

NHS Board
26 October 2022

Lanarkshire NHS Board
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SUBJECT: Final Draft Lanarkshire Health and Social Care Integrated Workforce Plan 2022-2025

1. PURPOSE

This paper is coming to the NHS Board

For approval	<input type="checkbox"/>	For Assurance	<input checked="" type="checkbox"/>	For Noting	<input type="checkbox"/>
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2. ROUTE TO THE NHS BOARD

This paper has been:

Prepared	<input type="checkbox"/>	Reviewed	<input checked="" type="checkbox"/>	Endorsed	<input type="checkbox"/>
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by the Human Resource Forum, Area Partnership Forum and Area Clinical Forum.

3. SUMMARY OF KEY ISSUES

The key points of the report are:

- Final Draft Lanarkshire Integrated Three-year Workforce Plan.
- An earlier draft of the document was submitted to Scottish Government (SG) end of July 22 in line with DL (2022) 09 guidance.
- The plan has been reviewed by Human Resources Forum, Area Partnership Forum and Area Clinical Forum throughout August and September, with feedback provided and incorporated into this draft.
- The document follows 6 steps to workforce planning methodology as the agreed collective approach.
- An action plan has been developed alongside the workforce plan to set out local commitments going forward and this can be found in Appendix 2.
- This draft will be submitted to CMT for sign off 24th October. Target date for SG submission is 31st October. NHSL have approval from SG for a short delay to publication to enable sign-off of the final version by Area Partnership Forum on 7th November.

4. STRATEGIC CONTEXT

This paper links to the following:

Corporate objectives	<input checked="" type="checkbox"/>	ADP	<input checked="" type="checkbox"/>	Government policy	<input checked="" type="checkbox"/>
Government directive	<input checked="" type="checkbox"/>	Statutory requirement	<input checked="" type="checkbox"/>	AHF/local policy	<input type="checkbox"/>
Urgent operational issue	<input type="checkbox"/>	Other	<input type="checkbox"/>		

5. CONTRIBUTION TO QUALITY

This paper aligns to the following elements of safety and quality improvement:

Three Quality Ambitions:

Safe	<input checked="" type="checkbox"/>	Effective	<input checked="" type="checkbox"/>	Person Centred	<input checked="" type="checkbox"/>
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Six Quality Outcomes:

Everyone has the best start in life and is able to live longer healthier lives; (Effective)	<input checked="" type="checkbox"/>
People are able to live well at home or in the community; (Person Centred)	<input checked="" type="checkbox"/>
Everyone has a positive experience of healthcare; (Person Centred)	<input type="checkbox"/>
Staff feel supported and engaged; (Effective)	<input checked="" type="checkbox"/>
Healthcare is safe for every person, every time; (Safe)	<input checked="" type="checkbox"/>
Best use is made of available resources. (Effective)	<input checked="" type="checkbox"/>

6. MEASURES FOR IMPROVEMENT

DL (2022) 09 guidance states NHS Boards and HSCPs will require to review and update their workforce plans annually in the years between publication of full three year plans. Annual updates should reflect progress on actions and workforce planning assumptions.

7. FINANCIAL IMPLICATIONS

The financial implications of this workforce plan are generally incorporated into the Board and HSCPs financial plans.

8. RISK ASSESSMENT/MANAGEMENT IMPLICATIONS

Risks with workforce implications on Corporate Risk Register as at 4th August 2022 have been included in Appendix 2 of document.

Implications for management include an action plan (Appendix 2) which has been developed alongside the workforce plan document and sets out local actions for the three-year time period the workforce plan covers. All actions included have been approved by the relevant director for inclusion.

9. FIT WITH BEST VALUE CRITERIA

This paper aligns to the following best value criteria:

Vision and leadership	<input type="checkbox"/>	Effective partnerships	<input checked="" type="checkbox"/>	Governance and accountability	<input checked="" type="checkbox"/>
Use of resources	<input checked="" type="checkbox"/>	Performance management	<input type="checkbox"/>	Equality	<input checked="" type="checkbox"/>
Sustainability	<input checked="" type="checkbox"/>				

10. EQUALITY AND DIVERSITY IMPACT ASSESSMENT

Has an E&D Impact Assessment has been completed?

Yes
No

11. CONSULTATION AND ENGAGEMENT

The plan has been developed in partnership through workforce planning group with staff side colleagues, management and clinical leads. The plan has been reviewed by Human Resources Forum, Area Partnership Forum

and Area Clinical Forum throughout August and September, with feedback provided and incorporated into this draft.

12. ACTIONS FOR THE NHS BOARD

The NHS Board are asked to:

Approve	<input type="checkbox"/>	Gain Assurance	<input checked="" type="checkbox"/>	Note	<input type="checkbox"/>
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13. FURTHER INFORMATION

For further information about any aspect of this paper, please contact;

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1. Defining the Plan

Introduction and Purpose of the Plan

Welcome to NHS Lanarkshire first three-year workforce plan, which has been developed in partnership with North and South Lanarkshire Health and Social Care Partnerships (HSCPs) in line with DL (2022) 09¹ guidance using 6 steps to workforce planning methodology as the agreed collective approach.

NHS Lanarkshire is the third largest Board in Scotland, employing around 14,000 people and serving a population of around 660,000. Coronavirus (COVID-19) has brought significant challenges over the last two and a half years and is shaping our future direction as we take tentative steps to emerge from the pandemic.

In addition to the workforce directly employed by NHS Lanarkshire, there are a further 17,964 staff that make up our wider Health and Social care workforce across public, private and voluntary sectors within the two local authority areas (North and South Lanarkshire Council) within Lanarkshire board region.

	North Lanarkshire	South Lanarkshire	NHS Lanarkshire	Total
NHS Lanarkshire			14,084	14,084
Local Authorities - Adult Social Care	2,070	1,894		3,964
Independent and Third Sector	7,670	6,330		14,000
Total	9,740	8,224	14,084	32,048

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.

Strategic Service Planning

Scottish Government has set out key priority areas listed below as focal points for Boards' 2022 annual delivery plan returns. This workforce plan aligns with the priority areas identified and the highlights the workforce impact for each. Similarly, NHS Lanarkshire's annual delivery plan will include a summary of workforce implications in stabilising and improving services, through the following priorities:

- Recruitment, retention and wellbeing of our health and social care workforce;
- Recovering planned care and looking to what can be done to better protect planned care in the future - complementing the information already submitted on activity levels for inpatient and day case;
- Urgent and unscheduled care – taking forward the high impact changes through the refreshed Collaborative approach;
- Supporting and improving social care;
- Sustainability and value.

Strategic Commissioning Plans- Lanarkshire Health & Social Care Partnerships 2021-23

The strategic commissioning plans set out each Integration Joint Board's (IJB) overall strategy for health and social care services in North and South Lanarkshire for the next three years up to 2025.

The plans outline the strategic direction for health and social care to evolve in response to changes in the population's health, and to continue to remobilise services responding to the impact of COVID-19 pandemic and transform how health and social care is delivered going forward.

¹ [https://www.sehd.scot.nhs.uk/dl/DL\(2022\)09.pdf](https://www.sehd.scot.nhs.uk/dl/DL(2022)09.pdf)

North Lanarkshire HSCP Strategic Commissioning Plan

North Lanarkshire HSCP Strategic Commissioning Plan² recognises the unequal impact of COVID-19 across our communities, as such locality teams remain key in the delivery of health, social work, and social care services and all proposals seek to address inequalities.

In September 2021 the North Lanarkshire IJB approved the establishment of a Change Fund to support the remobilisation and redesign of services post COVID-19, to enable the delivery of the Programme of Work for the North Lanarkshire HSCP and to achieve the following ambitions set out in the Partnership's Strategic Commissioning Plan:

- Do the right thing first time;
- Provide a range of community services and supports to people to live well in connected communities;
- Focus on what matters to people;
- Be at the forefront of technical and sustainable solutions;
- Promote prevention and early intervention;
- Ensure North Lanarkshire is the best place to work, volunteer and care.

South Lanarkshire HSCP Strategic Commissioning Plan

South Lanarkshire HSCP Strategic Commissioning Plan 2022-2025³ sets out how health and social care services will be delivered in a more integrated way to improve the quality of support for people.

The plan outlines 12 key strategic priority areas of focus for the next three years, which were developed through combining intelligence from engagement with a wide range of stakeholders across the community, strategic needs analysis, legislation and policy context and insights from local experience.

- Sustaining statutory social care and core health care functions;
- Greater emphasis on early intervention, prevention and inequalities;
- Addressing mental health and addictions;
- Improving unscheduled care and optimising intermediate care;
- Supporting carers;
- Promoting self-care and self-management including technology enabled care;
- Improving transitional arrangements;
- Facilitating single point of access and increasing access to seven-day services;
- Investing in enablers to support integration;
- Promoting suitable and sustainable housing;
- Contributing to homelessness prevention and reduction;
- Responding to the impact of the COVID-19 pandemic.

Core priority themes which are evident in both North and South Lanarkshire HSCP Strategic Commissioning Plans are a focus on prevention and early intervention within Health and Social care and a need to reduce wider inequalities within the population of Lanarkshire.

Staff Governance

NHS Lanarkshire is committed to working in partnership to develop this Integrated Workforce Plan and the Board's workforce response to COVID-19. Staff side colleagues have been key members of the strategic workforce group as part of the NHS Board's command structure for the response to COVID-19, and we will continue to work closely in partnership as we emerge from the pandemic.

² <https://www.hscnorthlan.scot/wp-content/uploads/2020/07/Strategic-Comm-Plan-20-23-FINAL.pdf>

³ https://www.southlanarkshire.gov.uk/slhscp/downloads/file/297/south_lanarkshire_integration_joint_board_strategic_commissioning_plan_2022-2025

The Staff Governance Standard Framework is the key policy document that supports the NHS Reform (Scotland) Act 2004 legislation. The framework aims to improve employee engagement and how NHS Scotland employees are treated at work.

The Staff Governance Standards⁴ place an obligation on boards to ensure staff 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;
- Provided with a continuously improving and safe working environment, promoting the health and wellbeing of staff, patients and the wider community.

To illustrate NHS Lanarkshire’s performance in relation to delivering staff governance standards, the table below provides NHSL’s board level imatter results from 2018 to 2022.

SG2 Appropriately trained & developed		2018	2019	2021	2022
I get enough helpful feedback on how well I do my work	Performance Development and Review	76	76	76	77
I feel appreciated for the work I do	Recognition and Reward	75	76	75	77
I am given the time and resources to support my learning growth	Learning and Growth	74	75	73	75
I have sufficient support to do my job well	Access to Time and Resources	81	81	79	81
SG1 Well Informed		2018	2019	2021	2022
I am clear about my duties and responsibilities	Role Clarity	89	89	87	88
My direct line manager is sufficiently approachable	Visible and Consistent Leadership	89	89	89	89
I understand how my role contributes to the goals of my organisation	Sense of Vision, Purpose and Values	85	85	84	84
I get the information I need to do my job well	Clear, Appropriate and Timeously Communication	83	84	82	83
I feel involved in decisions relating to my job	Empowered to influence	73	73	72	74
I have confidence and trust in my direct line manager	Confidence and Trust in my management	86	86	86	87
I feel involved in decisions relating to my team	Empowered to influence	79	79	78	79
I am confident my ideas and suggestions are listened to	Listened to and Acted Upon	78	77	77	78
I am confident my ideas and suggestion are acted upon	Listened to and Acted Upon	74	74	73	75

⁴ <https://www.staffgovernance.scot.nhs.uk/what-is-staff-governance/staff-governance-standard/>

Green = 67 + in imatter threshold

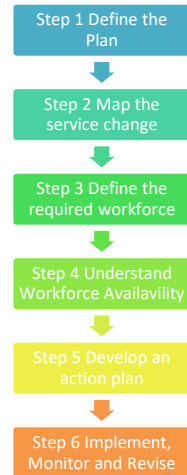
● Strive & Celebrate (67 - 100) ● Monitor to Further Improve (51 - 66) ● Improve to Monitor (34 - 50) ● Focus to Improve (0 - 33)

North and South Lanarkshire Council work in Partnership with Trade Unions and there are a number of meetings, forums and working groups to facilitate regular discussions between managers and trade unions. These are outlined in the Council's Partnership Working Charter.

Approach to Workforce Planning

The 2022-2025 Lanarkshire Workforce Plan has been developed using the Six Steps Methodology⁵ to Integrated Workforce Planning, developed by Skills for Health and endorsed by NHS Scotland.

This approach sets out a practical framework to workforce planning which is evidence based and incorporates the key elements for consideration when developing a workforce plan. This was supplemented by additional guidance in the form of DL(2022)09⁶ published on 1st April 2022.



National Workforce Planning

The National Workforce Strategy⁷, published in March 2022, links to the priorities and four Care Programmes set out in NHS Scotland's Recovery Plan⁸, and clearly articulates strategic priorities for workforce growth, recruitment, retention, training and development. This is predicated on the population health outcomes articulated within the four care programmes and directly aligned to the trajectory set out in the Recovery Plan for the remobilisation of services.

The strategy's intends for workforce, service and financial planners across Health and Social Care to work towards a shared long –term health and social care workforce vision. The strategy does not outline operational workforce planning requirements but provides direction via national policy and plans. The workforce strategy will be implemented through the three-year workforce plans developed by Health Boards and Health and Social Care Partnerships.

National Care Service

A consultation on 'A National Care Service for Scotland' was undertaken in 2021 with the National Care Service Bill⁹ published 21 June 2022. The aims of the National Care Service Bill are:

- The services provided by the National Care Service are to be regarded as an investment in society that:
 - Is essential to the realisation of human rights;
 - Enables people to thrive and fulfil their potential, and;
 - Enables communities to flourish and prosper.
- For them to be such an investment, the services provided by the National care service must be financially stable in order to give people long-term security;
- Services provided by the National Care Service are to be centred around early interventions that prevent or delay the development of care needs and reduce care needs that already exist;

⁵ <https://skillsforhealth.org.uk/info-hub/six-steps-methodology-to-integrated-workforce-planning/>

⁶ [https://www.sehd.scot.nhs.uk/dl/DL\(2022\)09.pdf](https://www.sehd.scot.nhs.uk/dl/DL(2022)09.pdf)

⁷ <https://www.gov.scot/publications/national-workforce-strategy-health-social-care/>

⁸ <https://www.gov.scot/publications/nhs-recovery-plan/documents/>

⁹ <https://www.gov.scot/news/national-care-service-bill-published/>

- Services provided by the National Care Service are to be designed collaboratively with the people to whom they are provided and their carers’;
- Opportunities are to be sought to continuously improve the services provided by the National Care Service in ways which:
 - Promote the dignity of the individual, and;
 - Advance equality and non-discrimination.
- The National Care Service, and those providing services on its behalf, are to communicate with people in an inclusive way, which means ensuring that individuals who have difficulty communicating (in relation to speech, language or otherwise) can receive information and express themselves in ways that best meet their individual needs;
- The National Care Service is to be an exemplar in its approach to fair work for the people who work for it and on its behalf, ensuring that they are recognised and valued for the critically important work that they do.

The Scottish Government has committed to establishing a functioning National Care Service by the end of the parliamentary term in 2026. The details of how this will be implemented have still to be decided. At this stage, there will be no change for employees. The framework at this stage makes provision for establishing Care Boards, a statutory body with legal responsibilities to provide services. The Bill indicates that adult social work and social care staff may transfer to the new Boards when they are set up – however, this is not certain. These changes will have a direct impact on colleagues working in health and social care and IJBs need to prepare the implementation of actions arising from the NCS.

Regional Workforce Planning

NHS Lanarkshire continues to engage in West of Scotland (WoS) regional workforce planning activities, working in partnership with other Boards in the region to explore opportunities to deliver services collaboratively in order to optimise the workforce available to staff these services.

Service areas currently being discussed within the region include:

- Vascular Surgery
- Interventional Radiology
- Major Trauma
- Ophthalmology
- Cardiology
- Urology

Please see below for latest update on progress to date for each service area:

Vascular Surgery

In October 2018, WoS Board Chief Executives approved the Regional Vascular Network Model under phased implementation of two regional hubs which would provide care through a hub and spoke model:

- Queen Elizabeth University Hospital (QEUH) Hub – This hub has been operational since February 2019, supporting NHS Greater Glasgow and Clyde and NHS Forth Valley. Work continues to ensure that as the service develops it aligns to the network model agreed in 2018.
- University Hospital Hairmyres (UHH) Hub – This hub will support the south/west regional service comprised of NHS Lanarkshire (NHSL), NHS Ayrshire and Arran (NHSA), and NHS Dumfries and Galloway (NHSDG).

The south/west regional service implemented the delayed Phase 3 model of Hub and Spoke Network with Arterial Centre at University Hospital Hairmyres from 1 August 2022. This includes a state of the art vascular theatre and Interventional Radiology facility as well as a Vascular Laboratory.

The medical model of a single rota with 11 Consultants is in place, significant progress has been made in recruitment but staffing is yet to reach required levels. The network funded establishment is 11.71 WTE, with currently 10.25 WTE substantive staff in post. Gaps in the rota are filled by internal locum or agency locum whilst recruitment is ongoing.

Interventional Radiology

A paper outlining a two stage model for out-of-hours interventional radiology service in the WoS has been developed. Due to the limited number of interventional radiologists available, a single out-of-hours service based at the QEUH is envisaged in the first instance with a two centre arrangement to follow when there is a sufficient number of interventionalists to sustain two out-of-hours rotas. Apart from the challenge of recruiting and retaining the required number of interventional radiologists, the impact on other radiology services has to be addressed too as interventionalists also perform other work such as CT scan reporting and some of this activity will be lost if out-of-hours centres are established.

Scottish Trauma Network

On Monday 30 August 2021 the Major Trauma Centres in both the West and South/East of Scotland opened, completing the Scottish Trauma Network. It also saw the launch of the Scottish Ambulance Service Major Trauma Triage Tools for Adults and Paediatrics.



The West network comprises the Major Trauma Centres based in the Queen Elizabeth University Hospital and Royal Hospital for Children, supported by 6 Trauma Units – Glasgow Royal Infirmary, Royal Alexandra Hospital, University Hospital Crosshouse, University Hospital Wishaw, Dumfries and Galloway Royal Infirmary, and Forth Valley Royal Infirmary, as well as a number of Local Emergency and Community Hospitals.

The Network is working well so far however, it is still early in its implementation and continues to be closely monitored. It is also acknowledged that repatriating patients can be challenging when NHS Lanarkshire are operating above full capacity of existing bed base, with no available beds to support this, leading to blocked beds.

Going forward, the next phase of the Network development will focus further on the rehabilitation models to optimise the outcomes for trauma patients.

Ophthalmology

Progressing work around ophthalmology remains a priority in the West. A paper setting out the opportunities for the Ophthalmology Service in relation to shared care models for glaucoma has been shared with West of Scotland (WoS) Boards to consider. This encourages boards to collaborate in adopting a standardised approach and interaction with community optometry.

Cardiology

The Adult Specialist Cardiac Services Strategic Direction paper has been completed and shared with WoS Boards to consider and sign off the direction of travel. The paper sets out a number of workforce areas for consideration including cardiac physiology, specialist heart failure nurses with the number indicated for the WoS and also identifies a need to have more consultants with an interest in heart Failure and electro-physiology in some Boards, particularly in the latter case if some interventions are to be devolved from the GJNH. To date the main focus on workforce has been around cardiac physiology with support for training posts being provided by SG. A stocktake by Board against the areas set out in the paper was a recommendation of the paper with Boards asked to review their services and identify their priorities to determine the way forward. On conclusion of this the group will consider the future priorities to be addressed and the workforce requirements to support delivery.

Urology

A paper was developed to provide boards with an update on progress in relation to urological cancer and provide workforce recommendations for boards to address in relation to urologists and specialist urological nurses. Work is underway to understand the different nursing roles and responsibilities for urology with development of a national cystoscopy programme during 2022 to train more nurses to support the Urology Service. Work continues to consider the urological cancer models and implications for workforce and potential cross board working required going forward. This also includes consideration of the Robotic Assisted Surgery training across the region to increase the opportunities for minimally invasive surgery.

Thrombectomy

It is anticipated that the WoS thrombectomy service will be fully established by end of 2022 into early 2023. The total number of nurses required across the WoS to support the spoke site is likely to be in the region of 45. A business case has been prepared to support this work.

Oral and Maxillofacial Surgery (OMFS)

A West of Scotland OMFS Group has been established to develop a plan which sets out a proposal to develop a sustainable, fit for purpose service model for OMFS services across the Region. This work stream has been established recognising the ongoing challenges in relation to medical staffing to ensure both local and regional delivery plans are in place to create a sustainable future service which meets the different needs of the population from this service.

New Work Streams

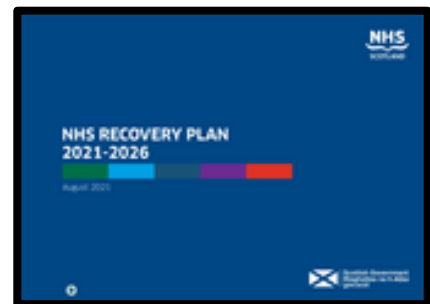
Two further work streams are currently being considered to determine the requirements across the region. These are Dermatology and CAMHS.

2. Drivers for Change/Demand Drivers and Service Change

NHS Recovery Plan

The NHS recovery plan¹⁰, published in 2021, sets out key ambitions and actions for Health services across Scotland to be developed and delivered now and over the course of the next five years in order to address the backlog in care as a result of the COVID-19 pandemic, and meet ongoing healthcare needs for the population of Scotland.

The key ambitions of NHS Recovery Plan are outlined below. This workforce plan document will articulate the anticipated workforce changes that are required to support delivery of these ambitions.



- Staffing and Wellbeing;
- Primary and Community Care;
- Outpatient and Diagnostic Procedures;
- Additional Inpatient and Day case Activity;
- Urgent and unscheduled care;
- Cancer;
- Mental Health;
- National mission to tackle drug related deaths.

National Treatment Centres

In 2026 (timeline to be confirmed) the National Treatment Centre is planned to open in Cumbernauld in Lanarkshire, therefore workforce planning has commenced and will be completed in advance of this centre opening. Developing a network of 10 national treatment centres primarily aims to create additional elective capacity across Scotland through a nationwide approach to planned care ensuring patients and staff are at the centre. The national treatment centres are also anticipated to reduce the current reliance on use of the private sector and support optimum management of elective waiting times.

Potential risks include the availability to source the required workforce to deliver the elective care model and recruitment of existing NHS Lanarkshire staff to the national treatment centre could heighten workforce challenges for NHS Lanarkshire's existing services.

¹⁰ <https://www.gov.scot/publications/nhs-recovery-plan/documents/>

NHSL's Health Strategy - Our Health Together

NHSL began the process of developing a new healthcare strategy 'Our Health Together: Living our Best Lives in Lanarkshire' (OHT) in early 2020. There has been limited progress as work on the revised strategy largely stalled as the Board moved to an emergency footing during the pandemic. As we move towards a recovery phase it is clear the challenges facing the service have never been greater. A longer term strategic vision and approach that moves us forward and delivers a clear route map towards a sustainable healthcare model is vital, particularly given the difficult starting position.

When finalised, OHT will build on the work which commenced under the auspices of our existing strategic plan, 'Achieving Excellence'¹¹ and will provide a blue print for the future delivery of modern and sustainable healthcare for communities across Lanarkshire. This work will be developed through our triple lens of promoting well-being, tackling inequalities and delivering sustainable healthcare.

Our Health Together will expand on the original 'Achieving Excellence' aims by:

- Supporting and empowering people to improve their own health;
- Enabling them to live independently for longer;
- Delivering appropriate access to high quality services when required.

It is the intention, therefore, that the focus of the new strategy will be broader to ensure maximum impact across our whole system with due consideration afforded to recovering services and building resilience following COVID-19. The strategic direction will be developed with consideration of the latest population health needs assessment ensuring that our health and social care systems are organised to provide high quality person centred care that is safe, effective and sustainable and is delivered in the appropriate setting.

Our Health Together strategy is being co-produced through the Strategic Delivery Team (SDT) working collectively with our communities. Adopting a co-production approach means that NHS Lanarkshire will use the combined strengths of our communities and staff to improve health and wellbeing.

The role of the SDT is to provide a whole-system, inclusive approach to the development of our new strategy, within a well-defined governance and resource framework.

A key component of Our Health Together will be the ambition to become an anchor institution, which is defined by the Joseph Rowntree Foundation anchor progression framework as:

“...big and locally rooted organisations including the NHS, local authorities, colleges and universities, and private businesses with local HQs. Because they employ many people, spend substantial amounts of money, own and manage land and assets and often deliver crucial services, they have a considerable impact on local communities and economies. Further, they are historically rooted in the physical area, intrinsically connected to the local community and are pivotal to wellbeing.”

The progressive framework¹² developed by Joseph Rowntree Foundation will be used to achieve this. This framework outlines five areas of activity where all anchor organisations can effectively make a difference to the communities that they serve:

- **As an employer** – policies on recruitment, pay and conditions, progression and health can support inclusion goals and lower paid workers – and help organisations to recruit and retain staff and fully tap the talents of their workforce;
- **Through procurement of goods and services** – which can be designed to support local business opportunities, recirculate wealth and bring community benefits while still getting buyers the right price and quality, and often improved supplier responsiveness and relationships;
- **Through environment and assets** – by adopting targets, policies and actions to respond to the climate emergency, reduce energy, waste and pollution, and create better built and natural environments; and

¹¹ <https://www.nhslanarkshire.scot.nhs.uk/download/achieving-excellence/>

¹² <https://democracy.leeds.gov.uk/documents/s181576/4%20Anchor%20Institution%20Progression%20Framework%20Toolkit.pdf>

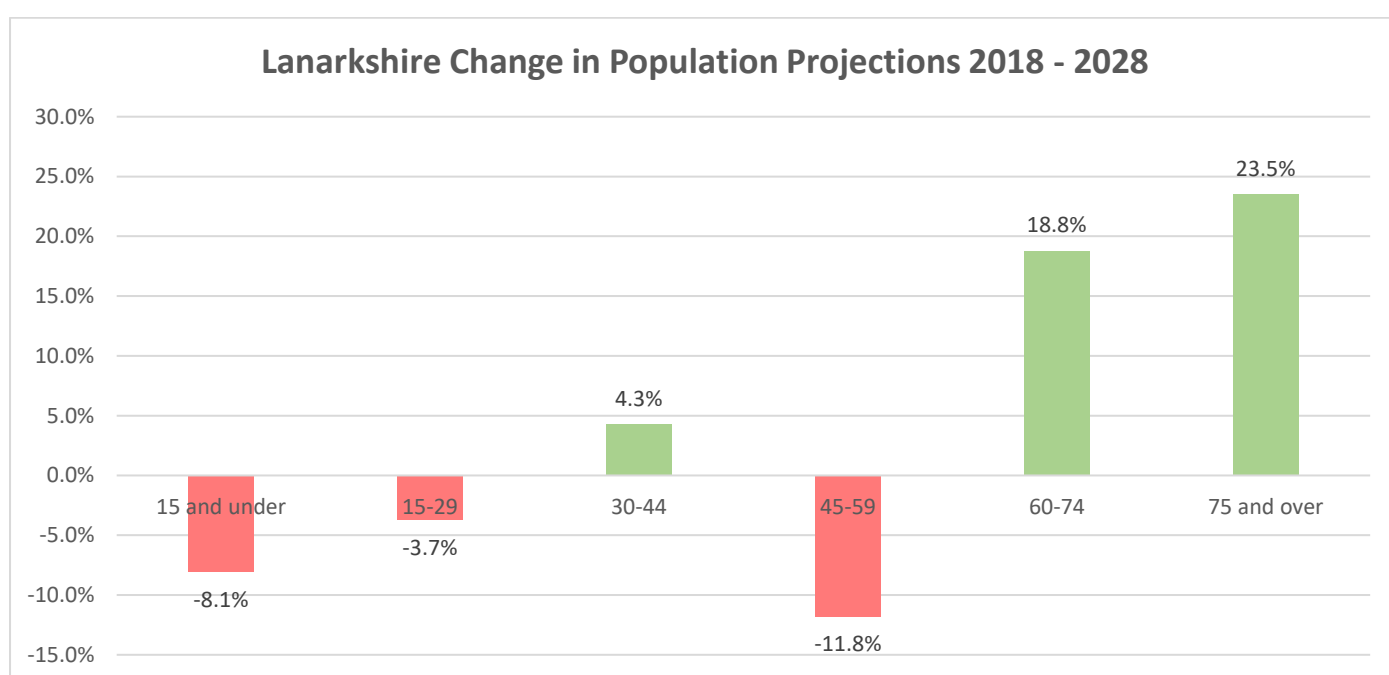
collaborating in place making and using assets to support local communities – all of which can also reduce inequalities;

- **Through products and service delivery** – public sector and community anchors can deliver services in ways designed to help those facing poverty and disadvantage;
- **Through corporate and civic behaviours** – organisations can embed ‘anchors thinking’ across their own ethos, planning and actions, and work with other anchors to systematically share good practice, help each other succeed and deliver enhanced positive impacts for their people and places.

Population and Workforce Demographics

Changes in population and workforce demography are key considerations when reviewing existing workforce and service demand and forecasting what changes we can expect to see over time as the demographic profile of Lanarkshire evolves.

As illustrated in table below, the largest increase in population is expected to be in those aged 75 and over of 23.5% by 2028. The largest fall in population is expected in age range 45-59, with a projected decrease of 11.8% by 2028.



Source: National Records of Scotland - Population Projections for Scottish Areas (2018-based)¹³

In relation to the forecasted increase in an ageing population, people will be living longer and as a result it is anticipated this will result in an increase in the number of people with long term conditions, and an increase in the number of older people with multiple conditions. As these changes are in addition to current, long standing public health issues such as obesity, physical inactivity, smoking, alcohol and substance misuse – it is expected these changes associated with an ageing population will increase demand for Health and Social care services.

The increase in ageing population of Lanarkshire will also be broadly mirrored within the workforce of Health and Social Care (HSC) in Lanarkshire, therefore it is important for HSC employers to be cognisant of this and ensure mechanisms are put in place to allow flexibility and support to both our ageing workforce, and our workforce throughout each career level from entry level to ensure their physical and mental health is nurtured.

¹³ <https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/population/population-projections/sub-national-population-projections/2018-based>

Sustainability

In June 2021, Scottish Government published an analysis of the responses received on the consultation paper on Scotland's Fourth National Planning Framework Position Statement¹⁴. The national planning framework sets out 'A Plan for Scotland in 2050', outlining where future development can bring benefits for people, the economy and environment. The four key outcomes within the plan which subsequently feed into the overarching goal of addressing climate change are: net-zero emissions; a wellbeing economy; resilient communities; and better, greener places.

Focussing on the outcome of developing resilient communities, and linking to the principles of delivering sustainable healthcare and promoting wellbeing within Lanarkshire's new health strategy, the national planning framework highlights the attention to apply the concept of 20 minute neighbourhoods. The concept is about living more locally by giving people the ability to meet most of their daily needs within a 20-minute walk from home, with safe cycling and local transport options. In addition, 20 minute neighbourhoods have the potential to reduce emissions and improve health and wellbeing. The ability to access goods and services through high quality walkable and accessible environments is also recognised as providing strategic competitive advantage in attracting and retaining people and investment.



NHS Lanarkshire's role as an anchor organisation means we are committed to acting for the benefit of the communities across Lanarkshire, and recognising that we can positively contribute to local areas in many ways beyond providing healthcare. It is our aspiration that our strategies have a focus on making a difference by working more closely with our local partners in North and South Lanarkshire to use our buildings and spaces for social benefit, providing opportunities for recreation and physical activity, improving access to high quality outdoor space, making local sourcing possible, therefore reducing our environmental impact. Collaboration with North and South Lanarkshire HSCP partners, third sector organisations across North and South Lanarkshire and our service users is key to achieving these goals, to ensure we deliver our services in a responsible, sustainable, and considerate way that will benefit the communities we serve and beyond – ensuring a sustainable future for all.



In November 2021, NHS Scotland and NHS Assure published draft consultation of 'NHS Scotland climate emergency and sustainability strategy 2022 to 2026'. Locally, we are developing a Sustainability and Climate Change Strategy covering 2022-2026 in line with this national commitment, and to outline the local milestones on our road to net-zero and sustainable healthcare.

National Rehabilitation Framework for Scotland

Published in August 2020, the 'Framework for Supporting People through Recovery and Rehabilitation during and after the COVID-19 Pandemic'¹⁵ aims to achieve the vision in figure below, through proposing high level recommendations to inform and reshape the provision of rehabilitation and recovery services across Scotland for both during and following coronavirus period.

Everyone with rehabilitation needs associated with COVID-19 will be able to access the care and support they need to live well, on their own terms.

The wider impact on the population as a result of COVID-19, places emphasised importance on the need for rehabilitation and this framework focuses specifically on the priorities for COVID-19 rehabilitation. It is anticipated this framework will



¹⁴ <https://www.gov.scot/publications/scotlands-fourth-national-planning-framework-position-statement-analysis-responses-consultation/pages/6/>

¹⁵ <https://www.gov.scot/publications/framework-supporting-people-through-recovery-rehabilitation-during-covid-19-pandemic/>

inform the development of a 'Once for Scotland Approach to Rehabilitation' strategy, and will have workforce implications.

This framework supports NHS Scotland's Re-mobilise, Recover and Redesign Framework Objectives for Safe and effective mobilisation.

Health and Care (Staffing) (Scotland) Act 2019

The Purpose of the Act

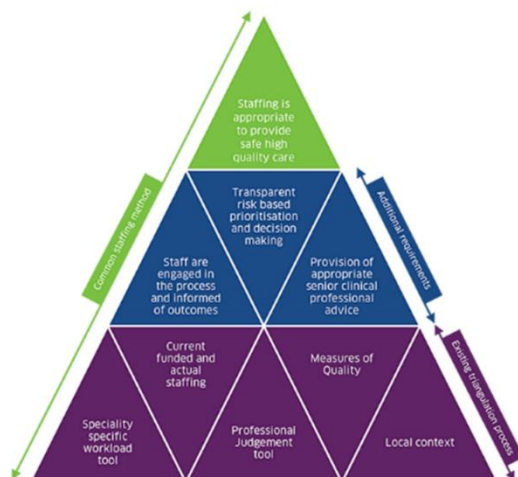
To ensure that at all times suitably qualified and competent individuals, from such a range of professional disciplines as necessary, are working in such numbers as are appropriate for the health, wellbeing and safety of patients, the provision of safe and high-quality health care, and in so far as it affects either of those matters, the wellbeing of staff.

The Guiding Principles state that staffing for Health and Care Services is arranged whilst:

- Taking account of service user needs;
- Respecting dignity and rights of service users;
- Taking account of the views of service users;
- Ensuring wellbeing of staff;
- Being open with staff and service users about decisions on staffing;
- Make the best use of available individuals, facilities and resources;
- Promoting multi-disciplinary services as appropriate.

The Act places the following duties in relation to staffing upon NHS boards:

- Duty to ensure appropriate staffing;
- Duty to have real-time staffing assessment in place;
- Duty to have risk escalation process in place;
- Duty to have arrangements to address severe and recurrent risks;
- Duty to seek clinical advice on staffing;
- Duty to ensure adequate time given to clinical leaders;
- Duty to follow common staffing method.



In addition to the above duties, the legislation also places further responsibilities on boards in relation to; the use of agency workers, the number of registered healthcare professionals and the training of staff. A 21-month timeline leading up to enactment of the legislation was published by the cabinet secretary on 21 June 2022. It sets the following milestones:

- A period for the production of guidance June 2022 – August 2023;
- A period for a three-board full trial run 'Pre-Implementation Stage' February 2023 – May 2024;
- Commencement of all provisions April 2024;
- Provision of first Health Reports May 2025;
- Subsequent Ministerial reports to Parliament before April 2026.

NHS Lanarkshire have a dedicated team working alongside clinicians and managers to support with the preparation ahead of enactment of the legislation. The team will set out plans to support and ensure successful implementation and delivery of the Act and its guiding principles, incorporating the development of an oversight programme group, re-engagement with clinicians and managers from all professions governed by the Act around their awareness of the duties laid out within the Act and their roles and responsibilities. The team will also support with the development and oversight of a programme of work incorporating all nationally approved workload and workforce planning and risk assessment tools as well as other locally developed risk assessment tools and the application of the Common Staffing Method.

Public Health Drivers and Health Inequalities

Prioritise primary, secondary and tertiary prevention to reduce the proportion of people developing multiple long term conditions

Reducing the number of people who develop multiple long term conditions is a crucial part of easing the ever increasing pressures on health and social care services. There is great potential to amplify benefits since a number of the major chronic diseases affecting people with multiple long term conditions have common risk factors, such as smoking, alcohol overconsumption, poor diet, obesity and lack of physical activity.

Target deprived areas

Prevalence of multiple long-term conditions was over three times higher in the most deprived quintiles of Lanarkshire compared to the least deprived. There is therefore a need to identify evidence-informed and cost-effective interventions to support patients in more deprived areas.

Promote patient-centred, integrated and well-coordinated whole system approaches to the management of multiple long term conditions

Emphasis should be placed on having a whole system approach and a well-developed multi-morbidity pathway. Engagement with key stakeholders is required to see how this could be delivered in Lanarkshire. For example, one approach could involve this being delivered by a multidisciplinary team both at primary and secondary care levels. Alternatively, there might be opportunities to have lead specialists like advanced nurse practitioners to coordinate care for patients with multiple long term conditions.

Improve information sharing within and between various care providers

This is an essential part of enabling integrated care models to offer better joined-up care for patients. Sharing of electronic records and other patient information needs to be simplified and made more efficient, whilst ensuring confidentiality is not breached. One way of doing this would be to develop a multi-morbidity register in Lanarkshire which could potentially help us to develop a more effective system for identifying patients and monitoring outcomes comprehensively.

Reducing the inequalities faced by minority ethnic groups, people experiencing the most socioeconomic disadvantage, as well as other protected characteristics.

NHS Lanarkshire's Equality Impact Assessment (EQIA) has embedded the Fairer Scotland Duty and the Children's Rights and Wellbeing Impact Assessment and is being used as services recover. Health improvement work, in partnership with locality community planning teams, is progressing a range of programmes which target those most vulnerable across all six public health priorities. The Keep Well team specifically target health checks to vulnerable groups including BAME communities and those from deprived backgrounds.

Mental Health Strategy 2017 – 2027

The overall ambition of Scotland's Mental Health Strategy¹⁶ is 'that we must prevent and treat mental health problems with the same commitment, passion and drive as we do with physical health problems.' This ambition will be achieved by working to improve prevention and early intervention, access to treatment and joined up accessible services, the physical wellbeing of people with mental health problems and rights, information use, and planning.



The current strategy outlines 40 initial actions to refocus and better join up mental health services across Scotland. Action 15 of the strategy commits to increasing the workforce 'to give access to dedicated mental health professionals to all A&Es, all GP practices, every police station custody suite, and to our prisons.' Since the publication of the strategy, there has been substantial additional investment from Scottish Government to support this action.

In June 2022, Scottish Government launched a consultation to inform the development of a new national Mental Health and Wellbeing Strategy¹⁷ which will run until early September 2022, with

¹⁶ <https://www.gov.scot/publications/mental-health-strategy-2017-2027/>

¹⁷ <https://www.gov.scot/publications/mental-health-wellbeing-strategy-consultation/pages/22/>

a view to publishing the final strategy later in 2022. A report outlining the progress made in line with existing Mental Health Strategy (2017-27) will also be published to demonstrate impact of work to date.

Therefore, workforce implications in relation to the new Mental Health and Wellbeing Strategy will be articulated in next year's annual update of this workforce plan in 2023.

GMS Contract and Primary Care Improvement Plans

The GMS 2018 contract aims to refocus the role of GPs as expert medical generalists and attract more doctors into general practice, improving the stability of General Practice. It will see the development of a wider primary care multi-disciplinary team – where it is safe, appropriate, and improves patient care.

A revised Memorandum of Understanding (MOU) for the period 2021-2023 was published in July 2021. The focus of this renewed MOU is to deliver the transfer of service provision from general practice to HSCPs/Health Boards with a focus on the following three areas for 2021-2022:

- Vaccine Transformation Programme;
- Community Treatment and Care;
- Pharmacotherapy.

These were to be delivered by April 2022 and where this has not been the case, transitional arrangements are to be agreed. Due to availability of funding and pharmacists, it is unlikely the Pharmacotherapy aspect of the contract will be fully delivered.



Plans for Urgent Care, Community Link Workers and additional professional roles will continue to be developed in line with the MOU timescales. Their development will include consideration of wider system redesign programmes, opportunities to make connections and add value by exploring the joining up of pathways. In trying to manage the crisis in GP workforce there have been unintended consequences for pharmacy and nursing.

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.

A Strategic Framework called the Lanarkshire Quality Approach was developed to 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 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.

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.

Monklands Replacement Project (MRP)

Monklands Replacement Project¹⁸ Team are currently working towards outline business case stage of the project. The key components planned for the new hospital which will have a significant impact on workforce are:

¹⁸ www.monklands.scot.nhs.uk

- Single Room ward design – In line with Scottish Government CEL 27 (2010), appropriate for all new build hospitals, in addition to effective infection control it provides increased privacy and confidentiality for patients and visitors;
- Front Door Assessment Model – Proposed bed numbers remains consistent with current Monklands hospital with a reconfiguration of some downstream inpatient beds to front door assessment beds to create the front door assessment village. It is envisaged the new clinical model will support reduction in average length of stay whilst ensuring optimal patient experience. The guiding principle will be to adopt a home first approach.

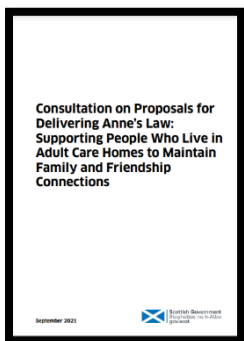
Incorporating the above changes to service delivery model, population projections and epidemiology projections, healthcare planners have developed the proposed occupancy and bed requirements by specialty that links to the clinical output specification and planned models of care.

Work is ongoing to develop indicative workforce requirements in partnership with service leads and staff side representatives based on new hospital healthcare planning assumptions. This scenario based planning will be evaluated based on affordability, adaptability and availability for approval by NHS Lanarkshire Board ahead of outline business case submission.

It is important to acknowledge that success of the new clinical model proposed for MRP and the aim to reduce length of stay and admissions requires working collaboratively with wider health service, in particular, North and South Lanarkshire HSCPs to ensure they have adequate workforce, capacity and infrastructure in the community.

Adult Care Homes: Strengthening Health and Social Care Standards - Anne's Law (2021)

Between October and November 2021, a five-week period of consultation took place to seek views on the Scottish Government's proposals for delivering ¹⁹'Anne's Law' in primary legislation, which focuses on supporting people who live in adult care homes to maintain family and friendship Connections, recognising the vital impact these relationships have on the health and wellbeing of patients within care homes. In addition, the benefits of practical and emotional support to the individual and also providing a level of support to care home staff.



This consultation derived from an individual who was unable to see their mother 'Anne' for a prolonged period of time while she was in a care home, and launched a Care Home Relatives Scotland petition to Scottish Government, asking that visitors should be authorised to visit and support their loved ones whilst in care homes.

Scottish Government agreed and developed proposals for legislative provisions to support Anne's Law. The proposed options for new standards focus on ensuring the following:

- Anne's Law should mean that people living in care homes get to see their named visitor(s);
- The named visitor(s) will have similar access to care homes as staff;
- They will have to follow the same rules for infection control;
- This is important to the health and wellbeing of the residents.

Social Care Support Reform: Vision

Social Care Support: An investment in Scotland's people, society and economy²⁰ is a partnership programme developed to support local reform of adult social care.

¹⁹ <https://www.gov.scot/publications/annes-law-supporting-people-live-adult-care-homes-maintain-family-friendship-connections/documents/>

²⁰ <https://www.gov.scot/publications/social-care-support-investment-scotlands-people-society-economy-shared-vision-adult-social-care-support-including-support-carers-partnership-programme-support-local-reform-adult-social-care/>

The reform programme outlines a shared vision for what the future provision of adult social care services will look like in Scotland. Its aim is to overcome challenges and support the changes which need to take place in order to achieve the shared vision. The vision is comprised of statements categorised into five groups:

- **The way we value and understand social care support** - Ensuring social care support is person-centred, respects and protects people’s human rights and is viewed as an investment in Scotland’s people, society and economy;
- **The way people access support** - Describes the importance of a proactive approach to ensure people are able to access early support before their circumstances lead to crisis stage and are well informed to make informed decisions and choices about their support. The reform programme also reinforces the need for flexibility, ensuring social care support is flexible and can change as the individual’s needs change and that people experience respect and kindness throughout their social work support journey;
- **The way people are supported** - Highlights there are different options for social care support, which can be informal or formal. The type of support should be assessed on an individual basis and be cognisant of an individual’s strengths, limits, goals and potential. Supporting social work staff, ensuring they are respected, valued and rewarded for the work that they do in addition to supporting families and carers is another significant component of this vision;
- **Our system, processes and decision making** - Outlining the importance of having evidence based systems and processes, engaging with service users and those delivering health and social care to inform clear and transparent decision making and accountability. Also highlighted is the importance of people delivering social care to work collaboratively with other professions and services to achieve the best outcomes;
- **Our support across Scotland** - Ensuring that the shared vision for adult social care is consistently delivered across Scotland, and people’s needs are recognised equally wherever they are in Scotland to ensure people receive the same level and quality of support across Scotland.



Setting the Bar: towards an indicative maximum caseload for Scotland’s public sector social workers

In response to reports from Social Work Scotland’s members of increasing concerns that social work workloads have become unmanageable in recent years, and that social workers in local authorities and health and social care partnerships are struggling under the weight of their caseloads – Setting the Bar set out to establish an evidence-based indicative caseload limit for social work staff in Scotland, with consideration given as to how this might be used.



The survey responses (1,588 respondents - just over 25% of the social workers employed by Scottish local authorities) highlighted widespread variation in caseload sizes and as a result, Setting The Bar proposes indicative caseload sizes as a measure to reduce the variance in caseload sized and remedy those that are considered exceedingly high. It is hoped that this research and its indicative caseload size outputs will form the basis for considering what is a manageable caseload size for social workers going forward.²¹

²¹ [Setting the Bar: towards an indicative maximum caseload for Scotland’s public sector social workers - Social Work Scotland](#)

Digital Health and Care Strategy: Enabling, Connecting and Empowering

NHS Lanarkshire is a signatory to the Digital Participation Charter²² and committed to implementing a digital health and care strategy, which includes the development of eHealth workforce to support the delivery of digital transformation across Health and Social Care. NHS Lanarkshire have committed to the following charter pledges:

- **Skill Up** - We ensure that our staff and volunteers have the opportunity to develop essential digital skills;
- **Support Staff** - We support our staff and 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.

The Digital Health and Care Strategy (2019-2026)²³ outlines a shared vision for the potential of digital technology to enhance how we deliver health and social care in the future. Recognising this was published in 2019, some of the timescales contained therein are likely to have been affected by the pandemic.

Through the support of eHealth workforce, Health and Social care staff have quickly adapted to new ways of working throughout the pandemic with the roll out of MS teams, increased use of Near Me and hybrid models of working being adopted across Lanarkshire in line with social distancing guidance.

Despite overall turnover for eHealth workforce remaining low at around 3%, this figure masks a retention challenge of retaining some senior roles for example project managers. Project managers are employed for specific project work over a set time period, and due to a lack of progression opportunities available thereafter, these staff leave the organisation to pursue opportunities elsewhere. Exacerbating this challenge is differences between job descriptions and pay bandings for project manager roles across boards. Other areas which are challenging to recruit and retain are Cyber Security roles and other specialised areas including information management.

In turn, this recurring challenge continues to have a knock on impact on the business as usual eHealth team who inadvertently absorb additional workload when project manager positions become vacant again. Potential options as how best to mitigate this risk going forward continue to be explored by eHealth service. Over the period covered by the digital strategy we will witness a significant change in the delivery of digital services within NHS Lanarkshire. There will be a shift to Cloud Computing where many systems will be provided as services from providers, as a result internal skillsets will need to adapt to ensure new technologies and services can be delivered.

It is important to acknowledge that digital solutions to health and social care may require support both at the implementation stage and throughout the lifespan of the solution/system/software. As the workforce of Health and social care staff in Scotland transforms through different ways of working with an increased reliance on technology to provide improved outcomes for both patients and staff, there is potential for the reliance on eHealth workforce to also increase to meet the anticipated increase in demand.

E-rostering

Complementary to the implementation of NHS Lanarkshire's Digital Health and Care Strategy will be the development and roll out of electronic rostering across NHS Scotland health boards over the next five years, with Allocate Software²⁴ being the agreed solution. Allocate state e-rostering should return the following key benefits to both staff and the organisation:

- Plan and deploy people resources safely, in the most sustainable and fair way;
- Be kind to individual workers, protecting their safety and autonomy;

²² <https://digitalparticipation.scot>

²³ <https://www.nhslanarkshire.scot.nhs.uk/download/digital-strategy-2019-2026/>

²⁴ <https://www.allocatesoftware.co.uk/intelligent-scheduling-and-rostering/>

- Make roster managers lives easier.

NHS Lanarkshire are due to commence implementation of e-rostering in September 2023.

Workforce Data Analytics

As part of monitoring COVID-19 workforce response, NHSL developed a COVID-19 dashboard which was updated on a daily basis showing COVID-19 related absence across the organisation and illustrated the growing impact of staff not taking their annual leave during the pandemic. This dashboard was beneficial in providing timely updates to senior management team to inform decision making around redeployment of staff resources and supplementary staffing requirements throughout the pandemic to maintain service delivery. The last year has seen the suite of dashboards available expand to include a demographics dashboard and a weekly workforce dashboard, in addition to the existing monthly and supplementary staffing dashboards, providing weekly trend data for managers to review their workforce in finer detail. In addition, the split of Bands one-four (unregistered) and Bands five and upwards (registered) staffing has also been added into NHSL's suite of dashboards recently to allow dashboard users to distinguish for analytics including absence, turnover, and supplementary staffing, the differences in trends between registered and unregistered.

Throughout the scope of this workforce plan, NHS Lanarkshire will continue to develop its workforce data analytics to build upon the existing dashboards developed to date to support workforce planning and decision making across the board. Future dashboard developments include the introduction of a statutory and mandatory training dashboard with a view to provide assurance through information on training compliance.

Within North and South Lanarkshire Council workforce data was analysed by service area to produce a workforce profile. This data included:

- Absence
- Turnover
- Vacancies
- Age profile
- Current establishment by service area

3. Defining the Required Workforce

North Lanarkshire HSCP Adult Social Care

Workforce planning within social work is led by social work but informed by the wider corporate strategy 'Building a Workforce for the Future Capable of delivering our Priorities and Shared Ambition'. Social Workers across SWS and Adult Health and Social Care perform the professional tasks to fulfil the council's statutory duties. Relationship based practice remains at the heart of effective social work delivery and supports positive outcomes. We recognise that for many individuals, safe face-to-face contact remains a critical component of care and support.

To enable the Service to implement the necessary service design and improvements in Adult Social Work Services, support to deliver on the key priorities and ensure there is professional leadership and advice throughout the redesign of services, appropriate resource is needed. A task has recently been completed to agree the areas of responsibility for each manager, who will then work directly with their teams to lead on initiatives and programmes of work assigned to them. The project management approach adopted across our programmes of work, ensures cross functional support and matrix working between teams to maximise the achievement of our ambitions.

Social Work Services and Adult Health and Social Work has adopted a mixed model in terms of social work recruitment, recruiting jointly both internally and externally and through an internal trainee scheme.

Social Worker Recruitment and Retention

Over an extended period, the service has adopted a mixed model in terms of social work recruitment, recruiting both externally and through an internal trainee scheme. Our most recent recruitment has attracted a higher ratio of newly qualified staff, which is welcomed but impacts on the host locality in supporting their first year of practice. We will look to develop the 'autonomous social worker' role for experienced workers, to allow

senior social workers to offer more support for newly qualified workers. We will also link with the sector leads to ensure equity of placement of workers across localities. Consideration will also be given to the rotation of staff and we will actively engage with HQ teams to provide guidance and direction on strategic developments.

Senior Social Workers

This role has evolved over the years, with increasing responsibility for a range of complex tasks in addition to the supervision of practice. Robust management training will be developed outlining the key responsibilities of the role, particularly for newly promoted staff, on absence management, reflective supervision, complaints and complex case management.

Recruitment and retention of Mental Health Officers

We have been mindful of the need for a strategic approach to the recruitment and retention of Mental Health Officers, where statutory duties and demands for Mental Health Officers have been steadily increasing year on year. As part of the review of our MHO service model, we developed proposals for an MHO Traineeship Scheme. This involved the creation of social worker posts based in the mental health teams, to be filled on a temporary basis by social workers who had been selected to undertake the MHO training.

Review of Management Structures

Senior and middle management structures within the social work have been reviewed in line with organisational change with a key consideration being the retention of sufficient professional social work capacity within more integrated structures and to ensure appropriate access to professional support where line management is undertaken by another profession. The restructure has also created the opportunity to further develop job remits with all managers now carrying a mix of operational and strategic leadership responsibilities including for integrated functions.

Specialist Roles and Administrative Support

Although the numbers are small, these roles are crucial to our whole system approach and infrastructure. With an increase in focus on measuring and managing performance; analysing data and trends that support decision making; and demonstrating quality, impact and outcomes for people who access our services, it is imperative that we attract and retain staff who have a diverse range of skills and experience. Support with the administration of project management; tracking information and actions and supporting contracting and procurement activity are also essential to the successful delivery of service provision.

Care Academy

We continue with our plans to create the health and social care workforce of the future that best serves the needs of people living in North Lanarkshire. Our approach will help address deprivation and inequalities across North Lanarkshire by creating opportunities for fair work, meaningful employment and in work progression through the breadth of health and social care services provided across the area. By building pipelines of talent to meet future demand and address short to medium term needs we will reduce vacancies and local skills shortages within the sector. We will continue to promote career pathways; support upskilling of the workforce and engage in opportunities to offer modern apprenticeships and student placements.

Independent Sector

There are widely reported national challenges with recruitment and retention across the care sector. Our Market Facilitation Plan, in conjunction with the Strategic Commissioning Plan is designed to address the broad challenges and pressure health and social care service will face, whilst identifying changes needed to improve outcomes. Learning from the pandemic, informal discussions with stakeholders and feedback following assessments undertaken, highlight that current model of service provision is no longer sustainable so having a clear plan gives the public, independent and third sector the confidence to invest in staff training and development to ensure the right workforce is in place to meet the changing needs of those across our communities.

Health and Wellbeing

Throughout, the pandemic the welfare of the workforce has been a concern. The impact on staff has seen them restricted by a range of factors, including self-isolation, absence, childcare and caring issues. The establishment of a wellbeing team has been a critical piece of work that has been led by Senior Officers from

Adult Social Work and Children and Education Services. A range of Health and Wellbeing supports have been developed and offered to staff across the service, with details provided to teams through a variety of communication methods. Provision was made available to support physical and emotional needs and we will further develop this ensuring a wide take up across the sector, good information sharing structure and mechanisms, measuring impact both qualitatively as well as quantitatively and learning from the pandemic as we progress through recovery.

Staff who are also unpaid carers

We recognise that some staff have caring responsibilities and are balancing work with looking after family members or friends. We will continue to promote our Carer Positive approach to help support and retain these staff.

Care at Home Recruitment will be a key area of focus in the next three years. The Home First programme takes an integrated approach to ensuring that people can be cared for at home (or as close to home as possible); prevents avoidable admissions to hospital and, where hospital admission is necessary, supports timely discharge. It builds upon a well-established spirit of partnership working between the key agencies involved in their care.

Significant investment is being made to recruit more health and social care staff to deliver the principles of Home First, with plans underway to recruit and strengthen capacity in the Care at Home workforce.

The objective is to attract and retain the right people to our social care team in a variety of roles, predominately home carers but also:

- Social Work Assistants;
- Community Support Co-ordinator;
- Scheduling Assistant.

NLC's intention is to augment traditional recruitment mechanisms and information with vibrant, real-life examples, effectively communicating not only what the role is and the many benefits it offers – but to provide insight into why existing staff are doing the job and the personal satisfaction they derive from it.

While it is recognised that Social Work services will always remain a front facing services, there are some recognised benefits to this new way of working. Agile working from hubs will promote a greater social work presence and the use of technology will support wider engagement across our communities. Support to progress the move to SharePoint and additional guidance to make best use of digital access and equipment will continue. To support the pace of the digital transformation agenda, NLC will need to create capacity and be clear on the associated expectations to ensure successful upskilling and implementation is within agreed timescales.

Plans to create additional capacity, supports and activity across a range of disciplines and sectors, including partners in the third and independent sectors, have been developed and progressed in consultation with the NLC and NHSL partners. These plans support the wider programme of creating additional capacity across our health and care system as well as targeting our efforts to transform and redesign our services and supports to ensure people can access the right support from the right person at the right time. The strategic commissioning board will ensure robust governance and oversight of each proposal through links with the relevant programme boards and designated leads to ensure plans, including workforce plans remain on track; risks are mitigated and actions are completed with learning shared.

In addition, North Lanarkshire Council will proactively work with third sector and independent provider partners to strengthen the support and create capacity across the sector, therefore ensuring the residents of North Lanarkshire can access quality care and support services. Our focus will be to promote positive outcomes for all with access to support at the right time when people need it most. One of the challenges that needs attention is how best to support and allocate appropriate resource support discharge of North Lanarkshire residents who are on out of authority hospitals.

The 10 proposals listed below focus on assessment and planning capacity (including Home First), Direct provision of services and supports and infrastructure capacity:

- Proposal One - Home First and Integrated Rehabilitation Capacity;
- Proposal Two - Enhanced Community Nursing Capacity;
- Proposal Three- Increase Capacity Across Home Support Service, Equipment and Adaptations Service, Community Alarms Service and Assistive Technology;
- Proposal Four - Hospital at Home Service;
- Proposal Five - Bed Modelling;
- Proposal Six - Support to The Independent Sector Self-Directed Support Providers Including Support;
- Proposal Seven - Investment in Communities;
- Proposal Eight - Social Work Management Posts;
- Proposal Nine - Quality Assurance/Performance and Analytics/HR/Financial Management;
- Proposal Ten - Staff Health and Wellbeing.

The variety of roles within these proposals creates opportunities for new and existing staff. NLC will seek to coordinate joint recruitment campaigns with our neighbouring local authority in South and with our health colleagues to ensure we can attract the right people for our roles and avoid unnecessary competition, where terms and conditions of employment are comparable. We will seek to be creative in our recruitment campaigns, linking with Skills Development Scotland, Developing Young Workforce Co-ordinators, Routes to Work North and local Colleges and Universities to attract school leavers, modern apprentices, local applicants and students. NLC will continue to promote health and social care as a positive career choice with clear progression pathways through the next phase of development linked to the Care Academy.

A governance structure is established and will be further developed to oversee the implementation of the planned programme of works, with the Strategic Commissioning Plan Programme Board meeting fortnightly throughout the early phases.

South Lanarkshire HSCP Adult Social Care

Over the next three years the health and social care workforce will continue to be affected by a range of factors including the COVID-19 pandemic, a smaller available workforce and an ageing population.

At present, there are a number of workforce challenges for Social Work Resources directly impacting on the ability to fully meet current demand, as summarised below:

- Workforce availability – there are not sufficient applications being made to fill all care roles, in particular and this has led to increased pressure on the existing workforce due to vacancies. There have also been difficulties in recruitment and retention of social workers and an increased requirement for home carers, social work assistants and other support staff, for example administration;
- Competition and pay – all Council areas and other social care providers are competing for the same pool of staff, with the pool not being sufficient in numbers. This is leading to competition and pay variation, which has increased the challenges around successful recruitment and retention of staff. Home Care being a live example of this;
- Social Care as a vocation and the value placed on it within society;
- Supply, training and education – it is well known that there are insufficient numbers of newly qualified students coming out of colleges and universities into the profession, thereby the supply is nowhere near enough to meet existing and future demand;
- Ageing workforce – the profile of the social care workforce in South Lanarkshire is working against demand, with a significant proportion of the workforce being in the 50-70 age bracket (52%);
- The number of staff electing to leave posts in social care and work in other sectors. This is becoming an increasing challenge nationally.

Understanding Demand and Demographic Challenges

In the most recent needs analysis undertaken as part of developing the next iteration of the Strategic Commissioning Plan for Health and Social care, a number of important factors need to be taken into account in planning future services and the workforce requirement that will sit alongside managing such demand:

- Between now and 2043, the population of South Lanarkshire is projected to increase. In particular, the section of the population aged 75+ is projected to increase substantially;
- In 2018-2020 the average life expectancy in South Lanarkshire HSCP was 76.4 years old for men, and 80.5 years old for women - both below the average life expectancy for Scotland overall. Improvements in life expectancy have also begun to slow;
- The vast majority (90%) of the South Lanarkshire population reside in urban areas. There is variation across the four localities, with Clydesdale having the largest proportion of its population living in rural areas (42%);
- South Lanarkshire is more deprived than Scotland as a whole. There is variation across the four localities in terms of deprivation: Rutherglen-Cambuslang has the highest proportion of the population living in most deprived areas (quintile 1) and East Kilbride has the lowest;
- The number of South Lanarkshire care at home users has continually increased over the five-year period 2016/17 to 2020/21, indicating that overall reliance/support on social care services is increasing;
- In 2020/21, 14% of the South Lanarkshire population had three or more long-term health conditions (LTCs). The rate of people with three or more long term conditions is projected to increase steadily between 2022 and 2025 across most 18+ age groups.

Against this backdrop, there have been significant increases in demand which has resulted in real challenges for social care fulfilling statutory duties, a snapshot of these services pressures is contained below:

From 2018/19 to 2021/22 referrals for each service area were:

- 10% increase within adult and older people services;
- 27% increase within children and families;
- 18% decrease within justice services.

Other related demand was as follows between 2017/18 to 2021/22:

- Adult Support and Protection inquiries have increased by 47%;
- Statutory visits with regards to Adults with Incapacity have increased by 15%;
- Care at home service users have increased by 12% and average package size per week by 15%;
- The number of Looked after children increased by 27%;
- Child protection activity increased by 4%;
- Individual pieces of work within justice services, for example domestic abuse and screening of referrals increased 12% overall.

Managing future demand across the social care element of the workforce requires further work, mainly due to the fact that the service, over the last number of years has never operated at a full staffing complement. Therefore, a stepped logic needs to be applied in considering how future demand is managed:

Step One - The ambition to achieve full staffing and working through how this would impact of demand and the management of this in terms of the here and now where we know that there are significant vacancies and a shortage in the overall availability of workforce across Scotland.

Step Two - Our projections tell us a number of insights that could be applied simplistically to project the rate at which the workforce requires to be grown to keep pace with demand. For example, it is known that demographic growth will see the population grow by 2% between 2022 and 2043. However, within that, the 75+ population who are by far the largest users of social care services will increase by 61% within the same period or by around 3% per year. As cited above, it also known that demand in areas of statutory delivery have grown significantly over the last five years in particular. Therefore, a model of projecting the workforce size and configuration for the future needs to be agreed, which takes into account this level of growth, but at the same time, tries to factor in service redesign and the modernisation of existing services beyond traditional delivery models.

There is a broad mix of national and local policy drivers that will impact directly on the social care element of the workforce. The requirement to produce local strategic plans for children, health and social care and justice services outline some of these major changes. From a national perspective, the main drivers over the next three years and beyond will be:

- The Independent review of adult social care²⁵ will be a defining change for the long-term provision of social care across Scotland. Aimed at improving outcomes for people using services, their carers and families, along with the experiences of people who use services, it is yet unclear what changes will be required to achieve sustainable outcomes that will address the current challenges facing the sector;
- Tackling inequality, discrimination and poverty;
- Public Protection and the requirements to ensure people are protected from harm and abuse;
- Delivery of 'The Promise'²⁶ in that where it is safe to do, keep children with their families as outcomes overall are generally better;
- Continuing to embed the national Getting It Right for Every Child Practice Model and Children's Rights;
- Implementation and embedding of the Carers Act 2016²⁷ requirements;
- Health and Social Care Delivery Plan 2016 and the emphasis on being able to demonstrate a shift in services towards community based alternatives and thereafter less burden on acute and other hospital settings;
- Self-Directed Support and the promotion of choice and control;
- Climate Change and Sustainability;
- COVID-19 recovery.

At a South Lanarkshire level, there are several local commissioning intentions outlined in the various strategic and statutory plans including the Strategic Commissioning Plan 2022-25, Children's Services Plan 2021-23 and Community Justice Outcome Improvement Plan 2017-22 which, taken together, have a direct impact on workforce as we strive to change longstanding delivery models. Within all of these plans, there is a clear focus centres in tackling inequality and shifting the balance of care such that we are intervening earlier to minimise the impact of people requiring high and complex levels of support. It is recognised by that work undertaken by other agencies beyond health and social care have as big a role to play in this. Therefore, our commissioning focus is underpinned by the need to try and shift resources downstream as the current spend heavily weighted to supporting the few at a very high cost. Growing community capacity both in a health and social care and third and independent sector context is the strategic direction, if the aim of supporting more people to remain in their own homes and communities is to be achieved. Where support is required, this should be through wrap around support close to the person's home, thus minimising the impact of the person having to access high cost, technical care provided away from their home in hospital and other residential settings. To meet the ambitions set out in these plans, it will require changes to the current workforce configuration, which can be broadly summarised as follows:

- Growth of the community health and social care workforce to a level of sufficient capacity to care manage demand increased demand in the community, thus reducing the impact on acute/residential and nursing settings. This will require more social workers, social work assistants, care at home staff and community health staff in particular;
- Growth of third sector organisations to increase supports and choice that members of communities can access, particularly around mental health and wellbeing supports, tackling isolation and enabling communities to be strong and vibrant places;
- Supporting carers within their caring role and as equal partners in care – there is no doubt that as a result of people living longer, but not necessarily healthier, there is growing demands on family members and friends to support people in the community.

Learning from Pandemic in South social care included realigned services for example- Outreach for Day Service Users, greater use of IT solutions, an increase in flexible working and blended models of working, initial 'relief' support provided by other council resources, use of SSSC staff portal and HSCP mobilisation plans and development of an

²⁵ <https://www.gov.scot/groups/independent-review-of-adult-social-care/>

²⁶ <https://thepromise.scot/the-promise>

²⁷ <https://www.legislation.gov.uk/asp/2016/9/contents/enacted>

internal bank of 'supply' staff to support care sector. In the next three years, South Adult Social Work services will focus on recruiting to establishment through filling of vacancies, service redesign through care at home work, and continue to focus on COVID-19 recovery and responding to demographic challenges.

Voluntary and Third Sector within Lanarkshire

Acknowledging the vital role that the third sector play in supporting people across Lanarkshire, through engagement between NHSL, Voluntary Action North²⁸ and South²⁹ Lanarkshire, a survey was developed to try and capture the operational challenges and opportunities in the voluntary sector.

The survey received a total of 54 responses from a range of voluntary organisations across communities in both North and South Lanarkshire. Detail on the collective response and key themes from this survey can be found in Appendix 1. The voluntary organisations who participated in the survey represent a wide spectrum of support services and the responses serve as a representative example to the wide range of support mechanisms that are currently being provided by voluntary organisations across North and South Lanarkshire.

Medical and Dental

There were 900 Medical and Dental staff employed across NHSL as at March 2022, this equates to 779.29 WTE. This figure excludes Doctors and Dentists in Training who work in NHSL but are employed by NHS Greater Glasgow and Clyde and NES as host boards.

Currently, there are ongoing issues with availability of medical staffing within acute and primary care services in Lanarkshire and across Scotland. With an increasing older population and subsequent increase in healthcare needs of the population as a whole, the continuation of delivering clinical services with the same level of reliance on medical workforce, is unsustainable. The number of junior doctors (doctors in training) continues to present a persistent challenge for medical staffing as these numbers are fixed and out with our control. This means that to mitigate the shortage of junior doctors in NHS Lanarkshire, the board supplement these staffing gaps at their own cost using clinical fellows.

The demand for Clinical Fellows and Clinical Development Fellows has markedly increased due to gaps with trainee posts and capacity planning. In response to the pandemic, an increased number of clinical fellows were utilised across NHSL and this is continuing across all specialties, the use of clinical fellow is over and above the funded establishment for this.

Hard-to-fill Posts

The table below provides an indication of the specialties that NHS Lanarkshire have had particular difficulty recruiting medical staff to. A few of these hard to fill specialties, (in particular hard to fill posts in psychiatry) are long standing and therefore have been well documented by NHSL and other boards in Scotland. Albeit we don't manage independent medical and dental practitioners, if they are experiencing recruitment challenges, this will have a knock on affect to the managed services within NHSL and North and South Lanarkshire HSCPs.

Division	Consultant Posts	Associate Specialist Posts
Acute	Acute Medicine Gastroenterology Respiratory Diabetes and Endocrinology (UHH) Dermatology Vascular Ophthalmology ENT Anaesthetics ICU and General Surgery (UHM and UHW)	Dermatology Vascular Emergency Medicine Orthopaedics (Clinical Fellows backfilling some vacancies) Care of the Elderly (UHM) ENT (Clinical Fellow backfilling) Surgery (UHM and UHW) (Clinical Fellow backfilling) Urology (Clinical Fellow backfilling)

²⁸ <http://www.voluntaryactionnorthlanarkshire.org>

²⁹ <http://www.vaslan.org.uk>

	Radiology Emergency Medicine Cardiology Geriatric Medicine Orthodontics	Orthodontics (UHW) Rheumatology
North and South Lanarkshire HSCPs	Psychiatry CAMHS	Paediatrics Psychiatry

*UHH – University Hospital Hairmyres, UHM – University Hospital Monklands, UHW- University Hospital Wishaw.

Robotics Surgery

Surgery performed by robotics is continuing to be explored by NHS Lanarkshire at present, and it is therefore likely that this could be implemented during the scope of this workforce plan. This technological advancement will have a significant impact on the workforce as it may initially involve a lot of dual operating while staff learn to operate the technology and teach others to do the same, and an increase in dedicated training time.

Skill Mix

As services in NHSL continue to remobilise, some services will be operating differently (for example extended days or moving to 7-day service) or have redesigned their service model as a result of lessons learned and pathway changes over the last 18 months. It is therefore important to acknowledge that rotas and skill mix may need to be reviewed to ensure they still meet the demand of the service.

This will become more prevalent as work around transformational roles to support medical staff continues, to ensure sufficient staff are trained to the appropriate level and there is sufficient cover for service gaps and absence.

Transformational Non-medical roles

It is anticipated that going forward, services will adopt a workforce model whereby there is higher reliance on a range of Non-Medical roles to help mitigate shortages of trained medical staff. With this, we need to understand the wider system impact of such changes. These roles may be advanced practitioners from a professional background in nursing, an AHP profession, or pharmacy. Transformational roles could also be unregistered staff (i.e. admin) to support the medical workforce through releasing time to care. The role of physician associates in addition to other Medical Associate Professions (MAPs) roles present further opportunities to explore the development of a highly trained transformational workforce. More information on the commission of MAPs roles by NES can be found in section 4 - Defining the required workforce.

Oral Health

Information below is specific to the managed service within NHSL and is not reflective of the profession as a whole and therefore does not cover general dental practitioners who are independent contractors.

The national review and reform of how dental services are delivered is likely to have a major impact on workforce across the profession. While the majority of the redesign and reform work will focus on General Dental Services, our managed service, the Public Dental Service (PDS), will also be impacted as we receive referrals for vulnerable patients via the GDS (General Dental Services). The focus is likely to be on preventive care, much of which will be delivered by Dental Care Professionals rather than dentists with a focus on skill mix. The prevention element of the PDS for example 'Child smile' and 'Caring for Smiles', is likely to require workforce expansion in terms of Dental Health Support Workers as we look to address the detrimental impact that the pandemic has had on the oral health of our population especially children and vulnerable adults.

Over the next two years (2022-2024) it is anticipated an increase in dental healthcare support workers (DHSWs) is required to address the oral health inequalities which have been exacerbated by the pandemic. More preventive care for children and vulnerable adults is key and DHSWs are instrumental in this. In 2022/23, the development of a Dental Nurse team manager post will help ensure that this part of the workforce, which makes up a large percentage of the clinical cohort will have a designated leader.

Nursing and Midwifery

In March 22, NHSL employed 6,928 (6077.38 WTE) nursing and midwifery staff. This job family accounts for the largest proportion of NHS Lanarkshire's workforce. NHSL develops its Nursing/Midwifery workforce in keeping with

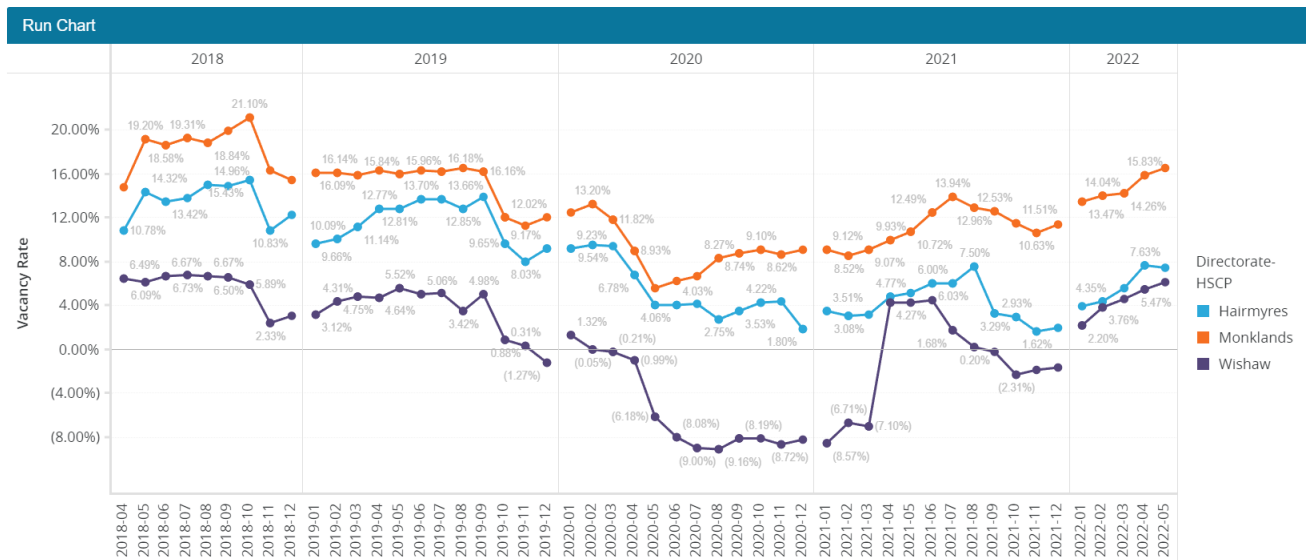
the 2030 Nursing Vision³⁰ which was published in 2017 to establish an action plan to work towards preparing a nursing workforce that will be ready and able to meet the healthcare needs of our population as we move towards 2030.

Newly Qualified Nurses and Midwives

Significant nurse staffing shortages have been a feature of the COVID-19 waves. The way NHS Lanarkshire has worked to improve and refine the Newly Qualified Nurses process has been beneficial – by engaging with newly qualified nursing cohort in advance of the individuals qualifying, to offer employment to these nurses while awaiting their registration as B4 practitioners, and would therefore aim to embed this refined process going forward.

Acute Nursing

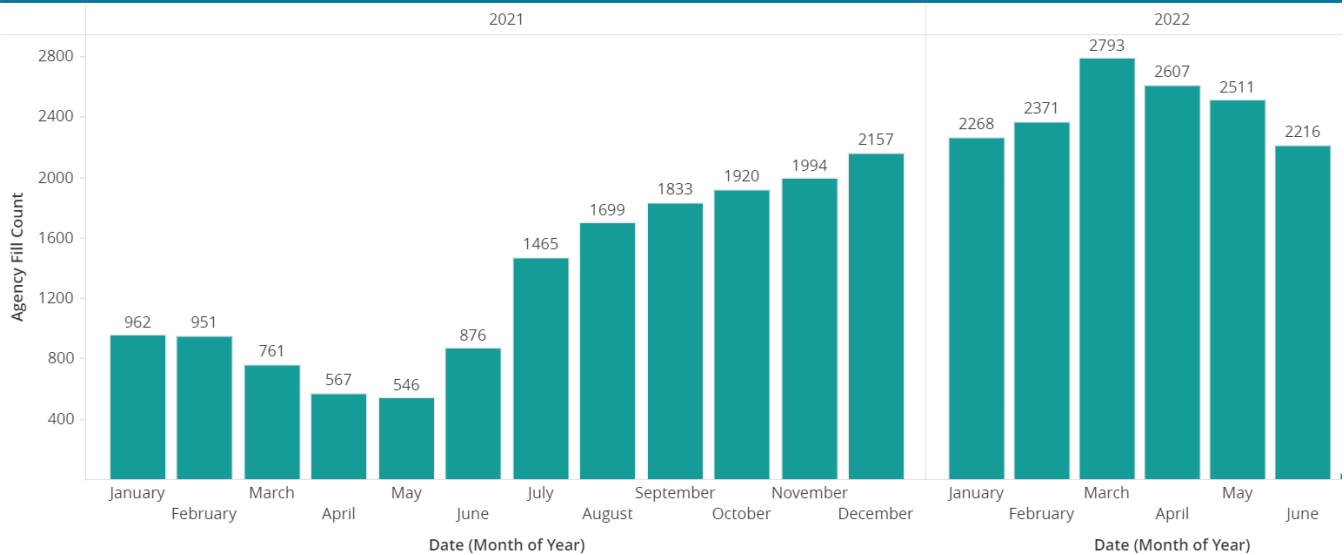
NHS Lanarkshire’s three acute hospitals continues to display high vacancy levels for registered nursing, with registered nursing vacancy trend data from 2018 to present shown in figure below. Key areas in particular are University Hospital Monklands site which continues to experience significantly higher vacancy levels compared with Hairmyres and Wishaw sites despite all efforts to support recruitment. Intensive care units within acute sites are also experiencing high vacancies as a result of national funding to support an additional four level 3 beds in NHS Lanarkshire.



Acute Nursing Agency Use

The table below shows the number of Agency requests for acute nursing from 2021, illustrating a significant increase in the period up to and including 2022 to date.

³⁰ [Nursing 2030 vision - gov.scot \(www.gov.scot\)](https://www.gov.scot/nursing-2030-vision)



To mitigate and manage these ongoing workforce challenges, a number of actions are being taken including recruitment drives, exploring further potential for international recruitment, local plans to use social media via a ‘talking heads’ approach, and the fixed term appointment of a senior nurse for 12 months to focus on training and education of ITU nursing staff due to a high number of new starts within this area over the last year. Another area of significant challenge is the increase in number of emergency department attendances which has continued to increase as services remobilise and recover from the pandemic. In addition to higher volume of attendances, an increase in the level of acuity is also evident, due to an ageing population and the backlog of unmet need caused by stepping down services during COVID-19. Actions taken to manage this risk were the development of a short life working group to review the multidisciplinary workforce across all three emergency departments in NHSL. From this short life working group, a paper outlining staffing requirements has been submitted to NHSL corporate management team for review and funding discussions.

In response to the high vacancy levels across acute nursing, the use of supplementary staffing has continued to provide a means of mitigating some of the nursing shortages, with particular reliance on agency nurse cover which is now a significant challenge. A robust exit strategy is required to be developed and embedded to drive this reduced reliance on agency staffing, and NHSL are currently piloting a staff bank weekly pay pilot to support this work.

Over the next three years, skill mix changes will continue to be explored including the development of a new assistant practitioner role, and continued development of non-medical and medical associate profession roles. Work will continue to refine the nursing workforce requirements for Monklands Replacement Project to support the new clinical model and single room ward design in order to start training nursing staff in advance to meet workforce requirements for the new hospital.

District Nursing

In recent years, district nursing roles have been difficult to recruit to in sufficient numbers. This issue was and continues to be a challenge, exacerbated further by the potential retirement of current district nurses and national re-banding of health visitor role, making it increasingly difficult to attract individuals to pursue a career in district nursing.

An array of work has and continues to be undertaken in an attempt to ensure sustainable recruitment of Band five staff and mitigate the recurring hard to fill Band six posts within North and South District nursing teams, including:

- Recruiting above funded establishment of Band five funding to mitigate Band six continually high vacancies;
- Ongoing Band five recruitment with a continuous live advert, alongside corporate and local inductions for staff recruited;
- Senior nurses attending recruitment fayres;
- Recruiting of practice assessor roles to help with mentoring and support of the band six trainees;

- A new Band six training programme was introduced in North aimed at targeting more staff to complete a post grad DN qualification over a 2-year programme as opposed to releasing staff for a year;
- Band seven team leaders continue to support the deficit of Band six district nurses, but this is now impacting on the succession planning of the band seven role.

The shifting balance of care focussing on avoiding hospital admissions and caring for patients in their own home will continue to be a challenge for the district nursing workforce, in addition to the nature of patients increasing in complexity as we continue to see the population living longer but with a higher proportion of patients experiencing long term or multiple conditions. The requirement for transforming community services to move towards a 24/7 service model going forward to meet the needs of community patients, will also prove challenging given the recruitment challenges within district nursing.

Community Nursing Review

As part of the national transforming roles programme³¹, the role of district nursing and service is being reviewed and refocused. This includes a pilot in East Kilbride with the Urgent Care Team supporting the GP workforce due to sustainability issues.

In the coming year, both North and South Lanarkshire HSCPs will be carrying out a Community Nursing Review to review community nursing services across NHS wide, focusing on caseload management and complexities, in addition to leadership. Due to recurring recruitment difficulties and high vacancy rates, team leaders continue to work under exceptional pressure to support their teams clinically and often carry a caseload to support their teams.

New Initiatives

Recent investment from Scottish Government for healthcare support workers has supported a number of new initiatives including End of Life care and Home first approach. Linked to transforming roles programme, a test of change to explore the role of advanced nurse practitioner (ANP) within district nursing is being explored as a test of change by South Lanarkshire HSCP, which have recently introduced a District Nursing ANP post hosted in Hamilton's district nurse team.

Community Hospitals - North and South

NHS Lanarkshire currently has three community hospitals – Kilsyth Victoria Community Hospital within North Lanarkshire HSCP and Kello and Ladyhome community hospitals within South Lanarkshire HSCP.

Due to the rural locations of NHS's community hospitals, recruitment of Band five nursing staff is a long standing issue, alongside high turnover. The rural locations of NHS's community hospitals also significantly impacts the ability to mitigate staffing gaps through the use of staff bank. These recruitment challenges put increased reliance on existing staff to work additional hours to meet the needs of the service during periods of staff absences. Within South HSCP community hospitals, demand and capacity (including safe staffing) requirements of minor injury units will continue to be explored.

It is anticipated that the end of life care pathway may decrease admissions and the roll out of Home First approach may reduce volume of patients being transferred from acute hospitals and reduce delayed discharges. Challenges accessing medical care and prescribing during out of hours' periods could potentially be resolved by introducing ANP/advanced clinical skills/nurse prescribing into Community Hospitals.

Corporate recruitment of newly qualified nurses has enabled some staff to be allocated to Community Hospitals, however retention of these staff is an issue.

Health Visiting – North and South

As aligned services for Children resume service provision post-pandemic, it is difficult to scope the long term impact on the delivery of NHS Health Visiting Service. The negative impact of the pandemic upon low income families and those living in poverty is likely to continue with the rising cost of living, which has a direct impact on delivering Health Visiting services as more families may require additional health visiting input.

³¹<https://www.gov.scot/publications/transforming-nursing-midwifery-health-professions-roles-introduction/documents/>

The Health Visiting workforce has an increasing number of inexperienced staff with on-going recruitment over the past few years along with an ageing experienced workforce who are retiring. There is limited availability within staff bank to mitigate against workforce pressures due to limited qualified specialist community public health nursing (SCPHN) staff and the level of qualified health visiting staff who are not already employed by NHSL or another health board. The implementation of the new Scottish Government Child Protection Guidance (18 months-2 years to implement) may also have a cascading effect on Health Visitors as discussion around eligibility for initial referral is widening, focusing on contextual safeguarding and extra familial harm. There is a multi-agency scoping exercise starting to identify the potential increase as it affects all partner agencies.

The Universal Health Visiting Pathway (UHVP) is being evaluated at a national level and as a result there may be changes made to practice to fully implement the pathway locally. The nationally endorsed caseload weighting workforce tool has been completed locally, and caseloads will be reviewed with a focus on equity in conjunction with other workforce tools. In the next three years, the service will complete implementation of the Universal Health Visiting Pathway and continue compliance with other influential drivers including National Child Protection Guidance update and Getting It Right for Every Child (GIRFEC)³² framework.

Family Nurse Partnership

NHSL's Family Nurse Partnership (FNP) service primarily provide family planning support to individuals aged 19 and under. Over the next three years, population of Lanarkshire within the age group 19 and under and the teenage pregnancy rates associated with this age category are expected to decline, suggesting that the demand on this service as it exists currently, is also anticipated to decline, creating excess capacity within the current workforce. Future options include service redesign exploring released capacity to extend the scope of the service currently provided to include individuals aged 20-24 years, a model which has already been adopted by other Scottish Health Boards. It is anticipated that if NHSL maintain the service for teenage clients some posts will likely not be replaced when staff naturally leave through progression or retirement.

Initial discussions have taken place with Scottish Government to discuss increasing the FNP age eligibility criteria in NHS Lanarkshire. A scoping exercise has identified some capacity to extend to above 20 years of age, however further discussions are required with NHSL board to develop a plan for this.

Learning Disabilities

There is a population of 2,791 people with a Learning Disability (LD) in Lanarkshire (Census 2011). Following improvement of health and social care the life expectancy of people with Learning Disabilities is increasing. Despite this, people with Learning Disabilities continue to experience poor health outcomes and inequalities with 24% of people describing their health as "very bad" compared with 1.3% of the general population (Scottish Learning Disability Observatory).

In addition to the challenge of an ageing workforce within complex and challenging clinical areas, the uptake of learning disabilities nurse training has reduced resulting in fewer nurses qualifying to move into vacant posts. Hard to fill posts within learning disabilities are mainly in inpatient areas due to level of complexities and challenging behaviour of patient group. In the next three years, service reviews are scheduled to take place to focus on Learning Disability CAMHS transitions, forensic LD service; Neuro-developmental service; patient out of area referral pathways. National reviews for specialist practitioner roles within learning disabilities services may introduce more scope for succession planning and strategic drivers to be achieved. Recent turnover of staff has been significant within clinical areas, leading to additional pressure on the remaining workforce.

The service is currently scoping out the role of Positive Behavioural Support (PBS) practitioner. This is aligned to excellence in care and requires staff release for 0.2 WTE of their existing posts to achieve this and implement into service. In addition, a working group has been established to look at a bespoke service for complex patients within unit, acknowledging this will take considerable time and planning to ensure safe transition of care.

Mental Health Nursing

³² <https://www.gov.scot/policies/girfec/>

The number of University intakes per year and places available has impacted on recruitment, and despite the number of intakes increasing in recent years, recruitment to band five posts within mental health continues to be challenging nationally. In Lanarkshire, band five posts within community are the most difficult to recruit to.

It is acknowledged that with the increasing intakes of mental health nursing places, there is still a lead in period of four to five years before the impact of this would be evident in increasing registered nurse workforce. Similar to other nursing cohorts within NHS Lanarkshire, mental health nursing leads are involved in the newly qualified nursing matching conversations. A pro-active approach is being taken to promote NHSL's MH nursing career opportunities to local education providers in an attempt to attract individuals to work within mental health. A career information day is also being planned as part of this work.

Going forward, the overarching drivers for mental health nursing services within Lanarkshire will be Scotland's third National dementia strategy: 2017-2020³³ (while Dementia Strategy 4 is currently being written), and the national Mental Health Strategy 2017-2027 in addition to local strategy 'Getting It Right For Every Person: A Mental Health and Wellbeing Strategy for Lanarkshire 2019-2024'.

Service changes within the scope of the next three years include the expansion of the Primary Care Mental Health and Wellbeing Service in line with current Mental Health Strategy. Scottish Government published planning guidance in January 2022 specific to Mental health and wellbeing in primary care services³⁴ to support the formation and implementation of the Mental Health and Wellbeing in Primary Care (MHWPC) service model which are expected to be developed incrementally between now and 2026.

Once Dementia Strategy 4 has been published, the services in the provision of dementia care will be reviewed in line with the updated strategy. A proposal paper to use government ring fenced monies to develop a pan Lanarkshire Post Diagnostic Support Nurse/AHP led Service has been developed, and is being reviewed by the relevant stakeholder and decision making groups. At present the future workforce requirements for MH Nursing cannot be projected as there are several proposals awaiting decision and approval regarding what the future model of care will look like going forward.

Child and Adolescent Mental Health Service (CAMHS)

The pandemic has had a significant impact on children and young people with mental health problems, neuro-developmental presentations and eating disorders which has driven increased demand for CAMHS.

In recent years, there has been national focus on Child and Adolescent Mental Health Services (CAMHS) across Scotland through Scottish Government CAMHS Specification³⁵ which was published in 2020. CAMHS services received substantial investment from Scottish Government from Mental Health Recovery and Renewal Funds (RRF) phase 1 and 2. This funding includes support for children and young people with neurodevelopmental support needs. Despite significant financial investment in the service, CAMHS continue to experience challenges in acquiring appropriately trained and experienced CAMHS staff to deliver on the Scottish Government CAMHS Specification, and other strategic drivers including Mental Health Strategy 2017-27. The RRF monies distributed nationally has resulted in NHSL competing with neighbouring NHS Boards to recruit. Hard to fill posts within CAMHS service include Clinical Psychology, in addition to CAMHS clinicians and registered nursing posts. An array of pro-active work has been undertaken to try to enhance the recruitment strategy through a dedicated recruitment resource specifically for CAMHS to ensure timely turnaround of posts from advert to commencing post. There is engagement with HR and communications to develop a landing page in an attempt to attract potential candidates. These recruitment efforts have yielded some success but recruiting the required number of staff to fulfil these posts is an ongoing challenge.

At present there is an increased number of urgent and emergency presentations with reduced clinical capacity to respond within locality team settings, resulting in increased waiting times. An Unscheduled Care Team has been

³³ <https://www.gov.scot/publications/scotlands-national-dementia-strategy-2017-2020>

³⁴ <https://www.gov.scot/publications/planning-guidance-mental-health-wellbeing-primary-care-services/pages/1/>

³⁵ <https://www.gov.scot/publications/child-adolescent-mental-health-services-camhs-nhs-scotland-national-service-specification/>

established to expand clinical capacity to meet the need of urgent/emergency presentations. Further investment from RRF phase two will support further growth of this team. A new Eating Disorder Service has also been established in response to both the National Service Review of Eating disorders to improve outcomes and also in response to the exponential increase in Emergency Department presentations which are often urgent. CAMHS have also developed a comprehensive training strategy to ensure clinical governance around training in high-risk presentations to the service such as unscheduled care but also in relation to Neurodevelopmental presentations which are still seen in locality teams, and require a very competent skill set for assessment and intervention.

New investment will facilitate scoping of options for out-of-hours care delivery models and support the additional resource required to manage unscheduled and intensive home treatment care approaches. As part of NHSL CAMHS service redesign, a number of working groups have been identified to scope and explore reconfiguration of developing services specified by the Scottish Government to build on local, regional and national services.

Women's Services

Recruitment and retention of midwifery and neonatal practitioners is becoming more challenging over time, due to a number of influencing factors including recent pension changes which have driven many staff to retire earlier than planned and the triggering of earlier retirements and resignations as a result of the pandemic. Turnover across Scotland in Midwifery and Neonatology has increased therefore creating more opportunities for movement. This combined with the age profile of current workforce presents ongoing challenges, as the largest proportion of this workforce are aged 55-59, with around 68 WTE (which accounts for around 20% of women's services workforce) anticipated to retire in the next three years, in addition to a proportion of staff within the 50-54 age category, which presents a risk to sustaining service delivery. The key drivers that will impact on maternity and neonatal workforce are increasing complexities in care, Ockenden Inquiry (The independent review of maternity services at the Shrewsbury and Telford Hospital NHS Trust) and continued implementation of Best Start programme.

Increasing Complexities in Care

NHSL is uniquely positioned in Scotland with an increase in birth rate during the pandemic combined with increase in pockets of social deprivation across Lanarkshire. This results in increased complexities in care that are now placing more pressure on the service in terms of increasing public protection, ill health in pregnancy and mental health needs. This drives a requirement for increased training for staff to match the complexities of clinical care requirements. From a neonatal perspective, this is increasing the preterm delivery rate and number of term admissions requiring neonatal interventions as a result of health needs.

Workforce Skill Mix

For midwifery staffing, the continued increase in turnover and projected retirements creates a potential skills gap risk, that requires to be pro-actively mitigated through education and clinical experience to continue developing the workforce in advance of high volumes of retirements. International recruitment is another potential solution for consideration. For neonatal staffing, the number of qualified in speciality (QIS) staff retiring during the last 12 months has impacted the number of QIS staff available. Neonatal units should have 70% of staff who are QIS trained³⁶. In 2020, the service had 72% with current number sitting around 62% and decreasing due to retirements. NHSL are actively investing in QIS training but restricted with competition in placements.

Ockenden Inquiry (2022)³⁷

The Ockenden Inquiry involved 1,486 families and found repeated errors in care. To date the review suggested the trust 'failed to investigate, failed to learn and failed to improve'. This enquiry will herald transformational change in maternity care and change the scope of service provision. Policy will change over the next two years to incorporate the learning and assurance process will be subject to further scrutiny. It is too early in the journey to identify what this means for NHSL however early actions will primarily focus on improving audit process, improving the number of Obstetricians to ensure safe care in acute services and providing assurance that NHSL have a safe

³⁶ <https://www.hee.nhs.uk/sites/default/files/documents/RSM%20Neonatal%20QIS%20Review.pdf>

³⁷ <https://www.gov.uk/government/publications/final-report-of-the-ockenden-review>

maternity workforce. Benchmark of the immediate and essential actions is ongoing to identify further developments for improvement.

Best Start: A Five-Year Forward Plan for Maternity and Neonatal Care in Scotland³⁸

Published in 2017, the plan sets out recommendations for a model of care that reflects Scottish Government's overall aim of delivering person-centred, safe and effective care, following a strategic review of maternity and neonatal Services across Scotland in 2015.



The key recommendations in the plan focus on improving the quality of care through a person centred approach, continuity of care, multi-disciplinary working and improving accessibility and choice, focussing on the individual needs of patients and families.

The Best Start policy has 76 recommendations for boards to undertake. NHSL, as an early adopter board, have taken forward the continuity of carer model, organisational change in how midwifery care is delivered to ensure a primary midwife delivers antenatal, labour and postnatal care to their caseload of women. The obstetric and midwifery workforce require to be reconfigured to work in a way that support this model in totality. The pandemic meant the test teams were suspended across all of Scotland. Moving forward, Ockenden and Best Start will have an impact on service delivery and workforce needs. It is envisaged that the future needs of the maternity and neonatal population will require the midwifery and neonatal workforce to grow through recruitment and by development and skill mixing of existing workforce.

Paediatric Nursing

The paediatric nursing service in NHSL consists of two wards which comprise the paediatric nursing unit, in addition to an integrated community children's nursing (ICCN) team.

Recruiting newly qualified staff from the universities who offer the registered Children's nurse course continues to be a challenge. Registered Children's nurse training is offered at Glasgow Caledonian University with some clinical placements within Paediatric unit and ICCN. NHSL's paediatric service are actively advertising for substantive nursing posts and fixed term CSW posts as recruitment continues to present difficulties for the service. During the pandemic, ICCN staff supported the in-patient unit due to staffing pressures which has proved beneficial in increasing the learning/development and provision of training across the two staff cohorts. As a result, the service aims to co-locate the ICCN team within acute ward footprint to foster better working relationships and sharing of knowledge and expertise.

There is a service review of Paediatric services commencing which will support future planning of the service. Information from Royal College of Paediatricians Standards for short stay paediatric assessment unit and emergency department will inform the service review, in addition to care assurance standards for Paediatrics. As part of the Children's services redesign, for the ICCN component consideration will be given to nurse prescribing, nurse led clinic and the increase in the number of children who are requiring end of life care at home, although it is acknowledged this would require a move from a five-day to seven-day service.

This year, shortfalls in staffing have been identified through reviewing community diabetes service and planning for a nurse led service. As this has resource implications and could potentially require a combination of new staff and developing existing workforce, a business case is being developed. In 2023/24, the review of children's services will be complete, and future workforce implications will be evaluated based on the findings of the review.

School Nursing

³⁸ <https://www.gov.scot/publications/best-start-five-year-forward-plan-maternity-neonatal-care-scotland/>

In 2018, as part of national Transforming Roles Programme³⁹, the school nursing role in integrated community teams was reviewed. The fourth paper of the programme focuses on the role of school nursing and on 10 priority pathways⁴⁰ which have been reconfigured to sit under an overarching heading of 'Vulnerable Children and Families', and linked to Getting It Right For Every Child (GIRFEC)⁴¹ policy.

As part of this work, all school nurses in Scotland have been re-banded to agenda for change band six and are required to be specialist community public health nursing (SCPHN) qualified. Due to the lack of available workforce supply who have this qualification, individuals have been recruited to the service with an expectation that they will undertake and complete SCPHN qualification. The SCPHN qualification is also a requirement for Health Visiting. Therefore, it appears to be a more attractive post to those who gain the SCPHN qualification (as School Nurses with SCPHN are Band six), adding to the recruitment and retention challenges within school nursing.

The role of school nurse is not fully understood by those out with the service, which could be one of the factors affecting recruitment difficulties and a significant non-completion rate for the course. This presents an opportunity for this area of nursing going forward to be proactive in giving those out with the service itself a clearer understanding of the refocused school nursing role, and what it entails.

Continence Service

Similar to other small staff cohorts, NHSL's continence service capacity can quickly be impacted by any unplanned absence within the team. An ageing workforce also highlights the need for succession planning to ensure service coverage going forward. Anticipated Service Changes for continence service going forward are the continued development of Band three and band five roles in the initiation of the assessment process, enabling Band six staff to perform at specialist level, in turn freeing up District Nursing capacity.

The service currently has four Band three posts and has received funding to recruit an additional four posts through remobilisation funds. The service also has funding to recruit to two Band five posts to assist with nursing tasks to create Band six capacity, one of which has been appointed to already. These posts will also have the benefit of releasing district nursing time through the transition of continence assessment and reviews from district nursing service to the continence service.

Prison Service

Prison Nursing service continues to face recurring staffing challenges in both recruiting and retaining staff. Sickness absence within prison healthcare has been recorded at up to 30% at any time. Work and non-work related stress is an issue. Current actions being taken to in an attempt to minimise staffing risks outlined above are the rolling advert for RGNs been advertised consistently for 8 months, a full review of the processes has been undertaken with findings and recommendations being presently converted to an action plan and exploration of skill mixing and introduction of advanced practice to enable nurses to practice appropriately with support staff undertaking less technical tasks, which would allow more options at triage stage and reduce waiting times. Another future consideration yet to be fully explored will be potential input of general medical practitioners into prisoner healthcare. In addition, application for recruitment and retention premia payments to be introduced to gain workforce stability in response to these continuous challenges.

This year, NHSL will complete an internal Prison Healthcare Service Review subsequent action plan should identify a new workforce strategy that will create greater skill mix, be more responsive to the current service needs, and provide job enrichment and sustained retention of staff. Collaborative work between Scottish Prison Service and health is required nationally and locally to refocus clinical roles within prison service and ensure those within and outside the service have a shared understanding of role requirements and expectations.

It is hoped that the existing band five and six vacancies within the service will be recruited to in the coming year via the on-going advert for registered nurses. Following completion of service model review, the service will

³⁹ <https://www.gov.scot/publications/school-nursing-role-integrated-community-nursing-teams/>

⁴⁰ <https://www.gov.scot/publications/school-nursing-role-integrated-community-nursing-teams-school-nursing-priority/documents/>

⁴¹ <https://www.gov.scot/policies/girfec/>

potentially scope out the introduction of an advanced practitioner into the service to increase capacity within the service

Hospital at Home

Workforce challenges within Lanarkshire's hospital at home service include long term sickness absence (non-work related stress) which is being managed in line with policy, and hard to fill posts due to fixed term funding and support required for Advanced Practitioner role to support staff through training, as there is national shortage and high demand for ANP staff.

Lanarkshire's increasing elderly population and acuity of patients is driving up demand on service with current staffing levels and models insufficient to grow service in line with demand increase.

Envisaged service changes which may have workforce implications are the introduction of Advanced Practitioners, service redesign to increase operating hours and support care homes and cardiology patient support for IV transfusions. Funding from IJB has been approved for the hospital at home service to recruit an additional Band seven to support with stepdown funding. The service has also developed a business case for two WTE Band five roles to support one-year cardiology pilot, funding for this is pending approval.

Osteoporosis

The workforce challenge within NHSL's Osteoporosis service is an ageing workforce and the proportion of workforce that this accounts for within such a small team. A succession plan is in place to mitigate the impact of this on service delivery through the introduction of a band five nursing post to the service with the intent to upskill and create potential successor for any future retiral. The implementation of clinical guidelines (SIGN 142) which will increase the proliferation of patients who require both bone density scanning and treatment if they are over 50 and have any history of fragility fracture is anticipated to increase future demand to the service. Further work will commence to explore cross-cover arrangements in partnership with Acute Division colleagues and link the service more fully with other service initiatives such as the falls service.

Overnight Nursing

In the coming year, investment has been secured to appoint two Deputy Team Leader roles to enhance leadership and support within service who work alone with no senior managerial cover except the on call manager, as it is not feasible to have the team leader on shift every night to support the team. This will also provide career progression and advanced clinical skills within the team.

Sexual Health

A number of staff within Lanarkshire's sexual health service currently work part-time on retire and return contracts, which is a risk should staff make short notice choices to fully retire. The service also has a high percentage of staff aged 50+ which means that retirals will become a challenging factor in coming years, but does not represent a substantial risk to the service at present.

The new Healthcare Improvement Scotland (HIS). Sexual Health Standards will provide direction for future service delivery and the service are currently working through these to self-assess position, and subsequently create action plans to ensure monitoring and compliance going forward.

In terms of roles within the service, there are no plans for transformational change but the acquisition and subsequent development of more Band five staff and CSW staff will provide a sustainable workforce and the ability to plan ahead safely.

Care Home Liaison

Succession planning is likely to become a challenge for care home liaison team in the next three years as 21% of the staff are aged 55 and above. Previously, posts within this service were difficult to fill due to non-recurring funding, however, Scottish Government recently confirmed that the care home assurance roles would be extended until March 2023. Work is ongoing locally to develop a plan around potential of substantive recruitment for a proportion of this workforce, and the risks associated with this approach. Scottish Governments revised oversight arrangements will support person centred care, Enhanced multi – agency collaboration with a focus on continuous

improvement and collaborative visits will inform quality improvement across nursing within care homes. Work to allow staff to be supported to complete clinical assessment courses to undertake an advanced practice role will continue.

Health and Homeless Service

NHS Lanarkshire's Health and Homeless service are experiencing workforce constraints due to highly complex nature of work which makes it difficult to recruit skilled practitioners. The team leader is supporting the service clinically due to increased mental health referrals to the service and staffing gaps within this small team. Mitigations include continuing staff support and signposting to staff wellbeing and occupational health support, a recurring mobilisation post which was not filled initially as advertised as fixed term, but has had permanent funding approved and is currently out to advert.

Work is ongoing with HIS (Healthcare Improvement Scotland) regarding gap analysis of those using alcohol and drugs services who are homeless and who may have complex mental health issues. It is hopeful that funding could potentially be sourced to provide a case management approach to work with these individuals and provide them with services at first point of contact. Within the next three years, the service is committed to upskilling of staff, education of colleagues within core services, regionalisation of care, potentially introducing homeless champions within each locality of HSCP across Lanarkshire and transformational change is required to expand on the nurse prescriber role to fully utilise skills with enhanced medical support.

Neuro Nurse Specialists

Neuro nurse specialist are a relatively small staffing cohort who provide specialist nursing services to support individuals with multiple sclerosis (MS) and Parkinson's disease across Lanarkshire. The biggest challenge for MS Service is the rise in patients living within Lanarkshire with MS, the change in the management of these patients using Disease Modifying Therapies (DMTs) with complex monitoring requirements and the annual review of the patients as per the MS standards. The rise in MS patients will pose a potential challenge to meeting Scottish Government's national target of ensuring all newly diagnosed MS patients must be seen within 10 days by an MS Specialist Nurse.

In the next three years, both MS and Parkinson's service expect to see increased caseloads and complexity as the number of patients in Lanarkshire with these diseases continues to increase.

Palliative Care

The main workforce challenge of palliative care service is the size of the workforce in comparison to the breadth of coverage required across the three Acute Hospitals and the North and South community teams to support admission avoidance and facilitate discharge.

With the appointment of the palliative care nurse consultant in February 2022, the skillset within the team will be reviewed to develop a competency framework and review the role of clinical nurse specialist across community and acute settings. In addition, early work has been carried out scoping a Hospice at Home model for NHS Lanarkshire which again could impact on the both the medical and nursing workforce. A consequence to the challenge of insufficient CNS resource could be increased workload to acute colleagues and wider services that support bereaved people and those experiencing complex grief – such as chaplaincy services and GPs.

Cancer Services

The number of people diagnosed with cancer is rising and reflects the increase in Scotland's ageing population as well as improvement in diagnostics. As treatments improve, more people will live with Cancer for longer. PHS Cancer Projections (2015) indicate that between 2008-12 and 2023-27, cancer incidence in Scotland will rise by 34.1% in males and 32.9% in females.

Cancer Services in NHS Lanarkshire operates across three acute sites, primarily supported by visiting Oncologists from the Regional Cancer Centre. Each oncologist is supported by disease specific cancer nurse specialists with knowledge, skills and expertise at an advanced practice level.

The main strategic drivers and frameworks that will inform the future service provision of cancer services and the required workforce to deliver these services are listed below:

- Beating Cancer Ambition and Action⁴²;
- Cancer Recovery Plan⁴³;
- Transforming Nursing Midwifery and Health Professions' Roles;
- Increase in Cancer diagnosis, and projections going forward;
- Increase in Urgent Suspicion of Cancer Referrals;
- Effective National Cancer Framework⁴⁴;
- Regional Strategy for systemic anti-cancer therapy (SACT) Delivery⁴⁵;
- Lanarkshire Our Health Together Strategy including MRP readiness.

Increased staff retirements highlights the need for succession planning within the service to ensure sharing of education to build the skills required of new staff joining the team. Challenges with succession planning include attracting nurses from other specialist areas into cancer nurse specialist roles and the inability to recruit from traditional ward areas due to skill set required.

In an attempt to mitigate existing workforce challenges, the following pieces of work are being undertaken:

- Education and development opportunities for band five nurses working in other areas to learn more about the cancer nursing role to enhance knowledge and opportunity for development;
- Nurturing student nurses when they are allocated to Cancer and Haematology to encourage and develop and raise awareness of Cancer/Oncology/Haematology. Service leads hope to take forward discussions with Universities to raise awareness of the role of Clinical Nurse Specialists;
- Test of change opportunities have enabled the introduction of new roles including HSCWs, navigators, ANPs and Digital Nurses;
- The identification of opportunities to escalate learning and education to support staff to gain competencies and achieve their SACT passport sign off. New staff are enrolled to the SACT course when spaces become available and have a learning and development plan with achievable milestones supported by mentors.

Cancer Waiting Times remain at the forefront of service priorities. With the current increase in cancer patients, coupled with the known projections over the coming three-five years, the service is required to increase our Patient Pathway Tracking resource. This will ensure maintenance of the current best practice, and allow resilience in the pathways from referral to treatment for patients. Maintaining quality data reporting and MDT Support is imperative to the value of service provided by the team.

To deliver and sustain the service, a skilled workforce is required across the cancer care continuum. This consists of health promotion; prevention and screening; co-ordination of care; treatment delivery; symptom management; emotional and social support; living with consequences of treatment; follow up care; and palliative care. This encompasses holistic assessment, clinical and psychological support including family support along with managing patient expectation and ensuring they are well informed to make informed decisions.

Breast and Plastic Services

NHS Greater Glasgow and Clyde (GGC) provide peripheral outreach plastics clinic service to Lanarkshire through a service level agreement. Recent service pressures have resulted in a shortfall in clinics GGC provide such that during this time almost all skin cancer work has been undertaken by the local plastic team. With this, local service provision is under review to agree optimum model of service going forward.

The main clinical challenges are a shortage of Consultants, Surgical Care Practitioners and Health Care Support Workers to facilitate an increased demand. The Surgical Care Practitioners post can prove hard to fill as they

⁴² <https://www.gov.scot/publications/beating-cancer-ambition-action/>

⁴³ <https://www.gov.scot/publications/recovery-redesign-action-plan-cancer-services/>

⁴⁴ <https://www.gov.scot/publications/framework-effective-cancer-management/>

⁴⁵ <https://www.woscan.scot.nhs.uk/nhs-woscan-regional-documents/>

require specialist training which takes approximately two to three years to complete. In trying to mitigate this we have been networking to source suitable candidates out with NHSL and have engaged in service development work to provide one stop clinics where assessment and surgery can be performed during one visit for most skin cancer patients, role extension for surgical care practitioners and telephone/near me consultations for almost all return patients.

In addition to the local team the plastic service is supported by visiting consultants from GGC. As part of the repatriation of patients, the service will require to undertake additional procedures currently being undertaken by the GGC team and not currently offered to patients within NHSL. This repatriation will result in a further increase in patients for the NHSL team on top of the already growing referrals we are receiving therefore there is a review of the service model underway to ensure there is adequate capacity to meet the growing demand.

In terms of skill mix, as patients are vetted by a Senior Decision maker, moderate complex cases are vetted to Speciality Doctors, Nurse Consultant and Surgical Skin Practitioners which means less requirement for Consultant staff. Consultants then take on the complex cases or cases requiring theatre. The service is looking at the possibility of patient initiated return for a percentage of their patients. The service would also like to introduce a Skin Specialist Nurse post to undertake return clinics for the less complex patients, and possibly also train to excise minor skin lesions which in turn will free up the more senior staff to see and treat new patients.

Allied Health Professions

Allied Health Professions (AHP) job family comprises 1,357 staff, as shown below:

Profession	Headcount
AHP Training/Administration	5
Audiology	33
Diagnostic Radiography	221
Dietetics	89
Generic Therapies	37
Occupational Therapy	298
Orthoptics	20
Orthotics	1
Physiotherapy	386
Podiatry	101
Speech And Language Therapy	153
Spiritual Care	13
Total	1,357

The absence of specific AHP workforce tools to support effective management, workforce planning and benchmarking across board areas continues to be an overarching challenge across all professions within Allied Health Professions.

The Scottish Government, through Chief Allied Health Professional Officer (CAHPO), has committed to carry out an AHP education and workforce review. The aim of the study is to examine the current and future workforce and educational needs of AHPs encompassing staff and students to ensure that the future needs population of Scotland are met. A National AHP Strategic Oversight Group across the AHP Higher education and NHS workforce sectors has been set up. The National AHP Strategic Oversight Group co-chairs are the CAHPO and the HR director for NHS Lanarkshire. Several subgroups associated with the review have been set up. These subgroups are:

- Research Innovation and Relationships Subgroup;
- Practice-based Learning Subgroup;
- Educational Solutions Subgroup;
- Advancing Practice Subgroup Workforce and Recruitment Subgroup.

The sub-group membership is drawn from numerous interested parties across Scotland. The target is to complete the review with high-level recommendations provided to the Cabinet Secretary for Health by mid-November 2022. If the Minister approves the review recommendations, an implementation plan will be published thereafter.

In September 2021, Scottish Government published a paper 'Coronavirus (COVID-19): Scotland's Long Covid service'⁴⁶ which set out the key elements that underpin a national approach to care and support for people with long Covid, alongside investment to support NHS boards services to provide care pathways for people with long Covid. NHS Lanarkshire established a Long Covid multi-disciplinary working group, with a strong focus on rehabilitation. The clinical team on this group, including GP representation, developed an agreed clinical referral pathway for people who remain breathless after Covid, which was subsequently implemented. Following this, a long Covid rehabilitation team was established to support the clinical pathway including respiratory physiotherapists and a number of AHP staff, including an AHP Rehabilitation Consultant. Lanarkshire's long Covid rehabilitation team continue to focus on re-ablement, with medicalising long Covid symptoms and referral to secondary care as the exception not the norm. Where alternative causes for symptoms post Covid have been excluded, people with ongoing debilitating symptoms are supported by the rehabilitation team who ensure that the approach to care is co-ordinated and sign-post individuals to available community resources where appropriate. The funding for this service was approved for 18 months, after which time, the rehabilitation of long Covid patients will be subsumed into the NHS Lanarkshire's mainstream rehabilitation services.

Lanarkshire's first Rehabilitation Strategy is currently under development with an anticipated completion date of December 2022. An estimated 30% of the world population⁴⁷ are currently living with a health condition that benefits from rehabilitation. This need is predicated to increase significantly due to the number of people living longer with more long term conditions, disability and the added input from Covid 19. The Lanarkshire Rehabilitation Strategy will take a whole systems approach to delivering rehabilitation. It will put individuals at the centre of their rehabilitation and support early intervention, supported self-management and pre-rehabilitation approaches in addition to targeted and specialist rehab interventions to meet individual needs. It will be delivered via cross sector working with a variety of agencies and will support innovation and technology developments to enhance access and quality ambitions.

Audiology

Scottish Government advised in January 2022 that a National Audiology Review Group will be established to conduct a national review⁴⁸ examining hearing services provided to both children and adults in Health Boards across Scotland.

The ageing population in Lanarkshire represents a challenge for NHSL's audiology service, as most patients are referred for age related hearing loss (the majority of new patients are over 50 years of age) and it likely this will increase the demand for audiology services. The workforce profile for audiology is also showing an ageing workforce, with a third of staff aged 55 and over from a relatively small team.

There is currently an apprenticeship programme in place to train new audiologists. However, apprentices can only be taken on as vacancies for qualified staff arise. These qualified roles are then replaced with apprentice roles. However, the likely rate of retirements is hugely challenging to replace staff with qualified staff as there are little to no qualified staff available for recruitment. It is anticipated audiology workforce will require to grow in line with increasing demand for audiology services driven by population demographics, and although this will be funded through retirements this presents a cost and time pressure to train apprentices before qualified staff retire.

Radiography

Recruitment of radiographers is a national challenge due to a shortage in supply of qualified graduates. This results in competition between health boards who are all trying to attract applicants from the same pool at the same time of year in the summer when newly qualified radiographers become available. Similarly, there is insufficient supply

⁴⁶ <https://www.gov.scot/publications/scotlands-long-covid-service/pages/6/>

⁴⁷ <https://www.who.int/teams/noncommunicable-diseases/sensory-functions-disability-and-rehabilitation/global-estimates-of-the-need-for-rehabilitation>

⁴⁸ <https://www.gov.scot/news/next-steps-in-hearing-services-review/>

of interventional radiologists nationally. Both of which create pressures locally to ensure adequate skill mix and support training and development. The shortage of radiologists subsequently leads to increased reliance on locum staff and outsourcing activity. Backlog of activity due to the pandemic and year on year increasing of imaging demand continues to exacerbate existing recruitment challenges of the service.

Services changes in the next three years include increase in use of diagnostics for treatment diagnosis and planning, increase in access to CT and MRI scanning over seven-day service or extended days, increase in out of hours' trauma and orthopaedic planning scans for surgery, and GP access to CT scanning. The number of advanced practice radiographers in MRI, Breast, Imaging reporting, and CT Head reporting is also expected to increase in coming years. Recruitment of assistant practitioners to mitigate shortage of radiographers will also be explored. Work will be undertaken locally in an attempt to mitigate the challenges outlined above, including introduction of advance practice roles in Reporting radiographers for General x-rays and CT.

Dietetics

In the next three years there will be a challenge in recruiting across all specialities within dietetics. This is due to a number of factors described below:

- Limited numbers of dietetic places available on Higher Education Institution (HEI) programmes which are set by HEI and not by government guidance;
- Reduced number of student placements within NHSL due to staff shortages to support training;
- Recruitment is particularly difficult to dietetic posts in mental health and learning disabilities;
- Short fixed term funding of more senior posts makes it difficult to succession plan sustainably for Band six and above, as staff not willing to give up permanent Band five posts;
- Lack of educational routes to qualify as a dietitian. Dietetic apprentice posts would allow individuals who do not have financial support to attend university to enter the profession, widening access routes into Dietetics.

Mitigation for recruitment challenges includes working on innovative placement models to support students. Scoping with NES alternative educational routes and Dietetic Head of Profession (as a member of the dietetic programme board at Glasgow Caledonian University) inputting and advising on future service need.

Future service changes that will impact on the Dietetic workforce are an increase in referral of Lanarkshire children from Glasgow Sick Children's Hospital for follow on care and increased complexity of patients as a result of delay in diagnosis due to the pandemic.

The service will continue to develop support worker and assistant practitioner roles within the service, explore new patient pathways, advanced practice roles, first practitioner posts, and development of services specific to women in line with Scottish Government Women's Health Plan. In addition, Dietetics service will focus on further development and training of existing staff for example: non-medical prescribing course and Cognitive Behavioural Therapy training.

An increase in nutritional support referrals is anticipated over the next three years. A review of the community nutrition support care pathway and acute to community referrals to improve quality and efficiency is planned for later in 2022. Reviews of patient pathways will include consideration of how digital technology can improve quality e.g. ACRT, patient led review and monitoring via technology. Scoping of opportunities for staff to undertake roles previous undertaken by medical staff will be carried out in an attempt to create capacity to support increased demand. The next three years will also see an increase in dietetic workforce with mental health in particular CAMHS and neurodevelopmental service and funding has been secured for this. Business cases for dietetic input within acute renal, Head and neck cancer and neonatal dietetic services have also been developed.

Occupational Therapy

NHSL's Occupational Therapy (OT) are already engaged in a period of significant change and transformation which will continue throughout the next three years and beyond, with the increased focus on the importance of delivering new models of rehabilitation that has been established through the national rehabilitation framework for Scotland, driving a shift towards early intervention and preventative approaches.

Integration of health and social care occupational therapy services.

Different employers, terms and conditions, and a variance in systems, policies and procedures continue to pose challenges in progressing integrated occupational therapy practice across health and social care services.

Developing new roles

Including advanced practice and generic rehab assistant practitioners. Opportunities for assistant practitioners to undertake part time registrant training whilst working in a Board area would be welcomed for example as an associate practitioner.

Hard to fill posts across the Occupational Therapy profession are predominantly in hand injuries, stroke and neuro rehabilitation, forensic and prison services and CAMHS specialties.

Services which did not previously have OT input and are planning to introduce OTs to their multi-disciplinary teams are intensive care units through the Intensive Care Syndrome, within CAMHS and neurodevelopmental services. OTs have a crucial role to play in the new COVID-19 rehabilitation development team which has recently been established. Enhanced OT input to specialist mental health teams such as prison and psychological services is also being explored.

Going forward, it is anticipated seven-day and extended working rotas will be required to support hospital flow and effective discharge planning in key areas – emergency/front door, acute and community rehab teams. Enhanced use of Staffbank for a wider range of AHP roles is anticipated going forward – AHP HCSWs and AHP Specialists.

Additional permanent funding has been secured for OT developments within CAMHS, Children and Young Peoples' Neurodevelopmental Service, prisoner healthcare and inpatient brain injury, acknowledging medical cover for this service has still to be confirmed.

In 2022/23, a reduction in staffing is expected as recovery funding for many teams is agreed for a period of one year from 2021. As mobilisation and recovery funding is temporary, NHSL's OT service will focus on internal development and training in addition to external recruitment and backfill to achieve appropriate skillset across these specialist areas.

Orthoptics

There is a recognised shortage of Ophthalmologists, but particularly Paediatric Ophthalmologists, across the UK, which presents an opportunity to mitigate this challenge by training orthoptists in extended roles to ensure service can be sustained when inability to recruit a member of medical staff exists. This would require backfill to release staff for training or the recruitment of more orthoptic staff who are already experienced and willing to be trained in an extended role. The greatest challenge faced by the Orthoptic department in NHSL is retention of experienced staff through lack of opportunity to develop into Band seven Orthoptic and extended roles. The opportunities for Orthoptists to develop into extended, traditional medical roles, requires organisational support to drive forward Ophthalmology priorities and include ophthalmic conditions associated with an ageing population – medical retina, glaucoma and cataract. In addition, the current and future ageing population have known co-morbidities, both general health and ophthalmic health, that need orthoptic intervention, e.g. Stroke, Falls, Diabetes, Dementia, Vascular and neuro-ophthalmic conditions resulting in ocular motility disorders.

Actions being taken to improve retention and develop experienced staff include widening access to senior Orthoptics roles by working with Ophthalmology to try and change the language used from advanced nurse practitioner to advanced practitioner so that both Nursing and AHPs have equal access to these positions. Other actions include a band six Orthoptist currently on an extended test of change in an advanced practitioner role supporting Paediatric Ophthalmology and the Medical Retina service, working with NHSL stroke team to develop an equitable pan NHSL stroke vision pathway led by a band seven Orthoptist and two band six Orthoptists trained in Intravitreal (IVT) injector role. In 2022-2023, professional body guidance will be used to review Orthoptic workforce and provide opportunities for development of existing workforce.

A test of change is currently in place exploring an Orthoptic led neuro-ophthalmology clinic, this has potential to support service delivery due to vacant neuro-ophthalmologist consultant post. Another test of change found to

be successful through a patient satisfaction survey was the introduction of an advanced practitioner role within paediatric ophthalmology. There is rising demand for Orthoptic placements in NHS Lanarkshire. The department has continued to provide placements for GCU students throughout the pandemic but more Clinical Tutors are required to provide a high quality placement experience thus attracting the future workforce to NHSL. The Orthoptics service will seek funding for two staff members to be trained as clinical tutors and expand their roles in placement provision.

Orthotics

NHSL Orthotic service is primarily contracted out and therefore all 6 clinical staff with the exception of the head and deputy head are employed by an external contractor. As such, there are no major workforce challenges currently or envisaged. It is anticipated that there will be increasing demand on the service as NHSL addresses historical backlogs in orthopaedics and referrals return to normal levels, due to the close alignment of both services.

Physiotherapy

Particularly in community and outpatient services, continued growth of referral demand and increased complexity of rehabilitation needs has made it difficult for the existing workforce to continue to meet these demands which continue to outweigh capacity. To address this, system wide work is required to increase pro-active self-management initiatives. There are a significant number of both unregistered and registered vacancies within NHSL Physiotherapy workforce. In addition to difficulties filling existing vacancies, recruitment of physiotherapy staff to support recent service developments (for example: COVID-19 rehabilitation team and home first approach) for which short term funding has been approved has also been challenging. Supporting secondments and backfilling posts to support these service developments has also had an impact on wider service delivery. Another challenge for physiotherapy service is the requirement of advanced practiced roles in Acute and Primary Care as there is limited workforce availability and no national training and learning route to support this workforce. In addition to this, Physiotherapy service is expanding to include service to patients within CAMHS.

Nationally, there are limited higher education institution (HEI) places and routes into the profession, which has prompted national discussions to explore apprenticeships and how to grow the registered workforce. Collaboration with our HEIs and clinical educators will continue to evaluate different models of student clinical placements.

A focus on rehabilitation work – community rehabilitation work to focus on home first approaches, increasing elderly population with associated care at home, demand on community services and COVID-19 rehabilitation will be key priorities for Physiotherapy services in the next three years. Physiotherapy workforce will also be crucial to the redesign of urgent care services. Physiotherapy services anticipate working patterns will continue to evolve with a focus to move to seven-day working being driven by demands within acute services to reduce length of stay and discharge planning to improve patient flow. The next few years will focus on continued expansion of Physiotherapy workforce to expand unregistered staffing and advanced practice within physiotherapy.

Podiatry

NHSL podiatry service has been focussing on urgent care priorities throughout the pandemic including wounds, infections, ingrown toe nails and MSK (recovered November 2020). The service also put on hold both new and returning patient referrals that do not meet the above criteria.

The Domiciliary service almost stopped for routine care so there is a large back-log forming. The number of visits per day has been reduced to six (when the service can support) in recognition of the increased manual handling strain. This severely constrains the capacity of the service. This situation will remain until shared care has been re-established and the service is operating at nearer 2019 levels. Clinical capacity in clinics and on domiciliary visits has been reduced by one third as a result of social distancing guidelines. The usual clinical capacity in routine clinic is around three new patients (NP) and ten return (RT) patients per day, however, with extended appointment slots, nine slots per day can be accommodated.

The service has also taken on all foot and ankle wounds from District Nursing, with only some returning to full nursing care. The shared care model requires a redesigned support package from the Advanced Practitioners in wound care. Due to surrounding health boards operating different models of care for their vulnerable patients, this presents a challenge for collaborative cross-boundary care.

As NHSL's podiatry service works towards recovery and restarting, the demand capacity plan is based on pre-pandemic activity data from 2019-20 which now requires to be updated to reflect revised referral rate and type.

The introduction of Active Clinical Referral Triage (ACRT) has provided an opportunity to redesign the way patients access and are managed through the different clinical pathways. The service has the opportunity to redesign the clinical pathways and match the workforce to meet the needs of the patients accessing the service and meet the waiting times standards through developing a demand/capacity plan. The service currently has a vacancy rate of 12.5 %. This creates an opportunity to plan for recruitment for the post pandemic service.

The impact of the pandemic requires a revised workforce for achieving routine service re-start in the short term. The post-pandemic service is expected to have at least the same demands on the service as the pre-pandemic service. The necessity of trialling different ways of working has demonstrated how the service might achieve more from less face-to-face appointments. With the increased level of referrals for wound care, a different service model is required to ensure appropriate governance and support for all staff. The service is currently using 85% of the workforce on wound management. This will not be sustainable post-pandemic.

Research by Hirst (2017) links increased deprivation to an increase diabetic foot wounds and poorer outcomes in terms of amputation and morbidity. This will ensure that patients are seen by the clinician most appropriate to the issue with a rapid escalation and support pathway when required. An opportunity to develop the ACRT model with an AHP hub model is at present being scoped to see if a call centre based appointment system would add efficiencies and capacity to the routine or painful lesion pathway. The introduction of ACRT vetting method and rapid escalation model has allowed the service to review its staffing and implement a different leadership model to support patients and staff going forward. It will take between three to five years to achieve this restructure of the podiatry workforce.

Speech and Language Therapy

Service Challenges for Speech and Language Therapy (SLT) in Lanarkshire focus on recruitment and retention difficulties, in particular; difficulty recruiting to community adult posts, specialist areas (Head and Neck, and Aided Language Display). Recruitment to Aided Language Display is currently being mitigated by training internal staff in valve clinic. In addition, recruitment of newly qualified speech and language therapists is becoming a challenge, based on the university intakes for Speech and Language therapy programmes. Other mitigations for recruitment and retention difficulties include the use of retire and return policy, succession planning and scoping out potential for apprenticeships.

The demand for Speech and Language Therapy is increasing due to demand for SLT input to patients with COVID-19 and Long COVID, an increase in the number of referrals for both transgender and respiratory patients, and a rising number of patients being referred to adult SLT service linked to the ageing population, with more patients likely to develop long term conditions including stroke. The national Rehabilitation framework may also have implications on demand for SLT workforce going forward, due to rehabilitation being pivotal to recovery from COVID-19 impact.

Recent work focussing on Children and Young people has raised the profile of Speech and Language Therapy, and raised awareness of the contribution SLT services can make to children and young people's transition to adulthood. As a result, SLT posts have been introduced to CAMHS, Neurodevelopmental Pathway with plans to also develop SLT roles in justice sector for Children, Young People and Adults. It is acknowledged that recruitment to these newly developed posts from existing SLT workforce will require sufficient backfill to maintain existing service delivery.

Spiritual Care

The Spiritual Care service in Lanarkshire has continued to transform in recent years to extend its remit to provide a Staff Care service to support staff mental health and wellbeing, which has been a significant development over the last two years. Post-pandemic issues which are still prevalent include prolonged grief, personal and professional burnout, bereavement support, long COVID-19, and post-pandemic stress. The service has evolved from primarily focusing on coping with crisis demand during the pandemic to focusing on addressing upstream issues post pandemic. Evidence shows need for ongoing and sustainable substantive resourcing and work is ongoing locally to demonstrate the impact of NHSL's Staff Care and Wellbeing service, in an attempt to secure future funding for this

service beyond June 2022. The service also anticipates the increased demand for both patient support and staff support from mental health services will continue to increase, and work is ongoing to explore resource required to maintain this service going forward.

With a need to re-orient services to support new community based work, the service anticipates a need to review the skill mix, and also the opportunity to significantly grow volunteering capacity to support spiritual and staff care services. The Lanarkshire Listening Service (LLS) is a good example (recently delivered in Tinto Practice, Airdrie) where we can contribute in alleviating the pressure on GPs by delivering this community based listening service to provide support for citizens with issues relating to grief and loss, low-medium anxiety and stress, low mood, and relationship difficulties. This service would be delivered by volunteer listeners who are trained, co-ordinated and supervised by spiritual and staff care service. This will be explored further, taking account of lessons learned from other boards that have implemented this service. Going forward the service hope to establish a more balanced service plan (both spiritual care and staff care) in community and acute. Particularly as the staff care service becomes more visible and established, to ensure supply is managed to meet demands of the service.

A business case has been developed to set up a new service if new funding is secured (Business Case shares funding across NHSL, HSCPs, and Medical Retention). It is hoped this will be an attractive opportunity for experienced staff with clinical backgrounds that would prefer to work in a non-clinical role. The national spiritual care strategy and bereavement care review will continue to shape the future workforce of this service, and more information on the impact of these national drivers will be articulated in annual updates of this workforce plan.

Healthcare Sciences

Healthcare sciences staff group within Lanarkshire is comprised of Biochemistry, Haematology, Microbiology, Pathology, clinical scientists, medical illustration, medical physics and nuclear medicine services.

Laboratories

Biochemistry

The main challenge faced by the Biochemistry department over the next few years is the inability to recruit trained/experienced staff. Throughout the pandemic it has been necessary for both Microbiology and the lighthouse laboratories to increase their workforce. In order to achieve this the majority of available trained staff or students with accredited degrees have been recruited to one of these areas. It is envisaged that this shortage will continue for the foreseeable future as laboratory testing for SARS-COV-II continues. To mitigate this the laboratories have implemented a trainee program which allows candidates without HCPC registration to be recruited to a training role.

Another challenge is the loss of experienced staff through retirement, which has been particularly prevalent in Biochemistry over the last four years. The loss of experienced staff alongside recruitment difficulty has placed pressure on the remaining team. Less experienced staff have been given the opportunity to undertake a senior role, however they lack experienced staff to mentor and guide them. To mitigate this Biochemistry have supported the retire and return of biomedical scientist staff with specialist skills to train and mentor less experienced staff. The remit of the Biochemistry department is constantly evolving, and the service are routinely asked by both the acute service and primary care to add tests to our repertoire in order to aid quicker and more effective diagnosis.

Haematology

Service challenges within Haematology labs include length of training time with newly graduated staff taking around one year to complete in-house training for the Out of Hours service, and a lack of graduates with HCPC registration. Going forward, the number of retire and return employees within the service poses a risk as a number of these staff are likely to fully retire within the next year or two. This will require workforce succession planning to ensure sufficient skill mix going forward through providing learning and development opportunities for existing staff.

Microbiology

Due to not having supernumerary trainee posts for forward planning, retirements, leavers and promotion have left staffing gaps within the Band six microbiology workforce. This has led to a lack of qualified staff who can progress to Band six posts, resulting in trainees who are unable to work autonomously. Numerous trainees result in difficulties and additional pressures to provide training. As a temporary measure, staff at higher grades are being

heavily relied on to fill rota gaps. Microbiology service currently operates a lab at each acute site which requires cover for all rotas. Plans to re-design the service are being explored to achieve adequate rotas, all services delivered from one site (for Microbiology) are unlikely to fit the needs of the service users post COVID-19 due to demands from acute service users therefore the likely option going forward will be a hub and spoke model which will require to be fully scoped out. The service is currently exploring the extended use of Band four roles to support the service, when funding becomes available through retinals, and also providing developing opportunities for current Band three staffing to progress into these roles.

Pathology

Recruitment of consultant pathologists continues to prove difficult, renal service is delivered by a single Pathologist with two-way support with QEUH. Recent recruitment for Band six posts have not been successful. We are now developing trainee roles to support with this. This does put increased pressure on the staff to deliver the training in the short term but hopefully will stabilise staff over one-two years. Anticipated service changes going forward include the introduction of digital pathology, including Immunocytochemistry (ICC) which should offer support to the Pathologists.

Medical Illustration

Acquiring clinical photography trained experts to the team is a challenge, and therefore currently involves recruiting standard photographers and putting them through a distance learning course (currently the only course available is the Staffordshire distance learning course) or in house training. Workforce planning is underway to create career progression opportunities within the service in an attempt to improve retention of staff, and reduce staff leaving NHSL to pursue development opportunities with other health boards that do not exist within Lanarkshire.

Medical Physics

In recent years, the skill mix of the department has been altered to allow the in-house development of staff to bring staff in at training grades and have a structure in place that allows them to progress to more senior roles as posts become available. It is anticipated that in house progression for some senior posts becoming available is premature and until this succession planning is fully embedded, the service will require to try and recruit externally to fill senior vacancies in the next few years.

Nuclear Medicine

A service level agreement is in place with NHS Greater Glasgow and Clyde to mitigate a shortage of medical physics experts.

Other Therapeutic – Pharmacy

Pharmacists are included in Scottish Government's shortage occupation list in light of continued recruitment and retention challenges. There is also a lack of qualified applicants for pharmacy technician vacancies. The New Technical Apprenticeship for pharmacy technicians works to mitigate this risk - which is the only Technical Apprenticeship in Healthcare. The service enrolled 15 student pharmacy technicians on this in 2021. Pharmacy will work alongside recruitment and workforce departments to navigate the complex administrative process associated with this scheme.

Challenges that are specific to acute pharmacy services capacity, include increased demand for pharmacists (especially independent prescribers, to provide capacity to support medical workforce vacancies), increased demand for pharmacists to support non-medical prescribers with complexity of medicine regimes, increased patient turnover, and the increasing demand for moving from five-day to seven-day service provision which will also continue to be a recurring challenge to deliver with existing resources. Over the next three years, a number of experiences staff are expected to retire, therefore there is an imminent need for succession planning and planning capacity for specialist services. Another challenge facing pharmacy is the requirement to create capacity within the service to meet new initial education and training standards for both pharmacist and pharmacy technicians as required by pharmacy regulator General Pharmaceutical Council (GPhC).

There have been key developments in the GPhC standards for the initial education and training for both pharmacists and pharmacy technicians that will drive new roles:

- From 2026 all newly qualified pharmacists will register as independent prescribers at the same time as they register as pharmacists;
- From 2022 all newly qualified pharmacy technicians will register as accuracy checking technicians at the same time as they qualify.

Currently these are post registration qualifications for these staff groups. The service must ensure the infrastructure is in place for staff to utilise these skills after the investment involved to achieve these qualifications.

Work is underway to establish pharmacotherapy 'hubs' within localities staffed primarily by pharmacy support staff. The vision is to have pharmacy support staff, working under the direct clinical supervision of pharmacists, undertaking the technical aspects of medicines reconciliation. The aim is to have level one pharmacotherapy principally delivered by pharmacy support staff and pharmacy technicians. We have currently recruited 10 of the funded 49 posts for pharmacy support staff. There is also a recognised shortage of pharmacy technicians nationally which has prompted boards to adopt a 'grow your own' model with pre-registration pharmacy technicians (student technicians). We currently have 11 student technicians completing the 2-year training course.

Specific to acute pharmacy service – Chief Pharmaceutical Office at Scottish Government has commissioned a report on transformation of hospital pharmacy. Within NHSL, a project group has been established to develop an operations strategy for the clinical pharmacy service across the acute division to include a long-term vision, objectives and capabilities and its contribution to the overall strategy for NHS Lanarkshire. There are opportunities to review the professional development and career pathway of pharmacists and pharmacy technicians within the acute service to improve the care of patients which will also create more attractive employment.

Workforce numbers will increase for all pharmacy personnel as there is increased demand for pharmacy input across all sectors. New and emerging services such as early supported discharge, hospital at home and transitions of care all require pharmacy support to ensure appropriate medicine governance. It is anticipated that there will be national funding made available to assist Boards create a pipeline of student pharmacy technicians to support delivery of the GMS contract. It is also known that there will be national funding to support cancer and mental health services and pharmacy will receive an allocation of that.

Challenges with recruitment and retention of pharmacy staff and an increase in several external, demand driven factors that necessitate pharmacy resource have resulted in a significant acute services pharmacy workforce risk.

Other Therapeutic – Psychology

The key deliverable for Psychological Services is the Psychological Therapies 18-week target: 90% of patients to commence an evidence-based psychological therapy within 18 weeks of referral to the service.

The Psychological Services Improvement Plan submitted to SG in July 2021 included trajectories and estimated projections prepared by Public Health Scotland (PHS) analysts, and factoring in workforce capacity, queues, and referral demand. This identified that, in order to meet the new SG objective of no patients waiting over 18 weeks (i.e., 100% RTT, rather than 90% RTT) by the end of March 2023, an additional 20 WTE psychologists would need to be recruited, and in post by January 2022. Additional funding was allocated from Scottish Government (SG) to support this. This will allow for recruitment of approximately 10 WTE clinical staff, albeit that a number of these will be less qualified staff involved in triage and signposting, rather than complex Tier three interventions.

The trajectories and projections prepared by Public Health Scotland analysts, and using an agreed set of algorithms, estimated that at 31st July 2021, the queue of patients waiting for psychological therapies would be 2,105. The actual number waiting at this date was 2,406. This reflects increased demand, even although the number of completed waits continues to increase – and shows that the clinical capacity of the service is not keeping pace with this demand. Until such time as all of the required additional staff are in post, projections very clearly show that demand will consistently exceed clinical capacity.

As at 31st August 2021, 86.3% of patients commenced an evidence-based psychological therapy within 18 weeks of referral to the service. There are also recognised difficulties in recruiting to Psychology services across Scotland, given a shortage of qualified staff. Steps are being taken at SG/NES to increase the number of training places on doctoral and MSc programmes. With additional funding from SG, services are essentially competing against each other to recruit, and Lanarkshire faces GGC and Lothian in this respect. Given that much of the demand is for high

intensity/complex presentations, it is not possible to meet these needs through use of lower-grade, or less qualified staff.

There are two main risks:

- Continued increases in referral numbers, and there is already evidence from Primary Care that this will indeed be the case;
- Funding is not made available to recruit to all of the additional 20 WTE posts identified as necessary by the PHS analysts' projections.

Without all of these additional posts, it is unlikely that the service will eliminate the backlog or achieve and consistently maintain, an 18-week referral to treatment for psychological therapies.

Anticipated Service Changes

Work is ongoing within the service to develop pathways with the Primary Care MH and Wellbeing Service, to provide for more interventions at lower intensity/ complexity within primary care, with a stepped approach towards access to psychological therapies at higher intensity/ complexity.

Increasingly, patients will be stepped through evidence-based online therapy programmes, digital therapies, and group-based interventions, and will only be offered face-to-face psychological therapies where this is deemed the most appropriate form of psychological therapy. It is recognised that this flexibility allows patients who would normally find it difficult to engage with services (e.g., through mobility or childcare issues) an opportunity to access psychological therapies more readily.

A Digital Therapies strategy has been implemented based around the launch of a bespoke Psychological Services website in November 2020 offering patients access to a wide range of self-help, computerised CBT, and online therapies programmes. The service also now offers online (VC) groups for psychological therapies. Further service developments have taken place, including rapid assessment clinics, group therapy programmes, and shared waiting lists across locality teams.

There are plans to develop a Remote Psychological Therapy team which, as the name suggests, will comprise psychology practitioners working and delivering therapies remotely. This is a model that has seen success elsewhere in the UK, and recognises that difficulties in recruiting experienced clinicians can, to an extent, be mitigated by offering staff the opportunity to work from home, and do with flexibility in hours.

Diabetes Service

Current challenges Lanarkshire's diabetes service is experiencing are the impact of COVID-19, difficulty recruiting a clinical lead to the service and increasing prevalence of diabetes in Lanarkshire which is driving an increase in workload.

Impact of Pandemic

Due to the volume of Consultant out-patient activity that was cancelled during the last two years – a situation that remains relevant today and is likely to persist for some months to come – there is an extensive backlog of both Type one and Type two patient reviews, which will take several years to fully manage. This has a direct impact on the volume of activity for the specialist nursing, podiatry and dietetic services i.e. a significant increase in the levels of patient referrals, either via clinicians or people self-referring due to concerns regarding their diabetic control and health in general. Reduced management and review of diabetes during the pandemic has resulted in patients now presenting with poorer diabetic control and significant co-morbidities.

Training Time Required

Recruitment of nursing and podiatry services has not been challenging, however the lead time to join can take between six-nine months of training and mentorship before they are able to take on a full caseload. With five retirements in the last year and a number staff approaching retiral age, this risk has to be managed to ensure service sustainability. Recruitment to specialist Dietitian roles has been challenging for the last few years. This is due to the ongoing Type two Framework project which is in progress across all Scottish Health Boards and specifically focuses on the impact of lifestyle and weight management and which has mainly been provided by dietetic staff.

Increasing prevalence of Diabetes

Lanarkshire has had one of the highest, age-adjusted levels of prevalence for Diabetes Mellitus for many years, with between 5.4 - 5.7% of the population diagnosed with Type two since 2018. Levels of Type one diagnosis have been similar to other areas, but this figure has demonstrated a year-on-year increase with recent research demonstrating a link with COVID-19 and an increase in the diagnosis of Type one. Regarding increasing prevalence of Type two Diabetes in younger people - best practice guidance dictates that these patients are reviewed and managed within the specialist service, which results in this work being carried out by non-medical specialist staff.

Increasing in-patient workload

Increasing demand and expectations for in-patient time to review, educate and facilitate early discharge from the wards is also a recurring challenge for diabetes service. Anticipated service changes for Lanarkshire's diabetes service include nursing and dietetic staff taking on a wider remit of holistic care and extended practice, previously viewed as Consultant-led activity – which requires additional training, mentorship and completion/maintaining of competencies.

Work is already underway to develop a Diabetes Educator role and increase requirement for extended scope practice for non-medical specialist staff. The service also hopes to develop dedicated in-patient roles and re-establish the support offered to community colleagues including GPs.

Dependent on central funding for the Type two diabetes Framework project, the service plan to increase Dietetic Assistant capacity within the service to take forward group education. It is hoped this will be a development opportunity for existing staff members, through increase in hours for part-time staff or recruitment to extra hours.

Out of Hours

Recruitment of staff to out of hours (OOH) service remains a persistent challenge across both medical (additional salaried GP's and recruitment and retention of sessional GPs) and nursing practitioner staff.

In reviewing the clinical model and skill mix it was agreed to introduce a new clinical role, senior ANP. This post has proven difficult to recruit to due to minimal number of applicants meeting the relevant training and experience requirements. Recruitment and retention of qualified Advanced Nurse Practitioners is an ongoing challenge especially due to high attrition rates, and high demand for ANP roles across a range of services, combined with a lack of supply for available trained staff. Recruitment of qualified nurse practitioners and the length of time required to train nurse practitioners and ANP's is two years and unfortunately many leave the training programme before completion of the academic course. There are approximately 30% unfilled clinical sessions per week, which can increase to 65% at weekends and overnights, which are predominately hard to fill. Another workforce risk is that OOH service has an aging workforce with approximately two thirds of the entire workforce (66%) who are 50 years and over. This is a particular pressure point and challenge in terms of succession planning and retention of key clinical staff.

In an attempt to reduce the risks outline above, the service has established a project plan including a revised clinical model and workforce plan to reflect a multi-disciplinary workforce, and developed an escalation procedure which is implemented during periods of high service demand to manage capacity and patient flow safely. In the event that the service has no GP cover but if a nurse led service can be operated by a senior ANP, NHS Board have approved temporary plans for senior ANP's to enable a reduced service to be delivered. This helps to maintain an urgent care service and reduce the demand on local Emergency Departments.

There is an ongoing review of workforce model to ensure safe staffing levels and appropriately skilled and competent multi-disciplinary workforce. This will be enabled by; employing correct skill mix, introduction of new and enhanced clinical roles.

Examples of this are the reviewed Nurse Practitioners' role – from which the service has introduced Paediatric Nurse Practitioners' to assist with the large number of paediatric presentations, and plans to increase recruit advanced practitioners to the service which will include nurses, pharmacists and SAS practitioners.

Health Improvement

The main challenge for Health Improvement is that a number of services are delivered using Scottish Government Outcomes Bundle Funding which generally isn't confirmed until July within each funding term. This includes programme funding for Tobacco Control, Oral Health Improvement, Lanarkshire Weight Management Service, Maternal and Infant Nutrition and Blood Borne virus (BV) and Sexual health. Much of this funding has been recurring over many years now but only confirmed annually which results in fixed term contracts and staff turnover. Lanarkshire Weight Management Service received a smaller allocation for 21/22 than anticipated and so there is uncertainty with this and other outcomes bundles as to whether there will be any reduction in funding in future years. The largest proportion of the outcomes bundle funding is tied up in posts.

The pandemic has compounded pre-existing health inequalities with evidence showing that COVID-19 has had greater direct and indirect effects on people living in more deprived localities and those who are most vulnerable. If we are to mitigate the impact of the pandemic on widening health inequalities then we need to see a significant and sustained increase in investment in capacity and programmes on prevention, early intervention and addressing health inequalities. Key issues for services include: increasing demand on services due to the mental and physical impacts on the pandemic on wellbeing and poverty, redeployment of clinical staff; and recruitment and retention for specific service areas.

The following examples illustrate some of the challenges faced by the health improvement service going forward:

Gender Based Violence Service

Since the outbreak of COVID-19, emerging data and reports have shown that all types of violence against women and girls, particularly domestic abuse, has intensified. This creates a challenge for our Gender Based Violence Service as they take referrals and provide consultancy to NHSL staff and are already working at capacity. Most referrals come from our nursing staff and are only accepted if the woman is considered to be at high risk. Otherwise support can be sought through Women's Aid organisations. Work is ongoing to seek resources to increase capacity for this important service.

Quit your Way and Keep Well

There is evidence that the impact of COVID-19 is greater for those people who smoke and so uninterrupted delivery of our Quit Your Way (QYW) service is important in the current climate. The QYW service in Lanarkshire is currently nurse led and medication is dispensed via the use of a patient group directive. Therefore, challenges may occur if nursing staff continue to be redeployed or opt to leave the service. In order to mitigate this challenge, changes would need to be made to our approach to service delivery.

Lanarkshire Weight Management Service

It was challenging to attract applicants to specialist weight management dietetic posts in 2020 and this has proved to be continually challenging. This experience has been mirrored in other Health Board areas over this so is not unique to NHSL. Anecdotally there are few qualified dieticians available and interested in specialising in diabetes and obesity management after these services have been expanded nationally over the last few years with demand currently outstripping supply. This presents a workforce pressure and has implications for the planned expansion of current intensive weight management services but contingency plans are in place to change the model of delivery, should we be unable to recruit senior dietetic staff.

The service anticipates that there may be an increased referral to some services (delivered or commissioned) as a consequence of the impact of the pandemic e.g. Gender Based Violence Services, Welfare Advice, mental health supports, weight management and potentially increased complexity due to multi morbidities and increased vulnerabilities. There are also key public health areas that we currently have limited recurring investment for such as alcohol, drugs and mental health and wellbeing.

Due to the pandemic and in the development of 'Our Health Together' we anticipate a strong focus in Health Inequalities work across the health and social care system. Health Inequalities work is core to our skill and competency base and so we anticipate an increase in the support we need to provide as a function to the wider health and social care system. This has already been evident in our support of the recovery and remobilisation process, leading the Fairer Scotland Duty Assessment for the MRRP and supporting services with their EQIAs. Depending on how this is progressed corporately there may be a need for additional capacity in the form of a Lanarkshire Health and Social Care Integrated Workforce Plan 2022 – 2025

dedicated team between Planning, Organisational Development and Public Health/Health Improvement to support this work across the organisation. The national commitment for a World Class public health system and the introduction of the National Care Service are likely to impact on local health improvement delivery and the local team are maximising opportunities to influence these developments from the Lanarkshire perspective through both local and national networks and consultations.

The service introduced a revised skill mix in order to effectively deliver the Quit Your Way service, via trained Health Promotion Assistants and Health Improvement Practitioners in the National Centre for Smoking Cessation and Training (NCSCT) programme in order to support the nursing staff, who were redeployed to support other areas of the system in response to the pandemic. In this next year, increased capacity was requested to help respond to the wider impacts of COVID-19 in terms of vulnerable populations, mental health and wellbeing and to support delivery of the health promoting health service agenda. Funding for seven new officer posts was approved by NHSL to support this work going forward.

Beyond next year, increased investment in prevention is likely to be required to support new NHSL strategy implementation and population health areas which presently have limited investment. The skills required are likely to be a mix of specialist staff, development of existing staff and there is also scope for investment in targeted employability programmes to be developed to support employment of local people into public health careers.

Public Health

NHS Lanarkshire's Public Health Directorate had expanded significantly during the pandemic, particularly with the addition of the Test and Protect service and the community testing programme. The test and protect service ceased in April 22, in line with the publication of the Test and Protect Transition Plan, and community testing programme ended in June 2022. The pandemic emphasised the crucial role that the Public Health Directorate plays in the health of the population. However, prior to the pandemic, Lanarkshire already had a disproportionately high burden of disease across the board area and more inequality across our population, in comparison to other boards across Scotland. Given the stark health inequalities that the pandemic has exposed and exacerbated, the directorate of public health will continue to play a critical role in the recovery from the pandemic. The excellent multidisciplinary, collaborative, partnership and working across the whole system and relationships (new and well-established ones) will continue to be important in tackling the aftermath of COVID-19, and these relationships need to be nurtured in the long term.

The workforce in the directorate covers the functions undertaken across the three pillars of Public Health: Health Protection, Healthcare Public Health and Health Improvement.

Health Protection

Health protection involves both reactive and proactive elements. While the health protection reactive response to Covid-19 has decreased more recently, there are still significant reactive work related to communicable disease and environmental health causing challenges. In addition, while the Test and Protect service has ceased, there is a requirement for surge capacity under the Scottish Government's VAM (Variants and mutations) plan. Funding for this surge capacity is fixed in nature and there is uncertainty regarding the long-term workforce requirements, or the impact of fixed-term contracts will be on capacity.

Healthcare Public Health

Anchor institution work is highlighted in the NHSL Health Strategy - Our Health Together section of the plan; however the Director of Public Health supported organisation of an NHS Lanarkshire Board Development Seminar 'Build Back Fairer' in June 2021 where a number of priority actions for NHSL and the HSCPs to deliver on, giving consideration of the impact Covid-19 and widening health inequalities. Learning has been shared with local partners and other boards through local and national networks and through the Strategic Delivery Team.

PH Strategy Development included: Population Needs Assessment; Review/Position paper on External and Internal Strategic and other Drivers; Workforce Planning Template and linking in with the World Class Public Health System development work through Scottish Directors of Public Health Group. In addition, involved exploration of potential structures for Future Proofing and Succession Planning i.e. the model for Health Protection Team and Healthcare Public Health teams structures and functions. This will allow greater alignment of the public health system with

the national emphasis on the development of the World Class Public Health System. The various skills of Healthcare Public Health consultants ranging from needs assessment, evaluation, health economics input and strategic commissioning could all play a key role in the drive to improve population health and reduce health inequalities. All senior staff within the department will have dedicated time within their work plan to focus around addressing health inequalities through effective use of data, evidence-based prevention strategies, leadership, advocacy and partnership working. In addition, the development a multidisciplinary collaborative approach to creating the Health Intelligence Group, will enable more effective and efficient collation and utilisation of routine health and wellbeing data sources and will contribute to the whole system approach to improving health and reducing inequalities.

Health Improvement

The directorate works closely with the health improvement team, which is hosted within the North HSCP, and provides a lot of support and leads work around health inequalities; however, there is more focus required within the Public Health Directorate on addressing health inequalities due to the number of challenges posed by the impact of the COVID-19 pandemic. There have been a lot of opportunities to engage with local communities through the community testing and vaccination programme. This engagement should be built upon for wider Public Health and Health Improvement work, taking cognisance of the engagement structures already in place through locality planning and those being developed to support Our Health Together. Whole system working is critical and the intense pressures across the system highlight the need for reviewing our patient pathways, emphasising on preventative and early interventions to influence and improve the health of the population.

Workforce challenges

Short term funding helped to build capacity in the team; however, the short-term nature of the funding leaves uncertainty about solutions for longstanding challenges in the public health system. In addition, there are significant issues related to projected workforce attrition due to retirement, potential challenges with recruitment e.g. there are unfilled Consultant posts across Scotland, and the ability to attract a skilled workforce e.g. data analyst to support health intelligence activities. While there have been increases in the number of Public Health Registrars recruited into the Public Health Medicine Training Programme, and professional development of existing the workforce to support learning and experience to achieve Practitioner or Specialist Practitioner status with the UK Public Health Register, this is unlikely to have a significant impact in the short-term.

Over the next three years, the main challenge will be to develop a sustainable structure for public health, which aligns NHS Lanarkshire's public health team with national and local key priorities which are as follows:

- Test and Protect Transition Plan and the management of any emerging Variants and Mutations;
- World Class Public Health System and wider public health workforce requirements for the future;
- Public Health priorities with an overarching focus on reducing health inequalities;
- Population profiling to assess the direct and indirect impacts of COVID-19.

Vaccination service

NHS Lanarkshire's vaccination workforce has continued to evolve throughout service delivery, and is now moving to a business as usual model. The focus for this year will be stabilising the workforce and service, also recognising that transfer of The Vaccinations Transformation Programme (VTP) from GPs was effective from 1st April 2022.

Delivery of the Influenza and COVID-19 vaccination service for the upcoming autumn/winter period presents a potential challenge to secure the staffing required for the three-month period of surge activity (October-December). This will involve offering additional hours to substantive employees and support through NHSL's staff bank, particularly for registrants. The Scottish government has identified the need to strengthen the vaccination service across Scotland. The Scottish Vaccination and Immunisation Programme (SVIP) will see the emergence of a refreshed Public Health led vaccination service across all 14 territorial boards. Public Health Scotland, in collaboration with boards, will drive the development of this new service which will cover all vaccinations.

The Director of South Lanarkshire HSCP and the Director of Public Health will jointly chair the Area oversight committee providing strategic direction and assurance for the delivery of the vaccination service, inclusive of vaccines that were previously delivered by GP practices that will be delivered by the board going forward including programmes such as Covid 19, pneumococcal and shingles. The HSCP triumvirate with support from the Immunisation Coordinator, will oversee the service. This service model will be evaluated after one year.

Estates and Facilities Management

For estates and maintenance services, work is underway to explore up-skilling of existing workforce and the introduction of apprenticeships to try and establish a pipeline of new staff joining this service, as recruitment of maintenance staff continues to present difficulties. Recruitment of domestic managers and supervisors is also difficult due to reduced pay differential – further work and a robust strategy to upskill existing staff is required to mitigate this challenge. Recruitment of domestic staff within remote community sites is also difficult, and a multi-skilled staffing approach is being adopted to combine domestic and catering roles in these areas. The age profile of this job family also requires significant succession planning going forward ensure staff health and wellbeing support and continuity of service, as the health of the workforce starts to impact on service delivery. A key focus in the next three years will be on in house up skilling and introducing apprenticeships to develop existing estates and facilities workforce. Succession planning in response to the age profile of this staff group will also be pivotal to establish a pipeline of staff with the required skills for future service delivery, and to mitigate the age profile pressure of a significant proportion of the workforce. This will also be beneficial in creating attractive career progression opportunities within estates and facilities services.

NHSL have made arrangements to provide a range of contracted support services at University Hospital Wishaw in-house. The affected services are catering, cleaning, portering, patient laundry, switchboard and security. They will transfer from Serco to NHS Lanarkshire later this year in return for an agreed level of compensation. The approximately 400 existing staff who deliver these essential support services will transfer under the Transfer of Undertakings (Protection of Employment) Regulations 2006 (TUPE) to direct employment with NHS Lanarkshire. Building maintenance will continue to be provided by Serco. NHSL, Summit and Serco will now work through the legal and operational process of implementing the TUPE transfer to ensure that the employment rights of all staff affected are protected. Consultation with staff affected and their trade union representatives will begin immediately to work through the transfer process.

In the next three years, maintenance tasks are expected to increase due to pending updated national guidance around water and ventilation. There is also potential for domestic staff being required to take on additional duties to free up clinical resources. Clinical services potentially moving from five-day to seven-day service delivery models and an increase of GP practice premises being maintained by NHSL resources are anticipated to impact on support services requirements going forward.

Support services staff across Lanarkshire have played a crucial role both throughout and post pandemic in supporting all health services sustain service delivery through providing enhanced cleaning duties - adhering to infection, prevention and control guidelines and to enforce social distancing measures within public areas.

At present the future workforce requirements for estates and facilities management staff cannot be projected as there are several influencing local and national strategies that will inform the requirements for this staffing group going forward.

4. Current Workforce

Current Workforce NHSL, North and South Lanarkshire HSCP

The following table provides headcount of staff employed substantively across health and social care.

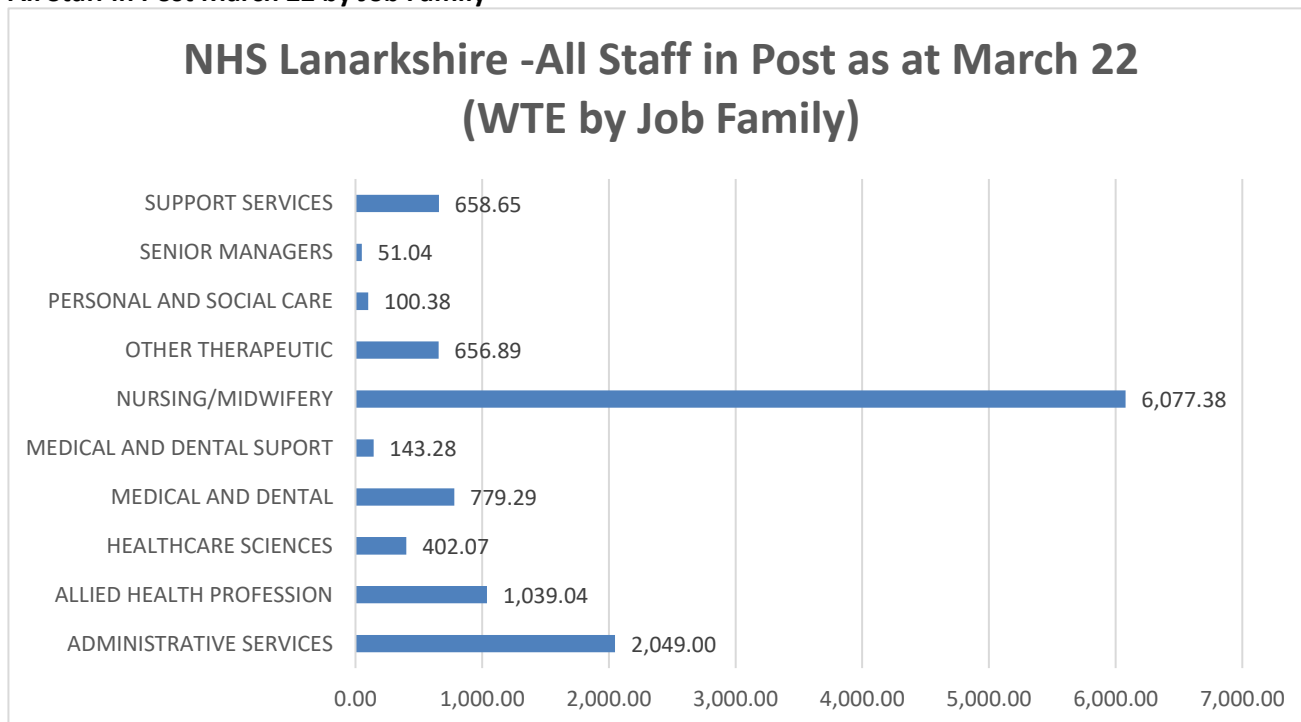
Employer	Headcount
NHS Lanarkshire	14,084
North Lanarkshire Council - Adult Social Care	2,070
South Lanarkshire Council - Adult Social Care	1,894

Figures below show the proportion of workforce aged 50 and over across health and social care in Lanarkshire. It is evident that the workforce age profile continues to mirror that of the population of Lanarkshire with an increasing ageing workforce, with over half of social care workforce within North and South Lanarkshire aged 50 or over.

Proportion of Workforce Age 50+	%
NHS Lanarkshire	37%
North Lanarkshire Council - Adult Social Care	56%
South Lanarkshire Council - Adult Social Care	55%

NHS Lanarkshire Current Workforce Profile

All Staff in Post March 22 by Job Family



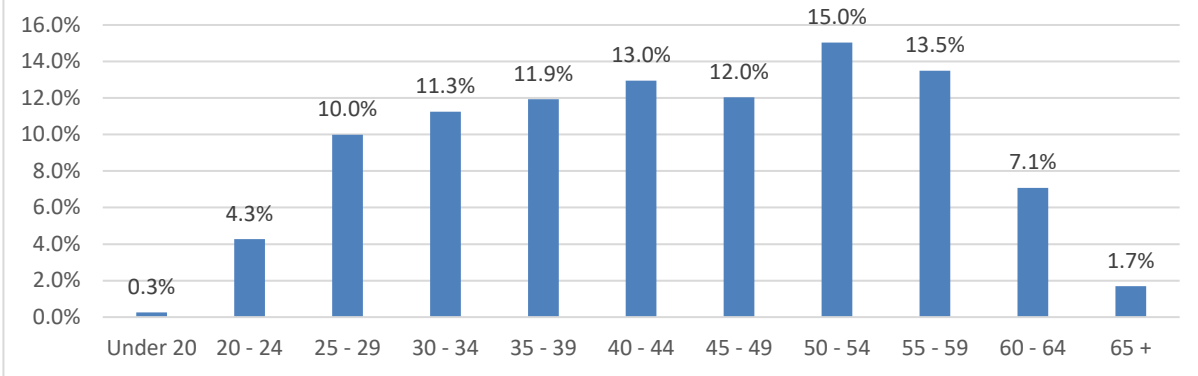
Average Age of Retiral by Job Family

Job Family	2015	2016	2017	2018	2019	2020	2021	2022
ADMINISTRATIVE SERVICES	60	62	62	63	63	62	64	64
ALLIED HEALTH PROFESSION	60	60	60	58	60	61	62	61
MEDICAL AND DENTAL SUPPORT	61	61	59	63	64	55	60	61
HEALTHCARE SCIENCES	60	59	61	61	61	61	60	64
NURSING/MIDWIFERY	59	59	59	59	59	59	60	60
OTHER THERAPEUTIC	57	61	59	67	57	59	63	59
PERSONAL AND SOCIAL CARE	62	61	60	65	63	63	62	71
SENIOR MANAGERS	60	60	58	60	60	62	63	60
SUPPORT SERVICES	65	65	64	64	66	65	67	67
Average	59	60	60	60	60	61	62	61

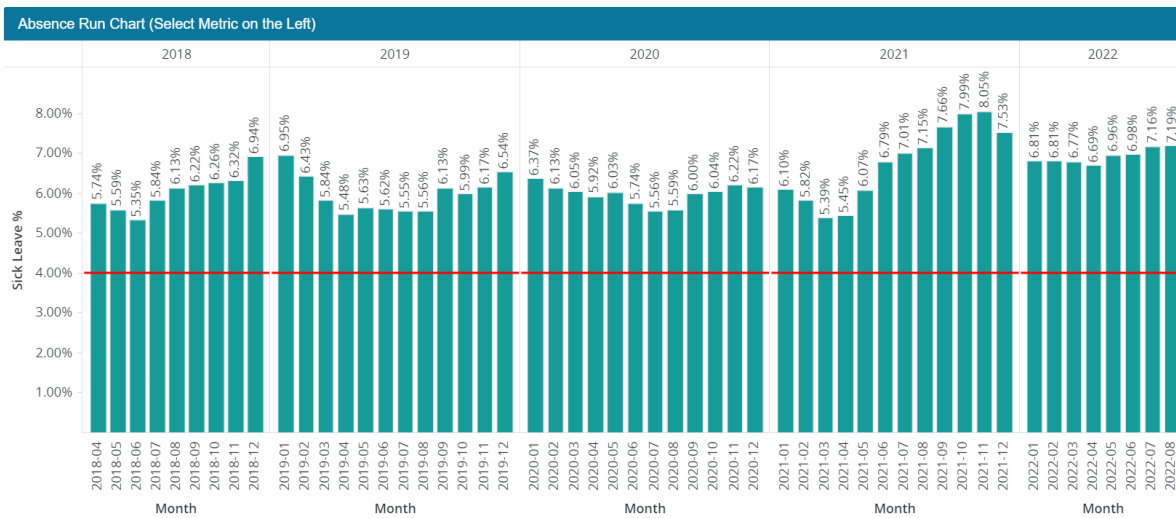
The table above illustrates a gradual increase in the average retiral age for NHS Lanarkshire between 2015 and 2022, and this incline is also reflective of the trend for every job family, which have all increased albeit to varying extents. This information indicates that generally, NHSL workforce are working longer and retiring later than previous years.

Age Profile

NHS Lanarkshire Age Profile as at March 22



Sickness Absence

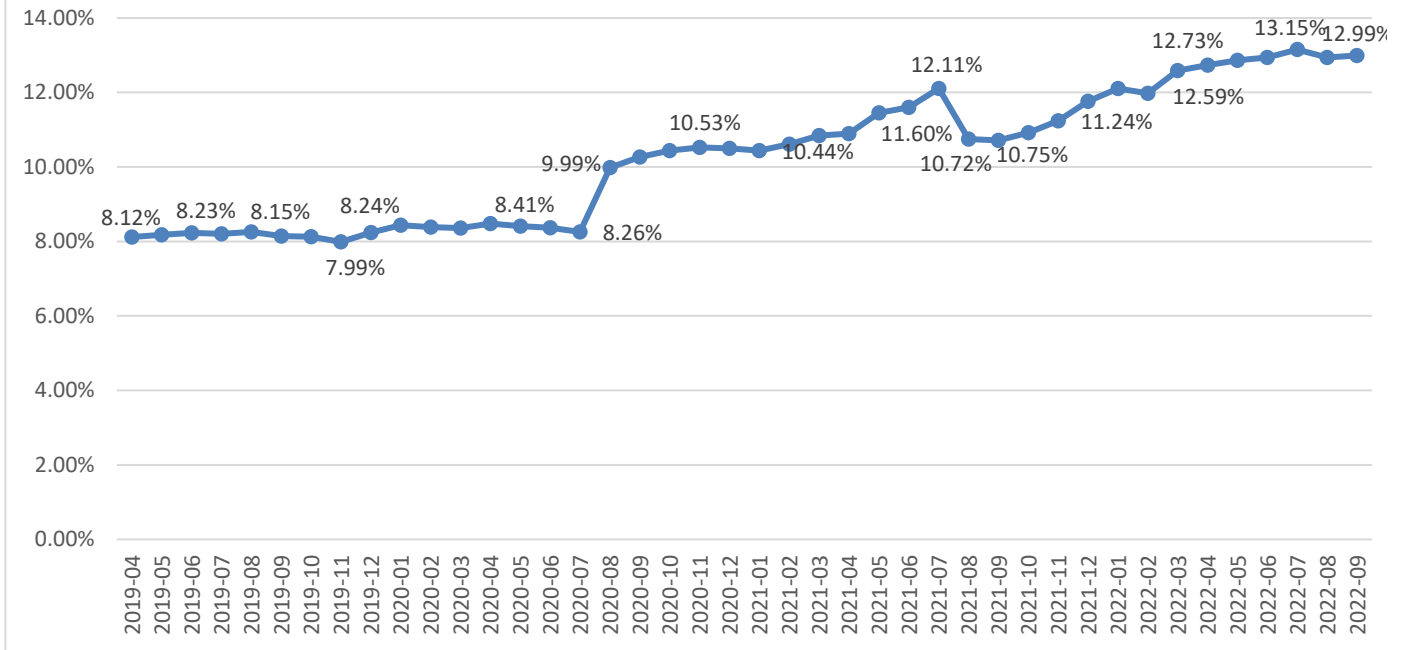


Sickness absence continues to track at a higher rate during the pandemic and subsequently compared to absence levels pre-pandemic.

Rolling 12 Months Turnover

As illustrated in figure below, NHS Lanarkshire turnover has continued to increase from 2019 onwards and remains considerably higher than pre-pandemic levels, acknowledging that a proportion of increased turnover is attributed to the number of temporary contracts increasing throughout the pandemic including Test and Protect and Vaccination Service.

NHS Lanarkshire Rolling 12 Months Turnover



Independent and Voluntary Sector

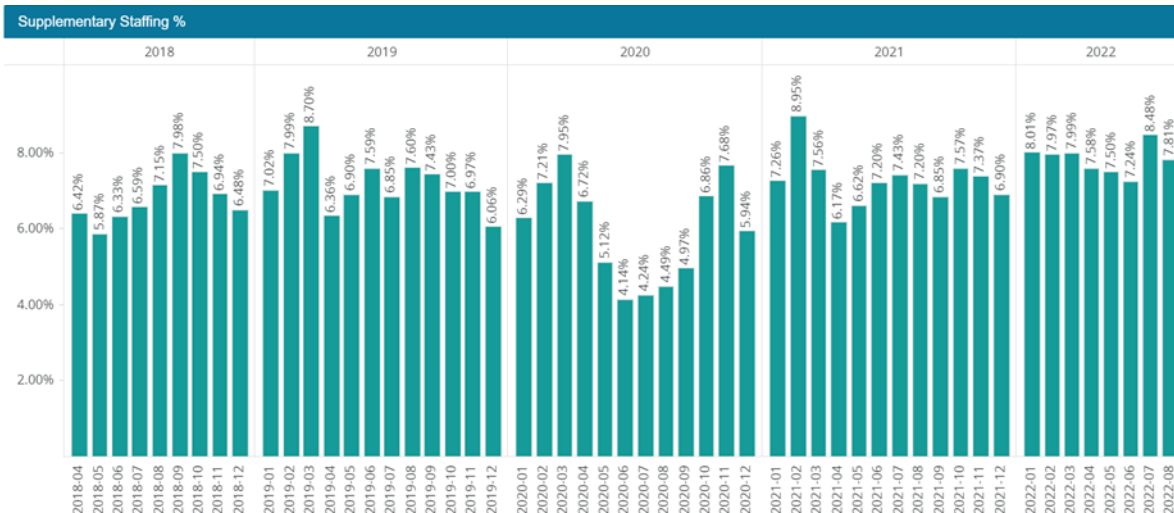
In addition to those staff employed by NHS Health Board and Local Authorities, there is also a significant volume of staff within Lanarkshire who are employed by an independent care provider or voluntary organisation.

Local Authority Area:	Employer		
	Private	Voluntary	Headcount
North Lanarkshire	4,610	3,060	7,670
South Lanarkshire	4,660	1,670	6,330

Source: SSSC Detailed workforce data⁴⁹

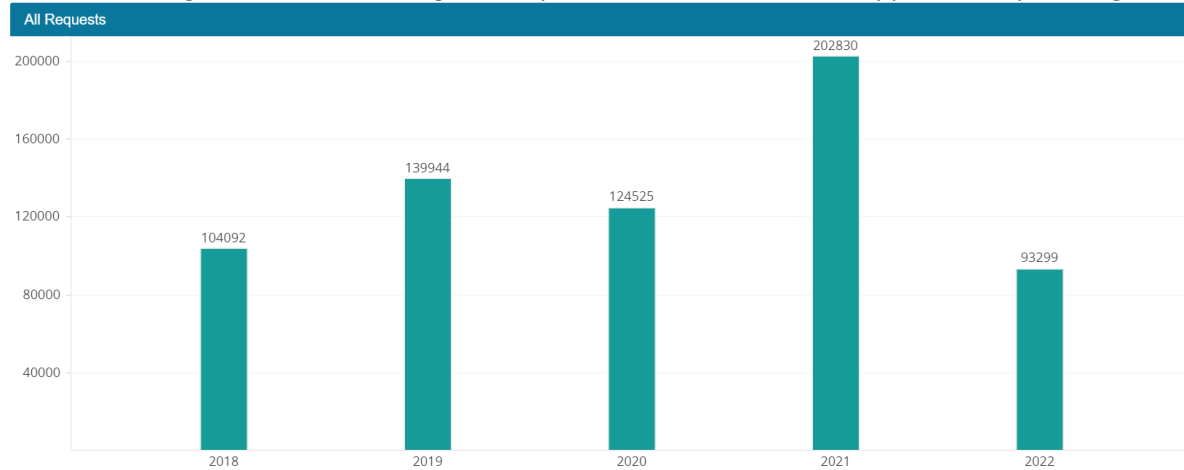
Supplementary Staffing

In addition to high reliance on agency mentioned earlier, NHS Lanarkshire continue to use Staff Bank as a temporary staffing solution to mitigate staffing shortages across the organisation.



⁴⁹ <https://data.sssc.uk.com/local-level-data/277-2020-detailed-workforce-information>

Bank is utilised across a wide range of job families, the volume of total bank and agency requests from 2018-2022 are shown in figure below, indicating a steady climb in the demand for supplementary staffing over the last 4 years.



The proportion of shifts that are filled fluctuates on a month to month basis, however recent months' figures have indicated a persistent challenge of achieving 65% and above fill rates within Nursing and Midwifery job family. This is evident in figure below which shows registered and unregistered bank fill rates from January 2022 to date.

Metrics			Fill %
Date (Month of Year)	Registered	Unregistered	
September	65.2%	66.7%	
August	64.7%	67.6%	
July	53.9%	66.0%	
June	59.3%	67.1%	
May	63.3%	74.8%	
April	47.4%	68.3%	
March	52.0%	59.9%	
February	61.1%	65.5%	
January	59.0%	60.6%	58.0%

Staff Health and Wellbeing

NHSL's Staff Health and Wellbeing service, developed by the department of Spiritual Care and Wellbeing, continues to provide bespoke services to meet individual and group/team needs. The tiered model of staff support, developed in conjunction with Occupational Health and Psychological Services, allows for clear signposting and referral pathways when required. All staff involved in delivering this service have been trained in a variety of interventions which will benefit staff experiencing stress, anxiety, burnout and trauma.

Salus Occupational Health continue to actively support the health and wellbeing of staff, through providing a variety of services to all staff across the organisation via case management which helps staff to understand and manage their mental and emotional state and current circumstances, confidential counselling service which provides local face-to-face or telephone support for psychological, emotional and practical issues and management referral process which allows managers to request employees to be assessed by an Occupational Health clinician regarding their functional ability and fitness in relation to work.

With Scottish Government commitment for enhanced psychology services until 31st March 2023, the following psychological services remain in place:

- Provision of psychological therapy and interventions for staff/workforce needing intensive and longer-term support;
- Intensive support provided by experienced highly skilled clinical/counselling psychologists;
- Data collection on recipients (including job role) to include routine clinical outcome measures as well as satisfaction, absence etc. on a monthly basis and report back quarterly to NES with anonymised and aggregated summaries.

NHS Lanarkshire have continued to fund and deliver a Staff Care and Wellbeing service, since October 2020, with funding extended to June 2022. This allowed a number of tests of change to be set up across Lanarkshire to develop the staff care and wellbeing service across Lanarkshire, with a focus on the following key areas:

- North and South Health and Social Care Partnerships;
- Three Acute sites (with a focus on wellbeing hubs);
- Medical Trainees and Consultants;
- Team Leads in NMAHP;
- Colleagues Working from Home or on Sick Leave.

From this investment, the reach of this service was more than 25,000 encounters, made up of 1:1s support, group support and wellbeing hub visits combined.

Areas of Staff Care and Wellbeing service development that, although important for delivering the longer term strategy, would have to wait until additional funding had been identified are:

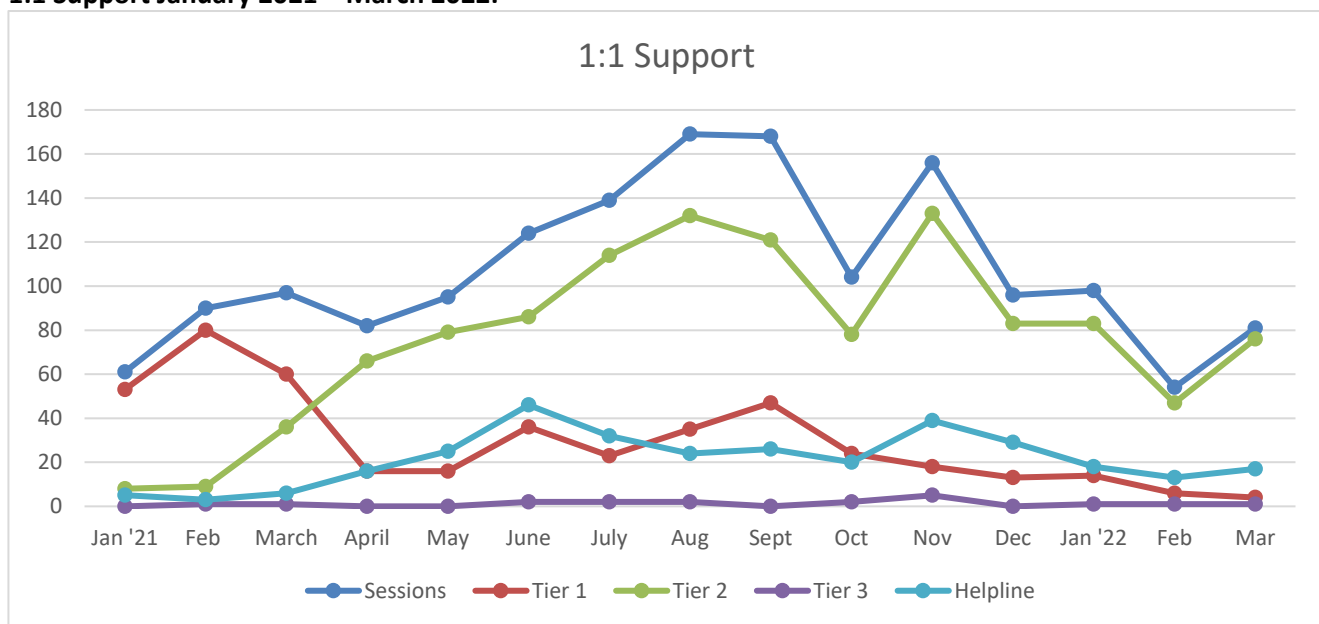
- Expansion, development and support of the Peer Support Network;
- General Practitioners and their teams;
- Corporate and PSSD Teams not based in Acute or HSCP sites;
- Care Home Staff in Lanarkshire;
- Development of Wellbeing Measures for individuals and groups.

Internal services were developed and continued to adapt in line with guidance to support the needs of staff. Many of these services are now reportable within the Staff Governance Framework via the NHS Lanarkshire Health and Wellbeing Strategy Group. The range of services available are consolidated and available via ⁵⁰Your Health Matters page on NHS Lanarkshire’s website.

Overview of staff wellbeing and support provided between Jan 21 and March 22

The main items tracked during this period were the number of one to one sessions, the initial presenting issues, the number of staff attending group sessions/wellbeing training, and the number of staff visiting our Wellbeing Hubs on the acute sites.

1:1 Support January 2021 – March 2022:

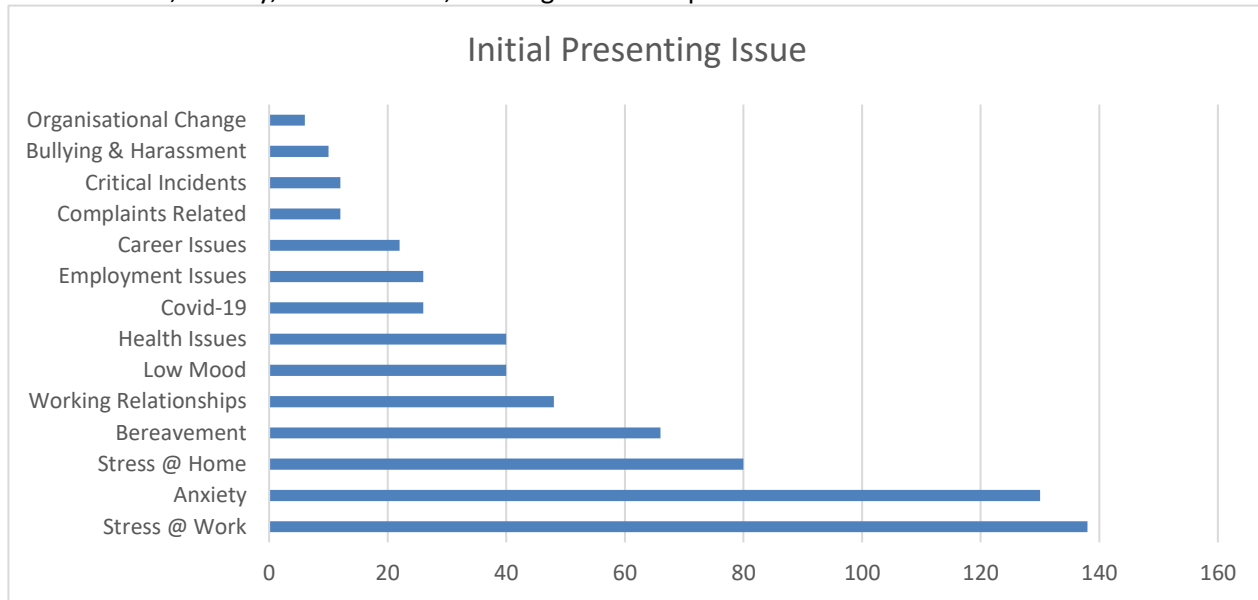


A total of 1,714 sessions were held in the period Jan 2021 – March 2022. This was for 951 staff members. 71% of the sessions with individuals were assessed as Tier two i.e. the need to address significant distress by ensuring

⁵⁰ <https://www.nhslanarkshire.scot.nhs.uk/your-health-matters/>

psychological wellbeing and management of acute emotional responses. 1% were identified as presenting with higher risk symptoms/dysfunction and requiring additional levels of support (Psychological Services, GP, Psychiatric Assessment). 33% of the sessions were with individuals based in the Health and Social Care Partnerships (HSCPs), with 64% being Acute based and 3% based in Corporate teams. The high percentage of Acute referrals is probably due to the availability of staff care specialists based in and around the wellbeing hubs on the acute sites.

The following chart shows the main initial presenting issues for the 1:1 sessions. 75% of these were categorised around stress, anxiety, bereavement, working relationships and low mood.



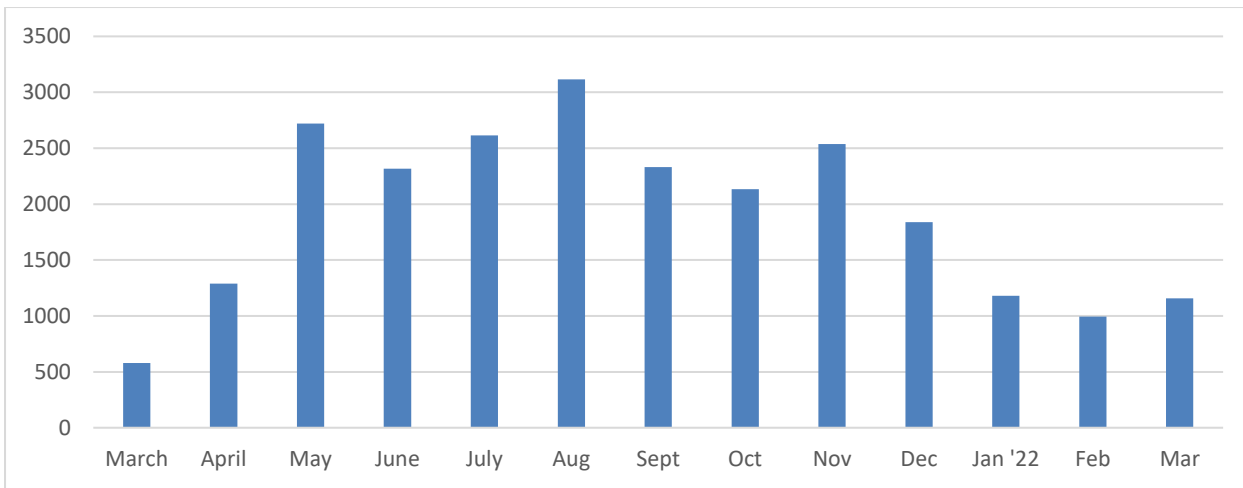
Group Support and Resilience Training 2021 (April - November):



As the staff care specialists joined in March 2021 and spent almost six weeks training, developing intervention approaches, and getting to know the people in the areas that they would be supporting, the real impact in the number of group sessions can be seen from May 2021 onwards.

The chart above shows the number of staff attending group/team sessions per month. There were 400 group sessions in this period with a total of 4,009 attendees. 62% of the group sessions were focussed upon wellbeing awareness (exploring factors contributing to burnout and tools and approaches for developing our resilience). 32% of the groups were reflect and connect sessions, which provided a safe space for staff to reflect on and share about their experience of work during the pandemic. 52% of the group/team sessions were for staff in Acute, with 45% being held for those in the HSCPs, and the remaining 3% being for Corporate and others.

Wellbeing Hub Activity in Acute Sites March 2021 – March 2022:



Just short of 25,000 visits were recorded to the staff wellbeing hubs on the Acute sites. This does not include visits by colleagues overnight nor at weekends. It is recognised that providing space on the acute sites for the wellbeing hubs has been a challenge, but the regular feedback indicated that these are viewed as a visible expression of care for staff.

Establishing the Staff Care Service within Lanarkshire saw the existing Chaplaincy team expand into a multi-disciplinary team to include nursing staff (mental health, acute, practice education), an orthoptist, psychotherapist and a speech and language therapist. This breadth of experience and knowledge helped ensure provision of support, promotion of wellbeing and resilience, addressing burn out, sickness absence, and availability for crisis intervention when required.

Staff care and wellbeing has never been more important, given the unprecedented pressures on the health and social care system throughout COVID-19. Within NHS Lanarkshire, sickness absence reason ‘Anxiety/stress/depression/other psychiatric illnesses’ accounted for the highest proportion of sickness absence pre-pandemic and this position remains unchanged, again highlighting the paramount importance of a need for staff health and wellbeing services.

It is important to acknowledge that staff are still recovering from the pandemic both physically and mentally, and therefore it is of upmost importance to provide continued support mechanisms for staff to access. From Deloitte’s study⁵¹ supporting the Thriving at Work paper in 2017, it is estimated the expected return on investment is 5:1, therefore indicating a potential of five pounds saved for every one pound invested.

Locally, work is ongoing to demonstrate the impact of NHSL’s Staff Care and Wellbeing service on the basis of the level of uptake of the staff care and wellbeing services on offer and qualitative feedback from those who have utilised the service, in an attempt to secure funding beyond June 2022.

5. Workforce Supply

National Workforce Strategy for Health and Social Care in Scotland

The National Workforce Strategy for Health and Social Care in Scotland⁵², published in March 2022 sets out a national framework for health and social care providers across Scotland to achieve the following vision:

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

⁵¹ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/658145/thriving-at-work-stevenson-farmer-review.pdf

⁵² [Health and social care: national workforce strategy - gov.scot \(www.gov.scot\)](https://www.gov.scot/health-and-social-care-national-workforce-strategy)

The strategy sets out “Five Pillars of the workforce journey”:

- **Plan** – supporting evidence-based whole system workforce planning;
- **Attract** – using domestic and ethical international recruitment to attract staff into health and care employment in Scotland;
- **Train** – supporting staff through education and training to equip them with the skills required to deliver the best quality of care;
- **Employ** – making health and social care organisations “employers of choice” by ensuring staff are, and feel, valued and rewarded;
- **Nurture** – creating a workforce and leadership culture focusing on the health and wellbeing of all staff, equality, diversity and inclusion.



In line with the five pillars of the workforce journey outlined in the new national workforce strategy, there are a number of actions and intentions that will be pursued as opportunities to attract, train and retain a more flexible and sustainable workforce going forward. These opportunities include exploring service re-design/different ways of working, accelerating training pathways, widening access to employment, expanding workforce skill base, utilising technology and development of new and existing roles.

The corresponding action plan outlining the actions Lanarkshire Health and Social care will take throughout the scope of the next three years can be found in Appendix 2.

Closing the Gaps

Recruit	Redesign	Retain
Evaluate recruitment channels and access routes into NHS employment- advertising venues, use of social media and technology.	Ensuring roles appropriate to skill to ensure best use of staff	Provide clear career progression pathways, encourage training and development and complete succession plans
Employability programmes including apprenticeships.	Focus on whole system approach to Health and social care workforce planning	Create knowledge partnership schemes during phased retirement plans to prevent loss of organisational knowledge
Promote work experience opportunities.	Avoiding duplication across both health and social care settings	Providing flexible working patterns to suit staff lifestyles and support employee wellbeing.
	Working to “top of licence” for registered and support staff.	

The Centre for Sustainable Delivery

Establishment of the National Centre for Sustainable Delivery (CfSD), hosted by NHS golden Jubilee will be a key component in driving forward national efforts to remobilise, recover and redesign improvements in Scotland’s health care system, to develop, test and implement innovative solutions in response to national challenges. The CfSD will continue to collaborate with Scottish Government and primary care partners such as the royal college of general practitioners to identify opportunities for whole system approach to improving health and social care through service redesign.

The CfSD will be commissioned to deliver both existing and new programmes of work to align to priorities of Scottish Government. This work will be underpinned with a focus on data and intelligence, international best practice, innovation and technology, and on education and skills development. As part of this, CfSD will support organisations engaged in transformational roles to develop a supply of workforce for the future in response to projected staffing Lanarkshire Health and Social Care Integrated Workforce Plan 2022 – 2025

gaps. The key national programmes of the CfSD are listed below. These mirror the priority areas from NHS Scotland's recovery plan, with a view that the work of CfSD will inform and support remobilisation and recovery and enable redesign, improvement and transformation of the health and social care system.

- Support for the Scottish Government Commissioned Unscheduled Care Programmes;
- Cancer Performance and Early Diagnosis Programmes;
- Scottish Access Collaborative and other planned care programmes;
- Modernising Patient Pathways Programmes.

NHS Academy

In addition to The Centre for Sustainable Delivery, another national initiative which will play a crucial role in the future of health workforce is NHS Academy, a partnership between NHS Golden Jubilee and NES, providing accelerated training to address workforce needs.

NHS Academy in conjunction with Centre for Sustainable Delivery will play an integral role in establishing education pathways and developing new workforce skills and capabilities under the 'Train' pillar of the national workforce strategy.

Over the next 24 months, the academy will deliver the following priority work programmes:

- A national endoscopy training programme;
- A national workforce development programme;
- A national clinical skills for pharmacists programme;
- A national induction programme to support on-boarding of new staff in Health and Social care.

Medical Associate Professions (MAPs) Commission

The four roles included in Scottish Government Commission with NHS Education for Scotland (NES) are Physician Associates (PAs), Anaesthetic Associates (AAs), Surgical Care Practitioners (SCPs) and Advanced Critical Care Practitioners (ACCPs). NHS Lanarkshire currently employ staff in each of these medical associate profession roles across secondary care, albeit in relatively small volumes, with disparities across acute sites. As work progresses nationally to continue developing these roles and work towards attaining professional registration and regulation, NHSL will continue to engage in ongoing work both locally and regionally as part of West of Scotland (WoS).

WoS Regional Medical workforce group are working towards seeking commitment from boards Chief Executives and Directors of Human Resources in establishing a collaborative regional working group to focus on the role of Physician Associate in the first instance - through establishing engagement from boards followed by work to establish consistency of role including job description and AfC grade, education provision and career framework across the west of Scotland. This will involve a review of existing job descriptions and bandings in use and consolidating into one agreed job description, to reduce discrepancies in and grade between boards. It is envisaged this work will be ongoing in parallel and mirror the work being done at national level.

To ensure increasing the provision of MAPs roles will be driven by demand, NHSL will conduct a review of all medical rotas to focus on areas with sustainability issues and long standing rota gaps. Areas that are over established with clinical fellow funding will also be reviewed, to review if introducing MAPs roles where we struggle to recruit clinical development fellows would provide part of the solution for a more sustainable rota going forward.

NHS Lanarkshire are committed to support development of MAPs roles going forward in conjunction with advanced nursing practice, as it has been acknowledged these roles need to complement each other on the basis that both advanced nursing and MAPs roles have a lot of similar core competencies that should be aligned. In addition, both staffing solutions present an opportunity to mitigate shortages in supply of medically trained workforce, therefore a collaborative approach will be taken forward locally to ensure these roles do not develop in silos.

Advanced Practice

NHS Lanarkshire are committed to advanced practice and have successfully established the role of advanced nursing practitioner across both acute and community settings. The role of ANP within Lanarkshire's acute hospitals in particular has been an extremely helpful solution in mitigating shortages in supply of trained medical workforce and

supplementing gaps in medical rotas. Locally, NHS Lanarkshire has a professional lead for Advanced Nursing Practice (who's remit also includes advanced critical care practitioners) who will explore rotation of ANPs to allow for a more flexible and adaptable workforce going forward, gaining exposure to working in different departments/specialties, and to support service sustainability for absence cover.

Advanced practice in other professions including Physiotherapy, Occupational Therapy and Pharmacy also continue to be explored in NHSL through tests of change to demonstrate the impact introduction of these roles can have on patient flow and the value they can add to the existing healthcare workforce.

Health and Social Care Support Worker Development Programme⁵³

In response to continued service pressures across the healthcare system, NHS Education for Scotland (NES) was commissioned to undertake a piece of work nationally to support the development of the Band two - four nursing, midwifery and allied health professions (NMAHP) workforce. Phase one of this work focussed on level three and four HCSW staff and how they can support the registered workforce, with plans for the next phases of this commission to focus on AHP HCSWs followed by Healthcare Scientist HCSWs. The development of a national career framework for HCSWs will reduce disparities and wide variation between boards and regions to provide clarity on role, education provision and development of HCSW.

From the initial scoping exercise focussing on Nursing HCSWs, it is clear that this presents a number of potential workforce opportunities that are equally beneficial to individuals and organisations. An established career framework for HCSWs has potential to attract and encourage more individuals to apply for HCSW roles if there are opportunities for up skilling and career progression through a pathway which did not previously exist. This presents a highly attractive opportunity for individuals who do not wish to go to university to study a degree but still wish to develop new and existing skills, for career progression.

For employers, development of level three and four HCSW roles can positively impact both current and future workforce challenges: through increasing capacity within the pool of registered nurses currently employed, by releasing time to care by taking on tasks that are currently part of RGN workload that do not require formal registration to carry out. Implementation of level three and four HCSW roles will also provide an opportunity to develop a pipeline of staff who are upskilling progressing through the organisation, to help mitigate skills gaps, and allow for better succession planning to address future retirements and shortages of qualified RGN staff in the future. These roles also have the potential to improve retention of healthcare support workers.

Multi-Disciplinary and Multi-Professional Team Working

Delivery of health and social care services in recent years has continued to transform to meet the increasing demand on services through increased workforce flexibility focusing on a diverse range of roles to comprise a skilled team. As we continue to develop the required workforce supply for the future to ensure safe patient care and meet increased demand on services, learning from the pandemic has highlighted the need for continued multi-disciplinary team working. With this, it is important to ensure that professional boundaries are not blurred and that professional identity is not lost as part of this. 'Developing professional identity in multi-professional teams' paper⁵⁴, published in 2020 by Academy of Medical Royal Colleges articulates the importance of professional identity and references research which links a strong professional identity to positively impact autonomy, resilience and wellbeing of staff.

Therefore, it is crucial that work to establish a strong professional identity is undertaken simultaneously to development of new and existing transformational roles, to ensure that new roles are viewed as distinguished professions in their own right that are complimentary to MDT working and to existing roles that are well established in Health and Social care, and not just as a solution to fill long standing workforce gaps. It is therefore important to acknowledge that when introducing new roles, engagement with other professions is required to ensure the wider workforce have a comprehensive understanding of newly developed roles, prior to these roles being embedded within team(s).

⁵³ [Health and care support worker development programme | NHS E \(scot.nhs.uk\)](https://www.nhs.uk/health-and-care-support-worker-development-programme/)

⁵⁴ <https://www.aomrc.org.uk/reports-guidance/developing-professional-identity-in-multi-professional-teams/>

Whole System Approach to Delivering Health and Social Care

In addition to the need for continued multi-disciplinary team working to meet service demands, learning from the pandemic also highlighted the need for a cohesive whole system approach to delivering health and social care going forward.

The pandemic emphasised the interdependencies between primary care including independent contractor services, community care, secondary care, and social care and the stability these interdependencies create. It also became evident that one component of health and social care delivery being overwhelmed with demand can have consequential knock-on effects on the other component parts of the system.

As workforce supply challenges persist across health and social care, this has led to increased competition for recruitment and retention at local, regional and national level. This poses an ongoing risk and emphasises the need to develop new and transformational roles in response to growing demand across health and social care to ensure there will be a sustainable supply of workforce to meet future health requirements of an ageing population in Lanarkshire, and across Scotland.

Public Health Scotland⁵⁵ acknowledge that adopting a whole system approach to Scotland's health priorities is a long term endeavour and one that requires strengthening of existing and new relationships across a wide range of stakeholders and employer organisations.

International recruitment

International recruitment within NHS Scotland has been fairly limited to date and restricted to a small number of medical specialties. However, increasing workforce demand, for example through the acceleration of the National Treatment Centre programme will require a significant increase in both the size and scope of international recruitment and a supporting infrastructure will be required to deliver this.

The newly established Centre for Workforce Supply is supporting Boards' own international recruitment activities by providing services that make best sense. Scottish Government has communicated that a Commissioning Group will be established by them to direct the priorities of the Centre including HRD representation and that of key stakeholders.

On the 22nd September SG funding was confirmed to support International Recruitment. On a recurring basis, £87,250 has been allocated to NHSL for international recruitment. It was approved by gold command that this could be used for an HR Manager and the balance of funds used for a Recruitment Administrator to support. Both the Band 7 International Recruitment Manager and Band 3 Recruitment Administrator are now in post and link with the NES Centre of Workforce Supply which will assist with establishing the strategy within NHSL. This strategy will be complemented by new marketing materials with the support of our communications colleagues which will highlight the key attractions to working with NHSL and will encompass a collection of videos and photographs as well as a refresh of NHSL Careers website targeted at hard to fill job areas as well as showcasing Lanarkshire as a place to live and work. NHSL have recruited 17 Registered Nurses from overseas scheduled to join the Board in June/July 2022. This was facilitated by funding provided by Scottish Government for an additional package of support to relocate to Scotland. Workforce planning is at an advanced stage to determine further campaigns for International recruitment of Medical Specialties, Allied Health Professionals and Registered Nurses. A collaboration between NHSL Practice Development Team and University of West of Scotland is in place to support circa £2K per candidate and is currently running an eight- week programme – it is possible to condense this to four weeks but this is aspirational and the candidates would still require considerable support from Practice Development to work alongside people to ensure the theory practice/reality gap is bridged.

Centre for Workforce Supply

⁵⁵ <https://www.publichealthscotland.scot/our-organisation/about-public-health-scotland/supporting-whole-system-approaches/applying-a-whole-system-approach/>

Linked to both domestic and international recruitment, Scottish Government have created a Centre for Workforce Supply, whose aim is to be both strategic and operationally supportive to boards. This will involve further analytical development of workforce data which already exists, to be used in an insightful way to inform resourcing workforce supply and service redesign work.

The strategic work carried out by the centre for workforce supply will allow the centre to provide boards with expert advice and alternative resourcing strategies to provide additional support to recruitment departments, based on data intelligence from both domestic and international labour markets in gauging workforce supply. In particular, the centre for workforce supply is anticipated to be extremely helpful in identifying an abundance of skilled workers overseas to consider pursuing for international recruitment.

Employability Initiatives

Activity prior to the pandemic took place in areas such as work experience and employability programmes including Project Search, Modern Apprenticeships, Princes Trust, Care Academy, apprenticeships and Clinical Employability courses ran via Practise Development and Staffbank. Some programmes were stood down during the pandemic. However, we are currently developing a strategy to recommence work having implemented Kickstart in February 2022 we are now reviewing requests to support programmes we have not been involved with to date such as the NHS Demonstrator Project. A dedicated resource has now been appointed at HR Business Partner level to develop employability programmes with NHSL.

Work has been stepped back up in some of the areas mentioned above including Project Search. This programme started back in September for the academic year 2021/2022 with eight students starting at University Hospital Monklands and University Hospital Wishaw and six students at the University Hospital Hairmyres.

Apprenticeships

Work is at an advanced stage to create new opportunities to accommodate Foundation Apprenticeships starting in August 2022 for Health and Social Care, Business Skills and Creative and Digital Media frameworks. There are currently 55 Modern Apprenticeships in NHSL with the majority being current staff upskilling. A further 10 current NHSL employees are being supported by NHSL to join a variety of Graduate Apprenticeship programme in September 2022 including Business Management, AI, Data Science and Cyber Security.

Volunteering in NHS Lanarkshire

NHS Lanarkshire has a longstanding volunteering programme, which pre-pandemic operated a number of volunteer roles in the three acute hospitals, community hospitals and in various community settings. There were over 700 registered volunteers of whom over 400 were volunteering on a regular basis with the youngest volunteers being 16 and the oldest volunteers being in their 80's. Following a review in 2019, it was noted that the patterns of volunteering had changed due to demographic changes, later retiral dates and different attitudes to work as generations change. This has lead, on the whole, to smaller numbers of older volunteers and much more of a focus on volunteering to gain experience for a career move.

The pandemic has had a massive effect on the volunteering programme. All ward based volunteering stopped and all of the older volunteer group were told not to come in until advice had changed. However, more people of the working age population initially came forward looking to provide short term help but very few of them were looking at a longer term commitment. The younger volunteers have started coming forward again but the older volunteers have not. Reporting from the Volunteering Information System has shown that the younger volunteer pool are more likely to conclude their applications and start volunteering and will generally stay for between four and eight months. However, 60% of all applicants are under the age of 30, which translates to about 70% of volunteers on the ground in this age group.

In addition to increasing the volunteering footprint in all of the hospitals by returning to the pre-pandemic situation, we need to establish an 'emergency' group of volunteers who could be called upon to help at short notice.

Retention

NHS Lanarkshire has a retire and return policy in place for existing staff which has proved beneficial in ensuring succession planning across a number of areas both during and post pandemic. Acknowledging this is a short term solution, the introduction and uptake of this has been well received by both individuals and services in retaining valuable expertise for an extended period of time to allow further development and up-skilling to take place in advance of experienced staff leaving the organisation.

Application of Retention and Recruitment Premia is another means of aiding recurring recruitment and retention difficulties, acknowledging this is not continuous and only applicable for a fixed time period. Lanarkshire's out of hours' service are currently exploring the applicability of this.

Organisational Culture and Leadership

In terms of education, training and staff development NHS Lanarkshire continues to implement the local Learning Strategy and Learning Plan which was produced in collaboration with a range of programme providers and aligns with the priorities, expectations and timelines set out in strategic direction.

The Learning 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. Given the current restrictions and, we will continue to find innovate ways to deliver learning virtually using technology, where possible, as well as exploring and introducing a blended approach to learning. In addition, a number of work-streams are underway which support and enable the creation of a sustainable values based quality culture. These include the delivery and evaluation of Corporate Induction, targeted development and support for new leaders and managers.

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 through 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.

6. Implementation, Monitoring and Review

In line with the tripartite ambition set out in new national Workforce Strategy for Health and Social Care to recover, grow and transform the workforce, NHS Lanarkshire will regularly monitor the progress of the short, medium and long term actions set out in the workforce plan and present updates to the board's Corporate Management Team, North and South Lanarkshire IJBs, Area Partnership Forum and Staff Governance Committee. It should be acknowledged that although the scope of this workforce plan sets out local intentions and actions over the course of the next 3 years, this information is subject to change as new workforce drivers, challenges and opportunities emerge during the scope of this plan. These changes will be reflected in the annual updates that will be submitted to Scottish Government throughout the three-year time period this workforce plan covers.

7. Appendices

Appendix 1 Joint Voluntary Sector Survey Collective Response



Joint Voluntary
Sector Survey- Collect

Appendix 2 Workforce Action Plan and Risks

Health and/or Social Care	Responsibility	Area	Action
Health and Social Care	North and South HSCPs	District Nursing	Evaluation of both Enhanced Community Nursing Care in North HSCP and Home First initiative in South HSCP. Further consider nursing opportunities to strengthen admission avoidance and supported discharge/Discharge without Delay.
Health and Social Care	South HSCP	South Health and Social Care	Establishing the Care Academy in South Lanarkshire
Health and Social Care	South HSCP	South Health and Social Care	Implement the 'Home First' model
Health Care	South HSCP	Vaccination Service	Ongoing review and updating of workforce arrangements to reflect overall service development.
Health Care	Human Resources	International Recruitment	Continue to explore opportunities to increase the number of new joiners to NHSL via international recruitment.
Health Care	Director of Planning, Property and Performance	Monklands Replacement Project (MRP)	Develop and submit outline business case.
Health Care	AHP Director/Spiritual Care	Staff Wellbeing	Demonstrate impact of services ongoing to acquire new funding beyond June 22.
Health Care	AHP Director/Spiritual Care	Staff Wellbeing	Development of Lanarkshire's MH and Wellbeing Strategy
Health Care	Corporate Management Team	NHSL Health Strategy - Our Health Together	NHS Lanarkshire to become an anchor organisation.
Health Care	Public Health	Public Health	Work is being undertaken to use health intelligence techniques and methodologies to improve the health and wellbeing of the Lanarkshire population. This requires multidisciplinary input and working closely with key stakeholders including Planning, ehealth, Finance, Research and Development, Health & Social Care Partnerships, Local Authority, academic partners and Public Health Scotland. Ultimately this work will improve efficiency and impact on overall workforce planning for the future.

Health Care	Public Health	Public Health	We are currently developing the local PH system to focus on key PH priorities and align with the national work being led by the SG and the Scottish Directors of PH on the development of a “world class PH system”. This requires the redesign of current systems and development of team work plans and job plans in the short term and a PH strategy in the long term. The aim is to equip the Directorate to respond efficiently and effectively in the management of communicable disease outbreaks and contribute to whole system service redesign and delivery of effective screening and immunisation programmes and the overall improvement of the health of the population and address inequalities.
Health Care	Nurse Director	Advanced Nursing	Locally, a professional lead has been appointed to explore rotation of ANP role within NHSL.
Health Care	AHP Director/Pharmacy Director	Advanced Practice (non-nursing)	Advanced practice in other professions including Physiotherapy, Occupational Therapy and Pharmacy also continue to be explored in NHSL through tests of change.
Health Care	Medical Director	Medical Associate Profession (MAPs) Roles	Locally, work to look at gaps in medical rotas will inform demand for MAPs roles.
Health Care	Medical Director / Human Resources	Medical Associate Profession (MAPs) Roles	Regional work to develop one consistent job description and entry grade for PAs should improve retention within the region.
Health Care	North and South HSCPs	Community Nursing Review	Community Nursing Review will take place in coming year to review capacity and demand for community nursing.
Health Care	Nurse Director and Medical Director	Health and Care (Staffing) (Scotland) Act 2019	Progress Oversight Board established to ensure NHSL's preparedness for enactment of legislation and compliance.
Health Care	Human Resources	Health and Care (Staffing) (Scotland) Act 2019	A plan of scheduled workforce tool runs has been agreed and signed off for coming year.
Health Care	Human Resources	Employability and Widening Access	Pathways into NHS Employment - pre employment programmes.
Health Care	AHP Director	Podiatry	Reshaping the workforce over the next 3-5 years. Growing Band 5 podiatry workforce to be the first point of patient intervention, with a focus on Band 7 staff taking on a mentor and clinical escalation role for more complex cases.
Health Care	North and South HSCPs	Family Nurse Partnership	Engage with Scottish Government to discuss future service delivery model.

Health Care	Acute Nurse Director	Acute Nursing	Exit strategy required to be developed in relation to recurring high agency usage and spend.
Health Care	Nurse Director	Midwifery and Neonatal	Ockenden Inquiry (2022) - Complete benchmarking exercise in relation to immediate and essential actions.
Health Care	Human Resources	Newly Qualified Nurses Matching Process	Refined process to be evaluated once concluded and review impact on retention.
Health Care	Acute Nurse Director	Cancer Services	Introduction of support workers (band 3) and navigator roles (band 4)
Health Care	AHP Director / Human Resources	AHPs	Enhanced use of Staffbank for a wider range of AHP roles is anticipated going forward – Band 3 AHP HCSW, Band 6 AHP Specialists
Health Care	North HSCP	Paediatric Nursing	A service review of Paediatric services commencing.
Health Care	Director of Pharmacy	Pharmacy	Develop an operations strategy for the clinical pharmacy service across the acute division to include a long-term vision, objectives and capabilities and its contribution to the overall strategy for NHS Lanarkshire.
Health Care	Director of Pharmacy	Pharmacy	Establish pharmacotherapy ‘hubs’ within localities staffed primarily by pharmacy support staff.
Health Care	Director of Pharmacy	Pharmacy	Continued ‘grow your own’ model with pre-registration pharmacy technicians (student technicians). NHSL pharmacy will continue to participate in and maximise the opportunities offered via the Scottish Government funded initiative for pre-registration pharmacy technicians.
Health Care	AHP Director	Occupational Therapy	Enhanced Occupational therapy input to specialist mental health teams such as prison and psychological services.
Health Care	AHP Director	Occupational Therapy	introducing OTs in intensive care units through the (Ins: PIRE) Project
Health Care	AHP Director	Occupational Therapy	Introduction of OT within Child and Adolescent Mental Health (CAMHS) services
Health Care	North HSCP	LD CAMHS transitions, Forensic LD service and Neuro-developmental service.	MDT service reviews taking place with regards to LD CAMHS transitions; Forensic LD service; Neuro-developmental service; patient out of area referral pathways.
Health Care	AHP Director	Spiritual and staff care	Expand The Lanarkshire Listening Service (LLS), using best practice and benchmarking with NHS Tayside.

Health Care	AHP Director	Spiritual and staff care	Develop B4 Volunteer Co-ordinator role.
Health Care	Nurse Director	Diabetes	Development of the Diabetes Educator role and skill-mix review.
Health Care	AHP Director	Dietetics	Increase in dietetic workforce with mental health in particular CAMHS and neurodevelopmental service .
Health Care	AHP Director	Orthoptics	Test of change exploring an Orthoptic led neuro-ophthalmology clinic.
Health Care	AHP Director	Radiography	Recruitment of assistant practitioners to mitigate shortage of radiographers.
Health Care	Director of Planning, Property and Performance	Estates	Apprenticeship program and up-skilling of existing workforce.
Health Care	North HSCP	HMP Shotts	Internal Prison Healthcare Service Review subsequent action plan to be completed.
Health Care	North HSCP	HMP Shotts	Exploring application of recruitment and retention premia (RRP)
Health Care	North HSCP	HMP Shotts	Advanced Practice to increase capacity in medical centre.
Health Care	Site Directors	Microbiology	Staffing implications of moving to hub and spoke model amid rota challenges across 3 sites.
Health Care	Site Directors	Medical Physics	The service will pursue training posts and the use of annex 21, due to national shortage of training clinical technologists,
Health Care	North HSCP	CAMHS	NHSL CAMHS service redesign
Health Care	AHP Director	Physiotherapy	Developing unregistered workforce
Health Care	North and South HSCPs	Health Visiting	Review of caseloads pending output from caseload weighting tool.
Health Care	North and South HSCPs	Treatment Rooms	Ongoing training and development of treatment room workforce in respect of Chronic Disease Management (CDM) from Primary Care Improvement Plan.
Health Care	North and South HSCPs	Treatment Rooms	Explore options for extended day and/or 7 day service.
Health Care	Human Resources	All Nursing	Evaluation of weekly pay pilot.
Health Care	Human Resources	Family Nurse Partnership	Explore the use of Staff Bank for family nurses.
Health Care	AHP Director	Radiography	Introduction of advanced practitioners.
Health Care	South HSCP	Community Hospitals	Explore demand and capacity (including safe staffing) requirements of Minor Injury Units in community hospitals

Health Care	Human Resources	e-Rostering	NHS Lanarkshire are due to commence implementation of e-rostering in September 2023.
Health Care	South HSCP	Primary Care Out of Hours	Fully establish new multi-disciplinary clinical model
Health Care	South HSCP	Primary Care	Scope and progress workforce elements of emergent primary care strategy
Health Care	South HSCP	Palliative Care	Scope and progress workforce elements of emergent palliative care strategy
Health Care	South HSCP	AHP Services	Strengthen workforce links with Universities
Health Care	North HSCP	Hospital at Home	Expansion of ANP roles to create additional capacity in service and development of model appropriate for more rural settings in Clydesdale
Social Care	North HSCP	North Social Work Service	Develop implementation plan for contextual safeguarding training across key staff group
Social Care	North HSCP	North Social Work Service	Continue to develop best practice models of management, supervision of support in multi-disciplinary teams
Social Care	North HSCP	North Social Work Service	Social Worker Retention and Promotion of Advanced Practice
Social Care	North HSCP	North Social Work Service	Service capacity to engage in national and local planning for National Care Service
Social Care	North HSCP	North Social Work Service	Home First response teams working alongside AHPs to increase the number of people assessed in their own home and facilitate a timely discharge from hospital or prevent unnecessary admission.
Social Care	South HSCP	South Social Work Service	Implement the new Social Care Information System
Social Care	South HSCP	South Social Work Service	Care at Home redesign and modernisation
Social Care	South HSCP	South Social Work Service	Enhance staff wellbeing support
Social Care	South HSCP	South Social Work Service	Preparation for the implementation of the actions arising from a National Care Service
Social Care	South HSCP	South Social Work Service	Succession planning and building leadership capacity

Appendix 2 (continued) Risks from NHSL Corporate Risk Register with Workforce Implications (as at 4th August 22)

Title	Description of Risk	Mitigating Controls	Risk level (current)
Sustaining a Safe Workforce	There is a risk that NHSL will not be able to sustain the necessary safe workforce to meet the changing priorities resulting from the pandemic response and service demands moving into recovery. This has the potential to adversely impact on patients, staff, continuity of services and ability to comply with the forthcoming Health & Care (Staffing) (Scotland) Bill.	<p>Controls</p> <ol style="list-style-type: none"> 1. Workload and workforce planning using national tools on a cyclical basis 2. GP Sustainability Group in place and active 3. National and International Recruitment 4. Responsive recruitment 5. Responsive deployment and redeployment of staff 6. Wellbeing initiatives supporting staff and supporting attendance 7. Monitoring of attrition and sickness/absence 8. Gold, Silver & Bronze Command structure maintained at present, supporting critical clinical & staff decisions 9. Negotiations with local universities to increase intake of NMAHP per year. <p>Action</p> <ol style="list-style-type: none"> 1. Workforce planning will align with the development of the new NHSL Strategy 2. Marketing NHSL strategy to attract staff for recruitment by September 2022. 	Very High

Sustaining GP Services	There is a risk that some GP practices across Lanarkshire will not be able to sustain delivery of services due to overall workforce (recruitment and retention) issues as they respond to clinical requirements. This has the potential for loss of provision of primary care services.	<p>Controls:</p> <ol style="list-style-type: none"> 1. GMS sustainability meetings 2. NHSL support for some GP practices continues 3. Review and recovery of the Primary Care Implementation Plan (PCIP) 4. Maintaining triage, and other alternative ways of working to maximise use of existing resource <p>Action</p> <ol style="list-style-type: none"> 1. Commence process for adopting the 3 Horizon model for transformational change to the model for the delivery of urgent care. 	High
Sustaining Out of Hours Primary Care Service	There is a risk that the Out of Hours (OOH) service cannot be sustained due to an insufficient supply of GP's and other relevant primary care staff to meet the workforce demand, particularly at peak times, compounded by a shortfall of supporting advanced practitioners. This has the potential for delayed treatment, impact on other services and adverse reputation for NHSL.	<p>Controls</p> <ol style="list-style-type: none"> 1. Invoking contingency arrangements 2. Winter Plan 2022/23 3. AHP Project Plan 4. Performance monitoring 5. National and local re-design of services, including Urgent care 6. Improvement project plan reviewed with an outline of change reviewed by CMT and considered by Population Health, Primary Care and Community Services Governance Committee <p>Action</p> <ol style="list-style-type: none"> 1. Commence process for adopting the 3 Horizon model for transformational change to the model for the delivery of urgent care. 	Very High

Staff Fatigue, Resilience, Wellbeing & Safety	There is a risk that staff are extremely fatigued having come through significant waves of Covid and there is an increased risk to staff resilience, wellbeing & safety in any subsequent waves whilst trying to recover / maintain services and manage increased public need, expectations and tensions. This could significantly adversely impact on staff, increase staff absence and consequently reduce workforce capacity.	<p>Controls</p> <ol style="list-style-type: none"> 1. Range of staff support services locally and nationally - SALUS, spiritual care, psychological services, PROMIS 2. Rest and recuperation areas 3. Peer support network 4. Strategic staff health and wellbeing group 5. Established SLWG to review staff V&A incidents (as part of OHS annual review) 6. Continued surveillance of staff wellbeing and safety through data review, through executive walk rounds and the consideration of a 'safe card' system 7. Communications plan, including release of NHSL Video featuring staff and heightened awareness of Zero Tolerance safety messaging from the Chair of the Board of NHSL 8. Funding released by SG for staff wellbeing (allocation NRAC based) 9. New NHSL Wellbeing webpage launched <p>Action</p> <ol style="list-style-type: none"> 1. Develop a summarised outcome/measure paper on the range of controls for assurance reporting 2. Review of long-term sickness absence profile with action plan by end of December 2022. 	High
Impact From Proposed Scot Gov / JVICI Vaccination Programme Cohorts 2022/23	There is a risk that there will be a loss of essential support services if the Scottish Government / JVICI proposed recommendation to not vaccinate auxillary staff is implemented. This could lead to increased absence in this cohort of staff during the future predicted waves of covid, impacting adversely on the overall sustainability of clinical services with potential for increased transmission of infection within clinical areas.	<p>Controls:</p> <ol style="list-style-type: none"> 1. Limited controls at present but expressions of concern and discussions with Scottish Government have commenced. <p>Action:</p> <ol style="list-style-type: none"> 1. Executive professional leads to influence through professional bodies. 	Very High

Sustaining Whole System Patient Flow	<p>There is a risk that NHSL cannot sustain whole system patient flow due to delays experienced for onwards movement of patients considered fit for transfer to care homes and care @ home as a result of continuing care home outbreaks, hospital outbreaks, health and care workforce capacity to meet the demand. This has the potential to adversely impact on delayed discharge performance, ability to meet the 'routine' and increasing bed demand for more unwell patients and the ability to prepare for recovery of services.</p>	<p>Controls:</p> <ol style="list-style-type: none"> 1. NHSL provides support to care homes through liaison service, including infection control/ outbreak advice & support, risk assessment for onward movement of patients 2. Local planned date of discharge (PDD) and national discharge without delay (DWD) programme implemented 3. CMT & Covid Response Group have continuous oversight of performance, reasons for delay and consider further actions 4. Continuous oversight of hospital outbreaks and infection prevention and control advise with case by case management of outbreaks 5. Workforce planning with continuous monitoring of sickness/absence during surge periods
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Very High

Appendix 3 Equality Monitoring

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

<https://www.nhslanarkshire.scot.nhs.uk/download/workforce-equality-monitoring-report/>

NHS Lanarkshire Mainstreaming Report 2017 -2021

<https://www.nhslanarkshire.scot.nhs.uk/download/equality-mainstreaming-report/>