



NHS Lothian Workforce Plan

2015/16

Workforce Planning Department
HR & OD Directorate
Waverley Gate,
Edinburgh

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Introduction

This 2015-16 workforce plan update sets out a detailed analysis of the national and local workforce planning context, including an assessment of workforce supply and demand. The plan is structured around the Scottish Government workforce planning guidance CEL (2011) 32, which suggested that Boards use the nationally sponsored 6 step workforce planning methodology for developing their plans.

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

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

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

This updated plan provides details of the national policy context and local planning context, detailing workforce demand projections for 2015/16 and an assessment of the future workforce supply at a local level and the actions that are being undertaken to balance supply and demand.

Section 1 – Defining the plan

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

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

The plan will detail the considerable investments and efficiency savings that are being made in 2015/16 in the workforce to enhance our capacity to help meet treatment time guarantees and enhance unscheduled care services. It will also detail where medium to long term workforce risks are anticipated and what the Board is doing to respond to them.

1.1 2020 Vision for the NHS in Scotland

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

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

1.2 NHS Scotland 2020 Workforce Vision

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

The values that are shared across NHSScotland are:

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

The 2015-16 implementation plan builds on the actions in the first plan published in 2014-15 set out the following actions for Boards and the Scottish Government.

Organisation	Responsibilities
NHS Boards	<ul style="list-style-type: none"> • Make use of performance information and sources of intelligence, such as <i>iMatter</i>, staff and patient survey results, to inform the work they do and how they prioritise local actions. • Engage with staff, stakeholders and partner organisations in planning this work, building on the collaborative approach adopted so far ensure that the way they take this work forward reflects the NHSScotland core values and the Staff Governance Standard. • Adopt a flexible approach to delivery to avoid duplication and ensure that ongoing work is sufficient and fully aligned to this implementation plan make connections when developing local programmes of work recognising that many of the actions in this plan are cross-cutting and support more than one priority. • Ensure that effective arrangements are in place locally to monitor progress undertake tests of change in relation to new ways of working and delivering services. • Ensure that all learning and development programmes reflect the vision, values and five priorities in <i>Everyone Matters</i>.
The Scottish Government	<ul style="list-style-type: none"> • Developing and publishing annual implementation plans • Leading on specific national actions and commissioning solutions • Ensuring robust governance arrangements are in place • Measuring and monitoring progress across NHSScotland • Working in partnership with stakeholders to secure their support

The table below gives an indicative timeline for Scottish Government and others to complete the new actions for 2015-16 and the actions carried forward from 2014-15.

Actions for Scottish Government and others	2014-15	2015-16	2016-17
Healthy organisational culture			
Provide organisational development support and tools to NHSScotland Boards			→
Develop guidance on the core NHSScotland values and the process for embedding values	→		
Encourage the use of NHSScotland core values to support selection onto relevant further and higher education programmes	→		
Develop guidance on creating a healthy organisational culture and improving wellbeing	→		
Sustainable workforce			
Collaborate to make better use of analysis, intelligence and modelling of education and workforce data to inform longer-term planning		→	
Refresh workforce planning guidance taking a three-year approach which takes account of the challenges of a multi-disciplinary workforce		→	
Develop an integrated workforce planning approach across the wider workforce with other partners			→
Identify and agree high impact workforce actions to support new and emerging service delivery models and ensure a more joined-up approach	→		
Capable workforce			
Develop a learning and development framework and career pathways taking account of prior learning, particularly for support workers		→	
Provide ongoing investment in developing Quality Improvement capability across the workforce to meet the growing demand for these skills			→
Integrated workforce			
Develop a shared approach to Quality Improvement and skills development across health and social care			→
Identify HR/workforce issues for integration to anticipate challenges and risks, and ensure that appropriate action is taken	→		
Effective leadership and management			
Support the delivery of work on the five leadership and management priorities			→
Create a portal for information about leadership and management support, tools and resources	→		
Ensure that national development programmes relating to leadership, management, and leading quality improvement and so on reflect the leadership and management statement	→		
Develop guidance and support for leaders and managers at all levels on people management skills.	→		

1.3 NHS Lothian's Strategic Plan

During 2013-14 NHS Lothian has developed a draft Strategic Plan covering 2014 – 2024 to set out the strategy that 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 2015/16, NHS Lothian's Corporate Objectives have been re-structured to mirror the 6 key strategic Improvement Priorities & Planning areas set out in NHSScotland 2015-16 Local Delivery Plan (LDP). There are 4 overarching corporate objectives:

1. To protect and improve the health of the population with the following priority areas:
 - Antenatal and Early Years
 - Health Inequalities
 - Prevention
2. To improve the quality and safety of health care with the following priority areas:
 - Deliver person-centred care
 - Deliver Safe care
 - Appropriate Unscheduled Care
 - Scheduled Care and waiting times
3. To secure value and financial sustainability with the following priority areas:
 - Financial Planning
 - Workforce Planning
 - Develop Primary Care Capacity and Capability
4. To deliver actions to enable change with the following priority areas:
 - Integration
 - Community Planning Partnership(CCP) Contribution
 - Deliver NHS Lothian Strategic Plan

1.5 Financial Plan

In the immediate future NHS Lothian need to bring forward a balanced budget for 2015/16. The Local Reinvestment Plan(LRP) savings target in the financial plan of £47m means that in workforce terms and applying a percentage equivalent to the proportion of overall total cost, this would equate to a reduction in staffing of 840wte which translates into approximately 1,050 in headcount terms. The following will be key areas of focus in 2015-16 to help achieve the required reduction in workforce expenditure.

Whilst these savings are required to help NHS Lothian live within it's financial allocation they also go to providing investment in developing services.

NHS Lothian has agreed investments of 394wte within clinical services to ensure that services and their workforces remain both safe and sustainable. Investments will also include

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

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

Section 2: Visioning the Future

2.1 Scotland's Changing Population

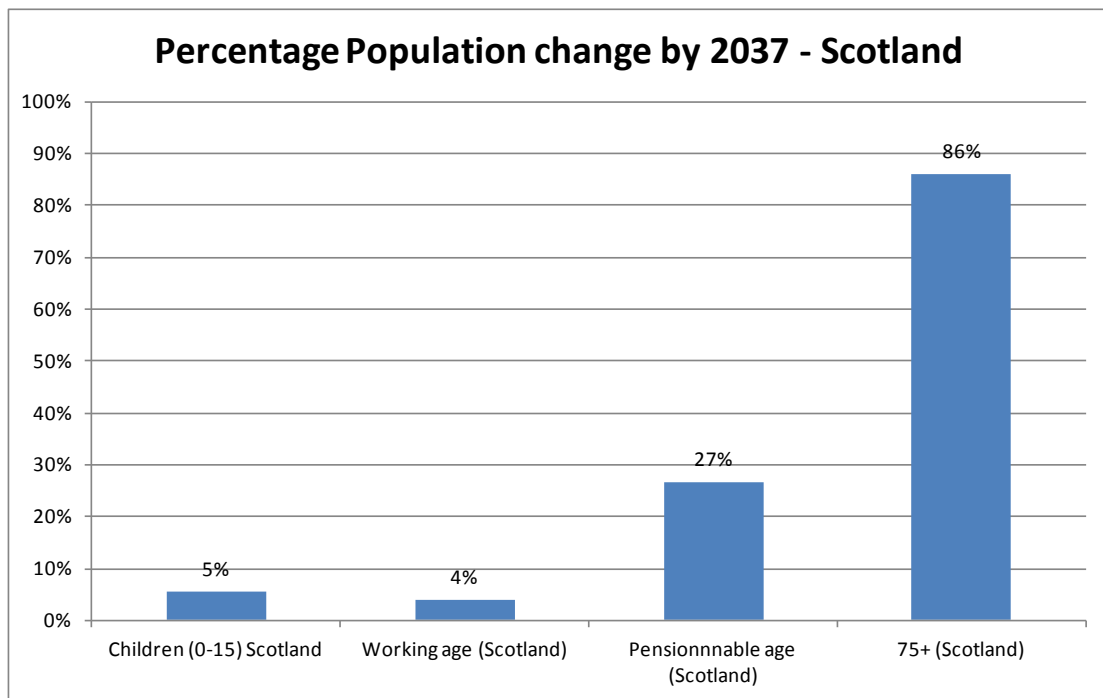
General Records Office Scotland (GROS) forecast that the growth in the population of Scotland will continue over the next 25 years. GROS project that the population will rise from 5.3 million in 2012 to 5.78 million in 2037, an increase of 467,000 c9% over the 25 year period.

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

The projected increase of 9% in Scotland's population will be driven by the increase in the over 60 year olds. As the graph below shows, the population aged under 60 is projected to remain fairly constant whilst the number of 60+ year olds is projected to increase significantly.

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

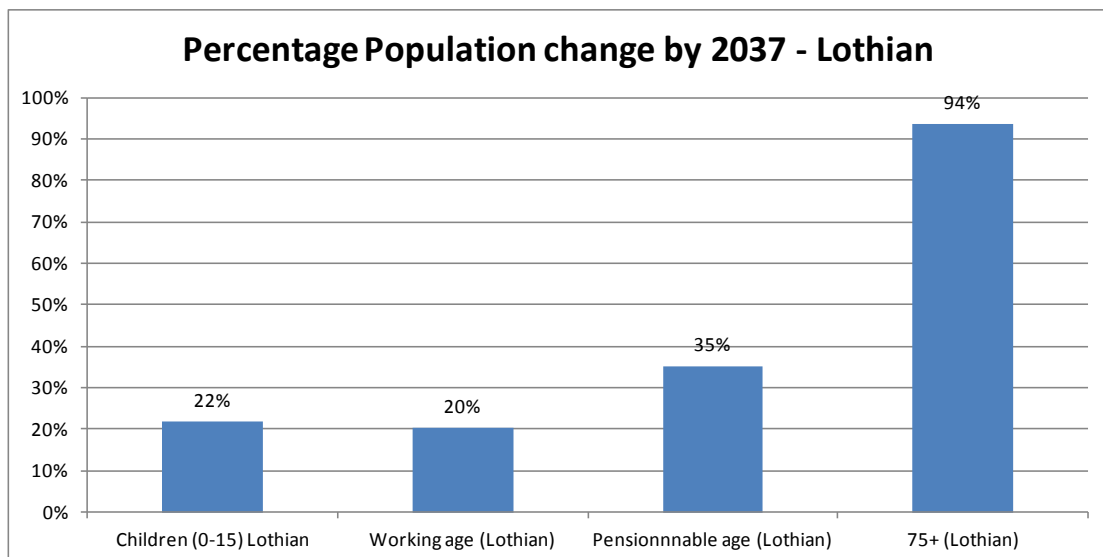
Figure 1 – Projected demographic change in Scotland by 2035



Source – GRO Scotland

NHS Lothian is projected to increase by 195,363 (23.2%) between 2012 and 2037, the largest increase in the population in Scotland. This increase will be across all age categories but as with the national picture the largest area of growth is with the 60-74 and 75+ categories.

Figure 2 – Projected demographic change in Lothian by 2035



Source – GRO Scotland

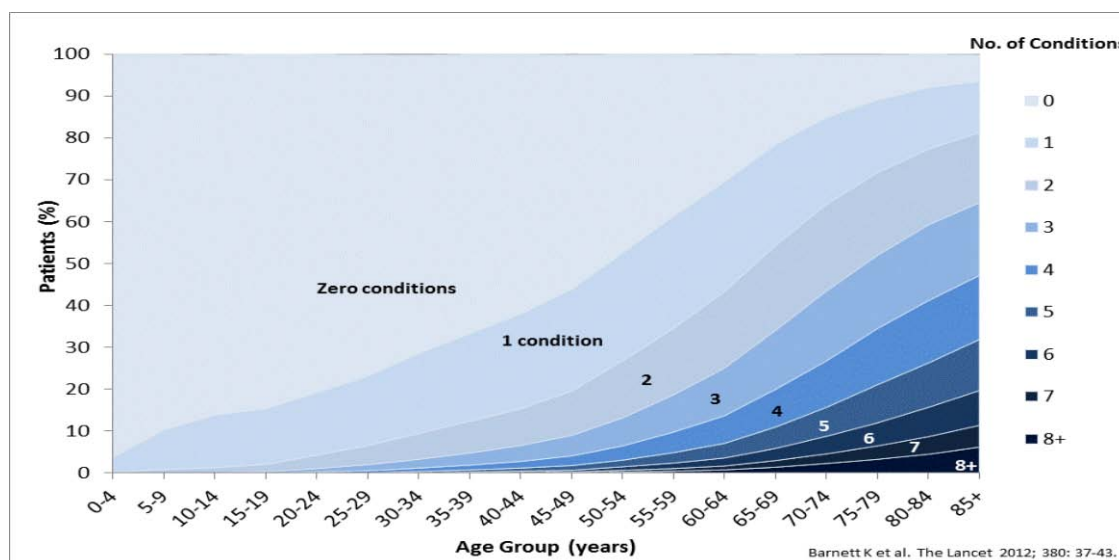
This has significant implications for NHS Scotland and NHS Lothian. It will require the ongoing shift in resources to those boards projected to have significant increases in population, particularly given this growth will be mainly

in the over 60 year olds. It will also require growth in the workforce of those boards in order to deliver the increased demand in clinical services.

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

- The majority of over 65 year olds have 2 or more chronic conditions and the majority of over 75 year olds have 3 or more conditions
- The growth in the older population is expected to result in an increased prevalence of long term conditions equating to an additional 13,000 patients with at least one condition in the first five years of the strategy¹.
- Overall incidence of cancer is expected to increase by 1.4% per annum, equivalent to 1,000 additional new cases in a year².
- The prevalence of dementia in the population is expected to increase by up to 70% in the next 20 years³.
- Approximately 25% of the adult population is obese and 64% are overweight. Obesity has a significant causal relationship with health problems such as type 2 diabetes, hypertension and coronary heart disease. Similar proportions of children and young adults under the age of 19 years are thought to be obese⁴.

Figure 3 – Multi-morbidities by age groupings



As people get older they are also more likely to be admitted into hospital. In 2012/13 the rate of all emergency bed days for patients aged 75+ (per

¹ Measuring Long Term Conditions in Scotland ISD 2008

² Cancer in Scotland Sustaining Change, Scottish Executive 2004

³ Scottish Public Health Observatory 2011

⁴ Impact of health behaviours and health interventions on demand & cost of NHS Services.

Burns, H

1000 patients was 5,220. This is the equivalent of 5.22 bed days used by each person in Lothian aged 75+.

2.2 Strategic Clinical Framework 2012 to 2024

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

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

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

Work on implementing the strategy has concentrated on:-

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

A number of enabling strategies include:-

- The centrality of the Partnerships' Strategic Commissioning Plans, which will both inform and be informed by this plan but which also will progressively develop comprehensive local plans for each partnership that will replace some elements of this plan in the future;
- A robust and publically-defensible approach to improving efficiency and productivity, including the benchmarking of performance;
- A re-focused and energised system of clinical leadership to help identify solutions as well as to deliver change;

- A more rapid and systematic adoption of proven technologies together with encouragement of innovation;
- Development of processes designed to achieve financial sustainability.

Pathway Redesign – Lothian House of Care

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

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

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

The paper outlined actions which included establishing:

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

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

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

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

- **Primary and Community Care Access and Capability** - This major project will aim to improve and strengthen the capacity of practices and

their teams to support patients and their carers in the community and primary care.

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

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

2.3 Integration of Health and Social Care

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

Much of the agenda set out above will become the responsibility in strategic planning terms of the four new integration joint boards during 15/16 and certainly fully from 16/17. Following agreement between NHS Lothian Board and the four Lothian councils have approved by the Scottish Government.

There is work underway in relation to the operational and governance capacity required to ensure that planning for unscheduled and scheduled care is done in tandem between the four IJB's and the acute service. An interface group of senior managers i.e. Joint Directors, Directors of Scheduled and Unscheduled Care Director of Finance and the Director of Strategic Planning has been established to support the planning process and the use of agreed data sets and data sources.

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

It is the intention that when the Partnerships develop their strategic plans they will include a workforce section, which will set out the key workforce supply and demand challenges and actions required to ensure workforce sustainability.

Both the organisational development plan and the workforce plan will be finalised following completion of the first Strategic Plan and will be refreshed annually to ensure that they take account of the Strategic Plan and the development needs of staff engaged in the delivery of integrated functions.

2.4 Efficiency and Productivity – Local Reinvestment Plan (LRP)

As detailed in section 1.6 there is a requirement for NHS Lothian to achieve a local reinvestment savings target of £31.3m in order to make it's planned investments in services. The following figure shows the overall target broken down by area.

Figure 4 – LRP by Service Area

Service	Total 2015/16 Target (£k)
Acute Services	
Scheduled Care	10,750
Unscheduled Care	4,666
Primary Care	
East Lothian CHP	465
Edinburgh CHP	4,946
Midlothian CHP	447
West Lothian CHCP	377
Prescribing	1,297
Facilities	3,208
Corporate Services	
Finance & Cap Plan	409
Corp UHD	86
HR & OHS	616
eHealth	1,355
Medical Directors Office	121
Nursing	283
Pharmacy	1,012
Planning	155
Public Health	497
Strategic Services	552
Strategic - Other	82
Total	31,324

As with previous years each service is required to draw up and implement a range of schemes and projects aimed at delivering LRP savings. Achieving the required level of savings is essential as it is through making these savings that the Board is able to reinvest in the developing services and ensuring sustainability within the workforce.

Whilst the delivery of savings is a responsibility for each service there is a need to provide overall coordination. This is being taken forward by the Sustainable Workforce Programme Board which is responsible for:

- Providing overall executive leadership and direction for the Programme and articulating outcomes and benefits.
- Ensuring that the objectives of individual workstreams within the Programme align with the strategic objectives of the Programme and NHS Lothian.

- Providing strategic challenge, overview and scrutiny of the Programme and its individual workstreams to ensure it is delivered effectively.
- Providing executive sponsorship including addressing barriers to change that may prevent successful implementation.
- Reporting to the NHS Lothian Efficiency & Productivity Group and the Workforce Organisation Change Programme Board on progress, risks and areas requiring focus/action/decisions.
- Ensuring coordination and alignment with other NHS Lothian change programmes.

2.5 Clinical Change Forum

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

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

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

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

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

Quality Program support team and reporting within the new corporate management structure.

2.6 Regional Collaboration

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

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

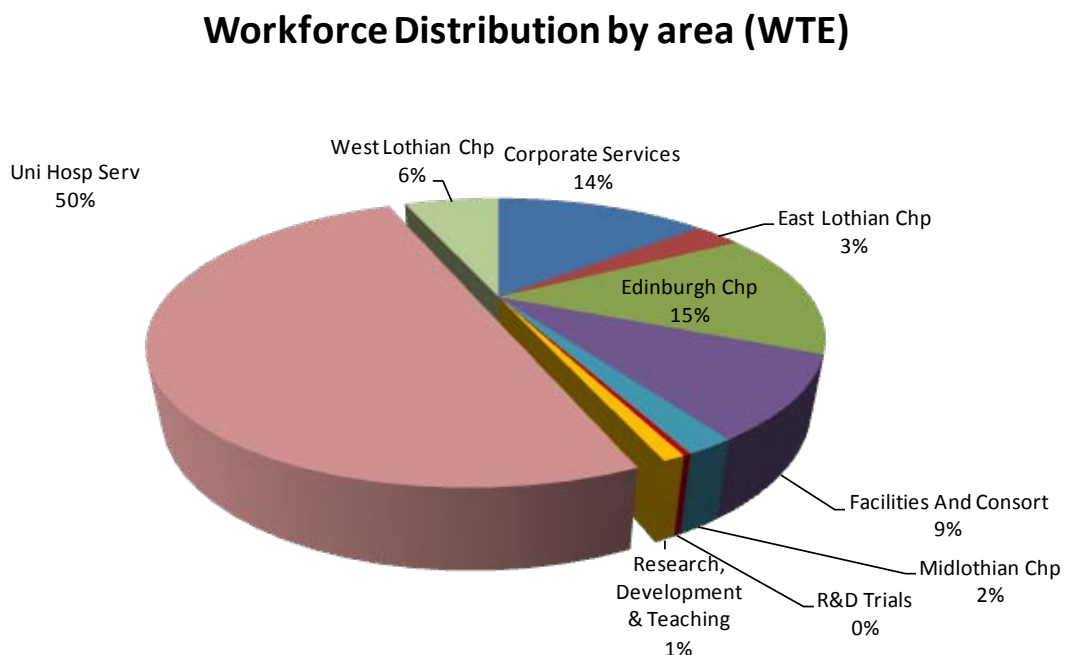
Section 3: The Current Workforce

3.1 Distribution of current workforce

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

As at July 2015 NHS Lothian utilised 20,724wte (including supplementary staffing), covering all job families and (includes supplementary staffing) at an approximate cost of £825m per year in direct workforce costs. The following figure shows the distribution of the workforce by operating division.

Figure 5 – Workforce by operating division



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

Figure 6 – Workforce by job family (WTE)

Workforce Distribution by Job Family (WTE)

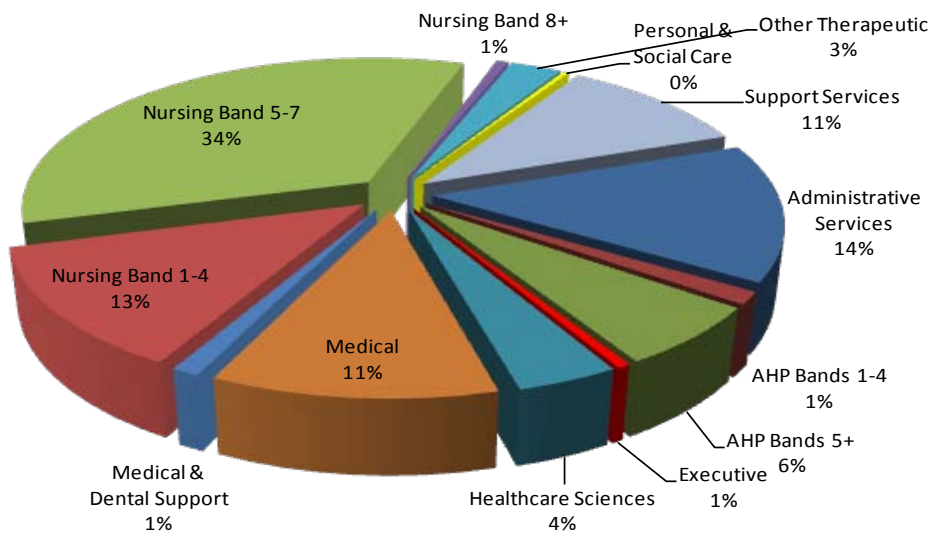
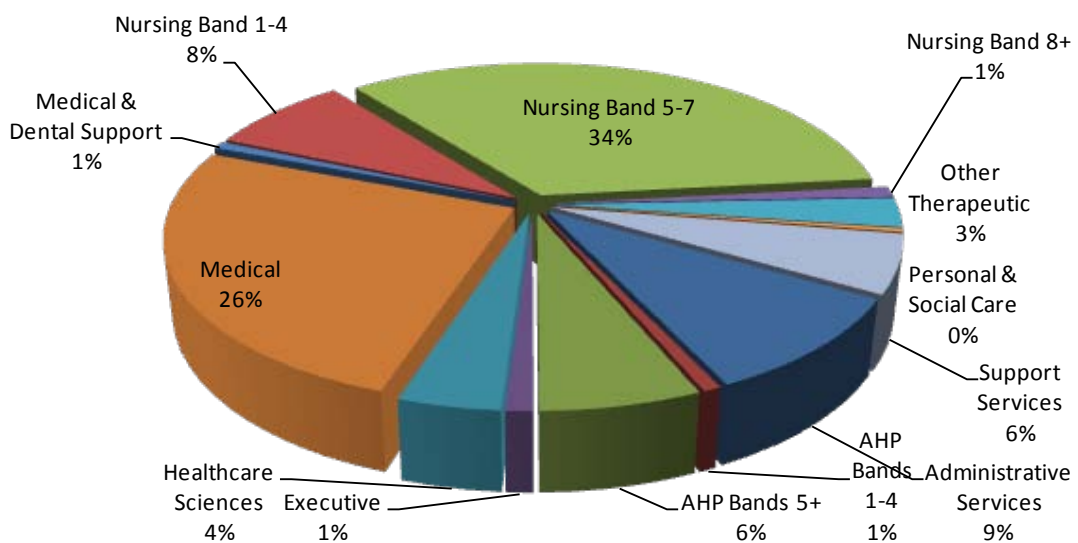


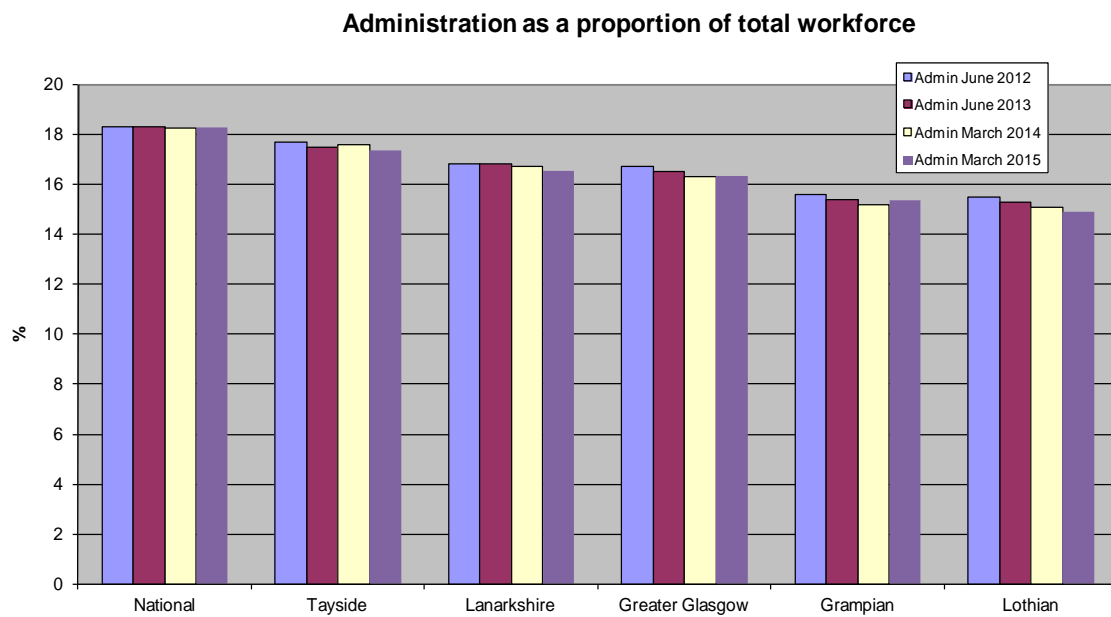
Figure 7 – Workforce by job family (£)

Workforce Expenditure by Job Family (£830m)



NHS Lothian maximises the proportion of the workforce focused on providing direct patient care and has the lowest proportion of Administrative staff in NHS Scotland (14.9%). The following figure details how this compares with both the national level and the level within other large Boards.

Figure 8 – Administrative workforce as a percentage of overall workforces

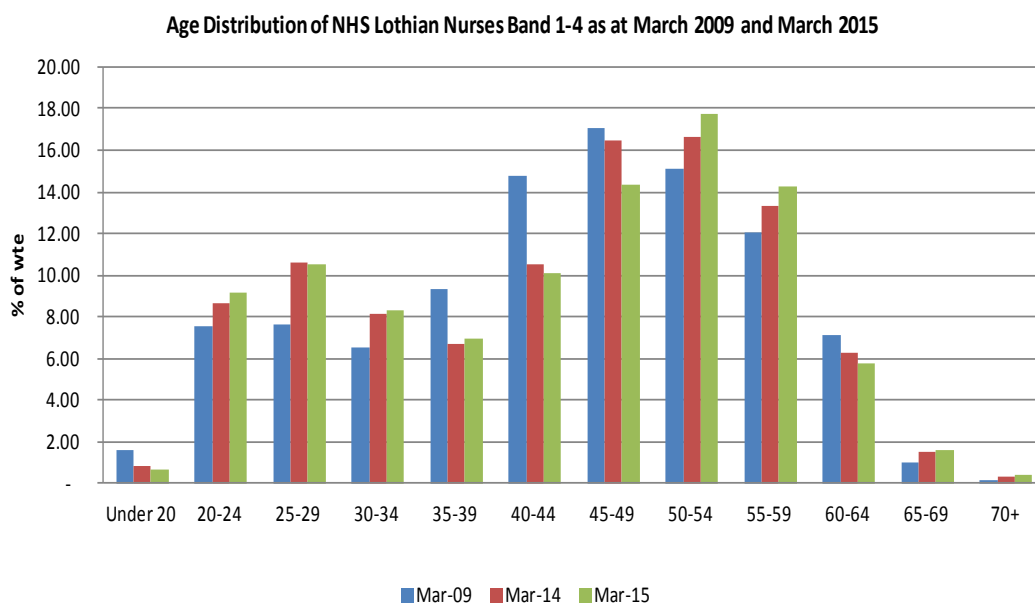


Source – ISD Scotland

3.2 Demographic Change

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

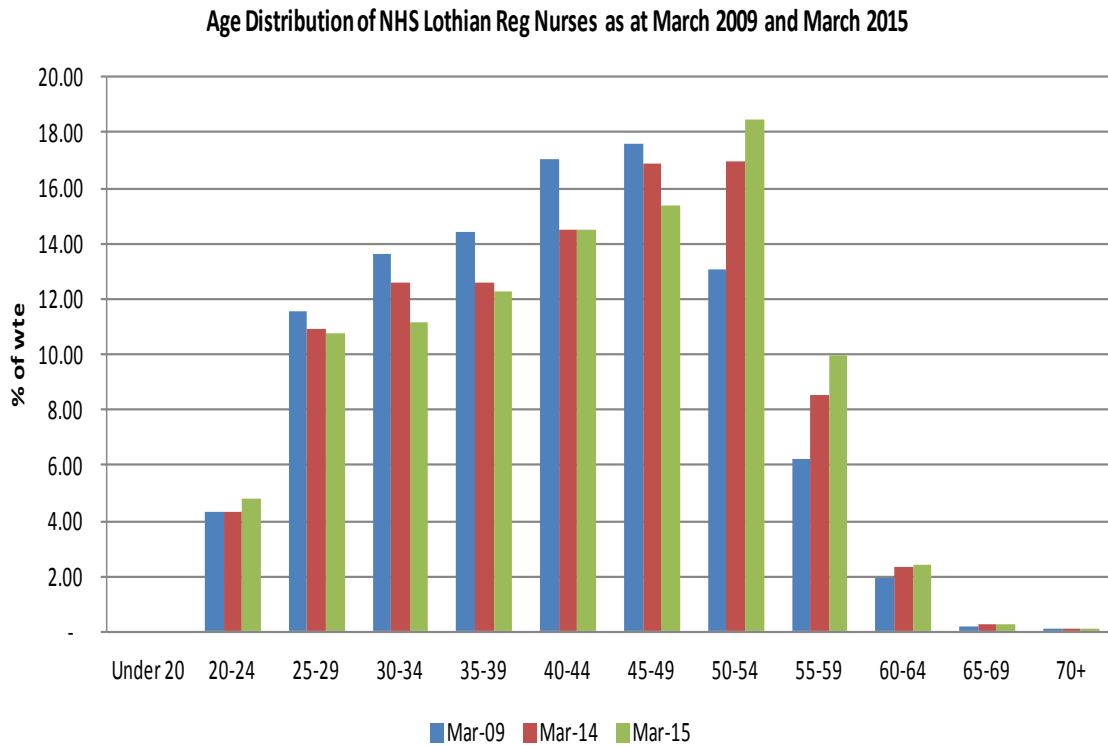
Figure 9 – Overall age distribution



Source – NHS Lothian Payroll

In March 2015 19% of the total of NHS Lothian workforce were aged over 55 years old compared to 14.6% in March 2009. The age grouping with the largest percentage has also shifted from 17% in 45-49 years old in 2009 to 17.88% in 50-54 years old in 2015. These changes clearly illustrate the ageing that is taking place within the overall workforce. Whilst this overall profile clearly shows the demographic imbalance within the workforce it is through looking at the individual job families that specific challenges arise.

Figure 10 - Age distribution within registered nursing



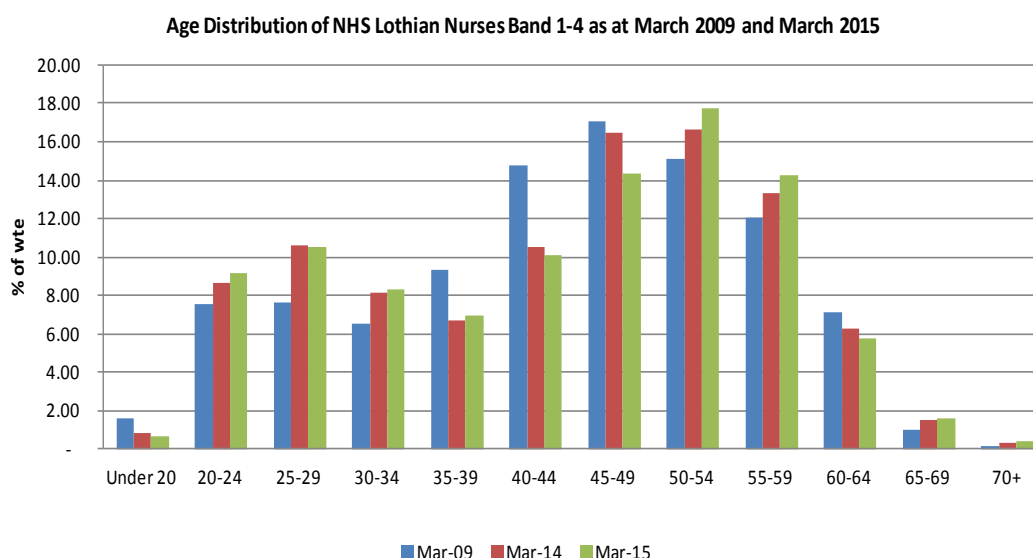
Source – NHS Lothian Payroll

Within registered nursing the ageing of the workforce is already pronounced, between March 2009 and March 2015 the proportion of staff aged over 50 has increased from 21.4% to 31.2% an increase of nearly 10% in 6 years. The median age has increased from 41 to 43 years old. 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. Research carried out by NES, SEAT and NHS Lothian (2010) found that there were a very limited number of examples of how NHS organisations have sought to develop policies aimed at retaining such staff. 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.

Figure 11 – Age distribution within non-registered nursing



Source – NHS Lothian Payroll

Within the non-registered workforce there is a similar pattern, between March 2009 and March 2014 the proportion of staff aged over 50 has increased from 35% to 40% an increase of 2.6% in 5 years. The median age has however only increased with a median age of 45 years old to 46 years old in this timescale. This suggests that whilst there is increasing ageing within the workforce there has been significant growth in the 20 to 34 age group. The distribution however remains disproportionately skewed towards older age groups and remains an area of concern.

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

Figure 12 – Proportion of staff over 55 years old by job family (July 2015)

Job Family to use	WTE Over 55 excluding Bank	Total in-post WTE	% Over 55 excluding Bank
Medical	212	2,188	10%
Medical & Dental Support	25	211	12%
Nursing Band 1-4	571	2,503	23%
Nursing Band 5-7	853	6,799	13%
Nursing Band 8+	29	133	22%
AHP Bands 1-4	65	253	26%
AHP Bands 5+	132	1,242	11%
Healthcare Sciences	144	783	18%
Other Therapeutic	55	559	10%
Personal & Social Care	23	63	36%
Administrative Services	834	2,850	29%
Executive	28	99	29%
Support Services	715	2,090	34%
Grand Total	3,695	19,772	19%

Source – NHS Lothian Payroll

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

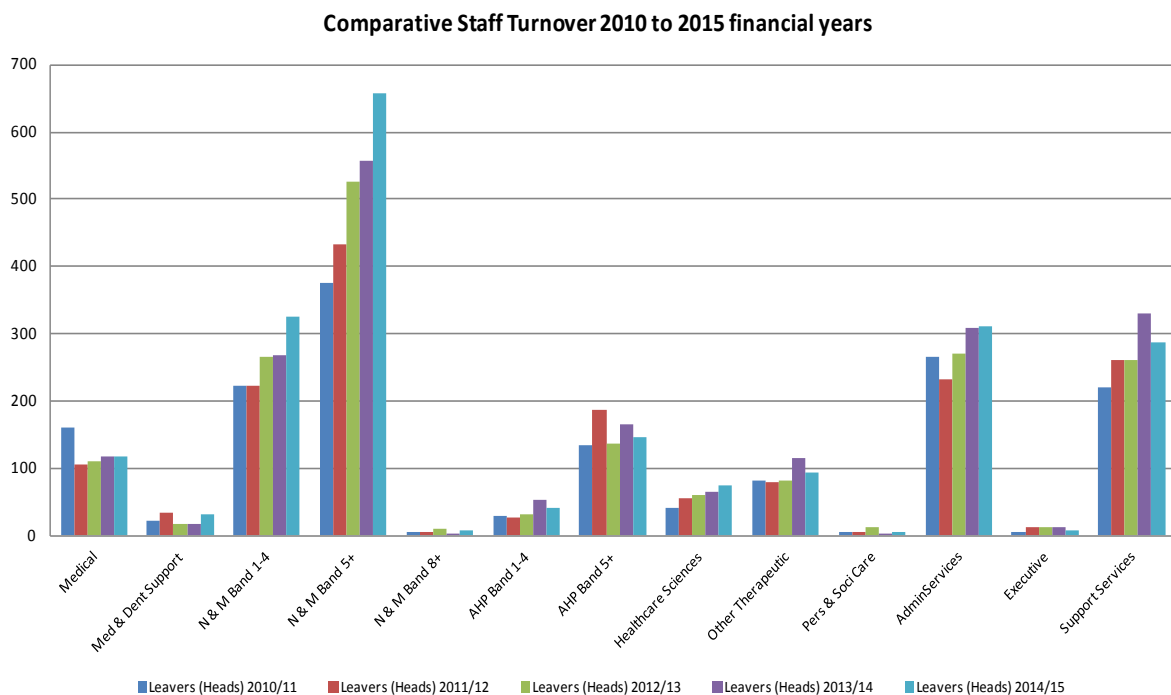
NHS Lothian is mindful of the principles set out under ‘Enabling Age as Asset’, including issues of flexible working, mentoring and succession planning. This has identified important lessons for NHS Boards in facilitating a genuine age aware management structure and workforce planning for a ‘mixed age’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

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

3.3 Staff Turnover

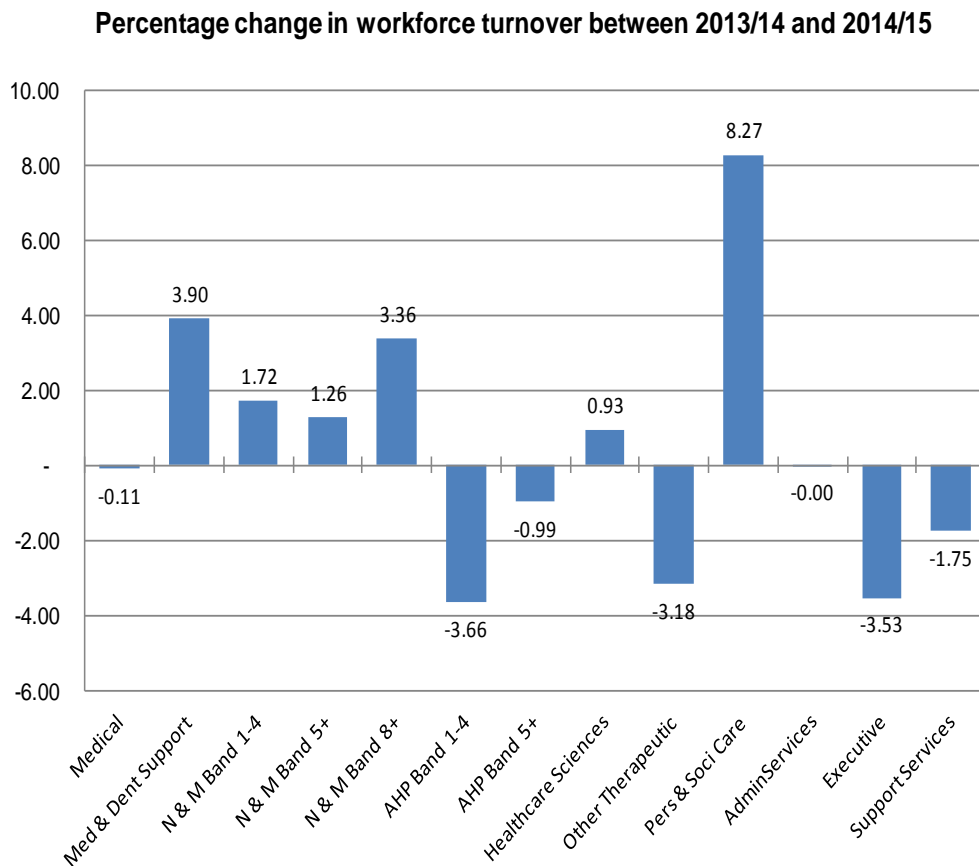
Since the onset of the global economic crisis staff turnover had reduced significantly as individuals chose to remain for financial reasons or as a result of the reduction in vacancies within healthcare and all other sectors. However in 2013/14 staff turnover began increasing in all job families a trend which has continued in 2014/15. The following figure demonstrates how this has changed between 2010 and 2014.

Figure 13 – Staff turnover by job family 2010 to 2015



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

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



Source – NHSL HR System

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

The following figure provides a comparison of the reasons for leaving in from 2010/11 up to 2014/15.

Figure 15 - Reasons for leaving for all staff

Reason description	Leavers (Heads)					% of reasons why against total				
	10/11	11/12	12/13	13/14	14/15	10/11	11/12	12/13	13/14	14/15
Death in Service	16	8	14	19	24	1.02	0.48	0.48	0.94	1.11
Dismissal	46	46	54	48	28	2.92	2.75	2.75	2.38	1.29
Dismissal capability	25	18	19	13	16	1.59	1.08	1.08	0.64	0.74
End of fixed term contract	173	89	121	134	81	10.98	5.32	5.32	6.63	3.73
Ill health	49	50	52	41	61	3.11	2.99	2.99	2.03	2.81
New employment with NHS outwith Scotland	58	41	60	86	64	3.68	2.45	2.45	4.26	2.95
New employment with NHS within Scotland	116	119	199	287	307	7.36	7.11	7.11	14.20	14.15
Non Occupational illness	2	5	3	5	7	0.13	0.30	0.30	0.25	0.32
Occupational illness	0	0	0	0	2	0.00	0.00	0.00	0.00	0.09
Other	357	513	240	275	348	22.65	30.66	30.66	13.61	16.04
Pregnancy	6	4	2	2	3	0.38	0.24	0.24	0.10	0.14
Redundancy voluntary	0	19	31	15	10	0.00	1.14	1.14	0.74	0.46
Retirement - age	206	262	397	337	367	13.07	15.66	15.66	16.67	16.92
Retirement other	34	33	53	64	42	2.16	1.97	1.97	3.17	1.94
Voluntary Early retirement - actuarial reduction	17	13	39	31	36	1.08	0.78	0.78	1.53	1.66
Voluntary Early retirement - no actuarial reduction	5	7	3			0.32	0.42	0.42	0.00	0.00
Voluntary resignation - lack of opportunity	7	10	10	11	8	0.44	0.60	0.60	0.54	0.37
Voluntary resignation - lateral move	35	27	36	57	58	2.22	1.61	1.61	2.82	2.67
Voluntary resignation - other	398	394	456	552	662	25.25	23.55	23.55	27.31	30.52
Voluntary resignation - promotion	26	15	25	44	45	1.65	0.90	0.90	2.18	2.07
Grand Total	1,576	1,673	1,814	2,021	2,169					

Source – NHSL HR System

The overall number of leavers has increased by 148 (7%), with the largest areas as highlighted in the preceding figure. The number of individuals leaving as a result of age retiral has increased by 30 (9%) between 2013/14 and 2014/15, there has also been a slight increase of 5 staff opting to retire early voluntarily on a reduced pension. Whilst these levels in 2014/15 have not increased substantially on 2013/14 they represent an increase of 70% when compared with 2010/11. However it is difficult to draw any strong conclusions with the exception of retirals given 348 have been coded as 'other'. From April 2015 all scheme members have been transferred into the 2015 Career Average pension scheme. Those staff within 10 years of their normal 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. Further changes to the pension scheme are also planned.

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 a disproportionate impact on patient services should there be difficulties in maintaining adequate workforce supply.

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

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

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

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

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

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

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

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

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

- To develop a more generic national practitioner training programme in line with MSC requirements for equivalence
- To continue to participate in healthcare science week and other professional recruitment and promotional events to ensure that pupils and students are aware of healthcare science as a profession.

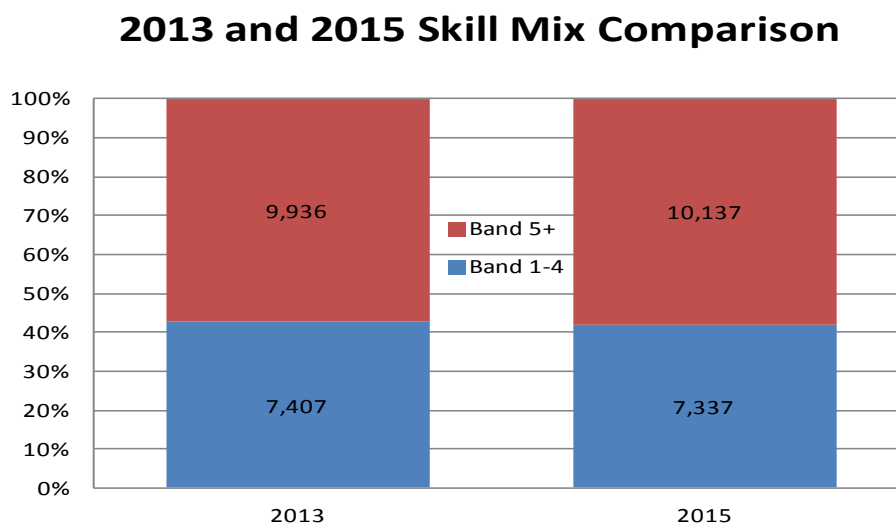
3.5 Rebalancing the workforce

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

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

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

Figure 16 - Overall Workforce Skill mix



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

Figure 17 – Workforce skill mix (March 2015)

Band	Medical & Dental Support	Nursing & Midwifery	AHP	Healthcare Science	Other Therapeutic	Personal & Social Care	Administrative Services	Support Services	Overall
	Band 1- 4 wte	168	2,518	250	182	100	2	2,181	2,028
Band 1- 4 %	68%	26%	17%	23%	18%	4%	76%	95%	42%
Band 5+ wte	79	7,029	1,259	600	471	59	688	98	10,284
Band 5+ %	32%	74%	83%	77%	82%	96%	24%	5%	58%
Grand Total	247	9,547	1,509	782	571	61	2,869	2,127	17,713

Source – ISD Scotland

Whilst in the last two years there has been a substantial increase in the clinical workforce there are medium to long terms challenges associated with the ageing of the workforce and a working age population that will either stay the same or contract. There is a need to consider a widening of the traditional workforce supply channels and the provision of more opportunities for movement between the registered and non-registered workforces.

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

To ensure appropriate balance within the workforce all services have been asked to review their current workforce profile and ensure it is appropriate both in terms of skill mix and affordability. The Human Resources Strategy is clear in that if we want to maintain the same level of staff we need to rebalance our skill mix by developing the Band 1 to 4 workforce and by providing a career structure for unregistered staff.

The Sustainable Workforce Programme Board detailed in section 2.5 has been established to with the following objectives:

- To develop a staffing model that is person-centred and improves the quality of service and care.
- To work closely with professional leads and service management to review current staffing and education/ training models and identify where we can optimise opportunities for developing a safe, efficient and sustainable staffing model for the future for each service.
- To develop a methodology that can be used consistently across the organisation to review current staffing levels and to identify new models of working, taking into account the implementation of e-rostering.
- To identify tasks currently undertaken by skilled staff (both clinical and non-clinical) which could be more appropriately be delivered by a lower graded member of the workforce. This could be through exploitation of

investment in technology and adopting new ways of working or by up-skilling staff through education/ training and providing appropriate support and supervision.

- To develop a staffing model which is more sustainable, easier to recruit to and focuses on delivering improved education and development opportunities to staff on Agenda for Change bands 1-4.
- To oversee the development of education and training provision which focus on delivering education and training to HCSWs, supporting them to deliver services within the organisation and to support their development within teams.
- To deliver efficiency savings as determined by the annual LRP and financial planning process across the organisation by implementing a more efficient and sustainable trained workforce.
- To take into account other efficiency and productivity programmes are making significant changes to their workforce by developing new roles, new staffing models or changing working patterns.
- To achieve improved partnership working with further and higher education, to establish education programmes that support working in NHS Lothian as an attractive career pathway and that include partnerships with schools within Lothian, the Prince's Trust, local authority partners and the third sector.
- To ensure we create realistic career structures for all staff groups.

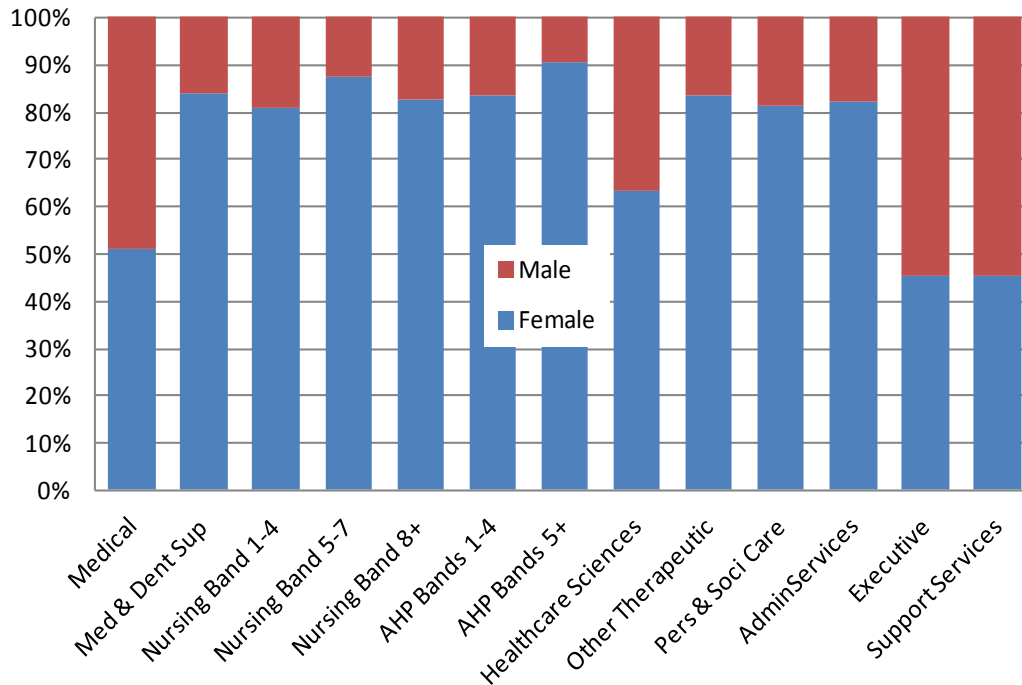
This group has representation from all main staff groups as well as representatives from partnership.

3.6 Work Patterns and Gender Profiles

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

Figure 18 – Gender distribution by job Family

Workforce Gender Distribution by Job Family - March 2015



Source – NHSL HR System

It is clear that within the non clinical areas there is a relatively similar gender ratio; however within the clinical workforce all areas of the workforce with the exception of medical are predominantly female. The picture within the clinical workforce has been relatively consistent of many years and therefore working patterns have a long standing tradition of flexible working patterns. However the feminisation within the medical workforce is a relatively recent phenomenon and has seen the proportion of female trainees increase from 35% in 1975 to 61% in recent years. The majority of the overall medical workforce in Lothian is now female (51%), reflecting trends internationally within developed nations. Within the training grade medical workforce this change has led to increasing levels of trainees going out of programme on maternity leave which is causing difficulties in certain specialties such as paediatrics as it is difficult to fill maternity leave gaps.

3.7 Medical Workforce Planning

The overall in-post consultant workforce has increased from 711wte to 855wte between 2011 and 2015, an increase of 144wte (20%). This investment has been made to help respond to increasing demand from a growing population and provide additional capacity to reduce treatment times. This has to a significant extent been funded through an increased national resource funding allocation (NRAC), designed to provide additional support for boards where there is a disproportionate increase in population or deprivation. It has also

been in response to a reduction in trainee hours of work in some areas and a move to become less reliant on trainees for service delivery. The main areas of increase have been in Paediatrics, Surgery, Anaesthetics, Emergency Medicine and Obstetrics & Gynaecology. During this period the level of retirements within the consultant workforce has declined from 26 in 2011/12 to 17 in 2013/14, however in 2014/15 levels increased once more to 23.

There have also been a number of areas where it has not been possible to grow the workforce to the extent that has been identified by capacity planning and where posts have not been able to be filled where staff have retired. This represents one of the key workforce risks faced by NHS Lothian along with other Health Boards in Scotland.

Obstetrics

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

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

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

Paediatrics

Challenges in sustaining paediatric services out of hours at SJH remains very difficult, heavily reliant on a small number of people doing additional night and weekend shifts (making use of a waiver from the EWTD) and prone to short notice collapse because of sickness or other unplanned absence.

The medical staffing situation deteriorated in June due to maternity leave and sickness absence and a decision to close the inpatient ward to overnight admissions for six weeks was taken. All other paediatric services at St John's Hospital (SJH) have continued including ambulatory assessment, programmed investigations, outpatients and day case surgery. The neonatal

and maternity service has not been affected. Long standing contingency plans have been put in place and are working well. The service is being provided with the small number of West Lothian children requiring inpatient treatment going to RHSC.

One clinical fellow was appointed making use of the International Medical Training Fellowship programme but has subsequently withdrawn.

At St John's for the last six months there are also gaps (currently two out of six) in the FY/GPST rota which further affect the service. These have been managed by a series of short term locums.

Trainee gaps continue to be a challenge for paediatrics across Lothian due to high level of maternity leave, which are very difficult to fill other than through agency locums.

Psychiatry

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

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

Recruitment to psychiatry posts in Lothian in general has been relatively good with posts being filled when advertised. However within West Lothian this has not been the case and it has not been possible to fill the following posts based at SJH:

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

In each case the recruitment process attracted no applicants, despite recent success in filling 2 Old age Psychiatry posts.

With a national shortage of Consultant Psychiatrists prospective consultants have a wide range of posts to consider when applying for roles. The posts in West Lothian carry a heavy workload and include a significantly more intense on-call commitment than in other areas and as such may be less attractive.

Further efforts are underway to advertise posts widely and use specialty forums to ensure the widest possible coverage. There is also consideration being given as to whether a more collaborative and integrated approach to psychiatry within Lothian. There has also been contact made with other Boards Medical Directors in the South East Region in relation to regional specialty recruitment and whether this could assist Boards with recruitment and retention.

Hospital at Night

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

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

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

Clinical Development Fellowships and International Fellowships

Within the training grade medical workforce gaps in rotas as a result of trainees going of programme for reasons such as maternity leave or research remain a key pressure. There is no funding for maternity leave cover and as such represents a financial pressure and also it is often not possible to fill a Locum post for less than a year and consequently there is reliance of bank or agency staffing to provide cover. The introduction of a clinical development fellowship programme has been key in helping support sustainability within

the a number of 'front door' specialties, whilst also providing high quality supervised training opportunities and the opportunity to complete an MSc.

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

In 2015 the number of ACDF posts has been increased and widened to cover the following areas:

Site	Service	Number of post
St John's Hospital	Emergency Department	6
St John's Hospital	ENT Surgery/Oral Maxillofacial Surgery /Plastic Surgery	3
Royal Infirmary	Emergency Department	3
Royal Infirmary	Acute Medicine	4
Royal Infirmary	Medicine for the Elderly	3
Royal Infirmary	Trauma & Orthopaedics	3
Western General Hospital	Oncology	3

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

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

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

The Scottish Government (SG) wrote to all Boards in October 2014 detailing a proposal for international medical training fellowships (IMTF), which could be used to help sustain the medical workforce. The objective of the proposal was to provide additional high quality posts to address gaps in the provision of service, using training grade contracts. These posts were for senior trainees that are near to achieving their certificate of completion of training (CCT) and the fellowships provide an opportunity widen and increase experience.

Submissions were made to the SG for the following areas:

SPECIALTY	BASE
Colorectal	WGH
Transplant Unit	RIE
Oncology	WGH
Acute Medicine	WGH
Oral and Maxillofacial Surgery	SJH
Obstetrics & Gynaecology X2	RIE
Paediatrics X2	RHSC & SJH
Anaesthetics /Critical Care	RIE
Plastic Surgery	SJH
Medicine and Regional Infectious Diseases Unit	WGH

All these proposals were accepted by the SG and NES who reviewed the proposals to ensure they represent high quality training opportunities.

Seven of these posts have now completed the recruitment process and successful candidates will take up post in August and September. All posts with the exception of Infectious Disease have attracted applicants.

General Practice

As mentioned in previous Board papers general practice is facing considerable workforce pressures within both the UK as whole and across Scotland. General Practice within the NHS Lothian board area is facing significant workforce pressures with many other Board areas.

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 is 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.

Within Lothian practices these pressures are evident, for example within Leith Links Practice where 6 partners left over a 3 month period. These departures were unrelated however it was not possible to recruit to the vacancies and

employment of locum doctors and changes to practice boundaries were required. The practice has been taken on by NHS Lothian to ensure access to primary care and staff are no in the employment of NHS Lothian.

It has been recognised by the Scottish Government that there require to be increases to GP training numbers and that these numbers need a replacement factor of 1.8 trainees for each retirement to account for the increase in part time working. There is however a heavy reliance on being able to fill all training slots and the fill rate for current GP programmes is 77%, against a fill rate of 90% in 2014. A reduced fill rate such as this will compromise future recruitment of qualified GPs. NES are currently developing a website and central point of contact wanting to return to work as a General Practitioner or those who trained overseas and would like to join the GP workforce in Scotland.

However even if training numbers are successfully increased this may not necessarily mean that it will be possible to fill vacancies on a like for like basis and workforce redesign may be required to provide opportunities that correspond with the desire for part-time working within a large proportion of GPs.

Service redesign based around the needs of patients, the development of technology and fit for purpose premises will also be key to sustaining practices and the GP workforce in the medium to long term.

The SGHD will be running the Primary Care Workforce Survey 2015 between August and October (subject to confirmation). This will ask all GP practices and OOH services to complete a survey looking at the workforce profile of both GPs and practices nurses including demography, retrials and vacancies. It will be important to obtain as full coverage and completion as possible as this forms the only main source of information on the GP workforce and as such is one of the main sources of intelligence upon which the SG can draw upon to make decisions around future training numbers. NHS Lothian will work closely with practices to maximise participation.

Career Grade Job Planning

Historically career grade job plans have only been held on paper and as such it has not been possible to easily analyse and report on workforce capacity and working patterns. The job planning process has been cumbersome for participants and reviewers. However in 2013, NHS Lothian invested in an electronic job planning system for all Career Grade medical Staff (Consultants, Associate Specialists, Specialty Doctors and Clinical Academics).

The system went live in 1 April 2015 and all job plans will be loaded onto the system by 31st October 2015. Data from all job plans will enable comparisons with activity data and enable improved service and workforce planning at both a service and board level.

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

These pressures have been building at a UK, Scottish, Regional and Local level and are leading to risks of losing service sustainability. In 2013 the Boards within South East And Tayside (SEAT) Planning Group rolled out a process for assessing the level of risk within the medical workforce. Within Lothian this has been applied to specialties to highlight both the highest rated risks and also services with the highest levels of risk. Detail has been provided to the Board on a regular basis around the areas of risk and the action underway to address risks. The risk assessment process is also being rerun across all specialties in order to ensure any new risk and changes to the levels of risk are identified.

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

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.
- Understanding gaps in training programmes
- Development of medical specialty profiles
- Coordination of the International Medical Fellowship programme

The SE region and NHS Lothian are currently 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.

3.8 Nursing and Midwifery Workforce Planning

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

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

Health Visiting Workforce Capacity

The Health Visiting (HV) workforce requires to considerably increase across Scotland to ensure compliance with the Named Person and Child Statutory Planning Service legislation from August 2016.

The Scottish Government have agreed to fund an additional 500 HVs in Scotland by 2018 to support the required workforce expansion. NHS Lothian share will be in the region of an additional 56 fully funded posts this being based on an anticipated 13% share of the national resource. Funding allocation will be recurring and allocated incrementally during 2015-18.

The issues regarding reduced supply and capacity within the Health Visiting workforce across Scotland are well recognised. In Lothian we have carefully risk managed this dilemma and trained additional HVs during 2013-14 and 2014-15. We have also introduced significant staff nurse skill mix in response to service development and redesign and in mitigation of the growing number of HV vacancies. This ensures the needs of our families are being met and the role of the HV staff nurse is now well embedded within HV teams.

There are however clearly significant risks associated with the current existing Health Visitor workforce including:

- Vacancy rates: At 1st April 2015, there were 25 HV vacancies across Lothian. This is despite advertising locally and throughout the UK. Recruitment is also becoming more challenging as HVs move into different posts as part of their career progression.
- Age Profile of existing Band 6 HVs: 54% of Band 6 HVs are over 50 years of age (72.3 WTE). Most HVs have retained NHS 'special status' and therefore could potentially retire at 55. Five band 6 staff have notified their intention to retire by September 2015. This potentially

reduces the beneficial impact of the additional HV staff being trained during and due to graduate in September 2015.

The additional funding that is anticipated from the Scottish Government will help provide the capacity that is required to increase by approximately 56 wte. Further expansion of numbers by approximately 26 wte is required to comply with the national caseload weighting tool and a further 7 wte for population growth by 2018. These other areas of expansion are as yet unfunded and represent a significant financial pressure for NHS Lothian.

3.9 Promoting Attendance at Work

At a national level in 2014-15 there was an average sickness absence of 5.04%, equivalent to 6,987 wte and £258m across the NHS in Scotland. In addition to these costs a significant number of clinical roles require to be back filled where absence occurs and as such supplementary staffing is required.

With the substantial financial pressures that all Boards are operating under Lothian has worked closely with Partnership representatives on reducing the levels of sickness absence. Within NHS Lothian as with other Boards there has been an increase; at the end of March 2015 sickness absence had increased slightly from 4.39% (2013-14) to 4.71% (2014-15). Despite this increase in sickness absence it remains significantly below national average. Significant efforts continue to be made in maximising attendance at work through

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

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

Figure 19 – Sickness Absence by Age Grouping

3.10 Socially Responsible Recruitment

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

- Supporting School Visits - the employability team talk about different careers and also to support employability initiatives through helping mock interviews, careers events and raising awareness of what is involved in thinking about careers and applying for jobs.
- Working with Further Education (FE) Colleges and Higher Education (HE) Institutes – for example with the Healthcare Academy.
- Developing supporting networks through new services – The WORKS is an NHS Lothian vocational rehabilitation service for people living in Edinburgh who are currently supported by a Community Mental Health Team.
- Based on evidence which identifies that being in employment reduces the chances of re-offending, NHS Lothian continues to develop an employability programme with the Scottish Prison Service to support offenders gain either relevant skills and experience to help achieve employability once released from prison or indeed to support them into employment within NHS Lothian. This would be done via placements.

- Involvement in cross-organisation partnerships – specifically these are with the different local authorities within the NHS Lothian area (including City of Edinburgh' Council's Joined Up for Jobs Strategy Group, East Lothian's Employability Group and Midlothian Council's Employment Action Network (MEAN).
- Access to Industry provides access to education and employment for disadvantaged and excluded people. NHS Lothian provides work experience placement opportunities for participants of Access to Industry's Passport and Transition projects, as well as to participants completing The LEAP Programme in partnership with Transition.
- Jobcentre Plus Work Experience – available to 18 to 25 year olds, this offers work experience to those who have been claiming jobseeker's allowance for 13 weeks and involves 2 to 8 weeks of work experience.
- Moving Intowork provides employment consultancy and support services within Edinburgh and Lothian to people with an Acquired Brain Injury and Asperger Syndrome. Moving Intowork's goal is to support equality of opportunity to enhance lives and help progress towards employment and social and economic inclusion. NHS Lothian supports students as and when required.
- Work Training Project - Occupational Therapy Rehabilitation Unit (OTRU) is part of NHS Lothian and provides placement support for people with mental health problems to get back into a working environment.

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

- **Project SEARCH** – a unique initiative originated at Cincinnati Children's Hospital Medical Center. The Edinburgh initiative brings together a partnership of employers (The City of Edinburgh Council and NHS Lothian) an educational provider (Edinburgh College) and a supported employment specialist (Intowork) to work with young people aged 16-24 with physical and learning disabilities who want to move into employment. The young people take part in 3 internships over 40 weeks, resulting in improved skills and confidence, with 800 hours of work practice. A lecturer and job coach are based on site at all times, working closely with the business to provide classroom learning, placements and on-going support. Autism Initiatives also provide a broad range of autistic spectrum focused support to the students, families and the overall Project SEARCH steering group. In NHS Lothian, the programme is based at the Western General Hospital and the first intake commenced in August 2015.
- **NHS Lothian Internships** – Aimed at individuals who have left school over the past 2 years, these 6 month contracts provide work experience (undertaken within a funded post), a number of planned training days (covering communication, team building etc) and access to all internal vacancies. With support from the employability team, the

training department and managers, the interns are given a range of opportunities to be able to demonstrate that they are capable of being appointed into substantive posts at the end of the period.

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

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

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

- **Schools Senior Phase Health and Social Care Academy** – delivered in partnership with City of Edinburgh Council, the Edinburgh College and Queen Margaret University. Commenced August 2013. This provides a tailored course for young people at S4/S5 and S6 who are interested in working within Health and Social Care. It provides young people with employability skills and a pathway to HNC level with exit points at each year end and for those who achieve an HNC guaranteed interviews with QMU for degree programmes.
- **HNC Care and Administration plus Professional Development Awards in Children’s services, Maternity Services** – commenced in September 2013 with the Edinburgh College. The PDAs have been developed in partnership with Lothian and SQA

- **SVQ Pathways at level 2 and 3** – A project to map NHS Scotland Induction Standards to SVQ core units has been completed to enable recognition of prior learning for staff in Bands 1-4.
- **Joint health and social care support worker training** in CEC and West Lothian is ongoing

4 Workforce Demand

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

Over recent years there have been additional resources for investment in services affected by population pressures through the National Resource Allocation Committee (NRAC) funding formula. It had been anticipated that this would continue however following an update to the population and deprivation aspects of the formula NHS Lothian's relative position has changed.

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

4.1 Workforce investments by Job Family

Despite the requirement for substantial financial savings NHS Lothian is investing in a range of clinical services through the Financial, Unscheduled Care and Scheduled Care Plans supporting both workforce and service sustainability. These investments are being made within both acute and primary care settings. These investments are aimed at:

- Assuring effective and safe care 24/7
- Developing the primary care services
- Improving flow into, within and out of Acute Hospitals
- Making the community the right place
- Support Workforce sustainability and provide additional capacity where required.

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

Figure 20 – Workforce investments by job family 2015-16

Row Labels	1	2	3	4	5	6	7	8+	Consultant	Specialty Doctor	Grand Total
Medical									25.42	4.00	29.42
Medical & Dental									7.80	6.00	13.80
Nursing		56.58	32.21		108.84	24.46	14.39	3.60			240.08
Theatre Staff		5.32	4.76		14.04		1.35				25.47
AHP - Physiotherapy						2.90	0.50				3.40
AHP - Radiography			0.26			0.52					0.78
AHP - Occupational Therapy			1.7	4.2	1	5.38	2.61				14.89
AHPs - Audiology			1.70	2.60	1.00	8.28	1.61				15.19
AHP - Dietetics						1.00					1.00
AHP - Ophthalmology						2.10					2.10
HCS - Physiology					3.40	0.20	0.35				3.95
Other Therapeutic						0.50	8.60	1.20			10.30
Administrative Services		16.06	8.97	10.23	1.50		1.00				37.76
Support Services	1.50	3.00			1.00						5.50
Grand Total	1.50	80.96	53.90	14.43	129.78	37.06	28.80	4.80	33.22	10.00	394.44

4.2 Workforce Investment Acute Services

The following figure details the investments that have been made within Acute services.

Figure 21 – Investment in Acute Services workforce by job family.

Service Area	1	2	3	4	5	6	7	8+	Consultant	Specialty Doctor	Grand Total
Acute										1.00	1.00
Audiology					1.00						1.00
Chronic Pain						1.20					1.20
Colorectal Surgery										2.00	2.00
Corporate Services						0.50					0.50
Endoscopy						2.00		2.00			4.00
ENT		5.59		3.50	4.89	1.00			3.00		17.98
Facilities And Consort	1.50	3.00									4.50
General Surgery							1.50		2.00		3.50
GI Medicine									1.00		1.00
Gynaecology							1.00	0.60			1.60
HSDU			6.00								6.00
Luhs Ahp Services			1.70			5.40					7.10
Medical Photography					3.40						3.40
Neurology							0.35				0.35
Maxillofacial		0.50		1.50					1.00		3.00
Ophthalmology		9.90	0.80	3.10	10.30	3.10	1.50		2.45		31.15
Paed ENT		0.50		0.50	1.20				0.10		2.30
Paed Ortho										1.00	1.00
Plastic Surgery		1.90	1.50	1.00	0.64				3.00		8.04
POA/DOSA		2.00			4.59		2.00				8.59
Radiology		0.13	0.26	0.13		0.52			0.30		1.34
Royal Infirmary Edinburgh Site		4.96					0.00		3.10		8.06
Scheduled Care Plan		5.30	17.34		10.38	2.97	4.50		1.00	2.00	43.49
Theatres Capacity		5.32	4.76		14.04		1.35		12.57		38.03
Therapies						1.00	0.50				1.50
Unscheduled Care			2.00				1.00		1.00		3.00
Western General Hospital Site		11.95	3.00		15.53	3.69	1.89	1.00	2.70	4.00	43.76
Grand Total	1.50	51.05	37.36	9.73	65.97	21.38	15.59	3.60	33.22	10.00	248.39

4.3 Workforce Investments Community Health Partnerships(CHPs)

As set out in section 1.4 managing the growing pressures on unscheduled care associated with a growing and aging population is a key priority both nationally and locally. In 2015-16 NHS Lothian is making substantial workforce investments to enhance capacity within Primary Care. The following figure details the investments that are being made within CHPs.

Figure 22 – Investment in Community Health Partnership’s workforce by job family

Row Labels	2	3	4	5	6	7	8+	Grand Total
CHPs				1.00	1.00			2.00
East Lothian Chp				22.50				22.50
Edinburgh Chp	29.91	16.54	3.10	39.31	12.68	4.61		105.15
Edinburgh Chp			1.60	1.00				2.60
EL & ML Chp					1.00			1.00
Midlothian Chp					1.00			1.00
West Lothian Chp						8.60	1.20	9.80
Grand Total	29.91	16.54	4.70	63.81	15.68	13.21	1.20	144.05

Investments within Scheduled Care Services will enhance capacity within the main hospital sites and help sustain achievement of treatment time guarantees

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

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

Emerging Key issues include:

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

The unscheduled care workshops have generated substantial information and data.

4.4 Local Reinvestment Plan – 10% reduction in corporate departments

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

Figure 23 – Planned corporate workforce reduction

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

4.5 Executive and Senior Managers Workforce Reductions

The Scottish Government set a national target to reduce Executive and Senior Managers by 25% between 31st March 2010 and 1st April 2015 and require boards to submit their progress as part of the annual projections process. As detailed in the following figure NHS Lothian narrowly exceeded this target with a reduction of 25.9%. Where staff have changed onto agenda for change terms and conditions this has not been regarded as a reduction despite reducing the overall numbers of senior managers terms and conditions.

Figure 24 – Progress against national 25% executive/senior management reduction

31st March 2011	31st March 2015	Overall reduction
174.5	129.3	25.9%

It is anticipated that there will be further reductions within 2015/16.

4.6 Nursing and Midwifery Workload and Workforce Planning tools

NHS Lothian ran the community workload tool for 2 weeks in 2014 as part of the national run, with a cohort of community staff. The Board ran the community workload tool for 5 consecutive days in May 2015 with all district nursing, health visiting and school nursing teams across Lothian. The findings will in turn be fed into wider work on virtual ward teams in the community.

NHS Lothian participated fully in the 2014 national runs of the mental health (including learning disabilities) tool and the midwifery tool. The Board runs the neonatal and SCAMPS tools on a twice daily basis and performed a Board wide run of the adult in patient tool and professional judgement tools in September / October, with every ward recording data for a 2 week period. A schedule to stagger the use of the tools over 2015/16 has been developed.

4.7 Public Health Nursing Services – Future Focus

As highlighted in section 3.2 there are significant demographic pressure within the nursing workforce and in particular within the community. Across NHS Lothian the community nursing workforce is ageing – 43% are over 50 years of age. Based on the current age profile and the trends over the last 5 years, it is estimated that 49% of Health Visitors (HV) could be eligible to retire within the next five years under special class status which the vast majority. It is not clear what proportion will choose to do so however this is clearly a substantial workforce sustainability risk. There are also currently approximately 10% vacancies within the HV which has been the case for several years.

The numbers of school nurses are small, but share a similar age profile. There continue to be unfilled vacancies in Health Visiting across Lothian (and across Scotland) with recruitment being extended to NHS England.

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

Figure 25 – 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.

In anticipation of the national review and introduction of the Children and Young People (Scotland) Act, NHS Lothian had already used vacancy factor related under spend to augment the HV training budget. In 2014-15, sixteen nurses were seconded to Queen Margaret University (QMU) (an additional ten places than routinely trained in Lothian) to undertake the HV Specialist Practitioner Qualification (SPQ). NHS Lothian is one of the few Boards that

have consistently supported a minimum of 6 HVs to undertake the SPQ course at QMU on an on-going basis.

All 16 of these students need supervision from a Community Practice Teacher (CPT). 11 additional CPTs are currently being supported to undertake the course at QMU which is part-time over 2 years. It is anticipated that 6 will qualify in 2015 and with a further 5 qualifying in 2016.

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

Options for part time training and other approaches (distance learning) to achieving the HV, SPQ are being explored with education providers at national level. NHS Lothian is working closely with colleagues nationally to ensure that we are able to train staff without draining nursing resource across NHS Scotland.

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

NHS Lothian has a detailed local implementation plan containing the following key steps and actions to ensure delivery:

1. Undertake a robust HV Workforce analysis using the National Caseload Weighting Tool and identify shortfalls.
2. Develop local plan to achieve locally agreed trajectories for maximising the HV Workforce including determining the number of new students required over the next 2-3 years.
3. Consider local processes around named person.
4. Consider local process for additional health review points.
5. Working with HEI's to ensure that the learning environment offers an appropriate quality experience for HV students.
6. Ensure that the practice learning experience of the revised HV education enables students to meet the requirements of the programme.
7. Put in place a model of educational supervision that meets statutory requirements.
8. Consider local review of education for Health Care Support Workers (HCSW) in line with new HV service
9. Introduce a clear career pathway for HV initial qualification through advanced practice to consultant HV.
10. Undertake an immediate review of the number of Community Practice Tutors to support the required expansion of training.

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

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

Initial estimates have been submitted to the Scottish Government as part of the annual workforce projections to help inform national planning of student nursing places.

4.9 Non Medical Workforce Solutions

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

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

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

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

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

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

- Cannulate
- Take blood samples

- Run ECG's
- Catheterise

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

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

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

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

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

4.10 HR and Learning and Development Strategies

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

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

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

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

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

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

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

Central to ensuring that these priorities are delivered across all areas is an effective learning and development strategy. The NHS Lothian Learning and Development Strategy 2014 to 2016 has been developed following engagement with approximately 1276 staff across the organisation to ensure ownership. The following section the actions that are being progressed against the key education and training challenges:

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

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

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

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

Quality Strategy – there is currently an extensive and integrated network of Quality Improvement Teams and well established programmes that support

patient safety, clinical skills, healthcare associated infection (HAI) and person-centred education programmes. NHS Lothian will continue to play a pivotal role in the *Scottish Patient Safety Programme* (SPSP) and the development of quality improvement capability and capacity across the system through collaborative working with relevant teams and development programmes offered through NES.

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

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

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

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

Appendix B sets out the agreed core actions that are common across professional groups / directorates and the progress that has been made during 2014/15. These are detailed aligned with the national workforce 2020 vision priority actions for 2014/15 in action plan in Section 5. The following section provides an progress report:

Section 5: Action Plan

The HR and OD Strategy 2015 – 18 contains a detailed action plan As detailed within this plan there are a wide range of workforce demand and supply pressures that need to be planned for. The following section sets out the actions that are being taken forward to

Issue	Action	Lead	Timescale
Workforce 2020 Vision Priority Actions		Director of HR & OD	
Developing and sustaining a healthy organisational culture to create the conditions for high quality health and social care.	We will promote and model NHS Lothian values in our daily working practices and integrate them into all our education and training activity where possible to improve the experience of patients, staff and visitors	Director of HR & OD/Head of Learning and Development	2015 - 2018
Changing the health workforce to match new ways of delivering services and new ways of working; ensuring that people with the right skills, in the right numbers, are in the right jobs; promoting the health and well-being of the existing workforce and preparing them to meet future service needs.	We will support the development of staff in bands 1-4 to ensure that equitable and realistic opportunities exists to access education and training with the possibility to advance their careers based on ability, ambition and experiential learning.	Director of HR & OD/Head of Learning and Development	2015 - 2017
Ensuring that all staff are appropriately trained and have access to learning and development to support the Quality Ambitions and 2020 Vision for Health and Social Care.	<p>The focus this year is on ensuring that development reviews/appraisals are meaningful, providing fair access to learning and development for support staff, and building capacity and capability to improve the quality of what we do.</p> <p>We will actively engage in the appropriate appraisal / development review system to ensure that staff are engaged with organisational objectives, equipped to fulfil their roles and are safe and effective to practice.</p> <p>Continue to embed the Investors in People standard.</p>	Director of HR & OD/Head of Learning and Development	2015 -16
Ensuring that	The focus this year is on	Director of	2015 -16

managers and leaders are valued, supported and developed.	<p>supporting and developing line managers, particularly their people skills.</p> <p>We will ensure that staff with line management responsibilities are appropriately trained and supported in their role and are able to apply the necessary knowledge, skills and behaviours required of them.</p>	HR & OD/Head of Learning and Development	
Strengthening workforce planning.	<p>Provide an overview of 6 step workforce planning methodology and workforce redesign methodologies.</p> <p>Support service areas in the development of local workforce plans through the provision of information, advice and support.</p> <p>Support service areas and professional leads in the development of new roles and ways of working required to address pressures/risks within the workforce.</p>	<p>Director of HR & OD</p> <p>Head of Workforce Planning</p> <p>Head of Learning and Development</p>	2015 -16
HR&OD - Socially Responsible Recruitment initiatives	In light of emerging demographic patterns and pressures, support and engage in the roll out of new models of employment such as Modern Apprenticeship programmes that meet NHS Lothian's wider social responsibilities that in turn ensures effective succession planning and service delivery.	<p>Associate Director of HR</p> <p>Head of Resourcing</p>	2015 - 18
Regional approach to medical workforce planning and role development	In line with national policy/actions, continue to engage with all parties in managing workforce supply issues across individual specialty/service areas.	HR Director/ Medical Director/ Regional Workforce Director/ Head of	Ongoing

		Workforce Planning	
Integration of Health & Social Care	Continue local actions and development work to support integration of primary and secondary care. □□□□□□□□□□□□□□□□□□ Develop a joint workforce / organisational plan that aims to have a fully integrated workforce by 2020 for each H & SCP.	Director of HR & OD/ Associate Directors of HR	2015 -18
Implement the NHS Lothian Learning and Development Strategy 2013 to 2015	Implement The NHS Lothian Learning and Development Strategy 2013 to 2015	Director of HR & OD & Head of Education and Employee Development	2013 -15
Promoting Attendance at Work initiative.	As part of HR /OD Strategy, support line managers with accurate workforce data in the management of sickness absence and the achievement of NHS Scotland HEAT sickness absence standard of 4% and agree targeted action plans for those areas where staff sickness is over 4%.	Workforce Planning Team	Monthly Reporting
Medical Workforce Planning	Update the medical workforce risk assessments for all specialties. Support the Lothian medical workforce group. Work with Regional Partners on the SEAT Medical Workforce Group to plan medical training numbers in a coordinated manner and help support service sustainability. Work with the Scottish Government to improve planning of medical training numbers.	Medical Director & HR Director & Head of Workforce Planning	2015/16 On-going On-going 2015/16

	Using the output of the electronic job planning system to inform the planning of services.		2015 - 2017
Nursing Workforce Planning	Expansion of the Health Visiting Workforce to ensure NHS Lothian can meet the requirements of the children's act and on-going populations growth.	Nurse Director	2015 - 2018
	Preparation for the introduction of revalidation in 2016	Nurse Director	2015/16
	Application of the nursing and midwifery workforce planning tools	Nurse Director/Associate Nurse Director/Chief Nurses	2015/16 and on-going
Clinical Strategy	Support the emerging Clinical Strategy through an integrated approach aligning workforce planning needs within current and future budgetary requirements.	HR Director	2012-2020

Section 6: Implementation and Review

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

Strategic Clinical Framework - The detailed project plan provides a prioritised implementation timeframe for NHS Lothian's medium and long-term ambitions in the context of the NHS Scotland 2020 Vision. The Plan reflects the considerable activity across a wide range of work streams, leading towards a clearer articulation of the 2020 Vision. The Strategic Planning Group will oversee implementation and keep the NHS Lothian Board informed on progress.

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

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

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

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

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

Appendix A- HR&OD Strategy 2015 – 18 Action Plan

	PRIORITIES	ACTION	ACCOUNTABILITY		RAG rating	TIMELINE		
			Strategic	Operational		2015/16	2016/17	2017/18
HEALTHY ORGANISATIONAL CULTURE								
2020 WORKFORCE VISION PRIORITIES	1. We will take action to ensure that staff are clear about the values and behaviours expected of them.	1.1 Continue the marketing / branding campaign through use of fliers, posters, email signatures etc.	Associate Director of HR (JB)	Head of Education & Employee Development/Head of Leadership & Management Development		✓	✓	✓
		1.2 Continue to deliver a values session at induction and ensure our values are threaded through all education and development for staff			✓	✓	✓	
		1.3 Support and encourage NHS Lothian staff to incorporate and embed our values within their roles and services.			✓	✓	✓	
	2. Incorporate behavioural competencies (which reflect our values) within recruitment, development and appraisal processes. Rollout the iMatter Staff Experience Continuous Improvement Model.	2.1 Scope, develop and implement values based recruitment.	Associate Director of HR (JB)	Head of Resourcing		✓	✓	✓
		2.2 Review current PDPR training to incorporate values based standards.	Associate Director of HR (JB)	Head of Education & Employee Development		✓		
		2.3 Scope, develop and implement iMatter project plan.	Associate Director of HR (RK)	Head of Medical Workforce Planning		✓		
	3. Ensure that local feedback and monitoring arrangements (from patients, staff, service users etc) inform how well the core values are	3.1 Utilise staff feedback mechanisms to monitor how values are being embedded.	Associate Director of HR (JB)	Head of Leadership & Management Development		✓	✓	✓

	PRIORITIES	ACTION	ACCOUNTABILITY		RAG rating	TIMELINE		
			Strategic	Operational		2015/16	2016/17	2017/18
	embedded.							
	4. Engage and involve staff in decisions that affect them.	4.1 Through the Workforce Organisational Change Group process gain assurance that both staff and partnership representatives have been involved and engaged in the proposals for change.	Associate Director of HR (JB)	Heads of HR		✓	✓	✓
		4.2 Support Partnership Forums and service leads to implement the identified initiatives within local Staff Governance Improvement Plans.				✓	✓	✓
LOCAL PRIORITIES	5. Build and enhance management capability and confidence to deliver an alternative approach to conflict and dispute resolution.	5.1 Monitor, Evaluate and Review Mediation Service	Associate Director of HR (JB)	Head of Leadership & Management Development / Head of Education and Employee Development		✓	✓	✓
		5.2 Pilot, review and roll out the Courage to Manage Training.				✓	✓	
		5.3 Develop Team / Group Mediation Service.				✓		
	6. Agree targeted action plans for those areas where staff sickness is over 4%.	6.1 Scope and develop an absence management strategy to support line managers i.e. achieve reductions and meet the HEAT standard.	Associate Director of HR (JB)	Heads of HR		✓	✓	✓
	7. Develop a strategy for tackling the health and wellbeing issues associated with an ageing workforce.	7.1 Develop materials and information to support the management of an ageing workforce.	Acting Director of Occupational Health & Safety	HR Policy Group			✓	
	8. Implement the Internal Communications Strategy	8.1 Review, develop and champion practice improvements to increase staff engagement	Acting Director of	Internal Communications		✓	✓	✓

	PRIORITIES	ACTION	ACCOUNTABILITY		RAG rating	TIMELINE		
			Strategic	Operational		2015/16	2016/17	2017/18
	to ensure staff are well informed and engaged.	and experience, using tools such as staff survey and iMatter.	Communications	Manager				
9.	Implement the NHS Lothian Equality Outcomes Framework 2013-17, the International Equity Standards programme and the Black and Minority Ethnic Nurses Progression Project.	9.1 Implement the NHS Lothian Equality Outcomes Framework 2013-17 as it relates to staffing.	Associate Director of HR (RK)			✓	✓	✓
		9.2 Implement the International Equity Standards programme	CMT			✓	✓	✓
		9.3 Implement the Leading Better Care - Leading Across Difference Programme.	Head of Education & Employee Development			✓	✓	✓
10.	Continue to work with education providers to ensure that in addition to staff having the technical competence to undertake their role, the vision and values of NHS Lothian are also embedded in their education programme.	10.1 Values into Action to be included in commissioning and review of all partnered education	Head of Education & Employee Development	Deputy Head of Education & Employee Development		✓	✓	✓
11.	Embed Rapid Impact Assessments at all levels in the organisation.	11.1 Ensure that all HR policies, processes and projects comply with rapid impact assessment requirements.	Director of Public Health & Health Policy			✓	✓	✓
12.	Implement the Health and Safety Strategic Plan.	12.1 NHS Lothian Health & Safety Committee will oversee implementation and monitor progress.	Acting Director of Occupational Health & Safety	NHSL H&S Committee		✓	✓	✓
13.	Implement a revised Health and Safety Manual	13.1 NHS Lothian Health & Safety Committee supported by local H&S Committees will	Acting Director of Occupational	NHSL H&S Committee		✓	✓	✓

	PRIORITIES	ACTION	ACCOUNTABILITY		RAG rating	TIMELINE		
			Strategic	Operational		2015/16	2016/17	2017/18
	and Safe Management System.	monitor and evaluate performance against this.	Health & Safety					
	14. Design and implement a revised Health and Safety Management System Audit.	14.1 Scope, plan and deliver a refreshed programme of audits.	Acting Director of Occupational Health & Safety	NHSL H&S Committee		✓	✓	✓
	15. Review and refresh the Occupational Health and Safety Service specification.	15.1 Commission an External Review of the OHSS provision and implement agreed changes to ensure the service provision meets organisational requirements	Director of HR&OD	Acting Director of Occupational Health & Safety		✓	✓	✓
	16. Commit NHS Lothian to becoming an accredited Living Wage Employer.	16.1 Determine what is required to be an accredited employer.	Associate Director of HR (RK)			✓		
SUSTAINABLE WORKFORCE								
2020 WORKFORCE VISION PRIORITIES	17. Review our workforce planning arrangements to ensure a joined-up, consistent approach so that all services are included and benefit from the process.	17.1 Through the Efficient Workforce Programme Board ensure our Workforce Plan and Learning and Development Strategy are aligned.	Associate Director of HR (RK)	Head of Workforce Planning / Head of Education & Employee Development		✓		
	18. Demonstrate that workforce planning includes a long term perspective and supports new and emerging service delivery models including 24/7 and 7 days working.	18.1 Development of the Workforce Plan and associated education plans, which take account of the Workforce 2020 Action Plan and includes the rebalancing of the workforce.	Director of HR & OD	Operational Service Leads / Head of Workforce Planning/Head of Education and Employee Development		✓	✓	

PRIORITIES	ACTION	ACCOUNTABILITY		RAG rating	TIMELINE		
		Strategic	Operational		2015/16	2016/17	2017/18
19. Identify workforce issues and use this information to inform local workforce plans.	19.1 Refresh Medical Workforce Risk assessments and report to the Lothian Medical Workforce Group, SEAT and Board.	Associate Director of HR (RK)	Head of Workforce Planning		✓		
	19.2 Review workforce demographic profile and identify areas of challenge including age profile, recruitment and retention, and gaps.				✓		
	19.3 Develop standardised Workforce Reporting for management teams and local Partnership Forums through the appropriate mechanisms.				✓		
20. Put in place measures to provide high quality workforce data and identify a lead officer with responsibility for workforce data	20.1 Workforce Planning and the HR Systems team will work jointly to improve data quality and support specific national initiatives.	Associate Director of HR (RK)	Head of Workforce Planning / Head of HR Systems		✓	✓	
	20.2 The HRIS lead will work with the national eESS team to influence amendments to the system, which will support the collection of robust data.	Associate Director of HR (RK)	Head of HR Systems		✓		
21. Ensure that workforce plans include an analysis of future education and training needs and that this is reflected in learning and development strategies.	As per Priority No. 17	Associate Director of HR (RK)	Head of Workforce Planning / Head of Education & Employee Development		✓		
22. Implement the good practice principles	22.1 Review our current processes to ensure they are robust and meet the Audit	Associate Director of HR			✓	✓	✓

	PRIORITIES	ACTION	ACCOUNTABILITY		RAG rating	TIMELINE		
			Strategic	Operational		2015/16	2016/17	2017/18
	recommended by Audit Scotland in their 'Early Departures' report to ensure early release schemes are driven by the needs of our workforce plans.	Scotland requirements.	(RK)					
LOCAL PRIORITIES	23. Ensure Consultant job plans match service demand and support 24/7 delivery. Consider extending the use of job plans to other staff who manage case loads (e.g. Nurse Consultants).	23.1 All Career Grade staff to use the electronic job planning software for the 2015/16 round of job planning and evaluate	Associate Director of HR (RK)	Head of Medical Workforce Planning		✓	✓	✓
		23.2 Meet with Service Managers to agree potential use of job planning software for other professional groups.				✓	✓	✓
	24. Review the need for 24/7 staffing by clinical area and develop staffing models that match service demands.	See action no. 18.	Corporate Management Team	Operational Service Leads / Head of Workforce Planning		✓	✓	
	25. Continue to develop medium to long term sustainable plans to address medical staffing pressures.	25.1 Support Clinical Directors to ensure agreed working rotas for Junior Doctors comply with Scottish Government requirements.	Associate Director of HR (RK)	Head of Medical Workforce Planning		✓		
		25.2 Support the Lothian Medical Workforce Group to work with services to achieve sustainable workforce models	Associate Director of HR (RK)	Head of Workforce Planning		✓	✓	✓
		25.3 Support the development of national international recruitment initiatives to	Associate Director of HR	Head of Resourcing		✓	✓	

	PRIORITIES	ACTION	ACCOUNTABILITY		RAG rating	TIMELINE		
			Strategic	Operational		2015/16	2016/17	2017/18
			(JB)					
		enable services to achieve sustainable workforce levels.						
	26. Continue to review supplementary staffing utilisation to enhance quality of care and reduce costs.	26.1 Co-work with the Associate Director of Nursing to develop workforce trend reporting and feed into the Efficient Workforce Programme Board and Lothian Medical Workforce Group.	Associate Director of HR (RK)	Head of Workforce Planning		✓	✓	✓
	27. Consider and explore further developments in regional rationalisation for clinical and non – clinical areas to optimise opportunities for workforce availability and development.	27.1 Work collaboratively with regional partners and HEI/FE to identify opportunities for joint development and commissioning.	Head of Education and Employee Development	Deputy Head of Education and Employee Development		✓	✓	✓
27.2 Implement Education Frameworks for Bands 1 to 4 and Nursing Bands 1 to 8.					✓	✓		
28.2 Implement the Band 1 to 4 Education Framework.					✓	✓		
	28. Expand and develop the Band 1-4 workforce in clinical areas creating roles that are both patient centred and provide a career structure.							
	29. Maximise opportunities for youth employment and social responsible recruitment through academies, modern apprentice schemes, placement schemes and recruitment campaigns, working with voluntary and	29.1 Support the implementation of employability scheme with the Scottish Prison Service and the Community Pay Back scheme.	Associate Director of HR (JB)	Head of Resourcing		✓		
		29.2 Deliver schemes to support youth employability targets and socially responsible recruitment.	Associate Director of HR (JB)	Head of Resourcing/Head of Education and Employee		✓	✓	✓

	PRIORITIES	ACTION	ACCOUNTABILITY		RAG rating	TIMELINE		
			Strategic	Operational		2015/16	2016/17	2017/18
	other public sector partners.			Development				
	30. Ensure that succession planning takes account of the age profile and workforce demographics.	See action no. 19.	Associate Director of HR (RK)	Head of Workforce Planning		✓		
CAPABLE WORKFORCE								
2020 WORKFORCE VISION PRIORITIES	31. Ensure that appraisers and those being appraised understand the purpose of development reviews / appraisals, their individual and mutual responsibility for ensuring it is meaningful and that conversations review whether behaviours, decisions and actions reflect our shared values.	31.1 Ensuring that we have training and education programmes to support good appraisal and staff feedback in line with our Values.	Head of Education and Employee Development	Deputy Head of Education and Employee Development		✓	✓	
	32. Improve the confidence, capability and capacity of everyone involved in leading and practicing quality improvement.	31.2 Co-working with colleagues in Quality Improvement to identify management development needs encompassing iMatters rollout.				✓	✓	✓
	33. Provide fair and appropriate access to learning and development for support staff.	33.1 Implement, monitor and evaluate Learning and Development Strategy				✓	✓	✓
	34. Ensure that our learning and development strategy							

	PRIORITIES	ACTION	ACCOUNTABILITY		RAG rating	TIMELINE		
			Strategic	Operational		2015/16	2016/17	2017/18
	is developed in partnerships and addresses longer-term learning and development need up to 2020.							
LOCAL PRIORITIES	35. All staff will receive feedback on performance, including behaviours and will have a personal development plan.	35.1 Co-working with services to ensure all staff will receive feedback on performance, including behaviours and will have a personal development plan	Head of Education and Employee Development	Operational Service Leads		✓	✓	✓
	36. Implement the learning development strategy	36.1 Implement, monitor and evaluate Learning and Development Strategy				✓	✓	
	37. Work collaboratively with other Health Boards to develop training programmes for small occupational groups e.g. Oncology, Medical Physics, and Perfusion.	37.1 Continue to contribute to national groups and explore opportunities for a shared service approach.	Head of Education and Employee Development	Deputy Head of Education and Employee Development		✓	✓	✓
INTEGRATED WORKFORCE								
2020 WORKFORCE VISION PRIORITIES	38. Use the Health and Social Care guidance provided to inform the appointment of Chief Officers and other joint appointments.	38.1 Implement the guidance for appointments.	Director of HR & OD	Associate Directors of HR		✓		
	39. Continue local actions and development work to support integration of primary and secondary	39.1 Support service leads and management teams with the development of OD / integration plans, engaging all stakeholders in the process whilst				✓	✓	

	PRIORITIES	ACTION	ACCOUNTABILITY		RAG rating	TIMELINE		
			Strategic	Operational		2015/16	2016/17	2017/18
	care.	ensuring that monitoring arrangements are in place to inform progress.						
		39.2 Support Local H&SC Management Teams to identify opportunities for development work to support primary and secondary care integration.				✓	✓	
	40. Make better use of existing mechanisms, such as community planning partnerships to identify opportunities to share resources including workforces.	39.3 Support HSCP Management Teams in the development and delivery of their Strategic Plans and associated engagement with stakeholders				✓	✓	
LOCAL PRIORITIES	41. Develop a joint workforce / organisational plan that aims to have a fully integrated workforce by 2020 for each H & SCP.	41.1 Establish local HR&OD Working groups to develop an HR&OD Plan for each Partnership with relevant workstreams.	Director of HR & OD	Associate Directors of HR		✓		
		41.2 Provide technical HR input to the operational aspects of the integration agenda, ensuring managers continue to comply with the staff governance standard.				✓	✓	
	42. Develop the skills and competencies we require for an integrated workforce (new roles, working together).	See Priority No. 41				✓	✓	✓

	PRIORITIES	ACTION	ACCOUNTABILITY		RAG rating	TIMELINE		
			Strategic	Operational		2015/16	2016/17	2017/18
	43. Develop joint organisational change processes for each H & SCP which meet staff governance standards.	43.1 Review all HR Policies and Procedures including Organisational Change for NHS Lothian and the 4 Lothian Councils to identify areas of similarity and difference.				✓		
		43.2 Produce recommendations for a Joint Organisational Change Process for discussion and agreement in relevant groups.				✓		
	44. Explore and maximise opportunities for shared services across NHS Scotland and with other public sector partners	44.1 Continue to support the progression of shared services across NHS Scotland and explore opportunities with other public sector partners.				✓	✓	✓
EFFECTIVE LEADERSHIP AND MANAGERS								
2020 WORKFORCE VISION PRIORITIES	45. Plan to build local leaderships and management capacity and capability as part of our workforce plan to deliver the 2020 vision.	45.1 Refresh Coaching provision to ensure this supports managers and enhances leadership capabilities.	Associate Director of HR (JB)	Head of Leadership & Management Development		✓		
		45.2 Establish a planned approach to attracting and targeting participants on National Leadership Programmes.	Associate Director of HR (JB)	Head of Leadership & Management Development		✓		
		45.3 Build on the established clinical management networks to allow for the dissemination of skills and knowledge.	Head of Education and Employee Development	Deputy Head of Education and Employee Development			✓	
	46. Ensure that line managers at all levels are clear about	46.1 Review and refresh our Leadership and Management Training Programmes.	Associate Director of HR	Head of Education and Employee		✓		✓

PRIORITIES	ACTION	ACCOUNTABILITY		RAG rating	TIMELINE		
		Strategic	Operational		2015/16	2016/17	2017/18
their people management responsibilities and are held to account for how they carry out these responsibilities.		(JB)	Development / Head of Leadership & Management Development				
	46.2 Deliver 'masterclass' sessions for senior managers to respond to service need.	Associate Director of HR (JB)	Heads of HR		✓	✓	✓
	46.3 Implement Case Management System across NHS Lothian.				✓		
	46.4 Continually review and develop HR Online to support managers.	Associate Director of HR (JB)	OD Consultant – Programme Lead		✓	✓	✓
47. Identify the development, training and support needs of line managers at all levels, particularly in relation to people management and dealing with difficult performance management conversations, and ensure these needs are met.	See Priority No. 5 Action.	Associate Director of HR (JB)	Head of Leadership & Management Development / Head of Education and Employee Development		✓		✓
48. Ensure that Heads and Managers at all levels understand and demonstrate the values and behaviours expected of them as well as their responsibilities in relation	See Priority No. 1 Action.	Director of HR&OD	Corporate Management Team		✓	✓	✓

	PRIORITIES	ACTION	ACCOUNTABILITY		RAG rating	TIMELINE		
			Strategic	Operational		2015/16	2016/17	2017/18
	to the Staff Governance Standard and Quality Ambitions.							
	49. Ensure Leaders and Managers are aware of and abide by national governance arrangements / structures.	HR & OD Director supports the work of the Governance Committees.				✓	✓	✓
	50. Ensure that the approach to ongoing leadership and management development supports Everyone Matters: 2020 Workforce Vision and Quality Ambitions and reflects the leadership and management policy statement.	See Priority No. 5 Action.	Associate Director of HR (JB)	Head of Leadership & Management Development / Head of Education and Employee Development		✓	✓	✓
	51. Ensure that managers and leaders identify and focus on the strategic workforce actions needed to deliver Everyone Matters: 2020 Workforce Vision.	Implement the HR & OD Strategy.	Director of HR & OD	Corporate Management Team		✓	✓	✓
LOCAL PRIORITIES	52. Managers and Leaders will work in partnership with trades union partners and ensure staff are engaged and involved in matters that affect them at work.	Continually review the Partnership arrangements and report back to the Lothian Partnership Forum.	Employee Director/ Associate Director of HR (JB)	Local Partnership Forum Co-chairs		✓	✓	✓

	PRIORITIES	ACTION	ACCOUNTABILITY		RAG rating	TIMELINE		
			Strategic	Operational		2015/16	2016/17	2017/18
	53. Develop and implement Staff Governance Improvement Plans in all local areas.	Support Partnership Forums to develop and implement Staff Governance Improvement Plans in all local areas.	Employee Director/Associate Directors of HR	Heads of HR		✓	✓	✓
	54. Develop and implement a Leadership Development Framework.	See Priority No.45 Action	Associate Director of HR (JB)	Head of Education and Employee Development / Head of Leadership & Management Development		✓	✓	

RAG Description Key (Time Status)	
RED	Key milestones will be or have been delivered outside tolerance to agreed baseline
AMBER	Forecasting that there is a significant risk that key milestones will be delivered outside tolerance on agreed baseline
GREEN	All milestones forecast to be on time or early
WHITE	Task Complete

Appendix B – Learning and Development Strategy Action Plan Progress Report

Core 1: NHS Lothian Values

- Local partnership fora have now developed 'Staff Governance Improvement Plans' that incorporate our work on values
- Corporately delivered programmes have been reviewed to ensure that our values are incorporated into the content
- Implemented an NHS Lothian in-house mediation service that supports the values into action plan, supporting managers and staff to have open and honest conversations

Core 2: Mandatory Training

- Basic but accurate reporting system in place enabling high level reporting.
- Potential to add HAI and Resus to ward scorecard is being explored
- National mandatory working group coordinated by NES ongoing.
- NHS Lothian root and branch review being lead by the Director of HR
- 8% increase in HAI compliance Sept 14 – March 15 (57% to 65%) which equates to 960 staff undertaking mandatory HAI education in this time frame
- Face to face nursing and HCSW mandatory update days ongoing which includes HAI. 145 HCSW attended and 534 Registered Nurses attended Sept 14 – March 15
- Face to face facilities mandatory training days established offering 1920 places April – Dec 2015.

Core 3: Leadership & Management Development

- Review completed

Core 4: Personal Development Planning and Review

- (30 %) completed and signed off reviews.
- 2455 (11%) have a PDP recorded without a KSF Review
- 8105 (36%) staff are out of date
- (23%) staff have never recorded a review on e-KSF
- 94% compliance rate covering 2014 / 2015
- All 127 managers on the Senior Manager Performance Management On Line System have had an appraisal during 2014/2015

Core 5: Staff in Bands 1-4

- Accredited educational pathways in place that provide opportunities to progress within bands1-4 and beyond. This is achieved in partnership with HEIs, Princes Trust, Schools, prisons etc

Core 6: Investors in People

- All areas reviewed to have action plans in place reflecting recommendations from their assessment reports and be ready for formal assessment

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