

ORGANISATIONAL WORKFORCE PLAN 2006 to 2009

Review of Organisational Workforce Plan 2005/2006

1. **Total Numbers:** Overall EKHT surpassed the targets required of the 05/06 Organisational Workforce Plan in terms of the increase in wte in post for clinical staff. Column 2 of Table 1 below shows the numbers of wte staff in post increases required in year for 05/06 (using the new AfC definitions) if turnover was reduced by 1%, predicted retirements were replaced, Local Delivery Plan (LDP) service developments were resourced and vacancies reduced to 10% or by 1% for those already below this figure. Column 3 shows the actual increases in wte staff in post achieved in 05/06.

Table 1

Staff Group	Total wte Required	Increase in wte in Post
A&C, A,B&M and Man	425	376
AHP, P&T, Pharm and S&P	226	236
HCA	174	216
M & D	110	117
N & M	327	384
Total	1262	1329

2. **Recruitment:** Of the total figures above, 911.58wte were recruited into the Trust during the year, this averages out at 75wte per month indicating an effective recruitment process within EKHT. This success was down to a number of initiatives such as the “Passionate about Care, Serious about Careers” recruitment campaign to brand EKHT both locally and nationally, the use of the national NHS e-recruitment site, our own www.ekhtjobs.nhs.uk site, recruitment open days, an autumn Job Shop Day and internet micro sites designed to attract healthcare professionals from the Antipodes. The Trust had particular success in recruiting newly qualified nurses (the trust employed 2000+wte registered nurses for the first time in 05/06) and therapists partly due to the implementation of new rotation programmes, as well as close working with local Higher Educational Institutes (HEIs).

3. In terms of medical staff some success in recruitment was achieved by converting consultant A & E vacancies into emergency physician posts, whilst all anaesthetic, dermatology, head and neck, child health and T & O consultant vacancies were filled during 05/06. The use of a joint academic appointment resulted in recruitment to a hard to fill consultant vacancy in neurology and an additional two consultant cardiologists were appointed to support the opening of the new angiography facilities on two sites. Consultant general surgical vacancies were also reduced in the period, as were those in women’s health.

4. **Retention:** Turnover reduced by 2.4% from 13.8% in 04/05 to 11.4% in 05/06, which was again an over achievement against the workforce plan requirements of

reducing turnover by 1%. This was brought about through initiatives such as: the use of flexible retirement and working options; the support of research and PhD options for scientific staff; the marketing of a comprehensive staff benefits package; childcare vouchers and; the appointment of a security manager who has improved the safety of the working environment in the Trust, as confirmed by the staff survey results. All these initiatives have been supplemented by the successful implementing of directorate retention plans based around the Improving Working Lives (IWL) initiative and the 2004 staff survey results. These culminated in the Trust being awarded IWL Practice Plus status in 05/06.

5. **Training:** The Trust through the support of Return to Practice, Operating Department Practitioner (OPD), HCA bursaries and Enrolled Nurse conversion training, maximised the numbers of registered nursing staff available to the Trust in 05/06. The Trust support of a locally delivered accredited degree course in BioMedical Sciences also brought newly qualified staff into the EKHT Pathology Laboratories who have been trained as state registered BMSs in 05/06. The same directorate also trained anatomical pathology technicians and cytoscreeners in 05/06.

6. By using the skills escalator approach in 05/06 individuals with no skills or experience have now become assistant practitioners and even state registered professionals in physiotherapy and occupational therapy. Physiotherapy staff have also gone on to become extended scope practitioners (ESPs), with the hope of eventually becoming consultant therapists. The same routes have been developed in radiography with the training of assistant practitioners freeing up radiographers to train as advanced practitioners undertaking work previously done by medical staff in Barium enemas, CT, MRI, ultra-sound and plain film reporting. Within the pharmacy directorate it is possible for an unqualified new starter to join as a pharmacy assistant, gain NVQ 2, move to a student technician post, gain NVQ 3 and become a qualified pharmacy technician. Some technicians have then left the Trust to undertake a pharmacy degree and are then able to return as a pre-registration pharmacist and apply for a registered pharmacy post.

7. A new three day HCA development programme, for new and existing staff, focusing on the fundamentals of care was introduced in 05/06 with the aim of improving patient centred care. This programme is closely tied into the NVQ in Health and Social Care at level 2 and all HCAs are encouraged to take this qualification after 6 months employment. The trust also funded two cardiac technicians on a full-time degree course to help recruit to these difficult to fill places during 05/06.

8. **New Ways of Working:** Many of the initiatives described in para. 6 above also fall into the category of “New Ways of Working” as they support the movement of tasks from medical staff to other registered professionals, and from the latter to assistant practitioners. The ESPs trained and appointed in 05/06 began to triage and run orthopaedic clinics instead of consultants in ortho-paediatrics, back, shoulders and hands and this contributed greatly to the achievement of the six month waiting list target in this hard pressed speciality. During 05/06 nurse facilitated discharge was also introduced in

orthopaedics as was weekend working for physiotherapy to support post operative rehabilitation and therefore reduce length of stay.

9. In 05/06 ENT nurse practitioners took on more roles previously undertaken by doctors under training and consultants, and all specialities undertook more surgical work as day cases. One of the nurse colposcopists also began undertaking treatments, as opposed to purely diagnostic work, during 05/06 and nurses continued to run endoscopy lists. Many directorates, like pharmacy, have also modernised working practices to absorb the reduction in hours and increase in annual leave as a result of Agenda for Change (AfC).

10. **New Roles:** Again many of the initiatives described in paras. 6, 8 and 9 above fall into the new role category. In addition in 05/06 the pathology directorate developed administrative staff to the level of associate practitioner in cellular pathology to receive liquid based cytology specimens, enter the data and prepare the samples. This has reduced waiting times for results and improved productivity by freeing up the time of skilled BMS staff who are in short supply.

Process for Putting Together the Organisational Workforce Plan

11. This plan has been produced by the Director of HR, though the majority of workforce planning has taken place in the clinical directorates as part of the integrated business planning process. These directorate specific workforce plans can be found in the Organisational Business Plan. This Organisational Workforce Plan brings these individual workforce plans together so they can be supported by functional directorate and corporate initiatives.

12. As part of the business planning process for 06/07 directorate teams were given the national “Workforce Review Team Provisional Recommendations 2006/07 Summary Growth Indicators”, along with a locally produced “Questions to Consider When Developing a Workforce Plan”. These were provided to help the directorate teams complete their workforce plans, included in these plans as a result are;

- a. A position statement on current workforce;
- b. A statement of where the directorate needs to be in one and three years time;
- c. Details of initiatives to address workforce issues;
- d. Details of resources and support required; and
- e. An analysis of future workforce capacity by wte and capabilities and skills (determined by directorate SWOT analysis, trust strategic objectives and directorate targets).

13. These plans were then collated by the Director of HR and Assistant Director of HR (Ed, Trg and Dev) to produce this Organisational Workforce Plan and an Organisational Training Plan (to be overseen by the Trust Education and Training Board)

the latter of which is used to determine directorate training budget allocations. The recruitment element of this Workforce Plan will also be used to determine the allocation of the centrally held advertising budget, whilst the retention, new ways of working and new roles elements of this Organisational Workforce Plan will also be used to allocate work priorities in the functional directorates to support implementation in the clinical teams. Further work around new roles and ways of working co-ordinated by the Director of Strategic Development will also be integrated into future iterations of this plan, via directorate workforce plans. The decision to plan the workforce around a three year cycle is based on the training time required to produce the majority of clinical practitioners, and the degree of accuracy with which workforce plans can be made for longer periods. This plan will be updated on an annual basis.

Vision

14. This Organisational Workforce plan will support the HR mission of ensuring that EKHT has the right numbers of staff, with the right skills at the right time in the right place, and the organisational vision of EKHT being known throughout the world as one of the top ten hospitals in England

Demand

15. The Tables below show the predicted Directorate Establishments by staff group and directorate, once all business case, cost pressure and existing financial recovery plan targets (i.e. increased productivity to bring costs to below tariff and realise AfC, New Consultant Contract and new technology [e.g. PACS] benefits) have been factored in (it should be noted that at the time of producing this Workforce Plan further planned reductions in Establishment of 1.5% were still required). In addition they have been checked against the requirements of the Integrated Service Improvement Plan (ISIP) and Service Development Strategy (SDS)

Table 1

Establishment as at 31 Mar 06

Directorate	Staff Group WTE						
	Total	M&D	N&M	P&T	HCA+	A&C	Mans
A & E	361.89	46.62	204.69		62.02	46.56	2.00
Acute & Emergency Med	626.39	127.00	237.09		238.34	21.96	2.00
Anaesthetics	719.57	106.81	339.57	119.05	102.88	39.65	11.61
Cancer	151.26	15.35	84.07	1.29	7.27	39.28	4.00
Child Health	516.08	94.64	198.74	96.40	23.15	95.47	7.68
General Surgery	339.82	96.76	108.76		78.28	53.02	3.00
Head & Neck	187.89	57.6	31.03	45.18	10.57	39.51	4.00

OPD	246.32		38.58	0.43	49.42	149.89	8.00
Pathology	322.51	17.17	5.00	238.90	1.00	55.94	4.50
Pharmacy	134.48			126.67		4.81	3.00
Radiology	351.88	25.94	17.31	208.66	2.00	96.08	1.89
RAIC	344.55	20.62	154.16	5.68	130.10	36.99	1.00
Speciality Medicine	550.18	72.99	230.25	63.26	65.26	111.42	7.00
Therapies	262.71			237.81		21.90	3.00
T & O	284.05	58.14	109.97	2.00	80.65	31.29	2.00
Women's Health	438.30	55.38	255.65		71.90	46.37	9.00
Facilities	404.56			34.00	244.01	103.55	23.00
Finance	45.00					15.00	30.00
HR	108.69	3.52	18.01		29.76	31.14	26.26
Modernisation	6.41					0.81	5.60
Clinical Practice	140.39	1.18	10.70		5.09	83.32	40.10
Operations	87.59		22.51		4.80	51.28	9.00
TOTAL	6635.52	799.72	2066.09	1179.33	1206.50	1175.24	207.64

16. The table below shows the number of Established posts which are not filled by permanent members of staff at the beginning of FY 06/07, this is the starting point for determining the demand for staff to be recruited to each Directorate broken down by Staff Group. In addition it shows the extra staff required as a result of the Renal and Vascular Service Developments (these are the only planned major service development projects approved through the LDP as at 06/07)

Table 2

Vacancies as at 31 Mar 06

Directorate	Vacancies by Staff Group						
	WTE						
	Total	M&D	N&M	P&T	HCA+	A&C	Mans
A & E	14.19	3.56	-12.48		18.42	4.68	0.00
Acute & Emergency Med	29.76	3.90	-4.52		26.18	4.20	0.00
Anaesthetics	39.66	4.82	9.10	3.64	18.83	3.26	0.00
Cancer	17.91	6.17	14.81	0.05	-3.06	-0.06	0.00
Child Health	28.17	6.94	8.62	4.22	2.91	5.39	0.09
General Surgery	-15.62	-0.42	-31.03		12.51	3.32	0.00
Head & Neck	13.31	-1.17	6.19	2.67	-0.22	5.84	0.00
OPD	12.23		0.39	-0.43	2.22	9.05	1.00
Pathology	8.45	-2.73	1.00	8.37	0.00	1.81	4.50
Pharmacy	0.56			1.79		-1.23	0.00
Radiology	36.06	2.05	3.28	23.91	0.00	7.74	-0.92

RAIC	48.42	-0.87	14.50	2.78	26.68	9.33	0.00
Speciality Medicine	43.44	-1.68	21.82	1.68	10.43	10.18	1.00
Therapies	10.69			10.72		-0.03	0.00
T & O	45.29	-0.11	6.19	0.33	33.97	4.90	0.00
Women's Health	18.86	0.28	5.39		9.53	1.65	2.00
Facilities	31.23			-7.95	27.72	8.26	3.20
Finance	2.00					0.00	2.00
HR	5.75	-0.22	1.78		0.56	1.21	2.41
Modernisation	0.00					0.00	0.00
Clinical Practice	2.46	1.18	-5.10		0.24	5.70	0.44
Operations	1.93		1.66		1.33	-1.06	0.00
TOTAL	394.75	23.48	73.53	52.21	195.89	127.97	12.22

Table 3

Additional Vacancies Created as a Result of the Renal and Vascular Service Developments

	Total	M&D	N&M	P&T	HCA+	A&C	Mans
Vascular 06/07							
Renal 06/07	29.50	0.25	17.75	3.00	3.00	5.50	
Vascular 07/08	23.42	2.63	10.13	5.48	3.38	1.80	
Renal 07/08	51.00	4.00	31.25	6.50	4.00	5.25	
Vascular 08/09	7.76	0.87	3.35	1.82	1.12	0.60	
Renal 08/09	26.00		20.00	1.75		4.25	
TOTAL	137.68	7.75	82.48	18.55	11.50	17.40	

17. As at 08 May 06 however, Directorate plans to meet the 10% reduction in staffing costs required by 31 Mar 07 indicated the following reduction in posts: c21wte M&D; c156wte N&M; c156wte HCA; c125wte P&T; c180wte A&C and; 20wte Mans. These plans were however still c1.5% (c100wte) short of the target.

NB At time of writing the figures in para. 17 were not available by directorate.

18. The table below shows the predicted additional in year vacancies that will be generated by staff choosing to leave the organisation, these additional vacancies will need to be recruited to. These figures have been produced by using the annual Directorate voluntary turnover rates as at 31 Mar 06.

Table 4

Annual Turnover (minus age retirements) as at 31 Mar 06

Directorate	Predicted Annual Vacancies Created by Voluntary Turnover in 06/09
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	WTE						
	Total	M&D	N&M	P&T	HCA+	A&C	Mans
A & E	37.37	4.00	24.15	0.50	5.73	3.00	
Acute & Emergency Med	42.63	1.00	23.09		17.00	1.53	
Anaesthetics	49.71	1.00	24.26	12.80	7.51	4.13	
Cancer	16.44		11.84			3.60	1.00
Child Health	38.82	4.50	14.44	11.73	1.56	5.59	1.00
General Surgery	23.12	1.00	7.28		9.20	5.64	
Head & Neck	9.81		1.80	5.70		2.31	
OPD	23.39		3.00		2.07	18.32	
Pathology	29.94			17.6		12.33	
Pharmacy	10.00			10.00			
Radiology	18.84		1.00	11.85		5.00	1.00
RAIC	32.12	2.09	15.05		13.97	1.00	
Speciality Medicine	37.59	4.55	14.43	2.36	4.21	12.05	
Therapies	33.92			29.00	1.93	2.47	
T & O	15.77		8.80		3.51	2.47	1.00
Women's Health	20.34	1.00	10.00		5.25	3.09	1.00
Facilities	22.32				16.07	4.25	2.00
Finance	2.00					1.00	1.00
HR	10.71		1.00		3.20	4.51	2.00
Modernisation	1.00					1.00	
Clinical Practice	19.51	1.00		0.10	16.41	2.00	
Operations	5.27				0.47	3.80	1.00
TOTAL	500.62	20.14	160.14	101.64	108.09	99.09	11.00

19. The information below shows the number of additional in year vacancies that will be created by retirements. The figures assume that everyone reaching 60 years old will retire (in reality some will retire earlier and some will carry on working after 60, though it is expected that these individuals will cancel each other out)

Table 5

Predicted Annual Age Retirements in 06/07

Directorate	Retirements by Staff Group						
	WTE						
	Total	M&D	N&M	P&T	HCA+	A&C	Mans
A & E	9.01	0.86	2.56		1.53	4.05	
Acute & Emergency Med	14.04	1.00	5.27		6.13	1.64	
Anaesthetics	29.42	5.60	9.81	2.01	6.00	5.00	1.00
Cancer	5.07				1.57	3.50	
Child Health	29.38	7.74	8.42	7.23		5.99	

General Surgery	7.58	0.14	1.00		1.53	4.91	
Head & Neck	3.58	2.01		0.05		1.52	
OPD	14.67		3.45	0.43	4.01	6.77	
Pathology	13.69			8.97		4.22	0.50
Pharmacy	5.92			5.11		0.81	
Radiology	7.73		0.76	3.92		3.05	
RAIC	17.23	0.45	5.96		9.31	1.50	
Speciality Medicine	18.16	5.13	3.47	2.35		7.22	
Therapies	5.30			4.25		1.05	
T & O	7.09	1.90	1.23		2.52	1.45	
Women's Health	19.22	1.20	6.19		8.59	3.24	
Facilities	50.54			2.00	38.07	9.47	1.00
Finance							
HR	4.04		1.00			2.04	1.00
Modernisation	1.41					0.81	0.60
Clinical Practice	11.06			1.62		4.45	5.00
Operations	2.00		1.00			1.00	
TOTAL	276.14	26.03	50.12	37.94	79.26	73.69	9.10

Table 6

Predicted Annual Age Retirements in 07/08

Directorate	Retirements by Staff Group						
	WTE						
	Total	M&D	N&M	P&T	HCA+	A&C	Mans
A & E	4.10	1.10	0.53		1.00	1.47	
Acute & Emergency Med	4.25		2.00		1.60	0.65	
Anaesthetics	15.28	1.00	7.28	2.00	3.00	1.00	1.00
Cancer	4.00		1.00		1.00	2.00	
Child Health	6.66		0.80			4.86	1.00
General Surgery	6.48	1.05	1.00		2.60	1.81	
Head & Neck	6.65	1.00	2.00	1.00		2.65	
OPD	12.86		1.87		5.24	4.76	1.00
Pathology	10.34	1.00		5.79	1.00	2.54	
Pharmacy	1.86			1.86			
Radiology	3.16			2.40		0.76	
RAIC	8.97	1.00	5.17		2.80		
Speciality Medicine	12.88	3.00	2.23		1.00	6.65	
Therapies	3.78			2.12		1.66	
T & O	3.00				2.00	1.00	
Women's Health	9.08		3.73		3.13	2.22	

Facilities	19.06			2.00	7.66	9.41	
Finance	2.00					1.00	1.00
HR	4.00		2.00		1.00	1.00	
Modernisation							
Clinical Practice	3.00					2.00	1.00
Operations	2.00					2.00	
TOTAL	143.41	9.15	29.61	17.17	33.03	49.44	5.00

Table 7

Predicted Annual Age Retirements in 08/09

Directorate	Retirements by Staff Group						
	WTE						
	Total	M&D	N&M	P&T	HCA+	A&C	Mans
A & E							
Acute & Emergency Med	5.99		3.40		2.59		
Anaesthetics	13.08	2.00	6.41	2.00	2.67		
Cancer	1.00	1.00					
Child Health	8.55	1.09	2.00	1.00		4.46	
General Surgery	4.83		2.33		0.96	1.54	
Head & Neck	5.36	1.36	2.00			2.00	
OPD	10.20		0.85		4.00	5.35	
Pathology	4.04			2.24		1.80	
Pharmacy	2.09			1.68		0.42	
Radiology	9.94	3.00	0.80	3.91		2.23	
RAIC	14.73	1.00	6.27		5.85	1.61	
Speciality Medicine	8.98	1.89	3.40	1.42		2.27	
Therapies	2.72			2.22		0.50	
T & O	3.80	1.00	0.80			2.00	
Women's Health	10.85		6.54		2.13	2.17	
Facilities	12.71			2.00	7.17	3.54	
Finance	1.00					1.00	
HR	2.55	0.95				1.61	
Modernisation							
Clinical Practice	3.78			0.90		1.88	1.00
Operations	4.00		1.00			3.00	
TOTAL	130.20	13.29	35.80	17.37	25.37	37.38	1.00

20. The tables below show the total numbers of staff to be recruited to in each directorate for the next three years. This has been determined for FY 06/07 by starting with predicted Establishment from Table 1, determining the vacancy in wte terms from Table 2 (minus the planned drop in year as Establishment is removed to make the necessary financial savings, though these plans are still c100wte short of the final required reduction), adding the service development requirements from Table 3, annual turnover in wte terms from Table 4 and wte retirements from Tables 5. For all subsequent annual calculations the same methodology has been used (using the appropriate age retirement data from Tables 6 and 7), though it is assumed that the initial vacancy rate will be zero as at 31 Mar 07 and 31 Mar 08 (apart from the numbers required for the renal and vascular service developments). This assumption is regarded as valid as the staff numbers required to fill all vacant posts as at 31 Mar 06 and replace all in year leavers, were recruited to/retained in FY 05/06, apart from HCAs. The targets for recruitment in FY 07/08 and FY 08/09 will therefore be around replacing staff that leave and recruiting to the new renal and vascular posts, as the baseline vacancy rate should be zero at the start of these FYs. The shortage of cash in the Local Health Economy and the ending of the centrally funded increases in revenue in 2008 make further major service developments, requiring increases in staff, unlikely through out the life of this workforce Plan.

Table 8

Predicted Recruitment to meet Demand in 06/07

Directorate	Predicted Recruitment by Staff Group to meet Demand in 06/07 by WTE						
	Total	M&D	N&M	P&T	HCA+	A&C	Mans
TOTAL	492.76	48.90	145.54	69.80	230.24	-1.72	00.00

Figures above included 0.25wte M&D, 17.75wte N&M, 3wte HCA and 3wte P&T from the renal service development which may not be recruited until 07/08

Table 9

Predicted Recruitment to meet Demand in 07/08

Directorate	Predicted Recruitment by Staff Group to meet Demand in 07/08 by WTE						
	Total	M&D	N&M	P&T	HCA+	A&C	Mans
A & E	41.47	5.10	24.68	0.50	6.73	4.47	
Acute & Emergency Med	46.88	1.00	25.09		18.60	2.18	
Anaesthetics	64.99	2.00	31.54	14.80	10.51	5.13	1.00
Cancer	20.44		12.84		1.00	5.60	1.00
Child Health	45.04	4.50	15.24	11.73	1.56	10.45	2.00
General Surgery	53.02	4.68	18.41	5.48	15.18	9.25	
Head & Neck	16.46	1.00	3.80	6.70		4.96	
OPD	36.25		4.87		7.31	23.08	1.00

Pathology	40.28	1.00		23.39	1.00	14.87	
Pharmacy	11.86			11.86			
Radiology	22.00		1.00	14.25		5.76	1.00
RAIC	41.09	3.09	20.22		16.77	1.00	
Speciality Medicine	101.45	11.55	47.91	8.86	9.21	23.95	
Therapies	37.70			31.12	1.93	4.13	
T & O	118.77		8.80		5.51	3.47	1.00
Women's Health	29.42	1.00	13.73		8.38	5.31	1.00
Facilities	41.38			2.00	23.73	13.66	2.00
Finance	4.00					2.00	2.00
HR	14.71		3.00		4.20	5.54	2.00
Modernisation	1.00					1.00	
Clinical Practice	22.51	1.00		0.10	16.41	4.00	1.00
Operations	7.27				0.47	5.80	1.00
TOTAL	817.99	35.92	231.13	130.79	148.50	155.61	16.00

Table 10

Predicted Recruitment to meet Demand in 08/09

Directorate	Predicted Recruitment by Staff Group to meet Demand in 08/09 by WTE						
	Total	M&D	N&M	P&T	HCA+	A&C	Mans
A & E	37.37	4.00	24.15	0.50	5.73	3.00	
Acute & Emergency Med	48.62	1.00	26.49		19.59	1.53	
Anaesthetics	62.79	3.00	30.67	14.80	10.18	4.13	
Cancer	17.44	1.00	11.84			3.60	1.00
Child Health	47.37	5.59	16.44	12.73	1.56	10.05	1.00
General Surgery	27.95	1.87	12.96	1.82	11.28	7.78	
Head & Neck	15.17	1.36	3.80	5.70		4.31	
OPD	33.59		3.85		2.07	23.67	
Pathology	33.98			19.84		14.13	
Pharmacy	12.09			11.68		0.42	
Radiology	28.78	3.00	1.80	15.76		7.23	1.00
RAIC	46.85	3.09	21.32		19.82	2.61	
Speciality Medicine	52.57	6.44	37.83	5.53	4.21	18.57	
Therapies	26.64			31.22	1.93	2.97	
T & O	19.57	1.00	9.60		3.51	4.47	1.00
Women's Health	31.19	1.00	16.54		7.38	5.26	1.00
Facilities	35.03			2.00	23.24	7.79	2.00
Finance	3.00					2.00	1.00
HR	13.26	0.95	1.00		3.20	6.16	2.00
Modernisation	1.00					1.00	

Clinical Practice	23.29	1.00		1.00	16.41	3.88	1.00
Operations	9.27		1.00		0.47	6.80	1.00
TOTAL	664.58	34.30	219.70	122.58	130.58	141.36	12.00

Identified Skills Shortages by Directorate and Staff Groups

21. **A & E:** As staff grade doctors leave their role in A&E to train as GPs, and F2 doctors replace their more skilled SHO colleagues, it is important that the skills these individuals brought to the A&E department are developed in the nursing staff. Specifically Nurse Practitioner skills need to be enhanced so that they can treat the majority of the minor injury/illness and some of the major injury/illness patients.

22. **Acute & Emergency Medicine:** The ward budgetary and temporary staff usage situation in the directorate indicates a lack of management skills at band 7 level for nurses.

23. **Anaesthetics:** In the past at WHH operating theatre nursing staff have been prevented from using their skills as anaesthetic assistants. Within both theatres and critical care many of the lower banded staff perform only a limited range of tasks which means that the required skills are not always available, or are only maintained by the use additional resources.

24. **Child Health:** Specialist therapy skills in speech and language, and psychotherapy are missing in some of the CAMHS houses.

25. **Head and Neck:** Nursing skills to undertake follow-up out patient clinics and replace junior doctor cover on the wards are in short supply, as are audiology skills in general.

26. **Pathology:** Multi-skilling of the BMS and MLA staff is lacking, this inhibits efficient working and does not facilitate the move to Continuous Process Production (CPP) in this service.

27. **Pharmacy:** Some technicians are short of dispensing and aseptic production skills, whilst advanced level skills need to be developed for registered pharmacists.

28. **Radiological Services:** There is a shortage of image taking skills at assistant practitioner level, and some reporting skills at advanced practitioner level within this directorate. With the approval of the vascular business case interventional radiology skills are now in short supply at the K&C site.

29. **Speciality Medicine:** The GUM/HIV nurses need to develop their skills to CNS level in order to expand their roles into work previously undertaken by medical staff. There is also a shortage of skills to undertake diagnostic tests for cardiac echograms and lung functions, as well as treatment through endoscopies. In neurology there is a

shortage of nursing skills to run follow up out-patient clinics in multiple sclerosis, headache/migraines and Parkinsons.

30. **Therapies:** The directorate have identified a skills shortage, for their registered physiotherapists and occupational therapists, which is limiting role extension in the following areas: injection therapy; aspirations; removal of k-wires; plaster applications and removals; identifying patients eligible for anti-TNF treatments; monitoring of biological drugs; ordering X-rays and MRIs and performing paediatric diagnostic ultrasound. Additionally there is a shortage of the competencies required to allow staff to treat and triage patients without consultant input in orthopaedics and rheumatology.

31. **Women's Health:** To support the development of continuity of care and nurse led services within gynaecology, nurse practitioner and clinical nurse specialist skills need to be developed. Band 5 nurses and above also need to develop skills in emergency gynaecology assessment so that dedicated units can be established. The Nurse Colposcopists, who are skilled in making diagnoses, now need to develop their skills to perform treatments, whilst the development of nurse lead care in Early Pregnancy Assessment depends on the skilling of Lead Nurses in this area. The desire to centralise sub fertility support from RVHF to K&C, relies on Band 6 and 7 nursing staff attaining the necessary skills in this speciality. The Directorate are also short of the skills in Hysteroscopy needed to reduce waiting times to meet the cancer targets for suspected gynaecological malignancies. Pre –assessment skills to ensure effective use of theatre time are also in short supply, as are those skills required of a Nurse Consultant. There is also a shortage of individuals within the Directorate who can perform ultrasounds and midwives who can perform examination of the new born.

Supply

Table 11

Staff in Post as at 31 Mar 06

Directorate	Staff in Post by Staff Group						
	WTE						
	Total	M&D	N&M	P&T	HCA+	A&C	Mans
A & E	347.70	43.06	217.17		43.60	41.88	2.00
Acute & Emergency Med	488.63	123.10	241.61		104.16	17.76	2.00
Anaesthetics	679.91	101.99	330.47	115.41	84.05	36.39	11.61
Cancer	133.35	9.18	68.75	1.24	10.33	39.34	4.00
Child Health	487.91	87.70	190.12	92.18	20.24	90.08	7.59
General Surgery	355.44	97.18	139.38		65.77	49.70	3.00
Head & Neck	174.58	58.77	24.84	42.51	10.79	33.67	4.00
OPD	234.09		38.19	0.86	47.20	140.84	7.00
Pathology	314.06	19.90	4.00	230.53	1.00	54.13	4.50

Pharmacy	133.92			124.88		6.04	3.00
Radiology	315.82	23.89	14.03	184.75	2.00	88.34	2.81
RAIC	296.13	21.49	139.66	2.90	103.42	27.66	1.00
Speciality Medicine	506.74	74.67	21.82	1.68	10.43	10.18	1.00
Therapies	252.02			227.09		21.93	3.00
T & O	238.76	58.25	103.78	1.67	46.68	26.39	2.00
Women's Health	419.44	55.10	250.26		62.37	44.72	7.00
Facilities	373.33			41.95	216.29	95.29	19.80
Finance	43.00					15.00	28.00
HR	102.94	3.74	16.23		29.20	29.93	23.85
Modernisation	6.41					0.81	5.60
Clinical Practice	137.93		15.80		0.24	77.62	39.66
Operations	85.66		20.85		3.47	52.34	9.00
TOTAL	6127.77	778.02	1836.96	1067.65	861.24	1000.04	191.42

Table 12

Commissioned Students Available

Year	Staff Available WTE				
	N & M	Physios	Radiographers	Pharmacists	OTs
06/07	117	5	15	3	5
07/08	120	5	15	3	5
08/09	120	2	15	3	5

Table 13

Returners and Adaptation Staff Available

Year	Staff Available WTE				
	N & M	Physios	Radiographers	Pharmacists	OTs
06/07	13	0	0	0	0
07/08	7	0	0	0	0
08/09	5	0	0	0	0

Table 14**Total Staff Recruited to in 05/06**

Directorate	Staff Recruited by Staff Group WTE						
	Total	M&D	N&M	P&T	HCA+	A&C	Mans
A & E	60.87	3.00	40.72		11.44	5.71	
Acute & Emergency Med	99.67		30.31		37.61	1.75	
Anaesthetics	87.44	5.20	38.41	23.09	17.17	3.56	
Cancer	18.95	1.00	8.80		1.00	7.15	1.00
Child Health	66.59	6.32	27.68	19.33	3.24	10.02	
General Surgery	58.57	11.20	17.81		21.36	8.20	
Head & Neck	17.25	5.39	3.00	5.79	1.00	2.07	
OPD	40.40		3.52		10.24	26.64	
Pathology	35.03		1.00	22.63		11.40	
Pharmacy	24.93			24.93			
Radiology	38.63		3.13	22.79	1.00	10.71	1.00
RAIC	43.07	2.00	18.43	0.43	18.36	3.85	
Speciality Medicine	82.60	9.89	34.55	10.65	9.10	18.41	
Therapies	51.59			48.97		2.63	
T & O	48.80	3.00	28.44	1.67	12.37	1.67	
Women's Health	42.44	5.00	24.89		9.92	2.63	
Facilities	39.30			2.00	26.82	9.49	1.00
Finance	4.00					1.00	3.00
HR	12.92	0.40	1.60		4.00	4.49	2.43
Modernisation	1.40					0.80	0.60
Clinical Practice	31.20	1.00	4.83			21.51	3.86
Operations	5.93				1.00	3.93	1.00
TOTAL	911.58	53.40	287.12	182.28	185.63	157.62	13.89

Table 15**Total NHS Temporary (NHSP, Overtime, Temporary Contracts and Flexi-bank)
Staff Used in 05/06**

Directorate	NHS Temporary Staff Used by Staff Group WTE						
	Total	M&D	N&M	P&T	HCA+	A&C	Mans
A & E	39.96		28.44		7.67	0.85	
Acute & Emergency Med	56.78		12.40		41.86	2.52	
Anaesthetics	42.48		29.85	3.44	8.87	0.32	0.01
Cancer	5.11		2.89		2.21	0.02	

Child Health	4.09		3.34	0.03	0.65	0.06	
General Surgery	34.90		10.17		24.42	0.30	
Head & Neck	6.40		2.81	0.18	3.04	0.38	
OPD	8.53		1.22		4.93	2.37	
Pathology	4.63		1.57	1.91	0.06	1.09	
Pharmacy	1.04			0.83	0.06	0.04	0.11
Radiology	5.37		1.44	0.78	1.57	1.59	
RAIC	40.46		6.75		33.68	0.03	
Speciality Medicine	16.38		8.47	0.39	6.68	0.84	
Therapies	1.14			1.10		0.05	
T & O	39.55		10.78	0.01	28.60	0.15	
Women's Health	10.35		6.41		3.69	0.18	0.06
Facilities	13.54			0.19	10.00	3.23	0.11
Finance	0.10					0.01	0.10
HR	0.53		0.13		0.32	0.08	0.01
Modernisation							
Clinical Practice	0.17		0.02	0.07		0.08	
Operations	2.56		1.14		1.14	0.28	
TOTAL	331.05		127.82	8.94	179.43	14.46	0.40

Table 16

Sickness Absence for 05/06

Directorate	Annual Total of Staff Lost through Sickness Absence WTE						
	Total	M&D	N&M	P&T	HCA+	A&C	Man
A & E	12.79	0.71	8.12		2.26	1.70	*
Acute & Emergency Med	24.66	2.27	10.62		11.75	0.02	*
Anaesthetics	33.02	1.06	14.68	9.76	5.90	1.61	*
Cancer	3.10	0.01	2.18	0.01	0.51	0.38	*
Child Health	18.78	2.23	9.21	2.76	1.01	3.58	*
General Surgery	18.01	0.70	8.98		7.64	0.69	*
Head & Neck	4.57	0.56	1.59	1.31	0.25	0.87	*
OPD	15.11		2.80		4.15	8.16	*
Pathology	10.91	0.32	0.04	7.91	0.01	2.65	*
Pharmacy	4.99			4.94		0.05	*
Radiology	12.49	0.03	0.83	7.23	0.09	4.31	*
RAIC	17.54	0.27	7.17	0.06	9.43	0.61	*
Speciality Medicine	19.90	1.12	10.64	1.89	4.27	1.97	*
Therapies	9.11		0.09	7.88		1.13	*
T & O	11.09	1.47	5.34		3.73	0.55	*
Women's Health	17.59	0.85	11.32		3.44	1.98	*

Facilities	22.90				12.76	10.14	*
Finance	0.42					0.42	*
HR	3.37	0.00	0.51		1.28	1.58	*
Modernisation	0.17					0.17	*
Clinical Practice	5.80		0.50	0.01	0.76	4.54	*
Operations	4.25		1.06		0.08	3.12	*
TOTAL	270.58	11.59	95.66	43.76	69.33	50.24	*

* Sickness absence for Managers included in the A&C figures

Statement Identifying the Gap between Demand and Supply

32. The maximum numbers of staff that need to be recruited in any one year over the next three years are 48.90wte M&D 06/07; 231.13wte N&M 07/08; 130.79wte P&T 08/09; 230.24 HCA 06/07; 155.60 A&C 07/08 and; 16wte Mans 07/08. More than these numbers were recruited to/retained in 05/06, apart from HCAs. The recruitment to these HCA vacancies, created as a result of a skill mix review, should however not create a problem (in FY05/06 395wte HCAs were recruited to the Trust if NHSP bank usage is included, see Table 14 above), even when sickness absence is factored in.

Actions

33. The directorate management teams must continue to work with financial managers to reduce their staff costs and budgets by £25million in real terms (compared to a baseline of month 12 FY 05/06) by 31 Mar 07. At the same time they must implement the actions required of them by their local and organisational retention plans. Concurrently the recruitment manager and site based medical staffing officers, working with directorate teams, will enact the organisational recruitment plan, whilst the HR training team and relevant clinical directorate based practice development teams will implement the organisational training and development plan.

Organisational Recruitment Plan

34. The recruitment of Medical and Dental Staff will continue in 06/07 building on the successes of 05/06. The vacant A&E consultant posts are likely to be changed to emergency physician posts in order to attract more applicants, whilst the three vacant RAIC posts had already attracted six applicants at the time of producing this workforce plan. Another cardiologist will be recruited this year and it is envisaged that with the new catheter labs (including CPD sessions in London) fully functioning, and given the number of applicants for previous posts, that these posts will be attractive to potential applicants. The centralisation of neurology, haematology and dermatology beds at the K&C site will build on recent recruitment successes in these specialities and should lead to a number of applications for any posts advertised in these areas. Support to individuals undertaking the PMETB process and the desire of previous SpRs and CCST qualified locums to return to the Trust should ensure that the various vacant consultant surgeon

posts will be filled this year. It is also felt that the successful implementation of the new PACS system and the development of a vascular centre in the Trust will improve the chances of recruiting to the unfilled consultant radiology posts. **Action: Medical Staffing Officers**

35. Table 7 shows that c127wte of registered nurses may need to be recruited in 06/07. Tables 11 and 12 show that 130 newly qualified nurses/midwives and returnees will be available to EKHT. The few vacant Band 6 and 7 posts that cannot be filled by internal applicants will be advertised locally and nationally whilst NHSP (see table 14 showing c127wte nurses available) can be used to fill any gaps, including those created by sickness absence (see table 15), on a short term basis. The c227wte of HCAs required for 06/07 will be recruited/retained through local adverts and the organisational retention plan (see paras below) which produced 185wte of this staff group in 05/06. Any shortfall, plus cover for sickness absence, will be covered by NHSP shifts which provided an additional c170 wte in 05/06. The new registered nursing and HCA posts required by the renal service developments will not be needed until 07/08 at the earliest, and the vascular developments require very few additional nurses though some of the specialist nurses for the latter have already been recruited. **Action: Recruitment Manager**

36. The c67wte of other clinical staff required in 06/07, including therapists, will be recruited from the newly qualified staff available, whilst Band 6 and above vacancies which cannot be filled by internal applicants will be advertised locally and nationally. The fact that c182wte of this staff group were recruited/retained last year indicates that these numbers should be met. Specific plans to recruit senior cardiac and respiratory MTOs using agencies are also being developed. Given the numbers of Managers and A&C staff required, along with the Trust's previous record in regards to this staff group, this should not pose a problem in recruitment terms. **Action: Recruitment Manager**

Organisational Training and Development Plan

37. The Education, Development and Training Strategy Board have reviewed their strategy for the Trust and have identified nine key development areas for the next 3 to 5 years. A project manager has been chosen for each of the nine strands. Areas for development include:

- Evaluation of education at level three (Kirkpatrick) – i.e following up to determine whether staff change their practice after education and training; **Action: HR Project Manager**
- Integration of the education and training strategy with organisational strategies to ensure it reflects and informs organisational changes; **Action: Dir of HR**
- Review of educational facilities in the Trust, making realistic recommendations for future demand and supply; **Action: Knowledge Services Manager**

- Multi professional learning –increase opportunities for shared learning between professional groups; **Action: Medical Education Advisor**
- Encouraging ownership of education - ensuring staff and line managers are aware of their responsibilities with regards to education and training; **Action: Director of Therapies**
- Achieve University Hospital status; **Action: Dir of Med Ed**
- Preparation for Shared Services – in particular the integration of education and training throughout East Kent; **Action: Dir of HR**
- Ensure we employ a workforce that can work flexibly with a range of skills; and **Action: Head of Practice Development**
- Develop a strategic leaders programme within the Trust. **Action: Management Development Advisor**

38. In addition to the above and standard CPD training and development, the following directorate and professional group specific projects are also taking place to make good identified skills shortages.

39. **A&E:** Should more ENPs be required after the 06/07 cost reduction measures have been implemented, then an in-house course can be run at 6 weeks notice. In terms of extending ENP skills a number, are this year, studying a minor illness module and through links with a local HEI and the use of interpreting radiographers, x-ray reading skills are being developed. In addition several senior staff nurses will undergo extra training to allow them to fast-track patients to x-ray and predict which wound closure method or dressing the ENP or doctor will request, so that working will be speeded up in A&E. They will also be trained to suture, which frees up ENP and doctor time in A&E. This training in effect produces associate ENPs, which are the natural resource pool from which to develop future ENPs. **Action: A&E Practice Development nurse**

40. **Acute & Emergency Medicine:** Overspent budget holders will be required to attend training delivered by the finance team. **Action: AD Fin**

41. **Anaesthetics:** Generic workers in day surgery and main theatres will be trained in 06/07. At WHH nurses will also be allowed to practice as anaesthetic assistants in FY 06/07 by the development of in-house competencies. **Action: CSM**

42. **Child Health:** In order to provide psychotherapy skills to the CAMHS, EKHT is for 06/07 using Workforce Development Directorate funding to train one individual in this area, and another individual will commence in 07/08. **Action: CSM**

43. **Head & Neck:** Internal training by consultants for ophthalmology nurse practitioners in managing glaucoma review clinics should see service implementation in Aug 06. Nurses will also be trained, using protocols, to discharge patients, particularly ENT daycases. **Action:** CSM
44. **Pharmacy:** An Advanced and consultant Pharmacist competency framework is being introduced into the directorate in 06/07 and technicians will be trained to achieve the national accreditation in final accuracy checking of dispensed items for a wide range of medicines and controlled drugs. Pharmacy assistants will continue to receive training to meet NVQ level 2 standards. **Action:** Dir of Pharmacy
45. **Pathology:** The A&C and MLA staff on all sites will be cross trained to undertake all their relevant roles in Pathology and the latter's skills will be developed via the NVQ 3 route. Training will also be provided to introduce the associate practitioner in cellular pathology and the cross working of biochemists and haematologists at BMS grades. **Action:** CSM
46. **Radiology:** The directorate will continue to train their assistant practitioners, some of whom will qualify in Oct 06, and develop staff to undertake mammography and ultrasound images. Though there is no need to develop any more reporting radiographers, the scope of existing staff with these skills will be extended via training opportunities, especially in those with appendicular qualifications. **Action:** CSM
47. **Speciality Medicine:** In 06/07 the directorate will commence the training programme to develop CNSs in GUM Medicine. **Action:** Lead Nurse Medicine
48. **Therapies:** This year competency frameworks, protocols, grand parent clauses and mentorship will be used to train ESPs in K-Wires, injection therapy, radiographic investigations, MRI and pathology requesting. **Action:** Dir of Therapies
49. **Women's Health:** In FY 06/07 another midwife will be trained to undertake newborn screening. The gynaecology clinical nurse specialists will also be trained in-house to facilitate discharge in their sub speciality patient groups. At the WHH site the nurse colposcopist will complete the practical training necessary to perform treatments this year, whilst a nurse at QEPMH and another at WHH will commence training this year to perform diagnostic and therapeutic colposcopies. The Early Pregnancy Unit nurse practitioner is this year receiving training from sub-fertility consultants with the view to them being able to see and clerk all new referrals. There are also training plans for this year that will see this post eventually undertaking gynaecology scanning. A nurse hysteroscopist will also complete their accredited training this year and senior ward staff are, through the use of KSF outlines, developing emergency gynaecological assessments. **Action:** Head of Midwifery and Head of Gynaecology Nursing

Organisational Retention Plan

50. The HR Strategy and business Plan 2006 -2011 and the Staff Survey Action Plans 06-09 will act as major elements of the EKHT Retention Plan, as will the efforts to become a teaching hospital. These plans will be augmented by the following directorate specific initiatives.

51. **A&E and Acute and Emergency Medicine:** The directorate will continue to be as flexible as possible to accommodate family friendly hours and will start to employ individuals on annualised contracts of 7 hours to provide flexibility to the service in terms of using additional part-time hours, whilst catering for the needs of individuals. The comprehensive and popular in-house development programmes for nursing staff, run by a full time dedicated education and training co-ordinator, will also be used to retain staff, especially the popular A&E technician and ENP courses. HCA and A&C staff also have the opportunity to complete NVQ 2 and 3 training. **Action: Lead Nurse for Medicine**

52. **Child Health:** The transfer of CMO and SCMOs to staff grade and associate specialist contracts will help with the retention of middle grade doctors who work in the community. Training and development opportunities will continue to be offered, as will opportunities for staff who wish to work on term time only or annualised hours contracts. **Action: CSM**

53. **Pathology:** The directorate this year will develop plans to enrich BMS posts through some multi-skilling and the development of advanced practitioner roles. **Action: CSM**

54. **Pharmacy:** Retention in pharmacy is facilitated by flexible working options, though this year, in addition, the directorate is actively seeking a USA exchange partner to develop practice and training links. **Action: Dir of Pharmacy**

55. **Therapies:** During 06/07 the length of rotations for Band 5 posts will change and it is envisaged that this will support improved retention, as will the current internal succession planning. **Action: Dir of Therapies**

56. **Women's Health:** Retention will be aided by the directorate's commitment to life long learning through the employment of a practice development midwife supported by a training co-ordinator. In addition all nursing and midwifery staff will have access to locally delivered and funded diploma, degree and masters level courses and modules. Retention of midwives will be further aided by the continuation of choices they have on how to practice in EKHT as there are opportunities in the community, birthing centres and acute obstetric units. **Action: Head of Midwifery and Head of Gynaecology Nursing**

Organisational New Ways of Working Plan

57. **A&E:** Emergency Nurse Practitioners will continue to be developed to treat both minor and major illness/injury patients in A&E. At the same time the role of acute physicians is becoming clearer to the directorate and they will be used to provide 12 hours of consultant cover in the K&C Emergency Care Centre Monday to Friday, before being rolled out to the QEQUH site. **Action:** **A&E Practice Development nurse and Clinical Director**
58. **Acute and Emergency Medicine:** Like all other bed holding directorates Acute and Emergency Medicine have reviewed their skill mix ratios and will now work with more staff in total, but fewer registered nurses. New nursing rotations have also been developed through A&E/CDU/CCU which have proved very popular and reduced vacancies in these areas. **Action:** **Lead Nurse Medicine**
59. **Anaesthetics:** Over the next three years the directorate will, by working closely with PCT colleagues to develop the required support network, seek to relocate the majority of chronic pain services into the community setting. **Action:** **CSM**
60. **Head and Neck:** The directorate will use fee for service initiatives to increase capacity to meet patient demand. **Action:** **CSM**
61. **Pathology:** This year the directorate will look to introduce full-shift working on two sites, and point of care testing on the other, in order to sustain services with the minimum of staff. In addition advanced high technology automation will be introduced. **Action:** **CSM**
62. **Pharmacy:** The way the formulary pharmacist post is delivered will be re-considered for inclusion within the junior pharmacist development programme. **Action:** **Dir of Pharmacy**
63. **Radiology:** The directorate will be considering new ways of working as a result of the installation of PACS, which will require reduced clerical support to retrieve films, and the need to meet the 18 week referral to treatment target. **Action:** **CSM**
64. **Therapies:** To take advantage of the over supply of newly qualified therapists the directorate will appoint additional Band 5 posts by reviewing the skill mix of staff and utilising vacant Band 6 posts. In order to support reductions in the length of stay the directorate will expand week-end working for T&O, Medicine and A&E. **Action:** **Dir of Therapies**
65. **Women's Health:** The midwifery teams will look at new ways of working to provide continuity of care for all women during antenatal, labour and postnatal care. To improve theatre utilisation the directorate will develop pre-assessment teams for all gynaecological patients, whilst ward staff will start to undertake emergency gynaecological assessments to take the pressure off A&E staff, and treat patients in a

more appropriate setting. Voice recognition technical is also being investigated in an effort to free up medical secretary time. An extended working day from 0830 – 1700 to 0800 – 20000 will be piloted in the obstetric units to increase the frequency of women receiving one to one labour care. Community midwifery services will also be increased , particularly for early labours, in order to prevent unnecessary admissions to the obstetric units. The Band 2 staff in the gynaecology wards will also start to undertake clerical support to ward managers. **Action: Head of Midwifery and Lead Gynaecology Nurse**

Organisational New Roles Plan

66. To ensure that the organisation is fully developing new roles to support the service, the Director of Strategic Development is forming a group with professional, operational, strategic development, HR and financial representation to look at new role options in areas where EKHT has financial, clinical governance or access target difficulties. In addition the following directorate initiated new roles are being developed.

67. **Anaesthetics:** The new Band 2 generic worker role will continue to be developed in critical care and operating theatres and anaesthetic assistants will be formally introduced at the WHH through the use of in-house training, to an agreed list of competencies. The directorate will also continue to explore the use of the role of anaesthetic practitioner. **Action: CSM**

68. **Child Health:** This year the directorate will explore the role of nurse practitioner within the K&C ambulatory care unit, as well as “starter roles” to attract newly qualified therapy staff to the CAMHS. In addition they will develop plans, with PCTs, to redesign roles if the Trust is unable to recruit to the vacant community paediatric posts. **Action: CSM**

69. **General Surgery:** The vascular nurse practitioner role will be developed to assess, diagnose and treat patients in outpatients and as first surgical assistant. **Action: Lead Nurse Surgery**

70. **Head and Neck:** The directorate will review national professional developments to create new roles for hard to fill vacant posts, especially around ophthalmology, dental and audiology technicians. **Action: CSM**

71. **Pathology:** The roles of senior assistant and associate practitioner will be developed to release time for registered BMSs to undertake advanced roles. The new assistant and practitioner roles will undertake all laboratory tasks apart from the validation of the result. **Action: CSM**

72. **Pharmacy:** This year the directorate will formalise the role of accredited checking technicians in dispensaries and start the introduction of the consultant pharmacist role. **Action: Dir of Pharmacy**

73. **Speciality Medicine:** GUM nurses at K&C will this year rotate with Shepway PCT nurses to undertake competency based training in order to expand their role into areas currently undertaken by medical staff, eventually leading to the development of new CNS roles. The directorate are also looking at developing the GPwSI role in GUM to further make up for the difficulty of recruiting consultant medical staff. The use of CNSs in multiple sclerosis, Parkinson's, headache and epilepsy to run out-patient clinics will also be explored this year. The CNS post in respiratory, will this year take on a prescribing role to relieve pressure on medical staff in oxygen therapy clinics. **Action:** **Lead Nurse Medicine**

74. **Therapies:** The new role of Band 5 Technical instructor will be developed to reduce length of hospital stays by offering an outreach service into patient's homes. The directorate will also continue to develop the role of ESPs to take on roles traditionally undertaken by medical staff. New roles for consultant therapists in rheumatology and stroke will also be explored, as will the extension of current roles in respiratory. **Action:** **Dir of Therapies**

75. **Women's Health:** The directorate will develop new roles for: lead midwives in fetal medicine/high risk care; nurse colposcopists able to perform cervical treatment; sub-fertility nurse practitioner; nurse hysteroscopist and; plan to implement the role of nurse consultant. **Action:** **Head of Midwifery and Lead Nurse Gynaecology**

Organisational Commissioning Plan

76. The StHA commission the majority of training places for nurses and therapists according to the needs of the NHS Plan. The Table below shows those training places commissioned by EKHT to meet the organisations specific needs.

Table 17

Profession	Start Date	Number
Registered General Nurse (from HCA Full Time)	Sep 06	9
Registered General Nurse (from HCA Part Time)	Sep 06	1
Registered Midwife (from MCA Full Time)	Sep 06	2
Registered Midwife (from MCA Full Time)	Feb 07	2
Registered General Nurse (from HCA Full Time)	Feb 07	9
Registered General Nurse (from HCA Part Time)	Feb 07	1
Registered General Nurse (EN Conversion)	Sep 06	1

Operation Department Practitioner (from HCA)	Sep 06	6
Diagnostic Radiotherapy Helper	Feb 07	2
Speech and Language Helper	Feb 07	1
Child Psychotherapists	Sep 06	1
Pharmacists	Sep 06	4
Cardiac Physiologists	Sep 06	2
Medical Laboratory Scientific Officers	Sep 06	18
Pharmacy Technician	Aug 06	3
Cytoscreener	Sep 06	2

Approval, Monitoring and Performance Management Process

77. This workforce plan will be approved through the Trust board and monitored through regular reports to the HR Committee. Performance Management to ensure delivery will be through the Fit For the Future Project Board in terms of the staff reduction targets, the Education and Training Strategy Board in terms of delivering the key areas highlighted in para. 37, and the monthly HR performance monitoring process and the quarterly Executive Performance Reviews for the specific directorate items in the recruitment, retention and training plans. The implementation of the new ways of working and new role plans will be performance managed by the new group being set up by the Director of Strategic Development.

P J MURPHY
Director of HR
04 Jul 06