

# NHS Grampian Workforce Plan 2022-2025



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## Foreword

Welcome to the NHS Grampian Workforce Plan for 2022-2025.

Over the next 3 years, our ambition for the workforce will be set firmly within the longer-term ambitions of our exciting Plan for the Future 2022 -2028<sup>1</sup> and its Integrated Delivery Plans. The Workforce Plan will sit as one part of a suite of 4 enabling Plans; Service, Financial, Digital and Workforce to ensure commitments are met by 2028.

Over the past two years our workforce has continued to work during unprecedented times. I would like to thank all staff across the Health and Social Care system for their incredible commitment, hard work and dedication during the COVID-19 pandemic. I am both humbled by this and extremely proud of the contributions made by individuals and teams that provide the foundation on which we look forward to a time of recovery and stability.

Through creation of the Culture and Colleagues component of ‘Our Plan for the Future’, we will focus on putting our workforce centre stage to ensure that people are enabled to thrive and be safe and well through work, by working to ensure:

- We have a workforce able to do today’s work today, and innovate for tomorrow;
- Work and roles that support people’s health, safety, and wellbeing;
- Colleagues are included, supported, and empowered to make their best contribution.

This Plan describes what is currently known of the workforce required by the changing landscape in health and social care. It reflects the Three Year Workforce Plan Development Guidance DL 2022 (9)<sup>2</sup>, whilst noting that this is the first iteration of a Plan that will be refreshed as we progress, reflecting the constant change affecting our organisation.

NHS Grampian intends to implement change in relation to the workforce as part of wider strategies supporting transformation. Because this work is itself evolving, we will annually review our actions from this Plan, covering the period from 2022-2025 change to Because this work itself is evolving, we will annually review our actions from this plan, covering the period from 2022-2025.

Over the duration of the Plan, it is our ambition to work with Portfolios and services to embed workforce planning as part of our recovery, growth, transformation and redesign of our system over the next 12, 18 and 36 months, offering support and guidance in the workforce planning process for services, and creating a continued synergy between workforce, service, financial and digital plans.

From the ten first year actions described in section 9.3, our five headline workforce journey priorities for the organisation during 2022-23 are:



**Professor Caroline Hiscox,**  
Chief Executive, NHS Grampian

<sup>1</sup> NHSG Plan For the Future 2022-2028 (nhsgrampian.org)

<sup>2</sup> DL(2022)09 - National Health and Social Care Workforce Strategy: Three Year Workforce Plans (scot.nhs.uk)

**Plan:** Begin to define the workforce requirements of future service delivery models, particularly connected to enhancing planned and unplanned care.

**Attract:** Further streamline the recruitment process, introducing bulk recruitment for high volume roles to help release time to care.

**Employ:** Take steps to support improved retention by exploring different use of terms and conditions and enhancing bank working arrangements.

**Train:** Support the recovery of education and training, and improve take up of statutory and mandatory training.

**Nurture:** Resume appraisal for staff where this has been impacted by the COVID-19 pandemic and use this to encourage a focus on protected time for learning.

The wellbeing and life choices of our health and social care workforce are key to retention and recruitment opportunities aligned to the Scottish Government NHS Recovery Plan<sup>3</sup>. Therefore, as well as focussing on these priorities, we will continue to provide enhanced wellbeing support to enable our workforce to offer the best quality care by ensuring that we care for them.

We also know that the changes required in health and social care can only take place with the support of our workforce and their openness to working in new and different ways. To this end, as well as continuing to embed new and innovative roles such as Clinical Development Fellows and Physician Associates, there will be opportunities for those who wish to continue their careers for longer to work differently in order to do so. In support of attraction to our organisation, there will be further development of programmes for foundation, modern and graduate apprentices, and entry level qualifications for career development.


The Board is committed to embedding a culture that encourages all staff to provide feedback and influence improvements to provide high quality care and other services. Through our dedicated work on developing our organisational culture there will be a focus on recovery, growth, transformation and wellbeing that supports our workforce by listening to and appropriately acting on their views.

As well as aligning the work in this plan with those of our Health and Social Care Partnerships in Aberdeen City, Aberdeenshire and Moray, we will continue to work collaboratively with our partners across Local Authorities, Primary Care and across the North of Scotland. Developing regional and local solutions to service and workforce sustainability will remain a feature of much of the work ahead.

We will continue to work with our Third Sector Partners to utilise the range of services to support people across Grampian by working as an integrated system, shifting the balance from traditional models of care to preventative care.

The commitments outlined in this Plan, are intended to create and further develop a culture of change, learning and improvement. We will ensure that staff are involved in addressing these challenges to enable the sustainable delivery of health and care services across Grampian.

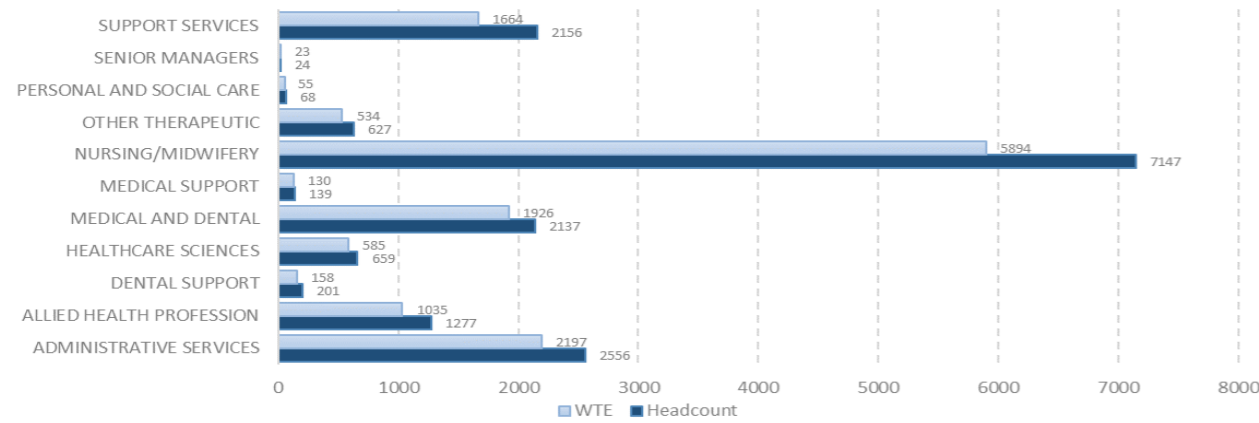
<sup>3</sup> NHS Recovery Plan 2021-2026 ([www.gov.scot](http://www.gov.scot))



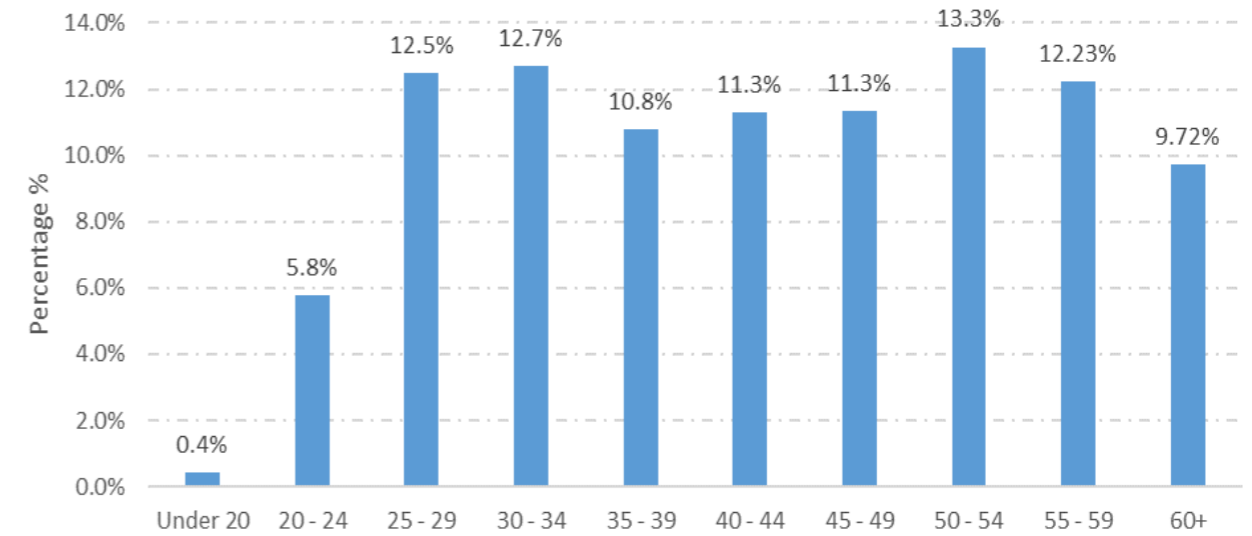
The wellbeing and life choices of our health and social care workforce are key to retention and recruitment opportunities

# Our Workforce - Key Information & Trends

NHS Grampian Headcount & WTE - Substantive Posts (as at 31st March 2022)



Age Profile of NHS Grampian Workforce as at 31 March 2022



Whilst NHS Grampian's headcount has remained relatively stable over the last five years, turnover has increased from 9.5% in 2018 to 11.2% in 2022. Some of this is likely to be accounted for by the range of roles introduced in support of the pandemic response.

Agency & Bank spend has also increased, again reflecting in the past couple of years some of the knock-on effects of the pandemic as well as the challenge of attraction and retention to more rural locations.

Vacancy rates amongst the largest clinical groups over the last five years have seen Allied Health Professional vacancies increase, whilst Medical & Dental and Nursing & Midwifery have seen a decrease, although this is variable across the system.

Despite the pandemic, the rate of sickness absence fell from 5.13% in 2018 to 4.62% in 2022, well below the NHS Scotland average of 5.3%.

77.8% 21.3%



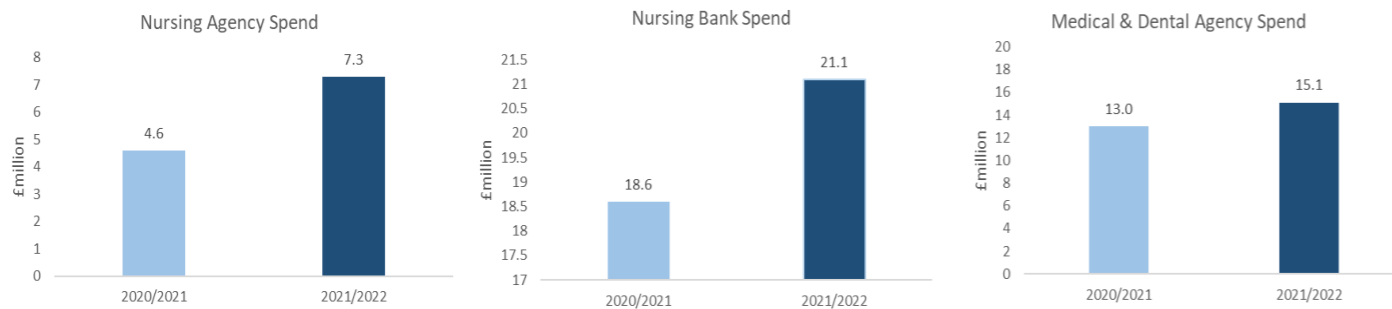
Headcount  
16,991



Whole Time Equivalent  
14200.36



Whole Time 51.3%  
Part Time 48.7%



<sup>4</sup> All Workforce data within this plan is as at 31st March 2022.

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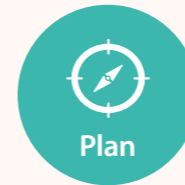
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The aim of the Workforce Plan, is to describe the 'direction of travel' in terms of how we will address workforce requirements.

## Introduction

This plan describes the work required to ensure delivery of sustainable health and care services under the agreed five pillars of the workforce journey contained within the National Health and Social Care Workforce Strategy<sup>5</sup>:



Plan



Attract



Train



Employ



Nurture

### 1.1 Purpose of the Workforce Plan

The aim is to describe the 'direction of travel' in terms of how we will address the workforce requirements connected to our Plan for the Future 2022-28, specifically:

- the context and drivers for change and transformation;
- the type and level of changes required;
- the new roles and skills requiring investment;
- the new ways of working, including with our colleagues and partners;
- the actions to attract, recruit and train staff in sufficient numbers to deliver the future workforce in the context of changing local workforce demography;
- the current workforce and the issues affecting our staff experience, wellbeing and actions to support retention;
- the short/medium term risks to service delivery and mitigating actions including service design and implementation of new technology-enabled care;
- learning and development to support stability and growth;
- actions that will enable the change we wish to achieve.

This Plan reflects the impact of and learning to date from COVID-19 and is closely aligned with the priorities of the NHS Recovery Plan 2021-2026<sup>6</sup> and the National Workforce Strategy for Health and Social Care in Scotland<sup>7</sup>, as well as the other elements of NHS Grampian's 3-year integrated Delivery Plan. This will align service, workforce, financial and digital as 'enabler plans' (delineated in red overleaf) and set out the short and medium-term actions to meet the requirements of our 6-year Plan for the Future 2022-2028<sup>8</sup> (See Chapter 2).

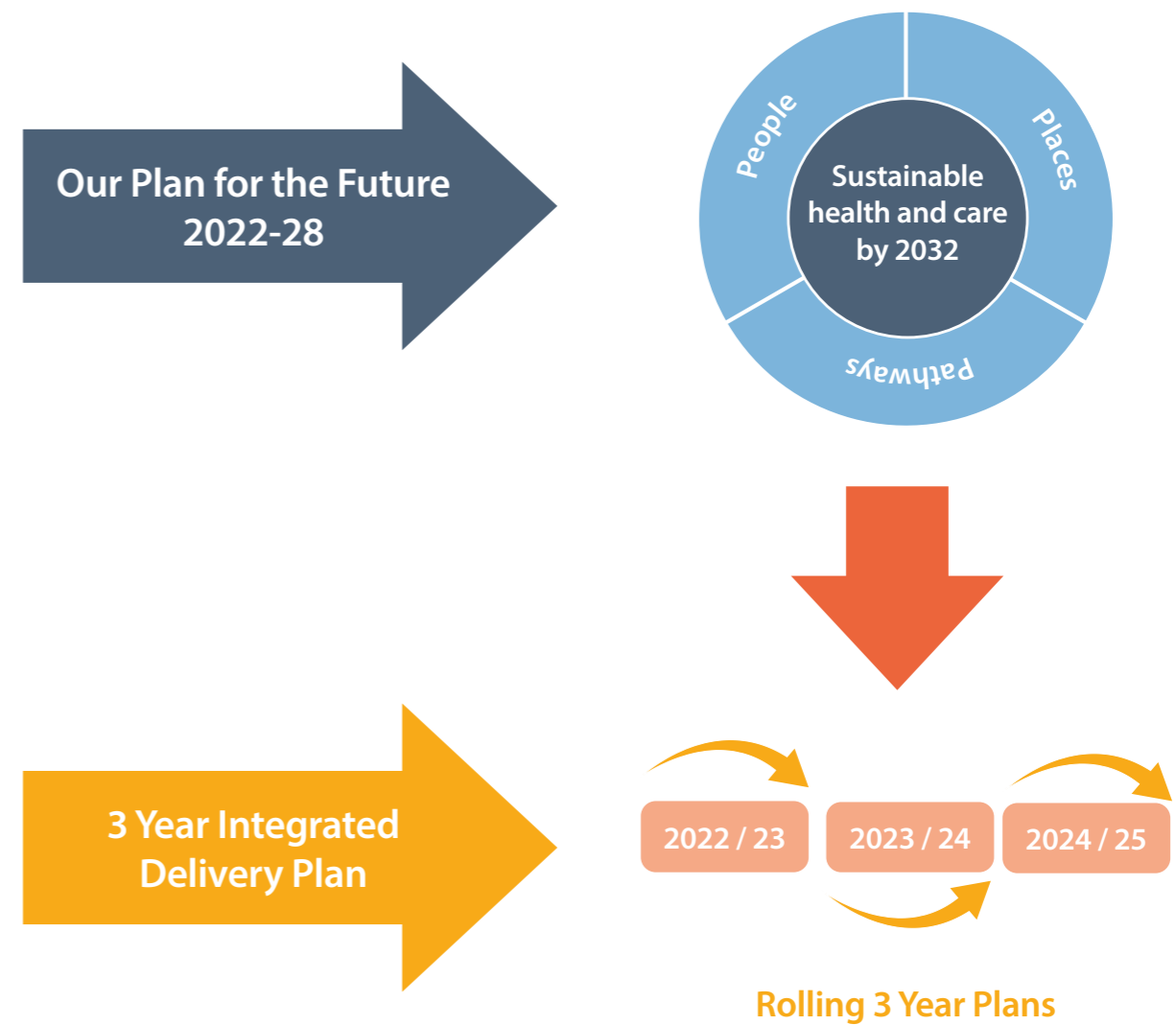
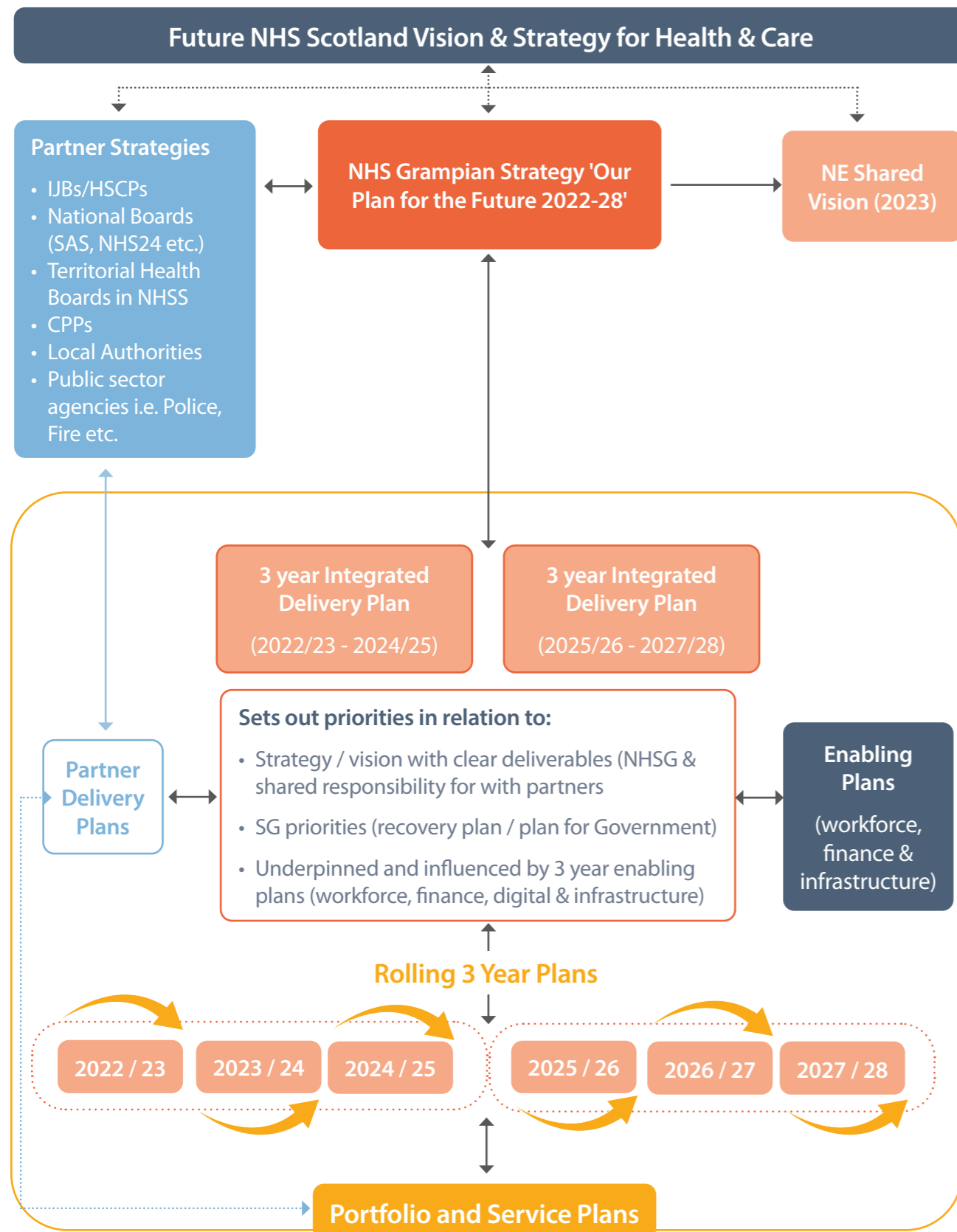
<sup>5</sup> Health and social care: national workforce strategy - gov.scot ([www.gov.scot](http://www.gov.scot))

<sup>6</sup> NHS Recovery Plan 2021-2026 ([www.gov.scot](http://www.gov.scot))

<sup>7</sup> Health and social care: national workforce strategy - gov.scot ([www.gov.scot](http://www.gov.scot))

<sup>8</sup> NHSG Plan For the Future 2022-2028 ([nhsgrampian.org](http://nhsgrampian.org))

## Strategic Plan & High Level Interfaces



## 1.2 Scope of the Workforce Plan

This plan describes the NHS Grampian component of a package of aligned plans across the Health Board and the Integrated Joint Boards (IJBs) for Aberdeen City, Aberdeenshire and Moray. Building on the joint work on the interim Workforce Plans produced in April 2021, it is the next step towards fully integrating our workforce plans over the next three years.

As partner organisations, we also provide clinical, corporate and support services through Service Level Agreements (SLA) for other NHS Boards, including NHS Orkney, Shetland, Western Isles and Tayside. These arrangements are included within those HSCP and other Boards' Workforce Plans producing comprehensive planning across our system.

## 1.3 Delivering our commitments

A range of challenges are outlined throughout this plan. However, we are committed to system transformation and our priorities are well aligned with the following workforce outcomes in the National Workforce Strategy for Health and Social Care in Scotland.<sup>9</sup>

The actions required to deliver these outcomes are reflected in our commitments to developing Colleagues and Culture<sup>10</sup> during 2022-2025 and beyond. Performance will be assured by our Staff Governance Committee on behalf of the Board.



## 1.4 Ownership of the Plan

This plan has been informed by local service Workforce Plans, developed in partnership, within Portfolios, Directorates, Health and Social Care Partnerships<sup>11</sup>, engagement with other local authorities, the University of Aberdeen, Robert Gordon University, North East of Scotland College (NESCOL), Moray College, including Primary Care and the Third and Independent Sectors.

<sup>9</sup> Health and social care: national workforce strategy - gov.scot (www.gov.scot)

<sup>10</sup> to be added once link available

<sup>11</sup> Health and Social Care Partnerships (HSCP) are the organisations and the Integrated Joint Boards (IJBs) are the Boards that oversee the strategic direction and governance of these partnerships





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

## National and Local Strategy

### 2.1 NHS Recovery Plan 2021-2026

The NHS Recovery Plan<sup>12</sup> was published in August 2021. Its aim is to not just return services to pre-pandemic levels, but to exceed this in support of addressing backlogs of care and supporting improvements in population health. The Recovery Plan sets out headline ambitions for NHS Scotland to be delivered over the next 5 years including specific actions in relation to our workforce.

**Significantly, we are recruiting more staff throughout the NHS so our ambitious recovery can be fully realised, with this plan outlining our commitment to:**

- Recruit 1,500 new clinical and non-clinical staff for National Treatment Centres by 2026
- Provide 1,000 additional staff in Primary care mental health, giving every GP practice access to a link worker
- Increase the number of medical undergraduate places by 100 per annum and double the number of widening access places
- Invest £11 million over the life of this plan in new national and international recruitment campaigns and establish a national Centre for Workforce Supply
- Create new youth employment opportunities in health and social care through our national Young Person's Guarantee
- Provide additional training opportunities through the NHS Academy for new and existing staff in key areas of need, including pre and perioperative care and endoscopy

### 2.2 National Workforce Strategy for Health and Social Care

Following the NHS Recovery Plan 2021-2026, a National Workforce Strategy for Health and Social Care<sup>13</sup> was published in March 2022. The workforce strategy sets out a national framework to achieve the vision of a sustainable, skilled workforce with attractive career choices where all are respected and valued for the work they do.

The national Strategy focuses on three objectives recovery, growth and transformation and sets out "Five Pillars of the workforce journey":

- **Plan** – supporting evidence-based workforce planning;
- **Attract** – using domestic and ethical international recruitment to attract the best staff into health and care employment in Scotland;
- **Train** – supporting staff through education and training to equip them with the skills required to deliver the best quality of care;
- **Employ** – making health and social care organisations "employers of choice" by ensuring staff are, and feel, valued and rewarded;
- **Nurture** – creating a workforce and leadership culture focusing on the health and wellbeing of all staff.

<sup>12</sup> NHS Recovery Plan 2021-2026 ([www.gov.scot](http://www.gov.scot))

<sup>13</sup> Health and social care: national workforce strategy - gov.scot ([www.gov.scot](http://www.gov.scot))

The National Workforce Strategy for Health and Social Care sits within a suite of wider Plans that are expected to influence our Strategic, Operational, Financial and Workforce Plans.



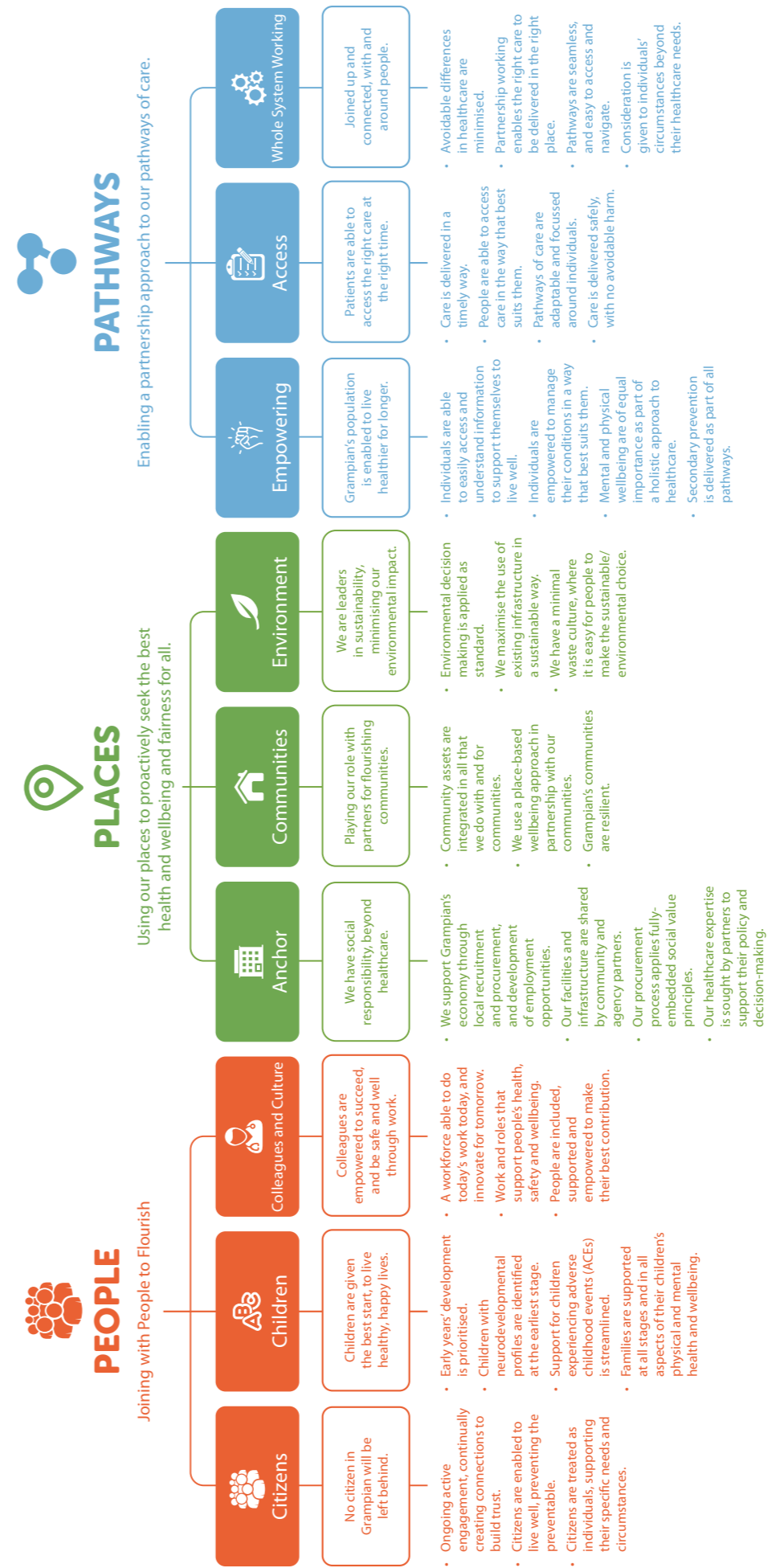
### 2.3 NHS Grampian Plan for the Future

Reflecting the 8th Decade Strategic Intent set out in early 2021, NHS Grampian has developed a Strategy for 2022-2028 to reflect a future vision of balancing the improving wellbeing with responding to illness. 'Our Plan for the Future'<sup>14</sup> sets our priorities for the next 6 years as they are currently understood.

Our Plan for the Future has 3 strategic headings, People, Places and Pathways under which there are 9 strategic priorities. These support the NHS Recovery Plan 2021-2026<sup>15</sup> whilst reflecting the priorities for our organisation, working with the North East, North of Scotland and our national partners, agreed through unprecedented stakeholder engagement over 18 months using the Scottish Approach to Service Design:

<sup>14</sup> 'NHSG Plan For the Future 2022-2028 (nhsgrampian.org)

<sup>15</sup> NHS Recovery Plan 2021-2026 (www.gov.scot)



## 2.4 Plan for the Future - Colleagues and Culture

The Colleagues and Culture component is one of the 9 strategic priorities in Our Plan for the Future<sup>16</sup>. With the main objective of 'putting the workforce centre stage, and developing an organisation where people are enabled to thrive and be safe and well through work', it sets out 3 strategic aims to be achieved by 2028:



<sup>16</sup> NHSG Plan For the Future 2022-2028 (nhsgrampian.org)

These aims are to be progressed via ten key areas of focus to inform planning and delivery:





Throughout the past two years, our workforce has shown amazing resilience. However, the pandemic also had an unprecedented impact on how and where we deliver our services.

## Plan

As an enabler of Plan for the Future, the purpose of our Workforce Plan is to identify our workforce needs and set out workforce priorities, alongside corresponding service, digital and financial plans, for the next 3 years. This is in the context of: transitioning from the pandemic response; significant work to transform the local health and care system; and a number of longstanding workforce challenges.

### 3.1 Transitioning from our pandemic response

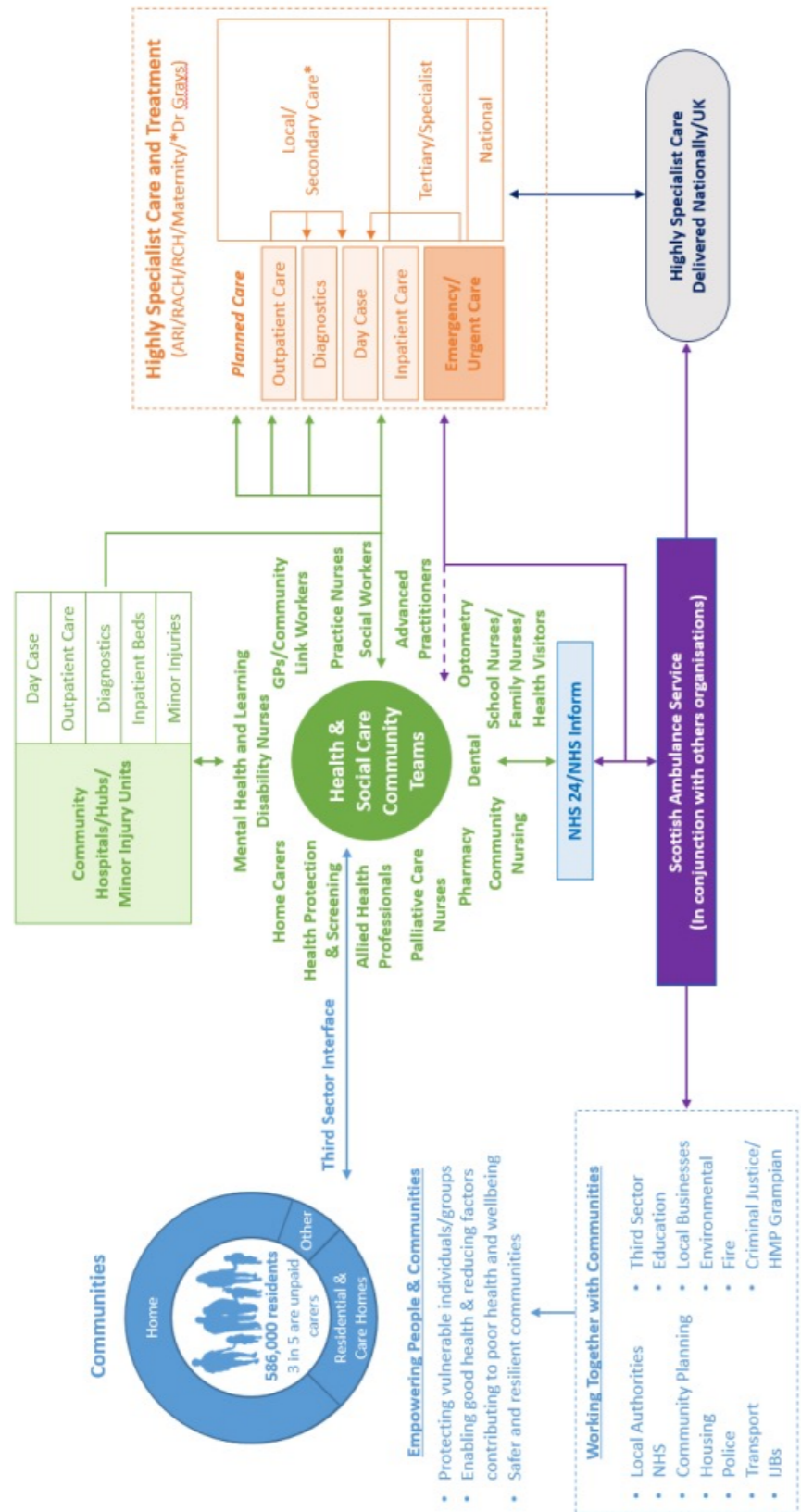
Throughout the past two years, our workforce has shown amazing resilience. However, the pandemic also had an unprecedented impact on how and where we deliver our services. For some, delivery was reduced, paused or suspended to enable staff to be flexibly deployed and support pressures experienced in other services. For example, the deployment of our staff to deliver and support our vaccination clinics and Aberdeen Royal Infirmary's Discharge Team.

A key planning parameter during the first year of this Workforce Plan will be connected with stepping down our arrangements for managing the workforce in a major incident, including a pandemic. These have been extant since March 2020, and are inter-twined with a range of national provisions that also influence how we manage and support the workforce. It will be important during this transition to understand where temporary changes made during the pandemic require to be formalised, and to progress this in partnership consistently with the relevant policy provisions, and with some degree of prioritisation.

Work is also underway to tackle the health, education and learning debt and the transition to future services which include greater use of a digitally enabled workforce. Subject to continued national investment, there will be a focus on providing enhanced support for staff health, wellbeing and safety throughout the duration of this Plan .

### 3.2 Regeneration of the health and care system

We are proud in North East of Scotland of the progress made with the integration of Health and Social Care and the whole system approach to working To that this represents, (see overleaf). . Together, the system places a significant focus on supporting our population within a community setting and preventing admissions. This has been possible due to strong partnership working and system leadership practices, allowing us to plan whole system capacity, staffing levels and the demands being placed on our workforce and services.

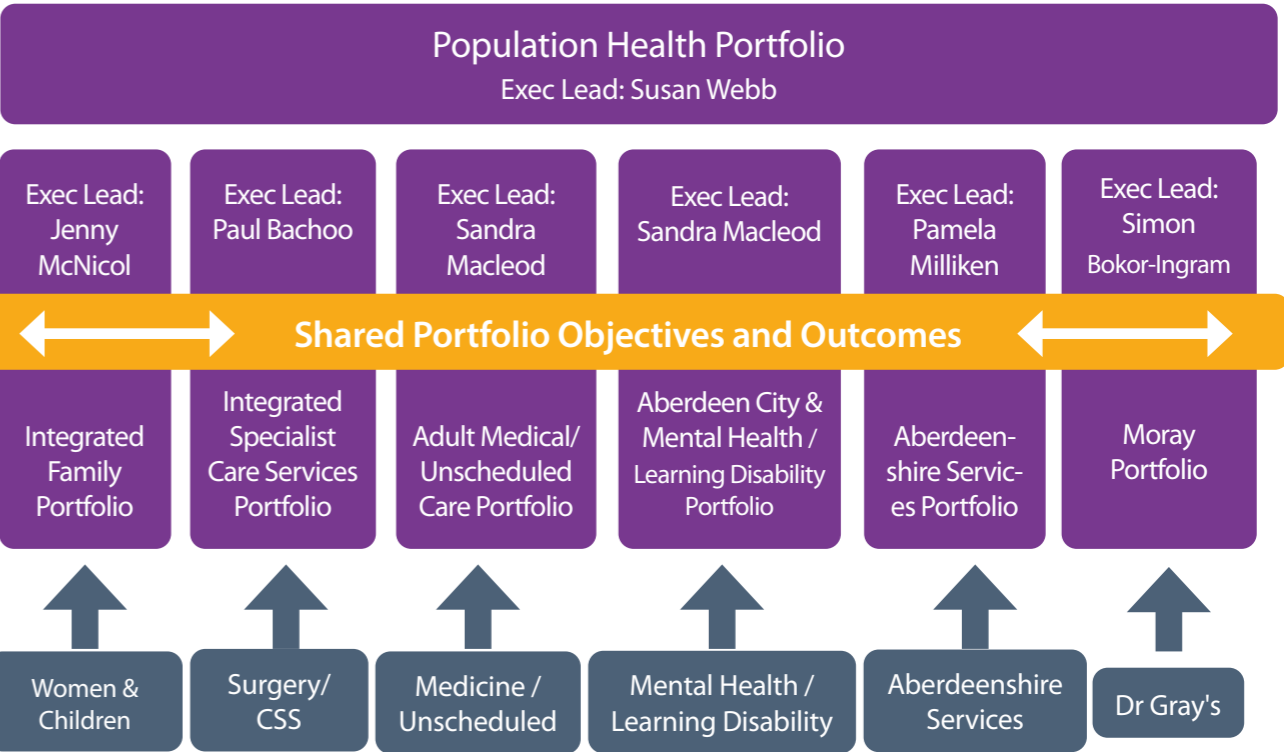


During the pandemic, we have taken steps to further develop and begin to embed a whole system approach to delivery of health and care outcomes. This has seen the alignment of both community and hospital-based services within six operational portfolios, with leadership responsibilities for these units of integration held by a number of Portfolio Executive Leads:

## What is a Portfolio and What are they?

"A collection of linked services that sit naturally together. Our health and care system is made up of several Portfolios and each Portfolio works in a different way to meet the overall needs of the system we work in"

## Measurable Benefits and Whole System Outcomes achieved by Portfolios



- Through collective portfolios:**
- Taking integration to a new level
  - Working together to make decisions to ensure there is equity
  - Engaging everyone in solutions that supports improvements
  - Bringing people together from across health and social care

As Our Plan for the Future unfolds, these Portfolios will be the basis for the development of the integrated service, digital, financial and workforce plans that will support future iterations of this Workforce Plan. Our aim is to embed workforce planning as a discipline throughout the Portfolios, supporting their ongoing redesign work as the system regenerates.

### 3.3 Enduring challenges

Continued workforce supply challenges, turnover and elevated levels of vacancies have created gaps in our workforce which, alongside the impact of the COVID-19 pandemic has resulted in a reliance on supplementary staffing to ensure there is sufficient capacity within our workforce to meet demand. These have been notable, particularly in some medical specialities, Nursing and Midwifery and more recently within Allied Health Professions. The current available supply of staff is insufficient to meet the service demands; therefore, we are exploring opportunities to look at alternative supply, career and development pathways.

Reliance on supplementary staff in our workforce supply remains particularly challenging, however this workforce is vital to ensure we have flexibility to assist in bridging the gaps between workforce capacity and demand. The continued development of Advanced Clinical Practitioners, Physician Associates, Clinical Development Fellows, alongside development opportunities for Health Care Support Workers (HCSW) to gain qualifications and to become registered Nurses, all bring significant opportunities in reducing the reliance on supplementary staffing. This will support a more resilient substantive workforce that can work flexibly, to meet the needs of services, both now and for the future.

Participation in further international recruitment initiatives, using the networks of our current staff, continued 'development roles,' links with further education, employability pipelines including apprenticeship programmes, are also key to addressing these supply challenges. There will be further employability opportunities as access to employment is widened, with an increased range of entry level careers and recruitment from diverse backgrounds including an increase in the number and range of apprenticeship programmes we have to offer.

Although an ageing workforce is recognised as providing highly experienced staff, it does conversely mean there is a continued challenge of early retirement for the organisation. The key outcomes for Colleagues and Culture in Our Plan for the Future outline target outcomes and actions to ensure that more colleagues are retained for longer. This includes offering opportunities and choice across the whole career journey, exploring how to make best possible use of terms and conditions of service, and enhancing bank working arrangements.

### 3.4 Professional Updates

The remainder of this section sets out the current position across different segments of our workforce, describing challenges and actions for each professional group, including implications for national and legislative requirements, such as the Health and Care (Staffing) (Scotland) Act 2019<sup>17</sup>, which we will implement during the lifetime of this Workforce Plan. The Act has guiding principles for health and care staffing across all clinical and care staff groupings described throughout this section to:

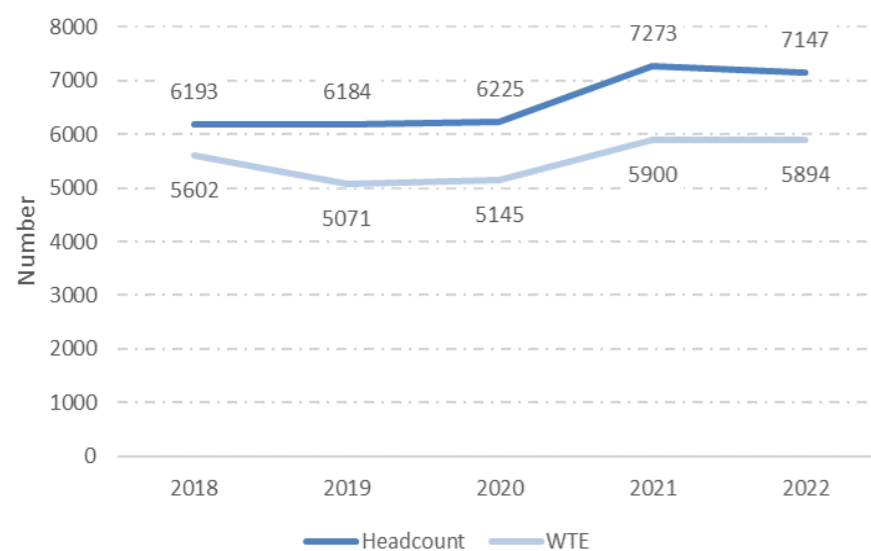
- provide safe and high-quality services;
- ensure the best health care or care outcomes for service users;
- continuing to improve our standards for service users;
- taking account of the needs, abilities and characteristics of different service users;
- respecting the dignity and rights of service users;
- take the account of the views of staff and service users;
- ensuring the wellbeing of staff;
- being open with staff and service users about decisions on staffing;
- allocating staff efficiently and effectively and promoting multi-disciplinary services as appropriate.

The following sections of this chapter outline our actions and progress towards meeting the above principles and the implications for our workforce.

#### 3.4.1 Nursing and Midwifery

Nursing and Midwifery represents the largest proportion of our workforce. As at 31 March 2022, there were 5,894 whole time equivalent (wte), and 7,147 headcount respectively. Much of the 5.21% increase in our Nursing and Midwifery Workforce since 2018 is attributed to our response to the COVID-19 pandemic, and the rapid recruitment of vaccinator staff.

Nursing & Midwifery Headcount & WTE as at 31 March (2018 - 2022)



<sup>17</sup> Health and Care (Staffing) (Scotland) Act 2019 (legislation.gov.uk)

Working within our local communities, widening access, and through ongoing attraction events including recruitment fairs and international collaborations, will enable us to work towards the workforce required to meet increasing demand. A realistic plan is vital that considers the unique contribution to meeting the needs of Grampians' population. It is essential that as patient services and pathways are regenerated in the coming months, Nursing and Midwifery are integral to those discussions. Our experience during the pandemic, has highlighted the need to reimagine our future with the Nursing and Midwifery profession and the role of the wider health care team.

Development and educational opportunities will grow our existing and future Nursing and Midwifery workforce. This will be supported through the HCSW Academy<sup>18</sup> career pathways, new graduate programmes and academic progression. This investment further creates new opportunities for succession and career planning. Ongoing collaboration with Further and Higher Education Institutes ensures the delivery of academic progression at all levels from top-up degree; Masters and Doctoral pathways, as well as undergraduates.

Continued collaboration with education providers will ensure there is an optimal supply of staff and opportunities for our workforce. NHS Grampian collaborates with Robert Gordon University to provide a Return to Practice Programme<sup>19</sup> for nurses and midwives. Students are full employees of NHS Grampian during the programme and are supported in clinical areas as a student. On completion and receipt of their Nursing and Midwifery registration, students join the workforce as registered staff. The advert is released twice a year and an allocation of 20 spaces guaranteed for NHS Grampian. This role is supported by Robert Gordon University and the NHS Grampian Practice Education Team.

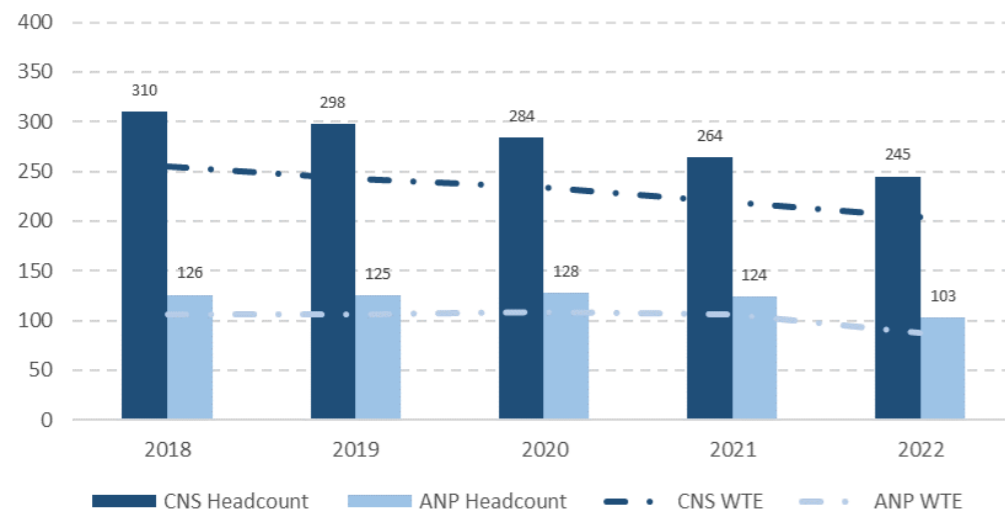
#### 3.4.2 Clinical Nurse Specialists and Advanced Nurse Practitioners

There are currently 103 Advanced Nurse Practitioners (ANPs) with 53 ANP trainees working across our system. NHS Grampian will aim to further develop and maximise all ANP contributions to healthcare delivery, across multidisciplinary teams and hard to recruit specialities and those with middle grade (medical workforce) gaps across our system.

<sup>18</sup> Health and care support worker development programme | NHS E (scot.nhs.uk)

<sup>19</sup> Return to practice (Nursing and midwifery) | NHS Education (scot.nhs.uk)

### Clinical Nurse Specialists and Advanced Nurse Practitioners (March 31st 2022)

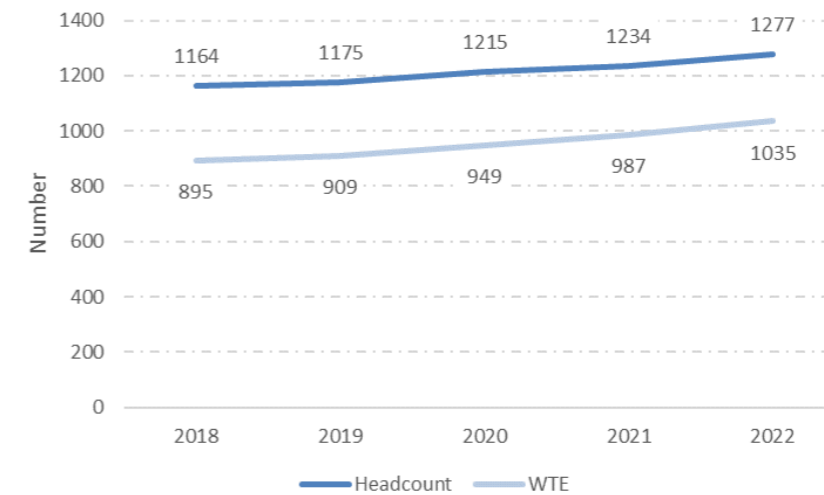


Notwithstanding this, ANP (and Clinical Nurse Specialist) numbers have seen a continuous decline. Since 2018, there has been a 24.2% reduction in number of clinical nurse specialists, and a reduction of 7.9% in the number of ANPs. This could be attributed to those undertaking advanced roles being further into their career, with these roles having greater potential to be impacted by the loss of our most experienced staff to retirement. It will be important to establish what factors affect retention of staff in these roles, and whether there is scope for supporting access to these opportunities from a broader range of existing staff.

### 3.4.3 Allied Health Professionals

The Allied Health Professionals (AHP) workforce has seen a gradual increase since 31 March 2018. As at 31 March 2022, there are 1,035wte and 1,277 headcount respectively. This represents an increase of 15.6% over the past 5 years.

#### AHP Headcount & WTE as at 31st March (2018 - 2022)



Our AHP workforce will be developing plans as part of sector and HSCPs wider workforce planning including ongoing review of skill mix, rotational roles, HCSW, Advanced Practice and Consultant AHP roles.

This will include the development and use of job planning across AHP services alongside the implementation of the Health and Care (Staffing) (Scotland) Act and implications of this on real-time staffing, professional decision making and governance to support this across all AHP professions.

There are increasing gaps in supply chains. Support initiatives to address some of these challenges include international recruitment and working with external agency providers to help source opportunities out with NHS Scotland. There is increased collaboration with local and out of area education providers to have a clear strategy around pathways into AHP careers. Attendance at career fairs alongside the optimisation of the recruitment of AHP students into HCSW roles during their training, and further development of student intern posts have been tested successfully in Physiotherapy and Diagnostic Radiography.

In line with national strategies, NHS Grampian Plan for the Future, HSCP Strategic plans, Integrated Children's services plans, there is an increased focus on prevention, early intervention and wider public health initiatives on reducing health inequalities.

There will be continued role development for example in Oral Nutritional Supplements (ONS) prescribing roles, First Contact in Primary Care (FCP) role in General Practice, AHP Consultant in Rehab,



AHP led pathways for example, Spinal Service, Foot and Ankle Pathway, Occupational Therapy role in Primary Care being tested in Aberdeen City and Moray. Further key areas of AHP role development include:

- Dietitians in primary care;
- Physiotherapy supporting Developmental Dysplasia of the hips (DDH) screening for new-borns;
- Talipes service providing support across Boards;
- Child Adolescent Mental Health Service (CAMHS) consultant AHP for North of Scotland.

Working with the third sector and our partners to deliver different models of care will be critical to support demand across the system and to optimise AHP resources, for example, collaboration and support for personal foot care and working with sports and exercise providers to support transition from our services.

### 3.4.4 Health Care Support Workers

NHS Grampian continues to strengthen nursing degree progression routes for Health Care Support Workers (HCSWs) through partnership work with local colleges, Robert Gordon University, the Open University and the introduction of career frameworks such as band 4 HCSWs, Wellbeing and Enablement Practitioner roles. All HCSWs are given a quality induction into their role to develop good understanding of their responsibilities in providing safe and effective person-centred care.

There has been increased recruitment of Band 2 and 3 HCSWs due to the challenges in recruiting registered professionals and the number of vacancies across our system, these roles will enhance our capacity across hospital and community settings.

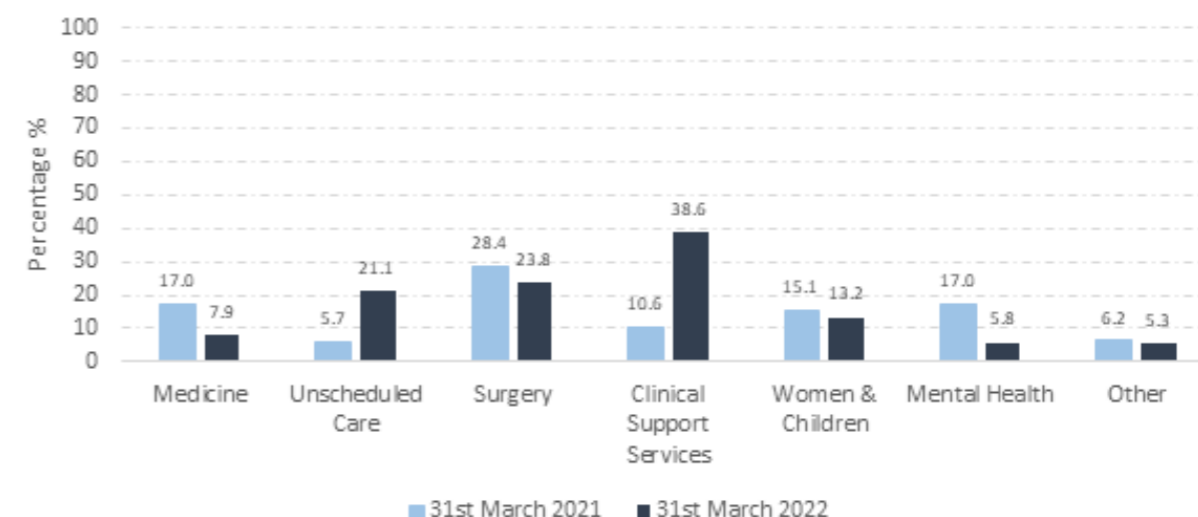
A HCSW Academy continues to develop the HCSW staff group at band 2 to 4 and provide shadowing and development opportunities. The Academy allows staff to develop the competencies and confidence to develop their skills. Staff are supported by a HCSW Associate, who will assist new starts and improve staff experience.

A Practice Education induction package provides key components such as accountability, delegation, communication, interpretation and application of the Code of Conduct and Mandatory Induction Standards. A blended approach to education is taken with the induction package including both online and face to face programmes to enhance accessibility and ensure that HCSWs coming into the organisation have a robust transition into their role.

### 3.4.5 Medical Workforce

NHS Grampian continues to experience challenges in the supply of the medical workforce which necessitates the need for change and further development of transformational roles. Consultant vacancies continue to present significant challenges across NHS Grampian, with reported vacancies at 7.2% of establishment as at 31st March 2022.

#### Consultant Vacancies as at 31st March 2021 and 31st March 2022



At 31st March 2022 there were 43.83wte consultant vacancies compared with 52.9wte in 31st March 2021. Specialties with the highest number of vacancies in March 2022 include Acute Internal Medicine (7.0wte), Clinical Radiology (6.0wte), Histopathology (3.3wte) Anaesthetics (3.0wte) and Obstetrics & Gynaecology (3.0wte).

Of these 43.83wte vacancies, (17.0wte) (38.7%) had been vacant for over six months. This is compared to 47.8% of vacancies being vacant for over six months as at 31st March 2021.

Since March 2021, the following specialties have successfully recruited to their vacancies: Forensic Psychiatry (3.0wte), General Internal Medicine (3.0wte), Public Health (2.3wte), Old Age Psychiatry (2.0wte), Psychiatry of Learning Disabilities (2.0wte), Urology (2.0wte), Dermatology (1.0wte), Ophthalmology (1.0wte), Palliative Medicine (1.0wte), Rheumatology (1.0wte), Trauma & Orthopaedics (1.0wte) and Rehabilitation Medicine (1.0wte).

The following specialties have had vacancies in both March 2021 and March 2022:

	Vacancies (wte)	
	31st March 2021	31st March 2022
Acute Medicine	1.0	7.0
Anaesthetics	6.0	3.0
Child & Adolescent Psychiatry	2.0	0.2
Clinical Genetics	1.0	1.0
Emergency Medicine	2.0	1.0
General Surgery	5.0	2.0
Geriatric Medicine	3.0	2.0
Haematology	3.0	1.0
Medical Microbiology & Virology	1.6	0.3
Obstetrics & Gynaecology	5.0	3.0
Paediatrics	3.0	2.0

The specialties with new vacancies as at 31st March 2022 include: Clinical Neurophysiology (1.0wte), Clinical & Medical Oncology (2.0wte), Clinical Radiology (6.0wte), Gastroenterology (1.0wte), General Psychiatry (2.0wte), Histopathology (3.3wte), Intensive Care Medicine (1.0wte), Neurology (1.0wte), Orthodontics (1.0wte), Otolaryngology (1.0wte), Plastic Surgery (1.0wte) and Restorative Dentistry (1.0wte).

Work will continue with efforts to attract and recruit into these vacancies, locally and regionally and nationally, particularly for hard to recruit specialties such as Clinical Radiology and Psychiatry. There will be continued work to explore all networks, use of social media and advertising campaigns to attract people to choose Grampian as a place to live and work. There is already established work to attract international recruits in a number of specialties.

### 3.4.6 Doctors in and Dentists in Training

Resilience of the workforce supply of Doctors in Training, particularly in Speciality Training, continues as a common theme across NHS Scotland, including Grampian. There are gaps in some speciality rotas with challenges in meeting the Working Time Regulations<sup>20</sup> and New Deal compliance<sup>21</sup>.

The supply of Doctors in Training across NHS Grampian and the North remains challenging, with gaps across most specialties. These enduring issues highlight the need for change, and to see every vacancy as an opportunity to ensure a more resilient workforce.

NHS Grampian is working to continually improve the medical training experience and quality of education for Doctors in Training, recognising that reputation and attractiveness as an employer will be enhanced by positive experiences and feedback from trainees.

<sup>20</sup> The Working Time Regulations (1998)

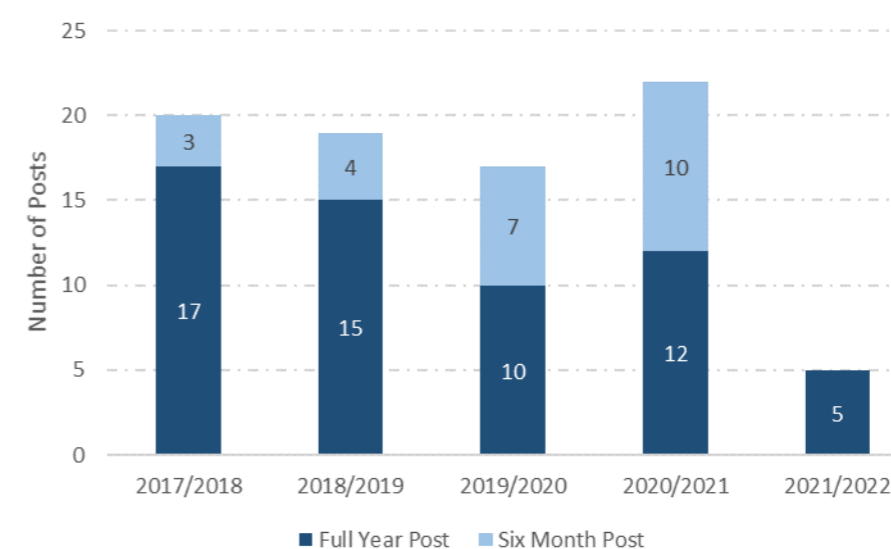
<sup>21</sup> <https://www.msg.scot.nhs.uk/pay/medical/junior-doctors>

NHS Grampian continues to demonstrate year on year actions for improvement in the feedback collected by NHS Education for Scotland (NES) and the General Medical Council (GMC). There will be continued progress to ensure that, through monitoring and feedback, there is an elevated level of awareness of departments which require additional support and action plans where required.

### 3.4.7 Clinical Development Fellows and Clinical Fellows

NHS Grampian continues to employ Clinical Development Fellows (CDF) to further assist and bolster the middle-grade medical workforce and wider multidisciplinary teams. It is hoped the number of CDFs will increase over the next 12 months as we move towards recovery and growth of the organisation, providing an alternative option for those who wish to undertake an element of project or research work prior to speciality training.

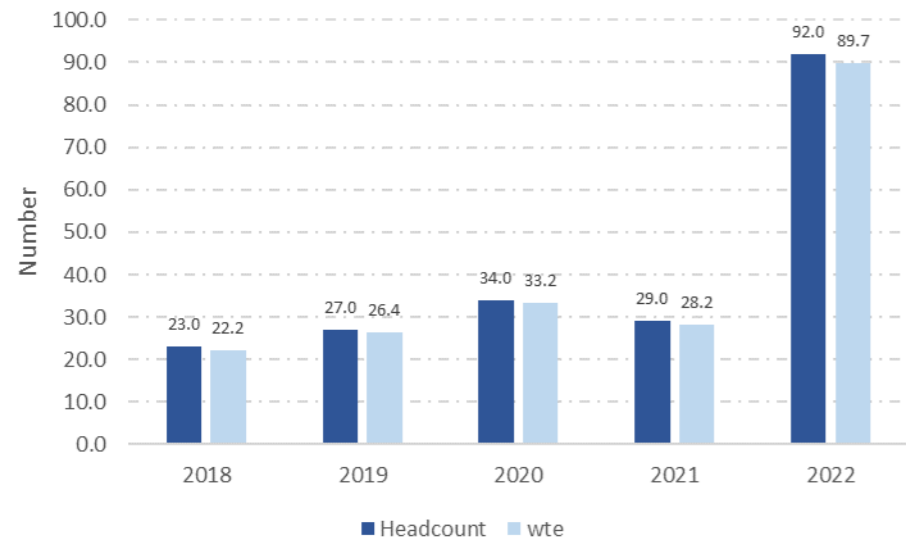
#### NHS Grampian Clinical Development Fellow Posts



The number of full-year posts for clinical fellows has been decreasing whilst the number of six-month posts has been increasing since 2018. This is due to the flexibility the six-month post affords for those undertaking project, research work, which may indicate that a shorter duration for these posts is the preferred option. The number of CDF posts in 2021-22 was severely impacted by the pandemic, however it is anticipated this will increase over the next 12-36 months.

Clinical Fellows are appointed into training grade vacancies in order to create a compliant rota within the service. Training grade vacancies are found for various reasons for example due, to the increasing number of trainees opting to work less than fulltime, therefore resulting in fewer working hours being provided within a particular service rota. The Clinical Fellow is therefore employed to undertake the deficit hours. Data indicates a significant increase in the number of Clinical Fellows in post, indicating this is a successful approach to addressing pressure in respect of other staff groups.

### NHS Grampian Clinical Fellow Posts



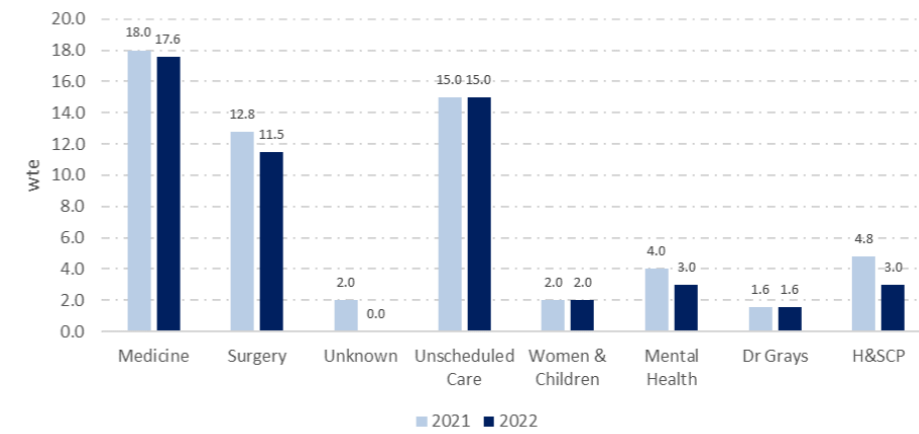
### 3.4.8 Physician Associates

NHS Grampian has a well-established workforce of Physician Associates (PAs) working across Primary and Secondary Care. There were 62 PAs working in NHS Grampian with a total of 60.13wte as at 31st March 2021. The number of PAs has decreased to 56 with a total of 53.63wte as at 31st March 2022. Most of the PAs are in specialties within Medicine, Surgery and Unscheduled Care divisions such as Emergency Medicine (12wte), Acute Medicine (3wte), General Surgery (6wte), Cancer Services (5wte), Gastroenterology (3wte) and Respiratory Medicine (3wte). There are however PAs now working within the Health and Social Care Partnerships (3wte), Dr Gray's Hospital (1.5wte) and Mental Health (3wte).

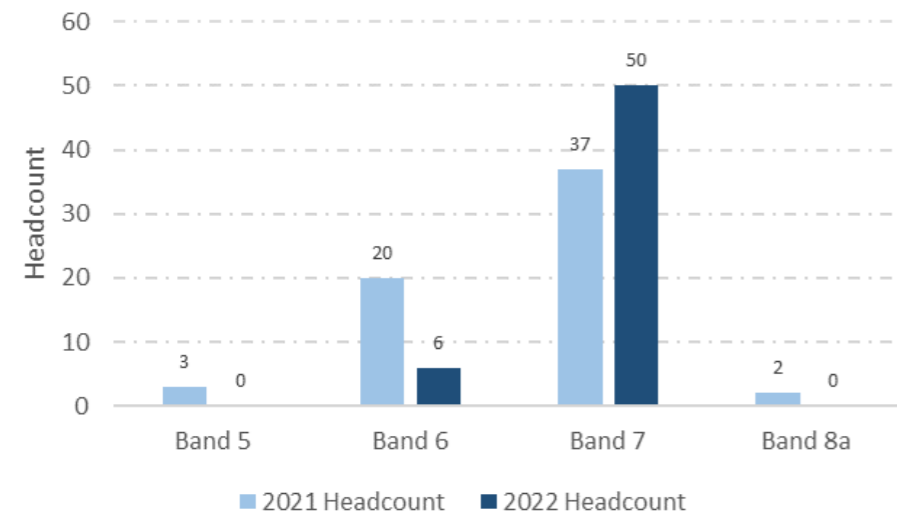
In previous years NHS Grampian ran a bursary with the University of Aberdeen and had a regular intake of students. Last year, the University of Aberdeen signed a contract with other Boards for bursaries to coincide with a bid to push recruitment of PAs. This has been a contributing factor to the declining supply of PAs in 2021-22 as many interns choose to live and work in central Scotland.

The distribution of PAs across NHS Grampian in 2021 and 2022, has been stable with only a slight reduction in wte within the surgical and mental health specialties. It is expected that this will revert to a more balanced position in 2022-23.

### Distribution of NHS Grampian Physician Associate Posts



### NHS Grampian Physician Associate Posts



### 3.4.9 Dental

General dental service (GDS) are provided by general dental practitioners, under a national contract between themselves and the NHS Boards. General dental practitioners are independent contractors ('High Street dentists'). They are free to choose whether to join a NHS Board's dental list and whether to provide NHS dental treatment to each individual patient.

Public Dental Service (PDS) introduced in January 2014 brought together the previously separate salaried and community dentists. Salaried dentists are directly employed by NHS Boards and provide an alternative service to independent dentists where this is considered the best solution to meet local needs. People can also register with salaried dentists. Historically, the Community Dental Service (CDS) provided a 'safety net' dental service for people who were unable to obtain care from independent dentists (through the General Dental Service (GDS), such as patients with special care needs or patients living in areas where there were few NHS dentists providing GDS.

In 2021, there were 330 PDS dentists across Aberdeen City, Aberdeenshire and Moray. This is an increase of 2 staff since 2018, with the number of dental surgeries increasing by 1, over the last 4 years. The gender split between the male and female workforce from 2018 -21, remains comparable.

#### Number of Dental Surgeries:

	2018	2021
Aberdeen	54	56
Aberdeenshire	46	45
Moray	17	17
Grampian Total	117	118

#### Dentist Headcount:

	2018	2021
Aberdeen	155	152
Aberdeenshire	123	127
Moray	50	51
Grampian Total	328	330

#### Dentist Gender:

	2018		2021	
	Male	Female	Male	Female
Aberdeen	76 (49.0%)	79 (51.0%)	71 (46.7%)	81 (53.3%)
Aberdeenshire	55 (44.7%)	68 (55.3%)	58 (45.7%)	69 (54.3%)
Moray	26 (52.0%)	24 (48.0%)	29 (56.9%)	22 (43.1%)
Grampian Total	157 (47.9%)	171 (52.1%)	158 (47.9%)	172 (52.1%)

There are limitations in the data in terms of non-availability of WTE and level of NHS commitment which could lead to a misrepresentation of the adequacy of the GDS workforce capacity in our High Street dental practices.

There are dental workforce capacity challenges in some dental practices in Moray and parts of North Aberdeenshire which is impacting on access to dental services. We are working with the Scottish Government to incentivise recruitment and retention in the areas of Grampian impacted by this issue and the Scottish Dental Access Initiative Grant is also available for Moray to help with setting up new dental practices or expand existing ones.

### 3.4.10 Associate Practice Educators

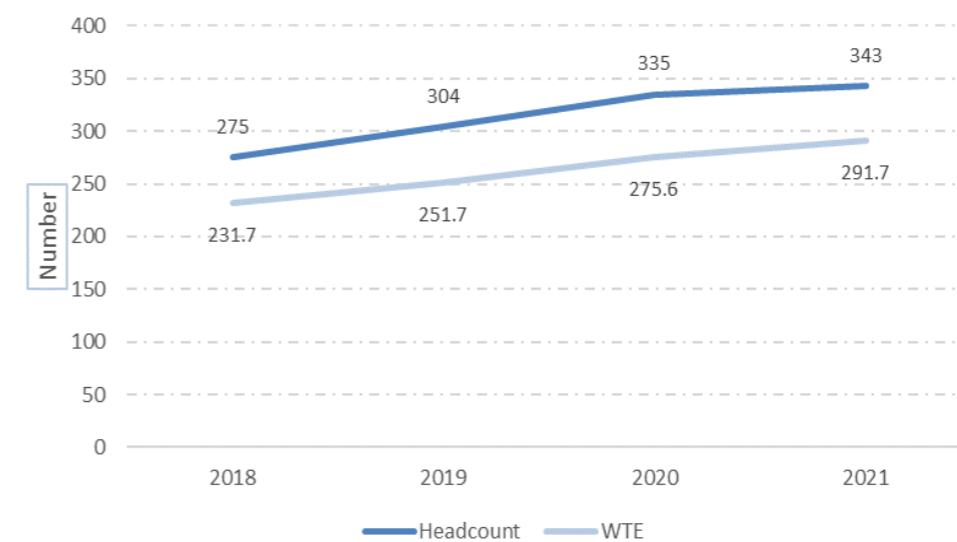
The Associate Practice Educators support the HCSW workforce to provide direct support as well as design the delivery of training and education in a variety of different ways. Bespoke clinical skills training, support for completion of the induction standards workbook to preparing for interviews, appraisals and supporting applications for academic study.

The Associate Practice Educators support the HCSW role, the challenges/barriers to learning and development, and have the passion and drive to make positive change. The team raise the profile of HCSWs and celebrate their work successes and build a community of peer support for HCSWs.

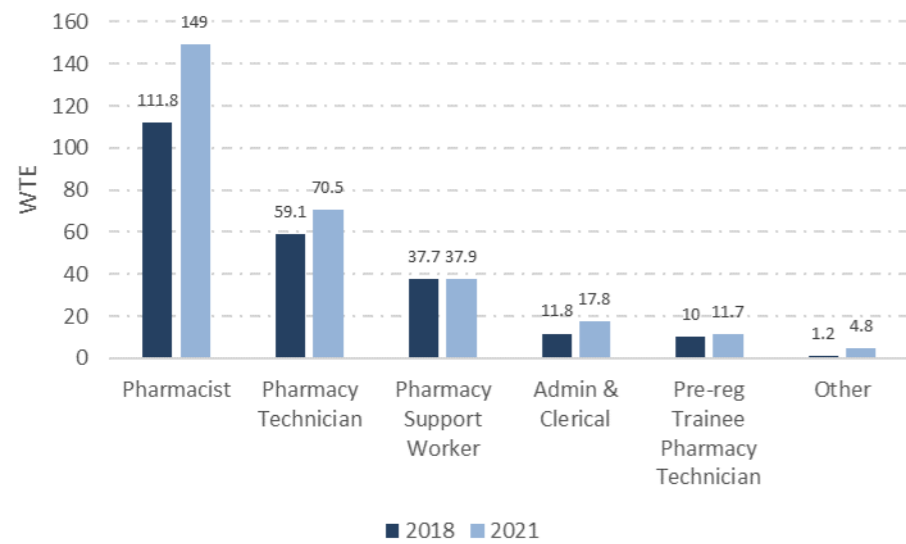
### 3.4.11 Pharmacy

The Pharmacy workforce has seen a gradual increase in the total workforce from 231.7wte as at 31 March 2018, to 291.7wte as at 31 March 2022. This represents an increase of 25.8% across all staff groups that includes Registered Pharmacists, Pharmacy Technicians, Pharmacy Support Workers, Administrative and Clerical, Pre-Registered Pharmacy Technicians, and support staff. Registered Pharmacists have seen the largest increase in wte between 31 March 2018 and 31 March 2022 representing an increase of 33.2%wte.

#### Pharmacy WTE and Headcount 31 March 2018-2021



### Pharmacy WTC split by role type as at 31 March (2018-2021)



Over the next 12 months Pharmacy will be working to establish business as usual processes for pharmacotherapy teams across the HSCPs. There will be an impact assessment of Pharmacy First Plus<sup>22</sup> on workload and workforce in community pharmacy and work to develop a further understanding of the educational reform required across the pharmacy workforce, as a result of dealing with the impact of the COVID-19 pandemic.

Structured support for engaging school career events will recommence over the next 12 months alongside further recruitment to the nationally funded Pharmacy Technician programme of 15 Pharmacy Technicians in 2022-2023 and 20 in 2023-2024. Recruitment of the Pharmacotherapy Teams in readiness for contractual delivery from April 2023 will be ongoing, alongside work to attract candidates for the expanded independent prescribing course places in 2022-2023.

There will be continued development of a tactical plan to raise awareness of the Pharmacy profession across Grampian as a working destination to support recruitment and expansion of the Undergraduate Experimental Learning (UGEL), and to showcase and attract future pharmacy trainees and staff.

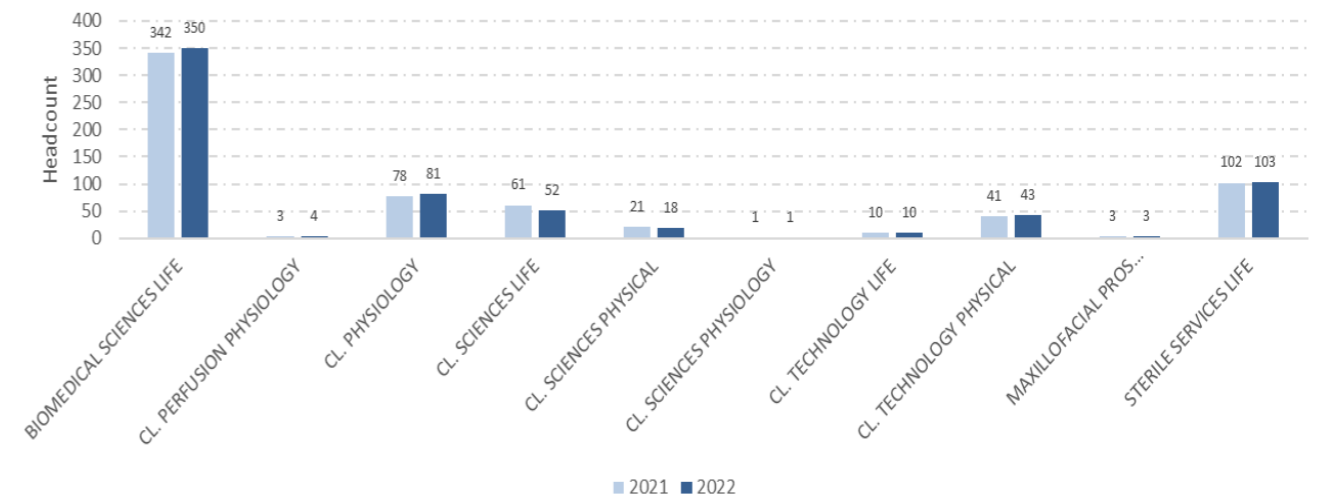
<sup>22</sup> NHS Community Pharmacy Website (scot.nhs.uk)

### 3.4.12 Healthcare Scientists

The Healthcare Scientist workforce will continue to develop their skills and competencies across all areas of the workforce. There has been targeted promotion of NHS Grampian and the range of roles available across the Healthcare Scientist workforce and this work will continue over the coming year and beyond.

The Healthcare Scientist workforce has remained static with 581.68 combined wte as at 31 March 2022 and 584.98wte as at 31 March 2022, which represents an overall increase of 0.56%.

### NHS Grampian Healthcare Science workforce by sub-job family as at 31st March 2021 and 31st March 2022.



### 3.4.13 Cardiac Physiologists

The current Cardiac Physiologist workforce across Grampian is 19.15wte, with 5.84wte vacancies. There are specific challenges within the Cardio Rhythm Management, Cardiac Catheterization Laboratory, Electro Cardiogram and EET services with locum staff covering gaps in maternity leave and vacant posts.

The priority for the next 12 months will be the recovery and mitigation of the accrued pandemic derived health-debt. This debt manifests in cardiac physiology as a marked increase in waiting times for diagnostic tests such as ultrasound scans. Work is underway in this area with development of a pandemic recovery plan.

The plan outlines a system of intensive waiting list management. This includes the assessment of old and new referrals into the department, ensuring referral criteria is met to reduce the instances of unnecessary test requests and streamline the limited resources available.

The current workforce establishment is not sufficient to deal with the accrued health debt without overtime clinics, employment of locum staff and reducing the physiology support once offered to cardiology consultant clinics.

Remobilisation of services has taken place not only at Aberdeen Royal Infirmary, but at satellite community clinics in Peterhead, Aboyne, Inverurie and Stonehaven. The priority for the short-term will be to keep staff, recruit to vacant positions and develop our four Cardiac Physiology students.

The medium term will see the department expand into paediatric cardiology and have more of a presence in the community. In addition, there is the possibility of a third cardiac catheterisation laboratory opening, and an expansion of certain types of structural intervention such as non-surgical valve replacement/repair.

Planning over the previous five years has led to recruitment of students to meet the anticipated shortfall in staff by 2025. There are currently two students in their final year, and two students to commence their 2nd year and two new students to start their 1st year. Three of these posts are NES funded and the department will present a case to create new posts in order to retain these students once they qualify.

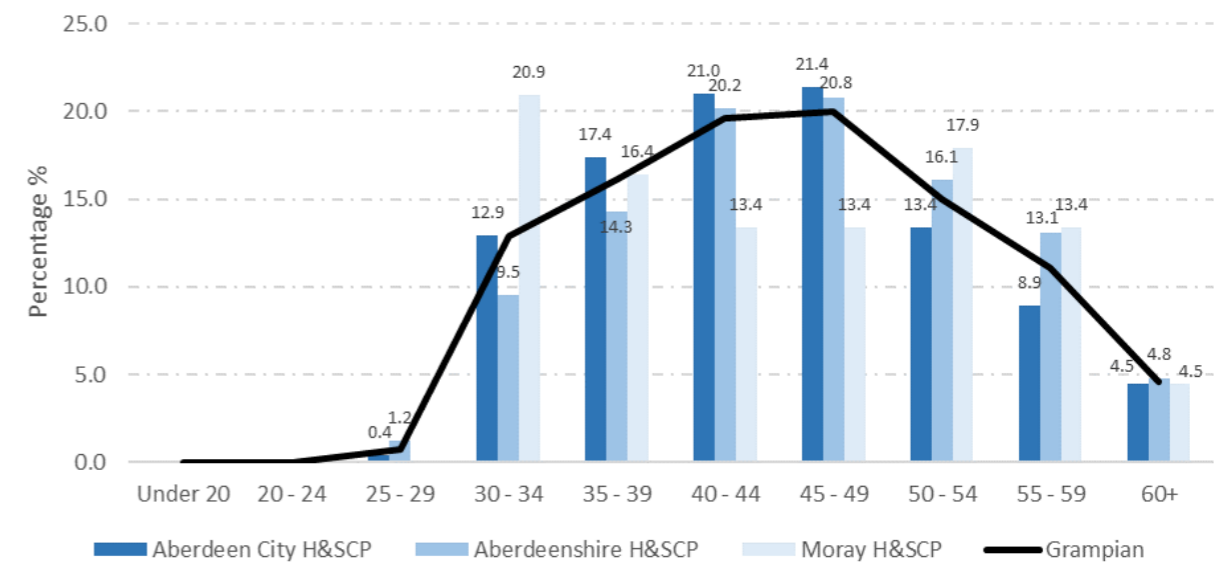
The development of new interventional procedures and the expansion of areas such as electrophysiology will help to attract staff to Aberdeen. The priority will be to retain students and qualified staff for the short, medium and long term.

### 3.4.14 Primary Care and the new GMS Contract

The General Medical Services Contract<sup>23</sup>, continues to bring changes to Primary Care and General Practice, the NHS Boards and HSCPs. The Primary Care contract focuses on the role of a GP as an expert medical generalist with expertise in holistic, person-centred care. This means that, some tasks carried out by GPs, are now undertaken by the wider primary care multidisciplinary team such as Pharmacists that can now advise and prescribe patients with common conditions such as ear or urinary tract infections.

The age profile of the General Practitioner workforce across Grampian is shown below. Moray HSCP has the highest percentage of the workforce in the 30–34 age range. Aberdeen City HSCP and Aberdeenshire HSCP both have the greatest percentage of their workforce in the 40–49 age range. The average age of a GP is 46, highlighting the need to focus on attracting and retaining new entrants to the profession.

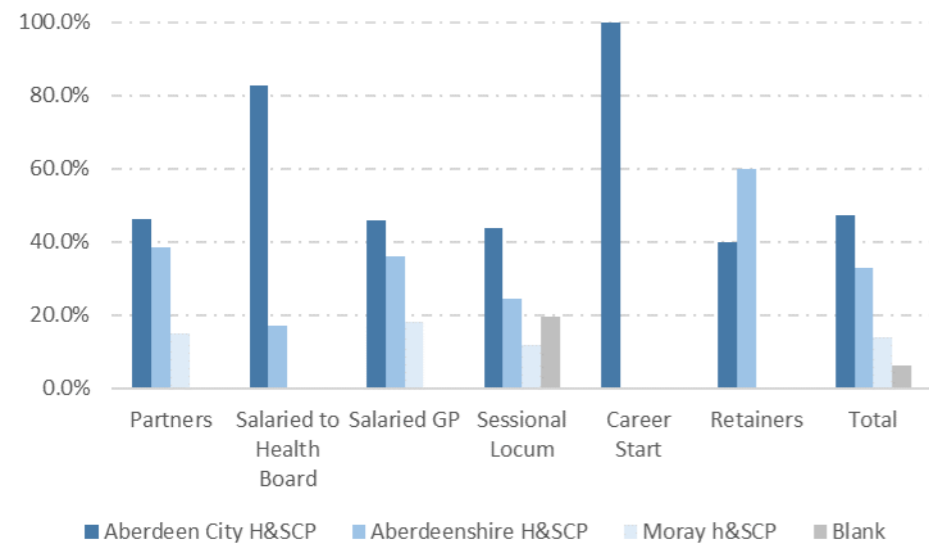
Age Profile of General Practitioners in NHS Grampian



<sup>23</sup> GMS contract: 2018 - gov.scot (www.gov.scot)

In total there are 667 GPs, of these 208 (31.2%) are sessional locums. Aberdeen City HSCP have 48.8% of the total general practitioner workforce, while Aberdeenshire HSCP and Moray HSCP have 36.6% and 14.6% respectively. The largest proportion of the GP workforce are GP Partners 67.8%, followed by 24.4% salaried GPs and 6.3% as GPs salaried to NHS Grampian. The geographical spread of the performer type is shown below:

Percentage of Performer Type by H&SCP as at 31st March 2022



We will continue to work closely with HSCP colleagues to help attract and retain GPs, and recruit to the broader Primary Care Multi-Disciplinary Team.

### 3.5 System Portfolio Updates

As previously described, our Organisational Model for clinical and care services is changing to be based around six system portfolios. These portfolios align services from across hospital and community settings under single management structures, guided by a system leadership approach. The following describes the current position in respect of each Portfolio and the emerging workforce priorities for each.

#### 3.5.1 Integrated Specialist Care Services

Significant work has been undertaken to develop an agile workforce and service delivery model that has been learned from the COVID-19 pandemic. As services move into recovery and remobilisation a number of measures such as "Readiness Factor" are being considered to support teams to transform and/or restart services as soon as possible.

Over the next 12-36 months planned care requirements require an agile response to address the health debt that has arisen. There are a number of issues that will impact on workforce requirements, including:

- redesign of Services building on new ways of working (Post COVID-19);
- redesign of Urgent Care;
- capacity/Productivity Issues: Social Distancing in Health and Care services;
- clinical Prioritisation of Planned Care;
- post COVID-19 treatment backlog;
- development of Elective Centres;
- further development of Safe Staffing and Workload Tools;
- the potential workforce impact of recent changes to pension schemes;
- increased role of Primary Care and Community Services;
- resourcing Older Peoples' Services;
- care implications of "Long" COVID-19 on Rehabilitation Services;
- General Medical Services Contract;
- increased service demand due to population demographic factors;
- National Treatment Centre;
- Baird and Anchor;
- independent Review of Adult Social Care;
- Fair Work Agenda.

We will look creatively at our workforce models with the use of ANP and CDF posts outlined in (section 3.4.8). With these challenges in mind, there is a requirement for budget flexibility to enable services to explore creative models for a multidisciplinary workforce. In balance, services are planning delivery of 7 day services and therefore there is a greater need for modelling and projections for the future workforce required.

The acuity of our patients and the number of complex cases with co-morbidities has increased and will continue to increase, in line with an ageing population. These complex cases require the most experienced workforce including ANP or clinical/medical specialist posts. It is therefore important to promote and embed generalist roles, particularly within nursing and medical professions and the opportunities provided in an agile and generalist workforce.

The response to COVID-19 has expedited progress in delivering our strategic direction. Significant gains have been made in implementing innovative technologies, such as Near Me<sup>24</sup> which has been complimented through development of services to extend the patient population who may benefit from this approach. There is scope to transform services further in digital health and telemedicine and this will require training and support for the workforce, along with the potential to redesign service staffing models in the future.

Whole system working across the health and social care system in Grampian has been strengthened in the response to COVID-19 and efforts are in place to maintain these strong working relationships. Moving forward service staffing models will continue to be considered with service planning and transformative redesign.

### 3.5.2 Adult Medicine/Unscheduled Care

The Adult Medical/Unscheduled Care Portfolio has experienced significant pressures as a result of the COVID-19 pandemic with non-critical services stood down at peak periods over the past two years. These pressures endure as the pandemic unfolds, and its legacy impacts on population health are increasingly felt.

The Portfolio is now looking forward to scoping the actions required to meet the 1-3 year Plan for the Future Delivery Plan. These actions will include the utilisation of the existing workforce, and efforts to reduce use of supplementary agency staffing. Work will be ongoing to reduce the number of non-compliant rotas, subject to gaps in the August 2022 medical trainee rotation, alongside developing new roles and best practice.

Over the past 12 months there have been a number of service planning/workforce development days in Cardiology, Emergency Department (ED) and Respiratory. Planning and development days will continue as portfolio working continues to be developed, and as senior leadership and operational teams are established.

The Interface National Care Programme<sup>25</sup>, will be a continued priority for the Portfolio over the next 12-24 months, the purpose of this work will be to deliver high quality care for defined patient groups who are often managed as inpatients, to develop alternative safe pathways of care providing an alternative to hospital admissions and, through prompt front door management, reduce length of stay and occupied bed days, enhancing patient experience of delivering care closer to home.

To progress with local actions resulting from the National Urgent and Unscheduled Care Programme<sup>26</sup>, a Grampian Urgent and Unscheduled Care Programme Board has been established to progress various workstreams.

This will also include 'Discharge without Delay'; 'Redesign of Urgent Care' which incorporates the continuous progression of the 'Flow Navigation Centre'. Specific service developments include a refreshed rollout of Outpatient Parenteral Antimicrobial Therapy (OPAT), with planning underway to expand the service throughout Aberdeen City, Aberdeenshire and Moray. In addition, there is a focus of Hospital at Home, across Aberdeen City, Aberdeenshire and Moray with development of services such as a Community Respiratory Team, Respiratory at Home, Oxygen at Home, COPD helpline and Cardiac Heart Failure helpline. It is hoped that development of these services will prevent admission and support people to be cared for in a home setting.

There will be a refocus on education and training and new innovations and technology, alongside continued use of roles such as PAs, CDFs, ANPs and in ED the use of Advanced Paramedic Practitioners.

<sup>24</sup> NHS Grampian Near Me (nhsgnearme.scot)

<sup>25</sup> Unscheduled care programmes :: NHS Golden Jubilee

<sup>26</sup> Unscheduled care programmes :: NHS Golden Jubilee



### 3.5.3 Integrated Family

The construction of the Baird Family hospital is underway with an estimated opening in March 2024. With it will come the bringing together of all maternity, neonatal, reproductive medicine and breast and gynaecology services. Work will continue to scope the workforce required with further expansion of the AHP, PA, CDF and Medical International Trainees (MITs) roles beyond the models of multi-disciplinary teams at present.

There are ongoing challenges in the Neonatal Unit (NNU) across the Nursing and Medical workforce due to the changing nature of the care delivery for 22 and 23-week old babies and the staffing ratios required for care delivery. In addition, there is the possibility of becoming one of 3 tertiary NNUs in Scotland, resulting in more premature babies with increased demand in staffing ratios for these complex cases. Babies that will require intensive care, will not be in one location during the decommissioning of Aberdeen Maternity Hospital, therefore development and scoping of the NNU workforce will be required to ensure a safe and sustainable workforce model.

Maternity and Women's Services in Doctor Gray's Hospital in Moray will remain a priority for a number of years as we develop a midwifery led service as a step change towards a full obstetric led model. In March 2022, the Cabinet Secretary announced that consultant-led services will be delivered in Dr Gray's Hospital, Elgin, following the report produced by the external review team in 2021<sup>27</sup>.

NHS Grampian and NHS Highland are working collaboratively via the Moray Networked Model to plan and implement the necessary changes with our population, workforce and partners to ensure that women in Moray have access to safe, high quality, fully supported maternity and neonatal services. This will be a long-term Plan using a phased approach for delivery in Model phases 4 and 6. The draft Model 4 delivery plan, provided to Scottish Government in July 2022 following conversations with NHS Grampian staff and key local stakeholders.

The proposed changes, encompassed within Model 4, will deliver greater patient safety and deliver maternity services closer to Moray in Raigmore Hospital while NHS Grampian develop the longer-term plan Model 6, for the restoration of further services at Dr Gray's Hospital in Elgin.

The Model Plan commits to a series of deadlines for different services to be brought on-stream over the next eighteen months, with the intention of meeting the Cabinet Secretary's timescale for Model 4 to be fully operational by December 2023.

Further planning to identify what is required to establish Model 6 will start immediately after the delivery of the draft Model 4 plan. This work will build on and be informed by the lessons learned while implementing Model 4. The deadlines for implementation include:

#### By Autumn 2022:

- scoping work on the flexibility of the existing workforce to deliver antenatal care as close to home as possible in a networked model;
- scoping work on expansions to the antenatal day assessment provision.

<sup>27</sup> Independent Review of Moray maternity service - gov.scot (www.gov.scot)

#### By December 2023:

- upgraded and new facilities completed in Raigmore Hospital;
- recruitment of additional staff in Raigmore Hospital to accommodate the extra births;
- development of the Fetal Medicine service in Dr Gray's Hospital;
- consider how we could develop a service that offers the choice for the women of Moray to have elective caesarean sections within Raigmore Hospital in the future.

We anticipate that networked services with upgraded and new facilities at Raigmore Hospital and additional staff recruitment will ensure that Women in Moray will be able to choose between:

- Midwife-Led birth in Dr Gray's Hospital;
- Midwife-Led birth in Aberdeen Maternity Hospital;
- Midwife-Led birth in Raigmore Hospital;
- Consultant-Led birth in Aberdeen Maternity Hospital;
- Consultant-Led birth in Raigmore Hospital;
- home birth.

The benefits of the Moray Network Model will include:

- Antenatal care that is delivered mainly by Midwives, but supported by consultants in Dr Gray's Hospital, Aberdeen Maternity Hospital and Raigmore Hospital, subject to scoping flexibility of the existing workforce at Raigmore to deliver this;
- Maternity Triage 24 hours a day delivered by Midwives;
- Care closer to home in Moray for women who require input from a Fetal Medicine Specialist;
- Expanded Antenatal Day Assessment supported by obstetricians;
- Reduced travel to Aberdeen for antenatal care;
- Midwife-Led births in Dr Gray's Hospital based upon a nationally recognised, evidence-based Midwife Led model of care where all women with intrapartum complications transfer to the nearest consultant unit in Raigmore Hospital. Tertiary support will also be available in Aberdeen Maternity Hospital if required;
- A choice of Consultant Led births in Aberdeen Maternity Hospital or Consultant Led births in Raigmore Hospital.

Recruitment across Maternity and Women's services remains an ongoing issue for all specialities and whilst we recognise the large influx of nurses each autumn, by the following summer gaps in the workforce increase. Redesign work will continue that has been undertaken due to the Baird Project and the COVID-19 pandemic.

There remain workforce challenges in a number of sub specialities across Women and Children services and some of these continue to be single person dependent. Cardiology in Paediatric Services, PAs in Dr Gray's hospital and nursing roles such as Pain Nurse. These roles are seen as unattractive when advertised due to a lack of support and require further investment in relation to training and support to enhance attractiveness and recruitment.

Training and development of the Nursing, Midwifery and AHP workforce will continue alongside support for specialised roles. Workforce planning and redesign of Maternity and Women's services will be ongoing in preparation for the opening of the Baird Family hospital in 2024.

### 3.5.4 Public Health

NHS Grampian's Public Health Department has seen unprecedented change and challenges as a result of the COVID-19 pandemic. This has resulted in the continual review of workforce patterns internally. The department has seen large scale recruitment of the Vaccinator workforce and latterly the COVID-19 Contact Tracing Teams. There has been a need to be flexible, looking at alternative models of delivery and recruitment methods to attract the right candidates to the fill roles. Future risks to workforce capacity including responding to large public health incidents that may impact population health i.e. pandemic flu/major infectious disease are being considered.

Lessons learned on the impact of health and wellbeing for staff when deployed to other areas. This will be a priority to support the workforce to recover and to ensure that any future requirements for deployment fully considers staff health and wellbeing.

Work will continue to promote and strengthen the NHS Grampian Public Health brand 'Helping Health Happen'<sup>28</sup> and #teampublichealth as part of the overall #proudtobeNHSG campaign, the ambitious population health strategy and highlight staff stories and experiences to share:

- The variety of roles available in Public Health;
- The contribution that each role/person can make in improving population health and wellbeing;
- Experiences of career development and personal development opportunities;
- The benefits of working in a supportive environment including varied partnership working derived from an established Public Health System;
- Working within and across three Health and Social Care Partnerships;
- Opportunities to be involved in Local and National Clinical/Care Networks;
- Experience of working in a North East Population Health Alliance;
- The ability to influence organisational direction and policy;
- Improving population health at the heart of NHS Grampian health and care;
- Closely working with local authorities, third sector organisations, health and social care partnerships, community planning, private sector and other agencies including: Police Scotland, Scottish Ambulance Service, Local Resilience Partnerships, Scottish Government, Public Health Scotland and other national and international colleagues;
- Being part of an academic and teaching department, including being able to have joint honorary status with local Universities.

We remain eager to establish what steps can be taken to address the differences in on call payments arising from Consultants on the same out of hours rotas holding different national terms and conditions.

<sup>28</sup> HPHS - Site (scot.nhs.uk)

### 3.5.5 Facilities and Estates

Our ambition is that careers in Facilities and Estates are seen as attractive, providing a wide range of interesting roles, development opportunities and a chance to contribute to the health and wellbeing of the citizens of Grampian. The Facilities and Estates Sector has a very diverse workforce and an equally diverse range of near-term and mid-term workforce priorities. Our underpinning priority is to support the recovery of and enable the wellbeing of the entire sector team. This will be built on three elements:

- Enhanced engagement on our sector ambition, planning and performance, including face to face communication where possible;
- Providing meaningful one-to-one time for every team member with their team leader, explicitly featuring a wellbeing discussion, as well as covering individual performance and development;
- Providing information and time to access a range of wellbeing and resilience resources.

Some of our services have operated very differently over the last two years and are now beginning to transition to a 'new normal'.

The step-down of cleaning specifications is a particular challenge, currently with a large complement of additional domestic assistants employed on short-term contracts and some people acting-up in supervisor roles on an interim basis.

In a different way, the demand for our retail services has changed significantly during the pandemic, and it is not clear to what extent the demand will return to pre-pandemic levels. In the immediate-term, this means providing a scaled-down service in our main hospitals and some outlying areas. The demand for porters and cross-region transport is also changing, with reduced PPE and vaccine distribution.

From 2021 and into 2022, a number of senior-level retirements have been planned or indicated. These will have a significant impact on the sector, with a loss of knowledge and experience built up over years of service. Based on the projected level of demand for Facilities & Estates services, these roles will need to be filled with appropriately skilled people to ensure continuity of service. Arrangements to retain retirees for ad-hoc specialist support where possible is also being explored.

There is a sustained and increasing demand for qualified technical staff such as engineers, project managers and technical assurance roles. This is driven in part by the national requirement for greater assurance on preventing infection in the built environment, the transition to a 'digital estate' and the significant construction projects across NHS Grampian for example, The Baird Family Hospital, Anchor Unit, National Treatment Centre and new Mortuary. More recently, additional demand for reactive technical support has come from property developments and changes of use initiated by other sectors of NHS Grampian.

The maintenance and project teams within Facilities and Estates have also seen a high number of senior-level retirements. Attracting new people to join these teams at mid to senior level remains a challenge with buoyant engineering and construction private sectors. In some cases, we are in 'competition' with our own construction contractors for new talent.

The NHS Grampian procurement service is dealing with sustained operational demand and system-wide remobilisation activities, alongside an enduring level of fractured supply chains. The staff structure does not currently have the capacity to support the organisations' wider sustainability and financial objectives.

The NHS Grampian procurement service remains actively engaged in the East and North Procurement Project process, which has the objective of identifying a regional procurement operating model and developing a business case for the Board by mid-2023.

Providing well-defined career pathways within the sector and linking to other parts of NHS Grampian is important for both attraction and retention. We will continue to develop our technical and non-technical career pathways to provide clarity of opportunity and maintain links to the management development pathways within NHS Grampian and nationally. Given the additional challenge of recruiting experienced and qualified staff, high priority is being given to 'in-role' training and 'beyond-role' development. Key elements are:

- Maintaining the Modern Apprenticeship programmes including technical and non-technical disciplines;
- Training and regular assessment of technical specialists at various levels to cover water systems, medical gas systems, electrical systems (LV & HV), ventilation systems, pressure systems, asbestos management and building information systems;
- Development training on project methods including 'soft landings', security considerations in design, building information modelling/digital estate;
- Development training for team leaders including a range of internal supervisory and management skill programmes;
- Maintaining the Graduate Apprenticeship programmes.

An enabling team culture is seen as essential to sustaining our services, attracting and retaining staff, in addition to supporting the changing needs of the Grampian health and care system. Achieving this will mean attracting and retaining the right talent and further developing team skills, featuring 'the manager as coach.'

As a core priority, each team will agree a culture development plan with specific commitments on things to 'stop', 'start' and 'keep' doing in response to the outcome of the Culture Survey in early 2022.

### 3.5.6 Mental Health and Learning Disability Services

Over the next 12-24 months, Mental Health and Learning Disability Service will seek to increase the nursing, medical and support workforce across the sector, looking at alternative and creative ways to attract people to work in Mental Health professions. There will be an increase in the number of Health and Wellbeing Practitioners to support the nursing and multidisciplinary teams with career opportunities for staff who wish to pursue a career in Mental Health.

A key priority for the Mental Health and Learning Disability Service in 2022, will be to ensure there are appropriately trained staff within the service and to ensure targeted training is provided to support the workforce.

Child and Adolescent Mental Health Services (CAMHS) has experienced a significant increase in children and young people who are presenting acutely unwell that may require intensive support. The CAMHS workforce in Grampian is 13.3wte per 100,000 of population, compared with the national average of 20.0wte per 100,000 of population. The allocation of the Mental Health Recovery and Renewal Fund for CAMHS in Grampian, will help grow the workforce and enhance whole system developments. The immediate priority is to increase workforce capacity to support the increasing demand for CAMHS using Mental Health Recovery and Renewal recurring funding.

Succession and workforce planning will continue in relation to traditional medical staffing roles. Work is ongoing to consider alternative clinical practitioner roles such as increased Nurse Practitioners, Physician Associates, Physician Associate Interns and Medical Support Nurses. In addition, there is a Clinical Development Fellow placement as an alternative skilled practitioner who can fulfil a number of traditional medical skills via the Medical Training Initiative (MTI) through the Royal College of Psychiatrists. The Medical Directorate continues to rely on locums to provide inpatient services, however work will continue to ensure all alternative models of workforce are considered to ensure a sustainable service.

The Psychology workforce continues to work in partnership across all HSCPs to provide training and supervision to multidisciplinary teams, including third sector organisations in relation to staff working with people with dementia and co-morbidity conditions. There are continuing professional development programmes designed to enhance and develop the psychological skills and awareness of staff across all care settings, aimed at early intervention for clinical presentations and to reduce the risk of chronicity and the need for in-patient care.

Recruitment to specialist services can be challenging as posts are often part-time, or by their specialist nature, attracting and selecting from a limited pool of appropriate applicants. This is due to the current training programme structure for clinical psychologists, which limits exposure to specialist placements, therefore future employment in those areas. Posts led by a consultant are often accompanied by a Principal Psychologist which can prove difficult in terms of succession planning as staff at these levels seek to gain promotion opportunities out with Grampian.

In response to learning from the Pandemic, a review of Psychology service design has been commissioned for 2022-23. This will help to understand the optimal service configuration, leadership model and any associated changes required.

### 3.5.7 Moray Portfolio Including Dr Gray's Hospital

Moray is a rural area served by 12 GP Practices, 4 Community Hospitals, 14 Local Authority Care Homes and 5 Sheltered Housing units. The Moray Integrated Joint Board (MIJB) has delegated responsibility for the strategic planning of unscheduled care, which is delivered in emergency situations such as A&E, acute medicine and generic medicine.

The MJIB also 'hosts' (on behalf of Aberdeenshire and Aberdeen City IJB) pan-Grampian services relating to Grampian Medical Emergency Services (GMED), the service that provides out of hours general medical care and Primary Care Contracts, the team who service all contracts for General Practice, Community Pharmacies, Optometrists and Dentists.

The Moray strategic plan 'Partners in Care'<sup>29</sup>, aims to deliver the best service for the population, with the vision of:

***"We come together as equal and valued partners in care to achieve the best health and wellbeing possible for everyone in Moray throughout their lives"***

To make sure health and social care services reflect the priorities and respond to the needs and issues of local communities, locality plans have been developed following a "bottom up" approach to provide a framework for improvement from the perspective of local people who use and deliver health and social care services. Locality managers have been appointed to lead on the development of locality planning for the following four areas:

- Buckie, Cullen and Fochabers
- Elgin
- Forres and Lossiemouth
- Keith and Speyside

During the pandemic the effectiveness, efficiencies and better outcomes that can be achieved when we work together as a public sector have been demonstrated, with partners and communities rather than as individual entities. To deliver further on this whole system, integrated approach, there is a desire to transition from an organisational leadership and management model to a system leadership and management approach.

There are many more people in community settings than in the hospital, and we realise that the costs of mismanagement of people in a crisis situation (who often end up in the hospital) are much greater. Accordingly, as Portfolio Executive Lead the Chief Officer provides a leadership role for Dr Gray's Hospital alongside the responsibilities already carried for community health and social care, an approach that is now embedding.

The senior management team membership for health and social care in Moray has been revised to incorporate community and acute leaders and is functioning with an integrated approach and a responsibility for the success of the whole Moray health and care system. The response to pressures and the increase in demand from COVID-19 pandemic has brought a response from Moray health and care across acute and community, with an integrated approach to how we manage risk and balance care across the system.

The workforce across Moray has seen unprecedented change during the pandemic. As we move into recovery and transformation of our services, there will be a focus on adopting a hybrid working model for those that can move flexibly between home and work, alongside an increase in research funding initiatives for further innovations work, long-term workforce planning, explore opportunities, ambitions and support special interests of the workforce to increase the attractiveness of Moray as a place to live and work.

There will be a particular focus on three key workforce priorities over the next 18-36 months:

- Recruitment and retention of the workforce in Moray;
- How to tackle locally the national recruitment crisis, particularly for GP, ANP, AHP and the impact this has on the workforce and population of Moray;
- The ageing workforce, with a prevalence for part time working, and how we can support people with a lifetime of skills to continue in their role.

Our derogation of risk has become normal BAU business as usual during the COVID-19 pandemic. Staff are working long hours and feeling under pressure. Contingency practices have become BAU. G-OPES risk profiling does not trigger whole service response as planned and therefore issues remain localised.

As services across Moray are still in recovery phase there are short, medium, and long-term risks and challenges for the workforce. Those include level of staff absence, particularly long-term absences, leading to people leaving for external employment or retiring early. Recruitment and retention impacting on sustainability of services and current models and reliance on locum, agency and bank staff places additional pressure on budgets.

These risks and challenges link to the key areas of focus for our workforce and will be prioritised over the next 12-18 months to ensure a sustainable system and service delivery for the population of Moray. This will sit alongside the strategic review in 2022-23 of the role played by Dr Gray's Hospital as part of NHS Grampian's Plan for the Future, being led by NHS Grampian's Director of Strategy.

<sup>29</sup> moray\_partners\_in\_care.pdf (hscmoray.co.uk)



NHS Grampian will take an approach to resourcing that enables our system to support and grow the workforce by addressing ongoing supply issues faced in the short and longer term.

## Attract

NHS Grampian will take an approach to resourcing that enables our system to support and grow the workforce by addressing ongoing supply issues faced in the short and longer term. This will also require creative and transformational change to our existing workforce models.

### 4.1 Apprenticeships

As part of our attraction strategy, NHS Grampian continues to offer Apprenticeships; foundation, modern and graduate, with plans to extend these programmes over the next 5 years alongside the national drive to develop apprenticeships across NHS Scotland.

The below table illustrates the number of apprentices across NHS Grampian from 2017-2022<sup>30</sup>.

	2017	2018	2019	2020	2021	2022
Graduate Apprenticeship	5	9	11	13	9	11
Modern Apprenticeship	25	31	35	35	58	46
Foundation Apprenticeship	4	6	18	28	Nil due to Covid	Nil due to Covid
<b>Total</b>	<b>34</b>	<b>46</b>	<b>64</b>	<b>76</b>	<b>67</b>	<b>57</b>

There are currently 46 Modern Apprentices across the organisation with 8 additional due to commence in areas of Electrical and Mechanical Engineering (maintenance) and Health Care Support Workers (clinical). There are 11 Graduate Apprentices, 5 BSc (Hons) IT for Management and 6 BA (Hons) Business Management.

Once NHS Grampian has confirmed funding with Robert Gordon University for 2022-23, there will be an expansion of the Graduate Apprenticeship programme to offer a further 3 places. 1 BSc (Hons) IT for Management and 2 BA (Hons) Business Management.

An expansion of the apprentice workforce is required to balance an ageing workforce and to ensure that appropriate talent and succession planning is being considered. There will be a continued expansion of these programmes over the next 12-36 months to include new apprentice frameworks in Podiatry, Dental Nursing, Pharmacy, Occupational Health, Safety and Security, IT Cyber Security and Warehouse and Logistics.

<sup>30</sup> Please note that the numbers indicated above highlight the number of learners engaged in a Modern Apprenticeship programme. Care should be given and that comparisons should not focus on numbers alone as learners can often perform and progress differently

In March 2022, modern apprentice week celebrated the experiences of apprentices across NHS Grampian which were promoted and shared on social media to provide further awareness of the wide-ranging apprentice opportunities that NHS Grampian has to offer:

#### NHSG Apprenticeship Week - Healthcare Support - YouTube



Details of plans to support employment across all types of Apprenticeship are at Section 5.2

#### 4.1.1 Recruitment Initiatives

There will continue to be a focus on local and international recruitment, promotion of career opportunities, further expansion of development roles and links with further and higher education providers to increase the employability pipeline, these initiatives will help to ensure there is an ongoing supply of people choosing to work for NHS Grampian. There will be a continued focus on recruitment initiatives such as:

- Use of social media and local social media networks to promote local vacancies;
- Participation at local career fayres and attendance at schools and local education providers;
- Use of specialist recruitment agencies for hard to fill vacancies;
- Guaranteed interview for Care Experienced Young People if they meet the essential criteria for the role. This is being piloted for Health Care Support Workers at present;
- Use of talent pool functionality within Jobtrain to ensure we have a pool of candidates job ready to match to approved vacancies;
- Implementation of a locum medical bank to reduce Locum Agency use and further reduce Agency spend.

There has been improvements in our recruitment intelligence to identify active vacancies and unfilled posts through a review of the recruitment processes undertaken over the past 12-24 months.

This work will continue to inform the demand for supplementary staff, ensure our system can mitigate risks to services and target long term efforts to attract individuals to the organisation. In addition, there is work underway to reconcile the workforce on temporary contracts that has increased since the COVID-19 pandemic, to align to substantive posts where possible.

NHS Grampian continues with our bespoke programme of international recruitment of nurses and midwives. This ongoing programme has further evolved since October 2021 and significant planning and pastoral support is required for new staff with a priority to undertake our local Education Programme to gain Nursing and Midwifery Council (NMC) registration following an exam.

Given the limits on available workforce supply<sup>31</sup> attracting new recruits alone will not address the workforce challenges we face. There will be a need to offer flexible roles, development, learning and research opportunities and celebrate our successes to promote and market Grampian as a place to live and work.

#### 4.1.2 The use of social media

NHS Grampian continues to manage a number of initiatives in relation to social media and websites to address engagement, communication, promote vacancies and consequently improve workforce supply e.g. GP Jobs Grampian Facebook page<sup>32</sup> to promote Grampian as a place to live and work and share experiences from existing Medical Staff in Primary Care.

As of May 2022, there are 1,300 followers of the GP Grampian Jobs Facebook page. On average, each update posted to the Facebook page, is estimated to reach over 25,000 individuals with the potential for onward sharing of the information or vacancy. Link below to our Facebook page:

#### GP Jobs Grampian | Facebook (link)

To support recruitment of large-scale campaigns or specific specialist roles, we continue to expand our social media presence as a way to attract people to live and work in Grampian. Vacancies continue to be highlighted on Facebook, Twitter and LinkedIn. Promotion of social media is shared with appointing managers to maximise opportunities across colleague networks. This awareness and promotion will continue to expand in 2022 and beyond.

<sup>31</sup> J.Buchan, H.Catton & F.A.Shaffer (Jan 2022) Sustain and Retain in 2022 and Beyond: The Global Nursing Workforce and the Covid-19 Pandemic

<sup>32</sup> Facebook/gp jobs GRAMPIAN

#### 4.1.3 Enhancing attraction of Remote and Rural roles

We are continuing to explore with our Health and Social Care Partners across Aberdeen City, Aberdeenshire and Moray the need to evidence the requirement for a recruitment and retention premia to mitigate the higher costs of living in remote and rural areas.

#### 4.2 Magnet

NHS Grampian is on a journey to Magnet Recognition® which is for health care organisations who truly value nursing and midwifery talent. Magnet Recognition is not merely an award or a badge of honour. It is steadfast proof of a hard-earned commitment to excellence in health care, with contented nurses and midwives at its heart.

The Magnet Recognition Programme designates organisations worldwide where nursing leaders successfully align their nursing strategic goals to improve the organisation's patient outcomes. The Magnet Recognition Programme provides a roadmap to nursing and midwifery excellence, which benefits the whole of an organisation.

To nurses and midwives, Magnet Recognition within NHS Grampian means education and development through every career stage, which leads to greater autonomy at the bedside. To patients, it means the very best care, delivered by nurses and midwives who are supported to be the very best that they can be.



NHS Grampian National Treatment Centre workforce delivery plan is being created alongside a marketing strategy with enhanced recruitment initiatives to look at alternative workforce models

## Employ

### 5.1 National Treatment Centre

NHS Grampian is one of five Boards in Scotland to receive Scottish Government funding to implement a National Treatment Centre. With the aim to improve the patient care experience, the care pathway and treatment waiting times. The services and facilities to be included in the Centre are:

- Outpatient accommodation for Urology;
- Dermatology and Respiratory Medicine;
- Day Surgery and Endoscopy Facilities;
- MRI and CT Scanning Facilities.

There is also provision of specific enhanced community facilities, these will be developed in Grampian, although the location is still to be confirmed. At present, the Project Team are working with services to scope the number and skill mix of the required workforce for on or off-site options.

A workforce delivery plan is being created alongside a marketing strategy with enhanced recruitment initiatives to look at alternative models such as the expansion of the Peri Operative Practitioners, Operating Department Practitioners (ODP), Anaesthetic Assistants and the Advanced Practitioner workforce.

### 5.2 Employability

#### 5.2.1 Foundation Apprenticeships

We will encourage pupils who complete relevant Foundation Apprenticeships (FAs) to apply for substantive posts within the organisation make health and social care their career of choice via the Modern Apprenticeship pathway or directly into entry level posts. All participants will complete their FA programme by participating in a structured/blended learning programme comprising of theoretical and on-the-job work experience. Participants will be encouraged to apply for established posts within the organisation or to apply to participate in a formal academic programme via university or college pathway.

#### 5.2.2 Modern Apprenticeships

There will be an expansion of the Modern Apprentice programme with an additional 100 Modern Apprentices (MAs) per year over the next 12-36 months. We aim to expand the range of apprenticeship frameworks with the introduction of two new frameworks for Nursery Nursing and Pharmacy Technicians. These specific development opportunities will be aimed at staff from our existing workforce and new employees to the organisation. New employees will continue to be recruited into 'training contracts' for the duration of their MA programme and existing staff will continue in their substantive role. Staff will be given the opportunity to progress to other organisational career pathways with a view to promoting career succession planning and staff retention.



### 5.2.3 Graduate Apprenticeships

In line with our organisational commitment to support and develop our existing workforce, it will be our intention to recruit a further 9 Graduate Apprentices (GAs) over the next 12-36 months. This will be in addition to the 11 existing staff undertaking this academic programme. These specific academic development opportunities will be aimed at staff from our existing workforce.

The Graduate Apprentice Scheme is publicised throughout the organisation, Primary Care and HSCPs with the aim of promoting career progression and succession planning opportunities for staff who may not have an undergraduate degree. These members of staff will continue to be employed on their substantive contracts and will study using a 'blended learning' approach over a 4-year period.

Existing participants are engaged on the following frameworks include:

- Accountancy;
- Business Management;
- IT for Management.

Staff who have completed their academic studies, will be encouraged to progress within the organisation where they will be able to apply and underpin their academic learning within their work roles.

### 5.2.4 Veterans

NHS Grampian will identify, engage and participate in local and national initiatives to attract ex-service personnel. It is hoped that NHS Grampian will be able to attract 36, over the next 12-36 months. These individuals would be employed across clinical and non-clinical service areas making use of the valuable transferable skills and competencies that they have been able to develop in their service career.

At a national level, it is recognised there is potential to utilise this supply pipeline for future skills gaps. It is already acknowledged that NHS Scotland will be required to develop a comprehensive marketing strategy to ensure that suitable posts are identified, individuals are developed and retained across the health and social care system.

### 5.3 Fair Work

Our approach is focused at local level for social equality, working on new ways to empower individuals and communities. NHS Grampian as an 'Anchor' organisation, is key to long term sustainability of health services and tied to the wellbeing of the population we serve, and we are well placed to make an important contribution as part of our community planning partnerships towards the strategic development of local economies.

In line with the 'Young Person Guarantee'<sup>33</sup> we will continue to work with our partners in secondary education and colleges of further education. As we continue to make progress on developing our 'Young Workforce', this is particularly in relation NHS Grampian's commitment to the 'Young Person's Guarantee' but to achieve these targets requires engagement and relationship building with key stakeholders. It is likely that individuals would be recruited with a variety of attainment levels, transferable skills and qualifications.

Under the heading of 'under-represented groups' we are focusing on.

- Ethnic & Minority groups;
- Care Experienced;
- Disabled;
- Long-Term Unemployed;
- Ex-Offenders.

We wish to attract a workforce that is inclusive and with a variation of cultures by recruiting individuals from these groups in line with both organisational objectives and Scottish Government initiatives to promote workforce diversity and reduce stigma amongst hard-to-reach communities.

Individuals would receive comprehensive development focussing on corporate induction, workplace orientation and the requirement to complete the HCSW Workbook as part of the Mandatory Induction standards for all non-regulated staff groups. There may also be a requirement for certain individuals to undertake ESOL training (English Course for Speakers of Other Languages).

As part of the organisational commitment to retaining staff, individuals would be encouraged to participate and enhance their existing attainment levels.

### 5.4 Digital Tools for Workforce Utilisation

NHS Grampian has approved a 5-year strategy to utilise digital technology to improve health and care of our population and enable staff to work to the best of their abilities ensuring sustainability and modernisation across our system and services.

To make this change happen, there will be a cross system adoption of electronic records alongside secure access to data and systems. There will be continued support for our workforce to enhance their digital skills, to ensure that our workforce have the competencies and skills required to utilise the digital landscape. The strategy is an opportunity to create a digital and interoperable health and social care system.

<sup>33</sup> Home | Young Persons guarantee

### 5.4.3 Electronic Employee Support System

In September 2021, NHS Grampian implemented Electronic Employee Support System (eESS) as the last remaining Board in NHS Scotland to implement the system. The move to eESS in relation to our workforce data should bring a phased implementation of workforce system interfaces between existing systems to build an electronic employee record. Once eESS is fully imbedded, there will be the functionality to allow managers to input staff information directly into the system on behalf of the employees they manage. Manager Self-Service (MSS) training is being rolled out across the organisation with training for managers available on Turas Learn. It is anticipated that MSS will be rolled out to all managers by autumn of 2022.

### 5.4.4 Allocate eRostering

In November 2021, a National Contract for eRostering services across NHS Scotland was awarded to Allocate Software and NHS Grampian now has access to 8 core products available to Boards. These core products support all aspects of workforce planning as there is the functionality to plan, create and maintain rosters for a range of complex services, all staff working in all areas can be rostered in one place including agency, bank, substantive and multi-disciplinary teams.

NHS Grampian already utilises the electronic rostering functionality including Healthroster, Employee Online and Bank staff to support rostering in key areas. This grants managers the ability to make more informed and timely decisions about where staff need to be and when. Staff are also able to view information about where and when they are due to work electronically on their smartphone or laptop and can request leave.

As workforce recovery and expectations evolve, this is increasingly important and can be used within a range of tools to support NHS Grampian being an employer of choice. Electronic rostering was deployed during the COVID-19 pandemic to support teams including the Vaccination Programme, Testing and Contact Tracing teams. Out with these teams, e-Rostering it is primarily used within Acute Portfolios and Mental Health Nursing areas with plans to expand rollout further.

Roster analysis features can objectively show if the roster is effective and safe and Safecare functionality aligns staffing information with patient acuity and will support NHS Grampian's obligations to comply with Health and Care (Staffing) (Scotland) Act. We plan to adopt Allocate products across all clinical staff groups during the three years of this Workforce Plan, subject to the national provision of a national interface between the e-Rostering and time reporting or Payroll systems

### 5.4.5 Job Planning

As a requirement of the Consultant Contact, NHS Grampian requires all Consultants and Specialty Doctors to have an agreed job plan. Job planning is a key mechanism through which responsibilities and objectives are agreed, monitored and delivered. Consultants are required to identify adequate time within the job plan for teaching and training. This is an important commitment for Grampian, as a teaching Board and has a major impact on the training experiences for Doctors in Training and the attractiveness of the Board as an employer.

As part of the Job Planning process contractual hours are recorded for all elements of the Consultant job plan, including activity in relation to Additional to Contract (ATC) activities. ATC activities are over and above the agreed Job Plan, are unpaid and undertaken as goodwill. As of 19 May 2022, 80% of submitted and signed off Consultant job plans have ATC activity included.

### Job Planning Completion as at 31st December 2021

Year	Consultants	Honorary Consultant	Job Plans Submitted	% Job Plans Submitted
2016/2017	511	52	259	48.70%
2017/2018	511	50	362	70.70%
2018/2019	550	80	377	59.84%
2019/2020	532	98	231	40.00%
2020/2021	533	34	443	78.13%

The return and completion rate of job plans has been variable historically, there is however, training, eLearning and one to one support offered. Team Job Planning through workforce, service and financial plans will be developed where agreed.



NHS Grampian continues to provide wider development opportunities for all staff groups

## Train

### 6.1 Learning and Development

NHS Grampian continues to deliver corporate induction which is fit for purpose and contributes to seamless recruitment processes for existing staff and future workforce.

There continues to be significant investment in blended learning approaches which support a digitally enabled workforce<sup>34</sup> alongside investment in resources to support appraisal, objective setting and personal development planning, statutory and mandatory training, management development and eESS training. There will be further investment over the next 12-36 months in digital skills for the workforce, maximising the benefits of a collaborative approach to learning with partners including the North East Learning Collaborative (NELC), HSCPs and other Boards.

During the first 18 months of this Workforce Plan, we intend that all colleagues will have access to and time for learning that helps them develop personally and professionally to match service needs in support of regulation, regeneration, growth and transformation<sup>35</sup> with our long-term action to sustain a learning organisation culture where learning is valued and part of “this is how we do it here.”

#### 6.1.3 Wider Development Programmes

NHS Grampian continues to provide wider development opportunities for all staff groups and continues to invest in the development of people. Learning support and coaching is available, across the organisation, which includes a mentoring scheme. We are active contributors with other public sector organisations to the North East Learning Collaborative (NELC) which continues to design and deliver training and development for staff across partner organisations.

<sup>34</sup> Service-Transformation-Through-Digital.pdf (scot.nhs.uk)

<sup>35</sup> People and Culture Strategy NHS Grampian draft April 2022 – Skills and Capability

## 6.2 Leadership and Management Development

Management and Leadership development is available for all staff, not just for those who have formal line management responsibility. However, we recognise the importance of supporting people managers, and those with budgetary responsibility during the period of transitioning from the pandemic.

As a result, we intend that by 2028 our managers will be confident and competent in their role as coaches and managers of people in a system leadership approach that enables the development and empowerment of colleagues at all levels.

Systems leadership is vital to the kind of cross boundary working between different parts of our organisation, and with public, third and independent sector partners, that is essential to achieving sustainable health and care services. Continuing to spread and embed these practices so that they feel more natural, and less of an add on for colleagues will be a priority as we seek to ensure our ways of organising and working support this vision.

Managers at all levels have a key role to play in this respect, supporting their teams to understand the need for change and focussing on their wellbeing. We will expect and help them to be highly visible, provide clarity and prioritise people, including their own and others' wellbeing, as part of our regeneration from the pandemic.

We will also promote progressive approaches to people management that recognise the need for balancing an appropriate use of discretion with consistency and fairness in the application of policy. In this respect, we will continue to focus on developing a coaching culture amongst managers, as well as ensuring ease of access to both face to face and digital learning opportunities through local and national resources and programmes.

Refreshed financial management training is also being planned for those with budget management responsibility. This is essential to supporting the development and implementation of the savings plans that are required to achieve financial balance.



Staff health and wellbeing remains a key priority

## Nurture

### 7.1 Workforce Health and Wellbeing

Staff health and wellbeing remains a key priority for the Board and is aligned to the We Care Programme. Achievements and priorities over the past 6 months have been to:

- Continue to monitor and support the use of PPE;
- Provide Face Fit Testing and Asymptomatic staff testing;
- Complete planned break and rest area enhancements;
- Maintain equitable access to physiological and counselling support;
- Provide support for staff experiencing long COVID-19;
- Evidence progress in addressing priority non-COVID-19 health and safety issues across the system.

Specific actions in relation to the health and wellbeing include:

- We Care Programme priorities of team recovery support and support for home/remote working;
- Ensure teams are signposted towards support for recovery;
- Continued information and resources developed for staff on the We Care Programme website including monthly newsletters as helpful resources for staff:

[https://www.nhsgrampian.org/globalassets/foidocument/foi-public-documents1---all-documents/We\\_Care\\_Newsletter\\_May\\_2022.pdf](https://www.nhsgrampian.org/globalassets/foidocument/foi-public-documents1---all-documents/We_Care_Newsletter_May_2022.pdf)

### 7.2 Staff Governance

The role of the Staff Governance Committee is to monitor and scrutinise performance against the Staff Governance Standard to secure the fair and effective management of staff, compliance with all legal obligations and implementation of all policies and agreements to ensure that staff are:

- Well informed;
- Appropriately trained;
- Involved in decisions which affect them;
- Treated fairly and consistently;
- Provided with an improved and safe working environment.

Through specific topics at the Committee, responding to data/feedback and obtaining an understanding of how the wider system is operating ensures good Staff Governance. The Committee is in dialogue with portfolios/sectors and corporate leads regarding the domains of the Standard.

### 7.3 Improving Staff Experience

iMatter continues as a primary workstream supporting staff experience during the next phase of remobilisation, rest and re-cooperation following the pressures of the COVID-19 pandemic over the past two years. It is recognised there will be challenges re-engaging teams and managers through ongoing phases of remobilisation and change.

Whilst a positive level of engagement with the questionnaire has been maintained with a 57% response rate, the unprecedented events of 2020-22 have seen a 15% decrease in the number of action plans recorded on the system. Notwithstanding this, translating views shared into meaningful action and supportive change remains a priority to support Our Plan for the Future through the Culture Matters programme.

The implementation of sub-reporting will support further transparency and empowerment of managers and leaders in line with Our Plan for the Future and strategic priorities over the course of 2022-25. Supporting tangible improvement in the day-to-day experiences of all staff across the health and social care system at individual, team, and organisational levels.

### 7.4 Developing the right Culture

We know that making the changes necessary to deliver a sustainable health and care system will require a detailed understanding of and attention to organisational culture. In support of this and our work towards Magnet accreditation we have commissioned Best Practice Australia (BPA) to provide an in-depth cultural survey and analysis, to be run twice by the end of 2024.

Phase one of the BPA Culture Survey has been delivered to over 9,000 staff within Nursing & Midwifery and Facilities and Estates staff across Grampian. There was a 53% response rate with 4,805 responses from staff and 364 team reports were produced, creating a huge amount of data. The reports were shared in May 2022, and managers are presently working through these reports with their teams. Internal and external coaching support in place to aid teams with their action plans.

Consideration of the lessons learned from this phase will be used to inform Phase two of the BPA Culture Survey. This will involve the remainder of our workforce being provided with the opportunity to participate by the end of 2023.

Colleagues can get involved in steering our work on organisational culture via the monthly Culture Collaborative. The Collaborative is an Open Forum that welcomes anyone from across the system to attend regardless of location or role. Seven sessions have been delivered to date with between 40 and 70 staff attending each, and over 200 colleagues requesting access to the Culture Collaborative teams Channel to date. The Collaborative is currently developing a draft Culture Blueprint and Behaviour Statements that will help to inform the development of policies and processes throughout the employment journey.



It is a strategic priority of NHS Grampian to attract and employ staff into substantive positions where they can develop and flourish in their career

## Challenges and Risks

### 8.1 Strategic Risks

The Board recognises the centrality of workforce to the redesign and sustainability of our health and care services. As part of our enterprise risk management approach, we have identified the following strategic risks:

- Difficulty in recruiting, combined with limited workforce supply and an aging workforce, may lead to increasing numbers of staff shortages;
- Needing to continue to drive colleagues to perform under conditions similar to the pandemic, may increase dissatisfaction.

The work described in the preceding chapters of this Plan is designed to mitigate the impact of, and where possible prevent, these risks occurring.

### 8.2 Tactical Risks

These strategic risks are supplemented by an assessment of hazards with the potential to impact on our strategic aim of securing a sustainable workforce that can do today's work today and innovate for tomorrow. This has been done using a Bow Tie methodology that enables us to consider all the potential causes and consequences of a hazard, noting that there may be multiple causes with the same effect, and vice versa.

Since this was first produced, our Sustainable Workforce Oversight Group has identified the need for hazards, and strategies to prevent and address them to be focussed on two areas of tactical risk:

- Insufficient local and national workforce supply
- Demand models that do not reflect supply limitations

These twin areas of tactical risk are reflected throughout this draft Plan

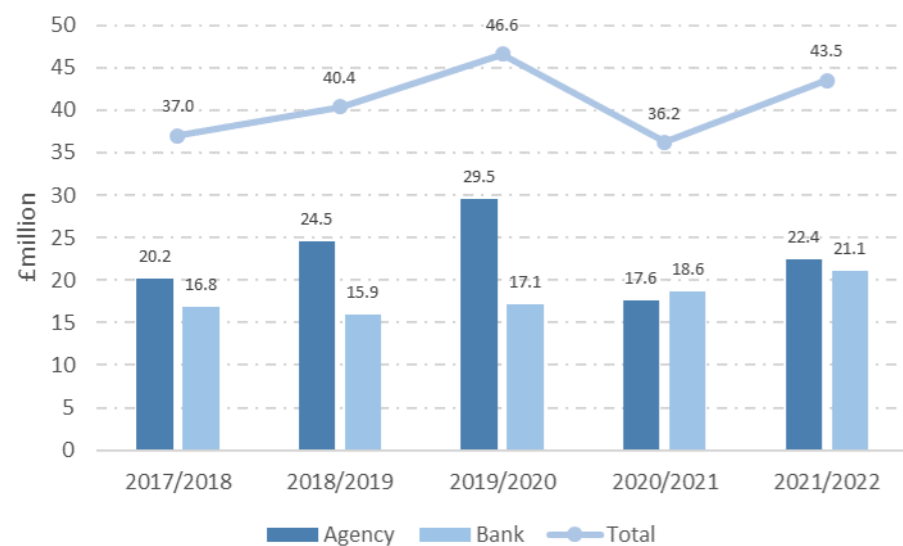
### 8.3 Operational Risks

Operational workforce risks are identified and managed at service level, with escalation to the Chief Executive Team through the regular Clinical Risk Management forum. Through the alignment of workforce planning with service, financial and digital planning, it is anticipated that over time our Workforce Plans will more adequately address the risks identified.

### 8.4 Financial Planning

The chart below outlines the cost of agency and bank staff since 2017-18 to 2022, for workforce data see Appendix 1.

**NHS Grampian Agency and Bank costs (2017 – 2022)**



There continues to be significant Medical Agency Locum spend across NHS Grampian. This increased from £13.0m in 2020-21 to £15.1m, in 2021-22. Overall agency spend has increased from £17.6m in 2020-21 to £22.4m in 2021-22. Although there has been an increase in the past year, the figure has decreased from £29.5m in 2019-20 which had seen significant increases due to the workforce demands during the COVID-19 pandemic. The continued development of a transformational workforce, alongside robust management and scrutiny processes has contributed to a reduction in supplementary staffing spend.

### 8.5 Supplementary Staffing

NHS Grampian's expenditure on Agency and Bank spend for the 2021-22 financial year was £43.5m, compared with £36.2m, in 2020-21.

It is a strategic priority of NHS Grampian to attract and employ staff into substantive positions where they can develop and flourish in their career and maximise their contribution across our workforce. This employment arrangement provides the environment for staff to better feel supported, valued, and nurtured. However, supplementary staffing plays a vital role in supporting the delivery of services by covering gaps and meeting unpredicted workload demands. Our priority is to meet the needs of services during the next 12-36 months of transition and recovery by:

- recruiting supplementary staff where specifically required and there are available supply lines;
- providing a standard approach across disciplines to role preparation in relation to induction and training;
- increasing the availability and governance of workers through the implementation of aligned bank systems;
- negotiating and attracting cost effective agency and locum workers where there is no local supply;
- implementing processes to maintain the worker arrangement to help retain substantive staff and transition workers back into employment;
- mitigation of organisational risks associated with supplementary staff via clear and robust professional, legal, and financial governance arrangements including the introduction of a single staff bank.

In the next 12-36 months, challenges will include the transition to a single staff bank with the development of staff group/profession specific bank teams and the adoption of new bank worker areas/professions in line with the national roll out of eRostering, and the aligned bank and rostering systems. The priority for this transition will be:

- implementing a governance framework across professions/staff groups in relation to requests, use of supplementary staff, engagement, induction, and management of workers;
- use of systems allowing organisational oversight and reporting on supplementary staffing;
- the development of a flexible and sustainable supplementary staffing resource, aligned under a singular point within the organisational structure that provides robust organisational assurance and governance, and an equitable service to users and workers.

The supplementary staffing resource should be an appropriately trained 'job ready' workforce and an additional route of recruitment to attract and retain people to the organisation. Aligned systems will ensure this workforce can be easily engaged and communicated with. The workers will be aligned to the bank, providing clear management support for raising concerns and managing health and wellbeing needs of this workforce.



## 8.6 Age Profile

The age profile of NHS Grampian continues as a significant risk to the sustainability of the workforce due to the number of staff that may wish to retire early, retire at state pension age and the subsequent loss of our most experienced workforce. To ensure a sustainable workforce, NHS Grampian must support employees to work for longer, where historically, some staff could retire at age 55, without loss of pension benefits.

In succession planning, loss of our ageing workforce can, in some services, cause a significant experience gap. As these individuals utilise their expertise, they can cover more than a less experienced member of staff therefore, the conversion of 1wte to replace these gaps may be insufficient to meet service demand. It is vital there are clear plans and sufficient time to ensure that knowledge and experience transfer to our less experienced staff as part of the development and succession planning process.

NHS Grampian will continue to undertake workforce age profiling to update the impact on professions and services of an aging workforce. The largest proportion of the workforce across the organisation is aged 50 to 55.<sup>36</sup> There will be a continued need to ensure workforce planning is used to fully understand the implications of an ageing workforce to ensure that skills and experience are retained across our health and care system.

It will be important to look at new and flexible ways of working and support for working longer. We will continue to develop and offer employability support for an older workforce.

## 8.7 Remobilisation and Risks Identified from Remobilisation Plan 4 (RMP4)

Risk management activity to support our strategy planning processes is continually evolving, the following risks have been identified that may have the potential to impact on our Plans identified in our RMP4:

Title	Risk	Mitigating action
<b>Vaccine programme</b>	Because there is a lack of certainty around the new vaccination programme funding there may be insufficient capacity to deliver the programme beyond April 2022, which could result in patients not receiving vaccines, increased infection within the community with resultant increased demand upon system capacity and delivery.	The NHS Grampian Vaccinations Programme Board have developed a plan for the delivery of a whole system vaccination programme. This will form the basis of ongoing discussions with the Scottish Government Health and Social Care Directorate regarding the direction of the future vaccination programme and operational delivery model.
<b>Health &amp; social care staff recruitment</b>	Should we be unable to recruit community health and social care staff to vacancies, particularly in advance of winter, we may not have the capacity to maintain services or respond to increased presentations which could lead to poor and unsafe levels of direct care for vulnerable individuals.	As set out in the plan, we have vacancies in a number of key clinical services and locations which is impacting on capacity. We have however made offers to all newly qualified nurses, continued with additional junior doctors recruited in 2020 rotation and have enhanced capacity in our recruitment teams, in addition to streamlining our processes and onboarding.
<b>Restrictions on capacity</b>	Because of continuing restrictions on our capacity (COVID-19, legislation, clinical guidelines), we may be unable to remobilise to the extent required to achieve demand / capacity balance and backlog recovery, which could lead to long term harm or poorer outcomes for patients and low morale for staff.	We will continue to operate in accordance with the relevant COVID-19 and clinical guidance to maintain safe environments for our staff and patients. It is likely that the ability to source workforce will be a greater limiting factor than the ability to increase physical infrastructure capacity. Our Grampian Operational Escalation System will support the decisions we require to take as surges in demand present across the entire health and social care system.
<b>Workforce pressures</b>	As a result of the demands facing our workforce and the continued gaps in certain key areas, we may be unable to meet health and social care demand as currently planned and delivered, which could lead to loss of staff and missed opportunity to change and redesign	The plan set out the approach we will take during the next six months to respond to the system wide demand and anticipated surges in activity. We have a well established elective clinical prioritisation system which will remain in place to ensure that our highest priority patients are identified and resources allocated to meet their needs.
<b>Resilience</b>	Due to the uncertainties around the impact of the EU Exit, COVID-19 response, and Cop 26, there is a possibility that our support system is not resilient enough to deal with emergency situations over a sustained period, which could lead to failure to deliver our statutory functions	We continue to take a proactive role in planning for the range of contingent events which are impacting or could impact on our service resilience. We are continually reviewing and updating our contingency response plans, conducting additional training and testing where appropriate.

<sup>36</sup> Appendix 1, Chart for Age Profile.

Title	Risk	Mitigating action
<b>Age and condition of infrastructure</b>	The age and condition of our infrastructure (and insufficient funding to meet required standards) means that we might be unable to plan on the basis of having reliable and sustainable facilities and equipment which could lead to disruption to services.	We have a integrated infrastructure strategy and clarity regarding the risks and allocation of available funding. Key elements of our estate - theatres, laboratories and critical care-will require major backlog, reconfiguration and statutory compliance works which may have service implications over the next five year period.
<b>Digital Change</b>	A lack of resources might mean that we are unable to embed and accelerate Digital Change as one of the key agreed organisational renewal priorities which underpins and supports transformation across NHS Grampian meaning that we may beunable to deliver against the Digital Work Plan priorities set against the Digital Health and Care Strategy and Remobilisations Plan Failure to achieve organisational objectives, this could lead to reputational impact across NHS Grampian and potential failure to meet agreed deliverables	The Board have approved the Digital Strategy in October 2020 with a strong ambition to use digital solutions to positively change and redesign services. The most significant challenge is the capacity within services and our eHealth team to support the changes at the pace which would make a difference for staff and patients. The Board is refreshing its wider strategy and consideration will be given as to how we resource our transformation programme, including our digital work plan.
<b>Test and Protect</b>	As staffing are on temporary contacts, there is a possibility that capacity within the programme may decrease over the next six months and limit our ability to respond	The risks around the continuity of the Test and Protect programme have been discussed with SG colleagues and joint working continues to clarify the requirements for the service and need to provide certainty of funding to secure the necessary capacity to operate without disruption.



There will be continued expansion and development opportunities of our workforce throughout their career journeys

## Transformation

### 9.1 Making Transformation Happen

NHS Grampian recognises that without significant transformation, it is unlikely that required service demands will be achieved. There will be ongoing work for the duration of this Plan, 2022-2025 and beyond, to determine and secure the workforce resource required to support new models of care across our health and care system.

NHS Grampian will continue to harness opportunities to work with our partners in a system wide approach to improve the provision of our workforce and services across health and social care in Grampian and expand the areas in which transformational roles are utilised and as part of multidisciplinary teams.

There will be continued expansion and development opportunities of our workforce throughout their career journeys from entry level foundation apprenticeships, advanced clinical practitioners, physician associates and a range of health care support worker roles.

Collaboration will continue alongside North East Scotland College (NESCol), NHS Scotland Academy, NES, the University of Aberdeen and Robert Gordon University, as well as regional and national colleagues to provide development and educational opportunities for our workforce and importance of these links with our academic partners to develop our workforce now and for the future.

#### Steven | Portering Supervisor | NHSScotland Careers

There will be continued strengthening of our system alongside our HSCP and Local Authority Partners to improve and transform care pathways such as mental health, planned and unscheduled care. Further development of our joint workforce planning processes will be undertaken to reflect this.

We will continue to create an approach to staffing that enables the organisation to support and grow the workforce aligned to overall service requirements and provide the assurance of safe and effective care.

Further participation in international recruitment initiatives, promotion of career opportunities, further expansion of development roles, links with education providers to increase the employability pipeline, will help to ensure there is an ongoing supply of people choosing to work for NHS Grampian.

NHS Grampian will continue to work regionally alongside partners across the North to build on current managed clinical networks. The development of regional solutions to service sustainability will remain a feature of the NHS in the North for the future.

## 9.2 Strategic Actions – 2022-28

Our first Plan for the Future three-year Integrated Delivery Plan is in development and will set out by January 2023 the medium-term actions to be achieved by 2025. For Colleagues and Culture, this will be informed by the following target outcomes:

### **Workforce Planning and Redesign**

By 2028 we will have embedded Portfolio led workforce planning integrated with financial and digital planning that enables services to transform delivery as required, supporting workforce wellbeing, retention and growth

### **Attraction and Resourcing**

By 2028 more colleagues will be being retained through improved support for working longer and for developing careers, with increased fill rates through local, national and international recruitment.

### **How We Work**

By 2028 Fair Work, enhanced workplaces, flexibility of working arrangements, and use of business systems will improve colleagues' wellbeing, environmental sustainability, and help meet changing service needs.

### **Diversity and Inclusion**

By 2028 we will be recognised as an inclusive employer where discrimination is not tolerated and whose staff profile reflects and celebrates the wide diversity of our local communities.

### **Embedding our Values**

By 2028 colleagues at all levels will understand and demonstrate our values, helping ensure positive behaviours are experienced consistently across the system as part of an improved workplace experience.

### **Leadership and Management**

By 2028 our managers will be confident and competent in their role as coaches and managers of people in a system leadership approach that enables the development and empowerment of colleagues at all levels.

### **Health and Wellbeing**

By 2028 shared responsibility with colleagues for their physical and mental health will be central to our ways of working and underpinned by collective investment in wellbeing support services.

### **Safety Whilst Working**

By 2028 all colleagues will be fully engaged with their health and safety responsibilities, understand why these are integral to their work and services, and model them as part of normal business.

### **Employability**

By 2028 we will have widened access to employment in health and care, with an increased range of entry level opportunities, recruitment from diverse backgrounds, and further expansion of Apprenticeships.

### **Skills and Capability**

By 2028 all colleagues will have access to education and time for learning that helps them develop, personally and professionally, to match service needs in support of legislation, regulation and change.

### 9.3 Priority Workforce Plan Actions

In pursuit of the actions described above, and in response to the needs, challenges and risks identified throughout this Plan, the following ten key actions linked to pillars of the workforce journey will be taken forward during the first eighteen months of this Workforce Plan.

#### Plan

- Drawing on learning from the two years of the pandemic, maintain and develop a versatile workforce response to the continuing demands across our system.
- Work with services across Portfolios to ensure there is clarity on the workforce requirements associated with service redesign and available finance.

#### Attract

- Subject to available resourcing, recruit 93 International Nurses, Midwives and Allied Health Professionals in Grampian over the next 12 months.
- Continue to streamline our recruitment processes, including introducing bulk recruitment of HCSW and other roles in support of releasing clinical staff time.

#### Employ

- Introduce a Medical Staff bank to support use of locally based locums as part of our work to support reduction spend on agency supplementary staffing.
- Continue to expand upon our Apprenticeship Programmes, increasing our school leaver level apprenticeships and developing links with our academic partners.

#### Train

- Continue to give priority to under and postgraduate teaching and improve the take up of statutory and mandatory training.
- Offer support for and improve the digital literacy of our workforce and provide them the skills to adopt innovative and new ways of working.

#### Nurture

- Respond to the priorities identified from 4,500 responses to Phase 1 of the BPA Culture Survey and undertake Phase 2.
- Prioritise resumption of the annual appraisal process where this has been impacted by the COVID-19 pandemic and encourage a focus on time for learning.

These actions are reflected in NHS Grampian's draft 2022-23 Delivery Plan, being submitted to Scottish Government alongside this Workforce Plan. The Board will have oversight of delivery via its agreed performance and assurance framework.



# Appendix 1 - Workforce Data

## 10.1 Current Workforce Highlights

This Appendix provides a summary of workforce data compared to information presented in 2018/2019 and has been analysed to assess risk and develop action plans contained in the Plan.

The reporting periods included within the below data, are based on figures and comparisons from 31st March 2018 and 31st March 2022.

The workforce figures provided throughout this section do not include Honorary or Bank Contracts.

Turnover is defined as employees leaving NHS Grampian.

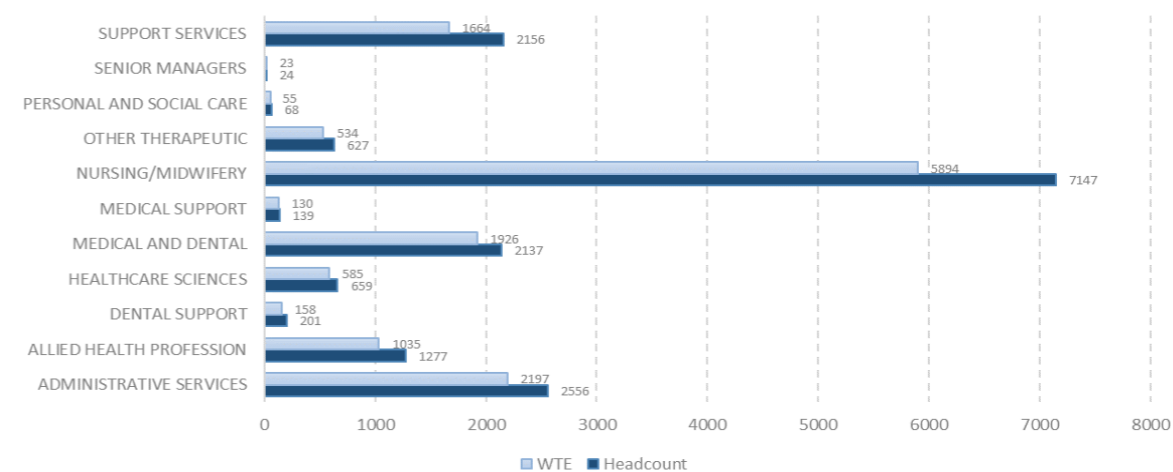
The current headcount as at 31st March 2022

The information was gathered from students at the time of completion and could be subject to change.

### 10.1.1 Staff in Post, 31st March 2022

NHS Grampian employed 16,991 people, which was 14,200.36 whole time equivalent (wte) staff, as shown by staff group, in Chart 1. Since March 2018, there has been an increase of 2,548 staff, or 2,402.17wte across the workforce.

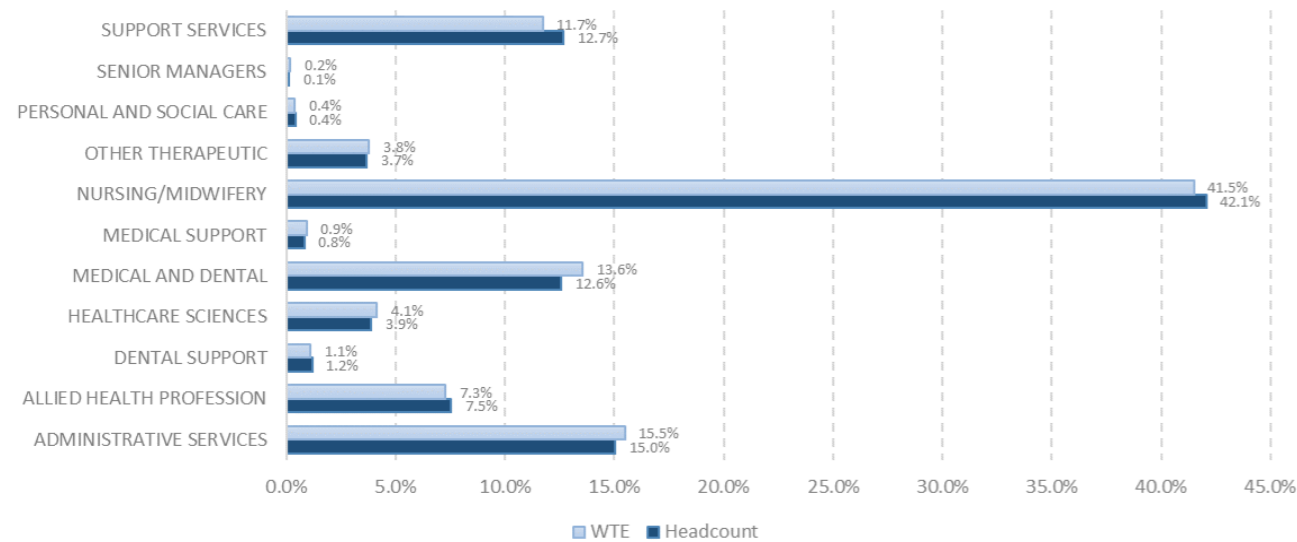
(Chart 1) NHS Grampian wte and Headcount Split by Staff Group 31st March 2022



### 10.1.2 NHS Grampian wte and Headcount Split by Staff Group (percentage) 31st March 2022

As shown in Chart 2, the Nursing and Midwifery staff group is the largest within NHS Grampian and accounts for more than 42% of the total workforce. Support Services and Administration Services are the next largest staff group, with 13% and 15% respectively. Medical and Dental staff account for over 12%, with Allied Health Professions employing 8% of the NHS Grampian workforce.

(Chart 2) NHS Grampian wte and headcount percentage by staff group as at 31st March 2022



As at 31st March 2022, NHS Grampian has 16,991 staff and 14,200.4wte (Table 1). The main clinical staffing groups are Medical and Dental, Nursing and Midwifery and Allied Health Professions who have a combined total of over 8,854.41 wte. The numbers of Nursing and Midwifery staff has decreased slightly compared to the same period last year from 42.1% of the total workforce to 41.5%. This is likely to reflect the previous increase in staff to support the response to COVID-19 pandemic. Allied Health Profession staff numbers has increased slightly when compared to the same period last year from 7.0% to 7.3%wte. Medical and Dental staff have increased from 13.4% to 13.6%, as at 31 March 2022.

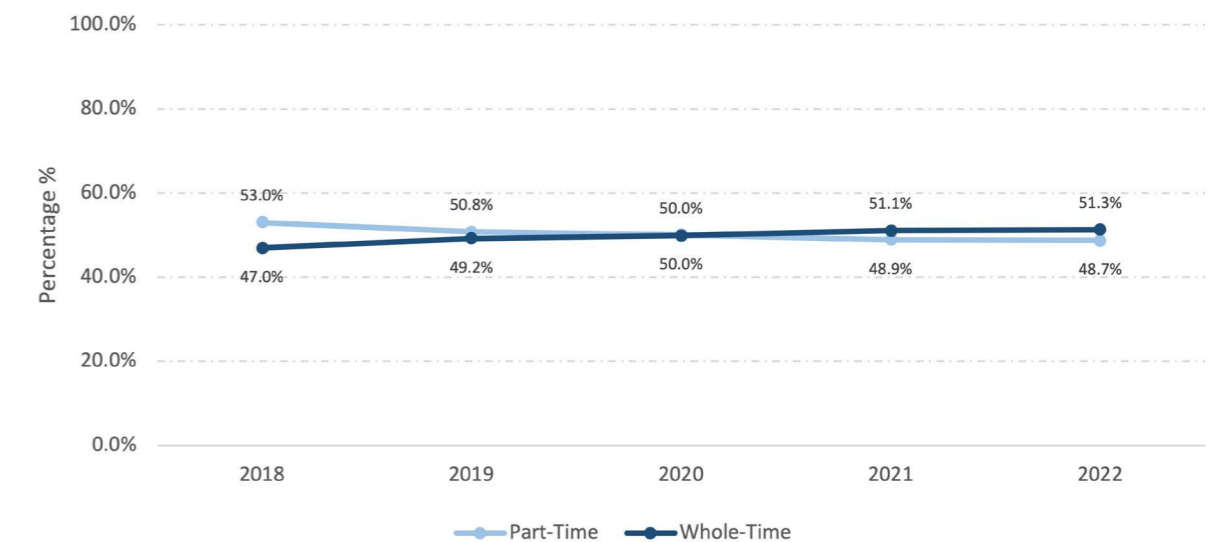
(Table 1) Headcount and wte as at 31st March 2022

Staff Group	Headcount	WTE
Administrative Services	2,556	2,196.54
Allied Health Professions	1,227	1,034.85
Dental Support	201	158.12
Healthcare Sciences	659	584.98
Medical & Dental	2,137	1,925.55
Medial Support	139	130.45
Nursing and Midwifery	7,147	5,894.01
Other Therapeutic	627	534.14
Personal & Social Care	68	55.03
Senior Manager	24	22.81
Support Services	2,156	1,663.88
<b>Total</b>	<b>16,991</b>	<b>14,200.36</b>

### 10.1.3 Full /Part Time Working

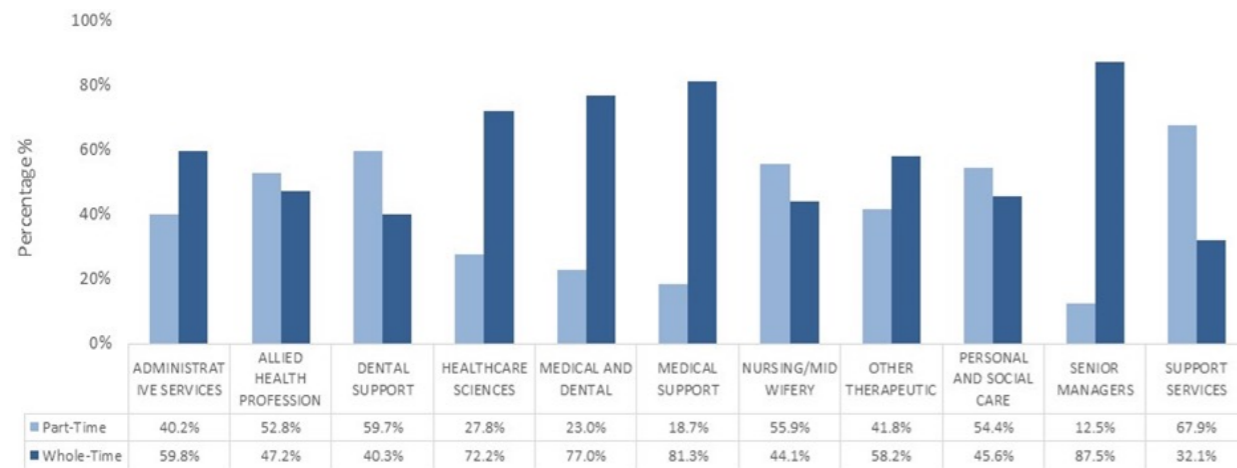
Over the previous 5 years, there has been a shift from part-time working towards full-time working (Chart 3). There has been approximately 9.1% change since the same period in 2018 with full-time working increasing and consequently, part-time working decreasing. This may be partly attributed to changes in male: female ratios and changes in the employment market.

(Chart 3) Split between Full-Time and Part-Time Staff as at 31st March from 2018-22



(Chart 4) below shows the split between whole and part-time working by staff group. Support Services have the highest ratio of part-time to whole-time working. This is partially due to the high numbers of Domestic and Catering staff who work part-time. Senior managers have the highest ratio of whole-time to part-time working which would fit with the nature and requirements of these posts.

(Chart 4) Split between Whole-Time and Part-Time by Staff Group 31st March 2022



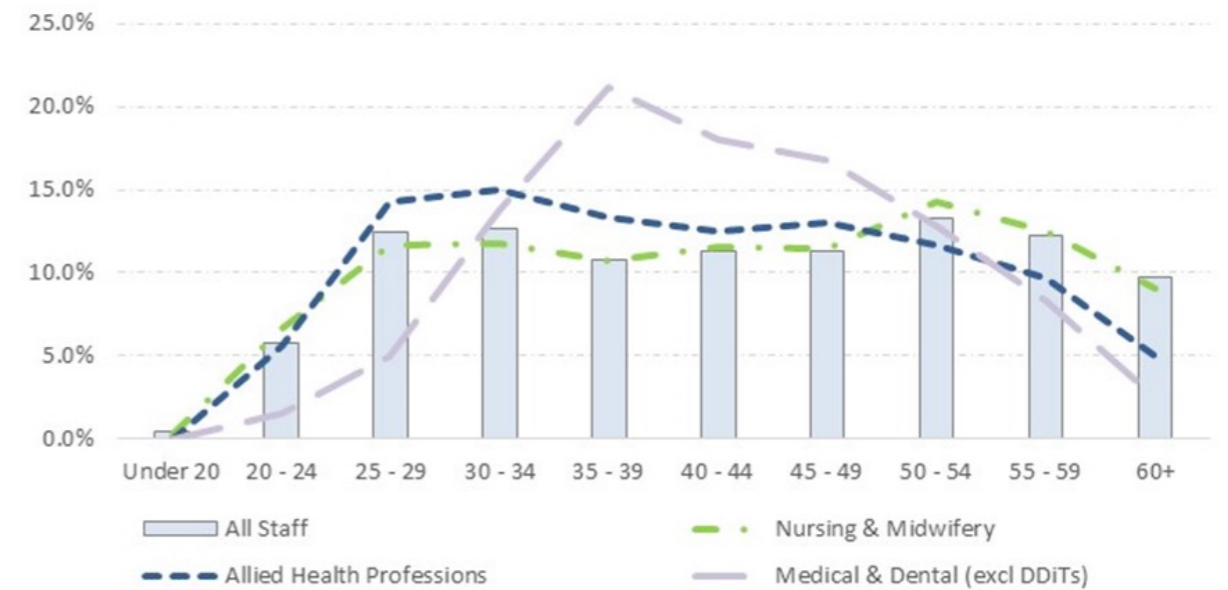
## 10.2 Age and Gender Profiles

Understanding the workforce age profile is important to ensure appropriate succession planning and to prevent gaps in knowledge, and experience across all staff groups. There are increasing numbers of staff who are choosing to work beyond State Pension Age (SPA), particularly in light of changes to State Pensions<sup>37</sup>.

(Chart 5) below shows the age profile of the Medical and Dental, Nursing and Midwifery and Allied Health Professions workforce. Nursing and Midwifery, is influencing the overall age profile and highlights a reduction in the number of Nursing and Midwifery staff in the 35 to 39 age brackets, as well as the Nursing and Midwifery staff aged 50 and over.

NHS Grampian is a teaching hospital, therefore, 56.9% or 1216 of Medical and Dental workforce, includes trainees. The chart below has excluded trainees, due to their lower age ranges.

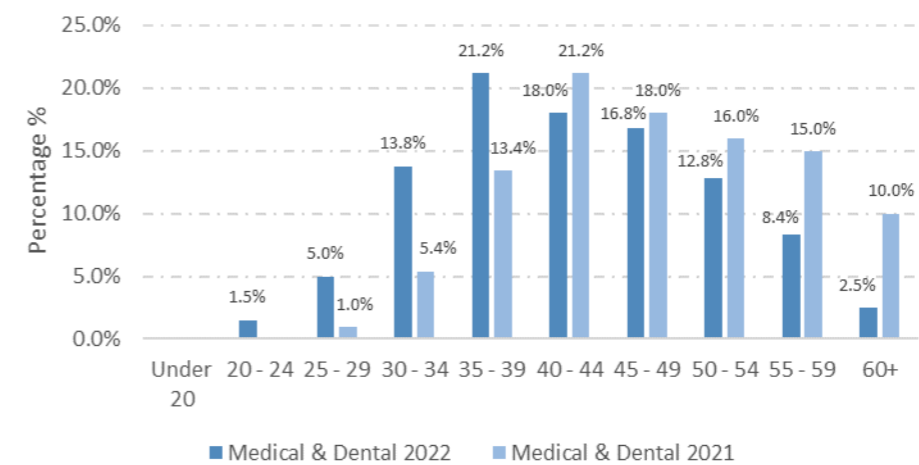
(Chart 5) NHS Grampian Age Profile by Main Clinical Staff Groups 31st March 2022



Medical and Dental staff (excluding DDIT) age profile shows a rapid increase between 25 and 39, due to trainees becoming qualified during this period within their careers. A larger proportion of Medical and Dental staff are retiring before Nursing and Midwifery and Allied Health Professions colleagues.

Nursing and Midwifery and Allied Health Professions both show a rapid increase between the ages of 20 and 29 which will be attributed to the completion of an undergraduate degree and intake of newly qualified staff, the percentage of staff stabilises between the ages of 30 to 50 for Allied Health Professions and 30 to 54 for Nursing and Midwifery before decreasing in the later age ranges which may indicate staff are retiring prior to SPA and in some cases moving to alternative unregistered posts.

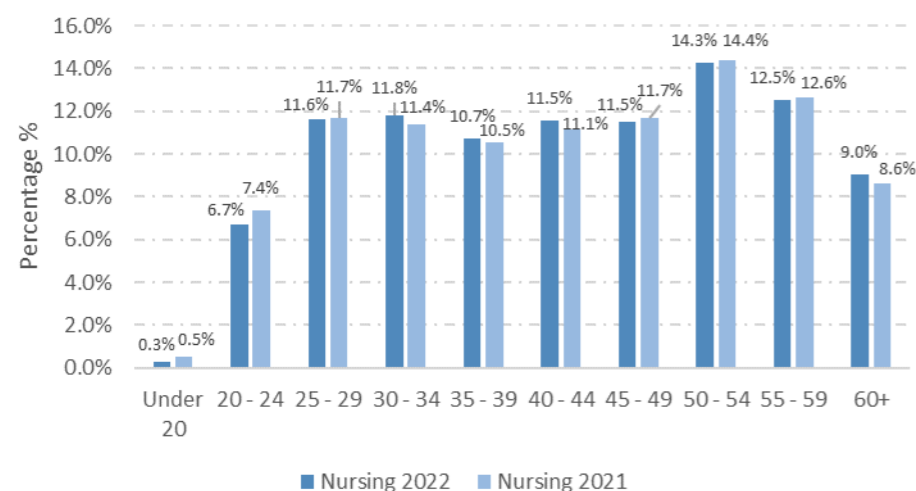
(Chart 5.1) Age Profile of Medical and Dental Staff as at 31 March 2022 and 31 March 2021



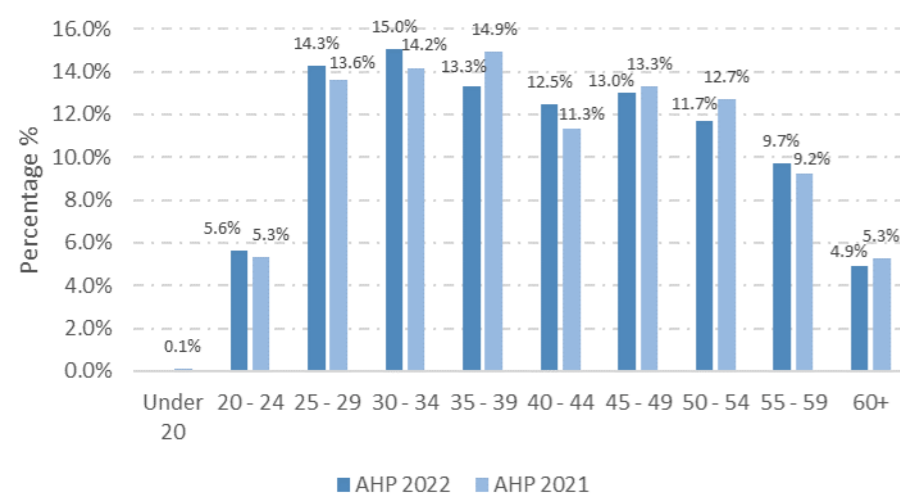
<sup>37</sup> The new State Pension: Eligibility - GOV.UK (www.gov.uk)



(Chart 5.2) Age Profile of Nursing and Midwifery Staff as at 31 March 2022 and 31 March 2021



(Chart 5.3) Age Profile of Allied Health Professionals as at 31 March 2022 and 31 March 2021



Comparing the age profiles of Medical and Dental, Nursing and Midwifery and Allied Health Professions over the past year. It is evident that whilst Nursing and Midwifery and the Allied Health Profession workforce have remained stable in relation to the age profile, the Medical and Dental Workforce has seen a dramatic change with the workforce aged over 50 rapidly declining with a 17.8% decrease. This represents a decrease from 41.6% of the workforce aged 50 years and over as at 31 March 2021 to 23.7% as at 31 March 2022. This rapid decline of our medical workforce over 50 between 2020 and 2021, could be attributed to changes in pension regulations for the medical workforce alongside the unprecedented effects of the COVID-19 pandemic over the past two years.

There is no significant change in the workforce aged 50 and over for Nursing and Midwifery or the Allied Health Professions. Nursing and Midwifery had 35.6% aged 50 and over as at 31 March 2021 and this figure is now 35.8% as at 31 March 2022. Allied Health Professions had 26.3% of their workforce aged 50 and over as at 31 March 2021 and this figure is now 27.2% as at 31 March 2022.

With evolving pension reform now and in the future, the extent of how these will impact those who wish to work for longer or past SPA, and the full implications, will require further analysis and is outlined as a significant risk to our workforce stability as outlined in the risk and challenges section of the Plan.

### 10.3 Ageing Workforce

The average age of NHS Grampian staff is 43 years.

(Table 2) Percentage of Headcount by staff group aged 55 and over as at 31 March 2022

Staff Group	% of Workforce aged 55 - 59	% of Workforce aged 60+
Admin Services	29.2%	12.7%
Allied Health Professions	14.6%	4.9%
Dental Support	15.9%	4.5%
Healthcare Sciences	20.8%	9.3%
Medical & Dental	10.4%	4.7%
Medical Support	10.8%	5.0%
Nursing/Midwifery	21.6%	9.0%
Other Therapeutic	13.4%	4.8%
Personal & Social Care	35.3%	20.6%
Senior Manager	66.7%	20.8%
Support Services	33.6%	18.2%
<b>TOTALS</b>	<b>21.9%</b>	<b>9.7%</b>

The above table illustrates that Personal and Social Care staff and Senior Managers are predominantly over 55 years old. These and Administrative Services, Support Services and Nursing and Midwifery will require significant investment in attracting a younger workforce, building career and development pathways, alongside significant workforce planning and succession planning. With a high percentage of the overall workforce over 55 years old (21.9%), there is a requirement for NHS Grampian to monitor and appropriately plan for an ageing workforce.

(Chart 5.4) NHS Grampian Potential Retirals for those aged 65 years as at 31st March 2023, 2024, 2025, 2026 and 2027

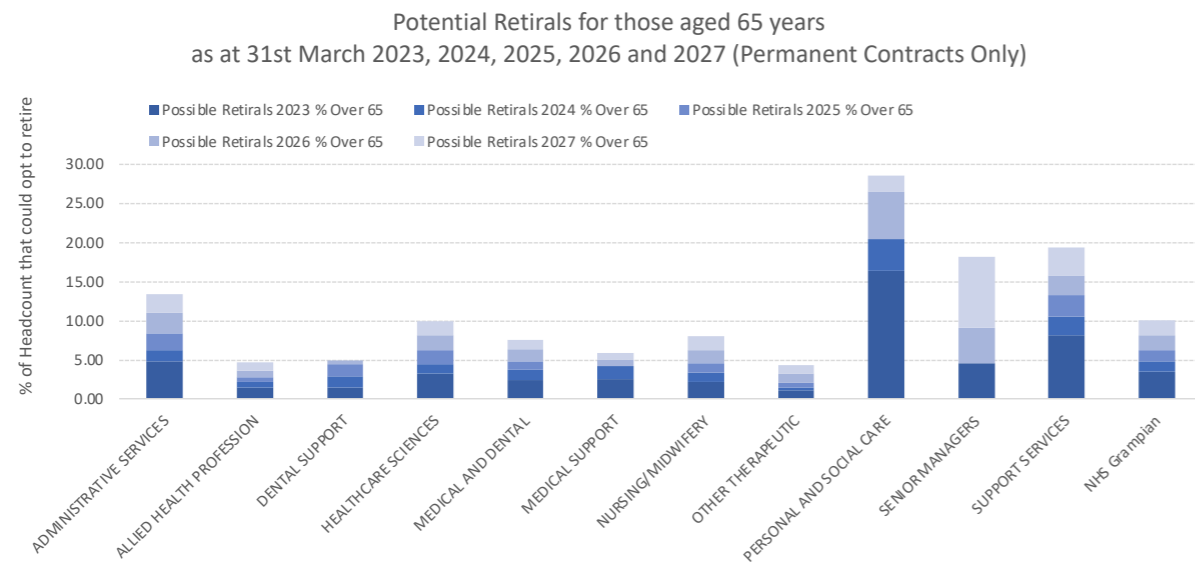


Chart 5.4 above illustrates the potential retirees across the job families. There are no certainties around when individuals choose to retire. Looking at those individuals turning 65 over the next five years highlights that this will put a considerable strain on the workforce within personal and social care and senior managers job families.

To ensure a sustainable workforce, NHS Grampian must support staff to work for longer complemented by Return to Practice and Apprenticeship programmes and strengthened through links with schools, colleges and universities to support recruitment and supply of staff. This has the potential to mitigate some of the anticipated gaps in workforce capacity and expertise.

Given the identified risk of an ageing workforce, supporting people to maintain their health and wellbeing, will influence their ability to work for longer and will improve stability of the workforce linked to actions set out in section 9.2.

(Chart 5.5) NHS Grampian Age Range as at 31 March 2022 compared with 31 March 2018

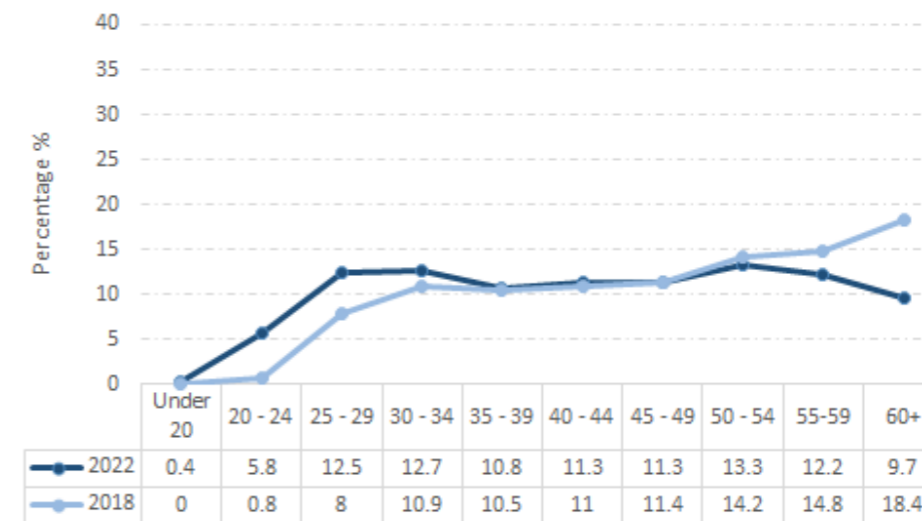
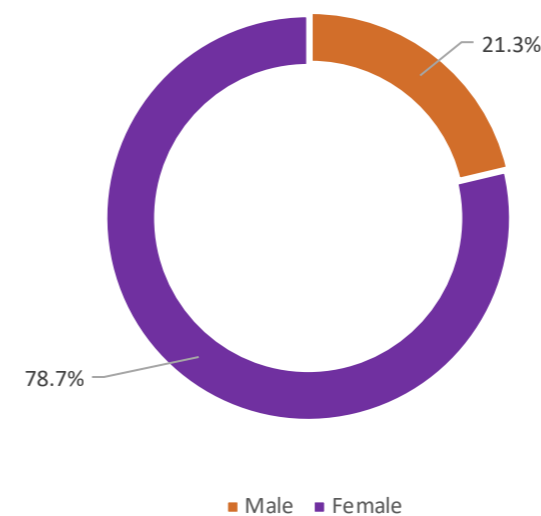


Chart 5.5 above illustrates the percentage of staff within the age ranges 45 through to 49, 50 through to 54 and those aged 55 and over, have all seen a decrease in the workforce between 2018 and 2022. The younger age ranges of under 20, through to the 40 to 44 age categories have all seen a gradual increase since 2018.

#### 10.4 Gender

The gender profile illustrated below, indicates that the organisation continues to be predominantly female.

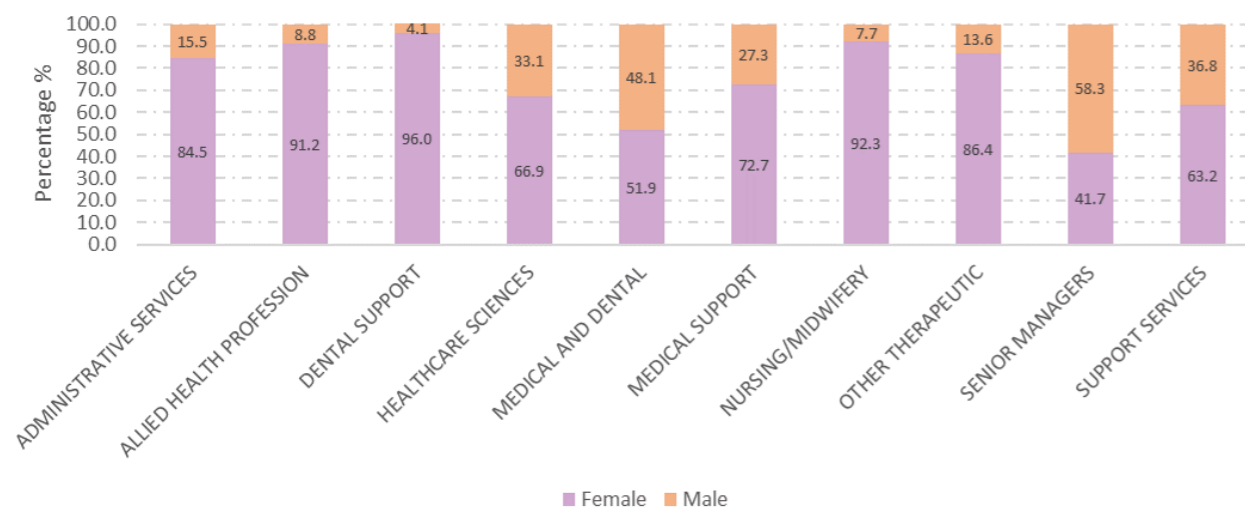
(Diagram 1) NHS Grampian Gender Split as at 31 March 2022



Since 2014, the percentage of male staff, compared with female staff, has remained comparable. In 2018, 18.0% of staff were male, this has now increased to 21.3% in 2022. There are differences between staff groups for example, Nursing and Midwifery gender profile is 92% female and 8% male. Senior Managers in contrast, is 58.3% male and 41.7% female. Medical and Dental has 51.9% female and 48.1% male.

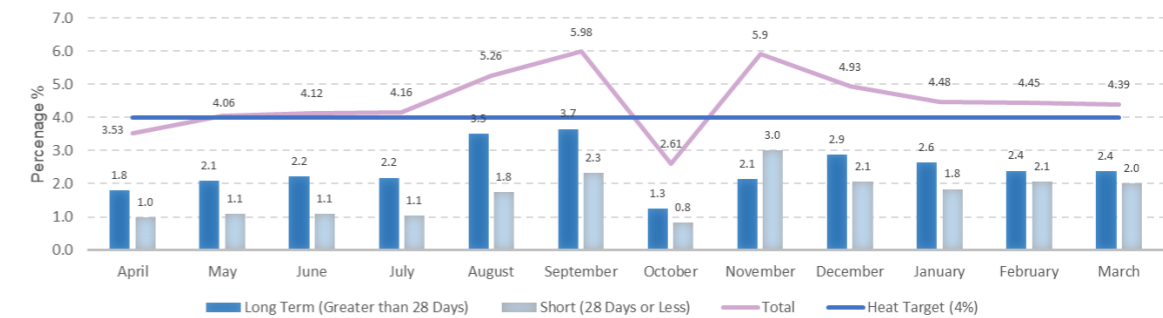
We will continue to ensure we are an employer that supports flexibility, wellbeing and the life choices of our workforce in job share and part-time career opportunities. There will be increased levels of maternity leave across many staff groups, therefore it is important that gaps across our services are covered in a planned way to ensure continuity for our workforce and there is a supportive transition upon returning to work after maternity leave.

(Chart 6) NHS Grampian Gender Split by Staff Group as at 31 March 2022



## 10.5 Sickness Absence

(Chart 7) NHS Grampian Sickness Absence Rates, Monthly ISD, April 2021 to March 2022



NHS Grampian's sickness absence rate has fluctuated between 2.61% and 5.98% across the last year. With increased levels of sickness absence in August, September and November 2021, with the absence rates reaching 5.3%, 5.98% and 5.9% respectively. The lowest absence rate occurred in October 2020 when absences fell to 2.61%.

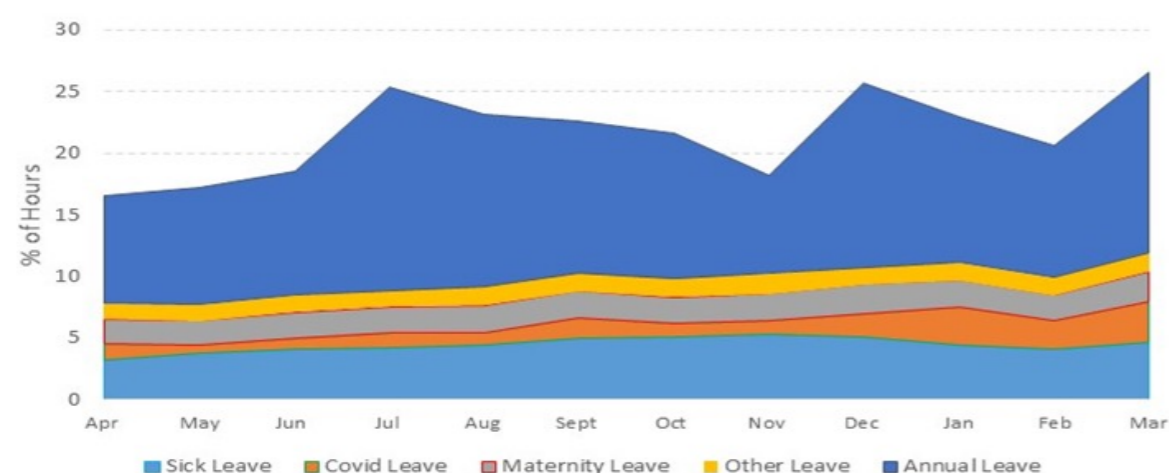
## 10.6 Attendance Management

Whilst overall sickness absence is below the NHS Scotland average, it presents an ongoing risk to a sustainable and resilient workforce. With absence levels fluctuating across staff groups and Portfolios, the need to improve staff health and wellbeing, and to return and stay well in work through appropriate management and Occupational Health support must be maintained.

The past two years have been exceptionally challenging due to the pandemic which has resulted in NHS Grampian facing staff shortages due to increased sickness absence due to COVID-19 and accrual of annual leave from the start of the pandemic in March 2020. At the peak of the pandemic over a quarter of the workforce total working hours were taken up by sick leave, covid leave, maternity leave, annual leave or other leave for the month.

We would expect a level of absence approximately 22%, chart 7.1 below demonstrates that the total absence is regularly over this. The total absence hours could also be higher as not all annual leave was taken during this period.

(Chart 7.1) NHS Grampian Absence Hours, April 2021 to March 2022



(Table 3) Proportion of time taken by leave type from April 2021 to March 2022

	Sick Leave	Covid Leave	Maternity Leave	Other Leave	Annual Leave	Total
April	3.27	1.28	2.00	1.29	8.73	16.57
May	3.78	0.61	2.01	1.31	9.52	17.23
June	4.07	0.94	2.12	1.35	10.01	18.49
July	4.17	1.25	2.11	1.33	16.55	25.41
August	4.46	0.99	2.18	1.57	13.99	23.19
September	4.98	1.65	2.16	1.48	12.36	22.63
October	5.11	1.04	2.16	1.53	11.73	21.57
November	5.36	1.01	2.24	1.61	7.99	18.21
December	5.14	1.78	2.43	1.39	14.98	25.72
January	4.46	3.03	2.22	1.41	11.81	22.93
February	4.11	2.29	2.07	1.42	10.77	20.66
March	4.60	3.38	2.41	1.57	14.63	26.59

The greatest percentage of time taken for all types of leave occurred in March 2022 with almost 26% of all contracted hours taken as leave. The elevated levels of annual leave being taken in March 2022, can be attributed to accrued annual leave across all staff groups over 2020 and 2021 and the use of leave prior to the 2022–2023 leave year on 1 April 2022. Maybe not the latter as there was the ability to transfer leave into the 2022-2023 leave year or apply to be paid for up to 10 days.

## 10.7 Turnover

Turnover of staff can create opportunity to review the current workforce and skill mix. NHS Grampian’s turnover rate averages 11.2% over 1 April 2021 to 31 March 2022, allowing opportunity for reviewing roles, succession planning and development opportunities of our workforce. Whilst turnover rates could be described as healthy, Allied Health Professions, Nursing and Midwifery, and Medical staff have had a high proportion of live vacancies of more than 3 months. This creates additional pressures on the existing workforce and can create increased reliance on supplementary staff.

### Starters and Leavers 1st April 2021 to 31st March 2022

The below table (Table 4) illustrates turnover rate across all staff groups from 1 April 2021 to 31 March 2022.

(Table 4) Turnover rate for all staff groups 1 April 2021 – 31 March 2022

Staff Group	Leavers in Past 12 Months	Average Staff in Post	Turnover Rate
Administrative Services	258	2,537.5	10.2 %
Allied Health Professions	92	1,271.5	7.2 %
Dental Support	4	199	2.0 %
Healthcare Sciences	35	645.5	5.4 %
Medical and Dental	73	886.5	8.2 %
Medical Support	14	135	10.4 %
Nursing & Midwifery	902	6,916.5	13.0%
Other Therapeutic	47	560.5	8.4 %
Personal and Social Care	10	69.5	14.4 %
Senior Managers	1	22.5	4.4 %
Support Services	289	2,135.5	13.5 %
<b>Grand Total</b>	<b>1,725</b>	<b>15,379.5</b>	<b>11.2 %</b>

Note: Doctors and Dentists in Training are not included within the Turnover figures.

The Personal and Social Care staff group from 1st April 2021 to 31st March 2022, has the highest turnover rate of 14.4%. The next highest staff group is, Support Services at 13.5%, alongside the staff group with the lowest turnover which is Dental Support at 2.0%.

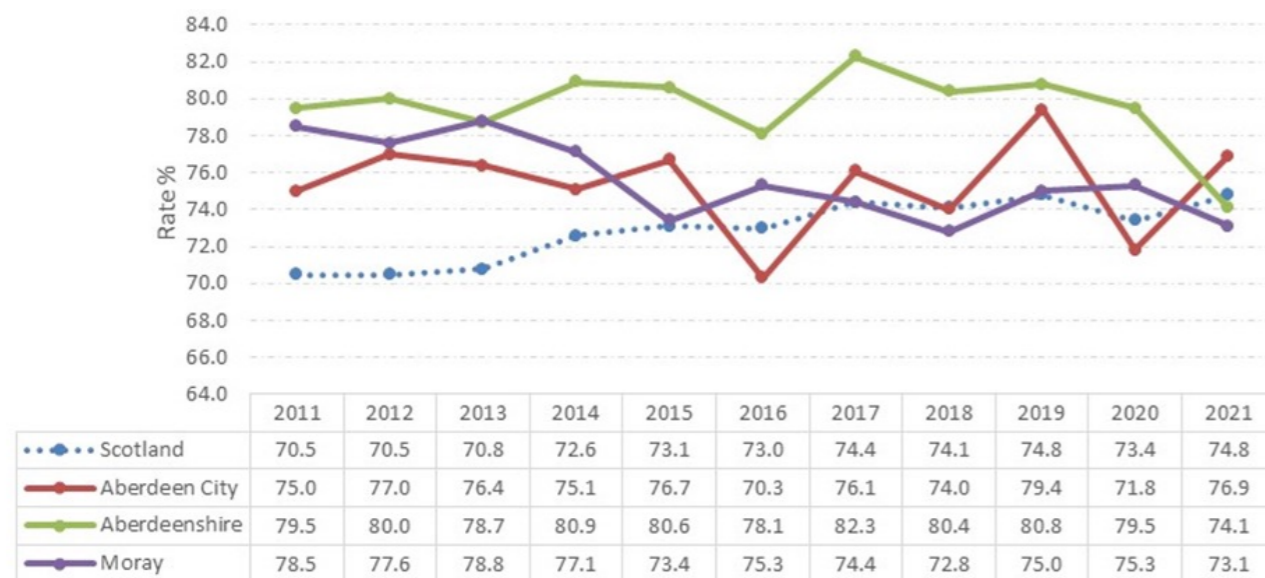
The estimated population unemployment rate of (age 16+) in Scotland was 3.8% per cent for the quarter ending January 2022. This is up slightly since December 2019 to February 2020 (pre-pandemic) but down 0.3% over the quarter. Scotland's unemployment rate was slightly below the UK rate of 3.9%.

In line with Scotland, Grampian has seen an increase in local unemployment rates, with the downturn in the Energy sector having had an impact upon these figures. Unemployment rates within Aberdeen City in particular, have increased by 2.2% over the past year, rising to 4.7% as at March 2021. Aberdeenshire, rates are currently at 3.6%, which remains low compared to our other two local authority areas, Moray currently has an unemployment rate of 4.3%.

### 10.8 Understanding Workforce Availability and Supply

Employment rates for Scotland have gradually increased over time. The rates for Aberdeen City have fluctuated but remain around 77.0%. Aberdeenshire have seen a significant reduction in employment rates over the last five years from 82.3% in 2017, down to 74.1% in 2021. The rate for Moray has also been decreasing since 2013 and has now fallen to 73.1%. Of the three Local Authority areas across Grampian, only Aberdeen City has an employment rate higher than the Scottish average as detailed below.

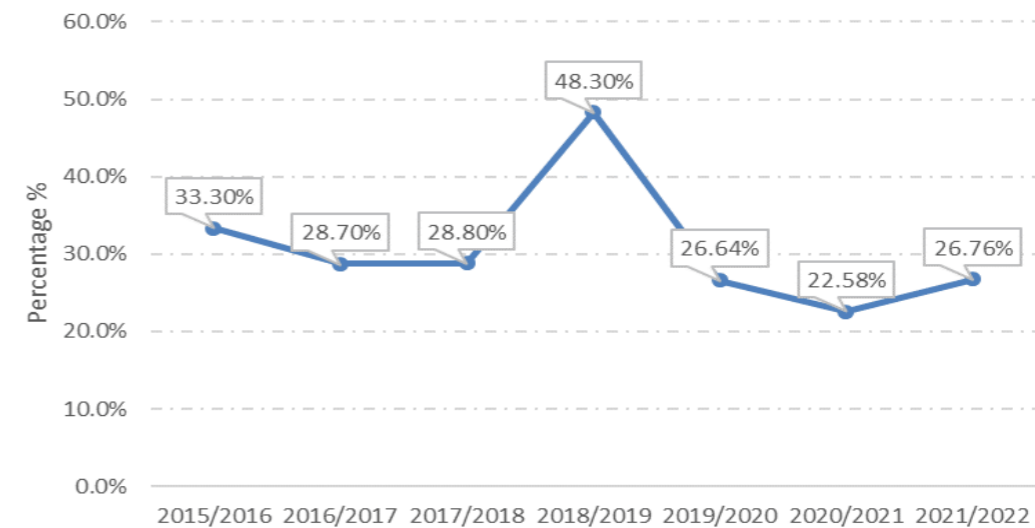
(Chart 8) Employment Rates 2011 to 2021 as at 31 December



The number of Doctors and Dentists in Training and studying at Aberdeen University has increased from 184 in 2018-19 to 213 in 2021-22. University graduates must apply to the Scottish Foundation Allocation Scheme (SFAS), operated by NES for their foundation programme. Graduates are first required to rank their preferred region, once their region has been allocated they are then required to rank their preferred programme, at this stage the Scotland Deanery will match the trainee to a programme. There are a limited number of posts available for each region.

Graduates who choose to work for NHS Grampian has increased from 22.6% to 26.8% in the same period, which shows that graduates are increasingly choosing to live and work in Grampian. The information provided by NES includes Doctors and Dentists in Training who indicated that they studied at Aberdeen University, therefore the total number could be greater than reported.

(Chart 9) Percentage of Aberdeen University Graduates Employed by NHS Grampian

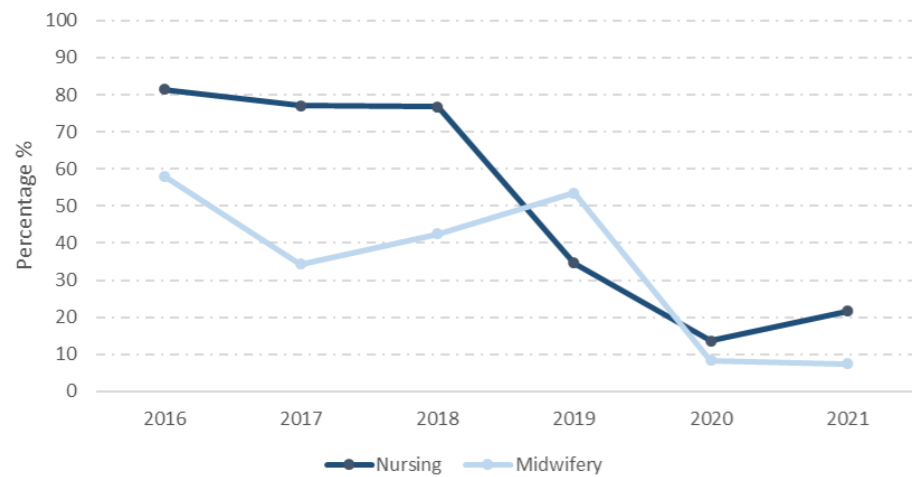


Data Source: NHS Education for Scotland

Nursing and Midwifery graduates from Robert Gordon's University has fluctuated between 232 in 2018 and 248 in 2021<sup>38</sup>. The number of nursing graduates has varied over the last 3 years 201,168 and 191 respectively, whereas midwifery numbers have increased from 43 to 54. Unfortunately, over the last few years the University has encountered some challenges in recording the work destination of their graduates. This exercise relies on the graduate responding to correspondence; therefore, these figures will not be an accurate representation of whether the students from Robert Gordon's University have chosen to stay and work in Grampian.

<sup>38</sup> Awaiting link

(Chart 10) Percentage of Robert Gordon's University Graduates Employed by NHS Grampian

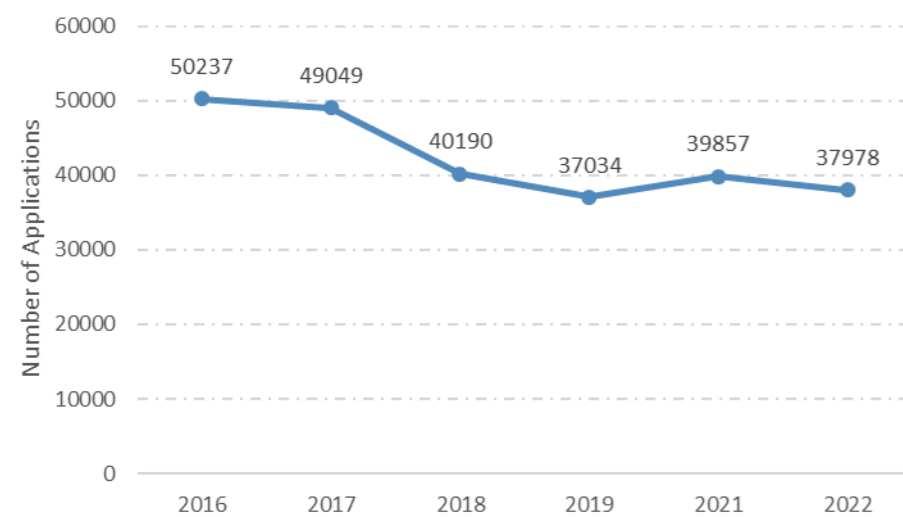


Data Source: Robert Gordon's University

### 10.9 Recruitment Applications

The current year 1 April 2021 to 31 March 2022, has seen 37,978 applications received by NHS Grampian. There has been a decrease of 4.9% in the number of applications received compared to the same period last year. Between 2018 and 2022 the number of applications received decreased by 5.5%. There is no data available for 2020 due to the new recruitment platform Jobtrain being introduced during that year.

(Chart 11) NHS Grampian Recruitment Applications 2016 - 2022

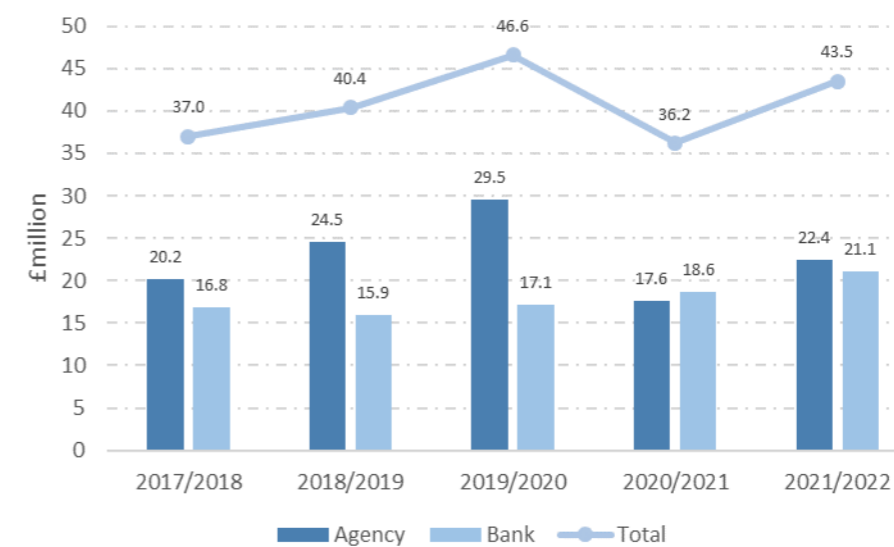


### 10.10 Finance

NHS Grampian's (including all three Health and Social Care Partnerships) expenditure on staff costs for the 2021/2022 financial year was £844 million. Excluding Family Health Services costs, this represented 57% of the total expenditure. It is therefore vital that NHS Grampian uses all staff resources in an efficient and effective way.

NHS Grampian are working to mitigate the forecast imbalance between budget and spend for the 2022-23 financial year and discussions are ongoing between NHS Grampian and Scottish Government to agree actions to mitigate the financial position in 2022-23. NHS Grampian directly provides services that are required to make savings of £5.3m in the 2022-23 fiscal year. This excludes savings on Health & Social Care Partnership staff budgets which will be separately agreed by the three Partnerships.

(Chart 12) below illustrates NHS Grampian's expenditure on Agency and Bank spend for the 2021/2022 financial year was £43.5million, of which £22.4m was agency and £21.1m on bank staff.



The expenditure on bank nursing is 13.4% (£2.5m) up from the level recorded for 2020/2021 which can be attributed to the workforce demands of the pandemic. Expenditure on agency nursing has also increased from the figure in 2020. This spend reflects the need to use agency nursing staff to cover for high vacancy levels in areas such as Critical Care, Theatres and Mental Health. At the end of March 2022, expenditure on medical locums had increased by £2.1m compared to the same period in 2020/2021. A reduction in the use of locums in the Acute Sector has been balanced by an increased use of locums in Mental Health and Assessment services.

NHS Grampians' expenditure on additional hours and overtime for 2021-2022 has increased by 19% compared to the same period in 2020/2021.

Consideration of appropriate use of bank and agency staff, versus use of overtime and additional hours is required, as highlighted through the Bank Review. Limitations on additional hours, or overtime, may not be effective in reducing the impact of staff shortages or vacancies, when compared with cost and use of bank or agency staff.

Better use of staffing is a key action in delivering a safe and effective workforce, as well as potential savings. Spending on the following areas are being targeted:

- Reducing the demand for agency medical locums, by a combination of filling long term vacancies; improving controls around demand management; creating more accurate billing for breaks taken; and ensuring there is sufficient scrutiny in the process and justification for the use of locums;
- Eliminating non-compliant junior medical rotas by filling vacancies, including the continued recruitment of CDFs, Advanced Practitioners and PAs;
- Reducing the volume of agency nursing used, by recruiting to vacancies and improved use of bank nursing;
- Implementing improved processes in relation to rostering, Safecare and to deliver efficiencies in the use of bank nursing staff;
- Improvements from the guiding principles of the Health and Care (Staffing) (Scotland) Act 2019;
- Continued vacancy management to ensure that all new and replacement posts are scrutinised for potential efficiencies before being filled and alternative;
- Ongoing review of skill mix opportunities to ensure an appropriate grade mix for duties performed;
- Service based workforce planning as a tool to understand workforce demand utilisation and skill mix.

## 10.11 Job Planning

Consultant and Specialty Doctors are contractually required to have an agreed job plan, which describes all of their professional and service commitments.

(Table 5) Job Planning Completion as at 31 December 2021

Year	Consultants	Honorary Consultant	Job Plans Submitted	% Job Plans Submitted
2016/2017	511	52	259	48.70%
2017/2018	511	50	362	70.70%
2018/2019	550	80	377	59.84%
2019/2020	532	98	231	40.00%
2020/2021	533	34	443	78.13%

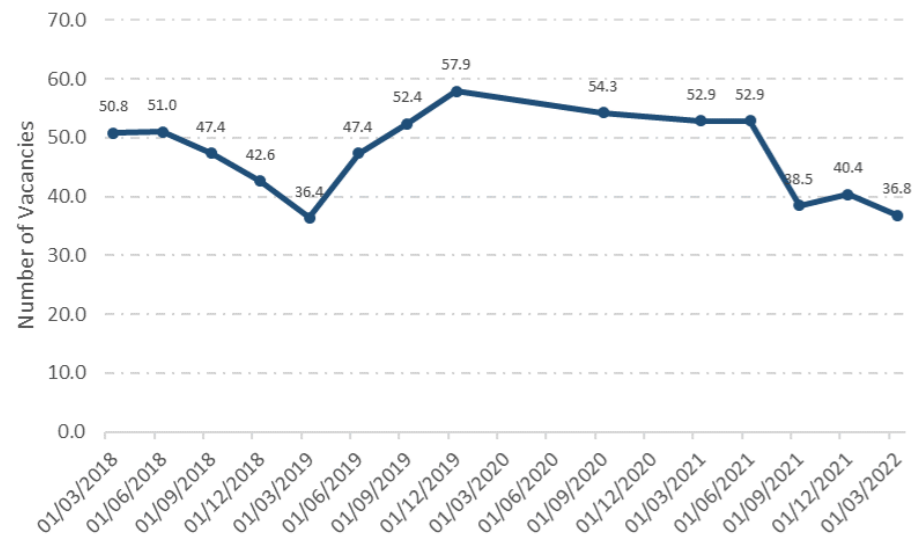
There has been an increase in Consultant Job Plan submissions from last year, 78.1% returned as at 31 December 2021 compared to 40.0% returned as at 31 December 2020. The pandemic is likely to have had a significant impact on job plan completion during the previous job planning cycle.

Electronic job planning, refreshed guidance and training has had a significant impact on the completion rate and this will be continued throughout 2022/2023.

### 10.12 Consultant Vacancies

The number of Consultant active vacancies decreased from 52.9wte as at 31 March 2021 to 37.8wte as at 31 March 2022. This represents a 30% decrease in vacancies in the past year.

(Chart 13) Number of Consultant Vacancies from 31 March 2018 to 31 March 2022



Acute Internal Medicine had the highest number of vacancies with 7wte as at 31 March 2022. Clinical Radiology had 6wte vacant and Histopathology had 3.3wte vacancies, a proportionately higher number.

General Surgery and Obstetrics and Gynaecology had the largest reduction in vacancies, in March 2021, both specialties had 5wte vacancies and as at 31 March 2022 had 2wte had 3wte vacancies respectively. This may be due to long-term locum use with vacancies being filled on a temporary basis.

A full breakdown and comparison of the consultant vacancies is available in **appendix 2**.

### 10.12.3 Doctors and Dentists in Training Posts

Recruitment to Foundation, Core and Specialty training continues to be a challenge for the Board. There are a number of Foundation, Specialty Trainee, Locum Appointed for Training (LAT), Locum Appointed for Service (LAS) and GP Specialty Trainee vacancies.

Innovative alternative clinical posts such as Physician Associates, Advanced Clinical Practitioners and CDF are an established part of the NHS Grampian workforce. Appointments to CDF posts are targeted towards departments with the greatest staffing need and are attracting applicants from across the United Kingdom.

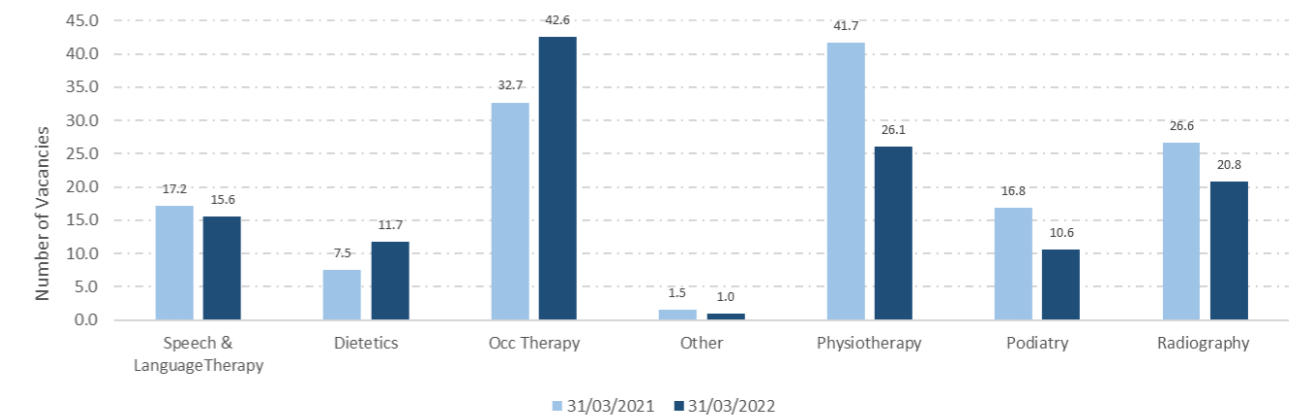
There remains interest in the Physician Associate workforce and services are utilising this profession as an integral part of their multi-disciplinary team.

The Medical Training Initiative (MTI) is a mutually beneficial scheme that provides doctors in training from all over the world with the opportunity to work and train in the UK, whilst giving the Board a high-quality, longer-term alternative to using locums within a service. The scheme is underpinned by the Diploma in UK Medical Practice which all candidates are expected to achieve and is usually aimed at those just about to achieve the equivalent of the UK's Certificate of Completion of Training.

### 10.12.4 Allied Health Professions Vacancies

(Chart 14) Illustrates the number of Allied Health Professional (AHP) vacancies that have increased from 124.2wte as at 31 March 2021 to 148.2wte as at 31 March 2022.

(Chart 14) AHP Vacancies 31 March 2021 vs 31 March 2022



Occupational Therapy, Physiotherapy and Diagnostic Radiography are disciplines that experience difficulties with recruitment and retention. Occupational Therapy has seen the largest increase 27.0% in vacancies since 2021. Physiotherapy had the highest number of vacancies in 2021, however vacancies have fallen by 37.0% to 26.1wte as at 31 March 2022.

A full breakdown of the Allied Health Profession vacancies can be found in **appendix 2**.



### 10.12.5 Nursing and Midwifery Vacancies

Acute Nursing and Midwifery vacancies are consistently high across NHS Grampian with 393.3wte vacancies recorded as at 31 March 2022. Of these vacancies 70% are reported in a hospital setting with 28% of vacancies in the community. Unfortunately, due to COVID-19 pandemic pressures no vacancy report was submitted as at 31 March 2021, therefore for comparison, vacancies as at 30 June 2021 have been used.

Band 5 adult nursing in hospital has the highest vacancies with 121.6wte as at 31 March 2022. In the community, district nursing has a higher number of vacancies than health visiting overall with band 3 vacancies recorded at 21.9wte.

A full breakdown of the vacancies within NHS Grampian Nursing and Midwifery as at 31 March 2022 and 30 June 2021 can be found in **appendix 2**.



## Appendix 2

(Table 6) Consultant Vacancies

Medical & Dental – NHS Grampian		ISD Vacancy Comparison Table 31st March 2022 (wte)		
Consultant Specialties	31st March 2022	31st March 2021	Difference	Percentage Change
<b>All specialties</b>	<b>43.8</b>	<b>52.9</b>	● -9.1	-17.2%
<b>All medical specialties</b>	<b>34.8</b>	<b>52.9</b>	● -30.7	-34.2%
Emergency medicine	1.0	2.0	● -1.0	-50.0%
Anaesthetics	3.0	6.0	● -3.0	50.0%
Intensive Care Medicine	1.0	0.0	● +1.0	-
<b>Clinical Laboratory Specialties</b>	<b>10.6</b>	<b>4.6</b>	● +6.0	+56.6%
Haematology	1.0	3.0	● -2.0	-66.7%
Histopathology	3.3	0.0	● +3.3	-
Medical Microbiology & Virology	0.3	1.6	● -1.3	-81.3%
Clinical Radiology	6.0	0.0	● +6.0	-
<b>Medical Specialties</b>	<b>15.0</b>	<b>12.0</b>	● +3.0	+25.0%
Clinical Genetics	1.0	1.0	● 0.0	No Change
General (Internal) Medicine	0.0	3.0	● -3.0	-100.0%
Dermatology	0.0	1.0	● -1.0	-100.0%
Gastroenterology	1.0	0.0	● +1.0	-
Geriatric Medicine	2.0	3.0	● -1.0	-33.3%
Infectious Diseases	0.0	0.0	● 0.0	No Change
Acute Internal Medicine	7.0	1.0	● +6.0	+600.0%
Medical Oncology	1.0	0.0	● +1.0	-
Neurology	1.0	0.0	● +1.0	-
Palliative Medicine	0.0	1.0	● -1.0	-100.0%
Renal Medicine	0.0	0.0	● 0.0	No Change
Rehabilitation Medicine	0.0	1.0	● -1.0	-100.0%
Respiratory Medicine	0.0	0.0	● 0.0	No Change
Rheumatology	0.0	1.0	● -1.0	-100.0%
Clinical Oncology	1.0	0.0	● +1.0	-
Clinical Neurophysiology	1.0	0.0	● +1.0	-
<b>Psychiatric Specialties</b>	<b>0.2</b>	<b>9.0</b>	● -8.8	-97.7%
Forensic Psychiatry	0.0	3.0	● -3.0	-100.0%
General Psychiatry	0.0	0.0	● 0.0	No Change
Child & Adolescent Psychiatry	0.2	2.0	● -1.8	-90.0%
Old Age Psychiatry	0.0	2.0	● -2.0	-100.0%
Psychiatry of Learning Disability	0.0	2.0	● -2.0	-100.0%
<b>Surgical Specialties</b>	<b>4.0</b>	<b>9.0</b>	● -5.0	-55.5%

Cardiothoracic Surgery	0.0	0.0	● 0.0	No Change
General Surgery	2.0	5.0	● -3.0	-40.0%
Otolaryngology	1.0	0.0	● +1.0	-
Ophthalmology	0.0	1.0	-1.0	-100.0%
Plastic Surgery	1.0	0.0	+1.0	-
Trauma & Orthopaedics	0.0	1.0	-1.0	-100.0%
Urology	0.0	2.0	● -2.0	-100.0%
Vascular Surgery	0.0	0.0	● 0.0	No Change
<b>Paediatrics</b>	<b>2.0</b>	<b>3.0</b>	● -1.0	-33.3%
Paediatrics	2.0	3.0	● -1.0	-33.3%
<b>Other</b>	<b>3.0</b>	<b>7.3</b>	● -4.3	-58.9%
Obstetrics & Gynaecology	3.0	5.0	● -2.0	-60.0%
Community & Sexual Health	0.0	0.0	● 0.0	No Change
Public Health Medicine	0.0	2.3	● -2.3	-100.0%
<b>Dental</b>	<b>2.0</b>	<b>0.0</b>	● +2.0	-
Orthodontics	1.0	0.0	● +1.0	-
Restorative Dentistry	1.0	0.0	● +1.0	-
<b>Colour Code Key</b>				
● ≤ 0      ● > 0 and < 3      ● ≥ 3				

(Table 7) Allied Health Professional Vacancies

AHP – NHS Grampian		ISD Vacancy Comparison Table 31st March 2022 (wte)		
AHP	31st March 2022	31st March 2021	Difference	Percentage Change
<b>All AHPs</b>	<b>124.2</b>	<b>148.2</b>	● -24.0	-16.2%
Arts Therapy	0.0	0.0	● 0.0	No Change
Dietetics	7.5	11.7	● -4.2	-35.9%
Occupational Therapy	42.6	32.7	● +9.9	+30.3%
Paramedic	0.0	0.0	● 0.0	No Change
Physiotherapy	26.1	41.7	● -15.6	-37.4%
Podiatry	10.6	16.8	● -6.2	-36.9%
Radiography - Therapeutic	2.9	0.0	● +2.9	-
Radiography - Diagnostic	17.9	26.6	● -8.7	-32.7%
Speech & Language Therapy	15.6	17.2	● -1.6	-9.3%
Orthotist	0.0	0.5	● -0.5	-100.0%
Prosthetists	1.0	1.0	● 0.0	No Change
Orthoptists	0.0	0.0	● 0.0	No Change
Multi-skilled Worker	0.0	0.0	● 0.0	No Change
<b>Colour Code Key</b>				
● ≤ 0      ● > 0 and < 3      ● ≥ 3				

(Table 8) Nursing & Midwifery Vacancies

Nursing & Midwifery – NHS Grampian		ISD Vacancy Comparison Table		
Division/Unit	31st March 2022	30th June 2021	Difference	Percentage Change
<b>Total Vacancies</b>	<b>393.3</b>	<b>390.4</b>	● + 2.9	+ 0.74 %
<b>Hospital Total</b>	<b>273.6</b>	<b>321.9</b>	● - 48.3	- 17.6 %
<b>Community Total</b>	<b>111.4</b>	<b>68.5</b>	● + 42.9	+ 38.5 %
<b>Combined Total</b>	<b>1.0</b>	<b>0.0</b>	● + 1.0	-
<b>Other Total</b>	<b>7.3</b>	<b>0.0</b>	● + 7.3	-
<b>Hospital - Adult</b>				
Band 2	46.0	47.3	● - 1.3	- 2.8 %
Band 3	19.7	15.4	● + 4.3	+ 21.8 %
Band 4	0.0	2.4	● - 2.4	- 100.0 %
Band 5	121.6	156.5	● - 34.9	- 28.7 %
Band 6	22.5	21.0	● + 1.5	+ 6.7 %
Band 7	14.3	6.8	● + 7.8	+ 110.3 %
Band 8	0.0	1.0	● - 1.0	- 100.0 %
<b>Community – Health Visiting</b>	<b>20.1</b>	<b>11.0</b>	● + 9.1	+ 82.7 %
Band 2	0.9	0.0	● + 0.9	-
Band 3	2.5	0.0	● + 2.5	-
Band 4	2.6	0.0	● + 2.6	-
Band 5	4.8	0.0	● + 4.8	-
Band 6	0.0	0.0	-	No Change
Band 7	9.3	11.0	● - 1.7	- 15.5 %
<b>Community – District Nursing</b>	<b>36.4</b>	<b>17.1</b>	● + 19.3	+ 112.9%
Band 3	21.9	1.1	● + 20.8	+ 1890.9 %
Band 4	4.0	0.0	● + 4.0	-
Band 5	3.7	14.0	● - 10.3	- 73.6 %
Band 6	5.0	1.6	● + 3.4	+ 212.5 %
Band 7	1.8	0.4	● + 1.4	+ 350.0 %
<b>Community – Public Health</b>	<b>9.0</b>	<b>4.6</b>	● + 4.4	+ 95.7 %
Band 2	0.0	0.0	-	No Change
Band 3	0.0	0.0	-	No Change
Band 4	0.0	0.0	-	No Change
Band 5	4.0	3.6	● + 0.4	+ 11.1 %
Band 6	5.0	0.0	● + 5.0	-
Band 8	0.0	1.0	● - 1.0	- 100.0 %
<b>Community – School Nursing</b>	<b>0.8</b>	<b>1.8</b>	● - 1.0	- 55.6 %
Band 6	0.8	1.8	● - 1.0	- 55.6 %

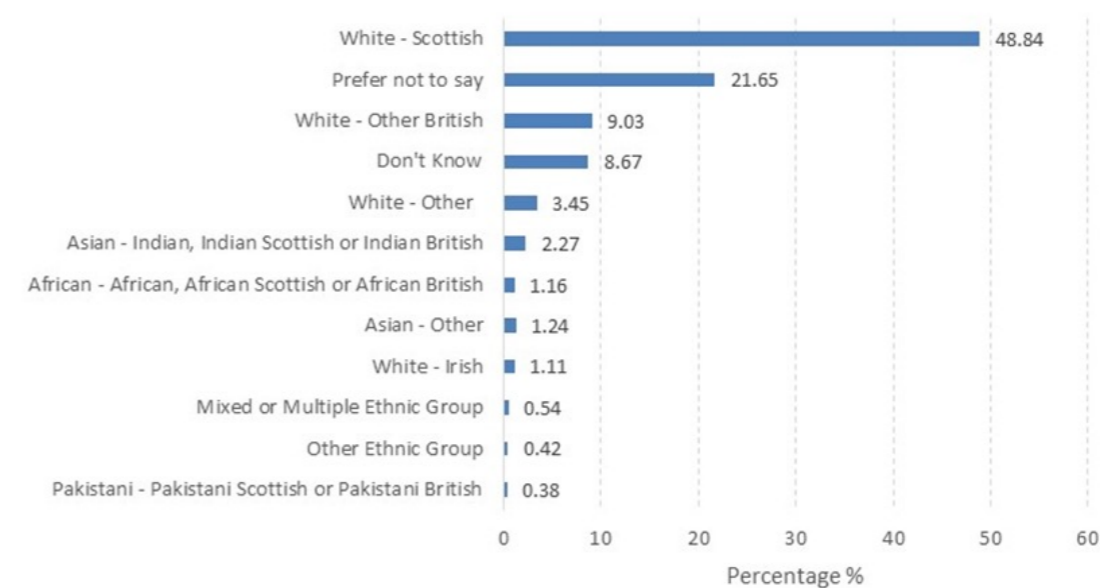
<b>Community - Paediatrics</b>	<b>13.2</b>	<b>10.8</b>	<b>● +2.4</b>	<b>+ 22.2 %</b>
Band 3	6.3	7.1	● - 0.8	- 11.3 %
Band 4	0.0	0.0	-	No Change
Band 5	6.0	1.0	● + 5.0	+ 500.0 %
Band 6	0.9	2.7	● - 1.8	- 66.7 %
<b>Community - Midwifery</b>	<b>1.8</b>	<b>11.5</b>	<b>● - 9.7</b>	<b>- 84.3 %</b>
Band 2	0.8	0.0	● + 0.8	-
Band 5 (Combined Comm & Hos)	1.0	0.0	● + 1.0	-
Band 6	0.0	11.5	● - 11.5	- 100.0 %
<b>Hospital - Women &amp; Children</b>	<b>13.6</b>	<b>32.4</b>	<b>● - 18.8</b>	<b>- 58.0 %</b>
<b>Women</b>	<b>3.6</b>	<b>15.7</b>	<b>● - 12.1</b>	<b>- 77.1 %</b>
Band 6	0.0	15.7	● - 15.7	-100.0 %
Band 7	3.6	0.0	● + 3.6	-
<b>Children</b>	<b>10.6</b>	<b>16.7</b>	<b>● - 6.1</b>	<b>- 36.5 %</b>
Band 2	1.6	5.0	● - 3.4	- 68.0 %
Band 3	1.3	0.0	● + 1.3	-
Band 4	0.0	0.0	-	No Change
Band 5	5.3	8.9	● - 3.6	- 40.4 %
Band 6	2.4	1.8	● + 0.6	+ 33.3 %
Band 7	0.0	1.0	● - 1.0	- 100.0 %
<b>Community - Other</b>	<b>12.0</b>	<b>5.3</b>	<b>● + 6.7</b>	<b>+ 126.4 %</b>
Band 2	2.0	0.0	● + 2.0	-
Band 3	0.0	2.0	● - 2.0	- 100.0 %
Band 5	2.0	0.7	● + 1.3	+ 185.7 %
Band 6	3.0	1.1	● + 1.9	+ 172.7 %
Band 7	5.0	0.0	● + 5.0	-
Band 8	0.0	1.5	● - 1.5	- 100.0 %
<b>Mental Health Grampian</b>				
<b>Hospital</b>	<b>35.4</b>	<b>39.1</b>	<b>● - 3.7</b>	<b>- 9.5 %</b>
Band 2	3.0	4.5	● - 1.5	- 33.3 %
Band 3	6.0	2.1	● + 3.9	+ 185.7 %
Band 5	14.4	28.5	● - 14.1	- 49.5 %
Band 6	6.0	3.0	● + 3.0	+ 100.0 %
Band 7	5.0	1.0	● + 4.0	+ 400.0 %
Band 8A	1.0	0.0	● + 1.0	-
<b>Community</b>	<b>17.8</b>	<b>6.4</b>	<b>● +11.4</b>	<b>+ 178.1 %</b>
Band 2	3.0	0.0	● + 3.0	-
Band 4	2.0	0.0	● + 2.0	-
Band 5	8.8	3.0	● + 5.8	+ 193.3 %
Band 6	1.0	3.4	● - 2.4	- 70.6 %
Band 7	2.0	0.0	● + 2.0	-

Band 8b	1.0	0.0	● + 1.0	-
<b>Community Learning Disability</b>	<b>1.3</b>	<b>0.0</b>	<b>● +1.3</b>	<b>-</b>
Band 4	1.0	0.0	● + 1.0	-
Band 5	0.3	0.0	● + 0.3	-
<b>Other</b>	<b>7.3</b>	<b>0.0</b>	<b>● + 7.3</b>	<b>-</b>
Band 5	1.0	0.0	● + 1.0	-
Band 6	2.0	0.0	● + 2.0	-
Band 7	3.3	0.0	● + 3.3	-
Band 8b	1.0	0.0	● + 1.0	-
<b>Colour Code Key</b>				
● ≤ 0      ● > 0 and < 3      ● ≥ 3				

### 10.13 Appendix 3 Equality and Diversity Information

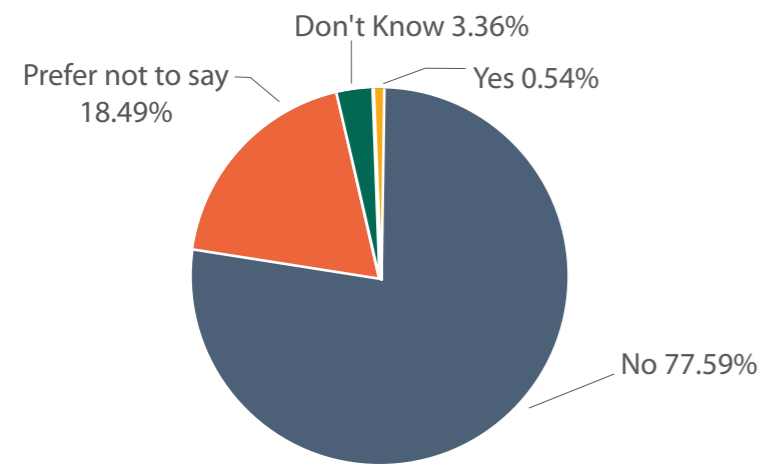
The ethnic makeup of the NHS Grampian Workforce, as at 31 March 2022, is illustrated in (Chart 14) below. The ethnic makeup of the NHS Grampian workforce is predominately white (62.43%), over a quarter of the workforce either preferred not to say or did not know (21.6% and 8.67% respectively).

(Chart 14) Percentage of NHS Grampian Workforce by Ethnicity as at 31 March 2022



There is a very small percentage of the NHS Grampians workforce with a disability, only 86 individuals (0.54%) declared a disability. A total of 3358 individuals (18.5%) also preferred not to say whether they had a disability.

(Chart 15) Percentage of NHS Grampian Workforce with a Disability





## Appendix 4 Workforce Categories Covered

All staff referenced within this plan are covered under the following national staff groups:

- Administrative Services Workforce Plan;
- Allied Health Professional;
- Dental Support;
- Healthcare Sciences;
- Medical and Dental;
- Medical Support, which includes Operating Department Practitioners and Assistants, Physician's Associates and Theatre Services;
- Nursing and Midwifery;
- other Therapeutic, which includes Psychology, Genetic Counselling, Optometry, Pharmacy and Play Specialists;
- Personal and Social Care, which includes Social Work Services, Hospital Chaplaincy, and Health Promotion Services;
- Support Services, which includes Catering and Domestic Services, Estates, Ground Services, Portering Services, Transport and Stores Services.

