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APPENDICES

Appendix A – Health and Social Care Workforce & Organisational Development Strategy 2016-19
Appendix B – Acute Services, Health and Social Care and Fife Wide HEAT Targets
Appendix C – Characteristics of NHS Fife’s Current Workforce
Appendix D – Workforce Strategy Action Plan – to be added

REFERENCE PAGE
EXECUTIVE SUMMARY

This strategy sets out a detailed analysis of the local workforce planning context including an understanding of workforce supply and demand.

The strategy aims to ensure the highest quality of care for patients by ensuring that the right size of workforce with the right skills and competencies are deployed in the right place at the right time through the delivery of the implementation plan.

It is acknowledged that workforce planning is an iterative process and is subject to change as plans for service change become more developed.

As the average age of the local population increases, there will be a rise in the number of people with multiple and long term conditions which will increase the need for health and social care interventions. Hospital services will have to adapt to the changing nature of the population whilst recognising that creating more acute services based around hospital admissions cannot be a sustained model of care.

NHS Fife’s Clinical Strategy which will provide a route map for health services in Fife for the next 5 years and beyond.

In summary the Clinical Strategy sets out a case for planning and delivery of primary care services around individuals and their communities; planning hospital networks at a national, regional or local level based on population paradigm; provide high value, proportionate, effective and sustainable healthcare and transformational change supported by investment in e-health and technological advances.

The future NHS Fife workforce is required to develop and adapt to implement the future service provision as described within the Clinical Strategy.

Given the scale of the financial challenge locally, regionally and across NHSScotland the delivery of a balanced financial position for 2016/17 and beyond is entirely predicated on major redesign and significant transformation of services, impacting on the workforce needs to meet this challenge.

The NHSScotland Quality Strategy aims to ensure that people are at the heart of the NHS by delivering measurable improvement and providing the highest quality healthcare and the 2020 Workforce Vision recognises the importance of a fit for purpose workforce supported and enabled to develop in line with service change. These principal national drivers are captured locally through the Strategic Framework which underpins the Workforce Strategy.

Organisational change, service redesign and improvement and increased productivity and efficiency means altering the way we work by modernising systems, processes and our workforce. Given that the majority of NHS funding is used to meet staff costs, a key focus of service redesign will be to optimise the use of our workforce and we need to support and develop staff to equip them to take forward change and innovation.

On 31 March 2016 NHS Fife employed 8,961 staff excluding bank staff with a whole time equivalent of 7,307. 46.2% of staff are engaged within nursing and midwifery roles and NHS Fife has predominantly a female workforce with 85% of the workforce being female.

39.6% of staff are aged 50 years old and above with a further 28.1% of staff aged between 40 and 49 years old. In contrast NHS Fife has a small percentage of staff aged 16 to 24 years old at 3.6%. The average age of the workforce is 44.8 years old.
NHS Fife continues to have challenges within particular professional groups including Mental Health, Learning Disability, Health Visiting and the Medical workforce.

At a national level in 2015/16 there was an average sickness absence rate of 5.16%, this is an equivalent cost of £6.4m across NHSScotland. As at 31 March 2016 the sickness absence rate for NHS Fife had decreased from an average of 5.32% in 2014/15 to 5.12% in 2015/16. This decrease represents a saving of £539,314 as a cash equivalent of the pay bill.

During the 2015/16 financial year the turnover rate for this period was 9.72%, slightly higher than in previous years, showing a slightly increasing trend over the last three years. Work has commenced across certain professional groups in response to this increasing trend to reduce the clinical and financial risks associated with a high level of vacancies including the impact on the wellbeing of staff, reliance on supplementary staffing and NHS Fife’s ability to deliver on national initiatives.

Supplementary staffing expenditure showed an increasing trend in expenditure for 2015/16, however, the costs savings and benefits of initiatives like the analysis of the media used to advertise consultant vacancies to ensure widest audiences, participation at NHSScotland and international career events and co-ordination of recruitment activity with the academic timetable to ensure smooth transition of nurse and midwifery students into employment has seen this trend reversed during the financial year 2016/17.

The yearly Workforce Projections submitted to the Scottish Government Health and Social Care Directorate detail changes in staff numbers for most job families over a three year period. The exception is Medical and Dental with this job family subject to separate longer term planning processes from which undergraduate intake is derived. The 2016/17 NHS Fife Workforce Projections in support of the Clinical Strategy detailed were submitted to Scottish Government in July 2016 as part of the national annual exercise.

Models of service delivery are still being developed through the Clinical Strategy Implementation Plan however a number of common themes and recommendations are emerging which highlight a sustainable health workforce, which is motivated, adaptable and highly trained, is crucial to delivering a high quality healthcare in the changing health landscape and to meet the NHS Fife vision for health and social care by 2020 and beyond.

The NHS Fife Learning and Development Strategic Framework is an integral component of the Workforce Strategy to provide a clear direction for the development of the future workforce. The four strategic objectives from the Learning and Development Framework are plan effectively for our future needs; maintain the “core” competencies of our workforce; build on and develop the skills and capability of our workforce and develop and promote effective leadership and management.

The action plan within this Workforce Strategy, Appendix D lists descriptions of action to be taken over short, medium and longer term highlighting the potential impact on the workforce to address turnover and recruitment challenges; to strengthen the community resilience within the workforce; to develop staff to ensure there is the appropriate skills mix, training and education; to meet the needs of redesigned services; to enact the Health and Wellbeing Strategy and workforce planning steps; and to succession plan for the ageing workforce within NHS Fife and regional challenges.
INTRODUCTION

This Workforce Strategy sets out a detailed analysis of the local workforce planning context, including an understanding of workforce supply and demand. The strategy is structured around the Scottish Government workforce planning guidance CEL(2011)32 specifically following the six steps methodology as required by Annex A within the CEL.

The guidance sets out the following 6 steps which form the framework for the plan:

- **Step 1:** Defining the Strategy
- **Step 2:** Visioning the Future
- **Step 3:** Analysis of the Current Workforce
- **Step 4:** Defining the Required Workforce
- **Step 5:** Developing an Action Plan
- **Step 6:** Implement, Monitor and Refresh

The adoption of the 6 step approach is intended to make Board level workforce planning more interactive, enabling challenges to be identified and addressed on an on-going basis rather than on an annual basis.

This strategy provides details of the national policy context and local planning context, detailing workforce demand projections for 2016/17 annual return to Scottish Government and an understanding of the future workforce supply at a local level and the actions that are being undertaken to balance supply and demand.

SCOPE

This strategy covers all groups of staff employed by NHS Fife. Whilst the strategy recognises the links with and dependencies upon GP practices and non-NHS Fife staff working within the Fife Health & Social Care Partnership (H&SCP), it does not include these staff.
SECTION 1 – DEFINING THE STRATEGY

1.1 Overview of NHS Fife

1.1.1 The Kingdom of Fife is a peninsula in Eastern Scotland with a coastline of 170 kilometres bounded by the Firth of Forth to the South and Firth of Tay to the North. It is the third largest local authority area in Scotland and has the advantage of NHS Fife and Fife Council sharing the same boundaries.

1.1.2 NHS Fife is a progressive Health Board and has adapted over recent years to meet the fast pace of change within health to enable the citizens to improve their own health and the health of others whilst providing the highest quality of care.

1.1.3 NHS Fife works in partnership with our population, our patients, our staff, Fife Primary Care contractors and their teams and our colleagues in Fife Council and the third sector. For a number of specialist services we rely on the neighbouring Health Boards and principally work with NHS Lothian and NHS Tayside to maintain healthcare arrangements by working together to benefit the people of Fife.

1.1.4 Services are provided in people’s homes and from a range of locations and premises across Fife to ensure our prime responsibility for the protection and improvement of our populations’ health. This is achieved through the delivery of front line health care services at the time and place most appropriate for these needs.

1.1.5 NHS Fife is currently made up of an Acute Services Division, an agreed range of NHS Fife Services delegated to the Fife Health & Social Care Partnership’s Integration Joint Board (IJB), which are managed through 3 Health and Social Care Divisions, and a range of Corporate Directorates such as Estates, Facilities and Capital Services, Finance and Human Resources.

1.1.6 NHS Fife’s workforce as at 31 March 2016 has a whole time equivalent of 7,307, providing healthcare services to a population of 367,260 (figures as at 2014 taken from knowfife.gov.uk).

1.1.7 The Acute Services Division consists of the Victoria Hospital, Kirkcaldy, and has site management responsibility for the Queen Margaret Hospital, Dunfermline, with some services provided by the Queen Margaret Hospital being mainly community in nature.

1.1.8 The Victoria Hospital, Kirkcaldy, is a large District General Hospital that delivers acute care in modern facilities with rehabilitation, as appropriate, provided within Community Hospitals to the residents of Fife. The Victoria Hospital provides a full range of general hospital services, including a critical care area consisting of an Intensive Care Unit and both Medical and Surgical High Dependency Units. Fully equipped endoscopy rooms operate throughout the week. The new wing of the hospital also includes the Obstetric Unit for the whole of Fife.

1.1.9 Queen Margaret Hospital, Dunfermline, provides a 24 hour Minor Injuries Service providing treatments for less serious illnesses and injuries. In addition to the Minor Injuries Service, there are also a number of wards and services operating from the Queen Margaret site.

1.1.10 Other hospitals managed by the Health and Social Care Divisions are Stratheden Hospital, Randolph Wemyss Memorial Hospital, Whyteman’s Brae Hospital, Adamson Hospital, St Andrews Community Hospital, Cameron Hospital, Lynebank Hospital and Glenrothes Hospital.
1.1.11 NHS Fife’s Community Hospitals provide local services in the community to meet the needs of the service users. The objectives of the integrated Health & Social Care Partnership include the creation of a single system for local joint planning and delivery of health and social care services built around the needs of patients and service users and which supports service redesign with a focus on preventative and anticipatory care in communities.

1.1.12 Services managed by the Fife Health & Social Care Partnership include Support for Adults with Physical Disabilities and Learning Disabilities, Mental Health Services (including Children and Adolescent Mental Health Services), Drug and Alcohol Services, Adult Protection and Domestic Abuse Services, Podiatry, Health Improvement, Palliative Care, ICASS including SPOA and AHPs, District Nursing and Hospital at Home and support worker functions, Fife Rehabilitation Service, Sir George Sharp Unit and Pharmacy.

1.2 Purpose of Workforce Strategy

1.2.1 The purpose of this strategy is to set out the key workforce supply and demand challenges which NHS Fife is facing over the coming years. It will also detail the actions that NHS Fife is undertaking to address these challenges through the Board’s Clinical Strategy and the Health & Social Care Strategic Plan for Fife (2016-2019).

1.2.2 Our Workforce Strategy will also ensure the highest quality of care for patients by ensuring that the right size of workforce with the right skills and competencies are deployed in the right place at the right time through the delivery of the action plan. This strategy is a living document that is flexible, adaptable and responsive to further changes, given the constantly changing dynamics of service provision.

1.2.3 Many changes to the workforce relate to the redesign of our services and as such workforce planning must be interactive. This strategy is not intended to look at all aspects of workforce demand and supply for all job families it will, however, highlight where there are emerging pressures that require to be addressed.

1.2.4 NHS Fife’s Strategic Framework 2015-2020, developed in partnership with our staff and patients, provides a clear outline of the vision, mission, values and objectives of Fife NHS Board. It is important that the Board expresses clearly, both internally and to external stakeholders, our vision and the key values and objectives we believe will enable us to deliver good quality person centred care.

1.2.5 Although the organisation already works within, and is guided by these principles, the Strategic Framework presents this in a clear and concise manner. The “Exemplar Employer” domain in the NHS Fife Strategic Framework sets out for the workforce the type of employer which NHS Fife aims to be. The framework states that NHS Fife will:

- Create time and space for continuous learning.
- Listen to and involve staff at all levels of the organisation.
- Give staff the skills, resources and equipment needed to do their job.
- Encourage and respect all staff to take appropriate decisions.
- Encourage staff to be ambassadors for health and social care in Fife.
- Create high performing multi-professional clinical teams through clinical education and development.
- Equip people to be the best leaders.
The Scottish Government’s 2020 Vision is that by 2020 everyone is able to live longer healthier lives at home, or in a homely setting and that we will have a healthcare system where:

- We have integrated health and social care.
- There is a focus on prevention, anticipation and supported self-management.
- Hospital treatment is required and cannot be provided in a community setting, day case treatment will be the norm.
- Whatever the setting, care will be provided to the highest standards of quality and safety, with the person at the centre of all decisions.
- There will be a focus on ensuring that people get back into their home or community environment, as soon as appropriate, with minimal risk of re-admission.
The largest element in service provision within the NHS in Scotland is the workforce who equate to a high percentage of expenditure. In order to realise the 2020 vision for services, it is essential that there is a 2020 vision for the workforce to undertake the development and reshaping of the workforce to meet the needs of service delivery. As part of the 2020 vision for the NHS in Scotland an extensive communication exercise was undertaken to find out what the workforce will need to look like in 2020 to address the challenges that NHSScotland is facing.

The values that are shared across NHSScotland are:

- Care and compassion
- Dignity and respect
- Openness, honesty and responsibility
- Quality and teamwork

The priorities in the NHSScotland 2020 Workforce Vision for 2016/17 focus on the following:

- Creating a healthy organisational culture in which our NHSScotland values are embedded in everything we do, enabling a health, engaged and empowered workforce with the focus on ensuring behaviours consistently live up to expectations;
- Ensuring that the right people are available to deliver the right care in the right place at the right time, strengthening workforce planning;
- Ensuring that everyone has the skills needed to deliver safe, effective, person centred care, developing a more consistent Scotland wide approach to learning and development;
- Developing an integrated health and social care workforce across NHS Boards, local authorities and third party providers, working with colleagues and partner organisations to implement integration;
- Leaders and managers lead by example and empower teams and individuals to deliver the 2020 vision, ensuring effective leadership for change.

Staff Governance

NHS Fife has a statutory responsibility to ensure that the Staff Governance Standard is embedded and adhered to as part of the overall governance framework – staff, financial, information and clinical governance – in which Scottish NHS Boards operate. Appropriate forums are well established to ensure the embedding of the governance standards.

The Staff Governance Standard requires all Scottish NHS Boards to demonstrate that 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; and
- Provided with a continuously improving and safe working environment, promoting the health and well-being of staff, patients and the wider community.
1.4 Partnership Model & Engagement

1.4.1 All services within NHS Fife work in partnership with Trade Unions and Professional Organisations on service reviews and developments with workforce planning, considered an integral part of the process. NHS Fife understands the benefits of integrating workforce planning with service managers, staff side, Finance and HR colleagues.

1.4.2 Local Partnership Forums discuss the drivers for local service redesign and there are well established partnership networks within NHS Fife.

1.4.3 This Workforce Strategy has been developed by the Workforce Strategy Project Team and endorsed by the Area Partnership Forum, and finally the Fife NHS Board. Partnership engagement is, therefore, evidenced throughout the workforce strategic planning and development process within NHS Fife.
SECTION 2 – VISIONING THE FUTURE

2.1 NHS Fife Population Changes & Profile

2.1.1 This section describes the future context for the delivery of services as NHS Fife redesigns and reconfigures services to implement the Clinical Strategy, Strategic Framework and 2020 Vision.

2.1.2 As the average age of the local population increases, there will be a rise in the number of people with multiple and long term conditions which will increase the need for health and social care interventions. In Primary Care, NHS Fife must continue to strengthen the team of healthcare professionals, providing support to people living with long term multiple conditions and further developing ways of maximising their skills and expertise.

2.1.3 The hospital services will have to adapt to the changing nature of the population whilst recognising that creating more acute services based around hospital admissions, cannot be a sustainable model of care.

2.1.4 The population of Fife is expected to increase over the next twenty years from 366,220 in 2012 to 396,300 in 2035; an increase of 8%, increasing the demand on the services.

The Clinical Strategy – Care delivered closer to home

The Case for Change in NHS Fife – increase demand

The population of Fife is expected to increase over the next twenty years

<table>
<thead>
<tr>
<th>Year</th>
<th>Population</th>
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<tr>
<td>2012</td>
<td>366,220</td>
</tr>
<tr>
<td>2015</td>
<td>369,879</td>
</tr>
<tr>
<td>2025</td>
<td>384,812</td>
</tr>
<tr>
<td>2035</td>
<td>396,300</td>
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2035
Aged 65 and over

The proportion of Fife residents aged 65 and over is expected to grow from 1 in 5 of the population in 2012 to one in four of the population by 2035.

2035
Aged 75 and over

The number aged 75 and over is expected to rise from 20,632 (one in 12 of the population) in 2012 to 39,630 (one in seven of the population) by 2035.

‘Transforming Health in Fife’

2.1.5 The median age of Fife residents is 43 years. 17.3% of the population are children aged 0-15 years, 65.9% are of working age 16-64 years and 16.8% are of pensionable age 65+. The proportion of the Fife population who are aged 65 and over, 75 and over and 85 and over has steadily increased in the past years (data from www.scotlandcensus.gov.uk).
2.1.6 18.34% of the population were 65+ in 2012 compared to 59.7% in 2037, in common with Scotland, NHS Fife has an ageing population.

Fife Population Projections | Age Group | 2012 based

<table>
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<tr>
<th>Age Group</th>
<th>2012</th>
<th>% Change from 2012 to...</th>
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<tr>
<td>Under 18</td>
<td>73,096</td>
<td>0.0%</td>
</tr>
<tr>
<td>18 to 64</td>
<td>225,971</td>
<td>0.7%</td>
</tr>
<tr>
<td>65+</td>
<td>67,153</td>
<td>-12.2%</td>
</tr>
<tr>
<td>All Ages</td>
<td>366,220</td>
<td>-1.8%</td>
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2.1.7 Multimorbidity is common in Scotland. The majority of over 65’s in Scotland have 2 or more conditions, and the majority of over 75’s have 3 or more conditions. More people have 2 or more conditions than only have 1 condition.

2.1.8 People living in more deprived areas in Scotland develop multimorbidity 10 years before those living in the most affluent areas. The chart below highlights the percentage of patients with 2 or more conditions, in age groups.
2.1.9 The charts below from the Clinical Strategy data pack demonstrate the Fife Life Expectancy between male and female based on locality over a ten year period.

**Fife Life Expectancy (Years) | Males | Locality | 3Year Ending**

![Chart 1: Fife Life Expectancy (Years) | Males | Locality | 3Year Ending](image1)

**Fife Life Expectancy (Years) | Females | Locality | 3Year Ending**

![Chart 2: Fife Life Expectancy (Years) | Females | Locality | 3Year Ending](image2)

2.2 **Clinical Strategy Fit for the Future**

2.2.1 NHS Fife’s new Clinical Strategy will provide a route map for health services in Fife for the next 5 years and beyond. Positive changes in lifestyles alongside advances in medical science mean that the population of Fife is living longer, with a projected increase of around 32,000 in the coming 20 years which will increase demand for all forms of healthcare. It is this demand, coupled with greater complexity in the needs of those requiring healthcare, which means that the delivery of services must be examined and adapted if NHS Fife are to ensure that the on-going health needs of our population continue to be met.

2.2.2 The Clinical Strategy is underpinned by a number of key principles that serve to provide a clear statement of purpose for the people who use our services, along with their families, carers, our partners and staff. The following principles are embedded within the new strategy:

- Take a Person Centred Approach.
- Ensure services are Safe, Sustainable, Efficient and Adaptable over time.
- Ensure care is provided closer to home, wherever possible.
- Ensure services are integrated between primary and secondary care.
- Provide affordable solutions to utilise available funding as effectively as possible.

2.2.3 In summary the Clinical Strategy sets out a case for:
• Planning and delivery of primary care services around individuals and their communities.
• Planning hospital networks at a national, regional or local level based on population paradigm.
• Providing high value, proportionate, effective and sustainable healthcare.
• Transformational change supported by investment in e-health and technological advances.

2.3 Health and Social Care Workforce & Organisational Development Strategy

2.3.1 The Public Bodies (Joint Working) (Scotland) Bill was passed on 25 February 2014. The bill requires Local Authorities and NHS Boards (parent bodies) to establish Integration Joint Boards for the areas they serve.

2.3.2 The Integrated Joint Board was legally established in April 2016 to oversee the integration of services for adults, seeing Fife Council and NHS Fife and other partners coming together to focus on improving outcomes for people in Fife. The Integrated Joint Board has a legal responsibility for joint budget management and planning around the needs of the patients and service users. This will be achieved by using a collaborative approach involving not only the NHS and Council staff, but also the Third Sector Independent Sector and the Public as partners.

2.3.3 The ageing population and increased prevalence of chronic disease requires a strong re-orientation away from the current emphasis on acute care towards prevention, self-care, more consistent standards of care that is well co-ordinated and integrated between health and social care. There is a need to develop capacity in primary and community care, priority investments in social care to support rehabilitation and re-ablement and to take forward the subsequent downsizing of activity undertaken in acute hospitals.

2.3.4 The Health and Social Care Strategic Plan for 2016-19 states their mission is to work with people in their own communities, using collective resources wisely. To transform how to deliver services to ensure these are safe, effective and high quality and based on achieving personal outcomes.

2.3.5 Integrated care is an approach for many individuals where gaps in care or poor care co-ordination leads to an adverse impact on care experience and care outcomes. Integrated care is best suited to those living with long term conditions and to those with medically complex needs requiring urgent care which can be provided in their own home.

2.3.6 The Health and Social Care Workforce & Organisational Development Strategy for 2016-19 describes the achievements to date and sets out how the future challenges will be addressed through effective workforce planning, engagement and development. The document is attached at Appendix A, for reference purposes.

2.4 Shared Services

2.4.1 Over the next decade, we will see increasing demands and high expectations on NHSScotland. As the demands on our services change, the NHS will evolve so that it can deliver more for the people of Scotland.

2.4.2 By adopting a “Once for Scotland” approach and changing the way we work, we will improve, integrate and co-ordinate services within the Scottish Public Sector. This will be done through reducing geographical and organisational barriers to the delivery of support services and functions. The key principle being, where appropriate, services should be managed on a Scotland wide basis and should be delivered in a consistent way, unless a compelling reason exists for variation.
2.4.3 The Shared Services Portfolio will help us to do all of that and is fundamental to the Scottish Government’s ambitions for improving Scotland’s health and social care. It means transforming the way we work; targeting resources on the highest quality patient care means cutting duplication and wasteful variation.

2.4.4 By working differently, Shares Services will deliver new ways of working which are flexible and responsive to the changing needs of NHSScotland for 2020 and beyond, and will:

- Transform the way support services and functions are currently delivered by integrating them and working across boundaries.
- Support Scotland’s health with a sustainable, consistent and effective service which meets all of our customers’ requirements.
- Be fully accountable to customers for the quality and effectiveness of their services, specifically ensuring that our patient’s needs are met.
- Increase efficiency, reduce costs and maximise returns from continuous improvement.
- Set strategic direction, prioritise service improvements and resolve day-to-day issues.

2.4.5 The first services being looked at nationally in respect of Shared Services currently are:

- Human Resources
- Hard and Soft Facilities Management

2.4.6 Human Resources Services are split into three workstreams Employee Services, Recruitment and Medical Trainees.

2.4.7 Human Resources Shared Services is predicated on the Electronic Employment Services System (eESS) being fully functional. The Human Resources Directorate in Fife is currently using eESS within the core workforce services, employee relations and training modules.

2.4.8 Shared Services does not necessarily require co-location and such services could still be located in more than one Board area given technology. This is an important issue when wishing to retain employment opportunities in Board areas with higher rates of unemployment such as Fife, however, clearly there are workforce implications for staff within the services that are part of shared services.

2.5 HEAT Targets

2.5.1 The Scottish Government working with NHSScotland has developed a range of national HEAT targets, which NHS Fife are required to deliver and monitor and report on performance. A list of the Acute Services, Health and Social Care and Fife Wide HEAT targets are attached at Appendix B.

2.5.2 Local Delivery Plan Standards, previously called HEAT Standards, are a set of treatment-related targets which the Scottish Government expects all Health Boards to achieve on a sustainable basis. The list is reviewed at the start of each calendar year as part of the contract that exists between the Scottish Government and Health Boards, and forms a key focus at Annual Reviews.

2.5.3 The table below lists the 2015-16 standards and status, using the most recent local management information. The status is coloured as follows:

- **GREEN**: consistently achieving Standard
- **AMBER**: close to achieving Standard
- **RED**: significantly short of achieving Standard
2.5.4 Reporting on the performance against the Local Delivery Plan Standards is provided via the Integrated Performance Report, which is tabled at each NHS Fife Board Meeting and Finance, Performance & Resources Committee Meeting.

2.5.5 In order to focus on areas where performance is struggling, the appropriate manager has produced an Action Plan and an Improvement Trajectory, and progress against these is monitored and reviewed throughout the year. The plans and trajectories are described in the "Chief Executive Escalation" section of the Integrated Performance Report.

2.5.6 When performance of these targets improves so that it is consistently above the required level, it is moved from the “Escalated” section of the Integrated Performance Report to the “Short” section, where only a brief performance summary is provided.

2.5.7 Similarly, it is possible that a target performance could degrade during the year to the extent that it requires the higher level of focus.
2.5.8 NHS Fife’s workforce is an important aspect in achieving the HEAT targets and standards set by the Scottish Government. The workforce requires to be flexible and ready for the need for change to support improvement, where required.

2.6 Financial Challenge for 2016/17 & Beyond

2.6.1 The 2016/17 financial plan has been prepared using core principles and assumptions, as in previous years, amended to encompass new challenges including the inception of the newly formed Integrated Joint Board for Health and Social Care.

2.6.2 The NHS Fife total revenue budget for 2016/17 totals £747.897m and includes a 1.7% uplift on the previous year’s budget. The budget requirement for the year totals £778.716m. This includes some £12.166m additional pay related costs to include a 1% provision for pay uplift, a minimum set increase for lower earners, increased national insurance contributions, provision for seniority payments and discretionary points for medical staff, and nursing incremental progression. In addition, the budget includes additional costs related to the roll out of the nursing workforce tool and new local developments within maternity services and resuscitation provision. The budget further includes non-pay uplifts on supplies, prescribing, infrastructure, other healthcare providers, new local developments and national and regional developments of £13.934m. The financial plan assumes that the Social Care funding of £16.832m will flow to the Health and Social Care Partnership.

2.6.3 Given the scale of the financial challenge locally, regionally and across NHS Scotland, the delivery of a balanced financial position for 2016/17 and beyond is entirely predicated on major redesign and significant transformation of services.

2.6.4 Work is on-going, through the development of the Clinical Strategy and the Strategic Plan for the Health and Social Care Partnership, to drive forward these essential changes. There remain on-going financial challenges associated with the use of bank / agency nursing and agency medical staffing.

2.7 Drivers for Change

2.7.1 The Scottish Government has provided the National Clinical Strategic direction for NHSScotland that present key areas of challenge and the need for change, to ensure NHSScotland continues to strive to be a world class service.

2.7.2 The NHSScotland Quality Strategy ensures people are at the heart of the NHS by delivering measurable improvement and providing the highest quality healthcare and the 2020 Workforce Vision recognises the importance of a fit for purpose workforce supported and enabled to develop in line with service change. These principal national drivers are captured locally through the Strategic Framework, which underpin this Workforce Strategy.

2.7.3 Below are key factors which will influence the development of services within NHS Fife over the next few years:

- NHS Fife’s Clinical Strategy and Strategic Framework
- Health and Social Care Integration Strategic Plan 2016-19
- The Local Population Demographics
- Workforce Profile / Future Risks / Hotspots

2.8 Service Redesign

2.8.1 Organisational change, service redesign and improvement, along with increased productivity and efficiency means altering the way we work by modernising our systems,
our processes and our workforce. NHS Fife is dedicated to change that will benefit patients and improve the health of our local communities; we, therefore, need to redesign services to enable us to care for more people who are living longer, with multiple morbidities.

2.8.2 Given that the majority of NHS funding is used to meet staff costs, a key focus of service redesign will be to optimise the use of our workforce and we need to support and develop our staff to equip them to take forward change and innovation.

2.8.3 At a local level, NHS Fife continues to deliver on the corporate priorities set out in the Strategic Objectives of NHS Fife & the Health and Social Care Partnership.

2.8.4 At present the projects in support of the objectives are as follows:

- Community HUB
- Mental Health Redesign
- Community Hospital Beds
- GP services Redesign
- OOH Redesign
- Woman & Children Services
- Unscheduled Care Redesign
- Scheduled Care (incl Cancer Redesign)
- Modernising Medicines (incl prescribing efficiencies)
- Estates and Facilities Management Efficiency

2.8.5 Within NHS Fife there have been a number of examples of positive change and the following illustrates areas of service redesign and/or improvements, demonstrating the associated significance to the workforce across NHS Fife and the benefits to our local communities.

Patientrack

2.8.6 NHS Fife has become the first health board in Scotland to deploy a full scale electronic track and trigger system, after going live with Patientrack at the Victoria Hospital, Kirkcaldy. For the first time the technology has given healthcare professionals real-time visibility of the sickest patients on individual wards across the hospital, and has allowed a rapid improvement in the way staff monitor vital signs and respond to deteriorating patients.

2.8.7 Cardiac arrests have fallen by as much as two thirds in one of the busiest hospital areas after only six months of using the technology.

Diagnostic and Treatment Facilities

2.8.8 A number of new diagnostic and treatment facilities have been opened with the Regional Endoscopy Unit, Urology, Day Surgery and Clinical intervention Units all opened in 2014 and 2015.

Regional Endoscopy Unit

2.8.9 The new Regional Endoscopy Unit opened to patients at Queen Margaret Hospital in May 2014 at a cost of £1.8 million. The purpose-built unit, which operates seven days a week, provides a local service for Fife patients as well as diagnostic and surveillance tests for patients from NHS Lothian and NHS Forth Valley. The unit incorporates two procedure rooms and a number of assessment rooms, along with excellent admission and recovery facilities. It was designed to improve the patient experience with increased privacy and separate pre and post procedure care areas, all within a spacious and bright environment. The facility also includes a new endoscopy reprocessing unit, used to decontaminate
endoscopy surgical equipment, which will further improve the decontamination process and provide a better working environment for staff.

**Urology Diagnostic and Treatment Centre**

2.8.10 In September 2014 the Urology Diagnostic and Treatment Centre relocated to new purpose-built facilities at Queen Margaret Hospital, from its previous base at the Victoria Hospital. The service, which focuses on outpatient and day case work, provides new and review clinics and urological tests for patients from across Fife, with over 1,000 patients treated there each month.

2.8.11 The new Urology facilities sees the number of treatment rooms increased from one to two, alongside five consulting rooms, a large reception / waiting area and a four-bed recovery area.

**Day Surgery Unit**

2.8.12 The Day Surgery Unit opened to patients in January 2015 and provides treatment for a wide range of conditions, with patients admitted, treated and discharged within 23 hours. The unit, which was developed at a cost of £1.6 million, is equipped with the latest specialist equipment, allowing NHS Fife to continue to provide an effective and efficient service in a bright and spacious environment. It comprises a 12-bed recovery area for patients requiring an overnight stay, two pre-assessment rooms, excellent recovery facilities, separate sitting rooms for day and overnight patients and an education / seminar room for staff.

2.8.13 With no emergency operations carried out on-site, all surgeons, anaesthetists and theatre staff are dedicated to carrying out planned day surgery, minimising the potential for late cancellations. Currently, around 500 patients are treated in the unit each month, although that figure is expected to increase significantly.

**Clinical Intervention Unit**

2.8.14 The Clinical Intervention Unit undertakes a range of day case activities including blood transfusions and rheumatology treatments. It is located near the Urology and Day Surgery units.

**Community Services – Therapy Suite**

2.8.15 Adult and Child Health Physiotherapists relocated from Carnegie Clinic to Queen Margaret in Autumn 2014. The move allowed out-patient activity from Carnegie Clinic to move alongside the existing Queen Margaret Hospital Physiotherapy Team in a new Therapies area. The Therapies area at Queen Margaret Hospital houses a large outpatient treatment area alongside bespoke rooms for the Hand Service, Continence and Pelvic Health Service.

2.8.16 The move to Queen Margaret Hospital also allowed access to the hydrotherapy pool and a large gym area for rehabilitation work for patients with complex musculoskeletal problems or those recovering from surgical procedures.

2.8.17 The Children and Young People’s Physiotherapy and Occupational Therapy Departments work with children from birth to school leaving age, with difficulties which impact on their ability to participate and perform in daily activities, which they need to do or want to do, at home, in school and in the community.

2.8.18 As part of the development, new clinic and gym facilities have been created with the new facilities large enough to accommodate workshop education sessions, drop-in activities and
provide greater capacity for group work. In addition, the site provides improved accessibility, with better changing facilities and hoisting systems available.

**Investment in Mental Health**

2.8.19 Over recent years, there has been considerable investment in mental health facilities in Fife. Nowhere is this more apparent than at Stratheden Hospital, where a project has been undertaken to modernise large parts of the hospital site. This process began with the opening of two new purpose-built units; Elmview in 2009 and Muirview in 2010, and latterly the creation of the Radernie Low Secure Unit in May 2013.

2.8.20 The Intensive Psychiatric Care Unit (IPCU), which is currently housed in one of the older buildings on the site, provides care for patients who are particularly vulnerable. In spring 2015, formal approval was granted to replace the existing IPCU with a new state-of-the-art facility on the north-eastern part of the hospital site. Construction of the £4.4m project began earlier this year, with the new facility now opened in May 2016.

**Primary Care**

2.8.21 NHS Fife is committed to ensuring that our primary care facilities are of the highest standard and fit for the purposes they serve. The new Glenwood Health Centre in Glenrothes was officially opened in April 2014. The purpose-built facility, which cost £5.8m to construct, houses two medical practices and brings together a range of community services including health visiting, dietetics, podiatry, physiotherapy and district nursing, all under one roof. The project was also the first to be completed through the new HUB East Central Scotland initiative, which is a joint partnership between public and private sector organisations with the aim of developing and delivering better local services across East Central Scotland.

**Scotland's First Dedicated Acute Hip Fracture Ward**

2.8.22 Patients in Fife are the first in Scotland to have access to a dedicated acute hip fracture ward. Hip fractures are most common amongst the elderly population and it is predicted that this condition will increase significantly across Fife over the coming years, in line with an increased life expectancy. Previously, any patient who experienced a hip fracture would visit Accident and Emergency before being transferred to more general trauma wards, where they would receive care in an environment populated by people suffering from a range of injuries. The dedicated acute hip fracture ward ensures that patients can be cared for by staff who specialise in this particular injury. This specialist care ultimately improves a patient’s potential outcomes and increases the chances of an earlier discharge.

2.8.23 The £220,000 investment has funded five ward nurses and allied health professionals, as well as the purchase of specialised equipment. The new ward is part of a wider national quality drive around orthopaedics and we firmly believe it will prove to be fantastic asset to patients in Fife.

**A Centre of Excellence for Research and Development**

2.8.24 NHS Fife has further enhanced its reputation as a centre of excellence for clinical research by opening a new facility at the Victoria Hospital, Kirkcaldy. The facility takes research out of clinical areas and moves it into a dedicated space. It provides the space, equipment and staff to deliver high-quality research and brings opportunities to collaborate with scientists and biotech companies to develop therapies and treatments to benefit patients across Fife. Furthermore, it is projected that the new facility will significantly increase the health board’s income from commercial research. NHS Fife clearly has a commitment to clinical research and the region will play a key role in improving both patient care and economic growth in Scotland.
Audiology Unit

2.8.25 Children in West Fife are benefitting from a new Paediatric Audiology facility at Queen Margaret Hospital, Dunfermline. The service provides hearing assessments and rehabilitation to newborn babies, pre-school and school children. Previously, children from the area would have had to travel to the Victoria Hospital, Kirkcaldy, for assessment and the new facility allows them to be seen closer to home.

2.8.26 Central to the service is the installation of a bespoke sound-proofed assessment room, which uses a two-way mirror and state-of-the-art technology to allow Audiologists to monitor a child as they undertake a number of hearing assessments. The room has also been furnished with a play area, featuring educational toys, seating, storage units and a desk, following a donation from the Friends of Queen Margaret Hospital group. The Paediatric Audiology service is provided by a dedicated audiology team, led by a Chief Audiologist and supported by Senior Audiologists, who work Fife-wide.

Dental Unit in Queen Margaret Hospital

2.8.27 The Special Care Dental Unit incorporates a new surgery and provides increased access for patients who have complex needs, such as a disability, a severe medical issue or significant dental anxiety. In addition to supporting adults with complex needs, the Unit also has a Specialist Paediatric Dentist, providing a specialist referral service for patients up to the age of 16. The new surgery is equipped with gas and air sedation, a built-in hoist to support patients with restricted mobility, an on-site dental x-ray machine, and a new equipment decontamination facility. Appointments at the Unit are geared towards meeting the unique needs of individual patients and allow for more time to be dedicated to providing the highest quality care.

Intermediate Care

2.8.28 The redesign programme created an Integrated Community Assessment and Support Service (ICASS) combining professionals and sharing roles (nurses, physiotherapists, occupational therapists and care assistants) into interdisciplinary teams with shared care plans, resources and support systems. A number of related redesign and service improvement projects focus on prevention of admission (Hospital at Home, day hospital rapid assessment, falls response, reablement, third sector capacity building, Local Area Services Co-ordinators). Other projects focus on discharge planning and support (Short Term Assessment and Review Team, Short Term Assessment and Reablement beds, special needs housing, discharge-to-assess, third sector supported discharge).

2.8.29 There has been success in integrating multidisciplinary ICASS teams and collocation of professionals has improved communication and understanding of each other’s roles resulting in better co-ordinated patient care. A greater proportion of effort is on prevention of admission to hospital. Assessing homecare needs at home or in STAR beds is reducing the costs of packages of care or care home admission.

2.9.30 An organisation and management structure for intermediate care has been developed that is transferrable across the served communities, and ensures a consistent service experience for patients across the region. We have introduced performance management measurements and consistent service delivery processes across Fife. Community team activities are shifting from responding to crisis to proactively managing frailty and long term conditions.

2.8.31 In summing-up this section on service redesign, there is a clear need to ensure efficient and effective use of our workforce to ensure staff lead and respond positively to service changes and new roles.
2.8.32 NHS Fife recognises that our future workforce will need to be adaptable as roles evolve, new roles emerge and service delivery and models of care change.
SECTION 3 - ANALYSIS OF THE CURRENT WORKFORCE

This section describes the existing workforce and deployment, plus assessing any problem areas arising from its age profile or staff turnover. The ready availability of staff with particular skills, or, alternatively, the shortage of such staff itself will of course impact on service redesign.

In addition, the practicalities and cost of any retraining, redeployment and/or recruitment activities that could increase or change the workforce supply need to be considered.

3.1 Provision of Available Workforce

3.1.1 Figures are taken from the SWISS Workforce Information Repository in which changes made to payroll records are overwritten nightly, therefore, figures may vary slightly according to the date upon which the download is taken.

3.1.2 On 31 March 2016, NHS Fife employed 8,961 staff (excluding bank staff) with a whole time equivalent of 7,307. A summary of the make-up of the NHS Fife workforce by Job Family and Gender is shown below. 46.2% of staff were engaged within nursing and midwifery roles, and NHS Fife had a predominantly female workforce, with 85% of the workforce being female.

3.1.3 From an establishment of 7,307 WTE, 39.3% are engaged in roles within Agenda for Change Pay Bands ranging from Band 1 to Band 4, with 52.7% engaged in roles on an Agenda for Change Pay Band 5 or above. The remaining workforce are engaged in non Agenda for Change Pay Bands (e.g. Medical & Dental and Executive Management). Nursing and Midwifery is the largest job family, and the most common banding within NHS Fife is Agenda for Change Band 5. Band 5 represents professionally registered roles such as Nursing, Midwifery and Allied Health Profession disciplines.
3.2 Profile of Workforce (per Staff Group)

3.2.1 A summary of the NHS Fife workforce headcount by gender and average age of workforce by job family is shown below. NHS Fife has a predominantly female workforce, with 85.5% of the workforce being female.

3.2.2 The size of the workforce, measured in headcount and WTE, reduced slightly in the 12 months ending 31 March 2016. As the chart below demonstrates, this is the first time the size of the workforce has reduced since 2013.

3.2.3 A detailed breakdown of the workforce, detailing the composition of staff by job families, age, banding, gender, and working practices is detailed in Appendix C within this report.

3.2.4 This information has been aggregated within this section, and the tables below show the aggregated NHS Fife workforce (headcount) by age and sex, plus the average age of the workforce by Job Family.

3.2.5 39.6% of staff were aged 50 years old and above, with a further 28.1% of staff aged between 40 and 49 years old. In contrast, NHS Fife displays a small percentage of staff aged 16 and 24 years old (3.6%). This is not unexpected given the majority of jobs within the board require individuals to undertake a period of post secondary school education in order for them to secure the qualifications and competencies necessary for a healthcare role.
3.2.6 The average age of the workforce was 44.8 years old, and this has remained consistent with the average age of the workforce in March 2015. Although the collective age profile for the workforce would not cause any immediate reasons for concern, it must be noted there are a number of service areas and professional job families which are vulnerable given the specific age profile and other associated factors. This is practically prevalent within nursing and midwifery where certain registered professionals have historical pension arrangements which allow them to retire upon reaching the age of 55.

3.2.7 The aged distribution curve of NHS Fife remains skewed towards the older age categories, in line with the national picture of an ageing workforce.

3.3 Recruitment & Vacancies

3.3.1 Vacancy levels within the Allied Health Professions, Nursing and Midwifery, and Medical and Dental job families are reported quarterly through the Information Services Division (ISD) within NHS National Services Scotland. These reports, summarised in the graph below, highlighted an increasing vacancy level within NHS Fife until 2015.

![Active Vacancies graph](image)

3.3.2 During 2016 work commenced across certain professional groups to reduce the clinical and financial risks associated with a high level of vacancies. This included the following:

- **Medical & Dental**: The analysis of the media used to advertise Consultant vacancies to ensure the widest audience; attendance and/or participation at NHSScotland and International Career Fairs; and a pursuit of the international labour market route.

- **Nursing & Midwifery**: Co-ordination of recruitment activity with academic timetable, ensuring smooth transition of nurse and midwifery students into employment, block recruitment to streamline timescales and achieve efficiencies, and ‘over-recruitment’ of Band 5 registered nursing and midwifery staff to reduce reliance in supplementary staffing.

3.3.3 Although the initiatives have been met with mixed success, the overall impact of this work has been to reduce and stabilise the level of vacancies. The cost savings and benefits of these initiatives has been delivered in the 2016-17 Financial Year.

3.3.4 NHS Fife, does however in line with all most other Health boards continue to have challenges within particular professional groups including Mental Health, Learning Disability, Health Visiting, theatres, critical care and the Medical workforce.
3.4 Socially Responsible Recruitment Practices

3.4.1 Whilst it is the case that many of the healthcare jobs require a period of post secondary school education in order for the staff member to secure qualification and competencies necessary for healthcare roles, NHS Fife has for some years actively supported programmes specifically aimed at social inclusion and increasing the number of younger staff within the workplace.

3.4.2 These initiatives include Schools Engagement, Work Experience Programmes and Modern Apprenticeship Schemes.

- Youth Employment
- Modern Apprenticeship Programme
- Healthcare Academy

3.5 Staff Health and Wellbeing

3.5.1 At a national level in 2015/16 there was an average sickness absence rate of 5.16%, this is equivalent to £6.4m across NHSScotland. In addition to these costs, a significant number of clinical roles require to be back filled where absence occurs, and as such, supplementary staffing is required at an additional cost to the sickness absence costs.

3.5.2 With the substantial financial pressures that all Boards are operating under, NHS Fife has worked closely in partnership with staff side colleagues on reducing levels of sickness absence.

3.5.3 As at 31 March 2016, the sickness absence rate for NHS Fife has decreased from an average of 5.32% in 2014/15 to 5.12% in 2015/16, as detailed in the graph below. This decrease represents a saving of £539,314 as a cash equivalent of the pay bill.

![NHS Fife Sickness Absence Rates](image)

3.5.4 The reductions have arisen from a decrease in long term sickness absence in the current financial year, with improvements in short term absence in some areas. Areas for improvement have been identified, including particular areas within Health and Social Care Partnership and Emergency Care within Acute Services.

3.5.5 The Well at Work project supports the health and wellbeing of our workforce. Looking at ways to improve overall health and wellbeing of the workforce, facilitate earlier interventions to assist staff experiencing ill health and support them back to work.
3.5.6 The Well at Work project also supports the implementation of the health and wellbeing strategy, aimed at reducing sickness absence, managing attendance and promoting staff health and wellbeing. The project will also consider ways to provide increased support to staff working shifts and, in partnership with staff side representation, review existing Human Resources policies relating to this.

3.5.7 NHS Fife has been awarded the Gold Healthy Working Lives Award, which is a significant achievement for the Board.

3.5.8 The Well at Work project continues to examine how managers could be supported to achieve a reduction in absence rates and support the health and wellbeing of their staff.

3.5.9 Significant efforts continue to be made to maximising attendance at work through the Health and Wellbeing Strategy Implementation Plan. Highlighted below are the key developments:

- Health & Wellbeing Strategy developed.
- One year rolling plan to drive forward key priorities as noted within the strategy document.
- NHS Fife has a procedure for identifying and accessing the legislative and other Health & Safety requirements that are applicable and establish a procedure to periodically evaluate compliance.
- Provide Well at Work update and workplans to each of the local committees to ensure Healthy Working Lives criteria is maintained and improved.
- NHS Fife will communicate its health and wellbeing works with staff and external interested parties e.g. Healthy Working Lives, Health & Safety Executive.
- NHS Fife has a process in place to monitor and measure the progress towards improving health, safety and wellbeing of our staff.
- NHS Fife requires assurance that the wellbeing works meet the needs of the staff and the organisation.

3.6 Staff Turnover Data

3.6.1 During the 2015/16 financial year, 871 staff left employment across NHS Fife. The turnover rate for this period was 9.72%. This turnover rate was slightly higher than previous years, and the graphs below details the turnover rate and distribution of turnover rate by Job Family over the previous three years.

3.6.2 From these charts, it is apparent that the turnover rate within the three largest job families (Nursing & Midwifery, Administrative Services and Support Services) has shown an
increasing trend within the last three years. This has led to the turnover rate within NHS Fife increasing during this period.

3.6.3 Work has been undertaken across certain professional groups in response to this increasing trend to reduce the clinical and financial risks associated with a high level of vacancies, including the impact on the wellbeing of existing staff, reliance on supplementary staffing and NHS Fife’s ability to deliver on National initiatives. This work has been particularly successful within the Medical and Dental job family, which demonstrated a reducing turnover trend in the 2015/16 financial year.

3.6.4 Analysis of those individuals leaving the employment of NHS Fife, outlined in the graphs below, indicates voluntary resignation accounted for 48% of staff who left employment during the 2015/16 financial year, with a further 36% of staff retiring from the service. There is an even distribution of age for those staff that left employment, with the notable exception of those staff that left on reaching the age of 60. 60 years of age is the minimum threshold for the majority of NHS staff, who are members of the 1995 Scottish Public Pension Agency scheme, to claim their Occupational Pension benefits.

3.6.5 The exception to the minimum threshold to claim Occupational Pension benefits are those staff awarded special class status under the 1995 Scottish Public Pension Scheme (nurses, physiotherapists, midwives and health visitors). Staff awarded special class status under this scheme are eligible to retire at the age of 55 without incurring the normal reduction in their pension benefits. The impact of the special class provisions is to create a double spike in the age distribution of registered nurses leaving employment, firstly for those registered nurses leaving employment on reaching 55 years of age and the again for registered nurses leaving employment on reaching 60 years of age. The double spike is shown in the graphs below.
3.6.6 With the current age distribution of nursing staff, and in particular those nursing disciplines which are vulnerable given their specific age profile, it is important to continue to monitor turnover activity to establish whether any patterns are apparent which can be incorporated into workforce planning.

3.7 Supplementary Staffing Expenditure

3.7.1 Supplementary staff are engaged by NHS Fife to ensure short and medium term cover is provided to address pressures in service delivery due to a range of factors including, increased activity, vacancies or other gaps. Certain staff are engaged directly by NHS Fife, for example an NHS Locum within medical and dental or a Bank Nurse engaged via the NHS Fife Nursing and Midwifery Bank. Other supplementary staff are engaged externally through an Agency.

3.7.2 The medical and dental, and nursing and midwifery job families account for the vast majority of supplementary staffing expenditure within NHS Fife.

3.7.3 The graphs outline an increasing trend in expenditure on supplementary staffing, with external Agency costs accounting for the majority of the medical and dental expenditure, and the Nurse Bank accounting for the majority of the nursing and midwifery expenditure.

3.7.4 Section 3.3 details a number of initiatives undertaken by NHS Fife in the previous 12 months in an attempt to reduce the financial risks associated with the use of supplementary staffing. It is envisaged the cost savings and benefits of these initiatives will be identified during the 2016-17 Financial Year.

3.8 Supplementary Enhanced Hours Expenditure

3.8.1 The table below summarises the cost of additional hours, overtime and enhanced hours spend for 1 April 2015 to 31 March 2016.

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<th>Account Name</th>
<th>Excess PT Hours</th>
<th>Excess Basic Pay</th>
<th>Total Overtime Hours Worked</th>
<th>Total Overtime Paid</th>
<th>Total Enhanced Hours Worked</th>
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</table>

3.8.2 For comparative purposes, excess hours between 2014/15 and 2015/16 have increased by 2.2%. This translates to an increase of 3.4% in the monetary cost of excess hours which reflects the 1% pay uplift.

3.8.3 The number of overtime hours, and cost thereon, remains fairly static year on year with little variation which is indicative of our careful budget planning around limited budgets.

3.8.4 Likewise, the number of enhanced hours worked and the corresponding costs remain in line with the prior year.

3.9 Consultant Workforce

3.9.1 The Consultant 2004 contract requires employers and consultants to agree job plans and sets out arrangements where agreement cannot be reached. The contract requires employers and consultants to review the job plan annually or more often if changes to staffing resources, or working practices, or the consultant’s circumstances require it. The agreed job plan will include all of the consultant’s professional duties and commitments and resources required.

3.9.2 The revised arrangements allow NHS Fife to analyse the Consultant workforce, both in terms of the activities being performed, and whether the activities form part of the basic contractual programmed activity or whether the duties are classified as an extra programmed activity (EPA). EPA's relate to additional time limited activities worked in excess of the Consultants contractual commitment, however, EPAs form part of the Job Plan.

3.9.3 There has been considerable discussion about the balance of activities which make up the Consultant contract, with a wide range of views expressed. The Scottish Government have left employers and Consultants flexibility to agree a variation to the normal balance of 7.5 programmed activities per week of direct clinical care and 2.5 programmed activities to supporting professional activities.

E-Job Planning

3.9.4 NHS Fife is currently rolling out e-JobPlan, which has been designed to help facilitate the process of job planning as set out by the National Consultant Contract, allowing users to populate, review and sign off job plans all in one place. The system provides organisations with the facility to manage and report on current and historic information at an individual, departmental or organisational level, presenting a valuable opportunity to maximise efficiency through increased transparency.

3.9.5 e-JobPlan provides consistency in the format of job plans, accurate calculations for PAs and On-call work including prospective cover, and the ability to reflect the most complex work patterns through the combination of annualised and timetabled activities.

3.9.6 In addition, as part of the Consultant portal, it provides the ability for organisations to easily manage their medical HR administration relating to job planning, leave, appraisal and revalidation and 360 degree colleague and patient feedback in one place.
3.10 Skills Gaps and Current Workforce Challenges

3.10.1 Service provision within both clinical and non clinical environments is constantly evolving with the adoption of new practice and the introduction of modern technologies. It is important that the balance within the workforce is also considered to ensure that a service is provided by the most appropriate level of staff and that clinical staff spend as large a proportion of time as possible carrying out direct patient care.

3.10.2 There are a number of non medical specialist services where workforce issues can have a direct impact on the provision of clinical service. For example:

Health Visitors

3.10.3 This is due to lack of available trained Health Visitors currently as well as the age profile which will continue to see retireals (51% are aged over 50 and 25% aged 46–50). However, we have had some success in filling posts as a result of co-ordinating recruitment across Fife and we have offered Health Visitor training opportunities across NHS Fife.

Learning Disabilities Nursing

3.10.4 The age of the workforce continues to be a challenge with a number of recent retireals of experienced staff and which is expected to be an on-going problem in the next few years. This has been compounded by the reduction in recent years in numbers being trained and has led to significant use of bank staff on a regular basis to help maintain continuity of care. Remaining staff are also regularly working additional hours and overtime, making service sustainability an on-going workforce challenge.

District Nursing

3.10.5 Whilst there were no current vacancies in 2015/16 a number of retireals are anticipated in 2016/17 (currently 59% of District Nurses are aged over 50) and historically recruitment through external advertisements has proved challenging. This challenge is also likely to impact on the Leadership and Specialist Practitioners in District Nursing teams.

Neonatal Practitioners

3.10.6 There continues to be difficulty in the recruitment of paediatric nurses who are qualified in neonatal nursing. Band 6 posts have been converted to band 5 hours to assist recruitment, which in turn, provides cover to enable staff to be released for training. A Clinical Educator post is also in place to support newly qualified staff. Measures are being taken to “grow our own” Advanced Neonatal Nurse Practitioners.

Theatre & Recovery

3.10.7 Workforce challenges in this area is a National issue with a group set up nationally to explore the way forward from NHSScotland. Reasons include:

- Staff being lost to the private sector within this speciality.
- Medical staff shortages being addressed through the development of these staff into advanced roles.
- A decline in students coming for placements.
- Skill mix issues due to the inability to recruit trained theatre staff.

3.10.8 In addition to on-going actions to help recruit experienced staff, scrub practitioners in Anaesthetics have been trained using NES competencies and unregistered staff have been developed into roles of scrubbing and circulating.
Recruiting and Retention of Nursing Staff

3.10.9 A stepped approach to nurse recruitment is in place and continues to be reviewed and further developed. “Block recruitment” for a number of wards e.g. in-patient wards is being undertaken with one interview (rather than separate interviews for each ward / specialty) and a matching process based on applicant preferences and available vacancies. This process also enables student nurses about to qualify to be given certainty to posts upon receipt of registration.

Medical Staff

3.10.10 The workforce challenges we face regarding our medical workforce is a National issue and action in taking place nationally to address the challenges. In Primary Care, it is anticipated that changes in GP contracts, the creation of GP clusters and the beginnings of new arrangements for quality will have a positive impact. Within our Clinical Strategy, there is an opportunity to explore how the new GP clusters may enable share workforce resources to be created to support the practices in the cluster. The Clinical Fellow pilot may be one way we can introduce GPs with specialist skills to support a number of practices.

3.10.11 In the Acute sector, the main priority areas affected by Consultant vacancies are currently:

- Emergency Medicine
- Radiology
- Anaesthetics
- Paediatrics
- Psychiatry
- Neurology
- Gastroenterology

3.10.12 Various advertising campaigns continue to be undertaken, including with the BMJ, social media, careers fairs and targeted recruitment overseas via EURES.

Other Staff Groups

3.10.13 Recruitment of Sonographers has continued to be challenging. However, progress has been made in being able to train Sonographers with a rolling programme of two trainees at a time being trained. Retention has been a priority as trainees have in the past left to return to their home area, once qualified. Also, in common with other Boards, some smaller staff groups can be difficult to recruit to when turnover is experienced. This is already being taken forward nationally for NHSScotland.
SECTION 4 - DEFINING THE REQUIRED WORKFORCE

4.1 Skills and Competencies for Predicted Population

4.1.1 Fife, in line with the rest of Scotland, has an ageing population with increasingly complex health and care needs. Our population is also growing and this will require consideration of future capacity in both primary and secondary care.

4.1.2 This will require robust models of care that enable integrated health and care teams to deliver the care that people need, where they wish to receive it, with them playing a key role in determining what that care is. Our workforce must be equipped and able to deal with the complexity of morbidity that patients present with and be able to manage any concurrent mental health issues including cognitive impairment and frailty.

4.1.3 NHS Fife’s Clinical Strategy details a series of key recommendations in response to these challenges. Informed by seven work streams, the strategy proposed models of service delivery for each of the following areas:

- Urgent Care
- Scheduled Care
- Chronic Conditions and Frailty
- Cancer and Palliative care and care in the Last Days of Life
- Women and Children
- Mental Health and Learning Disabilities
- Estates, Facilities and Support Services

4.1.4 The models of service delivery are in their infancy, however, from the recommendations contained within the clinical strategy workstream reports, common themes are emerging which will shape the future skills and competencies of the workforce.

4.1.5 The workforce implications are to develop a workforce that has the appropriate skill mix, training and education to meet the needs of redesigned services.

4.1.6 Consideration must be given to maximise the impact of existing clinical staff and to develop advanced roles for Allied Health Professions, Pharmacy and Nursing.

4.2 Workforce Projections

4.2.1 Each year NHS Fife submit workforce projections to the Scottish Government Health and Social Care Directorate to firstly allow a national picture to be established on the likely trends across all staff groups as part of the wider workforce planning process, and secondly to inform the annual student intake to the “controlled” groups (i.e. medical, dental, nursing & midwifery).

4.2.2 The workforce projections detail changes in staff numbers for most job families over a three year period. The exception to this is within Medical and Dental, with this job family subject to separate longer term planning processes from which undergraduate intake is derived. This job family is, therefore, excluded from the longer term element of workforce projections.

4.2.3 The 2016/17 workforce projections outline service developments to be implemented throughout NHS Fife in support of the Clinical Strategy. The completed workforce projection submitted to Scottish Government in July 2016 is summarised below.
Medical & Dental

4.2.4 The Medical and Dental Whole Time Equivalent (WTE) baseline takes account of the actual number of staff members in post on 31 March 2016, the baseline for this job family was 566.6 WTE.

4.2.5 The baseline figure reported is less than the funded establishment within the Medical and Dental job family. The baseline does not take into account fluctuations in staff numbers due to resignations, retirements or other turnover. In particular, this figure does not incorporate the Consultant vacancies reported as at 31 March 2016.

4.2.6 The 2016/17 workforce projections predict an increase in the baseline (i.e. actual number of staff in employment) by 6.6 WTE. This increase takes account of the recruitment processes undertaken following the turnover of staff within the existing funding allocation, and a number of confirmed Consultant level appointments who will commence within the 2016/17 financial year. This increase does not reflect an actual increase in resource, rather it ensures the continuation of operational posts previously authorised.

4.2.7 For Primary Care, as we engage with GP clusters, there will be opportunities to consider how additional medical staff and other healthcare professionals may be employed to support a number of practices in creative ways that are not currently considered or applicable in individual practices.

Medical & Dental Support

4.2.8 The Dental Services have projected an increase in the current workforce strength by 1 WTE. This increase is to support the National Strategy for improving Oral Health in priority groups by appointing a Band 6 Dental Hygienist / Therapist, although any increase will be subject to the availability of suitably qualified Dental Therapists in the labour market.

Nursing & Midwifery

4.2.9 A number of developments are identified in the 2016/17 workforce projections which support the themes emerging from the Clinical Strategy workstreams and also the National Clinical Strategy for Scotland. In particular, these developments focus on strengthening community services to ensure patients, including those with long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently at home or in a homely setting within their community. It is envisaged that these developments will reduce the demand on the current level of inpatient activity within the Acute setting, and NHS Fife is currently reviewing inpatient capacity in preparation for this. These developments will, therefore, be supported, in part, by a realignment of current staffing level.

4.2.10 Particular developments moving forward into 2016/17 and beyond include the following:

- Introduction of Advanced Neonatal and Advanced Paediatric Nurse Practitioner roles within Women and Children’s services to fulfil duties currently performed by junior and middle grade medical staff.
• Increase in the use of Advanced Nurse Practitioners, in line with national commitment to increase the number of Advanced Nurse Practitioners, over the next three years within Medicine for the Elderly, Theatres, Surgery and Primary Care Emergency Services (PCES).

• An increase in the Health Visitors establishment by 6.4 WTE within year one, and a further 14 WTE Health Visitors within year two in response to the Scottish Governments commitment to increase the amount of Health Visitors within Scotland by 31 March 2018.

• Appointment of a further 6.4 WTE Health Visitors over a two year period in response to the new Health Visiting pathway and Children and Young Person’s Act.

• Adjustment to the skill mix in community inpatient services (i.e. Community Hospitals) over a two year period, rebalancing the non registered workforce with an increase of up to 14.3 WTE to ensure on-going person centred and effective care. This is an aspirational figure that will be delivered over a two year timeframe and will be partly funded by a reduction in the registered (Band 5) workforce by 7.6 WTE, and balanced by taking advantage of emerging service redesign opportunities.

• Following the application of the workforce tool within Community Services, an increase in the non registered workforce by 5 WTE in order to release registered nurse resource in order for them to maximise their contribution to delivering high standards of care.

• Subject to service redesign opportunities being identified, and funding being redirected, a 6 WTE increase in the registered nurse workforce (split between Bands 5 and Bands 6-7) within the Hospital at Home service in recognition of the large geographic area covered by these community teams.

• An anticipated 10 WTE increase in the registered Learning Disability Nurse workforce (Band 5) over a three year period, achieved through the appointment to a number of long standing vacancies, plus the conversion of 2 WTE Band 6-7 hours into 3 WTE Band 5 hours. This increase is conditional on the service being successful in recruiting to these difficult to fill positions.

4.2.11 The net effect of these developments is detailed below:

<table>
<thead>
<tr>
<th>Staff Descriptor / Banding</th>
<th>WTE in post 31st March 2016</th>
<th>Yr 1 Projection 31st March 2017</th>
<th>Yr 2 Projection 31st March 2018</th>
<th>Yr 3 Projection 31st March 2019</th>
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</table>

Allied Health Professions

4.2.12 Significant changes within the Allied Health Profession job families are not expected until a workforce review of each service is completed. Developments that will take place will be in response to external monies being identified, or service initiatives to respond to time pressures or wider challenges encountered, for example, difficulties in the recruitment of Consultant grade medical posts within Radiology.

4.2.13 The initiatives being taken forward include:

• Appointment of a 1 WTE Consultant Mammographer (Band 8B) within Radiology, a service development to alleviate the work pressures on Consultant grade staff in response to difficulties encountered in the recruitment of medical staff within the specialty.

• Net investment in 0.8 WTE Dieticians (Bands 5 & 6) to support the IBS and paediatric services, during year 2. These developments will be off-set, in part, by the likely removal of central funds around Child Healthy Weight campaign and Infant / Maternal Nutrition.
In support of the “Raising Attainment for All Programme” within Education, there will be an investment in 3 WTE Speech and Language Therapists funded from project monies for an initial period of 12 months. There will also be a 0.2 WTE investment in the Speech and Language support in palliative care in support of the “Transforming Care after Treatment” programme.

4.2.14 The net effect of these developments is detailed below:

<table>
<thead>
<tr>
<th>Staff Descriptor / Banding</th>
<th>WTE in post 31st March 2016</th>
<th>Yr 1 Projection 31st March 2017</th>
<th>Yr 2 Projection 31st March 2018</th>
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<td>498.6</td>
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</table>

Other Therapeutic Services

4.2.15 One of the common themes within the NHS Fife Clinical Strategy is maximising the contribution of the wider healthcare team in the delivery of clinical services. This is particularly relevant to the 2016/17 workforce projections for Other Therapeutic Services, where a significant investment is predicted within Pharmacy services. This investment supports the strategic direction of Pharmaceutical care in Scotland detailed in “Prescription for Excellence - A Vision and Action Plan for the right pharmaceutical care through integrated partnerships and innovation”, by ensuring patients in Fife have access to pharmaceutical advice and support locally within their GP practice, thereby releasing General Practitioner resource to enable them to maximise their own contribution. This investment, which will strengthen the current workforce by 17.1 WTE, is to be met in part by Government funding and in part by investing in the service in order to target and achieve the efficiencies required.

4.2.16 Investment has already been approved to take forward a number of initiatives, including:

- Investment in 6 WTE Pharmacists, and 3.1 WTE Technicians to work within GP practices to deliver patient facing clinical roles, proving pharmaceutical advice and services, and releasing General Practitioner resources (“Prescription for Excellence”).
- Investment in 9 WTE Pharmacists, and 8 WTE Technicians over two years to undertake a programme or prescribing efficiency work across the Board, and assist in bringing the Boards prescribing expenditure in line with the Scottish average.
- Investment in 3 WTE Pharmacy Technician support roles (Bands 1-4) to introduce a one-stop dispensing service model within the acute service, combining inpatient and discharge dispensing into a single labelled supply, thereby avoiding duplication.
- Investment in a centralised Medicines Homecare team (i.e. provision of medicines to patients in their homecare environment), necessary following a review of the current “external” service provider against the professional standards, will see an investment in 1 WTE Pharmacist (Band 5-9), and 1 WTE Pharmacist support role (Band 1-4).

4.2.17 The net effects of these developments are detailed below:

<table>
<thead>
<tr>
<th>Staff Descriptor / Banding</th>
<th>WTE in post 31st March 2016</th>
<th>Yr 1 Projection 31st March 2017</th>
<th>Yr 2 Projection 31st March 2018</th>
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</table>

Healthcare Science

4.2.18 Little change is envisaged as a “steady state” is predicted in the long term, although an additional appointment of a senior position is being considered in year one in preparation for a retirement from the service in year two.
<table>
<thead>
<tr>
<th>Staff Descriptor / Banding</th>
<th>WTE in post 31st March 2016</th>
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<th>Yr 2 Projection 31st March 2018</th>
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</table>

### Personal & Social Care

4.2.19 Little change is envisaged as a “steady state” is predicted.

<table>
<thead>
<tr>
<th>Staff Descriptor / Banding</th>
<th>WTE in post 31st March 2016</th>
<th>Yr 1 Projection 31st March 2017</th>
<th>Yr 2 Projection 31st March 2018</th>
<th>Yr 3 Projection 31st March 2019</th>
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### Support Services

4.2.20 Little change is envisaged as a “steady state” is predicted.

<table>
<thead>
<tr>
<th>Staff Descriptor / Banding</th>
<th>WTE in post 31st March 2016</th>
<th>Yr 1 Projection 31st March 2017</th>
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### Administration Services

4.2.21 The 2016/17 workforce projections predict the administrative workforce will continue to be streamlined as NHS Fife restructures systems and processes to achieve efficiencies. These have resulted in a reduction in the baseline figure by 24.9 WTE over the previous 12 months, and it is envisaged this trend will continue as further efficiencies are achieved across this job family.

4.2.22 The initiatives being taken forward include:

- A reduction of 6 WTE posts is envisaged across Medical Record Bands 2 and 3, with a reduction of a 1 WTE Band 7 post during 2016/17, achieved through efficiencies.
- The number of Management (non AfC) staff is predicted to increase following the appointment of the Director of Health and Social Care. Although this does not increase the overall resource within the Integrated Joint Board, the new incumbent of this role will be employed by NHS Fife, where the previous postholder was shown in the staffing levels of Fife Council.

<table>
<thead>
<tr>
<th>Staff Descriptor / Banding</th>
<th>WTE in post 31st March 2016</th>
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<th>Yr 2 Projection 31st March 2018</th>
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### Workforce Modelling Tools

4.2.23 NHS Fife is committed to using the Nursing and Midwifery Tools that have been developed nationally and these have been used to inform projections. Across the organisation these tools are being used wherever applicable and are overseen by the Board’s Director of Nursing.
The Nursing and Midwifery Workload & Workforce Planning (NMWWP) tools are being applied across Adult In-patient areas, Community Nursing, Mental Health and Learning Disability, as detailed above.

The purpose of running the workforce tools is to assess nursing staffing levels and to provide assurance to NHS Fife Board that there is safe nursing establishments in place, which ensure safe patient care across both Acute and Community services (including mental health and learning disability services).

There is no national tool yet for AHP staff, however, NHS Fife will pilot in the Summer 2016 the professional judgement tool and community nursing tool.

Consultant Job Planning

Job Planning is being used to determine consultant clinics and operating sessions required to meet waiting time targets and HEAT standards. NHS Fife is also rolling out eJob Planning for the consultant workforce to allowing users to populate, review and sign off of job plans all in one place.

Developing the Future Workforce

We know that demand for services is increasing, and likely to continue to increase, for a number of reasons, including: changing demographics, improved life expectancy, and public expectations.

Such changes in the size of the population and age structure and the increasing complexity of health and care needs affects the demand for healthcare and our models and care and service provision, and in turn, the healthcare workforce, need to develop and change to reflect this.

We also need to recognise and address other factors impacting on our workforce, including its age profile and changes in pension arrangements which may impact on retirement patterns.

As identified in the National Clinical Strategy, “A National Clinical Strategy for Scotland” (February 2016), in developing our future workforce we will require: an appropriate mix of generalist and specialist skills; the ability to work effectively in multi-disciplinary teams; excellent generic skills, such as listening, communication, leadership and improvement skills; and flexibility and adaptability to changing technology and patient need. The national workforce tools will be used to support all workforce development for the appropriate groups particularly nursing.

NHS Fife’s Clinical Strategy outlines proposed models of service delivery. Although the models of service delivery are still being developed a number of common themes and recommendations are emerging which highlight a sustainable health workforce, which is motivated, adaptable and highly trained, is crucial to delivering high quality healthcare in the changing health landscape and to meet the NHS Fife vision for health and social care by 2020 and beyond.

The Clinical Strategy describes how we will work in new ways with our multidisciplinary community teams, including nurses, pharmacists, podiatrists etc working alongside our GP’s and social care colleagues to quickly assess people’s needs finding ways to support them to remain at home, where ever possible. If the need for specialist hospital care arises, NHS Fife will develop pathways for care at a local or potentially regional level to ensure all...
our patients have access to highly skilled clinical teams who can deliver the best care and outcome for the patient.

4.3.7 Diagnostic services will be developed to allow more diagnostic tests to be carried out in the community or in the patient’s own home and video links will provide new opportunities to help people take greater responsibility for managing their own health and wellbeing. The future NHS Fife workforce requires to develop and adapt to implement the future service vision currently being described above within the evolving NHS Fife Clinical Strategy ensuring at the same time, workforce models are responsive to the integration agenda and acknowledge the changing NHS Fife workforce profile, described within section 3 of the strategy.

4.3.8 We recognise that the NHS Fife workforce of the future will predominantly comprise of the current workforce and that we are building on a strong foundation of staff competence and experience. However, we also recognise that to provide sustainable services our skilled workforce needs to be developed and managed in a way that optimises use of their existing skills and experience with staff working at the top of their capability, and supports the acquisition of new knowledge, skills and behaviours as roles evolve, new roles emerge, and service delivery and models of care change.

4.3.9 An NHS Fife Learning and Development Strategic Framework has been developed as an integral component of this Workforce Strategy to provide a clear strategic direction for the development of our future workforce. The Learning and Development Strategic Framework sets out four strategic objectives for the development of our future workforce: plan effectively for our future needs; maintain the “core” competences of our workforce; build on and develop the skills and capability of our workforce; and develop and promote effective leadership and management.

4.3.10 We recognise we are starting with an experienced and competent workforce and a strong track record of driving and supporting multi-disciplinary and professional learning and development to underpin service provision. We will continue to build on our well established record of collaborative staff development with a range of partners and stakeholders including inter alia: other NHS Boards; NHS Education Scotland (NES); Fife Community Partners; Fife Health and Social Care Partnership; the Higher and Further Education sector; and the Independent and Third sectors.

4.3.11 To ensure we continue to develop and build on the skills and capability of our workforce we will undertake a detailed analysis of the finalised clinical strategy and service models to identify learning and development needs and resource implications and develop a prioritised learning and development delivery plan. Review existing clinical training provision to ensure finite resources are focussed to best effect and ensure the learning and development delivery plan aligns to and complements the Fife Health and Social Care Partnership Workforce and Organisation Development Strategy.

4.4 New Roles

4.4.1 NHS Fife’s Clinical Strategy will provide a comprehensive framework for changing the way NHS Fife and its partners deliver Health and Social Care. The implementation of the Clinical Strategy will be progressed, together with development of workforce plans and activities to ensure a smooth transition in workforce development and management of change processes.

4.4.2 NHS Fife’s challenge is to continue to develop the workforce, so they have the skills and competencies required to deliver these future models, whilst recognising and supporting the impact that redesigning services may have on our current and future workforce.
4.4.3 NHSScotland has already invested significantly in its workforce and recognises the benefit of new roles in the healthcare setting, but also recognises they need to do more. NHS Fife must be able to design new roles that are based on competencies and skills that allow the workforce to provide future care pathways and emerging ways of working.

4.4.4 It is clear that workforce strategy will need to be developed and refined and a range of bespoke development programmes be offered in response to the implementation of the Clinical Strategy. This will incorporate organisational change, the development of new roles and service redesign to provide appropriate healthcare in the different healthcare environments at home, in the community and in the hospitals.

4.5 Workforce Risks and Challenges

4.5.1 It is too early to fully understand the workforce risk and challenges that will arise from the implementation of the Clinical Strategy. It is envisaged, however, that the implementation plan of the Clinical Strategy will inform the development of the Workforce Strategy Implementation Plan. As we do not have accurate figures for our GP medical workforce, the Clinical Strategy will enable us to engage with the emerging GP clusters to examine the primary care workforce challenges and shape creative solutions on a locality basis.

Redeployment

4.5.2 During 2015/16, 34 members of staff were redeployed from the redeployment register into suitable alternative posts. The number of staff on the register can vary and is dependent on a number of variables, including organisational change and capability issues. The success of matches to vacancies is achieved through the use of a questionnaire sent to the member of staff to be redeployed to allow a suitable match to be identified and determined.

4.5.3 As the Clinical Strategy and Health and Social Care Partnership Strategic Plan are implemented, there will be service investments and disinvestments. This may lead to a greater number of NHS staff requiring redeployment. Whilst NHS Fife does have an approved Redeployment Policy and Process to deal with this situation, inevitably it will lead to a period of significant change for some staff which we need to recognise and take appropriate actions, as required.

Turnover and Recruitment

4.5.4 The retention challenge for NHS Fife is complex and it is apparent within NHS Fife that the turnover rate within the three largest job families (nursing & midwifery, administrative services and support services) has shown an increasing trend within the last three years. Work has been undertaken in response to this increasing trend to reduce the clinical and financial risks associated with a high level of vacancies.

4.5.5 Although various initiatives, alluded to in Section 3, have been undertaken to reduce and stabilise the workforce and level of vacancies, NHS Fife continues to face challenges with particular professional groups including Learning and Disability, Health Visiting and the Medical Workforce. This will continue to cause a risk going forward.

Pension Regulations

4.5.6 Changes in pension regulations, both NHS schemes and national government benefits have made workforce planning assumptions less reliable. Age is no longer the main criteria for anticipating retirement dates, factors such as the benefit of return on the increased pension contributions, the cap on pension pots for tax purposes, access to private pensions
and the general economic climate all serve to reduce the ability to anticipate likely retirement dates and effective succession planning.

4.5.7 Dependent upon economic and personal circumstances some employees are choosing to retire earlier where as on the other hand some employees are choosing to work longer as detailed earlier in Section 3 for example within the support services workforce.

Nurse Revalidation

4.5.8 It is anticipated the introduction of Nurse Revalidation from April 2016 by the Nursing and Midwifery Council may have an impact on the Nursing and Midwifery workforce within NHS Fife. The risk will initially arise in the first three years until existing registrants have all initially been through the process thereafter it will become business as usual.

4.5.9 The Revalidation process has been piloted with 2,700 Nurses and Midwives across the UK. There was a 6% failure rate in completing the process and, if this was multiplied across the register, would mean that 40,000 registrants would drop from the register.

4.5.10 The Scottish Government collected data on staff due to revalidate and those that did not revalidate, with information about the individual cases for a 6 month period to assess the impact. Across NHSScotland 1.95% did not revalidate, however, this has to be considered along with the natural turnover of nurses or midwives who do not renew yearly through normal attrition.

4.5.11 The largest impact is anticipated to be with bank staff rather than substantive post holders, however, anecdotally there is concern that nurses nearing retirement or who work very part-time hours, will decide not to revalidate if they decide that the process is too "difficult or onerous" to go through. A number of registered bank staff fall into this category as well as the wider workforce within NHS Fife. With the current demand for complementary nursing cover to all clinical areas bank staff need to be supported to revalidate.

4.5.12 There is a risk that staff will fail to or choose not to retain their registration as a result of revalidation, however, at present it is too early to predict.

4.5.13 NHS Fife has already undertaken a significant amount of work to mitigate the risk to ensure all registrants are prepared for revalidation. Information has been shared with registrants employed through the nurse bank via letter and text message and they have been signposted to the NHS Fife intranet and NMC website.

Health Care in the Community

4.5.14 Community resilience within the workforce will require to be strengthened with the proposed recommendation from the Clinical Strategy to develop a Community Hub model that provides health, social care and other partnership services delivery by a multi disciplinary team including generalists.

4.5.15 The will mean the need to develop the workforce to ensure it has the appropriate skill mix, training and education to meet the need of the redesigned services both in Acute and in the Community.

4.5.16 Consideration must be given to maximising the input from existing Clinical staff and to develop extended roles for General Practitioners, Allied Health Professionals, Pharmacy and Nursing.

4.5.17 It is apparent within the workforce projections that developments are in place for 2016/17 on strengthening community services already within Pharmacy, it is envisaged that these developments will reduce the demand on the current level of in-patient activity within the
Acute setting and NHS Fife is currently reviewing the in-patient capacity in preparation for this. These developments will, therefore, be supported in part by a realignment of the current staffing levels.

4.5.18 In building community resilience, the workforce will require to be more mobile and to support the workforce, existing office space will be maximised by adopting space management principles and technology will require development.

Age Profile

4.5.19 The aged distribution curve of NHS Fife remains skewed towards the older age categories, in line with the national picture of an ageing workforce.

4.5.20 The age profile of the workforce highlights the issue of the need for succession planning to ensure the workforce is ready for the future delivery of services, as the workforce changes through natural turnover.

Regional Challenges

4.5.21 Changing demographics, increasing demand and significant technologic advances and changes in healthcare impact on how services are developed and delivered. The National Clinical Strategy for Scotland and the Chief Medical Officer’s report Realistic Medicine, set out a broad direction for the future delivery of healthcare to ensure the provision of a coherent, comprehensive and sustainable high quality service.

4.5.22 We know that there are and will be significant challenges facing our workforce for a number of reasons including retirement. It takes time to train replacements and we are required to use available resources as effectively as possible to improve outcomes for patients. This will require innovative solutions including using technology to best effect.

4.5.23 Evidence shows that some services would benefit from planning at a national, regional or local level rather than traditional geographical boundaries. This already happens for some services e.g. cardiac surgery, however this approach should be extended with secondary care specialists that are suitable for regional working being considered for integration within other NHS Boards through the redesign of clinical pathways. By developing networks of services there is considerable potential to improve the outcomes for patients while at the same time maximising resources and clinical skills.

4.5.24 The Clinical Strategy, in line with the National Clinical Strategy, under service development note secondary care specialists that are suitable for regional working will be considered for integration within other NHS Boards through the redesign of clinical pathways.

4.6 Education and Training

4.6.1 Everyone Matters: 2020 Workforce Vision recognises there is a wide range of workforce demands and NHS Fife continues to review its Learning Strategy to ensure alignment with the key priorities, expectations and timelines set out in the 2020 Workforce Vision. Central to ensuring that there are the right number of staff with the right skills in the right place at the right time is the Learning and Development Strategy.

4.6.2 The Learning and Development Strategic Framework has been developed to provide a clear strategic direction for NHS Fife to ensure its workforce is equipped with the competences, skills, and behaviours to support the delivery of the NHS Fife Strategic Framework and the Clinical Strategy. Four overarching principles provide the framework for all learning and development activity:
• Learning and development supports our Strategic Framework aspiration to be “an Exemplar Employer”, the “appropriately trained” strand of the Staff Governance Standard, and professional standards.
• Personal development planning and review processes underpin all learning and development.
• Continuing professional and personal development is aligned to service priorities and needs.
• Staff are supported to become competent in their role and skills gaps are bridged as services change, roles evolve and new roles are developed.

4.6.3 Four key Learning and Development strategic objectives have been identified to support delivery of the Clinical Strategy:

- Plan effectively for our future needs.
- Maintain the “core” competences of our workforce.
- Build on and develop the skills and capability of our workforce.
- Develop and promote effective leadership.

Plan Effectively For Our Future Needs

4.6.4 We recognise that the NHS Fife workforce of the future will predominantly comprise the current workforce and that we are building on a strong foundation of staff competence and experience. However, we also recognise that our future workforce will need to acquire new knowledge, skills and behaviours as roles evolve, new roles emerge, and service delivery and models of care change.

4.6.5 Our current governance and planning arrangements include oversight at an organisational level by the NHS Fife Staff Governance Committee and the Executive Directors Group (EDG). A range of committees and groups also oversee particular subject and / or staff group specific themes. NHS Fife will continue to develop its Learning and Development infrastructure to provide a structured facility to record, monitor and report, at all levels, on the key elements of the learning and development process: identifying needs, prioritising and planning, promoting and accessing appropriate provision, and monitoring and reporting to ensure fit with service needs and effective use of resources.

4.6.6 In a period of significant change in service delivery models, workforce roles, and skill sets it is essential that we optimise the use of our finite Learning and Development capacity and resources to support the maintenance and acquisition of necessary knowledge and skills. To ensure this we will:
- Undertake a baseline audit of inputs, activity, outputs and costs for all education, training and development activity accessed by NHS Fife staff.
- Review and improve our governance, planning and assurance processes for learning and development.
- Continue to develop our Learning and Development technology and infrastructure to support improved monitoring and reporting.

Developing and Maintaining Core Competence

4.6.7 Maintaining the core competence of our staff skills and capabilities is a key priority of NHS Fife recognising they are the cornerstone of ensuring the delivery of high quality services.

4.6.8 The Knowledge and Skills Framework and parallel Personal Development Planning and Review processes are key in determining individual learning needs and enabling staff to develop and maintain competence. As services are redesigned and new ways of working introduced, the on-going effective utilisation of the Knowledge and Skills Framework and
parallel Personal Development Planning and Review processes will be essential to support the development and introduction of new and enhanced roles.

4.6.9 All staff need to possess and apply the requisite knowledge, skills and behaviours to meet the requirements of the 6 core dimensions of the Knowledge and Skills Framework. Acquisition and more importantly the transference of these knowledge and skills into appropriate behaviours applied in the workplace underpins the delivery of quality services.

4.6.10 Core competence requirements for all NHS Fife staff also include ensuring the maintenance of competence in the nine core subject areas NHS Fife has deemed mandatory, core clinical skills and role specific skill sets. Recognising the salience of e-learning approaches as an effective learning medium e-learning capability and provision will continue to be further developed.

4.6.11 To ensure on-going workforce core competence we will:

- Review our core skills compliance position and develop and implement an improvement plan.
- Optimise use of our e-learning provision.
- Review our education and training provision to ensure on-going core clinical skill requirements continue to be met.
- Develop and implement an improvement plan to optimise the use of the KSF and PDPR process.

Build on the Skills and Capability of Our Workforce

4.6.12 Continuing to build staff skills and capabilities is essential to ensuring the delivery of high quality services. We recognise we are starting with an experienced and competent workforce and our strong track record of driving and supporting multi-disciplinary and professional learning and development to underpin service provision.

4.6.13 The implementation of the Clinical Strategy will undoubtedly accelerate the development of new clinical and care models and pathways. This will require staff to acquire new skills and learn new ways of working and staff will need to be supported to develop the requisite knowledge and skills to fulfil their roles, in line with professional standards and regulatory requirements.

4.6.14 Increasingly across both hospital and community settings, staff are required to manage and care for patients with a range of complex health needs and specific clinical conditions and require the necessary knowledge and skills to do so safely and effectively.

4.6.15 A “hierarchy of need” pyramid model of learning and development will continue to be applied across a range of health care specialities. The model identifies 3 broad levels of learning and development need:

- Frontline clinical professionals and support staff requiring a general awareness of the health issue, a basic knowledge of symptoms, an understanding of the appropriate care strategies and the ability to signpost to further service expertise (SCQF level 5-8).
- Clinical professionals working mainly in the specific clinical speciality / disease field, and/or providing clinical support and advice to colleagues locally will require a higher and more in depth level of specific knowledge and skills (SCQF level 9-10).
- Clinical specialists operating wholly in their specific health field of expertise and requiring Masters level (SCQF level 11) education and knowledge.

4.6.16 This approach and these broad levels of workforce learning and development needs are applicable in health care areas where a broad spectrum of the clinical workforce will be providing care services to affected service users.
4.6.17 Effective teamwork is one of the cornerstones of high performing organisations and we will continue to provide a range of support and interventions to support individual and team engagement and effectiveness and building resilience through times of change. Staff will also need to continue to acquire the knowledge and skills to develop innovative ways of working and undertake service redesign and quality improvement activities.

4.6.18 The changing models of care emerging from the Clinical Strategy and the establishment of the Fife Health and Social Care Partnership will require NHS Fife staff to develop new skill sets and work differently with a range of partners and stakeholders. We will continue to build on our well established record of collaborative staff development with a range of partners and stakeholders including inter alia: other NHS Boards; NHS Education Scotland (NES); Fife Community Partners; Fife Health and Social Care Partnership; the Higher and Further Education sector; and the Independent and Third sectors.

4.6.19 To ensure we continue to develop and build on the skills and capability of our workforce we will:

- Undertake a detailed analysis of the finalised Clinical Strategy and Workforce strategy to identify Learning and Development needs and resource implications and develop a prioritised Learning and Development delivery plan.
- Utilise the “hierarchy of need” model to review existing clinical training provision to ensure finite resources are focussed to best effect.
- Ensure the Learning and Development delivery plan aligns to and complements the Fife Health and Social Care Partnership Workforce and Organisation Development Strategy and Implementation Plan.
- Continue to develop and provide a range of Quality Improvement and managing change training interventions.

Leadership and Management Capability

4.6.20 Effective leadership at all levels is essential for ensuring high quality, safe and effective care, the delivery of continuous service change and improvement, and the development of an organisational culture and workforce which supports new service delivery models and roles.

4.6.21 Strategic policy initiatives including: Staff Governance Standard; Everyone Matters 2020 Workforce vision; NHSScotland Healthcare Quality Strategy and Health and Social Care Integration make explicit reference to the importance of leadership as a prerequisite for successful service delivery. The NHS Fife Strategic Framework in the “Exemplar Employer” domain sets out our commitment “to equip people to be the best leaders”.

4.6.22 The implementation of the NHS Fife Clinical Strategy and the establishment of the Fife Health and Social Care Partnership will accelerate the development of new clinical and care models and pathways and will require effective leadership to support staff adapt and develop the requisite knowledge and skills to fulfil changing roles.

4.6.23 We currently provide and support a wide range of development opportunities for leaders and managers at all levels and delivered through a mix of local and national programmes and tailored interventions. There is currently a national programme of work to take forward leadership development in NHSScotland which is due to be published at the end of 2016 this will inform and allow us to bring together a single framework which has clear outcomes, target populations, and entry criteria.

4.6.24 We will take forward a number of actions including:
• The development of a NHS Fife leadership development strategy which establishes clear underpinning principles and supporting processes, and provides an explicit link to the NHS Fife Strategic Framework and Vision and Values (particularly the Exemplar Employer).
• All existing leadership development programmes will be reviewed and mapped to and explicitly reference the national direction, NHS Fife vision and values and support the delivery of the Clinical Strategy.
• The development of a process to identify and agree NHS Fife leadership development priorities to ensure limited development resources are utilised to best effect.
• The further development of tailored development support for senior leaders involved in delivering a range of change initiatives.

4.6.25 In planning and delivering our learning and development provision to meet identified needs and priorities we will continue to adapt and innovate to take account of finite resources, and learning capacity.

4.6.26 We recognise the need to regularly review our approach and focus to reflect emergent priorities and to ensure our workforce develop the required skills and competences for on-going organisational success.
SECTION 5

5. ACTION, IMPLEMENTATION & MONITORING

5.1 Action Plan

5.1.1 Attached as Appendix D, is the action plan for implementation of the Workforce Strategy for NHS Fife.

5.2 Implementation, Monitoring and Refresh

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

5.2.2 The Strategy is a live document that is flexible and adaptive in response to change. The Strategy, therefore, will remain a live document continually under review.
Appendix A

HEALTH AND SOCIAL CARE
WORKFORCE & ORGANISATIONAL DEVELOPMENT STRATEGY 2016-19

1. INTRODUCTION

1.1 Our aim in Fife is to develop a workforce fit for the future that is skilled and capable of transforming how we work together in the delivery of integrated community-based services aimed at achieving better outcomes for those who use health and social care services.

1.2 There is a history and culture of effective partnership working involving Fife Council, NHS Fife and other community partners including the Independent and Third Sectors. To deliver high quality services with and for the people of Fife. There are strong examples of collaborative working involving health and social care professionals across the sectors and disciplines that demonstrate the benefits and advantages of integrated services. This Workforce & OD Strategy acknowledges that we need to build upon these positive relationships and successes to effectively engage, support and develop our workforce in order to create a whole-systems culture underpinned by shared values and expectations.

1.3 This Workforce and Organisational Development Strategy is aligned and essential to the delivery of the Fife Health and Social Care Strategic Plan that sets out the Partnership's priorities for 2016-19 and establishes the framework in which we will use our resources. The Health & Social Care Strategic Plan for Fife 2016-19 (hereafter referred to as the ‘Strategic Plan for Fife’) identifies four strategic priorities:

1. Prevention and Early Intervention
2. Integrated and Co-ordinated Care
3. Improving Mental Health and Wellbeing
4. Tackling Inequalities.

The Strategic Plan for Fife acknowledges that the delivery of high-quality joined-up services will involve working with people in their own communities and making the best use of our ‘people’ resources. The realisation of our ambitions and strategic priorities for health and social care integration will therefore require a workforce that is engaged, competent and confident in the delivery of community focused person-centred services. A skilled and motivated workforce will be critical in helping transform the way we provide services while ensuring that these are safe, timely, effective, high quality and focused on achieving personal outcomes.

1.4 Our Workforce and Organisational Development Strategy for 2016-19 describes our achievements to date and sets out how our future challenges we will addressed through effective planning, engagement and development.

2. FIFE HEALTH AND SOCIAL CARE PARTNERSHIP VISION, MISSION AND VALUES

2.1 Our Vision

Accessible, seamless, quality services that are personalised and responsive to the changing needs of individuals, designed with and for the people of Fife.

2.2 Our Mission

We will deliver this by working with people in their own communities, using our collective resources wisely. We will transform how we provide services to ensure these are safe, timely, effective and high quality and based on achieving personal outcomes.
2.3 Our Values
- Person-focused
- Integrity
- Caring
- Respectful
- Inclusive
- Empowering

3. WORKFORCE DEVELOPMENT - THE CASE FOR CHANGE

3.1 The need to change how we plan, manage and deliver services is well-documented. The Kerr Report (Building an NHS Fit for the Future, 2005) and the report of the Christie Commission (2011) both recognised the interdependencies of different stakeholders within the system and the need for public services to work together to identify synergies to make efficiencies with the overarching goal of achieving better outcomes for those who use services. The case for change was also recognised by Changing Lives: The report of the 21st Century Social Work Review (2006) which highlighted that a combination of increasing demand, greater complexity and rising public expectations meant that doing more of the same couldn't work.

3.2 The need to maximise the use of available resources and transform how services are to be delivered is also driven by the short to medium term outlook for public sector funding. Within the area of health and social care there is recognition that without changes in the way we deliver services there will be a significant resource challenge. An implication for the delivery of health and social care is that services ensure there is a greater focus on anticipatory care and preventative approaches. In making this transformation services must also provide increasing emphasis on personalised care and supported self-management.

3.3 There will be significant implications for our workforce as we transform on how we work together and deliver services. To meet the challenges ahead and to embrace the opportunities presented by an increased focus on community-based person-centred service provision it must be well-led, confident and competent. If we are to build capacity and develop the capabilities of our workforce we will also need to engage with others including regulatory bodies, universities, colleges and Fife Employability Service. In a labour market that is expected to become increasingly competitive, health and social care must be promoted as a positive career choice for school leavers, people seeking employment and those seeking a career change. As our Partnership develops we will seek to establish career ladders to support the retention and further development of our integrated workforce.

3.4 To provide better personalised services we must plan to develop a workforce that is capable of safely addressing a range of service user needs and outcomes that transcend traditional health and social care professional boundaries. We also need to continue to engage with the workforce in the development of a common culture based on the shared expectations and values as set out in the Strategic Plan for Fife.

4. SCOTTISH GOVERNMENT 2020 VISION

4.1 The Scottish Government’s vision is that by 2020 everyone is able to live longer, healthier lives at home or in a homely setting. Our Partnership shares this vision. We will have integrated health and social care with a focus on prevention, anticipation and supported self-management. When hospital treatment is required, and cannot be provided in a community setting, day case treatment will be the norm. Whatever the setting, care will be provided to the highest standards of quality and safety, with the person at the centre of all decisions. There will be a focus on ensuring that people get back into their home or community environment as soon as appropriate, with minimal risk of re-admission.
5. **UNDERPINNING PRINCIPLES**

5.1 Skills for Care and Skills for Health (2014) developed six principles to help organisations, managers and practitioners think through what is meant by integration and how workforce development can contribute to induction, implementation and sustainability. These principles have relevance for Fife and will guide the prioritisation of workforce development activities to deliver our Workforce and Organisational Development Strategy.

5.2 Principle 1: Successful workforce integration focuses on better outcomes for people with care and support needs.

Principle 2: Workforce integration involves the whole system.

Principle 3: To achieve genuine workforce integration, people need to acknowledge and overcome resistance to change and transition. There needs to be an acknowledgement of how integration will affect people’s roles and professional identities.

Principle 4: A confident, engaged, motivated, knowledgeable and properly skilled workforce supporting active and engaged communities is at the heart of workforce integration.

Principle 5: Process matters—it gives messages, creates opportunities and demonstrates the way in which the workforce is valued.

Principle 6: Successful workforce integration creates new relationships, networks and ways of working. Integrated workforce commissioning strategies pay attention to each of these, creating the circumstances in which all can thrive.

6. **SCOPE**

6.1 For the purpose of this Strategy the health and social care workforce refers to services identified as ‘in scope’ within Fife Council and NHS Fife. The Health and Social Care Partnership comprises of around 6,000 statutory sector employees from both local authority and NHS backgrounds. The Partnership also includes the Third and Independent Sectors who will also continue to be active participants in our workforce planning processes given they are major providers of commissioned health and social care services.

7. **GOVERNANCE AND PROFESSIONAL STANDARDS**

7.1 The approach we will adopt to developing our workforce will continue to be compliant with relevant governance and professional standards applicable for those employed in regulated health and social care occupations and practice settings.

8. **NHS STAFF GOVERNANCE STANDARD**

8.1 The Standard requires all NHS Boards to demonstrate that 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, and
- Provided with continuously improving and safe working environment, promoting the health and wellbeing of staff, patients and the wider community.
9. SSSC CODES OF PRACTICES FOR EMPLOYERS

9.1 All statutory and non-statutory social care employers within the Fife Partnership providing regulated care services are bound by the SSSC Codes of Practice. The Codes require employers to:

- Make sure people are suitable to enter the workforce and understand their roles and responsibilities.
- Have written policies and procedures in place to enable social service workers to meet the Scottish Social Services Council (SSSC) Code of Practice for Social Service Workers.
- Provide training and development opportunities to enable social service workers to strengthen and develop their skills and knowledge.
- Put in place and implement written policies and procedures to deal with dangerous, discriminatory or exploitative behaviour and practice.
- Promote the SSSC’s Codes of Practice to social service workers, service users and carers and co-operate with the SSSC’s proceedings.

10. NATIONAL CARE STANDARDS

10.1 Services regulated by the Care Inspectorate are required to ensure that the services they deliver meet National Care Standards. The standards are mandatory for both in-house and externally commissioned providers and include elements that relate to practice and the competence and management of the workforce.

11. THE FIFE HEALTH AND SOCIAL CARE WORKFORCE

11.1 Background and Local Context

11.1.1 The Strategic Plan for Fife sets out in detail demographic factors that will impact upon the future delivery of services. Population projections indicate that the proportion of the population who are of working age (those aged 16 – 64), is expected to decline from 64% in 2012 to 56% in 2037 while the proportion of children will remain fairly stable. Significantly, during the same period the numbers of those aged 65 and over is expected to increase from 67,153 to 107,232.

The impact of economic and demographic changes together with anticipated growth in demand for services and higher public expectations further underlines that doing more of the same is not an option. To deliver strategic outcomes for Fife there will be a requirement to re-shape the workforce in line with the needs of services, divisions and localities requirements and ensure that staff are properly trained, managed, professionally supervised and feel valued.

11.1.2 Fife will require a workforce that is more flexible and adaptive as a proportionately smaller labour pool is likely to result in increased competition for staff from other industries and employment sectors. Difficulties around the recruitment and retention of staff with the required qualities together with the consequential impact on service delivery is an ongoing challenge for both statutory and non-statutory health and social care providers in Fife. We therefore need to understand the shape and make-up of our future workforce if we are to reconcile demand for staff with available supply.

11.1.3 Detailed workforce plans must reflect the requirements and priorities of divisions and localities and therefore need to be developed jointly with operational managers. Our capacity to deliver the priorities outlined in the Workforce and Organisational Development Strategy will be aligned to key Fife and Scottish Government strategies. These include for example the NHS Fife Clinical Strategy and Scottish Government
strategies and initiatives including those relating to Self-Directed Support, Early Years and Dementia.

11.1.4 To ensure that Fife has the right people in the right place at the right time, solutions to labour market challenges and service demands will require the Partnership to plan together to develop solutions involving local and national partners and professional bodies. If the sector is to attract and retain staff to undertake essential roles then health and social care will also need to be promoted as a positive choice underpinned by attractive career pathways.

11.2 The Fife Health and Social Care Workforce

11.2.1 Fife is the third largest local authority in Scotland with 366,910 residents. 63.7% of the population are aged 16-64 years and 18.8% aged 65 years and over. The total population is expected to increase by 31,769 (9%) to 397,989 in 2037. This increase will vary across age groups. The largest population increase is expected to be seen amongst those aged 65-74 and 75 and over who are proportionately more likely to have multiple and complex needs. These trends will inform commissioning approaches, how the Partnership manages future anticipated demand and the development of an integrated workforce.

11.2.2 At the same time, the average age of the workforce delivering Health and Social Care Services within statutory agencies has increased. Fife Council and NHS Fife both report that the largest percentage of their workforce are within the age range 50 – 54, meaning they will be eligible to access their pension in the coming years. In the NHS for example, changes to the Scottish Public Pension Agency regulations, and professional revalidation for specific disciplines, increases the potential for staff to choose to mobilise their pension benefits.

11.2.3 Increased recruitment to deliver Scottish Government directions, whilst maintaining staffing numbers by replacing those who retire, is increasingly challenging for particular occupational disciplines and specialisms. Additional workforce planning pressures can also be expected in areas such as mental health, learning disability and early years where there is a clear political commitment to improve services.

11.2.4 These challenges, and the need to consider best value and reduce waste and inefficiency in the current economic climate, is presenting particular workforce planning considerations that need to be assessed in detail as the shape and structure of the Health and Social Care Partnership within Fife develops.

12. THE THIRD AND INDEPENDENT SECTORS

12.1 The Third and Independent sectors are key partners within the Fife Partnership and play an important role in the delivery of commissioned front-line services including adult day care, care homes for adults, housing support and care at home. Together, the two sectors account for 161 care services delivered in Fife that are registered with the Care Inspectorate (see below).
<table>
<thead>
<tr>
<th>Service Area</th>
<th>Third Sector</th>
<th>Independent Sector</th>
<th>Combined</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult Day Care</td>
<td>12</td>
<td>2</td>
<td>14</td>
</tr>
<tr>
<td>Care Home for Adults</td>
<td>10</td>
<td>63</td>
<td>73</td>
</tr>
<tr>
<td>Housing Support/Care at Home</td>
<td>55</td>
<td>19</td>
<td>74</td>
</tr>
<tr>
<td>Total</td>
<td>77</td>
<td>84</td>
<td>161</td>
</tr>
</tbody>
</table>

Source: Scottish Social Services Council, 27 August 2015

12.2 To continue to deliver high quality, flexible health and social care services within what is a highly regulated sector, both voluntary and private providers will need to continue to invest in staff recruitment and training and work closely with commissioners at a time of unprecedented budget challenge.

13. GPS AND PRIMARY CARE

13.1 Primary Care is often described as “the engine room of integration”. As a key part of our workforce health and social care integration offers opportunities for and has an impact on General Practice and its role in community health. While the actual contract is a national one the working arrangements are determined to an extent at local level. Any issues within this section of the Health and Social Care workforce or a change in the national contract will therefore impact on the Partnership.

13.2 Recruiting, retaining, upskilling and developing the workforce within Primary Care is dependent on the recognition of the key issues needing to be addressed and the new models that will address these. In Fife, a number of practices are experiencing recruitment difficulties, with responsibility for one practice being returned to NHS Fife.

13.3 The current GP contract is being reviewed and it is widely anticipated that this will change GP’s responsibilities, supporting them to work “at the top of their licence”. This is likely to mean that with other team members within the health and social care system picking up additional roles responsibilities, alongside the GP practices.

13.4 The independent Primary Care Out of Hours Review by Sir Lewis Ritchie makes a number of recommendations including that local multi-disciplinary Urgent Care Resource Hubs be set up to bring together the community system. This report will need to be fully considered and changes implemented as required.

14. WORKFORCE PROFILE

14.1 Workforce information data is currently built round different reporting requirements for Fife Council and NHS Fife. As a consequence complete harmonisation of workforce information is not feasible at this stage.

14.2 As at 30 September 2015, 6,160 staff from across Fife Council and NHS Fife were employed in services that fall within the scope of Fife Health and Social Care Partnership. The table below shows the distribution of staff amongst recognised Job Families and Job Categories that form the basis of current Fife Council and NHS Fife reporting arrangements. These figures do not include vacancies at the time of the statistical return on which they are based. The figures also exclude staff that are centrally managed and required to work across service boundaries such as business/administrative support roles within Fife Council and domestic and porter roles within NHS Fife.

Detailed information as to which occupations and categories of staff fall within each of the Job Families and Job Categories are provided in Appendix 1.
The overall Gender split for the staff within Fife Health and Social Care Partnership is 87.7% female and 12.3% male. The contrasting incidence of full time and part time working by gender is illustrated below:

14.4 92.1% of staff within the Fife Health and Social Care Partnership hold permanent contracts, with the remaining 7.9% holding a fixed term contract. The contrasting incidence of permanent and fixed term contract status by gender is illustrated below:
14.5 The Age profile for the Fife Health and Social Care Partnership workforce is illustrated below.

The largest percentage of the Fife Health & Social Care Partnership workforce are within the age range 50 – 54, with 44.4% of the workforce aged 50 or over.

14.6 The significance of the role played by the Third and Independent sectors in registered care provision within Fife is emphasised by the size of the combined workforce. A total of 5,880 staff were recorded as employed in registered care services, of which 2,290 were working within the Third sector and 3,590 in the Independent sector (Scottish Social Services Council, 2015).

14.7 The gender profile of Third and Independent Sector registered care providers is predominantly female with women representing 79% and 88% of the respective workforces. These figures exclude those individuals involved in the delivery of non-registered provision and non-statutory initiatives such as lunch clubs, which are provided on a voluntary basis within community settings.

15. ORGANISATIONAL DEVELOPMENT CHALLENGES AND PRIORITIES

15.1 The most significant Organisational Development (OD) challenge within Health and Social Care, is developing and transforming how staff work together, and contribute to the creation of a shared culture that delivers effective integrated services, which have been co-produced with the public and other stakeholders.
15.2 This challenge can be broken down into a number of short, medium, and long-term plans which will articulate ongoing priorities and provide the focus for interventions. These include;

- The development of new integrated forums with different membership, for decisions about priorities and processes for change.
- The development of new ways of working including support for ‘test of change’ projects, co-production and community asset-based approaches.
- The establishment of locality working arrangements.
- The requirement to develop participative approaches that involve the public in service design.
- The creation of a shared culture based upon a shared values and expectations.
- Development of collaborative leadership as a norm.

15.3 In Fife we can evidence pockets of practice where new ways of working have become established. Learning derived from these successes will be used to help establish integrated work practices that will become the norm throughout Fife for all service areas.

15.4 The need to develop participative approaches involving staff and those who use services will require additional leadership competencies. We will therefore need to assist staff to become competent in the use of such open approaches that bring different groupings of people together and provide new information and direction with the overarching aim of finding new ways of collaborating to deliver better services.

15.5 To achieve the desired impact our OD interventions will be carefully targeted, aligned to priorities set out in the Strategic Plan for Fife and led by those in senior management and professional leadership positions. At this point in the development of the partnership OD work needs to be focused on three main areas;

- **Maintaining and innovating** - Opportunities need to be created through new management structures and meeting structures, formal and informal to allow new groupings of people to be in conversation and find ways to continue to deliver current services while improving and innovating and learning their way through to the future.

- **Skillsets for working with the Public in new collaborative ways** – Building on the work already undertaken around Self-Directed Support and personal outcomes, this work and other Core Concepts of future practice, will need to be extended to include other groups.

- **Skillsets for working with colleagues in new collaborative ways** – A range of leadership development interventions have already been provided to support collaborative working. The development of localities together with early implementation and tests of change sites will create new challenges and opportunities for staff to learn how to they might effectively work together in order to achieve synergies and more efficient and effective ways of working.

16. WORKFORCE STRATEGIC OBJECTIVES

16.1 The workforce priorities upon which this strategy is based have been identified as critical to supporting the delivery of the strategic objectives embodied within the Strategic Plan for Fife as set out in Section 1.3 of this document. Our Workforce and Organisational Development Strategy and associated activities will focus on four key strategic objectives:

- Plan effectively for our future needs
- Build on the skills and capability of our workforce
- Develop and promote collaborative leadership
- Develop a culture of collaboration and innovation.
16.2 Plan effectively for our future needs

16.2.1 Our future workforce will need to be increasingly multi-skilled and capable of responding to changes in service delivery and models of care. This is essential if the Partnership is to achieve its strategic goals based around the themes of prevention and early intervention, integrated and co-ordinated care, improving mental health and wellbeing and tackling inequalities.

16.2.2 Our workforce plans will be based on the assumption that locally there will be a growing demand for services but fewer people in employment. The workforce planning challenge will also extend to the reconfiguration of services to support the development of localities. Our approach must therefore be to ensure the targeted investment of available resources is aligned to the achievement of our strategic priorities.

16.2.3 Workforce planning will require engagement with a range of national and local key stakeholders and the development of innovative approaches. The ‘Academy’ model is one such example that provides a means of preparing those seeking employment in the health and social care sector through work experience, relevant training and the opportunity to develop key skills. A health and social care academy will be established in Fife as part of a planned approach to recruitment.

16.2.4 Where are we now?

- NHS Fife and Fife Council both have well developed arrangements to engage with managers to identify workforce development priorities, undertake workforce planning and to carry out training needs analyses.
- We have well-developed plans to ensure that all relevant sections of the workforce are supported to achieve statutory registration requirements.
- In anticipation of future workforce demands, we have invested in developing Fife Young workforce through the provision of Modern Apprenticeships in Care.

16.2.5 Where will we be?

- We will have an integrated workforce planning process that will provide us with better workforce intelligence and a more accurate understanding of the Partnership’s future workforce requirements including the need for an increasingly multi-skilled workforce.
- We will work with colleagues in strategic commissioning roles to ensure that our workforce planning is responsive and able to quickly respond to emergent needs and demands.
- We will establish a joint process for working with managers, including the Divisional General Managers, to establish priority needs and incorporate these within work plans.
- We will have mechanisms in place to address the workforce development requirements of future planned service reconfigurations.
- We will work with employability colleagues within the NHS and Fife Council to establish a health and social care academy model based on the ‘readiness for employment’ model as part of a planned approach to recruitment.
- We will continue to ensure that investment in our workforce prioritises statutory obligations and the delivery of national and local outcomes.

16.3. Build on the skills and capability of our workforce

16.3.1 Continuing to build staff skills and capabilities is key to ensuring the delivery of high quality services. Fife has a strong track record of driving and supporting multi-disciplinary and multi-agency learning and development to underpin integrated service provision. We
recognise the need to build on this work and continue our delivery of joint workforce development provision that will directly contribute to better achieving better outcomes for those who use services.

16.3.2 The integration of health and social care will undoubtedly accelerate the development of integrated community based services, new clinical and care models and pathways. This will require staff to acquire new skills and learn new ways of working. Changing demands including the greater complexity of client needs will require a workforce that is increasingly multi-skilled and capable of undertaking a wider range of health and social care tasks. Staff will need to be supported to develop the requisite knowledge and skills to fulfil their roles, in line with professional standards and regulatory requirements. Investment in professional and statutory registration requirements will therefore require to be given priority when planning and allocating workforce development resources.

16.3.3 Where are we now?

- We have established joint working arrangements and collaborative forums that include health and social care organisational development and learning and development working groups and a multi-agency training group.
- NHS Fife and Fife Council have well established personal development and review process to identify individual learning needs.
- NHS Fife and Fife Council have Workforce Planning Action plans that incorporate multi-agency elements.
- We have developed and delivered a range or collaborative training programmes including those related to Scottish Vocational Qualifications, palliative care, adult protection, dementia and self-directed support/personal outcomes.
- We have developed Fife-specific e-learning resources and have provided access to these and other e-learning modules for targeted staff within NHS Fife, Fife Council and the Independent and Third Sectors.

16.3.4 Where will we be?

- We will utilise our well established development processes to inform the development of our first joint training plan.
- From April 2016 we will consolidate our first combined needs analysis that will provide additional opportunities for colleagues from Fife Council, NHS Fife and, (where appropriate and feasible), the Independent and Third Sectors to come together to develop skills based on agreed Partnership priorities.
- We will develop a joint annual training plan.
- We will further develop access to e-learning and blended learning focussing on mandatory and essential training.
- We will have an oversight of training plans focused on the developmental needs of key professional groups to ensure that we avoid duplication of effort and identify any efficiencies and synergies.
- We will ensure that our staff meet the competency requirements embodied within relevant national occupational standards.

16.4. Develop and promote collaborative leadership

16.4.1 Leading in complex environments such as health and social care integration requires cross-functional and cross-organisational co-operation and relationship building. Leading outside your area of responsibility with others is a hallmark of collaborative leadership.

16.4.2 Sharing power, information and knowledge at different levels brings a diverse range of people together to make decisions about the biggest challenges and opportunities, whilst creating the environment for leadership to be distributed.
16.4.3 The active sharing of diverse perspectives provides a richer understanding of what's happening, generating better informed decisions and outcomes. The opportunity for leaders to engage in open and constructive exploration can support innovation, improve decision-making and bring about creative solutions.

16.4.4 Professional leadership within the context of clinical and social care regulatory and governance frameworks needs to be acknowledged. Professional leaders will play a critical role in collaborative activity to support the achievement of the nine National Health and Wellbeing Outcomes (see Appendix C).

16.4.5 Clarity of Vision, Purpose and Outcomes are vital to driving the behaviour of collaborative partners.

16.4.6 Collaborative leaders need to be adaptive, relational and collegiate by being prepared to listen, engage in dialogue and inquire rather than prescribe solutions, and be able to coach, mentor and facilitate learning.

16.4.7 Where are we now?

- We have a clear vision and mission for Health and Social Care in Fife
- We have an emerging formal Leadership and Management structure
- We are developing new joint meeting structures and have begun bringing together new groupings of senior and frontline staff to discuss new processes and procedures
- We have new joint Communications procedures
- We have developed a new approach to Public Participation and Engagement
- We have an established Organisational Development group that allows us to respond to and anticipate leadership development requirements.
- We have delivered a range of interventions including formal accredited programmes, master classes, action learning sets, coaching and bespoke supports to teams that include development of dialogue and enquiry skills
- We have provided support to those leaders involved in tests of change initiatives.

16.4.8 Where will we be?

- We will fully establish joint leadership and management arrangements across the integrated services.
- We will regularly review our meeting structures to ensure they assist the development of the quality of our services.
- We will have Communications processes that are both top down and bottom up and help evolve quality improvement
- We will create new opportunities for broad involvement of staff stakeholders and our publics in the creation of new models of service delivery thereby enacting the new Engagement and Participation Strategy.
- We will have an expanded and refreshed OD group tasked to enquire into and help progress Organisational and Leadership development of the Integrated services
- We will provide tailored organisational development support to those managers undertaking leadership roles in the development of localities and test of change initiatives.
- We will continue to support team development activity aimed at promoting collaborative working.

16.5. Develop a culture of collaboration and innovation

16.5.1 Fife has a long history of collaborating and innovating to progress service delivery. The Integration legislation is speeding up this process with strategic direction and clear National Outcomes requirements for service users and the workforce. Work has already
been undertaken to bring together staff, the public and other stakeholders to generate ideas for service improvements and innovations. This work is now continuing and new management structures are creating new forums for different configurations of people to make decisions on short term and longer term aspirations. More work will be required to continue this work and localise it within the seven geographical locations and at the same time create uniformity of services delivery. For those staff involved in the delivery of services, a shared understanding of the role that they can play in the development of collaborative working will support engagement, inform practice and contribute to the delivery of better outcomes for users of services.

16.5.2 Where are we now?

- We have an organisational development plan.
- In 2014 and 2015 we developed and delivered 5 combined staff, public, and stakeholder engagement events and 8 Locality events throughout Fife attended by 800 people.
- We have delivered a range of joint leadership development interventions aimed at supporting collaborative leadership and the emergence of a shared culture based on commonly accepted and understood values.
- We are supporting the development of early tests of change sites which will spearhead the innovation, learning and spread of new practice.
- Formal consultations have taken place and are continuing to take place about the Strategic Plan for Integration, with staff and the public.
- We have engaged with a wide range of stakeholders through the existing participation network to co-produce a Participation and Engagement Strategy 2016-19.

16.5.3 Where will we be?

- Our leaders will develop and communicate clear and consistent messages about the Integration plans for Fife.
- This will continue to be developed through the participative processes we have undertaken and will continue to take, to service improvement and innovation.
- Innovation will be built on approaches involving community resources and users of services and their carers.
- Staff will have a greater understanding of collaboration and are equipped with the skills to work with others to help re-shape services.
- We will refine and further develop our organisational development plan to reflect shifting priorities as the Partnership moves towards locality working.

16.6 Delivering the Strategy – Our Capacity to Deliver

16.6.1 For our workforce and partner organisations, the integration of health and social care arguably represents the most significant change in policy in a generation that will have wide-reaching impact on how services are delivered in the future. It is acknowledged that change of this magnitude is taking place at a time when public services are operating within an increasingly challenging financial environment and are having to cope with huge demands and service pressures. The delivery of our Workforce and Organisational Development Strategy is predicated on Fife Council and NHS Fife committing the required resources to ensure that our workforce and organisational development priorities can be taken forward. Given the uncertainties around public sector budgets it is nevertheless recognised that during its lifespan, there may be a requirement to modify elements of the strategy to reflect priorities and resource availability.
16.6.2 Our capacity to both continue to provide high quality services and transform how these are to be delivered will depend on available resources being carefully targeted in view of competing demands. Fife Council and NHS Fife will build upon current collaborative arrangements and engage where appropriate with other partners to identify potential efficiencies and synergies based on a shared understanding of priorities and thus ensure the best use of available resources.

16.6.3 **Engaging with our Workforce**

Effective engagement with our workforce will be integral to the implementation of our Workforce and Organisational Development Strategy. To ensure its success we will continue to work in close partnership with trade union and staff side colleagues who are members of the Workforce Workstream Group and any subsequent group which may be established.

16.6.4 Appropriate matters relating to the workforce will also be referred to the Local Partnership Forum in order to ensure wide staff engagement.

17. **MONITORING, EVALUATION AND REVIEW**

17.1 The Director of Health & Social Care and Divisional General Managers will be accountable to the Integrated Joint Board or nominated sub-committee for the delivery of the plan and will also undertake a monitoring role to ensure that activities and interventions are delivered as agreed. The Group will also prepare and submit an annual report to the Integration Joint Board detailing progress against each of the strategic workforce outcomes.

17.2 The Workforce Workstream Group will establish reporting arrangements regarding responsibilities and accountabilities in respect of the delivery of the organisational development and workforce planning elements of the workforce strategy. These arrangements will incorporate quality assurance to allow the Partnership to evaluate effectiveness of workforce-focused interventions, programmes and activities.

17.3 HR specialists from NHS Fife and Fife Council will be responsible for the provision of expert advice and guidance in relation to any aspects of the plan impacting on the workforce that requires a professional HR input. In consultation with staff side and union representatives the group will advise on areas that are the responsibility of the employer including terms and conditions, or of employer or Partnership interest such as organisational design and recruitment.
### Job Categories - NHS Fife

<table>
<thead>
<tr>
<th>JOB FAMILY</th>
<th>INCLUDED POSTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administrative Services</td>
<td>e.g. Receptionists, Medical Records Assistant, Office Administrators, Central Functions</td>
</tr>
<tr>
<td>Allied Health Professionals</td>
<td>e.g. Dietetics, Occupational Therapy, Physiotherapy, Podiatry, Speech &amp; Language Therapy</td>
</tr>
<tr>
<td>Healthcare Sciences</td>
<td>e.g. Biomedical Sciences, Clinical Photographer, Maxillofacial Physical</td>
</tr>
<tr>
<td>Medical &amp; Dental</td>
<td>e.g. Medical or Dental Consultant, Associate Specialist, Staff Grade Doctor, Doctors in training</td>
</tr>
<tr>
<td>Medical &amp; Dental Support</td>
<td>e.g. Dental Technician, Dental Hygienist, Dental Nursing, Operating Department Practitioners, Physician Assistants,</td>
</tr>
<tr>
<td>Nursing &amp; Midwifery</td>
<td>e.g. Community Children's nursing, District Nursing, Health Visiting, Family Planning, Learning Disabilities Nursing, Mental Health Nursing, School Nursing</td>
</tr>
<tr>
<td>Other Therapeutic</td>
<td>e.g. Psychology, Genetic counselling, Pharmacy</td>
</tr>
<tr>
<td>Personal &amp; Social Care</td>
<td>e.g. Health Promotion, Chaplaincy</td>
</tr>
<tr>
<td>Senior Managers</td>
<td>e.g. Non Agenda for Change Managerial Grades</td>
</tr>
<tr>
<td>Support Services</td>
<td>e.g. General Services, Domestic Services, Maintenance &amp; Estates</td>
</tr>
</tbody>
</table>

### Category

<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>INCLUDED POSTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strategic/Central</td>
<td>e.g. Senior Managers, Business Support Officers, Performance Officers, Learning &amp; Development Officers, Communication Officers</td>
</tr>
<tr>
<td>Fieldwork Adults</td>
<td>e.g. Social Work Assistants, Social Workers, Senior Social Workers, Team Managers, Occupational Therapy Assistants, Occupational Therapists</td>
</tr>
<tr>
<td>Day Care – Older People</td>
<td>e.g. Unit Managers, Senior Social Care Workers, Social Care Workers, Day Care Assistants, Ancillary Staff</td>
</tr>
<tr>
<td>Day Care – Learning Disabilities</td>
<td>e.g. Community Support Managers, Community Support Workers; Community Support Assistants, Ancillary Staff</td>
</tr>
<tr>
<td>Domiciliary Care</td>
<td>e.g. Home Care Co-ordinators, Home Carers, Rehab Care Assistants; Schedulers, Mobile Care Assistants</td>
</tr>
<tr>
<td>Residential – Older People</td>
<td>e.g. Unit Managers, Senior Social Care Workers, Social Care Workers, Care Assistants, Ancillary Staff</td>
</tr>
<tr>
<td>Residential – Learning Disabilities</td>
<td>e.g. Lead Officers, Senior Social Care Workers, Social Care Workers, Care Assistants</td>
</tr>
</tbody>
</table>
### Appendix 2

#### Summary Points of Action

<table>
<thead>
<tr>
<th>Strategic Objective 1. Plan effectively for our future needs</th>
<th>Action</th>
<th>Target Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Workforce priorities and associated plans to reflect priority needs identified by Divisional General Managers</td>
<td></td>
<td>April 2016</td>
</tr>
<tr>
<td>Clarification of resource requirements for the delivery of the strategy</td>
<td></td>
<td>April 2016</td>
</tr>
<tr>
<td>Joint workforce planning arrangements are agreed and developed</td>
<td></td>
<td>October 2016</td>
</tr>
<tr>
<td>Health and Social Care Academy (pre-employment model) to be established</td>
<td></td>
<td>June 2016</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Strategic Objective 2. Build on the skills and capacity of our workforce</th>
<th>Action</th>
<th>Target Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ensure continued compliance with relevant national occupational standards through a wide range of learning opportunities (including e-learning and blended learning) identified through a combined learning needs analysis.</td>
<td></td>
<td>Ongoing</td>
</tr>
<tr>
<td>Annual joint training plan to be developed prioritising identified workforce development and continuous professional development requirements.</td>
<td></td>
<td>April 2016</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Strategic Objective 3. Develop and promote collaborative leadership</th>
<th>Action</th>
<th>Target Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Programme of support to be developed aimed at promoting collaborative leadership within localities.</td>
<td></td>
<td>April 2016</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Strategic Objective 4. Develop a culture of collaboration and innovation</th>
<th>Action</th>
<th>Target Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organisational development plan reviewed and refined based on leadership narrative and service configuration.</td>
<td></td>
<td>September 2016</td>
</tr>
</tbody>
</table>
Appendix 3

National Health and Wellbeing Outcomes

The National Health and Wellbeing Outcomes are high-level statements of what health and social care partners are attempting to achieve through integration and ultimately through the pursuit of quality improvement across health and social care.

By working with individuals and local communities, Integration Authorities will support people to achieve the following outcomes:

**Outcome 1:** People are able to look after and improve their own health and wellbeing and live in good health for longer.

**Outcome 2:** People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.

**Outcome 3:** People who use health and social care services have positive experiences of those services, and have their dignity respected.

**Outcome 4:** Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.

**Outcome 5:** Health and social care services contribute to reducing health inequalities.

**Outcome 6:** People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing.

**Outcome 7:** People using health and social care services are safe from harm.

**Outcome 8:** People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.

**Outcome 9:** Resources are used effectively and efficiently in the provision of health and social care services.

Appendix B

ACUTE SERVICES, HEALTH AND SOCIAL CARE
AND FIFE WIDE HEAT TARGETS

ACUTE SERVICES

Planned Care

- **IVF TREATMENT WAITING TIMES**
  At least 90% of eligible patients will be screened within 12 months of referral from Secondary Care.

- **18 WEEKS RTT**
  At least 90% of planned / elective patients will commence treatment within 18 weeks of referral.

- **Patient TTG**
  We will ensure that all eligible patients receive Inpatient or Day Case treatment within 12 weeks of such treatment being agreed.

- **Outpatient Waiting Times**
  At least 95% of patients (stretch target of 100%) will receive their first outpatient appointment within 12 weeks of referral

- **Cancer Waiting Times: 62-Day RTT**
  At least 95% of patients urgently referred with a suspicion of cancer will start treatment within 62 days

- **Cancer Waiting Times: 31-Day DTT**
  We will treat at least 95% of cancer patients within 31 days of decision to treat

Emergency Care

- **A&E Waiting Times: 4-Hour Waits**
  At least 95% of patients (stretch target of 98%) will wait less than 4 hours from arrival to admission, discharge or transfer for Accident and Emergency Treatment

- **A&E Waiting Times: 4-Hour Breaches**

- **A&E Waiting Times: 8-Hour Breaches**

- **A&E Waiting Times: 12-Hour Breaches**

Clinical Support and Access

- **Diagnostics Waiting > 6 Weeks**
  No patient will wait more than 6 weeks to receive one of the 8 Key Diagnostics Tests

- **Detect Cancer Early**
  At least 29% of cancer patients will be diagnosed and treated in the first stage of breast, colorectal and lung cancer
HEALTH AND SOCIAL CARE PARTNERSHIP

- **Delayed Discharges > 2 Weeks**
  No patient will be delayed in hospital for more than 2 weeks after being judged fit for discharge

- **Smoking Cessation**
  We will deliver a minimum of 602 post 12-weeks smoking quits in the 40% most deprived areas of Fife

- **Alcohol Brief Interventions**
  In FY 2015-16, we will deliver a minimum of 4,187 interventions, at least 80% of which will be in priority settings

- **Antenatal Access**
  At least 80% of pregnant women in each SIMD quintile will book for antenatal care by the 12th week of gestation

- **Dementia: Post-Diagnostic Support**
  All patients with a diagnosis of dementia will have a minimum of 1 year's post-diagnostic support and a person-centred support plan

- **Dementia: Registration**
  We will have a QOF-registered proportion of diagnosed dementia patients consistent with the European measure of prevalence

- **Drugs & Alcohol Waiting Times**
  At least 90% of clients will wait no longer than 3 weeks from referral to treatment

- **CAMHS Waiting Times**
  At least 90% of clients will wait no longer than 18 weeks from referral to treatment for specialist Child and Adolescent Mental Health Services

- **Psychological Therapies Waiting Times**
  At least 90% of clients will wait no longer than 18 weeks from referral to treatment for Psychological Therapies

FIFE WIDE

- **Hospital-Acquired Infection: Sabs**
  We will achieve a maximum rate of Sabs (including MRSA) of 0.24

- **Hospital-Acquired Infection: C Diff**
  We will achieve a maximum rate of C diff infection in the over 15s of 0.32

- **Sickness Absence**
  We will achieve and sustain a sickness absence rate of no more than 4% (measured on a rolling 12-month basis)
Appendix C

CHARACTERISTICS OF NHS FIFE’S CURRENT WORKFORCE

Support Services

Support Services consists primarily of catering, domestic, estates (including skilled trades), portering, transport and sterile services. On 31 March 2016 NHS Fife’s Support Services workforce comprised 1,126 staff, representing 12.6% of the total workforce.

The majority of the Support Services workforce was female staff engaged in part time Band 1 positions, and on 31 March 2016 the average age of the workforce was 48 years old. This is 3.2 years higher than the average age of the total workforce. The Support Services workforce had the greatest number of staff employed who are 65 years old and above.
Personal & Social Care

Personal and Social Care comprises health improvement and spiritual care staff. It is a relatively small workforce comprising 62 staff, representing less than 1% of the total workforce. With 85.5% of the workforce being female, the gender profile within the Personal and Social Care workforce was consistent with that of the total workforce. At 44.5 years old, the average age of personal and social care staff was also consistent with that for the total workforce, although the graph below demonstrates the age distribution within the job family is less concentrated on those aged 50 years old or above.

Other Therapeutic

Other Therapeutic is made up largely of psychology and pharmacy staff. This job family comprised 282 staff, representing 3.1% of the total workforce.

The banding distribution of the Other Therapeutic workforce is more concentrated on the higher Agenda for Change Pay Bands, with 63.1% of the workforce engaged on Pay Band 7 and above. This reflects the entry level qualifications and career structure within these professions.

With 82.4% of the workforce being female, the gender make-up of this staff group was consistent with that of the total workforce. The average age of staff within the Other Therapeutic workforce on 31 March 2016 was 41.7 years old. This is 3.1 years younger than the average age of the total workforce, and the graph below highlights the age distribution within the job family is less concentrated on those aged 50 years old and above.
Nursing & Midwifery

The Nursing and Midwifery workforce is the largest job family within NHS Fife. On 31 March 2016, this job family comprised 4,137 staff, representing 46.2% of the total workforce.

With 92.4% of the Nursing and Midwifery workforce being female, there was 7.4% greater percentage of female staff within this job family compared to the gender demographics across the total workforce. The majority of the Nursing and Midwifery workforce were employed in roles within Agenda for Change Pay Bands 5, 6 and 7, although there were also significant numbers of staff employed within Pay Bands 2 and 3.

The average age of the Nursing and Midwifery workforce was 44.7 years old. Although this does not cause any immediate reasons for concern, it should be noted that the average age of staff in certain roles and occupations, particularly those within Agenda for Change Pay Bands 6 and 7 requiring post registration qualifications at post graduate level or equivalent, are more vulnerable. This is the case within specialist nursing (50.1), public health nursing (49.1), mental health (48.1 years) and district nursing (47.7 years).

Due to the numbers of staff engaged within this job family, further work was undertaken to analyse the Nursing and Midwifery job family by the registration categories or adult nursing, children’s nursing, learning disabilities, mental health nursing and midwifery. The results of this analysis are detailed below.
Nursing & Midwifery – Adult

Within the Nursing and Midwifery job family, adult nursing comprised 2,947 staff, representing 71.2% of staff within this job family on 31 March 2016. The average age of non registered staff within adult nursing was 46.5 years old, with the average age of registered staff being 44.1 years old. A part time working pattern was the norm within adult nursing, although as demonstrated with the graphs below a part time working pattern was more prevalent within the non registered staff where 73% of staff worked hours which were less than full time.

Nursing & Midwifery – Children

On 31 March 2016, Children’s Nursing comprised 167 staff, representing 4% of staff within this job family.

There was greater diversity in the banding distribution of staff within children’s nursing, when compared to adult nursing, with the use of advanced roles for non-registered nurses (i.e. band 4), and advanced registered nurses (i.e. bands 6 and 7) more evident. A part time working pattern remained the norm within children’s nursing.

The average age of non registered staff within children’s nursing was 41.7 years old, with the average age of registered staff being 42.5 years old. Although the average age of registered staff within children’s nursing would not raise concerns, the graph below demonstrates there is a large percentage of staff approaching 50 years old and who will therefore be eligible for retirement in the coming years.
Nursing & Midwifery – Learning Disabilities

On 31 March 2016, Learning Disabilities Nursing comprised 146 staff, representing 3.5% of staff within this job family.

The average age of non registered staff within Learning Disabilities Nursing was 41.4 years old, with the average age of registered staff being 45.1 years old. A full time working pattern is the norm within Learning Disabilities Nursing.

Nursing & Midwifery – Mental Health

On 31 March 2016, Mental Health Nursing comprised 645 staff, representing 15.6% of staff within this job family.

The average age of non registered staff within Mental Health Nursing was 45.7 years old, with the average age of registered staff being 45.1 years old. There was a large percentage of both registered and non registered staff who were 50 years old or above and will therefore be eligible for retirement in the coming years.

A full time working pattern is the norm within Mental Health Nursing.
Nursing & Midwifery – Midwifery

On 31 March 2016, Midwifery comprised 232 staff, representing 5.6% of staff within this job family.

The average age of non registered staff within Midwifery was 43.6 years old, with the average age of registered staff being 45.7 years old. There is a large percentage of registered staff who were 50 years old and above who will, therefore, be eligible for retirement in the coming years.

A part time working pattern is the norm within Midwifery.

Medical and Dental Support

Medical and Dental Support staff is made up largely of operating department practitioners within Theatres, and dental nurses, oral health nurses and hygienists within Dental Services. On 31 March 2016, the job family comprised 127 staff, representing 1.4% of the workforce.

83.3% of the Medical and Dental Support workforce were female staff, with 80% of the staff employed in roles within Agenda for Change Pay Bands 4, 5 and 6.
Medical and Dental

On 31 March 2016, Medical and Dental staff comprised 646 staff, representing 7.2% of the total workforce. The Medical and Dental workforce consisted of consultant staff, career grade doctors and trainee Medical and Dental staff. Although Medical and Dental staff in training are employed by NHS Fife, funding for these posts is provided by NHS Education for Scotland. These training posts are rotational and are, therefore, removed when calculating Board turnover figures.

Healthcare Scientists

On 31 March 2016, the Healthcare Science workforce comprised 187 staff, representing 2.1% of the workforce. Although the majority of staff are female, in contrast to other job families within NHS Fife, male staff account for 31.6% of the Healthcare Science workforce, this percentage was 16.6% higher than the gender make up of the total workforce.

61% of Healthcare Science staff were employed in roles within Agenda for Change Bands 6 and above, reflecting the entry level qualifications and career structure within Healthcare Science disciplines.
Allied Health Professions

Allied Health Professions consist primarily of dietetics, occupational therapy, physiotherapy, podiatry, radiography and speech & language therapy. On 31 March 2016, it comprised 797 staff, representing 8.9% of the total workforce. Female staff amount to 89.7% of the Allied Health Profession workforce, which was slightly higher than the average make-up of the total workforce, although the average age of the workforce was consistent with that of the total workforce. The banding distribution is concentrated on staff engaged in Agenda for Change Pay Bands 6 and above.

Administrative and Clerical (including Senior Managers)

The Administrative and Clerical job family encompasses a wide range of duties, including many where administrative staff are directly involved in supporting clinical colleagues in the performance of their roles. Incorporating 22 Senior Managers into the calculations, on 31 March 2016, it comprised 1,597 staff, representing 17.8% of the total workforce. Female staff amounted to 89% of the Administrative and Clerical workforce, which was slightly higher than the average make-up of the total workforce. The banding distribution is concentrated on staff engaged in Agenda for Change Pay Bands 2, 3, and 4. Staff engaged within these Pay Bands represented 77% of the job family.