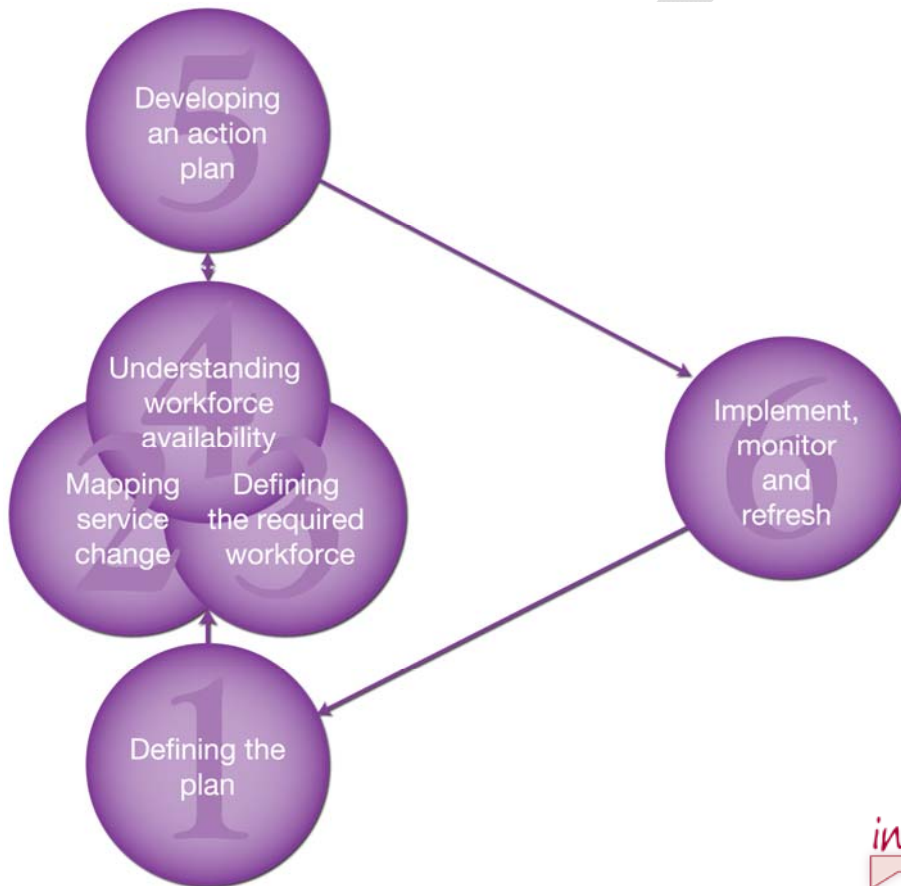


NHS LANARKSHIRE

WORKFORCE MODERNISATION PLAN 2010/11



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1. EXECUTIVE SUMMARY

The current economic situation requires NHS Lanarkshire to consider cost reduction in all areas of expenditure including the workforce. Consequently, the focus of this year's workforce plan is around identifying opportunities within the current workforce where savings can be realised by optimising workforce efficiency and productivity.

Acknowledging this agenda, in December 2009, a workshop event was held to develop an HR Strategic Framework to support this. The framework's overarching aim is to ensure that NHS Lanarkshire has currently and in the future the right number of staff with the rights skills and competences, in the right place at the right time to deliver quality healthcare and health improvement. Accordingly, taking into account the current economic climate and all our obligations within the Staff Governance Agenda, the 11 specific framework strategic aims are focussed on improved efficiency and effectiveness:-

- 1. To redesign our Clinical Workforce to be able to cope with changes to the supply of medical staff.*
- 2. To review the staffing profiles of our workforce by both job family and service to ensure they demonstrate best value.*
- 3. To maximise efficiency and productivity by implementing all potential technological solutions.*
- 4. To review the use of Agency, Bank, overtime and temporary contracts for all staff groups to ensure most effective and efficient approach.*
- 5. To further integrate workforce planning with service planning to ensure we develop projected workforce models for all staff groups based on service need.*
- 6. To review the learning and development needs of the workforce to ensure it meets the priorities within a Force for Improvement and the current challenges facing NHS Lanarkshire.*
- 7. To provide a framework for educational governance.*
- 8. To continue to strive to be the "Employer of Choice" by improving our performance within the Staff Governance Standard.*

9. *To improve collaborative working in order to maximise potential opportunities for staff and the population of NHS Lanarkshire.*
10. *To develop our internal leadership capabilities and performance to keep pace with our economic challenges and creating the capacity to take forward modernisation by establishing new ways of working.*
11. *To establish and refresh Human Resources Policies which support the management of change.*

Consequently, this 2010/11 NHSL workforce plan focuses both on our efficiency programmes and our redesign priorities. Both these drivers for change have a significant impact on the workforce by either a reduction in overall staff numbers or by reduction in unit costs as a consequence of skill-mix changes.

The plan reflects on:-

- Workforce changes as a consequence of CRES programmes
- Aspects of workforce redesign and development around service areas.
- Profession specific workforce modeling and planning initiatives e.g. CEL 28, AHP Workforce and Capacity Plans, etc.
- NHS Lanarkshire development of workforce planning capability.

Acknowledging the undeniable challenges, it is anticipated that with continuing robust, integrated planning between workforce, service and financial functions, NHS Lanarkshire will continue to optimise care delivery for the population of Lanarkshire.

2. INTRODUCTION

Since 2006 NHS Lanarkshire has been developing an annual workforce plan in line with HDL 52 (2005). In January 2009, Scottish Government Health Department (SGHD) launched “A Force for Improvement : A Workforce Response to Better Health, Better Care”. This set out the vision for NHS Scotland workforce as:-

“Our vision is to ensure that we meet the needs of individuals and communities by providing high-quality safe and effective care through an empowered and flexible workforce which understands the diverse needs of the population and which chooses to work for and remains committed to, NHS Scotland”

This vision is dependent on 5 key “ambitions”:-

- Tackling health inequalities
- Shifting the balance of care
- Ensuring a quality workforce
- Delivering best value across the workforce
- Moving towards an integrated workforce.

In line with the overall direction of A Force for Improvement, NHS Lanarkshire has developed its HR Strategy identifying 15 key aims (section 4). This provides NHS Lanarkshire with a corporate vision for the future NHS Lanarkshire workforce and the background to future workforce modernisation.

As pay is a significant component of the corporate expenditure, a focus of the aims is efficiency and productivity of the workforce and this is acknowledged in the Workforce Modernisation Plan.

NHS Lanarkshire adopts an integrated approach to workforce planning; aligning workforce, service and financial planning. To support this approach, NHS Lanarkshire adopts “The Integrated Six Step Methodology” (Skills for Health, 2008) to workforce modernisation and the Workforce Modernisation team has developed their website and an awareness session to cascade this approach across the Board (Section 12). This is a flexible resource that can be adapted to align with service redesign projects and does not require to be conducted sequentially through all six steps.

In addition, although the Integrated Six Step Methodology (Skills for Health, 2008) provides an excellent framework for workforce modernisation, it still requires a range of supporting tools to be utilized specifically to:-

- Quantify workforce demand related to projected workload (e.g. NMWWP tools, AHP Capacity Calculator, etc)
- Review the skill mix (e.g. Skills Maximisation Toolkit, Skills for Health competency framework, etc).

In the next section, the key features and challenges of the NHS Lanarkshire workforce will be considered.

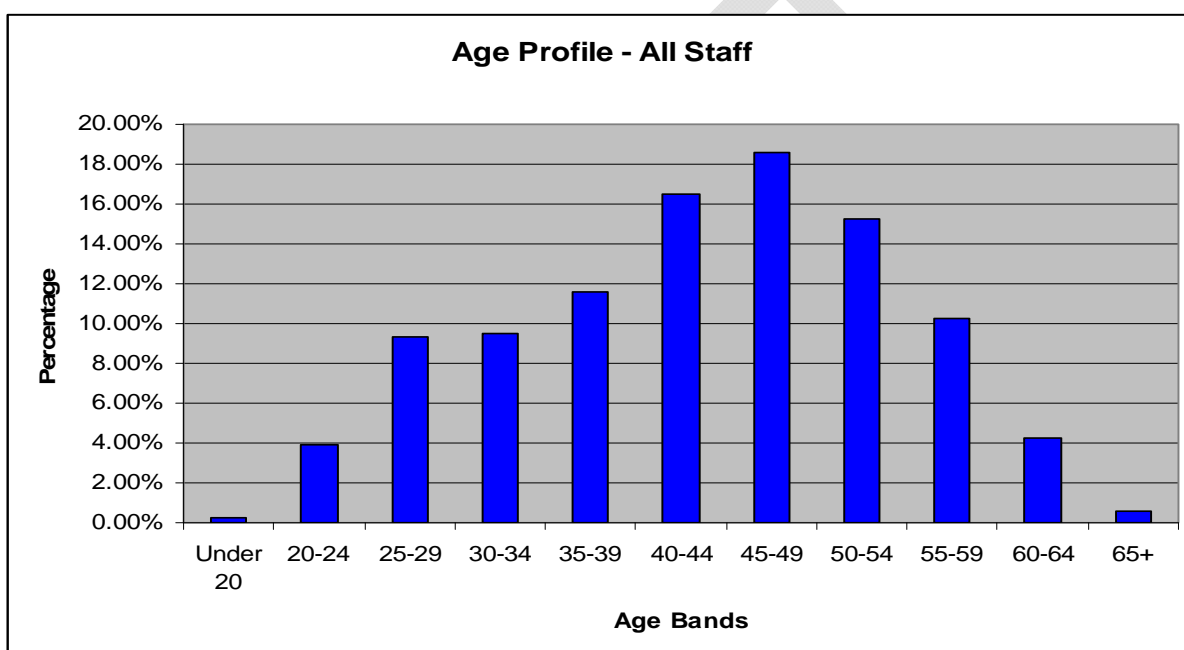
Key Points:

- *NHS Boards are required to produce annual workforce plans in line with HDL 52 (2005).*
- *The strategic direction for the NHS Lanarkshire workforce is set out in NHS Lanarkshire’s HR Strategy which is in line with A Force for Improvement.*
- *NHS Lanarkshire adopts the Integrated Six Steps approach to workforce modernisation but supplements this with a wide variety of tools to support.*

3. CURRENT WORKFORCE

3.1 NHS LANARKSHIRE WORKFORCE

The NHS Lanarkshire workforce as at 28th February 2010 was 10702 whole time equivalents (funded establishment), this equated to 10198 WTE in post and equivalent of 368 WTE were employed in the bank or worked extra hours as overtime (Data Source : Empower HR System). Our workforce is predominantly female (5 females to 1 male) and over 65% are over forty years old (NHS Scotland figure is 62%). The current pay bill is approximately £400m.



. The main characteristics and challenges of our workforce are (Data Source : ISD, Sept 2009):

- One of the largest difficulties we have is the recruitment of Middle Grade Trainee Medical Staff / Speciality Doctors in particular areas such as Emergency Medicine. Although we have developed innovative solutions to address the problem we still have a shortfall in medical staffing.
- Public Health Nurses are a scarce resource which needs to be taken into account when we develop staffing models for Community Nursing. A targeted recruitment drive was undertaken in June 2009; including the development of a microsite (www.publichealthnurse.co.uk), a number of

media recruitment initiatives, open evening, etc. Whilst we successfully filled a number of positions, the overall recruitment challenges remain ongoing. At present the organization is seeking to recruit to 8 vacancies for Public Health Nurses across both North & South CHPs.

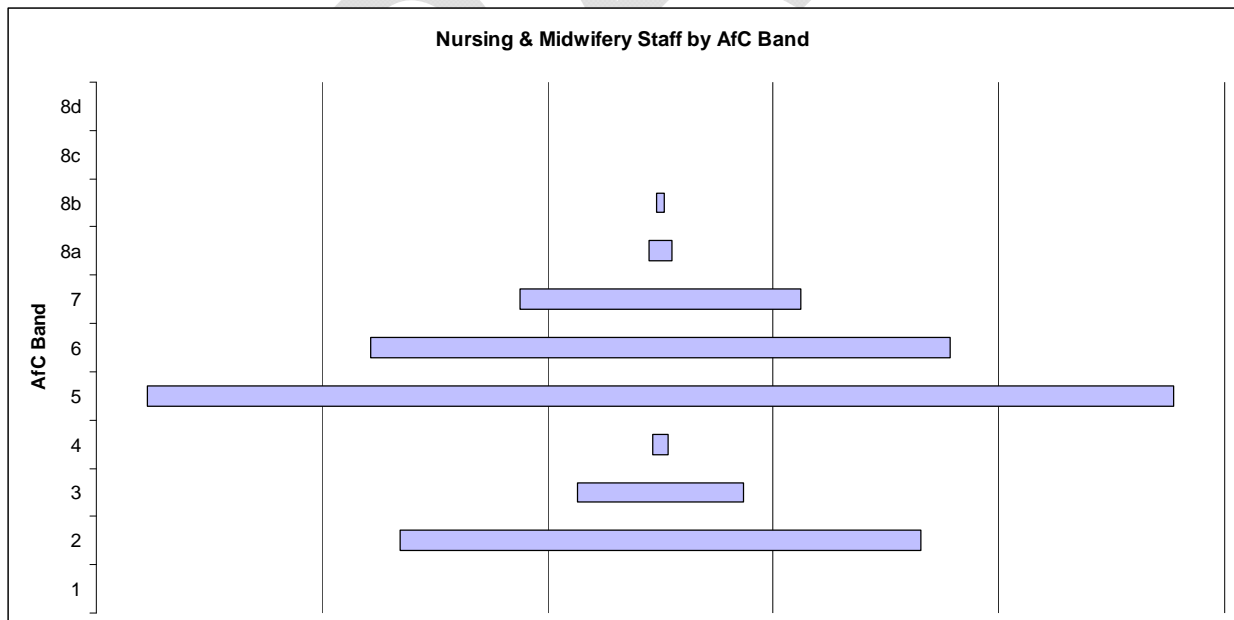
- We have a low ratio of clinical support workers in Allied Health Professions (116 WTE / 14%) and in Nursing (1328 WTE / 27%). However significant advances have been made in Audiology because of difficulties in recruiting qualified Audiologists, over the last few years and their skill-mix ratio is 44% Bands 1-4 / 56% >Band 5 (1 support :1.2 professional). This involves the development of a different staffing model which involves the introduction of Trainee Audiology Technicians.
- Over the last ten years we have seen a significant growth in staffing numbers in particular job families, specifically:
 - i. Allied Health Professionals up by 43%
 - ii. Administrative and Clerical up by 33%
 - iii. Medical up by 33%.
- We have a high number of Administrative and Clerical Staff on Band 4 (624 WTE) with a small number in Band 3 (294 WTE). We need to review our approach to the provision of administrative services taking into account skill mix and technology advancements.
- Work has already commenced in refocusing healthcare science staff as part of the Review of Laboratory Services.
- NHSL has over 874.5 WTE. Medical Staff. In the last few years we have been more successful in recruiting Consultant grade staff and our current in post Consultant level, as at March 2010 has risen to 91% (358 in post / 33 vacancies) as opposed to 86% (321 in post / 53 vacancies) in March 2005. However the revised arrangements for training Medical Staff as

determined by Modernising Medical Careers, with the move towards a “trained” doctor delivered service provides significant challenge as we manage with less trainee medical staff (see Section 10).

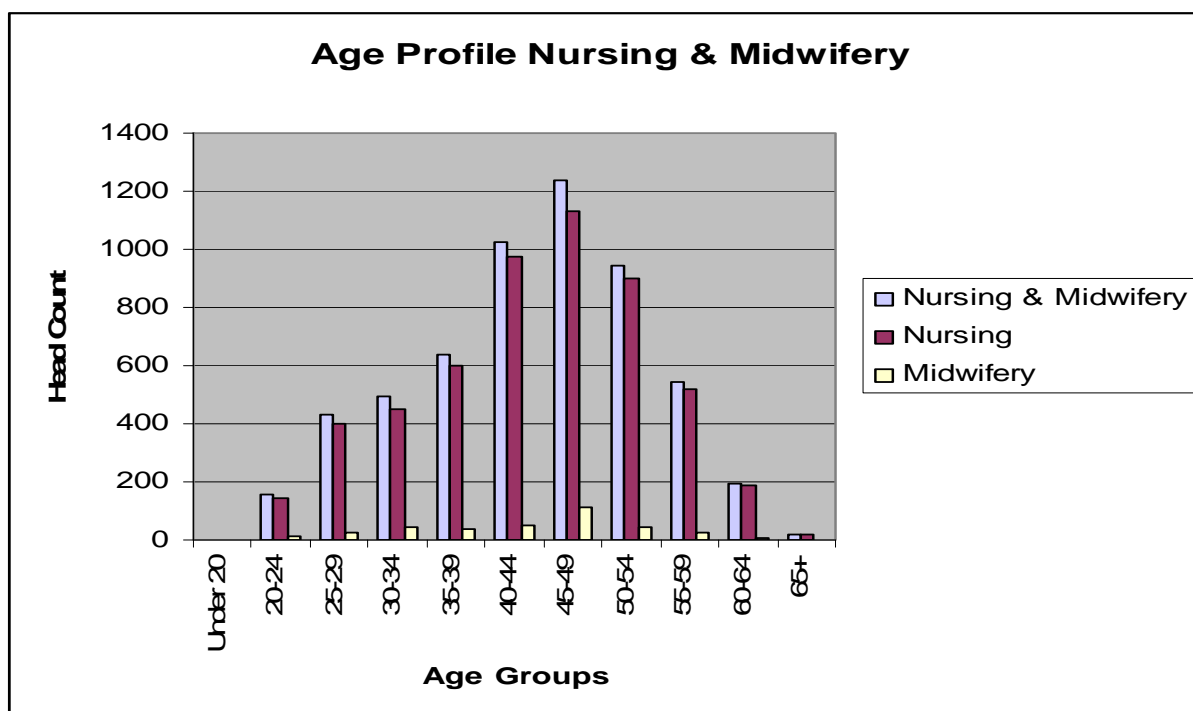
The next six sections will describe some of the key features of the workforce in the larger professional groups.

3.2 NURSING & MIDWIFERY

40% (1939 WTE) of the Nursing & Midwifery workforce are in Band 5 posts. In NHSL, the ratio of healthcare support workers (HCSW) to registered nurse is 1: 2.7. HCSW account for 27% (1327 WTE) of the nursing workforce but very few are in higher level bands (3s and 4s). As we will rely heavily on this workforce in the future it is important for the retention of key healthcare workers to maximise the potential of HCSW and look at career opportunities in Band 3 and Band 4.



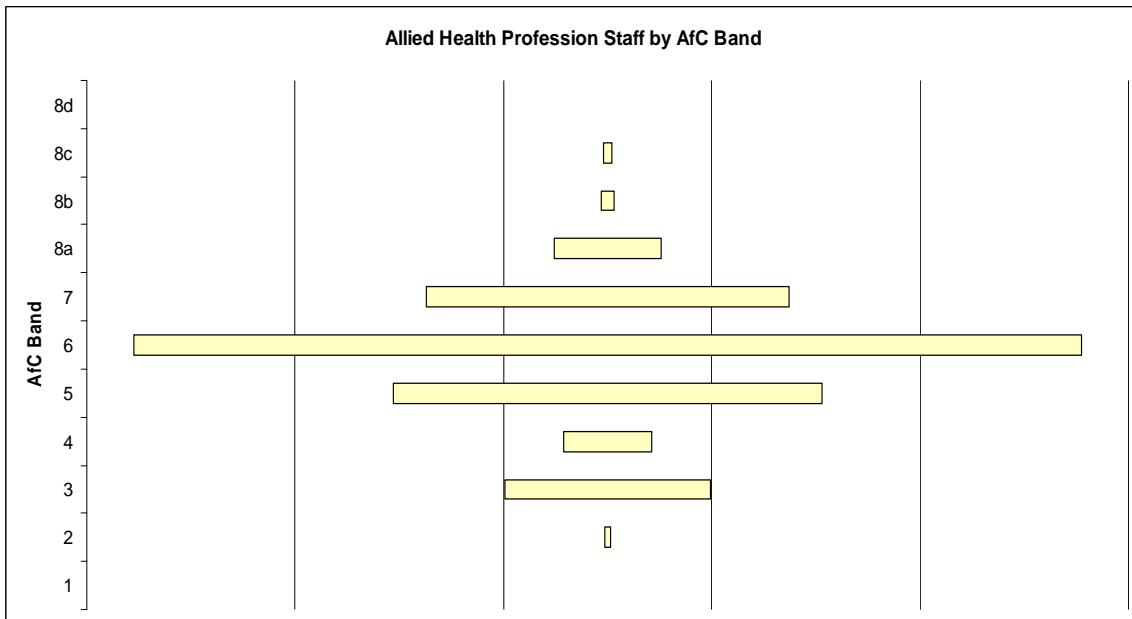
Currently, 30% of all nurses are aged over 50 years old however, it should be noted that 43.5% of midwives are aged between 45 and 54. Also, as some nursing staff have Mental Health Officer status, they may opt to retire early.



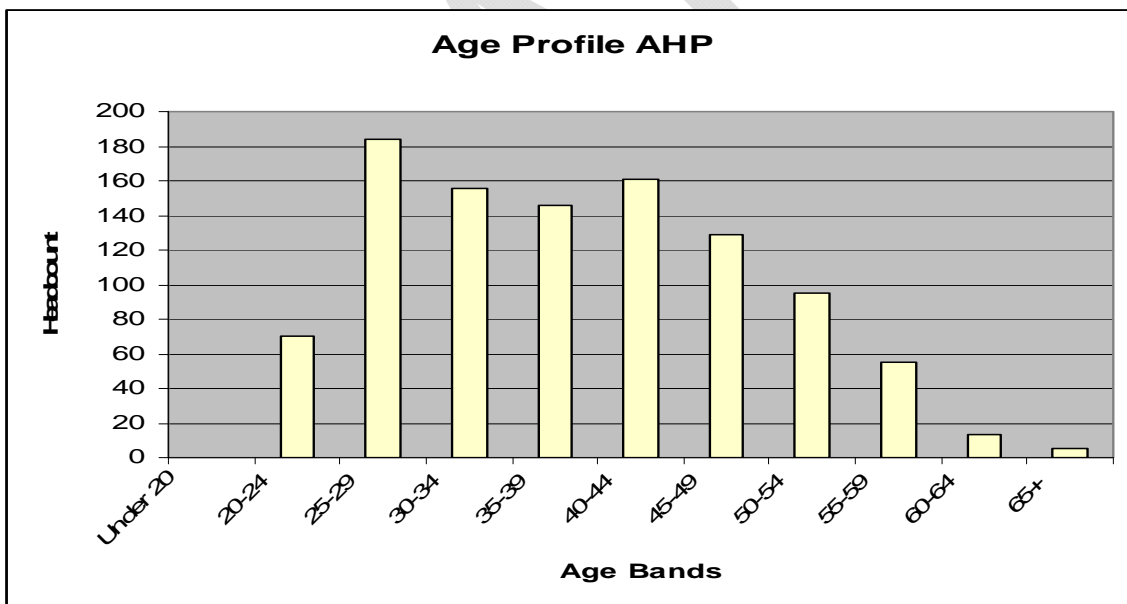
3.3 ALLIED HEALTH PROFESSIONS

AHPs are a diverse group of clinical staff and include Dietitians, Occupational Therapists, Orthoptists, Physiotherapists, Podiatrists, Radiographers, Speech and Language Therapists, Arts/Music/Drama Therapists, Orthotists and Prosthetists.

In line with other NHS Boards in Scotland, in the last 10 years, there has been significant growth (43%) of the AHP workforce. AHPs currently account for 8% (843 WTE) of the NHSL workforce and are predominantly in Band 6 posts (44% / 368 WTE). The ratio of AHP HCSW to registered AHP is 1:6; this varies across the professions with Occupational Therapy having the highest level (21% / 1:4) and Dietetics with the lowest (4% / 1:24). (NB there are no support staff in Orthoptics).



Allied Health Professionals are one of the few job families with a younger staff profile, with 26.14% (252) under 30 years old, compared to only 16.29% (157) of staff aged over 50.

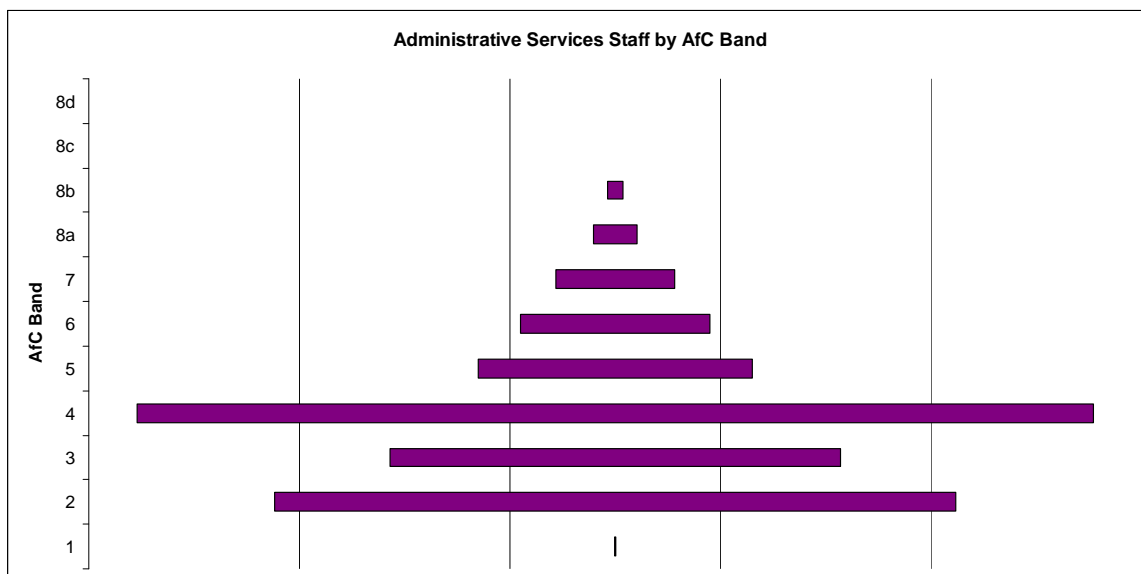


3.4 ADMINISTRATIVE & CLERICAL

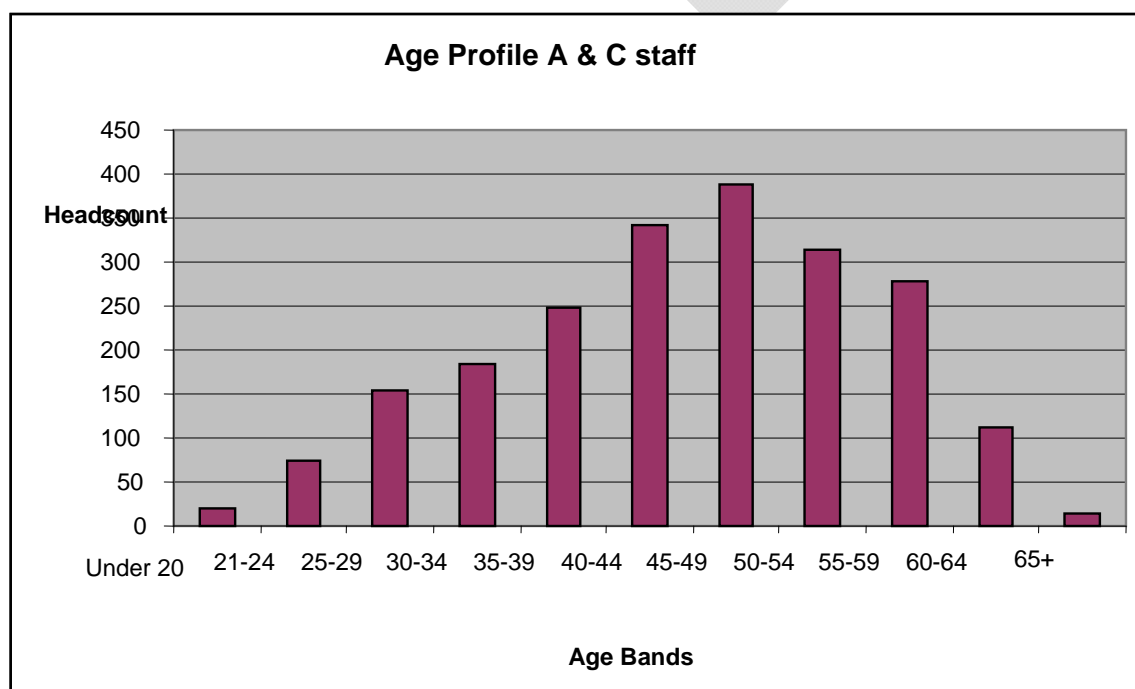
This group includes medical secretaries, receptionists, health records staff, administration support and junior and middle management staff

The largest band in the Administrative and Clerical (A & C) workforce is Band 4; accounting for 35% (624 WTE) of this group. In total, there are 1785 WTE A & C staff;

making up 18% of the NHSL workforce.

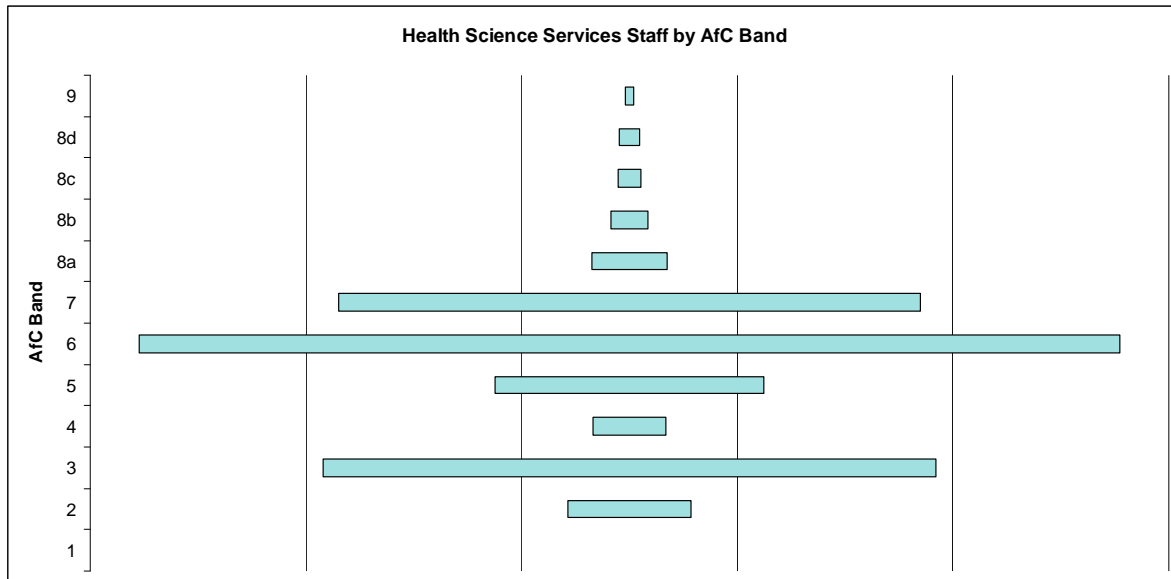


68% of the A & C workforce is over 40 years old.

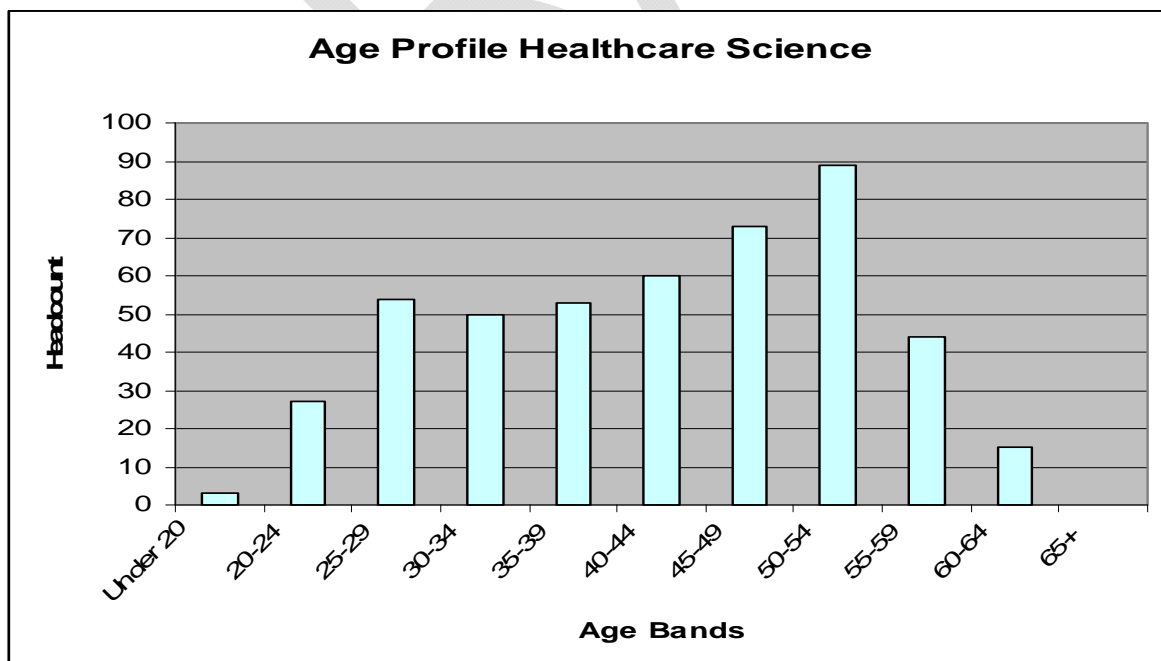


3.5 HEALTHCARE SCIENCE

Healthcare Science Services is made up of those who work in support of Medical Staff, including Audiological Scientists, Biomedical Scientists, Clinical Scientists (many of whom work in laboratories) and Medical Technicians. In Healthcare Science there is 409 WTE staff, with the largest proportion in Band 6 roles (35% / 142 WTE).

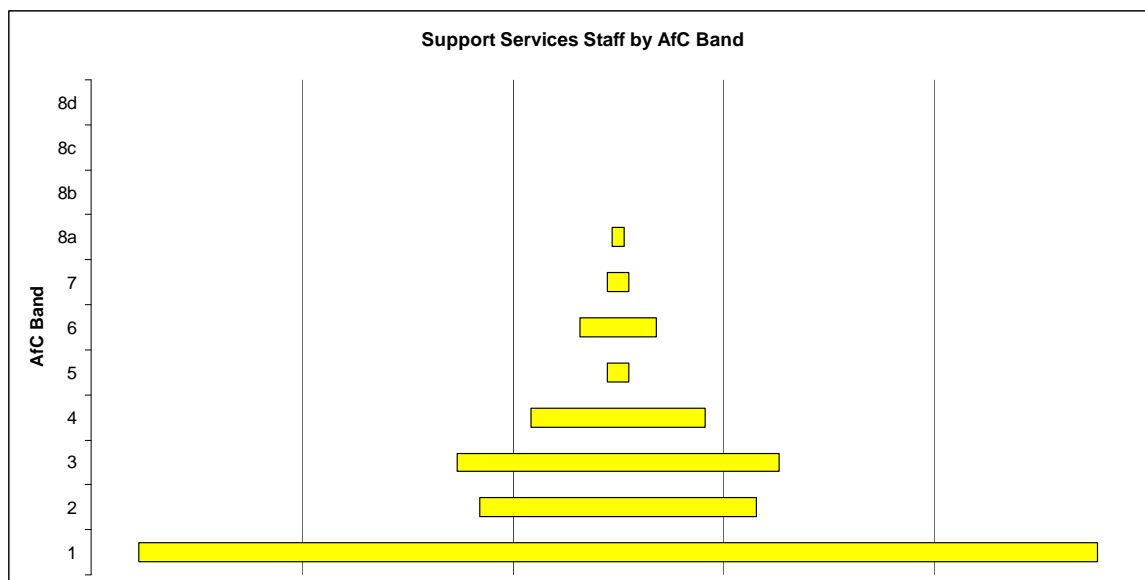


In the Healthcare Science workforce, 60% of the workforce is over 40 years old.

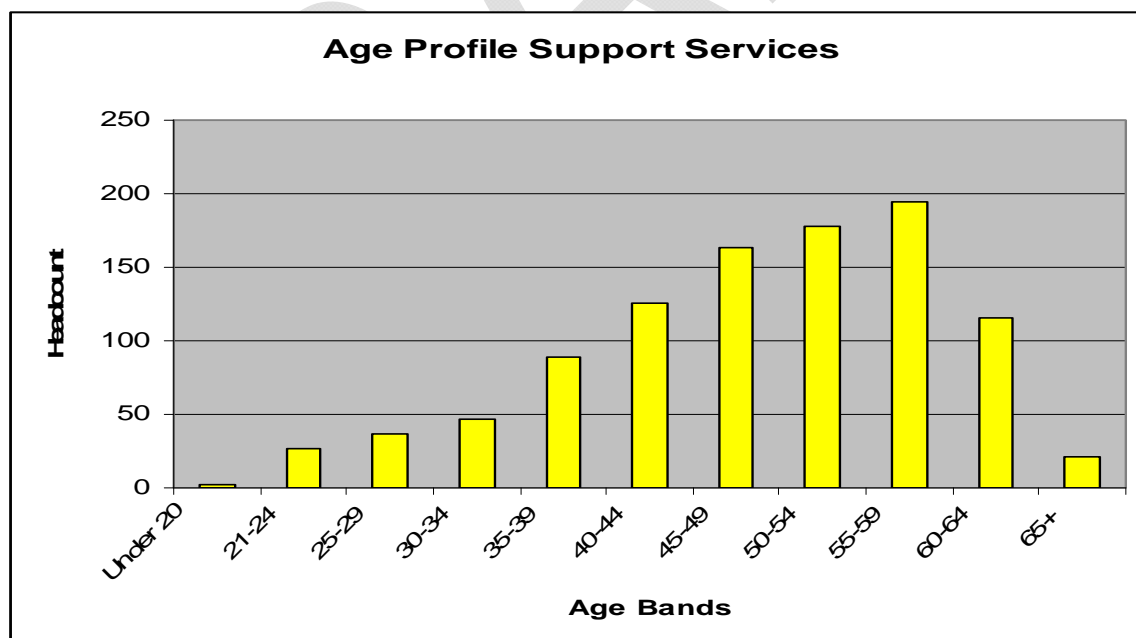


3.6 SUPPORT SERVICES

This job family includes General Services, Hotel Services, Maintenance and Estates and Sterile Services. Support Services accounts for 690 WTE (7%) of the NHS Lanarkshire workforce with 51% (355 WTE) of this group in Band 1 roles.



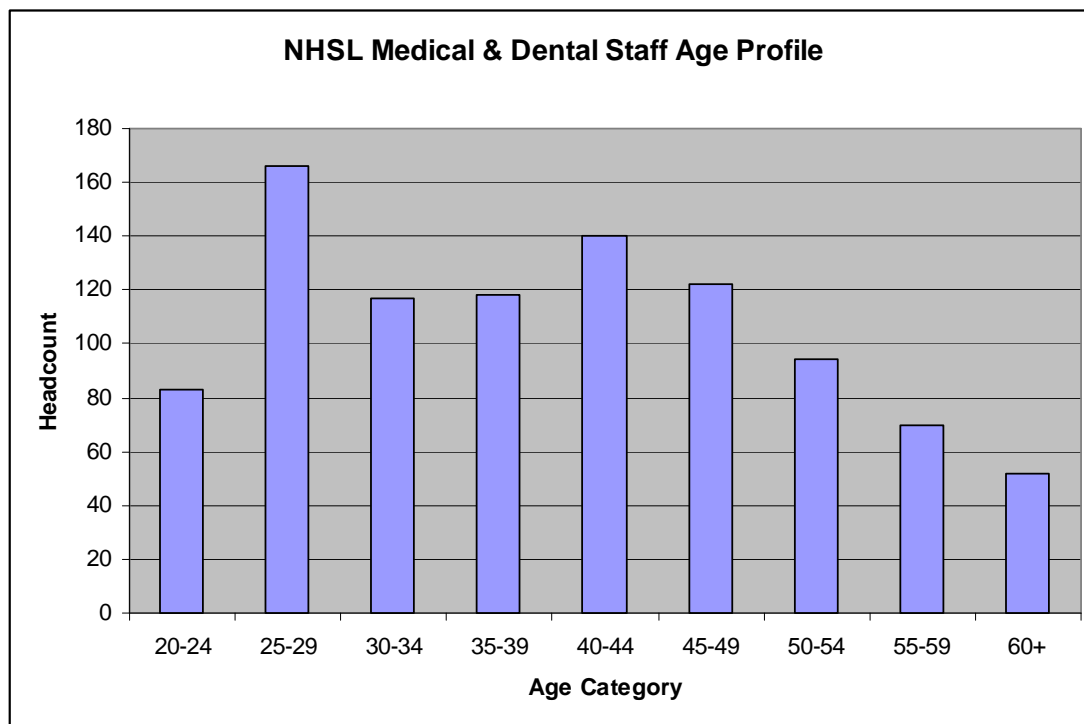
In the Support Services, 80% of the workforce is over 40 years old.



3.7 MEDICAL & DENTAL

The Medical & Dental workforce account for 8.6% (874.5 WTE) of the NHS Lanarkshire workforce. 26% of the workforce are under 30 years and 49% are over 40 years old.

However, only 1 consultant is under 30 years old with 78% of consultants are over 40 years old and 20% over 55 years old.



3.8 CHALLENGES FACING THE CURRENT WORKFORCE

According to the NHS Lanarkshire Public Health Report (NHS Lanarkshire, 2009), the Lanarkshire population between 2008 and 2018 is projected to rise by 3% with:-

- A growth in population aged 85 and over by 60%.
- In the 80-84 age group, a population growth of around 36%.
- In the 50-79 year age group range, a smaller population growth of between 10-20% is projected.
- Below the age of 50 years, it is expected that the population will fall.

In addition, unemployment has risen in Lanarkshire in 2008 and this is likely to have an adverse effect on health. Also, the death rate from coronary heart disease and cancer is between 5-10% above the Scottish rate over the last 10 years (NHS Lanarkshire, 2009).

Essentially this means there will be increasing competition amongst employers to bring talented employees into the workplace, at a time when demand for our services is increasing as those living longer present with ever increasing co-morbidities.

The next section describes how the NHS Lanarkshire Strategic HR Framework proposes to manage these challenges.

Workforce Challenges:-

- *Recruitment challenges exist in specific staff groups e.g. Middle Grade Medical Trainees / Specialty Doctors, Public Health Nursing.*
- *Low ratio of support staff in AHP and Nursing.*
- *Significant growth in certain staff groups over the last 10 years, specifically AHP, Administrative and Clerical, Medical.*
- *High ratio of Band 4 compared to Band 3 in Administrative and Clerical staffing.*
- *Projected reduction in Medical trainees.*
- *Anticipated contracting labour market with increasing population healthcare demand.*

4. HR STRATEGIC FRAMEWORK

4.1 DEVELOPMENT OF HR STRATEGIC FRAMEWORK

To support the development of the NHS Lanarkshire HR strategic framework, an NHS Lanarkshire workshop event was held in December 2009 where a range of clinical and managerial staff and partnership representatives were provided with an overview of the current workforce configuration and the key drivers for future development. Participants were invited to identify key workforce challenges and contribute to the development of this strategy by identifying priorities for the future strategic direction.

4.2 AIM OF A WORKFORCE STRATEGY FOR LANARKSHIRE

The aim of the NHS Lanarkshire workforce strategy is to ensure that NHS Lanarkshire has currently and in the future the right number of staff with the rights skills and competences, in the right place at the right time to deliver quality healthcare and health improvement, whilst delivering the challenges within a Force for Improvement.

NHS Lanarkshire acknowledges that this requires NHS Lanarkshire to be an employer of choice supported by quality recruitment, selection, induction, performance management and development processes. In addition, it recognises that maintaining an appropriate work-life balance is positive for staff morale and motivation which in turn will promote a positive service delivery.

4.3 KEY ISSUES RAISED BY THE WORKFORCE DEVELOPMENT EVENT

From the workshop some of the key workforce issues identified by participants were:-

- NHS Lanarkshire workforce functions over a large number of geographical sites and this may compromise efficiency.
- The NHS Lanarkshire workforce has evolved over time and consequently the configuration of the workforce may not be appropriate to match service demand and / or optimise efficiency.
- NHS Lanarkshire currently utilises flexible workers through Bank and Agency but it is not clear if this is the most appropriate or efficient method of service delivery.
- Although NHS Lanarkshire has comprehensive HR policies, there are concerns about the compliance with these policies across NHS Lanarkshire.
- Collaborative working with local authority and voluntary sector is not considered to be at an optimal level.
- NHS Lanarkshire needs to be more proactive in planning for future service needs, considering source of future workforce supply and match of workforce to service need.
- Although flexible working is supported, there is concern that opportunities may not be fully explored to match both service and workforce need.
- Training is not currently provided in the most effective and efficient manner and consideration should be given to how this could be improved.

4.3 STRATEGIC AIMS

Taking into account the imperatives within A Force for Improvement and the challenges facing NHS Lanarkshire our strategic aims for the workforce are:

4.4.1 To redesign our clinical workforce to be able to cope with changes to the supply of medical staff.

- As the number of trainees continues to reduce we need to redesign our clinical workforce.
- We need to work with Scottish Government Health Department to design sustainable and affordable workforce solutions.

4.4.2 To review the staffing profiles of our workforce by both job family and service to ensure they demonstrate best value.

- To review the use of Clinical Support Workers and to achieve an optimal level of Clinical Support Workers for all clinical services.
- To introduce a team based skill-mix for administrative and secretarial services providing career planning opportunities with an increase in Band 2s and Band 3s and a reduction of Band 4.
- To review and streamline managerial and team leader posts within all structures, clinical and non-clinical, ensuring maintenance of consistency, effectiveness and productivity and that posts match current organisational structures.
- To reduce all corporate service costs by 10% in 2010/2011 to ensure we maximise the available resource for front-line clinical services
- To maximise the flexibility within the consultants contract and agenda for change to deliver improvements in productivity.
- To establish role clarity within career development frameworks and work towards implementation of national guidance e.g. NES (2009)

“A Guide to Health Care Support Worker Education and Role Development” and SGHD (2010a, 2010b) Advanced Practice and Consultant Guidance.

4.4.3 To maximise efficiency by implementing all potential technological solutions.

- To evaluate the use of speech recognition for areas which rely on high volume secretarial services.
- To maximise technical solutions that can assist the streamlining of processes in diagnostics and other areas.
- To develop and implement the national electronic HR system which will assist the efficient management of staff and further enhance the monitoring of key performance indicators for workforce (Timescales - Procurement complete Sept 2010, Phased Implementation commencing April 2011).

4.4.4 To review the use of Agency, Bank, overtime and temporary contracts for all staff groups to ensure most effective and efficient approach.

- To develop and monitor productivity measures.
- To review the contractual arrangements for locum medical staff.
- To review flexible working options to be undertaken to consider staff working practices related to service need. In some instances introduce variable start times to meet service demand.

4.4.5 To further integrate workforce planning with service and financial planning to ensure we develop projected workforce models for all staff groups based on service need and affordability.

All staff groups should develop future workforce requirements based on service needs, projected workforce demand and supply planning. This process will involve and should include:

- An approval process for workforce plans via the Modernisation Board.
- Career pathways for all groups.
- Prioritised staff training to assist staff working along a new structure model.
- Identification of the necessary staff capability and competency to support the service's workforce plan.
- The identification of the workforce risks for each service.
- Supporting the development and integration of "Lean Methodology" into our workforce models and plans.

4.4.6 To review the learning and development needs of the workforce to ensure it meets the priorities within a Force for Improvement and the current challenges facing NHS Lanarkshire.

The learning and development needs of the workforce will be reviewed in line with service delivery needs on a cyclical basis, prioritised and set out in the NHS Lanarkshire Learning Strategy and Plan. The aims of the Learning Strategy are to ensure that learning:

- Supports staff in protecting, promoting and improving the health, quality of life and wellbeing of the people of Lanarkshire.
- Supports the delivery of ministerial priorities, corporate objectives, policies, workforce and service redesign.
- Equips staff to undertake new roles and develop competency so that skills gaps are filled and succession planning is enabled.

NHS Lanarkshire is committed to the provision of a Personal Development Plan, agreed and reviewed annually, for every member of staff using the Knowledge and Skills Framework or equivalent process. In this way individual needs related to effective performance in current role are identified, addressed and ongoing fitness to practice sustained.

4.4.7 To provide a framework for educational governance.

In order to ensure that training is provided in the most efficient and effective manner, an Educational Governance Framework should be developed which would include a review of current training methods and ensure only approved training is delivered.

Educational Governance is provided through the Staff and Organisational Development Group which is responsible for:

- The management and governance of education and learning, taking a multi professional approach and enabling best practice to be shared across disciplines.
- The commissioning and agreement of the Learning Strategy and Plan.
- The promotion of learning opportunities to the workforce.
- The promotion and development of library services, essential to a knowledge-based NHS and supporting clinical services, health improvement, planning and management and staff training and development.
- Recording, evaluation and reporting of learning activity.

In addition the following actions will be taken to strengthen governance arrangements:

- A Training Steering Group will be established with a key remit to:

- Map existing training provision
- Make decisions on behalf of the organisation about what training is permitted, how and why, based on a set of criteria and principles and using a risk management approach
- Support the development of local learning frameworks
- An NHS Lanarkshire Trainers' network will be established to:
 - Identify and support these with significant training role
 - Develop a set of common standards focused on the provision and evaluation of training
 - Inform the development and content of the next NHS Lanarkshire Learning Plan
 - Improve recording of significant training activity
- Development of an E-learning Strategy in anticipation of an increase in the use of this methodology

4.4.8 To continue to strive to be the “Employer Of Choice” by improving our performance within the Staff Governance Standard.

The Staff Governance Committee will continue to promote and monitor our performance in this area against the standards:-

- Well Informed
- Appropriately Trained
- Involved in Decisions
- Provided with a safe and improved working environment
- Treated fairly and consistently

There are well established arrangements in place to continue to improve on performance in these areas.

4.4.9 To improve collaborative working in order to maximise potential opportunities for staff and the population of NHS Lanarkshire.

➤ **Collaboration with North & South Lanarkshire Council**

NHS Lanarkshire continues to scope opportunities for more cohesive joint working with colleagues in North and South Lanarkshire councils.

In South Lanarkshire, senior staff have been appointed to lead on developing integrated addictions services (already established in North Lanarkshire) and a development event took place in April 2010, focusing on strengthening our approach to joint working with council colleagues. This will include considering how we develop a more joined up approach to managing services such as learning disabilities, mental health and palliative care. Some services may only be co-located whereas others, such as addictions services, will be fully integrated. We will continue to collaborate with colleagues in both councils as part of the annual joint winter planning exercise.

Where services are co-located or integrated, this will present learning opportunities for staff as well as challenges for managers. Human Resources policies and procedures will be jointly reviewed in order to enable managers to more effectively manage staff with different employers and terms and conditions of employment.

➤ **Supported Employment Initiatives.**

With increasing challenge to recruit suitable individuals to vacancies and a greater drive from the Scottish Government to get people back to work, and tackle social inclusion, they are increasingly looking to the public sector for support. Through our Local Employment Partnership, NHS

Lanarkshire is committed to working with other government partners, to help develop the workforce by employing individuals who are often overlooked by traditional recruitment methods and have considerable talent which could be utilised in the organization.

In 2003 a partnership comprising of Job Centre Plus, Cumbernauld College, Scottish Enterprise and NHS Lanarkshire was established to target local unemployed people and those facing redundancy. A Health Assistant Programme was devised to support the development of the Nursebank and introduce a new innovative approach to recruitment, training and retention of a skilled and flexible workforce. Since implementation approximately 335 candidates have successfully completed this course.

Additionally, North Lanarkshire Supported Employment Partnership has been developing new ways of supporting people with disabilities to access work opportunities. Supported Employment offers intensive support to help people with disabilities or mental health issues who are keen to access opportunities in the open labour market.

In Scotland there are approximately 32,000 young people who are not in education, employment or training. Of those around 24,000 require additional support to be able to move into learning or employment. The 2009 budget announced a guaranteed offer of a job, work focused training, or meaningful activity to all 18 to 24 year olds before they reach the 12 month stage of their claim to jobseekers allowance. The Government has created a £1 billion Future Jobs Fund to which local

authorities and other organizations can bid to create around 150,000 new jobs. This is a new approach to create jobs and provide hope for young people and jobseekers in deprived communities. The fund is managed centrally by the Department for Work and Pensions.

NHS Lanarkshire is also proactive in engaging with young people and competing for its share of new entrants to the workforce through visits to schools and colleges within North & South Lanarkshire. The purpose is to ensure that people are aware of career and vocational pathways that may be available to them in health. Additionally work is ongoing with educational facilities to invite students into the workplace to obtain further information regarding the various roles available. Work experience programmes are also in operation to provide the opportunity for individuals to learn in a contextualized working environment. It also aims to increase the individual's employability by developing transferable skills and the right attitude to work.

Project Search is a unique partnership model that aims to help individuals with moderate and severe learning difficulties to participate in a year long training programme to develop employment skills. NHS Lanarkshire are the first Board in Scotland to host a pilot of Search, working in partnership with SERCO, North Lanarkshire Council and Motherwell College. The programme will be managed from a base at Wishaw General Hospital and coordinated by a job coach and a college tutor, with NHS Lanarkshire and SERCO hosting the work related placements. The first students will commence in August 2010.

4.4.10 To develop our internal leadership capabilities and performance to keep pace with our economic challenges and creating the capacity to take forward modernisation by establishing new ways of working.

This will be achieved through the implementation of NHS Lanarkshire's Leadership and Management Framework. The purpose of the framework is to provide clarity and guidance on the inter-connected strands of development which will assist in developing our leaders and managers to lead and manage effectively within their operating environment, set in context of our organisational values and the NHS Scotland Leadership Qualities and Behaviours. The Framework addresses:

- Leadership and management culture.
- The recruitment and selection of leaders and managers.
- Managing the performance of leaders and managers.
- The delivery of bespoke leadership and management development solutions for particular staff groups.
- The provision of a core set of supervisory, management and leadership development opportunities (courses, development programmes, network events, mentoring and coaching) that maximise internal provision and national provision.
- Promotion of support resources available in-house, on-line and through Knowledge for Care (e-library).

4.4.11 To establish and refresh Human Resources Policies which support the management of change.

- Ensure the involvement of partnership (trade union) representatives on change and redesign groups.

- To develop new policies and procedures to effectively manage staff through change.
- To ensure appropriate structures are established for staff consultation
- To ensure policies support the SGHD quality strategy aims of providing:
 - **Caring** and **Compassionate** staff and services
 - Clear **Communication** and explanations about conditions and treatment
 - Effective **Collaboration** between clinicians, patients and others
 - **Clean** care environment
 - **Continuity** of care
 - **Clinical** excellence

The next 7 sections of the plan go on to describe how current Board redesign and planning activities are supporting some of the HR Strategic Aims:-

- Section 5 describes the key programmes for 2010/11 designed to support HR Strategic Aim (2) *“To review the staffing profiles of our workforce by both job family and service to ensure they demonstrate best value”*.
- Section 6, 7, 8, 9 & 11 describe the service based planning initiatives to support HR Strategic Aim (5) *“To further integrate workforce planning with service planning to ensure we develop projected workforce models for all staff groups based on service need”*.
- Section 10 describes the modelling work to support HR Strategic Aim (1) *“To redesign our Clinical Workforce to be able to cope with changes to the supply of medical staff”*.

HR Strategic Framework Aims:-

- 1. To redesign our Clinical Workforce to be able to cope with changes to the supply of medical staff.*
- 2. To review the staffing profiles of our workforce by both job family and service to ensure they demonstrate best value.*
- 3. To maximise efficiency by implementing all potential technological solutions.*
- 4. To review the use of Agency, Bank, overtime and temporary contracts for all staff groups to ensure most effective and efficient approach*
- 5. To further integrate workforce planning with service planning to ensure we develop projected workforce models for all staff groups based on service need.*
- 6. To review the learning and development needs of the workforce to ensure it meets the priorities within a Force for Improvement and the current challenges facing NHS Lanarkshire.*
- 7. To provide a framework for educational governance.*
- 8. To continue to strive to be the “Employer of Choice” by improving our performance within the Staff Governance Standard.*
- 9. To improve collaborative working in order to maximise potential opportunities for staff and the population of NHS Lanarkshire.*
- 10. To develop our internal leadership capabilities and performance to keep pace with our economic challenges and creating the capacity to take forward modernisation by establishing new ways of working.*
- 11. To establish and refresh Human Resources Policies which support the management of change.*

5. CASH RELEASING EFFICIENCY SAVINGS (CRES) PROGRAMMES

In accordance with our HR Strategic Aim; **“To review the staffing profiles of our workforce by both job family and service to ensure they demonstrate best value”** and in view of the current financial situation, numerous programmes of work have been initiated to support Cash Releasing Efficiency Savings (CRES). A summary of the main programmes is detailed below and projected 2010/11 staff changes as provided to SGHD are summarised in Appendix I.

5.1 COMMUNITY HEALTH PARTNERSHIP MANAGEMENT ARRANGEMENTS

As from the 1st April 2010, a new management structure for the two Lanarkshire Community Health Partnerships (CHPs) has been put into place. This moves from 10 locality general managers (six in the north and four in the south) to four geographical unit general managers (two in the north and two in the south) and a general manager for the Lanarkshire-wide Mental Health and Learning Disability Service. The 10 localities remain, sitting under the geographical units.

Each unit is supported by locality service managers and professional medical and nursing support. The locality service manager’s responsibilities include being the lead contact for joint working with partners at locality level.

There is a new senior nurse position for each unit to address the need for additional professional nursing advisory support at locality level. This is in addition to the three existing associate director of nursing posts. Each of the four

geographical units has a mental health service manager. There is also a new business manager post reporting directly to the mental health and learning disability services manager.

Following a review of Public Health and Health Improvement, a new health improvement model has been developed which includes an assistant health promotion manager within each CHP unit. These posts will provide leadership and direct management of each unit's Health Improvement Team.

The review of CHP management arrangements has set out to streamline the existing structure to reduce duplication and strengthen some areas, while making savings. The revised structure sees an overall reduction of 22.96 WTE management posts within the CHPs. Staff reduction has been achieved by a combination of staff volunteering to leave and redeployment.

5.2 REDUCTION IN CORPORATE SERVICES EXPENDITURE

All corporate services (HR, OD, Finance, Audit, Corporate Affairs, Nurse & Medical Directorate budgets, Planning and Modernisation) are reducing expenditure by 10% through a combination of skill mix review, rationalization of service and consequently workforce and service redesign. The overall reduction in posts is about 100 WTE. Since starting this process in September 2009, no vacant posts in corporate services have been recruited and vacancy control will continue to be the approach used to achieve this reduction.

5.3 AHP SERVICE RESTRUCTURING AND RE-PROFILING

The AHP proposal suggests:-

- A revision of management and team leader arrangements within the AHP professions. Introducing pan-Lanarkshire AHP services with professional and operational management lying with the AHP Head of Service and supported by a deputy. In addition, a consistent ratio of clinical / non-clinical time will be introduced for team leaders.
- Review of skill mix including the development of healthcare support workers to achieve an optimal level of healthcare support workers across all AHP professions.
- Review of resource distribution and workforce models across teams to increase equity.

It is anticipated that these actions will release £1.5M but will not reduce the overall number of AHPs.

5.4 LABORATORY SERVICES REVIEW

Through the Laboratory Medicine Services Review recommendations are being developed for single system working for NHS Lanarkshire hospital laboratories, giving due regard to issues of quality, patient safety, costs and efficiency. Currently an Option Appraisal Group is considering the three options for service delivery. Each model realises:-

- A change in their staffing model

- Changes in the management structure by centralizing specialist services.
- Rationalizes and reconfigures the work being done and workflow across NHSL.

This results in a:

- Reduced number of Band 7 and 8 posts due to management restructuring.
- Reduction in Band 5 and 6 due to development and increase in Band 3 and 4 roles.
- Reduction in the number of clerical staff by introduction of voice recognition dictation.

5.5 CHP NURSING REVIEW – TEAM LEADERS

Across Long Term Conditions, Public Health, Treatment Room and Mental Health nursing a review is underway to increase capacity within the current nursing budget and thus achieve cost avoidance of £1M. The main aim is to:-

- Identify areas with potential for greater productivity within current community nursing whilst maintaining the budget, standardizing practice and ensuring all strategy / targets are deliverable.

As part of this programme, a consultation is currently underway regarding a proposal to reduce the number of team leaders by 21 WTE which will be reinvested in clinical staff.

5.6 SUPPLEMENTARY STAFFING

The use of supplementary staffing is currently subject to extensive review and targets have been set for reductions. The consequence of this is a reduction in hours worked by overtime or by bank usage. Supplementary staffing is currently funded by the vacancy factor against the funded establishment. The target reductions equate to reduction in hours and if achieved there will be a reduction equivalent to:

Administrative and Clerical	=	17 WTE
Nursing	=	<u>106</u> WTE
Total		123 WTE

Main CRES Programmes:-

- *Restructuring of CHP management reducing management posts by 23 WTE.*
- *10% reduction of all corporate services expenditure; equating to 100 WTE posts.*
- *AHP restructuring developing pan-Lanarkshire services with revised management and team leader arrangements plus skill mix review and equitable allocation of workforce.*
- *Laboratory Medicine Service review working towards single system working reducing Band 7/8 and Band 5/6, increasing Band 3/4 and reducing clerical staff.*
- *CHP nursing review consulting on reduction of team leaders by 21 WTE with reinvestment in clinical staff.*
- *Reduction in usage of supplementary staffing equating to 123 WTE posts.*

Method of Achieving Staff Reduction:-

- *Staff reduction is achieved through a combination of staff volunteering to leave, vacancy control, skill mix, retirements and redeployment.*

6. ACUTE DIVISION – WORKFORCE REDESIGN

Across the Acute Division, there is significant work underway using LEAN methodology to systematically review clinical systems. This approach also considers the design of the workforce and aims to build the most appropriate workforce model to match the revised service delivery model. Many of the workforce redesign projects described below have been initiated from LEAN clinical system reviews.

6.1 SURGICAL

The Surgical Unit have been very proactive in developing alternative roles to support the Medical workforce and achieve the 18 weeks referral to treatment target (18 week RTT). New roles introduced include Advanced Nurses in Critical Care and Physician Assistants in Anaesthetics, Orthopaedics and most recently in general specialties (A & E, General Surgery and Orthopaedics).

However, in certain areas, the only option is to increase the number of Consultant sessions, currently this is the position in Urology but this situation is likely to arise in other specialties.

The skill mix of the Nursing workforce is being reviewed in a number of areas but with particular focus on Theatres and Critical Care.

During 2010/11 new ways of working have been piloted in A & C across the entire Acute Division. During 2010/11 a major project will be launched to systematically review this function with particular emphasis on systems, impact of PMS and use of technologies e.g. voice recognition, digital dictation.

6.2 CANCER

Concentration of 20 in-patient Haematology beds at Monklands and the closure of 6 in-patient Haematology beds at Wishaw has resulted in an overall increase of 6.16WTE nurses (1.26 WTE registered / 4.9 WTE unregistered). In addition, 1.00 WTE Specialty Doctor and 1.00 WTE Consultant in Haematology are also to be employed to support service delivery in clinics and the centralisation. Further enhancement to the clinic capacity will be achieved by introducing an additional 1.5 WTE Band 6 nurses to support nurse-led Haematology clinics across Lanarkshire.

Additional nurses will also be recruited to support specific services (1.5 WTE Band 6 Nurse Specialists for Urology and 1.00 WTE Band 5 for Haematuria).

Further developments include:-

- Skill mix to 2.00 WTE Associate Nurse Consultants from existing 4.00 WTE lead cancer nurses.

- Development of competency based progression from associate to advanced cancer nurse specialist.
- Integration of 3.00 WTE cancer nurse posts in Head & Neck, Gynaecology and Dermatology.
- Potential integration of Medical Day Unit, Wishaw to explore flexibility and sustainability of nurse-led chemotherapy delivery across 3 sites.

6.3 MEDICAL

Both the MINTS Major and Minor nurse roles are being reviewed to maximise the congruence of the role to service need and agree the number, shift pattern and hours of working across all 3 sites. MINTS Minors has been relatively successful in A & E and the concept of MINTS Majors is being tested across A & E and Medical wards with the hope to move to other specialties e.g. Older People's Services. A key component of the role will be in the assessment of non-critically ill patients.

In addition, Acute Care of the Elderly (ACE) nurses have been introduced in A & E to assess elderly patients and facilitate early intervention / referral to Medicine for the Elderly.

Over the winter of 2009/10, a team of Healthcare Support Workers (HCSW) working at the interface between Primary and Acute care was developed to facilitate discharge of patients awaiting home care packages. This was

successful and is being continued into 2010 /11 but the exact role job description and banding have still to be agreed.

A project for Older People intermediate care is being launched with North Lanarkshire Council, primary and secondary care to improve patient outcomes, manage the demographic challenges and save costs.

Development of Band 2 and 3 Administrative and Clerical (A & C) roles is being considered to support the secretarial workload and alter the skill mix. This work will need to consider technological developments (e.g. voice recognition) and link with the overall Acute Division proposal to review A & C function.

Other developments include:-

- The potential to introduce Senior HCSWs in Older People's Services and A & E.
- 2.00 WTE Clinical Nurse Specialists (CNS) are being introduced for Hepatitis C and Blood Borne Viruses. CNS role and job planning is currently being reviewed to ensure the capacity of this resource is maximised.
- The role of Clinical Advisors (Band 6 nurses) in Emergency Response Centres is currently being evaluated but it is anticipated that this will indicate a long term need for this role.

6.4 WOMEN & DIAGNOSTICS

An imminent retiral in Medical Physics presents the opportunity to skill mix a Band 6 technologist post to a Band 4 Assistant Practitioner. The Assistant Practitioner will operate to set protocols and procedures within the laboratory with no direct clinical contact.

In Women's Services, due to pressures within the middle grade rota, an experienced Advanced Neonatal Nurse Practitioner (ANNP) is rotating onto the middle grade medical rota.

5.5 WTE Charge Midwives are required in each hospital area to ensure 24/7 cover to provide leadership and clinical expertise. With a current excess of Band 7 Charge Midwives in the community on rotational contracts, negotiations are required to identify staff to rotate into the hospital and Band 6 midwives to rotate to the community setting.

The projected workforce split is 80/20 trained to support staff in the Maternity Unit. To achieve this, as band 7s leave service (by natural wastage) they will be replaced by a combination of band 4s and 6s until the agreed establishment is achieved.

Main Acute Division Workforce Changes:-

- *New roles have been introduced or are being considered in*
 - *Advanced Nurse in Critical Care*
 - *Physician Assistants (Orthopaedics, Anaesthesia, General Surgery)*
 - *Acute Care of the Elderly (ACE) Nurse*
 - *Nurse-led Haematology clinic*
 - *HCSW to support discharge*
 - *Senior HCSW in Older People and A & E*
 - *Clinical Advisors in Emergency Response Centres*
 - *ANNP on middle grade rota*

- *Additional medical staffing is being introduced in*
 - *Urology*
 - *Haematology*

- *Additional nursing staffing is being introduced in*
 - *Haematology*
 - *Urology*
 - *Haematuria*

- *Skill mix reviews are occurring in*
 - *Theatres*
 - *Critical Care*
 - *Cancer Services*
 - *Medical Physics*
 - *Charge Midwives*
 - *Maternity Unit*

- *An A & C review is also planned.*

7. SOUTH CHP – WORKFORCE REDESIGN

Workforce re-design in the South CHP has been heavily influenced by the CRES programmes and is described in Section 5.

7.1 COMMUNITY NURSING REVIEW

It is anticipated that with the full implementation of the Community Nursing Review, there will be significant workforce challenges which may result in a change in nursing skill mix and a different approach to workload allocation. This may include the potential for increased use of administrative staff and even the development of a dual role for trained staff in these cases where e.g. band 2/3 staff could undertake A&C tasks as well as healthcare assistant roles. This may also be required in Allied Health Professional staff groups.

- *The South CHP are planning workforce redesign in Community Nursing and AHPs*

8. NORTH CHP – WORKFORCE REDESIGN

Workforce re-design in the North CHP has been heavily influenced by the CRES programmes and is described in Section 5. The North CHP continues to work towards its strategies in Mental Health, Child and Adolescent Mental Health (CAMH), Paediatrics and Learning Disabilities. The pace of change will be dependent on available resources but some of the key features include:-

- The Mental Health and Wellbeing strategy promotes the move towards care models in the community and lessen dependence on institutional in-patient care settings.
- The Mental Health strategy also supports enhancement of multi-disciplinary community teams to deliver recovery orientated evidence based assessment and treatments to reduce hospital admissions and maintain people in the community.
- As part of the Mental Health Strategy, the provision of Psychological Therapies across NHSL is being improved. This includes significant service restructure and within this some revision of the workforce.
- In the CAMHS strategy, the aim is to develop clinical capacity to deliver core functions whilst improving the capacity and ability of the service to increase integrated service development and joint working arrangements with partner agencies for the benefit of children, young people and families.

- The CAMHS strategy also commits the service to utilising the expanded specialist clinical capacity to enhance the provision of Early Intervention, Prevention and Health Promotion through increased provision of training in child and adolescent mental health to other professionals and consultation and liaison service provision.
- Child Health Services within NHS Lanarkshire continue to strive to achieve shift the focus children's health services towards community services and provide more specialist services locally in Lanarkshire.

- *The North CHP continues to work towards their service strategies In Mental Health, Child and Adolescent Mental Health, Paediatrics and Learning Disabilities.*

9. AHP CAPACITY PLANNING

In the last year, an AHP combined Workforce & Capacity Plan (<http://firstport/sites/humanresources/workforcedevelopment/default.aspx>) has been developed to provide a framework to assist professional leads to systematically and consistently review the community AHP services and identify areas of service improvement. The approach requires consideration of the current and future service profile, workload demands, workforce capacity and service performance. Reflection and analysis of this information supports identification of service improvement actions required to align the demand / capacity and achieve consistent performance across all localities.

To date, Podiatry, Speech & Language Therapy, Dietetics, Paediatric Occupational Therapy and Musculoskeletal Physiotherapy have completed a first iteration of their combined Workforce & Capacity plan. Actions from this include:-

9.1 PODIATRY

- Initiate pre-referral work to reduce number of referrals and make them more appropriate.
- Utilisation of free slots in return clinics to maximise capacity.
- Ensure there is NHSL wide parity of care.
- Critically assess WTE resource to ensure equity.
- Adopt fully the care aims model to ensure staff are employing clinical reasoning, episodes of care.

9.2 SPEECH AND LANGUAGE THERAPY (SLT)

- Review SLT skill mix
- Develop an interim system on Excel or Access to allow interrogation of the data.
- Undertake annual time analysis audit.
- Review equity of service delivery by establishing core services in each locality.
- Review pre-referral work to establish impact on service demand.

9.3 DIETETICS

- Introduce greater demand management processes e.g. DNA policy, referral criteria, etc.
- Develop system to breakdown referral and activity data to inform service development and redesign.
- Undertake task analysis to inform capacity planning
- Introduce skill mix to support AHP review

9.4 OCCUPATIONAL THERAPY – PAEDIATRICS

- Review referral and care pathway to reduce inappropriate referrals, streamline process, reduce waiting times, increase equity, etc.
- Reduce new : return ratio by 15% to increase capacity and optimise care delivery.

- Improve data collection and quality to inform future planning.
- Review skill mix to improve the management structure and achieve CRES.

9.5 PHYSIOTHERAPY – MUSCULOSKELETAL

- Maximise demand management approaches e.g. self referral, GP engagement, re-aligning staff to demand, back pain pathway, DNA policy, referral management process, etc.
- Acquire additional clinic space
- Introduce system to monitor patient outcomes on discharge
- Introduce workforce re-structure to release funds to create additional posts

Key Points:-

- *An AHP combined Workforce & Capacity Plan has been developed.*
- *Key Actions from Podiatry, SLT, Dietetics, Occupational Therapy (Paediatrics) and Physiotherapy (Musculoskeletal) plans focus on maximising clinical capacity, managing demand, optimising referrals received, ensuring equity of service delivery and appropriate skill mix.*

10. RESHAPING THE MEDICAL WORKFORCE (CEL 28)

10.1 INTRODUCTION

NHSL has engaged with Associate Medical Directors and Consultants along with General Managers to develop future medical workforce models in line with SGHD CEL 28 (2009) guidance (SGHD, 2009b). Models have been developed for General Medicine, Elderly Medicine, A & E, General Surgery, Anaesthetics and Trauma & Orthopaedics, Psychiatry, Paediatrics, Neonatal and Obstetrics.

Development of the models has required some basic planning assumptions to be made.

10.2 ISSUES / RISKS

The modelling exercise has highlighted some potential issues:-

- There is concern about the ability to recruit sufficient staff to Specialty Doctor posts and this may limit achievement of models developed.
- Models are dependent on ability to train and recruit sufficient Physician Assistants and Advanced Nurse Practitioners with appropriate skills e.g. prescribing.
- Concern about staffing and service models in emergency medicine – resulting in NHS Lanarkshire organising an event for Board Members, clinicians and managers on 10th June 2010 to take stock of the challenges and consider potential solutions. Resulting from the event a number of

workstreams are actively being pursued, including development of the Hospital Emergency Care Teams, Shared Assessment and Enhanced Partnership Working Between Primary and Secondary Care, Employment of Additional Medical Staff at Consultant or Specialty Doctor Levels, Development of a Non-Medical Workforce Solution and (in extremis) Redirection and/or Limitation of Services.

10.3 SUMMARY OF MODELS

Over the 10 specialities, the NHSL projected reduction in trainees was primarily replaced by Specialty Doctors and Consultants but in certain specialties (General Medicine, Paediatrics, Neonatal) Advanced Nursing roles (e.g. MINTS, ANNP, etc) is also part of the proposed replacement whereas other specialties (Orthopaedics, Obstetrics) have included Physician Assistants. Emergency Medicine, Anaesthesia and Surgical have included a combination of Advanced Nursing and Physician Assistant roles.

Key Points

- *In accordance with CEL 28 (2009), initial modelling has been undertaken to project the future workforce required in line with the proposed reduction in medical trainees.*
- *Ongoing work in reviewing staffing and service arrangements in emergency medicine.*

11. PILOT OF NURSING & MIDWIFERY WORKLOAD AND WORFORCE

PROGRAMME (NMWWP) WORKLOAD MEASUREMENT TOOLS

In order to assess the local value of the NMWWP workload tools, NHS Lanarkshire are proposing to run the tools over a six month period from May to October 2010 to evaluate the outcomes and consider how they inform resource allocation.

This will involve collecting data relating to both from the professional judgement and specialty specific tools in Acute Medicine, Mental Health and Neonatal.

Key points

- *A 6 month pilot is proposed to assess the local value of the NMWWP tools to inform nurse resource allocation in Acute Medicine, Mental Health and Neonatal areas.*

12. WORKFORCE PLANNING CAPABILITY

Effective healthcare workforce planning is essential to meet patient centered care and the challenges of future requirements within the healthcare sector. NHS Lanarkshire understands the importance of planning the workforce to deliver service for current and future needs, regardless of whether you are in a service, clinical or financial role. A training programme has therefore been developed to provide an introductory overview to the workforce modernisation process, using the Integrated Six Steps Methodology (Skills for Health, 2008), and this has been delivered to a select number of staff identified as being key in driving forward change.

The training provided an overview of:-

- What workforce planning is and who needs to be involved;
- The importance of using good data to inform workforce plans;
- Workforce Planning in NHS Lanarkshire;
- Practical guidance on the use of the six steps methodology (Skills for Health , 2008) to integrated workforce planning and;
- Tools and resources to support the workforce modernisation process.

The Workforce Modernisation Team will be happy to facilitate requests for this workshop to relevant parties.

Additionally, information, pertaining to workforce modernisation tools & resources can be located at

<http://firstport/sites/humanresources/workforcedevelopment/default.aspx> . This page has recently been developed and will be used as the main forum of communicating developments and changes in relation to the workforce modernisation team and the principles associated to workforce planning.

Key Points

- *An introductory training programme to the workforce modernisation process based on the Integrated Six Steps Methodology is available and the Workforce Modernisation Team will be happy to facilitate requests for this workshop.*
- *Further information on workforce modernisation is available from the workforce modernisation website (<http://firstport/sites/humanresources/workforcedevelopment/default.aspx>).*

13. EQUALITY & DIVERSITY IMPACT ASSESSMENT

An Equality & Diversity Impact Assessment of the Workforce Modernisation Plan has been undertaken. A copy of this is available on request.

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Appendix I : NHS Lanarkshire Projected Changes to Staff In Post (WTE) for Financial Year 2010/11 by Staff Group (SGHD, 2010c)

Staff Groups	Current Staff In Post (WTE) 1 st April 2010	Staff In Post (WTE) Change 2010/11 ¹	Staff In Post (WTE) Transferred ²
Medical (HCHS) ³	868	0	0
Dental (HCHS) ³	39	0	0
Medical & Dental Support	99	0	0
Nursing & Midwifery	5,010	0	0
Allied Health professionals	838	0	0
Other Therapeutic Service	282	0	0
Personal & Social Care	103	0	0
Healthcare Scientists	416	0	0
Support Services	698	0	0
Administrative Services	1,768	-117	0
Management (non AfC)	92	-6	0
Unallocated / Not Known Group	0	0	0
Total	10,211	-123	0

These figures are NHS Board estimates as at 1/06/10 and are subject to change

1. Projected change to staff in post (WTE) over Financial Year 2010/11
2. Staff that have transferred into / out of the Board
3. Medical (HCHS) and Dental (HCHS) include trainees

Total staff turnover for 2010/11 in NHS Lanarkshire is estimated at 10.2%