






# National Workforce Strategy for **Health and Social Care** in Scotland

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# Foreword

Our workforce is at the heart of delivering Health and Social Care services to the people of Scotland. Over 400,000 skilled and compassionate people work in many different roles and settings, in an integrated way. As the largest workforce in Scotland, they reach into every aspect of life and every community in Scotland. As national and local governments working together, we see and value this every day.

We acknowledge the significant pressures that the workforce has faced and that sustained actions are required from planning for and attracting into the workforce through to support and development of our workforce, supporting and delivering Recovery, Growth and Transformation of our workforce. This is critical to Scotland's recovery from the COVID 19 pandemic, within the wider context of addressing inequalities and making a continued shift to early intervention and prevention.

**Moving into the implementation phase of this Strategy, we will continue working with partners to support and inform its delivery.**

Our NHS, Social Care and Social Work staff have been remarkable throughout the challenges faced during the COVID-19 pandemic. We are forever grateful for their continued courage, commitment and professionalism.

This Workforce Strategy sets out a national framework to achieve our vision of **a sustainable, skilled workforce with attractive career choices where all are respected and valued for the work they do.**

We have a proud track record in investing in our people, with record staffing levels in the NHS and ten consecutive years of growth. We now have over 28,700 more people working in our NHS than in 2006. In Social Care, our workforce has increased by over 18,300 since 2008. We also recognise and value the incredible efforts of those who work so hard to care for us in all aspects of our Health and Social Care system.

Terms and conditions of employment are also of paramount importance. Building on solid progress already made in this area, we continue to work towards achieving Fair Work across both Health and Social Care.

Our Health and Social Care system continues to undergo rapid change, impacted not just by demographic realities and the COVID-19 pandemic but the opportunities brought by new technology, data and analytical services, including innovative ways of working. We will learn from this experience and work with key partners, to ensure that we are delivering responsive high quality care that addresses people's needs.

**We will continue to provide a range of wellbeing support for our workers; we must care for them as they have cared for others.**

The Scottish Government published the **NHS Recovery Plan** in August 2021 which set out key ambitions and actions to be developed and delivered over the next five years to address the backlog in care and meet healthcare needs for people across Scotland.

This is part of a wider whole system response, including Social Care and support from within communities. **The Independent Review of Adult Social Care (the Feeley review)** previously set out ambitions for Social Care that would increasingly reflect the lived experience and person-centred approaches, as part of a wider system change. The **COVID Recovery Strategy** published in October, emphasises tackling inequalities through national and local leadership. These ambitions underpin our Workforce Strategy.

A package of **Winter Measures** was published in October, including a range of immediate measures to increase workforce and capacity across Health and Social Care. Rapid changes in virus transmissibility have since highlighted that system pressures can also change quickly.

Strong partnership working over the winter has again demonstrated our shared commitment to respond to the public health emergency, with workers, carers and volunteers supporting our communities in challenging times.

Our Workforce Strategy also contributes to wider national outcomes. Health and Social Care providers have an important role in progressing key national and local agendas, such as Fair Work, tackling Child Poverty and Net Zero, by providing strong leadership. This includes driving down carbon emissions in Health and Social Care, ensuring we take care of the wellbeing of our staff, increasing local employment and skills development, and improving health and wellbeing in communities most at risk of poverty.

**Key to growing and transforming our workforce is a supportive and inclusive workplace culture. This is fundamental to providing services that will need to adapt to deliver continually improving, high quality and compassionate care.**

Organisational cultures must be nurtured in parallel with transformation in systems, processes and structures, and a commitment to integrated working. Strong and effective leadership is essential to this, at all levels of the Health & Care system.

We must also support and nurture our workforce, ensuring that as employers we offer roles and development opportunities that staff find rewarding and fulfilling.

## Foreword

Our workforce should experience wellbeing support, meaningful work and attractive terms and conditions, which reflect modern society; all helping to deliver the high quality care that citizens expect.

Finally, on behalf of both spheres of government, we would like to reiterate our thanks to everyone across Health and Social Care who has worked tirelessly, embraced challenges and gone the extra mile throughout the pandemic, and who continue to do so. We will continue to work with and listen to them and their representatives in implementing this Strategy, to deliver the care that the people of Scotland deserve.



Cabinet Secretary for  
Health and Social Care  
**Humza Yousaf**



COSLA Health and Social  
Care Spokesperson  
**Councillor Stuart Currie**



## Part 1

# The Strategy

This Workforce Strategy will support and enable critical work through our tripartite ambition of Recovery, Growth and Transformation of the Health and Social Care workforce. This comes at a time of great change and opportunity for Health and Social Care, while also recognising the roles of other services which support citizens' needs, including those which help to prevent or mitigate poor health and inequality.



# Introduction

We are also exploring how we can work together on three initial cross-portfolio priorities (children, climate and communities, fair work) that are rooted in the COVID Recovery Strategy<sup>1</sup> and have the potential to make a significant difference to wellbeing and health.

As we move forward with recovery we will also look to implement the Health and Care (Staffing) (Scotland) Act 2019. This legislation continues the focus on the engagement and wellbeing of staff. Its application will encourage innovation and creativity, as the structures and tools required by the legislation ensure transparent risk mitigation and the effective use of resources.

**Through the emerging National Care and Wellbeing Portfolio, aimed at driving reform and innovation in our Health and Social Care system in conjunction with partners, we are looking to improve healthy life expectancy and work to address health inequalities.**

We are clear that we need to take a people-led approach and work across government, with our local government partners, wider public sector communities and other parts of civil society on critical aspects of recovery to address the systemic inequalities made worse by COVID.

The portfolio provides an opportunity to design a progressive Health and Social Care reform agenda that provides coherence, sustainability and improved outcomes across four core programmes - Integrated Planned Care, Unscheduled Care, Preventative and Proactive Care and Place and Wellbeing.

This Workforce Strategy is primarily aimed at our Health and Social Care employers across the statutory, third and independent sectors. It provides an overarching framework of activity at a national level, in turn supporting local partners and partnerships to continue to plan and deliver the workforce needed to provide excellent services that promote better population and public health outcomes. We anticipate that it also aligns with the work of many national partners.

The challenges identified in this Strategy and the projected demand for workforce over the next decade make it clear that as we live through and learn to live with COVID, we will need to grow the workforce at the same time as transforming how we work to further increase capacity.

<sup>1</sup> [COVID Recovery Strategy; for a fairer future](#)

## Part 1: The Strategy | Introduction

A suite of initial actions forms part of the Strategy and these will be kept under review and further developed through partnership working with NHS Employers, Local Government, Social Care Employers, Trade Unions, Professional Organisations and our regulators.

We want those working in the sector and those considering a move into it, to know that they are equally valued, whatever their role. While the pandemic context has been unprecedented and challenging, the opportunities for careers in Health and Social Care remain extensive and rewarding.

**There are many routes in, flexibility in roles, and access to training and development, all while making a positive difference to people's lives.**

This Workforce Strategy sets out:

- ▶ The changing demands on Health and Social Care and our workforce
- ▶ Our workforce vision, values and principles
- ▶ The five pillars of the workforce journey:



It sets out the evidence base and actions which will be taken over the short, medium and long term to achieve our tripartite ambition of Recovery, Growth and Transformation of our Health and Social Care services. These actions include:



## Part 1: The Strategy | Introduction



**Growing** our NHS workforce over the next 5 years by 1%, 1,800 WTE, growth to ensure there is workforce capacity to address backlogs and increase capacity in the NHS as committed to in the Scottish Government's NHS Recovery Plan.



**Increasing** frontline Health spending by at least 20% over this parliament (c£2.5bn) and increase Adult Social Care investment by at least by 25% (c. £840m) over this parliament.



**Investing** £11 million over this parliament to fund the establishment of the Centre for Workforce Supply and directly underwrite recruitment campaign activity to grow our Health and Social Care Workforce.



**Increasing** the number of medical school places over the course of this parliament by 500.



**Supporting** up to 1,800 training places through the National Transition Training Fund for those interested in roles in Adult Social Care, which will respond directly to current recruitment challenges and increase knowledge and understanding about the variety of skilled roles available in Adult Social Care.



**Recruiting** 800 additional GPs by 2028.



**Investing** over £230 million per annum in nursing and midwifery training costs, including our commitment to maintain a student bursary.



**Providing** £22m for local authorities in the next financial year 2022/23, and recurring thereafter, to provide additional Social Work workforce capacity within local authorities.



## How we have supported the reform and transformation of the workforce to date

In pursuit of our vision for the Health and Social Care workforce, we have already undertaken a great deal of work and through this Strategy we remain committed to enabling the right workforce, with the right skills in the right place at the right time.

## Social Care

### Growth

Overall Social Service workforce has **increased by 6.5%** headcount (from 196,970 to 209,680) between December 2008 and December 2020.

### Registration

Registration of the social services workforce commenced in 2003 with around **164,000 workers registered with SSSC** at January 2022.

### Qualifications

**Over £3 million invested in workforce development** in 2021-22 including £1.1m for the Voluntary Sector Development Fund. Created **new SVQ modules**, including one for palliative care.

### Fair Work

Since 2016 we have funded the **real living wage** for Social Care.

In October 2021, the Scottish Government committed to provide additional funding of up to **£48m to uplift the hourly rate** for third and independent sector Social Care workers from **at least £9.50 per hour to at least £10.02 per hour**, effective from the 1st December 2021.

As part of the 2022-23 budget, we announced that the hourly pay for those providing direct care within Adult Social Care **will rise to £10.50**.

We continue to work with partners to further develop a shared programme of activity around Fair Work in Social Care.

### Development

A Continuous Professional Learning System and app has been developed by SSSC **enabling registered workers to record learning**. This is alongside a variety of resources supporting awareness of career pathways.



## Health

### Growth

Overall **Health Workforce increased by over 22%** (from 127,061 WTE at September 2006 to 155,834 WTE at December 2021).

**Nursing and Midwifery Workforce – increased by 14.5%** since 2006, (by 8,206 WTE to 64,989 WTE).

**NHS Medical and Dental Workforce – increased by 45%** since September 2006 (by 4,569 WTE to 14,730 WTE).

**Consultant Workforce – increased by over 62%** since September 2006 (by 2,266 WTE to 5,903 WTE).

**GP Workforce – increased by 13%** headcount (from 4,598 at September 2006 to 5,195 at September 2021).

**The WTE Primary Care multidisciplinary team Workforce - increased from 313** in March 2018 to 2,463 in March 2021.



### Fair Work

Our NHS staff are the best paid in the UK. The 2021/22 NHS Scotland AfC Pay Deal saw staff receive **an average 4% pay raise**, the biggest pay rise in the UK.



### Training

**Nursing and Midwifery** – student intake has **increased by 34.5%** (3,351- 4,507) from 2010 to 2021.

**Medical Students** – Student intake has **increased by over 42%** (increase of 362) from 2015 to 2021.

Following the conclusion of medical trainee recruitment, the recruitment of new GP trainees in 2021 has been better than any other year on record with **98% of advertised GP training posts filled** which builds on the success of 2020 trainee recruitment when 97% of posts were filled.

Between 2015 and 2022, the number of available medical school places at Scottish universities has **increased by 32%** (an extra 269 places) - to a record high of 1,117. The majority of these new places are focused on general practice. These include:

- **55 ScotGEM** (Scotland's first Graduate Entry Programme) places which includes offering 'return of service' bursaries for those who commit to stay and work in the NHS after graduation.
- **60 additional places** from 2019/20 onwards at Aberdeen and Glasgow Medical Schools (30 places at each Medical School, per academic year).



## Staff Wellbeing

- ♥ In response to the pandemic, Scottish Government now **provides funding specifically earmarked for wellbeing resources** for Health and Social Care staff. This is in addition to the wide range of employee wellbeing supports provided by health boards, councils and other Social Care providers.
- ♥ For financial year 2020/21 Scottish Government provided £5 million to support the wellbeing of people working in Health, Social Care and Social Work. In financial year 21/22 we increased this to **£12 million, an increase of 240%**.

- ♥ The number of visits to the **National Wellbeing Hub** (one of our wellbeing resources) – currently at **over 170,000 since its launch in May 2020**. This resource includes the Workforce Specialist Service, a primary care-led, multidisciplinary, mental health treatment service that can treat professionals suffering from a range of mental health issues such as stress, anxiety, depression or addiction, with a focus on the impact this may have on their work.

This Workforce Specialist Service is available to all regulated professionals working in Health and Social Work/Social Care in Scotland.

# Scotland's Health

The fact that people are living longer is undoubtedly positive. Nonetheless, we will remain alert to addressing inequalities, noting that in some instances life expectancy has stalled. Tackling inequalities in health will remain central to our efforts as a country and in turn will impact on our workforce needs. We must respond to more complex health needs through new approaches. We must also recognise the economic and social roles that Health and Social Care providers and their workforces play in communities.

Further context includes:



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** and the impact of this on them and their immediate carers. There will be an increasing number of older family carers and older people within our workforce - many of whom will have their own health needs.



The number of **drug-related deaths** has increased substantially over the last 20 years – there were **4.6 times as many deaths in 2020** compared with 2000.

<sup>(1)</sup>Figures for children unavailable for 2020 due to COVID restrictions

<sup>2</sup> [COVID Recovery Strategy; for a fairer future](#)

Scotland's population is now at its highest level ever and the proportion of older people is steadily increasing. This latter demographic is reflected in our workforce population.



In 2020, adults in Scotland drank an average of **9.4 litres of alcohol per head** which is 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<sup>\(1\)</sup> Scottish Health Survey](#) found that **30% of children in Scotland (age 2-15) are at risk of being overweight**, approximately half of which are at risk of obesity.

Our population and indeed our workforce face inequalities across different protected characteristics and geographic and socio-economic groupings. This is coupled with continuing public health challenges including national priorities around diet and healthy weight, physical inactivity and harmful use of drugs, alcohol and other substances.

Our COVID Recovery Strategy<sup>2</sup> sets out our vision and the actions we will take to address systemic inequalities made worse by COVID-19, to make progress towards a wellbeing economy and to accelerate inclusive person-centred public services.



## Part 1: The Strategy | Scotland's Health

It makes clear that all parts of Scotland's society must work together urgently, to recover from the pandemic. National and local government will work in partnership to deliver the joint leadership that is necessary for this effort, recognising the key leadership role councils play in their communities.

Wider factors affecting physical and mental health include housing, education, employment, social support, income, our communities, childhood experience and access to Health and Social Care services. We are seeking a shift from dealing with the consequences of poor health in acute settings to increasing preventative measures and early intervention. The challenges in making this shift must be addressed and resourced.

**As the population gets older, the shift towards long-term, complex and multi-layered conditions will continue as will demands on our Health and Social Care services and workforce.**

National approaches to supporting Health and Social Care needs must continue to be complemented by place-based action at local and community levels, including preventative action by councils, primary and community-based services, and others, across the course of individuals' lives.

Even before the pandemic, mental health problems had been increasing, particularly in women and girls. We must ensure that our workforce has the skills to support and care for a rights-based approach to mental health, and we recognise our workforce itself requires support and care.

### The Impact of COVID-19 on Health and Social Care Services

The COVID-19 pandemic has had a profound impact on our health, economy and society, with damaging impacts on the way of life and wellbeing of people in Scotland. It has exacerbated health issues and inequalities, seen a rise in waiting times especially for elective surgery, and exhausted our workforce.

While steadily returning to pre-COVID-19 levels, the reality is that thousands of tests, treatments and operations have been, and continue to be, delayed and this is likely to have consequences for our workforce, such as an increase in demand for Social Care packages and potentially more complex Health and Social Care needs once these delays are addressed.

**There is also likely to be an increase in care recipients who have multiple or complex needs whilst they await treatment or hospital admission.**



## Part 1: The Strategy | **Scotland's Health**

Our Health and Social Care system has been under significant strain over the most pressured winter it has seen. It has been extremely challenging, not least because of the impact of the high level of COVID-19 cases and how this has translated to workforce availability.

There are long standing pressures across the Social Care system, in particular with regards to resourcing, attracting, recruiting and retaining staff, with national and local resilience efforts in place to address the immediate issues.

It is very likely that the combined impacts of the EU Exit and the pandemic have exacerbated existing staff shortages across Health and Social Care. Combined with a significant increase in demand for services, this has led to particular challenges in Social Care over recent months.

Over the winter, Social Care providers working with local and national government and trade unions agreed an approach to prioritise practical support for the sector, in recognition of its critical role to the whole landscape of Health and Social Care.

**The huge efforts of all partners including workers, volunteers and carers are recognised and valued and must not be underestimated.**

Nonetheless, there is currently substantial unmet need in the community which, in turn, is leading to pressure on carers and community services as well as bed-based care (including acute hospitals) as frail older people are admitted in the absence of other support. This has led to increased levels of delayed discharges and longer lengths of stay, adding to the demands on Health and Social Care services.

**All this has also led to sustained additional pressure on unpaid carers, many of whom also work in Health and Social Care, with significant impacts on their own health and wellbeing.**

We acknowledge that strategic action is needed both now and into the future to improve the sustainability of the Health and Social Care system.

# Our vision, values and outcomes

Our overall vision for Health and Social Care in Scotland is:

People are able to live more years in good health, and that we reduce the inequalities in healthy life expectancy.

Our workforce is central to implementing our vision and delivering a whole system approach to improving health and wellbeing outcomes. At every stage of the journey to improve health outcomes, we need appropriately skilled Health and Social Care staff.

Our efforts need to shift towards even greater prevention and early intervention and to local, community-based support across Scotland as we embrace new technologies, listen to the lived experience of our citizens and learn lessons from new ways of working during the pandemic. In Scotland, we are committed to the following national outcomes:



We grow up loved, safe and respected so that we can realise our full potential



We are all well educated, skilled and able to contribute to society



We have thriving and innovative businesses, with quality jobs and fair work for everyone



We are healthy and active



We live in communities that are inclusive, empowered, resilient and safe



We tackle poverty by sharing opportunities, wealth and power more equally

## To:

- + create **a more successful country**
- + **give opportunities** to all people living in Scotland
- + **increase the wellbeing** of people living in Scotland

- + create **sustainable and inclusive growth**
- + **reduce inequalities** and give equal importance to economic, environmental and social progress





## Part 1: The Strategy | Our vision, values and outcomes

We have developed this Strategy because it is crucial that we understand and recognise the role of our Health and Social Care workforce in achieving our national vision for Health and Social Care. In recognising that role it is equally important that we have a vision and values for our workforce to support our tripartite ambition of Recovery, Growth and Transformation.



### Our Vision for the Health and Social Care Workforce

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

Our vision for the Health and Social Care workforce is underpinned by the following values, which may serve as a basis for discussion and refinement in local areas:



#### **Continual Improvement**

Keep learning, adapting to what we find, and improving



#### **Engagement**

Work across organisational boundaries to better understand workforce needs, resourcing and solutions



#### **Honesty**

Be clear and honest about what we are able to co-design, our constraints and our priorities



#### **Co-design**

Create an environment which allows and supports people to take part in co-designing services and the workforce to deliver those services



#### **Accountability**

Be transparent and report on how we involve others in workforce decisions



Part 1: The Strategy | Our vision, values and outcomes

Working with partners we are committed to the following outcomes:



The combination of our vision, values and outcomes reinforces this Strategy's tripartite ambition to:

Create the conditions through which our workforce, and by extension our Health and Social Care services, can successfully **Recover** from the pandemic

**Grow** the Health and Social Care workforce sustainably, in line with Scotland's population demographics, and the demands on our Health and Social Care services

**Transform** the ways in which our workforce is trained, equipped and organised to deliver Health and Social Care services, in order to achieve long-term sustainability through increased effectiveness and improved population health outcomes.

# Health and Social Care Recovery

As part of our tripartite ambition the Scottish Government's NHS Recovery Plan<sup>3</sup> sets out principles for the safe and effective recovery of the NHS, while taking a wider whole system approach.

Backed by £1 billion of targeted investment over the next five years, it sets out ambitions that rely on growing and transforming the workforce.



**Address backlogs in healthcare and increase capacity by at least 10%.**

We will grow our NHS workforce over the next five years by 1% -unmitigated this would be the **equivalent of 1,800 WTE**. This will be in addition to projected required growth, ensuring there is workforce capacity to address backlogs and increase capacity in the NHS. We must also innovate and streamline our service to support productivity as well as support self-care as we increase our capacity capabilities.



**Bolster the NHS Pharmacy First scheme to enhance the range of services patients can access from community pharmacists without having to go to their GP.**

There are approximately **240 students each year** who graduate from the two Schools of Pharmacy in Scotland. In 2018 to support the pipeline of new pharmacists we extended the number of NHS pre-registration pharmacist places we funded nationally from 170 to 200.

In 2019 we committed to increasing pharmacy pre-registration places in the Integrated Health and Social Care Workforce Plan, and since 20/21 we have **increased places by a further 31**. By 2024/25 this will have increased by a further 89 places to bring the total to 320 pharmacist trainees over 5 years staying in Scotland to complete their pre-registration training.



In acute care, increase capacity across multi-disciplinary teams and continue to expand the range of skills and roles available within practice teams to support the ambition to increase NHS capacity substantially beyond pre-pandemic levels.



Increase investment in National Treatment Centres (NTCs) to more than £400 million, contributing to delivery of over 40,000 additional elective surgeries and procedures per year.

We will **recruit an additional 1,500 staff** to deliver the additional capacity in elective surgeries and procedures, which will be created by the National Treatment Centres, through **domestic and international** recruitment.



Invest £29 million to target diagnostic backlogs, providing 78,000 additional procedures in 2021/22 rising to 90,000 per year from 2025/26.



Provide £12 million to support the mental health and wellbeing of the Health and Social Care workforce.

Via NHS Education for Scotland (NES) we are delivering a **workforce development programme** to increase capacity and capability to provide psychological therapies and interventions for the Health and Social Care workforce. This programme includes national and local delivery of training and supervision in psychological therapy and interventions.

Up to **16 Whole Time Equivalent (WTE) posts** will be created to support the mental health and wellbeing of our workforce over the next two financial years, including Clinical Psychologists, Counsellors, Project Coordinators, Community Navigators, and Assistant Psychologists.

At September 2021, 13.25 WTE posts are in place, with the remaining posts in recruitment.



**Investing £155 million in 2021/2022 rising to £170 million in 2022/2023 through the Primary Care Improvement Fund to provide General Practice and their patients with support from a range of healthcare professionals in the community.**

**This supports the implementation of the new GP contract, creating more capacity for GPs to deal with complex medical care in the community through working as part of an expanded multidisciplinary team.**

Significant recruitment has taken place within Primary Care.

We have seen a large increase in our Pharmacotherapy workforce with WTE numbers of pharmacists in general practice **rising from 132 in 2018 to 543** by March 2021 and pharmacy technicians **growing from 38 in 2018 to 248** over the same period.

The workforce of healthcare assistants and nurses supporting the delivery of vaccination and community based treatment and care services has **increased from 38 in 2018 to 707** in March 2021.

The period 2018 to 2021 has also seen increases in the WTE number of Advanced Nurse Practitioners **from 18 to 202**, MSK Physios **from 11 to 169** and Community Links Workers **from 51 to 189**.

Overall the WTE MDT workforce in Primary Care has **risen from 313 in 2018 to 2,463** in March 2021.

This is in addition to our existing commitment to **deliver 800 additional GPs by 2028** which has seen total GP numbers working in Scotland increase to a record number of 5,195 in September 2021.



**Boost paramedic numbers through the £10,000 Paramedic Bursary.**

This is the first year of the Paramedic Bursary. We know that paramedic science already had a high student application rate and the introduction of this bursary confirms our commitment to ensure we **attract and support the next generation** of these vital workers.

## Part 1: The Strategy | Health and Social Care Recovery



**Create a network of 1,000 additional dedicated staff who can help grow community mental health resilience and help direct social prescribing, by 2026.**

These additional roles will be created through the implementation of **Mental Health and Wellbeing in Primary Care Services**. This could include Occupational Therapists, Mental Health Nurses, Psychologists and Link Workers. The intention is for these teams to be designed according to local need, based on a set of national principles underpinning service delivery.

Recruitment for these multi-disciplinary services will commence early in the 2022/23 financial year. Local plans will be developed by local planning groups led by **Integration Authorities**. Recruitment will be incremental to 2026 to meet the 1,000 additional roles.



**Deliver £23 million to redesign urgent care – with rapid access to a senior clinician via a telephone or video consultation where possible, in order to support people to be cared for in the right place by the right person.**

As part of the work to transform our services and workforce this programme will reduce A&E attendances by **providing 24/7 access to NHS 24** for those who think they need to go to A&E but their illness is not life threatening and community alternatives will be strengthened. If A&E is the most appropriate service to provide that care, NHS 24 will make a referral to A&E where a telephone or video consultation may be offered by A&E staff.



**Devote £130 million to deliver our National Cancer Plan and Detect Cancer Early Programme**

This investment will contribute towards both **growth and reform of the workforce** required to deliver cancer care.



**Refreshing the Mental Health Strategy, recruiting 320 additional Child and Adolescent Mental Health Services (CAMHS) workers and ensuring that by the end of parliament at least 10% of frontline NHS spend will be dedicated to mental health. Wider community based support for mental health will remain a priority.**



**Scotland has faced a growing number of drug-related deaths in recent years (including during the pandemic), in response, the First Minister announced a new National Mission to tackle drug deaths. This Strategy seeks to enable the development of a workforce that is equipped to deliver the National Mission, both saving and improving lives.**



## Part 1: The Strategy | Health and Social Care Recovery

We must ensure that this Workforce Strategy supports commitments in the Recovery Plan such as increasing capacity to support procedures, and additional appointments. These commitments are reliant on ensuring we have the workforce required to deliver this increase in activity. We must shape our workforce to deliver these commitments by transforming the way we manage our workforce and services.

Other commitments, for example, the additional recruitment required to ensure we have 1,500 people to work in the National Treatment Centres (NTCs), are solely reliant on developing new and innovative ways to recruit skilled and experienced staff directly into our NHS workforce.

Significant investment has been committed via the NHS Recovery Plan. Social Care recovery is equally needed. A whole system approach to workforce planning is required at national and local levels, understanding the interconnected nature of the sectors and reflecting issues including the contribution of carers and the role of preventative services beyond Health and Social Care.

With some difference from the NHS, the Social Care sector in Scotland is hugely diverse in terms of its size, ownership, role in local areas and in the type of support it delivers. It is a major employer operating at the heart of communities, working in often innovative and creative ways with and for people in receipt of Social Care support. It is central to the care, wellbeing and in the achievement of human rights, for many thousands of citizens and their families.

Social Care support is as essential as Health Care and must be recognised for its unique and vital role. **The Independent Review of Adult Social Care (the Feeley Review)** heard much about the dedication and commitment of Social Care workers but also learned about a workforce that has in part been undervalued and poorly paid for vital and skilled work.

Social Care workers have continued to deliver person-centred care throughout the pandemic, while undoubtedly under extreme pressure. This dedicated workforce has carried an immense responsibility, in common with Health colleagues and carers, and this has been both prolonged and often traumatic. It is critical that this workforce has parity of esteem and that the profession is seen as offering highly-regarded work, opportunities to develop a career and also providing opportunities for learning and development.

**The Feeley Review** called for a ‘new narrative’ for Social Care support, moving away from one often based on crisis, unsustainability, vulnerability, staffing shortages and funding pressures.

To help retain our Social Care workforce and to help attract new workers into the sector, a positive narrative about the sector is critical and must emphasise opportunities, values, fulfilment and respect. This Strategy’s implementation must reinforce that message.



## Part 1: The Strategy | Health and Social Care Recovery

The proposals for a National Care Service (NCS) will be debated in the Scottish Parliament from 2022, with a view to establishing the NCS by the end of this parliamentary term in 2026. However, with current and recent pressures in Social Care, recovery of Adult Social Care must be taken forward now and over the coming years to 2026 to help meet the needs of our citizens, build resilience, increase the workforce and further develop the delivery of Fair Work across the sector.

In recognition of the need to increase and upskill the workforce and also support retention, a number of recent initiatives have been taken forward in partnership with Scottish Government funding. Their impact will be seen over the life of this Strategy. These initiatives include a new Induction Programme for Health and Social Care Workers, launched in February 2022 and a new Introduction to a Career in Social Care course available in Scottish colleges which launched in October 2021.

Recruitment Campaigns continue to have a key role in attracting people into Social Care and the third wave of the national ‘There’s More to Care than Caring’ campaign recently concluded. Local campaigns have also operated, often in line with the national campaign but with the ability to focus on local dynamics.

**Labour market changes over the last two years are however challenging and Social Care has a number of competitor sectors.**

There is an increasing need to support a ‘pipeline’ of workers coming into the profession, for example through highlighting the sector in schools, through other opportunities in developing the young workforce, through wider employability routes, or from career-changers. This must be coupled with a focus on supporting workers’ wellbeing, ensuring opportunities for effective voice and influence, and through availability of career pathways.

**Opportunities for recruitment through international routes are also being explored.**

Councils working with Health and Social Care Partnerships continue to develop new ways of working and modernising Social Care roles, including through the use of multi-disciplinary teams and approaches, which appear promising. Initiatives such as Home First support discharge from hospital in an integrated way taking a whole system approach, based on continuity of care and helping to prevent failure demand in acute settings. This approach will be key to NHS recovery.

Integrated approaches to recruitment are also being used to help break down any perceived barriers across Health and Social Care and integrated training and leadership approaches are in place. There are successful examples of Modern Apprenticeships in some areas of Social Care.





## Part 1: The Strategy | **Health and Social Care Recovery**

The scale of the challenge to support Social Care and to address the unmet needs of citizens remains significant. The Campaign Advisory Group for the National Adult Social Care recruitment campaign is assessing a range of enablers to further support recruitment into the sector, including employability; positive messaging; flexibility in job roles; the role of registration; apprenticeships; and reaching out to groups currently less represented in the workforce.

We are clear that Health and Social Care are interdependent. In all our action to grow the workforce, we will carefully consider the implications of recruitment in one part of the Health and Social Care system on the remainder of that system, recognising finite people resources.

The Scottish Government and partners will continue to take a person-centred approach to transforming the Health and Social Care systems and workforce and enable a healthier population in line with the COVID Recovery Strategy's aims. This aligns with our National Performance Outcomes and the Scotland in which we wish to live. This Workforce Strategy provides the overarching framework for enabling a workforce to deliver these outcomes.

### **Workforce and Community**

Our Health and Social Care employers play a role as 'anchor institutions', contributing to community wealth building, by choosing how and where they spend their budget, how they approach employment and how they manage the land and buildings within their local communities – and in doing so – help to address some of the causes of health inequalities within those communities.

The Scottish Government and COSLA have a shared ambition to remove barriers, support innovation and share learning. This will enable us to support local level actions and align national policy and legislation behind such approaches; accepting that further macro-level change is also needed to address the root causes of health and wider inequalities.

**As socially responsible employers, NHS Scotland and Social Care providers are currently considering additional ways of providing support and opportunities for lifting families out of poverty.**

### **Public Health**

Alongside these factors, we will ensure that a world class public health system is at the heart of ensuring Scotland's future health and wellbeing. This is essential to our communities, economy, public services and society as a whole. To achieve this we need a coordinated approach to public health workforce planning and development.



## Part 1: The Strategy | **Health and Social Care Recovery**

We will improve workforce planning to respond to issues including staff retention, succession planning, recruitment pressures and the level of vacancies in public health. To maintain an adaptable public health workforce will also require flexibility in training and skills development of some existing staff groups, to enable them to undertake work in priority areas, enhancing the skills mix and strengthening multi-disciplinary ways of working.

This Strategy supports these crucial programmes of work by putting our workforce at the heart of innovation and system and workforce transformation.

### **Trauma Informed Workforce**

The Scottish Government and COSLA have a shared ambition that services and the workforce across Scotland are ‘trauma informed’. The 2017 [Transforming Psychological Trauma: A knowledge and skills framework for the Scottish workforce](#) details the specific range of knowledge and skills required across the workforce, depending on their and their organisation’s role and remit in relation to people who have experienced trauma.

NHS Education Scotland continue to develop a [suite of training and learning resources](#) to support local delivery, commissioned by Scottish Government for use by the wider Scottish workforce.

**We recognise that training staff to enable change in the way we work is key to delivering excellent services.**

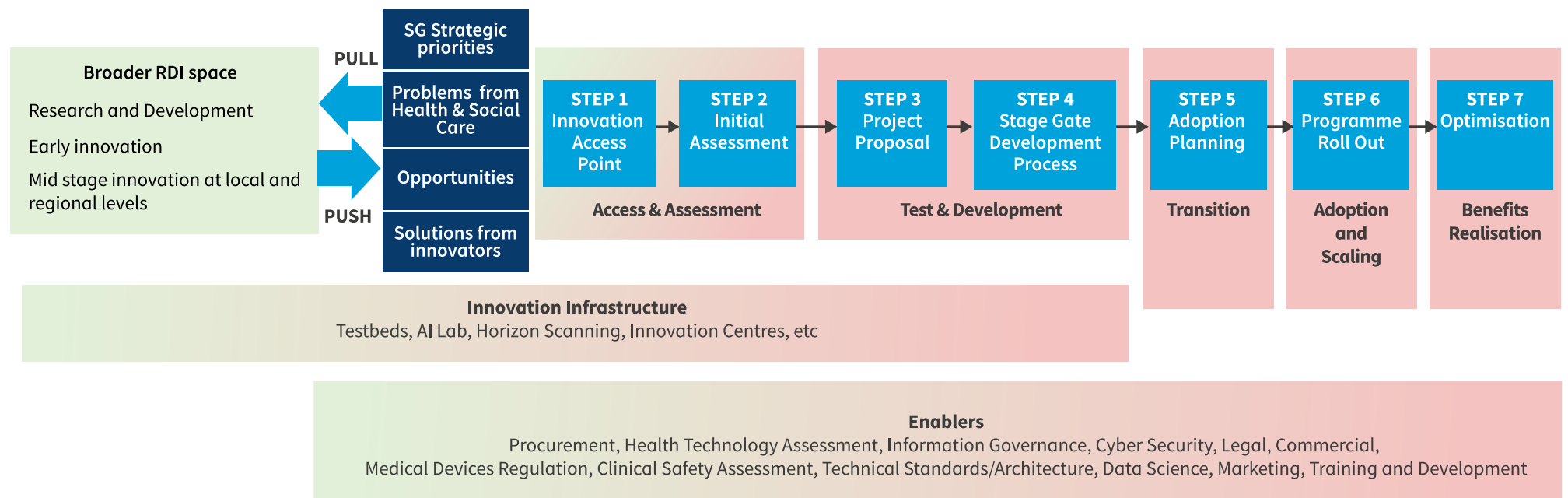
# The Centre for Sustainable Delivery and NHS Academy

The Scottish Government commissioned NHS Golden Jubilee to establish the Centre for Sustainable Delivery (CfSD) to support the Care and Wellbeing Programmes and enable NHS Boards to achieve the required transformation to support the recovery of services adversely impacted by the COVID-19 pandemic.

This will design and drive the priority programmes to enable the Remobilise, Recover and Redesign approach through sustainable transformation programmes across the Health and Social Care arena.

The Centre for Sustainable Delivery (CfSD) brings together high impact, mature programmes including Early Cancer Diagnosis, Scottish Access Collaborative, Modernising Patient Pathways and Planned Care Redesign.

The CfSD will be key in developing new workforce capabilities and programmes, including the Accelerated National Innovation Adoption Pathway (ANAIIP) and moving towards whole system working, thus crucial to our ambition of transformation. The diagram below provides an explanation of the ANAIIP.





## Part 1: The Strategy | Health and Social Care Recovery

The CfSD brings together teams with a track record in innovation to support role transformation through the Scottish Access Collaborative and will proactively share learning and the corresponding impact of initiatives to support uptake. It will work with organisations engaged in transforming roles to ensure service readiness for adoption in relation to optimising pathways.

The CfSD are also working in partnership with the Scottish Government and the Royal College of General Practitioners to improve interface working by scoping potential areas of patient centred pathway redesign work relevant to Primary /Secondary Care Interface working.

This involves collaborative working across RCGP, CfSD, Scottish Government, Health Board Interface Groups and other relevant stakeholders to identify new opportunities for redesign of ways of working that can be applied nationally to challenges across the interface. Potential examples for scoping may include referral guidelines, IT, Community Treatment and Care services and unscheduled care. This work will also explore systems for shared learning and develop case studies of patient-centred redesign within the continuum of care.

Overall the Centre will support the Scottish Government's whole system approach to workforce planning and data analysis will be used to support the work of the Centre in developing innovative new approaches to the delivery of services.

In addition to this, the CfSD will carry a leadership role in the adoption of innovation which may require upskilling of staff to be able to integrate new technology and ways of working into services. The Centre will work with key partners to ensure service and workforce readiness for adoption of new innovations. This will be supported by measures such as the NHS Scotland Academy as part of a hub and spoke national academy model for NHS Scotland. The NHS Scotland Academy is a partnership between NES and NHS Golden Jubilee and is responsible for the planning and delivery of a significant level of accelerated innovative clinical and non-clinical education programmes across NHS Scotland Health and Social Care sectors to respond to workforce needs. Aligned to NHS Scotland Remobilisation Plans, this will attract, train and develop people into the Health and Social Care workforce as part of a 'Once for Scotland' solution.

To achieve our outcomes, underpinned by a tripartite ambition of Recovery, Growth and Transformation, we must do this through the five pillars of the workforce journey.

### The Five Pillars of the Workforce



The key to this Strategy and achieving our ambitions, vision, outcomes and values for the workforce is understanding the workforce journey. As demonstrated by the the five pillars of workforce, the actions we take can have the maximum impact in terms of recovery, growth and transformation in our services and workforce. Planning is the first step.

# The Five Pillars of the Workforce Journey: **Plan**

With partners, we already gather data that helps plan the workforce needed to deliver services and identify the demographics and geographical spread of our workforce. However, we must strive to continually improve the quality and granularity of the data we collect, especially on the unregistered workforce, and adapt our planning accordingly.

Linked to this, we will improve the analysis and reporting of this data, while working to ensure coherence across the relevant systems used by partners.

Throughout the pandemic, we have relied heavily on management information from employers to understand amongst other things staff movement and where they are delivering services. This has provided the opportunity to identify and test new roles and new ways of working, embedding these into workforce planning processes and modelling.

The data needs to tell us more than numbers – it must tell us about the employee e.g. the career paths they take, how they enter our workforce, the skills they develop and the reasons they leave our workforce.

## Evidence Based Planning

Data about our workforce is key to understanding where and how that workforce delivers health and care services to the people of Scotland.

**Core partners including Scottish Government, Local Government, NHS employers, Social Care providers, SSSC, the Care Inspectorate and NES all have a role in defining, collating and analysing Social Care data and will work to make improvements over the life of this plan.**



## Whole-system Planning

Planning for the workforce at a local level is critical to achieving the right workforce with the right skills in the right place at the right time. Our workforce is made up of registered and unregistered roles, the people who fill these roles are employed in a variety of ways and by a number of employers. Some of this workforce, known as Personal Assistants (PAs), are employed using individual budgets through Self-Directed Support.

**Recent surveys undertaken by NHS Education for Scotland and separately by councils to understand workforce planning capacity identified that there are various professions contributing to workforce planning, but a relatively small number of formally qualified workforce planning practitioners.**

The 2019 National Integrated Workforce Plan committed to progress work to better understand workforce planning capacity and capability issues across Social Care providers and this will be taken forward. In 2021, a selection of workforce planning resources was collated by the Improvement Service, primarily for use by councils.

Whole system planning requires further development to better understand the needs and demands of communities including their public health challenges, the types of roles needed to support different Health and Social Care needs, and the availability of different types of workers over time and geographically, as well as the relationships and influences between all parts of the system.

There are, of course, extensive contributions made by other workforces to health and wellbeing, including carer centre staff and those operating in early intervention and prevention, such as local government and the voluntary sector. The formal Health and Social Care system has always relied heavily on the vital contribution of Scotland's unpaid carers, who outnumber the paid Health and Social Care workforce.

**We must increasingly recognise and value these individuals, working with them as partners in supporting Health and Social Care and helping people to live well locally.**

## The Five Pillars of the Workforce Journey:

# Attract

We are investing in our pipeline of Health and Social Care graduates today in order to meet the demand of tomorrow. For example we have committed to increasing the number of medical graduates by 100 per annum.

Education is only one route, given the size of the workforce we have a real opportunity, through better outreach, to make a difference to communities and life chances across Scotland. We must consider how we can recruit people through alternative routes and where we put resources to maximise and attract the pool of talent we need for our workforce. The labour market has changed significantly over the last two years and labour market pressure poses an increasing challenge across the Health and Social Care system. Our workforce plans will be taken forward in light of these demographic and economic factors.

Our ambition is for our workforce to reflect the diversity of our population. Continuing to improve equality, diversity and inclusion in our workforce, ensures we benefit from different lived experiences, perspectives, ideas and skills, and are better able to serve the people of Scotland. Championing visible diversity at all levels has been proven to have a positive influence on attracting and retaining staff, career progression and enhancing organisational reputation. This will ensure Health and Social Care employers are seen as employers of choice.

The education system is one key aspect to providing the right educational pathways and creating an interest in working in Health and Social Care.

### Domestic Recruitment

In light of our existing and future workforce challenges, we must prioritise the attraction, recruitment and retention of young people, amongst others. Like the population, our workforce profile is ageing and if we are to create a sustainable Health and Social Care workforce for the future we must attract young people by emphasising the opportunities within the Health and Social Care professions.

Youth employability programmes, including apprenticeships, can provide career opportunities for young people in Scotland and help secure the workforce we need for Health and Social Care services. Positive communications about the sector, which improve public understanding and help to dispel any myths, will be critical in attracting people of all ages into the workforce.

The COVID-19 pandemic has had a significant impact on the Scottish economy and labour pool, with many individuals losing jobs and facing redundancy. We must support those individuals who may consider a career transition to Health and Social Care. Employability programmes have a core role here, including opportunities for training.



## Part 1: The Strategy | **Attract**

We also know that COVID-19 has exacerbated the existing inequalities in our society, with particular adverse impacts on women, unpaid carers, people with disabilities or long-term health conditions, and black and minority ethnic households. Our commitment to a diverse workforce provides an opportunity to contribute to the Good Green Jobs and Fair Work strand of the COVID Recovery Strategy. This in recognition of our role collectively as major employers but also our fundamental interest in helping to address the inequalities in our society.

### **Ethical International Recruitment**

Scotland is a welcoming and inclusive nation and we value everyone, no matter where they were born, who has chosen to make Scotland their home; to live, work, study, raise their families and build their lives here. Migration supports economic growth and the delivery of public services and helps address demographic change. It is clear that migration plays its part in supporting the largest public sector workforce in Scotland.

**We must attract Health and Social Care staff from abroad. Recent changes in UK Migration policy open up a new opportunity for Social Care workers to work in the UK.**

Our ambitions to deliver amongst other services, the National Treatment Centres at an accelerated pace means that we must identify a pool of qualified staff to fill the additionality required to deliver these centres which will support the recovery of services by addressing the backlog of elective care which has increased during COVID-19.

**Our NHS Recovery Plan includes a commitment to provide £11 million for new nationally coordinated and international recruitment campaigns and to establish a national Centre for Workforce Supply (CWS).**

Scottish Government along with key partners continue to engage with the UK Government to highlight why Scotland's Health and Social Care sector must have access to workers from outwith the UK, to help meet the existing and anticipated shortfall in workforce capacity and avoid the subsequent impact on our most vulnerable citizens.

We also must work with the UK Government to ensure that immigration policies that are intended to attract and recruit overseas Social Care workers are fit for purpose and result in desired outcomes – including the need to retain staff longer-term.





## Part 1: The Strategy | **Attract**

All international recruitment will be in line with the Scottish Code of Practice for international recruitment to protect the healthcare systems of developing countries, and to ensure the ethical recruitment of Health and Social Care personnel.

### **Fair Work**

Employment law is reserved to the UK Government but we are doing all we can with the powers available to us to promote fair working practices which attract and retain the best candidates into Health and Social Care.

**We will continue to work with partners to address the issues highlighted by the Fair Work Convention, regarding fair work in Social Care and further supporting our ambitions to reduce childhood poverty.**

Scottish Government, COSLA, councils and other partners continue to progress work jointly through the Fair Work in Social Care Group and sub-groups.

Work is underway to review the opportunities around terms and conditions that affect the workforce, agreed in partnership. We wish to recruit staff in ways that meets their personal needs and aspirations around career progression, and the evolving service needs as well as the expectations of those who require Social Care support.

Many of our staff have invested time and money before they come into our Health and Social Care services. Many come through courses at University or College, this investment is built on when they join the workforce as support is in place, for those that seek a career path, to develop further and adapt to new ways of working and digital opportunities.



## The Five Pillars of the Workforce Journey:

# Train

Training our staff ensures that they have the skills to continue to develop in their roles as well as developing career paths which will aid retention of our workforce. This, in turn, supports the people of Scotland to achieve the best health and care outcomes and experience possible.

One of the factors that has been identified as important for retention is that career pathways, with opportunities for career progression, are perceived to be limited in both Health and Social Care and we must address this.

**We must also focus on succession planning for key leadership roles, such as NHS and third sector Chief Executives.**

### Education Pipeline and Pathways

The supply of newly qualified doctors and nurses into our Health and Social Care Workforce is enabled by Scottish Government's investment in training places which are delivered by educational institutes across Scotland.

We must support our staff with the skills and education to deliver Health and Social Care services.

In specific student groups such as undergraduate medical students, nursing and midwifery and paramedic students, Scottish Government sets national intakes which account for turnover and growth in these groups. We will continue to do this, responding to our workforce and population needs and supporting our ambitions for recovery, growth and transformation.

We also are working with SSSC, NES, local government, Social Care providers and other key partners to promote career opportunities in Social Care and deliver policies on upskilling and developing the workforce, in order to address recruitment and retention issues and attract new people to the sector to ensure the sustainability of services in the future. This links closely with the Fair Work in Social Care agenda.

We will ensure that the ecosystem of care is supported by enabling existing roles such as Allied Health Professionals (AHPs) and Healthcare Scientists (HCSs) are better understood and supported to maximise their development along with emerging roles such as Physician Assistants and Advanced Nurse and AHP Practitioners that also have a valuable contribution to the delivery of care.



## Part 1: The Strategy | Train

**Allied Health Professionals (AHPs) play a pivotal role in supporting the health and wellbeing of the people of Scotland.**

During the pandemic, a rapid test of change produced AHP safety huddle and professional judgement templates which gathered real-time workforce data and the impact on people of staff movement, these tools will be used going forward to ensure we maximise our understanding of the contributions of AHPs.

Healthcare Scientists (HCSs) and the clinical services that they lead comprise over fifty areas of scientific and clinical expertise and are the fourth largest professional grouping within the NHS. These areas span pathology and laboratory services, physiological sciences, medical physics and clinical engineering, and data science.

We know that the work this component part of the workforce does impacts 75% of clinical decisions in the patient journey and contributes to over 80% of all diagnostics. During the pandemic, laboratory staff were critical in supporting Scotland's response to testing.

**To ensure a sustainable workforce for the future, we are seeking to recruit more HCSs and enhance career pathways.**

The pandemic led many in our workforce to adapt, at pace, to using new technologies and digital platforms such as the video consulting service 'Near Me'. The impact and benefits of Near Me have been evaluated across Health, Social Work and Social Care as an enabler to enhancing the practice and skills of the workforce, improving patient and service user experience and supporting service redesign.

**Workforce development in digital skills, leadership and capabilities across the whole health and care sector underpins the successful uptake and use of digital technologies.**

That is why we must continue to work with partners to ensure our entire workforce has the necessary skills and confidence to embrace the new ways of working that digital brings. The success of our ambitions for transformation is entirely reliant on people's ability to know when, why and crucially how to use digital. Our Digital Health and Care Strategy<sup>4</sup> sets out our existing commitments, including for our leadership and for growing and enhancing our specialist Digital, Data & Technology Professions.

<sup>4</sup> [Digital Health and Care Strategy](#)



## Part 1: The Strategy | **Train**

### Developing new skills and capabilities

Whilst digital skills and capabilities are critical to all staff, training we deliver must extend to ensure that we understand the skills and capabilities our workforce will need to deliver world class Health and Social Care services.

We have already developed innovative new roles such as Associate Physicians and Advanced Nursing Practitioners. We must now work with our partners, stakeholders, professional bodies and educational institutes to identify where new and innovative roles in our workforce will enhance the capacity and capabilities of our workforce and support delivery of our key priorities, not only those identified in the Recovery Plan but those which emerge as we learn from the pandemic, look towards renewal of services and grow and transform our workforce.

**Key to delivering this will be the Centre for Sustainable Delivery and the NHS Academy as outlined earlier in this Strategy.**

In recognition of the increasing number and complexity of health conditions of those living in care homes, we are developing a Healthcare Framework for Adult and Older People's Care Homes. One of the main enablers for realising the vision of a multi-disciplinary team ethos, that puts the person at the centre of the framework, will be ensuring we have a sustainable workforce in place.

To enable this, the framework will examine the transformation of nursing, Allied Health Professionals (AHP) and Social Care roles in primary and community care, setting out plans to invest in Social Care leaders/managers and ensuring that staff, regardless of role, have access to continuous training and development.

**The framework is an important first step to achieving our vision of person centred care and aligns in full to the findings of the Independent Review of Adult Social Care and creation of a National Care Service.**

## The Five Pillars of the Workforce Journey:

# Employ

How staff are paid is a significant factor in the value they feel. That is why NHS staff in Scotland are the best paid in the UK and it is why Scottish Government recently increased pay for frontline adult Social Care workers in the third and independent sectors, as part of our commitment to Fair Work in the sector.

In addition to our commitment to Fair Work, the Scottish Government has set out its intention to establish a National Care Service to oversee the delivery of care, improve standards, ensure enhanced pay and conditions for Social Care workers and provide better support for unpaid carers.

The National Care Service will require legislation to be set up, but the intention is to establish it by the end of this Parliamentary term (2026). A fully realised National Care Service would allow Scottish Government to further address issues around pay and Fair Work for social care staff.

**In the interim, it is recognised that the critical pressures in Social Care mean that these issues must continue to be addressed urgently, by all partners across the sector.**

It is vital that our staff feel valued and rewarded for the work they do, and that NHS Scotland and Social Care employers are employers of choice.

### Fair and Meaningful Work

It is important that staff are well rewarded for the work that they do, and that terms and conditions continue to modernise to suit the needs of a large and dynamic workforce, a 24/7 modern Health and Social Care service, and ensure that we can continue to recruit and retain the staff we need for NHS Scotland and Social Care. We will ensure that the pay, terms and conditions are competitive, and that a Health and Social Care career is one of choice.

The Social Care workforce is split across a mixed economy of providers in the public, private/independent and third sectors. Providers are finding it increasingly harder to fill vacancies and retain staff once they join. With employers being responsible for setting their own pay, terms, and conditions, there is inconsistency across the country. COSLA and Scottish Government are committed to working together in partnership to address the long term challenges in the Social Care and Social Work workforce.

Stability of staff and continuity of care is important for people who access support, and progression and professional development for Social Care workers will result in better quality services and more rewarding careers.



## Part 1: The Strategy | **Employ**

Social Care workers do a critical and invaluable job and there requires to be greater consistency in recognition of this across the workforce.

**To develop a resilient and stable workforce, more of those who work in the sector must choose to remain in the sector.**

Therefore, it is key that the importance of providing better working conditions for the existing workforce is not lost, especially where this is often cited as the reason for leaving. As noted elsewhere, one way of achieving this is through the consistent progression of Fair Work practice in the sector.

Across the NHS workforce we will continue to reward staff for their experience as their career progresses. Alongside a pay progression system that acknowledges the clear link between staff experience and patient outcomes, we will continue to explore and develop policies that seek to create a modern and flexible workplace that is fit for the future, and recognises the needs of our valued NHS staff.

A central pillar of this work will be ensuring that NHS staff have a system around them that is responsive to their personal circumstance, provides opportunities for career progression and ultimately helps to deliver more care and quality outcomes for the people of Scotland.

## **Registration**

Registration of the workforce has been a driver to increase the skills and qualification levels across the Social Care sector. The way services are delivered, in job roles, and in the complexity of tasks, all reinforce the need to continuously update and further develop qualifications to ensure their relevance and enable a flexible, confident and competent workforce.

**We need to create more enablement, empowerment and freedom for our Health and Social Care workforce to make more decisions.**

We should be much more flexible around how we register component parts of the workforce and how those different individuals can move between the different sectors.

We will design a system that allows flexibility and focuses on outcomes, which is more focused on human rights and person-led experiences. We can learn lessons from the start of the pandemic here, where there was a need to be innovative and have less of a focus on regulation. Staff feedback told us that this was empowering and rewarding.

## The Five Pillars of the Workforce Journey: **Nurture**

The wellbeing of our Health and Social Care workforce, wherever they work, remains an essential priority and this is why we have invested £12 million to support the mental health and wellbeing of the Health and Social Care workforce.

We are working to ensure that the right level of support is offered across the system. We are actively listening to colleagues to understand where the pressures are, and what actions can be taken to mitigate their impact on staff, across both and Health and Social Care, where the issues can differ. These factors are key to ensuring we understand how to further develop the work we do in terms of retention, and ensuring that we can retain the excellent workforce we already have whilst growing that workforce.

### **Culture and Leadership**

Organisational culture defines how people feel about working for an organisation. There is clear evidence that workforce cultures that consider wellbeing and are positive workplaces lead to better outcomes. Kind and compassionate leadership that listens and fosters diverse, inclusive and positive workplace cultures is crucial to improving staff wellbeing and as a result, helps to deliver high quality care.

Once we have employed our workforce it is important that we nurture them.

There is evidence that more positive cultures lead to better outcomes clinically, and there is emerging evidence that positive cultures can result in financial savings to healthcare organisations. Conversely, poor workplace culture is commonly reported as a reason for staff leaving organisations.

We want everyone in the Health and Social Care workforce to have the best experience at work - focusing on values based recruitment, compassionate leadership and increasing the diversity and inclusivity of the most senior roles in the workforce.

**It is therefore imperative that we consider this as services recover, remobilise and redesign, and in light of the continuing pressures faced by our workforce.**

It is vital that when those working for us have concerns that these can be raised in a manner that is consistent with our values. To support this, we introduced the role of the Independent National Whistleblowing Officer (INWO) for NHS Scotland in April 2021. This is the first role of its kind in the UK, which provides an avenue for the independent external review of the handling of whistleblowing cases, including the treatment of the whistle-blower.



## Part 1: The Strategy | Nurture

The INWO also has a national leadership role, providing direction, support and guidance with the focus on continuous improvement, early resolution, recording and reporting. Furthermore, each Board now has a dedicated non-executive Whistleblowing Champion.

This role offers an approach to scrutiny ensuring: that the Board complies with the whistleblowing standards; there is organisational support and training for staff and managers; and that sound governance arrangements are in place. Whistleblowing Champions also have a means of escalation directly to the Health Secretary should they have concerns about internal processes.

Our work must extend beyond supporting those in the public sector and include adult Social Care providers in the third, independent and private sector. We must also focus on succession planning for key leadership roles (such as NHS Chief Executives), and aim to further develop the diversity of our values driven senior workforce, by supporting existing and aspiring senior leaders, and developing and implementing a consistent national approach to succession planning that ensures a pipeline of candidates for future senior roles, who are equipped to realise our ambitions set out in the Health and Social Care Delivery Plan<sup>5</sup>, and the NHS Recovery Plan.

**To improve understanding of different care needs and lived experience we must ensure we have more diversity in our future leaders.**

The pandemic has provided additional opportunities for learning. For example, we have seen a shared sense of common purpose, higher trust for devolved decision making and permission to stop some activity, collaboration and flexibility. We must continue to learn from the most recent wave of the pandemic.

### Equality, Diversity and Inclusion

Equality, diversity and inclusion must form part of all organisations' culture. The pandemic and the Black Lives Matter movement have highlighted racial, health and other inequalities, as well as a lack of diversity and inclusion, across public sector workforces. Based on the Expert Reference Group on COVID-19<sup>6</sup> and Ethnicity recommendations,<sup>7</sup> the Scottish Government is leading on cross-cutting work to drive change and deliver long-term meaningful outcomes for everyone with protected characteristics with a particular focus on race, gender, disability, age and LGBTQI+.

Our aim is that staff with protected characteristics are heard, supported, valued and engaged in the development of policies and initiatives that recognises our diverse population and their needs. We are also working with colleagues in recruitment and leadership to ensure that barriers to attract, retain and progress staff from a diverse range of backgrounds are removed. We work with diverse communities and our workforces should be fully reflective of the communities they serve, including at senior level.

<sup>5</sup> [Health and Social Care Delivery Plan](#)

<sup>6</sup> [Expert Reference Group on Covid-19 and Ethnicity Recommendations](#)

<sup>7</sup> [Immediate Priorities Plan Race Equality Scotland](#)





## Part 1: The Strategy | Nurture

### Safety

The wellbeing of staff is not only about supportive measures, but also linked to the environments in which staff work, including safe working, safe staffing levels and workloads.

We have put stringent protocols in place to ensure that infection prevention and control measures within health and care settings are robust. This includes the appropriate use of PPE, extended use of face masks, physical distancing, outbreak management and admission testing for patients.

The Scottish Government is committed to the implementation of the Health and Care (Staffing) (Scotland) Act 2019 and its contribution to ensuring the safety and wellbeing of both patients and staff. Fundamental to the Act's success will be the process of co-production required from the Scottish Government and stakeholders. This will ensure the development and uptake of statutory guidance, reporting structures, application of workload tools and that Health Board and other appropriate governance is in place.

The effect of implementing the Act during the recovery and post recovery period will be more reactive in its application to staff numbers and deployment. Particularly as the situation has changed with the pandemic. As the tools are used and updated to meet the new normal, together with staff's professional judgement we expect the Act to have a greater proactive effect on staff planning and deployment.

### A National Care Service

The Scottish Government committed to an Independent Review of Adult Social Care in Scotland. COSLA and the Scottish Government agreed a joint statement of intent in March 2021, in relation to the Review's key pillars findings, to allow selected areas of work to progress to help improve Adult Social Care.

While the partners acknowledged the need for significant discussion around governance issues, both agreed that empowering people, valuing the workforce, and embedding a human-rights based approach, are essential.

A central recommendation of the Review was the creation of a National Care Service, with Scottish Ministers being accountable for Adult Social Care and support.

The Scottish Government has consulted on proposals to create a National Care Service that will include a national approach to workforce planning and data, improving access to care, regulation, and embedding ethical commissioning and procurement. The responses to the consultation have been analysed and an independent report was published in February 2020.

The analysis of the National Care Service Consultation was published on 10 February 2022. The Scottish Government will be working and engaging with people and partners, in particular people with lived and living experience of community Health and Social Care, and the workforce across the sector, on the development of the National Care Service.



## Part 1: The Strategy | Nurture

As noted elsewhere in this Strategy, the current acute pressures on the Social Care system must be addressed now and the Scottish Government, COSLA and partners continue to work together in an effort to identify creative and sustainable solutions to address unmet needs.

The development of a National Care Service is proposed to have a key role in delivering the workforce needed in Social Care and understanding the interactions and dependencies across the whole Health and Social Care workforce.

An important factor of this will be any actions required to connect governance structures and actively collaborating across organisational boundaries across Health and Social Care providers and the workforce.

### A Carers Strategy

The Scottish Government has committed to the publication of a stand-alone Carers Strategy in late spring, with an immediate focus on COVID-19 recovery and a longer-term purpose of improving carer support in a meaningful and sustainable way.

**The strategy will focus on carers and their needs, setting out how policies across the Scottish Government can work together with other public bodies to support carers as we recover from the pandemic and beyond.**

We will engage with unpaid carers about the strategy's scope and purpose in the coming months, and this will inform its development. Our approach to the development of the strategy will be both a collaborative and an iterative one which will draw on the knowledge and lived experience of unpaid carers so that the strategy is shaped by those who best understand the many challenges faced.

We will seek to publish the strategy by late spring to provide a clear vision for how we will respond to the challenges faced by so many carers.

### Partnership Working

We are committed to working in partnership with NHS Employers, Local Government, Social Care Employers, Trade Unions Professional Organisations and our regulators.

**Partnership structures are integral to understanding the needs within our Health and Social Care system, and how changes are likely to impact on the experiences of Health and Social Care staff.**

In keeping with the development of other plans and strategies we have engaged and worked in partnership extensively in developing this workforce strategy and will continue to do so when reporting on progress and evaluating success.



## Part 2

# Implementing the Strategy

We will realise our workforce vision, outcomes and strategic ambitions articulated in this Strategy, by ensuring that the actions we take will address Recovery, Growth and Transformation as appropriate to their timing and as the foundations for a sustainable Health and Social Care workforce. All of the actions set out in this Strategy are informed by values and recognise that achieving our vision is a collective and inclusive endeavour.

# Approach to Implementation

This Strategy sets out actions at national level across the 5 pillars of workforce which support recovery, growth and transformation of services and the workforce. The annex to this Strategy groups actions according to whether they are short-term (next 12-24 months), medium term (next 3-5 years) or longer term (5+ years).

Many of the short term actions focus on supporting the recovery of the Health and Social Care system and create the conditions for lasting reform as we move towards living with and through COVID.

**Medium and longer-term actions focus more on sustaining workforce growth, continuous improvement and service reform and transformation.**

Action will involve and impact the diverse spectrum of organisations, services and people who collectively represent our Health and Social Care services. Collectively and over time, delivery of the actions and aims to continuously improve key aspects of the architecture which ensures we have the Health and Social Care workforce needed now and into the future, including:

Delivery of this National Strategy will be supported at local level, for example through the development of 3 year workforce plans developed by Health and Social Care Partnerships.

- Changing baseline community and population health needs and how we equip staff to respond to deliver improved population level health outcomes.
- Our workforce data and how this is analysed, leading to improved strategic workforce planning at all levels;
- How we proactively respond to changing workforce demography and local, national and international employment markets;
- Key workforce issues affecting Health and Social Care service delivery, the quality of staff experience, wellbeing and staff retention;

The implementation of this Strategy will be regularly monitored and kept under active review in partnership with local authorities, Health Boards, Health and Social Care Partnerships and the third and independent sectors, and also in conjunction with our employees and their representatives.

Actions for implementation will reflect, and where relevant incorporate, developments, and provide further opportunity to revisit the planned Health and Social Care service growth projections, which are set out in this Strategy.



## Part 2: Implementing the Strategy | **Approach to Implementation**

### Implementation at Local Level

Health Boards, Local Authorities and Health and Social Care Partnerships (HSCPs) have an important leadership role in helping to operationalise this Strategy and its outcomes through **3-year Workforce Plans**.

At a local level, these 3-year plans should focus on defining the workforce needed to support the health and wellbeing of our people and align with service planning for remobilisation and recovery, whilst acknowledging that we must safely manage living with COVID and be flexible to the challenges this will undoubtedly bring.

**The role of early intervention and prevention across the life course must be articulated, and take into account health inequalities.**

Health Board and HSCPs workforce plans should be developed in partnership, including with third and independent sector partners, reflecting that there remains significant system pressures alongside some uncertainty about the future trajectory of COVID as we adapt to living with it. The plans will be submitted to the Scottish Government by summer 2022, whereupon they will be reviewed and feedback will be provided to partners as part of a valuable feedback loop between local and national work. Thereafter, a review process will ensure that delivery, both locally and nationally, remains aligned.

### Implementation at a National Level

It is hoped that national partners will also find the framework, outcomes and actions provided by this Strategy useful and will be able to align their own strategies and plans, where appropriate, in support of delivery.

### Investing in Our Workforce

Many of the short-term actions set out in this Strategy, particularly where they relate to recovery and systems pressures, are already funded directly from the Scottish Government budget. Further detail on specific investment is set out in the sections that follow.

Record investment of over £300 million has been provided in-year to support winter planning and preparedness and is directly supporting on-going recruitment activity alongside pay increases in Adult Social Care to bring the minimum hourly rate to £10.50 per hour in 2022/23; above the Scottish Real Living Wage.

Additionally targeted investment of over £1 billion as set out in the NHS Recovery Plan, is directly funding both short and medium term recruitment across key services alongside new training and transformation opportunities through NES, NHS Academy and Centre for Sustainable Delivery.



## Part 2: Implementing the Strategy | **Approach to Implementation**

Going forward, further investment in the workforce will be identified in line with the Scottish Government's commitment to increase frontline health spending by 20% (c. £2.5 billion) and increase Adult Social Care investment by at least 25% (c. £840 million) over the lifetime of this parliament.

**In May 2021, Scottish Government agreed an average 4% pay-rise for Agenda for Change (AfC) staff in NHS Scotland.**

It was the biggest pay uplift for NHS staff since devolution and has ensured our NHS staff remain the best paid in the UK. In addition, agreement has been reached to implement the recommendations of the Doctors and Dentists Review Board. Negotiations with NHS AfC staff representation will commence as soon as practical in 2022 to secure a single year pay uplift for 2022/23.

### **Action Currently Underway**

#### **Future Developments**

In 2022, Scottish Government will publish its response to the Consultation on the National Care Service, will scrutinise Health Board and Health and Social Care Partnerships' 3-year Workforce Plans, and will set out further detail on next steps in our approach as part of the publication of the Resource Spending Review.

### **Responding to the Challenges Ahead – Workforce Growth Projections**

To successfully deliver our tripartite ambition of Recovery, Growth and Transformation, it is clear that workforce growth will be a key determinant for Health and Social Care services to meet the projected needs of the people of Scotland. Although we know we need to grow our workforce, we must also recognise the vacancies in the system and ensure that we consider these in understanding our workforce need into the future.

We indicated in the National Health and Social Care Integrated Workforce Plan<sup>8</sup> our anticipated growth projections for workforce based on the Scottish Government's Medium-Term Financial Framework. We are further developing this work in partnership, identifying anticipated projected growth over the coming decade which expressly considers current vacancies as well as service transformation, demography and other essential local and national modelling assumptions.

We will, for the first time, publish our indicative projections for Health and Social Care Workforce growth later this year. This will allow us to expressly incorporate evidence from a range of sources, including 3 year Workforce Plans and the forthcoming revised Medium-Term Financial Framework. We will review these projections annually, in line with new and emerging evidence.

<sup>8</sup> [National Health and Social Care Integrated Workforce Plan](#)



## Part 3

# Action

Effective recovery is essential to creating the stability through which we can then accelerate further growth and transformation over the medium and longer term. As set out in the NHS Recovery Plan, we will increase NHS capacity by at least 10% as quickly as is possible in order to address the backlog in care and meet ongoing healthcare needs for people across the country, with new investment supporting targeted intervention across all the integral parts of our Health and Care Services. In growing this workforce we must avoid unintended consequences in terms of affecting workforce supply for Social Care. We acknowledge that workforce projections and assumptions are highly variable. **The Feeley Review** also noted that more specific Scottish projections will be vital in the future.

# Plan

To improve the quality and effectiveness of strategic workforce planning, over the next 24 months we will directly support planning capacity for recovery by:

- 🕒 Improving workforce planning capability across health boards and HSCPs, local authorities and Social Care providers, specifically focussing on shared learning and better alignment of national and local planning, modelling the needs/growth projections, and improved understanding of workforce planning skills, methodologies and approaches, and a greater understanding of the barriers and solutions that reflect the diversity of employers.
- 🕒 Taking steps to improve the quality of the workforce data, including the demographic data we collect, and to progressively improve the quality of analysis we undertake from data collected, at different geographic levels.
- 🕒 Improving the accuracy of capacity planning and use workforce planning to more readily spot emerging gaps and pressure points.

The following outlines action for recovery over short-term (next 24 months) within each of the 5 pillars of workforce. These actions are summarised, in the annex to this Strategy, alongside medium term (3-5 years) and longer term (5+ years) actions.

These objectives will allow health boards and HSCPs to proactively plan for service growth in line with our intention to increase capacity across inpatient, day patient and outpatient services by at least 10% by 2026.

To ensure optimal career progression and retention, planning of local and national recruitment should remain focussed on workforce demographics, aiming to have a workforce that is representative of the communities we serve.

**Taking these steps now will lay effective foundations for realising more robust whole system planning in the future and create an active culture of continuous improvement.**





## Part 3: Action: Short term | Plan

### Current activity and next steps

#### Recruitment Data

We have already taken steps to improve the whole system approach to workforce data collation and assessment. Posts across Health and Social Care are currently advertised via MyJobScotland and Jobtrain respectively.

These national recruitment portals provide valuable back-office data sets that allow key partners and other employers to assess any cyclical or seasonal issues with vacancy rates across job roles and professions, regional differences in response rates to national recruitment campaigns, the overall attractiveness of Health and Social Care roles advertised, and the relative attractiveness of Health and Social Care employers in the context of the wider job market and economy.

Wider labour market analysis such as that commissioned through Skills Development Scotland also has a vital role. Management information can be routinely accessed by some employers and is provided by agreement to the Scottish Government. We are using this additional information to inform trend analysis and plan future recruitment activity. We have already used this information to inform recent approaches to a Public Health Consultant recruitment campaign, and forthcoming national Nursing and Midwifery campaigns.

#### Modelling Projected Growth for Doctors in Training

Projecting supply and demand for doctors in training is particularly difficult given the typical length of the training pathway from undergraduate to consultant/GP, and the changes that can take place in relation to population health needs during that timeframe.

Nevertheless, the Scottish Government has developed an analytical model for assessing the impact of projected increases in controlled intake for undergraduate medicine, on the anticipated future supply of graduates into foundation and specialty training.

**This allows us to assess whether planned growth will be sufficient and use this information to inform annual intake setting processes.**

It has informed our decision to increase the number of medical school places over the course of this parliament by 100 per annum. The first year of this commitment has been delivered in 2021/22 bringing medical undergraduate intake to 1,210 and is in addition to planned increases in annual undergraduate intakes up to 2020.

Whilst this modelling will require further continuous improvement, we can currently use it to provide projections using assumed growth rates in postgraduate and specialty training, and compare this with historical growth, year-on-year, across medical specialties.



## Part 3: Action: Short term | Plan

This modelling has allowed us to begin to more accurately plan for expansion, which is demonstrated by improved fill rates in postgraduate specialty training since 2016.

**In 2020 we achieved an overall fill rate of 95%, and a 94% fill rate in 2021.**

These improved fill rates are in the context of expansion in Foundation and Specialty postgraduate medical training places of over 600 since 2014.

Furthermore, this modelling will allow us to project the future medical capacity we will achieve from the planned expansion in undergraduate medicine over the lifetime of this parliament. Further detail on this expansion is set out in section III below “TRAIN”.

Going forward, we will continue to refine the model we have developed, and consider how it might be replicated across the other controlled intake subjects for Health and Social Care.

### Understanding Our Workforce

The National Staff Experience Report for 2021 “iMatter”, will include for the first time an in-depth breakdown of survey results across protected characteristics. Going forward, this additional information will allow us to tailor measures to improve staff experience and career outcomes for underrepresented groups.

Additionally we are taking forward a review of NHS recruitment processes. This review is adopting an intersectional approach and will develop anti-racist guidance and other national resources to support recruitment, retention and career progression of staff from minority ethnic groups.

In addition to collecting data on workforce composition, we need to consider service user experience to inform planning for how staff are trained, and developed in the workplace, to improve service user outcomes.



The Scottish Government has commissioned the ALLIANCE to undertake research into the Health and Social Care experience of people living in Scotland during the pandemic.<sup>9</sup> We will act upon the findings and use them to inform the commissioning of new training via NHS NES and through the NHS Academy.

**We are committed to a person-centred approach that puts the individual at the heart of services.**

<sup>9</sup> [Health Wellbeing and the COVID-19-pandemic - our findings](#)

# Attract

Over the next 24 months we will:

-  Increase domestic workforce supply routes into Health and Social Care with a specific focus on embedding Fair Work principles across Health and Social Care, taking place-based approaches to workforce employability and providing significantly improved access to work experience opportunities where practical.
-  Increase international workforce supply routes into Health and Social Care through establishing a robust infrastructure in every health board that offers world-class support to incoming international staff, and through increasing recognition of the NHS Scotland brand in markets across the globe.

These objectives directly support current service recruitment priorities to support our recovery agenda and put in place infrastructure that will facilitate longer term workforce growth through enhancing the attractiveness of Health and Social Care services to prospective employees.

## Current activity and next steps

### Domestic Recruitment

The National Transition Training Fund (NTTF) was announced in the Programme for Government 20/21. Now in its second year, the NTTF continues to support upskilling and retraining for individuals and sectors affected by COVID-19, but also sectors affected by the EU Exit and those in areas which require skills transitions, including the transition to net zero.

The training aims to help individuals develop the skills required to move into sectors with the greatest potential for future growth, which includes Social Care. Up to 1,800 training places will be supported through £929,060 of NTTF support for those interested in roles in Adult Social Care, which will respond directly to current recruitment challenges and increase knowledge and understanding about the variety of skilled roles available in Adult Social Care.

Additionally, through the College Development Network and supported by NTTF funding, a bespoke 6-week course has been developed and is being run in colleges across Scotland to introduce participants to a career in Social Care. These will be linked with virtual recruitment events for completing cohorts to bring providers with vacancies in the local area together with those who have completed the programme.



## Part 3: Action: Short term | **Attract**

We also are working with SSSC and key partners to promote career opportunities in Social Care and deliver policies on upskilling and developing the workforce, in order to address recruitment and retention issues and attract new people to the sector to ensure the sustainability of services in the future.

We are also working with DWP to support them to make appropriate, informed referrals to the Social Care sector and to make use of any employability routes available as appropriate, to assist retention.

Across the NHS, candidates are already able to start their career in NHS Scotland through a variety of routes, including through employability programmes and partnerships at a locality level, through apprenticeships in frontline healthcare and in support services, administrative services and facilities. Individuals are then supported in their role to participate in further qualifications and development opportunities to progress their career in healthcare.

Going forward we will expand the reach of these programmes, and consider the introduction of new national target measures to promote the recruitment through apprenticeships and new employability programmes in every health board area, with a particular focus on Health and Care roles in acute services, community based multidisciplinary care teams and in public health teams.

In line with our Recovery Plan ambitions, this will create both new opportunities and new workforce pipelines for sustainable employment in communities across Scotland, and it will increase workforce resilience in key services.

Recruitment campaigns in Social Care will emphasise the wide range of roles across the sector, the skills and values of those working in these roles and the potential to gain recognised qualifications on the job.

**We will ensure the interconnected nature of Health and Social Care is to the fore when making recruitment decisions.**

### **Ethical International Recruitment**

We know that successful, sustainable and ethical international recruitment relies on quality infrastructure. International recruits enrich our Health and Care Services, adding diversity and a rich quality of experience gathered from systems across the globe.

However, international recruits also require bespoke support with settling into a new role in a new country. We have provided £1 million in-year funding to territorial health boards to allow each board to host an international recruitment lead and going forward this will be supported with recurring funding of £1 million per annum.

In tandem with this we have established a Centre for Workforce Supply (CWS) in NHS NES to provide labour market intelligence and to develop links with the UK Government and partner agencies.



### Part 3: Action: Short term | **Attract**

These developments will allow boards to coordinate recruitment efforts and act on current labour market intelligence to increase response rates to new international recruitment efforts.

The Centre for Workforce Supply is tasked with the proactive promotion of the NHS Scotland brand identity and will work with partner agencies, including Visit Scotland to successfully advertise opportunities to build a career in Health and Social Care, and a home in Scotland.

**As stated earlier we are committed to ethical international recruitment through aligning our practices with the Scottish Code of Practice for international recruitment.**

To support Health Board recruitment efforts, we established national relationships with the Yeovil District Hospital NHS Foundation Trust and NHS Professionals to create longer term supply pipelines of international medics and nurses who wish to work in Scotland. However, Boards can use any other recruitment agency that operates in accordance with the Code of Practice for ethical recruitment of Health and Social Care personnel in Scotland.

Going forward, we will set new international recruitment targets annually and coordinate recruitment, through CWS national campaigns, focusing on key areas of shortage and directly supporting key commitments set out in our NHS Recovery Plan.

This will include further targets to recruit nurses and medics to meet our commitment to recruit 1,500 new staff for National Treatment Centres in the period up to and including 2027 and support new recruitment campaigns annually to deliver the 1% net growth in workforce that we have modelled for 2022-2026 to support the NHS Recovery Plan, in addition to our anticipated compound annual growth rates of 1.3% for health services and 1.8% for Social Care.




**To support these recruitment efforts, we are providing a record investment of £11 million in this parliament to fund the establishment of the CWS and directly underwrite recruitment campaign activity.**

We welcome the addition of Social Care roles to the UK Shortage Occupation List (SOL), however the earnings threshold of £20.4k per annum means that many Social Care roles will still not qualify. We continue to push for a migration system tailored to Scotland's needs, including a Scottish Visa, and support our Social Care employers by highlighting to and engaging with UK Government key issues with the current position.



# Train

Over the next 24 months we will:

-  Continue to grow controlled healthcare subjects intake in line with evolving demand projections and in line with the commitments made in the Programme for Government.
-  Support new entrants to Social Care through induction programmes and new skills development.
-  Progressively expand the role of NES and the NHS Academy and locality based training programmes to support pathways into Health and Social Care services, enable existing registered staff to work flexibly across their practitioner licenses to improve service outputs, and increase the pace of role-redesign to facilitate longer-term service reform.

These objectives will ensure that we have a comprehensive approach to training for roles at all levels, with new programmes directly aligned to developments in service design and delivery across acute and community settings.

## Current activity and next steps

### Increasing training places in Medicine, Nursing & Midwifery and the Allied Health Professions

The Scottish Government has already committed to increasing the number of undergraduate medical school places by around 100 per annum in each year of this parliament and to double the number of widening access places.

Significant progress has already been achieved. Actual intake in undergraduate medicine in 2021 is 1,210, a significant increase on the previously planned undergraduate baseline for 2021 of 1,048. Further planned increases will boost the annual intake in medicine to around 1,550 places by 2025. These increases build on planned expansion that took place between 2016 and 2020; by 2025 controlled intake for medicine will have increased by 84% on 2016 levels.

**To support this planned expansion, the Scottish Government will invest an additional £47.5 million in undergraduate medical training over the lifetime of this parliament.**



## Part 3: Action: Short term | Train

Further investment will be brought forward to support planned growth in the number of postgraduate foundation and specialty training places.

This level of planned growth in undergraduate medicine will allow for significant further expansion in foundation medical training and postgraduate specialty training in the years to come.

On current modelling, Foundation Training places in medicine could grow from around the current 1,015 to almost 1,400 by 2025-26. In 2022, we will introduce an additional 139 specialty training places, nearly doubling the typical average annual rate of specialty training expansion and building on the 435 additional places that have already been created since 2014.

**This planned expansion will be supported by new investment of £5.3 million in 2022/23, rising to £8.4 million per annum by 2024/25.**

Similarly, in 2021 the Scottish Government increased funded places in nursing and midwifery degree programmes for the ninth successive year. The student intake for 2021/22 grew by 5.8% to 4,449 students across nursing and midwifery.

In 2022/23 we will increase funded places for nursing and midwifery by over 8.7% to 4,837, a net increase of 388 places. Importantly, there will be increases across all nursing training pathways including adult nursing, mental health, learning disability etc. Additional investment of over £27 million over the next 3 years will support this expansion.

**We will invest over £230 million per annum in nursing and midwifery training costs, including our commitment to maintain a student bursary.**

Going forward we will consider the need for further planned increases for 2024 and beyond, alongside improving access to pre-registration nursing training through additional routes to the degree programme and considering the possibility of more than one intake per annum.

Following the establishment of a new degree level course in Paramedic Science in 2020, the Scottish Government will fund an increased intake for 2022/23 of 335 places, supported by workforce projections of anticipated need undertaken by the Scottish Ambulance Service.

This planned increase will bring the number of places to 941 and will be supported by investment over the next 3 years building further on the steps already taken to increase sustainability of routes into paramedicine.



## Part 3: Action: Short term | Train

### Supporting new entrants into Social Care

As outlined in Programme for Government, we are working with SSSC and NES to deliver a national induction framework to support new entrants into adult Social Care. This includes SSSC working with NES to develop Infection Prevention Control (IPC) induction resources which includes the development of a professional support tool.

Scottish Government partners in SSSC and NES are helping us to deliver the digitally enabled workforce programme to support the delivery of the Digital Health and Care Strategy.<sup>10</sup>

The Social Work Education Partnership (SWEP) is a national strategic group comprised of key stakeholders across social work education. Its focus is to facilitate the delivery of Social Work qualifying programmes and provide infrastructure support to ensure Newly Qualified Social Workers enter the workforce in sufficient numbers. SWEP is also concerned with the development of an Advanced Practice Framework to support social workers progress through different career phases.

### The NHS Academy

The Academy is a partnership between NHS Golden Jubilee and NHS Education for Scotland. Established in 2021, it provides accelerated training to address current workforce needs, focussing specifically on increasing capacity, enhancing skills and improving productivity. Over the next 24 months, the Academy will deliver the following priority work programmes:

- ✔ A **national endoscopy training programme** to increase the number of trained endoscopists in Scotland, supporting improved endoscopy and cancer waiting times. The programme will be flexed to allow workforce growth in line with service demand, and initial projections show that the programme will provide endoscopy capacity for an additional 5,600 patients per annum.
- ✔ A **national workforce development programme** to support the induction and on-boarding of staff recruited to work in National Treatment Centres.
- ✔ A **national clinical skills for pharmacists programme** to support community pharmacists across Scotland to become independent prescribers.
- ✔ A national induction programme to support on-boarding of new staff in Health and Social Care in response to on-going recruitment efforts: **preparation for work in Health and Social Care in Scotland**.

<sup>10</sup> [Scotland's Digital Health Care Strategy](#)





### Part 3: Action: Short term | **Train**



The work of the Academy has been supported by £2.5 million investment in set-up costs and future funding will be provided in line with the Academy's forthcoming work programmes for future years.

Going forward we will expand the role of the Academy in providing enhanced skills training to nurse practitioners and allied health professionals as part of our progressive transformation of professional roles across our NHS.

**We will also work with NES to introduce specific programmes in Social Care.**

# Employ

Over the next 24 months we will:

-  Continue to invest in and monitor progress against recruitment commitments set out in our NHS Winter Overview and NHS Recovery Plan.
-  Finalise the Once for Scotland Workforce Policies Programme, as a significant step in embedding a Fair Work culture.

## Current activity and next steps

### New Recruitment

Through record investment of over £300 million in Winter Planning and Preparedness we will fund the recruitment of 1,000 new Health Care Support Workers by the end of March 2022.

As part of our commitment to recruit over 1,500 new staff to National Treatment Centres in the period up to and including 2027, we have been working directly with recruitment teams in NHS Highland, NHS Fife, NHS Forth Valley and the Golden Jubilee National Hospital, who have so far collectively recruited over 166 whole time equivalent staff (WTE) to posts in their centres. Overall, around 11% of posts for the centres are already recruited to and we will continue our support with new campaign and marketing activity in 2022.

Across pandemic resilience and public health functions including our COVID-19 Vaccinations Programme and Contact Tracing, extensive rolling-recruitment has taken place throughout 2021.

**To support permanent recruitment allowing NHS boards to collectively meet the programme demands in 2022/23 we plan to invest around £100 million in our vaccinations workforce to promote long-term sustainability.**

Across primary care, in addition to the £155 million already provided to Health and Social Care Partnerships to recruit multi-disciplinary teams for Primary Care improvement, we have provided additional funding through the Winter Overview<sup>11</sup> to accelerate these recruitment plans. This is directly supporting the recruitment of additional pharmacists to support patients with repeat prescriptions and medicine reviews, and new community nurses to support diagnostic testing and chronic disease management, as well as new physiotherapists to support musculoskeletal conditions in the community.

<sup>11</sup> [Scottish Government Health Social Care Winter Overview 2021-22](#)



## Part 3: Action: Short term | **Employ**

Through this investment we aim to have health board delivered pharmacy and nursing support to every one of Scotland's 925 General Practices.

Expansion of the Social Work Workforce is required to support the increasing demand for Adult Social Care Services, some of which have resulted from the pandemic. As stated in the recent budget, the Scottish Government has provided £22m for local authorities for the next financial year (2022/23), and recurring thereafter, to provide additional Social Work Workforce capacity within local authorities. Funding is being provided to specifically add capacity to the Social Work Workforce.

Official statistics have revealed that the shortfall in Mental Health Officers (MHO) capacity has continued to grow, exacerbated by COVID-19. The latest report from the SSSC found that at the end of 2020, the shortfall sat at 53 full time equivalent MHOs.

Responding to this, Scottish Government developed with COSLA a Mental Health Officer Capacity Building (Training) Grant Scheme to help local authorities train additional MHOs.

From 2019 to 2021, we have awarded £1.17m to local authorities to train an additional 47 MHOs, and this year, we will award another £0.72m. We are providing extra funding to build additional MHO capacity and increase resilience across local authorities by supporting the equivalent of 53 additional full time equivalent MHO posts across Scotland.

£2.78 million was allocated in 2021-22, and a further £3.71 million will be awarded in 2022-23 and 2023-24, subject to the Scottish Parliament's approval of the Scottish budget.

### **Once for Scotland**





Once for Scotland Workforce policies promote NHS Scotland as a modern, exemplar employer; showcasing our core values, and promoting consistent employment policy and practice that supports recruitment and retention. This is work in partnership between Scottish Government, NHS Employers and staff-side and aims to create single, standardised policies that will be used consistently and seamlessly across NHS Scotland. Prior to the onset of the pandemic, we completed phase one of this programme and aim to finalise phase two in the medium term, where circumstances permit.

### **Fair Work**

The Fair Work in Social Care Group's work, will continue to support the improvement of Fair Work terms and conditions throughout Social Care, in line with the recommendations of the Fair Work Convention.

# Nurture

Over the next 24 months we will:

-  Take forward work to enhance the diversity of our workforce through increasing the number and visibility of minority ethnic staff in senior roles.
-  Take forward work to tackle systemic racism in our Health and Care Services.
-  Promote Carer Friendly Employment Policies.
-  Bring forward proposals for the implementation of the Health and Care Staffing (Scotland) Act 2019.

## Current activity and next steps

### Culture and Leadership

A new proposed accelerated development programme for minority ethnic staff working in the NHS and Social Care will help to ensure we can have more diversity in future leaders. This will improve understanding of the different care needs and lived experience, supporting values-based leadership in hybrid working environments.

### Equality, Diversity and Inclusion

This includes establishing the new National Minority Ethnic Forum for the NHS to work with Scottish Government and Health Boards to tackle systemic racism in the workplace and improve workforce data on ethnicity.

Developing accountability and governance around the monitoring and progression of equality, diversity and inclusion work is also key to ensuring this work is embedded into workforce practice in a progressive and meaningful way. This will require improved training and support for staff at all levels, an inclusive culture where staff feel comfortable disclosing personal information so that we have robust demographics data, and ensuring there is a clear reporting process so any incidents of discrimination or violence and aggression, regardless of protected characteristics, is dealt with appropriately.



### Part 3: Action: Short term | Nurture

#### **Staff who are also unpaid carers**

We recognise that a significant proportion of Health and Social Care staff, particularly women, are balancing work with looking after family members or friends. We will continue to promote the Carer Positive scheme to employers in the sector to help them establish and maintain carer-friendly employment policies to attract and retain staff in that situation.

#### **Safety (Health and Care (Staffing) (Scotland) Act 2019)**

The Government will redevelop the implementation and transition timetable to take account of NHS recovery and remobilisation, the effective deployment of new innovations and, if necessary, any changes that a National Care Service may bring to the legislative landscape.

Pending implementation, the Government has already notified its expectation to Boards that they will engage with the spirit and intent of the Act, particularly ensuring staff continue to be enabled to report and escalate any safety concerns relating to staffing so that relevant actions are taken and recorded when required.





Annex




# Summary of Actions







# Summary of Short-term Actions across the five Pillars of Workforce



## Plan



-  Analyse the detail in 3 year workforce plans, ensuring the analysis informs and is considered in policy development.
-  Publish our indicative projections for the Health and Social Care Workforce growth later this year. This will allow us to expressly incorporate evidence from 3 year Workforce Plans and the forthcoming revised Medium-Term Financial Framework. We will review these projections annually, in line with emerging evidence.
-  Deliver on the commitment made in the Integrated Plan to design and oversee work to obtain a national picture of workforce planning capacity, methodology and capability in Local Authorities/ Health and Social Care Partnerships for planning Social Care services. We will respond by considering how best to support effective collaborative and strategic workforce planning in light of the findings.

-  Analyse and do a needs assessment of available workforce data and sources building recommendations for workforce data collection design, quantity and quality.
-  Identify options for working collaboratively with stakeholders to review the Social Care workforce data landscape as part of a whole system approach.
-  Identify options for obtaining accurate data on the unregistered workforce ensuring we consider our whole workforce when planning.
-  Continuing on from the Integrated Plan and the workforce planning guidance developed as part of that, working with partners we will develop a suite of tools to support workforce planning capability across Health and Social Care providers.



## Annex: Summary of Actions | Summary of Short-term Actions across the five Pillars of Workforce

### Plan










-  Model a sustainable cancer workforce, collecting and improving data on the cancer workforce to support sustainable workforce planning.
-  Revisit the specialist public health workforce arrangements taking into account learning from COVID-19, to support the renewal of the public health system.
-  Develop an effective workforce planning system which enables the public health workforce to predict future capacity, and capability requirements along with identifying gaps and pressure points.
-  Introduce an Annual Survey of the General Practice Workforce by the end of April 2022, the first of which will be published in October 2022, ensuring that we capture Primary Care workforce data to inform policy making and service change.
-  Review Antimicrobial Stewardship, Health Protection and Infection Prevention and Control Workforce with a draft strategy being issued for consultation early February 2022, and the final strategy being published at the end of March 2022.
-  Improve workforce equalities data by including demographics questions in national staff surveys to ensure that we capture the breadth and experience of people from all backgrounds.
-  Develop a Remote and Rural workforce recruitment strategy by the end of 2024, providing a framework which will support employers to ensure that the Health and Social Care needs of people who live in remote and rural communities are met.
-  We will publish a national framework for acute oncology by Spring 2022. This will provide mechanisms for maximising and developing existing workforce capacity ensure consistent services for patients across Scotland.





## Annex: Summary of Actions | Summary of Short-term Actions across the five Pillars of Workforce












### +❤️ Attract

-  Increase the hourly rate of Social Care staff in line with discussions through the Fair Work in Social Care Group.
-  Support up to 1,800 training places through the National Transition Training Fund for those interested in careers in Adult Social Care.
-  Work with SSSC and key partners to promote career opportunities in Social Care and deliver policies on upskilling and developing the workforce to attract new people to Social Care and address retention issues.
-  Expand the reach of employability programmes, and consider the introduction of new national target measures to promote the recruitment through apprenticeships and new employability programmes in every health board area, with a particular focus on health and care roles in acute services, community based multidisciplinary care teams and in public health teams.
-  £1 million in-year funding to territorial health boards to allow each board to host an international recruitment lead, supported with recurring funding of £1 million per annum going forward.
-  Establish the Centre for Workforce Supply within NHS NES to provide labour market intelligence and develop links, supporting boards to coordinate recruitment efforts and act on intelligence to increase response rates to recruitment efforts.
-  The Centre for Workforce Supply will promote NHS Scotland Brand identity and work with partners to advertise opportunities to build a career in Health and Social Care.
-  Set new international recruitment targets annually and coordinate, through the CWS national campaigns, focusing on key areas of shortage and directly supporting key commitments set out in our NHS Recovery Plan – including meeting our anticipated 1% net growth.
-  Set targets to recruit nurses and medics to meet our commitment to 1,500 new staff for NTCs in the period up to and including 2027.



## Annex: Summary of Actions | Summary of Short-term Actions across the five Pillars of Workforce








### Train

-  NHS Academy create, in collaboration with NES and SSSC, a learning source for “Preparation for Work in Health and Social Care” to help immediate winter pressures.
-  National Clinical Skills for Pharmacists Programme – supporting community Pharmacists to become independent prescribers. 122 places have already been provided with a further 118 to be delivered by the end of 2021 and a further 165 places to be offered in the first 3 months of 2022.
-  Shape future training programmes to support the development of the pain management workforce.
-  Accelerate training to increase Endoscopists, providing much needed capacity to address endoscopy and cancer waiting times.
-  Increase the number of undergraduate medical school places by around 100 per annum in each year of this parliament (an investment of £47.5m) and double the number of widening access places.
-  In 2022/23 we will increase funded places for nursing and midwifery by over 8% to 4,837, increases will be across all nursing training pathways.
-  Deliver a national induction framework for adult Social Care which includes developing Infection Prevention Control (IPC) induction resources and a professional support tool.
-  Promote career pathways and deliver policies on upskilling and developing the Health and Social Care workforce, including the development of foundation and modern apprenticeships and resources for those providing careers advice.
-  Grow the newly established Enhanced Psychology Practitioner (EPP) training programme, aiming to deliver approx. 100 new EPPs per annum.
-  Support development of a trauma-informed workforce via the [National Trauma Training Programme](#).
-  Develop the social work advanced practice career pathway. The advanced Social Work practitioner will broadly mirror the advanced nurse practitioner role in health and will strengthen the multi-disciplinary models and public health commitments.



## Annex: Summary of Actions | Summary of Short-term Actions across the five Pillars of Workforce









### Train

-  Working with relevant stakeholders to determine the feasibility of developing multi-year intake numbers for nurse and paramedic training places to provide certainty and sustainability to this workforce.
-  Review the wider opportunities available to access a career across nursing and midwifery, AHP and HCS by exploring the potential to further increase the use of approaches such as Open University and Apprenticeship models. This will assist in ensuring the recruitment pipeline and future service models meets the needs of the population whilst promoting diversity in the workplace.
-  Increase paramedic training numbers by 32% bringing the total student numbers for 2022/23 to 941.
-  Publish a scoping review of AHP and HCS education needs by the end of 2022. Through comprehensive modernising career framework reviews we will identify gaps in training programmes and the actions required to meet future service needs.
-  We will develop, in partnership with stakeholders, a mandatory supported year for newly qualified social workers, which will provide an effective transition from professional qualification to employment.
-  Scottish Government will work closely with SSSC, NES and sector partners to develop a pilot Graduate Apprenticeship scheme, within the next 6-12 months to improve career pathways for Social Care staff into social work.
-  Develop pilot model for Primary Care Training Hubs in partnership with NES and NHS Boards to increase training capacity within Primary Care for GPs and all members of MDT workforce.



## Annex: Summary of Actions | Summary of Short-term Actions across the five Pillars of Workforce





 **Employ**

-  Work with NHS Boards, Skills Development Scotland PACE service and Department of Work and Pensions to promote the wide range of opportunities available in the Health and Social Care Workforce to those whose employment has been affected by the pandemic.
-  Prioritise the refresh of the PIN Policies, particularly the Home Working PIN Policy, which is part of the 'Supporting the Work-Life Balance' suite of policies and consider requests to develop new policies.
-  Work in partnership with UK Government's Department of Health and Social Care on developing partnerships with individual countries which will support direct access to international labour markets.
-  Support international staff through development of support, such as OSCE training to help gain regulatory body registration.
-  We are analysing the response to the recent national Adult Social Care marketing campaign (There's More to Care than Caring) through a post-campaign evaluation and engaging with providers to obtain data on the impact of the campaign on their recruitment efforts. This will inform the planning of future campaigns, as well as our overall recruitment strategy to support the sector with rising levels of demand. The recruitment strategy for Social Care will be developed by the end of 2022.
-  Continue to work with HSCPs and providers to identify local Social Care campaigns, recruitment efforts, and employability programmes to identify areas where we can support while bringing HSCPs and providers together to increase collaboration between them.
-  Continue to push for emergency changes to the UK immigration system to combat acute post EU Exit skills and labour shortages exacerbated by the pandemic.
-  Continue to push for an immigration system that is responsive to real life skills shortages that does not arbitrarily equate skill level with salary.



## Annex: Summary of Actions | Summary of Short-term Actions across the five Pillars of Workforce

### Employ

-  We will recruit an additional 1,500 staff to deliver the additional capacity in elective surgeries and procedures, which will be created by the National Treatment Centres, through domestic and international recruitment.
-  Create a network of 1,000 additional dedicated staff who can help grow community mental health resilience and help direct social prescribing, by 2026. Recruitment for these multi-disciplinary services will commence early in the 2022/23 financial year.
-  Recruit 320 additional Child and Adolescent Mental Health Services staff.
-  We will provide further funding for SACT and Acute Oncology using a phased approach to ensure we build a sustainable workforce. The funding will reach up to £10 million and will support increased regional working, workforce recruitment and maximise capacity across the existing workforce through initiatives like non-medical prescribing and treatment closer to home.

### Nurture


-  Provide financial investment to help Health and Social Care staff with their practical and emotional needs, including pastoral care and other measures to aid rest and recuperation.
-  Develop an engagement programme across our workforce to inform a set of shared values which we all hold.
-  Launch a new National Leadership Development Programme (NLDP) in the Summer of 2022 for all different levels within Health and Social Care organisations and work to influence culture change across Health and Social Care through this programme.
-  Ongoing development and evaluation of a National Wellbeing Programme that seeks to support the mental health and wellbeing of the Health and Social Care workforce.
-  Deliver an 'effective voice' pilot in early 2022, ensuring the experiences and needs of the workforce underpin the principles and delivery of any changes.





## Annex: Summary of Actions | Summary of Short-term Actions across the five Pillars of Workforce





## Nurture


- 


Improve the formal conditions associated with CPD time for Adult Social Care workers to ensure they have the time to attend continuous professional development opportunities.
- 


Improve staff networking – working with the NHS National Ethnic Minority Forum (EMF) to develop outcomes to support staff from minority ethnic backgrounds.
- 


Develop a national online portal to support all staff equality networks to share resources, information and support in 2022/23.
- 

Over two years we will work in collaboration with staff and external partners to develop race specific staff equality training which will cover identifying structural racism, impact racism has on mental and physical health, racialised health inequalities, intersectional racism, and reporting structures and support.
- 

Ensure that there is a staff equality focus for example in the Women's Health Plan and the Immediate Priorities Plan for Race Equality, that will outline our priorities and work to deliver meaningful outcomes in this area, over the next 18 months.
- 

Develop a further programme of work in relation to Public Health Leadership and Succession Planning in Scotland.
- 




Redevelop the implementation and transition timetable for the H&C Staffing Act.
- 

Via NHS Education for Scotland (NES) we are delivering a workforce development programme to increase capacity and capability to provide psychological therapies and interventions for the Health and Social Care workforce. This programme includes national and local delivery of training and supervision in psychological therapy and interventions.
- 

Up to 16 WTE posts will be created to support the workforce over the next two financial years, including Clinical Psychologists, Counsellors, Project Coordinators, Community Navigators, and Assistant Psychologists.







## Nurture

-  Campaign to increase disclosure rates on protected characteristics starting with ethnicity for NHS staff, involving staff networks in the messaging for the campaign.
-  Develop a menopause and menstrual health workplace policy for NHS Scotland as an example of best practice, prior to roll out across other sectors, including Social Care.
-  Between 2021 – 2023, the Scottish Government will invest £200,000 in a Social Work Professional Support Service to provide peer support for career development, promote wellbeing, and the development of a stronger professional identity.




# Summary of Medium-term Actions across the five Pillars of Workforce



## Plan

-  Improve parity of data collection design and data quality across the Health and Social Care workforce and integration of workforce data with service delivery plans across multiple services and organisations.
-  Following the refresh and re-focus our Mental Health Strategy in 2022, develop a mental health workforce plan in the first half of this parliament.
-  Assess and identify the role of AI in delivering Health and Social Care services to address demand and capacity issues.
-  Work with NHS Boards and HSCPs to ensure workforce plans are part of wider integrated plans which include and triangulate with financial and service/operational planning arrangements.

## Attract






-  Scottish Government will continue developing 'Once for Scotland' Workforce policies promoting NHS Scotland as a modern, exemplar employer; showcasing our core values, and promoting consistent employment policy and practice that supports the implementation of the Staff Governance Standard and effective recruitment and retention.
-  Consider changes in the professional registration of unregistered groups within the Social Care workforce.
-  Scottish Government propose establishing a National Social Work Agency as part of the NCS infrastructure. This would support the social work profession to fulfil its statutory and ethical functions, provide national leadership, oversee and support social work education, improvement, workforce planning, training and development and improve consistency and scaling up of good practice.





## Annex: Summary of Actions | Summary of Medium-term Actions across the five Pillars of Workforce






### Train

-  By 2024/25 this will have increased by a further 89 places to bring the total to 120 pharmacist trainees over 5 years staying in Scotland to complete their pre-registration training.
-  Fully implement our existing commitments for Digital Skills and Leadership as part of the Digital Health & Care Strategy, so that digital skills are seen as core skills for the workforce across the Health and Care sector.
-  Upskill our cancer workforce, including guidance and support on developing leadership skills.
-  Develop national workforce strategies for AHPs and HCSs underpinned by comprehensive data and population and demographic need, beginning work in early 2022. These will focus on how AHPs & HCSs can most effectively contribute to population health, reduce inequalities, remobilise and modernise healthcare through an action orientated workforce plan ensuring the availability of high quality education, training and development of staff and an effective supply of AHPs and HCSs to meet the growing demands of the service.
-  Establish a Public Health Workforce Development Programme to build workforce quality, capacity and capability to ensure high standards of public health practice, maintained through a culture of learning, qualifications, registration and regulation for the public health workforce.








## Annex: Summary of Actions | Summary of Medium-term Actions across the five Pillars of Workforce

 **Employ**





-  We will grow our workforce over the next 5 years by 1%, in addition to projected required growth, ensuring there is workforce capacity to address backlogs and increase capacity in the NHS.
-  Support for those wishing to join the Health and Social Care workforce through increased use of national schemes such as modern apprenticeships.
-  Take forward, Fair Work recommendations for minimum standards of terms and conditions in Social Care, reflecting fair work principles.
-  Continue to push for a migration system tailored to Scotland's needs, including a Scottish Visa, and work with partners and employers to develop proposals that suit their requirements.
-  Establish a programme of work to review and support public health workforce recruitment which addresses some of the current challenges.

 **Nurture**

-  Deliver up-to-date, relevant and impactful training for staff around Equality, Diversity and Inclusion.
-  Build on the work outlined in the “Tackling race inequality in employment: statement”, to ensure NHS Scotland has equitable and inclusive recruitment, retention, representation, and promotion practices.
-  Implement the August 2021, the Women's Health Plan which sets out a number of actions for us to take to support women working in the NHS.
-  Ongoing evaluation of the National Wellbeing Programme, working closely with partners, to identify specific areas of work.
-  Continue working with partners to establish a series of meaningful anti-racist objectives and performance measures for NHS Board Chairs.






## Nurture

-  Work with a Health Board to gain Equally Safe accreditation (through initiatives to reduce violence against women and girls through domestic abuse, sexual assault and harassment). This will be a pilot before national rollout in the NHS.
-  Introduce the Flying Finish initiative across all Health Boards to help retain older workers.
-  Improve the granularity of workforce data, across the protected characteristics to show information on pay, promotion and recruitment, ensuring this is recorded in a standardised way, so it can be published.
-  Working with NES to improve mandatory Equality, Diversity and Inclusion training for Health and Social Care staff and ensure that it is up to date and relevant and not seen as a tick box exercise.



# Summary of Long-term Actions across the five Pillars of Workforce



## Plan

-  Actively share National Workforce Data and Intelligence for use in planning across all aspects of Health and Social Care in order to enable flexible service delivery, and more agile ways of working.
-  Ensure our workforce continue to have the skills to deliver services, service transformation and role redesign.
-  Continue to identify emerging technology to bridge the gap between service capacity and demand, alongside expanding workforce capabilities and expertise.




## Attract

-  Ensure that the pay and terms and conditions of NHS staff continue to remain competitive, and that NHS Scotland remains an employer of choice for people seeking a career in health care.
-  Continue to promote fair work and support employers to embed Fair Work practices.




## Annex: Summary of Actions | Summary of Long-term Actions across the five Pillars of Workforce




 **Train**

-  Continue to assess and improve education and career pathways for our workforce, ensuring provision of relevant skills and training.
-  Investigate new routes of workforce supply, ensuring the Health and Social Care workforce is accessible to all as a career choice.
-  Through the CfSD, NES and the NHS Academy, continue to support role re-design and innovation across Health and Social Care and enhance the knowledge and experience of our workforce, including identification and training to maximise the benefits of technological advances in the delivery services.

 **Employ**

-  Continue to assess and review our approaches to recruitment, ensuring we maximise opportunities and learn from previous experience.

 **Nurture**

-  Ensure Senior Leadership in the Health and Social Care workforce reflects the diversity in our population, the NLDP accelerated development programme for minority ethnic staff in the NHS and Social Care will help with this.
-  Continue to work in partnership to achieve the best possible outcomes for the workforce and the people of Scotland as we develop national policies and enablers.
-  Establishing other National Forums (in line with EMF) by linking up local equality networks on disability, LGBTI+ etc. to help shape future policy, initiatives and training. Flowing from this, there will be consideration of providing more specialist training and resources about equality.



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