



**Summary Workforce Plan  
2011-12 (Based on Local  
Reinvestment plans)**

## **NHS Lothian Workforce Planning Strategic Context**

In 2010/11 NHS Lothian set out a workforce plan which set out the need to reduce its workforce by 734 whole time equivalents (wtes), approximately 1,000 headcount. In the preceding 10 years NHS Lothian had increased its workforce by 3,554wtes, 23%, with the largest increases occurring in clinical front-line areas. Within the clinical workforce Medical, Nursing and Allied Health Professionals(AHPs) increased by 27% and 15% and 22% respectively.

This unprecedented level of investment and expenditure has enabled NHS Lothian to design and deliver world class services in many areas and has helped enable substantial progress to becoming recognised as Scotland's best provider of healthcare and one of the top 25 healthcare organisations in the world. NHS Lothian has met all its national HEAT targets around service improvement and in many cases it has achieved local 'stretch' targets which exceed national standards.

In recognition of the unprecedented financial pressures NHS Lothian in conjunction with local Partnership representatives identified the need to reduce the workforce by 2,000 posts. In the current financial year NHS Lothian anticipates substantial financial pressures as the relatively low increase in income in 2011/12 is offset by increasing pay costs, pharmaceutical drug inflation and prescribing inflation. As a consequence NHS Lothian is required to make Local Reinvestment Programme (LRP) savings of £48.6m to be delivered in full in 2011/12 of which workforce will account for approximately 67%(£32.4m). These savings will be achieved through enhancing efficiency and increasing productivity within services and the workforce. The process for achieving these savings will be managed to ensure that there will not be an adverse impact on the quality of patient care and outcomes.

Currently NHS Lothian is resourced considerably below parity with the NRAC funding level which looks at the size and characteristics of the population. In the 2011-12 financial allocation NHS Lothian received £13.9m extra to contribute to bridging this funding gap, however a substantial gap still remains and as funding arrangements stand it will take a considerable number of years to close this gap.

In developing LRP savings plan for 2011-12 all areas in Lothian have been through a very detailed planning process, generating in excess of 320 projects and schemes ranging from small local changes to large system-wide initiatives. As part of this process there has been full involvement of partnership representatives and a high degree of transparency to ensure full engagement and many cases it has been partnership representatives that have highlighted areas where savings can be found. Central to full involvement has been the determination to avoid any detrimental impact on patient care and all projects/schemes have been required to demonstrate this. In order to further protect against any detrimental impact an Equality and Diversity impact assessment has been carried out covering all plans.

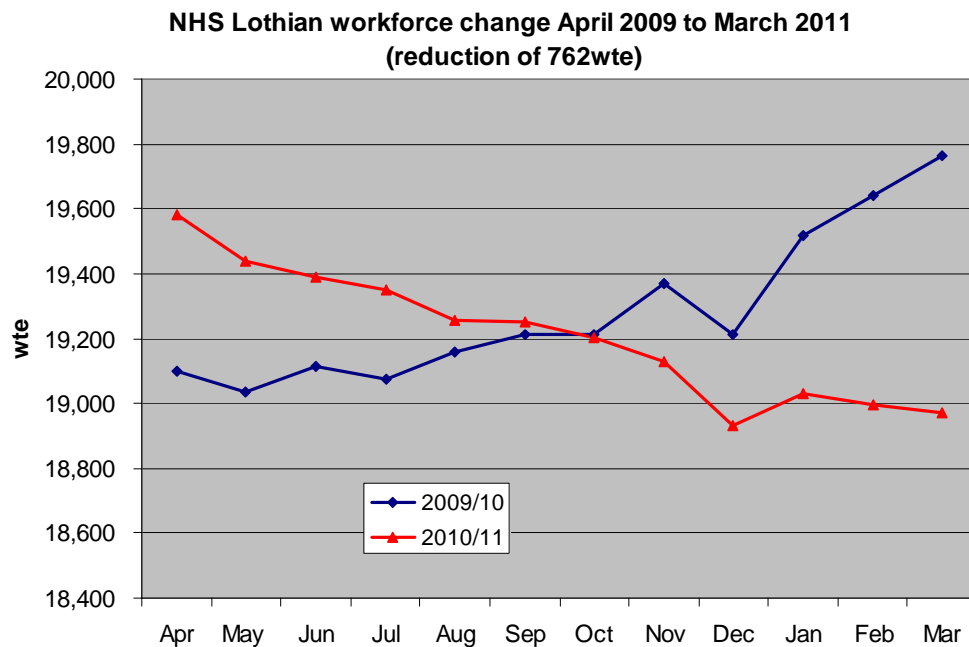
## 2010-11 Workforce Change

The following two figures detail the indicative workforce reduction targets that were set out in last years financial plan and level of reduction that was achieved.

Figure 1 – 2010-11 workforce reduction target

Staff Groups	Staff In Post (wte) Change 2010/11
Medical (HCHS)	-59
Dental (HCHS)	0
Medical & Dental Support	0
Nursing & Midwifery	-333
Allied Health Professionals	-54
Other Therapeutic Services	-17
Personal & Social Care	0
Healthcare Scientists	-38
Support Services	-100
Administration Services	-124
Management (non AfC)	-9
<b>Total</b>	<b>-734</b>

Figure 2 – Workforce Change



NHS Lothian is committed to delivering on its agreed objectives and targets and in 2010-11 the workforce was reduced by 762wte, 28wte more than the 734wte annual target. This was achieved as a result of strong commitment within the whole organisation to ensure that front-line services were protected and maintained.

There were a wide range of different projects and savings schemes that contributed towards this achievement, these included:

- Rigorous review and control of recruitment with only front-line posts being replaced. All areas with vacancies have asked to critically review whether a vacancy can be absorbed through service redesign and changes in ways of working. Where replacement is required areas have been asked to consider if there are alternatives as many roles have evolved significantly over the years and it may be now appropriate to replace on a different basis.
- In February 2011 NHS Lothian achieved its lowest level of sickness absence of 4%, a rate which if maintained could provide a cash equivalent saving of £3.5m.
- Overtime expenditure reduced by over £1m during 2010-11 reflecting improvements in planning work and focussing activity on normal working hours.
- Supplementary staffing reduced by more than £4m, with the use of external agency nursing almost completely eradicated with the exception of a very small number of complex areas. The utilisation on Internal staff bank staffing has also reduced substantially as areas seek to reduce demand through more effective staff rostering, management of annual leave and absence.
- Achieved almost half of the Scottish Government set target to reduce the number of senior managers by 25%, 43.4wte over the term of the parliament.
- The reliance on private sector capacity reduced by £2.4m

The above was delivered in a context where no member of staff has been made compulsorily redundant in line with the continuing Scottish Government commitment. Where a post becomes redundant NHS Lothian is committed to finding alternative employment and have a comprehensive redeployment service designed to help individuals find suitable alternative employment.

### **2011-12 Workforce Change**

As part of the 2011-12 funding allocation from the Scottish Government NHS Lothian received an increase in its revenue of 4.2% to £1.05bn.

However inflationary cost pressures such as drugs, prescribing and the costs of incremental pay progression result in the need to make substantial savings for reinvestment in front-line services.

The LRP savings target is 5%, £50.1m of total expenditure, within this the target for reducing workforce costs is £32.4m with an indicative workforce reduction equivalent to 2010-11 – 734wte. Whilst the level of financial savings is higher than in 2010-11, some LRP plans have indicated that savings will be made through changing skill-mix within their workforce without having to reduce numbers.

Whilst there is little or no additional funding for service developments the Scottish Government has created a central change fund containing £70m of which there is £10m against which NHS Lothian can bid for. The fund is intended to support the implementation of the Reshaping Care for Older People Programme. Local partnerships between health, social care and third sector organisations are able to submit joint bids for projects. It is anticipated that any significant workforce increases will be within council services, however the formal bidding process is not yet complete and it is uncertain the extent to which there may be increases within the NHS Lothian workforce.

Figure 3 – Efficiency and Productivity savings targets by job family

Staff Grouping	£m	wte
Medical	4	24
Nursing B5+	9.5	273
Nursing B1-4	3.7	101
AHP	2.1	27
Other Therapeutic	1	4
Healthcare Scientist	1.1	34
Administration	3.2	105
Support Services	1.6	58
Managerial Reduction	8.5	109
<b>Total Savings target 2011-12</b>	<b>34.7</b>	<b>734</b>

The following sections detail the workforce reduction and redesign targets for the each job family highlighting the overall savings requirement and the areas that have been identified.

## Medical Workforce Change 2011-12

The medical workforce is broadly made up of three areas; Consultants, Staff Grade and Associate Specialists(SAS) and Training grade staff. Training grade staff are funded by National Education Scotland(NES), the body responsible for operating the wide range of specialty training programmes. NHS Lothian however funds the banding payments associated with the particular rota that a trainee is placed on and has over the last few years achieved considerable savings, consequently there is limited capacity to make further reductions. Scope for achieving savings within the medical workforce is therefore limited to the Consultant and SAS workforces.

## Historical Workforce Growth

The following figure details growth within the medical workforce between 2001 and 2010.

Figure 4 – Medical workforce growth (2001-10)

2001	2010	Increase(wte)	Increase %
1,413	1,810	397	28%

Source – ISD Scotland

## 2011-12 Efficiency and Productivity Savings

The overall efficiency and productivity target for the medical workforce is £5.75m, this figure excludes trainees for the reasons identified above.

Given that Consultants and SAS staff are key to delivering front line service delivery to patients there is limited scope to reduce the overall workforce numbers. Consultant job plans do however have flexible elements such as:

- Extra Programmed Activities(EPA) - effectively overtime for work over and above 40 hours, which is negotiated annually as part of the job planning process, with each EPA consisting of four hours.
- Supporting Professional Activities (SPA) – time for undertaking research, teaching and developmental activities.
- Out of Hours Programmed Activities(OOH) – time spent covering services out of ours at night or at the weekend.
- On-call intensity supplement – depending on how often consultants are on-call they receive a percentage of their basic salary, this is also affected by whether or not there is a requirement to come directly into the hospital or whether support can be provided from home.

## Main themes

These areas have therefore been a key area of focus and there has been a very comprehensive review process to agree job plans for 2011-12. The

following points detail some of the main themes for savings that have been identified:

- £2.32m savings identified in workforce and service redesign
- £886k savings identified specifically associated with EPA reductions.
- £78k savings identified in on-call intensity payments

These savings have been identified through a 'bottom up' review by clinical management teams and CHPs, there are also system-wide targets which should also help contribute further to the delivery of savings in the medical workforce. These include:

- Reducing to zero expenditure on private sector capacity
- Reduction in medical locum expenditure - target 15%, £700k
- Reductions in waiting times expenditure.
- Further rollout of hospital at night
- Implementation of an enhanced medical appraisal process in preparation of revalidation

In replacing existing consultant posts that arise through turnover appointments are being made on the basis of 9 Direct Clinical Care(DCC) programmed activities and 1 Supporting Professional Activity(SPA), whilst previously the ratio was 7.5 DCCs to 2.5 SPAs. This will incrementally increase the capacity within the consultant workforce by 15% for each post filled on this basis.

Notwithstanding these efficiencies there remain significant workforce pressures that will occur as trainee numbers reduce. There are also significant risks within the Consultant workforce associated within changes in pension taxation regulations from April 2012, which may result in a significantly increased level of retirements.

### **Nursing and Midwifery Workforce Change 2011-12**

The nursing workforce consists of two main groupings; the registered workforce employed on agenda for change band 5 and above and non-registered nursing employed on agenda for change bands 1-4. Within these groupings there are the following areas:

- Paediatrics
- Adult General
- Mental Health
- Learning Disability
- Midwifery

## Historical Workforce Growth

The following figure details growth within the nursing workforce between 2001 and 2010.

Figure 5 – Nursing workforce growth (2001-10)

2001	2010	Increase(wte)	Increase %
7,731	8,870	1,139	15%

Source – ISD Scotland

## 2011-12 Efficiency and Productivity Savings

The overall nursing efficiency and productivity target for nursing is £14.16m for the 2011-12 financial year. There has been a very detailed 'bottom up' process for the identification of savings which has identified £13.7m in savings to date, with work underway to ensure that the deficit of £431k is met in full.

Within nursing there has been considerable activity over the last 2 years in rolling out national workload tools, which help to identify the required establishment within a clinical area. To date only the only fully implemented tool is covers adult acute areas, the largest area of the nursing workforce. The savings identified have been identified in-line with the outputs from applying the tool and have been judged by professional leads to be appropriate. Where tools are not fully implemented yet savings have also been confirmed as being achievable, whilst maintaining safety and effectiveness.

### Main themes

In excess of 100 areas for savings have been identified as part of the 'bottom up' planning process within Clinical Management Teams and CHPs, the following are some of the main themes identified:

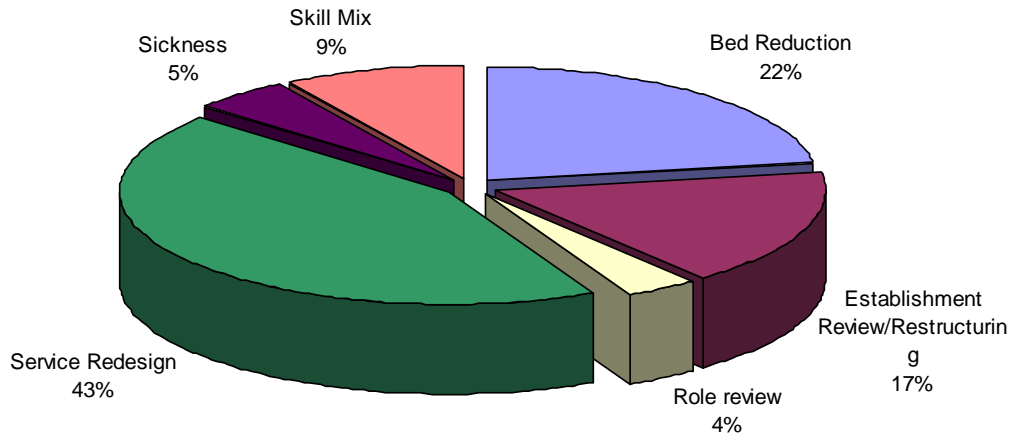
- Reductions in the number of posts through the redesign of services - £5.28m.
- Reduction in the number of beds, through revised models of care – £2.7m.
- Reduction in nursing establishments through the restructuring of the workforce and patterns of work – £2.01m.
- Introduction of increased skill mix reflecting patient need - £1.07m.
- Reduction in the level of predictable allowance for sickness absence of 1% within the Acute Division - £563k.
- Review of roles, including review of job plans for specialists - £436k.

The following figure details the proportion that each of these areas represent of the overall savings identified.



Figure 6 – Distribution of savings (2011-12)

### Nursing Efficiency & Productivity Savings by theme



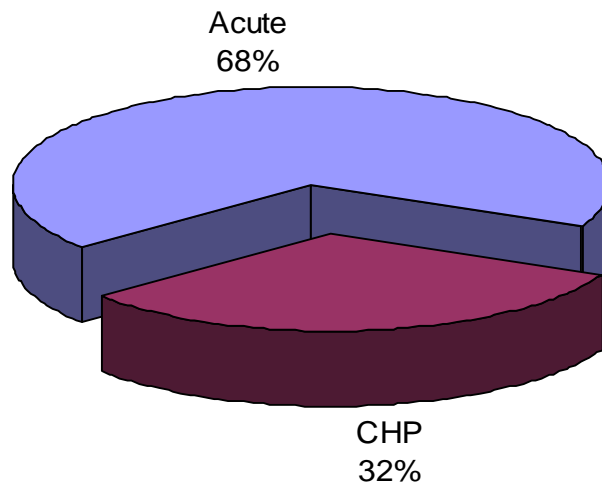
There are also corporate level savings targets within nursing aimed at reducing the utilisation of supplementary staffing through reducing sickness absence, more effective management of annual leave and staff deployment.

- Elimination of agency usage with the exception of complex care, this will represent a saving of £100k
- Target reduction of 20% in bank nursing, this is equivalent to £2.9m.

The following figure details the distribution of savings between the Acute Division and CHPs.

Figure 7 – Distribution of savings by area (2011-12)

### Efficiency & Productivity Savings Distribution



As with all areas within the NHS Lothian workforce there is a policy of no compulsory redundancies and reductions are made through either natural turnover or through the redeployment of staff. Whilst there are robust vacancy controls in place all front-line Band 5 nursing and 6 midwifery posts can be filled as they arise maintaining front-line care

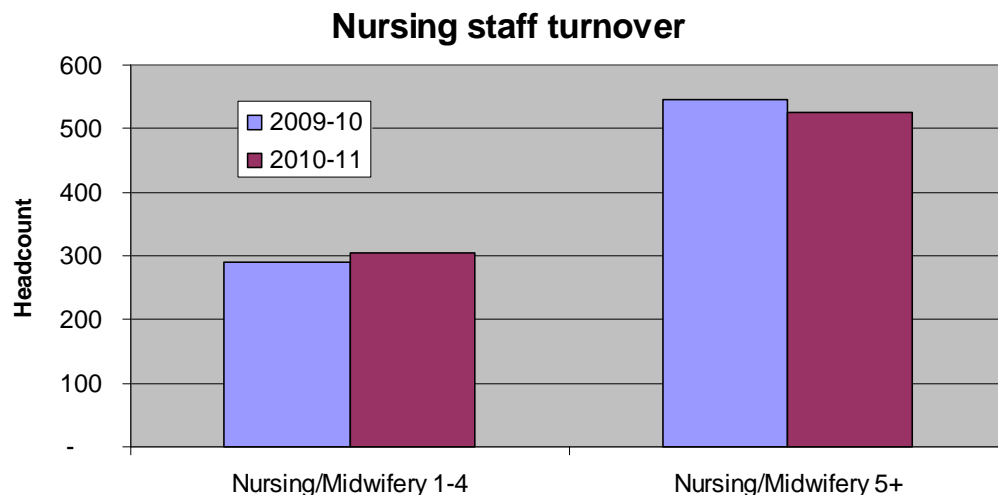
### Staff Turnover

The following two figures detail the staff turnover within Nursing in 2010 to 2011 within nursing by Agenda for Change band and how this compares with the previous year.

Figure 8 – Nursing workforce leavers (2010-11)

Band/Medic Type	Nursing & Midwifery 2010-11
Band 2	283
Band 3	19
Band 4	2
Band 5	356
Band 6	118
Band 7	43
Band 8A+	8
<b>Total</b>	<b>829</b>

Figure 9 – Comparative turnover 2010 V 2011



This is almost exactly the same as in 2009 to 2010 (down 5 headcount), with turnover reducing in band 3,4 and 5 posts only whilst there have been modest increases in all other bands.

Whilst the level of efficiency and productivity savings targets for 2011-12 are substantial the level of leavers during the course of the year still considerably exceeds the number of post reductions required.

### **Allied Health Professions (AHPs) Change 2011-12**

The Allied Health Professions workforce consists of a number of individual professional groups, each with a mix of registered and non-registered staff. This workforce is subsequently split according to Agenda for Change Bands into a registered component (Bands 5+) and a non-registered component (Bands 2-4). Within this workforce the following professions are included:

- Occupational Therapy
- Speech and Language Therapy
- Dietetics
- Physiotherapy
- Orthoptics
- Orthotics
- Radiography
- Art Therapy
- Podiatry

The workforce is made up largely of registered staff with the current skill mix across the whole of the AHP workforce at 88:12 (Reg:No-reg). Approximately 60% of the workforce is employed on a full time basis and the vast majority (circa 90%) of the total workforce are female.

### **Historical Workforce Growth**

The following figure details growth within the AHP workforce between 2001 and 2010.

Figure 10 – AHP workforce growth (2001-10)

<b>2001</b>	<b>2010</b>	<b>Increase(wte)</b>	<b>Increase %</b>
1,173	1,435	262	22%

Source – ISD Scotland

### **2011-12 Efficiency and Productivity Savings**

The overall efficiency and productivity target is to reduce workforce costs by £3.6M over two years through reducing workforce numbers and introducing increased skill mix. This will ensure consistency in service delivery and provide and enhanced development opportunities for the non registered workforce. More specifically this will involve:

- AHP services across NHS Lothian will move to a 75:25 skill mix (reg: non reg) in line with the nursing workforce.
- 15% reduction in Band 7/8s across NHS Lothian
- De-layering of management structures
- Dietetics, Speech and Language, Podiatry to be managed as a single service
- Management of AHPs in “hosted services” to be integrated into core AHP services
- Ensuring full utilization of Band 5 AHPs’ roles to maximize efficiency and effectiveness
- Re-establish the role, structure and sustainability of hospital therapy services which will in turn support the shift in balance of care

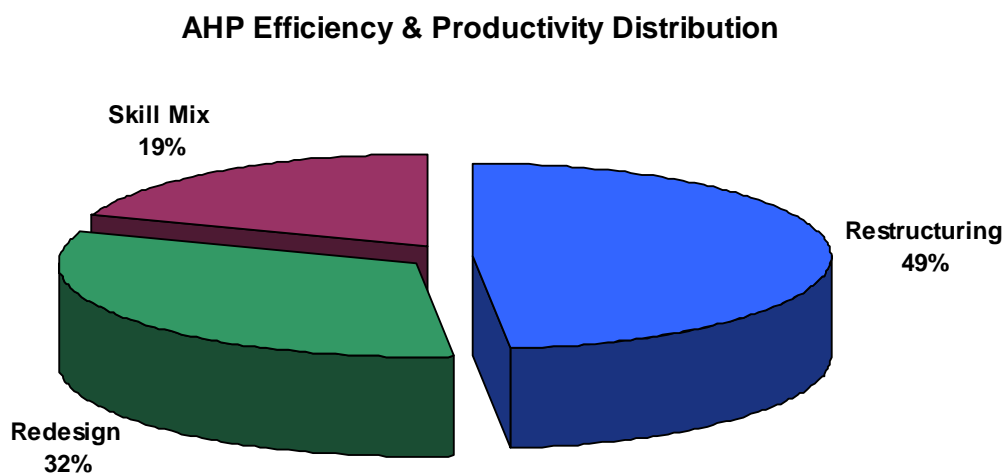
### Main themes

Through the analysis of efficiency and productivity returns it has been possible to group the identified savings into broad categories. The following are some of the main themes:

- The restructuring of the workforce and current patterns of work – £839,232
- The reduction in the number of posts through the redesign of services - £558,572
- The introduction of skill mix changes in line with patient need - £334,741

The distribution of identified savings is shown the following pie chart.

Figure 11 – Distribution of Savings by Theme



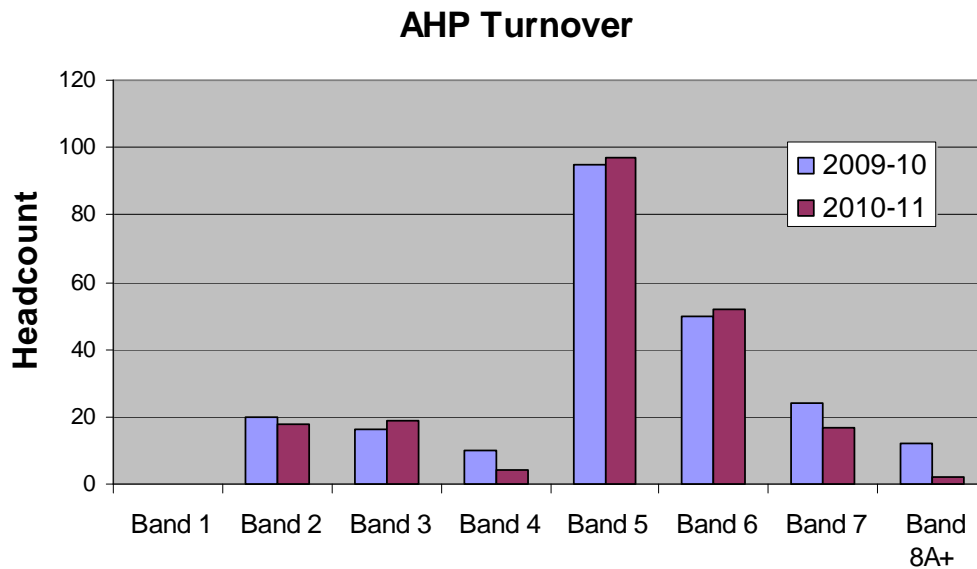
## Staff Turnover

The following two figures detail the number of leavers in the last 2 years by Agenda for Change Band. While the overall number of leavers in 2010/11 is down on the previous year, this is not true for every band as the table also demonstrates.

Figure 12 – AHP Workforce Leavers (2009/10 and 2010/11)

AHP Leavers/ Band	2009-10	2010-11
Band 1	0	0
Band 2	20	18
Band 3	16	19
Band 4	10	4
Band 5	95	97
Band 6	50	52
Band 7	24	17
Band 8A+	12	2
<b>Total</b>	<b>227</b>	<b>209</b>

Figure 13 – Comparative turnover 2010 V 2011



The levels of staff turnover has reduced by 10% with increases in bands 3, 5, and 6 offset by decreases in bands 4, 7 and 8+.

## Healthcare Sciences (HCS) Change 2011-12

Healthcare Scientists (HCS) cover 49 disciplines within 3 major groupings: Life Sciences, Physical Sciences and Physiological Sciences. Within these groupings there are a range of subspecialties with their own distinct characteristics. This was recognised as part of the UK wide initiative Modernising Scientific Careers, which set out how proposals on career pathways, regulation and standards of education and training, education and training programs and on supporting delivery.

### Historical Workforce Growth

National figures are not available on the growth of the HCS workforce over the last 10 years due to changes in the way in which staff are categorised, however it is clear that there has been significant growth as within the workforce overall. The following figure details the growth within this workforce between 2008 and 2010, for which national information is available.

Figure 14 – HCS workforce growth (2008-10)

2008	2009	2010	Increase(wte)	Increase %
817	834	849	32	4%

Source – ISD Scotland

### 2011-12 Efficiency and Productivity Savings

The overall Healthcare Science efficiency and productivity target is £1.1m for the 2011-12 financial year. There has been a very detailed 'bottom up' process for the identification of savings which has identified £1.02m in savings to date, with work underway to ensure that the deficit of £98k is met in full.

The HCS workforce is concentrated within the Acute Division, and is focussed on the Royal Infirmary, Western General and St John's sites.

### Main themes

The following section highlights some of the main themes identified as part of the work to date:

- Reduction in HCS establishments through the restructuring of the workforce and patterns of work - £544k
- Reductions in the number of posts through the redesign within Biochemistry, Haematology and Pathology services – £359k
- Reduction in staffing costs through changes in working patterns and practices - £80k

- Clinical developments and better use of technology to enable a skill mix change over the next two years - £39.6k

Other initiatives include the introduction of Laboratory Trainee Scheme, which will support significant skill mix and provide a career pathway for support workers in laboratories.

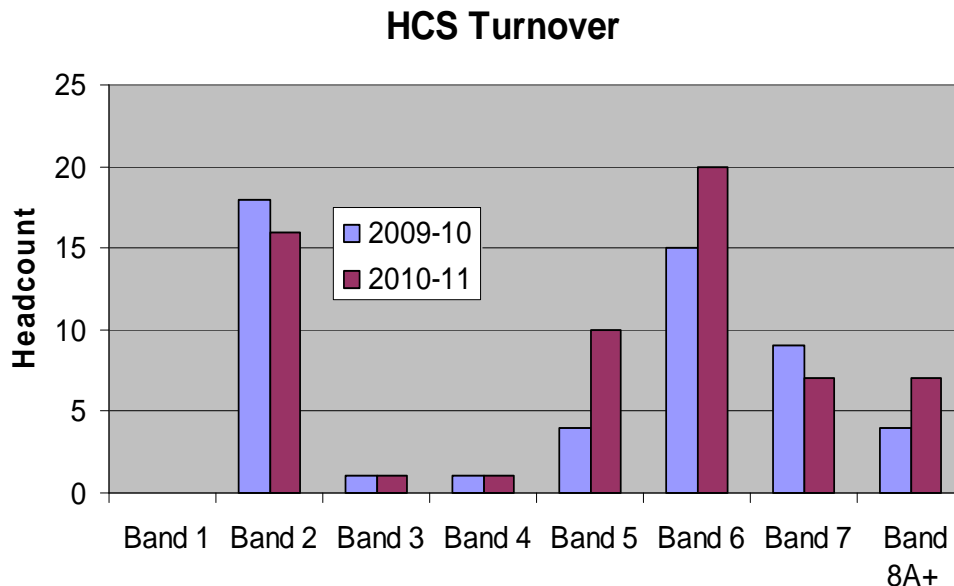
### Staff Turnover

The following two figures detail the staff turnover within HCS in 2010 to 2011 within nursing by Agenda for Change band and how this compares with the previous year.

Figure 15 – HCS workforce leavers (2010-11)

Band/Medic Type	2010-11
Band 1	0
Band 2	16
Band 3	1
Band 4	1
Band 5	10
Band 6	20
Band 7	7
Band 8A+	7
<b>Total</b>	<b>62</b>

Figure 16 – Comparative turnover 2010 V 2011



Staff turnover has increased by 19% on 2009-10 however this represents only 10 headcount as turnover within the HCS workforce is typically very low and is in the main linked with retirements.

## Administrative Services Change 2011-12

The Administrative Services job family covers a diverse workforce ranging from patient services to corporate support departments such as Planning. Whilst this area of the workforce does not provide direct clinical care it is however key in supporting service delivery. The following figure details the split between these areas.

Figure 17 – Distribution of Administrative workforce

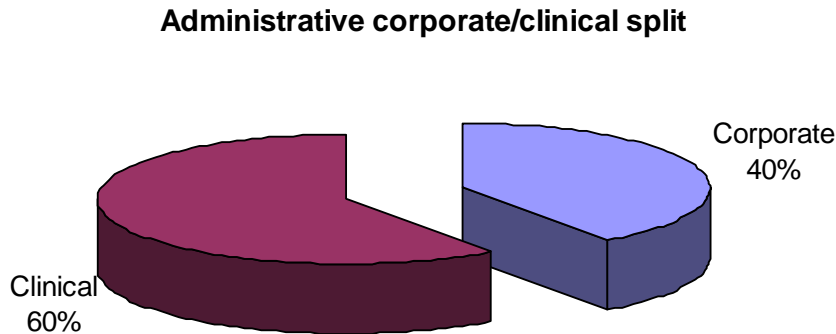


Figure 18 – Administrative workforce growth (2008-10)

2001	2010	Increase(wte)	Increase %
2,721	3,045	324	12%

Source – ISD Scotland

Whilst this area of the workforce has not increased to the extent of the clinical staff groupings it has grown steadily over the last 10 years. Much of this growth has been in areas such as e-health where there has been growth to support the huge growth in clinical and non-clinical information systems and the wider growth in information technology.

NHS Lothian however has acknowledged that a key priority is maintaining safe and effective front-line services and consequently there has been a strong focus on achieving savings within this area of the workforce.

In 2010 there was a reduction of 214wte against a savings target of 124wte.

### 2011-12 Efficiency and Productivity Savings

The overall efficiency and productivity target for administrative services is £3.2m for 2011-12, equivalent to a reduction of 141wte. Within this overall



target there is a weighting towards corporate areas where the target is 10%, therefore the target for clinical support areas is below 5%.

### Main themes

The following section highlights some of the main themes identified through planning to date:

- Reduction in establishments through the restructuring of the workforce and patterns of work - £1.4m
- Reduction in workforce through benefits realisation of information technology implementations - £235k
- Income generation through providing services to other organisations - £187k
- Reductions in the number of posts through the redesign of services – £182k
- Reduction in staffing costs through changes in working patterns and practices - £22k

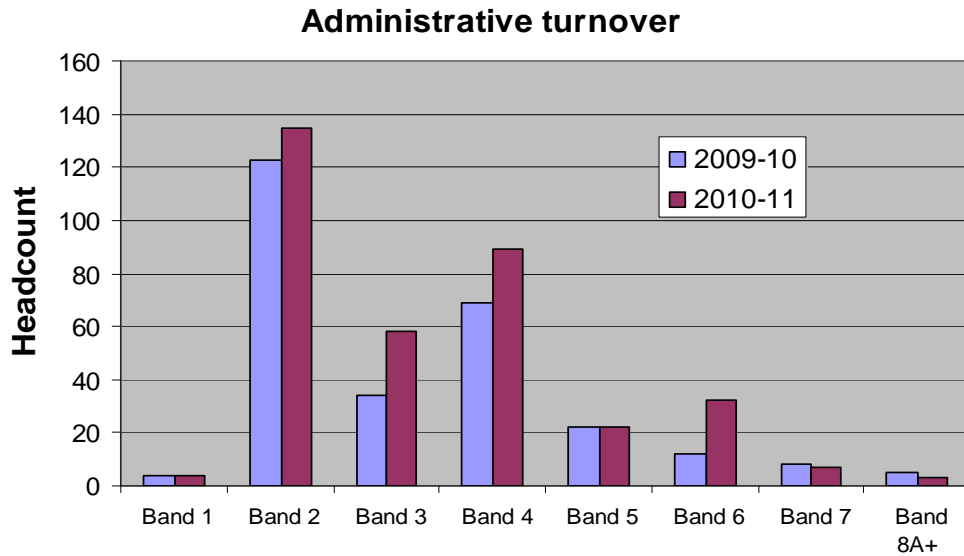
### Staff Turnover

The following two figures detail the staff turnover within Administrative workforce in 2010 to 2011 within nursing by Agenda for Change band and how this compares with the previous year.

Figure 19 – Administrative workforce leavers (2010-11)

Band/Medic Type	2010-11
Band 1	4
Band 2	135
Band 3	58
Band 4	89
Band 5	22
Band 6	32
Band 7	7
Band 8A+	3
Total	350

Figure 20 – Comparative turnover 2010 V 2011



The level of staff turnover within this area of the workforce has increased by 26% on the previous year. Change is most notable at band 2,4 and 6 and demonstrates that whilst the employment market locally has been challenging there remain significant opportunities within the private sector.

### Executive and Senior Managers Change 2011-12

As part of the Scottish Parliamentary campaign the current Government made a manifesto commitment to reduce the number of senior managers within the NHS in Scotland by 25 % over the parliamentary term. This refers to those staff employed on executive and senior managers terms and conditions. In addition NHS Lothian have given a commitment to reduce their managerial posts by 10% over the two year period 2010-12. These staff are integrated with the data for other job families, however from analysis there were 1089.64 wte managers/team leaders in this cohort on 1<sup>st</sup> April 2010. NHS Lothian intend to reduce this figure by 109wte by March 2012. As at 1<sup>st</sup> of April 2011 achieved a 50.44wte reduction had been achieved. This has been achieved through merging teams, streamlining managerial arrangements and structures.

### Historical Workforce numbers

Figure 21 – Executive and Senior Managers workforce reduction (2008-10)

2007	2008	2009	2010	Increase(wte)	Increase %
250	198	185	169	-81	-32%

Source – ISD Scotland

Historical trends on the numbers of staff on Executive and Senior Managers pay terms and conditions are not available. However the table details the downward trajectory within Lothian, however part of the reduction of numbers in 2009 to 2010 has been associated with the transfer of staff onto Agenda for Change terms and conditions.

### **2011-12 Managerial reduction**

In 2010–11 NHS Lothian staff achieved almost 50% of the 25% reduction target(43.3wte). The anticipated savings for this group is incorporated into the Administrative targets figure. Given that many of staff within this area are from specialist professional areas there is limited capacity to redeploy staff and as a consequence turnover is likely to be achieved through a combination of retireals and natural turnover.

### **Support Services Change 2011-12**

The Support Services workforce consists of a number of individual groups with the majority of the workforce attributed to Agenda for Change Bands 1-4. Within this workforce the following service areas are included:

- Domestic Services
- Catering
- Portering
- Estates
- Hotel Services
- Laundry/ Linen services
- Sterile Services
- Security
- Transport Services

The Support Services workforce is mainly employed on a part time basis with only 35% working on a full time basis. The gender profile of the overall workforce suggests that 52% of the workforce is female.

### **Historical Workforce Growth**

The following figure details growth within the Support Services workforce between 2001 and 2010.

Figure 22 – Support services workforce growth (2008-10)

<b>2001</b>	<b>2010</b>	<b>Increase(wte)</b>	<b>Increase %</b>
1,578	1,950	371	24%

Source – ISD Scotland

## 2011-12 Efficiency and Productivity Savings

There has been some detailed work undertaken across support services in identifying savings from a 'bottom up' approach. This has resulted in an overall efficiency and productivity target of £4m, through the following work streams:

- The rationalisation of Catering Services
- A review and subsequent rationalisation of the facilities structure
- Security, Portering and Domestic Service redesign
- Work targeted at achieving a reduction in sickness absence
- A review of the on-call arrangements and shift patterns.

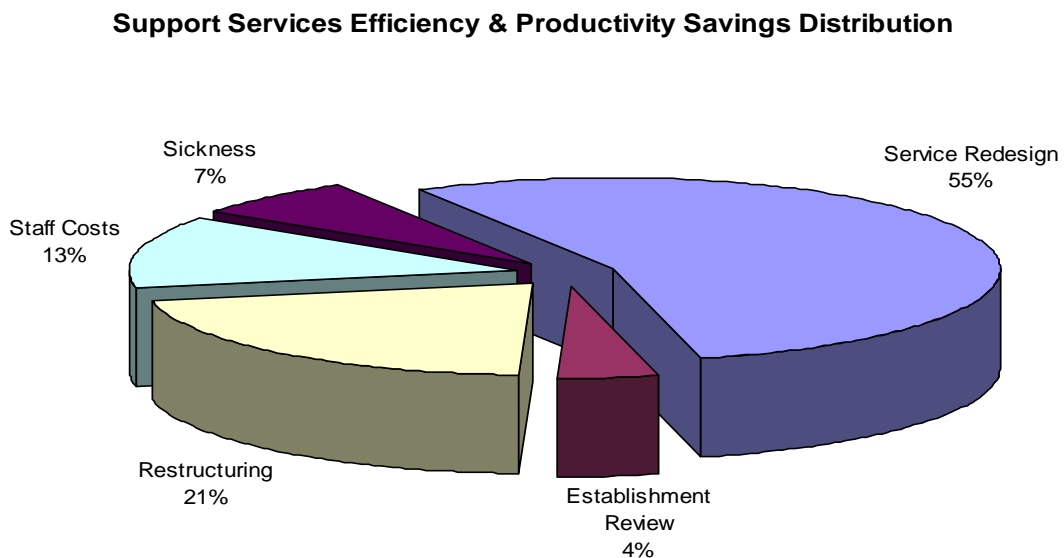
The support services savings target covers all job families within the Facilities Directorate support services and it is not possible to isolate by individual job family.

### Main themes

The following are some of the main themes that have been identified as the main areas for workforce reductions:

- Redesign of services - £870k
- Restructuring within the workforce - £340k
- Reduction in staffing costs associated with out of hours - £205k
- Reducing sickness absence - £110k
- Review of workforce establishments - £68k

Figure 23 – Distribution of Efficiencies by theme.



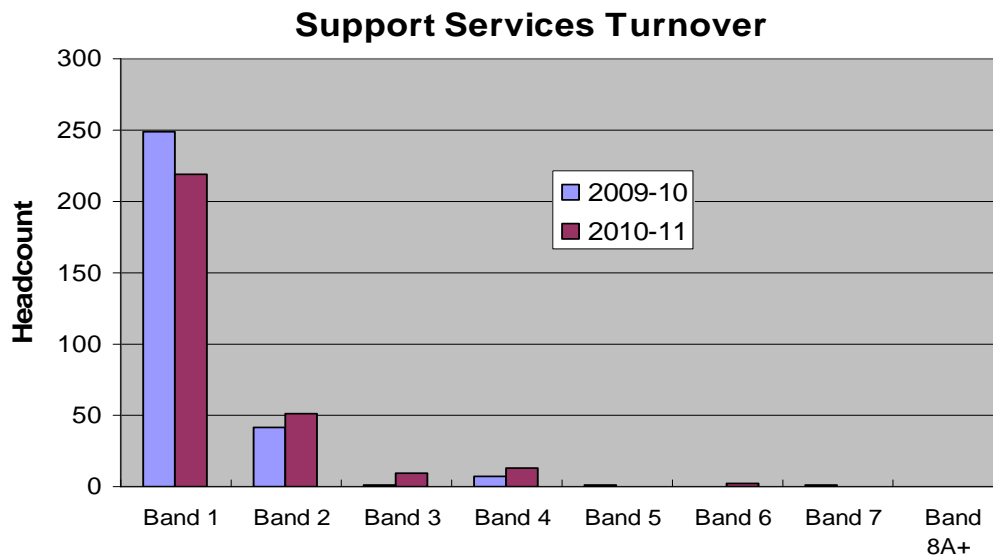
## Staff Turnover

The following two figures detail the number of leavers in the last 2 years by Agenda for Change Band. This shows that overall the number of leavers reduced during 2010/11 compared to the previous year.

Figure 24 – Support Services Workforce Leavers (2009/10 and 2010/11)

Support Services Leavers/ Band	2009-10	2010-11
Band 1	249	219
Band 2	42	51
Band 3	1	9
Band 4	7	13
Band 5	1	0
Band 6	0	2
Band 7	1	0
Band 8A+	0	0
<b>Total</b>	<b>301</b>	<b>294</b>

Figure 25 – Comparative turnover 2010 V 2011



Whilst turnover has increased slightly in Bands 2,3,4 & 6 this has been offset by a significant reduction within band 1.

## Career Pathways Development

NHS Lothian is currently partaking in a pilot study led by NHS Education for Scotland (NES) to map the current skill sets across the whole of the Support

Services workforce with a view to then putting in place the required training and development arrangements that will underpin and promote career development and advancement.

The outcomes from this pilot study along with any recommendations will be reported later in the year and are likely to inform workforce planning for support services in the future.

### **Pharmacy Services Change 2011-12**

The NHS Lothian Pharmacy strategy was published in 2010 and set out five key themes:

- Improving the patient experience
- Safe Systems
- Efficiency
- Developing the Pharmacy workforce
- Innovation and development

The strategy also contained detailed streams aligned against these themes which are aimed at improving both the pharmacy service and workforce whilst improving efficient and effectiveness.

### **Historical Workforce Growth**

Figure 26 – Pharmacy workforce growth (2008-10)

2008	2009	2010	Increase(wte)	Increase %
272	284	290	18	7%

Source – ISD Scotland

Given changes in classifications associated with Agenda for Change it is not possible to go back further than 3 years using nationally available information. The workforce has however grown over last three years as posts that had proved very difficult to recruit to have been filled as the wider pharmacy employment market has contracted.

### **2011-12 Efficiency and Productivity Savings**

The overall efficiency and productivity target for pharmacy services is £0.56m for 2011-12, all of which have been identified. The Pharmacy strategy has greatly assisted the efficiency and productivity planning process as there already plans in place as part of the strategy.

### **Main Themes**

The following are the main themes that have been identified as areas for workforce reduction and savings.

- Workforce redesign - £220k
- Review of establishments and vacant posts - £170k

➤ Service redesign - £83.6k

Within these themes there are a number of workstreams such as the review of medicines management and information services, the review of stores and distribution. Whilst there will be a limited reduction in the workforce associated with vacancy review the main focus is around service and workforce redesign to release efficiencies.

### **Staff Turnover**

In 2010 Staff turnover within the pharmacy workforce was approximately 7%, half of which were associated with the completion of fixed term contracts.