

CONTENTS

Introduction – By Mr John Glennie, Chief Executive, NHS Borders

Chapter 1 : **Review Of The 2008 Local Workforce Action Plan and Progress**

Chapter 2 : **Policy Context**

Strategic Change Programme

Integrated Health Strategy

Key Workforce Commentary for each Clinical Board

Partnership Workforce Conference

Population Changes in Scottish Borders

Health Status of Local Population

Scottish Borders Labour Market

Tackling Health Inequalities through Employment

Role Development

Knowledge and Skills Framework

Developing Workforce Planning Capability within NHS Borders

Chapter 3 : **A Force for Improvement – The Workforce Response to Better Health Better Care, 2009. NHS Borders Workforce Action Plan 2009 – 2012,**

Chapter 4 : **Workforce Projections and the 3 “A”Test – Affordability, Availability and Adaptability**

APPENDICES

- 1. Update report on the LWP 2008 Action Plan**
- 2. H1N1 Workforce Action Plan (August 2009)**
- 3. Final Report on Doctors in the Training Grade Working Time Compliance August 2009**
- 4. Workforce Highlights for NHS Borders submitted to SGHD in April 2009**
- 5. Our three workforce planning priorities**

INTRODUCTION

NHS Borders depends on dedicated people who are committed to the highest quality services to patients. Our workforce will help create a healthy Borders through health improvement, tackling health inequality and improving quality.

I am pleased to support the third annual NHS Borders Local Workforce Plan. Our action plan deliberately focuses on the longer-term direction of travel to enable NHS Borders to prepare for future workforce challenges while ensuring support for day-to-day provision of local health services. We focus upon strategic workforce actions and this year the content is linked to the Board's corporate objectives and the outcome of our partnership workforce conference. In January I was guest speaker at the Board's fourth partnership workforce conference, jointly sponsored by the Area Partnership Forum and Area Clinical Forum. It is entirely appropriate that the feedback from the delegates has shaped this workforce plan as above all, we view workforce planning as an activity best undertaken in partnership with our staff and their representatives. I am looking forward to plans in 2010 to roll out the Partnership Workforce events to each of the localities to ensure more of our frontline staff have the opportunity to be involved.

It is accepted that workforce planning is a key element of strategic planning. Successful management of demographic changes within the workforce and the wider population, is crucial if we are to secure the people we require to deliver services to the population of the Scottish Borders. Over the last 2-3 years NHS Borders has begun to build expertise and experience in workforce planning. Service managers who lead and run our services undertake the bulk of workforce planning, and NHS Borders has embarked on a programme to develop local workforce planning capacity and capability of service managers. This process will continue in this forthcoming year.

I am keen to ensure leadership for workforce planning at all levels within NHS Borders whilst recognising that integrated workforce planning with wider health and social care partners will lead to joined-up delivery of services. Our task now is to progress workforce planning as a strand of "Your Health: Our Future" with the objective over the next three years of ensuring that we can provide an affordable, fit for purpose workforce, capable of delivering the required health services.

John Glennie
Chief Executive

Chapter 1.

Review of the Local Workforce Plan 2008-09

In the Local Workforce Plan 2008-2009 we highlighted strategic workforce actions, linked to the Board's corporate objectives, our Strategic Change Programme and the Local Delivery Plan. Integration to service and financial planning was emphasised throughout the document as we set out the "service development cycle" for dynamic workforce planning.

We outlined accepted workforce planning methodologies, to be rolled out to the service spreading out workforce development expertise and capacity as we face a challenging period of service change. In the last 12 months AHP Leads, Charge Nurses and a co-hort of community nurses have participated in the local training programme. With the publication of the NES Workforce Planning Resource Pack (2009), we have a framework for taking this forward.

A monitoring mechanism (based on the Managing Performance (MoP) reports for corporate objectives provided to the NHS Board) was developed for our workforce actions and the final report as presented to our Workforce Board is presented as appendix 1. Highlighted below, within each section of the action plan, are the key achievement and an action rolled over to this Local Workforce Plan in 2009/10.

Section 1 – Redesign of Services:

Key Achievement in 2008/2009

Workforce proposals were devised for acute paediatrics to secure a sustainable future service were devised and considered at a stakeholder option appraisal event on 24 October 2008, and endorsed by the NHS Board. Implementation of a new model will be staged over 3 years and commenced in August 2009.

Key Task for the 2009/2010 Action Plan

Take forward "Modernising Community Nursing" as a replacement for RONIC pilot and strengthen career framework in Mental Health Nursing.

Section 2 – Developing New Roles

Key Achievement in 2008/2009

NES non-recurring funding has initiated new SVQ Level 2 and 3 Care programmes, mapped to KSF and which take account of the Clinical Quality Indicators, Patient Safety (SGHD 2007), Patient Experience (SGHD 2007) and local service needs which will ensure that NHS Borders Health Care Support Workers are developed to a standard level of skill and competence to provide safe and caring healthcare. All SVQ programmes will be evaluated.

Key Task for the 2009/2010 Action Plan

As part of plans for reshaping the medical workforce, assess options for expanding the role of Hospital at Night Practitioners in the weekend out of hours period to augment junior doctor input.

Section 3 – Recruitment and Retention

Key Achievement in 2008/2009

Improved links with local secondary schools. Careers events for school pupils took place Wed 19th Nov 2008 and 25th Feb 2009 and a process has been developed to streamline workplace tour requests.

Key Task for the 2009/2010 Action Plan

Investigate how NHS Borders can aid retention of employees nearing retirement, e.g. to train and develop new and existing staff, review the “Age as Asset” research findings.

Section 4 – Productivity Improvement Measures

Key Achievement in 2008/2009

Absence control processes and Management of Attendance Policy in support of reduction of sickness absence rate to 4% or below.

Key Task for the 2009/2010 Action Plan

Produce a set of recommendations to achieve productivity gains from Pay Modernisation grading arrangements across NHS Borders

Section 5 – Workforce Planning and Information

Key Achievement in 2008/2009

Quarterly and annual workforce reports introduced for Workforce Board and Staff Governance Committee.

Key Task for the 2009/2010 Action Plan

Establish improved workforce projections for career grade doctors, implementation of “Reshaping the Medical Workforce”

Section 6 – Learning and Development

Key Achievement in 2008/2009

Learning and Development Strategy and Business Plan subject to full consultation and launched in this past year.

Key Task for the 2009/2010 Action Plan

Support managers and staff to utilise KSF when planning service redesign and personal development.

Our strategic workforce actions this year are linked to the Board’s corporate objectives and aligned to the five core workforce challenges for NHSiS as described in “A Force for Improvement, The Workforce Response to Better Health Better Care (2009)”.

The Five Workforce Challenges:

- 1) Tackling Health Inequalities
- 2) Shifting the Balance of Care
- 3) Ensuring a Quality Workforce
- 4) Delivering Best Value
- 5) Moving Towards an Integrated Workforce

In addition we have added two local sections to our action plan (chapter 3), the first to support workforce information and the other to support each of the Clinical Boards and non clinical Support Services in the workforce priorities which emerge from the Integrated Health Strategy.

Chapter 2.

Policy Context

Strategic Change Programme

NHS Borders continues to face a number of challenges in the coming years such as a growing older population; changes to our workforce with a reduced pool of younger workers from which to recruit, significant staff shortages in some key clinical areas; and a desire to focus on shifting the balance of care from hospital-based care to more community and preventative services in order to deliver a more flexible health service. An overarching document “Your Health: Our Future” sets out the basis for the need to change the delivery of health care to meet current and future challenges and will be launched during the autumn of 2009.

In addition, there have recently been changes to the formula used to allocate funding to Health Boards in Scotland, and a requirement has been placed on all public sector bodies to make efficiency savings each year. At the same time, NHS Boards are required to deliver a number of key Ministerial and Government Targets and outcomes, including those set out within “Better Health, Better Care” which was published by the Scottish Government in 2007. If we don't address these challenges then we will have increasing problems in future, including:

1. Demand v Capacity
 - Waiting times could get longer for tests, investigations and treatments;
 - Emergency activity could impact planned procedures resulting in operations being cancelled;
2. We could need to treat a significant number of people for health problems which could have been prevented
 - E.g. obesity and alcohol misuse.
3. We would continue to spend a lot of money delivering care through beds and buildings rather than more community based services;
4. Borders may not be able to sustain the range of services currently provided locally.

It is clear both from a service and workforce planning perspective that the status quo is not an option, therefore the Strategic Change Programme was introduced in 2008 to ensure that changes in demography within the workforce and a tighter financial environment are addressed. This will be achieved through:

- Review of our resources i.e. workforce, buildings & facilities to see if we can make better use of them;
- Review of our services, so that they are contemporary and meet the needs of people accessing them in future;
- Review of the referral & admission trends & service performance to reduce variation within Borders;
- An ambition to move towards the upper quartile of peer group benchmarks (similar Health Boards in Scotland) – such as Length of Stay/Increasing Day Case Rates.

There are significant challenges, including the requirement to make difficult decisions about the future mix and configuration of services offered by NHS Borders. Appropriate and active engagement with our own workforce, patients, wider public and partner organisations such as Scottish Borders Council and Voluntary organisations, is vital.

Until July 2009 there were six separate work-streams within the SCP, each managed as an individual project. The Six work-streams were;

- Operational Budget Savings
- Improving Efficiency, Reducing Waste
- Productivity and Benchmarking
- Integrated Health Strategy
- Continuous Improvement
- Sustainable Workforce.

Some of the key Workforce challenges are being addressed through the Continuous Improvement strand. The remit of this project includes the alignment of service improvement and redesign work with existing/new collaboratives such as 18 week referral to treatment (RTT), Long Term Conditions, Mental Health collaborative, and national initiatives such as Leading Better Care (Senior Charge Nurse Review) and Productive Ward Pilot. The adoption and roll-out of LEAN (a business management toolkit based around rapid improvement events) across NHS Borders will support these initiatives.

The objectives within the Sustainable Workforce stream are now being taken forward in an integrated way under the Integrated Health Strategy banner, but may also feature as needs dictate in benchmarking and productivity or continuous improvement streams with more generic workforce and strategic objectives sitting under the workforce strategy.

Another key focus is on the integration of Workforce Systems and refinement to further improve management information, benefits realisation of pay modernisation, and the management of redeployment.

Workforce actions from the Strategic Change Programme work-streams feature in this years local workforce action plan (see chapter 4), further emphasising the integration between Workforce Planning with Service and Financial Planning.

Integrated Health Strategy

The Integrated Health Strategy will include a review of existing strategies and produce a series of recommendations for change to ensure our services are contemporary and fit for purpose. These recommendations will focus on most efficient use of NHS Borders facilities, making a stepped change to shift the balance of care and ensure a joint agenda with Scottish Borders Council and other partners.

NHS Borders has developed a series of service delivery scenarios and modelled the impact of these on health service activity over a 10 year planning horizon.

The following scenarios were developed with clinical board representatives:

- Do minimum – the levels of activity required to meet the assumed population change and achieving the targets set out in the 18 Weeks Referral to Treatment programme;
- Anticipatory Care – modelling the impact of reductions in admissions as a result of anticipatory care;
- Performance Improvement – using the results from the Productivity & Benchmarking work stream to model changes in length of stay and day case rates;
- Shifting the Balance of Care – modelling changes in care pathways to shift care from acute to community hospital/community setting and from community hospital to community settings;

Facilitated events were held with key representatives participating across the NHS Borders, external partners, and public representatives from the Public Partnership Forum and Scottish Health Council. The first event highlighted that NHS Borders has more beds per head of population than other similar health systems, and the longest overall length of stay within mainland Health Boards in Scotland. The focus of the second event was to review the models presented by Clinical Boards and look at the service delivery implications of performance improvements. These are related to length of stay benchmarked with our peers and the resulting reduction in bed numbers which would follow, supporting a shift in the balance of care.

The three key areas of work being taken forward as a result of feedback from the events are;

- Length of Stay
- Acute Assessment/Admission Avoidance Work
- 24/7 Inpatient Facilities

A series of proposals for future service models will be agreed, and subsequently business cases will be deployed during 2010

In preparation for the roll-out of the Integrated Health Strategy specific workforce assessments will be commissioned and feature in the local workforce action plan

Key Workforce Commentary for each Clinical Board and Support Services

At the end of July 2009, an initial exploratory workshop was held to agree key workforce challenges with representatives of the Clinical Boards in relation to the Integrated Health Strategy. Each Clinical Board identified workforce priorities for redesign and securing best value. This will be an on-going feature for Clinical Board leads and Workforce Leads to assess workforce priorities as we prepare to roll out the Integrated Health Strategy. In time a practical set of principles and guidelines will be agreed to complement local policy and practice and help enable change locally.

Borders General Hospital / Acute Services Clinical Board

The first key challenge identified by BGH was to review skill mix within theatres and consider the introduction of Healthcare Support Workers to support registered theatre nurses. This will introduce a new role, which will provide a new career development path in line with the NHS Career Framework. This proposal links to implementation of the theatres tool for Nursing and Midwifery Workload and Workforce Planning, potential improvements in theatre utilisation and systems as a result of LEAN methodology.

The second key challenge was on the medical workforce (especially MMC), specifically opportunities to move away from a dependence on training grade doctors for service delivery. The Secondary Care Review published in 2007 identified key workforce priorities for a future service delivery model relying on trained healthcare professionals. Taking the successful example of Paediatric Hospital at Night redesign, solutions to MMC in the longer term will likely rely on a mixed economy of consultant delivered services, role development and advanced practitioners.

Primary and Community Services

Redesign within community services, including community nursing and utilisation of community hospitals (including GP input) in support of shifting the balance of care is the key priority for PACS.

“Modernising community nursing” will present opportunities to address challenges of an ageing population through job re-design, role development and the introduction of a career pathway for community nurses. Potentially this will improve succession planning and recruitment and retention of staff into this vulnerable area.

Further priority within PACS is integration with Social Care in relation to intermediate care models, with the purpose of promoting patient self management and independence and new approaches to rehabilitation. The development of generic support workers would have benefits across the health and social care sector and lead to a shift in the balance of care. The main challenges around this are how we invest in joint posts and strategic engagement.

Mental Health

Within Mental Health, the priority centres on development of assistant practitioner roles across health and social care to promote a shift in the balance of care in relation to reducing re-admissions and changing the way in which rehabilitation services are delivered. This will require leadership development including service, professional and management across the health and social care sector to support the new models of care/new ways of working.

The vulnerability of the junior doctors first on-call rota is also a key concern for Mental Health and potentially advanced practitioners with enhanced skills including prescribing competencies could provide an alternative and sustainable out of hours service.

Learning Disabilities

Recruitment and Retention is the main challenge for Learning Disabilities and as a result a considerable number of patients are placed outwith the Scottish Borders for care. A skill mix review and succession plan to “grow our own” specialist skills are being considered to maintain this service locally. Joint working and generic support staff will be developed for future service models.

Next Steps for Workforce Priorities to Support Integrated Health Strategy

Establish workforce priorities for Support Services

Establish a regular dialogue between Clinical Boards and the Workforce Leads to take forward the workforce strand of I.H.S.

Establish a flexible section of the workforce action plan to record and monitor progress.

Partnership Workforce Development and Planning Conference

The third NHS Borders annual Workforce Conference, sponsored by the Area Partnership Forum and Area Clinical Forum took place on the 26th January 2009. The aim of the event was to give delegates the opportunity to directly contribute to and support the development of the Local Workforce Plan 2009.

The Conference consisted of;

- Keynote speech delivered by the Chief Executive, John Glennie
- A presentation on national workforce planning - "A Force for Improvement" by Derek Phillips (Regional Workforce Director)
- Workshops, which show-cased Nursing & Midwifery and AHP Workload and Workforce Planning Tools and the Community Census.
- Presentation on Joint Working/Workforce Planning initiatives by Graham Allison, Joint General Manager, Mental Health.
- Facilitated workshops.

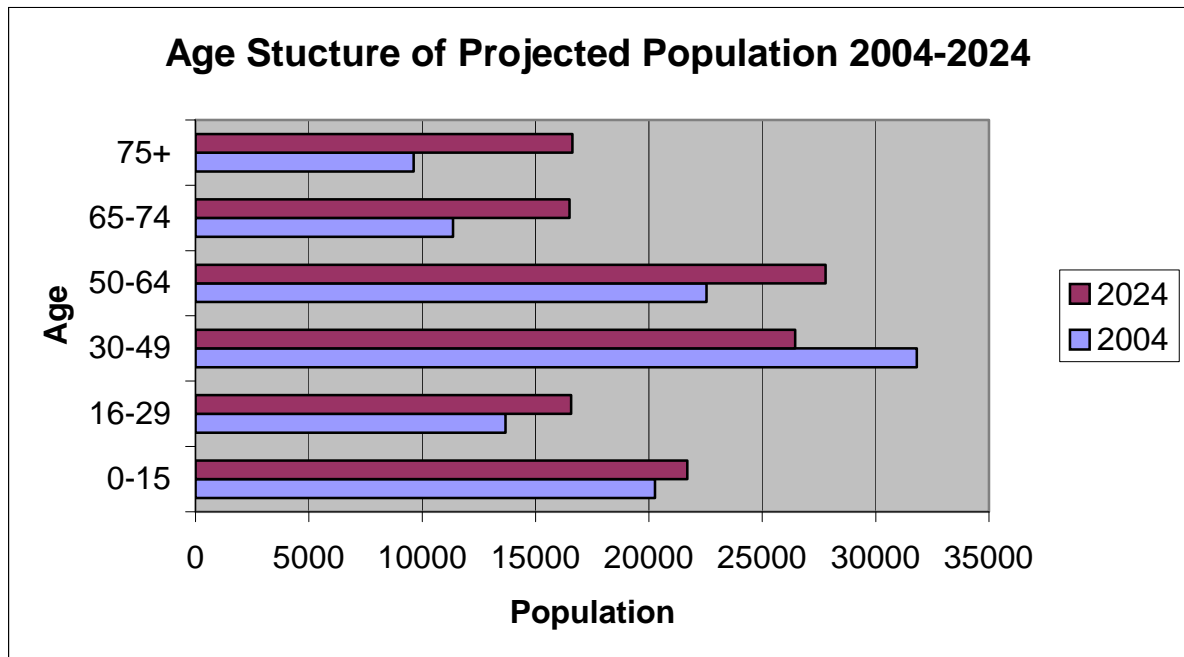
The key points of discussion to inform the development of the local workforce plan are shown below;

- Consider changing to a 3 year workforce planning cycle, to link in with other plans e.g. the financial plan and Integrated Health Strategy. On annual basis measure key milestones, develop reports when relevant.
- Promote good quality/consistent management.
- Develop and support succession planning through performance / appraisal / KSF – invest in staff to retain them.
- Promote culture change – inform/be informed/become solution focused (staff and patients).
- HR and training support required in role development.
- Continue to work towards Workforce Systems Integration – IT software that talks to each.
- Progress joint working with other organisations e.g. SBC at a number of levels e.g. – strategically – workforce/service planning levels, and also operationally – e.g. joint training and development courses.
- Align education to sector needs better – talk to providers about what is required – especially FE sector
- Look at system from attracting interest at schools right through to applying for university courses/joining NHS as a career.
- Prevent losing local qualified people because we have no vacancies.
- Publicise joint working – raise the profile – this will lead to increased opportunities in the service.

A "Force for Improvement" has identified Leadership as core to delivering on its five workforce challenges. One of the key messages from Workforce Planning Partnership Conferences was to improve leadership and line management capacity and capability across NHS Borders. As a result, a leadership development network is being established to bring together participants of leadership courses to share good practice, support key projects and build capacity and capability throughout NHS Borders. Coaching and the implementation of a 360^o appraisal performance tool are being rolled out to managers. Future strategic leadership development for senior managers is also being explored in partnership with SBC.

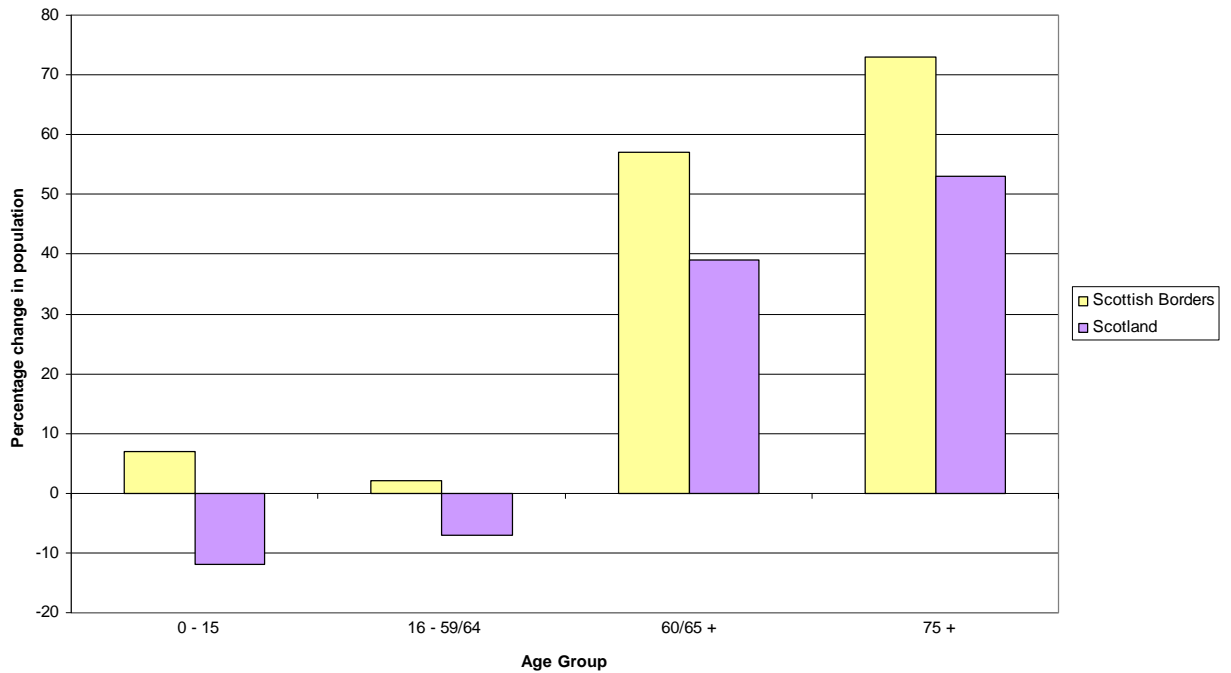
The event was well attended by a wide variety of internal/external staff and again received good feedback. This has been considered, along with feedback from the Staff Survey in the development of this Local Workforce Plan, with some specific actions feeding into this years Action Plan. Workforce Planning is taken forward in partnership within NHS Borders and actions are regularly reported to the Area Partnership Forum.

Population changes in the Scottish Borders



The number of people living in the Scottish Borders was **111430** on 30 June 2007. This has risen by 1.1% since 30 June 2006. The Scottish Borders population is projected to increase by 15% between 2004 and 2024, and as the graph above illustrates the number of people over 50 will increase significantly over the next 20 years. These statistics are concerning for NHS Borders given much of the workforce are in the 30-49 age category, and as the percentage of older people increases, the percentage of the population who may require access to care will increase, along with the complexity of care required as the population gets older. The figure below emphasises this point – we will see almost a 75% increase in the population over 75 years. The percentage of older people in Borders is already higher than the country as a whole and this will remain the case with higher percentage increases up to 2024 locally than for Scotland.

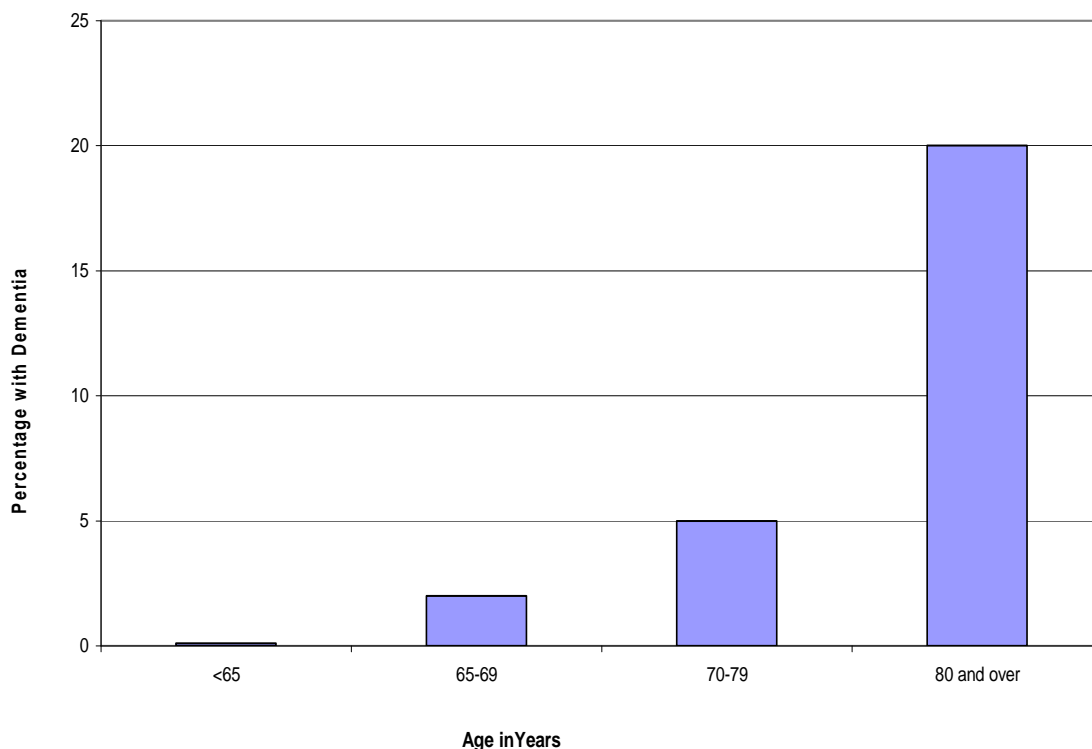
Projected percentage changes in population for Scottish Borders and Scotland, 2004-2024



Health Status of the Local Population

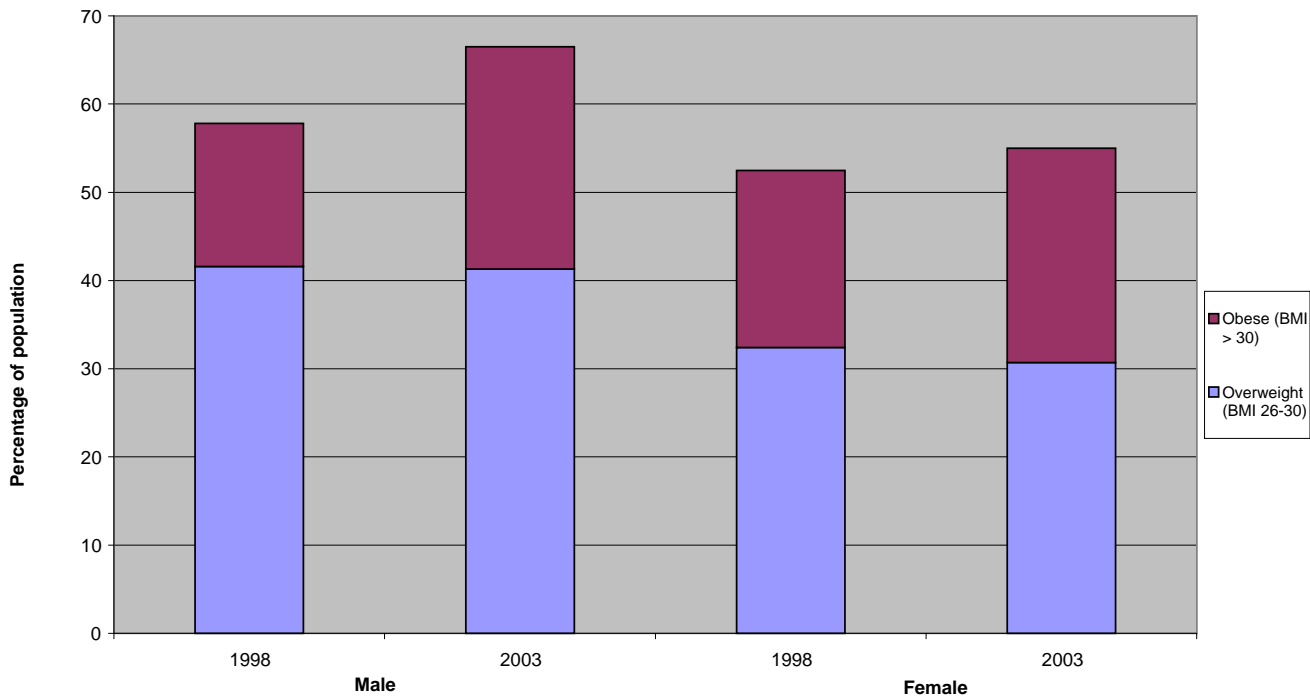
These population changes are important because most diseases, particularly long term or chronic conditions, are far more common in older people. For example, 3% of men between the ages of 45 and 54 years are diabetic (1.6% women), whereas 10% of men and women are diabetic over the age of 65 years; 11% of people between 45-54 years have cardiovascular disease (not including hypertension), whereas 33% do so between 65-74 years and around 40% over 75 years; finally, the prevalence of dementia rises progressively with age as can be seen in the chart below:

Prevalence of Dementia by Age



In addition to these factors there are two others that will impact upon health and well-being and service demand in the future – adverse risk factor trends and the effect of modern treatments. The most significant of the risk factor adverse trends is for obesity and the chart below shows that the majority of both men and women were over-weight or obese in 2003, that the prevalence of obesity is increasing and that approximately 25% of the population fall into this category:

Trends in overweight and obesity in South of Scotland men and women aged 16-64 years



This trend in obesity is the main cause of the increase in diabetes prevalence, with local figures almost doubling between 1995 and 2005, and obesity also leads to an increase in a wide range of other conditions including many cancers, hypertension, cardiovascular disease, and osteoarthritis.

Improvements in the delivery of modern effective treatments for many long term conditions is one of the major successes of the NHS over the last two decades. This has contributed to a reduction in mortality rates and improved the quality of life of many people. It is important, however, for NHS Borders to prevent ill-health through implementation of health improvement programmes within communities and equipping of the workforce to work with patients for primary and secondary prevention. A Force for Improvement states “all staff will be ambassadors for health improvement; safety and quality using every interaction with individuals, communities and populations and every patient care episode to maximise their Public Health and Education Role”. Equipping our staff to best perform their health improvement role will require commitment and resources internally.

Existing health improvement programmes, e.g. smoking cessation, show that a structured approach to interventions from specialist intensive support to generalist brief intervention is effective at supporting individuals to change health behaviours and experience health gain.

However, it also tends to increase the prevalence of long term conditions if not counterbalanced by vigorous health improvement/prevention work. The “bath model”

(referred to in the Local Workforce Plan 2008) demonstrates the combined effect of many of the above factors - demography, adverse risk factor trends, modern effective treatments – all leading to an increase in prevalence of coronary heart disease, with similar effects for the other major long term conditions. The higher the prevalence, the higher the demands on health services and our workforce. Health improvement work to prevent these same conditions counteracts these factors, in effect reducing the inflow (incidence) and limiting future increases in service demand.

This analysis emphasises that there is a substantial potential growth in demand for health care services (and social, housing and voluntary services) in the future, and that current health improvement work, which all NHS staff can contribute to, could limit the increase in this demand.

At the time of preparation of this document, our most critical workforce action plan relates to preparation for the H1N1 Pandemic – the Workforce Action Plan is attached as Appendix 2

Scottish Borders Labour Market

Since the publication of the 2008 Local Workforce Plan the economic climate in Scotland has changed considerably. The economic downturn has affected employees from a variety of professions and industries across the Scottish Borders with the closure of employers and significant reduction of vacancies in many sectors. Statistics have also shown that across Scotland, unemployment amongst white collar workers is increasing faster than other types of workers, which is particularly concerning as Small and Medium Enterprises (SMEs) in Scottish Borders employ a significantly greater proportion of all workers compared to Scotland as a whole. (LMI, 2009)

The NHS is currently seen as an attractive and more secure employer due to this uncertainty within the labour market, but there is evidence from the Nursing and Midwifery Workload and Workforce Planning programme to suggest that internal employees are less keen to take up fixed term and secondment opportunities as they feel less secure leaving a substantive post for a temporary assignment. This reduces flexibility across the workforce and prevents employees developing more generic skills at a time where this is becoming increasingly important.

One of the key challenges for NHS Scotland, highlighted in “A Force for Improvement” is around Tackling Health Inequalities. Socio-economic determinants of ill-health have long been recognised and these are clearly difficult to address at an individual level. Addressing health inequalities from an organisational perspective may require NHS Borders to consider further targeting and placing of services based on localities/communities of identified need alongside developing inequalities awareness for staff to inform interactions.

Poverty is one of the greatest determinants of ill health and evidence suggests that there are increases in health problems (both physical and mental) when the country is in a period of recession with high unemployment. One of the key challenges for NHS Scotland, highlighted in “A Force for Improvement” is around Tackling Health Inequalities. NHS Borders are currently designing and planning the Borders KEEP WELL programme. Initial plans have been discussed with and approved by the Scottish Government and NHS Health Scotland. We aim to launch KEEP WELL from January 2010 completing the pilot in one locality by March 2010 delivering 260 health checks. It has been acknowledged that this timescale is challenging.

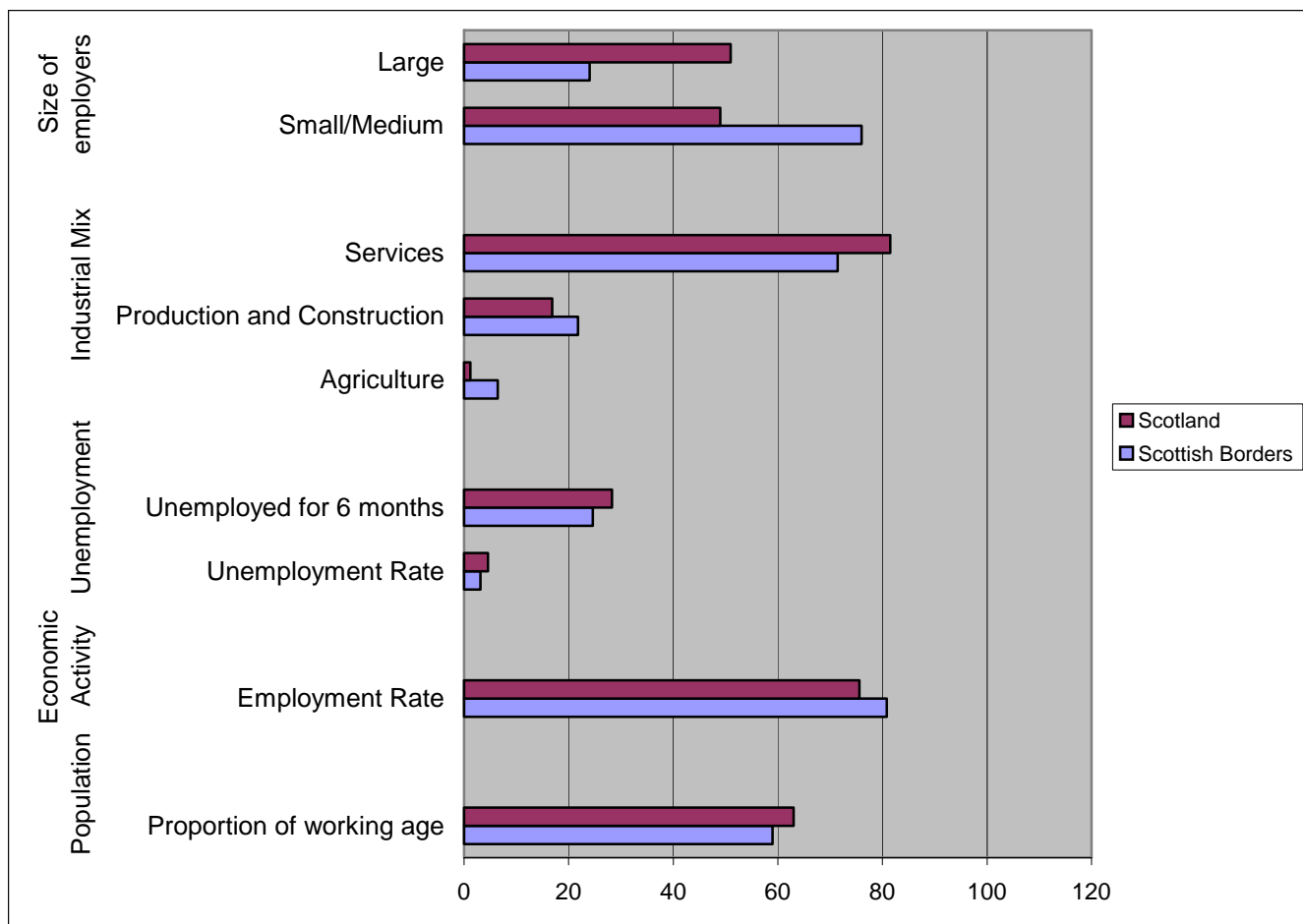
Alcohol and Drugs Partnership

A major concern for NHS Borders is the increase of alcohol misuse and its effect upon individuals, families and communities. Although there has been a decrease in both 13 year olds and 15 year olds drinking alcohol, the rate for 15 year olds is still above the national average of 36%. Nationally, the percentage of 15 year olds regularly binge drinking has remained relatively stable at 18%, however Borders figures have risen to 20% taking us above the national average. Borders shows a similar trend in alcohol related hospital discharges with a 29% increase over the period 2003/4 to 2007/8 compared to 20% in Scotland.

Since 2006/07 there has also been a 42% increase in new clients presenting to drug treatment services and although Borders continues to be below the national average, there has been a steady rise in drug misuse over the past four years despite a gradual downward trend for Scotland.

The Borders Alcohol & Drugs Partnership (ADP) are comprehensively addressing the impact of alcohol misuse to bring about sustainable changes in behaviour. This is being achieved by increasing access to education and prevention initiatives, promoting early intervention and providing support services for those whose problems are more severe. Staff working within the Health Service will inevitably be included within these figures and the work that the ADP are currently doing will help support employees and ensure that the organisation is still meeting the Staff Governance Standard of a sickness absence rate of no more than 4%.

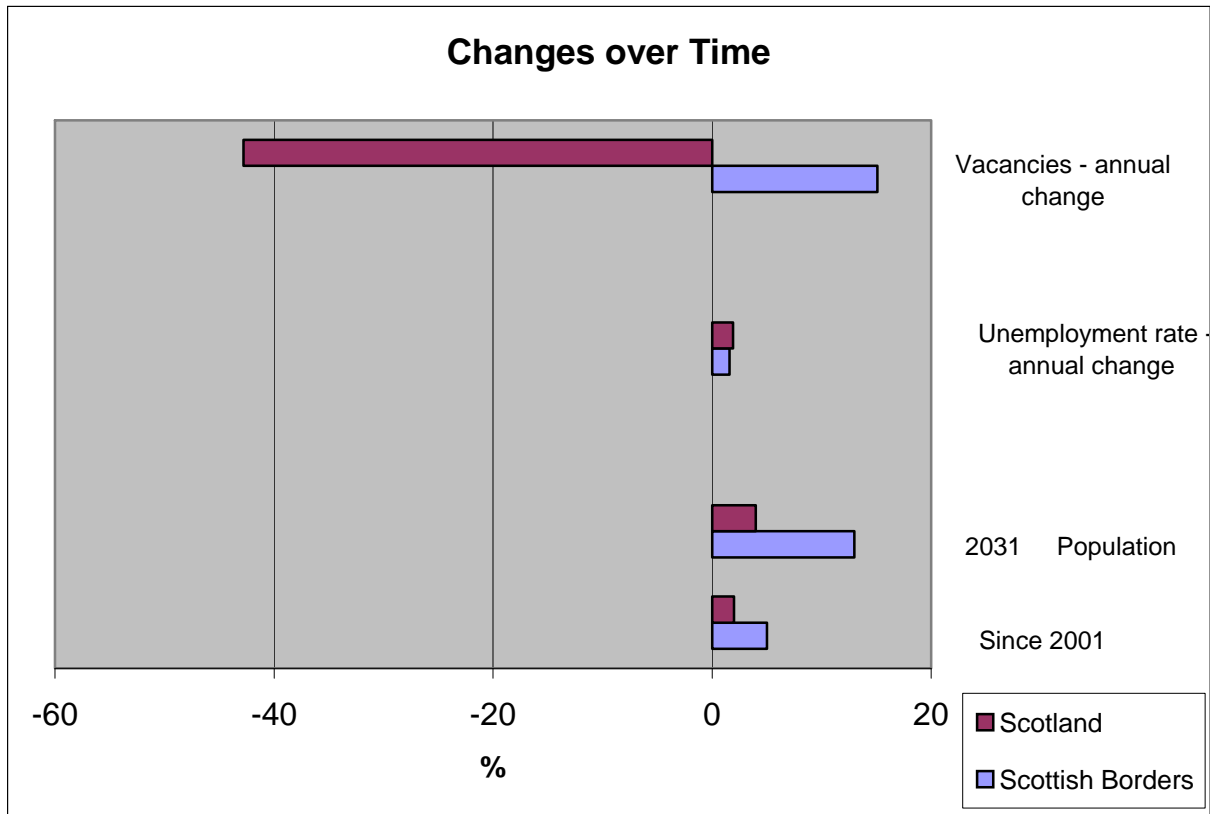
Key Labour Market Indicators



The above chart illustrates some key labour market statistics and compares the Scottish Borders rates to the average rate for Scotland. The proportion of working age population is higher on average in Scotland than the Scottish Borders (63% compared to 59%) supporting evidence that the Scottish Borders has an increasingly ageing population. The employment rate is significantly higher however, than the average rate, 84% in Borders compared to 76% across Scotland as a whole. Small to Medium Enterprises in the Scottish Borders employ a significantly greater proportion of all workers compared to Scotland as a whole. (76% compared to 49%). The Production and Construction and Agriculture Sectors particularly have a higher percentage of the population within Borders working for them.

The unemployment rate (measured by number of claimants) in the Scottish Borders is 3.1% - this is lower than in Scotland (4.7%) and has remained about the same since 1997. The claimant unemployment rate amongst 18-24 year olds, however has risen much faster than Scotland over the past year – Scottish Borders experienced an 87.3% increase compared to 70.2%. The long-term (6 months or more) claimant unemployment rate in the Scottish Borders has also risen much faster, it has doubled, compared to 42% increase in Scotland as a whole.

Although the rate of unemployment in the Scottish Borders is relatively low, this is not spread out equally geographically across the Borders, e.g. 4 out of 5 of the local authority wards with the highest unemployment are situated in Hawick with Langhaugh having the highest rate (7.5%). The wards with the lowest rates of unemployment are more spread out across the Borders with Langton and Lammermuir (Berwickshire) having the lowest rate (1.0%).



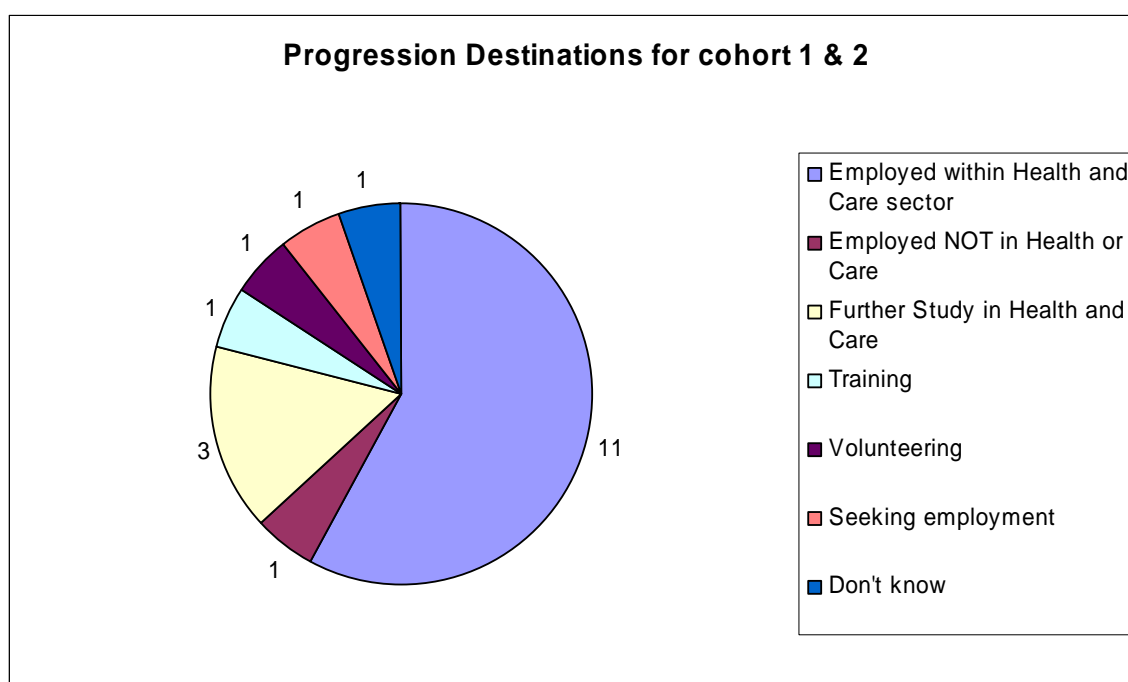
The Scottish Borders saw decreases in vacancies in the majority of industries including Construction, Manufacturing, Retail and Transport, but increases in Agriculture (25%), and Finance & Business (210.7%) over the past year (illustrated in the above chart). This compares to decreases across all industries within Scotland as a whole over the same period (-42.8%) showing that even during this economic down-turn, there is investment within the Scottish Borders labour market. Median earnings in April 2008 in Scottish Borders were 2% lower than those for Scotland as a whole, and although the above chart shows that the population has, and will continue to, increase at a faster rate than Scotland, the percentage of working age people account for a significantly lower proportion than Scotland. This will present recruitment difficulties in future, particularly within the health and social care sector where demand will inevitably increase with the ageing population and increased incidence of long-term conditions.

The “Equally Well” report of the Ministerial Task Force on Health Inequalities published in 2008 recognises the influence that NHS Scotland can have on the health and wellbeing of the population, particularly those at risk of health inequalities. The report makes recommendations that impact on the workforce around tackling inequalities across Scotland and this links to actions contained in the local action plan. The report also recognises the importance of partnership working. Locally Learning Disability is a joint service across NHS and Local Authority with Mental Health and Health Improvement working towards this. Workforce development requirements will also require to be considered in this context.

Tackling Health Inequalities through Employment

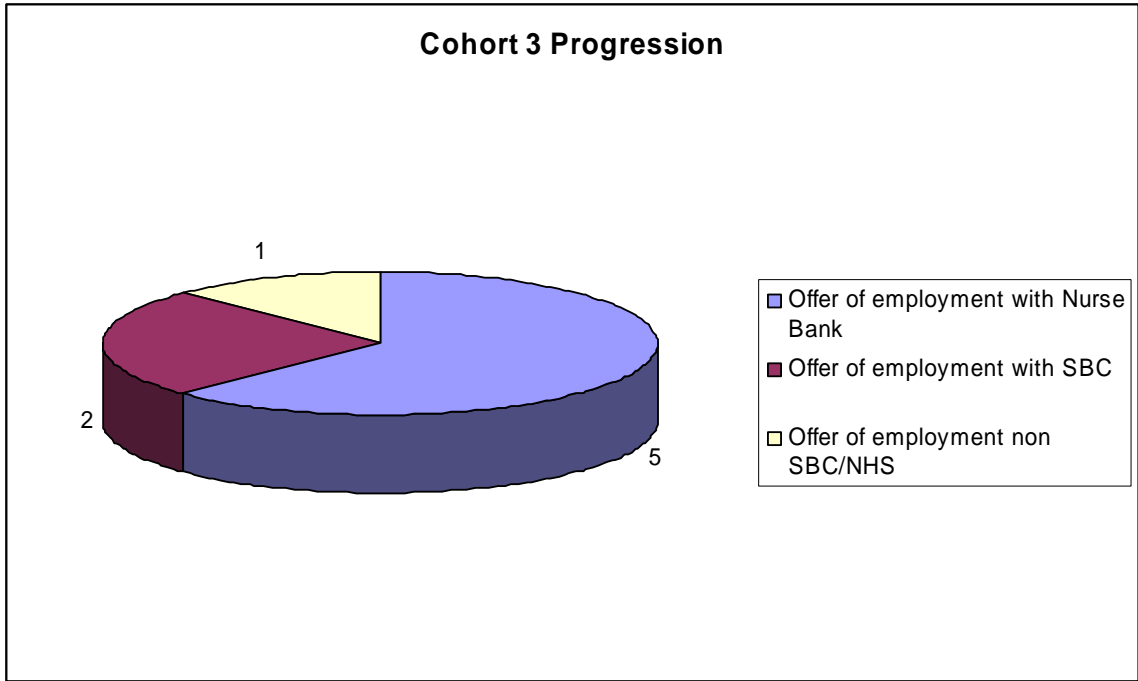
One way in which NHS Borders is tackling health inequalities through employability is through “The Scottish Borders Community Health & Care Partnership Joint Recruitment, Learning & Development Centre Project”. This pre-employment training programme is designed for the unemployed or people wanting to change jobs and aims to get people in the Scottish Borders working in the health and care sector. The 12 week course includes training, development and work experience within health & social care environments giving students the opportunity to gain skills, knowledge and experience to enable them to access employment more easily. The project aims to establish a Community Health & Care Partnership Joint Recruitment, Learning and Development Centre. This will provide a simpler structure for joint training with increased combined accountability and decision-making. It will also bring about partnership with local communities, NHS Borders, Scottish Borders Council, voluntary & independent sectors to develop a lifelong learning approach to staff recruitment within a community health & care partnership setting.

As the charts below illustrate there have been successful outcomes for the majority of students with 17 out of 19 either in employment, training or volunteering from cohort 1. 11 out of the 19 are now employed within Health and Care sector from Cohorts 1 and 2.



The chart below illustrates that all of the students within cohort 3 have received a job offer, with 7 out of 8 within the Health and Social Care Sector.

Cohort 3 Progression



NHS Borders is represented in a bid to the Future Jobs Fund which will support the creation of temporary 6 month posts in entrance level positions such as Domestic, Portering and Catering. These will be nationally funded posts benefiting the NHS by creating additional resources and also the potential employees who will be able to gain valuable work experience over the 6 month period. This bid is being led by Scottish Borders Council and also includes a variety of other public/private and voluntary organisations throughout the Scottish Borders. The future jobs fund aims to provide support for young people in terms of employability/ training before entering the workplace and then mentoring support within the workplace. If this bid is successful it will also benefit the community in areas such as regeneration, outreach and public services.

Role Development

The career framework for Health (Skills for Health, 2006) aims to provide guidance on the implementation of a flexible career and skills escalator concept, enabling an individual member of staff with transferable competency based skills to progress in a direction which meets workforce, service and individual need. Increasingly staff will need to work across professional boundaries so rotation and working across the patient journey will be key. Examining the core skills required across the Career Framework to work in an integrated way beyond professional and diagnostic silos will open doors for new roles and innovative development. The workforce needs to be built on competencies and skills needed to deliver care and supporting services, therefore identifying the key organisational Education and Training requirements will be an essential element of ensuring future workforce sustainability. NHS Borders continues to build strong collaborative links with local colleges and universities to develop generic pre-registration courses supporting this concept and enabling locally delivered accessible education and training at a variety of levels.

NHS Borders are currently developing an on-line process and a flow chart to aid managers developing existing roles, or creating new roles.

The key strands to facilitate Role Development within NHS Borders are;

- Leadership
- Development of a learning culture
- Promoting self-awareness
- Action Learning
- Tools to drive high performance and measures.

Knowledge and Skills Framework

The Knowledge and Skills Framework (KSF) is key to identifying the education and training needs of our workforce, and this in turn will enable an organisational profile of the training needs to be established. This framework identifies the knowledge and skill requirements for each NHS post (KSF post outline) and ensures that each post holder has an annual review against their post outline, to identify development needs through annual appraisal and PDPs.

KSF is no longer a project in NHS Borders and has recently been mainstreamed. We view KSF as central to the current and future service delivery of NHS Borders and it should be linked to corporate objectives enhancing staff, financial and clinical governance. Regular reports have been produced for the board about the extent to which KSF is being used and its effectiveness.

During this year NHS Borders will implement the KSF benefits realisation toolkit and at this stage we identify some of the potential gains:

- Defines and describes the knowledge and skills that staff need to apply in their work to deliver quality services
- Provides a single, consistent, comprehensive and explicit framework for staff reviews and development
- Allows the operation of the AFC pay progression system, without which the contractual commitment to an equitable pay system cannot be met
- Is a generic competency framework developed from existing best practice.

Developing Workforce Planning Capability within NHS Borders

In the Local Workforce Plan (2008) we outlined the six steps methodology (already successfully implemented by the NHS in England and Wales), which is a series of evidence based steps to ensure successful workforce planning.

Service managers who lead and run our services undertake the bulk of workforce planning, and NHS Borders has embarked on a programme to develop local workforce capacity and capability of service managers in compliance with the six-step methodology. AHP Heads of Service and senior nurses have adopted this methodology (outlined below) and have attended local workshops. Workshops will continue to be rolled out throughout the organisation, led by the Workforce Development and Planning Team, to ensure a consistent approach to workforce planning throughout NHS Borders. In this next year we have available the national Workforce Planning Resource Pack prepared by NHS Education for Scotland as the foundation for the programme.

Maximising the Potential of the AHP Workforce in NHS Scotland is a 5-day national education programme in which AHP Workforce leads have been selected to participate, and then cascade learning locally. The Scottish Government funded this programme with *“the aim of introducing a structured approach to workforce planning, enabling AHP service managers to develop and deliver evidence based workforce plans”*. NHS Borders AHP Heads of Service participated in the pilot (August to December 2008) for this programme supported by Claire Burke, Workforce Development & Planning Manager and Jim Cannon, SEAT AHP regional workforce adviser. Part of the pilot involved a draft workbook adapted from the 6 step methodology programme (see NHS Borders Local Workforce Plan 2008) and this formed the basis of the educational material for this national programme. Kathleen Henderson is currently undertaking this programme with the expected output from the programme being a departmental workforce plan for each clinical/service area.

The **Nursing and Midwifery Workload and Workforce Planning Educational Toolkit** is being rolled out as part of the Senior Charge Nurse educational programme to enhance workforce planning capability of Senior Charge nurses/Community Nurses. Some of the key elements of the programme include using the practical workload tools, reviewing workload and workforce data and considering predictable absence allowances/skill mix within rosters.

Chapter 3

NHS Borders Workforce Action Plan 2009 - 2012

Developed from the five key themes from “A Force For Improvement: The Workforce Response To Better Health, Better Care” 2009.

LINK TO “A FORCE FOR IMPROVEMENT: THE WORKFORCE RESPONSE TO BETTER HEALTH, BETTER CARE” 2009 AND LOCAL WORKFORCE PRIORITIES

Each section of this action plan reflects a key theme extracted from “A Force for Improvement”. In addition we have added two local sections to our action plan, the first on workforce information and systems (section 5.1), and the other to support each of the Clinical Boards and non clinical Support Services in the workforce priorities which emerge from the Integrated Health Strategy (section 6).

TIMESCALE KEY

Short Term – **S (up to 18 months)**

Medium Term – **M (18 months – 3 years)**

Long Term – **L (3 years +)**

LINK TO CORPORATE OBJECTIVES

This year NHS Borders Corporate Objectives have been set around the 4 key ministerial Priority areas found in HEAT (national targets for performance in Health, Efficiency, Access and Treatment). Along with the HEAT targets, objectives are included which have been identified by the Clinical Executive/BET as key organisational priorities and for 2009-10, objectives which have also been included which have been identified through the Strategic Change Programme (SCP) and Local Delivery Plan (LDP).

Section 1: Tackling Health Inequalities

“Recognising, valuing and celebrating diversity in the workforce, as well as in society at large, is a priority for NHS Scotland. This is particularly important if NHS Scotland is to recruit and retain staff in an increasingly competitive employment market.”

“People working in NHS Scotland have an important contribution to make in promoting health and wellbeing. This is particularly important in relation to ensuring that children have the best start in life, and by anticipating and preventing health problems”
(A Force For Improvement: The Workforce Response to Better Health Better Care, 2009, Pages 16 & 17)

	Action	Leads	Timescale	Outcome Measure	CO Ref.
1.1	Develop concept of the key worker role and the competencies and skills required (the Generic Support Worker model will be used as an example of good practice)	Helen Clinkscale Learning and Development Team	S / M	Generic Support Workers across professions and agencies.	CO 49 CO 53
1.2	Regularly review and take account of changes in the labour market and legislative and policy developments to ensure NHS Borders remains sensitive to inequalities.	Human Resources Workforce Development & Planning Team	S / M	More inclusive employer – helping to build bridges in communities.	CO 21
1.3	Ensure employees are health inequalities-aware and possess the capability and capacity required.	Helen Clinkscale Equality and Diversity Team Health Promotion	M / L	Better understanding of health inequalities and an ability to tackle these.	CO 21
1.4	Continue to support The CHCP Joint Recruitment, Learning & Development Centre Pre-employment Training Programmes.	Helen Clinckscale Janice Laing HR	S	More representative workforce	CO 8
1.5	Improve the return rate of equal opportunities data held for staff in NHS Borders, target an awareness campaign at employees who have not returned equalities questionnaire, promoting the importance of equal opportunities data.	Workforce Development and Planning Team	S / M	Full Equal Opportunities Data held for the majority of the workforce.	CO 21

Section 2: Shifting the Balance of Care

“Delivering the service within Scotland's challenging demographic context will require a more joined-up, flexible and mobile workforce with resources aligned across public, private and voluntary sectors.”

“Education, training and continuing professional development (CPD) are key to supporting new roles and new models of care in service delivery.

(A Force For Improvement: The Workforce Response to Better Health Better Care, 2009, Pages 19 & 21)

	Action	Leads	Timescale	Outcome Measure	CO Ref.
2.1	Consider workforce implications of new models of care and new ways of working within community settings as a result of “Modernising Community Nursing”	Jan MacDonald Workforce Development and Planning Team	S / M	Sustainable workforce in the community.	CO 61
2.2	Hold a table top exercise with Workforce Plans from both NHS Borders and Scottish Borders Council to establish areas where workforce planning can be taken forward jointly across the health and social care sector. This was an outcome from the Board's Partnership Workforce Planning Conference in January 2009.	Graham Allison Workforce Development and Planning Team	S / M	Integrated workforce planning with partners.	CO 8
2.3	Consider creative solutions to sustainable workforce across NHS Board and agency boundaries and prepare a review.	Workforce Development and Planning Team	S / M	More flexible workforce with transferable skills.	CO 49
2.4	Assess options for expanding the role of Hospital at Night Practitioners in the day time and weekend out of hours period to augment junior doctor input	Workforce Development and Planning Team	S / M	Promote Working Time compliance. Improve day time referrals for new admissions at BGH,	CO 53

				swifter review and assessment by trained professionals therefore assisting in shifting the balance of care.	
2.5	Strengthen career framework in Mental Health Nursing using appropriate Nurse Consultant, Advanced and Assistant Practitioner roles.	Isobel Swan Workforce Development and Planning Team	S / m	Promote a shift in the balance of care in relation to reducing re-admissions and changing the way in which rehabilitation services are delivered.	CO 52

Section 3: Ensuring a quality workforce

“Working Well is a broad strategic concept which encompasses actions that influence the workforce culture, engagement and commitment of staff, health, safety and wellbeing” - Employment packages should offer flexible training and work opportunities, harness skills developed through a wide range of higher and further education choices, offer flexible career pathways and recognise that individuals are now more likely to change careers later in life.”

“Successful quality improvement will depend on strong clinical leadership and ownership by staff of the patient experience agenda. Improvement needs to be led and delivered at local level. National initiatives need to find the right framework, incentives and approaches to support local delivery and enable improvements.”

(A Force For Improvement: The Workforce Response to Better Health Better Care, 2009, Pages 23 & 26)

	Action	Leads	Timescale	Outcome Measure	CO Ref.
3.1	Support, co-ordinate and facilitate the mainstream implementation of KSF and develop an effective approach to appraisal and PDPs.	Helen Clinkscale Clinical Boards Workforce Development and Planning Team	S	KSF HEAT target achieved and 80% of staff have KSF review by March 2011. Benefits realisation from KSF.	CO 19
3.3	Review age profile of the current workforce and consider developing sustainable succession plans for key posts and Age as Asset research.	Workforce Development and Planning Team	S / M	Succession planning embedded throughout the organisation for key posts.	CO 21
3.3	Review and implement relevant recommendations identified in “Developing an Educational	Janice Laing Workforce Development and Planning Team.	S / M	Increased level of education and development	CO 19

	Framework for Staff in Administrative Services and Support Services.”			across Administrative Services and Support Services.	
3.4	Improve links with schools, colleges, and universities, provide work experience opportunities, and promote pre-employment schemes with partners considering developing joint posts when applicable.	Helen Clinkscale Human Resources Workforce Development and Planning Team	S / M	Greater pool of potential applicants.	CO 47
3.5	Review results of the Nursing and Midwifery Workload Tools / development of Clinical Quality Indicators for Nursing and Midwifery and advise on the adaptability for AHPs.	Isabel Swan/ Workforce Development and Planning Team	S / M	Agreed process for NWWP and AHP tools in the workforce planning cycle in NHS Borders.	CO 14

Section 4 : Delivering Best Value across the Workforce

“Modernised pay and terms and conditions systems can be used to ensure an effective workforce contribution to wider efficiency and HEAT targets, sustainability and environmental aims.

“The use of improvement methodologies increases capacity to generate quality improvements and build morale across teams.”

(A Force For Improvement: The Workforce Response to Better Health Better Care, 2009, Page 28)

	Action	Leads	Timescale	Outcome Measure	CO Ref.
4.1	Continue to develop SVQ Level 2 & 3 Care Programmes mapped to KSF and take account of CQI's/Patient Safety/Patient Experience and Local Need. Support the development of the assistant practitioner Health Care Support Worker.	Learning & Development	S / M	Appropriately Trained Staff working at the right level	CO 14
4.2	Conduct a local scoping exercise to identify gaps to inform the development of roles at each level of the career framework and ensure all staff work at an appropriate level.	Training & Development/ Workforce Development and Planning Teams	S / M	Appropriately Trained Staff working at the right level	CO 14
4.3	Quantify and review the current Pay Modernisation grading arrangements across NHS Borders and produce a set of recommendations to achieve productivity gains.	Workforce Development and Planning Team	S / M	Increased workforce productivity	CO 14
4.4	Continue to reduce use of agency staff and manage the use of the bank within a locally agreed limit in	Elaine Cockburn Ross Cameron Workforce Development and	S	Reduction in spends on supplementary staff, particularly agency; where possible and	CO 14

	response to 'A guide to good practice in use of supplementary staff.' Set out a target for supplementary staff as a percentage of the total nurse-staffing establishment. Implement a locum medical process to avoid unnecessary costs in engagement of temporary medical staff.	Planning Team		agreed investment in bank and substantive staff where there is cost efficiencies.	
4.5	Sustain training support on Management of Attendance Policy to support reduction of sickness absence to 4% or below.	Human Resources	S	4% or below sickness absence.	CO 12

Section 5.1: Integrated Workforce

“Transformational service change (acknowledging local policy and service needs), multi-professional/multi-agency teamworking and the development of new and extended roles are key to ensuring effective delivery of services by individuals with the required competencies and who have access to relevant education and training opportunities.”

“Integration of service and workforce planning needs clinical staff, senior managers and operational manager to have real involvement in the planning process and in the implementation of the plans.”

(A Force For Improvement: The Workforce Response to Better Health Better Care, 2009, Page 31)

	Action	Leads	Timescale	Outcome Measure	CO Ref.
5.1.1	Develop flexibility across roles in Nursing and Midwifery and AHP services to ensure safe, efficient and effective care for patients as detailed in Delivering Health, Enabling Care.	Leonie Smith/Kathleen Henderson/Helen Clinckscale /Workforce Development and Planning Team	M	Flexible workforce with transferable skills.	CO 49
5.1.2	Roll out further series of workshops on Six Step methodology (NES Framework – Workforce Planning Resource Pack), encouraging a consistent framework for workload measurement and workforce planning.	Workforce Development and Planning Team	S	Increased workforce capability and capacity across NHS Borders.	CO 47
5.1.3	Establish improved workforce projections for career grade doctors, using as basis the SGHD workstream “Reshaping the Medical Workforce”	Ross Cameron/ Workforce Development and Planning Team	S / M	Workforce projections both affordable and sustainable	CO 14
5.1.4	Identify the future sustainability issues caused by MMC and the reduction in training numbers. Establish how these may be addressed by workforce planning for the career grade doctors and wider workforce, linking to role development	Ross Cameron/ Workforce Development and Planning Team	M	Medical Workforce contribution to treatment targets.	CO 37, CO 38, CO 41

	and redesign. Monitor EWTD compliance of rotas and ensure their continuing stability – the final outcome of our EWTD rota compliance plan August 2009 is attached as appendix 3.				
5.1.5	NHS Borders will further develop workforce capabilities and move towards more dynamic workforce planning, workforce strategies will be based on the research evidence available and we will commission research e.g. into potential modelling of future population service needs for specific specialties.	Ross Cameron/ Workforce Development and Planning Team	S / M	Workforce Planning with effective horizon scanning, scenario planning on projected patient needs and improved use of evidence, data and available tools and techniques to provide better-planned and delivered services for patients.	CO57

Section 5.2 Workforce Information and Systems

	Action	Leads	Timescale	Outcome Measure
5.2.1	Continue to develop SGIS, build interfaces with EKSF, National Directory and SWISS to ensure most efficient use of systems, preventing duplicate data entry.	Workforce Development and Planning Team	S	Improved quality of workforce information.
5.2.2	Improve data collection and reporting of workforce information analysing trends and patterns in workforce and address as appropriate.	Workforce Development and Planning Team	S	Development of quarterly statistical workforce reports for senior management.
5.2.3	Improve the intelligence on the Primary Care Workforce in Borders	PACS GM/ Workforce Development and Planning Team	S	Improved quality and consistency of data on Primary Care Workforce.

Section 6 – Local Workforce Actions to Support the Integrated Health Strategy

In line with the feedback from our Partnership Workforce Conference, this section of the action plan is flexible and related to local priorities of the Integrated Health Strategy as they develop. This is a longer term workforce planning cycle, to link in with other corporate plans and on an annual basis measure key milestones and develop reports when relevant.

	Action	Leads	Timescale	Outcome Measure	Ref.
6.1	Support the BGH Clinical Board with its workforce priorities in relation to the Integrated Health Strategy	Workforce Development and Planning Team	S/M 18 Months – 3 years		CO47
6.1.1	<u>Supplementary Action – August 2009</u> Review the progress with workforce related challenges identified in the Secondary Care Review (2007) and update with the Clinical Chair and General Manager.	BGH Clinical Chair and General Manager Workforce Development and Planning Team	S	Sustainability of Borders General Hospital with full range of District General Hospital services.	CO53
6.1.2	<u>Supplementary Action – August 2009</u> Support the workforce assessment for the forthcoming maternity services strategy.	BGH Head of Clinical Service and Lead Midwife Workforce Development and Planning Team	S	Sustainable Maternity Service	CO66
6.2	Support the PACS Clinical Board with its workforce priorities in relation to the Integrated Health Strategy	Workforce Development and Planning Team	S/M 18 Months – 3 years		CO47
6.3	Support the Mental Health Clinical Board with its workforce priorities in relation to the Integrated Health Strategy	Workforce Development and Planning Team	S/M 18 Months – 3 years		CO47
6.4	Support the Learning Disabilities Network with its	Workforce	S/M 18		CO47

	workforce priorities in relation to the Integrated Health Strategy	Development and Planning Team	Months – 3 years		
6.5	Support non clinical support services with its workforce priorities in relation to the Integrated Health Strategy	Workforce Development and Planning Team	S/M 18 Months – 3 years		CO47

Chapter 4

The Workforce Projections – The Fit for Purpose Tests

Affordability

3-year projections with affordability test

The NHS Borders Local Workforce Plan is fully aligned with our financial plan to demonstrate affordability and sustainability of workforce projections in the 3-year period to 2012 for all staff groups. In devising our workforce projections Consideration was taken of future service developments subject to the Local Delivery Plan process, longer-term service pressures (such as MMC, Working Time Regulations) and other workforce modelling projects (e.g. Nursing and Midwifery Workforce Planning Project).

The workforce projections are consistent with the Strategic Change Programme in particular its workforce sustainability strand, and a key element of this is the development of a workforce costs reduction plan phased over three years. As part of the Efficient Government Programme across all public services in Scotland, NHS Borders is required to achieve at least a 2% cash releasing, recurring saving for each of the next three years. There are key targets for Clinical Boards and Central Services to generate workforce related savings, which will have a direct impact on the workforce projections over the three-year period to 2011. These are:

- Robust vacancy control
- Action for a 5% efficiency saving in staffing budgets.

The affordability test involves an analysis of potential available investment in the workforce, estimate of average unit labour costs, assumed rates of pay inflation and an application of forecast workforce numbers in comparison to an appropriate benchmark – i.e. expected board available budget over the three year period. Over the next 3 years we have identified potential committed investment from the Local Delivery Plan and allowed for the successful achievement of savings targets. The outcome of the affordability test is summarised as follows:

Table 1– Affordability for workforce over three years

	Year	09/10	10/11	11/12
Net LDP Investment		£833 K	£2,288 K	£3,288 K
Savings target required to balance financial plan			£1,266 K	£3,356 K
Funded Establishment to match Affordability WTE		2638.88	2588.64	2544.96
Actual Projection WTE (baseline 2,630.02 wte at 30/09/08)		2627.16	2567.51	2535.32

Table 2– Workforce Projections Summary

	Year ending 30th September			
	Baseline	Year 1	Year 2	Year 3
	2008	2009	2010	2011
	ISD figure inclusive of GMS	WTE Expected	WTE Expected	WTE Expected
Total Workforce Projection WTE	2630.02	2627.16	2567.51	2535.32
Change in Workforce (compared to baseline 2008)		-2.86	-62.51	-95.42
Percentage Reduction		0	2.38%	3.63%

The net workforce reduction is modified by projected workforce increases funded from non-cash limited sources and therefore outwith the Board's financial plan, the main example being General Dental Practitioners (Dental Services Strategy). We have also taken account of specific funding commitments in the LDP or from external sources e.g.

- 7.00 wte additional cleaners as a result of the allocation of recurring funds to support SGHD drive to address hospital infections.
- 6.24 wte Paediatric Nurse Practitioners / Neonatal Nurse Practitioners recruited over this period as a result of Paediatric Hospital at Night redesign and partly funded by NDP / SEAT recurring finance.
- 2.5 wte Specialty Doctors in Emergency Medicine funded from 2008/09 financial plan to address working time compliance in 2 rotas.

In order to meet the affordability test the net reduction in workforce costs required would amount to £1,266 million at 30 September 2010 and £3.356 million at 30 September 2011. In addition our affordability test is qualified by the fact that some financial cost pressures are, as yet unquantifiable (e.g. pay awards and other unavoidable liabilities that may arise). It is within the estimate of a £3.356 million reduction in the workforce funding envelope at 31 March 2011 that the Director of Finance is able to approve the workforce projection of a reduction of 107.97 whole time equivalent posts compared to funded establishment (approx 4% of the workforce in this 3-year period). The affordable workforce would amount to 2588.64 wte in year 2 and we estimate a workforce projection of 2567.51 wte. The affordable workforce would amount to 2544.96 wte in year 3 and we estimate a workforce projection of 2532.32.

5 year Projections – Nursing and Midwifery

The figures are reflective of care being delivered closer to home (i.e. shifting the balance of care). In community settings the main factor for the nursing workforce is joint working between health and social care to prevent hospital admissions. In Mental Health we anticipate enhancement of community teams. In secondary care, we have taken account specialist nurses and nurse practitioners (e.g. Emergency Nurse Practitioners and Hospital at Night Practitioners). The implementation of the nursing and midwifery workload planning tool will influence the projections for nursing and midwifery staff in the 5-year timespan. We have taken into account how role development and creation of new roles will contribute to resolving some of our workforce challenges, for example overarching Career Framework for Health (Skills for Health 2006) mainly focussed on the HCSW and Assistant Practitioner roles. We

have projected 10 Nursing posts currently at band 5 replaced by HCSWs at band 4 (internal appointments from staff who are HNC / HND qualified). In the 5-year period we project a further 10 Nursing posts at band 5 and above will convert to HCSWs.

Availability

As a result of workforce planning we have gradually expanded our knowledge of demographic profiles in the Scottish Borders and the local labour market (see Chapter 2 – Scottish Borders Labour Market). We recognise this is an area where we must develop expertise to address the availability test, as the local NHS competes with all other sectors of the economy, to attract and retain its workforce. The local labour market has shown a proportionate increase in the number of people who are commuting to work outside the local area has grown sharply in recent years. Improved transport links (e.g. Waverley Rail Link 2013) add to this prospect.

The headline figure is that the Scottish Borders are predicted to have the highest percentage of population increase in Scotland providing opportunities to recruit from a wider market. The working age population has increased and grown by a higher percentage than across Scotland overall. Most of the population growth, however has been in older age groups over the statutory retirement age. The number of those over working age increased by more than twice the rate for working age people.

Changing demographics present complexities and challenges but we also must take account of our challenging financial position. Whilst NHS Borders will be robustly controlling recruitment and vacancies as part of the 3-year Strategic Change Programme, there remains the prospect of recruitment difficulties for shortage specialties which can have a disproportionate impact on our ability to deliver services.

We have examined our own workforce and have begun to assess the risks posed by an ageing workforce particularly for identified specialties and healthcare sectors. Part of the solution is to consider our current workforce and make a step change towards effective succession planning.

Our intention is to establish our recruitment and retention strategy and better understand our local labour market conditions. In this workforce plan we have outlined some of the key strands, which will incorporate our recruitment and retention strategy and pay modernisation plans:

- Although not as prevalent as previous years, targeted international recruitment, utilising the wider and expanding European Union Labour Market, for specialist 'hard to fill' posts.
- More effective recruitment advertising activity.
- Review Agenda for Change (AfC) banding outcomes and terms and conditions.
- Pay modernisation will focus on plans for long-term improvements in productivity and the impact on the resultant workforce configuration. We view productivity as achieving additional service activity from our workforce and this should not be misunderstood as "making people work harder". Significant gains can emerge from using our scarce workforce resources effectively, service redesign and new technology.

- Continue and improve our links with local secondary schools with a proposed formal policy for career work placements and participation in career fairs.

Adaptability

We view our plans for role development, new and advanced roles and our continuing commitment to the life long learning of our staff as key to the adaptability test (see Chapter 2 – role development, knowledge & skills framework KSF). There are several examples of the changing workforce and some of the advanced roles and new roles to be explored. The adaptability test is rooted in our acceptance that we can no longer rely on increasing staff numbers and traditional roles, as new ways of working are required to meet the healthcare demands. Whilst rightly there is a major focus on advanced nursing and midwifery roles there is the intention to maximise the contribution from the whole of the pharmacy workforce and AHP workforce.

We have participated in the regional SEAT Education and Learning Advisory Group accessing expert input to plans for the development of new skills and competencies. In collaboration with NES we have established arrangements for commissioning of education and training by interface with Higher and Further Education.

In appendix 4 we attached our workforce highlights submission to accompany the projections.

Update Report on the Local Workforce Plan 2008 – Chapter 4

Action Plan in Response to Better Health Better Care: Planning Tomorrow's Workforce Today

Introduction

When the Local Workforce Plan 2008 was approved by the Workforce Board on 23 September 2008, it was agreed that accountability for the action plan lies with the Workforce Board, who will review progress reports and encourage corrective action where necessary. This is the annual update and progress report on the 2008 LWP Action Plan current at 12 May 2009.

The progress status of actions follows the criteria reflected in the Management of Performance Reports (MoP) for Corporate Objectives provided to the NHS Board.

Status		
RED	Under Performing	Current performance is significantly below the trajectory set.
AMBER	Below Trajectory	Current performance is moderately below the trajectory set.
YELLOW	Meeting Trajectory	Current performance matches the trajectory set
GREEN	Over Performing	Current performance exceeds the trajectory set.

Section 1: Redesign of Services

“NHS Boards to ensure Workforce Plans are fully aligned in support of service delivery that meets the needs of the patients.”

“NHS Boards to ensure future Workforce Planning is based upon the delivery of services focused on patient need.”

(Better Health Better Care: Planning Tomorrow's Workforce Today, 2007, page 9 and page 11)

	Action	Leads	Timescale	Outcome Measure	Reference
1.1	Consider workforce implications of new models of care and new ways of working within community hospitals and in community settings as a result of the review of nursing in the community.	Jean Mitchell/Workforce Development and Planning Team	Sep 08	Sustainable workforce in the community.	BHBC/Corporate Objective 67
Action 1.1 – Target Achieved - Workforce Sub Group of RONIC working with locality managers to establish demographic issues and educational requirements etc as a result of the new model. Community Nurse Managers participating in Local Workforce Planning Workshops.					
1.2	Progress workforce related actions identified in the Secondary Care Review	Ross Cameron/Workforce Development and Planning Team	Mar 09	Sustainability of Borders General Hospital with full range of District General Hospital services.	Corporate Objectives
Action 1.2 – Target Achieved. Initial examination of workforce actions identified in the Secondary Care Review undertaken by the Strategic Change Programme Integrated Health Service strand.					
1.3	Progress workforce related actions from the National Review of Mental Health Nursing through strengthening the career framework opportunities in Mental Health using the appropriate development of Nurse Consultant and Advanced Nurse Practitioner roles.	Isabel Swan/Workforce Development and Planning Team	On-going	Sustainable Workforce in Mental Health Services	HEAT Target H5 Corporate Objective 5
Action 1.3 – Target Achieved. A Job Description is currently under development for a Nurse Consultant post in Child & Adolescent Mental Health & recruitment to this post is planned within this financial year. Further discussions are underway re the career framework and the development of new roles albeit this will be challenging within the financial constraints. Individuals continue to be supported with appropriate access to CPD within Personal Development Plans opportunities for advanced clinical roles at both specialist and consultant levels.					

1.4	Utilise the Workforce Assessment Template for Service Redesign (appendix 2) developed in partnership with APF.	Edwina Cameron/Workforce Development and Planning Team	Mar 09	Workforce implications/3A tests are considered when planning for Service Redesign.	Partnership Conference
Action 1.4. Moderately below target. Progress has stalled, and if agreed future use of a workforce assessment template will feature in action plan for 2009.					
1.5	Provide workforce proposals for the delivery of safe and sustainable clinical and operational management of children and infants including SCBU.	Dawn Moss/Workforce Development and Planning Team	Dec 08	Sustainable Acute Paediatric Service	Corporate Objective 59
Action 1.5. Target achieved. Workforce proposals for Paediatrics have been developed and considered at an option appraisal event held on 24 October 2008.					
1.6	Review the sustainability of Hospital at Night after one year of operation and prepare recommendations for BET	Irene Gourlay/Workforce Development and Planning Team	Oct 08	Continuation of adult acute services in the out of hours period and improved prospects for Working Time Compliance.	Corporate Objective 59
Action 1.6. Target Achieved. Sustainability of HaN reviewed by the Project Board and Core Medical Workforce Group throughout year and reports with workforce recommendations provided to BET on 3 March 2008 and 11 November 2008. Modifications to HaN Team agreed to achieve WTR compliance in April 2009.					
1.7	Establish a workforce assessment of the Dental Services Strategy	David Clouting/Margaret Wood/Workforce Development and Planning Team	Mar 09	Sustainable workforce to support dental service redesign	HEAT target H2 Corporate Objective 2
Action 1.7: Target achieved. Dental projections included in the submission to SGHD.					
1.8	Establish action plans for 2009 WTR compliance for all junior doctors' rotas and identify priority specialties. The current review and risk assessment of rotas is included as appendix 3.	Ross Cameron/Workforce Development and Planning Team	Dec 08	Safe and compliant working patterns	Corporate Objective 59

Action 1.8 Target achieved. Medical Workforce Action Plan approved by Workforce Board on 23 September 2008 and updated throughout period. Plan and updates submitted to SGHD and Regional Workforce Director. Action Plans implemented on a phased basis approved by the core workforce group.

1.9	Establish a workforce assessment of the plans for Borders Emergency Care Centre.	Angela Moody/ Workforce Development and Planning Team	Mar 09	Sustainable workforce to support BECC redesign	Corporate Objective 56
-----	--	---	--------	---	---------------------------

Action 1.9 Target achieved. Workforce assessment provided to the BECC project board on 29 September 2008 focussing on Nursing workforce and medical workforce.

Section 2: Developing New Roles

“NHS Education for Scotland and NHS Boards to focus on service redesign, new roles, role development and new ways of working to provide more effective utilisation of the current workforce.”

“NHS Boards and NES to focus on service redesign, new roles and role development, and different ways of working that will enable shifts in the balance of care.”

(Better Health Better Care: Planning Tomorrow’s Workforce Today, 2007, page 10 and page 12)

	Action	Lead Person	Timescale	Outcome Measure	Reference
2.1	Continue to implement the 4-tier structure for radiographers, evaluate options for the wider workforce and map this to workload demand.	Richard Cannon/ Workforce Development and Planning Team	On-going	Appropriate skill mix and improved capacity in radiology.	Corporate Objective 59
Action 2.1 Target achieved. The 4- tier model continues implementation.					
2.2	Develop flexibility across roles in Nursing and Midwifery and AHP services to ensure safe, efficient and effective care for patients as detailed in Delivering Health, Enabling Care.	Leonie Smith/Kathleen Henderson/Helen Clinckscale /Workforce Development and Planning Team	Consistent with national action plan	Flexible workforce with transferable skills.	Corporate Objective 82
Action 2.2 – To be carried forward to 2009 Action Plan along with National Action Plans					
2.3	As a pilot site for the Review of Nursing in the Community, implement the new model in at least one locality and monitor the percentage of staff working towards Community Health Nurse post-outline by the end of the pilot.	Jean Mitchell/Workforce Development and Planning Team	On-going	Percentage of community workforce working towards Community Health Nurse post-outline by the end of the pilot.	Corporate Objective 67
2.3 Target Achieved – 2 localities have emerged as early implementers and are beginning to work towards a new community health team model.					
2.4	Review workforce implications of the	Kim Smith/Identified Senior	Consistent	Increased compliance against	Corporate

	senior charge nurse review/productive ward methodology for NHS Borders and implement recommendations of the Review.	Nurses/ Workforce Development and Planning Team	with national timetable.	national clinical quality indicators.	Objective 82
2.4 Meeting Target– Senior Charge Nurse development programme is on-going. This incorporates using clinical quality Indicators/Nursing and Midwifery Workload and Workforce Planning Programme and encourages SCN's to consider workforce implications of implementing the new role, etc.					
2.5	Participate in national discussion around the expansion of professions that require statutory regulation	Helen Clinkscale/ Workforce Development and Planning Team	Dec 08	Protecting the public. Comply with action point on page 18 of Better Health Better Care: Planning Tomorrow's Workforce Today, 2007	BHBC
Action 2.5 Target achieved. NHS Borders representatives participated in the national regulation events on 28/29 October 2008.					
2.6	Investigate options to develop training at a number of levels including SVQ level 1 and 2 and Associate Practitioner level.	Helen Clinkscale/ Workforce Development and Planning Team	On-going	Increase in level of education within NHS Borders workforce.	Corporate Objective 82
Action 2.6 Target Achieved. NES non-recurring funding has initiated new SVQ Level 2 and 3 Care programmes, mapped to KSF and which take account of the Clinical Quality Indicators, Patient Safety (SGHD 2007), Patient Experience (SGHD 2007) and local service needs which will ensure that NHS Borders Health Care Support Workers are developed to a standard level of skill and competence to provide safe and caring healthcare. All SVQ programmes will be evaluated. A number of services are considering workforce development and a change of skill mix to include the role of assistant practitioner at band 4. Mental Health and Learning Disabilities are engaged and participating in a regional pilot. SWEDAG are exploring further regional collaboration.					
2.7	Assess options for expanding the role of Hospital at Night Practitioners in the day time and weekend out of hours period to augment junior doctor input	Irene Gourlay/ Workforce Development and Planning Team	Mar 09	Promote Working Time compliance. Improve day time referrals for new admissions at BGH, swifter review and assessment by trained professionals therefore assisting in shifting the balance of care.	Corporate Objective 59
Action 2.7 Target achieved. HaNP day-time role approved by BET in March 2009 and Medical Workforce Board in April 2009.					

2.8	Prepare a scoping exercise of the impact of MMC and how AHPs may contribute to services.	Kathleen Henderson/ Workforce Development and Planning Team	Consistent with national action plan.	Services provided by trained people. Shifting the balance of care from hospital services.	Corporate Objective 59
Action 2.8 – Awaiting the AHP review to progress this action – carry forward to 2009 action plan.					
2.9	Continue the pilot of the Physician Assistant (Anaesthesia) as a component of longer term workforce sustainability strategy in secondary care.	Nigel Leary/ Workforce Development and Planning Team	Mar 09	Anaesthesia team less reliant on trained doctors	Corporate Objective 59
Action 2.9 Target achieved. A second PA(A) recruited to Borders in October 2008 for 20 month programme. Longer term engagement of qualified PA's will inform part of the LWP.					
2.10	Review role development and skill mix in Borders Emergency Care Centre including Emergency Care Practitioners	Angela Moody / Workforce Development & Planning Team	Mar 09	Better skills mix. Shifting the balance of care from hospital services.	Corporate Objective 56
Action 2.10 Target achieved. Role development assessment provided to the BECC project board on 29 September 2008 as part of workforce action plans for nursing and medical.					
2.11	Progress work in identifying evidence based psychological interventions in medical and surgical care, assessing the training needs of appropriate clinical staff and preparing role redesign and training plans to enable implementation.	Lead to be identified by Mental Health Clinical Board.	On-going	Improving access to psychological interventions across Primary and Secondary Children's and Adult Services	Clinical Board Priority

Section 3: Recruitment and Retention

	Action	Lead Person	Timescale	Outcome Measure	Reference
3.1	Monitor local actions in response to 'Rights, Relationships and Recovery: The Report of the National Review of Mental Health Nursing in Scotland'	Isabel Swan/Workforce Development and Planning Team	On-going	Integrated workforce planning leading to lower vacancies; increase in student uptake to Mental Health nursing courses, improvement in the perception of working in Mental Health.	HEAT Target 5 Corporate Objective 5
Action 3.1 – Target Achieved - Local actions continue to be monitored.					
3.2	Consider solutions to workforce/workload measurement issues identified both across all AHPs and individual specialisms, e.g. OT and put in place mechanisms to review on an on-going basis.	Kathleen Henderson/ Workforce Development and Planning Team	Dec 08	Integrated workforce planning for AHPs leading to lower vacancies, a broader skill mix and lower agency/bank spend.	Corporate Objective 80
Action 3.2 –Target Achieved - NHS Borders piloted Workload and Workforce planning workshops, and have been involved in developing a national educational toolkit, which encourages service managers to use recognised audit tools etc to measure workload and consider the workforce required to deliver this. Local Service Managers are creating Workforce Plans for their own areas.					
3.3	Review NHS Borders capacity to develop on-line recruitment processes to include the completion of application forms on-line in cooperation with the SHOW website.	Workforce Development and Planning Team	Mar 09	All application forms with the option to download or complete on-line.	SCP
Action 3.3 below target. No progress made on development of on-line recruitment. Meeting to be set up with NHS Lothian who have recently implemented the system. – Decision made locally to concentrate on integration of SSTS and EKSF with SGIS as priority then develop on-line recruitment capability.					

3.4	Review vacancy and recruitment controls and recommend improvements that are more cost effective.	Workforce Strategic Programme group.	Strand Change steering	Dec 08	Produced list of high level authorised signatories, ensuring managers are considering role redesign/development or a different skill mix to deliver services more efficiently when vacancies arise.	SCP
Action 3.4 – Target achieved. Part of the SCP sustainable workforce strand. Advice issued to Clinical Boards, Clinical Executive reporting and monitoring of vacancies mechanism in place and Clinical Boards have issued protocol to recruiting managers.						
3.5	Review age profile of the current workforce and consider developing sustainable succession plans for key posts.	Workforce Strategic Programme group.	Strand Change steering	Mar 09	Succession planning embedded throughout the organisation for key posts.	SCP
Action 3.5 – Target achieved. Age profile is feature of quarterly workforce statistical report – development of sustainable succession plans is being progressed throughout the organisation, the next stage is to progress this more widely across NHS Borders.						
3.6	Improve links with schools, colleges, and universities, provide work experience opportunities, and promote pre-employment schemes with partners considering developing joint posts when applicable.	Helen Clinkscale/Workforce Development Planning Team	and	Mar 09	Greater pool of potential applicants.	SCP
Action 3.6 – Target Achieved – Careers events for school pupils took place Wed 19 th Nov and 25 th Feb and a process has been developed to streamline workplace tour requests. The third pre-employment scheme for health/social care staff is in progress.						
3.7	Review high turnover posts in areas where this leads to increasing costs and develop action plans to stabilise these.	Workforce Development and Planning team.		Dec 08	Higher percentage stability rate in these areas.	SCP
Action 3.7 – Moderately below target. High turnover area and stability indexes feature in quarterly workforce statistical report – action plans for stability will be considered as part of SCP sustainable workforce strand – will be carried forward to 2009 Action Plan.						
3.8	Examine current policies and investigate how NHS Borders can use the new pension scheme to aid retention of employees	Workforce Development and Planning team.		Mar 09	Higher percentage of employees opting to stay in employment beyond retirement age.	SCP

	nearing retirement, e.g. to train and develop new and existing staff.				
Action 3.8 –Moderately below target - H.R. progressed related initiatives such as pre –retirement courses but overall strategy to be developed as part of SCP sustainable workforce strand. Published protocol on working beyond 65 was produced in February and is available on the Intranet.- To be carried for to 2009 Action Plan.					
3.9	Review and implement relevant recommendations identified in “Developing an Educational Framework for Staff in Administrative Services and Support Services.”	Janice Laing/Workforce Development and Planning Team	Dec 08	Increased level of education and development across Administrative Services and Support Services.	Corporate Objective 82
<p>3.9: Target Achieved. NHS Borders are represented at national Level and have influenced the direction of the NHS Education for Scotland Admin & Support services review. A NHS Borders Administrative & Workforce group has been established to address the implementation of the recommendations identified in the NHS Education for Scotland Framework for Staff in Administrative Services and Support Services. Support from the KSF Team is ensuring that each member of Staff in Administrative Services and Support Services have a KSF Post Outline & PDP.</p> <p>NHS Borders were successful in the bidding process to NHS Education for Scotland to deliver the KSF Skills Essentials pilot programme focussing on the Communication KSF core dimension as this is an identified development need in Post Outline reviews.</p> <p>One member of staff is undertaking the NHS Education for Scotland Health ECDL programme</p>					
3.10	Implement job planning methodology for the new specialty doctor grade.	Ross Cameron / Workforce Development and Planning Team	Mar 09	Increase SASG effectiveness and productivity. Contribution to achievement of 18 week RTT	HEAT Target E4 Corporate Objective 12
Action 3.10 – Target Achieved. New TCS published on 24 October 2008 and NHS Borders Joint Implementation Group established 31 October 2008. Job planning framework was published nationally in December 2008 and was rolled out to the service at workshops held in January 2009. Job Plan guide issued to service in March 2009. Completion date for job planning is June 2009.					
3.11	Continue to reduce use of locum medical staff through adoption of revised policies and procedures	Ross Cameron / Workforce Development and Planning Team	Mar 09	Reduction in spends on supplementary staff, particularly locum agency; with the aspiration of zero spend and agreed	SCP

				investment in non-agency locums and substantive staff.	
Action 3.11 – Target achieved. Locum Procedure finalised.					
3.12	Review the Work Permits points based system (PBS) and establish the obstacles to recruiting from wider labour pools outside Scotland.	Workforce Development and Planning Team	On-going	Targeted international recruitment to resolve recruitment shortages	BHBC
Action 3.12 – Target achieved. NHS Borders has successfully registered with the UK Border Agency as a sponsor. This will allow us as an employer to issue Certificates of Sponsorship to skilled migrant worker from outwith the EU. NHS Borders also responded to a national proposal for and international recruitment hub.					

Section 4: Productivity Improvement Measures

“NHS Boards to build on current productivity and efficiency efforts, including pay modernisation benefits realisation.”

(Better Health Better Care: Planning Tomorrow’s Workforce Today, 2007, page 13)

	Action	Lead Person	Timescale	Outcome Measure	Reference
4.1	Develop an action plan phased over three years ensuring that we can provide an affordable, fit for purpose workforce and capable of delivering the required health services.	Workforce Strand – Strategic Change Programme Steering Group.	On-going over next 3 years.	Significantly reduced workforce costs over three years	SCP
Action 4.1 – Target achieved. Continues as part of the SCP sustainable workforce strand.					
4.2	Continue to hold awareness training regarding Management of Attendance Policy to support reduction of sickness absence to 4% or below.	Julie Roberts/Sickness absence steering group.	On-going	4% or below sickness absence by end of March 2009.	HEAT Target E2 Corporate Objective 10
Action 4.2 – Target achieved. Absence control process continues as part of the SCP sustainable workforce strand.					
4.3	Improve the quality of data input in e-health systems to ensure consistency of activity data to support effective decision-making.	George Ironside	On-going	Consistent activity data	Corporate Objective 81
Action 4.3 – Target achieved – the quality of activity data is now a specific section in Workforce Planning programmes particularly with AHP’s/Community Nurse Managers.					
4.4	Quantify and review the current Pay Modernisation grading arrangements across NHS Borders and produce a set of recommendations to achieve productivity gains.	Workforce Development and Planning Team	March 09	Increased workforce productivity	SCP/Corporate Objective 81

Action 4.4. Moderately below target. Intended to be taken forward as part of SCP sustainable workforce strand and a first review of grading outcomes scheduled to appear in the year-end workforce statistics 2008/09 by 31 May 2009. Progress has been slow in advancing the Pay Modernisation Benefits Delivery Plan and will be addressed in the 2009 action plan.					
4.5	Develop proposals for public involvement in workforce planning.	Workforce Development and Planning Team/PPI	On-going	Workforce priorities influenced by public involvement.	Partnership Conference
Action 4.5. Moderately below target. Public involvement in service redesign proposals where there is a workforce implication e.g option appraisal on Paediatric Services but lacking in an overall proposal and will be addressed in the 2009 action plan.					
4.6	Continue to reduce use of agency staff and manage the use of the bank within a locally agreed limit in response to 'A guide to good practice in use of supplementary staff.' Set out a target for supplementary staff as a percentage of the total nurse-staffing establishment.	Leonie Smith	Mar 09	Reduction in spends on supplementary staff, particularly agency; with the aim of zero spend on agency staff where possible and agreed investment in bank and substantive staff.	SCP
Action 4.6 – Target Achieved – Significant Progress in reduction of use of Agency Staff					
4.7	Establish supportive systems for clinical leaders in partnership with the LNC, for effective consultant job planning and objective setting	Ross Cameron / Associate Medical Directors/Workforce Development and Planning Team	March 09	Improved efficiencies for first out-patient attendance DNA, non-routine in-patient average length of stay, review to new out-patient attendance ratio and day case rate by March 2011.	HEAT Target E4 Corporate Objective 12

				Contribution to achievement of 18 week RTT	
Action 4.7 - Target achieved. Job planning guidance has been issued following outcomes of the internal audit report.					

Section 5: Workforce Planning and Information

“NHS Boards to ensure workforce plans fully aligned with financial plans to demonstrate that staff projections are both affordable and sustainable.”

“ NHS Boards and ISD Scotland to work together to improve quality and consistency across workforce and financial planning data, including ensuring robust baseline for workforce planning.”

“ NHS Boards and ISD Scotland to work together to improve intelligence held on primary care workforce”

(Better Health Better Care: Planning Tomorrow's Workforce Today, 2007, page 12, page 15, page 23)

	Action	Lead Person	Timescale	Outcome Measure	Reference
5.1	Implement SWISS in line with national programme.	Workforce Development and Planning Team	In line with national timescales	Improved data leading to better-informed decision-making.	BHBC
Target 5.1 – Meeting target – Interface has now been developed. Information is passing from SGIS to SWISS. Meeting took place in December to establish priorities for Phase 4 of SWISS and local action plan developed to collect and maintain additional data fields.					
5.2	Continue to develop SGIS, build interfaces with EKSF, National Directory and SWISS to ensure most efficient use of systems, preventing duplicate data entry.	Workforce Development and Planning Team	Mar 09	Improved quality of workforce information.	BHBC
Target 5.2 – Meeting Target – Work is on-going to improve the quality of information/prevent duplicate data entry through the integration of workforce systems, this action also now covers building links between SGIS and the rostering system – SSTS and will be carried forward to the 2009 Action Plan.					
5.3	Improve the return rate of equal opportunities data held for staff in NHS Borders, target an awareness campaign at employees who have not returned equalities questionnaire, promoting the importance of equal opportunities data.	Workforce Development and Planning Team	In line with national guidance.	Full Equal Opportunities Data held for the majority of the workforce.	BHBC

Target 5.3 – No progress made nationally – to be carried forward to 2009 Action Plan.					
5.4	Improve data collection and reporting of workforce information analysing trends and patterns in workforce and address as appropriate.	Workforce Development and Planning Team	On-going	Development of quarterly statistical workforce reports for senior management.	Corporate Objective 80
Target 5.2 –Target Achieved – Quarterly/Annual Reports are now being developed. Building capacity and capability within the workforce team to create and analyse workforce data.					
5.5	Roll out series of workshops on Six Step methodology, encouraging a consistent framework for workload measurement and workforce planning.	Workforce Development and Planning Team	Mar 09	Increased workforce capability and capacity across NHS Borders.	BHBC
Target 5.5 –Target Achieved. Series of workshops rolled out to AHP staff in NHS Borders based on Six Step approach. NHS Borders/Regional AHP Workload and Workforce Co-ordinator are currently developing an educational resource for service managers to complement the workshops, and are in the process of accrediting this resource. There is scope to customise this for other staff groups.					
5.6	Review results of the Nursing and Midwifery Workload Tools/development of Clinical Quality Indicators for Nursing and Midwifery and advise on the adaptability for AHPs.	Leonie Smith/ Workforce Development and Planning Team	In line with national timescales	Agreed process for NWWP and AHP tools in the workforce planning cycle in NHS Borders.	Corporate Objective 81
Action 5.6 – On Target – Results of the tools are currently being reviewed and discussion regarding how to use the results will take place at the July Workforce Board meeting. Action to be carried forward to 2009 Action Plan.					
5.7	Establish improved workforce projections for career grade doctors, using as basis the SGHD workstream “Reshaping the Medical Workforce”	Ross Cameron/ Workforce Development and Planning Team	Feb 2009	Workforce projections both affordable and sustainable	Corporate Objective 59
Action 5.7 – Moderately below target. Medical workforce modeling tool is awaited from the SGHD workstream “Reshaping the Medical Workforce”. NHS Borders participated in road testing for the whole South East Paediatric medical workforce in January 2009. The tool will be issued under cover of a CEL with national and regional timescales for completion. Key medical workforce action for the 2009 action plan.					

5.8	Identify the future sustainability issues caused by MMC and the reduction in training numbers. Establish how these may be addressed by workforce planning for the career grade doctors and wider workforce, linking to role development and redesign.	Ross Cameron/ Workforce Development and Planning Team	Feb 2009	Workforce projections both affordable and sustainable	Corporate Objective 59
Action 5.8. Moderately below target. Initial Medical Workforce Action Plan approved by Workforce Board on 23 September 2008 and submitted to SGHD and Regional Workforce Director. Action plan achieved for 2009 EWTD but implications of MMC from 2010 – 2012 need to be addressed.					
5.9	Improve the intelligence on the Primary Care Workforce in Borders	PACS GM/ Workforce Development and Planning Team	Feb 2009	Improved quality and consistency of data on Primary Care Workforce.	BHBC
Action 5.9. Target Achieved – All but 3 practices in Borders participated in the National Primary Care Workforce Planning Survey 2009. Awaiting Results.					

Section 6: Learning and Development and Organisational Development

“NHS Boards to work with NES and other educational partners to ensure educational support priorities reflect workforce development requirements.”

“NHS Boards and NES to work together to ensure skills and expertise of staff meet patient need.”

(Better Health Better Care: Planning Tomorrow’s Workforce Today, 2007, page 10, page 17)

	Action	Lead Person (may also include a Lead from each Clinical Board)	Timescale	Outcome Measure	Reference
6.1	Facilitate the ongoing shift to learning as the responsibility of the individual; ensure all staff have the opportunity to become competent in their role.	Helen Clinkscale	Mar 09	Appropriately trained workforce.	Corporate Objective 82
Action 6.1 – On-target - A number of services are considering workforce development and a change of skill mix which includes the role of assistant practitioner. The Training & Professional Development team is currently developing an on-line tool-kit linked to the Learning Directory to support managers to help them navigate the process of developing or extending a new role. This will include the HR process, accountabilities, responsibilities, education, competencies and training requirements. The Framework for Developing Nursing Roles provides a useful framework to inform this development.					
6.2	Develop an integrated Learning and Development Strategy with workforce planning in partnership with external partners.	Helen Clinkscale	Nov 08	The Learning & Development Strategy will provide a business-oriented and systematic framework to training and development as a functional strand of the Workforce Strategy.	Corporate Objective 82
Action 6.2 – On Target The Learning & Development Strategy & Business Plan 2009-2012 has undergone a full consultation and future financial projections are under consideration. Regular updates on the Plan will be provided to the Workforce Board and to staff through WSU and regular L&D newsletters.					

6.3	Review recent research evidence linking competence based personal development to improved patient care, and communicate evidence to staff and management to influence development of service.	Helen Clinkscale/Alison Aitken	Sep 08	Profile of KSF outlines across NHS Borders.	Partnership Conference
Action 6.3 – Below Trajectory - Awaiting benefits realisation plan for KSF to review (See 6.7)					
6.4	Ensure full implementation of the Knowledge and Skills Framework (KSF).	Alison Aitken	Mar 09	KSF outlines for all staff within NHS Borders	Corporate Objective 11 HEAT target E3
Action 6.4 – Marginally Below Trajectory – The majority of posts in existence in October 2004 now have a KSF post outline. All outlines are recorded on eKSF. All new job descriptions will also have a draft KSF post outline submitted for evaluation at the same time as new job descriptions are evaluated.					
6.5	Ensure all managers and staff participate in relevant performance review, personal development and personal appraisal planning processes.	Alison Aitken	Mar 09	All staff will have an appraisal and PDP.	Corporate Objective 11 HEAT target E3
Action 6.5 – Below Trajectory - 86% of staff have PDP recorded either on paper or on eKSF. Systems being put in place for 80% of staff to have review by March 2011 and recorded on eKSF. All NHS Borders staff covered under Agenda for Change have their details on eKSF.					

6.6	Provide appropriate support for managers and staff to utilise KSF/Competency Framework when planning service development and change.	Alison Aitken	Mar 09	Ensure a competent workforce for a changing service.	Partnership Conference
6.7	Launch and Implement the KSF Benefits realisation toolkit.	Alison Aitken / Workforce Development and Planning Team	National timescale applies.	Benefits as a result of the widespread use of KSF are recognised widely across the service.	Corporate Objective 11 HEAT target E3
Action 6.7 – On Target - KSF Benefits realisation toolkit has been developed in partnership with users and will be implemented along with national timescales.					
6.8	Develop Leadership and Management capacity and capability.	Louise Hamilton-Welsh	On-going	Improved Leadership and Management capacity and capability across NHS Borders.	Partnership Conference
Action 6.8 – On target - A leadership development network is being established to bring together participants of leadership courses to share good practice, support key projects etc and build capacity and capability throughout NHS Borders. Coaching and implementation of 360 tool continues to rolled out across all managers. Future strategic leadership development for senior managers is being explored in partnership with SBC					
6.9	Develop an organisational change matrix in partnership with the APF	Edwina Cameron/ Workforce Development and Planning Team.	Mar 09	Improved understanding of the workforce impact of organisational change and service redesign	Partnership Conference

Action 6.9 – Moderately below target. Organisational Change Matrix format has been devised but requires to be populated and on –going partnership development session to assess APF annual priorities. Carry forward to 2009 action plan.

NOTES:

Members of the Workforce Development and Planning Team will support Lead Directors or Lead Managers in the achievement of the objectives in this action plan. In time members of the newly formed Workforce Directorate will contribute when appropriate.

Accountability for this action plan lies with the Workforce Board, who will review progress reports from the Workforce Directorate and encourage corrective action where necessary.

Appendix 2

WORKFORCE Plan for Pandemic Flu **(as at 18 August 2009)**

This plan will require support from:

- Workforce Directorate:
 - Workforce Development and Planning (WD&P)
 - Occupational Health (OH)
 - Human Resources (HR)
 - Training and Professional Development (T&PD)
- General Managers (GM)
- Clinical Services Management (CSM)
- Corporate Management and Performance (CM&P)

The critical issue is:

Ensuring the availability of accurate and meaningful workforce information to allow Management to lead the detailed planning for managing staff in their own areas.

There are three stages to the attached plan:

Planning Stage
During Pandemic Stage
After First Wave / Recovery Stage

The actions within the 'planning' stage are linked to the WHO pandemic alert phase.

The actions within the 'during' stage have been prioritised 1– 4 (1 being highest)

The actions within the 'recovery stage' are very high level – the detail will be dependant on the impact of the preceding stages

ISSUE	ACTION	LEAD	TRIGGER	PROGRESS
PLANNING STAGE				
PPE availability	Ensure process for adequate supply of : <ul style="list-style-type: none"> ▪ Surgical masks ▪ FFP3 respirators ▪ Gloves ▪ Gowns ▪ Aprons ▪ Eye protection 	OH / Supplies	Phase 1-3	Complete May 08
PPE / Face Fit Testing Preparation	▪ Identify potential cohort of testers	OH	Phase 1-3	Complete Oct 08
	▪ Arrange and implement training programme for testers	OH	Phase 1-3	Complete Mar 09
	▪ Devise list of potential priority groups to be tested e.g. HDU, medical wards	Clinical Boards		
	▪ Prepare instruction sheet for PPE use	OH	Phase 1-3	Complete Oct 08
	▪ Implement testing programme of agreed priority groups as identified by clinical boards	OH / trained testers	Phase 5	
	▪ Provide updates on activity as required	OH		Ongoing
Vaccine / anti viral	▪ Liaise with pharmacy to ensure plan is in place for distribution of anti-virals (if appropriate) / vaccine to OH	OH / Pharmacy	Phase 1-3	Ongoing
	▪ Prepare numbers for perceived prioritised staff groups to be used in conjunction with	Clinical Boards		Ongoing

	<p>Scottish Gov. Health Dept. guidelines</p> <ul style="list-style-type: none"> ▪ Prepare PGD for anti-virals ▪ Devise vaccination plan for staff (if vaccine available) ▪ Ensure adequate staff to undertake vaccination programme (if vaccine available) - Liaise with PACS lead nurse to agree use of HVs as required in event of pandemic 	<p>Pharmacy</p> <p>OH</p> <p>OH / PACS Lead Nurse</p>	<p>Phase 1-3</p> <p>Phase 1-3</p> <p>Phase 1-3</p>	<p>Complete Aug 08</p> <p>First draft compl</p> <p>Complete Dec 07</p>
Information management	<ul style="list-style-type: none"> ▪ Set up SGIS report templates for daily reporting and surveillance of staffing levels etc. ▪ Identify who will coordinate the information from the managers on anticipated and actual staffing levels on a daily basis 	<p>WD&P/HR</p> <p>WD&P/HR</p>	<p>Phase 1-3</p> <p>Phase 4-5</p>	<p>Complete Apr 09</p> <p>WIP</p>
<p>Communications</p> <p>Note: This may form part of a centralised communication strategy</p>	<ul style="list-style-type: none"> ▪ Agree methodology for regular communication to managers and staff in advance of the pandemic and for the duration ▪ Prepare general awareness raising information for all staff to include comprehensive Q&As 	<p>CM&P/ HR</p> <p>HR / Workforce Leads</p>	<p>Phase 4-5</p> <p>Phase 4-5</p>	<p>Complete May 09</p> <p>Complete June 09</p>
Staffing	<ul style="list-style-type: none"> ▪ Identify tools available to help forecast absence levels during each of the phases of the pandemic 	<p>HR / WP&D</p>	<p>Phase 1-3</p>	<p>Complete – Apr 09</p>

	<ul style="list-style-type: none"> ▪ Support clinical boards to identify what tasks/duties can be suspended in order to provide essential services in the event of the pandemic ▪ Support Clinical Boards to identify the skills of their staff and the likely capacity and need for skills ▪ Support Clinical Boards to plan how to optimise existing staffing resource ▪ Support Clinical Boards to identify the workforce issues for any contractors who maintain essential services 	<p>HR/GMs/CSMs</p> <p>Workforce / Clinical Board Leads</p> <p>Workforce / Clinical Board Leads</p> <p>Workforce / Clinical Board Leads</p>	<p>Phase 4–5</p> <p>Phase 4-5</p> <p>Phase 4-5</p> <p>Phase 4-5</p>	<p>WIP (via Pan Flu Business Group)</p> <p>Matrix developed and agreed June 09</p> <p>WIP – June 09</p> <p>WIP – June 09</p>
Plan Partnership role	<ul style="list-style-type: none"> ▪ Facilitate staff side discussion and identification of the role of the staff side reps and what support they can provide/will need 	Workforce / Employee Director	Phase 5-6	WIP (via Pan Flu Business Group)
Policy	<ul style="list-style-type: none"> ▪ Establish plans for reporting of sickness absence, bearing in mind that following the normal policy may not always be possible <ul style="list-style-type: none"> ▪ Normal reporting procedures to be followed ▪ Identify HR policies which could limit our ability to optimise staffing resource ▪ Review HR policies in line with national guidance 	<p>HR</p> <p>HR</p> <p>HR</p>	<p>Phase 4 -5</p> <p>Phase 1–3</p> <p>Phase 5-6</p>	<p>Agreed July 09</p> <p>Complete – May09</p> <p>Ongoing</p>

Generic Training Plan	<ul style="list-style-type: none"> ▪ Develop a core training programme for clinicians based on WHO algorithm - recognition, investigation, infection control and PPE issues and initial management for staff groups identified by Clinical Boards ▪ Develop an adult/paediatric intermediate life support training programme to increase transferability of skills throughout the organisation ▪ Develop a generic education briefing pack to provide an additional resource and compliment the training programme ▪ Develop a plan to increase capacity of non-clinical staff. ▪ Develop an Essential Care Skills programme for Non-Clinical Staff to provide basic nursing care skills and up-skilling of identified non clinical staff for redeployment. To achieve this utilise elements of available Napier accredited GP assistant modules (theory and practice) to provide assessment, mentorship and accreditation ▪ Ensure engagement with each Clinical Board to identify additional training requirements 	T&PD T&PD T&D T&PD T&PD Napier University T&PD	Phase 1-3 Phase 1-3 Phase 1-3 Phase 1-3 Phase 1-3 + ongoing Phase 1-3 + ongoing	Completed Completed Work in progress Each Clinical Board Matrix with Business Continuity Plans will identify potential staff groups Ongoing

BGH Clinical Board Training Plan	<ul style="list-style-type: none"> ▪ Intensive induction training programme that includes Sepsis Recognition, Paediatric resuscitation and Intermediate Life Support to up-skill all BGH pool nurses ▪ Sepsis/critical illness recognition- Early Warning Scoring for DME Wards and Ward 14 (pandemic flu wards) ▪ Rapid induction information for every clinical area in the form of Care Bundles which identifies the 5 key skills required to work in a specific area e.g. Patient Admission Assessment/ Care Paths for Ward 4 and Paediatrics. ▪ Deliver the core training programme for clinicians based on WHO algorithm - recognition, investigation, infection control and PPE issues and initial management for staff groups identified by Clinical Boards ▪ Deliver the adult/paediatric intermediate life support training programme to increase transferability of skills throughout the organisation 	<p>T&PD</p> <p>T&PD</p> <p>T&PD</p> <p>T&PD</p> <p>T&PD</p>	<p>4-5</p> <p>4-5</p> <p>4-5</p> <p>4-5</p> <p>4-5</p>	<p>Completed</p> <p>Completed</p> <p>Work in progress Final Draft to BGH pandemic group by end of June 2009</p> <p>Key staff will be identified and prioritised for planned training programmes in August, September & October 2009 including adult & paediatric ILS, and generic training programme</p>

PACS Clinical Board Training Plan	<ul style="list-style-type: none"> Rolling programme of Recognition of sick adults/recognition of sick child training for all community nursing staff, GPs, clinical staff and OOH staff via local TiME and Community Nurse sessions 	T&PD	4-5	PACS staff will access training programmes in August, September & October 2009 including adult & paediatric ILS, and generic training programme
	<ul style="list-style-type: none"> Develop training programme and Care Bundle for general nursing care to up-skill Health Visitors, school nurses and treatment room nurses to cover District Nursing and Evening Nurse duties 	T&PD	4-5	Discuss and plan at next PACS training sub-group meeting
	<ul style="list-style-type: none"> Participation of community nurses in pilot of core pandemic flu training programme and evaluate relevance for community staff 	T&PD	4-5	August 2009
	<ul style="list-style-type: none"> Essential Care Skills programme (generic) for non-clinical staff – as above 	T&PD	4-5	Clinical Board Matrix with Business Continuity Plans will identify potential staff groups
Mental Health Clinical Board Training Plan	<ul style="list-style-type: none"> Participation of mental health nurses in pilot of core pandemic flu training programme and 	T&PD	4-5	August 2009-06-09

	<p>evaluate relevance for mental health staff</p> <ul style="list-style-type: none"> ▪ Delivery of adult intermediate life support training programme to increase skills and ensure transferability of skills ▪ Mental health staff are working to identify the core skills required to deliver safe care to patients within each speciality to inform development of Rapid induction Packs by T&D 	<p>T&PD</p> <p>MH staff T&PD</p>	<p>4-5</p> <p>4-5</p>	<p>Mental Health staff will access training programmes including adult ILS in August, September & October 2009 End of June 2009</p>
Learning Disability Clinical Board Training Plan	<ul style="list-style-type: none"> ▪ Participation of Learning Disability staff in pilot of core pandemic flu training programme and evaluate relevance for staff ▪ LD service will develop Care Bundles for front-line staff caring for individuals with a Learning Disability in acute settings. To include comm skills and co-morbidities 	<p>T&PD</p> <p>LD staff T&PD</p>	<p>4-5</p> <p>4-5</p>	<p>August 2009</p> <p>End of June 2009</p>

ISSUE	ACTION	LEAD	PRIORITY
DURING THE PANDEMIC			
PPE availability	Ensure appropriate distribution of : <ul style="list-style-type: none"> ▪ Surgical masks ▪ FFP3 respirators ▪ Gloves ▪ Gowns ▪ Aprons ▪ Eye protection 	Supplies/OH	1
PPE / Face Fit Testing	<ul style="list-style-type: none"> ▪ Continue testing programme of agreed priority groups as identified by clinical boards. ▪ Provide updates on activity as required 	OH / trained testers	1
Administer anti-virals and or vaccinate as may be specified by Scottish Gov. Health Dept.	<ul style="list-style-type: none"> ▪ Cease non essential Occupational Health work ▪ Implement distribution programme utilising assistance from other staff e.g. HVs as appropriate ▪ Ensure appropriate consent and recording framework 	OH OH/HVs OH	1-2 dependant on availability
Health clearance	<ul style="list-style-type: none"> ▪ Prioritise health clearance of staff coming in to assist during pandemic (consider suspension of clearance process for these staff) 	OH / HR	1 if being done
Staff support	<ul style="list-style-type: none"> ▪ Liaise with public health re current advice ▪ Identify and publicise a dedicated OH telephone line/number to handle queries and provide health advice to staff 	OH / PH OH / Comms	1 3

	<ul style="list-style-type: none"> ▪ Reassure / advise staff who may not want to work for fear of infection ▪ Provide psychological support and counselling to staff to assist with morale and motivation and bereavement 	OH	1
		OH / ICT / Spiritual Advisor	3
Staff health	<ul style="list-style-type: none"> ▪ Utilise communication systems to ensure staff know symptoms of pandemic flu and how to report. ▪ Ensure managers know how to assess and advise staff with respiratory symptoms following HPS / PH guidance. ▪ Provide advice on restricting work activity of staff at increased risk of complications from pandemic flu. 	OH / Comms	1
		OH	1
		OH	1
Recruitment	<ul style="list-style-type: none"> ▪ Maximise advertising and recruitment opportunities - place general adverts for any experienced staff; utilising media ▪ Revisit recent recruitment activities to identify any potential temporary staff ▪ Facilitate a streamlined recruitment process whilst still meeting our legal requirements 	HR / Comms	3
		HR	1
		HR	1
Information management	<ul style="list-style-type: none"> ▪ Use report templates on SGIS to identify where available working hours can be maximised – seconded clinical staff / students / flexible workers / bank / agency / changing shift patterns / extending the working day ▪ Ensure staff absence data is kept up to date on SGIS 	WP&D / GMs	2
		GMs / WP&D / HR	1

Staff Deployment	<ul style="list-style-type: none"> ▪ Provide advice as required on exclusion of infected staff ▪ Provide advice on staff deployment / segregation in terms of HCW: <ul style="list-style-type: none"> ○ returning to work having recovered from pandemic flu ○ who have had anti-virals / been vaccinated ○ experiencing symptoms ○ bank and agency staff and their movements in the organisation ▪ Provide advice as required on Working Time Regulations – Waiving of their right to not work more than 48 hours a week is allowed for under the provisions of the WTR. ▪ Identify staff who may be approached to work more than 48 hours a week and take steps to allow “opt out” for the duration of the pandemic 	<p>OH</p> <p>OH</p> <p>HR</p> <p>HR</p>	<p>1</p> <p>Ongoing</p> <p>Ongoing</p>
Communications	<ul style="list-style-type: none"> ▪ Provide information to support daily decisions re changes to services / staffing levels and skills mix ▪ Communicate any temporary changes to policy application e.g. Annual Leave (carry forward), Special Leave, Conduct, Redeployment, Secondment, Flexible Working (employees who need out for an hour to check on a dependant) 	<p>WD&P / HR</p> <p>HR</p>	
Generic Training Plan	<ul style="list-style-type: none"> ▪ Implement the plan to increase capacity to provide basic nursing care and up-skilling of identified staff for redeployment. ▪ Ensure engagement with each Clinical Board to identify 	<p>T&D</p> <p>T&D</p>	<p>1</p> <p>1</p>

	<p>additional training requirements</p> <ul style="list-style-type: none"> ▪ Facilitate dissemination of care bundles 	T&D	1
Clinical Board specific Generic Training	<ul style="list-style-type: none"> ▪ Respond to Clinical Board specific needs 	T&D	1

ISSUE	ACTION	LEAD	PRIORITY
AFTER THE FIRST WAVE / RECOVERY STAGE			
Staff Support	Prepare for increased demand on counselling & support services	OH	TBC
Sickness absence	Prepare for potential rise in management and self referrals to Occupational Health.	OH	TBC
Policy	Once the pandemic is officially over, those staff that have been working beyond contracted hours should be given compensatory leave where appropriate. Annual leave requests should be reviewed.	HR	TBC
	The provisions of the Working Time Regulations will need to be reinstated and any "opt outs" rescinded.	HR	TBC
Recruitment	Identify how to fill vacant posts when the potential staff pool is depleted as a result of the pandemic	HR	TBC

Appendix 3

WORKFORCE HEADLINES

(This document was submitted to SGHD National Workforce Unit to accompany the workforce projections – see chapter 4)

Can you explain the principles behind the development of your workforce projections?

NHS Borders is at the one-year stage of a 3-year Strategic Change Programme (SCP) to develop and implement our response to a number of future challenges, such as population changes and a growing older population; changes to our workforce such as a reduced pool of younger workers from which to recruit; significant staff shortages in some key clinical areas; and a desire to focus on shifting the balance of care from hospital-based care to more community and preventative services in order to deliver a more flexible health service. We must address a financial challenge due to changes to the NRAC formula used to allocate funding to Health Boards in Scotland, and the requirement on all public sector bodies to make efficiency savings each year. We are achieving the delivery of a number of Key Ministerial and Government targets and outcomes, including those set out within *Better Health, Better Care (2007)*. The Status Quo is therefore not an option, and we must now look to implement planned change envisaged in our Strategic Change Programme. It is within the context of our Strategic Change Programme that we will publish a Local Workforce Plan in 2009 and develop the workforce projections.

Main influencing factor is affordability over this 3-year period and the projections were set in the context of instructions to our Clinical Boards of achieving a 5% staffing efficiency savings in the 2-year period 1 April 2008 - 31 March 2010. The trajectory for year one of the efficiency savings on staffing budgets has been achieved by all three clinical boards and central services. Although there are many strands, vacancy control is the most influential on the development of workforce projections – with recruitment to vacant posts approved when Heads of Service can demonstrate plans to achieve efficiency savings. For example policy decisions have been made to recruit part-time when a full-time vacancy arises or examination of skill mix and accessing the NHS career framework. Risk assessment is undertaken in these situations in order to plan for and address any dilution in service.

The affordability test has been applied by the Director of Finance and his team. With our efficiency savings targets for 2009/10 and 2010/11 we project that net reduction in workforce costs required would amount to £3.356 million at 30 September 2011. In addition our affordability test is qualified by the fact that some financial cost pressures are as yet unquantifiable (e.g. pay awards and other unavoidable liabilities that may arise). It is within the estimate of a £3.356 million reduction in the workforce funding envelope at 31 March 2011 that the Director of Finance is able to approve the workforce projection of a reduction of 107.97 whole time equivalent posts compared to funded establishment (approx 4% of the workforce in this 3-year period). The affordable workforce would amount to 2588.64 wte in year 2 and we estimate a workforce projection of 2567.51 wte. The affordable workforce would amount to 2544.96 wte in year 3 and we estimate a workforce projection of 2532.32.

The other principles that have been applied:

- Projections must be consistent with forthcoming service redesign and other NHS Board priorities – particularly those outlined in the Local Delivery Plan, Corporate Objectives and achievement of HEAT targets.

- Projections must meet availability test i.e. we must be confident about our ability to successfully recruit taking into account labour market conditions. We have revised our policies on internal redeployment, matching vacancies to internal candidates and there-by promoting organisational change polices that enhance employment security for our staff.
- Projections must meet the adaptability test i.e. are we engaging in role development and creation of new roles to resolve our workforce challenges.

What process did you go through to approve these?

Heads of Service from all staff groups had been asked for their indication of workforce changes over the immediate 3-year period and for the appropriate specialties for the 5 year and 10 year period. Where applicable these were tabled on the agenda of occupational / clinical board workforce groups. The projections were refined by the Workforce Team taking into account future service developments subject to the Local Delivery Plan process, HEAT targets and performance, longer term service pressures (such as MMC, Waiting Times performance), Working Time Regulations and other workforce modelling projects (such as the NMWWP process for Nursing and Midwifery). The projections for the immediate 3-year timescale were compared against the cost pressure priorities in the Board's LDP process and Finance colleagues assessed affordability.

Advance projections and this process considered by the Workforce Board (consisting of members of Board Executive team and representatives from Clinical Boards and occupational groups). The final projections will be signed off by the Chief Executive on advice on affordability from the Director of Finance and approved by the Workforce Board.

What are the key workforce issues for each of the following occupational groups facing your Board which might be of interest at Regional and/or National level?

Medical and Dental

MMC – as the number of NTN's decreases over 3 year period, agreed regional process for determining the allocation of trainees to educationally approved slots throughout the region and determining the service consequences of removal of posts.

Working Time Regulations 2009 – setting a baseline of compliance throughout the region examining potential capacity that may be transferred to non-compliant services.

Workforce Projections – regional overview of Board responses to the forthcoming clinical workforce framework.

Nursing and Midwifery

Consideration is currently being given to developing sustainable succession plans (this involves skill mix review when appropriate) across all Nursing Services to account for the ageing workforce coupled with the increasing population. Priority has been given to the most immediate areas, Community Nursing and Mental Health as highlighted below.

Nursing and Midwifery Workload and Workforce Planning Project

NHS Borders have rolled out each of the workload tools in line with national timescales and are currently rolling out the Workforce Planning educational toolkit to Senior Charge Nurses to develop operational capability in Workforce Planning. The transition of the national project to local responsibility will have implications as future

development and roll out of tools will have to be managed locally. There is on-going discussion around how practical implementation of the findings of workload and workforce planning tools will be managed in NHS Borders, in particular taking account of the implications of applying a 22.5 % predicted absence allowance. Currently services have a variety of predicted absence allowances ranging from 20-21% in some areas to 0% in Community Nursing.

Senior Charge Nurse Review – Workforce Implications of introducing this new role are felt right across the health system as there have been difficulties achieving realignment of the current role which includes Direct Clinical Care responsibilities to fit within the modernised role framework. Work has begun locally to utilise Productive Ward methodology, which is predicted to release a significant amount of time spent on non-direct patient care activity. This will enable resources to be pro-actively redeployed to meet the needs of the patients and future work will be undertaken to ensure Charge Nurses can focus on quality standards and health and safety.

Review of Community Nursing:

NHS Borders is currently a pilot site for the Review of Nursing in the Community. This project has implications for the workforce as the model suggests a different skill mix. NHS Borders plan to review the no. of Band 6 and above posts and consider whether the knowledge and skills are directly impacting on patient care and whether a proportion could be replaced with different skill mix (e.g. bands 5,4,3). This is due to the high number of projected retirements over the next 3-8 years. Succession Planning is being considered as part of the service redesign, as is appropriate skill mix to develop Community Health Nursing Teams capable of meeting the health needs within each Locality. It is stipulated in the Project Plan that the cost of Community Nursing should not rise as a result of this redesign.

Mental Health Nursing:

Over the next three years Mental Health are likely to lose 7 very experienced staff from all over the service in particular from Wards, Community Teams and potentially Senior Management. At present it is difficult to predict, due to economic and redesign issues if we will continue to operate over as many sites as present and therefore assess how this will impact on the workforce. A review of functionally ill older adults may result in a change in skill mix, however this requires to be balanced against possible redesign in other parts of the service.

Healthcare Science

There has been a 6% increase in workload over the past year – (21% over the past 5 years) as the impacts of the regulatory framework in Blood Transfusion are being realised locally. The maintenance of required standards of Quality Management and the requirement to provide 100% traceability of all blood units also contribute to this percentage increase in workload. A Transfusion Practitioner is involved in education and training for clinical and other non-lab staff involved in the transfusion process and currently a post is funded centrally (0.5wte). As a result of the increased workload this post is required to be part of the Laboratories establishment at a higher WTE longer-term.

Allied Health Professionals

NHS Borders is currently reviewing AHP Services and presented a paper to the clinical executive on the 23rd April 2009, which outlines options for change. Four potential workforce models have been developed each of which could have different workforce implications. This will create potential opportunities to review skill mix using the career framework and consider role development within the context of service redesign. Until the preferred option is selected it is difficult to project the expected changes over the next 3 years. AHP Heads of Service however, have been working closely with the Workforce Development and Planning Manager to pilot the “AHP Six Steps to Workforce Planning” methodology and this will enable them to plan the future workforce required for their service.

Other staff groups

Support Services Staff:

There is currently a pre-employment course held jointly between NHS Borders and Scottish Borders Council to support unemployed people back to work. The fourth cohort is currently underway following the success of previous cohorts from which students have successfully gained employment in both health and social care. In the current economic outlook, it's important that pre-employment training programmes, such as these, designed to tackle inequalities can be supported.

Physician's Assistants: Is there merit in continuing the conditions of the previous pilot where PAs may have an immediate service benefit (e.g. to support 2009 WTR compliance or the implication of MMC). Can the international recruitment hub be deployed to assist individual like minded NHS Boards undertake an international recruitment campaign.

Pharmacy – NHS Borders have experienced difficulties recruiting Pharmacists and as a result have examined the skill mix and have increasingly filled vacant posts with Pharmacy Technicians.

Do you anticipate a significant change in skill/grade mix? If so where/ who/ what?

There has been some movement towards revised skill mix with local implementation of the overarching Career Framework for Health (Skills for Health 2006) – this has mainly focussed on the HCSW and Assistant Practitioner roles. The skills escalator concept, enables an individual member of staff with transferable competency based skills to progress in a direction which meets workforce, service and individual need. Some examples are described below.

The main areas of significant skill/grade mix:

Due to the success of the NHS Borders SVQ Programmes in Care to develop the Health Care Support Worker role (supported by non-recurring funding from SGHD and NHS Education for Scotland), we have an increasing number of trained Health Care Support Workers. Candidates from acute, community hospitals, mental health, learning disability and primary care team settings have achieved SVQ level 2 & 3 in Care.

Candidates from Pharmaceutical Services have successfully achieved SVQ Level 2 & Level 3.

Allied Health Professionals are undertaking SVQ Level 3, in Diagnostic & Therapeutic Support

Support Services - candidates have successfully achieved the SVQ Support Services & Health Care Level 2.

Within NHS Borders two Community Health multidisciplinary teams employ HCSW whose previous experience was within a nursing environment. The HCSW role has expanded and now involves supporting OT and PT care plans as well as nursing and promotes patient self- management and independence.

Within Rapid Response a pilot using two generic support workers performing Occupational Therapy and Physiotherapy tasks in the Tweeddale team has proved successful and there is a desire to roll this out. Intermediate care staff have been receiving ongoing in-house training and support from Rapid Response staff on

rehabilitative approaches. This is a key measure in deploying the workforce to achieve a shift in the balance of care.

We have detected a grade drift in distribution of AfC outcomes, particularly the result of successful reviews. The projections have focussed on potential grade mix by examination of the age profile of our workforce and the impact of forthcoming retrials, now that AfC is implemented in full. For example we project in this 3-year period a maximum of 10 Nursing posts currently @ band 5 replaced by HCSWs @ band 4 (potentially internal appointments from a staff group qualified to HNC/HND level) In the 5-year period we expect a further 10 Nursing posts @ band 5 and above will convert to band 4 HCSWs.

Which areas of the service do you anticipate will give you the most significant workforce challenges?

Mental health and primary care services esp. Shifting the balance of care. Implementation of intermediate care and relationship with the Local Authority. Generally Joint Workforce Planning with Local Authority Partners.

Secondary care services – sustainability given MMC and 2009 WTR compliance.

What are your recruitment hotspots?

Medical Paediatrics – especially the middle grade tier of experienced doctor who is competent to cover general paediatrics and neonates. Hotspot of 40% vacancy rate and inability to recruit short term with no prospect of overseas recruitment. Service redesign to sustain Paediatric Services over this 3-year period will involve recruitment to Advanced Paediatric Nurse Practitioners and Advanced Neonatal Nurse Practitioners.

Psychiatry – Long term vacancies for Specialty Doctor mid grade level, we have asked if this could be included in international recruitment hub.

Cardiology – Part-time consultant vacancy

Haematology – Full-time consultant vacancy subject to repeated advertising, initial testing of a regional consultant model to support recruitment.

Pharmacy – Difficulty in recruiting qualified pharmacists (see above on skill mix changes).

Community Nursing – Health Visiting – e.g. repeated attempts to recruit to Health Visitors over the past 12 months. There is, in general a shortage in the number of staff holding a specialist practice qualification certificate, (District Nursing/Health Visiting/School Nursing) applying for Vacant Posts.

There is also the potential to have difficulty recruiting to the new community health teams, as there is still discussion around where new roles will sit on the NMC register.

Mental Health – Specialist Services including CAHMS and Drug and Alcohol.

Learning Disability – Learning Disabilities Nurses - 2 vacancies advertised recently, but no suitable candidates (no LD qualified nurses applied) and although a mix of RGN, RMN and RNLD is appropriate, the proportion of non-LD nurses within this specialist service is a concern for NHS Borders.

What other workforce challenges are facing you at present?

Noted below are some of the workforce priorities outlined in action plan of our 2008 LWP.

Redesign of Services and redesign of the Workforce. We need to ensure Workforce Plans are fully aligned in support of service delivery. We are redesigning a number of services with major workforce implications e.g. Dental Services Strategy, Review of Community Nursing, review of Mental Health Nursing, Paediatric/SCBU, All Inpatient Services.

Developing New Roles; e.g. 4 – tier structure for radiographers, implications of Senior charge Nurse review, Physician Assistant in Anaesthesia.

Recruitment and Retention: e.g. Devising a strategy to address high turnover posts, delivery of succession planning.

Productivity Improvement Measures: Effective absence management in support of the HEAT target. Pay modernisation benefits delivery.

Learning and Development and Organisational Development. Implementation of KSF and implications of PDP – achievement of HEAT target.

Are there any other workforce headlines which you feel the SGHD should be aware of?

- Derogation from the 2009 EWTD as a temporary measure and the eligibility criteria, which would lead to a managed process of addressing compliance.
- Involvement of GPST1 in GP in compliance plans in hospital rotas which would support EWTD and MMC plans.
- International recruitment hub – proposals to apply to wider staff groups e.g. Physician Assistants.
- Implications of NRAC funding mechanism on workforce particularly the affordability.

Appendix 4 – Final Report on Doctors in the Training Grade Working Time Compliance Status August 2009

CURRENT COMPLIANCE USING CEL 14 (2009)						PROPOSED ROTA COMPLIANCE USING CEL 14 (2009)		
SPECIALTY	DOCTORS	SHIFT PATTERN	BANDING	DUTY HOURS (26 wks – A/L)	COMPLIANT	ACTUAL HOURS	COMPLIANT	REMARKS
Orthopaedic FY2/GPST/StR	8	Full Shift	2A	50.73	Non-Compliant	46.13	Yes	Three Specialty Doctors in A&E recruited to relieve day-time cover and weekends. Compliant rota from 5 August 2009 with band 1A approved.
Orthopaedic SpR	1	Full Shift	1A	45.85	Compliant	No change – compliant at 45.85 hours on average per week.		
Anaesthetics SpR / StR & Staff Grade	7 (4 training grade & 3 career grade)	Full Shift	2A	50.79	Non-Compliant	45.58	Yes	Successful recruitment of additional Specialty Doctor in Anaesthetics. Rota design completed and new compliant rota implemented from 5 August with band 1A approved.
Obs & Gynae SpR /StR	4 (®ular career grade support)	On-Call (NR)	2A	40.81 (NR)	Compliant	Continue as non resident rota to maintain compliance. Compensatory rest in place. No change – compliant at 40.81 resident hours on average per week (this will be reassessed at point of annual monitoring).		

CURRENT COMPLIANCE USING CEL 14 (2009)						PROPOSED ROTA COMPLIANCE USING CEL 14 (2009)		
SPECIALTY	<u>DOCTORS</u>	SHIFT PATTERN	<u>BANDING</u>	DUTY HOURS (26 wks – A/L)	COMPLIANT	ACTUAL HOURS	COMPLIANT	REMARKS
General Surgery	6 (3 training grade & 3 career grade)	Hybrid (NR)	2A	55.13	Non-Compliant	44.80	Yes	Converted to Non Resident rota to secure compliance. Also additional third StR (military funded) joined rota. Compensatory rest in place. GPST in Surgery now be released ½ time to HaN rota. New compliant rota implemented from 5 August with band 1A approved – 1 in 6.5 frequency).
General Surgery GPST	1	Hybrid (full shift and NR on-call)	1A	44.52	New rota – compliant from 05/08/09	44.52	Yes	This is a new rota to take account of the GPST having a ½ time commitment to HaN (one week of nights and 2 medical weekends on average in 6 months) and ½ time commitment to non resident surgery on-call (1 in 6.5 frequency).
Paediatric SpR / StR (exc GPST)	5	24 hour partial	2A	54.94	Non-Compliant	45.37 (Res)	Yes	Retained resident status and augment with regular locums/ANPS/Consultant cover, which is in place from 5 August 2009. New compliant rota implemented from 5 August with band 1A approved.

CURRENT COMPLIANCE USING CEL 14 (2009)						PROPOSED ROTA COMPLIANCE USING CEL 14 (2009)		
Psychiatry FY2/GPST/StR	7	On-Call (NR)	2B	44.57 (NR)	Compliant	Continue as non Resident to maintain compliance but compensatory rest policy is required.	Yes	Compliant non resident rota continues from 5 August, compliant at 44.57 resident hours on average per week (this will be reassessed at point of annual monitoring).
Obs & Gynae FY2 / GPST HAN Generic Rota	5	Full Shift	1B	43.36	Compliant	No change continues compliance, compliant at 43.36 resident hours on average per week		
Paediatric GPST HAN Generic Rota	1	Full Shift	1B	45.34	Compliant	No change continues compliance, compliant at 43.36 resident hours on average per week		
Public Health StR	1	On-Call (NR)	No Band	39.31	Compliant	43.00	Yes	Now serves on NHS Lothian Health Protection rota for pilot – non resident on-call. Compensatory rest policy is required if pilot continues.
Psychiatry SpR	1	On-Call (NR)	1A	42.6	Compliant	No change		

Appendix 5

Our Three Workforce Planning Priorities for NHS Borders;

“Our objective over the next three years is to develop a Workforce Plan to ensure that we can provide an affordable, fit for purpose workforce, capable of delivering the required health services as determined in the Integrated Health Strategy – Your Health, Our Future.”

John Glennie
Chief Executive

In this year we have identified our 3 priorities to meet this objective:

- **Support each of the clinical boards and support services to take forward outcomes of the Integrated Health Strategy.** Consider Skill Mix review and Role Development through the application of the NHS Career Framework and KSF to ensure sustainability of all services across NHS Borders. Given the pressures of the medical workforce, age distribution and a challenging financial environment, support managers through development of extended, advanced or new roles for non-medical solutions using the on-line toolkit when available.
- **Develop workforce-planning capabilities across NHS Borders and progress move towards more dynamic workforce planning.** Contribute to the development of workforce strategies, based on the research evidence available and commission research e.g. into potential modelling of future population service needs for specific specialties. Continue to roll out the Workload and Workforce Planning Educational Toolkits (Nursing and Midwifery and 6 steps methodology) to Service Managers and use accompanying toolkits (Workload Tools) to help inform decisions.
- **Improve data collection and reporting of Workforce Information and Pay Modernisation Benefits Evidence.** Further development of Quarterly Workforce Reports. Analyse trends and patterns of key workforce indicators such as age distribution, turnover rates, sickness absence trends and skill mix analysis (e.g. Christmas tree modelling). Preparation of an annual Pay Modernisation Benefits Delivery Plan, assisting with gathering evidence to demonstrate a return on investment in pay and conditions through productivity, service redesign and improved service for patients.