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The Scottish Government, in its programme for Scotland, established a vision which required NHS Fife, like other NHS Boards, to undergo significant transformational change to deliver its aim of ensuring the people of Scotland would live longer, healthier lives at home or in a homely setting.

NHS Fife established a framework for this transformational change within our Clinical Strategy (2016–2021), shaping the delivery of healthcare in Fife over the next five years and beyond. It sets out NHS Fife’s response to the changing needs of a rising and ageing population, focusing on prevention of ill health, optimal use of technology, and developing the skills and competencies of the workforce to ensure they keep pace with the new and evolving models of care required.

This demographic change in society is also reflected in NHS Fife’s workforce. Our workforce is ageing at a time when the working population of Fife is projected to decrease. Workforce supply and demand will be a key challenge over the coming years with the prospect that the future supply of Doctors, General Practitioners, Nurses and Midwives and other health professional roles may be insufficient to meet future demand.

It is in this context that this Workforce Strategy has been developed. Recognising the high quality services which are delivered by hard working people, who are responding to changing demand, evolving models of care and rising public expectations, the Workforce Strategy outlines the steps that NHS Fife will take nationally, regionally and locally to ensure service sustainability.

Nationally, it outlines our commitment to:
1. Participate in national discussions in relation to the delivery of the National Health and Social Care Workforce Plan.
2. Escalate workforce pressures, where appropriate, to be addressed at Scottish Government or NHSScotland level, allowing for a co-ordinated response to common national challenges.

Regionally, it outlines our commitment to:
1. Participation in discussions regarding a Regional approach to service delivery where this is appropriate.
2. Progress the Regional employment model for delivering the required improvements in the recruitment and employment experiences for training grade staff, while enhancing the effectiveness and efficiencies of employers. This follows on from the implementation of this model for Doctors in Training.

3. Actively participate in the shared services (Once for Scotland) agenda, collaborating with colleagues within the East Region to develop services to maximise efficiencies and reduce variation. Initially this will focus on adopting regional approaches and standards for recruitment; workforce planning; on-line training and education; induction and regional approaches for employment.

Locally, it outlines our commitment to:

1. Continue to strengthen and embed the role of the Strategic Workforce Planning Group, ensuring it provides assurance that workforce planning and development activity is robust and fit for purpose.

2. Develop recruitment and retention strategies to minimise the impact of our ageing workforce and the loss of a significant proportion of staff within the next 5 to 10 years, by focusing on youth employment strategies, establish clearer career pathways within and between job families, and introducing new policies to encourage retention of staff.

3. Roll-out the system of e-Job Planning for Consultant and other Career Grade Medical & Dental staff, ensuring the process is more closely aligned to department and service objectives and facilitates local, and where appropriate, regional, working.

4. Prepare for the introduction of Safe Staffing Legislation in 2019 by continuing to rigorously apply the Nursing and Midwifery Workforce and Workload Tools.

The Workforce Strategy is a live and interactive document, regularly monitored and updated by the Strategic Workforce Planning Group. Through the commitments outlined above, and the broad workstream themes detailed within 5. It will facilitate NHS Fife’s workforce to continue to deliver high quality services. This Strategy covers all NHS Fife staff, including those who work in Fife’s Health & Social Care Partnership. It does not cover Fife Council employed staff who work within the Health and Social Care Partnership. There is an integrated approach to workforce planning within NHS Fife and the Health and Social Care Partnership. Officers in both areas are involved in relevant groups developing the relevant strategies as there is a co-dependency between these strategies.
What we said.... and what we did

**Objective - We will deliver a regional employer model for Doctors in Training.**

NHS Fife successfully introduced the regional employer model for training grade doctors in 2018, improving the employment experience of this staff group. Training Grade doctors will now have a single employment contract for the duration of their training programme rather than being engaged in successive short term contracts for the duration of individual placements.

**Objective – Implement the national electronic Employee Support System, streamlining and implementing paper light systems and processes to maximise efficiencies**

NHS Fife commenced the roll-out of eESS in March 2019, enabling managers to process a range of contractual transactions electronically. Future developments of the system will introduce efficiencies in the processes relating to recruitment, training administration and management reporting.

**Objective - We will via the Board Nurse Director continue to develop effective partnership relationships with local colleges and universities to provide a positive experience for students thereby encouraging them to come and work for NHS Fife as an employer of choice.**

Through the work undertaken by the Board Nurse Director and her team we have increased the number of student placements and the recruitment of nursing staff. We have also been successful in attracting placements for those students undertaking a mental health qualification.
Objective – In line with our commitment Youth Employment, maximise the range of Modern Apprenticeship opportunities available.

Working with key partners, including partners in Further Education and Skills Development Scotland, NHS Fife has agreed to increase the number of Foundation and Modern Apprenticeships within the Board by the end of 2019. This strengthens our ongoing commitment to promote health care opportunities to local schools and the youth of Fife. Other activity during 2018/19 included facilitating over 150 placements to School pupils across a spectrum of occupations; organised careers events for over 200 S2 School pupils; delivered training on recruitment and interview techniques to over 150 S4 School pupils.

Objective – We will introduce new models of care, addressing current service pressures and securing future service sustainability

Working with key partners, including higher education, NHS Fife has agreed to introduce a number of Physician Associates (PA’s) by the end of 2020. PA’s are collaborative healthcare professionals, with a generalist medical education, working alongside doctors, GP’s and surgeons as an integral part of the multidisciplinary team. These PA’s will contribute to a number of Advanced Practitioners in Nursing & Allied Health Professions in providing a multi-disciplinary solution to service challenges.

Objective - We will embed revised workforce planning arrangements within the Board linked to both our service planning and financial planning arrangements

A Workforce Strategic Planning Group has been established with representatives from all areas of the Board and also the Health and Social Care Partnership. In addition the service planning review process requires the future workforce requirements to be an integral element of this process. The Workforce Strategy will also be based upon a 3 year cycle with a more detailed Operational/Implementation Plan which will be overseen by the Workforce Strategic Planning Group on a quarterly basis.

Objective - We will implement initiatives which support the training and potentially the future recruitment of General Practitioners.

Working in partnership with St Andrews University Medical School we have developed SCOTgem the first partnership between a Scottish University and an NHS Scotland Board to recruit participants to a graduate training scheme which incorporates clinical placements and supervision within the Primary Care setting.
1.1 Introduction

This Workforce Strategy provides an overview of the future workforce required to ensure delivery of high quality services for the population of Fife.

The Strategy sits within a number of national and local strategic documents, for example the National Workforce Plan, the NHS Fife Clinical Strategy and the Health & Social Care Workforce and Organisational Development Strategy. While these documents are referenced throughout this Strategy, the Strategy does not attempt to provide a comprehensive overview of them.

1.2 Workforce Planning Methodology

The Strategy is structured around the Scottish Government workforce planning guidance CEL(2011)32, which suggested Boards use the nationally sponsored 6 step workforce planning methodology.

The guidance sets out the following 6 steps which form the framework for the plan:
- Step 1: Defining the Plan
- Step 2: Visioning the Future / Mapping Service Change
- Step 3: Defining the Required Workforce
- Step 4: Understanding Workforce Capacity and Capability
- 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 ongoing basis rather than on an annual basis.

1.3 Purpose of the Workforce Strategy

The purpose of this Strategy is to set out the key workforce supply and demand challenges which NHS Fife is facing between 2019/2022. Recognising the changing and developing context of workforce planning, which will mean greater collaboration with our partners within Local Authority, the potential for Regional Co-ordination of NHS services where appropriate, and a national approach to common workforce challenges, the Strategy details the workforce actions that NHS Fife is undertaking through the Board’s
Clinical Strategy and the Health & Social Care Strategic Plan for Fife (2016–2019) in addition to considering what local Board actions can be taken to mitigate the challenges that NHS Fife face over the coming years.

Many changes to the workforce relate to the redesign of NHS Fife services and as such workforce planning must be interactive. This plan is not intended to look at all aspects of workforce demand and supply for all job families. It will, however, highlight where there are emerging pressures that require to be addressed. This plan is a living document that is flexible, adaptable and responsive to further changes, given the constantly changing dynamics of service provision.

1.4 Scope of the Strategy

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

It is crucial that this Strategy recognises the links and interdependencies that are necessary in workforce terms with partners in delivering quality services to the population of Fife. This includes neighbouring and national Health Boards; local authorities, including the Health & Social Care Partnership and Fife Council Workforce Strategies; voluntary sector and the third sector.

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

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

Many of the challenges and commitments detailed in this Workforce Strategy are common across NHS Fife and Fife’s Health & Social Care Partnership. The broad workstreams detailed within Section 5 include those relating to the Acute Services Division, the Health and Social Care Partnership, and the range of Corporate Directorates.

1.5 Implementing, Monitoring & Refreshing the Strategy

Workforce Planning arrangements have been reviewed within NHS Fife and Fife’s Health and Social Care Partnership to ensure that these are fit for purpose and form an integral part of the financial and service planning frameworks. This is crucial as the Workforce Strategy has to be driven by clinical and non-clinical services as they determine their workforce requirements in the short, medium and long term. Through their respective workforce planning groups both NHS Fife and Fife’s Health and Social Care Partnership drive the development and implementation of their Strategy, ensuring it is a live and interactive document, and that implementation plans are regularly correlated, monitored and updated.

The national workforce planning guidance is currently subject to review. Reflecting the integrated nature of service delivery within health and social care, the guidance is being refreshed to ensure it encompasses the workforce planning needs of the NHS, Integrated joint Boards, Local Authorities and their partners in the third and independent sectors. This revision is likely to include aligning the timescales for workforce planning to that of financial and service planning. NHS Fife will take cognisance of any nationally produced guidance or plan as these relate to workforce planning.
2.1 The National Context

2.1.1 A Programme for Scotland

The Programme for Scotland 2018–19, published in September 2018, recognised increased investment in the NHS must be coupled with a joined up and flexible health and care service that was fit for the future, continuing to reform to meet technological and demographic challenges faced by the economy overall.

Its vision was for the people of Scotland to live longer, healthier lives at home or in a homely setting. Achieving this means the continued investment in high quality integrated services, in addition to the transformation of the way health and social care is delivered to drive improved performance.

As part of their commitment to raise Health Funds by £2 billion over the course of the current Parliament, the Programme for Scotland 2018-19 indentified funding to support its vision by investing in a comprehensive and multi-agency package of measures to ensure substantial and sustainable improvement in waiting times through investment in infrastructure and resources; enabling earlier access to mental health services and the promotion of good mental health and wellbeing; and the further development of multi-disciplinary teams of healthcare professionals in the community through Primary Care reform.

The Scottish Government has detailed a range of workforce commitments for NHS Scotland during the course of this Parliament including:

- Substantial and sustainable improvement to waiting times through measures designed to increase capacity, improve clinical effectiveness and efficiency and redesign patient pathways.

- Expanding the range of perinatal support available to women in addition to a commitment to train a further 250 School Nurses by 2022, enhancing the response to mild and moderate emotional and mental health difficulties experienced by young people;

- Enshrine safe staffing levels in law, starting with the nursing and midwifery workforce tools.

These commitments complement previous proposals to invest an increasing proportion of the budget in primary, community, mental health and social care services – to support the shift in the balance of care that is required; Consider where Regional approaches to workforce planning are appropriate;
Supporting national NHS Boards to develop a plan of where improvement in national services should be focused, including where appropriate a ‘Once for Scotland’ approach; Examining opportunities for greater sharing of support services away from the delivery of frontline care; and Developing a Digital Care Strategy to support a digitally-active population and workforce and make better use of the opportunities of modern technology; The training of additional staff to perform a range of critical roles including, for example, General Practitioners, Pharmacists, Advanced Nurse Practitioners, Health Visitors, Nurses and Midwives.

2.1.2 Scotland’s Changing Population

The National Records of Scotland (NRS) predicts the population of Scotland will continue to grow over the next 25 years. NRS projects that the population will rise from 5.405 million in 2016 to 5.693 million in 2041, an increase of 5.1% over the 25 year period.

During this time the population will continue to get older, and as demonstrated by the figures below, the population increase will be driven by the increase in those of Pensionable Age, and in particular, those aged 75 and above.

The graphs below obtained from the National Records of Scotland (March 2018), show the Projected Population Changes for Scotland and Fife.

Within Fife, the population is projected to increase by circa 9,500 between 2016 and 2041. While this increase is proportionately smaller than the Scottish average, the increase in those aged 75 is projected to be 83.5%, 4.9% higher than the Scottish average.

This has significant implications for NHS Scotland and NHS Fife. Nationally it will require a shift in resources to those boards projected to have a significant increase in population, particularly given the growth will be mainly in those of pensionable age. Locally, it will require a review of workforce capacity in order to deliver the increased demand in clinical services at a time when the population increase of those of working age are minimum, or in the case of NHS Fife, reducing. Section 3 of the plan will detail the implications presented by the changing population to our workforce.

2.1.3 Morbidity & Health Inequalities

Ischaemic heart disease, neck and lower back pain, depression, Chronic Obstructive Pulmonary Disease (COPD)
and lung cancer account for nearly a quarter of the total burden of disease in Scotland. Multi-morbidity is also common in Scotland. The majority of over 65’s in Scotland have two or more conditions, and the majority of over 75’s have three or more conditions. More people have two or more conditions than only have one condition. The chart above highlights the percentage of patients with two or more conditions, by age groups Multi-morbidities by Age Groupings.

With the projected demographic changes within Fife, driven by the increase in those of pensionable age, patients with multi-morbidities will be an increasing trend for NHS Fife, placing further demand on the range of services offered.

People living in more deprived areas in Scotland develop multimorbidity at least 10 years before those living in the most affluent areas and Fife’s Health Inequalities Strategy 2015-2020 acknowledges that while health in Fife is improving, long-term health inequalities persist.

Health inequalities have a significant impact on people’s lives, meaning that some communities live shorter and less healthier lives than others. Some of these health inequalities can be mitigated and changed, for example if we make our services more equitable and reduce the issues people face when accessing them (whether that be due to their health or where they live) we can improve health and wellbeing. Health inequalities are expected to be addressed through the implementation of the GMS contract.

2.1.4 National Workforce Plan

The Scottish Government published a national workforce plan in three parts between 2017 and 2018. It sought improvements to the workforce planning infrastructure within the context of an integrated health and social care sector, incorporating services provided by public, third and independent sector employers. It’s aims were to build on the existing good practice to ensure increasingly integrated and collaborative approaches to planning and committed to the creation of a single Workforce Plan and associated guidance for the sector.

2.1.5 GMS Contract

The GMS contract was agreed with the aim to improve patient care and community health by providing a clearer role for General Practitioners (GP’s), ensuring a more manageable workload and reducing the risk associated with
aspects of the independent contractor arrangements. Initial workforce planning implications arising from it include reducing GP’s current work commitments by transferring non-GP essential services, and the staff performing these services, over to Health Boards and Health and Social Care Partnerships; Increased commission of services such as minor injuries, phlebotomy and chronic disease monitoring and related data collection; and Increasing the range of non-GP professionals such as Pharmacists & Pharmacy Technicians, and AHP’s and Nursing staff specialising in Musculoskeletal and Mental Heath working in GP practices.

Further information on the workforce implications arising from the GMS Contract is contained within Fife’s Health and Social Care Partnerships Workforce and Organisational Development Strategy and associated implementation plans.

2.1.6 Safe Staffing Legislation

The Scottish Government are finalising the processes required to enshrine the Health and Care (Staffing) (Scotland) Bill into legislation for 2019. This bill will require organisations providing health and social care to apply nationally agreed, evidence based workload and workforce planning methodologies and tools, and to provide assurance regarding safe and effective staffing.

2.1.7 Waiting Times Improvement Plan

Published in October 2018, this Plan identified monies Boards could secure in order to obtain additional resources designed to reduce the length of time people were waiting on key areas of healthcare. Along with commitments detailed in the Programme for Scotland, the Plan would enable:

- Increase capacity and accelerate delivery dates for the existing Elective Centre Programme,
- Increase clinical effectiveness and efficiency by implementing targeted action plans for key specialties and clinical areas and mainstream key productivity programmes (i.e. Attend Anywhere)
- Working with communities, design and implement new models of care by accelerating whole system design of local patient pathways through H&SC integration plus regional service reconfiguration.

2.1.8 Technology Enabled Care (TEC)

Development of the use of digital technology across society, including throughout the public sector, is a key strategic priority of the Scottish Government. Scotland is believed to be at the forefront of implementing technology within care settings (for example, over 80% of those in receipt of formal social care services already use telecare to support their independence at home), and the Scottish Government recognises the massive potential of TEC to reach more people, to offer more direct health / care support and to realise more benefits. The Scottish Government is committed to investing energy, imagination and resources to maintain this leading position.

With the advances already made in the introduction of technology opportunities within our health and care system in Scotland, the aim is to shift NHS Scotland’s focus from technology itself to ‘care, supported by technology’. To support this transition, the Scottish Government has adopted ‘Technology Enabled Care’ (or TEC) as a simpler and broader term for describing our citizen facing activity.

The Technology Enabled Care Action Plan, introduced in 2016, aims to support a transition to an integrated Digital Health and Care Strategy for Scotland within the context of Scotland’s Public Sector Reform ambitions and the National Clinical Strategy for Scotland.

The Scottish Government will provide a continuing commitment to support
the development and delivery of TEC in local Health & Social Care Partnerships, and their partners, through on-going investment in the TEC Development Programme. This aims to inform and deliver technology enabled system redesign and focuses on five key interconnected work areas:

- Home and Mobile Health Monitoring;
- Expansion of Video Enabled Services;
- Digital Services, including development of a Digital Platform framework;
- Telecare Expansion (including a shift from Analogue to Digital Telecare);
- Improvement and Support.

This aspect of the Strategy will have training and development requirements for the workforce to ensure they are equipped to use any Digital Platform competently and effectively for the benefit of patients.

2.1.9 Shared Services / Once for Scotland

The public service reform agenda, reiterated in the Programme for Scotland, has direct implications on health service provision, with an emphasis on the need to reduce duplication and inefficiency.

By adopting a ‘Once for Scotland’ approach and changing the way we work, this agenda aims to improve, integrate and co-ordinate services across the Scottish Public Sector. Its aim is to reduce 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.

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. The initial focus of this work will be on reviewing the number of Partnership Information Network (PIN) policies replicated throughout NHS Scotland with the aim of agreeing a single policy to be introduced throughout Scotland.

Similarly, the integration of health and social care services is a fundamental shift to achieving this, and the potential change to the manner in which Acute Services are delivered would be consistent with the aims of the National Clinical Strategy and public sector reform.
2.2 The Regional Context

2.2.1 Health and Social Care within the East Region

Collaboration and cross territorial Board working has been discussed and progressed within the South East of Scotland area using the already established South East and Tayside Regional Planning Group (SEAT) arrangements. Building on this approach has enabled NHS Borders, NHS Fife and NHS Lothian to evolve and transition as appropriate in line with the Scottish Government commitments outlined within a Programme for Scotland.

The three participating Boards within the East Region, and the six Integration Joint Boards, established a programme of work to take forward the objectives contained within the national Health and Social Care Delivery Plan and Clinical Strategy. This programme of work incorporated:

- Acute Services, with a focus on the most problematic elective and diagnostic specialties across the region and implementation of Scottish Government policy.
- Primary, Community and Social Care, with a focus to look at potential economies of scale and learning opportunities across the IJBs in the region.
- Prevention and Population Health, with a focus on major preventive strategies that will meet the triple aim of better health, better care and better value.
- Business Support Services, with a focus on accelerating efficiencies and integration across health boards.

Initial output of this regional approach has resulted in important progress, for example, an initial agreement to support elective Orthopaedics within Fife; agreement to work collaboratively on an ambitious commitment to reduce Type 2 diabetes; and pilot a new model of care within Primary and Community Care settings where NHS 24 triage patients requesting same day access to General Practitioners and, where clinically appropriate, redirect the patients to the wider multi-disciplinary team including Allied Health Professionals and Advanced Nurse Practitioners.

A number of key priorities have also been established for 2019/20 including, for example, Agreement on the optimal regional operating models and treatment thresholds for a range of priority specialties for Acute Services (e.g. Orthopaedics and Ophthalmology); Scope pilot of the use of artificial intelligence in the triage of gastro-endoscopy; Progress the national approach to trauma and major trauma; Progress other IJB led priorities on commissioning, mental health and realistic medicine; and Further progress scenario planning and modelling to inform priorities and choices given financial, service and workforce pressures.

In support of this, a co-owned picture of the NHS workforce demand and supply issues, opportunities, risks and challenges has been developed through the development of a comprehensive East Region Workforce Profile. Specific, and in-depth, profiles have also been established on the range of Acute Specialties identified as key to the delivery of clinical services within the East.

This workforce profile has identified a number of common themes across the East Region, such as an ageing workforce and the prospect that the future supply of Doctors (in certain specialties), General Practitioners and Nurses and Midwives may be insufficient to meet future demand. In response, it has been possible to detail a number of key elements in order to sustain and grow the future workforce within the East, and details a prospective Workforce Planning agenda which will be taken forward by the East Region Workforce Group.
2.2.2 East Region Workforce Group

Following publication of the National Workforce Planning Strategy for 2017-18, and the Health and Social Care Plan for the East Region, the existing regional workforce group within the East Region agreed refocused key priorities including aligning workforce planning, education and development activity with Regional Delivery Plans; Building workforce planning and development capacity; Establishing regional solutions to service and profession sustainability pressures; and encouraging collaborative working where this was appropriate.

2.2.3 Business Support Services, Regional Collaboration

NHS Fife is working with participating Boards within the East Region to identify and progress areas of collaborative working. Initially, this has focused on approaches to Recruitment and Retention (inc. Workforce Employability Services and Youth Employment), with the aim of moving away from the existing model where recruitment is carried out on an individual basis, to a more collaborative model based on a strong NHS Scotland brand delivered from a regional model.

The benefit realisation from this regional collaboration is focused on applicant experience; standardising the current range of recruitment processes adopted across Boards; clarifying the roles and responsibilities of HR and Service Users with the development of associated key performance targets; increased flexibility in targeting pulled recruitment resources to meet service demand and minimise inefficiency; and delivering financial savings.

Similar work is being undertaken to standardise workforce information reporting throughout the East Region, and reviewing the delivery of Financial Service functions.

Following national agreement on NHS locum pay rates, work has also commenced to consider implementation of a regional medical workforce bank solution throughout the East Region, and discussions have commenced to establish the feasibility of extending this collaborative working to a Nurse Bank, eRostering arrangements and certain Financial Service functions.

2.3 The Local Context

2.3.1 Clinical Strategy Fit for the Future

NHS Fife’s Clinical Strategy provides a route map for health services in Fife between 2016-21. It recognises positive changes in lifestyles alongside advances in medical science mean that the population of Fife is living longer, with a projected increase 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 is to ensure that the on-going health needs of our population continue to be met.

2.3.2 Annual Operational Plan 2019-20

The 2019/20 Annual Operational Plan sets out how NHS Fife will deliver expected levels of operational performance in order to provide the national priorities on waiting times improvement, mental health investment, progress and pace on the integration of health and care, and key standards for healthcare associated infection.

The four local key priorities for 2019/20, underpinning all aspects of NHS Fife’s strategic planning are:

- Acute Services Transformation Programme
- Joining Up Care - Community Redesign
- Mental Health Redesign
- Medicines Efficiencies
The Annual Operation Plan helps deliver and support NHS Fife’s ambition to be a strong performing board delivering quality person-centred and clinically excellent care.

2.3.3 Health and Social Care Partnership Workforce & Organisational Development Strategy

The Health and Social Care Partnership has published its Workforce and Organisational Development Strategy for 2019/22. Its aim 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.

Referencing the history and culture of effective partnership working involving Fife Council, NHS Fife and other community partners including the Independent and Third Sectors, the Strategy recognised the need to continue to develop an integrated and flexible care model that is fit for the future as the model of service delivery changes.

Similar to this Strategy, it recognised the challenging landscape across health and social care in Fife, with increasing demand linked to a significant projected demographic change alongside reduction in resources across all organisations charged with delivery of services. The Strategy sets out a range of workforce opportunities and challenges, many of which are reflected in Section 4 of this document.

2.3.4 Workforce Planning Groups

Following publication of the National Workforce Plan in 2018, the Strategic Workforce Planning Group within NHS Fife was refocused, providing assurance that workforce planning and development activity is robust and fit for purpose. Taking a ‘whole system’ multi-professional approach, the group will facilitate delivery of safe staffing levels and innovative workforce models to support sustainable health services.

In addition, a Workforce and Organisational Development Strategic Implementation Group has been established within the Health and Social Care Partnership which will provide a Fife Partnership focus for the planning, implementation and monitoring of workforce planning activity. This group provides a forum for engagement with all partner organisations within the statutory, independent, voluntary and Further Education sectors in respect of issues and matters impacting of workforce and organisational development.

These groups are supported by a range of workforce planning activities undertaken within localities, or focused on professional disciplines spanning across the full NHS workforce such as those for the Medical and Dental workforce and Nursing, Midwifery and Allied Health Professions.

2.3.5 Youth Employment Strategy

Continued uncertainty linked with the UK’s withdrawal from the European Union (EU), the reduction in the number of professionals from EU countries seeking to register with professional bodies across the UK, combined with changes to the local demographics within Fife which will see a reduction in the size of the working age population, places greater importance in improving our employment of young people in order to sustain the workforce of the future.

As a member of the Fife Developing Young Workforce Board, NHS Fife is working with a range of key partners to seek opportunities to increase our supply of a youth workforce. This will include introducing the Youth Employment Strategy incorporating career pathways, social inclusion and Foundation/modern Apprenticeship.
Schemes, closer liaison with education and the introduction of professionally branded materials promoting NHS Fife as an employer of choice.

2.3.6 Urgent Care Services

Urgent care is a priority area for NHS Fife within the General Medical Services (GMS) contract and it is well recognised that Advanced Nurse Practitioners (ANP’s), Advanced Practice and Specialist Paramedic Practitioners, Nurse Practitioners and other members of the healthcare team offer great support within primary care when aligned to general practice.

A three year implementation plan is being developed, focusing on the following priorities:
- Assess and treatment of urgent and emergency care presentations
- Home visits
- Falls

It is predicted that the primary care workforce will require expansion to introduce a sustainable model of care to support the Urgent Care demand on General Practice, and work is ongoing to scope the size and skill mix of the required workforce.

2.3.7 Financial Challenge for 2019/20

Across NHS Scotland there is a continued drive for improved financial efficiency and savings. NHS Fife requires to make estimated cash savings of £17.333 million during 2019/20. A Service Review approach to support strategic financial planning and longer term sustainability has been established, and a key part of this will be linked to the Scottish Government investment in improving patient outcomes of £392million across NHS Scotland.

This funding is not included in the current financial planning assumptions for NHS Fife in 2019/20 as it is recognised that further details are still to be announced on the mechanism by which the various funding envelopes will be allocated. This will, however, be a key component in the delivery of the Board’s overall balanced finance and performance approach for 2019/20, given the extent to which this funding is required to support priorities such as securing elective capacity to meet demand; digital, technology and innovation solutions to support redesign e.g. within outpatients; primary care modernisation; and improvements in mental health services.

It has been estimated that NHS Fife will require at least £5m Access Support funding from Scottish Government to ‘stand still’ and a significant additional sum to support a move towards achievement of access targets in 2019/20.

Notwithstanding the on-going financial challenges, NHS Fife will require to consider how it can support its workforce to work differently, providing services in new and innovative ways to ensure long term sustainability, with strong financial governance, and reduce the requirement for supplementary bank and agency staff use.
3.1 Data Cleansing

Effective workforce planning should describe the required workforce, based upon drivers for change, utilising accurate and quality data on the existing workforce and identifying key workforce trends. To maintain the quality of this data, NHS Fife implemented the Electronic Employee Support System (eESS) in March 2019, and will introduce a minimum regional data set to standardise practice and workforce reporting throughout the East Region.

3.2 Workforce Projections

Workforce projections have been undertaken for each Division and Directorate within NHS Fife to satisfy national reporting requirements and are submitted to the Board separately to this Plan to ensure appropriate governance. These projections influence, and are influenced by, workforce planning within each area and are published by Information Services Division (ISD).

3.3 Future Workforce Demand

The changing size and composition of the population is the overarching driver for change in both the services and the workforce which provides them. As detailed in Section 2, Fife, in line with the rest of Scotland, has a growing and ageing population. This growth, in conjunction with Treatment Time Guarantees, increases the requirement for capacity in both primary and secondary care.

In response, NHS Fife has already made significant progress towards development of the future workforce. For example, during the 5 year period to 31st December 2017, published Information Statistics Division (ISD) data highlights that while there has been a 2.6% increase in the whole time equivalent workforce, advances in technology and a drive for efficiency has meant that a lesser proportion of the workforce is engaged in Administrative Services or Support Services roles. With 26.65% of the workforce engaged in these job families, NHS Fife is below the NHS Scotland average (27.87%), allowing these resources to be redirected to those areas providing direct clinical care.

Meeting the future demand, and addressing the workforce challenges detailed in Section 4, 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. The move to support people within their community or locality will require staff who have traditionally worked within the Acute sector to work across traditional boundaries, working within localities to support people in the community. NHS Fife’s 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.

Increasingly, the workforce across NHS Fife, including those working within the Health and Social Care Partnership, will need to operate within a digital environment, utilising innovative approaches, including digital platforms to support self management, hospital at home and the delivery of outpatient services. The aim is to reduce the number of return visits to hospital; provide more diagnostic tests locally and provide advice directly to service users at home.

3.4 Health and Social Care Transformation Programme

The NHS Fife Clinical Strategy (2016-21) was produced in 2016 to provide strategic direction for the future delivery of clinical services for the people of Fife and was closely aligned with the Health and Social Care Partnerships Strategic Plan. During 2017/18, the recommendations within this Strategy were developed into a transformation programme that included programmes of work from both our Acute Services and the Fife Health & Social Care Partnership.

3.4.1 Acute Services Transformational Programme

With the changing population demographics detailed in Section Two, continuing to deliver acute services based around hospital admissions is not a sustainable model of care. Increases in the demand for services, coupled with greater complexity in the needs of those requiring healthcare, 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 is to be met.

Recognising the growing interdependencies between Health Boards to identify solutions for common workforce challenges, NHS Fife’s Annual Operational Plan for 2018-19 highlighted the work being undertaken to deliver an Acute Services Transformational programme.

The models of service delivery are in their infancy, however, from the recommendations contained within the Clinical Strategy, and the discussions taking place within relevant Acute Services Groups, reviews of individual services within the Acute Services were undertaken at the start of 2018 to establish an understanding of current service provision challenges and the plans services proposed for future service delivery, in line with the clinical strategy.

The Workforce implications of these service reviews form the basis of the broad action themes contained within Section 5, which details the work being progressed to minimise potential gaps within the workforce, in terms of numbers and skills, to ensure workforce and service sustainability.

3.4.2 Fife Health & Social Care Partnership Transformational Programme

Fife Health and Social Care Partnership has established a community transformation programme which aims to establish a fully integrated 24 hour, 7 day a week community health and social care model that ensures sustainable, safe, person centred care in line with the
Fife Health and Social Care Partnership Strategic Plan and NHS Fife’s Clinical Strategy.

The three component parts of their proposal incorporate multidisciplinary Community Health and Well Being Hubs focused on prevention and early intervention; Out of Hours Urgent Care to support the provision of safe and effective services 24 hours a day; and establishing a future model for Community Hospitals set within the context of changing acute care and an evolving health and social care landscape which includes a review of mental health services and the implementation of the new GP contract.

The Health and Social Care Partnership began a process of public consultation on these proposals, outlining changes believed to facilitate a safe and sustainable service that meets the triple aim of:

- Improving the quality of the care provided;
- Improving the health of the population; and
- Securing the value and financial sustainability of the health and care services provided.

The Health and Social Care Partnership published its own Workforce Strategy in 2018. This incorporated an action plan focusing on unique workforce demand and supply pressures that need to be planned for to ensure workforce and service sustainability. The Health and Social Care Partnership’s action plan sets out the actions that are being taken forward to close potential gaps within the workforce in terms of numbers and skills, whilst acknowledging any and all interdependencies.

3.5 Common Themes

3.5.1 Workforce Modelling Tools

NHS Fife continues to use the nationally provided Nursing and Midwifery Workload and Workforce Planning (NMWWP) tools to reviewing workload pressures, assess safe staffing establishment and inform projections. These tools currently cover over 90% of the Nursing and Midwifery workforce, and their application is overseen by the Board’s Director of Nursing.

Although national guidance is still being finalised for some areas, for example within Theatres and Community Nursing, robust assurance systems have been established which should facilitate the use of the NMWWP tools to determine safe staffing levels under the legislation to be introduced in 2019.

3.5.2 Consultant and SAS Job Planning

All Consultants, Associate Specialists and Specialty Doctors should have an agreed job plan, reviewed annually. Job planning is a key mechanism through which objectives are agreed, monitored and delivered. Job planning therefore contributes significantly to the achievement of a range of NHS Fife objectives such as national waiting time targets and HEAT standards.

Despite recording a high level of job plan compliance in the September 2018 annual response, improvements in the job planning process to ensure it is as paper light and efficient as possible, is a priority within NHS Fife and the Regional Work Streams.

NHS Fife has rolled out eJob Planning for the Medical and Dental workforce to allow users to populate, review and sign off job plans via a unified single system in 2019.

3.5.3 Technology Enabled Care (TEC) Programme

Facilitating NHS Fife’s Technology Enabled Care (TEC) Programme is critical to delivering the aims of NHS Fife’s Clinical Strategy and the Fife Health and Social Care Strategic Plan. Scottish Government funding has already been
secured to introduce ‘Florence’, an innovative telehealth monitoring system that uses text messages to help patients and health professionals monitor and/or manage blood pressure levels at home or in a homely setting in the community. The benefits identified to date have meant that a wider roll-out of Florence is being considered in the management of other long term conditions.

Other technological solutions being explored within the context of the TEC programme includes ‘Attend Anywhere’, a confidential video call system designed to help health and care providers connect to service users digitally via virtual consultation rooms accessed online; plus ‘Snap 40’, a system which allows medical conditions and activity levels to be observed remotely via a mobile telecommunications device to ensure health professionals can prioritise their work and reduce admission to hospital.

3.5.4 Diagnostic Services

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.

3.5.5 Development of New Roles

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. These new roles include:

Physician Associates: Previously considered to be of limited benefit within Fife, recent UK wide moves to regulate the role of Physician Associates may address a number of perceived barriers in implementing this role. If successful, this could provide an opportunity to supplement the workforce with Physician Associates, who would be responsible for undertaking a number of day-to-day activities under the supervision of a doctor (e.g. taking medical histories, performing physical examinations, diagnosing illnesses, performing diagnostic and therapeutic procedures, analysing test results and developing management plans).

Clinical Fellows: A new role of Clinical Fellow has been identified and developed as a solution to the ongoing risk associated with unfilled DDiT posts, resulting in non-resilient junior doctor rotas. The aim of this role is to ensure high quality, safe and patient-centred care is maintained; improve the resilience of doctors in training rotas’ to ensure high quality training; and support the recruitment and retention of high quality doctors in training.

Advanced Practitioners: Advanced Practice Nurses and AHPs have existed within NHS Fife for some time. In order to support their continued evolution, and to maximise their contribution in a modern and integrated health care setting, NHS Fife published the Advanced Practice Strategic Framework in 2018. The aim of the framework was to inspire the evolution of new clinical practice, highlighting the importance of continuing education which underpins future role extension, and addresses key themes to transform patient care within a multi-professional context. The framework also advocated for
the expansion of this role out with the current disciplines, for example introducing advanced practice within Healthcare Scientists.

Modern Apprenticeships: NHS Fife’s historical approach to Modern Apprenticeship (MA) has not been as co-ordinated as it could have been and steps are being taken to redress this position. The introduction of the MA levy in 2017, the resulting increase in available MA frameworks, coupled with a projected decrease population of Fife aged between 16 and 64, and an above average youth unemployment rate, mean that MA is an important element of achieving an effective recruitment and retention strategy.

New clinical and non-clinical career pathways, supported by MA frameworks, are currently being developed across NHS Fife, in line with a national drive to develop MA's within NHS Scotland.

In Fife work has begun to develop a Youth Employment Strategy. The purpose of the strategy is to connect the key stakeholders in Health, Social Care, Schools, Colleges and the partners in Skills Development Scotland and NES to promote and co-ordinate the opportunities for young people to access and develop careers in Health and Social Care in Fife.

Working in collaboration with Fife Council’s Economy, Planning & Employability Service agreement is in place for this service to support NHS Fife in identifying and placing prospective young Modern Apprentices.

Service Manager’s in Allied Health Professions, Laboratories, Nursing and Midwifery and Support Services are identifying placements for both Modern Apprentices and Foundation Apprentice placements.
4.1 Distribution of Current Workforce

As detailed in paragraph 1.4, NHS Fife is currently made up of Acute Services, an agreed range of NHS Fife Services delegated to Fife's Health & Social Care Partnership, which are managed through 3 Health and Social Care Divisions, plus a range of Corporate Directorates such as Estates, Facilities and Capital Services, Finance and Human Resources. The data in this section and within the rest of the Strategy relates to all NHS Fife employees, including those who work in the Fife's Health & Social Care Partnership. It does not include data for Fife Council employees who work in Fife's Health & Social Care Partnership.

4.2 Current Workforce Highlights

4.2.1 Staff in Post

NHS Fife employed 7,128.8 whole time equivalent (wte) staff and a headcount of 8,619 as at 31st March 2019. 43.2% of the workforce is engaged within the range of services delegated to Fife's Health & Social Care Partnership, with 37.7% of the workforce engaged within the Acute Services. The previous 12 months has seen a continuation of the trend where a greater percentage of NHS Fife's staff is engaged in services delegated to Fife's Health & Social Care Partnership.

Similar to other NHS Boards, Nursing and Midwifery roles form the largest job family within NHS Fife, accounting

![Workforce distribution by Division - 31st March 2019](image-url)
for 50.2% of the workforce. In contrast, non-clinical, Administrative Services and Support Services job roles account for 27.2% of the workforce.

### 4.2.2 Workforce Trends

Across NHS Fife there has been a reduction in the total wte worked by staff by approximately 120 wte in the previous 12 months (-0.5%). This reduction was as a result of changes to the employment arrangements for Doctors in Training introduced in 2018, which led to this staff group being employed centrally within the East region.

Since 2014 there has been a reduction of approximately 70 wte (-1.0%). This reduction has largely focused on non-clinical, Administrative Services and Support Services job roles. Restructuring systems and processes to achieve efficiencies within these roles has meant that circa 90 wte fewer staff are engaged in these roles over a five year period, allowing this resource to be redirected into clinical roles.

The reduction in Medical and Dental Support roles predominantly relates to a number of vacancies within Theatre Support roles being filled with
Anaesthetic Nurses, coded under the Nursing and Midwifery job family. This has not seen a reduction in this function, and NHS Fife continues to review these arrangements on an ongoing basis, appointing the most suitable staff in response to turnover.

4.2.3 Changing Age Profile

Consistent with the demographic change in the population across Scotland, NHS Fife’s workforce is ageing. The proportion of the workforce aged 50 and over has increased from 37.4% to 41.6% in the previous 5 years, with the proportion of the workforce aged 60 and over increasing from 6.7% to 9.1% in the same period.

Changes in the age demographics of the workforce over the previous 5 years are detailed in the diagrams overleaf.

While the median (average) age of the workforce within NHS Fife has remained consistent during this time (45.2), indicating significant growth in the 20-34 age group, the distribution of the age demographics remain skewed towards older age groups and as a result NHS Fife, along with other health boards, will require to develop recruitment and retention strategies in order to avoid
the loss of a significant proportion of the workforce over the next decade. The development of supply channels is necessary to enable alternative routes into the workforce to ensure adequate recruitment.

4.2.4 Changing Working Patterns

The ageing workforce appears to have impacted on working patterns in the previous 5 years. While whole time working remains the norm within NHS Fife, the proportion of the workforce working full time hours or above has reduced from 49.4% in 2014 to 47.3% in 2019.

Analysis of working patterns by Age Range highlights a 3.6% increase in the percentage of staff aged 50 and over working part time hours between 2014 and 2019, while the percentage of staff aged 49 and below working part time hours has remained consistent.

While it is recognised that increasing numbers of staff are choosing to work beyond both the Occupational Pension Scheme Age and State Pension Age, partly to assure their income in retirement, NHS Fife is required to consider how the output from the national working longer steering group can be used to support the employment needs of older people.
to ensure a sustainable and capable workforce.

### 4.3 Staff Turnover Rates

There has been an increase in the overall turnover rate within NHS Fife in recent years, reaching a high of 8.5% in the year ending 31st March 2017, before reducing to 8.2% in the year ending 31st March 2019. This is 1.4% higher than the published turnover rate across NHSScotland for 2018/19 (6.8%).

While this increase may be symptomatic of an ageing workforce demographic, and be driven in part by changes in the Scottish Public Pension Scheme regulations, the increasing trend places an additional pressure on the need to recruit staff. A greater understanding of the reasons for this is required in order to strengthen staff retention policies.

### 4.4 Local Labour Market Trends

With 75.2% of the population in employment at December 2018, the overall employment rate within Fife continues to follow the Scottish average. As the graph below highlights, historically there has been more variation in the employment rates for those aged between 16 and 24, and these figures would need to be considered along with other positive destinations for this age group, such as further and higher education.
Similarly the unemployment rate within Fife, which was recorded as 4.5% at December 2018, has improved in recent years and is now aligned to the Scottish average.

Although these trends present an improved Labour Market position for Fife, they should be considered along with wider population changes impacting on the demographics within Fife. With an aging population, the number of economically active citizens in Fife has decreased by circa 1,700 (0.9%) in the previous 5 years, with the number of economically active citizens, as a percentage of the population aged 16-64, increasing by 1.3%. The actual reduction in the size of the population aged between 16 and 64 within Fife is at odds with the overall trend in Scotland where this population has increased within the same period. These trends are likely to impact on the ability of NHS Fife to recruit from the local labour market as increasingly organisations compete for these same individuals.

4.5 Expenditure on Agency, Overtime and Additional Hours

NHS Fife spent £10,235 million on supplementary agency staffing for the year ending 31st March 2019, an increase of 20.9% from the previous year. 76.2% of this spend was on Medical and
Dental job family roles, with the majority (£5,683 million) spent on securing career grade supplementary staff, for example Consultants and Specialty Doctors.

Spend on supplementary nursing and midwifery staff, engaged via the internal Nurse Bank, also increased by 27.9% for the year ending 31st March 2019. Spend on Bank Nursing and Midwifery was £9,523 million.

Increase cost pressures for supplementary staffing vary. It includes challenges in maintaining services in response to high levels of vacancies in certain specialties and job families, winter bed pressures experiences in 2018/19, and levels of sickness absence. Directorates are mitigating these cost pressures through a series of initiatives being taken forward in conjunction with the Workforce Planning Groups within NHS Fife and Fife’s Health and Social Care Partnership.

4.6 Key Workforce Challenges & Opportunities

Analysis of the workforce profile within the national, regional and local context of NHS Fife identifies a number of risks to a sustainable and capable workforce. These include:

4.6.1 Recruitment & Retention

Projected demographic changes, which will see a reduction in the working age population of Fife, will lead to recruitment and retention challenges where NHS Fife, and partner organisations providing health and social care services, increasingly compete with each other, and other industry sectors, for a reducing resource.

To improve recruitment prospects, clearer career pathways require to be developed which provides clarity to applicants on the wide range of employment opportunities within NHS Fife and on the employment and progression routes within their chosen profession. Such pathways start with Modern Apprenticeships to ensure NHS Fife is able to maximise the benefits of the MA levy.

In addition, and in preparation for the national Shared Services work, NHS Fife, along with the other East Region Boards, is reviewing current recruitment practices in line with a Once for Scotland approach. This involves the recruitment stages being processed mapped to ensure best practice can be shared and adopted across the three recruitment teams within the East Region.

4.6.2 Supplementary Staffing

As highlighted in the recent Audit Scotland report on Workforce Planning, the cost of supplementary staffing increased throughout Scotland by 107% between 2012/13 and 2016/17. NHS Fife was not immune to this cost pressure given the levels of vacancies within our Medical and Dental workforce.

Financial initiatives have been implemented to reduce this cost pressure, such as the implementation of the Temporary Agency Medical Locum Framework, however, minimising this cost pressure will require a concerted effort to move away from external agency providers to an internal bank system, where earnings are more closely linked to the NHS payscales.

4.6.3 Medical & Dental

Current levels of Consultant vacancies are presenting a range of services throughout NHS Fife with difficulties meeting and sustaining patient demand. In particular, specialties including Radiology and Psychiatry are all contributing to a Consultant vacancy rate of 13.1%, 5.9% higher than the average across NHS Scotland.

Services have responded to these challenges with a number of innovative solutions, including the implementation of digital solutions within Radiology to support regional collaboration, and joint
appointments with neighbouring NHS Boards and Universities to maximise the attractiveness of vacancies.

Notwithstanding these solutions, many of the services encountering the most significant challenges have been identified as areas where regional working may be of benefit. In addition, NHS Fife has progressed regional and national solutions for some services, including the international recruitment campaign for Radiologists in 2018 and Psychiatrists in 2019.

4.6.4 Nursing & Midwifery

Although the overall Whole Time Equivalent of registered Nursing and Midwifery staff has shown an increasing trend, as highlighted above, an increasing number of staff are 50 years or above.

This age profile is replicated throughout NHSScotland and, therefore, the recruitment and retention of nursing and midwifery staff is becoming more important to ensure the sustainability of services. In response to this challenge, NHS Fife has had success in working with neighbouring Universities in an attempt to recruit newly qualified nurses into NHS Fife, and increasing the number of student places available on certain specialties.

Some areas of particular note include:

Mental Health – The number of newly qualified students graduating University has proven insufficient to meet recent demand. A Service review has shown shortfalls within inpatient areas making it difficult to deliver a full range of therapeutic interventions and activities which prepare people for positive discharge. This is being mitigated by using Occupational Therapy resource and activity worker roles differently. In addition, the H&SCP is tackling stigma associated with mental health as a key priority, and working with key partners to deliver early intervention, with the intention of minimising the demand for inpatient care.

Advanced Nurse Practitioners – In 2016, the Scottish Government identified funding to support an additional 500 Advanced Nurse Practitioners in Scotland within a 5 year period between 2016 and 2021. By March 2019, NHS Fife increased the number of Advanced Nurse Practitioners by 26.9 wte within the first 3 years of this pledge, as services introduced new models of care in responding to service demand pressures and recruitment challenges within other staff categories. Services continue to explore where they can use this role within new and evolving models of care.

Theatre Nursing & Operating Department Practitioners (ODPs) – There is a recognised shortage of ODPs throughout NHS Scotland, with new graduates often electing to work for premium rates secured through external agencies. NHS Fife has participated in the National Theatre Nursing & ODP Workforce Collaborative on the development and delivery of a Dip (HE) in Operating Department Practice and associated education pathway. The University of the West of Scotland has been successful in tendering for this course and NHS Fife is actively participating in discussions to confirm the number of students to take up places from September 2019.

4.6.5 Allied Health Professionals

The Allied Health Professions workforce has pushed historical job role boundaries in recent years in response to service sustainability
challenges. The introduction of Allied Health Profession Consultants, Advanced Practice Physiotherapists and Reporting Radiographers have all positively benefited the provision of care within Fife. Continuing the introduction of advanced practice roles, in line with NHS Fife’s Advanced Practice: Strategic Framework for Nurses, Midwives and Allied Health Professionals in Fife, will be an important step in Fife’s Health & Social Care Partnership Transformational Programme and the implementation of the national GP contract.

These developments need to be maintained to maximise the contribution Allied Health Professionals make to the transformational change agenda. National agreement and local implementation of Workload and Workforce Planning Tools will improve annual data collection, effective benchmarking and proactive workforce planning. However, closer collaborative working with national groups and neighbouring universities is required to increase the provision of candidates in the labour market and prevent Health Boards competing for an increasingly scarce resource to fill future vacancies.

4.6.6 Psychological Therapies

Despite recruitment of additional staff, secured through Scottish Government funding, demand for Psychological Therapies continues to exceed capacity and clinicians continue to work through this. The H&SCP is responding to the challenge by supporting system-wide redesign across statutory and third sector services to reduce waiting times by improving flow, while better meeting individual needs.

4.6.7 GP Contract

General Practice carries out 90% of patient contacts within the Health Service, therefore appropriate implementation of the new GMS contract is important if NHS Fife is to realise the intended patient benefits of this contract, and allow GP’s the opportunity to be more involved in influencing the wider Health and Social Care system to improve local population health in their communities.

Initial multi-partnership work has been undertaken to scope this contract, and the challenges involved in reducing the existing contractual complexity for GP’s under the present arrangements, and establish how best to deliver improvements in the primary and secondary care interface. Under the new GMS contract this will involve the provision of wider multi-disciplinary professionals within practices, and the impact this commitment has on the local, regional and national supply of these staff groups will need to be considered.

4.6.8 Leadership Capability and Capacity

It is crucial that we ensure that those within our workforce who undertake a formal leadership role within the Board are supported via appropriate training and development to do so in a competent manner and displaying appropriate values and behaviours. This will be provided by reviewing our current development opportunities to ensure that these are fit for purpose.

Reflecting the ongoing transformation within Health & Social Care, it is recognised that the skills and competencies held by the next generation of leaders will need to be different. Focused on collective and collaborative working to meet the challenges of tomorrow, Project Lift is a collaboration between the Scottish Government and the NHS to create a digital platform supporting the development of leadership capability and capacity to transform health and care.

The goals of Project Lift are to establish a system-wide approach to identifying,
supporting, enhancing and growing leadership talent at all levels in order to transform NHS Scotland services and improve the experience of our people. Specifically, its aim is to:

- Articulate, promote and develop key leadership attributes within NHS Scotland, demonstrating the importance of values and insight as well as ability and ambition
- Create the skills, behaviours, and culture to realise the ambitions of the Health & Social Care Delivery Plan
- Support a talent pipeline of our highest potential people and visible succession planning to our most senior roles within NHS Scotland
- Make NHS Scotland an exemplar employer of proud, fulfilled and engaged staff

4.6.9 Safe Staffing Legislation

The Nursing and Midwifery Workload & Workforce Planning (NMWWP) tools, which will form the basis of Safe Staffing Legislation to be introduced in 2019, continue to be rolled out and applied throughout Adult inpatient areas, Community Nursing, Mental Health, Midwifery and Learning Disability services. Initial findings from these exercises indicate that the number of nurses within the inpatient Mental Health environment may need to be increased in order to optimise patient care, whilst the complexity of patient conditions in community Adult inpatient areas may lead to an increase in establishment levels in certain community hospital areas.

The Director of Nursing is responsible for reviewing and approving the NMWWP exercise results, taking account of wider factors such as the Clinical Strategy, changes to the future models of care, and a greater proportion of the population of Fife to be cared for in a community setting. In future, this will also require to take account of the supply of staff to ensure robust triangulation between patient care, finance and the availability of staff.

4.6.10 Sickness Absence

Levels of sickness absence remain a concern within NHS Fife, causing challenges relating to the quality and continuity of care delivered by staff, in addition to financial challenges associated with the costs of supplementary staff. Strategies continue to be adopted to improve sickness absence trends, most recently involving the Well at Work Group which has adopted approaches to embed a health promoting organisational culture. The Well at Work Group is also exploring how wider Public Health initiatives, such as those relating to reducing the health gap between the more affluent areas and more deprived areas in society, could be adopted to support staff.

4.6.11 United Kingdom’s withdrawal from the European Union

The implications of the UK’s decision to leave the European Union, popularly known as Brexit, will be dependent on the final agreement negotiated between the UK and the remaining 27 EU members. Currently, there remains uncertainty over the shape of the labour market, employment law and immigration policy. All of these factors will impact upon Workforce Planning at a national, regional and local level, and a variety of solutions will need to be identified across these levels to ensure the health and social care needs of our population are not adversely affected during the transition period and beyond.
As detailed within this plan there are a wide range of workforce demand and supply pressures that need to be planned for to ensure workforce and service sustainability. The following section sets out broad workstreams that are being taken forward to close potential gaps within the workforce in terms of numbers and skills within the Acute Services Division and Corporate Functions. The actions being taken within the Health and Social Care Partnership are detailed separately within their Workforce Plan. The Partnership’s Workforce Planning and Organisational Development Steering Group is reviewing the workstreams to be progressed within services delivered by the Integrated Joint Board.

This Section is not a detailed implementation plan. The more detailed implementation/action plan will be developed and monitored on a regular basis throughout the year by the two Strategic Workforce Planning Groups within NHS Fife and the Health and Social Care Partnership respectively.

<table>
<thead>
<tr>
<th>Area</th>
<th>Strategic/Overarching Workstreams/Actions</th>
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<tbody>
<tr>
<td>Acute Services</td>
<td>Consideration of Service Redesign across a range of clinical services in order to meet future workforce demand and sustain services:</td>
</tr>
<tr>
<td>Audiology</td>
<td>Analysis of demand and capacity, review of existing patient pathways and a revised skill mix</td>
</tr>
<tr>
<td>Cardio-Respiratory</td>
<td>Development of new roles and expansion of existing roles</td>
</tr>
<tr>
<td>Critical Care</td>
<td>Development of new roles and review of Technology Enabled Care (TEC)</td>
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<td>Area</td>
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<tr>
<td>Dermatology</td>
<td>Development of Advanced Nurse Practitioner roles</td>
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<tr>
<td>Emergency Medicine</td>
<td>Review of nurse staffing, review of medical model to determine future sustainability, development of new roles and escalated planning of Urgent Care Centres</td>
</tr>
<tr>
<td>Endoscopy &amp; Gastroenterology</td>
<td>Potential collaborative work within the East Region, review of Technology Enabled Care (TEC), development of new roles and skill mix</td>
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<tr>
<td>Service</td>
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<tr>
<td>ENT</td>
<td>Continue to review and implement new expanded ANP roles, potential collaborative work within the East Region</td>
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<tr>
<td>Haematology</td>
<td>Development of new expanded ANP roles</td>
</tr>
<tr>
<td>Laboratories</td>
<td>Participation in potential Regional model, potential to achieve efficiencies through regional working with shared systems and processes, introduction of Advanced practice roles and review of Technology Enabled Care (TEC)</td>
</tr>
<tr>
<td>Medicine of the Elderly</td>
<td>Develop a transformational multi-disciplinary and multi-agency approach to the MoE service, develop a nurse rotation programme supported by the Dundee School of Nursing, review use of ANP role and review staffing via use of the nursing workforce tool</td>
</tr>
<tr>
<td>Obstetrics &amp; Gynaecology</td>
<td>Review of medical staffing skill mix, review model of care delivery consider potential regional opportunities</td>
</tr>
<tr>
<td>Ophthalmology</td>
<td>Potential service redesign via Waiting List/Access bid and consideration of potential regional opportunities</td>
</tr>
<tr>
<td>Orthopaedics</td>
<td>Development of successful Orthopaedic bid, review Consultant workforce and consideration of potential regional opportunities</td>
</tr>
<tr>
<td>Paediatrics and Neonates</td>
<td>Review model of care delivery including skill mix required to deliver this to ensure sustainability of the nursing service consider development of ANP roles</td>
</tr>
<tr>
<td>Radiology</td>
<td>Consideration of regional options for service delivery, participation in any national or international recruitment initiatives and consider the use of expanded roles within the service</td>
</tr>
<tr>
<td>Renal</td>
<td>Review use of ANP roles, review of medical/nursing workforce model</td>
</tr>
<tr>
<td>Theatres &amp; Anaesthetics</td>
<td>Contribute to revising the national approach to train ODP’s within Scotland, review of skill mix, introduce Physician Assistants and consider development of other Bank options to provide a workforce supply</td>
</tr>
<tr>
<td>Area</td>
<td>Strategic/Overarching Workstreams/Actions</td>
</tr>
<tr>
<td>------------------------------------------</td>
<td>----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Medical and Dental Vacancies</td>
<td>Agree optimal regional operating models, implement regional medical bank and review recruitment practices including local, regional, national and international</td>
</tr>
<tr>
<td>Doctors and Dentists in Training</td>
<td>Delivered for Doctors future development to integrate Dentists into the same model, consider new models of care including new roles and use of Physicians Assistants, Physician Associates, Clinical Fellows and Advanced Practitioners</td>
</tr>
<tr>
<td>Consultant and SAS Job Planning</td>
<td>Rollout of e-job planning</td>
</tr>
<tr>
<td>Nursing, Midwifery and AHP Recruitment</td>
<td>Continue positive liaison with universities, colleges and schools, development of additional placements for Dundee campus students within Fife, engage with national workload and workforce planning group to support proactive workload planning</td>
</tr>
<tr>
<td>Administrative Services</td>
<td>Measurement of this element of the workforce and benchmarking nationally and identification of any transformational change that may release resource efficiencies</td>
</tr>
<tr>
<td>Estates and Facilities</td>
<td>Participate in National Laundry &amp; Catering Groups, explore potential regional recruitment solutions if appropriate, continue in year review of vacancies to support service redesign</td>
</tr>
<tr>
<td>Human Resources</td>
<td>Develop youth employment strategy and opportunities with DYW Board and directly with schools, deliver a programme of open events, develop a programme for broadening employment opportunities for other social inclusion groups within the community, participate in East Recruitment transformation programme, participate in national once for scotland policy programme, implement eESS and other workforce related IT systems</td>
</tr>
<tr>
<td>Finance</td>
<td>Participate in local, regional and national programmes of service redesign</td>
</tr>
</tbody>
</table>
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.

Whist the Director of Health & Social Care is a Director of NHS Fife, it is recognised the post holder is responsible for a range of delegated services operating within an integrated environment and responsible to the Chief Executive Officers within NHS Fife and Fife Council. The Director of Health & Social Care, along with their Senior Leadership Team, is responsible for implementing the actions detailed within Section 5 that impact on NHS Fife staff engaged within the Partnership. Working with colleagues from NHS Fife, Fife Council, Voluntary and the Third Sector, these actions will be progressed via the appropriate governance arrangements.

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.