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If you require any further information about the NHS Grampian Workforce Plan 2019-2022, please contact: Pauline Rae, NHS Grampian Workforce Service Manager, 01224 556206 or pauline.rae@nhs.net
Foreword

I would like to welcome you to the NHS Grampian Workforce Plan for 2019-2022.

This Plan sets out our direction of travel, for the workforce in anticipation of the changing landscape in health and social care.

Over the next 3 years, the requirements for the workforce are set firmly within the Grampian Clinical Strategy and the NHS Grampian Workforce Strategic Intent, agreed by the Board in 2019.

This Plan highlights how NHS Grampian intends to implement change in relation to the workforce, whilst recognising that there will be other strategies supporting transformation.

The Board is committed to providing a culture that encourages all staff to provide feedback and influence improvements to provide high quality care. There will be a focus on staff well-being, communication and listening to the views of our workforce to take forward all of the commitments outlined throughout this Plan.

What is clear from the information presented, is that change can only take place with the support of our valuable professional workforce. The role of all staff in supporting workforce solutions is key to delivering our ambitions and to provide better care for patients and the public.

The Board will continue its transformation of services, there will be the expansion of roles such as Advanced Clinical Practitioners, Link Workers, Physician Associates and Specialised Health Care Support Worker roles, alongside the further development of career pathways and educational opportunities.

There is an ambition to create an approach that enables the Board to support and grow the workforce. There will be opportunities for those who wish to continue their careers for longer. We will embed programmes for foundation, modern and graduate apprentices and entry level qualifications for career development.
Workforce Plan

Working with our teams, divisions and directorates, across NHS Grampian and the Health and Social Care Partnerships in Aberdeen City, Aberdeenshire and Moray will be essential to support services across boundaries and ensure our workforce is aligned to the needs of those patients.

The Board will continue to work regionally alongside our partner Boards across the North. The development of regional and local solutions to service sustainability will remain a feature of much of the work ahead, until 2022 and beyond. We recognise that there will be significant change and transformation ahead which will build on the commitments in our Workforce Plan.
Workforce Plan

Workforce – The Key Facts

- Annual turnover is 10.5%
- Consultant vacancies have decreased. NMAHP vacancies have increased, since 2018
- Financial savings of £10.2m in 2019/2020 and similar over next 3 years
- Average age of staff is 43
- Agency and Bank spend of £51.5m
- 23 Physician Associates
  15 Clinical Development Fellows
  71 Advanced Nurse Practitioners
Our Workforce - Key Information

The dashboard below provides a summary of key workforce information, across NHS Grampian as at 31st March 2019.

Headcount and wte - substantive posts

Female 83%  Male 17%

Headcount 14,527
Whole Time Equivalent 12,013.3
Whole Time 62%
Part Time 38%

Age profile

1All Workforce data within this plan is as at 31st March 2019.
Workforce Plan

Direction for 2019

Direction of Travel

The Board has highlighted a number of commitments throughout this plan, implementing national and local strategies to support, develop and enable the workforce. NHS Grampian recognises that staff are key to the delivery of our 2020 Vision which is underpinned by the Grampian Clinical Strategy 2016 to 2021 and in 2019, the NHS Grampian Workforce Strategic Intent.

NHS Grampian continues to undergo significant, long term change. A 'Once for Scotland' approach, continues to evolve in order to collaborate with shared services initiatives, and to take a joint approach towards the implementation of Regional working and Health and Social Care Integration.

NHS Grampian will continue to support these priorities; however, there are significant challenges. The complexities of emerging regional working, integrated services, workforce supply and sourcing issues, an ageing workforce, retention and the financial constraints in which NHS Grampian is required to operate, remain challenging.

Through transformational change, the organisation has an ambition to create an approach to staffing that enables the organisation to supply, provide, support and develop the workforce. It is recognised there are significant workforce challenges ahead that require a range of solutions. The challenges, risks and solutions throughout this Plan, are owned by everyone with the vision to provide a better aligned, supported and sustainable workforce for the future.

The commitments outlined throughout this plan support the changes required, to develop the workforce and mitigate the risks and challenges faced in 2019/2020 and beyond.

These are consistent with our ambitions set out in our 2020 Vision.

1 Workforce Strategic Intent, NHS Grampian April 2019
Introduction ................................................................. 9
  1.2 Purpose of the plan.......................................................... 9
  1.3 Scope of the plan............................................................. 9
  1.4 Ownership of the plan....................................................... 12
National and Local Strategy ................................. 14
  2.1 Health and Social Care Delivery Plan..................................... 14
  2.2 National Health and Social Care Workforce Plan....................... 15
  2.3 Workforce Strategic Intent.................................................. 17
  2.4 Shared Services............................................................... 17
  2.5 General Medical Service Contract......................................... 19
Risks and Challenges .................................................. 20
  3.1 Finance........................................................................... 20
  3.3 Medical Workforce............................................................ 21
  3.4 Job Planning..................................................................... 22
  3.5 Doctors in Training............................................................ 23
  3.7 Collaboration with NHS Education for Scotland......................... 24
  3.8 Brexit ............................................................................. 25
  3.9 Age Profile...................................................................... 26
Transformation of the Workforce ......................... 27
  4.1 Making Transformation Happen............................................. 27
  4.2 Physician Associates.......................................................... 28
  4.3 Clinical Development Fellows............................................... 29
  4.4 Advanced Clinical Practice..................................................... 30
  4.5 Health Care Support Workers............................................... 30
  4.6 Apprenticeship Programme..................................................... 31
  4.7 Wider Development Programmes............................................ 31
Employability and Role Development ............. 33
  5.1 Workforce Supply – Solution to Workforce Supply Challenges........ 33
  5.3 The Use of Social Media........................................................ 35
  5.4 Medical Education.............................................................. 35
  5.5 Workforce Utilisation.......................................................... 36
  5.6 Bank Review Progress.......................................................... 37
  5.7 Nursing and Midwifery Workload and Workforce Tools.................. 38
Appendix 2 ........................................................................ 58
Introduction

This plan describes the future workforce required to ensure delivery of quality services within the agreed values of Caring, Listening and Improving.

1.2 Purpose of the plan

The aims of this plan are to describe:

- the overall ‘direction of travel’ for the workforce;
- the context and drivers for change;
- the type and level of changes required;
- the new roles and skills requiring investment;
- the new ways of working, including with our colleagues and partners;
- the workforce risks and development needs; and
- key actions to implement change.

1.3 Scope of the plan

NHS Grampian and the Integrated Joint Boards (IJBs) provide clinical, corporate and support services for the people of Grampian and through Service Level Agreements (SLA), for other NHS Boards, including NHS Orkney, NHS Shetland, NHS Western Isles and NHS Tayside. These arrangements are included within the Board and Sector Workforce Plans to ensure comprehensive planning across the organisation.

The IJBs in Aberdeen City, Aberdeenshire and Moray assumed responsibility for strategic commissioning and delivery of a number of services on 1 April 2016. NHS staff, who work in the Health and Social Care Partnerships, remain NHS Grampian employees, and therefore, are included in this plan, ensuring that workforce issues and information are for the entire NHS Grampian workforce as required by CEL32².

The strategic direction for the Board is to align the workforce to achieve the 4 key priorities set out in the Grampian Clinical Strategy 2016 to 2021³ to:

Implement primary prevention activities that have a direct benefit for clinical services, protect staff from ill health and create a positive environment for wellbeing;

Deliver systemically and at scale, secondary prevention activities that address inequalities in health and help to reduce further avoidable demand on health services

³ NHS Grampian Clinical Strategy 2016 to 2021, October 2016
Workforce Plan

(e.g. screening programmes, alcohol reduction interventions, tobacco cessation support, weight management programmes);

Transform the healthcare environment to influence how people behave, seizing opportunities during capital investments to make all healthcare facilities designed and organised to create the right environment for change. Catering, open spaces, the availability of exercise opportunities and information points all help to enable patients, staff and visitors to make healthy choices, even in our busy lives. Good places equal better health; and.

Enable healthcare information about care and treatment to be obtained, understood and used to make appropriate and informed health decisions. This is important for patients and staff when understanding options, location of treatment outcomes and risk.

It is recognised that our workforce is key to delivering change by identifying innovations to improve health and the quality of care, therefore, appropriate workforce planning is critical to support a confident, competent, listened to, motivated and healthy workforce.

In 2016 the Grampian Clinical Strategy 2016 to 2021\(^4\) was published, this sets out the projections of future healthcare needs over the next 20 years, and was developed in response to the National Clinical Strategy for Scotland\(^5\) and supports our 2020 Vision\(^6\). This is a shared strategic plan which focuses on clinical related priorities over the next 5 years across Grampian.

\(^4\) NHS Grampian Clinical Strategy 2016 to 2021, October 2016
\(^6\) [https://foi.nhsgrampian.org/globalassets/foidocument/foi-public-documents1---all-documents/Item_1_2020_Vision.pdf](https://foi.nhsgrampian.org/globalassets/foidocument/foi-public-documents1---all-documents/Item_1_2020_Vision.pdf)
The aims of the Grampian Strategy, from a workforce perspective are to:

Support a confident, competent, motivated healthy workforce, who are able to initiate improvements in services and have a good work-life balance with support and opportunities available to look after their own health and wellbeing;

Support staff to improve and extend their skills, knowledge and opportunities, encourage a workforce that can adapt to changes in practice as new models of care and practice emerge;

Provide the means to enable networking, information sharing and collaboration across and beyond the usual boundaries. Provide the tools for people to do their job well, particularly access to information technology (IT) and clinical information;

Ensure a productive workforce and teams, helping staff to work effectively addressing performance issues responsively;

Influence the creation of a modern digital environment with Local Authority and business partners for the North East Scotland health economy; and.

Provide modern clinical facilities with cutting-edge technologies to advance clinical care delivery and make Grampian the place to work and live.

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

- Administrative Services
Workforce Plan

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

1.4 Ownership of the plan

This plan has been informed by local service Workforce Plans, developed in partnership, within Sectors and Health and Social Care Partnerships. These Plans provide more detail of the local workforce issues, their changes, challenges and risks for each area.

NHS Grampian works closely with other NHS Boards across the North of Scotland, through regional working, SLA arrangements and managed clinical networks. NHS Grampian is fully engaged with other partner organisations, such as Aberdeen City, Aberdeenshire and Moray Health and Social Care Partnerships, the University of Aberdeen, Robert Gordon University, North East of Scotland College (NESCOL), Moray College, and the three local authorities in Aberdeen City, Aberdeenshire and Moray.

1.5 Delivering our commitments

The Board faces a range of challenges outlined throughout this plan. However the commitment to transformation and alignment of our priorities remains key to delivering the 4 themes of the Clinical Strategy:

The challenges in delivering these 4 priorities remain the focus of our commitments during 2019/2020. The Workforce Strategic Intent will drive the specific actions in relation to the workforce. These are not new challenges, they are significant and remain ‘wicked problems’, with a whole system approach required to deliver change.

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7 Health and Social Care Partnerships (HSCP) are the organisations and the Integrated Joint Boards (IJBs) are the Boards that oversee the strategic direction and governance of these partnerships.

8 [https://www.interaction-design.org/literature/topics/wicked-problems](https://www.interaction-design.org/literature/topics/wicked-problems)
Workforce Plan

Continued workforce supply challenges, alongside high levels of vacancies, particularly in some medical specialities, Nursing and Midwifery and with recent increased vacancies within Allied Health Professions, bring an over reliance on supplementary staffing. The current available supply of staff is insufficient to meet the organisations demands; therefore, there are opportunities to look to alternative supply pathways.

Participation in further international recruitment initiatives, using the networks of our current staff, continued ‘development roles’, links with further education, apprenticeship programmes and a review of all agency placements are key to making the change and addressing supply challenges.

An ageing workforce is recognised as an opportunity in having highly experienced staff alongside a continued challenge of early retirement from the organisation. Transformation will be ongoing to expand ‘developmental roles’, alongside looking at alternative ways of working and opportunities for our staff who wish to remain working beyond their chosen retirement or state pension age. With changes to state pension age⁹, there will be an increase in staff working for longer. The Board need to fully support the ageing workforce and explore alternative career pathways to improve working lives and well-being, in order to retain our workforce for longer or in new ways.

Reliance on supplementary staff to bridge gaps in our workforce supply remains particularly challenging. The continued development of Advanced Clinical Practitioners, Physician Associates, Clinical Development Fellows alongside development opportunities for Health Care Support Workers to gain qualifications and to potentially become registered Nurses, all bring significant opportunities in reducing the reliance on supplementary staffing. This will support a more resilient substantive workforce that can work flexibly, to meet the needs of services, both now and for the future.

The commitments outlined in this Plan, are intended to create and further develop a culture of change, learning and improvement. It is vital that staff are involved in addressing these challenges and for the future delivery of services across Grampian.

⁹https://www.ageuk.org.uk/information-advice/money-legal/pensions/state-pension/
National and Local Strategy

2.1 Health and Social Care Delivery Plan

The Health and Social Care Delivery Plan\(^{10}\), published in December 2016, sets out the key aims and actions for the NHS, including Health and Social Care Integration, Public Health, and Board reform. The aims of the Delivery Plan are to further enhance health and social care services, so the people of Scotland can live longer, healthier lives at home or in a homely setting, supported by an effective health and social care system.

Through the Grampian Clinical Strategy, the organisation continues to work towards the aims of the Health and Social Care Delivery Plan ensuring that health and care is integrated, is of a high quality, developed innovatively, and with individuals the at the centre.

In 2019, the NHS Grampian Workforce Strategic Intent\(^{11}\) was agreed by the Board. This sets out an ambition to create an approach to workforce that enables the organisation to supply, support and grow the staff aligned to overall service requirements, in order to ensure the provision of safe and effective care.

To deliver the aims of the Workforce Strategic Intent, change is required which will focus on 4 key priorities:

**Resourcing** – Extend the workforce market to a wider range of potential applicants to create improved supply. Continue to utilise current supply pathways whilst seeking to widen these routes through alternative and innovative approaches;

**Recruitment** – Implement an easy and intuitive process that encourages individuals to apply for posts and improves candidate’s experience. Invest in marketing the brand of NHS Grampian offering a range of jobs and career opportunities;

**Redesign** - Implement a service model that is service based and influenced by the diverse resource, capacity and skills of the existing and future workforce. This model is applied in a way that uses skills, generates effective teams and is efficient, creating a workforce fit for purpose;

**Retention** – Implementing the staff Governance Standards within a culture that values and listens to our staff and their contribution. Ensuring that the current workforce is offered appropriate development, provide feedback and influence improvements in their working lives and wellbeing.


\(^{11}\) NHS Grampian Workforce Strategic Intent, January 2019.
Workforce Plan

There will be many actions required to realise the long term improvements of the key priorities of the Workforce Strategic Intent. These will be the main focus during 2019/2020 and beyond.

The five myths of compassionate leadership\(^\text{12}\) published by the Kings Fund, in May 2019, outlined the staffing crisis in the NHS across Primary and Secondary Care. The report sets out the need for workforce challenges to be owned by the workforce, the need for compassionate leadership and highlights there is no magic solution to these challenges. It states that leaders and the wider workforce arrive at a shared, rather than imposed understanding of the challenges faced, the creation of conditions where there is collective good and the needs of patients, communities, staff well-being and development are prioritised.

Our Commitment 2019/20

NHS Grampian will continue to develop and focus on the Grampian Clinical Strategy and Health and Social Care Delivery Plan.

NHS Grampian will take forward the aims of the Workforce Strategic Intent, its 4 key themes and agreed priorities to ensure the Board can supply, support and grow the workforce aligned to overall service requirements.

Focus will be on a number of specific workstreams including induction, on-boarding, recruitment sources, marketing, employability pathways, management and leadership development, career pathways, workforce utilisation and staff recognition.

NHS Grampian will take learning from the Kings Fund Report and the need for workforce challenges to be owned by the workforce, compassionate leadership and recognition there is not one single solution to the challenges faced.

2.2 National Health and Social Care Workforce Plan

In 2017/18, the National Health and Social Care Delivery Plan signalled the need for a National Workforce Plan, which has been published in three parts. Part 1 was published in June 2017\(^\text{13}\) and focused on NHS Scotland health based workforce planning. Part 2\(^\text{14}\) was

\(^{12}\)https://www.kingsfund.org.uk/blog/2019/05/five-myths-compassionate-leadership

Workforce Plan

focussed on social care and was published in December 2017, with Part 3\(^{15}\) in April 2018, following the conclusion of the General Medical Services contract negotiations in February 2018.

Improving Workforce Planning for Primary Care in Scotland Part 3, sets out recommendations and the next steps that will improve primary care workforce planning in Scotland. This complements the recommendations in Parts 1 and 2 and taken together, form the basis of a national integrated workforce plan that aims to move towards an improved joint vision for health and social care workforce planning.

Recommendations include;

**Governance** – a clearer authorising environment which supports NHS Boards to plan for the workforce they will need in future, and resolve capacity issues nationally, regionally and locally;

**Roles** – Greater clarity about who does what in terms of aligned, co-ordinated responsibility for workforce policy and planning nationally, regionally and locally;

**Data** – integrating statistical, demographic and labour market information, the Scottish health and care workforce to build the evidence that will be required in future;

**Recruitment and Retention** – tackling persistent recruitment challenges to provide sustainable national, regional and local solutions. Building the right conditions for better retention, to ensure a workforce fully fit for purpose, in the right place, with the right numbers now and in future;

**Guidance** – providing high quality workforce planning support throughout a period of change, building on clear principles to provide and further develop better data, intelligence and tools to predict future needs;

**Student and Post-Graduate Training Intakes** – designing and developing an improved process so that national decisions on student intakes are more closely linked to addressing future demand, with closer ties to NHS Board workforce planning priorities;

**Primary Care** - developing multidisciplinary capacity across NHS Scotland to ensure that teams can offer high quality person-centred care. Scotland’s multidisciplinary primary care workforce will become fully developed and equipped, building capacity and extending roles for a range of professionals, enabling those professionals to address communities’ primary healthcare needs.

The overall aim is to get the right people into the right place, at the right time, to deliver sustainable and high quality health and social care services for Scotland’s people.


\(^{15}\)https://www2.gov.scot/Resource/0053/00534821.pdf
2.3 Workforce Strategic Intent

In January 2019, NHS Grampian developed the Workforce Strategic Intent based on the agreed organisational priorities, including ongoing challenges in relation to workforce supply, capacity, utilisation and development needs. The strategy focuses on areas of the workforce with the greatest risk, to ensure that the current and future workforce has ongoing development, is listened to and has a positive staff experience.

Actions include; participation in international recruitment, using networks of current staff; introduction of specific ‘development roles’; developing links to schools further and higher education; employability apprenticeships; use of iMatter and the benefits of team action plans; supporting and promoting the staff wellbeing plan; and establishing the development needs of staff.

Alongside many of the actions highlighted throughout this Plan, it is recognised that without significant transformation of the workforce, NHS Grampian is unlikely to meet future service demands. We believe that early engagement and involvement with staff will enable this as our workforce are the best people to make transformation happen.

Our Commitment 2019/20

NHS Grampian is committed to the 4 key priorities within the Workforce Strategic Intent and shall focus on resourcing, recruitment, redesign and retention to enable the organisation to supply, support and grow the workforce aligned to overall service requirements and ensure that high quality patient centred care is delivered now and in the future.

2.4 Shared Services

NHS Grampian continues to drive the shared services agenda by working across Scotland and the North region. We fully recognise that a shared approach to services across the North remains key to sustainability.

NHS Grampian became the Lead Employer for Doctors in Training for the North of Scotland on 1 August 2018, with the remaining North of Scotland Boards being Placement Boards. The Lead Employer model continues to develop with Dentists in Training expected to move to a Lead Employer model by 1 August 2020. NHS Grampian has been at the forefront of this national initiative, as one of the early implementers for GP Trainees, alongside NHS Education for Scotland, and remains proactive in refining the process both nationally and regionally.
Workforce Plan

NHS Grampian continues to work collaboratively with the North partner Boards to facilitate the concept of collaborative and shared services across the North of Scotland. The development of Secondary and Tertiary Flows for the North of Scotland was established in 2018, a Project Initiation Document was published for the Programme across all North Boards. The services within scope of this work includes: Dermatology, Vascular, Urology, Oral Maxillofacial Surgery, Orthopaedics, Ophthalmology, Stracathro, Regional Trauma Centre, Radiology, Interventional Radiology and Laboratories. The aim of this work is to prioritise and coordinate efforts across the North to:

- Provide Equity of Service access and provision across the region;
- Optimise the approach to waiting times/access by leading proactive use of resources;
- Demonstrate partnership and collaboration;
- Plan and implementing systems without organisational boundaries;
- Open approach to sharing data and information;
- Sustainability of local services;
- Increase use of technology to support local service delivery and reduce inefficiencies;
- Service delivery within the financial framework; and
- Develop close links and positive constructive relationships at clinical and management levels across the North Boards.

Work will be ongoing during 2019/2020 in relation to Secondary and Tertiary Flows for the North of Scotland. All North Boards will continue to work collaboratively to ensure there is a regional approach to reduce waiting times, manage demand and capacity, and collaborate on the recruitment and retention of our workforce, whilst exploring and implementing best practice and providing equity of access across the North of Scotland.

Nationally, the Recruitment Shared Services Programme has developed a model with agreement to have established regional approaches to recruitment in 2019. In response, a North Region Recruitment Transformation Programme Board has been established with ongoing collaboration to achieve a Recruitment Shared Service for the North of Scotland. Work will continue during 2019 to implement Jobtrain, a nationally procured recruitment electronic system, to streamline processes and improve recruitment experiences for applicants and appointing managers, across the region.

A national Payroll Services Programme Board continues to drive forward consortium/regional working for NHS Scotland Payroll Services. A North Payroll Services Project Team has been established to develop a regional delivery model for Payroll Services across the North. This regional approach, is part of a wider pan-Scotland aim, to deliver consistent, standardised payroll services, within a regional consortium.

The work of the project is in the early stages and a programme of workshops are planned to generate options for a subsequent options appraisal process. This programme will inform a business case for approval by 3 of the North Boards in Grampian, Highland and Tayside as well as the national Payroll Services Programme Board.
Workforce Plan

Within Estates and Facilities, NHS Grampian continues to work with North partners with the aim of collaborating in relation to service provision which, can in turn, have a positive outcome for the delivery of patient services.

NHS Grampian and NHS Shetland continue to collaborate in relation to Public Health Services, with the Director of Public Health for NHS Grampian having responsibility for NHS Shetland. This continues to present an opportunity to identify Public Health shared services across the Boards and further connect acute care pathways which impact on Island patients.

NHS Grampian will continue to support the shared services agenda through joint regional working, integration of services and resources, and working collaboratively with our partner Boards across the North.

Our Commitment 2019/20

NHS Grampian will continue to collaborate with shared services initiatives, and to take a ‘Once for North’ approach to our ways of working. Regional working will continue to ensure that the workforce is utilised optimally. All staffing costs will continue to be scrutinised, with the redesign of services and the introduction of transformational roles and services across the organisation.

NHS Grampian is committed to working collaboratively with all our partners to develop new initiatives, such as a Payroll and Recruitment Shared Service and Secondary and Tertiary Flows for the North of Scotland to ensure a resilient and sustainable workforce in the future. NHS Grampian will be at the forefront of regional working and will provide support for the Island Boards.

2.5 General Medical Service Contract

The General Medical Services Contract[1] which was published in November 2017 continues to bring changes to Primary Care and General Practice, the Boards and Health and Social Care Partnerships. The Primary Care contact focuses on the role of a GP as an expert medical generalist with expertise in holistic, person-centred care. This will mean that, some tasks carried out by GPs, will need to be carried out by the wider primary care multi-disciplinary team.

The GP workload will consequently reduce, allowing GPs to focus on the most complex of patients with co-morbidities. There will be new opportunities for practice staff such as nurses, pharmacists, receptionists and practice managers. An example of this would be Nurses who will be expert nursing generalists, providing acute disease management, and supporting patients to manage their own conditions at home, where possible.
Workforce Plan

The Primary Care workforce will see a significant change and there will be implications for NHS Grampian and the Health and Social Care Partnerships. The requirements under the new GMS contract will see a HSCP requirement to provide GP practices with support staff including musculoskeletal physiotherapists, link workers and psychological therapists. This will continue to require workforce planning and support, to ensure the supply and development of this staff group.

NHS Boards will provide line management of much of the primary care non GP, multi-disciplinary team, as an employing board. This will include employee support, training, cross cover and cover for absences. This will need to be managed and planned for during the 3 year transition period.

Our Commitment 2019/20

NHS Grampian will work collaboratively with Primary Care and IJBs to understand and deliver the implications of the GMS Contract for the workforce. Development of Pharmacotherapy, Physiotherapy Services and other service requirements of the Contract, will bring challenges due to workforce supply of these staff groups.

Risks and Challenges

3.1 Finance

To achieve financial balance, NHS Grampian estimates a requirement to make savings of £10.2 million in the 2019/2020 financial year, with a similar level of savings required over each of the next 3 years.

3.2 Supplementary Staffing

NHS Grampian’s expenditure on Agency and Bank spend for the 2018/2019 financial year was £51.5m, compared with £47.6m, in 2017/18. Figures, which are as at 31 March 2019 are:

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<tbody>
<tr>
<td>Agency</td>
<td>£26.0m</td>
</tr>
<tr>
<td>Bank</td>
<td>£25.5m</td>
</tr>
<tr>
<td>Total</td>
<td>£51.5m</td>
</tr>
</tbody>
</table>
Workforce Plan

There continues to be significant Medical Agency Locum spend across NHS Grampian, with services highlighting the requirement for a robust middle grade medical workforce to reduce locum costs. With the continued development of the Clinical Development Fellow workforce, robust management and scrutiny processes, there will be continued scrutiny of the appropriate use of bank and agency staff and use of overtime and additional hours.

NHS Grampian is actively progressing initiatives, both locally, regionally and nationally to ensure better workforce supply and the creation of a more resilient workforce. There will continue to be a focus on the transformational workforce such as Advanced Practitioners, Clinical Development Fellows, Physician Associates, Health Care Support Workers and Link Workers.

3.3 Medical Workforce

NHS Grampian continues to experience challenges in the supply of the medical workforce which necessitates the need for change and further development of transformational roles. Consultant vacancies continue to present significant challenges across NHS Grampian, with reported vacancies having increased from 6.8% to 7.8% of establishment in the last three years.16

Specialties with the highest vacancies have continued to include clinical radiology, general surgery, general psychiatry, paediatrics, anaesthetics and emergency medicine.17 The supply of Doctors in Training across Grampian remains challenging, with gaps across most specialties. These enduring issues highlight the need for change, and to see every vacancy as an opportunity to ensure a more resilient workforce.

Our Commitment 2019/20

NHS Grampian will continue to scrutinise the use of supplementary staffing and work regionally, locally and nationally to redesign services that are sustainable and resilient.

NHS Grampian will continue development of transformational roles and promote improved utilisation of the workforce in 2019/2020.

NHS Grampian is committed to implementing an intuitive application process which makes it easier for individuals to apply for NHS Grampian posts, to improve employee and candidates experience and ensure that NHS Grampian is an employer of choice.

16 Information Statistics Division Publications 05/03/2019
17 Information Statistics Division Publications 05/03/2019
3.4 Job Planning

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

The return and completion rate of job plans has been variable historically and to support these doctors, there has been up to date job planning guidance provided to further support job planning and best practice. NHS Grampian has now procured an electronic job planning system. Implementation and roll out of electronic job planning has been ongoing with the intention of having all Consultant and Speciality Doctors Job Plans on the system.

Training for all Consultant and Speciality Doctors has been provided in relation to the new electronic system, however, there has been an opportunity to train Consultants and Specialty Doctors in job planning principles which is in line with the requirements of the Directors Letter (2016) 14\(^{18}\) and in relation to the updated NHS Grampian consultant job planning guidance. As of March 2019, over 500 Consultants and Speciality Doctors have received training. The training includes guidance on the link between Job Plans with Service Plans to ensure improved service delivery.

As electronic job planning is rolled out, there will be a requirement to develop an eLearning package to ensure information and guidance is readily available. Continuing support for this change will be ongoing during 2019, so that job planning can be undertaken with ease, accurately and can be reported at each step of the process.

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Our Commitment 2019/20

NHS Grampian is committed to improving the quality of job planning across the organisation and providing an electronic system to support the relevant medical staff.

NHS Grampian will work towards a fully implemented system for commencement of the 2019/2020 job planning cycle and provide ongoing advice and eLearning support.

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3.5 Doctors in Training

Across NHS Grampian, there is an ongoing assessment of Doctors in Training rotas and further development of a multi-disciplinary team approach. The use of roles, such as Clinical Development Fellows, Physician Associates, Prescribing Pharmacists, Advanced Nurse Practitioners, Advanced Allied Health Professions and Medical Support Nurses is ongoing, and NHS Grampian will continue to support this approach. There will be an emphasis on making NHS Grampian the destination of choice for Doctors in Training.

Resilience of the workforce supply of Doctors in Training, particularly in Speciality Training, continues as a common theme across NHS Scotland, including Grampian. There are gaps in some speciality rotas with challenges in meeting the Working Time Regulations\textsuperscript{19} and New Deal compliance\textsuperscript{20}. This can have a direct impact on the training experience and service provision. It is, therefore, essential to begin to create a new, advanced and enhanced transformational workforce and development of new roles, to ensure that Doctors in Training are fully supported.

Our Commitment 2019/20

NHS Grampian continues to embed new, advanced and enhanced roles. There is an expectation of an expansion of the Physician Associate programme in Secondary Care and Primary Care with an increasing demand for these roles across the organisation.

The Clinical Development Fellow (CDFs) workforce continues to expand, with 15 currently employed. A high proportion of CDFs have continued to work for NHS Grampian after their year in these posts.

3.6 Improving Junior Doctors and Dentists Working Lives

NHS Education for Scotland continues to develop Turas digital solutions to support all shared service projects for Doctors and Dentists in Training. All Lead Employers are working collaboratively with NES to make enhancements to these systems to improve the trainees experience and the Board’s ability to manage the trainee journey. Trainee information should only be entered into the system once, saving trainees’ time when rotating during their employment.

NHS Grampian continually looks for ways to improve Doctors and Dentists in Training working lives. Trainees are provided with information at induction about the importance of

\textsuperscript{19}\textit{The Working Time Regulations (1998)}

\textsuperscript{20}https://www.msg.scot.nhs.uk/pay/medical/junior-doctors
taking breaks and utilisation of rest periods. Trainees are encouraged to provide feedback if they have issues they wish to highlight. Feedback is valued and it is encouraged as an ongoing process, rather than, leaving feedback until designated monitoring periods.

NHS Grampian is undertaking an Accommodation Review as per Scottish Executive Health Department Guidelines on Living and Working Conditions for Hospital Doctors in Training.\footnote{1} Guidelines are being developed with BMA colleagues, to ensure that accommodation requirements for Trainees are being met now and in the future.

During 2019, NHS Scotland will require that all doctors working on a full shift roster achieve 46 hours continuous rest after a weekend on-call. NHS Grampian has met this requirement, but will work with partners in placement Boards to ensure this is achieved across the North of Scotland.

Our Commitment 2019/20

NHS Grampian is committed to improving the working lives of Doctors and Dentists in Training. Collaboration will continue with NHS Education for Scotland to ensure that trainees have a good employment and training experience whilst working for NHS Grampian and across the North of Scotland.

3.7 Collaboration with NHS Education for Scotland

We continue to collaborate with NES Digital on the implementation of a number of initiatives to improve communication and information sharing. This includes sharing NHS Grampian eLearning content, through a user friendly front end system, Turas Learn and the implementation of Turas Appraisal.

Since 2018, NHS Grampian has worked collaboratively with NES to the scope the development of a ‘Data Lake’. The Data Lake has been designed to pull together various data sources, such as, whole time equivalent staff numbers, Doctors and Dentists in training numbers and vacancy information, into a reportable dashboard for workforce and service planning. This system will pull data across organisations and from data sources such as Health and Social Care and ISD, which will provide benefits in workforce intelligence and workforce planning.

Initial demonstrations for workforce planners have taken place and continued refinement of the system will be pivotal in the Health and Social Care workforce planning process.

\footnote{1} \url{https://www.sehd.scot.nhs.uk/mels/HDL2001_50.pdf}
Our Commitment 2019/20

NHS Grampian will continue to work collaboratively with NHS Education for Scotland on a range of initiatives and will continue to work on improved information sharing. NHS Grampian will continue to support Health and Social Care Partnership staff to use Turas Appraisal, Turas Learn and once available, the Data Lake.

NHS Grampian will continue to work alongside NES to improve trainee experiences and increase the attractiveness of NHS Grampian as a great place to live and work.

3.8 Brexit

The UK Government has committed to protect the rights of EU citizens and their family members currently living in the UK. The Scottish Government have recognised the commitment of EU workers, particularly within the NHS. NHS Grampian has a number of employees from other European Union (EU) countries out with the United Kingdom.

As applying for settled status is an individual choice, there is still a significant risk for some services in NHS Grampian. Work continues across the organisation to determine what these risks might be from the results of a nationally directed, EU nationality survey. The surveys purpose was to gain an understanding of the extent of employment of EU nationals to assist managers, workforce planning and to ensure employees receive the appropriate support and have any concerns addressed. By registering online, NHS Grampian employees can receive direct relevant communication from the organisation, in addition to the communication through global emails.

NHS Grampian will ensure that workforce planning relating to the implications of Brexit continues to be progressed and will seek to influence the Scottish and United Kingdom Governments to ensure retention of our staff.

Our Commitment 2019/20

NHS Grampian will continue to undertake workforce planning in relation to Brexit and the implications of this for the organisation. Where possible, actions including on-going communication with our staff, will be undertaken to minimise uncertainty across the workforce.
3.9 Age Profile

The age profile of NHS Grampian highlights a risk to the sustainability of the workforce, particularly in light of change to pensions. To ensure a sustainable workforce, NHS Grampian must support employees to work for longer, particularly in professions such as Nursing, AHP, Midwifery and Medicine, where historically, some staff could retire at age 55, without loss of pension benefits.

NHS Grampian will continue to work on age profile modelling through developments such as the NES Digital Data Lake, where wide ranging intelligence will be available to help inform succession planning and workforce planning in relation to the ageing workforce. Workforce planning support will be ongoing to develop sustainable models of care, including reviewing working patterns to take account of the impact of an ageing workforce on the pattern of delivery of care. Work will continue to understand the workforce who may choose to work for longer and identify how NHS Grampian can retain the skills and experience of the older workforce, whilst providing safe and manageable roles.

Our Commitment 2019/20

NHS Grampian will continue to undertake workforce age profiling. The highest proportion of the workforce across the organisation is aged 45 to 54. NHS Grampian will continue to consider the employment needs of an ageing workforce and to consider the implications of the workforce who may choose to retire before state pension age.

NHS Grampian will continue to develop and offer support for employability opportunities for an older workforce by exploring alternative approaches to retain the skills and experience of staff. In balance, employability opportunities for the development of the younger workforce will continue in offering apprenticeships, further developing links with Schools, Colleges, Higher Education Providers. We will continue to develop and grow our existing staff.
Transformation of the Workforce

4.1 Making Transformation Happen

NHS Grampian recognises that without significant transformation, it is unlikely that required service demands will be achieved both now and in the future. There will be ongoing work during 2019/2020 and beyond, to develop clear processes to determine the workforce resource required to support new models of care.

NHS Grampian will continue to identify opportunities to expand the areas in which transformational roles are utilised and further establish these roles as part of multidisciplinary teams: such as Advanced Clinical Practitioners, Physician Associates and a range of Health Care Support Worker roles. Collaboration will continue alongside NHS Education Scotland, North East of Scotland College, the University of Aberdeen and Robert Gordon University, as well as regional and national colleagues to provide development and educational opportunities for our workforce.

Collaborative working will continue between teams, divisions and directorates within NHS Grampian and Health and Social Care Partnerships, to support services across boundaries and to take forward the vision of the Workforce Strategic Intent to have a workforce aligned to the needs and demands of services. NHS Grampian will continue to extend this work, building on existing relationships with other NHS Boards and as a North region partner organisation.

NHS Grampian has an ambition to create an approach to staffing that enables the organisation to support and grow the workforce aligned to overall service requirements and provides the assurance of safe and effective care.

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

There will be a review of recruitment processes to provide a leaner and improved experience for candidates and appointing managers through the introduction of the Jobtrain recruitment system. The system will help the organisation gather better intelligence in relation to active vacancies versus unfilled posts, which will help inform the demand for supplementary staff and ensure the organisation can fully support high risk services.

NHS Grampian will continue to develop career pathways and promote development opportunities for our workforce. There will be a focus on staff well-being, communication, working to staff governance standards and listening, to ensure the workforce continues to feel valued and make NHS Grampian an employer of choice.
Workforce Plan

There will be the continued support of staff through effective partnership working. NHS Grampian will continue to measure the experiences of staff through the use of local and national tools, such as iMatter, to support and empower teams and improve their experiences at work.

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

Shared services will be delivered on a regional and a national basis and lead the development of regional corporate services, rather than Board specific services. NHS Grampian will seek to lead the delivery of a regional workforce service.

4.2 Physician Associates

NHS Grampian remains committed to establishing Physician Associates (PAs) within both Primary and Secondary Care. There are currently 39 PAs including interns employed across NHS Grampian. Seven specialties across NHS Grampian have employed a PA Intern for the first time this year including; AMIA, Neonatal, Stroke, Geriatrics, Paediatric Medicine, Urology, Neurosurgery and Ear Nose and Throat.

During 2018, a PA Committee was formed with both Professional and Management Representation and in October 2018, PA week took place to celebrate and raise awareness of the profession.

This Committee has organised and delivered CPD training events for PAs and is working with management colleagues to develop a career framework across NHS Grampian. PA Representatives from Grampian participate in the Scottish National Short Life Working Group for Physician Associate (PA) and Physician Assistant Anaesthesia (PAA) which was established in 2018, to provide strategic oversight, direction and governance for these professions.

The role of Physician Associate continues to be recognised as having the potential to provide support for the medical workforce and the multidisciplinary teams.
4.3 Clinical Development Fellows

The Clinical Development Fellow (CDF) workforce continues to assist with ongoing risks associated with unfilled Doctors in Training posts to ensure high quality training, and support the recruitment and retention of the Medical Workforce.

The work undertaken by Clinical Development Fellows continues to be of a high standard, with development time being planned flexibly within rotas to ensure time is protected. The majority of the CDFs, have responsibility for undergraduate or postgraduate education of Doctors in Training. They have also been involved in a range of other development work including, research, teaching, audit, rotas and service improvement.

In 2018/2019, NHS Grampian successfully recruited 15 Clinical Development Fellows. Feedback provided by Clinical Development Fellows in relation to their experience has been positive and this is celebrated each year in a ‘showcase’ event.

The composition of the Internal Medical Training (IMT), due to be introduced in August 2019, will result in Critical Care receiving trainees in year 2 of the IMT course, when currently they receive trainees at Core Training year 1. This change means that for 2019/2020, Critical Care will have insufficient staff to cover the service. With this in mind, NHS Grampian has identified funding to recruit Clinical Development Fellows and other roles such as Advanced Nurse Practitioners to fill these posts.

Our Commitment 2019/20

NHS Grampian will continue to develop the Physician Associate workforce and will collaboratively build clear career pathways.

We intend to expand the Physician Associate workforce across Primary and Secondary Care.

NHS Grampian will continue to promote the profession by supporting the PA Committee and raising the awareness of the PA role across the organisation.

Our Commitment 2019/20

NHS Grampian will continue to develop the Clinical Development Fellow workforce encouraging individuals to use the development opportunities offered, to benefit them and their teams. The expansion of this workforce will continue to assist with rota gaps, ensure a more resilient medical workforce, provide improvements in education and assist with ongoing workforce supply issues.
4.4 Advanced Clinical Practice

Continuing medical workforce supply challenges across NHS Grampian, have contributed to the increased utilisation of Advanced Clinical Practitioner (ACP) roles which complement and substitute for aspects of traditional medical healthcare delivery.

Over the next five years, NHS Grampian will aim to further develop and maximise all ACPs contribution to healthcare delivery, based on service needs. Advanced Nurse Practitioner roles remain a major focus, with dedicated Scottish Government educational funding support for role development, particularly across Primary Care. The local and regional aims of the new Advanced Care Academy, working in partnership with Higher Education Institutes, will continue to support both practitioners, provide career opportunities, provide development and role evolution, to meet the ever changing healthcare requirements for the people of Grampian.

4.5 Health Care Support Workers

NHS Grampian continues to strengthen nursing degree progression routes for Health Care Support Workers through partnership work with local colleges, Robert Gordon University and the Open University. The number of HCSWs studying pre-registration nursing with the Open University has increased, with 17 being supported to remain in employment whilst they study part time.

Through the ‘widening access to education’ pilot provided in partnership with the Open University and North East of Scotland College (NESCOL), 7 Health Care Support Workers (HCSWs) have progressed to degree level studies, with an additional 4 undertaking further modules of study for a Higher Certificate in Education. 20 Health Care Support Workers from NHS Grampian will undertake the widening access to nursing programme in 2019. These roles are vital to ensure that routes to registered nursing are available to provide a sustainable nursing workforce in the future.
Workforce Plan

A Health Care Support Worker Academy has been established to develop this staff group at band 2 to 4 and provide shadowing and development opportunities. The Academy allows staff to develop the competencies and confidence to develop their skills. Staff are supported by a Health Care Support Worker Associate, which will assist new starts and improve staff experience.

Our Commitment 2019/20

NHS Grampian will continue to support the recruitment of future nursing staff and will continue to build the progression routes for HCSWs into degree level studies.

NHS Grampian will link with further education and higher education partners to explore new career development routes for HCSWs employed within Midwifery and the Allied Health Professions.

NHS Grampian will support pathways into HCSW roles, particularly for young people, we will establish employability programmes with both the local college and the Princes Trust.

4.6 Apprenticeship Programme

NHS Grampian continues to offer Apprenticeships; foundation, modern and graduate, with plans to develop these Programmes in 2019/2020. These Programmes are being utilised to recruit and support the workforce, alongside a national drive to develop apprenticeships across NHS Scotland.

NHS Grampian has apprentices across the organisation undertaking a wide range of roles such as; electrical and mechanical engineering, bio medical engineering, prosthetics and orthotics, finance, clerical, business administration and catering.

It has been recognised, that an expansion of the modern apprentice workforce is required to balance an ageing workforce and to ensure that appropriate succession planning is being considered. There will be a continued expansion of these programmes in the future.

4.7 Wider Development Programmes

NHS Grampian continues to provide wider development opportunities for all staff groups and continues to invest in the development of people. Learning, support and coaching is available, across the organisation, which includes a mentoring scheme. Talent management and leadership development programmes continue to run with increased attendance, alongside the North East Learning Collaborative which continues to design and deliver training and development for staff across partner organisations.
Workforce Plan

NHS Grampian will continue to provide a 3 day Middle Manager course which continues to be well subscribed with good feedback. In 2018, feedback suggested that a condensed Middle Manager course would benefit those who require cover of duties whilst in attendance. In response, NHS Grampian will offer a 2 day course based on a ‘flipped classroom’ model, where attendees will carry out pre-reading, then attend the face-to-face days with a basic understanding with a view to discussing and exploring the coursework further.

The first 2 day Middle Manager course was piloted in April 2019, with subsequent courses being scheduled monthly at locations including Aberdeen, Inverurie, Huntly and Elgin.

During 2019/2020, there will be ongoing opportunities for workforce development, recognising that, transferable skills between professions should be considered where there are difficult to recruit roles.

Management and Leadership development will be available for staff, not just for those who have formal line management responsibility, with an aspiration of excellence across the organisation.

Our Commitment 2019/20

NHS Grampian will continue to provide development opportunities for our workforce. There will be the expansion of our modern apprenticeship workforce and opportunities for our staff to gain transferrable skills at all levels, there will be continued investment in our workforce to be supported and developed.
Employability and Role Development

5.1 Workforce Supply – Solution to Workforce Supply Challenges

Nursing

In 2017, NHS Grampian welcomed our first cohort of international nurses from Western Australia. The cohort are supported through a locally developed educational programme by NHS Grampian Practice Education Team and to date, 5 have achieved registration.

Following a consultation and review of the NMC process, some NMC requirements have changed during 2018, with the most significant being the removal of the need for graduates to have undertaken 12 months clinical experience following registration. This change came into place in September 2018 and a further international recruitment event took place in November 2018.

New graduates from Western Australia were interviewed and conditional offers were made for positions on the NHS Grampian Graduate Nurse Programme. The recruitment event in Western Australia was very well attended, resulting in video interviews taking place with further candidates in early 2019.

The strong relationship built with Western Australian Nursing and Midwifery Office continued to progress during 2018 and this will throughout 2019, to support and prepare these graduates coming to NHS Grampian.

Employability

NHS Grampian continues to work collaboratively with the Prince’s Trust in line with their Scottish Government Partnership agreement. The first non-clinical cohort was delivered in November 2018, with a plan to deliver a second cohort, in April 2019 which will focus on Health Care Support Workers.

In April 2019, there will be a number of placements available for the Prince’s Trust Get into Healthcare programme to support, recruit and train young people aged 16 to 30, who are interested in pursuing a career in healthcare support or in social care.

NHS Grampian is also the process of engaging with Barnardos, with the aim of developing a programme within the Moray Hospitals for 12 participants during 2019.

A range of employability initiatives have been expanded in relation to encouraging more young people to work for NHS Grampian as a future career pathway.

Workforce Plan

Initiatives include:

- Working alongside nursery and primary schools to begin ‘sowing the seeds’ and getting children to think about careers in health and social care from an early age;
- Working with secondary school pupils to promote work experience and work placements, CV Preparation and Mock Interviews;
- Developing a work experience programme for school guidance staff so that they have a greater knowledge in guiding pupils;
- Looking at how we can develop appropriate pathways and opportunities for ‘children in care and deprived areas;
- Working with The Robert Gordon University, University of Aberdeen, North East Scotland College and the University of the Highlands and Islands in relation to developing a robust and formal ‘pathway into healthcare’;
- Engaging with both ‘Developing the Young Workforce’ groups for Moray, Aberdeen City and Aberdeenshire;
- Continuing to develop the range of Foundation and Modern Apprenticeship Programmes within the organisation.

Our Commitment 2019/20

NHS Grampian will continue recruitment initiatives to address workforce supply challenges nationally and internationally. NHS Grampian will link with further education and higher education partners to explore new career development routes for HCSWs employed within Midwifery and the Allied Health Professions.

NHS Grampian will support pathways into HCSW roles, particularly for young people, we will establish employability programmes with both the local college and the Princes Trust and other providers.

NHS Grampian continues to offer Apprenticeships; foundation, modern and graduate, with plans to develop these Programmes in 2019/2020 and will continue to engage with Schools ‘sowing the seeds’ alongside offering work based placements. All of these initiatives combined, are necessary to ensure there is a continued pipeline of a young workforce to meet our future demand.
5.3 The Use of Social Media

NHS Grampian continues to manage a number of initiatives in relation to social media and websites to address engagement, communication and consequently improve workforce supply.

NHS Grampian continues to support the GP Jobs Grampian Facebook page\(^{23}\) to promote Grampian as a place to live and work and to advertise vacancies. It also shares stories from existing Medical Staff in Primary Care and their experience of living and working in Grampian. NHS Grampian continues to use social media, including Facebook and LinkedIn to support recruitment for large scale campaigns or specific specialist roles.

As of June 2019, there are 982 likes and 1014 followers of the GP Grampian Jobs Facebook page. On average, each update posted to the Facebook page, is estimated to reach over 25,000 individuals with the potential for onward sharing of the information or vacancy.

We continue to expand our social media presence as a way to attract people to live and work in Grampian. Vacancies continue to be highlighted on Facebook, Twitter and LinkedIn. Promotion of these sites and the use of social media, is shared with appointing managers to maximise advertising opportunities across colleague networks. This awareness and promotion will continue to expand in 2019 and beyond.

Our Commitment 2019/20

NHS Grampian continues to support and develop a social medical presence to promote job opportunities, Grampian as a place to live and work and actively using social media to promote available posts.

5.4 Medical Education

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

NHS Grampian continues to demonstrate year on year improvement in the feedback collected by NHS Education for Scotland (NES) and the General Medical Council (GMC).

\(^{23}\) Facebook/gp jobs GRAMPIAN
Workforce Plan

NHS Grampian received seventeen good practice recognition letters from NES for the high ratings given by trainees during 2018.

The Shape of Training\textsuperscript{24} is now being implemented across NHS Scotland. The aim is to shift the balance between specialist and generalist roles, allowing more flexibility for trainees to transfer between specialties. The Improving Surgical Training (IST) pilot is now up and running across NHS Grampian, trainees will benefit from an increase in protected teaching time, longer placements, reduced on-call commitments and better progression through competency training. Improving Medical Training (IMT) will be implemented in August 2019, where there will be no further recruitment to Core Medical Training posts; new trainees will directly enter the IM Training programme.

NHS Grampian ensures that, through monitoring and feedback, there is a high level of awareness of departments which require additional support. Action Plans for improvement are scrutinised at appropriate service levels and strategies in place to follow up any identified issues.

\textbf{Our Commitment 2019/20}

NHS Grampian is committed to continually improve and support medical education and training experiences of Doctors and Dentists in Training. Monitoring and support will continue, alongside action plans for improvement.

\subsection*{5.5 Workforce Utilisation}

NHS Grampian is continually making improvements to rostering practice to ensure we have the right staff, in the right place, at the right time. To support this vision, NHS Grampian has procured an electronic rostering system, Healthroster which supports visibility of rostering practice and roster related information to support organisational decision-making. Healthroster holds fully integrated bank and agency information and a suite of reports to further increase the ability to understand our use of resource.

The initial scope for implementation is within the Nursing and Midwifery workforce. The ‘live’ areas are, Theatre, 11 and 12, SSU, Recovery, Ward 208, Ward 209 and Ward 212/213, Cardiac ICU, Winter Ward at Aberdeen Royal Infirmary (ARI) and Theatres 1 to 6, Recovery and Ward 202 at Woodend Hospital. Further Implementation is currently progressing within the ARI Main Theatres Suite.

\textsuperscript{24}https://www.shapeoftraining.co.uk/
Workforce Plan

In 2018, a lesson learned session took place. Feedback was positive in relation to the transparency of information, staff use of the self-service functionality to view rosters/make requests and the ability to audit activity on the roster.

Recommendations from users moving forward have been progressed, including the use of single sign on, an intranet site to support ease of access to documents and tailoring of the staff to be trained.

Rota monitoring continues for Junior Doctors and Dentists in Training. As of July 2019, 11.2% of NHS Grampian trainee rotas are Band 3. Ongoing support is provided for these areas by Trainee Leads and the Lead Consultants for Rota Monitoring for the respective areas. Issues are discussed and action plans agreed to bring improvements at re-monitoring.

Alongside the implementation of Healthroster, a centralised approach for the creation of rosters has been introduced. A Central Rostering Team (CRT) has been established which supports wards/units on roster creation, system maintenance and Scottish Standard Time System updates. The CRT and the eRostering Team work closely with clinical teams to ensure that rosters created are of a high quality and meet service needs. Final approval of all rosters released to staff remains within the clinical area.

Our Commitment 2019/20

NHS Grampian is committed to the continued effective utilisation and deployment of the workforce.

Having the right staff, in the right place, at the right time will ensure a sustainable and resilient workforce providing high quality patient care.

5.6 Bank Review Progress

NHS Grampian is now providing an amalgamated Nursing and Midwifery bank service across three bank offices as an action from the Nurse Bank Review Recommendations in 2017. The redesign of administrative services continues, with future plans for this to be co-located. In 2018/2019 the Nurse and Midwifery bank implemented a new electronic system across all locations. Individual staff now have the ability to book shifts directly through a computer or mobile device.

Significant work has been undertaken to engage with new Agency providers through a National Framework to supplement the workforce and reduce nursing agency spend. The use of the supplementary staff continues to reflect the challenges in providing a substantive workforce.

25 https://www.nhsgrampiannmahp.scot.nhs.uk/home/grampian-nurse-bank/
5.7 Nursing and Midwifery Workload and Workforce Tools

Nursing and Midwifery Workload Workforce Tools have been widely utilised across NHS Grampian during 2018. Specific focus has been across Maternity, Mental Health and Learning Disability, Adult In-patient, Small Ward, Community Children’s and Children’s Specialist Nurses, in conjunction with the Professional Judgement and Quality tool, as appropriate. Neonatal and Paediatric (SCAMPS) tools continue to be run daily, with a minimum of annual an application of professional judgement.

NHS Grampian has utilised support from the Programme Advisor and Assistant Advisors from the Nursing and Midwifery Workload Workforce National Team. Education and Training on the triangulation process will be delivered in 2019/2020 including appropriate workload workforce tools quality measures, as well as Excellence in Care and understanding local workforce data.

NHS Grampian continues to progress with plans enabling a risk and prioritisation process for the nursing and midwifery workforce and ensure that systems and processes are aligned to support the Health and Care (Staffing) (Scotland) Bill\(^\text{26}\). This Bill will now cover other clinical staff and guidance is expected in the next 12-18 months.

Our Commitment 2019/20

NHS Grampian will continue to use the Nursing and Midwifery Workload and Workforce Tools during 2019/2020 and will develop a plan, for the implementation of the Bill.

\(^{26}\) https://www.parliament.scot/parliamentarybusiness/Bills/108486.aspx
Summary of Actions 2019/2020

NHS Grampian will continue work towards the aims of the Grampian Clinical Strategy, Health and Social Care Delivery Plan and take forward actions required from the Workforce Strategic Intent. During 2019/2020 there will be ongoing work to align our workforce to service requirements and to supply, support, retain and grow a workforce that delivers high quality, patient centred care.

There will be continued participation in the NHS Scotland workforce planning process and an active role in workforce planning locally and regionally, as further workforce planning guidance evolves. Continued support for training and guidance offered to our Health and Social Care Partners will continue during 2019/2020.

There will remain a focus on the National Clinical Strategy and the Grampian Clinical Strategy, placing patients at the forefront of their care. Prevention, self management and services delivered closer to the patients' home are pivotal in delivering this vision. The Board will continue to align the workforce and service to enable the changes required.

We will continue to work together with our highly valued staff in relation to these changes and to ensure they are successfully delivered.

NHS Grampian will continue the development of a more multi-skilled workforce and to further establish development opportunities and educational requirements. There will be continued collaboration with Education providers to ensure there is an optimal supply of staff and opportunities for our workforce.

It is recognised, that the scale of change and transformation required, is not possible without the ongoing support and commitment of our staff. NHS Grampian is committed to providing a culture that involves staff to engage in feedback and influence improvements to provide high quality care.

There will continue to be active collaboration, in relation to the shared services agenda, regional working and regional workforce planning.

The transformation of services will continue to ensure the workforce is utilised optimally and there is a continued balance between demand, capacity and flexibility of the future workforce.

Supplementary staffing will continue to be robustly scrutinised. NHS Grampian, will continue to prioritise adequate workforce supply, to manage the use of Bank and Agency staff, by the utilisation of transformational roles such as Physician Associates, Health Care Support Workers, Clinical Development Fellows and Advanced Clinical Practitioners and provide clear career pathways for these professions.
Appendix 1 - Workforce Data

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

The reporting periods included within the below data, are based on figures and comparisons from 31st March 2018 and 31st March 2019.

1.1 Staff in Post, 31st March 2019
NHS Grampian employed 14,527 people, which was 12,013.3 whole time equivalent (wte) staff, as shown by staff group, in Chart 1. Since March 2014, there has been an increase of 504 staff, or 492.2 wte across the workforce.

Chart 1: NHS Grampian wte and Headcount Split by Staff Group 31st March 2019

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The workforce figures throughout this section do not include Honorary Contracts.
Chart 1a: NHS Grampian WTE and Headcount Split by Staff Group (percentage) 31st March 2019

The Nursing and Midwifery staff group, is the largest group within NHS Grampian and make up more than 43% of the total workforce. Support Services and Administration Services are the next largest staff groups, with 12% and 15% respectively. Medical and Dental staff account for over 10%, with Allied Health Professions employing 8% of the NHS Grampian workforce.

1.2 Whole Time Equivalent and Headcount

As at 31st March 2019, NHS Grampian has 14,527 staff working, 12,013.3 whole-time equivalent. The main clinical staffing groups are Medical and Dental, Nursing and Midwifery and Allied Health Professions who have a combined total of over 7,449.3 wte. The numbers of Nursing and Midwifery and Allied Health Profession staff has decreased slightly compared to the same period last year from 5,263.9 wte to 5,210.2 wte and from 931.2 wte to 927.2 wte, as at March 2019.
Workforce Plan

Table 1: Headcount and wte as at 31\textsuperscript{st} March 2019

<table>
<thead>
<tr>
<th>Staff Group</th>
<th>Headcount</th>
<th>WTE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administrative Services</td>
<td>2174</td>
<td>1819.93</td>
</tr>
<tr>
<td>Allied Health Profession</td>
<td>1174</td>
<td>927.24</td>
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<tr>
<td>Dental Support</td>
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<td>Healthcare Sciences</td>
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<td>518.99</td>
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<td>Medical and Dental</td>
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</tr>
<tr>
<td>Support Services</td>
<td>1976</td>
<td>1476.35</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td><strong>14527</strong></td>
<td><strong>12013.30</strong></td>
</tr>
</tbody>
</table>

1.3 Whole/Part Time Working

Over the previous 4 years, there has been a shift from full time towards part-time working. There has been approximately 0.5% change since the same period last year with part-time working increasing and consequently, whole-time working decreasing.

Chart 2 below shows the split between whole and part-time working by staff group. Support Services continues to be the only staff group with a higher ratio of part-time to whole-time working. This is partially due to the high numbers of Domestic and Catering staff who work part-time.
2. **Age and Gender Profiles**

Understanding the workforce age profile is important to ensure appropriate succession planning and to prevent gaps in knowledge, and experience within any staff group. It should also be recognised there are increasing numbers of staff who are choosing to work beyond State Pension Age (SPA), particularly in light of recent changes to State Pensions\(^\text{28}\).

The chart below shows the age profile of the Medical and Dental, Nursing and Midwifery and Allied Health Professions workforce. Nursing and Midwifery, as the largest staff group within NHS Grampian, is influencing the overall age profile and highlights a reduction in the number of Nursing and Midwifery staff in the 30 to 44 age brackets, as well as the Nursing and Midwifery staff aged 50 and over.

NHS Grampian is a teaching hospital, therefore, 43% or 643 of Medical and Dental workforce, includes trainees. The chart below has excluded trainees, due to the lower age ranges which hide issues of an ageing workforce within this staff group.

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Medical and Dental staff (excluding trainees) age profile shows a rapid increase between 25 and 44, due to trainees becoming qualified during this period within their careers. A larger proportion of Medical and Dental staff are retiring later than Nursing and Midwifery colleagues and, in turn, later than Allied Health Professions. Allied Health Professions are recruiting larger numbers of staff over the 25 to 39 age ranges compared with Nursing and Midwifery. With evolving pension reform now and in the future, the extent of how these reforms will impact those who wish to work for longer or past state pension age, and the implications for our workforce remain unclear.

2.1 Ageing Workforce

The average age of NHS Grampian staff is 43 years.

40% of the Medical and Dental workforce is aged 50 or over; 34.7% of the Nursing workforce is aged 50 or over; 34.4% of Healthcare Scientists are aged 50 or over; 39% of Personal and Social Care staff are aged 55 or over; 36.4% of Support Services are aged 55 or over; 29.1% of Administration Services staff are aged 55 or over and 21.9% of the overall workforce is aged 55 or over. With a high percentage of the overall workforce over 50 years old (36.7%), there is a requirement for NHS Grampian to monitor and appropriately plan for an ageing workforce.

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

Given the identified risk of an ageing workforce, supporting people to maintain their health and well-being, will influence their ability to work for longer and will improve stability of the workforce.

Chart 4: NHS Grampian Age Range as at 31st March 2019 compared with 5 years ago

The staff levels within the 50 to 60+ years age range continues to reduce, however, there are a significant number of staff working for longer when compared with 5 years ago. The percentage of staff within the age range 50 through to 60+ was, 34.2% 5 years ago, but has risen to 36.7% in 2019. There is a slight decrease within the younger age range, for staff who are under 20 through to 24, where there is a small decrease of 0.8% compared to 5 years ago.

3. Gender

This gender profile indicates that the organisation continues to be predominantly female.

Chart 5: NHS Grampian Gender Split

Female 83%  Male 17%
Since 2014, the percentage of male staff, compared with female staff, has remained comparable. In 2018, 18.0% of staff was male, which reduced to 17.0% in 2019. There are differences between staff groups, for example, Nursing and Midwifery gender profile is 94% female and 6% male. Medical and Dental in contrast, is 50.0% female and 50.0% male.

4. Sickness Absence

Chart 6: NHS Grampian Sickness Absence Rates, Monthly ISD, April 2018 – March 2019

In comparison within the North of Scotland, the year ending annualised figures are as follows: Highland 5.23%, Orkney 4.62%, Tayside 5.40%, Western Isles 5.53% and Shetland 4.29% compared with Grampian at 4.53%. The Scottish figure for April 2018 to March 2019 was 5.39%.

NHS Grampian’s sickness absence rate has fluctuated between 4.26% and 4.91% within the last year. NHS Grampian’s sickness absence level remains below that of the average for NHS Scotland. Throughout 2018/2019, the absence rates do not reflect as much of a pattern, as seen in previous years, where absence levels were lower during summer months. NHS Grampian’s long term absence is consistently below most other territorial Boards in Scotland. This reflects the work by Managers, HR and Grampian Occupational Health Services to support staff using appropriate adjustments, where required.

4.1 Attendance Management

Whilst the overall sickness absence of NHS Grampian is below the NHS Scotland average, it presents an ongoing risk to a sustainable and capable workforce. With absence levels fluctuating across professions and sectors, the need to improve staff health and well-being,

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29 Please note that ISD are currently reviewing the national figures and these maybe subject to change.
Workforce Plan

and to return and stay in work through appropriate management and Occupational Health support must be maintained.

5. Turnover

Turnover\textsuperscript{30} of staff within any organisation, creates opportunity to review the current workforce and skill mix. NHS Grampian’s turnover rate averages 10.5\%, allowing opportunity for reviewing roles. Whilst turnover rates are healthy, Allied Health Professions, Nursing and Midwifery, and Medical staff have had a high proportion of live vacancies of more than 3 months. This creates additional pressures on the existing workforce and can create increased reliance on supplementary staff.

Table 3: Aggregated Starters and Leavers 1\textsuperscript{st} April 2018 – 31\textsuperscript{st} March 2019

<table>
<thead>
<tr>
<th>Staff Group</th>
<th>No. of starters for last 12 months</th>
<th>No. of leavers for last 12 months</th>
<th>Current Headcount</th>
<th>Turnover</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administrative Services</td>
<td>179</td>
<td>196</td>
<td>2174</td>
<td>9.02%</td>
</tr>
<tr>
<td>Allied Health Profession</td>
<td>113</td>
<td>113</td>
<td>1174</td>
<td>9.63%</td>
</tr>
<tr>
<td>Dental Support</td>
<td>18</td>
<td>14</td>
<td>220</td>
<td>6.36%</td>
</tr>
<tr>
<td>Healthcare Sciences</td>
<td>49</td>
<td>56</td>
<td>591</td>
<td>9.48%</td>
</tr>
<tr>
<td>Medical and Dental</td>
<td>77</td>
<td>95</td>
<td>859</td>
<td>11.06%</td>
</tr>
<tr>
<td>Medical Support</td>
<td>8</td>
<td>10</td>
<td>94</td>
<td>10.64%</td>
</tr>
<tr>
<td>Nursing and Midwifery</td>
<td>707</td>
<td>714</td>
<td>6227</td>
<td>11.47%</td>
</tr>
<tr>
<td>Other Therapeutic</td>
<td>82</td>
<td>57</td>
<td>452</td>
<td>12.61%</td>
</tr>
<tr>
<td>Personal and Social Care</td>
<td>3</td>
<td>6</td>
<td>82</td>
<td>7.32%</td>
</tr>
<tr>
<td>Senior Managers</td>
<td>1</td>
<td>3</td>
<td>31</td>
<td>9.68%</td>
</tr>
<tr>
<td>Support Services</td>
<td>215</td>
<td>234</td>
<td>1976</td>
<td>11.84%</td>
</tr>
<tr>
<td>Grand Total</td>
<td>1452</td>
<td>1498</td>
<td>13880</td>
<td>10.55%</td>
</tr>
</tbody>
</table>

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

The Other Therapeutic staff group from 1\textsuperscript{st} April 2018 to 31\textsuperscript{st} March 2019, has the highest turnover rate of 12.61\%. The next highest staff group is, Support Services 11.84\%, alongside the staff group with the lowest turnover which is Dental Support at 6.36\%.

As the above table shows, there are more leavers than starters within the two of the main clinical staff groups, Medical and Dental and Nursing and Midwifery. Although the Other Therapeutic staff group is, showing the highest turnover, it has had more starters than leavers over the past year. More leavers than starters, combined with an ageing workforce, is concerning for the future resilience of the workforce.

\textsuperscript{30} Turnover is defined as employees leaving NHS Grampian. The current headcount as at 31\textsuperscript{st} March 2019
Unemployment rates\textsuperscript{31} have increased in Scotland to 4.3% from 4.1% for the same period last year. In line with Scotland, Grampian has seen an increase in local unemployment rates, with the downturn in the Oil and Gas sector having had an impact upon these figures. Unemployment rates within Aberdeen City in particular, have increased by 1.0% over the past year, rising to 5.1%, which is above the Scottish average, 4.3%. Aberdeenshire, rates are currently at 2.8%, which remains low compared to our other two local authority areas.

**Chart 7: Employment Rates 2008 – 2018**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Scotland</td>
<td>73.6%</td>
<td>72.0%</td>
<td>71.0%</td>
<td>70.5%</td>
<td>70.5%</td>
<td>70.8%</td>
<td>72.6%</td>
<td>73.1%</td>
<td>73.0%</td>
<td>74.4%</td>
<td>74.1%</td>
</tr>
<tr>
<td>Aberdeen City</td>
<td>77.9%</td>
<td>78.3%</td>
<td>78.4%</td>
<td>75.0%</td>
<td>77.0%</td>
<td>76.4%</td>
<td>75.1%</td>
<td>76.7%</td>
<td>70.3%</td>
<td>76.1%</td>
<td>74.0%</td>
</tr>
<tr>
<td>Aberdeenshire</td>
<td>80.2%</td>
<td>80.4%</td>
<td>81.1%</td>
<td>79.5%</td>
<td>80.0%</td>
<td>78.7%</td>
<td>80.9%</td>
<td>80.6%</td>
<td>78.1%</td>
<td>82.3%</td>
<td>80.4%</td>
</tr>
<tr>
<td>Moray</td>
<td>79.6%</td>
<td>77.8%</td>
<td>79.9%</td>
<td>78.5%</td>
<td>77.6%</td>
<td>78.8%</td>
<td>77.1%</td>
<td>73.4%</td>
<td>75.3%</td>
<td>74.4%</td>
<td>72.8%</td>
</tr>
<tr>
<td>Grampian</td>
<td>79.2%</td>
<td>78.8%</td>
<td>79.8%</td>
<td>77.7%</td>
<td>78.2%</td>
<td>78.0%</td>
<td>77.7%</td>
<td>76.9%</td>
<td>76.9%</td>
<td>81.2%</td>
<td>79.5%</td>
</tr>
</tbody>
</table>

6. **Understanding Workforce Availability and Supply**

Grampian continues to have one of the highest employment rates in the country at 79.5%, with the downturn of the Oil and Gas sector this has contributed to a decrease compared to the same period last year. Aberdeen City has seen the largest decrease between 2017 and 2018, employment figure 74.0%, which is comparable with the Scottish average of 74.1%. Moray continues to have lowest employment rate of 72.8%, and Aberdeenshire’s rate is still strong with, 80.4% employment.

The number of Doctors in Training studying at Aberdeen University has increased since 2015/2016 from 123 to 151 in 2018/2019. Graduates who then choose to work for NHS Grampian has increased from 41 to 73, which shows that graduates are increasingly choosing to live and work in Grampian. The information provided by NHS Education for Scotland includes Doctors in Training who indicated that they studied at Aberdeen University, therefore the total number could be greater than reported.

\textsuperscript{31} 2018. ‘Economy and Labour Markets in Scotland; Statistics from the Annual Population Survey’

48 | P a g e
Workforce Plan

Chart 8: % of Aberdeen University Graduates Employed by NHS Grampian

Data Source: NHS Education for Scotland

Nursing and Midwifery graduates from Robert Gordon’s University has fluctuated between 238 in 2016 and 232 in 2018. The number of nursing graduates has varied over the last 3 years (201,168 and 191), whereas midwifery numbers have increased from 37 to 41. The through-put and supply of nursing graduates remains stable alongside a slight increase in the number of midwifery graduates choosing to remain and work within NHS Grampian in 2018.

Chart 9: % of Robert Gordon’s University Graduates Employed by NHS Grampian

Data Source: Robert Gordon’s University

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

The current year has seen 37,034 applications received by NHS Grampian. There has been a decrease of 7.8% in the number of applications received compared to the same period last year. Between 2016 and 2019 the number of applications received decreased by 26.3%.

Chart 10: NHS Grampian Recruitment Applications 2016 - 2019

7. Equality and Diversity

The ethnic makeup of the NHS Grampian Workforce\textsuperscript{33}, as at 31\textsuperscript{st} March 2018, is shown in Appendix 2. The ethnic makeup of the NHS Grampian workforce is less ethnically diverse (2%) than the wider population of Grampian (4%). Those that preferred not to declare ethnicity accounted for 27% of the workforce.

8. Finance

NHS Grampian’s (including all three Health and Social Care Partnerships) expenditure on staff costs for the 2018/2019 financial year was £602 million. Excluding Family Health

Workforce Plan

Services costs, this represented 61% of the total expenditure. It is therefore vital that NHS Grampian uses all staff resources in an efficient and effective way. To achieve financial balance, NHS Grampian estimates a requirement to make savings of £10.2 million in the 2019/2020 financial year, with a similar level of savings required over each of the next 3 years. This excludes savings on Health & Social Care Partnership staff budgets which will be separately agreed by the three Partnerships.

NHS Grampian’s expenditure on Agency and Bank spend for the 2018/2019 financial year was £51.5m:

<table>
<thead>
<tr>
<th>Agency</th>
<th>£26.0m</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bank</td>
<td>£25.5m</td>
</tr>
<tr>
<td>Total</td>
<td>£51.5m</td>
</tr>
</tbody>
</table>

The expenditure on bank nursing is 0.2% (£31k) above the level recorded for 2017/2018. Expenditure on agency nursing is significantly above the 2017/2018 level and is the highest for any Health Board in Scotland. The level of this spend is planned and reflects the need to use agency nursing staff to cover for high vacancy levels in areas such as Critical Care, Theatres and Mental Health. At the end of March, expenditure on medical locums had increased by £6.9k compared to the same period in 2017/2018. Reduction in the use of locums in the Acute Sector is balanced by an increased use of locums in Mental Health and Assessment services.

NHS Grampian’s expenditure on additional hours and overtime for 2018/2019 has increased by 1.2% compared to the same period in 2017/2018.

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

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

- Reducing the demand for agency medical locums, by a combination of filling long term vacancies; improving controls around demand management; creating more accurate billing for breaks taken; and ensuring there is sufficient scrutiny in the process and justification for the use of locums;

- Eliminating non-compliant junior medical rotas by filling vacancies, including the continued recruitment of Clinical Development Fellows, Advanced Practitioners and Physician Associates;
Workforce Plan

Reducing the volume of agency nursing used, by recruiting to vacancies and improved use of bank nursing;

Implementing improved processes in relation rostering to deliver efficiencies in the use of bank nursing staff;

Continued vacancy management to ensure that all new and replacement posts are scrutinised for potential efficiencies before being filled; and alternatives.

Ongoing review of skill mix opportunities to ensure an appropriate grade mix for duties performed.

9. Job Planning

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

Table 2: Job Planning Completion as at 31st March 2019

<table>
<thead>
<tr>
<th>Year</th>
<th>Consultants</th>
<th>Honorary Consultant</th>
<th>Job Plans Submitted</th>
<th>% Job plans Submitted</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014/15</td>
<td>485</td>
<td>49</td>
<td>450</td>
<td>84.30%</td>
</tr>
<tr>
<td>2015/16</td>
<td>521</td>
<td>54</td>
<td>362</td>
<td>63.40%</td>
</tr>
<tr>
<td>2016/17</td>
<td>511</td>
<td>52</td>
<td>259</td>
<td>48.70%</td>
</tr>
<tr>
<td>2017/18</td>
<td>511</td>
<td>50</td>
<td>362</td>
<td>70.70%</td>
</tr>
<tr>
<td>2018/19</td>
<td>359</td>
<td>18</td>
<td>377</td>
<td>59.84%</td>
</tr>
</tbody>
</table>

There has been a decrease in Consultant Job Plan submissions from last year, 70.7% returned as at 31st March 2018 to 59.84% returned as at 31st March 2019.

In 2018/19, 34.28% of Associate Specialist and Specialty Doctors job plans were submitted; this represents an increase of 10.78% from last year.

It is hoped with the introduction of electronic job planning, refreshed guidance and training; the completion rate will increase in the coming year.
## 10. Vacancies

### 10.1. Consultants

The number of Consultant vacancies decreased from 50.8 wte as at 31st March 2018 to 36.4 wte as at 31st March 2019. It should be noted of the 36.4 wte, 9 posts have been appointed to but individuals have not yet started, compared with 11 in the same category previous year.

<table>
<thead>
<tr>
<th>Consultant Specialties - wte</th>
<th>31st March 2019</th>
<th>31st March 2018</th>
<th>Difference</th>
<th>Percentage Change</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>All specialties</strong></td>
<td>36.4</td>
<td>50.8</td>
<td>-14.4</td>
<td>-28.3%</td>
</tr>
<tr>
<td><strong>All medical specialties</strong></td>
<td>35.4</td>
<td>49.8</td>
<td>-14.4</td>
<td>-28.9%</td>
</tr>
<tr>
<td>Emergency medicine</td>
<td>3.0</td>
<td>1.0</td>
<td>2</td>
<td>200.0%</td>
</tr>
<tr>
<td>Anaesthetics</td>
<td>2.0</td>
<td>3.0</td>
<td>-1</td>
<td>-33.3%</td>
</tr>
<tr>
<td>Intensive Care Medicine</td>
<td>1.0</td>
<td>0.0</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Clinical Laboratory Specialties</td>
<td>9.0</td>
<td>9.0</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Histopathology</td>
<td>3.0</td>
<td>1.0</td>
<td>2</td>
<td>200.0%</td>
</tr>
<tr>
<td>Medical microbiology &amp; virology</td>
<td>2.0</td>
<td>3.0</td>
<td>-1</td>
<td>-33.3%</td>
</tr>
<tr>
<td>Clinical radiology</td>
<td>4.0</td>
<td>5.0</td>
<td>-1</td>
<td>-20.0%</td>
</tr>
<tr>
<td>Medical Specialties</td>
<td>6.4</td>
<td>10.6</td>
<td>-4.2</td>
<td>-39.6%</td>
</tr>
<tr>
<td>General (internal) medicine</td>
<td>0.6</td>
<td>0.0</td>
<td>0.6</td>
<td>New Vacancies</td>
</tr>
<tr>
<td>Dermatology</td>
<td>1.0</td>
<td>1.2</td>
<td>-0.2</td>
<td>-16.7%</td>
</tr>
<tr>
<td>Gastroenterology</td>
<td>0.0</td>
<td>1.0</td>
<td>-1</td>
<td></td>
</tr>
<tr>
<td>Geriatric medicine</td>
<td>2.0</td>
<td>0.0</td>
<td>2</td>
<td>New Vacancies</td>
</tr>
<tr>
<td>Infectious Diseases</td>
<td>0.0</td>
<td>0.4</td>
<td>-0.4</td>
<td>-100.0%</td>
</tr>
<tr>
<td>Acute internal medicine</td>
<td>0.0</td>
<td>1.0</td>
<td>-1</td>
<td></td>
</tr>
<tr>
<td>Medical Oncology</td>
<td>0.0</td>
<td>1.0</td>
<td>-1</td>
<td></td>
</tr>
<tr>
<td>Neurology</td>
<td>0.0</td>
<td>1.0</td>
<td>-1</td>
<td></td>
</tr>
<tr>
<td>Renal medicine</td>
<td>0.5</td>
<td>0.0</td>
<td>0.5</td>
<td>New Vacancies</td>
</tr>
<tr>
<td>Rehabilitation medicine</td>
<td>1.0</td>
<td>2.0</td>
<td>-1</td>
<td>-50.0%</td>
</tr>
<tr>
<td>Respiratory medicine</td>
<td>1.3</td>
<td>0.0</td>
<td>1.3</td>
<td>New Vacancies</td>
</tr>
<tr>
<td>Rheumatology</td>
<td>0.0</td>
<td>1.0</td>
<td>-1</td>
<td>-100.0%</td>
</tr>
<tr>
<td>Clinical neurophysiology</td>
<td>0.0</td>
<td>1.0</td>
<td>-1</td>
<td>-100.0%</td>
</tr>
<tr>
<td>Clinical oncology</td>
<td>0.0</td>
<td>2.0</td>
<td>-2</td>
<td>-100.0%</td>
</tr>
<tr>
<td>Psychiatric specialties</td>
<td>3.0</td>
<td>5.2</td>
<td>-2.2</td>
<td>-42.3%</td>
</tr>
<tr>
<td>General psychiatry</td>
<td>2.0</td>
<td>4.0</td>
<td>-2</td>
<td>-50.0%</td>
</tr>
<tr>
<td>Child &amp; adolescent psychiatry</td>
<td>0.0</td>
<td>1.0</td>
<td>-1</td>
<td>-100.0%</td>
</tr>
<tr>
<td>Old age psychiatry</td>
<td>1.0</td>
<td>0.0</td>
<td>1</td>
<td>New Vacancies</td>
</tr>
<tr>
<td>Psychotherapy</td>
<td>0.0</td>
<td>0.2</td>
<td>-0.2</td>
<td>-100.0%</td>
</tr>
<tr>
<td>Surgical specialties</td>
<td>6.0</td>
<td>11.0</td>
<td>-5</td>
<td>-45.5%</td>
</tr>
<tr>
<td>General surgery</td>
<td>3.0</td>
<td>3.0</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Cardiothoracic surgery</td>
<td>0.0</td>
<td>1.0</td>
<td>-1</td>
<td>-100.0%</td>
</tr>
<tr>
<td>Otolaryngology</td>
<td>0.0</td>
<td>1.0</td>
<td>-1</td>
<td></td>
</tr>
<tr>
<td>Ophthalmology</td>
<td>1.0</td>
<td>1.0</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Trauma &amp; orthopaedic surgery</td>
<td>0.0</td>
<td>3.0</td>
<td>-3</td>
<td>-100.0%</td>
</tr>
<tr>
<td>Urology</td>
<td>1.0</td>
<td>1.0</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Vascular surgery</td>
<td>1.0</td>
<td>1.0</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Obstetrics &amp; gynaecology</td>
<td>4.0</td>
<td>3.0</td>
<td>1</td>
<td>33.3%</td>
</tr>
<tr>
<td>Community sexual &amp; reproductive health</td>
<td>1.0</td>
<td>0.0</td>
<td>1</td>
<td>New Vacancies</td>
</tr>
<tr>
<td>Paediatrics specialties</td>
<td>0.0</td>
<td>7.0</td>
<td>-7</td>
<td>-100.0%</td>
</tr>
<tr>
<td>Paediatrics</td>
<td>0.0</td>
<td>7.0</td>
<td>-7</td>
<td></td>
</tr>
<tr>
<td>All dental specialties</td>
<td>1.0</td>
<td>1.0</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Orthodontics</td>
<td>1.0</td>
<td>1.0</td>
<td>0</td>
<td>0.0%</td>
</tr>
</tbody>
</table>

**Colour Code Key**

- <= 0
- >= 1 and <3
- >=3
10.2. Junior Doctor Training Posts

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

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

There remains a growing interest in the Physician Associate workforce and services are utilising this profession in their multi-disciplinary team.

The Medical Training Initiative (MTI) is a mutually beneficial scheme that provides Doctors in Training from all over the world with the opportunity to work and train in the UK, while giving the Board a high-quality, longer-term alternative to using locums to fill rota gaps. The scheme is underpinned by the Diploma in UK Medical Practice which all candidates are expected to achieve and is usually aimed at those just about to achieve the equivalent of the UK’s Certificate of Completion of Training.
10.3. Allied Health Professions

The number of Allied Health Professional vacancies has increased from 80.1 wte as at 31st March 2018 to 93.4 wte as at 31st March 2019.

<table>
<thead>
<tr>
<th>Job Sub Family</th>
<th>Allied Health Professionals ISD Vacancy Table 31st March 2019 (wte)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>AHP - ISD Return Data</td>
</tr>
<tr>
<td>Dietetics</td>
<td></td>
</tr>
<tr>
<td>Occupational Therapy</td>
<td></td>
</tr>
<tr>
<td>Physiotherapy</td>
<td></td>
</tr>
<tr>
<td>Podiatry</td>
<td></td>
</tr>
<tr>
<td>Radiography - Diagnostic (inc. Sonography)</td>
<td></td>
</tr>
<tr>
<td>Radiography - Therapeutic</td>
<td></td>
</tr>
<tr>
<td>Speech and Language Therapy</td>
<td></td>
</tr>
<tr>
<td>Orthotist</td>
<td></td>
</tr>
<tr>
<td>Prosthetists</td>
<td></td>
</tr>
<tr>
<td>Orthoptists</td>
<td></td>
</tr>
<tr>
<td>Multi Skilled Support Worker</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total</td>
</tr>
</tbody>
</table>

Colour Code Key:
- <=0
- >0 and <3
- >=3

Occupational Therapy, Physiotherapy, Speech and Language and Diagnostic Radiography are disciplines that experience difficulties with recruitment and retention. Physiotherapy has high vacancy levels with 31.8 wte vacant posts.
## 10.4. Nursing & Midwifery

The number of Nursing and Midwifery vacancies has increased from 448.5 wte as at 31st March 2018 to 498.3 wte as at 31st March 2019.

### Detailed Current Vacancies within NHS Grampian Nursing/Midwifery:

<table>
<thead>
<tr>
<th>Division and Unit</th>
<th>31st March 2019</th>
<th>31st March 2018</th>
<th>Difference</th>
<th>Percentage Change</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Acute Medicine</strong>*</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unscheduled Care</td>
<td>13.6</td>
<td>12.9</td>
<td>0.7</td>
<td>5.43%</td>
</tr>
<tr>
<td>Medicine 2</td>
<td>18.7</td>
<td>14.5</td>
<td>4.2</td>
<td>28.97%</td>
</tr>
<tr>
<td>Medicine 3</td>
<td>7.9</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Medicine 4</td>
<td>17.4</td>
<td>14.3</td>
<td>3.1</td>
<td>21.68%</td>
</tr>
<tr>
<td>Medicine 5</td>
<td>21.0</td>
<td>10.7</td>
<td>10.3</td>
<td>96.26%</td>
</tr>
<tr>
<td><strong>Acute Surgery</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surgery 1</td>
<td>7.0</td>
<td>8.6</td>
<td>-1.6</td>
<td>-18.60%</td>
</tr>
<tr>
<td>Surgery 2</td>
<td>17.4</td>
<td>19.6</td>
<td>-2.2</td>
<td>-11.22%</td>
</tr>
<tr>
<td>Surgery 3</td>
<td>37.8</td>
<td>42.9</td>
<td>-5.1</td>
<td>-11.89%</td>
</tr>
<tr>
<td>Surgery 4</td>
<td>47.1</td>
<td>63.5</td>
<td>-16.4</td>
<td>-25.83%</td>
</tr>
<tr>
<td>Surgery 5</td>
<td>32.8</td>
<td>11.0</td>
<td>21.8</td>
<td>198.18%</td>
</tr>
<tr>
<td><strong>Acute Women &amp; Children</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Women</td>
<td>32.9</td>
<td>25.2</td>
<td>7.7</td>
<td>30.56%</td>
</tr>
<tr>
<td>Children</td>
<td>27.4</td>
<td>17.8</td>
<td>9.6</td>
<td>53.93%</td>
</tr>
<tr>
<td><strong>Acute Clinical Support Services</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinical Support 1</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>NO CHANGE</td>
</tr>
<tr>
<td>Clinical Support 2</td>
<td>4.0</td>
<td>9.7</td>
<td>-5.7</td>
<td>-58.76%</td>
</tr>
<tr>
<td>Clinical Support 3</td>
<td>13.5</td>
<td>17.0</td>
<td>-3.5</td>
<td>-20.59%</td>
</tr>
<tr>
<td>Clinical Support 4</td>
<td>1.5</td>
<td>1.0</td>
<td>0.5</td>
<td>50.00%</td>
</tr>
<tr>
<td><strong>Acute Dr Grays</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr Grays</td>
<td>31.8</td>
<td>15.0</td>
<td>16.8</td>
<td>112.00%</td>
</tr>
<tr>
<td><strong>Acute Management Team</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AMT</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>NO CHANGE</td>
</tr>
<tr>
<td><strong>Aberdeenshire CHP</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Aberdeenshire H&amp;SCP</td>
<td>45.0</td>
<td>36.5</td>
<td>8.5</td>
<td>23.29%</td>
</tr>
<tr>
<td>Aberdeen CHP</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Woodend</td>
<td>7.2</td>
<td>14.0</td>
<td>-6.8</td>
<td>-48.57%</td>
</tr>
<tr>
<td>Community</td>
<td>28.4</td>
<td>41.6</td>
<td>-13.2</td>
<td>-31.73%</td>
</tr>
<tr>
<td><strong>Moray CHP</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Moray H&amp;SCP</td>
<td>19.0</td>
<td>14.5</td>
<td>4.5</td>
<td>31.03%</td>
</tr>
<tr>
<td><strong>Mental Health Grampian</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental Health Hospital</td>
<td>50.4</td>
<td>49.2</td>
<td>1.2</td>
<td>2.44%</td>
</tr>
<tr>
<td>Mental Health Community</td>
<td>8.5</td>
<td>8.6</td>
<td>-0.1</td>
<td>-1.16%</td>
</tr>
<tr>
<td><strong>Corporate</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Education Teams</td>
<td>6.0</td>
<td>0.0</td>
<td>6.0</td>
<td>#DIV/0!</td>
</tr>
<tr>
<td>Research</td>
<td>2.1</td>
<td>0.0</td>
<td>2.1</td>
<td>100.00%</td>
</tr>
<tr>
<td><strong>GO Services - OHS</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Occupational Health</td>
<td>0.0</td>
<td>0.4</td>
<td>-0.4</td>
<td>100.00%</td>
</tr>
</tbody>
</table>

**Colour Code Key**

- Green: <=0
- Yellow: >0 and <5
- Red: >=5

**Total Aberdeenshire H&SCP**: 45.0

**Total Moray H&SCP**: 19.0

**Total Mental Health Grampian**: 58.9

**Total Corporate**: 8.8

**Total GO Services - OHS**: 2.1

**Total Occupational Health**: 0.4

**Total**: 498.3

**Previous Year**: 448.5

**Difference**: 49.8

**Percentage Change**: 11.10%
Workforce Plan

Acute Nursing and Midwifery vacancies are consistently high across NHS Grampian, compared with, 303.0 wte in March 2017, 283.7 wte as at 31st March 2018 and 331.8 wte as at 31st March 2019. Mental Health Services are also experiencing workforce supply issues, with 74.7 wte in March 2017, 58.7 wte as at 31st March 2018 and 62.1 wte as at 31st March 2019.
### NHS Grampian Ethnicity Report as at 31st March 2019

<table>
<thead>
<tr>
<th>2011 Census categories</th>
<th>Number</th>
<th>Percentage</th>
<th>2011 Census, % of population of Grampian in each category</th>
</tr>
</thead>
<tbody>
<tr>
<td>A  White</td>
<td>11604</td>
<td>64.70%</td>
<td>95.90%</td>
</tr>
<tr>
<td>Scottish</td>
<td>8968</td>
<td>50.00%</td>
<td>78.70%</td>
</tr>
<tr>
<td>Other British</td>
<td>1830</td>
<td>10.20%</td>
<td>11.40%</td>
</tr>
<tr>
<td>Irish</td>
<td>212</td>
<td>1.18%</td>
<td>0.70%</td>
</tr>
<tr>
<td>Gypsy/Traveller</td>
<td>-</td>
<td>-</td>
<td>0.10%</td>
</tr>
<tr>
<td>Polish</td>
<td>19</td>
<td>0.11%</td>
<td>1.90%</td>
</tr>
<tr>
<td>Other white ethnic group</td>
<td>575</td>
<td>3.21%</td>
<td>3.10%</td>
</tr>
<tr>
<td>B  Mixed or multiple ethnic groups</td>
<td>74</td>
<td>0.41%</td>
<td>0.40%</td>
</tr>
<tr>
<td>C  Asian, Asian Scottish or Asian British</td>
<td>817</td>
<td>4.56%</td>
<td>2.10%</td>
</tr>
<tr>
<td>D  African</td>
<td>169</td>
<td>0.94%</td>
<td>1.00%</td>
</tr>
<tr>
<td>E Caribbean or Black</td>
<td>34</td>
<td>0.19%</td>
<td>0.20%</td>
</tr>
<tr>
<td>F  Other ethnic group</td>
<td>71</td>
<td>0.40%</td>
<td>0.30%</td>
</tr>
<tr>
<td>Total</td>
<td>17935</td>
<td>100%</td>
<td>100.00%</td>
</tr>
</tbody>
</table>

Staff in Post as at 31st March 2019:

- **A** White
- **B** Mixed or multiple ethnic groups
- **C** Asian, Asian Scottish or Asian British
- **D** African
- **E** Caribbean or Black
- **F** Other ethnic group

Don’t know: 365 (2.04%)
Prefer not to answer: 4801 (26.77%)