NHS Borders
Local Workforce Plan (Draft)
2015 – 2016

Contents reflecting the 6 Step Workforce Planning Methodology

Borders General Hospital

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Step 1 – Defining the Plan

1.1 Introduction

Why is a Workforce Plan Required?

Workforce Planning is a statutory requirement that was established in NHS Scotland in 2005 with HDL (2005)52. CEL 32 (2011) refreshes this guidance and provides a nationally recognised framework to develop our Local Workforce Plan.

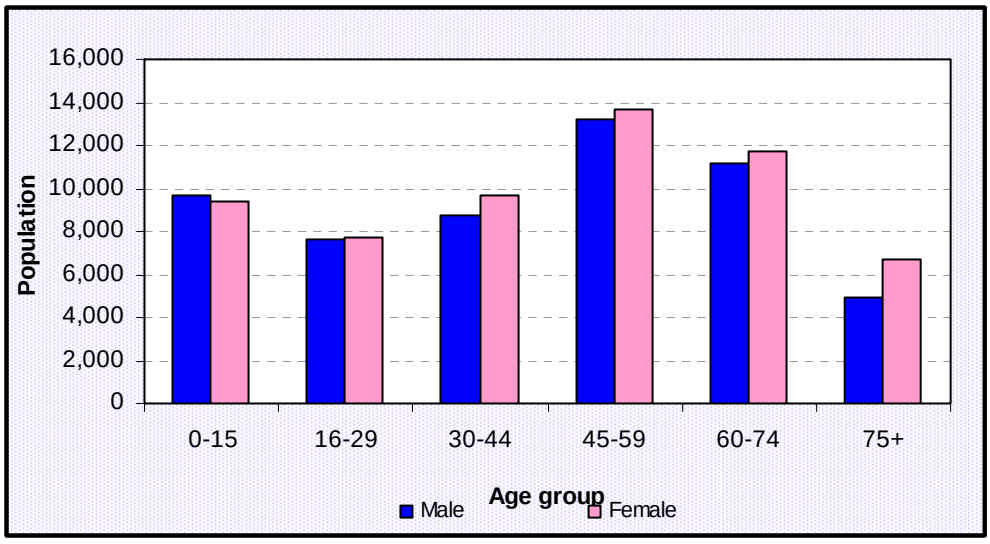
This workforce plan will support us to achieve our Clinical Strategy (which was published in August 2014), 20:20 Vision and organisational Corporate Objectives. The Local Workforce Plan aims to support services to develop structures that deliver the right thing, first time, every time by the right person and will ensure that Workforce Implications are considered when redesigning services.

We recognise that the majority of Workforce Planning takes place at an operational level and this organisational Workforce Plan provides an overview of the direction for NHS Borders in terms of Workforce Planning.

The profile of the Borders population presents demographic challenges for NHS Borders, and this plan highlights the importance of progressing Workforce Planning locally, regionally and nationally over the coming years. It is forecast that 1 in 4 people born now will live to be over 100 years old.

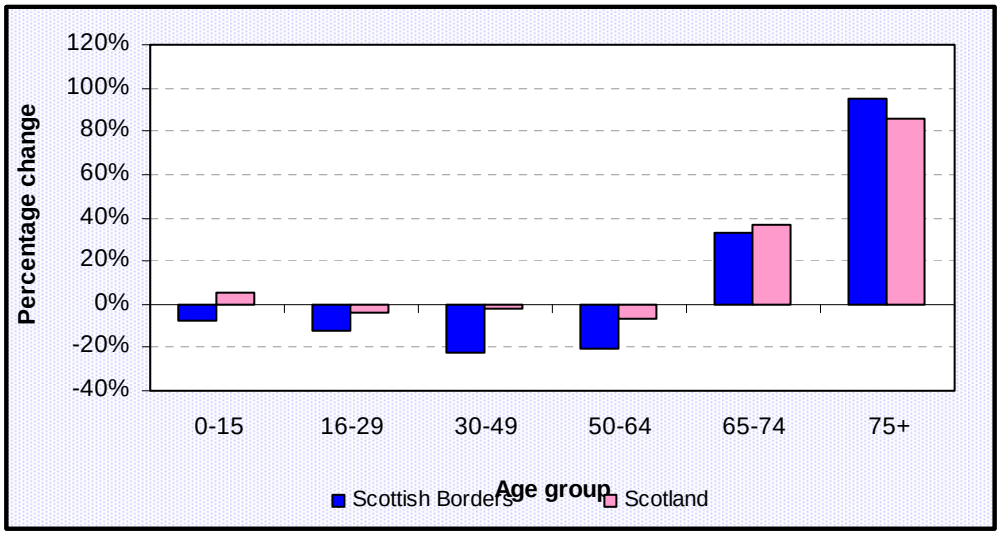
Population Profile

The 2014 population for Scottish Borders was 114,030 which is an increase of over 10% in the last 20 years

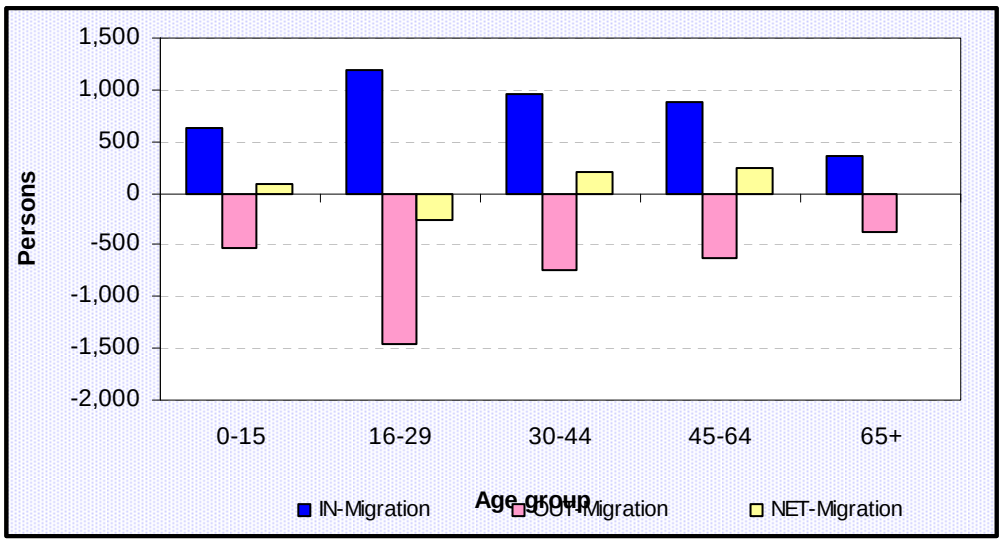


Estimated population of Scottish Borders by age and sex – June 2014

This population increase is predicted to continue over the coming years which will result in a higher demand for our services particularly from the population aged 65 and over. This will have a significant impact on our services as there will be a rise in people with multiple and complex long term conditions increasing the burden on NHS Borders. Workforce Planning is essential to ensure a proactive approach to delivering care effectively in this changing demographic environment.



Percentage change in population in Scottish Borders and Scotland, 2012-2037 (2012-based projections)



Migration, In, Out and Net, Scottish Borders, annual average 2011-13

1.2 Purpose

The purpose of the Local Workforce Plan is to highlight organisational priorities and demonstrate practical examples of how Workforce Planning is being progressed across NHS Borders. It is essential that NHS Borders continue to facilitate a more joined up approach to Workforce Planning ensuring all relevant stakeholders (internally and externally are involved).

Our Local Workforce Plans will support our Clinical Strategy and outline how we can work differently because of these changes. One example is our Paediatric Hospital at Night service. For this innovative service we have introduced new advanced roles and skill mix between the different professions, to ensure we can sustain our local acute children's health services effectively and safely. Our Clinical Strategy recognises that NHS Borders benefits from a dedicated workforce which is committed to providing the highest quality services for our patients. However our workforce itself is becoming older and we need to plan now how we will address this demographic challenge by the year 2020.

1.3 Scope

The population of the Scottish Borders in 2014 was 114,030. It is a largely rural area with a sparse population density, with two thirds of the population living outside the main towns in a dispersed network of close-knit small settlements. The biggest towns are Hawick and Galashiels which have a population over 10,000.

The Local Workforce Plan covers NHS Borders which is a District General Hospital providing Acute, Mental Health, Primary and Community and Learning Disability Services across the Scottish Borders with a Workforce of 3137 headcount.

2015 sees the re-introduction of the Borders railway which was closed in 1969. It is expected that these new rail links will widen economic and housing opportunities, with the knock-on effect that companies in the local area will also see a boost in their levels of business. A large scale housing development near to the hospital is currently in development as the Borders becomes a more attractive place to live and work, the new railway improving already good access links to Edinburgh whilst still enjoying the benefits of countryside living.

1.4 Ownership

Partnership Working and Governance

Our Local Workforce Plan is created in partnership with staff and their representatives. This includes our joint Local Workforce Conference, discussion at Area Partnership Forum, engagement with services using accepted methodologies for workforce planning and workload measurement ensuring a consistent framework applies for the development of the future workforce. Our Workforce Plans incorporate education and training needs assessment and are closely linked with education governance/learning and development strategies.

Step 2 - Mapping Service Change

2.1 Drivers for Change

Clinical Strategy

The Clinical Strategy sets out a framework to support NHS Borders to continue to provide a high standard of healthcare in a challenging financial environment, when demand for healthcare is increasing. It aims to ensure that NHS Borders services should be patient-centred, safe, high quality and efficient and opportunities to trial innovative models, including moving away from our current traditional bed based system should be embraced.

The 7 Key Principles of the Clinical Strategy are outlined below;

1 Services will be Safe, Effective and High Quality
2 Services will be Person-Centred and Seamless
3 Health Improvement and Prevention will be as important as treatment of illness
4 Services will be delivered as close to home as possible
5 Admission to hospital will only happen when necessary, and will be brief and smooth
6 We are committed to working in Partnership with staff, communities and other organisations to deliver the best outcomes for the people we serve
7 Services will be delivered efficiently, within available means

These principles support the NHS Borders 20:20 Vision which was developed in response to the national vision for NHS Scotland.

2020 Vision

This national framework aims to increase the focus on preventing and detecting health problems and keeping people well in their own homes and in the community. Some of the key changes which will impact our workforce in terms of the way we work, what we do, and the people we work with include;

- ensuring healthcare is available where and when it is needed
- providing wider and more equitable access to healthcare
- working seamlessly with colleagues in NHSScotland and partners who provide care
- making more and better use of technology and facilities to increase access to services and improve efficiency
- strengthening workforce planning to ensure the right people, in the right numbers, are in the right place, at the right time
- putting new and extended roles into practice
- providing a safe environment for innovation and improvement
- using a continuous improvement approach to deliver better ways of working

Scottish Borders Health & Social Care Partnership draft strategic plan 2015-18

The Strategic Commissioning Plan describes how the Scottish Borders Health and Social Care partnership will develop health and social services for adults over the coming three years. It will provide the strategic direction for how health and social care services will be shaped in this area and describes the transformation that will be required to achieve this vision.

The local Strategic Objectives highlighted in the document include:

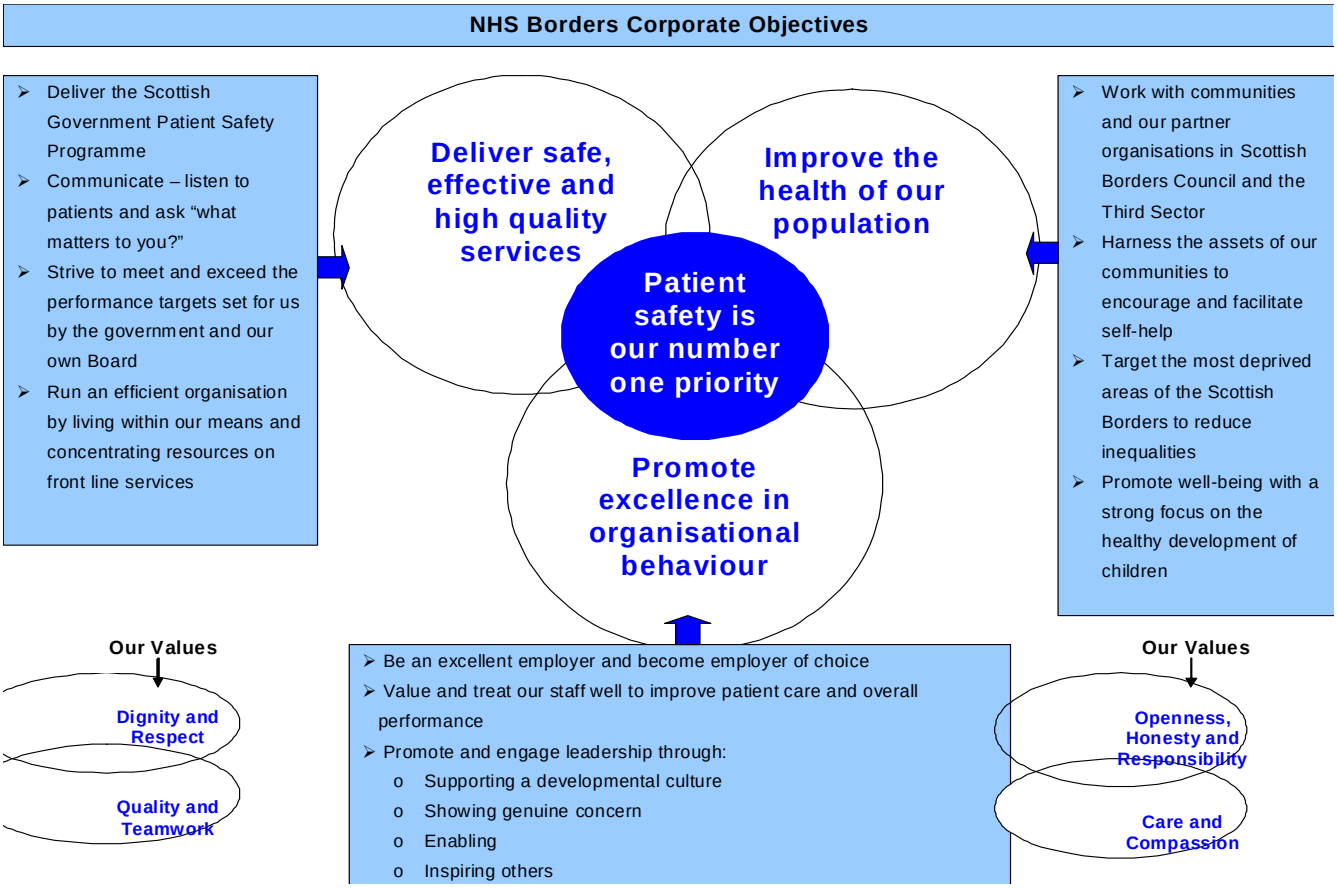
1 We will make services more accessible and develop our communities
2 We will improve prevention and early intervention
3 We will reduce avoidable admissions to hospital
4 We will provide care close to home
5 We will deliver services within an integrated care model
6 We will seek to enable people to have more choice and control
7 We will further optimise efficiency and effectiveness
8 We will seek to reduce health inequalities

Corporate Objectives:

- Patient Safety is our Number 1 Priority
- Deliver Safe Effective and High Quality Services
- Improve the Health of our Population
- Promote excellence in organisational behaviour
    - Be an excellent employer and become employer of choice
    - Value and treat our staff well to improve patient care and overall performance
    - Promote and engage leadership through:
        - Supporting a developmental culture
        - Showing genuine concern
        - Enabling
        - Inspiring others

Corporate Values:

- Dignity and Respect
- Quality and Teamwork
- Openness, Honesty and Responsibility
- Care and Compassion

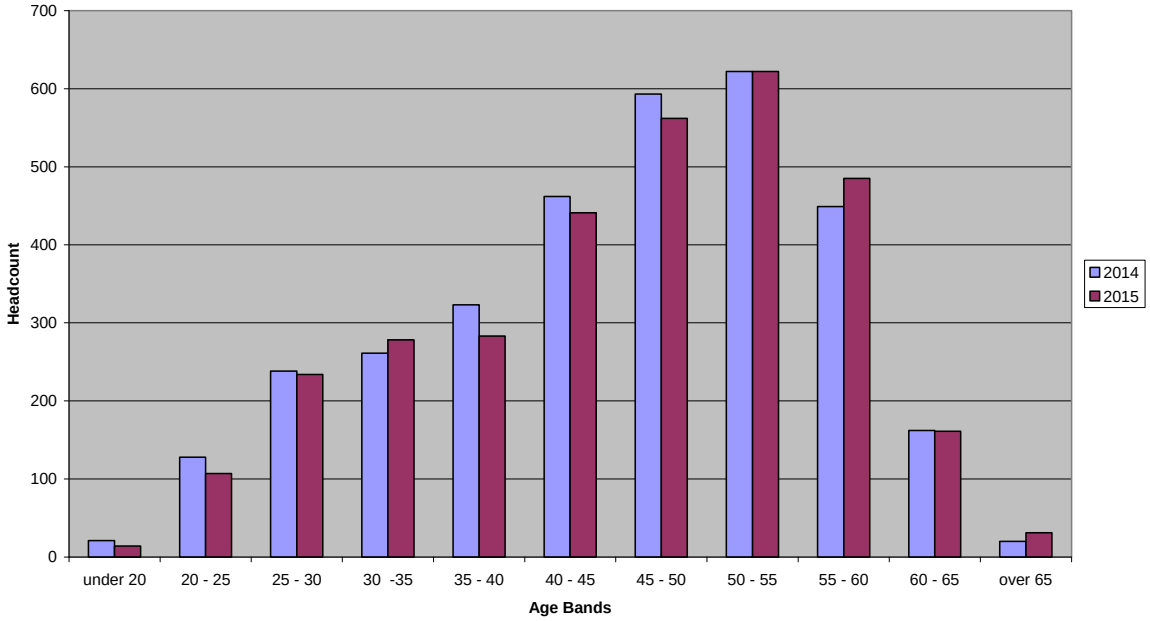


Local Delivery Plan

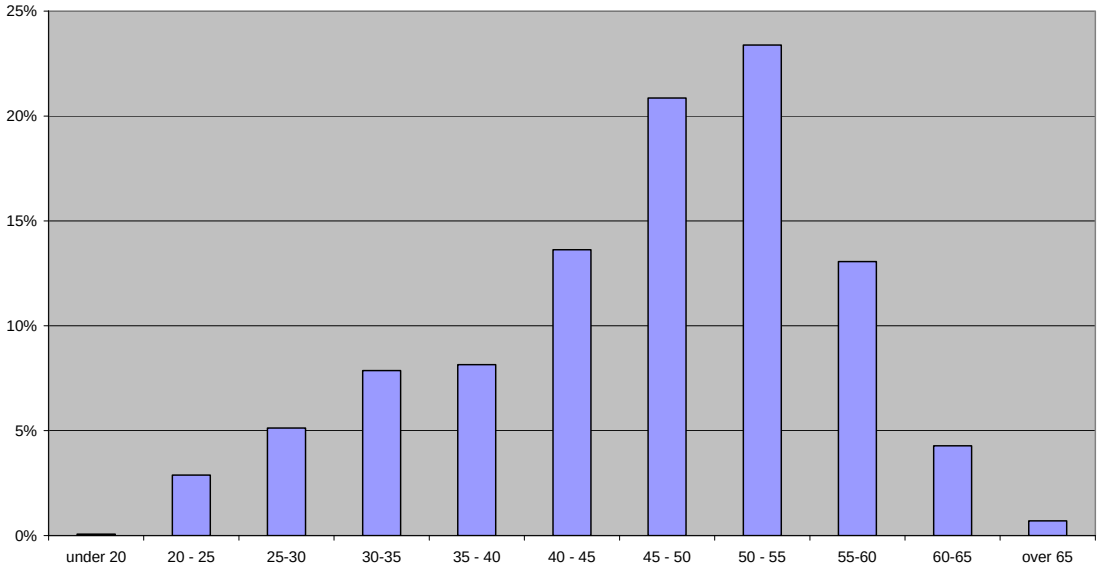
The Local Delivery Plan 2015/16 was approved on 2nd April 2015. This highlights the expectations that NHS Borders is to meet during the financial year, including delivery and regular performance management of the LDP Standards.

2.2 Workforce Demographics

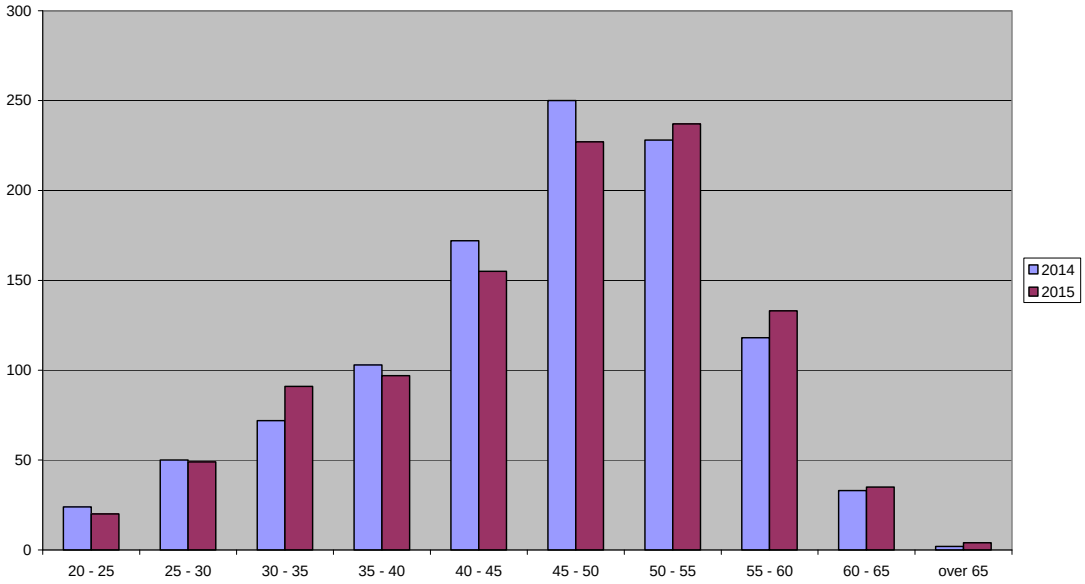
NHS Borders Staff by Age Bands @ 31 March 2014 & 2015 - Headcount



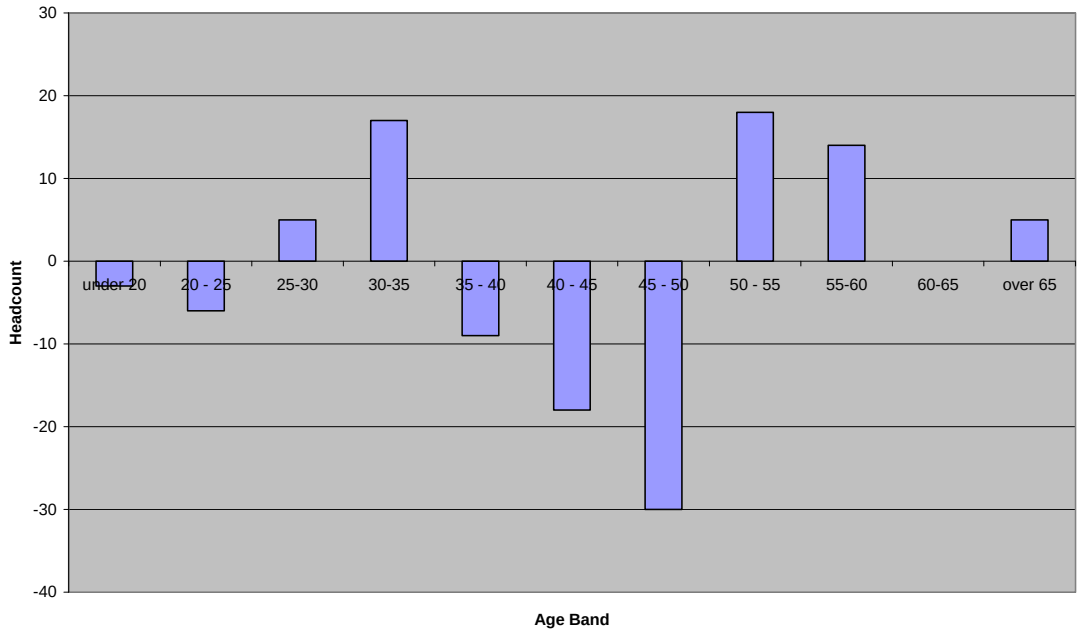
% Proportion of NHS Borders Nursing/Midwifery staff within each age band @ 31 March 2015 (headcount)



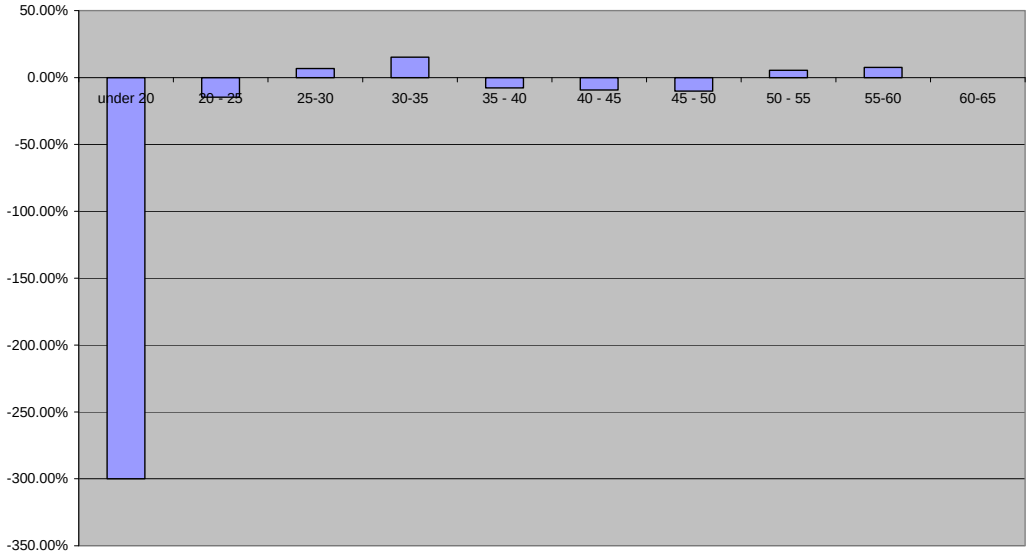
NHS Borders Age Profile of Trained Nursing & Midwifery Staff @ 31/03/2014 & 31/03/2015



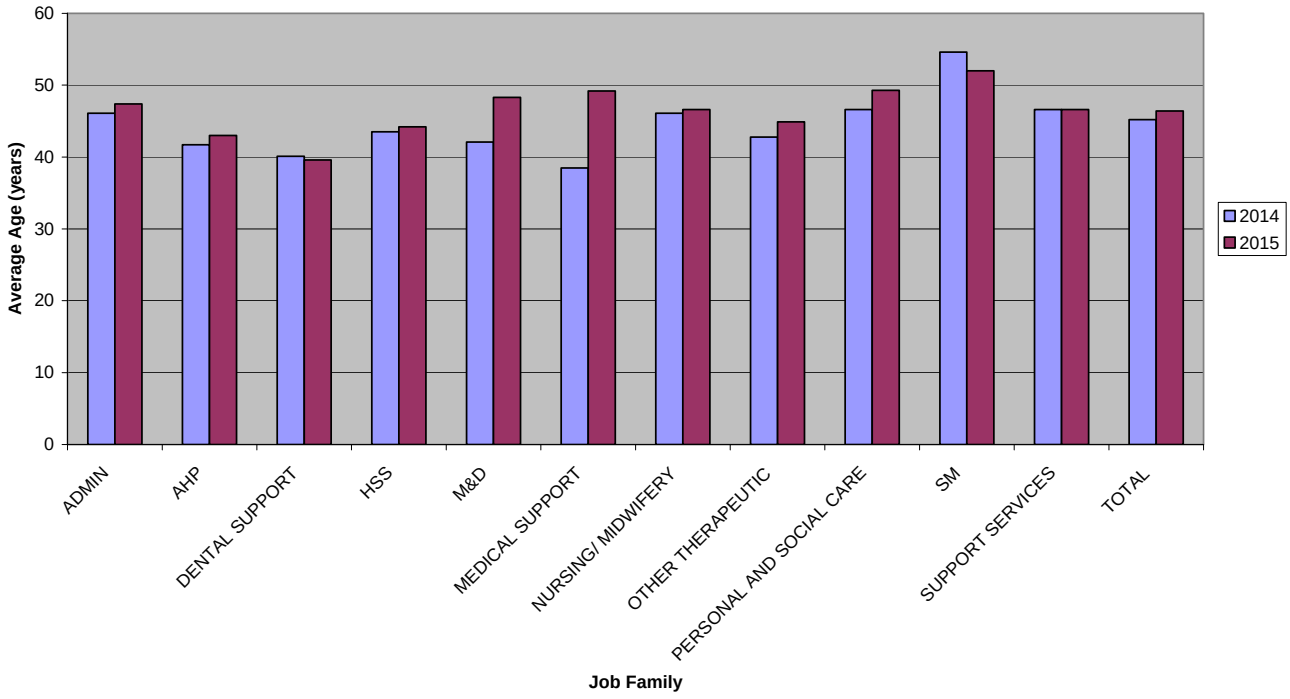
NHS Borders Nursing & Midwifery Workforce
Age Shift between 31/03/2014 & 31/03/2015



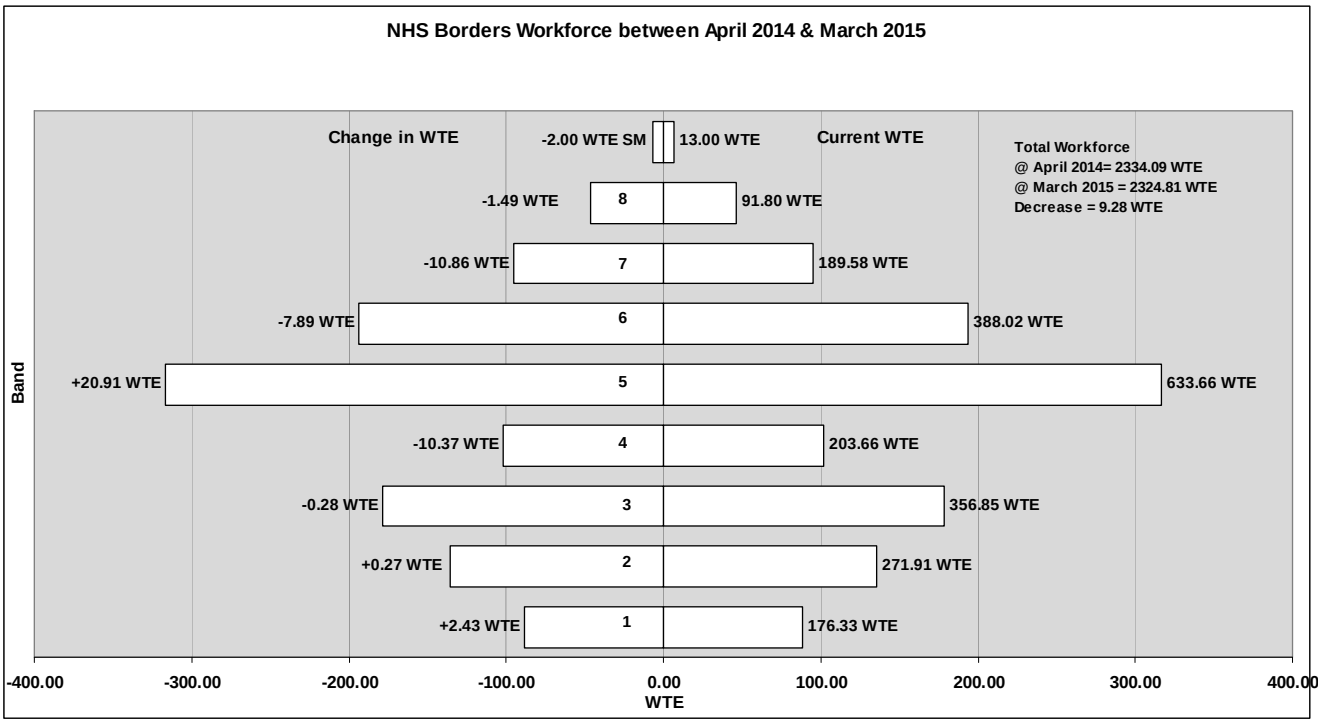
Percentage Age Shift in Nursing & Midwifery between 31 March 2014 & 2015



NHS Borders Average Age by Job Family 2014 & 2015



Skill Mix Changes



Changes in Employee numbers broken down by Band at point in time on a rolling 12 month period

Target Descriptor	Current Staff Levels (31st March 2015)	Staff Levels Previous Period Last Year (30th April 2014)	Staff Levels Compared to Previous Period
Number of WTE per Band:			
Band - 1	176.33	173.90	2.43
Band - 2	271.91	271.64	0.27
Band - 3	356.85	357.13	-0.28
Band - 4	203.66	214.03	-10.37
Band - 5	633.66	612.75	20.91
Band - 6	388.02	395.91	-7.89
Band - 7	189.58	200.44	-10.86
Band - 8	91.80	93.29	-1.49
Band - SM	13.00	15.00	-2.00
Total WTE	**2324.81**	**2334.09**	**-9.28**

Changes in Employees broken down by Staff Group

The Christmas Tree analysis chart and table on the previous page illustrate the distribution of changes to the Workforce by Band. The same information is broken down by Staff Group in the table below.

Staff Group	Current Staff Levels (31st March 2015)	Staff Levels Previous Period Last Year (30th April 2014)	Change
Admin & Clerical	457.66	463.89	-6.23
Allied Health Professionals	182.17	174.72	7.45
Budget Reserves -Pay	1.00	2.64	-1.64
Healthcare Sciences	69.62	67.79	1.83
Medical Dental Support	45.70	59.02	-13.32
Medical & Dental	225.53	226.69	-1.16
Nursing & Midwifery	1,130.99	1,132.27	-1.28
Other Therapeutic	77.57	77.71	-0.13
Personal Social Care	21.79	22.03	-0.23
Senior Managers	13.00	15.00	-2.00
Support Services	325.31	319.03	6.28
Total	**2,550.34**	**2,560.78**	**-10.44**

2.3 Public Health Profile

The Public Health Statistics show some interesting facts. Firstly for the younger part of our population, regarding our Maternity Services. Whilst 32.5% of babies in NHS Borders area are exclusively breastfed at 6-8 weeks, compared to a national average of 26.5%, the percentage of mothers smoking during pregnancy is significantly higher than the national average (25.3% locally, compared to 20% nationally). This appears to show the success of our Breasfeeding Support Service. However, our Smoking Cessation Service do appear to have been more successful overall than they may have been with the mothers-to-be as overall smoking rates for all adults over 16 in the Borders are at 19.3%, compared to a national average of 23% and, consequently, smoking attributable deaths in the Borders are significantly lower than the national average at 279.6 per 100,000 of population compared to a national average of 325.9 per 100,000 of population.

The challenges which NHS Borders faces with our aging population are highlighted by the fact that the national average for emergency hospital admissions is 7500 per 100,000 of population and here in NHS Borders area we have 9703 emergency hospital admissions per 100,000 of population. This situation is compounded by the rural nature of the region, the statistic for the number of people living in the 15% most 'access deprived' areas being 32.2%, compared to a national average of 15%.

2.4 Financial Context

The Local Workforce Plan is closely aligned with our Local Delivery Plan and both consider the financial context when planning for our future Workforce. Future sustainability is key when planning how our services will be delivered and what our Workforce will look like. NHS Borders require to make significant savings this year, and as Workforce consumes over 70% of our budget, it's important that we consider more efficient ways of working.

Strict Vacancy Control continues with a high level of authorisation required to fill vacancies, with redeployment of existing staff the first stage before posts are advertised more widely. The authorisation process for agency nursing, revised in January 2014 has ensured that agency staff are only requested where specific skills are not available within the organisation, and required executive

director level approval. Overtime hours and excess part-time hours also require at least service manager level approval. The nursing and midwifery establishments and supplementary staffing usage have been reviewed in an effort to recruit timeously to vacancies. Voluntary severance, sabbaticals and reductions in hours have continued to be considered on a case by case basis and encouraged where reduction of hours is in the interests of the service.
Consultant job planning has released some programmed activities but in the main job plans being focussed on the growth in elective and repatriation of services rather than cost savings

A number of measures have been introduced around medical locums:

- The approval for locum engagement requests is now subject to additional scrutiny on both the requirement for supplementary locums and if a locum is essential the most cost effective means of covering the service. The authorisation process needs to ensure all other possibilities are exhausted prior to approval of locum expenditure with a stronger push back to Heads of Service. A review of the long term locum engagements has been undertaken by the Medical Director and Assoc Medical Director.

- Central coordination of some junior doctor working patterns to maximise internal cross cover and avoid locum engagement.

- We have implemented a bank list of NHS Locums for ad-hoc shifts, mainly rotational staff being asked to return for locums at NHS rates in preference to agency engagement. In addition internal cover options, with flexible and creative job planning/rota coordination so that EPAs, SPAs, float shifts are used over the course of a year to partly cover long term absences.

- Internal cover at enhanced rates (waiting time rates and consultant resident on-call –some of which are remunerated at triple time) now require prior approval from the Assoc Medical Director or General Manager.

- The Medical Director and Chief Executive hold a monthly review of all long term medical absences and ER cases to ensure all appropriate action has been undertaken to conclude the issues and avoid replacement costs.

- New developments across NHS Borders have lead to the following vacancies; NHS Borders are participating in the online international recruitment event in an attempt to fill some of these vacancies, and considering exploring with the Education Sector and NES if one year fellowships could be offered with a permanent post at the conclusion.

- Consultant Anaesthetists (but will advertise for 6 months locum immediately)
- Specialty Doctor Anaesthetics – (the ERAS post IMG)
- Consultant Rheumatologist
- Consultant Ophthalmologist
- Consultant Dermatologist (if not pursuing DK)
- Consultant General Surgeon (Breast Surgeon to start Feb 16)
- Consultant Physician Respiratory Medicine (if not filled from current advertising)
- Specialty Doctor Psychiatry East Team (if not filled from immediate advert)
- Consultant Psychiatrist Rehabilitation (if not filled from current advert)
- Consultant Emergency Medicine

2.5 Patient and Public Experience

NHS Borders believes that patients and the public have the right to have a say in how health services are best delivered in the Borders. We want our patients and the wider community to play an active part in the decisions that affect them. Consulting with our community is an essential part of our work. We value it because:

- We can make our services more efficient and responsive to local needs
- It helps us to prioritise services and make best use of limited resources
- It highlights our commitment to be open and accountable to the Borders community
- We recognise that we are not always the ones who know best
- It can promote a greater sense of ownership and responsibility within our services
- We support NHS Scotland Participation Standard

NHS Boards have a statutory responsibility to involve patients and members of the public in how health services are designed and delivered. This does not mean that we need to consult the public on every decision we make but rather that we have systems in place that will allow the public to help shape our services. If NHS Borders initiates major service change, we must consult the public. The Scottish Health Council have specific guidelines for major service change and the Public Involvement Team have lead corporate responsibility for ensuring a formal and robust consultation process is undertaken.

Volunteering

NHS Borders values volunteers. Volunteering enhances the services we provide, has benefits for our patients, the individuals who volunteer and helps build stronger communities.

We know that the volunteers give their time for many reasons. Some are former patients wishing to give something back; others are former staff who have expertise they want to share, for others it is the first step into a career in health and social care. We now have a Volunteer Co-ordinator whose role is to make sure that volunteers are treated in a fair and consistent way and that they receive a high quality level of support. The Board is committed to continuing to improve our volunteering processes and support the Scottish Government's NHS Scotland Strategy on Volunteering.

	NHS Borders	Scotland
Emergency Dept Activity %age seen within 4 hours	97.3%	95.3%
Hospital Standardised Mortality Ratio (patients who died within 30 days of admission)	0.97	0.9
C Diff Infection Rate (per 100,000 bed days)	19.04	27.06
MSSA/MRSA Infection Rate (per 100,000 bed days)	52.19	27.69
No of Wards closed (Norovirus)	0	2
Planned operations cancelled	7.1%	9.1%
Planned operations cancelled – non-clinical reasons	3.8%	1.4%
OPD Ave No of days waited	36	42
OPD – Ave no of days within which 90% of patients are seen	85	90
Inpatient & Day Case Waiting Times Ave No of days waited	35	41
Inpatient & Day Case Waiting Times No of days within which 90% of patients are admitted	83	80
Referral to Treatment Waiting Times Percentage seen within 18 weeks	90.5%	88.3%
Cancer Waiting Times Average number of days waited from receipt of an urgent referral with suspicion of cancer to first cancer treatment (62 day standard)	39	38
Cancer Waiting Times Number of days within which 90% of patients are treated (from receipt of an urgent referral)	57	62
Cancer Waiting Times Average number of days waited from date of decision to treat to first cancer treatment (31 day standard)	2	6
Cancer Waiting Times Number of days within which 90% of patients are treated (from date of decision to treat)	20	26
Diagnostics Waiting Times - %age waiting less than 6 weeks	99.8%	89.3%

2.6 Values Based Recruitment

NHS Borders are currently piloting Values Based Recruitment which ensures the people we recruit share the NHS Borders Values. Candidates will be asked to give examples of how they would bring our 4 values, Dignity and Respect, Quality and Teamwork, Openness, Responsibility and Honesty and Care and Compassion to life in everyday work at the interview stage.

2.7 Modern Apprenticeships

Modern Apprenticeships (MAs) provide an increasingly important element in the workforce development landscape in NHSScotland.

The range of Modern Apprenticeship Frameworks now available in Scotland means that they are suitable for supporting the learning of new recruits in a wide range of service areas. From pharmacy technicians to electricians, from dental nurses to administrative assistants, and from laboratory technicians to designers - these are just a few of the roles which NHS Modern Apprentices are learning to fill. They all have one thing in common - they are setting out on a new career supported by a major national training programme.

NHS Borders is committed to supporting and promoting this and are currently recruiting one Modern Apprentice.

Step 3 – Defining the required Workforce

3.1 - Changing Workforce

NHS Borders Workforce is changing and revised and new roles are being explored to meet predicted service need. Our commitment to role development, new and advanced roles and life long learning of our staff is key as we can no longer rely on increasing staff numbers and traditional roles.

In a rapidly moving healthcare environment the workforce is facing major challenges around changing demographics, higher expectations of health, advancements in technology, improving quality and new ways of delivering care. Meeting these challenges will require new approaches to multi-professional learning and workforce planning. Health and Social care professions are dependent on each other and there is evidence of a shift towards more collaborative working.

By bringing Scottish Borders health and Social care services together through our partnership, we have the opportunity to improve our outcomes through joint working, better communication, and improved efficiency and reduced duplication of work and effort.

NHS Borders have introduced revised managerial structures and processes, with a view to providing synergy of services across acute, primary and community services, and a firmer working approach to support patient safety and quality of care for patients. An integrated approach will support discharge planning and patient flow across the system, including with partners from across health and social care, therefore improving the quality of care for our patients.

Specific examples of developing a more integrated workforce include:

- 11 O'Clock Team – Daily patient flow meeting in the BGH.
- Community Day Hospitals reference group.
- Integrated Workforce Planning and Development Meeting with SBC and NHS Borders
- Joint Early Years Network
- Joint Learning Disabilities Group
- Joint integrated staff forum
- Early years assessment team including Surestart midwives

3.2 Staff Health and Well-being – Working Longer

In the 2015 scheme, Normal Pension Age (NPA) is set equal to State Pension Age (SPA). This means that up to 70 per cent of 2015 scheme members will have a pension age of between 65 and 68.

It was acknowledged that this may have changed some member's retirement plans. Members of the 1995 section of the NHS Pension Scheme who joined the 2015 scheme on or after 1 April 2015, were offered the opportunity to move their existing membership into the 2008 section in a time limited exercise known as 'Choice 2'. The deadline for Choice 2 decisions was 16 March 2015.

The majority of current 1995 section members who moved to the 2015 scheme will have a NPA of at least age 67. Moving their 1995 section membership to the 2008 section via the Choice 2 exercise may have benefitted some members who intend to retire on or closer to their new NPA.

With a greater number of staff working into their later 60s, we will need to consider what steps can be taken to ensure motivation, engagement and productivity of the whole workforce. Individuals age differently, and capacity to work in particular roles will vary greatly. It follows that decisions on capability, and their consequences for individual employment and role, should be based on individual assessment, not chronological age (which is, in any event, unlawful). One possible direction would be to make redeployment a normal option. Many older workers would be better able to stay longer if they could move to roles which are less stressful or physically challenging. However, redeployment can carry a stigma and be seen as evidence of failure rather than changing personal circumstances. Changing cultural attitudes, to make redeployment part of normal career development, might help increase the flexibility of the workforce.

NHS Borders has recently been awarded the Gold Award for Healthy Working Lives, which helps demonstrate the ethos of the Board and the determination to support our staff in the workplace, using a variety of work life balance policies and proactive support.

Although Workforce Planning cuts across Job Families/Organisations etc within NHS Borders the following section summarises some of the main Workforce Planning/Changes broken down by staff group.

3.3 Medical and Dental

There are a number of Workforce Developments which impact Medical and Dental Services in the coming year. Regional initiatives on elective capacity are being reviewed – however locally, we anticipate the following increases for this year.

Increase in Consultant Anaesthetist (2 wte post – 17%) and Specialty Doctor posts, ERAS clinical development fellowship (1 wte post – 15%) in excess of 1% this year and beyond.

Also indicatives in General Surgery lead to increase in excess of 1% (15% increase) this year at Specialty Doctor level (1 wte post).

Service Redesign in unscheduled care will lead to increase in excess of 1% for Consultants in Acute Medicine this year (1 wte post - 7% increase for GIM Medicine Consultants). Also in Emergency Medicine - will lead to increase in excess of 1% for Consultants and Specialty Doctors in Emergency Medicine (1.4 wte posts - 15% increase).

Dermatology – 33% increase (2 WTE to 2.6 WTE) due to results from demand and capacity findings

Opthamology – 25% increase due to results from demand and capacity findings (3wte to 4wte)

Rhematology – 100% increase (0.8-1.6) due to results from demand and capacity findings

3.4 Nursing and Midwifery

NHS Borders has utilised the nationally developed Workload and Workforce Planning tools to inform service redesign. All Nursing Ward Areas have implemented a workforce establishment review and Adult Inpatient and Professional Judgement tools, have been used to inform redesigned skill mix. Where a national tool was not available (e.g. Theatre, Palliative Medicine), locally developed tools, based on a Timed Task Analysis approach, have been used to determine Workload. Since revised shift patterns were implemented in 2012, when there is an opportunity to recruit to a post, this is matched much more closely with the hours required by the rota, e.g. a full time member of staff would be recruited to do 37.5 hours, but we would recruit to 34.5 hours when this is the rota requirement. As part of our Nursing & Midwifery Workforce Planning, there will be scheduled follow up time aligned to the dates the workload tools are run, to ensure that appropriate analysis is conducted against findings. This includes clinical discussions which will inform the requirement for a business case if

seeking additional staff, or reallocation of resources if the tools show an oversupply in a particular area.

Mental Health Services recruited to a new Nurse Consultant Role, and expect a slight reduction of both registered and non-registered staff as they shift towards more community based integrated working with partners.

Leading Better Care is leading to augmented nursing establishment with Nurses in Acute and Community Locations being supported for a further year. There is also 1 extra RNM post. The purpose is to backfill clinical commitments of Senior Charge Nurses freeing them from Ward establishments. This is to enable the Leading Better Care development programme. We are continuing to progress supervisory status for our Senior Charge Nurses in line with Leading Better Care recommendations. Ward staffing will be augmented to support this with incremental progression underway throughout Borders General Hospital and our Community hospitals.

The practice of establishment headroom has been reviewed (reducing fixed vacancies for the purpose of roster flexibility).

Winter surge staff were recruited permanently last winter and placed in fixed term posts to cover winter beds, we are now placing the staff in vacancies/gaps across the organisation to prevent bank/agency usage. We are currently planning the same approach for next year and exploring options to bring in newly qualified staff, on a development programme which will include rotation across different specialties. Additional appointments have been made in preference to the recent practice of headroom within establishments

The winter footprint for 2015-16 is being agreed prior to our planned Health Care Support Worker recruitment on 18 August and registered nurse recruitment event on 1 September 2015.

Health Visiting

Work is progressing around the GIRFEC/Children's act work, including caseload reviews etc. 2 Family Nurse Partnership nurses started in June 15 to support under 20's with first pregnancies – this is an intensive programme where mums are seen at home once every two weeks, before handing over to the health visiting team at Age 2. The caseload weighting exercise has been undertaken in line with the Children, Young People and Families Advisory Group recommendations. Training and recruitment activity commenced 2014-15 to start to address the projected workforce requirements by 2018.

Paediatrics & Neonatal

NHS Borders is continuing to develop an alternative model for Inpatient Paediatric Services. Advanced Neonatal and Paediatric Nurse Practitioners (ANNP's and APNP's) augment the services at night, acting as the clinical decision maker within the hospital with non-resident Consultant support. There are also plans to increase Hospital at Night Practitioners. Giving success of early modelling we are augmenting the ANNP & APNP Service to provide daytime and evening commitments in tandem with improving higher level trainee opportunities. The service has been asked by the Executive Team to continue to develop the service to provide 24 / 7 non-reliance on junior medical staff. It is anticipated that this will be in place by February 2016

NHS Borders has already looked at the possibility of APNP's working within the Borders Emergency Care Centre and they have provided care for children in this department on approximately 6 occasions in the past year. There are opportunities to continue to develop the role across primary care in the future.

School Nursing

A review of the School Nursing workforce will be undertaken in conjunction with the National work being led through the Children, Young People and Families Advisory Group.

Community Children's Nursing
As the service continues to develop and reduces the numbers of inpatient beds (Children and Young People's Centre project 2015, which reduces the number of inpatient beds to 4 from 10 and increases the opportunity for ambulatory care), there will be increased scrutiny on this service to extend the hours of working for Community Children's Nurses.

District Nursing
In order to help address challenges presented from both the Ageing Workforce and Ageing Population, NHS Borders and Scottish Borders Council have launched the first draft of the Strategic Plan which supports the development of our Joint Health and Social Care arrangements in the Borders. Planning integrated services across health and social care will streamline services for patients and present opportunities for service redesign in areas such as District Nursing, Social Work, Community Care Assessment Teams, Day Services etc. The local review of the District Nursing and Evening services has been completed and is now being implemented to ensure consistent service provision across all localities in NHS Borders.

Mental Health
Similar to District Nursing, Mental Health Services across Health and Social Care will become more integrated through the joint health and social care arrangements, with an increase in joint appointments across NHS Borders and Scottish Borders Council.

Specialist Nursing Workforce

Endoscopy
It remains our direction to provide a nurse led endoscopy service. As part of service redesigns a new role of Extended Scope Practitioner was introduced. An Extended Scope Practitioner is managing emergency cases which are repatriated back to Borders following surgery in Lothian. This is a specialist nurse role with additional training to review patients usually seen by a doctor.

As part of the regional initiative on enhancing Endoscopy capacity there has been an expansion of the Nursing Workforce (the modernised Oliver EADE suite) at both Registered and Non-registered levels.

Oncology
A Macmillan haematology Advanced Nurse Practitioner post has been developed to enhance and improve the current service provided to patients with a haematology condition across all care settings in the Scottish Borders. This post will integrate with the consultant haematologists (removing the requirement for locums) to provide a robust team approach to care utilising skills of the specialist team in the most appropriate way. This post has been funded for 3 years.

An Assistant Practitioner (AP) role was developed within Oncology to allow the chemotherapy unit to respond to current and future anticipated workload challenges following a retrospective review of workload indicated that 25% of the direct clinical workload within the unit could be performed by an appropriately trained non registered healthcare professional (Assistant Practitioner in Oncology Band 4). Similar Roles will be developed in other areas in future leading to a requirement for Training and Development.

Rehabilitation / Dementia Services
NHS Borders and Scottish Borders Council continue to explore the development of an enhanced care worker role in rehabilitation and enablement, dementia services and avoidance of admission and support of early discharge (which spans across home care and community nursing teams) with support from NHS Education for Scotland. Further joint roles/development will be considered in the coming years in support of the dementia strategy.

Renal

Due to repatriation of Renal activity there has been expansion of the Renal Nursing Workforce. The overall redesign has led to patients with Renal insufficiency patients being treated locally instead of travelling to Edinburgh for treatment.

Maternity

In response to changes in the Medical Workforce in Obstetrics, we have, for some time promoted Skill Development for our existing Midwives. Local Midwives have completed a training programme (Assisted Birth Practitioner Module) which provides them with the knowledge and skills to assess and implement care, undertaking instrumental deliveries which have previously been the role of the junior doctor. There are currently two Assisted Birth Practitioners (ABP's) in post who work independently with Consultant Obstetricians within a 20 minute recall. There will be further development of APB's as medical posts become vacant.

The age profile of the Midwife Sonography service in the Pregnancy Assessment Unit indicates 3 of 5 retirements within the next 3 years. This service is an essential part of antenatal care, previously carried out by Consultant Obstetricians. The data shows that the requirement for the service is increasing. There is currently 1 midwife sonographer in training. The service will need to continue to train additional midwives as part of succession planning to ensure delivery of the service.

Community Hospitals

An NHS Borders review of inpatient care will include and will influence future service models within our Community Hospitals

Unscheduled Care - Out of Hours Services & Emergency Department

Given the long term sustainability of GP delivered Primary Care Out of Hours due to recruitment difficulties for GPs, additional nursing posts are vital to maintain front line services in the Out of Hours period across NHS Borders. This nursing service supports HEAT T10 plus Shifting the Balance of Care by maintaining patients within their own homes. In Primary Care out of hours, unscheduled care Nurses have replaced some GP hours in the interest of long term sustainability and this will be an ongoing phenomenon, as the number of attendances have doubled over the last 2 years.

Within the Emergency Department, utilising triage protocols has enabled Emergency Nurse Practitioners to be trained to appropriate competence levels to augment the medical contribution to the Emergency Department. We expect ENP number to increase in the year, which is a more appropriate model for night duty.

3.5 AHP

AHP Services have used the Six Step Methodology Approach to inform their review of establishments. They have carried out a Timed Task Analysis (TTA) to determine percentage time spent on different activities and this has helped to inform revised establishments. The Capacity Calculator has also been used.

Many AHP Services have agreed and are working towards redesigned establishments, and others e.g. Physiotherapy and Speech and Language Therapy are currently progressing Workforce Reviews after participating in a Performance and Benchmarking exercise comparing activity and workforce to peer NHS Boards. Achievement of "Upper Quartile" in Scotland across AHP Services is the target.

Podiatry redesign has required a significant modification of available accommodation i.e. part of estates strategy in community locations. This is described as the "Locality Hub and Spoke" model. This is now in the process of implementation.

The MSK Quality Programme has necessitated a shift in workforce to focus on MSK outpatient activity. NHS Borders are actively exploring opportunities for more integrated practice within the

integrated joint board. The Associate Director of AHP services reports to the chief officer health and social care partnership and this is a joint appointment across Health and Social Care. NHS Borders are also currently testing opportunities related to unscheduled care/patient flow and seven day services.

3.6 Other Therapeutic Services

The Largest Staff Group within Other Therapeutic Services (Pharmacy Services) has completed a Workforce/Workload review using the six step methodology. The revised establishments are being implemented. A redesigned pharmacy workforce plan is dependent on changes in IM&T. The workforce plan takes into account a pharmacy IM&T strategy and a key development is the Ascribe (Pharmacy and eMedicines Management) system upgrade which went live on 1st May 2014. Ascribe's electronic medicines management system will support a dispensary run largely by ATOs and checking technicians (Band 5). A new role of a band 3 ATO has been introduced into the plan to take into account this change. A slight increase in clinical technician role across primary and secondary care is expected.

A newly formed Prescribing Support Team is supporting the national Prescribing for Excellence vision to ensure cost effective prescribing practices. Most of the team will be working with GPs to deliver poly-pharmacy reviews. A new decision support tool (Prescribing+/Safety+) will help the team with "slippage" in prescribing switches and provide safety messages. This system will release technician time to work on other elements of the efficiency programme.

3.7 Healthcare Science

The Laboratory Services have been utilising 6 Step Methodology
as they implement a redesign, which focuses on rationalisation, efficiency of the out of hours service and benchmarking. There is a phased implementation, and the workforce plan will be implemented by 31 March 2016.

The future proposal is based upon providing the Out of Hours service by a shift system rather than "on-call" and moving to a combined Blood Sciences department with multi-discipline staff who are cross trained in different specialisms. This means that the Out of Hours service can be provided by one BMS and one support worker (MLA) rather than 2 discipline specific Bio Medical Scientists (BMSs). This will reduce the total number of BMSs required to provide the service but will allow 2 additional BMSs to be working during routine hours to take on more work appropriate for their grade.

All roles have been reviewed and a new qualified BMS, band 5 role will provide routine testing and advice through the working day and cover out of hours. The skill mix resulted in a reduction of band 7 and band 6 posts but a consequent increase in band 5 and band 3 posts. The proposal is to recruit band 3 MLA staff to be trained and then free up BMS (band 6 and 7) staff to commence their cross training in different specialisms and then phase in the new out of hours working system. The implementation phase will involve a significant training commitment.

When complete the proposed new structure will address the following:

- Reduce the cost per test and per head of population by reducing the total pay cost
- Reduce the BMS (qualified) to MLA ratio by moving from two BMSs to one BMS and one MLA providing the out of hours service

3.8 Support Services

Support Services have undertaken Six Step Methodology to help inform new establishments. Domestic Services and Portering Services have implemented revised Skill Mix and reviewed ways of working across the two functions.

Implementation of new establishments for Domestic and Portering Service taking into account HEI minimum standards was implemented from April 2014. There was an increase in Domestic and Portering staffing as new permanent staff are appointed and there is a reduction in temporary contract and agency workers

The Estates Department comprises Maintenance, Capital Projects, Medical Electronics and Administration and Clerical staff. In line with other clinical and support services in NHS Borders, the Estates Department has undertaken a full service review. A tripartite approach has been utilised to determine departmental performance. Time Task Analysis (TTA) has been carried out for all management, administration and clerical staff. Data collated in the Estates Management Systems (EMS) has been analysed for the workforce and evaluated against benchmarks for other peer Health Boards.

A key element of the Estates Department's future strategic plan is the staff demographic profile. It has been identified that the majority of craftspeople are in the 51-60 year old age bracket. In order to address this situation and to ensure continuity of service, a strong case is made for the phased introduction of the Modern Apprenticeship Scheme. Modern Apprenticeships (MAs) are an increasingly important element in the workforce development of NHS Scotland. MAs provide an excellent structure to help individuals develop the skills and knowledge they need to help deliver high-quality healthcare services. As a number of Estates posts will become vacant in the near future due to staff retirements, the Department will analyse the benefits and cost effectiveness of re-establishing an NHSB Apprenticeship Training Scheme in the coming year to ensure the sustainability of the Estates service. We anticipate at least 1 WTE MA by 31 March 2016.

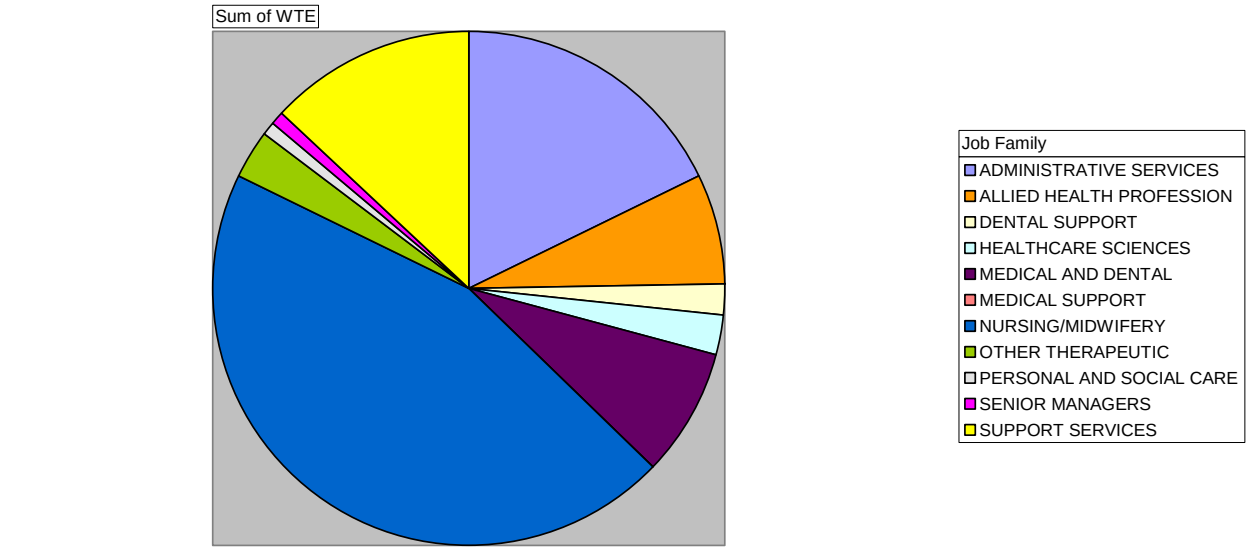
3.9 Administrative Services and Management

Central Administrative services and Medical Secretaries are systematically working through 6 Step Methodology, including benchmarking against key peer Board services.
Clinical Governance, Human Resources, Finance, Occupational Health, Planning & Performance have reported new establishments. Modest increases are expected in Medical Records, although a centralised booking system for Outpatients will lead to efficiencies.

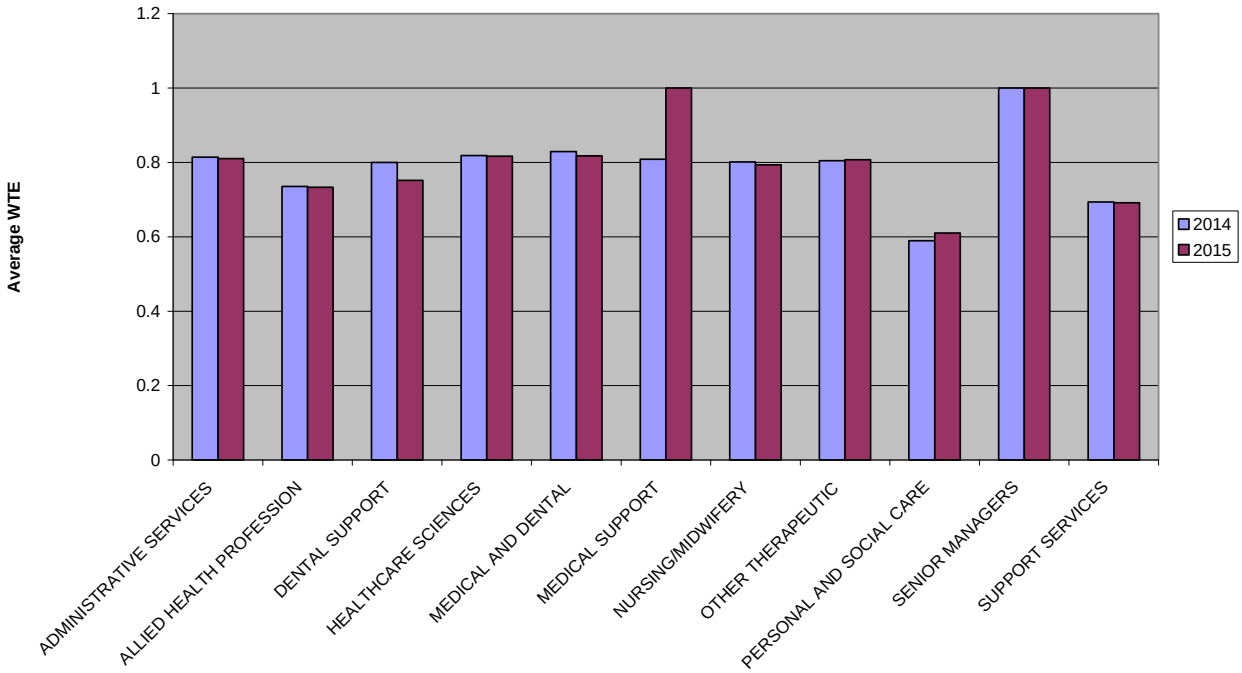
There are measures to support achievement of 20% efficiency savings over 3 year timescale and the potential impact of shared services has been included.Senior Management redesign is being progressed which will support implementation of health and social care integration, giving continuity of pathways etc

Step 4 – Available Workforce

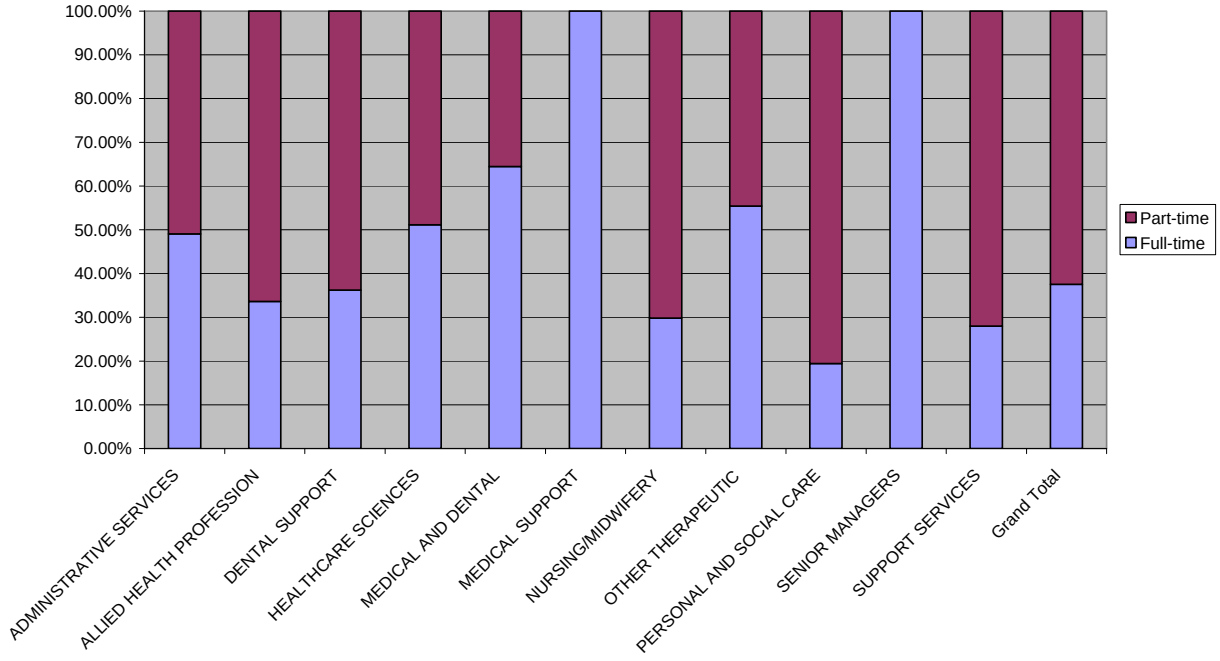
NHS Borders Job Family Distribution by Whole Time Equivalent @ 31 March 2015



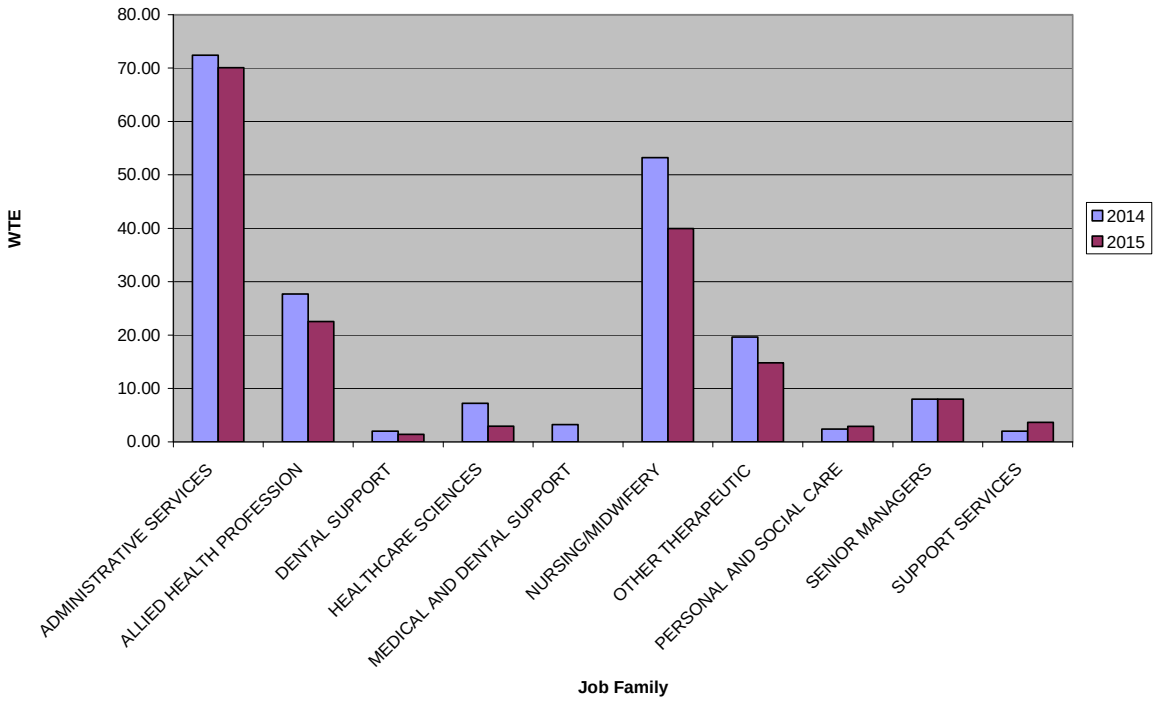
NHS Borders Average WTE by job family comparison @ 31 March 2014 and 2015



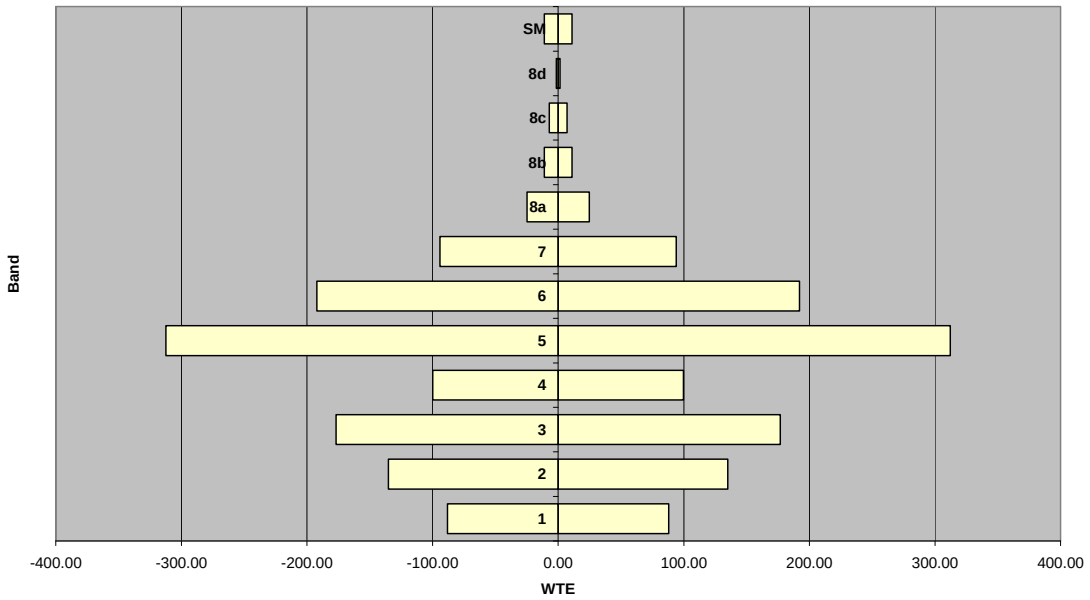
NHS Borders Full Time/Part Time Split % by Job Family @ 31 March 2015



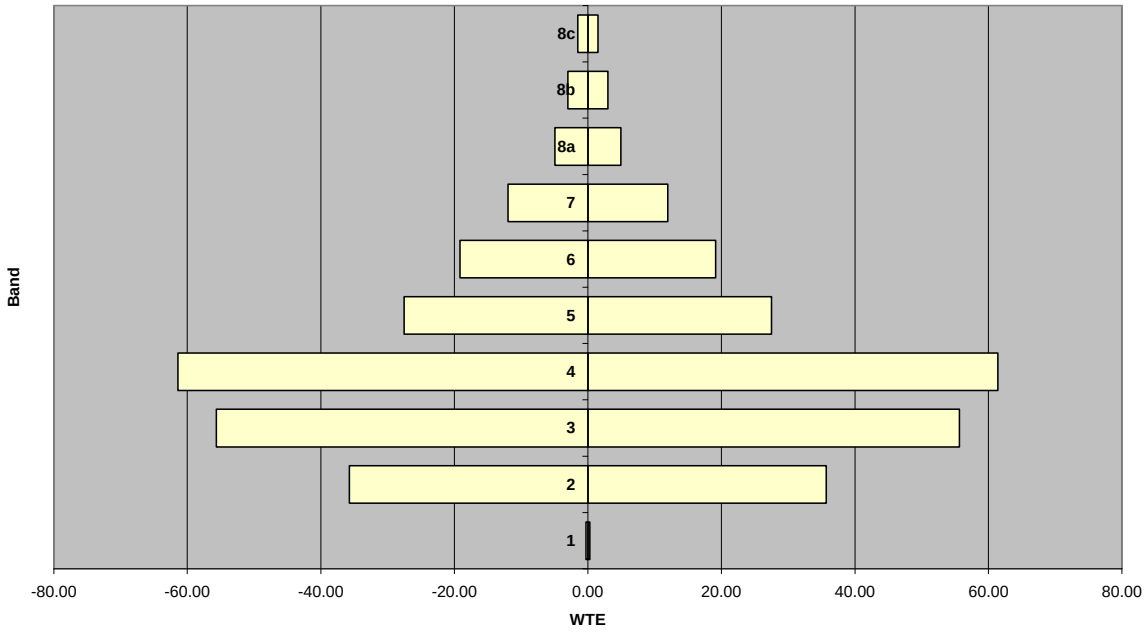
NHS Borders Fixed Term Contracts @ 31/03/2014 & 31/03/2015 (WTE)



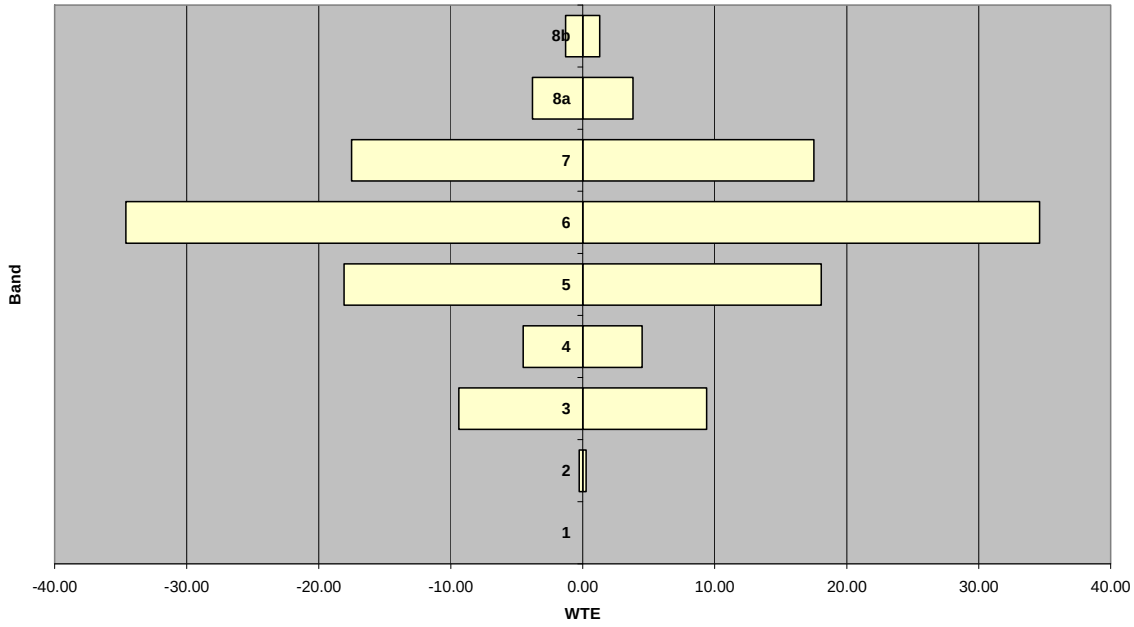
All NHS Borders Staff @ 31 March 2015 - WTE by Band



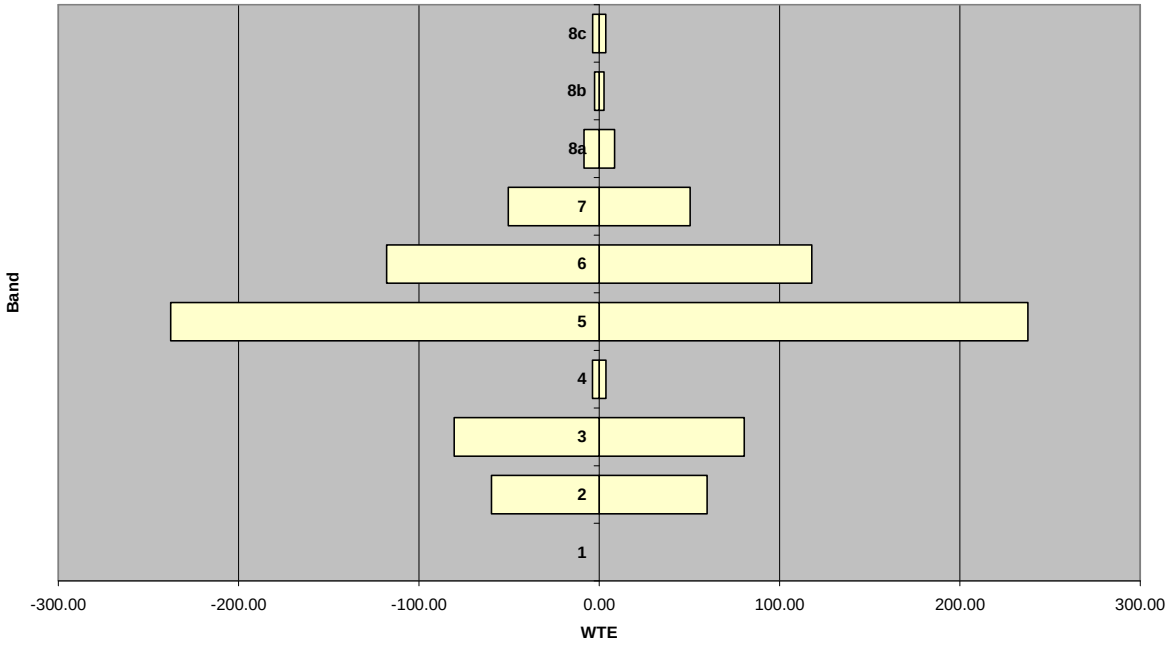
NHS Borders Administrative Services Staff @ 31 March 2015 - WTE by Band



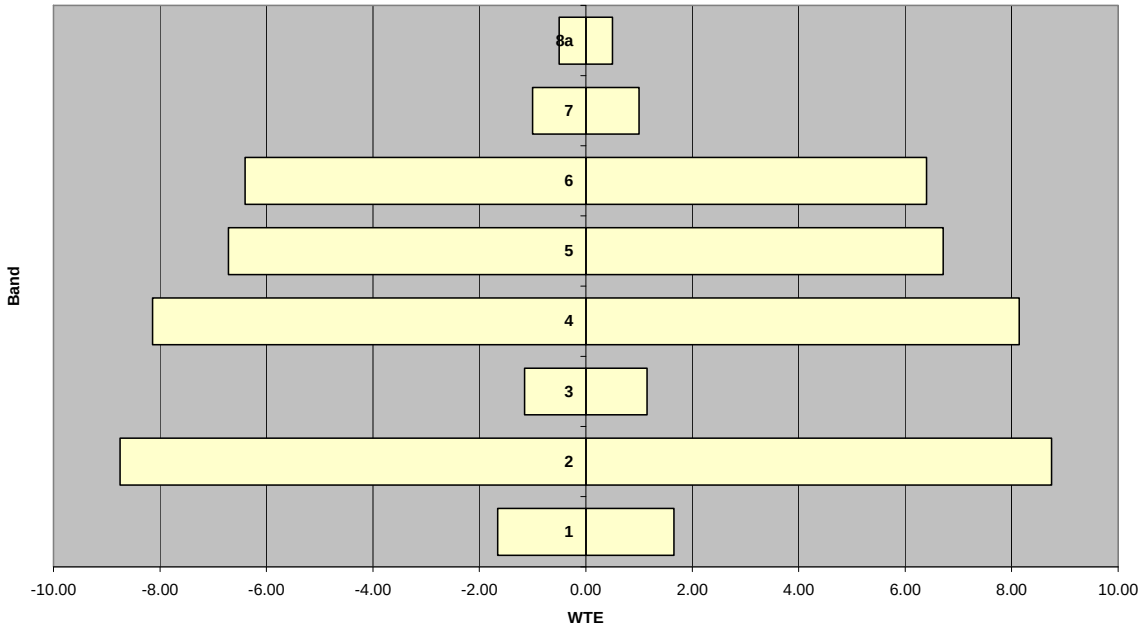
NHS Borders Allied Health Profession Staff @ 31 March 2015 - WTE by Band



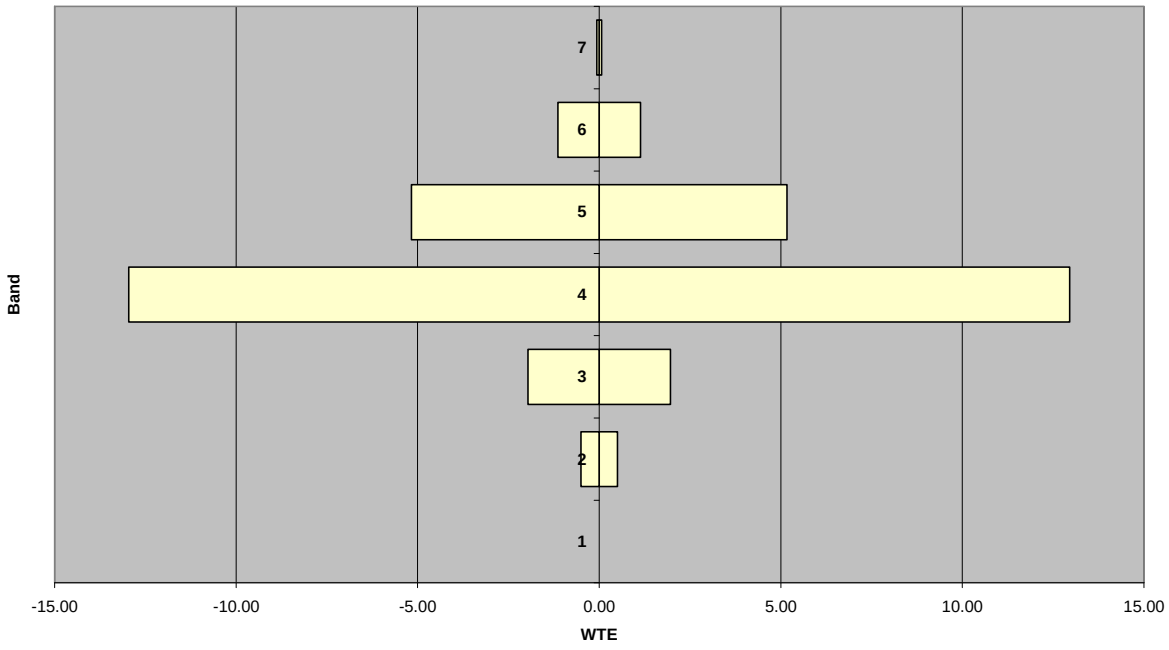
NHS Borders Nursing & Midwifery Staff @ 31 March 2015 - WTE by Band



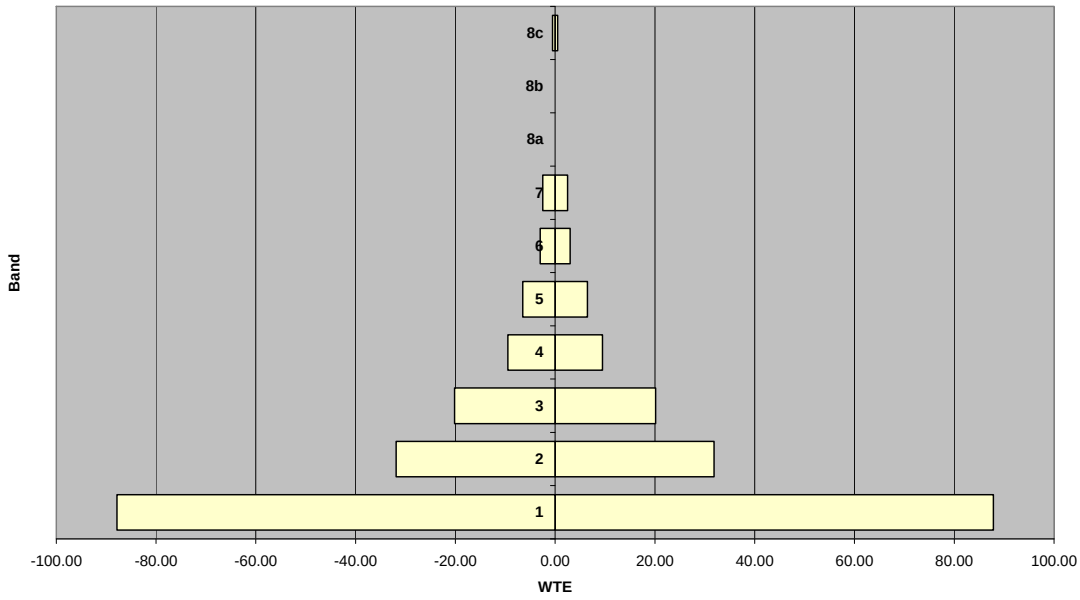
NHS Borders Healthcare Sciences Staff @ 31 March 2015 - WTE by Band



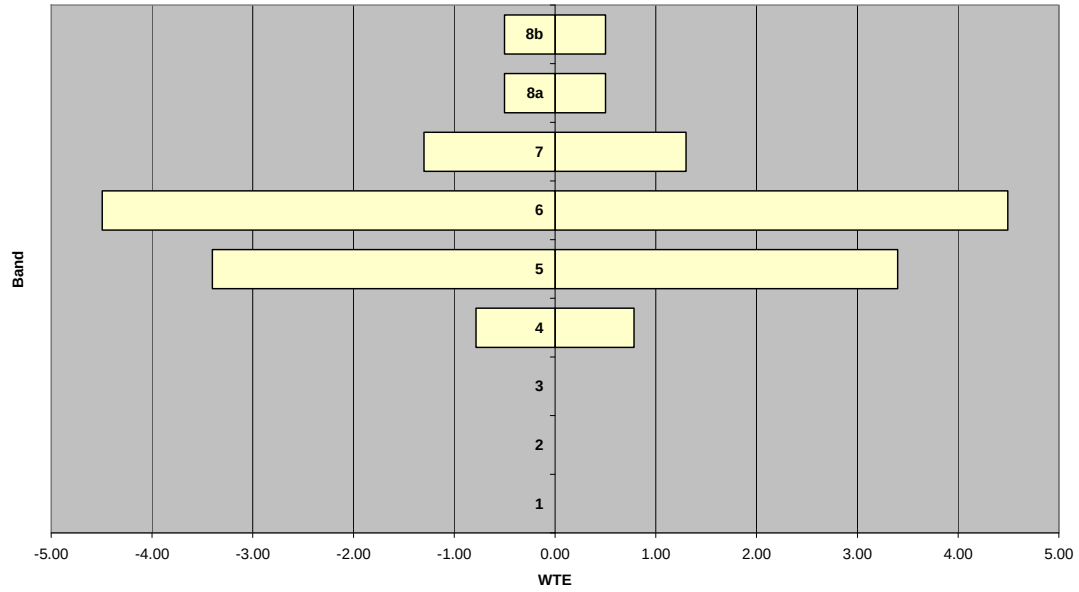
NHS Borders Dental Support Staff @ 31 March 2015 - WTE by Band

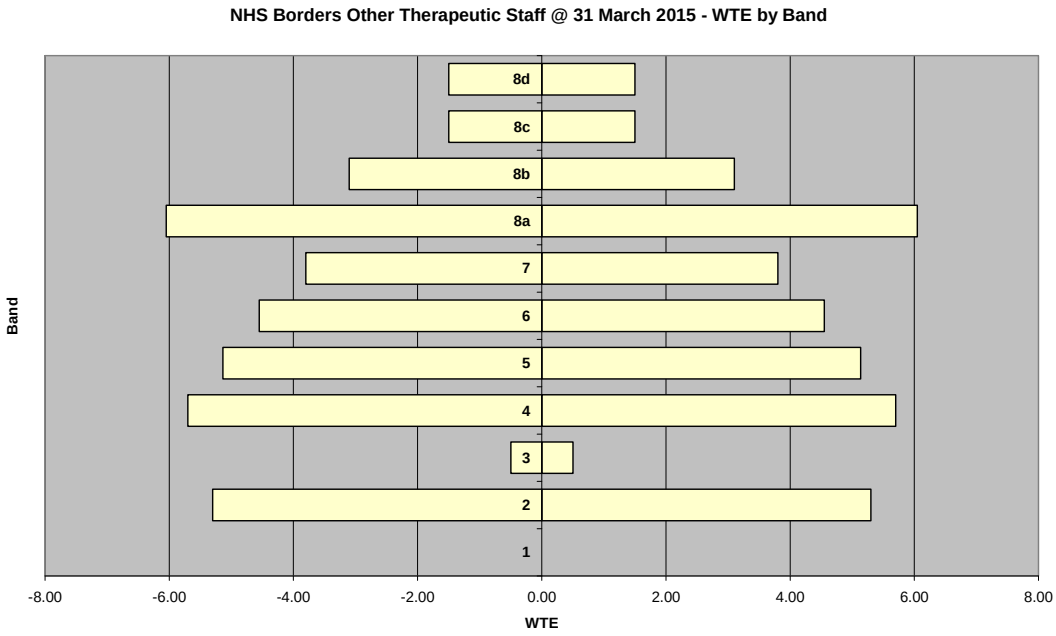


NHS Borders Support Services Staff @ 31 March 2015 - WTE by Band

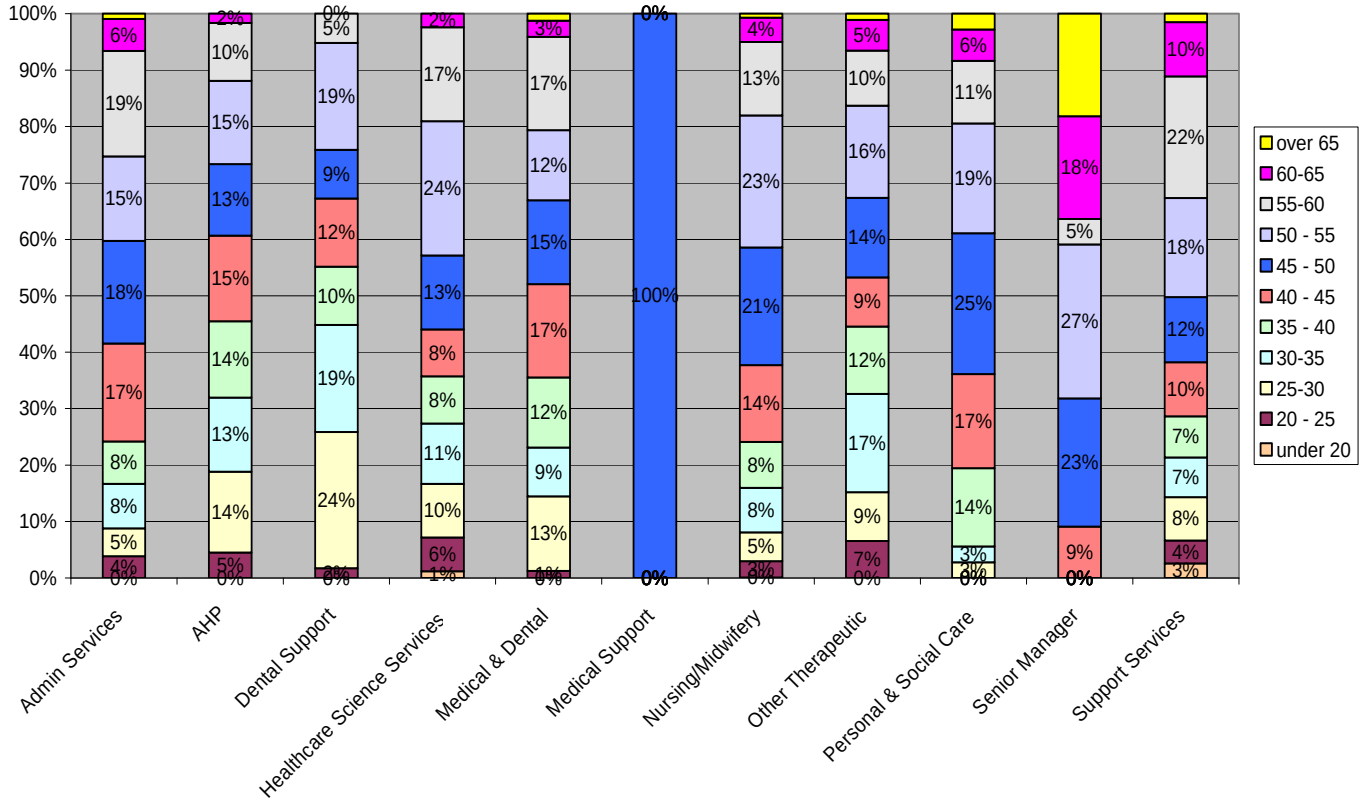


NHS Borders Personal & Social Care Staff @ 31 March 2015 - WTE by Band





%Proportion of NHS Borders Workforce in each Age Band by Job Family 31 March 2015 (headcount)



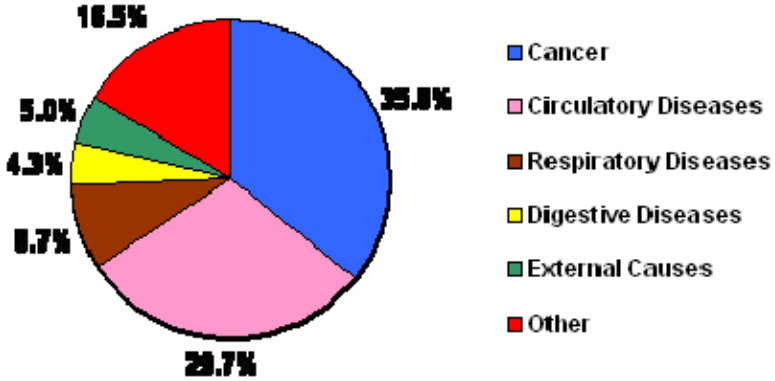
Step 5 – Action Plan

Workforce Planning feeds into many Action Plans across NHS Borders, and we are currently drafting a specific Action Plan which will be added to the final version of this Workforce Plan.

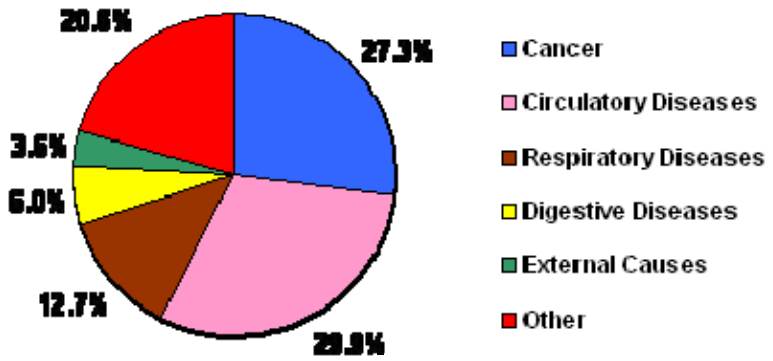
Step 6 – Implementation and Review

This Workforce Plan will be implemented and actions reviewed on a regular basis thought 2015-16.

Cause of death in males, Scottish Borders, 2013*



Cause of death in females, Scottish Borders, 2013*



Appendix 1

Which health and social care services are we integrating?

NHS
• District Nursing
• General Medical Services
• Public Dental Services
• General Dental Services
• Ophthalmic Services
• Community Pharmacy Services
• Community Geriatric Services
• Community Learning Disability Services
• Mental Health Services
• Continence Services
• Kidney Dialysis outwith the hospital
• Services provided by health professionals that aim to promote public health
• Community Addiction Services
• Community Palliative Care
• Allied Health Professional Services

SBC
Social Work Services for adults and older people
• Services and support for adults with physical disabilities and learning disabilities
• Mental Health Services
• Drug and Alcohol Services
• Community Care Assessment Teams

• Care Home Services
• Adult Placement Services
• Health Improvement Services
• Re-ablement Services
• Aspects of housing support including aids and adaptations
• Day Services
• Local Area Co-ordination
• Respite Provision
• Continence Services

There are other, hospital-based, services where integrated planning is essential and, as a result, they are included within the scope of our integration arrangements. The combined budget for these services is £20.2 million and is in addition to the £135.2 million identified above.

These services are:
• Accident and Emergency
• General Medicine
• Geriatric Medicine
• Rehabilitation Medicine
• Respiratory Medicine
• Psychiatry of Learning Disability
• Palliative Care Services

Nursing and Midwifery Workload Tools
Locally Developed Tools
Capacity Planning
Annual Workforce Projections