

Strategic Workforce Plan 2010/11 to 2014/15

“Developing Excellent People to Deliver Excellent Care”

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1. Introduction – The Contextual Setting

The Trust has recently prepared a five-year Service Delivery Strategy, which covers the period 2010/11 to 2014/15. The strategy sets out where and how the Trust is aiming to develop over the next five years. The document was prepared at a time when the Trust was in a changing economic and political environment, with a relatively new Coalition Government and a recently published White Paper “Equity and Excellence: Liberating the NHS”.

The Service Delivery Strategy is to be supported by twelve enabling strategies, some are already prepared and others are in the process of being developed. This Strategic Workforce Plan is one of those enabling strategies, and it too looks forward to the period ending 2014/15.

The challenges presented by the new Government and “Liberating the NHS” continue to prevail as this Strategic Workforce Plan is being prepared. Presently the Trust is assuming that over the next five years savings amounting to approximately £5 million per year will need to be found. In addition the NHS is embarking on organisational change which will bring about differences in how the services that the Trust delivers are commissioned.

Against this background, the Trust anticipates other changes over the strategic planning period. By way of example, some of these changes will be associated with national initiatives such as Payment by Results and the National Dementia Strategy; others will be locally driven as identified in our local PCT strategies and Commissioning for Quality and Innovation (CQUIN). All of these changes will be delivered in parallel with the Trust’s own vision, strategic objectives and commitment to improving the quality and performance of existing services.

This Strategic Workforce Plan will focus on the workforce implications for the Trust of delivering its strategic intent. There will also be implications for the NHS workforce of other Government-led initiatives, such as the Hutton Review of Public Pensions and “Liberating the NHS – Developing the Healthcare Workforce”, which will be considered below.

As mentioned earlier, the Strategic Workforce Plan is one of several enabling strategies. Two of these strategies in particular are likely to have an impact on the Trust’s Workforce Strategy; these are the Financial Plan and the Nursing Strategy. The Financial Plan has recently been prepared in accordance with Monitor’s timescale and the Nursing Strategy is proceeding through its draft stages.

2. The Future Vision – Implications for Workforce

2.1 Introduction

“Developing Excellent People to Deliver Excellent Care”, this is the vision that guides the Trust’s Human Resources Directorate. This vision recognises the established link between the quality of Human Resource practices and quality of care; it also provides a commitment to investing in the workforce. Our workforce is critical to the on-going and successful delivery of Trust plans and the Trust’s commitment to its workforce is encompassed in the fifth of the Trust’s six objectives which states that “We will support all our staff and encourage excellence and new ideas”

This section of the Strategic Workforce Plan considers how the various initiatives and changes referred to in Section 1 above, will influence and shape the Trust’s Workforce in the future.

2.2 Future Commissioning

Changes in commissioning arrangements have the potential to be far-reaching. The Trust has established links with PCTs and Specialist Commissioners and together these parties have locally shaped the delivery of Mental Health Services. Looking forward, relationships with new commissioners will need to be forged and developed; as a consequence the Trust may have to look at delivering different services and/or existing services in different ways. The implications of this, from a workforce planning perspective is that the Trust will need a workforce that is equipped to be able to work with commissioners to specify service requirements and then be flexible and responsive to deliver those changes..

Payment by Results in itself may lead to a change in the way that services are commissioned. The level of detailed information based around clusters could, for example, mean that a continuum of services that the Trust has previously provided may become disjointed or split; assessments and treatments could be commissioned from two separate organisations where previously one did both. There may be some specific services where GPs will want a speedier response than has historically been the case. Depending upon the nature of the services wanted it might be that other organisations will be in a position to respond to that need; our workforce will have to be responsive enough to respond to that challenge.

2.3 The Future Health Economy

The picture emerging therefore is not only one of changed and better informed commissioners, but also of a developing market place. As the Mental Health economy changes and develops the number and range of organisations operating in that market is likely to expand. Competition among those organisations will develop and the Trust will need to be viable in that environment; a flexible and skilled workforce will be a key to success.

Within the Trust the paybill accounts for the greatest proportion of expenditure. Presently 90% of the Trust workforce is employed on Agenda for Change Terms and Conditions of Service. As the market place develops in future years and margins are eroded, it is possible that the Trust will need to become increasingly imaginative in looking at its costs when bidding for services. Ultimately there is potential for the Trust to exercise the freedoms that Foundation Trust status provides and consider an alternative to Agenda for Change

It is feasible that in some areas of service provision, the Trust will not be awarded commissions to deliver services that they currently provide, or would wish to provide. As a result, there may be situations where GMW staff will be transferred under TUPE provisions to a different provider. As the present time Trust staff would be likely to transfer on their Agenda for Change Terms and Conditions of Service and be offered a Broadly Comparable Pension at the point of transfer. However, during the lifetime of this Strategic Plan Cabinet Office guidance could be relaxed, making the pensions aspect of TUPE transfers less onerous for non-NHS bodies. This in itself could make the market more attractive to a wider range of organisations.

In other circumstances effective partnership working, rather than direct competition with other organisations, may provide the necessary advantage. The Trust already has established partnership working with Local Authorities, the Voluntary Sector and Private Sector and it should look to these working relationships extending further over the strategic planning period. Trust managers will need to be equipped to be pro-active in this increasingly complex environment.

The period of austerity facing public bodies is well documented and the Trust is already experiencing the implications of funding being withdrawn from Local Authorities in particular. Notably within District Services the Trust and Local Authorities are inter-dependent in delivering some services; as Local Authorities are reducing posts this is having an impact on those teams and continuing to provide these services in the current way may not be sustainable.

The Trust is committed to continue to improve the quality and performance of existing services. In order to make this happen it will be necessary to retain and further develop the skills of the existing workforce, and continue to be an attractive employer. The Trust will need to be aware of the predatory dangers it faces from competitors, who may look to entice our staff with offers of better terms and conditions of service. Over the strategic planning period GMW will have to think creatively about how it responds to such challenges.

2.4 Future Service Provision

In addition to changes in the economics of service provision described above, the models of care for service delivery will also change. For example Mental Health Services will be based on the Recovery Model; services will be Needs-Led and not Age-Led. Demands for Services from those with Dementia and their carers and from Military Veterans, will present new and different challenges for the workforce. These shifts in the way services are delivered

will require a new approach for some of our staff, who may have worked to different models of care for many years. In some circumstances the services they will provide will be completely new. The Trust and its workforce will respond to these challenges by developing the skills necessary to deliver quality services in new ways.

In the period to 2015, the Trust is expecting to see a reduction in the number of in-patient beds, as community based service provision is enhanced. It is anticipated that as a consequence of this the in-patient group will become increasingly complex for two reasons. Firstly, those with less complex conditions will move into the community, leaving a greater concentration of complex cases in the in-patient setting. Secondly, some in-patients are expected to be more acutely ill than is currently the norm, presenting with a more diverse range of both mental and physical healthcare needs. In-patient services are likely to become more demanding places to work and the Trust will require staff with skill levels that are broader in scope and further enhanced than is presently the case.

2.5 Changing with the Times

The Trust has begun to address the challenges it expects to face, commencing work on a number of initiatives which will maintain the Trust's viability in a competitive market and meet its aim of continuously improving the quality of services. A number of internal service reviews are at various stages of development; these include the Community Services Review, District Services Review, Shift System Review and an Administrative and Clerical Workforce Review (Specialist Services). These reviews will result in changes in the way services are delivered and how staff will work in the future. It is expected that they will make a substantial contribution to the Cost Improvement Plan that the Trust is looking to deliver in forthcoming years, either by making savings directly, or by having a knock-on effect on other expenditure such as spend on Bank and Agency staff.

During this period of unprecedented change it is important that the Trust manages all transitions as effectively and pro-actively as possible. It will be important that changes occur with minimum disruption and that staff have confidence in their managers at such a crucial time. Trust managers themselves will need to have confidence in the support and advice they receive from the Human Resources Team. The Human Resources Team will need to ensure that policies are relevant, fair and facilitate change where it is needed. Should changes in Terms and Conditions of Service arise these will be made with the goal of future-proofing the Trust.

In anticipation of future organisational change, the Trust has established a system to pro-actively manage vacancies as they arise and align these to other service changes. These measures are aimed at making change as smooth as possible, whilst also retaining the skills of our workforce. This system of review is expected to become increasingly important going forward.

The Trust has invested considerably in recent years in enhancing working practices via initiatives such as LEAN, Creating Capable Teams, Hospital at Night and Productive Ward. As a consequence, many staff and managers are

equipped to critically review their activities and prepare for a changing working environment.

Effective communications with staff and their representatives will also be crucial. The changes the Trust is likely to face will bring with them uncertainty for its workforce. As stated above the Trust wishes to retain the skills of its workforce, and would not wish to see those skills lost because staff imagined that they would be adversely affected by change. The Trust will be honest with staff about change and whether or how it will affect them. Communications from staff are equally important and the Trust will listen to the views and opinions of its workforce and their representatives through a variety of means, such as the Staff Opinion Survey.

Changes in technology continue apace and will continue to do so throughout the planning period. The Trust will wish to embrace these changes in order to reap the benefits that they will bring in terms of more efficient and effective working. Already facilities such as video conferencing, digital dictation, e-learning, electronic prescribing, use of i-Pads and remote/home working are starting to become a reality for clinical and non-clinical staff alike. It is difficult to comprehend how much technology might have changed by the end of this planning period. However, in order to gain maximum benefit from future technological change the Trust will require a workforce with increasing proportions of computer literate staff, many of them with advanced skills and enthusiasm to respond to on-going changes.

As part of its strategy to improve efficiency and effectiveness, the Trust will continue to direct its efforts to improve the Health of its Workforce, in line with the findings of the Boorman Report. A healthier and happy workforce is believed to have a positive impact on the care that is delivered. The Trust will also continue to support in the best way possible, those of its staff who suffer ill health, however the Trust will also look to continue to reduce sickness absence rates over the planning period. Sickness absence rates in April 2011 were 6.04%. Sickness absence represents an unproductive cost for the Trust and associated with it is the cost of providing cover for shifts either via overtime, Bank and/or Agency Workers. Sickness absence can also affect the productivity of an area when the staff who work in that area are spread more thinly.

GMW is not complacent about the challenge of retaining its workforce. Whilst some turnover is healthy for the organisation and will oil the wheels of change, the importance of retaining the skilled workforce has been referred to a number of times above. The skills that are important are possessed by staff throughout the Trust, be they recognisable in formal qualification or in the commitment, motivation, attitude and behaviour of the staff. The Trust is seeking to retain its workforce by providing the best possible terms and conditions of service and investing in the future development of the Trust and its workforce. However, the Trust will be facing competition for its workforce, organisational change, a pay freeze in the immediate future for some staff and a major pension review; any of these factors may prompt staff to review their own future with the Trust.

The challenges presented to the Trust from the National and Local agenda are complex. The Trust will require managers who can lead it successfully through change and emerge at the end of the Strategic Planning Period with a motivated workforce delivering quality and cost effective services in a competitive environment. It will require a workforce that is keen to change, develop and work flexibly and it will need to retain and continue to invest in its skilled workforce whilst operating in an ever changing environment.

3. The Future Workforce

3.1 Introduction

Section 5.3 of the Trust's Five Year Service Delivery Strategy provides a description of the Individual Development Plans prepared by the Services. These Service documents were discussed at a series of meetings held between the Trust's Workforce Planning Manager and Senior Managers from each of the services in the first quarter of 2011. The meetings considered the workforce that the Trust would be likely to need in order to deliver those services and the outcomes form the content of this section and section 5 of the Trust's Strategic Workforce Plan. As this is an enabling strategy, it is not intended to repeat the content of the Trust's Five Year Service Delivery Strategy, but merely to highlight the link between the two documents.

This section of the Strategic Workforce Plan will provide a description of the factors that will affect staffing numbers during the period to 2014/15

3.2 Financial Considerations

The paybill for the Trust accounts for approximately 70% of the Trust's total budget. In global terms it is known that in order to meet its Cost Improvement Programme the Trust will need to save around £5 million per year for the duration of this strategic planning period. During the same period there will be other changes which will influence the total size of the trusts financial envelope, these will include some planned service developments.

The workforce implications of anticipated service changes (including those associated with the Cost Improvement Programme) indicate that between 31st March 2011 and 31st March 2014 there will be an overall contraction of 311 WTE, this represents a reduction of almost 10%. The reduction is proportionally greater for Non-Clinical Staff (13%) compared to Clinical Staff (9%). It is expected that the year to 31st March 2014 will show the greatest reduction and the previous year the smallest reduction of the three years. The table below summarises the workforce changes.

Table 3.1 Provisional workforce implications of costed service changes 2011 to 2014

Analysis of Workforce Numbers	Year ending 31-Mar-11 WTEs	Plan for Year ending 31-Mar-2012 WTEs	Plan for Year ending 31-Mar-2013 WTEs	Plan for Year ending 31-Mar-2014 WTEs
Clinical Staff	2,451.3	2,395.8	2,343.0	2,230.0
Non-clinical staff	705.5	656.5	641.0	616.0
Total	3,156.8	3,052.3	2,984.0	2,846.0

Source: GMW Finance Department. Note Financial systems define WTE differently from ESR

3.3 Wastage Rates.

Each year there will be changes in staffing numbers resulting from staff leaving the organisation, this is termed wastage. Staff leave for a variety of reasons, but these are usually grouped into those leaving due to retirement and those leaving for other reasons.

3.3.1 Retirements

It might be expected that retirements could be predicted with some degree of accuracy; however, once again this strategy is being written at a time when such predictions are more problematic to predict.

When considering retirement ages for the Trust, these vary from staff group to staff group. Based on historical information qualified nurses tend to retire at 57 years of age, by comparison Estates and Ancillary Staff retire at 63. For the purpose of identifying how many staff might retire each year of the planning period, we can assume that staff will leave when they reach the average retirement age for the group. If the year has already passed then we can assume that they will retire when they reach state retirement age. Based on those assumptions, the table below shows how many staff might retire each year up to 2015.

Table 3.2 Potential Number of Retirees to 2015

Based on Trust Average Retirement Age Excluding Ill Health Retirements									
Greater Manchester West Mental Health NHS Trust	Trust Average Retirement Age	Exceeded Trust Average Retirement Age but Younger than State Retirement Age	Exceeded State Retirement Age	Retirements 2011	Retirements 2012	Retirements 2013	Retirements 2014	Retirements 2015	Potential Number of Retirees
Staff Group									
Medical & Dental	60	1	1	1	1	0	2	1	7
Qualified Nurses	57	30	13	12	20	24	21	28	148
Allied Health Professionals	61	0	1	0	1	1	0	0	3
Add Prof Scientific and Techn	57	6	0	4	1	2	4	3	20
Additional Clinical Services	61	2	53	3	12	7	16	21	114
Administrative and Clerical	62	2	34	1	11	12	12	11	83
Estates and Ancillary	63	2	29	1	3	4	2	5	46
TOTAL		43	131	22	49	50	57	69	421

Retirements do present an opportunity for change and re-design of the workforce as people leave the organisation; in this case 421 potential opportunities in the years to 2015. It is also worth noting however that there is often a wealth of skills and experience embodied in these people, gained over many years of service, often in the NHS and indeed the Trust.

There are a number of other factors which may influence decisions to retire going forward. With effect from 1 April 2011 employers can no longer have policies that include a compulsory retirement age. Whilst the Trust does have employees over the age of 65 the change of legislation prompted the Trust to review its own policies and conduct an exercise to seek to establish the retirement plans of those employees over 65. As a consequence the Trust identified 24 staff who are expected to retire over the planning period, primarily in 2011/12.

During the strategic planning period, there will be changes to the State Retirement Age as it applies to the female workforce. Each year from 2010 to 2015 the retirement age for women will increase by one year, so by 2015 the state retirement age for men and women will be 65 years. It could be expected that this will mean that women will reconsider the age at which they retire and the average age may gradually increase.

Also during the strategic planning period, which covers the lifetime of this Parliament, the Government intends to implement the findings of Lord Hutton's Review of Public Sector Pensions. It seems beyond question that public sector pension schemes will change, but the extent to which these changes will mirror the Report is difficult to say at this stage as there will be consultation and then changes to Primary Legislation in order to enact them. In essence the main thrust of the changes will be to link the age at which the Occupational Pension is paid to the age at which State Pension is paid and to have the pension based on a career average rather than final salary scheme. The implications of these changes might be that employees will work beyond

the age at which they would plan to retire under the existing scheme, in order to match or improve on the pension they would get under the existing scheme. Alternatively, the proposed changes to the scheme may prompt staff to retire earlier than they might have left rather than have their pensions changed as a result of the Hutton review, although the review does propose protection of accrued rights.

Within GMW, many staff have Mental Health Officer Status which essentially allows staff in this category to retire early, usually at age 55, without any reduction to their pension. This status is not available to staff who did not have it granted before 6 March 1995, so the numbers who have it will be reducing, but the Trust does not know how many staff presently employed fall into this category; this information is processed by the NHS Pensions Agency.

The decision about when to retire is a personal one and during this strategic planning period will be increasingly complex for those considering retirement, not only for the reasons mentioned above. For some staff the state of the economy, the recession and recovery and how it impinges on their lives may influence their retirement options. Predicting numbers that are expected to retire is not precise, but it does appear based on Table 3.2 above that there will be a considerable number who will retire and this provides opportunities for the Trust at a time of change in the organisation.

3.3.2 Other Leavers

In the twelve months ending April 2011 there were 342 staff who left the employment of the Trust for reasons other than retirement. Whilst it is important to retain the skills of the workforce, some movement of staff is also desirable to introduce staff who can bring a new perspective and new ideas to the organisation. Movement within the workforce presents the opportunity for change and re-design.

During the same period, more than 11% of all leavers had less than one year's service when they left the Trust. This proportion did fall during 2010/11, but relatively speaking turnover in this group is more costly, as recruitment and induction costs are incurred more frequently, vacancies may need to be covered by Bank or Agency Workers and productivity levels suffer.

During the Strategic Workforce Planning Period the number of people choosing to leave the Trust may reduce should the opportunities for finding employment elsewhere contract as a result of the Government's spending reviews and the economic situation in the country.

3.4 New Roles

The Trust already employs staff who work as Assistant Practitioners, Advanced Practitioners, Modern Matrons, and StaR workers. During the course of the planning period the Trust will continue to develop the use of these New Roles to enhance the delivery of care.

There are 14 Assistant Practitioners with 4 more due to complete; for September 2011 the Trust has been granted places for 9 additional trainees.

The Trust is taking the opportunity with this new cohort to bring some common Trust standards and so embed Assistant Practitioners consistently into the workforce.

It is likely over the strategic planning period that the Trust as a whole will be looking increasingly at extending new roles and looking at the working relationships between these roles and the existing workforce. Assistant Practitioners and StaR workers are expected to play a key role in the delivery of the recovery model of care. Modern Matrons will be key to the delivery of the quality agenda, Non-Medical Prescribers offer an alternative way of working and Advanced Practitioners may offer a partial solution to the recruitment difficulties being experienced in the Medical Profession and are likely to be further developed in other areas of the Trust.

The Mental Health Act (2007) allowed for the creation of new professional roles in order to provide a larger and more diverse cohort of practitioners able to apply the Act. The Approved Mental Health Professional role replaces the Approved Social Worker and can be undertaken by any Practitioner (including Nurses, Occupational Therapists and Clinical Psychologists) who has undertaken training and can demonstrate competencies. The roles of Approved Clinician and Responsible Clinician have traditionally been restricted to Medical Practitioners but have now been widened to allow other suitably qualified and competent Practitioners to undertake the functions associated with the roles. Over the course of the planning period the Trust will consider whether or not such roles are best suited to help it discharge its responsibilities and whether the facility to use a wider group of staff in these roles provides an opportunity to deliver services in a more cost-effective way.

The Trust should take the opportunity to link the development of new roles explicitly to the planning process and commission future training numbers based on such plans.

3.5 Volunteers

GMW has a history of working with volunteers, particularly within the Alcohol and Drugs Directorate. Volunteers provide a valuable contribution to the working of the Trust and in some cases go on to become Trust employees. It is anticipated that the Trust will continue to work with and extend the use of volunteers. It is hoped that voluntary workers will contribute across a wider range of activities in areas where they are already present, and be engaged in some areas where volunteers are not currently active.

3.6 “Get Britain Working”

The Trust has demonstrated its commitment to various Government Initiatives. For example the organisation signed up to the “Skills Pledge” reflecting the value it places on investing in and developing its workforce. More recently the Trust embraced the “Future Jobs Fund” which aimed to give opportunities to those without work to develop practical skills in the workplace. The last cohort on the Future Jobs Fund Scheme will complete their placements in July 2011, as this initiative is to be discontinued by the Government. However the Trust is already exploring the new initiatives that

will be available to employers. The Trust is currently finalising plans to access the Apprenticeship Scheme, with a particular emphasis on supporting young people and those with mental health problems into employment with the Trust.

3.7 Existing and New Employees

As mentioned elsewhere, it is important to the Trust that its workforce continues to develop and enhance its skills so that the organisation can deliver the highest standards of care and operate effectively in a competing environment.

The Trust is committed to supporting staff to be able to demonstrate the competencies that they possess. The annual appraisal system is linked to the Business Planning Cycle to ensure that staff develop in a way that is consistent with Trust plans.

The Trust is committed to enhancing the appraisal process further to incorporate a more rigorous approach to demonstrating competencies in the workforce. The Trust obtains feedback from its workforce on the appraisal process and how meaningful it is, via the Annual Staff Opinion Survey.

With regard to overseas workers, the Trust is licensed to issue Certificates of Sponsorship. Recent changes by the Government to the Immigration Rules are expected to result in changes to the profile of non-UK employees. Tighter rules will make recruitment of staff from outside the EU more difficult as caps are applied and students return to their country of origin once they leave their courses. As this supply of potential recruits contracts, the Trust may find the gap filled by workers from within the EU, who are able to move more freely within its borders.

GMW will continue to be diligent in the recruitment of staff and will follow Good Practice Guidelines to ensure that staff recruited to the Trust meet all legislative and other relevant standards. During the Strategic Planning period, the Trust will look to enhance its recruitment practices and is presently investigating the possibilities that Strengths Based Assessment could bring.

3.8 Local Skills Networks

As part of “Liberating the NHS – Developing the Healthcare Workforce” the Government has proposed reshaping the approach to Workforce Planning in the NHS. The thrust of these changes will be to decentralise responsibility for Workforce Planning, moving towards increased autonomy and accountability for Healthcare Providers. The new framework for Workforce Planning will seek to ensure: a secure supply of qualified staff; responsiveness to changing models of care; high quality education; value for money and widening participation.

The Trust will wish to play an active part in the Local Skills Network in order that it can take all opportunities to influence the future education and training agenda in the area. In order to be fully equipped to maximise such opportunities the Trust will need to ensure that its internal Workforce Planning

processes are robust, responsive and sufficiently forward thinking to identify future workforce requirements.

4. The Current Workforce

4.1 The Local Labour Market

The Headquarters of Greater Manchester West Mental Health NHS Trust is located in Prestwich, seven miles north of Manchester city centre, adjacent to junction 17 of the M60. In addition to the Headquarters, specialised mental health and substance misuse services are provided from the Prestwich site. Further services are provided from three main Acute Hospital sites in Greater Manchester, namely Royal Bolton Hospital, Salford Royal Hospital and Trafford General Hospital.

The Trust provides community and hospital services from approximately 50 sites which in some cases are beyond the Greater Manchester boundary.

As will be seen below, the Trust employs substantial numbers of staff, many of whom live and work in the areas that the Trust serves. The organisation recognises its Corporate Social Responsibility to those communities in its strategy document “Committed to Sustaining Communities”.

The majority of the Trusts workforce is deployed within the Local Authority boundaries of Bolton, Salford and Trafford. Within each of these three localities the majority of people are employed within the Service Sector, which includes the Public Sector. Whilst Bolton and Salford employ similar proportions in Public Services, a lower figure in Trafford reflects the influence of the Trafford Centre and associated leisure businesses on the Local Labour Market.

Table 4.1 Jobs by Industry

	Bolton	Salford	Trafford
Percent of Jobs in Service Sector (including Public Services)	79.7	85.9	84.2
Percent of jobs in Public Services	26.7	28.9	16.8

Source NOMIS 2008

The table below relates to people who are out of work but capable, available for and actively seeking work. From the perspective of Greater Manchester West the data shows that there are relatively few claimants in Trafford, reflecting the tighter labour market. Despite the current economic climate, recruitment could be more problematic for Trafford than in the other two Boroughs, where there are greater numbers of claimants per vacancy. This effect would be more likely felt for jobs which do not require a professional qualification, as this workforce is traditionally less mobile and has skills that can more readily transfer to other Service Sectors such as retail.

Table 4.2 Job Seekers Allowance Claimants

	Bolton	Salford	Trafford
Job Seekers Allowance Claimants as % of Resident Population	4.5	4.8	3.2
Proportion of JSA claimants aged 18 to 24	31.3	29.1	28.7
JSA claimants per unfilled vacancy	9.4	7.2	2.9

Source NOMIS February 2011

4.2 The Trust Workforce

4.2.1 Introduction

Greater Manchester West Mental Health NHS Trust employs 3152 staff who together work 2918 Whole-Time Equivalent (WTE). Most staff are on permanent contracts, 137 Non-Medical staff are on contracts which, at the time of writing, are due to expire during the Strategic Planning Period.

In addition the Trust also uses a flexible workforce comprising Bank, Agency and Locums. The Trust operates its own banks, and there are 566 people who are registered to provide shifts throughout the Trust via the banks (excluding those who also have substantive posts with the Trust). Agency and Locum staff are supplied to the Trust via other organisations with whom the Trust has contracts. The Table below shows the Trusts expenditure on Bank, Agency and Locum staffing.

Table 4.3 Cumulative Expenditure on Temporary Staffing – April 2010 to March 2011

Staff Group	£
Agency Admin & Clerical	722,841.69
Agency Medical	2,506,230.97
Agency Nurses	461,274.16
Agency Prof & Tech	19,158.30
Agency Scientific, Therapeutic & Technical	296,762.32
Agency Support Staff	661,357.34
Total Agency	4,667,624.78
Bank Admin & Clerical	98,927.18
Bank Nurses	3,863,563.70
Bank Support Staff	42,627.35
Total Bank	4,005,118.23
Locum Medical Staff	251,448.06
Grand Total	8,924,191.07

Source GMW Finance Dept

The Trust works very closely with Local Authority partners and has formal secondment arrangements across Bolton, Salford and Trafford. These Section 31 Partnership Agreements allow Local Authority staff and Trust staff to work in full co-operation. Within Bolton, for example, there are approximately 130 Local Authority staff seconded to the Trust.

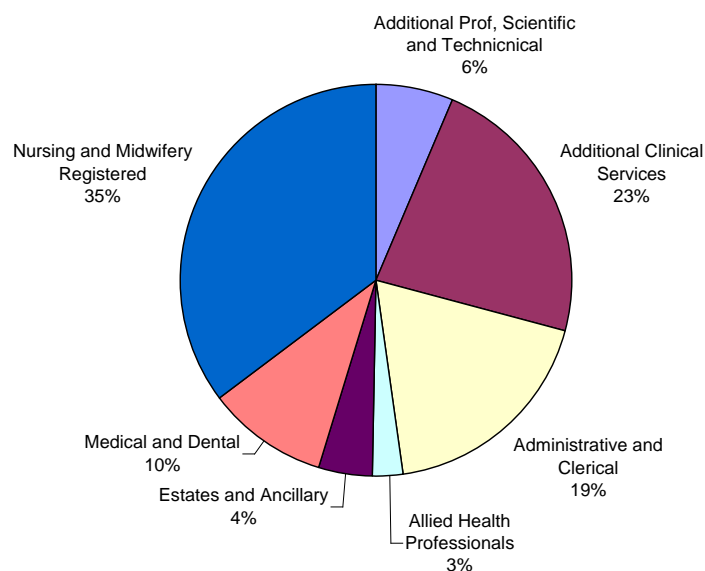
There are approximately 85 Volunteers working alongside Trust staff to deliver services. Most volunteers are employed within the Alcohol and Drug Directorate and others work within District Services.

The Trust has supported the Future Jobs Fund Initiative. Since June 2010 approximately 20 people have gained work experience in the Trust and to date two scheme participant have successfully secured positions with the Trust. The latest cohort will complete their placements in July 2011, after which the Government scheme will discontinue.

4.2.2 Characteristics of our Workforce

The Trust employs 2918 (WTE) staff with a comprehensive range of skills geared towards meeting its client's needs. More than half of the staff have professional healthcare qualifications, they are assisted in the delivery of care by support staff who work along-side them in the care setting and by staff in other support and back-office functions.

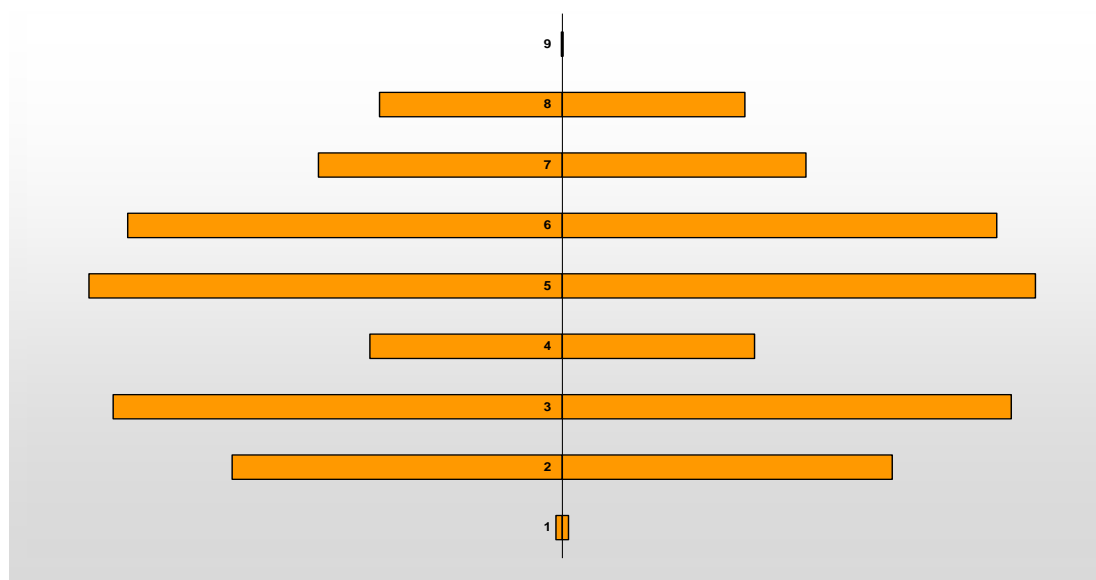
Table 4.4 Percentage of GMW staff by main staff group



Source ESR as at April 2011

With the exception of Medical and Dental staff and the Executive Directors, Trust employees are contracted under Agenda for Change Terms and Conditions of Service. Staff are employed on 9 pay bands, band 1 attracting the lowest salary and band 9 the highest. There are staff on each of the pay bands and approximately 500 WTE are employed in each of Bands 3 and 5. From Band 5 to Band 9, the numbers decrease with each successive band; band 5 is the usual entry level for professionally qualified healthcare staff.

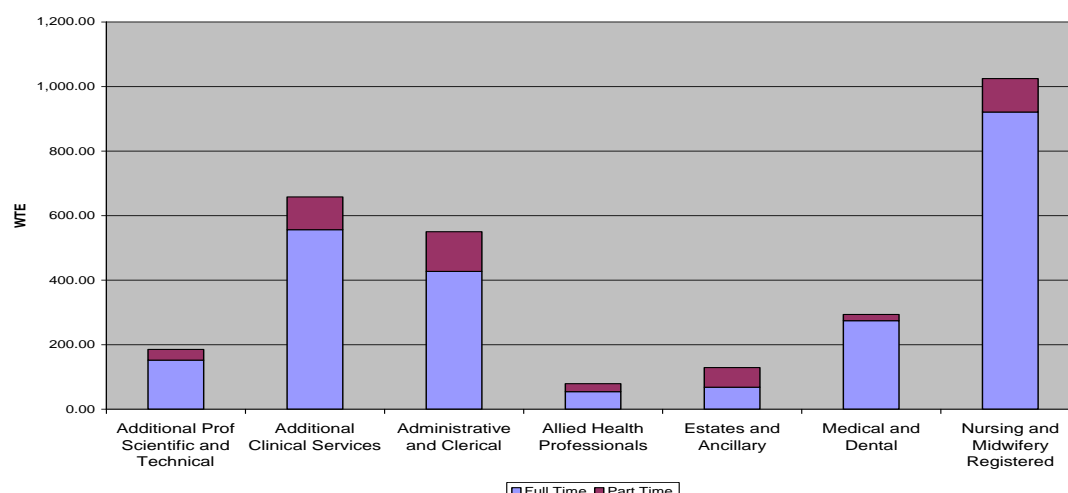
Table 4.5 Distribution of GMW staff by Agenda for Change Banding.



Source ESR as at April 2011

The majority (84%) of Trust staff work full time. The Medical and Dental group has the greatest proportion of full-time staff. By way of contrast, within the Estates and Ancillary group the ratio of full time to part time staff is 53:47; most staff within this latter group provide support via Domestic, Housekeeping and Catering services. Registered Nurses and Midwives are the largest staff group, and 90% of that workforce is full time.

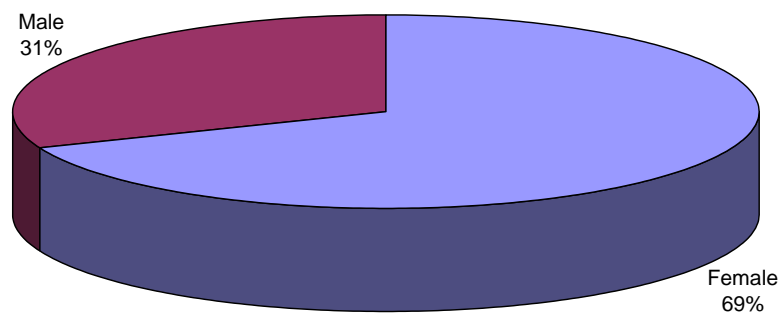
Table 4.6 Full Time/Part Time Staff by Main Staff Group



Source ESR as at April 2011

More than two thirds of the Trusts workforce is female. 21% of female staff are part-time workers, equating to 415 WTE. 6% of male staff work part-time, these are represented by 51 WTE.

Table 4.7 Staff in Post (WTE) by Gender



Source ESR as at April 2011

The Trust employs staff from each of the five main ethnic origin groupings. The greatest proportion of staff describe their ethnic origin as white (85%). The Asian group have the next highest representation in the workforce, with 230 WTE staff describing their ethnic origin as such. When compared to the North West Population as a whole, GMW employs a greater proportion of staff in each of the non-white groups.

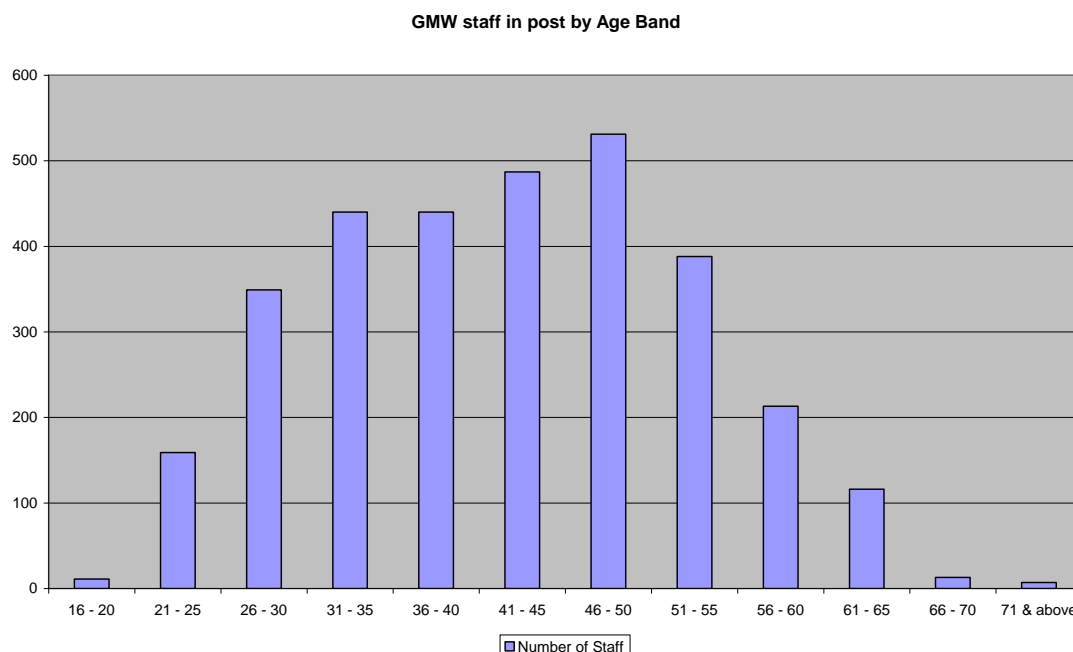
Table 4.8 Ethnic Origin of GMW staff and NW population as a whole

Ethnic Origin	GMW %	NW Population %
White	85	94
Mixed	1	1
Asian	8	3
Black	3	1
Chinese/Other	1	1
Not Stated	1	0

Source ESR as at April 2011 and GMW Business Intelligence.

The Trust employs staff who are between 19 and 80 years of age, the critical mass being between 21 and 65. The chart below shows the age distribution of all staff. A normal distribution would be expected to peak in the 41-45 group, where-as the Trust has the greatest number of staff in the 46-50 group and 56% of staff are aged above 40. Overall the Trust has a workforce that is tending towards ageing. However the variations between staff groups and the impact on projected retirements is complex, as was described in section 3.3.1 above.

Table 4.9 Age Distribution of GMW staff



Source ESR as at April 2011

The turnover rate for the Trust for the 12 months ending April 2011 was 12% this equates to 402 staff leaving the employment of the Trust. Data is not available on the reason for leaving of all of those staff, but the figure includes 60 who retired, 43 who were promoted or re-locating and 28 who took advantage of the Mutually Agreed Resignation Scheme, a scheme which was offered to employees in 2010 for the first time. Similarly data is not available on the destination on leaving of all staff, however 84 left to go to another NHS organisation and 27 left to enter education or training.

4.2.3 Recruitment Hot Spots

There are 306 Doctors employed by the Trust, but not all work in the Trust. GMW is the Lead Employer for Doctors in Training in Mental Health and undertakes this role on behalf of the North West Deanery; the contract for the provision of this service is due for renewal during the planning period. In addition, the Trust has a key role to play in the national recruitment system for Psychiatrists in training. From this informed position the trust knows that nationally there is a shortage of suitable applicants for Core Training in Psychiatry. This problem has been manifested in North West where 42

positions have been accepted by suitable candidates, yet there are 66 posts to fill, leaving a shortfall of 24 (as at June 2011). This is an urgent issue for the Trust as it enters the Strategic Planning Period, in the short-term this is likely to create a financial pressure if the Trust looks to Locums to fill gaps in the rota. A longer term solution will be required which may involve the NHS working with the Royal College and the North West Deanery. In the interim, the Trust will examine its rotas and look at alternative ways of working, possibly involving Advanced Practitioners, to alleviate the situation. Despite these challenges, the Trust remains compliant with the Working Time Regulations.

5. Delivering the Workforce of the Future

This part of the Strategic Workforce Plan identifies and recommends actions that will enable the Trust to deliver its Five Year Service Delivery Strategy

5.1 Steps to Manage Costs

In order to achieve its CIP, and operate in an increasingly competitive world the Trust will:

- Implement the findings of the Community Teams, Older Adults Inpatient and Administration Reviews.
- Consider whether Agenda for Change offers the best Terms and Conditions of Service for the Trust and its workforce.
- Continue to reduce sickness absence rates by ensuring effective management of absence, close HR support to Directorates and by improving access to staff health and wellbeing support services
- Reduce the unplanned use of bank and agency expenditure by ensuring via the Shift System Review and through the roll out of the Productive Ward initiative, that all inpatient wards are appropriately established and that the deployment of ward staffing is effective
- Review the Staff Banks which operate in the Trust (Central Nurse Bank along with other staff banks such as Admin and Clerical).
- Implement employment policies that support the efficient and effective management of the workforce, including linking the individual performance management process to pay progression.

5.2 Steps to Manage Change:

In order to effectively manage service re-design and organisational change the Trust will:

- Equip managers to lead the organisation through organisational changes via effective training and specialist HR advice and support

- Continue to pro-actively manage vacancies and organisational change to ensure minimum possible disruption to staff and services
- Communicate and effectively engage with the workforce throughout all service re-organisation and re-design and ensure full trade union involvement.
- Support the development of role re-design by planning the skills required for the future and equipping the workforce accordingly
- Implement HR policies and terms and conditions that support the Trust to effectively manage organisational change and service re-design.
- Scope the potential to use extended roles to support the delivery of services and to address specific skills shortages e.g. Core Trainees in Psychiatry. Specifically the Trust will review the use of Advanced Practitioners, Assistant Practitioners, Non Medical Prescribers and the use of the flexibilities for AMHPs and Responsible Clinician roles.

5.3 Steps to Improve Workforce Planning, Education and Development

- The Trust has recently established a Workforce and Education Governance Committee; this group will oversee the development of a fully integrated workforce planning process. Such a process will integrate the workforce with the business and financial planning cycle.
- The workforce planning process will inform the priorities for Health Care Professional training, the training for extended roles e.g. Assistant and Advanced Practitioners and the programme for the development of Band 1 to 4 roles.
- The Trust will work towards consistency of roles and job descriptions and ensure a corporate approach to job design and competencies.
- The majority of education and training provision will be planned in advance and linked to the business planning cycle and relevant external standards
- Training plans will be flexible enough to accommodate in-year/urgent requirements.
- The Trust will adopt a selective, risk managed approach to training.
- The Trust will investigate additional partnership training possibilities with Local Authorities, other Trusts and other organisations (e.g. Prison Service)
- The Trust will develop an employment pathway from service users and volunteers, through apprenticeships into employment

- Investigate the inter-relationship between Hospital at Night, Rotas and on-call arrangements, especially in context of recruitment difficulties.
- Model the implications of Mental Health Officer Status by seeking information from the NHS Pensions Agency and identifying the potential impact for the Trust should staff choose to leave at the earliest opportunity.
- Explore possibilities for newly qualified nurses to spend preceptorship in community.

6. Recommendations and Next Steps

June 2011 Workforce and Education Governance Committee approval
Trust Board Approval

Sept 2011 Approval of prioritised action plan by Workforce and Education
Governance Committee

Develop model for localised Directorate specific plans to feed
into annual business plan process

Nov 2011 onwards.

Incorporate annual refresh of workforce plan into annual plan
including quantified projections

7. Appendices

Appendix 1 The Six Step Approach to Workforce Planning as developed by NHS Workforce Projects Team.



Integrated Six Step methodology



- Step 1: Defining the plan
- Step 2: Visioning the future/Mapping service change
- Step 3: Defining the required workforce
- Step 4: Understanding workforce availability
- Step 5: Developing an action plan
- Step 6: Implement, monitor and refresh.



8. Methodology

8.1 Theoretical Basis

Based on application of “6-step methodology to Integrated Workforce Planning”. Developed by Skills for Health – Workforce Projects Team (see Section 7, Appendix 1 for summary of methodology).

8.2 Meetings with:

Michelle Anderson
Jenn Barlow
Aidan Bucknall
Sheelagh Carr
Kathryn Davies
Lynne Dormer
Linda Freeman
Ruth Heaton
Andy McDermott
Cath Moran
Richard Rodgers
Annette Rooney
Rachel Snow-Miller
John Walker
Claire Watson
Shirley Wheeler
Jane Wilson
Juliette Wilson

8.3 Documents referred to:

Five Year Service Delivery Strategy 2010/11 to 2014/15.
Directorate Strategies
Directorate Business Plans 2011/2012

8.4 Approval Process

Draft document to Workforce and Education Governance Committee on 28 April 2011
Consultation period 29th April 2011 to 26th May 2011
Revised draft to Workforce and Education Governance Committee on 9th June 2011
Commended document to EMT on 15 June for approval
Strategic Workforce Plan to Trust Board on 27th June 2011 for ratification

June 2011