Scotland’s health

NHS Health Scotland’s Workforce Plan
Delivering better health for everyone 2018–2019
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Chief Executive’s foreword

This is our 2018/19 Workforce Plan. It is designed to sit alongside our 2018/19 Delivery Plan and our Strategic Framework for Action 2017–2022, and describes how we will plan, resource and develop our workforce this year so we can deliver the commitments made in our Delivery Plan and prepare, with our staff, for the changes ahead.

Our work is set firmly within the Scottish Government priorities for NHS Boards described in the Health and Social Care Delivery Plan published in December 2016, particularly the ambition to increase healthy life expectancy for all. The Health and Social Care Delivery Plan also announced the establishment of a new public health body in 2019 and this current year sees the start of work with the Scottish Government, colleagues in National Services Scotland and others to create a new single national body for public health in Scotland.

The Health and Social Care Delivery Plan has also led to the Scottish Government asking all NHS Boards, particularly other national Health Boards, to plan and deliver our work with the maximum efficiency and impact. We are committed to playing our part in these developments over 2018/19.

The move to the new public health body is a significant change, but it is not the only exciting change ahead. 2018/19 will also see the development of closer collaboration between Health Boards in Scotland and the sharing of a number of corporate services between boards. Efficient and effective use of skills, experience and resources is crucial for the health service to serve the people of Scotland in the best way it can. Therefore, ultimately, both programmes of change are about making a real difference to the health of the people of Scotland.

Finally, we have a plan to deliver, manage and govern our resources. With our workforce in particular, we need motivation, resilience and readiness for change, while as an organisation we continue to strive to meet the national governance standards and principles of excellence in partnership working.
We begin this year having made a number of achievements and improvements in 2017/18 as the basis on which to continue to build and strengthen our workforce.

**New corporate brand**

We have refreshed the corporate brand ‘look and feel’ and unveiled the new designs. We have used a blend of graphics, photography and a new colour palette to convey our mission, vision and corporate priorities as well as provide a sense of unity and purpose. The new designs move away from the previous lifestyle and health inequalities imagery to adopt a more contemporary look and feel. They convey the complexity of what we do as an organisation and illustrate how all our separate work strands and priorities contribute to our ultimate goal of creating a fairer, healthier Scotland.

**Leadership and development**

Over the course of the last financial year we renewed our focus on leadership development. 2017/18 saw a further 10 staff graduate from the Management Essentials Programme after completing 12 months of workshops, projects and learning, supported by our coaches and mentors. Three members of staff attended the national ‘Leading for the Future’ programme. We also have supported three staff through the ‘Playing to Your Strengths’ leadership programme. In the next financial year we will also place more staff on the Leading for the Future Programme beginning April 2018.

**Staff experience**

In 2017/18, our national staff experience was measured using iMatter and supplemented by a separate Dignity at Work survey to achieve an effective and meaningful measure of staff experience. Both our response rate and employee engagement index increased, with a score of 85% and 81% respectively. The Dignity at Work survey gave staff the opportunity to tell us about subjects that are not directly addressed through iMatter. 73% of staff took up this offer. The national
Dignity at Work survey results were published along with the national iMatter results in March 2018 to offer a complete overview of staff experience.

We also introduced Project Art this year where staff sourced specific pieces of art from Project Ability and Art in Healthcare which are now displayed in both our Meridian Court and Gyle offices. The artists were also invited to attend NHS Health Scotland events to see their art displayed in our offices and give our staff an opportunity to talk to the artists. This was a hugely positive experience for everyone involved.

Change

The organisation’s approach to change and transition is vital in ensuring that the work required to support change is effectively coordinated and we are fully engaged in the various programmes as each one develops. We introduced the Change Hub this year on our internal website, which provides up-to-date information on our change programmes. The Change Hub is split into three sections – Change Oversight Group (COG), shared services and the new public health landscape. All staff have been signposted to the Change Hub to get updates in line with our Corporate Cascades.

To support this period of change, COG, chaired by the Director of Strategy, has been established. Reporting directly to the Corporate Management Team (CMT), the group will be cross-organisational, with representation from each Directorate, and will embrace partnership working. This group will support work around the new public health body and engage with you and partners to ensure NHS Health Scotland is fully prepared for the future.

Disability Confident award

We were awarded our Disability Confident Employer – Level 2 certificate in 2017/18, which lasts for a further two years.
Modern apprentices

The recruitment of two modern apprentices will also be completed in 2018/19 from a care-experienced background. This has opened up a positive experience for not only our two successful modern apprentices but also for NHS Health Scotland as we start our journey together.
What drives our workforce plan?

NHS Health Scotland is a national Health Board working with public, private and third sector organisations to reduce health inequalities and improve health. Our primary role is to work with others to produce and share the knowledge of what works, and doesn’t work, to reduce health inequalities, and to improve how that knowledge is turned into action.

The Delivery Plan sets out NHS Health Scotland’s delivery commitments for 2018/19. Our focus as a Health Board is on the national target of increased healthy life expectancy and we focus our resources on people and groups who experience the worst health outcomes as a result of the social determinants of health.

Our commitments are aligned with the five strategic priorities set out in our Strategic Framework for Action 2017–2022, which are:

1. Fairer and healthier policy
   We will ensure our knowledge and evidence is used by policy and decision makers. This is so that strategies focus on fairness and influence the social determinants of health and wellbeing.

2. Children, young people and families
   We will ensure the knowledge and evidence we provide is used to implement strategies focused on improving the health and wellbeing of children, young people and families.

3. A fair and inclusive economy
   We will provide knowledge and evidence on socio-economic factors and their impact on health inequalities. This is to contribute to more informed and evidence-based social and economic policy reform.
4 Healthy and sustainable places
We will ensure the knowledge and evidence we provide is used to improve the quality and sustainability of places. This will increase their positive effect on health and wellbeing.

5 Transforming public services
We will work in partnership with and support public sector organisations to design and deliver services that have fairer health improvement and the protection of human rights at their core.

Our strategic priorities are supported by three strategic change priorities, which say how we will:

- improve how we work in order to deliver our strategic priorities
- secure the place of fairer health improvement in the new public health landscape
- prepare for transition to the new public health body.

We also deliver a number of national, professional and corporate services in overall support of our and our partners’ work. These services are set out as core delivery commitments for the implementation of our Delivery Plan in 2018/19. Core delivery commitments also include the resources and functions required to fulfil the organisation’s governance obligations, and the national workforce planning and financial planning guidelines laid out in the Local Delivery Plan guidance for 2018/19. Other expectations on our workforce include:

- Scottish Government’s Everyone Matters: 2020 Workforce Vision
- the national Staff Governance Standard
- our Equality Outcomes 2017–2021, including our commitment to our own workforce
- our partnership agreement and model of working
- our organisation’s approach to risk.
Everyone Matters: 2020 Workforce Vision

Everyone Matters: 2020 Workforce Vision, published in June 2013, recognises the key role of the workforce, nationally, in delivering the 2020 vision for health and social care and in responding to the challenges involved in delivering high-quality, safe, effective and person-centred care.

We have taken into account the Scottish Government’s Everyone Matters: 2020 Workforce Vision Implementation Plan for 2017–18 in developing our workforce delivery commitments for 2018/19. Everyone Matters specifies five priority areas and specific actions we are expected to take in 2018/19. These priority actions are set out below, with (in brackets) the delivery commitment in which relevant actions are planned.

- **Healthy organisational culture**: creating a healthy organisational culture in which NHS Scotland values are embedded in everything we do, enabling a healthy, engaged and empowered workforce (workforce engagement).
- **Sustainable workforce**: ensuring that the right people are available to deliver the right care, in the right place, at the right time (workforce engagement).
- **Capable workforce**: ensuring that all staff have the skills needed to deliver safe, effective, person-centred care (workforce engagement; promote and encourage key behaviours).
- **Workforce to deliver integrated services (across health and social care)**: developing a workforce across NHS Boards, local authorities and third party providers to deliver integrated services (across health and social care) (promote and encourage key behaviours).
- **Effective leadership and management**: leaders and managers lead by example and empower teams and individuals to deliver the vision (implement a programme to strengthen the organisation’s leadership skills).

The 2020 Workforce Vision priority for which we do not have planned actions relates to ‘Workforce to Deliver Integrated Services’, as this is very specifically about the workforce in local Health Board areas. We do, however, have a number of strategic delivery commitments about our national role in supporting the capacity of the health
and social care workforce. Our actions to meet our obligations under our Property Assets Management Strategy (PAMS) are also included under the core delivery commitment Workforce Engagement.

**Staff Governance Standard**

Staff governance is defined as ‘a system of corporate accountability for the fair and effective management of all staff’. The Staff Governance Standard sets out what each NHS Scotland employer must achieve to continuously improve in relation to the fair and effective management of staff using the following five individual strands.

- Well informed.
- Involved in decisions.
- Appropriately trained and developed.
- Treated fairly and consistently, with dignity and respect, in an environment where diversity is valued.
- Provided with a continuously improving and safe working environment, promoting the health and wellbeing of staff, patients and the wider community.

We recognise the importance of staff governance as a feature of high performance which ensures that all staff have a positive employment experience in which they are fully engaged with their role, team, directorate and organisation.

In 2018/19, we will continue to develop our Staff Governance Action Plan to monitor progress on priority areas for improvement in each area of the five Staff Governance Standards identified by the Partnership Forum and Staff Governance Committee. Our integrated approach to not only the Staff Governance Standard but also the Staff Governance Action Plan, which details specific actions, will continue to ensure we concentrate on our priority areas for improvement. Due to the exceptional year anticipated in 2018/19, we are amending our approach to reflect that there will be a requirement to have actions that have a shorter cycle, as improvement will be required within 12 months. As a result we envisage having more actions in 2018/19 with a shorter completion cycle. We will continue to work to the national reporting
guidance but this has been agreed locally in partnership via Partnership Forum and Staff Governance Committee.

**Equality outcomes**

Our commitment to workforce equality, diversity and human rights is set out in our Equality Outcomes which were revised last year for 2018/19. It ensures we have a workforce that:

- welcomes, values and promotes diversity and dignity
- is competent in advancing equality and tackling discrimination (within and outwith the organisation)
- embraces our organisational aim that everyone should enjoy the right to health.

**Partnership working**

All NHS Boards are required to have in place formal partnership working arrangements, including a Partnership Forum, in line with the guidance associated with NHS Scotland’s Staff Governance Standard. However, we also believe in partnership working for NHS Health Scotland because we are confident that involving and supporting all our staff in decisions that affect their working lives is critical to achieving the productive and healthy workforce needed to achieve the aims of our Strategic Framework for Action 2017–2022. This will be even more critical in our approach in 2018/19 as we ensure that our change programmes are being carried out through the correct partnership approaches with our role and obligation to influence effective partnership working across boundaries.

**Approach to risk**

NHS Health Scotland has set an ambitious vision for a Scotland where all people and communities have a fairer share of the opportunities and resources to live longer, healthier lives. To achieve it, we need to be prepared to act in new ways and try new things, some of them untested, and to be prepared for some of them to be
contested. In other words, our general appetite for risk has to be high. We define our risks under four categories (workforce, business, finance and governance, and reputation and quality). We do not assign each category with a fixed appetite for risk as we believe this could limit opportunities arising within that activity area. One of those four categories is workforce. Our risk statement on this is as follows.

**Workforce:** Our people are critical to achieving our vision. We, therefore, encourage initiatives and opportunities that support and empower our staff to be innovative and influential, while ensuring that we retain a safe and well-governed working environment.

Each risk has to be assessed individually for its negative impact. However, there are two general principles which we believe will help mitigate against many of our risks. These are: ensuring that all of our activities are evidence informed; and being committed to being able to demonstrate value for public money in all of our work. We have well-managed governance arrangements in place to manage our risk exposure at corporate level. The risks are included on the corporate risk register and managed through the appropriate governance committees. The key risks identified in corporate risk register for 2018/2019 are given in Appendix B. The workforce aspects of these will be taken into consideration and addressed within the relevant work plans.
Our workforce

This section provides a reflection on the composition of our current workforce and any relevant trends. Alongside our 2018/19 Delivery Plan and our Strategic Framework for Action 2017–2022, our Workforce Plan for 2018/19 includes how we will plan, resource and develop our staff to enable us to fulfil not only our five Strategic Priorities but also our three Strategic Change Priorities and our Core Delivery Commitments detailed in our Delivery Plan. Planning, resourcing and developing our staff is key to the delivery of our organisational aims. We need our workforce to be in the right place, with the right skills and the right knowledge.

The creation of a new single national body for public health in Scotland will undoubtedly lead to a period of change, as the new body is created and as new ways of working are then embedded, and our workforce evolve in line with the creation of the new body and related changes. It is now even more important to ensure that we have our staff aligned to our priorities, change priorities and our delivery commitments.

Our workforce is aligned to specific strategic priorities, change priorities and delivery commitments but the change in our approach to job descriptions has enabled us to ensure that all staff share a set of behaviours and view the needs and often changes in direction of NHS Health Scotland as a shared journey where we all play our part.

Composition of our workforce

As of 31 March 2018, our current workforce headcount is 296, which equates to 273.33 whole-time equivalent (WTE) based over two locations – Meridian Court and Gyle Square. The table below details the contractual position of our staff.

<table>
<thead>
<tr>
<th></th>
<th>Headcount</th>
<th>WTE</th>
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<tbody>
<tr>
<td>Permanent</td>
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<td>264.83</td>
</tr>
<tr>
<td>Fixed term</td>
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</tr>
<tr>
<td>Headcount</td>
<td>WTE</td>
<td></td>
</tr>
<tr>
<td>--------------------------------------</td>
<td>-----------</td>
<td></td>
</tr>
<tr>
<td>Secondees in to NHS Health Scotland</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Secondees to partner organisations</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>296</td>
<td></td>
</tr>
</tbody>
</table>

Below is a graph showing the quarterly WTE within NHS Health Scotland since 1 April 2013.

The following graph shows the band profile of our workforce as of 31 March 2018 and at 31 March 2015.
The following graph shows the contract type of our workforce as of 31 March 2018. We have compared this to the previous three years.
Again, the comparisons for contract type show there has been an increase in part-time staff this year and a slight decrease in full-time staff compared to 2017.

Change is on its way in 2018/19 and this change will affect our workforce. The move to the new public health body is a significant change, but it is not the only exciting change ahead. 2018/19 will also see the development of closer collaboration between Health Boards in Scotland and the sharing of a number of corporate services between boards. Last year we started to plan, resource and develop our staff to ensure they are equipped to deal with change with an organisational understanding and insight. This work will continue to develop as our move to not only a new single public body continues but also discussions around sharing services between boards. We will continue to ensure that our workforce remain flexible to the needs of the business and that staff are supported through the changes ahead.
Planning, managing and developing our workforce (right staff in the right place at the right time)

We have a clear set of priorities to deliver. The budget and resources available to us and our partners is restricted, new asks come up through the year and policy priorities also change. We also anticipate a number of changes this year, many as yet unknown. For those reasons, being able to plan our workforce dynamically and responsively both at the start of the year and in year is critical so that our workforce is in the best place possible to deliver our priorities. This not only means the best alignment in terms of our priorities but also with the right knowledge and means to fulfil roles effectively.

At the start of any year we start with a set of workforce planning assumptions. These respond to budgetary constraints on workforce shaped by staff costs and asked-for efficiencies and outline approaches agreed in partnership. These are then used as guidance in making workforce planning decision in year. The workforce assumptions for this year are given in Appendix A.

The diagram below shows how we have sought to put our workforce planning mechanisms at the core of planning and corporate management. It shows how the senior management roles (CEO, Directors and Head of Service), senior manager and staff side committees (Board, CMT, Partnership Forum), subcommittees of senior manager and staff side committees (Corporate Planning and Performance Group, Strategic Workforce Development Group, Commissioning Group and COG) and the subcommittee of Strategic Workforce Groups (Support for Qualifications Panel and Learning Network) work together to achieve NHS Health Scotland’s five strategic priorities. The broken line between COG and CMT is to show that CMT can attend or input into COG when required.
- Setting and approval of overall strategic direction of the organisation
- Assurance that satisfactory progress is being made through the approval and monitoring of annual delivery plans

- Strategic leadership and vision for the organisation
- Effective stewardship of the organisation’s resources.
- Effective management of workforce resource (with Staff Side representation) (monthly, Service Heads participate in quarterly performance and planning review)

- Strategic priorities (including workforce), plans and delivery
- Project budget (annual) and in-year budget changes (monthly)

- Planned approach to change and transition

Equitable strategies
Children and young people
Income and work
Physical and social environments
Transforming public services
We approach workforce planning using four groups that interact. With the exception of the Commissioning Group, all groups have partnership membership. As the diagram above shows, all have direct reporting relationships to the Partnership Forum and the CMT. To be able to deliver on our work priorities and achieve changes in the way we work, we need a flexible workforce which is able to be responsive to changes in our work as a result of changing context or unplanned work demands. As a result it is important that our staff are motivated and resilient in their working life. Staff that are engaged and feel part of their organisation are far more likely to be more prepared for significant change.

**Commissioning Group**

The Commissioning Group is made up of all Heads of Service who meet regularly to agree, recommend and review the organisation’s priority programmes and activities leading from those priorities. The group makes recommendations on budget allocation to the CMT at the start of the year and on changes to budget and resource throughout the year.

Our priority in our final full year 2018/19 is to balance the delivery of the operational plan with the additional requests in support of the transition to the new public health body.

**CMT**

For 2018/2019, the CMT has extended its remit to take on the role of the Workforce Review Group. This has the responsibility for workforce resource decisions and to ensure consistent application of workforce resourcing policy on behalf of the Partnership Forum. In this regard it has responsibility to:

- take an overview and make recommendations to inform the staff budget and proposed establishment for the following financial year
- make decisions in relation to in-year applications to make changes to the agreed workforce resource.
Our priorities in our final full year 2018/19 are to:

- continue to improve the relationship with the Commissioning Group, ensuring that information flows between the two groups
- analyse and monitor trends in workforce resource and budget performance, including responding to skills priorities and gaps identified by the Commissioning Group.

**Strategic Workforce Development Group**

This group takes a long-term and organisational-wide approach to supporting staff to deliver our Strategic Framework for Action 2017–2022 and aligning this with individuals’ development needs and career aspirations.

Our priority in our final full year 2018/19 is supporting the Delivery Commitments that underpin Strategic Change Priority 3: Fit for the Future.

**Support for Qualifications Group**

The Support for Qualifications Group reviews all applications for qualifications and short courses to ensure that access to training is consistent across the organisation, aligned with our strategy and available to all. We have supported three senior leaders to attend ‘A Place to Be’ the Public Health Leadership Programme for Scotland in 2017/18. We plan to encourage more leaders in the transition year.

Our priorities in our final full year 2018/19 are to review spend in comparison to previous years and prepare for the review of the policy in summer 2018.
Our workforce delivery commitments

Our workforce is our most important resource. Being a knowledge-based organisation, much of what we deliver is by virtue of our people themselves delivering knowledge in some way. It is for that reason that we see workforce planning as so integral to delivery planning. The 2018/19 Delivery Plan describes three sets of delivery commitments: Strategic Delivery Commitments, Strategic Change Commitments and Core Delivery Commitments. Contained within the Strategic Change Commitments are a number of commitments specifically about how we plan to develop the workforce to support transition over the next year and also continue to improve how our staff work in order to meet our Strategic Delivery Commitments. In addition, our Core Delivery Commitments outline two specific workforce commitments on engaging with staff and workforce planning. Those delivery commitments with significant workforce implications are listed below with examples of the type of outputs that support them.

Detailed below are our four short-term outcomes and delivery commitments contained within our Strategic Change Commitments for our final full year 2018/19.

Strategic Change Priority 3 – Fit for the Future 2018–2019

Short-term outcome
Undertake a programme of learning to promote and embed key behaviours required for the future context, including working across organisational and agency boundaries.

- Delivery commitment: A common set of best practice behaviours is valued and practised across the organisation.
- Lead: Josephine White.

Short-term outcome
We have demonstrated an active improvement approach to reviewing our systems and preparing for change.
• **Delivery commitment:** Work with Information Services Division and Health Protection Scotland to identify areas of fit and good practice in our systems and processes so that the new public health body is effective and credible from the start.
  • **Lead:** Tim Andrew

**Short-term outcome**
NHS Health Scotland is well prepared for the transition to the new public health body and has contributed effectively to the national shared services agenda.

• **Delivery commitment:** Contribute to the development of the governance requirements for the new public health organisation, ensuring the governance arrangements for NHS Health Scotland work are suitably reflected to achieve a smooth governance transition and exit for the NHS Health Scotland governance board.
  • **Lead:** Della Thomas.

**Short-term outcome**
NHS Health Scotland is well prepared for the transition to the new public health body and has contributed effectively to the national shared services agenda.

• **Delivery commitment:** Support the implementation of change as the new public health body is created and other services across NHS Scotland are reconfigured.
  • **Lead:** Jim Carruth.

The following are also detailed within our Core Delivery Commitments directly relating to workforce engagement, and workforce planning and resourcing.

• **Workforce engagement:** provide all the services and support staff need, in a dynamically changing environment, ensuring timely communications to keep
staff engaged effectively in change and also invested in the ongoing delivery work of the organisation (examples of outputs include: coaching service, Management Essentials and provision of learning opportunities).

- **workforce planning and resourcing**: provide the planning, monitoring and decision-making systems to ensure that we have in place the workforce we need to deliver this plan while taking into account the context of change we are currently working in (examples of outputs include: evaluation of functional realignment, workforce equality outcomes and HR workforce systems).

**How will we know if we have made a difference?**

Our performance framework (Appendix C) sets out measures and indicators to assess our performance and contribution at each level to evidence and demonstrate the impact of our work. Measuring the performance of our workforce is an integral part of our performance framework. We have a defined set of performance measures for each of the workforce-related delivery commitments described in previous section. These measures cover a range of aspects of iMatter scores, internal and external customer survey results, and performance data from the Corporate Planning Tool and staff performance indicators such as turnover, sickness absence and KSF/TURAS completion.

Performance against the workforce-related delivery commitments listed in the previous section will be reported quarterly to the Partnership Forum and Staff Governance Committee. Performance against planned staff budget and headcount projections will be monitored through the workforce resource discussions within the CMT and reported to the Partnership Forum. Relevant summaries of both will be included in the quarterly board performance reports.
Appendix A: Workforce planning assumptions 2018/19

Managing our workforce resource

For NHS Health Scotland, 2018/19 will be an extraordinary year, not least in that it will be the final full year in which we operate as the organisation we currently are. Therefore, we find ourselves in a unique environment planning for transition and exit. 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.

In 2018/19 we will continue with the management of our workforce under the appropriate NHS structures. For example:

- We will continue to follow, implement and enhance, where appropriate, Partnership Information Network (PIN) guidelines which define our workforce decisions. These decisions enable fairness, allow flexibility, actively support security of employment within the organisation and create career development opportunities for our workforce in line with Scottish Workforce and Staff Governance Committee guidance. Partnership working is key at every level of workforce planning and continues to be fully integrated to our workforce planning approach within NHS Health Scotland.

- We will fully utilise the Staff Governance Standard to provide a structure to how we work in all areas relating to workforce.

- We will measure employee engagement using iMatter.

- We will maintain our commitment to Healthy Working Lives Gold Award, enabling continuation of our commitment to workforce health, wellbeing and resilience at this time of change.

- We will maintain our commitment to the achievement of the Everyone Matters: 2020 Workforce Vision.

- We will 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 set-up 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 individual redundancy requests.

• The CMT with Staff Side, HR, finance and commissioner input will consider all vacancies that arise and we will work within our planned vacancy factor of 5% for 2018/19 when considering all new posts and vacancies (including maternity leave and posts that have become vacant through internal promotion or sideways recruitment).

• We will 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 and development of staff to take up new or different work will also be a priority.

• Where we do decide to recruit, we will always consider staff on the active redeployment register. Where we move to recruitment, we will advertise internally first unless a specific case for an exception is put to and agreed within the workforce resource discussions within the CMT (with Staff Side in attendance).

• Our default position is also not to make decisions that could lead to an increase in the headcount of the organisation, except where we are specifically requested or reach a decision to take on new business for which we do not have the skills or capacity or to take on functions from elsewhere within NHS Scotland.

• We will avoid employing staff through agencies wherever possible and any decision to employ agency or temporary staff will be agreed within the workforce resource discussions within the CMT (with Staff Side in attendance). Where agency staff are employed, this will be charged to the staff budget of the recruiting Directorate.

• Secondments (in or out) can 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.
• 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 but will not be in the guise of secondments but rather via mutually beneficial hosting arrangements.

• We will manage the use of fixed-term contracts closely. The main reason to apply them will be where they are a good alternative to establishing a new long-term employment commitment.

• We will 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 put 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.

• We will explore ways that we can collaborate with National Services Scotland and the vacancy management system that they have in place to ensure we make use of opportunities to work and share posts collaboratively.

**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 (including Staff Side) and reported to the Partnership Forum.

• Increases in staff costs in line with the NHS Pay Award for 2018/19 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 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, 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 (including Staff Side) will work in conjunction with the Business Commissioning Group to ensure that priority is given to areas where staff capacity is identified as critical to delivery of strategic priorities.

- Cost-controlling measures – including the avoidance of employing agency staff where possible and the policy position to start all new staff at the lowest point of the grade unless AfC dictates otherwise – will continue.

**Core running costs**

- Overheads involved in running the organisation and meeting core services are described in the Delivery Plan as Core Delivery Commitments.

- Other than staff, the main costs are in estates, being the occupancy costs of Meridian Court (£528k) and Gyle Square (£400k). A significant saving of £300k in 2015/16–2016/17 was achieved by reducing our occupancy by one half of a floor at Meridian Court, and further savings of around £65k were made in 2017/18 from occupancy costs made by National Services Scotland (NSS) and passed onto us.

- A modest future saving may come from NSS renegotiating the building lease over a longer period. Any benefit would be under the shared service review for savings from 2018/19 onwards.

- We already have in place a number of contractual arrangements with other NHS Boards for delivery of core services including payroll and procurement.
These are not anticipated to release any efficiency savings over this financial planning period.

- The UK Government Apprentice Levy of 0.5% of payroll less £15k has resulted in £34k per annum costs from 2017/18.
- A review of remaining overheads from our core running costs has identified over £100k on the remaining near £1m of overheads, being a saving of over 10%.

Efficiency savings

- The Health and Social Care Delivery Plan, published in December 2016, requires NHS Boards to work collaboratively on achieving efficiencies and service transformation.
- The national Boards collaborative working initiative began in late 2016/17 and aimed to identify a collective £15m saving in 2017/18. By 28 February 2018 the national boards had achieved individual board savings of £14.6m against the £15m, with NSS underwriting the remaining £0.4m against year-end surpluses in 2017/18 across the national boards. Our share of the £14.6m in 2017/18 was £325k from revenue and £568k from capital, with the capital transferred to other boards that released revue savings. Our share of the underwriting element will be determined in due course once year-end surpluses are known.
- The nationals boards are required to deliver recurring savings of £15m in 2018/19 with individual boards showing a total of £11.3m being their expected contribution to collaborative working but these initiatives may take 1–2 years to come into fruition so the savings are deemed to be non-recurring at present. The remaining £3.7m is expected to come from capital savings, further savings from boards’ individual plans and further savings from collaborative plans to be identified in the period to 30 September 2018.
Appendix B: Corporate risk register

Corporate risk register 18/19 risk description

18-1. As our core funding reduces, there is a risk that we cannot deliver everything we want or our funders expect in 2018/19.

- **Category**: Finance and Governance.
- **Owner**: Director of Strategy.
- **Response coordinator**: Head of People and Improvement/Head of Finance and Procurement.
- **Governance Committee**: Audit Committee.
- **Links to CRR 17/18**: 17-5.

Corporate risk register 18/19 risk description

18-2. As a result of needing more of our resources than anticipated to manage the transition to the new public health body, there is a risk we do not deliver all our commitments for 2018/19

- **Category**: Finance and Governance.
- **Owner**: Director of Strategy.
- **Response coordinator**: Head of People and Improvement/Head of Finance and Procurement.
- **Governance Committee**: Audit Committee.
- **Links to CRR 17/18**: 17-5, 17-6.

Corporate risk register 18/19 risk description

18-3. As a result of the transition of governance to the new public health body or a lack of contingency planning for a delayed start date, there is a risk there are gaps in accountability, resulting in reputational damage

- **Category**: Finance and Governance.
• **Owner**: CEO.
• **Response coordinator**: Organisational Lead for Executive and Governance.
• **Governance Committee**: Audit Committee.
• **Links to CRR 17/18**: 17-3, 17-5.

**Corporate risk register 18/19 risk description**

18-4. As a result of issues in the process of creating the new public health body, there is a risk that the different cultures and practices of the legacy bodies become an impediment to the effectiveness of the new body

• **Category**: Workforce.
• **Owner**: Director of Strategy.
• **Response coordinator**: Head of People and Improvement.
• **Governance Committee**: Staff Governance Committee.
• **Links to CRR 17/18**: 17-1, 17-2, 17-5.

**Corporate risk register 18/19 risk description**

18-5. As a result of changes to the new public health body and shared services, there is a risk of an impact on productivity and staff turnover, and so we do not deliver all our commitments for 2018/19.

• **Category**: Workforce.
• **Owner**: Director of Strategy.
• **Response coordinator**: Head of People and Improvement.
• **Governance Committee**: Staff Governance Committee.
• **Links to CRR 17/18**: 17-1, 17-2, 17-3.
Corporate risk register 18/19 risk description

18-6. As a result of not engaging local authority and third sectors in creating the new public health body, key perspectives are not heard, reducing its credibility.

- **Category:** Business.
- **Owner:** Director of Strategy.
- **Response coordinator** Head of Strategic Change and Engagement.
- **Governance Committee:** Health Governance Committee.
- **Links to CRR 17/18:** 17-1, 17-3, 17-4.
Appendix C: Performance Framework 2018/19

Our performance framework sets out measures and indicators to assess our performance and contribution at each level, including what we will deliver in 2018/19 to evidence and demonstrate the impact of our work. The figure to the right describes the levels at which we will measure our performance and impact.
This Workforce Plan describes how we will plan, resource and develop our workforce in 2018/19 so we can deliver the commitments made in our Delivery Plan.

This resource may also be made available on request in the following formats:

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