



NHS Lothian Workforce Plan

2017-19

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Contents Page

		Page Numbers
Foreword		3
Introduction		4
Section 1	Defining the Plan	4
	1.1 2020 Vision for the NHS in Scotland	5
	1.2 NHS Scotland 2020 Workforce Vision 2017-2018	5-6
	1.3 NHS Lothian's Strategic Plan	6
	1.4 NHS Lothian's Corporate Objectives	7
	1.5 National Strategy	7-8
	1.6 NHS Lothian's Financial Plan	8
Section 2	Visioning the Future	
	2.1 Scotland's Changing Population	8-10
	2.2 Strategic Clinical Framework 2012 to 2024	10-12
	2.3 Integration of Health & Social Care	12
	2.4 Achieving a financially sustainable workforce	12-13
	2.5 Quality Management	13-14
	2.6 Regional Collaboration	14-15
Section 3	The Current Workforce	
	3.1 Distribution of current workforce	15-16
	3.2 Demographic Change	17-19
	3.3 Staff Turnover	19-21
	3.4 Sustainability of small non-medical specialist services	22-23
	3.5 Medical Workforce Planning	23-26
	3.6 Nursing and Midwifery Workforce	26-30
	3.8 Promoting Attendance at Work	30-31
	3.9 Socially responsible recruitment	31-34
Section 4	Workforce Demand	
	4.1 Workforce investments by job family	35-37
	4.2 Efficiency & Productivity Plan	37
	4.3 Safe Staffing	37-38
	4.4 Health Visiting Services - future focus	38-39
	4.5 Re-provision of RHSC and DCN	39
	4.6 Regional Trauma Network	40
	4.7 East Region Elective Treatment Centres	40-41
	4.8 Non-medical Workforce Solutions	41-42
	4.9 HR and Learning and Development Strategies	43-44
Section 5	Action Plan	45-54
Section 6	Implementation and Review	55
Appendix A	Nursing and Midwifery Career Framework	56

Foreword

The Scottish Government is in the process of reviewing workforce planning arrangements and guidance through the recently established National Workforce Planning Group as identified in Part 1 of the National Workforce Plan.

The national plan is being published in three parts:

- Part 1 – NHS Scotland – already published.
- Part 2 – Social Care – jointly published with COSLA in December 2017.
- Part 3 – Primary Care – will be published following conclusion of GMS negotiations.

Part 1 published in August 2017 made recommendations around the following areas:

- Governance – establishment of a national workforce planning group.
- Roles – clarification of roles to ensure workforce planning is more effectively coordinated nationally, regionally and locally.
- Workforce data –Development of improved workforce supply modelling.
- Clear and consistent guidance – Scottish Government to develop revised guidance by end of March 2017
- Student Intakes – Scottish Government to review and improve student intake planning for controlled groups and consider increasing the scope of intake planning for other key clinical job families.

In July 2017 Audit Scotland published NHS Workforce Planning – The Clinical Workforce in Secondary Care on 27th of July, making the following key recommendations for Boards:

- Produce future plans based on demand as well as supply criteria. This would include: projecting their future workforce against estimated changes in population demography and health factors.
- Producing plans which detail the expected workforce required, supported by analysis of workforce supply and demand trends.
- Fully cost the workforce changes needed to meet policy directives, such as the shift to community-based care, proposed elective centres, safe staffing levels and more regional working

Whilst this workforce plan goes a long way to clearly set out the workforce supply challenges and the planned changes in workforce demand, it does so in the context of the extant Scottish Government workforce planning guidance set out in CEL 32 (2011). As such changes in demand reflect affordability as detailed within our financial plan.

It is acknowledged that this plan is written within the limitations of the extant guidance and that a revised approach to integrated workforce planning operating at national, regional and local levels taking both a short term operational and a long term strategic view will be necessary going forward. It is anticipated that this will be captured in any revised workforce planning guidance.

Introduction

This 2017-18 plan seeks to provide an update on progress against key actions set out in the previous plan and provides detail on the changes that are taking place nationally in relation to workforce planning.

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 was 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. The guidance will be reviewed by the Scottish Government during as part of a national review of workforce planning.

This updated plan provides details of the national policy context and local planning context, detailing workforce demand projections for 2017/18 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 NHSL is undertaking to address these challenges through both the Board's Clinical Strategy and Human Resources & 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 2017/18 in the workforce to enhance our capacity to help meet treatment time guarantees, enhance unscheduled care services and provide a new 'state of the art' new Royal Hospital for Children and Young People and Department of Neurosciences. 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
- Day case will become the norm for Hospital treatment where required.
- 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 2017-18 implementation plan builds on the actions in the first plan published in 2014-15 and subsequent annual action plans setting out the following actions for Boards and the Scottish Government.

Organisation	Responsibilities
NHS Boards	<ul style="list-style-type: none"> • Ensure delivery of their iMatter implementation plans, involve staff in decision making and take meaningful action on staff experience for all staff. (Healthy Organisational Culture). • Take action to promote the health, wellbeing and resilience of the workforce, to ensure that all staff are able to play an active role throughout their careers and are aware of the support available to them. (Sustainable) • Build confidence and competence among staff in using technology to make decisions and deliver care by encouraging active participation in learning. (Capable) • Work across boundaries (between professions, between primary and secondary care, between sectors and so on) to share good practice in learning and development, evidence-informed practice and organisational development.(Capable) • Working with partners, develop workforce planning capacity and capability in the integrated setting. (Workforce to Deliver Integrated Services) • Implement the new development programme for board-level leadership and talent management.(Effective Leadership and Management)
The Scottish Government	<ul style="list-style-type: none"> • Ensure full implementation of iMatter, working with Boards to improve the experience of staff from all backgrounds. Continue to understand and develop the linkages between staff experience and patient experience. (Healthy Organisational Culture) • Develop approaches to create a workforce which is confident and competent in using technology to make decisions and deliver care.(Capable) • Develop and implement a national and regional workforce planning system across the NHSScotland to help deliver the vision set out in the National Clinical Strategy.(Sustainable) • Provide support to health and social care partnerships on the workforce themes and challenges emerging from Strategic Plans and Workforce Plans.(Workforce to Deliver Integrated Services) • Ensure effective implementation of development programmes to ensure that those aspiring to, or currently in, boardroom-level positions and boards of governance can be as effective as possible in demonstrating leadership at the highest level. (Effective Leadership and Management)

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.

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 2017/18, NHS Lothian's Corporate Objectives have been re-structured to mirror the 6 key strategic Improvement Priorities & Planning areas set out in NHSScotland 2017-18 Local Delivery Plan (LDP). The NHS Lothian Local Delivery plan 2017-18 sets out the detail of NHS Lothian's service, workforce and financial objectives and plans.

Protect and Improve the Health of our Population

Improve Patient Pathways and Shift the Balance of Care

Improve Quality, Safety and Experience across the Organisation

Support the Engagement and Development of Our Staff through Leadership and Behaviours

Achieve Greater Financial Sustainability and Value

Work with Partner Boards to Develop a Regional Health and Social Care Delivery Plan for the East of Scotland.

1.5 National Strategy

Health & Social Care Delivery Plan

The aim of the plan is for high quality services that have a focus on prevention, early intervention and supported self management. Where people need hospital care, the aim is for day surgery to be the norm, and when stays must be longer, the aim is for people to be discharged as swiftly as it is safe to do so.

<http://www.gov.scot/Resource/0051/00511950.pdf>



The plan sets out a triple aim:

- to improve the quality of care for people by targeting investment at improving services, which will be organised and delivered to provide the best, most effective support for all ('better care');
- to improve everyone's health and wellbeing by promoting and supporting healthier lives from the earliest years, reducing health inequalities and adopting an approach based on anticipation, prevention and self-management ('better health')
- to increase the value from, and financial sustainability of, care by making the most effective use of the resources available to us and the most efficient and consistent delivery, ensuring that the balance of resource is spent where it achieves the most and focusing on prevention and early intervention ('better value').

The plan sets out a range of measures that are being taken forward to:

- enhance workforce capacity within Primary Care and ensure
- review patient flow
- improve and expand scheduled care
- introduce new arrangements for the regional planning of services
- strengthen relationships between professionals and individuals through realistic medicine and reduce the unnecessary cost of medical action
- reform NHS Boards.

National Health & Social Care Workforce Plan – Part I

The National Health & Social Care Workforce Plan will be published in three distinct parts:

- Part I – covering the NHS workforce (published in June 2017);
- Part II – covering the social care workforce (to be published in Autumn 2017); and
- Part III – covering the primary care workforce (to be published late 2017)



<http://www.gov.scot/Resource/0052/00521803.pdf>

The intent is that the first full National Health & Social Care Plan will be published in spring 2018.

Part I, relating to the NHS in Scotland, sets out the current pressures facing the NHS workforce, considers the potential future NHS workforce and sets out a framework for improving workforce planning across NHSScotland. The plan highlights the need to enhance workforce planning at a national, regional and local level to support the delivery of the Health & Social Care Delivery Plan.

1.6 Financial Plan

The financial outlook presented to the Board in December 2016 and Finance and Resources Committee in January 2017, set out a challenging financial position for 17/18. 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 2017/18 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

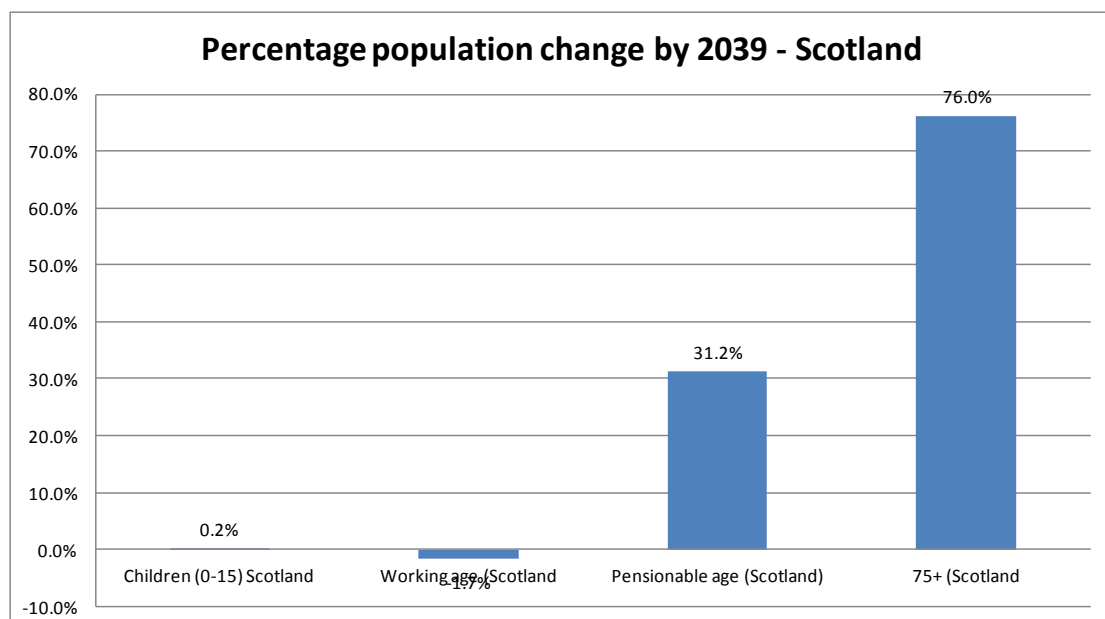
General Records Office Scotland (GROS) forecast that the growth in the population of Scotland will continue over the next 25 years. GROS project that the population will rise from 5.3 million in 2014 to 5.68 million in 2039, an increase of 339,000 c9% over the 25 year period.

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 6% 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 rate of growth has however dropped from 8% in the previous and the impact of Brexit may have change projections further.

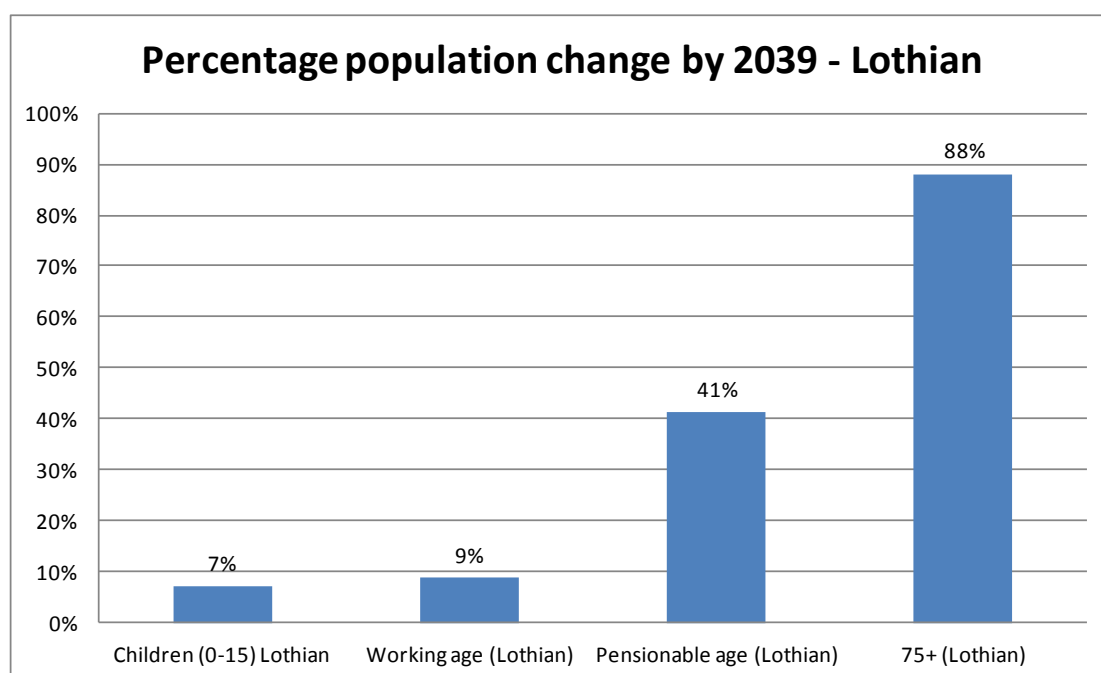
The following two figures detail the changing demographic structure nationally and within the Lothians.

Figure 1 – Projected demographic change in Scotland by 2039



Source – GRO Scotland

Figure 2 – Projected demographic change in Lothian by 2037



Source – GRO Scotland

NHS Lothian is projected to increase by 148,296 (21%) between 2014 and 2039, the largest increase in the population in Scotland. This increase will be across all age categories. The population in Scotland as a whole will however remain static or reduce within children and the working age population where these will increase in Lothian.

These figures also have built in changes in retiral age and as such the national reduction would have been considerably larger were previous age cohorts used.

These projected changes have 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.

2.2 NHS Lothian Strategic Plan – Our Health, Our Care, Our Future

The NHS Lothian strategic plan Our Health, Our Care, Our Future 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 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.

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

- Enhancing Primary and Community Care Access and Capability
- Development of Integrated Care Facilities
- Development of Older Peoples services capacity
- Site Master Planning
- Eye Care Redesign
- Outpatient Services Redesign
- Orthopaedic Services Redesign
- Stroke Services Redesign
- Implementation of Laboratory 'Renew' Strategy
- Expanding Ambulatory Care (day surgery)

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

Integrated Joint Boards are responsible for the full range of community health and social care services for adults, including some acute hospital-based services. They may also direct NHS Lothian to review acute services provision through issuing directions for the review of Acute Services.

The current represents the key areas where directions have been issued to date:

- Review Allied Health Professions (AHP) Staffing - Develop clear plans to deploy more AHPs from Acute Settings to the community to support hospital discharge.
- Increase community provision of diabetes care – more clinics to be undertaken in community and Type 2 care to be provided in the community.
- Develop and implement locality-based frail elderly pathway, which will look at pathways across acute and primary care.
- Develop new design for LD services, including delivery of NHSL LD strategy.
- Work up case including risk assessment and how locality-based pathways would work. Development of ambulatory care approaches within the RIE. This is being taken forward as the Medical Specialties Programme Board.
- Introduce alternative approaches to improving access to psychological therapies. Move of substance misuse services to the community.

Integration of health and social care offers the opportunity to promote a different model of care that promotes primary and secondary prevention activity to keep people healthy for longer. The Allied health workforce is ideally situated to work in the communities and localities to undertake this work. There is also an opportunity to work across professions and boundaries to workforce plan against pathways to ensure best value and workforce utilisation that optimises return on investment.

This way of working is being tested in some of the Health and Social Care partnerships and in acute settings to utilise a philosophy of care that starts with the key skills and competencies of the entire workforce that have integrated. This is maximising the prevention and re-enabling approaches across a wider workforce who previously would have been in different silos.

The ethos of illustrating best value is driving a new way of articulating how best to use Allied health workforce in the health and social care interface. Aligning workforce in relation to bands 2-8 within Allied Health to ensure the right staff are at the interface with the population has started in Children's

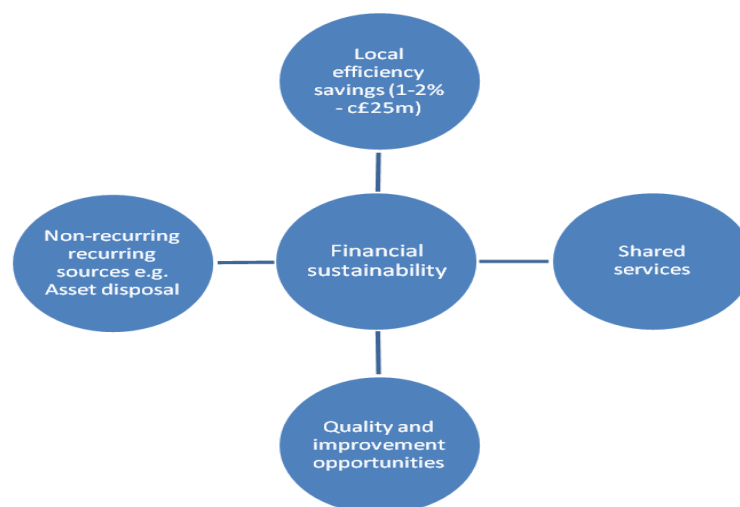
services utilising the universal, targeted and specialist approach to the utilisation of resource.

In adult services this philosophy is being explored to better utilise the limited resources across the acute and community interface and forms the basis of the discussion with the Health & Social care partnerships who have given a direction around the use of this resource

All Integrated Joint Boards (IJBs) are required to develop workforce plans by the end of the 2017/18 financial year. These plans will provide a profile of the workforce within the health and social care partnerships and the key challenges and opportunities.

2.4 Achieving a financially sustainable workforce

In 2017/18 NHS Lothian has a baseline budget of £1.54bn there is however a gap of £38.95m in funding, against which efficiency savings of £25.54 have been identified, with a gap of £13.41m remaining. The following figure details the key elements in delivering financial sustainability.



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

- Medicines
- Supplementary Staffing
- Property Sales
- Recovery Plans
- General Practice/Primary Care Innovation

2.5 Quality Management

NHS Lothian is fully committed to following a systematic approach to improving quality within the provision of clinical and non-clinical services.

Since 2016 NHS Lothian has been investing in the implementation quality management system to support front line teams to manage and improve quality.

Quality Management System Goal & Plan



The following are the guiding principles of NHSL approach are:

- Identify, value and nurture leaders and participants in clinical teams to drive continuous quality improvement.
- Value and develop both clinical and managerial skills in clinicians and clinical teams.
- Accept that most continuous quality improvement is a series of planned experiments within a Learning Healthcare System (LHS), not the result of large plans drawn up in offices.
- Help clinical teams acquire the skills and resources to experiment in the LHS.
- Temper standardisation with an acceptance that there isn't a 'perfect system' for us to copy.
- Make the most of what you've got by collaboration - internally and with neighbours.
- Be able to measure the small gains acquired from lots of experiments.
- Use information to manage the organisation by fact, not just intuition.
- Be bold in bringing cost as a component of efficiency squarely into the remit of 'quality'.
- Put the needs of patients at the centre of clinical decision making.
- Transformational change (rather than 'developmental' or 'transitional') will be needed to achieve the vision and mission described above.

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.

There is a well established Clinical Quality Academy which delivers training and builds capacity and capability for quality improvement within the services. There is also a network of QI coaches that services can access for support through their quality improvement journey.

NHSL is committed to expanded the reach, spread and scale of it's quality management system.

2.6 Regional Collaboration

The Health & Social Care Delivery Plan set put in place new arrangements for the regional planning of services, with each region required to produce a regional health and social care delivery plan by the end of March 2018. These plans will set out initial clinical and non-clinical priority workstreams.

Within the East region the areas currently in scope are:

- Orthopaedics
- Ophthalmology
- Urology
- Radiology
- Regional Trauma Centres
- Regional Diagnostics and Treatment Centres
- GI/Endoscopy
- Anaesthetics & Theatres

Detailed workforce profiles have been developed for each service to help inform the planning of services and assess the viability of options.

The East Region is also extending the remit of its regional workforce group which has previously focussed predominantly on medical workforce planning to cover all professions.

Section 3: The Current Workforce

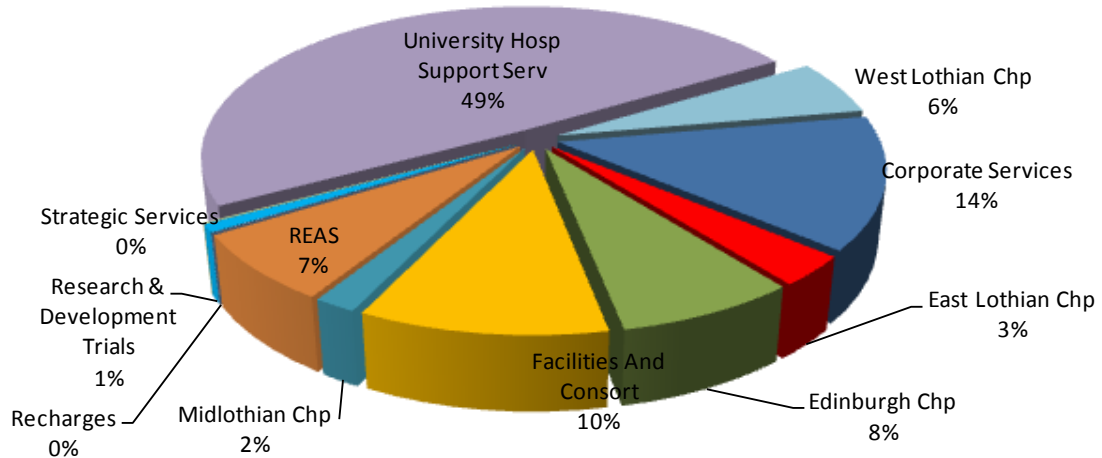
3.1 Distribution of current workforce

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

As at July 2017 NHS Lothian utilised 21,329wte (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 3 – Workforce by operating division

Workforce Distribution by Area (21,329 wte)

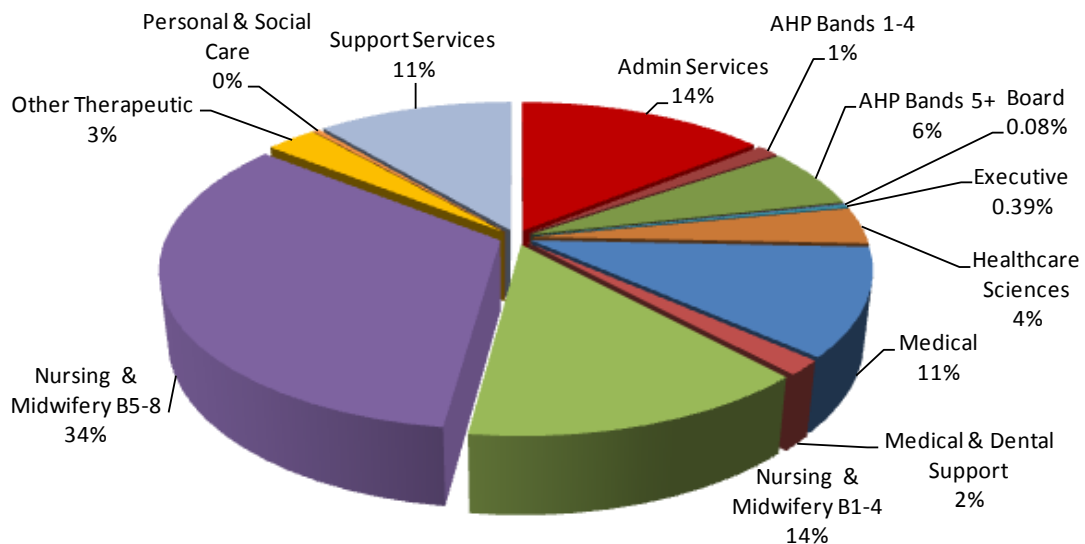


Source – NHS Lothian payroll

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

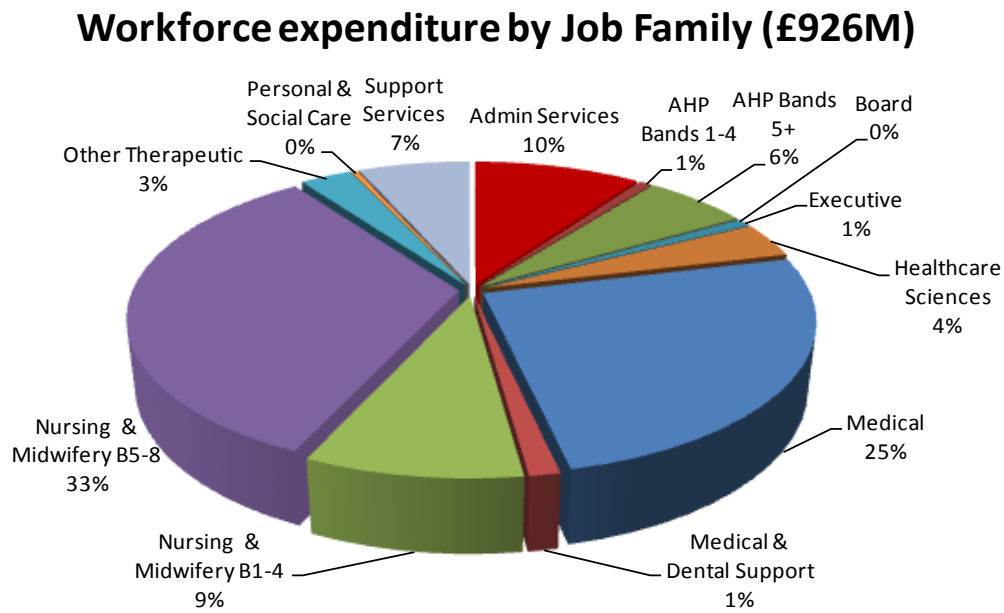
Figure 4 – Workforce by job family (WTE)

Workforce Distribution by Job Family (21,329wte)



Source – NHS Lothian payroll

Figure 5 – Workforce by job family (£)

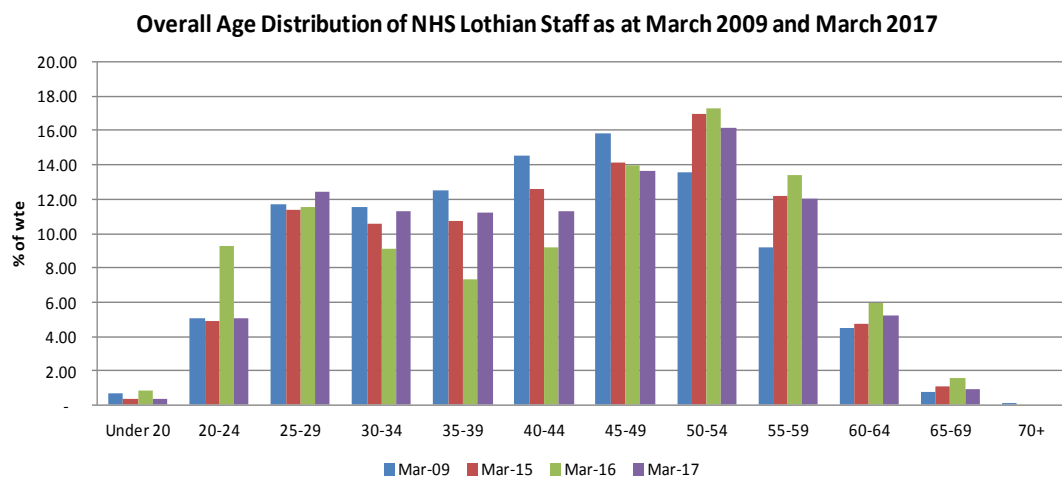


NHS Lothian maximises the proportion of the workforce focused on providing direct patient care and has the lowest proportion of Administrative staff in NHS Scotland (15.2%).

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.

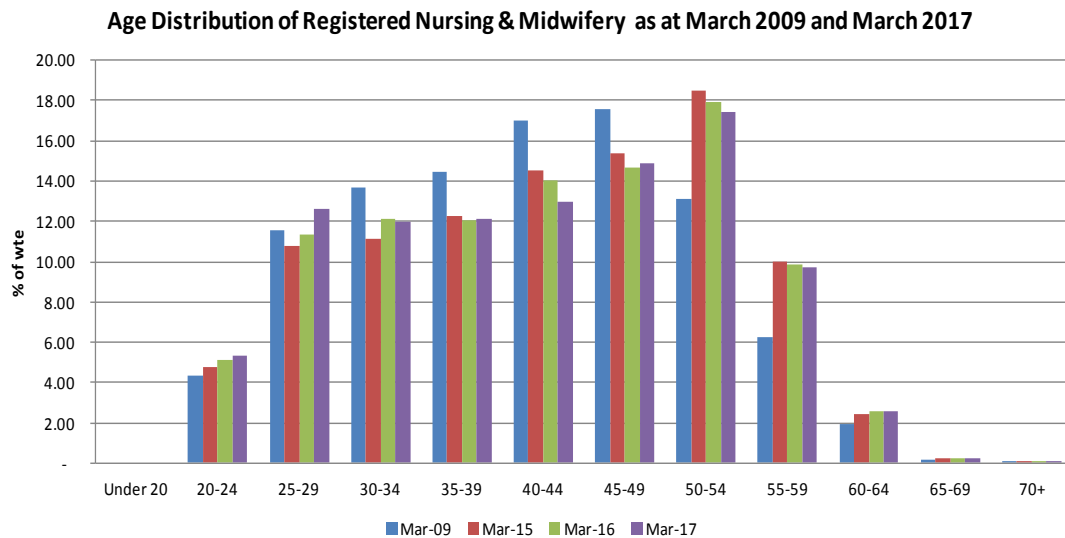
Figure 6 – Overall age distribution



Source – NHS Lothian Payroll

In March 2017 18.5% 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 16 % 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 7 - Age distribution within registered nursing

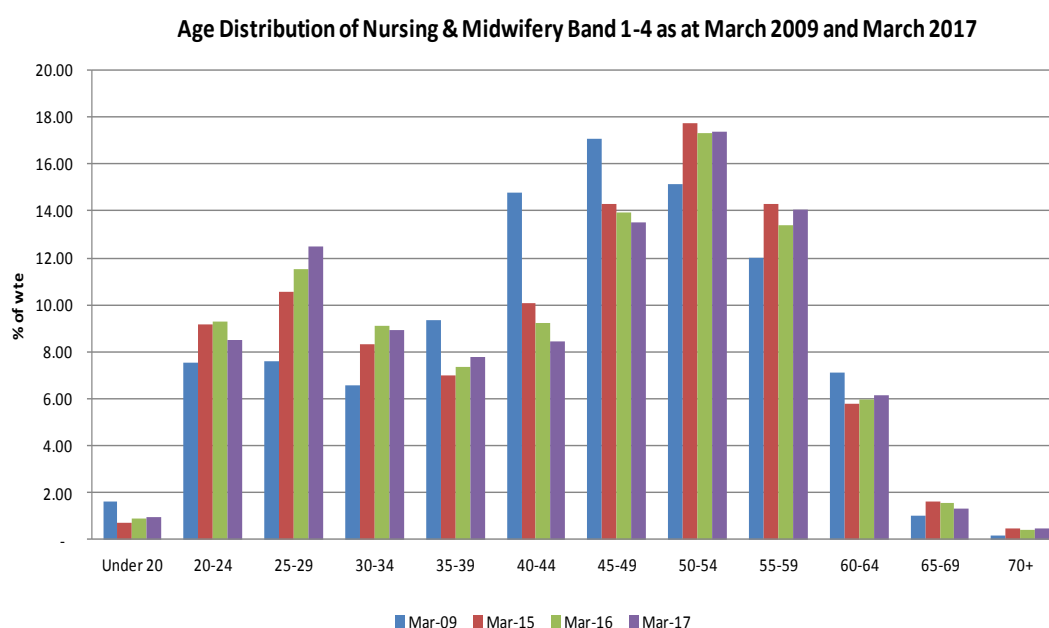


Source – NHS Lothian Payroll

Within registered nursing the ageing of the workforce is already pronounced, between March 2009 and March 2017 the proportion of staff aged over 50 has increased from 21.4% to 30.1% 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 8 – 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 2017 the proportion of staff aged over 50 has increased from 35% to 49.4% 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 9 – Proportion of staff over 55 years old by job family (March 2017)

Job Family	WTE Over 55 yo	% Over 55
Medical	218.82	10%
Medical & Dental Support	55.68	17%
Nursing Band 1-4	565.18	22%
Nursing Band 5-8	883.51	13%
AHP Bands 1-4	62.30	25%
AHP Bands 5+	129.25	10%
Healthcare Sciences	147.02	18%
Other Therapeutic	70.77	11%
Personal & Social Care	23.77	31%
Admin Services	868.38	29%
Executive	27.36	33%
Support Services	686.58	36%
Board	14.00	78%
Grand Total	3533.79	17%

Source – NHS Lothian Payroll
Note - Excludes staff bank

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.

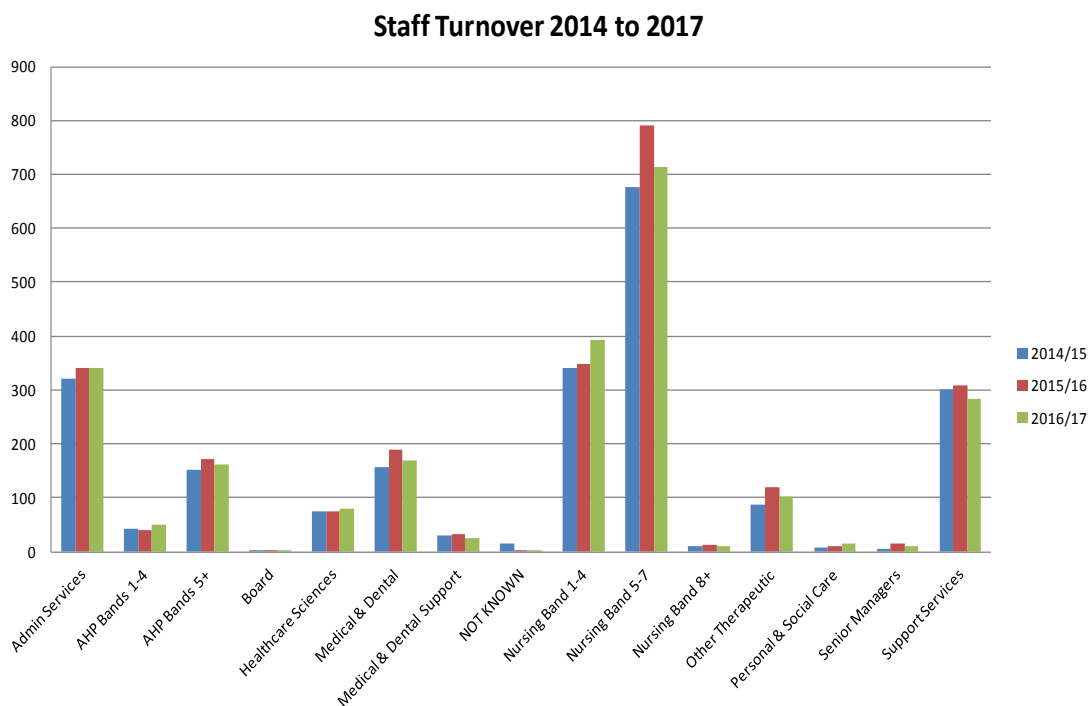
NHS Lothian is mindful of the principles set out under ‘Enabling Age as Asset’, including issues of flexible working, mentoring and succession planning. This has identified important lessons for NHS Boards in facilitating a genuine age aware management structure and workforce planning for a ‘mixed age’ 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.

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. A health and well being plan has been developed to enable collaborative working in NHS Lothian in support of employee health and well being. The plan recognises the importance of supporting both employee’s physical and mental health wellbeing.

3.3 Staff Turnover

After the onset of the global economic crisis staff turnover 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 since 2013/14 staff turnover began increasing in all job families reaching a peak in 2015/16 followed by modest reductions in some job families in 2016/17. It is however anticipated that turnover is likely to increase over the next five years as retrials increase reflecting the ageing of the workforce. The following figure demonstrates how this has changed between 2011 and 2017.

Figure 10 – Staff turnover by job family 2014 to 2017



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 from 2014/15 up to 2016/17.

Figure 11 - Reasons for leaving for all staff

Leave reason	2014/15	2015/16	2016/17
Death in Service	21	15	24
Dismissal	29	46	37
Dismissal Capability	12	11	26
End of fixed term contract	129	115	82
Ill health	62	72	79
New employment with NHS outwith Scotland	68	81	77
New employment with NHS within Scotland	322	402	338
Non Occupational illness	6	4	7
non occupational injury	1		
Occupational illness	2	1	2
Other	359	343	364
Pregnancy	3	6	2
Voluntary Severance	16	44	22
Retirement - age	392	412	415
Retirement other	49	53	64
Voluntary Early retirement - actuarial reduction	43	49	62
Voluntary Early retirement - no actuarial reduction		9	10
Voluntary resignation - lack of opportunity	9	10	9
Voluntary resignation - lateral move	59	65	67
Voluntary resignation - other	608	675	638
Voluntary resignation - promotion	40	49	34
Grand Total	2230	2462	2359

Source – NHS Lothian payroll

It is clear that whilst retrials have increased slightly the demographic bulge in the workforce remains a substantial risk for NHS Lothian and NHS Scotland is a large proportion of the workforce retiring in a relatively short period. A significant proportion of nursing staff that hold protected special class will reach retiral age and are likely to retire. This may mean insufficient numbers in training to match retrials. NHSL are currently working with NES to identify the numbers in training within the Lothians to project against likely retrials.

An anonymised online approach to exit interviews has been introduced to improve intelligence around turnover to support more proactive approaches to retention.

From April 2015 all scheme members have been transferred into the 2015 Career Average pension scheme. Those staff within 10 years of their normal

retiral 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 retiral circumstances and as such there may be changes to historic patterns. There have also been 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.

There was also recognition in the NHS Scotland that the solution to many of these areas requires national support and coordination and the national workforce planning board will taking a lead nationally. Locally considerable work is underway to develop a wide range of training opportunities to attract school leavers through the Healthcare Science Academy and into a range of foundation, modern and graduate apprenticeships.

There is also regional activity underway within medical physics and laboratory services which are focussing on workforce, including the development of competency frameworks that can provide clarity in consistency around workforce capacity and providing improved capacity and skill mix planning.

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 Medical Workforce Planning

Within the trained medical workforce in Lothian recruitment is relatively strong at an overall level, with approximately 85% of consultant recruitment processes completing in 2016/17, with an 87% appointment rate. However 15% of consultant recruitment processes in 2016/17 did not complete due to either a lack of applications or suitable applicants.

Whilst NHS Lothian is relatively well placed in comparison with other boards there remain specialties where there are challenges in recruitment, these include:

- Medicine for the Elderly – there has been an increasing difficulty in recruiting to consultant posts with the last four posts under recruitment having received no applicants/no suitable applicants.
- St John’s Site – recruiting to posts solely based at St John’s site has become more difficult in a numbers of specialties. Specialties such as paediatrics have been appointing to posts split across sites to improve recruitment.
- Paediatrics – Following the review by the Royal College of Paediatrics of Paediatrics and Child Health (RCPCH) NHS Lothian committed to increasing the Paediatrics consultant workforce to sustain the paediatrics service at St John’s and in particular the out of hours service. It has however not been possible to recruit sufficient staff to cover evenings and the weekends despite three attempts at national recruitment and consequently admissions out of hours have stopped.

The fill rate for specialty training posts within the East of Scotland is the highest in Scotland, there are however a number of specialties where fill rates in other areas of Scotland are low e.g. psychiatry and emergency medicine. The high fill rate within the East region is as a result of the high quality training programmes and close University links.

The fill rate for Core training and Specialty training levels 1 to 2 in the South-East Deanery region is 100% for all specialties with the exception of general practice where 8 posts out of an establishment of 88 posts are unfilled (90%). The SE region has the highest fill rate at this level.

Figure 12 – Fill rates for Core/Specialty Training Years 1&2 2017

Region	Core 1&2/Specialty 1&2
East	78%
North	80%
South-east	95%
West	77%

However fill rates for specialty training have declined with 30% of overall posts unfilled, within this overall figure there are also a number of specialties where the fill rate is significant lower:

Figure 13 – fill rates for Higher Specialty Training

	2017 Fill rate	Specialty training programme establishment Fill Rate
Acute Internal Medicine	37%	77%
Child and Adolescent Psychiatry	40%	79%
Clinical Oncology	50%	83%
Medical Oncology	29%	76%
Old Age Psychiatry	38%	68%

Whilst the SE typically has a higher proportion of the fill rate the reducing national establishment may have an impact on Lothian in future years as there will be a reducing number of CCT holders. It is also of concern that the specialties that are experiencing the greatest difficulties are those which will see increased demand associated with an ageing population.

There are however significant gaps that emerge during the course of the year as trainees go out of programme for reasons including maternity leave, trainees taking up PhD research opportunities, out of programme training etc. 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. Clinical Fellows and Clinical Development Fellows have been important in helping support sustainability within a number of 'front door' specialties, whilst also providing high quality supervised training opportunities. It may be however that further investments in ANPs may be more cost effective and provide greater resilience.

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 national workforce plan indicated that there medical specialty profiles will be used to help support regional medical workforce planning.

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.

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. 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 68% in 2017 at an NHS Scotland level. The fill rate within the South East (SE) of Scotland however has been higher at 91%, which is positive for the medium to long term if trainees remain in the SE region. However the combined fill rate of 61% within other regions is likely to impact on the overall GP labour market which is already weakening.

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 19 practices are being provided with support to varying degrees, with a 51 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. There are now 10 Section 2c practices where NHS Lothian has had to take over the running of practices as they could no longer be sustained as an independent contractor.

To improve sustainability and modernise general practice there has been recurrent investment from NHS Lothian of £2m in 2017/18, with a further £3m in 2018/19 and 2019/20 supplementing the national Primary Care Transformation monies which have been allocated in 2017/18.

Health and Social Care Partnerships (HSCPs) are pursuing the developing innovative approaches to creating additional capacity in the primary care team. There are ongoing programmes to introduce pharmacists, nurse practitioners, physiotherapists, paramedics and link workers. Co-ordination is through the HSCPs working together with Lothian-wide support and overseen by the Primary Care Investment and Redesign Board (PCIRB).

A revised national GP contract is currently under negotiation with the intention to implement from April 2018.

3.6 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 within 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. A theatres nursing workforce group has been established to take forward the development of training solutions to support service sustainability.

A five year forward plan of the workforce has shown a potential gap of 86wte (16%) in the workforce not including any future growth in demand for the workforce. The initial priority has been identified as increasing anaesthetic trained practitioners through training an additional 10wte per year for the next 3 years. The development of a local/regional approach to training ODPs is also under development following the closure of the only ODP training programme in Scotland at Glasgow Caledonian.

Development of Band 4 Peri-operative Department Assistants has also been on-going with a final cohort in 2017/18, which will provide full capacity at the RIE, WGH and SJH. This workforce was/is being developed from within the existing healthcare support workers undertaking a locally developed Professional Development Award at West Lothian College(WLC).

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.

Health Visiting

The Health Visiting (HV) workforce requires to considerably increase to enable compliance with the Children and Young Persons (Scotland) Act 2014 with its shift in focus to care delivered by B6 HVs and the implementation of the universal pathway (which Lothian agreed with Scottish Government to implement from May 2017) which prescribes additional home visits.

The issues regarding reduced supply and capacity within the Health Visiting workforce across Scotland are well recognised. NHS Lothian has adopted a long arm mentoring arrangement and has increased the number of trainee Health Visitors over recent years from 6 in 2014 to 40 trainees/year. This has been in addition to a national and local recruitment campaign. However, there remains the constant pressure of people reaching retirement age (54% of Band 6 HVs aged over 50 years of age (72.3 WTE)) most of whom will have retained their special status so can potentially retire at 55. ISD data via SWISS indicates that 12-15 B6 staff/year will leave, mainly due to retirement. 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 requirement for HVs. The vacancy rate continues to be monitored at fortnightly huddles and, as of September 2017 there are approximately 10.83 WTE vacancies (7% vacancy rate) which compares with 21% in December 2015. The cohort of 18 students qualifying in January 2018 will take the workforce into additionality which will enable the additional home visits to be fully undertaken.

In prior years NHS Lothian had also introduced significant staff nurse skill mix in response to service development and redesign and in mitigation of the growing number of HV vacancies, the role of the HV staff nurse is now well embedded within HV teams. Band 5 staff nurses are no longer part of the national model for health visiting delivery and NHS Lothian has a technical delivery plan to reduce the numbers to the end point of having no staff nurses in core health visiting service. The national policy changes around the delivery of immunisations (Vaccination Transformation Programme) will see each health board delivering all vaccinations to all age groups and no input from General Medical Services. Therefore some of the staff nurses from health visiting may opt to move into vaccination team and be retained in community nursing. The first additionality (i.e. new HV posts) will be created in operational budgets and team from January 2018. The national Scottish Government target is for NHS Lothian to increase by 61wte health visitor posts in operational establishments, however, NHS Lothian aims to create 65.05 wte as the caseload weighting tool is run annually to measure population numbers and need. The difference between 61 and 65.05 will be met financially from internal service redesign.

School Nursing

Like health visiting, the school nursing role has significantly altered following the creation of a national School Nursing Pathway. This has led to a shift away from delivering large scale school vaccination programmes to delivering a more individual and caseload based approach to care. All generic school vaccinations are now being delivered by the Community Vaccination Team. The new priority areas are: emotional health and wellbeing; substance misuse; child protections; domestic abuse; looked after children; homelessness; youth justice; young carers; transitions. The B6 school nursing workforce is smaller than health visiting, but with similar demographic pressures within the workforce with 79% aged over 50 years of age with the potential to retire over the next 5 years.

Currently NHS Lothian has a shortage of specialist qualified (NMC part 3 SCPHN) School Nurses (only 3 working clinical within School Nursing Service Pan Lothian) which is the lowest in Scotland. One new SCPHN is qualifying in January 2018 and 2 further school nurse students will commence the 1 year master level 11 course in January 2018. Work is underway to re-design the work force and skill mix teams to meet the new workforce requirements with the current model of term time working needs needing to be replaced by full year caseload working that supports children and young people and their families in the school, community and home setting.

District Nursing

Similar to health visiting and school nursing, there are significant risks within the district nursing workforce associated with the ageing of the workforce, with approximately 47% of Band 6 and 7 DNs being eligible to retire by 2021 with many with NHS 'special status' and able to retire at 55. Lothian (like many other Boards) has an unprecedented number of B6 vacancies. The situation is exacerbated by experienced Band 5 staff leaving District Nursing teams for promoted posts within other services where a post-registration qualification is not required. e.g General Practice, Acute Services, Hospital at Home and Out of Hours Services.

It is very difficult to recruit trained experienced B6 District Nurses at Band 6 which is a recognised UK problem. NHS Lothian launched a UK wide recruitment campaign combining professional journal advertisements, web based targeting, plus NHS Show advertisement. However, this resulted in no B6 vacancies being filled. In addition, a higher proportion of new recruits to community staff nurse posts are newly qualified staff with limited nursing experience and who require higher levels of direct and indirect supervision for longer periods as they develop their skills and competencies to work independently in a community setting.

In order to address this, two approaches are being taken forward.

Firstly, increasing the number of people being supported to undertake their PG Dip in Person Centred Practice at Queen Margaret University (QMU), Edinburgh. In 2016-17, 11 trainee District Nurses were funded and recruited to undertake and in 2017-18 17 places were funded (an increase from 6

places in 2015). In addition, all of the District Nursing students require supervision from a Band 7 Practice Teacher (PT). There are currently 8 PTs across Lothian (of which 6 will be eligible to retire in the next 5 years). Five additional PTs are currently being supported to undertake the course at QMU.

Secondly, an incremental modular programme is currently being developed as an alternative to the 9 month QMU programme which will enable B5 nurses to gain the knowledge and skills required which will provide an alternative route for staff to gain the qualification.

Historically, the District Nurse service within Edinburgh, East and Midlothian have separate Day and Evening services West Lothian works to a different model with all out of hours care (including week-ends and public holidays) being provided by a separate team. In order to make the service fit for purpose and to meet increasing demands H&SCPs are progressing the integration of these two services. This model will help to ensure more efficient use of resources and maximise the potential of the workforce and deliver improved outcomes for patients. The Night District Nursing service across Lothian is managed separately by Lothian Unscheduled Care Service.

In addition to District Nurses, to ensure more complex care can be provided in the community, the service also needs to increase the number of Advanced Nurse Practitioners (ANPs) within the community setting with 14 ANPs currently in training for Primary Care within Lothian to support primary care sustainability. As well as the established 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 there are examples of nurse led services e.g. East Lothian Care Home Team, a nurse led team that provide advanced decision making, independent prescribing and access support to prevent admission to hospital wherever necessary. This team are reducing the burden on stretched GP practices that would routinely provide primary care to the Care Home environment.

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 in 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.

A national group has been established to review the definition and job titles as well as the educational and competency levels that are required to be an advanced nurse practitioner and a lead general practice nurse down to healthcare support worker. £2m has been provided by the Scottish Government to support GPN raise their educational and competency levels.

3.7 Allied Health Professions

Across the range of the Allied Health Professions NHS Lothian continues to attract workforce and has a steady supply of applicants across the bands. Unlike many other Boards the supply and retention of most band 5-7 is constant and stable.

Individually some of the professional groups such as Orthoptists, Arts Therapies, Prosthetists and Orthotists, Sonography are in very small numbers and there are challenges in these smaller professions in maintaining a workforce primarily due to low turnover and limited numbers of people who are eligible to apply in the area.

Sonography is a particular concern and is cited in Radiography priorities to ensure an appropriately trained workforce is available to perform this important role.

3.8 Promoting Attendance at Work

At a national level in 2016-17 there was an average sickness absence of 5.2%, equivalent to 7,291 wte and £267m across the NHS in Scotland, a slight increase on the previous year (0.04%) 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 there has been a slight decrease (0.05%); from 5.02% (2015-16) to 4.97% (2016-17), remaining below national average.

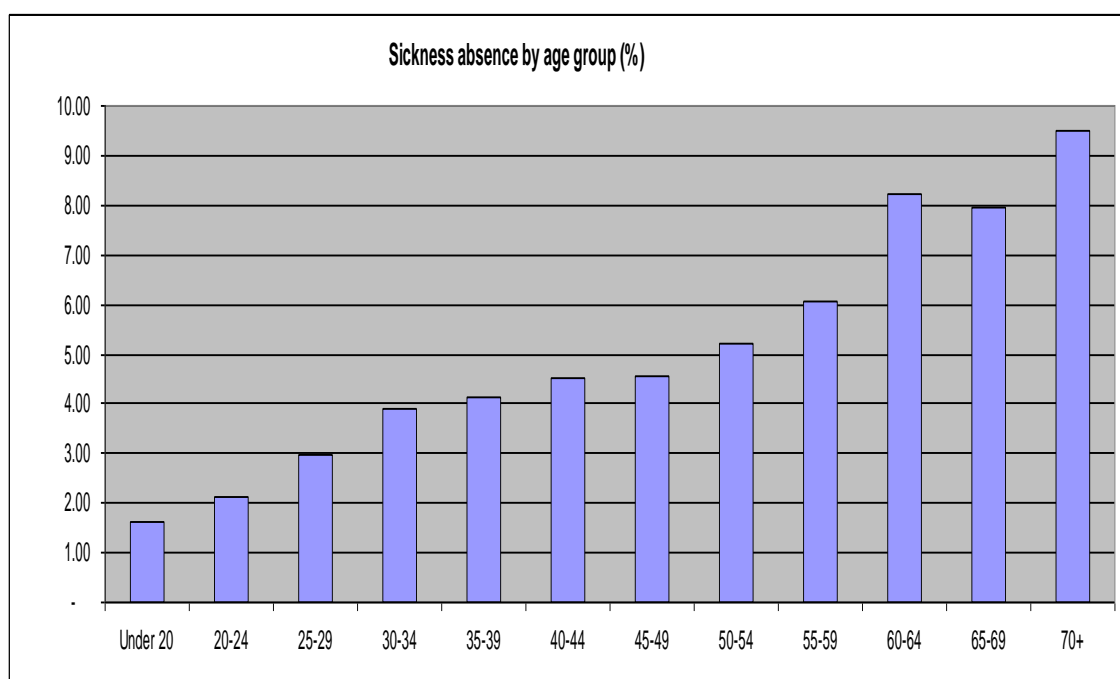
Significant efforts continue to be made in maximising attendance at work through

- 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. A health and well being strategy is being developed to support the ageing of the workforce and increasing retiral age. Given the increase in retiral age to 68 within the next 10 years and the ageing of the workforce a health and well being strategy is being developed to help support staff working longer.

Sickness absence dashboards have been developed that provide access to a suite of sickness absence information which can be accessed at both a high level and a local service level. This enables comparisons between services and job families and enables services to set a local meaningful sickness absence target against which to track progress. Occupational Health referral processes are also being reviewed to support efficiency.

Figure 14 – Sickness Absence by Age Grouping



3.9 Growing our Own Workforce

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

- 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.
- Jobcentre Plus Work Experience – available to 18 to 25 year olds
- Moving Intowork provides employment consultancy and support services within Edinburgh and Lothian to people with an Acquired Brain Injury and Asperger Syndrome.
- 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** – 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.
- **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.

- **Princes Trust** - NHS Lothian is also working in partnership with the Prince's Trust. We run a 6 week 'Get into Healthcare' in either Facilities or Clinical, programme for young people living in Edinburgh and Lothian areas. These courses are aimed at young people, aged 18-29, who are interested in a career in either Clinical Support or Facilities. 8 young people are currently participating on the Get into Healthcare Facilities programme just now and they are due to graduate at the beginning of November. This is the 6th Cohort we have run with the Princes Trust; Cohort 7 is due to start in February 2018.

In all 73 young people have participated in the course, across Facilities and Clinical. 37 are still employed with us. Those that have left NHS Lothian have gone on to pursue other careers or to enter further education, which in itself is a success as they have gained the skills and confidence to do so. One Get into Healthcare Clinical student successfully enrolled at Napier this September and is pursuing a Masters in Nursing. Some of the young people who were part of the clinical cohorts are undertaking their National Progression Awards. At least four of the Get into Healthcare Facilities young people have changed jobs and are now in Clinical Support roles in NHS Lothian.

- **The JET Programme** - is a partnership agreement between NHS Lothian and South Edinburgh Partnership to deliver work based learning. The purpose of the programme is to provide S4 school leavers with skills to aid their move into employment and to promote NHS Lothian as an employer of choice.
- **Programme for Alternative Vocational Education (PAVE)** - is for students in S4/5 of secondary school education, who would like to develop the personal, social, vocational and employability skills, which are required when moving from school to the world of work.
- **One Week Work Experience** - placements for secondary year 4, 5 and 6 pupils seeking experience for their chosen career path. NHS Lothian places, on average, 630 individuals each year.
- **Medic Insight** - provides S5 students in Edinburgh and Lothian considering a career in Medicine with a structured and varied week of work experience providing a well-rounded, dynamic and unbiased glimpse into their potential future career.
- **Facilities Academy** –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.

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. New SLA's with Edinburgh College and West Lothian College in relation to the modern apprentice opportunities are in development.

Development of modern apprenticeships – NHS Lothian in common with all employers has to pay the Modern Apprenticeship (MA) levy which costs £3.79m per annum. The Scottish Government Health Department in turn fund the college sector through Skills Development Scotland to provide the educational aspects of apprenticeships. The development of MAs provides NHS Lothian with the ability to attract 16 to 24 years olds into the workforce whilst providing more attractive structured employment and training. An Early Careers & Apprenticeship Delivery Plan has been developed which sets out the outcomes associated with:

- Embedding apprenticeships within the organisations workforce strategy
- Establishing service and managerial commitment
- Developing effective learning programmes and processes

Strong progress has been made in achieving the national target of 60 for MAs with 50 now in training, with a further 28 in development. Numbers are expected to increase significantly as services develop local plans with support from the corporate learning and development team.

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 2016/17.

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 and development of a new Royal Hospital for Children and Young People, supporting both workforce and service sustainability. These investments are being made within both acute and primary care settings to:

- Support effective and safe care 24/7
- Support general practice in modernising services models, through financial support and training advanced nurse practitioners
- Improving flow into, within and out of Acute Hospitals
- Making the community the right place
- Support workforce sustainability and enhance capacity where required.

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

Figure 15 – Workforce change by job family 2017-18

All Staff	Baseline		Year 1 Projection	Year 2 Projection	Year 3 Projection
	NHS Board	Variance			
All Staff Groups	20,232.5	-270.6	20,373.4		
Medical	2,222.1	-74.3	2,236.7		
Dental	64.4	14.3	64.4		
Sub Total	17,946.0	-211.6	18,072.2	18,185.7	18,169.2
Medical & Dental Support	335.9	-69.1	339.2	339.2	339.2
Band 1 -4	160.0	-3.4	163.3	163.3	163.3
Band 5 - 9	176.0	-65.7	176.0	176.0	176.0
Not Assimilated / Not Known	-	-	-	-	-
Nursing & Midwifery	9,554.2	32.1	9,592.6	9,683.3	9,666.8
Band 1 -4	2,566.2	-3.0	2,550.8	2,553.7	2,553.7
Band 5	4,146.8	15.7	4,142.6	4,167.3	4,170.8
Band 6 - 7	2,701.7	19.3	2,759.6	2,822.7	2,802.7
Band 8a - 9	134.7	-2.2	134.7	134.7	134.7
Not Assimilated / Not Known	5.0	2.3	5.0	5.0	5.0
Allied Health Profession	1,568.2	-16.2	1,577.7	1,600.5	1,600.5
Band 1 -4	253.6	5.8	259.0	269.8	269.8
Band 5 - 9	1,305.1	-12.6	1,309.2	1,321.2	1,321.2
Not Assimilated / Not Known	9.5	-9.5	9.5	9.5	9.5
Other Therapeutic Services	621.0	-43.3	620.5	620.5	620.5
Band 1 -4	114.3	-10.8	114.3	114.3	114.3
Band 5 - 9	506.7	-32.5	506.2	506.2	506.2
Not Assimilated / Not Known	-	-	-	-	-
Healthcare Science	795.1	2.1	788.9	788.9	788.9
Band 1 -4	209.3	-20.2	209.3	209.3	209.3
Band 5 - 7	499.8	14.8	493.6	493.6	493.6
Band 8a - 9	86.1	5.4	86.1	86.1	86.1
Not Assimilated / Not Known	-	2.0	-	-	-
Personal & Social Care	76.3	-9.6	76.3	76.3	76.3
Band 1 -4	1.1	-0.7	1.1	1.1	1.1
Band 5 - 9	75.2	-9.2	75.2	75.2	75.2
Not Assimilated / Not Known	-	0.2	-	-	-
Ambulance Services	-	-	-	-	-
Support Services	1,919.3	-4.3	2,019.9	2,019.9	2,019.9
Band 1 -4	1,819.2	0.5	1,919.1	1,919.1	1,919.1
Band 5 - 9	100.1	-4.8	100.8	100.8	100.8
Not Assimilated / Not Known	-	-	-	-	-
Administration Services	3,075.9	-103.2	3,057.0	3,057.0	3,057.0
Band 1 -4	2,184.2	-50.1	2,165.3	2,165.3	2,165.3
Band 5 - 7	677.6	-52.3	677.6	677.6	677.6
Band 8a - 9	101.1	-16.2	101.1	101.1	101.1
Not Assimilated / Not Known	113.1	15.5	113.1	113.1	113.1
Management (non AfC)	82.7	20.7	82.7	82.7	82.7

The following represent the main areas of the increases within the workforce:

- Investments in the medical consultant workforce following a review by the Royal College of Paediatrics and Child Health.
- Growing the health visiting workforce to meet the requirements of Getting it Right for Every Child.(GIRFEC)
- Growing the children's nursing workforce reflecting the increased range of service provision and the increased ward and room footprint.

4.2 Efficiency & Productivity Plan

NHS Lothian's 2017-18 Financial Plan continues to strengthen the link between business unit plans and the 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.

In 2017/18 NHS Lothian has a baseline budget of £1.54bn there is however a gap of £38.95m in funding, against which efficiency savings of £25.54 have been identified, with a gap of £13.41m remaining. Workforce savings of £5.09m have been identified, of which £3.12m are low to medium risk and £1.97m.

As part of this process the Board will be considering the impact on performance associated clinical risk. It is also considering the requirement to develop a longer term financial strategy to support and deliver significant transformation and redesign of services.

4.3 Safe Staffing

The Scottish Government is looking to enshrine safe staffing in law and will draft legislation following a national consultation. This will build on the use of the mandated suite of national workload and workforce planning tools for nursing within various settings/specialties. Within Lothian the tools have been run on the required basis.

NHS Lothian has convened a Safe Staffing Group which is running in parallel with the national group, which has representation from Lothian on it. There are 2 longstanding delivery groups – Nursing and Midwifery Workforce Group and Community Nursing Workforce Group who will take forward the required actions. These delivery groups oversee the annual timetable for runs of the Nursing and Midwifery Workload and Workforce Planning tools. NHS Lothian has a standard operating procedure to ensure that there is appropriate governance around escalation of the findings from the tools.

NHS Lothian is rolling out eRostering and SafeCare to all nursing teams. SafeCare is a tool that uses a twice daily census of patient acuity measured against the actual nursing hours available (from the eRoster system) to determine whether or not the staffing is sufficient to deliver the care needs. This information is then used to deploy the available staff to the optimum

arrangement to safely meet patient needs, to assess need for supplementary staffing from bank / agency, to manage activity in other ways.

Whilst the national workload and workforce tools have a role to play in setting nursing establishments on an annual basis the SafeCare tool is a much more robust and effective measure of safe staffing in real time for the group of patients under our care at any given time.

Setting a realistic funded establishment enables wards, teams and departments to recruit up to an agreed number of staff. It is the optimum deployment of these staff that determines if there is a safe staffing level, having the right staff in the right place at the right time – taking account of activity, skills, vacancies and other absences / off ward time, student contribution /mentoring – against the clinical needs of the patient group, which in itself can fluctuate throughout a shift. Wards can escalate concerns during a shift, e.g. if patients become very unwell and need additional support or if staff numbers are depleted by sickness, which flags up to the manager in real time and action can be taken to support areas during heightened activity / depleted resources.

4.4 Health Visiting Services – Future Focus

As highlighted in section 3.2 there are significant demographic pressures 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 17 – Demographic change

0 to 15 Population growth up to 2020	
Total Population	58,774
1% growth	588
GRO forecast 11% growth	5,343
Average case load	350
Additional wte required	15

The implications of the Children and Young People (Scotland) Bill will also have a requirement for additional health visitors as part of a statutory requirement that all preschool age children have a named person and that the role of the named person is exercised accordingly.

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.

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. The new hospital will also widen the age range to include adolescents and as such the name of the hospital will change to the Royal Hospital for Children and Young People. 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 has been developed.

4.6 Regional Trauma Network

Timely access major trauma centres is key to both reducing deaths and improving outcomes for patients that survive major trauma incidents. The Scottish Government outlined its commitment to opening four major trauma centres across Scotland within each of the geographical regions in Saving Lives Giving Lives Back (January 2017).

<http://www.traumacare.scot/files/National-Trauma-Network-Implementation-Group-Jan-2017.pdf>

In the East region the Royal Infirmary of Edinburgh will be the designated Regional Major Trauma Centre(MTC) within the Regional Network comprising collaboration between Lothian, Fife, Borders and the eastern part of Forth Valley.

The MTC will be staffed by consultant-led trauma teams who will provide immediate care on arrival at the hospital with immediate access to diagnostic and treatment resources, including blood transfusion, CT scans and emergency operating theatres. This will also involve working closely with the Scottish Ambulance Service (SAS) on pre-hospital care to ensure the most urgent patients are transported to the most appropriate care. This may involve bypassing local hospitals so patients can receive specialist care immediately.

A Scottish Trauma Network Steering Group has been established to drive the implementation process, with Finalised robust regional and national implementation and phased financial plans.

The South East of Scotland MTC incorporates many clinical services. The programme incorporates four work streams: Retrieval; Reception; Definitive Care; and Rehabilitation. The scope affects all unscheduled care services within the RIE but primarily focussed at this stage on Scottish Ambulance Service (SAS), Emergency Departments, Orthopaedic Trauma, General Surgery, Anaesthetics, Radiology, Critical Care, Major Trauma Service as well as Acute Rehabilitation and cross transfer. Working groups have been established to review the current position against standards (MT KPI's), identify key actions and estimated costs for the delivery.

This development will a growth in the workforce in certain areas and when these are more fully developed they will be included in the NHS Lothian workforce projections. Whilst the changes in workforce and financial terms will in the main be in Lothian they will require to be agreed regionally.

4.7 East Region Elective Treatment Centres

The first minister announced the investment of £200m in developing six new elective treatment centres to substantially increase elective capacity. This increased capacity will allow people to be treated more quickly for diagnostic procedures and planned surgery, helping to meet the increasing demand from a growing elderly population, taking pressure off unplanned and emergency treatment. This will also reduce the reliance on private sector suppliers. The

indicative timeline is for the centres to begin operation before the end of the current parliament.

There are planned to be two centres in the East region, one based at St John's Hospital and one in the proximity of the Royal Infirmary of Edinburgh.

Work is ongoing with our East Region Board partners to identify the service needs for an Elective Centre for the East Region. Current specialties in scope include:-

- Colorectal
- General Surgery
- Gynaecology
- Orthopaedics
- Urology

Work is ongoing to profile future demand, agree potential service, workforce and operating models to inform submission of an Initial Agreement to Scottish Government by January 18.

Thereafter more detailed analysis around workforce planning will be required to deliver the model which is approved. At this early stage the risk around workforce availability across all relevant disciplines is clearly recognised.

4.8 Non Medical Workforce Solutions

Nursing

The Scottish Government transforming nursing roles developing advanced practice initiative will provide funding for the training of 500 advanced nurse practitioners. Within Lothian an Advanced Practice Steering Group led by the Director of Nursing has been established to lead on the development of a local strategy.

As part of this work there has been a comprehensive scoping of all advanced practice roles within both Acute and Primary Care to establish a baseline and the development of a clear framework and scope of practice to ensure consistency. This has shown that there are currently 111 ANPs in practice with a further 43 currently in training. A service needs analysis has been undertaken showing very strong demand (266 posts) for further expansion. However national funding only provides training costs and services are required to fund backfill of posts vacated by trainees and only 169 of the posts identified at this stage have confirmed funding in place of which 91 are for GP practices.

Allied Health Professions

The current demand for advanced practice is variable across the Allied Health Professions(AHPs). The biggest predicted growth is in the contribution AHPs

have to play in the modernising primary care work stream with a high demand for first point of contact musculo-skeletal physiotherapists.

There are currently three models of service redesign utilising advanced practice physiotherapy and occupational therapy underway in Lothian and there is early evidence that these roles are diverting patients from General practice to more appropriate interventions with MSK physiotherapy, and mental health occupational therapy.

The management of long term conditions and frail elderly has also been tested with a new advanced practice community physiotherapy team working in Care homes to prevent admission, undertake case management of people with Long term conditions and most importantly increasing anticipatory care. A supply pipe line to establish a workforce with the correct skills has been undertaken over past 2 years to ensure an increase in supply when the system requires these types of roles.

It is acknowledged that currently this is restricted to core established posts and although there is not a capability issue the speed and volume of advanced practitioners required is identified as a workforce planning priority for this use of resource, so that mitigations and supply can be clear for the next five years.

These developments have the potential to alleviate some of the medical/GP workforce pressures and provide a solution that develops capacity in the medium and longer terms as staff retention in such posts is good. They will also be an important enabler in supporting the shift in the balance of care to community based services.

The development of ANPs has however a significant lead in time, double running costs, takes from the existing workforce and requires supervision capacity.

Whilst these are senior non-medical roles there is also the potential for technical roles such as within nursing/allied health professions 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.

4.9 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.

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 details 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 all staff have completed mandatory training and demonstrated 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 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 customer care training 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 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 reflecting 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 2017/18 in action plan in Section 5.

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

Section 5: Action Plan

Given the complex range of workforce challenges within each of the professions there is a need to ensure that there is a robust action plan to close existing and emerging gaps within the workforce through workforce and or service development. There is a need to ensure that planning reflects the multidisciplinary team at the heart of service delivery.

A Workforce Planning and Development Programme Board was established in August 2017 to bring a cross professional approach to workforce planning has been established in 2017. The board will

- Take a 'whole system' multi-professional approach and overview of workforce planning and development.
- Develop organisational capacity and capability to deliver effective workforce planning and development.
- Oversee and receive formal regular updates and assurance on progress in relation to uni-professional workforce planning and utilisation of supplemental staffing via the profession workforce delivery groups;
- Facilitate and articulate the longer term strategic vision for the workforce ensuring appropriate congruence with service and financial plans;
- Ensure workforce planning and development activity robustly considers and supports service sustainability both locally and regionally.
- Ensure the annual production of the workforce plan and projections for the organisation in accordance with the Scottish Government requirements and timetable;
- Lead the implementation of the National Workforce plan and inform future iterations of this plan.
- Support the development of integrated workforce plans in IJB's. Collaborate with local Board Workforce Planning specialists/committees across the South East of Scotland Region to support delivery of the Regional Transformation Plan and promote a 'once for the region' approach where appropriate.

Workforce Planning Activity and Gap Analysis

A workforce planning activity and gap analysis has been developed which identifies all the major service developments that are planned and key professional workforce sustainability challenges. This will be used to identify where there are gaps in current planning and provide a focus on key priority areas for support. This section of the plan will be dynamic and change where priorities emerge. The national workforce plan part 2 which relates to primary care and part 3 which relates to General Practice will be published towards the end of 2017-18, at which time the action plan will be updated accordingly. The following section details the key workstreams, status and desired outcomes.

Issue	Action	Action Owner	Outcome	Timescale
Development of the regional health and social care delivery plan.	<p>Support and inform the development of the health & social care delivery plan.</p> <p>Provide a detailed picture of the overall Lothian element of the SE workforce. Provide a detailed workforce profile of the Lothian element of Regional priority services to inform planning:</p> <p>Reflect clinical workstreams</p> <ul style="list-style-type: none"> • Elective Treatment Centres • Gynae-oncology Surgery • GI& Endoscopy • Orthopaedics • Ophthalmology • Radiology • Regional Trauma Network • Urology <p>As more detailed service models</p>	Regional HR Director Lead (Janis Butler) & Regional Director of Workforce Planning (Derek Phillips)	<p>Robust assessment of workforce supply and demand within priority specialties.</p> <p>Draft RDP Completed and submitted to the SG</p>	End of March 2018 submission to the SG

	emerge a more detailed workforce plan will be developed.			
South East Major Trauma Network	The South East regional major trauma centre will be based at the Royal Infirmary of Edinburgh (RIE) as part of the East Region Trauma Network. It will take major trauma patients from across the region. The physical and workforce capacity requires to be developed to ensure they reflect the needs of a MTC.	Director of Strategic Planning (Colin Briggs)	Workforce plan for the development of a MTC workforce at the RIE. This should include the potential impact on Emergency Medicine Units in the Region.	2020-21
East Region Elective Treatment Centre	Development of east region elective treatment centres in line with the SG strategy for increasing diagnostic and treatment capacity. This will require profiling of future demand, agreement of service and workforce models.	NHSL Chief Operating Officer(Jackie Campbell)	Initial Agreement submitted to the SG. Detailed affordable and sustainable workforce plan to meet service model. Completion of centre	January 2018 2018-20 Initial timescale 2021
Integrated Joint Boards (IJB) issue Directions to NHS Lothian to review aspects of service provision for the population covered by IJBs.	The development of revised service models are required to take into the account the current and future workforce sustainability. There is also a need for workforce plans to underpin changes in service models.	Chief Officers	Revised service model, including workforce resource transfer including potential knock on effect on hospital based services.	2017 onwards
Integrated Joint Board(IJB) workforce and OD plans covering	IJBs are required to produce initial HSCP workforce &OD plans by the end of March 2018. NHS Lothian workforce	Chief Officers	Initial workforce plan setting out the profile of the Health & Social workforce and key	End of March 2018

Health & Social Care Partnerships	and OD leads are working alongside HSCP to support their development. HSCPs are at different stages in developing plans.		workforce challenges and opportunities and action plan to progress.	
The New Royal Hospital for Children and Young People and Department of Clinical Neurosciences.	The reprovision of RHSC and DCN has a detailed workforce plan with agreed funding streams. Recruitment is planned incrementally to ensure that staff will be in place. There is a detailed phased recruitment plan.	Head of Commissioning (Jacqui Sansbury) Director of Operations (Fiona Mitchell)	Workforce in place in line with commissioning plan.	2017-18
Implementing The Best Start: A Five-Year Forward Plan for Maternity and Neonatal Care in Scotland. Including a regional neonatal workstream.	Development of workforce and workforce development plan for the implementation of the new service model. This will require a detailed understanding of the existing workforce demographic profile, future demand requirements and training pipelines for new and existing staffing. A workforce sub-group will be established to take this work forward.	Nurse Director (Alex McMahon) Director of Operations (Fiona Mitchell)	Workforce and development plan which sets out the transition to the new service model. This will require a detailed workforce sustainability assessment given the demographic pressures within the workforce.	2017- 2022
Mental Health Workforce Sustainability	There is a need to review all areas of the mental health workforce to ensure that there will be sufficient workforce capacity to deliver service models that deliver high quality care in the face of significant demographic change and growing recruitment challenges within the medical workforce.	Executive Lead for Mental Health (Alex McMahon)	Development a wider multi-professional workforce which is sustainable in the medium and long terms.	2017-2020
Primary Care Support General Practice Workforce	Support GP workforce sustainability through the implementation of the New GMS contract. Workforce redesign to enhance capacity to cope with growing	Lead for Primary Care (David Small)	Implementation of the New GP Contract. Funded workforce plan for the	2018-2022

Sustainability through service and workforce redesign.	demand and the drive to provide more care in a community setting.		development and recruitment of the MDT that will be required to deliver a revised service and workforce model.	
	Where necessary take practices under direct management by NHS Lothian to ensure sustainability.	Lead for Primary Care (David Small)	Sustainable workforce for general practice through recruitment of GPs and other members of the MDT.	On-going
	Practice Nursing – agree a consistent model for practice nursing across the Lothians. Develop a plan for sustaining and increasing this workforce in the face of ageing workforce of whom 35% intend to retire in the next 5 years.	East Lothian Chief Nurse (Alison McDonald) Lead for Primary Care (David Small)	Sustainable practice nursing workforce which meets the needs of traditional services and a substantially increased advanced practice role to support GP workforce sustainability and new GMS role of GPs.	2018-2022
Implementation of Shape of Training	The implementation of shape of training will see significant changes made to medical training. This will inevitably have an impact on the numbers and allocation of trainees. General Surgery will be a pathfinder specialty, implementing Improving Surgical Training from August 2018. This will see greater in-hours working and an increased focus on education.	Medical Director (Tracey Gillies)	There is a clear understanding of the implementation process and the potential costs/benefits for each specialty. Where there is a detrimental impact on service plans are required in advance of changes.	2017-2020
Clinical Fellows/ Development Fellows	There are currently 26 clinical development fellows employed by Lothian, funded out of vacant trainee posts. Medical workforce expenditure is exceeding budget currently by c£5m	Medical Director (Tracey Gillies).	There is a clear organisational position and funding on the future numbers of fellows and non-medical alternatives.	2017- 2018
Regional Medical	NHS Lothian will become the host	Director of HR&OD	An agreed position with NES	2018

Training Programmes	employer for all trainees with the exception of general practice who will be employed by NES. This will provide trainees with continuity of employment. There will be a need for clear employment, financial monitoring arrangements required.	(Janis Butler) Medical Director (Tracey Gillies)	on the numbers of funded training posts and there allocation by Board. Agreed governance structures for the employment, trainee allocation, financial management and training quality.	
Nursing – Safe Staffing	Roll out eRostering and SafeCare to all nursing teams.	Nurse Director (Alex McMahon) Deputy Director – Corporate Nursing (Fiona Ireland)	Roll out to 100% of nursing and midwifery staff by June 2019 Test of change - Use of Safecare in huddles in one site by end March 2019. A twice daily census of the patient acuity measured against the actual nursing hours available to determine whether or not the staffing is sufficient to deliver the care needs. Optimal deployment to safely meet patient needs.	2017-2019
Ensuring sufficient health visiting workforce to meet the needs of a growing population and the implementation of the 'named person' legislation.	Expansion of the Health Visiting Workforce to ensure NHS Lothian can meet the requirements of the children's act and on-going population growth.	Nurse Director (Alex McMahon)	Sufficient supply of health visitors to meet the needs of an ageing workforce, existing vacancies and an increased requirement for named person. To achieve this:	2016-2019

			<ul style="list-style-type: none"> - 61 additional HVs will have been trained by 2018 - sustained training of 16 places per year from 2019 / 20 onwards. 	
Sustaining community nursing workforce.	To build capacity in nursing workforce in areas of high vacancy in community.	<p>Nurse Director (Alex McMahon)</p> <p>CHCP Chief Nurses</p>	To develop accredited education via SQA at SCQF 7/8 for a band 4 assistant practitioner role in community to aid in community teams workload.	Planned education start date of Sept 2018, service are currently scoping and will confirm numbers by Feb 2018.
Sustaining the district nursing workforce in the face of acute demographic pressures.	Expansion of the training opportunities for District Nursing (DN) and the skill mix within the workforce to ensure NHS Lothian can meet the requirements of the on-going population growth.	<p>Nurse Director (Alex McMahon)</p> <p>CHCP Chief Nurses</p>	<p>Additional 17 training places in 2017/18.</p> <p>Development of alternative incremental modular programme.</p> <p>Develop additional 5 practice teachers (PTs) to support increased numbers are retirements of existing PTs.</p> <p>Explore band 4 role.</p>	2017-2020
To commence a regional/National approach to ODP	To develop a training programme validated with a university and HCPC, this will run nationally via regional	Nurse Director (Alex McMahon)	Nationally agreed and validated programme that will supply sufficient capacity to	Planned start date of Sept 2018 with 14

training.	delivery model.	Chief Nurse – Education (Janet Corcoran)	sustain and grow the ODP workforce.	ODPs in SE of Scotland. Awaiting numbers to be confirmed nationally.
Return to practice	Establish a return to practice course within the SE region to increase the nursing workforce.	Nurse Director (Alex McMahon) Chief Nurse – Education (Janet Corcoran)	To develop a training programme validated by Edinburgh Napier University and Nursing and Midwifery Council. We plan to offer places to 50 practitioners twice a year.	Planned start date 20th of August 2018
Advancing roles	Establish a coordinated approach to further expansion of advanced nurse practitioner roles and other nursing roles. This will also cover succession planning for existing ANP roles.	Nurse Director (Alex McMahon)	Complete a services needs analysis of advanced practice. Develop a prioritisation matrix for investment with business case in nursing advanced roles by March 2018. Develop and a phased development plan to deliver requirements. Training 14 ANPs for primary care during 2017/18	2017-2019
Healthcare Science Delivery Plan.	Development of a competency framework within Medical Physics - Medical Equipment Management Service.	Head of Medical Equipment Management Service (Malcolm Phillips)	Identification of types of task to be performed at various grades. Better distribution of staff across the various sites.	December 2018

	Development of a generic role for physiology (Cardiac/ Respiratory/ Sleep /Vascular)	HCS Professional Lead (Sarah J Smith)	Enable further work to be done within the workforce structure	March 2020
	Continued development of apprenticeships within HCS	HCS Professional Lead (Sarah J Smith)	Expansion of apprenticeships within the various areas within HCS	March 2019
	Development of advanced roles within Life Sciences : Consultant BMS BMS Trimming	Service Manager Laboratories (Mike Gray)	Free up time for consultant pathologists	March 2019
AHP Workforce Planning	Establish NHS Lothian AHP workforce programme board covering all AHP professions, working in the first phase to review existing workforce in each pan Lothian service, age profile, skill mix, turnover etc. This will also include succession planning for existing advanced practice workforce and future development.	AHP Director (Lynne Douglas)	Each AHP profession has a: <ul style="list-style-type: none"> • service specification, • direction of travel • gap identification and actions to address them. 	December 2018
Pharmacy Workforce Planning	Development of a robust workforce plan to meet the current and future demand for an appropriately skilled pharmacy workforce to realise the outcomes of Achieving Excellence. This will also need to reflect the likely growth required within Primary Care.	Angela Timoney (Director of Pharmacy)	A robust workforce plan to meet the current and future demand for an appropriately skilled pharmacy workforce across Acute and Primary Care to reflect changing service models.	March 2019
Development of Career Pathways	Career pathways provide an opportunity to demonstrate how staff can progress through a profession, showing the relevant training and experience requirements. They have potential to support recruitment and	Professional Leads	Completed accessible career pathways. External communications plan linking with Schools and Colleges to inform 2018	By end March 2018 By end April 2018

	retention into and within professions.		leavers.	
Development of Facilities workforce	In the face of a challenging labour market there is a need to develop routes into the workforce including the potential for career development.	Head of Facilities Management – Soft FM (Danny Gillan)	Expanded routes into facilities workforce for younger entrants from disadvantaged backgrounds. - increased MAs within cleaning and Hospitality Services from 9 in 2017/18. - support 7 supervisors and managers to complete the HNC in facilities management. - 12 MAs within hard FM to complete by 2021 - clear progression pathway to HNC and HND.	2017 - ongoing.
Review Physician Assistant/Associate	Review the potential of the Physician Assistant/Associate role which is increasingly within a number of boards.		Review of the deployment of PAs within other Boards and there potential applicability within NHS Lothian.	
Modern Apprenticeships	Following the introduction of the apprenticeship levy on all businesses there is a need to develop a comprehensive approach to modern apprenticeships across the workforce and enable boards to use training and funding to support apprenticeships.	Director of HR & OD (Janis Butler) Amanda Langsley/ Andrea Macdonald	Robust and comprehensive approach to MAs within all relevant job families to ensure that NHS Lothian is maximising the potential from new recruitment channel and obtain a return on the investment made through the MA levy. We realise increased opportunity to support widening access to MA posts.	2017-2019

			<p>Delivery of 3 cohorts (x20 each) of MA recruitment in 2018</p> <ul style="list-style-type: none"> - Develop pool of young people for HCS Support worker roles - expansion of MAs within facilities 	
Development of Workforce Planning Capacity & Capability	<p>Development of a test of change for the development of workforce planning and development skills and knowledge to support services in developing local plans and actions.</p> <p>Development of workforce planning website to provide access to workforce planning resources, toolkits and information.</p>	Director of HR & OD (Janis Butler)	Workforce planning materials, resources, training, advice and support.	2017-2019
Review staff turnover	<p>Review areas of highest turnover to identify hotspots areas and benchmark against other boards/sectors.</p> <p>Improve process for exit interviews to gather better intelligence around reasons for employees leaving.</p> <p>Link in with the employee experience work and i-matter results.</p>	Director of HR & OD (Janis Butler)	<p>Assessment of areas of high turnover, improved exit process and hot spots areas identified.</p> <p>Linkage with employee experience workstream to support retention.</p>	End of March 2018
Brexit	As the UK negotiates Brexit with the EU it is not yet clear what the impact may be on recruitment and retention.	Director of HR & OD (Janis Butler)	An assessment of EU workforce by job family.	2018

Section 6: Implementation and Review

The monitoring process for each of the areas covered by this plan will vary with each of the actions the workforce planning and development programme board will oversee progress.

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 led 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.

Workforce Plan - The Workforce Planning and Development Programme Board (WPDPB) will review progress against the action plan and areas identified as priorities. Professional workforce planning groups will feed in progress to this group to ensure linkage across professions. This group will also link into regional and national workforce planning groups to ensure more integrated planning and also more closely with service and financial planning to support the development of robust and achievable plans.

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 – Ensuring robust medical workforce supply planning will be overseen by the Regional Medical Workforce Group and SEAT planning group given the regional nature of the medical workforce and where necessary by the WPDPB. 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 and progress reviewed by the WPDPB. All significant changes to the workforce are discussed with the NHS Lothian partnership forum and local partnership fora.

Appendix A – Nursing and Midwifery Career Framework

NHS Lothian Nursing & Midwifery Education/Career development pathway – Bands 2 to 7

(Based on the NHS Scotland Career Framework – ref 1)

Key points:

- > The framework below gives examples of resources that staff can access as part of developing their roles and need to be agreed as part of staffs PDPR discussions
- > Staff can join the nursing and midwifery workforce via a number of access points. We have examples of staff that have joined NHSL as a Band 2 and with the framework are now in a Band 7 SCNs roles.
- > Underpinning the pathway is Clinical / Practice Supervision, NMC Code of conduct, PDPR, NMC Revalidation & Mandatory training
- > All new roles must be agreed via the NHS Lothian Workforce Organisational Change Committee
- > A service needs analysis must be undertaken and agreed by Executive Nurse Director for any new Advanced Practitioner roles



References

1. NHS Scotland Career Framework
<http://www.nhs.uk/media/9339/nmhc-careers-poster.pdf>

Resources

1. NHS Lothian HR online
2. Corporate Nursing Intranet pages
3. Clinical Education and Training Team – contact Janet Corcoran or Education Link

Access into NHS Lothian Workforce	HCSW Band 2	Senior HCSW Band 3	Assistant Practitioner Band 4	Practitioner Band 5	Senior Practitioner - Band 6	Advanced Practitioner Band 7 – Team Leader/SCN
Clinical Academy with Prince Trust	HCSW Induction standards & code	HCSW Induction standards & codes	HCSW Induction standards & codes	Newly Qualified Programme over 1 year with flying start	Clinical skills relevant to role	Completion of NHS Lothian Advanced Practice programme (MSc) Clinical ANP
National Progression Award undertaken in College	National Progression Award for Inpatient areas	Clinical Skills relevant to role	Professional Development Awards (PDA) for service area	Clinical Decision Making – Acute	Clinical Decision Making – Acute	Cancer, Palliative Care & Communication Skills courses
Foundation Apprenticeships with QMU	Scottish Vocational Qualification (SVQ) Level 2	SVQ Level 3	Clinical Skills & competencies relevant to the role	Community Clinical Decision Making & Independent Prescribing	Community Clinical Decision Making & Independent Prescribing	Excellence in Care Leadership Programme
Modern Apprenticeships Clinical	Modern Apprenticeships Clinical	Professional Development Awards (PDA) for service area	Pre HNC programme	Competencies & Clinical Skills for role	DN course	LBC – Leading Across Difference
	Pre HNC programme	K101 – Open University, An Introduction to H&SC	HNC Leading to access to 2 nd year of Registered Nurse programme	Accredited Modules for role	CPD study days relevant to service	Quality Improvement Skills Programme
	HNC Leading to access to 2 nd year of Registered Nurse programme	Modern Apprenticeships Clinical	K101 – Open University, An Introduction to H&SC	Mentorship programme	Cancer, Palliative Care & Communication Skills courses	Planning for Quality (Quality Academy Leadership programme)
	Clinical Skills - Relevant to role	Pre HNC programme	Cancer, Palliative Care & Communication Skills courses	CPD study days relevant to service	Excellence in Care Leadership Programme	Recruiting with Fairness and Equality
	Cancer, Palliative Care & Communication Skills courses	HNC Leading to access to 2 nd year of Registered Nurse programme	LBC – Leading Across Difference	LBC – Leading Across Difference	LBC – Leading Across Difference	Courage to Manage
	LBC – Leading Across Difference	Cancer, Palliative Care & Communication Skills courses	Supervisory Management Skills	Supervisory Management Skills	Seminars Quality Improvement	Delivering Better Care Leadership Programme
	Delivering Better Care study day	LBC – Leading Across Difference	Connecting with Communication	Introduction to Management	Introduction to Management	Coaching/Mentoring
	Connecting with Communication	Supervisory Management Skills	Courage to Manage	Recruiting with Fairness and Equality	Recruiting with Fairness and Equality	Paired Learning
	Courage to Manage	Connecting with Communication	Delivering Better Care Leadership Programme	Connecting with Communication	Connecting with Communication	Playing to your Strengths
	Delivering Better Care Leadership Programme	Courage to Manage		Courage to Manage	Courage to Manage	FranklinCovey 7 Habits of Highly Effective People
		Delivering Better Care Leadership Programme		Delivering Better Care Leadership Programme	Delivering Better Care Leadership Programme	