

Workforce Planning Assumptions 2018/19

Managing our Workforce Resource

2018/19 will be an extraordinary year for NHS Health Scotland, not least in that we expect it to be our final operational year as NHS Health Scotland. We therefore find ourselves in a unique environment planning for transition and exit. However, we still have work to complete this year but much of our activities with our workforce will be around engaging, preparing and planning our transition and change. Partnership working is key at every level of workforce planning and will continue to be fully integrated to our workforce planning approach within Health Scotland.

In 2018/19 we continue with the management of our workforce under the appropriate NHS structures, for example:

- Continue to follow and implement Partnership Information Network (PIN) guidelines for our workforce decisions, enabling fairness, allowing flexibility and actively supporting security of employment within the organisation and career development opportunities, in line with SWAG Committee guidance and its 'Once for Scotland' approach.
- Fully utilise the Staff Governance Standard to provide a structure to how we work in all areas relating to workforce.
- Measure employee engagement using iMatter.
- Maintain our commitment to Healthy Working Lives Gold Award enabling continuation of our commitment to workforce health, wellbeing and at this time of change, resilience.
- Maintain our commitment to the achievement of the Everyone Matters: 2020 Workforce Vision.
- Continue to depend on our workforce to deliver our strategic aims. We do not anticipate further major changes to structure or headcount ahead of the setup of the new public health body in 2019.
- We have no plans for a voluntary redundancy scheme during 2018/19 and have not identified funds to support any redundancy requests.
- Work within a planned vacancy factor of 5% when considering all new posts and vacancies (including maternity leave and posts that have become vacant through internal promotion or sideways recruitment).
- Consider alternatives to recruitment, such as deciding a piece of work is no longer a priority, allocating resource from elsewhere in the organisation or providing an acting up opportunity for development and not necessarily with backfill. Investment in training, development and support of staff to take up new or different work will also be a priority.
- Where we do decide to recruit, always consider staff on the active redeployment register. Where we move to recruitment, advertise internally first unless a specific case for an exception is put and agreed in partnership.
- Within agreed partnership policy parameters, work to the agreed national boards vacancy management approaches where we have an external vacancy to fill or staff to offer into that process.
- Avoid employing staff through agencies wherever possible. Any decision to employ agency or temporary staff will be taken through agreed workforce planning processes and agreed in partnership. Where agency staff are employed, this will be charged to the staff budget of the recruiting Directorate.

- Secondments (in or out) may be beneficial to the organisation and to staff development. Anyone proposing a secondment within or outwith should have the indicative approval from their Director wherever possible before any commitment is made. We are unlikely to approve any secondment unless it can be done on a cost neutral basis to NHS Health Scotland.
- Manage the use of fixed term contracts closely and pay particular attention to the implications of future plans for the new public health body and collaborative services.
- Continue to start all new staff at the lowest pay point of the grade unless Agenda for Change guidelines indicate otherwise or there are exceptional circumstances. Decisions to appoint new staff above the lowest pay point are referred to the relevant Director and if supported then to the Director of Strategy and Employee Director to make the decision in partnership. Our policy to start staff at the lowest point on the grade will remain specifically stated in all job advertisements.
- The creation of the Public Health Review Team within Scottish Government has also created an environment whereby we will be asked by Scottish Government to provide resource into specific areas/pieces of work. This will be accommodated where possible and is likely to be agreed as a mutually beneficial hosting arrangement, rather than a secondment.

Staff Costs

- For 2018/19 our permanent strategic workforce realignment is forecast at around 290 WTE (2017/18 287 WTE) at a payroll cost of £13,263k (2017/18 £12,698k) on a gross (pre vacancy factor) basis. With an assumed 5% (2017/18 – revised to 5%) vacancy factor, the net figures are calculated as 276 (2017/18 273 WTE) and £12,601k (2017/18 £11,895k).
- The net figures for 2018/19 will be used for financial budget purposes. The vacancy factor of 5%, which equates to £662k on establishment, will be monitored by the CMT and reviewed as necessary with the PF.
- Increases in staff costs in line with the NHS Pay Award for 18/19 have been used being 3% to £36,500, 2% to £80,000 and a flat £1,600 thereafter. In addition staffing budgets have been increased by increment points which equates in cost terms to an increase of 1% overall as a significant number of staff are on the top of their pay scale.
- No assumptions of efficiency savings in staff costs have been made as a result of the current collaboration between national health boards to find a projected saving of £15m, on the basis of current national workforce policy and an anticipated downturn in turnover as we prepare for transition to the new public health body in 2019.
- To ensure our workforce is deployed to support delivery of our strategic priorities, some movement of staffing resource is anticipated in some areas. However, our assumption is that increases in one area will be offset by decreases elsewhere. The CMT will overview all workforce decisions in partnership. The roles of the Commissioning Group and Workforce Review Group (WRG) with regards to workforce planning are being reviewed and changes will be agreed in partnership and implemented accordingly.