

# NHS GRAMPIAN WORKFORCE PLAN 2022-2025

## NHS Grampian Workforce Plan 2023-2025

NHS Grampian continues to implement the National Workforce Strategy for Health and Social Care in Scotland<sup>1</sup>. The published NHS Grampian Integrated Workforce Plan 22-25<sup>2</sup>, October 2022, describes the drivers for change associated workforce actions, risks and challenges expected over the next 3 years. The priority actions align to the 5 pillars of the workforce journey: Plan, Attract, Train, Employ and Nurture.

There is a continued focus on developing a sustainable workforce, continued programmes of work in relation to staff health and wellbeing, effective staff utilisation and development of the use of workforce data in evidence-based decision making.

## Key Data Points

Female	Male	Headcount	Whole Time Equivalent	Whole Time	Part Time
<b>2023 82.0%</b>	<b>2023 18.0%</b>	<b>2023 16,187 (-804)</b>	<b>2023 13,323.22 (-877.14)</b>	<b>2023 50.1%</b>	<b>2023 49.9%</b>
<b>2022 78.7%</b>	<b>2022 21.3%</b>	<b>2022 16,991</b>	<b>2022 14200.36</b>	<b>2022 51.3%</b>	<b>2022 48.7%</b>

<sup>1</sup> [National Workforce Strategy for Health and Social Care in Scotland \(www.gov.scot\)](http://www.gov.scot)

<sup>2</sup> <https://www.nhsgrampian.org/globalassets/foidocument/foi-public-documents1---all-documents/NHSGrampian-Workforce-Plan-2022to2025.pdf>

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National data shows we have the lowest short and long-term absence rates of mainland territorial health boards for the year to October 2022. However, short-term absences have risen from 2.0% in March 2022 to 2.7% in March 2023. The top reason for long term absence remains Anxiety/stress/depression/other psychiatric illness, falling from 34.9% between 1<sup>st</sup> April 2021- 31 March 2022 to 31.6% between 1st April 2022-31st March 2023. This may be indicative of colleagues experiencing sustained pressure. We know that some of the above reduction in Headcount and WTE was driven by cessation of test and protect activities and a fall in temporary domestic support staff linked to enhanced infection prevention and control. Nonetheless, our increased agency spends (in line with national trends, despite a very high percentage (96%) being via framework), are reflective of structural challenges in areas of our Nursing, AHP and Medical Workforce with national undergraduate nursing and postgraduate medical training projections for North of Scotland over the next 3 years a cause for concern.

Although only one year's comparison of workforce data, NHS Grampian have experienced increases in sickness absence rates not seen in previous years, during or prior to the pandemic. Changes in both absence frequency and length will be explored, as will the reasons reported. Changes to the number of substantive staff headcount, our aging workforce, stability and working hours (i.e. average whole time equivalent), will require further monitoring as they may impact on the sustainability of the workforce.

Initial review of future workforce supply in nursing and midwifery and anticipated allocation of doctors in training to North of Scotland has highlighted further potential workforce supply challenges in light of anticipated population trends. Further analysis is required given some of enduring vacancies and some indicators around increased retirement within some staff groups. The ongoing use of supplementary staff to support safe and effective services continues to increase, however work continues to manage and reduce these levels.

## 1. Workforce Actions and Monitoring Process

Our Workforce Plan identified 5 priority actions to March 2024 with description of progress outlined here in section 6:

**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

As an enabling Plan to the NHS Grampian Strategy: Plan for the Future, and consequently our Medium Term and Annual Delivery Plans, a number of additional actions have been agreed under the 5 Pillars. Through input from the Systems Leadership Team, progress on these actions are updated, tactical risks monitored and, when appropriate, escalated. Actions are reported on a quarterly basis with tracking on

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progress and risk levels through the Sustainable Workforce Oversight Group (SWOG) acting on behalf of the Chief Executives Team, and then the Staff Governance Committee, for assurance. The SWOG focuses on workforce utilisation, skills and capacity, planning and redesign and sourcing. The most recent overview of progress against actions is provided below.

## Workforce Action Plan Analysis from Quarter 3 to Quarter 4



The overall progress between quarter 3 and 4 has been positive with an 8% movement of cross-system actions. Those actions include:

- Collaborative working with our partners developing regional and local solutions to service and workforce sustainability
- Further expansion of apprenticeship programmes
- Resumption of the annual appraisal process
- Streamlining recruitment processes
- Progress towards the creation of a single staff bank

Further information on the other actions and their progress see Workforce Data Appendix 1.

The following sections outline the progress made in respect of key activities set out in the delivery planning guidance provided to boards.

## 2. Workforce Updates

### 2.1 Scaling MDT approach in Primary Care

Aberdeen City, Aberdeenshire and Moray HSCPs continue to upscale the extended Multi-Disciplinary Teams (MDT) however, due to current financial constraints, focus is currently on the Community treatment and care services (CTAC) and Pharmacotherapy teams, as local flexibility is needed to allow the development of already established AHP, Urgent Care, Link worker and Mental Health teams. Vaccinations have been fully transferred into primary care services. Challenges exist around training, recruiting and retaining a skilled MDT workforce in a mixed urban/rural location within the current financial envelope.

### 2.2 Developing sustainable Primary Care OOH services

The Primary Care OOH (GMED) service continues to experience challenges recruiting and retaining the workforce in a geographically diverse region. However, locally there has been success in building up a broad-based team consisting of ANPs, AHPs, HPs and GPs. Training is

integral to attracting and retaining a skilled workforce and this has been built into the planning and delivery model for all staff. The teams are working with secondary care colleagues using a whole systems approach to urgent and unscheduled care both in and out of hours.

### **2.3 Increase capacity for in hour's routine and urgent dental care**

The NHS General Dental Service (GDS) is provided by general dental practitioners, under a national contract between themselves and NHS boards. They are free to choose whether to provide NHS dental treatment to each individual patient. The NHS General Dental Service (GDS) is usually the first point of contact for NHS primary care dental treatment. General dental practitioners are independent contractors, who can; Choose whether to join or resign from an NHS Board's dental list; choose whether or not to provide NHS dental treatment to a patient who is not registered with them and give notice to a patient registered with them that they are withdrawing from the arrangement to provide NHS dental care and treatment.

The Public Dental Services (PDS), which are delegated to our three HSCPs, also provide primary care dental services for groups with special needs and routine care in areas with access difficulties. The services also provide general anaesthetic services for children and special care adults. In addition, they also have a dental public health function, which includes dental inspection programmes and oral health improvement activities, such as the Childsmile and Caring for Smiles programmes. There are continued risks in relation to workforce recruitment challenges in more remote and rural areas across Aberdeenshire and Moray.

### **2.4 Build capacity to eliminate long waits for Psychological Therapies**

To build capacity Mental Health and Learning Disability (MHL) Nursing Teams have recruited a number of stage three student nurses onto one day a week contracts, with the aim of reducing bank/agency usage and succession planning and supporting longer term nursing workforce supply. A review of the nursing workforce is in its early stages for MHL pan Grampian, with an aim to modernise the workforce, developing advanced roles in both inpatient and community services, whilst also optimising and maximising the band 4 nursing role. In addition, the national framework that all MHL Health Care Support Workers have now transitioned to band 3 roles, due to the core skills required in MHL

nursing to maximise on the skills of these practitioners. MHLD have developed a robust supportive induction, which includes a two-week supernumerary period to nurture newly graduated nurses (NGN) when they commence in post. In addition, the service are piloting preceptorship models NGNs in three wards and are testing a coaching model with students in one ward.

To increase the medical workforce supply, Certification of Eligibility for Specialist Registration Fellowship International Recruitment and the Virtual Clinical Observership Programme (VCOP) have been used. MHLD will continue to work closely with NES for the roll out of Enhanced Psychology Practitioner posts, increasing the availability of early intervention within the community Psychiatric Teams (PT) and CAMHS.

Current workforce risks relate to the level of uncertainty regarding Scottish Government funding in future years and we are currently in the position of being unable to make further recurring commitments against this funding stream; detrimentally impacting progressing posts within the Mental Health Outcomes Framework funding streams. Recruitment to a number of proposed and committed substantive new CAMHS and PT posts were paused in late 2022, in this context, some staff have been recruited on short term contracts which will not be renewable within the indicated funding allocations. This could result in capacity loss with redeployment necessary and reduced compliance to psychological therapy targets in areas which have recently improved performance through newly funded posts. This brings significant challenges in terms of staff morale, wellbeing and patient experience in terms of continuity of care.

## **2.5 Set out actions to expand diagnostic capacity and workforce**

Expansion of diagnostic capacity in both (pathology and radiology) workforce, through incorporating digital best practices and the implementation of workforce e-rostering. Adoption of advanced digital technologies such as artificial intelligence (AI) for chest x-ray will significantly enhance diagnostic capabilities. These technologies can assist in automating routine tasks, streamlining processes, and increasing some efficiencies in the departments.

The implementation of e-rostering will assist in the optimisation and workforce resource allocation, including workload, expertise, and availability, ensuring an equitable distribution of diagnostic tasks. Additionally, recruitment efforts are being prioritised to address the growing demand for diagnostic services using targeted campaigns to attract more individuals to pathology and radiology careers and meet the growing healthcare system demands of the future.

The investment in the training and development of the existing workforce has been designed to upskill bio medical scientists and radiographers in reporting. This focus on continuous professional development opportunities are provided to ensure the workforce stay up-to-date with the latest advancements in their specialist fields. The collaborative partnerships with academic institutions and research has facilitated knowledge exchange and innovation to benefit the people and communities in the North East of Scotland.

## **2.6 Develop digital skills of the workforce to make maximum use of Office 365**

NHS Grampian continues to explore best practice and the development of training materials to improve the digital skills of the workforce in the use of Office 365. Training resources are available in various media, including the NHS Grampian Intranet, Grampian Digital Champions Teams site and NHS Scotland M365 Skills Hub.

We are contributing to work ongoing across NHS Scotland and locally to review the suitability of these training materials. In the year ahead, there will be a focus on the governance processes required to provide assurance as to the uptake of training, best practice and utilisation of training guidance provided. Accessibility to technology will also be explored to ensure all staff have an equal opportunity to access training and digital skills including those staff that may not use PCs routinely.

## **2.7 Developing and maintaining digital skills across the whole workforce**

NHS Grampian continues to provide learning opportunities ranging from corporate induction, skills and personal development through to retirement support. Blended approaches are now in place including online and in person methodologies to meet learner needs/preferences in terms of time, travel and learning style. There are challenges in: the lack of funding for learning within constrained departmental budgets and what can legitimately be supported via endowments; securing access to free learning from partner organisations on NHS Grampian devices; lack of suitable Apps to aid learning events; capacity of learning teams to support range and diversity of all requests during organisational change; lack of training accommodation to meet learning demands, especially for practical skills training; and limitations on Turas Learn reporting functionality requiring national resolution.



## 3. Implementation of the Health and Social Care Workforce Strategy

### 3.1 Support implementation and use e-Rostering to its fullest potential

NHS Grampian continues to progress with the rollout of eRostering across Nursing & Midwifery with Royal Cornhill Hospital and Acute Medicine and Unscheduled Care almost complete in addition to already established Surgical Services and Critical Care, and activity has been undertaken to explore the use of the system across the Medical Workforce. The national programme has confirmed that the identification of rollout priorities is within the remit of local boards and as such, NHS Grampian continues to prioritise clinical services. Risks include: Competing local and national priorities; continued lack of effective interface between relevant business systems requiring an expensive work around to ensure timely data entry for payroll purposes; ability of users to have adequate time available to attend training and input to preparatory work and implementation of other digital systems across the organisation, with competing demands on stakeholders.

### 3.2 Commitment to the implementation of Healthcare Staffing (Scotland) Act

We continue to work towards the national and legislative requirements of the Health and Care (Staffing) (Scotland) Act 2019<sup>3</sup>. Work is ongoing to make progress towards the guiding principles across all of our clinical and care staff groupings. An Implementation Team is being established using the small amount of national funding provided, which will facilitate the work required by clinical services to prepare for implementation of the Act. Throughout the year we have contributed to national workstreams, and hosted a well-attended Board engagement session with the national team in December 2022. As well as dealing with the uncertainty around resources that will be available to support the professional judgement of clinical leads, the main challenges in terms of compliance with the requirements of the Act include; having the right numbers of staff, the availability of real-time workforce data. In addition, the large-scale system redesign required and the interdependencies of system change across multi-professional teams.

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<sup>3</sup> [Health and Care \(Staffing\) \(Scotland\) Act 2019: overview - gov.scot \(www.gov.scot\)](https://www.gov.scot/topics/health/health-care-staffing-act-2019/overview)

### 3.3 Non-pay reform commitments in Agenda for Change pay deal

NHS Grampian has committed to contributing senior HR and Payroll expertise to the Management Steering Group commissioned working groups that will be progressing the main strands of the work described under the Heads of Agreement reached in respect of the 2023-24 Agenda for Change pay deal. We note that the initial deadline for recommendations from these groups is in September. Whilst it is not possible to be certain about the scale and impact of the work that will be required as a result, it is clear that implementing changes such as reducing the working week and implementing protected time for learning will impact workforce availability, and thus capacity, in the short-term. Our ability to deliver such changes whilst meeting the requirements of the Healthcare Staffing (Scotland) Act will be subject to financial affordability.

### 3.4 Actions from Ministerial Taskforce on Nursing and Midwifery supply, recruitment and retention

NHS Grampian continues to collaborate with colleagues nationally in relation to the required actions of the Ministerial Taskforce for Nursing and Midwifery. There are plans for 5 sub-groups to be formed that will have responsibility for ongoing actions and improvement. Those are:

- Retention
- Attraction
- Well-being
- Education and Development
- Culture and Leadership

It is anticipated these groups will be established in Autumn 2023.

### 3.5 North of Scotland Integrated Maternity Model

The development of the North of Scotland Integrated Maternity Model is ambitious, with the overall aim to deliver consultant led obstetric services from Dr Gray's Hospital by the end of 2026. In the planning and consideration of the necessary conditions for success, a broader vision has been formed of a networked model which will secure the future and sustainability of maternity

services in the North of Scotland. Using the features and aspirations of an Integrated Maternity Model, NHS Grampian and NHS Highland, will jointly consider innovative workforce planning approaches, alongside NHS Education for Scotland (NES). This will involve understanding the roles and skills that may be required in networked workforce models, including the creation of new roles, exploring non-traditional roles like the use of advance practice and non-medical consultants. Utilisation of new ways of working and training/accreditation routes aligning with networked training and education opportunities. Crucially this will cover the consideration of how roles will operate in a networked model; service-based job planning, recruitment, terms and conditions.

## 4. Medium Term Planning

### **4.1 Planning and resourcing strategies to ensure required workforce is in place to support recovery of services and increased service demand.**

Work is ongoing to expand clinical staffing capacity via 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.

NHS Grampian continues with a bespoke programme of international recruitment of nurses and midwives. This ongoing programme has further evolved since October 2022 with significant planning and pastoral support required for new staff with a priority to undertake our local Education Programme to gain Nursing and Midwifery Council (NMC) registration, following an exam, and has supported the recruitment of 95 international nurses that will have commenced in post by summer 2023. In November 2022, the North of Scotland International Recruitment Team was

established that now delivers the Education Programme for Nursing and Midwifery staff working in NHS Highland, NHS Orkney, NHS Shetland and NHS Western Isles along with specialist recruitment support.

During 2023-24, ongoing attraction initiatives will include: the use of social media networks to promote local vacancies; continued participation at local career fayres and attendance at schools and local education providers' events; 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; use of the talent pool functionality within Jobtrain to ensure a pool of candidates job ready to match to approved vacancies; the implementation of a medical staff bank to reduce Locum Agency use and further reduce related spend. There have been improvements in our recruitment intelligence to identify active vacancies and unfilled posts through a review of the recruitment processes undertaken.

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

## 4.2 Succession Planning

Through internal audit, succession planning has been identified as an area for improvement in support of workforce sustainability. Actions have been agreed around: the need to explore creation of a consistent approach to succession planning; to identify critical roles across the organisation; and to ensure there is appropriate development available. This work will be initiated through the Chief Executive Team in summer 2023, by engagement of the wider systems leadership group and the updating of our succession planning policies and processes.

## 4.3 Allied Health Professionals

Publication of the AHP Education and Workforce Policy<sup>4</sup> in February 2023, will inform workforce planning across all AHP professions within NHS Grampian. In response, a system wide Grampian AHP Workforce Forum has been established to identify local priorities and agree a work plan to progress these. The first workshop held in April 2023 reviewing AHP priorities against the 5 key workforce pillars set out in the NHS Grampian Workforce Plan with progress and actions to be developed over the coming months and development of workforce information and

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<sup>4</sup> [Allied Health Professions - education and workforce policy review: recommendations - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/allied-health-professions-education-and-workforce-policy-review/recommendations/pages/12.aspx)

dashboards to inform decision making. Recruitment and retention challenges continue alongside supply shortages for some AHP professions including risks in the capacity to support local workforce planning and taking forward actions timeously. AHP workforce information was explored for AHPs at a recent pan Grampian workshop in April 2023 with actions from this event, currently being collated and will be shared when available. Our International Recruitment programme has been expanded to include AHPs in 2023-24.

## 4.4 Pharmacy

Grampian has for many years had a pharmacy establishment that is lower / population than most other mainland Boards (29.4 staff per 100,000 population versus the Scottish average of 35.1). This is challenged further by a constrained financial position within acute pharmacy and the under-resourcing of Pharmacotherapy Teams as part of PCIP nationally.

Overall, the Grampian Pharmacy Team vacancy rate is 14% for Pharmacists and 10% for Technicians excluding maternity cover. This has a significant impact where in the hospital clinical ward pharmacy teams, there are 30% staffing gaps on an ongoing basis. Nationally the de-funding of the technician training pipeline with no change to the anticipated numbers of pharmacist graduates or foundation training places means that there is no effective workforce supply mitigation in place.

This picture makes workforce planning challenging as those already in the workplace are extremely stretched. Recruitment plans are often adjusted to what is available in the market rather than what is needed by the service. The wider impacts of the recruitment challenges are seen in staff churn in the hospital sector, general morale, capacity to provide education and training along with research and development.

## 4.5 Medical

The NHS Grampian continue to experience challenges in the allocation of our Doctors in Training numbers including the wider North of Scotland Boards. At present the North deanery are allocated 15% of Doctors in Training placements across 19 specialty areas. 11 of these specialty areas are below the 15% allocation for 2023. Those specialties include: Paediatrics, Anaesthetics, General Surgery, Emergency

Medicine, Cardiology, Haematology, Trauma and Orthopaedics, General Psychiatry, Radiology, Ophthalmology and Rheumatology. With an increases anticipated in our age and population size, there are remain significant challenges in the widening gap of our allocated at Doctors in Training.

NHS Grampian will continue to collaborate regionally and nationally to understand the wider factors including population shifts, particular recruitment issues and, in some instances, specific local factors. NHS Education for Scotland (NES) is also working with Directors of Medical Education (DME's) and Training Programme Directors to address imbalances in terms of seniority of trainees and the locations they are allocated to. Demand is currently outstripping supply in some areas and this is having a major impact on Boards' locum budgets. A large proportion of the medical workforce consists of doctors in training rather than substantive staff members.

#### **4.6 Equality and Diversity**

Having established a dedicated Equalities Data Group, NHS Grampian will begin to better understand the demographics of our workforce and any existing gaps which exist within in our data. This will enable us to develop positive action strategies in our recruitment processes and wider career progression opportunities to help us to address areas of under representation in our organisation and take meaningful steps towards becoming an antiracist and anti-discriminatory Health Board. During 2023-24 we aim to widen the scope of the work beyond antiracism and support for menopause to include a focus on disability and neurodiversity, noting that all are crucial to attracting and retaining colleagues.

## 5 Employability

### **5.1 Enhancing local supply pipelines and cement your role as an 'anchor institution', for instance your approach to apprenticeships and community outreach.**

NHS Grampian continues to offer a range of employability initiatives, recruiting individuals in line with both organisational objectives and Scottish Government initiatives promoting diversity and reducing stigma amongst hard-to-reach communities.

As part of the organisational commitment to retaining staff, individuals are encouraged to participate and enhance their existing attainment levels. Employability Programmes of work include: Initiatives to support the long-term unemployed into work; mechanisms to support 'Care experienced children' into the NHS; working with ex-service personnel / 'veterans' into NHS Careers; encouraging career opportunities for the 'Disabled'; continuing to promote Modern Apprenticeships/ Graduate Apprenticeships within the NHS; looking at where we can support refugees into employment and looking at initiatives to support the long-term unemployed into work. Over the next 36 months it is hoped that we will be able to attract 36 ex-service personal across our system. In addition, over the past 6 months the employability team have participated in over 30 careers events across Grampian and will continue to attend events with plans for wider community events over 2023-24.

There will be the continuation of supporting primary school children through play to learn initiatives, about healthcare whilst targeting them at very early years about future health related careers. Work continues to engage Primary 6 pupils onwards to expose them to a range of learning opportunities that may support and encourage young people into health care.

## **5.2 Making use of new roles, training and development opportunities to support workforce diversification**

With NHS Highland and NES, we are currently exploring the opportunities for workforce diversification around networked models of care across the north of Scotland. These would build on the following progress made locally:

### **5.2.1 Nursing and Midwifery**

Colleagues are supported to undertake formal education which includes Scottish Wider Access Programme (SWAP) nursing (2-year programme), HNC Healthcare Practice, and BSc Nursing through the Open University and the return to practice programme. In addition, there is an in-house education programme for overseas nurses to train and prepare them for OSCE exam to enable them to join NHS Grampian as a Registrant. Challenges include adequate resource to support and nurture the workforce in order to retain them across NHS Grampian.

### **5.2.2 Health Care Support Workers**

There is currently ongoing collaboration with the Further Education (FE), Higher Education Institute (HEI), NHS Scotland Academy, and other stakeholders, as well as undergraduate learning, for example work with the National 5 Pathway Pilot, SWAP nursing, Higher Education

Diploma (HND), Wellbeing and Enablement. There are and will be ongoing Clinical Skills Education pathways available as part of continued development opportunities for Health Care Support Workers (HCSWs).

### **5.3 The use of technology and automation to support increased efficiency, mitigate growth requirements and ease workforce supply pressures.**

In 2021 NHS Grampian approved a 5-year strategy to utilise digital technology to improve the health and care of our population and enable staff to work to the best of their ability 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.

### **5.4 Use of national and local workforce policies to maximise recruitment, retention and wellbeing of staffing**

In support of a return to the workplace for office-based staff during 2022/23, local guidance was developed in partnership to support managers working with their teams to adopt hybrid working approaches where possible, as part of a commitment to smarter working. Pending the release of the Once for Scotland enabling better work-life balance policies, this guidance confirmed that existing policy frameworks allowed for hybrid working approaches, with the key considerations being agreement at team and service level about *where* work needs to be carried out and *when* it needs to be done. This has also highlighted the importance of the reciprocal rights and responsibilities of colleagues under the Staff Governance Standard to contribute to agreed ways of working in teams that balance personal and organisational needs.

During 2022/23 we also implemented the national Interim Arrangements for Retire and Return, and the Pension Contributions Recycling Scheme. The retire and return arrangements have since been reflected in local policy updates to ensure that they do not unintentionally disadvantage colleagues who are covered by other established policy frameworks (e.g. right to redeployment as a result of organisational change). Take up of both schemes has been modest to date. However, we expect that agreement in partnership of local arrangements for implementing Retire and Return during Q4 of 22/23 will support increased awareness across the system moving forward.



## 5.5 Addressing and reducing barriers to delivering exemplary workforce practice

NHS Grampian has continued to collaborate with colleagues from across the system through the Staff Equalities Network and the work of the Grampian Empowered Multicultural Staff (GEMS) Group to identify ways to improve staff experience. As a result, we have developed an Antiracism Plan through which we will identify where inequalities exist within our system and set future actions towards addressing these. In addition to developing a dedicated Equalities Data Group, through the Antiracism Plan, we have developed and delivered a new Unconscious Bias and Active Bystander Training for staff and are in development of a Reverse Mentoring Programme alongside investing in a 'Speak Up' Programme for staff across Grampian to support colleagues wishing to raise concerns and access support available.

During 2023/2024 we will be taking forward the 'Year of the Manager' project to provide a positive focus on management, with development support for existing, new and experienced NHS Grampian supervisors and managers using improved marketing of existing and new tools and resources that will include programmes of work including: Financial Management Training; Courageous Conversations and Mentoring. All training will be more accessible to managers. In addition, there will be the development of a connect peer support network so managers can ask advice and questions via their peers to gain a different perspective on live management issues.

During 2022 NHS Grampian introduced Portfolio/Sectors reporting and attendance at NHS Grampian Staff Governance Committee Meetings, as part of the Committees commitment to Staff Governance Standard assurance. There is a focused dialogue on achievements, challenges and issues between a Portfolio/Sectors and the Committee, essential to obtain assurance.

## 6. Actions and Risks to 2025

### 6.1 Progress on Workforce Plan Actions to 2022-2025

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NHS Grampian will continue to monitor and progress actions over the next 12 months as described in the NHS Grampian Integrated Workforce Plan 2022-2025. The above sections provide a detailed summary of the progress made in respect of key areas during the first year of the three year plan, and areas requiring specific attention will be reflected in our Medium Term and Annual Delivery Plans.

## 6.2 Risks

- The prioritisation of the capacity for change required to transform our services and to ensure that the workforce is best placed to meet the service demand required and whilst providing the assurance of safe and effective care;
- There remain significant recruitment difficulties combined with challenges in workforce supply, with the combination of an urban centre out with the central belt and significant rural geography creating specific challenges;
- The average age of the workforce is age 43 and within specific professions, an ageing workforce and the ability to retire earlier than the forecast contractual norm may lead to an increasing number of staff shortages;
- Supplementary staffing spend has increased in line with the national trend, however with the introduction of the medical staff bank and close scrutiny in relation to bank and agency spend, improvement over the next 12 months is anticipated;
- Appropriate and standard approach to succession planning across NHS Grampian, the creation of a consistent approach and to identify critical roles across the organisation to ensure there is appropriate development available;
- A lack of capacity dedicated to undertake developmental actions and to provide time for dedicated topic experts to deliver training for example, financial and workforce planning training for managers described in section 5.5;
- Mitigating the impact of continued workforce gaps when addressing sustained service demand, and the consequences this can have for the health and well-being of our staff.

## Appendix 1 -Workforce Data

[https://scottish-my.sharepoint.com/:w:/g/personal/pauline\\_rae\\_grampian\\_nhs\\_scot/EXchixDV4K1BvHkE3EoL9WYBkj9ssdtg29DlcjPnkQiAvA](https://scottish-my.sharepoint.com/:w:/g/personal/pauline_rae_grampian_nhs_scot/EXchixDV4K1BvHkE3EoL9WYBkj9ssdtg29DlcjPnkQiAvA)