



NHS Lothian

Workforce Plan

April 2006

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Overview

This Workforce Plan follows on from the publication of the NHS Lothian Workforce Baseline Report in April 2005, the purpose of which was to identify the high-level workforce characteristics of NHS Lothian in comparison to the rest of Scotland and NHS organisations in the South East Region. It also builds upon and compliments the first SEAT Regional Workforce Plan published in February 2006, developed in partnership with our colleagues in NHS Fife and NHS Borders and the Scottish Ambulance Service. Together they represent a step change in workforce planning within NHS Lothian and the SEAT Region.

This plan builds upon those previous reports and continues the development of our capacity and capability in modelling future workforce requirements. However it should be recognised that this is only a start: modelling the future workforce in what is an extremely complex and dynamic environment within the NHS in Lothian is a difficult and demanding task. However workforce planning is essential if we are to secure the trained and motivated people we require to deliver the high quality clinical services to our population and deliver the vision for the future of the NHS in Scotland set out in 'Delivering for Health'. This plan takes the next step on from the Baseline Plan; it sets out a methodology and an organisational process to ensure workforce planning becomes established within NHS Lothian.

Workforce planning is only one strand of the NHS Lothian Human Resources Strategy. Developed in partnership with our staff side colleagues the strategy identifies six main priority areas: recruitment and retention, workforce and organisational development, reward and recognition, enhancing the working environment, communications and workforce planning. Whilst workforce planning sets the future workforce agenda for NHS Lothian it is only by delivering on all these priorities will ensure we continue to retain and recruit highly skilled and motivated staff. The Human Resources Strategy and this Workforce Plan confirms we are moving in the right direction.

Professor James Barbour
Chief Executive
NHS Lothian

1 Introduction

NHS Lothian faces an exciting and challenging future. The publication of 'Delivering for Health' in 2005 has set a vision for the NHS in Scotland which will mean a fundamental shift in how healthcare is delivered, one in which healthcare is delivered 'quicker, more personal and closer to home'. This vision will require a step change in how healthcare is delivered and a step change for many of our workforce. However it is a change that I believe we are well placed to deliver and indeed in some aspects are already delivering. Many of the necessary foundations are in place, such as:

- ❖ Major service redesign and reprovision projects including 'Improving in Care: Investing in Change' which incorporates Better Acute Care in Lothian, Improving Mental Health and Well Being and Service for Older People, which are consistent with 'Delivering for Health'
- ❖ Plans to complete the implementation of Agenda for Change, the final element of the Pay Modernisation agenda, by December 2006
- ❖ The restructuring of NHS Lothian, specifically the creation of the Community Health Partnerships and the close working relationships with local government colleagues in delivering a joint agenda
- ❖ A Human Resources Strategy and Learning Plan which provide the strategic framework and direction required to deliver the workforce agenda
- ❖ An excellent and constructive relationship with our staff and staff side representatives supported by the role of Employee Director

This NHS Lothian Workforce Plan builds upon the NHS Lothian Baseline Plan 2005 and the first regional SEAT Workforce Plan produced in January 2006. This plan focuses upon the future workforce requirements of NHS Lothian and identifies the direction of travel we require to take to ensure we can deliver the clinical services the population of Lothian require. However many major changes are still in progress: for example implementation Agenda for Change and the detail of the specialist training component of Modernising Medical Careers and the wider medical workforce will become clear in the course of 2006. We must therefore see this Workforce Plan as a 'live' document, a tool that will help support and inform workforce planning at Board, Regional and National level and one that sets out a clear direction of travel for workforce planning and development.

This Plan sets out the wider context within which workforce planning takes place. It identifies the main drivers for change and their likely impact upon the workforce. Specifically it assesses the impact these have upon the supply and demand of the various staff groups that make up our workforce. Lastly it sets out the key actions we will be taking over the course of 2006-7 to ensure we meet the workforce challenges.

In conclusion, I believe that in NHS Lothian we have a highly skilled and dedicated workforce that delivers the highest quality clinical care to the population of Lothian and, in many cases, Scotland. The aim of this workforce plan is to ensure we continue to retain and recruit a high calibre workforce that can help us to deliver the vision of healthcare described in Delivering for Health.

Jim McCaffery
Director of Human Resources and Organisational Development
NHS Lothian

2 Context

2.1 National Policy Context

2.1.1 'Building a Health Service Fit for the Future' and 'Delivering for Health'

'Delivering for Health' and 'Building a Health Service Fit for the Future' provide a clear strategic direction for the future provision of health care services in Scotland. They provide the most important direct indicator for workforce supply and demand imperatives. 'Delivering for Health' sets out a set of major 'shifts' in how healthcare is delivered in Scotland, specifically:

- ❖ Improved preventative medicine
- ❖ More continuous care in the community
- ❖ Targeting of resource and anticipatory care to those at greatest risk
- ❖ Strengthening local services
- ❖ More support for self care
- ❖ More intensive case management for individuals with long term conditions
- ❖ More capacity for local diagnosis and treatment
- ❖ Reduction in unscheduled hospital admissions
- ❖ Manage hospital admissions and discharges better

The above sets the agenda for change to the workforce locally, regionally and nationally, and for the need to improve the effective use of staff generally.

The requirement is for improvements to health care, and productivity, and the expectation that the change will:

'Lead to increases in the diagnostic and treatment services available in local communities, and an end to unacceptable waits for more complex treatments. Our hospital services will work differently, with better rehabilitation and faster transfer back home or to community care services'

The *National Workforce Planning Framework 2005* focuses on improving the efficiency and effectiveness of the NHS Scotland workforce. It identifies the future workforce profile, and the changes to working practices, education, training and regulation necessary to meet the agenda set out by Delivering for Health.

Professor Kerr's earlier report, 'Building a Health Service Fit for the Future' provides indicators to the change required in the workforce in order to deliver this agenda and makes reference to three specific areas of workforce change necessary to deliver future health services:

- ❖ Rota redesign e.g. fewer tiers of cover, introducing cross cover between specialties or designing rotas including professionals other than doctors
- ❖ New or extended roles for nurses, allied health professionals etc
- ❖ Service redesign – new ways of delivering out of hours care, exploiting new technologies etc.

The policies and direction of travel set out in these documents, specifically the focus on service redesign, provides the basis for anticipating future workforce demand, and for identifying and implementing wide ranging and innovative but affordable strategies for recruiting, retaining and developing the staff we will require to satisfy those demands.

'*Delivering for Health*' lays out a clear Action Plan for the NHS in Scotland:

<p>Reduce the health gap (the inequality in life expectancy across Scotland)</p>	<ul style="list-style-type: none"> • Developing and delivering anticipatory care for those 'at risk' wherever they live • Increasing health care services delivered in disadvantaged communities
<p>Enable people with long-term conditions to live healthy lives</p>	<ul style="list-style-type: none"> • Increasing support for self care • Anticipating the needs of vulnerable people • Identifying those people at greatest risk of hospital admission and providing them with earlier care to prevent deterioration of health and reduce emergency admissions
<p>Establish new health and social care services in communities</p>	<ul style="list-style-type: none"> • Prioritising investment in local services, including Community Health Centres that deliver diagnostic and day-case treatment • Developing practitioners with extended roles • Fully utilising the skills of all professionals through stronger teamwork in Community Health Partnerships
<p>Accelerate improvements in mental health services</p>	<ul style="list-style-type: none"> • Identifying priorities for investment in a delivery plan that builds on our <i>Framework for Mental Health in Scotland</i>
<p>Build on recent progress on waiting times</p>	<ul style="list-style-type: none"> • Delivering our waiting time commitments for 2007
<p>Ensure that wherever people need care, their medical history is available to the service provider</p>	<ul style="list-style-type: none"> • Implementing a national information and communication technology system, including an Electronic Health Record
<p>Streamline unscheduled (emergency) hospital care</p>	<ul style="list-style-type: none"> • Delivering services locally in Community Casualty Units when it is safe to do so, and in well-resourced Emergency Centres when it is necessary to do so
<p>Separate planned from unscheduled care</p>	<ul style="list-style-type: none"> • Aiming to make day case surgery the norm

Finally *'Delivering for Health'* sets out requirements for workforce planning in the NHS to support the requirements of the plan and to make sure it can happen. These include:

- ❖ Implement the new training arrangements for doctors, *Modernising Medical Careers*, starting with the Foundation Programme Year 2 in August 2006
- ❖ Build on the publication of frameworks for role development in nursing and the AHPs, focusing on the development of key clinical roles that will support the delivery of actions on unscheduled care, long-term conditions, out-of-hours and emergency services, orthopaedic services and diagnostic waiting times
- ❖ Review nursing in the community to develop a framework to ensure that community nurses are equipped to provide significant input to the care and treatment of vulnerable people
- ❖ Ensure that nurses, midwives and AHPs are equipped with core skills and competencies to deliver a modern maternity service
- ❖ Agree new terms and conditions for Staff and Associate Specialist doctors to support their needs and maximise their contribution
- ❖ Work with NHS Boards to support service redesign through, for example, the 'Hospital at Night' initiative, which allows for sustainable and effective services
- ❖ Put in place a contractual framework for GP practices in 2006/2007 (and beyond) that helps deliver the priorities outlined in this plan

It is clear from *'Building a Health Service Fit for the Future'* and *'Delivering for Health'* that the changes to the NHS workforce are both the key drivers for change but also the focus for change if the vision for health services in Scotland, as described *'Delivering for Health'* are to be delivered. This Workforce Plan identifies the NHS Lothian workforce planning contribution to the agenda above.

2.1.2 Workforce Planning

'National Workforce Planning Framework 2005 – Guidance (HDL (2005) 52)' was published on 16th November 2005. It sets out the requirements of NHS Boards in the production and publication of workforce plans. It also provides guidance to support the production of the plans, the minimum intelligence and data set they should contain and confirms that Board Chief Executives are accountable for the delivery of these plans.

The Guidance also recognises that workforce planning is a challenging agenda and will be refined over the longer term and are constrained by a range of factors, not least the limitations of existing workforce information databases, and by the fact that workforce planning is still to be fully developed and 'bedded down' within the NHS in Scotland.

It identifies the importance of Board Plans in supporting the bottom up evidence based approach to assessing workforce demand nationally and in informing national decisions on training numbers and supply issues.

Board Workforce Plans are expected to develop over time to meet a number of requirements:

- ❖ Detail the diversity of the workforce and demonstrate progress against equalities legislation
- ❖ Reflect service priorities within *'Delivering for Health'*
- ❖ Take account of drivers for change which impact upon the workforce
- ❖ Take account of changes in workforce supply
- ❖ Project future workforce demand for each staff group
- ❖ Develop arrangements for applying tests of 'affordability, availability and adaptability'
- ❖ Identify actions required to secure predicted workforce requirements
- ❖ Identify actions required to improve workforce planning function
- ❖ Ensure workforce planning is a continuous process within the wider planning process

2.1.3 Productivity Improvements

'Efficient Government: Achievement of Time Releasing Savings Targets (HDL (2005) 51)' sets out the approach to be adopted by NHS Boards in achieving targets for sickness absence and increasing Consultants productivity. Nationally these will deliver time releasing

savings of £128.7m by 2007-8. Each Board has to develop and implement a Local Action Plan to deliver, as a minimum, the 4% sickness absence target and 1% increase in Consultant productivity target by 2008.

2.1.4 Student Nursing Intake Planning

The annual Student Nurse Intake Planning (SNIP) process has been in place for 10 years and is recognised as a key element in the nursing workforce planning. NHS Lothian has contributed through forming an assessment of the required number of registered nurses within the various registration categories and projecting forward 5 years based on known service developments. This has been collated on a national basis and modelled along with supply factors to determine the required intakes into education.

With the introduction of Board Workforce Plans the SNIP exercise has been incorporated as part of the wider workforce planning process. Given the timescales involved this year's Workforce Plan has taken the most recent SNIP projections for NHS Lothian and updated them based on returns from individual services. A more detailed data collection process, building on the approach used within the previous SNIP process will be developed and implemented in NHS Lothian for the next Workforce Plan.

2.1.5 Nursing and Midwifery Workload and Workforce Planning Project

The Nursing and Midwifery Workload and Workforce Planning Project report published by the Scottish Executive Health Department (SEHD) outlines 20 recommendations for action at local, regional and national level. The aim is develop a more systematic and standardised approach to Nursing and Midwifery Workload and Workforce Planning across Scotland. The appropriate size and mix of nursing and midwifery teams is a fundamental requirement for good quality care, quality of life and improving service efficiency and effectiveness. It is also crucial where service redesign is taking place, and for ensuring the impact of drivers that affect the nursing and midwifery workforce such as nGMS contract, Modernising Medical Careers is managed.

NHS Boards and in particular Board Nurse Directors are charged with implementing the relevant local actions, supported by regional workforce advisers. Board progress is monitored by the SEHD through 6 monthly action plans. A high level overview of progress to date against 5 broad areas of the report is outlined later in the Plan.

2.1.6 National Service Specific Workforce Planning

There are a number of national service specific reviews that provide invaluable information and direction of travel in terms of the workforce supporting those services. Some of these reviews are specifically looking at the workforce planning challenges, such as 'Getting the Right Workforce: Getting the Workforce Right – A Strategic Review of Child and Adolescent Mental Health Workforce' and 'Maternity Services Workforce Planning: A Baseline Report'. Others provide a wider service review but contain specific conclusions and recommendations about the workforce, such as the 'Capacity Review for Coronary Heart Disease Services – Angiography and Cardiac Revascularisation'. All these Reports provide a platform for further local work and enhance our understanding of both the Local and National agenda. Where appropriate these Reports are used to inform the production of Local and Regional service workforce plans.

2.2 NHS Lothian Workforce Planning Context

2.2.1 NHS Lothian

NHS Lothian Population Projections

Using projections from the General Register Office published in December 2005, we are able to identify, by health board area, demographic shifts and total population changes for the period until 2018. Figures 1 and 2 below clearly demonstrate the projected population increase in the Lothian health board area as opposed to the general Scottish trend of static and, in certain areas, decreasing population figures.

Figure 1: Lothian Health Board Area Population Projections

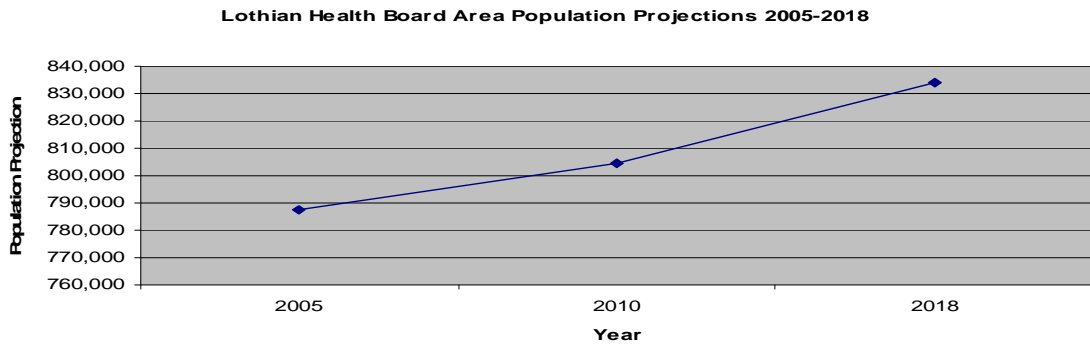
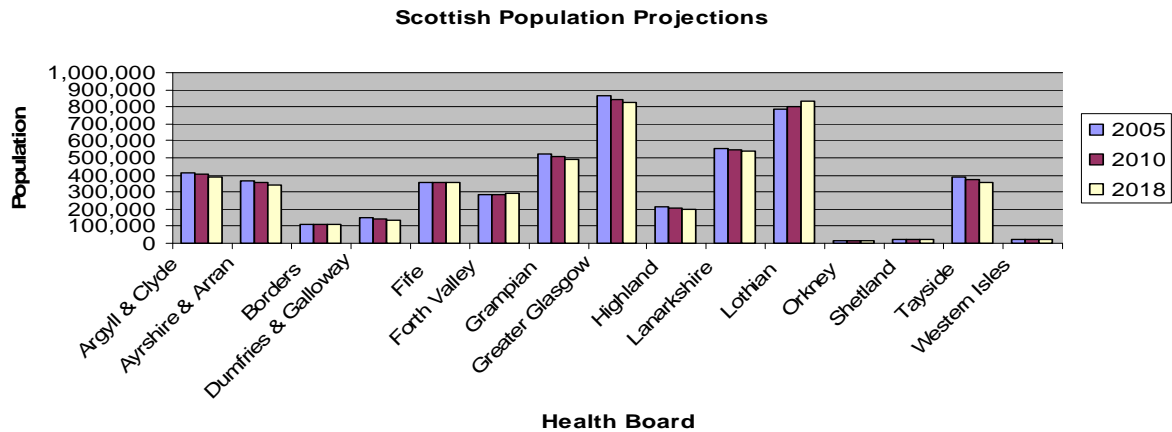
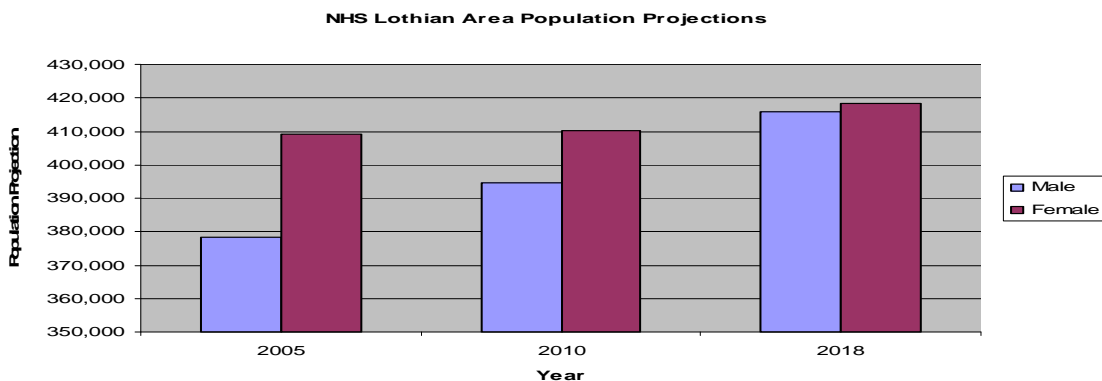


Figure 2: National Population Projections by Health Board Area



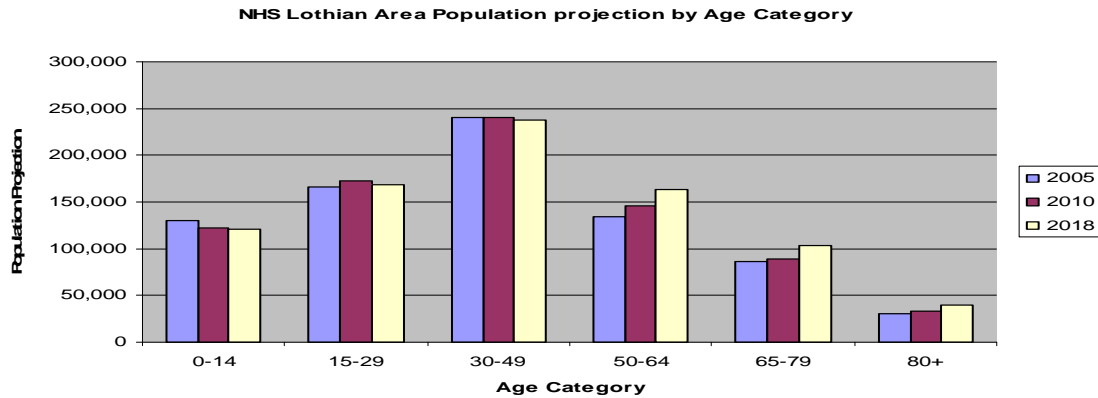
Within NHS Lothian, the male population is projected to increase 9.8% against a female population increase of 2.2% in the same timeframe. There is projected to be a Lothian-wide population increase of 5.9% against an overall Scottish population decrease of 1.9%.

Figure 3: NHS Lothian Population projections by Gender



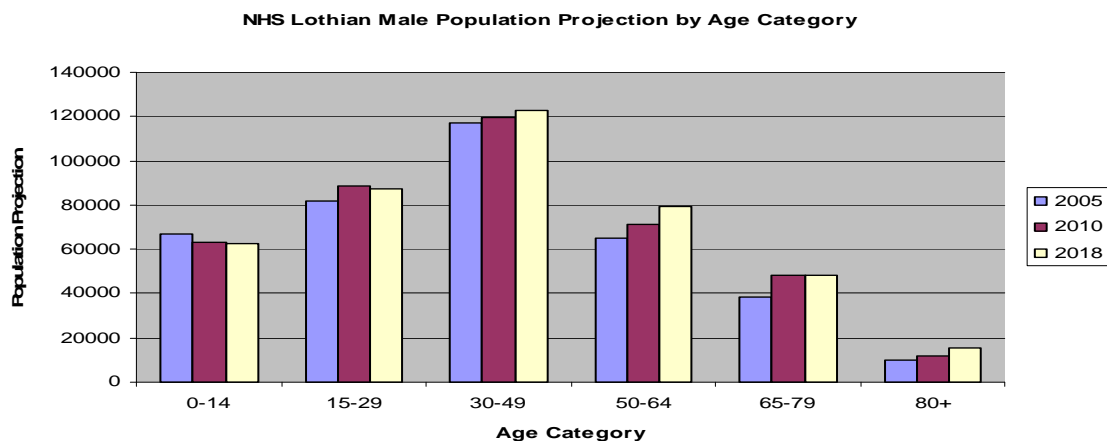
In line with most Scottish areas, population increases will occur primarily in middle-age and elderly populations. However, unlike many other health board areas, Lothian will witness a less dramatic fall in its younger working population. The ageing workforce and population will have major implications for future workforce and service planning respectively.

Figure 4: NHS Lothian Board Area Population Projections by Age Category



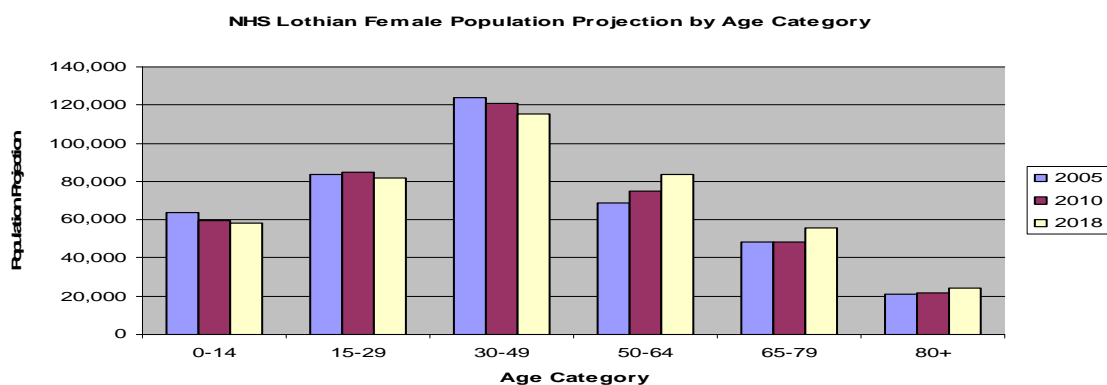
The male population in Lothian will follow the national trend; a decrease in births and younger workers alongside a substantial increase in retired and elderly groups. The male population will also increase in the key 30-49 age group. The 54% increase in males aged over 80 will have a major impact upon a range of clinical services across NHS Lothian.

Figure 5: NHS Lothian Board Area Male Population Projections



The female population in Lothian follows the national trend with decreasing numbers in all age categories from birth to 50. This trend will impact significantly on healthcare workforce planning as the NHS will be competing within an increasingly difficult labour market for the majority of new entrants. Unemployment in the Lothian health board area averaged 2.7% in November 2005 well below the Scottish unemployment of 3.8%. Again, in line with national projections, Lothian will witness a steady increase in its elderly female population.

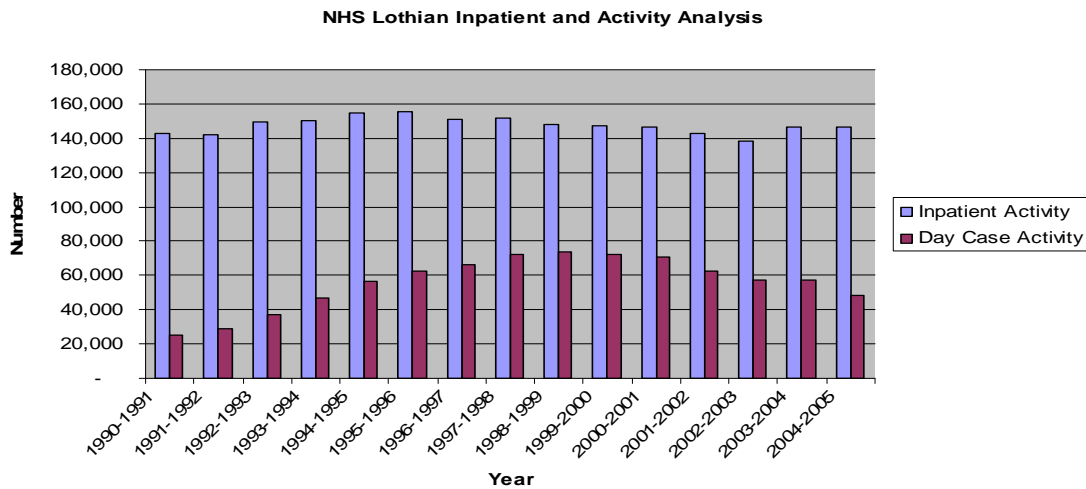
Figure 6: NHS Lothian Board Area Female Population Projections



Clinical Activity

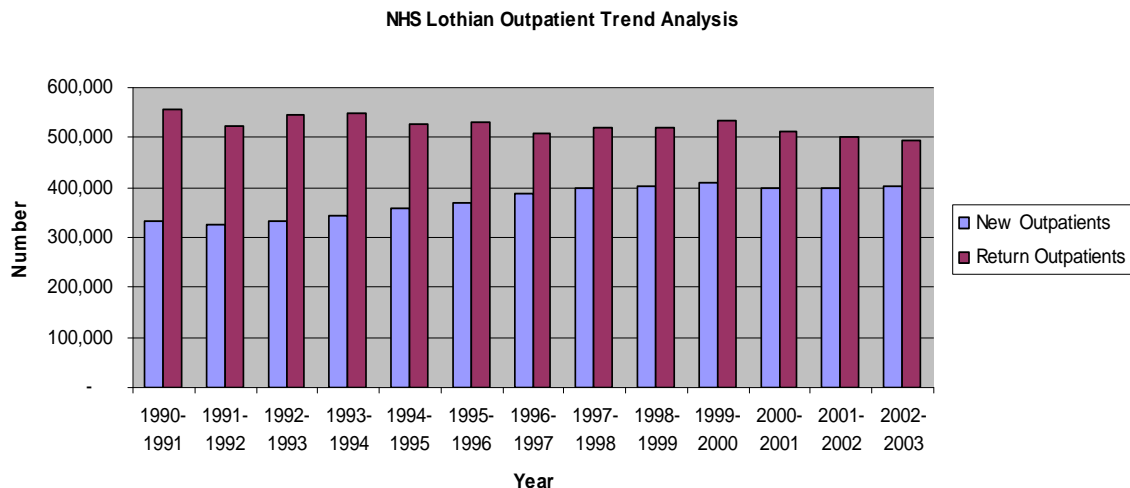
The pattern of healthcare delivery has altered dramatically in the period 1990 and 2005 illustrated below. Technological and clinical advancements have enabled greater degree of efficiency in identifying and treating patients as day case patients without the requirement of inpatient-based care. A resultant increase in day cases and reduction in the length of hospital inpatient bed occupancy is demonstrated in figure 7. Inpatient discharges have remained relatively stable during the timeframe illustrated below but has seen a significant decrease in the length of stay for acute hospital inpatients. After a period of growth in acute day case patients in the 1990s, day case activity has fallen from a 1999 high of 73,696 to 48,691 in 2005. Part of this decline is explained by the reclassification of activity in specialist areas such as gastroenterology, general medicine and general surgery.

Figure 7: NHS Lothian Inpatient Activity Analysis



New outpatient activity in NHS Lothian has increased almost 20% in the period from 1990 to 2003. In the same timeframe, return outpatients have decreased by 11%.

Figure 8: NHS Lothian Outpatient Trend Analysis

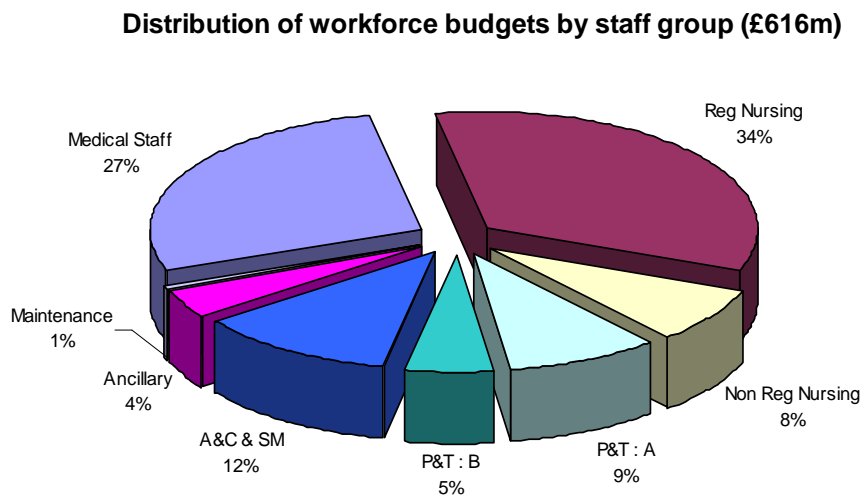


Workforce Financial Profile

Within NHS Lothian, from a total operating budget of c£1,000m staffing represents £616m (62%). This covers directly employed staff and does not include a range of healthcare workforce, including Independent Contractors such as GPs, Dentists and Community Pharmacists and those employed by external organisations providing services to the NHS such as Haden and Consort who provide a range of facility management services at the Royal Infirmary at Little France. Taking these into account it is estimated that overall workforce cost is closer to 70% of total income. More detail on these components of the wider workforce are provided later in the Plan

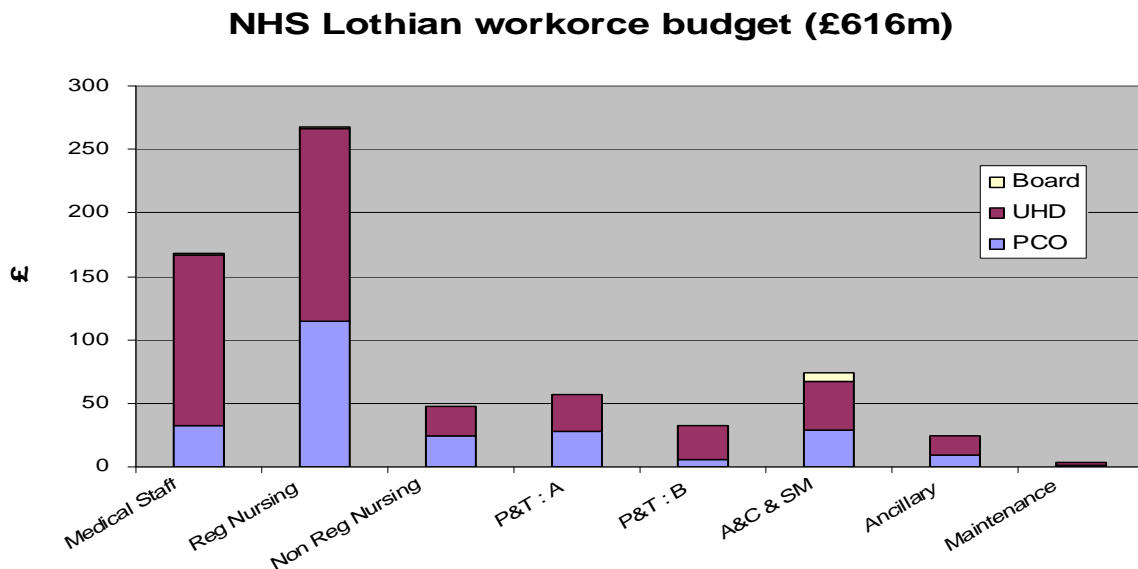
The following figure details the distribution of the 2005-6 paybill by staff group.

Figure 9: Distribution of NHS Lothian Staffing Budget by Staff Group



Approximately 84% (£514m) of the workforce budget is for clinical staffing, with 16% (£101m) for non-clinical staff, such as medical secretaries, domestic staff, catering staff and managers. The following figure details the distribution of overall group workforce budget by staff grouping. More detail on this is provided later in the plan.

Figure 10: NHS Lothian Workforce Budget



2.2.2 NHS Lothian Priorities - Local Delivery Plan

The Scottish Executive has established the Local Delivery Planning (LDP) process this year to replace the previous Performance Assessment Framework and a range of monthly management information returns.

As part of the Local Delivery Plan (LDP) process the Scottish Executive provided initial proposed trajectories for each of the 32 measures for the 28 targets. These were then used locally in conjunction with locally held information to produce a range of reports individual to each part of NHS Lothian, including CHP and Clinical Management Team Level within the University Hospitals and Primary Care Division.

LDPs will increase transparency in the NHS, indicating exactly what services and improvements patients can expect from the NHS. They contain a set of clear milestones supporting agreed objectives that monitor progress against modernisation and improvement of services locally. Progress nationally will be monitored by the SEHD Delivery Group that brings together the previous Waiting Times Unit, Centre for Change and Innovation, Performance Management and others.

Within the 4 key NHS Scotland Objectives containing the 28 targets, which are monitored through 32 measures, there are specific Workforce Targets within NHS Scotland - objective 2 - Efficiency and Governance Improvements – continually improve the efficiency and effectiveness of the NHS. These are meeting the targets of 4% sickness absence by 31 March 2008 and increase consultant productivity by 1% per annum over the next 3 years. NHS Lothian is aiming to exceed these targets. It aims to meet a sickness absence target of 4% for the Operating Division and 4.5% for the rest of NHS Lothian by the end of 2006-7 a year in advance of target. Similarly the NHS Lothian target for consultant productivity is 1.5%.

Meeting, or exceeding, all of the 28 targets will have an impact upon the workforce, now or in the future. Within NHS Lothian each Management Team has been asked to develop their own LDP to ensure the targets are achieved, identifying, with partnership involvement, individual responsibilities, timescales and actions required. Each Management team has an individualised LDP detailing expected performance levels and the actions that they will take to achieve the targets. For each action there is a lead individual, timescale and quantified benefit that each section contributes. The Workforce implications of the LDP will therefore be reflected within each of the service areas feedback regarding projected workforce changes. These are summarised later in this Plan.

The revised Human Resources Policy – Promoting Attendance, which has been developed in Partnership with Staff-side representatives, is supporting this reduction. The other elements in NHS Lothian will have a maximum of 4.5% for this period.

National Access and Waiting Times

NHS Lothian has successfully reduced waiting times for patients to be seen and treated. At the end of December 2004, almost 1,300 patients were waiting more than 26 weeks for inpatient or daycase treatment. By March 2005 this is reduced to 339, 22% ahead of the milestone agreed with the Scottish Executive and by the end of 2005 no patient was waiting more than 6 months.

Significant reductions have also occurred in the outpatient setting. In September 2004, when the first outpatient census was undertaken, over 13,000 patients were waiting more than 26 weeks in Lothian. By March of the following year just above 5,000, again significantly ahead of the target agreed with the Scottish Executive, were beyond this threshold. As has been the case with inpatients, since the start of this year, NHS Lothian has been able to report to the Executive no patient waiting over 26 weeks.

Wider workforce development initiated through pay modernisation has played a significant role in the improvement of waiting times and has supported service redesign and innovation.

The development of new roles in clinical practice has had a positive impact upon waiting times. For example AHPs and nursing staff are undertaking duties historically performed by doctors, contributing to an overall expansion in capacity in the system, ensuring patients are seen timeously and ensuring that patients are triaged to the most appropriate individual. One example of this is from this April a pilot will see orthopaedic referrals from one CHP assessed by a multidisciplinary team to ensure that patients are not inappropriately referred to orthopaedic surgeons and redirected promptly to other pathways, such as physiotherapy.

Another example has been the development of GPs with special interests across a range of specialties varying from Plastic Surgery to ENT and Dermatology within the secondary sector and applied this expertise in their practice. Moreover nGMS has increased capacity for treatment by supporting minor surgery in primary care.

The new Consultant Contract has also promoted service improvements and reductions in waiting times. For instance following the review of Job Plans within anaesthetics in 1 location in Lothian there has been an increase of 5 cases to 6 per session, a 20% increase. Equally expectations around clinic templates and adoption of clinical redesign processes such as common "pooled" lists have improved both capacity and fostered efficient management of those waiting to be seen.

2.2.3 NHS Lothian HR Strategy and Learning Plan

NHS Lothian has published its Human Resources Strategy following a significant consultation process with staff and staff representatives. It sets out the strategic Human Resource priorities for the next three years. It identifies 31 specific objectives grouped into six main priority areas, these are:

❖ Workforce Planning

Workforce planning assesses future staffing needs against service requirements and puts in place the recruitment, retention, and training and development strategies and infrastructures necessary to secure and sustain staffing requirements.

❖ Recruitment and Retention

Recruitment, Retention and Employee Service is designed to enable the organisation to attract, select, employ and support the workforce required to deliver modern National Health Services.

❖ Workforce and Organisational Development

Learning & Development - meets the development needs of the workforce and ensures the organisation is effective in linking workforce development to service planning and continuous modernisation. It ensures staff are supported to learn and develop throughout their careers.

Organisational Development - is the collective responsibility of the organisation to develop its staff, as individuals, teams and service groupings, to improve organisational performance in ways that benefit our clients, patients, workforce and wider community.

❖ Reward and Recognition

Ensuring a fair reward strategy for NHS Lothian and recognition for the work of all staff groups.

❖ Working Environment

Promoting a safe and improved working environment for all staff across NHS Lothian.

❖ **Communications**

Ensure a clear communications plan to ensure all staff are aware of national and NHS Lothian wide HR related developments. Enhance communication procedures and processes to support the development of an open, responsive and two way 'communicating' organisation and which are fully understood and trusted by all staff and stakeholders

Following publication of the HR Strategy a NHS Lothian Learning Plan was published in 2005. This outlines a range of specific actions to ensure NHS Lothian delivers the HR Strategy objectives for Learning and Development and Organisational Development. These are fundamental to the Workforce Plan and are therefore discussed in detail later.

2.2.4 NHS Lothian Workforce Planning Processes

Workforce planning processes are well developed in Lothian and continue to evolve in line with the 'bedding in' of single system working and the reorganisation of NHS Lothian over the course of 2005/6. Whilst functional responsibility for workforce planning lies with the Director of Human Resources and the Workforce Planning Team, workforce planning is a core responsibility of all managers and Management Teams. Given the range and rate of change across the NHS and the impact on the workforce it is crucial that workforce planning is given the same importance as service and financial planning. To support this philosophy a range of steps are being taken, such as:

- ❖ Creation of the NHS Lothian Workforce Planning Group that includes Executive Director and key senior managers representing all staff groups. This group provides the strategic steer to the workforce planning process and the development of the NHS Lothian Workforce Plan.
- ❖ Creation and development of the pan Lothian Workforce Planning Team.
- ❖ Significant investment in HR Information Systems to develop consistent and detailed reporting capability across a range of core HR functions.
- ❖ Development of the 'People Pack', discussed in more detail later in the Plan.
- ❖ Involvement of all Service/Clinical Management Teams in the workforce planning data collection process.
- ❖ Workforce planning involvement in all major service reviews and capital programmes
- ❖ Workforce planning involvement the central NHS Lothian Technical Resource Group which comprises service, financial, workforce and capital planners and is focused on both providing service and project managers with 'joined up' technical support and ensuring consistency in planning across the range of service and capital developments in Lothian.

The HR function, with significant support from staff side representatives have developed a 'People Pack' that provides managers and staff guidance on the process of workforce planning and implementing and managing workforce change. This is in its final stages of being signed off by NHS Lothian and will be distributed across NHS Lothian in May 2006. It comprises three main elements:

- ❖ Workforce Planning principles
- ❖ Organisational Development guidance and support
- ❖ Operational HR advice on implementing and managing change

The People Pack will ensure consistency of approach to planning and implementing workforce changes across NHS Lothian and will compliment the Lothian and national HR Policy frameworks already in place. A copy of the draft 'Workforce Planning Principles' can be found in Appendix 7 The People Pack will be published on the NHS Lothian intranet sites for wider distribution.

2.2.5 Workforce Information and Reporting

With the creation of the single NHS Lothian Health System it became apparent that there was a need to introduce a single workforce reporting programme, as there were a number of important areas either not being reported or there was a lack of consistency in reporting methodology. The workforce planning team have developed a range of key performance indicators and established mechanisms for reporting on these. These now form the core of the Quarterly Workforce Report to the Lothian Executive Management Team.

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.
- ❖ Demography – analysis of the workforce age distribution.
- ❖ Disciplinary and Grievance
- ❖ Policy development and implementation – update on policies under development and implementation.

As part of this programme in each report there are one or two specialist areas covered, which take the form of an in-depth analysis of a topical issue. Previous reports have covered the following topics:

- ❖ Detailed staff group profiles covering trends in utilisation and costs as well as analysis of the demographic profile, working patterns and home location within each of the Divisions focussing on areas of concern. To date Medical, Nursing, AHPs and Healthcare scientists have been covered.
- ❖ Home location analysis profiling the workforce home location by Division, site and staff group.
- ❖ Transport Issues
- ❖ Healthcare Academy

The Quarterly Reports are published on the NHS Lothian intranet. This reporting programme will continue to be the focus for all operational workforce reporting and over the course of 2006 will be extended to include training and development and health & safety activity.

2.2.6 HR Management Information System

NHS Lothian has a number of legacy HR systems and in order to provide to support single system working it has decided to roll out the Northgate Empower, HR Management Information System (HRMIS) that is currently operational within what was previously Lothian University Hospitals Division (LUHD), and is partially used with the previous West Lothian and Primary Care Divisions, across Lothian. It is a Personnel database with fully integrated Recruitment and Training administration modules (core Products). It also has a web interface with two specific modules, aimed at line managers (e-manager) and individual employees (e-people). Northgate Empower is networked across the whole of LUHD and is available at all LUHD sites. There are currently 250+ core system users and over 850 e-manager users.

The Northgate Empower core system comprises 3 Integrated Modules; Personnel, Recruitment and Training. Together the modules reduce data input, share data,

automation of processes, provide co-ordinated control and advanced functionality, including full compressive reporting tool.

- ❖ Personnel Module is an Electronic Staff Record (ESR) containing a full range of personal and post information.
- ❖ Recruitment and Training modules provide full automation of the whole Recruitment and Training functions.

The Intranet based solution suite includes Empower eXtend Manager & Employee

- ❖ Empower eXtend Manager - Gives line managers the ability to access information about their employees and generate a range of reports on individuals, teams, departments, etc. subject to security access. Absence can be inputted directly from this product.
- ❖ Empower eXtend Employee - Employees will be able to view their 'own' personal details, which includes career history, absence details and professional registration details. Employees will also be able to view details of Lothian vacancies and training opportunities and apply on line.

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.

From May 2006, Northgate Empower will have the facility to post and receive vacancies and applications on-line. This work is currently being undertaken in conjunction with the NHS Lothian HR System team, SHOW and Northgate.

Future Plans

Northgate Empower is currently being developed to provide NHS Lothian with a single HR Management Information system. This includes the development and restructuring of the system to mirror the new NHS Lothian organisation structure.

Northgate Empower will be implemented across NHS Lothian over the next 18 months. During the initial phase the target is to have the core system technically implemented and ready for wider implementation. This will include: -

- ❖ Restructure database to meet organisation requirements
- ❖ Data transfer from Legacy systems
- ❖ Customisation complete/Formal acceptance testing
- ❖ Go live with agreed functionality

Whilst the 'technical solutions' will be in place within 6 months it is anticipated that initial functionality will focus on the core HR functionality of:

- ❖ Recruitment
- ❖ Creation of core Personnel Database (including appointment, changes and termination processes)
- ❖ Training administration

The next phase of implementation will focus on the implementation of Northgate Empower eManager product to line managers across NHS Lothian together with establishing a number of electronic interfaces/developments, which are documented within this paper.

The system is being developed to meet the requirements of Agenda for change (AfC) and will provide a full monitoring/reporting facility for NHS Lothian. 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 system 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 potentially savings to be gained from the creation of a two-way electronic interface between Northgate Empower and Payroll.

SSTS (previously Budgetscan) is in operation at St Johns, West Lothian. It was originally developed by Payroll Services in West of Scotland as a Nurse Time and Attendance system. It was subsequently further developed to hold a basic range of HR information. St Johns has developed electronic links with Payroll and is piloting the transfer of pay data electronically. SSTS has been enhanced to tackle technical scalability issues and the latest version will focus upon providing a time and attendance tool. This version is currently being rolled out to users across Scotland. An interface will be created 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.

All NHS Scotland employees will be given a national email address, which they will have for their entire duration within NHS Scotland no matter if they transfer to other NHS Scotland organisations. As a national requirement 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.

2.2.7 Links with National and Regional Workforce Planning

There are well-established links with our Regional SEAT workforce planning colleagues, SEAT service planning colleagues and with the wider NHS Scotland Workforce Planning community and the Workforce Unit at the SEHD. The role of the Regional Workforce Planning Director has been pivotal in ensuring these networks have been established and flourish. The links are more fully described in the Regional Workforce Plan but include:

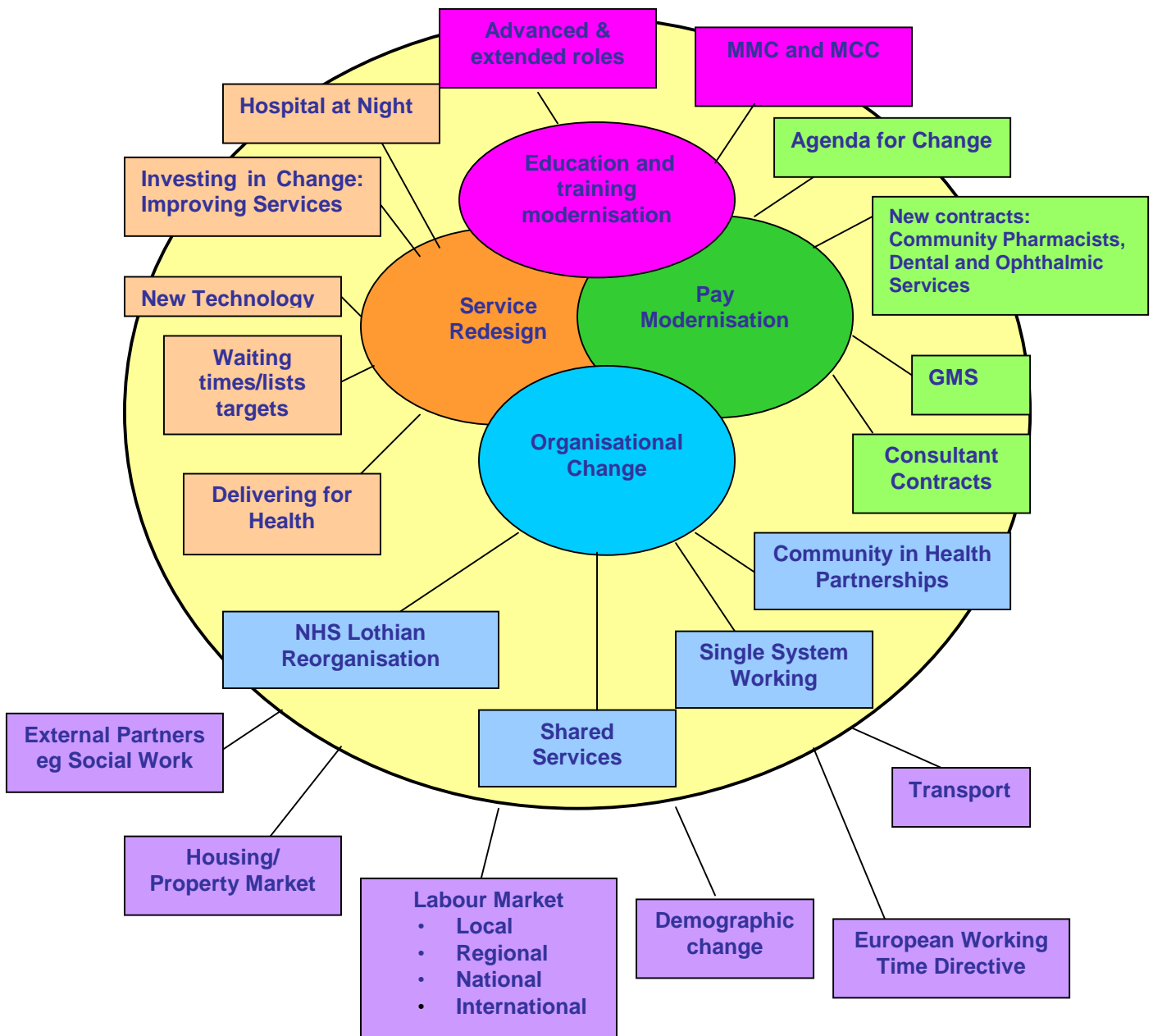
- ❖ SEAT Workforce Planning Board, a sub group of SEAT
- ❖ SEAT Workforce Numbers Group, a sub group of the Workforce Planning Board
- ❖ SEAT Workforce Education and Development Advisory Group
- ❖ Ad hoc SEAT Groups, such as the Short Life Working Group advising on Radiologist and Radiography workforce issues across the Region
- ❖ Regional Workforce Directors monthly meetings

3 Drivers for Change and Workforce Impact

3.1 Drivers for Change – An Overview

The NHS in Scotland is going through radical change of a scale greater than it has experienced before. The drivers for change are numerous and complex and all have a profound effect upon NHS Scotland’s key asset – its workforce. The following diagram identifies the majority of the main drivers.

Figure 11: NHS Lothian Drivers for Change



For some of the key drivers an assessment of the impact upon the workforce has been made and can be planned for accordingly. For example planning for Hospital at Night (HaN) services across the main sites in NHS Lothian is well under way and the pilot of HaN at the WGH has helped in estimating the workforce implications of HaN with a reasonable degree of confidence. However for many of the drivers it is difficult to assess accurately the

workforce implications and the likely changes in supply and demand for a number of reasons, such as:

- ❖ Detailed service redesign, either locally or nationally, has still to take place
- ❖ National policy/guidance has still to be provided, such as in Specialist Training component of Modernising Medical Careers
- ❖ The wider outcomes of implementation are not yet clear, such as agenda for Change
- ❖ An assessment of the likely impact can be made but the options for addressing the change have still to be assessed. For example the impact of the European Working Time Directive, discussed later in this plan, has been assessed and the 'gap' generated in time lost for Doctors in Training has been identified. However Doctors in Training will not fill this 'gap' but by a range of other workforce solutions – these have still to be identified in detail.

Also, and as the diagram attempts to represent, there is a considerable degree of overlap across all the drivers and their potential workforce impacts and solutions. Therefore building an integrated 'whole systems' approach to workforce planning, taking account of all the above drivers is essential but complex and difficult. A 'whole systems' approach is vital to avoid the pitfalls of an incrementalist or piecemeal approach, whereby dealing with individual drivers and arriving at very tailored and specific solutions or adopting a 'uni-professional' approach could lead to sub-optimal and potentially unsustainable solutions. NHS Lothian will continue to develop a 'whole systems' workforce planning approach.

The following sections provide a summary of the key drivers and their workforce implications.

3.2 Service Redesign

3.2.1 Improving in Care: Investing in change (ICIC)

'Improving in Care: Investing in change' sets out Lothian's vision and strategic direction for acute health services, services for older people and mental health and well being services. This programme brings together plans to deliver to the population of the Lothians:

- ❖ An improved range of services, delivered closer to home by highly trained and qualified staff, to support the delivery of enhanced local services.
- ❖ Centres of excellence in acute hospitals and community settings, and clinical expertise offering safe and viable services for the foreseeable future.
- ❖ More local services wherever it is safe and sustainable to do so.
- ❖ A significant capital investment of approximately £200m:
 - A new Royal Edinburgh Hospital
 - A new Midlothian Community Hospital
 - A new Haddington Hospital
 - Further development of the Western General Hospital
 - A new Musselburgh community facility
- ❖ Investment in community based Mental Health Services
- ❖ Improved service integration and responsiveness to patient and carer needs.
- ❖ Care pathways providing the same access to services across the whole of NHS Lothian

These developments were planned involving stakeholders from hospital and community services of NHS Lothian, in partnership with local authorities, other Health Boards, voluntary agencies and representatives of patients and carers. NHS Lothian undertook major public and stakeholder consultation on the specific proposals contained within the overall programme of change. NHS Lothian Board approved the final ICIC programme in February 2005. Ministerial approval was specifically given for the closures of any surplus sites at Royal Victoria, Herdmanflat, Rosslynlee, Roodlands Loanhead and the Royal Edinburgh hospitals, and to the transfer of ENT surgery to St John's Hospital.

Work to date has led to the development of an integrated implementation plan for all three projects supporting the development of new, fit for purpose facilities in:

- ❖ The Western General Hospital - replacing the Royal Victoria Hospital
- ❖ The Royal Edinburgh Hospital - re-providing services from the Royal Victoria, Herdmanflat and Rosslynlee Hospitals
- ❖ Midlothian Community Hospital - replacing Loanhead and Rosslynlee Hospitals, including rehabilitation services from RVH
- ❖ A new Haddington Hospital - replacing Roodlands and Herdmanflat Hospitals
- ❖ Five minor injury/minor illness facilities - in Roodlands Hospital, or its replacement, the Western General Hospital, the Royal Infirmary of Edinburgh, St John's Hospital and the Lauriston Building

ICIC brings significant benefits to patients, staff and NHS Lothian. For the staff they will specifically:

- ❖ Develop opportunities for nurses, allied health professionals, ambulance paramedics, pharmacists and others recognised and supported by the principles of Agenda for Change.
- ❖ Improve working environment for many in new facilities.
- ❖ Support compliance with the working time regulations.
- ❖ Improve teamwork with greater recognition of the roles played by individual members and better outcomes.

3.2.1.1 Better Acute Care in Lothian (BACiL)

BACiL involves the retention of a range of Acute and Specialist Service on all three sites with redesigned patterns of Out of Hours Care and the consolidation of ENT surgery with other Head and Neck Services at Livingston. The Better Acute Care in Lothian project has been subdivided into subprojects to enable more effective planning and project management, these are:

- ❖ ENT move to St Johns Hospital and development of Head and Neck Centre
- ❖ Hospital at Night at all sites but specifically: WGH Hospital, RIE and St Johns
- ❖ Minor Injuries and Minor Illnesses – development of a network of 5 Minor Illness/Minor Injury departments
- ❖ Transfer of overnight colorectal surgical admissions WGH to RIE initially followed by the remainder of the colorectal surgery service from WGH to RIE
- ❖ Short Stay Elective Surgical Centre at St Johns
- ❖ Cardiology Redesign
- ❖ Front door / A&E / Combined Assessment Redesign under the Unscheduled Care Collaborative Programme.
- ❖ 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
- ❖ Rezoning – development of principles and good practices for the definition of hospital catchments areas for unscheduled hospital admissions.
- ❖ 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
- ❖ 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.

3.2.1.2 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. Current plans have direct admissions to Medicine of the Elderly assessment beds continuing under agreed protocols to Liberton and Roodlands Hospitals. Post acute care for elderly people requiring active rehabilitation will continue to be provided at Liberton, Astley Ainslie, the transferred service at the Western General and Roodlands Hospitals, with the transfer of post acute rehabilitation for all East Lothian patients to the new Haddington Hospital.

The elderly assessment and post acute rehabilitation beds from the Royal Victoria will relocate to the Western General Hospital and be provided in fit for purpose accommodation. 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.

3.2.1.3 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. Specific capital investment associated with this programme area will be:

- ❖ The re-provision of the Royal Edinburgh Hospital for which the Outline Business Case has already been approved.
- ❖ Capital investment in locality mental health resource centres to support the delivery of enhanced community services.

A facility of this sort is incorporated in the Musselburgh Primary Care Centre development. The cost and timing of each development will be finalised as part of the Mental Health Strategy in the locality implementation plans and capital requirements will be met from within the NHS Lothian capital programme.

3.2.1.4 ICIC and Workforce Planning

Given the scale of the change programme encompassed by ICIC formal programme and project management arrangements have been established and a full-time ICIC Programme Director has been appointed. A Technical Resource Group has been established, chaired by the Programme Director, with membership drawn from HR, Workforce Planning, IM&T,

capital planning, and finance functions to support the project managers and ensure compatibility of assumptions across all projects. Each of the Projects has defined remits and timescales that are supported by agreed principles for service redesign, HR and workforce planning and finance. Through this process workforce planning is an integral component of each of the ICIC Projects.

The ICIC Projects, as outlined above will directly or indirectly impact upon the majority of NHS Lothian workforce. For example the three core workstreams cover:

- ❖ Better Acute Care in Lothian 6835 staff
- ❖ Serves for Older People 2809 staff
- ❖ Mental Health and Well 1672 staff

The workforce involved in site closures or redevelopments, as described above is:

- ❖ The Royal Victoria Hospital 640 staff
- ❖ The Royal Edinburgh Hospital 3484 staff
- ❖ Herdmanflat 248 staff
- ❖ Rosslynlee Hospitals 234 staff
- ❖ Loanhead 53 staff
- ❖ Roodlands 483 staff

The impact upon the workforce of the above is mixed. For some, such as the move of ENT from the WGH to St Johns the main issue has been around staff site transfers and the management of that process. However for other projects there is considerable work underway to redesign services and therefore the workforce required to deliver the redesigned service. Where this is the case any changes to the workforce have been detailed in the data collection process from service managers, as detailed in Appendix 5.

3.2.1.5 Unscheduled Care Collaborative

The aim of the Unscheduled Care Collaborative is to support the delivery of the Emergency Access Guarantee by December 2007. Set out in *'Fair to all, personal to each'*, this sets out a commitment on behalf of the Scottish Executive 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. At a local level this time-based target applies to patients presenting to Accident and Emergency facilities in Lothian together with Minor Injuries and Assessment units.

More widely the collaborative supports three allied targets:

- ❖ Operative management of fractured neck of femur within 24hrs
- ❖ A reduction in the number of delayed discharges
- ❖ A reduction in the number of patients aged 65 years or older admitted three or more times in a calendar year to hospital

The operational target has to be achieved within a relatively short time frame. However, although the collaborative is only part way through its work a number of potential workforce planning implications are already becoming apparent and include:

- ❖ New Roles
- ❖ Extended Roles/ enhanced skills
- ❖ Expansion in the workforce

Experience from England suggests that the performance time frame in which services need to be provided will undoubtedly mean expansion in the workforce. In some cases this will mean that administrative and clerical roles expand and become part of the clinical teams, such as the introduction of flow coordinators, reception administrators based in clinical areas dealing with all admin tasks, housekeeping as well as the advanced practitioner roles for trauma medicine etc. If the clinical staff are to develop the necessary advanced skills

then their administrative workload they currently undertake needs to be supported and this is where service redesign could be focused most cost effectively.

To provide a consistent approach to unscheduled care the workforce development needs to include a multiprofessional approach to front door and/or first patient assessment that is focused upon streaming patients into the right service. This may include the following:

- ❖ AHP, Nursing and Paramedical staff need to develop assessment skills that identify early interventions and stream patients into the appropriate pathway with an exit point at the earliest opportunity that meets the clinical needs of the patient. NHS 24 need to be included in the strategy of developing front door skills
- ❖ AHP and Paramedical training needs to support rotational roles at certain points, such as Out of Hours Service and Minor Injury Units. These will deal with ambulatory patients where assessment and investigations can promote early decision making and discharge or admission to a correct facility
- ❖ Social care workers are key to include in front door service workforce planning
- ❖ Clinical Support Worker roles will need to include technical roles such as phlebotomy venepuncture dispensing etc and this needs to interface with primary care services.
- ❖ Pharmacy, Physiotherapy and Occupational therapy staff all need to be part of a core competency programme supporting front door services
- ❖ The overall approach to all professionals documenting interactions needs to be integral to the flow of patients through the service reducing lost information
- ❖ A set of core skills that are considered a basis for unscheduled care teams which are built on according to competency and professional ability
- ❖ The Unscheduled Care Collaborative work is continuing and in the course of 2006 more concrete workforce plans and development requirements will be established and agreed. These will be built into the next Workforce Plan.

3.2.2 Primary Care Modernisation Strategy

The Primary Care Modernisation Strategy (PCMS) was developed in 2005 with the remit 'to develop a framework to maximise the potential of the Primary Care Workforce (including all independent contractors, nurses, AHPs and support staff) by developing individual's skills and roles, and new ways of working together.'

As part of establishing the process a number of work streams were established covering the following areas:

- ❖ Access and Inequality
- ❖ Primary Care data
- ❖ Workforce Development
- ❖ Diagnostics
- ❖ Managing long term conditions
- ❖ Unscheduled care

The Workforce Development Work Stream identified a number of priorities for action:

- ❖ Identification of the actual workforce currently working in Primary Care including independent contractors
- ❖ Examine role definition and skill mix in general medical practices and in Lothian Unscheduled Care Service
- ❖ Provide a vision for what is possible in terms of role and skill development, for example:
 - ❖ GPs developing areas of special interest
 - ❖ Development of nurse 'practitioners'
 - ❖ Extension of the role of community pharmacists in the management of chronic conditions and prescribing
 - ❖ Professions allied to dentistry
 - ❖ Increasing specialisation of some AHPs

- ❖ Examine the opportunities within the new contracts for joint working, e.g. between nGMS and Community Pharmacy Contract
- ❖ Examine the impact of new dental contract on NHS Dental Services (shortage of dentists) and explore the greater use of salaried dentists
- ❖ Examine the scope for developing roles of professionals allied to dentistry e.g. nurses, hygienists, and therapist
- ❖ Examine whether Agenda for Change can be introduced for staff employed by independent contractors
- ❖ Work with NES to ensure a focus on individual and collective needs of professions in primary care

Completion of the first stage is due to be completed by the end of May 2006; this includes the creation of a database to enable profiling of the directly employed workforce. NHS Lothian will also be involved in the national pilot to develop a standard template for collecting workforce information from independent contractors – GPs. This will be undertaken in partnership with the Lothian LMC and is intended to provide details on the size and profile of the workforce within this sector to support workforce planning. It is recognised that completion of this exercise is a prerequisite to making proceeding effectively with the other priorities.

Following the first stage in the workstream will focus on stage 2 - identification of current and future anticipated gaps in the workforce and assessment of the anticipated impact in terms of service provision. Stage 3 will focus on developing and implementing solutions to address the gaps through workforce and service redesign.

3.2.3 Children and Young Peoples Health and Health Services Strategy

NHS Lothian is in the final stages of developing a strategy for children and Young people health and health services. This will be published mid 2006 and will be the subject of extensive public consultation process. The strategy will set the overall direction, for these services in Lothian over the short, medium and longer-term, up to the next 10 years. This will include an Action Plan that will be implemented through a process of performance management. The strategy will build upon work underway nationally and develops the national policy context, such as National Framework for Children, Young People and Maternity Services, DOH 2004 and Health for All Children 4. It covers the full range of services, including, for example:

- ❖ NHS input to health promotion and health improvement in schools and other settings
- ❖ The community child health service, which includes immunisation and child surveillance, the health of vulnerable children and child protection, a wide range of community specialists such as school dentists, community nurses, Allied Health Professionals such as dieticians and occupational therapists and many others.
- ❖ Specialist services at the Royal Hospital for Sick Children (RHSC) and St John's.
- ❖ The Child and Adolescent Mental Health Services based at RHSC, St John's at the Young People's Unit at the Royal Edinburgh Hospital.
- ❖ The specialist services for children and young people with complex needs and long-term disabilities and for those with learning disabilities.

This is not a complete list but is provided to illustrate the scope and extent of the strategy.

The workforce planning agenda within Childrens and Young Peoples Services is subject to many of the same drivers as other services. However, because of the reliance on small numbers of specialist staff, these drivers are felt more acutely. For some services the impact of these drivers and the potential solutions are based within the Region or nationally. The key step will be the preparation of a Workforce Development Plan for the Children and Young People's services, which will feed into the wider NHS Lothian's workforce plan and the regional SEAT Workforce Plan, next due in September 2006. Some key elements of the plan will be:

- ❖ Development of the extended nursing practitioner role to support role out of MMC

- ❖ Through the development of Managed Clinical Networks at a national and regional level co-ordinate the management of scarce specialist medical and other staff to ensure more effective and efficient use.
- ❖ Implementing the model of 'one service across several sites' in key specialities within Lothian, regionally and nationally.
- ❖ The development of new and extended roles for other staff, particularly nurses, AHPs and other professional staff.
- ❖ Introducing share-working arrangements such as the Hospital at Night scheme within the Children and Young People's services.
- ❖ Optimise the use of staff from all sectors, developing ways for staff to work across health/social care/education/leisure.
- ❖ Develop our ability to recruit staff by building on the success of providing work placements at student level and continue to focus upon training and development for NHS, other agency staff, parents and education staff.
- ❖ Redesign of roles by building upon existing good practice such as the Dietician led metabolic service. Areas for consideration include:
 - Expanded assessment and review roles of AHPs and Nurses;
 - Extended role of the Epilepsy liaison nurse;
 - CLD nurses supporting the CAMHS service for children;
 - AHPs could lead services for the review of motor disorders.
 - Develop Clinical Support Worker roles to support professional staff

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

The strategy will also provide the wider context for the reprovision of The Royal Hospital for Sick Children, Edinburgh (RHSCE). It provides local hospital services for the children of Edinburgh, East Lothian and Midlothian and also specialist hospital services for the children of South East Scotland and beyond. The hospital is located on its own, away from any of the main hospitals in Edinburgh. 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. Parents' feedback also reflected upon the lack of suitable facilities for older children and for themselves, the inadequate parking and the poor access to public transport.

NHS Lothian has created a Project Team that includes workforce planning representation. This group has developed an Initial Agreement for the Reprovision of The Royal Hospital for Sick Children, Edinburgh (RHSCE) and, following approval by NHS Lothian, has been submitted to the Capital and Investment committee at the SEHD for consideration. It is estimated that the reprovision will require seven years to complete.

Currently 1280 staff work at the RHSCE site. The workforce planning agenda for the reprovision will continue to evolve as the reprovision project continues and as the wider service redesign, which is inherent in the project becomes clearer.

3.2.4 Other Services Strategies

There are a of other service strategies at various stages of development across NHS Lothian which will have workforce planning and development impacts. These include the national and regional work on maternity services that will play into NHS Lothian services, Laboratories Service Review and Radiology Service Review.

There is also range of investment in new IT technologies that support patient and patient administration processes. For example the significant investment in MedTrak was signed off in June 2005 – this will provide NHS Lothian with an integrated IM&T system for the following functional areas:

- ❖ Patient Administration System

- ❖ The Emergency Department
- ❖ Radiology
- ❖ Ordering & Results Reporting of Laboratory and Radiology investigations
- ❖ Integration with Lothian PACS (Digital storage and retrieval of x-ray images)

The implementation of MedTrak is currently underway. Many of the IT investments will have an impact upon workforce demand as they are implemented and become fully functional. Any impact will be identified within the service workforce projections.

3.3 Pay Modernisation and Productivity Improvement

Pay Modernisation Strategies

Pay modernisation is a key issue for NHS Lothian and a Pay Modernisation Board was set up to oversee the process of pay modernisation and to ensure that the benefits of the financial investment made are fully realised. The Board has met regularly with the following objectives:

- ❖ Maximise health gain from the significant investment in the Pay Modernisation agenda;
- ❖ Improve performance and productivity levels across all staff groups and organisational structures;
- ❖ Ensure pay modernisation links and supports service modernisation and workforce development and assists in the aim of being the employer of choice;
- ❖ Ensure that the NHS Board are aware of the impact pay modernisation will have on the service and plan accordingly;
- ❖ Identify the true costs of the pay modernisation agenda and address accordingly;
- ❖ Act as the overarching group to ensure the co-ordination and linkage of all three strands of pay modernisation.

The major Pay Modernisation Programmes are:

- ❖ Agenda for Change
- ❖ The consultant contract
- ❖ General Medical Services contract

In addition to this, preparatory work is also in hand for the new Scottish Community Pharmacy Contract, General Dental Services (GDS) and General Ophthalmic Services (GOS)

The Pay Modernisation Benefits Delivery Action Plan was submitted to Scottish Executive Health Department (SEHD) in September 2005 and a progress report on 31st March 2006.

The financial investment supporting Pay Modernisation for the year to 31 March 2006 is as follows:

❖ Agenda for Change	£22m
❖ Consultant Contract	£13m
❖ GMS Contract	£15m

This is in addition to the additional funding of £20m from SEHD.

It is anticipated that the financial investment in 2006/2007 will be £62m with additional funding required for the Pharmacy, General Dental Services and General Ophthalmic Services.

❖ Agenda for Change

Agenda for Change is being implemented during 2006 and will not be fully implemented until between October and December 2006, providing national negotiations on unsocial hours, etc. have been concluded.

❖ **Consultant Contract**

The Consultant Contract is fully implemented.

❖ **NGMS**

The GMS contract has been fully implemented and following national (four country) negotiations, a number of changes will apply from April 2006.

- Quality and Outcomes Framework (QOF) reduced to 1000 points (previously 1050), with the 50 Access Points moving to become a Directed Enhanced Services based on the 48-hour access criteria already in place.
- Additional Clinical Indicators in the QOF (realignment of existing points) for Depression, Dementia, Heart Failure, Atrial Fibrillation, Chronic Liver Disease, Palliative Care, Obesity and Learning Disabilities.
- Some points reallocated to existing indicators and lower thresholds of existing indicators raised to 40%.
- No uplifts in any of the GMS funding streams.
- Four new Directed Enhanced Services for Learning Disabilities, Carers, Cancer and Cardiovascular Disease - new funding.
- Advertising for ten salaried General Dental Practitioner posts for NHS Lothian.
- Appointing additional Dental Therapists and providing improved training for them and post-graduate Dental Practitioners.

The self-assessment Strategic Tests performance report is currently being reviewed for submission to Pay Modernisation Director by the end of April deadline.

New Community Pharmacy Contract

Community pharmacists are key members of the primary care team and have a major role to play in Delivering for Health. A modernised community pharmacy contract is being negotiated that would reward pharmacists for the delivery of 4 main services, these being:

- ❖ Minor Ailments Service (MAS) – patients who are exempt from prescription charges to register with a community pharmacy to have common conditions treated.
- ❖ Public Health Service –community pharmacy will support health improvement for individuals and local communities utilising community pharmacies as healthy living walk in centres, with pharmacists and their staff supporting self-care and promoting healthy lifestyles.
- ❖ Chronic Medication Service – patients with long term conditions to register with a community pharmacy to have medicines supplied, reviewed and, adjusted - shared care between the patient, GP and community pharmacist.
- ❖ Acute Medication Service (AMS) – provision of access to pharmacy services for the dispensing of acute prescriptions and associated advice.

New ways of working are being underpinned by an extensive ePharmacy programme, building on development work on the electronic transmission of prescriptions (ETP). The public health service and minor ailments service would be introduced as follows:

- | | |
|------------------------------------|------------|
| ❖ Minor Ailments Service (MAS) | April 2006 |
| ❖ Public Health Service (PHS) | April 2006 |
| ❖ Chronic Medication Service (CMS) | April 2007 |
| ❖ Acute Medication Service (AMS) | April 2007 |

General Ophthalmic Services (GOS)

New regulations for general ophthalmic services will be introduced from 1 April 2006. These are as a result of the introduction of free eye examinations from that date.

There will be new primary and supplementary examinations that will:

- ❖ Allow patients to receive, free of charge, and appropriate health assessment of their whole visual system which does not have to include a refraction unless this is clinically required;

- ❖ Give optometrists/ ophthalmic medical practitioners (OMPs) the professional freedom to perform the tests that are appropriate to patients' symptoms and needs, including where required a refraction;
- ❖ Allow for the management of a wide range of common conditions in the community;
- ❖ Promote optometrists/OMPs as the first point of contact for eye problems;
- ❖ Significantly reduce referrals to secondary care.

General Dental Services (GDS)

The "Action Plan for Improving Oral Health and Modernising NHS Dentistry" was launched in March 2005. While there were no new contractual arrangements introduced for general dental practitioners a package of measures is being put in place over a 3 year period to modernise NHS dental services with the intention that they can be readily accessed by those that need them.

Some of the additional funding is targeted towards "NHS committed" practices – eg for rent reimbursement and doubled practice allowance.

Productivity improvement

NHS Lothian must be able to demonstrate productivity improvement based upon the significant investment in pay. As detailed earlier work is already underway on within the Local Delivery Plans to address the targets of reduced sickness absence and increased Consultant productivity. However NHS Lothian have also identified a range of other productivity improvements arising directly or indirectly from pay modernisation, including for example:

- ❖ Reduced waiting times for patients to be seen and treated.
- ❖ Improved delivery of unscheduled care
- ❖ Improved chronic disease management
- ❖ Development and implementation of Integrated Care
- ❖ Supporting service redesign in line with local priorities

Pay modernisation has supported this through a combination of redesign, investment and innovation, such as increased potential to develop new roles for staff in clinical practice.

Pay modernisation will also, when fully implemented, support the workforce planning process through additional flexibility across new and extended work roles.

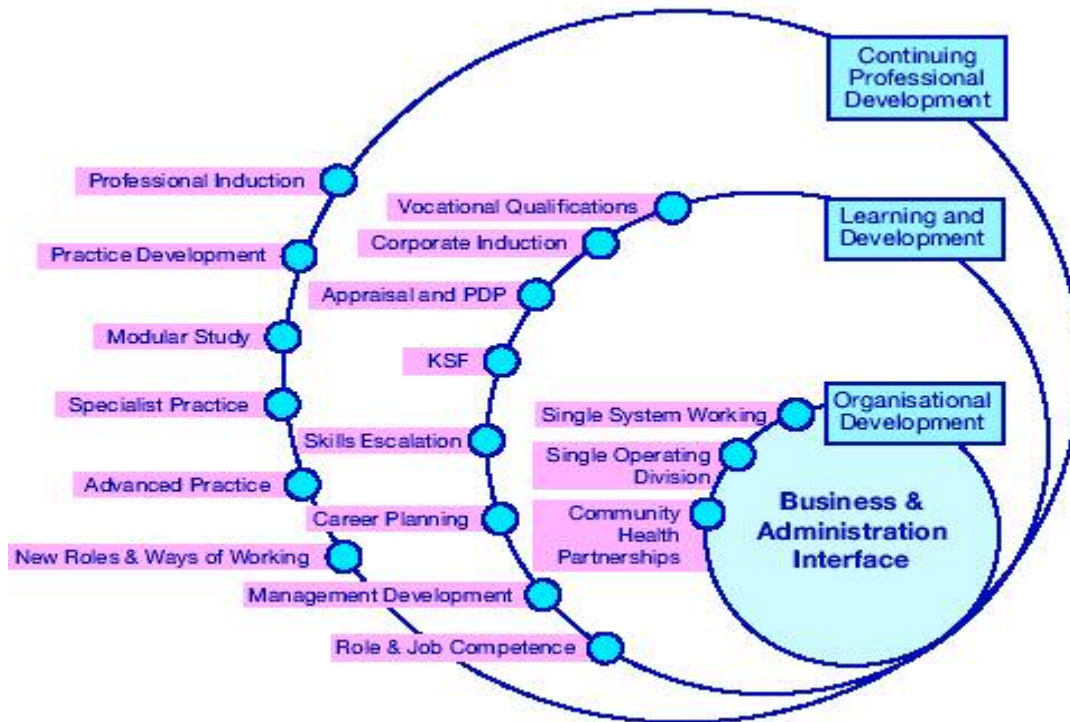
3.4 Education and Training Redesign

3.4.1 NHS Lothian Learning Plan and Board Development Plan

Previously robust Learning Plans have existed within each of the previous Lothian divisions and these have been developed in partnership with staff-side representation. These Plans have outlined the priorities for the Divisions in terms of education, training and professional development. The introduction of Community Health Partnerships (CHPs and CHCPs) supported by a Primary Care organisation and the development of a single acute operating division along with the moves to Single System Working has resulted in the need for NHS Lothian to redesign its strategy for education, development and learning in order to ensure we retain and continue to develop a highly skilled workforce able to deliver high quality healthcare for the people in Lothian.

NHS Lothian have appointed an Associate Director of Workforce Development to establish an integrated approach to workforce development through a multiprofessional framework integrating Learning and Development - including all mandatory training, Organisational Development, Practice, Research and Education. This integrated framework is outlined in the following diagram.

Figure 12: NHS Lothian Learning and Development Integrated Framework



NHS Lothian Board Development Plan - 2006-8

The Plan complements and/or supports a number of key plans including the Local Delivery Plan, the NHSL Work Plan, the Modernisation Plan, the Human Resources Strategy, the Regional Workforce Plan for SEAT (South East and Tayside), the SEAT Work plan and the Five Year Plan. It is focused on supporting the following work streams:

❖ Improving Care, Investing in Change Implementation (ICIC)

The ICIC implementation programme affects services that employ more than 12,000 people and impact on revenue of circa £358 million over a five-year period. There are significant opportunities and challenge for retention and development of our entire workforce.

❖ Community Planning

Joint Future is the lead policy on joint working between Local Authorities and the NHS in community care. The main aim is to provide faster access to better and more linked up services through partnership working on areas of common purpose. The focus for 2006-2008 is on developing the Outcomes Approach in line with national partner expectations for the next steps, building on the opportunities with our new working arrangements to develop a performance culture supported by a joint performance framework.

❖ Regional Service and Workforce Planning

Service sustainability on a regional and national level, maximising the return on investment in our staff and services, especially around the challenges and opportunities of Modernising Medical Careers (MMC) and the new Consultant and General Medical Services (GMS) contracts are the focus of our efforts for 2006-2008. SEAT has developed 'key principles' for services when they are undertaking a local or regional planning activity. This would support consistency

of method and also ensure all aspects of service planning are considered and addressed.

❖ **Local Delivery Plan**

Effort in the 2005-2006 Development Plan for NHSL focused on whole system integration to improve services to patients and clients, and further strengthen the involvement of clinicians in the design and management of services. During 2005 management of all acute hospital services was unified into a new single University Hospitals Division (LUHD). In parallel we established four CHPs and one Community Health and Care Partnership (CHCP). A Primary Care Organisation (PCO) was designed to support the new CHPs and CHCPs and fulfil key functions around change leadership, including the transfer of services from acute to CHP and CHCP settings as the new "in the line" organisations evolve.

❖ **Putting People First and Enhancing the Total Patient Experience "The Lothian Way"**

During 2005/2006 investment in the Workforce and Organisational Development agenda focused on three key strands of effort. As Phase One of the "Lothian Way" Programme, we ran a series of focus groups to understand staff views on key values, behaviours and what matters to them about culture and ways of working. We also engaged in the Patient Focus and Public Involvement (PFPI) agenda. The focus of effort in 2006-2008 is to continue to refine and embed our "Living Values" by further development of values based training and development activities designed to engage all staff in articulating and displaying a person-centred approach.

Key Development Initiatives

- ❖ Programme Management System for ICIC implementation
- ❖ NES Partnership on leadership and whole system process improvement pilot programme
- ❖ Further develop the Joint Future agenda via leadership development and performance management
- ❖ Implement interventions that will deliver the key objectives and targets of the LDP
- ❖ Further develop the Lothian wide career, workforce planning and development framework for advancing multi-professional roles
- ❖ Successful ongoing implementation, management and benefits realisation of the Pay Modernisation Strategies
- ❖ Continue to develop and mainstream "The Lothian Way" via values based training and development activities
- ❖ Ongoing improvements to induction for all staff groups as part of the benefits realisation from Single-System working and the commitments in the Learning Plan

Below are some of the complementary opportunities and work programmes that support delivery of the work streams. These include:

- ❖ Building on the first integrated NHSL Learning Plan (see below), particularly design and delivery of values based training and development interventions focusing on leadership development and the Multi-disciplinary team
- ❖ Maximising the opportunities in Pay Modernisation by implementing the Knowledge and Skills Framework (KSF) and Agenda for Change (AFC)
- ❖ Further embedding of Personal Development and Performance Planning (PD&PP)
- ❖ Working in partnership with National Education Scotland (NES), pilot a Programme to provide management and leadership training in conjunction with the facilitation and of productive work time projects linked to accelerated change management initiatives such as LEEN.
- ❖ Continuing to work in Partnership with our staff and staff organisations
- ❖ Engaging in the Patient Focus, Public Involvement agenda (PFPI)

- ❖ Collaborating with colleagues across the health, social care and voluntary sectors on areas of common purpose

The Board Development Plan focuses upon the five work streams and support continuous improvement of practice and process, devolved decision-making, reduced bureaucracy and external referencing to identify and adapt best practice.

NHS Lothian Learning Plan - 2005-7

The NHS Lothian Learning Plan outlines the learning and development needs of the workforce in the areas of education, training and life-long learning. The Plan supports the NHS Lothian Human Resource Strategy by providing a framework for design and delivery of relevant and appropriate learning solutions - allowing staff to realise, develop and support their capability and personal growth. This is the first integrated Learning Plan for NHS Lothian.

Performance Review

The principles of Personal Development and Performance Planning have been agreed and implemented by staff groups and supported by local Management Teams. The principle aim of any performance review framework is to provide all employees with clarity on what is expected of them, an opportunity to agree personal development plans, and an opportunity to review progress in their roles / development with their line manager.

Staff Governance

Staff Governance and Workforce Development have been identified as national priorities. Therefore the importance of ensuring effective and consistent employment policies and practices, partnership working with staff, organisational learning and workforce planning across NHS Lothian is important in ensuring staff are;

- ❖ Well informed
- ❖ Appropriately trained
- ❖ Involved in decisions that affect them
- ❖ Treated fairly and consistently
- ❖ Provided with an improved and safe working environment

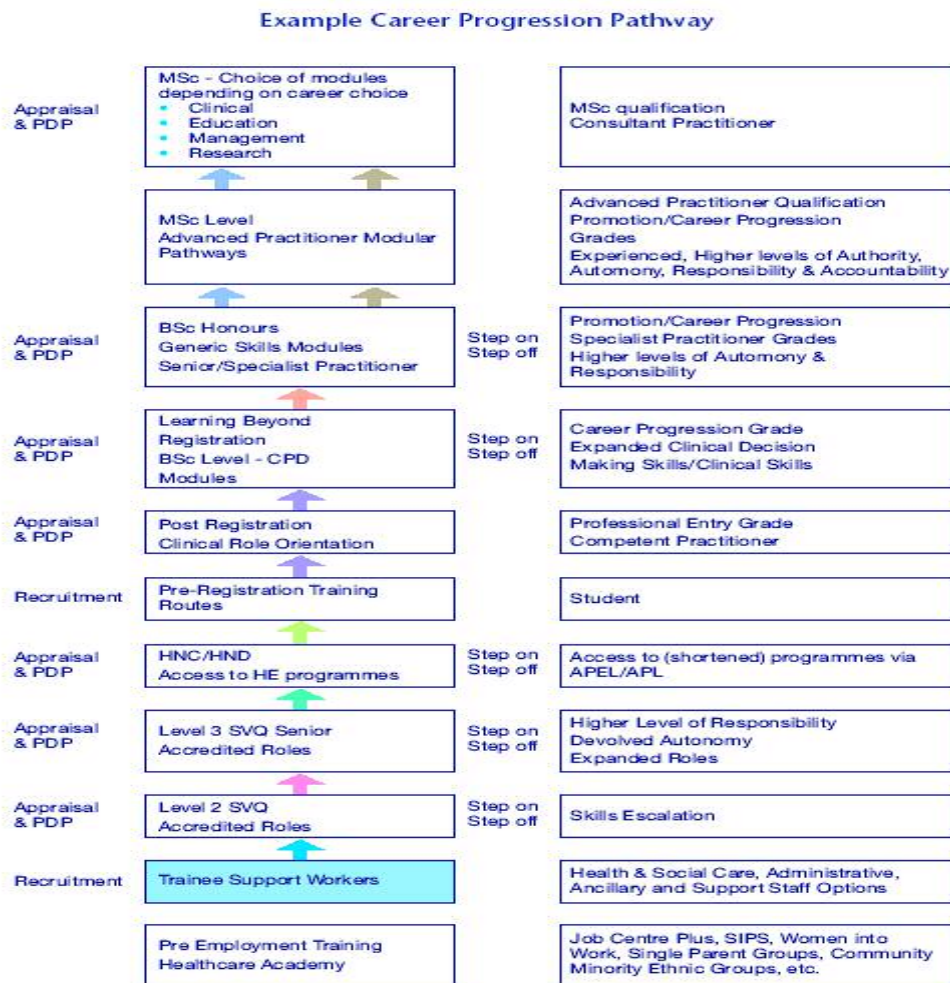
Career Pathways

The learning plan is intended to support the development of a flexible career pathway linked to appropriate levels of training and education for unregistered and registered staff, in response to both individuals learning needs and changing service requirements. It will also help us to:

- ❖ Identify training required to meet gaps in service delivery due to the Modernisation of Medical Careers.
- ❖ Provide a mechanism to respond to shortages of staff in particular occupations or professions.
- ❖ The framework will allow for skill substitution & improve utilisation of available skills by providing theoretical knowledge.
- ❖ Develop new roles.
- ❖ Improve recruitment and retention through flexible career pathways.

A robust pathway will underpin investment in a career structure for clinical support workers and is supportive of the vision of transforming lifelong learning into the reality of a modern patient centred service. There is also an immediate need to develop training and education at higher levels, such as senior and advanced practitioners, in the light of, for example, Modernisation of Medical Careers, and initiatives such as Hospital at Night. Mapped against the career pathway outlined by the NHS Modernisation Agency, with direct links to the Knowledge and Skills Framework, this integrated initiative incorporates clear links to levels of education and competency, which demonstrates to existing and future health care professionals how the learning pathways will secure vocational, employment, academic, intellectual and professional progression. It will secure retention and advance roles.

Figure 13: Example Career Progression Pathway



Partnership working

The partnership aims to unlock the potential of staff and to remove boundaries, which have traditionally existed between managers and/or professional organisations to improve working lives of employees and enhance service delivery to patients. It is based on mutual trust, using an open and honest approach to negotiating and consulting. The Partnership Information Network Board seeks to produce best human resource practices.

Implementation

Implementation of the Plan will be via the Lothian Governance Committee, Lothian Partnership Forums, professional forums, and senior and middle management. However each and every individual working within NHS Lothian should own the Plan. Full implementation of the plan will be achieved over a period of 2-3 years.

The Learning Plan established professional Learning Plan disciplinary work groups across NHS Lothian. Each of the groups explored and confirmed the development needs for each of the eight specific disciplinary group identified, as shown below:

Figure 14: Disciplinary Group Model



The development process involved identifying areas for development and training needs for each of those groups set against individual PDPs, CPD, the organisation's objectives and organisational changes. The groups were asked to:

- ❖ Identify their learning needs and knowledge gaps
- ❖ Identify the target group and the priority for the identified development need
- ❖ Define any existing / current training programme
- ❖ Suggest a new development programme
- ❖ Define the desired learning and business outcomes of the new programme
- ❖ Clarify who would be responsible for provision of the development programme
- ❖ Identify available funding and new resources required for the proposed programme.

The Plan also identifies core Mandatory Learning and Development Needs and these are applied Lothian wide. These are:

- ❖ Management of Fire Safety
- ❖ Manual Handling
- ❖ Resuscitation and Medical Emergencies
- ❖ Management of Violence and Aggression

Finally the Plan also identifies two other specific issues for which learning needs have been identified; General Practice staff and Child protection and Vulnerable Adults. Needs in both these areas have been agreed and built into the Plan.

The training needs were assessed in their professional groups and then collated to build up the learning plan. All of the training needs have been collated and planned using a consistent format across all staff groups, an example is below. The Plan is now used to plan and prioritise learning and development investment and activity across Lothian.

Figure 15: Exemplar Learning Plan

Radiology

Radiology services play a key role in movement along the diagnostic and therapeutic pathway for both in and out patients across Lothian. An efficient, streamlined process, delivered by trained and qualified staff, and managed appropriately, is required to ensure performance and report of procedures within targeted timescales. Further development of radiographers in CT, MRI, Ultrasound, Radiology Imaging, Mammography and GI radiology, with appropriate delegation of responsibility and related development and support of staff roles at other levels, is needed. This would maximise the use of available resource, positively impact on recruitment & retention and ensure continuing individual and service development.



Target group	Development	Short	Medium	Long	Ongoing	Lead
Fit for Purpose						
Superintendent Radiographers	Management programme: MBA			√		External
Superintendents	Critical reasoning skills	√				Local: T & D
Superintendent Rads, A&C Staff	First level management skills : supervisory skills	√	√		√	Local: T & D
Senior Staff	Negotiating Skills	√			√	Local: T & D
All staff	Communication skills	√			√	Local: T & D
Local: T & D	Caring for employees	√			√	Local: T & D
Role development to deliver service (e.g. effect of Consultant Contract)						
Sonographers	Advanced Practitioner (ultrasound)			√		University
Assistant Practitioner in GI	Radiographers		√			PGD
Nuclear Medicine Practitioner	Senior Rads		√			PGD
Reporting Plain Films 2 practitioners	Radiographers		√			PGC
CT head reporting	Senior Radiographers			√		PGD
IV Injections	Radiographers / Nurses / CSW	√			√	Local
To address difficulties in recruiting to Radiographer posts						
Asst Practitioner in Radiography	CSWs		√			NVQ

3.4.2 MMC/MCC

NHS Lothian has already successfully implemented Foundation Year 1 of the two year Foundation Training Programme which in turn is a component of the revised training and education programme for junior doctors – Modernising Medical Careers. However the changes associated with the introduction of MMC Foundation year 2 from 2006 and Specialist run through training from 2007 will potentially have a significant impact upon many clinical services and the staff working within those services.

FY2, to be implemented in August 2006 effectively replaces the first year of senior house officer (SHO) training. Foundation doctors are trained and assessed against specific competences set out in the Curriculum for the Foundation Years in Postgraduate Education and Training, as agreed with the General Medical Council (GMC) and the Postgraduate Medical Education and Training Board (PMETB).

NHS Lothian currently employs 110 FY1 trainees who started on September 2005 and will employ c135 FY2 trainees who are due to start in August 2006. Need to confirm nos with medical staffing.

NHS Lothian is currently undertaking an assessment of the impact of FY2 in order to identify the detailed impact upon the wider workforce. Initial work has identified a number of areas of concern around the impact of additional training and supervision requirements and the impact upon available time for doctors in training, additional demands upon the consultants and wider workforce and the potential loss of service delivery from trainees.

The implementation of MMC FY2 will be managed by NHS Lothian and will not have a detrimental impact upon clinical services and key targets. NHS Lothian will seek to absorb additional workload and pressures arising from FY2 implementation as far as possible within existing resources and workforce levels. A detailed action plan is in development and will be completed and signed off in May 2006.

Whilst the detail of the FY2 Implementation Plan are still be finalised it is clear that a range of changes will be required over the short to medium term to ensure the full implementation of MMC. These include workforce redesign, reallocation of clinical tasks, and modest increases in workforce numbers in technical support posts and additional nurse, physiotherapist and pharmacist input. We have already invested, where required in additional staffing where it was clear FY2 would bring significant pressures, A&E being one clear example. Any additional staffing has been included in the projections provided later in the report.

MMC has been and will continue to be a key driver for wider workforce and service change. All of the major service strategies within NHS Lothian, such as ICIC, will continue to be developed in line with the known or anticipated changes emanating from MMC implementation.

3.4.3 New and extended roles

In response to local and national service and workforce priorities, a structured framework incorporating all levels of staff from pre-employment health care assistants to advanced practitioners was developed within NHS Lothian – see the Career Pathway as discussed above.

Since 1997 NHS Lothian has developed the latter half of the framework, from Health Care Academy moving up through the vocational path towards HNC in Health Care. This robust pathway for non-registered staff has helped with cost efficient service provision within the current climate of recruitment and retention difficulties and crucially provides the basis for the development of new roles. Investment in creating a career structure for clinical support workers is supportive of the vision of transforming lifelong learning into the reality of a modern patient centred service. NHS Lothian have formed collaborative partnerships with NHS Borders to support similar development and have given focused support to Tayside.

However, given the changing needs of the service, incorporating the impact of Modernisation of Medical Careers and European Working Time Directive, there is an immediate need to develop training and education at higher levels, such as senior and advanced practitioners.

NHS Lothian have developed a curriculum based on generic skills for the Hospital at Night project, senior clinical staff, and current practitioners to fulfil an imminent service necessity,

this training is available with little cost to NHS Borders and NHS Fife, as part of the service level agreement for the advancing roles regional project.

To develop the advanced practitioner pathways a scoping exercise, audit and training needs analysis have been undertaken to inform the curriculum development. These identified that there will be a need for generic training modules over an eighteen-month period. This generic component of training will be applied across a range of multidisciplinary roles in tandem with the development of clinical competencies.

NHS Lothian has developed some of the proposed framework, and through both a strategic and operational group with representation from NHS Borders and NHS Fife is working towards development to help meet the needs of the services across the region as part of the NES 'Advancing Roles Project'. The advantage of it being transferred on a regional basis should ensure a coherent and synchronised planning of training requirements across the region. Currently a regional strategic multiprofessional advancing roles group runs bi-monthly with representation from NHS Borders, NHS Lothian and NHS Fife.

At present there are a number of projects within the South East region currently working on service redesign based on the Kerr report (2005). To ensure that the pathway meets service needs, Phase Two would incorporate different pathway specific education to different clinical needs that may emerge from ongoing work. It is important that these developments are made with our regional partners to ensure that we develop regional training programmes, ensuring a cost effective and standardised approach. Whilst there are a number of specialist programmes being delivered by Higher Education Institutions, future work will be carried out to map such programmes against future service demands. The relationship with our educational partners is crucial if future provision is to meet service needs. The recently set up NES sponsored NHS Educational Forum will have a key role in ensuring this is achieved.

Physician Assistant Project in NHS Lothian and NHS Borders

NHS Lothian, in partnership with NHS Borders, have developed a joint proposal for piloting Physician Assistants (PAs) within the Community Health Partnerships (CHPs). This proposal was agreed by the SHED and is now being implemented according to the national timescales.

Physician Assistants Pilot Project is seen as an ideal opportunity to support the strategic direction within *Delivering for Health* in which we see key priorities of improving the health of the most disadvantaged to reduce inequalities in health, and shifting the balance of care, particularly for patients with long term conditions, from recurrent reactive hospital admissions to proactive anticipatory care provided in community settings and through general practices.

The pilot will see NHS Lothian employing 4-5 physician assistants to work in the Edinburgh CHP and the West Lothian CHP.

The proposal aims to target this additional service to significantly deprived communities within North Edinburgh and West Lothian.

In North Edinburgh it is envisaged that Physician Assistants (PAs) would work initially in two or three disease areas within CHPs – diabetes, and coronary heart disease (CHD), or chronic obstructive pulmonary disease (COPD). This is intended to be a team approach to chronic disease management and not a primary care 'stand alone'. We therefore intend to work closely with secondary care colleagues, especially consultant medical staff and specialist nurses to provide a single patient journey. It is envisaged that secondary care colleagues will support primary care colleagues and vice versa.

The PAs are intended to enhance the current service, not duplicate it. They will be part of a team taking referrals directly from other primary care colleagues (GPs, district nurses, AHPs, practice nurses etc). We expect that the majority of patients will be assessed and

managed by the 'team', then either discharged back to GP primary care or referred on to more specialist care if required. This would be a 'one stop shop' approach with fast turnaround times. It should lead to more care being provided closer to the patients home, lead to continued standardisation of care for the two patient groups and release specialist time to deal with more complex cases.

In West Lothian CHP we are looking to employ 2 PAs that would help address key priority areas such as:

- ❖ Improving the health of the most disadvantaged
- ❖ Development of services in rural and remote communities
- ❖ Better access to primary care services
- ❖ Taking a systematic approach to long term conditions
- ❖ Anticipatory care
- ❖ Supporting people at home
- ❖ Preventing avoidable hospital admissions
- ❖ More local diagnosis and treatment
- ❖ Enabling discharge and rehabilitation
- ❖ Improving specific health outcomes
- ❖ Improving health and tackling inequalities

The lack of clarity here is largely based on the potential recruitment difficulties that Birmingham PCT faced when employing PAs and being mindful of this it is felt that it would be prudent to keep the specialities we are looking for as 'open' as possible.

A multidisciplinary team approach will be adopted to ensure patients receive the most timeous of care with the sharing of skills, knowledge and expertise across all disciplines both in Primary and Secondary Care. We plan to have the PAs managed in Primary Care under the auspices of the West Lothian CHP. They would work under the direct supervision of two GPs. It must be highlighted that the PAs must be mobile in order to promote the development of services in rural and remote communities.

NHS Lothian is well aware of the potential cultural difficulties of producing a new and unfamiliar healthcare worker in the NHS. However, previous work undertaken by the Board in the context of consultation on improving it's acute services, has already demonstrated a willingness by the public, and by patients, to see healthcare professionals other than doctors. Indeed patients welcome the more rapid access that can be provided by nurses, or specialist AHPs in a variety of community services, and feedback from pilot projects has always been positive in this regard.

The particular attraction for patients in the PA proposal is contained in the model of working of these staff. The PA model proposes a one stop shop approach to delivering healthcare, because a PA is capable not only of diagnosis, but initiating treatment including minor surgery, investigations, and initiating drug treatment. This more holistic approach rather than referral from another healthcare profession to a GP for some, or all, of these elements, are likely to appeal to patients, and will feature heavily in the information provided to them. NHS Lothian will support the introduction of PAs by providing information to practices and to patients well in advance of them taking up their posts. Patient involvement workers will be asked to ascertain the views of patients and feed these back into the planning process.

CHPs will ensure a named General Practitioner is the supervising doctor for each PA. The environment proposed for these workers should encourage safe and effective practice, and interaction with a wide range of other healthcare professionals.

The NHS Lothian Executive Management Team has committed to funding the employment and other local costs for up to 5 PAs if these are successfully recruited. NHS Lothian will provide a package of support to PAs if successfully recruited. This will include general induction, and a relocation package for domestic and social support, with named individuals in each local area assigned to act as hosts and advisors. Early introduction to their GP

supervisor would be essential followed by a more prolonged induction (1 week) to the NHS and to Primary Care. The objectives of clinical practice and the personal and professional development plans necessary to underpin that will be discussed and agreed at the beginning of the project, and before the PAs begin their clinical work.

A team approach is required to integrating the PAs with existing staff. Edinburgh CHP and West Lothian CHCP will establish project teams to educate local staff, plan for the introduction of PAs and ensure a smooth induction and follow up during the project. We would make use of the existing knowledge and networking with PAs in England to inform this process.

We plan to integrate the PAs with other members of the team by redesigning the team approach to managing long-term conditions. This will be done through the project teams and specific team members will work before, and after the PAs arrive on redesign pathways to make full use of PA skills and recognise the contribution of other team members. Team building support will be facilitated by OD and training.

NHS Lothian welcomes the opportunity to participate in the PA pilot project. We believe that our plans for integrating PAs into existing and developing new services for patients with long term conditions, and particularly in areas of deprivation are realistic. This project will be complemented by the 20/10 work and the infrastructure that supports that.

3.5 Organisational Change

3.5.1 Organisational Structure/Service Areas

NHS Lothian underwent a major reorganisation over the course of 2005-6. This reorganisation is still in the process of being 'bedded in'. It saw the development of:

- ❖ NHS Lothian
- ❖ NHS Lothian University Hospitals Division with 10 Service areas:
 - General Medicine
 - Women and Childrens
 - General Surgery
 - Theatres and Anaesthetics
 - Orthopaedics and Rheumatology
 - Head and Neck
 - Critical Care
 - Cancer and palliative Care
 - Cardiology, Respiratory and Cardiac Surgery
 - Clinical Services
- ❖ Five Community Health Partnerships:
 - West Lothian CHP
 - Mid Lothian
 - East Lothian
 - Edinburgh North
 - Edinburgh South
- ❖ Primary Care Organisation – which will disband once all services have been transferred to the relevant CHPs
- ❖ Single system working across all corporate departments including:
 - Human Resources, Finance, Information Services, Estate and Works, Service Planning, Facilities management, etc.

The process of reorganisation has seen considerable movement of managerial staff as they have been redeployed into posts in the new structures.

The implementation of single system working has enabled NHS Lothian to review its managerial costs and, through processes agreed in partnership side target a 10% reduction in support function costs. All support services and management functions were required to reduce their staffing budgets by the same 10%. It is expected that the total saving from this reduction will be in the region of £3.7m. To date 36 senior managers have opted to take exit packages and these posts will not be refilled.

3.5.2 Managed Clinical Networks

The white paper 'Partnership for Care' and 'Building a Health Service Fit for the Future' placed a strong emphasis on MCNs and CHPs as the way forward in planning and designing local services. MCNs are defined as:

"Linked groups of health professionals and organisations from primary, secondary and tertiary care, working in a co-ordinated manner, unconstrained by existing professional and health board boundaries, to ensure equitable provision of high quality clinically effective services throughout Scotland"

MCNs can operate in a variety of different ways – some have fully established links across the patient's pathway and strong links with tertiary centres, others function in an informal manner between interested groups of clinicians.

MCNs at Board level are actively involved 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. The 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. They are also working across Boards to ensure patients' pathways from primary care to secondary care and if required to tertiary services are as seamless as possible.

The Regional Workforce Plan describes 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 will be picked up through the data collection process with the relevant clinical services.

3.6 Non NHS Lothian and External Partners

3.6.1 NHS Education for Scotland sponsored NHS Lothian educational solutions for workforce development - Examples

Background to regional alignment in NES

NHS Education (NES) has set up three Regional NES teams, in the southeast, west and north of Scotland to develop a regional focus for NES activityⁱ.

The NES SE Regional Development Team (RDT) contributed recently to the SEAT Workforce Plan. The report included an introduction to the work of the team, including the contributions to education infrastructure in the SE of Scotland, including NHS Lothian.

The strategic focus of the SE RDT is multi-disciplinary working and enabling NES engagement with the SE NHS region, to ensure that the support for service needs / redesign drives specific educational solutions for staff development. The RDT is also developing links with other stakeholders in healthcare staff development, including national NHS organisations. We are currently represented at SEAT, and are core members on the SEAT Workforce Development Board, which will enable a more strategic approach to the funding of initiatives/infrastructure as the regional plans and workforce plans further

evolve. Our direction of travel is to assist the region's Workforce developers to identify their priorities for funding and provide support and resources in a targeted and focused way. While we will still be in a position to fund educational solutions at Health Board level, it will increasingly be within the context of regional developments to ensure staff development impacts directly on improved outcomes/ patient flows etc across the region.

NES SE Educational infrastructure developments

We have launched a SE (NHS) Education Forum, to include 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 (all types of NHS workforce). The Forum should be in a position to resolve important issues and could be a catalyst for strategic change. An exploratory meeting was held at the end of March 2006.

NES sponsored educational activity for example professions

The SE RDT contribution to the SEAT workforce plan focused on NES work at national, regional and local level for medicine, nursing and midwifery, psychology, dental, pharmacy and allied health professionals. Please see the regional workforce plan for this information.

Our contribution to NHS Lothian workforce planning and development is exemplified by a selection of specific projects which NES supports involving NHS Lothian, see below:

Title/aim of project: *Supporting the development of Advanced Practitioner Roles as part of a Career Framework for the SE Region*

Project timescale: 2005/06 to 2006/07

Aims/Outcomes/Anticipated Outcomes: Supporting the development of advanced practitioner roles as part of a career framework for the SE region, by providing and sustaining the expansion of training capacity for role development in response to Modernising Medical Careers and European Working Time Directive. Partners – NES, NHS Lothian and NHS Borders.

Level of support from NES: £150,000 from NES SE RDT

Title/aim of project: *Out-of-Hours/Unscheduled care*

Project timescale: 05/06

Aims/Outcomes/Anticipated Outcomes: Enhanced educational opportunities for Unscheduled care service. Practitioner training.

Level of support from NES: £15,000 from NES national workstream funding

Title/aim of project: *Competency mapping for Out-of-Hours/Unscheduled care*

Project timescale: 05/06

Aims/Outcomes/Anticipated Outcomes: Mapping of NES OoH Competencies and SfH Competencies against Lothian OoH practitioner roles

Level of support from NES: £7,000 from NES national workstream funding

Title/aim of project: Hospital at Night

Project timescale: 05/07

Aims/Outcomes/Anticipated Outcomes: Enhanced educational opportunities for Hospital at Night service, Practitioner training in ALS, Development and audit of PDA system

Level of support from NES: £80,000 from NES national workstream funding

Title/aim of project: *Mental Health (Care and Treatment)(Scotland) Act 2003 Education and Training for Front-line staff*

Project timescale: 03/06

Aims/Outcomes/Anticipated Outcomes: Easily accessible education / training resources to help prepare frontline staff in Scotland to understand and work safely and effectively within the Act Interactive web based resources produced with paper and CD formats also available. Training events run for Forensic, CAMH's and Learning Disabilities Services, Training for Trainers Resource developed in collaboration with local training co-ordinators

Level of support from NES: £80,000 from National and NES funding

Title/aim of project: *Adults with Incapacity Act 2000:Part 5 Amendment / Assessment of Incapacity Training*

Project timescale: 05/06

Aims/Outcomes/Anticipated Outcomes: Extend the powers to certify incapacity to consent to treatment to other health professionals. Develop and pilot the delivery of a module on Assessment of Incapacity with 300 health professionals (Dentists, Nurses and Ophthalmic Opticians) in two cohorts. Enable these health professionals to assess a patient's capacity to consent to treatment and certify incapacity where appropriate.

Level of support from NES: £96,000 from National and NES funding

Title/aim of project: *Small Group Learning in General Practice*

Project timescale: 2005/06 to 2006/07

Aims/Outcomes/Anticipated Outcomes: Project newly launched, to include some support from the NES SE RDT. The project should include several Lothian general practices.

3.6.2 Care Home Sector

National information on care home ownership, care home client capacity – the number of available beds - and staffing levels is, as yet, unavailable. However, through working closely with the Care Commission and Lothian care homes, information on client groups, client capacity, home ownership and staff establishments is available and mostly complete for the Lothian area.

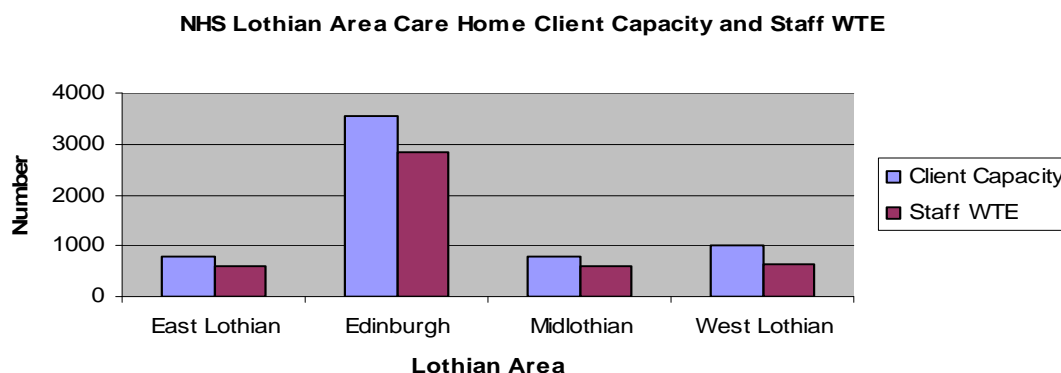
Across the Lothian area, as shown in Table 1, 271 care homes; operated in the voluntary, private and local government sectors, caring for a variety of client groups from elderly people to those with learning difficulties, disabilities and alcohol and drug misuse.

Figure 16: NHS Lothian Board Area Care Home Staffing and Client Capacity

Area	Number of Care Homes	Client Capacity	Staff WTE
East Lothian	28	783	601
Edinburgh	159	3,548	2,859
Midlothian	38	798	612
West Lothian	46	992	627
Grand Total	271	6,121	4,700

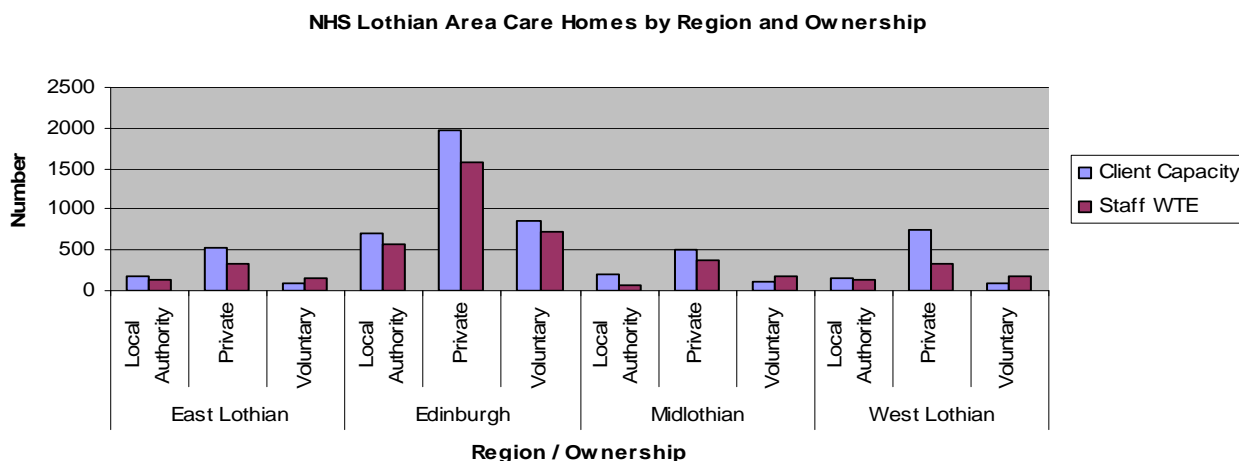
58% of client capacity and 60% of staff WTE are based in Edinburgh whilst the remaining care home capacity and staff establishments are evenly distributed between East, West and Midlothian.

Figure 17: NHS Lothian Board Area Care Home Client Capacity



Across Lothian, the proportion of privately owned care homes ranges from 55% in Edinburgh to 75% in West Lothian. Over 75% of all voluntary sector care homes and staff are in Edinburgh based establishments. Voluntary sector care homes in East, West and Midlothian represent, with an average of 12%, a smaller percentage of care homes but maintain a higher percentage of staff with an average of 26% of total staff in each of the council areas. Care homes owned by local authorities make up between 15% of all establishments in West Lothian and 23% in East Lothian.

Figure 18: NHS Lothian Board Areas Care Homes by Region and Home Ownership

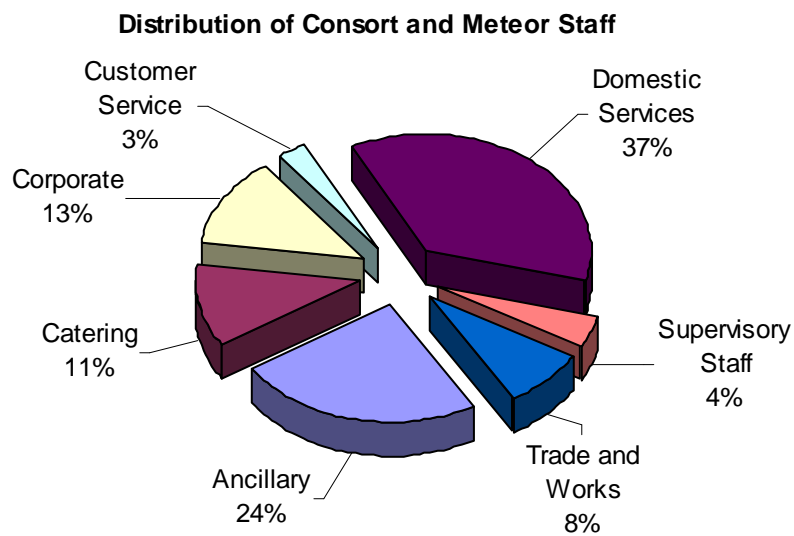


Workforce planning within NHS Lothian will need to reflect the current and future workforce requirements of the Care Home sector and this will create an area of work for the coming year with local authority, voluntary and private sector partners.

3.6.3 Facilities Management

As part of the PFI arrangements for new Royal infirmary all Facilities Management services were transferred to a Facilities Management company – Consort and Meteor in the case of car parking. These companies provide a number of services at the NRIE. The staff is diverse including estates, trade and works, supervisory/management, etc, as shown below:

Figure 19: Distribution of Consort and Meteor Staff by Staff Group



There is a total workforce of c506, with a wte of c457.

Figure 20: WTE Table by Staff Group

Staff Group	wte
Ancillary	111
Catering	51
Corporate	57
Customer Service	14
Domestic Services	167
Supervisory Staff	20
Trade and Works	38
Grand Total	458

As with the comparable NHS workforce there are a large number of part time workers.

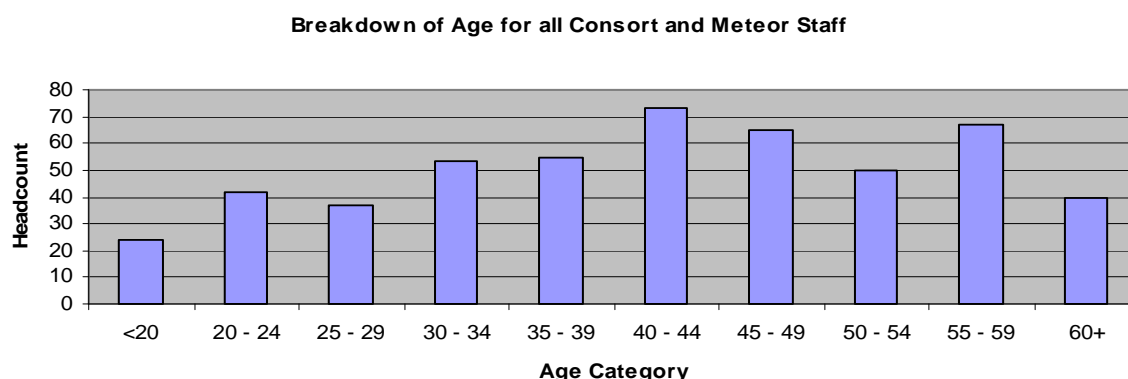
Figure 21: Table detailing Staff Group and Contract Type

Staff Group	Contract Type		Total
	Full time	Part time	
Ancillary	87	37	124
Catering	43	14	57
Corporate	75	5	80
Customer Service	12	1	13
Domestic Services	117	78	195
Supervisory Staff	19	1	20
Trade and Works	38	-	38
Grand Total	370	136	506

Overall c.73% of staff work on full time contracts in contrast to 27% of staff on part time contracts.

The age profile of the Consort and Meteor workforce mirrors the NHS profiles, see below:

Figure 22: Distribution of Consort and Meteor Staff by Age Category



However and as with NHS Lothian workforce there will be a significant portion of workforce approaching retirement c.29% are over the age of 50 in areas such as facilities management, trade and works, laundry and planning.

3.6.4 Links with other External Agencies

NHS Lothian is working hard to develop workforce planning links with other key agencies. Meetings are underway with workforce planners within social work to ensure we can jointly support work already underway within specific projects, such as Services for Older People Strategy.

The relationships with Higher and Further education are already robust but the development of the SE (NHS) Education Forum, supported by NES will enhance these relationships.

In workforce planning terms there are still areas that we need to address. For example we need to consider how best to link in with the voluntary sector and with independent practitioners and identify and progress our mutual agendas.

3.6.5 Infrastructure

NHS Lothian continues to work closely with several local regeneration project groups. These groups, including local residents and council leaders, aim to further the education and employment prospects of local residents and represent a considerable positive sum opportunity.

Initial pilot projects with local regeneration groups such as Craigmillar have yielded a great deal of interest and considerable success in specific NHS Lothian projects i.e. the Healthcare Academy. NHS Lothian has extended to all local regeneration groups the offer of planning and monitoring services and aims to continue to maintain and further develop our links with such group across the Lothians.

3.6.6 Housing and Accommodation

There is significant hard and anecdotal evidence to indicate that the availability of affordable housing and accommodation in the Lothians and Edinburgh City is a deterrent to recruitment from other parts of Scotland, the UK, and abroad.

Post code analyses also indicates that the geographical area within which existing and new staff are prepared to, or require to commute, is continuing to increase: post codes reveal a trend for staff employed within the Edinburgh City boundary to reside in East, West, and Midlothian, and parts of Fife and the Borders. There are specific exceptions to this trend such as the workforce profile at the new Royal Infirmary in the South of Edinburgh. Conversely, and predictably, the number of staff from the various city postcodes immediately surrounding the new hospital, and from Mid and East Lothian has risen considerably. .

Further analysis reveals more complexity: until 5 years ago almost 50% of staff based at the Western General Hospital in Edinburgh lived within 3 miles of the hospital. This figure has dropped in 2005 to just over 40% - a consequence of increased rate of retirements, and replacements facing a very different set of localised socio-economic factors

Further complexity may arise as a result of announced intentions by the Forth Estuary Transport Authority (FETA) to raise the tolls on the Forth Road Bridge by as much as £3 per journey to £4, a 300% increase. Such an increase will significantly increase financial pressure on Fife residents who work in NHS Lothian and Lothian residents who work in NHS Fife. Across NHS Lothian over 760 staff travel from Fife to Lothian to work in the NHS services. As an example a study recently identified a significant risk to the workforce at the Western general hospital, where over 300 staff commute from Fife on a daily basis, should the worst case scenario be implemented. This estimated the worst-case scenario of Fife residents working in NHS Lothian being asked to share an increased annual toll charge of over £280,000. Similar issues will exist for staff commuting in the opposite direction.

To ensure a continuing, essential flow of professional expertise into the Region, and to ensure that the supply side of the workforce planning equation is achievable, action is being taken now, as identified below, to secure access to affordable housing and accommodation for both existing and new staff:

- ❖ 30 flats and 4 townhouses in close proximity to the Royal Infirmary of Edinburgh have been leased for the exclusive use of NHS staff
- ❖ Housing Associations in Edinburgh and the Lothians have agreed to provide details of affordable, mid-rent housing and accommodation to Boards and NHS staff, as such properties come on the market
- ❖ Discussions are underway with Edinburgh City Council on the options for strategic collaboration on meeting the future needs of public sector staff generally
- ❖ All substantial housing developments now require a 15% affordable housing element. With the likely release of NHS land for development over the next 5 to 10 years,

consideration is being given to the requirement for and cost implications of increasing that element to 20% or more, with the additional capacity being made available exclusively to NHS staff on an ongoing basis.

Unfortunately, within Lothian, there remain pockets of high deprivation and recruitment and retention strategies will need to reflect and focus upon these groups of staff in what will become an increasingly tight labour market – the Healthcare Academy model and the maintenance of strategic links with local regeneration project groups will continue to play a key role in this issue.

3.7 Legislative environment

European Working Time Directive

Compliance with the EWTB is an inherent constituent of the workforce planning process and the workforce planning principles in the process of being agreed within Lothian will embed this into the workforce planning.

Pension

Within the NHS Lothian region 13% of the workforce are over 55 years old and 24% over the age of 50. This is a matter of concern for future supply and any changes in pension legislation or scheme conditions could have an impact on retention within these age groups. It is anticipated that changes to pension tax arrangements in 2006 may lead to an acceleration of retirements with the Consultant workforce in particular and close local and regional monitoring is in place to forecast any significant changes.

4 Workforce Context – NHS Lothian Baselines 2005/6

4.1 The workforce profile for NHS Lothian 2006 can be found in appendix 2. This provides a detailed breakdown and analysis of the workforce employed by NHS Lothian over the last 10 years where possible. Key points to note are:

- ❖ Ten year trend 1995 to 2005 shows a growth in all clinical staff groups
- ❖ Age profile of all staff is consistent with expectations but potential future concerns within administrative and clerical, Trades and Works and non registered nursing staff – although there are significant variations across Lothian and site/service
- ❖ Nursing workforce has grown by 11% over the last 10 years, above the national average of 6%
- ❖ Consultant Medical staff have increased by 38% over the last 10 years, doctors in training by 24% over the same period
- ❖ 93% compliance with New Deal requirements
- ❖ AHPs grow by 38% over last 10 years
- ❖ Scientific and professional staff have largest growth of all staff groups – 49% in last 10 years
- ❖ Administrative and Clerical workforce consistent with national figures – NHS Lothian have lower percentage of Senior Managers than national average

4.2 Appendix 3 includes a summary of the key workforce performance indicators for NHS Lothian as reported in the Quarterly Workforce Report. This identifies and reports on a range of key indicators and is widely distributed across Lothian to provide information and context for a range of local service workforce planning. Some key points to note based on monitoring for the first three quarters of the 2005/6 financial year are

- ❖ Payroll costs increased by £22.3m in last year – mainly driven by additional staffing numbers, inflationary pay uplifts and Pay Modernisation – Consultants Contracts
- ❖ Overtime costs have reduced 6.2% to £5.1m
- ❖ Banding payments for training grade medical staff have reduced by £46k, however when adjusted for pay inflation this represents a decrease of approximately £0.7m
- ❖ Overall sickness absence hours lost has reduced by 2%
- ❖ Agency staff utilisation down by 28 wte
- ❖ Reduction of 8% in the use of temporary contracts

5 Staff Group Supply and Demand Projections

5.1 Workforce Planning Methodology

NHS Lothian has developed a methodology that enables us to synthesise the various changes to supply and demand drivers and to assess the potential recruitment/supply targets that will need to be achieved to meet these targets. The modelling tool is based on excel spreadsheets and enables us to model the impact of changes in supply and demand factors.

Supply side factors include factors such as turnover and retirements. Future forecasts are based on historical rates for turnover and average retirements ages of the existing workforce.

Demand factors that will increase or reduce the workforce required to deliver services, such as the impact of service redesign, development of new or advanced roles and the impact of the implementation of the European Working Time Directive. Some of the demand forecasts can be extrapolated from existing workforce data, however much of it is dependant upon the development of detailed models for service delivery or the redesign of existing service models in response to major change, such as the implementation of MMC.

Projecting the workforce requirements for NHS Lothian beyond the short term is difficult for a number of reasons, as discussed earlier in the plan. NHS Lothian has developed a template to help collect and collate the planned or anticipated changes on the workforce demand from each service. An example of the template used can be found in appendix 5. The returns to the templates have been used to develop the revised workforce 'targets' within the modelling tool.

Longer-term workforce demand assumptions can also be fed into the model to assess the likely impact of assumed changes. In

The modelling tool based on the data above will allow us to work out the forecasted changes in the existing workforce supply and the changes in workforce demand and will then identify the gap that is then expressed as a 'recruitment target'. This recruitment target can then be assessed against the wider workforce supply factors within the labour market and determine if this is a viable and achievable target. It can also be fed into the wider planning process and assessed against other planning assumptions. In the following section on Medical Workforce we have provided an example of this in assessing the likely impact of a potential growth in the consultant workforce of 12%. This capability is useful in scenario planning for the longer term and will be further developed as workforce planning processes develop in Lothian.

Workforce planning as a formal and structured process is still being developed and embedded within NHS Lothian. Whilst there are many examples of good practice locally across Lothian workforce planning has not historically been given the importance or rigour that service and financial planning has benefited from. This is changing in NHS Lothian. This Plan sets out the methodology and process and provides a starting point for NHS Lothian to build upon in future Workforce Plans.

Appendix 4 of this plan provides detailed 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 and future years plans.

5.2 Projected Workforce Changes

The following key points detail the projected changes over the next five years:

- ❖ Consultant workforce is projected to increase by 36 wte, 5.6% over the next 10 years. 22 wte of increase associated with consultant expansion and 13.6wte associated with service developments, waiting times or consultants contract
- ❖ The registered nursing workforce is projected to increase by 156wte over the next five years, 83wte of this increase was previously identified as part of the SNIP 2005 exercise, with an additional 73wte identified through the process involved in developing this plan, primarily driven by service developments, waiting list/times initiatives and the introduction of hospital at night.
- ❖ Non-registered nursing workforce projected to contract by 43wte, 1.6% over the next five years, due to ward closures.
- ❖ Overall AHP workforce projected to increase by 14wte over the next five years, there will also be an increase of 11wte physiotherapists in the 2006/7 financial year for one year.
- ❖ A&C and senior management are projected to reduce by 36wte overall as a result of efficiencies gained through the introduction of single system working. There is however a projected increase of 9wte associated with clinical service developments.
- ❖ Clinical scientists and P&T:B workforce projected to remain constant with no overall increase
- ❖ Estates and works workforce are projected to remain constant with no overall increase.

6 Workforce Planning & Development – Action Plan

The following actions are priority for 2006-7.

6.1 Performance and Productivity

- ❖ Whole system process improvement - LEEN Project. Working in partnership with National Education Scotland (NES), 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 LEEN.
- ❖ 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
- ❖ 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
- ❖ 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

Supply

- ❖ Develop modelling capability to assess impact of changes in wider NHS Lothian demographics on future workforce supply
- ❖ 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
- ❖ 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
- ❖ Participate in the national pilot of Physician Assistant role in a joint exercise with NHS Borders
- ❖ Continue to support 'infrastructure' projects that will aid recruitment and retention, including initiatives covering affordable housing and transport.
- ❖ 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

Demand

- ❖ Fully support the national Nursing and Midwifery Workload and Workforce Planning Project and the Regional Nurse Advisor
- ❖ 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
 - Children and Young Peoples Health and Health Services Strategy and Re-provision of The Royal Hospital for Sick Children, Edinburgh (RHSCE)
- ❖ 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
- ❖ Assess the impact of new GMS contract upon demand for other sections of the workforce eg nursing Productivity Improvements
 - NHS Lothian will pilot, along with NHS Greater Glasgow, a process for collecting workforce data from Independent Contractors

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
 - An On-line Recruitment facility is being piloted in NHS Lothian and will launch April/May 2006. 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
- ❖ 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
- ❖ 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 and Plan is in place.

- 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+ in achieving a wider "High Street" presence
- ❖ 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.

6.4 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.

6.5 Employment Infrastructures

- ❖ NHS Lothian will continue to develop and implement flexible working to maximise performance and productivity and attract and retain the required workforce. Appendix 6 provides an overview of the policy framework to support flexible working practices being put in place within NHS Lothian to ensure that we are able to recruit and retain employees.

6.6 Partnership working with other agencies

- ❖ NHS Lothian will 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

- ❖ 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

- ❖ 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
- ❖ Continue to develop Quarterly Reporting of Workforce Performance Indicators
- ❖ Implement Lothian wide HR system to cover all 27,000 employees (inclusive of Nurse Bank staff)
- ❖ Revise existing workforce baselines in light of:
 - Organisational restructuring and creation of CHP/CHCPs
 - Impact of Agenda for Change
- ❖ Develop Workforce planning team
 - Continue skills development programme
 - Attendance Workforce Planning Manager as Regional representative at National Workforce Projects Strategic Workforce Planning programme

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- 4 Staff Group Supply and Demand Projections
- 5 Workforce Planning Template
- 6 Flexible Working Within NHS Lothian
- 7 Workforce Planning Principles

8. Bibliography

The Child and Adolescent Mental Health Workforce Group: Getting the Right Workforce Getting the Workforce Right – A strategic review of the Child and Adolescent Mental Health Workforce (2005)

Scottish Executive: Delivering for Health (2005)

NHS Scotland: Building a Health Service for the Future (2005)

NHS Scotland: Maternity Services Workforce Planning: A Baseline Report (2005)

HDL (2005) 52, 'National Workforce Planning Framework 2005 – Guidance'
