

Margaret Sherwood
Programme Director, National Treatment Centre Programme
22 June 2022

Cabinet Secretary for Health and Social Care

NATIONAL TREATMENT CENTRES PROGRAMME – NHS HIGHLAND UPDATE

Purpose

1. To provide the Cabinet Secretary with an update on the revised timescales and opening date for National Treatment Centre (NTC) Highland.

Priority

2. **Routine.**

Revised Timescales – NTC Highland

3. We have received formal notification that NTC Highland will be complete on 9 December 2022 with the first patients due to be treated on 4 April 2023. This is a slip from the further revised position of first patients treated in December 2022. We have had assurance from the NTC Highland team that they expect this date to be met with no further delay.
4. We have been advised that this is due to delays in the construction programme caused by the impact of COVID on the construction workforce and the volatility of the supply chain for raw materials. Namely:
 - delays with delivery of plasterboard materials, roofing material, and steel.
 - delays with concluding the technical detail of the theatre layouts including preferred positions of equipment,
 - impact of Covid infection and isolation periods on productivity.
5. A new contract completion date will be agreed with Balfour Beatty and whilst efforts to mitigate the impact of delays it is unlikely that the December 2022 date will be improved upon.
6. NHS Highland Board have been provided with an update on the timetable for the completion of the National Treatment Centre and the impact this has on the operational start date and this paper is in the public domain.

Comms Handling

7. We propose the following line are deployed and will work with our communications colleagues as appropriate:

- During the pandemic, delays in construction programmes have been unavoidable and are as a result of the impact of COVID on the construction workforce and the volatility of the supply chain for raw materials.
- We are working closely with NHS Highland to have the NTC in Inverness operational as soon as possible.
- Our £1bn NHS Recover plan will help deliver a network of 10 National Treatment Centres (NTC) across the country, which will create capacity for over 40,000 additional surgeries and procedures each year.
- To help deliver the, at least, 1,500 new staff the NTCs need by 2026 is we're supporting Boards to utilise a range of recruitment and retention options.

Conclusion

8. The Cabinet Secretary is asked to note:

- the revised timescale and opening date for NTC Highland; and
- Suggested reactive lines should the delay attract media attention.

Margaret Sherwood
Programme Director, National Treatment Centre Programme

cc.

John Burns, COO, NHS Scotland

Gordon James, Deputy COO, NHS Scotland

- Overarching Programme Risks
- NTC Project overview – Complete and under construction
 - Golden Jubilee Phase 1
 - Fife
 - Forth Valley
 - Highland
 - Golden Jubilee Phase 2
- NTC Projects still at business case development
 - Ayrshire & Arran
 - Tayside
 - Lothian St John's
 - Lothian Eye Centre
 - Grampian
 - Lanarkshire
- Finance position and associated risks
- Recruitment Position and associated risks
- Programme Governance Framework

Key overarching high risks for the Programme applicable to all projects:

- Capital finance
- Recurring revenue costs
- Construction Programme timelines
 - Supply chain issues due to Covid, Brexit, Ukraine
 - New SDAC (Sustainable Design and Construction) Framework
 - Net Zero Carbon legislation
- Workforce availability

These will be covered in more detail later in the meeting

The NHS Golden Jubilee Eye Centre, in Clydebank, is the first National Elective Centre to be opened as part of the Scottish Government's commitment to developing health services across the country



- The NHS Golden Jubilee Eye Centre is a remarkable example of innovative healthcare facilities specifically created, tailored and designed for cataract patients
- It has been designed to be welcoming, accessible and easy to use and get around.
- It is purpose-built with six theatres, in addition to integrated outpatients and diagnostic facilities, its design allows our teams to work in the most modern ways, as well as providing the most accessible and comfortable experience for our patients as possible.
- The eye centre has capacity to perform more than 18,000 cataract procedures every year

Date of Opening	November 2020
Capital Cost	[Redacted s.29]
Specialties	Ophthalmology – cataracts only
Additional activity	<ul style="list-style-type: none">• 19/20 – 8250 cataracts delivered• 21/22 – 8520 cataracts delivered• 22/23 – 11068 cataracts to be delivered [Redacted s.30(b)]
Workforce (WTE)	115.7
Recruited to Date	[Redacted s.30(b)]
Total Recurring Revenue Costs	[Redacted s.29]

Key Points

- Additional activity impacted by social distancing and the optimal flow of patient
- [Redacted s.30(b)]
- Activity will increase towards delivery of the 18,000 cataract capacity as restrictions ease and full complement of staff is recruited

The new National Treatment Centre will bring together multidisciplinary musculoskeletal expertise from across Fife and deliver it from a purpose built facility



- It will house an orthopaedic outpatients department, imaging facilities and meeting rooms on the ground floor;
- A ward and short stay unit providing 33 patient bed spaces on the second floor
- A 3 theatre surgical complex on the top floor with an adjacent staff area on the top floor.
- There will also be a therapeutic garden as well as green spaces incorporated in the design.

- The new 3 floor facility will provide a dedicated centre for planned orthopaedic services to the people of Fife
- It will be designed to be welcoming, accessible and easy to use and get around.
- The arrangement of each department allows for patient dignity by separating into public and private routes.
- This also provides the opportunity for the centre to be adaptable and flexible and allows for future expansion, if required.



Construction work has started to create a new inpatient ward at Forth Valley Royal Hospital, marking the final stage in the development of a new National Treatment Centre at the Larbert hospital



- The new 30 bedded ward is part of a £17m national investment which has also funded the opening of two additional operating theatres and the installation of a second state-of-the-art MRI scanner.
- This has increased surgical and diagnostic capacity and created more flexibility for managing both planned and emergency surgery
- The National Treatment Centre ward, which is being developed at the rear of the hospital will create extra inpatient capacity to care for the increasing numbers of patients who require orthopaedic surgery
- Along with the additional theatre and MRI scanning capacity, it will enable around 1,500 additional operations to be carried out every year (mainly hip and knee joint replacement surgery), supporting the delivery of local and national plans.

- Recruitment to support the development of the new National Treatment Centre has been very successful and, so far, more than 90 additional staff have been recruited across a number of specialties. These include theatre nurses, anaesthetists, orthopaedic surgeons as well as theatre practitioners, healthcare support workers, staff nurses and clinical team leaders

Planned Opening	[Redacted s.30(b)]
Capital Cost	[Redacted s.29]
Specialties	Orthopaedics; Imaging
Additional capacity	1,500 joint equivalent procedures pa; 3,000 MRI exams
Workforce (WTE)	109.35
Recruited to Date	[Redacted s.30(b)]
Operating Costs	[Redacted s.29]

Project Specific Risks

- [Redacted s.30(b)]
- [Redacted s.30(b)]
- [Redacted s.30(b)]
- [Redacted s.30(b)]
- [Redacted s.29]
- FV team has been delivering elective treatments in NTC theatres during the development of modular ward (Between May 21 and April 22 achieving 768 arthroplasty cases)

The National Treatment Centre - Highland will be a purpose-built facility accommodating an entire eye care service providing a range of surgical and outpatient services [Official Sensitive]



- Situated at the heart of the Inverness campus, the new centre will host NHS Highland's entire eye care service, including surgical and outpatient facilities.
- The NTC will also deliver a range of elective orthopaedic care, offering uncomplicated hip and knee replacements, foot, ankle and hand surgery
- The new facility will have five operating theatres, 24 beds, 13 consultation rooms, clinics and outpatient departments.

- A patient and staff café, children's play area and serene garden courtyard provide opportunities for patients and their guests to rest and restore
- Created to help reduce the waiting times for patients across the Highlands, the centre will offer a bespoke uplifting environment designed with the full involvement of the clinical teams who will work there as well as input from patients.



Planned Opening	[Redacted s.30(b)]
Capital Cost	[Redacted s.29]
Specialties	Orthopaedics; Ophthalmology
Additional capacity	3,064 - Volume of additional / reprovision of activity is to be confirmed through delivery plan
Workforce (WTE)	208.22
Recruited to Date	[Redacted s.30(b)]
Operating Costs	[Redacted s.29]

Project Specific Risks

- Delays to completion of construction due to;
 - Impact of Covid on workforce availability (isolation periods)
 - Impact of Covid on management and execution of the works (social distancing)
 - Delays with material supplies – plasterboard, metal stud, roof materials, wall cladding, air handling unit fans, theatre canopies
- [Redacted s.30(b)]
- [Redacted s.30(b)]
- [Redacted s.30(b)]
- [Redacted s.30(b)]
- [Redacted s.30(b)]
- [Redacted s.30(b)]

The Golden Jubilee Surgical Centre - Work continues on Phase 2 of the expansion with the new Surgical Centre, which is scheduled to be completed in Summer 2023 [Official Sensitive]



The Centre will include:

- Additional general surgery, orthopaedic and endoscopy facilities
- New surgical admissions and recovery unit
- New Central Sterile Processing Department
- New Day Case / Day Surgery admission unit
- Additional Post Anaesthetic Care Unit (PACU) spaces
- Extra outpatient and pre-operative assessment area and diagnostic space
- A large theatre recovery facility for our patients

- The GJ pioneering Orthopaedic team developed the Caledonian Enhanced Recovery Programme, allowing patients to be mobilised on the day of surgery, leading to improved outcomes and faster recovery times.
- The team led on this programme's rollout on a "Once for Scotland" basis, improving the standard of care for patients all across the country.



Planned Opening	[Redacted s.30(b)]
Capital Cost	[Redacted s.29]
Specialties	Orthopaedics; General Surgery, Endoscopy
Additional capacity (all theatres operational)	~ 4,118 procedures ~9,467 additional new outpatient consultations ~3,254 additional pre-operative assessment appointments ~1,748 additional General Surgery day case procedures ~ 2,590 pre-operative assessments ~ 7,600 Diagnostic Endoscopies
Workforce (WTE)	480.28
Recruited to Date	[Redacted s.30(b)]
Operating Costs	[Redacted s.29]

Project Specific Risks

- [Redacted s.30(b)]
- [Redacted s.30(b)]
- [Redacted s.30(b)]
- [Redacted s.30(b)]

Planned Opening	[Redacted s.30(b)]
Stage	Working towards FBC
Capital Cost	[Redacted s.29]
Specialties	Orthopaedics
Additional capacity	800 hip/knee arthroplasties (in 1st year) 1500 daycases
Workforce (WTE)	160.95 (in development)
Recruited to Date	[Redacted s.30(b)]
Operating Costs	[Redacted s.29]

Project Specific Risks

- Streamlined Business Case process – Strategic Initial Agreement with Economic case then FBC
- [Redacted s.30(b)]
- [Redacted s.30(b)]
- [Redacted s.30(b)]
- [Redacted s.30(b)]
- [Redacted s.30(b)]

Planned Opening	[Redacted s.30(b)]
Stage	FBC
Capital Cost	[Redacted s.29]
Specialties	Orthopaedics; General Surgery; Gynaecology; Urology; Colorectal
Additional capacity	16,338; Volume of additional / reprovision of activity is to be confirmed.
Workforce (WTE)	412.28
Recruited to Date	[Redacted S.30(b)]
Operating Costs	[Redacted s.29]

Project Specific Risks

- [Redacted S.30(b)]
 - [Redacted S.30(b)]
 - [Redacted S.30(b)]
 - [Redacted S.30(b)]
- [Redacted S.30(b)]
- [Redacted S.30(b)]
 - [Redacted S.30(b)]
 - [Redacted S.30(b)]
 - [Redacted S.30(b)]

Planned Opening	[Redacted s.30(b)]
Stage	FBC
Capital Cost	[Redacted s.29]
Specialties	Ophthalmology
Additional capacity	5018 - Volume of additional / reprovision of activity is to be confirmed.
Workforce (WTE)	-
Recruited to Date	[Redacted S.30(b)]
Operating Costs	[Redacted s.29]

Project Specific Risks

- [Redacted S.30(b)]
- [Redacted S.30(b)]
- [Redacted S.30(b)]

Planned Opening	[Redacted s.30(b)]
Stage	OBC produced and being updated to reflect NZC redesign requirements
Capital Cost	[Redacted s.29]
Specialties	Orthopaedics; Ophthalmology; General Surgery; Dermatology; ENT; Gynaecology; Neurosurgery; Plastic Surgery; Urology; Breast; OMFS
Additional capacity	9,586 additional treatments
Workforce (WTE)	298.73 (in development)
Recruited to Date	[Redacted S.30(b)]
Operating Costs	[Redacted s.29]

Project Specific Risks

- [Redacted s.29]
- [Redacted S.30(b)]
- [Redacted S.30(b)]

Planned Opening	[Redacted s.30(b)]
Stage	[Redacted S.30(b)]
Capital Cost	[Redacted s.29]
Specialties	Endoscopy; Radiology – MRI; Radiology – CT; One-Stop Urology; Respiratory; Dermatology
Additional capacity	52,711 additional outpatient appointments, imaging exams and scopes
Workforce (WTE)	110 - 146 (in development and dependent on preferred option)
Recruited to Date	0
Operating Costs	[Redacted s.29]

Project Specific Risks

- MRI at Dr Gray’s being taken forward as an associated project
- [Redacted S.30(b)]
- [Redacted S.30(b)]
- [Redacted S.30(b)]
- [Redacted S.30(b)]
- [Redacted S.30(b)]
- [Redacted S.30(b)]

Planned Opening	[Redacted s.30(b)]
Stage	Strategic Assessment
Capital Cost	[Redacted s.29]
Specialties	TBA
Additional capacity	TBA
Workforce (WTE)	TBA
Recruited to Date	[Redacted s.30(b)]
Operating Costs	[Redacted s.29]

Project Specific Risks

- [Redacted s.30(b)]
- [Redacted s.30(b)]
- [Redacted s.30(b)]
- [Redacted s.30(b)]
- [Redacted s.30(b)]

[Redacted s.29]

[Redacted s.29]

[Redacted s.29]

[Redacted s.29]

National Treatment Centres Programme – Recruitment At a Glance

[Official Sensitive]

National Treatment Centre	WTE Required	[Redacted S.30(b)]	[Redacted S.30(b)]
Golden Jubilee Phase 1	115.7 MS to check	[Redacted S.30(b)]	[Redacted S.30(b)]
Fife	78.52	[Redacted S.30(b)]	[Redacted S.30(b)]
Forth Valley	109.35	[Redacted S.30(b)]	[Redacted S.30(b)]
Highland	208.42	[Redacted S.30(b)]	[Redacted S.30(b)]
Golden Jubilee Phase 2	480.28	[Redacted S.30(b)]	[Redacted S.30(b)]
Ayrshire & Arran	160.95	[Redacted S.30(b)]	[Redacted S.30(b)]
Tayside	298.73	[Redacted S.30(b)]	[Redacted S.30(b)]
Lothian St John's	412.28	[Redacted S.30(b)]	[Redacted S.30(b)]
Lothian Eye Centre	TBD	[Redacted S.30(b)]	[Redacted S.30(b)]
Grampian	109.76 (based on on-site model)	[Redacted S.30(b)]	[Redacted S.30(b)]
Lanarkshire	TBD	[Redacted S.30(b)]	[Redacted S.30(b)]
Total	1973.99	[Redacted S.30(b)]	[Redacted S.30(b)]

[Redacted s.30(b)]

[Redacted s.30(b)]

John Burns
NHSScotland Chief Operating Officer
08 July 2022

Cabinet Secretary for Health and Social Care

**NATIONAL TREATMENT CENTRES PROGRAMME –
DEEP DIVE SESSION 11 JULY 2022**

Purpose

1. To provide the Cabinet Secretary with further information on the workforce position and recruitment progress of the National Treatment Centre Programme in addition to the information presented at the NTC Programme Deep Dive meeting on 11 July 2022.

Priority

2. Routine

National Treatment Centres – Workforce Briefing Paper

Section 1: Introduction

1.1 The NHS Recovery Plan has outlined a commitment to recruit an additional 1500 staff clinical and non-clinical staff by 2026. We are taking forward a comprehensive programme to support recovery and build capacity, including international recruitment, retention and returners to service, and new youth employment opportunities. Recruitment costs are forecast at £11 million between 2021-26.

1.2 As of the end of May 2022, 267.97 WTE clinical and non-clinical staff have been recruited to the four NTCs which are due to open by the end of this year/ next year.

Table 1 – Recruitment progress to date for NTC Forth Valley, Fife, Highland and Golden Jubilee Phase 2

#	National Treatment Centre	WTE Required	WTE Recruited	Target Opening Date
1	Forth Valley	109.35	102.28	December 2022
2	Fife	78.52	0.2	January 2023
3	Highland	208.42	66.66	April 2023
4	Golden Jubilee Phase 2	480.28	45.15	June 2023

1.3 Recruitment is being monitored by monthly submissions to officials and Health Workforce colleagues are joining 6 weekly NTC status update meetings with each of the Health Boards and NTC Programme Team to ensure any issues or challenges with recruitment are identified as early as possible. The figures provided below are accurate as of 31 May 2022.

Section 2: Recruitment progress for each NTC

2.1 Forth Valley have recruited the majority of their workforce (102.28 WTE to date) with a remaining 7.07 WTE still to be recruited closer to the NTC opening. In total, they will recruit 109.35 by the time of opening. We are confident that they will be able to recruit the 7.07 WTE successfully in advance of the centre opening.

Table 2 – NHS Forth Valley recruitment progress

Speciality	WTE required	WTE recruited	WTE Still to be recruited
Medical	17.27	15.7	1.57
Nursing	64.24	60.15	4.09
AHPs	8.7	8.7	0
Support (unregistered or non-clinical roles)	19.14	17.73	1.41

Total	109.35	102.28	7.07
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2.2 Highland have recruited 30% of their required workforce (208 WTE) with a further 30% in the active recruitment phase. Highland are experiencing some difficulty in recruiting to an anaesthetic consultant role and are experiencing some resistance amongst existing clinicians to the deployment of Anaesthesia Associates as part of an alternative workforce model. They are also experiencing some challenges in securing Band 5 peri-operative nursing staff and are seeking to address this through the deployment of Band 4 peri-operative support staff alongside Band 6 registered staff. They have asked the NHS Scotland Academy whether they would be able to offer peri-operative training to Band 4s, as these posts are easier to recruit to. Dialogue has also started with SG's International Recruitment Team to see where additional support can be provided, following the successful recruitment of 3 Zambian nurses. Highland have now recruited all clinical management roles within the NTC and have had good success with their Orthopaedic Consultant recruitment, with all four roles being filled after a large number of applicants. We are content that Highland's workforce recruitment progress is in line with the capital build.

2.3 NHS Highland has developed a robust marketing and PR strategy which is underpinned with the strapline "Aim High, Aim Highland". This includes the development of a website to market NTC Highland, showcasing the state-of-the-art building; the Transformational, Clinical and Construction teams working on the Project; and will host specific patient information as they move closer to opening.

2.4 NHS Highland will also take part in a pilot Programme next year to develop a Youth Academy Approach and are also utilising the Accelerated Perioperative Programmes offered by the NHS Scotland Academy to maximise perioperative recruitment.

Table 3 - NHS Highland recruitment progress

Speciality	WTE required	WTE recruited	WTE Still to be recruited
Medical	24.4	9.5	14.9
Nursing	62.36	27.06	35.3
AHPs	8.8	3.6	5.2
Healthcare Support Workers	33.49	8.6	24.89
Support (including management, unregistered and non-clinical roles)	79.37	20.5	58.87
Total	208.42	69.26	139.16

2.5 Fife are in the process of appointing the first 12 of the 80 staff they require to operate the NTC. They continue to signal that they remain confident of securing the remaining required staff although they have identified some risk around certain middle grade medical roles. Fife are proposing to address this through a review of the required skills mix, with greater emphasis being placed on deployment of advanced practitioners. Nicola Gibb (International Recruitment Lead) has also signalled the potential for this gap to be plugged through international recruitment. While significant recruitment remains outstanding, it is worth noting that approximately 50% of these posts are Band 2-4 staff and based on previous recruitment, we are confident these will be filled successfully in advance of the centre opening.

Table 4 - NHS Fife recruitment progress

Speciality	WTE required	WTE in post	WTE Still to be recruited
Medical	11	0	11
Nursing	18.44	0	18.44
AHPs	5.72	0	5.72
Healthcare Support Workers	26.57	0	26.57
Support (unregistered or non-clinical roles)	16.79	0.2	16.59
Total	78.52	0.2	78.32

2.6 Golden Jubilee Phase 2 have recruited 45.15 WTE nursing, clinical and non-clinical staff, with an additional 47.90 WTE currently in recruitment. They still require to recruit 435.13 WTE additional staff. Golden Jubilee have also noted difficulty with peri-operative recruitment and we are arranging to meet with colleagues in the coming weeks to provide any support we can to aid recruitment. The Golden Jubilee may particularly benefit from international recruitment to help fill their nursing and peri-operative posts and we will work with the team to ensure all necessary support is provided.

Table 5 - NHS Golden Jubilee (Phase 2) recruitment progress

Speciality	WTE required	WTE in post	WTE Still to be recruited
Medical	47.8	4	43.8
Nursing	270.67	28.11	242.56
AHPs	17.35	3.6	13.75
Support	144.46	12.88	131.58
Total	480.28	48.59	431.69

2.7 Grampian have yet to finalise workforce plans and the WTE required to staff the NTC will be dependent on whether an on-site or off-site model is selected. It is anticipated that if an on-site model is the preferred option, the required workforce will be approximately 110 WTE. If an off-site model is selected, the required workforce will be approximately 146 WTE.

2.8 Tayside are hoping to recruit 298.73 WTE and aim to begin recruitment in 2023. They are keen to make use of MAP roles to supplement their workforce models.

2.9 Ayrshire and Arran are working to finalise their workforce plans for their FBC. They have appointed an NTC General Manager and 2 Orthopaedic Consultant roles have also been filled (one is now in post and the other is on fellowship until 2024).

2.10 Lanarkshire are still to determine their required WTE.

2.11 Lothian are still to finalise their required WTE. At present, NHS Lothian St John's is anticipated to require 412.28 WTE. The workforce required for NHS Lothian Eye Centre has not yet been determined.

Section 3: Measuring the 1500 additional staff commitment

3.1 Following approval from the NTC Workforce Group, an NTC Workforce Data Short Life Working Group has now been set up to develop coding guidance for use in Health Boards in order to determine whether staff recruited to the NTC are additional or whether they are

leaving posts within the main Board and therefore creating vacancies and displacement of staff. Staff will still be counted as additional if they move from a post in the main Board, so long as the role they leave is subsequently backfilled and doesn't create a gap.

3.2 The SLWG will meet for the first time on 22nd July and timescales for the work will be agreed thereafter. This work will allow us to formally track progress against the ministerial commitment to recruit an additional 1500 staff for the NTCs.

Section 4: NTC Approval Process

4.1 There is a further governance step being introduced to ensure consistency in the process of quality assuring and approving workforce plans for the NTC projects. This process is currently awaiting sign off by the Integrated Planned Care Programme Board.

4.2 Recognising that it is the responsibility of host Boards to develop Workforce Plans, this process sets out a dialogue between Scottish Government colleagues and the NTC Projects to facilitate a review of the Workforce Plans for the NTCs. Through the review process, NTC Projects may benefit from the knowledge of a multi-disciplinary group (MDG) which could highlight different opportunities or models within the Workforce Plan; for example, skill mix or other roles which could be adopted. This process will also facilitate awareness of recruitment risks and consideration given to future training requirements and timelines for training. The aim is agreement of Workforce Plans to ensure timely recruitment.

4.3 An advisory group will also be established to test compliance with the Quality Assurance Framework at IBC and FBC for each site.

Section 5: Challenging areas of recruitment

5.1 Boards have highlighted a number of challenging areas of recruitment, in particular band 5 nursing and peri-operative roles, which is reflected around the country.

5.2 In order to mitigate against these challenges, we are investing £11 million over the next 5 years in new national and international recruitment campaigns. We will also be supporting Boards to maximise their international recruitment processes, with the help of the Centre for Workforce Supply (CWS), which became operational in November 2021. The CWS will act as a centre of expertise on international recruitment and provide labour market intelligence around brand development of NHS Scotland, in order to encourage prospective staff into employment opportunities.

Anaesthetic Workforce

5.3 A paper was shared with the NTC Workforce Group on 22 February which gave an overview of the Anaesthesia workforce and requirements for the NTCs, as well as additional measures that could potentially mitigate against the current risks associated with recruitment.

5.4 Acknowledging the difficulty some Boards are experiencing in recruiting Anaesthetic workforce and the 'aging population' of Consultant Anaesthetists, the paper recommended the use of Anaesthesia Associates and maximising the opportunities and availability of Operating Department Practitioner (ODP) Training at the University of West of Scotland.

5.5 Given the work that is ongoing within Government to review the budgetary position across NHS Scotland, we have not been in a position to commit funding to the recruitment of a 2022 cohort of Anaesthesia Associates. While this position may change, it is likely to be a number of weeks before a final decision can be reached and it is further likely that, should

any funding become available, it will be significantly less than had previously been hoped. We have therefore advised recruiting Boards to plan on the basis that full costs associated with the recruitment and training of these individuals will fall to them. We understand that NHS Golden Jubilee and NHS Ayrshire & Arran are proceeding with recruitment on this basis. We await feedback from NHS Lothian and NHS Forth Valley. It has been identified that University College London provide an Anaesthesia Associate course which begins in January 2023, and it may therefore be possible to fund Boards to recruit learners for this cohort instead. This will remain dependent on funding availability.

5.6 With regards to the ODP Training, the aim was to provide salary support for additional students on the 2022 cohort, however this was not approved. NES are currently in discussions to run one final diploma course in 2023, before the programme changes to a degree course. It would be extremely beneficial for peri-operative recruitment if we were able to fund learners on this 2023 final diploma course. Funding arrangements are yet to be determined.

Orthopaedic Workforce

5.7 A similar paper, relating to the Orthopaedic Workforce was shared with the group on 17 May 2022. The paper highlighted similar themes which emphasised the need to focus on encouraging retention and training, due to the potential predicted shortfall in Orthopaedic Consultants, should these not be considered.

5.8 The Workforce Service and Development Lead, Marie-Therese McDonald, will work with Health Boards to consider cross-site and cross-board workforce modelling to maximise workforce efficiency and avoid acute care destabilisation.

5.9 The Orthopaedic Workforce paper highlighted that previous orthopaedic consultant employment in Scotland would suggest that wider UK recruitment could be expected. It is therefore important to consider how international recruitment can augment potential predicted shortfall. The recruitment and retention unit within Scottish Government, alongside colleagues in CfSD will work with the Centre for Workforce Supply to ensure that the requirements for international recruitment are scoped out now.

5.10 Both the Anaesthetic and Orthopaedic Workforce papers recommended supporting the implementation / wider adoption of team service planning. This is being taken forward by colleagues from CfSD for both Anaesthetic and Orthopaedic specialities.

5.11 The Improving Medical Retention Group, chaired by John Colvin, will also be developing a retention strategy/ guidance specific to promoting NTC opportunities. The group met for the first time on 29 June, and Patrick Robinson has agreed to feed back the initial discussions to the NTC Workforce Group.

Section 6: Medical Associate Professions (MAPs)

6.1 We're working with NHS Education for Scotland (NES) to help identify alternative workforce options to build in flexibility and resilience to teams. We have commissioned NES to explore how Medical Associate Profession roles, including Physician Associates, Anaesthesia Associates, Surgical Care Practitioners and Advanced Critical Care Practitioners might be utilised to support within NTCs.

6.2 There has been good engagement around the country and positive feedback regarding the aim to utilise MAP roles within workforce models. There has also been slight resistance from some teams towards introducing these roles. NES are aiming to enhance understanding of MAP roles and how they can be used to benefit workforce models and

supplement recruitment gaps. There is good evidence of MAP roles working well in NHS England.

6.3 Following the first successful MAPs workshop on 12th April, NES will be hosting the next workshop on 24th August. This second workshop will profile the 4 MAPs roles, enhancing understanding regarding application for deployment, opportunity within workforce models and considerations for the broader team.

6.4 This is an opportunity to:

- Hear from practising MAPs, service leads and clinical supervisors.
- Join discussion and learn from teams already deploying MAPs to effect in varied clinical contexts.
- Share debate and potential solutions with diversification of workforce models.

Section 7: NHS Scotland Academy

7.1 To further aid the recruitment of staff to the NTCs, we are working with the NHS Scotland Academy to offer unique opportunities to bring a brand new generation into the NHS Workforce, including those who may not have previously viewed the NHS as an employer of choice.

7.2 The NHS Scotland Academy is currently leading the development and delivery of three discrete training offerings in support of the NTC Programme. Each of the below courses are being supported through the provision of funding from the Scottish Government totalling £1.13 million in 2022/23. Discussions are ongoing with the NHS Scotland Academy regarding funding requirements in future financial years. We are also in conversation with Health Boards to determine whether there are any other areas of training which would be beneficial.

7.3 The Academy's **Foundations in Perioperative Practice** programme offers accelerated education and training through a hub and spoke approach to Band 5 Registered scrub nurses and recovery practitioners. The programme, which builds on the NHS Golden Jubilee peri-operative training programme, is formed of pre-operative, peri-operative and post-operative subjects, with learners completing a post-graduate programme through formal teaching. Cohort 1 of the programme (consisting of 10 learners) completed in April of this year, with further cohorts (anticipated to total 12 learners each) due to complete in August 2022, January 2023, May 2023 and July 2023. Cohort 1 included learners from NHS Golden Jubilee and NHS Highland, with cohort 2 consisting of staff from NHS Golden Jubilee, NHS Ayrshire and Arran and NHS Forth Valley.

7.4 The Academy's **Anaesthetic Assistant Programme (AAP)** offers development and career opportunities to existing registered staff preparing for the role of anaesthetic assistant. Building on the existing Core Competence Framework for Anaesthetic Assistants, the course provides additional learning in a range of areas, including immersive simulation. The first cohort for the programme is due to commence in August 2022 and conclude in February 2023, with a further cohort due to conclude in June 2023. Cohort 1 is currently being recruited to, with learners registered from NHS Tayside, NHS Golden Jubilee and NHS Fife.

7.5 The Academy is in the process of developing an education and training programme for **Surgical First Assistants** to be delivered through classroom and skills lab-based learning. The first cohort is due to commence in December 2022, with places being allocated based on an assessment of immediacy of need across NTC Host Boards.

Appendix 1: Overall NTC Recruitment figures as of 31 May 2022

#	National Treatment Centre	WTE Required	WTE Recruited	Target Opening Date
1	Golden Jubilee Phase 1	115	104	Nov-20 (operational)
2	Fife	78.52	0.2	Jan-23
3	Forth Valley	109.35	102.28	Jan-23
4	Highland	208.42	66.66	Apr-23
5	Golden Jubilee Phase 2	480.28	45.15	Jun-23
6	Ayrshire & Arran	160.95	3	Mar-25
7	Tayside	298.73	0	Q3 26-27
8	Lothian	TBD	0	Apr-27
9	Grampian	109.76 (based on on-site model)	0	TBC
10	Lanarkshire	TBD	0	Q2 26/27
Total to Date		1561.01	321.29	

Appendix 2: Summary of NTC Workforce Risks

Risk ID (from underlying Risk Log)	Risk Description	Mitigation
NTC-WF-R001	<p>There is insufficient workforce available to fully staff the new NTCs, resulting in an inability to deliver expected additional activity and capacity – whether nursing or specialist consultant posts.</p> <p>The risk is prevalent where it is recognised that there is a potential that accelerated recruitment for one NTC (the opening of which is not imminent) may limit the availability of specialist resources which are required by another NTC (which may be closer to opening), as those resources have already been recruited elsewhere where they are not imminently required.</p>	<p>Risk being managed through NTC Workforce workstream.</p> <p>Risk being managed through dedicated workforce planning, recruitment, training and workforce diversification activity streams.</p> <p>NTC Workforce Group established to provide assurance around recruitment progress, and to identify opportunities to support host Boards in building requisite workforces.</p> <p>All recruitment to be underpinned by fully mature workforce plans.</p>
NTC-WF-R003	<p>The full workforce requirements are not yet fully known, which could result in an inability to train and recruit staff in time for NTCs opening.</p>	<p>Availability of skill mix and appropriate staff.</p> <p>Agreed NTC opening timescales may not be met and activity within the NTCs may be reduced to coincide with the workforce numbers.</p>
NTC-WF-R005	<p>Destabilisation of existing services through staff leaving Boards (either their own or other Boards) to work in NTCs.</p>	<p>Ministerial commitment in place to recruit 1,500 additional staff to operate NTCs.</p> <p>An NTC Workforce Data SLWG has been set up to develop coding guidance for Health Boards to use in order to code their staff. This will allow us to determine whether staff working in the NTC are additional and/or whether they have left a role within the main Health Board which has subsequently been filled.</p>

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		Establishment of NTC Workforce Group as a mechanism for engaging with NTC host Boards on recruitment issues.
NTC-WF-R006	Lack of appropriate engagement with Quality Assurance process linked to Workforce Plans.	Ensure that assurance process is ratified by IPCPB, and NTC Projects fully engage in the process. Establish advisory group to test compliance with the Quality Assurance Framework at IBC and FBC for each site.
NTC-WF-R007	Accelerated recruitment prior to NTC opening takes place; however, potential changes in timeframes for delivery of the NTCs causes attrition of the Workforce.	Workforce plans, including proposals linked to recruitment and training, to be scrutinised at IBC and FBC stage to ensure alignment with capital build timescales. Recruitment tracker (which includes regularly reviewed target opening dates for sites) to be updated on a monthly basis.
NTC-WF-R008	There is not sufficient budget allocated to workforce for resources required to be recruited – whether via domestic or via international recruitment.	Costed Workforce Plans to be included as part of OBC and FBC for each NTC site. SG Finance to sit on Workforce Planning Advisory Group tasked with quality assuring Workforce Plans. Activity to be taken forward through workforce diversification activity stream to support the utilisation of roles which maximise efficiency within NTC sites.
NTC-WF-R011	Insufficient training capacity available to upskill new NTC staff.	Establishment of a suite of 'Once for Scotland' national programmes focussed specifically on the requirements of NTCs and being delivered through the NHS Scotland Academy. Delivery of a series of 'Once for Scotland' national training programmes designed to increase capacity to deliver diagnostic procedures of the types required in NTC settings. Being delivered through NES and the NHS Scotland Academy.

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		<p>Given the work that is ongoing within Government to review the budgetary position across NHS Scotland, we have not been in a position to commit funding to the recruitment of a 2022 cohort of anaesthesia associates. We have therefore advised recruiting Boards to plan on the basis that full costs associated with the recruitment and training of these individuals will fall to them. We understand that NHS Golden Jubilee and NHS Ayrshire & Arran are proceeding with recruitment on this basis.</p> <p>Requirement for Boards to incorporate clinical education workforce requirements in their Workforce Plans.</p>
NTC-WF-R012	<p>Lack of appetite within Boards to pursue International Recruitment as a means of filling workforce gaps unable to be met by Domestic supply. Any lack of appetite is likely due to the associated costs and logistics of recruiting internationally - e.g. recruitment agency, visa, flight and accommodation fees/cost alongside professional body registration and associated training, pastoral care and NHSScotland induction.</p>	<p>Recruitment Policy Unit/CWS needs to understand the Board workforce requirements 6 months prior to post commencement to enable labour market analysis on those requirements to determine if International Recruitment (IR) is the appropriate source for the roles which require to be filled. SG/CWS will support boards and IR leads within boards to recruit internationally - including the requirements to ready an international individual for the role (e.g. professional body registration).</p>
NTC-WF-R013	<p>Workforce gaps appropriate for International Recruitment not identified in time - IR typically has a lead-in time of three months to arrival plus any additional time required to attain professional body registration</p>	<p>Recruitment Policy Unit/CWS needs to understand the Board workforce requirements 6 months prior to post commencement to enable labour market analysis on those requirements to determine if International Recruitment (IR) is the appropriate source for the roles which require to be filled.</p>