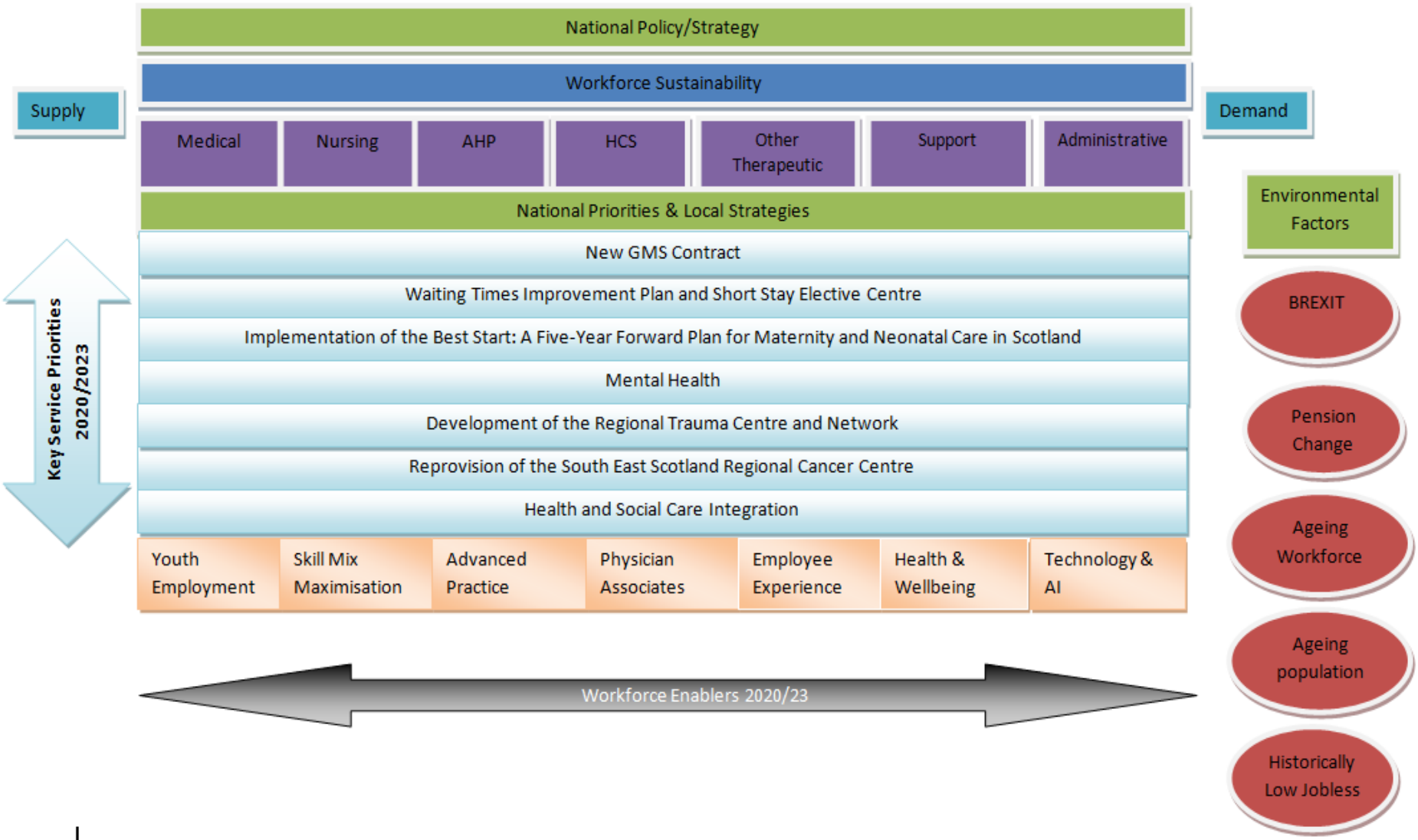
NHS Lothian Workforce Plan 2020-23


National Policy/Strategy
Workforce Sustainability
Supply
Demand
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AHP
HCS
Other Therapeutic
Support
Administrative
National Priorities & Local Strategies
Environmental Factors
New GMS Contract
Waiting Times Improvement Plan and Short Stay Elective Centre
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BREXIT
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Workforce Enablers 2020/23

Foreword

The development of this 2020 to 2023 workforce plan seeks to set out the substantial challenges faced in developing and sustaining a modern, safe and resilient workforce capable of meeting the need for service expansion to meet the current and future needs of the population with in Lothian's.

The plan looks at all areas of the workforce to highlight both the challenges and opportunities for the future ranging from the introduction of safe staffing legislation through to the development of a large dedicated short stay elective surgery centre to help provide additional capacity in the medium to long term.

The next three years will see the convergence of a number of major Scottish Government Policy Initiatives aimed at meeting the needs of a growing and ageing population through additional physical capacity, new innovative service models and workforce expansion.

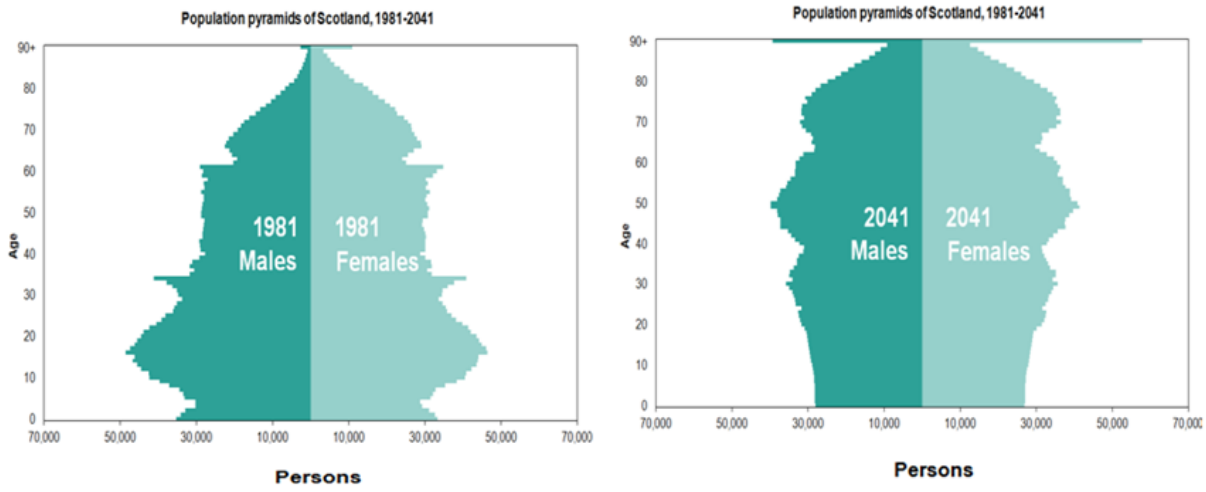
However growing a highly trained and educated workforce is challenging, with training pipelines ranging from months in some cases to up to 10 years in some medical specialties, man of which are commissioned nationally. The planning takes place in a complex wider environment including challenges such as Brexit, the impact of changes in pensions and an ageing workforce, whilst other areas of opportunity emerge through the growth of both everyday and specialist technologies.

NHS Lothian also sits within the South East Region as a regional provider of treatment in areas such as Specialist Paediatrics and Cancer services, whilst also developing new service such as Major Trauma to help further improve clinical outcomes across the Region.

In such a complex environment it is essential that there is a focus on taking positive focussed actions. This plan seeks to take each profession and policy driver and set out clear measureable priority actions over the next 3 years and the enabling workforce development required to provide support. The plan is accompanied by a 12 month action plan which will set out the key areas of focus over the next 12 months to ensure progress is maintained.

1. National Policy & Strategy

There is a continuing shift in the demographic of the population within Scotland with the single largest age grouping in 1981 of 16 years old rising to 49 years old in 2041, this profound change is a key driver behind the need to fundamentally review services and the manner in which they are provided. This compelling change and associated change in the demand for services influences future policy and strategy at a national level.



Source – National Records Scotland

This change will see an increase in the number of people living with a number of co-morbidities and a greater likelihood of requiring both minor and major surgical interventions. This will inevitably put pressure on services and there is a need to continue investing in prevention and promotion of health improvement. There is also a need to more fully maximise the use of technology from improving self-help through to complex robotic surgery and targeted immunotherapy treatments.

There are also considerable challenges to delivering access to services within primary care where there have been growing pressures within the workforce due to increasing retirals and the move from a historically male full time workforce to a part time female workforce. There have also been growing difficulties in providing access to elective surgery for a range of reasons, in the case of NHS Lothian this has primarily been due to the lack of physical capacity. These challenges are being experienced nationally to a greater or lesser extent depending on the location of the board and the population it services.

The key policies that have been developed by the Scottish Government to respond to these challenges are:

- **The 2018 General Medical Services Contract in Scotland** – the introduction of the new GMS contract to support primary care workforce sustainability, including the introduction of pharmacotherapy, physiotherapy, mental health, emergency care and dedicated vaccination services by 2021 to help relieve pressure on GPs and develop a multidisciplinary team with the skills to better respond to patient needs. This in turn will allow GPs to focus more fully on their role as expert generalists.

- **The National Waiting Times Improvement Plan** - sets out to improve performance on outpatients waiting less than 12 weeks to 95%, and for inpatients and day cases under the treatment time guarantee to 100% prior to the opening of Short Stay Elective Centres. The centres will then provide the additional physical capacity and infrastructure to enable boards to meet the requirements of the population moving forward for the next 20 years.

- **Implementation of the Best Start: A Five-Year Forward Plan for Maternity and Neonatal Care in Scotland**. The plans sets out key objective is to focus on the individual needs of each and every family, and in achieving this aim, we will improve the quality and safety of services and secure improved health and wellbeing for mothers and babies in the short, medium and long term.

- **Development of a Scottish Trauma Network** - to work collaboratively across traditional specialty and geographical boundaries, to deliver high quality integrated, multi-specialty care to severely injured patients. This new approach will save more lives and improve patient outcomes throughout the trauma pathway – from prevention to rehabilitation.

The Health and Social Care Delivery Plan sets out the Scottish Government programme to further enhance health and social care so the people of Scotland can live longer, healthier lives at home or in a homely setting and we have a health and social care system that:

- is integrated;
- focuses on prevention;
- will make day-case the norm where hospital treatment is required;
- focuses on care being provided to the highest standard of quality and safety regardless of setting with patients at the centre;
- ensures that people get back into their own home or community environment as soon as possible, with minimal chance of readmission.

NHS Lothian Recovery Plan

NHS Lothian is currently facing significant challenges particularly in relation to meeting national treatment and access targets in a number of areas. As a consequence the Director General of Health and Social Care has informed the board of the requirement for a formal recovery plan in line with the NHS Board Performance Escalation Framework. This requirement comes with tailored support to develop programme management capacity and support for executive and senior managers. Six key areas for improvement have been identified for focus:

- Mental health, specifically at the Royal Edinburgh Hospital, but also the design and delivery of services across Lothian;
- Cancer waiting times;
- Scheduled care;
- Unscheduled care;
- Delayed discharges; and
- Paediatric services at St John's Hospital

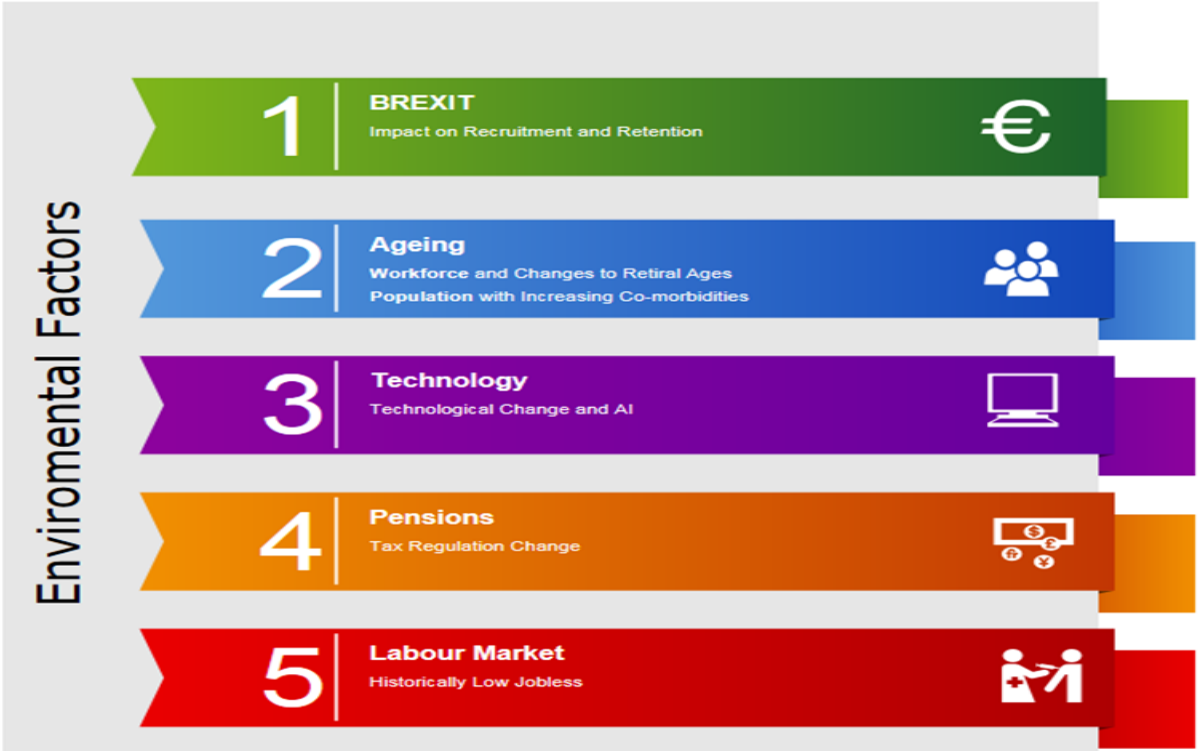
NHS Lothian has recognised the need to ensure better whole system, pan-Lothian approaches to our planning and delivery and to support our IJBs to mature and develop further their role. Doing so will be key in tackling these areas for improvement in a coordinated and sustainable way.

2. Building Workforce Sustainability

These national policy drivers represent substantial changes in service delivery, which require both service and workforce redesign to enable NHS Lothian to make best use of its most important resource – workforce. Whilst the societal changes and policy directions are key drivers they do not sit in isolation and there are a number of important environmental factors

that will impact on our workforce availability in terms of both numbers and skills. In seeking to build sustainable workforce and service models it is essential that this is done within the context of NHS Scotland values of openness, honesty and responsibility. Where there are challenges to workforce sustainability there is a need to be open and honest about what they are as well as a joint responsibility to help deliver achievable and effective solutions.

There are a considerable number of environmental factors that both act as a driver for increased activity and the requirement for workforce growth whilst other factors impact on existing workforce supply pipelines.

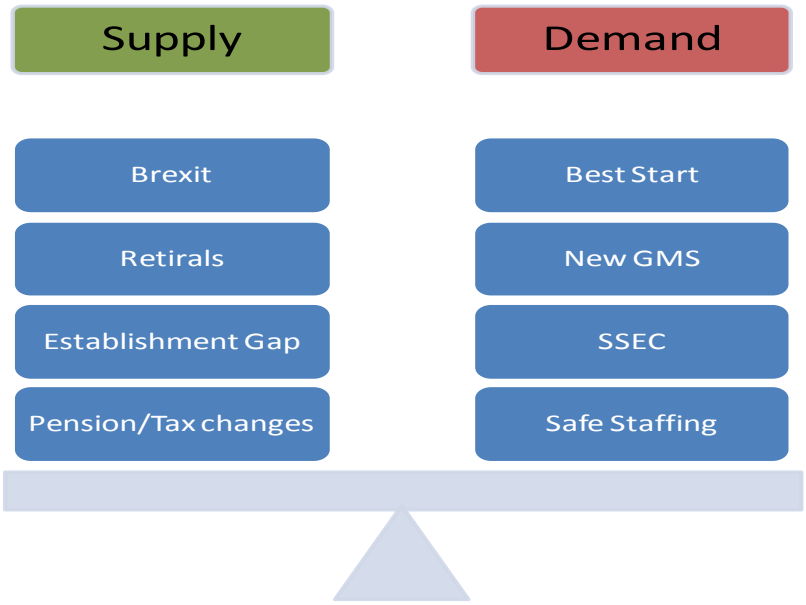


Many of the key environmental factors are driven by national, UK and international factors which NHS Lothian has a limited ability to influence. Areas such as Brexit and changes in Pension Tax regulations are reserved UK issues and have the potential to result in a significant detrimental impact on the recruitment and retention of trained doctors. Some of the other factors such as technology will provide opportunities to take different approaches to healthcare maximising the opportunities from innovation and technology. The rapid expansion in artificial intelligence, pharmaceutical advances and robotics provide opportunities in areas such as:

- Radiology where AI has the potential to identify malignant tumours
- Personalised medicine which provides more effective targeted treatments such as immunotherapy to improve cancer patient outcomes.
- Further expansion of robotic surgery where appropriate providing minimally invasive surgery with profound benefits to patients.

The 2019 Health and Care (Staffing) (Scotland) Act 2019 places a duty on Health Boards to ensure appropriate numbers of suitably qualified and competent staff are in place for the health, wellbeing and safety of patients. Whilst this work is well established within nursing, with a range of workload tools to inform appropriate staffing levels, there will be significant work for boards to put measures in place within the wider clinical workforce.

The workforce is affected by the challenges of an ageing population and workforce in the context of a static working age population and historically low unemployment. These challenges require imaginative approaches to recruitment such as an expansion of apprenticeships, advanced practice roles and the development of new and innovative roles such as physician associates. The key challenge for NHS Lothian is balancing workforce supply and demand.

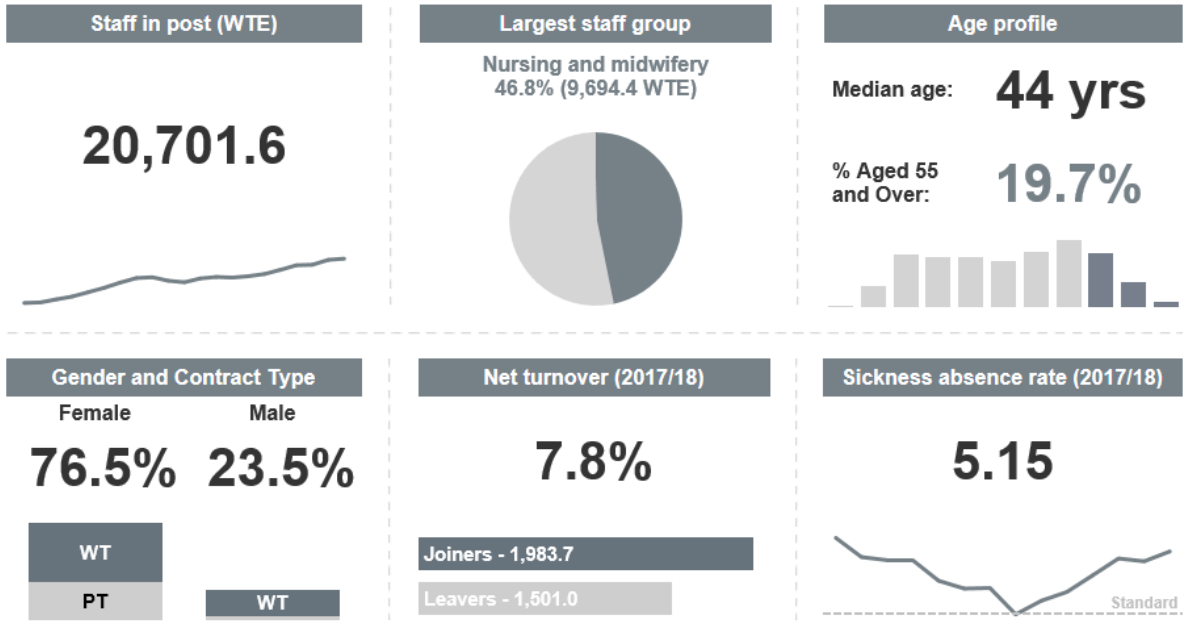


The interaction of these factors can be complex and have the potential to significantly impact on our ability to deliver the changes required. These factors also affect the different areas of our workforce differently given the wide range of roles.

In the following sections each of the job families will be reviewed to identify how these factors do/will impact on the workforce and what specific actions NHS Lothian will be taking over the next three years to reduce risk and support sustainability.

3. Workforce Overview

NHS Lothian Workforce in Summary



Source – ISD Scotland

Previous workforce plans have set out considerable detail around the profile of the workforce highlighting the size and scope of the workforce and the workforce challenges that NHS Lothian (NHSL) faces in the medium to long term. These included highlighting the impact of an ageing workforce and changes to pensions and changes in staff turnover. These issues are now well understood and there has been significant analysis of these issues at a service and professional level to understand the challenges. However given the many of these challenges are evermore present and there is a need to focus on taking robust action to support recruitment and retention in considerable. As part of the 2017-19 workforce plan a workforce planning and development programme board (WPDPB) was instigated to take leadership on taking concrete actions to both improve workforce planning and the development of enabling workforce solutions. During this period there are have been many significant achievements and actions underway to sustain the workforce.

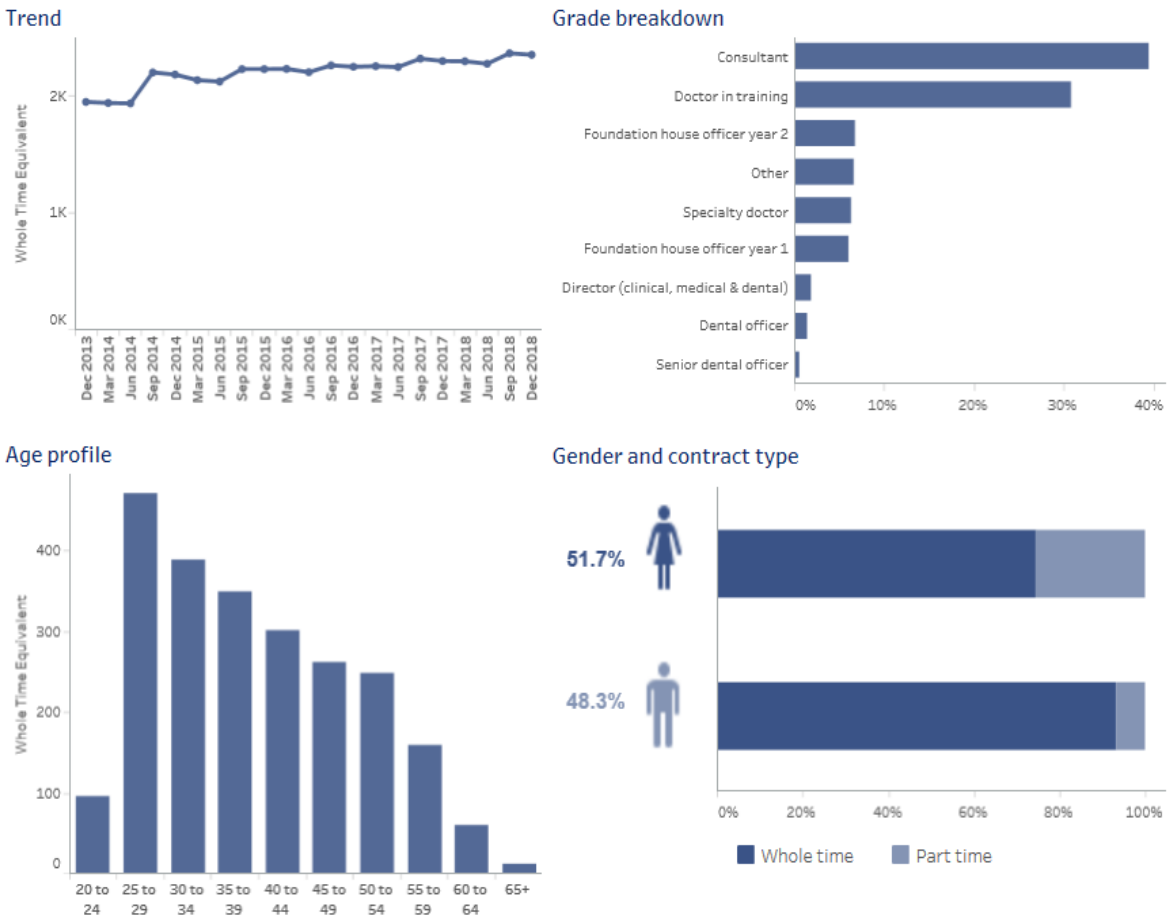
Within each of the professions there are now workforce planning groups which have developed their own approaches for planning their workforce, which mirror the NHSL WPDPB. Each has developed their own career pathway frameworks to help with personal development planning recruitment & retention and have their own action plans to support sustainability. They also take the lead on key national policy initiatives such as the introduction of safe staffing legislation, Modernising Scientific Careers, Achieving Excellence in Pharmacy.

There are also a number of areas where there is regional collaboration underway including an exercise to assess current and future AHP demand and match this to regional HEI training capacity to identify underlying gaps in training.

The following figures details the progress that has been made against the actions contained within the previous 2017-19 workforce plan.

Priority	Update 2019
Development of the regional Health and Social Care Delivery Plan	The plan was submitted to the SG in March/ April 2018. A regional workforce and education group has also been established to develop an education strategy encompassing all staffing levels.
South East Major Trauma Network	A detailed plan has been developed for the MTC as part of the regional network.
East Region Elective Treatment Centre	The initial agreement was signed on 27th September 2018. It included a detailed analysis of the workforce pipelines for the job families and specialties involved and highlighted significant risk. An elective surgery strategy board to lead the programme of work has been established with a workforce planning subgroup.
The New Royal Hospital for Children and Young People and Department of Clinical Neurosciences.	There is a detailed recruitment plan to provide the additional workforce capacity required for the expanded site footprint and services.
Mental Health Workforce Sustainability	A Lothian-wide Mental Health Professional Development and Workforce Planning Group has been established.
Clinical Fellows/ Development Fellows	The programme is on-going with funding being met from services through vacancy gaps.
Regional Medical Training Programmes	This has been completed and NHS Lothian acts as a host board on behalf of the region and in some cases boards outwith the region.
Nursing – Safe Staffing	Roll out of e-rostering is now 87% complete, 9,866 nurses, 408 rosters now covered.
Ensuring a sufficient Health Visiting workforce to meet the needs of a growing population and the implementation of the 'named person' legislation.	The target agreed with the SG for expansion of Health Visitor numbers from 153.5wte in March 2015 to 211.1wte in February 2019 is close to achievement (1.6wte off target). This follows a substantial increase in training programmes.
Support General Practice Workforce Sustainability through service and workforce redesign.	The Director of Primary Care modernisation has established an overall implementation group and a workforce planning sub group.
Sustaining the District Nursing workforce in the face of acute demographic pressures.	In September 2017, 16 students were supported to do the DN course to enhance capacity. 12 completed in July 2018 and are now in work. A further 15 commenced in September 2018.
Advancing roles	The Executive Nurse Director has led the development of an advanced practice academy to develop shared approaches to the definition, training and competencies required for the development of advanced roles where it is beneficial to do so.
Healthcare Science Delivery Plan.	Medical Physics have completed a competency matrix for medical engineering staff which is with the JSEG for consideration. Rehabilitation Engineering services have developed a HCS Practitioner role. An apprenticeship programme has been developed in collaboration with Fife College primarily for Life Sciences and this has been extended to encompass all streams of healthcare science. Specialist BMSs trained for trimming of biopsy tissue for staining to identify cancer type, location, aggressiveness and penetration, formally a medical consultant role.
AHP Workforce Planning	An AHP workforce planning group has been established with representatives from all professions. Each service has developed a service specification and associated workforce required to fully deliver. Services have been profiled in terms of workforce demography, skill mix etc.
Pharmacy Workforce Planning	A pharmacy workforce group has been established, including an identified lead to develop the workforce plan. A detailed profile of the pharmacy workforce has been completed.
Development of Career Pathways	The pathways are complete for nursing, allied health professions, pharmacy, healthcare science, business & administrative and facilities.
Development of Facilities workforce	There is now a detailed workforce development plan for facilities. This sets out a timeline for key activities including: work based skills training, behavioural training and wider skills development and qualifications.
Review Physician Assistant/Associate	There has been an initial scoping of demand within the region, with Fife, Borders and Edinburgh HSCP looking to take trainees as part of their rotation in 2019. The Regional Workforce Planning Group has developed and agreed a business case for the development of a PA training programme across the region which NHS Lothian will participate in.
Modern Apprenticeships	A delivery plan has been completed. There are now 78 Apprentices within NHSL, 69 Modern Apprentices (studying 'Higher' to 'HNC' level) and 9 Graduate Apprentices (GA) studying fully funded degree programmes.
Development of Workforce Planning Capacity & Capability	A workforce planning intranet site has been developed is online. ER, OD and workforce planning have run a number of workshops within health and social care to help support skills and knowledge in workforce planning and the development of HSCP plans.

3.1 NHS Lothian Medical Workforce Profile



Source – ISD Scotland

Over the last five years the NHS Lothian medical workforce has continued to grow, up 331wte (17%) on 2013, reflecting both an improved recruitment market where vacancies can be filled and also an increase in establishments. There are also a range other flexible elements such as extra programmed activities and waiting list initiatives which have an important role in providing further contributions to direct clinical care.

During this time there has also been an increase in the volume of Extra Programmed Activities (EPAs) where consultants agree as part of their annual job planning process to work additional hours over and above the standard 40 hours, for either direct clinical care or other duties such as research. This represents a valuable source of additional capacity for boards and services are heavily reliant on EPAs to sustain services.

Recruitment and Retention

NHS Lothian is relatively well placed when compared with other boards reflecting the attraction of Edinburgh and the Lothian's both as a desirable location to live in and also the

strong links with University. It also reflects the highly regarded medical and surgical training programmes and opportunities for research during training.

Trainee recruitment

The recruitment for August 2019 has continued to be very positive, with the SE Region filling 97% of all core training and specialty training posts.

The fill rates within the SE are markedly higher than other regions; this reflects the region's reputation for high quality training experiences and desirable geographical location. Fill rates in other regions are low in a number of specialties and will impact on national workforce availability in the medium to long term if the trend continues.

Whilst NHSL has an excellent fill rate trainees go out of programme for reasons such as maternity leave and 'stepping out' to undertake research such as a PhD. The resultant locums for training posts are often difficult to fill as they are for part of a year with resultant gaps requiring to be filled by supplementary staffing or clinical fellow posts.

Providing high quality training experiences is integral to successful recruitment and retention. The medical education directorate in Lothian is committed to further improving trainee experience and wellbeing through developing a focus on building 'joy at work' and introducing a feedback system GREATix to record where staff encounter very positive experiences and wish to provide positive feedback in a systematic way similar to how we record adverse risks/incidents in DATIX. There is also the opportunity for trainees to highlight concerns around their health, training, patient safety, undermining and reflection. Improving the staff experience is key to retaining doctors in training and other measures such as making proleptic appointments to Consultant posts may also help improve retention.

There has however been a reduction in the number of applications for posts with 40% of vacancies attracting only one applicant and approximately half of all vacancies short listing only one applicant. There are also areas where there are a number of specialties experiencing difficulties with recruitment including, psychiatry, anaesthetics and general practice increasing difficulties.

It is clear however that at a national level there has been insufficient training numbers coming through in a number of specialties and that the capacity for boards to significantly increase their medical workforce is not there in the short to medium term.

Shape of Training

The shape of training review led by Prof David Greenway on behalf of the four nations within the United Kingdom highlighted the rapidly changing needs of patients with Doctors having to care for more patients with chronic illnesses and co-morbidities. It found there was a need to re-think arrangements for post graduate education and training to achieve a better balance between doctors who are trained to provide care across a general specialty area, and those prepared to deliver more specialised care.

Consequently new broader training paths are being designed to keep training more general for longer to help move from an over specialised workforce and provide more flexible training pathways. This will lead to more specialisation taking place post trainees achieving their certification of completion of training. This will be done through credentialing which will provide the further education and training and will require to be paid by Boards.

Whilst there is some divergence in the health systems within the UK it is important that there is continuing involvement in changes to training from all nations to ensure consistent practice and standards.

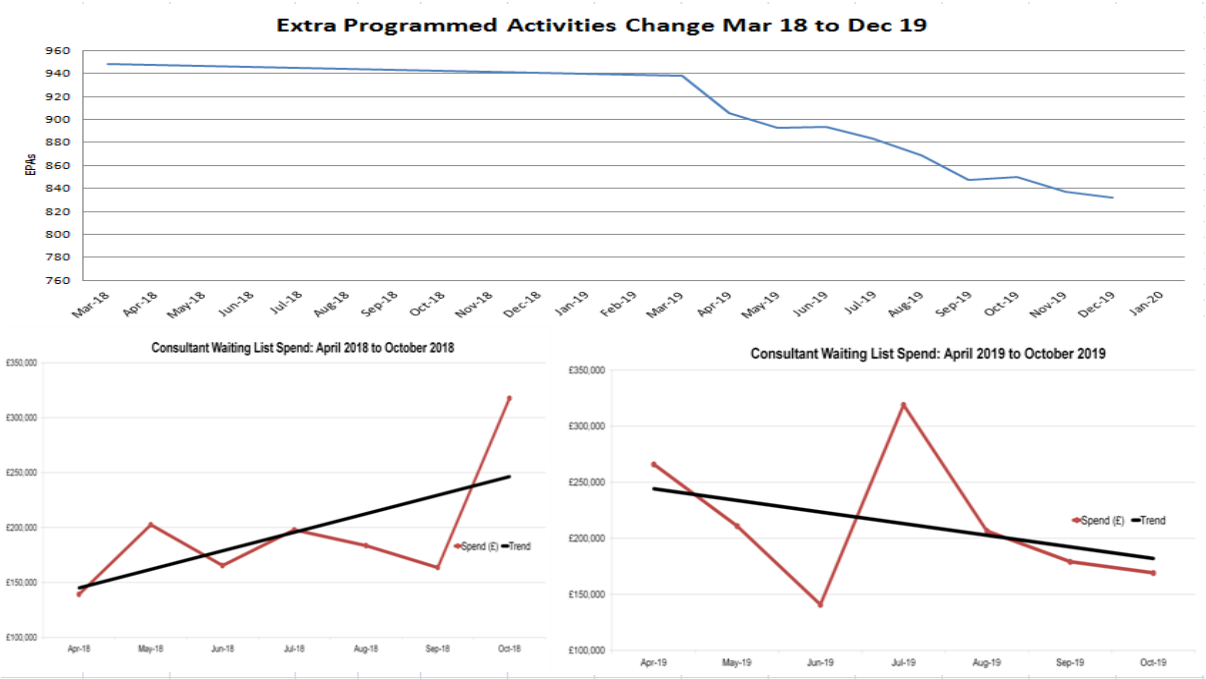
Non-medical Substitutes

As outlined within other professions in the plan the development of non-medical workforce models to support or substitute for doctors as part of a multidisciplinary team has been growing over the last 5 years and is will grow further over the course of this plan. The development and maintenance of these roles are however under the supervision of consultant medical staff and there will be an increasing need to ensure that there is capacity factored into consultant job plans where these roles exist. This will support strong governance, high quality education and promote resilience.

Retention of Trained Doctors

The HMRC introduced changes to pension tax regulations in 2006 which implemented a lifetime allowance (LTA) for the overall size of pension pots that individuals can accrue before incurring a prohibitive tax charge. An annual allowance (AA) was also implemented introducing a maximum amount an individual can contribute, or accrue in any 12 month period without incurring a tax charge. Over this time limits have reduced from £1.8m to £1m for LTA and AAs reducing from £215k to £40k or £10k (for earners over £125k). These changes have gone relatively unnoticed due to prolonged pay restraint measures for the Consultant workforce and carry forward of unused allowances. However there is widespread anecdotal evidence of Consultants now being affected by the AA limit and staff receiving large tax charges from HMRC. Whilst taxation is an individual responsibility the changes have the potential to affect a large proportion of the consultant workforce. The changes are highly complex and impact differentially depending on the scheme individuals are part of. However it is clear that beyond certain thresholds tax charges will be prohibitive and staff are likely to seek to reduce any additional work and potentially reduce their programmed activities. Such changes could have a considerable impact on workforce availability at a time when boards are seeking to increase the consultant and GP workforce to increase access and reduce waiting times.

Since April 2019 following a gradual increase in EPAs, there has been a sharp decline from 938 EPAs(c104wte) to 832 EPAs(c92wte), with the reductions highest within surgical, theatres and diagnostic specialties.



This is now being reviewed urgently by all 4 nations in the UK along with the UK treasury to identify options for reducing risks to workforce sustainability. However failure to implement effective solutions has the potential to further destabilise the consultant workforce and impact on current and future capacity.

Actions to sustain the Medical Workforce

Improve Trainee Experience

- Medical students - Improve the experience of Undergraduate students
- Foundation training - Improve the experience of FY training
- Core/specialty training - PCAT, support for junior doctor wellbeing

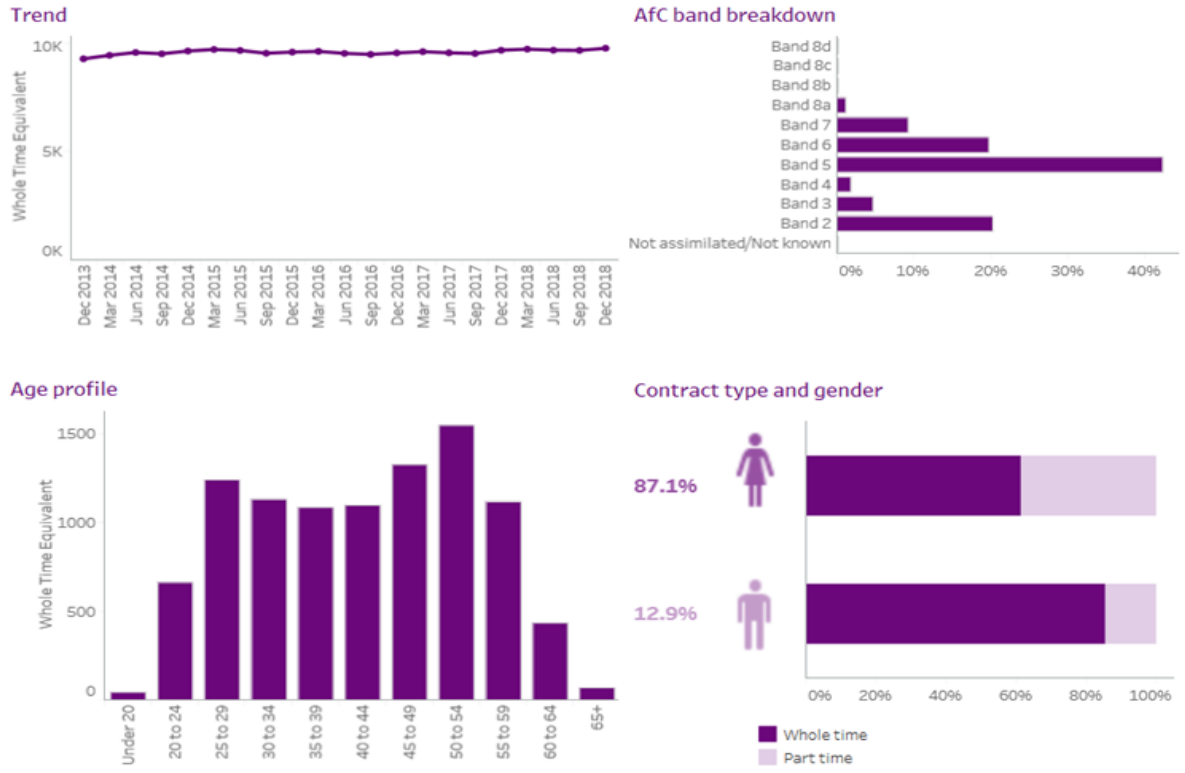
Retaining existing staff

- Working with independent pension tax experts to assess the potential risks for retention and development of case studies
- Developing measures to retain staff in the face of changes to pension tax regulation
- Supporting psychological health within trained workforce
- Supporting innovation and research
- Supporting regional measure to support sustainability

Implementing the shape of training

- Supporting the delivery of new curricula
- Preparing and planning the application of credentialing of consultants post CCST in-line with UK GMC led process
- Maximising the benfits for services and planning for any changes in trainee numbers

3.2 NHS Lothian Nursing Workforce Profile



Source – ISD Scotland

Over the last five years the NHS Lothian nursing workforce has continued to grow, up 644wte (7%) on 2013, however since April 2016 there has been a steady increase in establishment gap. As a consequence it has not been possible to grow the substantive nursing workforce to the extent required.

Establishment Gap

Analysis of the establishment gap over a long period shows a decline from around 9% in 2012 to around 5% consistently throughout 2018. There are a number of issues that create peaks and troughs in the establishment gap:

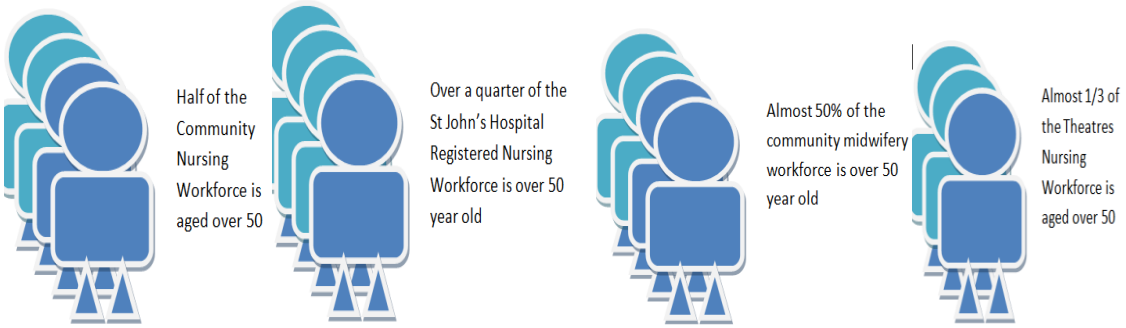
- Single output of newly qualified nurses
- Increased establishment (non recurrently) for winter pressures

The success in reducing the establishment gap has also influenced by a number of factors

- Generic recruitment
- “One application, one interview, one decision”
- Rotational posts
- Community opportunities for newly qualified nurses

- Structured support for newly qualified nurses

Managing the establishment gap in challenging at a time where there considerable challenges in terms of workforce demography with an ageing/aged workforce in many cases approaching retiral thereby reducing supply. This comes at a time where there is a considerable increase in demand associated with national policies such as the implementation of the New General Medical Service (GMS) contract seeking nursing to provide advanced roles, opening of a short stay elective centre with the associated nursing and theatre staffing requirements and implementation of Best Start forward plan for maternity and neo-natal all of which will be covered in detail later on in this plan.



Health & Care Staffing Scotland Act

In 2017 the Scottish Government announced that it intended to have nursing and midwifery staffing levels enshrined in law and set in motion a two and half year process to consult on, draft and enacted in legislation in Spring 2019 for implementation by Spring 2020. The legislation is based round a series of duties placed on Health Board (and other agencies delivering health and social care). They include the duty to:

- Ensure appropriate staffing
- Have real time staffing assessment in place
- Have a risk escalation process in place
- Have a forum in place for provision of professional advice
- Ensure adequate time is given to clinical leadership
- Ensure appropriate staffing to allow training of staff
- Follow the common staffing method
- Avoid use of high cost agency
- Report on specifics around delivery of these duties

The common staffing method builds on the nursing and midwifery workload and workforce planning (NMWWP) tools that have been developed over a number of years to identify optimal staffing levels to ensure appropriate safe and high quality care.

A calendar of NMWWP runs has been agreed with Associate Nurse Directors / Chief Nurses to enable a full picture of the Nursing and Midwifery workforce. The agreed process included

Analysis of the output(s) from the speciality NMWWP tool(s)

- Review of the findings from the Professional Judgment tool

    - Understanding the Local context
    - Staffing Used
    - Supplementary Staffing Use
    - Sickness levels

- Comparison across Speciality

    - Registered Nurses to Bed Ratio
    - Total Nurse to Bed Ratio
    - Skill mix
    - Care Quality Measures

- Senior Professional review by Associate Nurse Director / Chief Nurses

- Organisational Review at Nursing and Midwifery Workforce Group

Any other reporting or reviews submitted by the Associate Nurse Directors/Chief Nurses have also been considered.

As a result of this process there is robust information upon which to

- Review skill mix, benchmarking across the specialities
- Identify wards/areas which require investment, and by what quantum
- Outline further work in relation to safe staffing legislation

The findings of running the tools highlighted a requirement for an increased establishment of 131.91wte within registered nursing and midwifery and an increase in 87.12wte within non-registered nursing. Whilst this represents a substantial increase in staffing and represents an increase of approximately 2% in establishments approximately half of this represents the staffing pressures that are currently being covered by supplementary staffing to provide the required capacity.

The tools and associated processes require a significant level of input from services and they however only present a position at a point in time. There is a near to real time picture of the workforce to ensure safe staffing on a daily basis. SafeCare is being rolled out incrementally across Lothian acute sites, which will provide access to actual staffing on a ward at a given time as related to the patient acuity at the same time enabling sites to view areas of risk and the opportunity to intervene during the shift rather than through retrospective review.

Widening Access into Nursing

In December 2017 the Scottish Government published the CNO Commission on Widening Access into Nursing found that within the nursing and midwifery student population is currently 92% female and 8% male, and the proportion of males applying to nursing is falling.

A recent research study Men on pre-registration programmes of nursing in Scotland: an exploration of reasons for attrition and possible ways of improving retention found that the experience gained on clinical placement could discourage males from completing training due to gender stereotyping. Trainees in some instances were regarded as a male nurse and treated differently rather than first and foremost a nurse who happened to be male.

Within NHS Lothian the registered nursing workforce makes up only 10% of the workforce and in order to understand and improve the training experience within NHS Lothian has begun a longitudinal study with the 2019 intake cohort. A range of other initiatives are being considered as part of the Year of nursing in 2020 to encourage more males to take up a career in nursing.

Growing Demand

As detailed within the national planning priorities sections latter on, there are a range of substantial drivers for increasing workforce demand. New GMS and the Short Stay Elective Centre there is required registered nursing growth of approximately:

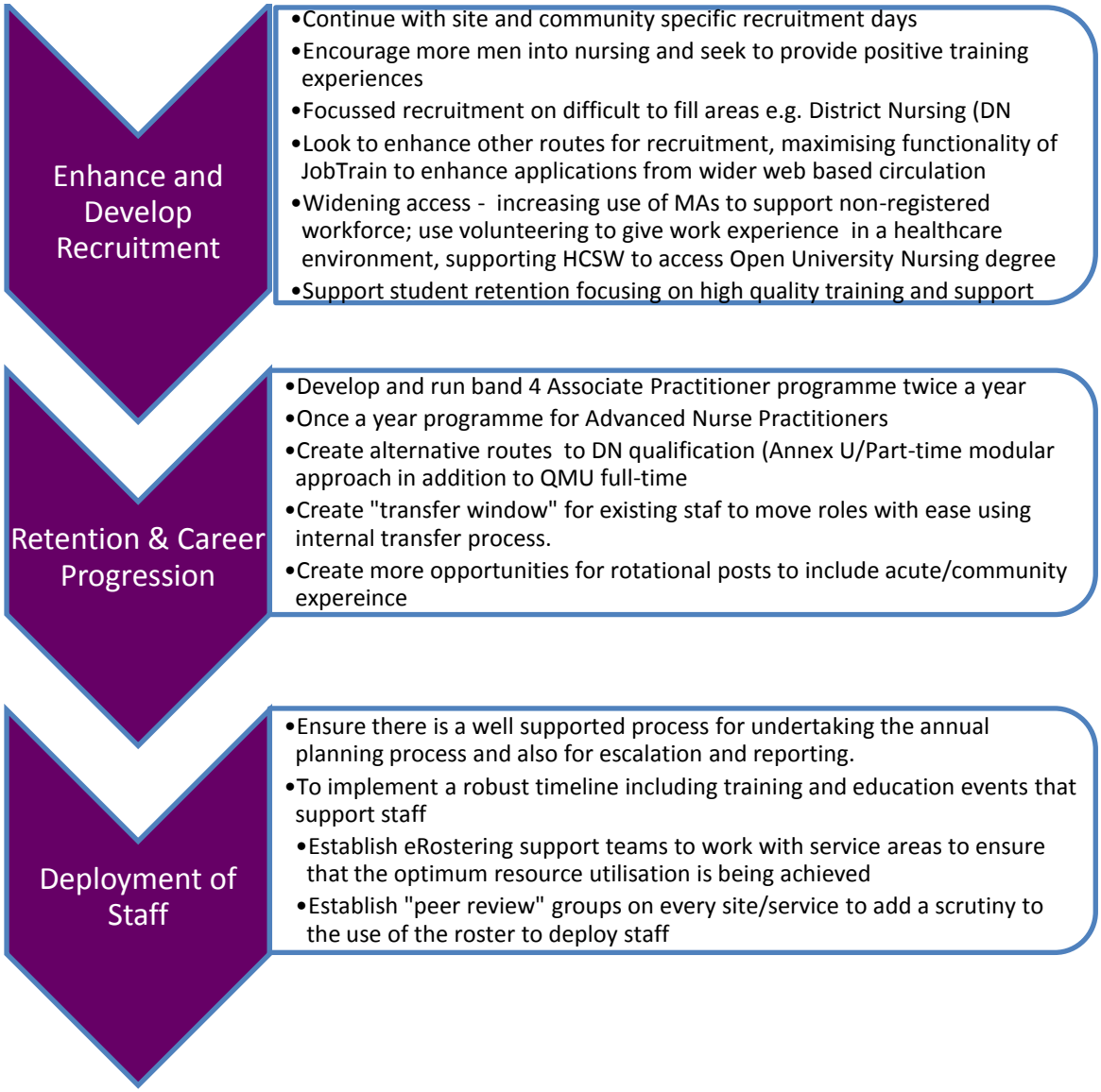
- 47wte ANPs by the end of 2021
- 26wte for the vaccination services
- 47.5wte community psychiatry nurses (CPN)
- 39wte treatment nurses
- 113wte theatres and surgical ward nursing

Closing the Gap

When the existing establishment gaps, increases planned for the NGMS contract implementation, the development of a short stay elective centre and workforce increases required to ensure safe staffing there is a need for significant expansion. This comes at a time when there has been insufficient training numbers and increases made in the last 2 years will take time to come through. As highlighted in Section 3 there has been substantial progress made under the last workforce plan to develop recruitment and retention it is imperative there is a continued and enhanced focus on developing further under-utilised supply channels such as return to nursing courses, modern apprenticeships.

The following figure sets out the three key areas for action over the course of this workforce plan. It is also important that there is closer working with Universities to improve student retention through providing high quality training opportunities throughout the organisation and investigating the potential to run two intakes per annum.

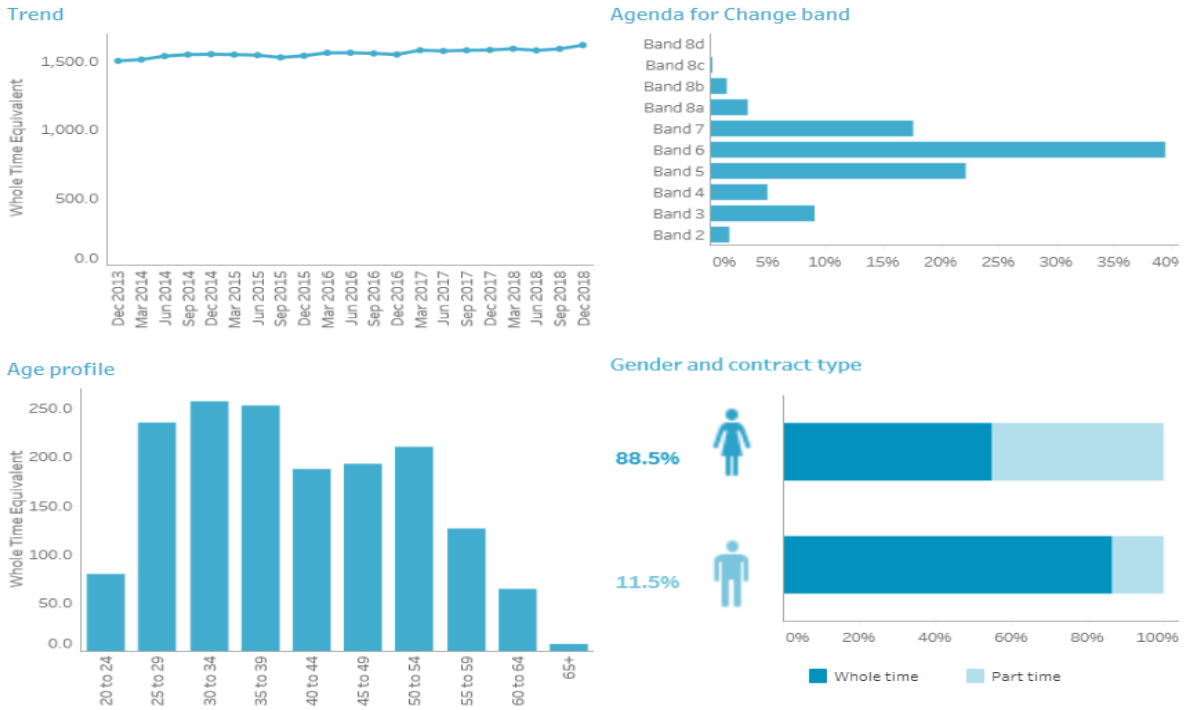
Actions to sustain the Nursing Workforce



Key Workforce enablers/support required

On-going/enhanced support from all concerned. An additional enabler will be reducing the number of students not completing the undergraduate programme thereby increasing the recruitment pool.

3.3 Allied Health Professions Workforce Profile

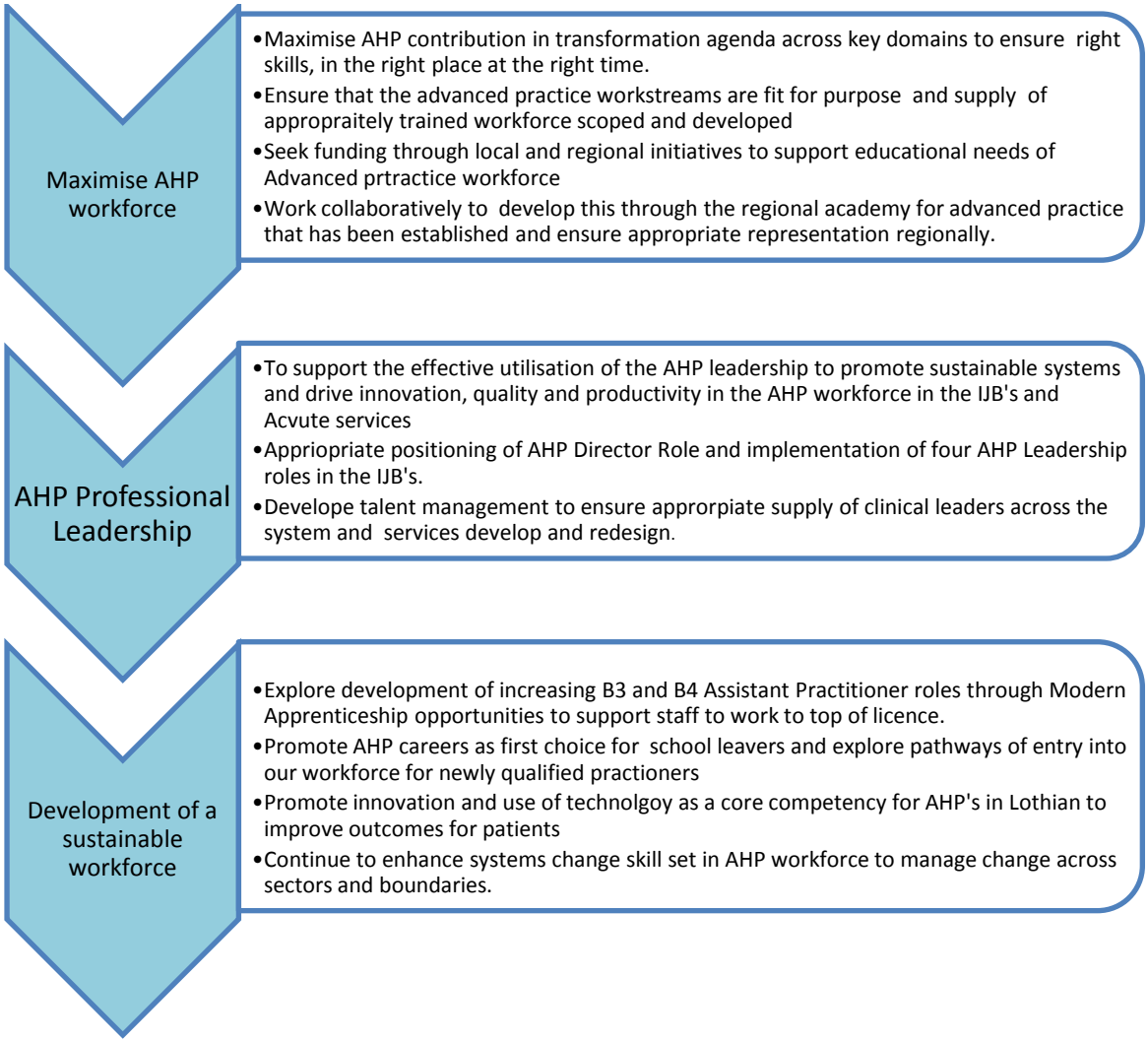


Source – ISD Scotland

Over the last five years the NHS Lothian AHP workforce has continued to grow, up 105wte (7%) on 2013, whilst maintaining a relatively small establishment gap of c2%. Key areas of growth have been diagnostic radiology (11.6%) and physiotherapy (11.8%).

Individually some of the professional groups such as Orthoptists, Arts Therapies, Prosthetists, Orthotists, Sonographers are very small in numbers and there are challenges in these smaller professions in maintaining a workforce primarily due to low turnover and limited numbers of people who are eligible to apply in the area. Whilst the AHP workforce is a relatively balanced workforce in terms of demography at an overall level, within higher graded posts there is a significantly older age profile (25% 55+ in Band 7 and 40% in Band 8).

In order to develop a robust base from which to develop workforce plans each AHP service has developed a comprehensive service specification and identified 3 key issues against which they will seek make progress against. The following 3 actions represent the key areas of collective focus for the AHP workforce planning group over the next three years.



Key Workforce enablers/support required

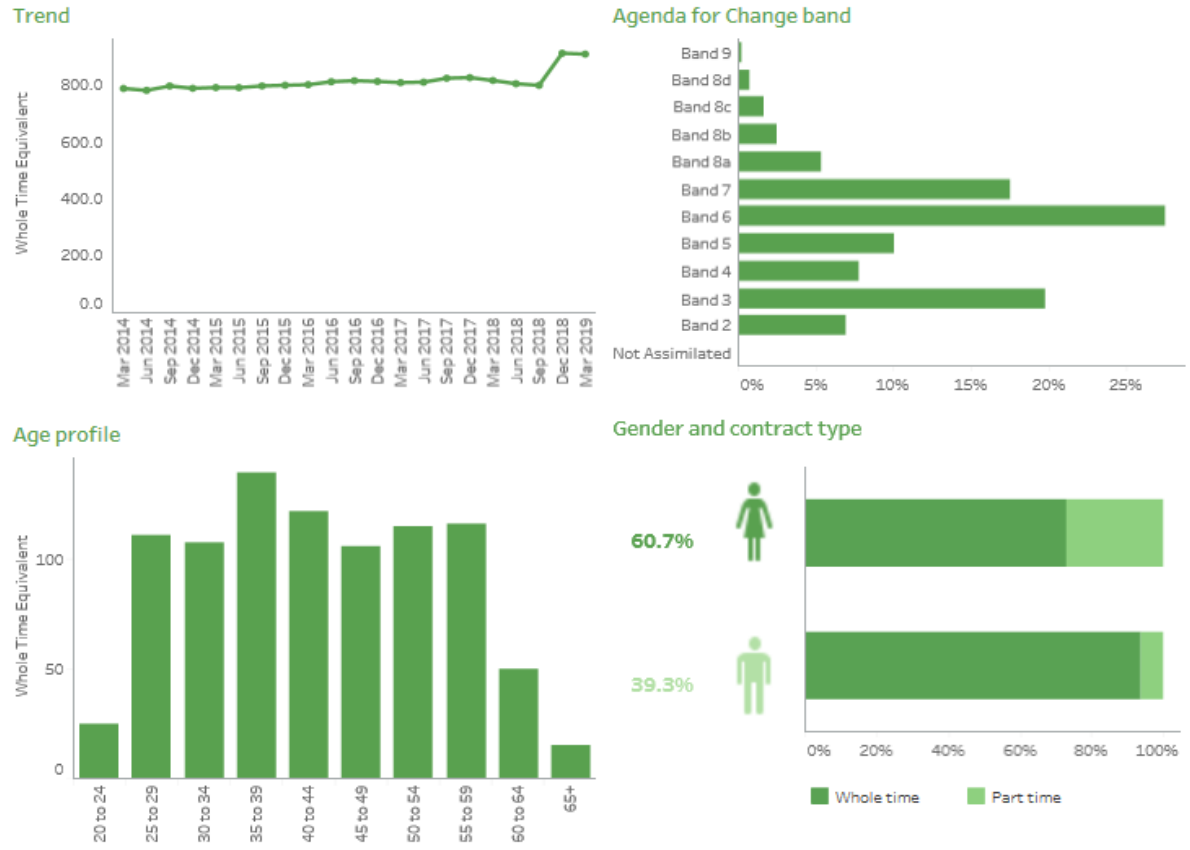
In progressing the key actions above it will be essential to ensure that there is a partnership with staff and senior managers to enable and fully utilise the contribution that AHP's can play in delivering safe and effective healthcare.

The following is a key to ensuring the above prioritised are delivered:

- Need for funding to underpin educational requirements for advanced practice roles in the short term
- Support for over establishing training posts to deliver the expected demand for Advanced practitioners in the next 5 years
- Medium term to work with professional bodies and in developing systems of accreditation for advanced practice this should be UK wide.
- Explore full range of Modern apprenticeships with key stakeholders to enable new entry points for assistant practitioners as well as advanced practitioners in the future

Use of social media to attract talent to the AHP workforce to Lothian and school leavers in to the professions (WOW project 2019)

3.4 Healthcare Science Workforce Profile



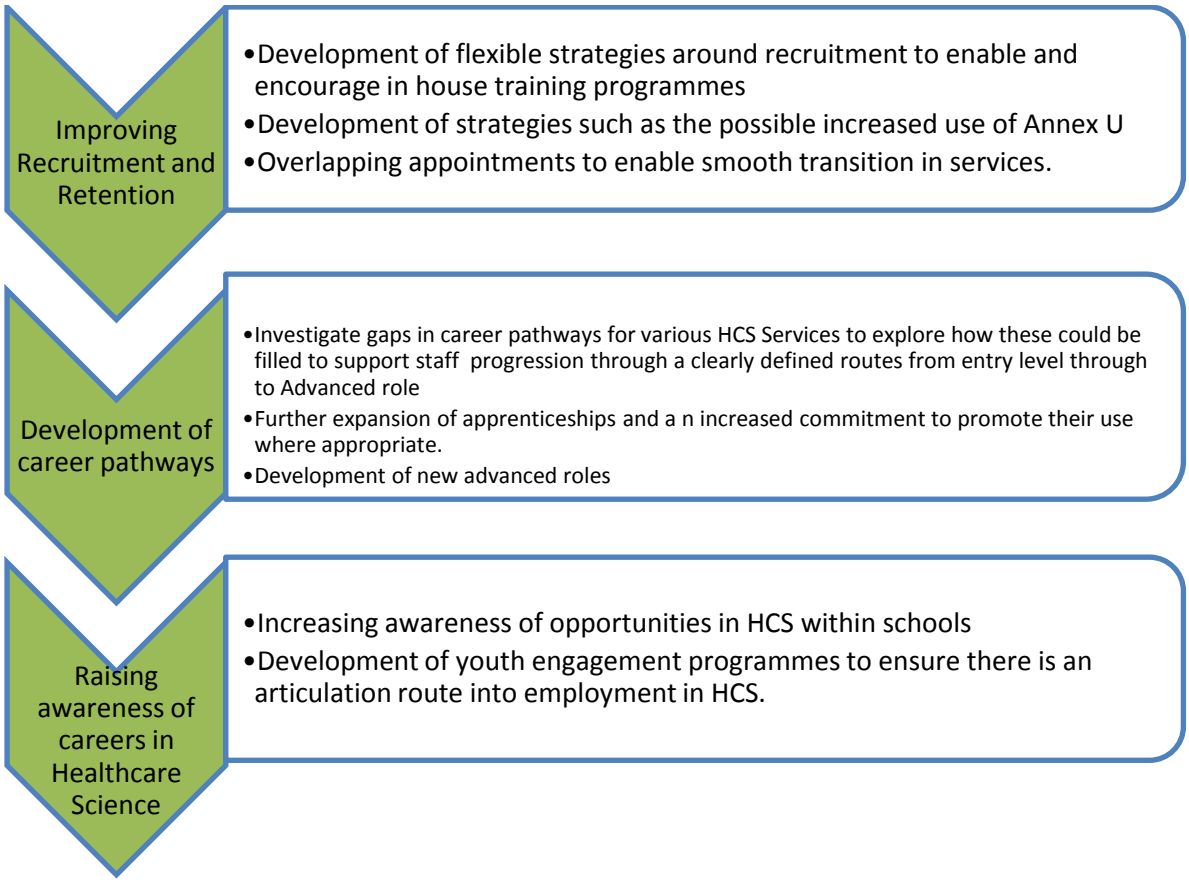
Source – ISD Scotland

The Healthcare science workforce has grown in overall numbers between March 2013 (783.9wte) and March 2018(904.3wte), increasing by 120.4wte (13.3%). However 102wte of this growth is a result of sterile service staff been included in HCS where previously they were within support services. HCS numbers have, therefore, remained relatively static over this period. Notwithstanding sterile services, there are a number of small non-medical specialist services where workforce supply issues can have a direct impact on the provision of clinical services; these are in the main within healthcare science areas. The workforces within these areas can have disproportionate impacts on patient services should there be difficulties in maintaining adequate workforce supply

Over the last five years there has been a decrease in the 50-54 and 55-59 age groupings as retirals have increased. This represents the loss of long serving highly experienced staff. Healthcare Science Services struggle to recruit appropriately trained and registered staff due to a lack of availability of robust educational programmes within Scotland and lower bandings in established roles compared to other health boards. This leaves services relying on attracting the future workforce from either the EU or from elsewhere within the UK or trying to utilise courses which are delivered within England through which to train their staff.

Local arrangements in relation to recruiting staff prevent pre registration trainees from applying for substantive posts where registration is required. This is also the case with registered staff who are required to specialise within their discipline before progressing to the next stage in their career.

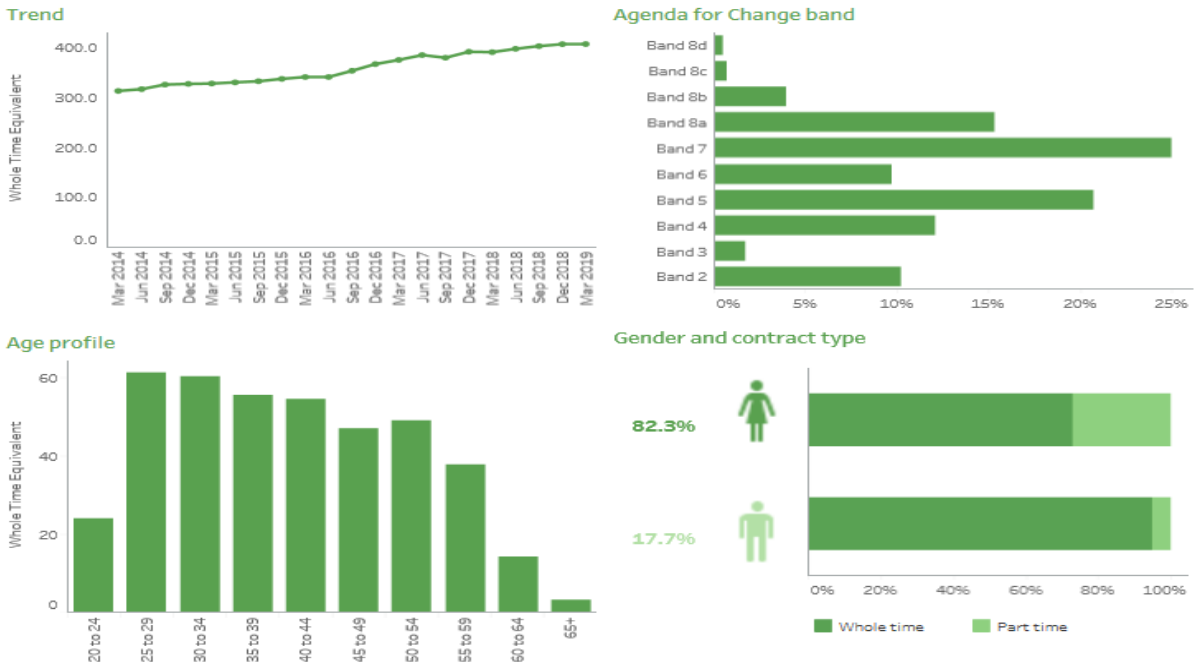
The majority of those staff who have been supported to undertake their training within NHS Lothian leave the organisation to take up similar level of role in another board but at a higher band, where there may be even less capacity for training. There is a need for boards in the region to work together collaboratively to increase supply rather than risking destabilisation of services. Within Lothian there has been some investment in technology through the Renew project over the last which has supported role redesign and over the coming years there will be considerable investments made including additional medical equipment associated with the Short Stay Elective Centre, an additional linear accelerator to enhance capacity within Cancer Services. Further investment will be required to meet the future needs of services all of which will require a robust sustainable HCS workforce.



Key Workforce enablers/support required

- New role development – Advanced and practitioner roles
- Career development and articulation / Youth employment
- Staff experience and engagement – Recruitment and retention strategies
- Review of Agenda for Change bandings to ensure parity with other health boards
- Create a training fund for supernumerary trainees within high pressure areas
- Enhance recognition of value of healthcare scientists in evaluating and introducing new technologies into clinical practice

3.5 Other Therapeutic – Pharmacy Workforce Profile



Source – ISD Scotland

The Pharmacy workforce has increased significantly overall between March 2014 (312.5wte) and March 2019(406.5wte), increasing by 94wte (30%). University training places have however remained static and there are going pressures within the wider pharmacy workforce within primary care. The implementation of the new General Medical Services (nGMS) contract sets out a key role for pharmacists and pharmacy technicians in providing a pharmacotherapy services, with a projected increase of approximately 66wte and 37wte respectively. These challenges and opportunities across community, primary and acute care will have significant impacts upon the pharmacy workforce and a NHS Lothian Pharmacy Workforce Plan is under development.

Despite having successfully increased the WTE complement of the single system pharmacy service, and having actively managed a reduction in sickness absence rates; the delivery of pharmacy services is being impacted by an increasing establishment gap against a background of several external, demand driven factors that necessitate pharmacy services staff resource including:

- Recruitment in relation to the pace and spread of the GMS Pharmacotherapy Service
- Increasing demand for pharmacists, especially independent prescribers, to support medical workforce challenges
- Hospital Electronic Prescribing and Medicines Administration (HEPMA) staff recruitment planning and implementation
- Medicines safety and efficiency work
- Increasing workload resulting from management of increasing medicines shortages
- Supporting provision of medicines and direct pharmaceutical care for additional winter capacity and flow
- Preparation for compliance with the Falsified Medicines Directive

- Historical unfunded inpatient clinical pharmacy staffing gap of approximately 100WTE in the acute hospital service (as per table below). This has occurred due to the lack of available investment to keep pace with the bed capacity, turn over and demand within this care setting.

Site	Pharmacists gap	Technician gap	Pharmacy Support Workers
WGH	14.3	14.98	5.03
RIE	16.45	10.65	5.5
RHSC	2.37	3.31	0
SJH	10.15	13.25	1.6
Total	**43.27**	**42.19**	**12.13**

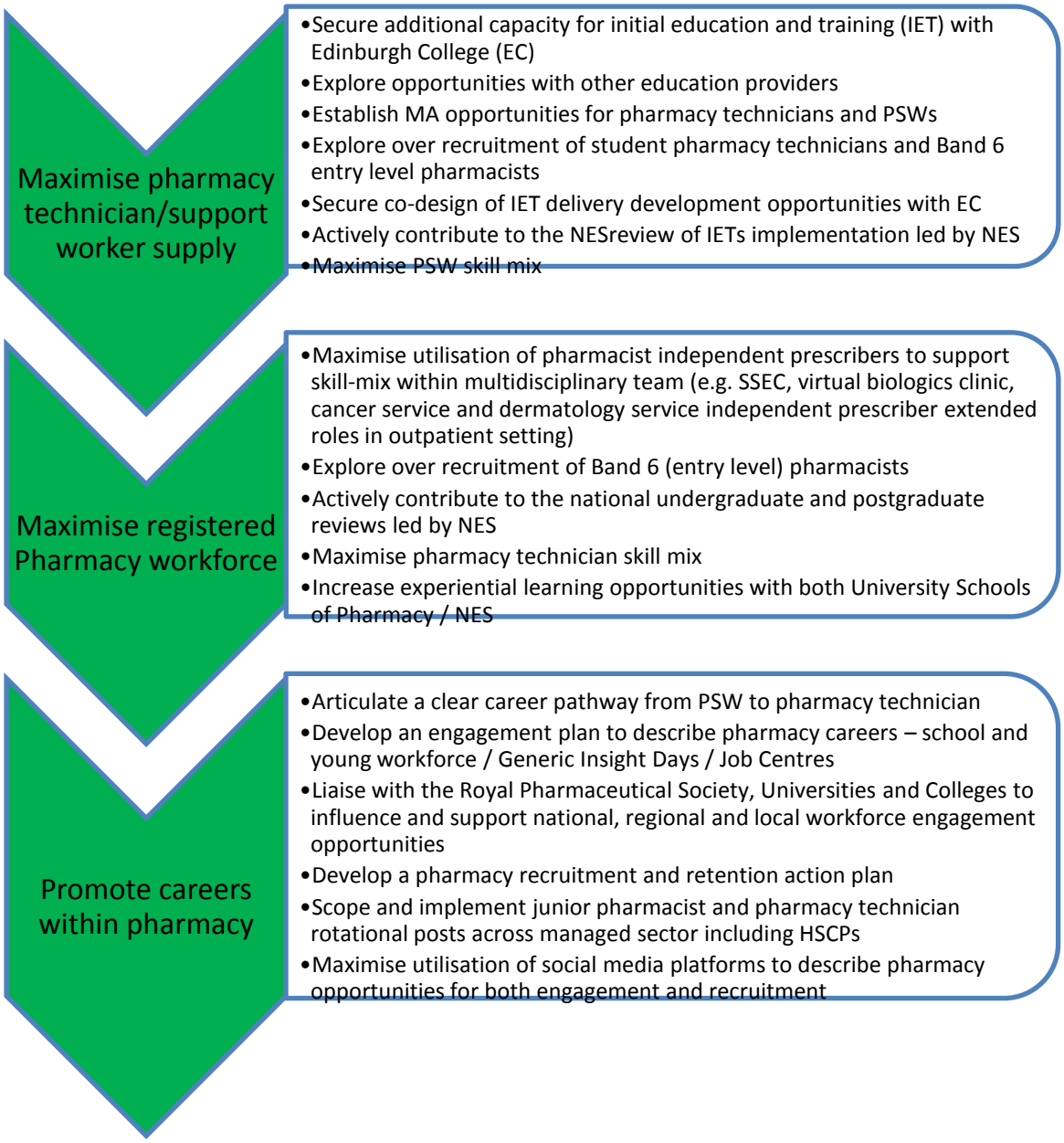
As well as the demands on the managed sector the NES Community Pharmacy Workforce Survey also describes a decrease in WTE Pharmacists and Pharmacy Technicians. This has a detrimental impact on the delivery of the GMS Pharmacotherapy Service given the significant role that Community Pharmacy can play in reducing GP workload through serial prescribing, Pharmacy First etc. The decrease in Community Pharmacy workforce availability is, in part, driven by the demands of the increased workforce requirement within the managed services, especially primary care. This impacts on Community Pharmacy service provision at a time when the sector itself has a growing workforce demand to deliver enhanced services.

The implementation of the new General Medical Services (nGMS) contract sets out a key role for pharmacists and pharmacy technicians in providing a pharmacotherapy service. These challenges and opportunities across community, primary and acute care are having a significant impact upon the pharmacy workforce and an NHS Lothian Pharmacy Workforce Plan is under development.

The plan is being developed with the aim of developing a skilled, competent, caring and compassionate workforce to deliver pharmaceutical services, supported by optimal innovation and utilisation of technology as outlined in the NHS Lothian Pharmacy Strategy. The priority is to ensure adequate capacity is available across the whole pharmacy workforce including pharmacists, pharmacy technicians, pharmacy support workers and administrative staff to support delivery and development of organisational priorities including the Pharmacotherapy Service and Short Stay 48 hour Elective Centre and other extended roles for independent prescribing pharmacists without destabilising other sectors.

While significant pieces of work are being undertaken these are not adequate to address the fact that the timeline to train our workforce with the required competencies and skills is not closely aligned with the increasing demand. Pharmacists were put on the Shortage Occupation List (SOL) in 2008 but were removed in 2011, currently neither pharmacists nor pharmacy technicians are on the United Kingdom or Scotland Only SOL; restricting international recruitment opportunities. Therefore the Pharmacy and NHSL Acute Services

risk registers have been updated to reflect the “high” risk associated with the recruitment and retention of the pharmacy workforce in NHS Lothian and the impact on maintaining current service provision to meet the pharmaceutical care needs of patients.



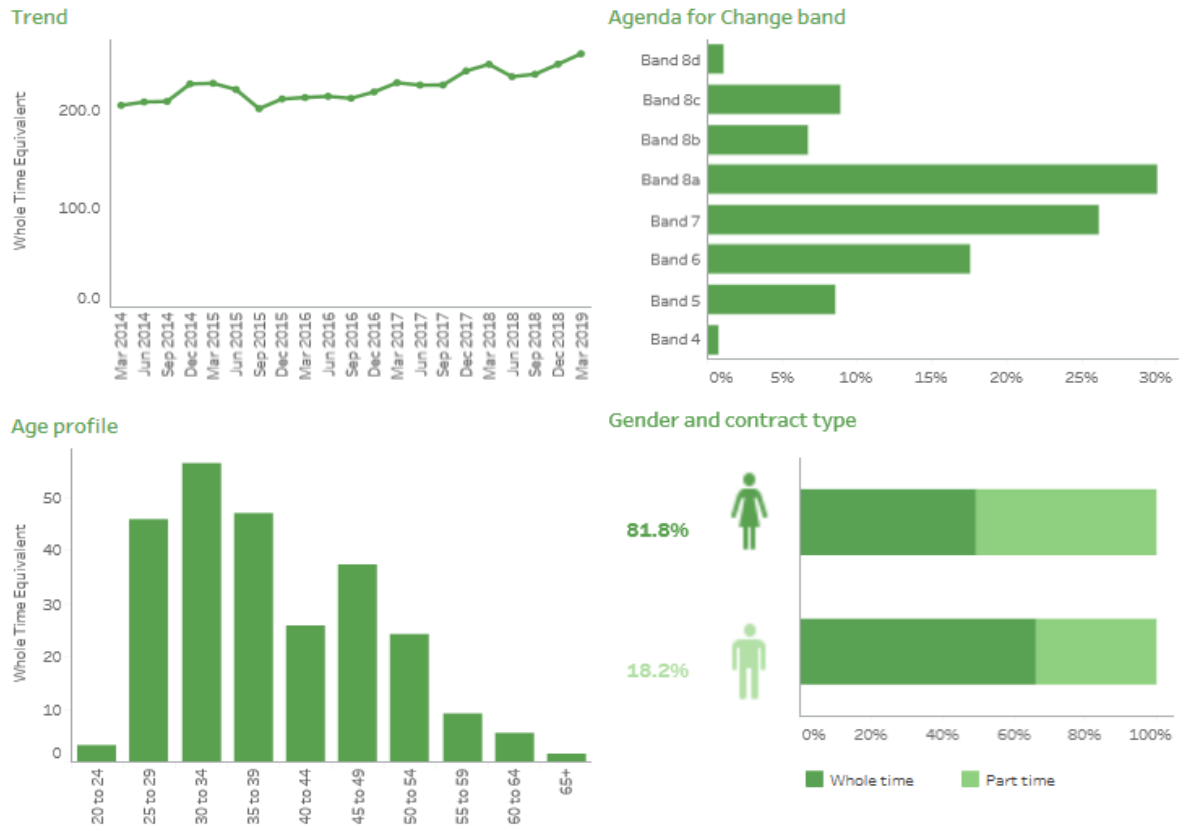
Key Workforce enablers/support required

- Support for over-recruitment strategies – agreement of pharmacotherapy service workforce requirements
- Review of pharmacists inclusion on the Shortage Occupation List
- Youth employment - school engagement / STEM clusters focus / Developing Young Workforce / Generic Insight Day / Job Centres

- Modern Apprenticeships – liaising with Skills Development Scotland to address MA delivery with new IETs for pharmacy technicians (SCQF Level 8)
- Staff experience and engagement - maximise utilisation of social media platforms to describe pharmacy opportunities for both engagement and recruitment

3.5.1 Other Therapeutic – Psychology

Workforce Profile



Source – ISD Scotland

The Psychology workforce has increased significantly overall between March 2014 (204.2wte) and March 2019(256.4wte), increasing by 52wte (25%).

Recruitment and Retention

Applied Psychology has a unique contribution to make in terms of psychological interventions to improve population health, behaviour change, service innovation, group and organisational dynamics as well as the delivery of evidence based psychological therapies, supervision and research. Clinical Psychologists graduate with a research doctoral qualification, the competency to work analytically with complex data sets has led to clinical psychologists developing quality improvement projects and leading funded research programmes.

The NES funded training programmes have to date provided training for the number of qualified psychologists required across Scotland to fill vacancies; NHS Lothian has a strong track record in being able to recruit to key posts. Scottish Government funding has provided more training places for those completing the Masters qualification in applied psychology, there is scope to increase the capacity of the psychology workforce to meet the rising need for mental health service provision and psychological therapies.

Potential for enhanced role for Psychology Workforce

Within adult mental health services there are significant challenges in achieving the HEAT standard of 90% of patients referred for psychological treatment being treated within 18 weeks of referral. In August 2019 there were 2553 adults waiting more than 18 weeks for psychological treatment. Capacity planning work has identified the need for additional staffing to clear the queue across adult services; this will be combined with a review of the model of service delivery to sustain improvements in delivery.

Within child and adolescent mental health services there are a high number of people waiting for assessment and treatment. Additional staffing is required to clear queues and to reduce waiting times, as well as other changes to the service model.

As part of the improvement plans for Adult and CAMHS services, there is a psychological therapies training programme, which is supported by NES and led locally by psychology services, to increase the capacity available for the delivery of psychological therapies. This is an ongoing driver for redesign of services and job planning. Training programmes to increase the capacity of the current workforce to deliver psychological therapies are in place across all partnerships and services.

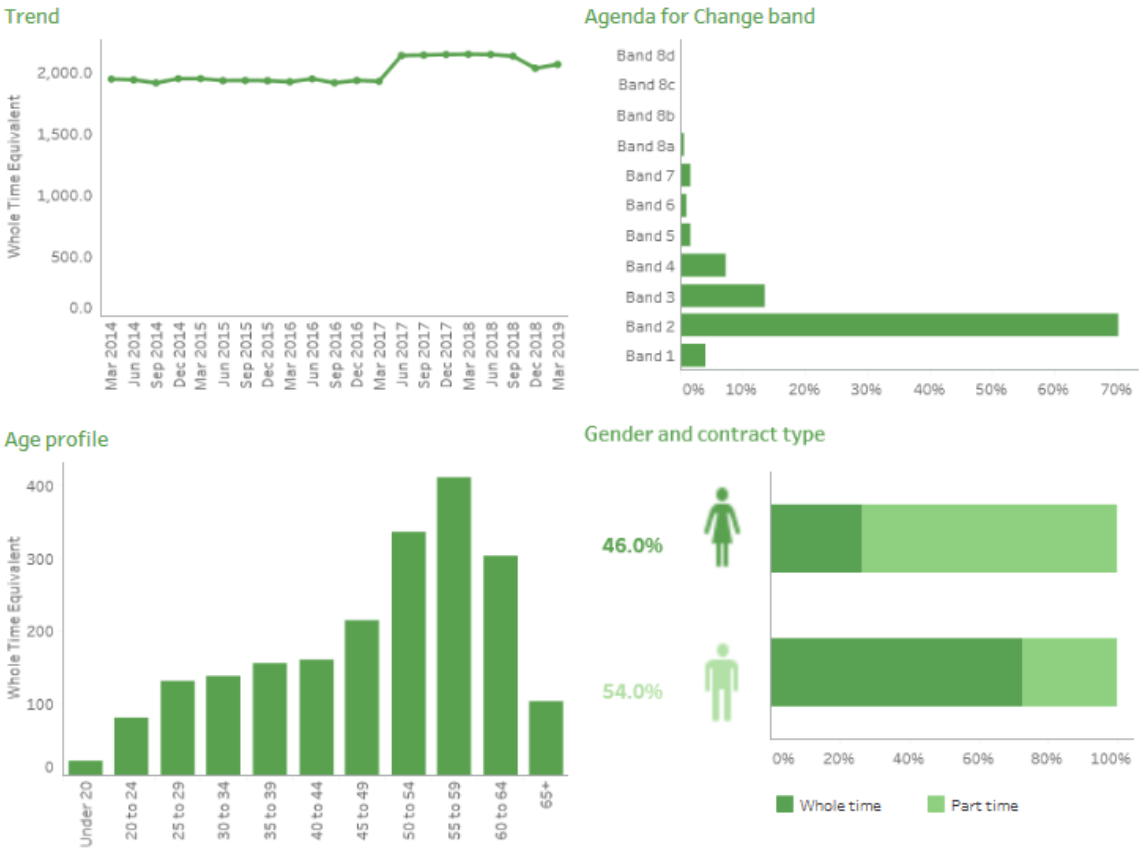
The development of E-health innovations, delivering psychological treatment online has helped to provide CBT (Cognitive Behavioural Therapy) to 10,000 adults to date and have been proven to be clinically effective. Further development is ongoing to expand the delivery of e-health innovations across the age range and to broaden the range of e-health platforms for the delivery of psychological interventions. There is potential for these interventions to be implemented in the prison estate given the gap in provision compared to the need. However security implications will be paramount with any implementation plan.

Currently, approximately 800-900 patients per year are referred to Edinburgh Older Peoples Mental Health Single Points of Referral for assessment and treatment/management of suspected cognitive impairment or dementia. This assessment is currently made by Consultant Psychiatrists in Edinburgh for whom there are increasing recruitment and retention pressures with poor trainee fill rates over the last 5 years. It is acknowledged that clinical psychologists and other health professionals have competencies to diagnose, assess and treat dementia and other difficulties across the spectrum of current evidence based care.

Key Workforce enablers/support required

- Shifting the balance of care with migration of funding allocation to support enhanced roles across workforce
- Ongoing engagement with NHS 24 for development and evaluation of further e-health innovations
- Career development with training for new roles to anticipate changes in Mental Health Law
- Development of new roles for psychological wellbeing practitioners (band 4) to support the delivery of lower level psychological interventions at scale
- Increase psychological interventions training for nurses and AHPs to enhance and develop roles
- Widening access to diagnosis (dementia, ADHD, Autism) and appropriate treatment to maximise current competencies and skills and to develop new roles

3.6 Facilities Workforce Profile

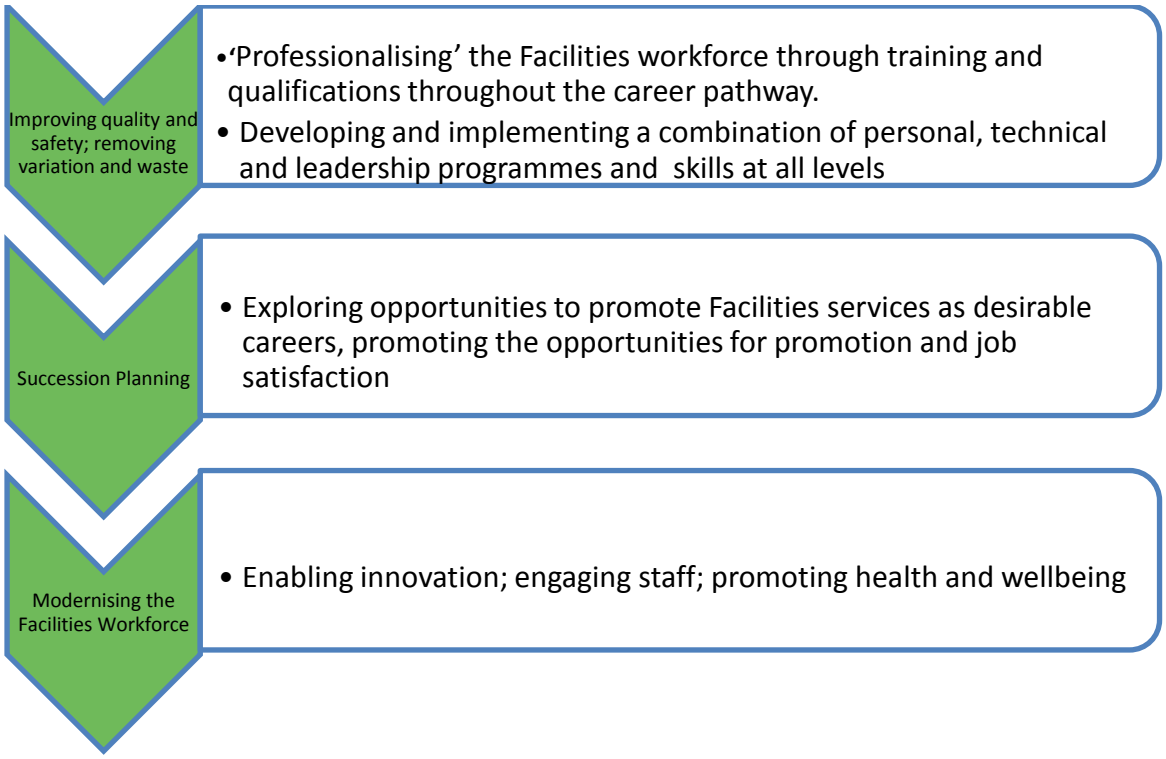


Source – ISD Scotland

The support services workforce has increased by 120wte (6%) since 2014, however within this overall increase has been driven by an increase of 209wte in April 2017 when staff transferred back in-house from an external facilities management supplier. This has been partially offset by the transfer of sterile service (102wte) to healthcare science. The workforce however is set however to increase with the opening of the new Royal Hospital for Children and Young People and Department of Clinical Neurosciences which will require additional staff for the enlarged site footprint. The opening of the SSEC at St John's at the end of 2021 will also require further additional staff. There is also likely to be an increased requirement for domestic and estates staff in primary care as the national premises programme sees premises currently owned by practices or leased by them from private landlords coming into NHS responsibility over the next 25 years - the NHS board will require those premises to be cleaned and maintained by NHS staff.

As outlined earlier in the plan there is historically low unemployment nationally and within the Lothians in particular and there is considerable competition for staff with both hard and soft facilities management services. Brexit looks likely to further exacerbate recruitment challenges if there are restrictions placed upon immigration of EU staff. It is therefore key that NHS Lothian is able to continue to both recruit and retain staff, providing enhanced personal and career development opportunities.

This is now the key area of focus for workforce planning within support services and the following three key actions set out priorities for the next three years.



4 National Policies and Strategies

4.1 Implementation of the 2018 General Medical Services Contract

The new General Medical Services contract was agreed with the Scottish Government by the BMA Scottish General Practitioners' Committee (following a vote) on 18 January 2018. The contract is a key part of the Scottish Government's plans to transform primary care services in Scotland. The contract is to be implemented from 2018/19 to 2020/21 (although the required funding increases continue into 2021/22). The following section highlights the initial assessment of what this means in workforce terms:

- **Vaccinations** – all HSCPs have agreed to a Lothian wide programme to move vaccinations from practices to the NHS Board. This will be staged however NHSL will require to expand community vaccination team or the health visiting service.
- **Pharmacotherapy** – the development of the pharmacotherapy service will require an estimated increase of 140 additional pharmacists, technicians and associated management within NHS Lothian alone. Given the new contract is to be fully implemented by 2021, this will be very challenging. The pharmacist posts are likely to be particularly attractive to community pharmacists in high street pharmacies where there already challenges faced in recruitment.

  In 2018 the Scottish Government committed to fund an extra 30 funded pre-registration places. This has however been offset by a reduction in the availability of unfunded places resulting in a net reduction of 2 places in 2018/19. Within this context however it is going to be difficult to recruit to sufficient numbers particularly as all boards will be in a similar position.

  There has until now been no pharmacy technician training programme sized to meet this demand, but agreement has been reached to fund a programme with Edinburgh College to provide 30 technicians into primary care by the end of 2020/21.

  Community Treatment and Care Services (CTACS) – A group has been established to develop a common core specification for all services and to address common issues once for Lothian. HSCPs could build on this core to meet local needs. However there is very likely to be an impact on nursing roles in Practice Nursing and Treatment Room Nursing as some work is moved from practices to these new services. This may also impact on demand for phlebotomy staff since the biggest volume of work will be blood tests.

  Urgent Care - is being prioritised differently in each HSCP plan. West Lothian has implemented a paramedic home visiting service in partnership with the Scottish Ambulance Service for five practices, but has been unable to expand this further due to inability of Scottish Ambulance Service to increase their commitment to provide additional staff due to their own workforce pressures. East Lothian has implemented the Collaborative Working for Immediate Care (CWIC) service in Musselburgh in partnership with NHS 24 and Riverside Medical Practice and will expand this to three other practice later in 2019. Edinburgh is exploring the use of Physician Associates (PA). The workforce issues are likely to be increased demand for paramedics that will have to be met by SAS. It is not clear that the Scottish Ambulance Service will have the flow of qualified staff to meet this demand and it is understood that national discussions are taking place on this. As HSCPs develop alternatives to Paramedics, particularly to carry out home visits, there is also likely to be increased demand for nursing staff at advanced practice level to carry out this work.

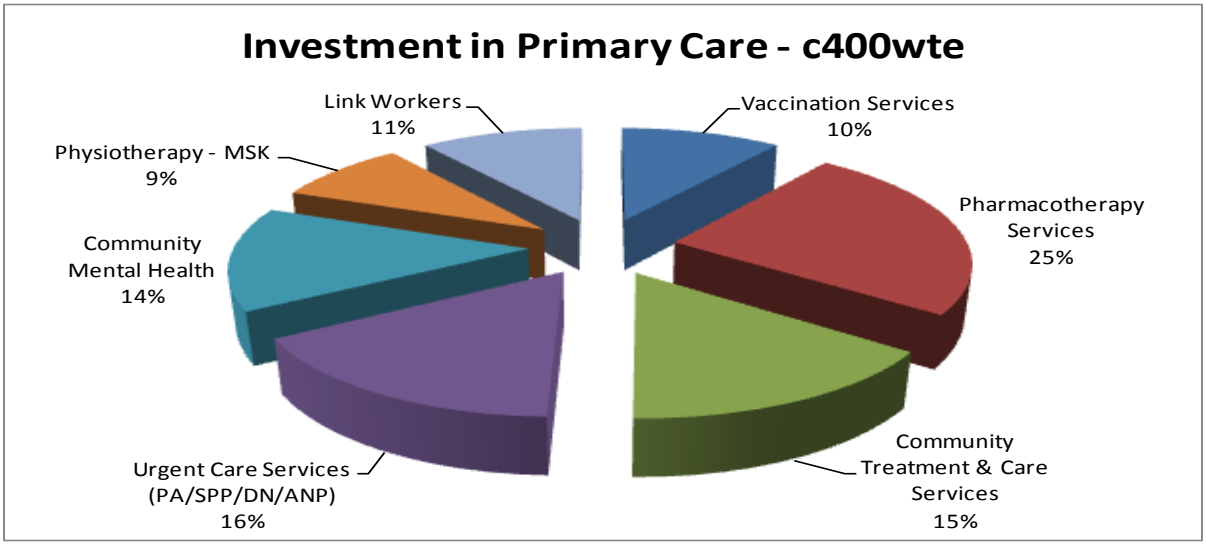
Advanced Nurse Practitioners (ANPs) will have expanded roles and the HSCPs have anticipated this by continuing to support the Lothian training programme which is now part of the South East ANP Academy. However, it is likely that this support will have to expand to meet the demand in Urgent Care and Additional Professional Roles.

There is also an option that District Nurses could be deployed in Urgent Care especially since the new training programme automatically includes advanced clinical decision making and prescribing. With the already known age distribution of district nurses and likely retirement patterns there is a need to increase the numbers training. This has already been recognised and increased numbers are being funded.

- **Additional Professional Roles** – There are varying ideas about this in the HSCP plans. Midlothian and West Lothian have recruited Advanced Practice Physiotherapists for MSK. Edinburgh has recruited Community Psychiatric Nurses to work in practices. East Lothian has expanded the Care Home team. All HSCPs have funded the Lothian Advanced Nurse Practitioner training programme. A proposal for a similar programme for Advance Practice Physiotherapists is under development. Edinburgh is also keen to introduce Physician Associate roles.

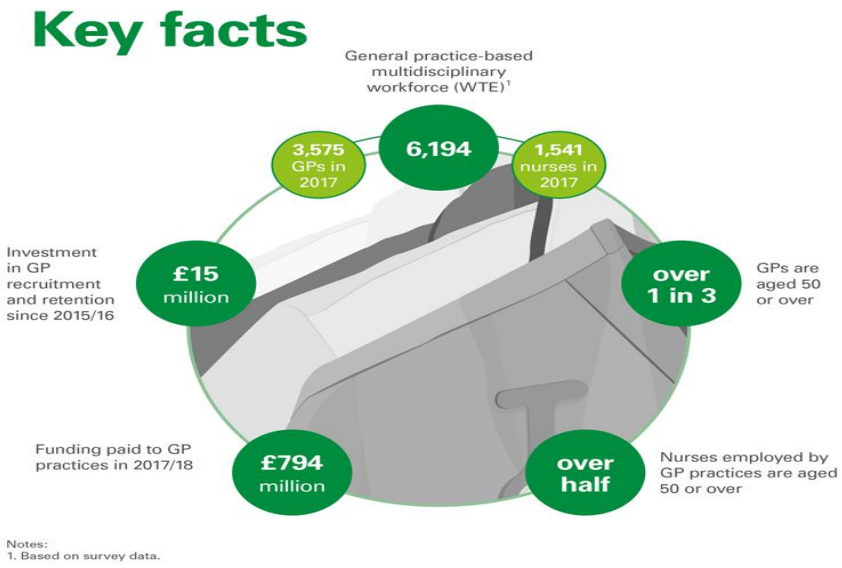
- **Link Workers** – All HSCPs have funded links workers through the third sector. This was a key commitment from the Scottish Government and aims to help patients whose needs are primarily non-clinical to find appropriate support and reduce demand on general practice.

The four HSCPs have developed primary care improvement plans to identify the workforce investments required to support delivery of the new model. These plans have highlighted the requirement for approximately 400wte additional staff between 2018/19 and 2020/2021. Given the extent of the workforce expansion there is the potential for HSCPs to destabilise each other's workforce by re-circulating staff. A Primary Care Workforce Planning Group has been established to scope the workforce change and develop coordinated approaches to recruitment. Although the plan targets the increase in staff to the end of 2020/21, the funding increases from the Scottish Government do not match that, with the final increase in 2021/22. There will have to be flexibility in timing of implementation to avoid financial pressure.



The need for a significant increase within various staff groups for the GMS programme will occur at the same time as other major developments such as the Elective Centres programme. Thus far national nurse training numbers have not been increased to provide additional capacity and where there have been increases planned from 2019 onwards they will not be bolstering the labour markets until 2013 onwards. The national increase in GP training places that were added in 2016(+34) and 2017(+61) were unfilled with only an increase of 11 in 2016 and 22 in 2017 and thus there is unlikely to be a sufficient number completing training in advance of the 2021 new GMS implementation.

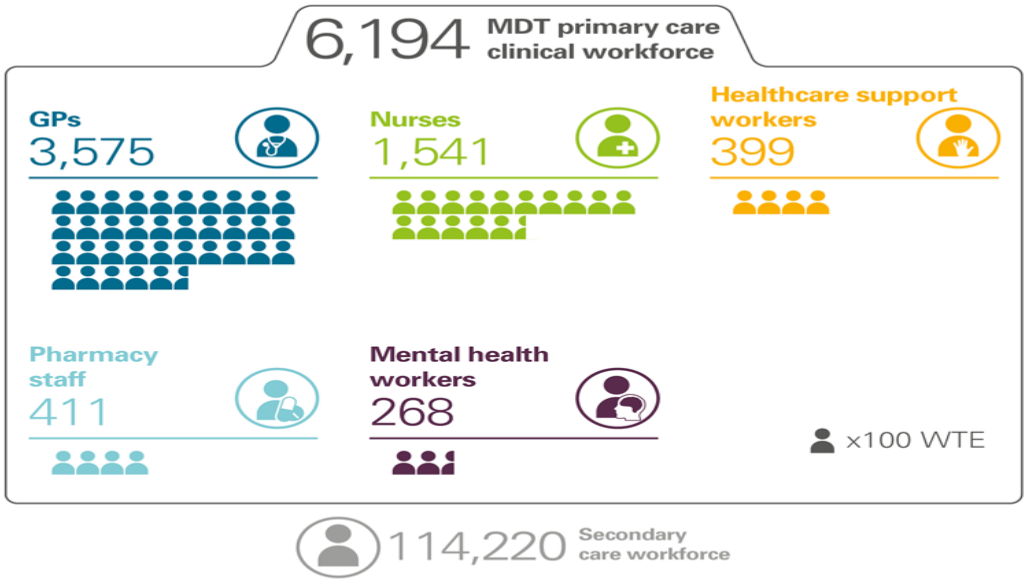
A recent Audit Scotland report on the National Workforce Plan Part 2 contained some key messages on workforce in primary care at Scotland level.
https://www.audit-scotland.gov.uk/report/nhs-workforce-planning-part-2



Based on 2017 data

This exhibit shows the workforce in more detail in 2017

Exhibit 2
The multidisciplinary primary care workforce in Scotland
A number of professional groups make up the MDTs based in GP practices.



Notes:
1. Figures given are whole time equivalent.
2. The figures for GPs, nurses and healthcare support workers are estimates made as part of the 2017 National Primary Care Workforce Survey carried out by ISD Scotland. These figures will only include staff members employed by the GP practice. Allied health professional data is not available.
3. The secondary care WTE figure excludes administrative staff and may include some staff employed by the NHS board but working in a GP practice, as it is not possible to separately identify these staff members.

Sources: Secondary care, ISD Scotland workforce trend data for March 2017 (2017 data used to be consistent with the latest primary care workforce survey); Pharmacy staff data provided by the Scottish Government, as at March 2019; Mental health workers, Mental health worker quarterly performance report, as at July 2019 (2019 data used for pharmacists and mental health workers, as 2017 data not available); Other staff groups, ISD Scotland National Primary Care Workforce Survey 2017.

Source – Audit Scotland

There has been significant change in the workforce in primary care since 2017. The 2019 survey will show how much progress has been made.

It is important to also consider the workforce issues in out of hours general practice. Whilst out of hours responsibility has been removed from the GMS contract and practices operate 8am to 6pm Monday to Friday, the population need for access to primary care is 24/7.

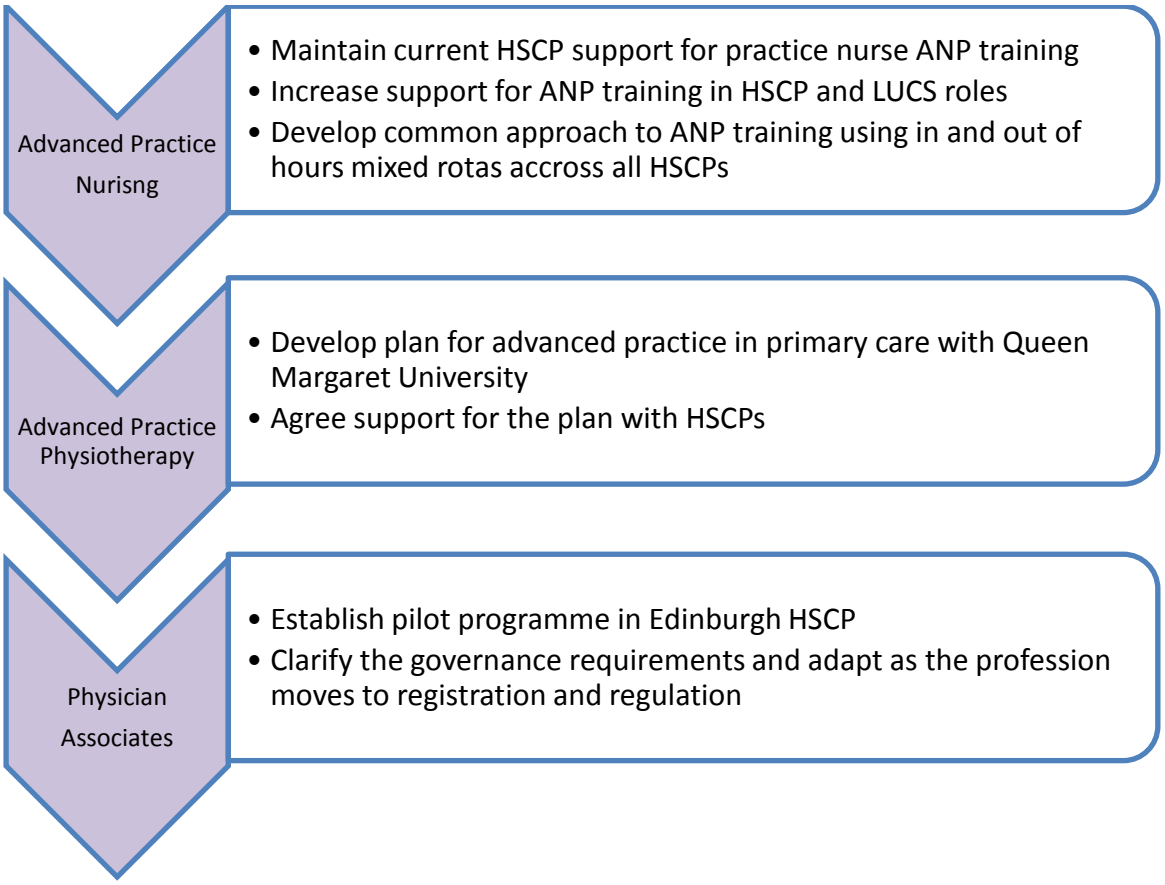
The Lothian Unscheduled Care Service (LUCS) meets this need for the whole population for 118 hours every week plus public holidays. The workforce pressures in LUCS have mirrored those in day time general practice. There have been significant difficulties with recruiting and retaining GPs and Nurse Practitioners and this has resulted in restrictions in service with increasing frequency of ad hoc closures of services bases.

There is a significant cross over between in and out of hours services in terms of recruiting and retaining staff. The roles are similar in both and staff can combine in and out of hours responsibilities. Whilst this can be a challenge it also offers opportunities to create interesting and varied roles with career opportunities for staff.

The key workforce planning issues specifically for out of hours are:

- Addressing medical staff terms and conditions issues.
- Creation of combined nurse practitioner roles between in and out of hours.
- Creation of a shared approach with HSCPs to nurse practitioner training.
- Implementation of a recruitment and retention premium for nurse practitioners if agreed nationally.
- Development and extension of the clinical support worker role.

The three areas below represent the key challenges for the next period of implementation of the contract. This does not imply there are not challenges in the other areas, but only that the responses in other areas are more developed.



4.2 The National Waiting Times Improvement Plan and Short Stay Elective Centre

Access and treatment times

In October 2018 the Scottish Government published the national Waiting Times Improvement Plan (WTIP), which set out the Scottish Government's approach for improving treatment times over the period to March 2021. The Waiting Times Improvement Plan requires by March 2021 delivery of 95% of outpatients seen within 12 weeks, 100% of Treatment Time Guarantee (TTG) eligible inpatients seen within 12 weeks and 95% of cancer patients seen within the 31 and 62 day standards.

Performance trajectories have been submitted and agreed by Scottish Government as part of the Annual Operational Plan, at a cost of £18.9m. The trajectories until March 2020 are:

- out-patients - no more than 16,000 patients waiting greater than 12 weeks for their first new out-patient appointment by end March 2020.
- NHS Lothian's trajectory for Treatment Time Guarantee (TTG) – there should be no more than 2,472 eligible patients waiting longer than 12 weeks for their in-patient or day case treatment by end March 2020.

High level Demand Capacity and Queue (DCAQ) modelling indicates that NHS Lothian has a recurrent gap of:

- 24,500 new out-patient appointments/annum (i.e. we add 24,500 more new out-patients
- to our waiting list every year than we have recurrent capacity for) 3,500 TTG treatment slots/annum
- Plus an anticipated conversion from reducing the out-patient deficit of 5-6,000 TTG treatment slots/annum

These volumes do not include backlog performance (patients waiting in excess of 12 weeks for Outpatients and TTG at end March 2019). The estimated cost to deliver expected performance aligned to WTIP trajectories 2019/20 is £34m

NHS Lothian's Waiting Times Improvement Plan trajectory for TTG is that there are no more than 1,250 eligible patients waiting longer than 12 weeks for their in-patient or day case treatment by end March 2020.

Available Resources for 2019/20 there is

	£k
SG Access Support Funding	10,000
National Contracts / Local Contracts	3,500
NHS Lothian	5,000
Additional Access Support	3,000
	21,500

Approximately half of these resources will be used to purchase independent sector capacity on a non-recurring basis.

Whilst there is significant funding being made available by the SG increases within the workforce mean that it will be challenging to achieve and is recognised as being a key risk. Where there is a need to grow the workforce this will be challenging given there are existing workforce challenges and establishment gaps have been steadily increasing. Within the medical workforce training numbers have been relatively static over recent years and there has been no significant expansion in the areas where there are the largest waiting lists.

NHS Lothian has an underlying lack of capacity both in terms of theatres and workforce which are the largest drivers for waiting times. The investment as part of the WTIP will help to provide in the main interim capacity solutions to help reduce backlogs however to deliver sustained reductions there is a requirement for a substantial increase in theatre capacity and associated workforces through the development of a dedicated state of the art Short Stay Elective Treatment Centre.

Development of the Short Stay Elective Centre (SSEC) at St John's Hospital

The development of the SSEC 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 initial completion date for the SSEC is December 2021 which will be challenging for the construction of a facility of this scale. However the level of required workforce growth is considerable:

Staff Group	WTE
Medical	40.5
Ward and Theatre Nursing	176.57
AHP - Radiography	33.97
Other Therapeutic - Pharmacy	8
Support Services	53.99
Total	313.03

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 – Average of 6.5% in 2016/17 rising to 9.1% in the 2018 year to date.
- Approximately 30%(overall) of St John's registered nursing workforce eligible to retire within 5 years
- 35% of theatres nursing/ODP workforce eligible to retire within 5 years
- 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 25wte of consultant anaesthetists to staff 12 additional theatres and an additional 50wte Surgeons across the specialties in Lothian alone. The development of the Lothian SSEC will take place at the same as five other centres with a combined workforce requirement of over 1,300 wte.

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 and where a board such as Lothian is able to attract additional workforce there is likely to be an impact on service sustainability in Boards particularly within the East Region. 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. Initial specialties include Psychiatry, Anaesthetics, General Surgery and Paediatrics. This may help to improve the success rate of international recruitment which has been poor to date, however many of the challenges being faced within Scotland and the UK are mirrored elsewhere. There is a WHO code of practice that the UK is a signatory to around ethical recruitment practices indicated developed economies should support the retention of health workers in underserved areas.

http://www.who.int/hrh/migration/code/WHO_global_code_of_practice_EN.pdf

Reprovision of Princess Alexandra Eye Pavilion (PAEP)

The need for the reprovision of the PAEP is also necessary to provide a modern purpose built state of the art facility, which will provide greater physical capacity to meet current and future activity associated with a growing and ageing population. As the business case for reprovision progresses there will be requirement for a

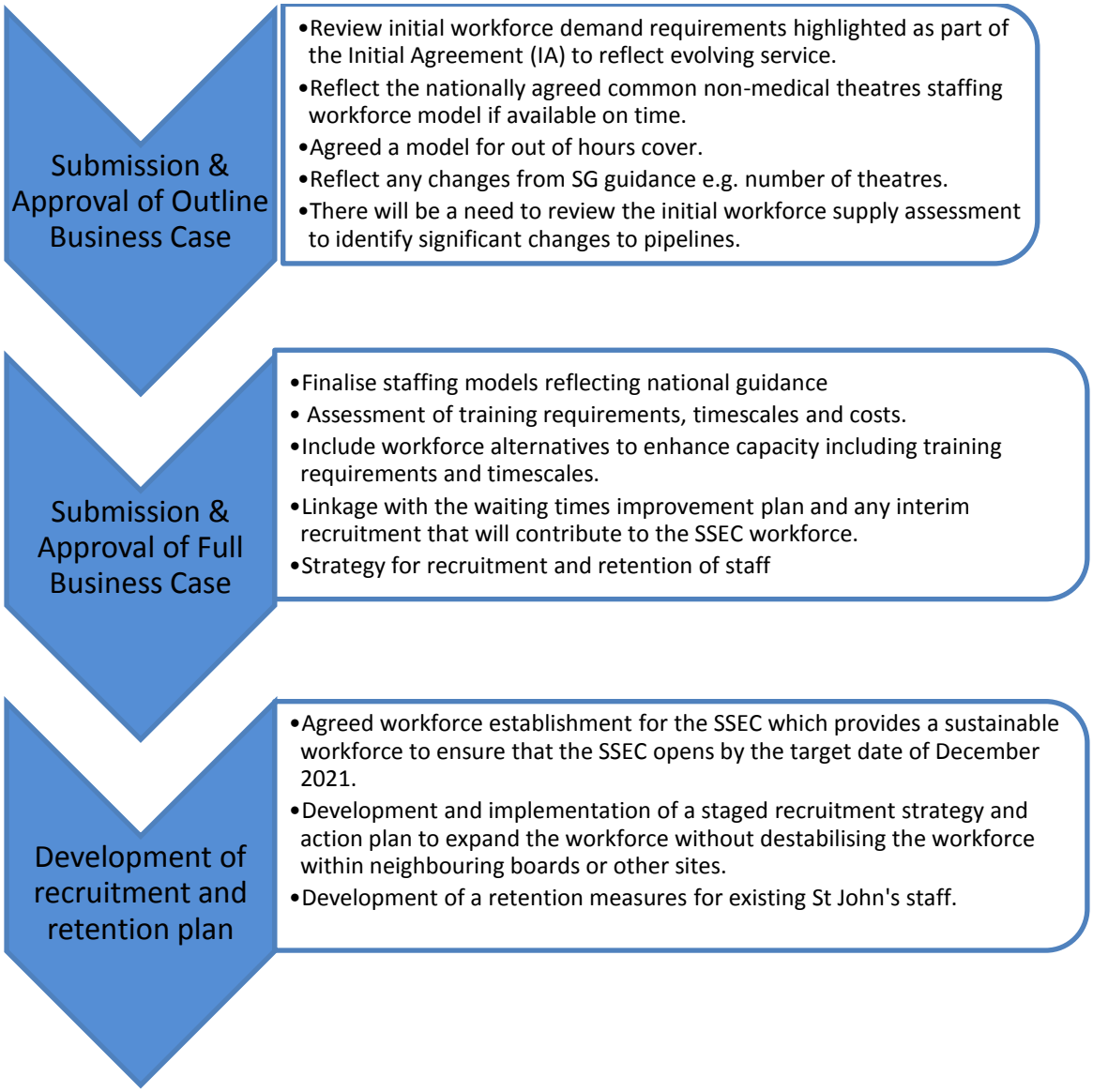
workforce plan to support the evolving service model, support recruitment and retention and ensure a sustainable workforce moving forward.

It is recognised that the development of the SSEC centre and PAPE have the potential to destabilise the workforce in other boards. The Regional Workforce Group has recognised this potential and has supported the proposal to seek dedicated support to develop regional approaches to recruitment and cross board working, which also support staff retention. A proposal is now under development.

The Short Stay Elective Centre Programme Board is taking forward further work to refine the staffing model and focussing on investigating opportunities for:

- Fast tracking the further development of the multi disciplinary theatre team including the expansion of Anaesthetic Associate.
- Development of a Physician Associate training programme.
- Capacity optimisation.
- Use of innovation and technology.
- Whole system approach, linking in with the new GMS contract.
- Realistic medicine.

NHS Lothian has also taken a national lead in re-establishing an ODP training programme following Glasgow Caledonian closing the only programme earlier this year. A new programme has been developed with the University of the West of Scotland with training recommencing in September 2019.



4.3 Implementation of the Best Start: A Five-Year Forward Plan for Maternity and Neonatal Care in Scotland.

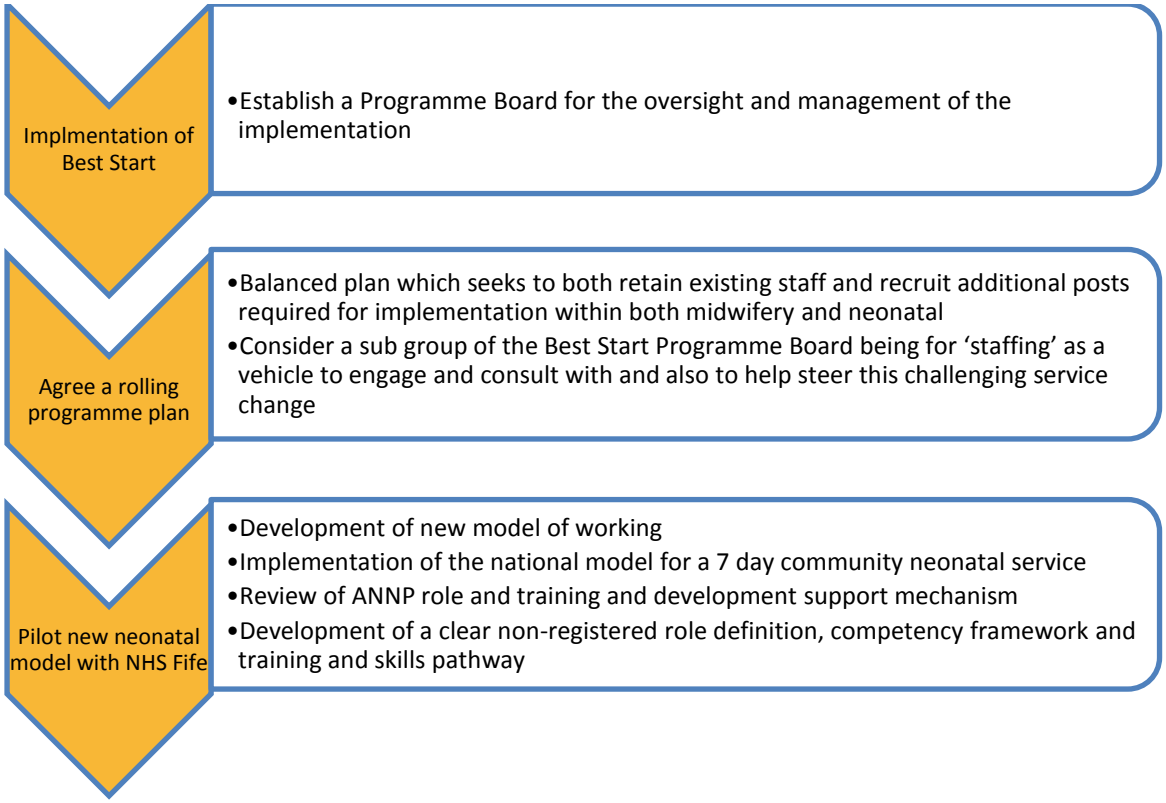
In 2017, the Scottish Government released the new five year strategy for Scotland The Best Start: A Five Year Forward Plan for Maternity and Neonatal Care, which set out a vision for the future planning, design and safe delivery of high quality

maternity and neonatal services in Scotland. It puts the family at the centre of decisions so that all women, babies and their families get the highest quality of care according to their needs. The review made 76 recommendations covering maternity, neonatal and perinatal mental health.

A key change in the model of care in maternity was that “Every woman will have continuity of career from a primary midwife who will provide the majority of their antenatal, intrapartum and postnatal care and midwives will normally have a caseload of approximately 35 women at any one time.” This change removes much of the traditional boundaries between community and hospital midwifery and reflects the feedback received from mothers and families. However it also represents a significant change for staff who in the main have been based in either a hospital or community. As a result there is a need for significant support for staff in terms of training and development to build a wider experience base.

Within neonatal services the key recommendation for change was that the new model of neonatal services should be redesigned to accommodate the current levels of demand, with a smaller number of intensive care neonatal units, supported by local neonatal and special care units. Formal pathways should be developed between these units to ensure that clear agreements are in place to treat the highest risk preterm babies and the sickest term babies in need of complex care in fewer centres, while returning babies to their local area as soon as clinically appropriate.

In the next 2 years NHS Lothian will take forward the implementation of the Best Start Midwifery and Neonatal Strategy locally and in collaboration with other boards in the region where necessary. Within the midwifery workforce 34% of the Band 6 midwife workforce are potentially able to retire in the next 5 years and it will be important that the development of the new service model is cognisant of the importance of retaining staff at a time of significant change. The following three key actions will be central to the successful development and implementation over the next two years.



Key Workforce enablers/support required

Central to the successful implementation will be both additional funding from the Scottish Government as implementation will require growth with the workforce. However funding alone will not ensure success as there is a requirement for the Scottish Government to ensure that midwifery training numbers are increased to reflect both the ageing of the workforce with associated growth in retirals and also additional workforce numbers to deliver the new service model.

Constructive working in partnership with Staff and Staff side representatives through a sub group of Best Start will be also be key to engaging and supporting staff.

4.4 Mental Health

In 2017 the Scottish Government published its 10 year vision for mental health which contained 5 main themes:

- Prevention and early intervention
- Access to treatment and joined-up, accessible services
- The physical wellbeing of people with mental health problems
- Rights, information use, and planning
- Data and measurement

This included a commitment to' increase the workforce to give access to dedicated mental health professionals to all A&Es, all GP practices, every police station custody suite, and to our prisons'. Over the next five years increasing additional investment to £35 million to support an additional 800 mental health workers in those key settings.

Delivery of this will however be challenging nationally where there has been growing gaps in the consultant psychiatrist workforce with vacancies of over 10% nationally and locally, in particular within general and old age psychiatry. Recruitment to training posts nationality has also been poor over recent years, in 2018:

- 9 out of 14 in CAMHS – 64% fill rate
- 2 out of 7 in Learning Disability – 28% fill rate
- 40 out of 60 Core – 66% fill rate

The South East deanery however has the highest fill rate and usually fills all training slots, however given the high levels of gaps in other regions there will be increasing competition.

Whilst generally consultant posts can be filled at the Royal Edinburgh Hospital (REH) there are significant difficulties within General Psychiatry posts at SJH where there are 7 vacant General Psychiatry posts following a third unsuccessful attempt to recruit. There have also been two unsuccessful attempts to recruit to a consultant and SAS post within the Child and Adolescent Mental Health Service. The service is currently reviewing job plans across Lothian to identify any ways of making posts more attractive. Such challenges inevitably impact in access to services and it will be increasingly challenging given the lack of numbers in training nationally.

Many consultants over the age of 50 will have Mental Health Officer status and are therefore eligible to retire at the age of 55, which represents 41% of the consultant workforce.

Within the nursing workforce there is a relatively low establishment gap of 3.4%, there are however approximately 28% of registered Mental Health nurses and 38% of registered Learning Disability(LD) nurses eligible to retire in the next 5 years. This has been recognised as a pressure by the Scottish Government and 2019 student nursing intake numbers have been increased by 16.7% within Mental Health and 18% in LD, however it will be 2023 before graduates emerge.

A Lothian-wide Mental Health Professional Development and Workforce Planning Group has been established, chaired by Professor McMahon to respond to these challenges across both the Acute service and Health and Social Care Partnerships. This group is looking at the introduction of advanced nurse practitioners in the following areas:

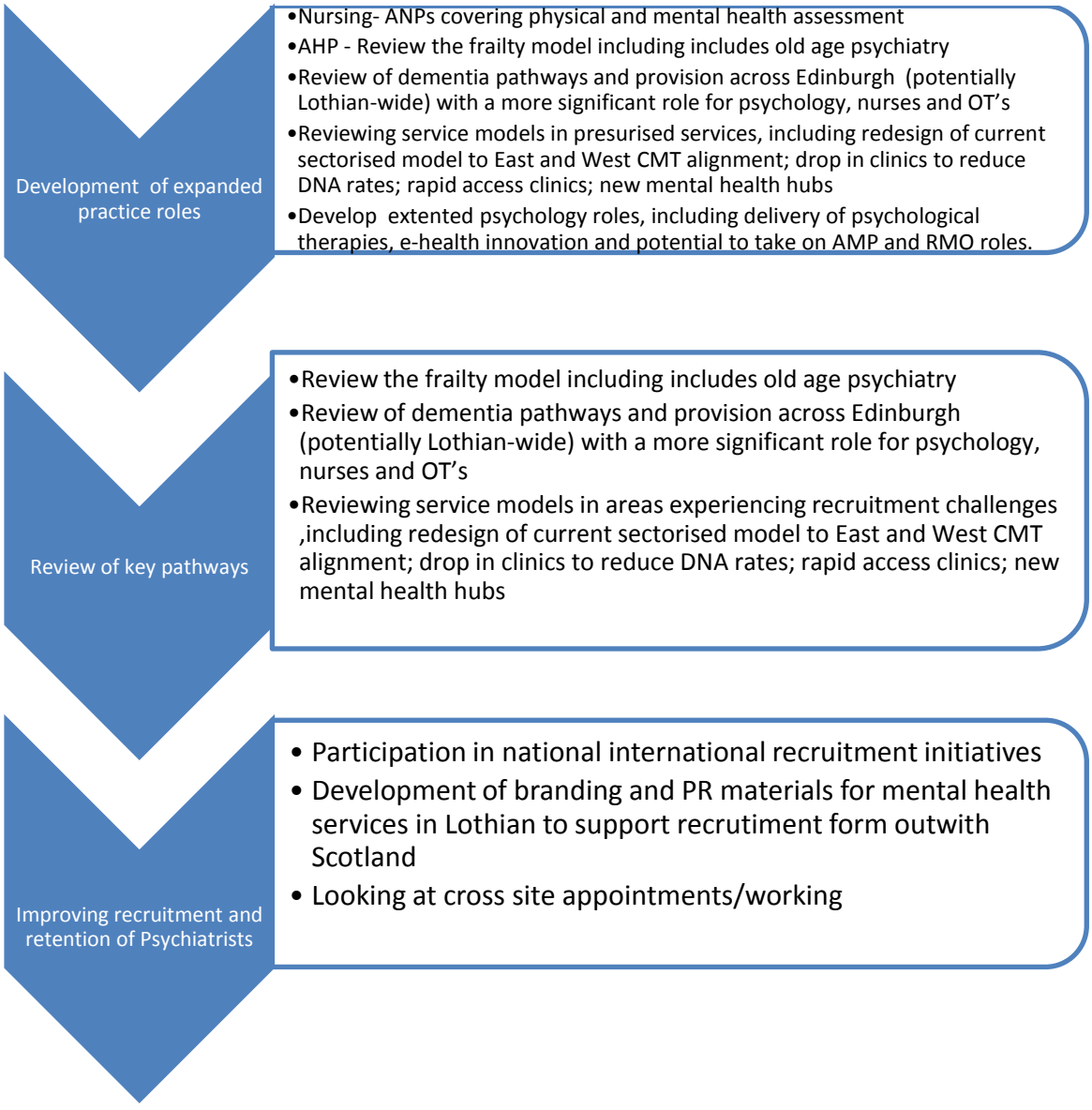
- Physical Health Care - Junior Doctor training evaluations show dissatisfaction with the balance of psychiatric and physical health work within their psychiatry placements

particularly in the older peoples' inpatient areas. To address this we plan to introduce ANPs who will have a specific remit for physical health.

- Mental Health Assessment - Given the challenges facing us regarding junior doctor training and Lothian wide rota cover there is a requirement to develop ANPs who will be able to undertake a full mental state examination and differential diagnosis and treatment. At the current time mental health competencies in this area need to be developed to enable this to happen.

The group is also looking at extended roles for the psychology workforce (as detailed in section 3.5.1) as a means of meeting anticipated pressures in medical staffing levels as well as the development of Band 4 assistant practitioners to support the registered nursing workforce.

The Scottish Government is awaiting the recommendations of a Task Force led by Dame Denise Coia, which will inform the specific actions and targets required to ensure delivery, which will be published by the end of the year.



4.5 Development of the Regional Trauma Centre and Network

The development of a Scottish Trauma Network to work collaboratively across traditional specialty and geographical boundaries, to deliver high quality integrated, multi-specialty care to severely injured patients. The principle of “Once for Scotland” delivery underpins this strategy, and education will be planned on a national basis initially, with regional and local training developed as appropriate.

Through the agreement of the Scottish Trauma Network (STN) implementation plans, a number of increases in staff numbers across NHS Scotland are planned; these will improve access and co-ordination of care for people who have suffered serious injury.

There will be increased pressures to attract clinical staff across the South East Network due to national shortage and reliance upon recruitment drives across Scotland. The STN education strategy will encompass all staffing levels including:

Scottish Ambulance Service; Emergency Medicine teams; Specialist and general nurses; Anaesthetists and intensive Care teams ; Allied Health Professionals, including psychologists, physiotherapists, occupational therapists, Dieticians, Speech & Language.

The key priorities for the South East Trauma Network (SETN) between now and the go live (April 2021/22) have been developed into a recruitment and education strategy which takes into account the needs of STN stakeholders including patients and families. The STN education strategy should encompass all staffing levels throughout the patient pathway from pre-hospital to rehabilitation.

The objectives of STN in relation to this strategy are:

- To provide opportunities for learning in all areas of best practice in trauma care
- To raise awareness of resources available to support best practice in trauma care

These objectives will be met through:

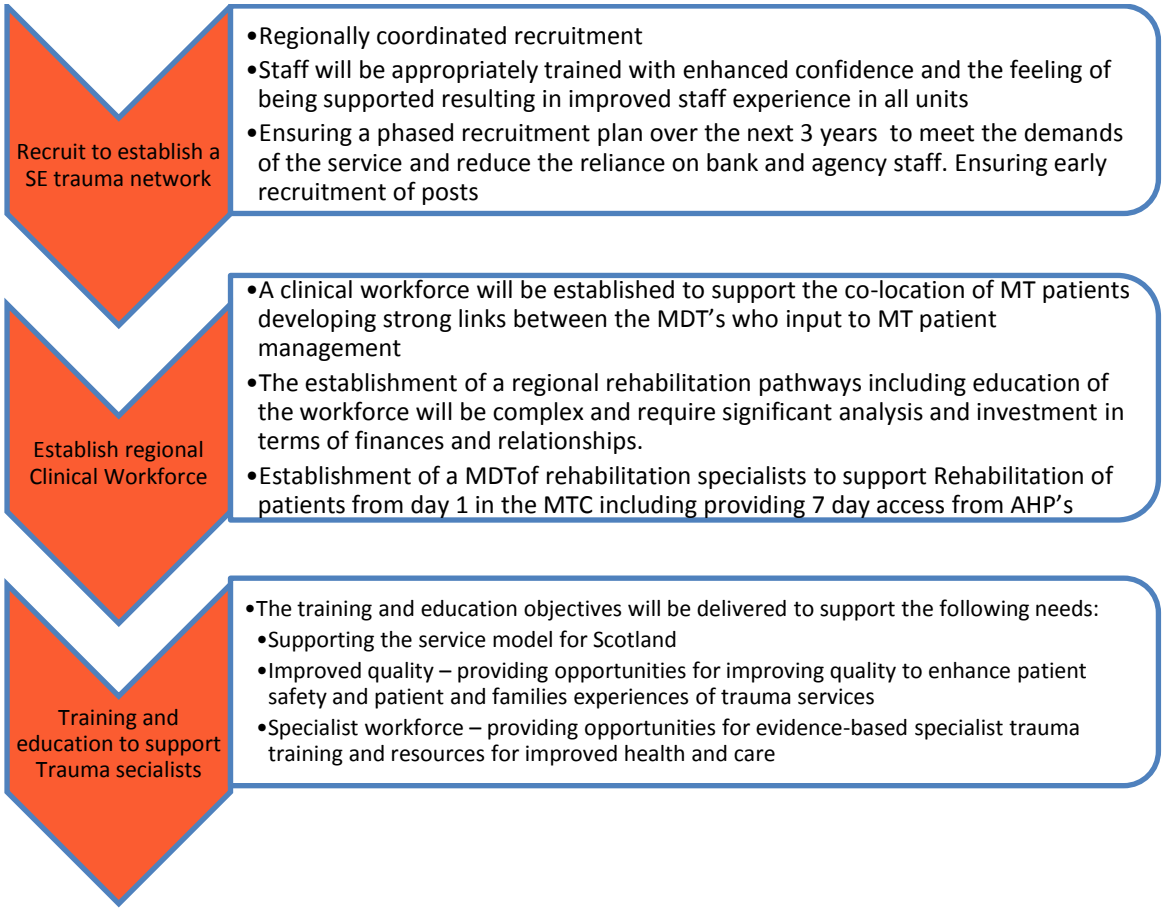
- A range of education opportunities provided in a variety of formats, for example simulation training, train the trainer, online learning, etc.
- Open, regular clinical education sessions across the network

SETN and MTC website (including MTC and SETN twitter account)

The training and education objectives and deliverables include the following key strategic themes:

- Support the Workforce, Education, training & Governance;
- Skills and Drills *(learning some of the regular procedures, then running these as drills regularly);*
- Team working;
- Leadership development;
- Knowledge enhancement;

- Quality Improvement methodology;
- Learning from experience at local, regional and national levels.



Timescales

Across the South East Region a number of posts are being created. The increase in staffing across the region is phased over the next three years (2019 to 2022). The implementation plan is staged over 5 years. There have been a considerable number of achievements in Year 1 (17/18) and Year 2 (18/19). In year three (19/20) South East of Scotland will be close to implementation with two-thirds of resource allocated. On target by Year 5 early 2021/22 the South East of Scotland MTC will be fully operational and the South East Trauma Network plan will be fully implemented.

4.6 Reprovision of the South East Scotland Regional Cancer Centre

The national cancer strategy aims to:

- To improve the experience of and outcomes for people affected by cancer across Scotland by improving service delivery and reducing health inequalities.
- To ensure that people with cancer have equity of access to sustainable, high quality, timely treatment.
- To reduce variation in practice/inequities in access to the most advanced treatments in accordance with individual clinical need and thereby improving outcomes.

Delivering against these aims and the growing demand for cancer services associated with a growing and ageing population in the South East of Scotland there is a need to re-provide the regional cancer centre. A central part of the vision for the new South East of Scotland Cancer Centre is to strengthen workforce sustainability through increased regional working. The development offers a catalyst to support new models of working and reduce some of the risks associated with vulnerable specialties. This reprovision will require major capital investment and redevelopment of the Western General Site to create modern state of the art facilities and additional linear accelerator capacity for the provision of radiotherapy. This will be a complex reprovision requiring significant service and workforce redesign, whilst maintaining and expanding existing capacity in the interim. There are a range of enabling works (c£19m) that will be required by 2021:

- Expansion of day case Systemic Anti-Cancer Therapy (SACT) Service (Ward1)
- Improving HEI compliance in 3 inpatient wards (Wards 2, 3 and 4);
- Develop a new fit for purpose Cancer Assessment Unit (CAU
- Increase Linear Accelerator Bunker Capacity and Re-provide Administrative Offices.

The development of the initial agreement (IA) for the reprovision is anticipated to complete in Spring of 2020, this will describe transformed models of care and the workforce implications and challenges of delivering these. The development of the plan will feed into the Workforce Planning and Development Programme Board. On completion of the IA key priorities will be determined and form part of the Board Workforce Plan.

4.7 Health and Social Care Integration

Each of the four Integrated Joint Boards (IJBs) have produced an initial workforce plan highlighting the scope and scale of their workforce and the range of workforce challenges that are faced within the health, council and third and independent workforces. Whilst each of the plans differs to an extent in terms of structure and content many of the key challenges are similar, such as:

- An ageing workforce
- Increasing vacancies within independent care homes
- Retention of EU workforce seeking to leave as a result of Brexit
- Implementation of the new GMS contract
- Growing establishment gaps

Many of these workforce pressures were already evident prior to the formation of the Integration Joint Boards (IJBs) and they have been exacerbated by increasing population growth, the building of new towns and housing across the Lothians.

In tandem with an ageing population due to higher life expectancy this population growth has led to complexity in delivering more without any significant increase in workforce. Furthermore, social inequity continues to be evident with levels of poverty across Scotland similar to 10 years ago with the knock on impact on health.

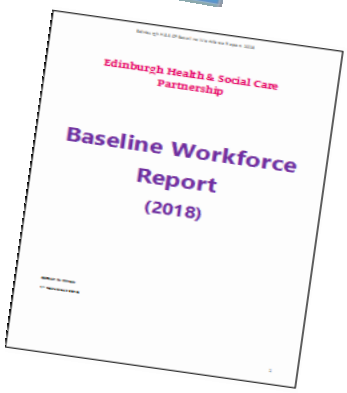
Given these challenges there is a risk of IJBs destabilising each other's workforce through recruitment and there is a willingness to collaborate where beneficial to grow and sustain workforces through attracting new entrants through areas such as attracting more young people into social care by providing flexible training routes that apply across all IJB areas.

HSCPs are committed to consider new ways of working and in particular address the increased demand on services against the workforce supply which is insufficient at present to address current gaps, let alone growth, due to finance, insufficient training numbers or the ability to recruit and retain experienced staff due to competition, early/more retirals.

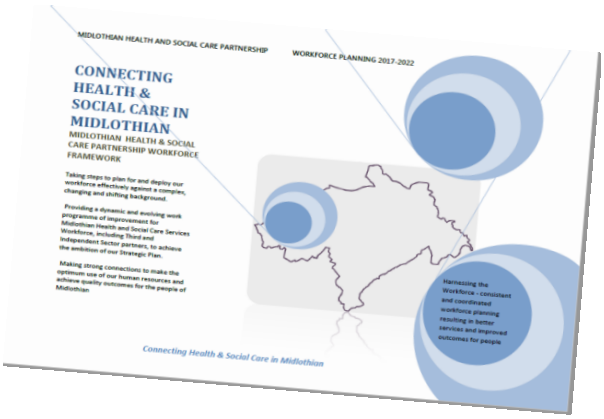
HSCPs have recognised the need to develop robust workforce plans linked to their strategic and financial governance and these have been submitted in various formats to the IJBs and SG already and are available on the following links:

East Lothian

Edinburgh



Midlothian



West Lothian

A number of the key themes within these plans are common to each partnership and as such collaborative approaches across the partnerships are beneficial. Following an inaugural collaborative workforce planning event agreement was reached on supporting the new GMS, Digital Enablement, Recruitment & Retention (with a focus on promoting and supporting careers in care) and Learning & Development. The Chief Officers have agreed to hold bi-annual workforce collaboration events to monitor progress and share ideas and best practice. The collaboration in relation to the new GMS is contained within the action in the GMS section of this plan; the following key priorities will form the areas of collaboration over the next three years:

Learning and Development

- Building collaberative 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

4.8 Regional Working

Whilst this plan focuses on NHS Lothian there are a number of areas where NHS Lothian works collaboratively with other Boards in the SE region to collaborate on workforce planning and development to help develop and sustain workforces. In a number of cases NHS Lothian provides a regional for the region as a whole such as Cancer and specialist Children's services and service and workforce planning are undertaken or 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 act 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 such as assessing the impact of pension tax regulations for Consultants. 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.

5 Workforce Enablers and Support

Each of the job families and strategic priorities sets out the key actions that are to be progressed over the next three years; they also highlight the specific workforce enablers required for successful progress. In additional to these there are wider workforce enablers that require to be taken forward at a corporate level due to their nature and scope. This following section sets these out over the next three years.

5.1 Youth Employment

We have made good progress in establishing Youth Employment as a key workforce enabler over the past 2 years. We now need to consolidate and build on this work to ground this as business as usual in our workforce planning strategies.

NHS Lothian have committed to ring-fence 60 vacancies per year for Modern Apprenticeships aligned to key workforce need. We may need to consider the requirement to resource expanded activity in this area to staff the workforce demand for areas such as the Regional Trauma unit and the Regional Elective Centre. We need to be open to the potential of Regional approaches to youth employment pipelines to ensure a regional wide supply.

We continue our partnership with Prince's Trust 'Get into Healthcare' Academy with a view to supporting young people from a disadvantaged background to get into a career in health and social care. In order to create a viable articulation from the Princes Trust Academy into employment we have committed to deliver 3 cohorts of Princes Trust 'Get into' aligned to our Modern Apprenticeship recruitments.

A fundamental arm of our youth employment activity is school's engagement across primary, high school and senior phase pupils. This work is critical in positioning NHS Lothian as an employer of choice for the future workforce. We will continue to develop and enhance our school's engagement approaches.

5.2 Employability and Widening Access

For 2020 we have an aspiration to deliver an employability strategy that seeks to widen access to talent pools that find it challenging to get into employment as set out in 'No one left behind'.

Our approach to employability needs to be one that focuses on the needs of the individual first and foremost, one that builds on an individual's strengths and recognises their ambitions, giving them the right support, when they need it, to help to improve their life chances.

5.3 Career Development and Articulation

We have established career development pathways for nursing, pharmacy, healthcare science, facilities and estates, business and administration and allied health professionals. These pathways illustrate how staff can start their career in NHS Lothian in entry level posts and progress supported by education and training.

We have examples of staff being recuited for potential (not qualification) in to band 2 modern apprentice posts, undertaking HNC level qualifications and gaining entry to the second year of nursing degree programmes. This ability to articluate through a career development path is attractive to our workforce and promotes a constant supply of developing skills and competence. We need to build on this work to expand the development and articulation beyond uniprofessional routes and across health and social care.

Our workforce planning challenges require us to be more skillful and proactive in commisioning training and education from further and higher education institutes, based on service need rather than off the shelf options. We have the opportunity to develop parterships with education providers on a local, regional and national level and should seek to maximise the options available.

Volunteering

Our new NHSL volunteering strategy is designed as the blue-print for achieving the full potential of volunteering for NHS Lothian, the community which it is a part of and the individual and organisations that make up the community.

Through the Volunteering Strategy 2018-2022, NHS Lothian will extend more opportunities to a wider volunteer population and will become a hub for individuals seeking to invest time, talent and commitment for the benefit of the local health economy.

The Volunteer Vision builds upon NHS Scotland's Volunteering Programme key outcomes and is intended to have an threefold impact; to enhance the experience of the people using our services, to benefit those participating in volunteering activities and to have an impact on the wider community.

In recognition of the vital role volunteering can play in employability, NHS Lothian is now registered as an Awards Aware employer and is an official endorser of the Duke of Edinburgh Awards.

We have a wide range of programmes and opportunity to support our commitment to a diverse and inclusive workforce and will continue to grow our partnerships and work to further develop and apply our learning.

Skills Maximisation and New Roles

Rapidly changing patient needs, alongside medical and tecnological advances, will require all frontline staff to aquire new skills and adopt new ways of working. This will mean a blurring of traditional boundaries and equipping staff for more 'boundary-spanning' working both between and within sectors. (Closing the gap 2019).

It is clear that we will not be able to close the gap between supply and demand in many areas of the workforce. This challenge requires us to skillfully build multidisciplinary teams in which all roles are able to operate to the full potential of their scope of practice. This model requires new, extended and redesigned roles that seek to reduce the intensity of working of the professions in short supply.

It is important that we are clear in our engagement with service areas that these approaches do not seek to replace roles, the aim is to leverage the skills of the wider team and effectively blend the workforce composition.

We will introduce physicians associates (PA) through participation in the Aberdeen University training programme and also through the recrutiment of experienced PAs to provide a new additional supply pipeline. We will review the role of Anaesthetic Associates with a view to growing this workforce to help support the Anesthetic medical workforce and support the expanded requirement for anaestrhics services assocaited with the short stay elective centre. With both PAs and AAs now due to become regulated by the GMC within the next two years along with prescribing rights which will be awarded within the same timeframe.

We will continue to grow and develop our advanced practioner roles in nursing and allied health providing opportunities for further career development, whilst supporting resliance within the medical workforce. We continue clinical development fellow and clinical fellow posts at an appropriate level which does not result in over reliance. To support these model we need to strengthen our use of roles such as clinical support

workers undertaking phlebotomy, pharmacists undertaking complex medicines management, physiologists undertaking ECG's.

Many of these new/expanded roles support the medical workforce within both the hospital and the community setting supporting resilance and sustainability whilst providing meangingful expanded roles for other professionals in line with our career frameworks.

Talent Management

There is a need to ensure that we have range of mechanisms in place to manage talent at all levels. Failure to address this may leave the organisation vulnerable to gaps in critical leadership skills and vacancies at senior levels in the future. We have wide range of local and national leadership development programmes and resources that create pools of talent. We need to pay attention to nurturing existing talent pools whilst taking opportunities to enhance our approach to talent management.

5.4 Staff Experience and Engagement

Staff experience and engagement is a critical workforce enabler. NHS Lothian needs to provide an inspiring and supportive workplace in order to attract, recruit and retain a flexible and dynamic workforce. The scale of our workforce challenge means that compassionate and inclusive leadership will be key in creating the conditions required to sustain service delivery.

'The single most malleable and powerful influence on the culture of modern organisations is leadership…….evidence and experience from high-performing health systems demonstrate that compassionate, inclusive leadership enables teams to deliver better patient care and value for money while also delivering continous improvements to population health' (National Improvement and Leadership Development Board 2016)

We will continue to develop and deliver the actions set out in our Staff Experience and Engagement Delivery Plan based on the key themes: We are all leaders, our shared values, finding joy in work, health and wellbeing, what matters to you, recognising and celebrating success and staff communication.

5.5 Technology and Artificial Intelligence

New technologies are being implemented in healthcare at an increasing rate. The introduction of new technologies impacts on how the workforce is organised and on

models of healthcare delivery. The rapid expansion in artificial intelligence (AI), pharmaceutical advances and robotics provide opportunities in areas such as:

- Radiology where AI has the potential to accurately identify malignant breast tumours to the same degree of accuracy as a trained consultant
- Personalised medicine which provides more effective targeted treatments such as immunotherapy to significantly improve cancer patient outcomes for some patients.
- Further expansion of robotic surgery where appropriate providing minimally invasive surgery with profound benefits to patients

Technology is a key enabler to skills maximisation and development of new roles. ‘Task Shifting’ involves delegating tasks to exisiting or new cadres of staff with either less training or narrowly tailored skills. Technology has the capability to simplify certain tasks, improve reliability and support decision making via decision making support software. Improvements in technology mean that less qualified or experienced staff can provide diagnosis and care that might have been the preserve of higher grades or more speciliased staff.

Technology may reduce the number of staff needed to perform tasks, therefore free up capacity to use skilled staff elsewhere and better communication technologies means that teams can provide care remotely for patients reducing travel time and improving effciency.

Technology can put the patient right a the centre of their care by allowing access to a wide range of information, enabling patients to schedule their own appointments and giving more responsibility for monitoring symptoms and outcomes. All of this reduces demand on clinical services whilst making services more patient centred.

At all levels our workforce plans will consider technology as a key enabler to meeting our workforce challenges.

Workforce confidence and capability in technology must not be forgotten as the pace of digital development advances. We must ensure that workforce development and learning meets scale of change in this area. We will continue to develop our ‘Digital Workforce Stategic Framework’ to ensure that staff are equipped with the right skills to deliver technologically enabled services.

Other developments in genomic based personalised medicine such as immunotherapy in the medium to long terms will also have an impact on the training and education requried for genomic testing and counselling.

In taking forward AI and genomics it will be important that academic institutions build bioinformatics and data science into curricula for health professionals and long term strategic relationships with Universities are further grown.

5.6 National and International Recruitment

Where there is an evidence base of national and overseas workforce supply, we will utilise targeted, ethical national and international recruitment.

In recognition of the increasing difficulties in recruiting to trained doctors posts across Scotland and the UK the Scottish Government established an International Recruitment Unit. The unit was established to facilitate the sourcing, recruitment and selection of non-UK candidates to fill existing hard to fill vacancies. The unit also help with the often complex process of on-boarding and relocation. The unit is initially focussing on four targeted recruitment campaigns in 2019 for consultant level professionals:

- Psychiatry
- Anaesthetics
- Paediatrics
- General Surgery

The unit will also advertise and facilitate the recruitment of other medical grades within the target specialty. The international labour market is one in which there is considerable completion with many countries having failed to train sufficient staff and as such international recruitment for will be challenging NHS Lothian will however continue its involvement and work with the unit and Royal Colleges to seek to ensure the recruitment process operates effectively.

Whilst the International Recruitment Unit is currently focused on career grade medical staff there is an increasing level of vacancies within nursing and it may be that international recruitment is considered for registered nursing.

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