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NHS Grampian Workforce Plan – Medium Term Update for 2023/2024

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| 1 | <p>NHS Grampian continues to implement the National Workforce Strategy for Health and Social Care in Scotland¹. Our published Integrated Workforce Plan 22-25², October 2022, describes the drivers for change associated workforce actions, risks and challenges. Priority actions align to the 5 pillars of the workforce journey: Plan, Attract, Train, Employ and Nurture.</p> <p>Progress with actions and associated risks is reviewed on a six monthly basis. There remains a continued focus on developing a sustainable workforce, underpinned by five areas of focus outlined in the Colleagues and Culture section of Plan for the Future³.</p> <ul style="list-style-type: none"> • Workforce Planning & Redesign - A service led approach integrated with financial and digital planning that enables Portfolios and Directorates to transform delivery as required, supporting workforce retention and growth. • Attraction & Resourcing - More colleagues are retained through improved support for working longer and for developing careers, with increased fill rates through local, national and international recruitment. • Skills & Capability - All colleagues have support and time for learning that helps them develop, personally and professionally, to match service needs in support of regulation, regeneration health and change. • Employability – Access to employment is widened, with an increased range of entry level opportunities, recruitment from diverse backgrounds, and further expansion of Apprenticeships. • How We Work (Utilisation) Enhanced workplaces, flexibility of working arrangements, and use of business systems improve wellbeing, support environmental sustainability, and meet changing service needs. <p>Our ability to make continued progress towards these outcomes through the delivery of actions within our workforce and annual delivery plans is subject to further understanding the impact of the significant additional savings required from NHS Grampian in 2024-25, and are thus provisional at this stage. This will require careful consideration of how we can re-shape our workforce to balance the requirements for quality, safety and efficiency, and work in partnership during 2024/25 to progress this. A number of tactical (organisation level) risks to delivery are outlined in the final section of this update</p> |
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¹ [National Workforce Strategy for Health and Social Care in Scotland \(www.gov.scot\)](http://www.gov.scot)

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

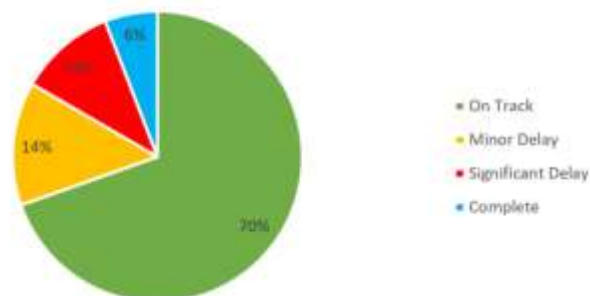
³ [PowerPoint Presentation \(nhsgrampian.org\)](http://nhsgrampian.org)

PROGRESS AGAINST 2023-24 ACTIONS

2

We continue to monitor and progress actions as described in the Integrated Workforce Plan 2022-2025. The most recent overview of progress against 2023-24 actions is as follows:

Action Progress - Overall (Current)



2.1

For 2023/24 Quarter 3, 70% of actions were reported as 'on track'. However, there has been a deterioration in progress with some cross-system actions when compared with our 2023 update. The deterioration equates to 4% of on track actions moving to minor or significant delay, 4% of actions experiencing a minor delay moving to significant delay. The reasons are varied, and include lower than expected available funding, delays with national programmes, and / or a lack of system capacity.

Actions that remain on track/minor delay include:

- Collaborative working with partners developing regional and local solutions to service and workforce sustainability;
- Further expansion of Apprenticeship programmes;
- Streamlining recruitment processes and reducing time to hire;
- Expanded Recruitment, Widening Participation and Employability initiatives;
- Work to improve Patient flow and capacity.

Actions that are experiencing 'significant delay' include:

- Progress towards the creation of a single staff bank (to include medical);

- Resumption of the annual appraisal process for Agenda for Change Staff;
- Workforce compliance for statutory and mandatory training;
- Reduction of locum and agency spend.

Further information, see Workforce Data Appendix 1.

The following sections provide a detailed summary of the key data points pertinent to the Integrated Workforce Plan, and progress made in respect of key areas during year 2 of three-year plan, and areas requiring specific attention will be reflected in our Medium Term and Annual Delivery Plans for 2024-25.

Key Data Points

Key Data Points – For detailed report please see Appendix 1

3.1

Headcount/WTE

Headcount has continued to rise, with a 3.8% increase between November 2022 and November 2023, whilst WTE has increased by 3.6%, demonstrating continued access to flexible working. There has been a 4.5% increase in the Nursing/Midwifery workforce and a 6.9% increase in the Medical & Dental workforce.

3.2

Stability

The percentage of employees who have held their positions for over a year surpasses the target of 90%, standing at an encouraging 91.9% in the last quarter, continuing an upward trajectory in employee tenure and continuity. Exceptions were Support Services and Other Therapeutic job families. Support Services due to their high staff turnover whilst Other Therapeutic headcount increased by 6.5%, which combined with a turnover of 9.1% has lowered their stability level.

3.3

Turnover

April 2022 to March 2023 saw a higher turnover rate of 11.8%, contrasting with the 10% rate for NHS Scotland. For the period from December 1, 2022 to November 30, 2023 the turnover rate across NHS Grampian has decreased to 10%. Notably, within the Support Services job family, there is a turnover rate of 13.6% with domestic services, a sub-job family, recording the highest turnover rate, which can be partially attributed to a high fixed term contract rate and transient workforce.

3.4

Vacancies

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| <p>3.5</p> <p>3.6</p> | <p>As of September 30, 2023 we have a higher rate of vacancies than NHS Scotland average in: Allied Health Professionals (AHP) - 8.7% compared to 6.3% and Consultants - 7.9% compared to 6.9%. Conversely, we have a lower rate of vacancies in: Nursing and Midwifery - 6.4%, compared to 7.7%. Vacancy rates for AHP (9.2% to 8.7%), Medical & Dental (8.6% to 7.9%) and Nursing & Midwifery (7.1% to 6.4%) have all seen a decrease since the previous quarter.</p> <p>Sickness Absence At March 31 2022, the sickness absence rate within NHS Grampian was 4.6%, increasing to 5.0% by March 31st, 2023. In November 2023, the rate has further increased to 5.4%. Whilst this demonstrates an increasing trend, the levels of sickness absence within NHS Grampian remain lower than those across NHS Scotland, with the current rate the lowest of the mainland health boards. Monitoring these trends is crucial for understanding the dynamics of workforce health and productivity.</p> <p>Statutory and Mandatory Training NHS Grampian remains committed to improving prioritisation of statutory and mandatory training as a core component of staff development. While compliance rates are steadily improving, these remain below the Board's agreed Key Performance Indicator levels. As of November 2023, Fire Safety, the sole statutory module, stands at 64% for existing staff and 80% for new starts. 65% Of existing staff are compliant with all of the other eight core modules, with 68% of new starts in the past 3 months fully compliant. Efforts are ongoing in partnership and with Executive Team oversight to further improve performance.</p> |
| <p>Summary Updates (Workforce) for 2024 Annual Delivery Plan Guidance PLAN</p> | |
| <p>4.1</p> | <p>ADP Guidance Section 2</p> <p>Urgent and Unscheduled Care A number of improvement programmes are underway to reduce unscheduled admissions on both Aberdeen Royal Infirmary, Dr Gray's Hospital and Royal Cornhill Hospital.</p> <ul style="list-style-type: none"> - Expansion of Flow Navigation Centre (FNC) to encompass a care home Test of Change; - Improving uptake of 'call before you convey' which has evidenced significant positive impact since its launch in May 2023; |

- Expansion of virtual capacity/hospital at home; and expanding Mental Health and Learning Disability Services unscheduled access from Scottish Ambulance Service (SAS) and Police.

The FNC has been in place since December 2020. There are limitations to further expansion due to a lack of recurring funding particularly recent Hospital at Home fixed-term funding which had considerable recruitment interest that we have been unable to progress. Access to specialist professionals to support within the services' is also a limiting factor. For example, Physiologists in both Cardiology and Respiratory, AHPs to support with triage and assessment. Finally, significant gaps in medical and nursing workforce impacts on all Unscheduled Care presentations, this is particularly felt at senior decision maker level where we have experienced unprecedented workforce gaps since August 2023 trainee doctor intake.

Within services, greater impact is being pursued through improvement work i.e. Cath Lab expansion creating increased levels of flow. Unlike the FNC, capital expenditure limitations will create a greater risk than workforce to patient flow here.

Since May 2023, a Bed Base Review project⁴ identified a deficit of 120+ beds to meet demand. The roll out of these beds has been commissioned on a phased basis given the infrastructure, finance and workforce limitations. To date, workforce availability has allowed an additional 32 beds, whilst the financial position restricts us to a maximum of 40. This is a significant deficit when compared with the demand data.

4.2

Frailty

A new Frailty Board has been incorporated within the Unscheduled Care (USC) Programme Board for oversight. This Board replaces a previous group focussed on Frailty service redesign as part of Operation Home first⁵ during the COVID-19 pandemic. The new Board aims to take a whole-system approach to Frailty across the Grampian system, bringing together representatives of the 3 Health and Social Care Partnerships (HSCPs) and Acute Portfolios to work towards shared priorities and goals. The Grampian Board will focus on areas of significant challenge where there is most benefit to taking a Grampian wide approach these include:

- Developing a sustainable (Frailty) workforce;
- Development of a Managed Clinical and Care Network to enable development of best practice and shared learning;
- Grampian wide performance Monitoring – to monitor trends and work together to support areas of challenge.

⁴ [08.00bedbasereview.pdf \(nhsgrampian.org\)](#)

⁵ [Operation Home 1st \(nhsgrampian.org\)](#)

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| | <p>In addition, the three HSCPs will work to develop a whole-system overview of Frailty provision by developing plans for delegated responsibilities which have a shared commitment to improving system performance and patient experience.</p> |
| 5.1 | <p>ADP Guidance Section 3</p> <p>Mental Health and Learning Disability Service</p> <p>All 3 HSCPs had plans for developing Primary Care Mental Health services, as required for utilising the new national funding allocation; which has subsequently been withdrawn. Without this allocation for new/additional staff and services, any future developments will be modest, within existing budgets and financial parameters. Work will continue to ensure links and support seamless working between all levels of service provision.</p> <p>To enhance medical workforce sustainability, the service has recruited Certificate of Eligibility Specialist Registration (CESR) Fellow Psychiatry doctors and have an established programme in place. Alongside existing initiatives, this will assist the service to fill Consultant Psychiatrist roles. Better alignment of AHP staff, within teams able to support their supervision and clinical practice, will improve retention and recruitment. AHPs continue to consider alternative workforce designs.</p> <p>MHLN Nursing teams are in the final stages of a review of the pan-Grampian workforce. They are recruiting international nurses, with the first cohort commencing in November 2023 and second in January 2024. There continues to be significant recruitment and retention issues for Registered Nurse Learning Disabilities (RNLD) staff. MHLN services are fully embracing the role out of preceptorship with a focus on supporting our New Graduate Nurses (NGNs). Finally, we plan to apply for Magnet Pathway to Excellence accreditation in November 2024, with the aim of making MHLN services in Grampian an attractive place to work.</p> |
| 6.1 | <p>Build capacity to eliminate long waits for Psychological Therapies</p> <p>MHLN will continue to work closely with NHS Education for Scotland (NES) for the roll out of Enhanced Psychology Practitioner posts, increasing the availability of early intervention within the community Psychiatric Teams (PT) and Child and Adolescent Mental Health Services (CAMHS).</p> <p>Current workforce risks relate to the level of uncertainty regarding Scottish Government funding in future years. We are currently in the position of being unable to make further recurring commitments against this funding stream, detrimentally impacting progressing</p> |

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| | <p>posts within the Mental Health Outcomes Framework funding streams. This also puts at risk continued provision of psychological therapies support for staff through our Occupational Health Service.</p> <p>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.</p> |
| 7.1 | <p>Scaling MDT approach in Primary Care</p> <p>This strategic shift and its implementation towards a collaborative, team-based approach to community led and delivered care has ongoing challenges, but in the long run will foster improved patient care supporting an increasing and aging population, one with more complex health needs and a local Grampian GP workforce that is falling in numbers (GP workforce is down in Grampian by 5.3% from 2012-2022 compared to Scotland average increase of 6.9% and there were 51 WTE GP vacancies in Grampian in 2023 compared with 14 in 2013).</p> <p>Due to ongoing current financial constraints, the focus of the contract delivery is still on the community treatment and care services (CTAC) and pharmacotherapy teams. Other contract areas have already been partially delivered in some localities, therefore local flexibility has been granted to allow the development of already established AHP, Urgent Care, Link worker and Mental Health teams. Vaccinations have been fully transferred to NHS Grampian for delivery.</p> <p>Despite the evident advantages of the MDT model in the 2018 Scottish GP contract, remote and rural locations face distinct recruitment, retention and consequent funding challenges. Local work to address this and look at how a scalable, sustainable GP and MDT workforce can be delivered includes ongoing sustainability work, enhanced reporting, business continuity planning, interface working with other stakeholders in unscheduled care and contract delivery, optimisation and efficiency work.</p> <p>Significant work is underway looking at the Vision of General Practice across NHS Grampian and how we can deliver safe and sustainable healthcare now and into the future, understanding the workforce and financial challenges we have currently. The MDT approach, mapping efficiencies and looking at how best we use the scarce staffing resource available for the best needs of the population will be an integral part of the Vision work, looking for local solutions to these national challenges.</p> |

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| 8.1 | <p>Developing sustainable Primary Care OOH services</p> <p>After a period of stability at the beginning of 2023, the Primary Care Out of Hours (GMED) service continues to experience challenges recruiting and retaining in a geographically diverse region. However, there has been success in building up a broad-based team consisting of ANPs and GPs. The OOH Team is working on embedding HCSWs alongside collaborating with Mental Health in relation to increasing Mental Health Nursing presence in the OOH. The service is commencing a service-wide review to create and further develop sustainable multidisciplinary team workforce model; review is to be completed by mid-2024.</p> <p>Training is integral to attracting and retaining a skilled workforce and this has been built into the planning and delivery model for all staff. This includes training at undergraduate and post graduate level, looking to both attract and retain a skilled urgent primary care workforce. It is also recognised that urgent and unscheduled care delivery across the ‘whole system’ both in and out of hours needs to be evaluated as a whole system approach. The teams are working with secondary care colleagues in relation to urgent and unscheduled care both in and out of hours.</p> |
| 9.1 | <p>ADP guidance update section 8</p> <p>Finance</p> <p>Nursing Agency</p> <p>At quarter 3, nursing agency spend has increased by 26% compared to the same period in 2022/2023. Spend to the end of December 2023 for NHS Grampian as a whole is £11.5m compared to £9.1m at the same point last year. This increase reflects the additional demand in our inpatient environments, reflected in the number of non-standard bed spaces in operation.</p> <p>NHS Grampian’s value and sustainability plan includes a saving of £1.1m on agency nursing spend for services excluding the Integrated Joint Boards (IJBs). This has not been achieved with a 33% increase seen on acute agency nursing use, with total spend now at £10.7m compared to £8.1m for the same period in 2022/2023.</p> <p>Efforts to reduce agency nursing use, such as maximising newly graduated nursing recruitment and international recruitment are starting to have an impact, with spend on agency nursing reducing in both November and December 2023.</p> |

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| <p>9.2</p> | <p>Medical Agency</p> <p>At quarter 3, medical agency locum spend has increased by 16% compared to the same period in 2022/2023. Spend to the end of December for NHS Grampian as a whole is £15.5m compared to £13.3m at the same point last year.</p> <p>NHS Grampian's value and sustainability plan includes a saving of £1.3m on medical agency locum spend for services excluding the IJBs. This has not been achieved with a 17% increase seen on acute medical agency locum use, with total spend now at £11.0m compared to £9.4m for the same period in 2022/2023.</p> <p>Dr Gray's Hospital and the Medicine and Unscheduled Care (MUSC) portfolio have seen significant increases in spend this year, driven by increased vacancies within these services.</p> |
| <p>9.3</p> | <p>Achieve further reductions in agency staffing use and optimise staff bank arrangements</p> <p>NHS Grampian has successfully removed off-framework nursing agency use and Health Care Support Worker (HCSW) agency use within this financial year 2023/2024. NHS Grampian will continue to work closely with colleagues nationally to manage nursing agency market conditions to support a transition of workers from agency to bank.</p> <p>The national programme of bank optimisation will support the implementation of improved bank performance within NHS Grampian as it matures throughout 2024/25. Reductions in overall demand for supplementary staffing will be supported through the delivery of the NHS Grampian Nursing and Midwifery Workforce framework which incorporates the priority sourcing, recruitment, retention and efficiency programmes being delivered for the profession.</p> |
| <p>9.4</p> | <p>Achieve reductions in medical locum spend</p> <p>Through the Value and Sustainability Programme, NHS Grampian have identified a savings target of £1.3M from Medical Agency Locums (MAL's) for non-delegated services. High costs to date have been mainly driven by a high number of long-term vacancies at Consultant level within a number of services compounded by on call cover, low uptake of DE and rates of pay in excess of the National Framework rates.</p> <p>To address this, a phased approach has been taken to embed a revised MAL request and approval process, mandate DE for all new medical agency locum engagements and extensions and use National Framework rates to remove clinical and financial</p> |

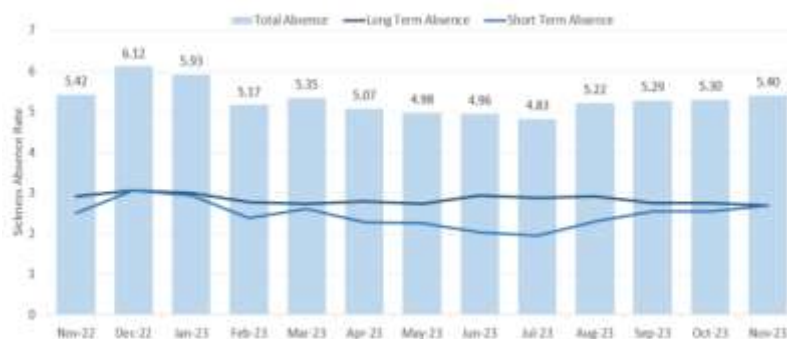
risk. There is the potential for achieving the required savings by 2024/2025 based on increased DE and reduced rates from use of national framework rates/negotiation and the introduction of reduced on-call rates compared to previous costs.

We have also focused on reducing the use of and associated spend on medical agency locums. Actions have included the revising the Medical Agency Locum request and authorisation process, increasing the use of Direct Engagement (DE), and increasing the use of framework rates. As part of the request process services are required to complete a risk assessment to ensure that all alternative cost-effective supplementary staffing options have been considered.

9.5 Deliver a clear reduction in sickness absence by end of 24/25

NHS Grampian regularly reports an overall sickness absence rate lower than the NHS Scotland average and a consistently lower short term absence rate. There is also a recognisable pattern in the sickness absence information dependent on the time of year e.g. lower during peak holiday times and higher in mid-winter and specific service areas. The Staff Governance Committee has sight of this information, and the opportunity to discuss with Portfolios and Directorates as part of a rolling programme of attendance at the Committee throughout the year.

Chart 1. NHS Grampian percentage of total absences, long term and short term (Nov 22 – Nov 23)



The sickness absence rates varies across bandings and professions with bands 2/3 (chart 1) and support services (chart 2) having the highest percentage sickness absence in 2021/22 and 2022/23.

Chart 2. NHS Grampian total absences (Dec -22 – Nov-23)

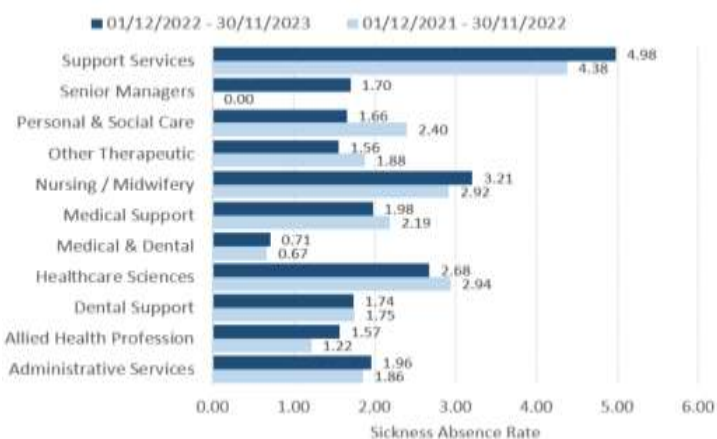
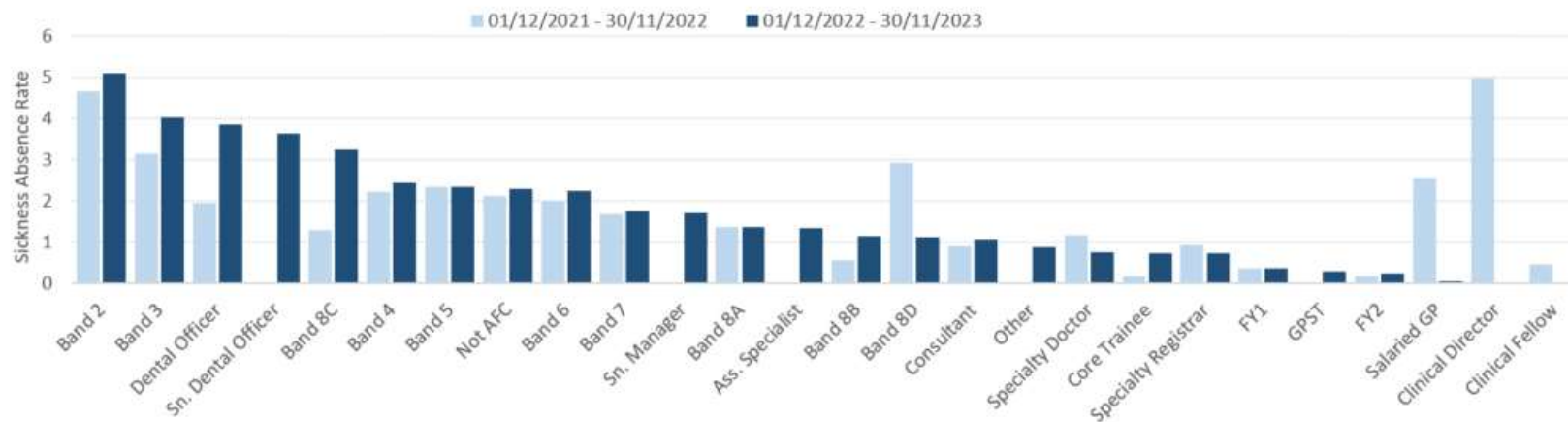


Chart 3. Sickness Absence Rate by Band/Grade for 01/12/21 – 30/11/22 and 01/12/22 – 30/11/23



Sickness absence is highest for band 2 but having overall reduced from 6.12% December 2022 to 5.40% in November 2023.

SSTS data shows that for short term absence and the largest percentage in 2021/22 was cold, cough, flu – influenza which could be attributed to absences due to COVID-19 and in 2022/23 was unknown causes/not specified which has increased by 3.68%. This

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| 9.6 | <p>indicates that further work is required to ensure that attendance is managed and reported appropriately. Good management practice around return to work interviews, support and advice from the occupational health service and operational HR (for both managers and the staff who are absent) and learning opportunities already contribute to managing staff attendance.</p> <p>The data for long-term sickness absence shows that the largest percentage in both 2021/22 and 2022/23 was Anxiety / stress / depression / other psychiatric illnesses with a 4.12% increase. This points to the importance of continuing to develop peer support, and of providing enhanced access to counselling and psychological therapies where appropriate.</p> <p>NHS Grampian will aim to reduce the overall absence rate to below 5% during 2024/25. To achieve this, a focus will be on absence management initiatives to include, return to work, training, OHS and HR support and guidance, looking at further reducing long term and short term sickness absence. However, this will also depend on the continued availability of national funding via NHS Education for Scotland for psychological therapies to support staff remaining in the workplace (see Section 5 above).</p> <p>Implementation Plan for e-Rostering with a view to implementing across all services and professions by 31st March 2026.</p> <p>The rollout of RLDatix e-Rostering products continues. At 23/24 quarter 3, 154 locations, and circa 4,000 employees in total, are live on HealthRoster. Implementation priorities remain as Nursing & Midwifery, but through 2024/2025 this may extend to other services e.g. AHPs to ensure they benefit from e-Rostering. This is subject to the organisation's ability to absorb the current and any future cost pressure associated with the double data entry required to mitigate the continued lack of an integration between RLDatix and SSTS / e-Payroll. There is a risk in this respect that local roll out will stall by summer 2024.</p> <p>Currently 55% of all Nursing & Midwifery staff are rostered electronically. Employee online (EOL) is used by all bank workers, circa 5,600, to view and book shifts and by substantive staff to view rosters, book annual leave. EOL will be replaced by the Loop app by the end of 2024. The Safecare product will support NHS Grampian's ability to be compliant with the Health and Care Staffing Scotland Act⁶ so further rollout is planned in 2024/2025. E-Rostering functionality will continue to be used to monitor roster quality, agency and bank usage and there will be continued focus on reporting information to support evidence based decision-making.</p> |
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⁶ [Health and Care \(Staffing\) \(Scotland\) Act 2019: overview - gov.scot \(www.gov.scot\)](https://www.gov.scot/resources/information/health-and-care-staffing-scotland-act-2019-overview)

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| 10.1 | <p>ADP Updates section 9</p> <p>Executive support and commitment to optimising use of digital & data technologies in the delivery of health services, and ongoing commitment to developing and maintaining digital skills across the whole workforce</p> <p>Digital Maturity Assessment</p> <p>In 2023 we took part in the SG & COSLA National Digital Maturity Assessments (DMA). The results Identify areas of strength (significantly outperforming against the national average) and areas where development would be of value.</p> <p>Areas of relative strength include:</p> <ul style="list-style-type: none"> • Workforce actively involved in / has influence on the design and delivery of digital skills development programmes. • Organisation routinely reviews and updates available digital skills development programmes to ensure their adequacy. • Digital skills/competences routinely included in job specifications and considered when candidates are being evaluated. • Digital literacy and skill development is recognised as an essential requirement for the entire workforce. • Digital training and skill development needs are regularly monitored and reviewed. <p>Areas of underperformance include:</p> <ul style="list-style-type: none"> • Adequately resourced digital skills development programmes for use of digital clinical / social care solutions and technologies • Digital skills development needs and requirements of workforce are communicated by, discussed and agreed with their managers. • Your workforce can practice the acquired skills and capabilities in a safe and protected environment. (Mental Health and Learning Disabilities) • Your organisation routinely reviews and updates the available digital skills development programmes to ensure their adequacy. • Your workforce can access resources for professional learning, training and digital skills development through a variety of channels and formats, and when it is required. <p>The DMA platform is designed to allow updates to be provided by an organisation, we intend to update our data later in 2024.</p> |

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| 10.2 | <p>Digital Mindset</p> <p>The NHS Grampian continues to monitor progress in meeting the actions set out in the NHS Grampian Digital Health and Care Strategy. A number of Executive and Non-Executive Board members have participated in the Digital Mindset for Board Members training offered via NHS Education for Scotland, and recommended to peers to do so in 2024.</p> |
| <p>Summary Updates (Workforce) for 2024 Annual Delivery Plan Guidance</p> <p>ATTRACT</p> | |
| 11.1 | <p>Planning and resourcing strategies to ensure required workforce is in place to support recovery of services and increased service demand</p> <p>International Recruitment</p> <p>NHS Grampian hosts the North of Scotland International Recruitment Service (NoS IRS), helping NHS Highland and the Island Boards to source, recruit and train international applicants. The NoS IRS has achieved the target for recruiting international applicants, having successfully recruited 66 in the year to date, including 24 funded for 2023-24 by Scottish Government, with 100% pass in OSCE completion. November 2023 saw the first Mental Health Objective Structured Clinical Examination (OSCE) take place, supporting 10 international applicants to enter our MHLN Service. Pastoral support from on-boarding and preceptorship has contributed to a 57% stability rate from September 2018. If all employees remain until Feb 2024, stability will increase to 64%.</p> <p>A rate limiting factor moving forward is the availability of national funding support for onboarding overseas candidates. We are exploring opportunities to mitigate this through: an ethical recruitment partnership with an overseas provider, and determining with Robert Gordon University (RGU), the potential for conversion of study overseas to enable completion of study and qualification in the UK, reducing the need for OSCE.</p> |
| 11.2 | <p>Talent Pool/Bulk Recruitment</p> |

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| 11.3 | <p>Use of the Talent Pool functionality in Job Train and Bulk Recruitment for Band 2 HCSWs continues to evidence success. We have included 113 vacancies, interviewed 233 candidates, appointing 108 since the model was introduced. Further work is required to determine the best model for appointment to Band 3 HCSWs, as the majority of vacant HCSW posts are Band 3. A different approach is required and will be explored, to see how best to manage the volume of applications to allow a reduction in clinical time.</p> |
| 11.4 | <p>Registrant Recruitment</p> <p>We remain committed to recruiting and developing registrants. Whilst Return to Practice run in collaboration with RGU numbers are small, we continue to yield large cohorts of students on completion of their undergraduate nursing and midwifery programmes. An Assistant Practitioner role up to 15 hours a week is offered for nursing and midwifery students in their final year of their educational programme, aimed to provide an opportunity for students to transition and prepare for employment growing individuals confidence, integrating them into the team with the purpose of increasing retention of NGNs.</p> <p>Healthcare Staffing (Scotland) Act</p> <p>The journey towards compliance with the Health and Care (Staffing) (Scotland) Act 2019⁷ continues to progress. A cross-professional implementation group was established in May 2023, supporting subsequent engagement with Clinical Professional Directors Forum and Clinical Board. National funding was used to support the appointment of a Programme Manager in December. Two progress updates were submitted to Scottish Government (July & November) the latter using the anticipated draft annual reporting template which enabled a useful bench-mark exercise and informed the development of programme plan and priorities.</p> <p>Active engagement with national work streams is ongoing, including participation in the public consultation on statutory guidance and collaboration with the Healthcare Staffing Programme. A second successful engagement session with Scottish Government Policy Team was hosted in December 2023, focused on local priorities and learning. However, concerns remain regarding:</p> <ul style="list-style-type: none"> - the scale of what is sought by the legislation, and implications for current workforce models and funding - uncertainty of future national funding to support implementation, - competing demands on clinical leaders across the health and care system - ability to achieve national priorities around supplementary staffing and reduced working week in light of the Act - ongoing lack of interface of e-Roster and payroll systems, and risk to timely Allocate roll out |

⁷ [Health and Care \(Staffing\) \(Scotland\) Act 2019: overview - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/health-care-staffing-act-2019/overview/pages/overview.aspx)

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| 11.5 | <p>These were shared with the national team and we look forward to receiving updates / discussing further during 2024.</p> |
| 11.6 | <p>Addressing and reducing barriers to delivering exemplary workforce practice</p> <p>All Portfolios have completed a cycle of reporting and attendance at the Staff Governance Committee, as part of the Committee's commitment to Staff Governance Standard assurance. Portfolios are now returning to the Committee to discuss progress made. This provides an opportunity to follow up on areas for improvement discussed previously.</p> <p>Portfolio reports prepared for the Committee are now shared via the Grampian Area Partnership Forum (GAPF), given their role in promoting and developing Staff Governance. GAPF and its Terms & Conditions, Policies, and Workforce Development Sub Groups plays a central role in informing the development, refresh and implementation of local and national policies, with both managerial and staff side colleagues active in the Once for Scotland Policies programme.</p> |
| 11.7 | <p>Non-pay reform commitments in Agenda for Change pay deal</p> <p>NHS Grampian representatives have actively contributed to all of the national working groups that considered and then submitted recommendation to the Cabinet Secretary for the non-pay elements of the Agenda for Change pay deal. A number of service areas have been proposed that might be appropriate early adopters for some of the reforms.</p> <p>Given the requirements of the Healthcare (Staffing) (Scotland) Act, the need to continue to reduce supplementary and agency staffing, and the existing demands on specialist support services that would be required to support implementation, there are concerns regarding the ability to deliver the non-pay reforms, particularly those elements that would reduce workforce capacity in the short-term. Affordability will be a key issue given the current financial challenges faced by the Board.</p> |
| 11.7 | <p>The use of technology and automation to support increased efficiency, mitigate growth requirements and ease workforce supply pressures</p> <p>NHS Grampian played a lead role in developing the Artificial Intelligence (AI) Strategy for the north of Scotland. This has a particular focus on software process automation.</p> <p>During 2023 we have been testing the use of AI in NHS Grampian to improve productivity are evident in our breast screening service and chest x-ray screening for lung cancer, with positive impacts on productivity and capacity. A Process Automation Group</p> |

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| | <p>MS Team has been created in Grampian and is developing a long-list of automation possibilities. We have submitted a bid for a small automation team to be funded for 2024-2025 which will then aim to automate priority processes across the system.</p> <p>The Workforce Information Team has been leading the discovery phase of work to test use of Microsoft Power BI rather than Tableau Illuminate for the production of automated workforce information and self-service workforce intelligence. The longevity of this project is dependent on the decisions taken at a national level on the national re-commissioning of the NHS Scotland Office 365 tenancy, and whether this will continue to offer Power BI to all users.</p> |
| Summary Updates (Workforce) for 2024 Annual Delivery Plan Guidance EMPLOY | |
| 12.1 | <p>Making use of new roles, training and development opportunities to support workforce diversification</p> <p>Enhancing local supply pipelines and cement our role as an ‘anchor institution’</p> <p>Apprenticeship/Employability Programmes</p> <p>We continue to support a range of entry routes into healthcare careers via partnerships with local organisations, schools, HE and FE providers, better understanding local labour market trends to target our approach. A good partnership model already exists with both Developing the Young Workforce (DYW) Boards⁸ (North East & Moray) around schools engagement activities which include:</p> <ul style="list-style-type: none"> • Supporting those approaching school leaver age or in further education who are care experienced or from disadvantaged backgrounds into health and care careers, also increasing opportunities and support for veterans; • Encouraging the adoption of further Foundation, Graduate and Modern Apprenticeships, broadening the range of participating services including re-introduction of a clinical HCSW Apprenticeship or entry-level programme. Discussions have commenced with both Chief Officer’s (Education), Associate Nurse Director and Employability Lead around the expansion of Foundation Apprenticeship opportunities for both Aberdeen City and Moray over the next 12 months; • Improve marketing and engage more directly with our staff as both parents and our future workforce to ensure that there is an awareness of the range of opportunities available for those of school age to find out more. Work has commenced with the |

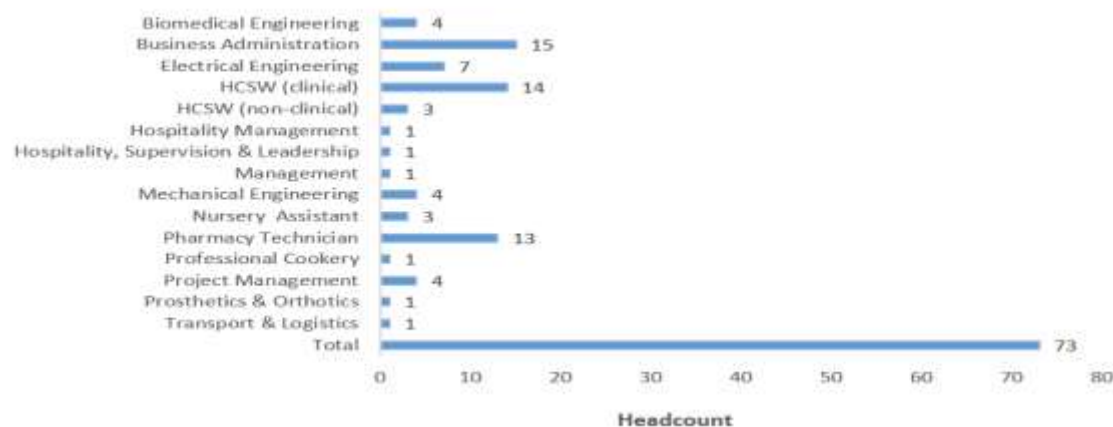
⁸ [Developing the Young Workforce Programme Board - gov.scot \(www.gov.scot\)](http://www.gov.scot)

national JobTrain Task and Finish Group. One of the first priorities to be identified has been simplification and review of the 'application template' which could be adopted for both Modern Apprentices and entry-level applicants;

It is likely that widening entry routes will be limited by the requirements for savings in the short term. There has been a significant impact in the delivery of MA programmes over the past 12 months due primarily to the withdrawal of funding from SDS & Scottish Funding Council which has reduced opportunities for the employment of entry-level staff.

Notwithstanding the above, we expect to continue to offer some Foundation, Modern and Graduate Apprenticeships in 2024/25. There is emerging evidence that Apprentices are retained or apply for health and care related studies. Over the last 4 years MA numbers have seen a significant increase from 8 in 2018 rising to 33 in 2022. A more diverse range of frameworks are being offered, ranging from Business Administration to Pharmacy Technicians.

Modern Apprentice Frameworks 2018-2022



12.2

NHS Academy

Through the NHS Academy, our staff have participated and completed a number of programmes to support workforce diversification, including: Perioperative Practitioner, Assistant Perioperative Practitioner, Endoscopy Programme, Clinical skills for Pharmacists and Preparing for Work in Health and Social Care. During 2022, the Academy interviewed 111 candidates for 75 places

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| | <p>and successfully recruited to all the places for Band 2 HCSWs. As at December 2023, there have been 122 candidates interviewed for 38 places, of which 33 have been filled with 5 in progress.</p> <p>We have continued to support NHS Education for Scotland (NES) in relation to the Medical Associated Professions (MAPs) and workforce diversification. We will continue to contribute to the national focus in 2024/25 on education and training, data quality, workforce development and impact evaluation. Associated with this work, has been the ongoing support of the Physician Associate role and celebrating 10 years of this “new” role as they move toward full regulation with the GMC.</p> <p>12.3 Widening Participation</p> <p>Work with The Russell Anderson Foundation continues to support primary school children from P1-P7 to deliver in person sessions in classrooms expanded to 8 schools across Aberdeen City. These interactive sessions include future nurse awareness, hazard awareness and health promotion for the classes within deprived areas in the city. Feedback has been extremely positive and more Aberdeen primaries are requesting these sessions.</p> <p>We continue to collaborate with The Wood Foundation and the Excelerate Schools: a selection of secondary schools in Aberdeen City. The hub school is St Machar Academy where there is now a healthcare room which has been simulated as a facility for age groups, ranging from maternity to older adults. This facility will host various classes which will be supported by both St Machar teaching staff, social care staff and NHS Grampian teams. Mapping of the curriculum has begun to replicate the work of The Academies of Nashville⁹ in order to transform the classroom by bringing real-world experience aligned to careers in healthcare.</p> <p>12.4 North of Scotland Integrated Maternity Model</p> <p>Joint workforce planning between NHS Grampian and NHS Highland continues to be progressed through monthly meetings and regular workshops looking at workforce diversification, with input from NES and the Royal Collage of Midwives (RCM). Success in recruiting to key roles has been made: three Consultant Obstetricians/Gynaecologists have been appointed; one of these positions will be a networked job between Doctor Gray’s Hospital (DGH) and Raigmore Hospital. We have successfully recruited an additional Midwife Sonographer, Health Care Support Workers, and Senior Charge Midwives to support delivery of key milestones in the Model 6 Plan¹⁰. A joint recruitment campaign is launching in January 2024.</p> |
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⁹ [March 2024 Academies of Nashville Study Visit \(nashvillehub.org\)](https://www.nashvillehub.org/)

¹⁰ [04.00moraymaternityservicesmodel6draftplanappendix1.pdf \(nhsgrampian.org\)](https://www.nhs.uk/grampian/04.00moraymaternityservicesmodel6draftplanappendix1.pdf)

Summary Updates (Workforce) for 2024 Annual Delivery Plan Guidance

TRAIN

Supporting the development of key skills that will enable the delivery of change

13.1

Leadership and Management Development

New development opportunities including 'Year of the Manager' and Leading an Empowered Organisations (LEO) Programme have added to the range of provisions to support managers at different levels and across different professions.

'Year of the Manager' is an initiative designed to support manager development through connection and peer support as well as involvement in the identification and commissioning of development resources. A Leadership and Management Forum was established in August 2023, mirroring the open forum approach taken with our Culture Collaborative that commenced in 2021. The Forum will continue to meet during 2024/25 and help shape efforts to strengthen the effectiveness of management and the value placed on it in the organization.

The LEO programme is practical and provides individuals with a values and evidence-based skills 'tool box' that can be used immediately in practice. The practice and personal changes that emerge as a result of action planning creates amazing change in individuals, teams, services and departments. The combination of shared governance and shared decision making with the practical skills and empowerment created by LEO is a highly effective recipe for success. Many of the quality improvement projects can also be used as evidence for accreditations like American Nurses Credentialing Centre (ANCC) Magnet and Pathway to Excellence.

13.2

Statutory and Mandatory Training

In support of the work to improve compliance described in Section 2 above, we have undertaken a review of refresh periods for statutory and mandatory training with subject matter experts, including quantifying total time taken to complete. This ensures robust control of any requests to increase total training time; and in some cases has driven reductions in overall time to complete e.g. imminent combination of adult and child protection training content.

Turas Learn proxy and medical staff reporting delayed since before the pandemic is being tested with NHS Grampian by NHS Education for Scotland. This will enable functional and operational management teams to 'self-serve' compliance reports specific to their area. This is significant; previously all reporting for specific areas was required to be undertaken centrally and this change will allow analysis to be undertaken by local teams.

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| 13.3 | <p>We await the outcome of proposals put forward to Scottish Government on ensuring Protected time for Learning as part of Agenda or Change Pay Reform, and the resumption of the national programme to develop single instance, streamlined core learning modules recently endorsed for national resumption by HR Directors.</p> <p>Agenda for Change Appraisal</p> <p>Appraisal compliance for AfC staff requires improvement from the currently reported 13%. Whilst it is understood this is not fully reflective of the proportion of staff who have had appraisals, it was agreed at the Culture and Staff Experience Oversight Group to be unacceptably low. Pending improved reporting, the Chief Executive Team has recently agreed that members will ensure direct reports confirm completion for their direct reports, and where those direct reports are managers of others, for them to do likewise, modelling the way for a similar approach throughout the organisation.</p> <p>The pattern of compliance with both appraisal and statutory and mandatory training is a consistent challenge across NHS Scotland. We are considering whether applying a Human Learning Systems approach could improve engagement. This poses the question as to whether a target for compliance beyond a staff member's initial introduction into the organisation is as beneficial to safety and welfare of colleagues and service users as enabling individuals to make choices based on their professional responsibilities, including revalidation for clinical staff. A risk based assessment of this alternative approach will be undertaken.</p> |
| 13.4 | <p>Digital Skills</p> <p>Drawing on the benefit of active involvement in the national programme board for Digitally Enabled Workforce, and our Digital Maturity Assessment described in Section 8.1, we will identify need and progress the provision of key cross cutting digital skills requirement within our workforce. This supplements the provision of a range of skills development already in train in support of the Digital Wad Roll out, HEPMA and the use of advanced technologies such as Robotics and AI.</p> |

Summary Updates (Workforce) for 2024 Annual Delivery Plan Guidance
NURTURE

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| 14.1 | <p>Develop supportive, inclusive and empowering cultures that support attraction and retention by enabling colleagues to make a positive workplace contribution</p> <p>Culture Development</p> <p>As part of our Culture Matters programme, we have developed and tested with 800 staff a ‘Commitment to Culture’ resource pack to support team and service led development of positive workplace cultures. This explicitly connects development of culture to our Plan for the Future, recognizing it is inherently local and that consistency is more important than uniformity.</p> <p>In early 2024 we are repeating the Best Practice Australia Culture Survey undertaken in 2022 with Estates and Facilities staff, plus Nursing and Midwifery staff and other MDT members in Combined Child Health, This will support the Magnet recognition work that is helping to improve attraction and retention at Royal Aberdeen Children’s Hospital, and work to improve wellbeing and engagement in support services, which Section 2 illustrates has the highest turnover / lowest workforce stability.</p> |
| 14.2 | <p>Equality and Diversity</p> <p>In 2023 we launched our Antiracism Plan 2023 - 2028¹¹ believed to be the first of its kind in Scotland, alongside our commitment to antiracism video statement¹². As part of this commitment, we are making available unconscious bias and active bystander training across the workforce to ensure colleagues can recognise racism and discrimination, and have the skills to intervene safely and appropriately. This has been of interest to other Boards and we hope for increased collaboration nationally in 2024.</p> <p>A Neurodiversity Empowerment Group (NEG) has newly been established, meeting monthly and aiming to provide support to colleagues and identify opportunities for NHS Grampian to become a more neuro-affirming workplace. This group sits alongside our existing Staff Equalities Network (SEN) and Grampian Empowered Multicultural Staff (GEMS) Group as a portfolio of offers designed to empower our workforce and promote an inclusive workplace culture.</p> |

¹¹ nhsgrampian.org/siteassets/about-us/equality-and-diversity/nhsgrampian-antiracism-plan-2023-to-2028.pdf

¹² <https://youtu.be/q1XF-F3Qo-c?si=0BrBgk0ux-uLclZ->

We have begun to take proactive steps to ensure ethnic diversity within our selection panels for senior posts. The GEMS group was represented on the appointments panel for the Director of Infrastructure, Sustainability and Support services recruited in October. We expect this to continue in 2024 in line with the anticipated national framework for workplace cultures and wellbeing.

We have established an Equality and Diversity Data Group to better understand the demographics of the workforce and identify any existing gaps within the data. This will enable us to develop positive action strategies in our recruitment processes and wider career progression opportunities to help us address areas of under representation across our system, to take meaningful steps to becoming an anti-racist and anti-discriminatory board.

PROFESSIONAL UPDATES

15.1

Medical

Over the last year the consultant workforce has increased by a headcount of 32, though additional WTE is 17.25 suggesting Programmed Activities may be being redistributed to create more individual posts to support anticipated increases in CCTs, or newly appointed consultants are choosing less than full time (LTFT) at the time of appointment. 11% of the NHS Grampian consultant workforce consists of individuals working after their 60th birthday, with circa 32% of this cohort over the age of 65.

Conversely, following introduction of the new Specialty Doctor (SAS) and Specialist Contract¹³ there has been a notable increase towards whole time working. It is also of note our SAS cohort aged 35 to 39 have increased 300% from last year (4.7% to 21.3%) and is higher than nationally reported levels. However, retirements have impacted on the workforce stability (well below 90%) of this group particularly with workforce changes in Dr Grays Hospital, medicine specialities, mental health services and unscheduled care.

In total, 789 doctors in training were recorded on TURAS people, with 41 vacancies. Over the last year, 21 additional DiTs have entered NHS Grampian, a WTE of 16.75. The increase has not been equally balanced across services, being dependent on trainer capacity and flexible working, with some specialities having reduced numbers (and WTE), most notably within the Medicine and Unscheduled Care Portfolio. In comparison, the mental health service has gained 17 doctors in training related to increased NTN allocations. Importantly, the drive for increased NTN appointments within Anaesthetics has been less successful.

¹³ [Staff, associate specialist and specialty doctor contract \(bma.org.uk\)](https://www.bma.org.uk)

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| <p>15.2</p> | <p>Overall, the substantive medical workforce turnover for September 2022 to 2023 was 7.43% (mean). There has been a wide variation within the workforce dependent on their role within the organisation. Within the small cohort of 74 Clinical Development Fellows employed over the last 5 year period to address middle grade gaps has identified that the overall mean retention rate has been around 65%, with the majority having entered NHS Grampian acute service positions or general practice training.</p> <p>Nursing and Midwifery</p> <p>The nursing workforce continues to expand, during November 2022 to November 2023 headcount increased by 313, a 4.5% increase. The majority of this increase has been within registered nursing with band 6, increasing in headcount by 125 and band 5 increasing by 55. Within the unregistered nursing workforce, there were increases within bands 2 and 3, which increased by 70, and band 4 increased by 28, which may be attributed to expansion of site capacity projects such as bed base review and the focus on development of our nursing and midwifery workforce.</p> <p>NHS Grampian continue to collaborate with colleagues nationally in relation to the required actions of the Ministerial Taskforce for Nursing and Midwifery¹⁴. The recommendation of its sub-groups went to the Cabinet Secretary in Autumn 2023. There are no actions for Boards to take forward at this stage. During 2024 it is planned to review what the distribution of responsibilities across registered and unregistered staff in a ward environment should be, in order to help re-imagine nursing roles.</p> <p>NHS Grampian has trialled a new model of employment for Nursing and Midwifery Students in 3rd and 4th year of their degree course. Through a central employment model, students have the opportunity to apply for an Assistant Practitioner role for up to 15 hours a week. These positions were aligned to areas to support the delivery of care, reduce reliance on supplementary staffing, while providing the students with an opportunity to work at a level (in a supported way) that took into account their knowledge skills and experience. 90 students were given employment contracts the aim of supporting delivery of care and recognising an opportunity for improving a student's transition and preparation for registered nursing employment and support increased retention of students. An evaluation of this trial is underway.</p> |
| <p>15.3</p> | <p>Healthcare Support Workers</p> |

¹⁴ [Nursing and Midwifery Taskforce - gov.scot \(www.gov.scot\)](http://gov.scot)

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| <p>15.4</p> | <p>The re-banding of band 2 HCSWs to band 3 in substantive posts completed in 2023 highlighted the need for upskilling of some new Band 3s in line with the NES Education and Development Framework 4 pillars¹⁵. There are now successful HCSW Clinical Skills Pathways mapped to the framework and meeting individual service needs. A series of service needs analysis workshops were facilitated with areas highlighting the need for continued stakeholder engagement to further shape the developing HCSW roles.</p> <p>Work has begun as part of the NHS Grampian Value and Sustainability programme to support Portfolios to plan during 2024 for what competencies individual services require of their staff at Band 2 to 4. There are now 10 Associate Practice Educators within NHS Grampian to support the HCSW workforce and wider Practice Education Team. Evaluation from services demonstrates how vital these roles are to all staff, but in particular Nursing and Midwifery and Allied Health Professional Support Workers from induction to NHS Grampian, to facilitating continued professional development.</p> <p>The NHS Grampian HCSW Project Board meets monthly to monitor the service needs, national initiatives and workstreams connected to HCSWs. Collaboration with Further Education and Higher Education institutes continues to facilitate education through various sources, including, Honours Degree Nursing (Open University) and Higher Education Diploma (NESCOL and Moray College) providing a structured career pathway and the retention of staff from local communities.</p> <p>Allied Health Professionals</p> <p>There is a recognised national shortage of many AHPs, with added challenge for NHS Grampian with only 5 of the professions having training courses at RGU. We are currently exploring requirements to develop local Apprenticeship ('earn while you learn') models for professions with no under/post graduate training course at RGU. Podiatry, Therapeutic Radiography and Speech and Language Therapy are particularly interested in pursuing this as a way to successfully recruit to these roles.</p> <p>Continued collaboration with universities to promote NHS Grampian including interviewing AHP students before they qualify and commencing in band 4 HCSW posts pending Health and Care Professions Council (HCPC) registration. We offer bank HCSW contracts for RGU AHP University students throughout their undergraduate study. Social media campaigns to attract staff to the area and return to practice support has resulted in some recruitment. Summer Internships in Physiotherapy, Diagnostic Radiographers and Speech and Language Therapy have supported graduates in joining the workforce.</p> |
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¹⁵ [HCSW framework | Turas | Learn \(nhs.scot\)](#)

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| 15.5 | <p>International recruitment has supported physiotherapy and radiography to fill some vacancies. Collaboration with RGU and our AHP Clinical Professor, has widened research opportunities for AHP clinical staff to make NHS Grampian an attractive place to work for AHPs interested in research. At present there is currently ongoing work to explore joint research/clinical posts. We have established an AHP Workforce forum to support local priorities including: AHP service provision across a 7-day week where required; implementation of the Health and Social Care Staffing Act (Scotland) (2019); awaiting final version of the implementation plan from the AHP Education and Workforce Policy¹⁶ to further Inform the work of this group.</p> <p>NHS Grampian is participating in the Scotland Funded Places scheme funding is now confirmed for 2024/2025 to support Scottish domicile students intending to develop their future career in NHS Scotland to undertake an MSc. The scheme provides payment of the tuition fees and agreement that a minimum of 50% of practice-based learning placements are provided locally, aimed at encouraging commitment to remain working locally once they complete their training.</p> <p>NHS Grampian working in collaboration with Robert Gordon University (RGU) are offering to support up to 8 bursary placements. Our experience of this scheme has demonstrated that this bursaried model attracts people into training in the Physiotherapy profession, following a primary lifesciences degree, who could not otherwise afford to do so, opening up a new local pipeline into the profession.</p> <p>Dental</p> <p>During 2023 we undertook a scoping exercise to identify and understand the level of need for an access dental care service across Grampian in particular to support dental access within our Public Dental Service (PDS) service across North Aberdeenshire and Moray. The identified resource included increasing the PDS Workforce, increasing staffing for the NHS Grampian Dental Information and Advice Line, identification of premises, recruitment and associated equipment to furnish premises. We are yet to secure financial resource for the dental commitments within the Annual Delivery Plan (ADP) for 2023/2024 period and as such the implementation of this plan is delayed.</p> <p>The current issues risks and issues related to workforce and finance are:</p> |
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¹⁶ [Allied Health Professions - education and workforce policy review: recommendations - gov.scot \(www.gov.scot\)](https://www.gov.scot/resources/documents/2023/06/Allied-Health-Professions-education-and-workforce-policy-review-recommendations-2023-2024.pdf)

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| 15.6 | <ul style="list-style-type: none"> • Ongoing recruitment and retention challenges in our more remote and rural areas of NHS Grampian being North Aberdeenshire and Moray; • Existing pressures on our current PDS workforce to meet the increased demand for unscheduled dental care and treatment; • Risk of further NHS dental patients, deregistration's due to ongoing workforce recruitment and retention issues within General Dental Services (GDS); • Additional funding is required to set up access centres. Current PDS funding allocation does not cover associated workforce premises or equipment cost for access centres. <p>Measures to increase Workforce Capacity and Improve Access and mitigate against risk:</p> <ul style="list-style-type: none"> • Offer of Scottish Dental Access Initiative (SDAI)¹⁷ grant for new practices or extension of existing practices across parts of Aberdeenshire and Moray. • Recruitment and Retention Allowance for new dentists joining the NHS Dental list in Moray, Banff and Fraserburgh. <p>Pharmacy</p> <p>Grampian has for many years had a pharmacy establishment that is lower WTE / 10,000 population than most other mainland boards (5.29 per 10,000 population versus the Scottish average of 7.26). This establishment is not only lower than average, but is the lowest of all boards in Scotland; this is despite Grampian being a teaching Board and tertiary centre for some pathways/boards.</p> <p>Within acute pharmacy the current staff profile is 2.65 WTE / 10,000 population vs the Scottish average 3.98. However, this position is further weakened by the current overspend position within acute pharmacy, rectification of which would take the WTE /10,000 ratio even further from the norm in Scotland. In the Pharmacotherapy teams working with GP practices, staffing again remains lower than average (2.03 / 10,000 vs 2.50 nationally). Neither of these are offset by a large centralised corporate team as Grampian has a central resource akin to a small board.</p> <p>The Grampian Pharmacy Team vacancy rate, reported at the time of the national census in September 2023 was 9%, below the Scottish average (10%) and North Boards (12.5%).</p> <p>Recent years have seen significant churn locally with Pharmacotherapy recruitment impacting on both hospital and community pharmacy. The stabilisation of the vacancy rate indicates a steadier local picture for recruitment. However, national workforce</p> |
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¹⁷ [Primary Care Division dot \(scot.nhs.uk\)](https://www.scot.nhs.uk/primary-care-division)

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| 15.7 | <p>pipelines remain constrained with the cancellation of the nationally resourced technician training programme and a gap in funded foundation year pharmacist places vs the number recruited and graduating from Scottish Schools of Pharmacy.</p> <p>Healthcare Scientists</p> <p>Many of the approximately 50+ science professions are represented across NHS Grampian, for example within Laboratory Medicine, where there are 6 laboratory disciplines with some disciplines having small, specialist staff groups. Within the Pathology service, there are now Advanced Practice roles that were previously undertaken by medical staff/Consultants. Advance Practice roles include dissection of tissue samples, and now, histology reporting. Two Senior Scientists are undertaking histology reporting and several more are involved in specimen dissection. The development of Advance Practice roles, has proved a successful model in relation to workforce development and succession planning with invaluable contributions to service delivery. It is hoped that this model of Advanced Practice may be expanded upon to ensure future sustainability of the wider service.</p> <p>As many Health Care Scientist roles are particularly specialist, recruiting to vacancies can be challenging. At present there is a blended approach to recruitment with local and national adverts to successfully fill vacancies and attract candidates to live and work in Grampian. Succession planning is required with the loss of highly experienced workforce due to retirements. Local training and development of the existing workforce is necessary to maintain services in Grampian to ensure that skills and experience is retained and to prevent outsourcing of particular disciplines where we cannot recruit to these posts locally.</p> |
| ORGANISATION LEVEL RISKS | |
| 16 | <p>Risks</p> <p>As well as risks specific to particular programmes or initiatives, a number of cross cutting risks are identified that will require management throughout the coming year and are likely to impact on our ability to deliver.</p> <ul style="list-style-type: none"> • Additional financial savings required of £75m, and the policy limitations on our ability to use levers such as redundancy to affect workforce change at pace. • The impact of workforce cost on financial balance and the capacity to reshape the workforce whilst balancing existing gaps and maintaining a full range of services; |

- Non recurring funding confirmation for revenue projects such as further expansion of the FNC, access to Psychological Therapies, Healthcare Staffing, Employability initiatives;
- 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 levels of Junior Doctors Band 3 rotas in relation to workforce wellbeing and cost to the organisation;
- 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;
- A lack of capacity to undertake developmental actions and to provide time for dedicated topic experts to deliver training for example, financial and workforce planning training for managers;
- Inability to release staff for training and/or development of new processes such as the HSCA Implementation;
- A lack of engagement with Talent Pools / Bulk Recruitment beyond Band 2 HCSWs;
- Insufficient level of compliance with statutory/ mandatory training requirements.

APPENDIX 1 NHS Grampian Workforce Information Flash Report November 2023



CET Flash Report
November 23

APPENDIX 2 Aberdeenshire Workforce Plan 2024



Aberdeenshire
Workforce Plan 2024

APPENDIX 3 Phased Flow Model for Dr Grays Hospital



Phased Flow Model
DGH December 2023

APPENDIX 4 Moray Workforce Delivery Plan Summary



Moray Workforce
Delivery Plan Summa