NHS Lothian Workforce Plan

2014/15

Workforce Planning Department
HR & OD Directorate
Waverley Gate,
Edinburgh

(July 2014)

Contents Page

		Page Numbers
Introduction		3
Section 1	**Defining the Plan** 1.1 2020 Vision for the NHS in Scotland 1.2 NHS Scotland 2020 Workforce Vision 2014-2015 1.3 NHS Lothian's Strategic Plan 1.4 NHS Lothian's Corporate Objectives 1.5 NHS Lothian's Financial Plan	4 4 4-5 5 6 6
Section 2	**Visioning the Future** 2.1 Scotland's Changing Population 2.2 Strategic Clinical Framework 2012 to 2024 2.3 Integration of Health & Social Care 2.4 Efficiency and Productivity 2.5 Regional Collaboration	 7-9 9-10 10-11 11 12
Section 3	**The Current Workforce** 3.1 Distribution of current workforce 3.2 Demographic Change 3.3 Staff Turnover 3.4 Sustainability of small non-medical specialist services 3.5 Rebalancing the workforce 3.6 Work Patterns and Gender Profile 3.7 Medical Workforce Risk Assessment 3.8 Promoting Attendance at Work 3.9 Socially Responsible Recruitment	 12-14 14-17 17-20 20 20-23 23-24 24-25 25-26 26-29
Section 4	**Workforce Demand** 4.1 Scheduled Care 4.2 Unscheduled Care 4.3 Local Reinvestment Plan 4.4 Executive and Senior Manager Workforce Reductions 4.5 Public Health Nursing Services – Future Focus 4.6 Non-medical workforce solutions 4.7 Learning & Development Strategy	 29-30 30-31 31-32 31-32 32-33 33-34 34-36
Section 5	**Action Plan**	36-39
Section 6	**Implementation and Review**	40

Introduction

This 2014-15 workforce plan sets out a detailed analysis of the national and local workforce planning context, including an assessment of workforce supply and demand. The plan is structured around the Scottish Government workforce planning guidance CEL (2011) 32, which suggested that Boards use the nationally sponsored 6 step workforce planning methodology for developing their plans.

The guidance sets out the following 6 steps, which will form the framework for this plan.

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

The adoption of the 6 step approach is intended to make Board level workforce planning more iterative, enabling challenges to be identified and addressed on an on-going basis rather than on an annual basis.

This updated plan provides details of the national policy context and local planning context, detailing workforce demand projections for 2013/14 and an assessment of the future workforce supply at a local level and the actions that are being undertaken to balance supply and demand.

Section 1 – Defining the plan

The purpose of this plan is to set out the progress that has been made against the planned change to the workforce and set out key workforce supply and demand challenges NHS Lothian (NHSL) is facing over the coming years. It will also detail the actions that NHS Lothian is undertaking to address these challenges through both the Board's Clinical Strategy and Human Resources and Organisational Development Strategy.

Many changes to our workforce relate to the redesign of our services and as such the planning is iterative. This plan is not intended to look at all aspects of workforce demand and supply for all job families, it will however highlight where there are emerging pressures that require to be addressed.

The plan will detail the considerable investments and efficiency savings that are being made in 2013/14 in the workforce to enhance our capacity to help meet treatment time guarantees and enhance unscheduled care services. It will also detail where medium to long term workforce risks are anticipated and what the Board is doing to respond to them.

1.1 2020 Vision for the NHS in Scotland

The Scottish Government's 2020 Vision is that by 2020 everyone is able to live longer healthier lives at home, or in a homely setting and, that we will have a healthcare system where:

- We have integrated health and social care
- There is a focus on prevention, anticipation and supported self-management
- Hospital treatment is required, and cannot be provided in a community setting, day case treatment will be the norm
- Whatever the setting, care will be provided to the highest standards of quality and safety, with the person at the centre of all decisions
- There will be a focus on ensuring that people get back into their home or community environment as soon as appropriate, with minimal risk of re-admission

1.2 NHS Scotland 2020 Workforce Vision 2014-2015

The largest element in service provision within the NHS in Scotland is the workforce who equate to between 60% and 65% of all expenditure. In order to realize the 2020 vision for services it is essential that there is a 2020 vision for the workforce in order to undertake the development and reshaping of the workforce to meet the needs of service delivery. As part of the 2020 vision for the NHS in Scotland an extensive communication exercise was undertaken to find out what people thought the workforce will need to look like in 2020 to address the challenges that NHSScotland is facing. Over 10,000 people responded.

The values that are shared across NHSScotland are:

- care and compassion
- dignity and respect
- openness, honesty and responsibility
- quality and teamwork

The implementation framework for 2014-15 set out the following actions for Boards and the Scottish Government.

Organisation	Responsibilities
NHS Boards	• Implementing specific actions locally • Working in partnership with others responsible for delivering integrated health care services, including Health and Social Care Partnerships • Supporting/leading specific actions across NHSScotland in partnership with others

	• Monitoring and reporting on local progress • Engaging with staff to secure their involvement and support
The Scottish Government	• Developing and publishing annual implementation plans • Leading on specific national actions and commissioning solutions • Ensuring robust governance arrangements are in place • Measuring and monitoring progress across NHSScotland • Working in partnership with stakeholders to secure their support

The priorities for action in 2014-15 focus on the following:

- Developing and sustaining a healthy organisational culture to create the conditions for high quality health and social care. The focus this year is on embedding the shared values in everything we do.
- Changing the health workforce to match new ways of delivering services and new ways of working; ensuring that people with the right skills, in the right numbers, are in the right jobs; promoting the health and well-being of the existing workforce and preparing them to meet future service needs.
- Strengthening workforce planning is identified as one of the early actions.
- Ensuring that all staff are appropriately trained and have access to learning and development to support the Quality Ambitions and 2020 Vision for Health and Social Care. The focus this year is on ensuring that development reviews/appraisals are meaningful, providing fair access to learning and development for support staff, and building capacity and capability to improve the quality of what we do.
- Ensuring that the workforce is more joined-up across primary and secondary care, across Boards and with partners across health and social care. The focus this year is on developing the right conditions for an integrated workforce.
- Ensuring that managers and leaders are valued, supported and developed. Managers and leaders are part of the workforce and have a key role to play in driving service and culture change. The focus this year is on supporting and developing line managers, particularly their people skills.

The Action Plan contained within section 5 sets out the actions to be undertaken during 2014-15 financial year.

1.3 NHS Lothian's Strategic Plan

During 2013-14 NHS Lothian has developed a draft Strategic Plan covering 2014 – 2024 to set out the strategy that we be followed in responding to significant challenges of a growing and ageing population with multi-morbidities within a tight financial climate.

Further detail is provided in section 2.

1.4 NHS Lothian's Corporate Objectives

Corporate objectives have been developed for 2014/15 which set out 12 high level priorities around which all clinical and non-clinical services should be focused:

1. Improve Patient Safety
2. Improve Patient and Staff Experience
3. Improve the way we deliver Scheduled Care
4. Improve the way we deliver Unscheduled Care
5. Develop whole system capacity to deliver care closer to home
6. Protect and Improve Health in Lothian for All
7. Ensure the Delivery of a Sustainable Financial Framework
8. Ensure the Delivery of a Sustainable Financial Framework
9. Develop a co-production and Innovation plan
10. Deliver the agreed strategic plan 2014-2024
11. Improve integration of care by creating 4 Integrated Joint Boards in line with Public Bodies (Scotland) Act
12. Early Years: Implement the Children and Young People's Strategy

1.5 Financial Plan

As part of NHS Lothian 2014/15 national funding there was an uplift of £46.8m (Including NRAC), with an additional £4.7m income from other Boards to fund regional services. However against this funding there are already recurring commitments of £19.9m leaving a net figure of £28.9m recurring and £2.7m non-recurring for investment.

Proposed investments of £53.3m recurring and £12.9m non-recurring are proposed in the following categories:

- Pay and Workforce
- Medicine and Supplies
- Providing additional capacity
- Service Developments
- Infrastructure
- Repayment of Scottish Government brokerage
- Other miscellaneous

Further details of the workforce investments are included in section 4.1 and 4.2.

This leaves a net shortfall of £24.4m recurring and £12.9m non-recurring, this in turn means that for 2014/15 there is an overall recurring LRP target of £37.3m, approximately 3% of NHS Lothian's Annual Recurring Budget.

Section 2: Visioning the Future

2.1 Scotland's Changing Population

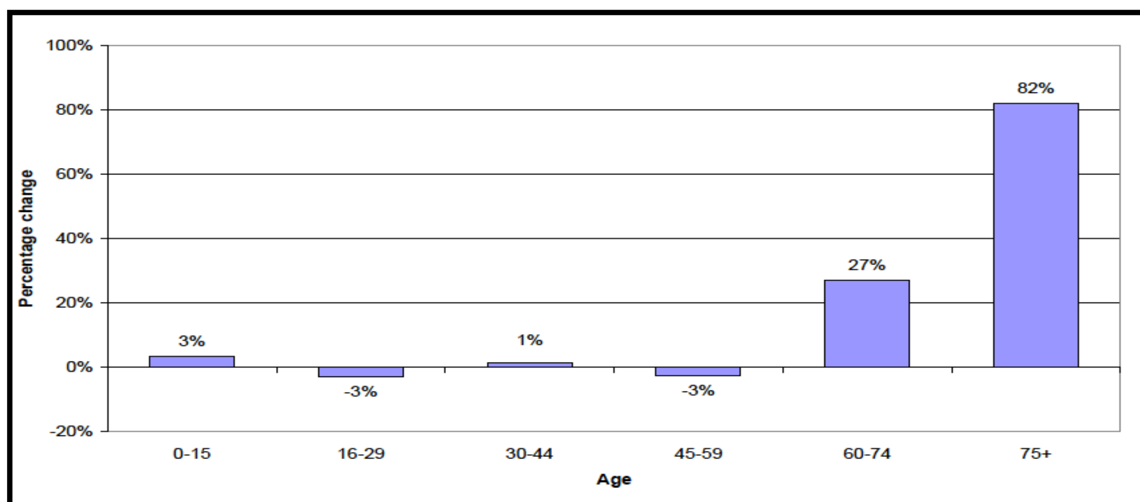
General Records Office Scotland (GROS) forecast that the growth in the population of Scotland will continue over the next 25 years. GROS project that the population will rise from 5.22 million in 2010 to 5.49 million in 2020 and to continue to rise to 5.76 million in 2035 – an increase of 10% over the 25 year period.

However, as in the period 2000 – 2010, the population will continue to 'get older' and will continue to increase proportionally faster in SEAT boards in comparison with the rest of NHSS.

The projected increase of 10% in Scotland's population will be driven by the increase in the over 60 year olds. As the graph below shows, the population aged under 60 is projected to remain fairly constant whilst the number of 60+ year olds is projected to increase significantly.

The following two figures detail the changing demographic structure nationally and within the Lothians.

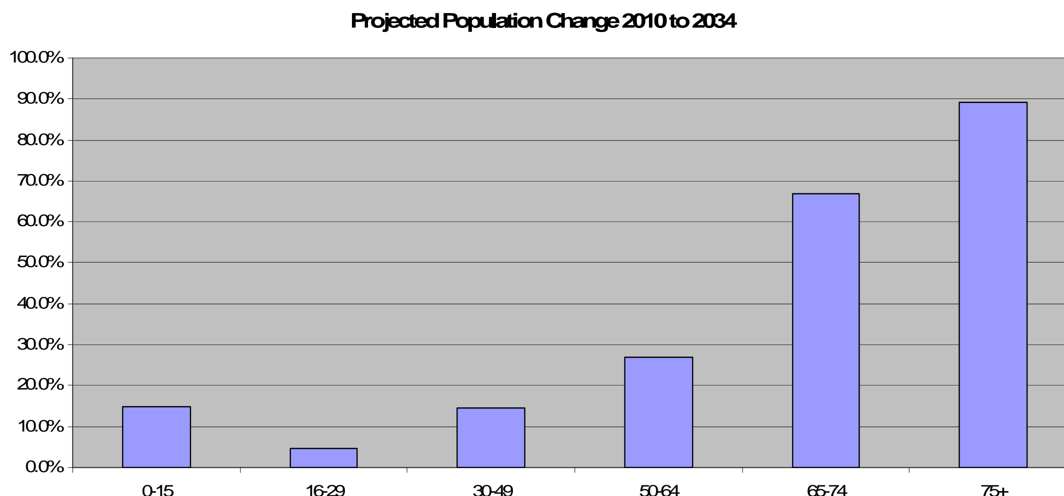
Figure 1 – Projected demographic change in Scotland by 2035



Source – GRO Scotland

NHS Lothian has the largest projected increase in the population in Scotland, across all age categories but as with the national picture the largest area of growth is with the 60-74 and 75+ categories.

Figure 2 – Projected demographic change in Lothian by 2035



Source – GRO Scotland

This has significant implications for NHSS. It will require the ongoing shift in resources to those boards projected to have significant increases in population, particularly given this growth will be mainly in the over 60 year olds. It will also require growth in the workforce of those boards in order to deliver the increased demand in clinical services.

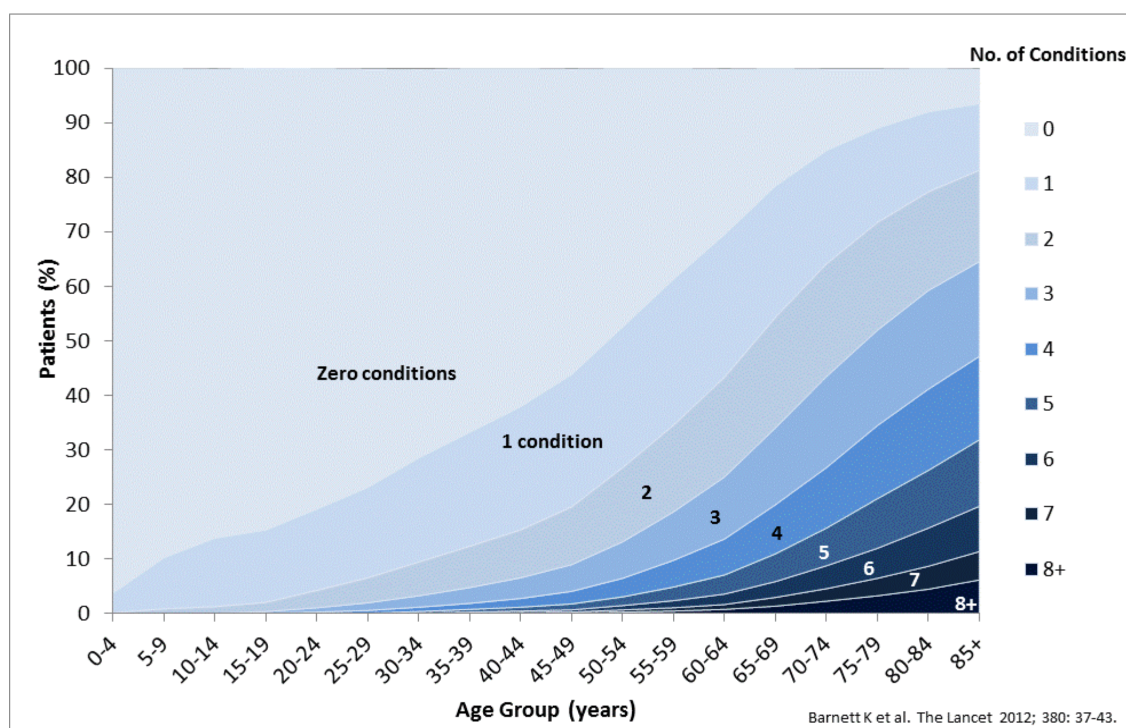
Whilst there is evidence to suggest that people are living longer, healthier lives, the patterns of disability and disease across Lothian will change as the population changes:

- The majority of over 65 year olds have 2 or more chronic conditions and the majority of over 75 year olds have 3 or more conditions
- The growth in the older population is expected to result in an increased prevalence of long term conditions equating to an additional 13,000 patients with at least one condition in the first five years of the strategy[1].
- Overall incidence of cancer is expected to increase by 1.4% per annum, equivalent to 1,000 additional new cases in a year[2].
- The prevalence of dementia in the population is expected to increase by up to 70% in the next 20 years[3].
- Approximately 25% of the adult population is obese and 64% are overweight. Obesity has a significant causal relationship with health problems such as type 2 diabetes, hypertension and coronary heart

[1] Measuring Long Term Conditions in Scotland ISD 2008
[2] Cancer in Scotland Sustaining Change, Scottish Executive 2004
[3] Scottish Public Health Observatory 2011

disease. Similar proportions of children and young adults under the age of 19 years are thought to be obese[4].

Figure 3 – Multi-morbidities by age groupings



As people get older they are also more likely to be admitted into hospital. In 2012/13 the rate of all emergency bed days for patients aged 75+ (per 1000 patients was 5,220. This is the equivalent of 5.22 bed days used by each person in Lothian aged 75+.

2.2 Strategic Clinical Framework 2012 to 2024

The NHS Lothian Clinical Strategy 'Our Health, Our Future' was agreed by the NHS Lothian Board in May 2012 following a comprehensive consultation process. The framework set out the overall service model and principles for our clinical services, which will drive service re-design, based on safe, high quality evidence based patient pathways to help respond to the changing needs of our population.

Using this framework NHS Lothian has developed a draft Strategic Plan covering 2014 to 2024 – Our Health, Our Care, Our Future. The plan sets out the planning approach that will be followed to transform our services through a radical shift away from the traditional way of doing things to a patient-centred, whole-system approach. Using intelligence and evidence we have identified

[4] Impact of health behaviours and health interventions on demand & cost of NHS Services. Burns, H

representative patients with varying degrees of care needs: Callum, Hannah, Scott and Sophie.

Using these patients work-streams will be initiated with the aim of redesigning healthcare across whole pathways. The first step in the redesign process will be for the '*Hannah'* work stream to map the care that Hannah receives. This will be done using data, the experience of people like Hannah who use our services and the experience of those who provide care and treatment for people like Hannah. The same will take place for the '*Callum'*, '*Scott'* and '*Sophie'* work streams.

Having identified what currently happens, we will work with patients, carers, staff, GPs, social care and 3rd sector colleagues to come up with a better way of doing things, in line with our aims and ambitions. Once we have agreed a better way of doing things, we will decide how best to deliver this in terms of services, buildings, staff, IT and the other infrastructure needed.

This is expected to lead to quite different working patterns and arrangements for clinical and other staff e.g. making the expertise currently located exclusively in hospitals more accessible to people in their own homes, or providing some services available at different times of the day or week, as we better match our services to patients' needs.

Many of the propositions in the final version of NHS Lothian's Strategic Plan will be informed by the radical redesign of patient pathways described above, as well as by the wider consultation and engagement process throughout 2014 with the people of Lothian, with staff and with those organisations in the public, private and third sectors with an interest in the work of NHS Lothian.

The plan expands on the main strategic areas for action that NHS Lothian intends to pursue during the plan period. Some propositions are relatively clear and firm, while others are less so and will require further debate and investigation and, in some case, detailed option appraisal to firm up.

It is intended that the Strategic Plan will be finalised in the autumn of 2014, in order to set a context for consultation on the four Integration Plans and to inform the development of each of the Health and Social Care Partnership Board's Strategic commissioning Plans, later in 2014 and into 2015. The finalised plan will provide a prioritised set of proposals and indicative implementation timescales.

2.3 Integration of Health and Social Care

The Public Bodies (Joint Working) (Scotland) Bill was passed on 25 February 2014. The Bill will require local authorities and NHS Boards (parent bodies) to establish Integration Joint Boards for their areas to govern, plan for and resource integrated health and social care services. The parent bodies will be required to delegate functions to improve the health and wellbeing of service users.

NHS Lothian is committed to the 'body corporate' integration model where functions of the Health Board and Local Authority will be delegated to an Integration Joint Board. There will be four integration joint boards in Lothian coterminous with the current Local Authority boundaries.

It is a requirement of the Bill that an Integration Scheme is produced, consulted and submitted to Scottish Government for approval prior to the establishment of each Integration Joint Board (in previous versions of the Bill the Integration Scheme was referred to as the Integration Plan). Integration Schemes can not be consulted on until after the Bill has become legal and the Regulations published. Scottish Government has indicated that this is likely to be in November 2014. The Integration Schemes will require approval by the NHS Lothian Board and the relevant Local Authority prior to consultation. The intention is that the four Integration Schemes will be presented at the December 2014 NHS Lothian Board meeting.

2.4 Efficiency and Productivity – Local Reinvestment Plan (LRP)

As detailed in section 1.6 there is a requirement for NHS Lothian to achieve a local reinvestment savings target of £37.2m in order to make it's planned investments in services. The following figure shows the overall target broken down by area.

Figure 4 – LRP by Service Area

Area	Total LRP Target (£m)
Unscheduled Care	6,083
Sheduled Care	12,063
East Lothian CHP	1,346
Edinburgh CHP	4,977
Mid Lothian CHP	570
West Lothian CHP	1,609
Prescribing	4,303
Facilities	2,314
Finance & Capital Planning	505
Chief Executive	25
Communications	57
eHealth	517
Human Resources	673
Medical Director	104
Nursing	349
Pharmacy	635
Planning	147
Public Health	401
Strategic Programmes	596
Total	37,274

2.5 Regional Collaboration

Whilst NHS Lothian is primarily aimed at meeting the health needs of the populations of the Lothian's it also provides a range of regional and national specialist services. The South-east and Tayside (SEAT) planning region has a lead role in planning these services and supporting managed clinical networks.

SEAT also works closely in addressing workforce pressures in particular in relation to the medical workforce. Medical trainees are planned and managed on a regional basis by the South East Deanery in conjunction with Boards and as such it important that pressures such as trainee gaps are addressed regionally.

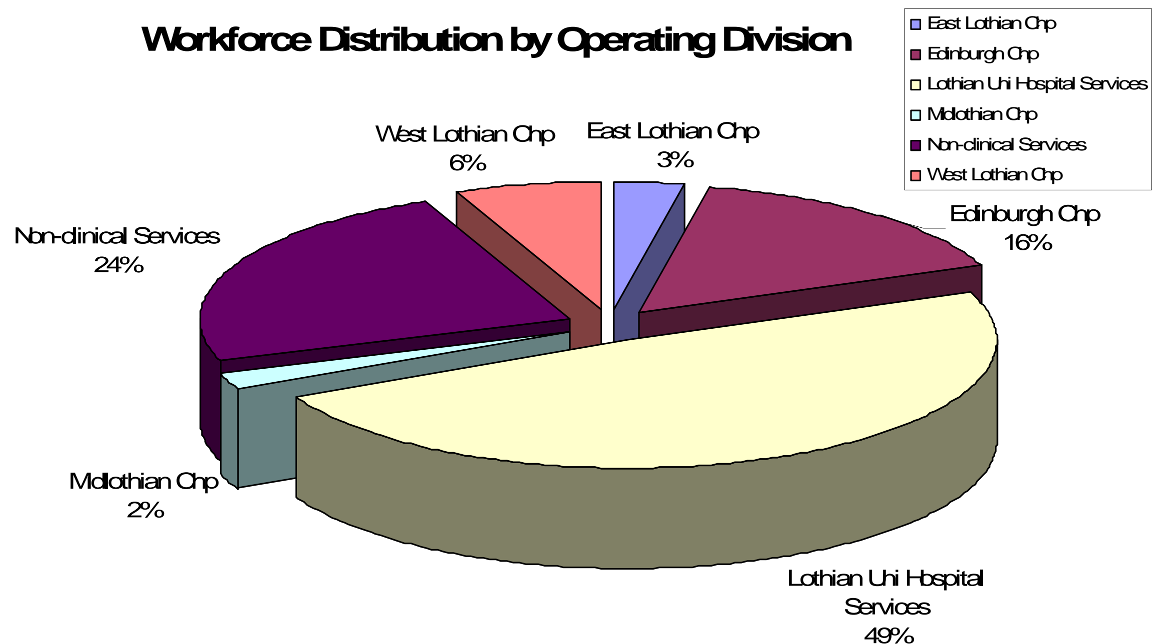
Section 3: The Current Workforce

3.1 Distribution of current workforce

The following section sets out the dimensions and characteristics of the existing workforce and analysis of key drivers affecting workforce supply.

As at March 2014 NHS Lothian utilised 20,140wte, covering all job families and (includes supplementary staffing) at an approximate cost of £825m per year in direct workforce costs. The following figure shows the distribution of the workforce by operating division.

Figure 5 – Workforce by operating division



The following figures detail the workforce distribution by job family both in terms of whole time equivalents and cost.

Figure 6 – Workforce by job family (WTE)

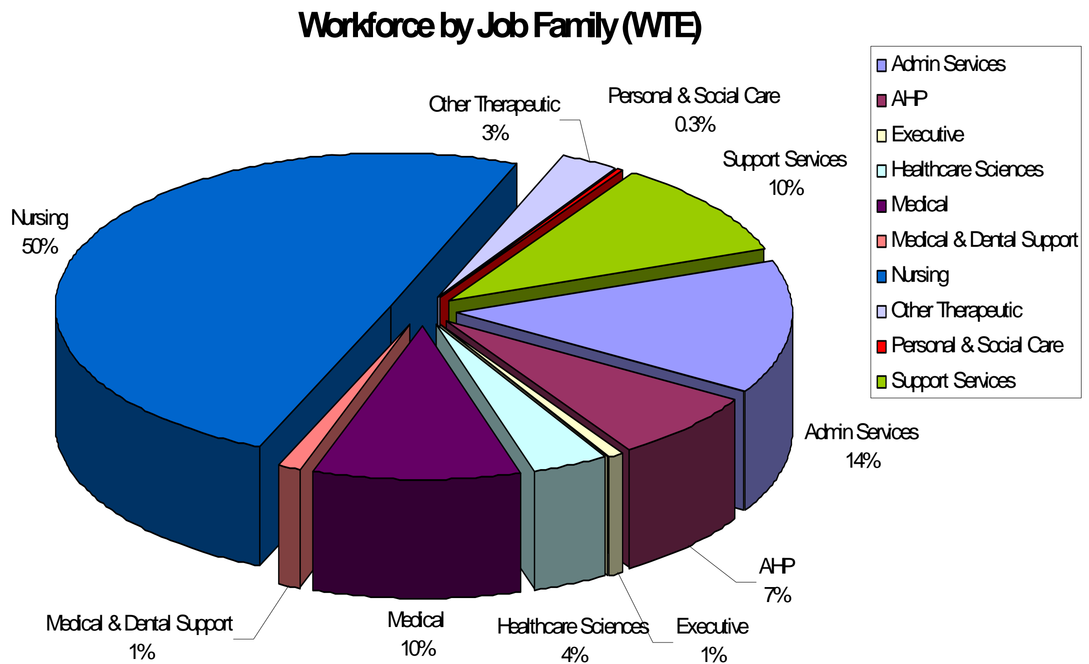
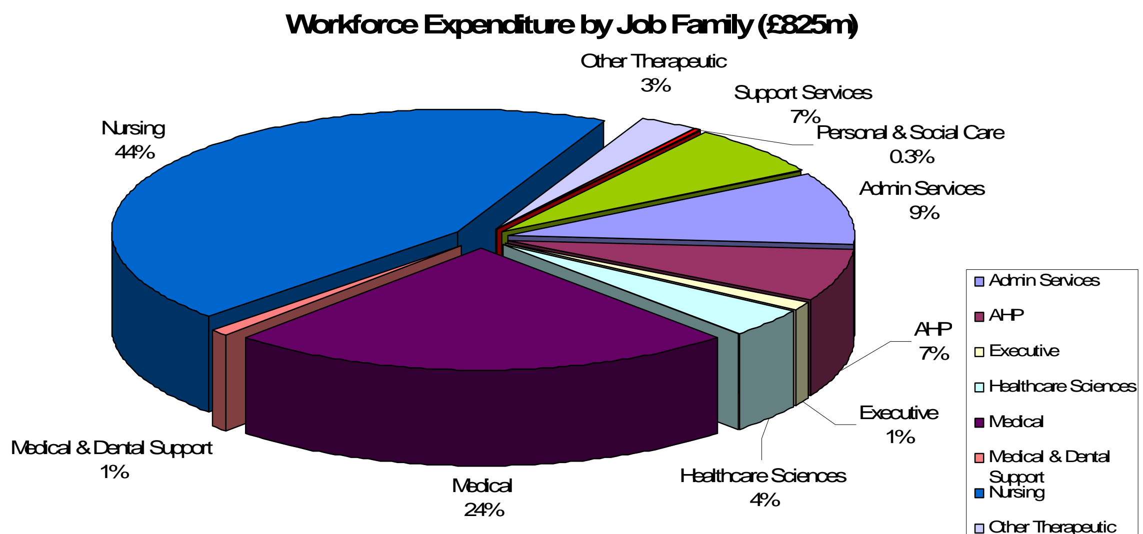
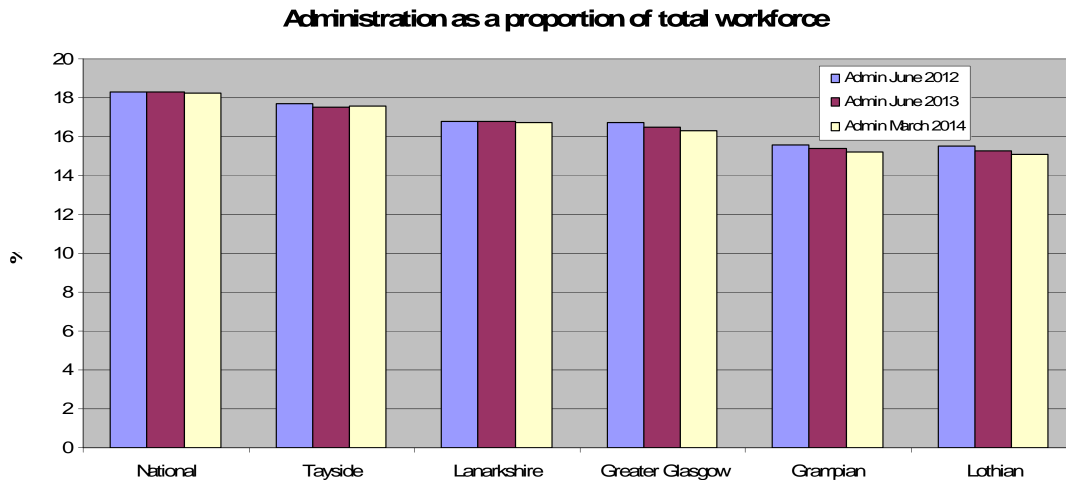


Figure 7 – Workforce by job family (£)



NHS Lothian maximises the proportion of the workforce focused on providing direct patient care and has the lowest proportion of Administrative staff in NHS Scotland (15.3%). The following figure details how this compares with both the national level and the level within other large Boards.

Figure 8 – Administrative workforce as a percentage of overall workforces

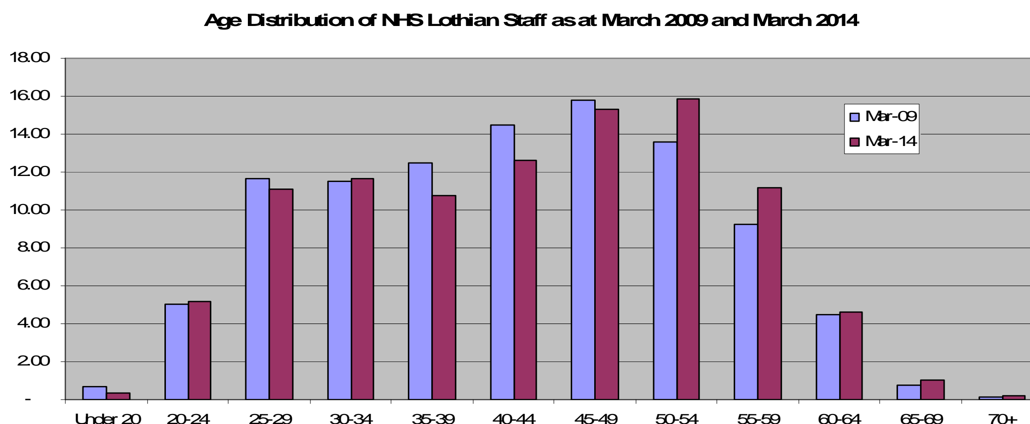


Source – ISD Scotland

3.2 Demographic Change

Demographic change within the population is one of the most significant drivers for service change and redesign. The following section details how this change is becoming evident within our workforce and will require NHS Lothian and other boards to develop recruitment and retention strategies in order to avoid the loss of a significant proportion of the workforce over the next 5 to 10 years. The development of supply channels is necessary to enable alternative routes into the workforce to enable adequate recruitment in the face of competition from other sectors.

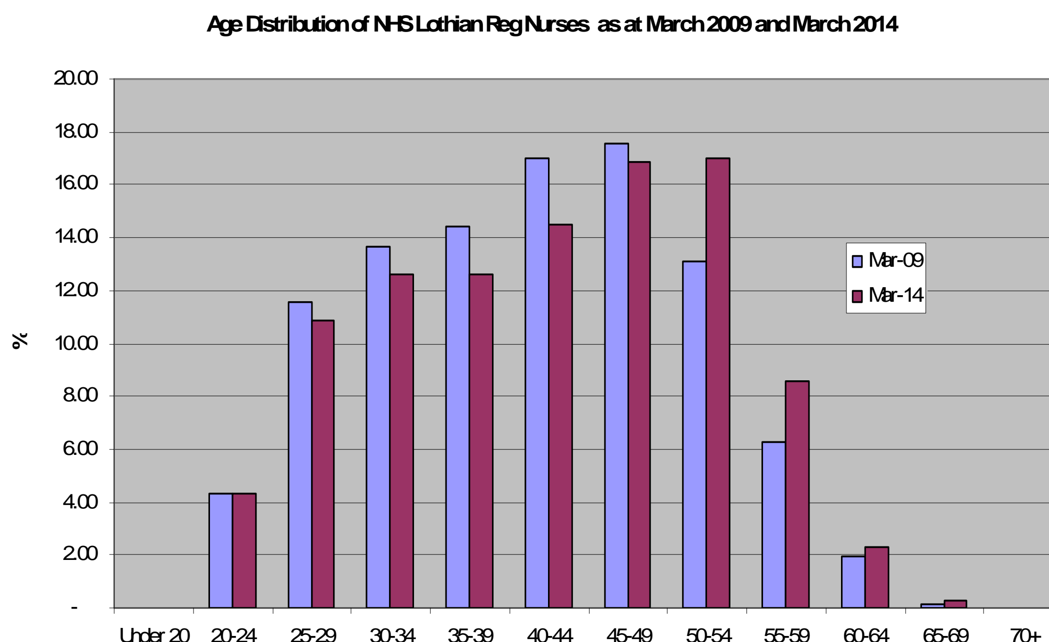
Figure 9 – Overall age distribution



Source – NHS Lothian Payroll

In March 2014 17.1% of the total of NHS Lothian workforce were aged over 55 years old compared to 14.6% in March 2009. The age grouping with the largest percentage (15.82%) has also shifted from 45-49 years old in 2009 to 50-54 in 2014(15.88%. These changes clearly illustrate the ageing that is taking place within the overall workforce. Whilst this overall profile clearly shows the demographic imbalance within the workforce it is through looking at the individual job families that specific challenges arise.

Figure 10 - Age distribution within registered nursing



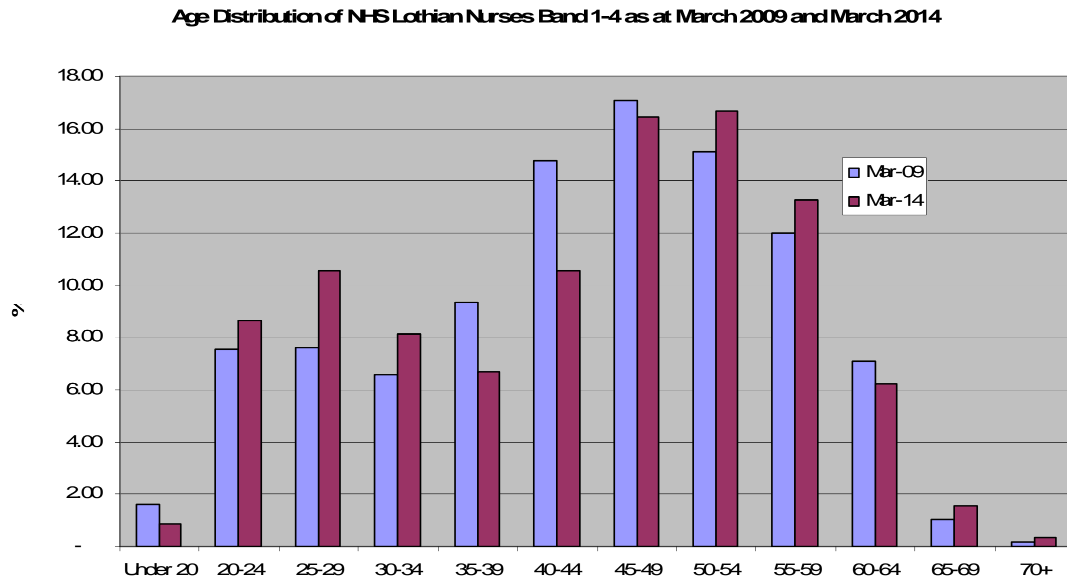
Source – NHS Lothian Payroll

Within registered nursing the ageing of the workforce is already pronounced, between March 2009 and March 2014 the proportion of staff aged over 50 has increased from 21.4% to 28.2% an increase of nearly 7% in 5 years. The median age has however only increased from 41 to 42 years old as a result of the increase that there has been in the younger age groups. This suggests that whilst there is increasing ageing within the workforce there would appear to be sufficient supply should retrial patterns remain the same. However proposed changes to pensions will see the retiral age gradually increase to 68 years old, protection will be in place for those within 10 years of retirement. Within this age grouping a significant number of staff hold special class/mental health officer status and as such can retire at 55 without any actuarial reduction being applied to their pension. This means that potentially those staff within the 45-49 age category and those above may consider retiral; this equates to 46% of the registered nursing workforce.

It may be in practice there are a range of factors that influence individual decision making and not all staff will hold special class/mental health officer status however this remains a key area of uncertainty. Research carried out by NES, SEAT and NHS Lothian (2010) found that there were a very limited

number of examples of how NHS organisations have sought to develop policies aimed at retaining such staff.

Figure 11 – Age distribution within non-registered nursing



Source – NHS Lothian Payroll

Within the non-registered workforce there is a similar pattern, between March 2009 and March 2014 the proportion of staff aged over 50 has increased from 35.4% to 38.1% an increase of 2.6% in 5 years. The median age has however only increased with a median age of 45 years old to 46 years old in this timescale. This suggests that whilst there is increasing ageing within the workforce there has been significant growth in the 20 to 34 age group. The distribution however remains disproportionately skewed towards older age groups and remains an area of concern.

The above figures detail the position within nursing as it is the largest area of our workforce and has the most noticeable ageing within the clinical workforce. However there are a significant proportion of the workforce already aged 55 years old who are either already entitled to retire or entitled to retire at 60 years old where individuals remain within the pay scheme as detailed in the following table.

Figure 12 – Proportion of staff aged over 55 years old by job family

Job Family to use	% Over 55 excluding Bank
Medical	8
Medical & Dental Support	11
Nursing Band 1-4	21
Nursing Band 5-7	11
Nursing Band 8+	15
All Nursing	14
AHP Bands 1-4	23
AHP Bands 5+	10
All AHP's	12
Healthcare Sciences	20
Other Therapeutic	9
Personal & Social Care	34
Admin Services	27
Executive	29
Support Services	32
Grand Total	17

Source – NHS Lothian Payroll

There are also significant hot spots within these job families and there are some small areas of disproportionate impact where the loss of even a single member of staff can have a major impact.

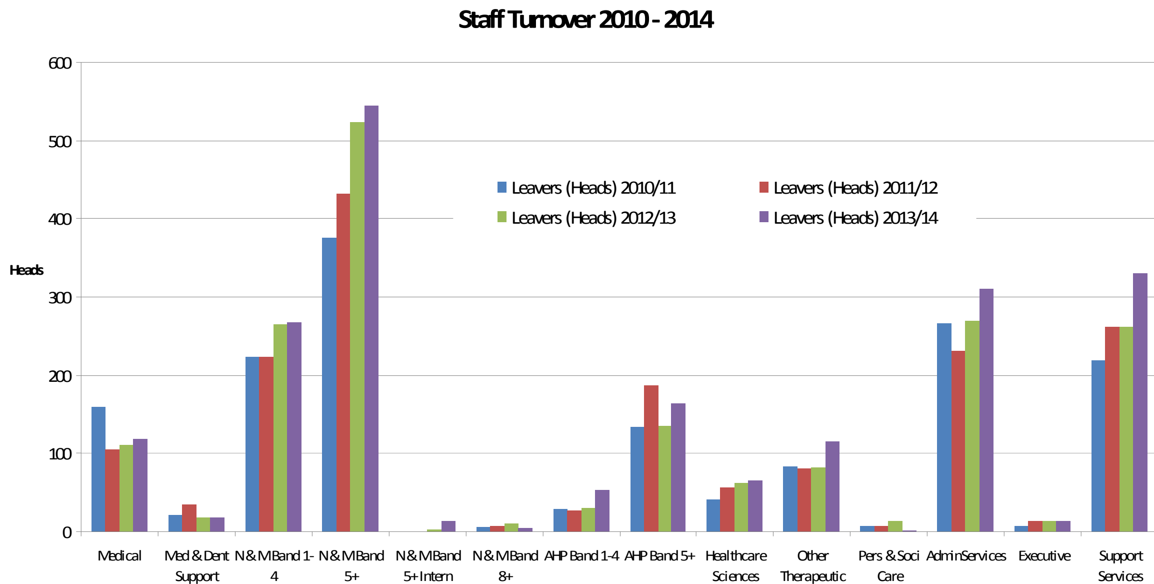
NHS Lothian is mindful of the principles set out under 'Enabling Age as Asset', including issues of flexible working, mentoring and succession planning. This has identified important lessons for NHS Boards in facilitating a genuine age aware management structure and workforce planning for a 'mixed age' staff structure. There is a need to develop employment policies that will support the ageing of the workforce especially the planned changes in retiral age.

The UK NHS Working Longer Review is looking to the possible impact of a raised pension age in NHS and is currently consulting with individuals, healthcare organisation and trades unions.

3.3 Staff Turnover

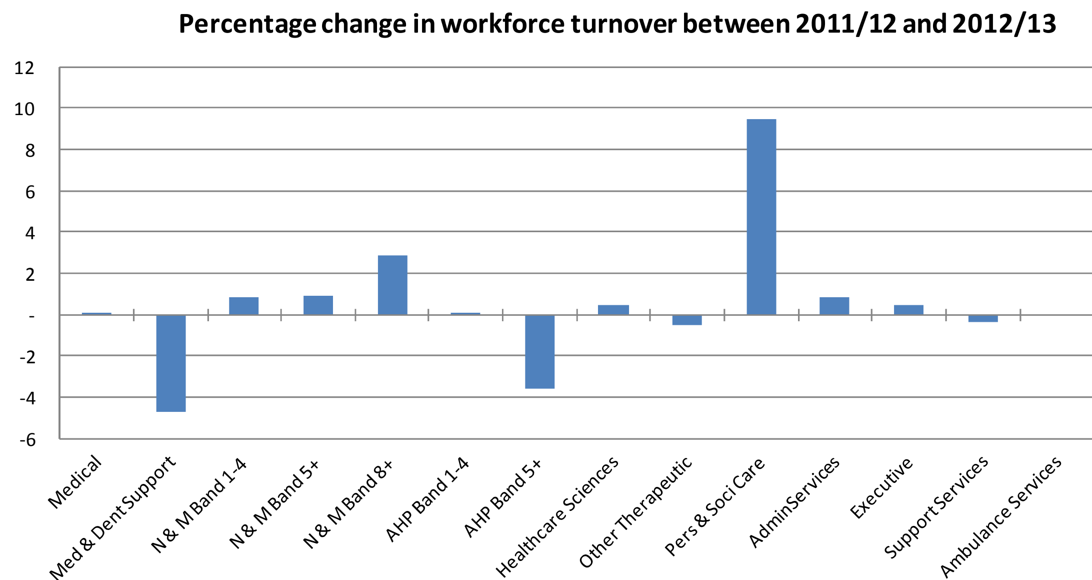
Since the onset of the global economic crisis staff turnover had reduced significantly as individuals chose to remain for financial reasons or as a result of the reduction in vacancies within healthcare and all other sectors. However in 2013/14 staff turnover has increased in all job families with the exception of Medical and Medical and Dental support. The following figure demonstrates how this has changed between 2010 and 2014.

Figure 13 – Staff turnover by job family 2010 to 2014



As illustrated in the figure above the overall level of leavers has remained broadly constant overall in 2012-13, there has however been some notable increases and decreases within job families as detailed in the following figure.

Figure 14 – Percentage change in leavers between 2010/11, 2011/12 and 2012/13



Source – NHSL HR System

There continues to be a sufficient level of turnover to allow redeployment of individuals where required. However the redeployment of band 7 and above remains problematic due to low levels of turnover and the lower proportion of posts at this level.

The following figure provides a comparison of the reasons for leaving in 2010/11 and 2011/12.

Figure 15 - Reasons for leaving for all staff

	Leavers (Heads)				% of reasons why against total			
Reason description	10/11	11/12	12/13	13/14	10/11	11/12	12/13	13/14
Death in Service	16	8	14	19	1.0	0.5	0.5	0.9
Dismissal	46	46	54	48	2.9	2.7	2.7	2.4
Dismissal capability	25	18	19	13	1.6	1.1	1.1	0.6
End of fixed term contract	173	89	121	134	11.0	5.3	5.3	6.6
Ill health	49	50	52	41	3.1	3.0	3.0	2.0
New employment with NHS outwith Scotland	58	41	60	86	3.7	2.5	2.5	4.3
New employment with NHS within Scotland	116	119	199	287	7.4	7.1	7.1	14.2
Non Occupational illness	2	5	3	5	0.1	0.3	0.3	0.2
Other	357	513	240	275	22.7	30.7	30.7	13.6
Pregnancy	6	4	2	2	0.4	0.2	0.2	0.1
Redundancy voluntary	-	19	31	15	-	1.1	1.1	0.7
Retirement - age	206	262	397	337	13.1	15.7	15.7	16.7
Retirement other	34	33	53	64	2.2	2.0	2.0	3.2
Voluntary Early retirement - acturial reduction	17	13	39	31	1.1	0.8	0.8	1.5
Voluntary Early retirement - no acturial reduction	5	7	3		0.3	0.4	0.4	-
Voluntary resignation - lack of opportunity	7	10	10	11	0.4	0.6	0.6	0.5
Voluntary resignation - lateral move	35	27	36	57	2.2	1.6	1.6	2.8
Voluntary resignation - other	398	394	456	552	25.3	23.6	23.6	27.3
Voluntary resignation - promotion	26	15	25	44	1.6	0.9	0.9	2.2
Grand Total	**1,576**	**1,673**	**1,814**	**2,021**				

Source – NHSL HR System

The overall number of leavers has increased by 207(11%), with the largest areas as highlighted in the table above. The number of individuals leaving as a result of age retiral has decreased by 60 (15%) between 2012/13 and 2013/14, there has also been a decrease in staff opting to retire early voluntarily on a reduced pension. Whilst these levels have reduced on 2012/13 they remain substantially higher than 2010/11 and 2011/12. However it is difficult to draw any strong conclusions given 275 have been coded as ‘other’. In 2015 staff will have a further opportunity to reconsider their pension arrangements as part of a rerun of the pension choices exercise where staff can chose to keep their service within the final salary scheme with a normal retrial age of 60 or transfer to the 2008 career average scheme with a normal retrial age of 65. This will be followed up with the introduction of the 2015 career average scheme, which all scheme members will be compelled to join unless they are within 10 years of their normal retrial age. These changes

will inevitably mean staff will consider their personal retiral circumstances and as such there may be changes to historic patterns.

3.4 Sustainability of small non-medical specialist services

There are a number of small non-medical specialist services where workforce supply issues can have a direct impact on the provision of clinical services. The workforces within these areas can have a disproportionate impact.

Initial local priority areas identified include; Oncology Medical Physics, Medical Physics and Clinical Perfusionists. There are also a number of small areas where there are insufficient/no training programmes in Scotland and low turnover which means that when gaps do arise they can be very difficult to fill.

Lothian in conjunction with SEAT prepared a detailed profile of the Radiotherapy and Oncology Medical Physics workforce highlighting key workforce challenges including a workforce risk assessment. This work has been used to influence national planning through highlighting the pressing need in radiation-based clinical technologist specialities. (e.g radiotherapy, radiation engineering, health physics, nuclear medicine). This has been responded to positively by the Scottish Government with funding being provided for a supernumerary cohort of 6 clinical technologists commencing in the 2014/15 financial year.

The Scottish Government is currently consider how to take forward planning for perfursionists at a national level. Training accreditation in Lothian has been restored and a trainee has commenced however a national approach is required to sustainability in the medium to long term.

Workforce pressures have also been identified within rehabilitation services where there are difficulties in recruiting to engineering posts along with an ageing workforce and areas of single handed practice.

3.5 Rebalancing the workforce

Service provision within both Clinical and Non-clinical environments is constantly evolving with the adoption of new practice and the introduction of modern technologies. It is important that the balance within the workforce is also reflected on to ensure that service is provided by the most appropriate level and that senior clinical staff spend as large a proportion of time as possible carrying out direct patient care.

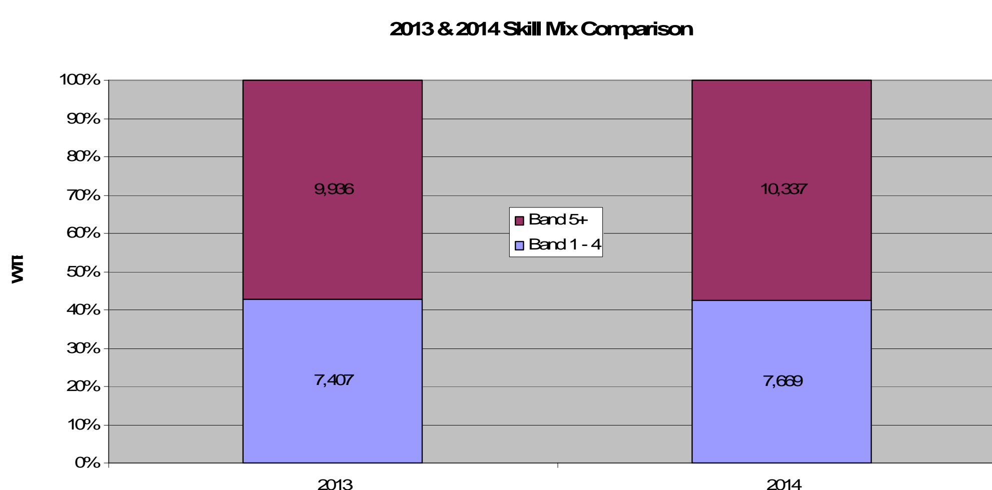
The Skills Maximisation Toolkit (NES, 2010) set out a robust process for reviewing patient journeys and the roles that different members of the allied healthcare professions team could and should undertake. It sets out how areas can look at the skill mix they deploy to ensure that each level within the team is maximising the contribution of there unique skill set. There are a range of similar approaches that have been undertaken within the differing

areas of the workforce and the use of professionally developed tools to support the process as part of the NMAHP workload and workforce planning tools rollout.

Whilst the overall skill mix within the workforce (excluding medical staff) is relatively balanced in the B5+ workforce there would appear to be less opportunities for band 1 to 4 staff with the majority on band 2 as detailed in the following figure. This has implications in the medium to long term as competition returns to the Lothian employment market.

Skill mix as with previous years has remained relatively static

Figure 16 - Overall Workforce Skill mix



Source – NHSL HR System

Within this overall picture there are also marked differences between job families. The following figure details the skill mix within all job families.

Figure 17 – Workforce skill mix (March 2014)

Mar-14

Band	Medical & Dental Support	Nursing & Midwifery	AHP	Healthcare Sciences	Other Therapeutic	Personal & Social Care	Administrative Services	Support Services	Overall
Band 1-4 wte	167	2,816	239	186	103	2	2,175	1,982	7,669
Band 1-4 %	68	28	16	24	19	3	77	95	43
Band 5+ wte	80	7,175	1,256	588	436	54	650	98	10,337
Band 5+ %	32	72	84	76	81	97	23	5	57
Grand Total	**247**	**9,991**	**1,495**	**774**	**539**	**55**	**2,825**	**2,080**	**18,006**

Whilst in the last two years there has been a substantial increase in the clinical workforce there are medium to long terms challenges associated with the ageing of the workforce and a working age population that will either stay the same or contract. There is a need to consider a widening of the traditional

workforce supply channels and the provision of more opportunities for movement between the registered and non-registered workforces.

Service provision within both the clinical and non-clinical environments is constantly evolving with the adoption of new practice and the introduction of modern technologies. It is important that the balance within the workforce is also reviewed to ensure that service is provided by the most appropriate level and that senior clinical staff spend as large a proportion of time as possible carrying out direct patient care.

To ensure appropriate balance within the workforce all services have been asked to review their current workforce profile and ensure it is appropriate both in terms of skill mix and affordability. The Human Resources Strategy is clear in that if we want to maintain the same level of staff we need to rebalance our skill mix by developing the Band 1 to 4 workforce and by providing a career structure for unregistered staff. To give some context to this review modelling work has been carried out to look at what a reduction of one in six agenda for change posts by one band would do in regard to costs whilst maintain the save level of staffing overall. This modelling showed that this could a reduce costs by approximately £17.5m over 2 years, The time scale recognises staff turnover and training lead in times. An illustration of how this may look is illustrated below

Figure 18 – Current Workforce Profile

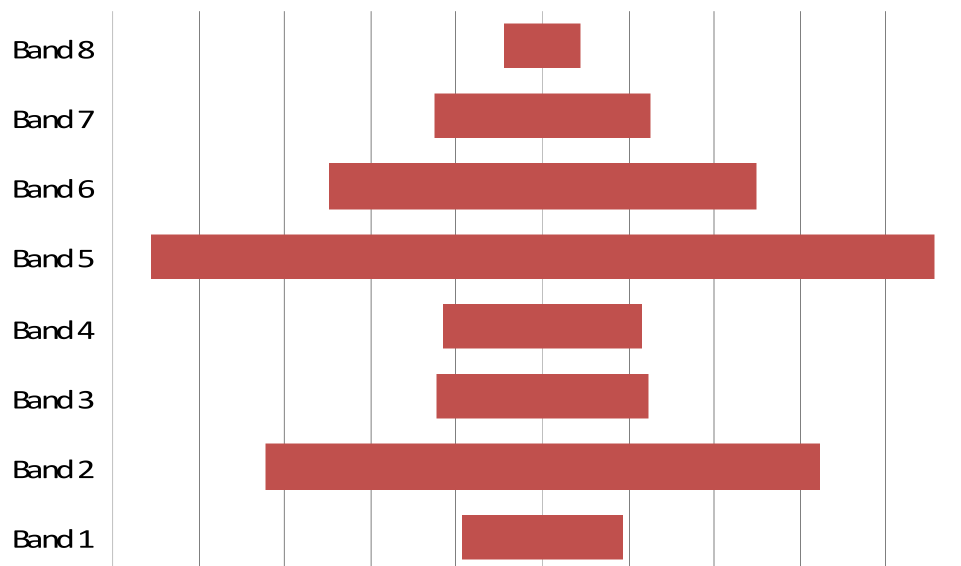
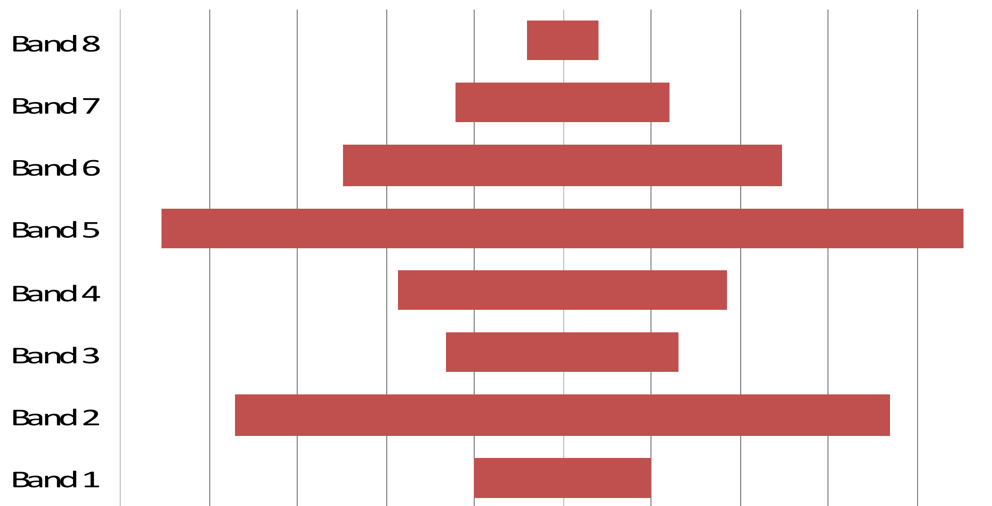


Figure 19 – Reduction of 1 in 6 AfC posts by 1 band



This modelling has provided an indication of the extent of workforce change that would be required to produce the necessary level of savings. It is however not definitive and services will require to identify an appropriate balance to reflect the needs of their service ensuring that it is sustainable appropriate, achievable and affordable within their services and meets the objectives within the clinical strategy.

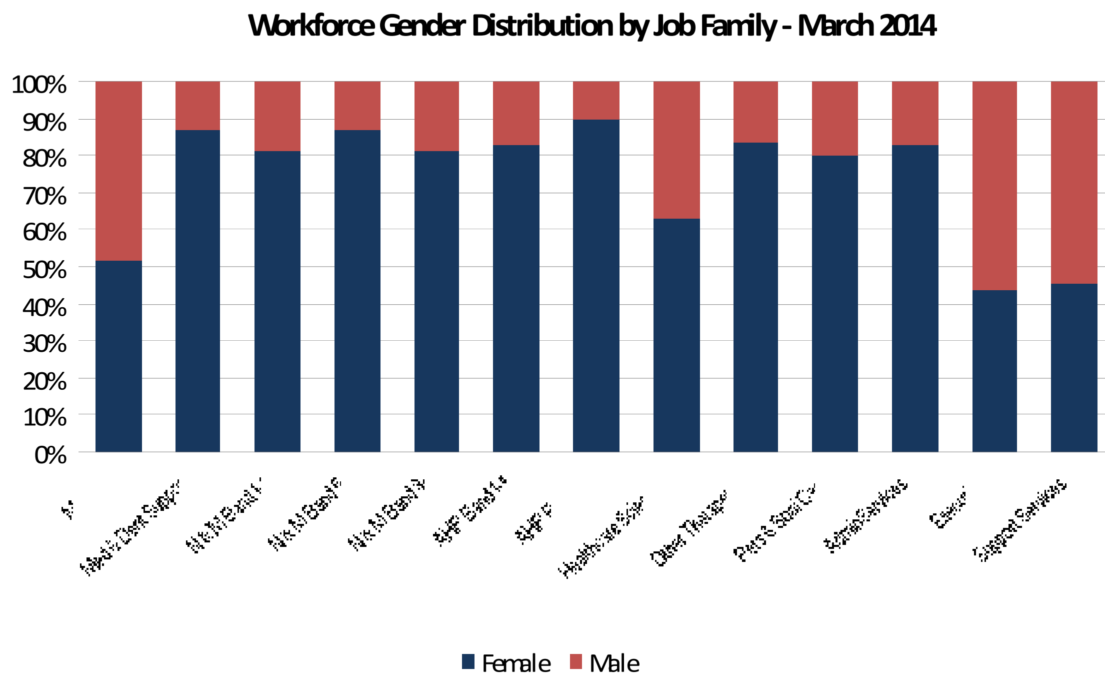
The Director of Human Resources and Organisational Development and his team will be working in partnership with staff organisations and clinical managers in the development of plans within each business unit to assist the implementation of local plans ensuring that workforce training development requirements are met to provide sufficient capability and capacity.

In addition to the rebalancing of the workforce, Services will need to revisit their workforce model in order to ensure that it can deliver the Clinical Strategy and this may require the service to significantly redesign their staffing model and look at developing new roles, streamlining working practices and implantation of a 24/7 workforce, these factors will have to also be accommodated within local workforce plans.

3.6 Work Patterns and Gender Profiles

The gender distribution within the workforce is female (76%) to male (24%), there are however significant differences within our workforce. The following figure details the gender split by job family.

Figure 20 – Gender distribution by job Family



Source – NHSL HR System

It is clear that within the non clinical areas there is a relatively similar gender ratio; however within the clinical workforce all areas of the workforce with the exception of medical are predominantly female. The picture within the clinical workforce has been relatively consistent of many years and therefore working patterns have a long standing tradition of flexible working patterns. However the feminisation within the medical workforce is a relatively recent phenomenon and has seen the proportion of female trainees increase from 35% in 1975 to 61% in recent years. The majority of the overall medical workforce in Lothian is now female (52%), reflecting trends internationally within developed nations. Within the training grade medical workforce this change has led to increasing levels of trainees going out of programme on maternity leave which is causing difficulties in certain specialties such as paediatrics as it is difficult to fill maternity leave gaps.

3.7 Medical Workforce Risk Assessment

The combination of the reduction in trainee numbers, EWTR implementation and New Deal compliance has resulted in pressure on rotas. Whilst the vast majority of rotas are compliant there is a narrow margin and the loss of even one trainee can make a rota non-compliant. As a result there is still pressure on a number of specialty rotas. Work is underway to look at actively reducing the number of rotas where possible, however specialty rotas are sometimes required as they support complex services.

These pressures have been building at a UK, Scottish, Regional and Local level and are leading to risks of losing service sustainability. In 2013 the

Boards within South East And Tayside (SEAT) Planning Group rolled out a process for assessing the level of risk within the medical workforce.
Within Lothian this has been applied to specialties to highlight both the highest rated risks and also services with the highest levels of risk. Detail has been provided to the Board on a regular basis around the areas of risk and the action underway to address risks. The risk assessment process is also being rerun across all specialties in order to ensure any new risk and changes to the levels of risk are identified.

A Lothian Medical Workforce Group has also been established to:

1. Develop a vision for the Medical Workforce that is integrated, safe and sustainable.
2. Oversee the medical workforce risk assessment process and develop actions to address key areas of risk.
3. Support services in planning sustainable medical workforce models that are both achievable and affordable.
4. Agree priorities and a work plan consistent with the delivery of the LDP, financial and other planning cycles.
5. Oversee the implementation of electric job planning within the trained medical workforce.
6. Take action to resolve local or national barriers to effective medical workforce planning.
7. Link as appropriate to SEAT medical workforce planning group, regional specialty groups and national workforce planning activities.

The solutions to pressures in a number of areas will require to be taken forward regionally to ensure sustainability and as such will require strong collaboration between Boards and the SE Deanery.

3.8 Promoting Attendance at Work

At a national level in 2013-14 there was an average sickness absence of 4.76%, this is equivalent to 6,538 wte and £244m across the NHS in Scotland. In addition to these costs a significant number of clinical roles require to be back filled where absence occurs and as such supplementary staffing is required

With the substantial financial pressures that all Boards are operating under Lothian has worked closely with Partnership representatives on reducing the levels of sickness absence. At the end of March 2014 sickness absence had increased slightly from 4.26% (2012-13) to 4.39% (2013-14). Despite this slight increase in sickness absence it remains significantly below national average and the average within other large boards.

Significant efforts continue to be made in maximising attendance at work through

- Comprehensive, detailed and accurate sickness absence reporting

- Local line management capability
- HR and partnership support for line managers
- Robust consistent process for managing poor attendance
- Extensive occupational health service, including counselling and staff physiotherapy service.

The pressure to meet the local 4% sickness absence standard will however become increasingly challenging as the workforce continues to age, given the direct correlation between age and the levels of sickness absence. With the increase in retrial age to 68 within the next 10 years NHS organisations and their occupational health services will need plan to ensure support is available for staff.

3.9 Socially Responsible Recruitment

NHS Lothian is involved in supporting a range of different socially excluded groups, recognising that employability is one way that NHS Lothian can help individuals move out of this situation. This is done in a range of different ways and also involves cross-organisation working as well as links to groups within local authorities who are focussed on the same purpose. NHSL is closely involved in the following areas:

- Supporting School Visits - the employability team talk about different careers and also to support employability initiatives through helping mock interviews, careers events and raising awareness of what is involved in thinking about careers and applying for jobs.

- Working with Further Education (FE) Colleges and Higher Education (HE) Institutes – this includes supporting courses aimed at supporting those with specific needs (e.g. Pathways – Get Fit Get Healthy Move On programme – for those with Learning Disabilities).

- Developing supporting networks through new services – The WORKS is an NHS Lothian vocational rehabilitation service for people living in Edinburgh who are currently supported by a Community Mental Health Team.

- Based on evidence which identifies that being in employment reduces the chances of re-offending, NHS Lothian is working on a proposal with the Scottish Prison Service to support offenders gain either relevant skills and experience to help achieve employability once released from prison or indeed to support them into employment within NHS Lothian. This would be done via placements.

- Involvement in cross-organisation partnerships – specifically these are with the different local authorities within the NHS Lothian area (including City of Edinburgh' Council's Joined Up for Jobs Strategy Group and Midlothian Council's Employment Action Network (MEAN).

- Access To Industry provides access to education and employment for disadvantaged and excluded people. NHS Lothian provides work experience placement opportunities for participants of Access to Industry's Passport and Transition projects, as well as to participants completing The LEAP Programme in partnership with Transition.

- Jobcentre Plus Work Experience – available to 18 to 25 year olds, this offers work experience to those who have been claiming jobseeker's allowance for 13 weeks and involves 2 to 8 weeks of work experience.

- Moving Intowork provides employment consultancy and support services within Edinburgh and Lothian to people with an Acquired Brain Injury and Asperger Syndrome. Moving Intowork's goal is to support equality of opportunity to enhance lives and help progress towards employment and social and economic inclusion. NHS Lothian supports students as and when required.

- Work Training Project - Occupational Therapy Rehabilitation Unit (OTRU) is part of NHS Lothian and provides placement support for people with mental health problems to get back into a working environment.

NHSL is also committed to providing youth employment opportunities (16 to 24) and is involved in the following areas:

- **NHS Lothian Internships** – Aimed at individuals who have left school over the past 2 years, these 6 month contracts provide work experience (undertaken within a funded post), a number of planned training days (covering communication, team building etc) and access to all internal vacancies. With support from the employability team, the training department and managers, the interns are given a range of opportunities to be able to demonstrate that they are capable of being appointed into substantive posts at the end of the period.

- **Barnardos** – links have been made with the Edinburgh and West Lothian teams of Barnardos to support individuals through an initial 8 week placement (when they continue to be on benefits) followed by a paid 13 week placement (funded by NHS Lothian).

- **The JET Programme** - is a partnership agreement between NHS Lothian and South Edinburgh Partnership to deliver work based learning. The purpose of the programme is to provide S4 school leavers with skills to aid their move into employment and to promote NHS Lothian as an employer of choice.

- **Programme for Alternative Vocational Education (PAVE)** - is for students in S4/5 of secondary school education, who would like to develop the personal, social, vocational and employability skills, which are required when moving from school to the world of work.

- **One Week Work Experience** - placements for secondary year 4, 5 and 6 pupils seeking experience for their chosen career path. NHS Lothian places, on average, 630 individuals each year.

- **Medic Insight** - provides S5 students in Edinburgh and Lothian considering a career in Medicine with a structured and varied week of work experience providing a well-rounded, dynamic and unbiased glimpse into their potential future career.

- **Facilities Academy –** a joint venture between NHS Lothian, Edinburgh College, City of Edinburgh Council and East Lothian Council. There is also further experience on the Staff Bank as well as relevant qualifications, through Edinburgh College.

NHS Lothian also has its own Healthcare Academy which helps unemployed people be one step closer to employment. The educational support provided by NHS Lothian is aimed to support new staff into the organisation (including those in the 16 – 24 year old youth employability category) as well as existing staff of any age.

As a result of a review held in 2012, the following developments were agreed and have either been implemented or are in the process of being introduced with regard to further development of the education strategy:

- **Healthcare Academy** – the previous 6 week pre-employment course, locally delivered has been replaced by a 13 week programme delivered in partnership with City of Edinburgh Council, Skills Development Scotland and the Edinburgh College.

- **Schools Senior Phase Health and Social Care Academy** – developed in partnership with CEC Education and Social Care with the Edinburgh College and piloting from August 2013. This will provide a tailored course for young people at S4/S5 and S6 who are interested in working within Health and Social Care. It provides young people with employability skills and contains accredited SQA awards within it.

- **Pre-employment Academy for Clinical HCSW roles** – in conjunction with Edinburgh College, this provides a national Certificate in Health and Social Care in a pre-employment year with an accredited national award and guaranteed jobs in NHS Lothian.

- **HNC Care and Administration plus Professional Development Awards in Children's services, Maternity and Adult Community Services** – commenced in September 2013 with the Edinburgh College. The PDAs have been developed in partnership with SQA. Joint training with pre registration student nurses is being scoped for PDA delivery.

- **SVQ Pathways at level 2 and 3 -** A project to map NHS Scotland Induction Standards to SVQ core units has been completed to enable recognition of prior learning for staff in Bands 1-4.

- **Joint health and social care support worker training** in CEC and West Lothian is ongoing.

4 Workforce Demand

The changing size and composition of the population is the overarching driver for change in both the services and the workforce which provides them. As detailed in Section 2, NHS Lothian faces the challenge of both a growing and ageing population. This growth in conjunction with Treatment Time Guarantees increases the requirement for capacity within services and their workforces. This will require a constant focus on developing innovative approaches to service provision to enhance the productivity, efficiency and quality of services.

Over recent years there have been additional resources for investment in services affected by population pressures through the National Resource Allocation Committee (NRAC) funding formula. It had been anticipated that this would continue however following an update to the population and deprivation aspects of the formula NHS Lothian's relative position has changed. Consequently the level of funding in 2014/15 was less than planned and is anticipated to again be lower in 2015/16.

The following section sets out the key drivers for workforce demand and the extent of anticipated workforce change in 2014/15.

4.1 Scheduled Care

As part of the process to determine the required level of capacity NHSL has worked closely with the Scottish Government QUEST Team in using the DCAQ capacity planning tool to determine workforce requirements. These have then been considered by the Waiting Times Group for funding.

The following figure details the investments that have been supported and are being filled in 2013/14.

Figure 21 – Investment in Scheduled Care workforce by job family and Band

Service	Band 2	Band 3	Band 4	Band 5	Band 6	Band 7	Band 8A	Band 8B	Consultant	Consultant	Specialty Doctor	Grand Total
Anaesthetics & Theatres	7.32			21.59		5.14			2.24	2.43		38.73
Audiology				1.50								1.50
Dietetics						0.25						0.25
ENT	5.02		1.50	4.89	1.00					3.00		15.41
Gastroenterology	2.00					1.00	1.00		1.00			5.00
Health Records	1.75	0.30	5.50	1.00								8.55
HSDU		6.00										6.00
Medical Photography				3.40								3.40
Neurophysiology						0.35						0.35
OMFS	0.50		0.50							1.00		2.00
Ophthalmology	9.90	0.50	1.60	9.30	1.00	1.50		1.00	2.45			27.25
Optometry					1.10							1.10
Orthopaedics									1.00			1.00
Orthoptics					1.00							1.00
Paed ENT	0.50		0.50	1.20					1.10			3.30
Paed Ortho											1.00	1.00
Physiotherapy					1.00							1.00
Plastics	1.40	1.50		0.64					3.00			6.54
Rheumatology			1.00						1.00			2.00
Speech & Language Therapy						0.25						0.25
Grand Total	28.39	8.30	10.60	39.97	5.10	6.70	1.00	1.00	11.79	6.43	1.00	125.62

4.2 Unscheduled Care

As set out in section 1.4 managing the growing pressures on unscheduled care associated with a growing and aging population is a key priority both nationally and locally. As part of the nationally led planning process NHS Lothian has developed a Lothian Unscheduled Care Action Plan which sets out detailed performance measures for service provision and the investments in the workforce that will be made in 2013/14 to sustain and enhance services.

These investments are aimed at:

- Assuring effective and safe care 24/7
- Developing the primary care services
- Improving flow into, within and out of Acute Hospitals
- Making the community the right place

The investments that have been made are a mixture of funding for existing posts that had been funded on a short term basis and new posts. The following figure details these investments in the workforce by job family and band/grade within the individual work streams.

Figure 22 – Investment in Unscheduled Care workforce by job family and Band

Band/Grade	A&C	Medical	Nursing	AHP	Other therapeutic	Total
1						
2			8.40			8.40
3						
4	3.25					3.25
5			22.72	6.20		28.92
6			3.54	1.00		4.54
7			4.60	5.50	0.50	10.60
8+						
Trained Doctor		14.90				14.90
Grand Total	3.25	14.90	39.26	12.70	0.50	70.61

NHS Lothian is undertaking a fundamental review of unscheduled care including reviewing hospital and service models to identify a range of key actions that will support changes to the way services are delivered. Aligned to these changes there is also a focus on a review of stroke services across Lothian from acute admission /presentation through to rehabilitation and discharge home. The aim is to improve the quality and sustainability of specialist hospital services for stroke patients. A series of workshops were held during May and June the outcomes of which will be used to support this work.

Ultimately the changes flowing from this review of unscheduled care will deliver a step change in the patient experience as well as in our level of performance.

Emerging Key issues include:

- Capacity Planning/ Bed Modelling
- Improving patient flow systems
- Downstream capacity and issue of delayed discharge
- Hospital and service redesign
- Winter/ surge capacity
- Developments across Primary and Health & Social Care settings

The unscheduled care workshops have generated substantial information and data. Work is in progress to turn this information into detailed plans for presentation to the Health Board in October 2014, including a revised LUCAP which addresses all the points noted in the Scottish Government's response letter dated 6th June 2014.

4.3 Local Reinvestment Plan – 10% reduction in corporate departments

Part of the funding for investments within clinical services will be achieved through the local reinvestment plan which focuses on making savings within both non-pay and pay expenditure. For the 2014/15 and 2015/16 financial years there is a target to reduce the workforce within central departments by 10%. The following table details indicative workforce reductions.

Baseline 31/03/14	2014/15 reduction	2015/16 reduction
1,549	77	74

4.4 Executive and Senior Managers Workforce Reductions

The Scottish Government set a national target to reduce Executive and Senior Managers by 25% between 31st March 2010 and 1st April 2015 and require boards to submit their progress as part of the annual projections process.

31st March 2011	31st March 2015	Overall reduction
174.5	132.5	24.1%

These figures also take into account of senior management staff paid on agenda for change terms and conditions.

4.5 Public Health Nursing Services – Future Focus

As highlighted in section 3.2 there are significant demographic pressure within the nursing workforce and in particular within the community. Across NHS Lothian the community nursing workforce is ageing – 46% are over 50 years of age. Based on the current age profile and the trends over the last 5 years, it is estimated that 55 WTE HVs could retire over the next 5 years – i.e. approximately 11 WTE/year. However, the impact of practitioners of 55 years of age deciding to retire prior to receiving their state pension because of concerns around changes in the NHS superannuation scheme cannot be predicted – so this number may be an underestimate. The numbers of school nurses are small, but share a similar age profile. There continue to be unfilled vacancies in Health Visiting across Lothian (and across Scotland) with recruitment being extended to NHS England.

There are also very significant capacity pressures with the population that is forecast to both grow and age substantially.

Within children (0-15 years) an increases of 6% between 2012 and 2015 and 11% between 2012 and 2020 are forecast. These increases will inevitably impact on the caseloads of Health Visitors, the following figure provides a indicative increase in requirement assuming a direct link between population growth and caseload.

0 to 15 Population growth up to 2020

Total Population	58,774
1% growth	588
GRO forecast 11% growth	5,343
Average case load	350
Additional wte required	15

The implications of the Children and Young People (Scotland) Bill will also have a requirement for additional health visitors as part of a statutory requirement that all preschool age children have a named person and that the role of the named person is exercised accordingly. An initial estimate has been that this equates to approximately 49 more health visitors. As the further details emerge and implementation planning commences this figure may change.

In response to these pressures funding for an additional 10 nurses to undertake HV training for 2014/15 has been provided. This is in addition to the recurrent funding for 6 staff to undertake the training currently.

A review will also be undertaken into the sustainability of the district nursing workforce to identify any potential gap in workforce capacity.

4.6 Non Medical Workforce Solutions

The development and utilisation of non medical staff has the potential to alleviate some of the medical workforce pressures. Examples to date include:

- Advanced Critical Care Nurse Practitioners enabling :
  - Replacement for doctors of the medical rota
  - Retention of experienced nurses in a clinical role
  - More efficient treatment planning
  - Ability to undertake procedures

- Consultant Podiatrist able to:
  - Operate as an autonomous practitioner
  - Undertake 70% of current range of foot surgery
  - Operate at 50% of the cost of the medical workforce alternative

There are however difficulties associated with such roles in other areas, these include:

- Difficulties in changing service model i.e. Neonatal/Maternity services.
- Resistance from existing workforce to change workforce roles and responsibilities
- Significant lead time, double running costs and developing new career paths i.e. potential to be seen as a career ‘cul de sac’.

Whilst these are senior non-medical roles there is also the potential for technical roles such within nursing section where capacity can be released, through training non-registered staff to:

- Cannulate
- Take blood samples
- Run ECG’s
- Catheterise

There is also the opportunity to maximise the potential within the existing workforce, ensuring that where staff have the knowledge and skills to undertake activity currently undertaken by the medical workforce they are encouraged to do so. In areas such as Radiology there are radiographers suitably trained to undertake reporting of plain film x-rays.

There is a need to share the learning more from areas such as critical care where non medical solutions have been developed and implemented. Solutions need to be replacements for medical staff not another level of staff requiring supervision.

The medical workforce risk assessment process has shown that most specialties do not have a non-medical replacement alternative. In areas such as Critical Care advanced practitioners have been developed and are now replacing registrars on senior rotas and operating at a comparable level at a comparable level of productivity.

4.7 Learning and Development Strategy

Central to ensuring that there are the right number of staff with the right skills in the right place at the right time is the learning and development strategy. The NHS Lothian Learning and Development Strategy 2014 to 2016 has been developed following engagement with approximately 1276 staff across the organisation. This development process has highlighted the following key education and training challenges:

Values into Action - an implementation plan is in place that sets out how we will take forward embedding our values, together with local partnership forums, to make them meaningful to our workforce across all levels of the organisation.

Re-shaping the Workforce - achieving the right skills mix across the workforce will enable us to maximise direct patient care and deliver services more efficiently and effectively. The Skills Maximisation Toolkit (NES, 2010) is one of a number of approaches employed in NHS Lothian to ensure we get the right mix. There are opportunities to develop and use the skills of many staff groups and professional disciplines more effectively. The development of advanced practice roles and the Maternity Care Support Worker roles are proving instrumental in responding to these changes. This area is crucially important if we wish to improve efficiency across the service and maximise on our use of resources.

Reviewing Mandatory Training – a Steering Group was set up in summer 2013 to review corporate induction and mandatory training across the organisation. The aim is to make clear what is mandatory for staff groups, agree flexible approaches to accessing the training, increase capacity and flexibility to address peaks and troughs in recruitment in order to improve flow at corporate induction, and implement an effective overall system for monitoring and reporting of compliance.

Health and Social Care Integration – health and social care integration is a key theme which will require further work with our stakeholders to identify the detailed education, training and workforce development needs for the future. Further restructuring and opportunities to pool resources, knowledge and skills will take place as NHS Lothian and its partners consider the implications of the Governments integration agenda.

Quality Strategy – there is currently an extensive and integrated network of Quality Improvement Teams and well established programmes that support patient safety, clinical skills, healthcare associated infection (HAI) and person-centred education programmes. NHS Lothian will continue to play a pivotal role in the *Scottish Patient Safety Programme* (SPSP) and the development of quality improvement capability and capacity across the system through collaborative working with relevant teams and development programmes offered through NES.

Leadership and Management - leadership and cultural change is central to *the Quality Strategy* and the *20:20 Workforce Vision,* both within the NHS, across health and social care, and in the context of public service reform. Management development is also crucial to developing an effective workforce able to respond to the challenge of health and social care integration. Consequently there will be an on-going focus on:

- continuing professional development
- a development programme that supports managers to manage change
- online community networks, development networks and establishing a Leadership and Management Development Framework (Appendix 3) able to support the needs of those who lead and manage staff.

Workforce and Population Profile Changes – given the changes in the population detailed in section 2.1 and within the workforce as detailed in section 3.2 there is a need to be pro-active in developing pathways into employment and increase the retention of our existing workforce in order to address potential employment and skills shortages.

Knowledge into Action – The Knowledge into Action Review was commissioned by Healthcare Improvement Scotland and NHS Education for Scotland to help align the use of knowledge in NHSScotland with the aims of the Quality Strategy. It proposes a vision of a network of knowledge brokers, integrated with improvement and clinical teams. Such an arrangement would deliver support for evidence-based approaches which have a direct impact on clinical care at the frontline, and which underpin the efforts of NHS organisations and their partners to plan and deliver services based on safety, effectiveness, and better experience for patients, users and carers.

In order to respond to these challenges the following core actions that are common across professional groups / directorates have been agreed. These are detailed aligned with the national workforce 2020 vision priority actions for 2014/15 in action plan in Section 5:

Core 1: **NHS Lothian Values**
We will promote and model NHS Lothian values in our daily working practices and integrate them into all our education and training activity where possible to improve the experience of patients, staff and visitors.

Core 2: **Mandatory Training**
We will take measures to ensure that staff fulfil the mandatory training needs required of them by the organisation in a way that is meaningful to ensure patient, staff and visitor safety. This must include Health Acquired Infection (HAI) training.

Core 3: **Leadership & Management Development**
We will ensure that staff with line management responsibilities are appropriated trained and supported in their role and are able to apply the necessary knowledge, skills and behaviours required of them.

Core 4: **Personal Development Planning and Review**
We will actively engage in the appropriate appraisal / development review system to ensure that staff are engaged with organisational objectives, equipped to fulfil their roles and are safe and effective to practice.

Core 5: **Staff in Bands 1-4**
We will support the development of staff in bands 1-4 to ensure that equitable and realistic opportunities exists to access education and training with the possibility to advance their careers based on ability, ambition and experiential learning.

Core 6: **Investors in People**
We will build on the solid foundation for good practice in the way that we manage and develop staff as evidenced by our continued work to embed the Investors in People standard.

There is a detailed action plan setting out detailed actions within each of these core areas within each job family.

Section 5: Action Plan

As detailed within this plan there are a wide range of workforce demand and supply pressures that need to be planned for. The following section sets out the actions that are being taken forward to

Issue	Action	Lead	Timescale
Workforce 2020 Vision Priority Actions		Director of HR & OD	dsf
Developing and sustaining a healthy organisational culture to create the conditions for high	We will promote and model NHS Lothian values in our daily working practices and integrate them into all our education and training activity	Director of HR & OD	

quality health and social care.	where possible to improve the experience of patients, staff and visitors		
Changing the health workforce to match new ways of delivering services and new ways of working; ensuring that people with the right skills, in the right numbers, are in the right jobs; promoting the health and well-being of the existing workforce and preparing them to meet future service needs.	We will support the development of staff in bands 1-4 to ensure that equitable and realistic opportunities exists to access education and training with the possibility to advance their careers based on ability, ambition and experiential learning.	Director of HR & OD/Head of Learning and Development	
Ensuring that all staff are appropriately trained and have access to learning and development to support the Quality Ambitions and 2020 Vision for Health and Social Care.	The focus this year is on ensuring that development reviews/appraisals are meaningful, providing fair access to learning and development for support staff, and building capacity and capability to improve the quality of what we do. We will actively engage in the appropriate appraisal / development review system to ensure that staff are engaged with organisational objectives, equipped to fulfil their roles and are safe and effective to practice. Continue to embed the Investors in People standard.	Director of HR & OD/Head of Learning and Development	
Ensuring that managers and leaders are valued, supported and developed.	The focus this year is on supporting and developing line managers, particularly their people skills. We will ensure that staff with line management responsibilities are	Director of HR & OD/Head of Learning and Development	

	appropriated trained and supported in their role and are able to apply the necessary knowledge, skills and behaviours required of them.		
Strengthening workforce planning.	Provide an overview of 6 step workforce planning methodology and workforce redesign methodologies. Support service areas in the development of local workforce plans through the provision of information, advice and support. Support service areas and professional leads in the development of new roles and ways of working required to address pressures/risks within the workforce.	Director of HR & OD Head of Workforce Planning Head of Learning and Development	2014 - 15
HR&OD - Socially Responsible Recruitment initiatives	In light of emerging demographic patterns and pressures, support and engage in the roll out of new models of employment such as Modern Apprenticeship programmes that meet NHS Lothian's wider social responsibilities that in turn ensures effective succession planning and service delivery.	HR Director Head of Resourcing	Ongoing
Regional approach to medical workforce planning and role development	In line with national policy/ actions, continue to engage with all parties in managing workforce supply issues across individual specialty/ service areas.	HR Director/ Medical Director/ Regional Workforce Director/ Workforce Planning Team	Ongoing
Integration of Health & Social Care	Assist at a National and local level in supporting the health	Associate Workforce	From July

	and social care integration agenda through a review of current data reporting and workforce statistics. Initial areas of focus would include Medicine for the Elderly and Children's Services.	Director/ Workforce Planning Team	2012 onwards
Implement the NHS Lothian Learning and Development Strategy 2014 to 2016	Implement The NHS Lothian Learning and Development Strategy 2014 to 2016	Associate Workforce Director/ Workforce Modernisation Manager.	2013-15
Promoting Attendance at Work initiative.	As part of HR /OD Strategy, support line managers with accurate workforce data in the management of sickness absence and the achievement of NHS Lothian's sickness absence target of 3.5%.	Workforce Planning Team	Monthly Reporting
Medical Workforce Planning	Update the medical workforce risk assessments for all specialties. Detailed reporting of areas of Highest Risk. Establishment of a Medical Workforce Group to: • Assess and control supply and demand risks within both the trained and training grade workforces. • Enhance NHS Lothian's ability to recruit, develop and retain medical staff. • Maximise medical workforce efficiency and productivity • Ensure integration with workforce planning, training and education opportunities for non-	Medical Director/HR Director/Head of Workforce Planning	2014-15

	medic • Planning for changes in medical education that will arise from the Greenaway review		
Clinical Strategy	Support the emerging Clinical Strategy through an integrated approach aligning workforce planning needs within current and future budgetary requirements.	HR Director	2012-2020

Section 6: Implementation and Review

The monitoring process for each of the areas covered by this plan will vary.

Strategic Clinical Framework - The development of a detailed project plan by the end of March 2014 will provide a prioritised implementation timeframe for NHS Lothian's medium and long-term ambitions in the context of the NHS Scotland 2020 Vision. This plan will map out a prioritised plan including timescale and resource requirements for each of the individual workstreams. This will feed into the Strategic Planning Group, which will in turn feed into the NHS Lothian Board who will monitor progress.

Learning and Development – The implementation of the learning and development strategy which is currently being developed will be overseen by the Learning & Development Strategy Steering Group. The JMT, Board and Partnership will be asked to provide the necessary resources to support the strategy and will be kept informed of progress in implementation.

Efficiency & Productivity - The monitoring of progress against efficiency and productivity plans will take within the individual operating divisions, the NHS Lothian Efficiency and Productivity group and overall by the Corporate Management Team. Regular updates are also provided to the NHS Lothian Partnership Forum. The workforce planning team will monitor change on a monthly or quarterly basis.

Medical Workforce Supply – The medical workforce risk assessment process feeds into the Regional Medical Workforce Group and SEAT planning group and Lothian Medical Workforce Group. The Lothian group will support services in addressing workforce supply challenges through a combination of service review and planning at a Board level. There are also strong links with the SG Health Department who decide national policy in relation to medical training and supply planning.

Sustainability of small non-medical specialist Services – There is a national Short Life SG Working Group on small occupations which is developing a comprehensive picture of where there are these service exist. Locally there is a medical physics and rehabilitation working group, which is scoping current and future workforce requirements and the redesign required to ensure sustainability. This group links in with the Healthcare Science Workforce Group and the individual services who will review progress.

Generic Workforce Supply – the range of workforce supply areas such as demographic change, staff turnover and skill mix will be addressed at operating division level, corporate level and board level professional lead groups.

All significant changes to the workforce are discussed with the NHS Lothian partnership forum.