NHS SCOTLAND





BETTER HEALTH, BETTER CARE:

PLANNING TOMORROW'S WORKFORCE TODAY

healthier scotland
SCOTTISH GOVERNMENT

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FOREWORD

CABINET SECRETARY FOR HEALTH AND WELLBEING

NHSScotland makes a major contribution to our country, not just through the delivery of health services that meet the needs of patients across all of our communities, but also through boosting our economy by directly employing around 150,000 people and by improving levels of health and wellbeing for the whole population.

There have been significant achievements in developing workforce planning over the past year, which stand us in good stead to face new and emerging challenges as outlined in the *Better Health, Better Care: Action Plan*, such as personalised care, long term conditions, moving towards more local delivery of care in our communities, the 18 week referral to treatment time target, and the demanding task of delivering against each of these challenges within an even tighter financial environment.

At the heart of all this is a committed, dedicated workforce which is proud to work for the NHS and deliver services to patients. Better workforce planning means that we can use the talents and experience of staff in the best possible way, ensuring they are able to continue to give of their best and meet challenges to improve health and reduce inequalities, in addition to delivering healthcare services. Better workforce planning that directly supports the safe delivery of services in a way that is both affordable and sustainable will enable NHS Boards to take full advantage of a flexible and responsive workforce.

I am delighted that NHSScotland is continuing to make good progress towards a more joined-up approach towards workforce planning at local, regional and national level. I am confident that this approach will continue to develop to meet the needs of NHS Boards and, more importantly, will ultimately deliver better outcomes for the people of Scotland.

Nicola Sturgeon, MSP
Deputy First Minister and Cabinet Secretary for Health and Wellbeing

CHAPTER 1:
THE CHALLENGE FOR WORKFORCE PLANNING

THE CHALLENGE FOR WORKFORCE PLANNING

Introduction

The challenge for workforce planning is to enable NHSScotland to *help people to sustain and improve their health, especially in disadvantaged communities, ensuring better, local and faster access to healthcare and services.* Workforce planning plays a key role in enabling the health service to work together with its partners, provide services that are both accessible and which meet the needs of patients, and realise efficiencies and improve productivity. With around 70% of the NHSScotland budget allocated to the workforce, the importance of workforce planning to ensuring sustainable services across Scotland cannot be overestimated.

Over recent years the workforce planning function has become more firmly established within NHS Boards and Regional Planning Groups and the value of considering the current and future use of the workforce in terms of how services are planned and delivered is widely appreciated. The time is now right to further develop the value of this function and ensure it becomes more fully integrated with service delivery and financial plans.

Better Health, Better Care: Planning Tomorrow's Workforce Today sets out the direction of travel for workforce planning. It outlines the challenges in supporting delivery of the *Better Health, Better Care: Action Plan* through a selection of case study examples. It also emphasises the importance of investment in education and training, both in relation to the existing workforce and new supply flows. This includes outlining the supply training numbers for controlled groups for 2008. However, this document does not attempt to be a national workforce plan, nor summarise the demand outlined in local workforce plans.

There are four main sections within the document: this first section outlines our vision for the future. The second section considers some of the core workforce messages arising from the *Better Health, Better Care: Action Plan*, which will impact on our ability to deliver our strategic vision for Scotland. The third section describes the role that education and training plays in moving towards tomorrow's workforce, and the fourth considers the changing nature of the workforce planning function and how NHS Boards can be supported to plan in a more dynamic way.

Vision

The Scottish Government vision for a healthier Scotland will enable us to live longer, healthier lives; tackle the significant inequalities in Scottish society; ensure our children have the best start in life and get support when they need it; and ensure public services are high quality, continually improving, efficient and responsive to local people's needs.

Workforce planning ensures NHSScotland has the right staff in the right place with the right skills at the right time in order to deliver high quality care and services to the people of Scotland. To achieve this outcome, workforce planning should feature as an integral element of NHS Board and Region strategic planning processes to ensure that the workforce is fully aligned behind service delivery needs in a way that is both affordable and sustainable.

Better Health, Better Care: Planning Tomorrow's Workforce Today signals the direction of travel for workforce planning over the immediate future and thereafter. A phased approach is planned over the next 2-3 years enabling a move towards the potential development of integrated capacity and delivery plans. The finer points of this phased approach are detailed in Chapter 4.

Challenges and Opportunities

Given the robust workforce planning processes and systems that are now well established across NHSScotland, there is a real opportunity to aim for excellence in this role. There is also plethora of work underway at local, regional and national level to support the development of dynamic workforce planning. The level of skills and competences at all levels is better than ever before, allowing a well-placed NHS to take advantage of opportunities arising across Scotland to achieve greater synergy around the development of our workforce.

There are, however, a number of challenges that will need to be taken into account and considered carefully to ensure full integration across planning functions, such as the need to align planning timetables, the provision of consistent and quality information, and the need to move towards more sophisticated and dynamic workforce planning. Action is underway to tackle each of these issues. There is also a need to ensure the fiscal position is given due consideration, and, in the short term, we also need to balance the desire to workforce plan around the strategic priorities with the need to have accurate information across the whole workforce for planning purposes. Last, but certainly not least, we need to encourage and sustain the further development of the workforce planning function without depreciating the significant progress made by NHS Boards to date.

In addition to the specific challenges around the workforce planning function, NHS Boards and Regional Planning Groups are well versed on the range of issues that impact on the development of their workforce plans. Both challenges and opportunities arise from demographic changes, national priorities and policy, and legislation and regulatory frameworks. We do not intend to review each of these topics here in any detail, but will simply highlight some of the national factors that are likely to be of greatest impact over the coming period.

Demographic changes

It is widely known that changes in demography present some of the most significant challenges for workforce planning. In 2006, it was estimated that Scotland's population stood at 5,116,900[1], an increase of 22,100 on the previous year. The age structure of the population is also changing towards an older profile. The latest projections predict that the population of Scotland will continue to rise over the next 12 years to 5.13 million, before falling to around 5.07 million by 2031. Demographics will affect NHSScotland in two main ways. We will be challenged by not only an ageing population with multiple long term conditions posing more complex care needs, but also by an ageing workforce. Opportunities for the workforce lie in retaining quality, knowledgeable, highly-skilled and motivated staff who are very able to deliver high-level services, but who can also further improve those services, develop their own personal knowledge and skill base, and allow for better succession planning.

Increases in life expectancy, medical advances that widen the range of conditions that can be treated, and increasing expectations from the public regarding access to services will impact on the pattern of demand in the health sector. It is likely, as the population ages, that there will be increases in demand for elective surgery, i.e. non-emergency demand, such as cataract and hip replacement surgery. There will be higher levels of long term conditions such as diabetes which will require a more focused approach towards early intervention, rehabilitation and enablement. Major health problems such as cancer and coronary heart disease are more common in later life and there will be a move to more anticipatory care as well as potentially more unscheduled care needs.

[1] All data regarding current population and population projections are taken from General Register Office for Scotland (GROS) http://www.gro-scotland.gov.uk/

National priorities and policy

Our aim for Scotland is to help people to sustain and improve their health, especially in disadvantaged communities, ensuring better, local and faster access to healthcare. Over the next five years, NHSScotland will continue to be challenged to put patients at the heart of the service, tackle health inequalities in everything it does and demonstrate its commitment to continuous improvement across the six dimensions of quality (safety, effectiveness, patient centredness, timeliness, efficiency and equity). Our workforce will need to respond to these challenges, with team based approaches and ways of working which embrace the views of patients and their carers in designing and delivering care. This gives us the opportunity to redesign our services to meet these challenges and in doing so identify which roles are best suited to deliver the various elements within, and along, the patient journey.

Other specific legal, regulatory and policy influences that impact on the workforce include:

- *Working Time Regulations (WTR) legislation:* Reduction in junior doctors' working hours to 48 hours per week by 2009.
- *Trust, Assurance and Safety legislation:* The Regulation of Health professionals in the 21st Century, confirms changes to be made to current regulatory systems through the UK Health and Social Care Bill; a number of orders under section 60 of the Health Act 1999 and associated guidance.
- *Public Health legislation:* Clarification of the roles and responsibilities of organisations involved in protecting public health; assigns the lead responsibility for the public health protection of people to NHS Boards.
- *Mental Health (Care and Treatment) (Scotland) Act 2003 and Adults with Incapacity legislation:* This framework helps to promote best care and treatment options for those who are mentally ill and unable to make informed choices.
- *Clinical practice under continuous and rapid change policy:* Development of academically talented individuals, who are likely to be highly influential in the future development and delivery of clinical services within Scotland.
- *18 week referral to treatment target:* A whole journey waiting time target of 18 weeks from general practitioner referral to treatment, by December 2011.
- *Pay and reward systems:* Assumptions about workforce are changing or need to change to make best use of these opportunities, including improvements to efficiency, effectiveness and quality through implementation of the Knowledge and Skills Framework and making best use of the opportunities that the Career Framework can offer.
- *New ways of working and of using the workforce:* Scottish and UK drivers are influencing new and hybrid role developments to meet the needs of service provision, often across traditional sector boundaries.

Our approach

To ensure NHSScotland has the right staff in the right place with the right skills at the right time, the workforce needs to be fully aligned with service delivery in a way that enables the delivery of high quality services that are both affordable and sustainable over the longer term. To deliver this vision for workforce planning, we need to:

- Ensure the workforce supports affordable and sustainable delivery which places people at the heart of services;
- Work with partners across and outwith NHSScotland to ensure workforce planning delivers accessible services across organisational and professional group boundaries;
- Develop new roles, redesign services and review models of delivery to enable a shift in the balance of care towards more local, community focused care;
- Improve knowledge and intelligence of the workforce, particularly across primary and social care, in liaison with Local Authorities and the voluntary sector as appropriate;
- Ensure education and training of the workforce enables quality standards to be met across services;
- Implement and support pay modernisation and new frameworks to enable changing practices, improved productivity and benefits realisation;
- Attract and retain the best talent in a shrinking labour market to ensure today's workforce is well placed to meet tomorrow's requirements; and
- Work with educational partners, such as NHS Education for Scotland (NES) and Higher Education Institutes (HEIs) to ensure education and training supports a confident, competent, flexible and adaptive workforce.

CHAPTER 2:
BETTER HEALTH, BETTER CARE:
ACTION PLAN

BETTER HEALTH, BETTER CARE: ACTION PLAN

The *Better Health, Better Care: Action Plan* **www.scotland.gov.uk/betterhealthbettercare-actionplan** sets out the strategic direction for service delivery. It directly links with the strategic outcomes of our vision for Scotland, and is very much aligned with the HEAT (Health Improvement, Efficiency & Governance, Access to Services, and Treatment) targets as part of NHS Board Local Delivery Plans. Achieving successful delivery of these services relies on a flexible and dynamic workforce that is able to respond to changing pressures and proactively adapt to new and emerging challenges and opportunities. This chapter outlines some of the impacts on workforce planning arising from a few select areas of the *Better Health, Better Care Action Plan*. This is not a comprehensive assessment of the whole action plan nor all potential impacts on each of the NHS Boards. However, the examples have been chosen to illustrate a number of the core workforce themes that NHS Boards will need to consider in order to fully align their workforce planning function with service delivery requirements.

To further support NHS Boards in this area of work, a horizon scanning exercise, undertaken across Scottish Government Health Directorates, identifies in further detail some of the key areas where change is required across the NHS workforce to support future service delivery. This is available online **www.scotland.gov.uk/Publications/2007/12/BHBCWorkforcePlanning**.

Action

NHS Boards to ensure workforce plans are fully aligned in support of service delivery that meets the needs of patients.

NHSScotland as an Enabler of Healthy Choices and Lifestyles

Stepping up progress towards a more local and accessible health service requires NHS Boards to consider service redesign, new roles and new ways of working to provide more effective utilisation of the current workforce. For example, the *Better Health, Better Care Action Plan* recognises that through promotion and support to improve mental health and wellbeing from early years to later life, people will have the opportunity to flourish, enjoy good physical health and contribute more positively to broader social and economic outcomes in our society. This can only be successful if the right workforce is in the right place. By ensuring that staff have the right competencies and skills in promoting better health and have access to information, educational and patient resources, the opportunities to engage and work together proactively with patients will increase.

Identifying and addressing the wider health needs of those with mental health problems impacts on a range of different roles across the workforce. For example, mental healthcare link workers in schools may impact on a range of community roles, such as school nurses, health visitors and community mental health nurses. There may also be education and training implications for new staff involved in roles that care for looked after and accommodated children, or with child and adolescent mental health roles. A new role involves the introduction of peer support workers in mental health, which involves employing someone who has experience of mental illness in mainstream services as part of the team providing care and treatment.

Action

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.

Action

NHS Boards to work with NHS Education for Scotland and other educational partners to ensure educational support priorities reflect workforce development requirements.

The Best Possible Start

NHSScotland's maternity and antenatal services are uniquely placed to work in partnership with families, deliver early interventions and work constructively with other delivery partners in the public and voluntary sectors. This may require the workforce to operate in different ways, utilising different evidence-based models of care to deliver services that meet the needs of children and families with multiple or complex needs, to give every child the opportunity that they deserve. Models of delivery, applied in partnership at local, regional and national level with an increased focus on early years, can act to improve health and therefore reduce the need for intervention by care services later in life.

From the very early years, community nursing has a role to play in protecting and enhancing children's health and new ways of providing community nursing are being explored, as are the means of providing an enhanced school health resource. If all of these professionals work together, and with others across the public service in an effective, evidence-based way, and ensure that the needs of the most vulnerable are addressed, Scotland's health will be improved.

As part of the Review of Specialist Children's Services, those groups working on each specialist area have estimated the workforce implications of ensuring that the services are robust and able to continue delivering a high quality service in the future. In parallel, a new way of workforce planning is being explored through pilot work in specialist children's services using the Knowledge and Skills Framework to identify the skills and knowledge required to provide a specific service or intervention at any point along a care pathway leading to the development of multi skilled teams and new roles. This approach moves away from planning in professional group silos to using the Career Framework competencies to plan and deliver services at local and regional level.

Tackling Health Inequalities

Whilst the health of the people of Scotland as a whole is improving, some inequalities are widening. Such inequalities in health may be determined by the individual characteristics such as age, by health-related behaviours such as smoking and physical activity, and by family, community and general economic, cultural and environmental factors. Reducing health inequalities requires action across Government on all these domains. The NHS contribution is through ensuring

access and through targeting resources; both services and staff, towards deprived areas and on groups in the population who are vulnerable or at particular risk. This has particular significance for primary care and preventative services and therefore the staff working in these areas. It also requires us, with our community planning partners, including local authorities and the community and voluntary sectors; to work together to deliver action on the wider factors underlying health inequalities.

The Scottish Government has established a Ministerial Task Force to agree priorities for cross-cutting government activity across all strategic objectives to achieve measurable outcomes in reducing health inequalities. This is likely to have significant workforce implications. Redesigning service delivery to reach these vulnerable or at risk populations may require changes in the roles traditionally undertaken by some organisations where the provision of seamless service will include local authority, voluntary and community-led collaboration. Improving population health requires joined-up working beyond the boundaries of the health service. This will include equipping and developing staff to support patient pathways (not just patients but all clients including staff) to services provided by local authority, voluntary and community-led health groups. In these settings the skills, knowledge and behaviours required will be drawn from traditionally disparate vocations.

Action

NHS Boards to ensure future workforce planning is based upon the delivery of services focused on patient need.

Patient Centredness

Providing truly patient-centred care can only be achieved by staff and patient working together for the benefit of all. This requires an understanding of both patient and staff experiences of the NHS, which can be acted upon to deliver year-on-year improvements in patient care. This is why the Scottish Government announced the development of a Scottish Patient Experience Programme which will support staff and their patients in improving their experience of NHS services. The programme will in the first instance focus on inpatients, long-term conditions and GP Services. Workforce planners will need to engage with the programme locally to determine how they can support the delivery of patient-centred care, as determined by staff and patients.

Delivering safe, patient-focused care and improving the patient experience through the delivery of locally available services wherever possible, requires the right workforce in place to make it happen. Comprehensive and robust workforce planning is an essential component in the shift in the balance of care required to deliver healthcare service closer to the communities they serve. Workforce can improve access to local health services by supporting the development of services offered in primary care and community hospitals, encouraging flexibility in the delivery of primary care services and providing walk-in access to a range of primary and community-based services through community pharmacies, amongst others, to complement existing services.

Using the example of community pharmacy, work has begun to establish some community pharmacy-based walk-in service pilots. It is intended that the pilots will offer a mix of services in suitable locations, primarily in major shopping areas or close to main commuter points (or where there is identified local need), at more convenient times. Over time, the services provided will include, for example, nurse-led minor injury treatments, prescribing services, sexual health screening, simple diagnostic tests and some adult immunisations (including travel advice).

Different models of care and redesign of services enable the workforce to work in different ways and to deliver shifts in the balance of care. Workforce implications include the training needs of wider healthcare staff groups who will need access to additional training to deliver a wider range of services safely in community-based settings. The Scottish Enhanced Services Programme facilities opportunity for nurses to work in primary care with general practice to undertake casework with the learning disability population. Other solutions are through more specialists, such as geriatricians, paediatricians and psychiatrists providing out reach services or based in the community and also the contribution of GPs with Special Interest.

Ensuring the supply of a flexible workforce relies on the collation of comprehensive and robust workforce data. Although data on Board employed community primary care staff are available for use in workforce planning, data on staff working in, and employed by, general practices (including medical, nursing, Allied Health Professionals, managerial, administrative and reception) and the other contractor groups (dentistry, optometry and community pharmacy) are not so readily available. Some GP clinical work as well as work provided by other contractor groups is delivered by self-employed sessional doctors and locums - data on their contribution are particularly difficult to obtain. Steps are underway to improve the information on this "hidden" workforce so that the training and planning needs are addressed along with those of Board staff working in the primary care setting.

Action

NHS Boards, Scottish Government and ISD Scotland to work together to improve intelligence held on primary care workforce.

Action

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

Efficiency

Workforce planning is not just about how many staff there are in NHSScotland, but is also about how different groups work together, as part of a patient-focused team, to make sure the whole patient experience is the best that we can deliver. The NHS Career Framework has provided an opportunity to focus on skill mix within professional groups as well as across

groups. As the healthcare delivery patterns shift to respond to the needs of patients and clients, the workforce demands are increasingly going to be inter-professional, working with roles based on recognised levels of capability and competence rather than professional background.

Modernising working practices, benchmarking, efficiency and improving productivity in the workforce, and in services, will enable the responsive delivery of services now and in the future. Improvement work will continue and become more important in order to ensure best value across NHSScotland. National Improvement Programmes for Long Term Conditions, Mental Health and 18 weeks Referral to Treatment Time will be launched in 2008, building on the experience of programmes in Primary Care, Cancer, Planned and Unscheduled care. National improvement and support programmes focus on continuous improvement through the use of tools and techniques for technical and behavioural change management and a widening approach to quality improvement to ensure sustainability. Work is also continuing to look at benchmarking and measurement; and moving towards the greater integration of finance and service in workforce planning through Local Delivery Plans and HEAT targets.

The workforce of today is the workforce of tomorrow, therefore further efforts are required to have a safe working environment, help to maintain their wellness and retain a dynamic workforce. Taking responsibility includes NHSScotland employers demonstrating exemplar practice, with local flexibility to design and recruit the workforce required to meet local needs. For example, there are significant benefits in actively promoting attendance at work and supporting staff to return to work, and providing support at an early stage can prevent escalation of medical conditions. The OHSxtra model of rehabilitation has been successfully piloted in NHS Lanarkshire and NHS Fife using a case management approach to fast track rehabilitation for NHS staff which offers Mental Health, Physiotherapy and Cognitive Behaviour Therapy (CBT) services. Results have shown that the model is fit for purpose in preventing sickness absence, hastening the return to work of staff that were already off sick and preventing expenditure on unproductive time.

The new national *NHSScotland Efficiency and Productivity Programme* will enable NHS Boards to access information and support in relation to a range of efficiency and national improvement programmes, including the Tariff and Benchmarking projects. A national steering group, chaired by NHSScotland, will be established to provide governance, direction and advice on the programme; the integral link to each NHS Board; and to help define local targets. Work will be undertaken with NHS Boards to demonstrate where savings could be made while focusing on patient outcomes. It is anticipated that by bringing this work together, and by giving it some national focus, NHS Boards will be supported and developed to share best practice and new ideas working in the direction of the *Better Health, Better Care: Action Plan*.

Action

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

CHAPTER 3:
MOVING TOWARDS TOMORROW'S WORKFORCE

MOVING TOWARDS TOMORROW'S WORKFORCE

Recognised collectively as one of the largest employers in Scotland, NHSScotland has a workforce made up of highly trained professional staff; the majority of whom are involved in direct clinical care and those who provide support to that clinical care. The size of this workforce has increased by around 18.5% over the last 10 years to 129,274 WTE staff in 2006; accounting for about 70% of the NHSScotland budget. However, considering that the level of growth in resources which has been experienced since devolution is now slowing across the public sector in Scotland, including NHSScotland, this high level of growth in the workforce will no longer be sustainable in the future. NHS Boards will now need to reassure themselves that their workforce projections remain both affordable and robust in line with the Scottish Spending Review. Through integrating workforce planning more fully with financial planning systems at local, regional and national level, NHS Boards will be able to demonstrate in a more transparent manner that their workforce projections have been developed in a way that supports the sustainable delivery of services.

In recognition of the crucial role that workforce plays in delivering flexible and responsive services, it is essential to continue investing in the education, training, and development of NHSScotland staff; both in relation to the existing workforce and new training supply.

Action

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

General Workforce Assessment

Overall, NHSScotland is well placed to meet future service demand with evidence of emerging new and extended roles with underpinning education and training in place. Reconfiguration of services is driving this movement and pay modernisation benefits are assisting this process. That is not to say that supply and demand are in balance across the workforce and more needs to be done to improve workforce planning and identify potential hotspots and action for front-line and supporting staff. For example, in relation to the ageing profile of estates staff, positive action has been taken by some Boards to introduce apprenticeships. There are a number of areas which are causing concern for the Allied Health Professions, for example experienced practitioner posts in orthoptics, learning disability within dietetics and physiotherapy, paediatric occupational therapy and physiotherapy, and speech and language therapy are hard to fill. Generally, there are issues in relation to recruitment in remote and rural areas and strategies include the need to provide career pathways from student placement, through junior and senior posts through to advanced practice to support the delivery of sustainable and team based care. The development of joint appointments of medical staff between NHS Boards has also helped to recruit and retain highly skilled medical staff to posts within rural settings.

NHSScotland has a wealth of talent and experience to draw on within the existing workforce and this needs to be maximised and fully deployed in providing solutions to sustainable clinical teams. Nurses, midwives, allied health professionals and clinical scientists for example, can all provide alternatives to traditional models of medical leadership in perioperative care, radiology, laboratories, diagnostics, long-term and complex condition management and rehabilitation. Moving away from more of the same staffing models brings many benefits to patients and staff alike in achieving efficient and cost-effective solutions to healthcare delivery including utilising new technology and making more use of assistant practitioners and support workers to free up valuable clinical time.

Future workforce planning needs to be widened to take account of key partners in delivering healthcare to the population at local level, reflecting changes in policy regarding care available, and delivered closer to clients and patients. This will have considerable implications for the NHSScotland workforce with some groups of staff working across health, Local Authorities and the voluntary sector.

Through investment in developing and training existing and potential healthcare staff, the NHSScotland workforce contributes to far more than the traditional hospital and community care. This benefits the wider Scottish economy providing routes into employment for those from deprived populations and NHS Boards have a number of initiatives underway to bring together the need for skills within their organisation with the support they are able to give to ensure availability. Ensuring the Scottish population is healthier should also increase the productivity of Scotland's workforce, which will have a positive impact on wider economic growth in the long run.

Training Numbers

In this changing fiscal environment it is essential that the NHS Board workforce planning function is able to predict the level of demand for different roles and the impact of this on different staff groups across the workforce. At national level these projections inform the national training numbers for controlled staff groups. To this end, the training numbers for the medical, dental and nursing and midwifery workforce in 2008/09, which have been informed by NHS Board workforce projections, are published in Annex A.

To ensure a sustainable and effective workforce over the longer term, the priority must now be to maximise productivity through development of the existing workforce. Gearing educational support priorities to reflect the workforce development requirements of individual NHS Boards is essential, especially in relation to educational support for the development of new and extended roles to support service re-design.

Emerging Roles

Education and training for the NHSScotland workforce makes a significant contribution to improving quality, addressing excessive variation in practice and ensuring the highest standards of patient safety. NHS Education for Scotland is well placed to take this forward and develop further the engagement processes between individual NHS Boards and NES to ensure that service requirements are fully articulated and understood. Throughout this process new roles are emerging such as that of the Physician Assistant which is being piloted across Scotland. Consultant and specialist nursing, Allied Health Profession and Healthcare Scientist roles are pioneering leadership in service delivery and best practice in defined clinical areas. The introduction of a consultant grade for hospital pharmacy practitioners will assist in modernising the hospital pharmacy service and the development of the community pharmacy workforce to support a wider range of services supported by the pharmacist's assistant will bring added value to community service provision. Ambulance staff, particularly paramedics, are also developing their roles to support front-end services and there is also a move to strengthen the public health workforce in its widest sense to serve the local community supported by appropriate education and training. Alongside this there is a steady planned growth in supporting roles, such as the clinical care assistants, whose contribution has increasing potential to release registered professional staff from tasks that can be undertaken by others with appropriate training. There is also a decline in some roles due to the effects of advancing clinical knowledge, expertise and technology, for example in cardiothoracic surgery where improved models of treatment in cardiology has meant a reduction in invasive surgery for patients.

Clinical practice is under continuous and rapid change. Key drivers of this change are new discoveries about the nature of disease and its prevention, new means of clinical investigation and practice and the development of new treatments. The spirit of enquiry and research that generates these discoveries is an essential part of the culture of a healthy NHS and is for the benefit of all patients. Clinical academics (across the spectrum of professions working in the NHS) who undertake research are a crucial part of the workforce that will shape the future of the NHS. It is of importance therefore to ensure maximum benefit is derived from the development of academically talented individuals, who are likely to be highly influential in the future development and delivery of clinical services within Scotland.

Action

NHS Boards and NHS Education for Scotland to work together to ensure skills and expertise of staff meet patient need.

Workforce Regulation

With the emergence of new roles, there is a need to keep under constant review requirements for patient safety and public protection. It is therefore necessary for NHS Quality Improvement Scotland, NHS employers and other stakeholders to work together within statutory frameworks for clinical and staff governance to ensure that staff are safely recruited, are adequately prepared for the roles required of them, meet recognised standards for performance, and conduct their duties in a safe and professional manner.

It is also necessary for the requirement for statutory professional regulation of new and emerging roles to be assessed as appropriate, taking account of the need for proportionality, balancing regulatory effort with the risk associated with the role. Work progressing on a UK-wide basis on identifying criteria for statutory professional regulation will support this.

Action

NHS Boards and the Scottish Government to work together to identify professional groups that are appropriate for statutory professional regulation.

Education and Training

Education and training of the NHSScotland workforce is a key determining factor in the supply and quality of all groups of workforce. The further development of links between the higher education sector and NHSScotland, through the construction and operation of strategic alliances of interested parties, will underpin the future supply of people appropriately prepared to deliver patient care in the evolving context of NHSScotland. Many of these changes are linked in to the requirements of regulatory bodies to ensure safe and effective practice for the benefit of patients.

Modernising Medical Careers (MMC) is a UK-wide initiative which has brought about substantial change in the way doctors are trained. This means a substantial change to the shape of the medical workforce in the longer term so that service is delivered primarily by trained doctors as opposed to doctors in training. There is a need for Board workforce plans to reflect this change, as well as giving due consideration to the wide-ranging impact of MMC on other staff groups, and the potential to develop other new roles, such as the Advanced Practitioner and Physicians Assistants roles. It is both clinically and cost effective to review the work that is currently undertaken by doctors and to consider what can be safely undertaken by other healthcare professionals. The review of MMC conducted by Sir John Tooke in 2007 has produced a series of recommendations for further changes in postgraduate medical training, including consideration to be given to the role of the trained doctor. The Scottish Government plans to consult on these recommendations shortly.

Education and training of healthcare scientists presents NHSScotland with particular challenges. Education capacity and delivery approaches need to reflect the diversity of disciplines, relatively low numbers of staff and alternative (non-NHS) career options that many healthcare scientists have available to them. Shifting roles and the impacts of service redesign including the 18 week referral to treatment target and new technology will also influence workforce demands and education needs. *Safe, Accurate & Effective: An Action Plan for Healthcare Science in NHSScotland,* has just been developed and was published in November 2007.

Modernising Nursing Careers gives priority across the UK to the development of a competent and flexible nursing workforce, updating career pathways and career choices, preparing nurses to lead in a changed healthcare system and modernising the image of nursing and nursing careers. In Scotland, our frameworks will be broader to encompass nursing, midwifery and the allied health professions. As part of this work an advanced practice toolkit is in development aimed at providing the key elements which can be used to validate existing practitioner roles and support their application to new roles. This will aid the development of sustainable clinical teams with leadership coming from across the healthcare professions where appropriate. An initiative is also underway in four pilot sites across Scotland to test out a generic community nursing role, which integrates the skills of district nursing, public health nursing (health visiting and school nursing) and family health nursing within one discipline. The evaluation findings of this model are expected Spring 2009. Taking into account the work of the *Facing the Future Subgroup* for nursing and midwifery, we will also continue to work to ensure that we recruit and retain students to nursing, midwifery and allied health professions in a way that enables NHSScotland to meet growing demands of local communities both now and in the future.

Discussions have also been taking place with the Scottish Funding Council and Higher Education Institutions regarding future education and training requirements to meet changing service needs. Initial discussions have focused on the benefits of common core training for some staff groups to maximise the opportunities of learning together and applying team working in practice on qualification.

Action

NHS Education for Scotland to continue to develop links with NHS Boards and Higher and Further Education Institutions to ensure education and training provision reflects the needs of the workforce.

Action

NHS Education for Scotland to continue to develop wider education and training support to meet the needs of all staff groups of the NHS workforce.

CHAPTER 4:
CHANGING FACE OF WORKFORCE PLANNING

CHANGING FACE OF WORKFORCE PLANNING

Workforce planning in NHSScotland is still relatively new and has been developing over the last few years to build both capacity and capability across the organisation. There is now a network of people who have workforce planning at the heart of their jobs and many, many more people who undertake elements of workforce planning in their day-to-day working.

Regional workforce planning processes and the Regional Workforce Directors have been instrumental in developing these workforce planning networks and the workforce planning community across NHS Boards. Each region has workforce planning processes in place which ensures that workforce planning is an integral component of the wider regional service planning agenda. The Regional Workforce Directors have also provided regional coordination to a range of workforce planning issues within and across regions, such as the planning and implementation of Modernising Medical Careers.

Although this base acts as a good springboard for developing more dynamic workforce planning, a number of challenges remain in relation to developing the workforce planning function such as the provision of consistent and quality information, the need to improve the robustness of workforce projections, the need to move towards more sophisticated and dynamic workforce planning and to ensure the fiscal position is given due consideration. We also need to balance up the desire to encourage NHS Boards to workforce plan around the Local Delivery Plan strategic priorities alongside the need for full workforce projections for planning purposes.

Therefore, although there has been steady progress, it is acknowledged that there is still some way to go and NHS Boards need to continue to develop comprehensive workforce plans to reflect future service provision and reconfiguration.

Action

NHS Boards and Regions to continue to embed their workforce planning processes and publish their annual workforce plans.

Moving Towards Capacity and Delivery Plans

This chapter signals the direction of travel over the next 2-3 years enabling a move towards the potential development of capacity and delivery plans.

A core element of the move towards a more integrated approach to planning is that Local Delivery Plans this year will be explicitly required to include supporting financial and workforce planning information. This will enable NHS Boards to demonstrate that workforce planning is clearly supporting the delivery of the strategic outcomes as part of our vision for a healthier Scotland.

Once these Local Delivery Plans have been submitted by NHS Boards to the Scottish Government Health Directorates in February 2008, joint consideration of these plans across Health Directorates will allow one set of feedback to NHS Boards covering all aspects of the plans. This timetable has some flexibility built in, recognising that there have been rapid advancements in moving towards integration over the past few months and that the way forward is challenging. It is therefore not anticipated that all Boards will be able to submit fully integrated Local Delivery Plans, including workforce, by February 2008. However, it is expected that by demonstrating clearer linkages between workforce and financial plans, and considering how these might best support the delivery of effective services, we will be moving closer towards the potential development of a capacity and delivery plan.

As the HEAT targets will not capture the total workforce, then some headline information data on staff groups will still need to be captured. Regional Workforce Directors provide leadership in developing workforce planning at both regional and local level. As part of this work, they are well placed to determine what further work needs to be done and how this should be taken forward.

Action

Regional Workforce Directors to lead developments around how best to capture headline information data on staff groups over the short to medium term.

In the longer term, work is underway to bring financial and workforce planning more closely together with the service planning role through the development of an overarching capacity and delivery plan which would describe not just *what* services NHS Boards provide, but also *how* services would be provided, including detail of the workforce changes required to deliver those services. Such a plan will be focused around service change and priority areas, such as those outlined in the *Better Health, Better Care: Action Plan* and would be fully aligned with each NHS Board's financial plan.

Workforce Plans

During the course of the coming year, NHS Board workforce plans will reflect progress made in moving towards a more dynamic system of workforce planning, supporting good practice in integrating workforce, service and financial planning. NHS Board workforce plans are primarily for the use of NHS Boards in the development of their business providing healthcare services to their local populations. Local workforce planning is essential to support service redesign and service delivery and is therefore an essential element of all NHS Boards' strategic planning. However, to streamline Scottish Government information requirements, the formal requirement for NHS Boards to submit their full plans to the Health Directorates of the Scottish Government is being removed. This does not reflect any change in the priority of developing these plans, and there does remain a requirement for these to be published by the Board and be in the public domain.

Regional Workforce Plans have been developed over the last few years to support the growing need for regionally-planned services where patient's needs are best served by a collaborative approach to service delivery across Boards. Regional workforce plans are an important part of the planning process and essentially for the use of NHS Boards in the development of regionally planned services. They also do not require to be submitted to the Health Directorates of the Scottish Government; however, there is still a need for hot issues to be identified that require a national approach.

Workforce Projections, Information and Data

There remains a need for NHS Boards to provide their staffing forecasts to inform national training numbers for staff groups that have training numbers set centrally. A template has been developed in partnership with ISD Scotland to assist this process and requires to be submitted to Scottish Government Health Directorates by April 2008.

In line with moves towards integrated planning, NHS Boards are required to demonstrate that their workforce projections are affordable and sustainable in line with the financial budget agreed as part of their Local Delivery Plan, particularly for the three 3-year predictions. Planning over the longer-term for 5 and 10 years also needs to take into account changes in service needs and impact on staffing required. It is recognised that there may not be financial certainty, but the longer term planning exercise is essential to inform training number requirements. NHS Boards understandably have some unease about the affordability of these longer-term predictions but a degree of latitude will be important to allow for sensible planning to take place.

The importance of robust data in workforce planning is high on everyone's agenda. Considerable work has already been undertaken on improving data consistency and quality, and ISD Scotland is working closely with NHS Boards to identify and iron out data issues. The implementation and further development of Scottish Workforce Information Standard System (SWISS) will assist further in this process along with the eHR system currently being considered. There are positive outcomes from work to date already and there is now greater clarity on the medical workforce and job planning. Further work is underway to standardise data and key assumptions to be used in reporting workforce data to ensure consistency and to enable NHS Board information to be reconciled with ISD Scotland published information.

Action

Scottish Government and ISD Scotland to work together to better align planning and data gathering cycles.

Action

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

Building Workforce Planning Capability

There is recognition that there is a need for training and development support for those contributing to workforce planning at all levels. Work is underway to commission a series of modules that would support the development of workforce planning competencies in NHSScotland prioritising those who have a workforce planning remit within their NHS Board. This will build on the capacity and capability of the workforce requirements in this area. Over the period of time that workforce planning has become embedded in NHS Board practice, there are a number of workforce models that have been developed at local level. Although there has been some sharing of this locally, there is a wider opportunity to share best practice. It is important to demonstrate that workforce planning is not just a case of finger in the air projections leading to more of the same but has a sound evidence base linked to service configuration. The work on capability will be taken forward along with signposting of other practical sources of support through development of the virtual network currently in place.

Action

Regional Workforce Directors and NHS Education for Scotland to work together to plan and deliver a programme to develop workforce planning capabilities across NHS Boards.

ANNEXES

ANNEX A

SUPPLY TRAINING NUMBERS FOR CONTROLLED GROUPS

Introduction

Scottish Ministers are responsible for determining supply training numbers for controlled NHS staff groups. This includes medical training numbers at both undergraduate and postgraduate level, dental graduate numbers, and nursing and midwifery pre-registration training numbers. The overarching principle in determining supply training numbers is to ensure sufficient output in order to supply NHSScotland's projected future demand thereby supporting the delivery of services in a way that is both affordable and sustainable.

Modelling of demand and supply at national level supports this aim, taking into account a range of factors such as:

- projected replacement demand, projected retirements and trends in less than whole time working;
- projected expansion demand, as assessed by NHS Boards in their workforce plans and by non-NHS organisations;
- changes in training programme length and trends in actual time to completion; and
- trainee attrition before completion of training.

THE MEDICAL WORKFORCE

Undergraduate Medical Training Places

The annual intake target for pre-clinical medicine at Scottish universities is 834, with an additional 66 places for overseas students. These targets have been consistent for a number of years, although the actual number of medical students in our universities has varied from year to year as universities manage their own recruitment and admissions.

Following the review of basic medical education undertaken by Professor Sir Kenneth Calman and Michael Paulson-Ellis in 2004, Scottish Ministers decided to provide up to 100 additional clinical places across Scottish medical schools to allow completion of training in Scotland by medical students from the University of St Andrews. St Andrews has just recruited its first cohort of students who will complete their clinical training in Scotland from academic year 2010 onwards. Up to 55 students from the 2007 intake cohort will be able to complete their training in Scotland, followed by up to a further 55 in 2008. Wider medical workforce analysis will be undertaken to inform undergraduate training numbers for future years.

Postgraduate Medical Training Places

There will be 800 places in each year of the 2-year Foundation Programme to provide generic postgraduate medical education for 2008.

In determining the number of specialty training places for 2008 (including general practice), and in addition to the evidence from the national model, we have sought advice from NHS Education for Scotland (NES), medical Specialty Training Boards and the service in determining final training numbers. Our planning recognises that we are within the transitional phase for MMC implementation with a focus on moving towards service delivery by trained doctors. For this reason, the number of run through specialty training posts will be increased beyond demand for 2008 and there will be an increase in the number of postgraduate specialty training posts across a broad range of medical specialties. For the majority of specialities this coincides with a corresponding reduction in fixed term training posts in these areas. In due course the trainee supply will be aligned strategically with projected future demand for trained doctors.

The length of General Practice training programme rotations has also changed to enable GPs to spend more time in primary care during their training. To support this change in GP training, further investment will be provided to NHS Education for Scotland for 150 additional whole time equivalent posts to ensure that there is continuity in service provision and medical training.

Table 1 shows that:

- Overall, run-through Specialty Training (ST) places have risen by 226. The increases in ST places coincide with a parallel reduction in Fixed Term Specialty Training (FTSTA) numbers for most specialties
- No places have been removed in any specialty

Table 1: Medical 'Run-through' Specialty Training Numbers, 2007 and 2008[2]

Specialty	ST Places 2007	ST Places 2008	Difference 2007-2008
All Medical Specialties (inc GP)	**3485**	**3711**	**226**
All Medical Specialties (excl GP)	**2598**	**2824**	**226**
Anaesthetics & A&E	**472**	**520**	**48**
Emergency Medicine	89	89	0
Anaesthetics	297	337	40
ACCS - Emergency Medicine	60	60	0
ACCS - Anaesthesia	16	24	8
Intensive Care Medicine	10	10	0
Medicine	**741**	**784**	**43**
Core Medical Training	168	168	0
ACCS - Acute Medicine	22	28	6
Cardiology	54	57	3

Specialty	ST Places 2007	ST Places 2008	Difference 2007-2008
Clinical Genetics	7	7	0
Clinical Neurophysiology	3	3	0
Clinical Oncology	35	37	2
Clinical Pharmacology & Therapeutics	15	15	0
Dermatology	24	29	5
Endocrinology & Diabetes Mellitus	36	38	2
Gastroenterology	34	38	4
General (Internal) Medicine - Acute Medicine	35	35	0
Genito-urinary Medicine	12	12	0
Geriatric Medicine	72	72	0
Haematology	39	45	6
Immunology	1	1	0
Infectious Diseases	11	12	1
Medical Oncology	22	23	1
Medical Ophthalmology	2	2	0
Neurology	24	25	1
Nuclear Medicine	1	1	0
Paediatric Cardiology	2	2	0
Palliative Medicine	16	18	2
Rehabilitation Medicine	8	8	0
Renal Medicine	30	37	7
Respiratory Medicine	48	50	2
Rheumatology	20	21	1
Diagnostic & Radiology	**223**	**229**	**6**
Chemical Pathology	13	13	0
Clinical Radiology	119	119	0
Histopathology	61	64	3
Medical Microbiology & Virology	30	33	3
Surgery	**482**	**537**	**55**
Cardio-thoracic surgery	16	16	0
Otolaryngology (ENT)	38	47	9
General surgery	142	183	41
Neurosurgery	13	14	1

Specialty	ST Places 2007	ST Places 2008	Difference 2007-2008
Ophthalmology	60	60	0
Oral & maxillo-facial surgery	8	8	0
Paediatric surgery	13	14	1
Plastic surgery	29	29	0
Trauma & Orthopaedic surgery	135	135	0
Urology	28	31	3
Mental Health[1]	**268**	**300**	**32**
Core Psychiatry Training	129	130	1
Forensic Psychiatry	14	15	1
General Psychiatry	71	78	7
Old Age Psychiatry	25	28	3
Psychiatry of Learning Disability	15	17	2
Psychotherapy	5	6	1
Child & Adolescent Psychiatry	24	26	2
OB/Gynae & Paeds	**353**	**394**	**41**
Obstetrics & Gynaecology	194	194	0
Paediatrics	159	200	41
Community and Primary Care (excl GP)	**59**	**60**	**1**
Public Health Medicine	40	40	0
Occupational Medicine	19	20	1
General Practice	**887**	**887**	**0**

Notes

1: Mental Health total ST Places 2007 is 15 less than the sum of the Mental Health Specialties due to an advance of 15 FTSTA conversions in 2007

2: All figures are in WTE funded establishment

THE DENTAL WORKFORCE

The Dental Action Plan, published in March 2005, set three year dental student numbers to achieve increased dental graduate numbers and to ensure a consistent graduate output of at least 135 graduates per year in Scotland from 2008.

The table below outlines the number of dental students in each year of study at the Scottish Dental Schools and the projected graduate output for the next 5 years. In addition, it is expected that the Aberdeen Dental School will provide 15 places in 2008, with a capacity for up to 20 places in due course.

The Dental Action Plan and dental workforce are due to be reviewed during 2008.

Table 2: Dental Student Intake by School and by Year

Year of Graduation	Year Group	Glasgow	Dundee	Expected Graduates
2008	5th	78	56	134
2009	4th	93	69	164
2010	3rd	84	91	174
2011	2nd	89	72	150
2012	1st	90	66	140

Source: NES

THE NURSING AND MIDWIFERY WORKFORCE

The Nursing and Midwifery Workforce Planning Process (formerly SNIP) is embedded within the arrangements for workforce planning across NHSScotland. Data and intelligence has been gathered from individual NHS Boards' workforce plans and from submissions made by non-NHS employers to determine future demand for nurses and midwives. Modelling and scenario planning, supplemented by the advice of a stakeholder group, informed decision making. The total intake numbers for 2008/09 are 3060 to ensure the appropriate supply of newly qualified nurses and midwives to meet future demand.

Although this represents a reduction in intake for training supply numbers on previous years', evidence suggests that more students will be retained by ensuring a better student experience. It is also intended that resources will be invested in taking forward the recommendations of the *Facing the Future Sub Group* report on Student Recruitment and Retention to support students in practice based learning and to ensure retention on their education programmes. This approach will ensure progression of as many students as possible to secure a supply of registered staff for the NHS.

Table 3: intake numbers for each Branch of nursing alongside the overall intake total.

	Adult General	Children	Mental Health	Learning Disability	Midwifery	TOTAL
2008/09	2247	203	340	50	220	3060

ANNEX B

ACTION PLAN FOR 2008

This section summarises the actions presented in the previous sections.

Chapter 2

	Action	Responsibility
1	NHS Boards to ensure workforce plans are fully aligned in support of service delivery that meets the needs of patients.	NHS Boards
2	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 Education for Scotland NHS Boards
3	NHS Boards to work with NHS Education for Scotland and other educational partners to ensure educational support priorities reflect workforce development requirements.	NHS Boards NHS Education for Scotland and other educational partners
4	NHS Boards to ensure future workforce planning is based upon the delivery of services focused on patient need.	NHS Boards
5	NHS Boards, Scottish Government and ISD Scotland to work together to improve intelligence held on primary care workforce.	NHS Boards Scottish Government ISD Scotland
6	NHS Boards and NHS Education for Scotland to focus on service redesign, new roles and role development, and different ways of working that will enable shifts in the balance of care.	NHS Education for Scotland NHS Boards
7	NHS Boards to build on current productivity and efficiency efforts, including pay modernisation benefits realisation.	NHS Boards

Chapter 3

	Action	Responsibility
8	NHS Boards to ensure workforce plans fully aligned with financial plans to demonstrate that staff projections are both affordable and sustainable.	NHS Boards
9	NHS Boards and NHS Education for Scotland to work together to ensure skills and expertise of staff meet patient need.	NHS Boards NHS Education for Scotland
10	NHS Boards and the Scottish Government to work together to identify professional groups that are appropriate for statutory professional regulation.	NHS Boards Scottish Government
11	NHS Education for Scotland to continue to develop links with NHS Boards and Higher Education Institutions to ensure education and training provision reflects the needs of the workforce.	NHS Education for Scotland
12	NHS Education for Scotland to continue to develop wider education and training provision to ensure that this meets the needs of the whole workforce.	NHS Education for Scotland

Chapter 4

	Action	Responsibility
13	NHS Boards and Regions to continue to embed their workforce planning processes and publish their annual plans.	NHS Boards and Regions
14	Regional Workforce Directors to lead developments around how best to capture headline information data on staff groups over the short to medium term.	Regional Workforce Directors
15	Scottish Government and ISD Scotland to work together to better align planning and data gathering cycles.	Scottish Government ISD Scotland
16	NHS Boards and ISD Scotland to work together to improve quality and consistency across workforce and financial planning data, including ensuring a robust baseline for workforce planning.	NHS Boards ISD Scotland
17	Regional Workforce Directors and NHS Education for Scotland to work together to plan and deliver a programme to develop workforce capabilities across NHS Boards.	Regional Workforce Directors NHS Education for Scotland

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