



# **Interim Workforce Plan 2021/22**

APRIL 2021

## **Section 1 – Background**

### **1 Workforce Change**

The impact of the Covid-19 pandemic has had an unprecedented impact on how NHS Lothian's services and workforce operate. This has meant that some services have seen unprecedented numbers of acutely ill patients treated within our most acute settings. Other areas such as planned care and outpatient areas have seen substantial reductions in activity, particularly within the first wave, due to the need for social distancing and providing additional capacity for covid patients. Large parts of the non-clinical workforce have moved to remote home working with many clinical staff being redeployed during times of acute pressure.

In 12 months the pandemic has led to more transformational service change and redesign than in the preceding 5 years. A number of the required changes have impacted on capacity to treat patients due to social distancing restrictions. The rapid implementation of innovative technology has helped sustain and in a number of ways improve services and access for patients. It has also helped bring potentially disparate areas of the workforce together and improve participation.

Within this relatively short time scale entirely new elements of the workforce have been developed within short timescales. Overall workforce numbers have increased by over 5% in the last 12 months, most of which has been related to the pandemic. As services remobilise and vaccination brings the pandemic under control there will be a need to build on the lessons during to use innovation to help address the considerable increase in patients waiting for review and treatment.

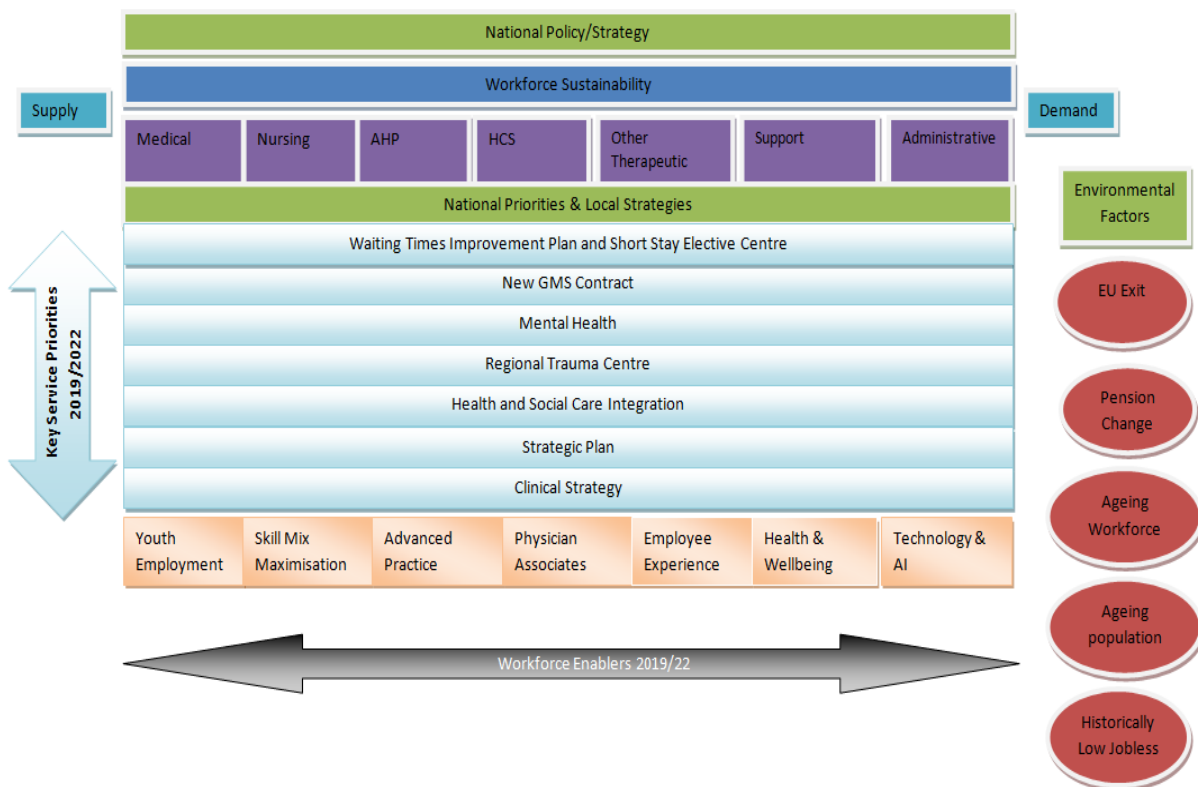
#### **1.1 NHS Lothian extant 3 year workforce plan – 2020-23**

NHS Lothian has an extant three year workforce plan covering the period up to March 2023, which is underpinned by annual action plans to ensure and support delivery. This interim workforce plan will make reference to and draw content from the plan and associated 12 month action plan covering 2021/22. It will also set out specific content in relation to the Covid-19 pandemic, its impact on service provision and the workforce and the actions NHS Lothian has taken to transform services and links with the Remobilisation plan.

The actions within the plan cover both professional and service priorities and have been developed and owned by the members of the Workforce Planning and Development Programme Board (WPDPB) who provide progress updates as part of the WPDPB agendas.



The first element within the plan looks at each of the professions and their current key challenges and opportunities, with a focus on the key actions required to support sustainability. The second element looks at each of the key national policy drivers. The final element of the plan looks at the Workforce Enablers that we can use and further develop to help provide support for professions and services. Summarised in the diagram below:



The NHS Lothian workforce plan also covers areas where IJBs/HSPCs have agreed there is benefit in taking joint approaches including:

- Coordinated approaches to the implementation of the workforce redesign.

- Building collaborative approaches around the development of new/advanced/redesigned roles.
- Recruitment and retention, with a focus on promoting and supporting careers in care, factoring in the use of the third and independent sector as well as all unpaid carers.
- Digital enablement - Access to multiple systems across health & care to support agile working.
- Primary Care – Implementation of the new GMS contract.

Notwithstanding the Covid-19 pandemic the content of the plan and the associated actions remain relevant albeit with the revision of some timescales.

Within NHS Lothian the development of board level workforce plan is taken forward by the Workforce Planning and Development Programme Board (WPDPB). The WPDPB consists of representation from:

- Director of Human Resource and OD (Chair)
- Each of the Professional Directors/Leads
- Chief Operating Officer of the Acute Division
- Director of Nursing
- Director of Primary Care
- Deputy Director of Finance
- Director of Strategic Planning
- IJB Joint Officer representation
- Employee Director
- Partnership Representation
- Head of Workforce Planning
- Associate Director of OD & Learning
- Regional Workforce Planning Director
- Director of Medical Education
- Chief Nurse Clinical Education

The WPDPB is in turn accountable to the Staff Governance Committee of the Board.

Each IJB/HSCP also have their own locally developed and owned 3 year workforce plan and local workforce planning groups, with involvement and input from the NHS Lothian Workforce Planning Team.

## **1.2 Regional Workforce Planning**

Whilst this plan focuses on NHS Lothian there are a number of areas where NHS Lothian works collaboratively with other Boards in the South East region to collaborate on workforce planning and development to help develop and sustain workforces. In a number of cases NHS Lothian provides a service for the region as a whole such as some elements of Cancer and specialist Children's services. In such services workforce planning is undertaken on both a local and regional basis. Regional working is also key in delivering against some of the national policies covered in this plan such as the development of the regional trauma unit.

The Regional Workforce Group acts as the focus point for regional workforce planning and also serves to influence national workforce planning to ensure the national commissioning of controlled groups reflects the needs of both boards and the region as a whole. The group also leads on developing regional workforce solutions such as the introduction of Physician Associates and commissioning work on common workforce challenges. There is also collaboration at a professional level on many of the areas covered in the plan such as the development of advanced practice roles within nursing and allied health professions.

### **1.3 Impact of covid on regional planning**

Whilst regional planning activity has reduced during the pandemic as boards focus on their responses there has undoubtedly been lessons learned which have been shared regionally and a short term workforce action plan has been developed the current priorities during Covid19. This includes the following areas:

- Regional Recruitment
- Regional Staff Bank
- Health & Care staffing act
- Physician Associates Programme
- Pharmacy Workforce
- Healthcare science
- Development of the Elective Treatment Centre in NHS Lothian
- Contribution to national planning groups
- Workforce analytics
- Primary Care
- Workforce Planning Network

### **1.4 Regional Recruitment**

As part of the national Recruitment Service Transformation the East Region (NHS Borders, NHS Fife, NHS Lothian, NHS Education for Scotland, Healthcare Improvement Scotland and the Scottish Ambulance Service) have worked to identify a preferred regional recruitment model.

All the constituent boards have worked closely to examine the opportunities for service redesign based on detailed quality improvement work and stakeholder engagement. Following submission a full business case and independent assessment process NHS Lothian will host the East Region Recruitment Service from later in 2021. The experience of working remotely within each of the boards during the pandemic will also have important learning for the establishing this service.

### **1.5 Regional Staff Bank**

The establishment of a regional staff bank to support efficiency and increase flexible staffing capacity has also been considered and supported by the Regional Workforce Group. Following work to align processes NHS Borders has now been incorporated into the NHS Lothian staff bank (for nursing and support services) which has been in

operation since November 2020. Work continues on the feasibility of a medical bank.

## **1.6 Health and Care Staffing Act**

Scoping of the potential to take regional approaches to delivery and support on a regional basis and share best practice and learning.

## **1.7 Pharmacy**

Continuation of work with regional and national pharmacy workgroups to address training pipelines for identified workforce shortages.

## **1.8 Healthcare Science (HCS)**

Cardiac Physiologists and other HCS roles to be scoped out and risk assessed against current and future demand and supply to ensure sufficient training numbers.

## **1.9 Development of the Elective Treatment Centre in NHS Lothian**

Given the size of the elective centre in the planning stage in Lothian and substantial workforce requirement there is a need to scope out the potential impact of Lothian implementation on the rest of the region. This should help reduce the risk of destabilising the workforce within other boards in the region and identify where the development may support recruitment and retention within the region.

## **1.10 Regional collaboration on workforce tableau dashboards**

To support effective workforce planning NHS Lothian has developed on behalf of the region comprehensive monthly Tableau dashboards covering a range of key workforce metrics including:

- Workforce in-post against funded establishment
- Supplementary staffing and extra hours
- All forms of Leave
- Nursing and midwifery – leave versus predictable absence allowance
- Sickness absence rate
- Sickness absence short/long term and absence reason
- Sickness absence tool for prioritisation and targeting

All of these dashboards enable areas to look at the full range of levels within each of the organisations and also by job family and sub-job family.

The absence dashboards are now in place within NHS Borders and NHS Fife and implementation of the workforce dashboards will follow. NHS Lothian has also shared the dashboards with other boards in Scotland and has supported NHS Grampian to adopt the dashboards locally.

### **1.11 Collaboration with Public Health Scotland**

To provide up-to-date reporting and inform the covid workforce response a weekly local dashboard was developed to capture covid related absence, which could be looked at various levels within the organisation and within each profession. This has also enabled tracking within areas of highest risk such as Critical Care to ensure the efficacy of PPE measures etc

This work has been shared with Public Health Scotland who have developed a national dashboard with capacity for forward projection based on a range of scenarios. NHS Lothian is also part of the Public Health Scotland covid modelling group. This collaboration has been very positive.

### **1.12 Mutual Aid/Regional approaches**

NHS Lothian continues to have a role in providing mutual aid and support services across the region within a number of specialties, especially across critical care, cardiology, burns and transplant pathways as and when required.

### **1.13 Scottish Government Workforce Plan**

The Scottish Government undertook a review of the national workforce plan in light of Covid-19 pandemic and highlighted a number of commitments would no longer be achievable within the original timescales. The review also reaffirmed a number of the commitments within the original timescales given their importance in sustaining services within boards.

### **1.14 Development of Workforce Planning Capability and Capacity**

There has also been a national commitment to developing workforce planning across health and social care and NES have been commissioned by the Scottish Government to take this work forward. A collaborative network is due to be launched in April 2021 based on TEAMS which will help connect planners and provide access to resources and materials. However work to develop an educational programme similar to the PG cert in Strategic Workforce Planning in NHS England has not as yet been progressed which is an area of concern.

## **2 Stakeholder Engagement**

As highlighted in Section 1 the development of workforce plans and associated actions are taken forward through the Workforce Planning and Development Programme Board which includes the involvement of a wide range of stakeholders. This group provides the opportunity for stakeholders to raise key areas of concern or risk for inclusion in annual action plan and shared collaborative ownership in developing solutions. The plan was also supported by the Area Partnership Forum.

Prior to the pandemic a 12 month action plan covering 2020 to 2021 was developed setting out the key actions to support delivery, with each action having an identified lead for delivery and timescale. However the pandemic has impacted on the delivery of these actions in terms of timescale and also a number of additional covid related actions have been added. The action plan was reviewed and updated by the

Workforce Planning and Development Programme Board with all stakeholders provided with the opportunity to review and update the actions for which they were lead to.

In developing this interim 12 month plan the level of stakeholder engagement will be limited given the short timescale for development. However this plan has been supported by the Workforce Planning and Development Programme Board, Corporate Management Team and the Area Partnership Forum for feedback and approval prior to submission to the Scottish Government (SG). The plan will be considered by the Staff Governance Committee on 26 May 2021.

### **3 Supporting Staff Physical and Psychological Wellbeing**

#### **3.1 Staff Wellbeing Strategy**

NHS Lothian has commissioned an external partner with the support of the Edinburgh and Lothian's Health Foundation (ELHF) to develop a Staff Wellbeing Strategy (work well) due to launch June 2021. The strategy will have 4 work well pillars: healthy body, balanced mind, positive choices and care culture. The Wellbeing Strategy will set out the roadmap for our future staff wellbeing ethos and activity. The Staff wellbeing Strategy will have performance monitoring and impact measurement as central components. During the strategy realisation, significant work is being undertaken to enhance psychological interventions available to staff across all levels of the stepped care model. This includes the development of a psychological triage and treatment service as part of our existing OHS service, enabling access for staff to digital therapy options such as CBT online and an ambitious plan to spread and scale peer support across all NHS Lothian sites, services and HSCP's.

The role of organisational development (OD) in the wellbeing space is being recognised along with the potential to galvanise the strength of OD and Psychology operating together to work with teams and individuals experiencing significant occupational distress.

NHS Lothian has a network of local staff health and wellbeing leads. This group have been invited into a tactical wellbeing leads group during Covid-19 to ensure that local needs are heard and escalated to a strategic level and that the strategic position filters down.

The Edinburgh and Lothian's Health Foundation have provided significant investment in staff wellbeing during the pandemic and will be the primary sponsor of our new strategy.

#### **3.2 Rest and Recuperation**

NHS Lothian actively promotes rest and recuperation via utilisation of annual leave and the importance of taking breaks. For those staff Shielding and working from home we have been promoting the message of taking extended breaks during daylight hours to get active outside. This message is more complex to promote to



inpatient colleagues. Extended breaks are promoted wherever this is practicable, balanced with service demand. It should be remembered that due to the nature of the caring profession, even with the permission and promotion of rest via breaks, caring professionals will be conflicted by being asked to take a break when they see colleagues also needing a break and patient's needing care. The need for adequate staffing is fundamental to this aspiration.

We are actively working with the ELHF to direct charitable donations to support enhanced rest facilities. NHS Lothian currently have a grants application process via ELHF in action for permanent wellbeing spaces. The SG announcement of £500,000 across Health and Social Care (to be distributed according to NRACis proving helpful in getting refreshments to some staff. We continue to work with facilities colleagues to review demand against core provision, ELHF and the generous public offers that come into the organisation to provide catering that is supportive and additional to our core provision.

Our Staff Wellbeing Strategy will be key to mapping and establishing how we get the basics right for our staff including facilities for rest and catering.

In all the work underway to support staff physical and psychological wellbeing NHS Lothian has well established mechanisms and processes to involve, consult and seek approval from our Area Partnership Forum and appropriate Area Clinical Forum's.

### **3.3 Improving data quality on ethnicity and other protected characteristics**

In the next financial year NHS Lothian in conjunction with our Staff Networks to launch a campaign starting to encourage staff to log onto eESS and update their equality data. An alternative approach will be used for Facilities staff reflecting the difficulty they may have accessing to eESS. With the Staff Network support we hope to encourage of the benefits of providing the data and how this will help plan our services for the future and support their wellbeing. We will be focussing on all levels of the organisation including our most senior managers.

### **3.4 Impact of the Covid-19 pandemic on staff turnover**

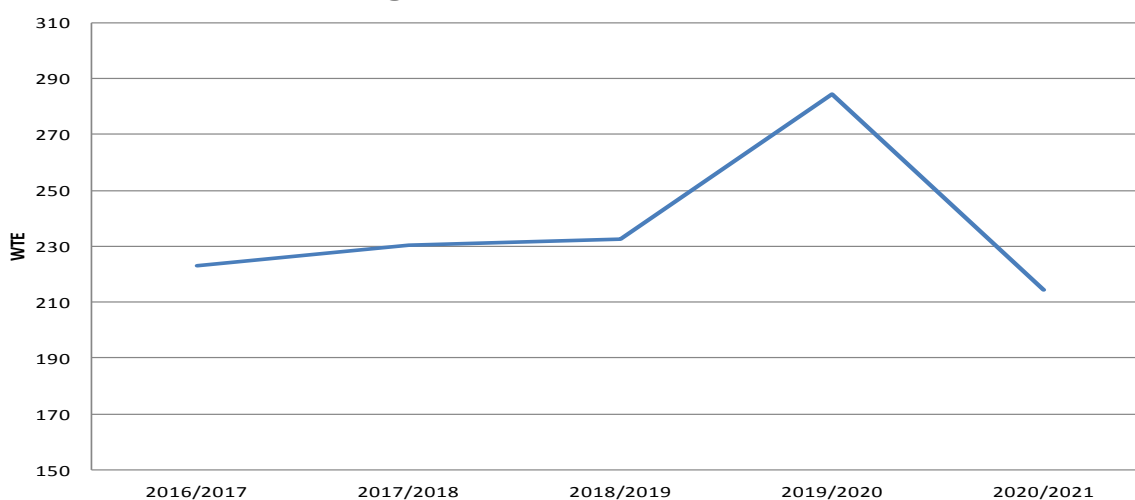
The pandemic has changed typical patterns of turnover with a c265wte - 13.6% drop in the number of staff leaving the organisation across all job families, reflecting the commitment of staff to support the population. Within this overall decrease there has also been a reduction in retirements within both the medical and nursing workforces which has helped sustain capacity. However working through the pandemic has undoubtedly put pressure on the physical and mental health of the workforce and as pandemic recedes it is likely that turnover will increase as staff that have postponed retirements choose to do so. Whilst this could potentially be a significant risk it is as yet difficult to quantify.

Job Family	2015/2016	2016/2017	2017/2018	2018/2019	2019/2020	2020/2021
ADMINISTRATIVE SERVICES	66.71	90.92	60.04	75.63	69.99	71.56
ALLIED HEALTH PROFESSION	30.12	26.79	30.73	27.47	18.45	28.94
DENTAL SUPPORT	2.27	2.59	1.17	3.00	1.71	2.00
HEALTHCARE SCIENCES	15.76	27.59	19.32	17.56	19.55	17.13
MEDICAL AND DENTAL	23.92	18.81	32.26	31.91	40.80	25.24
MEDICAL SUPPORT	2.95	1.00	2.00	5.80	4.00	1.80
NURSING/MIDWIFERY	225.73	222.94	230.58	232.54	284.43	214.21
OTHER THERAPEUTIC	0.82	7.40	8.58	6.55	9.85	7.89
PERSONAL AND SOCIAL CARE	1.60	2.69	1.00	3.80	3.41	1.20
SENIOR MANAGERS	2.80	6.00		4.87	6.00	5.00
SUPPORT SERVICES	45.67	32.92	40.54	49.92	39.00	42.89
<b>Grand Total</b>	<b>418.35</b>	<b>441.66</b>	<b>426.22</b>	<b>459.47</b>	<b>497.18</b>	<b>417.86</b>

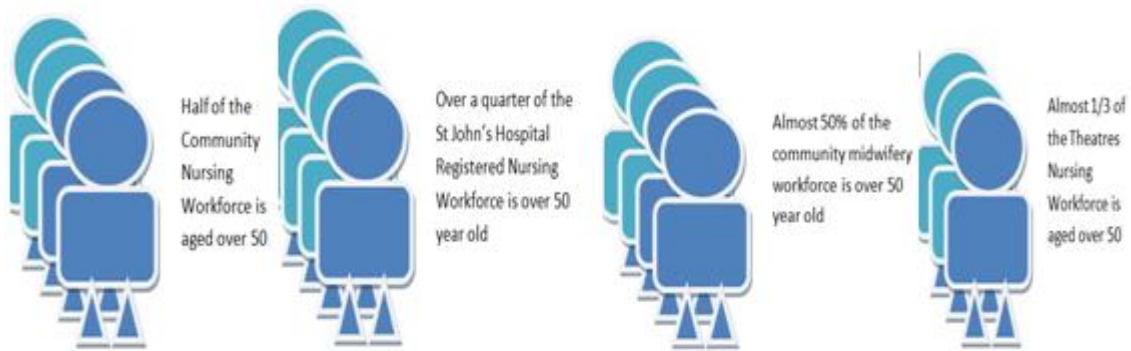
Many previously retired staff have been prepared to return to support services and it will be important to encourage such staff to continue to engage through flexible employment to help support the remobilisation and recovery of services.

Nursing retirements have reduced by approximately 25% during 2020/21 most likely as staff have postponed retirement to help support services covid response. It is however uncertain what the impact of working through a sustained pandemic will have had on staff members and whether after the pandemic ends there will be an increase in retirements. Due to the uncertainty this represents a significant area of risk.

**Nursing Retirements 2016/17 to 2020/21**



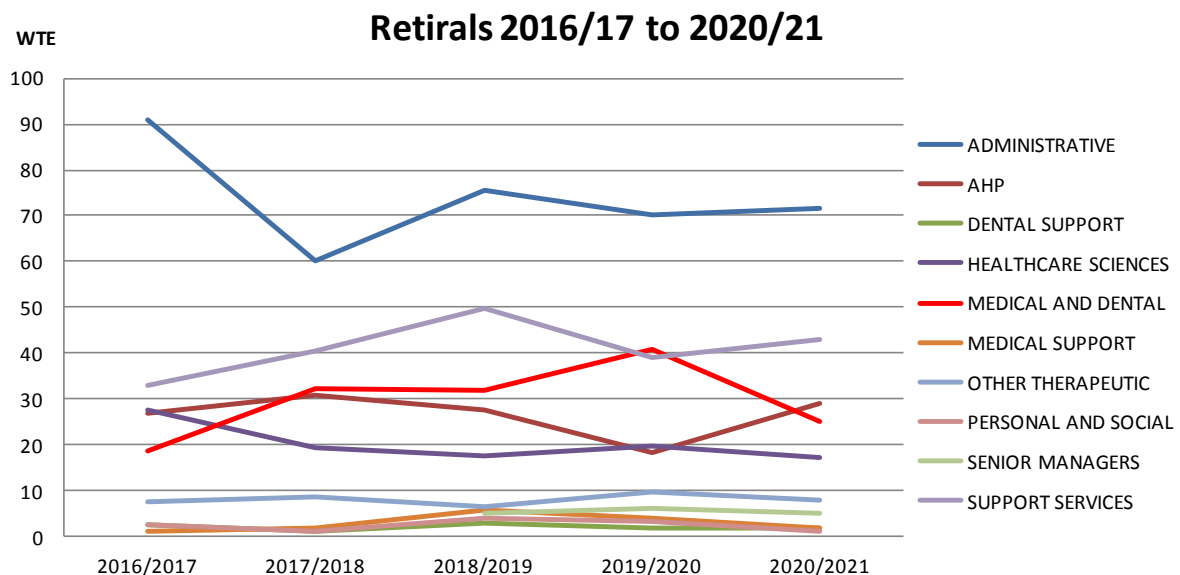
Whilst the level of retirements have dropped considerable demographic challenges remain with particular branches of nursing.



The SG decision to expand training numbers by 5.8% in 2021/22 is welcome and comes at a time where there is a heightened interest in careers in health. The levels of retention with in programmes and eventual output numbers will be key in determining the extent to which the expansion helps to increase workforce sustainability.

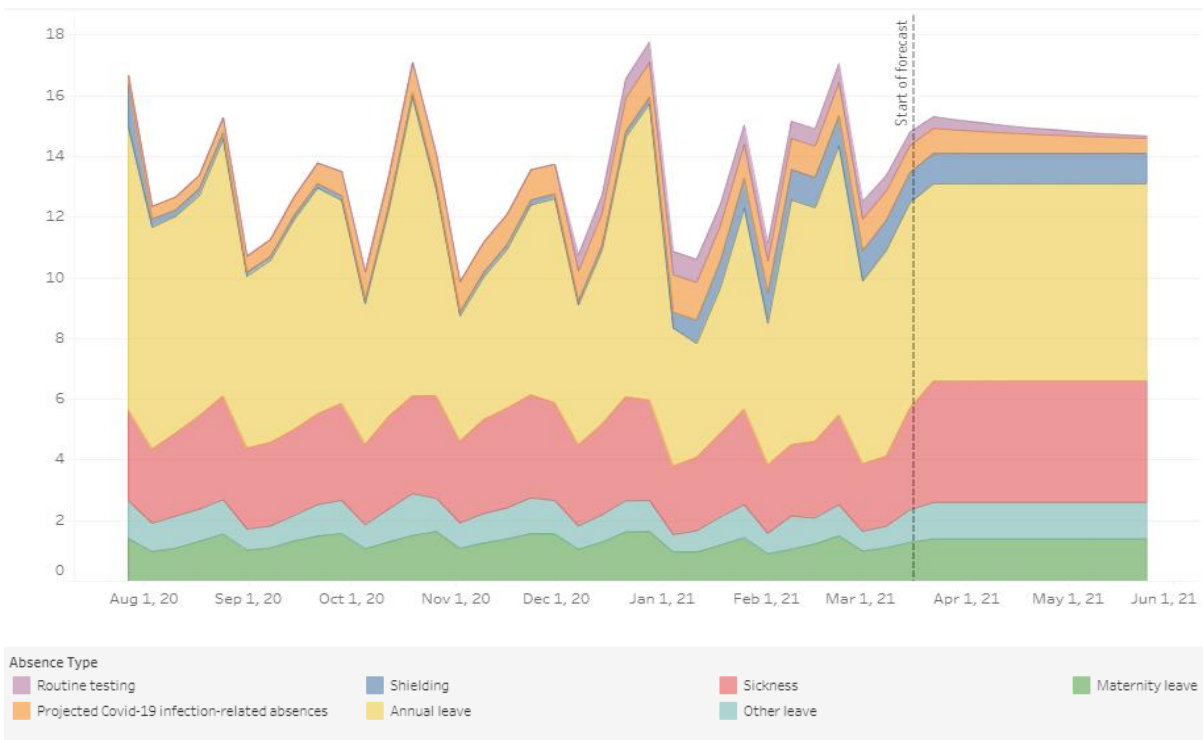
### 3.5 Non-nursing Retirals

This trend in reducing retirals is also evident within most areas of the workforce and the medical workforce in particular which had seen the considerably increased retirals in 2019/20. It remains unlikely that these levels will be remain however there may be scope to try and retain staff in a more limited capacity following retiral, the recruitment of retired staff as part of the vaccination campaign has shown scope.



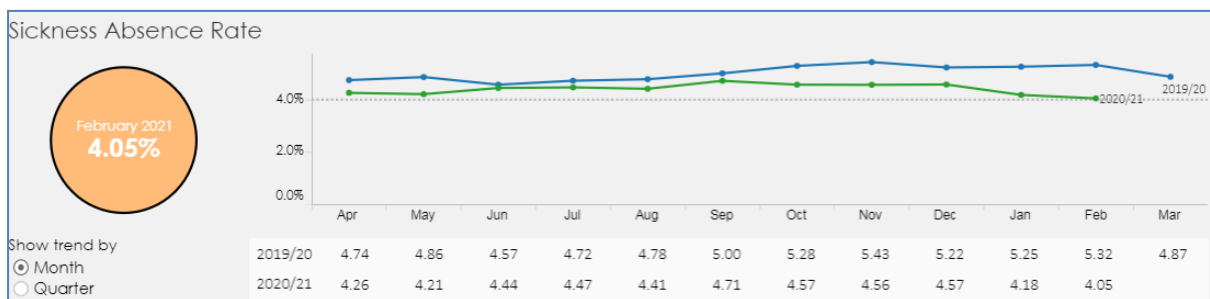
### 3.6 Absence levels

Early modelling of the pandemic by Imperial College London suggested that there was a risk of absence (all reasons) reaching as high as 30%, however analysis by Public Health Scotland on the second wave shows that on average absence (including COVID related absences) has been approximately 13% within Lothian.



As with staff turnover the absence levels have not reflected typical patterns. Sickness absence excluding covid related absence has reduced from an average of 5.2% in 2019/20 to 4.59% in April 2020 to February 2021. This is likely as a result of social distancing, travel restrictions and closure of retail and hospitality sectors.

Nationally the largest declines have been cough/cold/flu 53% and gastro-intestinal problems 32%. There has however been a 9% increase in anxiety/stress/depression/other psychiatric illness, reflecting the intense pressures staff have been under throughout the pandemic.



### 3.7 Covid related absence

At the onset of the pandemic a multidisciplinary team from public health, strategic planning, finance, data analytics and workforce planning developed a comprehensive range of tableau dashboards covering all key metrics, including:

- Dedicated covid bed and critical care utilisation
- Occupancy
- Testing
- NHS 24 calls, Hub calls and assessment centre assessments
- Staff testing
- Mortality
- PPE
- Occupancy
- Oxygen
- Staff covid absence

The staff absence provided a weekly tracking of absence levels by covid category for the duration of the pandemic and enabled tracking of outbreaks by service and profession.

### **3.8 Lateral flow testing**

NHS Lothian has participated in the national Lateral Flow Testing (LFT) as a way of minimising COVID-19 on our sites. NHS Lothian has issued over 21,000 LFT kits to front-line staff and continues to actively encourage staff to register their results to help keep both patients and colleagues safe from COVID-19.

### **3.9 Vaccination rates**

Vaccination uptake rates within the clinical workforces have been very high and within the workforce as a whole 84% of staff have now received their first vaccination and 68% have now received their second vaccination. These figures will continue to increase as members of the non-clinical workforce are vaccinated as part of the wider vaccination campaign.

Whilst a number of those choosing not to receive a vaccination may have done so for health related reasons work is on-going to try and focus on areas where uptake could be higher. This will involve targeted communications to show the benefits of vaccination for individuals, patients and colleagues and addressing any potential concerns.

## **4 Short Term Workforce Drivers (Living with COVID)**

### **4.1 NHS Lothian Workforce Plan – Action Plan 2021/22**

NHS Lothian has an extant three year workforce plan which sets out the key workforce actions required to help develop a sustainable workforce and over 2020 to 2023, with detailed 12 month action plans aimed at supporting delivery.

The extensive 2020-21 workforce 12 month action plan was developed with key actions, outcomes, support required and a named lead to focus on delivery against each action. However the beginning of the implementation period saw the onset of the Covid-19 pandemic and as such there has been an impact to a greater or lesser extent on many of the actions. However each of the actions has been reviewed with

the associated professional/service lead to identify where timescales and/or scope had been impacted and identified a revised actions and timelines, within a still uncertain context. The action plan is included in Appendix A. The following section details the covid specific actions.

In responding to the Covid-19 pandemic NHS Lothian has made a number of investments which will be ongoing in 2021/22 at a cost of £66m. The main areas of investment are set out below.

#### **4.2 Contact tracing**

To provide capacity for contact tracing by a dedicated team employed on a flexible basis to meet need has been established through a combination of recruitment and making best use of existing capacity such as staff at home shielding. This service is provided by 130 Band 3 contract tracers and 30 Band 5 team leads, with 69 additional NHS Lothian staff trained (doing overtime and extra hours) and 32 Bank staff which will be used to provide surge capacity as required.

#### **4.3 Expansion of Testing Capacity**

As part of a national move to increase testing capacity by 20,000 per day three regional testing hubs in the North, West and East Region have been developed. NHS Lothian has developed the East Region Hub based at the Lauriston Building in Edinburgh. A workforce expansion of c80wte was identified as the required workforce to run the laboratory of which c80% have already been successfully recruited service. If the laboratory was to further expand to 24/7 operation there would be a requirement for an additional c31wte which would be very challenging.

#### **4.4 Maintaining Critical Care Surge Capacity**

Critical Care will continue to operate from a core footprint of 55 beds across the 3 adult acute sites. Well established critical care surge plans will provide an incremental increase up to 113 beds as and when required. Cohorted COVID-19 beds are available on each acute site with the ability to flex capacity as demand changes. It is noted that the staffing required to support surge capacity may not be as readily available from specialties outwith Theatres & Anaesthetics as in the first wave due to the anticipated ongoing clinical pressures at Front Door and in general wards.

#### **4.5 Redesign of Urgent Care**

The national redesign of urgent care sets out a new 24/7 pathway for urgent care, via a national single point of access provided by NHS 24 on 111, for those not in need of immediate emergency treatment to get a clinical assessment by phone prior to travelling to a Minor Injury Unit or Emergency Medicine Department. In Lothian this has led to the development of a single Lothian interface with NHS 24 via an expanded 24/7 Flow Centre. The centre will provide oversight and administration for all NHS24 referrals to Lothian and schedule virtual and face-to-face appointments to Minor Injuries Assessment, Emergency Departments, Covid Assessment Centres

and Lothian Unscheduled Care Service. To support this expansion the following workforce expansion and development has taken place:

- Recruitment of 8 new Band 3 Administrative/Call handling support roles.
- Recruitment of additional nurse advisors to strengthen clinical triage and support the move to a 24/7 service.
- Workforce training to support implementation of new virtual referral pathways including call handling and Near Me video consultations.

#### **4.6 Support for Care Homes**

The Scottish Government published *Coronavirus (Covid 19) - enhanced professional clinical and care oversight of care homes arrangements* which set out that, clinical and care professionals at NHS boards and local authorities would have a lead role in the oversight for care homes in their area. There was a requirement for Health Boards and local authorities to establish a multi-disciplinary team comprised of key clinical leads and the area's Chief Social Work Officer.

A care home domiciliary care wrap around service has been established to support care homes, comprising of a central team focussed on quality, infection control and educational support. There has also been an expansion within HSCPs to provide staffing support and the recruitment of additional staff onto the staff bank to support care home staffing when needed. These 2 developments combined provide 32wte of additional workforce capacity.

A dedicated testing service for care homes has also been created to carry out care home testing, which has provided a further 16wte registered and non-registered staff, with a further 100 Bank staff of all grades able to provide flexible capacity.

#### **4.7 Staff Bank**

The staff bank has played a very important role in helping recruit to a substantial flexible workforce element, meaning recruitment on to short term contracts has been only where demand warrants it. The staff bank has also developed pools within the bank to support areas with specific needs that can support capacity. The staff bank is also taking on final year nursing students on three month fixed term contracts in line with the Scottish Government COVID-19 Enhancing Workforce Capacity guidance.

#### **4.8 Covid Vaccinations**

Within the NHS Lothian Health Board area c1.2 million vaccination doses will be delivered throughout the vaccination programme. There has been a significant focus on the recruitment of vaccinators to support the wider community vaccination programme, with c270wte new recruits and approx. c50wte infrastructure support staff. The staffing resource is a mixture of appointed staff and staff working extra shifts through the staff bank and it is likely that the actual headcount may be as high as 800 given the most of the staffing will be part time. It is not yet clear the extent to

which there will be an on-going requirement for covid booster vaccinations. Work has commenced on future vaccination models and the workforce to deliver it.

#### **4.9 Lothian Unscheduled Care Service (LUCS)**

LUCS continues to cover all Covid home visits in the out of hours period and has been the Covid Assessment Centre out of hours whilst also managing all Covid calls between midnight and 8am. Extra staffing is put in place dependant on demand and this will continue whilst the Covid pathway continues unless significant escalation is required.

LUCS has expanded its telephone triage capacity and this will continue. All routine appointments to LUCS are now phoned in advance to ascertain if they can be managed remotely either by telephone or by Near Me.

LUCS have flexed overnight District Nursing capacity in line with the demand. This is particularly to support care homes. LUCS continues to work with the care home group to develop services to care homes.

Although rotas are currently stable, looking ahead it is likely there will be a shortage of sessional GPs as the pandemic recedes. LUCS are therefore increasing recruitment of salaried GPs and nurses to ensure an ongoing robust and sustainable service. There is ongoing work reviewing the terms and conditions of salaried doctors. A number of nursing courses were stopped last year, so nursing education is being prioritised and LUCS are actively seeking opportunities and places on courses for nurses to ensure we continue to recruit and train nurses to work in the service.

#### **4.10 Long Covid-19**

We aim to develop a consistent pathway across Lothian for patient diagnosed with Long COVID-19. This will build on 2 recently established workstreams: a single point of access / service for Edinburgh HSCP, and work started by our critical care recovery team. The latter aims to provide patients and families with appropriate supporting information through collaboration with Chest Heart Stroke (CHS). This is enabled by the Tailored Talks resource recently developed in house from funding from the Edinburgh and Lothians Health Foundation. The aim is to expand and potentially include non-ICU COVID-19 survivors as soon as possible, ie extend to hospitalised COVID-19 and primary care referrals to CHS advice/support line.

A pilot of a multidisciplinary critical care recovery service will be extended on all acute adult sites throughout 21/22 to support patients post discharge from ICU throughout to discharge to community. In enhancing existing input it is anticipated this will not only improve patient outcome but also release occupied bed days and prevent / reduce readmission.

The number of staff absent with long covid is relatively low (c20 headcount) and as such it is not anticipated that this will have a significant impact on workforce availability.

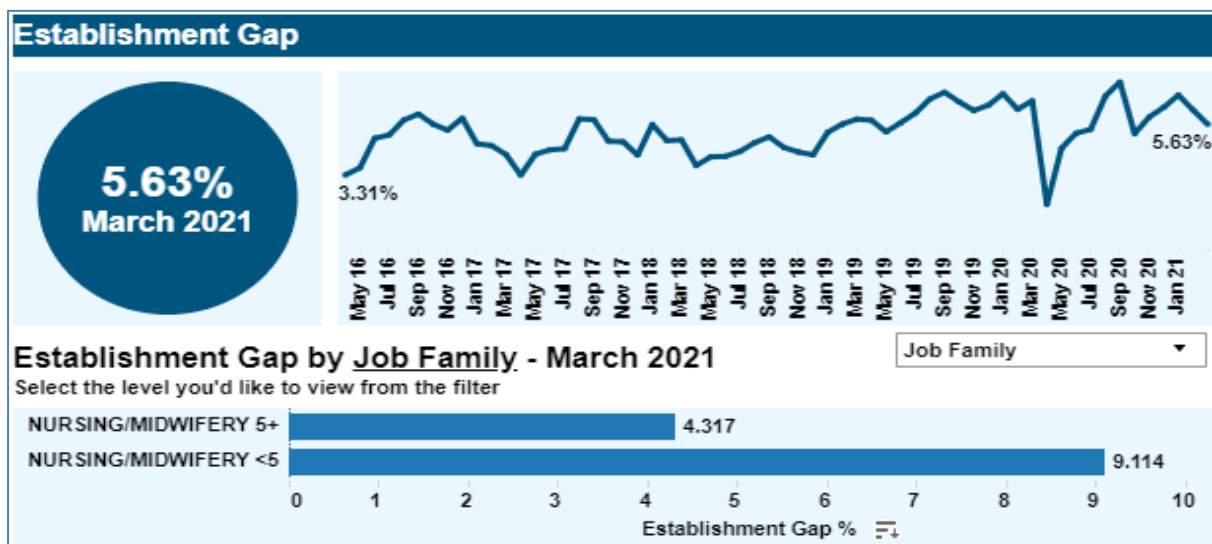


#### 4.11 Covid recovery plan

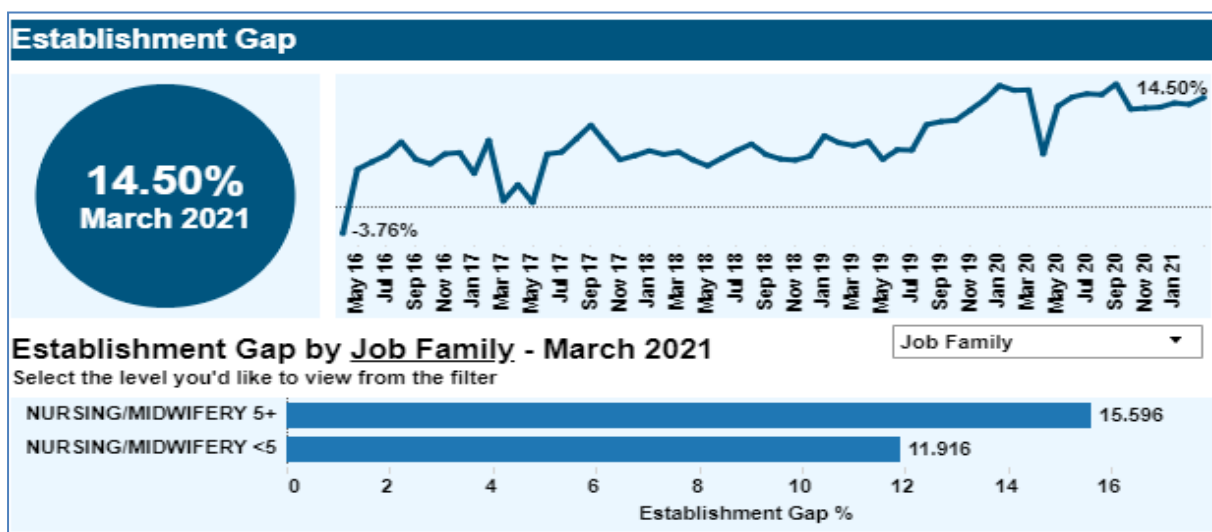
Whilst given the on-going nature of the pandemic it remains uncertain how long the additional capacity measures will be required, there is a need to plan for returning to the underlying workforce establishment. In doing so there is however a potential opportunity to take the opportunity to fill longstanding establishment gaps in some areas such as facilities. A covid recovery plan will be developed to help plan this.

#### 4.12 Growing nursing establishment gaps

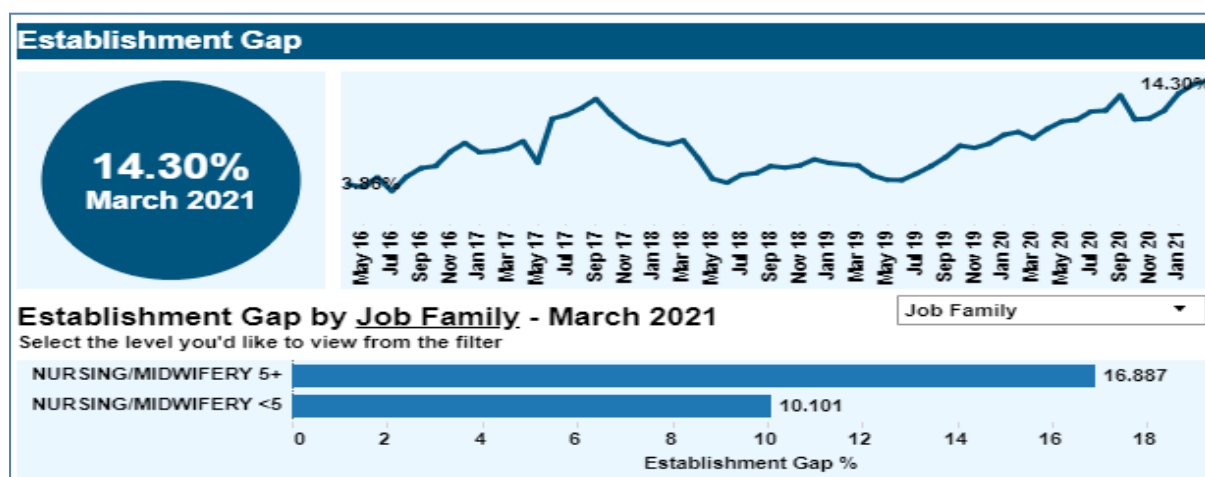
Whilst there has been a considerable increase in the nursing workforce during the first wave of the pandemic when final year nursing students joined the workforce on 6 month contracts these posts finished in September. The overall underlying nursing establishment gap has however continued to grow within both registered and non-registered nursing, this particularly significant at St John's Hospital site and within mental health services.



#### St John's Hospital



## Royal Edinburgh and Associated Mental Health Services



Source – NHS Lothian Workforce Tableau Dashboard

Despite considerable recruitment efforts it is likely to be increasingly challenging to close establishment gaps until increased numbers emerge from training nationally. There are however a number of actions being taken forward to help support sustainability as detailed in the Workforce Plan 12 month Action plan in Appendix A. As mentioned in section 3 retireals have been lower in 2020/21 and there has been successful recruitment of some retirees as part of the vaccination service and there may be potential to try and encourage retirees to continue you working on a reduced capacity or flexible basis. Consideration of the Flying Finish report by the Scottish Access Collaborative will assist future developments.

## 5 Medium Term Workforce Drivers

### 5.1 Service redesign based on lessons learned from covid

Whilst the Covid-19 pandemic has been hugely disruptive to the provision of both clinical and non clinical services it has seen rapid transformative changes in service delivery. The workforce planning and development board commissioned a review of lessons that had been learnt within health and social care partnerships and identified key changes that they intended to retain, as they were more effective and efficient.

GMS	Digital Enablement	Recruitment & Retention	Learning & Development
<p>Remote consultations using “Near Me” as a substitute for face to face appointments.</p> <p>Extensive use of telephone contact.</p> <p>Benefits for patients with appointments from their own homes, avoiding travel and queuing.</p> <p>Holistic Home Visits – avoiding admissions for very frail / elderly patients through anticipatory care.</p> <p>Prescription pick up via Pharmacies</p>	<p>Major reliance on virtual meeting platforms such as Teams, Zoom and Skype.</p> <p>Increased use of digital and online platforms for training and development.</p> <p>Substantial use of digital platforms to support recruitment processes leading to rapid/central delivery.</p> <p>Carers and volunteers access to IT and Wi-Fi access in Care Homes.</p> <p>The use of digital technology has allowed individuals to remain ‘in-post’ albeit working from home.</p> <p>The ability to continue to undertake effective work, while working remotely/virtually may support recruitment and retention challenges</p> <p>Greater connectivity has supported greater collaboration.</p> <p>Communication/efficiency with Teams access and clinical systems access. No wasted time between meetings due to travel and parking.</p> <p>Less reliance on paper and more use of digital systems.</p>	<p>Emphasis placed on careers pathways rather than just jobs.</p> <p>Teams actively promoting career opportunities within their service area and across sectors.</p> <p>Investment in new roles-Band4 Healthcare Assistants</p> <p>Flexible working practices during shielding/ isolation while accessing IT such as Teams.</p> <p>Mutual support and building positive working relationships within and out-with immediate team.</p> <p>Enhanced use of MAs across a range of clinical and non-clinical work</p> <p>Workforce review sessions with teams reflecting on COVID while also considering workforce needs in the future areas.</p>	<p>More collaborative approaches in general with mutual support</p> <p>MA’s need to be scaled up working across both health and council led services.</p> <p>Specific virtual programmes</p> <p>Mental Health Awareness webinars provided by Edinburgh College.</p> <p>Blended MHO programme.</p> <p>Newly Qualified Social Worker blended programme</p> <p>Online Welcome Event for new employees</p> <p>Redeployment to most appropriate service depending on skills and trained accordingly</p> <p>Input of 3rd sector and volunteers</p> <p>Online access to a suite of learning and development across health and social care</p> <p>Funding new 3rd sector initiatives.</p>

Many of these areas are also reflected within acute settings and corporate areas.

## 5.2 Primary Care

The workforce plan for the 3 year implementation of the new GMS contract highlights an expansion of approximately 423wte to greatly enhance services that are offered for patients and improve access.

The key investments have been the establishment of a pharmacotherapy service, musculoskeletal AHPs, community treatment and care services, enhanced community mental health services and urgent care services. The scope of workforce expansion and enhanced role of the multi-disciplinary team has led to a substantial increase in advanced practice roles including advanced nurse practitioners, advanced physiotherapy practitioners and for the first time physician associates.

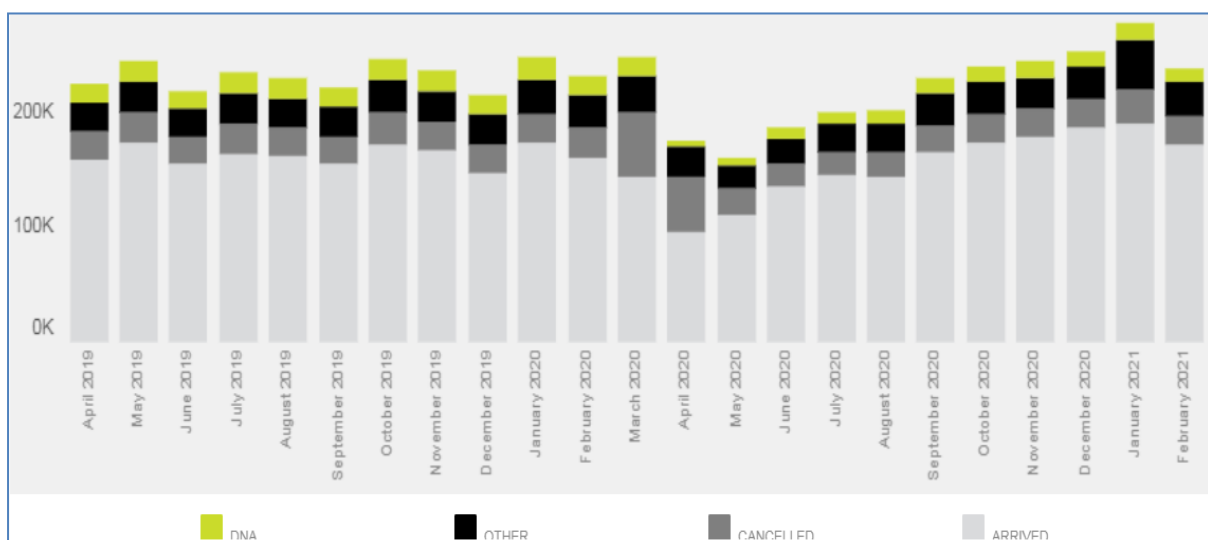
The original timescale for completing the implementation was by the end of March 2021, however the impact of the pandemic has to an extent impacted on progress in full implementation will likely be within 2021-22.

## 5.3 Impact of social distancing on Outpatients and Planned Care

Virtual care including telephone and video consultations continue. There are significant differences between services and between wave 1 and now, and a detailed piece of work to understand the safe characteristics of virtual review is being undertaken to understand the potential scale of this. Demand is being proactively managed including through active clinical referral triage, patient initiated follow up, opt-in programmes, advice only, patient focussed booking and RefHelp, and long wait patients are being clinically reviewed to identify if they require care to be escalated, continue to wait or appropriate alternatives.

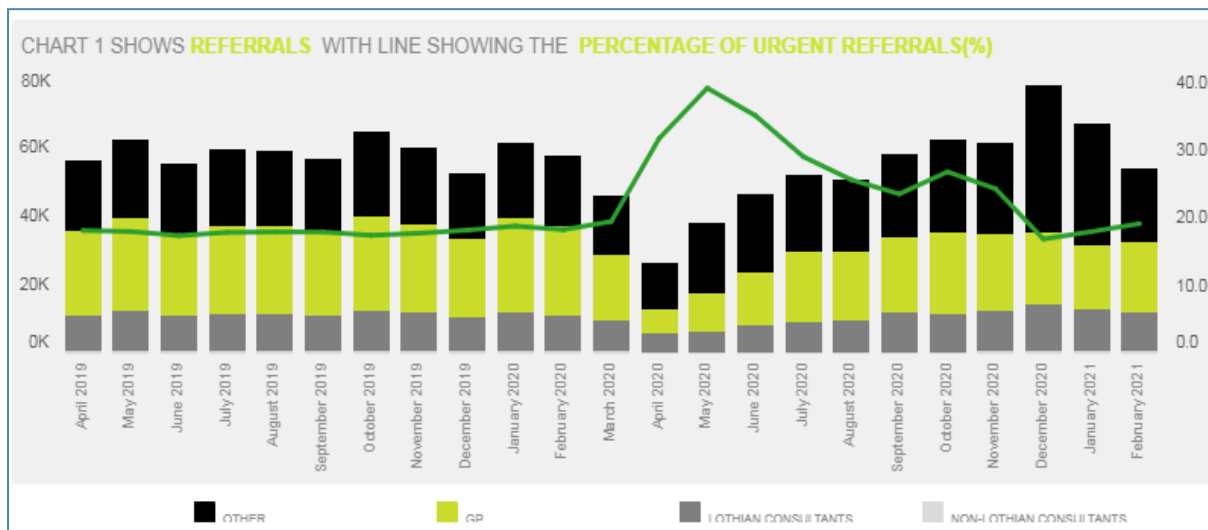
Surgical activity remains focussed on urgent, cancer and priority 2 patients i.e. those requiring surgery within 4 weeks. Planned elective activity has been reduced due to unscheduled pressures on acute beds. Sites have implemented a small number of protected elective pathways to maintain cancer and urgent activity.

### Outpatient Appointment Trend



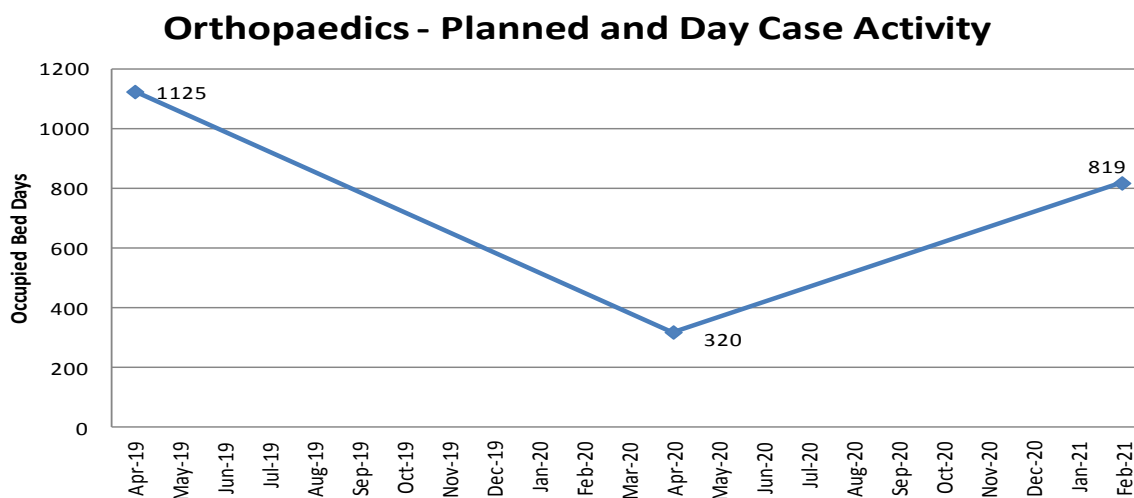
Within the first 5 months of the financial year there was a substantial decline in the number of patients attending outpatient appointments when compared with the previous year, with numbers increasing from September and most recently numbers have exceeded the levels seen in the same period in the previous year.

A similar pattern is also evident in referrals, with referrals down substantially in the months April to August, during this period 30% to 40% of the referrals were classified as urgent. This suggests that whilst overall referrals were down the number of urgent referrals were relatively consistent.



The number waiting over 12 weeks for an Urgent new outpatient appointment has however more than halved (-68%) from 3,627 to 1,161 since May.

The impact of social distancing and other covid measures have impacted considerably upon the volume of elective surgery, particularly within high volume specialties such as Orthopaedics.



Whilst there had been temporary supplementary capacity sourced at Spire via a Scottish Government contract constraints remain and waiting times have grown.

Other areas such as Radiology continue to focus on urgent priority cases and the longest waiting patients. However timescales for scanning are extended due to necessary cleaning regimes. Staffing levels remain pressurised compounded by the need for shielding for some staff. In spite of this, the radiography core rotas are currently being sustained, though the ability to run additional capacity is constrained. External provision of CT and MRI is being sourced from local commercial providers to support additional capacity for scanning – these additional resources are being targeted towards the longest waiting and/or high clinical priority cases in order to maximise the benefit to patients.

All these constraints on acute sector capacity have impacted on treatment times and the board remobilisation planning will be key in setting out how progress will be made to reduce waiting times as the pandemic and associated constraints recede.

#### **5.4 Mental Health Workforce Planning**

Nationally there has been significant challenges in filling psychiatry training posts leading to increasing challenges in filling consultant posts nationally and also within Lothian in recent years. Within mental health nursing at the Royal Edinburgh Hospital there have been growing establishment gaps 14.3% in March 21.

To respond to the growing challenges in sustaining the workforce within mental health workforce a multidisciplinary workforce group has been established, to identify and progress workforce redesign. Initial areas of focus have been:

- Increasing occupational therapy capacity to support the nursing workforce
- Increasing band 2 and 3 non-registered workforce to support wards with lowest staffing
- Development of band 4 roles to support band 5 nurses with admission and discharge activity
- Offering band 5 posts to Edinburgh Napier for students to choose from for their final placement, where student pass their course they will be allowed to remain in post in that ward as a band 4 then band 5 on receipt of their PIN. These posts include areas with high vacancies.

There is also work underway looking at an expanded role for the psychology workforce, the review of clinical pathways and the role of technology.

#### **5.5 Elective Centre**

The short stay elective centre planned for St John's Hospital as part of the NHS Scotland programme to enhance short stay elective surgery capacity will be key in substantially growing capacity. It is planned to include cases from a number of specialties including Orthopaedics, Urology, Colorectal, Gynaecology and General Surgery.

The development has been modelled on estimated population need up to 2035 and has indicated the need to build an additional 11 theatres to ensure adequate physical capacity. The full business case is currently under development, however based on work to date the level of required workforce growth is considerable:

## AfC – Increase in Whole Time Equivalent (WTE)

	Band 2	Band 3	Band 4	Band 5	Band 6	Band 7	Band 8a	Total
Nursing	16.1	0	34.19	109.82	23.1	3	7	193.21
AHP - Radiography	0	3.9	0	4.8	0	1.2	0.2	10.1
Pharmacy	0	3	2	4	0	4	0	13
Admin	0	4.5	1	0	0	0	0	5.5
Support	2.43	67.76	0.51	0	0	0	0	70.7
Total	18.53	79.16	37.7	118.62	23.1	8.2	7.2	292.51

This level of growth comes against a number of existing workforce challenges at the St John's site these include:

- Increasing level of nursing establishment gap highlighted in section 4(13%)
- Approximately 30%(overall) of St John's registered nursing workforce eligible to retire within 5 years
- 25% of theatres nursing/ODP workforce aged 55+ and potentially eligible to retire
- Majority of the nursing workforce is local – challenges in attracting workforce from out with.

There will also be the requirement for a substantial increase in the areas of the Medical Workforce already mentioned for which there has been no provision made in national training numbers, with specialty training pipelines of at least c7 years in most specialties following a 2 year foundation training programme. The initial agreement supported by the Scottish Government suggested there would be the need for approximately 20.5wte of consultant anaesthetists and an additional 28.9wte Surgeons across the specialties in Lothian alone. The overall development of the five planned centres will have a combined workforce requirement of over 1,300 wte.

## Medical Workforce Increase in WTE

	Consultant
Medical - Anaesthetics	20.46
Medical - Surgeons	28.81

Therefore it will be challenging to expand the medical workforce at a time when other boards will also be trying to recruit from an already stretched labour market. NHS Lothian will work with other boards in the region to reduce any risk of destabilising neighbouring Boards particularly within the East Region. The attraction of working in at a dedicated purpose build centre should however be significant and there may be potential to employ recently retired staff and collaborate with other boards in joint appointments. There may also be the potential to scope alternatives to medical roles, however any such roles will require significant investment in training and development. The national Treatment Centre Workforce Forum is supporting boards to look at the potential for such developments.

The SG has established an international recruitment unit to enhance coordination, marketing, advertising, provision of expertise and liaison with Regulatory Bodies to support the candidate's experience. However numbers recruited to date remain relatively low and given the impact of the pandemic on the global medical workforce it will be challenging to recruit from overseas or the EU.

Attracting sufficient medical and non-medical staff will however be key in enabling a fully functioning centre operating at optimal capacity. Over the next 12 months the local programme will look at 3 key actions in relation to workforce:

**Action 1** – Complete an updated detailed risk assessment of the workforce supply pipelines for key medical specialties to inform the development of the Full Business Case

**Action 2** – Complete a detailed risk assessment of the workforce supply pipelines for ward and theatres nursing to inform the development of the Full Business Case

**Action 3** – Develop a funded phased plan to support the workforce expansion required in line with the agreed service model within the Full Business Case

The Elective Centre Implementation Team are taking forward these actions.

## 5.6 Recruitment and Retention within Pharmacy

Recruitment of pharmacists and pharmacy technicians is challenging, with the demand to deliver new models of care at scale and pace there is a potential shortage of pharmacists and pharmacy technicians and while significant pieces of work are being undertaken these are not adequate to address the fact that the timeline to train the workforce with the required competencies and skills is not closely aligned with the increasing demand. In particular there is a significant shortage of pharmacy technicians to meet current and future demands. While pharmacists have recently been identified for inclusion in the Shortages Occupation List this is not the same for pharmacy technicians and it would be helpful if this could be considered as one option to support this workforce demand.

## 5.7 Development of AHP Workforce Plan

Each autonomous Allied Health Professions (AHP) profession has a unique scope of practice, with services delivered both independently and as integral parts of multi-disciplinary teams. The NHS Lothian AHP workforce plan under development will reflect the workforce needs of individual professions and also detail the interactional needs associated with numerous settings and contexts of service delivery.

The approach we are taking to developing the AHP workforce plan will recognise and describe the layers of parallel AHP workforce need – to both aggregate where appropriate, and to characterise specific requirements as necessary. The initial stages are to describe the current baseline of AHP staffing in post, and to gather



accounts from the spectrum of AHPs, specialties and service areas. Following this baseline of AHP workforce, the next steps are to:

- a. Elucidate and articulate AHP workforce priorities – particularly those within national drivers (including, but not limited to, the Health Care Staffing Act, the Rehabilitation Framework, GIRFEC, Primary Care Improvement Planning, Waiting Times Improvement Plans, Regional Major Trauma and Elective Centres)
- b. Co-productively define the steps and actions required to achieve those priorities (including workforce establishment, skillmix, staffing support and development, succession and recruitment, and articulating risk and establish actions for modifiable risk parameters).

## **5.8 Preparation for the implementation of the Health and Care (Staffing) (Scotland) Act 2019**

In response to the pandemic the Scottish Government have deferred the implementation date of the legislation. The Health and Care Staffing legislation is overseen by the Safe Staffing Programme Board, chaired by the Executive Nurse Director. This is multi-professional group with representatives from all the registered professions in health that will be affected by the legislation and Chief Officer colleagues representing the H&SCP in relation to the parallel social care aspects of the legislation. Locally the Board has continued to meet but with an amended purpose and has been used to consider Covid related staffing issues.

The annual plan for the running of the tools relies heavily on the tools being run by September / October each year to allow the local review and pan Lothian governance before any recommendations are taken forward to the Financial Planning cycle.

The team to support the Health and Care Staffing legislation were appointed in July 2020. The team will be working with one ward in acute / community and one ward in mental health to develop the data capture and risk assessment tools in preparation for 2021/22 runs of the tools.

The team is also focussed on developing an understanding of the wider staff groups and the landscapes in which they operate and building training materials, working with the wards identified above, in preparation for a full programme of work in 2021/22.

In 2021/22 all the national nursing and midwifery tools (aligned to the Common Staffing Method) in the Health and Care Staffing Scotland legislation will be run by September 2021. Thereafter an annual report looking at staffing levels within Acute, Community, Mental Health and Maternity services will be submitted to the Board highlighting any workforce changes required in November 2021.

## 6 Supporting the workforce through transformational change

### 6.1 Home Working and Working from Home

Given the speed at which the pandemic unfolded there was an urgent need for those staff that were not directly required to support front line clinical service to shift to home working. Within corporate areas all staff were required to shift to home working as working in a bust open plan environment represented a considerable risk. The adoption and rollout of Microsoft TEAMS took place over a very short timescale enabling staff to work effectively from home with access on a similar basis as when in-office. Almost all meetings, training and collaboration moved on TEAMS within both clinical and non clinical areas. In many cases the use of teams has resulted in better attendance and participation as well as enabling staff to work from home or remote from the workplace.

### 6.2 Near Me

Near Me is now embedded into day to day care across NHS Lothian, adopted across all General Practice and acute services. A new model of integrated services is being rolled out to ensure an appropriate mix of telephone, Near Me (video) and COVID-19-safe, physically attended appointments is offered to patients in both acute and primary care settings.

NHS Lothian Near Me Activity for the period 1st Jan 2020 to 31st Dec 2020:

NHS Lothian	Consultations	% Consultations	Hours
Primary Care	16,251	22%	2,272
Other	57,265	78%	24,969
Total	73,516	100%	27,241

### 6.3 Young Person Guarantee

As a 'trailblazer' for the Young Person Guarantee NHS Lothian has committed to the following

- NHS Lothian will support young people to prepare for a world of work.
- young people will be helped when they most need it.
- NHS Lothian will invest in developing a skilled workforce through apprenticeships, education and articulated career pathways.
- Jobs and opportunities will offered with support from partners such as the Princes Trust and DWP.
- Young people will be valued, supported and receive a living wage.

There are now 105 individuals that have completed Modern Apprenticeships to date with a further 78 actively in training at present across Nursing, Estates (Hard and Soft FM), Business & Administrative areas. Application rates have increased by 100% since April 2020, 180 – 230 against 80-100 applicants per advert in 2019. To

support apprentices there are now 131 trained mentors, including 3 who are former MAs.

Graduate Apprenticeships have also continued to expand, there are now 17 undertaking this award across a range of grades. Awards that the GA staff are working towards include: Business Management, IT Software Development, IT management for business and Construction and the built environment.

#### **6.4 Kickstart**

An initial recruitment programme has been agreed creating 31 Kickstart positions across the 3 acute sites and EHSCP sites for a 6mth period. These are 25 Housekeeper posts (25hrs pw) and 6 Domestic Assistant posts (37.5hrs pw). An Employability programme has been developed for all participants of the Kickstart scheme in NHS Lothian, this is aligned to the Employability Skills Matrix for Health.

A programme of sessions will be delivered covering Values, What Matters To You, Health and Wellbeing (incorporating Joy In Work), Career Pathways, Teamworking and how to 'Apply for Success' using the NHSS recruitment processes.

These elements will be further supported by wraparound services and materials from partners; Know You More, Tree Of Knowledge and YMCA Scotland.

A detailed matrix of evaluation measures is currently being developed as a collaboration between nursing and corporate services.

#### **Future Delivery Plans**

A further cohort of 15 Housekeeper posts, 5 each within SJH, WGH and RIE will be offered in 6mths time to enable learning from the first cohort and manage support needs within ward areas. Facilities will support for a cohort of 10 posts and are currently scoping suitable roles. East Lothian will support for 4 Housekeeper posts with locations and timing to be discussed.

Further promotion and discussion of opportunities will continue across services, particularly around administration roles.

We have also committed to a 'Skills Boost' programme with Edinburgh and West Lothian colleagues to fast track individuals into health care support worker roles.

#### **6.5 Physician Associates**

Use of transformation funds to develop the East Region PA Programme was agreed by the Chief Executives, Medical and HR Directors of Borders, Fife and Lothian in December 2018 to address the existing workforce gaps and other emerging delivery pressures to fulfil national commitments such as new GMS contract implementation. The anticipated uplift in staffing for GMS was in the region of 700 WTE across the East Region and therefore the use of PAs as a previously untapped resource for the 'alternative healthcare roles' and 'urgent care' aspects of the memorandum of

understanding has been considered due to insufficient training pipelines in existing AHP, medical and nursing workforces.

The East Region Physician Associates Programme has progressed largely unaffected by Covid19. The induction of 14 experienced Band 7 PAs for ED and AMU for Lothian took place as planned across two intakes in January and April 2020. This recruitment was to address existing workforce gaps through a test of change and provide peer supervision and support in advance of University of Aberdeen PA students starting clinical rotations across the East during the second year of their post graduate degree. Additionally a Band 8a Physician Associate Education Lead has been appointed and a Regional Medical Lead is also in place to oversee the ongoing development and governance of the East's PA programme. A monthly teaching programme has been established for the PAs already in post with contributions from medical staff, ANPs and PAs. This programme is open to all East Region NHS and independently employed PAs as well as AHPs and ANPs. The use of simulation training has also been introduced at induction and as an ongoing means of increasing training opportunities in core procedures.

NHS Lothian now has 17 experienced secondary care PAs in post and on the whole feedback has been extremely positive. Audit and evaluation of the role is underway along with discussions with radiology colleagues around the benefits of pending GMC regulation to enable ionising radiation requests. This is progressing with NES joining the GMCs Medical Associated Professions working group and it is hoped that PAs will be a regulated profession by early 2022 at which point prescribing rights can also be achieved. These timescales continue to tie in with our East Region commitment to sponsoring 25 students, who will graduate in the summer of 2021 and sit their National certification exams towards the end of the year, to be in employment by 2022.

There was also a first cohort of 6 'test' students that started clinical rotations in NHS Lothian before Covid19 halted placements. They were recruited into 3 month fixed term contracts to achieve their clinical hours as HCSWs supporting frontline services and then moved across to assist the Oxford vaccine trials. They have now all graduated from the University of Aberdeen's MSc in PA studies and 4 have been recruited to work in the East as a result of sites and services having them on rotation and seeing the adaptability and benefits of their contribution to healthcare delivery.

The Edinburgh and East Lothian HSCPs have also recruited 6 PAs to cover GP, community and care homes helping realise a return on the investment in training these graduates. Meetings have taken place with the other Lothian HSCPs hosted by the LMC and more primary care recruitment of PAs is anticipated throughout 2021/2. Further work is underway locally and regionally to propose expansion of the PA role into Mental Health, Surgery and Women's Health where workforce pressures are particularly evident. Expressions of interest in employing the sponsored PAs are growing and an event to support the transition from student to employee is being planned to provide support for medical supervisors of graduate PAs.

### **Development of a National Approach**

Whilst both regionally and locally there has been investment in introducing PAs in to services there is a need for a national approach to ensure there is consistency and

strong governance. Development so far has been opportunistic and feedback extremely positive there is no established funding route. A national 'pump primed' approach to development would help support training capacity and the integration of these roles as a new branch of advanced practice. Given the timescale for regulation of the profession and prescribing rights there is now a potential to expand this group.

## **6.6 Advanced Practice**

A new advanced practice strategy for nursing has recently been recently been agreed covering 2021-25. The Advanced Nurse Practitioner (ANP) workforce is well established in NHS Lothian and has been developed through a structured education programme for the past 15 years. ANPs form an integral part of many clinical services and enable the delivery of enhanced patient care by supporting existing workforce models. The generalist and flexible nature of the ANP role enables it to bring value to a range of different clinical services in both secondary and primary care. This has been particularly evident during 2020, where rapid mobilisation plans for care delivery has relied on transferable advanced nursing skills within all clinical health and social care settings.

The aim of this strategy is to guide the continued development of Advanced Nursing Practice across the Board by providing a consistent approach to strengthening governance arrangements, including workforce planning, education and training and education. NHS Lothian's vision for Advanced Practice builds on a number of key principles and recommendations from NES Advanced Practice toolkit, The Scottish Government Guidance for Health Boards on Advanced Nursing Practice Roles, and the Scottish Government work on Transforming Nursing Roles.

It is recognised there is a need for strong governance in relation to advanced practice within the various professions, there is also a need to consider advancing practice in a wider sense. There are gaps within the training grade medical workforce that are increasingly reliant on clinical fellows to cover these gaps. Whilst these posts are generally popular and recruitment is broadly successful there is a need for services to look at the range of advanced practice options that may help support sustainability and build expertise in the medium to long term as opposed to the current shorter term fellow posts. During 2021/22 work will be undertaken to create wider awareness within services of advanced practice roles within each profession and how they can best be deployed as an alternative workforce solution.

## Appendix A - NHS Lothian Workforce Plan – Action Plan 2021-22

Profession/priority	SMART Action	Outcome	How will progress be measured?	Support required from?	Lead?
Nursing	Action 1 – Run the national nursing and midwifery tools (aligned to the Common Staffing Method) in the Health and Care Staffing Scotland legislation <b>by September 2021</b> .	<p>Annual report looking at staffing levels within Acute, Community, Mental Health and Maternity services will be submitted to the Board highlighting any workforce changes required <b>in November 2021</b>.</p> <p>This will be factored into the financial planning process to ensure the appropriate staffing establishments.</p>	The difference between the ideal staffing level and the actual staffing level should demonstrate a reduction in the gap year on year.	Project team	Fiona Ireland
Nursing	Action 2 – Improve retention rates of student nurses through working in partnership with HEIs over the next 3 cohorts of intakes ( <b>starting programmes 2019 to 2022, completing 2022 to 2026</b> ). This includes a focussed engagement with male student nurses from 3 cohorts to improve retention.	<p>Agree a joint action plan for improving student retention covering</p> <ul style="list-style-type: none"> <li>• Student satisfaction with academic teaching</li> <li>• Student satisfaction with service placements</li> <li>• Improvements in curricula</li> <li>• Student pastoral support</li> <li>• Student engagement</li> </ul> <p>Commence longitudinal tracking of the 2019 cohort of 59 male student nurses.</p>	<p>Reviewing retention rates by student year.</p> <p>Reviewing student satisfaction metrics and qualitative feedback.</p> <p>Engagement events have identified improvement actions.</p>	<p>RGU</p> <p>Chief Nurses</p> <p>Clinical Education Lead</p> <p>Clinical Education Lead</p>	<p>Alex McMahan/ Janet Corcoran</p> <p>HEI Deans</p> <p>Alex McMahan / Juliet McArthur</p>
Nursing	Action 3 – Strengthening	Improved knowledge of the	Improved retention	Nursing R&D	Alex

	understanding of the reasons for turnover of nursing staff using exit interview/survey / focus group processes, analysis of turnover data and other workforce measures to enable a robust review of findings by <b>end of March 2022</b>	reasons behind staff leaving the organisation, to identify areas for improvement action.  Areas of focus to improve employee experience.	I-matter EEI	HR systems /workforce planning	McMahon/ Fiona Ireland
Nursing	Action 4 – Develop a revised Advanced Nurse Strategy to meet service needs, within a robust governance framework for 2021 to 2025 by <b>December 2020</b> .	- Prioritised service needs analysis - Expansion of 50 additional ANPs commencing training in 2020. - Review of ANP model and training plan for Primary Care and Mental Health - Undertake review of advanced practice through doctorate research.	Full training cohort.  Development of new funded ANP roles.  Robust training plan for ANPs in primary care.	ANP Lead  QMU  Doctorate researchers	Alex McMahon/ Fiona Ireland
Nursing and other professions	Action 5 – Develop an overall advanced practice strategy for all professional groups setting out key principles for their development by <b>May 2021</b> .	Clear principles and process for the development of advanced practice roles in a consistent and robust way, which supports good governance.  Greater clarity for services looking to redesign and introduce new roles.	The strategy will be taken to the ANP strategy group for approval.  Reviewed by the Workforce Planning and Development Programme Board (WPDPB).	ANP Lead  ANP strategy group members.  WPDPB	Alex McMahon/ Fiona Ireland/ Margot McCulloch
Nursing	Action 6 – Undertake a skills mix review within maternity service and implement the findings by <b>end of March 2022</b> .	Complete review of maternity care assistants and the scope for development.  If scoping indicates potential for	Robust review of maternity care assistants completed. Workforce profile in line with peers and safe Staffing tools.  Findings will be reviewed	Strategic Programme Manager Maternal and Child Health  Clinical	Alex McMahon/ Midwifery Director

		increased development then a plan for the expansion will be required.	by maternity services steering group.	education lead	
Nursing	Action 7 – Review mental health recruitment, retention and career pathways <b>by end of September 2021.</b>	Action plans to support improvement in attraction and retention.  Articulation of career pathway.  Development of mental health advanced practice model.	Reduction of establishment gap and supplementary staffing utilisation.  ANP roles established.	Clinical education lead	Alex McMahon/ Chief Nurse
Medical	Action 1 – Continue to support Physician Associate training programme in conjunction Aberdeen University and other Boards in the region <b>during 2021/22.</b>	Evaluation pilot completed by <b>June 2021.</b>  20 PA students rotating within Lothian of which 11 will start training in <b>January 2021.</b>  Engagement with finance and service leads around securing a return of investment through creating sustainable posts for students qualifying by <b>April 2021.</b>	Positive evaluation of pilot.  Positive feedback from services and trainees.  Services wishing to create substantive roles for PAs, leading to a reduction in supplementary staffing.	Clinical Directors  NES  Aberdeen University	Alicia Cowan/ Richard O'Brien/ Jacqui Balkan
Medical	Action 2 – Continue the introduction of experienced Physician Associates (PAs) within primary care and acute services and establish future workforce profile <b>during 2021/22.</b>	Recruitment of 7 PA's within primary care, the first time within NHS Lothian. by <b>April 2021.</b>  Further likely expansion within Acute Services.  Reducing reliance on clinical fellows.  Development of a communication	Positive feedback from experienced PAs and supervising clinicians.  Successful recruitment.  Growing recognition as an employer of PAs	Clinical Directors  HSCP Chief Officers	Alicia Cowan/ Richard O'Brien/ Jacqui Balkan



		strategy to raise awareness within the wider workforce.  Development of evaluation metrics.			
Medical	Action 3 – Risk assess medical workforce supply and demand to support key policy initiatives such as the development of the SSEC and the development of the new Edinburgh Cancer Centre by <b>end June 2021</b> .	Robust assessment of medical training supply pipelines in key specialities. Robust scenario modelling to identify challenges in meeting additional demand requirements.	Availability of robust analysis to support decision making and risk assessment.	Workforce Planning  NES  Strategic Planning Leads	Tracey Gillies/ Nick McAlister
Psychology	Action 1 - To develop and implement evidence based psychological therapies training programme to increase access and performance of the HEAT Standard by <b>September 2021</b> .	Structured training delivered within Lothian or by NES, with supporting supervision structures for implementation.	Audits of numbers of staff trained to deliver psychological interventions from low to high intensity are completed annually; the aim would be to increase the number and range of interventions delivered.	Line management support required for time to complete the training and allocation of time in job plans for implementation of training with supervision support included.	Belinda Hacking
Psychology	Action 2 - To review pathways for those being diagnosed with dementia (OA Services) and neuro-developmental disorders (CAMHS)	Identify the competencies to assess, manage and treat conditions such as dementia and neuro-developmental disorders, to	Improved patient flow for assessment and management, with subsequent improved	Line management support to engage in skill	Belinda Hacking

	with scope to revise the skill mix to improve patient flow by <b>September 2021</b> .	increase the range of staff, including advanced nurse practitioners and clinical psychologists, to deliver care along this pathway.	experience for patients and families.	mix review, engagement in recruitment of new posts, building in evaluation process to determine if the change in service design leads to improved performance and experience for patients and families.	
Facilities	Action 1 – Completion of the first programme of training towards HSDU staff achieving the accredited Certificate in decontamination by <b>March 2022</b> .	We will be able to provide improved assurance on the levels of staff competence in relation to the production of sterile surgical instruments for theatres.	The numbers of HSDU staff having achieved the accredited qualification.	Decontamination Lead	HSDU management / Danny Gillan
Facilities	Action 2 – Implementation of the national Facilities workbooks including the leading teams (supervisors) workbook in all areas by <b>March 2022</b> .	We will be able to show that local departmental training is providing staff with the necessary competencies for their roles and that our assurance of this is based in reflection, observation and testimony.	Achievement will be evidenced by individually completed workbooks in all departments	Local management teams Facilities Learning and Development Officer	Danny Gillan
Healthcare Science	Action 1 - Support Clinical and Cardiac Physiology disciplines to utilise some of the 30 posts indicated within the SG Integrated workforce plan for <b>September 2021</b> cohort start.	More staff appointed on Annex U training contracts within the professions. Work with GCU and NES underway NES awaiting to hear back from	Completion of course and Annex U training requirements.	Recruitment HR Clinical Service managers HCS	Sarah Smith

		GCU whether they are going to run a		Professional lead	
Healthcare Science	Action 2 – To complete a workforce review within Medical Equipment Management Service with alignment with HCS National Delivery Plan Deliverable 4 by <b>November 2021</b> .	Review will assess skill mix within the department in order to ensure that the workforce is operating to full potential	Final report to DATCC management team.	Workforce Planning HCS Professional Lead	Sarah Smith/
Pharmacy	<p>Action 1 - Maximise pharmacy technician and Pharmacy Support Worker workforce availability:</p> <ul style="list-style-type: none"> <li>Secure additional capacity for initial education and training (IET) with Edinburgh College</li> <li>Explore opportunities with other education providers</li> <li>Establish Modern Apprenticeship opportunities for pharmacy technicians and Pharmacy Support Workers (PSW)</li> <li>Explore over recruitment of student pharmacy technicians / pharmacy technicians</li> <li>Secure co-design of IET delivery development opportunities with Edinburgh College</li> <li>Actively contribute to the national review of IETs implementation led by NES</li> <li>Maximise PSW skill mix</li> </ul>	Adequate technical workforce capacity to support fulfilment of the requirements of the pharmacotherapy service while minimising the workforce impact on other sectors	<p>NHS Lothian course secured with education provider</p> <p>Funding secured for 30.0WTE Band 4 Annex U Student Pharmacy Technicians</p> <p>Students recruited and enrolled by January 2020</p> <p>Successful course delivery as per training agreement</p> <p>30.0WTE qualified, registered Band 4 Pharmacy Technicians <b>by January 2022</b></p>	<p>Edinburgh College</p> <p>NHSL Workforce Planning</p> <p>HSCPs</p> <p>Community Pharmacy Lothian</p>	Angela Timoney/ Alexa Wall

Pharmacy	<p>Action 2 - Maximise pharmacist workforce availability:</p> <ul style="list-style-type: none"> <li>• Maximise utilisation of pharmacist independent prescribers to support skill-mix within multidisciplinary team e.g. Short Stay Elective Centre</li> <li>• Explore over recruitment of Band 6 (entry level) pharmacists</li> <li>• Actively contribute to the national undergraduate and postgraduate reviews led by NES</li> <li>• Maximise pharmacy technician skill mix</li> <li>• Increase experiential learning opportunities with both University Schools of Pharmacy / NES</li> </ul>	<p>Adequate pharmacist workforce capacity to support the pace and spread of the pharmacotherapy service and the increasing demand for acute pharmacy services while minimising the workforce impact on other sectors</p>	<p>Vacancy rate</p> <p>Review of pharmacists' inclusion on the Shortage Occupation List</p>	<p>Local / Regional workforce planning</p> <p>Directors of Pharmacy</p> <p>NHS Education for Scotland</p> <p>Strathclyde University</p> <p>Robert Gordon University</p>	<p>Angela Timoney/ Alexa Wall</p>
Pharmacy	<p>Action 3 - Promote careers in pharmacy:</p> <ul style="list-style-type: none"> <li>• Articulate a clear career pathway from PSW to pharmacy technician</li> <li>• Develop an engagement plan to describe pharmacy careers – school engagement / STEM clusters / Developing Young Workforce / Generic Insight Days / Job Centres</li> <li>• Liaise with the Royal Pharmaceutical Society, University Schools of Pharmacy and Colleges to influence and support national, regional and local workforce</li> </ul>	<p>All roles in pharmacy promoted as potential career pathways within the NHS.</p>	<p>Vacancy rate</p> <p>Documented career pathway</p> <p>Participation in:</p> <p>Generic Insight events for school pupils</p> <p>Generic Insight Pilot Work placements – S4 students</p> <p>Skills Scotland Career</p>	<p>Royal Pharmaceutical Society</p> <p>NHS Lothian Employability and Work Placement Team</p> <p>NHS Education for Scotland</p>	<p>Angela Timoney/ Alexa Wall</p>

	<p>engagement opportunities</p> <ul style="list-style-type: none"> <li>• Develop a pharmacy recruitment and retention action plan</li> <li>• Scope and implement junior pharmacist and pharmacy technician rotational posts across managed sector including HSCPs</li> <li>• Maximise utilisation of social media platforms to describe pharmacy opportunities for both engagement and recruitment</li> </ul>		Event	<p>East Region Pharmacy Education &amp; Training Group</p> <p>Strathclyde University</p> <p>Robert Gordon University</p> <p>Edinburgh College</p>	
Short Stay Elective Centre	<p>Action 1 – Complete an updated detailed risk assessment of the workforce supply pipelines for key medical specialties to inform the development of the Outline and Full Business Cases <b>by end of February 2021</b></p>	<p>Mapping of the training pipelines within key medical specialties to assess capacity to deliver the required expansion within the workforce.</p> <p>Scenario models mapping anticipated supply and demand against over time and options to close any gaps.</p> <p>Development of plans for the development of new non-medical roles that will support sustainable staffing models.</p>	<p>Risk assessment presented to the Short Stay Elective Programme Board and Elective Strategy Development Board.</p> <p>Business Cases provide a realistic assessment of the workforce challenges.</p> <p>SG awareness of workforce challenges to help inform national actions.</p>	<p>SSEC Project team</p> <p>Workforce Planning Team</p>	<p>Jim Crombie/Clar e</p> <p>Cartwright/Ni ck McAlister</p>
Short Stay Elective Centre	<p>Action 2 – Complete a detailed risk assessment of the workforce supply pipelines for ward and theatres nursing to inform the development of</p>	<p>Mapping of the profile of the existing St John’s Hospital ward and theatre nursing, including numbers, vacancies, demography</p>	<p>Risk assessment presented to the Short Stay Elective Programme Board and Elective</p>	<p>SSEC Project team</p> <p>Workforce</p>	<p>Jim Crombie/Clar e</p> <p>Cartwright/Ni</p>

	the Outline and Full Business Cases <b>by end of February 2021</b>	<p>and turnover.</p> <p>Scenario models mapping anticipated supply and demand against over time and options to close any gaps.</p> <p>Funded development plan for additional staff training within theatres to support existing resilience and future growth.</p>	<p>Strategy Development Board.</p> <p>Business Cases provide a realistic assessment of the workforce challenges.</p> <p>SG awareness of workforce challenges to help inform national actions.</p>	Planning Team	ck McAlister
Short Stay Elective Centre	Action 3 – Develop a funded phased plan to support the workforce expansion required in line with the agreed service model within the full business case <b>by April 2021</b> .	<p>Finalised workforce plan agreed with the SG to support the final model for opening the SSEC facility.</p> <p>Plan for the recruitment of medical and non-medical workforce in line with the commissioning plan.</p> <p>Plan for development of new workforce roles as part of the multidisciplinary team.</p> <p>Close engagement with the SG and NES to support delivery.</p> <p>Close engagement with HEIs to maximise attraction opportunities for new staff.</p>	<p>Progress will be overseen by the Short Stay Elective Programme Board</p> <p>Workforce groups will be established to develop plans and review progress</p>	<p>SSEC Project team</p> <p>Recruitment services Team</p> <p>SSEC specialties</p>	<p>Jim Crombie/Clarke</p> <p>Cartwright/Nick McAlister</p>
HSCP	Action 1 – HSCPs to develop and progress action plans to build collaborative approaches around the	Collaborative work streams in place with involvement and input from all HSCPs.	Joint accountable officers will monitor progress and feed into the WPDPB.	Regional Workforce Planning	Alison Macdonald

	development of new/ advanced/ redesigned roles <b>by March 2022.</b>	<p>Agreed action plans and timescales for delivery.</p> <p>Wide involvement of partners, including the third and independent sector.</p>		<p>Manager</p> <p>Workforce Development Team</p> <p>Clinical Education Team</p> <p>E-health</p>	IJB Joint Accountable Officers
HSCP	Action 2 – HSCPs Building collaborative approaches to recruitment, with a focus on promoting and supporting careers in care, factoring in the use of the third and independent sector as well as all unpaid carers <b>by March 2022.</b>	<p>Collaborative work streams in place with involvement and input from all HSCPs.</p> <p>Agreed action plans and timescales for delivery.</p> <p>Wide involvement of partners, including the third and independent sector.</p>	Joint accountable officers will monitor progress and feed into the WPDPB.	<p>Regional Workforce Planning Manager</p> <p>NHS Lothian recruitment and council recruitment teams</p>	<p>Alison Macdonald</p> <p>IJB Joint Accountable Officers</p>
HSCP	Action 3 – HSCPs to develop and progress action plans to build collaborative approaches around Digital enablement, by providing access to multiple systems across health & care to support agile working <b>by March 2022.</b>	<p>Collaborative work streams in place with involvement and input from all HSCPs.</p> <p>Agreed action plans and timescales for delivery.</p> <p>Wide involvement of partners, including the third and independent sector.</p>	Joint accountable officers will monitor progress and feed into the WPDPB.	<p>Regional Workforce Planning Manager</p> <p>Workforce Development Team</p> <p>E-health</p>	<p>Alison Macdonald</p> <p>IJB Joint Accountable Officers</p>
New GMS	Action 1 - Advanced Practice Nursing	Expansion of ANPs completing	Recruitment to an	Nursing ANP	David

	<p>Maintain current HSCP support for practice nurse ANP training</p> <p>Increase support for ANP training in HSCP and LUCS roles</p> <p>Develop common approach to ANP training using in and out of hours mixed rotas across all HSCPs</p> <p><b>Completion by December 2021</b></p>	<p>training and taking up role in line with phasing within workforce plan.</p> <p>ANPs training programme providing balanced training programme.</p>	<p>additional 5 ANP roles in 2020/21 and any unfilled posts from 2019/20 in line with phasing from PCIPs towards an overall target of 47wte ANPs.</p> <p>Sufficient funding to support development.</p> <p>The Primary Care Workforce Planning Group will review progress against agreed investment profile.</p>	<p>lead, Nurse Education</p> <p>HSCP PCIPs</p> <p>Members of Primary Care Workforce Planning Group</p>	<p>Small/Pat Wynn</p>
New GMS	<p>Action 2 - Advanced Practice Physiotherapy</p> <p>Develop plan for 35wte advanced practice physiotherapists within primary care with Queen Margaret University <b>by the end of 2021.</b></p>	<p>Implementation plan to deliver advanced practice capacity.</p> <p>Agree support for the plan with HSCPs</p> <p>Common approach to Annexe U</p>	<p>The Primary Care Workforce Planning Group will review progress against agreed investment profile of 35wte by the end of 2021.</p>	<p>HSCPs</p> <p>QMU</p> <p>Members of Primary Care Workforce Planning Group</p>	<p>David Small/HSCPs /Phil Ackerman</p>
New GMS	<p>Action 3 – Physician Associates</p> <p>Establish pilot programme in Edinburgh HSCP</p> <p>Clarify the governance requirements</p>	<p>PA training programme commences</p>	<p>Progress against target of 8 PAs completion training <b>by the end of 2021.</b></p> <p>Feedback on PA trainees</p>	<p>Trainee mentors</p> <p>NHS Lothian PA working group</p>	<p>David Small/HSCPs</p>



	and adapt as the profession moves to registration and regulation	Clear understanding of timescale for regulation and impact on role design.	and feedback from PA trainees  Trainee retention.	Workforce Planning – PA lead	
New GMS	Action 4 – Establishment of a community vaccination service for all age groups <b>by April 2021</b>	All vaccinations carried out by GPs transfer to a NHS Lothian community vaccination service	Recruitment to <b>c51wte</b> posts in-line with the Primary Care Improvement Plans. The service is currently under development and as such the final figure may vary.  The Primary Care Workforce Planning Group will review progress.		David Small/HSCPs /APat Wynne
Regional Trauma Centre	Action 1 – Complete the final year of the recruitment plan to establish a South East Trauma Network (SETN) <b>by March 2021.</b>	<ul style="list-style-type: none"> <li>▪ Implement Major Trauma Consultant of the week rota.</li> <li>▪ Integration of the General surgical and orthopaedic rotas</li> <li>▪ Appointment to AHP Leadership position; Exercise Specialist and AHP Assistant Roles.</li> <li>▪ Appointment to a Major Trauma Educator position.</li> <li>▪ Appointment to key Psychiatry, Psychology; Physio; Speech and Language Therapy and Occupational Therapy roles within the Rehabilitation team at the</li> </ul>	The SETN steering group will monitor progress against project plan timescales.	Regional Recruitment Teams	Jacque Campbell/Wendy Parkinson

		<p>Royal Hospital for Sick Children.</p> <p>Definitive Surgical Trauma Skills Course (DSTS) – General Surgeons within the Major Trauma Centre and multiple staff members from each Trauma Unit will have completed DSTS training by <b>March 2021</b></p>			
Regional Trauma Centre	Action 2 -Development of Regional Clinical Workforce encompassing all staffing levels throughout the patient pathway from Pre-hospital to Rehabilitation <b>by March 2021</b>	<p>Establishment of a multidisciplinary team of rehabilitation specialists from day 1 in the MTC including providing 7 day access from AHP's.</p> <p>All nurses that deal with Major trauma are Level 1 trained, with always a level 2 trained ED nurse on shift and available for Major Trauma cases.</p> <p>Alternative training approaches in light of covid pandemic.</p>	The SETN steering group will monitor progress against project plan timescales.		Jacque Campbell/Wendy Parkinson
Best Start	Action 1 – Develop options for the required changes in the structure of the workforce to support full implementation of Best Start model <b>by April 2021.</b>	Programme Board to receive evaluated options for the training and workforce expansion required for full implementation.	Programme Board approval.		Alex McMahon/Midwifery

Best Start	Action 2 – Develop training and recruitment plan to support implementation of approved option, including financial appraisal <b>by March 2022.</b>	Funded training and recruitment plans that support the necessary workforce redesign required to fully implement the model.	Review against agreed timescale by the Programme Board.	Approval by the Programme Board, CMT and Board.	Alex McMahon
Mental Health	Action 1 – To reduce Nursing vacancies by 50% <b>by April 2021</b> using workforce tools and professional judgement to explore opportunities for other disciplines to play greater roles and free up nursing time to the benefit of pts	Looking at opportunities to employ alternative skill mix and disciplines so art therapists, psychology assistants, band 3 and band 4 roles	Vacancy gap reduces, safe staffing tool shows safer staffing, DATIX for unsafe staffing reduced	Karen Ozden, Partnership and HR to agree job descriptions for alternative roles	Alex McMahon Tracey McKigen
Mental Health	Action 2 - Explore options to reduce Locum Psychiatry expenditure through developing alternative workforce solutions i.e. psychology, advanced nurse practice <b>by March 2021.</b>	Old age permanent staff recruited and acute and Forensic staff also recruited to reduce locum use.  Review of alternatives including Psychology, ANP, non-medical prescribers	Vacancy gap reduces, safe DATIX for unsafe staffing reduced	Tracey McKigen Partnership and HR to agree job descriptions for alternative roles	Alex McMahon Tracey McKigen
Mental Health	Action 3 – Establish a Professional forum to support clinical and care governance pan Lothian – led by the Associate Medical Director but pan Lothian and for all disciplines focusing on professional development and tying in with clinical and care governance <b>by February 2021.</b>	Professional Advisory Group is established and will report to the Mental Health and LD programme Board and this will be included in terms of reference.	Governance through the MH & LD programme Board		Alex McMahon Tracey McKigen
Early Careers	Action 1 - Develop Apprenticeship pathways at higher levels of education creating career progression pathways from B2 entry points to 4 service areas <b>by 2022</b>	B3 MA pathway developed and delivered for nursing support MA roles	B3 MA nursing support posts are recruited to in a pilot Successful development of a new education	Fife College Sarah Smith HCS Prof lead Senior nursing leads	Amanda Langsley/ Andrea Macdonald

	(HCS, HSDU, Facilities, Pharmacy).	<p>B3 MA pathway developed within Labs with a pilot of use</p> <p>B2/3 MA pathway scoped and developed for AHP</p> <p>Develop pathway for HSDU early careers</p> <p>New SCQF L7/8 award for Pharmacy Technician posts is piloted (*requires partnership ability to engage – skills for health, SDS)</p> <p>We develop opportunity to widen</p>	<p>package and underlining knowledge</p> <p>B3 posts are nominated within Labs, MA education is offered within Labs and a delivery commences by 2022</p> <p>B3 education pathway is developed enabling platform for progression to nominating posts and model of delivery</p> <p>B3 education pathway is developed enabling progression to a pilot with post nomination and delivery model</p> <p>Representation on the skills for health consultations for SCQF L6 and L7/8 awards to support presentation to AAG (apprenticeship advisory group) for consideration as MA framework</p> <p>Develop structure to offer Pharmacy Tech MA</p>	<p>E.Loathian</p> <p>Fife College Sarah Smith HCS Prof Lead</p> <p>AHP Director AHP Workforce Group Nominated AHP lead to work with Fife College &amp; Corp Ed Team</p> <p>Sarah Smith Education Provider HSDU leads</p> <p>Assoc Director Pharmacy Education Provider</p>	
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		access to key underpinning knowledge delivery that can have wider organisational benefit	<p>delivery Start delivery of MA offers</p> <p>We develop a model to offer out Higher Human Biology to staff in 2021</p> <p>Scope potential use of same model to other MA routes and identify opportunity to pilot wider offers.</p>	Fife College School of Health, Science and technology	
Early Careers	<p>Action 2 - Extend access to a wider range of services (2 clinical and 2 non clinical) to access existing B2 MA pathways <b>by 2022</b>. Increase organisational impact by increasing transferrable career pathway opportunities.</p> <p>Extend access to 4 identified services using existing B2 MA pathways <b>by 2022</b>. Increase organisational impact of MA programmes by increasing transferrable career pathway opportunity.</p>	<p>We develop a recognised access point &amp; pathway into B2 apprenticeship opportunity : AHP Pharmacy HCS Facilities (<b>aim 2021</b>)</p> <p>Formal RPL (recognition of prior learning) route established using core clinical B2 MA education model to enable staff to be able to gain/apply for SSSC registration within 5yr window. (*requires partnership ability to engage -Fife College, SSSC)</p>	<p>MA posts have been offered and included within corporate cohort activity in all 4 service areas</p> <p>We pilot a new education model with B2 MA staff using the core pathway and education additions through college partnership, enabling SSSC registration where required.</p> <p>We develop and create evidence of NHSL pathway to contribute to national learning</p>	<p>Service Directors and identified leads</p> <p>Fife College School of Health Science and technology NHSL</p>	Amanda Langsley/ Andrea Macdonald

			We work to engage SSSC in discussion to recognise the route and share opportunity for learning		
Early Careers	<p>Action 3 - Support and develop a consistent growth in school engagement activity :</p> <ul style="list-style-type: none"> <li>- Deliver a programme of Virtual Career insight activities <b>2021</b></li> </ul> <p><b>2021</b> – develop structure of making planned work experience offers Deliver a pilot suite of virtual experiences <b>2022</b> – start to develop S4-6 focussed experiences</p> <p>(*relies on partner ability to engage – schools, medic insight, universities)</p>	<p>Develop a model and procedures for S4 specific work experience week offers with Nursing, AHP, Pharmacy and HCS professions</p> <p>Develop pathways from school career insight activity into volunteering opportunities in NHSL</p> <p>Deliver key identified opportunities for collaborative external partnership delivery of work experience that will support long term provision</p>	<p>Develop a new action group of education leads identified through Ed Gov Board to support development of a structure for planning offers of work experience requests</p> <p>Develop a model within nursing of S4 work experience week activity that can be offered to schools using the Nightingale Challenge</p> <p>Volunteering services/info are represented within work experience structures and virtual sessions</p> <p>Form a collaborative partnership across medic insight programmes in Scotland to investigate a</p>	<p>Ed Gov Board Key service area education leads – Pharmacy, HCS, AHP, Nursing, Facilities, Medicine</p> <p>Chief Nurse R&amp;D OD lead</p> <p>Volunteering services manager and Youth services manager</p> <p>Medic Insight partners Widening access University of</p>	Amanda Langsley/ Andrea Macdonald

			<p>pilot of a national online resource in 2021</p> <p>Collaborate with local widening access teams in higher education to deliver online events showcasing NHS careers in 2021</p> <p>Collaborate with DWP and MCR to deliver targeted events supporting career aspiration and employability skills in 2021</p> <p>Review and develop the early careers NHSL webpages to show a clear structure of activity and offers to both young people and to our own staff on how they can participate in activity &amp; develop skills</p>	<p>Edinburgh</p> <p>Widening access team Napier University Widening access team University of Edinburgh</p>	
Early Careers	<p>Action 4 - To have an identified corporate structure for staff to engage at different levels to build core skills in youth engagement - <b>2021</b></p> <p>(*relies on partner ability to engage – MCR, Smartworks, PT</p>	<p>To have a communications resource accessible to staff providing signposting and opportunities</p> <p>Collaborate with key partners to develop sustainable structures to access opportunities</p>	<p>Development of an HROnline resource for staff</p> <p>Development of pages within external webpages</p> <p>Continue pilot staff group undertaking HNC MCR</p> <p>Develop core structures for staff to access; MCR Pathways mentor</p>	<p>NHSL webteam</p> <p>MCR leads Smartworks Princes Trust</p>	<p>Amanda Langsley/ Andrea Macdonald</p>

			programme Smartworks mentoring Princes Trust mentoring		
Early Careers	<p>Action 5 - To support our Young Person employer trailblazer aims with key actions to support workforce need; A programme of (agreed number of) 6mth employment opportunities starting within Jan-Dec 2021 to support Kickstart/Young Person Guarantee.</p> <p><b>Programme recruitment and delivery 2021</b> <b>Possible completion of some delivery in 2022</b> <b>Evaluation 2021-22</b></p>	<p>Targeted opportunities are delivered (at agreed number) that provide a meaningful blend of work experience and a programme of employability skills training enabling alignment to identified progression pathways and workforce need.</p> <p>A collaborative partnership with Edinburgh CEC established to deliver kickstart employability skills training and alignment of post Kickstart progression routes to NHS and Social Care</p>	<p>An agreed number of identified opportunities are offered during <b>2021</b></p> <p>-targeted areas that are suitable for level of employment pipeline identified <b>(2021)</b></p> <p>-Development of recruitment model and alignment of funding to services <b>(2021)</b></p> <p>-Develop employability skills training programme <b>(2021)</b></p> <p>-deliver employability training and alignment to progression routes <b>(2021-22)</b></p> <p>-Develop Evaluation of experience, completion, progression of programme <b>(2021)</b></p> <p>-evaluation complete and reported <b>2022</b></p>	Service leads DWP advisors CEC lead Recruitment	Amanda Langsley/ Andrea Macdonald



			<p>Develop agreed suite of virtual sessions on 6 key areas; <b>(2021)</b></p> <p>Values based care Career Pathways Teamworking Application skills What Matters To Me Being well in work</p> <p>Deliver an agreed programme of skills training to support NHS/CEC Kickstart provision <b>(2021-22)</b></p>		
<b>AHP</b>	Action 1 - To develop a robust Allied Health Professions workforce plan to support workforce sustainability within each of the professions <b>by March 2022.</b>	<ul style="list-style-type: none"> <li>• Mapping of service change</li> <li>• Assessment of workforce demand in terms of numbers and skill mix</li> <li>• Review of existing workforce supply profile with identification of areas of risk, within each AHP Profession.</li> <li>• Action plan to close any gaps highlighted</li> </ul>	<p>AHP Workforce Planning Group</p> <p>Workforce Planning and Development Programme Board</p>	<p>AHP Leads</p> <p>Workforce Planning Team</p>	Heather Cameron
<b>COVID RELATED ACTIONS</b>					
<b>Regional covid testing laboratory</b>	Develop and implement a workforce plan to establish a 24/7 regional covid testing laboratory to enhance testing capacity <b>in January 2021.</b>	Successful recruitment of approximately 100wte laboratory and support staff to enable the new facility to commence <b>in January 2021.</b>	Progress will be tracked by the recruitment team and the Regional SARS-CoV Testing Hub group, Testing Operational Delivery Group in conjunction with the	<p>Recruitment Team Facilities</p> <p>Laboratories service</p>	Ingo Johannessen/ Mike Gray

			Scottish Government.	Funding from Scottish Government  Regional Laboratory services	
<b>Care home testing</b>	Create a Care Home Covid testing service to support the Care sector <b>by December 2020.</b>	<ul style="list-style-type: none"> <li>Recruitment of 8wte, registered and 8 non registered staff for core team.</li> <li>Bank staff to provide flexible capacity to undertake testing (c110 headcount).</li> </ul>	More effective tracking of covid infection.	Recruitment Team	Alex McMahon/Pat Wynne
<b>Care Home Domiciliary Care Wrap Around Service</b>	Create a core team to support quality of care within care homes and support for HSCPs and in addition to recruit to staff bank for flexible staffing capacity <b>by February 2021.</b>	<ul style="list-style-type: none"> <li>Recruitment of 11wte registered nursing staff for core team to cover infection control, quality and education.</li> <li>Recruitment of 20wte registered and 1wte non registered staff within HSCPs to provide additional capacity to support.</li> <li>Recruit an additional 50 bank staff to provide flexible staffing</li> </ul>		Recruitment Team  Staff Bank	Alex McMahon/Pat Wynne
<b>Public Health – Health Protection</b>	Expand the health protection to enhance workforce capacity to support covid response and enhance on-going capacity <b>by January 2021.</b>	<ul style="list-style-type: none"> <li>Recruitment of a further 11wte health protection nurses.</li> <li>Recruitment of further 3wte Public Health consultants.</li> </ul>	Public Health Management Team	Recruitment Team	Alison McCallum
<b>Facilities Covid recruitment</b>	Expand the facilities workforce by 157wte for 6 month period <b>to March 2021</b> to ensure enhanced workforce capacity to reduce transmission in the second wave of covid 19.	<ul style="list-style-type: none"> <li>Additional domestic capacity for enhanced cleaning regimes.</li> <li>Additional logistics capacity for patient movement.</li> </ul>	Facilities management team  CMT	Funding from Scottish Government CMT	George Curley Danny Gillan

		<ul style="list-style-type: none"> <li>• Additional capacity for transport to enhance decontamination and lab van service.</li> <li>• Additional supply chain capacity to ensure day to day supply and management of PPE.</li> <li>• Increased opening hours within staff catering facilities.</li> </ul>			
<b>Covid Vaccination</b>	Action 1 –To develop and implement a workforce plan for the creation of a covid vaccination service commencing in <b>December 2020</b> .	<ul style="list-style-type: none"> <li>• Appointment of approximately 828wte staff including; Vaccinators, Observers, First Aiders, Admin support, Contact centre, Secondary dispensing and Pharmacy.</li> <li>• Staff suitably trained.</li> </ul>	Covid Vaccination Group Gold Command Group	Recruitment Team	David Small Pat Wynne
<b>Redesign of Urgent Care</b>	Action 1- Administrative/Call handling support in place 24/7 by <b>31<sup>st</sup> October 2020</b>	Recruitment of 8 B3 roles by end <b>September/early October 2020</b>	Introduction of the24/7 service model within timescale	Recruitment Team	Allister Short
<b>Redesign of Urgent Care</b>	Action 2 - Flow navigation centre will be appropriately staffed with clinical decision maker 24/7 (may be virtual) by <b>31<sup>st</sup> October 2020</b>	<ul style="list-style-type: none"> <li>- Nurse adviser recruited for Flow Centre.</li> <li>- Existing minor injuries practitioners across all sites to provide virtual MI assessment.</li> <li>- Current covid triage senior clinical decision makers will provide senior clinical decision maker support supplemented by advice from existing ED clinicians.</li> </ul>	Introduction of the24/7 service model within timescale.	Recruitment Team E-health	Allister Short

<b>Redesign of Urgent Care</b>	Action 3 – Workforce training in place to support implementation of new virtual support pathways (call handling/Near Me video consultations) <b>by 31<sup>st</sup> October 2020.</b>	Workforce training plan to support implementation of the new patient pathway flows.	Workforce fully trained for implementation of new pathways.		Allister Short
<b>Contact Tracing</b>	Develop dedicated team for the contract tracing service on a flexible basis to meet need. Where possible making best use of existing capacity <b>by 31<sup>st</sup> October 2020.</b>	Recruitment/ repurposing of 136wte Band 3 contract tracers and 29.4wte team leads.  Adequately staffed shifts to ensure effective contact tracing of individuals testing positive for covid 19.	Public Health	Recruitment Team Employee relations team	Alison McCallum
<b>Develop a health and well being Strategy</b>	Work in partnership with the Health Foundation to develop a Health and Well being Strategy by the end of <b>March 2021.</b>	Funded Health and Well being Strategy.	Staff experience programme board will review progress.	Health Foundation & Workforce Development	Amanda Langsley  Jane Ferguson
<b>Psychological wellbeing</b>	Significant investment to support staff mental health, including additional Psychologists, peer supporters and OD input <b>by May 2021.</b>	Enhanced capacity to support staff psychological welfare.	Staff experience programme board will review progress.	Staff experience programme board.	Belinda Hacking/ Amanda Langsley/ Alisdair Leckie
<b>EU Withdrawal</b>	Continuing to raise awareness and promote settlement scheme and assess any new workforce risks as they emerge.	Staff feel supported. Reduce uncertainty. Support staff with obtaining citizenship. Risk assessments where necessary.	Staff governance  Gold Command		Janis Butler

