NHS Lothian
Workforce Plan 2022-25

Foreword

The development of this 2022 to 2025 workforce comes against a backdrop of the prolonged COVID-19 pandemic which has placed unremitting pressure on our services and the workforces that provide them. The NHS Lothian workforce has demonstrated outstanding resilience and have demonstrated our values in abundance, putting patients at the centre of everything we do.

In common with other health systems nationally and internationally we now face the huge challenge of remobilising services to recover access to timeous planned care, whilst responding to unprecedented pressures on unscheduled care services. To help NHS Lothian track and plan our way forward in the medium to long term we have developed a Local Strategic Development Framework, focussing on groupings of key services. The framework blends together the HSCP and Board approaches to lay out a basis for collectively moving forward.

NHS Lothian uniquely in Scotland faces both substantial growth within its population in addition to the changing age structure within our population, with consequent growth in the demand for services. This growth in demand in combination with pandemic recovery set the context for one of the most challenging periods in the NHS in Scotland.

Within this plan each of the LSDF service groupings have been reviewed by services to highlight the workforce challenges and opportunities they face and most importantly the key high-level actions that we will take over the next 3 years to best ensure that we sustain, develop and where necessary grow our workforce.

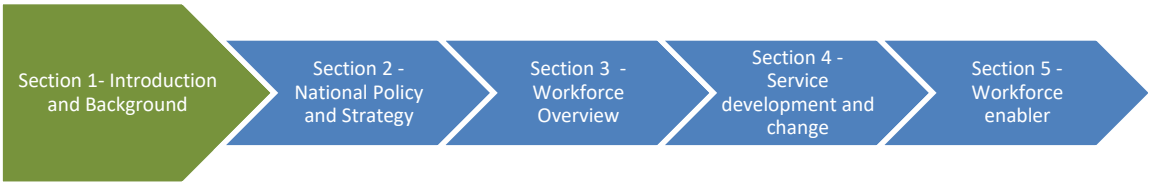
This plan also looks at each of our job families in detail to understand the challenges that we face now and in the coming years. In a number of areas we see the challenges of increased retirals, demographic bulges in conjunction with insufficient and complex training pipelines. In each of the job families our professional leads have sought to identify these challenges and set out the key actions that we plan to support retention, advance practice throughout all levels of our workforce and identify innovative approaches to growing our own workforce.

In areas of the workforce where workforce pipelines are planned and controlled nationally, we will seek to work in close collaboration with a range of partners to ensure they have the information and intelligence they need to plan training pipelines that will meet future need.

Finally, this plan will reflect on the extensive measures that we are taking now and, in the future, to support the health and wellbeing of our workforce following one the most challenging times for healthcare in Scotland.

To support delivery of this plan a series of 12-month action plans will be developed and annual updates will made to the plan to cover emergent priorities.

Contents



1. Introduction and Background

1.1 Developing the 3-year Workforce Plan in Partnership

Within NHS Lothian the development of board level workforce plan has been taken forward by the Workforce Planning and Development Programme Board (WPDPB). The WPDPB consists of senior leader representation from Acute care, Primary care, HSCPs, Finance, Strategic Planning, Professional leads, Partnership lead and is chaired by the Director of Human Resource and OD with support from the Head of Workforce Planning and Associate Director of OD, Learning and Development. Importantly the plan is a summation of the collective inputs of all members of the group and as such they are the owners of the plan.

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

Each IJB/HSCP also have their own locally developed and owned 3-year workforce plan and local workforce planning groups, with involvement and input from the NHS Lothian Workforce Planning Team. This workforce plan also sets out where there are collaborative actions being taken across IJBs/HSCPs with support from NHS Lothian particularly in relation to workforce development through the Lothian Care Academy.

1.2 Impact of Coronavirus (COVID-19) pandemic on service provision

Since the outset of the COVID-19 pandemic at the end of February 2020 the NHS Lothian and Social Care services have seen unprecedented impacts on service provision with the cancellation of all but the most urgent planned surgery. Through repeated waves of infection NHS Lothian has had to rapidly evolve to meet the needs of patients hospitalised with severe infection, with staff having to work within high levels of uncertainty and unremitting patient demand. As effective vaccines came on stream vaccinations centres and their workforces grew from nothing within short timescales to move to a balance of prevention and treatment.

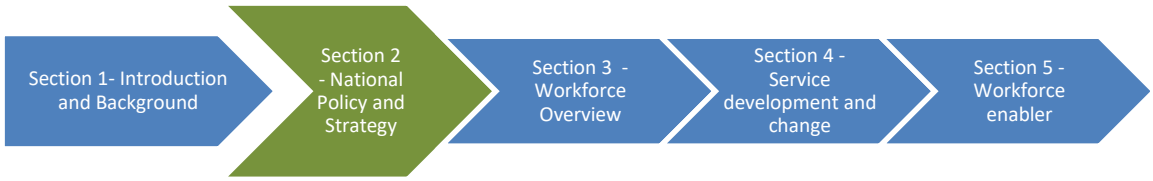
However, as society has opened up substantially and the appearance of the Omicron variant there has been on-going transmission which has been accompanied by increased GP demand and onward referrals, increases in staff absence a result of other viruses and illness spreading. The huge pressure the pandemic has placed on our patients and our workforce will take months and years to subside.

In the early stages the cancellation of all but the most urgent planned care has resulted in an unprecedented backlog of procedures and associated activity. During the first 18 months of the pandemic there were substantial changes to our normal workforce characteristics. Non COVID-19 related absence dropped to 4% the lowest recorded since NHS Lothian Health Board was formed. Over the 2020-21 pandemic peak staff turnover dropped by 30% due to the impact of lockdown on labour mobility and staff working on past a stage where they would normally have retired to support patients and colleagues.

In November 2021 levels of COVID-19 related staff absence began to stabilise at around 1% as consequence of the effectiveness of vaccination campaigns non-COVID related staff absence. However, the emergence and rapid spread of the Omicron variant saw COVID related absence rapidly increase back to 3.37% in March 2022 the highest level since the beginning of the first wave of the pandemic. Within this overall level there has been a substantial increase within nursing for both COVID related absence 3.98% (wb.21st-27th March 2022) and 5.56% non-COVID related sickness absence. Whilst this represented the peak combined levels have remained in excess of 7%. This level of absence is placing substantial pressure on the workforce at a time of growing establishment gaps.

During 2020/21 staff turnover excluding retirals reduced to 1,201wte from 1,437wte in 2019/20 reflecting the impact of lockdowns on mobility and staff choosing to stay on to support services. However, there has been an exceptional increase in 2021/22 rising to 1,839wte a 28% increase on 2019/20 and 53% on 2020/21, reflecting the intense pressures that staff have been working. There has also been a considerable increase in the number of retirals overall, rising from 620 in 2019/20 to 831 in 2021/22, an increase of 34%. It is essential that staff wellbeing is a continuing priority both locally and nationally reflecting the exceptionally challenging period they have worked through, this will also be key to ensure staff feel supported.

It is also essential that national training pipelines are reviewed in light of these changes as there are already substantial establishment gaps and traditional planning assumptions may no longer be valid.

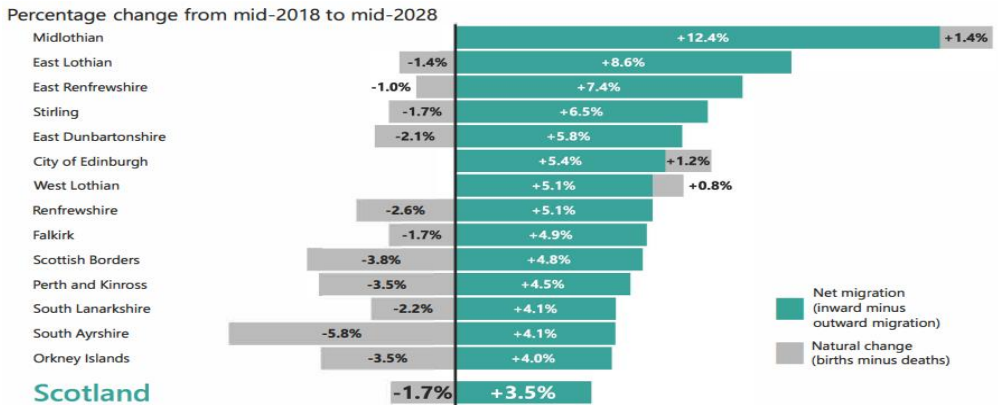


2. National Policy and Strategy

2.1 Population Growth and Demographic Change

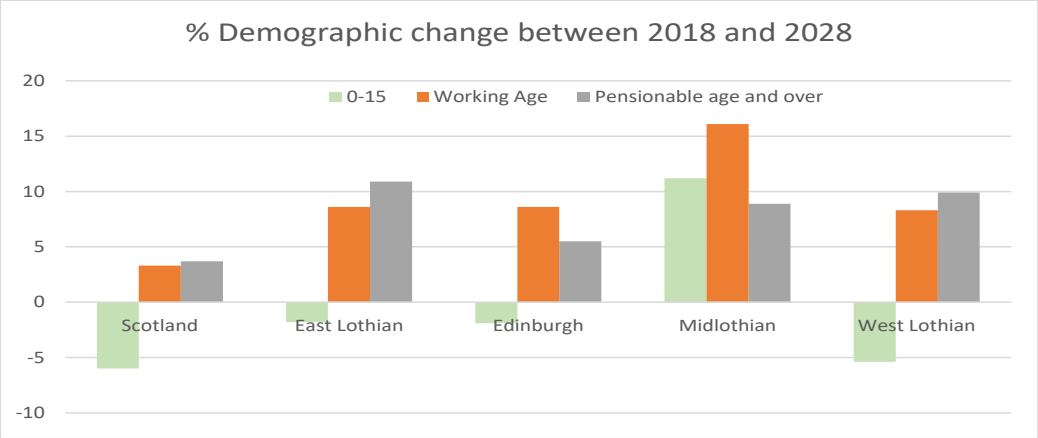
Population Change

The population of Scotland is predicted to grow only 1.8% (99,000) between 2018 and 2028. However, NHS Lothian however faces the substantial challenge of the fastest growing population in Scotland (2018-2028) at a time when other health boards are declining.



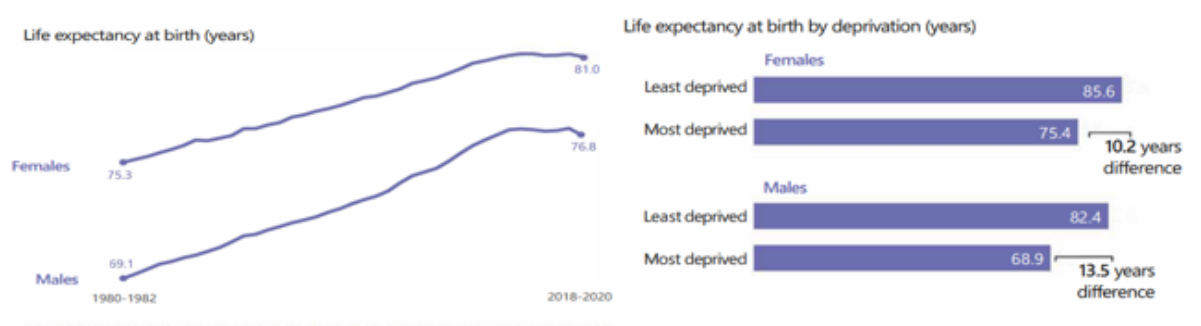
The council areas within the Lothians represent 4 out of 5 of the areas of highest growth in Scotland, with Midlothian with the highest projected growth of 13.8% by 2028 and by 31% by 2040.

Within Scotland as a whole there are fundamental shifts within the demographic profile of the population, with a 6% drop of 0-15 year olds forecast between 2018 and 2028 and a 3.7% increase in those of pensionable age and over. Within East Lothian and West Lothian the proportion of the population of pensionable age and over will exceed those of working age, whilst the 0-15 age category will fall, with the exception of Midlothian.



The population growth and demographic change mean that NHS Lothian must plan to both grow and change its services, which will in turn require the workforce to grow and change to ensure there is capacity within services. As mentioned later on in this plan NHS Lothian is planning a substantial expansion in scheduled care with the opening of a National Treatment Centre with the capacity of 11 additional operating theatres to undertake 50,000 procedures by 2027, whilst also planning the reprovision of Edinburgh Cancer Centre by 2032.

These changes in the demographic profile in a substantial part are as a result of changes to life expectancy within Scotland which has steadily increased between 1981 and 2017 for both males and females, however between 2017 and 2019 this progress changed little. Despite this progress Scotland still has the lowest life expectancy within Western Europe. The COVID-19 pandemic has however had a profound impact on life expectancy which has seen the single largest fall in 40 years, within the latest year life expectancy has fallen by 17.6 weeks for males and 6.1 weeks for females.



Source - National Records Scotland

Within this overall life expectancy there remain substantial differences in life expectancy within the most disadvantaged areas of Scotland.

In addition to the changing demography and changes in life expectancy there are other drivers for service demand associated with the COVID-19 pandemic in particular the impact of long-COVID which has been substantial for many people, and it is not yet clear whether symptoms will be alleviated or be chronic.

All of these changes will mean that there will be a significant increase in the requirement for primary, scheduled and unscheduled care in the short, medium and long terms.

2.2 COVID-19 Recovery

The overall workforce had increased by 2,097wte between February 2020, the onset of the COVID-19 pandemic and the end of March 2022. The largest proportion of this increase has been the staffing associated with the COVID-19 pandemic c1,360wte. There however also been substantial growth associated with service investments such as the opening of the New Hospital for Children and Young People, Primary Care Improvement Plan and nationally funded Mental Health improvements.

The additional capacity provided has included the following key main investments:

New Services

Test & Protect - 121wte

Vaccination - 190wte

Enhanced Cleaning - 75wte

Laboratory Testing - 155wte

Extra Capacity

Critical Care- 105wte

Emergency Medicine - 62wte

Community Ward - 162wte

Hospital at Home & Care home - 139wte

There have in addition been a range of other investments in a number of areas such as medical equipment, recruitment, occupational health, staff wellbeing, health protection and outpatient redesign.

With the requirement for the large groups of COVID-19 related workforce reducing substantially a review of on-going funding requirements is being progressed against the level of national funding available and SG Policy position. Given a substantial proportion of the workforce additionality was through the utilisation of fixed term contract many contracts will simply come to an end.

2.3 NHS Lothian Remobilisation Plan

In response to the initial waves of COVID-19 pandemic NHS Scotland had to place service on an emergency footing, to introduce red and green zones to respond to the risks of uncontrolled infection within Hospitals. This led to the cancellation of all non-emergency elective care to free up workforce and physical capacity. Whilst the vaccination campaign has resulted in considerably less COVID-19 related hospital admissions, unscheduled care demand has increased along with a high volume of patients delayed in their discharge resulting in highly

occupied sites, resulting in reduced capacity for scheduled care. During the pandemic a prioritisation of the most urgent patients, along with the previous cancellation of non-emergency activity has resulted in unprecedented backlogs for our routine patients.

To respond to this NHS Boards in conjunction with HSCPs have been required to develop Remobilisation Plans that scope this unmet need and initial projections for addressing it in the short and medium term, whilst recognising the pandemic is on-going and as such significant uncertainty remains. Within NHS Lothian, Remobilisation of Scheduled Care will continue to be overseen by the Scheduled Care Programme Board and supported by the 4 constituent recovery boards - Cancer, Diagnostics, Outpatient, and Inpatient Day case. In each of the four remobilisation plans developed to date a detailed section on the workforce has been included detailing the challenges faced as part of the pandemic.

2.4 Medium Term Financial Framework (MTFF)

NHS Lothian has developed a medium-term financial framework which is a dynamic document setting out analysis of the 5-year financial plan, as well as the components of the strategic framework to support a return to financial balance. Where there have been developments included within the plan for which workforce change has been identified and confirmed this in included within the plan.

2.5 Three Year Medium-term Operational Plans (MOPs)

In recognition of the fact that recovery will take a number of years the Scottish Government are intending to move to a slightly longer-term period of three years, for future Operational Plans. This was intended to enable a more strategic approach to planning and support programmes of service transformation, aligned with the NHS Recovery Plan and the Care and Wellbeing Portfolio. However, given the impact of the Omicron variant and unprecedented service demand the SG has acknowledged that Health Boards capacity to meaningfully engage in medium term planning is limited and therefore the extant annual delivery planning will be followed for 2022/23, with further guidance around MOPs anticipated in late summer.

2.6 National Workforce Strategy

In developing this plan reference has been made to the Scottish Government National Workforce Strategy for Health and Social Care published in March 2022. The strategy set out 5 pillars of the workforce, to guide the development of national and local workforce plans.

This was subsequently followed up in April 2022 with national guidance for the development of 3-year workforce plans (DL 2022 – (09)) asking boards and IJBs to:

- assess upcoming workforce demand and need in their 3-Year Workforce Plans
- provide information on their current workforce (undertaking a gap analysis comparing demand analysis with current workforce)
- provide an assessment of workforce needs to fill the gap
- provide an action plan to address the gap predicated on the Five Pillars of the Strategy.

In responding to the guidance, this plan will set out the key areas where our services are being developed to respond to national policy commitments as well as the key areas of challenge within the individual job family within our workforce. It will set out the extensive actions that are being taken to help ensure that we attract, develop, and retain staff to support service sustainability and expand our services to meet the needs of patients.

Developing and implementing the range of plans above amongst the uncertainty posed by the COVID-19 pandemic results in a complex changing environment from a service and financial planning perspective. However, one key element that has become increasingly clear is the importance of comprehensively supporting the well-being of our staff who have worked under significant pressure throughout the pandemic. Retaining our existing workforce in conjunction with attracting new staff is critical to everything that the NHS in Scotland and NHS Lothian require to do over the next five years and represents our single largest challenge.

2.7 Regional Workforce Planning

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

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

Whilst regional planning activity had reduced during the pandemic as boards focussed on their responses there has undoubtedly been lessons learned which have been shared regionally and a workforce action plan has been developed to identify current priorities.

2.7.1 Regional Recruitment Service

The development of the regional recruitment service is almost complete, including creation of shadow management team and training staff for new roles. However due to the unprecedented pressures on recruitment as a consequence of the COVID-19 pandemic the programme was paused. There has however been subsequent agreement to a phased 'soft launch' as boards emerge from the pandemic in two phases:

Phase 1 – Scottish Ambulance Service and NHS Lothian beginning mid-June 2022
Phase 2 – NHS Borders, NHs Fife and NES July 2022

It is anticipated that the full service role out will be completed during 2022-23.

A key element of the development of the regional service is the development of robust and consistent performance measures to enable services to track the performance of each stage of the recruitment process and outcomes in terms of applicants and appointments as well as the time taken for the process. This will also provide services with better intelligence to inform their recruitment practices.

Further detail is available on the following link:
https://www.nhslothian.scot/ERRS/Pages/default.aspx

2.7.2 Review of Regional Staff Bank

The establishment of a regional staff bank to support efficiency and increase flexible staffing capacity has also been considered and supported by the Regional Workforce Group. Following work to align processes NHS Borders has now receives a service from NHS Lothian staff bank (for nursing and support services) which has been in operation since November 2020. The scope of the bank is being reviewed to factor in any new workforce roles to be included e.g. Physician Associates and the scope for including medical staffing.

2.7.3 Health and Care Staffing Act

Whilst the work has in the main been paused in relation to the Health and Care Staffing Act. nationally it was agreed that the East region should scope out the potential to take regional approaches to delivery and support on a regional basis and share best practice and learning. It is intended that there will be a plan in place by the end of 2022.

2.7.4 Development of the National Treatment Centre (NTC) in NHS Lothian

Given the size of the national treatment centre in the planning stage in Lothian and substantial workforce requirement there is a need to scope out the potential impact of Lothian implementation on the rest of the region. This should help reduce the risk of destabilising the workforce within other boards and identify where the development may support recruitment and retention within the region. The progress of the development of the NTC and associated workforce plan is shared through the Regional Workforce Group on an on-going basis.

2.7.5 Regional collaboration on workforce tableau dashboards

To support effective workforce planning at both an operational and strategic level NHS Lothian has developed, on behalf of the region, a comprehensive monthly Tableau dashboard covering a range of key workforce metrics including:

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

All of these dashboards enable areas to look at the full range of levels within each of the organisations financial structure and also by job family and sub-job family and additionally help provide access to workforce information to support regional service planning.

2.7.6 National Workforce Data and Intelligence Group

The East region in conjunction with NES have taken a lead role in establishing the National Workforce Data and Intelligence Group. The purpose of this group is to review and input to the development of consistent, accessible, and reliable data sources for use across health and social care for the purposes of workforce planning and development. The group will also share best practice and identify joint approaches to improving data and intelligence to support the improvement of workforce planning at a national, regional and board level.

The group has broad representation from regional leads, NES, SG, Public Health Scotland and Scottish Social Service Council and represents a very positive development.

2.7.7 Workforce Planning to Regional Service Planning Priorities

When service with sustainability concerns are identified regionally boards work collaboratively to understand workforce demand and supply across the region and identify workforce models that can support sustainability. This may include the development of regional approaches to the deployment of staff, the development of new roles and regional appointments such as those in place within Learning Disability services. There is also continuing work to support well established regional services such as Cancer where there is a planned reprovision of Edinburgh Cancer Centre and regional services. Key current areas of work include:

- Health Protection
- Haematology
- CAMHS – Phase 2
- East Regional Cancer Service Strategy
- Laboratory Services
- Thrombectomy Services

It is likely that as boards emerge from the pandemic there will be increasing workforce sustainability challenges and the need to expand capacity and as such it is likely that the regional service planning agenda will increase. Emerging priorities and workstream will be identified in the annual updates of this plan.

2.8 Lothian Strategic Development Framework (LSDF)

Over the last 3 years, a series of programme boards have been established which bring together the leadership teams from IJBs and NHSL to map out the actions to improve services. These programme boards – for scheduled care, unscheduled care, and mental health, illness, and wellbeing – have worked over the last year to build plans for the next five years to deliver on our aims and objectives.

The Lothian Strategic Framework sets out what will happen across Lothian's Health and Care system over the next 5 years, up to and including the financial year 2027-28. The framework blends together the HSCP and Board approaches to lay out a basis for collectively moving forward. The framework provides a high-level picture of:

- What we are trying to achieve.

- Where we are now and the impact of the COVID-19 pandemic on the services we provide.
- Our principles, assumptions, and fixed points.
- The needs of our population, and the longer-term demographic challenges we face.
- The parameters of our system in terms of our people, our financial resources, and our infrastructure.
- The LSDF is constructed on six pillars, each of which constitutes a chapter of the LSDF;
    - Improving The Public's Health
    - Children and Young People
    - Mental Health, Illness, and Wellbeing
    - Primary Care
    - Unscheduled Care
    - Scheduled Care

The framework also sets out supporting assessment and evidence which outlines the parameters we work within:

- Our **workforce** context, where we have a population growing rapidly and aging simultaneously. We note that across the country we have a reducing working-age population, which means there are fewer people to work in health and care services.
- Our **financial** context, where we have an accumulated financial gap as a result of the national funding formulas as they have applied to the public sector in the Lothians and growing financial challenges from new drugs and treatments.
- Our **capital** context, where, while we have significant Scottish Government investment pledged for large new clinical facilities such as a new Cancer Centre, a new Eye Pavilion, and a new National Treatment Centre at St John's Hospital, we do not as yet have investment for improvements to the Royal Edinburgh Hospital and have a significant challenge to fund other community facilities.
- Our **digital** context, with technology more and more capable and supportive of clinical practice and practitioners.
- Our **environmental** context, where we have an obligation to ensure that we reduce our carbon footprint. 5% of all travel in the UK is healthcare related.

The framework contains some broad themes about how we will work that are central to our approach:

- We want to move care closer to home where we can. The citizen's home will be the key fixed point for how services are designed and delivered.
- We see an ever-increasing role for self-care by citizens, and of their deeper engagement in the prevention of disease.
- We will seek to embed things we have learned from the COVID-19 pandemic in everything we do.
- We will work ever-closer with all of our partners in the public square – local authorities, the third sector, the Scottish Government, educational institutions, and the private sector – to maximise and augment the positive impact each sector can have on citizen's lives. We see this as crucial to meet our aspirations to work as an anchor institution.

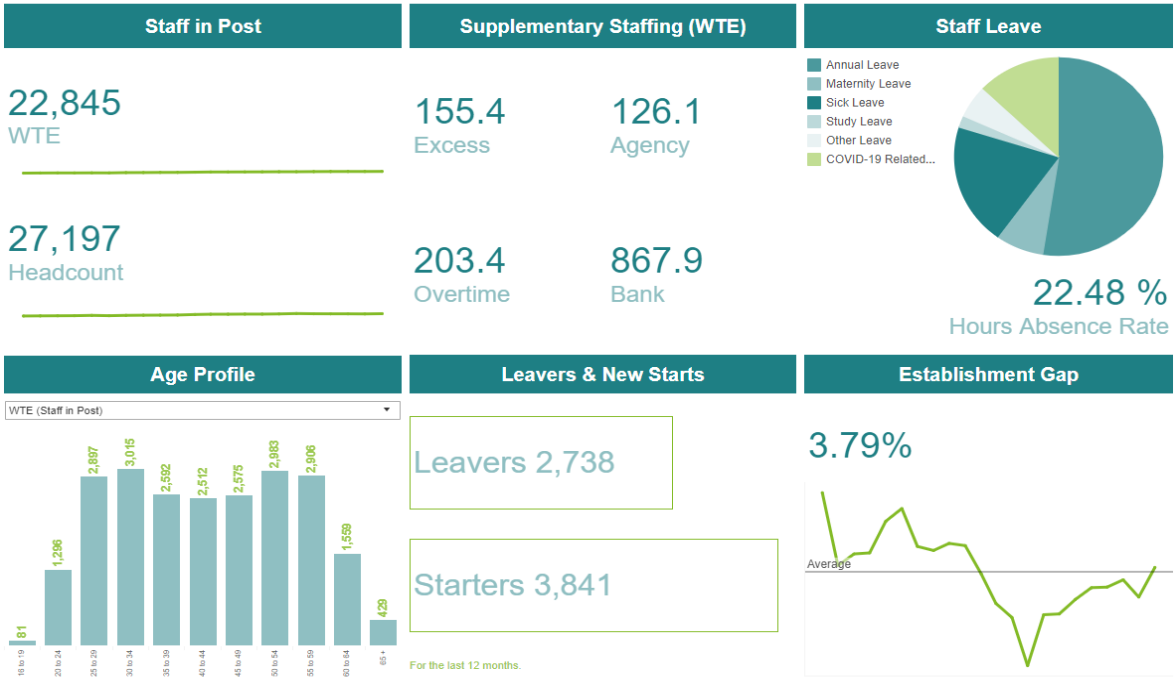
- We will work to improve our health and care facilities whenever and wherever we can, this will mean new facilities, but also the closure of buildings which are no longer suitable for treatment and care.
- When we do need to build new facilities, we will work with our partners to ensure these are multi-use and bring together the services citizens access on a regular basis.
- We will increasingly use technology and innovation to support our delivery of treatment and care.
- Recovery from the impacts of the COVID-19 pandemic will take years, not months, and this will mean longer waits for scheduled care. We will work to prioritise treatment for cancer and life-threatening illness in this context.

These planning parameters will have workforce impacts both in terms of workforce expansion to staff new facilities and workforce redesign to meet new service models. Recruitment and retention of staff will be central to achieving our aspirations. The impact of COVID-19 on staff wellbeing and patient waiting times are unprecedented and there remains considerable uncertainty around staff turnover and retiral patterns. It is clear however that sufficient workforce supply is the single most important enabling factor.

Within this workforce plan we seek to reflect the key service changes as a result of the COVID-19 pandemic and also those in relation to national Scottish Government policies and priorities.

Section 4 will look at each of the areas highlighted as part of the clinical strategic framework in turn and sets out the key actions, timescales, outcomes and workforce enablers that are required to underpin and support delivery over the three years covered by this plan.

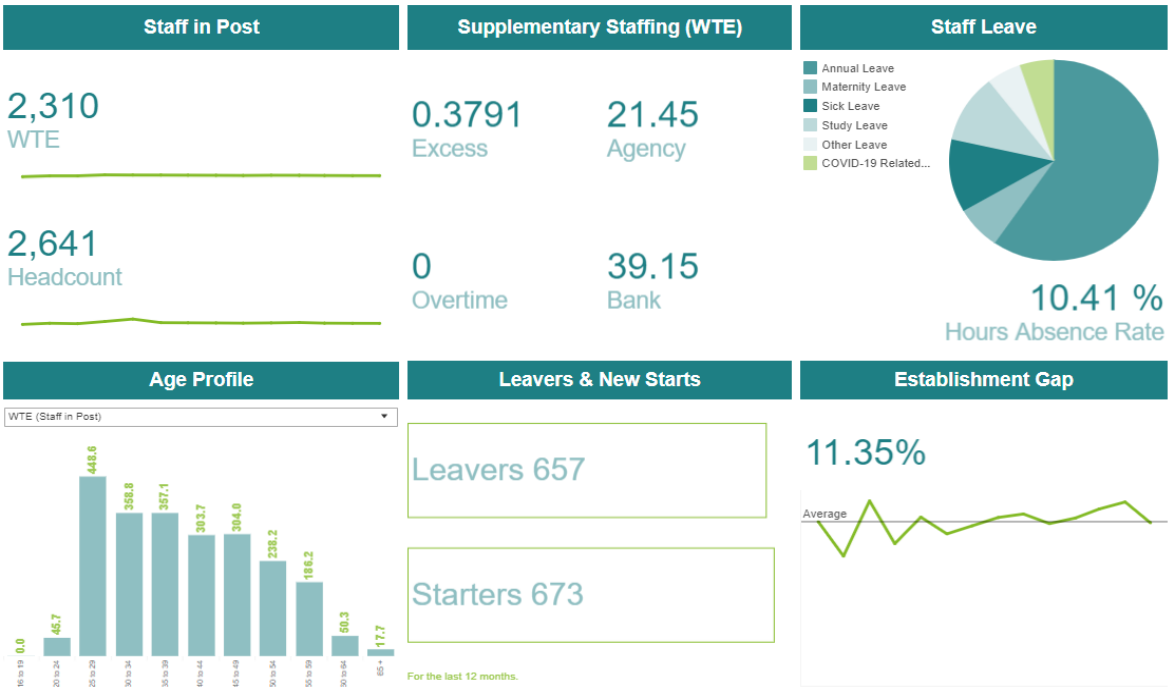
3. Workforce Overview



Source – East Region Tableau Workforce Dashboards – May 2022

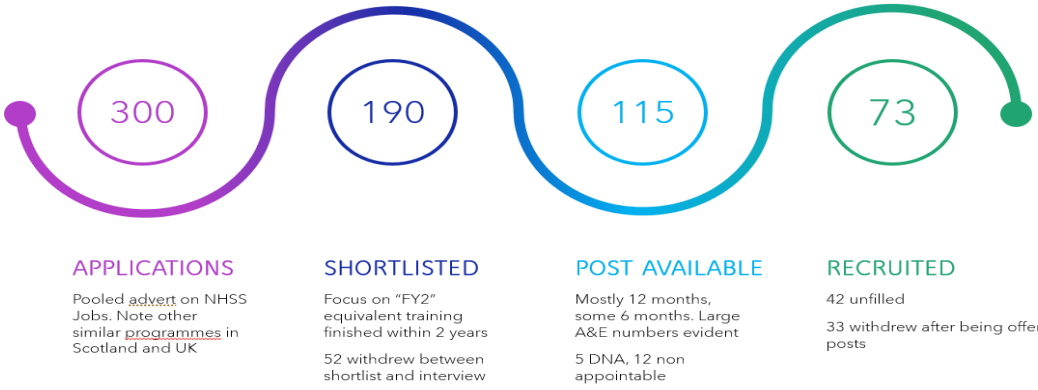
The NHS Lothian workforce has increased substantially from 21,138wte in April 2020 to 22,845wte in May 2022, an increase of 1,707wte – 8%. The reason for this increase is complex, given that it is primarily driven by COVID related workforce growth for services such as vaccination, test and protect, regional COVID testing hub and additional facilities staffing for enhanced cleaning regimes. However, within this overall increase which has been key in responding to the pandemic there are a number of underlying workforce challenges that it is increasingly important that they are addressed as they will be key to how NHS Lothian respond to the challenges of remobilisation, recovery and medium/long term measures to expand capacity and support sustainability. The following section of the plan looks at the high-level challenges that have been faced as part of the pandemic and how these may impact on our workforce overall moving forward and also within key job families. The following key actions within each job family set out the measures that professions will be taking forward over the timescale of this plan. This plan will in turn be underpinned by 12-month action plans to support delivery and progress, which will feed into and be tracked by the Workforce Planning and Development Programme Board.

3.1 Medical



Source – East Region Tableau Workforce Dashboards – May 2022

Currently at Consultant level overall there is a relatively small establishment gap of 3%, with a 9% higher in-post than in March 2020 and a 6% increase in establishment. This reflects an improved ability to recruit staff and increased retention during the course of the pandemic. Despite generally excellent trainee recruitment there remains a significant number of trainees that go out of programme during the year to undertake research, maternity leave or personal reasons. These gaps would be difficult to fill with locums as they are often only for part of the year, however the well-established clinical fellow (CF) programme continues to be a very important means of sustaining services whilst also providing post holders to take time out to further build their skills and experience. The 115 CF opportunities advertised for 2022 represents approximately 10% of the overall establishment for training grade staff. There has however been a substantial drop off in the 2022 recruitment round.



Areas that have previously been very popular such as Emergency Medicine and Acute Medicine with both the St John's and RIE site have seen the greatest difficulties in filling posts reflecting the perceptions built during the pandemic of these areas being highly pressurised and intense. As the COVID-19 pandemic recedes it is likely that trainees will once again seek to travel and

work internationally for a period as was previously the case and the recruitment market will become highly competitive.

Training Pipelines

Whilst SE region trainee medical recruitment has been very successful with 92% of posts filled, there remain concerns within certain specialties that training numbers are insufficient to meet future needs. This is because there are particular demographic challenges with some specialities, such as Haematology where there is a consultant workforce establishment gap of 24%(3.24wte), with 19%(2wte) currently above retrial age and a further 19%(2wte) aged 55-59. Training numbers over the next 3 years appear to be insufficient.

There are also a number of both small and large specialties where there are demographic challenges in the short/medium term as more than 25% of the workforce are aged over 55 years old.

Small Specialties	% over 55 years old
Cardiac Surgery	**67%**
Haematology	**24%**
Microbiology	**39%**
Nephrology	**25%**
Rheumatology	**24%**

Large Specialties	% over 55 years old
Anaesthetics	**23%**
Gastoenterology	**24%**
Gynae & Obstetrics	**25%**
Opthalmology	**27%**
Urology	**31%**

In the case of the smaller specialties there are greater risks to sustainability should training pipelines be insufficient and scope for expansion likely to be more challenging.

In larger specialties there will be a requirement to recruit to gaps caused by retirals and undertake substantial expansion in line with future capital developments such as the National Treatment Centre (see section 4.3) and the replacement Eye Hospital (see section 4.4) in the short to medium term. This substantial expansion has not yet been adequately factored into national training pipelines and as such represents a significant risk to delivery.

NHS Lothian will continue to actively engage with the Scottish Government Shape of Training Transitions Group to ensure that these challenges are clearly understood to influence national decision making. However, this is a long-term approach to a shortfall in the expected supply as increasing training numbers takes several years to result in increased availability of doctors with the relevant competencies on the specialist register.

Recruitment and Retention

The experience of working through a prolonged pandemic has had a wide ranging impact on service provision over the last 2 years and has impacted on staff wellbeing. It is essential that staff continue to be supported on an on-going basis to help reduce/avoid burnout. Section 5 of this plan highlights the measures that are being taken as part of the staff engagement and experience framework, to support our staff.

COVID Impact on Medical Training Programmes

The Covid-19 pandemic caused significant disruption to training across all specialties after NHS Scotland was put on an emergency footing in March 2020. Temporary Covid trainee rotas were created to provide additional support for those specialties most impacted, with many individuals redeployed as part of this process. Trainee rotations recommenced in August 2021 with trainees returning to their scheduled specialties.

However, the influence of COVID on the volume of clinical activity in Lothian is continuing to have an impact on the competence development and curricular needs attainment of our undergraduate medical students and Postgraduate Drs in training. The annual review of trainee progression (ARCP) awards an outcome 1 to trainees having evidenced all curricula requirements and able to progress to the following training year. The percentage of trainees with outcomes requiring some form of adjustment to training time is rising; the craft specialties having the highest proportion. The impact of this risk will be experienced in the challenge of recruitment of trainees into higher speciality positions and indeed career grade appointments in coming years.

To mitigate some of the risk to higher speciality training, NHS Lothian will continue to work with NES colleagues to consider bespoke movement of trainees to other Boards with less impacted P3 (surgery that can be delayed for up to 3 months) and P4 (surgery that can be delayed for over 3 months) to gain relevant experience; every effort is being made to avoid impact on urgent work and out of hours cover.

COVID Impact on Trainee Experience

The positive experience of doctors in training and their engagement with clinical activity is closely linked to their perception of autonomy and control over ways of working, a sense of belonging and support from the local team and organisation, and the degree to which they perceive we are facilitating their competence development. The iMatter data specific to this staff group for 2022 (Scotland wide) indicates a level of satisfaction and belief in the organisational commitment to their well-being significantly lower than the all-staff figure. The majority of our 1200 doctors in training are employed by NHS Lothian but tend to move often between wards, hospitals and indeed Boards; these clinicians are often not viewed as permanent members of staff and perceive they are not afforded the same support and benefits of a substantive employee.

We continue to monitor staff experience for this community through local data including focus groups, drop-ins, and the Trickle staff engagement platform. In addition, we are using the WeCare process (a combination of the Institute of Healthcare Improvements's Joy in Work principles and PCAT) to engage doctors in training with quality improvement activity focussed on their experience of the work environment; this approach is having demonstrable impact on the whole care team and the experience for our patients.

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 redesign 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 redesign is underway, and these changes will have a potential service impact as trainee rotations may spend more/less time in a given specialty and may have less specialist skills. This will also lead to more specialisation taking place post trainees achieving their certification of completion of training (CCT). This will be done through credentialing which will

require to be funded by Boards, unlike currently where this is funded through national training monies. This change may also result in the extension in the time it takes to train a specialist and potentially impact on training pipelines.

Given these impacts it will be important that services have an increased input into the design of curricula and the Scottish Government are establishing a group that will be able to review curricula and propose new solutions outside existing curricula, such as credentials or bespoke training programmes that can be taken forward to address particular service needs in Scotland.

There is also a need nationally for greater visibility of the Shape of Training process, it's advantages of new training curricula and credentialing and what does/can this mean for future service delivery.

Specialty Doctors

Specialty doctors are a valued part of the substantive trained medical workforce. The grade covers quite a wide range of skills and requires supervision by a consultant. There is a potential that a new grade will be introduced, a Specialist doctor grade, where there will be potential for individuals appointed to this grade to work independently within an agreed scope of practice.

Medical Leadership Development

The NHS Lothian Medical Leadership Academy has since inception in 2012 provided leadership training for Clinical Development and Medical Education Fellows, Chief Registrars and Scottish Clinical Leadership Fellows. For 2022 we expanded further to offer our programme to all doctors in training, fellows, specialty doctors and early years Consultants. This exciting hybrid programme sits beside the other Leadership development opportunities offered by NHS Lothian including regular meetings of the NHS Lothian Leadership Network, formal Leadership courses, coaching and paired learning.

In development for 2022 and beyond are:

- a programme of support for First 5 Career grade clinicians (Consultant and SAS)
- a programme of Peer mentoring open to all our DiT and the First 5 clinicians
- a programme of leadership development and support for our clinician leaders

Quality Improvement for Doctors in training

Doctors in training and permanent medical staff often experience clinical systems in a state of change. To ensure they appreciate the rationale for change and help make improvements that are valuable, and sustained, they need to have skills to understand and measure the impact of work. Our Lothian Quality Academy is accessible to all staff for online training and bespoke courses of QI development; in addition we have developed the Learning to Improve programme focussed on Doctors in training to help them develop an understanding of improvement methodology and quality improvement skills.

Medical Associate Professions (MAPs)

MAPs consist of 4 key roles:

- Physician associates - have completed a generalist medical education covering a broad medical curriculum. They aid medical staff and are accountable for ensuring that the care of patients is of a high standard at all times.

- Advanced critical care practitioners - are qualified clinical professionals who have undertaken further training to enable them to make clinical and critical decisions when working in critical care units.
- Surgical care practitioners - are trained clinical professionals who have undergone further training to work as a member of a surgical team under appropriate supervision. The main responsibility of a surgical care practitioner is to support surgeons and other medical professionals before, during and after medical procedures.
- Anaesthetic associates - are part of a multi-disciplinary anaesthesia team and have been trained to provide anaesthetic procedures under the supervision of a consultant anaesthetist.

The South-East region first decided to become involved in piloting the Physician Associate (PA) role in December 2018, through hosting University of Aberdeen students as part of a regional training programme. This was initial cohort was funded by the region through transformation funds. Lothian subsequently also began to employ experienced PAs in areas of workforce challenge and has gone on to employ many of the trainees upon completion of training. Within NHS Lothian we have seen our PA workforce grow from zero in 2018 to c50 currently, with PAs now employed within a range of Acute services as well as within Primary Care. There are also a number of other services considering further development.

Within the NHS Lothian 2021-22 Interim Workforce Plan it was highlighted that whilst excellent progress has been made locally there was a need for a national approach to ensure there is consistency and strong governance. In a positive development, the SG have now commissioned NES to scope, develop and support the role of medical associate professions (MAP) in Scotland. This commission will actively and extensively engage with a wide range of stakeholders and is due to report in February 2023. As detailed within the National Treatment Centre section 4.3 of this plan, investment in expanding MAPs roles is considered as a key enabler as part of the wider medical workforce model either directly or indirectly through freeing up capacity within existing sites to support the NTC.

It is anticipated that given the medical training model associated with PAs and AAs, these roles will be overseen and supervised by the medical workforce as part of clinical governance arrangements.

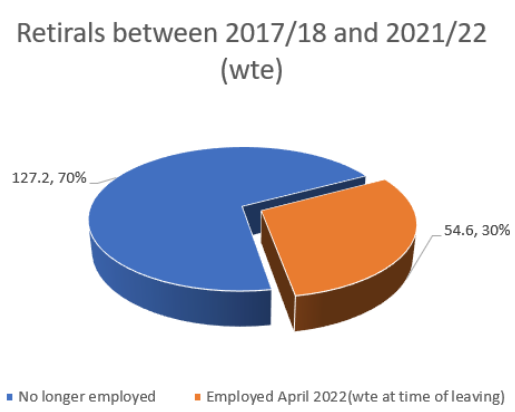
Retention of Trained Doctors

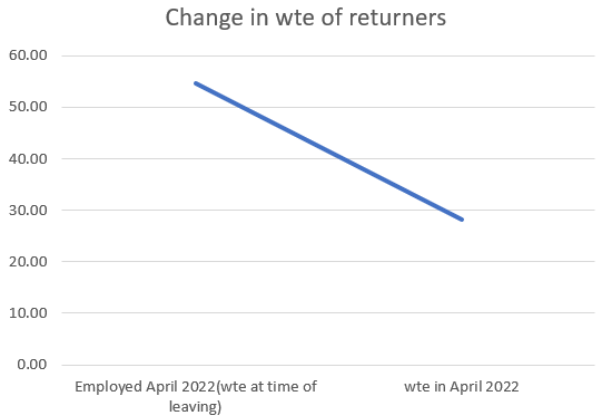
The introduction of pension tax charges by the UK treasury in 2006 led to substantial tax charges due to the introduction of annual allowance thresholds and life-time allowances. These charges were prohibitive in many cases and impacted on service contribution across the UK, with many staff reducing their commitments and in some cases choosing to retire. Changes were eventually made in 2020, which considerably reduced the number of staff being impacted by the annual allowance. The life-time allowance was also increased from £1,055,000 to £1,073,100 in-line with inflation. However, the UK Treasury have changed their position and have frozen the limit for a period of 5 years from 2021. This will represent a considerable real terms reduction which will mean that many higher earning staff may stop paying into a pension scheme, face substantial tax charges or potentially retire early. It will also mean that significantly more staff within and out-with the medical workforce will be impacted at a time when there are many workforce supply challenges and unprecedented levels of demand. It will be crucial the polices that support retire and return and implementation of transparent

principles and support for doctors in this category such as Flying Finish will be key in addressing the impact of this change.

Over the last 5 years, approximately 250 headcount trained medical staff have retired of which 69 headcount were employed in April 2022, showing that approximately 28% of retirees have returned to work, it would appear that most will work for 1-3 years(24wte) with a small number working after 4-5 years(4.1wte). These figures may however have been distorted to an extent with the Temporary Emergency Registration scheme which was in place during the pandemic and as such returner numbers may have been less otherwise.

Those that do return tend to work approximately 50% of the wte they did prior to retiral.





NHS Lothian has recently revised and updated its retire and return policy making it clearer and more accessible for staff and managers. Making this option attractive will be key in retaining valuable staff contribution and in particular to support the sustainable staffing of the NTC. Whilst locally Boards can work to publicise and make this option attractive there are issues around terms and conditions that require national direction.

The following key actions set out the measures that will be taken forward over the timescale of this plan.

Key actions

Attract Train Employ

Plan for the expansion of the MAPs workforce

Ensure robust professional governance and standards through the Executive Medical Director

Working with Acute services to assess the impact and benefit of MAPs V CF posts

To promote and maximise the use of the retire and return policy amoungst medical staff

To continue to work with other boards in the region to support service sustainability using collaborative workforce models

Scottish Government Support

Robust analysis and modelling of specialty pipelines are essential to ensure required supply to deliver national priorities. It will be critical pipelines for specialties that will be part of national treatment centres are sufficient, given that there are 10 centres planned with the NHS Lothian due to open the largest centre at the end of the programme.

Support for the development of the MAP workforce requires to take place in advance of NTC to provide time for training and build necessary skills and experience.

3.2 Nursing & Midwifery 

Over the last two years the COVID-19 pandemic has placed unprecedented challenges on the nursing workforce. The recovery of services, as described in the LSDF, requires the Nursing and Midwifery professions across in patient and community settings to either work in a different way, a different skill mix or in different numbers to that currently available to achieve the outcomes described over the next 1 year, 3 year and 5 year periods.

Where we are coming from ?

During the initial phase of the pandemic all but the most essential scheduled care was stood down and acute services transformed into segregated covid/non covid areas, with a large increase in critical care capacity and many nursing staff redeployed from their normal specialty to support large numbers of acutely ill patients. There was a massive response to the call to action from the Chief Nursing Officer for Scotland with nurses recruited into Nursing Pools (for deployment across a business unit) and also via the Staff Bank. Additional staff from special Health Boards were deployed and there were some national initiatives including employing students during the first wave 'lockdown' which provided substantial capacity at a time when the absence levels with Covid were high, patient numbers with Covid were high but other activity was low; towards the end of 2021 a national initiative to increase the non-registered workforce as part of the winter planning exercise resulted in an additional 123 wte (147 headcount) of posts being recruited to. These posts were over and above the extant establishment at the time and recurring funding was provided by Scottish Government to enhance the workforce.

As the pandemic progressed a level of scheduled service provision was reintroduced, focussing on our most urgent patients. Due to staffing pressures, some staff from areas such as theatres have been redeployed to support critical care and ward staffing.

The vaccination programme was highly dependent on nursing staff, initially mostly from returners and retirees coming back into the service alongside a range of other healthcare professionals that came forward to participate. Nursing staff also had additional responsibilities given or were seconded from substantive roles as leads to the operational and professional management of the vaccination centres opened in response to the national vaccination programme.

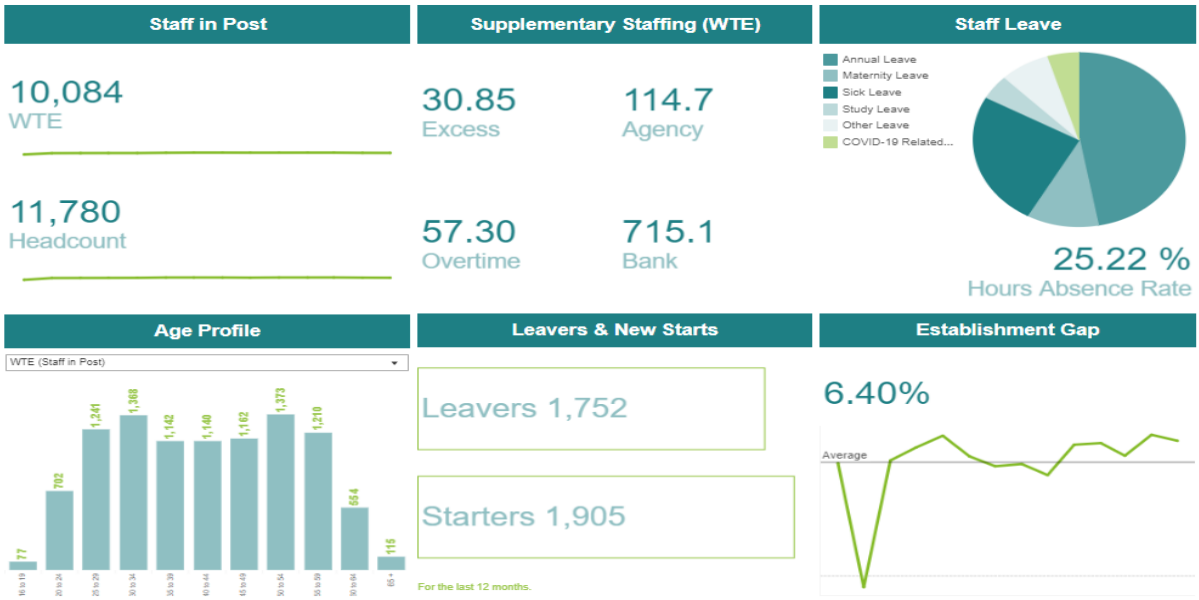
Throughout the course of the pandemic nursing and midwifery staff have responded to changing circumstances and have had the acute challenge of working during the pandemic when large parts of wider society were closed down and the associated personal risks prior to the role

out of effective vaccinations. This has had an inevitable impact on the level of absence, almost from the outset specific covid absence categories were included to be able to identify the specific impact of covid on staffing capacity and these were reported daily to ensure that there was a real time staffing assessment and escalation from Ward to Board.

Whilst the pandemic has put particular pressures on nursing and midwifery capacity the range measures described above were put in place to try to bolster the workforce. However, there are underlying challenges, many of which existed prior to the pandemic, and continue to exist as a result of insufficient training pipelines to cover leavers, retirals and new service commitments and as such establishment gaps have grown and predictions going forward suggest further workforce expansion will be required e.g. NTC.

Nursing and Midwifery Workforce Status Summary

The tableau workforce dashboards that have been developed by Lothian have been 'rolled out' across the SE region to enable professional/service leads from Board to Ward to understand the workforce profile, the establishment gap and importantly the extent to which gaps are covered by staffing supplements such as, overtime, bank or agency staffing. This monthly data can be analysed by division/HSCP down to a very detailed ward/unit level and provides services with up-to-date information upon which to monitor and plan their staffing.



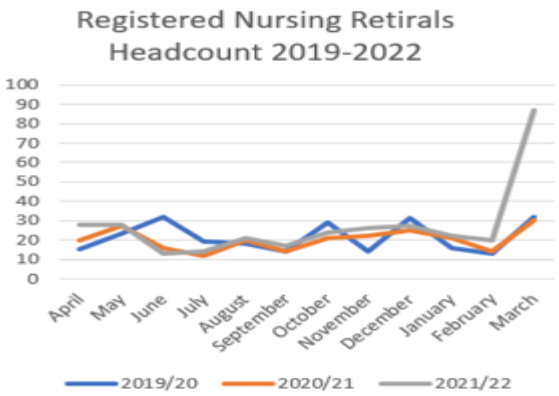
Source – East Region Tableau Workforce Dashboards – May 2022

Over recent years NHS Lothian has moved away from talking about vacancies as often tracked by ONS and Scottish national reporting to talking about establishment gaps. The funded establishment reflects the level of workforce that the organisation has agreed funding in place and as such represents the agreed and funded staffing level at a given time. The in-post figure is representative of the number of posts with a substantive or fixed term appointment aligned. The Establishment gap is the difference between the funded establishment and the in-post numbers i.e. the true number of vacant posts whereas vacancy figures (as reported) are typically the number of posts under active recruitment at a given point in time.

The establishment gap tends to follow an annual pattern, and this was very evident during the pandemic when there was less mobility across the country. The gap increases month on month and is at its highest in the late Summer until the single outturn of student nurses are available to take up post on completion of their nurse and midwifery training.

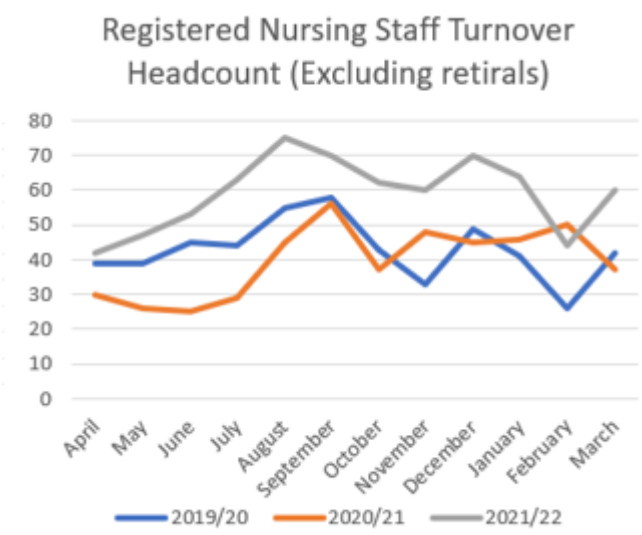
Staff Turnover and Retirals

The impact of this on the subsequent retiral rates cannot be definitively correlated and some staff may have deferred retirement but in 2021/22 the retiral rate peaked in March 2022 at more than 3 times the normal March retiral number.



As the pandemic recedes there has been an unprecedented 58% increase in retirals within our registered nursing workforce, rising from 207 in 2018/19 pre-covid to 327 in 2021/22. There will need to be analysis of the reasons for people leaving but in part this may reflect the impact of a deferral in retirement until the pandemic was stabilised or the extent of the pressure that staff have been working under tied with the change in the SPPA scheme effective from 1st April 2022.

There is also a similar pattern within other reasons for staff turnover which has increased by 196 headcount (38%) when compared with 2019/20 pre-covid and 236 headcount (50%) on 2020/21. This excludes those staff specifically recruited for covid reasons such as vaccination. This does not correlate with experience of the mobility of nursing and midwifery staff coming from other areas in terms of recruitment with far fewer applicants coming from outwith the local geographical area during the pandemic.



The overall position has been a net gain in nursing and midwifery workforce numbers over recent years, largely through the annual recruitment of the locally graduating student cohort.

Absence

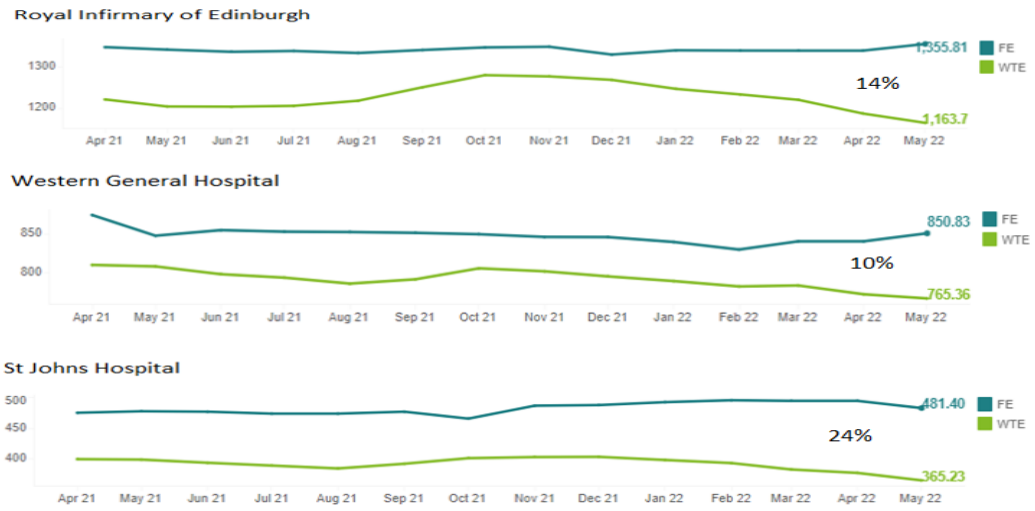
NHS Lothian has a 21.5% predicted absence allowance (PAA) built into the nursing establishments of most hospital based services to cover predictable absences, this is 1% less than the national PAA, and has been challenged every month over the last 2 years of the pandemic.

Key Areas of Challenge

There are a number of key areas of challenge for the Board in the coming years, as evidenced in the workforce status report and from wider intelligence. There are however four areas where there are significant challenges already causing hot spots' due to a combination of factors.

1. Adult Acute Sites

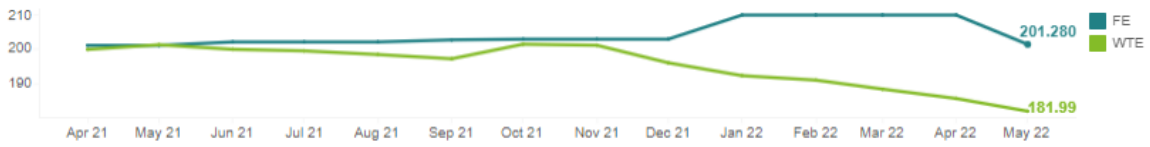
Within the adult acute sites there have been increasing wte establishment gaps within all areas most notably at the St Johns Hospital Site. The September newly qualified output makes only a short-lived beneficial impact.



Theatre and Critical Care Nursing

There is an increasing gap in registered theatre nurse practitioners despite a focus on bespoke recruitment including international recruitment. Vacancies are as a result of retirals, moves to other NHS posts as well as a number of leavers joining the private sector where joining bonuses and no on-call are offered. These vacancies in conjunction with ward vacancies continue to have a direct impact on the capacity available to further mobilise and recover scheduled care activity and reduce very long waits for patients.

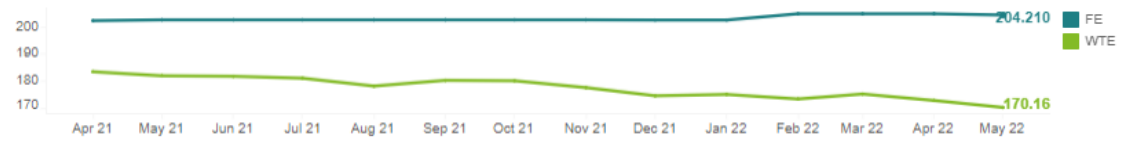
Critical care nursing at the RIE is another hot spot with a higher attrition rate than other critical care sites. Staff leavers moving to roles with no out-of- hours component, many new recruits have no previous critical care experience requiring bespoke clinical based training.



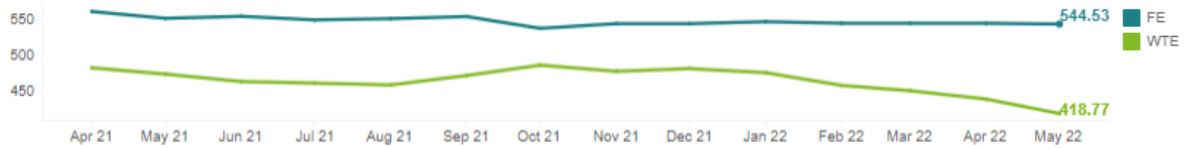
Emergency Departments and Acute Medicine wards

These two busy unscheduled care areas have the highest vacancy rates within all adult acute sites in nursing, junior doctors and clinical fellows (see section 3.1), with feedback that the intensity and unending pressures of unscheduled care demand a factor in recruitment and retention.

Emergency Departments (All adult Sites)



Acute Medicine (All adult sites)



2. Mental Health – Registered Nursing

As detailed in section 4.6 there are also significant establishment gaps – 14% overall within Mental Health in both hospital and community-based services and substantial demographic pressures and agreed actions to support sustainability within the workforce. These actions are those that we can take locally and there is still a reliance on the Scottish Government to continue to increase in training numbers until such time as there is a marked reduction in establishment gaps across the country.

3. Band 5 Registered Nursing posts with HSCPs

The level of band 5 establishment gap is highest within Health and Social Care Partnerships, particularly with West Lothian 24% - 46wte, East Lothian 18% - 26wte and Midlothian 14% - 13wte. Given the demographic profile is older within HSCPs and retirals higher there is a need to make raise the visibility of vacancies and consider concerted recruitment campaigns for HSCPs.

4. Community Nursing

Health Visiting

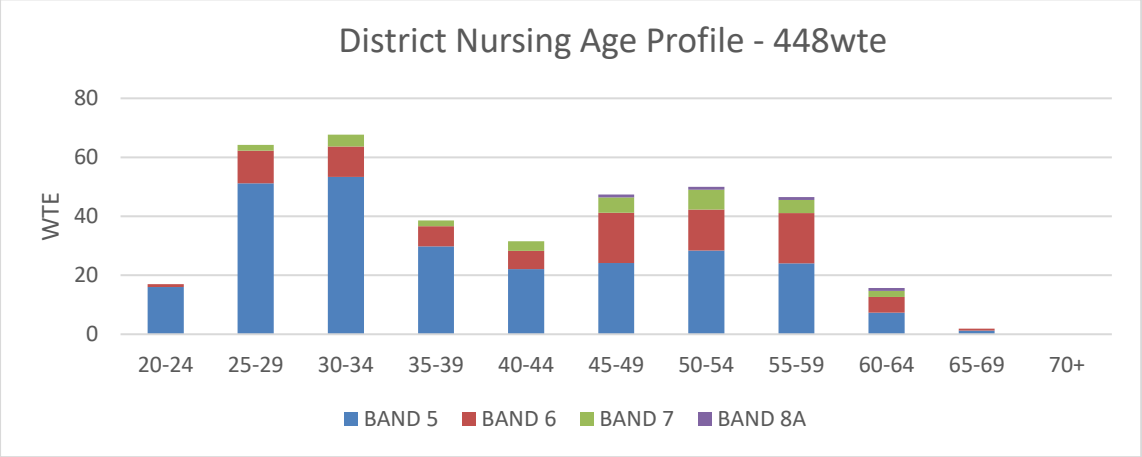
Within Health Visiting establishment gaps are relatively low (7%) and no longer represent a significant challenge, this is as a result of the effective SG expansion programme over recent years, despite retirals having more than doubled in 2021/22. The SG supported expansion of 36 posts within school nursing which has not yet been achieved, with 26 additional staff recruited to date, it is anticipated however that the remainder will be in post by 2023. Both of these SG funded workforce expansions have been very positive and have provided these workforces with much greater resilience.

District Nursing

The District Nurse service has been central to the delivery of essential and urgent care during Covid-19 and will continue to be so during recovery. Targeted investment to grow this workforce will therefore support services across Scotland.

The Health and Social Care Integrated Workforce Plan was published in December 2019. The plan identified the need to sustain and grow the District Nursing service. Key issues identified were declining numbers of District nurses due to retirement, and challenges in succession

planning and supply to meet the growing gap at senior practitioner level and above. These shifts are also seen within the Lothian district nursing workforce, with potentially 20% eligible to retire now increasing to 34% in the next 5 years. Whilst it is unlikely that this will be the case it does however represent a risk.



The Scottish Government has committed to increase the district nursing workforce establishment including Band 3, 4, 5, 6 and 7 to provide:

- a 3% increase to cover the perceived gap between current demand and supply
- a further 9% increase to cover solely the likely increase in the demands on district nurse services over the next five years due to projected demographic change, including a growing older population.

NHS Lothian is developing a Lothian District Nursing Workforce Plan which will be developed using the following principles:

- support the transforming of district nursing roles and the four pillars of practice
- address known service deliver gaps
- improve recruitment, retention, and succession planning
- Improved quality and person-centred care

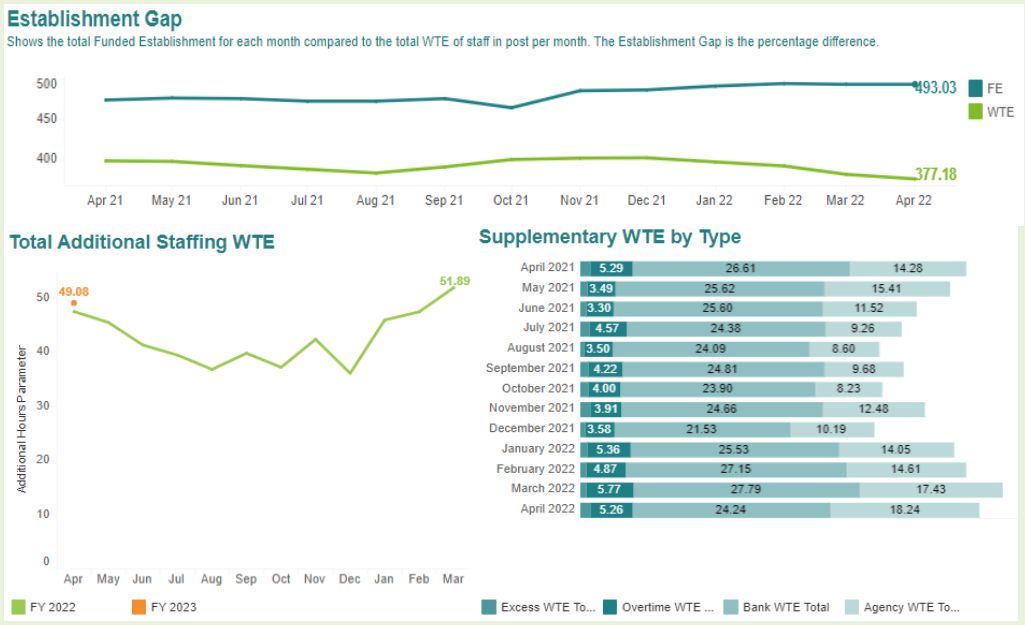
This plan includes the development of the Band 7 District Nurse Advanced Nurse Practitioner role which will enhance District nursing in line with a view to release GP capacity and make the review of complex patients faster in the community setting. With the increasing demand on district nursing services related to increases on palliative care and predicted to rise in the community setting over the next 10 years, the band 7 ANP role will mean that patients can be seen, plans made and prescribed without the delay in refereeing to the GP service for a review, ensuring no delay in the provision of care. The role also offers career progression within the district nursing service which it currently does not have and sees staff leaving the service to develop in a band 7 clinical role.

Illustrative Case studies

As identified above, there are hotspots in specific geographical and / or speciality areas. In part these align with the age profile of the existing staff group but also with the career aspirations of graduates and people moving to the Lothian area (e.g. working in a regional trauma centre at RIE and the district general hospital facility at St John's) can unjustly skew the preferences of potential applicants. Much of the enabling work described below is aimed at addressing these inequities. The following case studies highlight some key areas of challenge.

CASE STUDY St John's Hospital

The St Johns Hospital registered nursing workforce predominantly live in the West Lothian area typically near to the site and have been long serving with many from when the site opened. However, in more recent years retirals have increased and there has been an ageing demographic profile. Travel to the site from other areas in Lothian can typically be challenging, particularly for staff with carers commitments given travel times and as such it has proven very challenging to close establishment gaps.
The following figure shows the establishment gap of 23.5% - c116wte in April 2022, against which only c49wte can be closed with supplementary staffing, leaving a gap of 14% - 67wte which cannot be filled.



Whilst there has been an increase in nursing intakes nationally this has not been sufficient to close establishment gap overall and particularly within some geographies where labour market are local. HEIs control admissions and as such it is difficult for NHS Boards to influence to improve pipelines for particular areas. Lothian has however been trying to maximise opportunities for placements within St John's Hospital and look at the introduction of skill mix to ensure the registered staff have the necessary support to ensure that they have capacity for those tasks that they are uniquely qualified to undertake whilst providing areas for advancing practice within the non-registered workforce.

In December 2021 after the graduate recruitment was complete the St John's position remained at a gap of 14.8% (103 wte / 693 wte) in contrast the RIE establishment gap had been brought down to 3.34% (61 wte / 1,820 wte).

Oversupply of Children's Nurses

Having opened the new Royal Hospital for Children & Young People the nurse staffing levels that have been being enhanced over recent years to accommodate the change in the hospital footprint and service configuration has been achieved. The workforce in this speciality is a younger profile and the turnover is now such that the full extent of the graduate outturn will not be able to be accommodated into the level of the likely gap over the coming years. There will be a local outturn of c100 nurses each year over the next 3 years (accounting for those students

already on programme) with c 30 posts available each year due to the level of turnover. In contrast to the establishment gap position of adult acute services the children's service are over established.

CASE STUDY Children's Services

In December 2021 after the graduate recruitment was complete the Children's directorate had an over establishment of 4.75%; the in post exceeded the establishment by 21 wte, this was to absorb the successful candidates at interview and staff were deployed to duties such as the vaccination programme whilst turnover provided roles.

This is not a sustainable position, in 2022 there were 159 applicants from the Children's branch applying for c40 posts and this position is predicted to continue for the next 3 years whilst the current level of student intake complete training.

Specialist Nursing Roles

The staffing challenges are not only impacting on mainstream services but also on smaller specialist services. Much work is being done to provide ongoing professional development, some of which is described below. There are many examples of inconsistency of approach, particularly around banding of roles across health boards and the potential for movement between Boards and national services particularly where there are higher bandings being offered for similar roles is destabilising for Boards providing the training pipeline but unable to retain the experienced staff.

CASE STUDY – Infection Prevention and Control (IPC) Nurses

Specialist IPC Nurses at band 6 require to undertake Masters level study (minimum PgCert up to MSc qualification) which takes a minimum of 2 years of part time study and whilst the fees are fully funded by the Board the requirement to undertake this level of study "on the job" places a burden on staff and consequently many do not complete the programme. There is a mandatory requirement (Vale of Leven inquiry) to achieve a recognised qualification and all staff must complete the minimum qualification within 3 years of taking up post.

The pandemic has shown very clearly the gaps in IPC cover for non-hospital services and requirement to have a qualified and experienced Infection Protection and Control Team which is proving difficult to recruit to.

There has been an exponential increase in demand for IPC specialist input with project support required to support a number of built environment projects. The supply of staff is not available, and capacity has been raised with NHS Assure & Scottish Government to provide the additional level of study that is being advocated.

Consideration of non-specialist roles with extended IPC competencies is being progressed but the pandemic has proven that the specialist role is invaluable, and we need to do work to facilitate a route to achieving the necessary qualifications and stabilising the workforce.

The IPCTeam have recently filled 4 posts that have been vacant for a number of months, after multiple adverts, but the turnover is such that the service will have a further 4 wte gap anticipated before the end of the calendar year.

How are we responding to challenges and building on opportunities?

The wealth of data available, together with the LSDF setting out plans for the next 5 years allows the Board to have a clear understanding of the areas of greatest challenge.

There are a number of workforce enablers. The range of activities designed to address the nursing and midwifery workforce challenges are set out below.

The actions identified are high level and will be taken forward over the term of the workforce plan. Progress will be supported through the development of the plan, there will be 12-month action plans which will be developed and owned by a range of professional groups such as the Healthcare Staffing Programme Board and specific service priority groups such as the National Treatment Centre Workforce Planning Group. The range of programmes will be co-ordinated and progress will be monitored by a Nursing and Midwifery Workforce Group, with a dedicated Programme Manager, supporting the senior Nursing & Midwifery team. This group will in turn feed into the WPDPB to ensure progress and any workforce enablers can be developed and supported.

Outcomes

The following outcomes are the high-level outcomes that are being targeted, these will be very challenging to achieve and to do so will require very effective working at both a professional and service level within Lothian and also with external partners such as HEIs, NES and the Scottish Government.

- Sustainable workforce models are in place to support key areas of challenge.
- Retention of staff despite the challenging demographic profile in many areas.
- Evidence based workforce planning to inform safe staffing levels in a real-time, annual and multi-year basis.
- Development of advanced practice roles that support key areas of service challenge and provide new enhanced opportunities within career pathways within both the registered and non-registered workforce.

Early Careers, Employability and Access

In line with the Board's Anchor Institute ambitions and as the largest workforce group, nursing and midwifery engage in the Board wide Early Careers and Employability programmes, such as the Modern Apprentice programme but also deliver specific programmes designed to provide access to nursing and midwifery roles.

These programmes are largely delivered in conjunction with the local colleges in Edinburgh and West Lothian and the Open University and offer routes into care roles for people who may not have the pre-requisite qualifications or previous experience to otherwise be employed in the Board if a competitive interview process was in place. The clinical education team have supported many of the access and early careers projects, for example the Skills Boost programme has had a 98% retention rate in role; aspirations in the Board to increase the number of staff being engaged through these routes will need to ensure that on the job support is available to deliver success. Whilst individual departments are identifying non-recurring resource to support clinical education in practice environments, this is a key contributor to the success of these programmes and investment substantively needs to be addressed.

The aspiration of providing trainee nursing roles is being discussed with Scottish Government policy teams, as the benefit to the Board will be the resultant number of registrants over and above the commissioned places through this route. The pilot of 20 entrants to Mental Health Trainee Nursing positions annually will go some way to meeting the potential shortfall in RMNs over the next 5 years given the known workforce age profile and service demands. This shortfall contrasts with an evident over supply of Children's nurses which is likely to continue over coming years. Support to enable these graduates into the workforce within another branch is being developed locally.

Additionally, volunteering is recognised as a route to engage with and encourage people into roles in healthcare (not always nursing and midwifery) and the strategy for volunteering sitting alongside the Workforce strategy will continue to progress opportunities.

Student and Staff Experience, Skill Mix and Advancing Roles

Once in the employment of the Board, a positive and fulfilling workplace experience is essential in terms of retention. There is a significant Board wide wellbeing programme, described in section 5 of the plan.

Students from all 3 local HEIs are encouraged to take up bank contracts to supplement their financial position and their breadth of experience during their programmes. Preparatory work is done with the HEIs to ensure that students understand the recruitment process and can provide a positive personal statement in support of their applications.

The specific actions being taken to support staff in post range from accelerated internal lateral moves at band 2 and band 5 into existing vacant posts for those starting out or mid-career to retire and return options towards the end of careers. The ambition from internal moves would be to enable staff to define bespoke rotational positions that would allow them to create a set of experiences to provide their career foundations or to enable a staff member to create a set of experiences from which to progress their career development. Retire and Return aims to retain valuable skills and experience in the workplace in a part time capacity allowing people to step down towards the end of their career.

The clinical education department provides in house training and supports non-registered and registered staff to attain clinical and academic qualifications such as the HNC whilst remaining in employment (e.g. the HNC Endorsed programme). The Research and Development infrastructure supports a range of clinical academic learning opportunities for registered nurses and midwives, including 'Clinical and Academic Homes', annual funded doctoral places with Stirling University, a number of PhD studentships with other academic partners and is about to launch a unique model in Scotland of Clinical Academic Research Gateway Awards for research capacity development opportunities at all stages of the career framework. We believe this is key to attraction and retention.

Providing a career pathway that allows employees to see opportunities for progression from every starting point is an important principle across Nursing and Midwifery. The "no wrong path" principle is promoted at every opportunity – there are significant numbers of Registered Nurses in substantive posts that have entered the profession through the Access to Nursing or HNC route rather than the traditional undergraduate programmes. These staff stories are actively used to promote the opportunities available to new recruits across the wide range of access points.

The Ward Helper role was established (as part of the Winter Planning additionality funded by Scottish Government) as an entry level position to provide a generic support role that will allow each of the team to operate at the top of their licence. It is not an affordable position to have nursing and midwifery team members carrying out tasks that could and should be carried out by other staff / grades. This is not to detract from a holistic approach to care of patients but is looking at the best staff mix to deliver the optimal care in different settings.

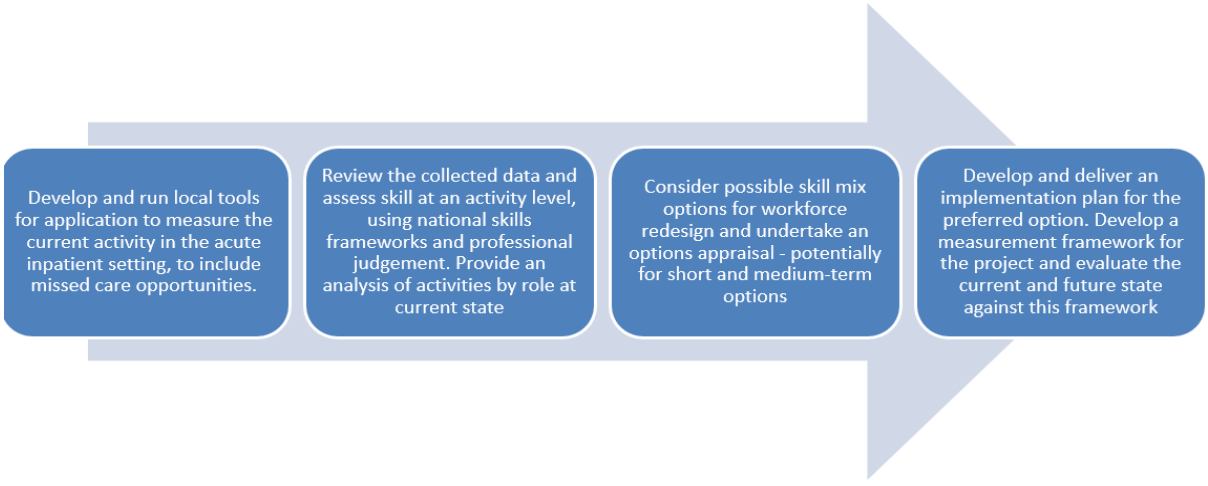
Other programmes promoting an improvement in the ways of working such as Unified Communications, designed to make best use of technology to create efficiencies and play a pivotal role in evolving the way in which quality care is delivered. This builds on work around electronic records and will roll out electronic devices (Myco3) to enable inputting to and accessing of electronic patient records directly at the patients bedside. Similarly, the roll out of the eRostering system over the preceding 5 years has provided the Board with optimum resource utilisation and the use of associated tools such as SafeCare will provide a Ward to Board line of sight around the workforce on a day-to-day operational basis. The delivery of technological innovation is key in maximising productive time within the nursing workforce.

For experienced nurses and midwives there is a very active interest in developing advanced roles from the professional development award level band 4 roles building on the small scale developments such as Midwifery Assistants to developing Advanced Nurse Practitioners and increasingly Nurse and Midwifery Consultant roles to provide a continued clinical role for career progression.

Workforce Assessment and Redesign for Acute Inpatient Settings

In the face of significant establishment gaps in a number of areas it is essential that workforce models are continually reviewed to ensure that the individual skills within all levels of the ward team are maximised to enable staff to work at the top of their skill set.

However, there is a need robust evidence to underpin such workforce redesign and a need for a robust methodology to gather such data. To develop an approach a Pilot/Pathfinder project is underway within an Acute Inpatient ward at the Western General Hospital (WGH), following the approach in the following figure.



As part of the pilot there will be 300 hours of observed activity focussing on the tasks and activities currently undertaken by staff in the ward environment, including nursing, AHPs, Administration, Support Services, Facilities, Pharmacists and Junior Doctors. The approach will be underpinned by 3 main components and associated outcomes.

Understanding the care and pathways within the setting through both observation and professional discussion.	Map the existing team and supervision and delegation structures to understand the workflows.	Development of the key metrics for monitoring care standards.
Capture the key steps in the 'standard' patient pathway(s) through the setting and understand the delays, pressure points, missed care and potential opportunities within it.	Understanding the current quality and clinical assurance processes that support competency assessment and provision of safe, effective care.	Baseline performance against these standards to support evaluation.

Whilst the initial scope of the pilot is only within one ward in the WGH once the tools have been fully developed, tested and evaluated, the project group will consider the possible scale and spread for wider application. This robust evaluation will provide a small-scale test of change to offer further assurance to operational and professional leads that any new role and/or workforce model adds greater value and improve staff and service user experience.

The outcome of the pilot will also link into the Workforce Planning and Development Programme Board. Any expansion to a wider programme of work would require further planning, development and resourcing.

Recruitment Activities

The vast majority of the recruitment to Nursing and Midwifery is performed via the Generic Recruitment process which is founded on the principle of "1 application 1 interview 1 decision" thus minimising the administrative burden of applicants making multiple applications to the range of vacant posts. The Generic process is administered on behalf of the hiring manager to ensure that the clinical staff time is focussed on the parts of the process which their skills are critical to deliver such as the short listing and the interviewing. Generic recruitment applies to all band 2 and band 5 nursing and midwifery recruitment as well as some specific campaigns for band 6 roles in district nursing, health visiting and midwifery. Over the coming 18 months, the administrative processing of the applications will migrate to the Regional Recruitment Service and the generic team will focus on delivering the hiring manager duties.

Additional initiatives to support the workforce include the Return to Work programmes run in conjunction with Robert Gordon University, the national recruitment campaign, participation in jobs fairs and other events such as RCN Congress.

Graduate nurse recruitment was amended in 2020 amid the Covid pandemic, the lessons learned from that process has been refined and a matching process is now normal practice to facilitate the annual round of graduate recruitment.

Aligned to the recruitment activities is the work to promote specific areas of challenge. The NTC staffing requirements will be brought into a separate campaign to bring a focus across the entire workforce requirements.

Working in Partnership

The work of teams across health and social care continues to evolve into a single approach with the artificial boundaries of employer (Health or Local Authority) becoming more blurred with teams delivering the best outcomes for people requiring care.

The delegation of Executive responsibility to Nurse Directors, during the pandemic, for assurance regarding the quality of care in specific areas around Infection Prevention & Control, use of PPE, Education & Training and Standards in care homes has provided an opportunity for much closer partnership working across Health, HSCPs, Local Authority, Care providers and external agencies such as the Care Inspectorate. Providing corporate oversight arrangements at operational and strategic level, bringing many organisations and stakeholders together to work in partnership to enable joint decision making and utilising some of the expertise and infrastructure in the NHS to support provision of care to people in care homes has had a resource impact. Funding, which is ringfenced by Scottish Government has been received for 2021/22 and 2022/23. Examples in Lothian include the development of the Lothian Care Academy, Specialist Team support and the Mutual Aid Staff Bank provided to all Care Homes during the pandemic peaks of staffing shortfalls and being mainstreamed now for care homes to access directly.

Early Careers, Employability and Access

The following section highlights our key aspirations in these areas and the detailed actions that are being taken forward to drive progress and delivery.

Access to Nursing

Aspiration -To increase the number of Access students progressing to nurse training

- All participants offered Bank Contract for duration of college course
- Increased liklihood of acceptance into year 1 nurse training with practical experience

Skills Boost

Aspiration - To be a Business as Usual source of non-registered workforce

- Initiated during 2020 as a pilot cohort and has delivered 9 cohorts
- Acceptance onto Skills Boost programme for unemployed people guarantees a substantive post as a band 2 HCSW on sucessful completion
- Cohort recruitment with Clinical Educator support in practice

HNC Unendorsed

Aspiration - To increase the number of HNC students that take up employment in the NHS

- All participants offered a fixed term 23 hour contract on successful completion of their programme (initial cohort of 44 started 2021)
- 600 hours of practical experience allows direct entry to year 2 of nurse training
- Offer of continued part time employment whilst undertaking studies

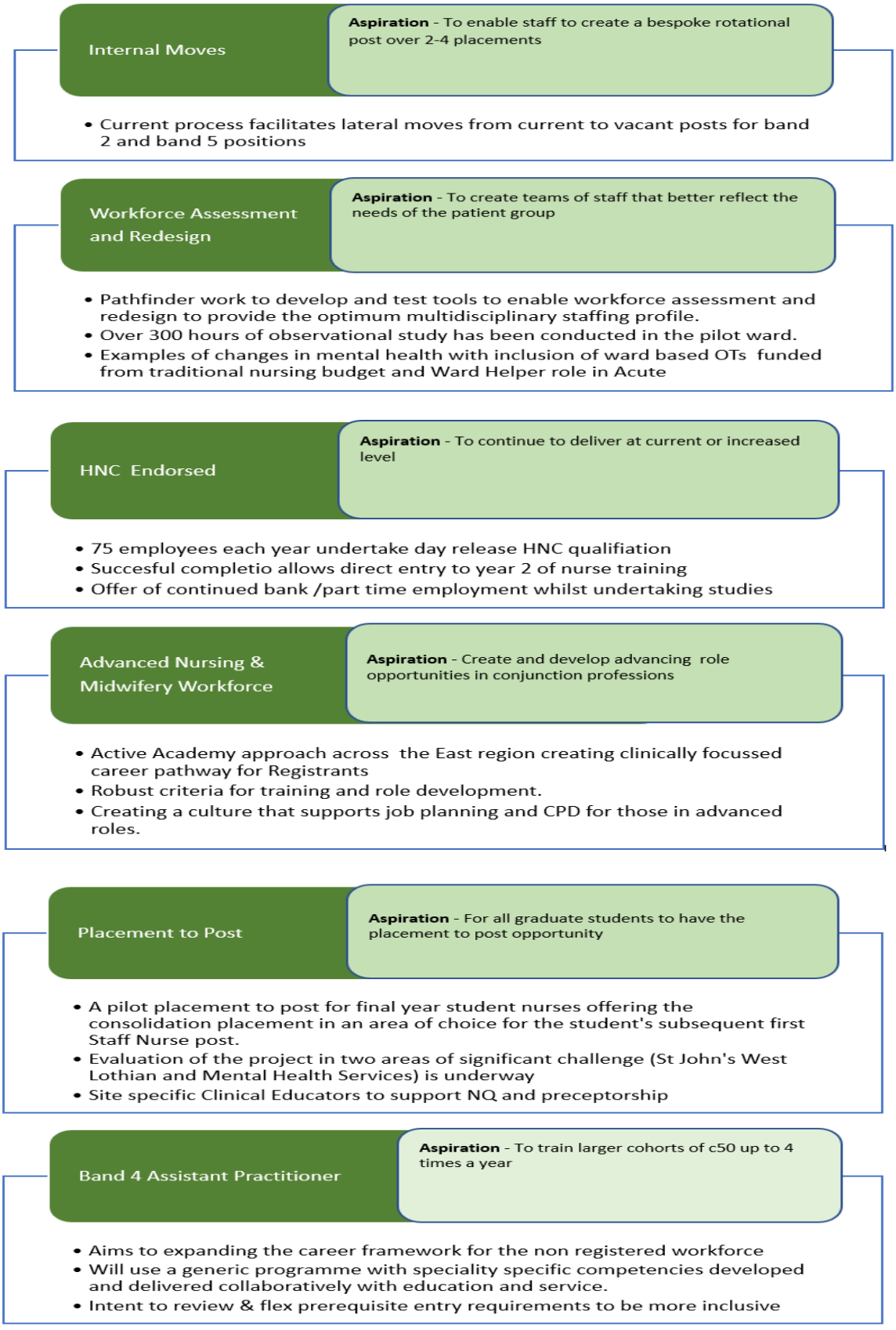
Trainee Nursing

Aspiration - To provide a trainee programme for adult and mental health branches

- Pilot cohort of 20 per year starting 2022 across mental health in association with OU
- Recruitment to band 2 position with support in first year of employment to undertake 2 certificate level modules
- Progression to the OU Nurse Training programme, whilst remaining supported by the Board with substantive band 3 salary whilst undertaking the programme
- Engaged with Edinburgh Napier University to deliver a similar programme for Adult branch

Student and Staff Experience, Skill Mix and Advancing Roles

We have a number of aspirations and commitments which will enhance student and staff experience, maximising workforce flexibility and providing meaningful opportunities for development.



Unified Communications

Aspiration - For all clinicians to have access to a Myco3 device for access to patient records / charts.

- Work has already been taken forward to develop person centred care planning functionality in the TRAK electronic patient record system.
- eObs is the next phase of this work which will enable recording of vital signs at the bedside & to initiate alerts and multi disciplinary communication and co-ordination of care.
- Realisation of the benefits will require infrastructure investment in WiFi and devices but has the potential to reduce admin burden for clinical staff, improve quality of care and reduce risk for patients.

Midwifery Training Programme

Aspiration - To eliminate establishment gap in band 5 midwifery roles

- 2 year shortened midwifery programme for existing adult branch registrants .
- Lobby for direct entry to midwifery programmes with PDA / SCQF level and work experience.

Retire and Return

Aspiration - To increase the proportion of N&M returning to work post retirement

- Amendment to the Retire and Return policy to encourage retention of experienced employees in a range of roles across the service.

Professional Development Award (Theatres)

Aspiration - To create a band 4 role to support the theatres and anaesthetics

- Creating additional skill mix role for band 4 assistant Perioperative Practitioner carrying out scrubbing and circulating duties
- This will be a key role for the workforce in the NTC

University PhD

Aspiration - To increase the proportion of N&M workforce taking forward an academic career

- Strong linkages with Edinburgh and Stirling University offering funded and full time PhD opportunities for staff.

Working in Partnership

Care Home

Aspiration - To ensure that the duties placed upon Executive Directors of Nursing are appropriately discharged

- Supporting career pathway opportunities and development of the care home workforce through the Lothian Care Academy
- Provision of Care Home Support Teams in each of the Health and Social Care Partnerships & specialist corporate teams to support the sector around Quality Improvement and Standards, Tissue Viability, Infection Prevention and Control, Education and Training
- Provision of a Staff Bank service for Care Homes

International Recruitment

An international recruitment programme is currently underway see section 5 for further details.

New Graduate Matching

Aspiration - To bring forward the recruitment of graduates

- Fast track preference based graduate employment process

Childrens Graduate Oversupply

Aspiration - To ensure that the graduates are retained in the workforce

- Working with HEI to provide a programme of CPD to upskill in adult skillset
- Working with HEI to consider how to manage future cohorts

The following key actions summarise the measures that will be taken forward over the timescale of this plan.

Key actions

Attract Train Employ

Promoting Early Careers, Employability and Access - Making it easy to have a career in care

Maximising Skill Mix and promoting Advancing Roles, Professional Development & Enhancing the Staff Experience

Progressing a range of attraction and retention poicies including retire and return, new graduate matching and international recruitment

Working in Partnership across health and social care to evolve into a single approach to teams delivering the best outcomes for people requiring care.

Implementation of the Health and Care Staffing Act

Support from the Scottish Government

The age profile of most of the nursing and midwifery branches of registrant (with the exception of children's nursing) does require all the actions described above to "grow our own" but this alone will not satisfy the predicted turnover and taking a range of measures to support retention is important. However, it is clear the known future changes are significant and the risk that the national student modelling has not sufficiently taken these factors into account will have a significant impact on the ability of the board to deliver the corporate objectives.

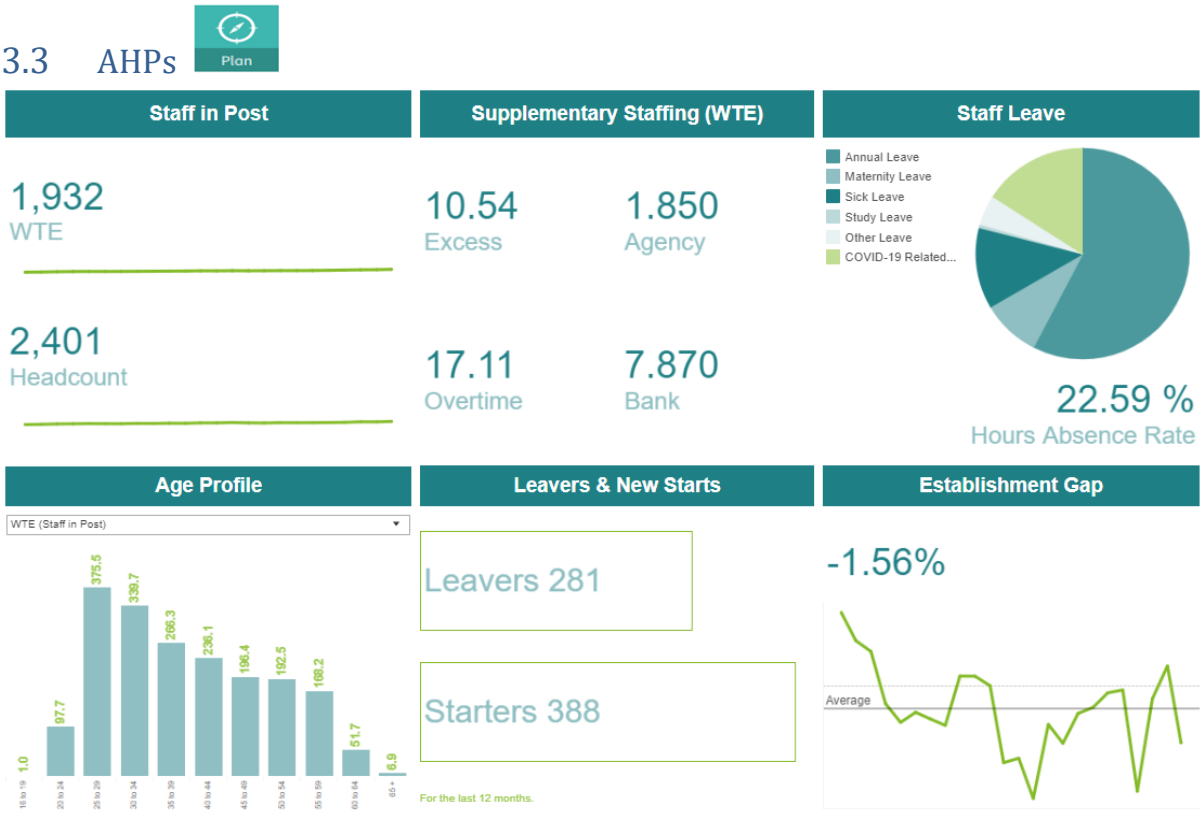
The national student intake modelling, and commissioned place numbers are a critical nationally determined input factor which directly impacts on local workforce planning. It is

critical that the training pipelines are set at a level that both closes existing establishment gaps and provides the additional expansion that will be required for new developments such as the NTCL.

There are other nationally driven barriers to local developments such as the NMC regulations around progression to midwifery programmes and the continued single intake approach, where change would be beneficial.

Other helpful developments would be the inclusion of a twice yearly (or more frequent) intake of students to deliver a twice yearly out turn. This would smooth the establishment gap across the 12 months. The trainee programme described above offers a potential second out turn if this cannot be achieved for the commissioned training places.

3.3 AHPs



Source – East Region Tableau Workforce Dashboards – May 2022

Allied Health Professions (AHP) include Arts Therapists (Art, Drama and Music), Dietitians, Occupational Therapists, Orthoptists, Orthotists, Paramedics, Physiotherapists, Podiatrists, Prosthetists, Radiographers (Diagnostic and Therapeutic), and Speech and Language Therapists. Each autonomous Allied Health Professions (AHP) profession has a unique scope of practice, with services delivered both independently and as integral parts of multi-disciplinary teams.

Services are delivered across multiple NHS settings (including Acute hospitals, Health and Social Care partnership Community clinics, and Primary Care centres), Council based services, Institutional settings (including Educational settings and Prisons) and in wider community settings (including Domiciliary and Community centres).

The complexity and diversity of the professions and their services, combined with a gap in national AHP workforce planning has made local workforce planning for AHPs challenging.

Development of an AHP Workforce Plan

The AHP workforce group is utilising the six steps methodology to develop an NHS Lothian AHP workforce plan that will reflect the workforce needs of individual professions whilst also detailing the interactional needs associated with numerous settings and contexts of service delivery. This approach will recognise and describe the layers of parallel AHP workforce need, to both aggregate where appropriate, and to characterise specific requirements as necessary.

The initial stage developed a robust current baseline of AHP staffing in post through cleansing of workforce data within payroll and HR systems, current areas of focus are to:

- Elucidate and articulate AHP workforce priorities – particularly those within national drivers (including, but not limited to, the Health Care Staffing Act, the Rehabilitation Framework, GIRFEC, Primary Care Improvement Planning, Waiting Times Improvement Plans, Regional Major Trauma and National Treatment Centres, transforming roles)
- Develop initial 3-year workforce projections, which incorporate developments where there is either clear and agreed funding in place or those where there is clear policy, strategy and legislation linked rationale.
- Co-productively define the steps and actions required to achieve those priorities (including workforce establishment, skill mix, staffing support and development, succession planning, recruitment plus articulating risk and establishing actions for modifiable risk parameters)

As the workforce plan develops it will help ensure that AHPs are part of meaningful engagement in service redesign, where AHPs can bring their unique skill sets to help support the wider multidisciplinary team. The initial 3-year projections process has provided a vehicle for AHPs to engage with services to help assess future demand and discuss how AHPs can support service sustainability proactively.

Advancing Practice

There are already well-established examples of advanced practice AHP roles where elements of medical workforce roles have been taken on with excellent outcomes whilst freeing up medical workforce capacity. AHP workforce expansion has been key in supporting the implementation of the new GMS contract with practice based musculoskeletal physiotherapists providing their knowledge and experience to support patients at a time when there are significant workforce challenges within the GP workforce. With the very considerable challenge of recovery from the COVID-19 pandemic there is likely to significant scope to expand advanced practitioners within AHPs, however unlike nursing there has been no national funding to support training and expansion of numbers. There would be a benefit in the Scottish Government in nationally 'pump priming' funding for AHP advanced practice expansion.

There is also scope to extend and develop B3 and B4 Assistant Practitioner roles through Modern Apprenticeship opportunities to support registered staff to work at the top of their licence and provide meaningful opportunities for new entrants into AHPs. There is also a need to promote routes to practice: including volunteering and work-experience opportunities, highlighting AHP careers as first choice for school leavers and also developing and expanding, pathways of entry to registered practice.

Capacity Planning

Job planning is a well-established means of capacity planning within the consultant medical workforce, enabling a tailored individual job plan with sessions allocated to specific clinical and non-clinical activities. There is also the potential to establish job planning within AHP's senior staff to help provide greater consistency in planning and as a means to better articulate workforce capacity in future planning and commissioning. An initial pilot is currently planned for 2022/23 in a couple of services to help assess potential and likely resource requirements.

Diversity

Allied Health Professions within Lothian has lower BAME representation (3%) than the population as a whole (4%), which is lower than registered nursing (5.4%) and other therapeutic (6.8%) job families. This is likely a similar position nationally however there are no data available. AHP undergraduate training is not centrally controlled by the Scottish Government, however there is a need to better understand the reasons behind this apparent under-representation and ensure that all measures are being taken nationally to encourage entry into the AHP professions.

The following key actions set out the measures that will be taken forward over the timescale of this plan.

Key actions

Attract Train Employ

Advance and develop data-informed workforce planning

Support and progress data analytics and business leadership throughout AHP services

Co-productively initiate and implement Workload and Workforce data collection

Promote and support the generation of whole-system multi-disciplinary team data

Generate relevant impact data: Prevention, early intervention, triage, self-management, intervention, Life Curve, multi-disciplinary, whole system and pathways

Seek to initiate systematic understanding of AHP workforce to inform pre-registration training

Comprehensive AHP Leadership

Assure/Ensure clear AHP professional leadership throughout NHS Lothian and HSCPs

Further embed and support AHP leadership levels valuing uniqueness (of each AHP profession)

Create opportunities for AHP whole-system vision, insight and perspectives to inform initiation, planning and delivery of all NHS Lothian and HSCP key strategies, policies, and directions

Maximising the AHP Workforce

Extend and develop advanced practice roles within the registered and non-registered workforces

Promote routes to practice: including school leavers and pathways for existing staff

Establish educational and support needs to deliver AHP services workforce plans

Support business management development: collaborative opportunities, mentorship and accessible relevant data

Pilot the introduction of job planning for senior staff to support capacity planning

Outcomes

The actions that are being taken forward are designed to support the following outcomes:

- AHPs voice is instrumental, embedded and influential in whole system health and care pathways development, redesign and delivery.
- AHP workforce numbers, skills and service models meet the needs of patients across the health system and provide enhanced career pathways.

Support from the Scottish Government

Greater coordination of undergraduate training places across Scotland to maximise the number of students transferring into NHS Scotland roles.

3.4 Healthcare Science (HCS)

Source – East Region Tableau Workforce Dashboards – May 2022

The Healthcare science workforce has grown in overall numbers between September 2016 (811wte) and March 2022(1,014wte), increasing by 203wte (25%). However, 102wte (46%) of this expansion is a result of sterile service staff having been reclassified nationally as HCS where previously they were within support services. There has however been an expansion of c80wte (36% of expansion) since the onset of the COVID-19 pandemic as testing capacity has been expanded and NHS Lothian has established a regional testing hub to support the South-east region. This has not been factored into funded establishments on a recurring basis and is the reason why the overall establishment gap is negative.

During the first year of the pandemic staff turnover reduced 12% from 8% to 7%, in line with other job families with the lockdown on society limiting individual's ability to take up new jobs or relocate and individuals choosing not to retire to support services. In 2021/22 turnover increased to 10%, 2.1% higher than 2019/20, the year prior to the pandemic, this represents a

27% increase, which is likely in the main to be associated the regional testing hub. Within this overall increase retirals are already higher than in the last four years and is likely to be 45% higher than 2019/20. Retirals represent a significant element of this increase (up 37%) which represents a 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 grading differentials 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. This can lead to some of the smaller branches being exposed to significant levels of risk, where the loss of one to two individuals can have a significant impact on service sustainability.

Workforce data is not sufficiently robust for essential workforce planning to be undertaken across the healthcare science services and in a number of cases changes are required to nationally coding to better identify the difference strands within the workforce. This is being considered nationally and NHS Lothian is committed to undertaking local data cleansing when required changes have been made.

Cardiac Physiology

The Scottish Government Heart Disease Action Plan reaffirms heart disease as a clinical priority for the NHS in Scotland. It seeks to minimise preventable heart disease and ensure everyone with suspected heart disease in Scotland has timely and equitable access to diagnosis, treatment and care that supports them in living well with their condition. A key priority within the plan is appropriate staff resource and training including the cardiac physiology workforce. Workforce modelling has shown the need to expand current training numbers and look to develop a sustainable training and education pathway for cardiac physiology in Scotland. A national short life working group has been established to take this work forward. The Scottish Government have supported a cohort of 17 in both 2021/22 and 22/23, with 6 commencing within Lothian at Glasgow Caledonian University. The remaining 11 are to be supported through a Scientist Training Programme with educational delivery at Manchester University. It is unlikely that Lothian will support any of these trainee clinical scientists due to the support already provided within the first cohort.

This national approach to sustaining small specialist elements within the HCS is both welcome and essential to ensure service sustainability and grow capacity.

Impact of COVID-19 Pandemic

The HCS workforce within laboratories were central to providing enhanced regional testing providing both PCR tests and sequencing. This involved the rapid planning and commissioning of a laboratory within central Edinburgh and recruitment of laboratory staff. As the pandemic recedes and testing reduces there will be potential for staffing to move into other areas of the laboratory workforce.

Regional Collaboration

Laboratory Leads in NHS Borders, Fife and Lothian have been working collaboratively over the last 5 years towards an integrated laboratory medicine service for the East Region. There has already been significant progress made in relation to procurement, common laboratory

information systems and policy in relation to point of care testing. To try and support workforce sustainability and build capacity future agreed projects will cover:

- Review of Clinical Biochemistry cover and development of improvement options
- Review of Clinical Microbiology cover and development of improvement options
- Support for out of hours Microbiology technical cover

These projects will help provide integrated regional solutions to sustainability and ensure equitable access to services for patients.

Recruitment and Retention

In a number of areas when an experienced member of staff leaves there are difficulties in replacing with a fully trained specialist member of staff. Although some disciplines offer robust in-house training programmes such as the laboratory services, many do not. Those that do often train individuals only to lose them to other boards for a higher graded post. To try and address this greater use of Annex 21 training posts at various bands (5-7) are now in place in several disciplines, which provide individuals a guarantee of a post at the grade associated with a fully trained scientist, subject to them completing an agreed training programme. This work will be expanded to cover all disciplines, ensuring consistency and improved recruitment and retention.

Work is also progressing to look at advancing practice within various disciplines looking at the development of more band 4 roles to support succession planning and also at the more senior levels of the career pathway including advance practitioner roles and consultant HCS roles.

There remain some areas where there appear to be grading differentials between boards and work is planned to scope areas affected, better understand the associated reasons and identify ways in which this may be addressed.

Education and Training

Locally work is progressing with the early careers workforce team regarding development of early career education/ career framework for HCS – specifically within sterile services, medical equipment management, medical physics and there is also a generic HCS apprenticeship programme in development.

Lothian is closely involved in and is supportive of national work progressing on reviewing education and training within HCS to support and develop approaches to training that meet the needs of services. Lothian is working closely with University of Edinburgh to develop provision of an undergraduate degree for Biomedical Science.

Advancing Practice

As with other areas of the workforce advancing practice is an important theme with significant work underway in various disciplines within both non-registered band 4 roles and also at advanced practitioner and consultant level.

Within laboratories there a number of areas where there is reliance on small numbers of highly specialised staff within key medical functions represents a risk to resilience in particular within medical histopathology. This is a key area of focus within the Labs Medicine strategy where advanced roles such as dissection within Histopathology providing a career route for

Biomedical Scientists and Consultant Microbiology/Pathology roles. Education and training programmes are required to support the development of these roles.

Support worker roles are also being extended in many of the disciplines with Assistant Practitioner roles being explored and implemented.

Key actions

The following key actions set out the measures that will be taken forward over the timescale of this plan.

Within such a large diverse workforce there will be a wide range of actions underway to support development, recruitment and retention, the following are the key overarching actions that will be taken forward over the term of this plan.

Work with HR to develop robust job descriptions and maximise the use of Annex 21 to recruit, train and retain staff across disciplines.

Work with the workforce development team to develop early career programmes to upskill current staff and attract new staff into HCS.

Work with the Scottish Government HCS Leads to explore the educational opportunities for the HCS workforce, identifying current and future gaps in provision and identifying ways in which Scotland can deliver education and train on a once for Scotland basis where appropriate.

Outcomes

The actions that are being taken forward are designed to support the following outcomes:

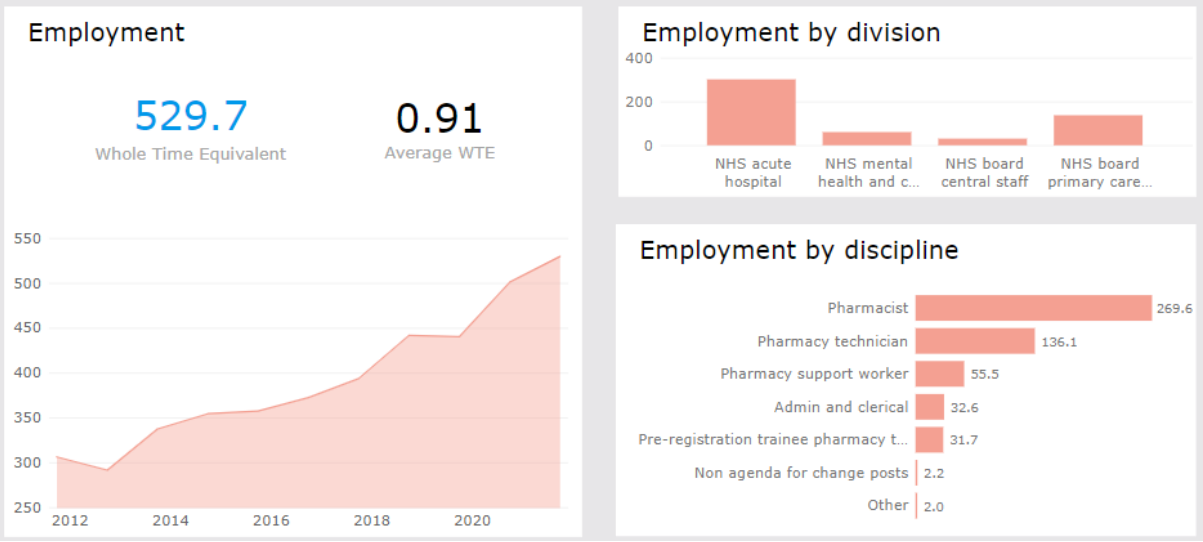
- Increased retention of the HCS workforce to enable stability across the disciplines, which will allow further innovation and development of new methodologies and technologies within services. It will allow robust training programmes to be developed, implemented, and delivered in line with service and regulatory requirements.
- Implementation of new programmes will enable current staff to be upskilled and provide opportunities for new roles to be developed.
- Identification of gaps will allow the development of programmes that will enable future advanced roles to be identified and implemented thereby enabling service improvement in relation to delivery.

Support from the Scottish Government / work progressing at SG

The National Workforce strategy has a key commitment in relation to HCS. A scoping review of the current HCS education and training will be published at the end of 2022, with a view to subsequently publishing a workforce strategy for HCS.

Work is also progressing in reviewing the quality of the HCS workforce data in line with the National Workforce Intelligence Group. It will be important that this is improved data quality is used to plan and inform the planning of the future HCS workforce.

3.5 Pharmacy



Source NES – NHS NHS Scotland pharmacy workforce (managed service)

There are three sectors in the pharmacy workforce, those who are directly employed by NHS Lothian and work in hospitals (acute, mental health and community) those who are directly employed and work in HSCPs, mostly in GP practices, and those who are employed by community pharmacy contractors. There is some movement between sectors for both Pharmacists and Pharmacy Technicians and increasingly staff have portfolio careers across and within sectors. It is considered that this interplay is helpful both for individual and for the service with greater knowledge, understanding and joint working ensuing.

Recruitment Challenges

Pharmacy faces significant recruitment challenges over the next three years. The rapid expansion in roles, particularly pharmacotherapy, without an adequate workforce pipeline in place has driven pressure on the system, increased churn of individuals between sectors and led to significant service delivery pressures.

- New developments: are driving or will drive, an increased need for new posts and pharmacy team members e.g. Vaccination transformation, Cancer service redesign, HEPMA, Mental Health Service Recovery plan, OPAT service expansion, expansion of personalised medicine and pharmacogenomics.
- The significant increase in mental health problems arising throughout the pandemic has shed light on the needs of this area of service. New funds have been made available by Scottish Government to expand the mental health pharmacist workforce. 25% of funds have been released for 21/22. With 50% the following year and 25% in year 3. This will

result in an increase in the numbers of pharmacist working in mental health in NHS Lothian and help address some of the shortfall in areas such as CAMHS, substance misuse and acute mental health.

- The increasing demands in the Acute sector with increased facility, and faster throughput has significant impact on the hospital acute pharmacy service. NHS Lothian has benchmarked its staffing level against acute hospitals across the UK and it is below average. This will be a significant area of work over the next 2-3 years and does not have external funding associated with it. Work will be required within Lothian and nationally to ensure this area has increased funding to meet service gaps. This will require significant skill mix review and work to be undertaken on how we train staff across sectors as part of a more flexible, agile workforce.
- Additionally, in the Acute sector, the National Treatment Centre at SJH and the new Edinburgh Cancer Centre will impact on demands for an expanded pharmacy workforce, new medicines to be prepared and delivered for the cancer centre will enable a state-of-the-art facility and highly specialised pharmacy staff, dealing with Advanced Therapeutic Medicinal Products (ATMPs) and impacts as yet unknown of pharmacogenomics, on treatments and doses used.
- Pharmacotherapy: Existing development in Pharmacotherapy is yet to be completed with the final staffing model as yet to be defined but a contractual necessity to move to full delivery from April 2023. Subject to funding release this will continue to be the key driver of staff movement between sectors.

Pharmacy First Plus: the expansion of independent prescribers in community pharmacy continues to grow and will increase the requirement for changes to the skillmix in local pharmacies, be that additional checking technician capacity or second pharmacists. This has the potential to require a doubling of the community pharmacist workforce capacity if a universal service is developed without appropriate efficiencies delivered in terms of time release for the prescribers through technology and/or skill mix development.

- Supporting the implementation of workforce pipeline initiatives such as expansion of pharmacy technician training, experiential learning for undergraduates, postgraduate pharmacists moving through foundation and advanced practice pathways and supporting the development of other professions will all take planned capacity. Allied to the changes to individual education and training pathways and requirements in pharmacy, driven by the Royal Pharmaceutical Society, a simplistic estimate in terms of the individual impacts on job planning capacities would be to say that 0.1WTE of every post will be lost to direct service delivery, but more accurate model estimates are required.
- Education and Training reform will be a key pressure in terms of the leadership and facilitation infrastructure required; but also the time within job plans that will need to be given over to training (undertaking and provision). Recent national analysis of NHS Board's infrastructure demonstrated both variation, and a significant under-provision, in readiness for changes.
- Service change
    - Adoption of 7 day working within the acute sector has been mooted for a number of years and if adopted will impact on both secondary care and corporate teams. A needs assessment is required but a simplistic assessment would suggest a minimum impact of an additional 10-20% ask of these teams.

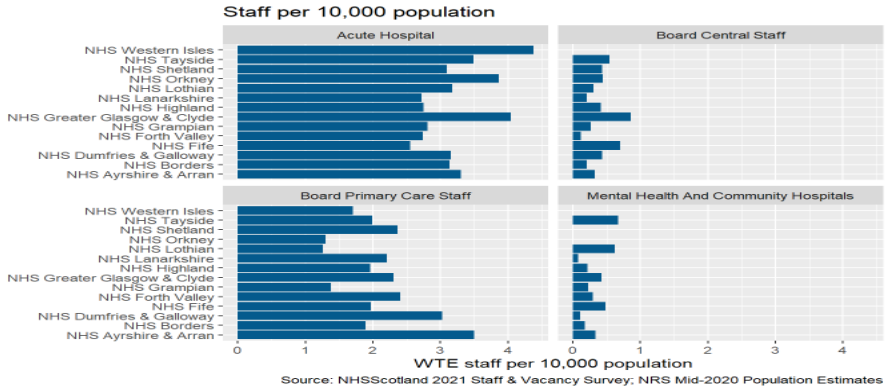
- Potential change to long term specialist chronic disease management and how repeat medicines for those receiving care under secondary care supervision might be dispensed and managed in the community.
- Potential changes to the delivery of discharge medications with a shift in focus from current approaches, which tend to ensure that a patient leaves with all their medication in their possession, to a more individual needs based approach that focuses on routine medications being dispensed in the community and only specialist or short term medication being provided by the hospital.
- Development of advance practice roles in areas traditionally undertaken by doctors in specialties where medicines are the primary intervention where there are gaps in medical staffing or unmet patient need driven by recovery plans will significantly impact future service needs for pharmacy team inputs. Supplementation of service gaps due to challenging medical staff recruitment remains a large unknown but given the demographic of the medical workforce it will impact significantly on both requirement for numbers of staff and also the roles that they will undertake.
- National Care Service – too early to assess impacts but any organisational change has the potential to destabilise workforce planning and associated recruitment plans.
- Definition of the service commitment for pharmacotherapy and in particular the need to factor in provision for maternity, sickness and holiday cover. If not built into team recruitment planning this may require a 23% uplift on numbers based on standard approaches across Boards for managed service planning.

Most of the current workforce pressure will continue over the next three years with mitigations not producing a meaningful solution until 2024 for Pharmacy Technicians and no significant rise in newly qualified Pharmacist numbers anticipated in the coming years.

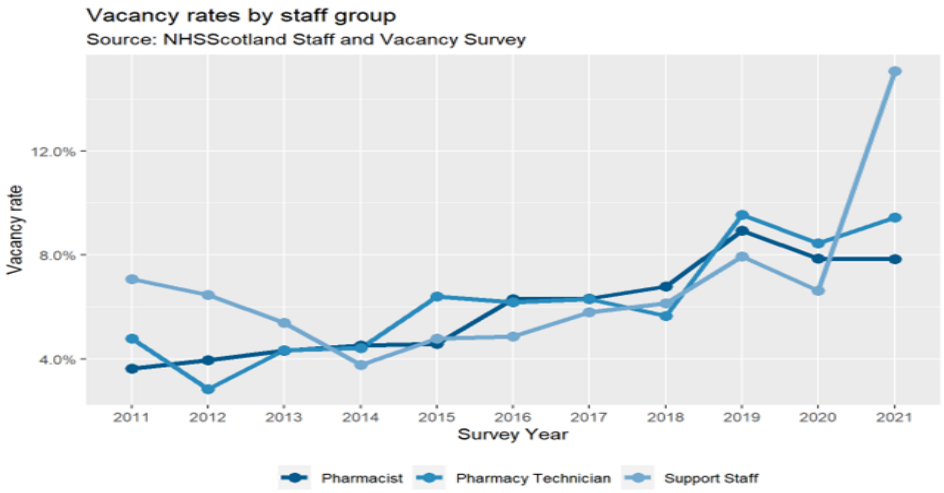
Against this backdrop of increased roles and workforce demands there are significant education, training and professional development challenges.

- For pharmacists the expansion of experiential learning for undergraduates will require significant staffing resource to deliver. This is particularly the case as no long-term funding growth has been confirmed to underpin the rapid expansion of in practice learning that would support extra-numerary posts / capacity.
- For postgraduate pharmacists the new foundation, advanced and consultant level frameworks will require careful job planning to release staff capacity to both train and be trained.
- For Pharmacy Technicians we are witnessing a welcome professionalisation of this workforce. This will inevitably mean an increased focus on education and training, an opening of higher-grade opportunities with more Pharmacy Technicians overlapping bands with pharmacists.

There continues to be significant variation across NHS Boards when looking at pharmacy teams across acute, primary care and central staff when rates of staff per 10,000 population are compared.



Vacancy Rates for Pharmacy Team members in Scotland

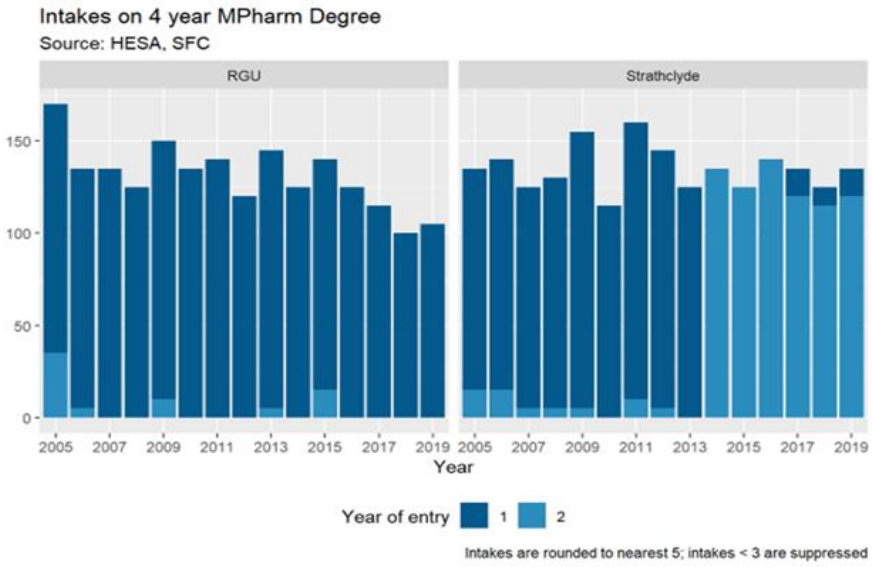


Latest data indicates that in community pharmacy the vacancy rate is near 12%. This level of vacancy manifests itself in contractors having unplanned closures due to illness and inability to cover and a number of pharmacies running on locum staff rather than regular teams. These vacancies have historically not featured within NHS Scotland workforce plans, but must do in the future.

It is noted that there are significant demands on the managed sector for additional pharmacy staff. This is coupled with challenges to get bank and agency staff and pressure with community pharmacies around their workforce model. Undoubtedly there will be need for further review of skill mix and to work effectively across multidisciplinary teams.

Supply / Pipeline

Scotland has two schools of pharmacy. Despite the policy direction set out in Prescription for Excellence and Achieving Excellence in Pharmaceutical Care there has been little meaningful change in the numbers of students studying pharmacy in Scotland although funded Scottish Pre-registration / Foundation Training posts have increased. As job opportunities have expanded the pharmacist pipeline has failed to keep up with demand.



Most students entered into year one of the programme but between 2014 and 2016 all new students at Strathclyde entered year two of a five-year integrated Masters programme. From academic year 2017 the University of Strathclyde enabled year 1 entry for some students under the Scottish Government's Widening Access programme. These students follow the Biomedical Sciences curriculum in their first year.

MPharm intakes decreased from 300 in 2011-12 to 240 in 2019-20.

For Pharmacy Technicians the challenge has been even greater. With no vocational training programme available, the only access route historically in Scotland was to train on the job. Due to the significant numbers of trained technicians taking up Band 5 roles in the new Pharmacotherapy Teams the traditional route of training in the hospital or community setting has become challenged as we face the twin impacts of losing experienced staff that can train trainees and losing newly trained staff once qualified.

NHS Lothian commissioned a course with Edinburgh College to train 30 pharmacy technicians to address some of the shortfall in Primary Care and to protect the hospital workforce. These students were placed in GP practices and were required to do 14 hours/week in either community or hospital pharmacy. This approach has been very successful with the students able to contribute to the work from the beginning. Retention has been good, and 26 students will qualify in 2022.

This approach has been so successful it has been adopted by Scottish Government and May 2022 will see the first national cohort of Pharmacy Technician trainees starting their 2-year programme which will aim to deliver 150 qualified Pharmacy Technicians in 2024 and 200 in 2025. NHS Lothian can expect it's NRAC share of this allocation. This new pipeline, whilst warmly welcomed and needed, will fail to deliver the number of Pharmacy Technicians predicted to be needed by the Pharmacotherapy service alone, before the needs of the hospital service and community pharmacy are factored in.

Pharmacy vacancies and planned future posts

Analysis by key stakeholder groups within pharmacy in Scotland, allied to data from the NES led national workforce survey process, have identified the following very short term needs for additional staffing within Scotland.

WTE vacancies and planned posts 2022-2025

	Pharmacist	Technician	Support Worker
Hospital ^	167	148	75
Pharmacotherapy*	425	574	88
Community Pharmacy~	214	59	166
Education and Training reform#	175	96	5
Total	**981**	**877**	**334**

^ Vacancies based on NES survey, new posts based on NAPS survey.

*Based on national analysis on the 2/5000 model by SPA3

~Based on NES survey

Based on 0.1 WTE but not including the new staff which would add 55 pharmacists and 60 technicians and doesn't include community

Closing the Gap

Pharmacy remains a small profession, the demand on the profession is growing significantly and the demand for personnel outstrips the numbers of pharmacists and technicians that are home grown in Scotland.

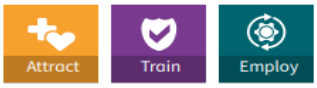
Nationally, the potential pharmacist gap represents four years of school of pharmacy output and the technician gap dwarfs the current commitment to delivering 350 nationally funded trained technicians by 2025.

On the demand side there is a significant need to maximise technological efficiency (tasks, information and communication), develop a skill mix that maximises the value adding contribution of each member of the team and streamline working practices and processes to optimise the productivity available from the staffing available. There is also perhaps a need to greater embrace pharmaceutical care as something delivered by the wider MDT and focus limited resources on those interventions that require specialist pharmacy team knowledge or are upstream i.e. influencing the prescribing and pharmaceutical care provided by others.

Pharmacy faces a significant staffing challenge in meeting service needs in the next few years. It will require collective understanding and a collaborative approach to improve the pipelines and drive efficiency within services if patient care is not to be impacted.

The following key actions set out the initial measures that Pharmacy Services will be taking forward over the timescale of this plan.

Key Actions



Service Transformation and Service Models

- Innovative hub and spoke model enabling servicing of more than one GP practice with associated introduction of Pharmacy Support Workers to optimise skill mix
- Development of an integrated clinical pharmacy service across patient pathways that optimises the value adding contirbution of GPhC registered professional and non-registered roles.
- Development of non-registered roles that will provide the majority of support for the supply and logistics functions including the use of novel roles to improve skill mix and generate Pharmacist and Pharmacy Techncian capacity
- Expansion of the mental health pharmacy workforce in line with the national recovery and renewal plan

Workforce Planning and Health and Care (Staffing) (Scotland(Act 2019)

- Recruit and train Pre-registration Trainee Pharmacy Technicians (PTPTs) and Pharmacy Support Workers in line with service needs and workfoce gap analysis
- Progress safe staffing workforce planning tools to identify and address workforce gaps
- Work locally and nationally to secure funding for expansion

Workforce Transformation and Education and Trainng Reforms

-Implement national transforming roles policy across NHS Lothian pharmacy

- Create the infrastructure to deliver the transformational change to education and training of pharmacists and pharmacy technicians
- Support the implementation of foundation to advanced professional frameworks for professional roles

Outcomes

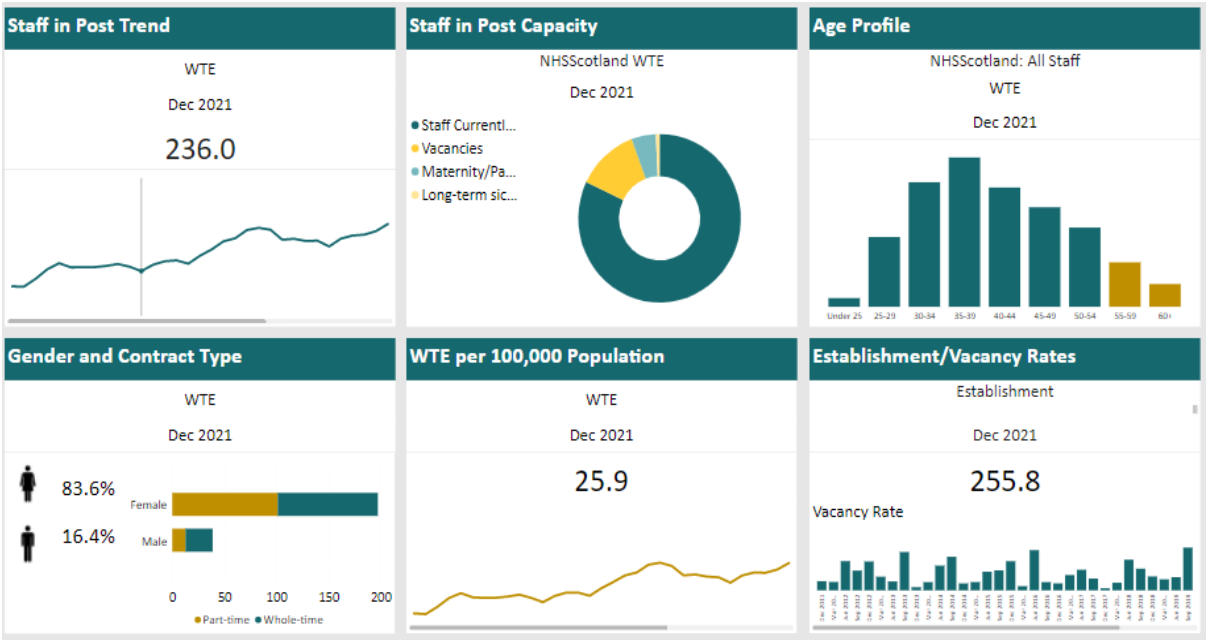
The actions outlined are intended to deliver the following outcomes:

- Sustainable and attractive workforce model within pharmacotherapy service
- An Acute services pharmacy workforce staffed at a level consistent with benchmarks closing service gaps, in turn improving patient outcomes and flow with sufficient capacity to meet major service developments.
- An expanded mental health pharmacy workforce that is able to meet the growing needs of patients.

Support from the Scottish Government

Given the size of the gap there is a need to both substantially increase pipeline delivery and attract Pharmacists and Pharmacy Technicians from outside Scotland to maximise staffing availability.

3.6 Psychology



Source – NES Psychology Workforce in NHS Scotland Q3 2021

Development of the Psychological Therapy Workforce

As detailed in Section 4.6 mental health services are facing unprecedented demand at a time where there significant workforce shortages within psychiatry and nursing with also significant demographic pressures. While the modelling for training across Scotland has to date provided sufficient numbers of qualified psychologists, the number of posts across Scotland for qualified psychology staff is now significantly greater than the number of trained staff. This is associated with the considerable increase in demand for psychological therapy and treatment.

There is a need to grow capacity for the delivery of specialist and high intensity psychological therapy to meet current and future need. As part of this, training plans for each psychological therapy service have been updated to indicate the current strengths and gaps in psychological therapy provision. Job plans have been reviewed to establish sufficient allocation for supervision of psychological treatment, this is part of the Psychological Therapy Improvement Plan. Local training programmes have been developed utilising Annex 21 to enable staff to complete training in CBT and to progress into Band 7 posts upon satisfactory completion of training. This collaboration with the South-East Scotland CBT Training course has been an effective way to increase the number of trained staff who can deliver psychological treatment at a high level of intensity, yet the training required at Diploma Level takes 2 years. Ongoing training investment is required to meet the demand, as well as recognition for supervisory support in the job plans of experienced staff. More recently, Lothian is planning placements for 14 Enhanced Psychological Practitioners, who will be trained over an 18-month phase in CAMHS or Adult Psychology Services to deliver lower intensity psychological interventions, that could be incorporated into the digital programmes, group work and circumscribed individual psychological interventions.

Innovation

During the COVID-19 pandemic, restrictions have made it challenging to be able to provide psychological treatment and wellbeing. There has however been the development of digital services providing cCBT and Low Intensity Self Help Interventions to expand capacity.

In 2019, there was one package of computerized Cognitive Behavioural Therapy(cCBT) treatment offered through Beating the Blues. There were 24,000 referrals to this service over a 12-month period in Lothian and other Boards conducting the test of change. Given this success, a range of other computerised CBT products have been tested over 2020-2021 and are available through either self-referral or GP/Secondary Care referral. Randomised Research Trials have demonstrated the high level of effectiveness of the cCBT packages offered for those with mild to moderate levels of psychological distress. These results were published in peer reviewed journals and identified by NICE and SIGN as having a robust evidence base.

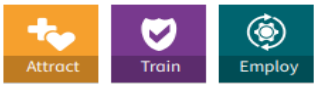
Analysis of the levels of engagement in these products shows that participants are most likely to get to a point of clinical benefit and completion of the packages if they are offered clinical support by a member of the digital team. There is considerable scope for innovative approaches that can be integrated into psychological treatment including the use of AI 'chatbots' in contexts such as eating disorders, there is research in place for gamification technology for mindfulness and relaxation and the use of virtual reality to treat phobias. However, given that these interventions are moving from tests of change to part of established service provision there is a need for expansion of the digital team to build upon the level of clinical knowledge and provide a structure with sufficient capacity to support further tests of change. This will also help course participants receive the required level of psychological support to be able to escalate risk as required to the referring agents.

Development of career development pathways for graduate psychologists

Psychology is one of the most popular undergraduate degrees in Scotland and pipelines are very robust nationally. There are however a limited number of opportunities to take up careers in psychology without further study and as such there is scope to build on this to offer career development pathways that enable graduates to train as enhanced practitioners to build competencies associated with lower intensity psychological interventions. After completion of training there is further scope for development of psychological therapy competencies and experience, for additional training accredited psychology therapy training, such as with the South-East Scotland CBT Course.

The following key actions set out the measures that Psychology Services will be take forward over the timescale of this plan.

Key Actions



Development of the Psychological Therapy Workforce

- develop and implement psychological therapy training programmes
- application of the approved Annex 21 training posts as well as the psychology service specific training plans
- continue to provide placements for training for all masters and doctoral psychology trainees

Expand the Delivery of Digital Psychological Treatment and Wellbeing

- expand the delivery of computerised psychological interventions across primary and secondary care
- develop and support the digital team with the training required

To provide stronger career development pathways for graduate psychologists

- support career development pathways for those being trained as enhanced practitioners to develop competencies associated with lower intensity psychological interventions
- provide additional supervision and placement support as appropriate for enhanced practitioners to develop psychological therapy competencies

Outcomes

The actions outlined are intended to deliver the following outcomes:

- Increase access to evidence based, highly specialist psychological therapies.
- To develop the clinical acumen of the digital team to provide support and engagement for service users
- To provide a training pathway for graduate psychologists.

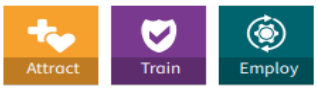
3.7 Support Services

Source – East Region Tableau Workforce Dashboards – May 2022

The support services workforce has increased by 4%(94wte) since February 2020 to provide additional domestic workforce capacity to support the enhanced cleaning regimes to minimise COVID-19 transmission within health facilities and provide additional portering capacity within the New hospital for Children and Youngs People. During the pandemic support services saw an improved ability to recruit as a result of substantial job losses within the hospitality sector which helped to close establishment gaps and provide the necessary surge capacity required. However, as the hospitality sector returns to its previous strength in Edinburgh the labour market is becoming more challenging. It is therefore essential that strategies to both attract and retain are adopted for the Facilities workforce.

The following key actions set out the measures that will be taken forward over the timescale of this plan.

Key Actions



Review and improve the Facilities recruitment processes
- Identify current process delays and cause analysis
- Idenity, design, agree and implement revised compliant processes
- Establish intra-departmental communication on vacancies and shortlists

Implement a development programme including training and wellbeing activities
- Develop improved awareness of and compliance with organisational values.
- Provide learning opporuntities to enhance leadership and management skills
- Provide opportunities for promotion and thereby enhanced succession planning
- Improve levels of employee engagement, motivation and wellbeing

Provide enhanced assurance in relation to safe decontamination services and fulfilling the requirements of the Quality Management System in terms of Governance and Training

Outcomes

The outcomes for Action 1 will be:

- Improved recruitment experience for the candidate through better communication.
- Improved employee wellbeing and staff experience
- Enhanced assurance in relation to safe service delivery
- Enhanced staff competence

3.7.1 Workforce Projections

The Scottish Government set out in its 2022 Workforce Strategy a commitment to grow the NHS Workforce by 1% between for 2022-2026 to support the NHS Recovery Plan, in addition to our anticipated compound annual growth rates of 1.3% for health services.

In DL 2022 (09) *National Health and Social Care Workforce Strategy: Three Year Workforce Plans* the SG asked boards to reflect on the following question 'What are your current service demands (including recovery requirements and projected Board/HSCP population health needs), and the workforce requirements associated with these?'. Subsequent to the publishing of this guidance there has been a change to the requirement for boards to submit Medium Term Operation Plans, with only Annual Operational Plans required, after which the guidance will be reviewed. This change reflects the on-going acute pressures that Boards are facing as a result of exceptionally high service demand and the need for services to focus on responding to immediate pressures. As a result, it is difficult for boards to articulate what workforce requirements they may have in this medium-term period.

However, to provide an indicative assessment of what the increases set out in the workforce planning strategy would mean for workforce demand the following figure highlights what this level of expansion would mean if this cumulative increase of 7.7% were applied across all job families.

Job Family	5yr Change %	Total 5yr Change wte	NTC growth - wte	5yr Change less NTC growth - wte
Admin Services	7.7%	291	14	277
AHP Bands 1-4	7.7%	25	18	7
AHP Bands 5+	7.7%	124	20	104
Healthcare Sciences	7.7%	80	58	22
Medical	7.7%	180	53	127
Medical & Dental Support	7.7%	27	32	-6
Nursing Band 1-4	7.7%	222	72	150
Nursing Band 5-7	7.7%	542	104	438
Nursing Band 8+	7.7%	15		15
Other Therapeutic	7.7%	75	14	62
Personal & Social Care	7.7%	4		4
Sen Man/Exec	7.7%	5		5
Support Services	7.7%	170	29	141
Total	**7.7%**	**1,758**	**412**	**1,345**

The additional growth of 1,758wte would include the planned workforce for the NTC of 412wte, after which there would remain an increase of 1,345wte. Whilst the growth has been applied across all job families this would not be the case in practice and as such change would be higher in some areas than others.

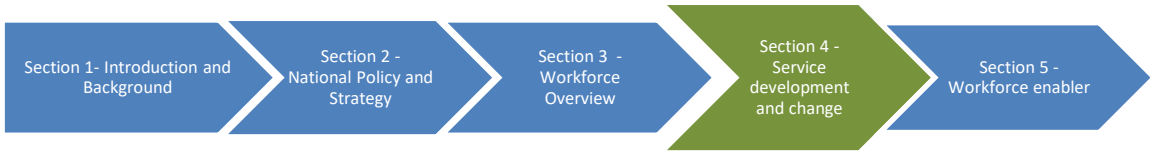
The following figure takes one of the key job families – registered nursing and looks at what this additional demand and likely retirals would mean in terms of a recruitment requirement over 2022-26 were all additional demand met, existing gaps filled and likely retirals replaced and what this would represent as a proportion of the existing in-post.

	WTE
Current In-post	7,206
Projected 5-year growth	453
Current establishment Gap	620
Recruitment required	1,073
Recruitment as % of current in-post	15%
Currently 16% over 55 y.o. (Likely retirees)	1,128
Recruitment to cover growth and retirals	2,201
Recruitment as % of current in-post	31%

Whilst this represents a simplistic approach to modelling registered nursing supply and demand it highlights the quantum of the challenge in both growing and retaining the registered nursing workforce. Within the wider context of a national working age population that will have declined slightly (0.3% - NRS 2020 population projections) during this timeframe. It also underlines the importance of adequate national training pipelines and other local measures outlined in the Nursing section 3.2 to grow and retain the workforce.

NHS Lothian is committed to supporting the new Scottish Government approach to developing annual workforce projections to inform national workforce planning.

Given the absence of medium-term operational plans, the level of detail in relation to workforce demand there is not considerable detail within medium term financial plans and as such it is difficult to provide workforce projections. However, Section 4 – Service Development and Change sets out those changes that have already been funded and agreed, with the exception of the National Treatment Centre Lothian (NTCL) which sets out the level of staffing identified thus far for the NTCL and a proposed phased recruitment plan but not yet fully agreed and funded.



4. Service development and change

The following section reflects both the areas set out in the LSDF and the National Recovery Plan.

4.1 Scheduled care

As part of the LSDF a number of priorities that will provide crucial additional capacity to both increase our elective capacity and provide modern state of the art facilities that will benefit both patients and staff. These include:

- Begin the construction of a new regional Cancer Centre on the Western General campus, which will include specialist diagnostics, breast care, and chemotherapy and radiotherapy services.

- Build and commission the NHS Lothian National Treatment Centre at St John's Hospital, which will see the majority of elective treatment for patients with anticipated length of stay less than two days. We expect this centre to see people receiving treatment in general surgery, orthopaedics, urology, colorectal surgery, and gynaecology.
- Using the physical space freed up in the Royal Infirmary, St John's Hospital, and the Western General to increase our capacity for the most complex conditions, thereby accelerating treatment for those with cancer or complex orthopaedic needs.
- Build and commission a new Princess Alexandra Eye Pavilion on the Royal Infirmary of Edinburgh campus, to bring together all aspects of specialist eye treatment.
- Build on learning from the pandemic and use digital communications technologies such as NearMe to replace appointments in person as part of our move to improve the waiting time for outpatient assessment when this is appropriate.

In addition to these major developments there are a range of smaller developments for services to provide additional workforce and physical capacity in the interim to help meet patient need.

The following section sets out the workforce actions that are planned to provide sufficient capacity in the short, medium and long terms.

These major developments will take a number of years to come to fruition and be at varying stages in their development. They all however will have the need for substantial workforce growth and/or re-design and this section of the workforce plan sets out the key high level workforce planning actions within Scheduled Care. Given the considerable level of uncertainty around workforce supply and demand and funding as a result of COVID these actions will be reviewed as part an annual review process. They will also be underpinned by more specific 12-month actions which will be developed to drive forward progress with progress being reported through the Workforce Planning and Development Programme Board.

All these developments will require both an expansion of the workforce and upskilling with in the workforce. This is however challenging within the context where Wards/ theatres /critical care are already saturated with new starts and staff with little experience. It can also be very difficult to release staff for training with those with more experience losing out on development opportunities. This is also leading to less staff who are prepared for more senior roles with multiple negative impacts on care delivery and job satisfaction. Therefore, there is a need for consideration of more novel ways to train with more technology based options, more multidisciplinary training, with training built into establishments particularly for roles requiring more than 1 year before being job ready.

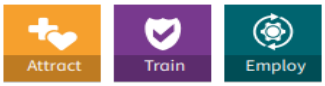
4.1.1 Critical Care 

Physical and workforce capacity within critical care services has been one of the most important areas in responding to the waves of COVID-19 pandemic. Physical and workforce capacity was created on a temporary basis to help provide surge capacity, however this relied on changes to traditional staffing models and redeployed resourced from other areas. As COVID moves into becoming endemic and services focus on dealing with pandemic recovery there is a need to grow the substantive critical care workforce to support service expansion and increasing elective Level 2 HDU capacity. The expansion of four beds will require the following nursing workforce expansion in 2022/23.

Funding Source	Job Family	Grade	WTE
ICU Bed expansion	Registered Nursing	B5-7	37.14
ICU Bed expansion	Registered Nursing	B2-3	5.06
Total			42.2

However, over the two years of the pandemic critical care staff have worked under, at times, unrelenting pressure in exceptionally difficult circumstances. This has led to a greater number of leavers and retirals than would ordinarily be expected. Therefore, recruitment to expand the workforce, supporting retention and enhancing career pathways are key. The following actions set out what Critical Care Services will be taking forward to do this.

The following key actions set out the measures that will be taken forward over the timescale of this plan.



Key actions

Outcomes

The Critical Care service has set clear outcomes against which these actions will be evaluated and monitored:

- A gradually increasing Critical Care workforce
- The creation of new posts to support entry to the profession
- Robust training programmes
- Clear career pathways for new and substantive staff
- Fewer leavers, particularly among those not at the end of careers
- Improved self-reported job satisfaction

4.1.2 Theatres and Anaesthetics

Throughout the COVID-19 pandemic there has been a substantial impact on scheduled care for a range of specialties due to a range of factors and consequently there has been an unprecedented

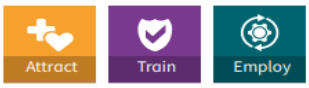
increase in waiting times. It has been necessary to review and prioritise patients and identify those requiring urgent surgery. As the pandemic recedes it will be more important than ever to sustain and grow the theatres workforce to provide capacity to address backlogs and grow the workforce for the substantial increase in capacity that will come with the additional 11 theatres that will come with the opening of the National Treatment Centre (NTC) at St John's Hospital in 2017.

In workforce terms the key priority for Theatres and Anaesthetics is to accelerate the evolution of the workforce model and career framework to support long-term recovery from the COVID-19 waiting list position and the transition to the NTC model of care. To do so there is a need now and, in the future, to increase the establishment of all roles of Theatre Practitioners (Registered and non-registered nurses, registered anaesthetic practitioners, and medical teams). This is needed both in the short-term to support increasing theatre and supporting services capacity to tackle waiting list pressures, and in the medium- to long-term to facilitate the development of the National Treatment Centre (NTC). Whilst recruitment of clinical staff is recognised as a challenge for all parts of the acute system, the impact on Theatres is particularly pronounced, given the anticipated NTC will add a further 11 Theatres to our footprint, combined with a need to counteract the impact that 2 years of reduced throughput as a result of COVID has had on our waiting lists.

Recognising the scale of what is required to support Theatres from now through to 2025, it is necessary to consider how to attract more individuals to work in Theatres, and to offer new opportunities to remain and progress within the department, A Workforce Development Manager to oversee the required evolution.

A key element of sustaining and growing the theatres workforce is an urgent focus on retaining our existing staff at each end of the demographic spectrum, recognising the exceptionally difficult circumstances staff have worked under during the COVID-19 pandemic. This applies both to those approaching the ends of their careers and to younger members of staff, who have all experienced exceptionally difficult circumstances since 2020 and increasing numbers have been leaving as a result. There has also been a move of staff into the private sector and increased use of agency staffing nationally, which in staff choosing not to work extra hours within their own boards, which would benefit from a national focus. Shift patterns and changing requests from staff for healthier work patterns less nights and weekends make it increasingly difficult to deliver 24/7 rotas and on call cover- particularly high intensity work areas. Given the high level of vacancies staff can easily pick less demanding jobs. These challenges mean that supporting staff wellbeing and satisfaction is and will remain key.

The following actions set out the actions the Theatres and Anaesthetics Directorate will be taking forward to do this.



Key actions

Rapidly Expand Recruitment of Theatre & Anaesthetic Practitioners

Theatres will aim to "pump prime" recruitment to NTC posts, using any supplementary workforce in the interim to target additional Theatre capacity.

Recruitment will be targeted internationally and domestically by promoting and increasing accessibility to and promoting careers in Theatres and associated specialties.

Modernise Career Pathways for Theatre & Anaesthetic Practitioners

Expansion of the Band 4 Theatre Practitioner complement to provide additional routes to entry

Continue to develop theatre training programmes to reduce time from appointment to full competence

Provide additional training to promote more role flexibility within existing registered staff, including cross-site working

Improve Retention of Theatre & Anaesthetic Practitioners

Promote the opportunities and flexibility offered by the NHS Lothian Retire and Return policy.

For all staff members, we will need to consider our approach to wellbeing, offering flexibility and considering how shift patterns fit with contemporary expectations.

Outcomes

Theatres and Anaesthetics have set clear outcomes against which these actions will be evaluated and monitored:

- An increasing Theatre workforce in line with recovery plan and NTC requirements
- The creation of new posts to support entry to the profession
- Robust training programmes, resulting in a reduced timescale to full competence
- Clear career pathways for new and substantive staff
- Fewer leavers from Theatre posts, particularly among those in the earlier phases in their careers
- Improved self-reported job satisfaction

4.1.3 Diagnostics

Within Lothian the growing and ageing population has and will continue to have an increase in all modalities within Radiology and service developments such as the NTC will require a significant increase in both equipment and the workforce. Addressing the immediate pressures resulting from the COVID-19 pandemic requires expansion on acute sites and additional capacity sourced both through inhouse services and externally from the independent sector. A key focus within the remobilisation plan is maintaining the current 31-day performance and improving 62-day cancer performance in 2021/22 which will primarily be around reducing radiology and endoscopy waits.

There are a number of projects in the development that should provide additional capacity and capability within the imaging department over the period 2022-25. These include:

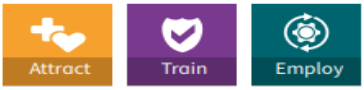
- An additional CT scanner at SJH to support a two-CT configuration
- An additional MR scanner at WGH to support a two-MR configuration
- A permanent third CT scanner at RIE, Main Imaging Dept.
- Redevelopment of former Radio-Nuclide Imaging area, RIE Main Imaging Dept.
- An additional bi-planar scanner within DCN/RHCYP to support a double-angiosuite
- Installation of required equipment within vacant MR Shell Room, DCN/RHCYP
- Wider alignment of WGH Imaging services at WGH site in readiness of Edinburgh Cancer Centre reprovision
- The establishment of the National Treatment Centre (NTC), which should see an additional MR on the SJH campus, as well as additional requirements for diagnostic pathways.

Each additional piece of equipment adds a requirement for a radiographic team, radiological reporting capacity, plus administrative support to help co-ordinate. This will scale upwards with each additional new development that comes online and is on top of proposals to maximise existing capacity. Workforce modelling for the NTC alone shows a requirement for a substantial increase; 7x B6 Radiographers, 3x B3 Radiography Assistants, 1.2x B7 Sonographer, and 3x B2 Administrative support. There will also be an associated need to supplement our existing Medical Physics workforce to support, in terms of Clinical Scientific and Clinical Technologist staff, as well as Clinical Engineer capacity

To maximise existing capacity and expand significantly in the short, medium and long terms it is essential that diagnostics both increase and redesign it's workforce. The following key actions set out the key areas of focus over the next three years.

The following key actions set out the measures that will be taken forward over the timescale of this plan.

Key actions



The following key actions set out the measures that will be taken forward over the timescale of this plan.

Maximise existing Imaging capacity

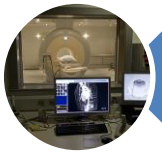
Recruit to additional radiographer and administrative posts to provide additional CT sessions in RHCYP

The imaging strategy under development is likely to identify further areas to maximise utilisation through increase staffing

Implementation of a 3 year workforce plan

Identify supply challenges, demand requirements and actions requried to meet entirety of service developments

Phased recruitment and development plan to meet each new development milestones



Development of additional training roles

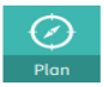
Additional funded Assistant Practitioner traineeships within Radiology to bolster the functions of the department and support career progression for Radiology Department Assistants.

Outcomes

It is expected that the actions outlined support the delivery of the following outcomes:

- A gradually increasing Imaging workforce, as mapped to proven growth demand
- Increased throughput at all sites, reducing challenging waiting lists
- Increased resilience at sites where additional equipment is procured, resulting in less downtime or loss of capacity
- Flexibility in working patterns to accommodate evening and weekend lists where appropriate

4.2 Cancer Services

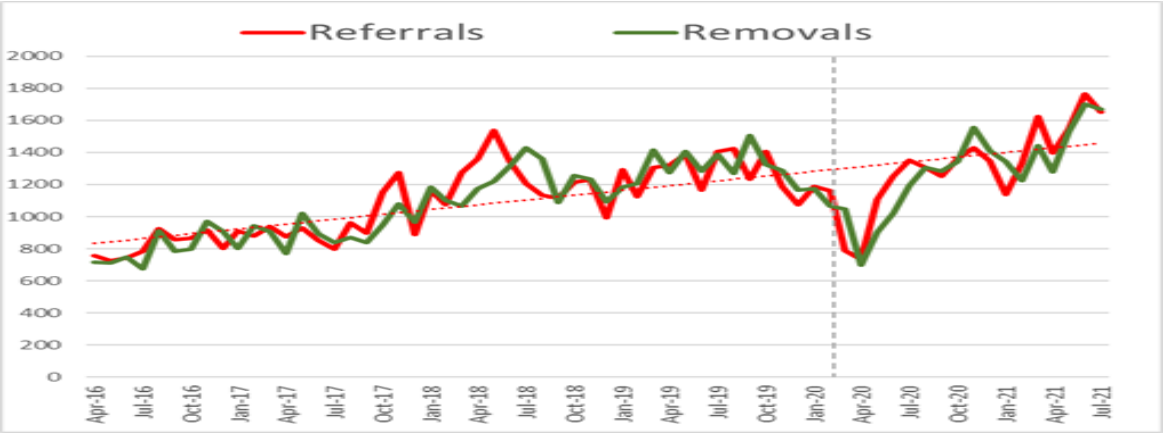


The impact of addressing the COVID-19 pandemic resulted in a significant reduction in scheduled care services to release workforce to support and expand critical care and other inpatient activity. However, in line with the clinical prioritisation framework, introduced in February 2021, NHS Lothian elective services have prioritised:

- Urgent suspicion of cancer (USoC) referrals (additions)
- Urgent referrals
- Urgent and suspected/ diagnosed cancer.

Urgent Suspicion of Cancer (USoC) referrals were however increasing prior to COVID-19 and this trend continues (Figure X). USoC referrals are now significantly above previous levels, particularly in Dermatology, Gastroenterology, Gynaecology, Respiratory Medicine. We continue to meet this demand, by using a great proportion of our capacity for these, further impacting on routine waits. Approximately five new cancers are diagnosed from every 100 USoC referrals received.

USoC Referrals and Removals from the New Outpatient waiting list:



Cancer - Systemic Anti-Cancer Therapy (SACT) and Radiotherapy Services continue to operate at full capacity with patients being treated closer to home where possible. National Cancer Waiting funding has been received and prioritised via the Cancer Recovery Board to support cancer access on a non-recurring basis.

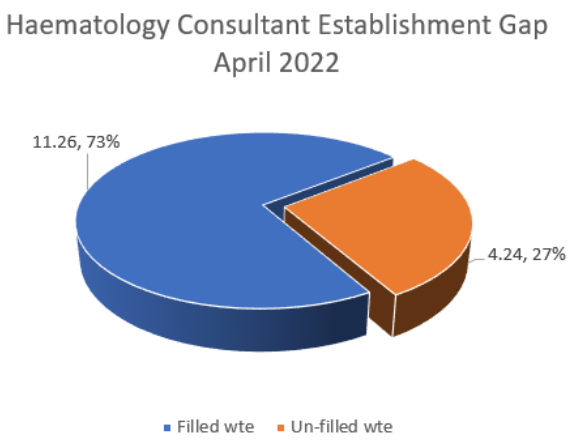
NHS Lothian is delivering a programme of service transformation across cancer services in order to meet growing demand, deliver specialist cancer therapies to patients in the South-East Region and lead innovation through research. It is critical that facilities that can provide safe

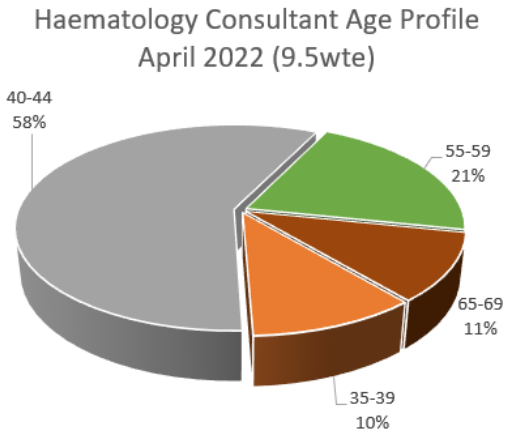
and effective, high quality clinical care, designed to optimise efficiencies and new technologies. A principal aspect is the Business Case process for a new Edinburgh Cancer Centre and the interim enabling projects underway to allow continued delivery of services whilst the case for full Reprovision is progressed and ultimately delivered and operational. Actions to address current and emerging workforce challenges to ensure recruitment and retention of specialist staff are essential to the continuation of service delivery and achievement of new developments for the South-East of Scotland.

There are also existing workforce challenges within the workforce that require to be addressed such an approximately 10%-36wte nursing establishment gap. With the current vacancy rate of ~57 WTE as well as medical vacancies across cancer services careful consideration on the current and future service is required. All factors need to be identified to establish a plan and to reduce the risk of destabilising the already vulnerable parts of the service.

Over the coming years retirals are identified as a factor and succession planning for roles will be important to the current service. For example, in oncology physics 10 out of 48 staff are currently >55, and 7 of those 10 are Clinical Technologists. A clear plan for succession is required for each staffing group, identifying their individual needs.

Within the medical workforce there are areas of concern such as Haematology, where there both a significant establishment gap and a significant proportion of staff eligible to retire either now or within the next 5 years. There are also issues within the other boards in the SE region and a regional group has been established to map out service requirements and gaps within the workforce and identify actions to sustain the workforce. However, there is an urgent requirement for the SG to review nationally whether there are sufficient training places within Haematology and make necessary changes.





Within the trained oncologist workforce in Lothian there are currently no establishment gaps, however gaps within other boards have meant that Lothian is having to provide support. There is however a significant proportion (10.1wte – 23%) of the workforce aged over 55 years old and given the gaps in other boards there is an urgent need for a national review of training numbers to ensure that they meet both supply gaps and future expansion that will be required.

The following table details funded and projected workforce expansion currently planned in 2022/23.

Funding Source	Job Family	Grade	WTE
Oncolcogy Enabling	Register Nursing	B5	14.51
Oncolcogy Enabling	Non-Registered Nursing	B3	3.63
Oncolcogy Enabling	Radiograpahy	B5/6/7	5.00
Oncolcogy Enabling	HCS - Medical Physics	B6/7/8A	3.00
Cancer - Radiology - malignancy pathway	Medical		
Cancer - Radiology - malignancy pathway	Radiogrpahy	B6	0.6
Cancer - Labs Pathology	Physcian Associate	B7	2
Total			28.74

In order to deal with these short, medium and long term workforce challenges the following key actions set out the measures that will be taken forward over the timescale of this plan.

Key actions

Work to identify workforce requirements to enhance capacity is already underway. The workforce requirements required for developments, in particular the new Edinburgh Cancer Centre, will progress following submission and approval of the Initial Agreement by the Scottish Government. As the planned activity, service models are agreed it will be possible to begin to identify workforce requirements as part of the process to develop the outline and full business cases. Development of the outline business case will begin in 2022/23 with the full business case expected to be completed by 2024. The process to develop the workforce plan will be taken forward with regional input given the centre will be for both NHS Lothian and the South-East Cancer network.

Outcomes

There are anticipated outcomes from progressing these actions, which include:

- Achievement and continued delivery of 31 and 62 day performance in line with developing trajectories.
- A step change in how cancer services are delivered in Lothian.

- A robust plan for sustainable services into the future meeting the needs of changing treatments, regimes and developments.
- A clear Workforce Plan to support the Outline and then Full Business Case for the new Edinburgh cancer Centre.

Scottish Government Support

Given the current and future anticipated gaps within the Haematology medical workforce and the demographic profile of within Oncology there is an urgent need for a national review of training pipelines to ensure they are sufficient to close current gaps, meet demographic change and allow for service expansion.

4.3 National Treatment Centre Lothian (NTC L)

The National Treatment Centre, Lothian is a key priority for the Board and will provide new and additional capacity to deliver c17,000 surgical procedures per annum, based on the current, high volume low complexity, in scope case mix. With 11 operating theatres, a 100% single room capacity and an imaging centre, the NTC Lothian will provide ring-fenced capacity to protect significant volumes of scheduled care flows. The design of the facility will deliver flexibility to accommodate future changes to the clinical model and critically enable elective work to continue regardless of COVID-19 (or any future epidemic/pandemic situation) in a 'green' facility, assuming the availability of workforce. A key foundational pillar of the NTC Lothian will be delivery of an optimal operating model in relation to maximised theatre throughput, the use of robotic assisted surgery, enhanced recovery after surgery, optimised length of stay and patient-initiated review. The facility will improve standards of patient privacy and dignity, patient safety, efficiency and be at the forefront of surgical care. It is planned to include cases from a number of specialties including Orthopaedics, Urology, Colorectal, Gynaecology and General Surgery.

Workforce Demand

The development has been modelled on estimated population need up to 2035 and has indicated the need to build an additional 11 theatres to ensure adequate physical capacity. The full business case is currently under development, however based on work to date the level of required workforce growth is considerable. The following initial phasing has been developed to set out the recruitment and training that will be required in the run up to the facility opening in 2027.

Phased Recruitment

Overall Total

Job Family	Year 1	Year 2	Year 3	Year 4	Year 5	Grand Total
Medical	0.7				51.97	52.67
Nursing B1-4	7		26.4	36.8	2	72.2
Nursing B5+	37		21.9	44.7		103.6
Pharmacy			10.5	3		13.5
Support					29.39	29.39
Administrative	2.2		1		10.3	13.5
Medical & Dental Support	0.4	32				32.4
Allied Health Professions			8.2	29.31		37.51
Healthcare Science			52.51	5		57.51
Grand Total	**47.3**	**32**	**120.51**	**118.81**	**93.66**	**412.28**

Medical Specialties

Specialty	WTE
Anaesthetist	20.46
Clinical Lead Medical	0.5
Education Lead Medical - Consultant	0.2
Radiologist	2.5
Surgeon	28.81
Pathology - Consultant	0.2
Grand Total	**52.67**

An NTCL workforce planning group has been established which reports into the NTCL project board.

Workforce Supply Channels

Nursing

The National Treatment Centre Lothian will be the largest of 10 NTCs planned nationally and will likely be the last to open given the size and scale of the centre. The national estimate of overall workforce additional requirement is in excess of 1,500wte of which little or no additionality has been built into national training numbers. This level of growth comes against a number of existing workforce challenges at the St John's site including:

- Increasing level of registered nursing establishment gap (17% - January 2022)
- Approximately 27% of St John's registered nursing workforce eligible to retire within 5 years
- 25% of theatres nursing/ODP workforce aged 55+ and potentially eligible to retire
- Majority of the nursing workforce is local – challenges in attracting workforce from out with.

Recruitment of registered nurses is a current pressure across the whole system and is likely to be exacerbated by the establishment of an NTC. There is a very real risk that the NTC will pull staff from the main SJH site ward and theatres. There is however the potential for improvement regarding recruitment of registered nurses via local colleges, (Edinburgh and West Lothian Colleges). Both colleges have a wide range of opportunities for students to undertake Access to nursing (allowing access to first year of a nursing degree. The two local colleges provide the HNC qualification- this is at a higher level than Access to Nursing and these students mostly gain access to first year of nurse training. However, if these students were offered development and bank employment via NHS Lothian (600 hours) they could access 2nd year of nurse training which would aid in our workforce capacity issues as these students would only take 2 years to complete, this year we have approximately 82 HNC students.

Edinburgh Napier University (ENU) will offer a 2-year masters nursing degree for previous graduates, in Jan 2022, and the intention is to use a model of "hub and spoke" for placements with these students. The hub would be theatres over the 2 years so that these nurses have experience in a theatre environment and build relationships which has been shown to play a role in retention. There has also been early consideration around the possibility of establishing a Graduate Apprenticeship scheme for nursing, which is to be developed further.

Medical

There will also be the requirement for a 52.67wte increase in the areas of the medical workforce outlined above for which there has been no specific provision made in national training numbers thus far. With specialty training pipelines of at least c7 years in most specialties following a 2-year foundation training programme. The initial agreement supported by the Scottish Government suggested there would be the need for approximately 20.5wte of consultant anaesthetists and an additional 28.8wte Surgeons and 2.5wte radiologists across the specialties in Lothian alone. The NTC Lothian is also expected to be the last to open and as such other centres may have greater opportunity to recruit.

The following scenario model looks at:

- the training pipelines (supply) within the South-east region over the next 5 years,
- the likely retirals
- the demand associated with service developments
- existing workforce establishment gaps
- the resultant gap and recruitment challenge from out with Scotland.

	WTE
Supply	
Pipeline Numbers	49
(Minus Post CCT attrition (c20%)	9.8
(Minus Likely retirals (half over 55 y.o.)	19
Training Gap	20.2
Demand	
Elective centre growth (Lothian only)	20.46
Current Establishment Gap SE	19
Recruitment challenge from outwith Scotland	-19.26

Should retirals be higher that the assumption that 50% of those of 55 will retire then the gap will be larger, or smaller where staff opt to work on.

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, nationally 21% of consultants are aged over 55y.o. and 39% over 50y.o. NHS Lothian will work with other boards in the region to reduce any risk of destabilising neighbouring Boards particularly within the East Region. The attraction of working in at a dedicated purpose build centre should however be significant and there may be potential to employ recently retired staff and collaborate with other Boards in joint appointments. There may also be the potential to scope alternatives to medical roles, however any such roles will require significant investment in training and development. The National Treatment Centre Workforce Forum is supporting Boards to look at the potential for such developments.

The SG has established a Centre for Workforce Supply to lead on international recruitment to enhance coordination, marketing, advertising, provision of expertise and liaison with Regulatory Bodies to support the candidate's experience. The SG has also funded an international recruitment lead post within Lothian to expand international recruitment and work collaboratively with the Centre for Workforce Supply. NHS Lothian has also agreed a memorandum of understanding with Yeovil NHS Trust who are experienced at international recruitment at scale, with an initial focus on non-medical theatres staff.

The potential for the NTC to provide opportunities for trainees to build experience is significant, however this cannot be at the expense of the existing sites and SJH in particular, if there is to be involvement it needs to be offset by a viable workforce alternative such as Advanced Nurse Practitioner, Surgical Care Practitioner or Physician Associate.

Given the challenges that will undoubtedly be faced in recruiting to all the Consultant Anaesthetic roles, consideration of an extended Anaesthetic Assistants (AA) role for the National Treatment Centre Lothian (NTCL) to provide anaesthetic assistance in recovery, seeing patient's pre-op, optimising efficiency, and throughput, allowing consultants to take

a break without having to stop theatres and, supporting pre-assessment will also be important. They may also have a role in the wider anaesthetics provision on the RIE and WGH site potentially releasing capacity for the NTC. Scoping this potential based on existing experience and that other of NHS providers will help inform the next steps. To do this, a network and ongoing dialogue is under development with University Hospitals Birmingham NHS Foundation Trust to review their training and scope for AA and understand opportunity for expanded deployment of AA in NTCL. There is now dedicated medical workforce lead to take this work forward.

Other areas for review in relation to surgical and medical availability include:

- Surgical care practitioners (SCP), an allied health professional or nurse who works within a surgical team and has advanced perioperative skills, including the ability to undertake surgical interventions. SCPs work in a variety of surgical specialties including cardiothoracic, orthopaedics, GI, colorectal, breast, gynaecology, urology, and ENT.

- Physician Associates (PA) who can specialise into Surgical First Assistant roles and are used across a range of specialties including cardiothoracic, colorectal, general, gynaecology, trauma and orthopaedics, urology and vascular surgery. They can develop specific procedural skills ranging from endoscopy, lumbar puncture and bone marrow aspiration to total knee replacements under the supervision of a consultant surgeon. Their skills can be used throughout the full patient pathway from clinic to theatre to ward work. This flexibility in use is key to their rapid growth as a profession in the UK.

For all the potential contributory solutions however, there is a lead in time required for education and induction, as well as capacity for on-going training, development and supervision which must be assessed factored in. Currently for AAs, 28 months is required with for training with 1 intake a year at Birmingham University via distance learning.

Whilst the expansion of Anaesthetic Associates planned for NTC first phase represents an expansion of career pathways in theatres, trainees are very likely to come from highly experienced ODPs. As such this represents a risk should the change to a degree programme result in insufficient output numbers, with the potential directly impact on scheduled care recovery. Similarly Surgical practitioners are likely to come from experienced scrub nurses- great for career progression and long term what we want but in short term poses a significant risk as training lag doesn't marry up.

The Scottish Government has commissioned NES to undertake a review of Medical and Associate Professions (MAPS) and scope for their further development, this is a very welcome development. It is hoped that this review may lead to the development of an AA programme within Scotland which would be particularly welcome, however this will take some time.

Attracting sufficient medical and non-medical staff will be both challenging and key in enabling a fully functioning centre operating at optimal capacity.

Phased Recruitment Plan

Given the extant workforce supply challenges and the need for substantial expansion it is essential that there is a phased recruitment plan which seeks to incrementally increase workforce capacity. The initial phased and costed recruitment plan has been developed and has been shared with the Scottish Government.

Building workforce through training posts covering the required competencies prior to opening is essential given staff are not available to recruit from the current market and this is expected to become increasingly challenging as the other NTCs across Scotland also look for staff. Therefore, if NHS Lothian does not increase its establishment incrementally it will become increasingly unlikely to do so prior to NTCL opening.

Condensing this level of training in less than 5 years will also risk overwhelming busy theatre teams who will be required to deliver recovery within this same period also, and negatively impact service delivery, patient, and staff experience.

The following key actions set out the measures that will be taken forward over the timescale of this plan.

Key actions

Outcomes

The anticipated outcomes from progressing these actions over the next three years are below and cover the planning and early phases of training and recruitment this work will however continue up to 2027 the opening date for the NTC.

- Agreed workforce requirement reflecting the opportunities offered by new roles with agreed funding as part of the Full Business Case.
- Each of the constituent workforces have a clear training and recruitment plan against which phased progress can be planned.
- A robust recruitment and retention strategy that places development and job satisfaction at the heart of its intentions to create a sustainable workforce for the NTC L and the wider 'whole system'.
- The NTC is seen as highly desirable place to work, which attracts new staff and supports flexible retention of staff towards the end of their careers, ensuring the NTC is able to be fully operational from day 1

Scottish Government Support

Whilst there are many actions that are being taken at a local level to review the workforce and service models for the national treatment centre and look at innovative ways to grow capacity, there is a fundamental requirement that there are sufficient training numbers within professional pipelines to ensure a sustainable workforce for the Lothian NTC. Developing alternative workforce models where appropriate and possible will require appropriately phased national financial investment from the Scottish Government. It will also be important that there is sufficient investment in sterile services facilities and workforce to build resilience regionally.

4.4 Redesign of Eye Services 

NHS Lothian is embarking on a programme of eye care service modernisation and transformation. A principal aspect of this is the Business Case for a replacement eye hospital which will be the opportunity to develop a modern 'state of the art' facility whilst also providing an opportunity to revisit and improve and modernise pathways and models of care. Traditional workforce roles in eye care are undergoing significant change across the country with a move towards extended roles across community and hospital optometry, orthoptics, nursing whilst there are constantly evolving developments in digital diagnostic equipment.

As part of service redesign there has already been significant workforce redesign such as the development of Community Optometry Independent Prescribers to support in the management of stable glaucoma patients in the community. There is on-going commitment to National Education Scotland Glaucoma Award ESGAT training to support this Optometrist training pipeline. As part of the planning for the replacement eye hospital there is a focus to look at the role of the wider multi-disciplinary team(MDT) in substituting for medical staff where are appropriate whilst providing increased opportunities for career development within the MDT. Recruitment and retention will be particularly important in helping recover from the impact of COVID on services and ensure that the workforce in sustainable in the future redesigned eye hospital. The Intravitreal service performance will also be reviewed to make recommendations to support future service sustainability including the feasibility of an expansion of community provision within the

East Lothian Community Hospital. The following key actions will be central to achieving the service and workforce redesign required meet the needs of patients now and in the future in the new eye hospital.

The development of the Workforce Plan for the reprovision is anticipated to be completed by June 2023 with FBC approval anticipated June 2024.

The following key actions set out the measures that will be taken forward over the timescale of this plan.

Key actions

Attract Train Employ

Maximising the use of wider workforce

Continue to support training of Community Optometry Independent

Develop and progress plans to consolidate and extend roles to susbtitute for medical input

Plan and deliver a technician led/Hospital Optometry read/follow up – Stable Glaucoma patient monitoring service.

Complete a Workforce Plan as part of Full Business Case submission

Workforce implications of introducing prospective 50 week operating in all Theatres/Outpatients

Extension of Nurse Led Pre-Assessment to all elective patients

Plan to provide High Volume Cataract Services in 1 or 2 Theatres by 2026

Recrtuitment, Retention and Development of staff

Recruit as required in order to deliver the Service Recovery Plan

Trained Band 5 staff (Nursing, Theatre and Medical Photography) – make concerted effort to retain and recruit

Progress plans to recruit and expand band 2 and 3 roles to meet service need and provide career progression options

Outcomes

The actions highlighted are intended to deliver the following outcomes over the term of this plan.

- A step change in how eye services are delivered in Lothian.
- Recovery from the service capacity impact brought about by the necessary response to the pandemic.
- A robust plan for sustainable services into the future.
- A clear Workforce Plan to support the Full Business Case for the new Hospital

4.5 Unscheduled Care

Plan

4.5.1 Redesign of Urgent Care

The first phase of the national Redesign of Urgent Care(RUC) set out a new 24/7 pathway for urgent care, via a national single point of access provided by NHS 24 on 111, for those not in need of immediate emergency treatment to get a clinical assessment by phone prior to

travelling to a Minor Injury Unit or Emergency Medicine Department. In Lothian this led to the development of a single Lothian interface with NHS 24 via an expanded 24/7 Flow Centre. The centre provides oversight and administration for all NHS24 referrals to Lothian and schedule virtual and face-to-face appointments to Minor Injuries Assessment, Emergency Departments, COVID Assessment Centres and Lothian Unscheduled Care Service. This expansion was enabled by the recruitment of additional call handling staff, nurses advisors and training to support implementation of new virtual referral pathways.

The second phase of the RUC is focusing on improving professional referral pathways and this will be explicitly linked to the development of new models of care that provide an alternative to attendance to the Emergency Department and potentially admission to an acute hospital. Existing professional pathways will require enhancement and in some instances the development of new pathways will be required utilising both the Flow Navigation Centre and Single Point of Contact services within the community.

The following table sets out the further workforce expansion anticipated in 2022/23.

Funding Source	Job Family	Grade	WTE
Scheduling of Unscheduled Care	Medical	GP	1
Scheduling of Unscheduled Care	Medical	Specialty Doctor	1
Scheduling of Unscheduled Care	AHP - Physiotherapy	B7	1
Scheduling of Unscheduled Care	AHP - Occupational Therapy	B6	2
Scheduling of Unscheduled Care	Registered Adult Nursing	B7	6.24
Scheduling of Unscheduled Care	Registered Adult Nursing	B5/6	3.62
Scheduling of Unscheduled Care	Administrative	B2/3	10.62
Total			25.48

4.5.2 Hospital at Home (H@H)

In April 2021 the first randomised controlled trial of H@H versus hospital care was published. This clearly indicated that H@H has similar outcomes to in-patient care and other benefits. Over the spring/summer of 2021 a series of workshops were facilitated based on the findings from the review of the Lothian H@H services against the Healthcare Improvement Scotland guiding principles for service development. This review made a range of recommendations for improvements and a range of actions were identified that would provide uniformity and efficiency across services, including:

- H@H should be named after their H&SCP e.g. Edinburgh Hospital at Home.
- Hours of working should be the same across 7 days.
- Consistent referral pathways from Emergency Departments, SAS, GP OOH and Acute Hospitals across all H@H.
- Robust medical and nursing cover across 7 days to increase OOH referrals.
- Referral numbers and capacity based on actual staffing levels, acuity, and complexity within the context of safe staffing policies.

In addition, in January 2022, the Scottish Government agreed the following 4 areas of focus to improve virtual bed capacity across NHS Scotland:

- Home monitoring of COVID patients
- OPAT management at home
- Management of respiratory conditions in community more effectively

- Increase H@H capacity

The overall aim was to produce 2,500 additional virtual beds spaces across the four areas Nationally. In relation to H@H there was 2 specific asks.

- H@H services to identify ways to increase virtual capacity by up to 50% starting from 17 January 2022, continuing to approximately early March 2022.
- Double the virtual bed capacity available in Lothian by end of financial year 2023

Within Lothian the immediate planned change to the virtual bed base is as follows:

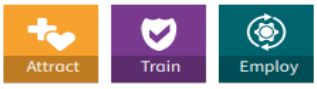
HSCP	Current H@H Bed Capacity	Immediate H@H Bed Capacity
East Lothian	15	18
Edinburgh	25	30
Midlothian	12	14
West Lothian	25	30

To deliver this immediate additionality is required within the workforce to provide the required capacity including a Frailty Pathway ANP Coordinator and an additional 2 drivers within each HSCP. There is also medium-term growth required to provide an additional ANP and Support Worker to support the Rapid Response Team and an additional 2.6wte Support Workers (10.4wte overall) to support early assessment.

The introduction of the second phase of the redesign of Urgent Care and expansion of Hospital@Home services will require the following high-level action to be progressed.

The following key actions set out the measures that will be taken forward over the timescale of this plan.

Key actions



Improving professional referral pathways as an alternative to the Emergency Department and potentially admission to an acute hospital

Enhancement of existing professional pathways

New pathways utilising both the Flow Navigation Centre and Single Point of Contact services within the community

Provision of care closer to home, including alternatives to acute hospital attendance and admission

Workforce growth in services such as Same Day Emergency Care, Hot Clinics, Care at Home, Hospital at Home and Single Points of Access in each HSCP to navigate and access urgent community services

Develop policy to support Signposting/Redirection at our entry points

Actively support implementation of consistent approaches to signposting/ redirection

Clear communication and guidance for staff to support and promote consistency to enable and sustain these changes

Outcomes

There are several key outcomes which these actions will support:

- 95% of patients attending Emergency Departments are either admitted, transferred, or discharged within 4 hours
- Reduction in occupied bed days and therefore occupancy of acute sites.
- Increased proportion of Lothian citizens spending the last six months of life at home or in a community setting.
- Same Day Emergency Care (SDEC) Services expanded with provision across our 3 acute sites to support reduced attendances at ED.
- Capacity of Hospital @ Home Services increased
- Increased access to community services via Community Single Point of Access services to prevent ED attendance
- A range of acute Hot Clinics available to prevent ED attendance and hospital admissions.

4.6 Mental Health 

Throughout the period of COVID-19 significant adjustments have been made to practice. Some address the inpatient setting and patient and staff protection and the use of PPE and in this respect are not dissimilar to the challenges in physical care. However, those elements of mental health care comprising of appointments between patient and practitioner and much of this has been able to continue albeit via telephone and 'Near Me' video calls rather than face-to-face meetings. This digital delivery has undoubtedly been extremely valuable and has allowed continued patient monitoring and therapeutic interactions. In addition, face-to-face appointments have continued in limited circumstances where it is merited by the patient's need and the assessment of clinical risk. This points to the fact that whilst digital delivery undoubtedly has a valuable long-term role, face-to-face encounters are a key part of mental health care to support the therapeutic relationship and these have been substantially reduced with a probable impact, to be confirmed through further research, on the speed of treatment efficacy. There is no doubt as well that the COVID-19 environment has had an adverse effect on some patients' wellbeing and progress, particularly in CAMHS.

There has not been a major surge in demand for inpatient bed capacity for most services, and occupancy rates have remained high. However, there has been a clear increase in demand for inpatient beds for people with eating disorders, particularly within the under 18 population. There has also been a detrimental impact on flow through hospital beds as older people are more acutely unwell, likely because of the impact of COVID and delays are high in both adult and old age assessment wards.

The Mental Health and Learning Disability Programme Board has taken oversight of improvements within the Adult Psychological Therapies and CAMHS. As described above, there are positive signs of improvement for CAMHS despite the challenge presented by the COVID-19 pandemic, and significant plans underway to improve access to Psychological Therapies. Although recruitment to both specialties remains a challenge.

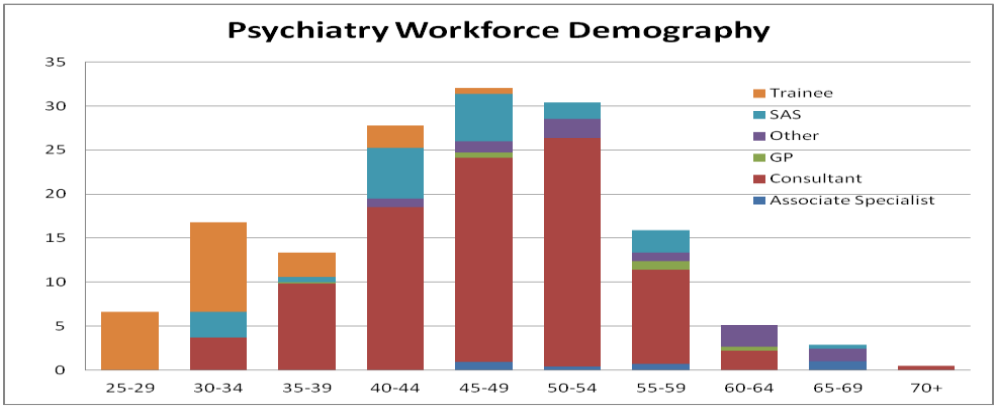
To make improvements and meet recovery actions there is a need to make targeted investments within the multi-disciplinary teams that provide services. There are however significant supply challenges within the consultant psychiatrist and nursing workforces.

Pan Lothian Mental Health Workforce Planning Group

Whilst this section of the plan relates to the mental health within the Royal Edinburgh Hospital and associated services, there are very similar challenges with the mental health workforces within HSCPs. A mental health workforce planning group has been established to look at workforce planning across both NHS Lothian and the 4 Integrated Joint Boards (IJBs).

Psychiatry

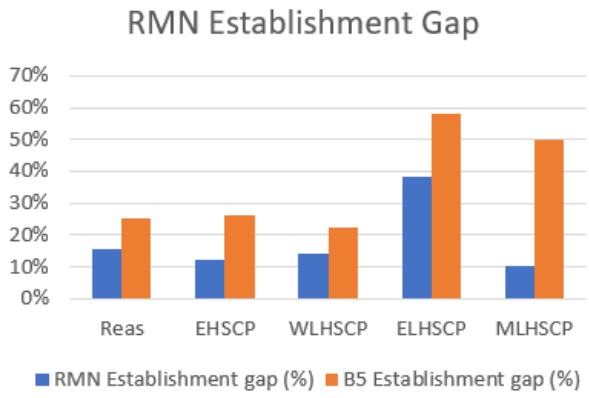
Within Lothian there is a significant number of psychiatrists aged over 50 y.o. – 36% and within the consultant workforce this represents 36%, most if not all of whom hold mental health officer status and therefore eligible to retire from age 55 without any reduction to benefits, providing they are still in pensionable MHO employment on the day before they retire. Whilst all staff will move into the new CARE scheme on 1st April 2022, they will still maintain MHO status for all service up to that point and as such represent a retention risk.

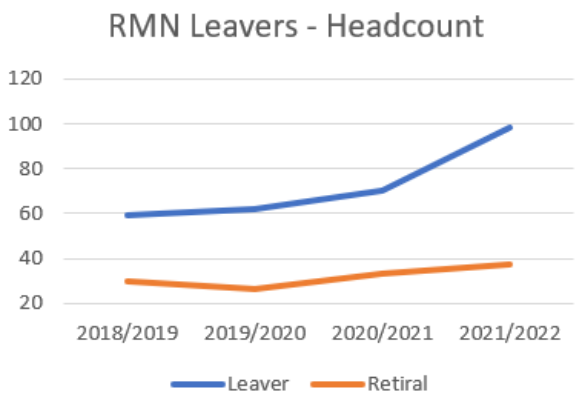


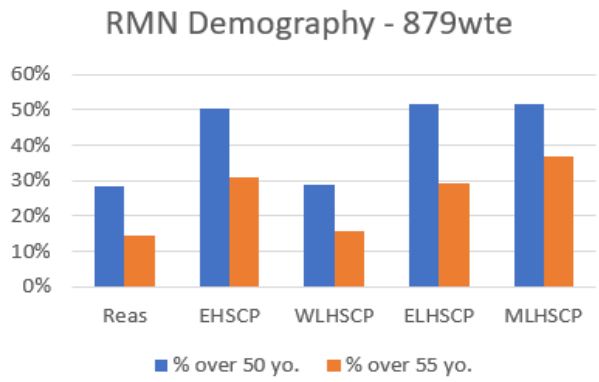
For several years there has been low levels of success at filling training pipelines in Scotland, especially at Specialty level. Core training posts fill rate improved to almost 100% in 2020 recruitment round however General Psychiatry had the lowest number of posts under recruitment in the last 5 years yet continued to see the fill rate reduce to 64%. This is also mirrored within Old Age Psychiatry and Psychiatry of Learning Disability. It is likely therefore that over the next 5 years at least there is likely to be an increasing shortfall in supply nationally.

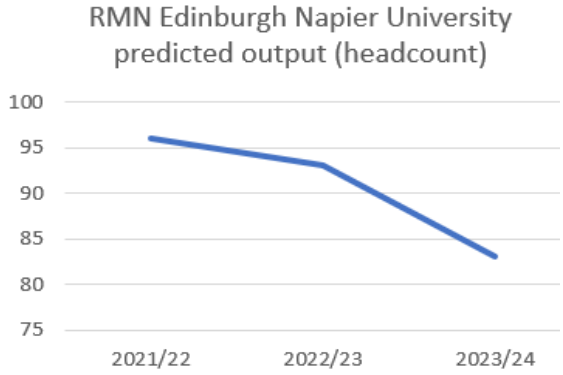
Mental Health Nursing

Within mental health registered nursing establishment gaps have been growing since March 2020 and are now at a high point of 13% (100wte) within the Royal Edinburgh and associated services. The position within community mental health services within HSCPs is similar; 24.4% within Edinburgh, 13.8% within East Lothian, 12.5% within West Lothian and 10% within Midlothian.









The significant funded establishment gaps are primarily caused by a local and national shortfall in Registered Mental Health Nurses training to make up for retirals. There is on average a 23% establishment gap in band 5 posts across mental health services, which underlines that national training numbers have been and remain insufficient. There are also over 35% of registered nursing staff aged over 50 years, with a similar position in other boards nationally. The priority is to develop a safe and effective alternative skill mix in recognition that national 10% increases in training places from September 2022 will not mitigate the existing or predicted service developments and vacancy gaps over the next 3 years. Changes in qualifying pension age may result in less leavers from Lothian overall in the medium to long terms, however even if this is the case it will possibly not reduce the number of leavers from REAS as older staff may pursue less physically demanding jobs in the community.

There have been extensive drivers for national investment in expanding mental health nursing.

Action 15 of the National Mental Health Strategy is to give access to dedicated mental health professionals to all A&Es, all GP practices, every police station custody suite, and to our prisons.
Primary Care Improvement Plans have seen a significant number of RNs employed as 'Practice MH Nurses'
Programme for Government funding for addictions via ADPs saw further investment in MH nursing in addictions
Medication Assisted Treatment (MAT) standards - increasing numbers of nurses attempted to be recruited for implementation
Unscheduled mental health services also seeking additional mental health nurses to be a 'competent decision maker'
Shortfalls in other clinical profession such as psychiatry have led to the development of ANP roles.

Whilst the investments are important in further expanding service provision there has not been sufficient expansion of training pipelines thus impacting the ability to meet targets or potentially recycle existing staff. The deficit in mental health nurses has led to an increased demand for agency nurses which areas have seen accelerate because of COVID. A clear and robust national approach to retreating from the use of agency nursing would save money and also reduce the risk of staff leaving to work through an agency.

Nursing Workforce Challenges and Plans

Whilst increasing training intakes nationally is crucial there is a need to respond to the challenges as we face them and consequently there are a wide range of actions that are being taken forward locally to support sustainability.

Board Actions

- Expansion of Open University route to Registered Nurse qualification as a Modern Apprentice pathway (this will create additional training numbers not included in the national training allocations from Scottish Government). Staff will be recruited as Band 2 apprentices and then progress through Band 3 after 16 months and qualify at the end of the 4 years as Registered Nurses. If they do not complete the course, they will be awarded educational awards reflective of the level they exit the programme so will still be eligible for employment in the substantive post they are in at the time.
- In conjunction with the corporate nursing education team to develop and pilot a development programme for Band 7 SCNs to encourage retention of experienced staff in REAS.
- Educational support for existing B2 and B3 staff to undertake PDA 7 education which is the prerequisite to apply for Band 4 training posts.
- Recruitment of Band 2: HCSWs [through the Skills Boost programme with Edinburgh college] + Band 2 Modern Apprentices.
- Recruited art and music therapists into additional roles and have trialled recruitment of OTs into nursing vacancy to support patient care.
- Remodelling rotas to ensure there is still an element of shift overlap period across day shifts to support supervision / PDPs / Appraisals / CPD / Staff meetings.
- Creation of Band 4 Assistant Practitioner roles – 6 in post with a target of 30 over next 2 years.
- Creation of a small number of posts to offer a professional/academic career pathway in REAS to retain experienced staff in senior posts.
- Creation of Clinical Academic senior nurses in partnership with Edinburgh Napier University and Stirling University.
- Advanced Nurse Practitioners – development of a Mental Health specific pathway and locally delivered work-based learning curriculum in partnership with Queen Margaret University
- Creation of Nurse Consultant posts in certain specialties.

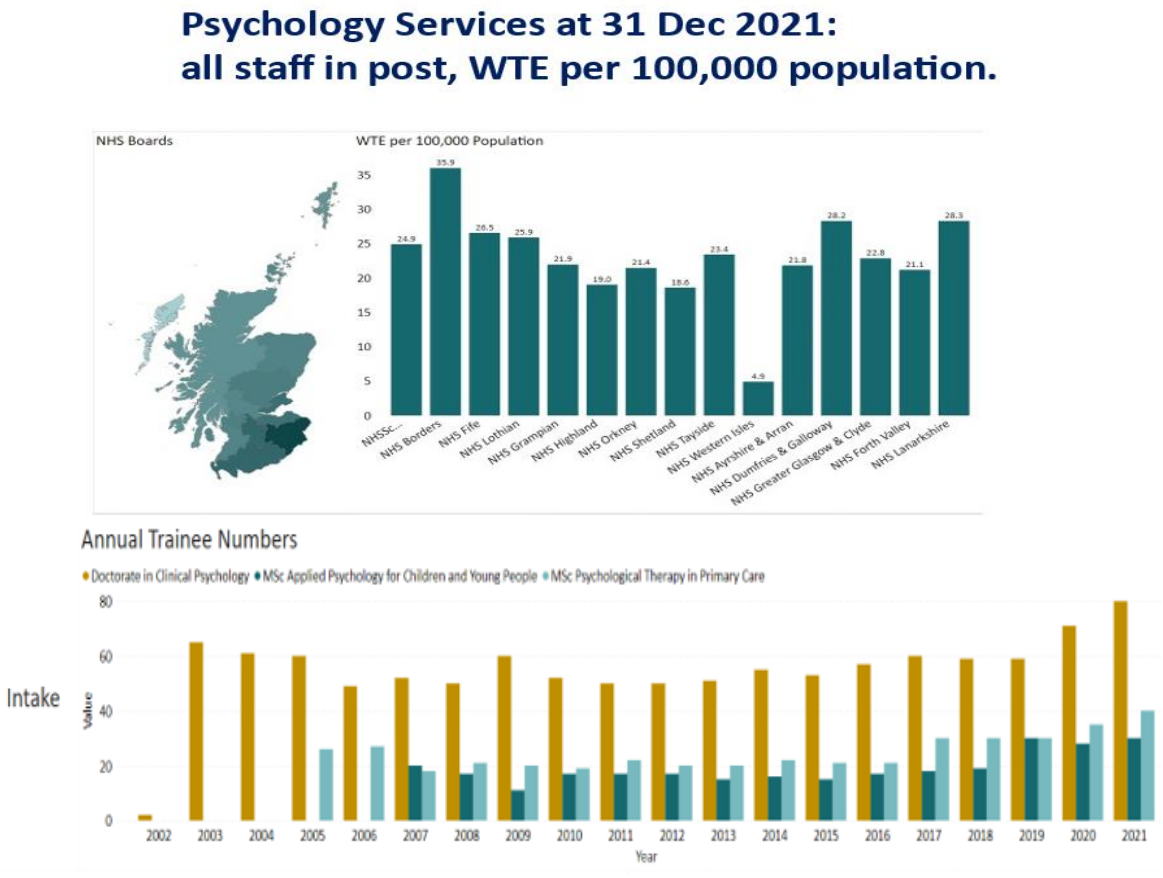
Psychology

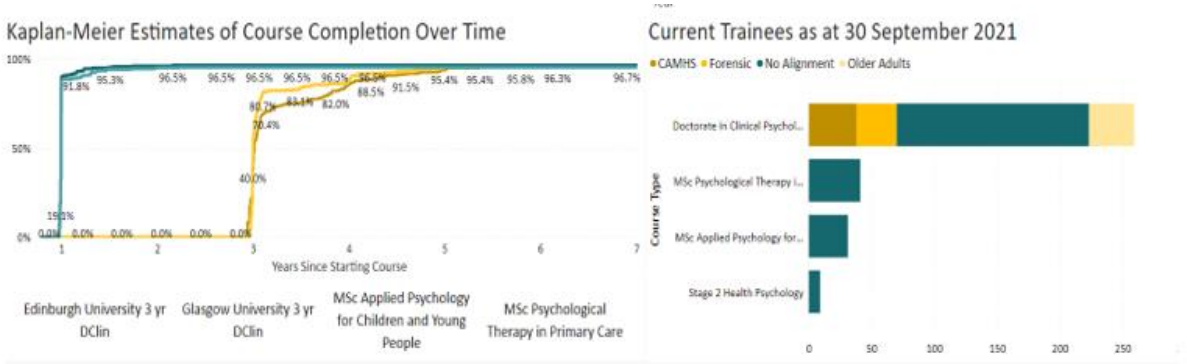
Psychology Services span in a number of areas; Adult Mental Health, Learning Disabilities, Neuropsychology, Medical Psychology, Older Adults, and Forensic provision.

Changing demand

There has been an increase in demand for psychological services for those with eating disorders in particular during the COVID-19 Pandemic; referral rates are returning to normal across all services at present and for those HSCP's with shorter waiting lists, the demand for psychological therapies has increased since October 2021. Service provision continued throughout the pandemic with a switch in delivery from face-to-face meetings to Near Me Video conferencing and phone contact. This is supported by the ongoing high referral rates to the digital computerised Cognitive Behavioural Therapy services, where Lothian remains the highest referrer across Scotland.

Lothian has not met the LDP Standard for Psychological Therapies at 90% of referrals being offered psychological treatment within 18 weeks. Additional funding provided through NHS Lothian and the Scottish Government were provided to increase capacity in AMH with the longest waiting lists. Lothian employs 25.9WTE psychology staffing per 100,000 of the population, with Borders, Dumfries and Galloway and Lanarkshire having significantly higher proportions of psychology staffing. The demand for staff to deliver psychological treatment has increased significantly; although the number of trainees has increased, this has not kept up with the demand, hence the increase in vacancies across Scotland. Lothian has lower than average vacancies in Scotland, although the vacancy rate is increasing with increased competition. The proportion of trainees who complete training successfully in Masters and Doctoral programmes exceeds 95%; at least 80% of trainees in Scotland stay in Scotland to work.





Data last updated as at 30th September 2021
As at 31 Dec 2021, a headcount of 20 were training on the new NES Adult Enhanced Psychological Practice (EPP) course.

Source - https://turasdata.nes.scot.nhs.uk

The main workforce objectives for the Psychology Services are as follows;

- To develop the Enhanced Psychology Practitioner workforce to provide a resource for lower intensity provision to support digital interventions, groups and individual work for inpatients in wards to expand skill mix
- To expand psychological therapy workforce by increasing Annex 21 training posts and enhancing the career development to senior posts
- To continue to expand on the delivery of digital interventions for a range of psychological presentations
- To retain current psychology workforce by supporting them with appropriate ongoing training and CPD opportunities

Child and Adolescent Mental Health Services (CAMHS)

CAMHS were very heavily impacted by COVID-19 disrupting improvement work as attention focused on patient safety and maintenance of services – waiting lists have continued to rise during this period. Some low-risk mental health cases were paused and neurodevelopmental assessments were disrupted by inability to undertake observation and school closures. Urgent referrals rose significantly, particularly towards end-2020 when schools re-opened and there has been an increased demand in resource intensive areas such as eating disorders

CAMHS Recovery and Renewal Plan – Major Components

Within CAMHS the 18wk Referral to Treatment target has not been met for several years, however due to Scottish Government investment of £4.2m substantial expansion is planned and underway to grow all areas of the CAMHS workforce and provide the enhanced capacity

required. An external provider Healios is working to provide 450 autistic spectrum disorder assessments and 270 mental health treatments over 2021 and 2022.

Planned and funded workforce expansion

Priority	Post	wte
Transforming Nursing Roles	Advanced Nurse Paractitioners	5
	Nurse Consultant	1
	Community Psychiatric Nurse	5
	Community Assistant Practitioner	5
Primary Care	Primary Care Mental Health Worker	16.5
	Team Lead	2
	Administrative	1
Unschedued Care	Nurse Specialist	11.8
Psychology Assistants	Assistant Psychologists	5
Groups	Clinical Psychology	0.2
	Clinical Associate in Applied Psychology	2
	Assistant Psychologists	1
	Occupational Therapy	5
	Speech & Language Therapists	6
Clinical Pharmacy	Clinical Pharmacists	5
Psychiatry	Consultant	3
	Specialty Doctor	2
	Clinical Director	1
	Locum Appointment (LAT)	1
	Locum Appointment (LAS)	1
Total		79.5

In addition to growing the workforce there has been a significant move to digital delivery with CAMHS the second biggest user of NearMe. There has also been a successful role out of Digital Mental Health Risk Assessment, remote anxiety workshops and the introduction of and rollout computerised cognitive behavioural therapy.

The following represent the key actions for adult mental health service and CAMHS over the terms of this plan.

Key actions

Introduction of new unregisterd Assistant Practitioner (AP) in REAS

Recruit 14 APs in 2022 with further cohorts leading to 30 in post by 2025

Develop a work based competency framework to ensure education meets role requriements

Evaluate outcomes of new roles to inform future skill mix within funded establishments

Band 2/3 CSWs offered PDA Level 7 training leading to entry level for Band 4 AP posts.

Explore the possibility of a MA pathway across Band 2 to 3 to 4 AP Roles

Band 6/7/8 Succession Planning and Role Development to support retention

eveloping more advanced nurse practitioners, cinical academics, nurse consultants and clinical practice developers

Develop succession planning programme for senior nursing roles

Develop a development programme for existing workforce at Band 6/7/8

International Recruitment

Explore international recruitment of RMNs

Goal of 50 Registered Nurses to be recruited Pan Lothian

Expansion of the CAMHS Service

Grow the multidisciplinary workforce

Build and expand upon digital delivery of assessments and interventions

Outcomes

There are two main outcomes anticipated as a result of success in progressing these actions:

- The Registered nursing workforce will be supported through the creation of the Assistant Practitioner roles which will reduce staff stress, burnout and turnover caused by current vacancy gaps; in turn patients will have a better and safer experience of care
- NHS Lothian will be an attractive employer for both registered and unregistered mental health nurses in a competitive employment market.

Scottish Government Support

National training intakes have increased in recent years, however as previously indicated the establishment gap has not closed. As trainees have joined our workforce in September/October the impact of leavers and retirals quickly expand the establishment gap. This suggests that despite increased training intakes they still remain too low to meaningfully close establishment gap and support safe and effective staffing levels. It would be beneficial if the process for reviewing student nursing intakes looked at establishment gaps to assess the true extent of service gaps rather than solely vacancies.

Mental health nursing would benefit from an increased national recognition of the skills and potential of the mental health nursing workforce and improved promotion nationally. In setting the intakes for future years a robust demand assessment of the various areas of growth is required to help ensure training pipelines reflect demand, supply and the changing of historic assumptions as a result of the pandemic.

4.7 Primary Care 

Primary care covers over 90% of patient contacts with the NHS providing a wide range of services; general practice, community pharmacy, general dental services and general ophthalmic services which are largely delivered through independent contractors, as well as HSCP delivered services such as general practice out-of-hours services, dental out-of-hours services, district nursing, vaccination programmes, community treatment and care centres, mental health, physiotherapy and pharmacotherapy services.

The General Medical Services (GMS) contract agreed in 2018 outlined the joint commitment to implementing the new GMS contract, focussing on redesigning the balance and flow of work between GPs as the Expert Medical Generalist and other professional staff working within a multi-disciplinary team. This aimed to reduce workload for GPs and increase members of the practice team to the benefit of patients. Government provided Primary Care Improvement Fund (PCIF) monies to support the development of Primary Care Improvement Plans (PCIPs) in each HSCP to implement models of delivery to reduce GP workload.

In 2022/23 there will be further workforce expansion as part of the PCIP:

Funding Source	Job Family	Grade	WTE
Primary Care Improvement Plan	Registered MH Nursing	B5+	25
Primary Care Improvement Plan	MAPS - Physician Assocaite	B7	2
Primary Care Improvement Plan	AHP - Physiotherapy	B6/7	2
Total			29

A second agreement in July 2021 recognised the impact of the pandemic on progress of the 2018 contract implementation and re-focussed priorities for 21/22 on the Vaccination Transformation Programme (all vaccinations to be removed from the core GMS contract by 1 April 2022), Pharmacotherapy and Community Treatment and Care Service (CTACS) provided by HSCP by 1 April 2022).

Vaccination Transformation

The vaccination transformation has two elements; the removal of all vaccinations from GMS and the covid and expanded flu vaccination programme. The investment in a permanent vaccination workforce is considerable, with a requirement for 346wte (£14m) to provide delivery and support services. There is the potential for some community pharmacy input which may reduce the workforce requirement, however many pharmacies have limited capacity to contribute without impacting on other services.

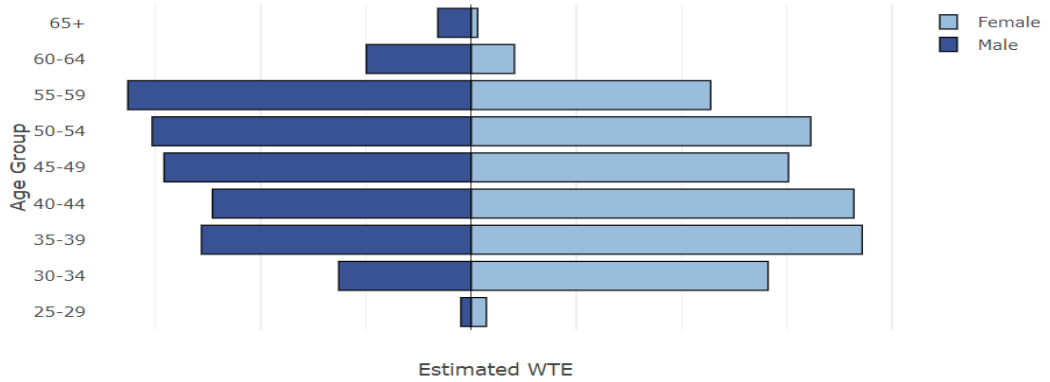
	WTE
Delivery Teams (HSCP)	193
Support Services (Corporate)	137
Bank and Volunteers	16
Total	**346**

Growing population demand versus workforce supply

Primary care faces a range of challenges in common with the rest of the Lothian Heath and Care System. As set out in Section 2.1 population growth within all areas of Lothian is in excess of the national average, with the Lothians making up 4 out of 5 of the areas of highest growth. There are also substantial demographic shifts with an increase in the proportion of the popultion of retiral age which also increases the demand for primary care.

There has also been a significant change in the GP workforce profile over the last 10-15 years as male full-time GPs retiring are being replaced increasingly by part time female GPs. The single largest age grouping for male GPs is 55-59 and as such likely to retire in the next 5 years, whilst for female GPs the single largest age group is 35-39.

Estimated Whole Time Equivalent numbers of GPs by sex and age group, as 31 March 2019



There has also been a corresponding reduction in averge number of hours worked. Within Lothian the substantial majority work part-time. This reduction in average working hours over the last 10-15 years was not origionally factored into training programmes and as such there was inadequate supply. The Scottish Government has changed this in recent years training c2.2 heads for each wte, however given the volume of retirals it is increasingly challenging to fill

vacancies. This has meant an increase in the number of 2c practices where the practices have been unable to recruit and consequently have been taken over by the Board until services can be put on a sustainable footing. Within Lothian there are currently 9 out of 120 practices directly employed. This will likely be the case until such time as the national training programme outputs meet demand. The Scottish Government reafirmmed its commitment to growing the GP workforce by 800 by 2028 in the national workforce strategy, which equates to approximately 364wte.

Dental services have been particularly affected by the covid pandemic due to the nature of dental care which involves aerosol generating procedures. There will be a need to work to attract people to the dental profession (independent contractors to the General Dental Service as well as board employed Public Dental Service and Hospital Dental Service) following the challenges of the past 2 years, the impact of Brexit and the closure of the Edinburgh Dental School which has stopped the previous pipeline of dentists into the Lothians.

The following key actions set out the measures that will be taken forward over the timescale of this plan.

Key Actions

Outcomes

Undertaking these actions will be challenging given a wide range of factors such as current and future workforce availability, funding and the challenges of an increasing and ageing population within the Lothians. However, there are three key high outcomes level outcomes that the above actions are seeking to deliver as part of the implementation of the New General Services Contract:

- Patients cared for by the member of the general practice MDT that can best meet their needs in a timely and responsive manner
- Expert Medical Generalists enabled to focus on complex patients that most need their expert generalist skills
- General Practice in and out of hours able to meet growing population demand

4.8 Children and Young People

The Royal Hospital for Children and Young People opened fully on 23 March 2021. The planning of the new purpose-built hospital provided the opportunity for both service redesign and workforce growth to ensure that there was sufficient workforce to meet the needs of our younger patients. The Royal Hospital for Children and Young People provides local, regional and national services in some of the most modern and best-designed healthcare facilities in the world. The colocation with the Royal Infirmary of Edinburgh means that paediatric care, specialist neonatal care, neurosciences and both adult and paediatric emergency departments are now all on the same site. This reduces the need for emergency transfers between hospitals and ensures provides opportunity for collaborative learning to the benefit of all patients.

Whilst there has been significant workforce growth and redesign there remain important actions to be taken forward over the next three years. The following key actions set out the measures that will be taken forward over the timescale of this plan.

Key actions

Review of establishments

Apply safe staffing workload tools

Pilot Safecare in sugical areas

Identify key gaps and review skill mix and plan gap closure

Staff development and succession planning Band 5-7

Advancing Practice

Develop an overview and vision for Advanced Practice in Children's Services.

Ensure core competencies for Advanced Practice across Children's Services.

Encourage collaborative working in Advance Practice across Children's Services

Emergency Department

Review the current medical and nursing workforce within the Emergency Department

Ensure the appropriate care provider workforce is in place to reflect increasing activity

Outcomes

Taking forward these actions will deliver the following outcomes:

- Minimised establishment gaps, with identified skill mix opportunities.
- Introduction of Safe Staffing Legislation, ensuring appropriate staffing levels ensure
- Emergency department staffing meeting the identified growing needs of patients

- Advanced Practice Strategy for Children's Services.

4.9 Health and Social Care Collaboration 

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:

4.9.1 Lothian Care Academy 

Nationally, the report of the Scottish Government's Independent Review of Adult Social Care in Scotland published on 3 February 2021 highlighted the differences (and inequalities) between health and social care support workers and recommended that priority is given to the development of a holistic approach to workforce planning across health and social care. Training, development and regulation are emphasised where there is scope for significant improvements with a commitment by employers to workforce development which should be a key feature of revised commissioning and procurement arrangements.

Locally, discussions with staff involved in service provision and anecdotal evidence has highlighted that there is:

- little standardised training across care delivery
- inconsistency in training
- limited equity of access to care delivery
- quality of care issues across agencies
- constraint and risk around organisational liability in the assessment of learner competencies following training
- limited ability to work in partnership with all colleges/ independent providers.

As part of the pandemic response the Cabinet Secretary for Health and Social Care, in response to the COVID crisis, NHS Board Executive Nurse Directors were subject to a Variation Order. This required Executive Nurse Directors to be accountable for the provision of professional nursing leadership, support and guidance within the care home and care at home sector. With the main focus being on community nursing input into care homes; infection prevention and control arrangements, use of PPE; testing; sourcing of staff / redeployment of staff.

Work is underway to create a bank of staff that can work flexibly across Health and Social Care. The Staff Bank General Manager has established a working group who are currently exploring this idea with care home representatives, LA, Care Inspectorate and Education.

Educational pathways within health and social care are different. HSCWs undertake (non-recordable) National Progression Awards (NPAs are at SCQF Levels 2-6 and are delivered in partnership between schools, colleges and employers) and Professional Development Awards. SCSWs do recordable SVQs. There is no equivalence or 'carry over' between the two.

There is well established work around employability, widening access and workforce supply/development and scope to build upon NHS Lothian's recognised role for the young persons' guarantee.

These challenges apply within all HSCPs and to ensure consistency of approach and avoidance of duplication all HSCPs have supported the development of The Lothian Care Academy. The workplan for the Academy has been shaped and agreed by all four HSCPs and the overall project has been broken down into a number of phases each within individual workstreams.

4.9.2 Developing social care capacity 

Some of the key pressures with the hospital sector is the volume of delayed discharges and patient flow which is in a significant part due to social care workforce capacity. As part of nationally funded investment in developing the support worker workforce within social care the four HSCPs in Lothian have been growing their workforce in the following areas:

West Lothian Health and Social Care Partnership - growing the number of Band 3 Healthcare Support workers to assist in the delivery of Discharge to Assess. Discharge to Assess is a Therapy Led pathway from hospital to support people who have ongoing rehabilitation needs that can be supported at home as an alternative to a hospital setting. The role of the Support Worker is critical, as they provide ongoing rehabilitation and care in the person's home under the direction of the Occupational Therapist and Physiotherapist.

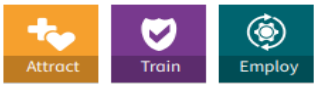
Midlothian Health and Social Care Partnership – growing Band 2 Healthcare Support Workers to assist with activities of daily living with people who have completed their rehabilitation and who are waiting (at home) for matched place of care.

East Lothian Health and Social Care Partnership - growing the number of opportunities for Band 2 and Band 3 Healthcare support workers working within either East Lothian Community Hospital(ELCH) or Belhaven Hospital or as part of their Hospital to Home(H@H) Team who provide care in the community to people to help keep them at home for as long as possible.

Edinburgh Health and Social Care Partnership – establishing a new Hospital to Home team as part of the district nursing service, to promote a home first approach to implement best practice in the discharge of patients from hospital. They provide a short-term care service to bridge the gap in care provision for those medically fit for discharge or to prevent admission to hospital.

The following key actions set out the measures that will be taken forward over the timescale of this plan.

Key actions



Phase 1 & 2 - Develop common training
- Agree core training standard for all health and social care staff
- Create hub for carer staff with traing information and support
- Develop local training for staff to access
- Provide evidence of learning & development via the Academy that is recognised througout Lothian

Phase 3 & 4 Career pathway development
- Develop bespoke/advanced training routesIncrease pool of assessors
- Create opportunities for young people to experience a career in care
- Develop pathways for staff throughout the care sector
- Provide funding access for new learners

Phase 5 & 6 Accreditation and Recognition
- Streamline qualifications
- Develop a Lothian Care Academy accredited standard for all Health and Social Care Workers in Lothian
- Lothian Care Academy to be recognise throughout Scotland

Developing social care Support Worker (SW) capacity
- Recruit and train WLHSCP Discharge to Assess SWs
- Recruit and train MLHSCP assisted daily living SWs
- Recruit and train ELHSCP SWs for ELCH/ H@H/Belhaven
- Establish a new Hospital to Home SW team within district nursing

Outcomes

The work of the academy is addressing one of largest workforce constraints within integration that of flexibility within the workforce, it is therefore essential that there are clear expected outcomes against which work can be assessed.

- Staff will be trained and educated to the same standards.
- Consistent standards of care for people requiring support will exist.
- Reduced risk of injury for staff and people requiring support e.g. same de-escalation techniques used where there is a risk of violence and aggression.
- Clear expectations of staff competence where care is delegated.
- Clear governance arrangements.
- Equitable access to training opportunities across Lothian.
- More flexible pool of staff able to work in different care environments across H&SCs.
- Increased number of learning environments for learners.

To ensure that progress is monitored effectively, and benefits are maximised a range of measures have been put in place.

Benefit Description	Measures
Agreed consistent and standard core skill level for all Health and Social Care Workers	Incident reports, Number of Care Inspectorate ratings at 3 or higher, Learner feedback, positive employer/manager feedback. Commenced September 2021.
Increased number of placements for learners	Number of current learner placements. Commenced August 2021.
Agreed process and standardisation for competency assessments	Increased number of learners completing competencies, learner feedback, Care inspectorate reports rating of 3 or higher. Commenced September 2021.

The development of social care capacity will enhance the current care at home services by providing care for medically fit clients, waiting in a hospital bed for a Package of Care. This will reduce the client's length of stay in hospital. It will also provide high quality care to clients with a variety of clinical needs in the community setting, meeting the identified physical and psychological needs.

4.9.3 Development of National Care Service

The Scottish Government proposals for a National Care Service (NCS) will be debated in the Scottish Parliament from 2022, with a view to establishing the NCS by the end of this parliamentary term in 2026. The development of a National Care Service is proposed to have a key role in delivering the workforce needed in Social Care and understanding the interactions and dependencies across the whole Health and Social Care workforce.

The 4 IJBs and the NHS Lothian will continue to keep abreast of the implications of the national care service and any implications thereof.

4.10 Public Health and Health Policy 

Workforce Development Plan 2022-2025

Public Health and Health Policy is committed to workforce development; this will continue to assist the service to meet its objectives and work towards a clear and ambitious vision for the next 5 years. It will provide a framework to ensure the department has the right people in the right place at the right time to continue to deliver a high quality, professional public health service that meets the needs of the people of Lothian.

Public Health and Health Policy has undergone significant re-structuring in recent years and an increase in demand during the pandemic and will require investment in its workforce over the coming years.

Public Health and Health Policy includes 4 divisions.

1. The Health Protection Team provides specialist public health advice and operational support to NHS Lothian, local authorities and other agencies. The team work to protect and promote health and prevent illness by protecting the public exposure to

hazards which damage their health, and to limit any impact on health when such exposures cannot be avoided. Managing the transmission of communicable diseases and other incidents which threaten the public health is also a key role.

The role of Health Protection became critical to the response to managing the COVID 19 pandemic. Emergency funding was made available by Scottish Government to enable Public Health and Health Policy to increase its workforce capacity to respond to the challenges of COVID 19. Key posts across the Directorate were created, particularly around Intelligence, Immunisation, Community Asymptomatic Testing, Health Protection, Test and Protect and Population Health.

The Team will work over 2022-23 to reshape and develop in order to be agile in response to further major events while also managing the standard Health Protection workplan. Simultaneously the Team is preparing for transition to a regional Health Protection Service.

Attracting talent and a good fit of candidate to enhance team working within Health Protection continues to be a challenge as a result of national shortages in this particular speciality. Training posts continue to be offered and opportunities to retain talent and experience explored.

2. The Population Health division aims to improve population health and tackle health inequalities through strategic and collaborative planning and action.
   This involves a focus on prevention and addressing wider determinants of health.
   There are teams are aligned to each of the four local authority areas as well as teams with a focus on Maternal and Infant Nutrition, sexual health and Quit Your Way, the stop smoking service.

   Significant inequalities, exacerbated recently by COVID 19, led to the creation of a team of specialist data intelligence staff, focusing on understanding and analysing key data to inform decision making, not only within Public Health but also across NHS Lothian and key partnerships.

3. The Health Care Public Health division leads work on screening, both cancer and non-cancer screening. They also provide leadership to NHS Lothian immunisation programmes, Pharmaceutical Public Health and Dental Public Health programmes.

4. Public Health has centralised its business and administration resources to give greater flexibility around moving administrative and clerical support resources to where they are most needed across the Department in line with changing priorities. Administration and clerical job descriptions now take on a more generic focus giving further flexibility around support with staff being able to carry out a wider range of tasks which broadly span across PA, project administration and general administration duties.

   The Business and Administration team also play a critical role around governance ensuring that the Department have robust processes and business procedures in

place in order to meet the strategic and operational objectives and priorities. The team also play a key role in monitoring and tracking workforce performance.

Board wide hosted programmes

Public Health and Health Policy hosts two services that deliver Board-wide remits: (i) Resilience and (ii) Equalities and Human Rights.

Staff wellbeing will continue to be a priority in Public Health and Health Policy to ensure that staff are engaged and supported at work.

Workforce Development Public Health and Health Policy has created a new post, Head of Workforce Development. The postholder will lead the development, implementation, monitoring and evaluation of a Workforce Development Strategic Plan. In order to do this there will be a focus on:

- workforce planning – to better understand the workforce in place now and the workforce that will be needed in the future

- workforce development - skills, values, behaviours, knowledge sharing, professional and specialist training, leadership skills, and so on including strong links with universities and other institutions.

For the above to be effective there will be work to develop or improve workplace systems and policies that enable effective workforce development – for example appropriate up to date job descriptions, succession planning, staff support and supervision processes, performance management and work arrangements

Recruitment of new staff, in particular Consultants, remains a challenge and improvement approaches will be progressed.

Equality and Human Rights – PHHP hosts the NHS Lothian Equality and Human Rights Service. NHS Lothian is committed to eliminating discrimination and improving equality of opportunity by improving the way services are delivered and the way staff are employed.

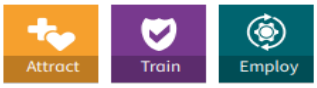
PHHP will continue to endeavour to improve experiences for people who engage with or are impacted by our work, regardless of their age, disability, ethnicity, religion/belief, gender, or sexuality. The Department will also work to improve employment policies and practices to attract, train, promote and support a workforce that more closely represents the huge variety of people who live and want to work in Lothian.

Learning from the experiences of COVID 19 is instrumental in building a strong public health response to the recovery from the pandemic and any future public health emergencies. This doesn't just sit with NHS Lothian, it is part of a Scottish response working with our partners in Public Health Scotland and Scottish Government to build a world class public health system.

Public Health and Health Policy will continue to play a lead role in NHS Lothian's plans to achieving Anchor Institution Status with actions clearly focused on improving the health and wellbeing of the population of Lothian.

The following key actions will be taken forward over the duration of the plan to support the requirement for enhanced workforce capacity.

Key actions



The following key actions will be taken forward over the duration of the plan to support the requirement for enhanced workforce capacity.

Attract Talented and Skilled staff

Improve external Departmental profile, including on-line, to attract and retain talent

Use workforce profiling data to inform recruitment initiatives

Consider skill mix and impact of service changes and needs prior to progressing recruitment campaign

Retention and Career Progression

Create a Public Health & Health Policy Workforce Sustainability Group

Development of career pathways

Develop high quality training experiences with routes into Consultant/Senior roles to retain public health medical trainees

Support a robust CPD programme for staff including leadership development

Develop engagement strategy to strengthen collaberative decision making

Explore alternative service models and opportunities to strengthen workforce

Support and contribute to Regionalisation initiatives ensuring best outcomes and opportunities

Digital by default culture to support blended working and efficient service provision

Explore modern apprenticeship opportunities across Business and Administration roles

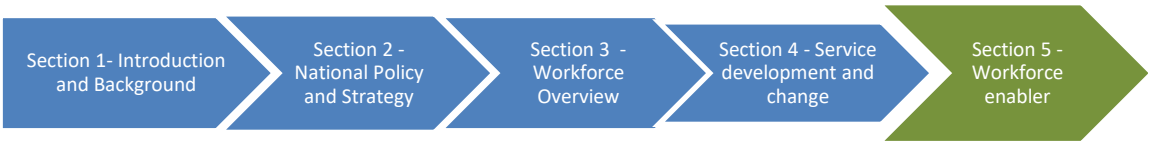
Promote and develop technology ensuring staff IT skills to maximise effectiveness

Outcomes

The desired outcome of the Workforce plan for Public Health and Health Policy is:

- to ensure the department has the right people in the right place at the right time to continue to deliver a high quality, professional public health service that meets the needs of the people of Lothian
- To enable Public Health and Health Policy to achieve public health corporate priorities, recognising the need for collective action to reduce health inequality gaps that persist within our communities.
- To attract and retain talented staff with the right skill mix and expertise to support Departmental and NHS Lothian Corporate Objectives.
- To improve the experience of staff, stakeholders and people using our services.
- To use technology to upskill staff and improve service delivery.

- To support equal access to training and development opportunities across the Directorate appropriate to the relevant professional group ie. medical, nursing, administrative.



5. Workforce Enablers

Attraction and retention of the workforce

A great day at NHS Lothian starts when staff feel inspired and motivated about the work they do and have a clear sense of purpose and identity with their role. They are capable, developed and trusted to carry out their tasks, know how to manage their energy and feel equipped with the resources to meet any challenges with clarity and balance. They can ask for support and when they do, they are met with compassion and understanding. A sense of camaraderie and support at all levels means they feel psychologically safe and able to be themselves. Leaving work, they feel fulfilled, can let go of the events of the day and switch on to a life away from work.

In the face of the significant workforce challenges in the short, medium and long terms it is more critical than ever that our workforce plans include significant actions to ensuring that we create an experience for staff that supports attraction and retention. We need to create strategic alignment between strands of work that all act to support attraction and retention and be very deliberate about how we create a brand for NHS Lothian as an employer.

Note: a number of hyperlinks to more detailed plans are included in this section.

Staff engagement and experience

Central to supporting the retention of is how we engage effectively and meaningfully with our staff and make their experience of working with us as fulfilling and where they feel supported and valued. Our Staff Engagement and Experience Framework articulates how we will approach work to improve staff experience both at a corporate and local level under 4 domains:

1. We are all able to show leadership

Collective, compassionate leadership is required more than ever following the traumatic experience of working through a protracted pandemic and we must create the conditions for our staff to lead themselves, lead others and lead leaders. Staff give their best when they feel supported, well developed, and see the opportunity for career progression.

Our Leadership Framework contains a wide range of opportunities and is designed to ensure all staff in every area of the organisation has the chance to maximise their potential, by learning new leadership and management skills or refreshing existing skills. We have also committed to develop and then spread and scale an approach to talent management and succession planning to support career progression. Identifying, developing, and nurturing talent is a key enabler in creating leaders of the future. Our collaboration with the Edinburgh University School of Business is in its infancy but feedback and performance against objectives has been positive to date. We have a plan to deliver a further 2 cohorts of the programme in 2022/2023 before a pause to evaluate impact.

NHS Lothian values and promotes leadership at all levels, so alongside targeted programmes we have approaches that are open to all staff regardless of leadership level. Our monthly leadership network is open to all staff and both membership and engagement is strong. In 2022 we plan to reintroduce a face to face element of our 4th annual leadership event whilst maintaining virtual access to maximise engagement and accessibility.

2. Work is a healthy place to be

Without a physically and psychologically safe and healthy workforce, excellent health care is not possible. As an organisation that delivers health care to the population, it is ethically the right thing to do to aspire to protect and nurture the wellbeing of our workforce.

Our staff wellbeing strategy Work Well maps out our approach and commitment to support and improve staff wellbeing over a 3 year period and is based on 4 pillars:-

Investment from the NHS Lothian Charity has enabled us to expand the range of services and interventions we can offer to our staff.

Our investment in staff wellbeing must be measured and assessed. Our Wellbeing Strategy contains a wellbeing and burnout measure, based on a validated question set (Linzer 2022*) We have worked with our e-health innovation team to develop a Mini-Z tool (Z being Zero burnout) assessment that can be use at an individual, team and organisational level. This will be tested and refined as part of our workforce plan.

*Linzer M, McLoughlin C, Poplau S, Goelz E, Brown R, Sinsky C; AMA-Hennepin Health System (HHS) burnout reduction writing team. The Mini Z Worklife and Burnout Reduction Instrument: Psychometrics and Clinical Implications. J Gen Intern Med. 2022 Jan 19. doi: 10.1007/s11606-021-07278-3. Epub ahead of print. PMID: 35048290.

3. Work has meaning and purpose

Staff working in healthcare are inspired and motivated by helping others and making a difference. We need to have a method to ensure that this inspiration and motivation is continuously improved, enhanced and reinforced. This is why keep people coming back to work every day and we must do all that we can to enhance the feeling of meaning and purpose for our staff.

We will facilitate the application of the Institute for Healthcare Improvement approach to creating Joy in Work. This evidence-based approach empowers teams to apply improvement methodology to create the conditions for healthy, happy and productive people. In addition to the Mini-Z wellbeing and burnout tool we have committed to a corporate objective to scope a real time feedback tool to inform our approach to staff engagement and experience and give staff a route to feedback what matters to them and for managers, locally to respond to this. This will augment the annual iMatter annual survey and will enable a multi-disciplinary team feedback.

4. Staff feel listened to and heard

It matters that staff feel that they contribute, and know they are listened to, and heard. These elements support a culture that helps us be at our best individually and together, keeping us well at work and enabling us to make a difference to those in need of our help. When we are genuinely listened to, our feelings acknowledged and our experience understood, it enables us to connect with to others and this is the foundation of strong and healthy working relationships.

We have a wide range of established services and routes that aspire to support staff feel listened to and heard. This includes but is not limited to: Here for You staff support service, Peer Support service, Speak up, Whistleblowing, Trade Unions, iMatter, annual Turas Appraisal. We will continue to deliver, promote, enhance and improve all of these routes for staff to feel listened to and heard.

Advancing Equalities

Inclusion, fairness, and equity are core conditions that we seek to create reliably for all our staff. Diversity in our workforce is an asset to be celebrated and harnessed. We want all staff to feel well supported regardless of the nature of their uniqueness.

To date 5 staff networks have been established covering Disability, BME, LGBT+, Youth and Carers. Plans are underway to establish a Women's Network. Our Staff Networks and trade union partners are central to informing and influencing our plans and commitments to improve workforce equalities. Our Advancing Equalities Action Plan for 2022/23 sets out a range of actions to build a more inclusive work experience and culture, create a more inclusive and diverse workforce and implement actions to prevent discrimination in the short to medium term. During 2022/23 we have committed to developing a new and ambitious longer term plan for mainstreaming equality, diversity, inclusion and human rights for our service users and our staff.

Early Careers and Employability

Youth employment is key enabler to workforce supply, we need to present as an employer of choice to the workforce of tomorrow by creating a picture of potential and aspirational career pathways.

As a trailblazer employer for the Young Person Guarantee we are continuing work to structure and present our activity for young people under the 5 good practice asks. We are now moving to embed these more widely throughout all of our offers setting a clear and bold commitment to everyone regarding our investment and opportunity creation to our local communities and for our staff.

We have developed a solid foundation of approach in our work that we will now move to embed and articulate throughout our work setting out our commitment to 4 pillars of practice that underpin our education approaches within our Early Careers and Employability activity.

We will continue to deliver a range of apprenticeship and employability opportunities to support workforce supply, targeted to identified priority areas that support and enable the development of a safe and effective workforce. This includes supporting development of key work in national pathways for Pharmacy and B4 roles. In 2022 we will also test a specific programme for individuals with experience of the care system, with a view to mainstreaming this in future years

As an Anchor Institution, we need to widen access to careers in healthcare and support people, that for a variety of reasons may be distant from the labour market. We are committed to ways of working that enable attraction and retention, support the health and wellbeing in our staff and our communities and the resulting positive outcomes that can follow. This includes a strong focus and connection to work within our other enabling activity including Workwell, leadership

and Inclusion. This includes our work to support the continued development of the Youth Network as a key point of connection, unity and joy in work.

International Recruitment

Ethical international recruitment is another key enabler of our workforce plan, in additional to programmes to widen access more locally. Whilst international recruitment supports filling vacancies, it also brings valuable diversity to our workforce and has the potential to bring new perspectives to how we do our work.

In 2022, we commenced an international recruitment programme working in conjunction with Yeovil NHS Trust to bring initially 40 international nurses to work within NHS Lothian across a range of specialities. This initial programme will help us to build our internal capacity and capability to do this well and enable future spread and scale. Key actions include establishing processes, developing education programmes, building infrastructure, mitigating accommodation challenges and developing our approach to pastoral care. During 2022 we will develop a longer-term international recruitment strategy to optimise global workforce supply opportunities to reduce workforce gaps in the areas of greatest challenge (eg NTC Workforce, Mental Health Nursing and nursing at the St John's Hospital campus.

We will continue to work with the Centre for Workforce Supply and Scottish Government to maximise investment, access expertise and explore Once for Scotland opportunities where that is the right thing to do to maximise efficiency and build resilience.

This programme will help as part of a wide range of measures to support sustainability within the workforce in the short to medium term, however the most important enabler for service sustainability is ensuring that nationally controlled training pipelines are at levels that will close gaps and enable the required service expansion in the medium to longer term.

Maximising our existing workforce

We recognise the workforce demographic reality that we are faced with, but also the huge opportunity that our experienced workforce presents. With some careful and intentional framing we are able to implement the guiding principles of Flying Finish | Turas | Learn (nhs.scot). In partnership, we have reviewed our retire and return policy to maximise opportunity for those willing to work on. We deliver session for staff on retiring 'well' and sessions for managers on managing staff retirement aligned to the principles of Flying Finish.

Digitally Enabled Workforce

We continue to work with our staff to enable them to grow confidence in digital skills as part of effective and efficient service delivery and engaging with the future of digital transformation in care. We have embedded accredited digital skill training into our apprenticeships and have rolled out digital training within all employability programmes to further facilitate employability skill pipeline progression.

We are actively utilising staff networks created to create peer learning and connection and have delivered over 80 digital touchpoint sessions to over 600 staff in the last 12months. This has included essential skill as well as targeted skills to support service transformation.