Directorate for Health Workforce and Performance
Workforce Planning and Development Division

The Scottish Government

CEL 32 (2011)

19 December 2011

Addresses

For action
Chief Executives, NHSS
Directors of Human Resources, NHSS
Directors of Finance NHSS
Workforce Planners, NHSS

For information
Scottish Partnership Forum Members
Scottish Workforce And Staff Governance Group Members (SWAG)
Employee Directors, NHSS
Directors of Nursing, NHSS
Directors of AHP, NHSS
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Dear Colleague

REVISED WORKFORCE PLANNING GUIDANCE 2011

Purpose

1. To provide NHS Boards (and their component services) with a consistent framework to support evidence based workforce planning. The key aims of this framework are to ensure the highest quality of care for patients by ensuring NHSScotland has the right workforce with the right skills and competences deployed in the right place at the right time.

2. This guidance is designed to support and assist those responsible for leading on workforce planning, in particular the development of workforce plans at service, NHS Board and regional level. The guidance will also be of assistance to those in other areas of planning, most notably within financial and service planning functions, and in integrating health and social care planning.

3. This guidance supersedes HDL (2005) 52.

Background

4. Workforce planning is a statutory requirement and was established in NHSScotland (NHSS) in 2005 with the issuing of HDL (2005)52 "National Workforce Planning Framework 2005 Guidance"[1], which provided NHS Boards with a base for establishing workforce planning as a key element of the wider planning systems within NHSS.

5. The original HDL was developed at a time when workforce planning was a new development in NHSScotland. There has been discussion at NHS Board level for some time about the need to refresh the workforce planning guidance and to ensure that the methodology could be used by other areas of planning, most notably within financial and service planning. Particularly as we are seeing significant changes in the skill mix of staff groups and consequences of changes in one staff group on other groups it is crucial that NHS Boards use the evidence available to them to develop their workforce plans and workforce projections.

6. This refreshed guidance was drafted by a Drafting Group which included NHSScotland colleagues, partnership representation and Scottish Government.

[1] http://www.scotland.gov.uk/Publications/2005/08/30112522/25230

Healthcare Quality Strategy

7. This guidance sits within the Healthcare Quality Strategy for NHSScotland (published in May 2010)[2] which aims to build upon quality healthcare services in Scotland and ensure all work is integrated and aligned to the Quality Ambitions[3] with measurable improvements which include patients' experience to deliver the highest quality healthcare services to people in Scotland and in doing so provide recognised world leading quality healthcare services. This guidance will help NHS Boards to demonstrate in their Workforce plans how they contribute to better quality of care and outcomes for patients and deliver the Quality Ambitions.

Six Steps Methodology Format

8. The format of the guidance reflects the 6 Step Methodology[4] to Integrated Workforce Planning and contains workforce planning checklists at each step of the process and sign-posts to other data and information sources that will be of particular help in ensuring that workforce plans are evidence based.

9. This guidance (provided in Annex A) should be used by NHS Boards as part of the service improvement methodology to identify key workforce issues that support future models of care/ service delivery and how they will ensure the highest quality of care for patients. It also provides a tool to:

- Ensure closer integration between NHS Boards and social care providers in planning the wider workforce.
- Identify the key learning and educational needs of the existing and future workforce, the evidence of which will inform national education and training requirements.
- Reference the evidence and material that will support the wider planning agenda (including finance and service planning).
- Ensure that in developing workforce plans they support corporate goals and objectives.
- Take account of the guiding principles of workforce planning (as set out in Annex B).

Workforce Projections

10. The guidance and six steps methodology refer to workforce projections as part of the wider workforce planning process and you will be aware that SGHD has required NHS Boards to submit projections annually for several years, in part to enable us to develop a national picture of likely trends across all staff groups but specifically to inform annual student intake to the "controlled" groups (medical, dental and nursing and midwifery). You will also be aware that the projections exercise in 2011 raised a number of issues around the challenges of making meaningful projections for year 5 in current circumstances. We have reflected on that and will make changes to the process from next year. We will continue to issue a template for workforce projections, which will include specific guidance on coverage and completion, but will require detailed projections for most staff groups for a 3 year period only. This will align the projections exercise with the normal Spending Review period which provides a higher degree of planning certainty than could be offered for the longer term. The longer term continues to be important. However, in terms of SGHD setting undergraduate numbers for the "controlled" staff groups of medical, dental and nursing and midwifery. Medical and dental are already subject to separate longer term planning processes from which undergraduate intake is derived and those groups have therefore been excluded from the longer term element of workforce projections in recent years. For next year and beyond, we will similarly undertake a

[2] http://www.scotland.gov.uk/Topics/Health/NHS-Scotland/NHSQuality/QualityStrategy

[3] http://www.scotland.gov.uk/Topics/Health/NHS-Scotland/NHSQuality/qualityambitions

[4] http://www.healthcareworkforce.nhs.uk/resource_library/latest_resources/six_steps_refresh.html

parallel review of nursing and midwifery workforce over the longer term in order develop more robust recommendations to Ministers on student nurse and midwifery intake.

Summary

11. Significant progress has already been achieved and workforce planning has demonstrated a flexible, integrated approach with service and financial planning arrangements to meet the demands of NHSS. This revised guidance will not only help support those involved in developing workforce plans and projections but will also support workforce planning capability by providing of a consistent framework, and lead to a further step change in workforce planning across NHSS and social care providers.

Timing

12. This guidance should be used for the development of NHS Board Workforce Plans from 2012. NHS Boards should publish their Workforce Plans on their NHS Board's website by 30 June of each year and submit their workforce projections to Scottish Government on the agreed template, which will be issued in due course, by the same date.

Action

13. NHS Chief Executives are asked to ensure that the framework provided is used to develop their Board Workforce Plans from 2012 and specifically to ensure:

- **That integrated workforce planning is effectively undertaken to meet local, regional and national requirements.**
- **Workforce planning leads are identified to co-ordinate workforce planning and the development and reporting of workforce plans within NHS Boards.**
- **NHS Board Workforce Plans identify how they contribute to the highest quality of care for patients as set out in the Quality Strategy.**
- **That NHS Boards have systems in place to support the provision of quality workforce data, and the delivery of the National Data Quality Standard.**
- **NHS Board Workforce Plans have been developed in line with local partnership and staff governance arrangements as well as reflect an integrated approach with other planning agendas at local, regional or national levels. This is particularly important in demonstrating the integration with social care providers.**
- **For the nursing and midwifery workforce, professional validated workload measurement and workforce configuration tools should be used. NHS Boards should reference the national nursing and midwifery workload and workforce planning tools (as appropriate) used in deriving the nursing numbers for each clinical area (as appropriate). These tools should be used as part of the triangulated approach incorporating professional judgement with quality measures.**

Yours sincerely

RICKY VERRALL
Deputy Director for Workforce Planning and Development

REVISED WORKFORCE PLANNING GUIDANCE 2011 – REFRESH OF HDL 52 (2005) WORKFORCE PLANNING FRAMEWORK

Background

1. Workforce Planning has progressed significantly since 2005 and now supports a strategic and longer term portfolio encapsulating core elements of service and financial planning, identifying education and training needs, socially responsible recruitment and issues around workforce sustainability. This allows for factors influencing developments within the public sector, particularly in areas such as service redesign, the appropriate deployment of staff and the achievement of productivity and efficiency targets.

Why we workforce plan

2. Effective workforce planning ensures that services and organisations have the necessary information, capability, capacity and skills to plan for current and future workforce requirements. This means planning a sustainable workforce of the right size, with the right skills and competences, which is responsive to health and social care demand and ensures effective and efficient service delivery across a broad range of services and locations. This is particularly important as an increasing amount of service is moving towards community based care.

3. The constantly changing dynamics of service provision and a mobile labour market make it challenging to achieve perfect alignment of workforce supply and demand. However, by applying a systematic and consistent approach to workforce planning, NHS Boards can anticipate and respond proactively to changes in workforce supply and demand. Workforce planning also relates to the preparation of our existing workforce to meet future service need through education and development pathways.

4. The collection and analysis of this workforce evidence and information at national level (including the staff projections exercise using the agreed template) enables the Scottish Government and education providers to have a comprehensive picture of skill requirements across the NHSScotland workforce. This process also identifies a national picture of workforce availability, identifies any hard to recruit to posts and covers all staff employed in NHSS. The process also covers the non-clinical workforce and will be used to support the national commissioning processes for medical, dental and nursing and midwifery training.

5. The term *Workforce Planning* can be used to describe a number of different yet related activities, these being:

Designing the future workforce
This is not just about service redesign and workforce alignment, but understanding and influencing the impact that redesigned and new services will have on the current or future workforce - ensuring that these workforce implications are considered as part of the service and financial planning process.

Developing the future workforce
This is about understanding what skills and competences will be needed to deliver service redesign and new services, where these skills and competences will come from and making provision to develop these skills and competences if they are not already available within the current workforce. This includes education commissioning, staff development, plus the recruitment and retention process.

Delivering the future workforce
This is about the management actions which are needed to ensure that the workforce is engaged, that new ways of working are achieved, that workforce development plans are delivered and that best practice is shared and adopted.

NHS Board Workforce Plans

6. Although workforce planning is an ongoing process, NHS **Board Annual Workforce Plans should signed off by the NHS Board Chief Executive and formally published on NHS Board's websites by 30 June of each year.** The structure of these workforce plans should reflect the steps provided in this guidance.

7. NHS Boards should ensure that the workforce planning principles lie at the heart of their approach, in particular applying the tests, where possible, of **affordability, availability and adaptability** in developing sustainable and robust outcomes (definitions included in Glossary).

8. Changes to the economic climate may also impact on the wider population in relation to the health of the population. Workforce plans should therefore make reference to local labour markets and describe strategies that support socially responsible recruitment, which underpins local economies and the health inequalities agenda.

Regional Workforce Planning

9. The methodology and process provided in this refreshed guidance (CEL 32 (2011) can be used at local, regional or national level and the NHS Board Workforce Plans developed using it will support and inform regional workforce planning.

NHS Board Workforce Projections

10. Workforce projections (part of Step 3) only present part of the picture in predicting workforce requirements. With advances in medicine, new technology and drug treatments, and new ways of delivering services, medium to long term numerical projections are challenging. However, the majority of the future workforce is the current workforce, therefore projected workforce planning needs to allow for the development of the existing workforce to meet future predicted population and service need. It is the skills the workforce possesses, that will support the quality and governance agenda. Workforce education priorities can be identified through population and service profiles, and used to inform workforce personal development planning and education and training.

11. Detailed NHS **Board Workforce Projections should be submitted to the Scotish Government on the agreed template, which will be issued separately, by 30 June of each year.** The detailed narrative contained within the NHS Board Workforce plans will inform the completion of the template. Completed templates will be signed off by the NHS Board Chief Executive. In the case of the Nursing & Midwifery workforce projections, the Board Nurse Director should have professional oversight of the numbers and endorse these as part of the NHS Board Workforce Plan. NHS Boards should provide details of the workload/workforce planning tools used (where available) in the planning of their nursing and midwifery workforce.

12. SGHD will issue a template for workforce projections annually, which will include specific guidance on coverage, time horizons and completion. NHS Boards' projections, alongside the actions identified in workforce plans, should be informed by consideration of the short, medium and long terms (see Step 5 at Annex A) but detailed projections for most staff groups will be required for a 3 year period only, to align with the usual Spending Review period. Longer term workforce trends for the groups for which student intake is "controlled" (medical, dental and nursing and midwifery) will take into account the 3 year projections and other elements of NHS Boards' workforce plans, but will be considered further in more detailed parallel processes from which annual student intake numbers will be derived.

Workforce Data Quality

13. The quality of workforce data impacts on all workforce related organisational decisions, including the measurement of performance, for example sickness absence and workforce productivity and efficiency. A great deal of progress has been made in relation to

data quality both at local and national level, but it is imperative that NHS Boards have in place adequate structures to effectively produce, manage and maintain data quality. NHS Boards need to be able to demonstrate implementation of the National Data Quality Standard, and have robust systems in place to provide assurance that all staff involved in the workforce data coding are working to the required standard. NHS Boards should also have systems to identify and rectify data inaccuracies.

14. To ensure the continued improvement in the quality of workforce information and the delivery of the National Data Quality Standard, it is important that NHS Boards make sure provisions are in place to ensure the accurate capture of workforce information. Each NHS Board should have an identified lead to ensure data quality and workforce information, is monitored, and accurately captured on an ongoing basis.

15. NHS Boards will be required to establish information systems which allow for benchmarking across NHSS. In addition, NHS Boards will utilise consistent national data sources to align population and labour market information to inform workforce planning and education and training priorities.

Staff Governance and Partnership Arrangements

16. Workforce Planning is a key component of the NHSS Staff Governance Standard[5] in terms of underpinning the delivery of efficient and effective patient centred services across NHSS. Boards should evidence how workforce planning has been embedded in the partnership working agenda and demonstrate workforce and partnership engagement in the development of workforce plans.

17. NHS Board and Committee papers should include ongoing assessments of any workforce implications as part of core business to ensure workforce demand and supply profiles remain reflective of organisational developments. This should also include an ongoing assessment of education and training needs.

18. In line with Equality and Diversity requirements, NHS Boards should ensure a Rapid Impact Assessment/Planning for Fairness Process is applied prior to the publication of workforce plans.

Drivers for Change

19. Workforce plans should articulate the drivers for change and 'levers' and the impact these will have on the future workforce and ultimately on the provision of future services. These drivers for change and 'levers' will have an impact on the levels of demand for future workforce numbers and skills as well as the ability to ensure a ready supply of workforce resources.

20. Everything that happens in NHSS should be in line with the ambitions of the Quality Strategy and should contribute to measureable improvement. NHS Boards should consider how their workforce plans acknowledge the Quality Strategy Quality Outcomes that in turn represent the key outcomes we expect to achieve in pursuit of the three Quality Ambitions. NHS Boards should articulate how these may impact on future services identifying workforce solutions that ensure:

- People have the best start in life and are enabled to live longer healthier lives
- People are supported to live well at home or in the community
- Everyone has a positive experience of healthcare
- All staff feel supported and engaged
- Healthcare is safe for every person, every time
- Best possible use is made of available resources

[5] http://www.staffgovernance.scot.nhs.uk/what-is-staff-governance/staff-governance-standard/

21. As a companion document to the Quality Strategy, the Efficiency and Productivity Framework[6] for SR10 (published February 2011) provides the direction of travel for NHSS to improve quality while reducing overall cost.

Demographic Influences

22. The changing pattern of Scotland's future demographic profile will play a pivotal role in shaping the number and type of health services required as well as how and where these will be delivered. It is imperative that in developing fit for purpose workforce plans, NHS Boards are able to demonstrate how changes in future service demand and workforce supply based on population need can be managed. Annex D provides some suggested data sources.

Education and Training

23. A core element of NHS Board workforce planning function is the identification of organisational education and training requirements to ensure the workforce has the capability and competency to meet current and future service and population need. The national aggregation of this data will influence commissioning and provide a regional picture of supply variances and education requirements.

24. An appropriately skilled, competent and deployed workforce is essential to achieve performance targets and meet local, regional and national objectives. Therefore integration with service and financial planning systems is essential to ensure that the workforce impact is accounted for as an integral component of integrated service planning.

Workforce Planning Capacity and Capability

25. Investment in workforce planning education has been made at NHS Board and national level. This has embedded workforce planning within NHSS and enabled the sharing of responsibility across a range of services and professions, thereby ensuring a step change in workforce planning capacity and capability across NHSS.

26. More specifically workforce planning will:

- Ensure corporate ownership and support organisational goals and objectives.
- be consistent and evidence-based
- Operate out-with traditional boundaries and across NHSS and other public sector partners.
- Support service re-design, new ways of working and achieving key targets. .
- develop and deploy the workforce based on population need
- Focus on future staffing requirements linked to issues of productivity and efficiency.

6 Steps Methodology

27. The 6 Steps Methodology sets out a consistent, practical framework that outlines the elements that should be contained in workforce plans whether they are at service, NHS Board or Regional level. The guidance provided in Annex A describes the components which should be included in each part of the NHS Board Workforce Plan.

December 2011

[6] http://www.scotland.gov.uk/Resource/Doc/341668/0113614.pdf

Annex A

6 Steps Methodology Guidance

The following guidance outlines the components that should be included in each step of the NHS Board Annual Workforce Plan.

Step 1 - Defining the Plan

This is the first step in any planning process. NHS Boards should stipulate why a workforce plan is necessary and how it will support the achievement of wider corporate goals and objectives. The purpose, scope and ownership of the workforce plan should be made explicitly clear within this section. To support this, the following information/ data should be considered/ acknowledged at this stage.

Within this section, NHS Boards should provide:

- An overview of the organisation, including, the geography and lay out of the NHS Board area. In addition information on the number and type of services provided along with information on the overall size of the workforce should be provided.

- A clear statement on the purpose and objectives of the workforce plan should be outlined at this stage. This must reflect how the workforce plan links to the achievement of the main goals and objectives of the organisation and in turn supports consistent corporate communication.

- A description of the agreed outputs to be achieved from developing the workforce plan and how these will impact across other service areas within the NHS Board should be highlighted.

- A description of the workforce engagement and partnership working and consultation which supports the Workforce Planning function.

- A description of the Workforce Planning process adopted including reference to agreed governance arrangements and details of workforce engagement and Partnership involvement.

- An update on the actions identified from the previous year's Workforce Plan, indicating any timeframes set against those actions that are being carried forward.

Step 2 - Service Change

This section should indicate the goals and benefits of change, the future context for how services will be delivered, identify the options for future service delivery, the drivers for and/or constraints against future changes and what any preferred option(s) might look like.

This step is an excellent way of ensuring appropriate engagement with a range of stakeholders in the planning process. From here is it possible to determine the specific benefits, goals and objectives of any future service delivery. It is also possible to begin to create a range of service scenarios for the future and how this may specifically impact on the workforce.

Care must be taken not to unduly replicate information that is available in other plans such as the Local Delivery Plan (LDP), finance plan, service plans etc. The intention is not to duplicate reams of information but to ensure that underpinning information and context is taken into consideration.

Within this section, NHS Boards should:

- Describe what the future population profile may look like and highlight the comparison with the current configuration. Reference any data and information gathered from sources such as the General Register for Scotland (GRO). A list of helpful key data sources is provided in Annex D. Need to be mindful that demographic intelligence may vary considerably between NHS Board, regional and national boundaries.

- Make specific reference to any population priorities and/or disease profile for their NHS Board area making reference to appropriate data sources such as the Director of Public Health Annual Report, Scotpho and ISD Scotland (Annex D).

- Describe any known current financial issues facing the organisation as well as those anticipated in the medium to long term. This should already be reflected as part of the Finance Plan and the Local Delivery Plans.

- Describe any major service changes or changes resulting from service redesign which will or are likely to be taken forward in the future, articulating the impact these may have on the future workforce configuration.

- Describe any additional drivers and constraints on the delivery of future services. These would include issues such as economical environment, the political landscape, therapeutic advancements, patient attitudes/expectations, care/service pathways, changes in service location etc.

- Describe the corporate goals and/or targets that will impact on the workforce planning agenda and vice versa. Examples should include Health Efficiency, Access and Treatment (HEAT) targets[7], LDP, the Quality Measurement Framework and any agreed workforce productivity and efficiency targets.

- Describe the key strategies which are influencing service demand and configuration.

- Describe the workforce implications from strategic projects/developments already agreed by the NHS Board – set out in an action plan with short, medium and longer term timescales.

- Consider any integrated services with key partners including for example links with social care.

- Highlight any local issues being resolved across NHS Board boundaries with partner agencies and/or on a regional basis, e.g. Managed Clinical or Obligate Networks.

Step 3 – Defining the Required Workforce

This step should outline the workforce required to meet the predicted service needs and requires all of the key issues local and national which will impact on workforce design and deployment to be taken into account.

Within this section, NHS Boards should:

- Describe the required skills and competencies respond to predicted population and service need, with the objective of establishing a responsive competency based workforce.

- Highlight any workforce reporting requirements as well as any agreed workforce projections.

[7] http://www.scotland.gov.uk/Topics/Health/NHS-Scotland/17273/targets

- Describe the need for changing skill sets influenced by, for example, further shifts towards neighbourhood based care, demographics, changes in treatment pathways and technical and medical advances. The geography of service provision should also be accounted for as these may have an impact on the design of the workforce, the availability of the required skills with the local area, the availability of training provision, and the adaptability and retention of staff.

- Use modelling tools such as the Workforce Modelling Tree approach provides a useful planning tool that can be used to visualise and model the current and future shape and size of the workforce, showing ratios and cost.

- Ensure there is parity across the Career Framework in describing vocational and professional qualifications and development needs of staff. The Scottish Credit Qualification Framework[8] will act as the central framework to establish the required level of education for staff.

- Describe the requirements for new roles. The declaration of this within NHS Board Workforce Plans allows for alignment with other NHS Boards undertaking similar work, it also allows NHS Education Scotland (NES) to be informed of development need.

- Workforce projections are part of this Step and will be collected by completing the template agreed by Scottish Government. The use of professional validated workload measurement and workforce configuration tools should be used to assist the calculations. For the nursing and midwifery workforce NHS Boards should reference the National Nursing and Midwifery workload and workforce planning tools (as appropriate) used in deriving the nursing numbers for each clinical area (as appropriate). The tools should be used as part of the triangulation approach incorporating professional judgement with quality measures.

- Describe the systems and forums they have in place to establish data quality standards and to resolve identified data quality issues.

- It is important to acknowledge that projections do not just relate to numerical or short term affordable projections. The projections should also relate to the preparation of existing workforce to meet future service need through education and development pathways.

Step 4 – Workforce Capability

This section should describe the characteristics of the current workforce (i.e. baseline data), how any supply data can inform workforce forecasting and to identify what options can be implemented in managing future supply.

Within this section, NHS Boards should:

- Describe the provision of available workforce data to inform the development of the workforce plan. NHS Boards should also share what data quality measures have been put in place along with local governance arrangements that allow for robust workforce planning outcomes.

- Undertake to present a profile of the workforce covering individual staff/ professional groups. One of the options at this stage would be to present the profile of the workforce in the form of a Workforce Tree model.

[8] http://www.scqf.org.uk/The%20Framework/

- Highlight any trend data on vacancies outlining any known recruitment hotspots as well as an indication as to whether this is a local, regional or national issue.

- Provide an outline on the expenditure and usage associated with supplementary staffing. This would include analysis on Bank, Agency and Locum deployment.

- Highlight the expenditure made against overtime, excess and part-time hours; and enhanced hours.

- Outline the breakdown of contracted sessions for the Consultant workforce, with particular reference to Direct Clinical Care (DCCs), Extra Programmed Activities (EPAs), Supporting Professional Activities (SPAs) etc. Further information stemming from the Consultant Job Planning process should also be highlighted at this stage (at data level which does not identify individuals).

- Review the local economy, in particular the available labour market, making reference to any labour market statistics including issues such as youth unemployment.

- Describe socially responsible recruitment practices being undertaken/ proposed that may support the appropriate supply of workforce in the future. Examples would include Work Experience placements, Modern Apprenticeships and local initiatives such as the Health Academy model where clear, structured and supported pathways have been developed to enable people from marginalised groups to access employment opportunities.

- Describe any known or projected skill gaps across service/ staff group boundaries making reference to the NHS Career Framework. This has the potential to be aggregated by Scottish Government to present a Scotland wide picture that would support the need for any specific education and training initiatives to be deployed at a local or national level.

Step 5 – Action Plan

Developing your NHS Board action plan is a high priority in the process because it identifies the actions and sets out how these will be progressed and managed by the NHS Board.

Within this section, NHS Boards should:

- Set out actions indicating whether they are short, medium or longer term, relating to the following time periods:

  Short Term – up to 1 year
  Medium Term – 1-3 years
  Long Term – 3-5 years +

- Describe NHS Board progress on Actions from the previous Workforce Plan (also covered in Step 1). The template for the NHS Board action plan is provided in Annex C.

- Describe the Education & Training priorities. An integrated education and training plan should be part of the NHS Board Workforce Plan; this allows for education and development priorities to be established and understood both at local and national level.

- Describe the detail of the NHS Board Workforce Data Quality Plan and describe the structures which are in place to support the provision of data quality.

- Demonstrate workforce planning capability by describing the Board Workforce Planning structure to demonstrate the credibility, capability and competence of workforce planning function to the Scottish Government.

- Include a Knowledge and Skills/Gap analysis across the career framework aligned to the Scottish Credit Qualifications Framework (SCQF), Career Framework[9], KSF and national occupational standards to determine the different education levels required.

- Highlight hard to fill posts or any workforce issues that could be progressed at national level. This will enable the Scottish Government to establish an accurate picture of workforce challenges across NHSScotland.

- Describe the NHS Board intervention to support socially responsible recruitment helping line with tackling health inequalities and supporting local economies and infrastructure.

- Outline the NHS Board skills registers/redeployment lists to ensure that the available workforce resource is able to contribute to its potential. The majority of staff for redesigned services will already be in NHSS employment and will be matched to meet service need with the requisite skills and competences required being delivered through training and support.

- Describe future workforce shape and size of the workforce through the use of the agreed projections template (collected by Scottish Government).

- Ensure that actions and progress on stated actions are described each year, so that no actions can be removed without description of progress or amendment. This will demonstrate ongoing iterative workforce planning.

- Highlight that the NHS Board recognise the importance of outlining education requirements in a consistent way that enables NES, Skills for Health and the wider educational sector to aggregate need and develop responsive education solutions.

- Describe the risks associated with the NHS Board Annual Workforce Plan and any steps taken to mitigate or remove these risks.

Step 6 – Implementation and Monitoring

Step 6 is the monitoring process for plans, it also allows for reflection on actions and taking account of any new drivers and any unintended consequences of developments.

The NHS Board Action Plan should be iterative, therefore the actions that are described as short, medium and long term should progress in relation to the immediacy as each year's action plan is developed e.g. medium term, will progress to short term. The monitoring process will be through the agreed NHS Board Committee structure and through Scottish Government monitoring and reporting.

[9] http://www.scotland.gov.uk/Topics/Health/NHS-Scotland/nhsworkforce/Framework

Annex B

Guiding Principles of Workforce Planning – operational

Workforce Planning will:

- Use the 6 steps approach to ensure it is efficient and effective
- Will normally be led by Workforce/HR in NHS Boards.
- Integrate with service and financial planning, as well as other planning systems such as educational and training planning.
- Apply the tests of Affordability, Availability and Adaptability.
- Designing, Developing and Delivering the future workforce
- Improve the balance and alignment of demand and supply, by ensuring that an evidence based approach is used to inform workforce planning.

Dimensions:

- Is an ongoing process
- Is part of the service improvement methodology
- Involves partnership colleagues, finance and service colleagues from across the NHS Board supported by the Chair, Chief Executive and Director of Finance.
- Takes account of any workforce targets

Action Plan Template (see Step 5) **Annex C**

	Description of Action	Lead	Timescale for implementation (Short, Medium or Long term)	Description of Potential impact on Workforce	Financial resources required	Progress towards implementation
1						
2						
3						
4						
5						
6						
7						
8						

Annex D

Key Sources of data

Scotpho **-** http://www.scotpho.org.uk/home/home.asp

Community Benchmark Tool -
The tool can be accessed by NHS staff via the following web link;

www.show.scot.nhs.uk/workforce

Projected Population of Scotland (2008 Based) - General Register for Scotland
http://www.gro-scotland.gov.uk/statistics/theme/population/projections/scotland/2008-based/index.html

ISD Scotland (www.isdscotland.org)

NHS Education for Scotland (www.nes.scot.nhs.uk)

Labour Market Statistics (www.scotland.gov.uk/Topics/Statistics/Browse/Labour-Market)

Skills for Health (www.skillsforhealth.org.uk)

Centre for Workforce Intelligence (www.cfwi.org.uk)

Scottish Public Health Observatory (www.scotpho.org.uk)

SHOW (www.show.scot.nhs.uk)

Higher Education Statistics Agency (www.hesa.ac.uk)

Office of National Statistics (www.statistics.gov.uk)

Annual Survey of Hours & Earnings (www.statistics.gov.uk/statbase/product.asp?vlnk=13101)

Key Drivers for Change

On consultation with some NHS workforce planners, we have provided a list of drivers for change which may be relevant when producing your workforce plan and projections. The list is by no-means exhaustive, rather some basic guidance on what to consider when compiling the return. Full guidance is provided in HDL 52 (2005) (Step 2)

Driver	**Description**
Activity	Demographics, epidemiology, population projections, local & national health issues/aims
Local Service Changes	Proposed changes to delivery e.g. opening hours, location, required workforce
Retirements & Age Profile	Changes to legislation e.g. average retirement age, projections for staff behaviour & likely retirement ages
Service Sustainability	If no changes planned, what is the requirement to deliver a sustainable level i.e. backfill for attrition, increase in activity, potential difficulties in recruitment
Forthcoming Projects	Will any have a direct impact on workforce e.g. new build, significant redevelopment
Service Redesign	Skill mix changes, changes to service delivery e.g. Junior doctors being replaced with nurse specialists
Affordability	Efficiency savings impact, effect of

	incremental drift, internal savings targets, capital projects etc
Shrinkage	Items which will reduce the on-floor time e.g. sickness absence, training, secondments, annual leave etc.
Gender	Affect on contributory hours where applicable e.g. career breaks, maternity etc
Productivity & Efficiency	Changes to productivity, reducing requirement.
New guidance	Professional/Government guidance on minimum staffing levels, changes to skill mix, responsibilities etc
Targets	New targets from Government, internal aims affecting the required workforce e.g. 25% reduction in management
Advances & New Technology	Changes to procedures/processes affecting required staff, improvements in technology reducing staffing requirement
Turnover	Slowing/accelerating/static, affect on workforce
Benchmarking	Is your NHS Board's workforce trend in-line with other boards, are there reasons why it may be different, does it highlight any workforce issues?

Definitions/Glossary

Affordable, Adaptable and Available –

- Affordable: Workforce planning projections are affordable and offer value for money.
- Adaptable: The planned workforce is trained and supported, and plans fit with those for service redesign.
- Available: There are adequate sources of supply for the planned workforce.

All medical specialties – All medical specialties include hospital, community and public health medical specialties, but exclude dental hospital, community and public health specialties. Associate Specialist – A medical practitioner appointed to the Associate Specialist grade will have worked a minimum of four years as registrar, staff grade, clinical medical officer or senior clinical officer. Two of those years are in the relevant specialty. In total, the Associate Specialist will have 10 years of medical experience since graduating from medical school.

Capability and competency - Ability and knowledge or skill to do something successfully or effectively.

Certificate of Completion of Training (CCT) – A CCT confirms that a doctor has completed an approved training programme and is eligible for entry onto the General Practice Register or the Specialist Register http://www.gmc-uk.org/doctors/aboutcct.asp

Employment – An employee may hold more than one appointment in NHSS. Their appointments may be in more than one NHS organisation, in more than one region, in more than one specialty, or in more than one grade. The 'Employment' variable will count the employee under each organisation/region/specialty/grade they work i.e. the same employee may be counted more than once.

Establishment – Number of funded posts irrespective of whether the posts are filled or not. Establishment is calculated adding the number of staff in post and the number of vacancies at a point in time. It can be measured in WTE or headcount.

Full-time – A full time employee works the full weekly conditioned hours for the grade. This will be 37.5 hours per week under Agenda for Change. Under the New Consultant Contract, the 10 Programmed Activities or 40 hours are the conditioned hours for medical staff. Note that prior to the New Consultant Contract, those working a 'maximum part time contract' with 10 sessions and those working 11 sessions were recognised as 'full time'.

Headcount – Refers to the count of individuals, allowing some to hold more than one post in different organisation. When converting Whole Time Equivallent (WTE) to headcount using average WTE, decimals are rounded up to reflect that contribution will be delivered by one individual. For example, 1.2 converted headcount would be rounded to 2 individuals. Total headcount for NHSScotland will not be equal to the sum of the headcount working in the various NHS organisations. This reflects that some individuals work in more than one organisation.

Integrated Workforce Planning – Workforce Planning means having the right people, with the right skills, in the right place at the right time. An integrated workforce plan requires workforce planners to work closely with service and financial planners and takes account of the Local Delivery Plan. This will ensure a workforce plan, which meets the needs of the population and is affordable.

Joiners – The number of employees that join a substantive post, from another staff group, another NHS Board, someone who is new to NHSScotland or someone showing as having not worked in NHSS in the last 10 years would be classed as a 'joiner'. Someone showing up 9 years ago would count as a re-joiner.

Leavers – The number of employees that leave a substantive post to move to another staff group, another NHS Board or leave NHSS.

Local Delivery Plan (LDP) - LDPs provide details of:

- risks and risk management;
- planned levels of performance for each key performance measure;
- provides financial Templates

Models of care - Model of care is a multidimensional concept that defines the way in which health care services are delivered

National Data Quality Standard - National Data Standards are essential in order for the health and healthcare data held by ISD Scotland to be of high quality. They ensure that the data are collected throughout Scotland according to the same classifications and rules and the data is interchanged between systems consistently, robustly and securely.

NHSS – National Health Service Scotland

Out of Hours – The out-of-hours period is 18.30-08.00 on weekdays, all weekend and bank and public holidays.

Part-timer – A part time employee works less that the full weekly conditioned hours for the grade.

Rejoiners – The number of employees that worked in NHSS, had a minimum break of one year and then came back into NHSS.

Socially responsible recruitment – Poverty is the greatest determinant of ill health. Socially Responsible Recruitment is about interventions to support breaking the links between poverty and ill health, these include Healthcare Academies, and inclusive and equitable recruitment to ensure we have a workforce which reflects the population we service.

Staff groups

- Clinical Staff group: This group includes Hospital doctors and dentists, General Practitioners, General Dental Practitioners, nursing and midwifery staff, Allied Health Professionals, ambulance staff, scientific, professional, and technical staff.
- Non-clinical Staff group: This group includes staff in the Administrative & Clerical, Ancillary, Senior Management, Trades and Works groups.

Stock - The headcount of individuals in a particular year.

SWISS – Scottish Workforce Information Standard System.

Turnover Rate– The number of 'leavers' during a defined period, e.g. 2009 and 2010 divided by the average number of staff in post over the period concerned. For the 2009/10 time period, the denominator is calculated as: (staff in post at 30 Sept 2009 + staff in post at 30 Sept 2010)/2.

Vacancies – Any unfilled post for which funding is agreed and a decision has been made to fill it; action to fill the post may or may not include advertising the vacancy.

Waiting Times – The difference in days from the date the decision was made by the referring person (General Practitioner, Consultant) that the patient should be admitted to the actual date of admission.

Whole Time Equivalent (WTE) – Calculated as contracted hours/conditioned hours. A widely accepted method of counting staff based on contracted hours taking into account part time working. If evaluating the overall contribution of a team of individuals who have different terms and conditions, it is necessary to measure contribution in term of contracted hours. This approach was required for the Out of Hours case study given that General Practitioners and the other staff involved (Nurses, Paramedics, and Allied Health Practitioners) had different conditioned hours.

Workforce Supply and Demand – Supply is defined as the population seeking employment in NHS. Demand is defined as the Boards requirement for a particular staffing group.

Workforce Tree – Workforce trees provide a visual representation of the NHS workforce based on the NHS career framework.