NHS Lothian

Workforce Plan

2008/9

Contents

1 Introduction

This Workforce Plan follows on from the comprehensive 2007 NHS Lothian Plan, and provided a detailed analysis of the national and local workforce planning context, workforce drivers and workforce projections. This year's plan also details the progress that NHS Lothian has made in responding to the actions highlighted in last years plan and indicates priorities for 2008/9.

During 2007-8 the General Records Office for Scotland published Scotland's Population 2006 - The Registrar General's Annual Review of Demographic Trends, which showed that NHS Lothian is predicted to grow from 801,310 in 2006 to 872,907 in 2018 a growth of 8.9%. Within the same timeframe it is anticipated that the populations within the 65-74 and 75+ age groups will grow by 26% and 22% respectively. These changes in demographic profile will require enhanced services in areas such as older people, cancer and orthopaedic services as well as management of long term chronic diseases. Such changes lay down the challenge for NHS Lothian's workforce and the services they provide to change to meet these future needs. The overall growth in the population also places challenges in terms of providing equitable access to services across NHS Lothian.

Whilst these are medium to long term changes in many cases NHS Lothian needs to plan for these changes now. Improving in Care Investing in Change, NHS Lothian's Strategic Change programme for hospital based services, is taking forward a range of key projects aimed at delivering services that meet both the current and future needs of our patients across all services. NHS Lothian has also commenced implementing the Primary Care Modernisation Strategy with the approval of an implementation plan in December 2007. This will be the vehicle through which the balance of care will move from predominantly hospital based services providing episodic care to the community with an increased requirement for the management of long-term chronic disease, long-term anticipatory care.

However in order to develop our services to meet future requirements we must also develop our workforce, to ensure that there are the right number of staff with the required level of skill and competence to provide high quality services to our patients both within the hospital and community setting.

To help achieve these aims NHS Lothian has:

- Invested £70m in pay modernisation over the last 3 years, including the development of the knowledge and skills framework, which will for the first time ensure that there is a robust personal development plan for every member of staff.
- Undertaken an initial review of the Nursing and Midwifery across all areas as part of the national Workload Planning Project to help ensure that differing specialties are staffed appropriately.
- Progressed the implementation of Visible, Accessible and Integrated Care review of Nursing in the Community within the NE and SW areas of Edinburgh CHP.
- Commenced the implementation of the Primary Care Modernisation Strategy across all Lothian CH(C)Ps.
- Expanded the LEAN in Lothian Process Improvement Project to cover a further 14 projects as well as training a further cohort of change agents, and mentoring of further Lothian improvement leads.

- Implemented the Northgate Empower e-manager HR Information solution across all services to provide line managers with a tool to record absence, view staff details and run local workforce information reporting.
- Commencement of LEAN in Lothian Process Improvement Project in conjunction with GE Healthcare.

In conclusion, I believe that in NHS Lothian we have a highly positive future with the population both increasing substantially for the foreseeable future and most importantly enjoying longer healthier lives. The involvement of all areas of the workforce across all staff groups and specialties will remain key in ensuring that our services continue to evolve to satisfy our patients needs. It is the aim of this workforce plan to set out how NHS Lothian is seeking to ensure that its workforce matches up with the vision of future healthcare in Scotland described in Better Heath Better Care.

Alan Boyter
Director of Human Resources and Organisational Development
NHS Lothian

2 Review of NHS Lothian workforce plan April 2007 Action plan

The following section summarises the progress made against the actions identified as priorities within the 2007-8 workforce plan. Many of the actions relate to areas of work that are on-going and do not necessarily have defined end points, whilst others relate to specific pieces of work. Section 6 at the end of the plan set out new actions for 2008/9, not currently covered by existing workstreams.

2.1 Performance and Productivity

- Continue the whole system process improvement - LEAN Project. Working in partnership with National Education Scotland (NES), NHS Lothian will continue to support the LEAN Project in conjunction with GE Healthcare. This initiative will continue until mid 2008 after which it will be continued using the in-house change expertise that has been developed.

  In progress - This project has continued to make substantial progress completing a number of additional redesign projects during 2007/8. NHS Lothian has also led a national LEAN workshop with substantial interest and involvement from other Boards. See section 3.2.11 for further detail

- Continue implementation of the NHS Lothian Promoting Attendance Policy in order to meet sickness absence target of 4% by March 2008.

  In progress – a continued reduction has been made with sickness absence figures published by SWISS indicating a reduction from 5.04% to 4.99% overall. The timescale for the achievement of the 4% target has been extended to April 2009. This target has also been made a HEAT target within the Local Delivery Planning Process and a detailed action plan has been developed to help achieve 4%. The roll-out of the EMPOWER HR Information System has been completed across Lothian and will be instrumental in supporting the management and reporting of sickness absence. See section 3.2.7 for further detail.

- Continue to identify and assess the workforce planning implications of Pay Modernisation and the associated Benefits Realisation Strategy

  In progress – The 2007/8 benefits realisation strategy has anticipated savings of £6.3m against a target of £5m. This consists of CRES, cost avoidance, Reinvestment and patient benefit. See section 4.3 for further detail.

- Assess and build into future workforce plans the wider workforce impact of all new contracts.

  In progress – The profile of the workforce post-assimilation is being developed using Christmas Tree Modelling to review the need for further developing the workforce profile to ensure an appropriate skill mix and the development of career options and pathways.

- Identify and benchmark key workforce performance indicators against comparable organisations

In progress – NHS Lothian is also participating in a Valuing Medical Resources benchmarking exercise along with 19 other teaching hospitals/trusts across the UK.

2.2 Tackling the Supply and Demand Issues

Supply

- Provide all CMT/CHP management teams with a detailed analysis of workforce demography for all areas within NHS Lothian and prepare an impact assessment and action plan to address areas of concern.

In progress – Detailed demographic profiles have been provided for most services and strategic service reviews. Further work required on developing actions to address potential future Gaps. Close involvement with NES in the South-east region 'AGE as an asset' research study.

- Continue to support the national workforce planning activity including Student Nursing Intake Assessment process.

In progress – NHS Lothian provides input to a range of national workforce planning activity through active involvement in process for setting Student Nursing Numbers, PA Pilot, Review of community nursing groups and several of the Nursing and Midwifery Workload and Workforce Planning Project groups.

- Continue participation in the national pilot of Physician Assistant role.

In progress – The formal evaluation of the project will be carried out at the end of 2008 by the University of the Highlands and Islands.

- Continue to support 'infrastructure' projects that will aid recruitment and retention, including initiatives covering affordable housing and transport.

In progress – NHS Lothian are working closely with Councils within the Lothians to provide improved transportation links between sites, to ensure improved access for patients and their families as well as staff.

- Develop awareness of supply issues within CMT/CHPs through development of information pack and on-going monitoring at this level in the organisation.

In progress – Quarterly report provides a wide range of detail around supply issues for Acute Division and CHP's. There will be further development of reporting at a Clinical Management Team level within the Acute Division. A WP planning web-site will be developed during 2008/9 which will provide further access to workforce information and resources.

- Monitor the impact of new pay systems such as AfC to assess any impact on turnover and recruitment.

In progress – Staff turnover is monitored in detail within quarterly workforce reporting programme. Further work is required to focus on areas of particular concern now assimilation is almost complete. Turnover has however remained relatively static since 2006/7 and has reduced significantly over the last four years.

- Work at a national, regional and local level to provide more robust baselines and trends for inflows and outflows from the workforce.

Complete – Roll-out of Northgate Empower HR Information System now complete enabling detailed workforce reporting. This will in turn improve data held within the SWISS data repository. Further work required around to improve data quality in certain areas. There are significant issues with national workforce information and it will be important for continued involvement to help ISD improve accuracy. See section 3.2.7 for further detail.

- Participate in national HCS project and develop local actions to alleviate the negative impacts of registration within the HCS workforce.

In progress/complete – A HCS workforce planning group is in place under the Chairmanship of Professor Heather Cubie and with administrative support from Workforce Planning. NHS Lothian has participated in the national HCS survey reported in Safe, Accurate and Effective- an Action Plan for healthcare science. NHS Lothian figures were included but the survey will be repeated in autumn 2008 after all staff have been banded under Agenda for Change.

- Assess the workforce impact of a range of factors that impact upon workforce supply such as European Working Time Directive and changes in pension legislation and public sector

Underway – A series MMC/EWTD workshops have been run to focus on the potential impact for services of these changes. A range of solutions to be piloted are currently being shared with staff prior to commencing. Nationally the reshaping the medical workforce process will help shape the parameters within which Boards can plan.

Demand

- Fully support the Regional Workforce Director through participation in regional service and workforce planning.
- Fully support the national Nursing and Midwifery Workload and Workforce Planning Project(NMWWPP) and the Regional Nurse Advisor in the implementation of the national planning tools.

On-going – NHS Lothian has provided input and support around a range of regional priorities/projects, including the NMWWPP, Review of Community Nursing and Healthcare Scientists Workforce Group. It is anticipated that there will be increasing involvement in supporting service planning priorities, in particular specialist children's services.

- Continue to contribute to national workforce planning reviews and to take cognisance of these in local workforce planning processes

On-going – NHS Lothian has continued to provide input to national workforce planning reviews/projects across the full range of staff groups.

- Ensure coherent workforce plans are in place for each of the NHS Lothian Strategic Service Reviews, including for example
  - Improving Care: Investing in Change – Better Acute Care in Lothian, Services for Older People and Mental Health and Well Being Strategy
  - Primary Care Modernisation Strategy
  - Children and Young Peoples Health and Health Services Strategy and Reprovision of The Royal Hospital for Sick Children, Edinburgh (RHSCE)

Underway – Workforce planning team are providing support via technical resource groups, all reviews have workforce work streams. Priority areas are RHSC Reprovision and Reprovision of the Royal Victoria Hospital as part of the Review of Services for Older People. Further input required for proceeding to Full Business Case. See Section 4.2.2 for further information.

- Support the development of workforce plans for each CHP and CMT, which address both supply and demand issues.

Complete – Workforce Planning workshops have been run during the course of the year including staff from CMT's and CHP's, covering a range of staff groups and subject areas. There will however be further work required to help develop the skills, competence and support for CMTs and CHPs. The national programme for the development of workforce planners is intended to be cascaded throughout NHS Lothian. See Section 3.2.1.

2.3 Recruitment and Retention Strategy

The Recruitment and Retention Strategy is a key component of the wider HR Strategy described earlier in the Plan. Some of the specific objectives and progress to date are noted below:

- Develop Recruitment strategies that address the needs of both NHS Lothian's service strategies, and the demographic implications of an ageing and diminishing workforce.
  - Go-live with On-line Recruitment facility, including uploading of vacancies to SHOW website and downloading of applicants.
  - Continue promotion of 'e-access' for all staff to vacancy information at a variety of e-learning suites across NHS Lothian and local authority Libraries and Job Centre+ search facilities to support retention of staff
  - Support links with the Healthcare Academy
  - Continue to support Women into Work programmes and work in partnership with Jobcentre Plus
  - Introduce work placement service
  - Revise redeployment policy

Complete - On-line Internet recruitment went live for all staff groups with the exception of medical and dental trainees in March 2008. All vacancies are also available via Intranet site and promoted across job centre plus.

Complete – A work placement service has been established as a pilot for one year initially to provide links and support in placing Healthcare Academy students and participants in other return to work schemes such as Women Into Work.

- Provide an efficient, seamless candidate-to-employee pathway
    - Integrate medical recruitment into Lothian recruitment service
    - Redesign medical recruitment processes
    - Stakeholder engagement sessions
    - Continue recruitment training

Underway – The medical recruitment function has now been integrated into the overall Lothian Recruitment Service. There has been a delay in rolling out the Empower HR system to Medical recruitment due IT network infrastructure which is currently being addressed. Medical recruitment are due to commence using empower for recruitment following the completion of the relocation of recruitment teams to the Lister Institute in August 2008.

- Performance and quality
    - Further development of performance reporting of recruitment service
    - Focus on continuous quality improvement of recruitment processes
    - Implementation of Disclosure Scotland/Protection of vulnerable Group guidance
    - Improve candidate diversity response rate within recruitment procedure

On-going – development of performance reporting including production of a year end report. There has been a delay in legislation regarding PVG, now not expected until 2009. Revision to current practice has taken place relating to DS, in order to provide clarification to recruiting managers on application of DS and fully comply with current related legislation. Diversity response rate within the recruitment procedure has improved as a result of this information being gathered as part of the on-line recruitment procedure.

Jobcentreplus has awarded NHS Lothian the Two Ticks Disability Symbol in recognition of its commitment to employing those with disabilities.

2.4 Education and Training

- Implement agreed NHS Lothian Board Development Plan and Learning Plan
- Assess the workforce implications of implementation of the Career Frameworks – at a local, regional and national level

- Build into workforce planning models the impact of new/developing roles such as:

    - Associate Practitioners
    - Advanced Practitioners
    - Physician Assistants

- Work with NES in jointly commissioning and supporting a range of specific projects that support service strategies.

Underway - Implementation of the NHS Lothian Board Development Plan and Learning Plan is progressing as part of the three-year timescale, an update is currently being produced and will be published in 2008. The impact of new roles are being considered as part of all strategic service reviews. Joint working is underway with NES on a number of projects, further detail contained in section 4.5.3.

2.5 Employment Infrastructures

NHS Lothian will continue to develop and implement flexible working to maximise performance and productivity and attract and retain the required workforce.

Complete – development of flexible working policies complete, underpinned by 28 policy awareness sessions.

2.6 Partnership working with other agencies

- NHS Lothian will develop stronger workforce planning links with a range of partner organisations to ensure a more coherent and joined approach. Partners will include:

    - Scottish Ambulance Service
    - Social work
    - Care sector
    - Voluntary sector
    - Consort/Haden
    - Independent Contractors
    - University of Edinburgh

Underway – increasingly strong links are being developed with many of the partner organisations, this will continue. The NHS Lothian Chief Executive has become a co-opted member of the Edinburgh University Court. The Director of Health and Social Care reports to both NHS Lothian and Edinburgh Council and is introducing closer links between the key social and health care services within Edinburgh. Stronger links are also being developed with Greater Glasgow Workforce Planning Team, with a view to sharing approaches and methodologies to develop more robust workforce planning.

2.7 Developing Workforce Planning Capability

- Support Clinical Management Teams and CHP&CHCP teams at developing workforce-planning capacity at a local level.

In progress – There have been a range of workforce planning workshops run by both the central workforce planning team and professional leads covering a range of topics from MMC&EWTR to NMWWPP tools. There remains however a need to provide further support and resources to CMT and CHPs. This will be addressed through the development of a workforce planning web-site and continued involvement in development workshops and within specific projects. The launch of an e-learning module 'covering a six-step process to workforce planning will take place during 2008/9

- Support the development of the workforce planning team within NHS Lothian, with a view to cascading learning throughout the organisation.

In progress – A national development programme for workforce planners across Scotland has been developed by a group lead by the SE Region Workforce Planning Director. This has been specifically designed around identified development needs and will also involve the development of materials and resources, which can then be utilised within Boards. The Lothian WP Team will be involved in this programme during 2008/9.

- Support the development of a national e-library workforce planning website, which will provide access to a wide range of resources, documents, contacts and tools to support workforce planning.

On-going – The national e-library workforce planning website is in place and holds a range of materials originated from NHS Lothian. It also acts as a consultation site through which workforce planners and professional and service leads can contribute to national workforce planning consultations.

3 Workforce Planning Context

3.1 National Policy Context

This section of the plan is intended to highlight the progress that NHS Lothian has made in responding to developments in national workforce planning arrangements and how national workforce developments such as the Nursing Workload and Workforce Planning Project are proceeding. It will also include detail of any national drivers that have emerged since the previous plan.

3.1.1 Workforce Planning

In 2007/8 the Scottish Government Health Department Workforce Unit has sought to further develop workforce planning processes through publishing Better Health, Better Care – Planning Tommorrow's Workforce Today (SGHD 2007b). This document highlights the need to move to a more integrated approach to Workforce, Service and Financial planning. As part of this change Local Delivery Plan HEAT targets were changed to include two workforce targets:

- 4% sickness absence by March 2009,
- 100% of staff covered by AfC to have a Personal Development Plan by March 2009

There was also a requirement for Boards to provide commentary around the workforce impact against each HEAT target, with reference to the dimensions of affordability, achievability and adaptability. Where possible boards were asked to provide projected changes in workforce associated with these targets. It was however accepted that given this was the first year of the change that the deadline for overall workforce projections remained the 30th of April.

It is intended that Boards should submit projections in February next year as part of the LDP process, during which the financial plan is also submitted. It is expected that this positions may be reviewed prior to February 2009, to reflect on the experiences gained from this years process.

From the perspective of NHS Lothian there have been a number of issues around the current timescale and there are concerns detailed within this plan around the possible impact of such a change.

3.1.2 Nursing and Midwifery Workload and Workforce Planning Project (NMWWPP)

The NMWWPP commenced the implementation phase in April 2007. This has involved the role out of agreed workload tools and methods across specific clinical specialties within all Boards in Scotland, with an intended completion date of September 2008.

The implementation phase consists of three approaches to provide information to support and inform nursing and midwifery staffing requirements:

- Specific Service tools:
  - Adult Acute
  - Mental Health
  - Learning Disability
  - Midwifery - Birthrate+
  - Neonatal

    - Paediatric
    - Community
- Professional Judgement Tool
- Clinical Quality Indicators (CQI)

However it is now expected that the development of the CQIs will take longer than originally envisaged and that they will follow on from the tools rather than taking place concurrently.

The professional judgement tool, an NHSScotland development of the Telford professional judgement model was applied over a 2 week period during September 2007 within all Boards. The initial analysis of the data captured during the roll-out of the Acuity tool and the Professional Judgement tool identified that:

- There was a level of consistency between the tools in most areas
- Further work is required on the Acuity tools within medical receiving/admissions units and small wards where bed numbers are below 18.

Education Training & Research Sub Group

As part of the roll-out process for the tools there have been a number of briefing sessions to ensure a clear understanding of both the tools and their application.

An important aspect of the NMWWPP has been around developing an Education Toolkit to help develop workforce planning capacity in nursing leaders. The toolkit has two main sections, covering workload measurement and workforce planning & staff deployment. It acts as a flexible resource providing background information, learning activities and support materials to allow local delivery of a programme for nursing & midwifery staff within Boards. It is intended that the toolkit and programme will be for groups of current or aspiring Charge Nurses/Clinical Nurse managers ensuring coverage of all relevant staff.

The toolkit is going to be piloted within NHS Lothian along with Highland and Forth Valley. A local project team within Lothian has been established to deliver the learning toolkit pilot. The pilot will involve 12 Charge Nurse/Team Leaders from hospital and community locations and take place in May & June 2008. The participant will attend 4 full day workshops with input from a range of staff including Finance and HR along with facilitation and mentorship available to maximise learning opportunities. This will be complemented by a further 15 hours of work-based learning. Following the pilot it is expected that the toolkit will be revised to reflect experience from the pilot, then rolled out across the service in Scotland.

Allowances, Bank and Agency

Within 2007/8 NHS Lothian has continued to make considerable progress in reducing reliance on supplementary staffing, in particular agency nursing.

To date NHS Lothian has decreased expenditure and utilisation of both agency staff utilisation and expenditure. Since the peak of £10.97m in 2003/4 expenditure has reduced to a predicted spend of under £2m in 2007/8. The proportion of the supply from bank sources has increased as agency has decreased, between 2004/5 and 2007/8 bank has increased from 71% to 81% of all supplied demand.

There are two areas, recognised nationally, where there are continued difficulties in eliminating agency – theatres and complex care packages. The Associate Nurse Director (UHD) is chairing a group to review the complex care packages in Lothian on a case by case basis to determine solutions to the ongoing staffing issues.

In 2008/9 in-line with HEAT targets NHS Lothian has set a target usage of 1.13 million hours for bank and agency combined, this represents a reduction of 47,000 hours, 4%.

Further reductions in the demand for supplementary staffing will continue to require robust management of the underlying reasons for bank and agency. A staffing control model enabling Charge Nurses to prospectively plan for staffing shortfalls whilst monitoring budgetary impact will be rolled out across Lothian.

3.1.3 AHP Workload Measurement and Management

In September 2006 the Allied Health Professions – Workload Measurement and Management report published by the Scottish Executive Health Department (SGHD) outlined an 18-point action plan for action at local, regional and national level. These actions fall under the following main headings:

- Activity – development of consistent detailed activity information which reflects case complexity.
- Capacity – development of AHP workload infrastructure and capacity to support workforce planning
- Demand – Introduction of demand management systems and redesign training for AHP leaders, managers and team leaders.
- Capability – Development of leadership training for AHPs and introduction of consistent approaches to workload measurement and management across NHSiS.
- Workforce planning – Establishment of a national steering group working in partnership with regional workforce directors and Boards to introduce measurement and management methodologies.

In order to take this work forward a regional AHP adviser was appointed within each of the three planning regions within Scotland. For each of the above areas there is now a work stream underway and action plans in place.

In addition to the actions above a key project has been the scoping of a national AHP bank across all boards in Scotland, making it easier to fill short-term workforce gaps. The initial scoping showed that there was widespread interest in progressing and a fully developed proposal has been produced and in currently out for consultation.

3.1.4 Review of nursing in the community – Visible, Accessible and Integrated Care

In November 2006 the SGHD Review of Nursing in the Community - Visible, Accessible and Integrated Care was published. The report details the possibility of a radically new service model, including seven core elements of nursing in the community around which services and their workforce should be based. The Review recommends that the disciplines of District Nursing, Public Health Nursing (Health Visiting and School Nursing) and Family Health Nursing be absorbed into a new, single Community Health Nursing discipline. The elements common to each of these disciplines will be assumed by the Community Health Nursing discipline.

The 2-year project was established to ensure the new model:

- Is ready to be implemented in a safe, efficient and effective manner
- Provides nursing services that meet the needs of individuals, carers, families and communities
- Supports the implementation of Delivering for Health.

The Community Health Nurse Model is being tested within the North-west and South-east LHPs within Lothian. There are approximately 216 registered staff who will be involved in the transition from their current role to the Community Health Nurse (CHN).

During the last year the following have been the main areas of focus:

- Moving from a high level, strategic, aspirational vision to an operational model
- Using the opportunity to create 'teams by design' rather than by default to better meet health needs in area and the future challenges for community healthcare provision
- Developing transitional education support
    - A range of methods and tools from OD and CPPD are being/have been developed
    - Additional funding acquired to support transition
    - Joint appointment between Napier University and NHS Lothian
- Identification of 'pioneer cohort' to pilot transition
    - Change in way service delivered across 2 LHPs by end of project
- Addressing the initial concerns of staff through close engagement.

During 2007/8 there has also been an external change management consultancy – Quarto involved in working with staff involved in transition within each of the test sites to gather feedback around concerns and thoughts on the new model. The findings from the survey included:

- **Initially:**
    - Unanimous, clearly visible and often passionately expressed commitment to the provision of the very highest possible care to patients through the application of their professional expertise
    - High levels of anxiety, distress and fear at the prospect of the changes
    - Feeling that the urban culture in Lothian has significant implications for the actual model and method of implementation

- **September 2007:**
    - "...There has been a marked shift in perceptions and there is a genuine willingness to participate in discussion about what will be best for Lothian...."

There is recognition that on-going engagement and consultation with staff is essential in alleviating concerns associated with change and developing high levels of ownership.

A number of important challenges remain for the project, including:

- The need to incrementally build on changes in practice from first identified 'pioneer' cohort to effect change of practice in *all* nursing teams
- On-going assessment and management of risk
- Ensuring that changes are consolidated to make a real difference to the way services are delivered
- Continued focus on development of workforce as opposed to recruitment
- The need for creative solutions due to lack of capacity within teams and constraints in providing backfill.

Not withstanding the challenges associated with the implementation there are key outcomes that are anticipated from the project. These include:

- A shift from single discipline practice to provide more flexibility in care delivery and increased continuity of care
- Teams that deliver care in new ways to more effectively meet the health need of families and communities
- A testing of integrated approaches for vulnerable families with complex health needs
- The construction of a new model for the delivery of community nursing services that is fit for purpose in NHS Lothian

Such outcomes will be key in enabling NHS Lothian, other pilot sites and the NHS in Scotland as a whole to develop and build the context in which the balance of care can shift from hospital to community.

3.2 NHS Lothian Workforce Planning Context

3.2.1 Clinical Management Team (CMT) and CHP Workforce Plans

The importance of effective workforce planning within Clinical Management Teams within the Acute Division and the four Lothian CHPs is recognised and accepted by all. Within these areas there is a range of workforce planning activity ranging from short-term operational workforce planning, which is a key part of an operational managers role, to medium to long term planning as part of Strategic Services reviews. Considerable effort and commitment has been put into workforce projects such as NMWWPP and other workforce reviews, which have in turn helped to develop the knowledge and skills of the workforce in this area.

Whilst workforce-planning activity has increased considerably in recent years there is still a need both nationally and locally to pull these projects and themes together into sustainable strategic workforce plans to help the service deliver the future model of care. To support this further work is required to develop the workforce planning capacity and capability to help CMTs and CHPs develop sustainable workforce plans for the future.

As part of a national initiative to improve the knowledge and skills of workforce planners there will be a range of materials, toolkits and resources to help support planning at a local level. Whilst the target of this development initiative is primarily workforce planners from within the central HR function the intention is that the knowledge, associated materials and resources will be cascaded in to clinical services.

The subject areas for the programme covers:

- Strategic Context for Workforce Planning
- Collecting, analysing and modelling data

- Analysing the demand side
- Analysing the supply side
- Roles and their development
- Integration with Service Planning
- Integration with Financial Planning
- Negotiating and influencing skills
- Project Management

The workforce planning team will continue to support teams in the development of local teams for their services through the provision of information, support and advice.

3.2.2 NHS Lothian Population Changes

Population projections

The latest population projections published by the General Records Office(GRO) for Scotland, detail an increased rate of increase within the population covered by NHS Lothian. There is a projected growth from 801,310 in 2006 to 872,907 in 2018 and 933,419 in 2031, an increase of 71,597(8.9%) and 132,109(16%) respectively. This contrasts sharply with the projections for Scotland, which show an increase of 256,669(1.33%) overall.

Within this overall projected increase there also profound shifts within the various age categories

Figure 1: NHS Lothian Area Population change by age category

	Lothian 2006-17	Lothian 2006-31
0-15	5%	6%
16-29	2%	2%
30-49	3%	7%
50-64	20%	20%
65-74	26%	55%
75+	22%	74%

These changes vary significantly with the overall forecast for Scotland, with Lothian forecasting a significant 5-6% increase in the 0-15 age grouping and increases in both 16-29 and 30-49, whilst all these categories are forecast to decline for Scotland as a whole. The following two figures detail the change forecast within Lothian compared with that for the country as a whole:

Figure 2: NHS Lothian Area Population change by age category (2006–17)

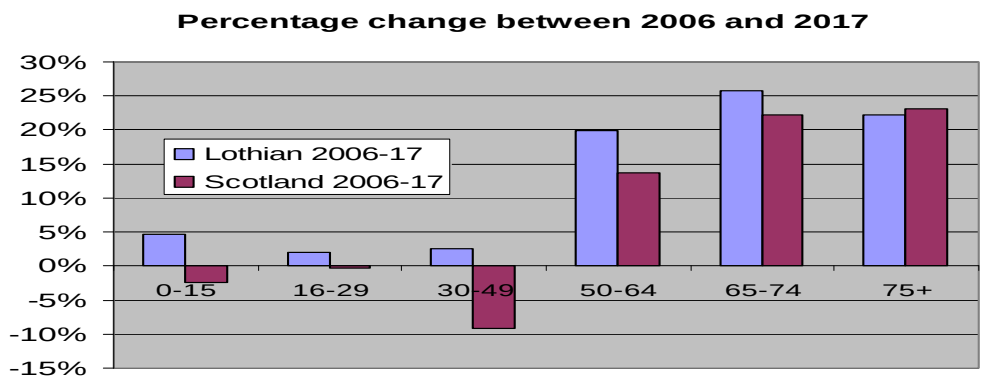
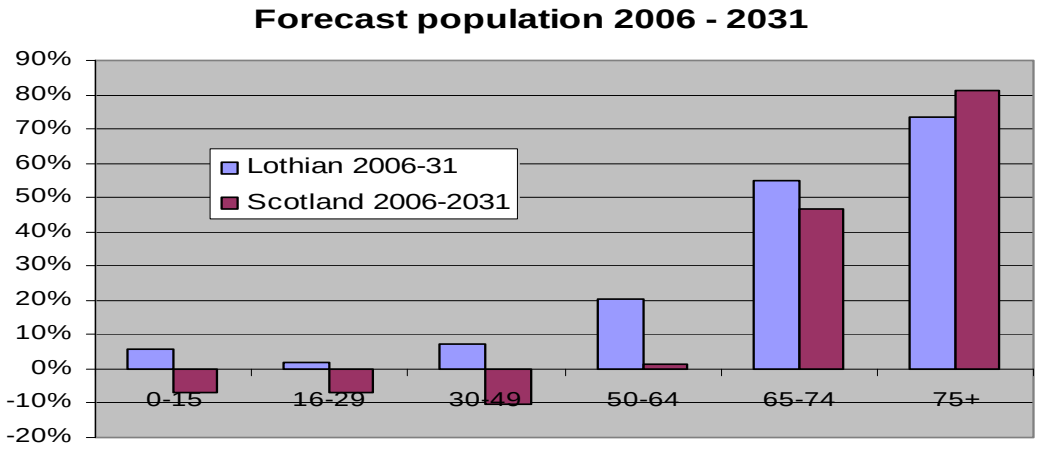


Figure 3: NHS Lothian Area Population change by age category (2006–31)



The combination between a significant growth overall and the particular differences with each age category will have a number of significant challenges in planning the services, workforce and financial resources for the future, these include:

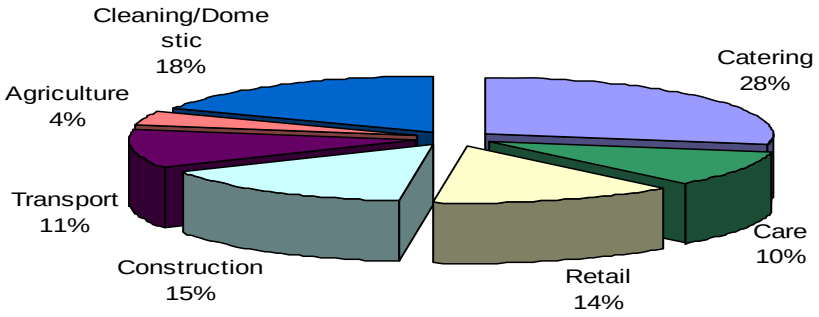
- Larger population will result in a proportionate increase in requirement for healthcare services.
- Increasing number of births will result in an increased need for midwifery, obstetrics and gynaecology services as well as services such as advanced neo-natal services.
- The very large percentage increase within 65+ age categories mean that there **must** be a shift in the balance of care from hospital based services to more care being provided within the community, whether at home or within NHS, local authority or independent establishments.
- Whilst there is a significant overall growth within the Lothian population there will be a decline in the working age population in real terms of 5% assuming a retrial age of 65.
- Providing more healthcare to more people for a longer lifespan to a higher standard with a workforce that is unlikely to be considerably larger than it is currently due to contraction in future workforce supply.

EU incomers

In recent years there has been an influx of migrants into Scotland from the new European Union countries of Central and Eastern Europe. Of the approximately 50,000 in Scotland approximately 20,000 - 30,000, the great majority are from Poland have based themselves in Lothian. As a group they are generally aged under 40 and are settling into jobs and homes across the Lothians.

A survey undertaken by Edinburgh Chamber of Commerce of 529 Polish Workers gathered information on which sector of employment respondents were in and the level of qualification they held.

Figure 4: Sector of employment of Polish Workers



Of this sample 85% held either a graduate or post-graduate qualification and 64% were either undertaking or seeking English language training.

As NHS consumers they place demands on NHS Lothian services in the expected areas of GP, A&E, sexual and reproductive health. How this demand changes will depend on future migration patterns, which are closely linked to economic and social conditions in UK and elsewhere.

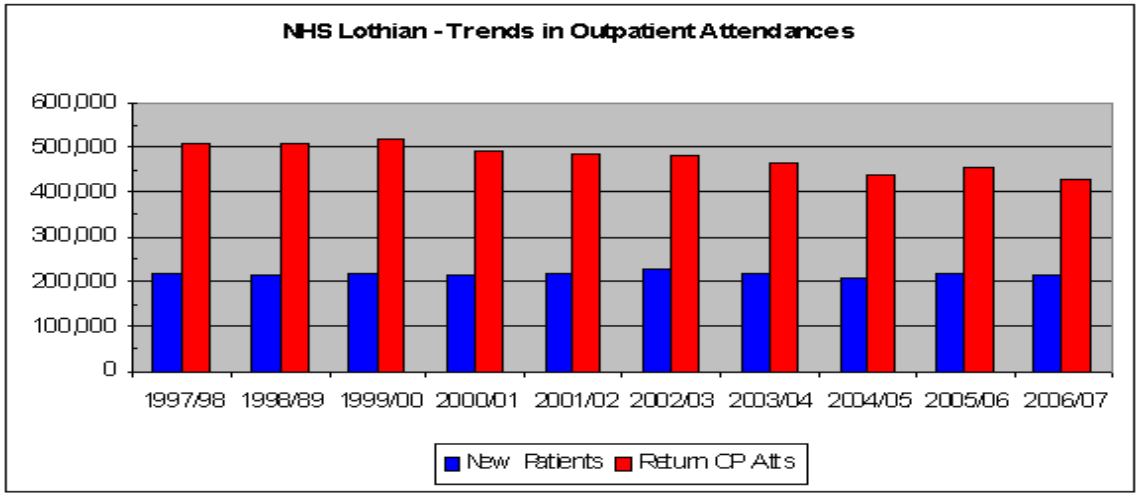
There is anecdotal evidence that Polish immigrants are starting to return to Poland as the costs of living in the UK have risen significantly, whilst there has been growing economy prosperity in Poland and the difference in disposable incomes are diminishing. It is hard to be definitive about numbers leaving as there are no embarkation controls on EU members and therefore they are are not counted out. However for the UK as a whole it is thought that the numbers leaving the UK is for the first time the number entering the UK.

Clinical Activity

The three major activity measures in NHS Lothian hospitals consist of:

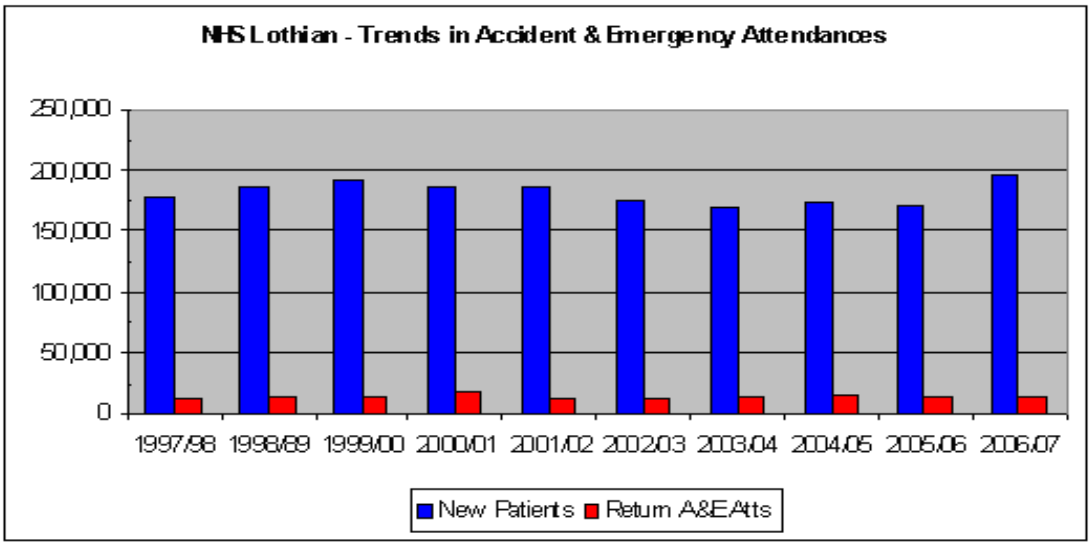
A Outpatient Consultations, treatment and follow-up (all specialties)
B Attendances at Accident & Emergency Departments/Minor Injuries Units
C Inpatient and Day Case admissions – acute specialties

Figure 5: NHS Lothian Activity Trends in Outpatient Departments



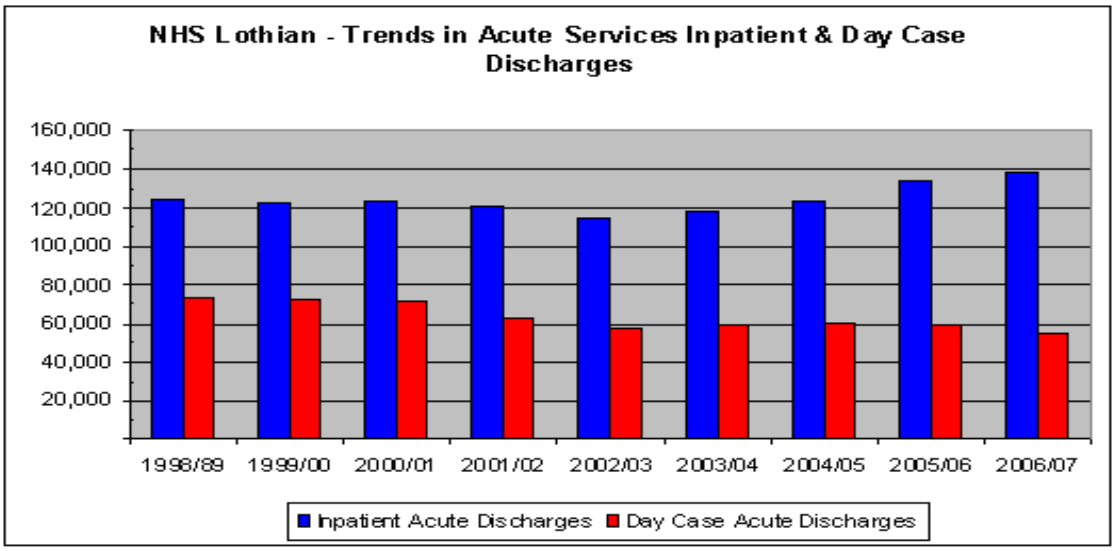
New outpatient attendances at clinics across NHS Lothian have remained at relatively consistent level over the last 10 years overall. Such clinics were historically consultant delivered however there is an increasing trend towards such ambulatory care being delivered by a non-consultant workforce of nurse and AHP specialists and practitioners. Return outpatient attendances have fallen in 2006/7 by 24,600 (5%) on 2005/6 continuing a downward trend reflecting the growth of more one stop services eliminating the requirement for repeat appointments.

Figure 6: NHS Lothian Activity Trends in Accident & Emergency Departments



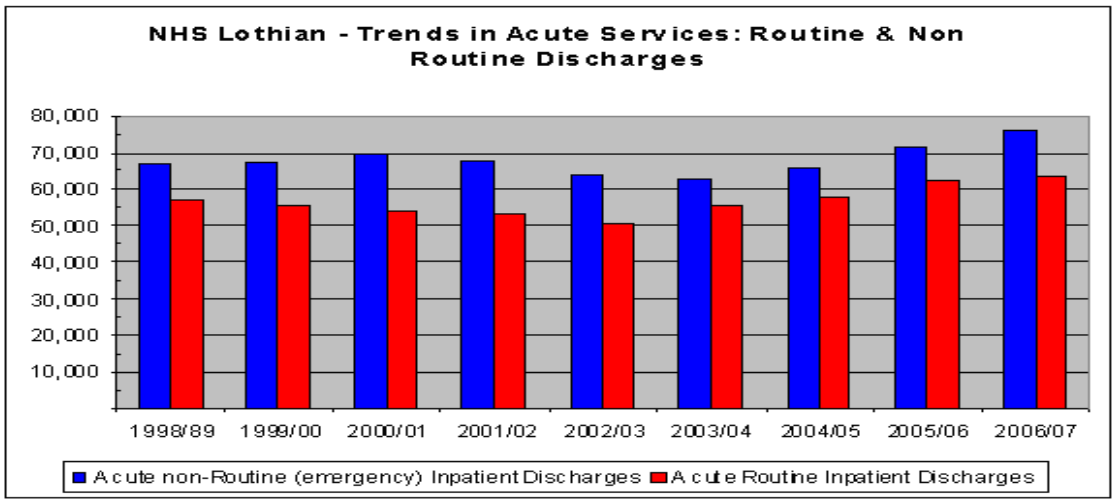
The increase in new A&E patients reflects a range of factors, with two main factors being an improvement in the recording of attendances at minor injuries clinics over the last few years and inclusion of activity such as the combined assessment unit being recorded as an A&E attendances.. The low level of Return A&E Appointments reflects the fact that most patients are being followed up by their local GP where required.

Figure 7: NHS Lothian Activity Trends in Acute Inpatient and Day Case Discharges



The apparent downward trend in Day Case activity in 2001/02 is almost entirely due to reclassification of routine endoscopic procedures as outpatient treatments. The rise in inpatient activity is due to a combination of increases in both emergency and elective inpatient workload in the Lothian hospitals (see below).

Figure 8: NHS Lothian Activity Trends in Acute Emergency and Elective Inpatient Discharges

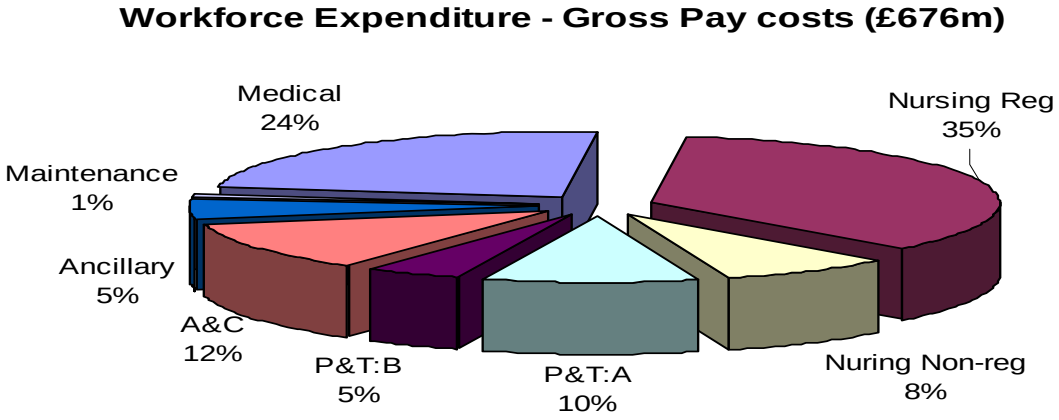


Whilst emergency workload in Lothian is relatively stable over time – the recording of this activity has a number of discontinuities. For example, the apparent increase in emergency inpatient activity from 2003/04 is due to a change in recording practice within the WGH Acute Receiving Unit, which took place in December 2004. Patients who were previously not admitted via ARU to the WGH did not feature in the activity statistics until that point. The recent increase in inpatient elective admissions has multiple causes – with waiting list targets being one of the main drivers. There is however a significant increase in both the number of Acute emergency patients and a more modest increase in Acute Elective patients. As with workforce trends it is difficult to do like for like trend reporting due to organisational changes and recategorisation.

3.2.3 Workforce Financial Profile

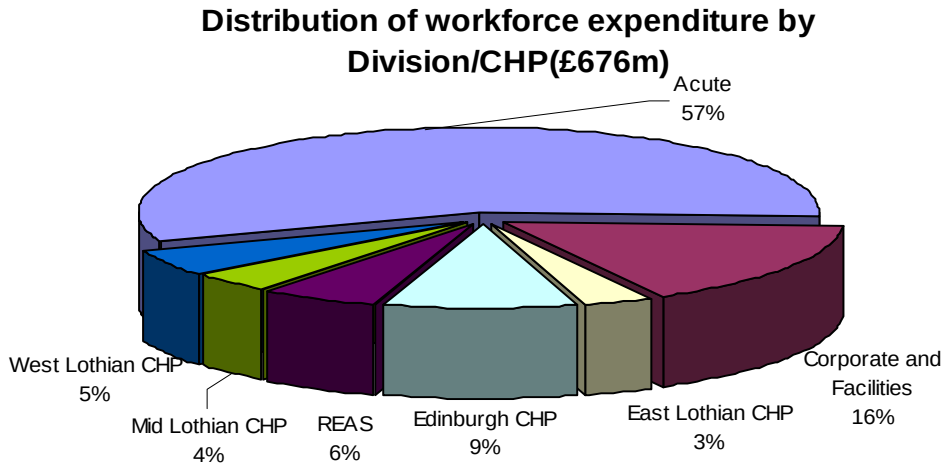
NHS Lothian had an overall income of approximately £1bn in 2007/8 of which staffing represented approximately £676m.

Figure 9: **Distribution of NHS Lothian Workforce Budget by Staff Group**



Approximately 83%(£555m) of the workforce budget is for clinical staffing, with 18%(£113m) for non-clinical staff, such as medical secretaries, domestic staff, catering staff and managers. The following figure details the distribution of overall workforce budget within the NHS Lothian organisational structure.

Figure 10: NHS Lothian Workforce Budget



Financial Plan

Within the 2008-9 financial planning process clinical services and corporate areas were asked to highlight pressures, areas where investment was required to meet activity or quality targets/standards and health and legislative priorities. These areas were then critically evaluated and reviewed with confirmed pressures/developments being funded through a prioritisation process. In this years process new funding of £11.4m was allocated to the areas identified as having the highest priority. This was in addition to £17.2m covering for areas funded in 2007/8 years planning process.

Within the financial plan funding is allocated for a mixture of both workforce and equipment. The process required to be undertaken within February, which means that it can be difficult to be exact around the projected workforce profile for some of the areas such as waiting times, as targets are not finalised until April. This will represent an area of risk for the workforce planning process next year when projections are to be submitted to the Scottish Government in February.

3.2.4 Local Delivery Plan

The Local Delivery Plan sets out the agreement reached with the Scottish Government on delivering the HEAT targets over the course of the next 3 years.

For 2008/09 there are 30 HEAT Targets (See Appendix 1):

- 7 targets on **H**ealth improvement
- 7 targets on **E**fficiency and Governance
- 7 targets on **A**ccess to Services
- 9 targets on **T**reatment

The HEAT Targets measure the contribution made by NHS Scotland to achieving the Scottish Government's objectives, this year the targets have been revised to ensure that they align with both Better Health Better Care and the Spending Review. They also include for the first time 2 targets around workforce relating to sickness and PDPs and required workforce commentary alongside the finance and service planning commentary to detail how workforce would contribute to the achievement of the target.

HEAT Workforce Target - 4% Sickness Absence by March 2009

In 2007 NHS Lothian had the lowest level amongst the large teaching Boards and achieved a further 0.05% reduction on 2006 to records a rate of 4.99%. However this remains 0.99% above the 4% target to be achieved by March 2009.

An action plan is being developed to set out the steps and measures that will be followed to help achieve this target, this will however be very challenging and require engagement of all areas of NHS Lothian, including partnership.

Figure 11: Comparative sickness absence for 2005-2007

Board Area	2005	2006	2007
Scotland	**5.35**	**5.23**	**5.55**
NHS Ayrshire & Arran [6]	6.14	5.23	5.83
NHS Borders	4.42	4.49	4.62
NHS Argyll & Clyde	5.64	6.10	x
NHS National Services Scotland	..	4.10	4.42
NHS 24	..	7.59	9.88
NHS Education For Scotland	..	1.22	2.18
NHS Quality Improvement Scotland	..	2.07	2.05
NHS Health Scotland	..	2.22	2.86
Scottish Ambulance Service	5.87	5.35	6.10
The State Hospital	6.48	5.67	5.67
Golden Jubilee	2.7	5.35	5.37
NHS Fife	6.27	5.63	6.21
NHS Greater Glasgow [8]	**6.37**	**5.45**	**x**
NHS Greater Glasgow & Clyde	**x**	**x**	**5.82**
NHS Highland	4.56	4.48	5.12
NHS Lanarkshire [9]	5.67	5.98	6.34
NHS Grampian	**4.07**	**4.59**	**5.10**
NHS Orkney	4.43	4.09	4.27
NHS Lothian	**5.4**	**5.04**	**4.99**
NHS Tayside	**5.23**	**5.18**	**5.46**
NHS Forth Valley	6.03	5.44	5.80
NHS Western Isles	4.87	5.42	6.25
NHS Dumfries & Galloway [10]	x	4.66	4.70
NHS Shetland	2.67	4.71	4.41

Source – ISD (SWISS)

The anticipated trajectory was set out as part of the LDP submission reflecting the historical trends in sickness absence.

HEAT Workforce Target – 100% of Staff Covered by AfC to have a KSF PDP

A detailed action plan for the implementation of the KSF is in place covering post outline training, quality assurance, staff consultation and implementation. All of the above is undertaken in partnership, with considerable input from staff-side organisations as has been the case throughout the implementation of Agenda for Change.

The revised HEAT targets also better represent the spread of services provided by the NHS, with a greater emphasis now being placed upon services provided in primary care.

During 2007/8 there has been considerable progress made towards achieving many of the targets. These include:

- **Childhood Immunisations** – MMR1 for 5 year olds is at 94.7%, this above the Scottish average of 94.4%. With the exception of Edinburgh CHP (at 93.7%) all other CHPs/CHCP have exceeded the national target of 95%.
- **Finance** – At the end of month 12, NHS Lothian reported a underspend of £0.3m overall.
- **Universal use of CHI** – At 98% the level of CHI usage for laboratory requests has exceeded the target of 97% for March 2008. The combined figure for CHI usage in radiology requests, referrals, discharge letters, and clinic letters is now 96%.
- **Agency and Bank Nurse Usage** – Positive progress is being made to reduce the number of hours of agency usage by both UHD and CHP/CHCPs. Relative to last year overall Agency spending for the year ending March 2008 has reduced by £3.7m.
- **Hip Surgery waiting times** – Performance in Hip Fracture surgery is still exceeding target despite declining slightly from 100% compliance in February to 98.8% for March against target of 98%.
- **Delayed Discharges** – The targets for all areas of this measure have been met on schedule. The overall number of delayed discharges was 110 at the March census and has now dropped to 50, surpassing the agreed target of 66 by April 2008. Patients delayed over 6 weeks, as well as those delayed in a short stay setting both hit the target of zero reducing from previous period figures of 24 and 6 respectively.
- **Cancer Waiting Times** – Percentage of urgently referred patients treated within 62 days. The combined cancer figure increased from 89.5% for the quarter ending September to 94.5% for the quarter ending December 2007. Lothian performance has improved for every tumour group reported on with the exception of Lung cancer which reduced marginally by 0.2%. Breast cancer exceeded the 95% target with compliance of 97.3%, and Colorectal cancer rose to 90.5% from 76.8%.

3.2.5 NHS Lothian HR Strategy and Learning Plan

NHS Lothian is currently in the process of developing a new HR strategy as the current strategy is due to expire in October 2008.

As part of the process for the development of the strategy there will be considerable consultation with all stakeholders to ensure that the strategy addresses areas that are key to organisational objectives whilst addressing the requirements of the whole workforce.

The NHS Lothian Learning Plan detailed in last year's Workforce Plan is currently being reviewed in conjunction with heads of Clinical Management Teams and CHPs and other stakeholders and an updated plan will be published mid-year. The following are the priority areas that have been taken forward during 2007/8:

- Comprehensive review and redesign of corporate induction and strengthening of the blended learning components to facilitate easier electronic access.

- Redesign and implementation of a blended Mandatory Update Programme for clinical staff
- Re-accreditation as an awarding centre for ILM accredited management development programmes and sustaining investment in Leadership and Management development
- Intensive preparation programme for managers and staff to engage all elements of KSF
- Investment in training supporting key policy initiatives such as equality and diversity, child protection and Protection of Vulnerable Adults.
- Investment and attracting funding into the Healthcare Academy for piloting new assistant roles, comprehensive SVQ award structure, and overseeing the HCA Regulation Pilot initiative
- Undertaken a "Readiness Assessment" survey for the Investors in People Standard, with a view to securing full organisational recognition by late 2009
- Providing and continuing to evolve the CPPD supporting frameworks for professional practice and values-based initiatives such as:

    - CHN Role (Review of Nursing in the Community)
    - Senior Charge Nurse Review & Clinical Quality Indicators
    - Mentorship / preceptorship strategy
    - Rights, Relationships, Recovery in Mental Health
    - Flying Start
    - Multiprofessional clinical skills strategy
    - Long Term Conditions
    - Succession Planning Pathway for Advanced Practice
    - Person Centred Leadership

3.2.6 HR Management Information System

Many of the challenges faced in workforce planning are as a result of the difficulties in recording, monitoring and reporting of workforce information. This is often as a result of not having effective and efficient HR administration processes. With the introduction of single system working in Lothian it was identified that there was a key requirement to introduce a single electronic staff record across Lothian, encompassing all staff. There was also a requirement for a system that would automate key HR administrative processes and underpin a centralised approach to administration of recruitment. There was also the need to provide a tool for line managers to assist them in:

- Absence and leave management
- Accessing staff records electronically at a local level
- Ensuring staff are attend mandatory training
- View details of posts under recruitment

Consequently the NHS Lothian Board approved the Business Case for the Lothian-wide implementation of the HR Management Information System (HRMIS - Northgate Empower) previously used within the former University Hospitals Division in July 2006.

The main purpose of the project is to have a functioning HRMIS implemented across NHS Lothian focusing upon three specific priority deliverables: -

1. Implementation of a Employee Staff Record (ESR) and Line Management Intranet System for the NHS in Lothian.
2. Implementation of a single recruitment solution to support the new centralised NHS Lothian Recruitment function
3. Implementation of a single Training Administration system to support the development of a Lothian Training and Development function.

From September 2006 Northgate Empower was technically developed to provide NHS Lothian with a single HR Management Information system. This included the development and restructuring of the system to mirror the new NHS Lothian organisation structure, the transfer of data from legacy systems and customisation to meet local/national requirements i.e. AfC.

The system includes the following:

Core Recruitment Module - a fully integrated module, automating all aspects of recruitment administration process - is now fully operational within NHS Lothian Central Recruitment Team based at St John's, satellite Recruitment Teams based at RVH & Staff Bank and within the Medical Staffing Recruitment based at WGH (recording Vacancies only). During 2008 all non-training grade medical staff recruitment will become administered via Empower.

The Core Personnel Module (Electronic Staff Record (ESR)) – contains full range of personal, absence and post information – is now operational within all HR teams based within LUD, REH, West Lothian, & Lothian Health Board and contains details of all staff paid by NHS Lothian

Core Training Module - fully integrated module, automating all aspects of training administration process - fully operational within PRDE, Manual Handling, Fire, eLearning, Health & Safety, Resuscitation, Violence & Aggression, Trak patient administration system, Information Services and St John's training teams within NHS Lothian.

The Intranet based solution suite includes Empower eXtend Manager & Employee.

The **eManager Module** - Gives line managers the ability to access information about their employees and generate a range of reports on individuals, teams, departments, etc. Absence can be input via this product - it is now operational within the Acute Division, and implementation commenced within Primary Care in September 06. An Implementation plan was completed in December 2007.

During January 08-March 08 the main focus is on establishing a full Audit to monitor Input and Usage to identify and target areas not fully utilising system. This is an ongoing exercise with the HR Systems team already identifying areas required to be trained or retrained.

On-line recruitment

From February 08, the facility to receive Candidate On-line Applications directly from the National On-line Recruitment system (SHOW) to Empower Recruitment module went live with all remaining staff groups (excluding Medical Staff).

Future Developments

With 'roll-out' complete the HR Systems Team will now focus on the following developments:

- **Redeployment** – develop system to hold redeployment details and conduct matching exercise against vacancies.
- **Audit Scotland** – hold additional information on both candidates and employees
- **Disclosure Scotland** – revised information held on vacancies, candidates, employees & posts.
- **Work Trials** – Develop system to support the introduction of work trials within NHS Lothian.
- **HRMIS(Empower)-Payroll link** - Initial discussions between Payroll Services and HR Systems team are focusing on developing an interface, which will provide the ability to transfer absence information from Empower to SSPS (Payroll System).
- **Employee System (ePeople)** Allows employees to access & update their own Empower Employee Staff Record includes demographic data, equal opps data, emergency contacts with additional features to request Annual Leave, book training courses, apply for vacancies etc. ePeople is currently being piloted within HR and Finance and the possibility of developing of an e-learning resource to support rolling out this system is being investigated.
- **Enhanced SWISS Interface –** The interface with the national SWISS data repository will need to be developed in order to enable the HRIS additional data fields required as part of the phase 3 SWISS implementation.

3.2.7 Workforce Information and reporting

Within NHS Lothian a detailed quarterly workforce information reporting programme exists covering a wide range of key workforce performance indicators. The reports are distributed widely to all Management Teams, local partnership forums and are available to all, either on the Intranet or on the NHS Lothian Internet web site.

During 2007/8 the reports were revised to enable reporting at a CMT and CHP level including historical trends.

The reports routinely cover the following areas:

- Staffing overview - monthly workforce trends relating to in-post establishment and vacancies.
- Workforce costs – monthly workforce trends relating to overall paybill, overtime, enhancements and Junior Doctors' banding payments.
- Absence management - monthly workforce trends relating sickness absence by staff group and Division
- Temporary contracts and other staffing supplements – Including Bank, Agency and Locum utilisation
- Leavers and Turnover – monthly workforce trends relating to turnover, analysed by staff group, Division, reason and age category.
- Disciplinary and Grievance
- Investigations under the Dignity at Work Policy
- Agenda for Change – details of staff assimilated and associated costs.
- Training and development activity

- Policy development and implementation – update on polices under development and implementation.
- Diversity monitoring

Within diversity monitoring significant progress has been made with developing monitoring and quarterly workforce reports now detail the following information by ethnic category:

- Staff in post
- Applicants for employment
- Staff leaving employment
- Applicants for training/receiving training
- Applicants for promotion/career progression
- Results of performance assessment procedures (i.e. benefit/detriment)
- Results of grievance procedures
- Results of disciplinary procedures

An increasingly large proportion of the information is now drawn direct from the HR System, given that a large proportion of HR administration is carried out through the HR system. Within 2008/9 all non-financial workforce information will be drawn from Empower.

The reports are available on the NHS Lothian Web site - www.nhslothian.scot.nhs.uk/news/key_documents/workforce_planning.

3.2.8 Equality and Diversity

Within Lothian an equality and diversity strategy and action plan has been developed within the HR function in order to ensure full compliance with legal requirements and good HR practice. The action plan sets out specific actions in a number of areas, including:

- Equality schemes – preparation of HR component of NHS Lothian Equality and Diversity Strategy and the Race, Disability and Gender Equality Schemes
- Workforce Monitoring – Introduction of enhanced reporting and monitoring capability as a result of single HR system.
- Training – incorporation of equality and diversity awareness into induction, access to awareness sessions and e-learning for all staff.
- Recruitment – monitoring/audit of recruitment processes to ensure that they are conducted in accordance with required procedures and to consider provision of recruitment information in alternative formats when appropriate
- Terms & Conditions/Employee Benefits – monitoring of availability, impact and uptake of employee benefits to ensure no discrimination
- Policies – regular review of existing policies and ensuring all new policies are impact assessed
- Reporting/Performance Assessment
- Communication

Detailed monitoring of the Ethnic profile of the workforce is now contained within the quarterly workforce reports and in the second quarter of 2008 the workforce planning team will be developing and publishing a detailed report covering all equality strands including:

- o age
- o ethnic minority
- o disability
- o gender

This will for the first time set the baseline which can developed and refined to ensure more meaningful and accurate reporting. Historically however there has been difficulty in obtaining good levels of coverage around these areas and following several concerted efforts lead nationally, coverage around ethnic category is now at 40%. This level of coverage is still however considerably below what is required to effectively monitor potential discrimination, still despite national and local advertising campaigns.

NHS Lothian is committed to improving this level of coverage, in order to do this a temporary appointment has been made to work at ward and department level to improve coverage and minimise any concerns staff may have about confidentiality. This will also include reviewing processes for gathering this information in order to make these effective and comprehensive, whilst eliminating duplication of effort.

The implementation of on-line recruitment has meant that gathering of diversity monitoring has become a fixed part of the recruitment process and applicants must either provide details or indicate that they do not wish to supply this information as opposed to a non-return.

It is hoped that these developments will enable significant improvement in the level of coverage and consequently enable meaningful reporting, upon which strategies may developed to address potential areas of concern.

3.2.9 GP Census

In 2006 NHS Lothian was one of the pilot areas for the Primary Care Workforce Planning Survey, the success of which has led to becoming an established national survey.

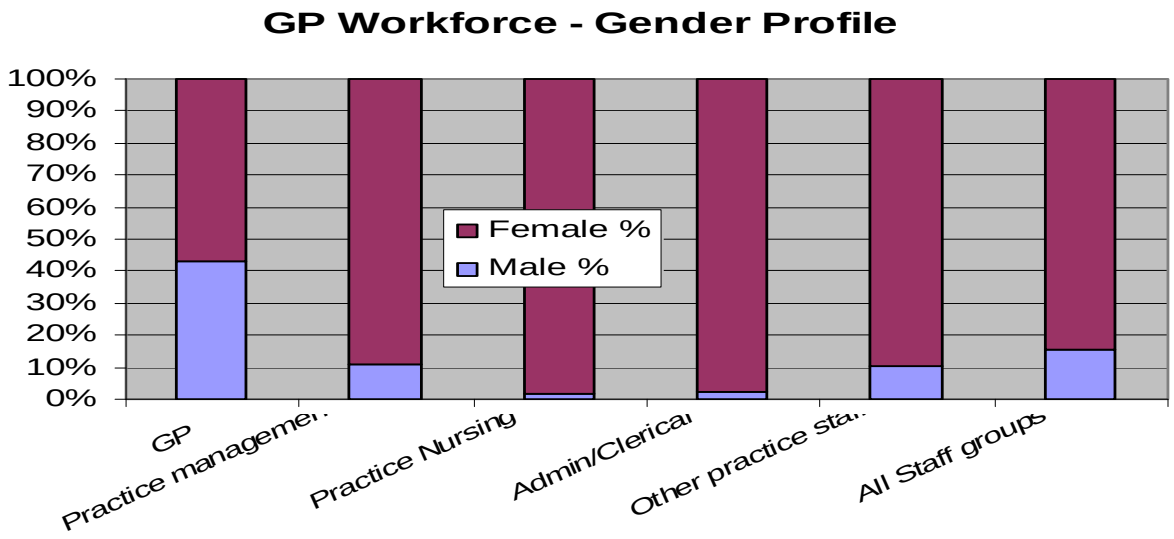
The 2007 survey has taken place and draft reports for each Board and Regional have been prepared. Within NHS Lothian the 71% of GP practices have participated in the survey and as such the findings can be said to be fairly representative of GP practice as a whole, it does however leave room for improved coverage in subsequent years.

The survey asks for information around the following areas by staff group:

- o Age Distribution by Gender
- o Part/Full-time working including vacancies
- o Anticipated retirals
- o Retiral replacement intentions
- o Sessional GPs utilisation

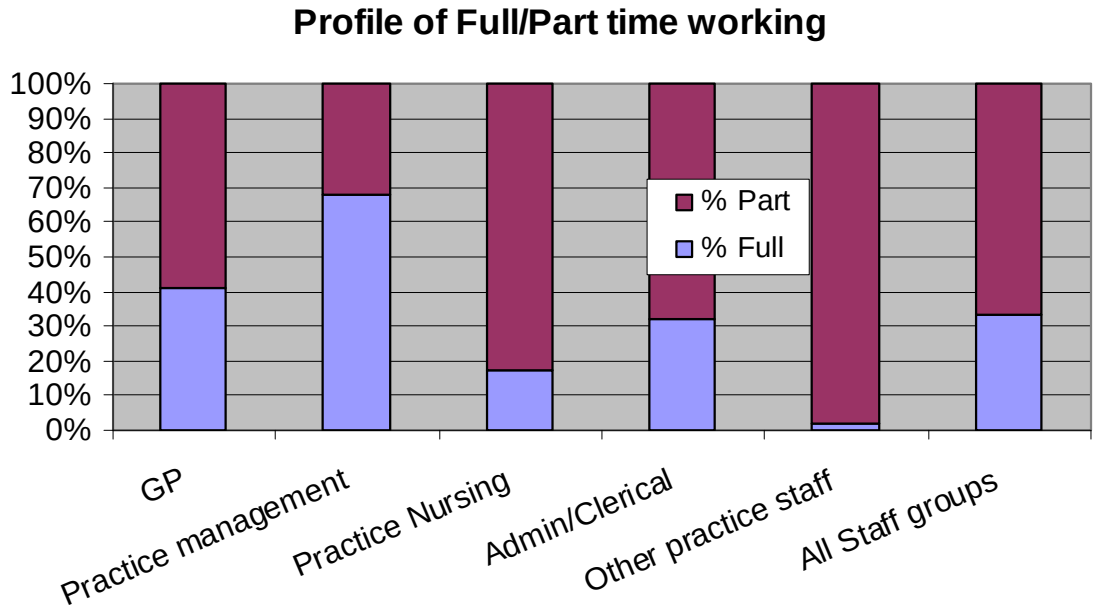
Within NHS Lothian the main findings were:

Figure 12: General Practice – Gender Profile



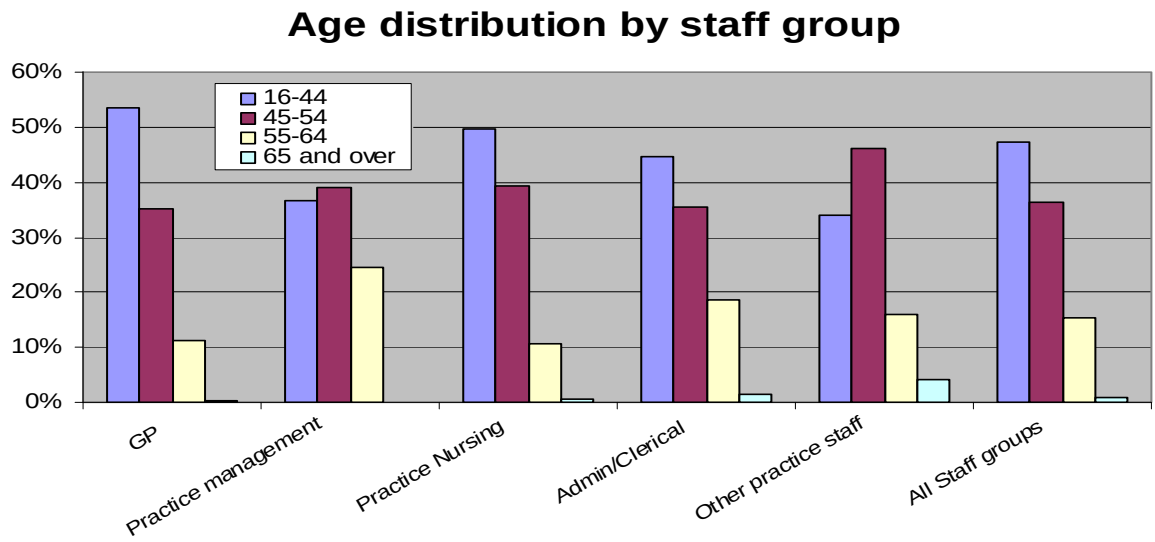
The general practice workforce is predominantly female with greater than 85% in all staff groups except GPs where 57% are female and 43% male. These overall proportions are consistent across all CHPs, with the exception of GPs in West Lothian where the ratio is 50:50.

Figure 13: General Practice – Full / Part time working



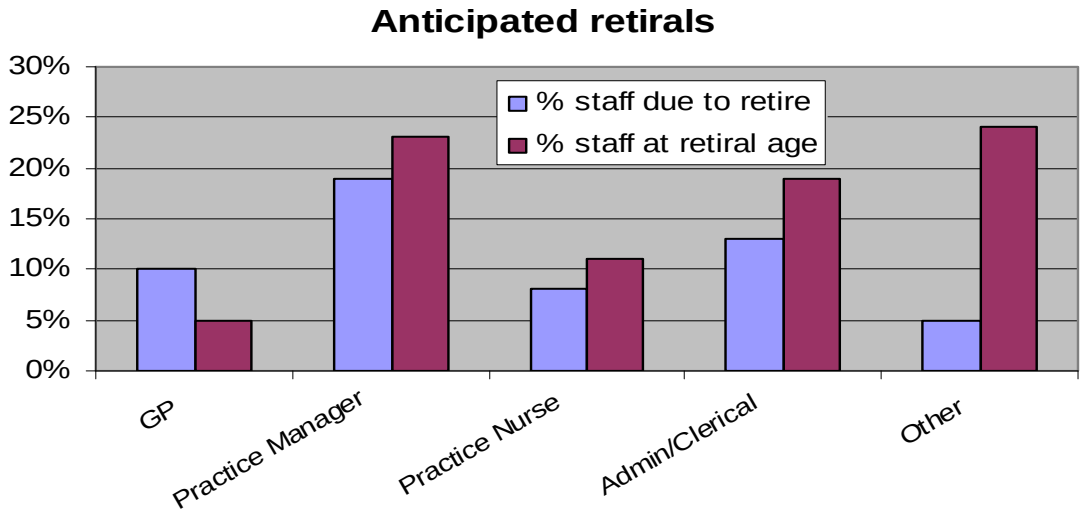
The majority of the workforce is employed on a part-time basis with the exception of practice management.

Figure 14: Demographic profile with General Practice



The age distribution within the clinical workforce is relatively healthy with the 16-44 age category containing more than the older age categories reflecting a relatively sustainable workforce. Within practice management, administration and other practice staff there are more staff aged over 45 and therefore appear to have significant recruitment challenges looming. It may be however that within areas such as admin many of the staff only join the workforce later on in their working lives and without information on length of service it is difficult to be definitive.

Figure 15: Anticipated retiral profile



The percentage of GPs known to be retiring in the next 5 years is higher than the expected percentage, based on the standard retiral age. This may suggest that some GPs are prepared to retire in advance of their normal retrial age with an actuarial reduction to their pension. In order to confirm this pattern it would be necessary to monitor actual retrials. For all other staff, the proportion of known

retirals is less than the proportion of expected, with some staff apparently working on past retiral age.

The method by which practices intend to replace GP retirals remains unclear as only 29% of practices provided this information. However for those practices that did participate, out of a 62 headcount of GP vacancies 19% anticipated to be replaced with a nursing post.

3.2.10 Lean in Lothian

NHS Lothian is now approaching the end of Phase 2 of the Lean in Lothian programme, which has been provided jointly by NHS Lothian staff working with GE Healthcare partners to deliver a total of 14 projects, training of a further cohort of change agents, and mentoring of further Lothian improvement leads. While not all projects have been completed, and thus formal evaluation is not complete, the programme has clearly delivered substantial benefits through supporting service teams to improve the quality of service delivery and thus directly or indirectly benefited patient care.

Hospital Sterilization and Decontamination Unit (HSDU)

A Kaizen took place from 18 – 21 February 2008 with the purpose of reducing the number of non-conforming trays of surgical equipment, reduce the number of missing instruments and apply Lean methodology to the process where appropriate. Enthusiastic participants spent over two days try-storming new ideas and procedures with some outstanding results:

- 615 individual instruments returned to system
- 58 complete trays fixed and returned to system
- Over 5000 redundant instruments removed from system (non-capitalised)
- New system in place for identifying missing instruments
- New system in place for identifying and correcting faults with instruments
- One hour shaved off process time for urgent tray and pack requests
- Total of 21 hours staff time saved per day

The HSDU team are pursuing further improvements as agreed in the kaizen action plan, including establishing a local improvement team to maintain focus on continuous improvement. The follow-up report out will take place on 24th April.

Mental Health Acute Admissions

This five-day Kaizen event between 18 – 22 February had objectives to improve the patient experience and service model in acute adult mental health at the Royal Edinburgh Hospital. Key outcomes from the week include:

- Agreement of a model and operational policy for Intensive Home Treatment (IHT) to enable care to be provided, where appropriate, outside the hospital setting.
- Adoption of the “Star Wards” framework to improve the inpatient experience.
- Pilot of new roles (discharge coordinator; housekeeper) to release nurse time and support increased therapeutic activity in alignment with care plans.

- Streamlined documentation to improve flow and reduce duplication and time for patients and staff.
- Improved patient information (Welcome Pack; Personal Recovery File)
- Improvements in the physical environment in the Andrew Duncan Clinic

The management team are meeting weekly to take forward the kaizen action plan.

Remaining Phase 2 Projects underway

Psychology

Initial scoping meetings have taken place and pre-work is underway for this project which will focus on improving processes within the clinical psychology service in West Lothian CHCP. Process owners and an executive sponsor have been identified and the workout date has been set for 16 April.

Prescribing Processes

This project will primarily focus on waste associated with repeat prescribing and will work with 2 GP practice/community pharmacy combinations in each of South West Edinburgh and West Lothian. Due to the diffuse nature of primary care, there will be a number of engagements with key focus groups, rather than a single event, to build the case for pan Lothian implementation of improvement opportunities with anticipated benefits for patient safety, medication compliance and cost reductions.

Substance Misuse

A second one-day workout in Substance Misuse will take place in mid April, led by an OD improvement lead, and supported by GE.

Medical Paediatrics Administrative Processes

The final workout topic for phase 2 will be improvement of administrative processes in Medical Paediatrics at the Royal Hospital for Sick Children.

Phase 2 Training and Awareness

A series of awareness sessions took place across the Royal Infirmary, Royal Edinburgh Hospital and St John's Hospital during September 2007, led by NHS Lothian staff and supported by GE Healthcare colleagues.

A further programme of training of change agents in Lean, Workout and Change Acceleration Process took place between September and December 2007. A total of 37 staff were trained from a variety of teams and disciplines across the organisation. The participants' evaluation of training will be included in the final evaluation report.

To develop sustainability for future phases 2 members of the Workforce and Organisational Development Team undertook a "train the trainer" approach, co-delivering the Workout training programme with GE Healthcare staff. This has provided the internal capacity and capability to deliver training in this toolkit in future programmes.

Lean in Lothian training consists of three elements: Lean, Change Acceleration process (CAP) and Work-Out. Phase 1 and 2 of the training has seen a significant of staff trained as outlined below:

Figure 16: LEAN training activity 2007/8

	LEAN	CAP	WORKOUT
Total trained in each element	66	69	59
Trained with current / future involvement in projects	**53**	**55**	**46**

Clinical Management Team/CHP/CHCP Workouts

Business Planning Workouts for Clinical Management Teams within UHD took place on 12 December, 20 December 2007 and 8 January 2008 focusing on the longer term vision for services over 5 years, and action planning for case mix, finance, workforce and quality deliverables in 2008/09. These sessions assisted the development of business plans, which have been finalised to align with the corporate workplan and delivery of key operational and financial targets in 2008/09.

Further Business Planning workout sessions for West Lothian CHCP and Royal Edinburgh and Associated Services were delivered on 24 January and 1 February 2008 respectively. An Edinburgh CHP Workout is planned for 20 March 2008, while the East and Midlothian CHPs joint event was delivered on 12 March 2008.

In addition to service clinical and management teams, representatives of key support departments including finance, HR, e-health, strategic planning, nursing, medicine and facilities have been present at these sessions, fully supporting the understanding of future challenges and the development of action plans to meet these.

3.2.11 Healthcare Academy

The Health Care Academy(HCA) continues to deliver pre-employment training courses to unemployed individuals living in the Lothian area. During the financial year 07/08, the HCA has worked in partnership with the Edinburgh Academies Collective to bid for European Regional Development Funds to support the work of the HCA.

As a result of the successful bid there will be 120 places on the HCA from July 2008 to July 2010, this will include both clinical and non-clinical roles.

The HCA has enabled individuals to obtain employment within NHS Lothian where there have been high retention rates. It is given participants a career pathway and has helped some access Further and Higher Education.

During 2007/8 a joint Health & Social Care Academy with Places for People was successfully piloted to address the changing community and health demands. Future joint courses are now being planned for 2008/9.

The need to address the changing community and health demands has seen the HCA link with the community-based organisation Places for People, a subsidiary of the Castle Rock Foundation. During 2007/8 a joint Health & Social Care Academy in conjunction with Places for People was successfully piloted to address the changing community and health demands. Future joint courses are now being planned for 2008/9.

4 Drivers for Change and Workforce Impact

4.1 Drivers for Change – An Overview

The section provides an update on the main existing strategic drivers within NHS Lothian as well as those that are emerging. Many of the service, financial and workforce drivers impact upon each other in a complex manner with many changes to service driven by workforce supply issues whilst others changes to service to improve quality and productivity require changes in the workforce.

There are major national drivers such as changes in population demography and the change in balance of care, which are reflected throughout the following section and set the context within which workforce, service and financial change must happen.

4.2 Service Redesign

4.2.1 Primary Care Modernisation Strategy

In 2007 NHS Lothian developed and adopted a five-year primary care modernisation strategy. The initial focus of initial activity is the management of long-term conditions (LTCs) as this was one of the six workstreams within the strategy. It also cuts across the other five workstreams and therefore would ensure progress with all aspects of the strategy. The five other workstreams are access and health inequalities, data, diagnostics, unscheduled care and workforce. This approach also allows NHS Lothian to address a number of HEAT and other targets, the findings of the Audit Scotland report on the management of long-term conditions and the then Scottish Executive's Long Term Conditions Toolkit for CHPs.

The targets impacted on by LTC Management include the 4 hour A&E target, admissions and readmissions of elderly people, admissions associated with specific conditions (heart disease, diabetes, respiratory disease, epilepsy etc) and delayed discharge.

For 2007 – 2008 NHS Lothian identified £2M of new resource to support emergency activity and the management of LTCs. This recognised the steady rise in activity associated with clinical assessment and admissions at all three of Lothian's acute hospitals and the specific association of much of this activity with people with LTCs. The new resource was in part to allow CH(C)Ps to develop the necessary infrastructure and services. It was also necessary to resource acute services to cope with the growing demand until the CHP-led developments began to impact. The effect of this was that in 2007 – 2008 the majority of the new resource went to University Hospitals Division. The resource that was available to CH(C)Ps was released late in the year and as such many of the new services are not yet fully established or the anticipated benefits are yet to be fully realised. The initiatives, which have commenced in this the first year of the strategy, are included in Appendix A.

It is anticipated that the medium to long-term approach to this issue is to improve the management of LTCs in the expectation that this will improve the quality of life of affected people and in particular will reduce the frequency and severity of exacerbations associated with demand on secondary care. This requires a fundamental shift in ethos of the kind outlined in the Kerr Report and subsequent national policy documents. Management will be based on recognition and risk assessment of individual people with LTCs, empowering them to become involved in supported self management, implementing anticipatory care packages and providing community based alternatives to hospital for assessment and treatment.

'Front Door' and CHP activity is being monitored closely to assess any changes in demand and is the subject of a regular report to the Board's Executive Management Team. To date there appears to have been a slowing of the rate of increase in emergency admissions and attendances across all CH(C)P areas although behind this are a number of complex issues relating to models of clinical practice, clinical coding and lengths of stay.

As the work is taken forward it is important that its place in the wider context is reviewed and opportunities identified and taken. The PCMS was always intended to provide CH(C)Ps with a framework that would link the issues identified within the strategy with established and anticipated initiatives. The GMS contract is key and success has been seen where the requirements of the contract have been linked with service developments. Similarly initiatives such as Keep Well, Shifting the Balance and the Primary Care Collaboratives have found fit with the overall direction of the strategy.

Within NHS Lothian and other Boards there is a need to monitor the progress of the Shift in the Balance of Care in balance of care between hospital based care to primary care based care, both in terms of activity and resources. As the implementation of PCMS moves on it will be important to develop more sophisticated measures capable of measuring both the impact of the impact on secondary care as well as the benefits to patients, carers and communities. Much of this will focus on influencing pathways before illness manifests and promoting health and self-care.

Effectively implementing this strategy over the following years will be essential in achieving sustainable healthcare services in the medium. The development of primary care workforce will be key in delivering on this strategy and initiatives such as the review of community nursing and development of associate practitioner roles will be very important, in supporting this change in service model.

4.2.2 Improving Care Investing in Change (ICIC)

NHS Lothian consulted on Improving Care Investing in Change(ICIC) in 2004 and approval from the Minister for Health was received in July 2005. An Initial Agreement (IA) was agreed with the Scottish Executive in January 2006, which included details on all the projects and anticipated completion dates.

This change programme sets out Lothian's vision and strategic direction for acute health services, services for older people and mental health and well being services. Last year's plan provided detail on the extensive consultation process that underpinned the development of the ICIC programme and the specific developments contained within. Since ICIC was published the project for the reprovision of the RHSC has commenced and is now part of the ICIC programme.

The following sections provide an update on progress to date and any additions that there have been since last year's plan.

4.2.3 Better Acute Services in Lothian (BACiL)

Last years plan provided an outline of the overall BACiL project and the range of associated subprojects that are being progressed within it. The following section provides an update of progress within the subprojects:

- The transfer of ENT services to St John's Hospital is complete and the development of a remit for the Head and Neck center will be established.
- Hospital at Night (HaN) has been implemented on WGH Hospital, RIE and St John's sites. A project looking at the implementation of HaN on support hospital sites is underway and a full report detailing proposed approaches and timescale for implementation will be complete in July. It is anticipated that implementation will take place in the 2008/9 financial year.
- Minor Injuries and Minor Illnesses network– the development of a network Minor Illness/Minor Injury departments is being taken forward by CHPs. In-line with the Primary Care Modernisation Strategy.
- Transfer of overnight colorectal surgical admissions WGH to RIE initially followed by the remainder of the colorectal surgery service from WGH to RIE. One of the drivers for this change was a round the sustainability of the medical workforce, in light of EWTR. Within 2007 following detailed work to achieve compliance the Service indicated that the level of risk had reduced considerably and proposed that services should therefore remain on the WGH Site. This proposal was accepted by the Board in November 2007.
- Short Stay Elective Surgical Centre(SSESC) at St John's – An initial business case for Phase 1 (endoscopy suite development at St Johns) was presented to the Overall Project Board in March 2008. It is anticipated that works will commence in June 2008 with a completion date before the end of the financial year. The planning of SSESC will progress while this Endoscopy development being undertaken. The completion of SSESC is now anticipated to be in 2010.
- Cardiology Redesign – Full implementation of redesign in Cardiology services took place in 2007 including the transfer of the WGH Cath Lab to the RIE. This project is now complete.
- Strategic Service Redesign – to ensure the redesign of all acute sector services not otherwise covered by the above workstreams to confirm the best practices and the principles of BACiL. During 2007/8 the following workstreams commenced:
    - Review of Regional Infectious Diseases Unit(RIDU), commenced in 2007 with the development of a profile of activity, resources and current service model. A workshop on future models for ID services planned in the summer of 2008 with an interim report to the project board also planned for June 2008.
    - Review of Ophthalmology services report on service model to be presented to BPB in June 2008.
    - Four additional workstreams for 2008/09 have been identified and are being progressed initially through the BACiL TRG.
- Rezoning – development of principles and good practices for the definition of hospital catchment areas for unscheduled hospital admissions. Work has been on-going as a range of important concerns around public transport

- Critical Care – development of a Lothian wide model for Critical Care services to ensure safe, viable and sustainable service is provided on all 3 acute sites in Lothian. A range of options have been developed, a number of which are being considered in more detail including a financial and workforce assessment, in particular around the impact of MMC and EWTD. A report will be submitted in June to the Project Board detailing an appraisal of options for future service and workforce model.

4.2.4 Review of Older People's Services

The following section provides an update on the detailed plan for Older Peoples services contained within the 2007 workforce plan.

During 2007-8 the Outline Business Case has been prepared for the reprovision of the Royal Victoria Hospital and following approval by the NHS Lothian Board has been submitted to the Capital Investment Group(CIG) within the Scottish Government for consideration and approval to move forward with planning and the production of a final business case. This Reprovision is central to the review of older peoples services and has the following key objectives, to provide:

- Local, equitable and easy to access
- Improved quality of care
- Improved environment
- Better access to diagnostic services
- A larger critical mass of staff which will be available to deliver the service in a more flexible way leading to better continuity of care.
- Improved patient satisfaction with the service related to the improvement in quality of care and environment.
- Appropriate health services in the most appropriate environment
- A response to the change in demographics of the population
- Improved working environment, which will enhance the recruitment and retention of staff.

Following a review of the financial and risk assessments and an analysis of the non-financial benefits an option, which would see the re-provision of the Medicine for Elderly services within a standalone unit at the Western General Hospital. This would consist of 5 wards of 26 beds and the associated clinical and administrative services incorporated within the building, linking onto the main hospitals buildings. It was also made clear that there was a need to consider where best to provide some of the services currently within the RVH and where would be most appropriate in future.

The following changes to the current service model are planned:

- **Medical In-patient services** - It is proposed that these services are re-provided on the Western General Hospital site and amalgamated with the existing Medicine for Elderly / Stroke services.
- **Medical Day Hospital -** This is an integral part of the medical services, therefore it will move on to the Western General Hospital site.

- **Medical Out-Patient Service -** An Out patient Department, will be re-provided in conjunction with the Medical Day Hospital.
- **Psychiatric In-Patient -** This service is planned to amalgamate with the psychiatry of old age service at the Royal Edinburgh Hospital to provide a citywide service. There is the opportunity to transfer the service the interim, with it ultimately being re-provided as part of the Royal Edinburgh Hospital campus re-provision.
- **Psychiatric Day Hospital and Out Patient Service -** This service will be re-provided on a site in the North Edinburgh area, this may not necessarily be on a hospital site, owing to the developing model for mental health in later life.
- **The Adult Mental Health Day Unit – Inverleith Unit -** This service will be re-provided in the North Edinburgh area, in line with the Lothian Joint Adult Mental Health Strategy. This is being taken forward by the Edinburgh Community Health Partnership.
- **Other non-clinical services on RVH site** - to be reprovided separately within existing accommodation/space.

A detailed profile of the workforce associated with the RVH formed part of the OBC along with details of the main workforce drivers. During 2008/9 a more detailed workforce plan, which assesses the changes in the workforce required to support the reprovision will be developed. This will need to take into account both the level of staffing required to provide the services within the new build hospitals and also those services that will be reprovided within the community. The plan will also need to demonstrate how key workforce changes such as EWTR compliance and MMC have been reflected to ensure a sustainable in the future.

Strengthening of the project groups required to deliver the above changes is underway as part of the process leading to the development of the Full Business Case.

4.2.5 Mental Health and Wellbeing Strategy Review

The Mental Health and Wellbeing Strategy is a joint strategy covering each of the Local Authority areas in Lothian. The strategy plans provide for each locality to have:

- A range of crisis and response services available 24 hours a day providing viable alternatives to admission to hospital.
- Significantly enhanced community health services and networks involving health, local authority and voluntary sector resources.
- Local services that can provide intense support in people's own homes for those with severe injury and mental illness. An increased range of psychosocial interventions, structured daytime activities, employment and educational opportunities.
- Increased advocacy provision for individuals and groups
- Enhanced support for carers and families
- Access to in-patient facilities including acute psychiatric beds, intense psychiatry care beds, intensive rehabilitation, continuing care and specialist mental health facilities for adolescent and peri-natal mental health.

Much of the implementation planning for the Mental Health and Wellbeing Strategy will involve investment in the staff skills, training and development. Overall the Mental Health Strategy will see the redistribution and re-investment of significant resources from

existing hospital sites as well as additional investment by both the NHS and Local Authorities in enhanced community services.

Achievements to date include:

- Perinatal Mental Health Unit based at St John's Hospital was opened in December 2006.
- Midlothian Integrated Community Mental Health Team has moved to be co-located with the Social Work Service
- Additional primary care liaison and Social Work services in place
- Transfer of in-patient services to REH
- Development of crisis services within West Lothian and Edinburgh

4.2.6 Reprovision of The Royal Hospital for Sick Children, Edinburgh (RHSCE)

The Royal Hospital for Sick Children, Edinburgh (RHSCE) provides a range of services, which include local hospital services for Lothian, as well as specialist services for the South-east of Scotland and a number of national specialist services.

The services are currently located in Victorian buildings which are no longer fit for purpose or able to meet the requirements of a modern children's hospital. There are also difficulties for parents in accessing the site due to introduction of controlled parking arrangements in the locale and poor access to public transport.

Consequently a project for the reprovision of RHSC is underway with the following main objectives:

- A purpose-built hospital with improved facilities and an appropriate environment for children and young people;
- A hospital that is co-located with adult, maternity and neonatal services
- Service delivery that supports sustainable local, regional and national services;
- Clinical care to children and young people up to 16 years (and to 18 years as appropriate) in purpose built, age appropriate facilities; and an expanded 'front door' service and with an Acute Assessment Unit that links with primary care and unscheduled care services in an ambulatory care model supporting service redesign and meeting national targets for reducing waits and delays in A&E.

The reprovision is being managed as part of the overall ICIC programme with its own project board, core project team and project groups. The project board also links in with the SEAT Children's Planning Group and the Yorkhill reprovision Project.

The outline business case for the project was completed at the beginning of the 2008-9 financial year and following approval by the NHS Lothian Board it has been submitted to the Capital Investment Group(CIG) within the Scottish Government for consideration and approval to move forward with planning and the production of a final business case.

The OBC has been developed as part of a process that has involved and engaged all stakeholders within Lothian and the South East region in establishing the redesign

principles upon which the future services should be based. This engagement will continue through out the development of the Full Business Case.

As part of the requirement and the desire to involve the community a specific reprovision sub group, the Children, Young People and Family Advisory Board, was established in October 2006 early on in the project. The Chief Nurse - Children's Services and a parent member of the RHSC Family Council, jointly chair this group. The membership of the group includes representatives from Health, RHSC Family Council, Sick Kids Friends Foundation, voluntary sector, local authorities, staff partnership and the Scottish Health Council.

The remit of the group is to ensure: -

- Effective involvement of children, young people and their carers, taking account of equality and diversity, in all key aspects of the project and with each of the project groups as relevant;
- That the issues that involvement should address are clearly identified and defined and that the options for how to tackle them are clarified.
- The planned environment reflects the emotional, spiritual, and physical needs of children, young people, their carers and siblings
- The re-provided service reflects the importance of the physical, spatial
- environment and the development of 'healing' space, and
- The redesigned models of care are child, young people and family centred.

Within the OBC there was a detailed option appraisal of the three short-listed options:

- Do Minimum – only upgrading the current buildings to comply with statutory requirements.
- Reprovision of RHSC on the Little France site as a stand alone new building linked to the Royal Infirmary of Edinburgh.
- Reprovision of RHSC on the St John's Hospital Site

These options were appraised against benefits criteria which had been waited to reflect their importance:

- Clinical effectiveness, integration of service & meeting national guidance
- Sustainability
- Accessibility for patients, relatives and staff
- Quality of physical environment
- Ability to implement options
- Research and education

As a result of this process the reprovision at the Little France site option was selected as the preferred site as it was considered that this option would be significantly more clinically effective, as well as more sustainable and accessible. It also judged that there would be significantly better opportunities for research and development given that the main adult acute hospital in Lothian and the University of Edinburgh Medical School are also located on this site.

The national review of specialist children's services is due to be published in May/June 2008 and its findings and recommendations will form an important part of the service and workforce planning process for the FBC.

Within the OBC there is a detailed profile of the workforce associated with children's services within Lothian and the RHSC site in particular, which will be used as a base upon which to project future workforce requirements. There is also an assessment of the key workforce drivers that will require to be addressed within the workforce planning process leading to the Full Business Case.

The next phase of workforce planning will build up a detailed workforce plan which will determine the appropriate workforce in terms of numbers, skills and competence required to operate a new 'state of the art' children's hospital. This process will necessarily take into consideration the key national and local workforce issues, which are detailed within this plan.

There will be a continuing requirement to communicate effectively with all staff and also those within neighbouring boards. There will be close linkage with the project to reprovide Yorkhill Children's hospital in Glasgow both at both a service and workforce planning level.

4.2.7 Unscheduled Care Collaborative

The Unscheduled Care Collaborative supports achievement of the 4-hour maximum waiting time guarantee for all patients presenting in an unplanned manner to an Emergency Department (A&E), Minor Injury Unit, and Trolley area of any secondary care facility in Scotland.

The following section details the activity and progress that NHS Lothian has made in achieving compliance of 98% with national target of 4-hour wait in January 2008 on an on-going basis.

- This achievement has been made against a backdrop of a challenging starting position and a continuing increase in activity. In May 2008, NHS Lothian admitted, transferred or discharged over 19,300 patients within the 4-hour target, as compared to 13,300 in October 2005.
- The target often seen as an A&E target, it is has however in fact been a whole system challenge and a barometer of the functioning of many departments to support the flow of patients. The achievement is a reflection of Staff right across NHS Lothian working towards the 4-hour waiting time guarantee.
- Within the Acute Division in particular there has been particular effort and cooperation from A&E and Assessment areas through bed management, the inpatient wards and discharge, and from support services and outpatient departments and Out of Hours services.
- Many departments have been challenged to change the way they work, extend their services or create new services and great effort and support has been given in pursuit of a better patient experience.

In order to achieve the target a number of high impact changes that have been implemented including:

- Streaming and 'See and Treat' in Front Door Areas
- Management of the 4-hour journey (and escalation systems)
- Improved access to initial clinical assessment

- Prompt access to evidence based diagnostics
- Timely access to specialist opinion
- Reducing variation in admission
- Proactive capacity management – a complete overhaul of the bed management systems
- Management of the inpatient episode and timely discharge
- Reduce variation in length of stay

These changes are now embedded within services and will enable NHS Lothian to continue to meet the 4 hour guarantee on an on-going basis. All of these changes have required considerable changes in both the work processes and the workforce and have been achieved in the main through staff working differently not additional staffing.

4.2.8 Strategic Visioning

In mid 2006 NHS Lothian developed a high level vision, building on the ICIC programme of strategic direction, of possible future delivery models for major hospital based services. This was presented during the 2005/2006 Annual Review.

This vision is based on shifting services from hospital to community based delivery (including community hospitals and community treatment centres) wherever safe and practical to do so. Those services that need to be on a major hospital site would be focused on the three acute sites in Lothian, with consequent clinical synergies, optimisation of expensive infrastructure and economies of scale.

This overall vision has now been developed into a number of proposed new projects including the reprovision of: specialist rehabilitation services; older people's assessment services for South Edinburgh and Midlothian; and neurosciences for adults alongside children's services. These projects will be developed alongside the existing projects for acute services, older people, mental health, children and community hospital services already within ICIC.

A key aspect to progress this work is the development of masterplans for the future use of the three acute sites at RIE, WGH and St John's. This work is underway for WGH and is anticipated to be completed, incorporating the plans for reprovision of the Royal Victoria Hospital by summer 2008.

Masterplanning for RIE is also underway, incorporating plans for the development of a new Edinburgh Children's hospital. This work has to be aligned to the overall masterplan for the Bioquarter development, and is at an advanced stage.

Masterplanning for St John's at Livingston will incorporate phase 2 of the short stay elective surgical centre, and this work is also now underway.

The following specific actions have being undertaken to date:
- Analysis of space utilisation audit of major sites
- Development of an Initial Agreement for Neurosciences Service replacement adjacent to the proposed new Children's Hospital
- Conclusion of option appraisal of colorectal services

Further work remains to be concluded to inform the overall sites and services vision including:

- Progressing work on Critical Care and Regional Infectious Diseases services, due to report in spring and summer 08.
- Confirmation of impact of revised models of care for adult mental health and older people's services (mental health), being undertaken as part of Royal Edinburgh Hospital business case development.
- Rezoning of acute medical admissions in Lothian

4.2.9 Diagnostic Collaborative

In June 2005 the Minister for Health announced a 9-week waiting time standard for MRI, CT, ultrasound, barium studies, upper endoscopy, colonoscopy, sigmoidoscopy and cystoscopy by December 2007. This is closely linked to the achievement of many of the Governments other access targets including cancer treatment, 4-hour emergency care, 18 week for outpatient or inpatient/daycase episodes. In Lothian this work will complement the development of Clinical Treatment Centres and the policy of ensuring appropriate local services as well as linking into the Modernisation Strategy for Primary care and the Diagnostics workstream of the Action for Modern Acute Care commissioned by SEAT.

The programme was launched on 25th April 2006 funding was allocated in advance of this date. In December 2006 NHS Lothian had confirmed funding of £676k capital and £539k revenue. This was used to replace endoscopy equipment, run the provide additional CT, MRI and Ultrasound sessions.

During the 3 year collaborative Lothian has received £4.7m capital and £2.5m in revenue funding, which has enabled the purchase of equipment to provide improved testing and additional capacity. The funding has also been used to add to the workforce both for clinical work and administrative resource to introduce more effective monitoring of activity and performance. In some instances the funding has enabled improvements in a wider range of diagnostic tests. The LEAN in Lothian initiative has played an important part in helping redesign the services such as radiology, which has been important in informing how and where investments can be best made to improve efficiency and effectiveness.

NHS Lothian has now met all its targets in relation to the 8 core diagnostic tests and the collaborative project came to an end in March 2008.

Some of the funding remains and is being carried forward to 2008/9 to support:

- Progress towards centralised booking for the 8 key tests
- Progressing the introduction of a proper waiting time and appointment system for all diagnostic tests to comply with New Ways
- Backfill to allow additional staff to be trained in eg MRI/CT/Neurophysiology/Urodynamics
- Physio led back pain service to reduce MRI demand
- The purchase of docking stations for mobile MRI at RIE and St John's.

4.3 Pay Modernisation and Productivity Improvement

In line with NHS HDL (2005)28 – Delivering the Benefits of Pay Modernisation in NHS Scotland, NHS Lothian has previously submitted three Forward Plans covering the period September 2005 to March 2007 with Progress Reports being submitted in the interim six month periods.

The Plan also complements and supports a range of key plans in NHS Lothian. Included in these are the Local Delivery Plan, the Work Plan, the Regional and Local Workforce Plans, the SEAT plan and the Five Year Plan. It provides real opportunities to support the continued modernisation of the workforce, achieve the best staff utilisation and improve staff satisfaction, motivation and engagement through the development and evolution of roles.

In addition to the three major Pay Modernisation Programmes, NHS Lothian is implementing the Scottish Community Pharmacy Contract, the General Ophthalmic Services Contract and the General Dental Services Contract. NHS Lothian has considered how it needs to amend current practice, particularly in primary care, to demonstrate the patient benefits that can be realised from these new opportunities.

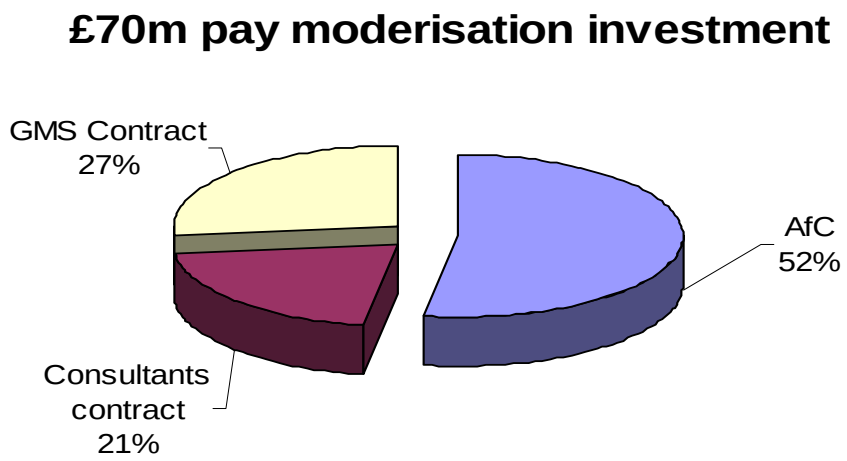
Significant financial investment has been made by NHS Lothian in pay modernisation. The expenditure on the three strands of pay modernisation in previous financial years has totalled £70m, including the £20m earmarked funding from SGHD to implement the GMS Contract. This represents an increase in payroll costs of approximately 12.5%.

The financial and other benefits that are being further realised in this Plan include:

- financial benefits via cost avoidance
- savings, including CRES target
- performance improvement by increased productivity
- reinvestment of monies to improve patient services
- patient gain through improved services as a result of reductions in waiting times and other process efficiencies

In 2007/08 the new and ongoing investment was as follows:

Figures 17: Pay modernisation investment by contract

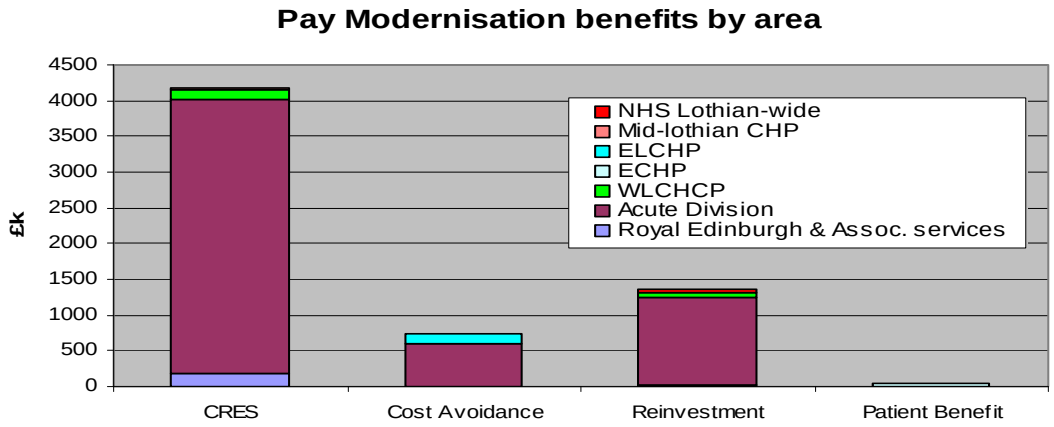


The return on investment target for 2006/07 for NHS Lothian was agreed at £12.5m for the year and this was met in full. The gains from pay modernisation also played a critical role in the delivery of the CRES programme that totalled £20m for 2006/07. For 2007/08, the return on investment target for NHS Lothian has been set at £5m, the action plan however indicates an *anticipated achievement of £6.3m.*

The following table and chart detail the anticipated benefits

Figures 18&19: Pay modernisation benefits by Area and benefit category

Area	CRES	Cost Avoidance	Reinvestment	Patient Benefit	Totals
Royal Edinburgh & Assoc. services	£176k		£30k		£206k
Acute Division	£3,848k	£604k	£1,222k		£5,674k
WLCHCP	£133k		£54k		£187k
ECHP				£40k	£40k
ELCHP		£146k			£146k
Mid-lothian CHP	£16k				£16k
NHS Lothian-wide			£40k		£40k
Total	£4,173k	£750k	£1,346	£40k	£6,309



NHS Lothian is also participating in a Valuing Medical Resources benchmarking exercise along with 19 other teaching hospitals/trusts across the UK. NHS Lothian is the only Scottish participant and the exercise has been under the umbrella of the Association of UK Teaching Hospitals. The work has been undertaken by Civil Eyes Research. The benchmarking exercise has three project objectives:

- Develop an understanding of clinical practice by robust comparison;
- Share approaches to changing practice at local level where required;
- Use learning to influence the national agenda.

Final data has now been produced for ENT, Urology, Neurology and Rheumatology, which is currently being reviewed within NHS Lothian

4.4 Education and Training Redesign

4.4.1 Modernising Medical Careers

The introduction of MMC has acted as a major driver for changes in workforce and service terms

The implementation of specialty training within the South-east Region and Lothian, where surgical training recruitment process was administered from was a very challenging undertaking for all involved. This process saw major changes in the way in which recruitment was undertaken with the introduction of anonymous competence based short listing and a national on-line recruitment process across the UK, which all trainees required to use.

This process had several aspects that worked as well as those which did not, including part of the MTAS recruitment system, which suffered from fundamental security weaknesses. Not withstanding these problems there were positive outcomes including a more rigorous, open and transparent recruitment process.

A UK wide review - Final Report of the Independent Inquiry into Modernising Medical Careers by Prof Sir John Tooke, was carried out into MMC; the introduction of ST training and the recruitment process. As a consequence a number of changes have been made to the 2007/8 process leading up to recruitment in Spring 2008.

The national MTAS recruitment system has been removed, with a separate arrangements being put in place in Scotland from the rest of the UK. The majority of the recruitment process has remained unchanged in terms of the interviewing and short-listing process however applicants are no longer able to apply on-line.

In the 2007/8 process for setting Specialty Training numbers there were, in the main few changes in numbers, in some areas such as Paediatrics a number of FTSTA 3 and 4 posts have been converted into run-through specialty training places. The recruitment process will take commence in April with a national (Scotland) recruitment process, with any further rounds of recruitment being undertaken locally.

During 2008 a series of 'Reshaping the medical workforce' workshops have commenced led by the SGHD, to help determine what the future model for the medical workforce looks like. This is looking at the impact of the trainee bulge progressing to CCT and what the future career options may be and also how to sustain services with 30%+ less trainees in the system in future years.

Section 5.11 provides further details on the impact of MMC on the medical workforce.

4.4.2 Hospital at Night(HaN)

The implementation of HaN on the WGH, RIE and St John's sites in now well established and has provided a range of benefits, including:

- High level of awareness
- Requests to HAN team dealt with more quickly than previously
- More even distribution of work
- Ward staff feel more supported
- Improvement in rota bandings
- Overnight breaks are being taken
- Improvement in some aspects of training
- Reduced out of hours calls to pharmacy

The implementation has also had a financial benefit associated with the reduction in training grade doctors banding payments.

Following on from these successful implementations a project has been established to progress implementation of HAN within the Royal Victoria, Astley Ainslie, Liberton and Roodlands Support Hospitals. The following core principles have been agreed to be applied when considering options were:

- All rotas have to be EWTR compliant
- The patient acuity and safety have to be maintained on all sites, if not improved
- There has to be consistency of cover on all four hospital sites
- There needs to be appropriate skill mix

A range of issues are being considered as part of this project currently including:

- Need to consider a range of a options as resident overnight medical cover may not be possible on all sites.
- All four sites cited the late admission and transfer of patients from the acute hospitals as a reason for the need for additional doctors on site until at least 10pm.
- On two of the sites it may be possible to maintain resident overnight medical cover; however given the anticipated 30-50% cut trainees numbers in the future it was felt that these sites would only be sustainable in the shorter term.
- Options for addressing the gap in cover through enhancing the skills of other groups of staff including medical staff such GP FY2 doctors.

It was recognised that addressing these issues will come at a cost because of the requirement for additional staff and the development of non-medical roles. Due to the complexities of the differing scale of the hospitals and their services a phased approach may be required.

During 2008 this group will progress the development of options with a view to determining a viable model for cover in all sites for the short, medium and longer terms.

4.4.3 Physician Assistant Project in NHS Lothian and NHS Borders

During 2006 4 Physicians Assistants have been appointed, 2 within the Edinburgh CHP and 2 within the West Lothian CHP.

The Physician Assistants (PAs) provide diabetes, and chronic obstructive pulmonary disease (COPD). This is intended to be a team approach to chronic disease management and not a primary care 'stand alone'. Currently the PAs within Edinburgh are providing the following services:

- Weekly Diabetes Clinics
- Weekly COPD Clinics
- Clinics within Primary Care
- Working within Nursing Home Patients

Within West Lothian CHP the PAs are currently deployed in the following areas:

- o GP Role
- o Practice Nurse Role
- o Craigmair (early discharge facility)
- o Community Screening (Access to Health)
- o (Locality based COPD management: project work-up stage)

The PA pilot across Scotland is due to be formally evaluated the University of the Highlands and Islands and is due to report by the end of 2008.

4.5 Organisational Change

4.5.1 Organisational Structure/Service Areas

The services within the former primary care organization have been transferred to either a CHP or the Acute Division. The following table details the Hosting arrangements for these services:

Figure 20: Primary Care Reorganisation

Service	Host CHP/Division	Areas covered
Acute Mental Health	Royal Edinburgh and Associated Services	Edinburgh, East and Mid Lothian
Forensic Psychiatry	Royal Edinburgh and Associated Services	National
Child and Adolescent Mental Health	Royal Edinburgh and Associated Services	South-East Scotland
Learning Disabilities	Midlothian CHP	South-East Scotland
Substance Misuse	Midlothian CHP	Lothian
Health Promotion	East Lothian	Lothian
Unscheduled Care	East Lothian	Lothian
Salaried and Community Dentistry	West Lothian	Lothian
Dental Institute	Acute Division	South-East Scotland

Whilst these services are hosted by a particular CHP/Division for management purposes they provide services for either Lothian, South-east Scotland or Scotland as a whole. Consequently arrangements have been put in place to ensure that all areas have input into the operation of the services and their performance, which is monitored at a Lothian level.

4.5.2 Managed Clinical Networks

MCNs at Board level are actively involved in a range of activities such as planning and service development, the establishment of audit and clinical management systems, the development of protocols, guidelines and patients information and the provision of patient and staff education. Examples include NHS Lothian Local Diabetes Service Advisory Group and the Lothian Diabetes Network On Line is one example of this, another is the NHS Lothian Coronary Heart Disease MCN.

The Regional Workforce Plan details the developing regional MCNs and examples of good practice. They are developing regional workforce solutions in services that have

medical recruitment issues or to develop economies of scale across a region. The Learning Disabilities MCN and the regional cancer network, SCAN are examples of this.

Any workforce issues emanating from MCNs are picked up through the data collection process with the relevant clinical services.

4.5.3 NHS Education for Scotland sponsored NHS Lothian educational solutions for workforce development

The NES South East Regional Development Team (RDT) interfaces with Regional Planning and with each of the local Health Boards within SEAT. Detail of the NES contribution to SEAT is contained in the Regional Workforce Plan, and much of that work has specific benefits for Lothian, and the other Boards within the region. NES has input across the workforce in relation to medicine, nursing and midwifery, psychology, dental, pharmacy and the allied health professions.

The contribution to NHS Lothian workforce planning and development is reflected in the following overview of the activity and developments, which are taking place across Lothian.

SE (NHS) Education Forum

Further to the launch of our SE (NHS) Education Forum in 2006, the SE RDT has delivered their third Forum event in Spring 2007. The SE (NHS) Education Forum includes membership from the SE NHS, University Sector, College Sector and other national stakeholders. The Forum is about providing a platform to enhance understanding of the range of challenges faced by stakeholders in meeting the needs of the SE NHS workforce and workforce development in all areas of the NHS. The Forum aims to enable members to find creative and innovative ways to resolve important workforce development issues and is seen as a catalyst for strategic change.

The purpose of the third meeting of the Forum was to share experiences of what works in circumstances of complexity and uncertainty. Members of the Forum and invited colleagues used this opportunity to exchange examples of staff development practices which work well, but also those where there are ongoing challenges to resolve. The four main stakeholders in the Forum, (NHS Boards in the South East, Higher Education, Scotland's Colleges, NES) each contributed two initiative examples for sharing lessons with colleagues. All of the examples demonstrated collaborative working between service and education providers, stimulated much discussion about both strategic and operational solutions to complex workforce problems, and demonstrated an appetite to continue to work together, to inform strategic alliances, which produce real and efficient actions.

Findings from the event highlighted:

- The need for collaboration, communication and sharing of challenges, experiments and concerns as well as successes
- Learning was suggested to be developed within an environment, which was sustainable, ready for learning, and ultimately change.
- Mentoring support and induction were seen as highly significant for successful and fruitful learning.

- Time and space invested in reflection and creativity pay handsome dividends and courage is essential to address big challenges in context, particularly when there is no apparent solution.
- More face to face opportunities was recommended across all levels and stakeholders strategic engagement and learning via electronic shared space is not enough.

Feedback from the work done had suggested enthusiasm for research into the threats and opportunities that an ageing workforce and population may pose. A specific research project has now commenced as a result, which will seek information and views from a range of stakeholders including older members of the workforce from within differing staff groups and roles. This project will be on-going during 2008/9.

Outline of projects supported by NES within Lothian:

Title/aim of project: Supporting the development of Advanced Practitioner Roles as part of a Career Framework for the SE Region

The South East Advancing Roles project, as part of a career framework has supported the development of senior and advanced practitioner education within adult and children's services. Over the last year eighty practitioners within NHS Lothian have completed the programme. This has increased the capability and capacity of senior staff in a large number of different work streams across acute and primary care enabling delivery of HEAT targets and meeting the local and national objectives. This has enabled the development of local services across areas such as, Children's services, Out of Hours, Hospital at Night, Oncology, Care of the Elderly, Front Door Services, Critical Care, Oncology and community hospitals.

Title/aim of project: Mental Health and Nursing

As an outcome of Rights, Relationships and Recovery: the report of the National Review of Mental Health Nursing in Scotland, 2006 a Local Implementation Group has been established in NHS Lothian to progress several actions around workforce development for mental health nurses. The NHS Lothian Nurse Director chairs the group and the Programme Director for Mental Health represents NES on this group.

A number of strategic issues are being progressed including: a strategy for recovery-focused practice; increasing access to and uptake of clinical supervision; increasing the capacity and capability of the whole workforce in delivering psychological therapies; the development of new ways of working in acute in patient care; support worker development and the support and development of newly registered nurses.

NES is working with Lothian and other health board areas to develop regional educational infrastructures and support the dissemination of values, recovery -based training and practice. As an outcome of Delivering for Mental Health, NES is formulating a strategy for psychological interventions for the whole workforce, with a particular focus on supporting the educational infrastructures in boards to enable dissemination and quality assurance of training and psychological therapies practice.

Educational programmes to support the Mental Health Delivery Plan are being developed including:

- Commissioned programmes for delivering psychological interventions,

- New education programmes to support Child and Adolescent Mental Health Services (CAMHS) and integrated care.
- A sustainable structure for cognitive behavioural therapy (CBT) education.

Title/Aim of the project: AHP Practice Based Education Facilitation Programme

Under this on-going national programme commissioned by NHS Education Scotland, two Practice Based Education Facilitators (1.2 wte) have been appointed within NHS Lothian and are approaching midway through the three-year programme.

Their role and remit is to support and facilitate the development of the workplace as a sustainable learning environment for all AHP staff.

A programme implementation group supports the facilitators throughout the course of the programme with close links to Queen Margaret University.

Title/Aim of Project: Practice Education Co-ordinator NMAHP Programme

NES is committed to ongoing part funding of 100 wte Practice Education facilitators for Nursing and Midwifery across Scotland, 15 wte of which are within Lothian. The impact of these posts is associated with increased support for mentors, enhanced clinical learning environments, increased capacity for practice placements and improved communication between service and education institutions.

Regional Practice Education Co-ordinators for Nursing and Midwifery and also for Allied Health Professions are now in post in the South East region within NES to support the further development if the Practice Education Infrastructure.

Title/Aim of the project: An Evaluation of the Implementation of a Competency Framework for Stroke

In 2003 the National Advisory Committee for Stroke identified the need for Core Competencies in stroke care and commissioned NHS Education for Scotland (NES) to produce the document 'Stroke Core Competencies for Healthcare Staff'. This was launched in April 2005 and to facilitate the implementation of the competencies NES funded a two year, part time project (14 hours per week) in partnership with Chest, Heart and Stroke Scotland (CHSS) and NHS Lothian. This pilot project commenced in July 2006 and is based in Lothian and the Borders the project aims are as follows:

Project Aim 1: Investigate the dissemination and usage of the document

A questionnaire was designed and disseminated to staff in Lothian and Borders to investigate the impact of the document 'Stroke Core Competencies for Healthcare staff'.

Project Aim 2: Evaluate the CHSS Introductory Course in Stroke Care alongside the Core Competencies for Stroke

A questionnaire was designed to evaluate the CHSS Introductory Course in Stroke Care alongside the Core Competencies for Stroke.
Once the data has been collated the results will be made available on the websites as above.

The Phase 1 report is currently being finalised and the CHSS Training Team is developing a plan for the implementation of the recommendations.

Project Aim 3: Report any recommendations to enable integration of the Core Competencies into the CHSS Introductory Course

The revision of CHSS training will be conducted in conjunction with other areas of Scotland, linking in with the Stroke Training and Awareness Resources (STARs) project. An e-learning resource based around the Stroke Core Competences is under development.

Project Aim 4: Explore ways of implementing the Knowledge and Skills Framework (KSF) within CPD activities

Meetings with Lead Clinicians have been made to explore ways of implementing the Knowledge and Skills Framework within CPD activities. The first years outcomes will then be included on the SEAT WEDAG agenda.

Project Aim 5: Raise the awareness of the Core Competencies and the KSF
As per previous report

Project Aim 6: Explore opportunities for on-line learning and course accreditation

Launch of STARs (Stoke Training and Awareness Resources) website – an e-learning resource based on the stroke core competencies. National road show planned in May and June 2008 visiting each of the 14 health boards in Scotland.

4.5.3 Housing and Accommodation

Following the 'Credit Crunch' the increase in property values has slowed significantly and the average house price for Q4 2008 compared with the same period in 2007 has increased by only 1.2% within the Edinburgh Council area. This is also reflected within East and Mid Lothian where increases were 1.4% and 1.6% respectively, West Lothian has however increased by 6.6% (ESPC

Whilst this represents a considerable slow down on previous years where increases of 10% plus were common in most areas in Lothian and as a result many first time buyers and those seeking mid-market properties find it very difficult to access affordable housing either through purchase or renting. This has also been exasperated by the removal of100% mortgages by most lenders and the substantial reduction in the level of lending that banks and building societies are prepared to extend. Edinburgh District Council will be holding an enquiry in June 2008 to investigate the effects upon the workforce within major employers in Edinburgh to determine what measures can be taken to provide improved access to home ownership via different forms of tenure. NHS Lothian will be involved in this process and will provide the necessary input that the Council requires to develop its future plans. There is a significant that these changes will have an impact on the ability of NHS Lothian to recruitment from outwith Lothian and this will be monitored on an on-going basis.

4.5.4 Legislative environment

European Working Time Directive

EWTD compliance continues to be an important issue for Lothian, in particular in relation to training grade medical staff. There has been significant progress in reducing hours in advance of the 2009 target, (see section XXX) however there remain significant challenges and EWTD continues to be a key driver for change in service, workforce and finance terms. Within Lothian all planning for new developments require to incorporate Band 1 compliance for all training grade doctors and ensure compliant working for all other areas of the workforce.

The Regulation of Health Professionals in the 21st Century

The implementation of the UK Government White Paper on the regulation of Health Professionals within Scotland will be considered during the next planning year. This will address the following areas:

- Assuring interdependence: the Governance and Accountability of the Professional Regulators
- Revalidation: Ensuring Continuous fitness to practise
- Tackling Local Concerns
- Tackling Concerns - National Role
- Education – Role of the Regulatory Bodies
- Information about Health Professionals
- New and Emerging roles

5 Workforce Projections

This plan provides forecasts of the future NHS Lothian workforce over the short, medium and long term, as required by the HDL 2005(52). It also details the workforce planning process established to underpin this year's plan and forms the base for future plans.

As with last year's plan affordability is a key factor and the following section will provide projections that are agreed and funded and it is these which will be used nationally to inform decision making. This section covers all staff groups for whom CMTs and CHPs have indicated planned changes to their workforce.

Information on anticipated changes within the medical workforce are also included, which relate to changes that clinical management teams and CHPs have developed but not yet achieved formal approval and funding. The collection of anticipated changes provides the opportunity for NHS Lothian to determine if there is a consistent approach to planning services and ensures that they are in line with the direction set out by delivering for health. The NHS Lothian Workforce Planning Group will have a key role in assessing whether these fit with the overall strategic direction.

As with previous years plans the timing of the projections collation has had an impact on the levels at which funded projections have been set. The requirement for boards is that the projections are submitted to the Scottish Government(SG) Workforce Unit by the end of April. As a consequence many of the changes in

workforce highlighted by CHPs and CMTs have not yet received confirmed funding and consequently are not included. A significant proportion of these changes are associated with waiting times funding of approximately £19m, however until final targets are agreed with the SG Delivery Unit it is difficult to agree the funding for posts required. NHS Lothian is strongly committed to providing the best possible information and intelligence to the SG to enable national planning and will work closely with SG workforce unit to determine how such barriers can be overcome.

5.1 Medical Workforce

5.1.1 Medical Workforce: 10-year look forward

As detailed earlier in the plan NHS Lothian is projected to increase significantly with an overall increase of 9% over the next 10 years. This increase is across all age categories and will therefore have an increased requirement for community and acute healthcare. However it is the change within the older population that is very pronounced with unparalleled increases in life expectancy anticipated. These changes will have a pronounced impact on the way in which services are delivered, necessitating both improvements in productivity and the shift in balance of care from hospital episodic care to the community with an increased requirement for the management of long-term chronic disease, long-term anticipatory care. The specialties where this change is expected to be most pronounced are: Medicine of the Elderly, Cardiology, Gastro-intestinal, Dermatology, Rheumatology and Renal. This will result in providing treatment and care in community settings. There will be an increased requirement for consultant, SAS and non-medical specialists to work outwith the Acute hospitals in Community Treatment Centres.

According to the latest national publication by ISD of medical workforce numbers there has been an increase of 36% in the overall medical workforce. This increase has reflected the move away from services being provided by Consultants rather than medical trainees; this reflects the situation within Scotland and the UK as a whole. There is however a growing awareness of the need to reduce the number of medical trainees to more closely match the number required to replace leavers and retrials.

Reshaping the Medical Workforce

The future shape and size of the medical workforce is being considered by the SG with input from the service at a series of 'Reshaping the Medical Workforce in Scotland' workshops starting in February 2008, these will be on-going throughout the year.

As part of these workshops attendees were requested to consider:

- Whether the 'bulge' of trainees in FTSTA posts should progress through to CCT.
- Should another grade of post below consultant level be created to provide trainees more time to gain the knowledge and skills required to operate at consultant level.
- The impact of a reduction in medical training places of between 30 and 50%.
- Affordability of recruiting the 'bulge' in trainees.
- What would the career pathways be for 'trained doctors' be in future?

Within each workshop specialty specific groups have been considering the above and there has been a range of views expressed. Certain specialties appeared to be more willing to consider changes to the medical workforce than others.

Whether the final outcome of reshaping the medical workforce is around either the expansion of staff grade and associate specialist (SAS) workforce or the introduction of a wider consultant pay range with a high proportion of direct clinical care within the first 5 years, it is clear that there is a need for change.

The reduction is service contribution of trainees as a result of MMC and the reduction in hours associated with achieving EWTR compliance will require an increase in both the medical workforce and also within nursing and AHP extended roles. There is also be an important role for productivity and quality improvement via 'lean' process and service redesign as it is not sustainable to continue to expand the workforce at the rate seen over the last 10 years.

These reductions will be addressed through a combination of lean process redesign, service redesign and a limited expansion of the workforce. Within the SE Region the impact of technology is being explored through looking at areas such as PACS, which will enable out of hours remote reporting. Such a change would enable home working, the extension of the working day and reduced out of hours programmed activities enabling these to be focused towards daytime activity.

Whilst it is still not clear whether NES funds associated with trainee salaries currently will transfer to the service as FTSTA posts are reduced this will be essential for NHS Lothian and other Boards. Without this it will be difficult to fund replacement via other non-medical solutions, which will all require investment in education and training.

Given the changes to the medical workforce associated with MMC and EWTR compliance and the significant changes in the population demography it will be necessary for the medical workforce to expand by up to 12% over the next ten years. It is however anticipated that this will probably be through a combination of the widening of the consultant pay range indicated above and the expansion of the SAS grades.

5.1.2 Medical Workforce Background

The NHS Lothian area medical workforce has increased by 33% overall between 1997 and 2007. This increase has been highest within the training grade medical workforce where the headcount has increased by 394, 48%. The Consultant headcount has also undergone a very significant expansion - 204, 38% during this timeframe.

These changes are in-line with the move to reduce the working hours of training grade medical staff and reduce the reliance of the service on their service contribution during this period. In future the extension of the number of days in the working week will help provide additional capacity within the system. The changes in the numbers of training grade staff reflect the 'bulge' currently within specialty training. These numbers are anticipated to fall by 30-50% in future as the necessary substantial growth within the consultant workforce has taken place and trainee numbers therefore become matched retiral and leaver numbers.

Figure 21 Medical and dental workforce directly employed by NHS Lothian

Category of doctor	1997	2007	Difference %
Consultant	536	740	38%
SAS	110	125	14%
Clinical Ast/Limited specialist	107	72	-33%
Training	823	1,217	48%
Dental and Other	67	36	-46%
Total	1,643	2,190	33%

5.1.3 Assessing the impact of Modernising Medical Careers

In 2008 the recruitment process has moved away from using the UK-wide MTASS system following the major problems with MMC last year particularly in England. As a consequence there is no longer a UK-wide electronic application system and individual applications have been required. Within Scotland systems have however been in place to support the management of the recruitment process. In a change to last years process these can now be filled locally.

The introduction of MMC poses significant challenges for the medical workforce supply-side:

- Reduced service contribution **-** Given that trainees will spend more time in a supervised learning environment there will be less time to spend on providing direct service delivery, this further compounds the reduced contribution associated with reduction in hours to achieve EWTR target.

- Issues of FY2 capability – The rotation of placements for FY2 trainees now take place quarterly, where previously this occurred only twice a year. Since this change there has been on-going anecdotal evidence that this has meant trainees have less depth of knowledge, skills and experience within specialties as such their level of capability is reduced. This is also associated with the reduced working hours.

- FTSTA posts **–** Within Lothian and the SE Region there are a significant number of FTSTA posts, most significantly within Anaesthetics, Paediatrics and psychiatry. These posts are in place to ensure that there is no immediate impact on the service in the short term and to ensure that there are training opportunities for those not successful in securing a Specialty Training post in the 2008 recruitment process. During the year there has been discussion around converting some of the FTSTA posts into the ST posts and in some cases this has occurred.

  However removal of all FTSTA posts will require substantial service and workforce redesign to ensure that services remain sustainable in the medium to long term. There is already work underway within Lothian including the development of a number of Anaesthesia Practitioner roles and other extended roles within nursing and AHPs.

- Changes to GP training – As part of MMC the proportion of time spent by GP trainees in the hospital setting will change from the existing 24 months in a hospital and 12 months in a GP practice, to 18 months in GP practice and 18 months in the hospital setting. This will potentially mean a loss of service contribution. NHS Lothian welcomes the phased approach that NES will take

ensuring transition has minimal impact on service provision. Additional FTSTA posts have been added by NES to ameliorate the loss of trainees.

There will also be significant challenges in future with the 'bulge' in trainees moving through to CCT and a consultant or SAS role. The following inevitable reduction in trainee numbers will make it difficult to sustain medical and surgical rotas in the way in which they are currently.

5.1.4 Consultant and Staff & Associated Specialist(SAS) Workforce – Changes in the Supply side

Figure 22: Medical and Dental Workforce in-post 2007

Specialty	2007
Emergency medicine	75
Anaesthetics	246
Clinical laboratory specialties	128
Medical specialties	725
Obstetrics & gynaecology	92
Occupational medicine	5
Psychiatric specialties	224
Radiology	91
Surgical specialties	410
Public health medicine	23
Community medical specialties	118
All dental specialties	54
Total	2,191

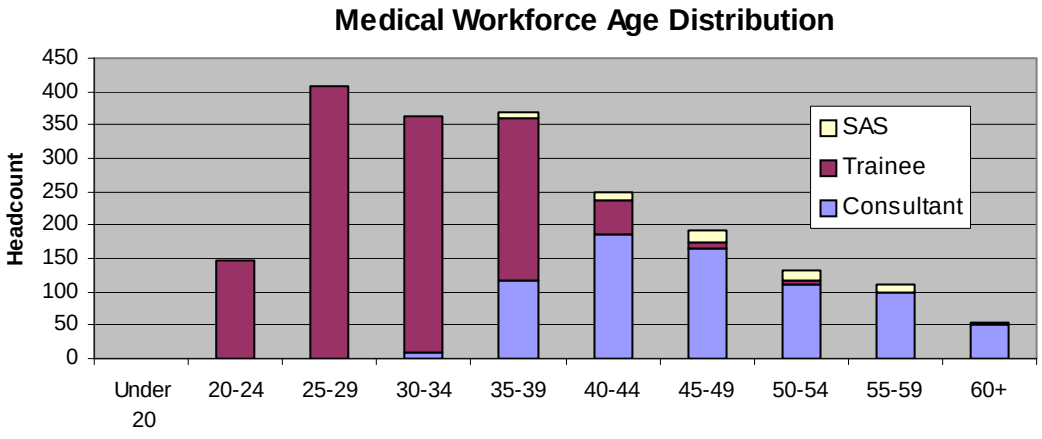
Source ISD - Sept.2007

Demography

Demography - Retirals

Within the Consultant workforce approximately 20% of Consultants are over 55 years old, this is in line with a relatively normal distribution pattern given that the majority of entrants into the grade are 36-40 category. Therefore the demographic profile for the consultant workforce is of limited significance when considered in isolation. The following figure details the distribution of the overall medical workforce.

Figure 23: Medical Workforce Age Distribution



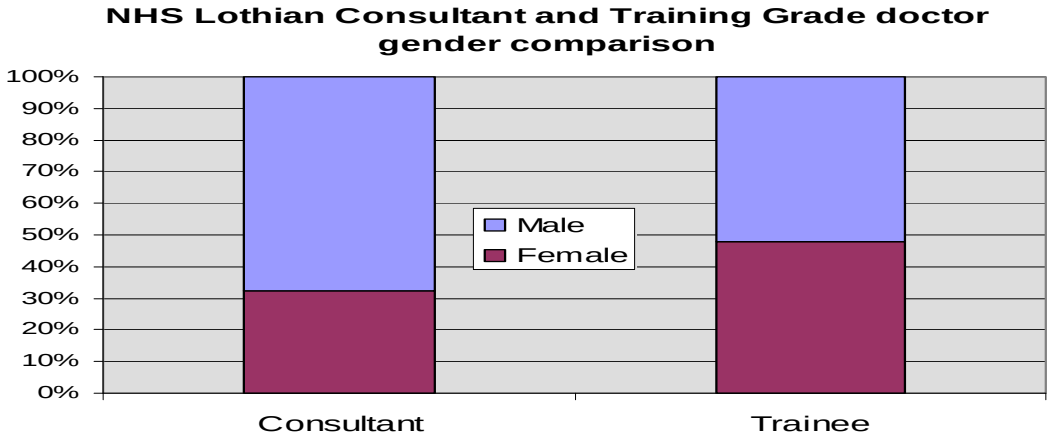
Within this wider context it is clear that whilst there are significant numbers approaching retiral age this is offset by the large increase in medical trainees.

The average age of retiral has in fact remained at 62 years old, this reflects the finding of a survey by Audit Scotland(2006); "*Implementing the NHS consultant contract in Scotland*", which looked at Changes in job satisfaction, work commitments and attitudes to workload following contractual reform. The survey reported overall job satisfaction had increased significantly for all doctor groups, particularly within the two groups (consultants and GPs) with new contracts. The survey reported satisfaction ratings of 72% and 75% for consultants and GP Performers respectively.

Changes in gender mix and average working hours

As indicated in the last workforce plan the change in gender mix within the training grade medical workforce will mean that it is probable that there will be a pressure to introduce more flexible career options. The average contribution rate over a medical career is likely to decrease overall as a result. This will mean that there will be a requirement for a greater overall headcount to maintain the same level of wte. The following figure details the existing gender composition within the consultant medical workforce and training grade medical workforce.

Figure 24: Consultant and Training Grade Doctor Gender Comparison



The future of SAS grades will also have an important role during a medical career as it enables staff to continue working when bringing up a family without having to work unsocial hours and be on-call.

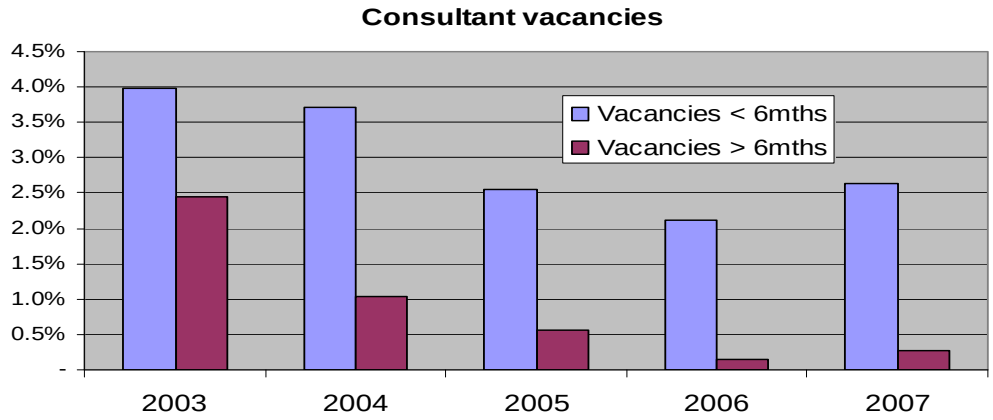
It is not certain to what extent these changes will impact; however from a planning perspective it is clear that these are important factors in designing future services and the associated workforce. There are certain specialties such as paediatrics which have a very high proportion of females and as a consequence filling of vacancies can be difficult and the potential to leave gaps in rotas.

5.1.5 Consultant Workforce – Changes in the Demand side

There are a number of factors that will impact upon the demand for changes in the numbers and composition of the medical workforce within NHS Lothian. These are discussed below with, where possible, an estimate of their impact.

Within NHS Lothian significant progress has been made in reducing vacancies to 2.6% overall with only 0.3% for posts vacant for greater than six months. The following figure illustrates the significant progress that has been made over the last five years.

Figure 25- Consultant vacancies



Planned changes in the medical workforce

The following section details the planned changes within the medical workforce highlighted by CMT's and CHP's and are associated with a range of factors, such as specialty specific service developments.

The following changes in the workforce are reflective of planned changes in demand, they do not reflect workforce supply changes such as leavers, retrials. These projections are a requirement of the SG to enable the setting of training numbers, projected supply changes are undertaken by the SG.

This section also details changes in the workforce, which are 'anticipated' but where at the time of submission had not confirmed funding in place. This approach reflects the SG guidance that Boards require to follow, however it is probable that the majority of these posts will achieve funding. This is a matter of concern as due to the timing which projections require to be submitted means that these changes are not reflected. This is a matter that will be discussed with the SG, with a view to making changes which will alleviate this problem in subsequent years.

The following table details the funded changes in the demand for the consultant medical workforce by driver:

Figure 26&27 Consultant & SAS Change by Driver – Approved and funded

Consultant

Driver	wte
MMC	1
Waiting times	4
Service Developments	11.6
Workforce redesign	0.6
Total	17.2

SAS

Driver	wte
MMC	1
EWTR Compliance	4
Service Developments	6.2
Workforce redesign	1
Total	12.2

The approximate cost associated with these changes is approximately £2.2m for Consultants and £0.93m for SAS posts, when costed on an average gross charge. The following figure details these changes by specialty:

Figure 28&29 Consultant & SAS by Specialty – Approved and funded

Consultant

Specialty	wte
Anaesthetics	4.6
ENT	1.0
General Surgery	1.1
Genetics	1.0
Metabolic	1.0
Neonatology	1.0
Neurosurgery	2.0
Oncology	3.0
Paediatrics	0.5
Plastic Surgery	1.0
Radiology	1.0
Total	17.2

SAS

Specialty	wte
Anaesthetics	4.0
General Medicine	4.0
General Surgery	1.0
Oncology	2.2
Respiratory	1.0
Total	12.2

The following figure provides an indication of the changes that services anticipate in the future, which have not completed formal agreement processes and have not yet approved funding. However all changes have underpinning service provision reasons.

Figure 30&31 Consultant & SAS Change by Driver – Anticipated not yet funded

Consultant

Driver	wte
MMC	4.5
LDP/HEAT target	2.5
Waiting times	10
Service Developments	3.4
Establishment Review	3.0
Activity Increase	1.0
Total	24.4

SAS

Driver	wte
MMC	4.0
LDP/HEAT target	2.4
Service Developments	0.7
Total	7.1

Figure 32&33 Consultant & SAS Change – Anticipated not yet funded by specialty

Consultant

Specialty	wte
Anaesthetics	4.5
Respiratory	2.0
Cardiology	1.0
General Surgery	7.0
Orthopaedics	3.0
Pathology	1.5
Opthamology	1.0
Oncology	0.5
Plastic Surgery	1.0
Radiology	2.9
Total	24.4

SAS

Specialty	wte
Anaesthetics	4.0
General Medicine	0.4
Opthamology	1.0
Orthopaedics	1.0
Psychiatry	0.7
Total	7.1

The difficulties around the timing of projections to the SG are clearly demonstrated in the anticipated projections, with 12.5wte Consultants and 2.4wte SAS grades associated with waiting times or Local Delivery Plans. It is expected that many of these would become funded once final agreements are made on waiting list targets.

5.1.6 Consultant Workforce – Future Projections

The following high-level workforce model looks at the potential impact of changes in supply and demand over the following 10 years. The model seeks to take establishment figures and then subtract outflows and add inflows, with the resultant gap being a recruitment target.

The following tables detail the following:

- **Start** – in 2007/8 this is in-post plus vacancies. In following years the start assumes that the target of the previous year has been met and forms the starting point for the new year.
- **Less** - the total outflows in terms of leavers, retirals etc.
- **Plus** – the total inflows in terms of recruitment.
- **Target** – in-post+vacancies+Service expansion.
- **Leavers** – projected number based on historical trends
- **Retirals** – projected number assuming age 61 retiral (average retiral age)
- **Recruitmen**t – requirement for achieving target
- **Upgrad**e – projected number of Associate Specialist upgrading to Consultant

Figure 34 – 10 year funded consultant projections

Note- excludes honorary consultants

Consultants

	2008/9 WTE	2009/10 WTE	2010/11 WTE	2011/12 WTE	2012/13 WTE	2013/14 WTE	2014/15 WTE	2015/16 WTE	2016/17 WTE	2017/18 WTE
start	676	693	693	693	693	693	693	693	693	693
less	-32	-28	-31	-37	-45	-35	-38	-44	-37	-42
plus	49	28	31	37	45	35	38	44	37	42
Target	693	693	693	693	693	693	693	693	693	693

Start 2008/9 = In-post + % av level of vacancies (22wte)
Target equals in-post+vacancies+service expansion/consultant expansion

Outflows

Leavers	20	21	21	21	21	21	21	21	21	21
Retirements	12	7	10	16	24	14	17	23	16	21
Totals	**32**	**28**	**31**	**37**	**45**	**35**	**38**	**44**	**37**	**42**

Inflows

Recruitment	49	28	31	37	45	35	38	44	37	42
Upgrade	0	0	0	0	0	0	0	0	0	0
Totals	**49**	**28**	**31**	**37**	**45**	**35**	**38**	**44**	**37**	**42**

The model above reflects only funded changes in the workforce and is essentially flat-line after 2008/9, however the recruitment figure changes annually to reflect the projected changes within the workforce associated with retirals and leavers.

5.1.7 Staff Grade and Associate Specialist (SAS) Future Projections

The following model identifies the funded changes to the SAS workforce over the next 10 years.

Figure 35 – 10 year funded SAS projections

Staff Grades and Associate Specialists

	2008/9 WTE	2009/10 WTE	2010/11 WTE	2011/12 WTE	2012/13 WTE	2013/14 WTE	2014/15 WTE	2015/16 WTE	2016/17 WTE	2017/18 WTE
start	179	191	191	191	191	191	191	191	191	191
less	-17	-20	-16	-15	-16	-18	-17	-21	-19	-17
plus	29	20	16	16	16	18	18	21	19	18
Target	191	191	191	191	191	191	191	191	191	191

Start 2008/9 = In-post + % av level of vacancies
Target equals in-post+vacancies+service expansion/consultant expansion

Outflows

Leavers	13	14	14	14	14	14	14	14	14	14
Retirements	4	6	2	1	2	4	3	7	5	3
Totals	**17**	**20**	**16**	**15**	**16**	**18**	**17**	**21**	**19**	**17**

Inflows

Recruitment	29	20	16	16	16	18	18	21	19	18
Upgrade	0	0	0	0	0	0	0	0	0	0
Totals	**29**	**20**	**16**	**16**	**16**	**18**	**18**	**21**	**19**	**18**

5.1.8 Implications of models

The two models above reflect known funded changes within the medical workforce and consequently form the target numbers for 2008/9. Thereafter the target remains flat-line with only the recruitment figure changing to match leavers and retirements. Based on the model above it there is a growth in the Consultant workforce of 22.2 wte 2.3% over the 10-year period. This would require a recruitment of 63wte consultants in 2008/9; this would then reduce in following years, balancing the projected retirals and turnover numbers.

Within the SAS workforce there is a projected increase of 12.2wte within 2008/9, thereafter figures are static. These figures are again those that are currently agreed with funding in place. In the 10-year vision for medical staffing we suggested that this group of staff would play an increasingly important role in future service contribution. The following section outlines a different scenario where anticipated growth required is factored in at SAS level.

5.1.9 Future scenarios

The National Workforce Plan 2006 asks Boards to 'consider and plan for the opportunities offered by increased availability of CCT holders once the 'bulge' of trainees complete their training'. The following models have been developed around scenarios, which reflect the need to expand the medical workforce to support the increasing population and the ageing of the population within Lothian.

There have been significant concerns raised by several boards around the level of experience, which trainees are gaining; reflecting the significant reduction of time spent carrying out service contribution. There are also concerns around the affordability of employing the 'bulge' of trainees in consultant level posts in the future. If these trainees are to go into consultant posts post CCT it would seem probable that this would need to be on a differing basis, with 9 sessions covering Direct Clinical Care (DCC) and 1 SPA session for the first few years as they build up experience. This would be in line with SAS grade doctors where this now applies and would go some way to addressing affordability concerns.

With medical training there has also been a profound feminisation of the workforce, which is already having an impact within specialties such as paediatrics where significant numbers of trainees are working on a less than full time basis. There will be a requirement to provide flexibility within career pathways where staff require more stable core working patterns reflecting factors such as career responsibilities.

The 10 year vision for medical staffing suggested that one scenario could see the medical workforce grow by up to 12% over the next ten years. In the following scenario increases that have been highlighted in CMT/CHP projections (as anticipated, but not yet funded) have been factored in the first two years of the projections. Thereafter figures are static until 2011/12, where the balance of the increase is fed in over the following four years before returning to a static level in the final year, in line with the bulge in trainees and changes in projected activity. The 12% increase is in the combined numbers for Consultant and SAS/Associate Specialist grades.

Figure 35 – 10 year Consultant projections scenario

Consultants

	2008/9 WTE	2009/10 WTE	2010/11 WTE	2011/12 WTE	2012/13 WTE	2013/14 WTE	2014/15 WTE	2015/16 WTE	2016/17 WTE	2017/18 WTE
start	676	693	722	723	724	724	740	745	750	756
less	-32	-28	-31	-38	-46	-36	-39	-45	-39	-44
plus	49	57	32	38	46	51	45	50	44	49
Target	693	722	723	724	724	740	745	750	756	761

Start 2008/9 = In-post + % av level of vacancies (22wte)
Target equals in-post+vacancies+service expansion/consultant expansion

Outflows

Leavers	20	21	21	22	22	22	22	22	23	23
Retirements	12	7	10	16	24	14	17	23	16	21
Totals	**32**	**28**	**31**	**38**	**46**	**36**	**39**	**45**	**39**	**44**

Inflows

Recruitment	49	57	32	38	46	51	45	50	44	49
Upgrade	0	0	0	0	0	0	0	0	0	0
Totals	**49**	**57**	**32**	**38**	**46**	**51**	**45**	**50**	**44**	**49**

Figure 36 – 10 year SAS projections scenario

Staff Grades and Associate Specialists

	2008/9 WTE	2009/10 WTE	2010/11 WTE	2011/12 WTE	2012/13 WTE	2013/14 WTE	2014/15 WTE	2015/16 WTE	2016/17 WTE	2017/18 WTE
start	141	153	160	160	160	160	161	162	162	163
less	-15	-17	-14	-13	-14	-16	-15	-19	-17	-15
plus	29	24	14	13	14	17	16	20	18	16
Target	153	160	160	160	160	161	162	162	163	164

Start 2008/9 = In-post + % av level of vacancies
Target equals in-post+vacancies+service expansion/consultant expansion

Outflows

Leavers	11	11	12	12	12	12	12	12	12	12
Retirements	4	6	2	1	2	4	3	7	5	3
Totals	**15**	**17**	**14**	**13**	**14**	**16**	**15**	**19**	**17**	**15**

Inflows

Recruitment	29	24	14	13	14	17	16	20	18	16
Upgrade	0	0	0	0	0	0	0	0	0	0
Totals	**29**	**24**	**14**	**13**	**14**	**17**	**16**	**20**	**18**	**16**

5.1.10 Implications of scenario models

Consultant

Under this scenario the consultant workforce would increase from 676wte to 780wte, an increase of 82wte(12%) overall. The initial increase of 22wte between 2008/9 and 2009/10 represents those changes that are currently funded (identified in the preceding projections) and a further anticipated expansion of 36.4wte consultants, also detailed previously.

SAS / Associate Specialists

Within the new SAS/Associate Specialist pay arrangements it is not certain as to whether the hospital practitioner and clinical assistants posts will be included and therefore they have been included in the baseline figures, as they are part of the NCCG workforce. Under this scenario this group of staff would increase from 179wte to 205wte overall, an increase of 26.1wte (14.6%) overall. The initial increase of 13wte between 2008/9 and 2009/10 represents those changes that are currently funded (identified in the preceding projections) and a further 7.2 wte anticipated expansion, also detailed previously. The further expansion of 7wte occurs between 2013 and 2018, in line with anticipated changes in activity associated with population growth and population ageing, this also reflects the 'bulge' in specialty training coming through CCT.

In terms of affordability, the above scenario would provide the overall increase in medical numbers in a more cost effective manner than through Consultant provision, with an estimated cost of £3.6m. There would also be availability in terms of the trainees emerging from specialty training and as such ties in with the Board responsibility to plan for these.

5.1.11 EWTD and New Deal

There is a legal requirement for all NHS Boards to ensure that all training grade medical rotas are compliant with the European Working Time Regulations (EWTR) by 2009. Within NHS Lothian approximately 49% of the trainees are banded on either

2A, 2B or 3 all of which are non-compliant. Progress towards compliance has thus far been achieved through local rota redesign or as a result of the implementation of Hospital at Night (HAN). However it is clear that a considerable challenge remains and a series of Working Time and Workforce Clinical Management Group seminars commenced on the 19th of February to develop options for workforce models.

During April and early May, a series of open meetings will be held on all four acute sites to enable staff to give views and thoughts on the models that have been developed. Following this process, a recommendation will be made for implementation will be made to relevant management groups. The following section details the situation in terms of banding payments made to training grade staff in the year to date and also the number of trainees against each band.

The following figures details the level of compliance at March 2008.

Figure 37 – EWTR compliance

Division	CurrentBand	Non Compliant	Compliant
Acute	1A	3.24%	96.76%
	1B	1.75%	98.25%
	2A	100%	-
	2B	100%	-
	FB	-	100%
	3	100%	-
	NIL	-	100%
Acute Total		51.80%	48.20%
REAS/CHP	1A	-	100%
	1B	21.43%	78.57%
	1B(p)	100%	-
	1C	-	100%
	2A	100%	-
	2B(p)	100%	-
	NIL	-	100%
REAS/CHP Total		30.77%	69.23%
Grand Total		49.28%	50.72%

The following figure indicates an assessment of the impact of the reduction in hours to 48, within the NHS Lothian region. This is based upon the assumption that the decrease required for compliance would be an average of 4 hours for training grade doctors currently on a band 2 and 3 rota (assuming band 3 rotas are as a result of factors other than working hours).

Figure 38 – Estimated impact of moving to 48 hour EWTD target

Estimated impact of moving to 48 hour week target				
Band	wte	Hours lost per week	Total Hours Lost	wte Lost
3	10	4	40	0.83
2A	190	4	760	15.83
2B	243	4	972	20.25
Total	443		1772	36.92

The above estimated gap in the training grade workforce supply will not be offset by further increases in training numbers, rather the solution will be provided via changes in workforce design and utilisation.

5.2 Nursing Workforce

5.2.1 Nursing Workforce: 5-year look forward

The overall strategic direction for nursing, midwifery and AHPs is set out in the Scottish Executive document 'Delivering Care, Enabling Health' (Scottish Executive 2006) and the subsequent Scottish Government 'Better Health Better Care' plan. These documents describe how the contribution of the professions will be harnessed to implement Health services structured to reflect the profound changes that will increasingly affect society, such as population demography.

Following on from these documents there has been considerable work aimed at providing a nursing workforce better able to meet its future requirements, these include:

- the implementation of tools from the NMWWPP for a number of areas of the nursing workforce
- the implementation of Visible Accessible, Integrated Care(VAIC) within earlier implementer sites
- the Senior Charge Nurse/Midwife (SCN) Review and the Clinical Quality Indicators (CQI) Project.

Achieving progress in these areas is key groundwork to enable the 'Balance of Care' of care to be shifted in a significant way. Having robust workload measurement and planning tools will be important in all areas, particularly within the community where there has not previously been a robust consistent methodology. The implementation of VAIC will enable the development of the community workforce to better match the requirements of this future profile of activity. Whilst the Review of the Charge Nurse/Midwife and the Clincial Quality Indicators(CQIs) Project will help modernise the roles of nurse/midwife leaders and provide them with key CQIs to help them ensure that quality of service remains at the forefront of service provision.

Within NHS Lothian there are also a number of local projects that are aimed at ensuring caring, compassion and person-centred remain at the heart of the nursing profession. The Leadership in Compassionate Care Project was formally launched in June 2007, jointly with Napier University. This project will:

- Embed principles of compassionate care within undergraduate programs both implicitly and explicitly.
- Support newly qualified nurses in their first year to help them put compassionate person centred care into practice.
- Establishing beacon wards who will be supported by a Senior Nurse in Compassionate Care who will identify, showcase and further develop areas of good practice, leadership and care and support others to achieve the same high standards.
- Supporting the development of leadership skills in compassionate care in NHS Lothian and beyond through development opportunities for staff nurses

This illustrates just one example of how NHS Lothian locally is seeking to enhance the culture, capability and capacity of nurses, midwives and AHPs to respond to the policy agenda.

The impact of implementing both MMC and the EWTD related hours will have a significant impact upon the nursing workforce. The reduction in working hours and reduced service contribution within training grade medical staff will inevitably mean that there will be a need to develop other areas of the workforce to ensure service is not compromised. These changes are driving changes in the way in which services are delivered and by whom. In some instances the solution will come from the development of extended scope practitioner roles such as the Anaesthesia Practitioner. Such changes will require the development of sustainable workforce models, which reflect both the development of advanced practice roles but also those of Assistant Practitioners.

Equally changes in other professional groups for example MMC and changes in service configuration across Scotland will impact particularly on large teaching centres such as Lothian.

Some of the implications of all these changes could include: -

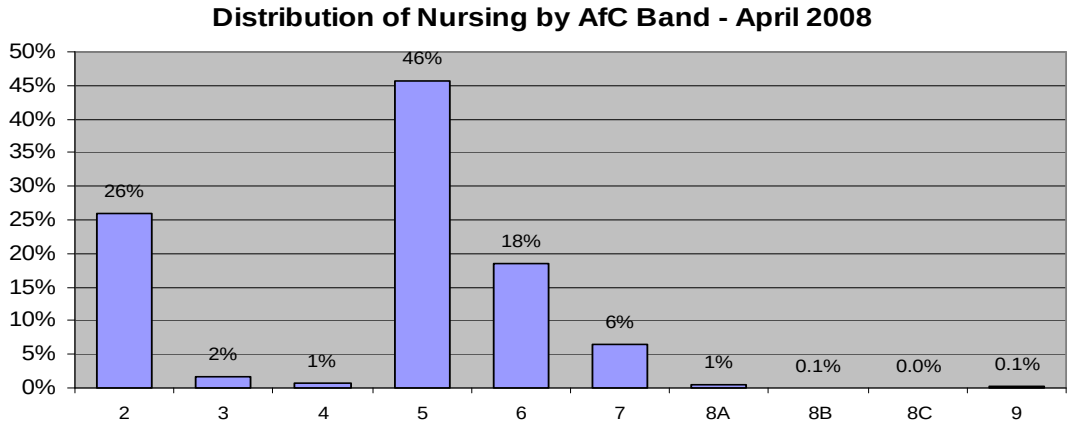
- ensuring skill mix is maximised
- ensuring caring is a key value for pre registration nurses maximise the developments of new roles and new ways of working which AfC enables
- trialling and evaluating new roles including the developments for nurses in the community.
- greater focus on public health and anticipatory care

5.2.2 Nursing Workforce Background

Within NHS Lothian the Nursing workforce has increased by 1,223wte (13.7%) overall from 8,903wte in 1997 to 10,126wte in 2007 based on National ISD figures. This increase has in the main been within the registered nursing workforce, with minimal change within the non-registered workforce. The average registered nursing workforce for 2007/8 has grown by 2.15% when compared to 2006/7, this reflects planned increases to the workforce and the move to fill all vacant posts to help minimise supplementary staffing costs.

Changes such as the EWTR implementation and changes in population demography will require both a shift the balance of care a shift in a balance of the workforce. In order to meet these challenges within nursing there will be a need to develop all areas of the nursing workforce to provide more career structures and opportunities.

Figure 39 – Nursing workforce by band



The current profile of nursing by band reflects two steep slopes within Non-registered bands 1-4 and registered bands 5 to 8. However if nursing is viewed as a single profession with individuals operating at different levels depending on their level of skills or competence. It is unlikely that this profile will be sustainable in the longer term as the service will require more advanced nursing and without greater carer opportunities the profession will struggle to compete for a smaller working age population particularly within Lothian where the labour market has been very tight for a number of years.

Within Lothian there have been a range of workshops aimed at meeting the challenges of advanced roles and the development of the non-registered workforce within both the community and the acute division. NHS Lothian will work to ensure that such developments are reflected in the workforce planning within strategic service reviews and any service reprovision, with plans requiring to demonstrate that workforce redesign reflects the service redesign and key workforce drivers such as EWTR.

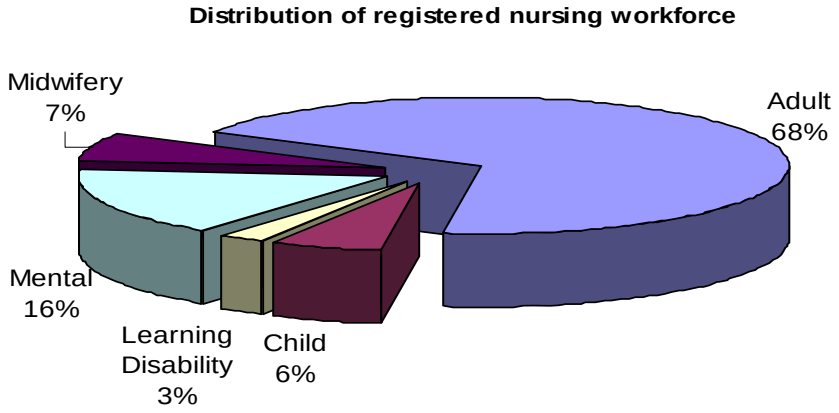
5.2.3 Nursing Workforce - Changes in the Supply side

The implementation of Agenda for Change has made it difficult to undertake like for like comparison for leavers, joiner and rejoiners. This is because the profiles that staff have been mapped to do not necessarily indicate their nursing registration e.g. paediatrics mapped to Adult General profiles, this is currently being addressed and should be revised in 2008.

AfC bands now include 2 previous grades of nursing and it is no longer possible to distinguish between them easily. This is an issue of some concern, given the importance of understanding the in and out flows for each category and grade of nursing. Locally this can be done using the financial structures, however there is a requirement to use a consistent approach nationally and therefore nationally ISD continues to be used.

The following figure illustrates the distribution of current nursing workforce by hospital and community specialty within Lothian.

Figure 40 – Distribution of the registered nursing workforce



As part of the quarterly workforce reporting programme workforce supply is monitored using robust local information, these have shown that there has been a relatively modest overall increase in the nursing workforce for the year. Staff turnover for the year has remained relatively consistent overall whilst there have been considerable further reductions in the utilisation of agency staffing to below £2m and a reduction of 38%, £2.3m in overtime expenditure. These trends indicate that overall workforce supply is robust, with recruitment generally strong in terms of numbers of applicants, with isolated recruitment difficulties in areas such as critical care.

5.2.4 Nursing Workforce - Changes in the Demand side

As part of the process for assessing demand for this plan areas have been asked to indicate planned increases for the following five years. The following figure details the proposed increase in nursing numbers overall for the next 2 years only as figures after the second year were flat-line in line with affordability requirements.

Figure 41: Funded Nursing increase by registration category

Nursing AfC Band	2008/9	2009/10
Adult 1-4	-18.0	1.0
Adult 5-8	30.4	0.0
Children 1-4	4.4	0.0
Children 5-8	9.1	0.0
Learning Disability	0.0	0.0
Learning Disability	0.0	0.0
Mental Health 1-4	0.0	0.0
Mental Health 5-8	8.0	0.0
Midwifery 1-4	0.0	0.0
Midwifery 5-8	0.0	0.0
Total	33.8	1.0

These figures the level of change at an overall level, behind which there are considerable fluctuations, with services developments in a number of areas being offset by skill mix reviews and CRES savings. The learning disability figures do not show an increase in this years projections however it is anticipated that as the Regional Learning Disability Forensic Unit is developed projected figures will increase to take account of the additional staffing that will be required for this service development.

Cost of increase

The increase will take place within the 2008/9 financial year and will be recurring thereafter. The cost of this increase is approximately £1.24m per annum.

As previously mentioned the requirements around agreed funding being in place for projections has meant that a large number of nursing posts could not be included as funding was anticipated but not confirmed at the time of collection.

Figure 42: Anticipated Nursing increase by registration category

Nursing AfC Band	2008/9	2009/10
Adult all grades	52.7	
Mental Health all grades	11.0	
Total	63.7	0.0

Cost of increase

The cost of this anticipated increase would have been in the region of £2m; this would be on top of the £1.24m funded mentioned above. The combined total for Funded and Anticipated would be approximately £3.24m, which would only represent one fifth of the overall additional funding within the 5 year plan.

5.2.5 Bank and Agency Staff

NHS Lothian has continued to make considerable progress in reducing both bank and agency utilisation, through reducing the number of vacancies and pro-active management of sickness absence. The following figure detail the reduction in utilisation for both bank and agency when compared with the previous financial year:

Figure 43: Nurse Bank use in hours

	2006/7	2007/8	Difference wte	Difference %
Bank Registered	209.60	220.16	10.56	5%
Bank Non-Reg	318.12	334.13	16.01	5%
Total	527.72	554.29	26.57	5%

Figure 44: Nurse Agency use in hours

	2006/7	2007/8	Difference wte	Difference %
Agency Registered	80.57	40.74	-39.83	-49%
Agency Non-Reg	51.10	1.77	-49.33	-97%
Total	131.67	42.51	-89.16	-68%

5.3 AHP Workforce: 3-year look forward

Over the last 10 years there has been an increase of 35% (353wte) overall in qualified AHP disciplines in Lothian and 47%. Increases have been most significant within Occupational Therapy, Physiotherapy, Radiography and Speech and Language Therapy. These changes reflect the change in the way in which AHPs have been utilised including the introduction of increasingly specialist AHP roles, several of which had been previously undertaken by the medical workforce.

There are several changes taking place that look likely to increase the demand for AHP staff, including the impact of MMC, EWTD, 18 week Referral to Treatment Time (RTT) and the development of a different approach to rehabilitation. Evolving models of care being developed within Lothian will have significantly greater involvement for AHP staff and therefore there is likely to be an increase in demand. As the development of the primary care modernisation strategy progresses, there will be specific workforce impact for AHPs and detailed planning and development work will be undertaken. Further changes, such as the introduction of 7-day working within certain areas of the AHP workforce, are likely in the medium as services are redesigned to improve process efficiency and meet patient needs.

An AHP led respiratory service is being established in 2008/9, within Edinburgh CHP and it is anticipated that if the evaluation at the end of the first year is positive it will lead to increase in new and extended AHP roles. It is anticipated that the 18 week RTT target as outlined in Better Health, Better Care will lead to the development of new patient pathways utilising the non-medical workforce in the delivery of such services.

The full implication of MMC and Tooke are not yet defined for AHPs, however there are emerging models of care to promote the utilisation of Advanced Practitioner within Nursing and AHPs to support service provision within Lothian.

The appointment of Associate Director of AHP's within NHS Lothian allows the strategic development of a competency based workforce and enhanced roles for AHP's within NHS Lothian. Furthermore this AHP appointment enables consistent methodologies to be utilised in the development of new roles across Lothian AHP's.

The Regional AHP Workload and Workforce Facilitator is working closely with the Associate Director of AHPs on the development and implementation of an agreed methodology for AHP workload measurement to enable the review of AHP workload and the development. In the past it has been difficult to develop a consistent approach to assessing workload and the consequent workforce requirement, as activity does not necessarily relate to measures such as bed numbers. There have also been difficulties in obtaining robust information at a level, which would enable comparison between Boards, Regions and Services. NHS Lothian welcomes the development of this stream of work and the regional role to support the project.

In this year's plan there are modest changes to AHP numbers overall for which additional funding has been agreed. However, it is expected that this will change over the next 12 – 24 months as the impact from the drivers mentioned above work through into the development of specific roles. The development of consistent, robust workload tools will greatly assist in this process and help underpin a more strategic approach to the development of the AHP workforce.

5.3.1 AHP Workforce - Changes in Supply

As indicated in nursing section 5.2.3 there are difficulties in obtaining consistent information from national information sources. This situation will be addressed nationally and a detailed supply side assessment will be undertaken locally.

This supply side analysis is particularly important within small areas such Orthoptists, where there are difficulties in ensuring effective supply, as there is no training within Scotland due to small numbers. There is, however, both replacement and expansion

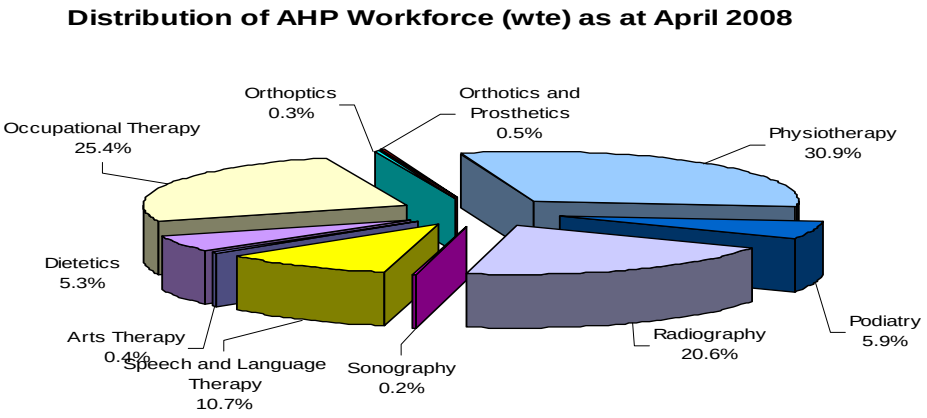
demand for the service the inability to ensure effective supply could have a knock on effect in a range of other areas such as waiting times for cataract services.

Furthermore, there is an anticipated oversupply of dieticians nationally in Scotland

- The supply and demand position is moving from under to over supply in 2009/10 due to slowing growth in demand.
- Oversupply is occurring despite slightly slowing growth of supply. This small reduction in the growth of supply is due to increasing number of leavers.
- Home grown supply is increasing in the future.

The following figure details the current distribution of the AHP workforce:

Figure 45: Current AHP distribution by discipline



5.3.2 AHP Workforce - Changes in Demand

The following table details the overall funded increase within the AHP workforce by AHP category and workforce driver:

Figure 46: Funded 3-year Projected AHP Increase by Category

AHP Category	2008/9	2009/10	2011/12
Physiotherapy Band 5+	8.01	0	0
Occupational Therapy Band 5+	3.3	0	0
Radiography	3	0	0
Total	14.31	0	0

Figure 47: Funded Increase by Driver

Change	wte
ICIC	4
Waiting times/lists	1
Service Developments	8.9
Establishment reviews	0.41
Total	14.31

Cost of increase

The increase will take place within the 2008/9 financial year and will be recurring thereafter, the cost of this increase is approximately £546k per annum.

As part of this year's process information was gathered around changes that were anticipated but not funded, these are detailed in the following figures:

Figure 48: Anticipated 3-year Projected AHP Increase by Category

AHP Category	2008/9	2009/10	2011/12
Physiotherapy Band 5+	6.1	-3	0
Physiotherapy Band 1- 4	0.3		
Occupational Therapy Band 5+	2.3	0	0
Occupational Therapy Band 1-4	2.4		
Dietician	1	0	0
Radiography Band 5+	14	0	0
Radiography Band 1-4	2		
Total	28.1	-3	0

Figure 49: Anticipated 3-year Projected AHP Increase by Driver

Change	2008/9	2009/10	2011/12
ICIC	2.4		
LDP/HEAT	4.3		
Waiting times/lists	5		
New Deal/EWTR Compliance	4		
Service Developments	12.4	-3	
Total	28.1	-3	0

5.4 Administrative and Clerical Workforce: 3-year look forward

With A&C there has been a reduction overall of 48wte (1.55%) within the 2007/8 financial year. This reduction has been predominantly within in the main within band 7 and above and SM/Executive managers.

There are also a number of Exec/Senior Managers who are on secondment or in regional or SG posts, which are paid via NHS Lothian.

As a part of the process for the development of last years Workforce Plan several areas indicated that there was a need to more fully assess and address the development needs of staff within the admin and clerical workforce, particularly within clinical areas. This is a view that has been echoed within a number of NHS Boards and during 2007/8 NES have taken In response to this, it is intended that during the coming year a more detailed assessment of development needs will be undertaken and linkage will be made with work currently underway on this area within NES.

5.4.1 Administrative and Clerical Workforce - Changes in the Demand

The following figure details the funded changes to the admin and clerical workforce within the following three years:

Figure 50: Funded 3-year Projected A&C/Executive Managers Increase by Driver

Change	2008/9	2009/10	2011/12
ICIC	3	0	0
Waiting times/lists	7.03	0	0
New Deal/EWTR Compliance		0	0
Service Developments	17.12	0	0
Total	27.15	0	0

Within this increase 67% of the increase is within clinical areas, the remaining 33% is within a range of corporate 'single system' departments.

Cost of increase

The increase will take place within the 2008/9 financial year and will be recurring thereafter. The cost of this increase is approximately £750k per annum, this is based on an average cost for A&C and Senior Managers workforce.

5.5 Healthcare Science Workforce: 3-year look forward

Healthcare Scientists represent a significant element of the healthcare workforce that has never been considered as a professional group in previous workforce plans. It covers 49 disciplines in 3 major dimensions: Life Sciences, Physical Sciences and Physiological Workforce Planning Group to establish the demographics and workforce issues associated with this diverse and dispersed grouping. The resulting Review of Staffing Challenges and Opportunities was presented to the Board Workforce Planning group in February 2006 and the recommendations accepted.

One recommendation was to set up a Scientific Services Staffing group to represent the individual and collective interests of the various disciplines encompassed by the term Healthcare Scientists, under the Chairmanship of Professor Heather Cubie and with administrative support from Workforce Planning. This group meets regularly (approx 6 weekly) and works to identify the most pressing workforce planning issues for NHS Lothian.

In parallel with these developments, SEHD appointed a short-term Project Officer to assess the situation nationally and report to the Chief Health Professions Officer. The national survey has been reported in Safe, Accurate and Effective- an Action Plan for healthcare science. NHS Lothian figures were included but the survey will be repeated in autumn 2008 after all staff have been banded under Agenda for Change.

The following areas have been identified as requiring urgent consideration locally and it is anticipated that several of these will be mirrored by the national survey. The three professional streams are considered separately although considerable overlap in needs is clear. Recommendations are included for the NHS Lothian Workforce Planning Group.

Over the last 10 years there has been a 20% growth within the overall healthcare science workforce as a whole. The following figure details this by the groups above:

Figure 51: Healthcare science 10-year growth

Healthcare science area	% growth
Clinical Scientists	18%
Biomedical Scientists	20%
Qualified Technical	19%
Unqualified Technical	43%

5.5.1 Healthcare Science Workforce - Changes in the Supply

The Healthcare science workforce covers a range of disciplines, which form the three main branches of Life, Physical and Physiological Sciences.

The main priorities within each of these the three main branches are as follows:

Life Sciences

- The greatest priority is adequate provision of and resource for Training. In particular there are needs for a local degree for BMS and for an MLA career structure to overcome retention problems. Efforts have concentrated on the integrated degree at Robert Gordon University with NES funding for work placements. *Sarah Smith comment* Providing adequate staff resource to support laboratory based placements remains difficult. Similarly, for MLAs where turnover is 40-50% per annum, the proposed career structure cannot be delivered without staff resource and backfill. On the positive side, discussions with University of Edinburgh through Dr John Stewart in Microbiology have taken place to produce a modular degree which would have skills applicable to BMS in several areas with a view to IBMS and HPC accreditation by the end of 2007. *Diane Anderson comment*

Physical Sciences

- The most significant priority is at the Clinical Technologist training level and relates to the impact of compulsory requirement for Registration. This requirement requires employees to hold a degree and is complicated by the fact that current trainees cannot get onto the voluntary register. In addition, placements in Engineering Sciences do not attract registration-ready Clinical Scientists. A Review of Agenda for change gradings has been identified as an additional priority due to perceived differences in gradings between Boards. This is an urgent requirement as differences at MTO3/4 and CS B/C levels could have a detrimental impact on retention and recruitment of new staff.. It is recognised that small specialties need national planning and consistency of grading**.**

Physiological Sciences

- The greatest priority was identified as Training, again concentrating on the need for an appropriate degree for Registration. NES has funded a number of supernumerary trainees in a one-off project to address the crisis in staffing in Physiology.
- There are issues with accessing appropriate degrees for registration, as whilst there are appropriate degrees, these are based in England, Wales and Northern Ireland only.
- Locally reorganisation of Cardiology services and multiple sites for Respiratory Physiology are having significant effects on HCS deployment, with assistant grade staffing undertaking basic diagnostics.
- Investment in student training can help provide usable skills for students whilst as their skills develop they can help speed up throughput, whilst remaining under supervision.

Other general issues that have been identified by the Healthcare Sciences Workforce Planning Group, these include:

- Demographic Changes – within the HCS workforce significant numbers of staff are/will be retiring over the next few years reflecting the relatively old workforce, this has the potential to lose a considerable amount of experience. The workforce is also one, which is becoming increasingly female and will require to provide more flexible working in future. These changes require to be addressed as priorities.

- Service involvement – there is a need for the HCS workforce to be more involved in planning for clinical services and the consideration of the impact of service changes and developments need to reflect the impact on the HCS workforce in order to ensure they are sustainable.

5.5.2 Healthcare Science Workforce - Changes in the Demand

The following figure details the funded changes to the healthcare science workforce within the following three years:

Figure 52: Funded 3-year Healthcare Science Increase by Category

Change	2008/9	2009/10	2011/12
Clinical Scientists	2		
Biomedical Scientists	12.6		
Total	14.6	0	0

Figure 53: Funded 3-year Healthcare Science Increase by Driver

Change	2008/9	2009/10	2011/12
Service Developments	14.6		
Total	14.6	0	0

Cost of increase

The increase will take place within the 2008/9 financial year and will be reviewed after three years. The cost of this increase is approximately £527k per annum; this is based on an average cost for both Clinical Scientists and Biomedical Scientists.

5.6 Overall Affordability, Achievability and Adaptability

Affordability

The overall costs associated with the proposed developments are as follows:

Figure 54: Overall funded increase in workforce

Staff category	Total £k
Medical	3,130
Nursing	1,240
AHP	546
Healthcare Science	527
A&C/Management	750
Total	6,193

These costs represent areas where funding has already been identified and agreed and as such do not represent an area of risk and are consequently considered affordable.

There is however a risk that some developments will not be picked up as a result of the timescales for the production of plans. The budget setting process and disbursement of development funding was not complete when CMTs/CHPs were submitting their projections.

Achievability

The planned changes are considered achievable, given that they are changes for which there is funding in place. Given the relatively modest overall increase it is believed that achieving the expansion is possible. The following action plan for 2008/9 highlights the need to work nationally and locally to develop supply side trends to help test achievability, as these have been detrimentally affected by the impact of AfC assimilation.

Within the medical workforce section the scenario looking at expanding the workforce through utilising SAS level doctors carries a certain level of risk, given that nationally there is not yet agreement around the terms and conditions for these staff. However it is expected that expansion within these grades could be achievable given the changing profile of the workforce. This change would also have sufficient supply, given the bulge of doctors in training currently. This would enable expansion required in line with demographic changes whilst the costs would be lower than those for a consultant level expansion.

Adaptability

The adaptability of the workforce required to achieve the funded expansion above is not substantial. However the real adaptability challenge is around changing roles, skill mix and services within the current workforce. In this respect NHS Lothian has taken several important steps in the past such as establishing Healthcare Academy, introducing Clinical Support Workers and developing a wide range of nurse specialists and practitioners. Following on from the introduction of Agenda for Change and career frameworks it is expected that there will be accelerated change and adaptation within the workforce. The review of community nursing and other similar changes within our workforce will see the roles adapt both in terms of skills and competence but also an adaptation in the way in which care and treatment is provided.

6 Action Plan

The following actions are priority for 2008-9.

6.1 Performance and Productivity

- Continue the whole system process improvement - LEAN Project. Working in partnership with National Education Scotland (NES), NHS Lothian will continue to support the LEAN Project in conjunction with GE Healthcare.
- Future training in Work-Out and CAP will be resourced and delivered by the learning and development team, in line with the priority and focus NHS Lothian is giving to Delivery Plan and Service improvement related training

- Develop and implement an action plan for the achievement of the 4% sickness absence LDP HEAT target by March 2009.

- Implement KSF for all staff covered by Agenda for Change and consequently achieve the LDP Heat target of 100% of staff covered by a PDP by March 2009. This will progress in line with the developed action plan covering the following main areas of work:

    - Development, agreement and quality assurance of all post outlines in partnership with staff and staff-side organisations.
    - Development of PDPs and commencement of reviews for all staff
    - Implementation of E-KSF

- Continue to identify and assess the workforce planning implications of Pay Modernisation and the associated Benefits Realisation Strategy, in particular.

- Assess and build into future workforce plans the wider workforce impact of other new contracts:

    - Community Pharmacy Contract
    - General Ophthalmic Services
    - General Dental Services

- Further enhance the reporting of workforce information for performance monitoring, with a development of a suite of workforce reporting for CMTs and CHPs through the combination of central reporting and development of reports for local use within the E-Manager HRIS solution.

- Continued development of the quarterly workforce reporting programme to provided information covering all diversity strands as well as performance against LDP HEAT targets.

6.2 Tackling the Supply and Demand Issues

- Provide all CMT/CHP management teams with a range of detailed workforce information to assist them in the planning process, covering areas such as demography, Christmas Trees models of workforce skill mix and working patterns.

- Continue to provide advice, input and support to a range of national workforce planning activity including:

    - Student Nursing Intake Assessment process.
    - Reshaping the medical workforce
    - NMWWPP
    - VAIC
    - MMC

- Remote & Rural Implementation Group- Workforce & Education Work stream.

- Continue participation in the national pilot of Physician Assistant role and the review of the pilot to be carried out by the University of the Highlands and Islands due at the end of 2008.

- Continue to support 'infrastructure' projects that will aid recruitment and retention, including initiatives covering affordable housing and transport.

- Develop awareness of supply issues within CMT/CHPs through development of information pack, on-going monitoring and participation in specialty/CMT/CHP specific workforce planning groups.

- Monitor the impact of new pay systems such as AfC to assess any impact on turnover and recruitment. Undertake comparative studies with other boards to identify where differences in banding exist and the reasons for them.

- Work at a national, regional and local level to provide more robust baselines and trends for inflows and outflows from the workforce.

- Participate in national HCS project and develop local actions to alleviate potentially negative impacts of registration within the HCS workforce. An assessment of AfC bandings within each branch of HCS against other similar Boards will be important in determining if these are likely to pose recruitment and retention challenges.

Demand

- Fully support the Regional Workforce Director through participation in regional service and workforce planning. Including the provision of support to the Regional AHP workforce lead and other regional project leads.
- Fully support the national Nursing and Midwifery Workload and Workforce Planning Project and the Regional Nurse Advisor in the implementation of the national planning tools.
- Continue to contribute to national workforce planning reviews and to take cognisance of these in local workforce planning processes
- Ensure coherent workforce plans are in place for each of the NHS Lothian Strategic Service Reviews, including for example
  - Improving Care: Investing in Change – Better Acute Care in Lothian, Services for Older People and Mental Health and Well Being Strategy
  - Primary Care Modernisation Strategy
  - Children and Young Peoples Health and Health Services Strategy and Reprovision of The Royal Hospital for Sick Children, Edinburgh (RHSCE)
- Central workforce planning team to support the development of local delivery plans and CMT/CHP service and workforce initiatives, through the provision of information, advice and guidance.

6.3 Recruitment and Retention Strategy

The Recruitment and Retention Strategy is a key component of the wider HR Strategy described earlier in the Plan. Some of the specific objectives and progress to date are noted below:

- Develop Recruitment strategies that address the needs of both NHS Lothian's service strategies, and the demographic implications of an ageing and diminishing workforce.
    - Run user groups where service issues, procedural and legislative changes can be discussed and share recruitment ideas/initiatives.
    - Use Empower HRIS to record absence details for all medical staff and enable detailed monitoring off all forms of absence including sickness, maternity leave, annual leave, study leave etc.
    - Develop an interface between Empower and payroll to enable the transfer of absence information.
    - Roll-out E-people Intranet solution within the Empower HRIS, this will enable staff to view an abbreviated version of their ESR.
    - Continue promotion of 'e access' for all staff to vacancy information at a variety of e-learning suites across NHS Lothian and local authority Libraries and Job Centre+ search facilities to support retention of staff
    - Support links with the Healthcare Academy
    - Continue to support Women into Work programmes and work in partnership with Jobcentre Plus
- Provide an efficient, seamless candidate-to-employee pathway
    - Create a single medical staffing team for NHS Lothian, covering all grades/levels within the medical workforce.
    - Use Empower HRIS to redesign the recruitment process for career grade medical staff.
    - Stakeholder engagement sessions
    - Continue recruitment training
- Performance and quality
    - Further development of performance reporting of recruitment service
    - Run a Kaizen event to look at ways in which the 'whole' recruitment process could be redesigned, including manpower authorisation process.
    - Focus on continuous quality improvement of recruitment processes
    - Implementation of Disclosure Scotland/Protection of vulnerable Group guidance
    - Improve the completion of diversity monitoring forms as part of the recruitment process and enhance reporting via quarterly workforce reports.

6.4 Education and Training

- Continue to implement agreed 3 year NHS Lothian Board Development Plan.
- Publish an updated learning plan covering all NHS Lothian , including both CPPD and non-clinical training.

- Work with NES in jointly commissioning and supporting a range of specific projects that support service strategies.

- Support Regional Workforce Development groups aimed at sharing practice and developing closer links with HEIs and other educational establishments within the SE region.

6.5 Employment Infrastructures

- NHS Lothian will continue to develop and implement flexible working arrangements to maximise performance and productivity and attract and retain the required workforce.
- NHS Lothian will continue to development its Healthcare Academy and work in partnership with the Edinburgh Academies Collective.

6.6 Partnership working with other agencies

- NHS Lothian will continue to develop stronger workforce planning links with a range of partner organisation to ensure a more coherent and joined approach. Partners will include

  - Scottish Ambulance Service
  - Social work
  - Care sector
  - Voluntary sector
  - Consort/Haden
  - Independent Contractors
  - University of Edinburgh

6.7 Developing Workforce Planning Capability

- Roll-out the NMWWPP educational toolkit to help develop workforce planning capacity and capability within nursing leaders.
- Participate in the national development programme for workforce planners and make associated learning, tools and resources available to professional and services leads.
- Develop a workforce planning Intranet site, to hold a wide range of workforce information, reports, tools, resources and links.
- Support Clinical management teams and CHP/CHCP Teams in developing workforce planning capability at local level.
- Develop collaborative working arrangements with similar Boards, to help develop consistent workforce planning methodologies and share good practice.

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APPENDIX A

NHS LOTHIAN

Primary and Community Partnership Committee
15 May 2008

Director of Strategic Planning and Modernisation

PRIMARY CARE MODERNISATION STRATEGY

Purpose of the Report

1.1 The purpose of this report is to update the PCPC on progress by Lothian CH(C)Ps, working with partners, with implementation of the Primary Care Modernisation Strategy 2007 - 2012.

Recommendations

The PCPC is asked to note:

2.1 Progress with implementation of the Primary Care Modernisation Strategy (PCMS).

2.2 The impact of CH(C)P led community-based developments related to PCMS.

2.3 Progress by CH(C)Ps with developing proposals for action as part of year two of PCMS 2008 – 2009.

3 Summary of the Issues

3.1 Background

3.1.1 In 2007 NHS Lothian developed and adopted a five year primary care modernisation strategy. It was agreed that the focus of initial activity should be the management of long-term conditions (LTCs) as this was one of the six workstreams within the strategy. It also cross cut the other five workstreams and therefore would ensure progress with all aspects of the strategy. The five other wrokstreams are access and health inequalities, data, diagnostics, unscheduled care and workforce. This approach also allowed NHS Lothian to address a number of HEAT and other targets, the findings of the Audit Scotland report on the management of long-term conditions and the then Scottish Executive's Long Term Conditions Toolkit for CHPs.

3.1.2 The targets impacted on by LTC Management include the 4 hour A&E target, admissions and readmissions of elderly people, admissions associated with specific conditions (heart disease, diabetes, respiratory disease, epilepsy etc) and delayed discharge.

3.1.3 More recently the Improvement Support Team of the Scottish Government Health Directorate has launched a national Long Term Conditions Collaborative programme. The approach adopted by NHS Lothian has provided a robust platform for this activity.

3.1.4 For 2007 – 2008 NHS Lothian identified £2M of new resource to support emergency activity and the management of LTCs. This recognised the steady rise in activity associated with clinical assessment and admissions at all three of Lothian's acute hospitals and the specific association of much of this activity with people with LTCs.

3.1.5 It has been proposed that the medium to long-term approach to this issue is to improve the management of LTCs in the expectation that this will improve the quality of life of affected people and in particular will reduce the frequency and severity of exacerbations associated with demand on secondary care. This requires a fundamental shift in ethos of the kind outlined in the Kerr Report and subsequent national policy documents. Management will be based on recognition and risk assessment of individual people with LTCs, empowering them to become involved in supported self management, implementing anticipatory care packages and providing community based alternatives to hospital for assessment and treatment.

3.1.6 The new resource was in part to allow CH(C)Ps to develop the necessary infrastructure and services. It was also necessary to resource acute services to cope with the growing demand until the CHP-led developments began to impact. The effect of this was that in 2007 – 2008 the majority of the new resource went to University Hospitals Division. The resource that was available to CH(C)Ps was released late in the year and as such many of the new services are not yet fully established or the anticipated benefits are yet to be fully realised. The actions taken by the CH(C)Ps and partner organisations are summarised in appendix 1.

3.1.7 The change in demand at the front door of acute care together with the impact of the CH(C)P are the subject of a regular report to the Board's Executive Management Team. To date there appears to have been a slowing of the rate of increase in emergency admissions and attendances across all CH(C)P areas although behind this are a number of complex issues relating to models of clinical practice, clinical coding and lengths of stay.

3.1.8 This is in keeping with experience elsewhere in the UK and in the world where implementing models of anticipatory care does appear to reduce the number of acute admissions associated with exacerbations of LTCs but more dramatically to reduce lengths of stay and thus occupied bed days.

3.1.9 This is particularly the case when dealing with ambulatory care sensitive (ACS) conditions. ACS conditions are those where timely and effective ambulatory care and good case-management can help to prevent the need for hospitalisation. The conditions include those LTCs in which effective care can reduce the incidence of problems (such as COPD, asthma, diabetes and congestive heart failure) acutely presenting conditions where early intervention can prevent more serious progression (such as ENT infections, cellulitis and pneumonia) and those conditions where immunisation can prevent illness.

3.1.10 Locally colleagues in Public Health are working with CH(C)Ps, in this area. Public Health is also providing GP Practice teams with emergency admissions data on their patients to help inform practice based interventions.

3.2 Current Situation

3.2.1 CH(C)Ps are currently reviewing progress from year one and formulating plans for year 2 (2008 – 2009). There is some difficulty in quantifying impact because of the late release of resource. Many of the new services have yet to achieve their full impact as a result of issues such as delayed recruitment of staff and engagement of patients. There are however early signs of impact in some areas and indications of patient and public satisfaction.

3.2.2 As with year one it is important that the strategy is owned by CH(C)Ps and primary care teams working with their local communities and partner agencies.

3.2.3 As the work is taken forward it is important that its place in the wider context is reviewed and opportunities identified and taken. The PCMS was always intended to provide CH(C)Ps with a framework that would link the issues identified within the strategy with established and anticipated initiatives. The GMS contract is key and success has been seen where the requirements of the contract have been linked with service developments. Similarly initiatives such as Keep Well, Shifting the Balance and the Primary Care Collaboratives have found fit with the overall direction of the strategy. A further opportunity has just been presented in the form of the National LTC Collaborative Programme mentioned in 3.1.3 above.

3.2.4 As the implementation of PCMS moves on it will be important to develop ever more sophisticated measures of its impact. These will need to take account not just of the impact on secondary care but on the benefits to patients, carers and communities. Much of this will focus on influencing pathways before illness manifests and promoting health and self care.

4 Impact on Health Inequalities

4.1 Health inequalities impacts have been taken into account as part of the development of the overall strategy but also in relation to the implementation of specific initiatives.

5 Resource Implications

5.1 Funding for the implementation of PCMS is being provided from each CH(C)P's allocation for long term conditions work, augmented by local resources where these are available. These will include CH(C)P core funding but also funding associated with the GMS contract, for example the Scottish Enhanced Services Programme.

5.2 Although the £2M referred to above for emergency activity and LTCs is recurring the proportions in which it is allocated will vary year on year and it is expected that a greater proportion will be available to CH(C)Ps to enable the development of community based services. Future allocations will be influenced by the amount of demonstrable impact on emergency activity and the associated targets.

5.3 Further investment is being considered in the 2008/09 planning process to enable the CH(C)Ps to increase the supports to people with long term conditions, maintaining anticipatory care, monitoring patients at risk of admission and providing appropriate community based interventions, all with a view to reducing emergency admissions, improving patient experience and clinical outcomes and contributing to HEAT targets.

Brian Montgomery
Associate Medical Director – Service Modernisation
05 May 2008

List of Appendices

The following Appendix is attached:

Appendix 1: Initiatives in year one of the Primary Care Modernisation Strategy

Appendix 1

Initiatives in year one of the Primary Care Modernisation Strategy

Edinburgh	Edinburgh wide Anticipatory Care Service, working with general practices to identify patients to receive case management. A nurse led service to improve the management of a wide range of patients with long term conditions identified at highest risk of hospital admission. A Community Respiratory Service to provide specialist support to patients with Chronic Obstructive Pulmonary Disease. A pulmonary rehabilitation service funded in North East Edinburgh through Chest Heart and Stroke Scotland and in the rest of Edinburgh through the COPD element of the new Scottish Enhanced Services Programme. An anticipatory care agreement with GP practices to improve management of these patients within practices and to link practices into the new services funded through the new Scottish Enhanced Services Programme. Improvements to the Evening and Night Nursing service to provide an out of hours response. Funding for carers' organisations to provide improved support for those caring for people with long term conditions. Discussions are underway on creating improved night time services in social work to support patients at home in a crisis. The CHP is funding services within University Hospitals Division to reduce admissions. These include primary care physician sessions in the A&E Department and rapid access clinics in the respiratory services. It is planned that some of these will merge into CHP services. Work is underway to monitor the impact of these new services by developing a performance monitoring template which will cover the inputs provided by the services and relevant outcomes such as number of hospital admissions and length of stay in hospital.

West Lothian	Continuing to develop existing integrated services, including, COPD, cardiac rehabilitation, children's services, mental health services etc. Further developing integrated services focusing long term conditions management within the community care setting Further developing partnership models ensuring prioritisation of long term conditions management within the planning process. Development of standardised care plans, incorporating self-management programmes agreed by patients, carers and primary and secondary care health professionals Expansion of a pulmonary rehabilitation service funded in part by Chest Heart and Stroke Scotland and through the COPD element of the new Scottish Enhanced Services Programme.

East Lothian	Expansion of day hospital services at Roodlands. Building on QOF 'Plus' initiative to work with practices to use SPARRA to identify appropriate practice level management of individual patients Engaging with Thistle Foundation to run three patient self-management courses. Targeting patients with heart failure in 3 practices, using support from British Heart Foundation Nurse Piloting a COPD weather alert service with the Met Office
Midlothian	Developing a Rapid Response Service Provision of Intermediate Care Beds Developing a COPD OOH service Developing a Falls Prevention Scheme
All CH(C)Ps	Working with LUCS to develop alternatives to admission and to improve patient management OOH. Participating in the development of the local Scottish Enhanced Services Programme, a major element of which is COPD and community pulmonary rehabilitation A new specification for GP services to care homes has been agreed to improve anticipatory care and support to care home residents. Development of a pilot enhanced service for Section 17(c) practices to introduce an admissions management and avoidance initiative (the most practices this is relevant to are in Edinburgh)
LUCS	Lothian Unscheduled Care Service (LUCS) is developing new ways of working at weekends and at night to enable more doctors to see specific patients.