasing Time to Care – all examples of the lean methodology. Although CSI cannot determine exact head count reductions against each of the projects at this juncture, it is anticipated that all of the projects have the potential to generate the release of productive time back into the areas they impact on. As a result, either some element of the workforce will be freed up or, by focusing on ensuring that all work is undertaken at the most appropriate level, the skill mix across the services will be optimised. The NHS Grampian Workforce Development and Redesign team is aligned to all key projects to support teams in focusing on workforce implications through the use of the 6 Steps methodology.

Detailed below is an extract of some of NHS Grampian's current CSI portfolio of activity, which is supported with the anticipated impact it is likely to have on releasing productive time.
<table>
<thead>
<tr>
<th>PROJECT / PROGRAMME</th>
<th>IMPACT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Procurement Best Value</td>
<td>Review of all acquisition and stock handling process across the organisation.</td>
</tr>
<tr>
<td>Orthopaedic Theatres</td>
<td>Improvement of theatre utilisation and streamlining of patient pathways.</td>
</tr>
<tr>
<td>Length of Stay (LOS) Medical LOS Surgical LOS Community Hospitals</td>
<td>Pathway review and redesign to reduce LOS in 3 key areas and re-evaluate the resources needed to support the processes.</td>
</tr>
<tr>
<td>Maternity Services Review</td>
<td>Value Stream Analysis of Maternity Services delivery.</td>
</tr>
<tr>
<td>Redesign of Primary Care in the City</td>
<td>Delivery of a sustainable service through the merger or grouping of practices or closer working between practices.</td>
</tr>
<tr>
<td>Intermediate Care Programme</td>
<td>Revised pathways that are more efficient for staff and patients.</td>
</tr>
<tr>
<td>Recruitment Pathway</td>
<td>Streamlining of the recruitment pathway to ensure that it is as efficient as possible and to ensure that staff at the appropriate grade and role are undertaking recruitment activities.</td>
</tr>
<tr>
<td>Unscheduled Care</td>
<td>Improved patient pathways that support the sustainment of the 4 hours A&amp;E standard, which are resourced in the most efficient way possible.</td>
</tr>
<tr>
<td>Pharmacy</td>
<td>Review and redesign of pharmacy ordering, distribution and dispensary services to ensure all resource are used at the right place, at the right time and in the right number.</td>
</tr>
<tr>
<td>Long Term Conditions (Productive Community)</td>
<td>This project is designed to deliver efficiencies within the community setting. In other areas where it has been adopted it has generated a significant release of productive time and therefore human resource.</td>
</tr>
</tbody>
</table>
6. Implementation, Monitoring and Review

In Partnership

The development of this Workforce Plan which has been created in partnership is only one aspect of NHS Grampians aim of implementing a sustainable workforce. The Plan generally covers 2010 and 2011 and there is a need for the organisation to look further ahead to the future needs of patients and how services will be provided. The direction provided by the NHS Grampian Health Plan 2010-2013 (http://www.nhsgrampian.org/nhsgrampian/files/GHP2010-13.pdf) will be used as a basis for future Workforce Plans.

NHS Grampian will continue to develop Workforce Plans in partnership and involve both staff side and staff partners. Performance management of this Plan is the responsibility of the NHS Board, however implementation will require all managers to contribute to the attainment of the projected workforce changes. The Strategic Workforce Steering Group and Staff Governance Committee will play key roles in the overall monitoring of the Plan and its implementation. With quarterly meetings there will be opportunities for on going review throughout the year.

There is a need to ensure that the Workforce Plan is well communicated throughout the organisation and that the workforce understand the contribution they will make in its achievement. A number of methods will be used to communicate including the intranet and local email.

This NHS Grampian Workforce Plan for 2010/2011 is a snapshot of the current workforce and the strategies the organisation will put in place to achieve the future sustainable workforce. This Plan will provide the organisation with baseline which the organisation can use to measure its progress and highlight any variances.

As in all plans there is a degree of uncertainty which is associated with this Workforce Plan given the number of factors both internal and external which impact on the workforce supply and demand. Figures provided in the projections are approximate estimates within each workforce group given the interdependency of many roles, specific turnover rates within workforce groups and the outcome of the SAW/CSI projects. Clearly these figures are given as an explanation of how changes to the workforce could support NHS Grampian achieve financial balance.

NHS Grampian will formally review this Workforce Plan on an annual basis and provide an updated version focusing on exceptions during 2011/2012.
Acknowledgements

This document has been developed with support from a number of individuals and groups from throughout NHS Grampian. Contributions have come from all areas within the system and in particular the Workforce Development Team who would like to thank all the contributors who have been crucial in the development of this plan.

Thanks are also due to the Grampian Area Partnership Forum and the Staff Governance Committee for their feedback and suggestions.

Final thanks to our Finance colleagues for their input to the Plan and in particular the projections.

Statistical Information

Statistical information has been provided from a number of sources including the Scottish Workforce Information Standard System (SWISS), General Register Office of Scotland (GROS), Scotland Government Statistics (www.scotland.gov.uk), Information Services Division Scotland (ISD) Scotland and Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS) 2006. A staff group glossary is attached as Appendix 1.

Please note that a number of hyperlinks are provided within the Plan for referenced documents. These are available to NHS Grampian staff only through the internal intranet. Please contact NHS Grampian for details if not available on our website:

nhsgrampian.org