



Workforce Plan

2022–2025

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Foreword

We would like to welcome you to the NHS Fife Workforce Plan for 2022 to 2025. This Plan sets out our direction of travel for the workforce in anticipation of the changing landscape in health and social care and sits alongside the Fife Health & Social Care Workforce Plan for 2022 to 2025. The Plan has been written to take account of the Covid-19 pandemic, which has significantly altered the shape of health provision in Fife and will continue to do so for the foreseeable future.

Over the next three years, the requirements for the workforce will also be reflected within the Population Health & Wellbeing Strategy¹ due to be published by Q4 2022/2023 and it is recognised that this Plan will require to be updated to reflect the content of the Population Health and Wellbeing Strategy¹, the ongoing review of the extant Clinical Strategy and the Annual Delivery Plan 2022–2023 Guidance² which was issued in April 2022.

This Plan highlights NHS Fife’s workforce intentions, whilst recognising that there will be other plans and activity supporting recovery, growth and transformation, as we emerge from the Covid-19 pandemic. We also acknowledge that aspects of Covid-19 will have an enduring impact on all aspects of care delivery, in terms of staff supporting Covid-19 activity, waiting times, outbreaks and overall impact on services.

The Board is committed to providing a culture which encourages all staff to provide feedback and influence improvements to provide high quality care. There will be a focus on staff wellbeing, communication and listening to the views of our workforce to take forward all of the commitments outlined within this Plan. What is clear from the information presented, is that change can only take place with the support of our valuable workforce. The role of all staff in supporting workforce solutions is key to delivering our ambitions and to provide better care for patients and the public.

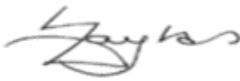
In realising the transformation of services, there will be the expansion of roles such as Advanced Practitioners, Physician Associates and Health Care Support Workers, alongside the further development of career pathways and educational opportunities. There is an ambition to create an approach that enables the Board to support and develop the workforce. There will be opportunities for those who wish to continue their careers for longer. We will embed programmes for foundation and modern apprentices and improve opportunities for young workers.

Working in partnership with our teams, Divisions and Directorates across NHS Fife and Fife Health & Social Care Partnership will be essential to support services and to ensure our workforce is aligned to the needs of our patients. The Board will continue to work regionally alongside our partner Boards within the East Region. The development of local and regional solutions to support service sustainability will remain a feature of much of the future work.

We recognise that there will be significant change and transformation ahead as we enter the post pandemic phase, which will feature within the commitments set out in the NHS Fife Workforce Plan, the complementary Fife Health & Social Care Partnership Workforce Plan and the future Fife Population Health & Wellbeing and Workforce Strategies.



Carol Potter
Chief Executive



Linda Douglas
Director of Workforce



Section 1 – Introduction:

Defining the Workforce Plan

1.1 Introduction

This Workforce Plan provides an overview of the future workforce required to ensure delivery of high-quality health services for the population of Fife. Due to the close synergies between NHS Fife and Fife Health & Social Care Partnership (H&SCP), this Workforce Plan should be considered alongside the Fife H&SCP Workforce Plan 2022–2025, to obtain a comprehensive overview of the future workforce required to deliver the range of health and social care services within Fife.

The Plan sits within a number of national and local strategic documents, for example, the NHS Recovery Plan 2021–2026³, the National Workforce Strategy for Health and Social Care in Scotland (2022)⁴, and the Fife Population Health and Wellbeing Strategy (2022)¹. While these documents are referenced throughout this Plan, the Plan does not attempt to provide a comprehensive overview of each.

1.2 Workforce Planning Methodology

This Plan is structured around the Scottish Government workforce planning guidance CEL(2011)32⁵, which advocates the use of the six-step workforce planning methodology, alongside the revised workforce planning guidance contained within DL(2022)09⁶.

Collectively, the Workforce Plan provides a context to and vision for health care services in Fife. It provides a synopsis of current workforce capacity, and projected workforce requirements extracted from Service and Financial Plans, before detailing the range of actions being proposed over the next three years in order to bridge the resulting establishment gap. The Action Plan is based on the Five Pillars detailed within the National Workforce Strategy for Health and Social Care in Scotland (2022)⁴.

Overseen by NHS Fife’s Strategic and Operational Workforce Planning Groups, this Workforce Plan is a live document which will take account of emerging National and Local priorities, and which has been developed in partnership with colleagues from Trade Unions and professional associations.

1.3 Purpose of the Workforce Plan

The purpose of this Plan is to set out the key workforce challenges which NHS Fife is facing between 2022 and 2025. It recognises the significant pressures that the workforce has faced in responding to the Covid-19 Pandemic, and how our staff need to recover from these pressures, at a time when health and care services need to recover from the disruption caused by the Pandemic and manage increased delays to routine treatment, the deterioration in the conditions of some patients, and significantly lengthened waiting times.

In recognising the NHS Scotland commitment to grow the size of the workforce by 1% by 2027, this Plan sets out the key workforce supply and demand challenges which NHS Fife will continue to face between 2022–2025.

Workforce Planning is evolving within the Health and Social Care Sector, therefore the Plan is considerate of the requirement for greater collaboration with our partners within the Local Authority, the potential for regional co-ordination of NHS services where appropriate and a national approach to common workforce challenges. The Plan details the workforce actions that NHS Fife is able to undertake to mitigate the challenges that will be faced over the coming years and identifies some critical risks where national solutions are required.

1.4 Scope of the Workforce Plan

NHS Fife is made up of the Acute Services Division, an agreed range of NHS Fife Services delegated to Fife's H&SCP's Integration Joint Board (IJB), plus a range of Corporate Directorates such as Estates, Facilities and Capital Services, Finance, Human Resources, Digital and Information, and Public Health.

While many of the challenges detailed in this Workforce Plan are common across NHS Fife and Fife H&SCP, the broad themes and commitments detailed throughout the Plan relate to those impacting on the Acute Services Division and the range of Corporate Directorates. For commitments relating to the agreed range of NHS Fife Services delegated to Fife's H&SCP, notably those linked to Primary & Community Care; Mental Health and CAMHS Investment; and Drug Related Deaths, reference should be made to the Fife H&SCP Workforce Plan 2022–2025. These commitments will be reflected within the Fife H&SCP Workforce Plan, and associated action plan, as it continues to evolve over the next three years.

This Plan also recognises the links and interdependencies that are necessary in workforce terms with partners in delivering quality services to the population of Fife. This includes neighbouring and national Health Boards; local authorities, including the Health & Social Care Partnership and Fife Council; the voluntary and third sectors.

Staff referenced within this Plan are covered under the following nationally recognised job families:

- Administrative Services
- Allied Health Professions
- Healthcare Sciences
- Medical and Dental
- Medical and Dental Support
- Nursing and Midwifery
- Other Therapeutic
- Personal and Social Care
- Support Services

This Plan is not intended to look at all aspects of workforce demand and supply for all job families. It will, however, highlight where there are emerging pressures which require to be addressed. This plan is a living document that is flexible, adaptable and will be responsive to further changes, given the constantly changing dynamics of service provision.

1.5 Implementing, Monitoring and Refreshing the Workforce Plan

Workforce Planning arrangements have been reviewed within NHS Fife and Fife H&SCP to ensure that these are fit for purpose and form an integral part of the financial and service planning frameworks. This is crucial as the Workforce Plan has to be driven by clinical and non-clinical services as they determine their workforce requirements in the short and medium term and give cognisance to longer term workforce considerations as these emerge as part of our triangulated approach to Service, Finance and Workforce Planning. Through their respective working planning groups, both NHS Fife and Fife H&SCP will drive the development and implementation of their Workforce Plans, ensuring they are live and interactive documents.



Section 2 – Visioning the Future

2.1 The National Context

2.1.1 The NHS Recovery Plan 2021–2026³

The NHS Recovery Plan 2021–2026³, published in August 2021, sets out NHS Scotland’s long-term response to the Covid-19 pandemic. The Plan recognises that the measures applied throughout the pandemic in order to save lives and protect the NHS has come at a difficult cost, and that the necessary pausing of non-urgent elective procedures and screening, whilst unavoidable as part of the suite of measures to address the Covid-19 pandemic, has resulted in delays to routine treatment, deterioration in the conditions of some patients, and significantly lengthened waiting times. It has also affected accessibility to GPs, Dental Services and Care Homes, all of which can impact on the flow of patients to / from hospital settings.

To tackle the increased waiting times for treatment and recognising that a higher percentage of these patients will now require hospital treatment as would otherwise be the case, the NHS Recovery Plan 2021–2026³ sets out how the NHS will increase its capacity by 10%. This includes commitments to increase inpatient and day case activity by 20% over pre-Covid levels to be achieved in part by the introduction of 9 National Treatment Centres; increase outpatient activity by 10% compared to pre-pandemic activity levels; and increase diagnostic procedures nationally by 90,000 by March 2026.

The Plan also recognises that NHS and Care staff have been on the frontline in Scotland’s efforts to tackle the Covid-19 pandemic. The Plan reinforces the measures applied to date to meet the physical and emotional needs of the workforce, including the PROMiS National Platform⁷ National Wellbeing Hub and Helpline; the national Workforce Specialist Service that is providing tailored, confidential mental health support to regulated staff in the NHS and Social Care workforces; additional funding for rest areas; and guidance to promote effective wellbeing conversations.

Significantly, the Plan also details a range of commitments to recruit more staff throughout the NHS to enable the NHS Recovery Plan 2021–2026³ to be realised, including:

- Recruit 1,500 new clinical and non-clinical staff for National Treatment Centres by 2026.
- Provide 1,000 additional staff in Primary care mental health, giving every GP practice access to a link worker.

- Increase the number of medical undergraduate places by 100 per annum and double the number of widening access places.
- Invest £11 million over the life of this plan in new national and international recruitment campaigns and establish a national Centre for Workforce Supply.
- Create new youth employment opportunities in health and social care through our national Young Person's Guarantee.
- Provide additional training opportunities through the NHS Academy for new and existing staff in key areas of need, including pre and perioperative care and endoscopy.

Urgent & Unscheduled Care – covered in more detail within Section 3.

Primary & Community Care – these commitments will be covered in more detail within the Fife H&SCP Workforce Plan 2022–2025 as it continues to evolve.

Cancer Services – covered in more detail within Section 3.

Mental Health and CAMHS Investment – these commitments will be covered in more detail within the Fife H&SCP Workforce Plan 2022–2025 as it continues to evolve.

Drug-related Deaths – these commitments will be covered in more detail within the Fife H&SCP Workforce Plan 2022–2025 as it continues to evolve.

2.1.2 [The Covid-19 Recovery Strategy for a Fairer Future⁸](#)

The NHS Recovery Plan 2021–2026³ was one of a series of commitments laid out by the Scottish Government as part of the broader Recovery Strategy to create a fairer post Covid-19 future for Scotland. Central to this was the vision to address inequalities affected by Covid-19, to make progress towards a wellbeing economy, where success is judged on more than Gross Domestic Product, and to accelerate inclusive, person-centred public services.

The Covid-19 Recovery Strategy for a Fairer Future⁸ had three broad outcomes:

- To establish financial security for low-income households
- To enhance wellbeing of children and young people
- To create good, green jobs and fair work

Whilst this Strategy committed to the publication of a new 10-year vision for economic transformation, setting out the Scottish Government's plans for strengthening Scotland's economy, commitments which impact on this Workforce Plan include the drive to improve the wellbeing of children and young people, including a commitment that every person between 16 and 24 has the opportunity to study, take up an apprenticeship, a job or work experience, or take part in formal volunteering.

In addition, to support employment following the pandemic and European Union Exit, there was a commitment to ensure good green jobs are available, simplifying investment in skills and training to ensure that people have support throughout their lives, investing £200 million in adult upskilling and retraining opportunities, embedding fair work so people have ‘good jobs’ and also to increase productivity, and enhancing equality of opportunity, so that everyone can access and progress in work.

2.1.3 National Workforce Strategy for Health & Social Care in Scotland⁴

Published in March 2022, the Strategy acknowledges the efforts of the NHS, Social Care and Social Work staff throughout the pandemic and recognises the value of National and Local Government working together to make a positive contribution to every aspect of life, and across every community in Scotland. It sets out a national framework to achieve the collective vision for “a sustainable, skilled workforce, reflective of the communities they serve, with attractive career choices where all are respected and valued for the work they do”.

The Strategy sets out the evidence base and actions that will be taken over the short, medium and long term, to achieve the tripartite ambition of recovery, growth and transformation of the health and social care services and workforce, to achieve the following outcomes:

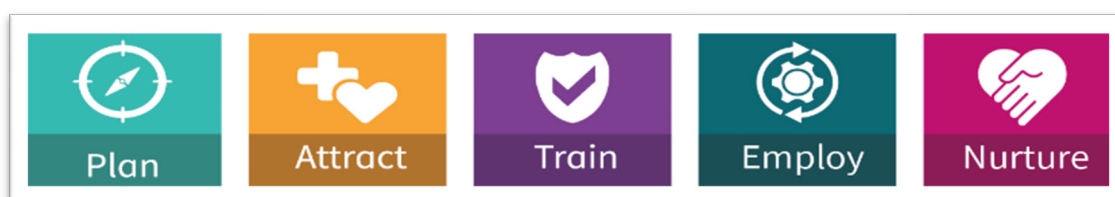


Putting our workforce vision and values at the heart of what we want to achieve, namely the ambition to:

- Create the conditions through which our workforce, and by extension our health and social care services, can successfully recover from the pandemic.
- Grow the health and social care workforce sustainably, in line with Scotland's population demographics, and the demands on our health and social care services.
- Transform the ways in which our workforce is trained, equipped and organised to deliver health and social care services, in order to achieve long-term sustainability through increased effectiveness and improved population health outcomes.

The Strategy establishes the Five Pillars of the Workforce Journey, where action can have the maximum impact in terms of recovery, growth and transformation in our services and our workforce. The actions detailed within this Workforce Plan and contained in the Appendix supporting the plan are consistent with these Five Pillars.

The Five Pillars of the Workforce



2.1.4 Implementing Safe Staffing

The Health and Care (Staffing) (Scotland) Act 2019¹⁰ was passed in the summer of 2019, and whilst its implementation has been delayed due to the Covid-19 pandemic, the legislation will provide a statutory basis for the provision of appropriate staffing in health and care service settings, enabling safe and high-quality care and improved outcomes for service users.

By covering all clinical groups within its remit, this Act aims to ensure that the correct balance of occupational groupings, with the correct skill mix, delivers better outcomes for patients and service users, and support the wellbeing of staff. The effective application of this legislation will:

- Provide assurance that staffing is appropriate to support high quality care, identify where improvements in quality are required and determine where staffing has impacted on quality of care.
- Support an open and honest culture where clinical / professional staff are engaged in relevant processes and informed about decisions relating to staffing requirements.

- Enable further improvements in workforce planning by strengthening and enhancing arrangements already in place, to support transparency in staffing and employment practice.
- Ensure the clinical voice is heard at all levels, by ensuring arrangements are in place to seek and take appropriate clinical advice in making decisions and in enabling arrangements in relation to staffing.
- Ensure that NHS Boards have a robust system to identify, assess and escalate real-time risks to care arising due to staffing issues, and to ensure staff are aware of these, and relevant staff have appropriate training and time and resources to implement them.

The provisions of the Health and Care (Staffing) (Scotland) Act will be introduced in April 2024, supported by a range of governance, monitoring and reporting arrangements.

2.1.5 Climate Emergency and Sustainability

The NHS Scotland Climate Emergency & Sustainability Strategy 2022–2026¹¹ provides the basis for how we will achieve the ambitious net-zero carbon output by 2040. While some of this Strategy focuses on the Estate, such as the commitment that all health service owned buildings are to be heated by renewable sources by 2038, these are a series of commitments relevant to this Workforce Plan. These include the development of environmentally sustainable care pathways and the reduction of waste, achieved in part through the continued introduction of technology enabled care initiatives, through to the reduction on the need to travel and the promotion of active travel across our workforce, patients, and communities.

Achievement of this Strategy will require a holistic, cross-sector and multidisciplinary approach, investment in a range of key skills and competencies not historically associated with the Health and Social Care Sector, in addition to regional collaboration.

2.1.6 Scottish Government Health and Social Care Directorates Policy

The 2022–2025 Workforce Plans for NHS Fife and Fife H&SCP outline how the national policy commitments impacting on our workforce will be implemented. In addition to a number of long-term commitments referenced within the extant plans, this also includes the following programmes:

- Healthy Living and Wellbeing
- Integrated Unscheduled Care
- Preventative and Proactive Care
- Integrated Planned Care

2.2 The Regional Context

With a population of 1,293,500 (source ONO UK¹²), Health and Social Care Services within the East Region are managed across three Health Boards and six Health and Social Care Partnerships. Within this regional context, our Regional Workforce Planning Group provides the mechanism to determine and prioritise areas where a coordinated approach should be utilised in response to common workforce challenges faced in each Health Board and Health & Social Care Partnership. These challenges range from:

- Service driven challenges; where participating health boards are encountering or forecasting sustainability challenges.
- National driven challenges; where a coordinated approach has been identified as a suitable solution to a range of national policy commitments.
- Consistency of application across the Region; where areas of best practice can be identified and shared between participating health boards.

Pre-pandemic there was success in certain areas, include adopting a regional approach across some vulnerable services to provide sustainable solutions; introduction of regional service models in certain business functions including recruitment and payroll; and the application of a consistent approach in the development of certain new roles and application of analytics.

As we move out of the pandemic, priority areas identified by the Regional Workforce Planning Group include:

- Health Protection
- Cancer Services
- Regional Laboratory Medicine Collaboration
- Mental Health Recovery – CAMHS
- Thrombectomy
- Haematology Services
- Planned Care Services

2.2.1 Health Protection

Health Protection services are part of the Public Health function, with multidisciplinary teams in each Board protecting the wider population they serve through surveillance, investigation and control of communicable disease and non-infectious environmental hazards. 24/7 on-call arrangements are in place within each Board. The Covid-19 global pandemic has put significant pressure on Health Protection workforce and the services in all Boards. There is recognition that there are elements duplicated across all Boards which could be co-ordinated and delivered more sustainably through a regional model.

Following a robust Options Appraisal process in early 2021, NHS Fife, Borders, Lothian and Forth Valley have agreed to implement a regional Health Protection model with the key aim of supporting sustainability and resilience and have in place a function that is fit for the future and designed to respond effectively to 21st century Health Protection challenges. Engagement with Health Protection colleagues from all four Boards in the East of Scotland is underway. The next steps to support the development of the regional Health Protection model are three shadow secondment roles, which will be in place on 30 September 2022. These roles will lead the development and implementation of the Regional Health Protection Service model on a professional and managerial basis.

2.2.2 Regional Laboratory Medicine Collaboration

With recognised sustainability challenges in Laboratory Medicine specialties throughout the East Region, Health Boards continue to build on the existing collaborative working arrangements to identify and deliver a sustainable service model. Currently focused on Medical grades, initiatives being progressed include the review of Job Plans to identify opportunities for joint appointments or appointments with specific interests, Opportunities for Digital Enabled Care including Digital Pathology and Artificial Intelligence, plus building on new roles introduced to Laboratory Medicine, including Advanced Practitioners and Clinical Scientists.

These initiatives are in addition to a small number of specialist services being patriated to NHS Lothian, where the combination of skill set required, and limited patient numbers means that NHS Fife would be challenged to sustain the service locally.

2.2.3 South East Payroll Consortium

The South East Payroll Consortium was created in January 2017. It is one of three consortia in Scotland tasked with developing a consistent and sustainable approach to payroll services on a regional basis. The main issues driving change include the sustainability of the payroll services workforce, the Scottish Government 'Once for Scotland' approach and limitations with existing technology and systems. The increasing complexity and volume has led to increasing demand.

The South East Payroll Consortium is made up of eight Boards: NHS Fife, NHS Forth Valley, NHS Lothian, National Services Scotland (NSS), Healthcare Improvement Scotland (HIS), NHS Education for Scotland (NES), the Scottish Ambulance Service (SAS) and Public Health Scotland.

In January 2022, the formal Business Case was approved and NHS Fife agreed to join the Consortia and consequently change to a payroll consortium model.

The appointment of NSS as the Single Employer of Payroll Services across the South East Payroll Consortium will require that payroll staff employed within the seven other NHS Boards to transfer their employment to NSS.

The current timeline envisages the staff consultation period running between July and September with a provisional date of 1 November 2022 for the NHS Fife Payroll staff transferring to NSS, along with the payroll staff from the other six Boards.

2.2.4 East Region Recruitment Shared Services

After a pause in activities, revised dates have been agreed to move forward with the launch of the East Region Recruitment Service. There will be 2 phases for the soft launch: Phase 1: Scottish Ambulance Service (SAS) and NHS Lothian. Phase 2: NHS Borders, NHS Fife and NHS Education for Scotland (NES). The first phase took place week commencing 13 June 2022. The second phase launch will take place week commencing 25 July 2022. Following the launch dates, there will be a 6-week transition period and it is expected that the full roll-out of the new Regional Service will be completed by the end of September 2022.

2.3 The Local Context

The Population Health and Wellbeing Strategy is in development and is due to be published in Quarter 4 of 2022/2023. The Strategy will be NHS Fife's key strategic document going forward, planning for the medium and longer term. NHS services continue to remain under pressure with workforce challenges, Covid still in the community and the continued impact of the pandemic on health services, the public and staff. These elements must be reflected in the ongoing strategy.

The focus of the Strategy will be addressing health and wellbeing and seeking to improve access and inequalities. The strategic framework used for the strategy will be focussed around the 4 strategic priorities of NHS Fife:

- To improve Health and Wellbeing
- To improve quality of health and care services
- To improve staff experience and wellbeing
- To improve sustainability and value

Our workforce is a key element to the delivery of the Strategy and must be aligned to the three-year Workforce Plan.

2.3.1 Anchor Institution and Fair Work

NHS Fife has a determination and conscious sense of responsibility to become an “Anchor Institution” within the lifetime of this Plan. An Anchor Institution is an organisation whose long-term sustainability is tied to the wellbeing of the population/s they serve. The key objectives of NHS Fife’s Anchor Institution Programme are:

- Purchasing more locally and for social benefit
- Widening access to quality work
- Using buildings and spaces to support communities
- Reducing NHS Fife environmental impact
- Working more closely with local partners

As part of our aspiration to be an Anchor Institute, NHS Fife is committed to furthering the principles of both ‘Fair Work’ and widening access to quality work. Locally, there are existing and emerging areas of Anchor Institution work related to this Plan. Kickstart and No-one Left Behind are examples of programmes whereby reviewing our employability processes, we are widening access to quality work and offering career opportunities to local people from deprived or excluded communities (such as care leavers).

Through participation in the Fife H&SCP, we will also champion these principles and the recommendations from the Fair Work Convention¹³ with partner agencies who provide Health and Social Care services to the population of Fife. This includes areas such as providing appropriate channels for effective employee voices, investing in workforce development, widening access to quality work and learning, and a commitment to paying the Real Living Wage.

Through the Partnership, we will also continue to work with all partners to monitor the impact of the increasing cost of living challenges, including understanding the implications of the increased fuel cost on the collective workforce, and the associated risks to patient flow between services, should these costs destabilise the workforce within any of our partners.

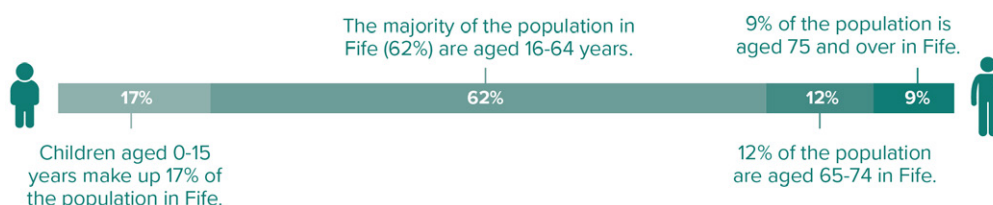
2.3.2 Scotland’s Changing Population – the Fife Context

Understanding our population helps us understand their needs. Together with our partners, it allows us to prioritise actions and interventions that can improve population health, reduce inequalities and ensure existing and new services meet population needs.

The findings of the recently held 2022 Census are yet to be published. When published, it will provide us with greater insight into the population living in Fife and on a range of factors impacting on their health and wellbeing. This includes demographic, economic and social factors. The results of the Census will be built into future Strategic Planning and Resource Allocation processes.

Current mid-year population estimates tell us that the population of Fife grew in 2020, one of only 12 council areas in Scotland to see growth. In June 2020, an estimated 374,130 persons lived in Fife, the majority (62%) of whom were aged between 16-64 years old. Children aged 0-15 years account for 17% of the population in Fife whilst 12% of the population were aged 65-74 and 9% aged 75 and over.

Considering the future size and structure of our population helps when planning service provision and anticipating service pressures. Current projections estimate that by mid-2028, the population of Fife will be a similar size with a 0.1% decrease in the total population compared to 2018, however the number of people aged under 65 is estimated to fall, with the number of people aged 65-74 estimated to increase by 10% and the number aged 75 and over by 31%.



In 2016–2020 life expectancy in Fife was **10 years** lower in the most deprived areas than the least deprived areas among males, and **8 years** lower among females.

Analysis of the data on population health and wellbeing, including determinants of these, is an important part of helping to understand our population's current and future needs. For example, when looking at this data inequalities are apparent, in Fife and across Scotland, between the populations living in the most and least deprived areas (SIMD Quintiles). For example:

In 2016-2020, life expectancy in Fife was 10 years lower in the most deprived areas than the least deprived areas among males, and 8 years lower among females;

- There were significant inequalities in mortality rates in the under 75s, which have persisted over the last 10 years. Over this period, rates in the under 75s have been between 2 to 3 times higher in the most deprived areas than the least deprived areas;
- For both males and females, deprivation has a significant impact on healthy life expectancy. At a Scottish level, healthy life expectancy in the most deprived areas of Scotland was more than 24 years lower for both males and females than in the least deprived areas in 2018-2020.

These population trends help us understand the National, Regional and Local priorities referenced throughout this Workforce Plan. The analysis of the data, and the focus on inequalities, also explains why the NHS Recovery Plan is prioritising Mental Health and Drug Related Deaths, and why there is an emphasis in Cancer Services and Health Protection at a Regional Level. Locally too, it explains why we are seeking to become an Anchor Institution, promoting the wellbeing of the population we serve.

2.3.3 Supporting Staff Physical and Psychological Wellbeing

NHS Fife does all it can to support employees to stay well, to support employees in the most appropriate way when they are unwell, and to create a culture of kindness, where employees look after each other. This is achieved, in part, by a multidisciplinary group, including Occupational Health specialists, Health Promotion, Psychology and Spiritual Care professionals delivering a broad range of workplace and related staff support services, co-ordinated by the Staff Health and Wellbeing Group, and is evidenced by NHS Fife holding the Healthy Working Lives Gold Award since 2016, until the cessation of the Award Scheme in 2022. "Well@Work" is the branding of NHS Fife's employee Health and Wellbeing programme.

Providing a healthy working environment which supports, promotes and protects the physical and mental wellbeing of our employees is an integral part of this Plan, and more generally supports the NHS Scotland Staff Governance Standard and NHS Fife's values, alongside the aims of the Fife Population Health & Wellbeing Strategy¹ and the ambition of achieving Anchor Institution status.

There is also alignment with the patient journey in that the better the experience of our patients, the better the outcomes for staff and the better the experience of our staff, then the better the outcome for patients.

Our approach is focused on the Four Pillars of Wellbeing, as detailed in the diagram below, with each area of wellbeing being supported by:

- Workplace policies, processes and guidance
- Internal wellbeing initiatives
- Resources available to those employees who need them
- Communications for all employees on wellbeing and how to access support



The key resources and services available to support employees include Mindfulness activities and training aimed at enabling employees to manage their own stress levels and improve their overall sense of wellbeing; introduction of the Good Conversations approach to shift conversations away from a focus on ‘What’s wrong with you’ to ‘What is important to you’ and enabling employees to access both internal and external resources, including those on the PROMiS National Platform⁷, to make the best of their life circumstances; Pause Pods for employees to rest and recharge their bodies and minds; and Staff Hubs on the main Acute Hospital sites and Community Hospitals provide spaces for relaxation and refreshment.

The full range of initiatives, and the “menu” of support options, including access to Occupational Health services; Counselling; Staff Listening Service; Physiotherapy; Peer Support; Spiritual Care and Staff Psychology Support, available to employees and teams and our extensive generic and bespoke wellbeing course offers, are detailed within StaffLink, with the NHS Fife Staff Health & Wellbeing Framework due to be published by the Summer of 2022. This includes trauma informed approaches, which will be key, as we emerge from the pandemic.

Recognising the interconnection between the patient journey and staff experience, we also remain committed to improving the overall experience of the staff engaged throughout NHS Fife. A series of approaches are already embedded, ranging from the national iMatter survey and associated Action Plans, tailored questionnaires designed to obtain an understanding of staff views on specific issues, through to the Chief Executive walkabouts. We will work with the relevant forums, including the Area and Local Partnership Forums, to address key elements of staff feedback, in order to improve staff experience, alongside recruitment and retention of staff.

2.3.4 General Medical Services Contract Implementation

The General Medical Services (GMS) contract, introduced in 2018, refocused the General Practitioner (GP) role as expert medical generalists. Enabling GPs to perform this role meant reducing challenging workload pressures and transferring certain tasks previously carried out by GPs to members of a wider primary care multidisciplinary team. Importantly, it meant that, in certain cases, employment of the wider primary care multidisciplinary teams would be transferred from GPs to the local Health & Social Care Partnerships and Health Boards.

Locally, the immediate priorities for implementation of the GMS Contract, shaped by necessity and service pressures during the Covid-19 pandemic response, has focused on Vaccine and Immunisation Delivery, Local Co-ordinators, Mental Health Triage Nurse input at practice level, Pharmacotherapy and Community Treatment and Care (CTAC) Services. It is important to recognise, that notwithstanding the effort employed in meeting the obligations of the GMS Contract, full transition of services has been realised only in Vaccine and Immunisation Delivery, with other service provisions at varying degrees of progression as they continue to work towards this end point. Other priorities will continue to evolve throughout the lifetime of this Workforce Plan, in line with the specification set out in the Memorandum of Understanding 2¹⁴. Further details are set out within the Fife H&SCP Workforce Plan 2022-2025.

Moving forward, implementation plans have been refreshed to reflect learning and revised methods of working introduced in response to the Covid-19 pandemic, and recruitment to a number of pharmacotherapy and Mental Health Nurse Triage positions, enhancing the skill mix of teams working in General Practice and ensuring the most appropriate clinician is available to meet the patient's needs.

The Primary Care Improvement Programme (PCIP) will also support wider General Practice sustainability challenges. Work continues through the Clinical Director for Primary Care, to work with GP Practices facing recruitment concerns, and a plan will be developed ensuring that an increasingly proactive approach is utilised to support General Practice, mitigate recruitment issues and ensure continued patient care. This is described in more detail within the H&SCP Workforce Plan.

2.3.5 Waiting Times and the Covid-19 Challenge

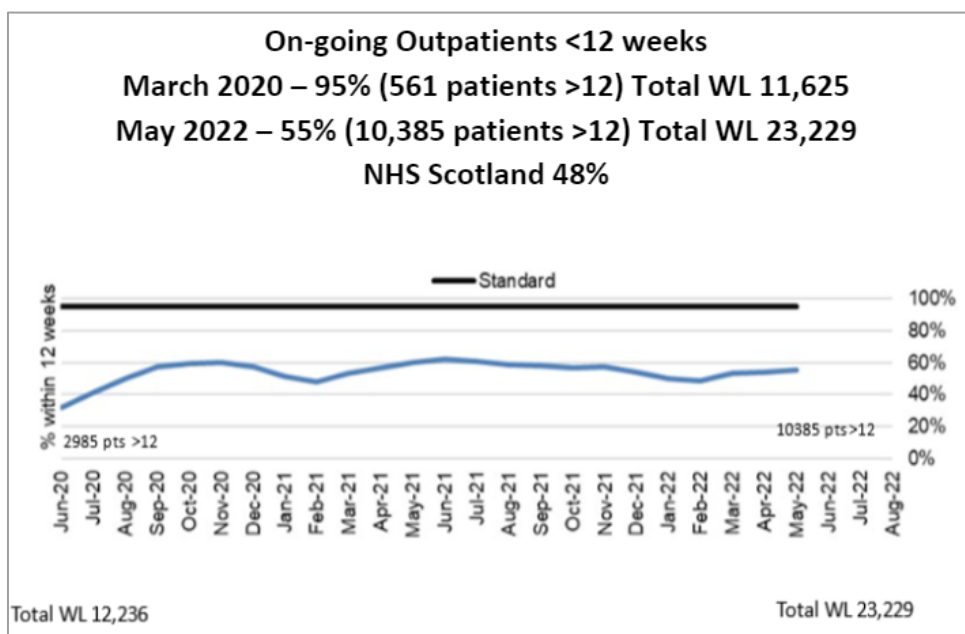
The Scottish Government have traditionally set national waiting times standards for the maximum time patients should have to wait for NHS services in Scotland. For example, these standards include:

- a 12-week maximum waiting time for treatment of all eligible patients who are due to receive planned treatment delivered on an inpatient or day case basis;
- no patient should wait longer than 12 weeks for a new outpatient appointment at a consultant-led clinic; and
- a 6-week maximum waiting time for eight key diagnostic tests and investigations.

Pre-pandemic, NHS Fife performed strongly against a range of these measures, and by December 2019 had already exceeded the NHS Scotland targets for both inpatient and outpatient waiting times which had been set for October 2020. While NHS Fife continues to perform favourably against these standards, as measured against the NHS Scotland average, it is evident that our performance, and the performance of NHS Scotland more generally, was detrimentally impacted by Covid-19.

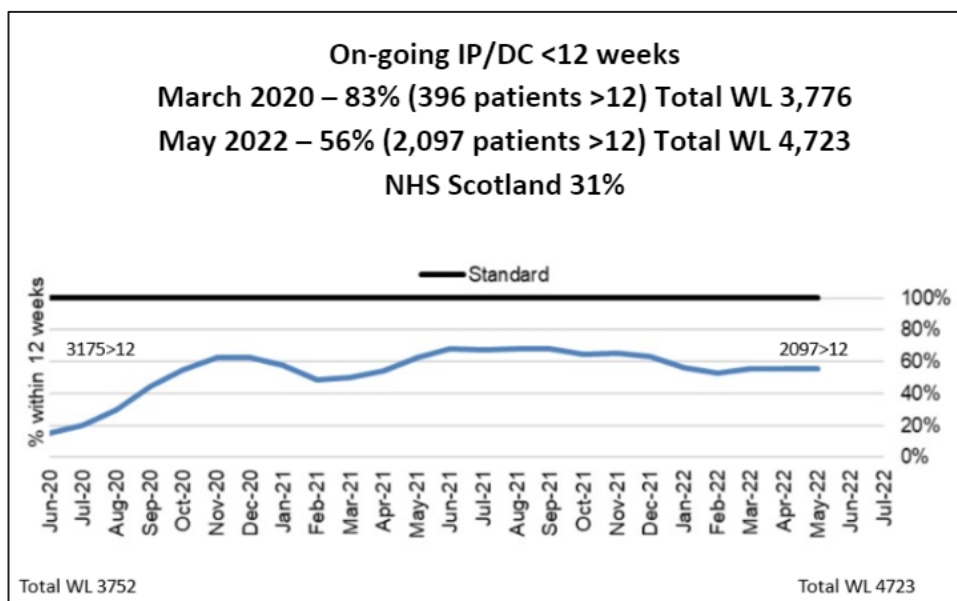
The number of patients waiting 12 weeks and over for new outpatient appointments increased from just over 500 in March 2020 just before lockdown to over 10,000 in March 2022 (chart 1).

Chart 1 – On-going Outpatients <12 weeks



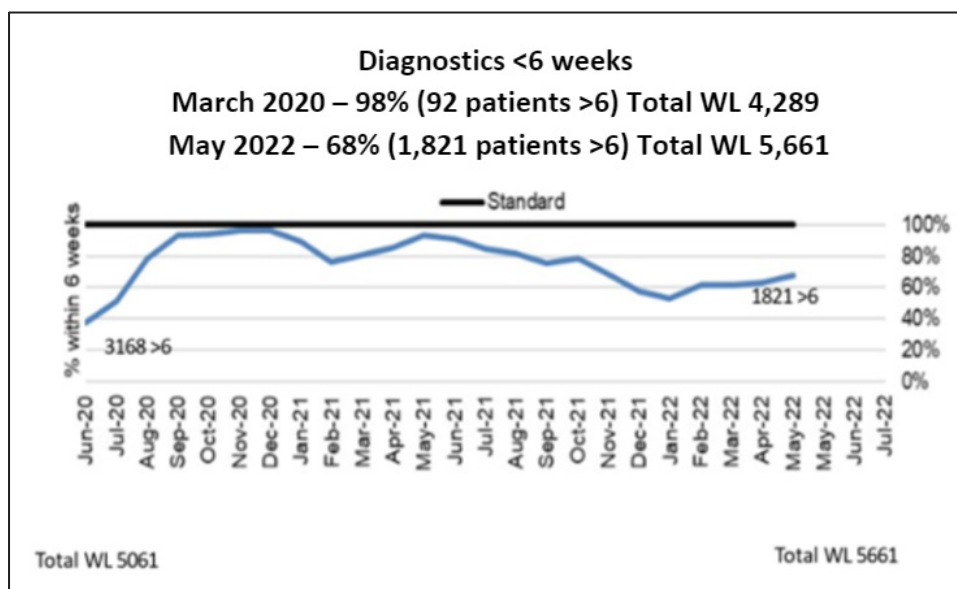
Similarly the number of patients waiting 12 weeks and over for treatment increased from just over 600 in March 2020 just before lockdown to over 1,900 in March 2022 (Chart 2).

Chart 2 – On-going IP/DC <12 weeks



For diagnostic tests, the number of patients waiting 6 weeks and over was just over 90 just before lockdown. Whilst waiting times recovered during the first quarter of 2021, waiting times deteriorated in the remaining 3 quarters. Patients waiting over 6 weeks sat at just over 2,000 at the end of March 2022 as demand for urgent and inpatient diagnostic tests increased. Performance has begun to improve, in the main for radiology diagnostic tests, with just over 1800 waiting over 6 weeks in May 2022 (chart 3).

Chart 3 – Diagnostics <6weeks



These charts highlight the scale of the waiting times challenge in Fife. While performance has decreased, there has also been a significant increase in the total number of patients waiting for inpatient, outpatient and diagnostics procedures. During the previous two years, priority has been given to urgent new and review patients, however there is now a need to set out how we will safely and efficiently increase capacity to meet heightened levels of demand, before focusing on recovering the waiting times position to pre-Covid activity.

Discussions are live with the Scottish Government on the additional funding necessary to achieve this, based on the assumptions that some physical distancing measures and enhanced infection prevention and control procedures remain in place and a proportion of our staff remain unavailable due to Covid-19 related absences.

2.3.6 Financial Improvement and Sustainability Programme

The Financial Improvement and Sustainability Programme Board has been established to develop and agree a programme of productive opportunities and savings targets for 2022–2025. Through the focus on service transformation, productive opportunities and capacity building, the Programme Board seeks to support enhanced quality of patient care and effective allocation of resources against the backdrop of commitments to increase capacity within the system.

Supported by NHS Fife’s Programme Management Office, a project management approach is taken to oversee governance of the Portfolio of programmes prioritised through Fife.



- Co-ordination and review of all priority schemes across the Health Board to enable the cumulative impact to be assessed.
- Rigour in planning.
- Systematic tracking and transparency of each project initiatives’ performance.
- Supporting framework to raise issues and address them.
- Drive the pace of project delivery, performance and visibility through the introduction of project management standards.

A summary of the programmes relevant to the Workforce Plan, and how these programmes fit within the wider NHS Fife Portfolio is shown in the table below.

Productive Opportunities	Programme Alignment
Optimising Day Case Capability (Queen Margaret Hospital)	Integrated Planned Care Programme
Theatre Utilisation Repatriation of Services	Integrated Planned Care Programme
National Treatment Centre	Integrated Planned Care Programme
Digital – Outpatients & Long-Term Conditions	Integrated Planned Care Programme
Ambulatory Interface Care - Service Redesign including potential to create new staffing roles and pathways. Includes redesign of Front Door and Redesign of Urgent Care	Integrated Unscheduled Care Programme

2.3.7 Supplementary Staffing Spend

Supplementary staffing spend increased in 2021/2022, as NHS Fife bolstered its contracted resource to assist with the twin challenges of providing a Covid-19 response and the remobilisation of other services. Plans are underway to reduce supplementary staffing spend within the Acute Services Division over the duration of this plan, with a focus on the use of bank and agency Nursing and Medical locums. To support this work a multi-disciplinary action group has been established by the Director of Acute Services attended by key stakeholders including General Managers, professional leads, HR, staff side and finance.

Initial actions are focussing on:

- The governance of the supplementary staffing sign-off process to ensure a clear and consistent approach with the correct level of authorisation at all times.
- The development of a tracker for all medical locum activity and spend per Directorate which highlights clear end dates and exit strategies for all locums used.
- A sole source of information through the development of an easy-to-use template for all wards and department to allow vacancy, absence and supplementary staffing use to be seen at a glance.

Further improvement actions are anticipated once a clear baseline has been established.

2.3.8 Digital and Information

NHS Fife's Digital and Information Strategy "Digital at the Heart of Delivery"¹⁵ was endorsed by the NHS Fife Board in September 2020. The Strategy outlined the challenge which had been presented to NHS Fife from a National, Local and Regional perspective through various strategies and delivery plans.

During the creation and establishment of the Digital and Information Strategy 2019-2024¹⁵, there was no indication of the global pandemic which the NHS were faced with in March of 2020, this pandemic has significantly impacted delivery of our key ambitions in both a negative and positive manner. A significant impact during this period was the delivery of the IT infrastructure to support staff to work from home or more effectively in the hospital or clinical setting, with a range of new technologies, including but not limited to Microsoft Teams, Near Me, extended use of Patientrac and Morse and the implementation of systems supporting Test and Trace and Immunisation activity, being adopted at pace. These features provide improved resilience for service sustainability.

The work plans associated with the Digital Strategy have been aligned, through additional engagement and NHS Fife's SPRA process, to the NHS Recovery Plan³ and the revised Digital Health and Care Strategy 2021¹⁴.

For the remaining 2 years of the Digital Strategy focus returns to the 5 key ambitions:

- Modernising Patient Delivery – Ensuring we provide our patient/service users with a modern fit for purpose digital healthcare service.
- Joined Up Care – Joining Up Our Services to ensure all relevant information is available at the point of contact.
- Information and Informatics – Exploiting data to improve patient safety and quality outcomes to support developments.
- Technical Infrastructure – Ensuring the infrastructure on which digital is situated is fit for purpose, secure and meets the needs of our service.
- Workforce and Business Systems – Assisting our workforce by ensuring that the systems on which they operate are effective, efficient, and complement their working practices.

In support of our workforce, prioritisation has been given to the development of a Digital Enablement team to support our staff in their adoption of digital working and extended delivery of services through digital means. The enablement team consists of Senior Nursing, Midwifery and Allied Health Professional digital roles, digital facilitators and trainers and will be supporting our staff (and patients) in their adoption and use of digital capability.

This support of change will be critical for the key programmes that NHS Fife has committed to, which include:

- Selection and Implementation of Hospital Electronic Prescribing and Medicines Administration.
- Further development of the EPR Capability and Paperlite implementation.
- eRostering and delivery of the nationally selected system to support safe staffing.

As we prepare for the final years of the Digital Strategy, we will also consider the work necessary to ensure our wider workforce can feel supported in their digital adoption. We will work closely with Partnership and Workforce colleagues to provide this support.

2.3.9 Band 2/3 Healthcare Support Workers

As a result of requests from both staff side and employers, the Job Evaluation Committee of the UK Staff Council have reviewed and agreed revisions to the job profiles for Nursing Clinical Support Workers. The revised profiles provide more clarification on the differentials between the Band 2 profile and the Band 3 profile. We now need to apply these changes in our AFC Job Evaluation systems and processes in NHS Scotland.

Following the release of the revised profiles for Clinical Support Workers on 5 August 2021, the AFC Job Evaluation system requires all Boards to review the existing job descriptions of Band 2 Clinical Support Workers to determine if this grade is still appropriate.

In partnership with our local staff side colleagues, we are agreeing a process on how to review all existing Band 2 Nursing Clinical Support Workers job descriptions to ensure that they are up to date and reflect the role and responsibilities of the postholder as of 1 October 2021. There is an implementation plan to deliver this process within the current financial year.

2.3.10 Bank Consolidation

An exercise was completed to gain an insight into the Nurse Bank and various local Banks across the organisation. Following an options appraisal, it was determined that there would be a phased progression to a single Staff Bank. This would reduce the number of banks to one with the following job families covered; Nursing and Midwifery, AHP (including Nutrition and Dietetics), Medical and Dental, Pharmacy, Spiritual Care, Mental Health, Admin and Clerical, Security, Catering, and Domestic Services. This model would ensure consistency for all Bank Workers, within a mature management structure with appropriate knowledge and expertise.

2.3.11 Equality, Diversity & Inclusion

We recognise that there is work to be done in terms of improvements to equality, diversity and inclusion within NHS Fife in support of this strand of the NHS Scotland Staff Governance standard and the spotlight on the ethnic minority staff group generated by the pandemic. While we have achieved improvements in the uptake of Equality & Diversity training and 2021 saw the launch of our BAME Network, jointly chaired by members of staff, alongside the support for our new international recruits, there are other staff groups within the protected characteristics, where specific action has still to be taken, for example, for LGBTQ+ staff.

We will also seek to improve data collection on protected characteristics of the workforce, leading in turn to improvements in the workforce data we publish and supporting continued compliance with the Public Sector Equality Duty, Disability Confident, Pride campaign and the newly established BAME network. The Board has recently appointed a new Equality & Human Rights Lead, who will support this work, in collaboration with H&SCP colleagues.



Section 3 – Health and Social Care Services Across Fife: Now and in the Future

3.1 Fife’s Interim Workforce Plan 2021–2022

NHS Fife and Fife H&SCP published an Interim Joint Workforce Plan¹⁶ in April 2021. This Interim Plan explained how health and social care services across Fife continued to respond to the Covid-19 pandemic and detailed a number of longer-term workforce drivers and workforce opportunities. These longer-term drivers and opportunities have informed the Workforce Plans (2022–2025) for NHS Fife and Fife H&SCP.

3.2 Transformational Programmes

3.2.1 Fife Elective Orthopaedic Centre

Opening in Winter 2022, the new National Treatment Centre will support NHS Fife to increase Orthopaedic capacity by more than 700 procedures, promote best practice and innovation, enable cutting edge research to be carried out on site, and provide a platform where staff and trainees can be educated to the highest possible standards.

The service is already leading the way in innovative procedures including minimally invasive surgery, day hip replacement and computer-navigated surgery. This will be enhanced with the purpose-built Fife Elective Orthopaedics Centre with its integrated theatres, allowing digital images to be visible around the theatres. It ensures the surgical teams can position images from cameras, monitors, x-rays or arthroscopic equipment on the most suitable screens to get the best possible results.

The theatres have also been designed and future proofed to ensure they can support advances in surgical techniques such as the development of robotic assisted orthopaedic surgery for hip and knee replacements, and advances in intra-operative imaging. These technologies are in development and are likely to become a key part of future practice within the timeline of this Workforce Plan.

In addition to this, the service boasts close links to local universities for research and teaching, and regularly hosts undergraduate medical, nursing, physiotherapy professions. The new Centre will have two meeting rooms included for teaching and training. These will be linked to theatres, so students will be able to watch surgery in real time, via theatre cameras. This will support teaching of medical students and training all grades of medical staff.

3.2.2 Vaccination and Immunisation Delivery

Transformation of immunisation services presents a real opportunity for NHS Fife and Fife H&SCP to demonstrate the benefits of collaborative working. In identifying different ways to deliver safe and sustainable immunisation services, this collaboration will deliver a collective vision for a Fife where everyone, everywhere, has confidence in and equitable access to high-quality, safe, sustainable immunisation services throughout their life time.

The recent experience of the Covid-19 pandemic demonstrates how outbreaks can overwhelm and profoundly disrupt health programmes, clinical services and health and social care systems and has emphasised the critical importance of vaccines in the battle against emerging and re-emerging infections to protect people and save lives as detailed in the UK Covid-19 Vaccines Delivery Plan 2021¹⁷. Building on this experience is therefore important, to achieve the collective vision, as responsibility for delivering the service continues its move away from General Practice to NHS dedicated teams.

As immunisation service provision is modernised over the next three years, in line with the Immunisation Strategic Framework 2021–2024¹⁸, it is also essential that health inequalities are addressed in the model of delivery. Immunisation uptake has been shown to be lowest in poorer families, those from minority ethnic backgrounds and those who may find it more challenging to access services. For Immunisation programmes to be successful the final service delivery model needs to support access for all, utilising tailored communications and engagement, outreach and targeted models, where required, to support access for under-served groups and minimise the risk of incidence in preventable diseases at both an individual and population level, maximising the benefits associated with herd immunity. This model will be supported by robust digital systems.

NHS Fife and Fife H&SCP are progressing at pace to implement the priorities detailed within the Immunisation Strategic Framework 2021–2024¹⁸. This will ensure sustainable and skilled Children's and Adult's Immunisation teams designed to facilitate cross over between two previously distinct groups, capable of responding to instances of surge or increased activity impacting either team, and thereby safeguard the specific knowledge skills and experience of individuals, but also allow for increased opportunity for skill development for staff seeking to support across the wider Immunisation service.

3.2.3 Rehabilitation Services

The impact and prevalence of Long Covid is yet to be understood, although it is apparent that its impact will be felt within Rehabilitation Services. Through the Post Covid Response Oversight Group, Community Rehabilitation has been reviewed to develop a more integrated service across day hospital, Intensive Care Unit, Community Ward and Community Occupational Therapy with a pilot being undertaken for patients suffering from symptoms associated with Long Covid Syndrome within Chest, Heart and Stroke specialities. The results of this pilot, and the recommendations made as to the appropriate workforce model, will be reviewed by the Oversight Group and factored into future iterations of this Workforce Plan.

3.2.4 Redesign of Urgent Care

The Redesign of Urgent Care (RUC) commenced in 2020, led by the Medical Director, and involves representatives across Acute Services, Health & Social Care Partnership and Fife Council. Whilst the work initially looks at safe and effective scheduling to Emergency Departments and Minor Injury Units across Fife, phase two of the programme has involved a review of all existing pathways to Unscheduled Care settings, identifying transformational changes that improve current patient pathways and capitalise on opportunities provided by digital healthcare.

Tasked with identifying and implementing a revised workforce model as part of this redesign, the RUC Programme sought to develop a sustainable workforce which would be able to oversee and adapt to the ever increasing number of Urgent Care pathways overseen by the Flow and Navigation Centre (FNC). This resulted in the investment of Emergency Nurse Practitioners, GPs with Special Interest in Emergency Medicine, Senior Advanced Nurse Practitioners (ANPs) and Rotational ANPs, with the rotational ANPs covering Acute Medicine, FNC and Urgent Care Services Fife, (Out of Hours GP Service). As part of the recently launched Urgent and Unscheduled Care Collaborative, which brings together a number of National Programmes, including RUC, further need to expand and develop this team will be assessed. This will include understanding, based on future pathway development, what additional roles can contribute to the navigation of patients to the right care, at the right time, to the right place, which includes preventing hospital presentation/admission.

3.2.5 Elective Care and Waiting Lists

The waiting list position in Fife has grown though the Covid-19 pandemic due to efforts to reduce the spread of Coronavirus and prepare for potential increases in critical care demand. In addition to the postponement of non-critical elective care, there was a reduction in the demand for services from the general population. The full impact of this on services such as Elective Surgery, Cancer Care and Mental Health will only be known once services are mobilised and the population of Fife starts to engage with them.

Remobilisation plans are built on the immediate-term assumption that we will continue to follow extant guidance on physical distancing, that infection prevention and control procedures remain the same, and that a proportion of our workforce remain unavailable for work due to Covid-19 related absence.

To meet the workforce implications, a range of options are available to increase capacity including: additional theatre lists, in-source activity from external providers, 7 day working for some specialities, and mobilising supplementary staffing options to minimise impact of Covid-19 absences within the substantive workforce. In addition to these options, the new Fife Elective Orthopaedic Centre will support the management of elective orthopaedic activity in Fife by bringing together multidisciplinary musculoskeletal expertise within a purpose built facility described above.

3.2.6 Radiography Recovery Plan

Diagnostic Imaging services underpin the NHS Scotland Recovery Plan³, and one of its priorities is the reduction on waiting times for diagnostic tests. As covered above, the number of patients waiting 6 weeks and over for diagnostic tests has increased markedly during the course of the pandemic, and in January 2022, 3,000 patients were waiting 6 weeks and over for tests as demand for urgent and inpatient diagnostic tests increased.

The Scottish Government have set a target to increase diagnostic procedures by 90,000 by March 2026, with NHS Fife required to submit a 5-year Radiography Recovery plan, to support both the recovery of waiting times and to meet the envisaged increased demand caused by the pausing of services.

To deliver on the commitments detailed within this plan, significant investment is required in order to increase the Medical and Allied Health Profession workforce. This in itself presents significant risk given the on-going recruitment challenges throughout the profession(s), a shortfall in the training pipeline numbers in order to satisfy current recruitment numbers, and concern that those new Registrants who will enter the labour market could potentially be consumed by the larger Teaching NHS Boards.

3.2.7 Women's Health Plan and Best Start

The Scottish Government's Women's Health Plan¹⁹ for 2021–2024, and the Best Start: A Five Year Forward Plan continues to be the principle drivers for change within Maternity Services. Best Start made 76 recommendations which would fundamentally reshape maternity and neonatal services, with Continuity of Care seen as a cornerstone recommendation, with a particular focus on high risk women and an increase in the number of babies born at home.

Due to delays caused by the Covid Pandemic, a full review of the recommendations are being undertaken taken account of current service provision, the financial implications of recruiting the numbers required to meet the full list of recommendations within both documents, in addition to the potential of recruiting the numbers of midwives required from the local labour market.

3.2.8 Cancer Services

Cancer patients interface across our full healthcare system, making cancer everyone's business. In 2019, 2,446 Fife residents were registered as having a new cancer. Cases of cancer in Fife have been increasing which reflects the growing and ageing population, this trend is expected to continue. Increasing numbers of cancer patients combined, new treatments, emerging technologies (e.g. robotic surgery) and patients living longer with cancer requires focus on the cancer workforce in order to enable sustainable service delivery. The cancer workforce consists of a range of professionals across the healthcare system; pharmacists, medical staff, nursing staff, Allied Healthcare Professionals, specialist support roles (Cancer Trackers and Multi-Disciplinary Meeting Co-ordinators) and managers.

At a national level, the NHS Scotland NHS Recovery Plan 2021 – 2026³ (August 2021) has committed to increasing the cancer nursing workforce, upskilling clinical nurse specialists and investment in chemotherapy staffing. Locally the NHS Fife Clinical Strategy 2016–2021²⁰(currently under review) committed to reviewing the cancer multidisciplinary workforce to meet the needs of the service and develop a workforce that has the appropriate training and education to deliver specialist tasks, considering key roles and responsibilities and role development.

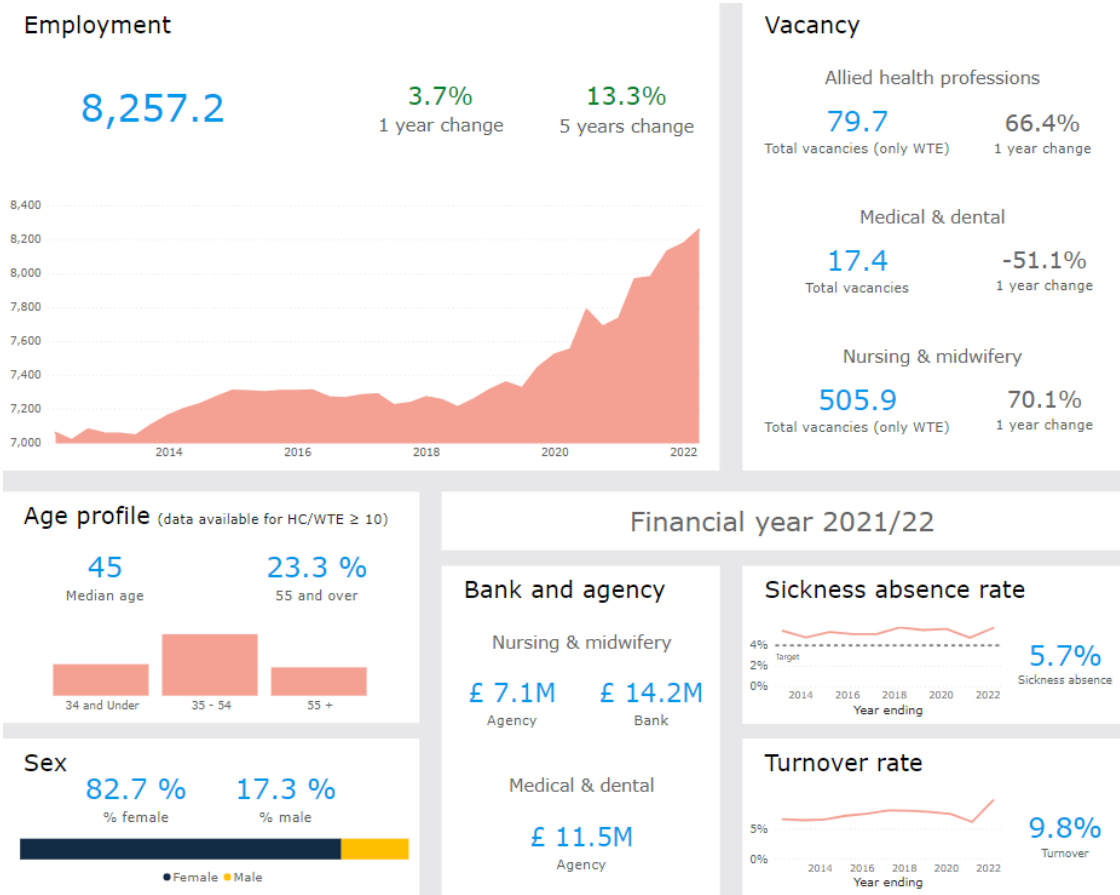
The NHS Fife Cancer Framework (which is nearing completion) commits to supporting NHS Fife to address cancer workforce sustainability, identify system-wide approaches in relation to wellbeing, education and training. The Framework aims to deliver effective cancer prevention, early diagnosis and high-quality sustainable cancer care for those living with and beyond cancer.



Section 4 – Workforce Capacity and Capability

4.1 Distribution of Current Workforce (based on data as at 31 March 2022)

The size of our workforce increased significantly in the previous 5 years, with this growth being most visible since 2020 and the start of the Covid-19 pandemic. Whilst this has meant the Health Board employ a larger whole time equivalent (wte) resource, this expansion has occurred in areas which were responding directly to the pandemic, for example the Vaccination workforce, with other core areas continuing to be challenged by factors such as an aging workforce, increased vacancy levels, and a growing reliance on supplementary staffing.

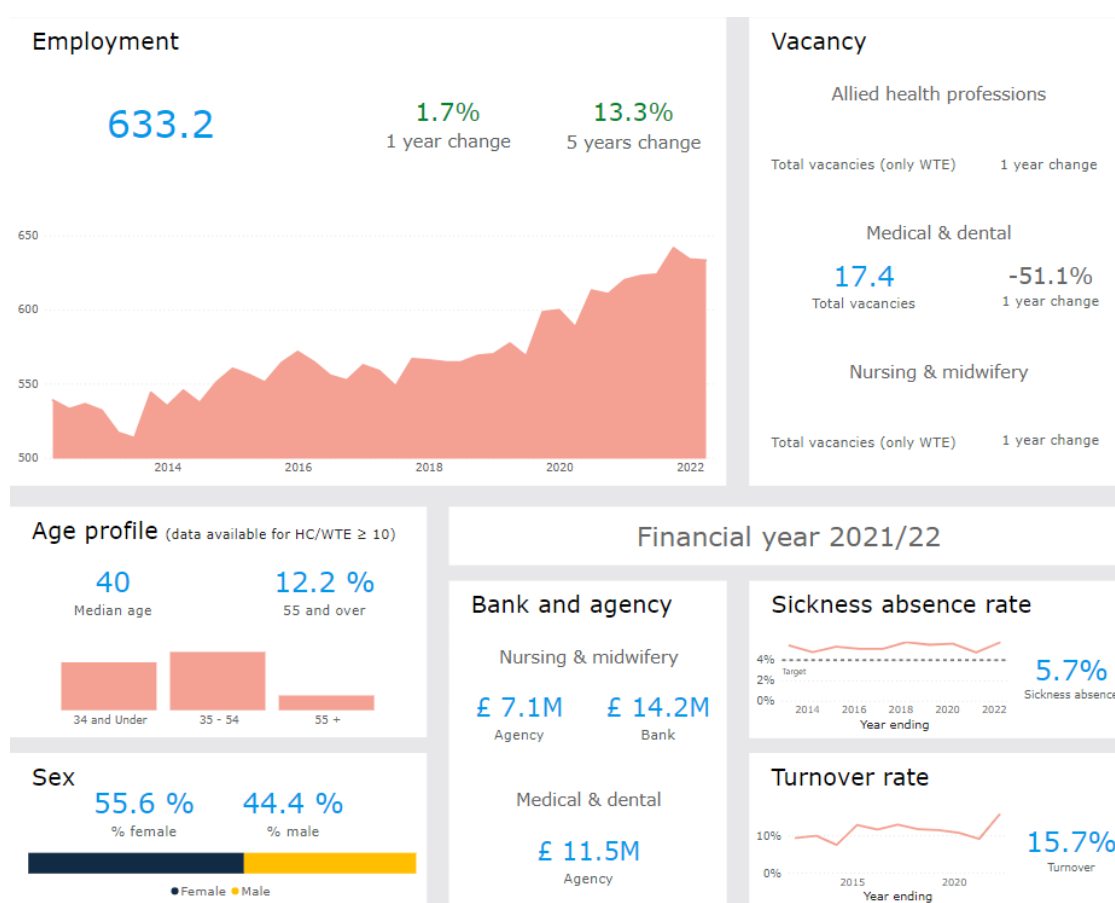


Source: turasdata.nes.nhs.scot

As part of the co-ordinated approach to service planning, all Directorates will be required to introduce workforce plans in conjunction with service and financial planning, detailing the actions they aim to take to ensure the sustainability of these services against current and future patient demand and projected staffing changes.

4.2 Medical Workforce

Over the previous five years, the trained Medical and Dental workforce has increased by 13.3% due to the success of recruitment campaigns, leading to a reduction in the wte vacancies over the same period, with notable growth in some specialties.



Source: turasdata.nes.nhs.scot

Despite successes in recruitment, turnover has shown an increasing trend, rising to a rate of 15.7% for the 2021/22 financial year. This is 4.0% higher than the average turnover rate for NHS Scotland and caused inflationary pressure on the supplementary staffing spend across the Job Family for those directly engaged by NHS Fife. Agency spend for 2021/22 was £11.5m, a yearly increase of 31.7%. Similar cost pressures are also being encountered within General Practice.

4.2.1 Workforce Planning Governance

As a profession, Workforce Planning is overseen by the Associate Medical Directors and Clinical Directors, in conjunction with the Medical Workforce Operational Group. Over the course of this Plan, there is an aim to reinvigorate workforce planning to achieve a clearer understanding of the challenges being encountered within each individual Specialty, consider the flow of career grade Doctors through training pipelines, and assess the fragility and sustainability of each service, at Directorate level.

4.2.2 Current Workforce Challenges

Although the wte resource across the job family has continued to increase in recent years, staffing challenges continue to be encountered within operational areas due to a combination of factors. For example, Consultant vacancies continue to present challenges across NHS Fife within certain specialties, with reported vacancies at 6.1% of establishment as at 31 March 2022. Specialties with the highest vacancies have continued to include Clinical Radiology, General and Old Age Psychiatry, Anaesthetics and Laboratory specialties. There is no apparent easing of this pressure given a national shortage of candidates in certain specialties, the continued reliance in external agencies for short term supplementary staffing solutions, and future sustainability concerns linked to training numbers in particular specialties being insufficient to meet current or future workforce requirements.

These factors highlight the need for change, and to consider vacancies as an opportunity to ensure a more resilient workforce through the introduction of alternative roles and automation.

These challenges are also exacerbated, in part, by generational shifts affecting the supply of labour. Candidates now entering the Medical and Dental profession have a stronger focus on achieving a work / life balance and seeking a job plan which balances both personal and career growth compared to their predecessors. The implications of this means that training pipelines need to allow for a greater output in headcount numbers to replace the wte loss within the current workforce, particularly given age demographics in some specialities and an increase in those making life decisions and leaving the profession early. For example, the BMA have recently calculated that the number of Doctors retiring early across the UK has tripled since 2008 ([Number of NHS doctors taking early retirement has tripled since 2008 | BMJ](#))²¹, listing one of the factors behind this being the Income Tax implications associated with the NHS Scotland Pension Scheme.

4.2.3 General Practice Sustainability

Although contractually General Practitioners (GPs) hold Independent Contractor status, distinct from the NHS employed workforce, General Practice in Fife has been under pressure for the past decade. The widespread difficulty in recruiting new GPs to substantive posts is placing a growing number of practices in jeopardy with the risk of significant pockets of the population without ready access to general medical services. The inevitable return of independent General Medical Services (GMS) practice contracts to the Board exacerbates NHS Fife's challenge to recruit medical practitioners. Traditional solutions of locum tenens are rarely available and distributing a list to barely managing neighbouring practices risks further practice closures.

Fife has 53 General Practices, 4 of which have been returned to the Board and operate as 2C practices. Of the remaining 49, there are two confirmed for closure within the coming year and a further 20 experiencing significant challenges to recruit replacement GPs, with resultant rising list sizes and diminishing resilience in the event of further practice stressors, such as population growth and workforce illness. The prolonged period of disinvestment, coupled with significant delays with delivery of the PCIP 2018 contract has left General Practice behind as a career option for new medical graduates. That said, General Practice has embraced the MDT model, however, there remains a critical number of General Medical Practitioners required to provide sustainable and quality medical practice and we are all too frequently breaching that line.

Significant work has been done from the training side to redress several important contributors including the Undergraduate experience of General Practice, the creation of Foundation Year jobs and rotational training into General Practice, as well as the development of the ScotGEM post graduate medical course which has community based general practice learning at its heart. The first ScotGEM cohort graduate in 2022, however it will be a further 5 years before those who choose a General Practice career will enter the qualified workforce.

We need to carefully consider the actions that could encourage recently qualified GPs to enter the General Practice workforce, as well as supporting the current workforce to remain in practice to ensure we build a stronger workforce and turn the ebbing tide on the profession which has been at the heart of the delivery of UK medical practice since the inception of the NHS

4.2.4 Future Demand: Strategic Planning and Resource Allocation 2022–2026

The Strategic Planning and Resource Allocation (SPRA) 2022–2026 process has outlined a number of developments which will impact on the Medical and Dental Job Family over the duration of this Workforce Plan. Although these developments will be managed at a Directorate Level in accordance with the SPRA process and associated workforce planning arrangements, developments of note include:

- In response to increased cost associated with medical locums, particularly within specialisms hosted by the Emergency Care and Medicine Directorate, a review of the current recruitment model will be undertaken within the next twelve months. The objective of this review is to identify permanent solutions to a number of positions currently filled via supplementary / locum arrangements.
- The expansion of the Emergency Department, to ensure patients are seen and treated within 4 hours of arrival, will lead to increases within the wte resource of Medical Consultants and Clinical Fellows.
- The establishment of the £33m purpose-built Fife Elective Orthopaedic Centre (FEOC), bringing together multidisciplinary musculoskeletal expertise from across Fife, to provide outpatient, inpatient and short stay provision inclusive of a 3-theatre surgical complex will require further investment within the Consultant and Specialty Doctors, with active consideration of further investment in order to increase the procedures undertaken within the FEOC beyond the initial target.
- As outlined in Section 2, measures implemented across NHS Scotland to respond to the Covid-19 pandemic have resulted in a significant backlog in treatment. Addressing this backlog will require additional resources to be identified across a number of Specialism's, many of whom are already experiencing recruitment challenges, or are forecasting challenges as they look to implement the Health and Care (Staffing) (Scotland) Act.
- Delivery of the NHS Fife Cancer Framework will require the review of the medical workforce in order to identify gaps in collaboration with regional partners to develop a regional plan to ensure resilience and equity of care, incorporating the following specialties; Oncology, Haematology and Radiology.

4.2.5 Actions to Sustain the Medical Workforce

Clinical Leads, Clinical Directors, Associate Medical Directors and Service Managers are working together to mitigate the current risks facing the medical workforce. These mitigations include:

- Co-ordination of recruitment to align to trainees achieving Certificate of Completion of Training (CCT).
- Continue the expansion of Advanced Practitioners (APs) in supporting roles and changes in mixed skill mix models throughout Fife, ensuring positions are appropriately embedded within Acute, Community and Primary Care settings, including Mental Health, Neonatal & Paediatrics, Urgent and Unscheduled Care.
- Consideration of service areas which could benefit from the introduction a Medical Associate Professions (MAPs) workforce, such as the Physician Associates roles, as described in Section 5 of this Plan.
- Supporting eligible candidates to achieve CESR, (Certificate of Eligibility of Specialist Registration), strengthening the commitment to working in Fife in the longer term as a result of this support.
- Ensuring that NHS Fife has a positive, healthy working environment for new Consultants including appropriate rest facilities, access to Peer Support, highlighting the benefits of working in a District General Hospital setting, #Team NHS Fife and of living and working in Fife.
- Enhancing Multidisciplinary Team (MDT) / Allied Health Profession (AHP) led services by encouraging non-medical prescribing, clinical decision making and more virtual MDT work with specialties e.g. Neurology / Pharmacy.
- Investment in and expansion of Hospital at Home / Community Services / Home First strategies in partnership with Council and Third Sector partners.
- Building on the success of the Rapid Access and Assessment Inpatient Unit within the Elderly service, supporting excellent discharge profiles. Consideration of service areas which could benefit from the introduction of Physician Associates roles, as described in later in this Plan.
- Highlighting and promoting the innovations within NHS Fife such as the Robotic Surgery Programme and the simulated training facilities at Queen Margaret Hospital and the new Elective Treatment Centre to increase interest in NHS Fife posts.

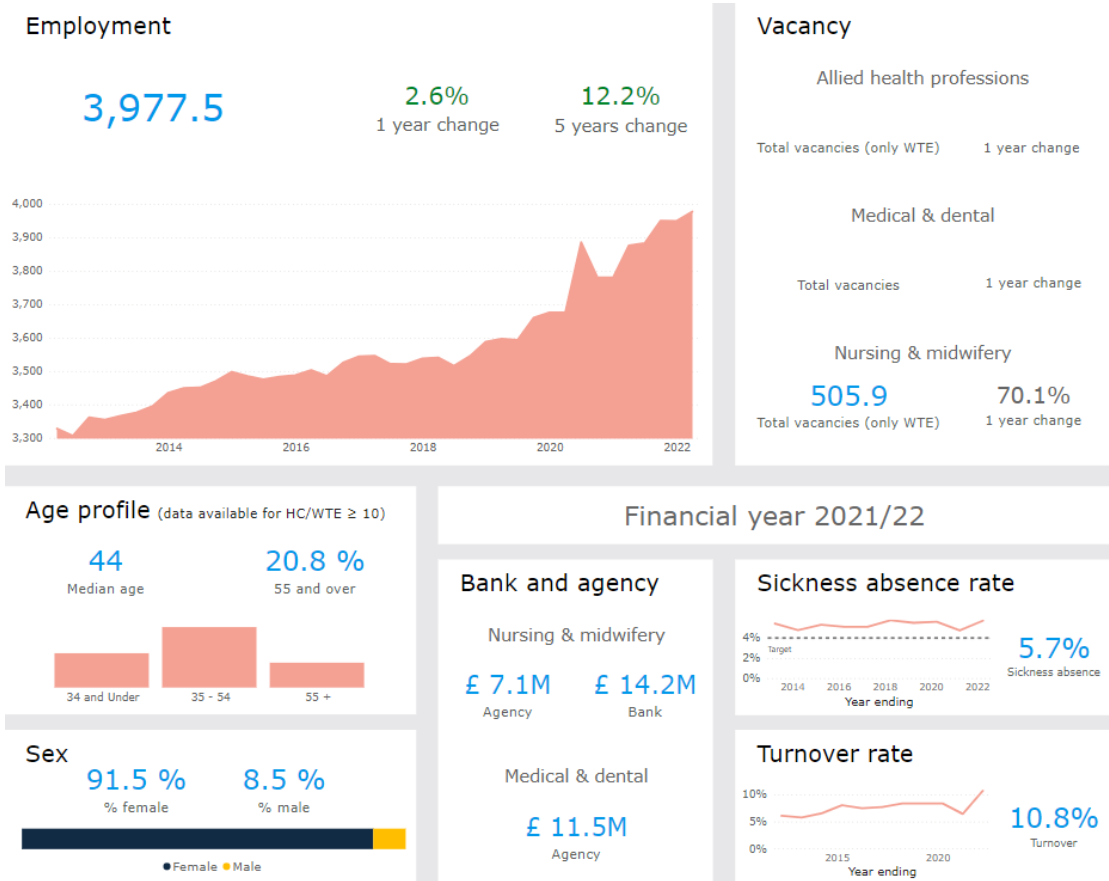
4.3 Nursing and Midwifery Workforce

4.3.1 Workforce Profile Overview

The Nursing and Midwifery job family has increased in previous five years, driven by a number of National Workforce Planning commitments and the implementation of the Nursing & Midwifery Workload and Workforce Planning Tools. More recently, this increase has been driven by the response to the Covid-19 pandemic and the appointment of a vaccination workforce responsible for administering an unprecedented vaccination programme within Fife.

Despite successes in recruitment, turnover has shown an increasing trend, rising to a rate of 10.8% for the 2021/22 financial year. This is 1.7% higher than the average turnover rate for the Job Family across NHS Scotland and is likely to have been caused by a number of factors including the effects of those who delayed life decisions to retire during the pandemic doing so in 2021/22, plus an increased prevalence of fixed term contracts, as NHS Fife increased its overall resource to respond to a series of time limited pressures caused by the Covid-19 pandemic.

Turnover, in addition to the impact of staff absence as a result of Covid-19, has led to considerable pressure on the supplementary staffing spend within the Job Family. Nurse Bank and Agency spend for 2021/22 was £21.4m, a yearly increase of 74.3%



Source: turasdata.nes.nhs.scot

4.3.2 Workforce Planning Governance

As a profession, Workforce Planning is overseen in conjunction with the Nursing and Midwifery Workforce Planning Group. This group is responsible for over-seeing work streams including the implementation of Health and Care (Staffing) (Scotland) Act 2019 across the profession, profession specific recruitment and retention initiatives, and the implementation of initiatives and measures to reduce the demand on supplementary staffing across Nursing and Midwifery.

4.3.3 Current Workforce Challenges

Although the wte resource across the job family has continued to increase in recent years, this increase is being matched by the number of vacancies recorded. Whilst these recruitment initiatives have successfully grown the wte strength of the profession, staffing challenges continue to be encountered within operational areas due to a combination of factors including age demographics, increased absence, and turnover.

Locally, there is a contrast in the success of recruitment campaigns aimed at Non-Registered Nurses and Midwives versus the recruitment of Registered Nurses and Midwives. Overall, there is a supply of suitable candidates to fill non-Registered vacancies from the local labour market. It should be noted that whilst this supply is available, there is a growing perspective that such recruitment is not increasing the wte resource engaged in these roles across the Health and Social Care Sector in Fife. The implications of this are that those services overseen by the Fife H&SCP, and in particular the third, independent and voluntary sectors, are becoming increasingly destabilised. Further analysis on this will be undertaken when the results of Scotland's Census 2022 are published.

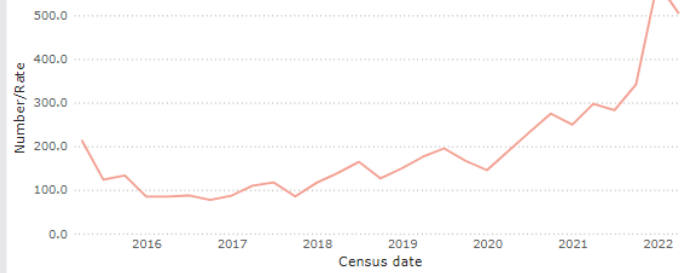
The success of recruitment campaigns aimed at the Registered workforce has become increasingly dependent on the annual output of Newly Qualified Registrants from local universities rather than a supply of suitable candidates electing to move to Fife. More recently, the annual output of Newly Qualified Registrants is proving insufficient to meet internal demand.

As highlighted in the diagram below, the total wte vacancies being advertised across NHS Fife has increased significantly since 2020.

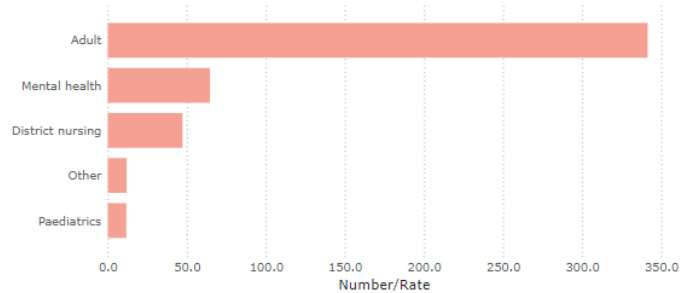
N&M vacancies by NHS board



N&M vacancies over time



Top five professions with N&M vacancies



Source: turasdata.nes.nhs.scot

In addition to vacancies, staff absence has proven problematic. Whilst NHS Fife recorded a reduction in sickness absence throughout the 2020 / 2021 financial year, this has increased in 2021 / 2022, and is exacerbated by Covid-19 related absences, recorded under the Covid-19 Special Leave provisions. The combination of sickness absence and Covid-19 related leave presents a further drain to the available resource across the profession.

The impact of these challenges has resulted in inflationary pressures on supplementary staffing, inclusive of Nurse Bank and Agency Nurse usage. Whilst there was a short-term reprieve from these pressures for the year ending 31 March 2021, largely because of the NHS increasing its resilience to the possible impact of the Covid-19 pandemic, supplementary staffing reliance is now exceeding pre-pandemic levels.

4.3.4 Future Demand: Strategic Planning and Resource Allocation 2022–2026

The SPRA 2022–2026 process has outlined a number of developments which will impact on the Nursing and Midwifery Job Family over the duration of this Workforce Plan. Although these developments will be managed at a Directorate Level in accordance with the SPRA process and associated workforce planning arrangements, developments of note include:

- Delivering key deliverables within the Primary Care Improvement Plan, notably the establishment of Community Treatment and Care (CTAC) plus Vaccination and Immunisation Services under the GMS Contract²², requires both significant investment and careful management to accommodate the multitude of current employment models and the requirement for greater synergy and flexibility within teams.
- The expansion of the Emergency Department, to ensure patients are seen and treated within 4 hours of arrival, and the introduction of new pathways to support patients presenting with mental health conditions or conditions which can be triaged to Minor Injuries, will require significant investment at Advanced Practice, Registrants and Health Care Support Worker levels.
- The establishment of the £33m purpose-built Fife Elective Orthopaedic Centre will lead to further investment at Advanced Practice, Registrant, and Health Care Support Worker levels.
- An initial review of the recommendations from ‘The Best Start: five-year plan for maternity and neonatal care’, the implementation for which is a priority over the course of this Workforce Plan, is estimated to require significant investment in the Midwifery job sub family. Full details of these are being considered, in conjunction with current service priorities and projections over the number of Midwives it will be possible to recruit in the coming years, and details will be incorporated into the annual ‘interim workforce plan’ submissions to Scottish Government.
- Continue the expansion of Advanced Practitioner (AP) positions across all nursing services throughout Fife, ensuring positions are appropriately embedded within Acute, Community and Primary Care settings, including Mental Health, Neonatal and Paediatrics, Urgent and Unscheduled Care. Commitments within the SPRA process, and other transformational programmes, mean Fife aim to significantly increase the number of APs within the Nursing and Midwifery Job Family through the course of this Workforce Plan, with the training provisions to sustain these levels being considered given the age demographics across this profession.

4.3.5 Actions to Sustain the Nursing and Midwifery Workforce

Collectively, the service plans outlined in the SPRA process could exacerbate the current challenges faced across the Job Family, and therefore the Nursing & Midwifery Workforce Planning Group are progressing several initiatives to improve resilience across the profession. These include:

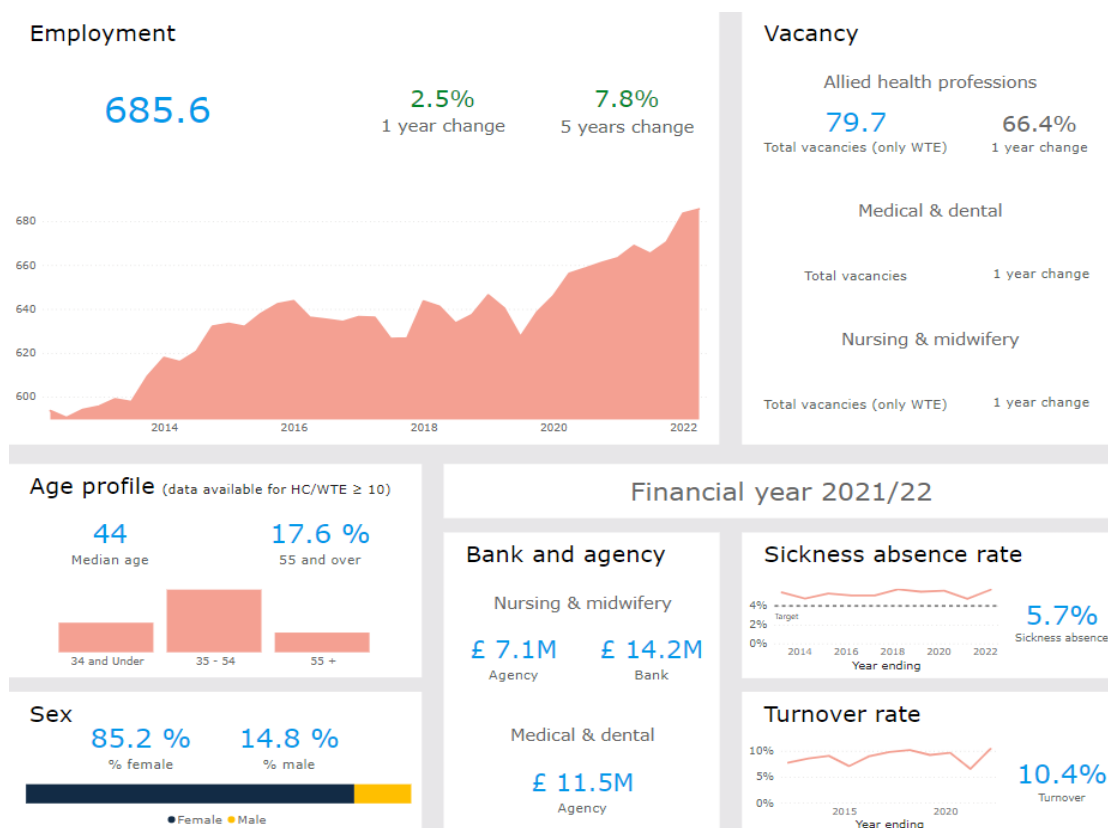
- Co-ordination of recruitment with local universities to maximise the number of newly qualified Registrants electing to work in Fife.
- Responding to the current recruitment difficulties, and limited success of national recruitment campaigns for Registrants, a programme has been established in conjunction with Yeovil District Hospitals NHS Foundation Trust, which will see overseas candidates recruited to, and supported in, vacancies throughout NHS Fife. The first recruits joined in early 2022, with an on-going recruitment programme continuing thereafter. The support offered to these candidates will include preparation for their Objective Structured Clinical Examination (OSCE) to ensure NMC registration requirements are met in full and moving forward continued collaboration with clinical services will ensure ongoing recruitment is targeted to current vacancies.
- Continue the expansion of Advanced Practitioner (AP) positions across all nursing services throughout Fife, ensuring positions are appropriately embedded within Acute, Community and Primary Care settings, including Mental Health, Neonatal and Paediatrics, Urgent and Unscheduled Care. Commitments within the SPRA process, and other transformational programmes, mean Fife aim to employ in excess of 100 APs within the Nursing & Midwifery Job Family through the course of this Workforce Plan, with the training provisions to sustain these levels being considered given the age demographics across this profession.
- Responding to service workforce pressures caused by a shortage of registrants in the local labour market, in addition to the Scottish Government's drive to expand and develop the Band 2-4 workforce to provide alternative career pathways into the nursing profession, a Band 4 Assistant Practitioner pathway is being developed. The development of this role across Nursing & Midwifery will support the professional development of the non-registered workforce, ensuring they have the skills and competencies to deliver safe, effective, person-centred care. This framework is being progressed with national groups and Higher Education institutes.
- Oversight of the implementation of Health and Care (Staffing) (Scotland) Act 2019¹⁰ across the profession and mapping the correlation between quality of care and staffing numbers through embedding Excellence in Care key priorities, implementation of the national Care Assurance Improvement Resource (CAIR) by March 2023, and the Regional Workforce Dashboard.

- Active review of any opportunities which enable senior Nurses to focus their efforts on clinical service delivery, such as the recruitment of considerable ward administrative staff to Senior Charge Nurses.

4.4 Allied Health Professionals

4.4.1 Workforce Profile Overview

Allied Health Professions is the collective term used for several professional groups. Within Fife, AHPs are managed within the Acute Services Division and Fife H&SCP. Overall, the wte engaged within this job family has increased in the previous five years. This increase has been supported, in part, by the success of AHPs accessing external funding opportunities, such as those aimed at major trauma, critical care expansion, mental health programmes and child health initiatives.



Source: turasdata.nes.nhs.scot

4.4.2 Workforce Planning Governance

As a profession, Workforce Planning is overseen in conjunction with the AHP Senior Leadership Team. This group is responsible for over-seeing work streams, including the implementation of Health and Care (Staffing) (Scotland) Act 2019¹⁰ across the profession, profession specific recruitment and retention initiatives, and the implementation of initiatives and measures to compliment supplementary staffing across Allied Health Professions.

4.4.3 Current Workforce Challenges

Although the wte resource across the job family has increased in recent years, this increase is being matched by the number of vacancies recorded. Whilst overall, these recruitment initiatives have successfully grown the wte strength within the overall Job Family, staffing challenges continue to be encountered within operational areas and within individual professions.

In Radiography, for example, the demand for Registrants, driven by a series of national and local priorities increasing the demand for diagnostic imaging services, will not be met by the future supply of newly qualified AHP Registrants. This supply and demand pressure is exacerbating sustainability pressures already faced within Radiography.

The imbalance between the supply of newly qualified AHP Registrants and service demand is also impacting on the Physiotherapy and Occupational Therapy services.

These services will be required to consider their future skill mix structure in light of the supply of newly qualified Registrants from local Universities, skill mix targets, and the promotion of Advanced Practice opportunities within the profession.

Similar to other Job Families, the AHPs continue to review service delivery post Covid. For example, whilst hybrid outpatient models have allowed for service continuity throughout the pandemic, the virtual model together with social distancing for essential face to face consultations has notably reduced the capacity with consequential uplift in waiting times and the number of patients waiting over 12 weeks. Solutions to this will need to be identified to address the backlog of patients waiting on treatment, particularly given the important role AHPs will play in the post Covid recovery.

4.4.4 Future Demand: Strategic Planning and Resource Allocation 2022–2026

The SPRA 2022–2026 process has outlined a number of developments which will impact on the Allied Health Professions over the duration of this Workforce Plan. These developments will be managed at a Directorate Level in accordance with the SPRA process and associated workforce planning arrangements, however developments of note include:

The introduction of Health and Care (Staffing) (Scotland) Act 2019¹⁰, coupled with a range of developments including, as examples, the intention to introduce 7-day cover, the investment in the Fife Elective Orthopaedic Centre, and initiatives aligned with the Children’s Health & Wellbeing Strategy²³, will require additional workforce resources in services managed within the Acute Services Division.

- Planned investment in Digital Imaging technology within the Radiography Service, in support of a range of commitments aligned to the NHS Recovery Plan 2021–2026³, will require the appointment of additional Radiographers throughout the timescales involved in this Workforce Plan.
- In support of the Children’s Health & Wellbeing Strategy²³, investment will be made to the provision of Physiotherapy services supporting Neurodisabilities; Respiratory and Rheumatology, including the introduction of new Advanced Practice roles.
- The Scottish Government’s Women’s Health Plan 2021 to 2024¹⁹ describes how Healthcare professionals must work with women to understand their individual circumstances, health needs and preferences in order that personalised and tailored care is provided. This will require AHP investment.
- In response to the Scottish Government’s commitment to increase the number of Paramedics employed across NHSS, work has progressed in partnership with the University of Stirling to identify educational placements for students undertaking the Paramedic Science degree programme within services such as Urgent Care, Emergency Department and a range of GP led services. This will allow NHS Fife to utilise the unique skills and expertise of a professional group typically employed by the Scottish Ambulance Service, in order to better meet the future health needs of the local population.

4.4.5 Actions to Sustain the Allied Health Professions Workforce

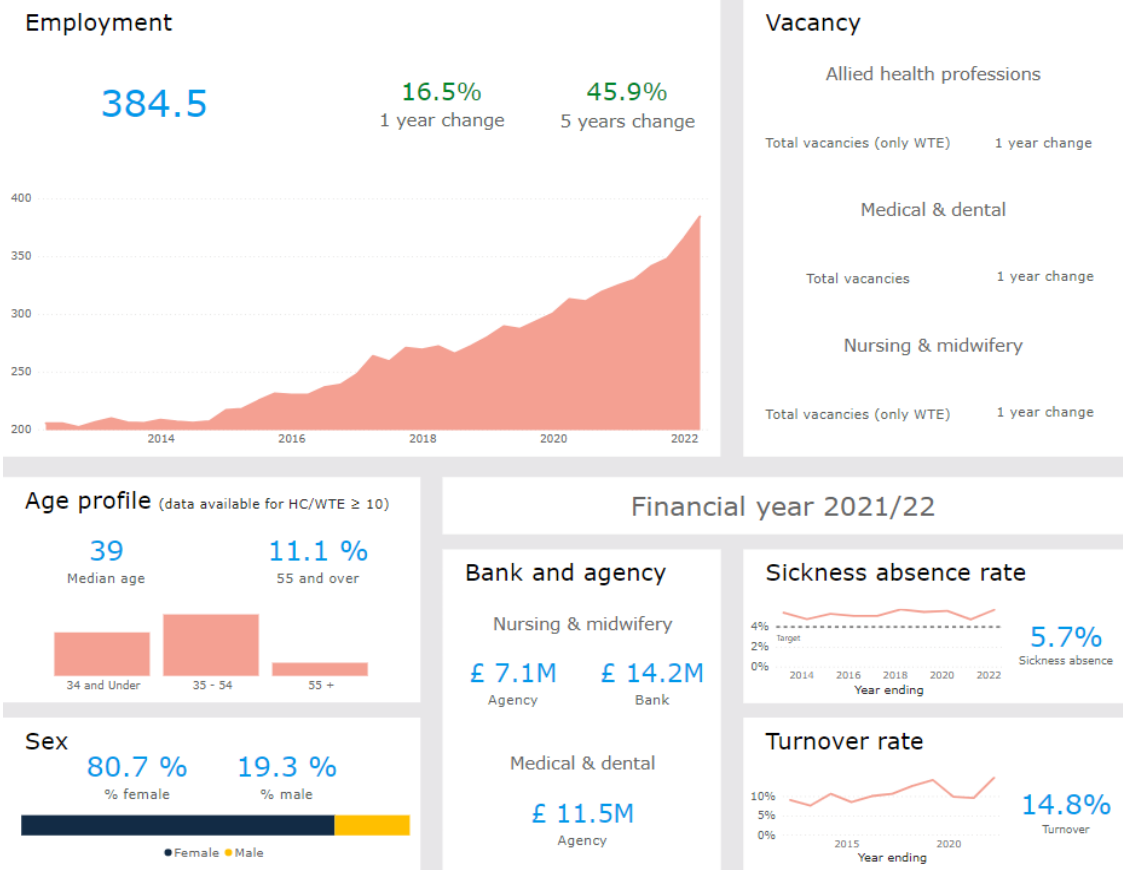
Collectively, the service plans outlined in the SPRA process could exacerbate the current challenges faced across the Job Family, and therefore the AHP Senior Leadership Team in conjunction with the Operational Workforce Planning Group are progressing several initiatives to improve resilience across the profession. These include:

- To continue to improve and embed the co-ordinated recruitment programme which sees NHS Fife work in conjunction with local schools, colleges and universities, to promote both the Allied Health Professions and NHS Fife more widely.
- With increases in the number of providers of Allied Health Professional pre-registration academic programmes, actively engage with these providers to maximise the number of places and placement requirements within Fife.
- Responding to the current recruitment difficulties, particularly within Radiography, work in collaboration with Nursing & Midwifery colleagues and Yeovil District Hospitals NHS Foundation Trust to introduce a programme of international recruitment.
- Actively promote the Flying Finish Initiative which aims to enhance retention of highly experienced staff entering the latter stages of their professional careers, promote the retention of workforce knowledge and leadership capacity, reduce burnout, and enable seamless cross board working.
- In light of age demographics in particular positions and / or bands, review service sustainability strategies, particularly for Advanced Practice positions or those roles with single occupants, establishing succession plans as appropriate, and in other instances (for example Orthotics), work flexibly with existing external contractors to ensure contingencies are in place.
- Through the implementation of the Health and Care (Staffing) (Scotland) Act 2019⁸, undertake a thorough review of the skill mix of AHP teams, ensuing collaborative working practices between professions and the introduction of Advanced Practice and Consultant level roles as appropriate.

4.5 Other Therapeutic Services

4.5.1 Workforce Profile Overview

Other Therapeutic Services combines four distinct professions: Pharmacy, Clinical Psychology, Optometry and Play Specialists. Pharmacy Services, which is responsible for providing services throughout acute, community and primary settings, is managed within the Corporate functions, with Clinical Psychology managed within Fife H&SCP. The wte engaged within this job family has increased in the previous five years. This increase has been driven by a combination of factors, including the GMS contract²² and increased demand for clinical pharmacy input across services and an investment in Mental Health Services for Clinical Psychology.



Source: turasdata.nes.nhs.scot

4.5.2 Workforce Planning Governance

Within Pharmacy, where the professional group is managed within a single organisational hierarchy, Workforce Planning is overseen by the Senior Leadership Team. This group is responsible for over-seeing work streams including recruitment and retention initiatives, increasing independent prescribers within the service, implementation of initiatives and measures to increase the number of training grade and non-clinical posts and the implementation of Health and Care (Staffing) (Scotland) Act 2019¹⁰ across the profession

4.5.3 Current Workforce Challenges

The wte resource within Pharmacy has increased significantly in recent years, making it the third largest clinical subgroup family after nursing and medical staff and this trend is projected to increase and possibly accelerate within the duration of this Workforce Plan. A series of NHSS commitments, for example, the continued implementation of the GMS Contract²², will lead to a significant increase in primary care staff over the next 12 months, with other increases linked to investments in Mental Health services and the introduction of a Hospital Electronic Prescribing System across inpatient and outpatient areas. These commitments, whilst supporting other health care professional groups and ensuring patients receive the most appropriate advice, will present sustainability pressures on the service.

The impact of significant changes to pharmacy initial and post graduate education programmes, and an increased demand for independent prescribers, is also being considered by the Senior Leadership Team. The introduction of a foundation training year post graduation, replacing the current pre-registration requirements, will result in revised learning outcomes for newly qualified pharmacists. The intention for all graduates to register as Independent Prescribers from 2026 will require further development of the current workforce to ensure good supervision and support for trainees from experienced prescribers during their period of learning in practice and early careers.

The Health and Care (Staffing) (Scotland) Act 2019¹⁰ will also have an impact on Pharmacy Services, with a range of workforce & workload tools being discussed nationally to determine how this can be introduced appropriately within the profession.

4.5.4 Future Demand: Strategic Planning and Resource Allocation 2022–2026

The SPRA 2022–2026 process has outlined a number of developments which will impact on services over the duration of this Workforce Plan. Although these developments will be managed at a Directorate Level in accordance with the SPRA process and associate workforce planning arrangements, developments of note include:

- The continued introduction of the GMS contract²² will require further investment in the workforce supporting General practice.
- The introduction of the Hospital Electronic Prescribing and Medicines Administration (HEPMA) system for inpatient areas will require further significant investment throughout the duration of this workforce plan, inclusive of IT and Data Analytic roles.

4.5.5 Actions to Sustain the Pharmacy Workforce

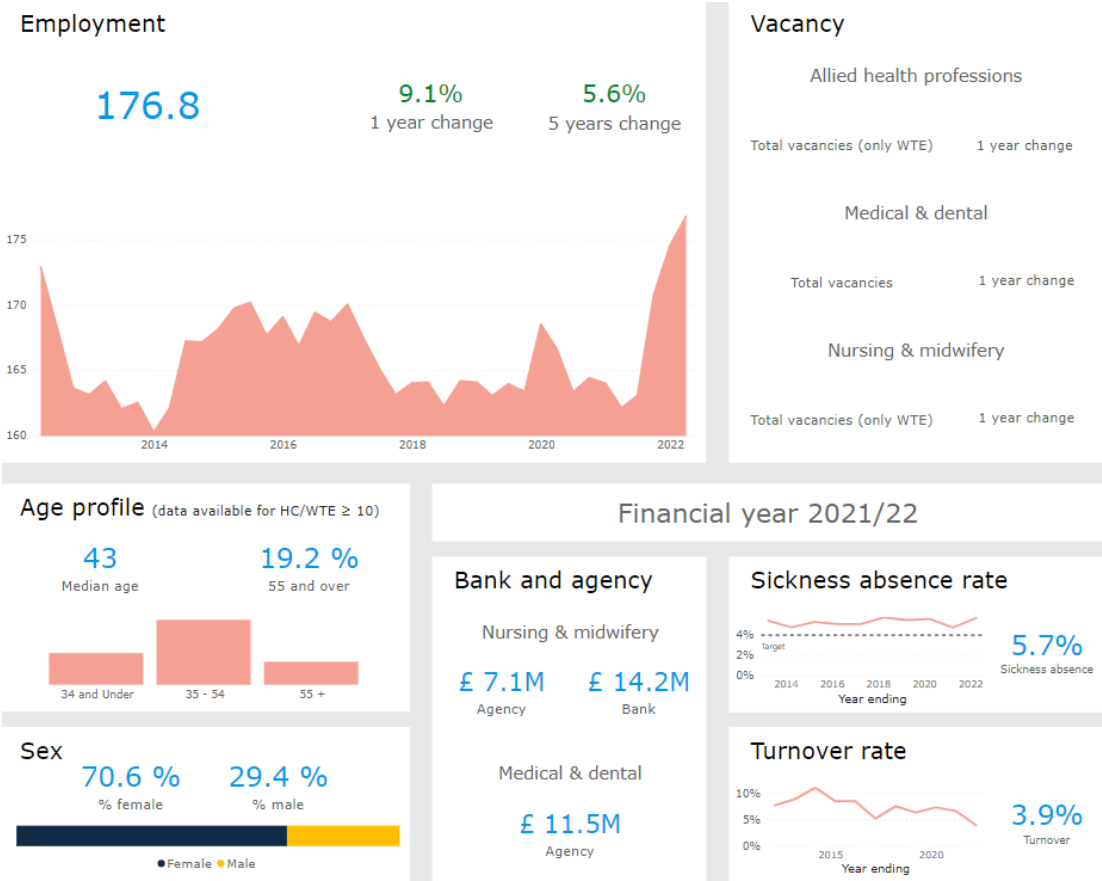
Collectively, the service plans outlined in the SPRA process could exacerbate the current challenges faced across the Job Family, and therefore Pharmacy Services, in conjunction with the Operational Workforce Planning Group are progressing several initiatives to improve resilience across the profession. These include:

- Engagement in national discussions regarding the application of professional judgement tools in support of the Health and Care (Staffing) (Scotland) Act 2019⁸, informing staffing decisions and ensuing adequate staffing numbers.
- Review of workforce requirements in line with digital developments within the service, including HEPMA, Automation, and Electronic Prescribing.
- Review of career pathways in the service, with the introduction of Modern Apprenticeships for Pharmacy Support Worker Roles.
- Increase number of training posts, including rotational and cross-sector posts, to attract more applicants.
- Revision of job plans to ensure all staff have protected for their own development and to support the development of others.
- Build Capacity to support newly qualified pharmacists graduating with an Independent Prescribing qualification from 2026.

4.6 Healthcare Scientists

4.6.1 Workforce Profile Overview

Healthcare Scientists combines a number of professions who play a vital role in the prevention, diagnosis, and treatment of a range of medical conditions. Within Fife, Biomedical Science Life and Clinical Physiology make up the majority of the directly employed staff engaged within this job family, although there are other integral roles within the Job Family including, for example, those engaged in Clinical Photography and Maxillofacial Prosthetics. Whilst the wte engaged in this job family has fluctuated, it has grown in the previous year in response to the Covid-19 pandemic. The rate of growth is slower than the rate seen in other job families.



Source: turasdata.nes.nhs.scot

4.6.2 Planning Governance

Within Healthcare Sciences, where the profession group is managed within different organisational hierarchies, Workforce Planning is overseen by the relevant senior leadership team in each hierarchy. In conjunction with the Operational Workforce Planning Group, these groups are responsible for over-seeing work streams including recruitment and retention initiatives, introduction of new roles and the implementation of the Health and Care (Staffing) (Scotland) Act 2019¹⁰.

4.6.3 Current Workforce Challenges

The ambitious commitments detailed within the NHS Recovery Plan 2021–2026³, specifically the commitment to increase diagnostic procedures nationally by 90,000 and the focus on cancer services, will have an impact on this Job Family. These commitments are coupled by expected turnover pressures resulting from those employees who returned to the profession to support the NHSS response to Covid-19, or those delaying life choices to retire, leaving the service in 2022 / 2023.

Other challenges, particularly in relation to the Biomedical Science Life group, relates to the requirement to maintain a 24-hour, 7-day per week service. The frequency of the unsocial hours commitment for this group, in addition to their age demographics, is reflected in wider health and wellbeing considerations. This challenge is exacerbated given the relative size of the professional group when measured against similar services in Fife, or against the Biomedical Science Life groups engaged in neighbouring boards.

The Health and Care (Staffing) (Scotland) Act 2019⁸ will also have an impact on Healthcare Sciences Services, with a range of workforce and workload tools being discussed nationally to determine how this can be introduced appropriately within the profession.

4.6.4 Future Demand: Strategic Planning and Resource Allocation 2022–2026

The SPRA 2022–2026 process has outlined a number of developments which will impact on services over the duration of this Workforce Plan. Although these developments will be managed at a Directorate Level in accordance with the SPRA process and associate workforce planning arrangements, developments of note include:

- The introduction of Digital Pathology will require additional clinical and non-clinical resources as we progress a key deliverable identified within the Regional Laboratory Medicine Collaboration.
- The upgrade to Q-Pulse, a series of integrated software applications designed to assist with information management of numerous quality activities including Laboratories, Pharmacy & Clinical Governance, will require additional resources to ensure the successful implementation of the project.

- Advances in current diagnostic testing, such as those linked Cardiac Physiology, Sepsis Testing and QFit, will necessitate a greater resource in order to continue to meet increasing service demand.

4.6.5 Actions to Sustain the Healthcare Science Workforce

Collectively, the service plans outlined in the SPRA process could exacerbate the current challenges faced across the Job Family, and therefore the Healthcare Science professions, in conjunction with the Operational Workforce Planning Group are progressing several initiatives to improve resilience across the profession. These include:

- In response to recruitment and training challenges in the Clinical Physiology job family, review of career pathways and the development of Support Worker roles within the profession to embed a more sustainable skill mix.
- Participation in the Scottish Government funded campaign to train additional Cardiology Physiologists across NHS Scotland, responding to increasing demand in diagnostic services.
- Continue the introduction of new roles within Biomedical Science Life, including Advanced Practice and Clinical Scientists, in order to alleviate continued pressures on the service by transferring tasks previously undertaken by Medical Consultants to other suitably skilled professionals.
- Continued engagement with local education provides, including Abertay University and Glasgow Caledonian University, to promote NHS Fife as an employer of choice.
- Engagement in national discussions regarding the application of professional judgement tools in support of the Health and Care (Staffing) (Scotland) Act 20198, informing staffing decisions and ensuing adequate staffing numbers.
- Review of workforce requirements in line with digital developments within the service, including Digital Pathology, developments in Artificial Intelligence, QFit and Matrix-assisted laser desorption / ionization time-of-flight (MALDI-TOF)

4.7 Workforce Risks

There are a number of interrelated workforce risks referenced throughout this section. Although Services have an ability to mitigate certain of these risks through their workforce planning and service redesign, this will be insufficient to make a telling contribution to ensuring their sustainability against a backdrop of increasing patient demand without support from the Scottish Government. For example:

- A number of specialities are experiencing current workforce challenges associated with an inability to recruit to registered health care profession vacancies from the local or national labour market. As the projected output of registered healthcare professions from Universities will not meet current

workforce demand, there will continue to be a requirement for, and cost associated with, supplementary staffing solutions. Addressing the backlog caused by the Covid-19 pandemic will only heighten these pressures.

- There is no immediate solution to these workforce challenges. Although the increase in the number of placements on registered healthcare profession courses at higher education establishments is welcome, this action alone will be insufficient to address future workforce requirements. The commitment to increase the NHS Scotland workforce by 1% during the course of the current Parliament (circa 82.6 wte for NHS Fife), in addition to the other commitments detailed within the Integrated Health and Social Care Workforce Plan for Scotland, means that the number of registrants entering the labour market needs to significantly increase. Given the current recruitment deficit, predicted output from higher education establishments, in addition to those registrants recruited internationally, is unlikely to fill the projected gap between service demand and the availability of a registered workforce. This is already being reflected in the Nursing and Midwifery workforce, with the introduction of the Assistant Practitioner role driven, in part by the deficit of registered Nursing and Midwifery registrants entering the labour market.
- The benefits of regional collaborative working is referenced throughout this Workforce Plan, with further options for collaboration being explored, however there are limits to this approach. Where neighbouring services face greatly different challenges, greater collaboration runs the risk of destabilising services which are already under significant pressure.



Section 5 – Building Future Organisational Capacity

As detailed within the National Workforce Strategy for Health & Social Care in Scotland (2022)⁴, building additional capacity within the NHSS workforce is integral to meeting our future needs. A means of achieving this is the introduction of the NHS Scotland Academy, offering accelerated training for a wide range of health and social care roles and professions. Importantly, the Academy offers an opportunity to existing staff to advance their current knowledge or learn new skills, using a range of residential, distance and virtual reality learning approaches.

The Academy will add to existing educational programmes and respond to evolving and emerging workforce needs. By addressing recruitment gaps and training needs, it aims to help ensure the health and social care workforce is prepared for future needs in Scotland

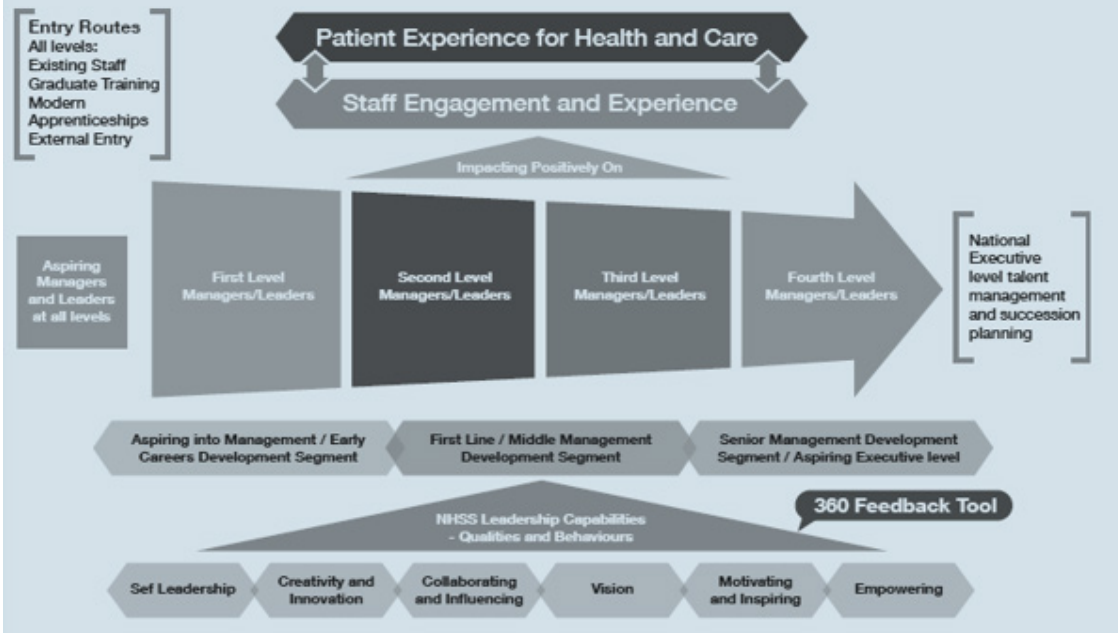
Locally, this Academy will contribute to a range of programmes and approaches being progressed within NHS Fife. The following section provides an overview of some of this activity and its importance of shaping future organisational capacity and the direction of travel to meet the Five Pillars.

5.1 Leadership Development Framework

Launching in 2022, NHS Fife's Leadership Development Framework supports staff to maximise their potential, by learning new leadership and management skills or refreshing existing skills. It provides the opportunity to staff to stretch themselves in their current role or to prepare for future career progression/succession planning.

The Framework is available to all staff interested in developing their leadership career, regardless of current role. It is built around four Leadership Levels, each identifying a phase of leadership development, and supports the overarching NHSS Leadership and Management Development Framework.

Newly Refreshed! NHS Scotland Leadership and Management Development Framework
 Strengthening Leadership and Management at all levels



The framework brings together the range of local and national programmes and development opportunities under a single coherent model. Ensuring our staff have a clear understanding of the expectations relevant to their stage of development, the opportunities open to them and how this intertwines with NHS Fife’s Culture, Vision and Values.



5.2 Values

NHS Fife is committed to recognising and valuing staff. A common set of values are to the benefit of everyone working in the organisation and most importantly to our patients and the communities that we support. Our workforce will need to be able to see how the embedding of these values will help us to deliver safe and patient focused care. We are looking to achieve long-term goals rather than short term behaviours.

Our values inform the decisions we take and how we work together, they must be at the heart of how we attract, recruit, develop, reward and retain people to work for NHS Fife.

Our culture is reflected by what we value, and we need to support and empower our workforce to give their best in an organisation where the values are evident every day. Phase One commenced in 2020, with other phases requiring more planning before coming on-stream at later dates.

It is important that we all have the same understanding of how we're expected to work. We all interpret things differently therefore moving the values from being conceptual (a single word) to tangibly described (a behaviour) enables our workforce to recognise that everyone's got a part to play. There will be a need to understand how each of our values affects them personally, benefits their team and the people of Fife. Over time and with reinforcement this will determine how employees act every day and become 'the way things are done around here'.

This framework should be a statement of who we are: what our patients can expect from us and what we expect from each other. In order to create a behaviour's framework that is 'lived' and 'understood' by the whole organisation there will need to be a need for co-creation with the workforce to understand what is important/what matters to them. Our staff side colleagues will be key partners to drive this work forward.

The Behaviours Framework will:

- Define the behaviours that our staff must demonstrate, including what they should expect from colleagues and leaders.
- Help us recognise people who are doing a great job.
- Help identify training needs.
- Support career development.
- Helps us recruit people with the right behaviours.

In addition, the Board will continue to develop and offer support for employability opportunities for the workforce by exploring alternative approaches to retain the skills and experience of staff. In balance, employability opportunities for the development of the younger workforce will continue in offering apprenticeships, further developing links with schools, colleges and Higher Education providers. There is an ambition to continue to develop and grow our existing staff.

Alongside continued participation in international recruitment initiatives, promotion of career opportunities and further expansion of development roles will all increase the employability pipeline and ensure there is an on-going supply of people choosing to work for NHS Fife. This is against a backdrop of significant Band 5 Registrant vacancies, so it is clear that change is required to sustain service delivery.

5.3 LinkedIn Campaign

NHS Fife is increasing the use of LinkedIn, which is the world's largest professional network with more than 830 million members worldwide, about how the company may be able to support the recruitment and retention of staff. Whilst this has previously not been used as regularly as our other social media accounts, such as Facebook, Instagram or Twitter, our Corporate Communications Department considers it a central resource going forward and are developing a programme of bespoke LinkedIn content.

Central to the success of any relationship with LinkedIn, will be the creation of a network of active ambassadors for NHS Fife - our employees sharing their successes, experiences, and opportunities. With this in mind, LinkedIn recently hosted a 'Rock Your Profile' session for NHS Fife employees, aimed at encouraging our staff to not only join the platform, but also helping them make their LinkedIn profiles the best they can be. This session was well attended and received positive feedback by attendees - similar sessions may be held in future.

5.4 Career Conversation Lite

Expanding on the Project Lift support and Self-Assessment Questionnaire, we will support staff career and leadership development by offering Career Conversations. Career Conversation Lite (CCL) provides staff with the opportunity to explore their career to date and define the most suitable development route forward for them. Increasing their self-awareness, facilitating the understanding and appreciation of their career, and outline impactful career development areas.

5.5 International Recruitment

The number of advertised vacancies throughout NHS Fife, and most noticeably vacancies within the registered Nursing and Midwifery Job Family, has increased significantly in current years. This has been caused by a number of interrelated factors including the age demographics of the current workforce, Scottish Public Pension Scheme reforms, the Covid-19 pandemic impacting on life choices, in addition to increased demands for staff.

In view of the sustained challenges in securing sufficient candidates to appoint to the registered health care professional roles from traditional labour markets sources, it is increasingly recognised that recruitment options need to be extended beyond the UK job market.

In response, NHS Fife has been collaborating with Yeovil District Hospitals NHS Foundation Trust to progress International Recruitment. NHS Fife is also part of the Centre for Workforce Supply Short Life Working Group which aims to support and oversee the consultation on the roles and responsibilities required to deliver the Scottish Government's commitment of establishing a centre of expertise on international recruitment.

NHS Fife commenced a programme of international recruitment in November 2021, which will mean recruitment of an initial pilot of 40 Nurses and 3 Radiographers over with start dates from March to June 2022. The first 40 Nurses will be recruited to posts within the Acute Services Division. Unfortunately it will not be possible to recruit Midwives or Mental Health Nurses internationally due to incompatibilities with NMC requirements for training, for around another 6 to 9 months.

Accommodation for recruits has been identified within the Fife Campus of the University of Dundee's School of Health Sciences and for 6 recruits within Queen Margaret Hospital. The availability of furnished accommodation which facilitates establishing communities, is close to good transport links and the main Acute Hospital site, will make NHS Fife very attractive to overseas candidates.

Pastoral support of overseas recruits and the welcome to Fife is crucial to the success of this initiative, and engagement of the NHS Fife's Volunteering Services, Fife Equalities and Fife Voluntary Action, as well as those with lived experience as overseas recruits, will inform the development of a supportive network. Work has been completed to create a Welcome Pack and the role of how the volunteering services can assist with the wider support for each international nurse who joins NHS Fife.

5.6 Collaboration with Local Universities

NHS Fife Board has an ambition to attain teaching Health Board status. With higher education institutions NHS Fife has the shared responsibility of training the next generation of healthcare workforce. Achieving this would deliver significant benefits to NHS Fife and support the Board aspiration to become an Anchor Institution. This ambition would deliver includes improved recruitment and retention. This would also augment our educational culture in NHS Fife and build on research and innovation opportunities.

5.7 Youth Employment and Employability

It is recognised that the range of measures applied to manage the Covid-19 pandemic has exacerbated many inequalities, disproportionately affected young people and those with socio-economic disadvantages. Locally, these measures resulted in the suspension of volunteer and job experience opportunities, the halting of career fairs and related school activities, and delayed our establishment of a Modern Apprenticeship programme.

Over the duration of this workforce plan, and as part of our commitment to be an Anchor Institution, NHS Fife aims to redress this impact. Our initial focus for Youth Employment and Employability will be on securing more funding to support the implementation and sustainability of future employability programmes aimed at increasing the pathways for young people to engage with NHS Fife as part of the Young Person's Guarantee.

This sustainable vision will see better engagement with the range of No One Left Behind (NOLB)²³ funded employability opportunities, a commitment to widen modern apprenticeship and graduate apprenticeship programmes throughout NHS Fife, and working with key partners, increase the in-placement support offered to develop and retain participants.

5.8 Workforce Systems and Workforce Analytics

Building organisational capacity will necessitate improvements in the collective workforce systems operated across NHS Fife. The current technological infrastructure of these systems consists of multiple stand-alone systems operated by a number of Directorates within the Corporate Services functions. National discussions to simplify this landscape across Human Resources, Management Accounts, Payroll and Procurement are at an early stage with the aim unlikely to be realised during the duration of this plan.

As an interim step, NHS Fife has joined with neighbouring Health Boards in the East of Scotland to introduce the Regional Workforce Dashboard. Extracting information from a range of corporate systems, this Dashboard provides improved access and visualisation on a range of indicators including Absence, Sickness Absence, and Supplementary Staffing usage. These analytics were enhanced through other bespoke solutions, such as the Covid-19 Absence Dashboard, that allowed NHS Fife to monitor and predict daily absence levels during the pandemic.

2022/2023 will also see an e-Rostering solution introduced across NHS Fife. A National Framework for e-Rostering was established to deliver a 'Once for Scotland' solution across NHS Boards, ensuring that staff will be treated, fairly and consistently in all Health Boards in Scotland. The solution, provided by Allocate will follow best practice and guidance and will be implemented across all staff groups within NHS Fife on a phased delivery plan which will begin in September 2022. This product will be owned within the organisation, and implemented by Digital and Information to support our workforce by ensuring equality of rostering practice, ease of management of absence and safe care of patients.

5.9 Specific Role Development

5.9.1 Consultant Pharmacists

There is the potential for the development of Consultant Pharmacist roles during the lifetime of this Plan. Whilst still being considered by Pharmacy leaders within NHS Scotland, it is anticipated that these roles will provide leadership for innovation within their practice area and across their organisation and beyond, taking a strategic role in the development of guidelines, policies and governance. They may implement policy for their area of practice, their organisation(s), and the profession. Consultant Pharmacists are expected to conduct and supervise research, driving practice forward and demonstrating improvement in care outcomes. They contribute to the development of research which delivers on local and national priorities.

Consultant Pharmacists will lead, design and deliver education and supervision and contribute to curriculum development in partnership with Higher Education Institutions. They are expected to work to upskill staff across grades, professions and across organisational boundaries, to assure that optimal value is gained from medicines at a population level. Consultant Pharmacists actively seek to mentor and coach pharmacist colleagues and work to develop the consultant workforce, with succession planning for their role. Across all of these activities, these Consultants act as clinical leaders, enhancing the standing of Pharmacy professionals, advocating for patients and driving improvements in care. The innovation and boundary-spanning provided by such posts offers particular advantages for the continued investment in Pharmacy services.

5.9.2 Physician Associates

The use of transformation funds to develop the East Region Physician Associates (PA) Programme was agreed by the Chief Executives, HR and Medical Directors of Borders, Fife and Lothian in December 2018, to address the existing workforce gaps and other emerging delivery pressures to fulfil national commitments such as new GMS contract²² implementation. The anticipated uplift in staffing for GMS was in the region of 700 wte across the East Region and therefore the use of PAs as a previously untapped resource for 'alternative healthcare roles' and 'urgent care' aspects of the Memorandum of Understanding 2¹⁴ has been considered due to insufficient training pipelines in existing AHP, medical and nursing workforces.

The East Region Physician Associates Programme has progressed largely unaffected by Covid-19. In addition, a Band 8a Physician Associate Education Lead has been appointed and a Regional Medical Lead is also in place to oversee the ongoing development and governance of the East PA programme. A monthly teaching programme has been established for the PAs already in post with contributions from medical staff, ANPs and PAs. This programme is open to all East Region NHS and independently employed PAs as well as AHPs and ANPs.

The use of simulation training has also been introduced at induction and as an ongoing means of increasing training opportunities in core procedures. Audit and evaluation of the role is underway along with discussions with Radiology colleagues around the benefits of pending General Medical Council (GMC) regulation, to enable ionising radiation requests. It is hoped that PAs will be a regulated GMC profession during 2023, at which point prescribing and X-ray commissioning rights can also be achieved. These timescales tie in with the East Region sponsorship of 25 students, who graduated in the summer of 2021, sat their National certification exams and commenced employment in the region in 2022.

While NHS Fife did not secure the employment of PAs from the East Region sponsorship route, further work is now underway locally on the expansion of the PA role into General Practice, Mental Health, Urgent Care and Rheumatology, where workforce pressures are particularly evident. Employment of PAs within the Board so far has been opportunistic and whilst feedback has been extremely positive, there was no established funding route until recently.

NES are now leading the Medical Associated Professions commission and a national 'pump primed' approach to development would help support training capacity and the integration of these roles as a further branch of advanced practice. Given the timescale for regulation of the profession and prescribing rights, there is now an even greater potential to expand the employment of PAs within the Board.

5.9.3 Advanced Practitioners

Advanced Practitioners are experienced Registered Health Care Professionals, primarily from Nursing, Midwifery and Allied Health Profession disciplines, who have completed higher education to a minimum of Post Graduate Diploma level. The role of an Advanced Practitioner is to manage the complete care of a patient, not solely any specific condition. The core role and function of an Advanced Practitioner focuses on the four areas of Clinical Practice, Leadership, Facilitation of Learning and Evidence, Research and Development (NES, 2018)²⁴.

It is recognised that Advanced Practitioners play an important role in determining patient and system outcomes. There is growing evidence of the positive impact that Advanced Practitioners have on patient outcomes, including promoting access to care; reducing complications and reducing costs of care by improving patient knowledge; self-care management; and patient satisfaction (Scottish Government, 2021).

Advanced Practitioners are recognised as being integral to developing and sustaining the capacity and capability of the health and care workforce now and in the future. Consideration of the process of identification of potential trainee Advanced Practitioners earlier in the career journey, combined with robust business plans to support the development of these roles will help sustain this workforce. Opportunities for further progression to Lead Advanced Practitioner or (non-medical) Consultant posts within appropriate services will encourage highly qualified and experienced Advanced Practitioners to continue their career within Fife.

5.9.4 Band 4 Roles

Responding to the Scottish Governments drive to expand and develop the Band 2-4 workforce to ease workforce pressures within health and social care, a Band 4 Assistant Practitioner pathway is currently being developed by the Clinical Band 4 Assistant Practitioner Workforce Group within the Nursing & Midwifery, Allied Health Profession and Healthcare Science Job Families. It is anticipated that this work will be taken forward at pace during 2022/2023 and will result in changes to the workforce profile within the Board.

The development of these roles will support the professional development of the non-registered workforce, ensuring they have the skills and competencies to deliver safe, effective, person-centred care and offer support for registered health care professionals enabling them to practice to their full potential within their level of practice. This framework is being progressed with national groups and Higher Education Institutes.



Section 6: Broad Action Themes

As detailed within this plan, there are a wide range of workforce demands and supply pressures that need to be planned for to ensure workforce and service sustainability. The following section sets out broad themes that are being taken forward to mitigate potential gaps within the workforce in terms of numbers and skills within the Acute Services Division and Corporate functions. The actions being taken within the Fife H&SCP are detailed separately within their Workforce Plan. The Partnership's Workforce Planning and Organisational Development Steering Group is reviewing the workstreams to be progressed within services delivered by the Integrated Joint Board.

NHS Fife will continue to identify opportunities to expand the areas in which transformational roles are utilised and establish these roles as part of multidisciplinary teams; such as Advanced Clinical Practitioners, Physician Associates and a range of Health Care Support Worker roles. Collaboration will continue with NHS Education for Scotland and St Andrews University, as well as other local and national training providers, to provide development and educational opportunities for our workforce. This is complemented by the combined efforts of our Workforce Learning and Development, Medical Education and Practice and Professional Development Teams. We will continue to work regionally to build on existing managed clinical networks. The development of regional solutions to service sustainability will remain a feature of this Plan e.g. Cancer Services, Haematology and the South East Radiology Reporting Insourcing Solution. The importance of Digital and Information to support service sustainability and new developments is key.

Continued development career pathways and promotion of development opportunities will be key for our workforce. There will be a focus on staff well-being, communication, our values, application of the NHS Scotland Staff Governance standards and listening, to ensure the workforce continues to feel valued and make NHS Fife an employer of choice.

NHS Fife has a long-term commitment to supporting staff health and wellbeing. We are a committed health working lives employer with achieving and retaining the Gold Healthy Working Lives (HWL) Award. Prior to the pandemic this meant actively supporting staff health and wellbeing by raising awareness of health promotion and protection topics.

In recognition of a requirement to improve the depth of the approach, a plan for "Going Beyond Gold" was developed in 2018. The plan is focused upon achieving a culture of kindness and a shift in organisational culture. The learning from this approach, coupled with the investment in health and wellbeing during the Pandemic, will form the foundation of the Staff Health & Wellbeing Framework, to be published by the Summer of 2022 and the requirement to provide robust mechanisms to support both staff and organisational resilience.

The pandemic period saw innovations in communication from senior management within NHS Fife, with strong messages around staff health and wellbeing. Alongside this, a range of staff wellbeing and support initiatives were developed and implemented and a focus on our Staff Hubs. This work was guided by the principles of Psychological First Aid which recognises individual’s resilience, their need for practical care and supports, the importance of connection, information, emotional and social support and the fostering of useful coping mechanisms.


Adopting best practice, including trauma informed approaches, as we emerge from the pandemic will be key. This point in time provides a unique opportunity for NHS Fife and the communities we serve to reflect and to make change for the better.

There will be the continued support of staff through effective partnership working. We will continue to measure the experiences of staff through the use of local and national tools, such as iMatter, to support and empower staff and teams and to improve their experience at work.

This section is not intended to be a detailed implementation plan. The more detailed implementation / Action Plan is attached to this Plan as an Appendix and will be developed and monitored on a regular basis throughout the year by the two Workforce Planning Groups within NHS Fife and the Fife H&SCP respectively.

Summary of Actions across the Five Pillars of Workforce

Summary of Short-term Actions Across Five Pillars of Workforce

<p>Plan</p> 	<p>Review sustainability of all Clinical Services by running available Workforce and Workload Planning Tools, giving cognizance to anticipated service demand, expected changes in workforce or service delivery, the Health & Care (Staffing) (Scotland) Act, Digital enhancements and opportunities.</p> <p>Where appropriate, explore all options to ensure sustainability of those services at increased risk, including, for example, the introduction of transformation roles, regional / national collaboration and joint appointments.</p> <p>Analyse and address the gap between the current provisions of workforce data, versus the needs of the various Workforce Planning Groups.</p>
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Attract



Continue to increase the number of employment and employability programmes, such as Modern Apprenticeships and other such initiatives, in order to strengthen pipelines of candidates from the local community.

Continue to work with local universities to maximise the number of registrants electing to work in Fife, including increasing research and teaching opportunities, hosting an increased number of undergraduate placements across all current and future professional disciplines.

Review recruitment model for Consultant level Medical and Dental vacancies, ensuring alignment with Certificate of Completion of Training (CCT) timelines.

Build on the international recruitment programme to attract overseas nurses, midwives and AHPs to Fife, mitigating shortage of applicants from the domestic labour market.

Continue to explore and establish opportunities to showcase NHS Fife, including but not restricted to Participation in recruitment events, Use of Social Media, Training events.

Train



Continue to promote and grow new roles based on the outcomes of service sustainability reviews and support the establishment and implementation of career succession opportunities and implementation of alternative models of care.

Work with all partners to support engagement with Higher Education, Local Colleges and NHS Education in Scotland to ensure that we have a comprehensive approach to training for roles at all levels.

Seek to simplify investment in skills and training programmes from both internal and external suppliers, ensuring opportunities are aligned to developments in service design and strategic priorities.

Continue to engage in appropriate local and national initiatives to support the recruitment and training within a range of professions with recognised shortages.

Employ



Monitoring progress made in growing our workforce against a range of recruitment commitments set out in the NHS Recovery Plan 2021-26, and other associated publications.

Review skill set and banding structure within Health Care Support Worker Roles

Aligned to the review of the sustainability of Clinical Services, where relevant, consider measures to support retention of current senior clinical and non clinical staff.

Nurture



Continue to Support staff with the ongoing impact and challenges associated with the COVID-19 pandemic and requirements of mobilisation, remobilisation and recovery.

Implement career development conversations, enabling staff to access the most suitable development opportunity for them.

In conjunction with the Once for Scotland work, contribute to and promote Carer Friendly Employment Practices

Review and enhance provision of information capturing the protected characteristics of our workforce, ensuring information supports meaningful discussion at the appropriate forums.

Summary of Medium-term Actions across the 5 Pillars of Workforce

Plan



Review sustainability of all Clinical Services by running available Workforce and Workload Planning Tools, giving cognizance to Safe Staffing Legislation, Digital Opportunities and national difficulties in recruitment across certain professional groups / specialties.

Directorates / Divisions to introduce Workforce Plans, detailing how they will manage sustainability pressures identified by the W&WPT exercise, caused by factors such as the inability to recruit sufficient key professional groups; increased capacity requirements; age demographics etc

Establish a clearer understanding of the challenges being encountered within each individual medical Specialty, consider the flow of career grade Doctors through training pipelines, and assess the fragility and sustainability of each service, at Directorate level

Review and assess the 2021 (Scottish) Census publications, determining the impact that this has on the assumptions underpinning this Workforce Plan.

Attract



As part of the Directorate level Workforce Plans, consider succession planning implications for range of critical roles, including specialist and advanced practitioner roles and above.

Strengthen delivery of cancer services through introduction of comprehensive Systemic Anti-Cancer Therapy (SACT) service, and further enhancements within Acute Oncology

Establish implications of the increased reliance on Digital and Information solutions, and drive for Paperlite solutions, on range of D&I measures, including Digital Fitness Training; Information Governance and Security.

Train



Build capacity to support newly qualified pharmacists graduating with an Independent Prescriber Qualification (2026) by ensuring existing IP pharmacists are fully integrated into multidisciplinary teams and maximising use of prescribing skills

Continue to promote and grow Advanced Practitioner (AP) opportunities as appropriate in response to wider service sustainability pressures

Engage with the NHS Scotland Academy to provide pathways aimed at retraining / up-skilling the workforce to work differently, and for the creation of relevant Enhanced Practitioner Roles.

Employ



Measure progress against Scottish Government target to recruit additional 1% staff within next 5 years.

Consolidation of discrete bank systems, managing supplementary staffing solutions, into single function providing greater efficiency and transparency.

Nurture



Embed the Leadership Development Framework 2022, ensuring that the range of national and local programmes this framework incorporates are aligned to NHS Fife's Culture, Vision and Values

Monitor trends in staff experience following implementation of the Health & Care (Staffing) (Scotland) Act, and the impact this is envisaged to have of the range of indicators considered by Excellence in Care.



Section 7: Implementation, Monitoring and Refresh

The implementation of this Workforce Plan is the responsibility of the Chief Executive, Directors and General Managers within NHS Fife. Levels of partnership working are supported by the Local Partnership fora and the Area Partnership Forum. Performance scrutiny is provided by the management structure of NHS Fife and assurance through the Staff Governance Committee.

Whilst the Director of Health & Social Care is a Director of NHS Fife, it is recognised the post holder is responsible for a range of delegated services operating within an integrated environment and responsible to the Chief Executive Officers within NHS Fife and Fife Council. The Director of Health & Social Care, along with their Senior Leadership Team, is responsible for implementing the actions which impact on NHS Fife staff engaged within the Health & Social Partnership. Working with colleagues from NHS Fife, Fife Council, the Voluntary and Third Sectors, these actions will be progressed via the appropriate governance arrangements.

This Plan is a live document that is flexible and adaptive in response to change and will complement the Fife H&SCP Workforce Plan, the future Fife Population Wellbeing Strategy¹, our Workforce Strategy and our Annual Delivery Plans. This Plan will, therefore, remain a live document, continually under review.

References

- 1 Population Health & Wellbeing Strategy 2022
- 2 Annual Delivery Plan 2022–2023 Scottish Government Guidance
- 3 NHS Recovery Plan 2021–2026
- 4 National Workforce Strategy for Health and Social Care in Scotland (2022)
- 5 CEL(2011)32
- 6 DL(2022)09
- 7 PROMiS National Health & Wellbeing Platform
- 8 Covid-19 Recovery Strategy for a Fairer Future
- 9 Scottish Government Public Health Priorities (2018)
- 10 Health and Care (Staffing) (Scotland) Act 2019
- 11 NHS Scotland Climate Emergency & Sustainability Strategy 2022–2026
- 10 NO UK
- 13 Fair Work Convention
- 14 Memorandum of Understanding 2 -
- 15 NHS Fife “Digital and Information Strategy “Digital at the Heart of Delivery”
- 16 Interim Joint Workforce Plan in April 2021
- 17 UK Covid-19 Vaccines Delivery Plan 2021
- 18 Immunisation Strategic Framework 2021–2024
- 19 Scottish Government’s Women’s Health Plan 2021–2024
- 20 NHS Fife Clinical Strategy 2016-2021
- 21 [Number of NHS doctors taking early retirement has tripled since 2008 | BMJ](#)
- 22 GMS Contract Implementation
- 23 Children’s Health & Wellbeing Strategy
- 24 Clinical Practice, Leadership, Facilitation of Learning and Evidence, Research and Development (NES, 2018)

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NHS Fife SMS text service number 07805800005 is available for people who have a hearing or speech impairment.

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