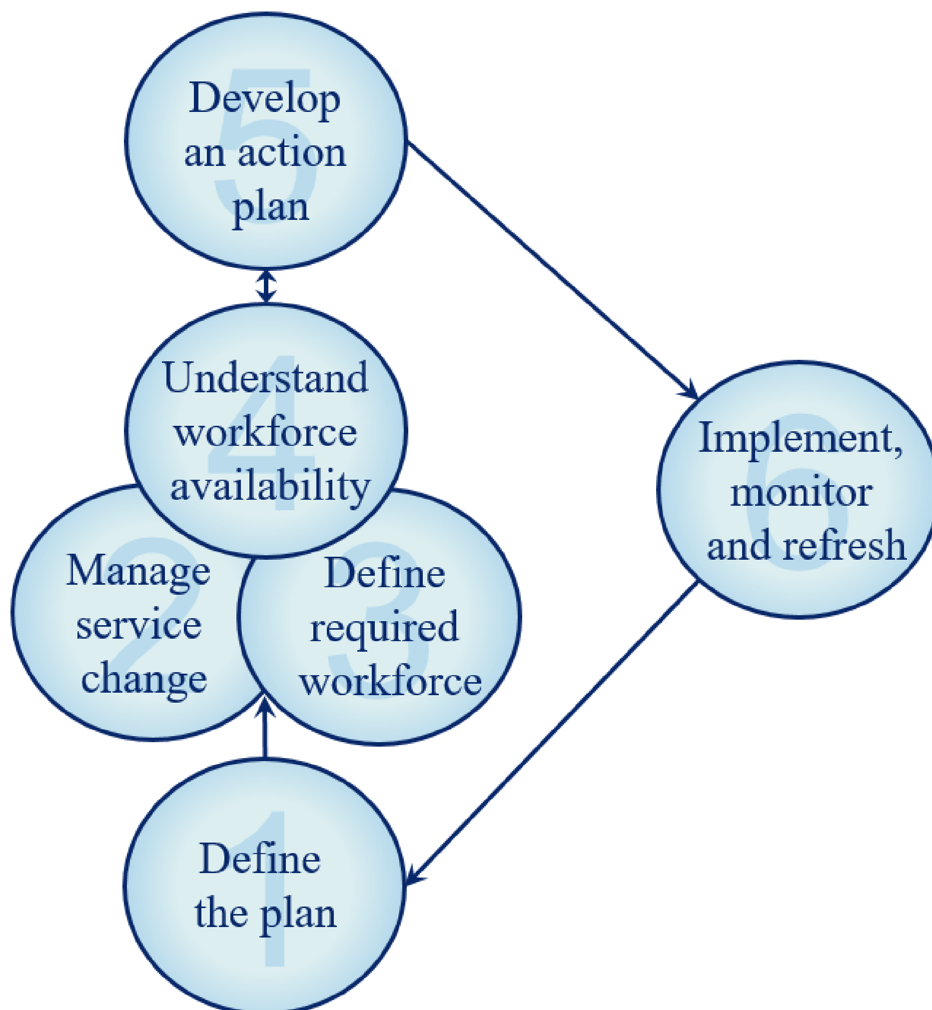
ITEM 13B

NHS
Lanarkshire

NHS Lanarkshire Workforce Plan 2019-2020

March 2019



SECTION 1: CONTEXT

1.1 Introduction & Purpose of the Plan

The 2019-2020 NHS Lanarkshire (NHSL) Workforce Plan has been developed using the Six Steps Methodology to Integrated Workforce Planning[1]; the Workforce Planning approach recommended by the Scottish Government's "Revised Workforce Planning Guidance", CEL 32[2].

NHSL, together with the Health & Social Care Partnerships, continue to work towards the shared healthcare strategy "Achieving Excellence" to deliver better health and healthcare outcomes for the Lanarkshire population. This Workforce Plan describes the anticipated changes faced nationally and locally, and identifies potential strategic actions needed to deliver the Achieving Excellence strategy.

SECTION 2: DRIVERS FOR CHANGE

2.1 Strategic Change

The Case for Change

Introduction

In Scotland, just as in the rest of the developed world, health and social care services are facing a rising tide of demand which is driven by demographic changes, advancing medical science and new technologies, at a time of constrained resources. As people live longer, healthy life expectancy is not advancing at the same pace. This means that we will have more people, many of whom are older, living with multiple long-term conditions and often complex needs, who will be reliant on support and intervention from health and social care services. If we do not change our approach by shifting the balance of care away from acute hospital-focused care to one where there is a greater emphasis on prevention and community-based intervention, then NHS Lanarkshire would need an additional 500 acute hospital beds by 2025 – equivalent to a fourth district general hospital in the county. This is not achievable, affordable or desirable given that the people of Lanarkshire have clearly stated that[3], where it is safe to do so, they would like to receive their care at home.

These circumstances mean that all public sector services need to adapt and innovate in order to ensure that the highest standards of treatment and care continue to be delivered. Scottish Government has commissioned a number of strategic reviews, including the Christie Commission[4]; the Healthcare Quality Strategy for Scotland[5]; Everyone Matters: 2020 Workforce Vision[6], the National Clinical Strategy for Scotland (2016)[7] and the Carers (Scotland) Act to provide a road map to support future public service reforms that ensure safe, effective, person-centred and sustainable services are delivered through a workforce that has the right skills and competencies and is able to achieve the best possible outcomes for our patients.

[1] Skills for Health (2008) Six Steps Methodology to Integrated Workforce Planning. Available at http://skillsforhealth.org.uk/planning-your-workforce-strategy/six-steps-workforce-planning-methodlogy
[2] Scottish Government Revised Workforce Planning Guidance 2011, CEL 32 (2011). Available at http://www.sehd.scot.nhs.uk/mels/CEL201132.pdf
[3] NHS Lanarkshire online survey 2016
[4] Commission on the Future Delivery of Public Services. Edinburgh: Scottish Government, 2011
[5] The Healthcare Quality Strategy for Scotland. Edinburgh: Scottish Government, 2010
[6] Everyone Matters: 2020 Workforce Vision. Edinburgh: Scottish Government, 2013
[7] A National Clinical Strategy for Scotland. Edinburgh: Scottish Government, 2016

Aim

Our aim in Lanarkshire is to develop a healthcare strategy that supports the development of an integrated health and social care system which has a focus on prevention, anticipation and supported self-management. With the appropriate use of health and care services we can ensure that patients are able to stay healthy at home, or in a community setting, as long as possible, with hospital admission only occurring where appropriate.

The Lanarkshire healthcare strategy is one part of a trilogy of plans, with essential co-dependencies between it and the Joint Strategic Commissioning Plans produced by the North and South Lanarkshire Health and Social Care Partnerships (HSCPs). The Chief Officers of the HSCPs and NHS Lanarkshire are co-authors of the strategy.

These plans are based on the assessed needs of our communities and are designed to ensure that the right mix and volume of services are delivered to best meet the changing needs of our population. At the same time as focusing on local priorities, the Lanarkshire healthcare strategy takes full account of the National Clinical Strategy which sets out the principles that will underpin clinical service changes across Scotland. Future services, locally and nationally, will have:

- system-wide drive for improvement across disease prevention, early professional intervention, supported self-care and improved rehabilitation
- primary care with a more prominent role, treating more people without the need to refer to hospital
- secondary care organised in 'centres of excellence' and networks of hospitals providing specific clinical services (as opposed to all clinical services as at present) thus making best use of skilled staff and specialised facilities and equipment to produce excellent outcomes
- a new clinical paradigm which will ensure that patient value is enhanced by proceeding with 'minimally disruptive, realistic medicine.

Lanarkshire Quality Approach

NHS Lanarkshire is committed to delivering world-leading, high-quality, innovative health and social care that is person-centred. Our ambition is to be a quality-driven organisation that cares about people (patients, their relatives and carers, and our staff) and is focused on achieving a healthier life for all. Through our commitment to a culture of quality we aim to deliver the highest quality health and care services for the people of Lanarkshire.

Our focus on quality is not new, but sometimes it has meant different things to different people. We have therefore developed a Strategic Framework called the Lanarkshire Quality Approach. It will underpin all of the work that the organisation does. It will ensure that the decisions the organisation takes, the services we provide and the way in which in which we do so, align with the values at its core. This means that when we plan and redesign our services, the organisation's key principles will inform any changes we make. It provides the structure and values to drive healthcare improvements such as those described in the Lanarkshire Strategy.

People at the Heart of our Approach

The Lanarkshire Quality Approach sets out core values and principles and will ensure these reflect our aim to provide assurance to the public, the Board and Ministers that as a quality organisation we demonstrate:

- A caring and person-centred ethos that embeds high quality, safe and effective care
- That we continually strive to do the best individually and collectively
- That we accept individual accountability for delivering a service to the best of our ability
- That we are responsive to changing culture, expectations and needs

Quality Driven Aims

We have identified four strategic aims to achieve our vision, which have as pre-requisite criteria the NHS Scotland Quality Strategy ambitions of being person-centred, safe and effective along with the requirement to improve efficiency and to achieve financial sustainability by doing the right thing, on time and within budget. These strategic aims are:

- to reduce health inequalities and improve health and healthy life expectancy
- to support people to live independently at home through integrated health and social care working
- for hospital day case treatment to be the norm, avoiding admissions where possible
- to improve palliative care and support end of life services

Our underpinning quality ambitions are to deliver person-centred, safe and effective care. For us this means:

- **person-centred –** mutually beneficial partnerships between patients, their families, carers and those delivering health care services which respect individual needs and values and which demonstrate compassion, continuity, clear communication and shared decision making;
- **safe –** there will be no avoidable injury or harm to people from the health care they receive and an appropriate clean and safe environment will be provided for the delivery of health care services at all times;
- **effective –** the most appropriate treatments, interventions, support and services will be provided at the right time to everyone who will benefit and wasteful or harmful variations will be eradicated

We believe that our shared pursuit of these three quality ambitions will make significant and positive impacts on efficiency and productivity and through this we will secure both improved outcomes for the people we serve and financial sustainability for the organisation.

Our Values

It is not only what we do that is important; the way we do things also matters enormously. The NHS Lanarkshire values of Fairness, Respect, Working Together and Quality underpin our purpose, providing local focus and context for the improvement of our services and guiding our individual and team behaviours. For us this means:

- **Fairness:** Ensuring clear and considerate decision making at all levels
- **Respect:** Valuing every individual and their contribution
- **Quality:** Setting and maintaining standards in everything we do
- **Working Together:** Thinking, growing, delivering as a team

Work is currently on-going within NHS Lanarkshire to blend our existing organisational values with the overarching NHS Scotland values. Focus groups are underway with staff to explore their thoughts on what NHS Scotland's values mean to them and discuss the branding of the values. The information provided from these groups will be used to inform how we move forward harmonising NHS Lanarkshire's values with NHS Scotland's values, aiming to have the work piloted in June 2019.

NHS Scotland Values[8]:

- **Care and Compassion**
- **Dignity and Respect**
- **Openness, Honesty and Responsibility**
- **Quality and Teamwork**

How will we get there?

We are committed to establishing a connected infrastructure that supports the organisation to deliver on its ambition of putting quality at the heart of the organisation. The components of this infrastructure include:

- **Leadership and Behaviours –** To bring the culture to life the quality ambitions must be demonstrated in day to day behaviours "from board room to the patient". We will ensure that leaders at all levels in the organisation are empowered to work in this way
- **Improvement and innovation** – We will use a consistent approach to improvement throughout the organisation that reflect all stages of the improvement journey and apply to continuous daily improvement as well as large-scale transformational change
- **Communications and Engagement** – To support our approach we will implement a comprehensive communication and engagement plan in order to promote our organisational purpose and quality ambitions and develop even further our partnership with patients, the public, staff, professional advisory committees, local authorities, general practitioners, general dental practitioners, third and independent sector, carer organisations and elected representatives
- **Information –** We collect a range of data on the services we provide. This information can support us to measure how the Strategic Framework is being applied to give the Board confidence that the organisation is planning and delivering within the aspirations of the Framework
- **Knowledge and skills –** We want our staff to be the most caring, knowledgeable and skilled workforce in Scotland. We are committed to ensuring staff are provided with the appropriate knowledge, skills and confidence to deliver high quality services on a day to day basis and at the same time continuously improve those services.

These themes are intended to illustrate areas of action that will enable us to achieve the cultural changes needed to sustain the organisation with quality at its heart.

In summary, the Lanarkshire Quality Approach provides a clear outline of the vision, mission, values and objectives of our organisation. It is important that we are clear with ourselves and others about our vision and the key values and objectives we believe will enable us to deliver good quality, person-centred care. In order to provide this clarity we have developed a visualisation of the Lanarkshire Quality Approach as shown overleaf.

[8] Everyone Matters: 2020 Workforce Vision. Edinburgh: Scottish Government, 2013

The Lanarkshire Strategic Framework

2.2 Population and Workforce Demographics

Lanarkshire's population is 658,130 (North – 339,960 / South - 318,170) and has increased by 3,640 since last report. The Lanarkshire area population at 30th June 2017 was 0.25% (1,640) higher than the previous year's estimates by National Records of Scotland (NRS). The population is expected to rise by 1.8% overall between 2017 and 2037.

By 2037, Lanarkshire's population is expected to rise slightly overall – within that rise is a significant change in the age distribution of the population. An increase of 64% is anticipated in the proportion of the population over 75 between 2017 and 2037[9]. While increased longevity in our community as indicated by the projected increase of more than 32,300 more people aged 75 and over is greatly welcomed, this population will proportionately need most health and social care resources.

Over the same period, the working age population is predicted to decline. A 6.9% reduction in the working age population in Lanarkshire is anticipated between 2017[10] and 2037[11]. Consequently, the age profile of the NHSL workforce will likely remain skewed towards an older demographic, and the ability to recruit new staff members may decline as the local labour market contracts.

These changes in population and workforce demography are key considerations, requiring NHSL to carefully plan the future workforce now.

2.3 Financial Context

For the last decade cost growth has outstripped income growth and achieving breakeven has required a strong focus on cost control plus a significant effort in identifying and delivering efficiency savings. The stream of ideas for continued savings and the ability to extract Cash to recirculate are diminishing. Although the Board has approved a rollover financial plan that, combined with further reliance on non-recurring funding, could if delivered lead to breakeven there could be no realistic assumption that further savings could be squeezed out in year to support any additional investment over and above the plan. Modelling forward, with high pay and drug costs forecast for 20/21 the scale of the savings challenge increases. Given current difficulties identifying and implementing genuine cash releasing savings in the face of other service pressures, financial sustainability could only be achieved by a strong discipline in restricting discretionary investment and diverting time from other improvement activities on to trying to find ways to reduce costs.

[9] Public Health 2017/18 The Annual Report of the Public Health Director, NHS Lanarkshire
[10] NOMIS Official Labour Market Statistics. Available at: http://www.nomisweb.co.uk/ (accessed 21/03/2019)
[11] Public Health 2017/18 The Annual Report of the Public Health Director, NHS Lanarkshire

As happened in 17/18, a central component of the 18/19 settlement was to allow for progress to be made in delivering the commitment that more than half of frontline spending will be in community health services by the end of the Parliament. The funding in 18/19 is designed to support a further shift in the share of frontline NHS budget dedicated to mental health and to primary, community and social care.

The Scottish Government's Pay Policy for 18/19 was a 3% increase up to earnings of £80,000 with a cap of £1,600 on the pay increase for those earning above £80,000.

The impact of this pay policy coupled with expected increase in the drugs bill, supplies inflations and other commitments means that NHS Lanarkshire had to identify efficiency savings of £25.8m to bridge the gap.

Whilst savings schemes totalling £20.4m have been identified NHS Lanarkshire still started the 18/19 financial year with a gap of £5.4m in the savings schemes.

Pressure to deliver the access targets in the face of increasing A&E attendances continues.

SECTION 3: DEFINING THE FUTURE WORKFORCE

> **Vision:** The NHS Scotland has one of the most skilled workforces in the world, and a proud tradition of education and training. Overall the numbers of doctors, dentists and nurses have increased but we know that in many specialities there are challenges in employing the numbers of highly skilled staff we need to meet ever changing levels of demand.
>
> *A National Clinical Strategy for Scotland, Scottish Government 2016*

NHS Lanarkshire's workforce will be instrumental in the successful delivery of Achieving Excellence through making best use if the skills and capabilities of its staff. The workforce, in all professions and at all levels, will have a part to play and staff will be supported and developed to ensure they can fully engage and commit to the revised service delivery model. The future workforce will be based on teams of staff rather than individual practitioners to develop effective multi-disciplinary teams working with the appropriate knowledge and skills. It will integrate more closely the work of hospital based specialties alongside community based teams, with a clear understanding and value of each other's roles and a culture which supports people with long term conditions and their carers to be the lead partners in decisions about their health and wellbeing.

The route map to the 2020 Vision for Health and Social Care outlines the Scottish Governments vision for improving quality and making measurable progress towards high quality, sustainable health and social care services in Scotland.

In developing the healthcare strategy NHSL will continue its actions to support the 5 priorities outlined within Everyone Matters[12]

[12] http://www.gov.scot/resource/0042/00424225.pdf

Figure 1: Everyone Matters 5 Priorities[13]

The future model for the workforce must be realistic and consider the workforce availability, adaptability and affordability to deliver the revised clinical model in the specified time frame.
In effect, the workforce model requires:

- Early projection and preparation of staff to meet the future demand if different skills sets are required
- Adequate opportunity for staff to be developed to meet these requirements
- All this to be framed within a financially viable workforce model.

Staff Governance

NHS Scotland's commitment to staff governance was reinforced by the legislative underpinning within the NHS Reform (Scotland) Act 2004. The Staff Governance Standard Framework is the key policy document to support the legislation which aims to improve how NHS Scotland's workforce is treated at work. The fourth edition was developed to take into account developments within NHS Scotland, to reflect the implementation of the Healthcare Quality Strategy for Scotland, the three Quality Ambitions and Quality Outcomes and the Strategic Narrative setting out our 20:20 Vision for healthcare.

The Staff Governance Standards are;

- well informed;
- appropriately trained and developed;
- involved in decisions;
- treated fairly and consistently, with dignity and respect, in an environment where diversity is valued; and
- provided with a continuously improving and safe working environment, promoting the health and wellbeing of staff, patients and the wider community.

The Staff Governance Standards provide the foundation for engagement with our staff in shaping the future Workforce to deliver the Healthcare Strategy.

The Fair Work vision is that, by 2025, people in Scotland will have a world-leading working life where fair work drives success, wellbeing and prosperity for individuals, businesses, organisations and society. The Fair Work Framework reinforces the NHS Staff Governance standards as it describes the significance of providing an effective voice, opportunity, security, fulfilment and

[13] NHSL strategy document Achieving Excellence, 2017, available at http://www.nhslanarkshire.org.uk/publications/Documents/Achieving-Excellence-March-2017.pdf

respect; that balances the rights and responsibilities of employers and workers and that can generate benefits for individuals, organisations and society.

It is recognised that the future workforce must be based on a robust availability, adaptability and affordability model.

Workforce Availability

National Workforce Planning

In June 2018 the Scottish Government published the final part of its National Health and Social Care Workforce Plan. The National Health and Social Care Workforce Plan has been published in three separate parts:

- Part 1[14] of the Plan focuses on supporting workforce planning in NHS Scotland;
- Part 2[15] of the Plan considers ways to address the challenges facing social care workforce planning post integration
- Part 3[16] of the Plan sets the government's approach to delivering primary care.

An Integrated Health and Social Care Workforce Plan for Scotland, amalgamating all three parts of this plan into a single document, is expected to be published by Scottish Government jointly with COSLA in June 2019.

NHSL will ensure that the themes and contents of the National Workforce Plan are reflected in our workforce plans, and stands ready to implement any updated content from the Integrated Health and Social Care Workforce Plan for Scotland as and when it is published.

Regional Workforce Planning

NHSL remains fully engaged in West of Scotland regional planning activities, working in partnership with other Boards to examine opportunities to deliver services collaboratively to make best use of available workforces.

Service areas currently being discussed within the West of Scotland region include:

- Ophthalmology
- Vascular Surgery
- Urology
- Interventional Radiology
- Major Trauma
- Laboratories (particularly Histopathology)

Medical Staffing

Medical and Dental staff within NHS Lanarkshire has experienced a vacancy factor of approximately 10% throughout 2018/19. Throughout this period, NHSL has been successful in recruiting to Consultant vacancies in various specialties including Emergency Medicine, Breast Surgery, Child and Adolescent Psychiatry, COTE, Gastroenterology, Histopathology, Infectious Diseases, Orthopaedics, Psychotherapy, Urology, Radiology and Renal. Unfortunately, not all Consultants vacancies have been filled in specialties such as Gastroenterology, General Adult Psychiatry,

[14] https://www.gov.scot/publications/national-health-social-care-workforce-plan-part-1-framework-improving/
[15] https://www.gov.scot/publications/national-health-social-care-workforce-plan-part-2-framework-improving/
[16] https://www.gov.scot/publications/national-health-social-care-workforce-plan-part-3-improving-workforce/

Paediatrics, Radiology, Histopathology and Urology. There continues to be a mixed response to recruitment for Specialty Doctors with some success in Care of the Elderly, Orthopaedics and Vascular Surgery. Doctors and Dentists in Training (DDiT) vacancies can often be challenging particularly at the August changeover. These gaps in rota were compounded during 2018 because of the reduction in the General Practitioner Specialist Training Registrar (GPStR) grades.

To aid and address some of the recruitment challenges for both career grades and DDiT gaps, NHS Lanarkshire has participated in the following:

- The International Recruitment Unit hosted by NHS Greater Glasgow & Clyde. NHS Lanarkshire successfully appointed one Consultant Radiologist. The Unit has recently confirmed that their next campaign will be for Consultants within Mental Health specialties. NHS Lanarkshire has requested that three posts be included in the campaign;
- A targeted campaign for Medical Training Initiatives in conjunction with Royal Colleges for various specialties;
- A board wide Clinical Fellow campaign. The campaign yielded a high volume of applications for various specialties, however, successful candidates will not commence until the August 2019 changeover. These posts tend to bridge gaps within DDiT rotas;
- The NES campaign for International Medical Training Fellowships;
- Regional recruitment for Doctors and Dentist in Training gaps.

The above campaigns have not yet all concluded so it is difficult to confirm how successful they have been. Although some appointments have been made, it should be noted that some individuals have still to commence in post.

In addition, NHS Lanarkshire addresses the challenges of its medical workforce through work streams which feed the Healthcare Strategy where alternative options are considered.

Ageing Population

The ageing population will not only change the service demands, it will also be reflected in the availability of the NHS Lanarkshire workforce. In effect, we will have an older workforce in 2025 and a higher volume of retirements year on year. With a concurrent contraction of the local working age population, it is likely that the demographic of the NHSL workforce will remain skewed to a higher age bracket for some time to come.

With this, NHS Lanarkshire continues to consider approaches to support older staff to remain in employment (e.g. less physically demanding roles, reduced hours, etc.) while recognising and succession planning for potential loss of skills and knowledge. A Working Longer in NHS Lanarkshire webpage provides some useful information to support this.

Service Delivery

To provide safe, effective and person-centred care, the workforce of 2025 should match the workload demands in the care context, location and hours of service. This may see an increase in numbers in primary care, funded by skill mix changes in both acute and primary care settings. This will require a change from the existing patterns of work towards 24 x 7 day working.

Recruitment & Retention

NHSL recognises the importance of being an employer of choice which attracts and retains staff, supported by, recruitment, selections, induction, performance management, strong leadership and staff development processes.

To further reinforce NHS Lanarkshire's identity in this manner, NHSL has recently received accreditation from the Living Wage Scotland as a Living Wage Employer, and has been recognised as a Care Positive Employer by Carers Scotland.

To maximise workforce availability and reduce agency/locum spend, NHSL should continue to promote Lanarkshire as a place to work and where possible review workforce strategies and policies to reflect and support this both for substantive and bank staff.

Workforce Adaptability

Commissioning New Roles

NHS Lanarkshire will undertake detailed multi-professional workload and workforce planning. Effective use of existing resources will be essential as will gaining an understanding of current utilisation of the workforce and the likely implications for retention of the existing workforce, many of whom will remain part of the workforce for the next 5-10 years. This will provide essential baseline data for future remodelling work. The identification of skills and competency gaps will be equally important in ensuring appropriate training and development is ongoing to ensure the workforce is appropriately prepared and supported for the future. It can take at least 18-24 months to train an experienced qualified healthcare professional to advanced practice level and therefore it is critical that this is initiated as early as possible.

A similar approach will be required to define the generic support worker role. It may not be possible to determine the exact numbers of each role required and so an initial estimate of need should be agreed and used for the purposes of development. To do this, it is essential that professions are able to define their unique professional contribution and identify tasks which can be delegated and carried out effectively by support workers, thus building safe and effective capacity.

Influencing Undergraduate Programmes

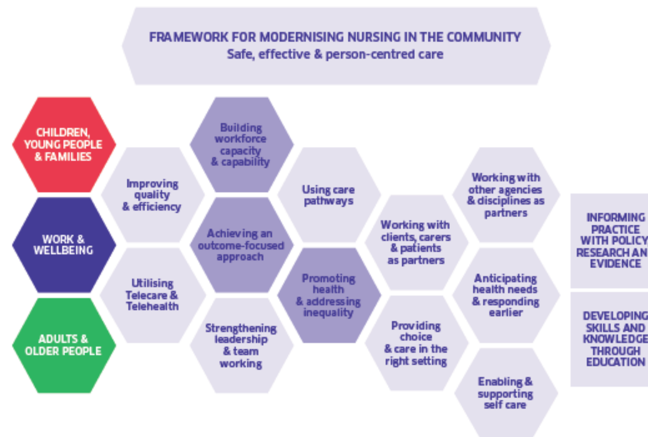
Ongoing work is required with Regulators, Scottish Government and Higher Educational Institutions (HEIs) to ensure that the development of undergraduate programmes is designed in line with the future healthcare need, with sufficient focus on community care.

Development of existing staff skills

It is recognised that advanced practice roles will be an integral part of building capacity and capability within the community. The developments for extended roles, such as intravenous therapy, advanced practice, non-medical prescribing and extension of health care support worker roles to support the future community care will require engagement with HEIs in conjunction with NHS Lanarkshire's Practice Development Team and GP practices. NHS Lanarkshire is fully engaged in the national agenda to develop the roles of community practitioners with a view to ensuring it meets the needs of people using our services. The framework below has been developed by NHS Education for Scotland for community nursing and outlines the elements required for safe, effective

and person centred care and support in the community. While it focuses on nursing in the community, it reflects the direction of travel in our approach across all professions.

Figure 2: Framework for Modernising Nursing in the Community[17]



Digital Transformation

NHS Lanarkshire is a signatory to the Digital Participation Charter (https://digitalparticipation.scot)

We have committed to implement a digital health and care strategy, this will include the development of our staff to support digital transformation across Health and Social Care.

NHS Lanarkshire provides access to a range of learning solutions to help our workforce develop their digital skills. This will continue to be developed to support the implementation of our digital health and care strategy.

NHS Lanarkshire has committed to the following charter pledges:

Skill Up - We ensure that our staff & volunteers have the opportunity to develop essential digital skills.

Support Staff - We support our staff & volunteers to help others learn essential digital skills and embrace digital tools.

Support Scotland - We support our nation by contributing resources and practical support for Scotland in whatever ways we can.

The Essentials - We support a common language based on digital participation and essential digital skills to make our thinking and actions as clear as possible.

Come Together - We channel our efforts through the Digital Participation programme so that our activities are coordinated and build on each other.

[17] NHSL strategy document Achieving Excellence, 2017, available at http://www.nhslanarkshire.org.uk/publications/Documents/Achieving-Excellence-March-2017.pdf

Workforce Affordability

Improve efficiency

To maximise the efficiency of service delivery, several workforce redesign factors are being considered:

- **Avoid duplication –** opportunities to integrate and streamline patient pathways will be considered and where possible generic support workers introduced both across health and health / social care (AHP, nursing, social care). This also has the added benefit of providing a greater career structure for the staff involved.

- **Work to "top of licence"** (registered and support staff) – roles require to be reviewed with staff supported and developed to work to the "top of their licence". This offers the potential to increase staff numbers and redistribute the workload to lower banded but appropriately trained staff, thus avoiding an increase in cost.

- **Extended scope –** to streamline the patient journey and minimise "hand-offs", certain roles will require to extend their scope to provide some additional aspects of care and avoid referring on to a different healthcare provider or into acute services e.g. community nurses developing Intravenous (IV) therapy skills to allow patients to be cared for in the community; extending psychological care approaches, growing the resilience of people using services to effectively self-care and supporting concordance with agreed personalised treatment plans reducing demands on unscheduled care.

- **Roles appropriate to skill –** to ensure efficiency, appropriately skilled staff should undertake roles e.g. admin staff undertaking admin roles, not clinicians. Staff developed to conduct proactive engagement with patients, their families and carers about what matters to them and how they feel better supported to access services and to self care when they are able; staff empowered to promote healthy lifestyles and provide support to patients and carers to meet social challenges such as financial security and employment.

In addition, there are other opportunities for efficiency which would support the workforce:

- Improvements in technology such as electronic patient records, mobile technology (tablet computers), etc. would support greater workforce productivity and efficiency
- Innovative practice using existing technology based platforms (e.g. NHS Inform MATS) and developing other web-based access to services for early advice and self-management, influencing a culture of self-efficacy which deflects demand away from healthcare services and into upstream services e.g. leisure, voluntary and third sector services.
- NHS Lanarkshire, North and South Lanarkshire Health and Social Care Partnerships will continue to work with third sector colleagues to focus on supporting and testing out new approaches for the delivery of community-based support for people with complex and multiple conditions. This will include delivering an integrated approach that complements mainstream services by other agencies, is fully linked into locality planning arrangements, continuing to focus on building community capacity and local infrastructure to support the delivery of local services and further develops the commitment to carer support through a structured programme of assessment and support.
- Integrate more closely all contractor disciplines such as community pharmacists, dentists, optometrists and care providers to enable patients to better access appropriate care and advice
- Introduce pharmacists in GP practices with advanced clinical assessment skills to support the care of patients with long term conditions and better manage their medications

The workforce to support the Lanarkshire Healthcare Strategy will not be "more of the same". The workforce will be older and have a greater reliance on Advanced Practitioners and roles with extended scope. All staff groups will work to the "top of their licence" with work aligned to their skills. The workforce may require to be re-profiled to match the increased workload demand in the community.

It is difficult at this stage to indicate the exact numbers and development requirements for each role until more detailed workload and planning has been undertaken. The workstreams within the NHSL Achieving Excellence strategy have identified key areas of role requirements that have already been developed in other areas within NHS Lanarkshire and the approach can be used to support the development and extend the roles of our existing staff. In addition, leadership and team development approaches are well embedded within NHS Lanarkshire and can be utilised to further develop the knowledge and skills required to achieve the required outcomes.

Achieving Excellence Workstream Updates

Building Community Capacity North/South

Building community treatment capacities outwith acute settings brings together the following workstreams identified in the NHSL 2017 Achieving Excellence Strategy document:

- Primary Care
- Older People's Services
- Alcohol & Drugs
- Palliative Care

Primary health care provides the first point of contact in the health care system. As such, primary care is the largest part of the healthcare system. The aim is to provide an easily accessible route to care, whatever the patient's needs.

There is currently a significant and increasing difficulty with workforce and resource capacity within the primary care sector. This is evidenced now by shortages of clinicians in a number of areas and a deteriorating performance on access to primary care.

As a result of this, our approach to primary care will support GPs and other health professionals to work together to enable the sustainable delivery of high quality, safe and effective patient care that is integrated where necessary with access to hospital based services when required. This will inevitably include a greater focus on self-care, supported self-management and joined-up care for people with multiple conditions and complex needs.

In addition to the growth required to meet the Workforce requirements of the Primary Care Improvement Plan (PCIP) identified in the following section, NHSL also have requirements to deliver:

- all contacts of the universal pathway for health visiting by 2020
- transforming roles for community Nursing
- school Nursing Priority Areas and Pathways

NHSL has identified community nursing, health visiting, school nursing, Community Hospitals and HMP Shotts as workforce areas with potential risks to service provision.

To understand workload and workforce requirements, NMWWPP workload tool runs will be undertaken in the following areas:

- Community Nursing
- Health Visiting
- HMP Shotts
- School Nursing

Short term mitigation plans are in place with ongoing work to secure long term solutions and stabilise the teams. Long term solutions are looking at skill mix, use of technology, and new models of care.

General Medical Services (GMS)

The GMS 2018 contract aims to refocus the role of GPs as expert medical generalists. This will require some tasks currently carried out by GPs to be carried out by members of a wider primary care multi-disciplinary team – where it is safe, appropriate, and improves patient care.

A Memorandum of Understanding (MoU), has been developed between Integration Authorities, SGPC, NHS Boards and the Scottish Government. The MoU sets out agreed principles of service redesign (including patient safety and person-centred care), ring-fenced resources to enable the change to happen with new national and local oversight arrangements and agreed priorities over the transitional period. The intention, set out in the MoU, is that the funding for service transformation will be allocated on an NRAC basis. There are 6 Key Points to provide guidance on what success looks like:

1. GP and GP Practice workload will reduce.
2. New staff will be employed by NHS Boards and attached to practices and clusters.
3. Early priorities will include pharmacy support and vaccinations transfer.
4. Workstreams will engage all key stakeholders and involve patient/public and carer representatives to influence/ inform and agree measures for improvements in patient experience
5. Changes will happen in a planned transition over three years when it is safe, appropriate and improves patient care.
6. Transform Primary Care Service to best meet population needs

A Primary Care Improvement Plan (PCIP) has been agreed and approved, outlining the proposed work to support this. Priorities have been agreed for transformative service redesign in primary care in Scotland over a three year planned transition period, 2018–2021.

These priorities include:

- vaccination services,
- pharmacotherapy services,
- community treatment and care services,
- urgent care in hours services, and
- Additional professional services, including acute musculoskeletal physiotherapy services, community mental health services and community link worker services.

Vaccination Services

In early preparation for Best Start model for flu and pertussis vaccinations in pregnant women and in advance of the national model of travel vaccinations expected in April 2020, NHSL appointed 1 WTE additional staff to each of these managed vaccination service cohorts in Year 1 (2018-19).

The current plan has approved funding for the appointment of 38.68 WTE Nursing staff for vaccinations and other duties in the coming year, Year 2 (2019-20).

Pharmacotherapy Services

A new three-tiered pharmacotherapy service will be implemented in a phased approach across all GP practices over the transitional period. Level one activities are at a generalist level of pharmacy practice focused on a range of acute and repeat prescribing and medication management activities (basic clinical). Level two (advanced) and level three (specialist) describe a more advanced clinical pharmacy practice and experience which are essential to ensure provision of a clinical/patient-facing role for the pharmacy team.

Using a model of 1 WTE Pharmacist and 0.5 WTE Pharmacy Technician to every 5,000 patients, NHSL appointed the following additional staff in Year 1 (2018-19):

- 2 WTE Clinical Pharmacist Leads
- 20 WTE General Practice Clinical Pharmacists
- 5 WTE Pharmacy Technicians

The current plan has approved funding for the appointment of further staff in the coming year, Year 2 (2019-20):

- 1 WTE Clinical Pharmacist Lead
- 10 WTE Advanced Practice Pharmacists
- 20 WTE General Practice Clinical Pharmacists
- 12.5 WTE Foundation Clinical Pharmacists
- 5 WTE Advanced Pharmacy Technicians
- 25 WTE Pharmacy Technicians

It is acknowledged that further tests of change may increase or decrease the funding required to deliver the service. A reassessment will take place prior to Year 3 (2020-21), the outcome of which will be detailed in the next iteration of this Workforce Plan.

Community Treatment & Care Services

Work to design and bed-in Community Treatment and Care Services in every area by 2021 began with phlebotomy services – in Year 1 (2018-19), NHSL employed an additional 53.04 WTE phlebotomists, 2 WTE Team Leaders and 2 Team Assistants for phlebotomy redesign across the Lanarkshire region.

Other services which will be included in this model are:

- Basic disease data collection and biometrics (e.g. blood pressure)
- Management of minor injuries and dressing
- Ear syringing
- Suture Removal
- Some types of minor surgery, as locally determined as being appropriate

NHSL appointed the following additional staff as a result of this workstream in Year 1 (2018-19):

- 3 Senior Advanced Nurse Practitioners
- 12 WTE Advanced Nurse Practitioners
- 4 WTE Nursing staff involved in tests of change for Practice Nursing

The current plan has thus far approved funding for the appointment of 1 WTE Operational Manager for Urgent Care In Hours in the coming year, Year 2 (2019-20).

Urgent Care In Hours and Additional Professional Services

A Primary Care Multidisciplinary Care team model is currently being developed to meet both the Additional Professional Roles and Urgent Care In Hours asks of the GMS contract. Teams will likely include nursing, paramedics, AHPs and link workers and will be attached to practices or clusters with GPs involved in professional leadership of the team.

The future model is likely to show a high reliance on Advanced Practitioners, including nursing roles in General Practices, Care Homes and providing Urgent Care In Hours services, and physiotherapy roles as first assessors for musculo-skeletal conditions. Workforce planning activity is at an early stage in these workstreams, and the likely number of roles required to support the model have not yet been determined.

Scottish Government's A Plan For Scotland 2016-17 set out a requirement to create 250 Community Link Worker roles across Scotland. A Community Link Worker (CLW) is a non-clinical practitioner based in or aligned to a GP practice or cluster who works directly with patients to help them navigate and engage with wide services, in order to address inequalities evident between the least and most deprived areas in the country

The pro-rated allocation for NHSL is 30 WTE. Modelling for this workforce is ongoing, but a preliminary plan includes:

- 2 WTE Co-ordinators
- 10 WTE Specialist Financial advice & support roles
- 18 WTE general Community Link Workers

Due to the specialist nature of financial advice and support, those 10 WTE roles are likely to be put out to tender by organisations with staff of that skillset already providing such services in the Lanarkshire area.

Long Term Conditions

No update has been received for this workstream as at time of creating this report.

Mental Health & Learning Disability

NHSL is currently developing a Mental Health Strategy, outlining priority service areas and the required workforce to implement. Under Action 15 of the Scottish Government's Mental Health Strategy 2017-2027, 99 additional WTE staff members will be employed across the subgroups in NHSL.

NHSL CAMHS demonstrates significantly less staff to population ratio than other board areas. Planned Scottish Government investment over the next two years will see improvements across boards. Utilisation of any investment will be in line with recommended national priorities as they emerge.

As the NHSL Mental Health Strategy is developed, a detailed workforce plan will be developed to support and deliver on its aims.

Best Start

Identified in Achieving Excellence as Maternity, Early Years, Childrens and Young People, this workstream aligns with the needs of the "Best Start" recommendations from Scottish Government. This is a totally new way of working in maternity incorporating intrapartum care and increasing the continuity of care for women. The workforce providing maternity services which will include teams of midwives delivering this care as well as some core staff within the hospital. It is expected that this will be totally implemented by Dec 2021.

As an early adopter of the Best Start model, NHSL are currently piloting teams. These teams have completed gap analyses to identify their training needs prior to implementation of the teams, and core mandatory training has now been introduced.

Part of the Best Start plan is to reduce the number of level 3 intensive care neonatal units in Scotland from 8 to 3. NHSL does not support this course of action, and there are concerns that such a move would have a serious detrimental impact on our ability to staff the Wishaw General Hospital neonatal unit, currently designated as a level 3 care facility. Any loss of this status may result in difficulties recruiting and retaining both medical and nursing staff, as they seek to work in other level 3 facilities.

Inpatient areas are presently staffed to 97% occupancy, and this will increase to planning for 100% occupancy. In Community and Neonatal areas, staffing is aimed for at 100% occupancy levels. Changes in working hours are predicted, with a move towards 12 hour shifts and rollout of the on current on call model to staff members who have not previously worked an on call rota. The birth rate has decreased in the last year, and over 2000 women have delivered in a cross boundary hospital – these trends may impact the workforce plan in this area as it is designed and rolled out.

Organisational change processes are currently underway to ensure these developments are worked through in partnership.

Planned & Unscheduled Acute Care (incorporating Stroke Care)

The workstreams referred to in Achieving Excellence as "Planned & Unscheduled Acute Care" and "Stroke Care" have been broken further into three distinct workstreams:

- General Surgery
- Modernising Outpatients
- Regional Vascular Services

General Surgery

NHSL aims to redesign General Surgery across Lanarkshire, to improve the quality and safety of care given by the General Surgical Services. This will be achieved by facilitating development of centres of excellence in areas of subspecialist practice that can be safely accommodated outwith tertiary referral centres, but that can co-ordinate with services across the West of Scotland Region.

The options for service delivery are surgical emergency receiving units on 1, 2 or 3 sites. A similar option of 1, 2, 3 or sites for elective surgery potentially separated by sub specialty or risk stratification. Given the ongoing engagement and option appraisal process detailed implications in relation to workforce have yet to be quantified.

The current Consultant workforce is stable with a low rate of staff turnover, less than 2 Consultant retirements are anticipated in the next 5 years.

The options to increase Consultant workforce is limited by theatre and outpatient space. Continued efficiencies in current footprint can be improved by expanding the non-medical workforce with specialist nurse clinics and theatre nurse facilitators. The non-medical workforce to support General Surgery is not yet as well advanced as other surgical specialities (e.g. orthopaedics). The University Hospital Hairmyres site has recently recruited MINTS nurses to support their ambulatory care unit, and University Hospital Wishaw have introduced ambulatory care as part of their winter plan.

A more detailed workforce action plan will be generated once the preferred service configuration has been decided. In the meantime, work will continue to explore how members of all staff can work to the top of their licence to improve flow through the system.

Modernising Outpatients

The Modern Outpatient: a Collaborative Approach (2017-2020) was launched by the Scottish Government in in 2016 and one of its core principles is:

Emphasising competency based roles in secondary care, to focus Consultant resource on more complex patients, and recognising the role of the GP as the expert clinical generalist and raising the profile and enhancing the role of the wider multidisciplinary team of community based practitioners.

In response to the national programme, NHS Lanarkshire established the Modernising Outpatient Programme (MOP) in 2017 to deliver improvements in outpatient services. The NHSL MOP targeted specific specialities with capacity challenges and has worked with the clinical teams to identify areas of improvements. Developing the wider MDT has been a focus for specialities and some examples are listed below.

<u>ENT</u>

A physiotherapy-led vestibular service has been developed to provide dedicated access to vestibular physiotherapy from referral – previously, referred patients were required to see a Consultant as a first step before accessing this service. Recruitment of 1.5 WTE Band 7 Physiotherapists and 0.5 WTE Healthcare Support workers is contributing 1000 new appointment slots to create a more efficient and patient-centred pathway.

<u>Respiratory</u>

Physiotherapy-led pathways have been developed for brochiectstasis and dysfunctional breathing. A business case has been presented to the MOP core group to continue scoping work to inform whole system business case for required workforce across acute and primary care.

<u>Ophthalmology</u>

Neuro ophthalmology is a sub speciality of ophthalmology under significant capacity pressure. Orthoptics is part of the ophthalmology multidisciplinary team with the potential to contribute to neuro ophthalmology. Work is underway to scope the opportunity to increase the Orthoptics workforce to help address the capacity issues.

Regional Vascular Services

It is recognised that the Vascular Surgery consultant workforce is a small one, and that as such rotas can quickly become unstable and present challenges to maintaining service.

In order to meet on call commitments, Phase 1 of the West of Scotland regional work is due to commence in April, with a merger of NHSL and NHS Ayrshire & Arran's Out of Hours services. Phase 2 will see NHSD&G joining this arrangement in due course.

Trauma & Orthopaedics

The Orthopaedic Department in NHS Lanarkshire has historically encountered problems with recruiting and retaining a sustainable workforce. Phase 1 redesign (November 2016) provided an initial solution reducing site coverage from 3 to 2 sites. This reduced the frequency of medical rotas and began developing non-medical practitioners. This was service driven and supported by managers.

Phase 1a is a major service redesign separating trauma and elective inpatient care by sites with a planned implementation date of late summer 2019. These changes are in line with good practice nationally and will also lay the foundations for national developments in the Scottish trauma network. The project will take the workforce plan further, reducing the dependency on medical trainees and temporary staff by maximising non-medical models of care. This will also address the decision taken centrally to reduce overall trainee numbers with the loss of 7 General Practitioner Specialty Training Registrar posts in orthopaedics.

Phase 1a redesign is now well defined providing robust revised trauma and elective models. This has been informed from learning from other areas nationally including Cheltenham and Gloucester and Hexham. The orthopaedic service has a minimum number of staff to facilitate the revised service model described in phase 1a. This has been augmented with additional staffing in both Consultant, ANP and AHP staff groups.

There are 2 work streams within the project dealing with medical and non-medical workforce. Both these groups have interface meeting to ensure the co-ordinated development of a mix staffing model.

Key tasks include the care of patients who experience orthopaedic trauma or elective surgery. This can be as an inpatient, day case or outpatients. A cohort of patients can also been seen and treated through ED or ambulatory care:

- (i) Medical workforce developing additional skills to treat a wider scope of patients at the front door
- (ii) ANP model being developed to provide a revised workforce model and reduce reliance on trainees or agency staff
- (iii) ENP well established through Outpatients and will continue to develop re modernising Outpatients model

(iv) Integration of ACE nursing staff and developing closer relationship with COTE. Continue with Home First and dynamic discharge. Pilot of discharge to assess underway (Outwith T&O)
(v) Redesign of the trauma liaison service to provide more clinical support
(vi) Improved training experience for medical trainees
(vii) Developing plaster technician staffing model

Systematic Anti-Cancer Treatment (SACT)

Cancer Services describes their phased approach to achieving a single cancer centre vision with outreach facilities, taking into account patients' views, preferences and circumstances, pressure on SACT delivery, workforce and the drivers for change. There has been a significant increase of 28% in SACT treatments in the previous 12 months, and a West of Scotland forecast rise of 8% per annum.

This increase has highlighted problems in different areas including:

- Staffing of oncology clinics
- Issues with pharmacy and the aseptic unit
- Nurse staff capacity issues
- Capacity in day units

The preferred vision for the service is a cancer unit for SACT delivery at Monklands with outreach facilities at both Wishaw and Hairmyres. This will be aligned to the Regional SACT Strategy for the West of Scotland Region. Work is underway with the Planners to design the cancer unit within the existing infrastructure of ward 15 at University Hospital Monklands to enable the opportunity for a test of change.

Subcutaneous therapies has now been moved outwith the Oncology Day units and delivered within a clinical room to free up capacity within the Monklands sites in preparation for the movement of SACT to support a phased approach to the cancer unit activity. The aim is to commence work May 2019 to develop the Cancer Unit with an operational date for early autumn 2019.

Staff turnover in this area has not previously been a concern, but in the last 2 years turnover has increased with staff moving to promoted posts in regional cancer centres. NHLS has embraced the opportunity for increasing the non-medical staff to undertake training in prescribing for SACT as described in the regional model. A clear training plan has been agreed and set to enable 3-4 staff to undertake the 2 academic intakes at University of the West of Scotland and Glasgow Caledonian University. A phased approach in partnership will be undertaken to help manage the workforce changes, with March 2019 proposed to enter discussions on the proposed model.

Monklands Replacement/Refurbishment Project (MRRP)

No final decision has yet been made with regards to refurbishment of the existing University Hospital Monklands site, or relocation to another site. NHS Scotland has been requested by the Scottish Government to conduct a review of the consultation process around MRRP, and no decisions on the location of the new hospital will take place until that review has concluded.

While the future site of the new hospital may remain unclear, it is crucial to continue working to define the future workforce required to provide patient care based on our existing knowledge of future demand.

Factors being assessed in MRRP workforce planning include:

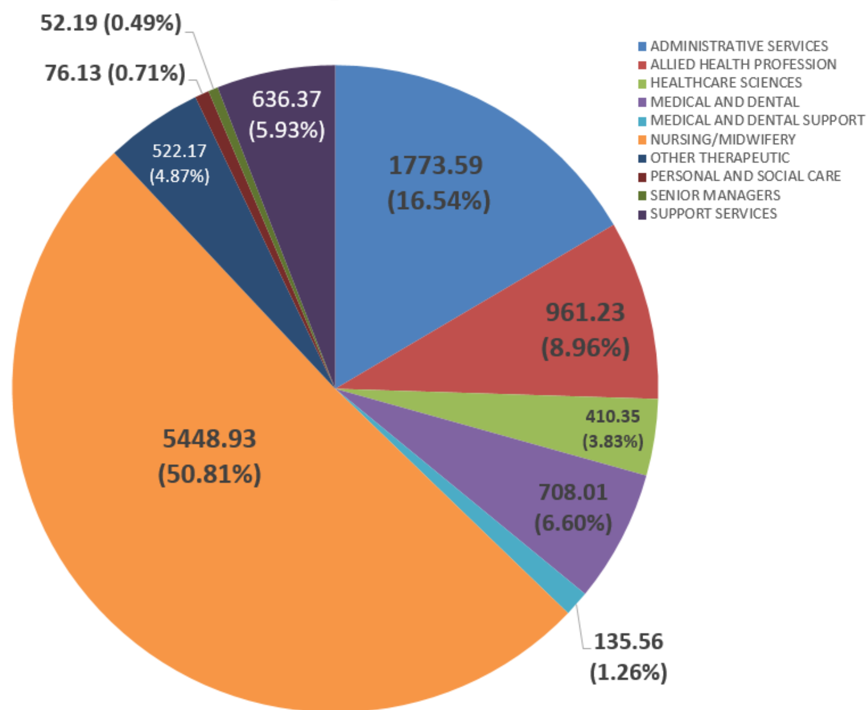
- Staffing requirements for 100% single room occupancy

- Increasing theatre capacity from 42 weeks per year to 48 weeks per year
- Developing Advance Practitioner staffing models across a number of specialities
- Innovative technological change

SECTION 4: CURRENT WORKFORCE

The NHSL workforce as at 31st March 2019 equates to 10724.52 WTE in-post staff[18] (SWISS[19], March 2019). Since March 2018, the NHSL workforce has reduced by 83.45 WTE. As at March 2018 the staff turnover rate is 9.62%, an increase since last report in the 2017-20 Workforce Plan (1.27%).

Figure 1: Staff In Post as at 31st March 2019



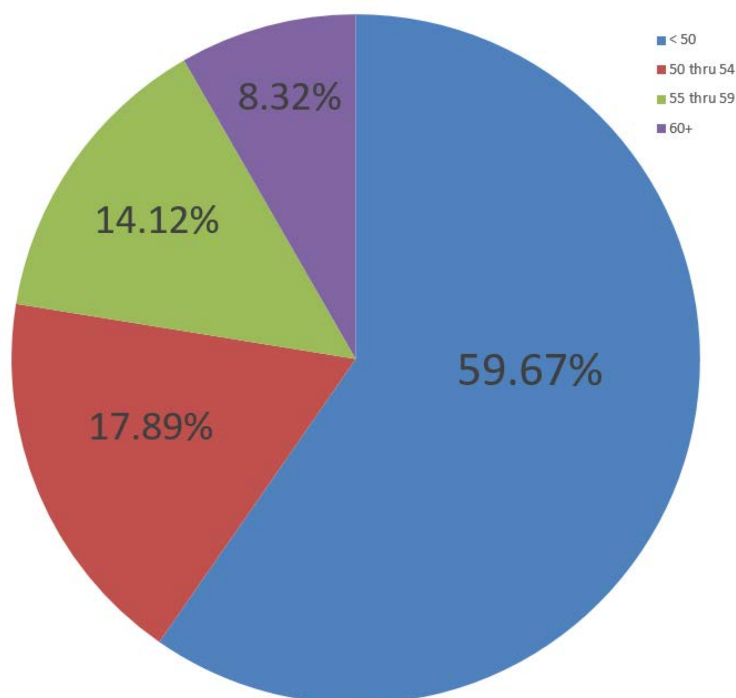
Source: Swiss

Figure 1 represents the NHSL workforce as at 31st March 2019. This includes medical, dental and senior managers who are non AfC staff.

[18] Excluding intern nurses but including medical locums

[19] Scottish Workforce Information Shared System (SWISS), data as at 31 March 2019, extracted 10 April 2019.

Figure 2: NHSL Age Profile as at 31st March 2019

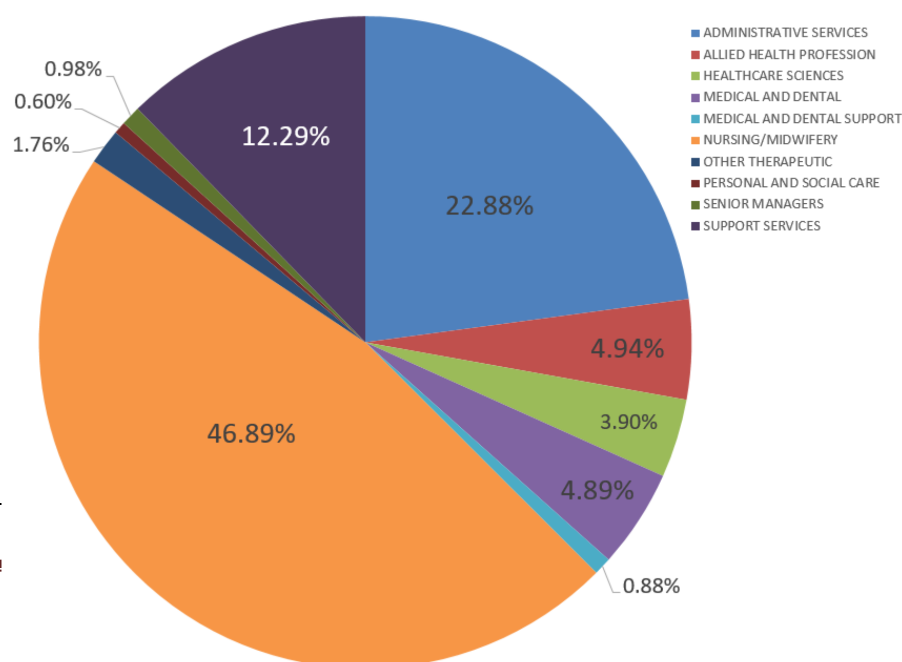


Source: Swiss

Staff aged 55 or over account for 2,406.62 WTE / 22.44% of the workforce as at 31 March 2019. This proportion has increased slightly by 2.44% since the same point in 2017, but remains broadly comparable to the NHS Scotland figure of 21.7% (an increase of 1.55% since 2017)[20].

Staff of this age demographic are likely to retire within the next 10 years, requiring robust succession planning for the future.

Figure 3: Breakdown of workforce aged 55+ by Job Family as at 31st March 2019



[20] NHS Scotland Workforce Stats,

Source: Swiss

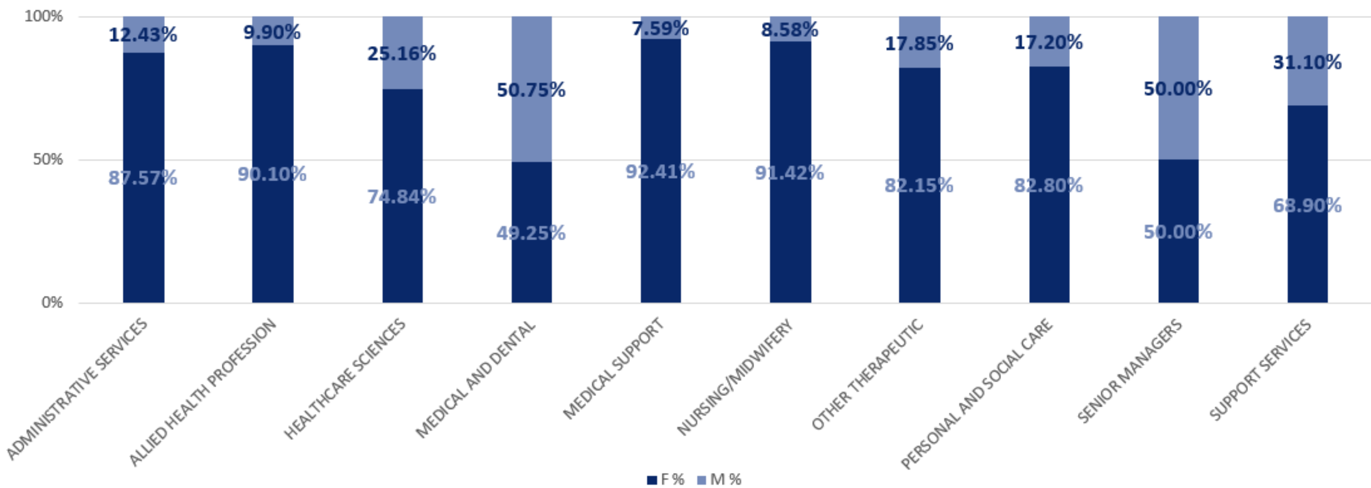
As the largest staff group accounting for just over 50% of the workforce it should be expected that Nursing & Midwifery staff would account for a high proportion (in this case 46.89%) of the 55+ workforce.

It should be noted, however, that some areas represent a greater proportion of the over 55 workforce than their representation in the overall NHSL workforce might suggest, including:

- Support Services account for 5.93% of the workforce and 12.29% of the 55+ staff group
- Administrative Services account for 16.54% of the workforce and 22.88% of the 55+ staff group

This suggests a disproportionately older workforce demographic within these areas, and reinforces the need to plan the future workforce models appropriately considering workforce availability and likely future movement.

Figure 4: Current Workforce by Staff Group & Gender as at 31st March 2019



Source: Swiss

The NHSL workforce is predominately female, with approximately 4 females to 1 male. The highest proportion of female staff are in Medical & Dental Support (92.41%) and Nursing & Midwifery (91.42%), and the lowest in Medical and Dental (49.25%).

Figure 5: Current Workforce by Gender and Contract Type as at 31st March 2019

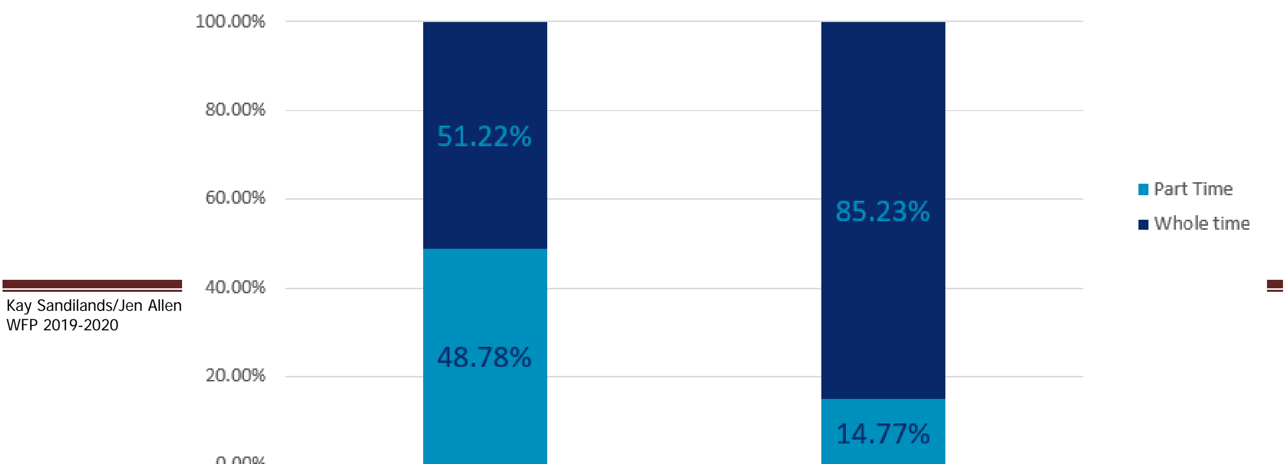


Figure 5 provides a comparison of full time and part time workers by gender, illustrating a significant difference between the working patterns of male and female staff. The part-time workforce accounts for a total of 43.66% or 5498 WTE of the NHSL workforce (female 5218 WTE and male 280 WTE).

This represents an increase in the uptake of part time working across both sexes since 2017 – a 10.78% increase overall, composed of a 10.96% increase in part time working in the female section of the workforce, and a 5.66% increase in the male section of the workforce. As a result, the difference between the proportions of the workforce working part-time between sexes has actually increased – from 28.71% in 2017 to 34.01% in 2019.

Table 1: Vacancies in Nursing & Midwifery, Allied Health Professions and Medical Consultants as at 31st December 2018

	Nursing & Midwifery	Allied Health Professions	Medical Consultant
Staff in Post WTE	5453.5	952.47	490.92
Total Vacancies WTE *(%)*	**301 *(5.52%)***	**33.1 *(3.48%)***	**60 *(12.22%)***
0-3 months	250.4 *(4.59%)*	33.1 *(3.48%)*	-
3+ months	50.6 *(0.93%)*	-	-
0-6 months	-	-	24 *(4.89%)*
6+ months	-	-	36 *(7.33%)*

Source: ISD – NHS Scotland Workforce Statistics

The number of staff vacancies is an important indicator of the current workforce, with duration of vacancies an indicator of local workforce availability. As at 31st December 2018, Nursing & Midwifery vacancies stood at 5.52%, of which 4.59% had been vacant for up to 3 months. The vacancy rate for Consultant staff was considerably higher at 12.22%, with the majority of consultant posts remaining vacant for over 6 months (7.33%). For more details refer to section 5.4.

SECTION 5: OUR FUTURE WORKFORCE ACTION PLAN

Our "2020 Vision"

Our vision is that by 2020 everyone is able to live longer healthier lives at home, or in a homely setting.

We will have a healthcare system where we have integrated health and social care, a focus on prevention, anticipation and supported self-management. When hospital treatment is required, and cannot be provided in a community setting, day case treatment will be the norm. Whatever the setting, care will be provided to the highest standards of quality and safety, with the person at the centre of all decisions. There will be a focus on ensuring that people get back into their home or community environment as soon as appropriate, with minimal risk of re-admission.

(Scottish Government, 2011a)

NHS Lanarkshire continues to successfully develop and implement an annual Everyone Matters: 2020 Workforce Vision Implementation Plan. The Plan for 2019/20 has been developed to build on progress to date and incorporates the NHS Board Actions arising from the Implementation Plan 2018/19.

The Implementation Plan continues to focus on NHS Lanarkshire actions to deliver continuous improvement in the areas of:

- Healthy Organisational Culture;
- Sustainable Workforce;
- Capable Workforce;
- Workforce to deliver Integrated Services;
- Effective Leadership and Management.

The Implementation Plan will specifically focus on a number of efficiency and quality of service related workforce initiatives, including:

- More effective management of sickness absence;
- Management of our temporary workforce (Rostering/eRostering), Staff Bank/Agency arrangements and Vacancy management);
- Consolidating the use of iMatter (Staff Experience Model);
- Promote understanding of and commitment to addressing Health Inequalities and deliver enhanced access to supported work and training opportunities for disadvantaged communities;
- Continued support for Occupational Health, Safety and Staff Wellbeing and implementation of the associated recommendations from the NHS Employers Working Longer Review;
- Continued investment in leadership and management development programmes to support integration, quality improvement and change.

Delivery against the Implementation Plan 2019/20 will be routinely assessed and monitored by the NHS Lanarkshire Staff Governance Committee, Corporate Management Team, Area Partnership Forum (APF) and HR Forum.

5.1 Workforce Design & Productivity

The shape and design of the NHSL workforce is anticipated to change significantly in the future with the impact and benefits of the NHSL healthcare strategy. To achieve this NHSL will continue to utilise workforce planning tools and methodologies where they are available to inform decision making in relation to workforce design and skills mix.

5.2 Nursing & Midwifery Workload and Workforce Planning

NHSL continues to review the NMAHP workforce on a cyclical basis to identify and rate any areas of risk with a view to taking mitigating actions and developing management strategies and prioritising areas for future NMAHP workforce / workload analysis.

The Nursing & Midwifery Workload and Workforce Planning tools (NMWWP) are utilised throughout this process and the exercise prioritised 6 key areas for review over 2018/19; namely

- Infection Control
- Health Visiting (North & South)
- Dietetics
- Shotts Prison
- Mental Health Inpatients (Adults and Young Peoples)
- Community Nursing (District Nurses, North & South)

The annual NMAHP Workforce Planning, Assessment and Prioritisation exercise has been completed and has identified the following key areas for prioritisation and review during 2019/20:

- GP Hospitals (North & South)
- Addictions (South)
- CAMHS
- Treatment Rooms (North & South)

Routine completion of the following Nursing Workload tools will continue in order to maintain trend data and comply with mandatory national runs;

- Neonatal
- Maternity (Inpatient & Community)
- SCAMPS (Paediatric Inpatients)
- CCSN (Community Childrens Nursing)

In addition to both the recognised priority and mandated runs, NHSL has developed a work plan which details the scheduling of a further 13 NMWWP tools during the 2019/20 financial year and a further 7 tools in the first half of the 2020/21 financial year. This work is being undertaken in order to prepare NHSL to deliver on the aims of the Health & Care (Staffing) (Scotland) Bill, which will require all tools to be run each year going forward. The Bill is currently anticipated to be enacted in April 2020.

The 2018-19 NMAHP Workforce Planning, Assessment and Prioritisation exercise identified recommendations from prior runs of NMWWP tools run during the period 2014-2018. These recommendations amount to an additional 276.17 WTE required across Nursing and Midwifery staff groups to fully deliver current service needs. While mitigating actions have been taken in all of these identified workforces, it is recognised that it is very likely that upcoming NWMMP tool runs undertaken as part of our requirements to fulfil the Health & Care (Staffing) (Scotland) Bill will continue to highlight staff shortages. This will continue to require robust planning strategies and review of funding arrangements.

5.3 Recruitment & Selection

NHSL recognises the importance of being an Employer of choice which attracts and retain staff, supported by, recruitment, selections, induction, performance management and staff development processes.

NHS Lanarkshire is committed to working with other government partners, to help develop the workforce by training and employing individuals who are often overlooked by traditional recruitment methods (including Looked After and Accommodated Children) and have considerable talent that could be utilised within the organisation.

Current activity includes:

5.3.1 Work Experience

Work experience provides an opportunity for an individual to learn in a contextualised working environment. It also aims to increase the individual's employability by developing transferable skills and the right attitude to work. By supporting work experience programmes operating in partnership between schools, colleges and health facilities, NHS Lanarkshire is engaging with young people at the right time in their lives when they are making important career choices.

5.3.2 Project Search

Project Search is a partnership model that aims to help individuals with learning disabilities to secure and retain employment, NHSL works in partnership with North Lanarkshire Council, Serco and New College Lanarkshire on this initiative. The model blends work based education and practical work experience to deliver a unique preparation and induction to employment. This has been recognised as the most successful programme of its kind in Scotland.

5.3.3 Modern Apprenticeships

In 2017/2018 NHSL offered 29 opportunities within Business Administration, Maintenance Technicians, Life Science and Healthcare Assistants.

5.3.4 The Prince's Trust

In 2019/2020 NHSL will deliver 24 opportunities in Partnership with The Prince's Trust via a "Get in to Healthcare" employment programme. This will add to our wide range of supported employment initiative's that provide access to NHS employment for those individuals furthest from work.

5.4 Recruitment Challenges

A key challenge in general recruitment is within Nursing. There was a high volume of Band 5 Acute Nursing vacancies in 2018, 358 in total. The majority have been successfully filled with around 44 still being processed, with a further recruitment drive for 150 newly qualified student nurses to take up post in October 2019. 128 newly qualified students took up employment in October 2018.

Other specialist nursing areas continue to be difficult to recruit to, for example in theatres and experienced neonates. In theatres, there are plans for a pilot to take place at Wishaw General Hospital which involved training Band 4 Assistant Practitioners to assist with Band 5 shortfall.

5.5 Organisational Culture & Leadership

In December 2017 Everyone Matters: the 2020 Workforce Vision Implementation plan for 2018 – 2020 was published and we continue to align our cultural and leadership development to this and our local healthcare strategy.

In terms of education, training and staff development NHS Lanarkshire continues to implement its recently revised local Learning Strategy which also aligns with the priorities, expectations and timelines set out in strategic direction.

As part of the implementation of the Learning Strategy a new NHS Lanarkshire Learning Plan for 2018 – 2020 was produced in collaboration with a range of programme providers. The Plan is widely publicised and aims to support staff and managers to access appropriate learning opportunities including:

- Compulsory learning for all staff
- Mandatory learning for some staff depending on regulation and registration
- Targeted learning prioritised by NHS Lanarkshire
- Opportunities for personal and professional development

Our well established Trainer's Network and series of learnPro online modules further support the learning environment.

In addition a number of work-streams are underway which support and enable the creation of a sustainable values based quality culture as articulated in the 2020 vision. These include the delivery and evaluation of Corporate Induction, targeted development and support for new leaders and managers, the strengthening of learning through appraisal and Personal Development Planning using TURAS, the new platform that incorporates KSF.

Building on our foundation of full implementation we will engage fully in iMatter in the months to come to support continuous improvement in staff experience at team level.

Within this context NHSL will continue its commitment to the modernisation of services by supporting the practice and educational developments, career transitions and learning needs of the workforce thorough medical education, organisational development and practice development. This will be achieved by working in partnership across departments and agencies such as NES, our University Partners, local Further and Higher education institutions, our Health and Social Care Partnerships and local authorities to provide the local infrastructure which supports staff and practice development. NHSL is also committed to contributing to the education and development of under and post graduates students and other learners who will be our future workforce.

SECTION 6 MONITORING & REVIEW

NHSL continues its commitment to both local and regional workforce planning and demonstrates strong partnership engagement in this process. Monthly workforce reports and dashboards are used to support managers to access and analyse workforce data whilst aiding them with workforce planning. With the introduction of e:ESS (Electronic Employee Self Service) in June 2018 and likely enhanced workforce requirements on the Health & Care (Staffing) (Scotland) Bill, NHSL is planning to review its provision of workforce data over the next 18 months.

This Workforce Plan is brought together by the Workforce Team and endorsed by the Corporate Management Team, HR Forum, Area Partnership Forum, Staff Governance Committee, and finally the NHSL Board.

Individual Directors are responsible for the identification, mitigation and, where possible, avoidance of risks. This includes risks associated with the workforce. Local Service / Professional risks are recorded and managed through a robust corporate approach to Risk Management. Corporate workforce risks identified are referenced in Appendix I.

ITEM 13B

APPENDIX I WORKFORCE RISK REGISTER (Accurate as at 11 February 2019)

ID	Corporate Objectives	Opened Date	Title (Policies)	Description of Risk	Risk level initial	Mitigating Controls	Risk level current	Risk level Tolerance	Review Date	Risk Owner	Assurance Committee
1128	Safe	10/03/2014	Sustainability of Safe and Effective Medical Input to Clinical Services	There is a risk that NHSL will be unable to appoint to vacancies in medical staffing and retain existing medical staff resulting from the overall available medical resource, including training and non-training grades.	High	1. Endorsed Achieving Excellence NHSL Strategy with implementation plan 2. Implementation of Phase 1a Trauma & Orthopaedic Services 3. Review of Clinical Models through the MRRP, attracting a higher level of applications for posts 4. Continuous risk assessment of clinical specialties undertaken 5. Annual Board Workforce Plan 6. National and International Recruitment, including the International Medical Training Initiative (MTI), to recruit middle grade doctors from overseas and the clinical development Fellows through Medical Education. 7. Locum Appointments with monitoring 8. Achieved University status with academic partners, including joint academic and service posts and honorary academic / teaching posts. 9. Job Planning to maximise contribution of consultant workforce 10. Medical Leadership Forum 11. Monitor GP workforce and have contingency plans available to manage closure of a GP practice 12. GP sustainability action plan in place through Transforming Primary Care Programme. 13. Chief Resident Appointments on 3 DGH sites 14. Continuous review of quality of medical training through trainee forums on 3 sites and the Medical Education Governance Group 15. Redesigned OOH Service implemented 16. Ability to use SG funding to incentivise new partners in general practice 17. Implementation of a Coaching Approach to enhance recruitment and retention of GP's 18. Contingency plan to address the notification of loss of 20 GPST posts linked to identified specialties. 19. Discussions with GP Post Graduate Dean to increase number of GPST placements in NHSL.	High	Medium	31/05/2019	J Burns	Healthcare Quality, Assurance & Improvement Committee

ID	Corporate Objectives	Opened Date	Title (Policies)	Description of Risk	Risk level initial	Mitigating Controls	Risk level current	Risk level Tolerance	Review Date	Risk Owner	Assurance Committee
1323	Safe	27/07/2015	Continuous provision of clinical services in light of training and w orking time directive.	There is a risk that NHSL w ill not be able to continue to provide clinical services required because of the availability, recruitment and retention of clinical staff, including loss of GP ST trainees and the 48 hour break betw een night/dayshift, w ith the potential to adversely impact on patient care and the overall corporate objectives for NHSL.	High	1. Implementation of Clinical Strategy 2. IJB Commissioning Plans 3. Implementation of Workforce Plan 4. Redesign of the OOH Services 5. Increased trainee numbers through ensuring NHSL can provide a high quality training and learning environment: eg driving change to the T&O service, anaesthetics, general surgery 6. Service Model review for GM service to Cottage hospitals w ith full approval to re-designate Lockhart Hospital 7.'New w ays of w orking' through the Transforming Primary Care Programme Board, including alignment w ith the new GMS contract 8. Contingency plan to address the notification of loss of 20 GPST posts linked to identified specialties 9. Recruitment and training of Advanced Nurse Practitioners, Advanced Allied Healthcare Professionals and Pharmacists	High	Medium	31/05/2019	C Campbell	Planning, Performance & Resource Committee

ID	Corporate Objectives	Opened Date	Title (Policies)	Description of Risk	Risk level initial	Mitigating Controls	Risk level current	Risk level Tolerance	Review Date	Risk Owner	Assurance Committee
1412	Safe	13/06/2016	GP input to sustain current community hospital clinical model of service.	There is a risk to NHSL that there is insufficient GP capacity to enable sustainable delivery of medical input to the community hospitals that are dependent on the GP's. Issues include a change in portfolio career arrangements, age profile of existing workforce, increased part time working and less medical students choosing GP practice as a career. For NHSL, this has already resulted in one community hospital being closed to admissions, with the potential to recur in other areas.	High	1. Focus on maintaining delayed discharges at low level. 2. GP recruitment and retention fund from Scottish Government to enable local solutions to local problems over 2 financial years 3. Commissioning of Service Model Options Appraisal integrated within the Strategic Commissioning Plan 2019-2022 4. Implementation of the Community Bed Modelling Plan 5. NHS CMT approved a paper outlining the proposed re-designation of the Hospital. 6. NHSL to receive a commissioning instruction for a non-inpatient facility at Lockhart with follow-up through ISD.	Medium	Medium	30/08/2019	V DeSouza	Population Health & Primary Care Committee
1431	Effective	08/08/2016	Sustaining a safe trauma and orthopaedic service for patients across NHSL.	There is a risk that NHSL cannot sustain the phase one 2 site model interim move for the trauma and orthopaedic service in the long term, resulting from insufficient senior clinical decision-makers. The proposed phase 1a of the redesign will enable additional resilience to the service and must be implemented as part of the Healthcare Strategy :Achieving Excellence.	High	1.Phase 1a implementation of redesign of services through the implementation of the new NHSL Healthcare Strategy and Communication Plan 2. Project Board led by Strategic Planning, oversight of phase 1a for implementation September 2019. Phase 2 implementation will be determined by OBC process for Monklands Refurbishment or Replacement Programme.	Medium	Medium	30/08/2019	H Knox	Planning, Performance & Resource Committee

ID	Corporate Objectives	Opened Date	Title (Policies)	Description of Risk	Risk level initial	Mitigating Controls	Risk level current	Risk level Tolerance	Review Date	Risk Owner	Assurance Committee
1450	Safe	14/11/2016	Ability to maintain existing GM Services across NHS Lanarkshire	There is an increasing risk that there is insufficient GP capacity to enable sustainable delivery of general medical practice across NHSL, resulting from a range of changes including a change in portfolio career arrangements, age profile of the existing workforce, increased part time working and less medical students choosing GP practice as a career. For NHSL, this has already resulted in a number of practices 'closing their list' which has consequences for other neighbouring practices, with some practices alerting NHSL to say they believe their ongoing sustainability as a practice is in serious doubt. Many of the staff who may be identified as potentially offering support to cover GP vacancies are also in short supply, e.g. Advanced Nurse Practitioners. Additionally, there is the potential for rising financial costs for practices as a result of the proposed changes to the NHS Pension Scheme.	V High	1. Executive group established to highlight and enact potential solutions 2. Transforming Primary Care Programme Board is developing a Primary Care Improvement Plan directly linked to the new GMS contract, supported by an implementation plan that aims to increase the number of practitioners working in primary care to support the general medical services. 3. A GMS Implementation group has been established and on track to produce a Primary Care Improvement Plan linked to Transforming Primary Care Aims 4. GP recruitment and retention fund from Scottish Government to enable local solutions to local problems over 2 financial years. 5. Additional Pharmacists and ANPs are being deployed to assist practices in difficulty, however, GP attrition is creating difficulty in matching vacant posts. Work is progressing on a practice to practice basis. 6. New abbreviated procurement process approved and in place 7. Review of GP Leased Premises to reduce burden on GP's 8. Procurement of a community information system to optimise contribution to community services	V High	Medium	29/03/2019	C Campbell	Population Health & Primary Care Committee

ID	Corporate Objectives	Opened Date	Title (Policies)	Description of Risk	Risk level initial	Mitigating Controls	Risk level current	Risk level Tolerance	Review Date	Risk Owner	Assurance Committee
1466	Safe	01/02/2017	NMAHP Workforce	There is a risk that NHSL will not be compliant with the imminent Health and Care (Staffing) (Scotland) Bill that will ensure appropriate number of suitably trained staff are in place, irrespective of where care is received, resulting from retirement levels; sickness/absence levels; recruitment and retention of nursing staff and the higher than expected use of supplementary staffing. These combined factors have the ability to result in adverse impact on the continuity of safe and consistent delivery of care.	Medium	1. Workload and workforce planning undertaken using national tools, on a cyclical basis. 2. Gap analysis completed and informing future management 3. Rostering Policy in place and monitored 4. Reablement of site deployment of supplementary staffing across all care settings 5. Supplementary NMAHP staffing through Bankaide has KPI's and continuously monitored 6. HR oversight and intensive support in managing sickness / absence with improved return to work planning, supported by Unit NMAHP workforce groups 7. NHSL NMAHP Workforce Steering Group with new and strengthened Term of Reference (August 2018) 8. NMAHP Workforce dashboard continuously monitored and acted on through professional leads. 9. Negotiations with UWS, GCU & QMU regarding increase of intake of NMAHP's per annum, and immediate recruitment with NHSL 10. Implementation of a recruitment strategy aligned to workforce planning and student nurse / AHP graduation periods for cohort recruitment (oversupply that reduces use of bank) 11. Peparedness for National Safe Staffing Legislation through risk based workforce planning, reporting to operational management teams, CMT and the Board of NHS Lanarkshire 12.NHSL annual workforce risk assessment reporting through the relevant governance infrastructure.	Medium	Medium	31/07/2019	I Barkby	Healthcare Quality, Assurance & Improvement Committee

ID	Corporate Objectives	Opened Date	Title (Policies)	Description of Risk	Risk level initial	Mitigating Controls	Risk level current	Risk level Tolerance	Review Date	Risk Owner	Assurance Committee
1587	Safe	13/12/2017	Sustainability of the 2 Site Model for OOH Service	There is a risk that the 2 site model of delivery of an Out of Hours (OOH) service cannot be sustained resulting from national and local disengagement of salaried and sessional GMPs, resulting in the potential to adversely impact on patient care, partner services including A&E, the national performance targets and the reputation of the partner agencies.	High	1. Short - term increase in pay rates for GP sessions w ith a paper to WoS to standardise GP rates 2. New service Business Continuity Plan 3. Monitoring of performance against the Key Quality Indicators on a regular basis through Corporate Management Team 4. Implementation of a Liaison Nursing Service for Mental Health and Paediatrics 5. Planned approach to develop Advanced Practitioners for Nursing and Paramedics being implemented. 6. GP sustainability continues to be fully monitored through Primary Care Transformation Programme Board. 7. New GMS Implementation Group and Implementation Plan, overseen through the Primary Care Transformation Programme Board. 8. Paper on position discussed at Planning Performance and Resource Committee (June 2018) 9. Proposal to move to 1 site considered at NHS CMT in November 2018 and rejected 10. As part of the w inter plan testing, a combined GP/ED Consultant Telephone Triage service w ill be set up betw een October 2018 and March 2019 to reduce the w orkload at GP OOH & Acute ED.	Medium	Medium	31/05/2019	V DeSouza	Population Health & Primary Care Committee

Appendix (II) NHS Lanarkshire Workforce Equality Monitoring Report (January – December 2018)

1. Purpose

The aim of this report is to inform the Equality & Diversity Steering Group of the 2018 NHS Lanarkshire (NHSL) workforce profile based on protected characteristics and the current equality monitoring of this data.

2. Background

Following the release of Equality Act (Specific Duties) (Scotland) Regulations 2012 and the PIN Policy "Embracing Equality, Diversity & Human Rights in NHS Scotland", annual equality and monitoring reports have been presented to the Equality & Diversity Steering Group since October 2012. The PIN policy supports monitoring of the protected characteristics of age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion or belief; sex and sexual orientation, as defined in the Equality Act 2010. It also entails an extensive list of areas for monitoring during recruitment, employment and termination of employment.

This report highlights the data that is currently available for equality monitoring in NHSL and where there are gaps in intelligence. Data has been sourced from January 2018 to December 2018.

3. Workforce Profile

In this equality monitoring exercise, consideration has been given to the protected characteristics of age, gender, ethnicity, religion, sexual orientation and disability in relation to recruitment, training, disciplinary and grievance. Analysis of the remaining protected characteristics has not yet been undertaken e.g. gender reassignment; marriage and civil partnership; pregnancy and maternity.

As at 31st December 2018, NHSL employs 10,660.34 WTE (12,314 headcount) staff. This shows an increase of 22.28 WTE / 51 headcount since December 2016. The workforce consists of 84.93% female and 15.07% male staff. The majority (65.88%) of the workforce are 40 years old or older, largely consistent with the data from 2016.

Information on gender and age is available for all staff but limited information is available regarding the protected characteristics of ethnicity (77.62%), disability (47.88%), religion (64.74%) and sexual orientation (62.44%). The PIN Policy suggests that to be useful, data must be available for the majority of staff. While further improvements in data capture rates have been shown since 2016, data incompleteness still limits NHSL's ability to fully identify inequalities in some protected characteristics.

As new staff are recruited to NHSL, they must complete an equality monitoring form, although they can decline to provide specific details. With a current turnover of 8.19% of staff per

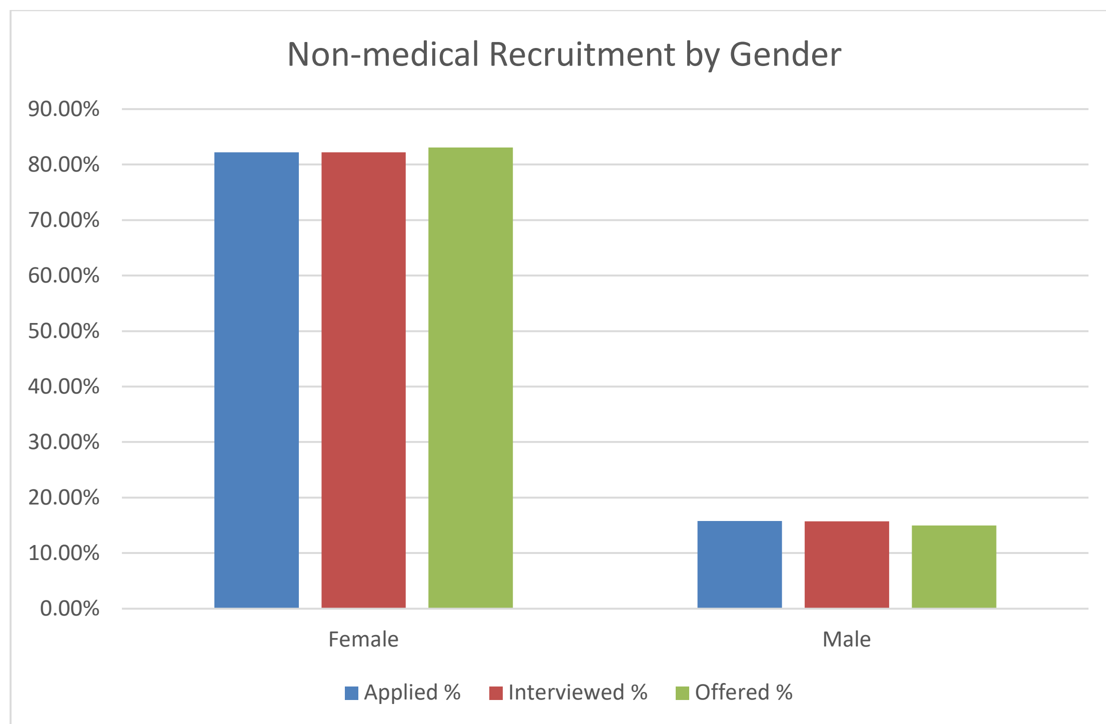
annum, it is anticipated that through current recruitment NHSL data on protected characteristics will continue to increase.

The new Electronic Employee Support System (EESS), once fully implemented, will provide the facility for staff to directly update their personal data electronically. This may reduce the time required to obtain a more complete data set.

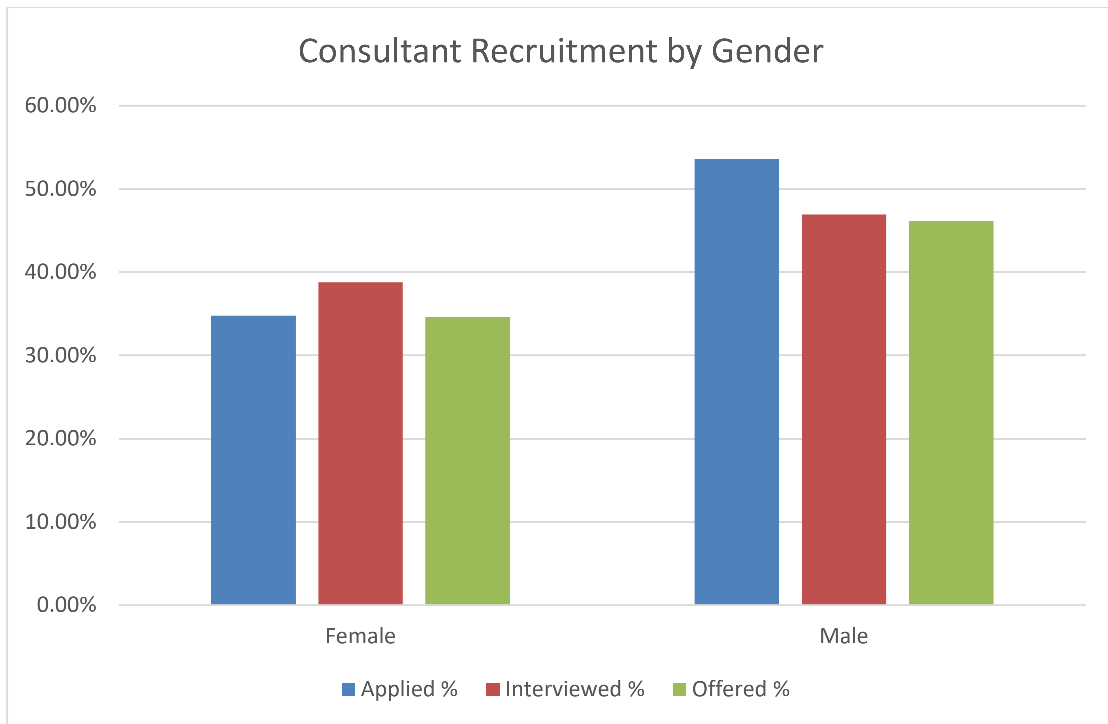
3.1 Gender

Almost 85% of the NHSL workforce is female. A lower percentage account for grievances (67%) and (74%) are involved in disciplinary proceedings. These percentages for grievances have decreased slightly since 2016 data (down 10 percentage points), and increased very slightly for disciplinary proceedings (up 2 percentage points).

In the last 12 months NHSL has had 6,986 applicants for non-medical posts (a decrease of 3,094 from the 2016 data). Approximately 82% (5,743) of applicants and 83% (781) of those offered posts have been female. Males accounted for just under 16% (1,102) of applicants and 15% (141) of posts offered. Gender was not recorded for 1.91% (18) of those offered posts.



In a sample of 69 Medical consultant applications (decrease of 83 since 2016 data), nearly 35% were female and roughly 54% were male. Of the 26 offered posts, 46% were male and nearly 35% female. This reflects a slight decrease (4%) in the proportion of posts offered to males compared to the 2016 data, and an increase in the proportion of data unable to be quantified by gender (5% in 2016, over 19% in 2018).



Some data is available for Speciality Doctor Recruitment but as the sample size is very small, further analysis is not valid.

The table below shows that the female proportion of the NHSL workforce by staff group ranges from 49.55% (Medical and Dental) to 92.11% (Medical and Dental Support). Compared to NHS Scotland (Source: ISD, September 2018), NHSL has a nearly 6% higher proportion of female staff which remains consistent with the 2016 position. The main staff groups showing variation to the national position are:

- Administrative Services, NHSL has 5% higher percentage of females in this staff group.
- Allied Health Profession, NHSL has 7% higher percentage of females in this staff group.
- Healthcare Sciences, NHSL has 6% higher percentage of females in this staff group.
- Medical & Dental Support, NHSL has 5% higher percentage of females in this staff group.
- Support Services, NHSL has 9% higher percentage of females in this staff group.

	NHS Lanarkshire			NHS Scotland			Variance	
Job Family	Female	Male		Female	Male		Female	Male
ADMINISTRATIVE SERVICES	87.62%	12.38%		82.30%	17.70%		5.32%	-5.32%
ALLIED HEALTH PROFESSION	90.23%	9.77%		83.46%	16.54%		6.77%	-6.77%
HEALTHCARE SCIENCES	74.78%	25.22%		68.36%	31.64%		6.42%	-6.42%
MEDICAL AND DENTAL	49.55%	50.45%		52.08%	47.92%		-2.53%	2.53%
MEDICAL AND DENTAL SUPPORT	92.11%	7.89%		86.32%	13.68%		5.78%	-5.78%
NURSING/ MIDWIFERY	91.37%	8.63%		90.00%	10.00%		1.37%	-1.37%
OTHER THERAPEUTIC	82.48%	17.52%		83.55%	16.45%		-1.07%	1.07%
PERSONAL AND SOCIAL CARE	82.42%	17.58%		84.92%	15.08%		-2.50%	2.50%
SUPPORT SERVICES	69.25%	30.75%		59.60%	40.40%		9.66%	-9.66%
GRAND TOTAL	**84.97%**	**15.02%**		**79.24%**	**20.76%**		**5.73%**	**-5.73%**

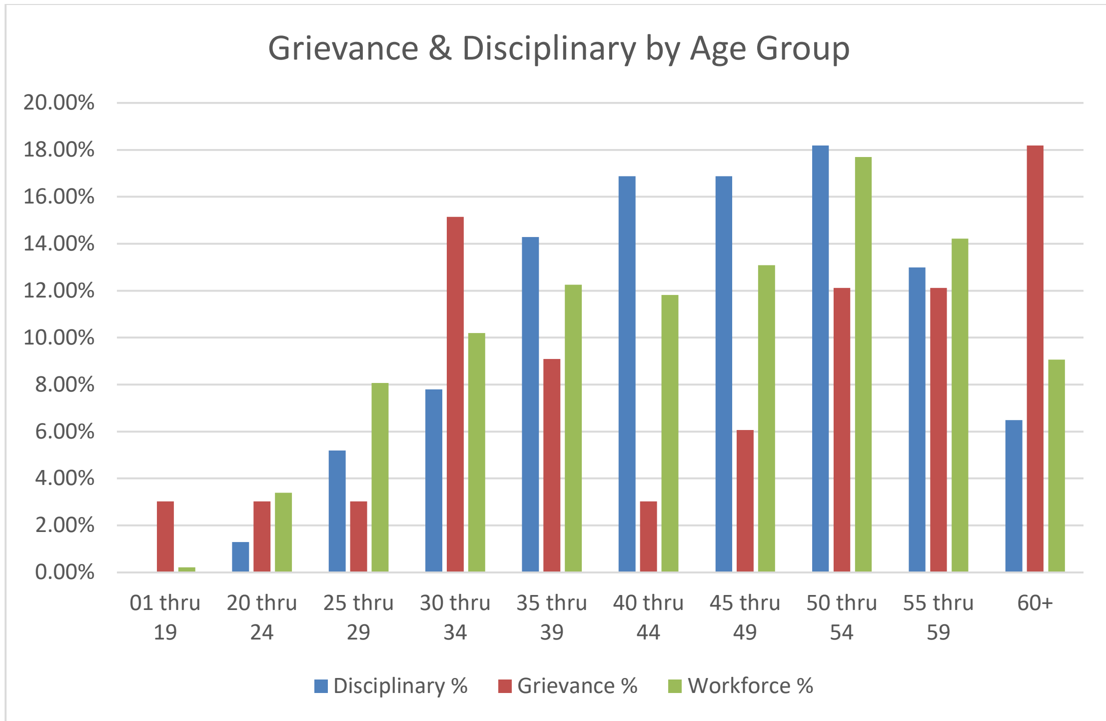
Although a significantly higher proportion of the NHSL workforce are female, from the data available, gender does not appear to have a significant influence on incidence of grievance, disciplinary or recruitment. This is broadly comparable to the December 2016 position.

3.2 Age

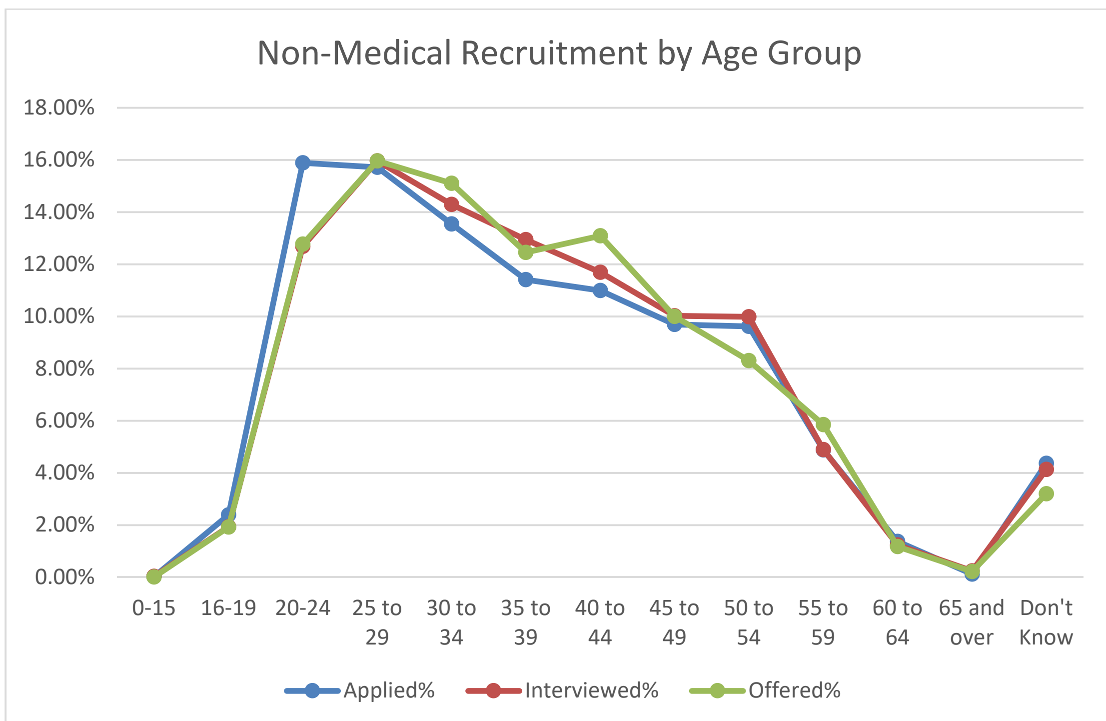
Nearly 66% of the NHSL workforce are over 40 years old.

Grievances are disproportionately high in the under-19 years of age group; accounting for 3.03% of all grievances compared to just 0.21% of the workforce. The 30-34 age group is also disproportionately high; accounting for 15.15% of grievances compared to 10.19% of the workforce. Lastly, the 60+ age group accounts for 18.18% of grievances compared to 9.07% of the workforce. Analysis indicates that the most common reason for grievance cases remains ‘Bullying, Harassment’, as per the 2016 report.

The age groups most likely to be involved in disciplinary action has also shifted since the 2016 report. Disciplinaries are now proportionally highest in the 40-44 age group; accounting for 16.88% of all disciplinaries compared to 11.82% of the workforce. Analysis for the most common reason for disciplinary proceedings identified hearings under the Conduct policy, predominantly in the realm of Fairwarning breaches.

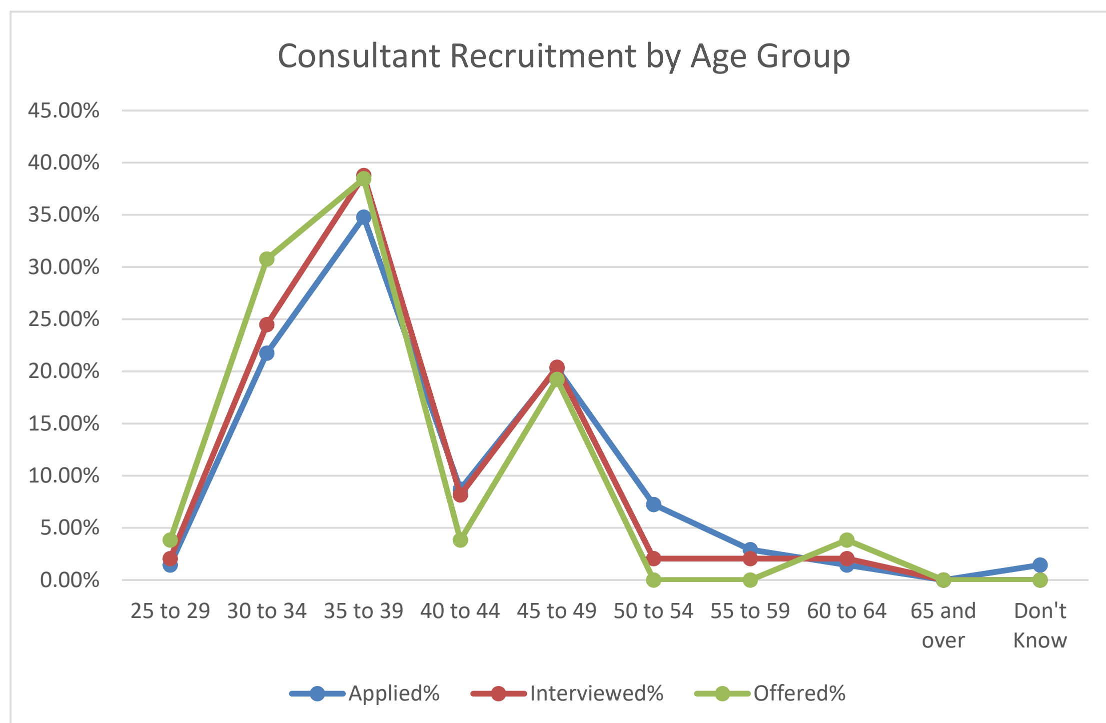


The proportion of staff applying for posts is fairly evenly matched to those being interviewed and offered posts except in three groups. The 20-24 age group show a higher percentage applying (15.89%) than being interviewed and offered (12.77%). This continues the trend seen in the 2016 report. The 30-34 and 40-44 age groups have higher percentages of staff being offered posts (13.54% and 10.99% respectively) to those applying (15.11% and 13.09% respectively).

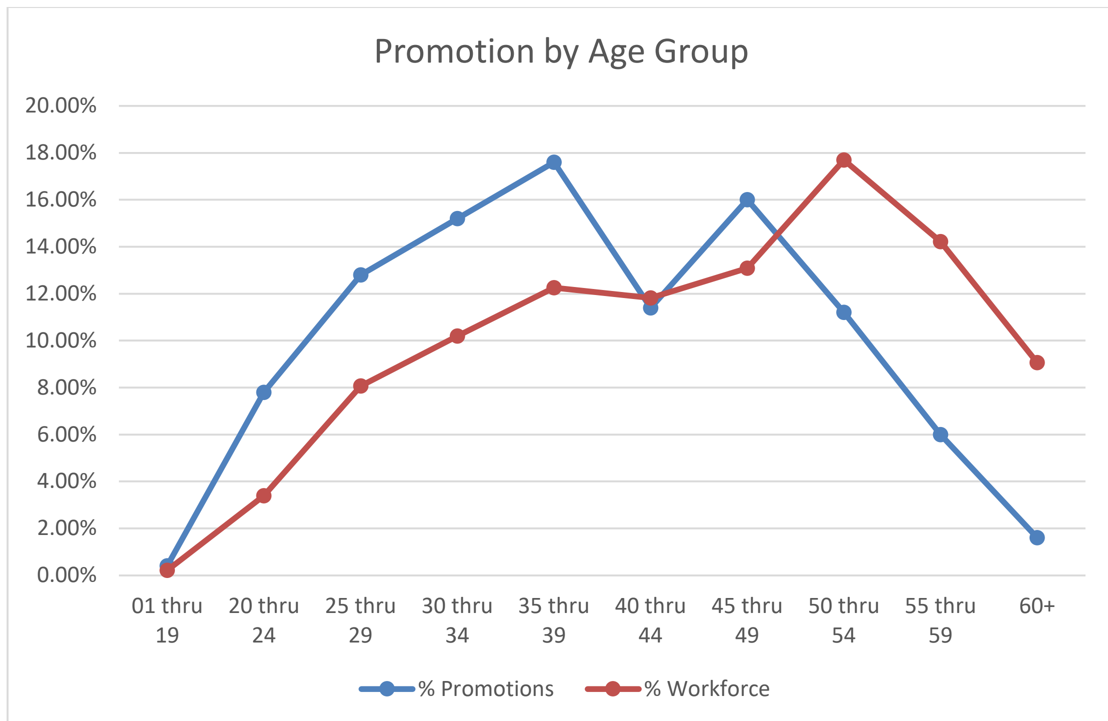


In consultant recruitment, the proportion of staff applying for posts shows some variance across 8 age groupings for candidates applying, being interviewed and being offered posts, as shows in the table below.

	% Applications	% Interviews	% Offers
25 to 29	1.45%	2.04%	3.85%
30 to 34	21.74%	24.49%	30.77%
35 to 39	34.78%	38.78%	38.46%
40 to 44	8.70%	8.16%	3.85%
50 to 54	7.25%	2.04%	0.00%
55 to 59	2.90%	2.04%	0.00%
60 to 64	1.45%	2.04%	3.85%
Don't Know	1.45%	0.00%	0.00%



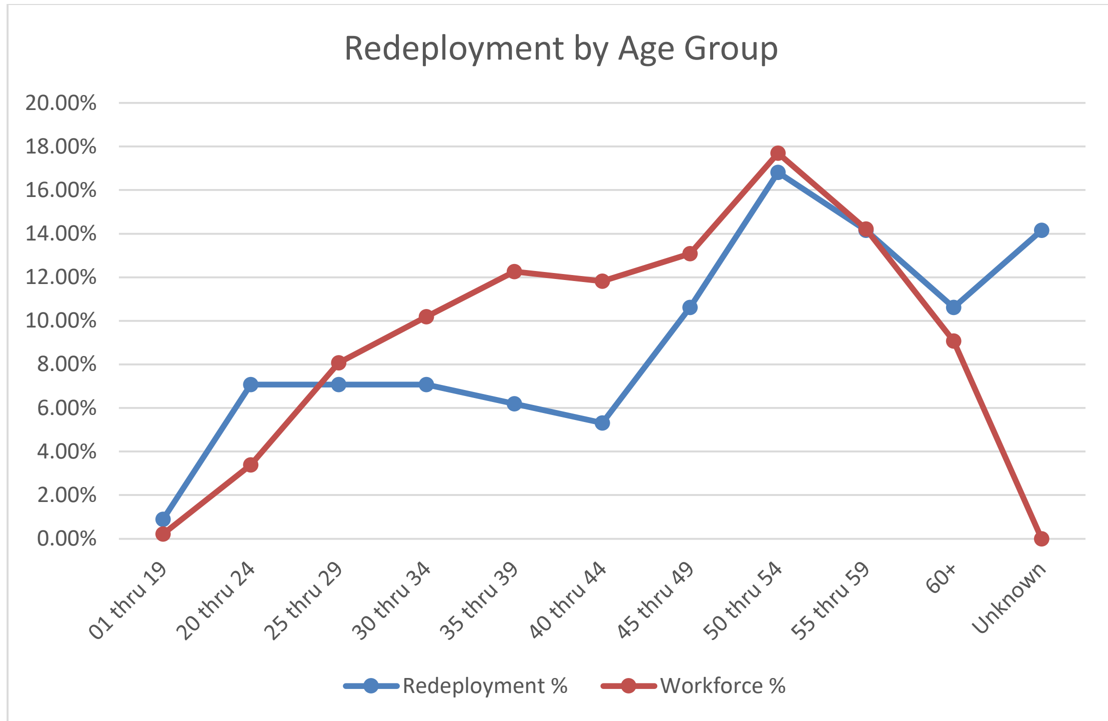
Staff promotions have been identified by comparing staff band data at January 2018 to December 2018, focussing on staff on Agenda for Change pay scales only. In this reference period, 500 promotions were identified and included in the sample, which is a slight increase compared to December 2016 figure (407).



The number of promotions for staff aged 50 years or above (94 / 18.8%) is disproportionately low to the percentage of the workforce in this age range (40.98%). The 25-44 year age group account for (285 / 57%) of promotions (42.34% of the workforce). This is a consistent trend since 2014.

The data included in the sample for redeployment looks at all staff on the redeployment register from January 2018 to December 2018 including senior managers. This amounted to 113 staff, compared to 173 at December 2016. Within this data set are 16 staff members (14.16% of redeployments during the period) who left NHSL employment during the redeployment period, and as such we no longer hold data on their ages for these purposes.

The workforce of up to 29 years of age account for 15.04% (17 staff) of the workforce on the redeployment register; whilst accounting for 11.64% of the NHSL workforce. This is a significantly closer alignment than in 2016, when this section of the workforce accounted for 35.84% of redeployments but only 12.76% of the overall workforce. The over 45 age group accounts for 52.21% (59 staff) of the workforce on the redeployment register; whilst accounting for 54.06% of the workforce. Again, this is a significant realignment since 2016, when the over 45 group accounted for 31.79% of redeployments but 54.16% of the overarching workforce.



The significance of findings relating to the other protected characteristics (disability, sexual orientation, ethnicity and religion) and redeployment is restricted by the limited availability of data.

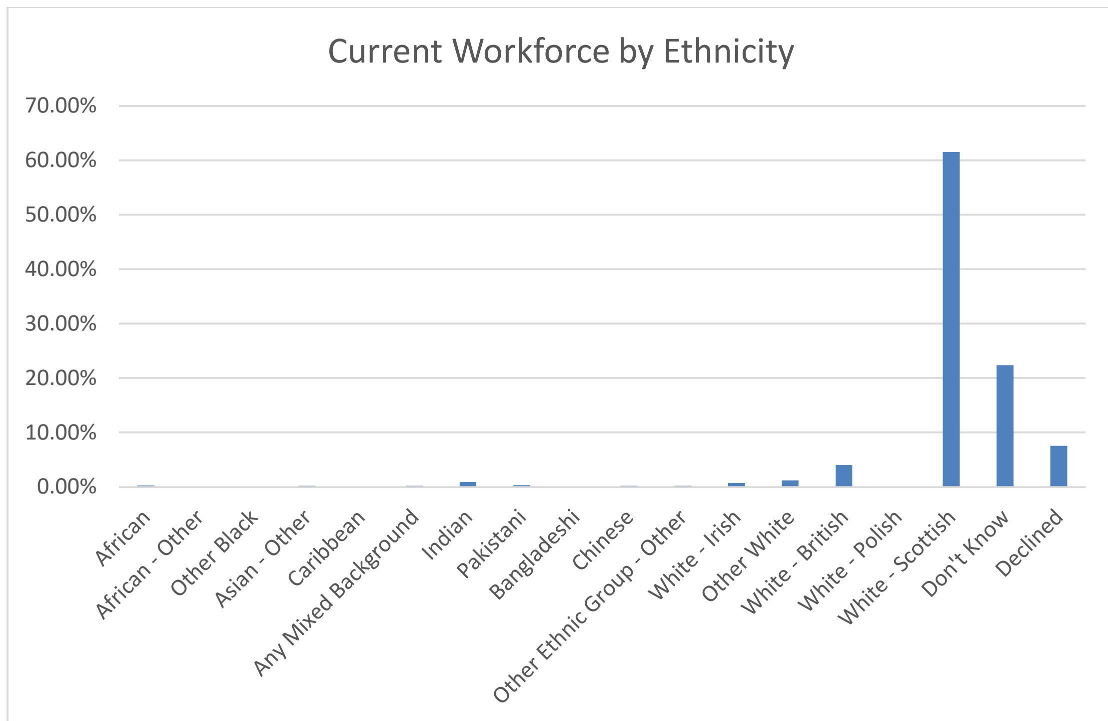
3.3 Ethnicity

The 2011 census indicated that 93.5% of North and 91.5% of South Lanarkshire residents were born in Scotland. In each council, the non-white ethnic population accounted for only about 2% of residents (increase of 1% since 2001 census). As data on the ethnicity of 29.95% of the current NHSL workforce is not available (a slight decrease in unavailable data since December 2016), it is not possible to determine if NHSL has a workforce representative of the ethnicity of the community. It should be noted that of the group with no ethnicity data, 7.57% of staff have opted to withhold this data (a slight increase from the 2016 position of 6.36%).

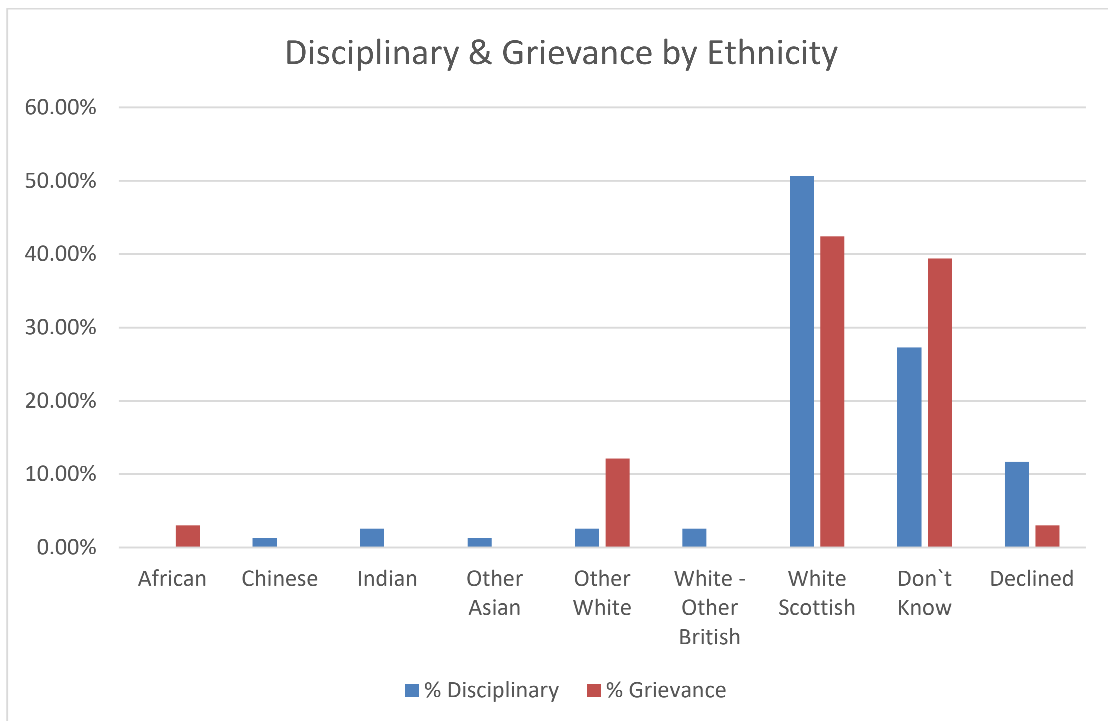
Ethnicity of NHSL Workforce at 31st December 2018

Ethnic Group	Number	%
African	33	0.27%
African - Other	5	0.04%
Other Black	3	0.02%
Asian - Other	23	0.19%
Caribbean	6	0.05%
Any Mixed Background	26	0.21%
Indian	112	0.91%
Pakistani	42	0.34%
Bangladeshi	6	0.05%
Chinese	27	0.22%
Other Ethnic Group - Other	25	0.20%
White - Irish	88	0.71%
Other White	150	1.22%
White - British	499	4.05%
White - Polish	1	0.01%
White - Scottish	7580	61.56%
Don't Know	2756	22.38%
Declined	932	7.57%
Grand Total	**12314**	**100.00%**

Consequently, the potential to determine fairness in grievance, disciplinary, etc. by ethnicity is compromised.

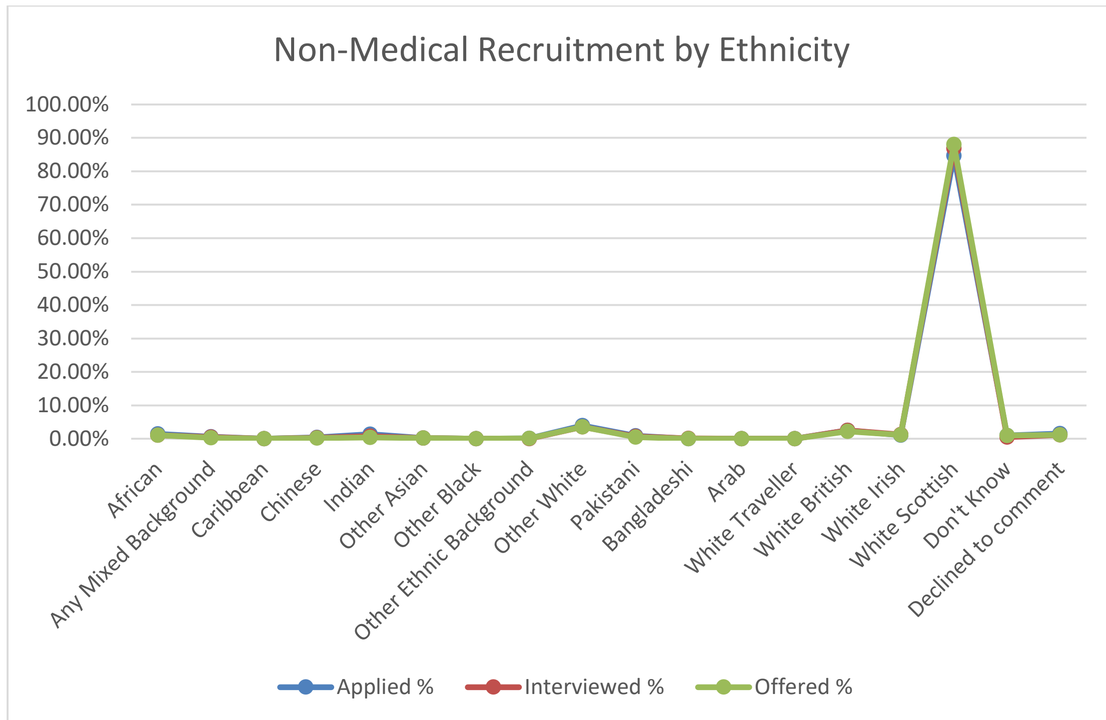


When comparing grievances to ethnicity, 14 (42.42%) of grievances occur in the "Not Known" and "Declined to comment" groups - these groups account for nearly 30% of the workforce. This is on a par with December 2016 report data (14 / 46.67%) grievances).

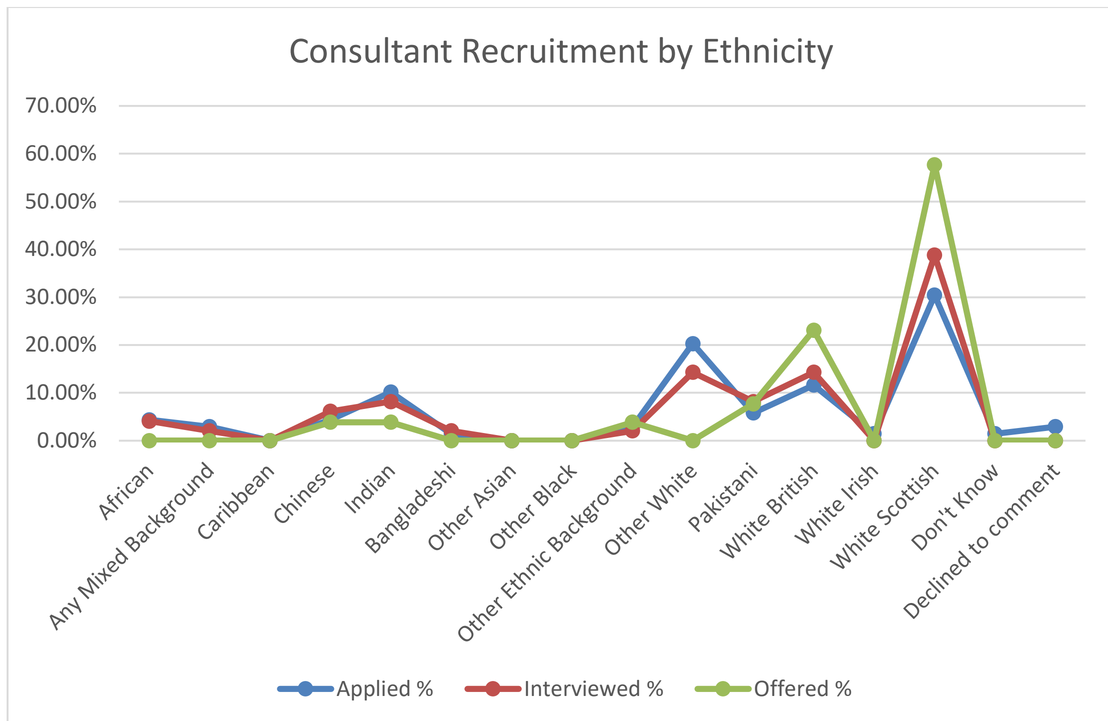


In non-medical recruitment during this period, there were 6986 applicants and 940 offers; consequently the conversion rate was 13.46% of applications to offer. 84.71% of those that

applied were White Scottish, with 86.85% being interviewed and 87.98% being offered posts. The proportion of applicants to offers by ethnic group is comparable across all ethnic groups.



In consultant recruitment during this period, there were 69 applicants and 26 offers; giving a conversion rate of 37.68%. White British and White Scottish candidates exceed this with conversion rates of 75% and 71.43% respectively. Candidates of Pakistani and Other Ethnic backgrounds also exceeded this with 50% conversion rates. This represents a reduction in conversion rate for Pakistani candidates from 2016 figures (54.5%). The conversion rate for Indian candidates has stabilised at 33%, having dipped to 25% in 2016.



Although there may be explanations for lower recruitment of certain ethnic groups (e.g. recruitment legislation) this is not clear from the available data.

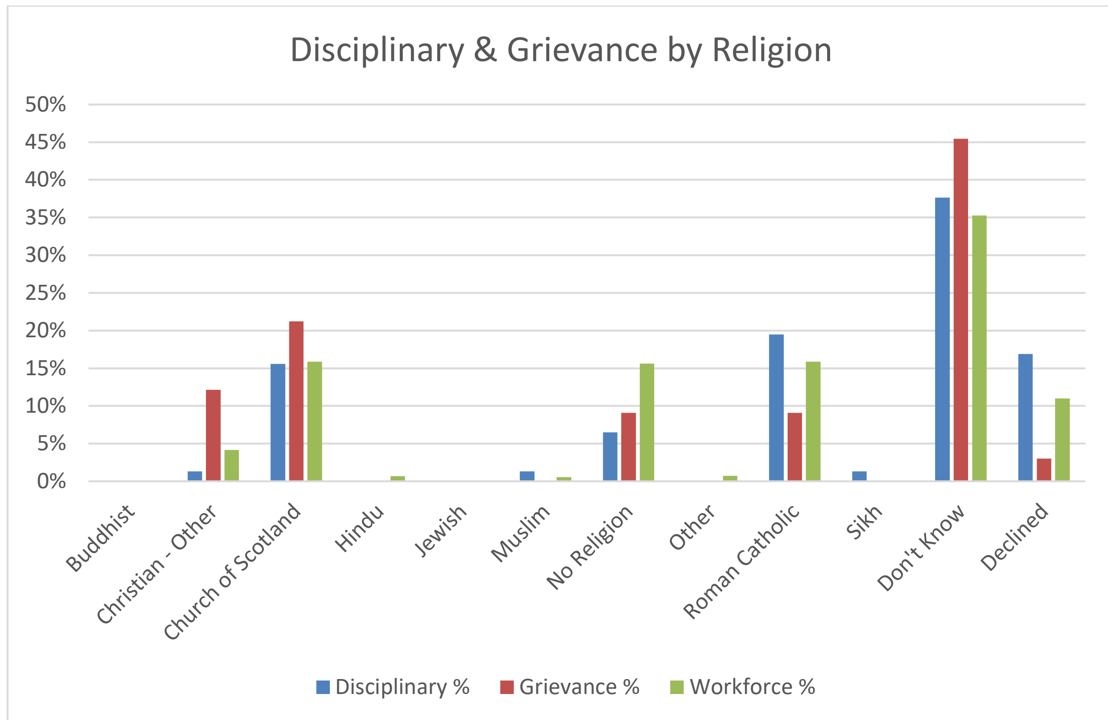
3.4 Religion

Religion is unknown for 46.24% of the current workforce which therefore challenges the value of any further comparison (10.98% declined to comment).

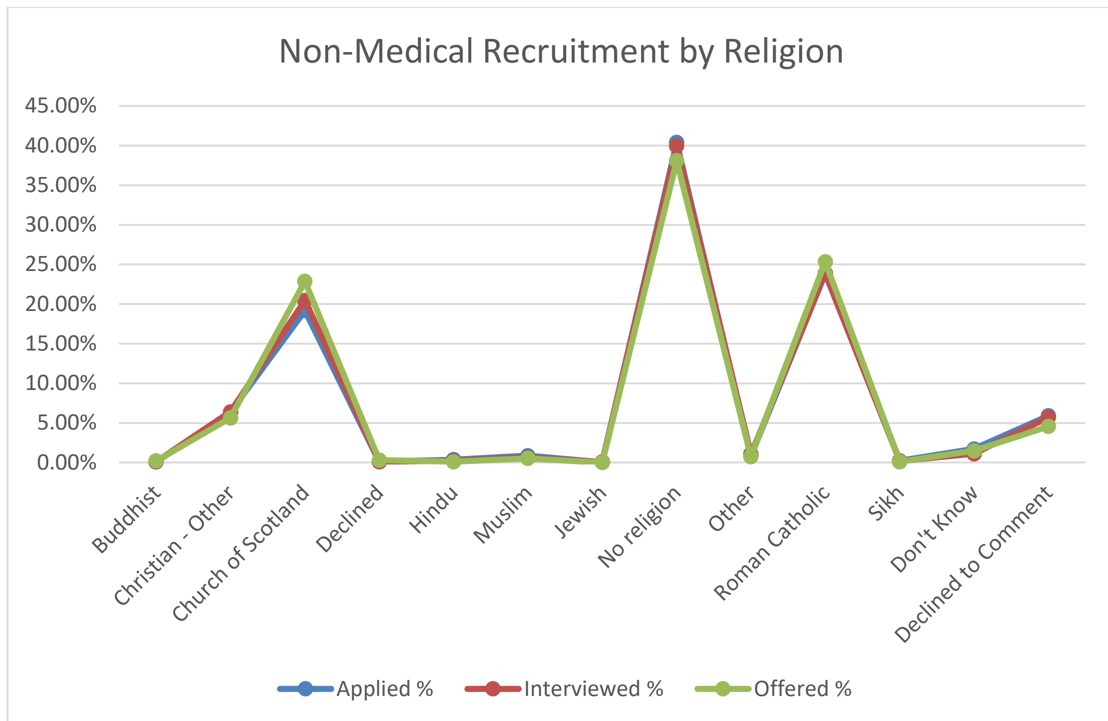
Religion of NHSL workforce as 31st December 2018

Religion	Total	%
Buddhist	11	0.09%
Christian - Other	514	4.17%
Church of Scotland	1954	15.87%
Hindu	82	0.67%
Jewish	11	0.09%
Muslim	67	0.54%
No Religion	1925	15.63%
Other	91	0.74%
Roman Catholic	1957	15.89%
Sikh	8	0.06%
Don't Know	4342	35.26%
Declined	1352	10.98%
Grand Total	**12314**	**100.00%**

The data continues the trend of 2014 and 2016 in that there appears to be a high level of grievances and disciplinaries for those who have not disclosed religion. Given that there could be a number of reasons for non-disclosure and that staff members within this group may fall into any of the others, this finding is probably of no significance. This will continue to be reported and may change as data collection improves.



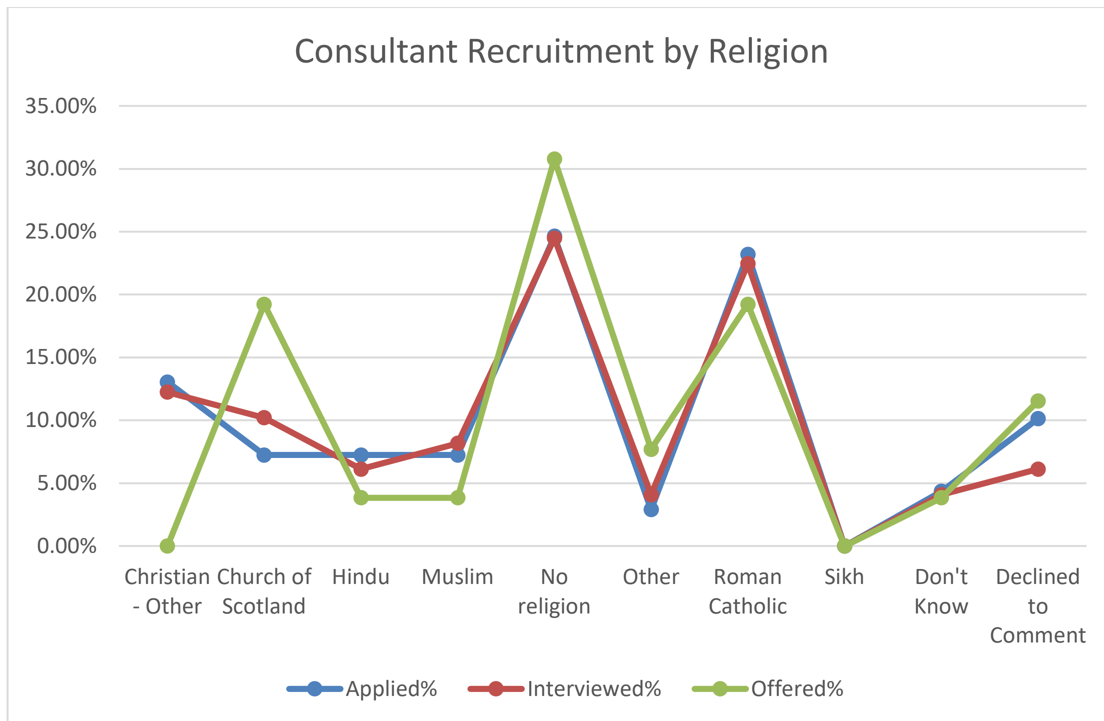
There appears to be good correlation between the religion of those applying, being interviewed and offered non-medical posts. The possible exception to this is with Church of Scotland candidates, who form 19.18% of applicants but 22.87% of offers made.



In consultant recruitment, the conversion rate from applicants to those offered posts is 37.68%, a decrease of 1.72% since the 2016 report. There were significant variances from this conversion rate among the groups, as shown in the table below.

Religion	Conversion rate
Christian - Other	0.00%
Church of Scotland	100.00%
Hindu	20.00%
Muslim	20.00%
No religion	47.06%
Other	100.00%
Roman Catholic	31.25%
Don't Know	33.33%
Declined to Comment	42.86%

Having increased in the 2016 year, applications from Hindu and Muslim candidates have decreased in 2018, to 7.25% of applications in both cases (previously 11.18% for Hindu applicants and 18.42% for Muslim applicants), with conversion rates of 20% (previously 35.3% for Hindu applicants and 25% for Muslim applicants.)



3.5 Sexual Orientation

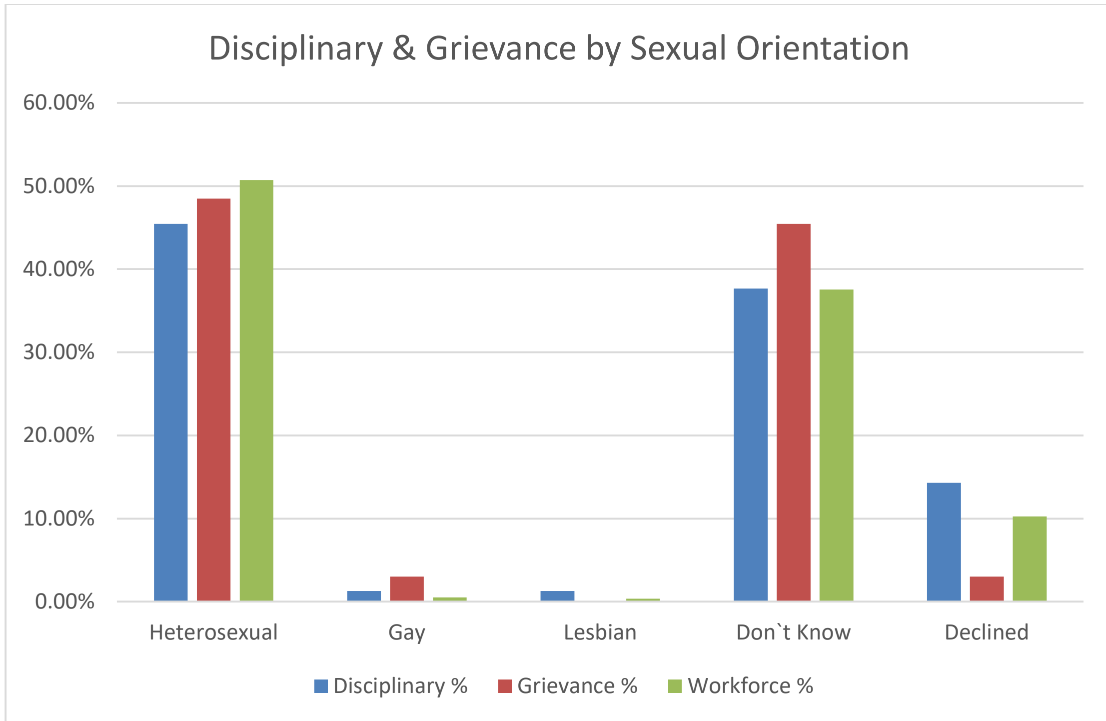
Data on sexual orientation is only available for 52.18% of the workforce which makes further analysis difficult.

Sexual Orientation of NHSL Workforce at 31st December 2018

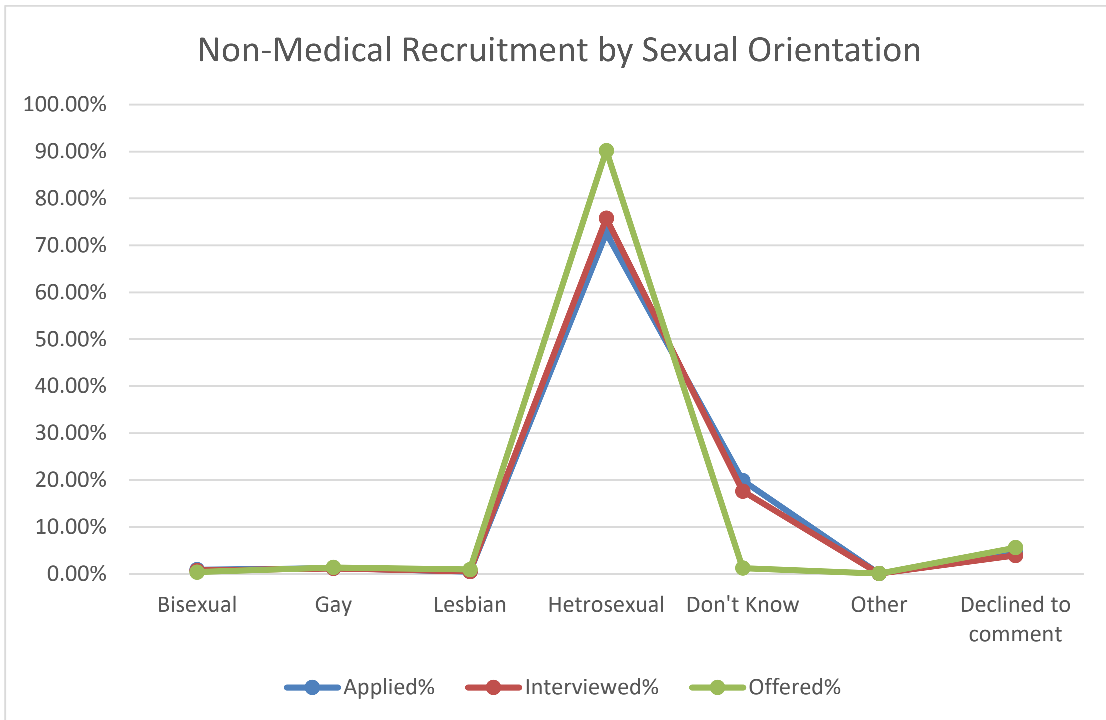
Sexual Orientation	Total	%
Bisexual	42	0.34%
Gay	62	0.50%
Heterosexual	6248	50.74%
Lesbian	44	0.36%
Other	30	0.24%
Don't Know	4625	37.56%
Declined	1263	10.26%
Grand Total	**12314**	**100.00%**

10.26% of the workforce has declined to provide this data (a slight reduction from 11.49% in 2016) and for a further 37.56% no data is currently available.

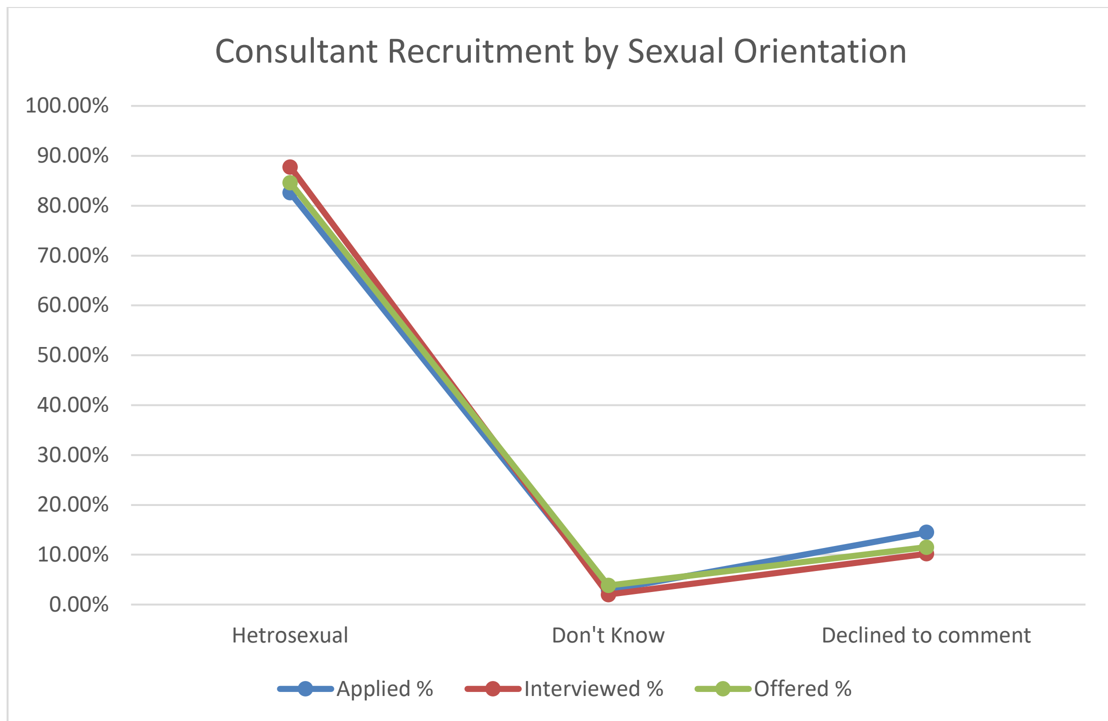
As the resulting sample size is very small, detailed analysis regarding grievances and disciplinaries is not possible as any conclusions drawn would not be reliable.



On application, 24.69% of non-medical candidates' sexual orientation was unknown, with 4.68% actively declining to comment. This group accounted for 7.02% of offered posts. Heterosexuals accounted for 72.65% of applicants but over 90% of those offered posts.



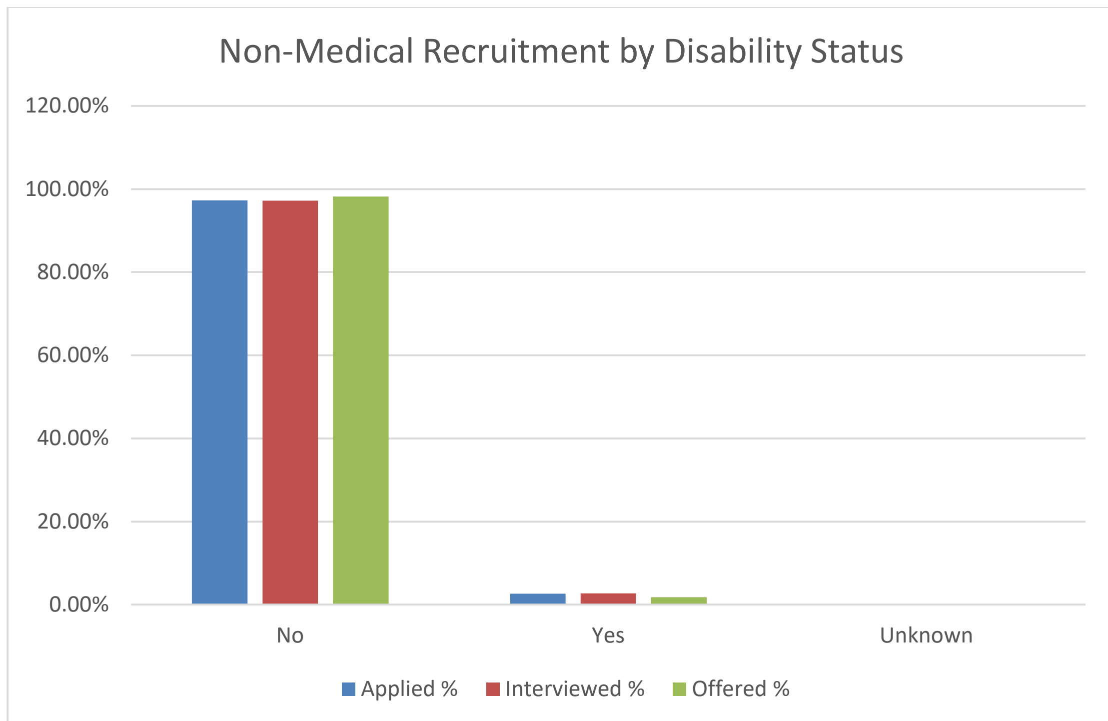
All consultants-level applicants either indicated that they were heterosexual, or a small number declined to comment. Of the 10 candidates (14.49%) that opted not to disclose their sexual orientation when they applied, 3 (11.54%) were offered a post.



3.6 Disability

Very little is known about the workforce who consider themselves to have a disability. Data is only available for 39.36% of the workforce, an increase of 3.81% from December 2016 position. A further 8.62% have declined to comment, an increase of nearly 1% since 2016. The available data confirms that 42 staff (0.34%) have a disability, a decrease of 5 staff members from December 2016 position.

In the reference period, 185 non-medical applicants indicated they had a disability and 17 of those were offered a post (9% conversion rate), this slightly higher than the December 2016 position of 6% conversion rate, but is lower than the general conversion rate of 13.46%. None of the 69 consultants who applied for posts indicated that they had a disability.



4. Discussion

NHSL currently has robust data regarding gender and age of the in-post workforce, however data on the protected characteristics of ethnicity, religion, sexual orientation and disability is limited; covering from only 35% (transgender status) up to 70% (ethnicity) of the workforce. Natural turnover and revised data collection will result in greater equality data but it could take some time to complete a full data set for all staff.

The continued rollout and future development of EESS will improve the capture of equalities data at the point of recruitment and each interaction thereafter. The capture of this data will provide the opportunity to improve the accuracy of information in relation to equality.

The protected characteristics as per Equality Act 2010

The following characteristics are protected characteristics—

- age;
- disability;
- gender reassignment;
- marriage and civil partnership;
- pregnancy and maternity;
- race;
- religion or belief;
- sex;
- sexual orientation.

Monitoring as per Embracing Equality, Diversity & human Rights in NHS Scotland – PIN Policy

Category	Monitoring
Recruitment (including redeployment)	Applicants for employment (internally and externally)
	Those who are successful (or not) in the short-listing process
	Those who are successful (or not) at each subsequent stage of the selection process
During Employment	Workers in post by job, location and band/grade
	Applicants for training
	Workers who receive training
	Time spent at a particular band/grade
	Workers who benefit (or not) via PDPR/Appraisal procedures (e.g. gateway progression with KSF or PRP with Executive & Senior Management Cohort)
	Requests for flexible working
	Allocation of discretionary points in the case of medical/dental staff
	Pay
	Occupational segregation
	Workers involved in grievance/dignity at work procedures
	Workers subject to formal procedures relating to conduct, capability or sickness absence
	Workers displaced as a result of organisational change
Termination of employment	Dismissals
	Retirement
	Resignation (including exit interview information)
	Termination for other reasons