

NHS Shetland

Meeting:	Board
Meeting date:	20 September 2022
Agenda reference:	Board Paper 2022/23/37
Title:	Draft Shetland Health and Social Care Integrated Workforce Plan
Responsible Executive/Non-Executive:	Lorraine Hall, Director of HR and Support /
Report Author:	Lorraine Allinson, HR Service Manager

1 Purpose

Please select one item in each section and delete the others.

This is presented to the Board/Committee for:

- Awareness

This report relates to:

- Annual Operating Plan
- Government policy/directive
- NHS Board/Integration Joint Board Strategy or Direction

This aligns to the following NHS Scotland quality ambition(s):

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

The Integrated Workforce Plan provides information regarding the workforce profile of NHS Shetland and the Health and Care Partnership at 31 March 2022, highlighting trends across the past year 2021-22 and anticipated projections for the following 3 years where available.

In order to align Workforce plans and projections with service planning and finance planning, wrap around meetings were planned for May to July to gain clarity and feedback from services regarding respective priorities, opportunities, barriers and risks. The information was gathered

through the wrap around planning sessions to inform operational service plans and workforce and finance plans. The baseline for workforce projections is staff in post at 31 March 2022. Further detailed information was then requested to inform anticipated workforce projections for the following 3 years. Collection of this information is ongoing. Final version is currently due for publication 31 October 2022.

2.2 Background

The latest updated guidance related to the requirements of the integrated workforce plan was received in April

[https://www.sehd.scot.nhs.uk/dl/DL\(2022\)09.pdf](https://www.sehd.scot.nhs.uk/dl/DL(2022)09.pdf)

A Draft Integrated Workforce plan was submitted to Scottish government on 31 July 2022. We have met to receive verbal feedback which will be confirmed in writing. Further work is required to complete the plan to finalise for October 2022. This is to include workforce projections for 3 years. Sharing with committee structures at various stages is likely to be in draft format.

The revised approach links with the [Health and Social Care: National Workforce Strategy](#) This identifies and focuses on 5 pillars of the workforce journey.

These are:

- Plan,
- Attract,
- Train,
- Employ,
- Nurture.

Alignment of the workforce plan with service delivery and finance plans will focus on aims to deliver sustainable / affordable workforce models to meet service priorities.

A template was circulated to operational leads to complete in order to gather relevant information in readiness for group wrap around sessions. Service planning was restricted to 1 year to support the challenges of recovery and remobilisation. However timings were challenging to capture workforce changes anticipated and this process is ongoing for a 3 year period.

2.3 Assessment

The workforce data is provided from various workforce systems to provide a workforce profile at a given point in time therefore subject to variation. Replication in national publications is not always exact because of timing of extracts, alignment of data sets but this is improving on past years.

The workforce profile for Social care staff will be provided by SIC HR colleagues and will be incorporated into the plan.

2.3.1 Quality/ Patient Care

The right skills are required in the right place at the right time to deliver safe, efficient effective services

2.3.2 Workforce

The document highlights changes to the workforce in the last year and will form a base line for future planning of workforce projections

2.3.3 Financial

The document highlights past spend for supplementary staffing / comparison from previous year which will help inform future base line profile / surge capacity planning. Workforce plan will align to service and financial plan.

2.3.4 Risk Assessment/Management

Planned wrap around meetings will inform risks and priority actions for improvement.

2.3.5 Equality and Diversity, including health inequalities

The Workforce profile will include gender / age profile of current workforce in post - wider protected characteristics that will be reported through Equality and Diversity monitoring reports
An impact assessment has not been completed for this document

2.3.6 Other impacts

The information within the document will inform planning processes.

2.3.7 Communication, involvement, engagement and consultation

Involvement of stakeholders and sharing for information will be via wrap around planning meetings which will identify priority services and workforce challenges and opportunities

2.3.8 Route to the Meeting

This document is in draft format and will also be circulated to Area Partnership Forum and Staff Governance Committee, Board and Integrated Joint Board

2.4 Recommendation

- **Awareness** – For Members' information only - Draft document not for publication until agreement of final version

3 List of appendices

The following appendices are included with this report:

- Appendix 1 Draft Shetland Health and Social Care Integrated Workforce Plan 2022 - 25



Shetland Islands Council



Shetland Health and Social Care Integrated Workforce Plan

1st April 2022 – 31st March 2025

Authors	Collated by Lorraine Allinson, HR Services Manager, NHS Shetland, Denise Bell, Executive Manager HR, SIC
Service & Delivery Leads	Shetland Health and Care Service Managers
Version	1
Date Finalised	31 October 2022 (3 year plan to be reviewed annually)
Annual Review Date	

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Table of Contents

Executive Summary.....	Error! Bookmark not defined.
1. Introduction.....	5
1.1. Purpose of the plan	5
1.2. Scope of the plan	5
1.3. Ownership of the plan.....	5
2. Update on Last Year’s interim Workforce Plan	6
3. Service Change	6
3.1. Demographics.....	6
3.2. Strategic Drivers	7
4. Key Workforce Challenges	9
5. Our Workforce	11
5.1. Headcount and WTE (whole time equivalent) 2021 - 2022	12
5.2. Social Care Staff Workforce Profile by Job Family	12
5.3. Gender Split / Contract Type	13
5.4. Age Profile.....	14
6. Recruitment and Retention.....	16
6.1. Recruitment / Vacancies	16
6.2. Retention / Turnover.....	19
6.2. Leavers Profile.....	21
7. Supplementary Staffing.....	22
7.2. Bank.....	22
7.3. Excess Hours / Overtime WTE	23
7.4. Locums	24
8. Supply.....	24
8.1. GP Hub.....	24
8.2. National Programmes	25
8.3. International Recruitment	25
8.4. Return to Practice	26
8.5. Students.....	26
8.6. Young Workforce	26
8.7. Employability Strands	26
8.8. Apprenticeships / Trainee posts.....	26
8.9. Volunteers	26
8.10. Work Experience.....	27
9. Priority Areas / Key Workforce Deliverables 2022 – 2025	27
9.1. Recovery of Planned Care	27
9.2. Urgent and Unscheduled Care.....	29
10. Workforce Projections.....	34
11. Staff Wellbeing.....	36
11.1. Sickness Absence	39
11.2. Support	40
12. Workforce Planning Challenges.....	40
13. Workforce Action Plan	41

13.1. Plan 41

13.2. Attract 42

13.3. Train 43

13.4. Employ..... 44

13.5. Nurture..... 45

14. Monitor, Review and Refresh 46

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1. Introduction

1.1. Purpose of the plan

This workforce plan for NHS Shetland Health and Social Care describes the current workforce profile at 31 March 2022 and aims to project anticipated future workforce requirements in accordance with service priorities identified in the annual delivery plan 2022-23 in order to provide a safe and effective services.

The main aims and objectives of the plan are:

- Assess the profile and wellbeing of the workforce and identify actions that support recovery and improve / sustain wellbeing into the future to enable delivery of transformational change
- Project anticipated changes needed to shape the future workforce structure that will be required in 2023-25 to meet changing service needs that stabilise and improve service provision and enable delivery of priorities for 2022-23 (Recovery and protection of planned care,; Stabilising and improving urgent and unscheduled care; Supporting and improving social care ; sustainability and Value)
- Working towards the requirements of the Health and Care Staffing (Scotland) Act 2019 by ensuring that the current and future workforce adheres to the statutory basis for the provision of appropriate staffing in health and social care services, enabling safe and high quality care and improved outcomes for service users.
- Align workforce planning procedures with the Service Annual Delivery plans and Financial planning to ensure:
 - Working collaboratively to ensure resources are prioritised and focussed where they need to be
 - Appropriate training and education programmes are developed and delivered on workload and workforce planning across the NHS Board;
 - Provision of expert clinical advice in workload and workforce planning alongside provision of support and facilitation for teams to review workforce information in order to inform service redesign, development of roles, to ensure that services and workforce are responsive to the needs of patients
 - Monitoring and reporting of high cost agency use across the Board; and
 - Development and delivery of workforce learning and development to enable our staff to deliver safe, responsive and effective services.

1.2. Scope of the plan

The plan covers NHS Shetland wide services and integrated health and social care services in response to [DL\(2022\)09 - National Health and Social Care Workforce Strategy: Three Year Workforce Plans \(scot.nhs.uk\)](#). The workforce data is presented where possible by NHS Job Family categories. Reporting systems vary between NHS Shetland and Shetland Island Council. We are still in the early stages of aligning workforce planning procedures, collating and presenting joint workforce data where we have integrated services.

The approach agreed will focus on action plan aligned to the five pillars of the workforce journey set out in the National Workforce Strategy for Health and Social Care in Scotland. The main focus initially will be to the core clinical workforce, those with greatest direct impact to patient care where educational pathways are required to meet supply. However, we acknowledge the contribution from 'all' job families across the workforce are critical to maximise the effectiveness of service delivery and patient experience.

1.3. Ownership of the plan

The approach put in place to develop remobilisation plans was continued, with the NHS Project Management Office supporting strategic ‘wrap around’ sessions with the key stakeholders from each service alongside support / professional service leads to understand operational priorities and challenges. The remit of the sessions was to focus on stabilising and strengthen a whole system operational planning approach to create flexible and responsive services in the next 12 months; capture the subsequent impact on the shape of the workforce required to deliver the future service plan; with the ‘wrap around’ of finance to ensure plans remain affordable.

Thereafter we will continue to review annual delivery plan and progress forward with improvements that align to and sustain the strategic direction and deliver the requirements of the Health & Care (Staffing) (Scotland) Act 2019.

The implementation of a National Care Service by the end of 2026 will have a considerable impact on the social care workforce and the support services that enable the delivery of services. This will be reflected in the annual delivery plan review.

2. Update on Last Year’s interim Workforce Plan

The last workforce plan document was 2019. In 2021 an Interim Workforce Plan was provided in response to the updated guidance for workforce planning [https://www.sehd.scot.nhs.uk/dl/DL\(2020\)27.pdf](https://www.sehd.scot.nhs.uk/dl/DL(2020)27.pdf) the report specifically related to the response to the impact of Covid19, describing the support in place for staff physical and psychological wellbeing during the pandemic and plans to start remobilising services. We acknowledge that even now some services are still in the early stages of recovering and returning to business as usual, establishing new service pathways / norms.

3. Service Change

NHS Shetland Re-mobilisation plans and the Annual Delivery Plan (ADP) 2022/23 sets out anticipated service changes for the following year and beyond if known. In line with Scottish Government requirements the ADP explores delivery priorities to “stabilise and improve”. The ADP builds on previous quarterly operational planning arrangements and focusses on actions to deliver the following key priorities:

- Recovery and protection of planned care;
- Urgent and unscheduled care;
- Supporting and improving social care;
- Sustainability and value.

The workforce plan will focus on actions relating to

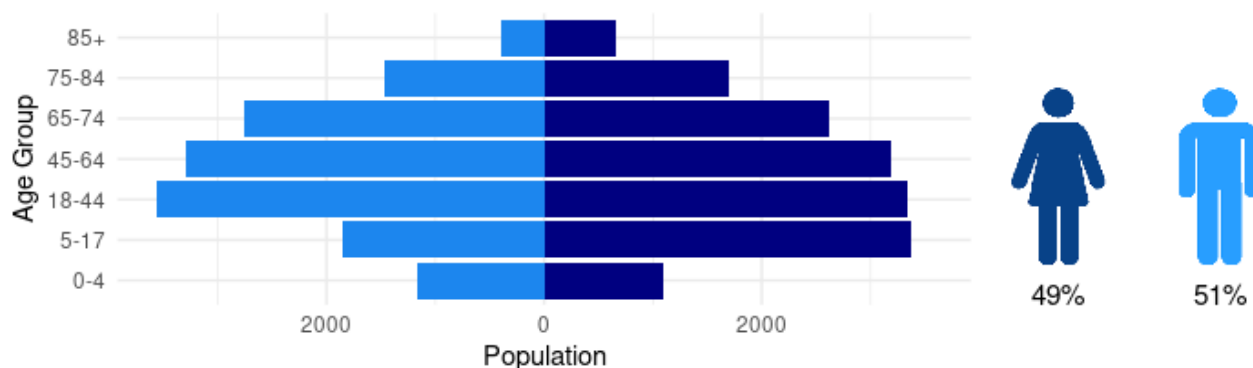
- Recruitment and retention of our health and social care workforce;
- Staff wellbeing;

Some services have yet to re-establish service provision to pre-covid levels, some are still in recovery stage or planning changes required to move forward. Services changes are described within the Annual Delivery Plan.

3.1. Demographics

Demographic changes are a key driver to service change and respective challenges for workforce planning. In 2020, the total population of Shetland was **22,870**. The graph below shows the population distribution.

Population breakdown in Shetland



Source: National Records Scotland

The population in Shetland continues to reduce. [National Records for Scotland](#) show the population is estimated to decrease by 0.3% from 2020 to 2025.

Over the next 10 years, the population of Shetland is projected to decrease by 1.3%, due to natural change, compared with Scotland which is anticipated to increase by 1.1% in the same period.

Between 2018 and 2028, the 0 to 15 age group is projected to see the largest percentage decrease (-9.2%) and the 75 and over age group is projected to see the largest percentage increase (+35.1%). In terms of size, however, 45 to 64 is projected to remain the largest age group.

The aging population influences the need for service change to respond to increasing needs of older people in the local community who are living with long-term / multiple conditions and frailty.

Demographic shift, with associated morbidity will continue to increase. As morbidity increases, the use of treatments will too. The need for medicines supply will grow as the population ages and as new research, treatments and guidance emerge.

The predicted reduction in the working age population, leaves fewer people available to provide care and support required will also provide challenges for local recruitment supply. The Health and Social Care Workforce shows a similar aging profile.

Statistics from the [Scottish Government Annual Population Survey 2020/21](#) show unemployment rates for people over 16 years of age increasing across Scotland (4.6%). Shetland, one of the lowest unemployment rates of 3.3%. This low unemployment is evidenced by the current jobs: population ratio of 1.2, which is 1.2 jobs available for every working age individual in Shetland.

Youth unemployment is shown to be increasing.

3.2. Strategic Drivers

Recovery from Covid 19 is the backdrop of the implementation of a raft of strategic drivers both nationally and locally that will help shape services and the future workforce required. Key workforce drivers considered at this time are:

[National Workforce Strategy for Health and Social Care Scotland](#)

This sets out the workforce vision values and outcomes providing a framework under the five pillars of the workforce Journey

- Plan
- Attract
- Train
- Employ
- Nurture

A more integrated approach to workforce planning across health and social care is being progressed that will align with the Annual Digital health and care strategy delivery plan and finance plan. This approach will be further refined as we review in 2023.

[Health and Care Staffing \(Scotland\) Act 2019](#)

The purpose of the Act is to ensure *“that at all times suitably qualified and competent individuals, from such a range of professional disciplines as necessary, are working in such numbers as are appropriate for the health, wellbeing and safety of patients, the provision of safe and high-quality health care, and in so far as it affects either of those matters, the wellbeing of staff”*.

In order to comply with the requirements of the Act, NHS Shetland have established a Health and Care Staffing Programme Board (HCSPB) which will provide guidance to the NHS Board on the overall strategic direction of the legislation. The HCSPB will also retain oversight of the implementation of the 10 specific duties placed on NHS Shetland through the Health & Care (Staffing) (Scotland) Act 2019.

In 2021 NHS Shetland invested additional resource into Clinical and Care Governance with the development of a new post, Chief Nurse (Corporate). This is a strategic role which has the following specific areas of responsibility

Clinical and Care Governance (inc management of Clinical Governance & Risk Team)
Care Assurance (community settings)
Implementation of the Health and Care (Staffing) (Scotland) Act 2019 for all NHS professions
Patient experience, public involvement, feedback and complaints

We are in the process of undertaking a stock take of where each of the services are in relation to

- Utilising the available national workload tools;
- Implementation of relevant Real Time Staffing resources;
- Identifying training needs of staff in relation to the tools and initial preparatory work for conducting tool runs;
- Developing a schedule of tool runs, aiming to align local and national tool runs where possible

An overarching governance framework for the Health and Care Staffing programme is in development being led by the Scottish Government and this includes improvement and development measures for the Social Work workforce.

Whilst there has been a pause in Enactment of the Act, the Cabinet Secretary has now confirmed that full commencement of the Act will be from April 2024.

[National Care Service](#)

Following an Independent review into Adult Social Care (IRASC) and Consultation process, the National Care Service (Scotland) Bill process commits to establish National Care Service

in Scotland by 2026. The aim of the Bill is to ensure consistent access to Community Health and Social Care and Social Work services, regardless of your location in Scotland. Shetland does not have any private Care Homes. Further clarity required for the planning and preparation of teams and community to what this will mean for services in Shetland.

[The Digital Health and Care Strategy](#)

This strategy will be the driver for many service development and improvements through maximising the use of digital technologies that will enable improvements to access to services and support improvements to the delivery of care and wellbeing of the people in Scotland.

[Realistic Medicine Scotland | NHS inform](#)

[GMS contract: 2018 - gov.scot \(www.gov.scot\)](#)

Key Local Drivers Include:

- Recovery /Remobilisation Plans
- SIC Workforce Strategy:
- Shetland Islands Council “Our Ambition” [Our Ambition 2021-26 – Shetland Islands Council](#)
- Clinical Strategy
- Wellbeing Programmes
- Board Annual Delivery Plan
- Finance Plan
- Digital plan
- Training and Development Plan
- Shetland Partnership Plan <https://www.shetland.gov.uk/community/shetland-partnership>

For further information see www.shb.scot.nhs.uk/

4. Key Workforce Challenges

In addition to the ageing demographic that impacts workforce recruitment and retention, there are a number of other challenges that influence the availability and shape of the workforce. The following are key issues raised in the ‘wrap around’ planning sessions:

- Covid continues to present challenges in respect of infection rates and absence from the workplace. Staff are continuing to work remotely through a hybrid model where the needs of the service allow or where they are or can be mobilised when they are fit to work to minimise negative impact on service performance. Acute Clinical and front line service areas face a greater challenge to cover shifts when infection rates are high so there is still a requirement for flexible resource to back fill to reduce impact on the availability of services.
- Pre- pandemic visiting services from NHS Grampian have not yet fully resumed
- Repeat rounds of advertising frequently required to attract suitable candidates - leaving gaps in service provision - increasing need to back fill with locum cover to maintain service delivery alongside reducing size of relief bank.
- Pressures on covering vacant posts impacts on level of risk and ability for staff to participate in essential training.

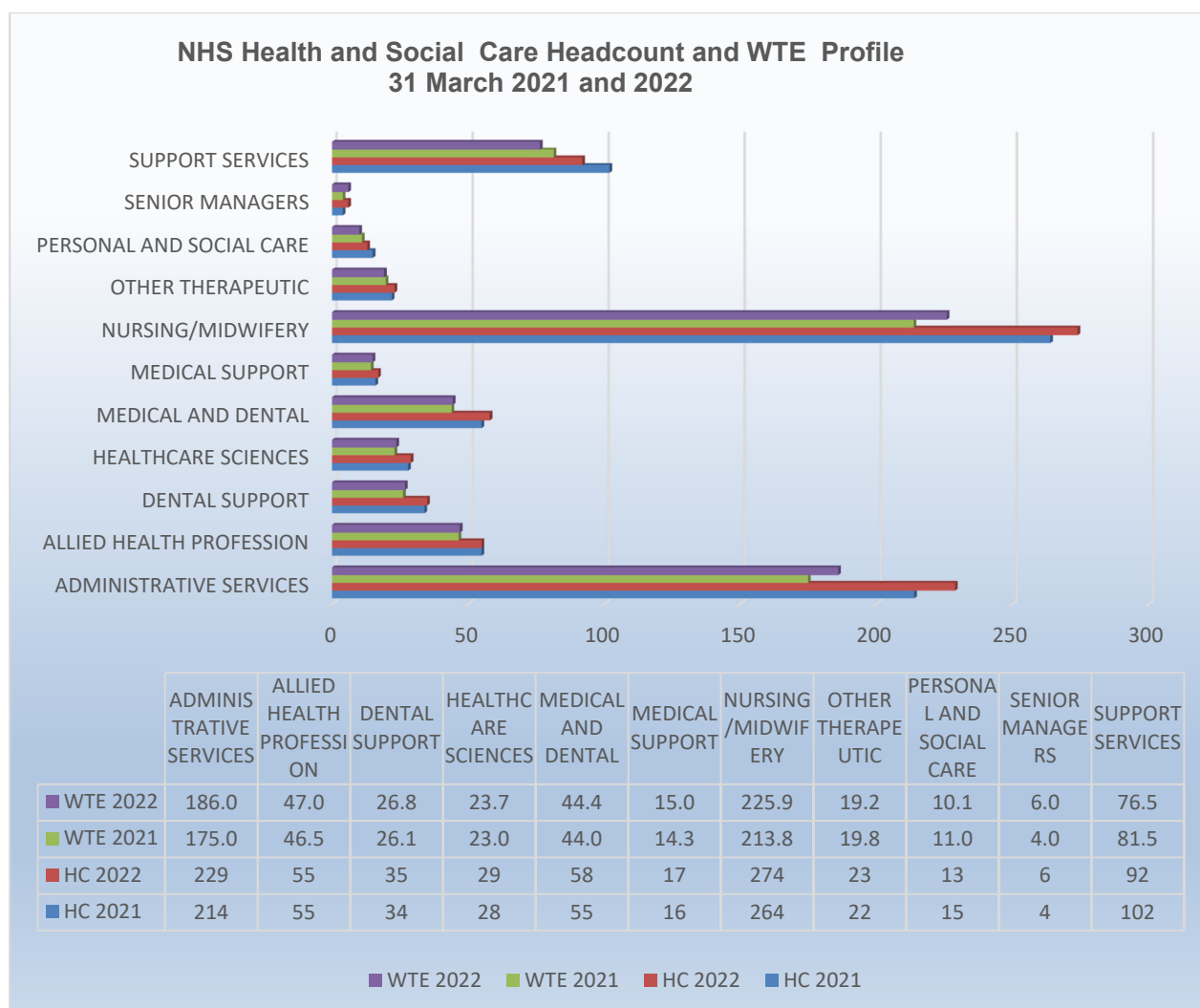
- To respond to the ageing workforce profile in many service areas we will need to support more rolling training / development programmes. In order to retain, we will need to guarantee a substantive post on successful completion of training which may provide a temporary cost pressure.
- Short term funding streams that provide for less than 1 whole time equivalent (WTE) post, can be very inflexible to fill and complete project within the provided timeframe. Attracting to a part time post on a fixed term contract or secondment is challenging and may even be left unfilled within the timeframe required. Adding on to someone's role as a project, whilst a learning opportunity can create pressure for small teams locally, increase in use of Bank / Agency locums to backfill resource gaps or balance capacity pressure
- Increasing workloads impact on the willingness and ability of staff to take on additional responsibilities.
- Covering maternity leave can be problematic in small teams; backfill in part may be provided for but if unfilled it has to be covered by overtime, excess hours, Bank or Agency Locum. Multiple or sequential maternity leaves in a small are particularly problematic to source cover.
- Retirement succession planning is problematic, budgets do not generally allow for opportunity of a handover, instead normal for gaps due to time to recruit, additional cost pressure for overlap, particularly during phased retirements. Consideration required to start recruitment sooner to allow for successful placement and handover
- An effective digital platform is critical to enable appropriate recording, access, storage and reporting patient data when required, by all those that are required to.
- Breadth of roles and responsibilities for single handed posts and within small teams reduces capacity and requirement to reprioritise
- Attracting suitable candidates to fill difficult to fill posts
- Redesigning roles as development opportunities requires planning of funding, education support, potential for extended duties / caseloads for team members until fulfilling full role to meet performance standards, suitable supervision and mentoring with the aim to improve length of retention in role to provide stability
- Suitable work space will be a challenge for the foreseeable future whilst we try to accommodate the changing needs of services when there is limited building space suitable for some services to be co-located available. There are a number of ongoing moves required into 2022/23 and ongoing works thereafter to try to improve work location and the work environment of an ageing estate.
- Affordable housing accommodation remains an issue impacting successful recruitment. Property prices are high and availability of affordable rental properties is limited. This continues to influence decisions to accept posts offered and also has a negative impact on retention of key workers for the NHS .
- Ability to attract and retain to a remote and rural location, like Shetland, is generally a lifestyle choice to relocate, as much as a career choice, so suitably trained applicants can be limited in numbers in supply.
- Transport links are very good, but expensive, weather can disrupt transport on occasions in the winter or summer. These factors influence choice to accept a post and the length retention in post (care responsibilities – child care/ children leaving island for university / elderly parents off island and retirements all underpin a common theme for leavers.

- No local recruitment agencies to fall back on - lead time required to plan provision of agency locum cover and increased costs of travel and accommodation
- Local education is of high standard, with small class numbers. For many professional roles required in health and care will require students to move off island for a period of time. The challenge is how we attract them to return and when.
- Patient expectations of Health and Social Care Services is high; Patients are increasingly presenting with more complex needs; Services are still recovering from Covid, catching up on back log
- Childcare facilities (preschool) in Shetland are limited which can be problematic for new people relocating to Shetland with young families, where they don't have family support structures locally to support them.
- Assessing and changes to staff expectations coming out of Covid will be important to understanding maintaining wellbeing and levels of resilience. Understanding staff needs and expectations will be measured by multiple data sources which will link to staff governance, including Employee Surveys, iMatter, HSE Stress questionnaire, workforce data and performance monitoring, performance management systems, Health, Safety and Risk , and workforce development.
- Workload measurement tools that are fit for purpose to measure demands in remote and rural teams.
- Shared services regionally, may provide a saving but create a smaller workforce, increasing breadth of responsibilities, alongside travel and may add to challenges for successful recruitment and retention

5. Our Workforce

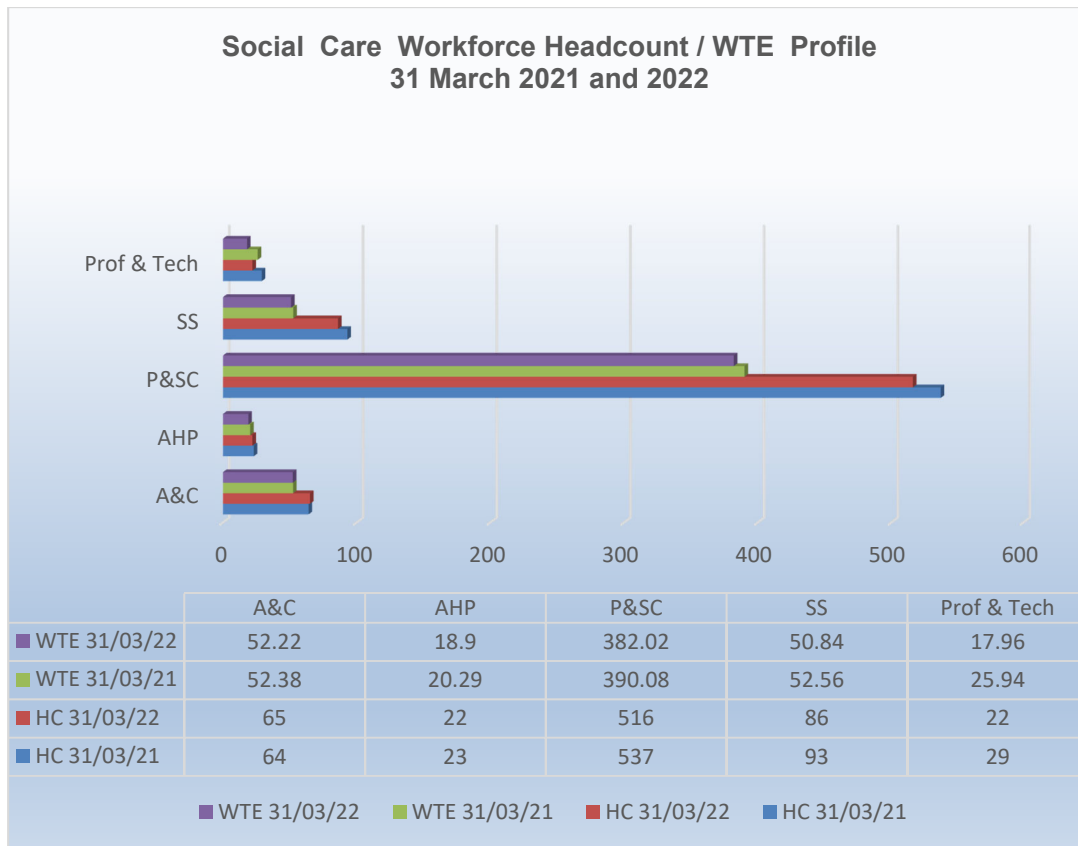
A summary of the workforce profile at 31 March 2022 is provided below. Base data is from HR systems that monitor employed staff in post. Supplementary data provides a picture of the wider workforce involved in the delivery of services. The data is drawn from eESS, HR National system, Job Train, National Recruitment system, TURAS, NHS Scotland Education and Data platform, SSTS as well as the Shetland Islands Council integrated HR/payroll system.

Headcount and WTE (whole time equivalent) 2021 - 2022



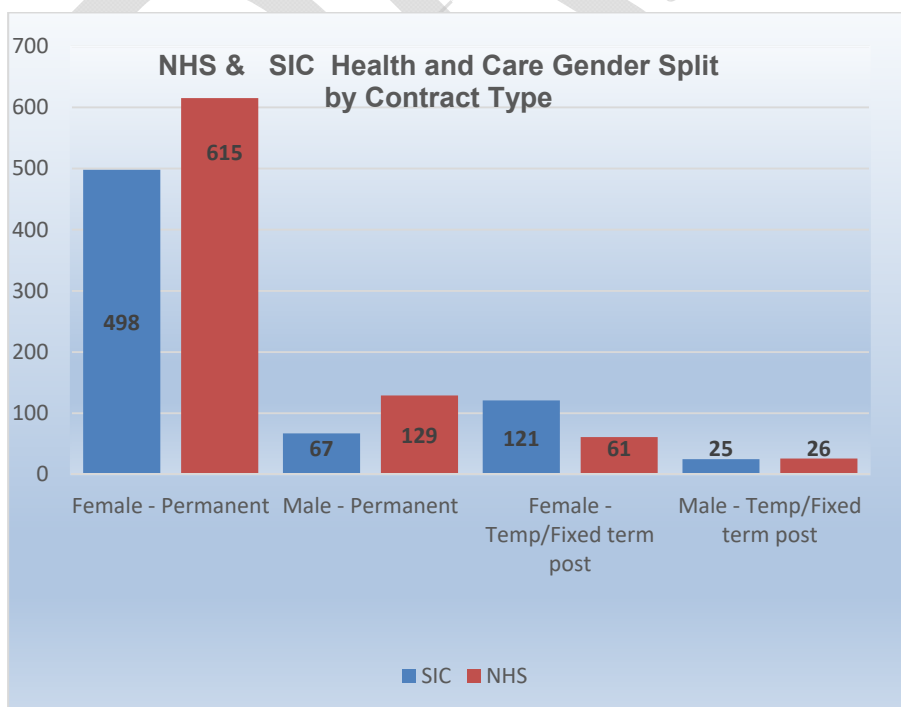
The NHS Workforce Headcount at 31 March 2022 was 831, an increase of 22 (2.71%) since March 2021. The WTE was 680.7 and increase of 21.7 wte (3.29%) since March 2021. Increases in the last 2 years are mainly attributed to response to increase in demands for Covid challenges, or recovery and remobilisation of services.

5.1. Social Care Staff Workforce Profile by Job Family



The workforce headcount for Shetland Island Council (SIC) Health and Social Care headcount decreased from 746 in 2020/21 to 711 2021/22, a decrease of 35 headcount (4.69%). The WTE was 521.94 a decrease of 19.31wte (3.59%) from March 2021. The decrease has been significant (24%) to Professional and Technical job family.

5.2. Gender Split / Contract Type



The gender profile for NHS workforce female to male ratio is 81:19, SIC staff in Health and Social Care is a similar at 87:13. This is representative of Health and Social Care across Scotland. Careers in Health and Social Care generally attract more female workers than male.

Social Care Workers have a higher rate of fixed term contracts in place than the NHS at 31 March 2022. In both organisations more female than male hold fixed term contracts.

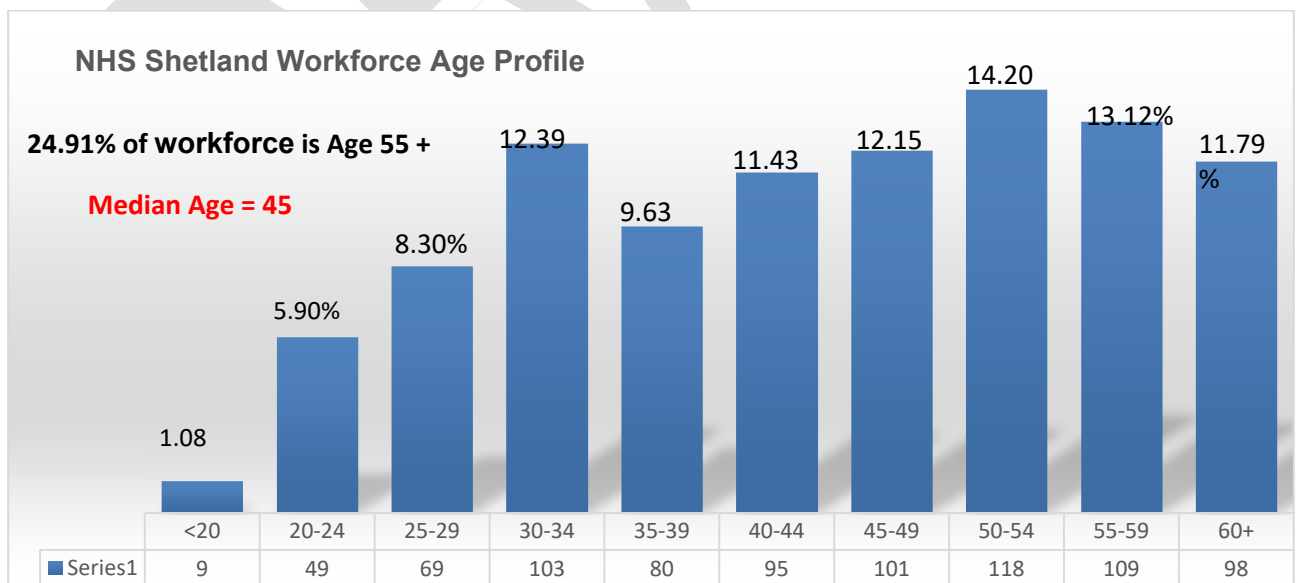
Further information regarding the Workforce profile can be found either in the NHS Shetland Equality and Diversity Monitoring Report 2021-22 published on the website. www.shb.scot.nhs.uk/ or for Shetland Islands Council, at [Shetland Islands Council](#)

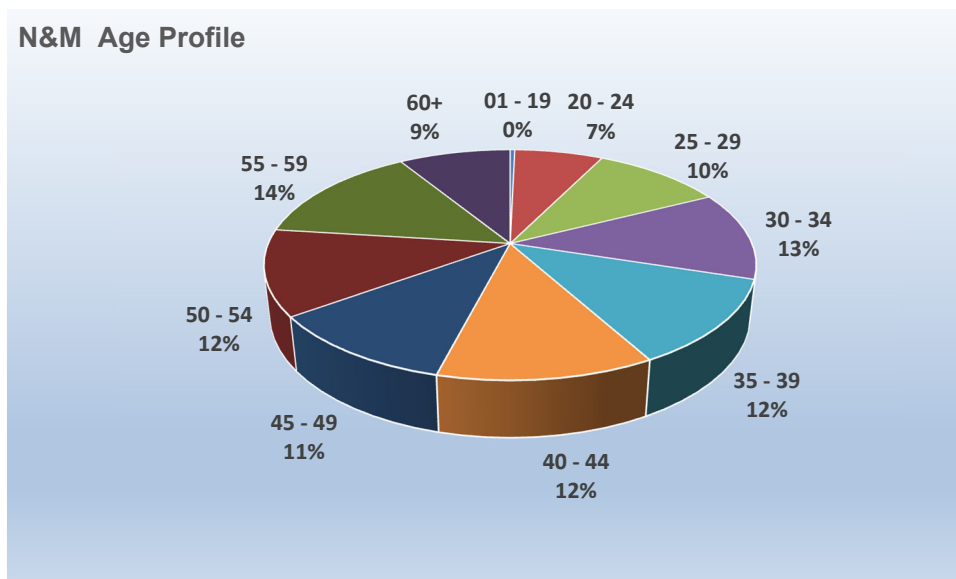
5.3. Age Profile

The census data at 2011 is shown in comparison to the current age profile for the Health and Social Care workforce at 31 March 2022. The ageing profile of the workforce remains a significant challenge for both Health and Social Care workforce each with over 40% of staff 50+ years of age. The median age of the workforce is 45 /46 which is comparable with that of NHS Scotland workforce.

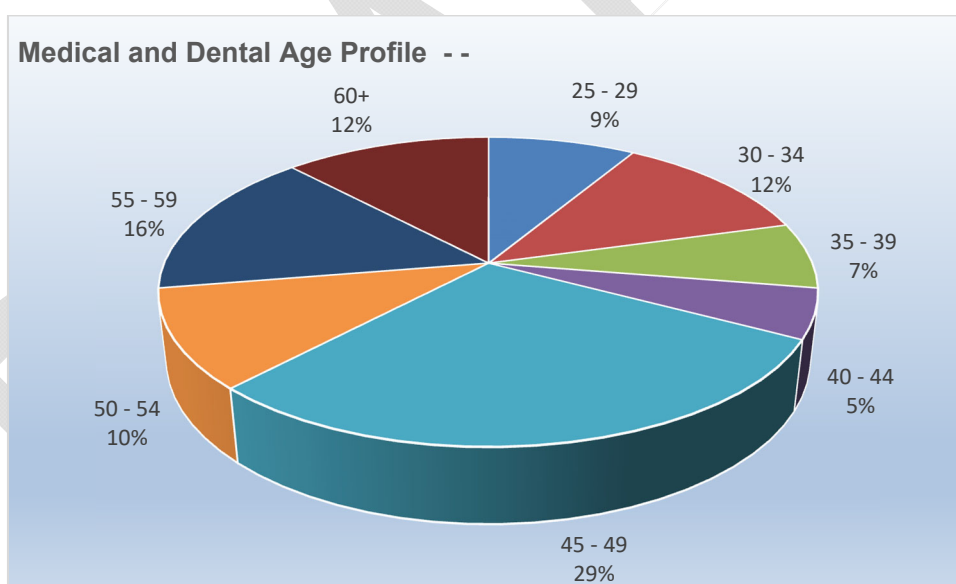
The 2011 census reported 17 % of the population were 65 years or above, the workforce shows 3% for NHS and 5% of Social Care workforce to be 65 +years.

The ageing workforce profile will influence future turnover and add pressure on recruitment procedures. There is a relatively small percentage of staff aged 19 years and under. This is due to a number of factors such as age restrictions for people under the age of 18 working in clinical areas and Health and Safety compliance requirements.



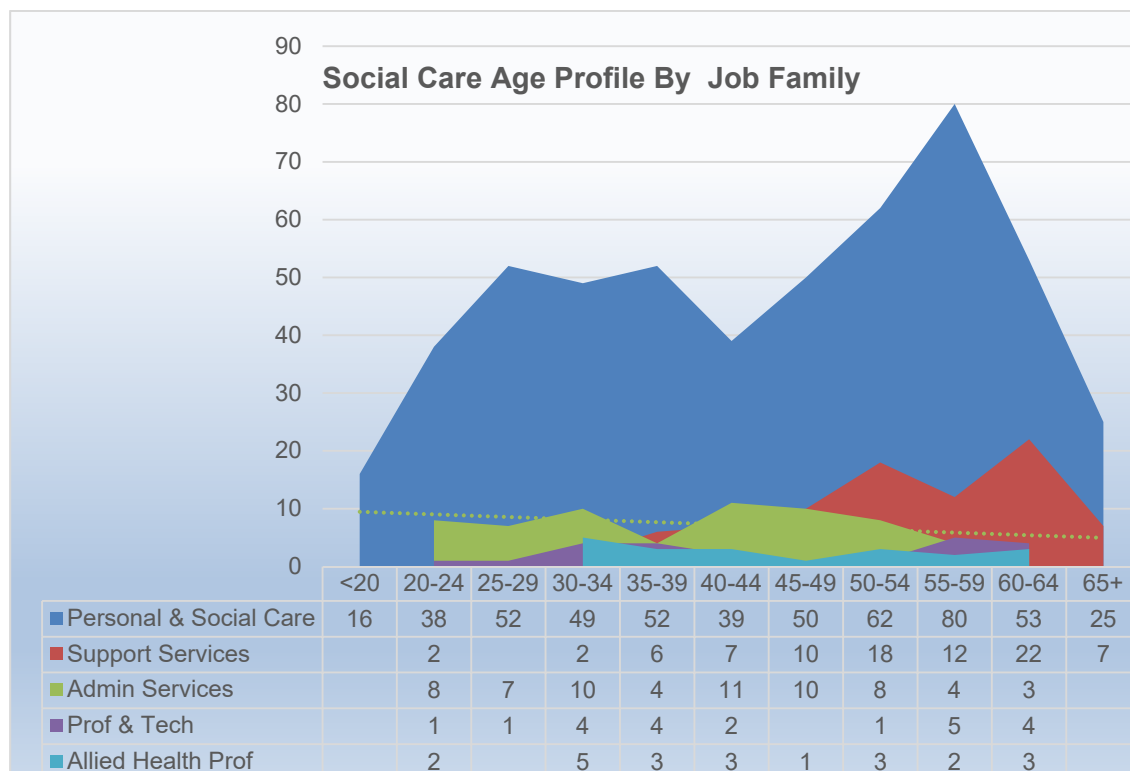


The largest job family in Health is Nursing and Midwifery. 23% of the staff group are aged 55 and over, therefore eligible to retire under the NHS pension scheme. This has potential to increase to 35% in the next 2-3 years therefore turnover could be a key risk if supply is limited.



The Medical and Dental profile shows 28% aged 55 or over, potential to move to 38% by end of 2023. NHS Shetland has to recruit / employ approximately 50% of rotational Doctor’s in training to ensure a compliant working rota is provided. This is mainly due to gaps in the allocation of trainees and adds complexity to planning a compliant rota. This is particularly challenging in Shetland as our rota must cover the hospital, not just a single department. We separate into a medical and surgical rota but they are required to cover A&E, clinics, wards, theatre, hospital at night and Same Day Emergency Care.

Non clinical service will also be under pressure to retain / recruit with 40% of the workforce 50 years of age or over; In Support services Estates & Facilities 55% are 50 years and over. Locally unemployment is low and there is limited resource pool, in a competitive job market, therefore recruitment can be challenging and retention problematic in some areas where reliant on local resource pool, e.g. Facilities, Estates, Administration services.



The data provided shows 43% of the Personal and Social Care workforce are aged 50 or above, with 69 % of Support Services staff 50 years and above.

6. Recruitment and Retention

6.1. Recruitment / Vacancies

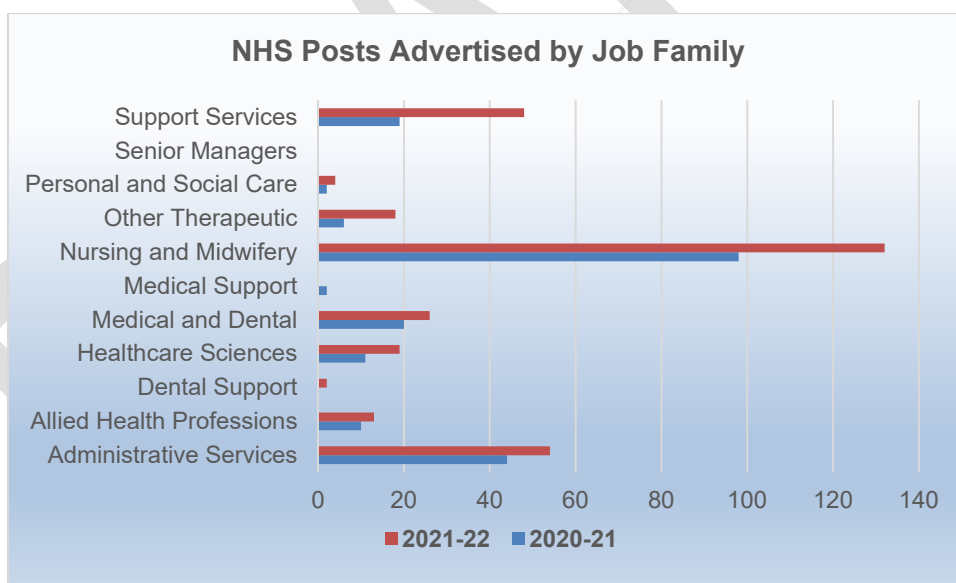
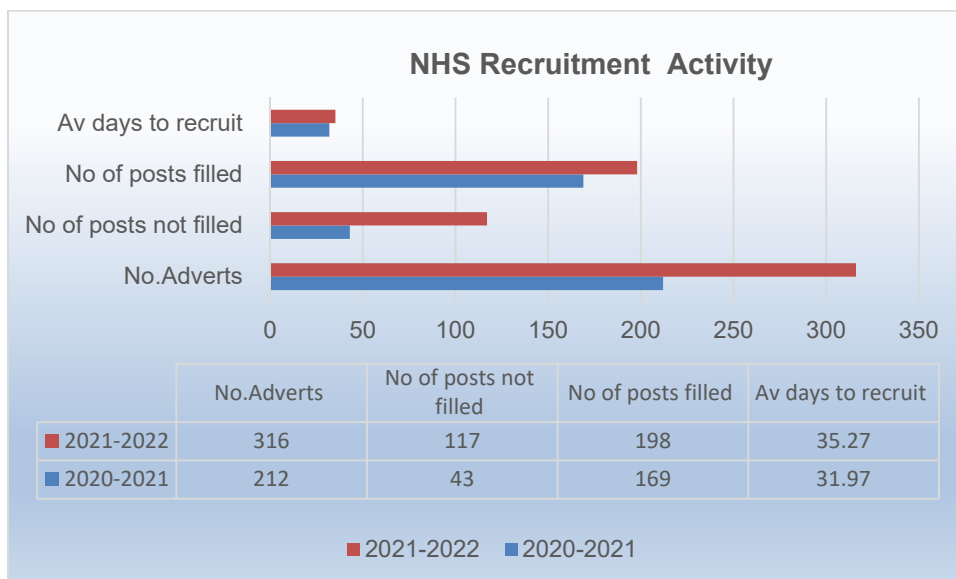
NHS Shetland implemented the national recruitment system Job train in 2019. This now provides a consistent system across the NHS in Scotland and enables improved reporting capability. We are not currently using the system to approve vacancies, a local process remains in place. We have further work to progress to refine reporting from the system and aligning data sets for integrated services. There is also further scope to explore data to identify anomalies and areas of good performance and areas for improvement that could assist in the planning process.

The chart below shows a summary of NHS vacancies by job family for 2020-21 and 2021-22.

In 2020-21 vacancies totalled 212, in 2021-22 total was 316, an increase of 49%. Average days to recruit (from job live in the system to job offer) was 32 days in 2020-21 and 35 in 2021-22 Performance was in the main consistent across job families with anomalies in AHP's, Other Therapeutic and Medical and Dental, with the highest 60 days. The timeframe to actual start date will have a much greater variation depending on the candidate's notice period and whether they are relocating within or out with the UK. This is often out with our control to allow time for Visa and Certificate of Sponsorship process and other employment checks to be completed but will add to cost pressures if post is being back filled.

In 2020-21 80% of posts advertised were filled, compared to 63% in 2021-22. Unfilled posts have increased during 2021-22 specifically, Nursing and Midwifery where 38% of posts

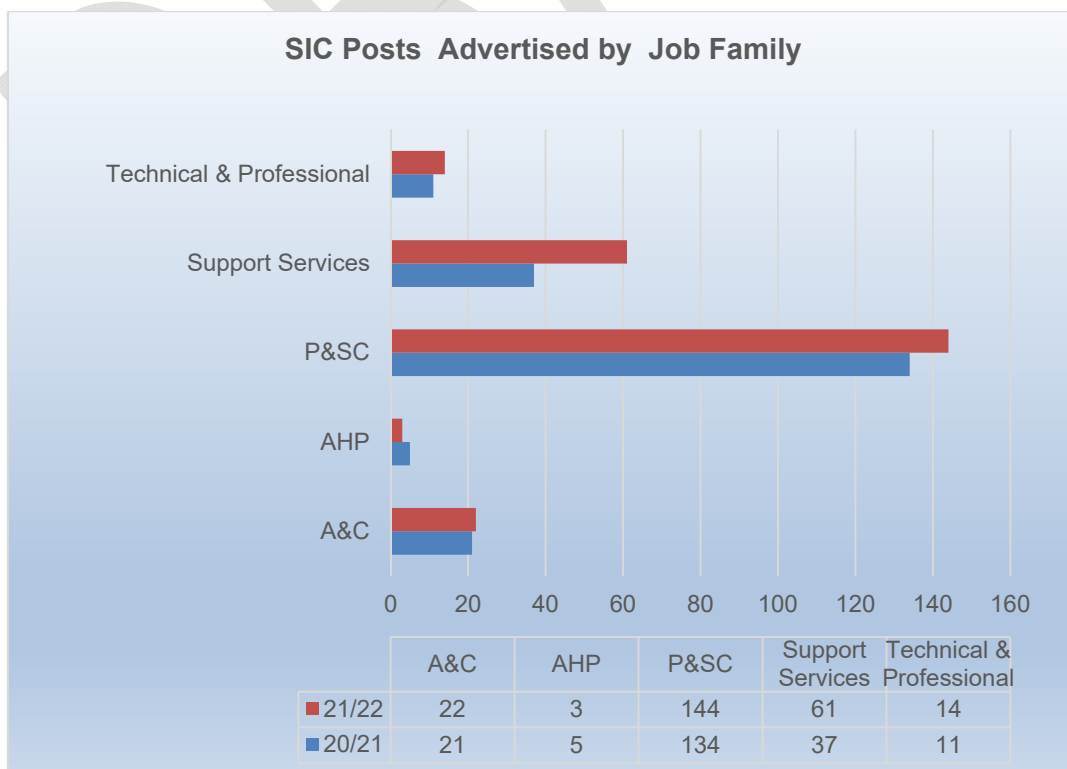
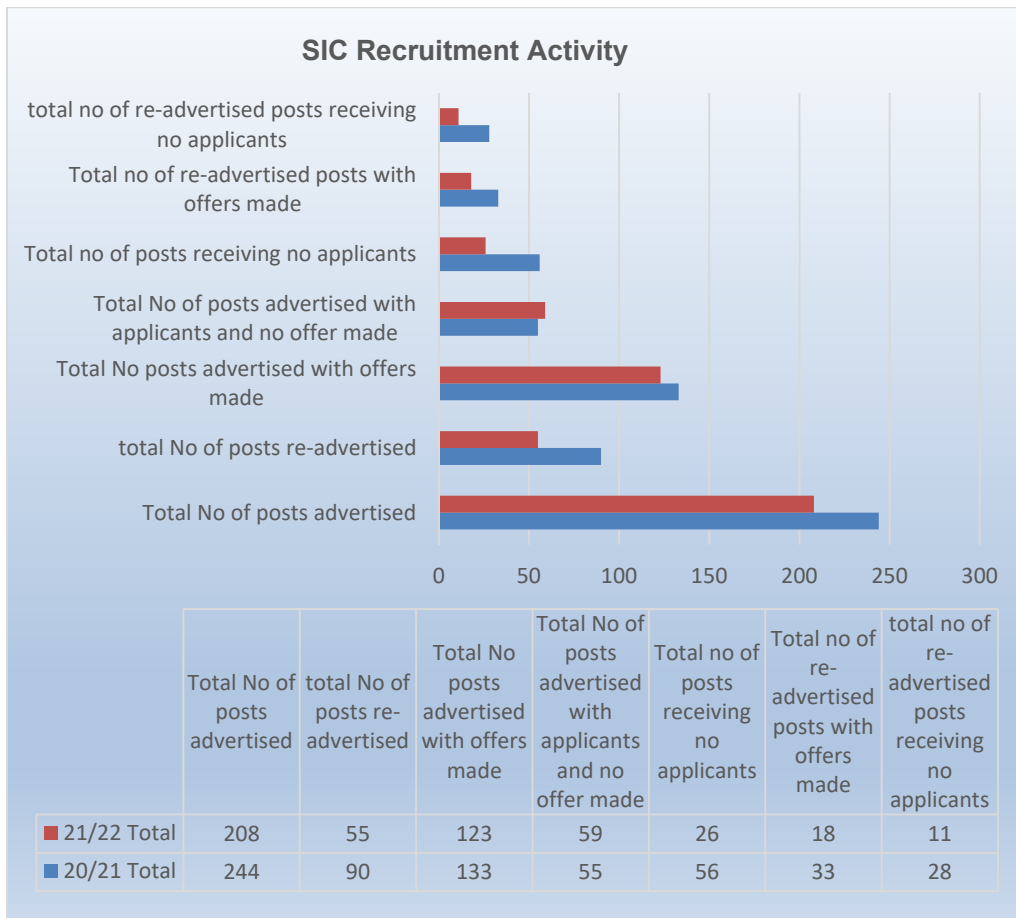
advertised were not filled, compared with 24% in 2020-21. It is particularly difficult to attract applicants to fixed term posts where there is short term funding or requirement for backfill, e.g. maternity leave.



Recruitment systems differ in SIC and data sets are not yet aligned. The table below shows 208 Social Care vacancies advertised in 2020-21 and 244 in 2021-22; this was a 17% increase. The greatest increase in posts advertised was in Community Care Resources. The data highlights 26% of vacancies are re-advertised, of which 32% receive an offer. The percentage of posts advertised receiving no applicants in 2021-22 was 23% compared with 13% in 2020/21. This increase in re-advertising has placed significant demands on the recruitment service within the council that has impacted on the time taken to fill vacancies.

The data demonstrates an increase in recruitment challenges across integrated services which has led to a focussed review of the recruitment advertising strategy including offering relocation packages for the first time to social care posts to attract applicants from outwith

Shetland. Work is also underway to explore the governance arrangements that support possible cross use of NHS Bank staff within residential social care.



Difficult to fill Posts

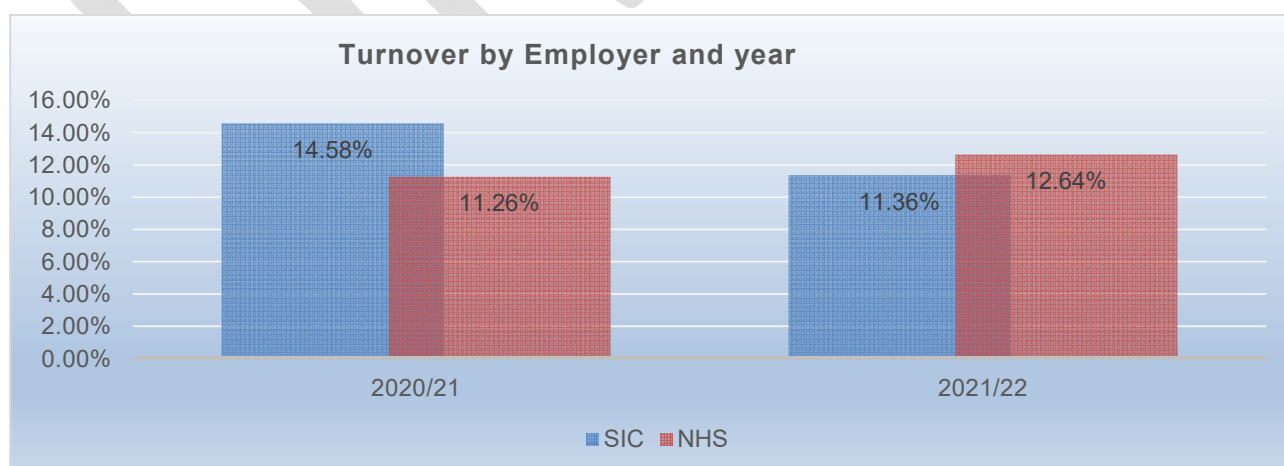
Difficult to fill posts are vacancies where we have had long term vacancies / those where we have not filled, received no applicants, or repeatedly advertised

- Generalist Consultant Physicians, Consultant Anaesthetists, Consultant Psychiatrist
- Specialist Nursing: Cardiology, Oncology, McMillan Palliative Care, Renal, Occupational Health,
- Advanced Nurse Practitioner
- Theatre Nurse / ODP
- Senior Biomedical Scientist Haematology & Blood Transfusion,
- District Nurses
- Medical Physics Officer
- Senior Psychological Therapist
- Salaried GP's
- Occupational Therapist
- Resuscitation Officer / Trainer
- Practice Education Lead (AHP's)
- Domestic Support Worker
- Social Care Workers/Senior Social Care Workers
- Social Workers especially mental health officers
- Chef
- Clinical Pharmacists
- Dental Officer

In 2022-25 we will continue to look at options for advertising, including national and international opportunities, attracting to Shetland vacancies and plan how we can use development pathways to develop a workforce fit for future service demands.

6.2. Retention / Turnover

Comparison of turnover for 20/21 and 21/22 for NHS and SIC Health and Social Care

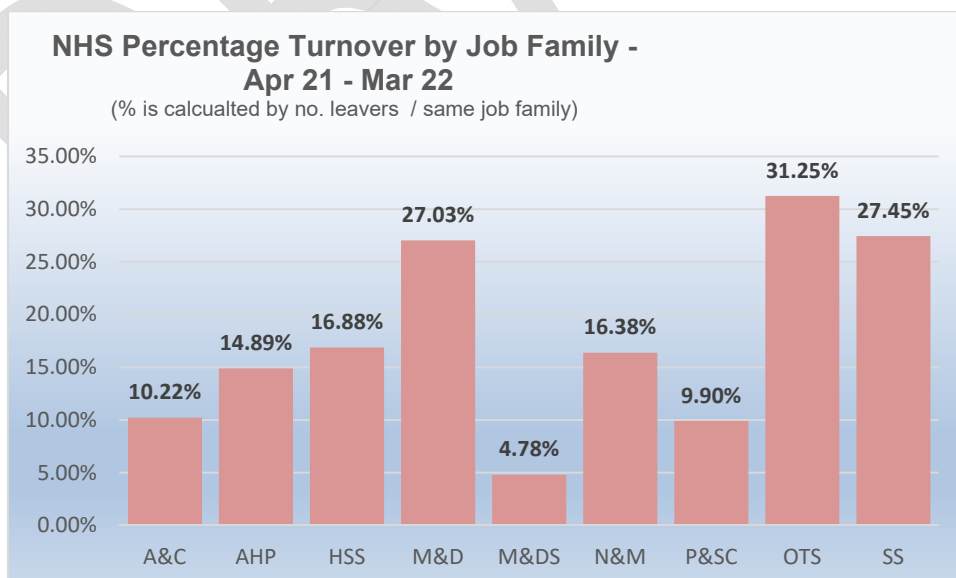
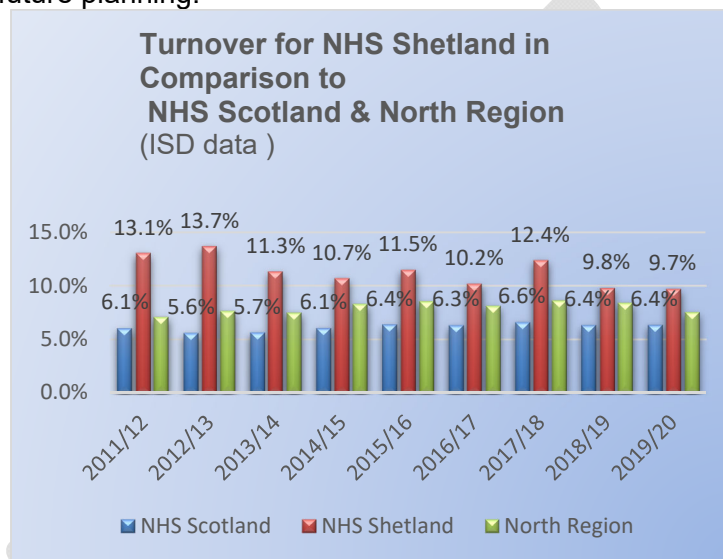


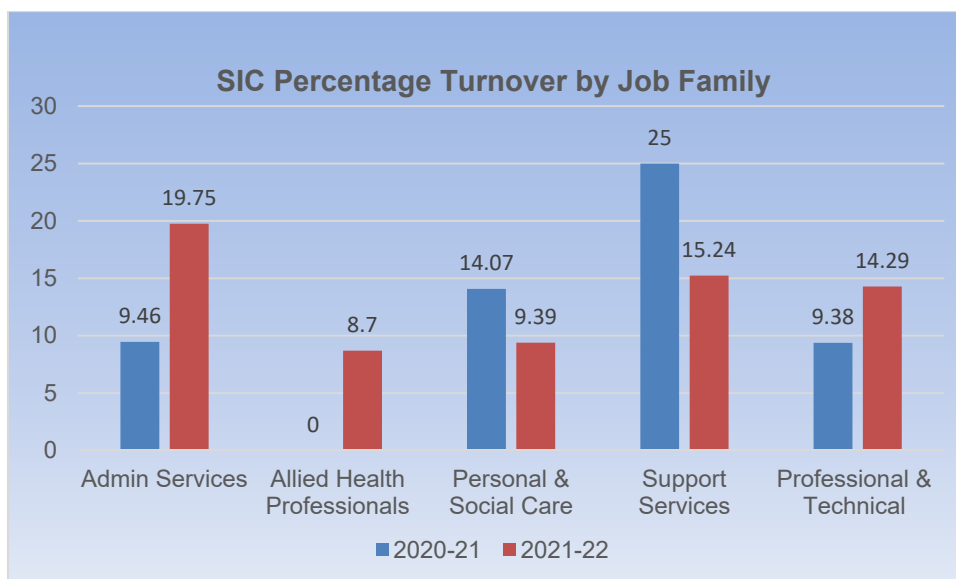
In 2021 to 2022 NHS turnover increased by 1.38%; and SIC Health and Social Care turnover for same period decreased by 3.22%. The increase in the NHS is attributed to the increased use of fixed term contracts during the pandemic. Turnover in 20/21 in the SIC was significantly highest in the Support Services job family, that includes cleaning, catering, domestic staff. In 21/22 the highest turnover was amongst the Admin Services job family

with the highest turnover since before 2017. Personal and social care turnover has remained steady since before the pandemic. Fixed term/part-time vacancies can be more challenging to fill, therefore more consideration is required to longer term plans when considering working patterns and approving short term requirements.

Turnover for NHS Shetland is consistently higher in comparison to the North of Scotland Region and NHS Scotland. Turnover rates for NHS Shetland are comparable with SIC Health and Social Care. Turnover by job family shows fluctuations across services and highlights high turnover in smaller services where the impact can be significant not just the large job families where the workforce is concentrated.

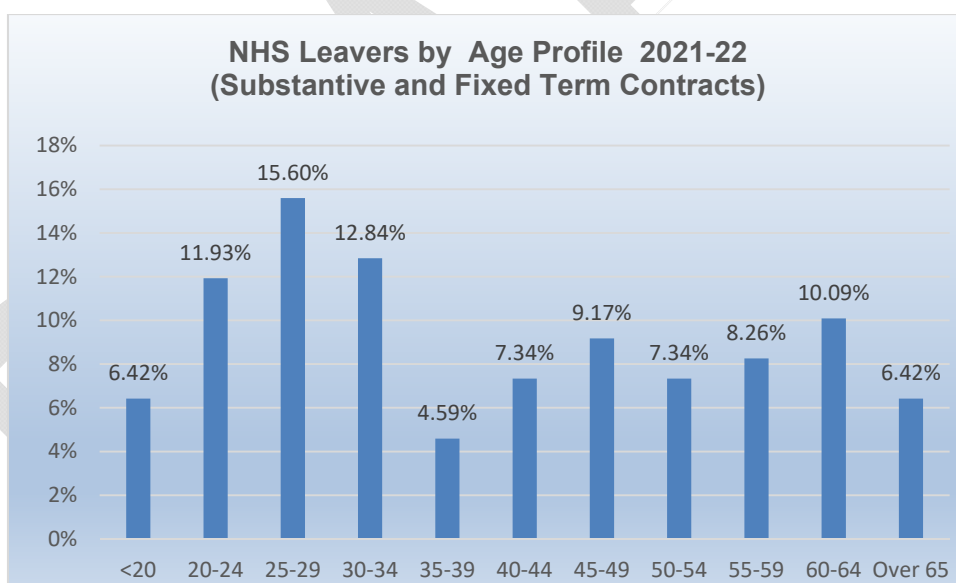
There is scope for further analysis of leavers to understand and patterns relating to retention that may support future planning.





6.3 Leavers Profile

Exit interview questionnaires are sent to all NHS leavers - however return rate is 31% of which 2% arranged a face to face exit interview with an HR Advisor. The main reason for leaving advised was family or personal reasons. The represented 16% of those completing an exit questionnaire.

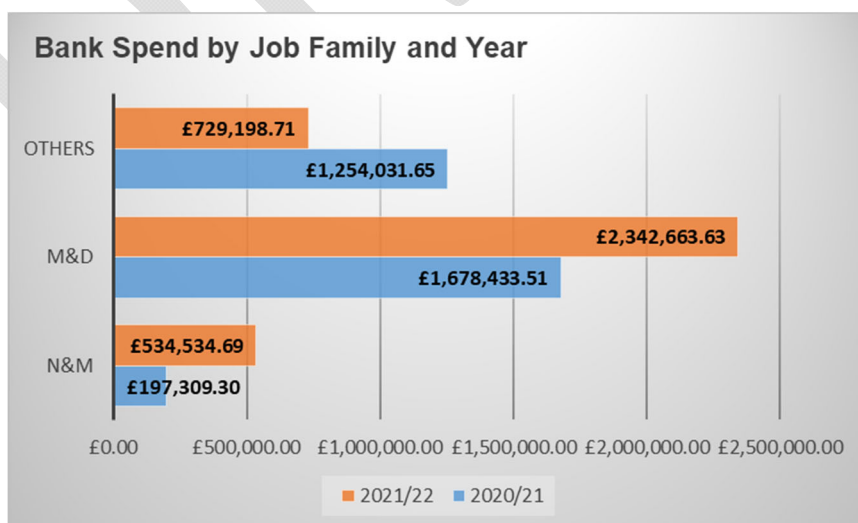




7. Supplementary Staffing

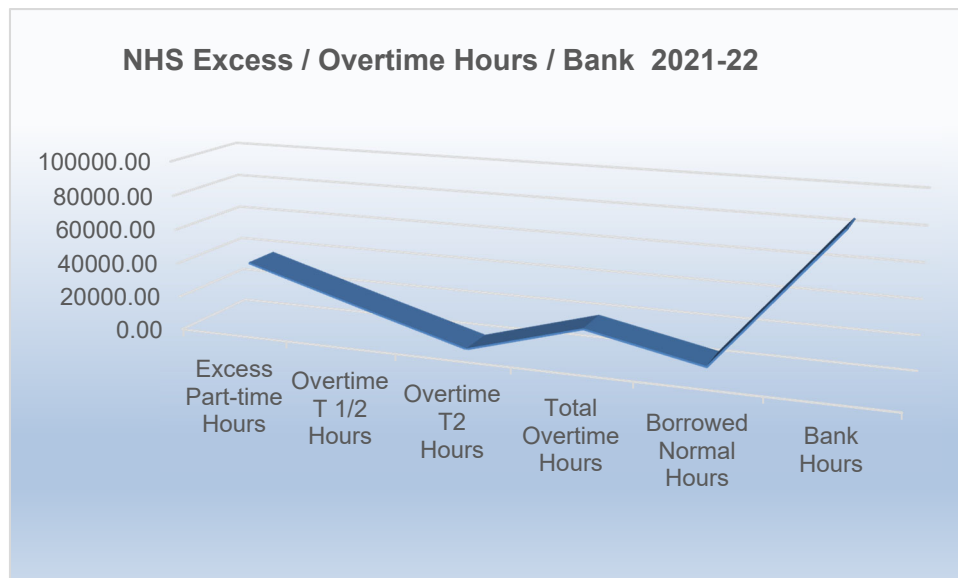
7.1. Bank

Bank usage has been significant to support the delivery of some services across the last 2 years to cover sickness absence, leave, vacancies and fluctuations in demands for services. A proportion of the costs are attributed to additional resource required during Covid. Total hours paid (includes enhanced hours) on Bank have been converted to WTE to better demonstrate the resource demand, although it is recognised that this will be inflated by enhancements. The highest cost area for bank use was attributed to Medical Staff; some Medical bank staff are not located locally therefore there are additional costs for travel and accommodation included in spend. In respect of most wte/hours it was Nursing and Midwifery, followed by Admin Services. Some service areas do not have access to any local resource for Bank and utilise team for additional hours / overtime to backfill.



Data required: Bank by hours WTE by job family? Finance

7.2. Excess Hours / Overtime WTE



Check with finance - figures differ

The reason for NHS Bank and / or Additional Hours request recorded in SSTS is predominately attributed to 'meet clinical demand' or 'meet workload demand' therefore unclear to how the increase in demand has come about.

In Post Avg /WTE avg	Excess Part-time Hours	Overtime T 1/2 Hours	Overtime T2 Hours	Total Overtime Hours	Borrowed Normal Hours	Bank Hours	Total Additional Hours
68030.26	38163.39	18945.99	211.94	19157.93	5348.00	85422.79	148092.11
34.89	19.57	9.72	0.11	9.82	2.74	43.81	75.94

7.3 SIC Health and Social Care

7.3.1 Relief Workers

Using the Joint Staffing Watch Reports (which identifies those who were paid at that point) shows a slight increase overall in 2022.

March 2021 - 142 Relief workers in place (72% Personal & Social Care Staff, 26% Support Services & 2% Prof & Tech)

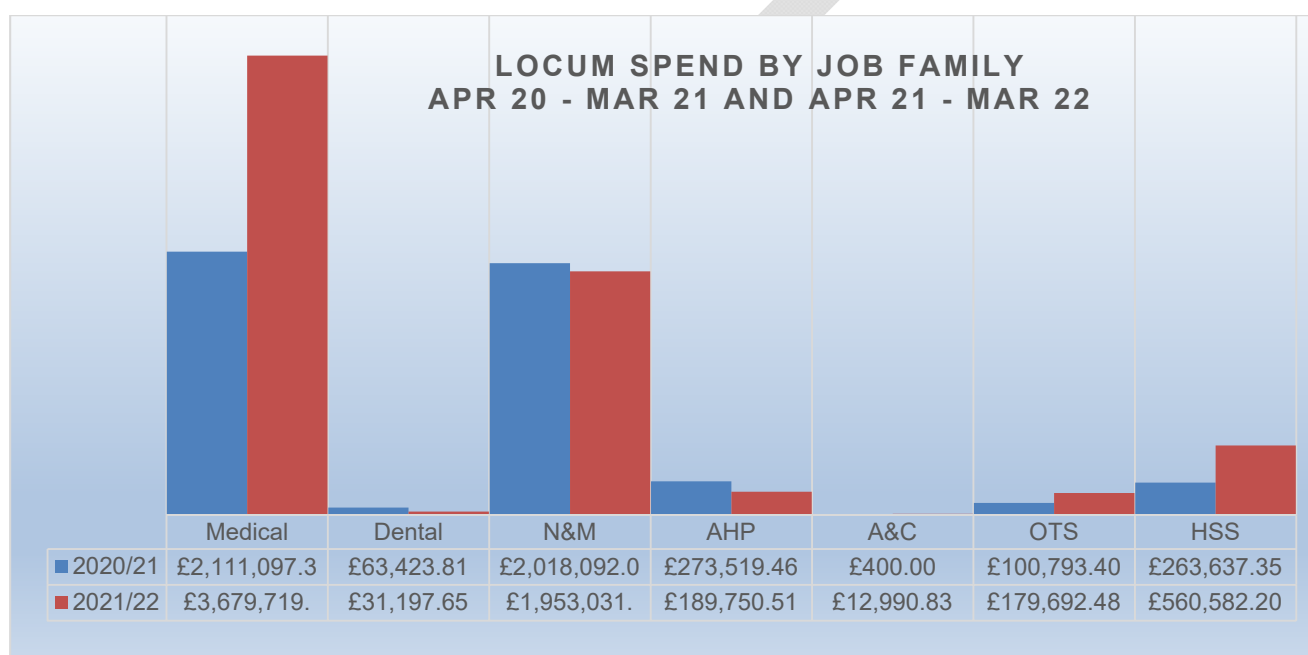
March 2022 - 158 Relief workers in place (1% Admin Services, 69% Personal & Social Care, 28% Support Services & 2% Prof & Tech)

7.3.2 Agency Staff

There has been a growing significant increase in the use of Agency Staff to provide social care and social work services due to unprecedented levels of vacancies and sickness absence due to Covid. The table below shows the spend on Agency staff over recent years. The lower figure for 2020/21 reflects the impact of the lockdown when people were unable to travel.

2018/19	2019/20	2020/21	2021/22
£573,513	£792,318	£540,297	£1,694.595

7.4. Locums



Finance – data by hours requested to establish WTE

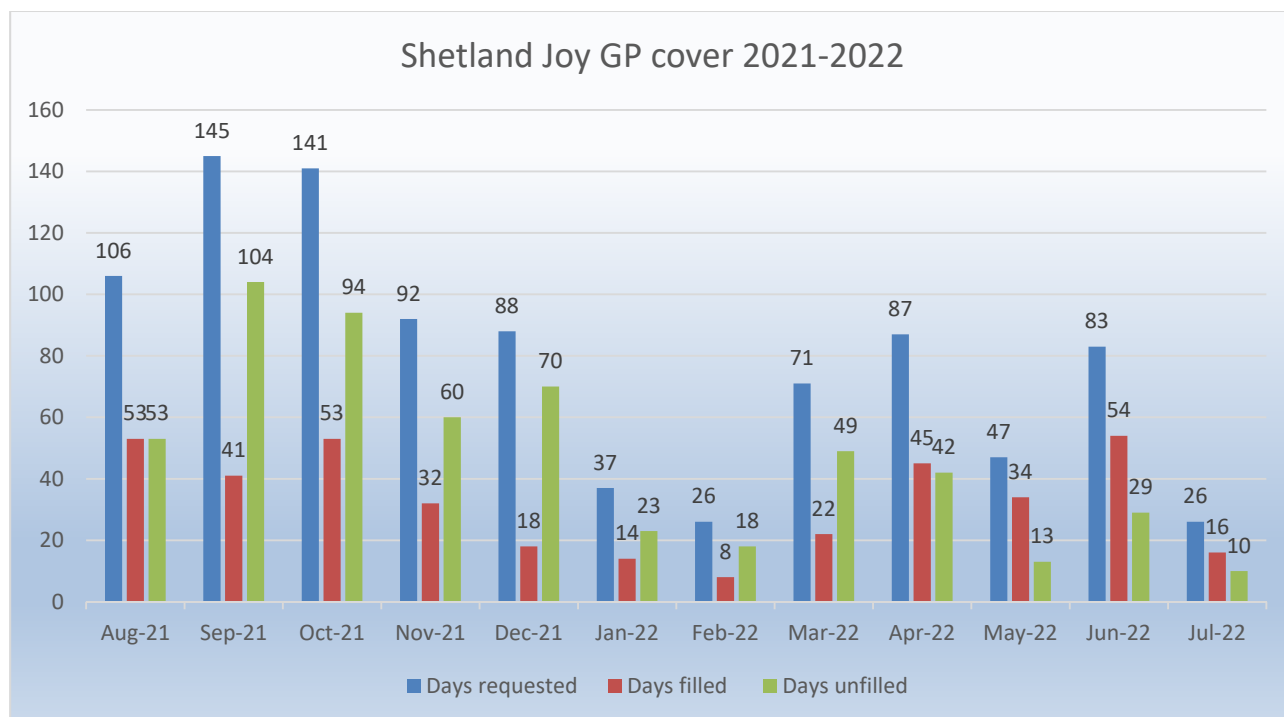
The above shows the Locum Spend for 2020/21 and 2021/22 broken down by job family which demonstrates a significant increase in spend on Locum Medical Staff. Increases in the main are likely to be attributed to Covid (HSS), Decrease in the use in Dental services and AHP will link to the reductions in service provision during Covid. The majority of Locums are through a direct engagement process, which is supported by Liason, we also have a number of Medical Staff engaged through IR35 or limited Companies. Locums have been covering substantive Medical posts in both Acute and Community setting on a long term basis. Due to our location and access to agencies, Administration and Support Services are less likely to utilise agency staff, but are reliant on supplementary staff through bank or overtime / additional hours to meet the requirements for cover and increase demands.

Following recovery, further planning is required to reduce the reliance on Locums to deliver core services in both Acute and Community.

8. Supply

8.1. GP Hub

[‘Rediscover the Joy of General Practice’](#) is a collaborative project across Scottish Health Boards coordinated by the Scottish Rural Medicine Collaborative. The initial pilot was led by NHS Shetland, which attracted GP’s from around the UK to form the Rural GP Support Team who provided cover in remote and rural practices in Shetland, Orkney, Western Isles and the Highlands. The pilot was extended and we currently have 30 GP’s who commit to an agreed number of sessions per year depending on their availability. The following shows activity for NHS Shetland in 2021.



8.2. National Programmes

Engagement with national advertising programmes has had mixed success in respect of outcomes. Those in Nursing have been beneficial in generating interest that have translated to candidate offers, Medical vacancies less success. Communication timeframes have been restricted in some instances which has prevented participation. Local capacity issues may have also contributed to this issue, wider distribution of communications to include recruitment / finance services should be considered to facilitate support for application and approval process.

8.3. International Recruitment

Current focus for international recruitment has been on Nursing as test of change, we will then expand to other disciplines as required.

We have had an MOU in place with Yeovil since January 2022 for 6 Nurses, on the expectation that all costs would be funded as in 2021. However planned supply was within 6 months, to date we only have 1 candidate agreed, for whom we are still awaiting progression to appointment stage so progress has been slow. Specific targeting of marketing will likely be required to attract to the islands / remote hospitals.

We anticipate supporting 2 - 5 international placements per year. We have been decorating Hospital student / Nursing Accommodation in readiness.

We have had some success in generating direct applicants through general job train adverts, we are progressing candidates with current professional registrations already in place, but

exploring how we can align additional support in line with IR campaigns for OSCE, sponsorship support and relocation.

In the North we have discussed a Regional Hub approach to IR with NHS Grampian leading. As an island board with limited HR resources, already covering a broad remit and increasing workload we would anticipate to benefit from a regional approach to IR with the shared experience and support that this would bring to the local HR and Clinical Teams. The 'NMC OSCE Preparation for Nurse Educators' resource will be beneficial as will save on travel off island for preparation as well as OSCE.

8.4. Return to Practice

Data requested

8.5. Students

Data Requested

8.6. Young Workforce

Under 7% of the current NHS workforce are age 24 years or under. Focus is now being placed on actions to increase engagement and generate interest at local level in careers and working in health and social care services.

(Requested Bank age profile to compare)

8.7. Employability Strands

NHS Shetland have had limited ability to support employability strands during the 2 years of Covid. Currently we are exploring how we can increase capacity to incorporate a return to participation of employability strands and the following practices. The development of a new HR post has been proposed to support employability strands alongside Equality, Diversity improvement work and development of workforce strands 6.7 - 6.10 which work was paused at the onset of Covid.

The Council is actively engaged with Developing Scotland's Young Workforce, the Young Persons Guarantee Scheme and is one of a small number of employers within the UK delivering Project Search. This is an international transition to work programme committed to transforming the lives of young people with learning disabilities and autism. Integrated services are working together to establish expectations for public sector services locally and how we might support each other.

8.8. Apprenticeships / Trainee posts

We aim to increase development of apprenticeships / trainee posts between 2022-25. There is a successful Modern Apprenticeship programme with annual intake for Social Care Workers in both adult and children's services working in partnership with Shetland UHI.

We worked closely with Shetland UHI in the development of a new short course "Introduction To a Career in Social Care". This is a 6-week, part time, on-line tutor supported certificate course aimed at people who are interested in moving in to a career in social care.

The small teams in other professions and work groups tend to limit numbers at any given time. We have had modern apprentice roles in Finance, Estates and Facilities with mixed success in respect of completion and retention.

We continue to increase development of in house trainee posts linked with education programmes as part of succession plans and skill mix redesign.

8.9. Volunteers

We have retained a group volunteers for a period of time, we have not progressed campaigns to increase numbers. Additional capacity required to focus on identifying further

opportunities for volunteers, recruitment campaign, induction and monitoring procedures required to be established to support increase. Review of opportunities be progressed in 22 – 25 when capacity permits.

8.10 Work Experience

We anticipate work experience programmes to resume in 2022- 25. We recognise that offering work experience increases understanding of careers available in Integrated Services and aims to encourage interest in accessing opportunities in professional and support roles across the organisation for school leavers / students.

9. Priority Areas / Key Workforce Deliverables 2022 – 2025

9.1. Recovery of Planned Care

NHS Acute Nursing and Outpatients

Chronic Pain services remain a locum led service for inpatient and outpatient elements due to the gaps in the substantive Anaesthetist team. An options appraisal is required to identify a viable models to provide a local resilient pathway that will include a MDT approach and link to psychological therapies and self-management resources. A clinical lead is required to engage in the national improvement work appropriately.

Recruitment and retirement planning required in specialist nurses in long term conditions management in response to an increase in demand for cardiac and diabetes services. A development post is under consideration and strengthening links with Primary Care networks to support. Increased admin support during Covid has been continued to release nursing staff to focus on clinical work. A review of admin capacity is required to accommodate support for the repatriation of services and booking for 'Near me' clinics, patient initiated review and opt-in process.

NHS Acute Nursing and Inpatients / Day Surgery Unit (DSU)

An increase in the size of the DSU and development of the ambulatory care department is planned for 2022. The hire of the Vanguard unit has been extended and additional nursing staff are required in the DSU and ambulatory care to allow delivery over a split site while the capital project is in progress. This should allow for return to business as usual for visiting and local services. The additional staff may need to be retained to support increase in capacity / demand on completion of the new unit. The Central Decontamination Unit (CDU) will require replacement of endoscope washer and an increase for wider system equipment on island. Agreement for NHS Grampian for reprocessing has been reached until in place.

Theatre

Provide both planned and unplanned care

Participation in ODP programme anticipated in 2023 and possibly 2024, depending on structure in place to support. National HCPC requirement to move to a degree only programme for intake in September 2024. More To follow

Diagnostics

Radiology

An opportunity has arisen to redesign sonography services to provide Thyroid and FNA scans as well as ultrasound guided MSK joint injections. This will allow the repatriation of Thyroid and FNA services currently performed by NHS Grampian therefore reduce the burden from their Radiology service, waiting times for patients and travel costs for the board.

Post will also reduce the demand of current use of Locum Consultants providing MSK joint injections locally. (timeline tbc)

NHS Shetland are part of the international recruitment project for General Radiologists rotation for CT/MR and some US Services allow the services we need to be delivered locally rather than Radiology specialists that are unable to cover the breadth of skills that we need. Our remote and rural location may risk participation in this regional model. We will be utilising remote support for MRI-Regional Radiologist vetting and reporting. The implementation of a new system that will improve diagnostic record keeping is planned, this will require additional IT training support to implement, which is yet to be identified.

Laboratories

In response to Covid, the Microbiology team have been enhanced with Laboratory Scientific staff, additional support staff, and Microbiology Consultant cover to support decision making for patient placement and planned care patient screening. In addition supplementary staff were required to provide additional capacity during peaks demands which will cease. IT training support identified to support future improvement of systems, scope yet to be identified. Labs skill mix to be reviewed following Covid demands in order to stabilise recovery and provide future resilience.

Cardiac Physiology Service

Demand for service continues to increase, therefore currently reviewing how to increase access to diagnostic testing with remote reporting to reduce the number of vulnerable, high risk patients requiring travel to specialist centres. We are awaiting confirmation for the opportunity of a funded Trainee Physiologist placement.

Health and Social Care Partnership

Adult Services / Learning Disabilities / Autism spectrum disorder (ASD)

Community Nurse Learning Disability Nurse (LDN) service is required for people with complex learning disability and support to their families. Service is currently led by a Locum, a substantive solution needs to be established to provide LD nursing leadership, clinical support and intervention for both children and adults, liaison and joint working with wider Adult Services (LD&ASD) team in CHSC and in NHS CAMHS team.

Community Nursing

A review of Advanced Nurse Practitioner (ANP) roles required to understand workload and contribution and how this could contribute to the shape of future Primary Care structures. This work will establish projections and influence recruitment and development.

Child and Family Health

As part of the collaborative project with SIC Emotional Wellbeing and Resilience Programme, 2wte Family Wellbeing Practitioner posts were created in 2021 to provide intensive programme support for vulnerable families and their children. This is funded by SIC and will be return to the Anchor Project in 2023 after the programme is evaluated. They work closely with the midwifery and health visiting teams, until funding ceases in 2024, the outcome of the evaluation will determine if a case is made for posts to continue on a substantive basis.

Health Visitors are delivering the Universal Health Visiting Pathway to achieve 11 home visits in the first 5 years of life, alongside targeted support for families. Trakcare access for Health Visitors is to be progressed to support case management and movement through pathways. This will require IT training support.

The School Nurse time is currently taken up with the delivery of immunisations to School age children, on completion their focus will return to delivering the school nurse pathway.

Current workforce is 1.49wte plus 0.4wte trainee post, covered by OU funding is due to qualify in 2024. Band 5 vacancy 0.21wte, Band 0.6wte training as nurse (CYP) with OU due to qualify in 2026.

Due to the size of the school nurse team, the vaccination programme for school age children may be better placed with the vaccination team or additional resources provided to the team to support delivery.

Children's outpatients Department is planning to become more streamlined and efficient, with plans are awaiting re-engagement of visiting Consultant from NHS Grampian.

A Redesign of CAMHS is in progress to meet the new CAMHS National specification and Neurodevelopment Specification; we are currently recruiting to new posts funded by the Mental Health recovery fund, including CAMHS Learning and Development Nurse XXXX. The proposed increase in age range of patients from 0-16 years old to 0 -18years old and up to 26 years old for targeted groups will be considered in the redesign. This will reduce general case load for adult CHMT but they will still provide out of hours and crisis. Retirements are anticipated across the Child health team, they will require careful succession planning to prevent reduction in service provision.

Allied Health Professionals (AHP's)

A number of retirements are anticipated during 2022 – 2025 that will require planning and influence redesign.

Physiotherapy MSK Service are working towards a 4 week wait, supported by temporary locum cover. Two practitioners are placed in health centres, a review of the impact to Primary Care and Physiotherapy MSK services will determine the way forward. The introduction of NHS inform to be established. Describe - impact on WF ?

OT? - joint service - information required

Orthotics plans following planned retirement tbc

Podiatry

Speech and Language

Dietetics restructure in progress to deliver effective and appropriate dietetic services within primary and secondary care. Recruitment underway to lead post. Structure needs to strengthen links with Health Improvement team.

9.2. Urgent and Unscheduled Care

NHS / Acute

Greater understanding of the use of Agency staff is required in order to establish how reliance can be reduced within the Hospital Wards for medical and nursing locums. The proposal is to work jointly on a workforce plan for 2023-25 to explore together other ways of covering gaps with shared or generic staff that can be flexible to respond to increase in demands and how they can achieve this within budgeted establishments. The desired outcome is increased staff wellbeing, greater team stability to work more efficiently, by more appropriate task distribution, clearer work processes and reduction of reliance on locums.

The aim is to grow SDEC and Ambulatory Care Models. The outcome of joint planning will aim to focus on the right person, right place, right time to bring sustainability and value via more appropriate use of resources and services. To support this A&E are developing a local Redirection Policy in order to improve staff and Community understanding to enable more appropriate and effective use of urgent, unscheduled care services, which will improve patient safety.

The DME is currently working with NES and GMC to develop a curriculum for the Generalist Medical

Workforce to support training programmes in rural areas. Many doctors go on to specialise in a specific field, whereas in a small rural Hospital we require focus on broader generalist skills, supported by a specialist field. The aim is to improve quality and sustainability of the local medical staffing workforce, improving wellbeing and resilience of the current model, with appropriately skilled staff.

Health and Social Care Partnership

Primary Care

The roll out of 'Ask My GP' has continued in the recovery period follow Covid. An audit of a week of care has been undertaken and is to be repeated to understand changing demands following covid.

In order to achieve sustainability and value a decrease is required to Locum spend to cover ongoing vacancies. The GP Joy Hub, has provided some temporary placements in health centres to provide a more cost effective alternative to agency locums.

In order to continue to provide safe and effective Primary care services within health centres, alternative staffing models need to be explored to build on skill mix in practices to work towards right person, right place, right time. Accessing the right professional has also been linked with Mental Health Services and recruitment is underway for early intervention triage model for musculoskeletal and occupational therapy. A multidisciplinary team (MDT) approach will add resilience to the Primary Care model and improve access for patients (face to face / digital). Consolidation of resources will improve access, including consistent use of technology and share workload.

Primary Care / Community Nursing

To achieve a more sustainable effective out of hours (OOH) model we are working towards a more stable mix of GP's and Advanced Nurse Practitioners (ANPS) to deliver OOH's. Currently we have a lack of qualified ANP's to move to this model. A joint workshop is to be progressed with Primary and Acute Urgent and Unscheduled Care to identify duplication and opportunities. Custody healthcare is an outlier within current model and requires redesign to staff safely. The outcomes aim to provide a more resilient cost effective service.

Roll out of house of care will continue to a further 3 health centres as part of the Primary Care improvement plan. – clarify impact on resources – wf projections ??

Community Nursing

In order to stabilise and embed provision of services to the non-doctor Islands of Fair Isle, Fetlar and Skerries we need to develop a sustainable relief cover model. Work will be undertaken in 2022-23, and options for the appropriate skill mix will continue to be considered.

An options appraisal is being undertaken to review an overnight awake service for community nursing which will aim to decrease demand for GP's on-call to create a more sustainable service that can better maintain patients within the community. This will impact future recruitment and development plans.

Mental Health

The Mental Health team continue to carry vacancies for Medical, Nursing staff and support workers. To reduce the reliance on locum Consultant Psychiatrists on-call, a 24hour Nurse led model is being taken forward, this also provides cover for 4 hours clinics on Saturday and Sunday held in the Outpatients Department. In order for model to be sustained further CPNS required to replace locum nurses. **More to follow re additional funding / posts**

Oral Health

Recovery of Dental series to a position comparable with pre pandemic service provision is unachievable within current resources. There are gaps in GDS provision and challenges for maternity leave cover. Current focus is on clearing the backlog in routine dental care. Additional funding required to be prioritised to cover resource gaps.

Social Care

Shifting the balance of care and increased focus on prevention and support for older people to remain in the community is a priority for our workforce planning. We will develop innovative approaches to recruitment and to fully understand through effective employee engagement the barriers and enablers to retain our staff.

To improve resilience in teams we must focus on ensuring workforce learning needs are met, developing our understanding of the current barriers and challenges to participation. Identification of training delivery options and how to ensure staff have sufficient time to participate in training and actions required for cover arrangements to be prioritised to take forward within the timeframes agreed. We will explore how we can organise our work differently, learning from successes across integrated services that demonstrate safer staffing models e.g. shift time changes, skill mix, appropriate task allocation, shared responsibilities, shared leadership opportunities or development of Team Leaders that will support change to decrease reliance on agency staff and increase resilience of teams. Prioritising this work is essential to manage the health, safety, reputational and financial risks.

Pharmacy - Acute Services

Acute Pharmacy services are a consistent and reliable presence within the NHS Shetland clinical team, under substantial intrinsic and extrinsic pressures (staffing issues, rural recruitment challenges, cost pressures). The acute pharmacy service is staffed by substantive, employed individuals, with excellent organisational understanding who are highly integrated within the wider multidisciplinary team. Acute Pharmacy services are limited currently due to, Vacancies and Maternity Leave across support staff, technicians, and pharmacists.

Day to day operational delivery is prioritised within the limited staff resource to optimise patient safety, deliver key work, provision of pharmaceutical care, and medicines supply functions that are possible with limited staffing resource. This prioritised workload is however not optimised, with impacts recognised on the user experience of the service (non-pharmacy staff and patients). Acute pharmacy staff continue to provide key functions of a District General Hospital, as well as supporting a transient medical workforce and lean staffing models to deliver the care possible within this context.

It is not yet possible to realise the maximal benefits of Clinical Pharmacists in direct patient facing care roles beyond the delivery of a limited service including defined dermatology and diabetes (affected by maternity leave), ward services, due to maternity leave within the

clinical pharmacist team, long term vacancies, and limited opportunity for development of the Pharmacy Technician role with staff turnover, sickness and other staffing issues. The need for a well-developed multidisciplinary team beyond the pharmacy, with Pharmacist involvement, in the delivery of specialist outpatient settings has not yet, and cannot, be realised until resource is both recruited and returned.

In shifting the balance of care in both the context of outpatient delivery of care and delivery of hospital care remote from the hospital setting, there is an increasing need to reflect this within clinical pharmacist resource for this to be realised (i.e. OPAT, repatriation)

In addition to limited staff resource, the increase in workload has seen the service exceed its capacity to accommodate additional workloads (new delivery, growth of existing delivery, substantial change of delivery) with reduced staff resource when compared with previous periods due to the issues described above. However, the Pharmacy team has been key in NHS Shetland's successful response to pandemic by providing:

- key COVID treatments for high risk individuals;
- successfully facilitating significantly increased vaccine campaigns;
- managing significant growth of complex homecare drugs and less resilient prescribing pathways;
- delivery of ward level clinical pharmacist input to acute hospital wards;
- support the development of a trainee pharmacist; and provide leadership and assurance for organisational readiness for the implementation of HEPMA in late 2022-23.

This has however been possible due to zero sum outcomes, where senior pharmacist time has been rediverted to the delivery of non-senior pharmacist outcomes and roles, and drawing cover from the primary care pharmacy team to sustain acute pharmacy services at times, although this has been less necessary more recently. This has delayed and hampered efforts in delivering medicines governance ambitions of the team and delayed the progress of work in other aspects of the team – namely supporting development of non-pharmacist roles and workload transfer i.e. pharmacy technician led medicines reconciliation; and clinical pharmacists patient facing roles.

It is not possible to sustain this level of pressure on staff in the immediate term without the development of adverse impacts on the individual staff and wider team delivering the work; and to the detriment of the retention, development and delivery of services and staff in the short, medium and longer term.

Pharmacy - Primary Care

Primary Care Pharmacy services are an evolving and establishing model of service delivery, with progress significantly affected by the pandemic and challenges in utilising Primary Care Improvement Fund monies. The Primary Care Pharmacy team have worked well throughout the pandemic, showing adaptability and flexibility to support acute pharmacy services, as well as embracing new ways of working and recruiting support from pharmacists working remotely from Shetland to deliver pharmacotherapy services.

Currently, there is variation between practices in the level of service offered due to resource constraints and operational differences between practices. Development and delivery of the Primary Care Improvement Plan has been challenging with the pandemic response, however the team has learned and adopted new ways of working to deliver more sustainably in the longer term; developing a plan for Shetland wide service rollout over 2022-23.

There has been recent development within the Health and Social Care Partnership which has furthered the investment in Pharmacy resource within Primary Care. The team are successfully achieving the shift of workload from Pharmacist to Pharmacy Technician. Some success has been achieved in embracing new ways of working, including working remote from the practice and employing staff working remote from Shetland on a fixed term basis.

This progress needs to be underpinned by continued efforts to recruit the necessary resource for delivery (as described in MOU2).

In moving both services forward, effort will be invested in:

- Identifying the need to create Clinical Leadership time within the Pharmacist team to facilitate service redesign and to support non-pharmacist role development in both acute and primary care sectors
- Redesigning services to align with staff resource, skill mix, capability and service demands in both Primary Care and Acute services.
- Redesigning how work is done by members of the team and how the team share the workload (covering staff absence, leave etc.)
- Staff and role development, with a focus on the development of the role of Pharmacy Technicians
- Achieving stable levels of staffing following maternity leave, long term absences, vacancies and accommodation of the additional workloads described above (i.e. transitioning to vaccine holding centre for NHS Shetland, providing COVID treatment input, delivering effective homecare)

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- Identifying the need to create Clinical Leadership time within the Pharmacist team to facilitate service redesign and to support non-pharmacist role development in both acute and primary care sectors
- Redesigning services to align with staff resource, skill mix, capability and service demands in both Primary Care and Acute services.
- Redesigning how work is done by members of the team and how the team share the workload (covering staff absence, leave etc.)
- Staff and role development, with a focus on the development of the role of Pharmacy Technicians
- Achieving stable levels of staffing following maternity leave, long term absences, vacancies and accommodation of the additional workloads described above (i.e. transitioning to vaccine holding centre for NHS Shetland, providing COVID treatment input, delivering effective homecare)

Key Deliverables for 2022-23 will focus on Service stability and Recovery, Planning, Recruitment and Staff Development to enable service development in 2023-24 and 2024-25

2022-23

- Implementation of HEPMA within acute services and exploitation of HEPMA benefits
- Ongoing Delivery of Pharmacotherapy Services, and assessment and further development of Primary Care Pharmacy and Pharmacotherapy services
- Successful recruitment of additional Primary Care Pharmacy staff for delivery of Pharmacotherapy as described in MOU2 (Clinical Pharmacist and Pharmacy Support Worker)

- Successful recruitment of additional acute pharmacist resource to support HEPMA implementation and hospital pharmacy resilience
- Experiential Learning placements for Pharmacy Students
- Begin implementation of longitudinal development of pharmacists through the Royal Pharmaceutical Society Core Advanced Curricula
- Establishment of regional education and training structures with NHS Highland, Orkney, Shetland and Western Isles
- Development of the Pharmacy Technician role in Acute Services and Primary Care to work deliver Technician led Medicines Reconciliation
- Start the development of Pre-registration Trainee Pharmacy Technicians
- Improved resilience of Medicines Governance Structures and activities including the ADTC and associated subgroups (Non-medical prescribing and Antimicrobial Management Team)
- Development of the Community Pharmacy Services offered locally using national and local frameworks
- Continued Implementation and exploitation of Localised Interisland Prescribing Optimisation software (ScriptSwitch)
- Exploration of further interisland board working
- Re-design of core clinical services within the Acute services to maximise input from pharmacists and pharmacy technicians to benefit patient care in line with Transforming Hospital Pharmacy (pending Scottish Government paper).
- Improved safety, quality and cost-effectiveness of medicines use in all sectors, through broad engagement with prescribers, appropriate planning and effective procurement.
- Support the medicines management needs of community health services.

9.3. Support Services

Support services will reshape in response to the increase demands and redesign of clinical services. Requirements for digital projects, the expanding demands of the ageing estate will likely have the biggest impact, the general growth and increasing staff support needs will increase demand on professional / trades / corporate administrative services to respond to needs. This will take shape in 2022 – 23 onwards.

10. Workforce Projections

Projection are known / anticipated increases to the staff in post at 31 March 2022 of new posts aligned to budgeted establishments for 2023 - 2025. This will evolve across the year to take into account of the further development of current redesign progress and identification of new funding streams.

Job Family	Comments	Increase / new posts WTE	Decrease WTE	Total 2022/23	Total 2023/24
Administration Services	End of fixed term contracts Band 3 / 5 (including test and protect staff Training Advisor B5 x 0.4 MH Project Office B6 FTC 6months	10.8 wte	17wte Mix	-6	

	<p>Information Technology: Technical Support B5 x 2 IT Projects B6 x1 Information Analysts B5 x2 Generic IT Support B3 x2</p> <p>Pharmacy systems admin & procurement officer B3 x 1 Pharmacy Data Analyst B6 (opportunity for shared post)</p> <p>AI Administrator B3 0.4 ftc</p>				
AHP	<p>Mental Health OT B6 Paediatric OT B6</p>	1.6		1.6	
Nursing and Midwifery	<p>General Nursing Acute - TBC MacMillan Development Nurse B6 CPNs B6 x2 MHO -Wellbeing Practitioner FTC 1 year HCSW B4 x 2 FT B Occupational Health Nurse Development post - Band 5 to 6 on completion , 0.6 wte Specialist Nursing: MS, Diabetes, Cardio, Renal SMRS B6 x 1 Senior Registered vaccinator B6 x2</p>	8.1		8.1	
Dental Support	<p>Child smile DE worker FTC 2 years x.50</p>	0.5		.50	
Healthcare Sciences	<p>Biomedical Scientist B6 (replace agency locum) Cardiac Physiology, Training post x1</p> <p>Radiology tbc</p>	3		3	
Medical & Dental	<p>Dental Officer x2 Consultant Psychologist CAMHS GP - MacMillan 1 session</p> <p>LAS Doctor</p> <p>Consultant vacancies currently covered by agency locums / medical bank -</p>	3.1		3.1	
Medical Support	<p>ODP / Theatre Nurse Trainee</p>	1			

<p>Other Therapeutic</p>	<p>Pre-registration Pharmacy Technician B4 x1</p> <p>Advanced Clinical Pharmacist Acute Services (Antimicrobials) B8a x1</p> <p>Advances General Practice Clinical Pharmacist B7/8a x1</p> <p>Pharmacy Support Worker B2 x1</p> <p>2024 - 25</p> <p>Trainee / specialist Clinical Pharmacists (Acute Services & Homecare) B6/7</p> <p>Pharmacy Technician (Acute services and homecare) B4/5</p> <p>Pharmacists -Specialist Clinical Acute Services B8a</p> <p>Pharmacy Technician, General Practice B4/5</p>	<p>4</p> <p>4</p>		<p>4</p>	<p>4</p>
<p>Personal and Social Care</p>	<p>TBC - there are number of vacancies currently outstanding</p>				
<p>Support Services</p>	<p>Additional Apprentice tbc</p>				
				<p>14.3</p>	

11. Staff Wellbeing

Staff Governance looks at how staff are managed and how they feel they are being managed. The [Staff Governance Standard](#) requires all NHS Boards to demonstrate that staff are:

- well informed;
- appropriately trained and developed;
- involved in decisions;
- treated fairly and consistently, with dignity and respect, in an environment where diversity is valued;
- provided with a continuously improving and safe working environment, promoting the health and wellbeing of staff, patients and the wider community.

[iMatter](#) is a national survey measuring staff experience. The iMatter temperature check for feedback on overall experience for working for NHS Shetland in 2022 was 7.3 (in a rating scale of 0-10 where 0 = very poor and 10 = very good). The Employee Engagement Index for 2022 was 79, with a Response rate of 55%, In 2021 Temperature Check was 7.2, and Employee Engagement Index was 78, with a Response rate of 60%. In 2023 we have set an improvement target rate of 60% for completion of team action plans which completes the learning feedback cycle of the process.

There are a variety of measures in place that provide an indicator to the wellbeing of the workforce. The staff Intranet promotes self-help guidance and mechanisms available to help support wellness in the workplace. During the wrap around meetings many staff still describe challenges with capacity, breadth and pace of work expected. Tiredness and stress remains a concern and this is reflected in absence figures.

At the onset of the Covid 19 Pandemic a high proportion of staff were mobilised to work from home to keep contact face to face contact to essential services. Following the removal of emergency measures, recovery and return to business as usual, many staff continue to work a flexible hybrid model where staff work from home at least some of the time. This has increased the demand for IT technical support and highlighted the variation of technical ability. Staff are currently participating in a national survey to assess digital skills and learning needs.

Turas Learn provides a national platform for Training Management, eLearning alongside Appraisal, and personal development records. Training delivery is returning to a mix of eLearning, in-house trainers and external provision. The budget for external training for AfC staff was increased from 114,465 in 2021/2022 to 215,701 in 2022/23 to deliver statutory / compliance training and core to service training.

Employee Engagement within Community Health and Social Care is led by the staff survey. Viewpoint, which is issued every two years, the last of which was in 2021. The results show a significant improvement across all 13 areas covered by the survey. In particular, the vast majority of staff say that they have been well supported during the COVID -19 pandemic.

The Council has an Employee Assistance Programme with Care First that provides free, 24/7 confidential telephone advice, support and counselling. The in-house staff welfare officer also provides counselling and support available to all staff on a self-referral basis.

Mental health training is available as eLearning for all staff to access and Resilience training has been targeted at Social care Team Leaders.

Learning and development for social care staff is provided as a blended learning model. There are two in-house dedicated trainers delivering essential/core training alongside the Council's eLearning platform ILearn.

This training includes:-

Adult Support & Protection Level 2

Child Protection Level 2

Child Protection Level 3 Blended Learning

Child Protection Refresher for Level 3 Blended Learning

Combined Emergency & Paediatric First Aid – Blended Learning

Crucial Conversations

Epilepsy Awareness

Epilepsy Awareness & Safe Administration of Rescue Medication

Epilepsy Awareness & Safe Administration of Rescue Medication Refresher

Fire Extinguisher

PBS – Positive Behaviour Support

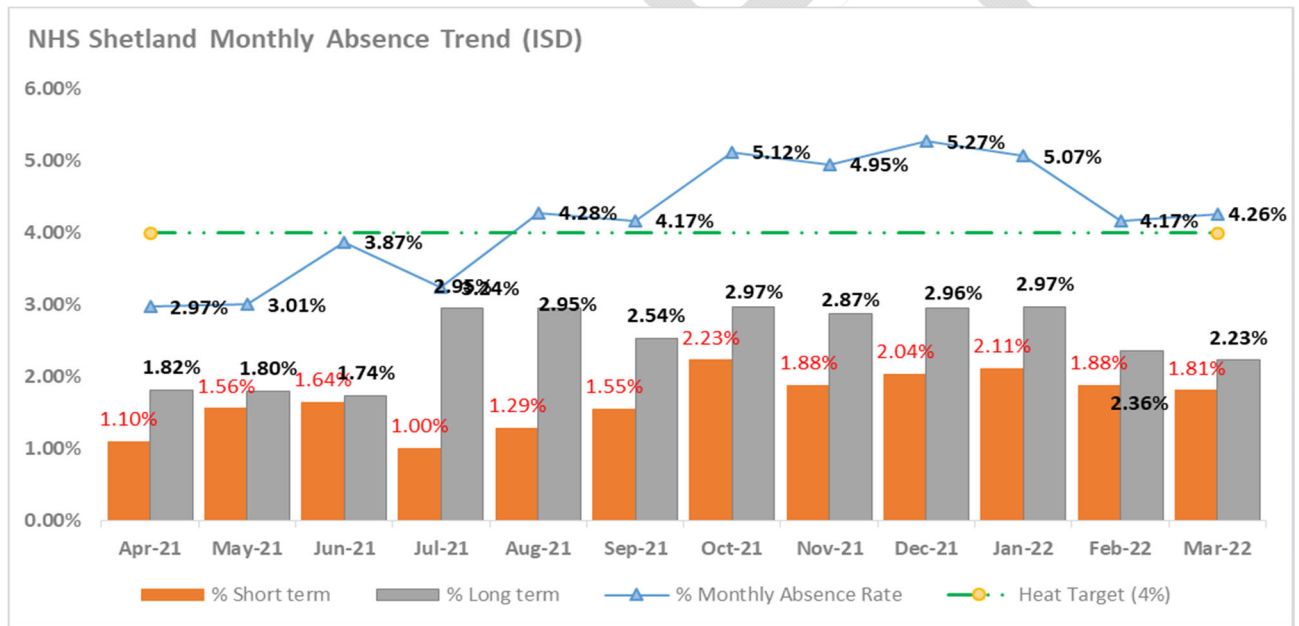
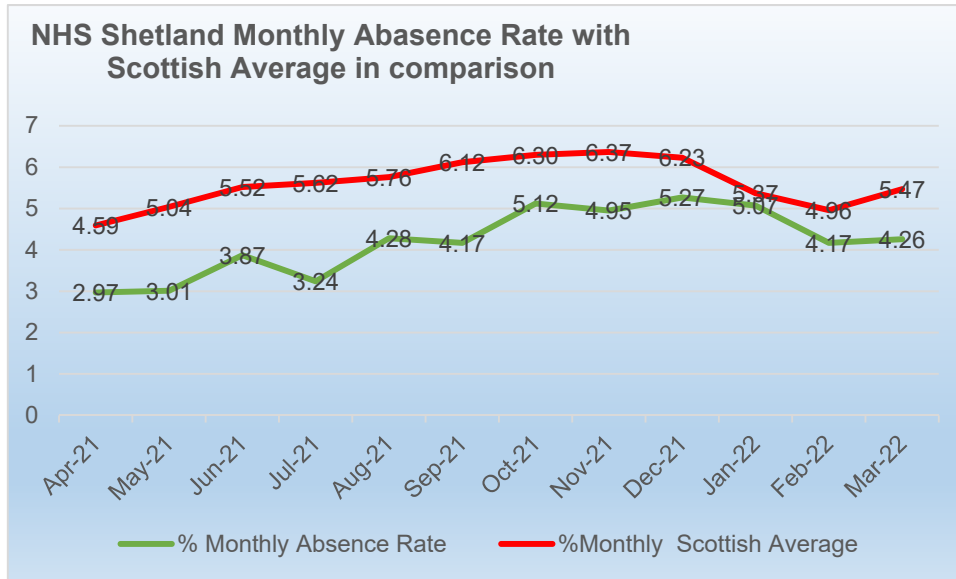
People Handling – Blended Learning

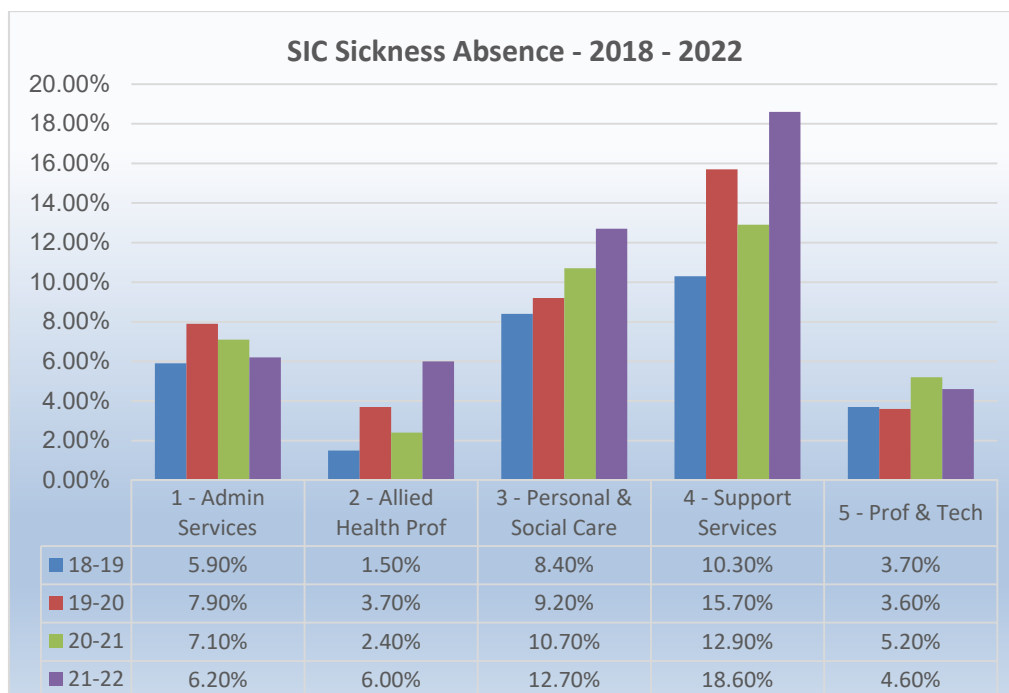
People Handling Refresher – Blended Learning

	2019/20	2020/21	2021/22
# Attendees	1598	1184	1364

In 2021/22, the Council invested over £900k in workforce learning and development, this included £52,127 of funding for Health and Social care Staff to complete essential and developmental SVQs from level 2 – 5.

11.1. Sickness Absence





11.2. Support

Various guidance and staff support groups were put in place during the Covid Pandemic, including regular meetings with Trades Unions to exchange information on the impact of the pandemic on staff. Some have been continued e.g, confidential supporters, Staff Wellbeing Group. NHS Shetland has a central communications officer who provides a weekly staff bulletin and a monthly newsletter which provides a central approach to enable dissemination of consistent communication of key updates and information about support available and eLearning development opportunities continue to expand. A Staff Health and Wellbeing Hub has been set up that links staff benefits and access to Mental, Physical, Social Wellbeing activities or guidance. As part of Staff Governance Standard during 2021-22/ 2022-23 a number of safety and work place environment policies have been reviewed and updated.

12. Workforce Planning Challenges

- Agreement of consistent data sets and reporting capabilities differ across systems, data systems are not aligned - payroll / finance do not report by job family and different staff assignments across integrated services.
- Consistent reporting for supplementary staffing and better understanding of reason for use - e.g. fixed term cover for increase service demand or temporary vacancy cover, maternity leave cover, absence cover, study leave, secondment backfill etc
- Lack of resource capacity / capability to maintain local workforce dashboard to support planning
- Capacity challenges in collating and presenting data,

- Capacity challenges for managers to develop local service plans in a timely way due to breadth of responsibilities, clinical caseloads, cover for small teams
- Service and workforce planning capabilities vary
- Agreement to calendar for planning cycle that aligns requirements for service, finance and workforce
- Attendance to wrap around session onerous - availability challenges representation of support services challenging
- SIC and NHS workforce and financial systems differ work required to align data for comparison
- Alignment of workforce strategies
- Sufficient education support and training resources to deliver mandatory and statutory training and capacity challenges to support in house training delivery, increase in use of Turas – national e-learning packages.
- Professional and organisational boundaries that create barriers to greater integration.

13. Workforce Action Plan

13.1. Plan

Key priorities for 2023- 25

- Reshape skill mix in response to redesign of services and changing demands
- Succession planning to retain key knowledge and skills and planning for retirements across services.
- Attracting skills, or planning development
- Attract under 25's with the development of more apprenticeship / trainee posts from a limited resource pool locally
- Utilisation of employability strands to support local community opportunities
- Maximise promotion of careers locally in schools to retain / attract / develop the young workforce

To be updated

No.	Description of Action	Action	Responsible	Timeframe for completion
1	Capacity	Ensure right skill mix & numbers of workers with the right skills, behaviours, competencies	Heads of Service/ Executive Managers	
		To review capacity of support services to support increase / changes to clinical demands	Heads of Support services	
3	New Ways of working	Explore multi-skilled posts to create flexible roles; how we manage staff working multiple roles; how we work agile and flexibly outside the norms to respond to demands	Service managers Workforce planning	
		Review of rotational contracts in place, audit of costs, and learning from model	Finance	

4	Reduce use of short term fixed contracts	Plan how to replace with substantive wf to deliver desired objectives, fund from core funding . Complete review of social care worker job profiles.	WF Planning / Finance/Head of Community Care Resources	
	Long Term Planning	Move away from models reliant on locums to more sustainable models through service redesign and reduce reliance on Agency workers.	Service Planning	
		continue to explore new models of working in recognition of particular national recruitment challenges, e.g. GPs, pharmacy, social care/workers	Service Planning	
		Train and support managers with workforce and service planning to ensure fully costed plans that meet current and future service demand are produced. To improve workforce forecasting in terms of fit for future and age profiles	Staff Governance Action Plan	

13.2. Attract

No.	Description of Action	Action	Responsible	Timeframe for completion
	Promotion of Shetland as a great place to live and work	Continue work with Promote Shetland to target problem recruitment areas Benchmark as an NHS employer	HR / Heads of Service	
	Local recruitment	Enhance local advertising and support employability opportunities Proactively work with schools , attending / hosting careers fairs, providing work experience	HR	
	Growing our Own - Apprentices / trainees	Explore and promote the ways services can develop trainees / apprentice roles for local young people. Understand budget challenges	HR / Service Managers	

	Return to practice	Promote RTP roles and ensure staff who enter the workforce through the "Return to Practice" route move onto qualified posts	Practice Education / Service Managers	
	Review difficult to fill vacancies	Explore Options and approaches for difficult to fill vacancies . Deliver review of the Council's pay and grading model.	HR/HODS	
	International Recruitment	Review delivery of current international recruitment SLA, for Nursing and development of regional approach to International Recruitment	Chief Nurse / HR / Rec leads	
	National recruitment	Attract Student Placements, identify opportunities for fast tracking placements, and national advertising campaigns	Practice Education / Service Managers/ HR	
	Relocation and Accommodation	Review relocation package to ensure fit for purpose & aligned regionally. Look at ways of supporting the cost of accommodation (in a way that is more flexible than current relocation package) to get staff established. Link with local Housing plans and housing association providers	HR / Estates and Facilities / Accommodation team / Planning	

13.3. Train

No.	Description of Action	Action	Responsible	Timeframe for completion
	Remote and Rural Training	Enhance the development of "remote generalist specialists". Review if can be expanded for other	Medical education /	
	Training Pathways and Career development	To enhance the access to training through all stages of career for both clinical and non-clinical staff	Service Managers - BAU	
	National Training Opportunities	Explore options of national funding schemes to support training.	Service managers / BAU	
	Skills development	To explore opportunities in which staff could work in other areas and gain experiences (as seen in the response to the pandemic). Support digital	Service managers / service planning /Workforce	

		skills development, develop understanding of impact on jobs, skills and leadership.	development	
	Succession planning	Improve and enable succession planning through planning and development in readiness for retirements	Service managers	
	Invest in workforce development to deliver transformational change	Continuous development of ELearning and digital methods to deliver on-boarding that enables effective and streamlined induction in to new posts		

13.4. Employ

No.	Description of Action	Action	Responsible	Timeframe for completion
1	Induction	Put in place robust support for new managers taking up management and leadership posts including implementation of corporate on-boarding.	Staff Development / staff Governance Action Plan	
2	Career Pathways	To fast track development into more senior posts to support some of the senior gaps	Practice Education	
		Support Staff to develop specialist portfolios in Health Care Sciences e.g. taking science graduates and growing our own clinical scientists so they can study, work and gain HCPC registration	Labs / planning	
		Develop more practitioner band 4 roles in recognition of the challenges of filling all qualified posts / will attract an increase in costs for training	Practice education / Service planning	
3	Retention	Review areas of high turnover of staff, including exit interview feedback, performance data to understand factors, make recommendation for actions to improve retention	HR & Service managers	
		Monitor & understand reasons for turnover under 12 months service and average length of service	HR	

4	Communication	Improve communication of changes via Area partnership forum - union representatives / board wide communication channels of changes and service changes e.g terms and conditions / service redesign . Refresh of Joint Staff Forum.	Partnership working	
5	Working Space - Maximising use of Estate	Accommodation group to review estate - maximise use of clinical non clinical working space and Hybrid working arrangements , Review the requirements for clinical and non-clinical teaching and training facilities	Accommodation group	
6	Digital platform / information safety	Enable organisation to maintain access to safe information systems and the network	Support services	

13.5. Nurture

No.	Description of Action	Action	Responsible	Timeframe for completion
	Corporate memory	Look at ways to capture organisational wisdom as people leave the organisation. Look at innovative ways to involve staff after retirement to share expertise in mentoring or supporting students	Service managers	
	Staff Wellbeing	Wellbeing group to review and develop a range of support options available to staff, in response to staff feedback (HSE questionnaire), iMatter, other data performance sets from staff governance action plan	Staff wellbeing group	
	Supportive terms and condition	Flexible working policy to be reviewed / Hybrid working guidance to take forward and supported where service needs allow..	HR - Service leads	

	Additional Support	Explore demand / options for providing an in house childcare facility e.g. onsite nursery or Creche	Review Shetland Partnership Plan	
	Safe working environment	Feedback from incidents impacting staff, safety training compliance , workplace assessments. Implementation of new Health & Safety management system to support proactive approach (SIC).	Staff Governance Action Plan / ADD in here ??	
	Recognition as a training and teaching organisation	Retain links with learning organisations, including undergraduate courses, as this raises profile of NHSS and helps with recruitment. An audit of existing links and gap analysis to show where attention is required.	Education leads / Service leads	
		Produce a promotional video to highlight the teaching and training opportunities	All education leads	
		Explore opportunities of having a more MDT approach to training and teaching across professions.		
	Refresh employee performance management	(SIC) Move away from annual appraisal to using continuous conversations model to have continuous performance and development conversations with all employees. NHS add in here ?	HR/HODS	
	Make time to recognise & celebrate successes	Summer staff event to take place for H& SC	Postponed	

14. Monitor, Review and Refresh

The joint wrap around sessions for service planning with support services, although quite onerous for attendance, have been well received in the last 2 years and we plan to continue. Further development will be required to align workforce plans and projections and overarching financial data.

We have developed a revised local calendar for 2022-23 to review and refresh progress and new developments.