Workforce Plan 2022-25

The State Hospitals Board for Scotland

Contents

Foreword

Welcome to the Workforce Plan for The State Hospitals Board for Scotland (the Board) for 2022-2025 which sets out the aims and direction of travel for our workforce for the next three years. The plan decribes how we will meet anticipated risks and challenges, in the context of potential change during this period.

The Board agreed our strategic aims in our Corporate Objectives in February 2022, and these will be supported by our Annual Operational Plan for 2022-23. The Workforce Plan describes how we will implement change in our workforce to support development of these aims over the next three years.

Our workforce is our greatest asset, and change will only be possible with their support and commitment.   The Board is focused on enabling a culture which engages all staff, encoraging feedback and providing ways through which they can help to further improve the quality of care delivery for our patients. It is essential to listen to the views of our staff, and to place their wellbeing at the centre of this plan through our Staff and Volunteer Wellbeing Strategy. This will enable our ambition to grow the workforce, supporting staff to develop their career pathway and educational opportunities in their chosen professional field. We will provide opportunities for staff who wish to continue their career for longer, and this will supplement staffing resources.

The Board will continue the transformation of its services through the implementation of the new Clinical Model during 2022-23, and is continuing to prepare for the implementation of the Health and Care (Staffing) (Scotland) Act 2019 for implementation in 2024-25. The plan recognises the potential impacts of longer term change through external drivers, once decision-making is finalised for the future of forensic mental health care and the provision of a female high secure service.

Gary Jenkins
Chief Executive Officer

1.   Introduction

The requirement to produce Workforce Plans has been established in legislation through CEL32(2011), with additional guidance provided as per DL 2022(09) National Health and Social Care Workforce Strategy: Three Year Workforce Plan, which provides guidance on using 6 steps to workforce planning methodology as the agreed collective approach.

This guidance followed the publication of the National Workforce Strategy for Health and Care which detailed the vision for Health and Social Care Workforce as:

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

The guidance details the first iteration of the new medium term workforce planning guidance for health and social care with the express intention of improving the strategic alignment between organisation's workforce, financial and service planning.

This Three Year Workforce Plan will detail the Five Pillars of Workforce Planning outlined within the National Workforce Strategy, which are:

- Plan
- Attract
- Train
- Employ
- Nurture

This Workforce Plan covers the period 2022-2025 and will set out the current issues, ongoing service changes and possible future developments.

It should be noted that while The State Hospital (TSH) can and will take steps to support, address and develop services staff and services, there are a number of external factors impacting on workforce supply that are outwith the control of the Board. These include decisions relating to the future provision of Forensic Mental Health Services in Scotland; changes in pension legislation; implications from Brexit; historical low levels of unemployment; and an ageing population as well as an ageing workforce.

TSH will work with Scottish Government colleagues on various national initiatives and workstreams to mitigate the impact of the factors cited above.

In addition to these external factors, the rural location of TSH can be a barrier due to the lack of local sustainable transport. TSH will continue to work with the local authority on sustainable transport methods and routes appropriate to the location. Funding has also been secured for internal and external electric car charging points, which will be in place by the end of the financial year.

2.   The State Hospitals Board for Scotland

The State Hospitals Board for Scotland is a National NHS Board serving the population of Scotland and Northern Ireland.   The organisation provides specialist individualised assessment, treatment and care in conditions of high security for male patients with major mental disorders and intellectual disabilities. The patients, because of their dangerous, violent or criminal propensities, cannot be cared for in any other setting.

TSH has a reputation for delivering world class forensic mental health care. Visitors and stakeholders from both home and overseas continue to be extremely positive about the person centred care approach focused on recovery. Working with partners in the Forensic Network for Scotland, the organisation is recognised for high standards of care and treatment, innovative research and education.

The vision of TSH is to:

- Excel in the provision of high secure forensic mental health care
- Achieve positive patient outcomes
- Ensure the safety of our valued staff, patients, visitors and the general public
- Promote collaboration across health, social care and justice services
- Strive to be an exemplar employer

The values of TSH are aligned to NHS Scotland:

- Care and compassion
- Dignity and respect
- Openness, honesty and responsibility
- Quality and Team Work

The Twin Aims of TSH are:

- The provision of a safe and secure environment that protects staff, patients and the general public

- The delivery of high quality, person centred safe and effective care and treatment

3.   Three Year Workforce Plan Overview

This Three Year Workforce Plan sets out what TSH plans to deliver across 2022-2025.

The Covid-19 pandemic presented significant challenge to the delivery of Health and Care across NHS Scotland. As tentative steps are taken to emerge from the crisis of the pandemic, and learning to live with Covid 19, the plan (which is linked to the Annual Operating Plan and Financial Planning) sets out, in both the short and medium term, how care and services will be delivered against the new normal Covid 19 has presented. TSH will continue to build in changes to operational planning and delivery in the longer term in response to periods of cyclical infection pressures. The focus for TSH will be to deliver the Workforce and Annual Operating Plan, however, there is likely to be pressure in the system that may force re-phasing depending on the extent and duration of challenges as they present.

In managing subsequent outbreaks of Covid-19, oversight of these has been taken through the Problem Assessment Group and Incident Management Team structure. It is likely that this approach will continue throughout 2022-23 unless there is a need to re-establish Incident Command arrangements.

Adaptability and flexibility will continue across the organisation with a key focus on learning from the pandemic and managing any ongoing infection risks coupled with recovery and development of the service in line with NHSScotland priorities.

Unlike other patient facing NHS Boards, TSH does not have outpatient services, elective waiting lists or day-case services. The Workforce Plan is therefore written to reflect the individual and unique nature of a high security forensic mental healthcare provider.

Currently, all known workforce changes are within TSH's existing funding allocation, subject to confirmation that all pay uplifts will be fully funded as has been indicated for 2022/23 (for which the actual percentages to be applied remain to be agreed and implemented), including any future potential changes which will be fully costed once known. It should also be noted that, of the TSH budget, 85% is pay-related – while by comparison many territorial boards' equivalent is around 35% and other national boards range from 20% to 60% - therefore placing increased pressure on TSH's ability to make any additional revenue savings annually from the remaining balance of spending priorities.

Working within the restrictions required to ensure infection prevention and control, short term priorities for TSH over 2022/23 to enable recovery and remobilisation are:

- Address physical health care needs of patients, as set out in 6.1.1
- Promote and support staff wellbeing, as set out in 7.5
- Develop a culture of continuous quality improvement, as set out in 6.2.1 and 6.2.2
- Implement changes to the clinical model, as set out in 6.2.1
- Work with key partners to support the implementation of recommendations from the Review of Forensic Mental Health System, as set out in 6.2.3

As detailed in our Interim Workforce Plan 2021/22, in order to proactively manage this risk a number of positive steps were enacted, these remain relevant to our 3 Year Workforce Plan for 2022/25 and include:

- The development of a workforce and recruitment strategy to describe key milestones, risks and mitigating actions
- Engagement with our Health Care Support staff to provide a model of further education specifically leading to Registered Nurse training
- A positive and pro-active Practice Development team leading innovative approaches to professional development
- Active and ongoing participation in range of QI and management training opportunities
- Support in the delivery of the NHS Professional Careers programme in partnership with Scottish Government and the Glasgow Centre for Inclusive Living.
- A commitment to extend the adoption of Modern Apprenticeships at every opportunity and across all disciplines
- A review of middle management structure to enhance leadership capacity and resilience
- Planned increase in capacity and resilience in staffing to support infection prevention and control

- ⬧ A comprehensive organisational training plan which includes statutory and mandatory components as well as a broad range of multi-level leadership development programmes
- ⬧ Participation in the national work stream Project Lift

4. Stakeholder Engagement

TSH Workforce Planning remains a key component of our ongoing engagement with our Staff, Trade Union Partners and other key stakeholders.

This comprehensive approach to engagement ensures that our Workforce Plan presents a cohesive description of need across the forensic mental health landscape. We have engaged directly with key stakeholders as part of the development of planned activity around the key workforce drivers presented in the plan including Clinical Model and the Health and Care (Staffing) (Scotland) Act 2019. This has ensured stakeholder engagement in the planning process, supporting inclusion of relevant contributions.

Stakeholders and Forums included:

- ⬧ Partnership Forum
- ⬧ Clinical Forum
- ⬧ Staff
- ⬧ Patient Representatives
- ⬧ Staff Representatives
- ⬧ Mental Welfare Commission

This plan will take this forward during 2022-25, collating these engagements into a comprehensive framework for development.

The plan describes how we will monitor the implementation of the plan through our existing governance structures, with the development of a Workforce Governance Group to support oversight and assurance mechanisms (section 8).

5. Current Workforce Profile

The information within this section provides the data for The State Hospital as at 31st March 2022.

As at 31st March 2022, TSH employed 684 staff, (586.1 WTE). It was funded for 608.13 WTE. Of the vacant posts, 5.26 WTE were in the Nursing Directorate. Other vacant posts and hours and spread across the Board, with higher levels of vacancy largely in Psychology and Housekeeping.

Regular reporting is provided on key aspects of the workforce, with overall oversight through the Staff Governance Committee and The Board.

There are no validated workforce or workload assessment tools that are currently assessed as fit for purpose in a high secure forensic environment. TSH therefore use, a blend of retrospective analysis of workforce data, national benchmarking, and professional judgement to project workforce need.

> **Action:**
> Further develop Workforce Reporting through Tableau dashboards to identify and enhance monitoring of key workforce trends including WTE, employee turnover / retention rates, sickness absence as well as providing information on mandatory / statutory training, completion of PDPR and learning and development updates.

5.1 Age Profile

Numbers of Staff within each age category

Staff Age by Job Family as at 31 March 2022
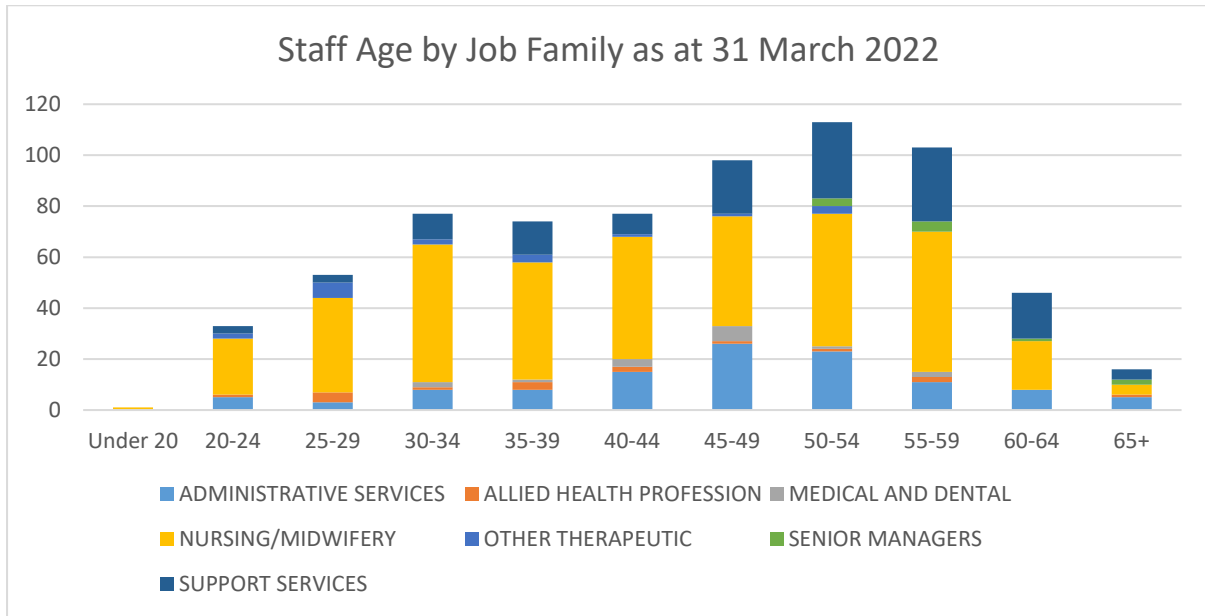
WTE and percentage of Staff within age categories

All Staff

All Staff										
	Under 20	**20 - 24**	**25 - 29**	**30 - 34**	**35 - 39**	**40 - 44**	**45 - 49**	**50 - 54**	**55 - 59**	**60 - 64**	**65 +**
Count	1	33	53	77	74	77	98	113	103	46	16
WTE	0.2	27.43	50.93	68.38	65.32	69.91	88.07	101.07	82.58	36.76	9.13
Percentage	0.14%	4.78%	7.67%	11.14%	10.71%	11.14%	14.18%	16.35%	14.91%	6.66%	2.32%

All Staff by Age Group as at 31 March 2022

8
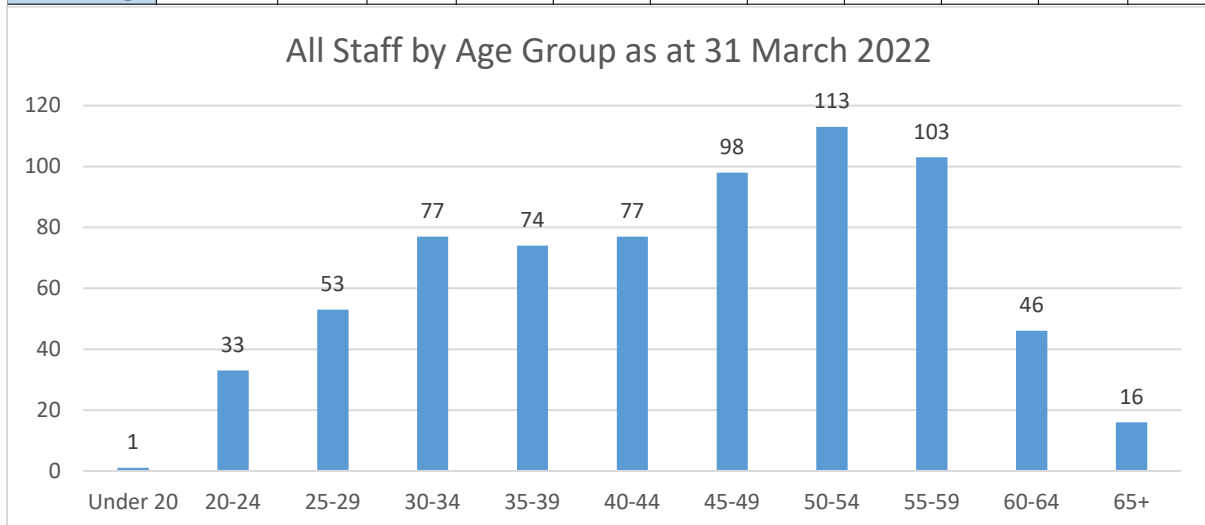
Nursing Staff

Nursing										
	Under 20	**20 - 24**	**25 - 29**	**30 - 34**	**35 - 39**	**40 - 44**	**45 - 49**	**50 - 54**	**55 - 59**	**60 - 64**	**65 +**
Count	1	22	37	54	46	48	43	52	55	19	4
WTE	0.20	18.40	36.40	49.30	42.49	46.80	41.40	49.76	42.72	14.60	2.50
Percentage	0.26%	5.77%	9.71%	14.17%	12.07%	12.60%	11.29%	13.65%	14.44%	4.99%	1.05%

Nursing by Age Group as at 31 March 2022
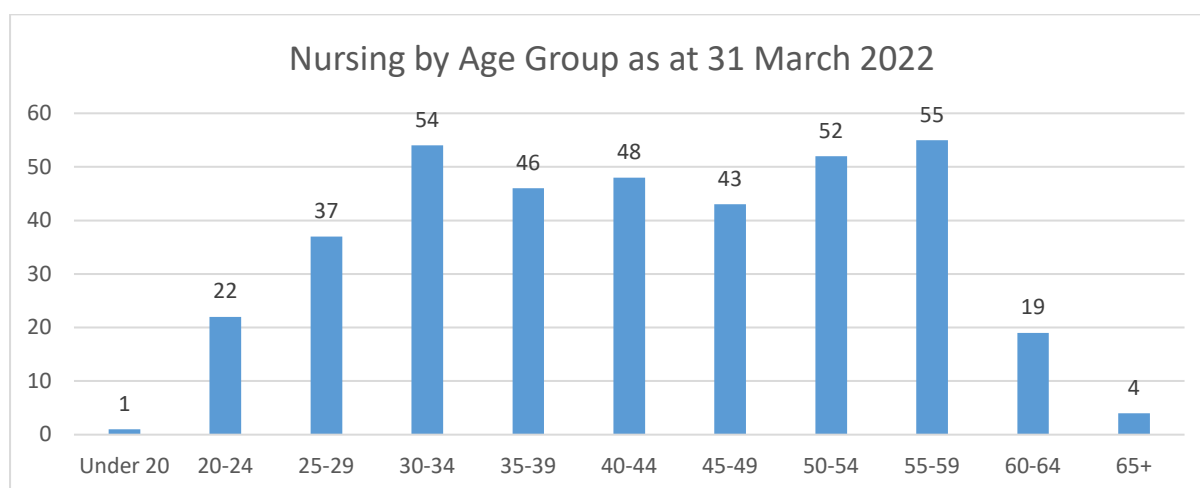
Within the nursing staff group, a number of individuals returned to work after retiring on a fixed term, part time basis. These staff account for 24 of the staff aged over 55 and make up 3.64WTE. Further detail is contained in section 5.6, supplementary staffing, around systems and developments in place to support TSH as these staff retire fully.

Action:
Projecting ahead, regular recruitment will be required to maintain the nursing staffing levels each year. Further detail is contained in the Recruitment Strategy

In addition to supporting recruitment of additional staff, consideration will be given to how TSH can support staff who wish to work longer and more flexibly, particularly those who wish to consider partial retirement and through 'Flying Finish' to support succession planning particularly in specialist areas
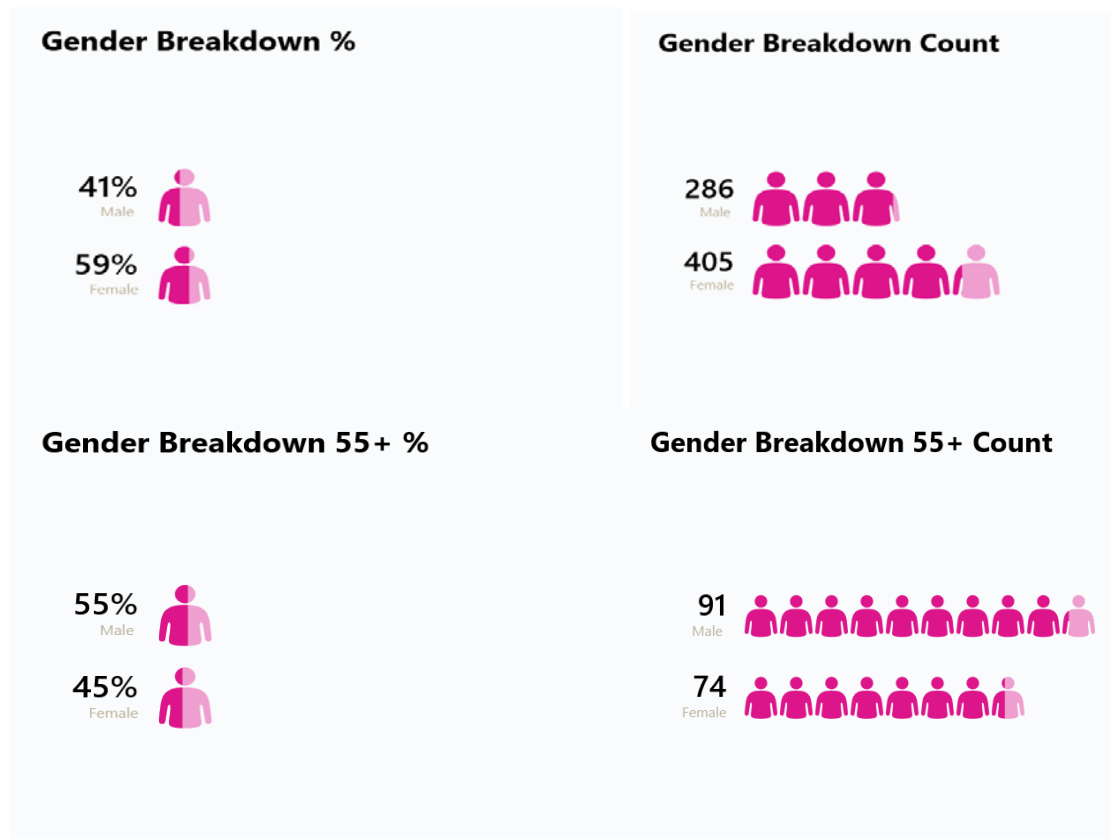
5.2 Staffing Numbers by Job Family

The breakdown of staff within each job family is as follows:

Job Family	Total
ADMINISTRATIVE SERVICES	112
ALLIED HEALTH PROFESSION	16
MEDICAL AND DENTAL	15
NURSING/MIDWIFERY	381
OTHER THERAPEUTIC	18
SENIOR MANAGERS	10
SUPPORT SERVICES	139
Total	**691**

5.3 Gender Mix

Board:

Gender Breakdown %

41% Male

59% Female

Gender Breakdown Count

286 Male

405 Female

Gender Breakdown 55+ %

55% Male

45% Female

Gender Breakdown 55+ Count

91 Male

74 Female

Nursing Staff

Gender Breakdown % - Nursing

50% Male

50% Female

Gender Breakdown Count - Nursing

190 Male

191 Female

Gender Breakdown 55+ % - Nursing

60% Male

40% Female

Gender Breakdown 55+ Count - Nursing

47 Male
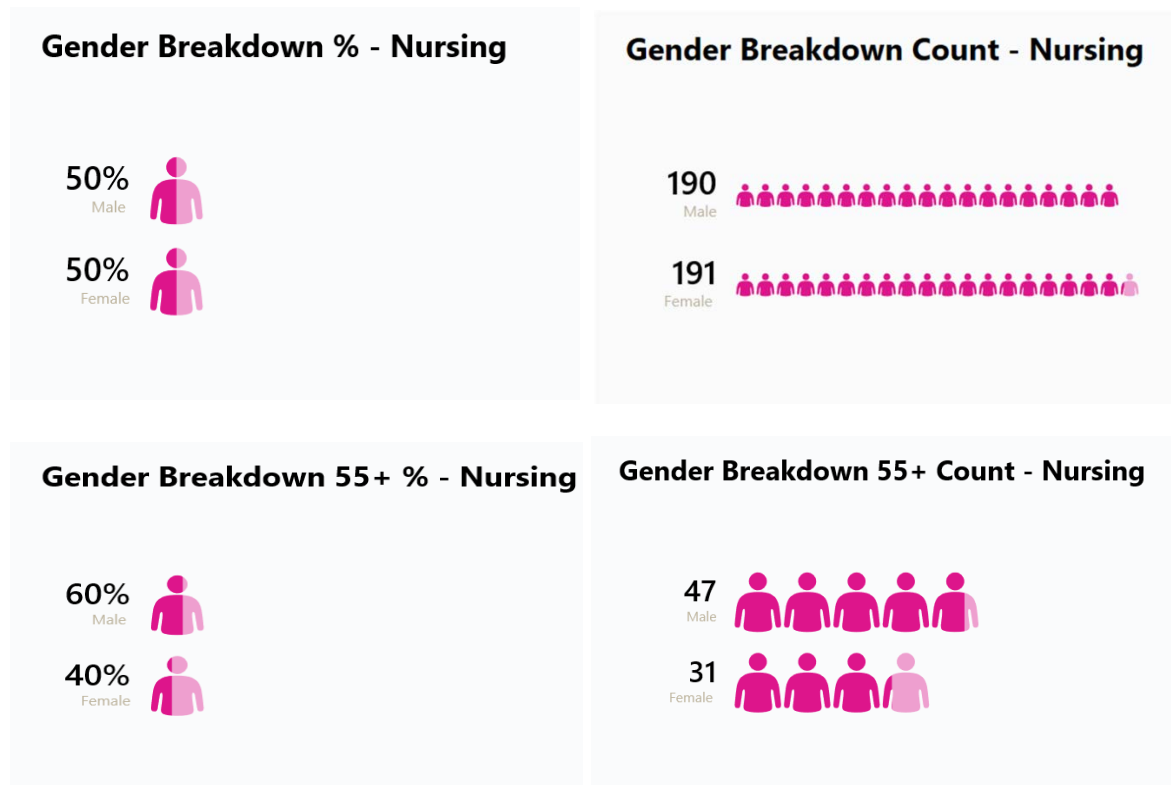
31 Female

Exploring staff gender mix in relation to nursing staffing levels within TSH has generated considerable debate. The matter arose as a consequence of the notable shift in the ratio of male to female nursing staff employed across the hospital.

Many of the factors outwith the direct influence of the organisation has contributed to this shift, which will be further compounded by the likelihood of low numbers of male registered nurses completing their training over the next few years and the significant number of male staff due to retire from the hospital in the next 5 years.

Key issues that emerged from the ongoing debate included agreement that the current arbitrary gender ratio decisions are unlikely to be sustainable.

TSH provides care and treatment for some of the country's most complex and acutely unwell patients. For some patients it has been recognised that, due to identified risks as well as issues of privacy and dignity, it would be desirable for certain tasks to be carried out by male nursing staff. Gender mix of staff therefore remains factor considered when rostering staff. Recognising the reduction in male staff completing their training, it is anticipated that this will continue to adversely impact our gender mix and this will continue to be monitored and risk assessed. A whole system approach is taken when deploying staff to ensure that, identified needs are met, risk is minimised, and safe person-centred care is delivered across TSH.

Our Recruitment Strategy details the ongoing commitment from the Board to look at how we support career development. The Board also have planned sessions with the Schools and HAI to encourage more students to consider a career within Forensic Nursing.

This will remain under review with a risk management process in place. This will consider any increased observations and levels of risk for each patient to ensure that patient centred care is provided.

Action:
Work will be undertaken to independently establish the formulation of a professional tool that reflects current best practice for patients and nursing staff.
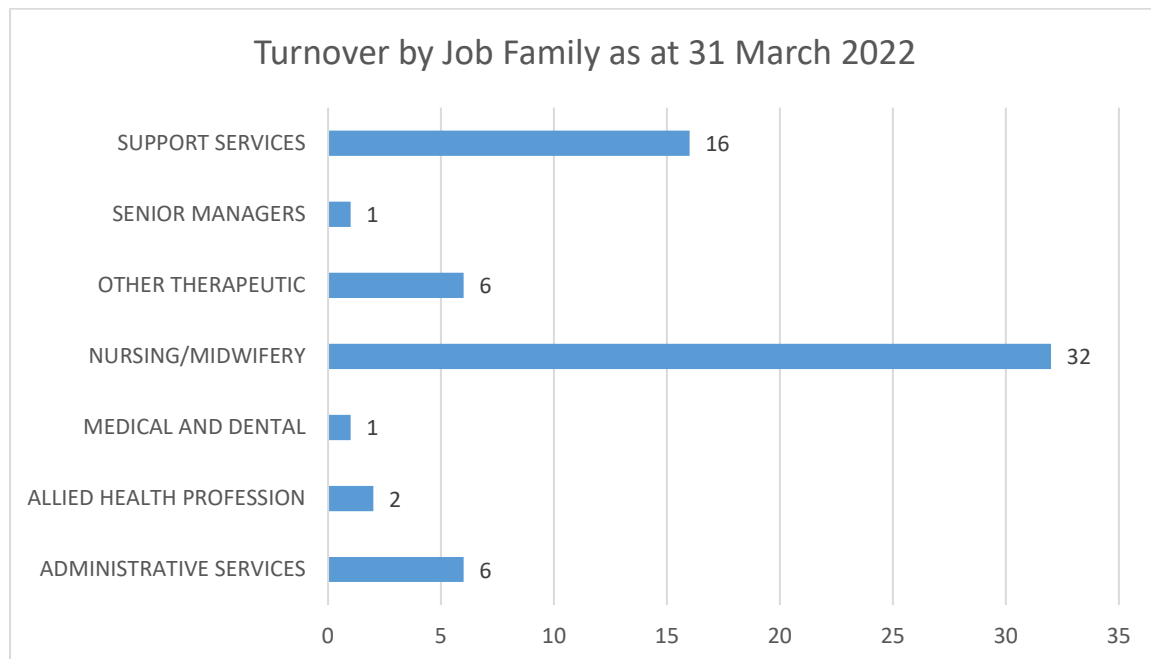
As set out in 6.3, through stronger links with local Schools and Higher Education Institutions, the profile of Forensic Mental Health Nursing and career opportunities within TSH, including a career pathway for male nurses.

5.4 Turnover

Turnover in 2021/22 was 64 staff, 54.90 WTE. This is a turnover of 9.26% for all staff. For nursing, there were 32 leavers, 28.65 WTE. This is a turnover of 8.40%.

Within the 64 staff, there were 14 on contracts of less than 0.3 WTE including 11 on zero hours contracts

Work continues through the development of the workforce dashboards to provide data on this, and regular collation and review of exit interview data will be done through the Workforce Governance Group, as set out in 6.2.2.

Turnover by Job Family as at 31 March 2022

| Job Family	Count
SUPPORT SERVICES	16
SENIOR MANAGERS	1
OTHER THERAPEUTIC	6
NURSING/MIDWIFERY	32
MEDICAL AND DENTAL	1
ALLIED HEALTH PROFESSION	2
ADMINISTRATIVE SERVICES	6

The highest levels of turnover are within Nursing and Support Services.

Historically Housekeeping and Catering vacancies have been relatively easy to fill, as there has always been a healthy number of applicants.

Estates have found it more challenging to recruit Band 5 Electrical and Mechanical Technicians in the last five years. The department do not expect the need to fill any of these posts in the short term (next 3 years), however will possibly be required after this period. The Estates department would benefit from the creation of an apprenticeship post(s) to allow a degree of succession planning to be implemented within the department and this will be taken forward as set out in 7.4.

Within our largest staffing group, Nursing, regular recruitment activity will take place to fill vacant posts and all aspects of the Recruitment Strategy, detailed in 7.2, will be used to attract, recruit and retain staff.
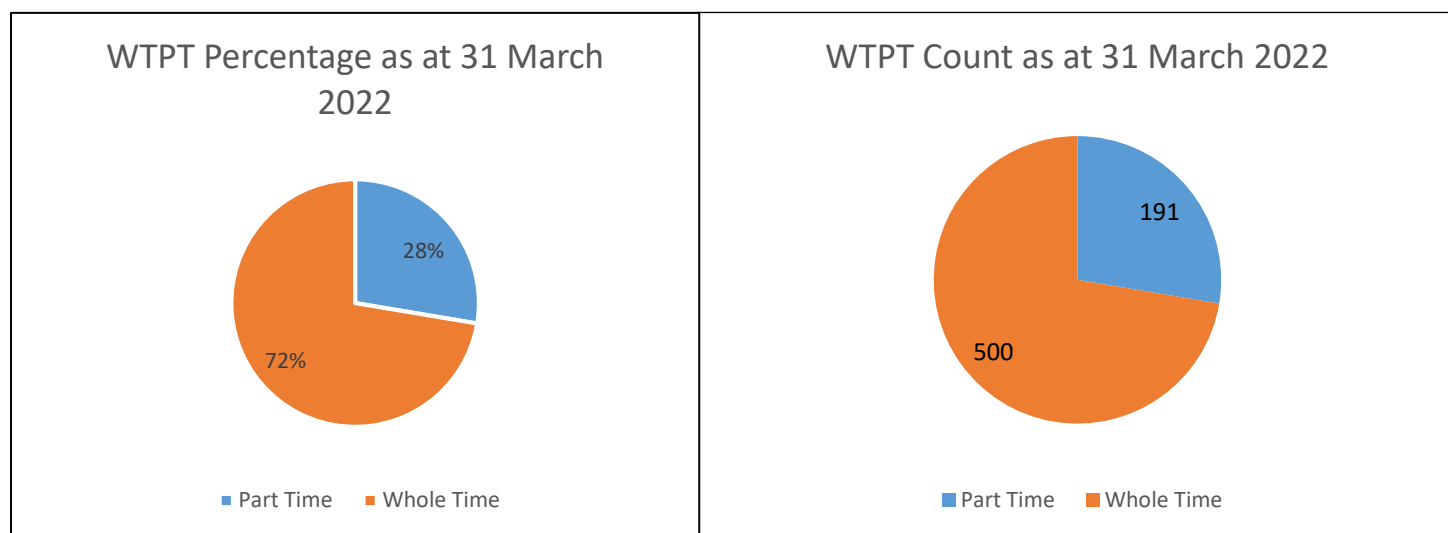
5.5 Contract Type

Contract Type	Total
Permanent	610
Honorary	1
Fixed Term	71
Bank	9
Total	**691**

5.6 Supplementary Staffing

The Supplementary Staff Resource Group has undertaken a reviewed the current Nursing Pool and are in a process of transferring this group of staff to a supplementary staff register, commonly referred to as a Nursing Bank.

There have also been processes agreed to support our current nursing workforce to join and offer as an option for those choosing to retire. This supports TSH to address any shortfalls in workforce and retains staff with considerable skills and expertise in the field of high secure mental health.

The purpose of developing this register is to provide the ability to supplement temporary staffing needs through an additional staffing complement, meaning that there will be a reduced requirement on existing staff to work additional hours.

Through development of the register, rather than relying on temporary short term contracts, it is intended that vacancies created through retirement or other turnover can be filled on a long term basis with permanent staff.

The next stage is looking at supporting our substantive staff currently working in non-clinical roles, who wish to join the register as clinical support workers.

> **Action:**
> Continue with the development of a Supplementary Staffing Resource, which will be responsive to short term and temporary staffing shortfalls or additional staffing needs
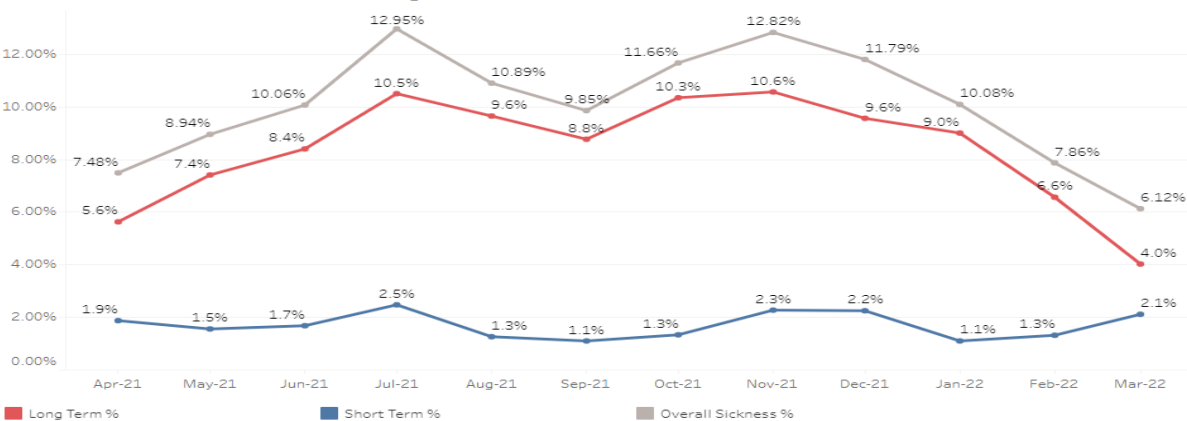
All Staff

Sickness Absence 12 Month Rolling To: March 2022
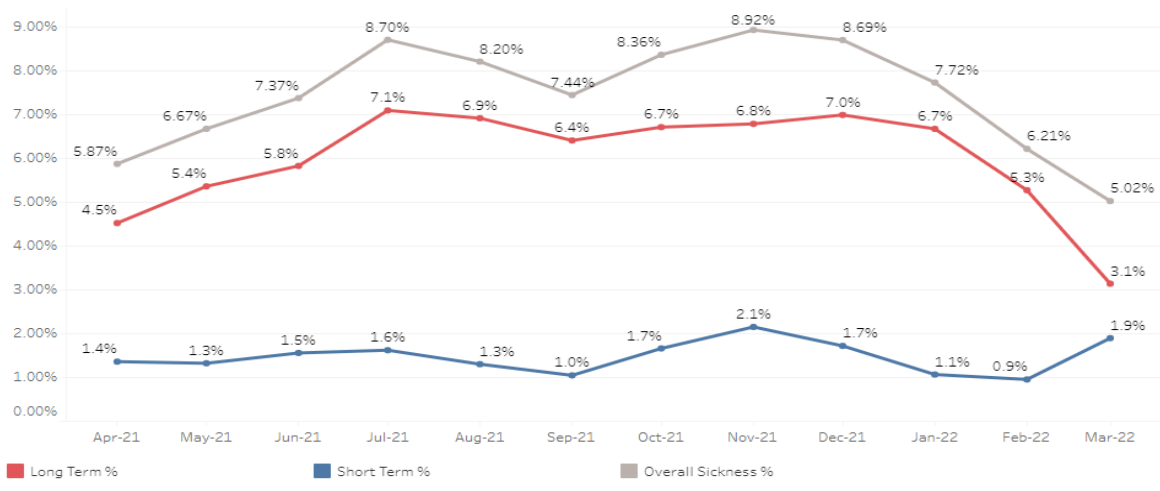
The rolling absence rate for all staff in 2021/22 was 6.76%, with this made up of 5.43% long term absence and 1.33% short term absence. 43.88 WTE were lost to sickness absence.
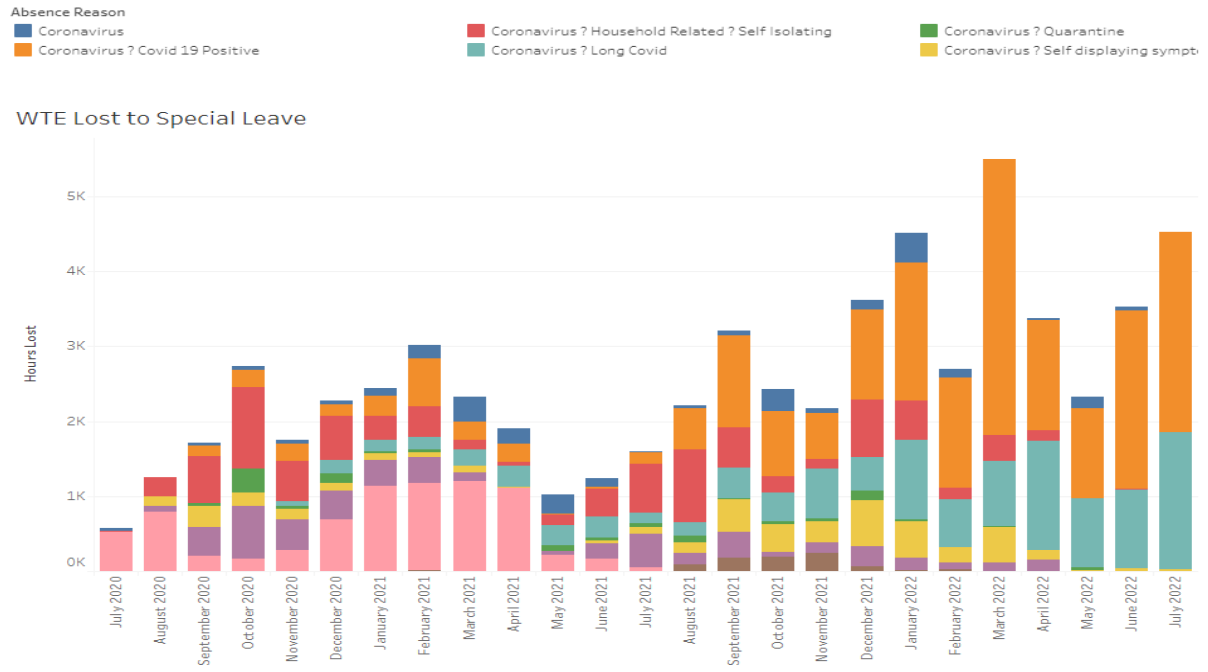
Nursing Staff

Sickness Absence 12 Month Rolling To: March 2022

The rolling absence rate for nursing staff in 2021/22 was 8.62%, with this made up of 7.17% long term absence and 1.45% short term absence. 25.94 WTE were lost to sickness absence.

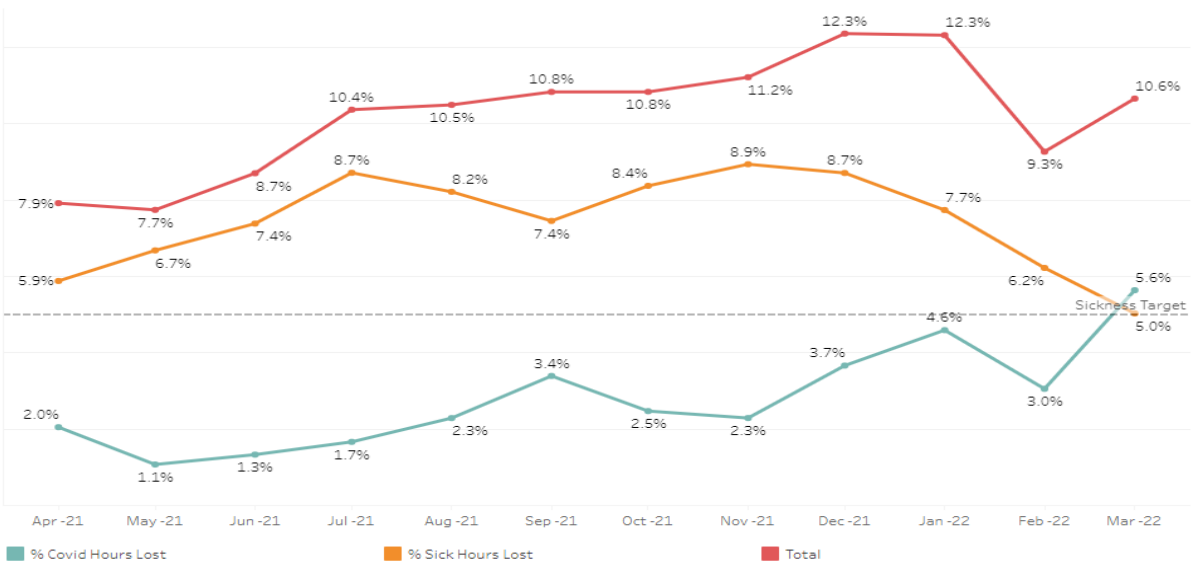## Covid Related Absence

This graphic demonstrates all absence recorded as being related to Covid by reason code.

Covid Absence and Sickness Absence

Action:
Continue to manage attendance related absence in line with NHS Scotland Attendance Policy, while ensuring that appropriate wellbeing supports are available to assist staff in remaining at work, during their absence and once they return.

6. Workforce Drivers

The following section outlines the drivers identified at TSH that are required to enable service development and deliver within the timeframe of the 3-year Workforce Plan 2022-25.

6.1 Short Term Recovery

It has been identified that the following areas of development are required within the next twelve months to assist and support with recovery and remobilisation

6.1.1 Patient's Physical Health Needs

Health inequalities for the population of patients within the TSH are extensive.

Obesity rates are significantly higher for patients cared for within a high security environment (52.5%), as opposed to being cared for within either medium (44.8%) or low (41.6%) secure care (Forensic Network Census, 2013).

A 2013 audit showed that on average, patients will gain 15% of their body weight within the first year of admission to TSH; this figure rises to a 25% gain within three years of admission.

A 20 year follow up study (Thomson and Rees, 2021), on a cohort of more than 200 former State Hospital patients, has discovered that 30% of the cohort are dead. The average age of death within these cohort members was 54 years, with the major cause of death being either cardiovascular or respiratory disease.

TSH has a major emphasis placed on healthy eating and exercise. There are two specific work streams in place to address these. To provide a focus on exercise, there is a programme of work led through the Activity Oversight Group (AOG) from August 2022. To help address obesity, the programme of work on 'Supporting Healthy Choices' provides the focus. This has had a new Action Plan approved by the Board in 2021.

Actions:
To support the future focus on addressing the physical health needs of our patients, a Project Manager will be recruited supported by health psychology and dietetics. This will build resilience around patients' physical wellbeing as well as their mental health.

The Communications Team will be expanded to assist with the developments moving forward into improving our on-line profile and portfolio.

6.1.2 Communications

TSH recognises the importance of communicating the Board's aims and objectives, within the developing arenas of media and digital communications. The Board has already identified the need for a change in its approach. The Board but recognises the challenge of having only one employee designated to this essential function.

Following the Annual Review, the Minister noted his desire to see improvement to the hospital website.

The preferred option agreed by the Board is an in-house Delivery Model with Service Transformation. It increases the remit and scale of the communication function with the responsibility and accountability for electronic communications returning to the Communications function from eHealth.

The Communications function will then take responsibility for all electronic communications, i.e. Website, Intranet, ONELAN screens, audio visual production including video and voice recordings.

The Head of Communications has developed two job descriptions to enable the model to progress. The job descriptions have been written in a way that ensures these posts complement and provide resilience for each other (where possible) and for the wider Communications function. This service development resolves the longstanding challenges of having a single handed communications specialist.

The cost for both posts at mid-point, including employer costs is circa £80k per annum:

→ Communications Officer (Digital) Band 6 (under evaluation)

In addition to mainstream communications, this post will be the lead specialist for digital communications, making the best use of digital technologies in the design and delivery of services. This involves developing, managing and evaluating the Hospital's existing range of digital channels and platforms including the staff intranet, external website, ONELAN screens, social media channels, and other marketing platforms. In particular, this post will lead on the redesign of our website, and support the transformation / redevelopment of the existing staff intranet in line with the new Office 365 / SharePoint platform.

In summary – main focus on content management systems, and the creation of visually appealing content (graphic design).

→ Communications Officer (PR and Media) Band 5 (under evaluation)

This post also covers mainstream communications, and the development of audio / visual materials such as videos and blogs. However, there is a particular emphasis placed on public relations, media relations, and social media engagement.

In summary – main focus is on raising the profile of TSH by engaging and educating stakeholders through the day to day management of social our media channels and creation of content.

Additional work is currently being scoped to assess if an early rapid redesign of the website can be undertaken as a one off project.

Action:
The Communications Team will be expanded to ensure the organisation has a resilient digitally enabled communications function both internally and externally.

6.1.3 Infection Prevention Resilience

TSH has adapted its clinical model to deal with challenges posed by Covid 19. There was one single handed Lead Nurse for Infection Prevention and Control prior to the pandemic. Public Health and Infection Control Medical support is provided from NHS Lanarkshire; this will continue going forward.

A key challenge is the administrative aspect of undertaking audit, updating guidelines, supporting Incident Management and Problem Assessments Groups whilst providing timely data and intelligence. There is a necessity to ensure that all other 'non-covid' aspects of infection management and prevention are maintained.

Action: An Infection Control Facilitator role was resourced on a one-year contract. This resource will be embedded permanently into organisation's resilience approach and living with cyclical peaks in Covid presentation on site

6.1.4 Digital Inclusion

TSH has made noted improvements in improving stakeholder engagement through increased digital inclusion, and has continuing plans for ongoing development in the coming years. This includes, during the pandemic, undertaking an extensive rollout of laptops to enable a significant increase in the ability of a broad range of staff effectively to work from home with full functionality of their roles and responsibilities, and for patient engagement to be enhanced through initiatives including "Near Me" providing the facility for digital visits and consultations, and court and tribunal appearances.

There is a focus now on further developments in engagement though new initiatives such as a current evaluation of options for new software to provide additional benefits through enhanced virtual visiting and improving further our patients' digital experience. It should be noted, however, that these enhancements do not reduce our base costs for patient care (and indeed may require additional project funding once fully evaluated and costed) – but would provide enhancement to the current service model.

The demands on eHealth will continue to be reviewed to ensure there is full evaluation of all essential project work, developing and monitoring a 5 year plan including all identified patient priorities. The resourcing and affordability of these projects is managed through existing budget and, where applicable, consideration of application for additional project funding.

6.2 Medium term growth and transformation

It has been identified that the following key areas will be developed and implemented (6.2.1 and 6.2.2) and once the outcomes are known, consideration will be given to needs arising (6.2.3 and 6.2.4).

6.2.1 Clinical Model Implementation

The Clinical Model describes how clinical care is to be structured and delivered at TSH. This will provide patient centred care, enabling individuals to feel a sense of progress through the clinical stages of their treatment journey. The model takes cognisance of their needs, risk, physical and mental health factors.

The Clinical Model comprises of four clinical sub-specialty areas:

- Admission and Assessment Wards
- Treatment and Recovery Wards
- Transitions Wards
- Intellectual Disabilities Wards

Planning for implementation of the Clinical Model was at an advanced stage prior to the Covid-19 pandemic, however, this was paused in March 2020.

A Project Initiation Document presented to the Board at its June 2022 meeting. This outlined the current context and additional consideration that the pandemic has presented in relation to planning and implementation of the Clinical Model. The document included information on the current difficulties in achieving safe staffing levels and how these will be addressed.

The paper provided an outline plan for implementation over the financial year 2022/23.

The Clinical Model will be implemented within the current budget, as it is intended that the care group adjustment will provide tailored staffing in line with the four care subgroups.

Actions:
- Ensure that a staff needs assessment is undertaken for working in the sub specialty clinical areas
- Establish an agreed partnership process which will focus on minimising disruption
- Ensure that any staff moves are clearly articulated and communicated
- Identify requirement for any structural changes, or new roles, with the development of modified job descriptions where appropriate
- Legislative requirements associated with the Health and Care (Staffing (Scotland) Act 2019 (*aka safe staffing*) is deliverable and continuously monitored with reporting to the CMT, Staff Governance Committee and the Board

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6.2.2 Health and Care (Staffing)(Scotland) Act 2019

The Health and Care (Staffing) (Scotland) Bill was passed by Parliament on 2nd May 2019 and received Royal Assent on 6th June 2019. The aim of the legislation is to provide a statutory basis for the provision of appropriate staffing in health and care service settings, enabling safe and high quality services and to ensure the best health care or care outcomes for service users.

The implementation of the Act was put on hold at the start of the COVID-19 pandemic in 2020 to allow Scottish Government and Health Boards to focus on the immediate priorities faced by the pandemic.

The revised timeline for implementation of the Act was announced in parliament on 21st June 2022 and full implementation of the Act will take place on the 1st April 2024 providing time for the necessary preparations to take place.

The commencement of monitoring and governance will take place from the 1st April 2024 with the first reports due by the 31st March 2025.

> **Actions:**
> - Further work is will be done on the 'Safe to Start' safe staffing tool, which will be refined over the coming 12 to 18 months to review the effectiveness of the overall staffing model and ensure that correct resources are deployed across the organisation.
> - Continue to work in collaboration with Healthcare Improvement Scotland and the Chief Nursing Officer for Scotland's team in reporting the outcome and opportunities associated with this legislation.
> - The Board will be briefed on any challenges or actions required to meet the requirements of the safe legislation going forward.
> - A group will be established to oversee all change within the organisation: The Workforce Governance Group. A terms of reference will be developed with membership from key individuals across TSH along with partnership colleagues. It will ensure a system wide consideration of any workforce needs or changes and enable TSH in the identification of current or potential workforce risks and supporting these to be mitigated and monitored. This will ensure that we consider the current staffing profiles, future plans, future roles, recruitment practices and ongoing developments. This will ensure we have the right staff, in the right place at the right time, with a quality improvement methodology embedded in the group.

6.2.3   Future of Forensic Mental Health Services in Scotland

Following the publication of the 'Independent Review into the Delivery of Forensic Mental Health Service' in 2021, the Scottish Government established a Planning and Collaboration Short Life Working Group (SLWG) in November 2021.

The SLWG was tasked with engaging widely and developing an options appraisals process to establish the most appropriate delivery mechanism for implementing the review outcomes.

The group have met over 2022 and are now at the stage of finalising the report. The report will be send to the Minister for consideration and approval. It is anticipated that a final decision will be made in the autumn of 2022.

> **Action:**
> TSH will assess any workforce implications following ministerial approval and clarification of the preferred way forward.

6.2.4 Female High Secure Provision

The 'Independent Review into the Delivery of Forensic Mental Health Services' as recommendation 3 states:

"A high secure service for women should be opened in The State Hospital within nine months of the publication of the Review

   * *The design and staffing model for the unit must be able to appropriately flex to meet the care and treatment needs of both women with mental illness and women with a learning disability ''*

At present, there are no high secure female beds in Scotland for either mental illness or intellectual disabilities. Scottish women requiring high secure care are transferred south of the border to Rampton Hospital, the only UK female high secure facility.

TSH commissioned the Forensic Network for Scotland to undertake a Clinical Infrastructure Assessment for the needs of female patients who require high secure care. The report was completed in June 2022 and outlines the suggested admission criteria, physical and clinical infrastructure requirements.

The service will require a separate ward and clinical infrastructure. An initial assessment of new staff costs associated with the introduction of a female service has been undertaken. The analysis indicates that new staffing costs will be in the region of £2.05million per annum.

A report will be presented to the August 2022 meeting of The State Hospital Board.

A workforce plan will be developed following a scoping exercise to identify the staffing requirements. This will be taken forward through the Workforce Governance Group.

> **Action:**
> Pending Board approval, TSH will assess with medium secure colleagues and the female service lead at the Forensic Network, the best approach for staffing a female high secure service for Scotland.

7.   Five Pillars of Workforce Planning

The National Workforce Strategy for Health and Social Care in Scotland outlines the Five Pillars of Workforce Planning, which are:

   * Plan
   * Attract
   * Train
   * Employ
   * Nurture

The National Strategy details that these should be the basis for action to secure sufficient workforce to meet both short term recovery and medium term growth and transformation in our services and workforce. Therefore, detailed below is the ongoing and proposed work within each of the areas.

7.1   Plan

The Workforce Plan has been developed using the Six Steps Methodology to Integrated Workforce Planning, developed by Skills for Health and endorsed by NHS Scotland.

This approach sets out a practical framework to workforce planning which is evidence based and incorporates the key elements for consideration when developing a workforce plan. This was supplemented by additional guidance in the form of DL(2022)09 published on 1st April 22.

The Six Steps are:
- Defining the plan
- Mapping the service change
- Defining the required workforce
- Understanding Workforce Availability
- Developing an action plan
- Implement, monitor and refresh

7.2   Attract

A Recruitment Strategy and Action Plan was developed and approved by CMT in June 2022 to meet the organisational objectives of recruiting and retaining an effective and modern workforce. This strategy is not only aimed at all attracting new / returning staff but also those who are under schemes developed to provide routes to employment. The purpose is to ensure that we recruit the right people, in the right place at the right time.

Actions:
- Develop a modern and progressive recruitment approach, including improving our Social Media presence highlighting vacancies and the good news stories from across the TSH
- Ensure clear progression pathways
- Through inclusive recruitment, fill workforce gaps, create a sustainable pipeline of talented staff and better retain its people.
- Make full use of the technologies available to us to ensure that we maximise efficiencies in the recruitment process and can report fully on
- Remobilise TSH attendance at recruitment events.
- Develop stronger links and build key relationships with colleagues from local Schools and Higher Education Institutions (HEIs) to raise the profile of Forensic Mental Health Nursing and career opportunities within TSH.

7.3   Train

There is a strong focus on staff wellbeing, career development, and adhering to staff governance standards to maintain a skilled and motivated workforce that feels valued and is equipped to deliver high quality services and care. TSH is committed to supporting the training and ongoing development of all staff, and a key component of this plan is the provision of education and learning to help train and develop staff at all stages of their employment.

The following specific training and development opportunities are currently available and form part of the annual Corporate Training Plan, which is aligned to the Board's strategic direction:

- Staff bursary scheme, provides access to funding and study leave support to enable staff to engage in further or higher education aligned to CPD and professional or career progression
- The Health & Social Care vocational qualifications, a part of a structured career pathway for nursing assistants seeking to become registered nurse practitioners while retaining security of employment
- Access to Project Lift, noting that as at 31st March 2022, 42 staff had registered on the App and 25 staff had completed the self-assessment
- Leadership development interventions and support for existing and aspiring leaders across TSH including Introduction to Management, Leadership & Management Essentials, Core HR for Managers, Affina Team Development, Career Conversations and 360^0 Feedback.

In addition, access to coaching conversations for all staff continues to be promoted through a variety of routes through a WoS regional approach. Training is also provided through an in Introduction to Coaching Skills and Coaching Skills for Manager to ensure that managers are equipped with the skills required to adopt a supportive and coaching approach in their interactions with staff and colleagues.

Action:
Over the coming year members of Nursing Practice Development and Learning & Development service will collaborate on a joint-piece of work to support the development of Senior Charge Nurses within the hospital. This will provide leadership support and development following the pandemic and enable SCNs to develop their own teams

7.4   Employ

It is essential that we look to supporting staff through the employment process to make this a robust process but also ensure that staff feel fully supported into the Service and made to feel welcomed.

To assist with this, TSH's induction and onboarding process is being revised to ensure effective and robust induction for all new staff, and well-embedded processes are in place to ensure that individual Personal Development Plans (PDPs) are discussed and agreed on an annual basis.

As part of this review, we will also consider ways to extend the secondary induction period where staff will be supported to undertake further training opportunities that support them in their clinical roles (e.g. care plan training, clinical supervision training).

Scottish vocational qualifications are delivered for all new nursing assistants and security operators within the Hospital. These vocational programmes ensure alignment of induction training and early career development to the Knowledge and Skills Framework (KSF), and to national occupational standards for these specific job roles. They also support achievement of the Healthcare Support Worker Induction Standards, and provide opportunities for new staff members to gain nationally recognised qualifications that can assist with future career development and progression.

TSH is committed to developing apprenticeship programmes to assist in balancing our ageing workforce and help attract more staff into a career within the NHS. Apprenticeship programmes will expand access routes to employment as well as providing opportunities to support young people into work .

Modern apprentices are currently in post within several areas of the organisation. There is commitment to providing two modern apprenticeship placements within nursing per year, and opportunities for future expansion of apprenticeship programmes within the organisation will be actively explored.

Actions:
- Review current induction/on boarding process to ensure that staff are fully supported in joining TSH
- Develop apprenticeship placement opportunities within Nursing to both upskill staff and provide a seamless upskilling of staff
- Explore apprenticeship opportunities within all areas of TSH, in particular Estates

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7.5   Nurture

TSH is committed to provide a healthy working environment which promotes and protects the physical and mental wellbeing of its employees. A tiered support model has been adopted based on the principles of Psychological First Aid (i.e. Care, Protect, Comfort, Support, Provide, Connect, Educate).

Our workforce is the most valuable asset and therefore we will continue to ensure that they are fully supported the pivotal roles of maintaining the safety and security whilst delivering front line care to patients in sometimes challenging and complex circumstances. Health and care systems are constantly changing. Within the context of TSH there are local changes that are planned in relation to the Clinical Model and national decisions from the review of Forensic Services are likely impact TSH. We recognise that change can be challenging for staff and will work with staff and stakeholders to mitigate impacts of change and engage staff in change processes.

A permanent Wellbeing Centre was opened in October 2020. This provides a space for both Staff and Volunteers to relax and recuperate away from their work environment, and to make it as easy as possible for individuals to access the support they need on a daily basis.

The Wellbeing Centre is currently resourced and staffed on a fixed term / part time basis by:

- Wellbeing Advisor
- Staff Care Specialist

Quarterly reviews are carried out to ensure staff benefit and satisfaction from this service, in order to ensure that resources are appropriately targeted.

The key areas of enhanced directly supported activity at present include:

- Continuity of existing level of access to the Centre;

- Programmed targeted information sessions aligned to Healthy Working Lives Agenda. (Credit Union, SPPA, health specific sessions);

- Support for all Staff and Volunteers to access the Centre for specific wellbeing events;

- Direct peer support, whether through informal drop-in visits to the centre, pastoral support via Staff Care Specialist, information events, signposting, listening spaces or coaching;

- Provision of targeted interventions linked to existing priority work streams (e.g. trauma informed care and psychological safety) specifically aimed at enhancing line manager capability in relation to Staff wellbeing and support;

- Investment in a pastoral support service / staff care specialist as described in the recently agreed equality outcome ambition.

In addition to the local initiatives and interventions, the Team are also members of the nationally established Wellbeing Champions Network and National Wellbeing Hub.

A three-year Staff & Volunteer Wellbeing Strategy and Action Plan has also been developed and approved at the Board in April 2022. This Strategy is for all Staff, Volunteers and any colleagues who work for TSH but are not directly employed under NHS Terms and Conditions e.g. our Chaplaincy Team.

The Strategy focuses its efforts in eight areas: mental health, environmental, financial, personal growth & development, physical health, social, spiritual and occupational. It encompasses the work of Healthy Working Lives as well as any wellbeing work across the organisation.

The Strategy and Action Plan will undergo scrutiny through evaluation using local data, set KPI's and feedback from stakeholders.

Over the course of the next three years, implementation will involve ensuring support at the following levels:

- Self-help, providing resources and signposting staff;
- Peer, offering advice and opportunities for staff to access one-to-one or group support;
- Line management, ensuring appropriate training opportunities are available for our managers;
- Organisational, making the links with the relevant organisational and national groups to ensure our approach is inclusive, comprehensive and encompassing.

TSH will continue to encourage feedback through iMatter questionnaires and the completion of Action Plans by each Team. "What Matters to you" will continue to be asked on an annual basis to ascertain what additional supports can be put in place for all staff and volunteers.

In addition to this work, over the next 12 months, members of the Nurse Professional Development team will work with colleagues the Staff Care Specialist to review the Peer Support system. This piece of work aligns with other segments of work that are currently underway to review the hospitals model for access to and the recording of clinical supervision and reflective activities.

All new qualified nurses and allied health professional recruited to TSH are supported to undertake the Flying Start NHS programme during their first year of practice.
The programme is designed to support the transition from pre-registered student to qualified, confident and capable health professional and forms an important component in the provision of nurturing and support for newly qualified staff. The Lead Nurses will to provide additional support to our cohorts of newly qualified nurses, recognising this as a key transitional point. This is to ensure they know they are welcome, valued and supported.

Action:
Review of the peer support system including regular reviews of new recruits to the organisation and their developmental and support experience

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8. Implementation, Monitoring and Review

In line with the Five Pillars within the National Workforce Strategy for Health and Social Care. TSH will focus on short term workforce drivers for recovery and remobilisation of local health and care services, and medium-term workforce drivers relating to sustaining growth and supporting longer term transformation.

The Director of Workforce will lead the implementation of the plan, supported through the formation of a Workforce Governance Group which will report directly to the Corporate Management Team. This will take oversight of progress made by individual Executive Leads for the actions identified within their remit and directorate. This will ensure that the progress

of the short, medium and long term actions set out in the workforce plan are driven forward and will provide a route for evaluation of effectiveness as well as the impact of change for staff.

The Board and its committees will receive regular assurance reporting throughout, and the structure for reporting routes is represented below:
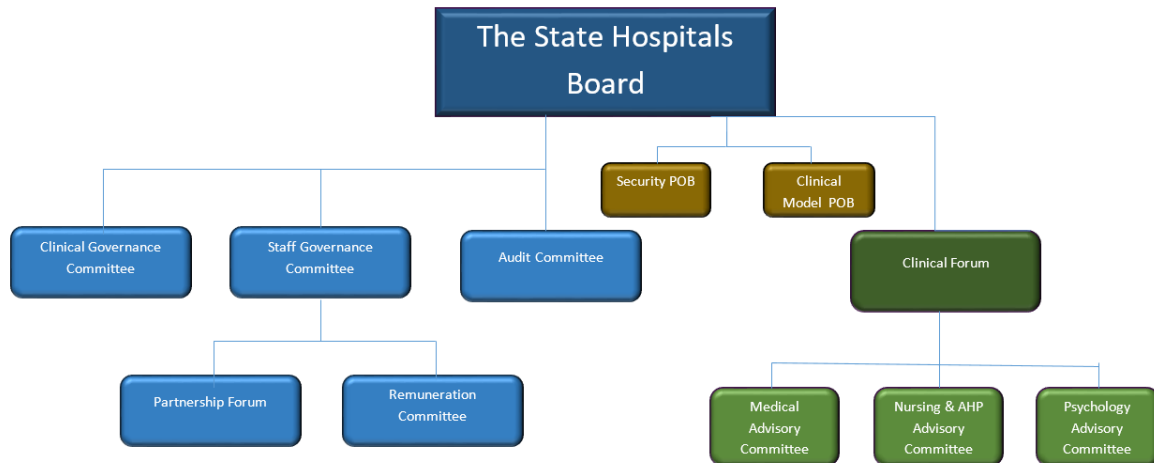
This will embed assurance reporting for the Board through both the Staff Governance Committee and the Partnership Forum; as well as through the Clinical Governance Committee to take oversight of any potential impact of the implementation of this plan on the continued delivery of high quality patient care. The Board has a clearly defined clinical advisory structure led by its Clinical Forum, and engagement will continue throughout implementation of this plan.

TSH will work closely with our sponsor team within the Mental Health Directorate on the development and implementation of this plan.

It should be acknowledged that the scope of this workforce plan sets out local intentions and actions over the course of the next three years as they are known at present. There will however be further developments and changes, noting in particular that the outcomes of the future of forensic mental health services in Scotland review and female forensic health provision review will impact on TSH.

These changes will be reflected in the annual updates that will be submitted to Scottish Government throughout the three-year time period this workforce plan covers.

Appendix 1 – Action Plan

Workforce Plan -
Action Plan.xlsx