



NHS Lothian

Workforce Plan

April 2007

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1 Introduction

This Workforce Plan follows on from the comprehensive 2006 NHS Lothian Plan, which provided a detailed analysis of the national and local workforce planning context, workforce drivers and workforce projections. The plan also included a detailed action plan for the coming year. This year's plan details the progress that NHS Lothian has made in responding to these actions and provides an update on the national and local context. The plan also outlines further priority actions to be addressed during the 2007-8 financial year.

During 2006-7 NHS Lothian has been undergoing a number of fundamental changes in terms of structure, the way in which we reward our workforce and the way in which our services and processes operate. These changes include:

- Implementation of Agenda for Change and introduction of the Knowledge and Skills Framework
- Implementation of specialty training as part of Modernising Medical Careers
- Dissolution of the Primary Care Organisation and realignment of services within Community Health Partnerships and the Acute Division
- Commencement of LEAN in Lothian Process Improvement Project in conjunction with GE Healthcare
- Publishing a Primary Care Modernisation strategy in response to Delivering for Health, which lays out the roadmap for how primary care services will be developed over the coming years
- Service review and change within hospital based services as part of the overall Improving Care Investing in Change Programme
- Commencement of the project to reprovide the Royal Hospital for Sick Children
- Creation of electronic staff records for all NHS Lothian staff as part of the project to implement an integrated HR system, which will considerably enhance the utilisation of our workforce and provide robust information upon which to plan our future workforce.

All of these changes have required huge commitment from our staff, staff-side representatives and patient representatives. As a consequence these changes will all deliver a demonstrable improvement in healthcare provision within Lothian.

This Workforce Plan provides further detail on these changes and underpinning workforce planning processes, which are dynamic and act as a tool to help support and inform workforce planning at Board, Regional and National level.

In conclusion, I believe that in NHS Lothian we have a workforce that is highly committed to delivering healthcare services of the highest quality. This workforce will ensure the above changes deliver modern, fit for purpose healthcare services within the most appropriate setting. The aim of this workforce plan is to ensure we continue to retain and recruit the right quality and quantity within our workforce to deliver the vision of healthcare described in Delivering for Health.

Jim McCaffery
Director of Human Resources and Organisational Development
NHS Lothian

2 Review of NHS Lothian workforce plan April 2006 Action plan

The following section summarises the progress made against the actions identified as priorities within the 2006-7 workforce plan.

2.1 Performance and Productivity

- ❖ Whole system process improvement - LEAN Project. NHS Lothian will pilot a programme to provide management and leadership training in conjunction with the facilitation of productive work time projects linked to accelerated change management initiatives such as LEAN.

In progress - This project is well established and is progressing with a detailed workplan see section 3.2.11 for further detail.

- ❖ Continue implementation of the new NHS Lothian Promoting Attendance Policy in order to meet sickness absence target of 4% for the Operating Division and 4.5% for the rest of NHS Lothian by the end of 2006-7

Further action required – progress has been made with figures published by SWISS indicating a reduction from 5.4% to 5.04% overall, however further work is required to achieve this target. See section 3.2.5 for further detail.

- ❖ Improve Consultant productivity in NHS Lothian, the target being 1.5% per annum over the next 3 years
- ❖ Continue to identify and assess the workforce planning implications of Pay Modernisation and the associated Benefits Realisation Strategy

In progress - £12.5m benefits identified for the year 2006/7 financial year, see section 4.3 for further detail.

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

In progress – Once AfC assimilation is complete this will be fully addressed.

- ❖ Identify and benchmark key workforce performance indicators against comparable organisations

To be progressed – during 2007/8.

2.2 Tackling the Supply and Demand Issues

Supply

- ❖ Develop modelling capability to assess impact of changes in wider NHS Lothian demographics on future workforce supply.

Underway – this is being progressed with Clinical Management Teams and CHPs. Detailed supply side profiles have been developed and monthly monitoring is in place for all areas. A workforce planning Masterclass run by an independent expert, Dr Pat Oakley took place in January to support management teams in this process see section 3.2.1 for further detail.

- ❖ Work with ISD and other Boards/Regions to develop more coherent national workforce planning mechanisms for other staff groups eg AHPs
- ❖ Continue to support the national SNIP Project and to play an active part in the National Project Team

Underway – The Workforce Planning team have provided input into the national planning for nursing intakes. NHS Lothian has considerable involvement in a range of national projects, which relate to workforce planning and development including the Review of Community Nursing, Nursing and AHP Workforce and Workload projects and review of Healthcare Scientists Workforce.

- ❖ Continue to develop and extend the Health Care Academy concept to ensure continuity of supply into 'hard to recruit to' posts such as in ancillary, administrative and clerical and non-registered nursing posts.

Underway – further links have been developed with the community-based organisation Places for People, a subsidiary of the Castle Rock Foundation, with an intention to develop a health and social care course, see section 3.2.13 for further detail.

- ❖ Participate in the national pilot of Physician Assistant role in a joint exercise with NHS Borders

Underway – Physician Assistants have been in place since October/November, see section 4.4.5. for further detail.

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

Underway – This is recognised as a key issue, links have been developed with local housing associations and independent providers of affordable housing. This is an area that will be progressed on an on-going basis; see section 4.5.4 for further detail.

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

Underway – EWTR changes are one of the factors that are used as one of the key workforce drivers within service and workforce reviews. This is reflected in issues such as the implementation of Hospital at night, see section 4.4.2 for further detail.

Demand

- ❖ Fully support the national Nursing and Midwifery Workload and Workforce Planning Project and the Regional Nurse Advisor

Underway – NHS Lothian working closely with Regional Project Lead and will develop a plan for application of the workload tools when these become available.

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

Underway – Workforce planning team are providing support via technical resource groups, all reviews have workforce workstreams.

- ❖ Working closely with key stakeholders, such as Post Graduate Dean and Medical Director, develop a workforce plan for the implementation of MMC FY2 and Specialist Run Through Training

Underway – The Head of Medical staffing has worked closely with the Regional Workforce Director and Post Graduate Dean on implementing MMC and NHS Lothian has played lead role in establishing a regional MMC Steering Group, see sections 4.4.1 and 5.1.3 for further detail.

- ❖ Assess the impact of new GMS contract upon demand for other sections of the workforce e.g. nursing productivity improvements
 - NHS Lothian will pilot, along with NHS Greater Glasgow, a process for collecting workforce data from Independent Contractors

Complete – Pilot completed with 93% response rate, see section 3.2.10 for further detail. Following the success of the pilot an annual national survey will be undertaken by ISD.

2.3 Recruitment and Retention Strategy

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

- ❖ Develop Recruitment strategies that address the needs of both NHS Lothian's service strategies, and the demographic implications of an ageing and diminishing workforce
 - An On-line Recruitment facility is being piloted in NHS Lothian and will launch June 2007. This is one of three pilots across NSH Scotland but the only one that will be fully integrated with a fully functioning HR Information System.
 - NHS Lothian 'brand' development. A coordinated recruitment calendar for the whole of NHS Lothian with the NHS and Lothian 'brands' is being developed and will be implemented in 2006.
 - An integrated intranet vacancy bulletin is live across all of NHS Lothian and this will be integrated with roll out of on-line recruitment.
 - Promotion of 'e access' for all staff to vacancy information at a variety of e-learning suites across NHS Lothian and local authority Libraries and Job Centre+ search facilities to support retention of staff

Complete – All the actions within this area will have been completed within 2006/7 year, with the exception of on-line recruitment facility, which will go live in June 2007.

- ❖ Provide an efficient, seamless candidate-to-employee pathway
 - Implement an integrated structure for Recruitment support services and relocate the team onto a single site. This is completed and fully functional.
 - Develop and implement a single, consistent process for recruitment across NHS Lothian. This is completed and fully functional.
 - Develop and implement recruitment skills training for those involved in the recruitment process. This is an ongoing exercise fully integrated into wider Management Development Programmes.

Complete – All the actions within this area will have been completed within 2006/7 year.

- ❖ Develop a recruitment calendar and associated marketing plans and materials
 - Establish an annual recruitment calendar linked to vacancy trends and brand establishment. This is completed.
 - Establish positive proactive employer marketing plans and materials. This is underway and includes a brand identity 'NHS Lothian for your *career* in healthcare'
 - Establish key partnerships to ensure diversity across our workforce. A network is under construction and currently includes 'Women In To

Work', Job Centre+, Lauder College, Linknet, Healthcare Academy, South Edinburgh Partnership, Capital City Partnership, Into-Work and West Lothian Council.

- Explore and establish a 'High Street' presence for attraction and recruitment of new staff. Plan developed that schedules events with Job Centre+.

Complete – All the actions within this area will have been completed within 2006/7 year. The success in achieving the above has enabled NHS Lothian to attract 600 newly/recently qualified nurses into its workforce.

- ❖ Improve the deployment of Human Resources across NHS Lothian
 - Review and revise redeployment processes for staff. A new Redeployment Policy has recently been launched.
 - Establish monitoring and evaluation processes for seconded posts across NHS Lothian and partner agencies with central registration. Policy is now in place
 - Establish network with Job Centre Plus, completed 2005.

Complete – All the actions within this area will have been completed within 2006/7 year.

2.4 Education and Training

- ❖ Implement agreed NHS Lothian Board Development Plan and Learning Plan
- ❖ Assess the workforce implications of implementation of the Career Frameworks – at a local, regional and national level
- ❖ Build into workforce planning models the impact of new/developing roles such as:
 - Clinical Support Workers
 - Nurse Practitioners
 - Physician Assistants
- ❖ Work with NES in jointly commissioning and supporting a range of specific projects that support service strategies.

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

2.5 Employment Infrastructures

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

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

2.6 Partnership working with other agencies

- ❖ NHS Lothian will develop stronger workforce planning links with a range of partner organisations to ensure a more coherent and joined approach. Partners will include:
 - Scottish Ambulance Service
 - Social work
 - Care sector
 - Voluntary sector
 - Consort/Haden
 - Independent Contractors
 - University of Edinburgh

Underway – increasingly strong links are being developed with many of the partner organisations, this will continue. During 2006 the NHS Lothian Chief Executive has become a co-opted member of the Edinburgh University Court. The Director of Health and Social Care reports to both NHS Lothian and Edinburgh Council and is introducing closer links between the key social and health care services within Edinburgh.

2.7 Developing Workforce Planning Capability

- ❖ Continue to develop the NHS Lothian Workforce Planning process, including:
 - Support Clinical Management Teams and CHP/CHCP Teams in developing workforce planning capability at local level
 - Carry out 'mid-year review' of current service workforce plans and engage teams in advance of 2007 planning process
 - Finalise People Pack and implement across NHS Lothian

Underway – Clinical Management Teams and CHPs are developing workforce plans for their own service areas, which underpin this plan. Workforce Planning have supported this process and ran a Workforce Planning Masterclass in January 2007, see section 3.2 for further detail.

- ❖ Continue to work closely with Service and Financial planning teams and Technical Resource Group to ensure a coherent and joined up service, financial and workforce planning processes

Underway – Workforce Planning continue to be involved in all major service reviews, working closely with finance and service planning to ensure that all service plans are underpinned by robust finance and workforce plans.

- ❖ Continue to develop Quarterly Reporting of Workforce Performance Indicators
- ❖ Implement Lothian wide HR system to cover all employees.
- ❖ Revise existing workforce baselines in light of:
 - Organisational restructuring and creation of CHP/CHCPs
 - Impact of Agenda for Change

Underway – The Quarterly Workforce Report has continued to be developed incorporating areas such as diversity and training activity. The implementation of Agenda for Change will make comparative historical reporting difficult. Electronic staff records now cover all staff and the rollout of the Intranet based E-manager tool is now being rolled out across CHPs. All reporting structures now reflect revised organisational structures, for further information see sections 3.2.7 and 3.2.8.

- ❖ Develop Workforce Planning Team:
 - Continue skills development programme
 - Attendance of Workforce Planning Manager as Regional representative at National Workforce Projects Strategic Workforce Planning programme

Underway – The Head of Workforce Planning has successfully completed the National Workforce Projects Strategic Workforce Planning programme. PDPs are in place for other members of the Workforce Planning Team. In the following year the development needs of other staff involved in workforce planning will be assessed and a development programme will be developed to meet identified needs.

3 Workforce Planning Context

3.1 National Policy Context

The April 2006 NHS Lothian Workforce Plan provided a detailed analysis of the national workforce planning context, detailing the national reviews, policy and guidance which will drive the development of services in the medium to long term. This year's plan will focus on how NHS Lothian is responding to these national challenges, through local service and workforce planning. The following sections provide an update on how these are being addressed locally and also update on any national drivers that have emerged since last year's plan.

3.1.1 Workforce Planning

In June 2006 the SEHD provided formal feedback to every Board on their workforce plans which were submitted in April. The workforce plans also formed part of the evidence for the annual accountability review during which NHS Lothian received positive feedback.

The feedback indicated three areas that could be developed in future plans:

- An assessment of risk alongside the tests of affordability, availability and adaptability
- Development of workforce projections 10 years ahead
- Projections for consultants broken down by specialty and sub specialty.

In general many boards had difficulty with providing 10 year projections for all staff groups and felt that doing so would not necessarily add value. The SEHD acknowledged this in the 2006 National Workforce Plan and have indicated that boards are now expected to provide:

- Projections for immediate 3 year period with robust affordability tests for all staff groups
- Projections for five years for nursing and GPs
- 10 year projections for all medical specialties and dentistry

3.1.2 Nursing and Midwifery Workload and Workforce Planning Project

Progress on the inclusion of 21% for predictable absence and 7.5hr per week protected time for team leaders has been reviewed by Audit Scotland in Planning Ward Nursing - Legacy or Design.

The main finding was that progress has been made towards improving the planning and management of ward nursing, with many issues identified previously in Audit Scotland's 2002 report on ward nursing currently being addressed. However, it highlighted that most boards have not yet built additional time requirements into establishments i.e. 21% for absence etc. and 7.5 hours protected time, and that the SEHD needed to decide if these are mandatory requirements of the service.

Within Lothian considerable progress has been made in managing supplementary staffing in NHS Lothian:-

- Ban on all high cost off contract agency
- Incremental ban on other nurse agency use
- Management of demand by chief nurses and clinical managers
- Tackling sickness absence
- Changes in staff bank systems to improve information, bank fill rates and authorisation process

3.1.3 AHP Workload Measurement and Management

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

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

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

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

The SEHD have established a two-year project to ensure the new model:

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

Along with Lothian, the model will be developed in the Borders, Tayside and Highland, which collectively reflect the diverse nature of Scotland's geography and demography. Experiences and learning from these development sites will not only provide information about the efficacy and effectiveness of the model, but also about the process of change management.

An implementation group is currently being established to take this work forward. Initially the South East and North West Edinburgh LHPs will be exploring the implications of the new model. However, it is anticipated that all areas in Lothian will have the opportunity to influence how the model is developed. As well as local steering groups in the LHP areas, a Lothian implementation group chaired by the Nurse Director with Partnership representation will direct the work across Lothian. As a first step a workforce baseline is being established to provide a monitoring framework throughout the review and act as a base upon which to model possible scenarios.

3.2 NHS Lothian Workforce Planning Context

3.2.1 Clinical Management Team (CMT) and CHP Workforce Plans

Following on from the process for last year's Workforce Plan NHS Lothian have decided to introduce an annual workforce planning process at Clinical Management

Team and CHP level. These plans will help embed workforce planning throughout all areas and will be one of the main feeders for the Board Workforce Plan in this and future years. A framework for the plans has been developed in consultation with CMTs, CHPs and other stakeholders covering the following areas:

- Section 1: Introduction/Background
- Section 2: Local Delivery Plan
- Section 3: Pay Modernisation & Productivity
- Section 4: Nursing Workload and Utilisation
- Section 5: MMC, EWTD and New Deal
- Section 6: Service Redesign/Reconfiguration
- Section 7: Service Specific Workforce Planning and Development
- Section 8: Longer Term Planning Issues
- Section 9: Workforce Projections
- Section 10: Action Plan

This is the first year that this has been attempted and as such it will be a learning process, as has been the case with board workforce plans. Such a change has an associated development requirement for staff and in January Dr Pat Oakley, an independent expert in this field, ran a Workforce Planning Masterclass to support this process. A follow-up development needs analysis will be carried out in order to provide further support for CMTs and CHPs and others involved in workforce planning. There will also be further work to join up pay modernisation and Workforce Planning strands.

Supporting workforce planning and development at this level is a priority for NHS Lothian given the significant challenges arising from Modernising Medical Careers (MMC) and the requirement to phase out FTSTA posts over time. This will be addressed within key areas during 2007/8.

3.2.2 NHS Lothian Population Changes

3.2.2.1 Population projections

In April 2006 the NHS Lothian Workforce Plan provided detail on the significant population shifts over the long term with a 4.6% growth in the population. Within this overall increase the General Records Office project a significant increase in the numbers of older people as life expectancy increases. This is particularly the case within the male population where a 54% increase in males aged over 80 will have a significant impact upon a range of clinical and social services across NHS Lothian. At the time of preparing this plan no revised population projections were available, these will be detailed in the 2008-9 Workforce Plan.

3.2.2.2 EU incomers

There has been a large influx of workers from Eastern Europe into Scotland in recent years, prompted by accession of 10 countries to the EC on 1 May 2004 – Cyprus, Czech Republic, Estonia, Hungary, Latvia, Lithuania, Malta, Poland, Slovakia and Slovenia. People from Cyprus and Malta have full rights to work in the UK while those of the others (the E8) have some restrictions placed on their ability to find work and claim benefits. In 2006 6% of the UK workforce was foreign as compared

to 3.5% in 1996.

As movement within the EU is free, getting accurate information about the numbers of people from the E8 working in Scotland is difficult. Of those entering the UK it is estimated that 7% of the total come to Scotland to work. Estimates of the number vary with 'official' figures suggesting 40,000 – 50,000 registered for work in Scotland, however the number may be as high as 100,000. This population is youthful with over 80% being in the 18-34 age range and 56% are male.

The Accession Monitoring Report, May 2004-December 2006, published by the Home Office indicated that almost 5% of the total registering for work in the UK come under the health and medical category – including 340 dentists, 300 dental nurses, 95 GPs, 60 surgeons, 130 anaesthetists, 40 psychiatrists and 10 psychologists.

While the population is according to the Home Office 'making few demands of the welfare services' it does require NHS care. Some areas where there may be an impact are:

- GP care – registration difficulties, translation services and, difficulty understanding entitlement
- Family Planning services
- Maternity Care – provision of care in UK is very different
- Immunisation – The immunisation programme in UK is different to Poland

There will be a requirement for both health and social care to identify and address the needs of this population including:

- Council services – e.g. housing / school rolls.
- NHS – new GP registrations
- Births
- NHS 24

The impact of these changes in overall population demography have complex challenges for the way in which services are provided in the future. Within Lothian these challenges are being considered as part of the Primary Care Modernisation Strategy, the review of older people's services and joint capacity planning with the social care sector. There is a need to ensure that these changes in demography and new populations are factored into medium and long term service and financial planning, within all services both community and acute.

There are also significant demographic shifts within the workforce, which will have a very significant impact on how services are provided in future. There are a number of areas where there are significant challenges associated with an ageing workforce, particularly within CHPs and areas such as healthcare science within both acute and primary care settings.

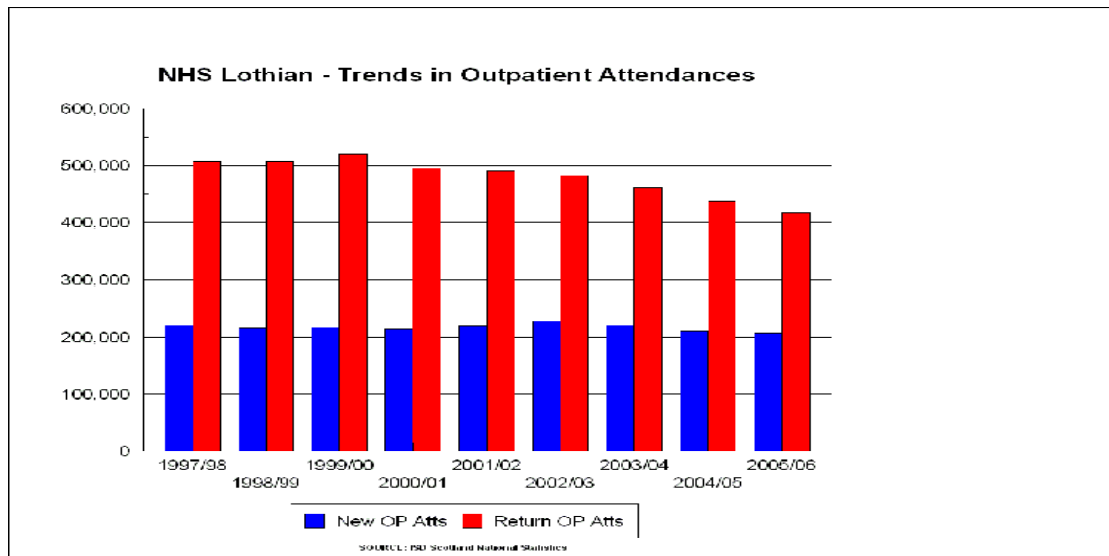
3.2.3 Clinical Activity

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

- A Outpatient Consultations, treatment and follow-up (all specialties)

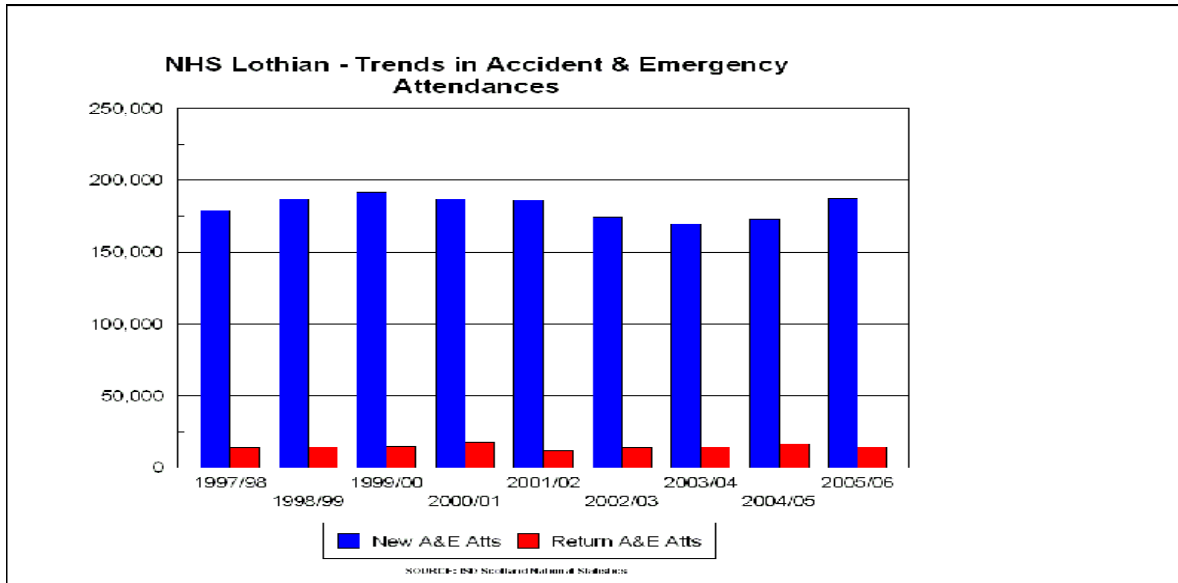
- B Attendances at Accident & Emergency Departments/Minor Injuries Units
- C Inpatient and Day Case admissions – acute specialties

Figure 1: NHS Lothian Activity Trends in Outpatient Departments



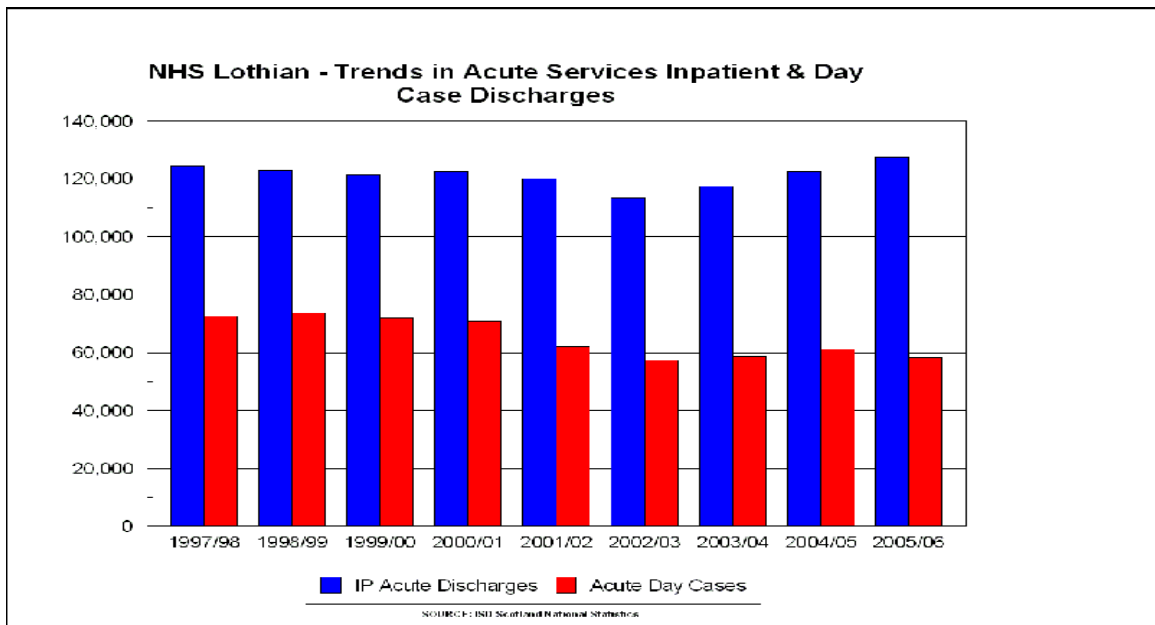
New outpatient attendances at consultant-delivered clinics across NHS Lothian has remained relatively stable over the years – though there is an increasing trend towards such ambulatory care being delivered by a non-consultant workforce of nurse specialists and practitioners. Return outpatient attendances continue to decline, as more clinics are able to provide a one-stop service without the need for subsequent appointments.

Figure 2: NHS Lothian Activity Trends in Accident & Emergency Departments



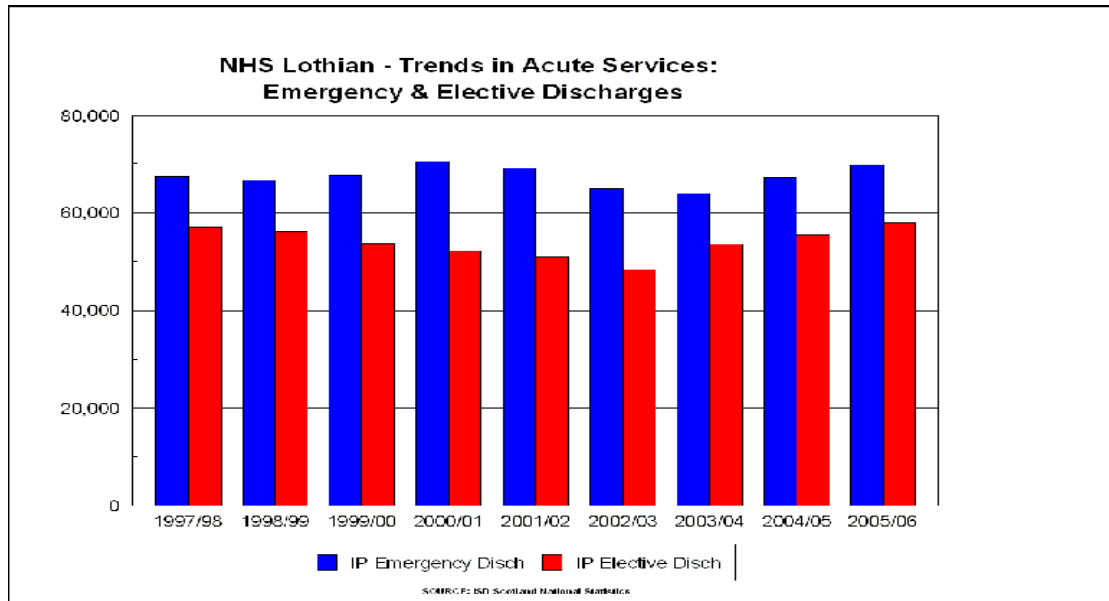
Improved recording of attendances at minor injuries clinics over the last four or five years has resulted in the observed increase in new A&E attendances – but follow-up workload in the A&E Departments is relatively small with most patients being followed up by their local GP.

Figure 3: NHS Lothian Activity Trends in Acute Inpatient and Day Case Discharges



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

Figure 4: NHS Lothian Activity Trends in Acute Emergency and Elective Inpatient Discharges

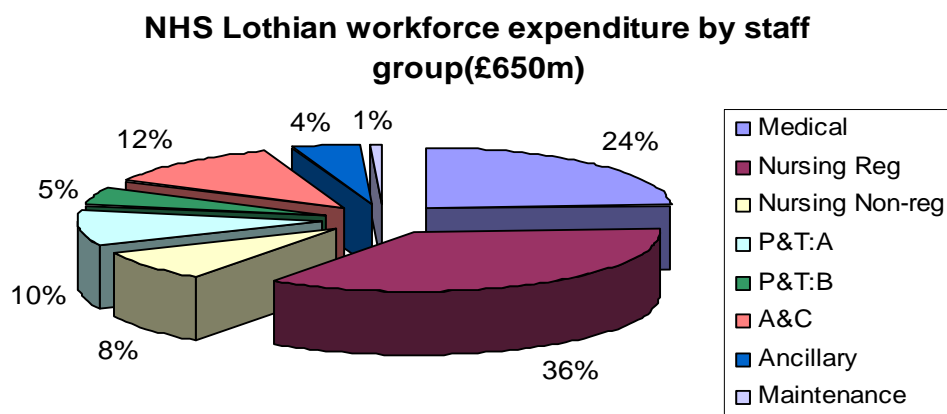


Whilst emergency workload in Lothian is relatively stable over time – the recording of this activity has a number of discontinuities. For example, the apparent increase in emergency inpatient activity from 2003/04 is due to a change in recording practice within the WGH Acute Receiving Unit, which took place in December 2004. Patients who were previously not admitted via ARU to the WGH did not feature in the activity statistics until that point. The recent increase in inpatient elective admissions has multiple causes – with waiting list targets being one of the main drivers.

3.2.4 Workforce Financial Profile

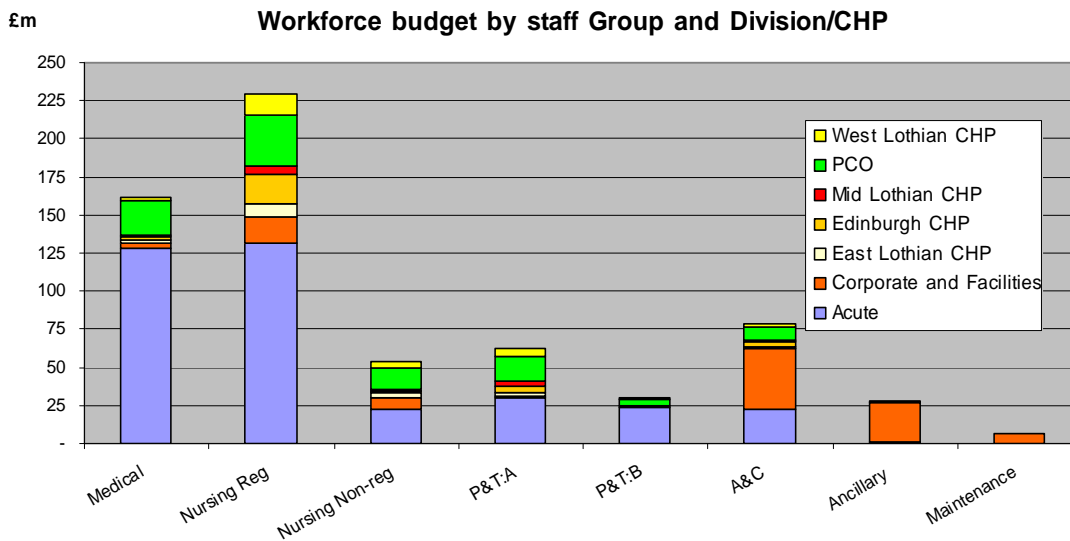
NHS Lothian had an overall income of approximately £1bn in 2006/7 of which staffing represents approximately £650m.

Figure 5: Distribution of NHS Lothian Workforce Budget by Staff Group



Approximately 83% (£537m) of the workforce budget is for clinical staffing, with 17% (£113m) for non-clinical staff, such as medical secretaries, domestic staff, catering staff and managers. The following figure details the distribution of overall workforce budget within the NHS Lothian organisational structure.

Figure 6: NHS Lothian Workforce Budget



3.2.5 Local Delivery Plan

Within NHS Lothian the local delivery planning process continues to be the main performance monitoring mechanism, with progress against all the LDP HEAT measures reported monthly. Each Clinical Management Team and CHP has an individualised LDP detailing expected performance levels and the actions that they will take to achieve the targets.

During the last year there has been substantial progress made towards achieving many of the targets. These include:

- **Inpatient/Daycase waiting times** –18 week target, no patients waiting at end of January 2007, this has been achieved ahead of target.
- **Outpatient appointments** - there were no patients waiting more than 26 weeks for an outpatient appointment at the end of January 2007.
- **Sickness Absence** - based on the National SWISS data the annual rate has reduced from 5.4% for year ending March 2005 to 5.04% for year ending March 2006.
- **Hip Surgery waiting times** – there has been a marked improvement from the December figure of 13.7%. The January number of patients operated on within 24 safe hours is 85.1%, with no patients breaching 48 hours. Further actions such as securing additional capacity, extending the working day and introducing best practice, will take place in the coming months.
- **Agency and Bank Nurse utilisation** – overall decrease in Agency and Bank Nurse expenditure compared with the same period last year. Combined costs have reduced by £991k in the period April 06 to January 2007.

NHS Lothian still faces significant challenges in achieving targets for delayed discharges, in part due to insufficient capacity within the care sector. However the opening of a new 60-bedded care home in partnership with the City of Edinburgh

Council at Lochend took place at the end March 2007, which is expected to reduce pressures.

3.2.6 NHS Lothian HR Strategy and Learning Plan

NHS Lothian has an agreed HR Strategy with 31 objectives, good progress has been made in the implementation and periodic reviews are provided to the NHS Lothian Board.

The learning plan detailed in last year's Workforce Plan is currently being reviewed in conjunction with heads of Clinical Management Teams and CHPs and other stakeholders. An updated plan will be published in the first quarter of 2007/8.

3.2.7 HR Management Information System

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

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

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

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

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

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

From September 2006 the technical solution was available to begin the full implementation of the system across NHS Lothian, due for completion in November 2007.

The **Core Recruitment Module** - a fully integrated module, automating all aspects of recruitment administration process - is now fully operational within NHS Lothian Central Recruitment Team based at St John's, satellite Recruitment Teams based at RVH & Staff Bank and within the Medical Staffing Recruitment based at WGH (recording Vacancies only).

From July 2006, Northgate Empower began posting vacancies directly to the national on-line recruitment system.

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

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

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

The **eManager Module** - Gives line managers the ability to access information about their employees and generate a range of reports on individuals, teams, departments, etc. Absence can be input via this product - it is now operational within the Acute Division, and implementation commenced within Primary Care in September 06. An Implementation plan has been established to complete full NHS Lothian coverage by November 07.

There are currently 300+ core system users and over 1800+ e-manager users.

The following table gives break down of current eManager coverage as at March 2007:

eManager Implementation Scheduled Areas & Coverage – March 2007

Area	% Complete
Royal Edinburgh Hospital	100
Lothian Health	100
Astley Ainslie	89
East Lothian CHP	5
Mid Lothian CHP	14
Edinburgh CHP	79
Shared Services	45
Facilities and Logistics	22
West Lothian CHP	0

Scheduled for completion November 2007

There is an electronic interface between Northgate Empower and SWISS (Scottish Workforce Information Standard System) that provides weekly uploads of information to the National Workforce Information Repository as required nationally. An interface with SSTS has been developed for St John's hospital to ensure that Empower can report absence for the whole of Lothian.

Future Developments

From May 2007, Northgate Empower will have the facility to receive applications on-line directly from the National On-line Recruitment System. This work is currently being undertaken in conjunction with the NHS Lothian HR System Team, SHOW and Northgate.

The NHS Lothian HR Systems team will progress with initial developments within Medical Staff Recruitment aiming to have complete recruitment coverage by December 2007.

The NHS Lothian HR Systems team will continue to identify Training Administration teams within NSH Lothian and bring them on-line.

The next phase of implementation will focus on establishing a number of electronic interfaces/developments, which are documented within this paper.

The system has been developed to meet the requirements of Agenda for Change (AfC) and as an integral part of AfC, Northgate Empower will provide eKSF (electronic Knowledge Skills Framework system) with essential information during the initial set-up phase and on an ongoing basis. The HR System team is currently liaising with the eKSF project team to establish a two-way electronic interface.

Initial discussions between Payroll Services and the HR Systems Team are focusing on the sharing of information, reduction of the 'paper trail' and duplication of data input. Both parties are in agreement that there are potential savings to be gained from the creation of a two-way electronic interface between Northgate Empower and Payroll.

An interface has been piloted between Northgate Empower and SSTS to enable a summary of absence information to transfer between SSTS and Northgate Empower, which will provide the platform for a full NHS Lothian Absence Management Reporting tool.

Electronic links will be created between Northgate Empower and the National eMail Directory, enabling Northgate Empower the ability to populate the Directory with all new employees within NHS Lothian and subsequently trigger the Directory to create a national email address for the employee.

3.2.8 Workforce Information and reporting

Within NHS Lothian there is a detailed quarterly workforce information reporting programme in place covering a range of key workforce issues. These reports are distributed widely across Lothian including all Management Teams, local partnership forums and are available to all staff on the Intranet. During 2006/7 the reports were revised to enable reporting at a CMT and CHP level including historical trends.

The reports routinely cover the following areas:

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

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

An increasingly large proportion of the information is now drawn direct from the HR System, given that a large proportion of HR administration is carried out through the HR system. In the coming year the Workforce Planning Team intend to extend equality and diversity monitoring to enable analysis by the following strands:

- age
- ethnic minority
- disability
- gender

This will mean that it will be possible to monitor on an on-going basis the following areas by strand:

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

This development will enable NHS Lothian to identify if direct or indirect discrimination exists and whether any positive action may be required to address areas of inequality. It will also enable us to demonstrate compliance with statutory requirements to relevant agencies such as the Commission for Racial Equality.

There are still however gaps in information around staff who were employed prior to standardised information being collected as part of the recruitment process; it is hoped that the National SWISS workforce monitoring exercise will improve the coverage of this information.

3.2.9 Equality and Diversity

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

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

3.2.10 GP Census

Whilst NHS Lothian has robust workforce information on directly paid, there have been significant gaps in relation to staff in areas such as General Practice. This has been highlighted as an area of concern at both national and local levels given that this is a significant part of the healthcare workforce.

In order to address this gap a working group was established to work with the SGPC and LMCs to agree an information collection template and process. A pilot was carried out in NHS Lothian and NHS Greater Glasgow and Clyde in June 2006 and was later rolled out across Scotland in September 2006.

Within Lothian there was a 93% response rate. This exercise will be repeated in 2007, with improved guidance to help secure a 100% response rate.

Details of the findings of the survey are within appendix A.

3.2.11 Lean in Lothian

NHS Lothian has been working with GE Healthcare to focus on how best it can improve patient processes. The programme is divided into process improvement projects using GE Tools & Methodologies and wide ranging Training Courses. The latter aims to transfer operational excellence, change management and leadership skills to NHS Lothian staff. The process improvement projects are intended to improve the patient experience and the working practices of NHS Lothian staff. This will be achieved through identifying and eliminating process bottlenecks thereby increasing overall productivity.

Following initial scoping events six areas were identified as priorities to be taken forward, three of which were within Cancer services and three associated with delayed discharges.

Cancer

Radiology CT

Patient Referral Processes

Diagnosis to Treatment Processes

Delayed Discharge

Access to Post Acute Care

Management of Bed-pool in RIE

Interface between CHPs and Emergency Care

A key part of the approach is a process improvement event, known as Kaizen. These events involve hands-on problem solving, try-storming and actual implementation of improvement to processes. Participants at this crucial event are drawn from a cross section of clinicians, managers and support functions with process expertise. These people have the full support and commitment of the Executive Management Team to effect sustainable step changes to processes.

The outcomes of this process to date have been very significant:

Radiology CT

- An improved process which has reduced CT waiting time from a maximum of 21 weeks, with the expectation of achieving 2 weeks across all Lothian sites by December 2007. Patient information, staff working conditions and communication with wards and porters were also positively impacted.

Patient Referral Processes

- Consistent use of traffic light discharge planning tool
- Improved identification and communication with complex needs patients about moving on policy
- Improved consistency of referrals to social work
- Earlier in day notification of downstream beds, increased utilisation of these beds
- Reduced waits in discharge areas
- Increased utilisation of Occupational Therapy staff

- Reduction of referral forms from 11 to 1 eliminating inappropriate referrals within Colorectal services.

Management of Bed-pool in RIE

- A comprehensive and accurate bed management system, accessible on all sites
- Improvements to process for bed management within and across all sites.
- An increase in a.m. discharges, increasing communication, and increasing the number of patient in 'the right bed the right time'
- Earlier capacity planning
- 80 hrs / week of nursing time saved through the eliminating the number of bed meetings
- Introduction of an integrated planning centre. (Achieved)

Another crucial part of this initiative has been around developing skills and capacity in-house in order to sustain improvements and embed firmly within Lothian. In addition to initial awareness sessions for 160 staff, two waves of training in 3 areas – Lean, Change Acceleration Process (CAP) and Workout have been delivered, with 30 Change Agents now trained.

An additional CAP training programme (15 staff) and Project Champion training for 10 process owners and project leads has also been delivered.

This initiative will continue in conjunction with GE Healthcare until mid-2008 after which it will be continued using the in-house change expertise that has been developed.

3.2.12 Workforce Utilisation – Review of acute sector establishments

Since March 2005 the Staffing Establishments Steering Group has been seeking to further explore and examine the existing establishments and to clarify why different staffing figures are held across the organisation for the same ward or department.

The focus has been on two main pieces of work:

- 1 Participation in the Healthcare Commission's Ward-based Staffing Audit and the subsequent detailed analysis and feedback of the results from the exercise to Charge Nurses and Service Management. This exercise was mandatory in England and Wales and NHS Lothian was the only Scottish participant.
- 2 The calculation of indicative ward staffing levels using actual patient dependency scores collected in all wards across the division.

The results and conclusions from each of these data sets will be used in conjunction with the actual budgeted establishments figures as the basis for detailed discussions with the Clinical Directorate teams. The information available will provide the basis for evidence-based staffing establishments to be agreed.

The Healthcare Commission Audit has allowed nurse staffing in the acute wards and services in UHD to be compared with similar wards and services in England and Wales. The accurate categorisation of each ward was important in the preparatory stages to ensure that like for like comparisons could be made. The exercise, involving 6,300 wards

has provided the Acute Division with access to a wealth of information from across the U.K.

The Audit, though comprehensive, took no account of patient acuity. Consequently, an exercise was undertaken across the division to gather activity and actual patient dependencies. As well as providing valuable information, which was used with standard data to calculate indicative staffing levels, it also allowed contact and discussion with the Charge Nurses and their teams at ward level. This generated a real sense of ownership from the staff's point of view and many have commented on how much they valued the opportunity to put their views forward.

NHS Lothian is committed to building on the experience gained through this process to utilise the national workforce planning tools for nursing and AHPs.

3.2.13 Healthcare Academy

The Health Care Academy continues to deliver pre-employment training courses to unemployed individuals living in the Lothian area. During the financial year 06/07, the HCA ran four clinical courses with 60 individuals starting on each course. Applications for courses have remained high with courses being oversubscribed by 150%.

Funding for the delivery of courses is predominately through external funding streams, most significantly through Scottish Enterprise Edinburgh and Lothian Training for Work funding.

The HCA continues to meet the targets set down under Training for Work with 80% of all completers obtaining employment in the NHS, this is in the face of a reducing number of vacancies that have been available during the year.

Amongst those who have successfully gained employment within the NHS a high percentage remain in employment; others have used the NHS as a stepping-stone to go onto Higher Education.

The need to address the changing community and health demands has seen the HCA link with the community-based organisation Places for People, a subsidiary of the Castle Rock Foundation. It is intended to use this partnership to deliver a joint health and social care course to prepare people to work independently within a community setting.

4 Drivers for Change and Workforce Impact

4.1 Drivers for Change – An Overview

In the 2006 Workforce Plan this section provided a detailed analysis of the range of drivers, which have an impact on the workforce. This plan seeks to provide update on progress within the areas previously highlighted and identify any new drivers that have come to prominence since last year's plan.

Many of the following drivers interact with each other in a complex way, however it is essential that service developments are planned with reference to both financial and workforce drivers, given that many developments/changes are driven by workforce considerations such as MMC.

4.2 Service Redesign

4.2.1 Primary Care Modernisation Strategy

NHS Lothian recently published its draft Primary Care Modernisation Strategy and between November 2006 and February 2007 it underwent a period of public consultation.

The consultation draft of the strategy was produced in three versions. The full version was placed on the NHS Lothian website. 2,350 copies of the detailed briefing document and 15,000 copies of the short version were produced and distributed. The circulation included 494 community councils and voluntary organisations. The website registered 7,926 downloads of the consultation documents or extracts from them.

10 open public meetings were organised across Lothian attracting a total of 129 people. 13 further meetings were held with specific interest groups attracting a further 150 people. Notes were kept of all comments made at these meetings. In addition to the comments obtained at these meetings 43 individuals and 25 groups or committees responded to the consultation.

There was a great deal of interest in the strategy and people were pleased to be given the opportunity to comment on it.

The main areas of feedback were:

Access & Health Inequalities

Variability between general practices particularly with regard to accessing appointments and repeat prescriptions was highlighted. People wanted to see extended opening hours for GPs, dentists and pharmacists but accepted that this was difficult under the new contracts.

Transport to access health services was a major issue and people welcomed the move to local delivery of services.

The need for staff training in dealing with the needs of people with particular needs was highlighted.

Data

People were keen to see greater use of technology and data but only if good safeguards were in place with regard to confidentiality and sharing of data.

Increased use of patient-held records was supported. People were keen to see greater development of electronic records.

Diagnostics

People were keen to see more diagnostic tests available directly to GPs and other members of the primary healthcare team. This would reduce the need to attend hospital for tests and speed up assessment and treatment.

Long-Term Conditions

Those responding to the consultation on the strategy welcomed the emphasis on treating long-term conditions pro-actively and wherever possible delivering that care in the community. People were keen to point out that long-term conditions do not just affect older people and that some people may have multiple conditions, often a combination of physical, mental and social problems.

Greater involvement of people and their families and carers in the management of their own conditions was welcomed provided that any necessary support was available.

Unscheduled Care

Views on out-of-hours services were mixed depending on people's own experiences. Some were satisfied with the new arrangements introduced in recent years, while others preferred the previous system of service provided by GPs from individual practices.

The potential to improve matters by making greater use of nurses, pharmacists and paramedics was highlighted. It was felt that this would require better communication between agencies including NHS24 and improved use of available technology such as telemedicine and advice lines.

Workforce

People recognised how changes in the population were affecting the workforce available to the NHS and how this would alter the way people worked in the future. Many people already had positive experience of seeing specialist nurses and therapists for service previously provided exclusively by doctors. In general people said they would be happy to be seen by a variety of healthcare professionals as long as the person had the right training and experience and the right support from other members of the team.

Just as professionals would need more or different training in the future it was also pointed out that carers and the voluntary sector should also be seen as part of the workforce and also offered training.

Board Response to Consultation

Lothian NHS Board considered the strategy and the consultation at its meeting on 28 March 2007. The Board noted that the consultation feedback was very supportive of the overall direction of the strategy. However a number of changes have been made to the strategy as a result of the consultation. It is felt that these changes mean that the strategy accurately reflects the wishes of those who responded to the consultation.

The changes include:

Access and Health Inequalities

It has been acknowledged that health outcomes are affected by people's life circumstances, with explicit mention made of the importance of primary health care services linking in to the Community Planning infrastructure. Objectives relating to

carers' priorities have been expanded, and recognition made of the needs of people with sensory impairment, mental health issues and developmental disorders. This section also incorporates a cross reference to strategies dealing with domestic abuse.

Data

Further emphasis has been placed on the importance of data security and confidentiality. Data issues have been used to link this strategy to other NHS Lothian strategies and the scope of several recommendations has been extended.

Diagnostics

The importance of clarity about the advantages of local diagnostics has been emphasised, as has the need to make diagnostics available on the basis of achieving an appropriate balance between locally available and centrally available tests. The roles of the multidisciplinary team in accessing diagnostics needs to be further explored, opening up access where this is indicated to improve patient care, patient experience, clinical outcomes, or to achieve service efficiencies.

Long-Term Conditions

Some minor changes of emphasis and additions relating to the breadth and complexity of conditions have been made. The following points have been emphasised. Long-term conditions affect people of all ages, can be multiple and can relate to mental as well as physical health. The need to support people and carers has also been reinforced.

Unscheduled Care

The importance of whole system care has been emphasised. The link between unscheduled care and the management of long-term conditions has been highlighted. Additional emphasis has been given to support for carers, e-health, prevention, transport and patient-centred care. References to pharmacy have been modified to take account of the new pharmacy contract.

Workforce

People who responded to the consultation indicated that they would be happy to be seen by an appropriate member of the primary healthcare team as long as that individual had the necessary skills and training to meet their needs and as long as it would be possible to be referred quickly and appropriately to other members of the team whenever necessary.

The Board noted the outcome of the public consultation and approved the strategy. Work will now begin on developing implementation plans with costs and timescales.

4.2.2 ICIC

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

This change programme sets out Lothian's vision and strategic direction for acute health services, services for older people and mental health and well being services. Last year's plan provided detail on the extensive consultation process that underpinned the development of the ICIC programme and the specific developments contained within.

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

4.2.3 Better Acute Services in Lothian (BACiL)

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

- The transfer of ENT services to St John's Hospital and development of Head and Neck Centre is complete.
- Hospital at Night has been implemented on WGH Hospital, RIE and St John's sites.
- Minor Injuries and Minor Illnesses – development of a network of 5 Minor Illness/Minor Injury departments. This is currently under consultation with CHPs.
- Transfer of overnight colorectal surgical admissions WGH to RIE initially followed by the remainder of the colorectal surgery service from WGH to RIE. This is subject to further consideration in light of the impact of MMC and EWTD.
- Short Stay Elective Surgical Centre at St John's – An assessment of the nature and volume of activity has been carried out and, work is currently underway to assess the workforce and financial requirements. Initial drawings for the centre are in the process of being developed. Once the financial assessment and initial design work is complete a full business case will be prepared.
- Cardiology Redesign – Full implementation of redesign will take place in July 2007, including the transfer of the WGH Cath Lab to the RIE.
- Front door / A&E / Combined Assessment redesign under the Unscheduled Care Collaborative Programme. A BACiL front door group is being established to plan the redesign required in service delivery at the front door of all 3 acute sites in Lothian to accommodate changing demands.
- Strategic Service Redesign to ensure the redesign of all acute sector services not otherwise covered by the above workstreams to confirm the best practices and the principles of BACiL. Work on these services will take place in 2008-9.
- Rezoning – development of principles and good practices for the definition of hospital catchment areas for unscheduled hospital admissions. A workshop looking at the potential rezoning of admissions within Lothian involving

patients/public from across Lothian was held on 1 February 2007. The specific focus was on which hospital patients should be taken to, for an unspecified medical condition requiring emergency or urgent treatment. Principles for this were agreed and the current arrangement for patients to attend a specified hospital due to their clinical condition or previous history was accepted. Transport was identified as the key area of concern for patients. This exercise is on-going and has a completion date of February 2008.

- Critical Care – development of a Lothian wide model for Critical Care services to ensure safe, viable and sustainable service is provided on all 3 acute sites in Lothian. A range of options have been developed, a number of which are being considered in more detail including a financial and workforce assessment, in particular around the impact of MMC and EWTD.
- Theatre Redesign - redesign of the services provided in operating theatres across Lothian to meet changing demands on each of the acute sites brought about by service changes. This work is on-going to meet the requirements of all previous redesign options and relocations e.g. ENT.

4.2.4 Review of Older People's Services

New service models focus on agreed pathways of care for older people services covering each of the Local Authority/CHP areas within Lothian. These pathways are linked to BACiL and assume the 3 acute hospitals will provide a full range of services including an improved front door and Combined Assessment Unit at the Royal Infirmary of Edinburgh to meet the needs of the most acutely ill individuals regardless of age whether adult or elderly age groups. Selected admissions of older people will continue at St John's Hospital and the Western General Hospital (WGH) into those specialties located there under Better Acute Care.

Medicine of the Elderly assessment beds will continue to have direct admission under agreed protocols at Liberton and Roodlands Hospitals. Post acute care for elderly people requiring active rehabilitation will continue to be provided at Liberton, Astley Ainslie. All post acute rehabilitation for all East Lothian patients will transfer to the new Roodlands Hospital in Haddington.

The intention is to relocate elderly assessment and post acute rehabilitation beds from the Royal Victoria in fit for purpose accommodation. However changes in accommodation requirements published by the care commission has increased the requirement for single bedded rooms and associated facilities. As a result the placement on the WGH site is being reviewed. This service transfer forms the major component of the overall Royal Victoria Hospital Re-provision Business Case. In addition day hospitals at the Royal Victoria will be re-provided in fit-for-purpose accommodation, as follows:

- ❖ Medicine of the Elderly onto the Western General site
- ❖ Old Age Psychiatry to a suitable location in North West Edinburgh
- ❖ Adult Psychiatry Day Hospital to a community mental health resource base in North West Edinburgh
- ❖ Old Age Psychiatry in-patient admission wards currently at the Royal Victoria Hospital will be re-provided within the Royal Edinburgh Hospital in a single old age psychiatry assessment service for the City of Edinburgh. This accommodation will be incorporated in the re-provision of the Royal Edinburgh Hospital Business Case.

Current work areas include:

- Determining the future models of care for patients based on the changes in demography, increased integration between health and social care and seeking to provide care in the most appropriate setting. Ward surveys have been undertaken to check accuracy of planning assumptions. This work has been shared with the Older People's External Reference Group.
- Geriatric Orthopaedic Rehabilitation Unit (GORU) review – this will complete at the end of April after which an action plan will be developed and detailed models of care will be produced.
- Continuing care and respite care are being reviewed as part of the NSH Lothian/Local Authority Capacity Plans. The Health Intelligence Unit, Strategic Programme managers and leads within LAs are currently carrying out work to determine future requirement .
- Edinburgh Capacity plan to 2008 has been agreed with work also underway in all other areas. The newly established Lothian Joint Strategy Review Board for Older Peoples' Services will maintain an overview.

4.2.5 Mental Health and Wellbeing Strategy Review

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

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

Much of the implementation planning for the Mental Health and Wellbeing Strategy will involve investment in the staff skills, training and development. Overall the Mental Health Strategy will see the redistribution and re-investment of significant resources from existing hospital sites as well as additional investment by both the NHS and Local Authorities in enhanced community services.

During the course of 2006-7 the following milestones have been achieved:

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

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

The Reprovision of the Royal Hospital for Sick Children, Edinburgh (RHSCE) is a key element within the Children and Young People's Health and Health Services Strategy.

The current Royal Hospital for Sick Children, Edinburgh (RHSCE) provides local hospital services to Edinburgh and the Lothian's as well as specialist services for the South-east of Scotland. Its relative isolation within the City of Edinburgh results in unsatisfactory clinical arrangements and the majority of services are housed in Victorian buildings that are no longer able to meet the requirements of a modern children's hospital. There are also difficulties for parents in accessing the site due to introduction of controlled parking arrangements in the locale and the poor access to public transport. The main objectives for the project are:

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

Following receiving an Initial Agreement from the SEHD a project Management Structure has been developed to progress the development of an outline business case for submission to the SEHD in 2007. The reprovision is being managed as part of the overall ICIC programme with its own project board, core project team and project groups. The project board also links in with the SEAT Children's Planning Group and the Yorkhill reprovision Project.

There is an on-going process of staff briefing sessions aimed at ensuring that all staff are aware of the reprovision project work and how it is being taken forward.

As part of the process to develop the requirements for the new hospital a series of service redesign workshops are underway, looking at how services are currently being provided and how these best be provided in future. This process involves a comprehensive range of stakeholders.

Pathways of care will require to be redesigned to meet the key drivers identified above. This redesign will involve the following:

- Deciding which local services should continue to be delivered from a children's hospital site, and how these acute services will be configured across Lothian;
- Identifying which services should be repatriated to primary care and be delivered from a health centre/other ambulatory care facility/Child Development Centre in the community;

- Benchmark performance to ensure Children's Services compare well with other children's services across the UK in delivering evidence-based, child and family focused, best practice, with redesign where necessary to improve efficiency and effectiveness;
- Quantifying current and future service needs of adjoining SEAT NHS Boards where support is required from the Edinburgh services, and jointly designing services that meet these needs;
- Utilising LEAN tools and methodologies in the planning and design process;
- Acknowledge the need to provide services on a more Regional basis and work with SEAT partners to establish appropriate Regional Managed Clinical Networks;
- Work with NSD and others to support the ongoing development of current and future national clinical networks aimed at sustaining services, Regionally and Nationally; and
- Work with partner Local Authority Departments to provide interagency links and appropriate packages of care close to home.

As part of this process a detailed workforce baseline has been developed which will enable the development of modeling of future workforce scenarios. An early focus of this has been around transport including modeling of the potential impact on the workforce in terms of journey time and travel options.

Along side this is a national review of specialist children's services, where the overarching principle is to ensure sustainable specialist services, delivered as locally as possible, and ensuring the sustainability of 4 specialist children's hospitals - in Glasgow, Edinburgh, Aberdeen and Dundee. The Edinburgh children's Service is involved in all the various reviews. There are a small number of services, where the continued service in Edinburgh is critical to sustaining many of the other specialist / tertiary services in future, namely PICU, neurosurgery and cancer services.

4.2.7 Unscheduled Care Collaborative

The Unscheduled Care Collaborative supports achievement of the target to ensure that no patient should wait longer than 4 hours to be admitted, discharged, or transferred from the time of presentation to any secondary care facility in Scotland.

The following section indicates the activity and progress that NHS Lothian is making towards ensuring compliance of 98% with national target of 4-hour wait by Dec 2007.

- In December 2006, activity was 5% higher in Lothian than in December 2005. Despite a 5% rise in activity in December 2006 when compared with December 2005, in real terms NHS Lothian saw 15,553 patients within 4hrs a 16% increase on the 13,349 seen within 4hrs in December 2005. In January 2007, an additional 2,360 patients were seen within 4hrs in Lothian as compared to January 2006 (a rise of 18%).
- Consistent with national guidance, Lothian has been progressing work to reduce waits and delays across the four high volume patient flows (minor injury and illness, assessment, medical and surgical admissions).
- Within the A&E departments, management of the 4hr journey for patients has been supported by the new 'patient navigator'. This administrative post supports the clinical teams by maintaining an overview of all patients in the

department supporting time awareness and improving communication and liaison between departments and with relatives. Daily and weekly breach analysis is in place to manage performance.

- Planned and timely discharge is central to effective capacity management. Weekly discharge forums are in place to monitor performance. These support the clinical nurse managers to embed the use of discharge planning tools including Estimated Date of Discharge, Criteria Led Discharge and Discharge Traffic Lights
- Actions to support the achievement of the April Delayed Discharge census target will also improve the achievement of the 4 hr target. Sustainability of these improvements will be vital to prevent deterioration in performance.
- All sites have locally agreed detailed programme plans to identify and implement changes required to deliver the 4hr target based around the 'high impact changes' advocated by the SEHD Improvement and Support Team.
- Work with primary care to provide alternatives to emergency hospital attendance and admission. New Single Point of Contact for all GP referrals to commence end of April – route to advice from on-call specialist and menu of alternatives to admission established and to be increased as part of continuing phases.

4.2.8 Strategic Visioning

ICIC sets out the direction for service delivery in NHS Lothian in 2005, more recent work, including the Estates Strategy has highlighted the need to look at reviewing the delivery of other core hospital services on a number of sites in Edinburgh. We need to ensure local access and provide high quality integrated services to meet the needs of the population of Lothian across all specialties. By shifting the balance of care from hospital to community and primary care, as envisaged in the Primary Care Modernisation Strategy it will be possible to plan redesigned, fit for purpose and more responsive services which maximise the benefit from our investment in buildings and infrastructure.

Following the Executive team workshop in April 2006 a small group lead by Director of Strategic Planning has undertaken high level scoping of what future delivery models could look like, and examined the future development potential of the major hospital sites at RIE, WGH and St John's, which NHS Lothian is committed to retaining. The opportunities these sites offer for the re-provision of outdated hospital buildings is being assessed.

Work to date has incorporated views gathered from informal discussion with lead clinicians, head of service/general managers and information on the plans of partner organisations including the University of Edinburgh and Scottish Enterprise, developers of the Biomedical Park at Little France. Staff Partnership representatives have been involved workshops during 2006/7, and in the working group. This work will progress further in 2007/8.

4.2.9 Diagnostic Collaborative

In June 2005 the Minister for Health announced a 9-week waiting time standard for MRI, CT, ultrasound, barium studies, upper endoscopy, colonoscopy, sigmoidoscopy and cystoscopy by December 2007. This is closely linked to the achievement of many of the Executive's other access targets including cancer treatment, 4-hour emergency care, 18 week for outpatient or inpatient/daycase episodes.

In Lothian this work will complement the development of Clinical Treatment Centres and the policy of ensuring appropriate local services. This also links into the Modernisation Strategy for Primary care and the Diagnostics workstream of the Action for Modern Acute Care commissioned by SEAT.

The launch of the Diagnostic Collaborative saw the formation of the National Diagnostics Delivery Team who has overall responsibility for monitoring the performance of NHS Boards against the 2007 standards. Local programme infrastructure such as Programme Managers, Information Manager and Clinical Leads has been put in place with funding from the National Team.

In November 2006 NHS Lothian agreed to achieve a maximum 9-week wait for imaging tests by end March 2007 and to achieve the target for all tests by the end July 2007.

Plans are in place for both imaging and endoscopy to ensure these targets are met. These plans seek to expand capacity locally and where required through working with neighbouring boards and the Golden Jubilee hospital. As part of this process a Nurse Practitioner has been trained to provide additional cystoscopy capacity and will commence in April 2007. The service is also developing a one-stop clinic for cystoscopy at St John's, which will improve the service for patients and enable increase capacity on other sites for more complex cases. The LEAN in Lothian work with GE Healthcare detailed in 3.2.11 is key achieving and exceeding these targets.

4.3 Pay Modernisation and Productivity Improvement

In line with NHS HDL (2005)28 – Delivering the Benefits of Pay Modernisation in NHS Scotland, NHS Lothian has submitted detailed plans covering April 2006 to 31 March 2007.

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

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

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

- financial benefits via cost avoidance
- savings, including CRES target

- performance improvement by increased productivity
- reinvestment of monies to improve patient services
- patient gain through improved services as a result of reductions in waiting times and other process efficiencies

Within NHS Lothian the Pay Modernisation Board leads this agenda. The Pay Modernisation Board is accountable to the Lothian NHS Board through the Finance and Performance Review Committee. The Board is chaired by the Director of Human Resources and has representatives from the Executive Management Team, Executive Director of Partnership, other partnership representatives and the project leads for each of the three strands of pay modernisation.

The aims of Pay Modernisation Benefits Delivery Plan were as follows:

- To provide safe, enhanced patient care and services;
- To demonstrate financial benefit from all six facets of the pay modernisation programmes albeit the concentration will be on the Consultant Contract, GMS and Agenda for Change;
- Demonstrate efficiency, value for money and improved productivity;
- In so doing to develop innovative, modern working practices that build upon achievements so far and provide the flexibility to enable staff to balance family circumstances and working arrangements;
- To provide staff with opportunities for career development and modern working conditions to maximise the talent and skill of our workforce;
- To plan for the future needs of NHS Lothian.

Primary Care

Within the Primary Care Organisation, through the job planning process, a reduction in Extra Programmed Activities (EPA's) within Forensic Medicine and Mental Health Services has seen monies reinvested to part fund additional Consultant posts. The contract also addressed the issue of Domiciliary Payments for Consultants and through not now having to pay an additional allowance for Domiciliary work where it is carried out within normal working hours, further monies have been reinvested. The Consultant Contract and Agenda for Change has allowed greater flexibility around roles and through different ways of working within Radiology, monies have been released and reinvested in the appointment of a Consultant Radiologist.

Acute Division

Within the Acute Division, the Consultants Contract and in particular the Job Planning Process has allowed more robust discussions with the Consultants to determine the work priorities. This has resulted in better usage of the theatres and a reduction in bed days resulting in monies being added to CRES or some cost avoidance. The pay modernisation agenda has supported the Hospital at Night Schemes within the Western General Hospital. From October 2006 the Hospital at Night Scheme has commenced operation within the Royal Infirmary and St John's hospitals. As with the PCO, a reduction in EPA's in areas such as RHSC, Medicine of the Elderly/Orthopaedics and Accident and Emergency monies have been reinvested to part fund additional Consultant posts.

Community Health Partnerships

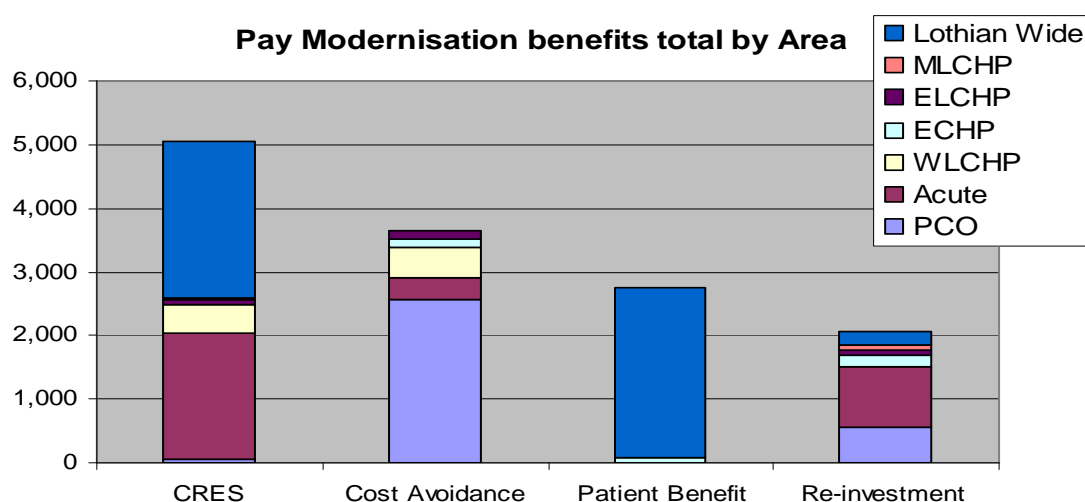
Pay Modernisation benefits realisation have also been achieved within the Community Health Partnerships. The additional annual leave under Agenda for Change has given most staff an increase of 5+ additional days resulting in them less likely to be taking a day's sick leave. Consequently there has been a reduction in levels of sickness absence that can be seen as cost avoidance. The grading structure within Agenda for Change allows for greater flexibility around roles and this has supported the redesign of services within the CHP's, including the Evening/Weekend/24-hour Nursing Service within West Lothian, Mental Health Services within East Lothian, and skill mix changes within the Midlothian Podiatry Service. In relation to Prescribing, the GMS contract has allowed for greater clarity on the work being undertaken by General Practitioners and more robust discussions in relation to prescribing. Savings have been identified from a more cost effective prescribing of a 'basket' of drugs. Further details of the benefits achieved are included in the attached Pay Modernisation Benefits Delivery Plan.

In 2006, a Pay Modernisation Masterclass led by Dr Patricia Oakley was held for managers, clinicians and staff side representatives. The aim of the Masterclass was to understand pay and benefits modernisation and the wider developments taking place in developing remuneration strategies, and to build each service's action plan to deliver its clinical, financial and performance objectives

The following table and chart the anticipated benefits

Figures 7&8: Pay modernisation benefits by Area and benefit category

Area	CRES	Cost Avoidance	Patient Benefit	Re-investment	Total
PCO	60	2,556	0	557	3,173
Acute	1,963	350	0	938	3,251
WLCHP	456	467	0	0	923
ECHP	0	154	90	205	449
ELCHP	90	123	0	75	288
MLCHP	25	0	0	76	101
Lothian Wide	2,455		2,654	223	5,332
Total	5,049	3,650	2,744	2,074	13,517



4.4 Education and Training Redesign

4.4.1 Modernising Medical Careers

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

During 2006-7 FY2 training has been implemented successfully without a detrimental impact in service provision. There has been non-recurring support for areas such as A&E to alleviate pressures and provide time in which to undertake the necessary service and workforce redesign to absorb, including small increases in additional nurse, AHP and technical support.

During the 2006-7 year there has been considerable activity both regionally and within NHS Lothian in order to implement speciality training. Great care has been taken by all concerned to try and ensure effective communication with both the trainees and the service, to ensure that the process of appointing to specialty training places is successful.

There has been considerable activity in providing the training required to underpin the new recruitment arrangements and ensuring that the administrative arrangements for the Surgical Specialty Training Board and appointments process are in place and work effectively.

Within the South-East region Lothian has taken a lead in establishing a regional MMC Steering Group to consider the issues across the region and ensure a collective approach.

Section 5.1.3 provides further details on the impact of MMC on the medical workforce.

4.4.2 Hospital at Night

In February 2005 NHS Lothian took the decision to implement Hospital at Night (HAN) on all three acute hospital sites. The aim of the implementation was to improve the safety of in-patients overnight whilst decreasing the hours of junior doctors with a view to full compliance with the EWTD by 2009. This was to be done via a coordinated multidisciplinary team, the evolution of which is detailed in the figure below:

Figure 9: Hospital At Night - Evolution

Pre Hospital at Night	Hospital at Night
Numbers of medical staff on site each night: <ul style="list-style-type: none"> • SHOs – 7 • PRHO/FY1 – 4 • Total Doctors overnight – 11 • Speciality Roats covered from home by SpR - 13 • Site Co-ordinator on site overnight 	HaN team comprises:- <ul style="list-style-type: none"> • SpR • 4 SHOs • Total Doctors overnight = 5 • 3 nurse practitioners • 1 Site co-ordinator • Speciality Roats covered from home by SpR = 9

HAN was successfully implemented on the WGH site in October 2005 with the following key benefits:

- Improved rota bandings for some grades and specialties
- Improved support and training opportunities for some grades and specialties
- Realignment of tasks by introducing multidisciplinary team working
- A useful baseline to compare quality of service against the future
- The opportunity to develop the nursing role to support the team

The planning for implementing HAN at St John's Hospital and the Edinburgh Royal Infirmary (ERI) commenced in October 2005, with both sites becoming operational in October 2006. The planning for the implementation included medical consultants, junior medical staff, out of hours representatives, pharmacy, nursing and partnership representatives. Due to size and complexity of the ERI a model was developed around 4 geographical areas.

Within St John's hospital planning was undertaken on a similar basis as the ERI with full representation of stakeholders. The HAN model covers all speciality inpatient wards and emergency admissions overnight.

Since the introduction of HAN there has been positive feedback received including:

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

Whilst the introduction of HAN on each of the sites has been successful, it is recognised that there is still a requirement to assess effectiveness and ensure that improvements are sustainable. Therefore during the following year it is planned to undertake the following:

- Review HAN activity
- Review contact with specialty team on call at home
- Review junior doctors' bandings
- Review size and skill mix of teams
- Identify the financial implications of HAN

4.4.3 Physician Assistant Project in NHS Lothian and NHS Borders

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

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

- Weekly Diabetes Clinics
- Weekly COPD Clinics
- Clinics within Primary Care

- Working within Nursing Home Patients

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

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

The PAs have been in-post for approximately 5 months and as such their roles are still evolving, the following areas have been highlighted as further opportunities:

- Use in areas where workforce planning indicates a potential deficit in GP & Practice Nursing.
- Community management of long-term conditions, which interface closely with community/hospital based care i.e. severe end of spectrum.

4.5 Organisational Change

4.5.1 Organisational Structure/Service Areas

All services within the Primary Care organisation will transfer to Community Health Partnerships, University Hospitals Division and single system functions with the effect from 1st April 2007. This follows comprehensive discussion and briefings with staff. Within the same timescale the two Edinburgh CHPs will be replaced by a single CHP covering all of Edinburgh.

4.5.2 Managed Clinical Networks

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

The Regional Workforce Plan details the developing regional MCNs and examples of good practice. They are developing regional workforce solutions in services that have medical recruitment issues or to develop economies of scale across a region. The Learning Disabilities MCN and the regional cancer network, SCAN are examples of this.

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

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

The NES South East Regional Development Team (RDT) interfaces with Regional Planning and with each of the local Health Boards within SEAT. Detail of the NES contribution to SEAT is contained in the Regional Workforce Plan, and much of that

work has specific benefits for Lothian, and the other Boards within the region. NES has input across the workforce in relation to medicine, nursing and midwifery, psychology, dental, pharmacy and the allied health professions.

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

SE (NHS) Education Forum

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

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

Outline of projects supported by NES within Lothian:

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

Title/aim of project: Mental Health and Nursing
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As an outcome of Rights, Relationships and Recovery: the report of the National Review of Mental Health Nursing in Scotland, 2006 a Local Implementation Group has been established in NHS Lothian to progress several actions around workforce development for

mental health nurses. The NHS Lothian Nurse Director chairs the group and the Programme Director for Mental Health represents NES on this group.

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

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

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

As part of this national programme commissioned by NHS Education Scotland, two Practice Based Education Facilitators (1.2 wte) have been appointed within NHS Lothian in November 2006 for a three-year period.

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

A programme implementation group has been established within NHS Lothian to support the facilitators throughout the course of the programme and close links have been established with Queen Margaret University.

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

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

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

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

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

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

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

Full details on the results and a copy of the questionnaire are available on www.chss.org.uk/education/stroke_core_competencies/index.shtm and there is also a link from the stroke MCN website to the above

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

A questionnaire was designed to evaluate the CHSS Introductory Course in Stroke Care alongside the Core Competencies for Stroke.

Once the data has been collated the results will be made available on the websites as above.

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

A report will be submitted in July 2007 detailing any recommendations to enable integration of the Core Competencies into the CHSS Introductory Course.

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

Discussions with healthcare staff and other health and educational organisations are currently underway to investigate ways of effectively implementing the Knowledge and Skills Framework within CPD activities.

Project Aim 5: Raise the awareness of the Core Competencies and the KSF

As per previous report

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

NES has recently funded the STARS (Stroke Training and Awareness Resources) project with CHSS as a stakeholder. The STARS project aims to provide an e-learning resource based on the Stroke Core Competencies.

Accreditation options for the CHSS Introductory Courses across Scotland are currently being explored.

Title/Aim of the project: Flying Start/Flying Start Primary Care

Flying Start is the national development programme for all newly qualified nurses, midwives and allied health professionals(AHPs) in NHS Scotland.

www.flyingstart.nhs.scot.uk/. It has been designed to support the transition from student to newly qualified health professional by supporting their learning in everyday practice through a range of learning activities, with additional support from work based mentors. 128 AHPs, newly employed in NHS Lothian in services including Occupational Therapy, Physiotherapy, Art Therapy, Radiography, Dietetics, Speech and Language therapy and Podiatry, have registered on the programme over the past year. 393 Nurses, representing all of the branches of Nursing, and 4 Midwives, have also registered on the programme.

At a national level, NES has funded support for the employment of newly qualified nurses into Primary Care, and over the past 2 years NHS Lothian has fully engaged with this initiative.

Round 1 = 8 posts were allocated and all 8 recruited to a cost of £48,000
Round 2 = 9 posts have been allocated

Title/Aim of the project: Adults with Incapacity: training for health professionals in assessment of Incapacity

The Scottish Executive Health Department commissioned NHS Education for Scotland to develop a module suitable for Multi-Professional delivery. NES commissioned Napier University to pilot a module in 2 cohorts from February 2006 – January 2007. The module aims to ensure that health care professionals have the knowledge and skills to exercise clinical judgment around a person's capacity to consent to treatment and was delivered on a regional basis across Scotland. Within Lothian thirty staff have undertaken the module.

Title/Aim of the project: Psychological Therapies training

In relation to Lothian, from Sept 06-March 07 there were 39 clinical psychologists in training, with 27.5 of salaries funded by NES, under the partnership arrangements, with an additional 6 trainees fully funded by NES.

In January 2006 NES developing the MSc Psychological Therapy in Primary Care in response to the need to explore more flexible training models. Currently NHS Lothian have 4 trainees completing the MSc in Primary Care, and 3 for the programme for children and young people.

4.5.4 Housing and Accommodation

Within NHS Lothian property values have continued to increase by an average of 14% for an average property within Edinburgh with prices rising within Mid, East and West Lothian increasing by an average of 10%, 8.5% and 12.7%. Many first time buyers and those seeking mid-market properties find it very difficult to access affordable housing either through purchase or renting. This was highlighted as a key issue in last year's plan and NHS Lothian are continuing to work in partnership with suppliers of affordable property. NHS Lothian also continues to work closely with Edinburgh District Council and housing associations to ensure availability of suitable accommodation in order that we can successfully retain and attract staff from outwith Lothian.

4.5.5 Legislative environment

European Working Time Directive

EWTD compliance continues to be an important issue for Lothian, in particular in relation to training grade medical staff. There has been significant progress in reducing hours in advance of the 2009 target, (see section 5.1.11) however there remain significant challenges and EWTD continues to be a key driver for change in service, workforce and finance terms. Within Lothian all planning for new

developments requires to incorporate Band 1 compliance for all training grade doctors and ensure compliant working for all other areas of the workforce.

The Regulation of Health Professionals in the 21st Century

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

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

5 Workforce Projections

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

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

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

5.1 Medical Workforce

5.1.1 Medical Workforce: 10-year look forward

Within the next 10 years NHS Lothian will see significant changes in the population, with an increase of 5.9% in the population overall and significant ageing, including a 54% increase in males over 80 years of age. This will require both an increase in the medical workforce and a change in the profile of the existing workforce; this will in the main be restricted to Orthopaedics, Cancer and Older People's services. However increases within the medical workforce will not necessarily be at consultant level, expansion is more likely to be at SAS level staff.

The concentration of resources in acute care of episodic illness will require to move towards long-term anticipatory care and long-term chronic disease management. The specialties where this change is expected to be most pronounced are: Medicine of the Elderly, Cardiology, Gastro-intestinal, Dermatology, Rheumatology and Renal. This will result in consultant, SAS and non-medical specialists providing treatment and care in community settings. Within Lothian the development of Community Treatment Centres will provide the appropriate settings and infrastructure to support this shift.

There are significant challenges in moving the balance of care to the community as traditionally medical staff choose to work in an acute hospital. Across the UK growth over the last five years has been focused within hospital specialties with limited growth within the community setting. It is therefore important that there is investment in community infrastructure and development of attractive community roles. In the following year the development of a GP model for specialist care will take place, including reviewing previous assumptions around the role of GP with Special Interests. The role of the consultant within the community will also evolve to one of team leader co-ordinating specialist healthcare as currently happens with community consultant psychiatrists who lead the provision of care through the multi-professional healthcare team.

Within the medical workforce there will also be a significant shift in the number of doctors in training, which currently equates to 56% of the overall NHS Lothian medical and dental workforce to approximately 35%. Changes made in medical training as a result of modernising medical careers and EWTD regulations will result in these doctors providing significantly less time providing direct clinical care. MMC will also in the medium term result in fewer trainees overall as there are a significant number of Fixed Term Specialty Training Appointments (FTSTAs) within Lothian and the SE Region see section 5.1.3 for further detail.

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

It is not clear whether NES funds associated with trainee salaries currently will transfer to the service as FTSTA posts are reduced and alternative posts are funded in order to maintain services.

Given the changes above there will be potential growth of up to 12% over the next ten years in the medical workforce, this will however be primarily at SAS level.

5.1.2 Medical Workforce Background

The NHS Lothian area medical workforce has increased by 26% overall between 1996 and 2006. This increase has been highest within the Consultant workforce, increasing from 467.5wte in 1995 to 624.3wte in 2006 - this represents an increase of 157wte (38%). Training grade doctors have also seen a significant expansion from 783wte in 1995 to 989wte in 2006, an increase of 206wte (26%).

These changes are in-line with the move to reduce the working hours of training grade medical staff and reduce the reliance of the service on their service contribution during this period. In future the extension of the number of days in the working week will help provide additional capacity within the system

Figure 10 medical workforce directly employed by NHS Lothian.

Grade	2005 wte	2006 wte	Increase wte
Consultants	616	624	8
Non-consultant Career Grade	84	88	4
Training	941	989	48
Dental and other	55	55	0
Total	1696	1756	60

5.1.3 Assessing the impact of Modernising Medical Careers

As previously mentioned in section 4.4.1 MMC has had significant challenges in terms of the administration of the recruitment process and the changes that have occurred during the process. The changes in the structure of medical training as a result of MMC have also had a significant impact on the service within NHS Lothian:

- Reduced service contribution - Given that trainees will spend more time in a supervised learning environment there will be less time to spend on providing direct service delivery, this further compounds the reduced contribution associated with reduction in hours to achieve EWTD target.
- Issues of FY2 capability – The changes in the duration of rotation placements for FY2 staff has led to a fear that the capability of these staff has been compromised. There will be a regional survey to determine whether this is a significant issue.
- FTSTA posts – Within Lothian and the Region there are a significant number of FTSTA posts, most significantly within Anaesthetics. These posts are in place to ensure that there is no immediate impact on the service in the short term and to ensure that there are training opportunities for those not successful in securing a Specialty Training post in the 2007 recruitment process. However, it is expected that these posts will be phased out over the following years.

This will require substantial service and workforce redesign to ensure that services remain sustainable in the medium to long term. There is already work underway within Lothian including the development of a number of Anaesthesia Practitioner roles.

It is not yet clear whether there will be a transfer of core basic salary costs from NES as FTSTA posts are phased out, such a move is essential if boards are to be able to maintain services. There is also a requirement for financial support for boards to undertake the role redesign and development in advance of phasing out FTSTA posts.

- Recruitment process – the recruitment process has led initially to a short term loss of Consultants involved in the recruitment process, activity has however

not been compromised due to cross cover arrangements. There will also be significant loss of trainees associated with the interview process, with the potential loss of up to 4 days per trainee. Contingency arrangements have however been put in place to provide locum cover where required to ensure there is no detrimental impact to the service.

The extended interview process from April 07 will put significant pressure on the consultant workforce, given the increase in the number of interviews that require to be carried out.

- Changes to GP training – As part of MMC the proportion of time spent by GP trainees in the hospital setting will change from the existing 24 months in a hospital and 12 months in a GP practice, to 18 months in GP practice and 18 months in the hospital setting. This will potentially mean a loss of service contribution. NHS Lothian welcomes the phased approach that NES will take ensuring transition has minimal impact on service provision.
- Service funded posts – Within Lothian a number of stand alone service funded posts which are in specific areas in response to service challenges such as A&E. NHS Lothian welcomes that these posts can now become part of specialty training programme.

These areas are all the focus of on-going work and do not necessarily represent a final position as the situation is dynamic and may change in the near future.

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

Figure 11: Consultant and SAS Distribution by Speciality

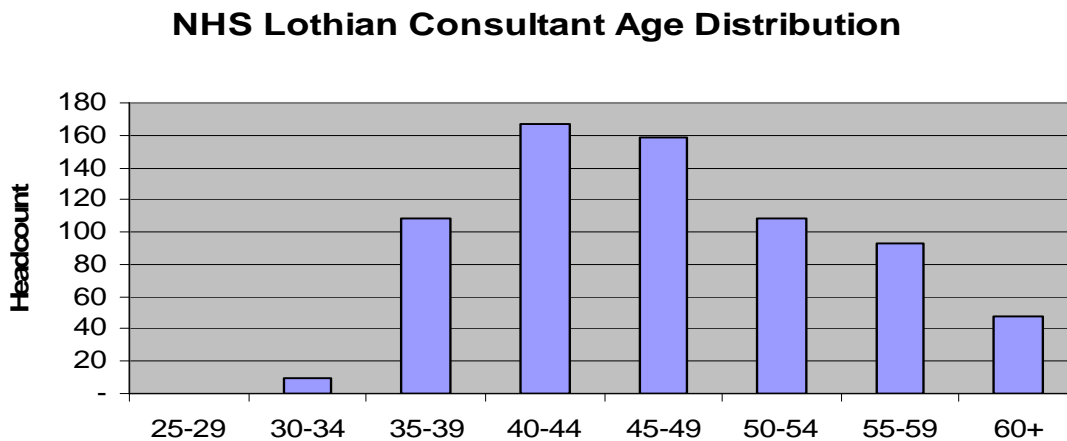
Specialty	Consultant wte	SAS wte
Emergency Medicine	10.0	3.0
Anaesthetics	102.2	5.6
Chemical pathology	2.6	-
Clinical genetics	3.3	-
Haematology	10.3	2.5
Histopathology	24.0	-
Medical microbiology & Virology	12.0	-
Dermatology	9.5	1.9
Cardiology	13.1	3.0
Paediatric cardiology	1.3	-
Clinical pharmacology & therapeutics	2.6	-
Infectious diseases	5.0	1.0
Endocrinology & diabetes	11.0	-
Gastroenterology	13.9	2.0
General (acute) medicine	5.6	3.1
Renal medicine	8.0	1.0
Respiratory medicine	14.8	1.0
Rheumatology	4.5	-
Genito - urinary medicine	4.0	-
Geriatrics	21.5	7.2
Medical oncology	5.9	2.5
Neurology	9.8	0.0
Paediatrics	22.0	2.4
Palliative medicine	3.5	0.2
Clinical oncology	13.5	1.0
Rehabilitation medicine	5.0	2.1
Obstetrics & Gynaecology	27.5	3.3
Child & adolescent psychiatry	9.4	1.2
Forensic psychiatry	5.8	-
General psychiatry	36.6	4.6
Psychiatry of learning disability	9.5	3.0
Old age psychiatry	10.4	-
Psychotherapy	3.0	1.0
Clinical radiology	38.3	0.5
Nuclear medicine	2.0	-
Cardiothoracic surgery	7.0	2.0
ENT surgery	8.0	-
General surgery	34.7	2.0
Neurosurgery	5.6	-
Ophthalmology	11.0	5.9
Oral & Maxillofacial Surgery	4.0	-
Trauma & Orthopaedic surgery	22.6	-
Paediatric surgery	4.6	-
Plastic surgery	6.0	0.9
Urology	7.0	-
Public Health Medicine	9.7	-
Breast screening service	0.3	0.5
Community child health	10.4	17.3
Community psychiatry	1.0	-
Family planning	2.4	1.4
Well woman service	-	-
Total	616.0	83.2

Demography

Demography - Retirals

Within the Consultant workforce approximately 17% of Consultants are over 55 years old, this is in line with a relatively normal distribution pattern given that the majority of entrants into the grade are 36-40 category. This is slightly younger than the national average of 21% over the age of 55%. The following figure details the age distribution by age category:

Figure 12: Consultant Age Distribution



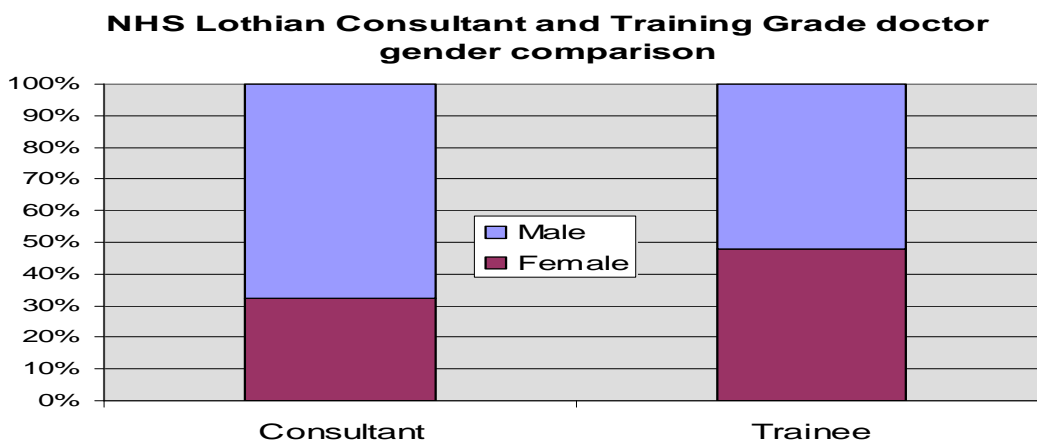
In last year’s plan it was anticipated that there may be a decrease in the average age of retiral as a result of changes in pension regulation, this however does not appear to have impacted. The average age of retiral has in fact remained at 62 years old, this reflects the finding of a survey - Changes in job satisfaction, work commitments and attitudes to workload following contractual reform, carried out by Audit Scotland on behalf of the SEHD.

The survey reported overall job satisfaction has increased significantly for all doctor groups, particularly within the two groups (consultants and GPs) with new contracts. The survey reported increases from 59% to 72% for consultants, 56% to 75% for GP Performers.

Changes in gender mix and average working hours

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

Figure 13: Consultant and Training Grade Doctor Gender Comparison



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

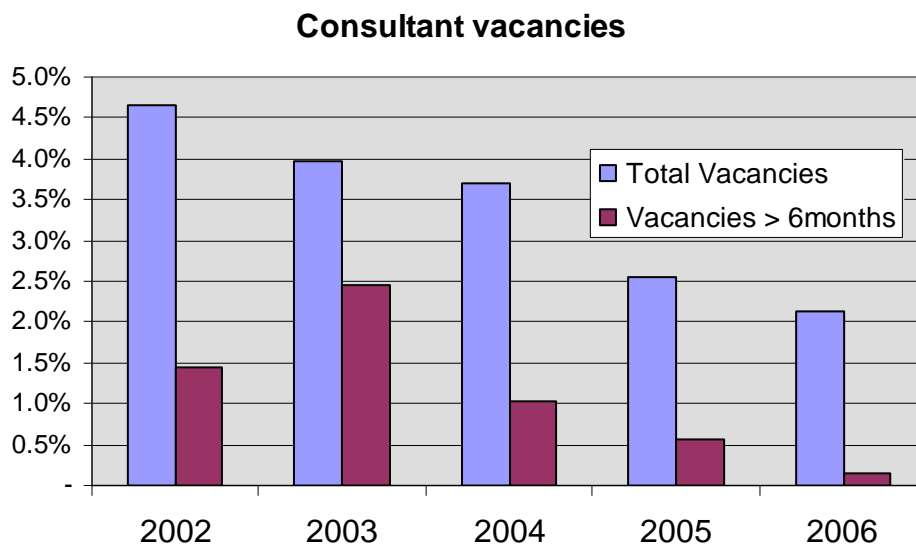
It is not certain to what extent these changes will impact; however from a planning perspective it is clear that these are important factors in designing future services and the associated workforce.

5.1.5 Consultant Workforce – Changes in the Demand side

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

Within NHS Lothian significant progress has been made in reducing vacancies to 2.1% overall with only 0.1% for posts vacant for greater than six months. The following figure illustrates the significant progress that has been made over the last five years.

Figure 14- Consultant vacancies



Service Developments

The following section details the planned increases highlighted by Services and may be associated with a range of factors, such as specialty specific service developments.

As part of the workforce planning process all Clinical Management Teams and CHP General Managers were asked to indicate funded service developments within their areas, and feedback to central Workforce Planning has been collated to provide a bottom-up picture of future demand. In a change to the process followed last year,

services were also asked to provide an indication of other future developments which are anticipated but not yet at a stage where these have been formally signed of.

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

Figure 15 Consultant & SAS Change Drivers – Approved and funded

Driver	WTE
Consultant Expansion	4.6
Consultants Contract	1
MMC	3
Service Developments	4.9
Waiting Lists	2
Total Change	15.5

Driver	WTE
MMC	1
Service Developments	2
Total Increase	3

Given the requirement to ensure projections are affordable, the above figure details only areas where there is approved funding and formal agreements in place. The approximate cost associated with these changes is £1.55m for Consultants and £0.223m , when costed on an average salary levels (2.6wte consultants are at no additional cost as recycling of EPAs). The following figure details these changes by speciality:

Figure 16 Consultant & SAS Change Drivers – Approved and funded by speciality

Specialty	WTE
Anaesthetics	-1
Cardiology	1
Clinical Oncology	2.6
Emergency Medicine	2
General Surgery	1
Geriatric	1
Neurosurgery	1
Obstetrics & Gynaecology	1.4
Paediatrics	5.5
Radiologist	1
Total Change	15.5

Driver	WTE
Cardiology	1
Mental Health	2
Total Increase	3

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

Figure 17 Consultant Change Drivers – Anticipated not yet funded

Driver	WTE
Consultants Contract	6.5
HAN	2
MMC	4
Other	5
Service Developments	9.2
Waiting Lists	2
Total Increase	28.7

Figure 18 Consultant Change Drivers – Anticipated not yet funded by specialty

Specialty	WTE
Anaesthetics	1.2
Cardiology	2
Clinical Oncology	3
Emergency Medicine	2
General Surgery	1
Haematology	1
Obstetrics & Gynaecology	6
Paediatrics	9.5
Orthopaedic surgery	2
Urology	1
Total Change	28.7

The Paediatrics figure above does not take into account the review of specialist children’s services currently underway. NHS Lothian will also look to work with other health boards to ensure that there are no single handed rotas/services.

Given that these changes are not approved, it is likely that they may be filled through others means such as service redesign, or utilising other grades of staff such as SAS.

5.1.6 Consultant Workforce – Future Projections

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

The following tables detail the following:

- **Start** – in 2006/7 this is in-post plus vacancies. In following years the start assumes that the target of the previous year has been met and forms the starting point for the new year.
- **Less** - the total outflows in terms of leavers, retireals etc.
- **Plus** – the total inflows in terms of recruitment.
- **Target** – in-post+vacancies+Service expansion.
- **Leavers** – projected number based on historical trends
- **Retirals** – projected number assuming age 60 retiral
- **Recruitment** – requirement for achieving target
- **Upgrade** – projected number of Associate Specialist upgrading to Consultant

Figure 19 – 10 year funded consultant projections

	2007/8	2008/9	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17
	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE
start	639	655	655	655	655	655	655	655	655	655
less	-24	-27	-24	-34	-23	-23	-31	-26	-32	-28
plus	39	27	24	34	23	23	31	26	32	28
Target	655	655	655	655	655	655	655	655	655	655

Start 2006/7 = In-post + % av level of vacancies

Target equals in-post+vacancies+service expansion/consultant expansion

Outflows

Leavers	10	10	10	10	10	10	10	10	10	10
Retirements	14.3	17.01	13.74	24.57	13.53	12.87	21.55	15.73	22.09	17.73
Totals	24	27	24	34	23	23	31	26	32	28

Inflows

Recruitment	39	27	24	34	23	23	31	26	32	28
Upgrade	0	0	0	0	0	0	0	0	0	0
Totals	39	27	24	34	23	23	31	26	32	28

5.1.7 Staff Grade and Associate Specialist (SAS) Future Projections

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

Figure 20 – 10 year funded SAS projections

	2007/8	2008/9	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17
	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE
start	100	103	103	103	103	103	103	103	103	103
less	-15	-18	-15	-14	-14	-15	-16	-18	-21	-14
plus	15	18	15	14	14	15	16	18	21	14
Target	103	103	103	103	103	103	103	103	103	103

Start 2006/7 = In-post + % av level of vacancies

Target equals in-post+vacancies+service expansion/consultant expansion

Outflows

Leavers	13	13	13	13	13	13	13	13	13	13
Retirements	2	4	2	1	1	2	2	5	8	1
Totals	15	18	15	14	14	15	16	18	21	14

Inflows

Recruitment	15	18	15	14	14	15	16	18	21	14
Totals	15	18	15	14	14	15	16	18	21	14

5.1.8 Implications of model

Based on the model above it there is a growth in the Consultant workforce of 14.5 wte 2.3% over the 10-year period. This would require a recruitment of 39 wte consultants in 2006/7; this would then reduce in following years, balancing the projected retirals and turnover numbers. These figures represent funded changes only and therefore are relatively flat line.

Within the SAS workforce there is a projected increase of 3 wte within 2007/8, thereafter figures are static. These figures are again those that are currently agreed with funding in place. In the 10-year vision for medical staffing we suggested that this group of staff would play an increasingly important role in future service

contribution. The following section outlines a different scenario where anticipated growth required is factored in at SAS level.

5.1.9 Future scenarios

The National Workforce Plan 2006 asks Boards to 'consider and plan for the opportunities offered by increased availability of CCT holders once the 'bulge' of trainees complete their training'. The following scenario aims to address this and factor in the overall growth in the medical workforce required to support the increasing and ageing population in Lothian, but looks at doing so at SAS level. This reflects the differing composition of the medical workforce in future and the requirement to provide flexibility within career pathways where staff require more stable core working patterns reflecting factors such as career responsibilities and also affordability.

Another assumption within the following scenario is that some Specialty Trainees may require to spend up to 12-24 months in SAS roles to gain sufficient experience under supervision to operate at Consultant level, given the reduction in service contribution during training as a result of MMC. Some FTSTA posts may also be converted into SAS posts if NES funding transfers on the basis outlined in 5.1.3 above.

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

Figure 21 – 10 year SAS projections scenario

	2007/8	2008/9	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17
	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE
start	100	106	113	113	113	120	127	134	140	147
less	-15	-18	-17	-15	-15	-18	-19	-22	-26	-20
plus	15	25	17	15	22	24	25	29	33	20
Target	106	113	113	113	120	127	134	140	147	147

Start 2006/7 = In-post + % av level of vacancies

Target equals in-post+vacancies+service expansion/consultant expansion

Outflows

Leavers	13	14	15	15	15	16	16	17	18	19
Retirements	2	4	2	1	1	2	2	5	8	1
Totals	15	18	17	15	15	18	19	22	26	20

Inflows

Recruitment	15	25	17	15	22	24	25	29	33	20
Totals	15	25	17	15	22	24	25	29	33	20

5.1.10 Implications of model

Within this scenario SAS grades would increase from 100wte to 147wte, an increase of 47% overall. The initial increase of 13wte between 2007/8 and 2008/9 represents the 3 wte that is currently funded (identified in the preceding projections) and a further 10 wte anticipated expansion. The further expansion of 34 wte occurs between 2011 and 2017, in line with anticipated changes in activity associated with population growth and population ageing, this also reflects the 'bulge' in specialty training coming through CCT.

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

5.1.11 EWTD and New Deal

Currently under the New Deal for Junior Doctors trainees work up to a maximum of 56 hours. The European Working Time Directive however requires the reduction in working hours of junior doctors to an average of 48 hours by 2009.

Within NHS Lothian 98% of doctors are working less than 56 hours per week in compliance with the New Deal for Junior Doctors. There has been significant progress towards reducing hours of work to the target of an average of 48 hours, or less, in line with the EWTD compliance by 2009. In last year's plan 74% of rotas were outwith this target, this has reduced to 58% and will continue to be one of the key challenges driving workforce and service redesign.

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

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

The implementation of the Hospital at Night (see section 4.4.2) has resulted in the release of significant time for training through the reduced requirement for night time working. The next stage of this redesign process will involve development of acute multidisciplinary teams to manage emergencies, this will commence within the 2007-8 year.

Figure 22 – Estimated impact of moving to 48 hour EWTD target

Estimated impact of moving to 48 hour week target				
Band	wte	Hours Lost per week	Total Hours Lost	wte lost
3	27	4	-108	-2
2A	269	4	-1076	-22
2B	257	4	-1028	-21
Total	553		-2212	-46

5.2 Nursing Workforce

5.2.1 Nursing Workforce: 5-year look forward

The overall strategic direction for nursing, midwifery and the AHPs is set out in the Scottish Executive document *Delivering Care, Enabling Health* (Scottish Executive 2006) and describes how the contribution of the professions will be harnessed to implement *Delivering for Health in Scotland*. Other important frameworks include the review of nursing in the community "Visible, Accessible and Integrated Care" Scottish Executive 2006, and the Adult Rehabilitation framework "Co-ordinated, Integrated and Fit for Purpose" (Scottish Executive, 2007). Taking all these alongside the continued implementation of the review of mental health nursing "Rights, Relationships and Recovery" (Scottish Executive, 2005) and "Changing Lives: the 21st Century Social Work review demonstrates the breadth of the development agenda for the medium term.

In all this caring, compassion and person-centred are re-stated as the ethos of the professions and NHS Lothian is developing projects to enhance these values in day to day care delivery. The compassionate Care project will, for example, identify the key determinants of person-centred leadership. This illustrates just one example of how NHS Lothian will move to enhance the culture, capability and capacity of nurses, midwives and AHPs to respond to the policy agenda

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

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

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

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

5.2.2 Nursing Workforce Background

Within NHS Lothian the Nursing workforce has increased by 1276wte (17%) overall from 7,481wte in 1996 to 8,757wte in 2006, this increase has in the main been within the registered nursing workforce, with minimal change within the non-registered workforce.

Nurses and midwives continue to develop their roles responding to clinical need and to improve person-centred quality care. Various strategies for service modernisation and redesign build into them developments for nurse consultant or advanced practitioners. It is likely that pressures on medical staffing will expand the possibilities for such developments. NHS Lothian acute division will in 2007/8 examine aspects of specialist nurse roles to ensure they meet the national framework.

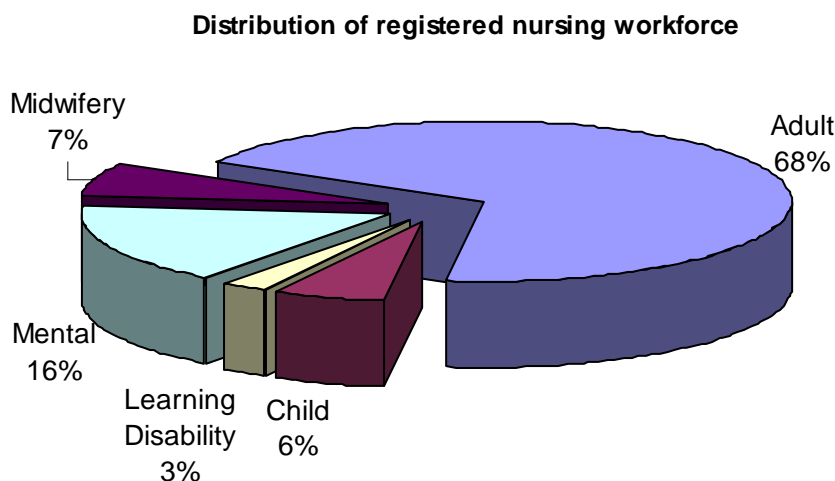
The overall number of Non-registered nurses has not increased over the last ten years there has however been considerable development within this area of the workforce with 1000 staff having passed through SVQ level 2 & 3 care, operating department and diagnostic and therapeutic support training within the University Hospitals Division. There is work underway to development assistant practitioner roles within in areas such as cancer.

5.2.3 Nursing Workforce - Changes in the Supply side

The implementation of Agenda for Change has made it difficult to undertake like for like comparison for leavers, joiner and rejoiners. This is because the profiles that staff have been mapped to do not necessarily indicate their nursing registration and there are a smaller number of relevant pay bands and as such some AfC bands contain staff who were previously on separate grades. This is an issue of some concern, given the importance of understanding the in and out flows for each category and grade of nursing. Locally this can be done using the financial structures, however there is a requirement to use a consistent approach nationally. This will be addressed at a national, regional and local level within 2007.

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

Figure 23 – Distribution of the registered nursing workforce



5.2.4 Nursing Workforce - Changes in the Demand side

As part of the process for assessing demand for this plan areas have been asked to indicate planned increases for the following five years. The following figure details the proposed increase in registered nursing numbers overall for the following five years

Figure 24: Registered Nursing increase by driver

Change	2007/8	2007/9	2007/10	2007/11	2007/12
MMC	3	0	0	0	0
Service Development	6.83	0	0	0	0
Other	5	0	0	0	0
Total	14.83	0.00	0.00	0.00	0.00

Within these overall figures there are significant changes in terms of skill mix and service and the above represent the net change. The following figure illustrates this by registration category:

Figure 25: Registered Nursing increase by registration

Change	2007/8	2007/9	2007/10	2007/11	2007/12
Adult	-10.57	0	0	0	0
Mental Health	2	0	0	0	0
LD	0	0	0	0	0
Childrens	22.4	0	0	0	0
Midwifery	1	0	0	0	0
Total	14.83	0	0	0	0

Cost of increase

The increase will take place within the 2007/8 financial year and will be recurring thereafter. The cost of this increase is approximately £635k per annum.

Figure 26: Non-registered Nursing increase by driver

Change	2007/8	2008/9	2009/10	2010/11	2011/12
Service reconfiguration	21.07	0	0	0	0
Total	21.07	0	0	0	0

Figure 27: Non-registered Nursing increase by registration

Change	2007/8	2008/9	2009/10	2010/11	2011/12
Adult	21.07	0	0	0	0
Mental Health	0	0	0	0	0
LD	0	0	0	0	0
Childrens	0	0	0	0	0
Midwifery	0	0	0	0	0
Total	21.07	0	0	0	0

Cost of increase

The increase will take place within the 2007/8 financial year and will be recurring thereafter. The cost of this increase is approximately £430k per annum.

5.2.5 Nursing Workforce - Future Projections

Registered Nursing

As part of the SNIP process in 2005 NHS Lothian carried out a detailed assessment of demand, this has been augmented through the changes highlighted above. These have been combined to provide figures for 2005/6 and projections for the next five years as detailed in the tables below. Within the inflows it is possible to look at joiners and re-joiners separately as there is information available from the ISD via the SNIP exercise, this is not possible for non-registered nursing.

5.2.6 The Nursing and Midwifery Workload and Workforce Planning Project

This project is now in the final implementation phase, which will run from April 2007 to September 2008. Nurse Directors are responsible for delivering the recommendations from the N&MWWPP report (Scottish Executive 2004), the Nationally Coordinated Nurse Bank Report (2005) and Audit Scotland's Review of Legacy or Design (Audit Scotland 2007).

All this work is also a theme in the new Nursing and Midwifery Strategy Delivering Care, Enabling Health (Scottish Executive 2006). NHS Lothian is an active contributor to this national project and is establishing an NHS Lothian N&MWWPP group to progress the implementation locally.

A revised structure for the project nationally includes an implementation board and 3 subgroups, focusing on:

- allowances, Bank and Agency issues
- Systems (tools, methodologies etc)
- Education, training and research.

NHS Lothian will be implementing the agreed nationally validated tools during 2007/8 and this will inform workforce planning.

All this builds in considerable progress over the past year in reviewing the nursing workforce in the acute sector, reducing the amount spent on agency nursing and continuing to modernise nurse bank arrangements.

Some of the specific deliverables for the project include ensuring a 22.5% allowance for predicting leave, 7.5 hours protected time for leaders/ward managers and ensuring the financial affordability of the recommendations.

5.2.7 Bank and Agency Staff

NHS Lothian has continued to make considerable progress in reducing both bank and agency utilisation, through reducing the number of vacancies and pro-active

management of sickness absence. The following figures detail the reduction in utilisation for both bank and agency when compared with the previous financial year:

Figure 28: Nurse Bank use in hours

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2005-06	85,842	90,609	91,997	95,160	96,503	98,187	98,612	92,762	79,029	89,062	89,982	100,081
2006-7	89,579	85,667	83,489	85,956	86,608	91,333	88,299	87,887	84,207	75,029	84,216	86,792
% Change	4.4%	-5.5%	-9.2%	-9.7%	-10.3%	-7.0%	-10.5%	-5.3%	6.6%	-15.8%	-6.4%	-13.3%

Figure 29: Nurse Agency use in hours

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2005-06	29,808	28,432	28,794	28,857	23,564	21,202	22,562	23,006	21,200	20,348	23,237	26,417
2006-7	25,491	24,635	23,231	16,064	24,190	23,015	21,928	21,824	20,564	16,979	15,029	13,808
% Change	-14.5%	-13.4%	-19.3%	-44.3%	2.7%	8.6%	-2.8%	-5.1%	-3.0%	-16.6%	-35.3%	-47.7%

5.3 AHP Workforce: 3-year look forward

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

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

The appointment of a Regional AHP Workload and Workforce Facilitator has been made to ensure that the recommendations of the AHP Workload Measurement and Management Report are implemented. A key responsibility will be to support the development and implementation of an agreed methodology for AHP workload measurement for the review of AHP workload and the development.

In the past it has been difficult to develop a consistent approach to assessing workload and the consequent workforce requirement, as activity does not necessarily relate to measures such as bed numbers. NHS Lothian welcomes the development of this regional role.

In this year's plan there are minimal changes to AHP numbers overall for which additional funding has been agreed. However, it is expected that this will change over the next 12 – 24 months as the impact from the drivers mentioned above work through into the development of specific roles. The development of consistent,

robust workload tools will greatly assist in this process and help underpin a more strategic approach to the development of the AHP workforce.

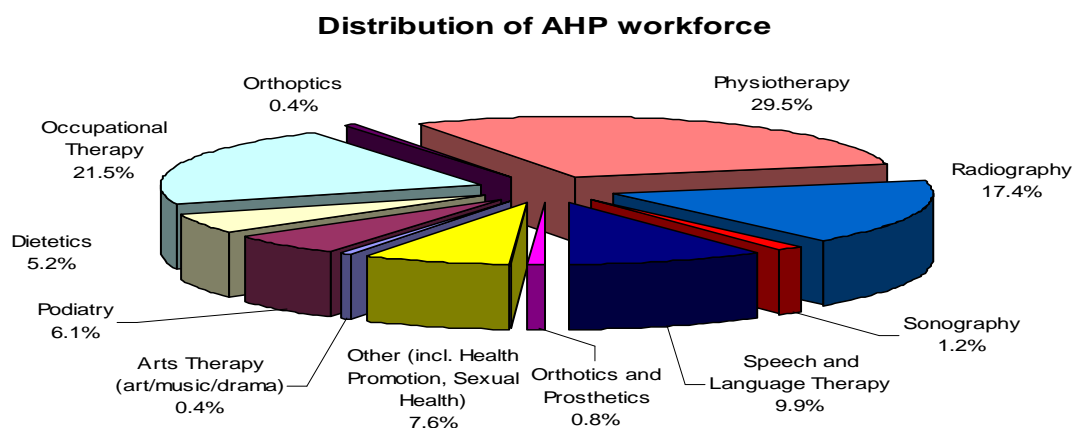
5.3.1 AHP Workforce - Changes in Supply

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

This supply side analysis is particularly important within small areas such as Orthoptists, where there are difficulties in ensuring effective supply, as there is no training within Scotland due to small numbers. There is, however, both replacement and expansion demand for the service the inability to ensure effective supply could have a knock on effect in a range of other areas such as waiting times for cataract services.

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

Figure 30: Current AHP distribution by discipline



5.3.2 AHP Workforce - Changes in Demand

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

Figure 31: Funded 3-year Projected AHP Increase by Category

Discipline	2007/8	2008/9	2009/10
Physio - qualified	3	0	0
Dieticians	0.5	0	0
Radiography	7	0	0
Total	10.5	0	0

Figure 32: Funded Increase by Driver

Change	wte
Waiting List	2
Service Developments	8.5
Total	10.5

Cost of increase

The increase will take place within the 2007/8 financial year and will be recurring thereafter, the cost of this increase is approximately £341k per annum.

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

Figure 33: Anticipated 3-year Projected AHP Increase by Category

Discipline	2007/8	2008/9	2009/10
Physio - qualified	3	0	0
OT - qualified	3	0	0
SLT - qualified	1	0	0
Therapy Ast.	1	0	0
Radiography - qualified	13.27	3	3
Total	21.27	3	3

Figure 34: Anticipated Increase by Driver

Change	2007/8	2008/9	2009/10
Waiting List	1.27		
Service Developments	14		
Establishment Review	6	5	4
Total	21.27	5	4

5.4 Administrative and Clerical Workforce: 3-year look forward

Within NHS Lothian there has been an overall reduction of approximately 0.5% within the last year. Within the overall reduction there has been a reduction of approximately 50 staff as a result of single system working, 11 of whom were within the Senior Manager/Executive level manager group. There are also a number of Exec/Senior Managers who are on secondment or in regional posts, which are paid via NHS Lothian. It is expected that over the course of 2007-8 the overall number will decline. However, it not possible at this stage to be more specific.

As a part of the process for the development of this year's Workforce Plan several participants indicated that there was a need to more fully assess and address the development needs of staff within the admin and clerical workforce, particularly within clinical areas. In response to this, it is intended that during the coming year a more detailed assessment of development needs will be undertaken and linkage will be made with work currently underway on this area within NES.

5.4.1 Administrative and Clerical Workforce - Changes in the Demand

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

Figure 35: Funded 3-year Projected A&C/Executive Managers Increase by Driver

Change	2007/8	2008/9	2009/10
Waiting times/lists	1	0	0
Service Developments	1.4	0	0
Establishment reviews	0.83	0	0
Total	3.23	0	0

Cost of increase

The increase will take place within the 2007/8 financial year and will be recurring thereafter. The cost of this increase is approximately £70k per annum.

5.5 Healthcare Science Workforce: 3-year look forward

The demand for the healthcare science workforce is projected to grow by 10.5wte over this period. There are however a number of significant issues for this area of the workforce, which will impact on workforce supply.

Healthcare Scientists represent a significant element of the healthcare workforce that has never been considered as a professional group in previous workforce plans. It covers 49 disciplines in 3 major dimensions: Life Sciences, Physical Sciences and Physiological Sciences. During 2005-2006, NHS Lothian set up a Healthcare Scientists Workforce Planning Group to establish the demographics and workforce issues associated with this diverse and dispersed grouping. The resulting Review of Staffing Challenges and Opportunities was presented to the Board Workforce Planning group in February 2006 and the recommendations accepted.

One recommendation was to set up a Scientific Services Staffing group to represent the individual and collective interests of the various disciplines encompassed by the term Healthcare Scientists, under the Chairmanship of Professor Heather Cubie and with administrative support from Workforce Planning. This group has met four times and worked to identify the most pressing workforce planning issues for NHS Lothian.

In parallel with these developments, SEHD appointed a short-term Project Officer to assess the situation nationally and report to the Chief Health Professions Officer. The national survey is still in progress and will report later this year, probably too late for regional workforce plans. NHS Lothian figures have been submitted.

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

Figure 36: Healthcare science 10-year growth

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

5.5.1 Healthcare Science Workforce - Changes in the Supply

Within Lothian a review of healthcare science was undertaken in 2005 to identify areas of concern around supply and make recommendations to address these.

The main priorities within the three main branches are as follows:

Life Sciences

- Adequate provision of and resource for Training. In particular there are needs for a local degree for BMS and for an MLA career structure to overcome

retention problems. Having lost the Napier degree for BMS, efforts were being concentrated on the integrated degrees at Robert Gordon and Abertay Universities with NES funding 300 work placements. However, it is proving difficult to provide sufficient resource to support the associated laboratory based placements and an excellent opportunity to deal with future staff skills and numbers is not being realised. Similarly, for MLAs where turnover is 40-50% per annum, a proposed career structure has been developed it will be difficult to deliver this until there is sufficient staff resource and appropriate backfill. Discussions with University of Edinburgh have taken place to produce a modular degree which would have skills applicable to BMS in several areas with a view to IBMS and HPC accreditation by the end of 2007.

Physical Sciences

- Addressing the impact of compulsory registration at Clinical Technologist training level, which will require staff to hold a degree to achieve registration. Registration is also complicated by the fact that current trainees cannot get onto the voluntary register and in addition, placements in Engineering Sciences do not attract registration-ready Clinical Scientists. A Review of Agenda for change gradings has been identified as an additional priority due to likely staff losses as a result of notified gradings. This is an urgent requirement and a potentially serious problem, particularly at MTO3/4 and CS B/C levels. It is recognised that small specialties need national planning and consistency of grading.

Physiological Sciences

- Within physiological sciences the impact of the requirement for an appropriate degree to achieve registration is the most significant priority that needs to be addressed. Currently there is no appropriate degree programme within Scotland however some progress is being made with Glasgow Caledonian University and this is progressing through the Scottish Forum for Healthcare Science and supported by the National HCS Project Officer.

As in many other areas of the professional workforce, there are a significant number of retirements anticipated in a need to provide flexible work opportunities given a largely female workforce, particularly in the Life and Physiological Sciences.

There is also a need to more fully consider the impact on Health Care Scientists when service changes, developments and expansions are considered.

Within Lothian there is already work underway to try and address some of these concerns and a SE Region group has recently been established to review issues on a regional basis.

5.5.2 Healthcare Science Workforce - Changes in the Demand

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

Figure 37: Funded 3-year Healthcare Science Increase by Category

Change	2007/8	2008/9	2009/10
Clinical Scientist B	1	0	0
Biomedical Scientist	6.5	0	0
MLA	3	0	0
Total	10.5	0	0

Figure 38: Funded 3-year Healthcare Science Increase by Driver

Change	2007/8	2008/9	2009/10
Establishment Review	9.5	0	0
Service Development	1	0	0
Total	10.5	0	0

The increases within establishment review are associated with the requirement to maintain CPA / MHRA accreditation in laboratories.

Cost of increase

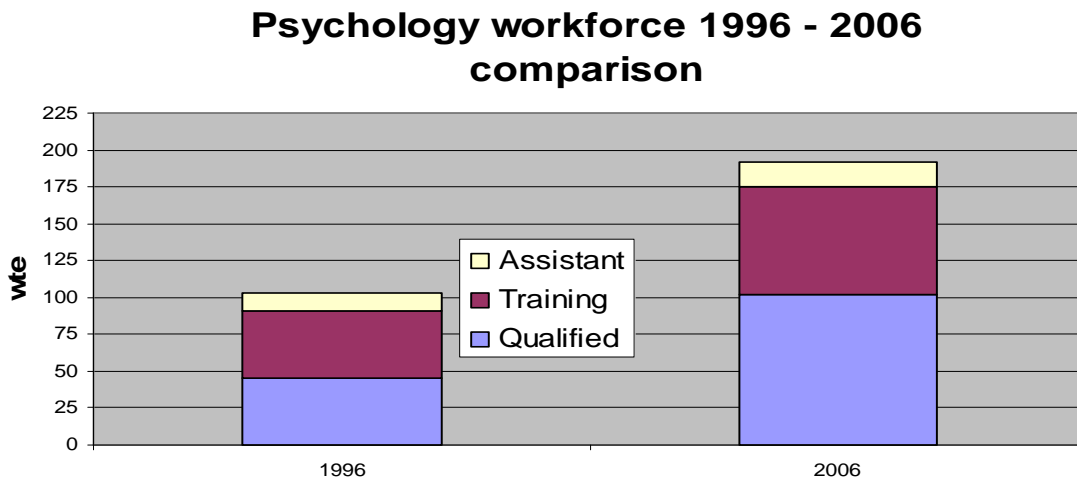
The increase will take place within the 2007/8 financial year and will be recurring thereafter. The cost of this increase is approximately £320k per annum.

5.6 Clinical Psychology: 3-year look forward

Over the last 10 years there has been an increase of 86% (89wte) overall in the clinical psychology workforce spread across qualified, training and assistant levels.

Within 2006/7 there has been significant investment in growing the qualified psychology workforce from 79.7wte in 2005 to 101.6wte in 2006 as part of the implementation of the NHS Lothian Mental Health and Wellbeing Strategy. There has also been a growth of 3.36wte within the Assistant Psychologist workforce between 2005 and 2006. This strategy will continue with both the redistribution and re-investment of significant resources from existing hospital sites as well as additional investment by both the NHS and Local Authorities in enhanced community services in 2007/8.

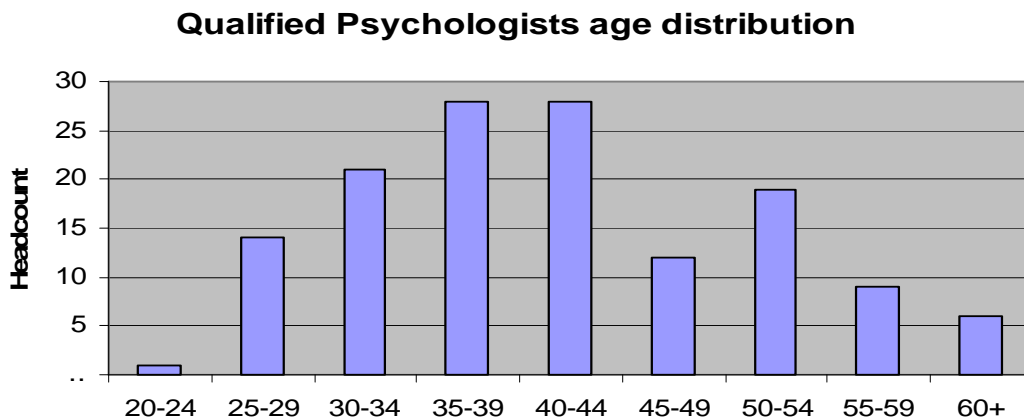
Figure 39: Psychology Workforce 1996-2006 Comparison



5.6.1 Clinical Psychology Workforce - Changes in the Supply

The significant expansion within this workforce is evident within the demographic profile:

Figure 40: Qualified Psychologists Age Distribution



Overall the workforce age profile is in balance. However it is clear that within 5 to 10 years there will be a significant proportion – 25% of retiral age. Given the disproportionately high number within the 50-54 age category there will be a need for forward planning to ensure this happens on a controlled basis.

5.6.2 Clinical Psychology Workforce - Changes in the Demand

The following table details the overall funded increase within the clinical psychology workforce by level and workforce driver:

Figure 41: Funded 3-year Clinical Psychology Increase by Category

Change	2007/8	2008/9	2009/10
Psychologists	2.8	0	0
Associate Psychologists	4	0	0
Total	6.8	0	0

Figure 42: Funded 3-year Clinical Psychology Increase by Driver

Change	2007/8	2008/9	2009/10
Mental Health Strategy - Primary Care	6	0	0
Service Developments	0.8	0	0
Total	6.8	0	0

Cost of increase

The increase will take place within the 2007/8 financial year and will be recurring thereafter. The cost of this increase is approximately £288k per annum.

5.7 Overall Affordability, Achievability and Adaptability

Affordability

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

Figure 43: Funded increase in workforce

Staff Category	Total £k
Medical	1,930,533
Nursing	876,941
AHP	340,880
Clinical Psychology	288,240
Healthcare science	268,865
A&C/Management	70,001
Total	3,775,460

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

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

Achievability

The planned changes are considered achievable, given that they are changes for which there is funding in place. Given the relatively modest overall increase it is believed that achieving the expansion is possible. The following action plan for 2007/8 highlights the need to work nationally and locally to develop supply side trends to help test achievability, as these have been detrimentally affected by the impact of AfC assimilation.

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

Adaptability

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

6 Action Plan

The following actions are priority for 2007-8.

6.1 Performance and Productivity

- Continue the whole system process improvement - LEAN Project. Working in partnership with National Education Scotland (NES), NHS Lothian will continue to support the LEAN Project in conjunction with GE Healthcare. This initiative will continue until mid 2008 after which it will be continued using the in-house change expertise that has been developed.
- Continue implementation of the NHS Lothian Promoting Attendance Policy in order to meet sickness absence target of 4% by March 2008.
- Improve Consultant productivity in NHS Lothian, the target being 1% per annum over the next 3 years.
- Continue to identify and assess the workforce planning implications of Pay Modernisation and the associated Benefits Realisation Strategy, in particular.
- Assess and build into future workforce plans the wider workforce impact of other new contracts:
 - Community Pharmacy Contract
 - General Ophthalmic Services
 - General Dental Services

Identify and benchmark key workforce performance indicators against comparable organisations

6.2 Tackling the Supply and Demand Issues

- Provide all CMT/CHP management teams with a detailed analysis of workforce demography for all areas within NHS Lothian and prepare an impact assessment and action plan to address areas of concern.
- Continue to support the national workforce planning activity including Student Nursing Intake Assessment process.
- Continue participation in the national pilot of Physician Assistant role.
- Continue to support 'infrastructure' projects that will aid recruitment and retention, including initiatives covering affordable housing and transport.
- Develop awareness of supply issues within CMT/CHPs through development of information pack and on-going monitoring at this level in the organisation.
- Monitor the impact of new pay systems such as AfC to assess any impact on turnover and recruitment.

- Work at a national, regional and local level to provide more robust baselines and trends for inflows and outflows from the workforce.
- Participate in national HCS project and develop local actions to alleviate the negative impacts of registration within the HCS workforce.

Demand

- Fully support the Regional Workforce Director through participation in regional service and workforce planning.
- Fully support the national Nursing and Midwifery Workload and Workforce Planning Project and the Regional Nurse Advisor in the implementation of the national planning tools.
- Continue to contribute to national workforce planning reviews and to take cognisance of these in local workforce planning processes
- Ensure coherent workforce plans are in place for each of the NHS Lothian Strategic Service Reviews, including for example
 - Improving Care: Investing in Change – Better Acute Care in Lothian, Services for Older People and Mental Health and Well Being Strategy
 - Primary Care Modernisation Strategy
 - Children and Young Peoples Health and Health Services Strategy and Reprovision of The Royal Hospital for Sick Children, Edinburgh (RHSCE)
- Support the development of workforce plans are developed for each CHP and CMT, which address both supply and demand issues.

6.3 Recruitment and Retention Strategy

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

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

- Integrate medical recruitment into Lothian recruitment service
- Redesign medical recruitment processes
- Stakeholder engagement sessions
- Continue recruitment training
- Performance and quality
 - Further development of performance reporting of recruitment service
 - Focus on continuous quality improvement of recruitment processes
 - Implementation of Disclosure Scotland/Protection of vulnerable Group guidance
 - Improve candidate diversity response rate within recruitment procedure

6.4 Education and Training

- Continue to implement agreed 3 year NHS Lothian Board Development Plan and Learning Plan.
- Work with NES in jointly commissioning and supporting a range of specific projects that support service strategies.

6.5 Employment Infrastructures

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

6.6 Partnership working with other agencies

- NHS Lothian will continue to develop stronger workforce planning links with a range of partner organisation to ensure a more coherent and joined approach. Partners will include
 - Scottish Ambulance Service
 - Social work
 - Care sector
 - Voluntary sector
 - Consort/Haden
 - Independent Contractors
 - University of Edinburgh

6.7 Developing Workforce Planning Capability

- Support Clinical management teams and CHP/CHCP Teams in developing workforce planning capability at local level.
- Support the development of a national e-library workforce planning website which will provide access to a full range of materials, contacts and tools to support workforce planning and development.

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NHS Lothian GP Workforce Survey Results

Background

Whilst NHS Lothian has relatively robust workforce information on directly paid staff it pays directly, there have been significant gaps in relation to staff in areas such as General Practice. This has been highlighted as an area of concern at both national and local levels given that this is a significant part of the healthcare workforce.

At a national level it is necessary for the SEHD to be able to assess demand requirements for medical and nursing staff in order that they can commission the appropriate numbers within Universities to ensure adequate supply.

In order to determine the profile of this workforce a national pilot was instigated, with Lothian as one of the initial participants. The survey sought to identify the following

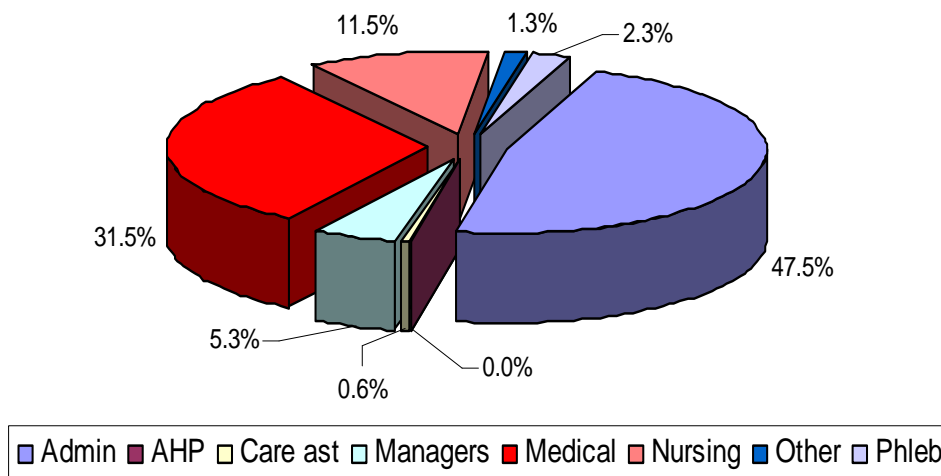
- Number of staff by staff group
- Number of staff within medical staff group
- Extent of full & part time working
- Gender profile
- Age profile

The survey was distributed to all 123 practices and consequently 115 responses were received of which 80 were complete and 25 incomplete, these are detailed in the following section.

Workforce Profile

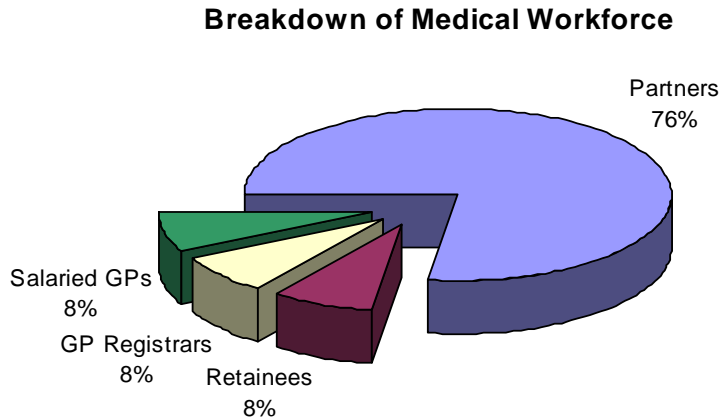
Chart 1:

Distribution of Staff Category - GP Practice's as at August 2006(2154 heads)



Within approximately 53% of the workforce is associated with Management and Administration admin, 44% associated with clinical care and treatment, with clinical support roles covering the remaining 3%.

Chart 2:

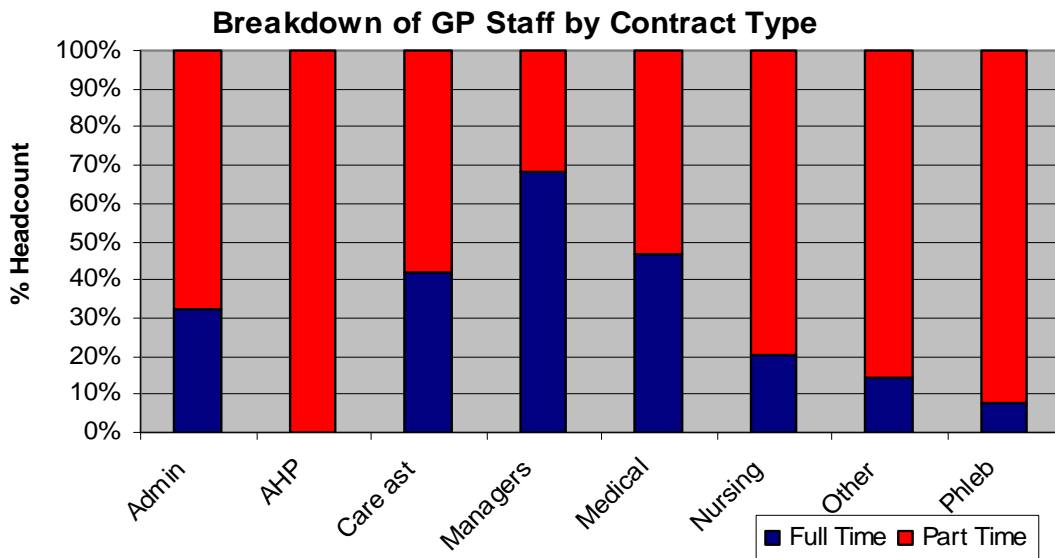


Within this workforce 92% of the workforce are fully qualified with the training grade component of 8%. The 8% Salaried GPs represent staff that are directly employed by NHS Lothian and the 8% of retainees represent staff that are employed via NES for up to a maximum of four sessions per week within a given practice. Retainees are essentially staff who may be at a reduced capacity, for example due to caring responsibilities for family.

Working Patterns

The following chart details the part/full time profile within the workforce.

Chart 3:

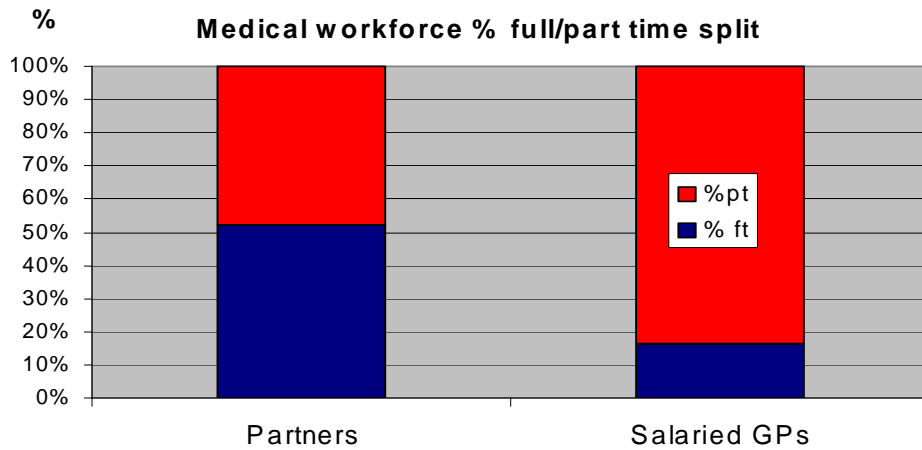


Within all categories the majority of the staff work on a part-time basis with the exception of Managers where only approximately 32% work part-time. This pilot survey did not however gather any information on the average number of hours

worked, which is important for the SEHD to know for informing the commissioning of training for clinical staff.

Chart 4:

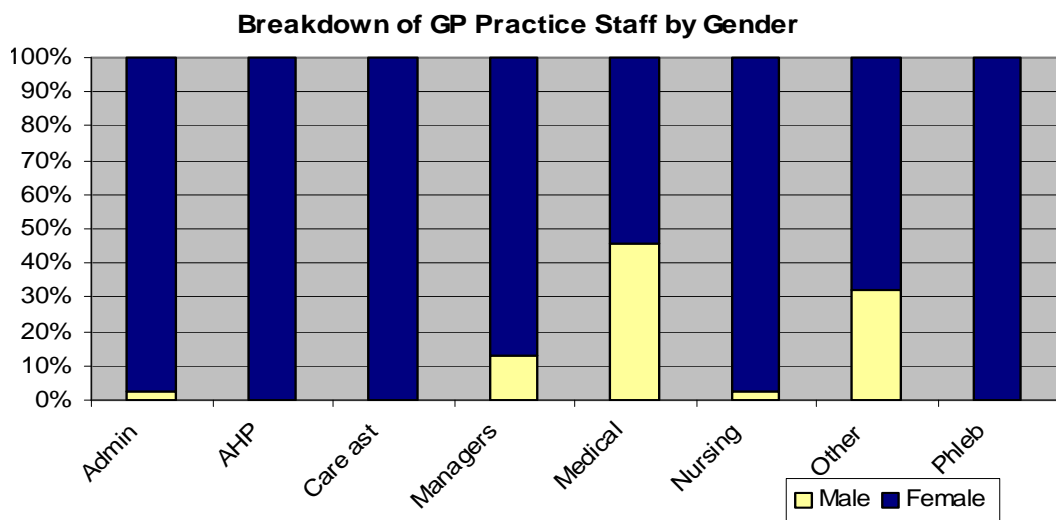
The following chart provides further detail within the medical workforce.



Approximately 53% of partners work full-time, this varies significantly with salaried GPs where only 18% work full time. Unfortunately robust intelligence around historic working patterns does not exist, however anecdotal evidence suggests that there has been a significant reduction in the extent of full time working and in the average number of hours worked. Given the increasing feminisation of the medical workforce within all sectors forecasting training places will be difficult as the overall contribution within a career reduces and therefore more trainees are required to maintain overall volumes of service.

Gender and Age Distribution

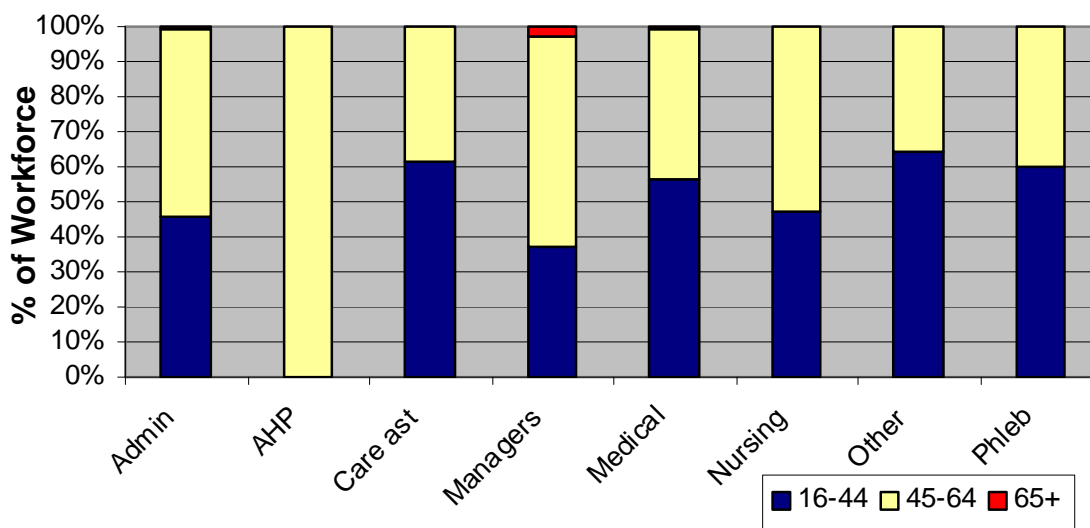
Chart 5:



The vast majority of the workforce in all categories is female; within the medical workforce this is now 53% reflecting the significant feminisation of the workforce.

Chart 6:

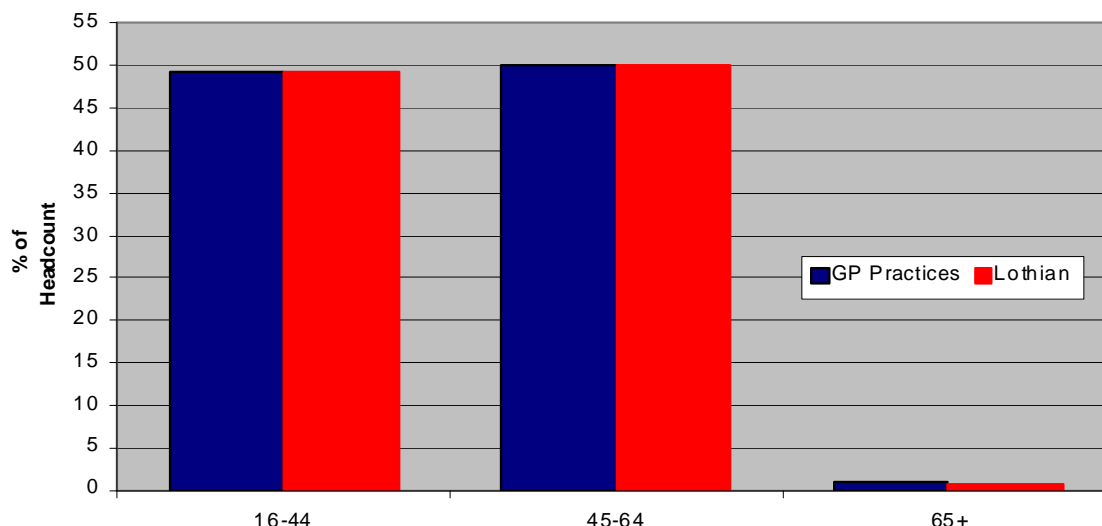
Breakdown of GP Practice Staff by Age Category



The medical workforce is the only group here the majority are under the age of 45, in general there is a relatively mature workforce with admin, management, AHPs and nursing where the majority of staff are between 45 and 64 years old. The following chart details a comparison with the overall NHS Lothian workforce.

Chart 7:

Comparison between GP Practice Staff and NHS Lothian Staff by Age Category



At this level there is minimal difference overall, however in order to make more meaningful comparison it is necessary to obtain a more detailed demographic profile of the GP practice workforce by 5 year age category. This was highlighted as part of the pilot and will be incorporated into the 2007 exercise.

Retirals

The following charts detail the proportion of practices that anticipate retirals within the next five years and the areas where these will occur.

Chart 8:

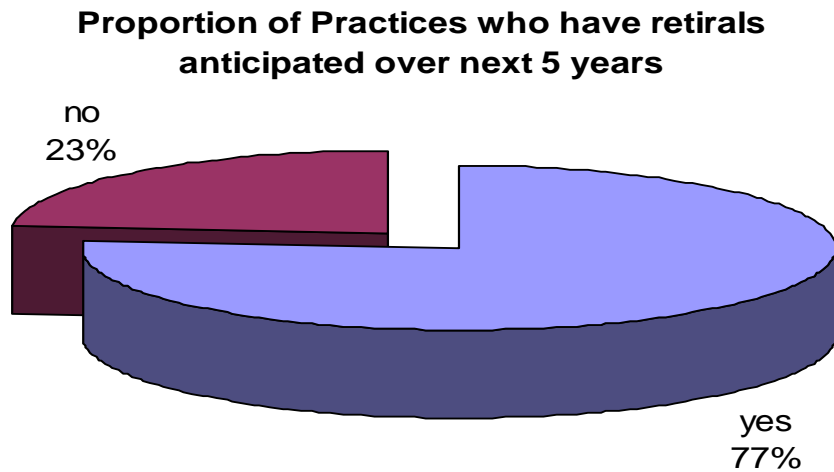
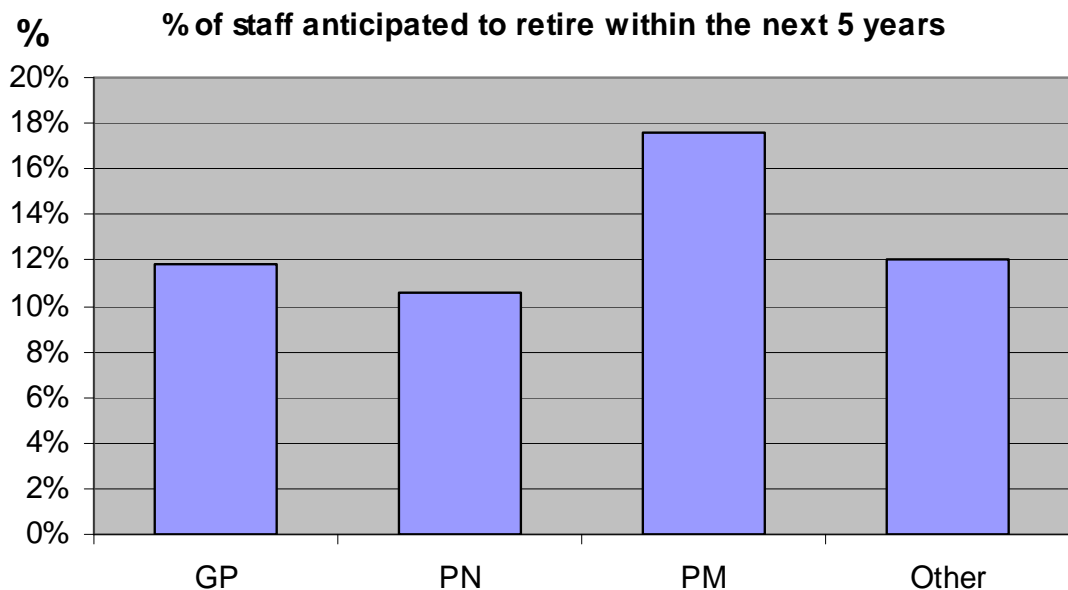


Chart 9:



Within this timeframe there are significant levels of retirement anticipated, with more than one in ten of the workforce likely to retire. The level is highest within practice management with approximately 18% planning to retire.

Within the GP workforce there are 68 anticipated retirals within the next 5 years, with 29 (43%) expected to be filled by another GP, however the fill option within the remaining 39 (57%) not yet determined.

Conclusion

This initial GP workforce survey has successfully established a baseline albeit limited in scope, with an excellent level of response across the practices. It is hoped that future surveys will be able to collect further information in relation to some of the workforce supply issues, particularly around the areas of demography and working patterns.