

# NHS Borders

## Workforce Plan

### 2022-2025



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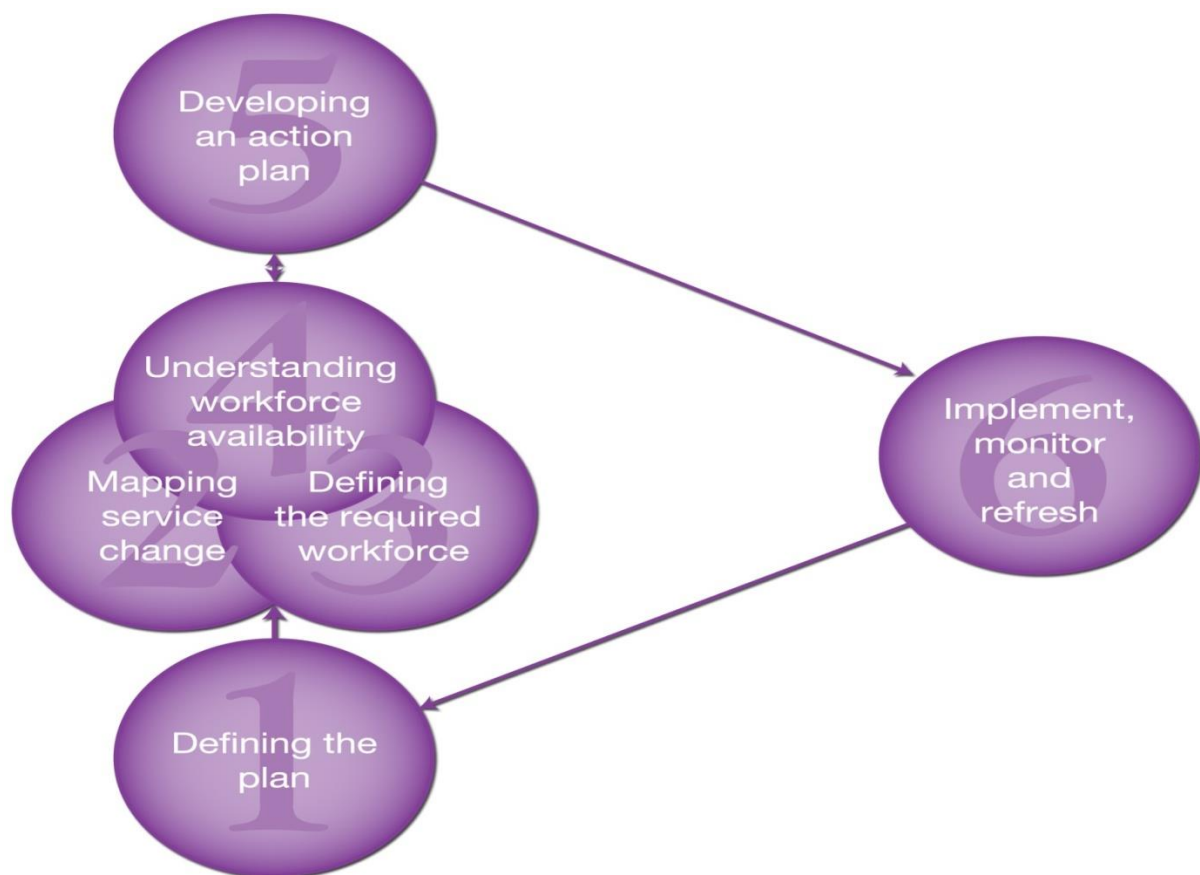
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## Section 1 - Defining the Workforce Plan, Current and Emerging Context

### Introduction

NHS Borders Workforce Plan covers the period 2022-25 and provides an overview of the future workforce required to deliver high-quality health services across the Scottish Borders. This plan is structured around the Scottish Government workforce planning guidance CEL (2011), and six-step workforce planning methodology.

The Plan sits within the context of several national and local strategies including the National Workforce Strategy for Health and Social Care in Scotland (2022), NHS Recovery Plan 2021-26, and NHS Borders Annual Delivery Plan (ADP).

This plan will identify how NHS Borders are responding to national policy commitments, highlight existing and predicted future workforce challenges, and identify actions to support service sustainability and transformation in a challenging environment.

### Scope

Due to the close synergies between NHS Borders and Scottish Borders Health & Social Care Partnership (HSCP), this Workforce Plan should be considered alongside the Scottish Borders HSCP Workforce Plan 2022–2025. While many of the challenges detailed in this Workforce Plan are common across NHS Borders and Scottish Borders HSCP, the broad themes and actions detailed throughout the Plan relate to those impacting on Acute Services, Women and Children’s services and the range of Corporate& Support Services. For actions relating to the agreed range of NHS Borders Services delegated to Scottish Borders HSCP, reference should be made to the Scottish Borders HSCP Workforce Plan 2022–2025.

The plan will focus on highlighting emerging pressures for the services highlighted above, but is intended to be a flexible, living document that can be amended to include/escalate further challenges within a constantly changing environment.

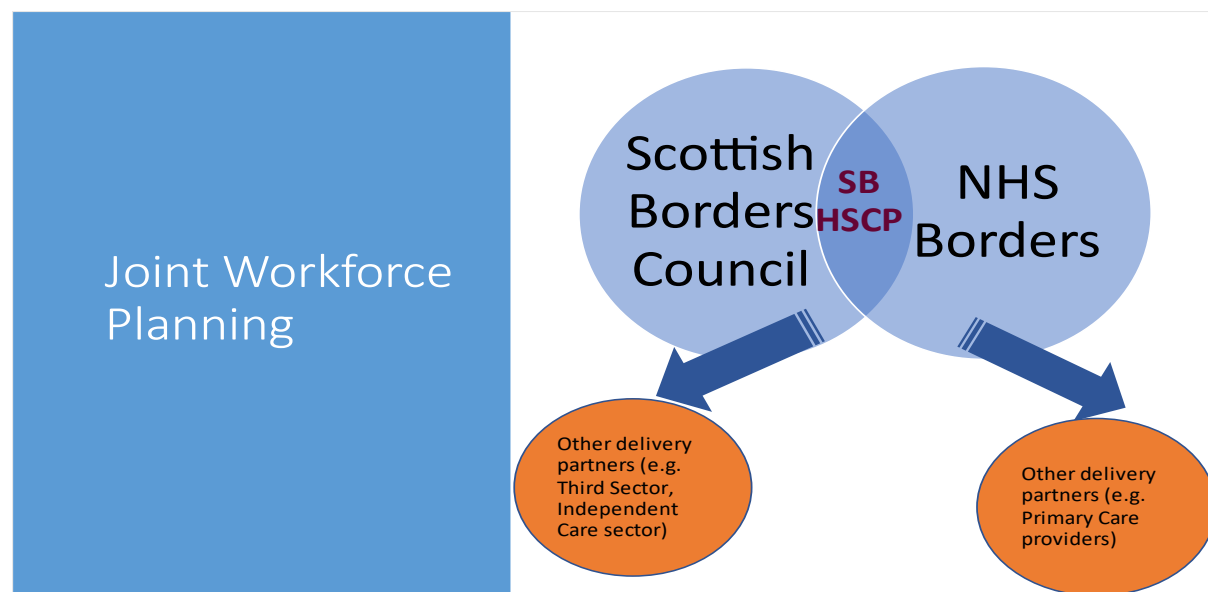


Diagram 2 – Joint workforce planning across the Scottish Borders

### **Purpose of the Plan**

The workforce plan provides an overview of current workforce capacity, highlighting specific workforce challenges arising from increasing demand. Our action plan is based on the Five Pillars (detailed within the National Workforce Strategy for Health and Social Care in Scotland (2022)) and presents actions to bridge the existing or projected gaps identified throughout this plan.

At the time of developing this plan Health and Social Care continues to face significant pressures, unprecedented demand, limited capacity, and fatigue in responding to the Covid 19 pandemic. Our biggest asset is our staff, and this plan aims to present local actions to mitigate these challenges, develop opportunities to work collaboratively across Health and Social Care boundaries, consider regional coordination of services where appropriate and recommend a national approach to wider challenges.

### **Stakeholder Engagement**

In NHS Borders there is a strong commitment to working in partnership to develop Workforce Plans and staff side colleagues are core members of the newly formed Integrated Workforce Planning Group. Key governance groups for consultation include the Area Partnership Forum and Staff Governance Committee with the latter responsible for final sign off. Engagement will be sought through the consultation period for the NHS & HSCP Workforce Plans throughout the Autumn with key stakeholders across Health and Social Care including Primary Care. Key contributors to this plan including service managers, service, and financial planning colleagues, HEI representatives and professional leads.

### **National Workforce Strategy**

The National Workforce Strategy for Health and Social Care in Scotland was published in March 2022 and includes the following vision:

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

The strategy focuses on three objectives, Recovery, Growth and Transformation. The Five Pillars of the workforce journey illustrated below shape our action plan where we outline our ambitions to work collaboratively to improve the way we: Plan, Attract, Train, Employ and Nurture our Workforce



In April 2022, national guidance for the development of 3-year workforce plans (DL 2022 – (09)) asked boards and IJBs to:

- assess upcoming workforce demand and need in their 3-Year Workforce Plans
- provide information on their current workforce (undertaking a gap analysis comparing demand analysis with current workforce)

- provide an assessment of workforce needs to fill the gap
- provide an action plan to address the gap predicated on the Five Pillars of the Strategy.

### **Nursing Vision 2030**

The Nursing 2030 Vision [Nursing 2030 vision - gov.scot \(www.gov.scot\)](https://www.gov.scot/nursing-2030-vision) outlines how we prepare a nursing workforce that will be ready and able to meet peoples needs in relation to personalising care, preparing nurses for future needs and roles and supporting nurses in relation to career opportunities, health and wellbeing and ensuring consistency of standards. The broad themes from this vision feed into the Five Pillar action plan.

### **The current and emerging context**

#### **Covid Recovery**

NHS Borders sites are still working with some physical distancing requirements which means less patients can be seen at one time. A significant backlog has developed of patients awaiting diagnosis or treatment (estimated 5 years + to clear backlogs) and 'Non COVID Harm' (People who have deteriorated during the pandemic) is a real issue. This was regularly highlighted across Medical, Nursing, Midwifery and AHP's services submissions to inform this workforce plan with many expressing more complex needs resulting in longer length of stay and rehabilitation.

Some of the initiatives taken forward to address the backlog include additional out of hours clinics, near me (remote consultations) and remobilisation of peripheral clinics. COVID related absence continues to present workforce challenges across several services. Additional staff are being recruited, and supplementary staff used across the clinical staff groups to address backlogs. It's essential that we redesign and transform our services to meet this increased demand as we move forward.

#### **Remobilisation**

NHS Borders Remobilisation Plan set out key ambitions and actions to support NHS Borders to address the backlog in care caused by the pandemic and meet ongoing healthcare needs. An update on NHS Borders position against the recovery plan is set out in the Annual Delivery Plan.

Workforce challenges, sickness, recruitment gaps and delayed discharges continue to impact on emergency services and NHS Borders ability to remobilise the elective programme meaning that waiting lists continue to grow.

### **Annual Delivery Plan - 3 year Medium Term Operational Plan**

Plans to develop 3-year Operational Plans to enable a more consistent approach across Service, Workforce and Financial planning, were delayed due to the impact of the Omicron variant and unprecedented service demand. The Scottish Government recognised the difficulties in providing resources required to develop a meaningful plan, therefore a 1-year plan was developed this year.

NHS Borders held a whole system prioritisation exercise to identify an organisational wide list of Year 1 deliverables. Key workstreams were identified for each of the business units as well as whole system programmes of work. Since the submission of the 1 year plan on 21st July 2022, additional workstreams have been identified and we now need to understand their relative priority against the existing commitments. We are starting to map out our priorities for the next 3 years which will set out our medium term plan across the organisation.

## Population Context

The geography of the Scottish Borders is largely remote and rural with an ageing population and many people living with multiple health conditions and a shrinking working age population. The Borders mid 2020 population was 115,200 with an estimated working age population of 67,332. This equates to 58.4% of the population compared to 63.9% in Scotland overall. The Scottish Borders therefore has a higher dependency ratio - (Aged 0-15 plus Aged 65+) / working age population = 0.71 for Scottish Borders compared to 0.56 for Scotland.

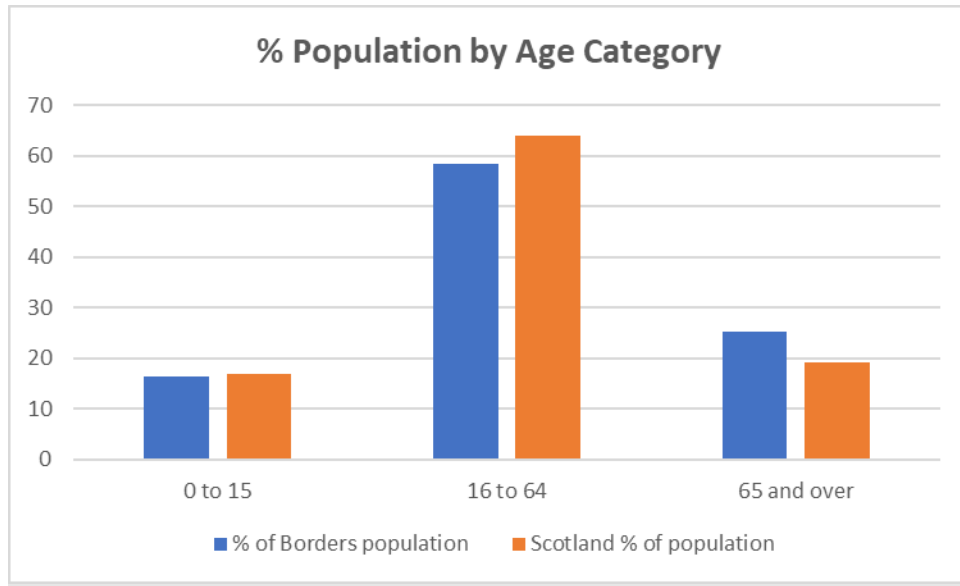


Chart 1 - % Population by Age Category – Source Scot Gov Labour Market Statistics

The impact of a higher dependency ratio is a higher proportion of the population requiring care with fewer in the working age population available to deliver care. The chart below demonstrates how the population has changed over the period 1998 to 2020. It's concerning that this trend is projected to continue towards an even higher dependency ratio in the coming years.

Scottish Borders  
Population profile, 1998 and 2020



Chart 2 – Population Profile = Source Scot Gov Labour Market Statistics

The major challenge in Scottish Borders continues be the ageing workforce, which reflects the demographics of the Scottish Borders general population:

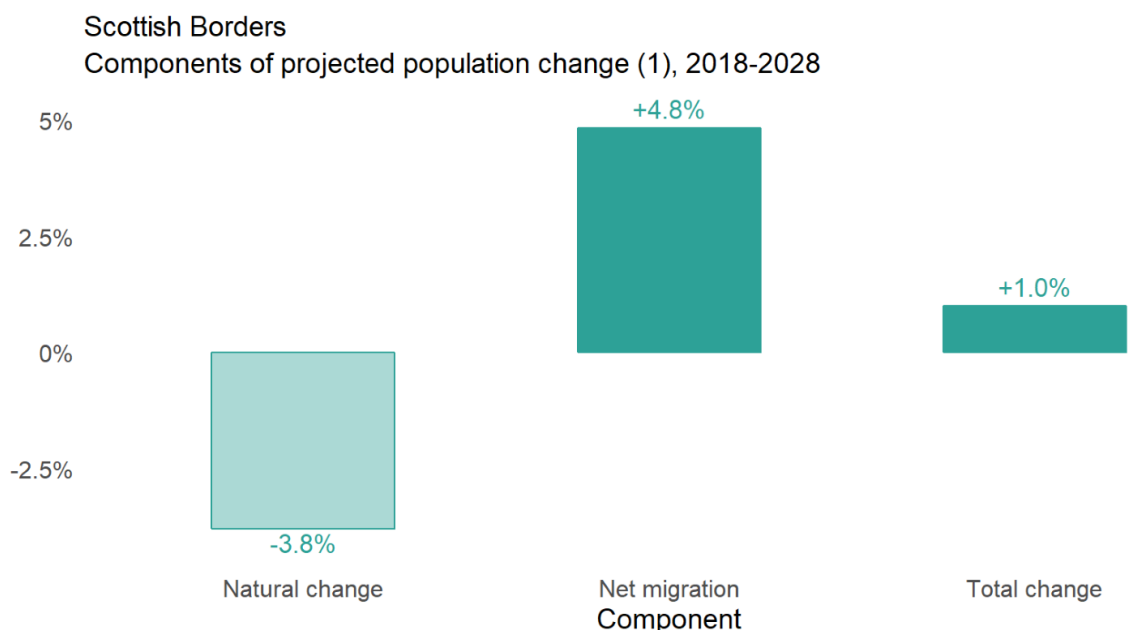


Chart 3 – Projected Population Change – Source Scot Gov labour market Intelligence

### **Impact of Ageing Population and corresponding Workforce**

The ageing population has a significant impact on demand for services and public health intelligence projects a continued rise in people with multiple and complex long-term conditions. There is also a consequent workforce and labour market implication as the working age population reduces. NHS Borders recognises that services need to be transformed to take account of this trend and some of our aspirations e.g., to develop 7-day services or new advanced roles will require on-going review and potential modification.

Retirements are difficult to predict due to a great degree of flexibility regarding age of retirement, different organisations schemes, personal circumstances, and choice. The proportion of the population over age 65 does, however give an indication of expected retirements. In the Scottish Borders the percentage of the population in this category is 25.2%, compared to 19.3% in Scotland further emphasising the challenges around local workforce supply.

Workforce planning is essential to ensure a proactive approach to delivering care in this changing demographic environment. To sustain services, NHS Borders need to be innovative in employment practices, focus on attracting the younger workforce, retain our existing staff and succession plan to build our workforce for the future.

### **Public Health priorities**

The fact that people are living longer is undoubtedly positive, however the requirement to respond to more complex health needs through new approaches will present workforce challenges.



The next 20 years will see an ageing population, a continuing shift in the pattern of disease towards long-term conditions, and growing numbers of older people with multiple conditions and complex needs. There will be more older family carers - many of whom will have their own health needs.

Key statistics below highlight current challenges.

- The number of drug-related deaths has increased substantially over the last 20 years (4.6 times as many deaths in 2020 compared with 2000).
- In 2020, adults in Scotland drank an average 18.0 units per adult per week: whilst that's the lowest level in 26 years, it's still nearly 30% more than the low-risk guidelines of 14 units.
- In the [2020 Scottish Health Survey](#), 62% of adults in Scotland were overweight or obese. This figure has remained stable since 2008. The [2019 Scottish Health Survey](#) found that 30% of children in Scotland (age 2-15) are at risk of overweight, approximately half of whom are at risk of obesity.

The Borders population face variations or inequalities, in mortality, across different geographical and socio-economic groupings. Narrowing these gaps is a significant priority for Public Health, in relation to targeting resources, and as a major employer with the scope to narrow inequalities from a financial point of view. This is coupled with continuing public health challenges such as the rise in obesity, physical inactivity, harmful use of drugs and alcohol. The National COVID Recovery Strategy sets out the vision and actions to address systemic inequalities made worse by COVID-19, to progress towards a wellbeing economy and accelerate inclusive person-centred public services.

Wider factors affecting physical and mental health include housing, education, access to transport, employment, social support, family income, local communities, childhood experience and access to health and social care services. A shift from dealing with the consequences of poor health in acute settings to increasing preventative measures and early intervention is vital. Even before the pandemic, mental health problems had been increasing, particularly in women and girls. NHS Borders must ensure that our workforce have the skills to support and care for a rights-based approach to mental health and we recognise our workforce itself requires support and care.

### **Public Health Practitioner roles**

Within the UK AHP Strategic Framework, co-designed with members including the Scottish Government, is a model that has been designed to be relevant to the roles of public health practitioners (PHPs). This model spans four broad areas: wider determinants, health improvement, population healthcare and health protection.



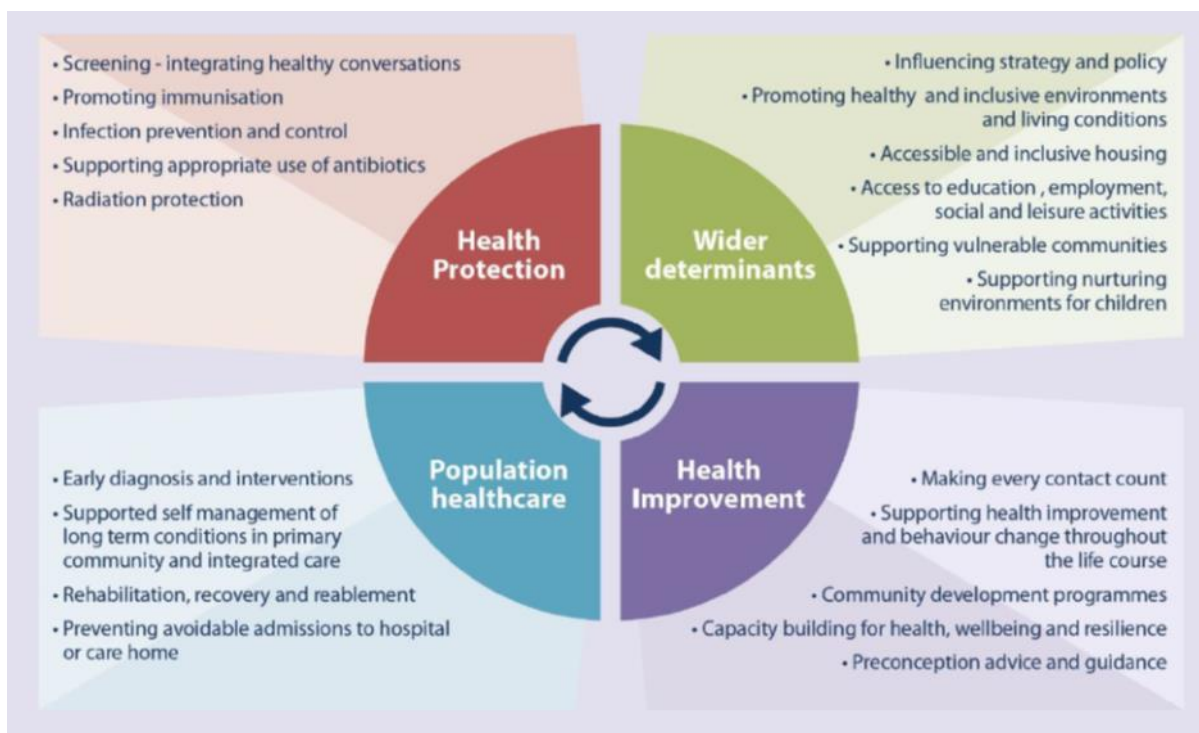


Chart 4 - Source: [UK AHP Public Health Strategic Framework 2019-2024.pdf \(ahpf.org.uk\)](https://ahpf.org.uk/wp-content/uploads/2019/04/UK-AHP-Public-Health-Strategic-Framework-2019-2024.pdf)

## **Financial context**

The financial outlook across Health and Social Care is extremely challenging over the 3-year period of this plan and beyond. The economic impact of COVID-19 has been significant, and over the next few years the cost of meeting our recovery and transformation ambitions in the context of financial constraints will be challenging. The traditional approach to delivering health and care services is no longer financially sustainable, however, shifting resources from hospital and care home provision to community-based services and placing more emphasis on prevention can be challenging, especially with the financial constraints facing health and social work.

Within NHS Borders, a significant opening deficit has been identified, alongside increased costs in several areas such as pay and conditions, medicines etc. The financial plan is concentrating on Year 1 and as Workforce accounts for around 50% of the overall budget, it is clear that any change to the Workforce will require to be at a minimum cost neutral or less than the current recurring budget. As NHS Borders embark on the financial improvement plan, cross sector workforce planning, and joint working is key to identifying the most sustainable solutions given the interdependent nature of health and social care. It is difficult to provide workforce projections beyond 1 year where there is uncertainty around future year budgets and a high level of expected service redesign. It's expected this will become clearer over the period of the plan and be reflected in the annual updates/regular progress reports against actions identified in Section 5 – 5 Pillars Action Plan.

The image below illustrates the financial challenge ahead for NHS Borders, followed by planned mitigations to reduce the deficit. There are significant risks associated with any potential changes made to our respective financial plans, an example being if a pay deal is reached that is above what has been planned for, any further mitigation is likely to impact on the services provided. Across

many services, we see over-spending on core budgets due to Agency and Locum spend therefore a key challenge over the next year is to shift supplementary staffing to substantive posts increasing the sustainability and stability of our workforce.



Chart 5 – NHS Borders Finance Data

## **Workforce Benchmarking**

As we move forward into 2023 and onwards, the Health Board will make optimal use of business intelligence systems which provide comparative data on Health Board performance in workforce areas such as absence levels, recruitment activity (time to hire), skill mix, concentration of staff in different job families and what bands are paid for different roles compared to other Scottish Health Boards. Where there is deviation away from norms and averages, there will be a deeper dive into areas to see if any deviation can be explained by unique remote & rural issues/other matters peculiar to the Scottish Borders, or whether dynamic intervention is required to bring NHS Borders into line with equivalent Boards. Deloitte has worked with NHS Borders to provide a tool which allows NHS Borders to compare and contrast local performance against publicly available Turas data from other Health Boards.

## **Regional Workforce Planning**

With a population of 1,293,500 (source ONO UK13), Health and Social Care Services within the East Region of Scotland are managed across three Health Boards and six Health and Social Care Partnerships. Within this regional context, a Regional Workforce Planning Group provides the mechanism to determine and prioritise areas where a coordinated approach should be utilised in response to common workforce challenges faced in each Health Board and HSCP. These challenges range from:

- Service driven challenges, where participating health boards are encountering or forecasting sustainability challenges.

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

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

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

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

It is likely that as boards emerge from the pandemic there will be increasing workforce sustainability challenges and the need to expand capacity and as such, it is likely that the regional service planning agenda will increase. Emerging priorities and workstream will be identified in the annual updates of this plan.

### **Health Protection**

Health Protection services are part of the Public Health function, with multidisciplinary teams in each Board protecting the wider population they serve through surveillance, investigation and control of communicable disease and non-infectious environmental hazards. 24/7 on-call arrangements are in place within each Board. The Covid-19 global pandemic has put significant pressure on Health Protection workforce and the services in all Boards. There is recognition that there are elements duplicated across all Boards which could be co-ordinated and delivered more sustainably through a regional model. Following a robust Options Appraisal process in early 2021, NHS Borders, Fife, Lothian and Forth Valley have agreed to implement a regional Health Protection model with the key aim of supporting sustainability and resilience and have in place a function that is fit for the future and designed to respond effectively to 21st century Health Protection challenges. Engagement with Health Protection colleagues from all four Boards in the East of Scotland is underway. The next steps to support the development of the regional Health Protection model are three shadow secondment roles, which will be in place on 30 September 2022. These roles will lead the development and implementation of the Regional Health Protection Service model on a professional and managerial basis.

### **Regional Laboratory Services**

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

### **Edinburgh Cancer Centre (ECC)**

An Impact assessment has been developed by NHS Lothian to consider the re-provision of the Edinburgh Cancer Centre (ECC). A key aim of the project is to improve the quality of service offered to patients being treated at the ECC, and it is anticipated that this will improve access to clinical trials for Borders patients, which is regularly highlighted as an issue in Regional Cancer QPI audit reports.

There is also an expectation that the number of patients requiring to travel outside of the SCAN (South-east Cancer Network Partners) region for highly specialised treatments will be reduced.

The key elements impacting upon NHS Borders patients are detailed below:

- The cancer centre site will remain at the current Western General Hospital location
- The IA commits to maintaining the local services that are in place currently
- Radiotherapy provision at a site other than at the ECC is still under consideration, although this is not the preferred service model
- Increased use of technology may reduce the number of physical visits that Borders patients require to make to the ECC
- An expectation that 80% of Breast Cancer Screening patients' surgery and Urology Oncology activity will be repatriated to Borders is factored into the proposal
- The closure of the BGH Aseptic preparation unit, and the IA confirms that it will be possible to accommodate the workload at the ECC site
- The service offered to Borders patients in Lothian will improve, including facilities and access to latest treatments and clinical trials
- Requires that the SCAN boards will work together to deliver a 'Regional Transformation Programme' as part of the ECC re-provision.

There is an expectation that the new ECC will help attract specialist staff to work in the facility, but there is also a significant risk around the ability to recruit or develop the skilled staff required to deliver the new service model. It's also likely that making the ECC a more attractive place to work will create some new workforce challenges in the Borders service through people wanting to work in a more specialised regional centre. A regional approach to workforce planning is key to minimise the impact and ensure appropriate staffing across the region.

### **Health & Care (Staffing) (Scotland) Act 2019**

The Health & Care (Staffing) (Scotland) Act was passed in 2019, and whilst its implementation was delayed due to the Covid 19 pandemic, the legislation provides a statutory basis for the provision of appropriate staffing in health and care settings with an aim to enabling safe and high-quality care and improved outcomes for service users. A range of Real Time Staffing Resources were developed for a variety of nursing specialties to aid decision making and risk management during the pandemic and these are being further developed and refined for use by all Boards. Some of the calculators behind the resources will be linked to systems for eRostering when the NHSS roll out is completed.

This Health & Care (Staffing) (Scotland) Act 2019 which currently applies to multiple professional groups including Nursing & Midwifery, Medical, Dental, Pharmacy, AHP and Healthcare Scientists, aims to ensure that the correct balance of occupational groupings, with the correct skill mix, delivers better outcomes for patients and service users, and supports the wellbeing of staff.

The effective application of this legislation will:

- Provide assurance that staffing is appropriate to support high quality care, identify where improvements in quality are required and determine where staffing has impacted on quality of care.
- Support an open and honest culture where clinical / professional staff are engaged in relevant processes and informed about decisions relating to staffing requirements.
- Enable further improvements in workforce planning by strengthening and enhancing arrangements already in place, to support transparency in staffing and employment practice.
- Ensure the clinical voice is heard at all levels, by ensuring arrangements are in place to seek and take appropriate clinical advice in making decisions and in enabling arrangements in relation to staffing.
- Ensure that NHS Boards have a robust system to identify, assess and escalate real-time risks to care arising due to staffing issues, and to ensure staff are aware of these, and relevant staff have appropriate training and time and resources to implement them. The provisions of the Health and Care (Staffing) (Scotland) Act will be introduced in April 2024, supported by a range of governance, monitoring and reporting arrangements.

Locally, there has been limited engagement with both RTSR implementation and completion of Workload Tools in NHS Borders since the start of the pandemic due to ongoing staffing/capacity issues, however a schedule of Workload Tool completion has been drawn up for 2022/23 with some flexibility to accommodate national runs.

A Safer Staffing Programme Board meets regularly with membership from all clinical professional groups, to establish governance and will provide guidance on the overall strategic direction of the legislation within NHS Borders.

## **Section 2 - Workforce Demand - Current and across NHS Borders**

A key information gathering exercise was developed and circulated across Health and Social Care services, to help us gain an understanding of known and projected service demands, assist in the identification in gaps, and consider actions to support recovery, growth and transformation. The information below focuses on Acute Clinical Services, Women and Children's Health and the variety of supporting functions across key services within the remit of the plan. This should be considered alongside the Health and Social Care Partnership Workforce Plan which covers community-based services. Actions arising from these contributions will feed into the 5 Pillar Action plans across the respective plans, and where possible will consider integrated solutions to address the challenges.

### **Acute Services**

#### ***Planned Care***

As part of the NHS recovery plan, targets have recently been developed nationally to address long waits for planned care recognising the requirement to build a system that can live with COVID. The aim is to move towards protecting, stabilising, and recovering planned care.

The targets are to eliminate:

- two year waits for outpatients in most specialities by the end of August 2022, 18 month waits by the end of December 2022 and one year waits by the end of March 2023
- two year waits for inpatient/day cases in the majority of specialities by September 2022, 18 month waits by September 2023 and one year waits by September 2024

Ward 17 has recently opened as a protected elective ward, which started with day cases but will move to seven day inpatient surgery towards the end of 2022. It's anticipated that this will allow a 10% increase in surgery and prove critical in reducing long waits for surgery moving forward.

NHS Borders were already anticipating 2-3% growth in annual demand over the next 5 years and in order to increase capacity, will require a change in the shape of the workforce away from a dependence on registered nursing. This includes enhancing non-registered options including a growth in Band 3 and 4 nurses in future to support the registered workforce.

Within Medical Staffing, NHS Borders are experiencing significant recruitment challenges for Physicians and in some specialties – Dermatology and Haematology being the most enduring.

Across Nursing Services, there's a requirement for additional General Registered Nurses, Theatre Nurses and Endoscopists to establish ring fenced elective capacity. Recruitment challenges within specialist areas such as Theatres and ITU present challenges, particularly around meeting the educational needs in Anaesthetic and Scrub roles. Opportunities to work with Borders College to upskill staff for theatre-based roles will be explored through the 5 pillar action plan, based on the success of the theatre academy in NHS Lanarkshire.

Within Radiography, there are increasing challenges appointing to skilled Radiography posts. To address some of these challenges there is a need for national training schemes around specialist roles, particularly to support smaller Boards where capacity for training is limited and takes much

longer. International recruitment has proved successful within this staff group, and the first two international Radiographers should arrive by mid-November.

### ***Unscheduled Care***

It is projected that current workforce models are not sustainable over the 3-year period due to patient dependency increasing, coupled with shortages in key disciplines including Medical, Nursing, AHP's and GPs. The vision within unscheduled care is to develop a workforce based on multi-disciplinary teams rather than individual practitioners, integrating more closely the work of hospital-based specialties alongside community-based teams. Changes of professional roles could support the Older Peoples Pathway with a greater need for further development of Emergency Nurse Practitioners, Advanced Practitioners including Nursing and AHP's with independent prescribing, and Physician Associates (PA). The development of ward based pharmacy roles and implementation of a careers structure for Health Care Support Workers will also be key to ensuring sustainability of services.

A five week test of change in the Medical Assessment Unit (the MAU Kaizen) was recently undertaken; with support from the Medical Director and Quality Improvement Team working alongside the MAU staff to drive improvement in how the medical admission unit works. Initial results are very positive and demonstrate an increase in discharges from MAU, reduced boarding and significantly fewer long waits in the Emergency Department. Plans are in development to take this approach to at least two further areas within the BGH in the coming months. This improvement supports the aim to improve patient flow across the Health and Social Care system which will involve a shifting of resources and focus to community-based services and placing a greater emphasis on early intervention and prevention. The Health and Social Care Partnership Workforce Plan outlines positive steps towards this approach, such as new models of care including the Tweedbank Care Village, Scottish Borders Homecare re-abolishment approach, the review of palliative care services and the Promoting Excellence (PE) Framework, (2021) which was recently refreshed as part of the national dementia strategy.

Across Unscheduled Care (ED, Medicine and DME) the appointment of Clinical Development Fellows (CDFs) has continued to be successful in addressing vacancies for training grade doctors / career middle grade doctors. The age profile suggests vulnerability in the respiratory service in the foreseeable future and additional consultant physicians will be required to enhance senior decision making on downstream medical wards and address impact on patient activity of long COVID for the 3-year duration of this plan.

### **Women and Children's Services**

Key areas of future demand for Women's and Children's services include Best Start which has recently been remobilised, and the further review of services due to Ockenden report (which indicated 15 recommendations in Maternity care) that will be worked through over 2022/23.

An option appraisal/service review is underway within Maternity, Paediatrics and Neonates due to non-compliance with the Registrar rota and concerns regarding the Assisted Birth Practitioner model. Potential solutions include considering an alternative roster solution.

Within Paediatrics, consideration is being given to recruitment of Band 4 roles, and appropriate administrative support to ensure sustainability.

New roles have been introduced to support the service including additional midwifery specialist roles in perinatal mental health and quality improvement, however recruitment hotspots have been



identified in Advanced Paediatric Practitioner, Assisted Birth Practitioner, Community Midwifery and Neonatal Nursing roles, with plans to develop an educational framework to support succession planning and a recruitment video to sell the service to potential applicants.

### ***Health Visiting***

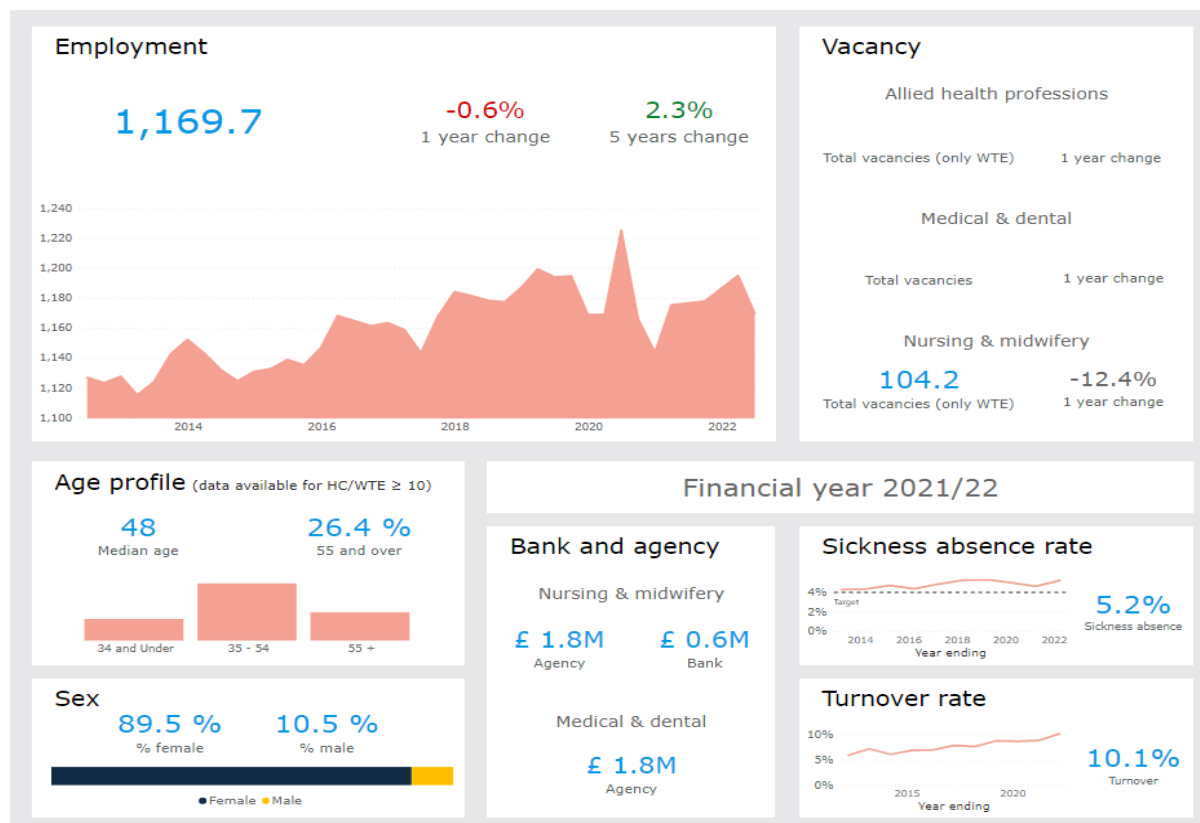
The complexity of the health visiting role has come into focus throughout the pandemic with the requirement to continue to deliver core services such as the Universal Health visiting Pathway, protection of at-risk and vulnerable children, safeguarding etc, alongside supporting the significantly increased need of families due to the impact of the pandemic.

Although the Universal Health Visitor Pathway is designed to be delivered by qualified Health Visitors, the reality is that Nursery Nurses and to a lesser extent, HCSW/Admin staff are picking up some of the Core Pathway contacts and development reviews due to localised gaps and unfilled vacancies. This is contrary to the ethos of the Universal HV Pathway that is a Health Visitor delivered intervention. If the service was fully staffed, Nursery Nurses would revert to their intended supporting role delivering specific interventions as directed by the caseload-holding HV.

Health visiting currently have several fixed term gaps that do not attract applicants and no access to bank or agency cover, with Hawick and Berwickshire particularly difficult to recruit to. The ageing workforce profile requires succession planning and recruitment has recently been approved for a training post for the September intake, with a plan to embed this training post into the service annually.

## Workforce Dashboards –current workforce trends

### Nursing & Midwifery



Dashboard 1 – Source NES data intelligence

Over 26.4% of our Nursing & Midwifery Workforce are 55 and over which is likely to have a negative Effect on turnover rates. Addressing retention of Registered Nurses, and the impact of an ageing workforce profile or alternative careers in less physically demanding (but still important) roles (e.g. Vaccination Services) include initiatives such as recruiting overseas nurses and appointing student Nurses into Band 4 positions once educated to SVQ level 8 (by the end of 2<sup>nd</sup> year) and guaranteeing a position at the end of their degree.

It's particularly difficult within the Borders to recruit to temporary positions and flexup and down depending on workforce pressures (e.g., future COVID waves/winter planning) due to our rural location, therefore we must consider the longer-term financial impact of temporary solutions such as over recruiting permanent Healthcare Support Workers as we appoint more registered Nurses.

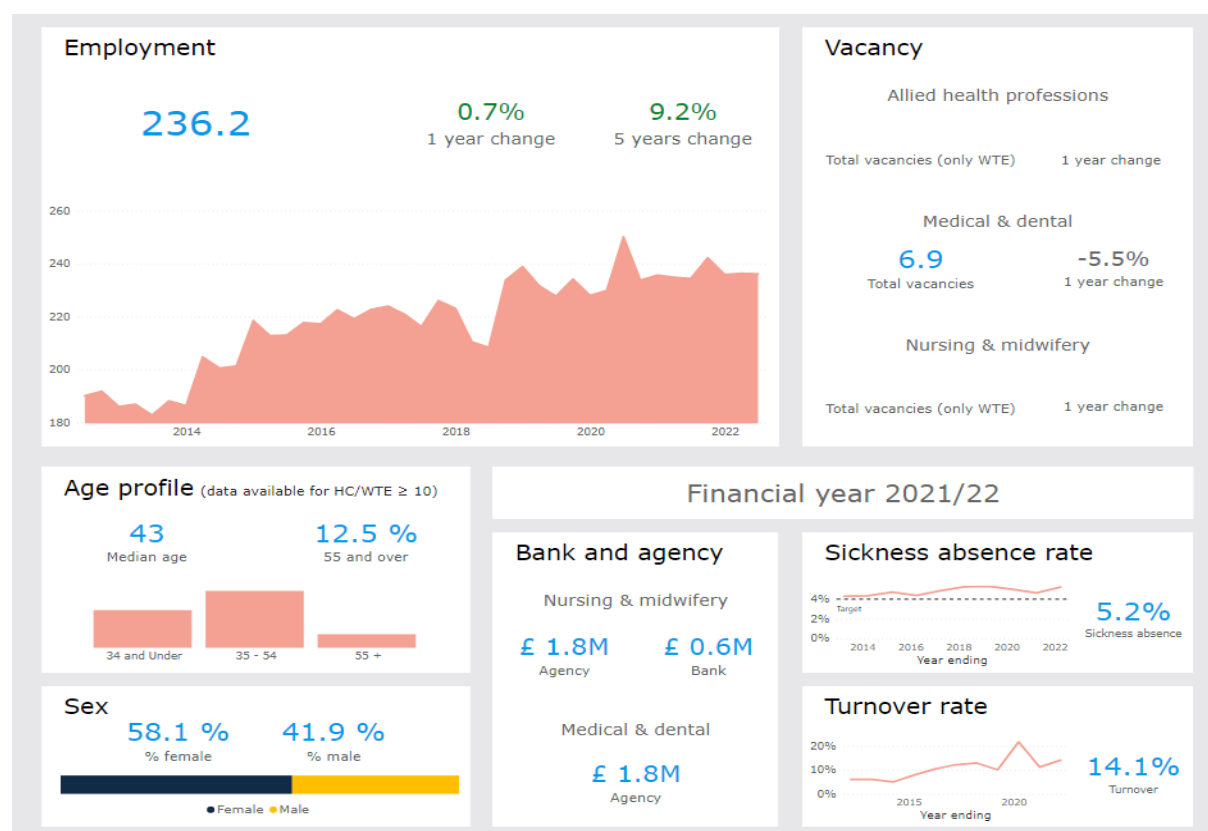
Developing the Band 2 & 3 Health Care Support Worker, and Band 4 Assistant Practitioner roles across Nursing and Midwifery to have a clear role development structure is another way to make a career in health attractive as we try to increase recruitment and retain staff.

Although there has been an increasing trend in wte over the last 5 years, there has been fluctuating wte since 2020, with a sharp increase to support the pandemic, (in part driven by the development of a vaccination workforce responsible for an unprecedented vaccination programme) followed by a

reduction as fixed term contracts came to an end, coupled with higher than average natural turnover rates (10.1%) compared to a national average of 9/1%.

This is likely to have been caused by a number of factors including the impact of those who delayed life decisions during the pandemic. At June 2022, 104.2 wte Nursing and Midwifery posts were being actively recruited to across NHS Borders, with Bank and Agency Spend accounting for 2.4 million over the financial year to support gaps caused by a combination of these vacancies, absence and increased beds in acute due to delayed discharges that are unfunded and therefore do not have a staffing resource attached.

## Medical and Dental



Dashboard 2 – NES data intelligence

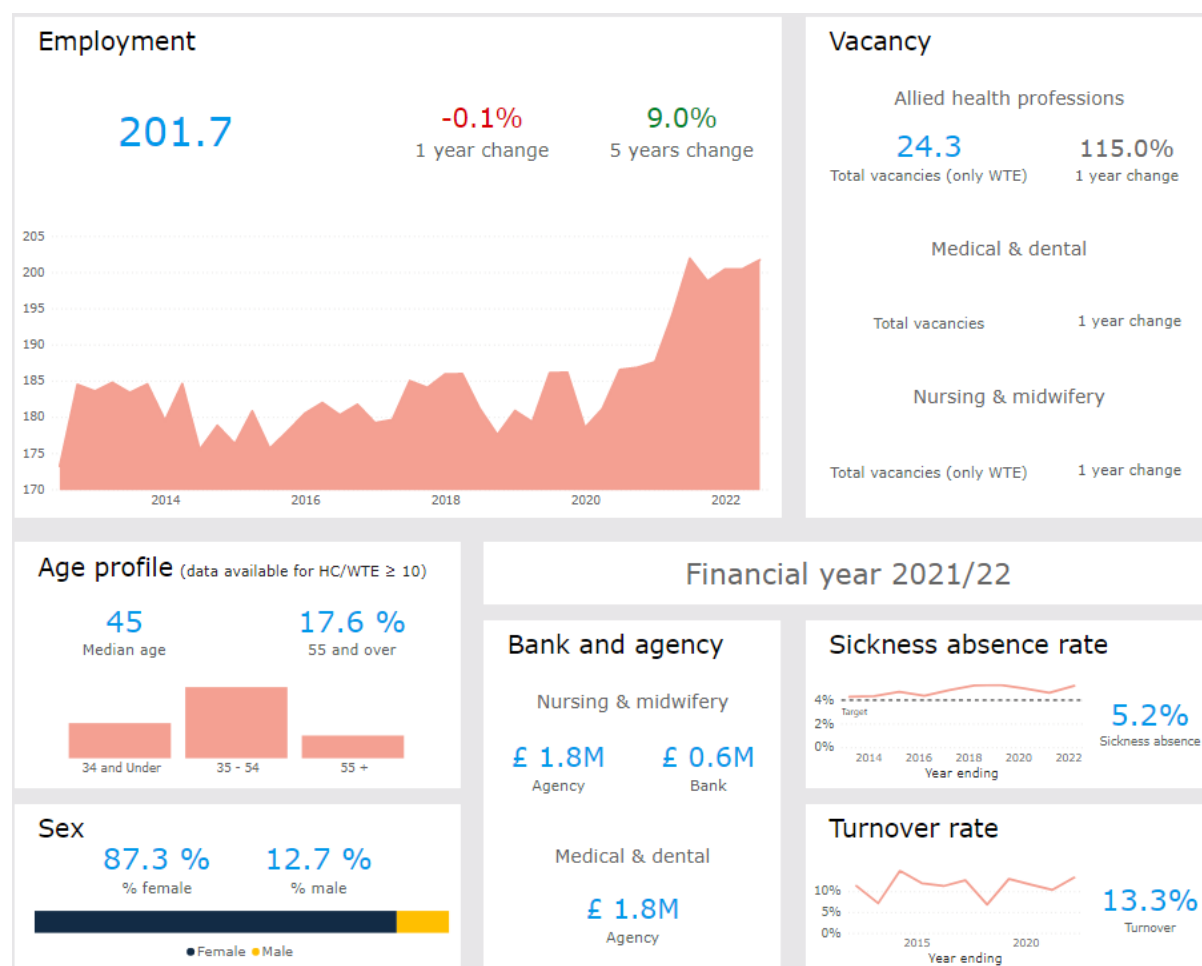
A workforce challenge for medical staff in NHS Borders is addressing the balance between delivering sustainable services in clinical terms and ensuring posts are attractive e.g. as a District General hospital, there will be a requirement for staff to work more unsocial hours than counterparts in larger hospitals, due to smaller staff ratios, impacting on the attractiveness of the post.

Wte across Medical & Dental shows an increasing trend over the last 5 years, with the largest peak unsurprisingly during the pandemic. The wte vacancies being actively recruited to was 6.9 at June 2022, but the bank and agency spend demonstrates that many posts were covered by supplementary staff. A challenge for NHS Borders over the coming year is around converting supplementary staffing to substantive posts to ensure sustainable services.

The age profile of Career Grade Medical Staff is younger than other clinical groups, such as Nursing and Midwifery, although with pension tax complications in recent years; some consultants have retired earlier than projected. Whilst recruitment to consultant vacancies for surgical specialties has been encouraging in recent years there are enduring vacancies across psychiatrist, physician and

laboratory posts. During the 3-year planning cycle NHS Borders will launch a branding strategy to improve our advertising effectiveness (see page 25 below) and a series of service reviews to ensure mitigation of the impact of vacancies.

### **Allied Health Professions (AHP's)**



Dashboard 3 – Source NES data intelligence

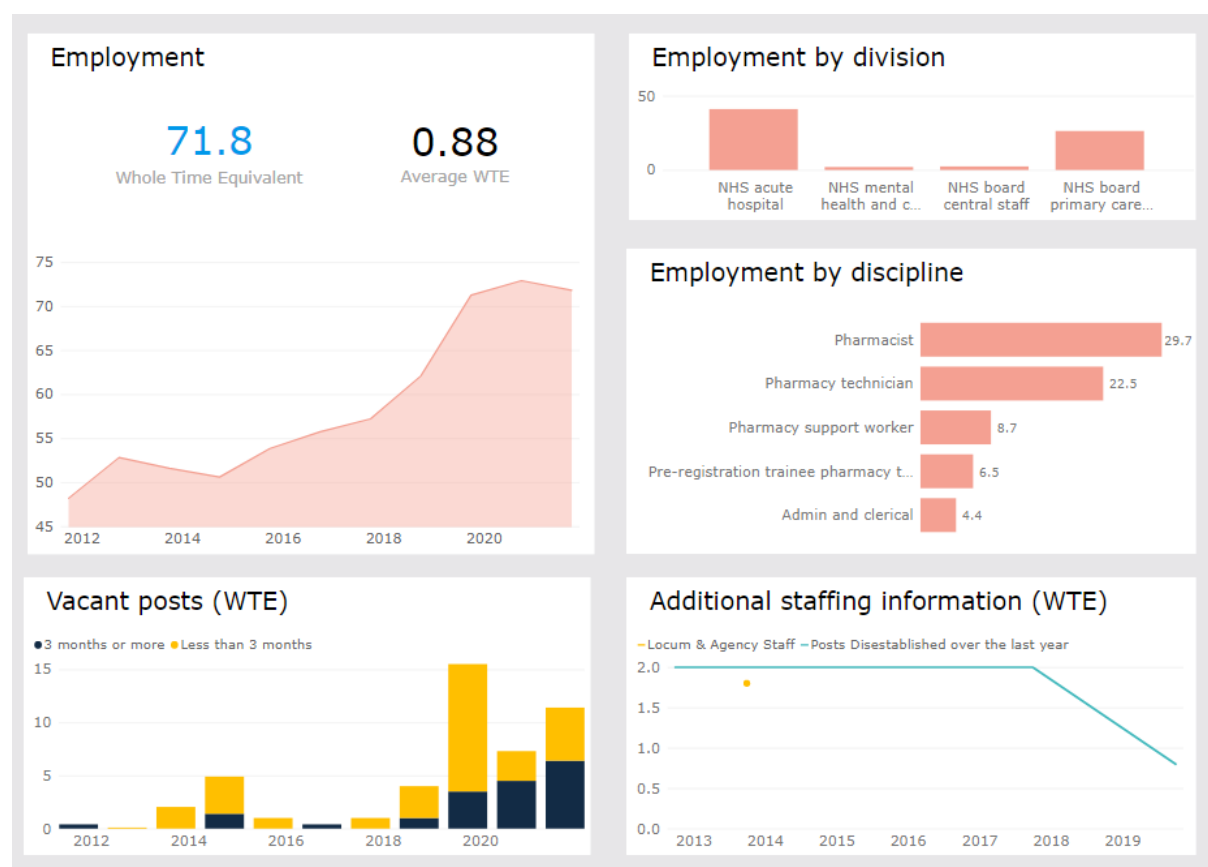
Although- most AHP Services fall within the remit of the Health and Social Care Partnership Workforce Plan, around 40% of AHP activity is delivered in acute settings, and integral to sustainable services across NHS Borders. Within Radiography, there are increasing challenges appointing to skilled Radiography posts. To address some of these challenges there is a need for national training schemes around specialist roles, particularly to support smaller Boards where capacity for training is limited and takes much longer. International recruitment has proved successful within this staff group, and the first two Radiographers should arrive by mid-November.

Recent service developments within AHP Services include Occupational Therapy working alongside physiotherapy to develop community rehabilitation teams focussing on discharge to assess; admission prevention; condition management and community rehabilitation in patient's own homes. Within dietetics, demand for nutritional support and advice has increased to prevent acute admissions and support early discharge, and joint working has been established with a local leisure provider to deliver weight loss programmes supporting preventative action. All of these service developments have a positive impact on improving patient flow across Health and Social Care.

There has been an increasing trend in wte over the past 5 years, however at June 2022, 24.3wte vacancies were being actively recruited to across AHP services, and a higher than average turnover rate was recorded at 13.3% over the past year.

AHP Services are currently undertaking service reviews, where projected staffing requirements by specialty/band will be identified. An initial projection has outlined an expected replacement requirement of 36 WTE within AHP Services across all disciplines to account for current vacancies/projected turnover within the next year. This requirement would potentially be much higher if we included a predicted absence allowance, and potential move towards AHP's delivering 7-day services.

## Pharmacy



Dashboard 4 – Source NES data intelligence

The wte resource within Pharmacy has increased significantly in recent years and this trend is projected to continue within the duration of this Workforce Plan. A series of NHS Scotland commitments, for example, the continued implementation of the GMS Contract, and increased pharmacy services support to Acute Wards will lead to an increase in staff over the next 12 months. These commitments, whilst supporting other health care professional groups and ensuring patients receive the most appropriate advice, will present sustainability pressures on the service, particularly given the level of vacancies highlighted above, with over 10 wte vacancies in 2022, more than half of which vacant for more than 3 months.

There's increasing demand on pharmacy technical services as a result of the ageing population, increasing number and complexity of treatments, vaccinations etc. Technicians now also provide a Clinical Ward service with 4 WTE Lead Technicians and up to 5WTE rotational B4 who attend the main BGH wards daily as part of the ward MDT.

The current roles undertaken by the clinical technician team are:

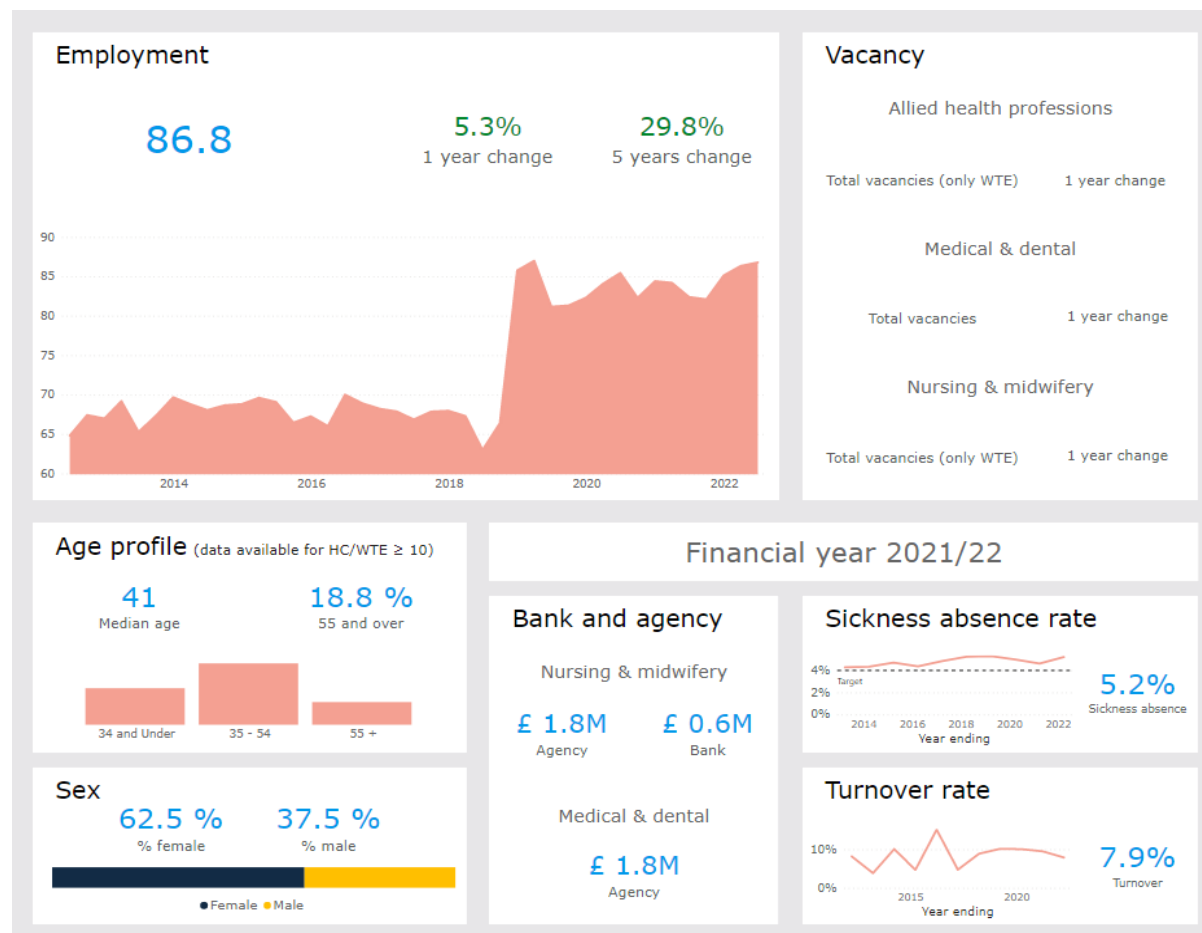
- Medication histories on new admissions.
- Referral of identified medication issues identified.
- Provide counselling to patients on anticoagulation medicines and general medication counselling.
- Support the nursing staff with the ordering of medicines.
- Assessing patients own medicines to ensure suitability for use.
- Medicine management reviews of patient's compliance to help identify concerns and implement solutions.
- General support to nursing staff, patients and patient's representatives around medicine queries.

There are plans to further develop the Clinical technical team to undertake additional tasks such as, medication reviews of long stay patients, blood monitoring of high-risk medications and support nursing roles with IV medicines and discharges. Pharmacy service redesign is based on the expansion of all pharmacy roles so everyone is working at the highest level in relation to their job description. e.g. pharmacy technicians managing medication supply / discharges and pharmacists prescribing. NHS Borders ATOs are one of the furthest progressed nationally in relation to their dispensing roles and this is in line with the direction of travel with the national acute pharmacy agenda.

If progress is made with the Omnicell ward cabinet project, ATO staff could be developed to take on additional ward-based roles as Omnicell cabinets take approximately 50% less pharmacy time to process and omit any Nursing time to restock. Looking further ahead the installation of robotics within the Pharmacy department will reduce the manual processing order significantly allowing more staff to be allocated to ward based roles.

National funding from NES has allowed NHS Borders to recruit and train 3 x WTE Student Technicians (Modern Apprenticeship) across all three pharmacy sectors (Acute, Primary Care & Community Pharmacy), which supports succession planning, but gaps are still expected within pharmacy technician's roles due to upcoming retirements, and maternity leave, given the time it takes to train pharmacy technicians. 4 Student technicians within Acute have also been agreed, within existing funded establishment.

## Healthcare Science



Dashboard 6 – Source NES data intelligence

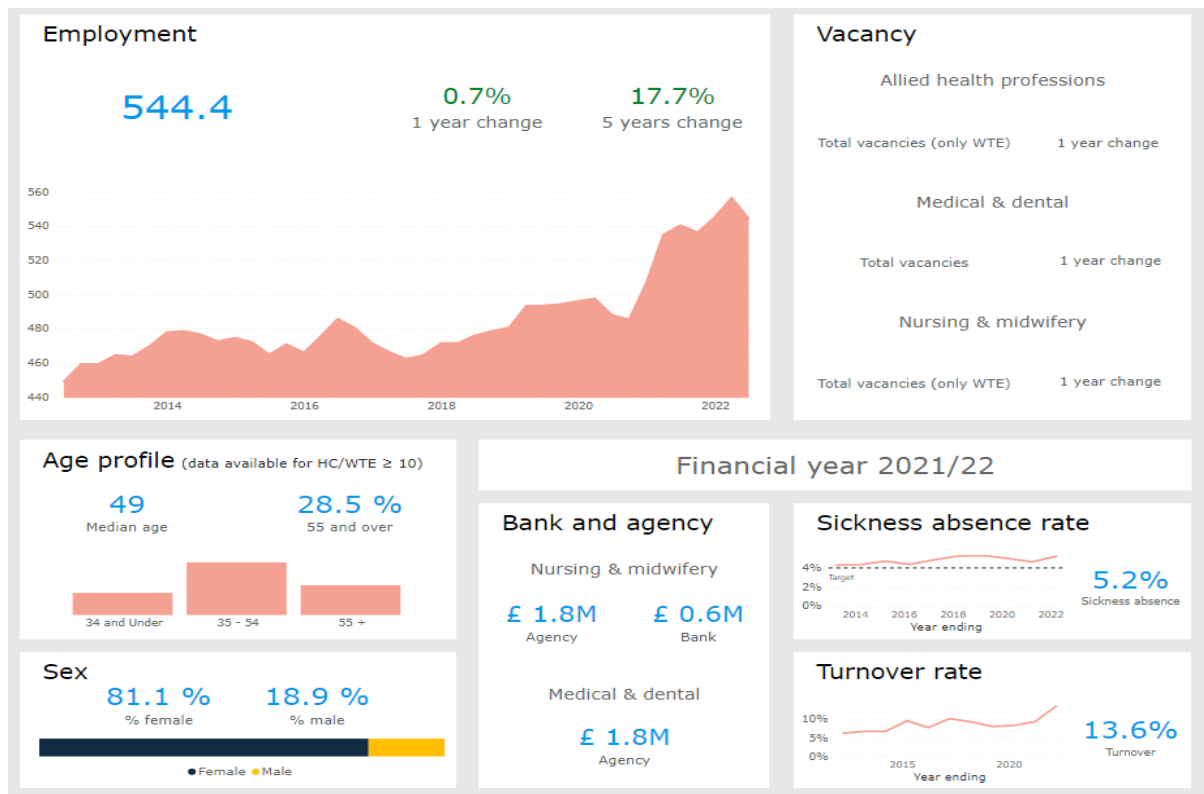
Although there has been an increase in wte over the last 5 years, this is mostly accounted for by the move of sterile services from Support Services to Healthcare Science between 2019 and 2020. The low turnover rate suggests a stable workforce, however with 18.8% of the workforce over 55, and two of the most senior staff retiring from the department in the coming year, succession planning is key. A point of care testing co-ordinator is recommended, with NHS Borders the only mainland board in Scotland not to have introduced this role.

The impact on microbiology during the covid pandemic was significant and 3 fixed term staff were appointed to undertake testing. These staff are now rotating through the department, and it's recommended that they provide backfill to support the roll out of the Laboratory Information Management Systems (LIMS). Further capacity will be required across haematology through a combination of supplementary staff and additional hours.

Historically, there have been challenges retaining staff due to a lack of career progression, and NHS Borders continue to struggle to attract qualified staff. One solution, however, has been recruiting trainees at Band 5 with automatic progression to Band 6 which has, improved retention over the last few years



## Administrative Services



Dashboard 7 – Source NES data intelligence

Administrative Services wte has increased significantly since the pandemic, largely due to the introduction of new services such as vaccination team (booking service), IM&T staff converting to substantive staff as we develop advanced digital solutions, and increases within finance management and accounting.

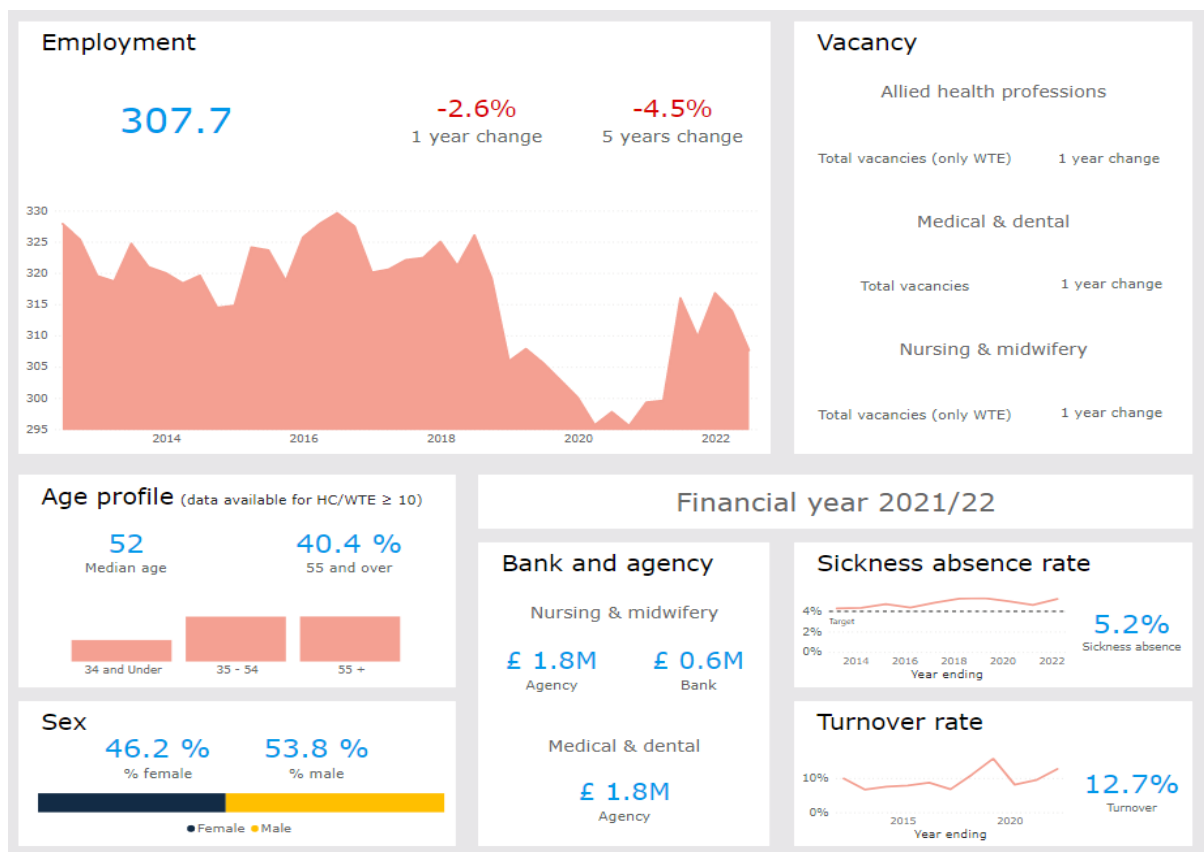
Within Administrative Services there have historically been some challenges recruiting qualified staff such as newly qualified accountants and graduate level business management posts etc. More recently, however, NHS Borders have had some success, with opportunities around remote working, security of working within the public sector and enhanced technology opening a wider pool to recruit from.

Looking ahead administrative services such as Finance, Planning and Performance, HR, OH, clinical governance etc. will be heavily involved in supporting the clinical services to progress the financial improvement plan, which is likely to impact on the ability to deliver some of the core services in the same way.

Apprenticeship schemes have been popular within this staff group, and it's expected that NHS Borders will continue to develop the workforce in this way.

A key post that has been difficult to recruit to within Clinical Governance Team is Quality Improvement Facilitator posts, due to differences in grading across other boards., and also fixed term posts across a variety of administrative departments including HR.

## Support Services



Dashboard 8 – Source NES data intelligence

Although the chart above shows a significant reduction in wte between 2019 – 2020, this is a result of the Sterile Services staff group moving from Support Services to Healthcare Science during that period. Analysis suggests that the average WTE has increased in the last 2 years by approx 10 wte compared to the average wte prior to the change of staff groups.

The recruitment challenges and retention of staff for Estates, Facilities and Catering are increasing due to the current external labour market with increasing tourism creating opportunities in hospitality in the Scottish Borders, increased house building, and the impact of Brexit leading to higher salaries available externally. There are gaps with skilled trades in Estates which may be supported by the introduction of a multi-disciplined technician (instead of specific i.e., Plumber or Electrician). Within Catering and Facilities due to the current team demographic it is increasingly difficult to recruit supervisors as many of the team are part time.

Analysis has shown that we will lose 25% of the overall team within the next few years due to retirements, with specific challenges within Estates and Facilities over the next 5 years (25%). NHS Borders are keen to develop effective succession planning to ensure knowledge and skills are passed on effectively.

Apprenticeships have been highlighted as a potential solution but it's essential they work alongside the experienced workforce to develop skills required. Within Estates a multi-skilled apprentice can take 4 years to complete their training and a further 2 years to become fully competent. Many supervisors and above will be eligible to leave within the next 10 years and an effective cross team apprenticeship programme could assist in the next generation of Supervisors and leaders being developed. Having a clear career path for individuals joining will also assist with retention.

## Section 3 – What are NHS Borders doing to attract future Workforce Supply



### **Marketing the Borders**

To address the highly competitive recruitment markets, national shortages in many clinical fields and establish NHS Borders as a good employer in a busy market, work is underway to look at marketing in a different way. The creation of a platform from which to 'market' NHS Borders and create a sense of belonging, have a clear sense of identity and purpose, to look seamless, professional, and consistent is key. Many of the challenges and corresponding solutions will be consistent with our partners across the Borders and we recognise the value in integrating and developing joint solutions.

This year NHS Borders will also improve social media presence to sell Borders as good place to live and work for both local candidates and those from further afield. Lack of availability and affordability of private rental accommodation is proving a limiting factor in attracting and retaining both UK and overseas workers. The lack of housing options has led to at least 3 Health Professionals from elsewhere in the UK rejecting an offer of employment since April. Recently representatives of NHS Borders and Scottish Borders Council met to review joint approaches to recruitment and high on the action-list is future joint approaches to housing for key workers in the Public Sector. Early discussions have commenced with local registered social landlords on developing local letting initiatives for key workers.

### **International Recruitment**

NHS Borders commenced a programme of international recruitment with a view to appointing up to 20 registered nurses by January 2023. We have been working with a recruitment agency partner registered on the Crown Commercial Services Framework; for the recruitment of international registered general nurses and HCPC registered AHPs in batches of between 4 – 8 individuals per cohort by 31 March 2023.

The first 2 nurses recruited internationally commenced in April 2022 and a further 3 commenced in June 2022. All of the initial cohorts of five international Nurses have now completed successfully the final OSCE exam, are now NMC registered and working on Wards at Borders General Hospital.

Most of NHS Borders international recruits are of Indian origin and have been working in the Middle East or Malta prior to moving to UK and are already in the process of preparing for NMC registration. Once in NHS Borders they receive a period of intense education and orientation to assist them with OSCE final exam preparation and completion at an agreed UK test centre (the opening of the Northumbria University Testing Centre in Newcastle has greatly supported the timeous examinations for our international recruits). Further intense support and clinical supervision is overseen by the preceptors when the nurses start working clinically in their posts. Whilst NHS Borders welcome International Nurses, this reduces input to the Newly Qualified Practitioners that were the primary focus of the preceptors and resource is required to continue to support International Nurses.

There have been a steady pipeline of applicants and appointments to date, and NHS Borders are now also considering applications from other clinical professionals including radiographers and physiotherapists. The first 2 radiographers are confirmed to arrive in mid-November 2022. An

additional informal pipeline is being established from referrals from the international recruits, as former colleagues in India, Malta and Middle East holding the clinical professional qualifications are expressing an interest in joining NHS Borders.

Aswell as the professional support from Nurse Preceptors; two of our existing staff with origins from the Kerela region of India; volunteered to provide pastoral support and advice to their new colleagues. This was greatly appreciated by the new recruits both before arriving in the U.K and subsequently in the early period of their orientation and acclimatisation. One of the first international recruits on obtaining NMC registration has agreed to act in a part-time capacity as a preceptor to support the education and training of further recruits.

International recruitment has been positive for NHS Borders, however it is not without challenge in terms of associated costs and the overall support that is required to help these nurses integrate both professionally, as well as socially into the community. Provision of affordable housing options is particularly challenging, and a real risk to the retention of our new recruits. In the lifespan of this Workforce Plan we would project to be recruiting around 20 international nurses each year

### **Employability**

NHS Borders participate in several employability schemes to provide employment opportunities to those who faced barriers to employment. These have recently included Kick Start and the Job Creation Fund where we provide 6-month job placements across areas including Domestic Services, Catering, Speech and Language therapy and Healthcare Support Workers.

Working in partnership with Borders College and Social Care partners NHS Borders continue to support Modern Apprenticeships, GCAS Graduate Apprenticeships (which supports graduates who were negatively impacted by the pandemic) and Foundation Apprenticeships. NHS Borders also support placements for access to nursing and HND Care Courses.

To minimise staff movement between sectors, NHS Borders have considered alternatives to recruiting from an already stretched Health and Social Care local recruitment market. One initiative that is currently in progress is the princess trust employability programme, which supports unemployed 18–30-year-olds into the labour market through a 6-week programme including a practical work placement and employability skills, focussing on developing students to be job ready at the end of the programme.

NHS Borders also continues to support Project Search which is a yearlong programme to support young people with Autism or Learning Disabilities into employment. 8 Interns per year receive intensive employability support through Borders College and Scottish Borders Council, whilst NHS Borders provide the practical placement opportunities.

Work Experience has resumed, and plans are in development to run an accredited virtual work experience week in cooperation with Developing the Young Workforce for S4 pupils, following the success of the programme last year

## **Staff Wellbeing**

Significant effort has been placed on supporting staff wellbeing during the ongoing pandemic, and to build on this, NHS Borders are developing a new Staff Wellbeing Plan which will be a vital component of a wider Borders Health & Social Care Workforce Strategy and sit alongside the Integrated Workforce Plan. The plan will describe interventions aimed at supporting our workforce to work through the remainder of the emergency response phase and set out plans for the medium-longer term, including learning to live with COVID-19 and building resilience to face any future adversity/challenges.

Occupational Health and Safety (OH&S) Services have enhanced resources to meet the ongoing additional demand and continues to offer onsite support, 1:1s and sessions with departments. Stress and resilience training, Working Health Matters and Managing Mental Health for Managers courses and resources have been revamped to be more accessible to staff, moving away from classroom and workshop-based delivery wherever possible.

A dedicated Staff Psychologist offers specialist psychological support for those dealing with the impact of traumatic situations, or those with a history of mental health issues and who may benefit from high intensity psychological intervention. Support is available through 1:1 support, as well as talks and guidance to teams. Examples include compassionate wellbeing workshops and psychological debrief following difficult workplace events. NHS Borders have also increased the coaching and mentoring offering for staff through the internal Coaching Network.

NHS Borders continues to operate a Staff Wellbeing Group populated by a range of management which has agreed projects to support the physical and mental health wellbeing of staff and is currently progressing a Spaces Project, which sets out to identify and establish fit-for-purpose indoor and outdoor spaces for staff to use during their rest breaks. Areas will promote a relaxing environment for staff, allowing them to decompress during the working day. The group has also facilitated the provision of hot beverages/snack boxes/water bottles to hard-pressed areas at peak points of the pandemic, along with the provision of free menstrual products for patients, visitors and staff. Recognising that staff in busier areas find it challenging to take their breaks, the group have increased internal communications to remind staff and managers to support staff taking breaks. Later this year the group will commence a complimentary therapies project and a new active travel project.

NHS Borders continue to actively seek feedback from staff to help inform remobilisation and stabilisation efforts. The Collecting Your Voices initiative (2020 & 2021) captured how it feels to deliver care in the current environment and its output still influences work in the wellbeing arena, as does feedback via the recent iMatter survey. Staff side also recently issued a staff side survey which sought to understand key issues around how it feels to work in NHS Borders and to seek ideas to address and resolve any of the challenges. The chair for the Staff Wellbeing Group and Lead for Collecting Your Voices (CYV) are working collectively to bring the outputs into mainstream decision processes.

## **Role Development**

- *Advanced Practitioners*

Advanced Practitioners are experienced Registered Health Care Professionals, primarily from Nursing, Midwifery and Allied Health Profession disciplines, who have completed higher education to a minimum of Post Graduate Diploma level. The role of an Advanced Practitioner is to manage the complete care of a patient, not solely any specific condition, and these roles are recognised as being integral to developing future sustainability of services. Advanced Practitioners will support reduced medical cover within the coming year, and given the likely recruitment pool challenges, address the potential impact on the availability of core clinical roles. There is growing evidence of the positive impact that Advanced Practitioners have on patient outcomes, including promoting access to care; reducing complications and reducing costs of care by improving patient knowledge; self-care management; and patient satisfaction (Scottish Government, 2021). The impact of these attractive roles however is that they remove Registered General Nurses from more general posts.

Clinical Nurse Specialists provide a key role supporting patients across Health and Social Care sectors. Work is currently progressing to develop career pathways and provide opportunities for development across this staff group.

- *Assistant Practitioners*

Developing the Health Care Support Worker roles within the NHS to have a clear role development structure is one approach to try to increase recruitment and also retain staff. These roles will supplement the clinical teams and support the registered workforce more adequately. NHS Borders are working in partnership with Borders College to include further development and training of Band 3 (SVQ 7) and Band 4 (SVQ 8) Assistant Practitioner roles with a potential 16 scheduled to start in November 2022. Recognising the value, education and the potential impact of our student workforce, NHS Borders have created HCSW band 4 positions for Student Nurses educated to SVQ level 8 by the end of final year (year 3 or 4) and appointed them on part time contracts while they complete their studies, guaranteeing jobs for the majority of them at the end of their degree. This will be extended to 2<sup>nd</sup> years being offered Band 3 roles, SVQ level 7. There is ongoing discussion between NHS Borders, Edinburgh Napier University and Borders College to create a programme where, following a year studying at Borders College, HCSW can go into their second year of training by October 2024. This will support more HCSW to progress to registered Nursing training.

- *Physician Associates*

Physician Associates have completed a generalist medical education covering a broad medical curriculum. They aid medical staff and are accountable for ensuring that the care of patients is always of a high standard. Within NHS Borders a Physician Associate was recently seconded to Unscheduled Care (Ambulatory Care and MAU) and the P.A. initiative will be reviewed for future appointments over the next three years.

- *Housekeeper Role*

NHS Border have recently introduced a housekeeper role as an essential part of the ward team supporting patient. The housekeeper will work with indirect supervision within Multi-disciplinary team, providing a clinical and clerical support service to nursing staff. Key duties include representing the ward in a friendly and welcoming manner, supporting the Senior Charge Nurse with general housekeeping, and supporting the delivery of basic patient care.

- *Ward based Pharmacy Technicians*

Pharmacy Technicians currently provide a Clinical Ward service attending the main BGH wards daily as part of the ward multi-disciplinary team. There are plans in place to further develop the Clinical technical pharmacy team to undertake additional tasks such as, medication reviews of long stay patients, blood monitoring of high-risk medications and support nursing roles with IV medicines and discharges, with a longer-term aim as part of Pharmacy redesign to progress to pharmacy technicians managing medication supply / discharges and pharmacists prescribing.

- *Advanced Paramedic Practitioner*

In a very recent development, NHS Borders has created the first ever role for a paramedic in the Emergency Department of Borders General Hospital. This will be a much-needed additional support to assess and treat undifferentiated attenders including high-acuity patients. The Paramedic will join the sub-consultant medical rota and the professional line of accountability will be to the Associate Director of AHPs.

Each of these developments will be supported by a workforce plan which considers the most appropriate roles, and skill mix required to meet the needs of patients, and links to a career framework, which supports staff to develop, and access opportunities for progression. Actions to support these developments are included in the 5 Pillar action plans.

#### **National Centre for Sustainability for Health and Social Care (CfSD)**

The Centre for Sustainable Delivery (CfSD) works with NHS boards to introduce new ways of delivering care that will create additional capacity for inpatient, day case and outpatients. They will do this building on the use of technology such as video consulting, supporting self-care, and developing alternative pathways of care that will include patients being able to initiate follow up support when required, releasing capacity for new outpatient appointments.

Nationally there's a strategic framework aiming to design, develop and deliver training programmes in partnership with NHS National Education Scotland and the NHS Academy, offering new routes into the NHS, and broadening opportunities for young people – in support of our Young Person's Guarantee. Importantly, this will also consider those who may be seeking a career change. This will enable them to receive on-the-job clinical training and a route to future career progression. The Academy will also offer enhanced clinical training to existing staff in critical services, such as endoscopy, to allow them to build their skills and take on new and challenging roles as we build more sustainable future services.



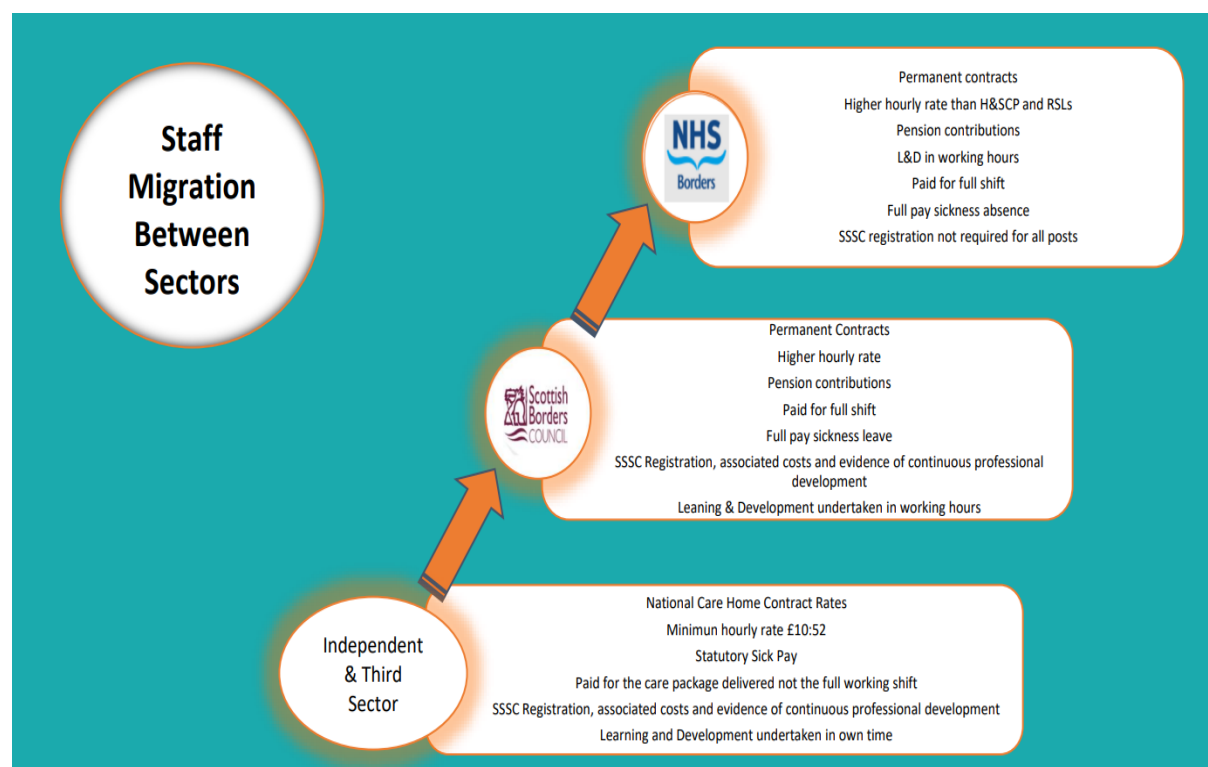
Traditional working models e.g., full time working hours, and rigid shift patterns, are becoming less attractive to staff, as they juggle child and/or adult care commitments. There's increasing demand for more flexible family friendly working arrangements (common across other sectors) which will be explored as part of the 5 Pillar action plan. Given the current cost of living crisis faced, financial health initiatives will be prioritised to address the increase in the numbers of people living in – “In work Poverty”, which is defined as “When a working person's income, after housing costs, is less



than 60% of the national average, they don't earn enough to meet the cost of living – they are living in poverty.” Source ONS households below average income statistics.

A consistent challenge faced by all sectors is difficulty recruiting staff from entry level right up to registered professionals across Health and Social Care. This difficulty is further compounded by the inequity in pay, terms and conditions. It is often the independent and third sector organisations who experience a disproportionate impact regarding both recruitment and more increasingly retention of staff.

The diagram below provides further detail on the reasons health and social care staff move between the sectors. The implications for NHS Borders are that reductions in staffing within the care sector, impact on patient flow, and lead to delayed discharges. It's critical that we work together across the Borders to promote careers right across the Health and Social Care sectors. Recognising this impact NHS Borders have taken steps to prevent depleting the wider Health and Social Care workforce through programmes such as Princess Trust, recruiting unemployed 18-30 yearolds.



Another unintended consequence of staff moving from one sector to the other, is the resulting retraining of workers in mandatory training. This due to each provider using a different training provider in the absence of a joined-up approach and the establishment of a training passport recognised by each employing organisations in the Borders. In order to address inefficiencies in terms of both staff time, finances and most crucially the delivery of care, joint approaches are being considered across the sectors.

As highlighted in the Scottish Borders HSCP Workforce plan, alignment of terms & conditions, policies and access would help with advancing the equality of opportunity by reviewing:

- Contractual alignment to help secure mortgages and rented accommodation for the public sector
- Staff Benefits e.g., car schemes, cycle to work

- Supporting and delivering staff “stay well and keep well” for them and their families
- Flexible work patterns
- Family friendly policies
- Training access

## **Section 4 – Current and projected Workforce Gaps and Mitigations**

### **Case Study**

#### **Nursing and Midwifery – Acute Services**

- ***Current position***

A detailed plan was recently developed to outline staffing challenges for Nursing and Midwifery roles across Acute Services. This plan aimed to stabilise Nurse staffing levels and reduce the current level of risk to patient care and impact on staff wellbeing. The plan outlines a deficit of 38.64wte registered nurses and 29.84wte HCSW at June 22, with mitigations to bridge the gaps including attractive opportunities for newly qualified nurses and further opportunities around international recruitment. If attrition rates for staff remained as predicted, the bed base remained at current level, and the adjusted establishments are still in place, the BGH would still have a deficit of 24.57 wte registered nurses, therefore, the continued use of the current level of bank and agency staff would be required to mitigate this deficit.

These projections are based on the adjusted establishments which were agreed as part of the COVID response and have had to be continued due the availability of registered nurses and the increased bed numbers. If pre-covid establishments were re-instated, this gap would increase to 35.58 wte.

- ***Future projection***

A 3 year projection demonstrates that NHS Borders will not be able to fully fill the pre COVID staffing establishment and the additional bed requirement until July to September 2023 assuming sickness absence of 4%, access to current level of Bank and Agency staff, and that during 2022/23 we will recruit 20 additional international registered nurses. It's projected that it will take until March 2024/25 to reduce the reliance on supplementary staffing to a manageable level (2.22wte).

#### **Plans to develop 3 year future workforce projections**

It's our ambition to support staff groups across NHS Borders to develop robust 3 year projections as outlined above over the coming year, as outlined in the 5 Pillars Action Plan. This level of data intelligence will support us to make informed decisions around the shape of our future workforce, and highlight emerging workforce challenges earlier, to inform succession planning/service redesign. It is difficult to provide workforce projections beyond 1 year where there is uncertainty around future year budgets and a high level of expected service redesign as we embark on the Financial Improvement Programme. As we move towards the development of 3 year service and financial plans, integrated planning will become more achievable.

Intelligence gathered as part of the data collection exercise has given some information on the current and projected gaps, and a baseline to begin to gather more detailed future projections. A summary of Gaps/mitigations is outlined below.

## **Women and Children's/Health Visiting**

Plans to develop an educational framework to support succession planning and a recruitment video to sell the service to potential applicants aim to address recruitment hotspots identified in Advanced Paediatric Practitioner, Assisted Birth Practitioner, Community Midwifery and Neonatal Nursing roles. The results of an option appraisal/service review to address non-compliance with the Registrar rota across Maternity, Paediatrics and Neonates will feed into the 5 Pillar action plan once available, alongside recommended solutions e.g. potential alternative roster solutions, recruiting Band 4s within Paediatrics, and appropriate administrative support.

Health visiting currently have several fixed term gaps that do not attract applicants and no access to bank or agency cover, with Hawick and Berwickshire particularly difficult to recruit to. The ageing workforce profile requires succession planning and recruitment has recently been approved for a training post for the September intake, with a plan to embed this into the service annually.

## **Medical**

We are also experiencing some vacancies for doctors; at Consultant level in some specialties including Laboratory Specialties, physicians and psychiatrists. GP gaps in Primary Care are also significant. To mitigate risks, we have successfully appointed Clinical Development Fellows / Salaried GPs in some specialties, and longer term some service areas have been conducive to workforce redesign with role development in recent years e.g., Advanced Practice (AP) roles or Physician Associate (PA) roles and most recently a Paramedic has been appointed to the Emergency Department. Role development will be a key feature of the forthcoming service reviews over the lifespan of this Workforce Plan.

## **Allied Health Professions**

Some AHP services such as Radiography, Physiotherapy and Dietetics are experiencing recruitment difficulties leading to gaps and services are mitigating these risks by using generic advertising, altered skill mix and increased recruitment/training of HCSW and Band 4 Associate Practitioners.

An initial projection has outlined an expected replacement requirement of 36 WTE within AHP Services across all disciplines to account for current vacancies/projected turnover within the next year. This requirement would potentially be much higher if it included a predicted absence allowance, particularly in the event of moving towards AHP's delivering 7-day services. Further detail will become available following ongoing service reviews, where projected staffing requirements by specialty/band will be identified, and workforce actions captured within the 5 Pillar Action Plan.

## **Estates and Facilities**

Table 1 shows the current department demographics for employees who can retire in the short term (less than 5 years) and medium term (less than 10 years), highlighting Estates and Facilities will lose 39% of the current team in the next 10 years with 23 % of these in the next 5 years or less.

There are gaps with skilled trades in Estates which may be supported by the introduction of a multi-disciplined technician (instead of specific i.e., Plumber or Electrician). Within Catering and Facilities due to the current team demographic it is increasingly difficult to recruit supervisors as many of the team are part time. We need to develop an effective succession pipeline to ensure that the knowledge and skills currently in place are effectively replaced by skilled employees who understand the complex model of operating Estates and Facilities within an NHS environment.

Apprenticeships are proposed at all levels of the teams; however apprenticeship times will vary and a multi skilled apprentice can take 4 years to complete their training and a further 2 years to become fully competent.

|                  | Headcount | Employees 60 or over |              | Employees 55 to 59 |               |
|------------------|-----------|----------------------|--------------|--------------------|---------------|
|                  |           | Number               | %            | Number             | %             |
| Estates          | 55        | 11                   | 20%          | 15                 | <b>27.25%</b> |
| General Services | 311       | 83                   | <b>26.6%</b> | 43                 | 13.82%        |
| Linen Services   | 25        | 7                    | <b>28%</b>   | 7                  | <b>28%</b>    |
| Catering         | 91        | 11                   | 12.08%       | 12                 | 13.1%         |

Table 1 – Source Facilities Manager data

### **Pharmacy Technicians**

As a result of the age profile within the pharmacy technician team, it's expected that several very experienced Lead technicians will retire in the next 1-3 years. With a predominately female technical workforce, with the majority of staff in the 18-39 year bracket, there's also upcoming maternity leave, and the potential for more requests for part time working. Pharmacy have a high turnaround of Band 2 ATO posts, partly due to these staff progressing into student technician roles, however, without the planned resource and skill-mix, higher banded staff are pulled back to cover band 2 roles. To mitigate this risk, there's a proposal to slightly over recruit to ATO roles knowing that there will be some natural turnover over the year.

### **Healthcare Science**

Gaps are anticipated in Senior Management roles across Laboratory Services due to upcoming retirements and following previous challenges recruiting suitably qualified staff externally in the past, are keen to build on recent success of developing our own staff.

## Section 5 - Five Pillar Action Plan -highlighting priorities

High-level actions and themes, identified below, under the Scottish Government's 5Pillars will be taken forward through the NHS Borders Action Plan and link closely to the HSCP Action Plan. Key linkages will be made where appropriate to cross sector working with community based organisations across the Scottish Borders, regional coordination of services where appropriate and a national approach will be recommended to address wider challenges.



Plan

Improving collection and analysis of data and taking a whole-system approach to planning.



Attract

Bringing new workers into the workforce including through both domestic and ethical international recruitment, via youth employability and apprenticeship schemes, and by offering fair work.



Train

Supporting new entry to the workforce through clear education pathways and developing new skills and capabilities amongst workers including in digital and specialist care.



Employ






Ensuring that staff are well rewarded for their work, with modernised terms and conditions, and appropriate registration to support delivery of outcomes-focused work.








Nurture

Creating positive workplace cultures and ensuring strong leadership, committing to diversity, equality and inclusion in the workforce, ensuring workplace wellbeing, developing a carers strategy and working in partnership across the sectors.

## Short Term Actions – Up to 12 Months






|  Plan   |  Attract   |  Train  |  Employ  |  Nurture   |
|--|---|---|---|---|
| <p>Develop 3 year Workforce Trajectories highlighting projected gaps and identifying solutions across clinical services experiencing recruitment and retention challenges. (Similar to Acute Nursing intelligence in Section 4)</p> <p>Support Clinical Services to run available Workload Planning Tools to review sustainability of services and meet duties of the Health &amp; Care (Staffing) (Scotland) Act,</p> <p>Explore options to ensure sustainability of services at increased risk, including considering different roles, working across Health and Social Care boundaries or closer collaboration with regional/national services.</p> <p>Explore regional solutions for Medical areas identified as high risk, including dermatology, paediatrics and ED to ensure future sustainability.</p> | <p>Work with Health and Social Care colleagues to develop a joint recruitment event to attract new applicants into Health and Social Care professions</p> <p>Continue to progress international recruitment to attract Nurses and AHP's to the Borders, addressing the current national shortage, and opening a new supply line to NHS Borders.</p> <p>Promote wider employment opportunities across Health and Social Care to family members of International Recruits where they have relevant skills/experience.</p> <p>Continue to promote and provide employability programmes such as Apprentices, Project Search, Princes Trust, Job Creation Fund to maximise our recruitment pipeline within the local community</p> | <p>Continue to work with Borders College, and NHS Education for Scotland to maximise opportunities to develop staff/advanced roles e.g., Band 3/4 HCSW, opportunities.</p> <p>Support increased numbers of HCSW entering registered nursing training by working jointly with Napier University to explore the development of a programme, where following a year studying at Borders College, HCSW can go into second year of training by October 2024.</p> <p>Liaise with Borders College and Scottish Borders Council, to support the development of generic courses to prepare potential applicants for entry level positions across health and social care.</p> <p>Develop entry level Housekeeper roles to</p> | <p>Promote opportunities to retain staff using flexible working, retire and return policy etc to support sustainability by retaining valuable skills and experience</p> <p>Reach out to recent retirees in key difficult to recruit to positions, to promote opportunities to work within NHS Borders over peak periods (e.g., winter planning, Covid waves etc) recognising that this may be more attractive amid the cost-of-living crisis.</p> | <p>Promote the new staff wellbeing plan to implement interventions aimed at supporting our workforce to work through the remainder of the emergency response and learning to live with covid, focussing on building resilience to face future adversity/challenge.</p> <p>Continue to deliver Stress and resilience training, Working Health Matters and Managing Mental Health for Managers courses to support our staff wellbeing.</p> <p>Support the staff wellbeing group to deliver new initiatives such as complimentary therapies project and a new active travel project in the coming year</p> |

## Short Term Actions Continued

|  Plan   |  Attract  |  Train  |  Employ  |  Nurture   |
|--|--|---|---|---|
| <p>Continue to develop workforce systems to provide high-quality, user-friendly Workforce intelligence to support decision making</p> <p>Monitor progress against commitments with Workforce Implications set out in NHS Recovery Plan</p> | <p>Expand work with Developing the Young Workforce, attend local school careers fairs, provide work experience, including virtual work experience to S4 pupils to promote opportunities and attract the younger workforce.</p> <p>Review attractiveness of roles as they become vacant e.g., upcoming laboratory department manager role, to ensure a future sustainable service</p> | <p>undertake tasks that don't require to be undertaken by HCSW (e.g., non care activities) to free up clinical time.</p> <p>Explore opportunities to work with Borders College to upskill staff for theatre based on the success of the theatre academy in NHS Lanarkshire</p> <p>Continue to promote and grow new roles such as the point of care testing co-ordinator role within laboratories to sustain point of care testing across NHS Borders.</p> | <p>Review key infrastructure barriers to employing, retaining and mobilising current staff and overseas recruitment e.g.</p> <ul style="list-style-type: none"> <li>Housing for key workers and local letting initiatives</li> <li>o Transport – linking train/bus times to key towns within the Borders</li> </ul> | <p>Enable staff to implement action plans developed as part of the imatter survey to influence team wellbeing at work</p> <p>Recognise that members of our workforce may be unpaid carers and provide support in line with the Carers Act and our partner organisations' flexible working conditions.</p> |



## Medium Term Action Plan – 12 Months to 3 years

|  Plan  |  Attract  |  Train  |  Employ   |  Nurture   |
|---|--|---|--|---|
| <p>Develop career pathways and succession planning to support the future “pipeline” of our workforce and create a culture of continuous improvement.</p> <ul style="list-style-type: none"> <li>• Evidence correlation with safe staffing levels and quality of care through regular updates from the Excellence in Care and Workforce Leads</li> </ul> <p>Consider all prevention options to stop people deteriorating and resulting in higher care requirements e.g. Physio’s into live borders, local area co-ordinators, link people into community activities, frailty assessment.</p> | <p>Build on existing recruitment programmes to attract undergraduates, and those contemplating career changes.</p> <ul style="list-style-type: none"> <li>• Promote lifelong learning and training to support development and future career opportunities.</li> </ul> <p>Target under-represented groups in our communities, reviewing potential barriers to employment such as language bias in job adverts and roles, cultural differences, flexibility of work patterns and policies. •</p> | <p>Implement a suite of Joint CPD transferable recognised core and mandatory training passport (Training Matrices) across all sectors to prevent retraining standardised learning and reduction of costs with a centralised and uniformed recording system and joint training framework.</p> <p>Introduce Job rotation/placements across Health and Social Care for understanding, knowledge, skills and awareness</p> <p>Explore an option for establishing a local Borders Care Academy</p> <p>Develop, with college learning partners, opportunities that reflect the needs of the workforce, including wider use of digital access and support agile working.</p> | <p>Consider the development of a peripatetic workforce across all sectors so staff are deployed to where the demand is greatest</p> <p>Work to improve the information we hold about employee’s equality information.</p> <ul style="list-style-type: none"> <li>• Demonstrate our commitment to equality of opportunity for our minority communities throughout recruitment and employment approaches.</li> </ul> | <p>Support line managers to manage absence and promote wellbeing to help employees stay well at work and feel supported when they return to work.</p> <p>Increase awareness for managers on the supports/tools/resources available and the relevant HR policies, procedures, and guidance available.</p> <p>Support our workforce to take responsibility for their own health and wellbeing and use training and development to engage and focus employees on their own health and wellbeing.</p> |

## Section 6 - Implementation and Review

The NHS Borders Workforce Plan has been developed alongside the Scottish Borders Health and Social Care Partnership Workforce Plan, and key linkages will be identified throughout the implementation of the respective 5 Pillars Action Plans.

The existing Integrated Workforce Planning Group will oversee the implementation of the NHS Borders Workforce Plan, focusing on identifying modern approaches to Acute, Women and Children's and the variety of supporting functions, whilst the newly formed Integrated Workforce Plan Implementation Group (with equal membership drawn from the Independent Sector, the Third Sector, Scottish Borders Council, Primary Care and NHS Borders) will support the development and implementation of innovative and creative community based responses to workforce planning.

Updates on progress against the 5 Pillar action plan within NHS Borders Workforce Plan will be presented monthly at the Integrated Workforce Planning Group, with regular reports also delivered to the Area Partnership Forum and Staff Governance Committee.