



# WORKFORCE PLAN 2022 - 2025



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# EXECUTIVE SUMMARY

Over the past few years, there have been a number of major changes and challenges which have impacted on the NHS across Scotland and beyond. The Covid-19 pandemic has posed one of the biggest challenges to public health and healthcare since the NHS was established in 1948. It has required all NHS Boards to realign their plans and priorities as well as introduce new ways of working.

The UK is no longer a member of the European Union and this has resulted in changes to the arrangements for recruiting staff from European countries. However, what has not changed is the need to identify our future staffing needs and ensure we have the plans in place to attract and retain the workforce we need to deliver high quality local services, now and in the future.

This is no easy task given the financial challenges we face over the next three years, the ongoing difficulties in recruiting staff for certain specialities where there are national shortages and the need to prepare in areas with older workforce profile where we know staff are likely to retire in the next few years.

Increasing demand for health and care services and a growing local population also poses many challenges across acute, community and primary care services. This, in turn, means we need more staff to meet the healthcare needs of local communities across Forth Valley.

To help respond to current and future demands, NHS Forth Valley is already taking forward an ambitious programme to upskill local staff across a range of Healthcare Support Worker, nursing and AHPs roles. This investment in training and development has enabled many routine procedures, clinics and diagnostic tests to be delivered by advanced nurses, AHPs or surgical care practitioners, with the support of the consultant team. This approach has already transformed a range of local services by creating additional capacity, reducing waiting times, attracting new staff and helping to retain existing staff.

In addition, NHS Forth Valley has launched an innovative new partnership with the University of Stirling and Forth Valley College. The Partnership aims to improve patient care and treatments through research, innovation and the delivery of new learning and development opportunities across local health and care services.

This Workforce Plan provides an overview of our population, current workforce, financial context and sets out the current challenges for each of the key staff group, supported by more detailed workforce information. It also sets out our key workforce priorities and plans to address these challenges and describes the work underway to grow our future workforce, support our volunteers and recruit staff from overseas, as part of a wider national international recruitment programme. In addition, it highlights our investment in learning and development as well as staff support and wellbeing.

# FOREWORD

**NHS Forth Valley is an organisation that cares:** cares for our patients, cares for each other and cares for the communities we serve and support. Delivering person-centred, safe and effective care and services remains a key priority for us and we believe if we get it right for our staff, then we will get it right for our patients and the communities we serve.

Our Workforce Plan 2022 – 2025 builds on the learning from the past and looks positively to the future. We are fortunate in Forth Valley to have a highly skilled and committed workforce. This enables us to plan our workforce effectively in partnership with key stakeholders - our staff, staff side colleagues and partners.

We are committed to maintaining an **appropriately trained and developed** workforce who, in their everyday interactions with patients, their families and each other, display our NHS Forth Valley values and behaviours. We have been developing innovative and new ways of working which have been enhanced by digital solutions. New roles continue to emerge that will enable different pathways of care.

A key priority is to further develop a compassionate culture where everyone treats each other **fairly and consistently with dignity and respect and where diversity is valued.**

The working environment is also important to us and we have committed to ensuring staff have access to a **safe working environment that promotes the health and wellbeing of staff patients and the wider community.**

Our three-fold workforce aims have not changed. These are

- ✚ To develop a modern, fit for purpose, sustainable workforce
- ✚ To be an exemplar employer and employer of choice
- ✚ To create and maintain a healthy and modern culture

In common with other Health Boards, NHS Forth Valley faces many challenges in relation to the delivery of ongoing affordable health care. In addition to implementing the NHS Forth Valley Workforce Plan 2022 – 2025, our key workforce priorities are:

- ✚ Refreshing Our People Strategy in line with the National Workforce Strategy by September 2022
- ✚ Implementing our approved Strategic Workforce Wellbeing Plan 2022-2025 including launching our new Wellbeing Website and Management Toolkit from August 2022
- ✚ Launching Our Culture and Compassionate Staff Programme in Autumn 2022
- ✚ Rolling out of Joy at Work from Autumn 2022
- ✚ Enhancing the Employee Voice through 'red flag' partnership meetings; Speak Up; Mediation; Patient Safety Visits; and Exit Interview programme
- ✚ Achieving a sustainable workforce through the new Retire and Return policy; Flying Finish programme; Ethical International Recruitment
- ✚ Increase Employability through our Anchor Institution work
- ✚ Focus on Attendance Management
- ✚ Exploring Regional Workforce Solutions
- ✚ Deliver eRostering Solutions

I would like to say a huge thank to everyone who has contributed to all that we do in our everyday interaction with our patients, partners and each other – it is a privilege to observe and be part of these exchanges and to convert lots of what we do into delivering this Plan. Our commitment to align service, workforce, infrastructure and financial deliverables is something we all aspire to achieve. I commend this Plan to you all.



Cathie Cowan, Chief Executive



# WORKFORCE PLAN 2022 – 2025

The NHS Forth Valley Workforce Plan 2022 – 2025 has been developed using the guidance provided to NHS Boards within the Director's Letter (DL 2022 (09)).

The guidance followed publication of the National Workforce Strategy for Health and Care, The NHS Recovery Plan and both have explicitly highlighted the intention to improve the strategic alignment between workforce, financial and service planning.

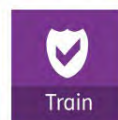


The vision for this strategy is to deliver:

*"A sustainable, skilled workforce with attractive career choices and fair work where all are respected and valued for the work they do"*

In developing our three year workforce plan, we have used the Five Pillars of Workforce Planning to describe our proposed actions for delivering a sustainable workforce to meet the local projected short-term recovery and medium-term growth requirements across our services, as outlined within the National Workforce Strategy.

**Plan:** Supporting evidence-based workforce planning



**Attract:** using domestic and ethical international recruitment to attract the best staff into health and care employment in Scotland

**Train:** supporting staff through education and training to equip them with the skills required to deliver the best quality of care

**Employ:** making health and social care organisations "employers of choice" by ensuring staff are, and feel valued and rewarded

**Nurture:** creating a workforce and leadership culture focusing on the health and wellbeing of all staff

The Director of Human Resources is the Board Lead Director responsible for Workforce Planning across NHS Forth Valley.

## Stakeholder Engagement:

The Workforce Plan 2022 -2025 reflects discussions with a number of stakeholders across NHS Forth Valley including:

- Professional lead officers (Executive Nurse Director; Medical Director; AHP Director and Healthcare Science leads);
- HR, OD and Learning Leads;
- Finance and Planning leads;
- Strategic Directors / Executive Leadership Team
- Staff Side colleagues
- Area Partnership Forum
- Area Clinical Forum

The Workforce plan aligns with our ADP and reflects our local financial planning assumptions.

In addition to the Workforce Plan there are Directorate 'risk-based' workforce action plans in place which have measureable objectives. Achievement against these plans will be monitored through our Staff Governance Committee quarterly.

## Key Timescales:

Scottish Government will review the Workforce plan and feedback to NHS Forth Valley at a meeting with key officers (workforce, finance and planning leads) on 29<sup>th</sup> August 2022

Changes will be made as necessary thereafter to the Workforce Plan and will be shared through our Governance Structures, Executive Leadership Team 12<sup>th</sup> September 2022; Staff Governance Committee on 16<sup>th</sup> September 2022 and NHS Board Meeting on 27<sup>th</sup> September 2022 for final approval  
NHS Forth Valley Workforce Plan will be published on NHS Forth Valley website by 31<sup>st</sup> October 2022

# POPULATION CONTEXT

NHS Forth Valley is one of 14 regional Health Boards and serves a population of more than 310,000 in a diverse geographical area which covers the heart of Scotland. It covers 3 council areas: Clackmannanshire, Stirling and Falkirk.

We provide a range of primary, community based, and acute hospital services and have strong strategic partnerships with our 2 Integration Joint Boards; 3 local authorities and our local University and College Boards.

Our modern acute hospital in Larbert is one of the most advanced and well equipped in Europe and is supported by a network of four community hospital, 56 health centres, day centres providing care and support for patients with mental illness and learning disabilities and a wide range of community-based services. In addition, NHS Forth Valley provides services to 3 National Prisons.

NHS Forth Valley has an annual budget of £640m and is the largest employer in the area.

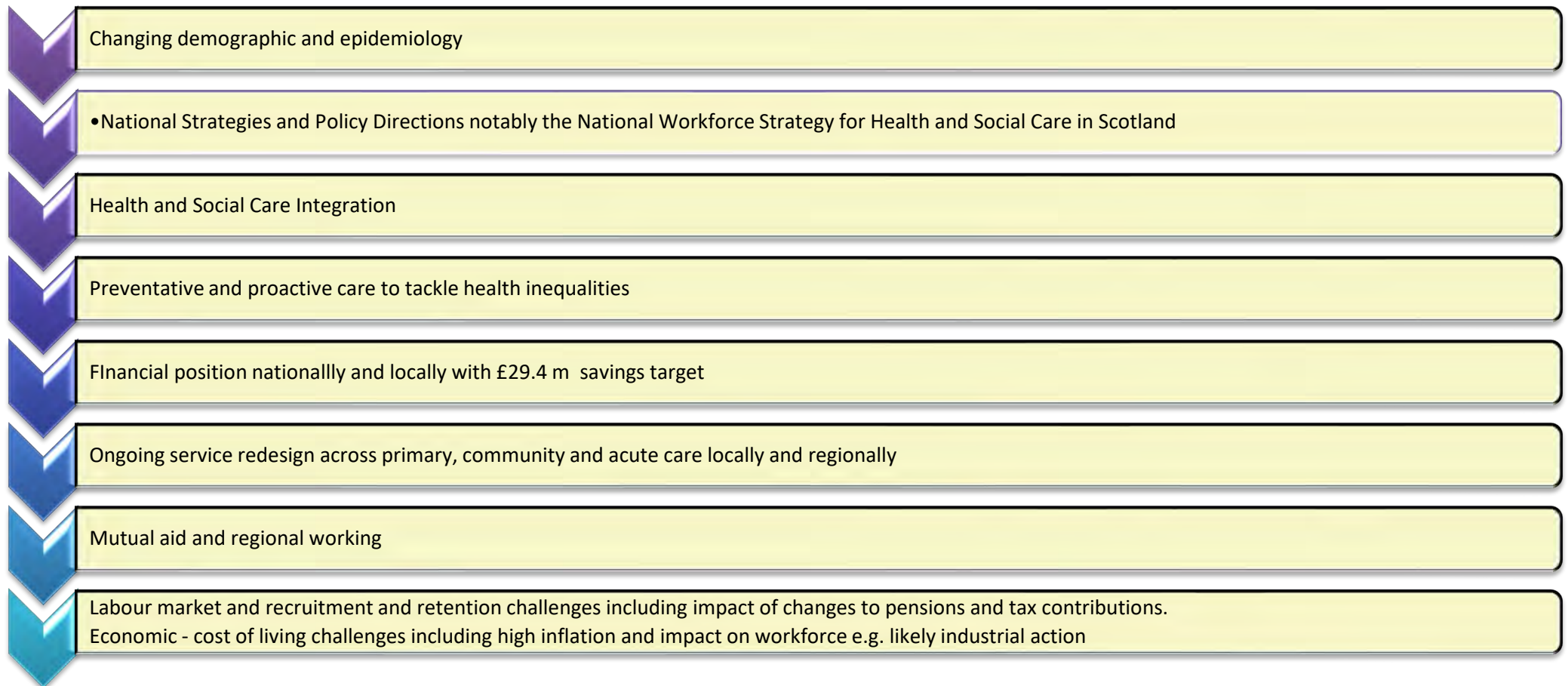
The majority of our staff live in postcodes covered by the Health Board area so will reflect the demographics of the population. Our central geographical position means that we also attract staff from (and lose staff to) Fife, Lothian, Lanarkshire, Greater Glasgow & Clyde and Tayside.



# OUR CURRENT WORKFORCE

## Workforce Drivers

Since the publication of the last Board Workforce Plan, in 2019, many things within the NHS in Scotland have changed. The UK is no longer a member of the European Union, with BREXIT having been completed in December 2019; and the service is still going through the biggest challenge to public health and healthcare since the NHS was established in 1948. The COVID-19 pandemic has dramatically realigned priorities for all NHS Boards and changed significantly some of the challenges that the Board faces. What has not changed is the need to define, identify, attract and retain a workforce for now and into the future. The significant challenges and workforce drivers are:



# WORKFORCE AT A GLANCE

Our Workforce at a Glance as at 31<sup>st</sup> March 2022. Full details can be found in appendix 1.

**WTE - 5882.17**



**Headcount - 6901**

**93.6% of the workforce are permanent**



**Nursing / Midwifery = 52.44% of the workforce**



**39% of the workforce are 50+**



**10% of the workforce are 60+**

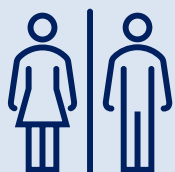
**44.79% of workforce are part-time**



**Turnover 2021/22 – 11.09%**



**85.8% of the workforce are female**



**6.02% absence rate 2021/22**



**1179 Joiners**



**912 Leavers**



# FINANCIAL CONTEXT

The financial position for 2022/23 and beyond remains extremely challenging and it is recognised that the scale and magnitude of the financial pressure has increased during the course of the pandemic.

Uncertainty regarding the wider economic outlook is also a significant concern in light of the financial challenges and key messages flowing from the Scottish Government's recently published resource spending review and medium-term financial framework.

In order to respond to these challenges, savings equivalent to 5% of our recurring baseline budget will be required year on year in order to achieve financial balance. As a result, it is clear that major reform and transformation of health and social care services is essential if we are to deliver better care, better health, and better value on a sustainable basis.

It is acknowledged that transformation will require a whole systems approach to embed innovation, quality, and efficiency in how we deliver local services and our workforce will have a key supporting role to play in this. A savings target of £29.4m has been identified for 2022/23 with further cumulative 2-year savings target to 2024/25 estimated at £45.5m. Work is underway in conjunction with the Corporate Portfolio Management Office (CPMO) to progress a medium-term cost improvement programme to deliver these savings on a recurring basis over the coming 3 years through the development of a pipeline of innovative efficiency projects.



# FINANCIAL CONTEXT

## Fit for Purpose Tests

The National Workforce Planning Framework identifies three principles which must be met to ensure workforce planning conclusions are fit for purpose:

Affordability	Availability	Adaptability
<p>Most of our overall budget relates to staff costs. As a result, it is critical that we ensure best value in the use of this resource. This will involve whole systems working across boundaries and the development of integrated workforce plans in conjunction with our Health and Social Care Partnerships and other stakeholders. It is acknowledged that the complexity of services and inter-relationships between organisations make integrated workforce planning more difficult, but this is essential if we are to deliver truly patient centered care in the right place at the right time.</p> <p>To this end, NHS Forth Valley will endeavour to ensure that workforce planning is effectively integrated with partners, reflects the transformation agenda and post pandemic recovery and is fully aligned with our financial planning arrangements. In terms of delivery of savings targets, any planned staff cost reductions will be linked to digital innovation and workforce redesign programmes underpinned by clear strategies to demonstrate affordability.</p> <p>Our medium-term financial strategy sets out the total resources available to deliver NHS Forth Valley's strategic priorities informed by our strategy deployment approach are designed to optimise health and wellbeing outcomes for our local population. It is essential that our strategic priorities are delivered on a sustainable financial basis within the statutory Revenue and Capital Resource Limits set by Scottish Government. Our overarching approach to this is to deliver better value by driving out waste, inefficiencies and unwarranted variation whilst improving quality of services and outcomes for patients, and maximising opportunities from digital developments and innovation.</p>	<p>Whilst NHS Forth Valley is advantaged by its geographical location enabling us to recruit across the East and West of Scotland, as well as from the central belt, we recognise that we are recruiting from an intensely competitive labour market. We must continue to be an exemplar employer and to ensure that we retain and recruit the staff we need to deliver the highest standard of services for our patients.</p>	<p>This iteration of NHS Forth Valley's Workforce Plan clearly demonstrates that our workforce is changing to meet the needs of our population and is aligned with both financial and service planning, as well as supporting our Local Delivery Plan. We will continue to develop roles and services to ensure that we have the right people, doing the right thing, in the right place at the right time.</p> <p>In addition, our future projections aim to ensure that National planning for all training places takes account of capacity throughout NHS Scotland to provide clinical placements, mentoring, assessment, tutelage and guidance.</p>

# EQUALITY & DIVERSITY STATEMENT

NHS Forth Valley is committed to ensuring that all our employment policies and practices for staff are fair, advance equality of outcome, eliminate discrimination and foster good relations. To inform our areas of improvement we gather quality monitoring data covering all our staff. We will publish an annual summary online of the employment monitoring data we have collated and considered in our workforce equality and diversity reports.

Work is underway to develop a new minority ethnic network for local staff across NHS Forth Valley to help champion diversity and inclusion.

NHS Forth Valley Equality & Inclusion Strategy [NHS-Forth-Valley-Equality-and-Inclusion-Strategy-2021-2025](#) “Everyone Means Everyone” was approved by the NHS Board in November 2021. The strategy was developed with patient and public partners, Equality & Diversity advisors, local equality groups, national benchmarking and staff across the system.

As an NHS organisation, we have a statutory duty to promote equality across our services and to demonstrate fairness and equality. We recognise the need to advance equality and are committed to developing as an organisation in which all our patients, users of our services, informal carers and/or their advocates, families and our staff feel valued, respected and able to be themselves.

The Equality & Inclusion Strategy sets out how we will deliver our ambition and the high standards we expect of ourselves. It demonstrates the efforts we will undertake to build an inclusive culture within our workforce and organisation. It also sets out how we will shape services which actively address inequality and exclusion and address the progressive building of good relations between different communities.

The delivery plan [EQUALITY AND INCLUSION STRATEGY 2021 DELIVERY PLAN.docx](#) supports the implementation of the strategy which is underpinned by the belief that equality, equity and inclusive practice enhance our service delivery, patient, informal carers and/or their advocates experience and staff fulfilment.

All staff will experience a caring and listening work environment which is free from discrimination, specific focus will be given to monitoring the experiences of those from protected characteristic groups. The plan aims to:

- ✚ Gain a better understanding why some groups, e.g. Black, Asian and minority ethnic applicants, and disabled applicants, are proportionately less likely to apply/succeed in getting jobs than other groups
- ✚ Involve staff in decision and staff networks e.g. BAME.
- ✚ Obtain Disability Confident Leader status.



‘everyone means everyone’

# CURRENT WORKFORCE CHALLENGES

## Nursing & Midwifery

The context in which Nursing and Midwifery care is provided across the health and care system of Forth Valley is constantly changing, with the requirement to be responsive to patient demand and need as well as local and national policy drivers. There are also a number of factors which need to be taken into consideration that impact both demand and supply both in the short term and longer term when planning the Nursing and Midwifery workforce required across Forth Valley:

### Impact of Covid Pandemic and National Policy Drivers

#### Demand

- ✚ Currently seeing increased patient acuity and complexity (within acute and community services – akin to winter pressures but now all year round) which results in an increased need for ‘enhanced observations and additional staff to respond to needs
- ✚ Increased need for new services, teams and models of care across the health and care system
- ✚ Increased requirement for additional senior clinical decision makers i.e. ANPs to augment other healthcare clinical roles
- ✚ Increased need for alternative contingency beds within in-patient services in response to current patient demand
- ✚ Growing prison population with an increased need for prison healthcare services which continues to be a recruitment challenge

#### Supply

- ✚ Current staff absence due to Covid is reducing existing workforce and creating a reliance on supplementary staffing to maintain safe staffing levels
- ✚ High staff turnover in some areas e.g. District Nurses, Health Visitors
- ✚ High demand for experienced and appropriately trained staff compounded by loss of experienced staff through retirement
- ✚ Ageing staff workforce profile across certain areas
- ✚ Movement of staff from often difficult to recruit to areas into other specialist areas to progress their careers e.g. midwives moving into Health Visiting and Family Nurse Partnerships roles or Learning Disability nurses moving into CAMHs etc. due to lack of career pathway options
- ✚ Increased staff demand for flexible working options to enhance work-life balance has seen an increase in requests for the creation of part-time posts, particularly within midwifery services

# CURRENT WORKFORCE CHALLENGES: NURSING AND MIDWIFERY

## Planning the Nursing and Midwifery Workforce

The following sections outline the key drivers that influence the ways in which the Nursing and Midwifery workforce across Forth Valley is planned across the different fields of practice and developed to ensure that it continues to be responsive and sustainable by having a focus on both building and progressing careers.

NHS Forth Valley is focused on providing the highest quality of Nursing and Midwifery care. Our nursing and midwifery workforce is underpinned using workforce and workload assessment tools which have been in place and used consistently within NHS Forth Valley.

The information from the tools continues to inform nursing numbers and skill mix appropriate for each clinical area and specialism. These tools have been implemented across all areas including Mental Health, Paediatrics, Neonates, Community Nursing, Midwifery, Community Hospitals and Acute Services. We are committed to using the tools on a regular basis and feedback through reporting structures to ensure safe and efficient staffing in NHS Forth Valley.

Planning for the workforce will also now be underpinned by the duties imposed on Boards through the new Health and Social Care (Staffing) (Scotland) Act which gained Royal Assent in June 2019. This is the first comprehensive multi-disciplinary workload and workforce planning legislation in the UK.

The new law aims to provide high quality care and improved outcomes for those using Health and Social Care services. It will also embed openness in decisions about staffing across all clinical staff groups.

Health boards will have a duty to:

- ✚ Ensure appropriate staffing for Nursing and Midwifery
- ✚ Follow a common staffing method
- ✚ Have real time staffing assessments in place with a risk escalation process.





# CURRENT WORKFORCE CHALLENGES: NURSING AND MIDWIFERY

## Transforming Nursing Roles

NHS Forth Valley is supporting the workforce priority within the Healthcare Strategy, ensuring that staff are being supported to take on new roles and develop new skills to meet the current and future needs of the people of Forth Valley. NHS Forth Valley has embraced the national approach to Transforming Nursing Roles and this is reflected as a key priority in the Nursing and Midwifery strategy “We Care” 2021-2024.

## Advanced Nurse Practitioners (ANPs)

NHS Forth Valley are robustly supporting the professional and clinical development of the ANP role with a specific NHS Forth Valley Advanced Practice Workforce Framework and Governance Framework now in place. This ensures a consistent approach is taken in the development and support of these clinical roles going forward. Currently there are 138 Advanced Practitioners working across a range of settings within Forth Valley. ANP roles can be found within a range of services in Acute Services, Hospital at Home, Urgent Care, Out of Hours, Primary Care and Clinical CHART and Portfolio ANPs, Same Day Emergency Care, Prison Health Care, Mental Health, Hospital at Night and more recently the development of roles within the Emergency Department.

It is recognised that this requires significant educational commitment and investment to underpin the provision of high quality safe and effective practice. The combination of academic preparation to achieve a master's level qualification, clinical competence development and effective clinical supervision is the tripartite approach to the training, education, and maintenance of competency of the ANP. At present (June 2022) NHS Forth Valley is supporting the development of 40 trainee ANPs. These are across Acute, the Out of Hours service, daytime GP Practice, Prisons, Community Hospitals, Paediatrics, Mental Health and District Nursing. Although the ANP role is not a recordable title within the Nursing & Midwifery Council (NMC) register the responsibility for competence remains embedded within the NMC code.



## NHS Forth Valley ANP & ENP Teams



# CURRENT WORKFORCE CHALLENGES NURSING AND MIDWIFERY

To ensure good governance processes are in place the Directorate of Nursing hold a register of all currently employed ANPs as well trainees. Strict adherence to the competency framework is in place and is consistent with the national recommendations from the Chief Nursing Officer Directorate.

We will continue to review all nursing posts as they become vacant, but we are also planning for the future. To embrace the predicted diminishing Medical workforce in NHS Scotland, we are scoping and planning alternative solutions to support junior medical rotas. An example of this is in acute specialities such as Emergency Medicine where there remain gaps in medical rotas. This is often supported by using transient medical staff which can be both expensive and variable in ability, availability, and knowledge of the local processes. As an alternative, we can maximise the contribution of the Nursing workforce and develop advanced practice to ensure we meet the department demands and maintain and increase our standards of performance.

## Learning Disability Nursing

The number of new registrants in Learning Disability (LD) Nursing has steadily increased over recent years, however these numbers are still not meeting demand across Forth Valley and indeed Scotland. There are ongoing challenges recruiting to Band 5 Learning Disability Nursing vacancies particularly within the community and there has been a significant loss of experienced registered LD nurses who have now retired.

Student nurse intake numbers have increased slightly but only two universities offer the Registered Nurse Learning Disability (RNLD) course. This is now being discussed at a national level due to the national shortage. NHS Forth Valley has also increased its number of student placements within LD settings to encourage students to consider future employment in Forth Valley and is working alongside Forth Valley College and the 2 universities to attract students undertaking the HNC in Healthcare, upon successful completion of their programme, to enter into year 2 of their LD nurse training. We have also taken a targeted approach to recruit Return to Practice students who were previously registered LD nurses.

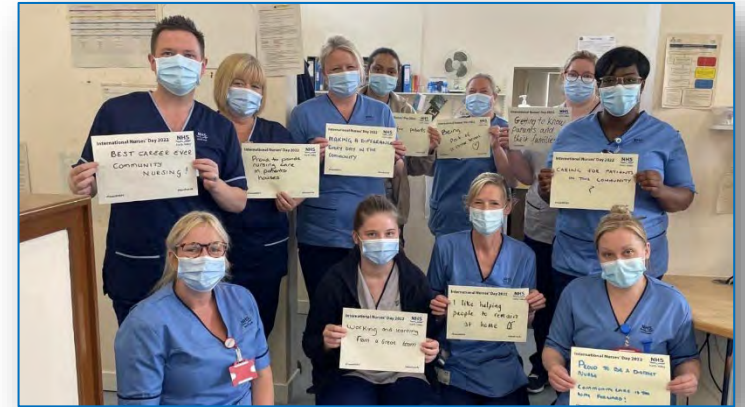


# CURRENT WORKFORCE CHALLENGES: Nursing and Midwifery

## Community Nursing Services

As we continue to progress with supporting the implementation of legislation including the Public Bodies (Joint Working) (Scotland) Act 2014 and the Children and Young People (Scotland) Act 2014 with Health & Social Care Integration, Community Nursing services are facing new challenges in relation to national policy drivers with the added difficulty in recruiting experienced and appropriately trained staff for available posts.

The ageing staff workforce profile also presents a significant challenge.



## Health Visiting

Following on from CEL 13 and the refocusing of the Health Visiting role in 2015 there was a successful Scottish Government programme to increase recruitment and training of the Health Visitor workforce locally.

This was to ensure we would meet the requirements of:

- ✚ the Children and Young People (Scotland) Act 2014, underpinned by the Scottish Government's commitment to the United Nations Convention on the Rights Child
- ✚ Increased emphasis on care planning via team around the child to ensure children's needs are met
- ✚ The Promise Scotland (2021)
- ✚ Embedding the use of the National Practice Model for assessment
- ✚ Meeting the requirement of caseload sizes as per Caseload Weighting Tool to ensure safe staffing

# CURRENT WORKFORCE CHALLENGES: NURSING AND MIDWIFERY

## For the Health Visiting Workforce, consideration is being given to:

- ✚ Implementation and re-introduction of the full Universal Health Visiting Pathway as part of the COVID-19 recovery plan
- ✚ Development of a workforce programme to support the ongoing recruitment and training of appropriately educated experienced and knowledgeable staff
- ✚ Leadership development within Health Visiting including Queen's Nursing programme, and The Scottish Coaching and Leading for Improvement Programme (SCLIP)
- ✚ Implementation of the revised NMC education standards, Standards of Proficiency for Registered Nurses
- ✚ Supervision for all Health Visitors and preceptorship for newly qualified Health Visitors
- ✚ Skill mix review of Health Visitor teams including an increase in the number of team leaders to support excellence in care and clinical supervision and administration staff to support the role of the named person

## School Nurses

The publication in April 2018 of the Chief Nursing Officer Directorate (CNOD) Transforming Nursing Role Paper 4, "The School Nursing Role in Integrated Community Teams" set out a clear direction for School Nursing. This publication outlined 10 priority areas for School Nursing. This resulted in a period of significant change and refocusing of the School Nursing role and remit but will better enable the service to support children and young people in multiple areas. The Scottish Government provided funding for a further 250 School Nursing posts nationally in Autumn 2018 with an end date of Jan 2023. NHS Forth Valley was proactive in progressing the recruitment of appropriately trained School Nurses based on a 'Grow your Own' model. As a result, the service is on track to meet the target completion date of January 2023 despite significant disruption to the education programme due to the COVID-19 Pandemic.

## For the School Nursing Workforce consideration is being given to:

- ✚ Completion of the 3-year programme to recruit an additional 16 members of staff required to complete the Specialist Practitioners School Nursing Course to enable NMC registration as a School Nurse in line with Scottish Government funding allocation
- ✚ Training Needs Analysis for existing staff and mapping of provision is required in areas that are new to the School Nursing service e.g., youth justice
- ✚ Learning & Development of existing school nurses to support learning in line with the 10 priorities e.g. CAMHS, Youth Justice, Looked after Children (LAC) Service and Homeless Services
- ✚ Supervision for all School Nurses and preceptorship for newly qualified School Nurses
- ✚ Leadership development including Queen's Nursing programme, Leading for the Future and SCLIP
- ✚ Implementation of revised NMC education standards, Standards of Proficiency for Registered Nurses
- ✚ Implementation of all 10 priority areas of the school nurse pathway



# CURRENT WORKFORCE CHALLENGES: NURSING AND MIDWIFERY

## Family Nurse Partnership

Family Nurse Partnership (FNP) became a permanent service in August 2017. All pregnant teenagers across NHS Forth Valley expecting their first baby are offered a Family Nurse. The full implementation of the team was achieved in September 2019. However, the Scottish Government Pledge to extend the age for eligibility for the programme from 19 years to 21 years and up to age 24 years for all care experienced young people expecting their first baby will be challenging to achieve within our current staffing allocation. A scoping exercise is currently underway to identify the extent of the possible staffing gaps to inform discussion with the Scottish Government. This programme remains fully Scottish Government funded.

### Consideration will have to be given to the following:

- ✚ Workforce Scoping exercise
- ✚ Impact of recruitment on other services traditionally Health Visiting and Midwifery
- ✚ National training provided via NES moving to master's level for all Family Nurses and Supervisors
- ✚ Support of local training and skills development
- ✚ Experienced staff however they are most likely to be new to FNP role

## Child Protection Service

NHS Forth Valley supports the rights of all children and young people in Forth Valley to be cared for and protected from abuse and harm in a safe environment in which their rights are respected. NHS Forth Valley will work collaboratively at all levels within health services and across partner agencies to promote the wellbeing and safety of our children and young people. NHS Forth Valley Child Protection Service support the aims of the above vision and works, both internally with NHS Forth Valley staff and with partner agencies, to ensure that needs and risks are identified for our vulnerable children including those in need of protection and that appropriate action is taken to support their wellbeing.

### To ensure we meet this vision the service will:

- ✚ Support NHS Forth Valley Services with the Implementation of the revised Child Protection Guidance by Sept 2023
- ✚ Support services to comply with The Promise Scotland 2021
- ✚ Support and inform NHS Forth Valley to ensure compliance with The United Nations Convention on the Rights of the Child
- ✚ Support and inform NHS Forth Valley to ensure compliance with the GIRFEC principles across all areas of practice where children and young people are involved



# CURRENT WORKFORCE CHALLENGES: NURSING AND MIDWIFERY

## For the Child Protection Workforce consideration is being given to:

- ✚ The introduction of the revised Initial Referral Discussion (IRD) process (eIRD)
- ✚ Implementation of the new Multi-Agency Learning Review Model (Sept 2021)
- ✚ Revision of a single and multi-agency Child Protection Learning & Development Programme
- ✚ Review and update NHS Forth Valley Child Protection Guidance to Child Protection Policy
- ✚ Extension of provision of Child Protection Supervision

## Community Children's Nursing Team / Paediatric Daycare Unit

Nationally it is recognised that there is a gap in education for Community Children's Nurses. This is having an impact on the competency of staff who can be attracted to community posts. NHS Forth Valley is represented at Strategic Paediatric Educationalists and Nurses in Scotland (SPENS) where this is being discussed.

Anecdotal evidence would suggest that the number and acuity of patients in each speciality has increased over the past 10 years, including treatment options. Currently NHS Forth Valley is undertaking a scoping exercise to understanding what changes in the staffing allocation are necessary.

There are technological advances currently being made available within the Paediatric Diabetes Service which will have a significant impact on the learning requirements for staff, children and families and education services. This includes the new National Institute for Health and Care Excellence (NICE) guidance on the use of Continuous Glucose Monitoring (CGM) for all patients on Insulin pumps. NHS Forth Valley is waiting on the NICE guidelines being adopted nationally before acting in relation to staff.

## Children's Ward /Acute Inpatient Paediatrics Service

Currently NHS Forth Valley has a stable Paediatric Nursing workforce. It is important however to note that as Scotland has a smaller population of Paediatric Nursing staff in comparison to Adult Nursing, NHS Forth Valley can have some recruitment difficulties at certain points of the year. The reason for this is that the Health Board is positioned adjacent to several larger Health Boards in the Central Belt who normally attract new recruits.

NHS Forth Valley is currently progressing a 'grow your own' sustainable workforce in Advanced Nursing Practice. This is to ensure a safe and effective service in the coming years when it is predicted that there will be a reduction in medical workforce.



# CURRENT WORKFORCE CHALLENGES: NURSING AND MIDWIFERY

## Children's Complex Care Team

Advancements in medicine over the past few years we are seeing many more babies and children surviving longer term with more complex issues that require individualised care packages. Recruitment to these packages requires ongoing funding to ensure these patients and their families are given this vital support to care for their child in their own home. In recent times NHS Forth Valley has supplemented the workforce with bank staff to meet this increasing need. The Health Board however has now authorised the recruitment of a substantial workforce.

## Neonatal Unit (NNU)

The Best Start Programme for the redesign of Neonatal Services will impact the staffing requirements for the inpatient unit. There is a planned reduction of Level 3 NNU's, 3 in total across Scotland resulting in babies who do not require ITU support being transferred to other NNU's to support the Level 3 units. There is a drive for early discharge from hospital which will impact on the Neonatal Outreach Team and will require investment into this team to provide a wider service to support this.

With the predicted reduction in Medical workforce over the next few years, there is a requirement for advanced nursing practice to be supported to ensure safe and effective care can be provided in an acute setting.

Similar to the comment noted for Paediatric Nursing Teams, Neonatal Nursing has a small population of qualified staff from which to recruit. Previously NHS Forth Valley has had challenges in recruiting. This is being addressed through active recruitment practice e.g., advertising via social media and widely sharing with networks.



# CURRENT WORKFORCE CHALLENGES: NURSING AND MIDWIFERY

## Vaccination and Immunisation Team

The Immunisation Team has expanded at pace to meet the needs of the pandemic while also transferring responsibility for the delivery of all vaccination programmes away from General Practice to Health Board, in accordance with the Vaccination Transformation Programme (VTP - Scottish Government 2017).

This increased activity required NHS Forth Valley's Vaccination and Immunisation Team to increase from 13 WTE registered nurses to a team of 112 WTE, made up of Registered Nurses and the newly introduced Band 3 Vaccinator. Band 3 Vaccinators work under the supervision of the Registered practitioner to administer flu and Covid vaccinations in accordance with national protocols. The Health Board works on a ratio of 1 registrant Vaccinator (Band 5) to 3 unregistered Vaccinators (Band 3)

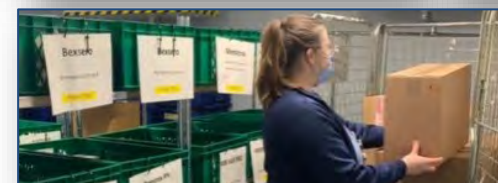
Currently recruitment has been good to the Vaccination and Immunisation Team, however staff retention has been more challenging. On exit interviews it appears that the repetitive nature of the post and recently the lack of clarity of the service model in the long term has influenced people's decision to leave post after on average 6 – 12 months. This has been mirrored nationally.

### Key Issues for this team are:

- ✚ National guidance is outstanding about the scope of practice of the Band 3 Vaccinators going forward. For example: they can currently administer flu and Covid vaccines but no others.
- ✚ The future of large vaccination programmes/delivery models/programme expansion is unconfirmed
- ✚ National governance on large scale programmes has given little flexibility to local teams in matching workforce-timeframes
- ✚ The recent expansion of the Vaccination and Immunisation Team has had an impact on recruitment for acute service.
- ✚ Funding for workforce for the Immunisation Team is still under close review both locally and nationally to secure a long-term recurring funding for the service

Recently the team have offered learning placements to the year 2 student cohort under the direction of the Practice Education Facilitator (PEF).

Staff learning has been streamlined nationally with National Education for Scotland (NES) providing a great learning resource on Turas.



# CURRENT WORKFORCE CHALLENGES: NURSING AND MIDWIFERY

## District Nursing

There is provision of a wide range of community-based nursing services which are delivered in homes, Health Centres and clinic settings across Forth Valley. These are provided by the District Nursing Service who play a crucial role within the Primary Healthcare Team. They visit people within their own homes, Care Homes, (residential and Nursing Homes) and Treatment Rooms providing increasingly complex care for patients and supporting family members and carers.

Services are delivered locally where possible, working to meet the needs of patients of varying complexity with access to area wide specialist teams where appropriate, these include services such as the Hospital at Home Team, Reach Team, Continence Services, Tissue Viability and the Hospice.

District Nursing work remains both preventive and supportive. It is responsive and able to deliver anticipatory care rather than crisis led intervention, allowing people to live independently, supporting health and wellbeing for both them and their carers; and supporting self-management. People are living longer, often with complex health conditions.

**In order to build a district nursing workforce which is fit for the future and in line with the 2020 and 2030 vision the following is taken into consideration:**

- ✚ Increasing patient frailty and complexity and an ageing population
- ✚ Increasing number of patients who receive end of life care at home
- ✚ Increase in post operative care required due to earlier discharges from hospital
- ✚ Requirement for effective care for people with long term conditions, establishment of nurse-led, person centred, outcome focused, anticipatory programmes of care which support resilience and self-management
- ✚ The need for continuous improvement with a focus on better personal outcomes for those in our care
- ✚ Prevention and early intervention to support the public to manage their health conditions
- ✚ Impact of social deprivation, housing, and employment
- ✚ Service changes and improvements as a direct result of the covid pandemic

There is currently a Transforming Community Nursing Delivery Plan in place and the review of the District Nursing workforce and requirements going forward has identified that although there are a significant number of Band 5s likely to retire within the next six years. recruitment to these posts is generally not an issue.

Although recruitment to Band 6 posts remains a challenge nationally, with current District Nursing trainee numbers and continuation of the transformation plan and model over the next 3 to 6 years, the District Nursing Service is on target to fill upcoming vacancies. In addition, in line with predicted retirements and the career pathway there is a requirement to support a minimum of four staff per year to complete the District Nursing Specialist Practitioner Qualification.



# CURRENT WORKFORCE CHALLENGES: NURSING AND MIDWIFERY

## District Nursing

Work continues to support the development of staff in line with the DN Career Framework. This has therefore meant over the last few years; a significant number of staff have been supported to develop Advanced Practice skills, however, in terms of career progression, they have moved onto other services. This has further impacted on the ongoing issue in relation to recruitment and retention of District Nurses. Work through the Transformation Plan has therefore focussed on the development of career pathways and has recently seen the introduction of the addition of Level 7 ANPs to the DN workforce to ensure provision of assessment and care at a senior level of advanced clinical decision-making for highly complex patients. Working as part of the integrated team, ANPs will prevent hospital admission and support timely discharge. Other aligned community roles such as Tissue Viability and Continence remain difficult to recruit to due to lack of specialist qualification needed for the roles. This has resulted in a need to take more targeted approaches to the recruitment and development of these roles and exploring a 'growing from within approach'.

## General Practice Nursing (GPN)

As with other community services the GPN workforce also has an ageing demographic that will see further anticipated retirements in the next couple of years. The revised General Medical Services (GMS) contract altered the role of the GPN with aspects of the role moving to health board responsibility for example treatment room provision, aspects of long-term conditions monitoring and immunisation. The CNOD Transforming Nursing Roles Paper 6 published in 2018 focused on the revised role of a GPN as part of the wider Community Team.

### For General Practice Nursing consideration has been given to:

- ✚ Workforce demographics and anticipated high retirement rate in the next 3-5 years
- ✚ Changing composition of Primary Care within practices and locality hubs including Mental Health Practitioners, ANPs, Care and Treatment Nurses and Immunisation Teams
- ✚ Continuing to promote paper 6 with GP workforce and GP clinical leads to encourage individual practice discussions on levels of practice and promoting career opportunities and enhancing integrated working with community nursing teams. Lead Practice Nurses hours increased to allow a greater focus on this area
- ✚ Leadership development within GPNs including Queen's Nursing programme, Leading for the future and SCLIP





# CURRENT WORKFORCE CHALLENGES: NURSING AND MIDWIFERY

## Prison Nursing

Prison Nursing continues to experience a high turnover of staff with poor retention of staff and difficulty in recruiting to vacancies. The high turnover of staff has led to a significant loss of skills and knowledge. This applies both clinically and to the custodial environment. 16.5% of the workforce are over the age of 55 years.

### The following actions and considerations have been taken for prison healthcare:

- ✚ Workforce planning – The 3 prison establishments continue to utilise the professional judgment tool. Our prison population continues to grow and the needs are becoming more complex
- ✚ An active recruitment campaign has taken place since the beginning of the year with a SNAP campaign; participation in Newly Qualified Generic Recruitment, Open Days at HMPYOI Polmont and HMP Glenochil, promotion on social media, participation in recruitment events at University of Stirling and University of Dundee and filming of a recruitment video
- ✚ Increased placements at all 3 prison sites for Adult, Mental Health & Learning Disability Students
- ✚ Robust career pathway in place with increase in Band 6 & Band 7 posts. These are both in clinical and leadership/management roles
- ✚ Consideration being given as to how the role of the Healthcare Assistant Band 3 can be developed & expanded to support the Mental Health, Primary Care & Substance Use Teams
- ✚ Actively recruiting to practice nurse posts to support the increasing management of people with long-term conditions within the prison setting and reviewing the appointment system
- ✚ Engagement with staff on implementation of a hybrid model of rostering
- ✚ Supporting Leadership & Development Training for all prison nurses



# CURRENT WORKFORCE CHALLENGES: NURSING AND MIDWIFERY

## Child and Adolescent Mental Health Services (CAMHS)

Treatment of children and young people's mental health difficulties requires mental health nurses to have advanced knowledge and skills in a diverse spectrum of mental health difficulties. Nurses are required to be experienced and trained in advanced assessment techniques as well as evidenced based psychological therapies and non-medical prescribing. Due to a National workforce shortage of experienced child mental health nurses, the retention and development of the workforce is crucial to achieving local and national delivery plan targets which aims to see waiting times for this service reduced to 18 weeks by March 2023. The CAMHS Service Specification (ScotGov, 2020) sets out a clear outline for the priorities of the service.

A recent review of NHS Forth Valley recruitment within the mental health sector aims to recruit newly qualified Band 5 nursing posts prior to qualification offering them the opportunity of a substantive post within CAMHS. NHS Forth Valley also aim to build on and up skill the existing nursing workforce across Bands 5-7 with the aim of providing succession planning within our own workforce. Developments will include the addition of the roles laid out in the Transforming Nursing Roles and this is reflected as a key priority in the Nursing and Midwifery strategy "We Care" 2021-2024. FV CAMHS have also recently employed three new Clinical Support Workers to the team. This has had a positive impact, and improved flexibility of the care the service is able to provide.

In addition, specialist roles and training are now required in family-based treatment for eating disorders, administering the Assessment and Diagnosis Observation Schedule (ADOS), and providing care and treatment to those children and young people with the most serious of mental health disorders. The implementation of the Intensive Child and Adolescent Mental Health Service (iCAMHS) brings Forth Valley in line with other CAMHS teams across Scotland with the aim of providing intensive treatment to those children most seriously affected by poor mental health, reduce inpatient care and enable patients and families to be supported within the community. Options for managing Unscheduled Care are also being considered and plans are afoot to liaise with similar nurse led services and develop Forth Valley CAMHS in line with national developments. There is also initial consideration being given to Tier 4 Eating Disorder Services, Paediatric Liaison Services, CAMHS Out of Hours Service and extending the age range of our population with specialist characteristics such as Care Experienced children.



# CURRENT WORKFORCE CHALLENGES: NURSING AND MIDWIFERY

## Child and Adolescent Mental Health Services (CAMHS)

As a key action within The Scottish Governments Mental Health Strategy 2017-2027 - a 10-year vision, ongoing support is in place for tier 1 and tier 2 professional. The aim of this is to build and sustain relationships and collaborative working across primary care and children's services to improve the identification of children who have or are at risk of developing mental health difficulties. A further aim is to facilitate those working with young people to develop strategies which support young people's mental health and wellbeing. The CAMHS nursing workforce continues to provide training to increase awareness in children's mental health to support those working with children and young people and to develop an awareness of the resources available to support young people.

### For CAMHS the following are key requirements:

- ✚ Continuing Professional Development (CPD) and accredited training for existing mental health nurses in relation to intensive treatment including Family Based Treatments in Eating Disorders, Cognitive Behavioral Therapy, Family Therapy and Non-medical Prescribing
- ✚ Development of competency-based learning to providing development opportunities for newly qualified registered mental health nurses (RMN) across Band 5 and Band 6 to ensure workforce retention and succession planning
- ✚ Continuing to support and develop tier 1 and tier 2 professionals through opportunities for direct training, education, supervision and capacity building across all children's services including Paediatrics, Health Visiting, Family Nurse Partnership and School Nursing
- ✚ Continuing to develop and implement varied groups to support children, young peoples and families through education of mental health and wellbeing and ensuring continuity of care
- ✚ The implementation of Choice and Partnership Approach (CAPA) to improve access to our service, reduce waiting times and ensure CAMHS are the most appropriate service to provide care to the family at this time



# CURRENT WORKFORCE CHALLENGES: NURSING AND MIDWIFERY

## Midwifery Services

Implementing the outcomes and recommendations from the national review of Maternity and Neonatal care in Scotland “Best Start”. The recommendations require that services are remodelled to ensure that Continuity of Carer, Transitional Care Models, and an Alongside Maternity Unit (AMU) are implemented. NHS Forth Valley was an early adopter site and we have implemented transitional care as well as the AMU in which occupancy continues to increase. The continuity of carer model piloted in NHS Forth Valley in June 2018 with full national implementation commenced in June 2019. Due to the Global Pandemic in March 2020 the project was paused nationally. NHS Forth Valley has now received a directive from the Scottish Government to recommence implementation. Timescales will be readjusted to effect this change in project plan. We have continued to collect data locally which has facilitated ongoing analysis of the team models.

- ✚ Recruitment to midwifery posts has been more difficult recently which is due to the previous decrease in midwives being trained, this has been reviewed with increased numbers for training but services will take a few years to notice an improvement.
- ✚ Newly qualified midwives do not particularly wish full time employment and are seeking a better work life balance than was traditionally the case.
- ✚ Midwives are choosing to advance their careers to work in areas such as Health Visiting, Family Nurse Partnership and more recently School Nursing which both reduces and dilutes the experienced midwifery workforce .
- ✚ We have advertised for return to practice midwives in a bid to support the current challenges around recruitment.
- ✚ Plans to review maternity service and staffing requirements are ongoing to ensure we are exploring all options.
- ✚ Maternity staff continue to liaise with universities to develop training and link with local schools to promote midwifery as an occupation.
- ✚ Mandatory training throughout the pandemic has continued as far as possible but on a reduced level with priority given to clinical training to ensure safe practice.
- ✚ Theatre work is undertaken by Midwives in NHS Forth Valley, we are currently reviewing maternity theatre activity with the theatre department to see if this can be incorporated into the main theatre team for elective cases 5 days a week.

- ✚ Nationally there is difficulty with the maternity scanning work force. The Directorate has recently converted the ultrasound training post into a permanent position which has been filled.
- ✚ The continued increase in the number of women having labour induced at an earlier stage and/or Caesarean Section as a result of GAP, patient choice and a rise in complex pregnancies impacts on length of stay as well as midwifery staffing. This has also had an effect on the NNU staffing requirement due to an increase in late preterm admissions. MCQIC held a workshop to explore and understand the caesarean section context and variation in rates in Scotland. The workshop highlighted that Scotland’s Caesarean section rate is higher than the other UK nations, with rising induction of labour and caesarean section rates. A further workshop is to be held on 23<sup>rd</sup> August 2022 to discuss challenges and next steps.
- ✚ The increase in vulnerable women continues to impact on the Prebirth Planning workload.
- ✚ Midwifery staffing is affected by the increased number of patients with co-morbidities requiring additional monitoring at Day Care, Triage and Outpatient Clinics.



## Midwifery Services

- ✚ Midwives now offer all postnatal patients with long term contraception before being discharged from hospital. Online training as well as practical training at a sexual health clinic has been implemented to support this agenda
- ✚ As with all other services the workforce profile indicates a continuing number of midwives retiring in the next year
- ✚ Real Time Staffing/Workload Tool – work continues on the maternity real time staffing resource which is scheduled to move to a digital platform shortly. We have seen very good compliance within Forth Valley for this resource and hope to build on this to assist with workforce requirement reports. The workload tool for maternity is nationally being reviewed as feedback from all boards was that it required to be updated to be of benefit
- ✚ Work continues to support staff wellbeing within the maternity workforce in several different projects
- ✚ The e-obs project has been re-launched across the FVRH acute site as part of the overall deteriorating patient safety workstream. It is hoped that the project will deliver an electronic system that will monitor patient vital signs and alert clinicians when a patient is deteriorating, allowing for early intervention and timeous clinical decision making. A project charter has been developed, with representation from Women and Children Directorate
- ✚ Due to the COVID pandemic, mobilisation plans were developed for all areas within Women and Children Directorate to reflect service position as it was recognised that adjustments to service delivery would be required if staffing or demand compromised this. These plans are reviewed regularly and are utilised when delivery of services have been compromised





# CURRENT WORKFORCE CHALLENGES: NURSING AND MIDWIFERY

## Sexual Health

- Sexual Health nursing staffing has maintained. However, following the COVID 19 pandemic and some reduction in sexual health services provided by primary care the has added pressure onto the service. This is currently under review with service redesign to include postal contraception for specific cases. The service is communicating with primary care which will include specific training needs as the service steps up.

## The Meadows

- The launch of the new national self-referral service on 1st April 2022 now offers local services including medical examination to people who have experienced rape or sexual assault without them having to report it to the police first or be referred by GP or other healthcare professional. This may have an impact on capacity within The Meadows and this will be reviewed and actioned accordingly.



# CURRENT WORKFORCE CHALLENGES: NURSING AND MIDWIFERY

## Occupational Health

Forth Valley Occupational Health Nursing is a key part of the Occupational Health (OH) multidisciplinary team.

NHS Forth Valley Occupational Health nursing team is comprised of 1 Head of Service, 1 Lead Nurse, 6 SCPHN OH nurses (WTE 4.39) and 3 staff nurses (WTE 2.0). They are supported by 2 (WTE 0.3) bank nursing colleagues to deliver a range of OH activities to Forth Valley NHS staff, Serco community and those who contract service from FV OH. FV OH nurses have provided excellent organisational pandemic support services. They are working to address Occupational Health core activities paused to accommodate pandemic planning and response.

The OH nursing team provides online and in person fitness for work activities such as, pre-employment health assessments, in - service self and management referral appointments reporting to managers with client informed consent. OH reports include advice to staff and management on fitness for work, potential workplace adjustments, safety critical driver health assessments and Health Surveillance (HS) such as noise, skin.

Due to OH core workload displacement Governance and HS represents an area of unmet need. OH nursing must address mandatory health surveillance which should be identified by managers commissioning roles for recruitment. OH nurses collaborate with national and local services to provide an evidence-based approach underpinning service delivery and consultancy.

Access to NMC approved OH nursing courses is a quality standard required to future proof OH service provision. A FV OH staff nurse has completed the first year of her SCPHN OH nursing course and another is seeking access to the same. This is unlikely to occur for 2 years. Scottish OH nurse managers who engaged with the NMC to develop post registration and education standards have since lobbied the NMC, approved educational providers, HR Directors, the CNO, Directors of Nursing and NES about the 2-year lack of NMC approved SCPHN OH courses. Due to OH core work displacement, and retirements from OH nursing there will be an immediate and enduring impact upon NHS Scotland OH service capacity. A collaborative approach to address this 2 year pause on NMC SCPHN OH courses is urgently required.



# CURRENT WORKFORCE CHALLENGES: ALLIED HEALTH PROFESSIONALS

## AHPs

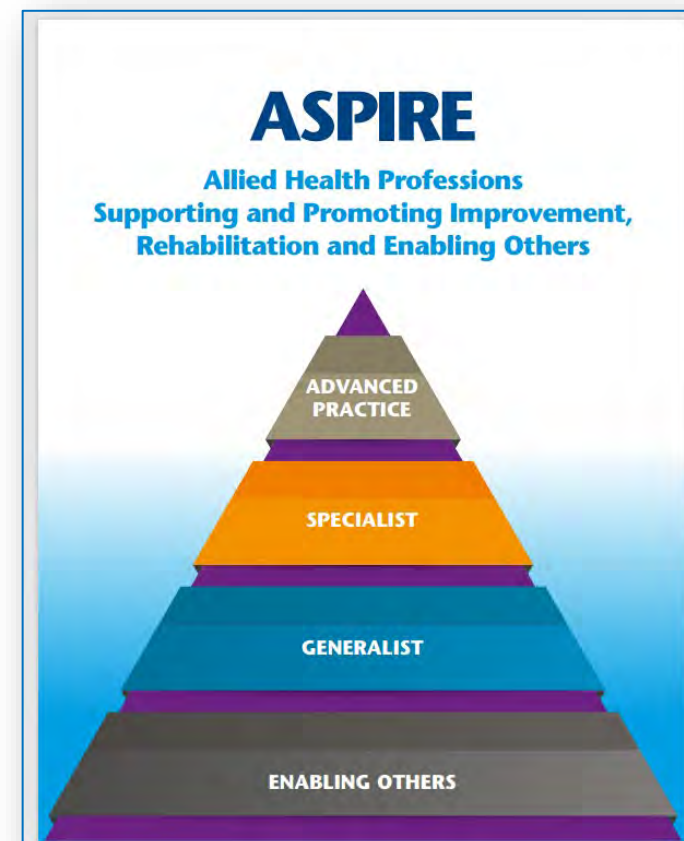
### AHP Workforce

Allied Health Professions\* (AHP) provide vital and valuable services to the people of Forth Valley in partnership with colleagues across Acute, Health and Social Care Partnerships, Education, and the 3<sup>rd</sup> sector. AHPs have been delivering effective and evidence-based services underpinned by a commitment to improvement methodology and the key principles of ASPIRE 2020 delivering on the corporate objectives of Forth Valley Health Board, and the strategies of Falkirk and Clackmannanshire and Stirling HSCPs.

There has been significant learning from the impact of the pandemic on service provision which will inform service design, delivery, and workforce planning. The organisational structures across Forth Valley bring complexity to workforce planning, with significant challenges in ensuring equity of service, particularly where services are hosted and delivered across the organisational structures. Excellence in Care is the transformational plan for AHPs in Forth Valley for the coming 3 years, building on the learning from the provision of service delivery through the pandemic and the work-streams of ASPIRE. Excellence in Care sets out 6 shared core ambitions for all AHPs across professions, care groups, and all parts of our organisation in Forth Valley for the coming 3 years. These establish the principles for a culture shift in practice with a focus on prevention, rehabilitation, collaboration, and multi professional working with the local communities and people of Forth Valley at the heart of service.

In addition in an increasingly busy policy landscape this plan seeks to support delivery to the National policy and legislative agenda across CYP and adult service delivery in Scotland.

This plan will build on the foundations of Aspire <https://nhsforthvalley.com/wp-content/uploads/2014/06/AHP-Allied-Health-Professionals-Strategy-2017-2021.pdf>



# CURRENT WORKFORCE CHALLENGES: AHPs

## AHPs

### The main drivers for AHPs include:

- ✚ Safe Staffing Act: Health Care Support Worker development planning; AHP Workforce and Workload (HISS/Scottish Government)
- ✚ National Care Service
- ✚ Health and Social Care Integration (ongoing)
- ✚ Health Improvement Strategy
- ✚ The Rehabilitation Strategy
- ✚ Long Covid Delivery
- ✚ The Care Home Framework
- ✚ Aspire 2: Excellence in Care: new framework of service delivery and ambitions for care for AHPs in Forth Valley
- ✚ The Quality Strategy
- ✚ Realistic Medicine

- ✚ Health and social care partnerships' strategic plans and delivery plans
- ✚ Primary care transformation
- ✚ Unscheduled Care including 7-day services
- ✚ Ready to Act: A National Plan for AHPs who work with Children and Young People
- ✚ Additional Support for Learning Action Plan (Morgan Review 2020) Scottish Government
- ✚ Implementation of UNCRC
- ✚ Covid Recovery Speech Language and Communication Plan (Scottish Government 2022)
- ✚ Connecting People Connecting Support: Dementia Strategy
- ✚ Plus Forth Valley Estate Development Workforce Impact



# CURRENT WORKFORCE CHALLENGES: AHPs

## AHP Issues

Recognising the value and contribution of AHPs in delivering to organisational and national priorities is critical for effective, efficient, safe and person-centred service delivery and outcomes. AHPs contribute to the AHPs support the NHS Scotland 2020 vision which has a focus on community living, of supporting people to live longer, healthier lives at home, or in a homely setting; a focus on integrated health and social care and a focus on prevention, anticipation and supported self-management all of which are at the heart of AHP service delivery. The priorities for AHPs can be summarised as follows:

- ✚ Leadership and capacity for quality improvement and data to support workforce business cases
- ✚ Maximising the use of technology where appropriate

## AHP Service Delivery

Given the considerable challenges and opportunities that exist for AHP practice, there is a need to articulate how the AHP workforce can be supported to develop in each of these 4 tiers:

<b>Tier 1</b>	<b><u>Application of Advanced Practice and beyond</u></b> ✚ managing the most complex patients, and taking on increasingly skilled work that may have previously been undertaken by medical colleagues e.g. management of spasticity, diagnosis of learning difficulty; extended scope physiotherapists in GP practice; carrying out video-fluoroscopy; head and neck valve management	<b>Tier 3</b>	<b><u>Application of Generalist practice</u></b> ✚ managing a wide range of clinical presentations using broad professional knowledge and skills across a wide range of settings. For community staff this is likely to be services that are delivered within localities and lends itself to competency based, interdisciplinary working, where staff cross professional boundaries where they have the competencies to do so
<b>Tier 2</b>	<b><u>Application of Specialist practice</u></b> ✚ delivering specialist input to patients with more complex needs	<b>Tier 4</b>	<b><u>Enabling others</u></b> ✚ Universal approach to sharing knowledge and building capability and capacity in others; training, educating and enabling others to be able to positively impact on the health of the 'communities' where they live or work



# CURRENT WORKFORCE CHALLENGES: AHPs

## AHPs

### Workforce Planning and Workforce Development

Contemporary and affordable workforce plans that capture new ways of working need to be in place to maximise the contribution of the AHP workforce. These need to reflect the workforce requirements for integration and to deliver the Healthcare Strategy, and cross organisational and policy imperatives.

AHPs in Forth Valley will be working to deliver to the Safe Staffing Act and the NMAHP Workforce workstream being taken forward for AHPs by HISS, NES, and the Scottish Government. This work will commence with a Forth Valley wide Service Specification workstream across AHP Services to determine current workforce to need ratios in different populations and delivery across the AHP Framework (Fig 1).

Baseline data of offers across Universal, Targeted and individual Levels of provision will act as a foundation for workforce service design and delivery change programme planned over the next 1-3 years. This will include project planning for adherence to the Safe Staffing Act and the AHP Real Time Staffing workstream. This activity will be reported in a Workforce Service Specification Report in autumn 2022.

AHP service delivery will be designed and delivered based on this framework, taking forward transformational change, and moving towards a shift in the culture of practice involving a focus on early intervention and prevention. In committing to a systematic shift in the culture of practice to embrace early intervention and preventative strategies in service delivery, it is recognised that for many services, current systems and models of care make it challenging to shift the balance of care. AHPs will need effective cooperation from and partnership-working with universal services (including public health) and partners across the organisation and H&SCPs to realise this ambition.

All Professions and services will progress towards this framework of delivery over the next 5 years underpinned by a commitment to quality improvement, data collection analysis, and reporting and care assurance through robust governance procedures, evidencing the impact of the ambitions of this plan for people of Forth Valley.

# CURRENT WORKFORCE CHALLENGES: AHPs

Safe staffing and workforce/workload work-streams cannot be achieved in a silo by individual professions and will require AHPs to learn from services that have evidenced a cultural shift towards the use of specialist resources in the most impactful ways. This will change how we view workload and create new opportunities for system-wide workforce planning. As we Remobilise, Recover and Redesign, AHP workforce planning choices can only be truly understood by examining local needs, our existing resources, and joint planning with all our delivery partners in all settings. How we perceive each other's roles and work between professions will be key for leaders to understand the potential of what could be possible.

The trilogy of National Health and Social Care Workforce Plans [1, 2, 7] set out recommendations to support workforce plans that deliver high-quality, person-centred integrated care with the right people, in the right place, at the right time. Building on these recommendations, the Integrated Health and Social Care Workforce Plan for Scotland sets out a whole-system approach to workforce planning that puts safe, effective, and high-quality integrated services at the heart of all workforce decisions. (Workforce Paper NES 2021)

To commit to this workforce ambition, AHPs must be given the ability to record and gather essential information on e-Systems that are fit for purpose. Data should be easily extracted to national repositories but remain transparent, functional, and beneficial at a local level using data collection tools that are of minimum burden and maximum utility. Part of this challenge includes examining the data we chose to value and collect, how we ask clinicians to gather data, and the way this data is received by national repositories (NES Workforce Paper 2021) FIG 1



## Professional leadership

As operational responsibility for services transfers across to IJBs, it is important that professional leadership and governance arrangements reflect contemporary practice. With more integrated ways of working, service delivery is no longer linear and roles and responsibilities can be shared across organisations, not just public service organisations. So the need for clear and robust professional leadership arrangements becomes increasingly important to assure safe patient care and safe professional practice.

## Key AHP Workstreams

AHP services continue to review the contribution they make to person centred care and to the patient's experience within the 4 tiers listed above and continually strive for improvement in patient experience, efficiency, effectiveness, timely interventions, and patient safety.

# CURRENT WORKFORCE CHALLENGES: AHPs

Some of the key areas of improvement work that have an impact on the AHP workforce are:

## Partnership Working

Partnership working needs to be at the heart of everything AHPs do in services for people. AHPs will create mutually beneficial partnerships with people, carers, parents, and families within and between partner organisations to develop genuine collaboration and multi-professional working and hubs for improved health and wellbeing outcomes. We will build on present collaborations and recognise the existing opportunities created by partners in the third sector in local communities, which will enable us to work collaboratively to improve population and individual well-being. People, their parents, carers, and families will be supported to develop knowledge, skills, and confidence to more effectively manage and make informed decisions about their health care, which will be coordinated and tailored to individual needs, with a focus on co-production and measuring the outcomes that matter to people.

## Access

The focus for people who access AHP services will be on promoting their well-being and enabling them to self-manage their challenges. Access in this sense is broader than direct individual service provision. It also includes access to:

- ✚ information
- ✚ services in a timeous manner
- ✚ provision of support and strategies to promote self-management
- ✚ education and skills development for partners
- ✚ new ways of organising and delivering services
- ✚ flexible working (such as twilight clinics for children who are in school and evening workshops for parents, carers and families) as needed by the local population
- ✚ A focus on early intervention and prevention does not diminish or replace the need for people to have access to effective, evidence-based interventions at individual case level, and this framework makes expertise at different levels accessible to meet needs at different times. Such an approach has the potential to benefit people's health and well-being, reducing dependency on services while offering access to direct intervention when required. Many services have (or are developing) universal and targeted approaches, which complement the delivery of individual -level services. A practice shift towards resourcing and developing early and preventative interventions and service delivery across AHP services was implicit in the findings of the Commission on the Future Delivery of Public Services in Scotland, which called for a radical change in the design and delivery of services, with person centred service provision, effective partnerships and early intervention and prevention.

Evidence has emerged from the transformational change in AHP CYP services in Scotland that a commitment to resourcing early intervention universal and targeted level supports, has the potential to improve access to support at the point of need, reduce demand on individual level services and increase confidence in communities about access to support (Ready to Act in Action Scottish Government 2018). This work-stream will include scoping the current provision of early intervention and prevention offers and resources across Forth Valley.

# CURRENT WORKFORCE CHALLENGES: AHPs

## Job Planning; Clarity of roles and accountabilities

Working with Coordinators and Team Leads to undertake a job planning workstream using RACI to explicitly articulate the roles and responsibilities of Coordinators and Team Leads and to ensure reporting and accountability to the new Governance Strategy. Inclusion of AHPs currently outwith the professional governance structures currently in place for AHPs in Forth Valley.

## Service Specification

Undertaking an AHP wide service specification workstream to map current service offers and resourcing and identify gaps across the AHP Framework particularly considering capacity for delivery to the core principles of early intervention and prevention and community-based service delivery.

## Transforming Roles

Working collaboratively with NES to implement the transforming roles workstreams ensuring safe effective efficient and person-centred care across the whole workforce. Developing Advance Practice Roles and implementing the HCSW development guidance. Building on the First Point of Contact Practitioner roles and testing these in additional AHP professions in Forth Valley. Creating new roles for supporting rehabilitation, rehabilitation and preventative mobility interventions through the employment of Exercise Specialist Support Worker roles as part of the soon to be launched Partnership with Forth Valley College and University of Stirling.

## Pathway development

Review and enhancement of the Falls Pathway workstream to support the Falls Coordinator Role currently being recruited to in Clackmannanshire and Stirling Development of multiagency working e.g. Falls pathway, developed links with Fire Service and refreshed work with Scottish Ambulance Service. Continued development of closer to home that focuses on prevention of admission, across Forth Valley. Development of the Rapid Response Teams and enhanced Hospital at Home. Further implementation of MSK pathways and support from QI to address significant waiting lists post Covid.

## Quality Improvement

All workforce development and service change workstreams in Forth Valley will be underpinned by Quality Improvement to generate data evidencing impact of any changes and supporting learning moving forward to transforming the ways our workforce is configured across the AHP Framework. We are committed to supporting applications for SCLIP and SCIL and ensuring QI support is developed internally to our own services and used to the collective good across the organisation. We have several QI supported workstreams in place currently which will enable improved outcomes for people in Forth Valley including the MSK Pathways workstream.

## Governance

AHPs in Forth Valley are working to deliver to a detailed Governance Strategy which will increase assurance in respect to safe, effective and efficient service delivery with a commitment to accountability and exception reporting to reduce variation across service and provide assurance of quality service provision.

# CURRENT WORKFORCE CHALLENGES: AHPs

## Community

Change in the focus of service delivery, with supports closer to where people live in their local communities, understanding the diverse needs of local populations and the impact of inequalities and socioeconomic determinants on health and wellbeing outcomes will be central to workforce and workload work-streams for AHPs in Forth Valley. This ambition has as its driver a need to acknowledge inequalities in accessing support for our people in Forth Valley and to collaborate with our partners in making access to help at the point of need easier and relevant. Our data shows us that up to 82% of our non-attendance at clinic appointments is by people who live in our highest areas of deprivation. It is critical in seeking to meet the needs of our whole population that we make changes to how and where we provide our knowledge expertise and supports and how we collaborate with our colleagues and partners providing community-based support. AHPs will work collaboratively and in partnership with stakeholders and communities to understand what is needed to improve well-being outcomes, agreeing specific services at universal level. Focused work will be undertaken to support and strengthen early intervention, creating a Forth Valley wide approach to support the development of targeted offers. This workstream has the potential to transform where our workforce is deployed to support communities' needs as identified by them and will reconfigure the use of our workforce resource across the Framework (FIG 1)

Socio-economic inequalities and evidence showing poorer outcomes for people and families living in poverty and with low incomes strengthens the need for the development of prevention and early intervention support. AHPs' contribution to reducing the inequalities gap in Forth Valley is significant, and their role in this area needs to be promoted and valued.

## AHP Education and Development

All AHPs are registered with the Health Care Professions Council and since 2006 evidence of CPD and the learning and outcomes achieved from it are now a legal requirement for registration and re-registration. The roll out of clinical supervision provides additional assurance about safe and effective practice.

Increasingly, CPD activity has become more patient, service and care group focused delivering better outcomes and economies of scale and organised in a more co-ordinated way, across both health and, where possible, social care, education and 3<sup>rd</sup> sector. AHP care groups has provided a focus for learning needs to be identified across professions and that has provided a helpful cross profession forum for shared learning and development.

The NHS Education Scotland (NES) AHP Career Fellowship Scheme continues to provide funding on a bi-annual basis and FV have received funding for a number of staff to support their learning while delivering on discrete projects.

The role of the AHP PEL is also to look at learning needs across AHPs and maximise opportunities for shared learning e.g. training needs analysis for implementation of clinical supervision. The AHP Education and Development Group provide direction to the AHP PEL to promote AHP education and development to support national and local priorities and work force development. AHP PEL has been part of the group looking to implement clinical supervision within NHS FV.

Scoping the mandatory learning needs for all AHPs in Forth Valley is a critical component of supporting delivery to roles as part of job planning and the new AHP Governance Strategy.



# CURRENT WORKFORCE CHALLENGES: AHPs

Whilst Workforce planning must be considered as it relates to each individual profession (as these professions are not interchangeable and have specific workforce challenges and needs), there are overarching themes which thread through all of the Allied Health Professions.

## Themes

Recruitment to Allied Health Profession Vacancies across Scotland is problematic and most recently, NHS Forth Valley has experienced long term vacancies for all Bands across AHP services. Demand for AHPs is extremely high and current workforce levels are not meeting need in terms of both numbers of referrals being received by services and safe caseload numbers to achieve outcomes for patients. This has resulted in long waiting times/lists for all patient groups.

New graduates who trained during the pandemic are requiring additional support from senior grades of staff due to the limited hands-on experience, with resulting impact on capacity. This will continue to be an issue going forward and will require to be incorporate into future workforce planning in recognition of the need to retain our junior workforce and support wellbeing across all grades.

Reductions in the available workforce and the impact of the cost-of-living crises is impacting on where new graduates (and other experienced staff) can live and work. We need to ensure FV is an attractive place to work, creating new and innovative career opportunities and pathways into healthcare employment as part of the Allied Health Profession workforce.

Succession planning requires to be a central aspect of planning for example we currently, within MSK Physiotherapy, offer opportunities to develop clinically to 8A level. It is essential all roles are developed across the 4 pillars of practice.

We are developing pathways to offer UG and PG students experience within healthcare as support workers on our local staff bank. This will enhance their learning experience and expedite recruitment on qualification.



## Aspirations

Contemporary working: An oversight group to progress consideration of 5/7 working for services where this level of flexible working has been re-established. This group will build on the work undertaken previously in NHS Forth Valley and HSCPs to ensure a robust approach to supporting weekend working, flexible shift working and securing on-call rotas. This will help us utilise facilities over 7 days to increase capacity but will have depend on resources available.

## CURRENT WORKFORCE CHALLENGES: AHPs

**New Roles:** Given the current recruitment challenges across AHP professions, it is critical to explore new roles which can support practice and peoples outcomes. This will include development of support worker roles including Exercise Support workers building on the partnership with University of Stirling and Forth Valley Colleges. Exploring Apprenticeships as routes into the healthcare careers in Allied Health Professions will be critical given the student issues outlines above and we will be working in partnership locally and nationally to support these roles developing going forward.

We are committed to support Return to practice within AHPs and are working to implement the NES RTP guidance however we need to ensure we have capacity within services to support this.

**Advance Practice and Consultant roles:** These roles have been developed in NHS Forth Valley and we will continue to develop these roles particularly in respect to First Point of Contact early intervention and prevention/public health roles to support population wellbeing, and AHP led wards and clinics.

The APP roles established as part of the GMS agreements for Primary Care have impacted on the PT workforce. Whilst offering fantastic opportunities the limited workforce planning nationally has impacted on the available resource with the PT profession). We are testing the OT roles in this area and have been involved in discussions at a national level around the role for Dietetics. ESP roles for PT within, rheumatology and Pain services are well established.

The new proposals for the new Falkirk Community Hospital and the development of hubs will enhance interdisciplinary working and give AHP bespoke environments to deliver care differently focusing on early intervention and prevention.

**Long Covid Supported Self Management:** NHS Forth Valley is progressing development of Multi Disciplinary provision to support people in NHS Forth Valley living with the impact of Long Covid. The learning from this work will support the evidence base of how best to support people with Long Covid. This work is supported by people with lived experience as key partners in developing roles and supports.

AHP services in NHS Forth Valley are part of the current NES pilot of professional coding and classification to support understanding of the Professional groups and subfamilies. In addition in order to be clear in what is needed for the current and future AHP workforce in NHS Forth Valley, work is underway to test job planning and undertake service specifications based on prevalence of disease, demographic impact on need and workforce numbers. This will contribute to the current National workforce workstream relating to the Safe Staffing Bill and will enable us to have clarity and specificity regarding the numbers of AHPs required to deliver safe, efficient and effective health care and patient outcomes.

**Skill Mix:** With the issues relating to recruitment and student numbers, it will be important to consider what skill mix can look like moving forward. This will include developing the roles of health care support workers is developed and grown and the value of these roles highlighted for all AHP services in NHS Forth Valley.

# CURRENT WORKFORCE CHALLENGES: AHPs

There are national challenges to recruit school leavers to AHP courses for the first time this year AHP HEI places have gone to clearing we are working closely across FV with our Health and HSCP to promote the AHP professions with learning environments including the NHS Academy.

## International Recruitment

Recent funding announcements (October 2022 Scottish Government) bring Allied Health Professions into line with Nursing and Midwifery with funding to include visa and relocation. This will support recruitment to priority posts where recruitment is challenging.

## Uni -Professional Workforce Issues

### Physiotherapy

As for other professions, there are significant recruitment challenges in recruiting to Physiotherapy roles in particular Band 6 roles.

In addition there are issues relating to the levels of capacity required through supervision and in- work support for recently qualified physiotherapists, with impact on workforce /workload and subsequently waiting lists for physiotherapy. This will require planning moving forward as it is anticipated that these support issues will be ongoing.

Student numbers in physiotherapy in Scotland will impact future capacity of physiotherapists. For the first time, Physiotherapy courses in Scotland have been to Clearing as not all places had been filled. Previously Physiotherapy courses have always been over-subscribed. This is concerning for our future workforce.

### Occupational Therapy

Recruitment to occupational therapy posts is also problematic, with vacancy gaps across all areas. The development of new services, where AHPs are integral, has increased demand, not only in Forth Valley but across Scotland but the OT workforce is not there, need to look at future workforce plans anticipating OT numbers required ensuring that workforce is available to meet future demands.

Developments of new services Hospital at Home, Rapid service, Early supported discharge for stroke and need for AHP services at weekend has also placed further demands for new posts.

OTs are in a unique position where they can be employed by health and local authority, recruitment to posts in social care is challenging, and there are many gaps, many of the posts are case managers and not OT specific which detracts from the unique OT contribution and means that patients require to be seen by many OTs in their journey, with lots of duplication and re assessments, this is now being addressed and support to take this forward is there.

## CURRENT WORKFORCE CHALLENGES: AHPs

Current test of change within one of the GP rural practices for OT in primary care is currently underway, along with the national OT in primary care, it is foreseen that roles for OTs in this area is required, but again this will add further pressure for recruitment.

Post COVID the needs of the population have impacted on referrals to AHP services as a direct result of COVID or as a consequence of lockdown.

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### Speech and Language Therapy

Our SLT workforce in adult service provision is small relatively to the other AHP professions and this will require to be a focus for workforce planning going forward.

Funding has been successfully secured for Prison service development.

Our CYP SLT service has undertaken whole system transformational change in line with Ready to Act (SG 2015 and Ready to Act in Action 2018) with significant evidence of impact in service delivery and outcomes.

### Dietetics

Roles within prevention and early intervention are showcased within our PHN team and the DPF and CHW initiatives. We need to ensure we plan for ongoing input and expertise within these areas as this will allow us to provide universal and targeted interventions.

FPC roles within primary care are essential roles going forward and we are fully engaged with national initiatives around this.

# CURRENT WORKFORCE CHALLENGES: AHPs

## Orthotics

This is a very small but essential profession it will be essential going forward to investment in universal and targeted approaches to support this profession.

The HCSW role needs to be scoped within this group.

## Podiatry

There are increasing more complex patients being referred to this group. It is essential we support staff to become NMP to release the pressure on primary care teams.

AHP Services across NHS Forth Valley, Primary Care and HSCPS are currently working in partnership with HIS, NES and Scottish Government in respect to the AHP Workforce/Workload work-streams. We are also a pilot site for the Professional Classification workstream for AHPs led by NES.

As part of our commitment to safe staffing and effective evidence based service provision we are currently undertaking benchmarking of AHP services across Forth Valley to establish our current workforce and how this is used across a tiered model of service delivery. We are also undertaking job planning across professions and grades to ensure governance and accountability in roles in delivering patient care.

This work will inform our workforce planning moving forward, identifying capacity and gaps in provision and providing data in supporting role development, service change and design of provisions in partnership with our communities.



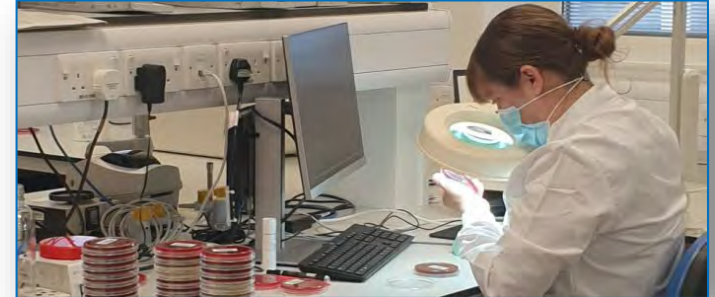
# CURRENT WORKFORCE CHALLENGES: Healthcare Sciences (HCS)

## Healthcare Sciences

The Healthcare Sciences (HCS) contain a number of different disciplines comprising 3.62% of NHS Forth Valley Workforce.

### These include:

- ✚ Biomedical Sciences
- ✚ Physiological Sciences
- ✚ Life Sciences
- ✚ Physical Sciences
- ✚ Clinical Technology and
- ✚ Sterile Services



working in areas such as Laboratories, Audiology, Cardiac Physiology, Respiratory, Vascular Neurophysiology, Vascular Science, Perfusion, Gastrointestinal, Ophthalmic Services and Sleep Medicine. The range of whole-time equivalent staff (WTE) varies greatly across Boards and specialties reflecting the general population distribution and how and where some more complex services are delivered.

### Nationally there are a number of challenges with this workforce including:

- ✚ Lack of consistent/ standardised workforce data – no commissioning
- ✚ Size of the workforce - making it difficult to develop HCS specific programmes
- ✚ Regional variation
- ✚ The disparate nature of HCS - one size does not fit all!
- ✚ Future workforce pipeline



Nationally, there has been workforce planning ongoing around Life sciences (Labs) at national HCS and DiSSG level and a final workforce paper is expected. The Clinical Physiology disciplines are looking at getting good quality data and coding on their workforce, as this is where workforce planning has fallen down in the past. This is being led by the Clinical Physiology executive Board, CPEB. Audiology services in particular are currently undergoing a Scottish Government review.

# CURRENT WORKFORCE CHALLENGES: Healthcare Sciences (HCS)

**Local Healthcare Sciences (HCS) issues are described below:**

## Laboratory Services

There remains a continual challenge to attract and retain scientists and technical staff within all lab areas. The following information provides more detail around the current situation within NHS Forth Valley:

## Clinical Chemistry and Haematology

Both services currently sit with unfilled posts due to difficulties with recruitment and retention. Biomedical Science students did not complete their laboratory placement in 2020 due to the pandemic and we are now seeing the impact of this in 2022 with a delay in graduation. This was discussed at the HATs (Haematology and Transfusion diagnostic network) workforce and education subgroup. Recruitment/staffing issues are affecting labs throughout Scotland.

At the above meeting, SNBTS reported that they are working towards a pool of trained bank staff that could move to labs as required to support vulnerable boards. Plans are currently being drawn up to implement this within the SNBTS supported labs across the country that use the etraceline LIMS system, in an attempt to address current recruitment issues affecting all boards. A national or shared LIMS for BTS and other lab disciplines could facilitate this initiative on a bigger scale across Scotland.

## Pathology

There has been a recent shift in staff from Pathology leaving 2 Consultant vacancies and 2 senior management gaps. There is a national shortage of Pathologists and smaller Health Boards find it more difficult to attract and retain staff at this level. Recruitment is underway to fill gaps with a small selection of candidates. A new Department Manager has taken up post recently with a new Deputy Manager due to start in September and the current absence of a Quality Lead is under review. Imminent plans include a new MOHS service and Digital Pathology.



# CURRENT WORKFORCE CHALLENGES: Healthcare Sciences (HCS)

## Microbiology

Currently good staffing levels, both medical & scientific areas. However, medical staffing has only been at full complement for the past 2.5 years, prior to this, the service ran with one consultant short for several years.

However, in reviewing workforce consideration must be given to the factors below:

- ✚ Nationally, recruitment to the national Covid hubs had significantly reduced availability of workforce for NHS Boards (though this position now improving, will it step up again come winter pressures)
- ✚ Payment scales and the use of Annex 21 differs between Health Boards
- ✚ Use of fixed term contracts from non-recurring funds has led to uncertainty. Staff are leaving for permanent contracts in other Boards. This has had significant impact on investment in training in Forth Valley
- ✚ Recruitment must be from Biomedical Science Accredited degree cohorts (IBMS restrictions) otherwise lengthier, HEI supported training routes must be implemented
- ✚ Extremely limited availability of experienced BMS's, so trainees are invariably the only option
- ✚ Time to train- can be onerous to departments already experiencing staff shortages
- ✚ Training posts in labs do not run as supernumerary posts
- ✚ 2 years training once recruited to post for Specialist Biomedical Scientists - so any staffing gaps cannot be remedied quickly. This requires robust succession planning and ability to retain and train staff
- ✚ Significant training and competency standards to be met under ISO;15189

## Respiratory and Sleep Services

Within these services the main issue is again recruitment. The biannual intake Clinical Physiology undergraduate course at Glasgow Caledonian University was stopped because there was insufficient uptake of places. There are issues with recruiting qualified staff and there is a long training process while in service leading to issues with the scientist workforce being able to keep up with medical requests in periods when short of staff.



# CURRENT WORKFORCE CHALLENGES: Healthcare Sciences (HSC)

## Cardiac Physiology

The Government 2019 Workforce plan supported the creation of 30 additional Cardiac Physiologists and the remaining 13 STP posts for NHS Scotland have just been released. Forth Valley has managed to secure a student starting a MSc equivalent 3-year fixed term training post in September 2022. This post is supernumerary and fully funded by NES and will follow a developing Scottish wide STP training program.

An ageing workforce is a further issue within this service. Of the 20 current staff, 6 of the senior staff will retire within 10 years.

## Medical Physics

Both Clinical Technologists and Specialist Clinical Technologists are extremely difficult to recruit due to a national skills shortage. The department has put a structure in place to allow us to grow our own staff, when possible, filling Specialist Clinical Technologists posts internally from our pool of Clinical Technologists. Clinical Technologists, however, have become increasingly difficult to recruit. Recent appointments were only possible after going to advert multiple times resulting in a gap of several months between the start of the recruitment process and appointment.

## Neurophysiology

Neurophysiology in NHS Forth Valley is currently the smallest service in Scotland with only 2 physiologists totalling 0.74 WTE. Both staff are likely to retire within the next 10 years. Running the service is challenging and there is currently no administration support other than the arranging of appointments by the centralised booking team. There are challenges in trying to reduce the long waiting lists caused by the pandemic and small staffing numbers. There is a pressing need for a service review.



# CURRENT WORKFORCE CHALLENGES: Medical & Dental

## Medical & Dental

The current context for NHS Scotland is the most challenging it has ever been, and NHS Forth Valley is no different to other Health Boards in that regard, with pressures across the whole system as a result of the global COVID-19 epidemic impacting on unscheduled and unscheduled care. The workforce challenges facing the NHS are seen as the greatest current threat to the provision of quality health care in the UK.

### Medical schools

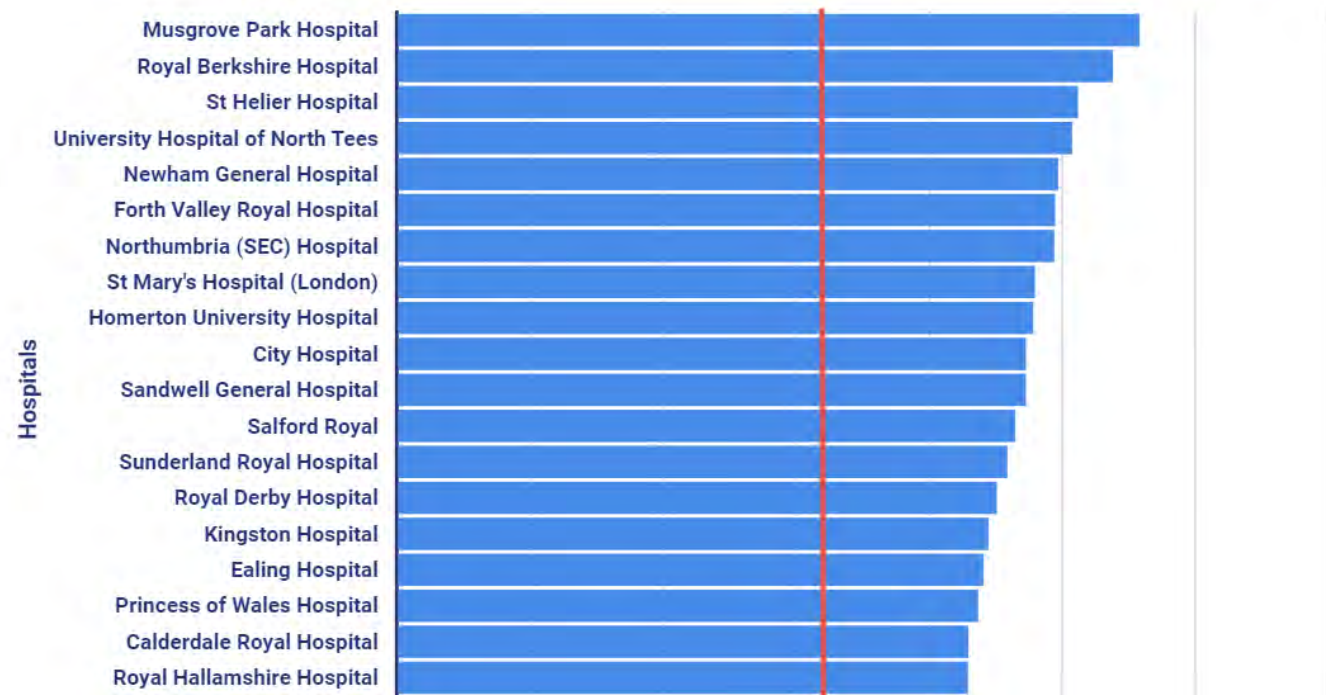
NHS Forth Valley does not have its own Medical School but does provide undergraduate teaching for Glasgow University, Edinburgh University and Dundee University and we are aware of the drives to increase both the numbers of medical students and Medical Schools and we have indicated our willingness to contribute to those developments.

### Foundation programmes

NHS Forth Valley is recognised as an excellent provider of FY1 training and experience, which is a vital building block for future consultant recruitment. The chart opposite is from a self-reported website, Messly.com and is UK wide.

Nationally, the numbers of Foundation programme doctors progressing directly into training has dropped from 83% in 2010 to 38% in 2018. Although those not entering formal training schemes follow a variety of paths, the vast majority return to specialty training within three years. However, this is still an area of concern and means we in NHS Forth Valley need to be prepared to develop flexible approaches to these roles, as that is a significant recruitment factor for these trainees.

Which hospitals are rated the best by Foundation Trainees? (Top 20)



# CURRENT WORKFORCE CHALLENGES: Medical & Dental

## Medical & Dental

### Core and Specialty training

Like Foundation doctors, Core & Specialty trainees are allocated to NHS Forth Valley. Their experiences are fed back to the Director of Medical Education via the GMC survey, and those are disseminated through the organisation. To supplement those trainee numbers, the Board invests in Clinical Development Fellows across many specialities. These roles sit alongside formal training positions and ensure workload for everyone is manageable, rotas are not excessive and all trainees receive an excellent experience, to both further their careers and act as a key step for NHS Forth Valley in future consultant recruitment.

### Consultant Workforce

In many specialities, consultant recruitment is relatively straight forward but in national shortage specialities such as Psychiatry and Radiology, we can encounter difficulties with longstanding vacancies despite repeated efforts. Regular recruitment updates are shared with staff side in Joint Local Negotiating Committee meetings. Our consultant vacancy rate was above the national average in 2019 (13% v 8%) and updated figures are awaited.

### International Recruitment

NHS Forth Valley has participated in international recruitment schemes previously though currently we have no one recruited through these processes. We were relatively protected against the impact of Brexit regulations with no senior medical staff leaving citing that as a reason.

### Working Conditions and Wellbeing

It is in the interest of both doctors and the patients they care for to ensure working and training environments which promote positive wellbeing amongst NHS staff. Health professionals should feel valued and part of a team and have rotas that are predictable, produced well in advance and without gaps and we work to achieve those in NHS Forth Valley. We also invest in a wider approach to wellbeing for doctors, providing a Doctors' Mess for trainees and ensuring there is specific peer support for trainees, and, through our Medical Peer Support lead who has job planned time, for consultants too.





# CURRENT WORKFORCE CHALLENGES: Pharmacy

## Pharmacy

Pharmacy at a local and national level faces significant recruitment challenges over the next three years. These challenges are largely driven by:

- ✚ the rapid expansion in roles, particularly in pharmacotherapy a new GP contract service **and**
- ✚ a lack of adequate workforce pipeline which has driven pressure on the system, increased movement of individuals between sectors of pharmacy and led to significant service delivery pressures. This has led to one of the factors influencing local community pharmacy closures due to a lack of workforce available.

Over the last 26 months (since 2020-present) NHS FV pharmacy have managed **100 vacancies** and **150 WTE** pharmacy staff have been recruited. Vacancy numbers have increased by **450%** since 2019.



### Supply / Pipeline

Scotland has two schools of Pharmacy. Despite the policy direction set out in ***Prescription for Excellence and Achieving Excellence*** there has been little meaningful change in the numbers of students studying Pharmacy in Scotland. Job opportunities have expanded and the Pharmacist pipeline has failed to keep up with demand.

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

Locally in FV we have implemented “a grow your own pharmacy technician” programme and currently within primary care we have 6 Pre-registration Trainee Pharmacy Technicians who are training and will qualify in 2023. Work and support are also underway to encourage the Pre-reg Pharmacy Technician Trainees to remain in one of the FV pharmacy sectors once qualified.



# CURRENT WORKFORCE CHALLENGES: Pharmacy

## Pharmacy

### Education and Training:

The planned roll out of the changes in education and training reforms such as the expansion of Pharmacy Technician training, experiential learning for Pharmacist undergraduates, postgraduate Pharmacists moving through foundation & advanced practice will impact on the current workforce.

A simplistic estimate in terms of the individual impacts on job planning capacities is estimated **0.1 WTE for every post**. For NHS FV, locally investing in the education and training requirements of pharmacy staff will support the board to increase clinical capacity across FV patient services e.g. Pharmacists being integrated as part outpatient/community MDT teams etc.

### Pharmacy Vacancies and planned future posts

Analysis by national 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. These figures have been adapted for NHS FV Pharmacy.

### WTE vacancies and planned posts 2022-2025 (estimated figures for FV<sup>§</sup>)

	Pharmacist	Pharmacy Technician	PSW
Hospital <sup>^</sup>	8.4	7.6	3.8
Pharmacotherapy*	21.3	28.7	4.4
Community Pharmacy~	10.7	3	8.3
Education and Training reform#	8.8	4.8	0.3
Total	49.2	44.1	16.8

<sup>§</sup> Based on national estimates (FV share – 1/20)

<sup>^</sup> 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 pharmacy technicians and doesn't include community





# CURRENT WORKFORCE CHALLENGES: Pharmacy

## Pharmacy

### RECOMMENDATIONS/SUMMARY

Pharmacy remains a small profession, the demand on the profession is growing significantly and the demand for personnel outstrips the numbers of Pharmacists and Pharmacy Technicians that are home grown locally and across Scotland. 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 to improve efficiency within services if patient care is not to be impacted.

### Key recommendations:

- Given the size of the gap there is a need to both:
  - o Increase the pipeline delivery of pharmacy staff by utilising local partnerships to help create pipelines of Pharmacy Support Workers and Pharmacy Technicians **and**
  - o Attract Pharmacists and Pharmacy Technicians from outside Scotland to maximise staffing availability.
- On the demand side there is a significant need to maximise technological efficiency, develop a skill mix that maximises top of competence working and streamline working practices/processes to maximise the staff productivity available e.g. Whole System Working project in NHS Forth Valley Primary Care to maximise/free up the capacity of the Pharmacotherapy Team.



# CURRENT WORKFORCE CHALLENGES: Support Services

## Support Services

Nationally, the requirements for the NHS built environment and the need to deliver sustainability targets, including in response to Scottish Government’s net zero agenda will have implications for local Boards and their services.

**NHS Scotland Assure** is a Scotland wide initiative established by the Programme for Government ((2019) ‘Protecting Scotland’s Future: the Government’s Programme for Scotland 2019-2020’ 3 Sept 2019, Edinburgh, Scotland ISBN: 9781839601279 [www.gov.scot/publications](http://www.gov.scot/publications))\_to strengthen infection prevention and control to ensure patient safety in the built environment. A new national body, established within Health Facilities Scotland, NHSS Assure will have oversight for the design, construction, and maintenance of major infrastructure developments within NHS Scotland and also play a crucial role in the development of policy and guidance role in response to incidents and outbreaks across health and social care. The new body has five key functions: to develop a national leadership strategy; to provide planned lifecycle support; to ensure capacity and capability within systems; to provide a systems response service; and to develop intelligence and knowledge sharing. There are several initial emerging themes for action including: Governance and Assurance; Balancing Time, Cost and Quality; Ensuring that water and ventilation systems are designed for outbreak prevention; and that the systems across Scotland have a degree of preparedness and sustainability. NHSS Assure has also established a national Workforce Planning Service, which aims ‘to develop and deploy strategies to improve the recruitment and retention of staff’, including succession planning, career pathways and market analysis; and to support skills planning required across the system to manage risks in the healthcare built environment and deliver actions to address immediate and anticipated workforce shortages. Within Estates and Capital Planning and in the context of continuing to deliver business as usual, there are three important strategic priorities that the Department will need to respond to, including:



1. Responding to the national agenda, including the NHS Scotland (NHSS) Recovery Plan and more specifically the requirements of NHS Scotland Assure and the Sustainability and Climate Change agenda.	2. Responding to a range of challenging capital requirements, including the establishment of a new Elective Care Centre, the redevelopment of the Falkirk Community Hospital and the capital and operational management elements of the new GP contract, which required NHS Boards to assume responsibility of all GP practice premises across the NHS Board area and ensure that these remain fit for purpose for the future delivery of primary healthcare services	3. Ensuring that the NHS Board has sufficient and sustainable capital and property management resource.
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## CURRENT WORKFORCE CHALLENGES: Support Services

The NHS Board has a number of ambitions within the built environment, but these also present a number of challenges, both in terms of workforce capacity and ensuring that the projects deliver both in terms of quality and compliance requirements set for all Boards. The redevelopment of the Falkirk Community Hospital was a manifesto commitment for Scottish Government and is likely to be the biggest capital project that the NHS Board has managed since the redevelopment of the Royal Forth Valley Hospital, which was more than 10 years ago and the more recent Stirling Health and Care Village. In addition to this large-scale capital development, the commitment within the National Recovery Programme to establish an Elective Centre in Forth Valley, as part of a network of such centres, led by the NHSS Assure programme, together with the development of new primary care facilities, and the commitments of the new GP Contract to improve existing GP premises, will all add to the NHS Board's Capital Plan.

The current team is small and the capacity to deliver the Board's ambitions will need to be addressed through investment. Recently, the team have managed a capital programme of between £3-5m annually, with around 25 to 30 schemes of different sizes and complexity, but these new requirements, particularly the developments in Falkirk and across Primary Care, is of a much greater magnitude and will require a different approach and additional workforce. Although, likely to be addressed through a mix of new appointments, growing staff locally, and appointment of external contractors, it will still be a significant challenge and is not within the current cost base.

The NHSS Assure programme will impact not only on capital projects, but operationally, in relation to building development and life cycle management. Even without bigger projects, the capacity to deliver, achieve both the compliance and quality requirements across a range of areas presents a significant challenge to the team.

Compliance is a theme that runs through many aspects of the challenges facing the department, including within operational estates, waste and travel planning and asset management. Quality of service and sustainability is also a common theme in several services, as is the requirement to implement and support new IT systems within a number of different areas.

Sustainability and achieving the zero waste targets expected of all NHS Boards in contributing to the Government net zero ambitions will be challenging for all Boards. The Targets identified by Government are becoming ever more prescriptive, and again, the NHS Board has limited capacity to address these. The NHS Board does have an Environmental and Sustainability Manager but this is a practically standalone post, with the potential for single point of failure. The Department has recently identified the requirement for a Head of Sustainability and Climate Change and an appropriate supporting structure.

Waste and Travel Planning are closely aligned to this agenda, but like other services face issues in relation to compliance, quality and sustainability. Whilst there is some administrative support for this, they support several sections of the Department's work and the capacity requirements outstrip resources in all areas.

## CURRENT WORKFORCE CHALLENGES: Support Services

The green agenda may be led by the Estates and Capital Planning team, but it is one that needs to be owned across and throughout the NHS Board and will require others to act, to change practice, to monitor and audit compliance, for example, in relation to clinical waste. Many colleagues remain unaware of these additional demands and will present an OD challenge to the NHS Board.

The Department will oversee the introduction of new and improved IT systems to support monitoring and ensure compliance, these include an updated and improved 'Common Data Environment' to host estates data, a replacement for the Estates Management System, including a new 'Fire Manager' section, as well as a new a new Environmental Management System. The Estates Department also has an ambition to achieve formal quality assurance standards (ISO 9001). Both the necessary skills, capacity and systems required to introduce, support and maintain these IT systems and the rigours of an internationally recognised accreditation scheme, currently do not exist and will require additional investment.

Governance requires that compliance is not just achieved, but that it is seen to be achieved and can be evidenced. New, improved IT systems are a tool to support improved monitoring and recordkeeping, but there is also a need to invest in administrative support, working in support of these projects. The benefits are two-fold – ensuring that the administrative processes to demonstrate compliance are in place and providing an environment for succession planning in the Capital Projects Team.

The Property Management Service is reliant on a single individual despite the growing agenda. Capacity challenges mean that the focus is on the statutory requirements, responding to planning consent issues rather than concentrating on development of a clear property strategy for the Board. Delivery will require additional investment both in property management and the skills required to maintain and interrogate the new systems.

The need for tradesmen, particularly electricians within the Estates Department, is well documented and remains challenging, particularly in an NHS Board where people can easily travel either west or east for more lucrative work. As noted above, this issue is not confined to NHS staff but also to many of the Contractors who work with the Board. This shortage is likely to be exacerbated by the sustainability agenda, where the move away from gas boilers towards electric and heat pump approaches will mean that the requirement for electrical trades continues to increase and competition is likely to be even more keen.





# CURRENT WORKFORCE CHALLENGES: Support Services

The skills required within the trades workforce will need to adapt and change as the environment changes, for example, a move away for gas engineers and the development of different skills to support the green agenda. The need to establish Modern Apprenticeship programme for trades and training for Maintenance Assistants has been recognised.

Fire Safety is always challenging within Boards, particularly with older buildings. The Board continues to retain an older estate, along with the new builds identified above. The need to adapt and reuse property, rather than always building new will present a range of challenges, not least, ensuring that all of the estate remains compliant in relation to health and safety and fire. With only 2 wte Fire Safety Advisors, with limited administrative support, this will again present capacity issues.

Workforce sustainability and capacity has been highlighted in relation to many of the emerging priorities, but there are also issues in delivery of the day-to-day staff management and the commitments this creates. Whilst the management team want to maintain the good staff relations that they currently enjoy, there is an urgent need to ensure that all staff work at the top of their licence. To do so, there is a need to review the span of control for some managers to achieve a manageable and sustainable span of control.

Health and wellbeing of staff is a key priority on the NHS Board's Workforce Plan. The continued health and wellbeing of staff within Estates and Capital Planning, as they face increasing demands is an area of which to be mindful.

The NHS Board currently has a significant savings target. Any new target, particularly in a department that needs to increase key skills, will be challenging and presents the risk of creating or perpetuating a situation where backlog maintenance is not reduced and facilities do not supply the environment required for modern health and care services that will promote the reputation of the NHS Board.

## In summary, the main challenges and priorities facing the team include:

- ✚ **Compliance and Governance** across all services, both achievement and ensuring that these can be evidenced
- ✚ **Workforce** – recruitment, skills, capacity, retention and the process of good staff management
- ✚ **Sustainability, climate change, green travel planning and reduction of waste**
- ✚ **Capacity** – time, skills, availability
- ✚ **Engagement and Communications** with others across the system
- ✚ **Capital Planning and Property Management;** and
- ✚ **Delivering the big Priorities** highlighted, as well as delivering the day-to-day service





## CURRENT WORKFORCE CHALLENGES: Support Services

The **green and net zero agenda needs to be the golden thread that runs through everything** the NHS Board does. Compliance with the **NHSS Sustainable Design and Construction Guide** that supports a **sustainable capital plan** in all aspects of the Estate, PAMS and capital developments.

Net zero does not always mean new build, going forward buildings need to be more adaptable and a question remains over the need for as many buildings as the Service emerges from the pandemic and the changes this has forced on service delivery. The PAMS will review whether there is a need for further rationalisation of the estate, post-COVID, moving away from the delivery of services in a place to the growth of the **e-health and digital delivery of care** in earnest, for example, NHS Near me, clinics online, use of information and clinical portals, and the impact on administrative accommodation. This will have implications for future staff and skills requirements.

Investment in a Capital and Property Management Team that oversees both new developments and the management of the property base would offer improved oversight over the estate base. A new Capital Planning Manager (Band 8b), with oversight of the Commissioning Manager and Project Managers, including the addition of a Project Manager (Band 7 x 1), Project Support Officers (Band 5 x 2) and administrative support (Band 3 x 1).

Further review of Property Management is also likely to be required as this is an area which also currently lacks resource.

Delivery of the **sustainability** agenda will be crucial within the Board. As noted above, in addition to the Environment and Sustainability Manager (Band 7) and the shared Energy and Environment Assistant (Band 4) a Head of Sustainability and Climate Change (band 8B), six new posts have been identified as necessary to deliver against this challenging agenda. A bid has been submitted to Scottish Government and a decision is awaited at the time of writing. This bid identified that recurring funding will be required for any new posts.

There are a range of IT systems required across the department, whether new systems or upgrades. Oversight of such systems can be a challenge when added to a non-technical IT manager. A Systems Support Officer at c. Band 5 (1wte) is required to support the systems. This person should be aligned to a wider administrative team supporting the function as a whole, to ensure that there is administrative support and succession planning. The team have also recognised the need for a Senior Administrator (Band 6) to provide oversight and management.



# CURRENT WORKFORCE CHALLENGES: Support Services

As noted, **compliance** is a major element of the departments agenda currently and going forward. As such, investment in upgrading of the current Compliance Officer post to Compliance Manager (Band 6 to Band 7) and inclusion of a Compliance Support Officer (Band 5) is seen as essential. These ports will link closely with the Systems Support Officer to ensure data capture and quality.

The need for different skills going forward within the trades and the shortage of key skills, such as electricians have highlighted the need to develop technical or trades Modern Apprenticeships (MAs). Given the geographical location of Forth Valley, and the competition for these shortage skills, growing our own may be the only option. The majority of the Modern Apprentices within the Board are administrative apprentices.

The team would also like to consider training programmes to develop Maintenance Assistants, through use of relevant SVQ modules. This would attract young workers not previously attracted to the health service and could provide a pipeline for the MA route. In order to identify potential posts for redesignation as MAs a review may be required within the estates team.

## Trades Staff

Elsewhere in this plan, the challenges experienced in appointing experienced craftsmen within the Trades roles has been highlighted, together with the ageing age profile and the demands of preventative planned maintenance and responding to the urgent and emergency needs of the estate. In addition to replacement of existing posts, the estates team would benefit from further investment in additional trades craftsmen, at this point focused on the key trades of Electrician and Plumber.

It is recognised that some of these roles may change over time, but these changes are likely to be in the longer-term future and does not negate the current requirements. It is expected that there may be difficulty in recruiting to some roles and where this is the case, alternative approaches, such as establishing apprenticeships, as noted above may be required.



# CURRENT WORKFORCE CHALLENGES: Acute Services - Scheduled Care

## Acute Services: Scheduled Care

### Scheduled Care

The impact of the pandemic has resulted in reduced resilience in staffing. Staff close to retirement age have chosen to leave earlier and some staff have chosen to move from acute to less demanding working environments. However, we have managed to maintain a safe level of staffing but some specialities remain challenged.



The main areas for concern within scheduled care are:

- ✚ Oral Maxillofacial Service (OMFS) – currently one of the two consultants has resigned and will leave in July 2022. There is a national shortage of OMFS consultants and recruitment to the current vacancy may prove difficult. Discussion is underway with West of Scotland colleagues to establish a regional service with a hub and spoke model to support Head and Neck cancer, Trauma and Orthognathic surgery.
- ✚ Ear Nose and Throat (ENT) – continued challenges in attracting ENT consultants. We have a longer-term plan which bolster service and achieve a sustainable position but that will not be in place before August 2023. In the short term, we continue to seek local and regional solutions to sustain service delivery.

# CURRENT WORKFORCE CHALLENGES: Acute Services - Scheduled Care

## Acute Services: Scheduled Care

### Cancer

The key workforce challenges faced within Cancer Services are similar to those faced by the NHS as a whole. There are shortages in key groups of essential staff; Nursing, medical staff, administration and if the emerging trend of staff leaving the workforce early continues and the number of newly trained staff does not increase sufficiently this challenge will only become bigger.

The main obstacle to workforce was funding however recruitment and retention are now equally important. This is a specialised group where there are limited number of trained staff available and a national shortage of trained radiology, pathology & oncology consultants. We are faced with a number of unique challenges that are hindering our ability to both attract and retain our staff including:

- ✚ Increased demand
- ✚ The growing skills gap
- ✚ Lack of Career Progression, Training or Professional Development
- ✚ Rise of workforce Mobility
- ✚ Competing against other Boards / Private Companies due to difference in salaries and roles

We need to develop a sustainable workforce and this will only be achieved by maximising the potential of staff through better use of existing skills, enhancing those skills, redesigning roles (*increasing nurse practitioners, speciality doctors etc*) and looking at new ways of working. Currently we anticipate a range of workforce planning and capability development issues, which are outlined below.

### Shared workforce

Cancer Services has a 'Shared' workforce where many of the staff involved in the care of cancer patients are not exclusively involved in cancer services. Workforce pressures are experienced across the whole of cancer services. There have been significant pressures felt recently in relation to SACT and oncology services.

### Medical workforce

Nationally, for diagnostic radiology, urology and gastroenterology there are significantly fewer trainees due for completion compared to the number of vacancies and expected retirements. This identifies an anticipated gap within these respective services looking forward. The predicted shortfall in radiology and pathology consultants will have a particular impact on cancer diagnostic services. A national agreement on role development would be welcome but may take some time to be agreed.



# CURRENT WORKFORCE CHALLENGES: Acute Services - Scheduled Care

## Acute Services: Scheduled Care



### Nursing workforce

Given the predicted shortfalls in the medical workforce, there is significant potential to continue development of the CNS role to facilitate nurse-led patient pathways. There is an urgent need to provide short-term investment to support the continuing development of the cancer nursing workforce to enable necessary progression, role development, and long-term solutions to ensure stability.

### National Treatment Centre

NHS Forth Valley is supporting the commissioning of a National Treatment Centre, consisting of a new ward hosting up to 30 beds, and increased theatre activity over two theatres. Much of the core nursing for theatre has been recruited to, however there will need to be new recruitment of registered nurses for the inpatient area of approximately 14 WTE. This may lead to short-term nursing gaps elsewhere. Plans to increase the capacity of scheduled services such as Endoscopy, Minor Ops and fallow theatre sessions will require two levels of nurse recruitment. Firstly, core nursing staff will need to be recruited to provide the additional services for both registered and unregistered staff. Secondly, there is the challenge in recruiting and training specialist nursing roles, such as SCP and Nurse Endoscopist, without substantive funding and appropriate lead-in time.





# CURRENT WORKFORCE CHALLENGES: Acute Services - Scheduled Care

## Acute Services: Scheduled Care

### Radiology

The main areas of concern in Radiology are the ability to recruit suitably trained Radiographers, Radiologists, and the leadership in the Ultrasound Modality. There is currently a national advert out for a Band 8a Lead Sonographer. There has been no interest. There is a need for leadership currently as waiting lists remain high nationally. There is a constant pressure on sonographers as independent reporting Advanced Practitioners to fill every gap in each session. Recruitment to lower grade posts has been more successful. However, there has been a push nationally to increase the number of student radiographers to support the increasing demand for staff. The current demands of unscheduled care and the increased number of inpatients is having a substantial impact on the IP services, for both scanning and reporting of images. **Currently we would require an additional 3 Radiologists to keep up with the demand for CT/MRI/specialist US reporting sessions.**

### “Near Me”

We will continue to systematically embed Near Me into TRAK. We have incorporated Near Me into clinic bookings and patient information (via Netcall), as part of our outpatient remobilisation and recovery planning. We have set up multiple Near Me-friendly spaces that can be used by clinical staff for appointments. Training Near Me users will continue and we will move to business as usual support for Near Me. Our mental health services rapidly increased use of Near Me at the start of COVID-19 and are embedding it within their remobilisation plan.

### Eye Health

The tele-ophthalmology real time virtual assessment of emergency and urgent eye conditions has been extended to community-based optometrists and formed the basis of national Emergency Eyecare Treatment Centres. Fewer patients have to travel; physical distancing is maintained for patients and healthcare providers and, in some cases, treatment, including medicines and emergency surgery, has been accessed more quickly than before. We plan to increase the types of eye conditions that can be assessed remotely.



# CURRENT WORKFORCE CHALLENGES

## Acute Services: Urgent & Unscheduled Care

### Unscheduled Care Programme '*Improving our care*'

On 1 June 2022 the Scottish Government launched a new Urgent & Unscheduled Care Collaborative Programme (UUCC). It is Scotland-wide and for each Health Board a 'whole system' approach is key and based on 8 High Impact Changes (HIC) that will form the basis of the Scottish Government's 10-year vision for health and social care. Each board has undertaken a proscribed self-assessment against the criteria specified for all 8 HIC. Boards are then recommended to choose 3 or 4 HIC as the first tranche of their UUCC Programme. It is mandated for all Health Boards and the HIC are proscriptive with weekly, fortnightly and monthly reviews with the Scottish Government's Urgent & Unscheduled Care Team.

Following Scottish Government feedback on the Forth Valley self-assessment it has been agreed the first tranche of the programme will focus on:

- ✚ Redesign of Urgent Care (including Urgent and Emergency Assessment);
  - ✚ Virtual Capacity; and
  - ✚ Discharge without Delay (whole system flow).
- ✚ The wide range of work undertaken over the last year through the 'Improving our care' programme has formed a sound base with key building blocks enabling us to continue and further develop this work as part of the new national Urgent and Unscheduled Care Collaborative Programme.

The key workforce challenges faced within Unscheduled Care are similar to the system wide workforce challenges faced by NHS Scotland. These pressures are further exacerbated by the continued demands COVID-19 places on our workforce, affecting staff through burnout, absence, retention and recruitment. Whilst these challenges are prevalent across Unscheduled Care, we continue to flex our available resource to ensure our services continue to operate safely and meet the needs of the population of Forth Valley.



# CURRENT WORKFORCE CHALLENGES

## Acute Services: Urgent & Unscheduled Care

The main areas within Unscheduled Care include:

### Emergency Department (ED)

**Nursing workforce** - We restructured nursing leadership within the department, with the appointment of a Clinical Nurse Manager in February 2022, the appointment of two new Senior Charge Nurses in June 2022 and an ED Clinical Nurse Educator in January 2022. This additional resource will ensure strong and consistent nursing leadership within the department as well as help create a continuous learning and improvement culture within the team and ensuring nursing staff are given the opportunity of regular training, development and improve retention. Continuous rolling recruitment continues for Emergency Department Staff Nurses to replace leavers and recruit to the department workforce plan, challenges remain in finding and recruiting registered nursing staff to fill these vacancies.

**Medical workforce** – Two new ED Consultants have been recruited and have staggered start dates over the remainder of 2022, bolstering our senior medical team within the department. We continue to have a gap of 2.6 WTE Middle grade doctors within the department, recruitment is ongoing, and we are working with 'NHS P' to develop a framework to recruit to these positions from both a national and international talent pool.

### Out of Hours Service

We face significant challenges trying to recruit GPs to the Out of Hours Service (OOH), this is further exacerbated by the national shortage of GPs. We are undertaking a major recruitment drive to encourage GPs to work with the service and highlight the great opportunity the service presents as well as develop alternative models of care, such as upskilling and increasing our ANP workforce to maintain a resilient service. The first of our recruitment open nights is scheduled for August 2022. In addition, we are working with our SAS partners to jointly appoint paramedics and testing a hybrid in-hours/out of hours role.

### Rapid Assessment and Care Unit (RACU)

We have made a number of successful appointments into the RACU over 2022 and have active recruitment plans in place to further bolster and resource the service as it continues to develop. We have recently recruited 6 WTE Clinical Nurse Advisors to the RACU Flow Navigation Hub to aid with triage and streaming of patients who are referred into the acute site from NHS 24, GPs and other professional partners.





# CURRENT WORKFORCE CHALLENGES

## Acute Services: Urgent & Unscheduled Care

### Acute Medical Unit (AMU)

**Nursing workforce** – To further bolster our nursing leadership within AMU we successfully recruited an additional Senior Charge Nurse for the department, to work alongside the existing Senior Charge Nurse and Clinical Nurse Manager. Our AMU staff nurse workforce continues to be challenged and similar to the Emergency Department we have continuous rolling recruitment to try and achieve the workforce desired in the Unit's workforce plan.

**Medical Workforce** – Over 2022 we have recruited two additional AMU consultants to bolster our senior medical workforce and provide further leadership and development of the Unit, both new consultants will be in position by Autumn 2022.



### Care at Home and Housing Support

Older people in Forth Valley who are acutely unwell may now be able to recover at home, rather than having to be admitted to hospital. Under the new service, known as Hospital at Home, Consultants will go out to see and assess patients in their own homes and arrange for them to be supported by a multidisciplinary team including advanced nurse practitioners, nurses, physiotherapists and medical staff. Hospital at Home focuses primarily on people who are frail, older people with an acute illness. In the past they would have required to have been admitted to hospital with conditions such as chest infections and pulmonary embolisms but now, in many cases, they will be able to be treated in the comfort of their own home. After referral from a GP, a patient will be assessed, normally within a few hours, by a Hospital at Home practitioner who will take a history and conduct an initial examination. Following this a Consultant Geriatrician will assess the individual in their own home and discuss a care and treatment plan with input from the individual and their family. Patients can also be referred for hospital investigations as though they were an inpatient and their case will be discussed daily at the multidisciplinary team meeting until they have been discharged back to their GP.

We have established around 25 Hospital at Home 'virtual beds' across Forth Valley with plans in place to expand the service by the end of the year with the average length of stay four to six days for initial intensive support. Any further rehabilitation or home support would then be arranged, if required, depending on the person's individual needs.



# CURRENT WORKFORCE CHALLENGES

## Mental Health

There are significant local and national challenges with the recruitment and retention of Registered Nurses across both Mental Health and Prison Healthcare. Nationally there is a limited workforce supply meaning that boards across Scotland are in competition with one another. The release of Newly Qualified Nurses on an annual basis during September/October provides a limited supply of new workforce into our services. As all Universities have one intake of student nurses per year, they all exit the training programme at the same time which creates significant competition across all the boards. An additional concern as a result of the annual release of newly qualified nurses is that any vacancies unfilled in September/October and any vacancies created beyond this date are extremely difficult to fill and can often be vacant for up to one year. The Nursing workforce is also experiencing a significant loss due to high levels of retirement which creates a loss of nurses with a wealth and experience.

Over the past few years, we have seen a significant increase in acuity and complexity of demand on our Mental Health Services, this is projected to continue to escalate. As a result, additional workforce resources have been requested for both Adult Mental Health Nursing and Prison Healthcare Nursing from the Scottish Government and NHS Forth Valley and although additional resources are anticipated there remains the risk of not being able to recruit into all vacant posts. To further support the change in demand within the Acute Mental Health Unit additional senior staff workforce has been requested. This change is supported by the workforce and workload management tools and professional judgement tools.

Substance Use Services require to implement the newly driven national MAT standards which require additional Band 6 staff and Advanced Nurse Practitioners to support the delivery of rapid access and same day prescribing. Investment has been received from Scottish Government to support this work however it is projected that an increase on demand will be created following the introduction of the MAT standards and that further additional staffing will be required. A business case is being devised to support this additional ask.





# CURRENT WORKFORCE CHALLENGES

## Mental Health

This challenge is not new and has been the position for the past few years. In order to address some of the shortfalls in registered staff we have at times supplemented the shortfall by recruiting additional health care support workers, converting nursing posts into other supporting roles i.e. Occupational Therapists, Pharmacists which has caused a deficit in the expected 60/40 % ratio of registered to unregistered nurses and a potential dilution of nursing posts.

### Psychological Services Workforce

Recent Health Board and Scottish Government investment in Psychological Services has allowed new posts to be advertised with the potential for gradually improving performance against the LDP target (90% of those referred for psychological therapy starting treatment within 18 weeks of referral). Trajectory modelling indicates that the target will be achieved by October 2023 providing posts are filled, remain filled, and demand for the service does not increase. Some posts have been recruited to and filled, others are appointed to but the candidate is not yet in post, while others remain vacant. There are significant local and national challenges with recruitment. Locally there is a 1-month notice period for Agenda for Change staff however clinicians working in other health boards are required to give 3 months' notice meaning that FV experiences disproportionately high lengths of vacancies when clinicians are recruited across health boards. Recent recruitment to short-term funded posts has been unsuccessful with feedback indicating that short-term posts are too financially risky for both eligible candidates and the Health Board. Nationally there is a limited workforce supply meaning Boards are in competition with one another. This is particularly true for Band 8a posts which are often recruited to from training courses where the majority of a finite number of trainees complete training at the same time each year. Even if successfully recruited to Band 8a posts which become vacant throughout the year are often filled by candidates who won't be available until the following October. Furthermore there is a trend towards part-time working meaning more people are needed to fill the same WTE of vacancy. The demographic profile of the workforce is such that the service is exposed to high rates of maternity leave.



# CURRENT WORKFORCE CHALLENGES

## Mental Health

Psychological Services are engaged in continuous quality improvement to ensure that all available resources are being used in the most effective and efficient way, and to this end are actively engaged with enhanced support provided by Scottish Government's Psychology Advisor. Current local work includes the development of an improved patient-facing website, completing clinical assessments of all patients on the waiting list to ensure that they are waiting for the correct service and correct treatment, expansion of the therapeutic group programme, increasing skill mix to ensure recruitment draws on as wide an eligible workforce as possible, and wellbeing initiatives to nurture and retain existing staff. The service has participated in national enterprises including a national recruitment campaign, development of a new psychological therapist role via the Enhanced Psychological Practitioner Programme and benefitted from a NES resource to increase supervision capacity.

Additional resource is anticipated from Scottish Government however there remains the risk of not recruiting to all vacant posts and therefore not meeting the LDP standard. The risk of reduced capacity is exacerbated by impending retirements.



# WORKFORCE PRIORITIES

## Youth

### Youth Employment

Youth Employment is a declared commitment of the Scottish Government Health Department and NHS Forth Valley wants to support this national agenda to improve roles within the 16 – 24-year-old age group.

Although the total working age population of Forth Valley (adults aged 16-64) will remain fairly constant over the next 20 years at about 182,000 it is important to recognise that the percentage over 50 will increase from 36% to 41.7% by 2025.

Young people may be new to work environment and lacking confidence in applying for employment and they will not have the depth of experience that more mature applicants can draw from to demonstrate good fit for the vacancy. If they have not worked before they may not have the discipline required by work. This means that they need greater support to transition successfully. Also, it is important to recognise that Young People who are helped to socialise into the workplace are more likely to stay in employment, which means a more efficient and effective recruitment process reducing the cost of replacement.

NHS Forth Valley's commitment to the Youth Employment agenda resulted in the award of Investors in Young People "Gold" award in 2018. The assessment process found that NHS Forth Valley has a clearly understood approach for recruiting and developing Young People, and how we expect staff to support new Young People who join our organisation. Our Young People who were interviewed felt supported in terms of their learning and development which helps them grow and thrive in a highly supportive environment. Our current and planned work on this agenda will focus on:

### Modern Apprentices

NHS Forth Valley has delivered a successful Modern Apprenticeship Programme since 2015. We work in partnership with Forth Valley College to provide the Apprenticeship Programme.

The Modern Apprentices (MAs) are supported and trained to carry out all the duties and responsibilities outlined in the job description and have an agreed Training Plan. The MAs are working through an agreed Modern Apprentice Framework for Business & Administration/Engineering and, on completion will receive an SVQ qualification which is awarded through Forth Valley College.

# WORKFORCE PRIORITIES

## Youth

Over the next 3 years we will look at expanding the Modern Apprenticeship programme to offer roles in:

- ✚ Pharmacy Technicians
- ✚ AHP Support
- ✚ Healthcare Support Workers

### Project Search

Project Search was developed in Cincinnati Children's Hospital in 1996. It was based on the principle of working with a large employer, providing the appropriate support and tutoring on site to maximise the student experience and replicate a real working environment. It is a one-year transition programme for 18 – 24-year-olds which provides employability, training and education for young people with learning disabilities. The goal is to provide on-site internship experiences in order for young adults to acquire necessary skills leading to competitive employment. It is a partnership that brings together employers, colleges and adult supported employment providers.

Project Search has run successfully in Forth Valley since 2018 with or partners in Falkirk Council, Forth Valley College and Serco. The programme was based in Forth Valley Royal Hospital until March 2020, and then from Forth Valley College, during this time the programme followed the work programme developed by Serco.

A return to Forth Valley Royal Hospital is planned for the 5<sup>th</sup> cohort due to start in August 2022. Moving forward we hope to expand the placement opportunities for students within the wider NHS Forth Valley.





## Youth

### NHS Youth Academy

The NHS Scotland Academy is a partnership between NHS Golden Jubilee and NHS Education for Scotland established to offer accelerated training for a wide range of health and social care roles and professions. NHS Scotland Academy will provide an opportunity for existing staff to improve their skills in specific areas to facilitate career development and progression, responding to the evolving and emerging workforce needs of NHS Scotland.

Within NHS Scotland Academy, the Youth Academy is developing the capacity to provide Scotland's young people with opportunities to develop the skills needed to join the health and social care workforce. This includes enabling young people to understand the breadth of opportunity so that they can align their strengths and career aspirations with the right role. This will enable NHS Scotland to establish and articulate robust career pathways to attract young adults to the health and social care workforce.

The Youth Academy will align its activities with the Young Person's Guarantee for Scotland by focusing developments on support for young people under the age of 25 across Scotland. This includes:

- ✚ Focusing on enabling seamless progression from school and college courses into NHS employment with support for the transition to the workplace
- ✚ Actively developing and promoting apprenticeship opportunities
- ✚ Ensuring no one is left behind by including support for those young people no longer accessing educational opportunities.
- ✚ Supporting young people in employment who wish to progress and develop their career locally

Huddles are also being set up in Dumfries & Galloway, Grampian, Highland and Tayside.

The plan is to work closely with the schools and develop an "Education Apprenticeship", and to look at innovative ways to engage with schools e.g., using the technology of the Simulation Centre and creating a virtual ward in the school. The Academy will focus on the areas where NHS have gaps i.e., Health & Social Care Support Workers, AHPs, Healthcare Sciences, and how we can encourage young people to see Health as a career choice.



## Youth

### University College Health Partnership

As part of NHS Forth Valley's role as an Anchor Organisation a University College Health Partnership will be launched in September 2022 with NHS Forth Valley, Forth Valley College and University of Stirling

This partnership which will focus on 3 areas - Research and Innovation; Education and Skills and Workforce Development and Career Pathways.

The Workforce Development and Career Pathway will develop a plan to inform the development of the Quality and People Academy across the region, focussing on two priority areas of Leadership development Health and well-being.

# WORKFORCE PRIORITIES

## Volunteering

NHS Forth Valley is a place where people feel inspired to volunteer, have the opportunity to do so and have an excellent experience of volunteering. We want people who volunteer to feel valued and know that they have made a difference, enhancing the experience of those who use our services and supporting staff to deliver them.

Prior to COVID NHS Forth Valley had directly engaged volunteers supporting a broad range of services across acute and community sites, this ranged from Volunteers supporting our Spiritual Care Team, visiting patients on the wards giving a listening ear and supporting patients while they are in hospital, to having volunteers support the Oncology unit providing that much essential chat and a cup of tea while patients are visiting the unit, supporting patients in the treatment area and the waiting area and helping patients to pick hats and scarves, to our long standing Patient Public Panel, who are involved in a number of different groups and activities across NHS Forth Valley , reflecting the voices of the different groups in our local communities.

We are also fortunate to have a number of Third Sector Voluntary organisations that provide volunteering opportunities, for example;

- ✚ Retired and Senior Volunteering Project – They provide volunteering opportunities for individuals over the age of 50 within a healthcare setting, they currently provide support within our
- ✚ Radio Royal – A diverse range of volunteers that support all aspects of the radio station from presenting live shows, producing original materials, visiting wards and fund raising.
- ✚ Royal Voluntary Service – They provide volunteering opportunities through their cafes in the Acute and Community Hospitals and providing and onward volunteers supporting patients staying in hospital and help brighten up their day.



# WORKFORCE PRIORITIES

## Volunteering

Due to COVID all volunteering opportunities were stood down, however we still had a small cohort of volunteers providing support within our GP & Minor Injuries unit at Stirling Care Village, guiding patients to the appropriate area they were visiting.

Within our Audiology Departments we have volunteers that provide an essential service supporting patients with the maintenance and battery provision for hearing aids, this was always a face to face service which was re-designed to enable the continuation of this valuable service.



### Next Steps

Moving forward it is the aim of NHS Forth Valley to widen the number of volunteering opportunities across the organisation, and build on our existing resources allowing us to develop a robust, effective and supportive service for our patient and their families and our staff.

To achieve this we will refresh our Volunteering Strategy, and develop a cohesive action plan involving all a multidisciplinary group of staff and volunteers to achieve success and embedding a positive Volunteering Culture within our service.

# WORKFORCE PRIORITIES

## International Recruitment

### Background and Funding

On 5<sup>th</sup> October 2021, the Cabinet Secretary for Health and Social Care announced a range of measures and new investments as part of winter planning, including increasing the use of international recruitment to alleviate pressures and fill key roles. The initial target for NHS Scotland was to recruit 200 registered nurses from overseas by March 2022. The Health Workforce Directorate agreed to provide £4.5 million of non-recurring funding in 2021/22. NHS Forth Valley's allocated share to support direct recruitment costs, temporary accommodation and other reasonable out of pocket expenses amounted to £188,253.

To create capacity within Boards to take forward the additional tasks related to recruiting and employing overseas staff, a budget of £67,500 of recurring funding was allocated to NHS Forth Valley to recruit to an International Recruitment Lead post and an internal appointment was made and started in post at the end of February 2022.

### Cohort One

Due to UK Visa and Immigration suspending priority visa services, in response to the situation in Ukraine, there was a delay in the issuing of visas to the 13 nurses and therefore the nurses were split into 2 cohorts depending on their visa issue dates.

The first cohort of 6 nurses, all from India, arrived in Scotland on 8<sup>th</sup> April 2022. As part of the nationally agreed relocation package, NHS Forth Valley worked with Stirling University to secure off campus student accommodation for the first 3 months following the nurses arrival.

Since their arrival, they have been supported with settling into their accommodation and their new local area and using public transport and local shops. They have participated in a 2-week supported induction programme at Forth Valley Royal Hospital which included tours of the hospital, visits to their allocated wards and sessions with speakers from nursing, Spiritual Care, IT and the Royal College of Nursing. Partnerships have also been developed with external organisations such as Friends of Scottish Settlers (FOSS), who support new arrivals to the area, and the British Indian Nurses Association (BINA), who provide pastoral support to Indian nurses arriving in the UK as well as post NMC registration support during their career development. Both FOSS and BINA presented to the new nurses during their induction programme.



# WORKFORCE PRIORITIES

## International Recruitment

The 6 nurses attended a 3-week OSCE training programme, provided by NHSP in Milton Keynes, to prepare them to take their OSCE exam and allow them to become registered with the NMC and move from a band 4 unregistered nurse to a band 5 registered Staff Nurse. The nurses were booked to take their OSCE exam at the new OSCE test centre at Leeds Teaching Hospitals NHS Trust on 25<sup>th</sup> May 2022.

The nurses will be provided with ongoing pastoral support as they settle into the local area, secure longer term accommodation and begin the process of bringing spouses and children across from India to live with them.

### Cohort Two

The second cohort of 7 nurses, 6 of whom are from India and 1 from Zimbabwe arrived on 5<sup>th</sup> May 2022 and arrangements were made for Forth Valley Royal Hospital induction from 9<sup>th</sup> May and OSCE training in Milton Keynes from 16<sup>th</sup> May. The OSCE exam was booked for the 7 nurses at Northumbria University OSCE Test Centre on 7<sup>th</sup> July 2022.

### Early Learning

Overall, the arrival and induction of our first cohort of nurses has been very successful and they have indicated they are very happy with the welcome and support they have received. We have witnessed how important it is to provide the correct type of accommodation to give each nurse their privacy but also to provide them with an environment where they can bond as a group and create a support network for each other. Feedback from the nurses on how they are experiencing a colder climate and the foods they like to cook and the ingredients they require for their diets has helped inform the advice and supplies we will provide to the next cohort of nurses to further enhance their experience.

### Ongoing commitment

In October 2022, the Cabinet Secretary for Health and Social Care announced that £7.98m will be made available to Scotland's Health Boards in 2022/23 to support the recruitment of up to 750 registered Nurses, Midwives and Allied Health Professionals (AHP) from overseas by April 2023. Given winter planning pressures and the acceleration of the National Treatment Centres, international recruitment will help to build additional capacity and promote system resilience to rebuild the NHS as it recovers from the unprecedented challenges of the pandemic.

NHS Forth Valley now has effective infrastructure in place and there is a strong pipeline relationship ongoing with NHS Professionals to continue delivering ethical international recruitment over the next year. NHS Forth Valley has identified at least 30 posts, including Nurses, Midwives and AHPs, that it will endeavour to recruit to in 2022 – 2023. These 30 posts include a mix of arrivals in country and employment offers in place by 31<sup>st</sup> March 2023. In addition, we are exploring international recruitment for Medical posts in our hard to fill areas.











# WORKFORCE PRIORITIES

## eRostering

eRoster is currently being implemented across NHS Forth Valley. It is a 2-year project covering all Agenda for Change (AfC) staff and medics. It consists of an interactive suite of products that produce a roster based on whole time equivalent, budget and staffing requirements. All rosters managed within Health Roster which provides an electronic audit trail. This will result in improved service delivery – right people, right place, right time. The project commenced in November 2021 but unfortunately this was paused on 2 occasions due to the impact of Covid. This was recommenced in March/April 2022.

Early implementation areas are now complete. These areas are:

-  A22 FVRH
-  Emergency Dept (this includes nursing, medics and Minor Injuries Unit)
-  Acute Assessment Unit
-  Estates
-  Drivers and Transport Hub

-  Ward 1 FVRH
-  Patient Flow
-  Occupational Health

Anaesthetics planned to go live on 8<sup>th</sup> August 2022 but this will now be delayed until late September. The latest areas of completion within A&B block are Wards B11, B12 and Surgical Assessment Unit. The team will complete the rest of the A&B block wards including Day Surgery, Cardiology, Intensive Care Unit and theatres. Completion of the wards within FVRH will allow the Safe Care Module to be utilised. Work is also underway to complete the remaining wards within Acute Mental Health at Forth Valley Royal Hospital. Once they have been completed, Women & Children's areas will be rostered and all of the other nursing teams within Acute Services. From a medical perspective Cardiology and Out of Hours (OOH) are the next areas to be rostered. AFC staff will also be incorporated within OOH including drivers, Advanced Nurse Practitioners and Admin Staff.

As we move into Year 2 Community Hospitals, Community Nursing Services, AHP's, laboratories, pharmacy and all non-clinical staff will be the focus for the AfC e-Roster team. The medical team will focus on the rest of the consultant teams across FVRH, mental health and community areas.

The eRoster team have been introducing The Loop app to areas already implemented. This allows individuals to view shifts, request leave etc. As areas are implemented they will also gain access to the app.

# WORKFORCE PRIORITIES

## Learning & Development

NHS Forth Valley Organisational Development, Learning and Education Plan 2022-23 is currently under review, aligned to Our People Strategy and NHS Forth Valley Health Care Strategy supporting the organisation's strategic direction. Workforce development and training is prioritised to support our staff as we work collaboratively across the organisation to ensure we support and nurture our people to sustain our high-quality standards and flourish in our continuous improvement culture.

### OD Priorities include:

- ✚ Support during the Pandemic
- ✚ Staff Support and Wellbeing
- ✚ Recovery and Remobilisation, Managing Transformational change and redesign
- ✚ Developing Organisational Culture – Supporting Positive Staff Experience
- ✚ iMatter Staff Experience Continuous Improvement Model
- ✚ Staff Conference
- ✚ External Assessment and Benchmarking
- ✚ Investors in People (IIP) and Investors in Young People 2020-2021 Assessment:
- ✚ Mediation
- ✚ Speak Up Initiative Training Plan
- ✚ OD Plan to support ED

- ✚ LABS
- ✚ The Learning Organisation
- ✚ Supporting High Quality KSF Reviews/Personal Development Planning
- ✚ Turas Appraisal
- ✚ Corporate Induction
- ✚ LET, Mandatory Training Activity Statistics
- ✚ Medical Appraisal and Revalidation: National Arrangements for Restarting Medical Appraisal in Scotland.
- ✚ Developing Leadership and Management Capability and Capacity
- ✚ Talent Management and Succession Planning
- ✚ Acute Services Programme
- ✚ HRSLT Programme
- ✚ Coaching

### OD support included the following:

- ✚ The development of wellbeing activity and resources which was successfully rolled out across the organisation
- ✚ Listening and support service offered staff a safe and confidential space to reach out when they needed to
- ✚ Coaching – there was significant uptake in addition to staff who contacted us for a supported conversation
- ✚ Interactive OD Facilitated sessions which included reflection and appreciation: Interactive safe reflective space to pause, reflect and share and learn together about experiences as individuals and as a team during the pandemic Celebrate achievements, reflect on behaviour, what you want to hold on to and what you want to leave behind
- ✚ Compassion focussed resilience facilitated by Psychology and OD: Reflective and interactive session provides an introduction to CFR, how to apply the model to understand ourselves and others under stress, to share and learn from each other

# WORKFORCE PRIORITIES: Learning & Development

## iMatter

The iMatter questionnaire enables staff the opportunity to feed back their experience within their team and at organisational level on a real-time basis. iMatter results are directly reported at all levels throughout an organisation. Once team results are delivered, teams are invited to collectively share responsibility for developing an action plan within an 8-week period and to review actions and progress made throughout the year. As an integral part of the iMatter process, teams come together to review the results and share thoughts and ideas in order to develop and implement Action Plans. The 2022 cycle is underway.

### Priorities for 2022-2023

- ✚ Ongoing support from senior level and partnership colleagues for the further embedding of iMatter moving forward
- ✚ Managers require to personally confirm their teams on the system
- ✚ The implementation of our identified Directorate/Local Administrators (LA) for all areas to provide direct support locally in each of our Directorates together with the Board Administrators currently within the LET Team
- ✚ Training is being provided for the 2022 cycle via MS teams across the organisation to reinforce the role of Managers and Local Administrators, to provide an overview of the iMatter continuous improvement process and to highlight the importance of action planning and submitting staff stories
- ✚ Manager's access of Webropol site to monitor progress in areas, e.g. iMatter 4 KPI data
- ✚ Reinforce the importance of action planning across the service and the value of having quality conversations. Action plan themes should remain a recurring item for teams to review and update throughout the year



### Mediation Training

Following completion of mediation training for our Internal NHSFV Mediators; the Mediation Oversight group was convened to support the provision of our Mediation service across the organisation. The NHSFV Mediation Service was launched in July 2022 with the publication of the Mediation Framework which outlines the purpose, principles, and process within NHSFV. Future Mediation Supervision and CPD support for our Mediators is currently being planned for 2022/2023. Several cohorts of Mediation and Conflict Management awareness sessions have been delivered and evaluated very positively. In view of high demand, further sessions are planned. Discussions are underway for planning a second cohort of internal mediators.

### Talent Management and Succession Planning Framework, Leadership programmes and workshops

Effective career conversations and signposting staff to appropriate support is invaluable to talent management and career progression. The Talent Management Framework and Career Conversations template is available online for staff to use in their developmental conversations with their manager. Virtual sessions are available on MS teams to provide practical examples of the use of the framework and having quality career conversations

### Speak Up Initiative Training Plan

Following the launch of the Speak up initiative, the OD team are providing additional support sessions and coaching for the team.



### Team Development

OD provided tailored team sessions across NHSFV. OD advisors are aligned to Directorates to ensure support is agreed as part of strategic and Directorate priorities.

**Mentoring Training** A train the trainer approach to mentoring is planned for 2022. Dates will be scheduled shortly

# WORKFORCE PRIORITIES

## STAFF SUPPORT AND WELLBEING

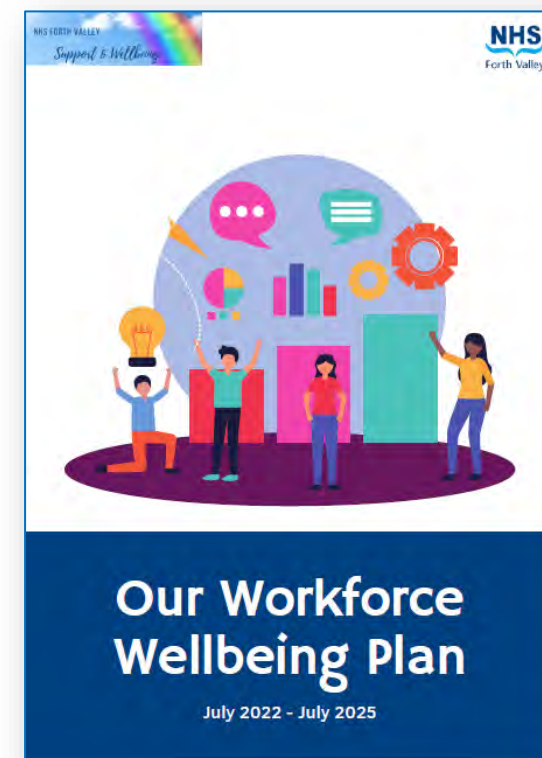
Staff wellbeing has been a priority within NHS Forth Valley for many years. Whilst our staff consistently go above and beyond to support patients, colleagues and the wider Forth Valley community, providing support to maintain and sustain the health and wellbeing of our people has never been more crucial, especially in these unprecedented times.

Covid 19 required a quick and immediate response to supporting our staff. A range of resources and initiatives were developed including:

- ✚ A collaborative approach ensures a range of support options were available to staff to maximise their wellbeing during the pandemic
- ✚ A Staff Support and Wellbeing Group was developed to ensure a consistent, strategic approach to providing staff support and wellbeing initiatives
- ✚ A menu of support options was made available to all staff including online wellbeing resources; listening services and psychological first aid, virtual staff rooms; relaxation sessions and ongoing training
- ✚ The recruitment of Speak-Up Ambassadors and Advocates will help encourage staff voice and provide a safe listening space for any concerns
- ✚ Introduction of hydration stations and tuck shops to support staff during shifts

NHS Forth Valley continues to further develop and implement Staff Support and Wellbeing initiatives and have a well-established Staff Support and Wellbeing Group involving all key partners, co-chaired by the Director of Human Resources (Wellbeing Champion) and the Employee Director.

A key objective for the organisation was the development of a three-year strategic Workforce Wellbeing Plan, building on the successful support initiatives put into place to support staff wellbeing during the Covid-19 pandemic.



The Plan gives an overview of the four pillars of wellbeing (Physical, Mental, Social and Financial) and illustrates the resources currently in place for each within NHS Forth Valley, as well as highlighting new workstreams. It depicts the 'Wellbeing Journey So Far' within NHS Forth Valley, discussing 'where we've been, where we are and where we want to be'. The Plan then outlines initial actions based upon the 5 strands of the NHS Scotland Staff Governance Standard and proposes the ways in which data will be utilised, staff input will be sought to inform on actions and describes how success will be measured.

The aim was to produce an accessible document that clearly shows staff the organisation's commitment to their health and wellbeing without being too prescriptive. It is well documented that wellbeing actions need to come from staff themselves to be successful and truly make NHS Forth Valley an even better place to work. An initial update and refresh of the Staff Support and Wellbeing website will be launched to compliment the Workforce Wellbeing Plan. This will follow the same format and analytics and feedback will be reviewed after a three-month period to make additional changes as required. The website content will be checked for accuracies and updated with new events and news stories monthly.

In addition to focussing upon resources associated with the four pillars of wellbeing, the website will feature:

- ✚ a dedicated COVID-19 section
- ✚ a useful contacts page
- ✚ a news and events page
- ✚ an option for feedback and comments
- ✚ in addition to good news stories and updates in relation to the Workforce Wellbeing Plan

A manager's toolkit is available which will provide support to managers to help them support themselves and their staff in relation to wellbeing. This features resources such as communication guides, networking opportunities and signposting to relevant policies and information.

A number of priorities have been identified and progress against these, including evaluation of effectiveness will be reported quarterly through the Staff Governance Committee and Area Partnership Forum.





# WORKFORCE PRIORITIES: Staff Support and Wellbeing Priorities

NHS FORTH VALLEY

*Support & Wellbeing*

Priority	We will...	To achieve this, we aim to...
<b>Staff are well-informed</b>	We will commit to effective and transparent lines of communication, ensuring that all staff are kept up-to-date with the latest organisational developments and feel aligned with the organisational vision and goals.	<ol style="list-style-type: none"> <li>1. Work closely with our Communications Team Colleagues to ensure any updates are available through a variety of media that all staff can access.</li> <li>2. Deliver robust inductions for new staff members joining the organisation.</li> <li>3. Encourage fit-for-purpose TURAS appraisals for all staff members, with regular opportunities for staff to both give and receive feedback, including effective use of iMatter.</li> <li>4. Develop a 'Meaningful Conversations' toolkit to enhance the quality of conversations we have within the organisation.</li> <li>5. Look at how organisational data is collected, utilised and communicated to staff to help inform change.</li> </ol>
<b>Staff are appropriately trained and developed</b>	We will commit to identifying any gaps in skills and knowledge and ensure that appropriate training is made available to support staff roles. We will ensure adequate development opportunities for all staff, with support for progression available as desired.	<ol style="list-style-type: none"> <li>1. Provide a varied and extensive training menu open to all staff.</li> <li>2. Promote protected learning and development time for all staff groups, ranging from the two-day training passport to allow staff to complete essential training for their role, to more specialised training programmes for clinical staff i.e. doctors in training.</li> <li>3. Continue to develop coaching opportunities and talent management training.</li> <li>4. Work with staff to create and support their own Personal Development Plans via the TURAS appraisal platform and continued 1:1 meetings with their line managers.</li> </ol>
<b>Staff are involved in decisions</b>	We will commit to an organisational culture that values the input of all staff members, empowering them to share ideas and learning and influence the direction of NHS Forth Valley as we move into a period of Reflection, Recovery and Remobilisation following the COVID19 pandemic.	<ol style="list-style-type: none"> <li>1. Promote and encourage Employee Voice - providing a safe space for staff to share their thoughts and inform organisational decisions.</li> <li>2. Ensure transparency in the communication of all decision-making processes, adopting a 'You Said, We Did' approach, but also being open about any ideas that we weren't able to try and the reasoning behind this.</li> <li>3. Creation of short-life working groups as appropriate to support organisational change.</li> <li>4. Re-visit our values and ensure they are fit-for-purpose.</li> </ol>

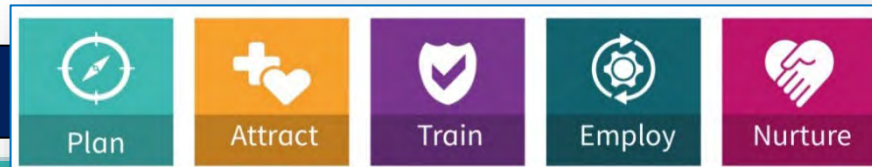
# WORKFORCE PRIORITIES: Staff Support and Wellbeing Priorities

NHS FORTH VALLEY

*Support & Wellbeing*

Priority	We will...	To achieve this, we aim to...
<b>Staff are treated fairly and consistently, with dignity and respect, in an environment where diversity is valued</b>	We will commit to cultivating an organisational culture that values diversity and promotes inclusion at all levels. We will ensure our workplace policies are fit-for-purpose and are applied fairly and consistently across all areas.	<ol style="list-style-type: none"> <li>1. Establish an annual programme of events that celebrates diversity within the NHS Forth Valley community.</li> <li>2. Continue with Once for Scotland training and education sessions via HR Connect, ensuring support for fair implementation.</li> <li>3. Work closely with our Speak Up Ambassadors and Advocates, acting upon all interactions with these in a transparent and timely manner.</li> <li>4. Continue with Sturrock Report Review Group meetings, aimed at implementing the learning from this report within NHS Forth Valley.</li> <li>5. Train our managers to account for differences in personal circumstances, whilst maintaining fair policy application within their teams.</li> <li>6. Work towards creating a more diverse board membership that reflects the diversity of our population with representation for all.</li> </ol>
<b>Staff are provided with a continuously improving and safe working environment, promoting the health and wellbeing of staff, patients and the wider community</b>	We will commit to organisational policies that ensure a robust method of risk assessment for working environments. We will ensure that staff are provided with the resources required to support and promote their health and wellbeing. We will utilise Quality Improvement (QI) methodologies to enhance and develop our organisation.	<ol style="list-style-type: none"> <li>1. Support our colleagues (Occupational Health, Health Promotion, Health Promotion and Health and Safety to name but a few) to continue to deliver specialised guidance and input for all staff.</li> <li>2. Enlist the help of our Corporate Portfolio Management Office (CPMO) in how we can best deliver the aims of this Strategy.</li> <li>3. Review our current policies and procedures to improve the health and safety culture of our organisation.</li> </ol>

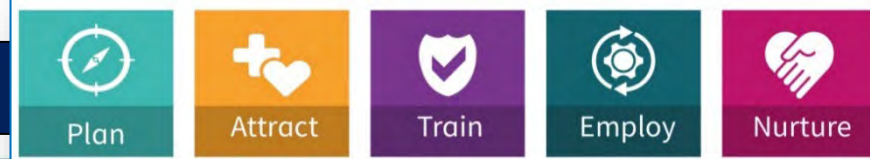
# The Five Pillars of Workforce



## Plan

No.	Workforce Priority	Action	Expected Outcome	Lead	Timescales
P1	NHS Forth Valley Workforce Plan 2022 - 2025	Agree Workforce Plan 2022 – 2025 in partnership	Plan will be implemented in line with National guidance and aligned to finance and service planning	Director of HR	Approval by the NHS Board and published on NHS Forth Valley Website by October 22
P2	NHS Forth Valley Workforce Strategy: Our People Strategy 2022 – 2025	Refresh Our People Strategy 2022 – 2025	NHS Forth Valley Workforce Strategy will be refreshed, aligned to the National Workforce Strategy with quarterly monitoring through Staff Governance Committee	Director of HR	To go to Staff Governance Committee in September 22
P3	NHS Forth Valley Workforce Wellbeing Strategy: Our Workforce Wellbeing Plan 2022 - 2025	Launch and implement Our Workforce Wellbeing Plan and Wellbeing Website	Our Workforce Wellbeing Plan 2022 – 2025 in place with a corresponding Staff Support and Wellbeing Website; management toolkit. Monitoring of impact will be reported to Staff Governance quarterly	Director of HR	Agreed at NHS Board in August 2022 for launch by the end of August 2022 throughout NHS Forth Valley
P4	Directorate / HSCP Staff Governance Self-Assessment and Action plans	Complete Directorate / HSCP Staff Governance Action Plans and report progress to SGC quarterly	Staff Governance Self-Assessment completed and all Directorates / HSCPs will report progress against their action plans to ensure delivery against the 5 strands of the Staff Governance Standard	All Directors / Chief Officers	Reporting against Action Plans commences in September 2022 and quarterly thereafter
P5	National / Regional Workforce Planning	Participate in Regional Workforce planning activity	Regional workforce planning will deliver sustainable workforce solutions. Examples: NTC; WoS Medical Workforce Group; East Region Payroll Consortium; East Region Health Protection	Directors	NTC: workforce in place by December 2022 (END) East Payroll Consortium East Region Health Protection leadership model in place

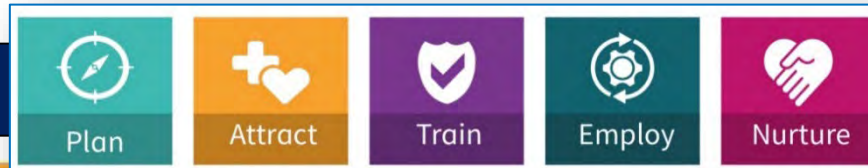
# The Five Pillars of Workforce



## Plan

No.	Workforce Priority	Action	Expected Outcome	Lead	Timescales
P6	e-Rostering	Implement eRostering National Programme and all related modules within the next 24 months	Health Roster; Medic Roster; Safe Care module will be in place for all NHS Forth Valley staff. This will result in improved management of the workforce and safe, open and transparent rostering practices	Director of HR	eRostering Programme Board meeting monthly to monitor achievement against the Plan with assistance from CPMO Reporting through Staff Governance Committee
P7	Equality, Diversity and Inclusion	Board Lead responsibility will move to Director of HR	All Equality, Diversity and Inclusion activity will be managed through Director of HR	Director of HR	Transfer of staff and responsibility will take place on 31 <sup>st</sup> August 2022
P8	Winter Planning	Build sustainable workforce solutions	Sustainable solutions will be determined to ensure that workforce is available to provide safe, effective care	All Directors / Chief Officers	Autumn 2022

# The Five Pillars of Workforce

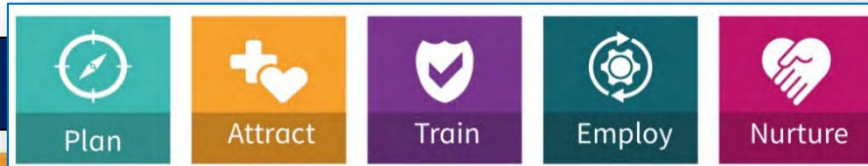


## Attract

No.	Workforce Priority	Action	Expected Outcome	Lead	Timescales
A1	Ethical International Recruitment	Cohort 1 & 2 will be employed within NHS Forth Valley Recruitment of further 20 posts Exploring medical staff recruitment for hard to fill posts	13 New Staff Nurses will be appointed across Acute Services within NHS Forth Valley Further 20 posts including Midwives; AHP's and nurses will be recruited in 2022 – 2023 Pipeline of staff found to deliver services in hard to fill areas	Head of HR Resourcing Lead Nurses Deputy Director of Finance	Cohort 1 and 2 will be appointed by the end of August 2022 Next Cohort will be recruited in 2022 – 2023 and appointed by end of March 2023 Additional medical staff to fill vacancies will be sought and appointed if available
A2	Equality, Diversity & Inclusion	Improve equality, diversity and inclusion in our workforce planning; and recruitment activities	By being proactive in our recruitment practices we will ensure different lived experiences and perspectives are gained and leadership positions will attract staff who reflect the communities we serve	Director of HR Resources Equality Diversity and Inclusion Lead	31 <sup>st</sup> March 2023
A3	Establish an NHS Forth Valley Minority Ethnic Network	Establish a minority Ethnic network	Staff with protected characteristics will have a voice and be heard, supported, valued and engaged in the development of policies; initiatives that recognise our diverse population and their needs	Director of HR Employee Director EFM / SG leads	Autumn 2022
A4	Retention of staff	Actively implement Retire and Return Policy and Flying finish programme	Staff will choose to retire and return to work with NHS Forth Valley ensuring service continuity and retention of skills and experience	Director of HR Employee Director	August 2022 onwards
A5	NHS Academy Work for Youths	Establish a 'Huddle' within NHS Forth Valley linking with Boards	Encourage school pupils to see Health as a future career choice.	NHS Academy Director	September 2022 onwards



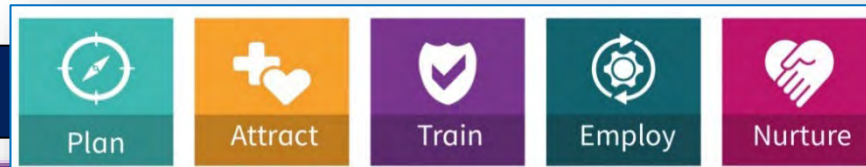
# The Five Pillars of Workforce



## Attract

No.	Workforce Priority	Action	Expected Outcome	Lead	Timescales
A6	Enhanced employability 'no-one left behind' – helping to address inequalities	As the largest employer in Forth Valley, seek funding for a small team of staff to manage placements for potential employees linking with local authority teams	By establishing an Employability hub we will help to address inequalities in our communities and be able to provide placements for single mothers, unpaid carers; people with disabilities or long-term health conditions; black and minority ethnic households	Director of HR Head of OD and Learning	2023
A7	Youth Employability enhanced	Expand places available for Project Search	Project Search 5 <sup>th</sup> Cohort commences in August 2022. Additional placement opportunities will be established that will enable young people to gain employment in NHS Forth Valley / SERCO or be equipped to gain employment elsewhere	Director of HR Key partners in SERCO Forth Valley College and Local Authorities	August 2022 ongoing
A8	Youth Employability enhanced	Expand places available for Modern Apprenticeships	Modern apprentices will train and gain employment in NHS Forth Valley focus on expansion to include Pharmacy Technician; AHP support worker; Healthcare support workers	Director of HR	2022 - 2023

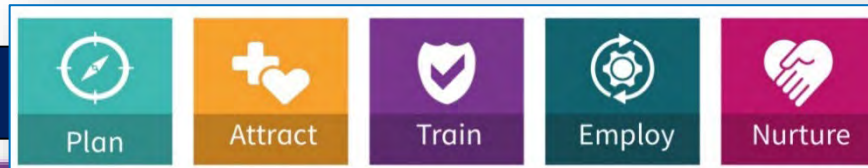
# The Five Pillars of Workforce



## Train

No.	Workforce Priority	Action	Expected Outcome	Lead	Timescales
T1	Appropriately Trained	Roll out Essential Training 2-day passport for all staff and monitor activity through achievement against Directorate / HSCP Staff Governance action plans	All staff will have been provided set aside time that will be planned to undertake their mandatory training. Improved safety and compliance levels 70% achievement is the aim for this year with the aim of all staff undertaking this training on the TURAS platform	All Directors/Chief Officers	70% of all staff will have undertaken their Essential training by the end of March 2022
T2	Personal Development Reviews and Plans	Relaunch PDR and PDP Training for staff and managers	The direct link with improved patient outcomes and appraisal is well known. All staff will have at least 2 quality development conversations with their line manager each year	All Directors/Chief Officers	70% of all staff will have a PDR and PDP recorded on Turas learn by end of March 2022 100% of all ESM staff will have their PDRs and Plans on the Turas learn platform
T3	Occupational Health Nursing	Explore with HRDs, CNOD and Heads of Occupational Health the development of a nursing framework for Occupational Health	Working with key partners including the NMC, provide an Occupational Health Framework that will provide a sustainable workforce in Occupational Health for the future	Director of HR Occupational Health Lead	Autumn 2022
T4	Grow our own	Establish more local programmes to grow our own workforce	Development of new roles; promote career development opportunities and upskill the workforce using T&Cs Examples Physicians Assistants; Health Care Scientists; ANP and ENPs	Specialist Leads	2022 - 2023

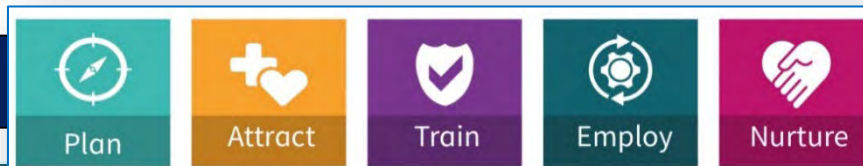
# The Five Pillars of Workforce



## Train

No.	Workforce Priority	Action	Expected Outcome	Lead	Timescales
T5	Attract OOH staff	Attract appropriately trained workforce for OOH services	Provision of a sustainable workforce in OOH services including advanced practitioners; Paramedics & GPs	Head of Service OOH lead HR	2022 - 2023
T6	AHP 3-year Transformational Plan	Deliver Excellence in Care Transformational Plan for AHPs in NHS Forth Valley	A culture shift in AHP practice will be achieved with a focus on prevention, rehabilitation, collaboration and multi-professional working with the local communities and people of Forth Valley	Director of Nursing Director of AHPs	2022 - 2025
T7	Talent management and Succession planning Strategy	Relaunch the Talent management and succession planning Strategy	Talent management assessment will be undertaken across NHS Forth Valley	Director of HR Head of OD & Learning	By the end of 2022
T8	Work with Educational establishments to develop programmes University and College collaboration	Develop a University College Health Partnership with Forth Valley College and University of Stirling.	To enhance Workforce Development and Career Pathways	Director of HR Director of Nursing	2022 - 2025

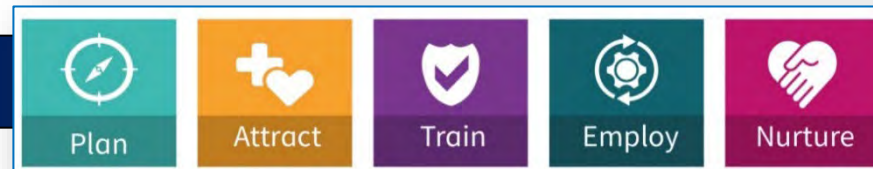
# The Five Pillars of Workforce



## Employ

No.	Workforce Priority	Action	Expected Outcome	Lead	Timescales
E1	Creating a sustainable workforce: Appoint Newly Qualified Nurses	Appoint Newly Qualified Nurses to all Band 5 Nursing vacancies, taking account of turnover; temporary Bank and Agency workforce spend and attrition rates	137 nurses interviewed and have been offered posts within NHS Forth Valley 106 in Acute Services 28 in Mental Health 3 in Learning disabilities	Head of HR Resourcing Deputy Director of Finance Associate Director of Nursing	Appointment to these posts will take place from 24 <sup>th</sup> August 2022 onwards
E2	Creating a sustainable workforce: Band 2 to 3 review of HCSW	Partnership working group in collaboration with Senior Charge Nurses reviewing 801 HCSW across NHS FV Monitoring of progress through APF and SGC	HCSW across NHS Forth Valley will have contemporaneous job descriptions that reflect service requirements. Anticipating that the majority of staff will move to Band 3	Associate Director of HR Head of Payroll Partnership SLWG	Matching exercise, appointment to new job descriptions and payroll calculations/ backpay will be concluded by December 2022
E3	Creating a sustainable workforce: Expansion of the Hospital @ Home service	Employ Band 5 nurses and Band 3 HCSW to provide care within the Hospital @ Home service	By increasing the Hospital @ Home service this will provide bridging solutions where patients still need hospital care which can be provided by health staff in their homes.	Director of HR Head of HR Resourcing Lead Nurses	Recruitment mid-August with a view to appointing within 8 weeks – October 2022
E4	Significantly reduce the requirement for Agency workforce	Approval process re-established regarding Agency use	With the introduction of permanent workforce, Agency use will be the exception especially within nursing	Directors of Nursing, Finance and HR	Autumn 2022
E5	Reduce Bank activity by converting bank spend to ensure delivery of sustainable solutions	Convert temporary workforce spend to permanent workforce	Bank activity will be significantly reduced and permanent, sustainable workforce will be in place	Directors of Nursing, Finance and HR	Autumn 2022

# The Five Pillars of Workforce

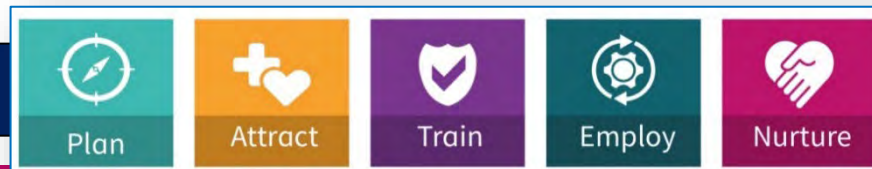


## Employ

No.	Workforce Priority	Action	Expected Outcome	Lead	Timescales
E6	Increase bank posts in hard to fill areas: midwifery; Paediatric and Neonatal Nursing; AHPs	Recruitment drive to attract Midwives, paediatric and neonatal nurses and AHPs to Bank posts	Temporary workforce will be available in Hard to Fill areas	Director of HR Head of HR Resourcing	Autumn 2022
E7	National Treatment Centre workforce in place	Complete recruitment of workforce in time for the opening of the National Treatment Centre in NHS Forth Valley	National Treatment Centre will be opened with a full complement of staff to deliver services as planned.	Director of CPMO Director of HR Head of HR Resourcing	Winter 2022



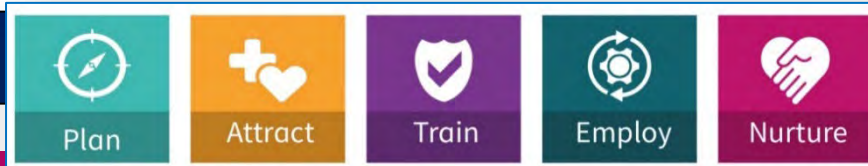
# The Five Pillars of Workforce



## Nurture

No.	Workforce Priority	Action	Expected Outcome	Lead	Timescales
N1	Culture	Adopt 4 stage approach to support culture change programme	Inclusive culture where staff have a feeling of belonging	CEO/HRD	2022 -2025
N2	Enhance Employee Voice: Speak Up Service; Whistleblowing Service and Confidential Contact	Further develop and communicate services for these services	Staff will be aware of all opportunities to speak up across NHS Forth Valley. Quarterly reporting of key themes linked to the red flag process will enhance organisational learning.	CEO Director of HR Speak Up Ambassadors	September 2022
N3	Workforce Wellbeing Plan implementation	Implement the 5 commitments/priorities outlined within the Wellbeing Plan	Peer support programme Measure impact of wellbeing programmes	Director of HR Employee Director	3-year plan with quarterly updates to Staff Governance Committee
N4	Staff Awards & Long Service Awards	Working with APF and ACF plan and deliver the Staff Awards and Long Service Award activities	Staff recognition events will be delivered to recognise long service and to celebrate achievements with our staff	Director of HR Employee Director Chair of ACF	By December 2022
N5	Sturrock Partnership Working group ED Review learning and impact assessment	Restart Sturrock Partnership Working group to take forward agreed action plan	Agreed action plan will be progressed and actions reported quarterly through the Staff Governance Committee	Director of HR Employee Director	September 2022 and 2 monthly meetings arranged thereafter

# The Five Pillars of Workforce



## Nurture

No.	Workforce Priority	Action	Expected Outcome	Lead	Timescales
N6	Regional approach to delivery of Values Based recruitment for ESM cohort	Explore with West of Scotland HRD's a regional approach to the delivery of values-based recruitment for ESM	This approach will ensure compassionate leadership and the diversity and inclusivity of the most senior roles	WoS HRD's	By March 2023
N7	Implement safe working environments	To implement safe working environments	Safe working practices Safe staffing levels workloads	Director of Nursing Director of Facilities & Infrastructure Director of HR	2022 - 2025
N8	Red and Green Flags	Design proforma to triangulate red and green flag information in the organisation	Red flags will be acknowledged, managed and investigated wherever identified from – examples Staff side meetings Patient safety visits Workforce Dashboard	Director of HR	September 2022
N9	Exit interviews	Determine the reporting tool to highlight key themes quarterly as part of the red / green flag process	All staff leaving the organisation will be encouraged to participate in the exit interview programme. This will include staff moving to other departments to capture learning.	Director of HR Associate Director of HR	September 2022
N10	Mediation	Train 2nd cohort of mediators and establish red and green flag quarterly reporting process	Mediation service has been launched in NHS Forth Valley 2 <sup>nd</sup> cohort of mediators will commence training and key themes will be identified and reported quarterly part of the Red and Green flag proforma	Director of HR Associate Director of HR Head of OD and Learning	2022 - 2023

### Workforce Information as of 31<sup>st</sup> March 2022

Since the publication of the last Board Workforce Plan, in 2019, many things within the NHS in Scotland have changed. The UK is no longer a member of the European Union, with BREXIT having been completed in December 2019; and the service is still going through the biggest challenge to public health and healthcare since the NHS was established in 1948. The COVID-19 pandemic has dramatically realigned priorities for all NHS Boards and changed significantly some of the challenges that the Board faces. In some areas, the impact of the pandemic has been to add to already existing challenges; and in others, it has added new, and sometimes, unforeseen challenges. What has not changed is the need to define, identify, attract and retain a workforce for now and into the future.

The 2019-20 NHS Forth Valley Workforce Plan, highlighted a number of challenges for the Board, which remain relevant, including:

- Demographics of the workforce;
- Impact of integration of health and social care;
- Requirement to deliver significant cost savings;
- Organisation wide service redesign;
- Integration at national and regional level to deliver integrated regional approaches;
- Pressure to deliver changes in the workforce.

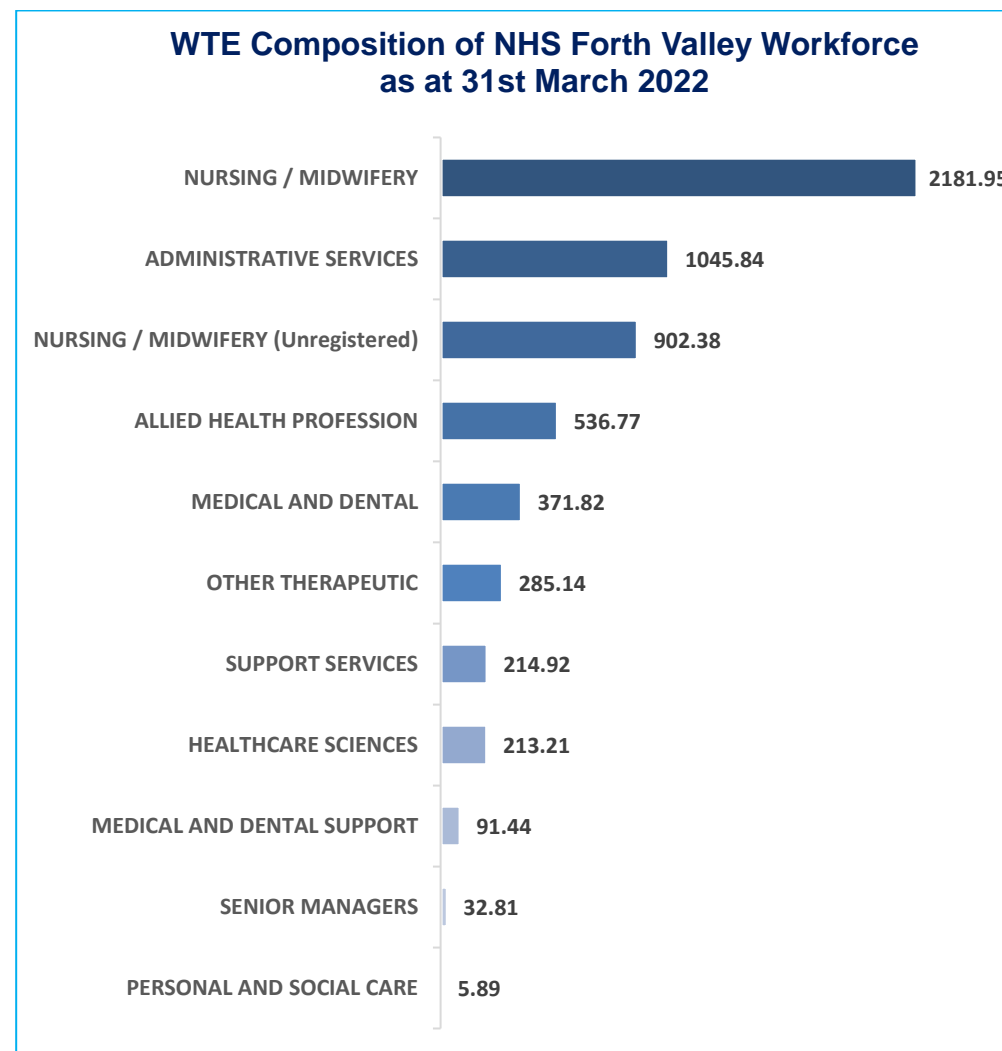
Understanding the size and shape of the current workforce is integral to planning the future workforce.

NHS Forth Valley is a large employer with a workforce of clinical and non-clinical staff.

As at 31<sup>st</sup> March 2022 NHS Forth Valley employed 5882.17 wholetime equivalent (WTE) staff (excluding training grade Medical & Dental staff who are employed by a lead Board and work in NHS Forth Valley on placement, GPs, and General Dental Services as no comparable WTE is available) in the following Job Families, though 877.94 WTE of these staff work in services currently managed by the Health and Social Care Partnerships (see Falkirk and Clackmannanshire

Job Family	Number of posts	WTE	% of Total
ADMINISTRATIVE SERVICES	1198	1045.84	17.78%
ALLIED HEALTH PROFESSION	661	536.77	9.13%
HEALTHCARE SCIENCES	246	213.21	3.62%
MEDICAL AND DENTAL	453	371.82	6.32%
MEDICAL AND DENTAL SUPPORT	110	91.44	1.55%
NURSING / MIDWIFERY	2445	2181.95	37.09%
NURSING / MIDWIFERY (Unregistered)	1057	902.38	15.34%
OTHER THERAPEUTIC	344	285.14	4.85%
PERSONAL AND SOCIAL CARE	8	5.89	0.10%
SENIOR MANAGERS	34	32.81	0.56%
SUPPORT SERVICES	345	214.92	3.65%
<b>Grand Total</b>	<b>6901</b>	<b>5882.17</b>	<b>100.00%</b>

- Nursing and Midwifery staff (all pay bands) remain the largest single staff group accounting for 52.44% of the workforce.
- Medical and Dental staff account for 6.32% of the workforce. This includes hospital doctors and dental practitioners but excludes training grade doctors and dentists who are on the payroll of a different lead Board and work with us on placement, GPs, and General Dental Services.
- 19.25% of the workforce work in the other clinical staff groups: Allied Health Professions (AHPs) (9.13%), Medical & Dental Support (1.55%), Other Therapeutic staff (4.85%), Healthcare Science (3.62%) and Personal and Social Care staff (0.10%). These figures include Support Workers in relevant categories.
- 21.99% of the workforce are employed in non-clinical staff groups: Administrative Services & Senior Managers, including non-Executive Board members, (18.34%) and Support Services (3.65%)

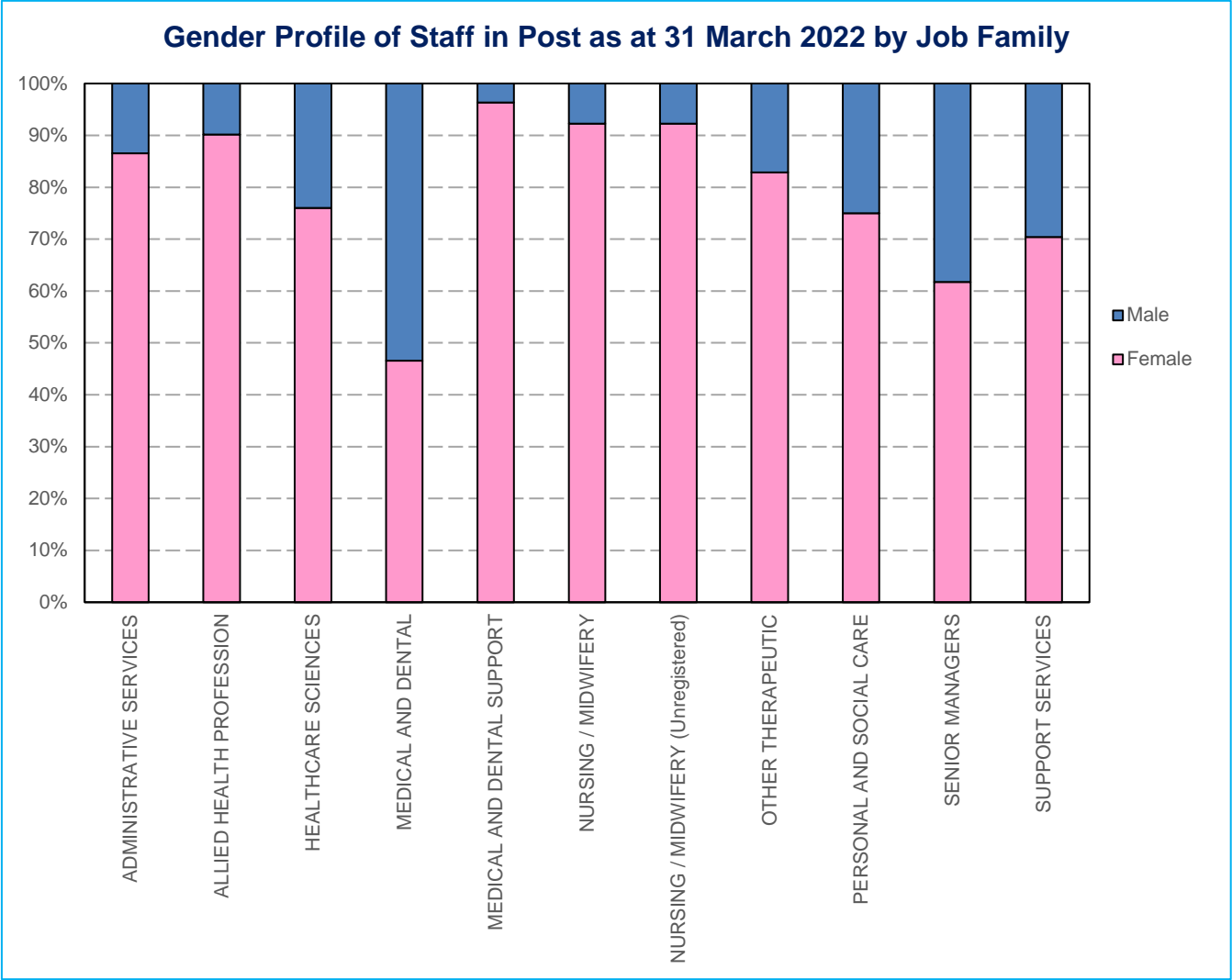


Source: eESS



# Gender

85.8% of our workforce is female. This is largely accounted for by the high proportion of females in the Nursing and Midwifery staff (92.26% overall), Administrative Services staff (86.56%), Support Services (70.43%) and the collective grouping of Allied Health Professions, Other Therapeutic, Healthcare Science, Personal and Social Care and Medical and Dental Support staff (86.19%).



Source: eESS

# Ethnicity

The following table shows the ethnicity of staff in post as of 31<sup>st</sup> March 2022 as recorded in eESS and demonstrates a positive picture of the workforce demographic of NHSFV compared to the local demographic based on the latest available census data.

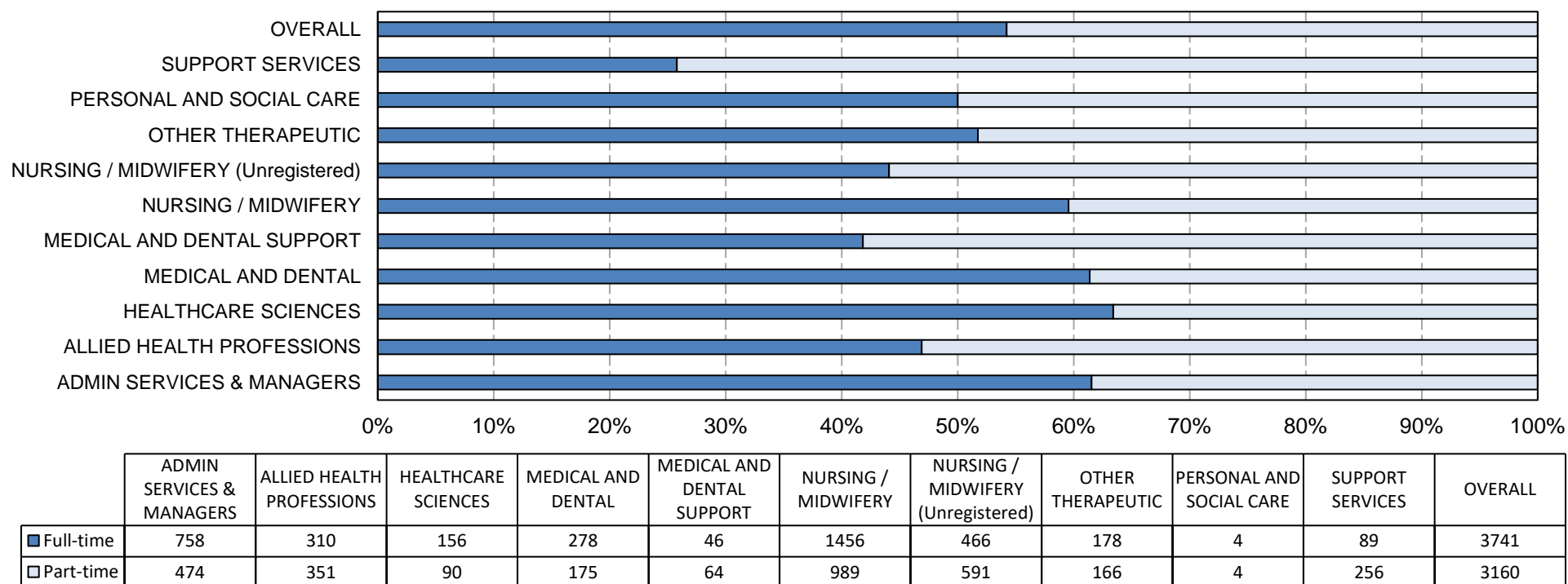
Ethnicity	NHSFV % of Total	NHSFV 2011 census
African - African, African Scottish or African British	0.39%	0.16%
African - Other	0.06%	0.00%
Asian - Bangladeshi, Bangladeshi Scottish or Bangladeshi British	0.01%	0.04%
Asian - Chinese, Chinese Scottish or Chinese British	0.10%	0.44%
Asian - Indian, Indian Scottish or Indian British	0.93%	0.28%
Asian - Other	0.22%	0.24%
Asian - Pakistani, Pakistani Scottish or Pakistani British	0.53%	0.59%
Caribbean or Black - Black, Black Scottish or Black British	0.04%	0.02%
Caribbean or Black - Caribbean, Caribbean Scottish or Caribbean British	0.04%	0.05%
Caribbean or Black - Other	0.00%	0.01%
Mixed or Multiple Ethnic Group	0.49%	0.26%
Other Ethnic Group - Arab, Arab Scottish or Arab British	0.10%	0.07%
Other Ethnic Group - Other	0.16%	0.08%
White - Gypsy Traveller	0.00%	0.09%
White - Irish	1.87%	0.68%
White - Other	1.91%	1.42%
White - Other British	6.80%	6.92%
White - Polish	0.16%	0.72%
White - Scottish	75.64%	87.95%
Declined to Comment	2.31%	0.00%
Unknown	8.29%	0.00%

Source: eESS

## Working Pattern

45.79% of our occupied posts as at 31<sup>st</sup> March 2022 were part-time. Within the clinical group Medical and Dental Support, Unregistered Nurses & Midwives and Allied Health Professions staff had the highest proportion working part-time. Within the non-clinical group, Support Services staff had the highest proportion working part-time. Following a local and national programme NHS Forth Valley, in partnership with the national E-Rostering team and Allocate Software Solutions, became the first implementer of the new eRostering system for NHS Scotland. NHS Forth Valley recruited an eRostering team and they are working with a PMO approach to implement eRostering across all areas of NHS Forth Valley within a 2-year window. Nine early implementer pilot areas are now live and further roll-out across the organisation has commenced.

**NHS Forth Valley Working Pattern of Staff In-Post as at 31 March 2022 (Pay Number Count)**



Source: eESS

## Contract Type

Staff were employed on the following types of contract. Fixed term contracts are largely used for long term sickness cover, maternity cover or specific projects/time limited funding or for staff employed on training contracts such as national training schemes. These contracts are reviewed regularly to determine the appropriateness of their use. In the case of the Senior Managers the fixed term contracts represent the Government appointed Non-Executive Directors. The majority of the “permanent secondments” are existing staff who have been temporarily deployed into second or subsequent jobs at a different Pay Band for some or all of their hours related to the availability of funding or as development opportunities present.

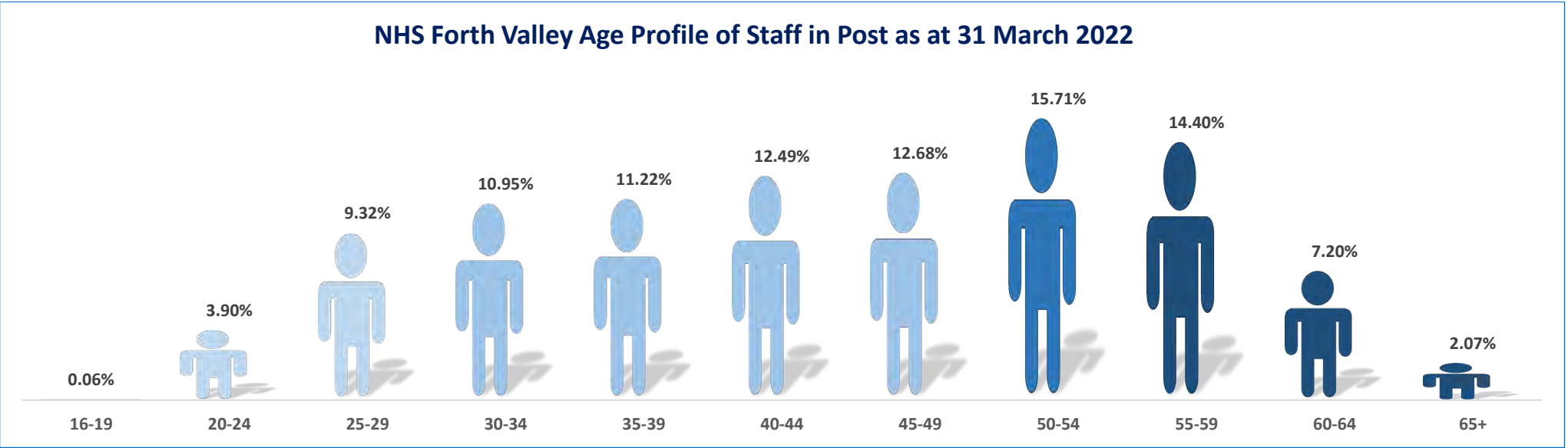
Job Family	Fixed Term	Permanent	Permanent Secondment	Total
ADMINISTRATIVE SERVICES	95	1034	69	1198
ALLIED HEALTH PROFESSION	7	636	18	661
HEALTHCARE SCIENCES	7	231	8	246
MEDICAL AND DENTAL	75	377	1	453
MEDICAL AND DENTAL SUPPORT	6	101	3	110
NURSING / MIDWIFERY	17	2366	62	2445
NURSING / MIDWIFERY (Unregistered)	15	1033	9	1057
OTHER THERAPEUTIC	30	311	3	344
PERSONAL AND SOCIAL CARE		8		8
SENIOR MANAGERS	12	18	4	34
SUPPORT SERVICES	1	343	1	345
<b>Total</b>	<b>265</b>	<b>6458</b>	<b>178</b>	<b>6901</b>

Source: eESS

# Age

The NHS workforce, like the population it serves, is ageing. The following chart shows the overall age profile of our in-post staff as at 31 March 2022.

Comparison of nationally published workforce information for NHS Forth Valley with that of NHS Scotland overall shows that 22.5% of NHS Forth Valley’s workforce is aged 55+ which compares favourably with the national figure of 24.2% aged 55+ (figures are slightly different to local figures as training grade Medical & Dental staff have been included in the placement Board figures produced by Public Health Scotland but their data is not available for inclusion in local figures).

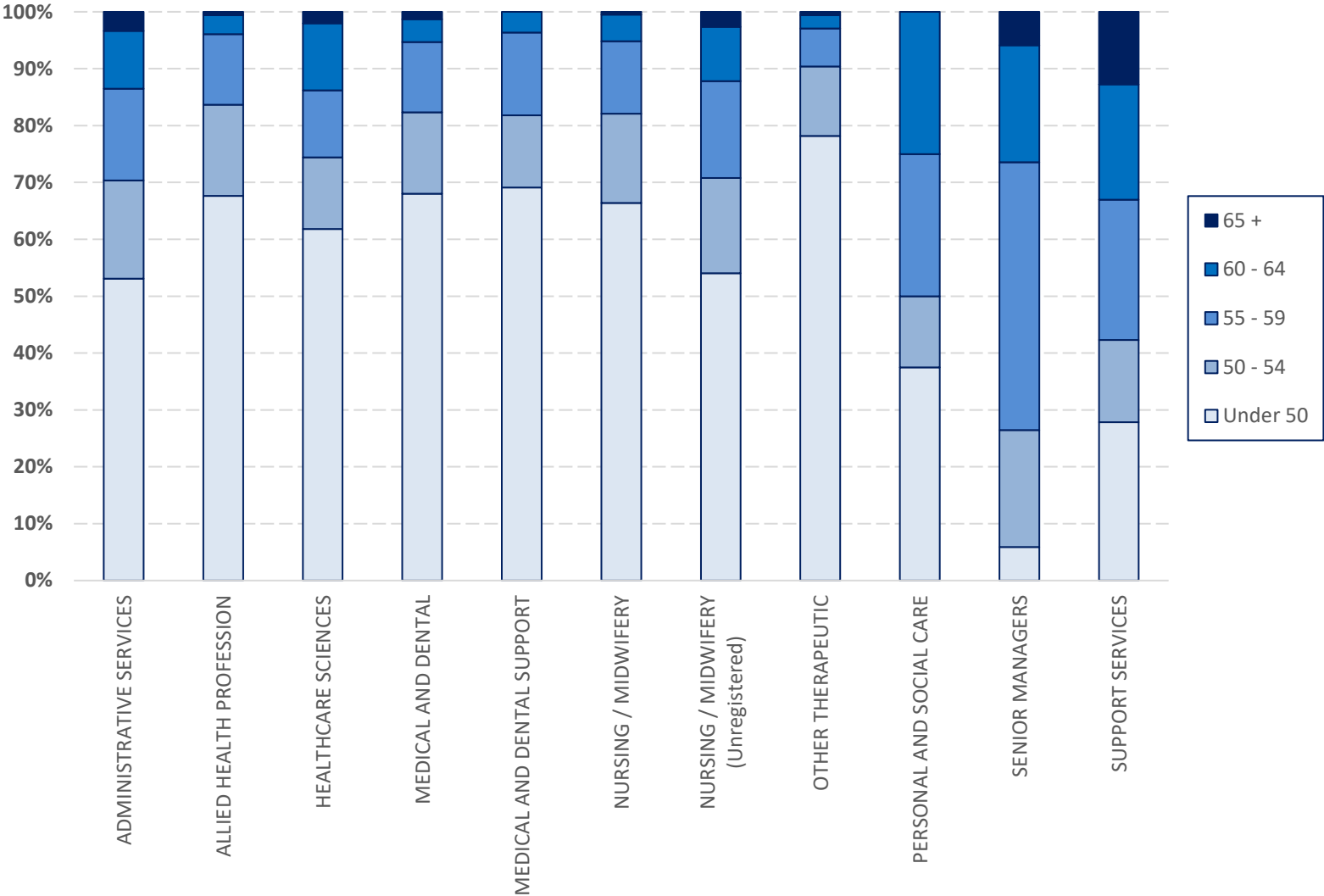


Age Band	16-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65+
Headcount	4	269	643	756	774	862	875	1084	994	497	143

(Source:<https://turasdata.nes.nhs.scot/data-and-reports/official-workforce-statistics/all-official-statistics-publications/07-june-2022-workforce/dashboards/nhsscotland-workforce/?pageid=6963>)



NHS Forth Valley Age Profile by Job Family as at 31 March 2022



Source: eESS

However, there are variations across individual Job Families with our Administrative Services, Healthcare Sciences, Unregistered Nursing / Midwifery and Support Services workforces being significantly older than that of any other group with significant in-post numbers

Approximately 18% of our current overall in-post registered Nursing & Midwifery workforce are aged 55 or over and just over one-third are aged 50 or over. However, amongst our clinical staff, almost 70% of our Registered Neonatal Midwives, around 35% of other registered Midwives, around 25% of our Care of the Elderly Nurses, Specialist Nurses, Sexual / Reproductive Health Nurses, District Nurses, Health Visitors and Practice Nurses are currently aged 55+ presenting potential risks to these services where recruitment and/or retention have been identified as problematic in earlier sections.

Job Family	Grand Total	% aged 50+	% aged 55+	%aged 60+	Average Age
ADMINISTRATIVE SERVICES	1198	46.91%	29.63%	13.52%	46.29
ALLIED HEALTH PROFESSION	661	32.38%	16.34%	3.93%	43.03
HEALTHCARE SCIENCES	246	38.21%	25.61%	13.82%	44.30
MEDICAL AND DENTAL	453	32.01%	17.66%	5.30%	44.97
MEDICAL AND DENTAL SUPPORT	110	30.91%	18.18%	3.64%	42.40
NURSING / MIDWIFERY (Registered)	2445	33.62%	17.91%	5.15%	42.59
NURSING / MIDWIFERY (Unregistered)	1057	45.98%	29.23%	12.20%	45.85
OTHER THERAPEUTIC	344	21.80%	9.59%	2.91%	40.26
PERSONAL AND SOCIAL CARE	8	62.50%	50.00%	25.00%	52.00
SENIOR MANAGERS	34	94.12%	73.53%	26.47%	56.71
SUPPORT SERVICES	345	72.17%	57.68%	33.04%	53.94
<b>Grand Total</b>	<b>6901</b>	<b>39.39%</b>	<b>23.68%</b>	<b>9.27%</b>	<b>44.52</b>

Source: eESS

Within our Consultant workforce specialties with at least 25% of the workforce aged 55+ are:

Grade	% aged 55+
CONS - DERMATOLOGY	50.00%
CONS - GERIATRICS	30.77%
CONS - MEDICINE	36.36%
CONS - ORTHODONTICS	40.00%
CONS - RADIODIAGNOSIS	25.00%
CONS - RHEUMATOLOGY	33.33%
CONS - UROLOGY	25.00%
CONSULTANT OCC HEALTH	100.00%
<b>Grand Total</b>	<b>16.60%</b>

Source: eESS

It should be noted that all of these except Geriatric Medicine, General Medicine and Radiology have 5 or fewer in-post staff working in the specialty in total.

## Staff reaching the age of 60 over the next 10 years

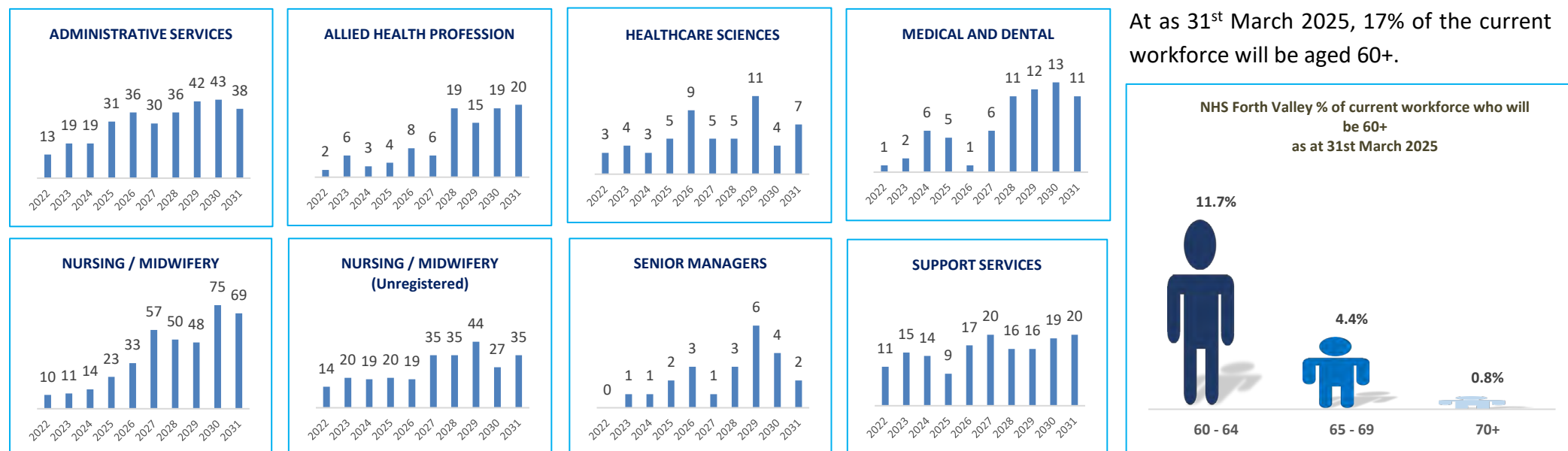
Looking to the future, we have reached the stage when all staff who remained in the 2008 NHS pension scheme have reached the end of their tapered protection and can no longer contribute to a scheme where the normal pension age is 60.

However, some may still have sufficient years in this scheme to make retirement around age 60 a viable option, especially if the offer to return on reduced hours is a possibility.

Just under 10% of the overall workforce on 31<sup>st</sup> March 2022 is currently aged 60+.

Over the next 10 years between 2.4%-3.4% of the current workforce will reach the age of 60 each year.

The charts show the numbers of current staff who will reach age 60 over the next 10 years by job family (excluding those who were already aged 60 by 31<sup>st</sup> March 2022).



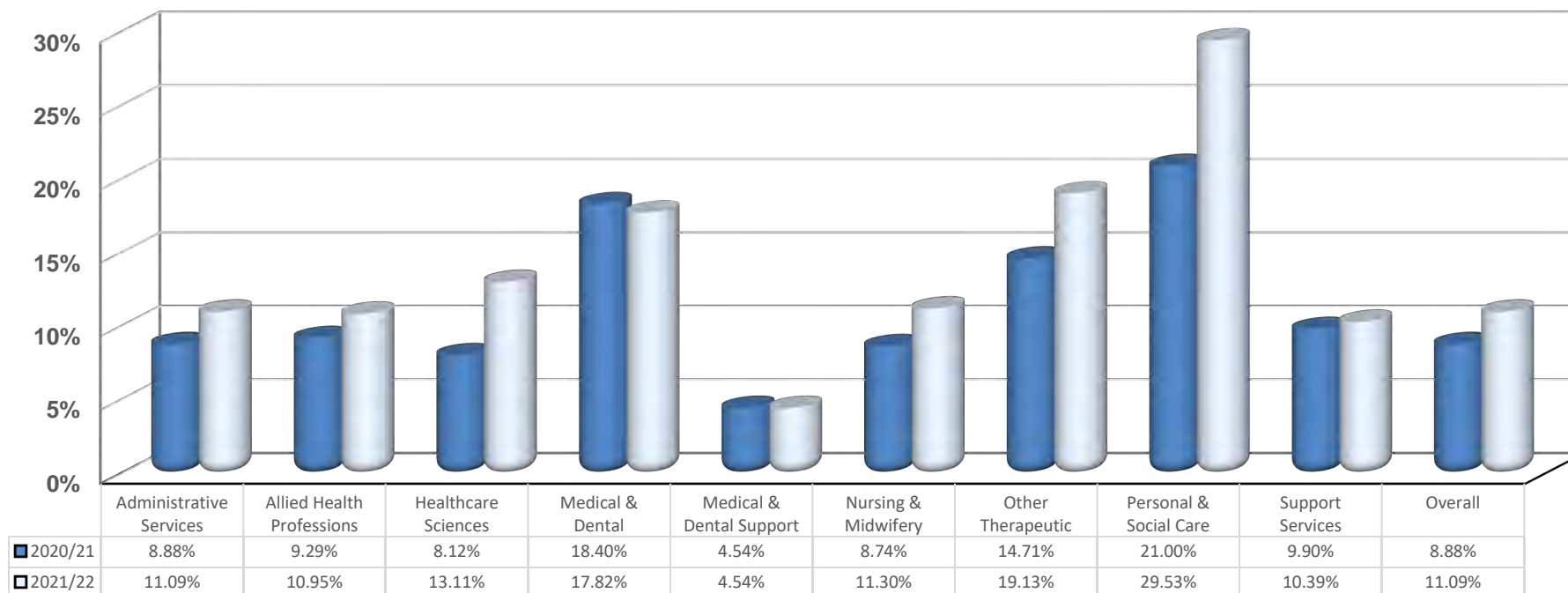
Source: eESS

# Turnover

A degree of turnover is to be expected in our workforce which contains large numbers of professionally registered staff who move around to widen experience or seek promotion. Turnover for the year 2021/22 was 11.09%. (Source: <https://turasdata.nes.nhs.scot/data-and-reports/official-workforce-statistics/all-official-statistics-publications/07-june-2022-workforce/dashboards/nhsscotland-workforce/?pageid=6963>).

The following chart shows the comparative WTE turnover rates for 2020/21 and 2021/22 (excluding Medical & Dental Training Grades who are only with us on placement) by Job Family. The apparent high percentage turnover in Personal and Social Care staff reflects the distorting effect of minimal number of in-post staff in this Job Family

**NHS Forth Valley Turnover by Job Family 2020/21 and 2021/22**



(Source: <https://turasdata.nes.nhs.scot/data-and-reports/official-workforce-statistics/all-official-statistics-publications/07-june-2022-workforce/dashboards/nhsscotland-workforce/?pageid=6963>)

## Leavers

The movement of staff within and across NHS Scotland employers is also reflected in our reasons for leaving since 2015/16 with the top “Reason for Leaving” consistently being “New Employment with NHS Scotland”.

Reason for Leaving	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
New employment with NHS Scotland	1	1	1	1	1	1	1
Vol. resignation - Other	3	2	3	2	2	2	2
Retirement - age	2	3	2	3	3	4	3
Other	5	4	4	4	4	5	4
End of Fixed Term Contract	4	5			5	3	5
Ill Health			5				
Retirement Other				5			

Source: SWISS

An Exit Interview and Feedback Procedure was launched in April 2022. This exit interview and feedback procedure sets out the process, which should be followed when a member of staff indicates their intention to leave or transfer to another service within NHS Forth Valley. When a line manager is made aware of the notice of resignation, they will arrange to meet with the member of staff to discuss the reason for leaving NHS Forth Valley or Service and any steps that could be taken to prevent the resignation. All staff will be provided with the opportunity to meet with someone to discuss in more detail their exit feedback.

Data collected from the exit interview process will be presented to the Executive Team and Area Partnership Forum on a 6-monthly basis and will also be presented to the Staff Governance Committee and the Strategic Workforce Planning Group with recommendations. Data presented will be non-identifiable.

However, in general, approximately 25 – 35% of those who leave our employment each year are aged 55 or over (2020/21 figures are skewed by the temporary employment of approximately 300 student nurses on fixed term contracts during the height of the pandemic) and around 20 – 25% of all leavers (excluding Bank staff) are recorded as leaving because of “Age Retirement” or “Retirement Other” each year.

Year	Total Leavers	% Aged 50+	% Aged 55+	% Aged 60+
<b>2015/16</b>	742	35.85%	29.11%	15.63%
<b>2016/17</b>	762	32.94%	25.33%	13.52%
<b>2017/18</b>	807	36.31%	30.98%	14.87%
<b>2018/19</b>	830	34.34%	28.31%	13.73%
<b>2019/20</b>	705	46.10%	36.31%	19.43%
<b>2020/21</b>	1019	33.37%	26.01%	15.31%
<b>2021/22</b>	916	45.74%	36.90%	19.65%

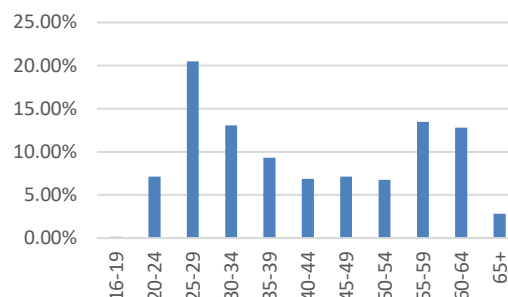
Source: SWISS



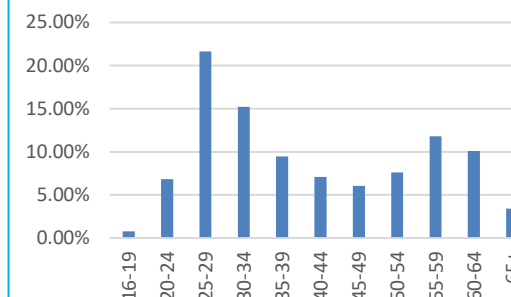
Within those leavers recorded as “Age Retirement” around 40% on average overall each year are aged 55 – 59 but for registered Nurses & Midwives that increases to around 66% of all age retirements, far higher than any other occupational group but this is likely to be due, at least in part, to these staff being able to retire at age 55 under the “Special classes” provisions of the NHS Pension scheme. Approximately 18% of our current in-post registered Nursing & Midwifery workforce are aged 55 or over and just over one-third are aged 50 or over.

A number of those who retire subsequently return to work in a variety of roles. Of the 424 staff aged 55+ who were recorded as having left employment on the ground of age or “other” retirement during the years 2020/21 and 2021/2022, 20 had identifiably returned to work within the following 12 months, 80% of whom were registered nurses, the majority of whom returned on reduced hours (a small number returned in lower banded posts). This excludes retirees who remained on or joined the Staff Bank only.

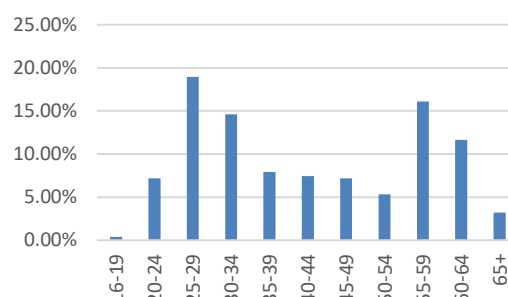
**Age Profile of Leavers 2015/16**



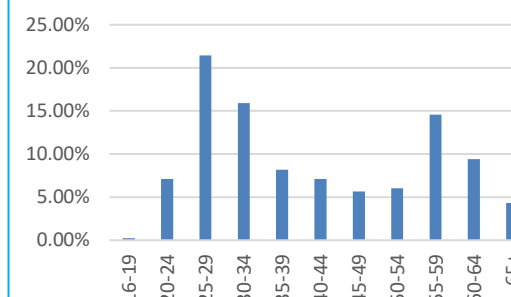
**Age Profile of Leavers 2016/17**



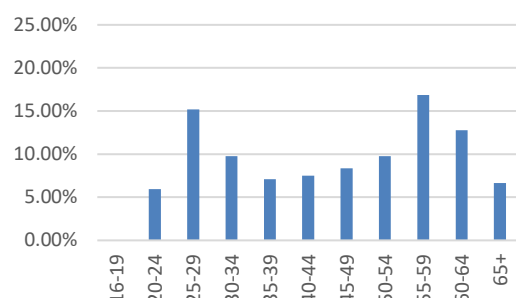
**Age Profile of Leavers 2017/18**



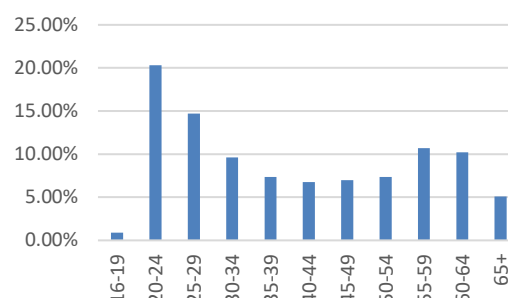
**Age Profile of Leavers 2018/19**



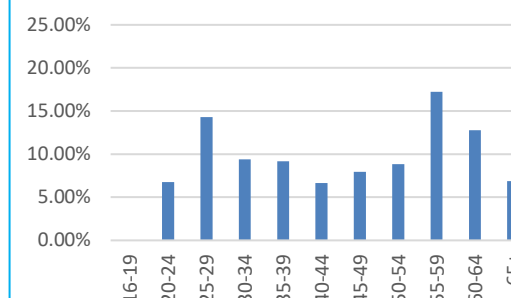
**Age Profile of Leavers 2019/20**



**Age Profile of Leavers 2020/21**



**Age Profile of Leavers 2021/22**



Source: SWISS

# Absence

NHS Forth Valley is committed to the promotion and support of the health and wellbeing of its workforce and recognises that 95% of its staff are always at work. We will continue to work to achieve the national HEAT Standard, through focused and robust but supportive management of absence, aligned to the Staff Wellbeing agenda.

The top 5 reasons for absence have been remarkably consistent within Forth Valley over the last 10 years (as can be seen in the table below) with mental health issues of all kinds always being the top reason for absence and Gastro-intestinal Problems and Cough/Cold/Flu generally always being ranked in the top 5 (although, notably, absences due to the latter reason fell dramatically during the height of the pandemic). Covid related absences of any type are recorded under Special Leave and not under sickness absence. Musculoskeletal issues also generally rank in the top 5, particularly “Other Musculoskeletal Problems” highlighting the need for ongoing manual handling training and awareness and the importance of access to health and treatment services such as the staff Physiotherapy service.

Reason for Absence, Rank & %	2012/2013	2013/2014	2014/2015	2015/2016	2016/2017	2017/2018	2018/2019	2019/2020	2020/2021	2021/2022
Anxiety/Stress/Depression/Other Psychiatric Illness	1 24.9%	1 21.8%	1 27.9%	1 19.1%	1 21.0%	1 29.3%	1 28.3%	1 38.0%	1 38.1%	1 33.6%
Other Known Causes Not Elsewhere Classified	2 9.4%	2 11.1%	2 10.4%	2 14.0%	2 14.0%	3 9.6%	2 14.8%	2 8.6%	4.6%	3 6.4%
Gastro-intestinal Problems		4 8.2%	3 8.3%	3 9.7%	3 10.0%	2 10.0%	3 9.8%	3 7.6%	4 7.1%	5 6.1%
Cold/Cough/Flu	4 8.7%		4 7.1%	4 8.6%	5 8.4%	4 9.2%		5 4.7%		2 6.7%
Other Musculoskeletal Problems	5 7.8%	3 10.4%	5 6.9%	5 7.7%	4 8.5%	5 6.1%	4 6.9%	4 7.1%	2 9.1%	
Injury/Fracture	3 8.9%									
Back Problems		5 6.5%								
Chest & Respiratory Problems							5 6.9%		3 7.1%	
Nervous System Disorders									5 5.4%	4 6.3%

Source: SSTS/eESS