WORKFORCE PLAN 2015

Workforce Planning & Redesign
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Foreword

The NHS Grampian 2015 Workforce Plan comprehensively outlines the Workforce 2020 Vision. Our workforce in the future will be even more flexible, engaged and multi-skilled to empower patients as well as organised in an integrated way that will focus on the needs of the individual.

Through previous workforce planning cycles, in partnership with staff-side, the workforce in Grampian has continued to evolve. This includes increased clinical roles for: Pharmacists; Advanced Nurse Practitioners; Allied Health Professionals; Paramedics; Physician Associates and Health Care Support Workers. The detail is included throughout this NHS Grampian 2015 Workforce Plan. These additional clinical roles provide enhanced capacity across patient pathways in both Primary and Secondary Care.

There are challenges and risks associated with overall workforce supply and recruitment to a number of roles. We have, however, made significant investment in the Medical and Nursing workforce with the Medical workforce increasing by 22 whole time equivalent (wte) and the Nursing and Midwifery workforce by 176 wte between 31st March 2014 and 31st March 2015.

Other proactive steps that have been progressed include: international and UK recruitment of GPs; attendance at career and jobs fairs; improved social media presence with dedicated GP Facebook pages; secondary care medical workforce symposiums and Senior Charge Nurses Conference. These events have been well attended with high levels of staff engagement which will hopefully be captured in the new NHS Scotland staff experience tool “iMatter”.

New infrastructure across NHS Grampian provides impetus and an opportunity for current and future staff. Future investment in the new Baird Family Hospital and the new ANCHOR Centre supports the organisation’s vision of empowerment of patients and engaged staff. These new facilities will provide for a wide range of services for maternity and cancer care.

NHS Grampian is investing in the Medical and Nursing workforce with an increase in the staff employed, increased clinical roles thereby enhanced capacity, proactive recruitment and investing in new infrastructure to engage and empower patients and staff. All of the aforementioned is supporting the delivery of the Workforce 2020 Vision and is included in this NHS Grampian 2015 Workforce plan.

Chief Executive

Employee Director
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Executive Summary

Workforce planning is a statutory requirement as stated in CEL 32 (2011)\(^1\) to support an evidence based approach to planning and developing the workforce. The aim is to ensure the highest quality of care by having the right workforce. This is further supported by the Local Delivery Planning process which outlines the organisational priorities for the NHS in Scotland\(^2\). Underpinning this are the key values of NHS Grampian which are Caring, Listening and Improving\(^3\).

The NHS Grampian 2015 Workforce Plan captures the workforce planning evidence base across Grampian, describes the future workforce and updates on progress from last year’s Workforce Plan. The key theme running through this Plan is the direction of travel in terms of developing the skills and competencies required in the future.

The vision for the workforce in 2020 has already been outlined in depth in previous Workforce plans and will lead to a workforce, which is more flexible, engaged, multi-skilled and empowered. Supporting this will be the three new shadow Integrated Joint Boards in Grampian which are coordinating the integration of Health and Social Care\(^4\). This will support an integrated workforce with partner organisations such as the Councils and Third Sector.

This NHS Grampian 2015 Workforce Plan includes an update on actions that have progressed since 2014. This includes: the development of the Workforce 2020 vision; investment in nursing workforce to improve overall workforce supply; a professional lead being appointed for Health Care Support Workers; international and UK recruitment; advanced clinical practitioners and the implementation of a talent management framework.

A number of workforce risks are identified in this Workforce Plan including: recruitment and overall workforce supply; the age profile of the workforce; career succession planning and organisational development work to support the integration of Health and Social Care.

This NHS Grampian 2015 Workforce Plan concludes by highlighting further work required to progress the Workforce 2020 vision and how this will evolve as the flexible, engaged, multi-skilled and empowered workforce emerges.

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\(^3\) (2013) NHS Grampian Board Meetings [http://intranet.grampian.scot.nhs.uk](http://intranet.grampian.scot.nhs.uk)

1. Grampian’s 2020 Vision

NHS Grampian strategy for the development of healthcare services locally is summarised by the Healthfit 2020 vision\(^5\) and is outlined in Word Portrait Box 1. Investment in services, workforce and new infrastructure continually support the development of this vision as does Scottish Government policies. NHS Scotland has also adopted a 2020 vision for services across Scotland\(^6\).

**Word Portrait Box 1**

**What is the Grampian Healthfit 2020 Vision?**

“The health of the people of Grampian and the health service in the area is radically different with how it was in 2011. People are healthier because they take responsibility for their own health… a reduction in premature death… people are less dependent on the health service… [But] when health services are needed, they are more effective and tailored to individual needs… possible because of release of staff, funding and buildings from traditional ways of working… The focus on the individual has been undertaken in partnership with local authorities and the third sector…”

Both the 2013 and 2014 NHS Grampian Workforce Plans describe the process of developing an equivalent 2020 vision for the future workforce. This was developed in partnership with staff, colleagues and stakeholders from the Third Sector and Councils in 2013. The previously developed Workforce 2020 vision is summarised below in Word Portrait Box 2. This vision is included as this supports the direction of travel of the workforce that is outlined within this NHS Grampian 2015 Workforce Plan.

**Word Portrait Box 2**

**By 2020:**

NHS Grampian will employ a leaner, more flexible, multi-skilled workforce, who will enable and empower people to take responsibility for their own health, the workforce will be organised in an integrated way, focussing on the needs of the individual rather than the desires of the professional. Whilst managing growth and demand, healthcare professionals will be more accessible to the public and to each other. There will be a sense of responsibility across the organisation that will focus on:

- Results & value for patients;
- Enablement, anticipation & rehabilitation;
- Safety & Quality; and
- Those who need it most.

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Sectors, Services and Community Health Partnerships (CHPs) have undertaken workforce planning in partnership with staff-side representatives during 2014/15. Progress from Plans in moving towards a Workforce 2020 vision is included in this NHS Grampian 2015 Workforce Plan. This detail is summarised in three key sections: the learning and education plan, a risk plan and an action plan.

An example of the direction of travel for the Acute Sector is illustrated in Word Portrait Box 3.

**Word Portrait Box 3**

**By 2020:**

The Acute Sector aims to enhance patient care by ensuring that the sector concentrates on specifically: supporting the delivery of patient care in the community and where feasible at home; enhancing the role and access to diagnostic services to support early diagnosis, condition management and early detection of disease; development of comprehensive environment and solutions to deliver more Ambulatory/Unscheduled care in the community and the management of specialised care across Grampian.

### 1.1 Key Workforce Information

Key facts on the organisation's workforce are summarised in a workforce profile such as headcount, whole time equivalent (WTE), average age, gender split, full/part time working and turnover, this is detailed in Section 4.

The detail is included in this section to provide a clear starting point for 2015. Changes in the shape and size of the workforce over the past year (2014/15) are summarised below. These are:

- NHS Grampian employs 14,263 people (excluding bank) across all of the healthcare professions and support roles. This has increased by 1.7% compared to the same point last year.
- The WTE has increased significantly by 314 WTE from 11,541 WTE at the same point in 2014; to 11,855 WTE in 2015. These figures include Doctors in Training.
- The average age of the workforce in 2015 is 43 years. This is unchanged for the past two years.
- In 2015, 59.8% of the workforce is over 40 years of age and the percentage of the workforce over 55 years is 16.8%. These two figures are a percentage decrease when compared to 2014.
- Gender split is 83% female and 17% male, which has remained steady from the previous year (83% & 17% respectively). This has been relatively consistent over the past 7 years.
- The split between full-time and part-time working is 63% full-time and 37% part-time. This has shifted within the past 5 years, from 65% of staff working full-time and 35% working part-time.
- Nursing staff account for 43.4% of the workforce. 75% of nurses and midwives are registered with the Nursing and Midwifery Council and 25% are non-registered support staff.
• Medical staff have seen an increase of 27 staff with a wte increase of 22.
• Turnover has increased to 12.3% from 11.1% last year. Within Job Families, Senior Managers had the highest turnover rate of 16.7%. Medical Support had the lowest rate at 6.6%.
• Grampian also contracts with a number of independent contractors to provide primary healthcare services, including General Medical Practitioners, General Dental Practitioners and Optometrists and Community Pharmacists. These practitioners and the people who work for them are a significant part of the wider healthcare family in Grampian.

There are challenges in terms of the NHS Grampian workforce profile; however there are also significant opportunities. Over the next five years, there is an opportunity to ensure the right staff will be employed in the right place with the right skills for patient care. Turnover in staffing provides an opportunity to develop a multi-skilled workforce that supports the Workforce 2020 vision.

2. Delivering Workforce 2020

Person centred care is a key element of the NHS Scotland Healthcare Quality strategy\(^7\). Empowerment requires cultural change and development which must be inclusive of patients and staff of the NHS, Council, Voluntary Sector and the new Integrated Joint Boards.

Empowering the patient is a consequence of an evolving culture. NHS Grampian is capturing real time feedback from patients and staff. Feedback is reported timeously and acted upon to support a healthy organisational culture and to bring about improvement where required.

Such culture change is supported by the NHS Scotland Staff Governance Standards\(^8\) which underpin and support the environment that employees work within.

The integration of Health and Social Care which is about merging the resources of health and social care into partnerships termed Integrated Joint Boards has commenced. Across Scotland, these new partnerships will manage almost £8 billion of health and social care resources. Such Integrated Joint Boards will cover 96% of delayed discharges and 83% of unplanned admissions in the over 75s.

These new shadow Integrated Joint Boards will include a community team of Health and Social care staff delivering patient care within one resource envelope and one team.

For patients, the empowerment of their choices and decisions is crucial to delivering the Workforce 2020 vision and for the Integrated Joint Boards to succeed in implementing integrated care.

The new shadow Integrated Joint Boards are considering the implementation of workforce planning for all staff. From a workforce perspective, staff will be involved in workforce planning, thereby informing and supporting the decision making processes.

Aberdeen City CHP in its 2014/15 Workforce Plan highlights that the transition to the new Integrated Joint Board will provide a significant focus as outlined in Word Portrait Box 4.

Word Portrait Box 4

Aberdeen City CHP has developed over a number of years, a focus on locality based cluster areas based around groups of GP practices. These four GP clusters (North, South, Central North and Central South) have had appropriate other services aligned with them (including local authority management) and provide effective basis for further integrated development.

The localities required for the Integrated Joint Boards will reflect as far as possible the GP cluster areas which are embedded in the City and work successfully. They are a recognised unit on which to build more integrated planning and delivery of services across the partnership.

For the NHS Grampian Workforce 2020 vision to be achieved, organisational development, empowerment and cultural change are all key aspects to developing flexible skills and competencies across the workforce.

The Changing Workforce

The Workforce 2020 vision has during the past year become a focus in terms of an increased NHS Grampian investment in both the Consultant and Nursing workforce.

Last year’s workforce plan describes the themes of a flexible and multi-skilled workforce with a focus on community based roles. Both of these approaches supports the delivery of patient care and is indicative of enabling the Workforce 2020 vision to be achieved.

This direction of travel is supported by an increased focus on workforce redesign opportunities for Health Care Support Workers (HCSW). The development of the HCSW role is outlined in more detail in Word Portrait Box 5.

Word Portrait Box 5

A professional lead for Health Care Support Workers was appointed by NHS Grampian in December 2014. The post-holder will act as a professional expert
to support the development of the Health Care Support Worker Roles (Agenda for Change bands 2 - 4).

The focus for 2015 will be on refining the induction process for Health Care Support Workers; strengthening links with further education providers through the provision of additional work experience placements and modern apprenticeship programmes for HCSWs; improving the infrastructure by supporting access to qualifications for HCSWs and supporting services to develop HCSW roles in line with national career frameworks.

A steering group has been formed which will oversee the development of strategies to increase and improve the capacity of the HCSW workforce.

The Allied Health Professional clinical leads are supporting the Workforce 2020 vision with workforce and service planning to implement nationally agreed pathways. This is described in Word Portrait Box 6.

Word Portrait Box 6

An NHS Grampian AHP 2020 vision is part of the local AHP plan and embraces the aspirations within the National AHP Delivery Plan\(^9\) as well as the vision and values of NHS Grampian. The NHS Grampian AHP progress report submitted to the Scottish Government AHP Chief Professional Office in September 2014 evidenced what has been achieved to date and provided a range of examples highlighting good practice of where AHPs are contributing to workforce/service redesign.

Examples of work progressed include: AHPs contributing to unscheduled care through prevention of unnecessary admission with AHPs working in Accident & Emergency and supporting patient flow through modern and productive working (7 day working); the AHP leadership of the Falls prevention programme; AHPs as providers of person centred care in vocational rehabilitation, Mental Health co-production and Dementia support for families.

The continual workforce redesign as described is supported by service planning, organisational development, clinical leadership, change management and education.

The recent Scottish Government announcements of investment into Primary Care are in alignment with the NHS Grampian’s Healthfit 2020 vision and Workforce 2020 vision.

This Scottish Government investment will support the designing of primary care services for the future and includes an impetus to encourage GPs to implement new ways of working.


www.scotland.gov.uk
The investment includes a national GP recruitment and retention programme which marries up with local work being undertaken in Grampian. A General Practice recruitment summit was held in November 2014 and an action plan progressed to support General Practice. International and UK recruitment of GPs is proving successful as is promoting GP vacancies via social media including a dedicated GP Facebook page. Proactive marketing of opportunities for local GPs and trainees is ongoing.
Partnership Working

Partnerships between stakeholders are crucial to the delivery of patient care and to the Workforce 2020 vision. As well as NHS Grampian, the stakeholders included in these partnerships are Integrated Joint Boards, Councils, local communities, educational establishments and the Third Sector. Partnership exists at many levels and working with staff side representatives underpins the organisational commitment to the Staff Governance Standards.\(^\text{10}\)

The focus of the formation of the shadow Integrated Joint Boards has resulted in new partnerships being formed and existing relationships strengthened. This is invaluable in supporting patient care and for the achievement of the Workforce 2020 vision.

Across NHS Grampian and the Integrated Joint Boards, the workforce will require continual organisational development support to ensure that the workforce evolves and for relevant knowledge and expertise to be shared.

Staff Experience

To improve patient and carer experience NHS Grampian aims to maximise staff experience. Greater understanding of staff governance and individuals’ roles and responsibilities are crucial for the engagement of staff. This includes the roll out of a new NHS Scotland staff experience project termed “iMatter”. An implementation plan for “iMatter” staff experience tool has been agreed and the first cohort of staff have commenced in April 2015.

**Workforce Investment**

The workforce is often one of Consultant or GP led clinical services delivered through multi-disciplinary teams. It assumes continued realignment of patient pathways across NHS Grampian, with the right workforce at the right point and at the appropriate time. Over the last 12 months there has been investment in the Emergency Medicine, Acute Medicine, Obstetrics and Cancer workforce with some of this being new Consultant appointments.

The Acute Sector model of care is aspiring to draw a distinction between access to specialist opinion via either an elective or unscheduled care referral. The Sector’s model of care is being achieved via engagement between Primary and Secondary care and is delivered via workforce planning and a fundamental shift in mind set.

This is being facilitated through the use of technology and innovative solutions to enhance electronic analysis and communication, an example of this would be Decision Support. The Integration of Health and Social Care and the continued driver of working across Primary and Secondary care will impact upon the workforce and these solutions will be critical to the delivery of service in the future.

One example of the impact of a change in service delivery is the continual development of the Pharmacy workforce across different locations as highlighted in Word Portrait Box 7.

**Word Portrait Box 7**

The Scottish Government Prescription for Excellent policy\(^{11}\) has signposted an increased clinical role for Pharmacists in the delivery of pharmaceutical care in the community setting. It is envisaged that this expansion in clinical role will be delivered through a combination of practice based pharmacists, community pharmacists and with input from the Acute Sector workforce. Prescription for Excellence also begins to define a new role for the Clinical Pharmacist in General Practice.

As described in previous NHS Grampian’s Workforce Plans, not only is the existing workforce being supported in developing extended roles. New workforce solutions have also been implemented. Physician Associates are new health care professionals who are an alternative workforce supply into the NHS. This has been due to post graduate level training of clinical and scientific graduates who then provide a clinical role. The development of this workforce over the past year is outlined in Word Portrait Box 8.

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\(^{11}\) Scottish Government (2013) Prescription for Excellence September Edinburgh
Word Portrait Box 8

**Physician Associates** are now working in a number of clinical specialties including: Emergency medicine; Orthopaedics; Respiratory medicine; Cardiothoracic Surgery; Breast Screening/Surgery; Paediatrics; Medical HDU; General Surgery; Psychiatry; Elderly and Rehabilitation medicine; Haematology and Renal medicine.

**NHS Lanarkshire, NHS Tayside, NHS Highland and NHS Fife** are also employing Physician Associates in their workforce or have plans to in the near future.

The Acute Sector workforce is being supported by investment in new infrastructure, the Baird Family Hospital and the Anchor Centre. The new Baird Family hospital will include maternity, gynaecology, breast screening and breast surgery sources. It will also include a neonatal unit, centre for reproductive medicine, an operating suite and research and teaching facilities. The Anchor Centre will provide outpatient and day patient investigation and treatment services for patients with blood disorders, which will include non-cancer conditions as well as cancers. The centre will also include pharmacy, research and teaching facilities.

New infrastructure across NHS Grampian provides impetus and an opportunity for current and future staff. Future investment in the new Baird Family Hospital and the new Anchor Centre supports the organisations’ vision of empowerment of patients and engaged staff. These new facilities along with increased clinical roles support the continued realignment of patient pathways with the right workforce at the right point and at the appropriate time.

**Development of the Workforce**

Central to developing a 2020 vision for the future workforce is leadership, middle management development and organisational development. Joint learning and development initiatives across the organisation are ensuring enhanced partnership working, building on longstanding positive relationships and collaborations.

A variety of Leadership and Management programmes continue to be offered over recent years in collaboration with our partners in other Boards in the North of Scotland as well as local authorities, the Third Sector, Higher Education, Scottish Fire and Rescue and Police Scotland.

This practice (including shared eLearning via the learning management systems) will improve the continuity and quality of care and provide a more seamless person centred service.

During 2015, there has been an even greater emphasis on management development and core skills for managers and a management development manager will be appointed to support this work. These areas of development will be core to support integrated working, which will enhance and improve the overall capacity of the organisation to manage and lead the changes ahead.
The Coaching and Mentoring Framework for NHS Grampian is now in place. The aim of this development is to instil a coaching culture within the organisation, recognising that these skills can be applied in a number of settings from appraisal discussions to feedback and to interactions with patients and their carers.

In 2014/15 the focus of NHS Grampian Director of Medical Education (DME) team has been on improving the medical education governance structures in NHS Grampian ahead of the General Medical Council (GMC) project to recognise all medical trainers by 2016/17. During the past year a database of all named medical educational supervisors and named clinical supervisors has been created.

A new Medical and Dental Educational Governance Committee has been implemented as a sub-group of the Board’s Staff Governance Committee. This committee will map the education and training programmes to the relevant curricula and GMC standards for medical education and training to demonstrate the organisation’s ability to deliver the training programmes in a well resourced educational environment. The committee will also engage with the Deanery and Medical School through robust structures for effective delivery of education and training.

NHS Grampian aspire to have workforce who have the values of Caring Listening and Improving at the core of all they do, in order to support this further, 10 underpinning behaviours have been agreed. These are detailed in Appendix 1 in a framework that shows how they marry with the NHS Scotland values embedded to promote these across the organisation.

For the development of a healthy organisational culture NHS Grampian is progressing work on induction, staff experience, interactive face to face information sessions, patient safety walkabouts, through partnership working and appraisal. Such work will promote and recognise the behaviours of individuals and teams at all levels which reflect NHS Grampian’s values of caring, listening and improving.

NHS Grampian has implemented a new approach to Induction and agreed Induction standards. From December 2014, all new starts have had one stop access to NHS mail accounts, eKSF, AT learning and have been booked on statutory and mandatory e-learning training.

NHS Grampian continues to work on employability to support individuals into the workplace through employability initiatives: including work experience; placing Looked after Children in a Readiness for work programme; Project search (for young people with mild learning disabilities); return to work programmes; offering flexible employment; childcare provision, recognising carers and retaining the current workforce.

Given the links between health and well being as well as the organisations’ social responsibility, NHS Grampian will develop opportunities for employment for the wider population including but not exclusively young people and carers. Planned joint work

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13 The key eLearning packages which underpin all staff induction includes moving and handling, violence and aggression, fire safety, hand hygiene, standard infection control procedures, IT security, information governance, child protection and adult protection. eLearning packages for all new staff are a minimum requirement.
with Job Centre Plus to develop employment routes for unemployed people to fill suitable vacancies within NHS will bring benefit to the service and to each successful client for whom securing employment raises their opportunity for better health and wellbeing for themselves and their families.

The organisation has continued to provide work experience for pupils attending all 39 Grampian schools (public and independent), with specialist programmes for nurses and midwives jointly with Robert Gordon University as a weeklong “summer school” programme. For those interested in a career in medicine a programme called Doctors at Work has been implemented in partnership with the University of Aberdeen Medical School. Placements are provided to mature persons who are also seeking the opportunity to experience a healthcare setting prior to pursuing a career in healthcare.

What is your role in 2020?

Workforce 2020 is a vision to be owned by staff. Significant progress has started in developing such visions. As the Integration of Health and Social Care visions start to emerge, this will support other areas of the NHS to refresh their Workforce 2020 vision.
3. Defining the Required Workforce

Workforce planning includes describing a direction of travel for the workforce as well as key themes as informed by the Workforce 2020 vision.

Direction of Travel

The Nursing and Midwifery workforce has increased by 176 WTE from 5,013 WTE to 5189 WTE from March 2014 to March 2015. The number of Nurses and Midwives in post within NHS Grampian has increased by 3.6% between 31st March 2014 and 31st March 2015.

NHS Grampian continues to invest in the overall Nursing resource via the Nursing Resource Group (NRG) to ensure that there is the most appropriate nursing workforce available and an improved balance, where possible, between substantive and bank staff in order to deliver a high quality and safe service. This work utilises the information produced from the available Nursing and Midwifery Workload tools and will consider the appropriate ratios between registered and Health Care Support Workers. It will also look at how Administrative staff can be used more effectively to support the clinical teams.

To support this work the NRG has developed an action plan and have undertaken a review of the baseline establishment for Nursing and Midwifery staff across NHS Grampian. Following review, additional funding has been allocated in nurse staffing across the organisation during 2014/2015.

Workforce planning is currently ongoing in terms of enhancing the Health Visitor and District Nursing workforce. This is to support “The Children and Young People (Scotland) Act 2014” that introduces new duties to improve the way services work to support children, young people and families. It requires that every child and young person will have a Named Person by August 2016. From birth to age 5 (or school entry) this will be an NHS Board responsibility and that ‘routinely’ the Named Person will be the Health Visitor or Family Nurse if the mother is enrolled with Family Nurse Planning.

As described in previous workforce plans the age profile of the workforce has been a key theme in Sector, Service and CHP workforce plans. The investment in medical and nursing workforce will potentially mitigate against the age profile risk by increasing the supply of newly qualified staff into the workforce. Another strand of work that has been implemented this year that also improves supply into the workforce is a Return to Practice nursing programme. This is described in Word Portrait Box 9.

Word Portrait Box 9

A collaborative model of delivering a Return to Practice Nursing Programme has been developed with Robert Gordon University. This model will see Nurses who have lapsed registration with the Nursing and Midwifery Council (NMC) being able to undertake the education programme whilst being employed by NHS Grampian as band 2 Health Care Support Workers. The course was validated by the Nursing and Midwifery Council in March 2015 and there are 20 students in the first cohort who started in May 2015.

Workforce Recruitment Challenges

As indicated in previous Workforce plans, NHS Grampian faces recruitment challenges. There has been significant focus in attracting and retaining staff. Work is underway on increasing the availability of accommodation for NHS Grampian employees as outlined in Word Portrait Box 10.

Word Portrait Box 10

Work is underway following the previous Cabinet Secretary's announcement that the former site of HMP Aberdeen is to be developed into accommodation for public sector key workers.

NHS Grampian are also working with Grampian Housing Association with regard to the development of Westburn Road site for 1-2 bed apartments, which would be available to rent for NHS Grampian staff for durations of 6 months to two years.

NHS Grampian Endowments Committee has agreed an initial plan to invest in key worker accommodation units. Further consideration is being given to promoting a “Rent a Room scheme” for NHS Grampian staff to house other NHS Grampian staff.

As described in previous Workforce Plans, NHS Grampian attendance at careers and jobs fairs continues including three medical careers fairs/conferences in the past year. At the Medical Careers Fair in London over two hundred and fifty doctors attended the NHS Grampian stand. International and UK recruitment of GPs is proving to be more successful.

Work utilising social media via Facebook, Twitter and LinkedIn is ongoing. Selected posts and events continue to be advertised on Twitter and Facebook for onward sharing. GP vacancies are being marketed via NHS Grampian Facebook page and a unique NHS Grampian GP Facebook page.

Nursing and Midwifery Workload and Workforce Tools
Since 2011, there has been a requirement from CEL 32 (2011)\textsuperscript{15} for nationally developed workload and workforce tools for Nursing & Midwifery staff to be used within Workforce Planning. In 2013, the Local Delivery Plan Guidance mandated the annual use of the Tools, where available, to inform Boards for Workforce Planning purposes.

Since June 2012 the Professional Judgement and Adult Inpatient Tool have been extensively used with 100% coverage in the Acute Sector. The Small Wards Tool has been run since July 2013, with results reported in 2015. The Peri-Operative Tool was run for 2 weeks in January 2015.

The Mental Health Tool was run in September 2014. The tool was revised in May 2015 with staff have been retrained in the application and there are plans to rerun this in 2015.

The Maternity Tool was used for 3 months from beginning of June 2014 until the end of September 2014, again for 2 weeks in May/June 2015 and another run is planned for October 2015. The SCAMPS tool continues to be run on a daily basis as does the Neonatal Tool.

The Emergency Medicine Tool was run in August 2014; the Clinical Nurse Specialist Tool in October 2014 for 4 weeks and the Community Nursing Tool was undertaken by a large number of senior Community Nurses during June and July 2014.

The utilisation of the Nursing and Midwifery Workload and Workforce tools has informed previous decisions by the Nursing Resources Group in terms of investment into the nursing workforce and the subsequent increase in the established workforce.

**Changes in the Workforce**

NHS Grampian successfully retains its staff with an average length of service of 10.1 years, although this is down from last year. The average age of the workforce is 43 years which is 1 year older than 5 years ago.

Sector, Service and CHP workforce plans all highlight workforce redesign and new ways of working as key to the successful provision of quality driven person-centred services. This is driven by Scottish Government policies such as: Reshaping Services for Older People\textsuperscript{16} and the Children’s Bill\textsuperscript{17}. One initiative currently underway in Aberdeen City is highlighted in Word Portrait Box 11.

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\textsuperscript{15} Scottish Government (2011) CEL32 Revised Workforce Planning Guidance December Edinburgh


\textsuperscript{17} Children & Young People (Scotland) Bill Scottish Parliamentary Corporate Body; ISBN 978-1-78307-838-7
Ongoing assessment of the Nursing workload is underway to identify transferable administrative tasks that are currently undertaken by the Community Nursing Service to more relevant staff. This is an agreed outcome of the Nursing and Midwifery Workload and Workforce tools.

Administrative capacity to support this process is being sourced.

New roles will be required by the Integrated Joint Boards to support staff and patients and their carers' with the implementation of Anticipatory Care Planning and Self Directed Support. There is an expectation that as the Integration of Health and Social Care\(^\text{18}\) develops new hybrid health and social care posts will evolve in response to delivery of the service.

**Technology**

Technology is evolving and supporting the delivery of patient care and changing how the workforce provides care. This means both new ways of working and developing new competencies.

Since 2012 NHS Grampian has been working on the No Delays project to improve information flow between Primary/Secondary care and the patient. It offers the potential to improve patient understanding and the doctor to patient relationship during and after consultation. It provides NHS Grampian with the opportunity to add value for the patient by offering internet based information and advice with face to face consultations, as illustrated in Word Portrait Box 12.

**Word Portrait Box 12**

No Delays aims to transform the way in which patients interact with their GPs and health professionals.

This includes a digital platform that clinicians can use to describe personalised packages of healthcare to patients and service redesign activities enabling health teams to integrate digital transactions within new, improved workflows. It uses high quality video and text content tailored to the patient’s own health needs and designed to improve patient education with interactive exercises and self assessments designed to support compliance. It provides self care activities and transactions, remote access to self management services offered in the region and locally produced videos that enables patients to meet the people who will be part of their care pathway and links with self management tools that enable a reduction in outpatient appointments and ongoing self care.

Changes and advances in technology, some of which are already with us, will also mean a significant development in technological skills for the workforce. This is emphasised by both the learning opportunities available electronically and the number of systems that staff and managers are required to use as part of their normal working day. For some, however, there is limited access to technology and

alternative methods for learning will be required. Further skills will also be needed in areas such as tele-health and tele-care as it is used to support health professionals to provide more prevention based localised care for the population.

**Workforce Plan 2014 – Update on Actions**

There has been a continual focus on the development and implementation of the Workforce 2020 vision. This is evidenced from Sectors, Services and CHPs Workforce plans who are considering the implications of workforce planning in terms of the Integration of Health and Social Care as well as recent legislative changes.

The Chief Operating Officers of the new Integrated Joint Boards, in partnership with relevant stakeholders, have been considering the organisational development and the changes likely to the culture.

Recruitment and overall workforce supply has been mitigated by continual investment in the medical and nursing establishment. The number of Nurses and Midwives in post has increased by 3.6% (176WTE) between 31st March 2014 and 31st March 2015.

For Band 2-4 Health Care Support Workers a professional lead has been appointed and this work has included strengthening links with educational providers; promoting the HCSW role; improving access to qualifications and improving opportunities through workforce redesign.

Nursing and Midwifery Workload Workforce tools have been consistently applied and utilised across Grampian. The outcomes of these tools have informed workforce redesign as outlined in community nursing and continued investment in the nursing workforce.

The age profile of the workforce has been considered through the 6 Steps Workforce Planning process and by the development of Workforce Profiles. Additional work is required on the implications of the age profile including further modelling as illustrated by NHS Scotland work.

A General Practice recruitment summit was held in November 2014 and an action plan developed and has been progressed to support General Practice. International and UK recruitment of GPs is proving successful.

A talent management framework has been instigated which enhances the organisation’s ability to identify and support our internal leadership and management talent. This supports succession planning by identifying a pool of individuals to fulfil crucial role and provides opportunities to develop competencies and experience throughout the organisation.

Advanced clinical practitioner roles have expanded and increased during 2014/15 and this work will continue in 2015 as services develop and redesign. These roles will include nurses, pharmacists, scientists, allied health professionals and physicians associates.
4. Workforce Capacity and Capability

This section contains a comprehensive suite of information for NHS Grampian on staff in post, full/part-time working, and age/gender by job family. Further workforce information includes sickness absence, local employment rates, ethnicity and consultant job planning. The data source for this information is the Scottish Workforce Information Standard System (SWISS) as held by NHS Grampian at 31 March 2015.

Data Quality

NHS Grampian continues to work with Information Services Division (ISD) to improve data quality. Also, with the input from managers and the implementation of service based workforce planning, data cleansing exercises have been completed. Plans are in place to ensure that improved data quality is an ongoing objective to ensure accuracy of information. NHS Grampian will work with local managers and ISD to continue this improvement.

Current Workforce Highlights

Staff in Post

NHS Grampian employed 11,855 WTE (whole time equivalent) staff as at 31 March 2015 as shown below by Job Families.

NHS Grampian WTE and % split by Job Family 3st March 2015

Note: the above figures do not include bank staff
Full/Part-time Split

Over the past four years, there has been a shift in the full and part-time split within the NHS Grampian workforce. Full-time working has increased by 1% to 63% compared to 62% in 2014 but is lower than in 2011, when it was 65% and part-time has decreased by 1% to 37% from last year and 2% higher compared to 35% in 2011.

The chart below shows the split between full and part-time by job family.

Split between Whole-Time and Part-Time by job family 31st March 2015

Age and Gender Profiles

The chart below shows the age profile of the NHS Grampian workforce. The three largest clinical staff groups have been highlighted as comparative data. There are significant bulges in the overall workforce at ages 45–49 and 50–54 and specifically within nursing. The medical and dental workforce (excluding training grade doctors) also shows significant bulges at ages 40 through to 54 as indicated in the chart below. This is partly due to the length of training required to become a career grade doctor.
Overall, the impact of the ageing workforce has implications for the future in terms of both the roles and how people will work. Currently NHS Grampian has more staff age 55 and over than under the age of 30.

“Evidence shows increasingly people over 50 who are in work would be willing to continue working past ‘normal’ retirement age. However, they often want to phase gradually into retirement. By enabling workers to retire gradually, employers can benefit from retaining knowledge, networks and experience and from having a more flexible workforce”\textsuperscript{19}.

\textsuperscript{19} A Guide for Employers March 2012 - Healthy Working Live and CIPD
NHS Grampian’s workforce is predominantly female (83%). The chart below shows the gender split by headcount of the NHS Grampian workforce.

**NHS Grampian Gender Split**

<table>
<thead>
<tr>
<th>Gender</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>83%</td>
</tr>
<tr>
<td>Male</td>
<td>17%</td>
</tr>
</tbody>
</table>

**Sickness Absence**

NHS Grampian’s sickness absence rate has fluctuated throughout 2014/15 between 4.3% (just above the national target) and 5.2%. The usual peaks occurred over the winter months.

By comparison NHS Scotland’s lowest sickness absence rate was 4.6% in June 2014 and the highest 5.7% in January 2015.
NHS Grampian Sickness Absence Rates  April 2014 - March 2015

<table>
<thead>
<tr>
<th>Month</th>
<th>Short-Term</th>
<th>Long-Term</th>
<th>Total</th>
<th>National HEAT Target</th>
<th>Scotland</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apr-14</td>
<td>4.3%</td>
<td>2.4%</td>
<td>3.0%</td>
<td>2.4%</td>
<td>2.6%</td>
</tr>
<tr>
<td>May-14</td>
<td>4.5%</td>
<td>2.6%</td>
<td>3.5%</td>
<td>2.6%</td>
<td>2.6%</td>
</tr>
<tr>
<td>Jun-14</td>
<td>4.4%</td>
<td>2.7%</td>
<td>3.6%</td>
<td>2.5%</td>
<td>2.5%</td>
</tr>
<tr>
<td>Jul-14</td>
<td>4.4%</td>
<td>2.6%</td>
<td>3.5%</td>
<td>2.5%</td>
<td>2.5%</td>
</tr>
<tr>
<td>Aug-14</td>
<td>4.8%</td>
<td>2.6%</td>
<td>3.7%</td>
<td>2.6%</td>
<td>2.6%</td>
</tr>
<tr>
<td>Sep-14</td>
<td>4.6%</td>
<td>2.5%</td>
<td>3.5%</td>
<td>2.5%</td>
<td>2.5%</td>
</tr>
<tr>
<td>Oct-14</td>
<td>4.6%</td>
<td>2.2%</td>
<td>3.4%</td>
<td>2.5%</td>
<td>2.5%</td>
</tr>
<tr>
<td>Nov-14</td>
<td>4.7%</td>
<td>2.1%</td>
<td>3.4%</td>
<td>2.3%</td>
<td>2.2%</td>
</tr>
<tr>
<td>Dec-14</td>
<td>4.7%</td>
<td>2.3%</td>
<td>3.4%</td>
<td>2.5%</td>
<td>2.5%</td>
</tr>
<tr>
<td>Jan-15</td>
<td>5.1%</td>
<td>2.7%</td>
<td>3.7%</td>
<td>5.7%</td>
<td>5.0%</td>
</tr>
<tr>
<td>Feb-15</td>
<td>4.7%</td>
<td>2.4%</td>
<td>3.6%</td>
<td>5.2%</td>
<td>5.2%</td>
</tr>
<tr>
<td>Mar-15</td>
<td>4.7%</td>
<td>2.6%</td>
<td>3.7%</td>
<td>5.2%</td>
<td>5.2%</td>
</tr>
</tbody>
</table>

Short-Term = 28 days or less  
Long-Term = greater than

Job Planning

The contract for Consultant Medical Staff and the new contractual arrangements for Specialty Doctors require that these staff and have agree a job plan, which describes all of their professional time and service commitments.

The following summarises the NHS Grampian Job Planning position as at April 2015 for the 2014/15 submission.

<table>
<thead>
<tr>
<th>Category</th>
<th>Count</th>
<th>% Submitted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consultants</td>
<td>485</td>
<td></td>
</tr>
<tr>
<td>Honorary Consultants</td>
<td>49</td>
<td></td>
</tr>
<tr>
<td>Job Plans Submitted</td>
<td>450</td>
<td>84.3%</td>
</tr>
</tbody>
</table>

The Associate Specialist/Specialty doctors figures were 15% of jobs plans were submitted. For Consultant job planning 2014/15 submission, there was a 20% improvement compared to 2013/14.
Understanding Workforce Availability and Supply

Grampian has continued, over the past 10 years, to have one of the highest employment rates in the country at 78.0% of those available for work in work, compared to 72.6% for Scotland as a whole\(^20\). The unemployment rate within Grampian remains low, with the number of claimants decreasing on average by 0.13% in the past year.

### Employment Rates 2004 - 2014

![Graph showing employment rates 2004-2014](image)

<table>
<thead>
<tr>
<th>Year</th>
<th>Scotland</th>
<th>Aberdeen City</th>
<th>Aberdeenshire</th>
<th>Moray</th>
<th>Grampian</th>
</tr>
</thead>
<tbody>
<tr>
<td>2004</td>
<td>72.6%</td>
<td>74.3%</td>
<td>77.7%</td>
<td>75.7%</td>
<td>75.9%</td>
</tr>
<tr>
<td>2005</td>
<td>73.0%</td>
<td>77.2%</td>
<td>78.3%</td>
<td>75.0%</td>
<td>76.8%</td>
</tr>
<tr>
<td>2006</td>
<td>73.7%</td>
<td>79.7%</td>
<td>79.5%</td>
<td>76.7%</td>
<td>78.6%</td>
</tr>
<tr>
<td>2007</td>
<td>73.9%</td>
<td>77.7%</td>
<td>80.5%</td>
<td>78.0%</td>
<td>78.7%</td>
</tr>
<tr>
<td>2008</td>
<td>73.6%</td>
<td>77.9%</td>
<td>80.2%</td>
<td>79.6%</td>
<td>79.2%</td>
</tr>
<tr>
<td>2009</td>
<td>72.0%</td>
<td>78.3%</td>
<td>80.4%</td>
<td>77.8%</td>
<td>78.8%</td>
</tr>
<tr>
<td>2010</td>
<td>71.0%</td>
<td>78.4%</td>
<td>81.1%</td>
<td>79.9%</td>
<td>79.8%</td>
</tr>
<tr>
<td>2011</td>
<td>70.5%</td>
<td>75.0%</td>
<td>79.5%</td>
<td>78.5%</td>
<td>77.7%</td>
</tr>
<tr>
<td>2012</td>
<td>70.5%</td>
<td>77.0%</td>
<td>80.0%</td>
<td>77.6%</td>
<td>78.2%</td>
</tr>
<tr>
<td>2013</td>
<td>70.8%</td>
<td>76.3%</td>
<td>78.7%</td>
<td>78.7%</td>
<td>77.9%</td>
</tr>
<tr>
<td>2014</td>
<td>72.6%</td>
<td>76.0%</td>
<td>80.9%</td>
<td>77.1%</td>
<td>78.0%</td>
</tr>
</tbody>
</table>

### JSA Claimant Count on 14th May 2015

<table>
<thead>
<tr>
<th>Area</th>
<th>Levels</th>
<th>% of Population</th>
<th>Change on Year</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SCOTLAND</strong></td>
<td>77,488</td>
<td>2.2</td>
<td>-0.7</td>
</tr>
<tr>
<td>Aberdeen City</td>
<td>2,182</td>
<td>1.4</td>
<td>0.0</td>
</tr>
<tr>
<td>Aberdeenshire</td>
<td>1,263</td>
<td>0.8</td>
<td>0.0</td>
</tr>
<tr>
<td>Moray</td>
<td>772</td>
<td>1.3</td>
<td>-0.4</td>
</tr>
</tbody>
</table>

Ethnicity

The ethnic makeup of the NHS Grampian Workforce as at 31st March 2015 is shown in Appendix 2. The ethnic makeup of the NHS Grampian workforce is less ethnically diverse than Grampian as a whole, with declared non-whites representing in total 2% of the workforce, compared with 4% of Grampian as a whole population. Those that declined to declare ethnicity, 4,483 (31%) may account for the low figure above.

It should be noted that there will never be a perfect correlation between the ethnic makeup of the local population in Grampian and the ethnic makeup of NHS Grampian staff.
5. Workforce Action Plan

The three main outputs of a Workforce Plan are the Learning and Education Plan, the Workforce Risk Plan and the Action Plan. These three main sections are informed by the NHS Grampian Workforce 2020 Vision and the Service, Sector and CHP Workforce Plans from across the organisation during 2014/15.

The Learning and Education Plan supports the development of the skills and competencies of the workforce through education and training. The Workforce Risk Plan highlights the risks that the organisation has from a workforce perspective, for example, whether the supply routes will provide the right workforce for the right place at the right time.

The Action Plan finally considers all of the above and prioritises the key actions from a workforce planning perspective.

Learning and Education Plan

This is based upon a robust analysis of the learning and education needs that are required to develop the workforce. Some of the learning and education is delivered by bespoke development programmes delivered in-house within Sectors/Services or CHPs. The NHS Grampian Learning and Education requirements are overseen by the Staff Governance Committee.

Priority Areas for Development

Continued emphasis is required on management development and core skills for managers. This will support the development of integrated working and therefore enhance the capacity of both NHS Grampian and the Integrated Joint Boards. A Management Development Manager has been appointed to provide a greater focus and more resource. For medical leaders a regional programme is available for both primary and secondary care staff.

A one stop approach to the induction process has been introduced for all staff to ensure they receive access to systems and their mandatory and statutory training from their start date. This approach has also been used for Foundation Year 1 doctors who have an updated Induction using a range of media for their shadowing week.

To improve patient and carer experience NHS Grampian aims to improve staff experience and encourage staff to feel and be more engaged. One way this will be progressed is through the implementation of the NHS Scotland staff experience tool called “iMatter”. The first cohort within NHS Grampian is currently undertaking this tool with plans to roll out over the next 3 years.

The new Integrated Joint Boards are starting to consider the implementation of workforce planning and how this can be used to support the development of the new organisations. This could incorporate 6 Steps Workforce Planning Training sessions to cover workforce planning for all staff in the Integrated Joint Boards.
NHS Grampian has instigated a talent management programme which enhances the organisation’s ability to identify and support our internal leadership talent. This approach will ensure that the workforce is geared towards the future by focussing on the people and roles that are required for leadership delivery and the potential of individuals to fulfil these crucial roles.

Employability is a key theme and will continue to be supported through initiatives such as return to work, work experience, flexible employment and retention initiatives. This will include the opportunity of work experience programmes, the introduction of more modern apprentices, supporting the readiness for work scheme and working collaboratively with the Department for Work and Pensions.

NHS Grampian has introduced a learning initiative for medical trainers. This is a joint initiative between the University of Aberdeen and NHS Grampian, is aimed at those who are recognised, or those who are seeking General Medical Council (GMC) recognition as a trainer. Those taking part will form small inter-departmental self study groups with short modules that may be used as evidence of CPD as an educator. All modules are mapped to the Academy of Medical Educators competencies.

The first medical education conference for Grampian is being planned for November 2015 by the Director of Medical Education team. The aim being to support and develop local trainers and to help fulfil the GMC requirement that medical trainers have to participate in relevant CPD.

NHS Grampian continues to promote a coaching culture which is seen as a key skill in terms of both the behaviours underpinning caring, listening and improving as well as being used in day to day practice with patients, their cares and staff. This is offered as an introduction as part of “iMatter” training as well as through other opportunities to complete certificated courses.
Workforce Plan

NHS Grampian

2015

**Workforce Risk Plan**

Through NHS Grampian’s annual workforce planning process for 2014/15 a number of risks have been identified. These risks are multi-faceted and are detailed below.

**Key Workforce Risks**

Recruitment and overall workforce supply is an issue, although mitigated by investment in different approaches to recruitment and retention especially related to the nursing and medical workforce. Various actions have been progressed such as attendance at career events, development of promotional material, international recruitment and an improved social media presence.

The Nursing Resources Group now has representation from Robert Gordon’s University and a number of themes are discussed such as overall nursing student numbers, recruitment of nursing students into Grampian and nursing student clinical placements. This closer working with RGU has resulted in a Return to Practice Nursing scheme. International and UK recruitment for General Practice has yielded success and this is being supported by attendance at medical careers fairs to promote NHS Grampian opportunities.

Workforce profiles have been progressed and have identified risks in terms of age, vacancies and turnover. The age profile of the organisation continues to be monitored. NHS Scotland is undertaking age profile modelling work which has been shared at a service level within Scotland. This work is ongoing and further work is indicated for NHS Grampian.

The Integration of Health and Social Care, although a risk in terms of divergent organisational cultures and management structures is also an opportunity to explore the workforce supply and service redesign opportunities to further improve the health and well being of the Grampian population.

The workforce planning process has highlighted that further work is required in terms of career pathways to support the development of our workforce. Recent work around AHPs and Healthcare Scientists highlights opportunities in support of workforce and service redesign. This would enable the organisation to provide opportunities for existing staff across NHS Grampian and minimise drift into alternative careers.
Workforce Planning Action Plan

The final part of the annual 2015 workforce planning process is to highlight 10 key actions, this is not a comprehensive list, although it does obviously suggest priorities.

Priority Workforce Planning Actions

NHS Grampian will continue to progress the following actions throughout 2015/16:

1. The Workforce 2020 Vision has continued to develop and emerge through recent workforce planning cycles. There will be a requirement for this to continue to be a focus in order to inform future workforce plans.

2. Integration of Health and Social Care is continuing with the organisational structures of the new shadow Integrated Joint Boards starting to emerge. Workforce planning is required to develop the workforce profiles for the new partnerships.

3. Recruitment and overall workforce supply has been a focus over the past year with increased investment in the workforce. Initiatives such as closer working with Robert Gordon’s University have improved the recruitment and retention of nursing students. A Return to Practice Nursing scheme has also proved successful. International and UK recruitment has aided recruitment of GPs.

4. A professional lead for Health Care Support Workers was appointed by NHS Grampian in 2014. There is a requirement for strengthening education links, increasing training, education and qualification opportunities and workforce and service redesign to develop the HCSW role.

5. Nursing and Midwifery Workforce and Workload tools have been applied consistently across the organisation. The investment in the nursing workforce and subsequent increase in the overall numbers is informed by the Nursing and Midwifery Workload and Workforce tools.

6. The age profile of the NHS Grampian workforce has been discussed in this Workforce Plan. Further work is indicated on age profile modelling as illustrated by NHS Scotland and greater understanding is required on the implications and therefore actions required now to mitigate on what will have significant impact on our future workforce.

7. The Scottish Government investment in Primary Care includes a national GP recruitment and retention programme which marries up with local work being undertaken in Grampian. A General Practice recruitment summit was held in November 2014 and an action plan progressed to support General Practice.

8. Succession planning for staff about to retire is a key issue documented in the Sectors, Services and CHPs Workforce Plans during the 2014/15 workforce planning cycle. NHS Grampian has instigated a talent management programme which enhances the organisation’s ability to identify and support our internal leadership talent. This approach will ensure that the workforce is geared towards the future by
focussing on the people and roles that are required for leadership delivery and the potential of individuals to fulfil these crucial roles.

9. Further work is required in terms of career pathways to support the development of our workforce. Recent work around AHPs and Scientists highlights opportunities in support of workforce and service redesign. This would enable the organisation to provide opportunities for existing staff across NHS Grampian and minimise drift into alternative careers.

10. Sector, Service and CHP workforce plans identify a requirement for a continual local workforce supply of Advanced Clinical Practitioners. This has included Advanced Nursing Practitioners, Allied Health Professionals, Healthcare Scientists, Paramedics and Physician Associates.
6. Implementation

Monitoring & Review

The Workforce Plan and its Actions within Step 5 will be managed and monitored through the Staff Governance Committee. This will be done on a quarterly basis and will include review of progress.
Appendix 1 – Caring, Listening and Improving Framework

Caring, Listening, Improving

- **Caring**
  - Treat everyone with dignity & respect
  - Behaving with integrity, consistency & compassion
  - Respect individual needs & preferences

- **Listening**
  - Communicating clearly
  - Being open, honest & fair
  - Engaging others & respect their views

- **Improving**
  - Learning and improving ourselves & others
  - Making best use of our resources & encouraging innovation
  - Being environmentally responsible
  - Working collaboratively

- **Quality Healthcare**
  - iMatter (Staff Survey)
  - Improvement Activities
  - Huddles

- **Respect**
  - Treating everyone with dignity & respect
  - Behaving with integrity, consistency & compassion
  - Respect individual needs & preferences

- **Care & Compassion**
  - Openness, Honesty & Responsibility

- **Individual**
  - What we expect from you

- **Team**
  - How the organisation supports you

- **Organisation**

- **Cultural**
  - Team Brief
  - Board Seminars
  - Podcasts
  - GRAFTAS
  - Face to Face sessions
  - Health & Safety Audits

- **Workforce 2020**
  - Induction
  - Orientation
  - PDPs
  - Learning Opportunities
  - Meaningful Appraisal
  - Management & Leadership Development

- **Everyone Matters**
  - Caring Behaviours Assessment Scheme
  - Team Development
  - Safety Pause

- **Staff Governance Standard**

- **Behaviours**
  - Induction
  - Orientation
  - PDPs

- **Care & Compassion**
  - Openness, Honesty & Responsibility

- **Quality**
  - Improving
  - Healthcare

- **Health & Safety Audits**

- **Organisation**
  - Caring
  - Listening
  - Improving

- **B
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Caring, Listening, Improving
Care & 
Compassion
Openness,
Honesty & 
Responsibility
Dignity & Respect
Quality Healthcare
Workforce 2020
Learning Opportunities
Improvement Activities
### Appendix 2 - Ethnicity Breakdown

<table>
<thead>
<tr>
<th>Ethnic Origins of NHS Grampian Workforce (July 2015)</th>
<th>2011 Census, % of population of Grampian in each category</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number</td>
<td>Percentage</td>
</tr>
<tr>
<td>a) White</td>
<td>95.90%</td>
</tr>
<tr>
<td>Scottish</td>
<td>7037</td>
</tr>
<tr>
<td>Other British</td>
<td>1252</td>
</tr>
<tr>
<td>Irish</td>
<td>141</td>
</tr>
<tr>
<td>Gypsy/Traveller</td>
<td></td>
</tr>
<tr>
<td>Polish</td>
<td>5</td>
</tr>
<tr>
<td>Other White</td>
<td>373</td>
</tr>
<tr>
<td>b) Mixed or Multiple Ethnic Groups</td>
<td>47</td>
</tr>
<tr>
<td>c) Asian, Asian Scottish or Asian British</td>
<td></td>
</tr>
<tr>
<td>Indian</td>
<td></td>
</tr>
<tr>
<td>Pakistan</td>
<td></td>
</tr>
<tr>
<td>Bangladeshi</td>
<td></td>
</tr>
<tr>
<td>Chinese</td>
<td></td>
</tr>
<tr>
<td>Any other Asian background</td>
<td>150</td>
</tr>
<tr>
<td>d) African, African Scottish African</td>
<td></td>
</tr>
<tr>
<td>Any other African</td>
<td>2</td>
</tr>
<tr>
<td>e) Caribbean or Black</td>
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</tr>
<tr>
<td>Caribbean</td>
<td></td>
</tr>
<tr>
<td>Black</td>
<td></td>
</tr>
<tr>
<td>Any other Caribbean or Black background</td>
<td>6</td>
</tr>
<tr>
<td>f) Other Ethnic Groups</td>
<td></td>
</tr>
<tr>
<td>Arab</td>
<td></td>
</tr>
<tr>
<td>Other Ethnic Group</td>
<td>41</td>
</tr>
<tr>
<td>Declined</td>
<td>4483</td>
</tr>
<tr>
<td>Not Known</td>
<td>708</td>
</tr>
<tr>
<td>Grand Total</td>
<td>14245</td>
</tr>
</tbody>
</table>

Note: The above headcount figure excludes bank.

The ethnicity categories within SWISS (Scottish Workforce Information Standard System) were updated to be in line with the 2011 census categories which accounts for the mismatch of data.