



# **NHS Lothian Workforce Plan**

## **2016/17**

Workforce Planning Department  
HR & OD Directorate  
Waverley Gate,  
Edinburgh

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## Introduction

This 2016-17 workforce plan update 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 2016/17 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 2016/17 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**

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 (NHSS) 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 2016-17 implementation plan builds on the actions in the first plan published in 2014-15 set out the following actions for Boards and the Scottish Government.

Organisation	Responsibilities
NHS Boards	<ul style="list-style-type: none"> <li>• Ensure that staff know their individual contribution is essential to making sure we achieve the workforce vision (healthy organisational culture)</li> <li>• Improve engagement using the iMatter staff experience model and other tools (healthy organisational culture)</li> <li>• Ensure appropriate arrangements are in place to support the health and well-being of staff (healthy organisational culture)</li> <li>• Ensure all staff are aware of health inequalities and act appropriately to respond to the life circumstances that affect people's health (capability)</li> <li>• Improve digital literacy skills among all staff, especially support workers (capability)</li> <li>• Recognise and support the role of carers in the delivery of healthcare (capability)</li> <li>• Manage workforce implications of new and emerging service delivery models and take appropriate action (sustainability)</li> <li>• Support implementation of the commitments in the Workforce Development and Support Plan and Organisational Development Plan within Integration Joint Boards(IJBs) (workforce to deliver integrated services)</li> <li>• Ensure that their workforce plan aligns with the workforce plans of IJBs (workforce to deliver integrated services)</li> <li>• Deliver work on the five leadership and management priorities (effective leadership and management)</li> </ul>
The Scottish Government	<ul style="list-style-type: none"> <li>• Explore use of iMatter among partner organisations (healthy organisational culture)</li> <li>• Promote greater understanding of health inequalities and actions the workforce can take to help tackle this (capability)</li> <li>• Work with stakeholders to agree a set of national standards for e-learning to develop and increase digital literacy skills to support a technology-enabled workforce (capability)</li> <li>• Develop strategic approaches to recruitment and retention, particularly in remote and rural locations, across primary and secondary care, including new and specialist roles and supporting people back into work (sustainability)</li> <li>• Support engagement across partner organisations to identify common workforce challenges and inform a Scotland-wide, integrated workforce plan, and develop common solutions and resources (workforce to deliver integrated services)</li> <li>• Work with partner organisations on common leadership and management issues (effective leadership and management)</li> </ul>

The table below gives an indicative timeline for Scottish Government and others to complete the new actions for 2016-17 and the actions carried forward from 2015-16.

The tables below show the actions continuing from 2015-16.

<b>Actions for Scottish Government and others</b>	2015-16	2016-17
<b>Healthy organisational culture</b>		
Provide organisational development support and tools to NHSScotland Boards		
<b>Sustainable workforce</b>		
Develop an integrated workforce planning approach across the wider workforce with other partners		
<b>Capable workforce</b>		
Provide ongoing investment in developing Quality Improvement capability across the workforce to meet the growing demand for these skills		
<b>Workforce to deliver integrated services</b>		
Develop a shared approach to Quality Improvement and skills development across health and social care		
<b>Effective leadership and management</b>		
Support the delivery of work on the five leadership and management priorities		

<b>Actions for Boards</b>	2015-16	2016-17
<b>Healthy organisational culture</b>		
Promote and recognise the behaviours of individuals and teams at all levels which reflect our values		
<b>Capable workforce</b>		
Ensure that everyone has a meaningful conversation about their performance, their development and career aspirations		
Develop the skills and behaviours required for working collaboratively and flexibly across primary and secondary care, and across health and social care		
<b>Effective leadership and management</b>		
Build leadership skills to lead/drive Quality Improvement		
Ensure leaders at all levels and in all professions have the skills to support the workforce through change.		

### 1.3 NHS Lothian's Strategic Plan

During 2013-14 NHS Lothian developed a draft Strategic Plan covering 2014 – 2024 to set out the strategy that will 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

For 2016/17, NHS Lothian's Corporate Objectives have been re-structured to mirror the 6 key strategic Improvement Priorities & Planning areas set out in NHSScotland 2016-17 Local Delivery Plan (LDP). The NHS Lothian Local Delivery plan 2016-17 sets out the detail of NHS Lothian's service, workforce and financial objectives and plans.

<http://www.nhslothian.scot.nhs.uk/OurOrganisation/KeyDocuments/Document s/NHS%20LOTHIAN%20LDP%202016-17%20-%20FINAL%20310516.pdf>

## **1.5 Financial Plan**

The financial outlook presented to the Board in December 2015 and Finance and Resources Committee in January 2016, set out a challenging financial position for 16/17. This is within the context of Lothian having the largest population increase across Scotland over the last year and a growing older population, who are presenting with more complex needs requiring community and hospital support.

The Board's Financial Plan for 2016/17 has been developed using a revised approach which aims to strengthen the link between business unit plans and delivery of financial balance through the development of individual forecasts and specific action plans at Business Unit level. The financial planning process has also sought to recognise the Board's changing role in relation to the preparation of budgets for Integrated Joint Boards. See section 2.4 for further details.

## **Section 2: Visioning the Future**

### **2.1 Scotland's Changing Population**

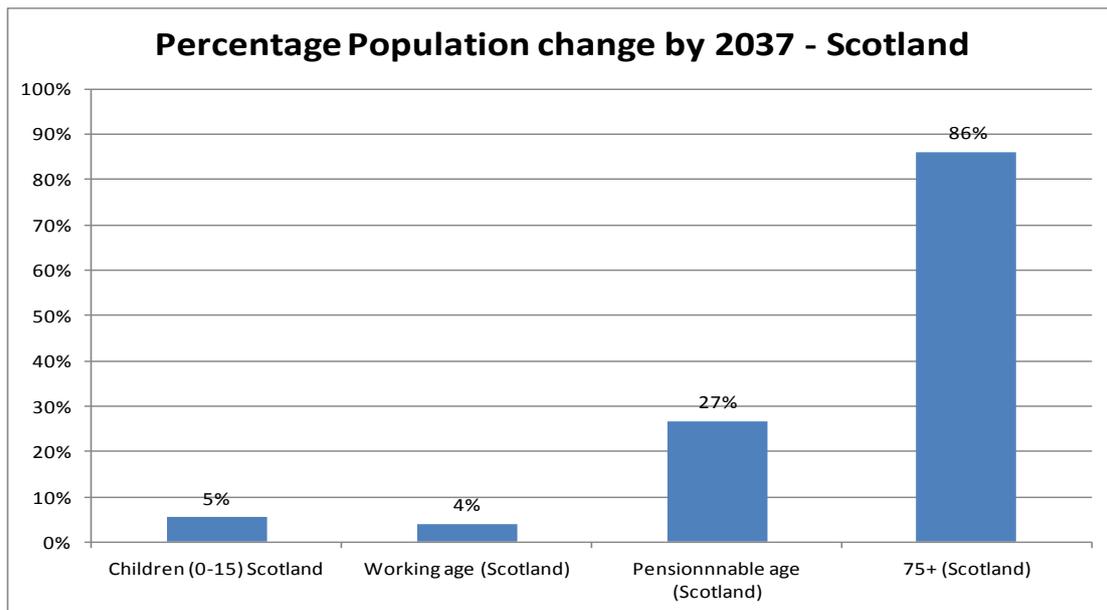
General Records Office Scotland (GROS) forecast that the growth in the population of Scotland will continue over the next 25 years. GROS project that the population will rise from 5.3 million in 2012 to 5.78 million in 2037, an increase of 467,000 c9% over the 25 year period.

However 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 9% 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.

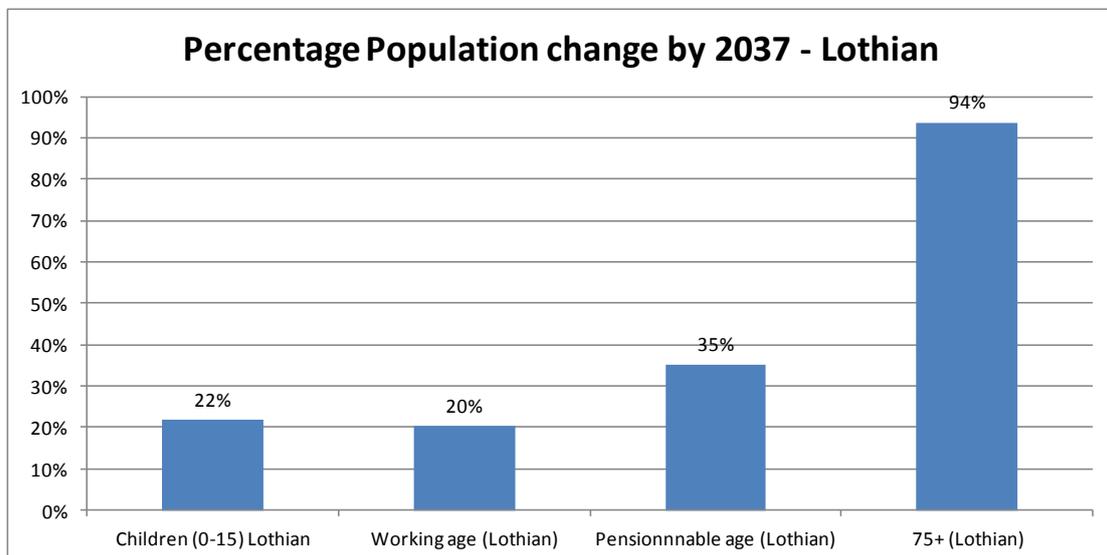
Figure 1 – Projected demographic change in Scotland by 2037



Source – GRO Scotland

NHS Lothian is projected to increase by 195,363 (23.2%) between 2012 and 2037, the largest increase in the population in Scotland. This increase will be 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 2037



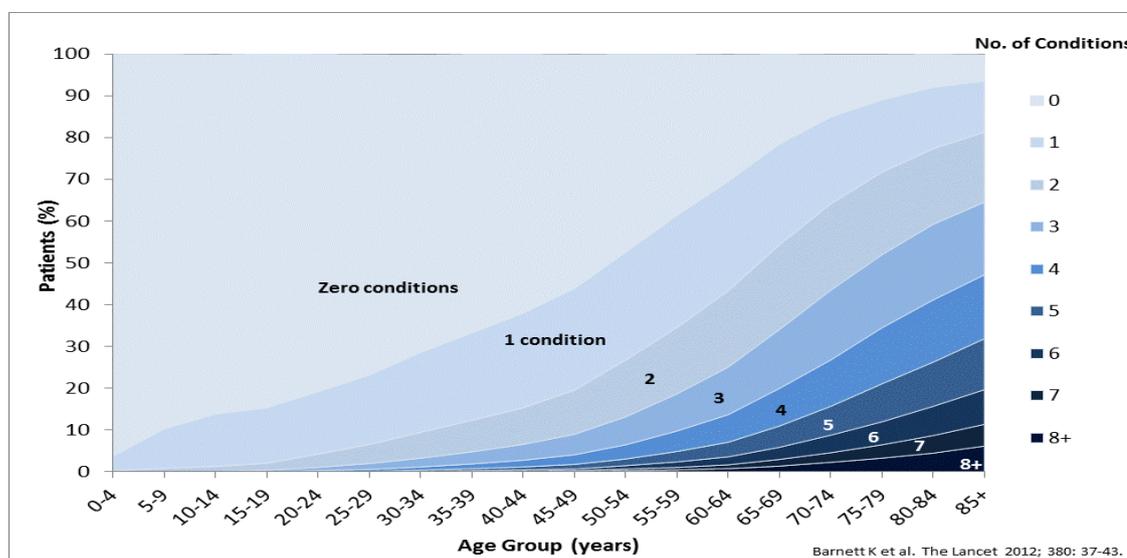
Source – GRO Scotland

This has significant implications for NHS Scotland and NHS Lothian. 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. The change will also have a significant impact on the workforce as detailed in section 3.2.

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<sup>1</sup>.
- Overall incidence of cancer is expected to increase by 1.4% per annum, equivalent to 1,000 additional new cases in a year<sup>2</sup>.
- The prevalence of dementia in the population is expected to increase by up to 70% in the next 20 years<sup>3</sup>.
- 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 disease. Similar proportions of children and young adults under the age of 19 years are thought to be obese<sup>4</sup>.

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

<sup>1</sup> Measuring Long Term Conditions in Scotland ISD 2008

<sup>2</sup> Cancer in Scotland Sustaining Change, Scottish Executive 2004

<sup>3</sup> Scottish Public Health Observatory 2011

<sup>4</sup> Impact of health behaviours and health interventions on demand & cost of NHS Services.

Burns, H

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.

The Plan reflects considerable activity across a wide range of work streams, leading towards a clearer articulation of the 2020 Vision. What has become clear, in the interim, is the scale of the challenge in seeking to deliver our strategic ambitions in the absence of a balanced financial position.

Work on implementing the strategy has concentrated on:-

- Finding innovative ways of delivering our strategic ambitions within a constrained financial position;
- Refining service models and identifying how current provision will need to be fundamentally reshaped to deliver the future;
- Prioritising the role of primary care and the immediate steps to address capacity challenges to support the shift in the balance of care;
- Agreeing the right 'footprint' for acute services, recognising the conflict of short-term expectations and longer term need in terms of meeting treatment time guarantees, the 4 hour waiting targets in A&E departments, delayed discharges and other performance targets;
- Reviewing and reorganising the workforce profile so that it is fit and sustainable to deliver the future.

A number of enabling strategies include:-

- The centrality of the Partnerships' Strategic Commissioning Plans, which will both inform and be informed by this plan but which also will progressively develop comprehensive local plans for each partnership that will replace some elements of this plan in the future;
- A robust and publically-defensible approach to improving efficiency and productivity, including the benchmarking of performance;
- A re-focused and energised system of clinical leadership to help identify solutions as well as to deliver change;
- A more rapid and systematic adoption of proven technologies together with encouragement of innovation;
- Development of processes designed to achieve financial sustainability.

## Pathway Redesign – Lothian House of Care

Within the original strategic plan four patient pathways, Sophie, Callum, Hannah and Scott were developed. Aligned to the development of these pathways the 'House of Care' was identified as a useful model of care during the Hannah patient pathway work being undertaken to inform the further development of the NHS Lothian's Strategic Plan. In addition, the Scottish Government offered Lothian funding to support early adoption of the 'House of Care'.

In October 2014, a paper was submitted to NHS Lothian Board recommending that the House of Care approach should be supported to establish a more person-centred and integrated model of care for people living with multiple long term conditions and others with complex care and support needs. The paper was endorsed by the Board. The specific recommendations of the NHS Lothian Board paper included:

- Establishing early adopter sites for the house of care approach, and;
- Working towards strategic coherence for the house of care approach.

The paper outlined actions which included establishing:

- A programme board and 3 work streams to oversee the strategic coherence;
- An operational group and a learning group to support early adopter sites

The 'House of Care' approach is also being considered by the four Integrated Joint Boards. Potential early adopter sites have been identified in each of the four areas and there are varying degrees of strategic endorsement. Nationally the approach has been endorsed by the Action Plan "Many conditions, One life" to improve care and support for people living with multiple conditions in Scotland.

Pathway redesign utilising the House of Care approach is now considered to be a major driver of service change and improvement. Planning for service change in a number of services is now actively incorporating consideration of the needs of our four "typical" patients represented by Hannah, Callum Scott and Sophie.

The following are the key areas of work underway as part of the strategy:

- **Primary and Community Care Access and Capability** - This major project will aim to improve and strengthen the capacity of practices and their teams to support patients and their carers in the community and primary care.
- **Development of Integrated Care Facilities** - design and development, together with local councils and other community partners, of a different range of integrated health and social care

services to replace current delayed discharge hospital and continuing care bed provision.

- **Older Peoples Services capacity development** – development of rapid response and crisis response and support; day hospital development and challenging behaviour support as well as funding for a variety of services to support older people at home. As well as expanding continuing care beds, care home and care at home capacity.
- **Site Master Planning** - review and development of all main acute sites through site master planning process.
- **Eye Care Redesign & Modernisation** - identify the optimal site for the Princess Alexandra Eye Pavilion re-provision and redesign of patient pathways and processes to improve efficiency and ensure that the patient is treated in the right place by the right person and at the right time.
- **Outpatient Services Redesign** - radically changing the delivery of outpatient services to ensure all patients are seen by the person with the appropriate skills, in a timescale that meets their needs and at a location which is most convenient to the patient.
- **Orthopaedic Services Redesign** – development of a Business Case for a redesign of Orthopaedic Trauma Services that will address improving performance against the National Hip Fracture target, improving Medicine of the Elderly support for Trauma Orthopaedic patients, increased access to trauma theatres and preparedness for the impact of the National Major Trauma Redesign in 2016. This will also link in to the review of Orthopaedic rehabilitation services.
- **Stroke Services Redesign** – development of a specialist stroke service at the RIE.
- **Implementing Laboratory ‘Renew’ Strategy** - continuing the implementation to provide efficient and fit for purpose service models through workforce reshaping, process automation and delivery of increased productivity while maintaining quality and safety.
- **Ambulatory Care (day surgery)** - Data gathering and analysis underway on day surgery rates and opportunities to improve these in specialties. With a view to expanding capacity through extended days and weekend working.

Key to all the work streams is being able to sustain and in some case enhance/expand the workforce in the face of considerable workforce pressures further detail of which is included within section 3.

### **2.3 Integration of Health and Social Care**

The Public Bodies (Joint Working) (Scotland) Bill was passed on 25 February 2014. The Bill requires 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. With parent bodies will be

required to delegate functions to improve the health and wellbeing of service users.

There is work underway in relation to the operational and governance capacity required to ensure that planning for unscheduled and scheduled care is done in tandem between the four IJB's and the Acute service. An interface group of senior managers has been established to support the planning process and the use of agreed data sets and data sources.

The four Integrated Joint Boards (IJBs) covering Edinburgh, East, Mid and West Lothian's were formally established in April 2016 following the development of their strategic commissioning plans which were signed off with the NHS Lothian Board. Work to plan and fill organisational structures is well advanced in most cases and budgets have been established including an investment of £0.5bn over the next three years from the Scottish Government to support IJBs throughout Scotland in enhancing primary and community care.

The organisational development plan, agreed by all partnerships is currently being implemented. This is a comprehensive plan which covers staff communication, staff engagement, staff and team development, leadership development and the training needs for those staff members who will be responsible for managing integrated teams. In particular, it includes the procurement of team and leadership development programmes, which is being supported by the transition funds.

Work on the development of a workforce plan is beginning with IJBs looking to establish a common planning framework to support consistency. The first stage in developing workforce plans is around understanding the context and the initial objectives for IJBs which is set out within the strategic commissioning plans. IJBs are looking to establish a clear understanding of the profile of the health and social care workforce and dimensions and areas of challenge such as the ageing workforce and recruitment challenges this is anticipated to be completed by the end of the financial year 2016-17. Once this workforce supply profile is clearly understood IJBs will be better placed to look at any gaps and opportunities there may be and look at innovative solutions and the required development of integrated learning and development.

## **2.4 Achieving a financially sustainable workforce**

In 2016/17 NHS Lothian has a baseline budget of £1.47bn against which there are £32.3m of baseline pressures of which £14m is offset by an NRAC uplift. There are a further £91.3m of expenditure uplifts and commitments along with a further £13.1m of essential service developments and cost pressures which come to a projected increase in costs of £122.7m for 2016/17.

The £20.96m annual uplift in baseline funding leaves a Gap of £101.7m(6.92% of budget) against which financial recovery plans have been developed that will deliver approximately £25m in savings leaving a remaining

gap of £76.4m4m (5.2% of budget). The financial strategy for bridging this gap consists of:

- NRAC Acceleration
- Finance Actions
- Recovery Actions
- Efficiency
- Quality Management System – Waste/Variation/Unnecessary Interventions

Within the recovery and efficiency actions there are four key work streams being progressed to help close this gap:

- Acute medicines planning
- Bed reduction planning
- Reduction in the nursing cost base
- Waiting times strategy to reduce utilisation of external capacity

Whilst medicines/prescribing expenditure don't impact directly on workforce costs the failure to contain growth in expenditure within the existing envelope puts pressure to achieve savings on workforce expenditure.

### **Bed reductions**

There are plans to reduce by 148 beds within Acute Services across the RIE, WGH, SJH and Liberton sites through the improvement in reducing the number of social care delays and resultant reduction in overall delayed discharges. There are plans to further reduce by 76 beds associated with service/bed redesign and the closure and re-provision of the Liberton Hospital site. These reductions equate to approximately 269wte nursing staff that can be redeployed to other services and sites, with an in year saving of £4.4m and £10.2m on a full year basis.

Within health and social care partnerships there are also plans to reduce by 24 beds with approximately 35wte of nursing staff who can be redeployed, with an in year saving of £0.9m.

### **Reduction in supplementary staffing costs**

Any workforce reductions can only be made within the context of ensuring safe staffing levels to promote safe care and good quality of care. There are however a range of measures that can be taken which ensure the cost base within the clinical workforce represents best value. There are 4 key work streams that are being taken forward:

- Reducing Bank and Agency expenditure (both with nursing and the medical workforce)
- Reducing sickness absence
- Optimising the utilisation of the nursing and midwifery resource through the role out of e-rostering
- Workforce redesign/skill mix

The savings target for these work streams within the Acute Services Division is £4m and £2.87m within Health and Social Care Partnerships and combined are equivalent to approximately 10-15wte medical staff, 50wte nursing staff and 18wte allied health professionals/healthcare scientists.

### **Reducing Independent Sector and Waiting Times Payments**

A key element to providing additional capacity within recent years has been to utilise the Independent sector and pay consultant staff additional waiting times payments to undertake activity over and above their job plan in the evening or at the weekend. In 2016/17 savings of £12m are planned in independent sector utilisation against a spend of £14.1m in 2015/16. There will also be a reduction of approximately £3m from stopping waiting times payments. These reductions are equivalent to approximately 140wte in medical workforce staffing. However making these reductions will also require improvements in patient flow and a reduction in delayed discharges.

### **Unidentified savings**

Achieving the savings identified thus far will be very challenging and relate to a context where NHS Lothian is operating with a proportionately lower bed and workforce base than other Boards that are in parity with NRAC. There remains however a balance of £21m against which there are no clearly identified savings as yet. The capacity to release further savings in areas such as prescribing and medicines is constrained.

The NHS Lothian Sustainable Workforce Programme Board, to be Chaired by the Nurse Director will be tasked with oversight and leadership around safe and effective workforce planning through methodologically based skill mix, service redesign but also the redistribution of staffing across areas where vacancies have occurred where and when there are reductions in beds in other areas.

In addition the Programme Board will ensure that the process around the eradication of nursing agency is pursued, whilst also ensuring that we recruit to funded establishment in order to reduce the need for bank and agency is also accelerated. It will also pursue the thinking around alternative workforce models as we redesign the way in which care is delivered in the future. It will do this by working strategically with our four health and social care partnerships.

## 2.5 Clinical Change Forum

Funding for NHS Lothian and the NHS in Scotland is under increasing pressure given the constraints on funding and the impact of a growing and ageing population. It is clear that achieving year-on-year efficiency savings by focusing on rationalising inputs to the system (workforce, assets) is likely to prove increasingly difficult, as well as disproportionately affecting staff morale and quality of care.

A clinical change forum has been created to bring together clinicians from across NHS Lothian to discuss the issues and ensure clinical engagement and leadership. It aims to change practice, improve outcomes, reduce waste and variation, by developing approaches to individual patient care and driving improvements in quality. This will be clinically driven and not management driven.

The forum has shared the experiences of Intermountain Healthcare in the USA who have established Quality Management System where financial and activity data is used to map clinical pathways and develop a clear understanding of clinical processes and variation within their services

This total **Clinical Quality Approach** will embrace clinical pathways and processes across primary, secondary and social care services, physical and mental health services and engage senior clinicians and managers in the major acute hospitals and in four new Integration Joint Boards. Key elements in adopting this approach will include:

- the development of a **Clinical Quality Academy** which will deliver training and build capacity and capability for quality improvement within the service
- the development of a **Clinical Quality Programme** which will support service based clinical teams to identify key priorities for improvement and support, guide teams with pathway mapping, testing and implementing change and tracking and maintaining improvements within the service
- Pathway work within clinical services will be led by **Clinical Quality Management Leads** supported by appropriate expertise from the Quality Program support team and reporting within the new corporate management structure.

## 2.6 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.

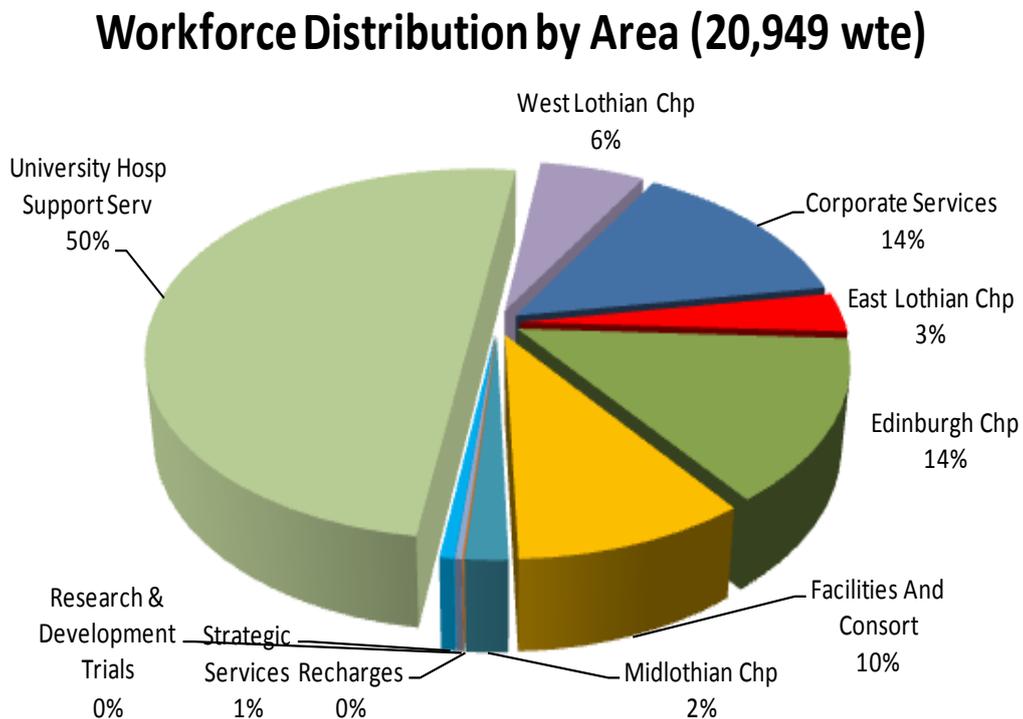
### Section 3: The Current Workforce

#### 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 July 2016 NHS Lothian utilised 20,724wte (including supplementary staffing), 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.

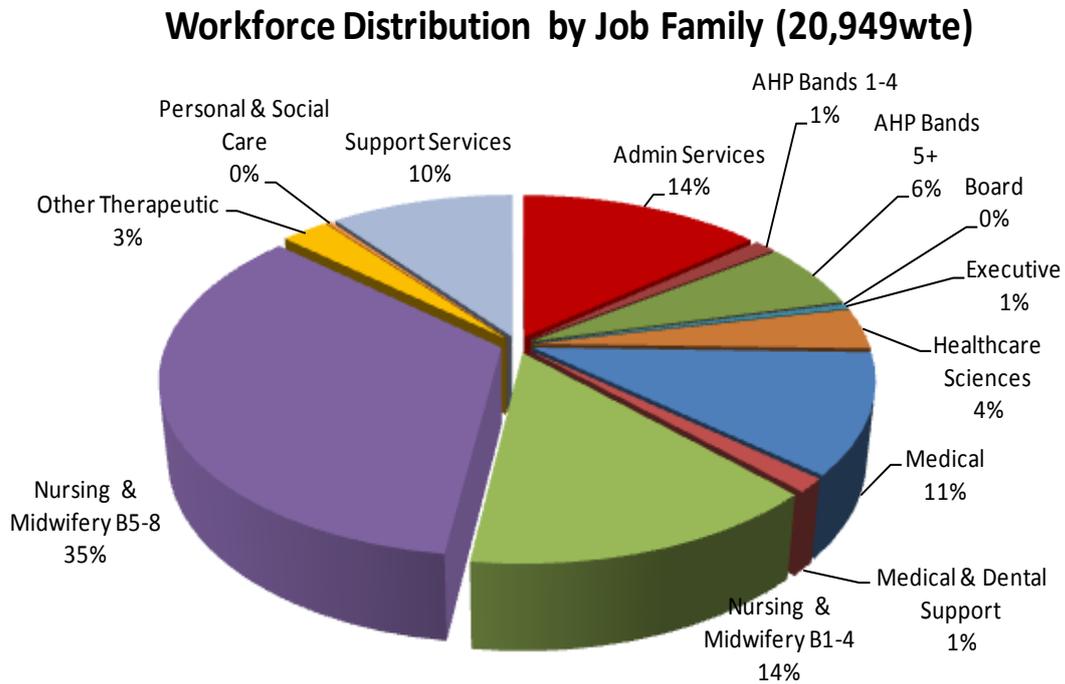
Figure 4 – Workforce by operating division



Source – NHS Lothian payroll

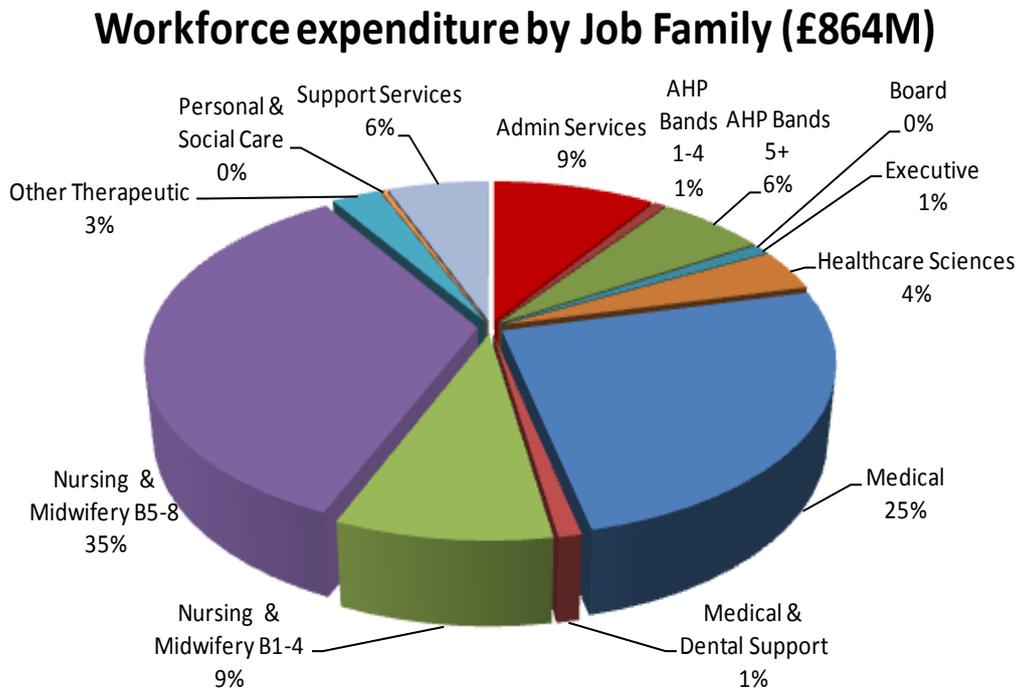
The following figures detail the workforce distribution by job family both in terms of whole time equivalents and cost.

Figure 5 – Workforce by job family (WTE)



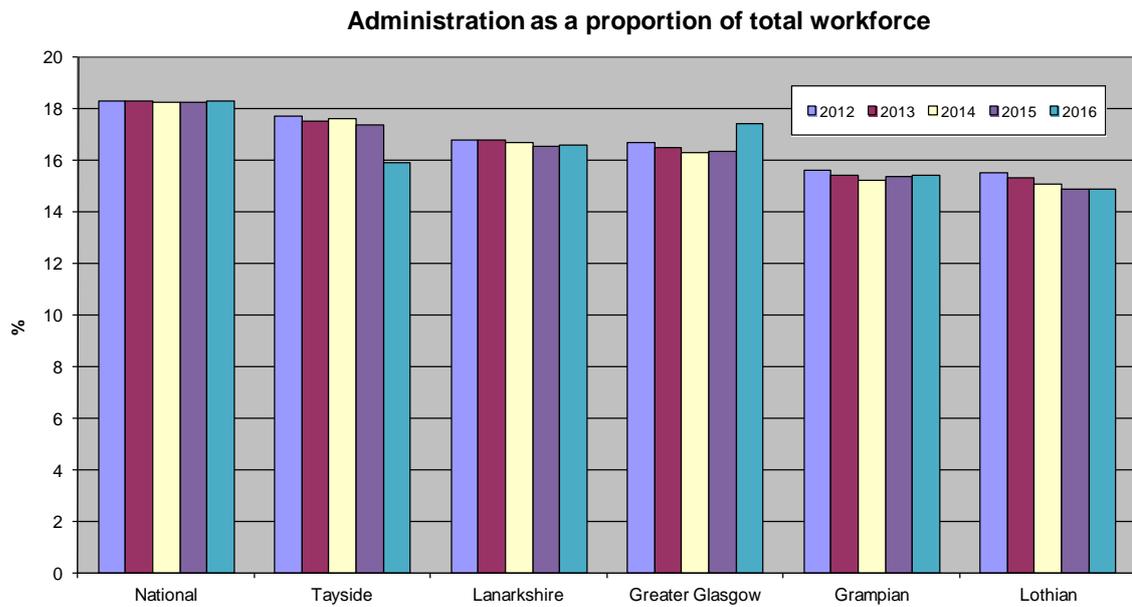
Source – NHS Lothian payroll

Figure 6 – 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 (14.9%). The following figure details how this compares with both the national level and the level within other large Boards.

Figure 7 – Administrative workforce as a percentage of overall workforces

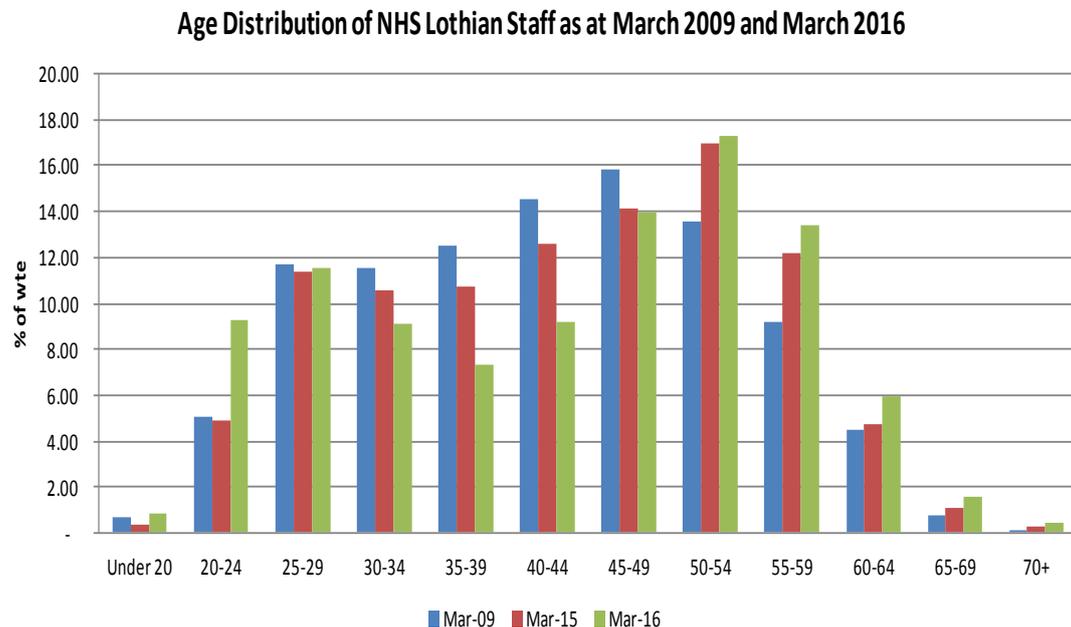


Source – ISD Scotland

### 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 ensure adequate recruitment in the face of competition from other sectors.

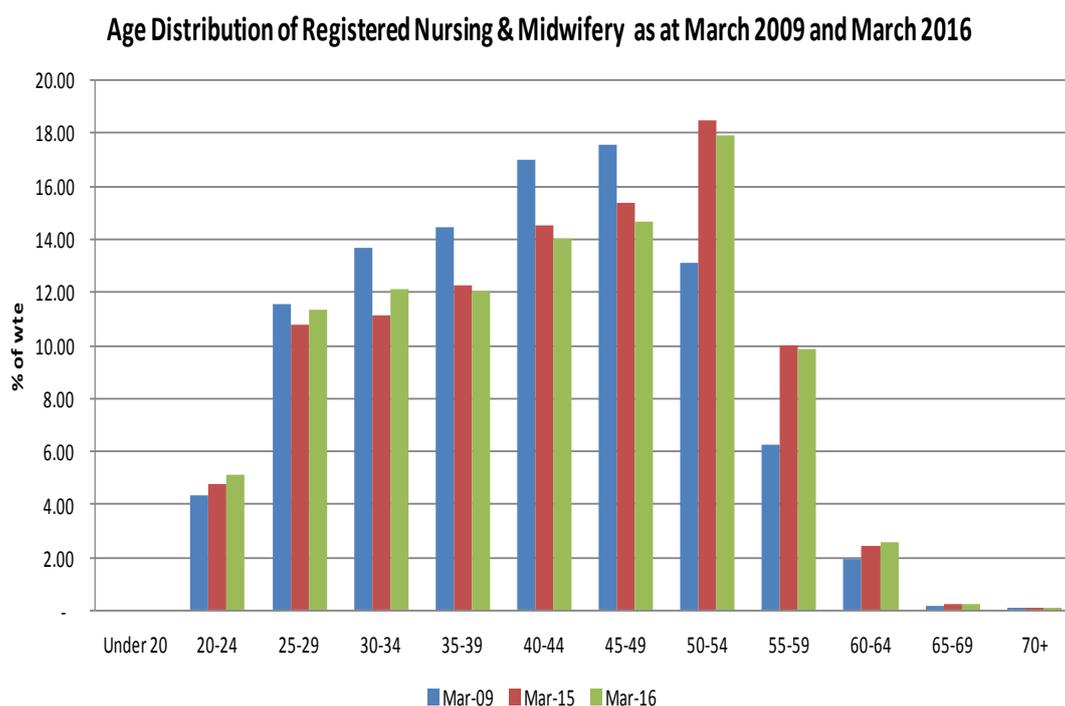
Figure 8 – Overall age distribution



Source – NHS Lothian Payroll

In March 2016 19% 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 has also shifted from 17% in 45-49 years old in 2009 to 17.88% in 50-54 years old in 2016. 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 9 - Age distribution within registered nursing



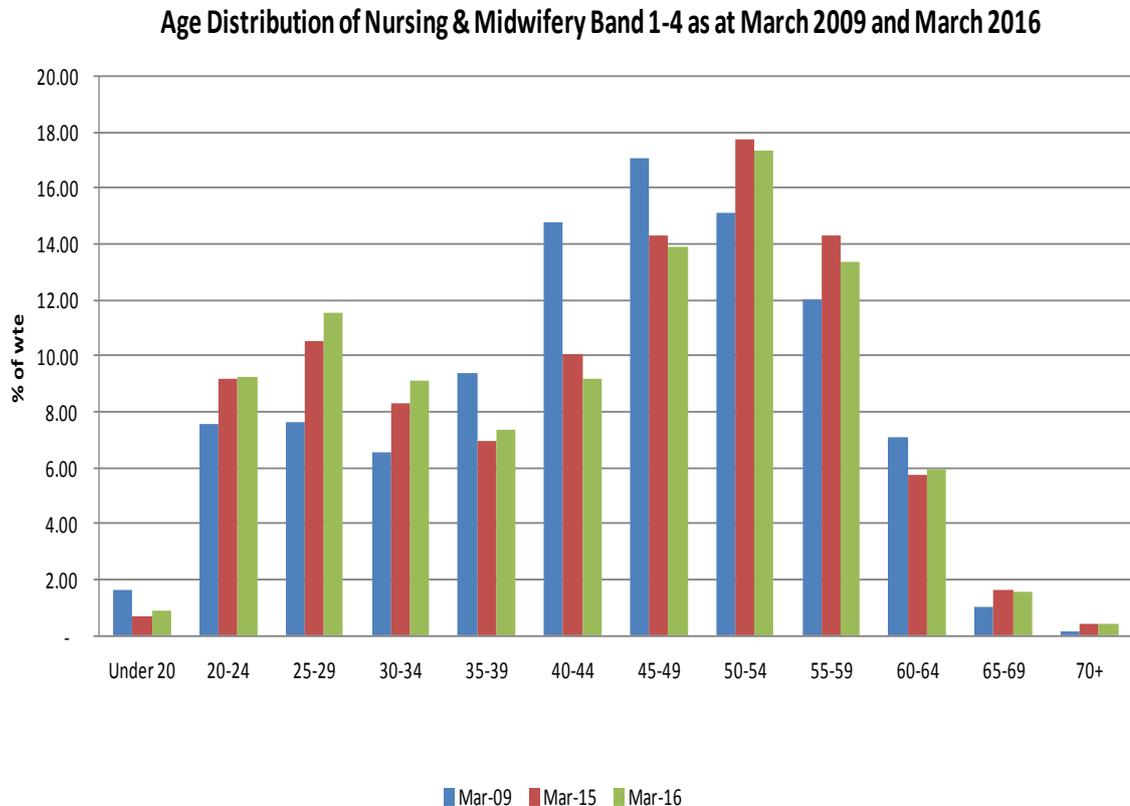
Source – NHS Lothian Payroll

Within registered nursing the ageing of the workforce is already pronounced, between March 2009 and March 2016 the proportion of staff aged over 50 has increased from 21.4% to 30.6% an increase of nearly 10% in 7 years. The median age has increased from 41 to 43 years old. Within this overall picture Midwifery also reflects these increases with 34% eligible to retire within the next 5 years. Changes to pensions will see the retiral age gradually increase to 68 years old. 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 47% 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 and risk for health boards. There are also implications for health and well being associated with an ageing workforce which are being considered as part of the Occupational

Health Strategy which is seeking to expand provision to enable more proactive support for staff and services.

Figure 10 – 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% to 40% 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 11 – Proportion of staff over 55 years old by job family (March 2016)

Job Family to use	WTE Over 55 excluding Bank	Total in-post WTE	% Over 55 excluding Bank
Medical	217	2,229	10%
Medical & Dental Support	41	267	15%
Nursing Band 1-4	549	2,552	22%
Nursing Band 5-8	906	7,015	13%
AHP Bands 1-4	59	248	24%
AHP Bands 5+	137	1,308	10%
Healthcare Sciences	153	795	19%
Other Therapeutic	59	578	10%
Personal & Social Care	26	66	40%
Administrative Services	855	2,874	30%
Executive	42	113	37%
Support Services	653	1,916	34%
<b>Grand Total</b>	<b>3,697</b>	<b>19,971</b>	<b>19%</b>

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.

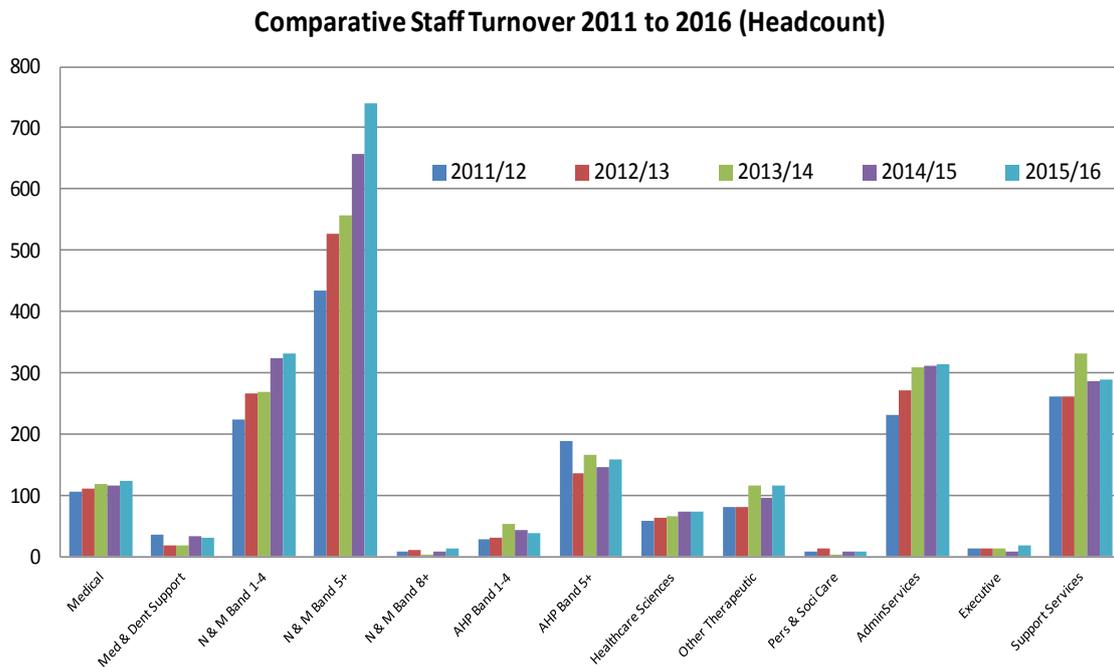
The UK NHS Working Longer Review is looking to the possible impact of a raised pension age in NHS and is currently consulting with individuals, healthcare organisation and trades unions.

It is clear that as the workforce ages there will be a corresponding increase in sickness absence, in particular long term absence associated with musculoskeletal injuries and mental health. As staff and the populations as a whole age recuperation takes longer and therefore there is an important requirement to provide staff with an effective occupational health service to help support rehabilitation. In order to increase capacity within the service an expansion of the staff counselling and staff physiotherapy are be taken forward. These developments will provide additional capacity to cope with additional demand and also provide a more proactive service earlier on in individual’s illness to help reduce the severity and support an earlier return to work.

### 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 began increasing in all job families a trend which has continued in 2014/15. The following figure demonstrates how this has changed between 2010 and 2016.

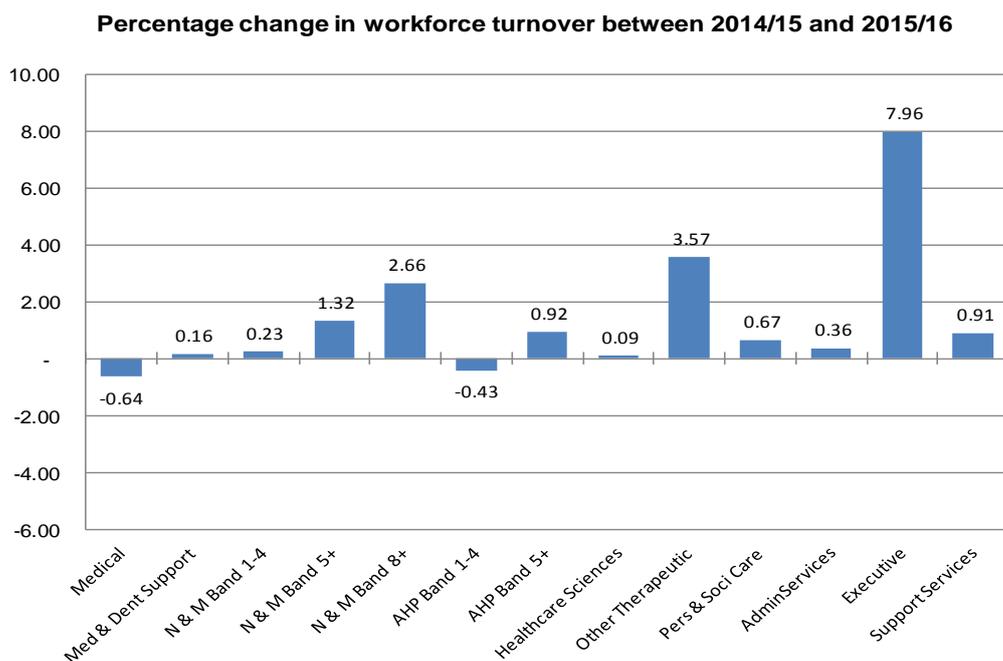
Figure 12 – Staff turnover by job family 2011 to 2016



Source – NHS Lothian payroll

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 13 – Percentage change in leavers between 2013/14 and 2014/15



Source – NHS Lothian payroll

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 from 2011/12 up to 2015/16.

Figure 14 - Reasons for leaving for all staff

Reason description	11/12	12/13	13/14	14/15	15/16	11/12	12/13	13/14	14/15	15/16
Death in Service	8	14	19	24	14	0.48	0.48	0.94	1.11	0.61
Dismissal	46	54	48	28	44	2.75	2.75	2.38	1.29	1.91
Dismissal capability	18	19	13	16	10	1.08	1.08	0.64	0.74	0.43
End of fixed term contract	89	121	134	81	99	5.32	5.32	6.63	3.73	4.30
Ill health	50	52	41	61	69	2.99	2.99	2.03	2.81	3.00
New employment with NHS outwith Scotland	41	60	86	64	77	2.45	2.45	4.26	2.95	3.34
New employment with NHS within Scotland	119	199	287	307	387	7.11	7.11	14.20	14.15	16.81
Non Occupational illness	5	3	5	7	4	0.30	0.30	0.25	0.32	0.17
Occupational Illness	0	0	0	2	1	0.00	0.00	0.00	0.09	0.04
Other	513	240	275	348	322	30.66	30.66	13.61	16.04	13.99
Pregnancy	4	2	2	3	6	0.24	0.24	0.10	0.14	0.26
Redundancy voluntary	19	31	15	10	41	1.14	1.14	0.74	0.46	15.68
Retirement - age	262	397	337	367	361	15.66	15.66	16.67	16.92	2.00
Retirement other	33	53	64	42	46	1.97	1.97	3.17	1.94	2.00
Voluntary Early retirement - actuarial reduction	13	39	31	36	42	0.78	0.78	1.53	1.66	1.82
Voluntary Early retirement - no actuarial reduction	7	3			9	0.42	0.42	0.00	0.00	0.39
Voluntary resignation - lack of opportunity	10	10	11	8	9	0.60	0.60	0.54	0.37	0.39
Voluntary resignation - lateral move	27	36	57	58	64	1.61	1.61	2.82	2.67	2.78
Voluntary resignation - other	394	456	552	662	650	23.55	23.55	27.31	30.52	28.24
Voluntary resignation - promotion	15	25	44	45	47	0.90	0.90	2.18	2.07	2.04
<b>Grand Total</b>	<b>1,673</b>	<b>1,814</b>	<b>2,021</b>	<b>2,169</b>	<b>2,302</b>					

Source – NHS Lothian payroll

The overall number of leavers has increased by 133 (6%), with the largest areas as highlighted in the preceding figure. The number of individuals leaving as a result of age retirement was similar to 2014/15 (down 6), there has been a slight increase of 16 staff opting to retire early voluntarily on a reduced pension. Whilst these levels of retirements in 2015/16 have not increased substantially on 2014/15 they represent an increase of 45% when compared with 2011/12. However it is difficult to draw any strong conclusions with the exception of retirements given 322 have been coded as 'other'. From April 2015 all scheme members have been transferred into the 2015 Career Average pension scheme. Those staff within 10 years of their normal retirement age will remain eligible to retire at 60 or 55 where they hold special class status.

These changes will inevitably mean staff will consider their personal retirement circumstances and as such there may be changes to historic patterns. There have also continued actions by the UK treasury to pension tax regulations that will increasingly see high earners such as consultant staff facing increasing taxation.

Following the referendum vote for the UK to leave the EU there is an increased risk around the recruitment and retention of staff from EU and overseas countries. It is not yet clear what restrictions may be and as a result

there is significant uncertainty, which is highly likely to reduce the ability of the NHS to attract applicants to fill shortage specialties in particular.

### **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; these are in the main within healthcare science areas. The workforces within these areas can however have disproportionate impacts on patient services should there be difficulties in maintaining adequate workforce supply.

Initial local priority areas identified include; Oncology Medical Physics, Medical Physics, Clinical Perfusionists and Sonography. 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.

The growth in radiotherapy activity and demand for radiotherapy workforce has created shortages of experienced staff with specialist skill sets. The Edinburgh Cancer Centre (ECC) has found it increasingly difficult to recruit to senior clinical scientist posts within the radiotherapy medical physics team, despite advertising at a UK and international level. There have been concerns that the training 'pipeline' and the external labour markets may not be able to meet future workforce demand.

In 2013 NHS Lothian and SEAT produced a detailed workforce profile which highlighted workforce sustainability challenges within the radiotherapy workforce, which was fed into the Scottish Government Radiotherapy Programme Board. The Board considered this and other evidence and subsequently has supported the following actions:

- Increase in the number of clinical oncology medical training places nationally
- Funded additional post graduate radiotherapists
- Funding for clinical technologist and engineer training programmes via NES

These developments are very positive and will help in building a sustainable workforce in the medium term.

The Scottish Government is currently considering how to take forward planning for Perfusionists at a national level. Training accreditation in Lothian has been restored and a trainee has commenced however a national approach remains necessary to support 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.

The NHS Lothian Healthcare Science forum in conjunction with Learning and Development leads have a detailed action plan to support workforce sustainability, including the following key actions:

- To ensure appropriate skill mix within the different areas
- To develop a career pathway for career framework 1-4 which will provide opportunities for progression, to assist in succession planning for the future and to overcome the recruitment and retention issues currently faced.
- To continue to support all NHS Education for Scotland (NES) healthcare science education and training strategies developed to align with the Modernising Scientific Career (MSC) initiative launched by the Department of Health.
- To continue to support all NHS Education for Scotland (NES) healthcare science education and training programmes including the early leadership; refresher leadership courses and the nationally funded programmes such as the Clinical Scientist Training programme and the common core programmes to assist in succession planning
- To develop a more generic national practitioner training programme in line with MSC requirements for equivalence
- To continue to participate in healthcare science week and other professional recruitment and promotional events to ensure that pupils and students are aware of healthcare science as a profession.

### **3.5 Sustainable Workforce Board**

The Sustainable Workforce Programme Board oversees a number of efficiency and productivity projects that are intended to review existing workforce models to make evidence based changes to the workforce which will both improve efficiency and support workforce sustainability. The main projects underway currently include:

- Skill Mix review
- HQ admin review
- Development of a workforce dashboard
- Sickness absence review
- On-call review
- Review of clinical nurse specialist roles

#### **Skill Mix Review**

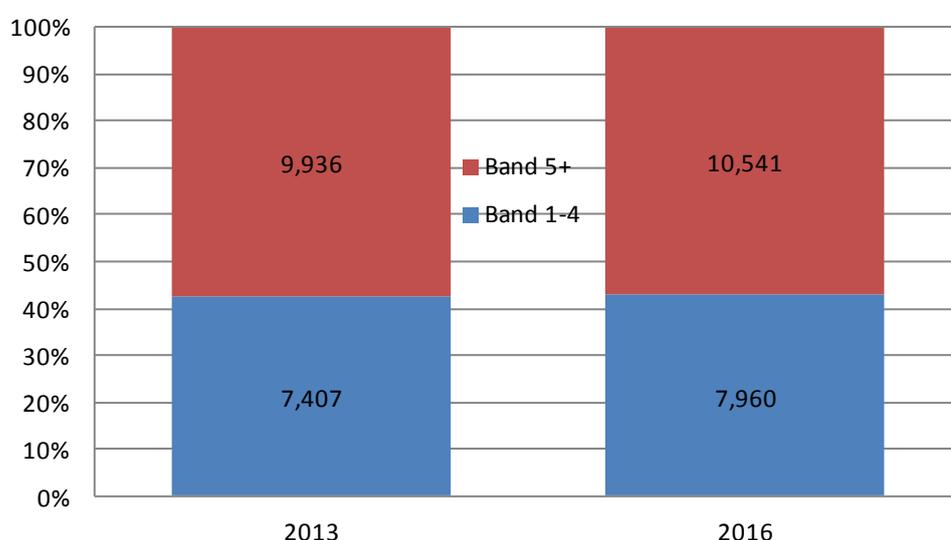
The largest project relates to the systematic review of skill mix to identify opportunities to rebalance the workforce to create greater opportunities within the B1 to B4 workforce.

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.

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.

Figure 15 - Overall Workforce Skill mix

### 2013 and 2016 Skill Mix Comparison



Source – NHS Lothian payroll

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

Figure 16 – Workforce skill mix (March 2016)

Band	Medical	Nursing &	Healthcare	Other	Personal	Administ	Support	Overall	
	& Dental Support	Midwifery AHP	Science	Therapeutic	& Social Care Services	rative Services			
Band 1 - 4 wte	154	3,012	261	190	103	0	2,163	2,078	7,962
Band 1 - 4 %	2%	38%	3%	2%	1%	0%	27%	26%	43%
Band 5+ wte	107	7,230	1,269	605	462	60	704	103	10,540
Band 5+ %	1%	69%	12%	6%	4%	1%	7%	1%	57%
Grand Total	262	10,242	1,530	795	564	61	2,867	2,180	18,501

Source – ISD Scotland

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.

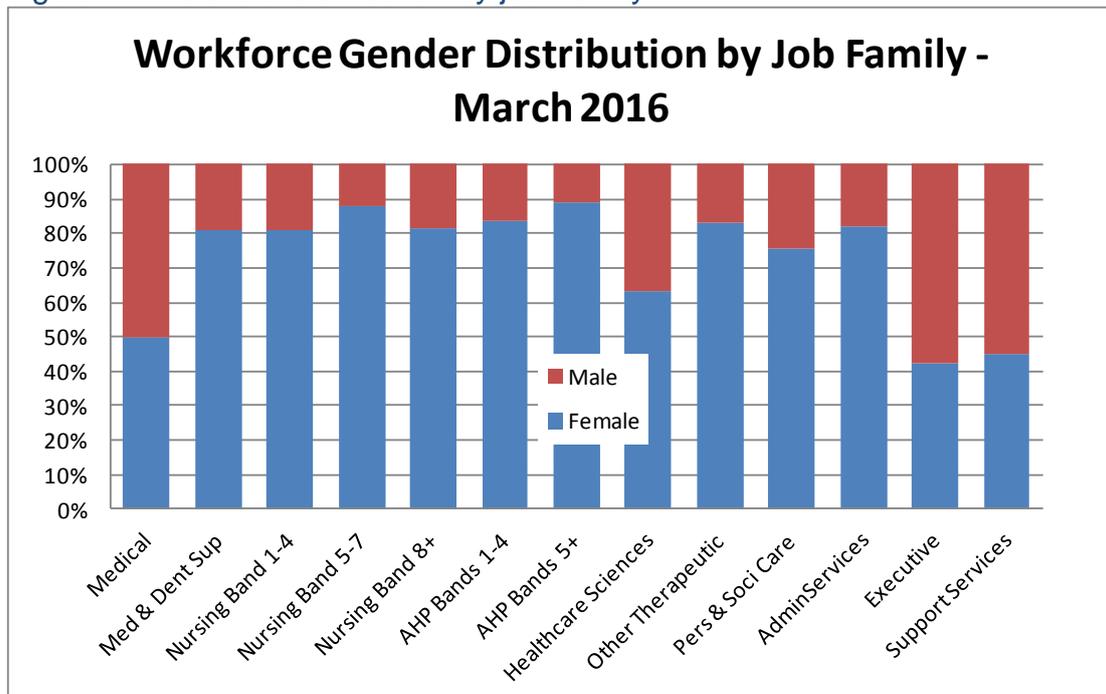
The skill mix project has been established to develop and pilot a methodology for reviewing skill mix built around a bottom-up approach to workforce planning at ward / clinical team level; inclusive of all disciplines within the MDT (nursing, AHPs, facilities, admin and medicine).The approach lends heavily from the Skills Maximisation Toolkit which, although originally developed for AHP skill mix review, has been successfully applied to MDT skill mix work.

The project is being taken forward by a project board with support of a full-time project manager who is undertaking an initial pilot within orthopaedics. Once this is completed and reviewed there will be a roll out to further areas.

### 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 17 – 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 (51%), 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. These changes within the medical workforce are causing general sustainability challenges as the majority of GPs are now female, part-time and traditional full time partner posts are now as a result more difficult to fill. This reduction in the average number of hours was not fully factored into planning training numbers and consequently there are increasing pressures in the short/medium terms for practices.

### **3.7 Medical Workforce Planning**

The overall in-post consultant workforce has increased from 855wte to 885wte between 2011 and 2016, an increase of 30wte (3.5%). This follows on from several years of substantial investment to grow the Consultant workforce to enhance capacity to help respond to increasing demand from a growing population and provide additional capacity to reduce treatment times. It has also been in response to a reduction in trainee hours of work in some areas and a move to become less reliant on trainees for service delivery.

During the 2015/16 financial year approximately 150wte trained doctor posts were advertised for recruitment with 62% subsequently being filled, there were however 38% of posts that were unfilled. The areas with the highest wte unfilled were Psychiatry (12.2wte), Acute Medicine (10.6wte), Medicine for Elderly (10.4wte), Anaesthetics (9wte) and General Practitioners (5.13wte)

#### **Obstetrics**

The South East Scotland O&G training programme experiences a high level of gaps due to trainees going Out of Programme (OOP) for research/experience, maternity leave and less than full time working. Recruitment of competent Locums Appointed for Training (LATs) to cover these gaps is often unsuccessful. There is an ongoing requirement for internal locum usage including consultants covering resident middle grade OOH shifts several times a month with a consequent impact on day time availability.

In 2012/13 the Board made funding available for eight new consultant posts to contribute to the resident middle grade rota at RIE and from February 2015 seven of these posts were filled substantively and one filled on a fixed term basis. However, recruitment has been difficult and ongoing turnover is anticipated. The service continues to look at options for increasing resident on-call consultant cover and where vacancies occur they will be filled on the basis of participation on the on-call rota. Without further expansion however it may take longer to increase the consultant presence on the labour ward. Where gaps arise these will be covered by internal locums.

Attempts to recruit two fixed term clinical fellows (making use of the Scottish Government International Medical Training Fellowship initiative) were unsuccessful. One appointment has subsequently been made via our normal recruitment processes.

## **Paediatrics**

Recruitment within paediatrics at St John's hospital has remained difficult particularly in relation to out of hours cover, with only four of the nine out of hours slots filled on a substantive basis. There is continuing, heavily reliance on a small number of staff doing additional night and weekend shifts and prone to short notice collapse because of sickness or other unplanned absence. Whilst, considerable effort has been made to ensure that a safe and sustainable medical rota is developed for Paediatric and Neonatal Services, particularly at St John's Hospital, further time is still required. The middle grade medical rota at St John's remains unstable due to vacancies and on some occasions Advanced Nurse Practitioners and or Paediatric Nurse Practitioners are required to fill rota gaps.

There have also been gaps within the training grade workforce that have impacted on the service, with a reliance on short term agency locums as it is very difficult to recruit to locum posts.

In recognition of these challenges and the growing pressures at the Royal Hospital for Sick Children (RHSC) as a result of increasing activity the Royal College of Paediatrics and Child Health (RCPCH) was invited to review service provision across Lothian and make recommendations for supporting service sustainability.

The Review team's overarching view was that the population, activity and demand for a full obstetric service in West Lothian merits the retention of inpatient paediatrics at St John's Hospital (SJH). The review recommended that:

- There should be closer working between the SJH, RIE and the RHSC services with increased cross cover and participate in service development.
- There should ideally be more opportunities for middle grade trainees to get exposure to working within SJH do gain exposure to working in a DGH paediatric service.
- Increased and enhanced development of APNP/ANNP nursing workforce to enable participation in both tier 1 junior rota and tier 2 middle grade rotas.
- A resident consultant model should be developed and supported by a wider base of Consultants

The College estimated that this would take around two years given the lead in time for APNP/ANNP training and service developments. While this change is being implemented a resident consultant rota is being established with an additional 8 Consultant Paediatrician posts being created and 2 additional

ANPs being in training to future proof and support this. This will also meet the need to provide additional consultant capacity at the RHSC and the recruitment of an additional 4 consultants has been agreed.

## **Psychiatry**

In-line with other health boards these services are facing increasing difficulties in filling consultant posts. There are on average 6% vacancies within general psychiatry and an average of 12% within old age psychiatry (Source ISD Scotland). This represents only posts that are actively under recruitment and there may be other posts that are not being actively recruited due to a lack of applicants.

Nationally Mental Health specialties are a specific concern with a low fill rate of 78% in the core programme and very low fill rates in the Higher Specialty programmes; CAMHS 80%, Forensic 44%, General Psychiatry 31%, Old Age 42% and Learning Disability 50%. There are already gaps in the Higher Specialty programmes and funding had been released from these programmes to fund additional core posts, however these have not been filled. The gaps in these programmes will have an impact both on current services and on the future supply of trained doctors.

Recruitment to psychiatry posts in Lothian in general has been relatively good with posts being filled when advertised. However there have been substantial difficulties in recruiting to posts West within the following posts based at SJH:

Mother and Baby Unit - Perinatal Psychiatry  
General Adult Psychiatry  
Rehabilitation Psychiatry

Vacancies were however eventually filled following exhaustive broad based recruitment campaigns and/or through service redesign across Lothian.

The shortage of psychiatrists is being experienced nationally and specialty training fill rates remain very low across Scotland with the exception of the South-east region. Consequently there look likely to be growing challenges in recruitment in the short to medium term.

## **Hospital at Night**

The Hospital at Night team is a multidisciplinary team consisting of registrars and experienced nurse practitioners who provide cover to each hospital site at night. The HaN medical rota consists of registrars from a range of specialties and has provided an excellent training since its inception and has provided improved medical cover to sites out of hours and improved patient safety as a consequence. Whilst committing a senior trainee has represented a loss of resource for contributing specialties it has been recognised to provide benefits to both the service and the trainee.

The ability however to recruit to a number of medical specialties within NHS Lothian, the South-east region and Scotland has decreased significantly. The difficulties are in part in filling training places through the national recruitment

exercise although the SE region remains in a comparatively strong position. The most significant problem is actually filling gaps as result of trainee going out of programme due to maternity leave and take time out to undertake research/PhDs. These locum posts have become almost impossible to fill through recruitment in many specialties and there has been an increasing reliance on staff bank and agency staffing to fill gaps. It is now becoming difficult to fill gaps with staff supplied through agencies and in some cases trainee gaps cannot be filled. These gaps mean that it is becoming increasingly difficult for specialties to release trainees to support HaN. The successful appointment to Clinical Development has been helpful in providing support for HaN they do not however have the same level of expertise as a HaN registrar and as such there is a risk of an experiential gap should there be a HaN registrar gap at short notice.

Consequently each site is developing detailed contingency plans to ensure that there are appropriate actions that can be taken at short notice to ensure continuity of service and ensure availability suitably trained staff.

### **Clinical Development Fellowships**

Within the training grade medical workforce gaps in rotas as a result of trainees going out of programme for reasons such as maternity leave or research remain a key pressure. There is no funding for maternity leave cover and as such represents a financial pressure and also it is often not possible to fill a Locum post for less than a year and consequently there is reliance of bank or agency staffing to provide cover. The introduction of a clinical development fellowship programme has been key in helping support sustainability within the a number of 'front door' specialties, whilst also providing high quality supervised training opportunities and the opportunity to complete an MSc.

Since its introduction in 2013 the programme has helped support service sustainability whilst providing excellent training opportunities in a number of areas where recruitment to LAT/LAS posts is very difficult.

In 2016 the number of ACDF posts has been increased and widened to cover the following areas:

Figure 18 – Clinical Development Posts Commencing 2016

Site	Service	Number of posts
Royal Hospital for Sick Children	Paediatric Medicine	1
Royal Infirmary	Acute Medicine	4
Royal Infirmary	Medicine for the Elderly	3
Royal Infirmary	Trauma & Orthopaedics	3
Royal Infirmary	Vascular	1
St John's Hospital	Emergency Medicine	6
St John's Hospital	Acute Medicine	1
St John's Hospital	ENT	1
St John's Hospital	Maxillofacial	1
St John's Hospital	Plastics	1
WGH	Colorectal	1
WGH	Oncology	3
Grand Total		26

Following interest being expressed by Forth Valley in the NHS Lothian programme 3 posts have been recruited for Forth Valley within Emergency Medicine.

There also 3 posts currently under recruitment for primary care for the first time, which have attracted expressions of interest.

The funding for these ACDF posts has been met through savings associated with vacancies however it is becoming increasingly difficult to sustain funding for these posts due to financial pressures associated with supplementary staffing.

### General Practice

Over the last 10 years the profile of the GP workforce has changed significantly. There are now more female GPs than males, with a lower sessional commitment. In Lothian there are a significantly higher proportion of part-time GPs (61.3%) than the Scottish average (49.5%), the majority of whom are part-time. National research (Primary care workforce survey 2013) has shown that only 25% of females work 8 or more sessions (whole time equivalent). These changes in the average contribution level were not factored in to the national planning of training of numbers until relatively recently.

Demographic change within the GP workforce is also a key factor as the majority of GPs (55%) are aged over 45 years old, with the majority of females aged under 45 and the majority of males approximately 48 years old. Where gaps arise they are typically partners and these posts can be unattractive given the predominance of part-time working.

General Practice within the Lothians is facing unprecedented pressures in sustaining the workforce as a result of retirements and the impact of part-time working. Increasing numbers of practices require some support and in some

cases special measures are required. This in the most serious cases requires the practice to be taken on by the health board until sustainability can be ensured and the practice can once again become independent. As detailed in plans one of the most significant issues for practices is the lack of GP workforce availability, which is likely to be a continuing trend. Recruitment to GP training places has deteriorated further at a national level from 78% in 2015 to 69% in 2016 at an NHS Scotland level. The fill rate within the South East (SE) of Scotland however has been higher at 95%, which is positive for the medium to long term if trainees remain in the SE region.

Current recruitment pressures for trained GPs when taken together with the demographic changes that are emerging from a growing and ageing population show a clear need for a framework of support that can be provided for practices that are experiencing difficulties. Currently 10 practices are being provided with support to varying degrees, with a 25 practices out of a total of 125 having to apply restrictions to their list size to protect the quality of service provided to existing patients.

During 2015-16 NHS Lothian took on 5 GP practices that have become unsustainable as a result of recruitment difficulties, of which 1 has reverted back to being an independent practice.

An initial investment of circa £1.1m in revenue for primary care and community health services was included in NHS Lothian's 2015-16 financial plan in the following areas:

Figure 19 – Primary care strategic investments

<b>Strategic Priority Investment</b>	<b>Investment</b>
Domiciliary Phlebotomy	£300k
Type 2 Diabetes Enhanced Service	£350k
Very Long Acting Contraception	£100k
LEGUp/Initial Practice allowance	£200k
Advance nurse practitioner training	£130k
Access pilots	£30k
<b>Total</b>	<b>£1,100k</b>

To address difficulties there are a number of local funding schemes proposed to ameliorate the situation though it should be noted these initiatives will not resolve the current position.

These actions will also address issues of patient safety and quality of care. Four initial proposals are being developed, supported by the Primary Care Joint Management Group.

Figure 20 – Primary care strategic workforce investments

<b>Local Scheme</b>	<b>Description</b>	<b>Investment</b>
Local GP Returner Scheme	Three locally funded places in 2015-16 to encourage back to work doctors who leave the Performers List at a young age and encourage doctors going on maternity leave to apply for a retainer scheme to facilitate return to work and avoid loss of skill and confidence. NES is developing a national scheme to support four full time returners per annum across Scotland.	£105,000 (estimate) 3 trainer grants £23,000
Primary Care Clinical Development Fellows	Newly qualified GPs are in a unique position in terms of career choices, geographical location and being medically competent but wishing to gain further experience. These posts will offer successful applicants an opportunity to develop their clinical and professional competence in a purposeful and supervised manner. The posts will comprise of 4 sessions in general practice, weekly out-of-hour's sessions and development time.	Investment £75,000 for 3 Fellows (2015) LUCS and practices will fund sessions within their areas
Locum Pool of Recently Retired GPs	West Lothian CHCP will pilot a locum pool of retired GPs with agreed terms and conditions attractive to older GPs (no house calls, no duty sessions, set surgeries, £200 session rate, 1 paid CPD session for 8 or more sessions per month)	Investment of £60,000 for CPD sessions (up to 5 locums working 8 sessions per Month (£12,000 x 5 locums) West Lothian Practices funding £96,000 to support the locum sessions
Practice Emergency Care Fund	The Lothian GP Sub Committee has developed recommendations to support delivery of services to support Care of the Frail Elderly and 2020 Vision.	£500,000

As part of developing a systematic approach managing difficulties each Health and Social Care Partnership is developing risk registers for their practices and the Primary Care Joint Management Team is currently considering a more formalised framework of support for practices in difficulty. The measures will be temporary and aimed at helping the practice return to a sustainable position, which enables them to fulfil normal contractual obligations on an on-going basis.

## Training Grade Workforce

Medical workforce pressure have been growing within NHS Scotland and the UK as a whole over recent years as a result of changes in the trainee workforce profile, high levels of cross border flows and trainees choosing different training pathways. A large proportion (34%) of trainees from Scottish schools who complete FY2 do not go straight into core or specialty training and within Edinburgh the level is 41.1%. Up to 40% of doctors completing core training posts are choosing not to progress immediately into specialty training and are either not in UK training or are completing other Higher Specialty Training such as clinical development fellows.

Recruitment to specialty training across Scotland has also reduced in a number of regions resulting in an increased reliance on trained doctors and supplementary staffing such as Agency staffing. The South-East Region however remains one of the highest fill rates in Scotland and the UK as a result of the high quality training and excellent links with Edinburgh University.

The SE region along with other Boards is however heavily affected by the loss of trainees to out of programme is far more significant as detailed below:

Figure 20 – Trainee out of programme

Unfilled Posts	Acting Up	Career Break	OOP Experience	Maternity/Paternity	OOP Research	Sick	OOP Training	Total
230	22	14	22	204	176	13	39	720
32%	3.05%	1.9%	3.05%	28.3%	24.4%	1.8%	5.4%	100%

NHS Scotland Gaps – NES May 16

The increase in trainees going out of programme has increased overall substantially from 195 in 2010/11 to 430 in 2014/15, within this maternity leave increasing from 120 to 223 within this time period.

Maternity/Paternity represents the largest proportion of gaps and impacts most heavily in those specialties with the highest proportion of female trainees such as O&G and paediatrics. It is however becoming increasingly difficult to fill gaps other than by agency locums upon which there is a heavy reliance on in a number of specialties.

As a result of Scottish Medical schools training a high proportion of students from the rest of the UK and overseas a large proportion returns to their home country after completion of training. Of those doctors on the specialist register, 52% of Scottish graduates are working in Scotland, and 45% of Scottish graduates are working in England. This contrasts with NHS England where the vast majority of trainees remain in England.

## Scottish Shape of Training Transition Group

Many of the workforce challenges that are faced by Boards require to be tackled at both a local and national level. The planning of training programmes and numbers requires to be carried out nationally in conjunction with Boards to ensure that planning reflects the requirements of services, as well as those of trainees. This group was established in 2014 under the

leadership of the Scottish Government along with training leads from NES and stakeholders from Boards.

The key work streams that are currently being progressed include:

- Research to understand the career destinations of foundation trainees through a destination survey.
- Profiling of core medical training including recruitment & retention and flows through to specialty training.
- Supporting recruitment and retention
- Development of medical specialty profiles
- Coordination of the International Medical Fellowship programme

The SE region and NHS Lothian are currently working with the group to review and test some of the planning assumptions that have been used to plan future trainee numbers to help ensure the accuracy of the planning process. Getting this work right is key in ensuring workforce sustainability in the medium to long terms.

The UK Shape of Training Project is now at a stage where Curricula mapping is being developed within General Surgery, General Medicine, General Practice and Obstetrics and Gynaecology. This will help identify the changes to training programmes, training duration and potential impact on service provision.

### **3.8 Nursing and Midwifery Workforce Planning**

The national nursing and midwifery workload and workforce planning tools have been run on an annual basis. The findings have been triangulated with professional judgement and quality indicators and optimum staffing levels identified across speciality groups, and papers brought to previous CMT meetings. Investment has been made to ameliorate the impact of incremental drift on budgets, to ensure safer staffing levels in areas of professional concern and to eliminate variation within specialities across sites.

Maintaining safe staffing has seen continued and increased use of supplementary staffing to ensure safety for patients across in patient settings. The Francis, Keogh and Vale of Leven reports have all highlighted the impact of staffing levels and skill mix on the quality of care delivered. A risk assessment is carried out for every agency shift requested and whilst there has been a reduction in agency used however agency continues to be pursued where patient safety may be compromised.

## **Nursing & Midwifery**

### **Vacancies**

Across the Board the establishment gap is monitored monthly. The Board has continued to use a generic recruitment process founded on "1 application 1 interview 1 decision" to manage all band 2 and band 5 nursing vacancies,

to good effect. The establishment gap target is around 5%, this will allow for use of flexible staff to cover predictable absences.

## **Theatre Nursing**

There are significant workforce capacity pressures with the theatre workforce, with increasing activity, working towards 3 session days and a workforce with approximately 25% of its staff eligible to retire within 5 years.

These challenges are not unique to NHS Lothian and consequently an East Coast Development Collaborative has been established. The aim of the collaborative is for Boards to work together to resolve recruitment and retention challenges amongst the Theatre (Perioperative) workforce, reduce reliance on supplementary staffing and develop sustainable career pathways which respond to predicted demand.

The Collaborative partners are;

- NHS Grampian
- NHS Lothian
- NHS Tayside
- NHS Fife
- Dundee & Angus College
- North East of Scotland Colleges
- West Lothian College
- Scotland's Colleges Development Network
- Scottish Qualifications Authority

Within Lothian a workforce planning and development project, designed to respond to recruitment and retention challenges within clinical services. This development is also aimed at modernising the current perioperative workforce of NHS Lothian.

A Professional Development Award in Perioperative Practice has been developed to provide the underpinning theory to enhance the skills and abilities of the Assistant Perioperative Practitioner (Band 4). NHS Lothian has recruited HCSW's from within the current perioperative workforce to undertake the PDA who currently possess an SVQ 2 or SVQ 3. This first cohort commenced at West Lothian College(WLC) in October 2015 This 1st cohort have also been further developing Skills and Knowledge by undertaking two SVQ units related to preparation for scrubbed clinical roles and surgical instrumentation preparation.

Candidate progression to the Intraoperative unit will be by successful completion of these units. NHS Lothian and WLC staffs are working collaboratively to deliver the Intraoperative unit which commenced in January 2016.

NHS Lothian is also working in partnership with the Prince's Trust in a 6 week Get into Healthcare programme for young people living in Edinburgh and Lothian areas that are interested in a career in healthcare support. 10 young people have successfully completed the programme in December 2015 and

will be offered posts within Theatre (Perioperative) and acute ward areas within Lothian as a HCSW.

The collaborative also aims to develop and deliver a transferable model of theatre education for support staff based on HNC/HND Qualifications designed to meet identified employer needs providing flexible, transferable and quality-assured education and skills training for SCQF Levels 4–8. The vision of this development is to enable a seamless career pathway from school or pre-employment to be clearly mapped out (Annex1), this includes supporting Foundation Apprenticeships. The pathway will take account of employer led induction, which would ideally be accredited to further strengthen the pathway and respond to the recommendations of key inquiries.

## **Health Visiting**

The Health Visiting (HV) workforce requires to considerably increase across the Lothians to ensure compliance with the Named Person and Child Statutory Planning Service legislation from August 2017.

The Scottish Government have agreed to fund an additional 500 HVs in Scotland by 2018 to support the required workforce expansion. The NHS Lothian share represents an additional 61 fully funded posts this being based on an anticipated 13% share of the national resource. Funding allocation will be recurring and allocated incrementally during 2015-18.

The issues regarding reduced supply and capacity within the Health Visiting workforce across Scotland are well recognised. NHS Lothian has risk managed this dilemma and additional HVs have been trained during 2013-14 and 2014-15, and had hoped to increase to 26 trainees in 2015/16. Loss of Specialist Practice Supervisors has however reduced this to 23 trainees. We have also introduced significant staff nurse skill mix in response to service development and redesign and in mitigation of the growing number of HV vacancies. This ensures the needs of our families are being met and the role of the HV staff nurse is now well embedded within HV teams. However changes in the HV pathway recently issued by the SGHD indicate that an all Health Visitor model will prevail.

There is however clearly significant risks associated with the ageing of the workforce, with: 54% of Band 6 HVs aged over 50 years of age (72.3 WTE). Most HVs have retained NHS 'special status' and therefore could potentially retire at 55. This, together with the growth in the populations through increasing housing and incoming families in parts of the Lothians and recognition of the caseload complexity has increased the HV requirement. It was highlighted to the Board in May 2015 that the additionality required to meet this shortfall in the HV workforce is a further £1.3m to train a further 53 new HVs ( over and above the 61 funded by SGHD).

The impact of this is currently being experienced across Lothian with a gap of approximately 19% across health visiting. Within Midlothian where there has been a higher than anticipated number of retirements and resignations. A comprehensive action plan has been put in place which aims to maintain safe

and effective services to clients across Midlothian with support from other partnerships. Given the requirement to grow the health visiting workforce to support the implementation of the Named Person Act and the significant level of retirements that are likely to take place it will remain challenging to meet workforce demand.

### **School Nursing**

Pan Lothian work is being undertaken for School Nursing in order to meet the national recommendations published in September 2014 to refocus the school nurse service back to being in school, undertaking home visits, running drop-in clinics, doing prevention work and case management work rather than spending 70% of time immunising school age children. The Band 6 school nursing workforce is smaller than health visiting, there are however substantial demographic pressures within the workforce with 79% aged over 50 years of age with the potential to retire over the next 5 to 10 years.

The Board has developed a team of nursing staff to deliver immunisations across the population, in response to specific campaigns and the routine programme of immunisation.

### **District Nursing**

Lothian continues to develop models of anticipatory care/hospital at home type schemes – REACT in West Lothian; IMPACT and Compass in Edinburgh; ELSIEs in East Lothian and MERRIT in Midlothian. All are dependent on district nurses developing advanced clinical skills as well as decision making skills and independent prescribing. 43% of B6 district nurses are over the age of 50 years.

Lothian has also developed innovative services, in conjunction with council colleagues to facilitate earlier discharge from hospital, providing nursing and social care packages ahead of the formal Social Work provision.

District Nursing is also facing significant demographic challenges as with Health Visiting and there are significant gaps emerging in some areas. The national review of District Nursing will inform the strategic direction and may make recommendations in relation to caseloads as happened with health visiting.

### **General Practice Nursing**

General practice nurses (PN) are largely employed by independent GP practices and are an integral part of the practice workforce. Ensuring adequate supply is a key requirement in supporting GP sustainability. A recent survey in to GP nursing, conducted in January 2016, sought to find out key issues in this area, including retirement intentions.

The survey which was issued to circa 300 GP nurses (71.6% response rate) highlighted a significant risk as 34.8% of PNs intend to retire within in the next 5 years. This is line with the other areas of the primary care nursing

workforce. This potential loss of workforce at a time when the demand for PNs is increasing will represent a significant challenge for individual GP practices.

The PN workforce has typically been long serving and attracted experienced staff from acute settings, there has however not been a career structure in place that would allow for a greater mix of skills and experience. The development of the GP nurse is currently under development and aims to offer a more coherent pathway for the progression of nurses in this area.

### **3.9 Promoting Attendance at Work**

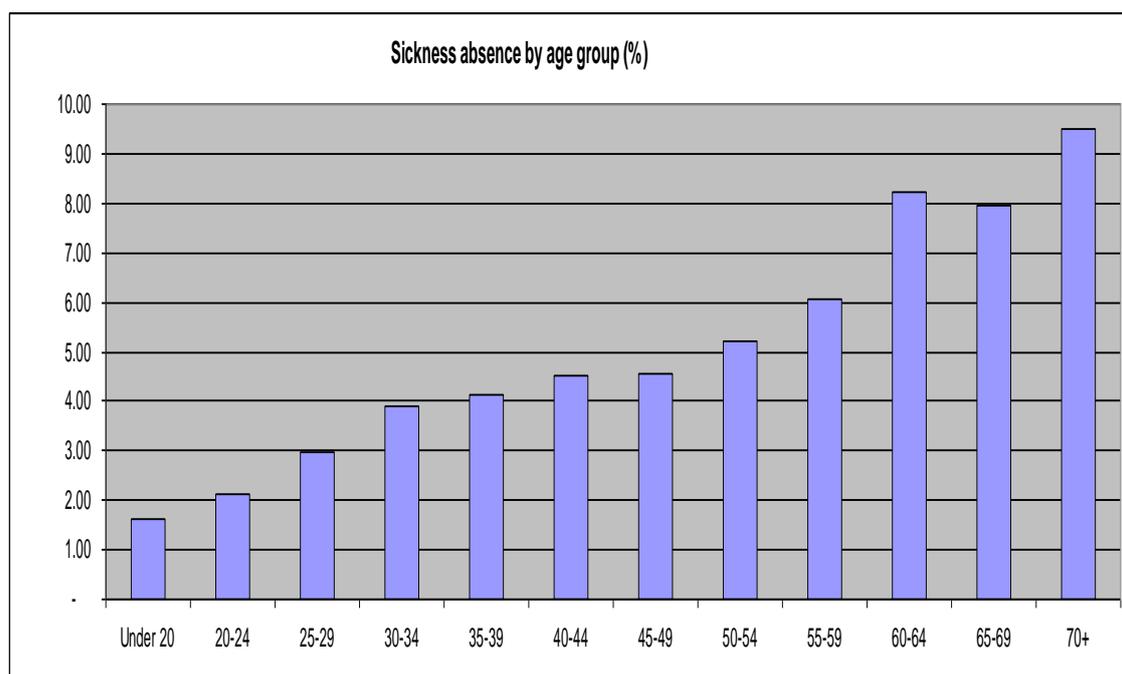
At a national level in 2015-16 there was an average sickness absence of 5.16%, equivalent to 7,196 wte and £264m across the NHS in Scotland. In addition to these costs a significant number of clinical roles require to be back filled where absence occurs and as such supplementary staffing is required.

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. Within NHS Lothian as with other Boards there has been an increase; at the end of March 2016 sickness absence had increased slightly from 4.71% (2014-15) to 5.02% (2015-16). Despite this increase in sickness absence it remains significantly below national average. 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 retirement age to 68 within the next 10 years NHS organisations and their occupational health services will need to plan to ensure support is available for staff.

Figure 21 – Sickness Absence by Age Grouping



### 3.10 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 – for example with the Healthcare Academy.
- 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 continues to develop an employability programme 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, East Lothian’s Employability 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:

- **Project SEARCH** – a unique initiative originated at Cincinnati Children’s Hospital Medical Center. The Edinburgh initiative brings together a partnership of employers (The City of Edinburgh Council and NHS Lothian) an educational provider (Edinburgh College) and a supported employment specialist (Intowork) to work with young people aged 16-24 with physical and learning disabilities who want to move into employment. The young people take part in 3 internships over 40 weeks, resulting in improved skills and confidence, with 800 hours of work practice. A lecturer and job coach are based on site at all times, working closely with the business to provide classroom learning, placements and on-going support. Autism Initiatives also provide a broad range of autistic spectrum focused support to the students, families and the overall Project SEARCH steering group. Of the initial 12 students who were placed with NHS Lothian, 11 completed the programme (3 x 10 week work placements with college work at the beginning and end of each day). All 11 students have subsequently found jobs within NHS Lothian, mainly within the Facilities Department but also within admin roles throughout the organisation. The second year will commence in August 2016, following the same pattern

- **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.
- **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** –There is also further experience on the Staff Bank as well as relevant qualifications.

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 been implemented with regard to further development of the education strategy:

- **Schools Senior Phase Health and Social Care Academy** – delivered in partnership with City of Edinburgh Council, the Edinburgh College and Queen Margaret University. Commenced August 2013. This provides 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 a pathway to HNC level with exit points at each year end and for those who achieve an HNC guaranteed interviews with QMU for degree programmes.

- **HNC Care and Administration plus Professional Development Awards in Children’s services, Maternity Services** – commenced in September 2013 with the Edinburgh College. The PDAs have been developed in partnership with Lothian and SQA
- **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

NHS Lothian facilities Hard FM/Estates offer Modern Apprenticeship opportunities within Electrical, Mechanical, Engineering, Plumbing and Joinery which provides excellent training opportunities whilst supporting improved recruitment and retention. There is also an internal Adult Apprenticeship Scheme for existing employees to provide opportunities for career enhancement. Since the beginning of the apprenticeship initiative Facilities have run 30 apprenticeships.

### **3.11 Band 1 Review**

As part of a national review of band 1 roles there has been considerable local work carried out in Partnership towards replacing band 1 roles with newly developed band 2 roles. This provides an opportunity to up skill individuals to take on enhanced roles, providing improved earnings and career opportunities, whilst also improving retention of staff.

## **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.

The following section sets out the key drivers for workforce demand and the extent of anticipated workforce change in 2015/16.

## 4.1 Workforce investments by Job Family

Despite the requirement for substantial financial savings NHS Lothian is investing in a range of clinical services through the Financial, Unscheduled Care and Scheduled Care Plans supporting both workforce and service sustainability. These investments are being made within both acute and primary care settings. 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
- Support Workforce sustainability and provide additional capacity where required.

The following figure provides detail of planned workforce by job family.

Figure 22 – Workforce change by job family 2016-17

All Staff	Baseline			Year 1 Projection	Year 2 Projection	Year 3 Projection
	National Statistics <sup>1</sup>	NHS Board	Variance			
<b>All Staff Groups</b>	<b>19,965.8</b>	<b>19,741.9</b>	<b>223.8</b>	<b>19,666.4</b>		
Medical	2,147.8	2,106.9	41.0	2,106.9		
Dental	78.7	65.2	13.5	65.2		
<b>Sub Total</b>	<b>17,738.2</b>	<b>17,569.9</b>	<b>168.3</b>	<b>17,494.3</b>	<b>17,647.5</b>	<b>17,697.4</b>
<b>Medical &amp; Dental Support</b>	<b>266.9</b>	<b>258.5</b>	<b>8.4</b>	<b>259.2</b>	<b>259.2</b>	<b>259.2</b>
Band 1 -4	156.6	153.2	3.4	150.2	150.2	150.2
Band 5 - 9	110.3	105.3	4.9	105.3	105.3	105.3
Not Assimilated / Not Known	-	-	-	3.7	3.7	3.7
<b>Nursing &amp; Midwifery</b>	<b>9,590.2</b>	<b>9,501.4</b>	<b>88.7</b>	<b>9,490.3</b>	<b>9,561.1</b>	<b>9,593.4</b>
Band 1 -4	2,563.2	2,551.4	11.8	2,588.5	2,602.6	2,608.0
Band 5	4,162.5	4,119.2	43.3	4,072.8	4,116.1	4,138.1
Band 6 - 7	2,724.8	2,697.8	27.0	2,695.9	2,709.3	2,714.3
Band 8a - 9	132.4	131.6	0.8	131.6	131.6	131.6
Not Assimilated / Not Known	7.3	1.4	5.9	1.4	1.4	1.4
<b>Allied Health Profession</b>	<b>1,551.9</b>	<b>1,535.6</b>	<b>16.3</b>	<b>1,543.4</b>	<b>1,554.8</b>	<b>1,572.5</b>
Band 1 -4	259.4	259.6	-0.2	259.7	264.3	270.2
Band 5 - 9	1,292.5	1,266.5	26.0	1,274.2	1,281.0	1,292.8
Not Assimilated / Not Known	-	9.5	-9.5	9.5	9.5	9.5
<b>Other Therapeutic Services</b>	<b>577.7</b>	<b>572.2</b>	<b>5.5</b>	<b>571.6</b>	<b>570.8</b>	<b>570.8</b>
Band 1 -4	103.5	103.1	0.4	103.1	103.1	103.1
Band 5 - 9	474.2	469.1	5.1	468.5	467.7	467.7
Not Assimilated / Not Known	-	-	-	-	-	-
<b>Healthcare Science</b>	<b>797.3</b>	<b>792.6</b>	<b>4.6</b>	<b>793.8</b>	<b>793.8</b>	<b>793.8</b>
Band 1 -4	189.1	190.2	-1.1	190.2	190.2	190.2
Band 5 - 7	514.6	510.9	3.7	512.1	512.1	512.1
Band 8a - 9	91.6	91.6	-	91.6	91.6	91.6
Not Assimilated / Not Known	2.0	-	2.0	-	-	-
<b>Personal &amp; Social Care</b>	<b>66.7</b>	<b>66.4</b>	<b>0.2</b>	<b>66.4</b>	<b>66.4</b>	<b>66.4</b>
Band 1 -4	0.4	0.4	-	0.4	0.4	0.4
Band 5 - 9	66.1	66.0	0.0	66.0	66.0	66.0
Not Assimilated / Not Known	0.2	-	0.2	-	-	-
<b>Ambulance Services</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>Support Services</b>	<b>1,914.9</b>	<b>1,902.0</b>	<b>12.9</b>	<b>1,899.0</b>	<b>1,970.7</b>	<b>1,970.7</b>
Band 1 -4	1,819.6	1,808.2	11.4	1,805.2	1,876.6	1,876.6
Band 5 - 9	95.3	93.8	1.5	93.8	94.1	94.1
Not Assimilated / Not Known	-	-	-	-	-	-
<b>Administration Services</b>	<b>2,972.7</b>	<b>2,941.0</b>	<b>31.7</b>	<b>2,870.6</b>	<b>2,870.6</b>	<b>2,870.6</b>
Band 1 -4	2,134.1	2,119.7	14.4	2,068.4	2,068.4	2,068.4
Band 5 - 7	625.2	616.1	9.2	602.2	602.2	602.2
Band 8a - 9	84.8	84.7	0.1	83.7	83.7	83.7
Not Assimilated / Not Known <sup>2</sup>	128.6	120.5	8.0	116.2	116.2	116.2
Management (non AfC) <sup>3</sup>	103.4	93.5	9.9	89.2	89.2	89.2
<b>Not Assimilated / Not Known</b>	<b>1.0</b>					

## 4.2 Efficiency & Productivity Plan – reduction in corporate departments

The focus on making workforce reductions within corporate administrative and management job families as means to support the clinical workforce has continued to be an area of focus as with previous years. The following figure details the reduction by band/grade and reduction of a further 5.8wte Executive and Senior Managers following a 25.9% reduction between 31st March 2010 and 1st April 2015. These reductions enable NHSL to make some of the investments in clinical services highlighted in the previous ensuring that the limited financial resources are focussed on ‘front-line’ care.

Figure 23 – Planned corporate workforce reduction

Band/Grade	Band 1	Band 2	Band 3	Band 4	Band 5	Band 6	Band 7	Band 8	Trained	
									Doctor	Exec/SM
<b>Total</b>	<b>3.00</b>	<b>41.10</b>	<b>5.83</b>	<b>4.70</b>	<b>8.50</b>	<b>4.30</b>	<b>2.90</b>	<b>2.00</b>	<b>1.10</b>	<b>5.80</b>

## 4.3 Nursing and Midwifery Workload and Workforce Planning tools

The Scottish Government has mandated the use of a suite of national workload and workforce planning tools for nursing to identify the optimal safe level of staffing within various settings/specialties. Within Lothian the tools have been run on the following basis:

Figure 24 – Nursing Tools Utilisation

Speciality Tool	Lead	Format	In conjunction with				Date
			Data Quality	Professional Judgement	Clinical Nurse Specialist	Small Ward	
Adult Acute In patient	Chief Nurses	SSTS	✓	✓	✓	<16 beds	May-16 2 weeks
Acute Admissions		SSTS	✓	✓	✓		May-16 2 weeks
Perioperative	Chief Nurse	SSTS	✓	✓			Oct-16 2 weeks
Emergency Department	Assoc Chief Nurse	<u>Paper (admin support)</u>	✓	✓			Feb-16 2 weeks
Maternity	Chief Midwife	SSTS	✓	✓	✓		Oct-15 Feb-16 Jun-16
Neonatal		SSTS x2 daily	✓	✓	✓		<b>Twice Daily</b>
SCAMPS™	Chief Nurse	SSTS x2 daily					<b>Twice Daily</b>
Childrens Services	Childrens		✓	✓	✓		Sep-16
Community Childrens and Specialist		SSTS	✓	✓			Sep-16
Mental Health	Chief Nurse REAS	SSTS	✓	✓	✓	<16 beds	Feb-16 2 weeks
Learning Disability		SSTS	✓	✓	✓	<16 beds	Mar-16 2 weeks
Community Nursing Workload Assessment	CHP Chief Nurses	SSTS	✓	✓			Jun-16 2 weeks

Local management have considered the findings and a collated picture is being developed.

#### 4.4 Health Visiting Services – Future Focus

As highlighted in section 3.2 there are significant demographic pressure within the nursing workforce and in particular within the community.

There are also significant capacity pressures with the population that is forecast to both grow and age substantially. Within children (0-15 years) an increase 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 an indicative increase in requirement assuming a direct link between population growth and caseload.

Figure 25 – Demographic change

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.

The Scottish Government has recognised the need for considerable expansion within the Health Visiting Workforce and has made funds available for Boards to expand their workforces. NHSL will receive funding for an additional 61wte band 6 HVs.

NHSL has already taken measures to invest in training additional health visitors and will continue to do so. There are also constraints on the number that can be trained at any one time as all students need supervision from a Community Practice Teacher (CPT). There has also been investment in increasing this group with 11 additional CPTs qualifying in the course of 2016.

The implementation of the Named Person Role introduces considerable administration functions for HVs including organising and recording formal GIRFEC Child Planning meetings, coordination of care and drafting and review of statutory child plans. A new role of GIRFEC Administrator to support the HVs with the additional administrative function associated with the Named Person role is being developed.

Options for part time training and other approaches (distance learning) to achieving the HV, SPQ are being explored with education providers at national level. NHS Lothian is working closely with colleagues nationally to

ensure that we are able to train staff without draining nursing resource across NHS Scotland.

Retaining existing HVs and HV staff nurses is also a priority. It is envisaged that some of the attached HV staff nurses will apply to undertake HV training. It is imperative that staff nurse vacancies are recruited to in sufficient time to ensure continued operational delivery by HV teams.

There is a detailed work stream to take this work forward including a detailed local implementation plan.

#### **4.5 Reprovision of the Royal Hospital for Sick Children(RHSC) and Department of Clinical Neurosciences(DCN)**

The new RHSC and DCN will provide a modern 'state of the art' hospital, specifically designed around the needs of patients in a modern and efficient environment. The building will be collocated at the RIE and will enable Children's services to provide enhanced age appropriate services that are not possible in the current location. The reprovision will also provide the opportunity for enhanced clinical capacity for regional and national services such as paediatric intensive care. Detailed work has been undertaken to identify the changes required in workforce numbers and these are in the process of being reviewed with the other boards in the region. There will be increases within both the clinical workforce as a result of additional capacity within both the RHSC and DCN and also within the support services workforce that will service the building.

Initial estimates have been submitted to the Scottish Government as part of the annual workforce projections to help inform national planning of student nursing places to ensure that there are sufficient nurses in training locally. Recruitment plans have been developed and a phased recruitment programme will begin in autumn 2016.

#### **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 as within nursing 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 junior rotas and operating at a comparable level at a comparable level of productivity.

The training of advanced nurse practitioners (ANPs) is ongoing, 39 began training in April 2014 and a further 17 began in April 2015. These staff are training across a range of specialities including oncology, cardiology, the REACT / IMPACT teams and medicine of the elderly which previously had low numbers of no ANPs, neonates, paediatrics and hospital at night where there is an existing staff cohort of ANPs. A further increase is planned from September with 16-20 entering training to GP practice roles.

The following figure details the number of ANPs that have commenced training in May 2016 and the number that have already been changed.

Figure 26 – ANP training numbers

Specialty	No of Trainee ANP's commenced module May 2016	Overall numbers completed and passed module
Acute medicine	1	8
ED	1	3
Hospital at Night	4	27
MOE	1	6
Cardiology	1	4
General Surgery	3	3
Primary Care	5	5
Respiratory Medicine	1	3
Renal Medicine	1	1
Critical Care	0	19
Oncology	0	8
Cardio thoracic Surgery	0	2
Hematology	0	2
Breast Unit	0	4
REACT	0	4
IMPACT	0	4
MERIT	0	1
Dept of Clinical Neurosciences	0	2
Stroke Medicine	0	0
Planned Investigation Unit	0	1
BGH H@N	1	4
Critical Care Grampian	0	3
Cardiology Forth Valley	0	1

An advanced practice strategic group led by the Director of Nursing has recognised the need for additional ANP roles to be developed to support areas where there are challenges in sustaining the medical workforce. A scoping exercise within psychiatry, acute medicine/front Door and GP/primary care to identify the numbers. A professional lead will be recruited to coordinate the expansion of ANPs. The role would cover governance and leadership in addition to covering working across consultant nurse, ANPs and Clinical Nurse Specialist roles to ensure a consistent level of working across these nursing groups at different levels. A national framework is available; therefore some of the work would be aligning these nursing groups within the national framework and in particular service need.

The time to train Advanced Nurse Practitioners and the input required from medical colleagues to support the training requires planning and does not represent a quick win to cover existing medical gaps.

## 4.7 HR and Learning and Development Strategies

The HR & OD strategy will be delivered through 5 priorities for action which mirror the priorities set out in the NHS Scotland Workforce 2020 vision detailed in section 1.2:

**Healthy Organisational Culture**: by developing and sustaining a healthy organisational culture we will create the conditions for high quality health and social care.

**Sustainable Workforce**: Our workforce will need to change to match new ways of delivering services and new ways of working. We need to ensure that people with the right skills, in the right numbers are in the right jobs. We also need to promote the health and well-being of the existing workforce and prepare them to meet future service needs.

**Capable Workforce**: All staff need to be appropriately trained and have access to learning and development to support the Quality Ambitions 2020 Vision for Health and Social Care and the Board's Clinical Framework

**Integrated Workforce**: We need to make sure that the workforce is more joined up across primary and secondary care and with partners across health and social care.

**Effective Leadership and Managers**: Our managers and leaders are part of the workforce and have a key role to play in driving service and culture change. They also need to be valued, supported and developed.

Appendix A sets out the key actions within each of these priorities and the timelines within which they are being progressed.

Central to ensuring that these priorities are delivered across all areas is an effective learning and development strategy. The NHS Lothian Learning and Development Strategy 2016 to 2020 has been developed following extensive engagement with staff across the organisation to ensure ownership. The following section the actions that are being progressed against the key education and training challenges:

**Capable Workforce** – Development of an improvement plan to ensure 80%(due to turnover and absence) of staff have had a meaningful annual appraisal / development review, with a 100% standard for Trained Medical Staff and Senior Managers. Ensuring that all staff have completed mandatory training and demonstrated that they possess the knowledge and skills necessary to maintain their professional registration and/or the requirements of their role. This will include the development dashboards that can be used by local management managers to monitor compliance and support safety at a local level.

**Sustainable Workforce** – Supporting services to develop workforce plans with education and development plans that will support workforce sustainability. Development of educational pathways for all areas of the workforce, including

a range of training opportunities that maximise recruitment potential for young people and vulnerable groups. Working with the full range of educational providers to ensure that training delivery meets the needs of the service and that placements within service meet the needs of trainees. Including exploring new ways to deliver education and development to meet the changing needs of patients, staff and the services they provide.

Health Organisational Culture – Supporting services to incorporate NHS Scotland values into both their services and their workforces, which will show employees feeling more involved, respected and valued (monitored through the i-matter employee engagement tool). Review training in relation to customer care to improve communication with patients and colleagues. Increasing use of mediation services where issues arise to support resolution through joint learning and understanding. Continuing with initiatives to support greater diversity within our workforce to be comparable to the population which we service.

Integrated Workforce – Active collaboration with other NHS Boards, Health and Local Authorities, the voluntary and independent sectors to build on best practice. Development of more joined up educational pathways will be key in development of a more integrated workforce within health and social care partnerships.

Leadership and Management – Development and delivery of a refreshed suite of leadership and management development which reflect the organisational values at different levels within the organisation. Expanding access to Quality Improvement through alignment with the Clinical Quality Academy.

The Learning and Development Strategy sets out the agreed core actions within each of the areas above including the planned outcomes, timescale and organisational leads. As with the HR Strategy these are aligned with the national workforce 2020 vision priority actions for 2016/17 in action plan in Section 5.

(<http://hronline.lothian.scot.nhs.uk/about/ourservices/educationandemployeevelopment/learningdevelopmentstrategy/Pages/default.aspx>)

The following section provides a progress report.

## Section 5: Action Plan

The HR and OD Strategy 2015 – 18 contains a detailed action plan which covers all aspects of the HR functions activities.  
 (<http://hronline.lothian.scot.nhs.uk/About/Strategy/Pages/default.aspx>)

As detailed within this plan there are a wide range of workforce demand and supply pressures that need to be planned for to ensure workforce and service sustainability. The following section sets out the actions that are being taken forward to close potential gaps within the workforce in terms of numbers and skills.

Issue	Action	Progress	Lead	Timescale
<b>Workforce 2020 Vision Priority Actions</b>				
Developing and sustaining a healthy organisational culture to create the conditions for high quality health and social care.	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.	<p>A values session is now standard in corporate induction and values have also been incorporated into recruitment through job packs, generic job descriptions and also person specifications and integrated in PDPR training.</p> <p>The roll out of iMatter across NHS Lothian is a further opportunity to raise awareness of our values. However, despite the increased awareness of our values, only 48% of staff in the Staff Survey believes that our values are demonstrated in the work place, this will be a focus</p>	<p>Director of HR &amp; OD</p> <p>Director of HR &amp; OD/Head of Learning and Development</p>	2015 - 2018

		for attention in the coming year		
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.	Education Frameworks are now in place for Bands 1-4 and Nursing Bands 1-8 with continuous development with partner organisations such as Further Education Colleges and Universities. Specific examples of Bands 1-4 staff development includes an alliance with the Princes Trust Partnership “Get into Healthcare” programme for clinical and facilities roles, Modern Apprenticeships, Planned Clinical Foundation Apprenticeships with Borders College, newly developed and implemented National Progression Award in Health and Social Care, Skills for Practice which is a partnership between NHS Lothian, Edinburgh College and West Lothian College now expanding into AHP’s and Community.	Director of HR & OD/Head of Learning and Development	2015 - 2017
Ensuring that all staff are appropriately trained and have access to learning and development to support the Quality	The focus this year is on ensuring that development reviews/appraisals are meaningful, providing fair access to learning and	In the 2015 Staff Survey, 74% of staff advised that they had had an opportunity for a review meeting. To try to improve on this figure to 80% of all staff the process of how	Director of HR & OD/Head of Learning and Development	2015 -16

<p>Ambitions and 2020 Vision for Health and Social Care.</p>	<p>development for support staff, and building capacity and capability to improve the quality of what we do.</p> <p>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.</p> <p>Continue to embed the Investors in People standard.</p>	<p>to conduct a KSF Development Review has been made available on HR-Online with supporting animated guides demonstrating how to record discussion on eKSF. There are also targeted interventions where participation is low.</p> <p>The Learning and Development Strategy (2016-2020) has been agreed by the Lothian Partnership Forum. It is based around the 2020 Workforce vision and has a stronger focus on outcomes and contribution to organisational objectives. also targeted interventions taking place where PDPR compliance is low or on request from service areas.</p>		
<p>Ensuring that managers and leaders are valued supported and developed.</p>	<p>The focus this year is on supporting and developing line managers, particularly their people skills.</p> <p>We will ensure that staff with line management responsibilities are appropriated trained and supported in their role and are able to apply the necessary</p>	<p>A new Leadership and Management Development Framework has been implemented and will continue to evolve to reflect an increasing partnership between HR and Quality Improvement colleagues.</p>	<p>Director of HR &amp; OD/Head of Learning and Development</p>	<p>2015 -16</p>

	knowledge, skills and behaviours required of them.			
Strengthening workforce planning.	<p>Provide an overview of 6 step workforce planning methodology and workforce redesign methodologies.</p> <p>Support service areas in the development of local workforce plans through the provision of information, advice and support.</p> <p>Support service areas and professional leads in the development of new roles and ways of working required to address pressures/risks within the workforce.</p>	<p>The development of an draft workforce plan is underway in Midlothian based around the 6 step methodology. This is also being considered by a wider group containing representation from each partnership. A workforce planning development event is being planned for 2016-17 to provide an introduction to manager to workforce planning methodologies, tools and resources.</p> <p>As plans become further developed the skills and training gaps will be identified along with a training and development plan. This is most likely to be in 2017-18</p>	<p>Director of HR &amp; OD</p> <p>Head of Workforce Planning</p> <p>Head of Learning and Development</p>	2015 -16
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	NHS Lothian has provided a range of training opportunities that maximise recruitment potential for young people and vulnerable groups. Through these opportunities individuals can develop the knowledge and skills to	<p>Associate Director of HR</p> <p>Head of Resourcing</p>	2015 – 18

	Lothian's wider social responsibilities that in turn ensures effective succession planning and service delivery.	<p>enable them to enter NHS Lothian employment through:</p> <ul style="list-style-type: none"> <li>• Modern Apprenticeships</li> <li>• Healthcare Academies</li> <li>• Non-Clinical academies (e.g. Facilities)</li> <li>• Labs Training School</li> <li>• Pharmacy Technician Training Programme</li> </ul> <p>This work will continue and expand in 2017/18, in particular in relation to MAs with the apprenticeship levy in 2017.</p>		
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.	The SE Region medical workforce group has continued to participate in the national policy group. The group has also been looking to ensure that trainee sustainability in planned to ensure that issues are addressed in a collaborative manner.	HR Director/ Medical Director/ Regional Workforce Director/ Head of Workforce Planning	Ongoing

<p>Integration of Health &amp; Social Care</p>	<p>Continue local actions and development work to support integration of primary and secondary care. Develop a joint workforce / organisational plan that aims to have a fully integrated workforce by 2020 for each H &amp; SCP.</p>	<p>To assist the development of the local Health and Social Care Management Teams, a range of support has also been put in place tailored to their needs and stages of development including a Leadership Development Programme “Playing to your Strengths”. Further support has been provided to the management teams to assist with the delivery of the strategic plans and associated engagement with stakeholders including “Dialogue” in Midlothian, “Appreciative Inquiry” in East Lothian and the “Animate” Team Development framework toolkit in all Partnerships.</p> <p>HR and OD groups are up and are running in all four Partnerships, ensuring that both council and health managers have access to the appropriate HR resource and relevant policies and procedures for managing the staff. Some initial discussions have taken place in terms of the development of the workforce plan for each of the Partnerships and this will be progressed further in the coming</p>	<p>Director of HR &amp; OD/ Associate Directors of HR</p>	<p>2015 -18</p>
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		year. The HR Plan for Integrated Health and Social Care Partnerships has been evolving during the year. A review of service models is underway in Edinburgh and East Lothian and the process of organisational change for integrated services will be tested out in these areas. More work will be progressed in 2016/17.		
Implement the NHS Lothian Learning and Development Strategy 2016 to 2020	Implement The NHS Lothian Learning and Development Strategy 2016 to 2020	The new Strategy has been approved and will be implemented over the coming years.	Director of HR & OD & Head of Education and Employee Development	2016 -20
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 Scotland HEAT sickness absence standard of 4% and agree targeted action plans for those areas where staff sickness is over 4%.	A sickness absence dashboard has been developed which enables services to detailed sickness absence reporting which can be analysed at a range of levels.  This will be further enhanced to cover all forms of absence during 2016-17.	Workforce Planning Team	Monthly Reporting
Medical Workforce Planning	Update the medical workforce risk assessments for all	The risk assessments have not been reviewed for all specialties.	Medical Director & HR	2015/16

	<p>specialties.</p> <p>Support the Lothian medical workforce group.</p> <p>Work with Regional Partners on the SEAT Medical Workforce Group to plan medical training numbers in a coordinated manner and help support service sustainability.</p> <p>Work with the Scottish Government to improve planning of medical training numbers.</p> <p>Using the output of the electronic job planning system to inform the planning of services.</p>	<p>There has however been a review of areas where there are specific pressures.</p> <p>A dataset to monitor the key areas medical workforce expenditure has been created. This has enabled focussed attention on areas where better value may be achieved.</p> <p>NHS Lothian has reviewed the national medical workforce model for a small number of key specialties and provided feedback on potential improvements.</p> <p>Electronic job planning is now rolled out across the consultant workforce and is helping services to more effectively plan services. The possible development of a dashboard is being investigated as a means to further enhancing reporting capability.</p>	<p>Director &amp; Head of Workforce Planning</p>	<p>On-going</p> <p>On-going</p> <p>2015/16</p> <p>2015 - 2017</p>

Nursing Workforce Planning	Expansion of the Health Visiting Workforce to ensure NHS Lothian can meet the requirements of the children's act and on-going population growth.	There number of health visitor training places has been expanded, however there is a requirement for a further considerable expansion to meet retirals and the required expansion associated with the requirements of Childrens act and national recommendations around caseload. The expansion of training will however be limited until there are sufficient numbers of specialist practice supervisors.	Nurse Director	2015 - 2018
	Preparation for the introduction of revalidation in 2016	Completed	Nurse Director	2015/16
	Application of the nursing and midwifery workforce planning tools		Nurse Director/Associate Nurse Director/Chief Nurses	2015/16 and on-going
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 detailed project plan provides a prioritised implementation timeframe for NHS Lothian's medium and long-term ambitions in the context of the NHS Scotland 2020 Vision. The Plan reflects the considerable activity across a wide range of work streams, leading towards a clearer articulation of the 2020 Vision. The Strategic Planning Group will oversee implementation and keep the NHS Lothian Board informed on progress.

**Human Resources and Learning and Development Strategies** – The implementation of the HR and learning and development strategies are being implemented by the HR Senior Team in conjunction with services. Implementation is being monitored by the CMT, partnership forums, staff governance committee and the Learning & Development Strategy Steering Group. The Board is also updated on progress annually.

**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.

**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 and local partnership fora.