Working together to achieve the healthiest life possible for everyone in Ayrshire and Arran

Workforce Plan

2022-2025 (v1.1 September 2022)

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INVESTING IN VOLUNTEERS

NHS Ayrshire & Arran

Contents

1. Foreword

Over the past two years the entire health and care economy has had to respond in ways it has never had to previously in order to address the challenges of the Coronavirus (COVID19) pandemic.

At the heart of our success in doing so, and as we exit from a state of national emergency footing towards normalisation, recovery and reform, has been the extraordinary commitment and dedication of our staff.

Never before has the fundamental premise of workforce planning of **'ensuring we have the right staff, in the right place, with the right skills and competences'** been more critical than during pandemic but equally is pivotal as we look to take learnings and reform our services as we move forward.

Our approach to workforce planning during this period has been necessarily reactive and going forward we need to re-calibrate this to being proactive in order to support our vision for reform and transformation via the Caring for Ayrshire programme.

NHS Ayrshire & Arran has a People Strategy which covers the same planning horizon, to 2025, as the Workforce Plan and given the intrinsic links between these two key documents the workforce plan shares the same thematic structure – Attract, Develop, Support and Retain. These documents, along with our Employability Strategy, provide the NHS Ayrshire & Arran workforce blueprint to fulfilling our aim of providing the best care every time.

Sarah Leslie
HR Director

2. Context & Introduction

The Annual Delivery Plan (ADP) provides a single service plan co-produced by all partners (NHS and Integrated Joint Boards) for the entire health and social care system whereas for workforce planning there is a suite of four distinct workforce plans reflecting the NHS Board and the three Health & Social Care Partnership areas in North, South and East Ayrshire. Taken compositely these plans give the whole system view and all operational Divisions of the organisation implicitly work together on a whole system basis.

This plan provides further contextual detail than the summary provided in the workforce overview in the ADP and should be taken as an addendum. The ADP sets out how we will operationally stabilise and recover as a system over the next year in relation to the three key priority areas, and as such that detail is not re-iterated within the workforce plan: recovery and protection of planned care; stabilising and improving urgent and unscheduled care; and supporting and improving social care.

Over the course of the pandemic our efforts have had needful concerted focus on the immediacy of operational capacity and service delivery including the stand-up of entirely new services, such as vaccination and test and protect, and increased flexible capacity of existing services, such as our intensive care.

Workforce demand and supply have become more acutely visible during the pandemic, and in common with other health and care systems we have seen a perfect storm of wicked problems relating to workforce occurring concurrently: increased demand for registered clinical staff both nationally and internationally; national supply limitations for registered clinical staff; and ongoing challenges with unplanned staff absence (both covid and non-covid) impacting on staffing capacity.

The deliberate focus of this workforce plan is towards activity to stabilise our system in the short term in order to provide a strong foundation on which to build our reform agenda encompassed by Caring for Ayrshire. Allied to this we are committed to our obligations as an Anchor institution, ensuring fair work, and positively contributing to community wealth building within Ayrshire. The operating landscape for all health and care systems remains highly challenging and we must achieve sustainable delivery on an ongoing basis.

Statistical staffing detail presented in this plan reflects all NHS staff, given NHS Ayrshire & Arran is the employer, however the three partnerships will reflect subsets of this data distinctly related to staff aligned to them operationally from both the NHS and respective local authority.

Collaboration with colleagues in the wider West of Scotland region, including Dumfries & Galloway, Lanarkshire, Greater Glasgow & Clyde, Forth Valley and the Golden Jubilee, also impacts on our workforce planning outputs particularly in relation to secondary and tertiary models of care.

In previous workforce plans we have reflected professions and job families in distinct uni-professional contexts, making distinctions between clinical and non-clinical roles and registered and unregistered staff. The pandemic has illustrated that all staff regardless of role, grade, profession or location play pivotal roles in our organisational aim of working together to achieve the healthiest life possible for everyone in Ayrshire & Arran. This plan takes a distinctly different approach by seeking to set out impact across our entire workforce, across our key priority areas of Attract, Retain, Develop and Support, albeit there are some distinct challenges aligned to our clinical workforce that attract specific focus. This needful spotlight on specific job families is not intended to denigrate the contribution or role of any job family but rather contextualises those areas that exert specific pressure points on our system.

The financial environment continues to exert pressure upon the organisation. The NHS Board allocation uplift for 2022/23 was 2.6% which amounts to £20 million however cost pressures for 2022/23 amount to £40 million (assuming the public sector pay policy). This budgetary pressure further increases associated with increase in pay uplifts i.e. the offer of 5% pay increase to Agenda for Change staff increases this cost pressure by £7.55 million for the Health Board and £4.4 million for the Integration Joint Boards. Against this financial backdrop our stabilising work, as set out in section four that follows, becomes more acutely imperative.

3. Our People Strategy & the National Workforce Strategy for Health & Social Care in Scotland

The NHS Ayrshire & Arran People Strategy supports our organisational objective to:

Attract, develop, support and retain skilled, committed, adaptable and healthy staff and ensure our workforce is affordable and sustainable.

The planning horizon for the People Strategy matches that of this workforce plan, up to and indeed beyond 2025. Whilst the People Strategy pre-dates the National Workforce Strategy for Health and Social Care in Scotland there is natural crossover with the themes and content albeit there is some variation with our thematic areas / pillars. Our strategic intent for each of our thematic areas is illustrated in table which cross references to the National Strategy pillars:

Table 1 – People Strategy themes, intent and links to national pillars

People Strategy theme	Strategic Intent	Linked to national workforce strategy pillar
Attract	We want the reputation of being an exemplar employer that attracts excellence by being excellent. We want to attract candidates who share our ambitions and values and gain their commitment to working with us by ensuring that their experience of the recruitment journey is a positive one. We want to be clear on our future workforce and the skills and competencies to delivering quality health in an evolving health and social care environment, with effective workforce planning that will ensure that we recruit the right staff with the right skills to deliver reform.	Attract Employ Plan Train
Develop	We are continuing to develop our Board to become as a 'learning organisation' and we recognise the importance of reflective practice, developing our people and encouraging them to be the best they can be, maximising their learning and career opportunities through ongoing professional and personal development.	Train Employ Nurture
Support	We will enable and support staff to achieve their full potential and experience joy and meaning at work. We want to provide person centred and proactive engagement and support for the welfare of our people both within and out with the working environment. We will provide a working environment that is safe and, as a minimum, meets the legal duties placed upon us as an employer.	Nurture
Retain	We want to retain our people, by demonstrating a caring and learning approach and by treating our people fairly and consistently, to enable them to feel engaged, empowered and valued. We want to develop a sustainable workforce that has the skills and competencies to deliver high quality health and social care and represents the diversity of the communities we serve and to demonstrate our values in how they do their work and how they interact with others.	Employ Nurture

4. Stabilising our system

The residual legacy from Covid, despite NHSScotland moving out of emergency footing, is a challenging operating climate that is not conducive to supporting our aspiration of the best care every time.

Our emergency and planned care access is compromised and the multi-faceted and interlinked factors contributing to this, which materially impacts all parts of our health and social care system, include:

- workforce capacity and elevated usage and reliance upon high cost supplemental staffing solutions;
- estate;
- an unfunded 185 additional bed complement across our Acute sites;
- issues with patient flows in terms of presentations / admissions / discharges with push / pull of patients through our system out of alignment;
- capacity for imaging and diagnostic testing; and
- changes in the acuity of the patients, directly exacerbated by the pandemic.

These factors cumulatively have a negative impact on finance, service, people and quality. It is imperative that we seek address these issues in order to ensure we have a safe, sustainable service in the immediate short term and on a recurring basis as a foundation on which to take forward our strategic intent an ambition of Caring for Ayrshire, as detailed later in this plan. Four distinct workstreams have been established to progress the work in stabilising the system:

Table 2 – Stabilising workstreams high level overview

Right sizing the bed footprint	Right sizing the workforce	Distributed working & estates rationalisation	Electronic Patient Record & records management
Reduce length of stay. Reduce bed base to core levels.	Reduce agency & premium spend. Deliver staffing within budget.	Provide the physical, digital and health & safety and wellbeing framework to better enable distributed working. Rationalise our estate footprint.	Implement a full Electronic Patient Record and remove reliance on paper records.

Whilst each group has a distinct remit there is natural crossover, for example right sizing our bed footprint impacts upon the size of workforce, as we contract our beds complement and see resultant staffing reductions, and equally distributed working and estates changes impact across our staff.

The aim of the Right sizing the workforce group is to reduce agency and other premium spending to deliver safe staffing within budget. The five workstreams the group will progress are as follows (note that there is alignment with our actions in the short term as set out in section 7 later in the document):

Workstream 1 - Nursing agency spend
Through tightened nursing agency authorisation procedures involving budget holders in the decision making and reducing non-covid sickness absence rates to 4%, nursing agency spend will reduce from £6.7 million in 2021/22 to less than £4 million in 2022/23.

Workstream 2 - Safe Nursing Staffing
The Health and Care (Staffing) (Scotland) Bill requires Health Boards to be able to demonstrate on a continuous basis that they have safe staffing levels. We will be able to demonstrate this through use of national workforce tools and roll out of national software.

Workstream 3 - Medical agency spend
Through service redesign and alternative staffing solutions, develop exit plans for high cost agency doctors so as to provide a more sustainable workforce and reduce medical agency spend by £1 million from the 2021/22 level of £6.2 million.

Workstream 4 - Other premium supplementary costs
Reduce by 20% overtime from £8 million in 2021/22 and additional duty hours, resident on call and unscheduled absence payments to doctors from £1.4 million in 2021/22.

Workstream 5 - Move back to funded establishment
During the pandemic staff whole time equivalent (WTE) rose by 730 WTE from a recurringly funded establishment of 9,500 WTE to 10,230 WTE in 2021/22. This was funded non-recurringly from additional covid funding and during 2022/23 the WTE staffing will reduce in line with contact tracing ceasing, ITU returning to pre-pandemic size and additional acute wards closing. Expect recurring funding for approximately 200 WTE encompassing vaccination programme and a red ward in each of our hospital sites are likely to be required until March 2023 therefore target of 10,000 WTE or less being used in March 2023 target.

5. Corporate workforce risk

As flagged the preceding section workforce and capacity, particularly for registered clinical staff, exerts considerable pressure upon our system. Our corporate workforce risk, shown in Figure 1 below, details the impact of this risk across service, quality, people and finance:

Figure 1 – Corporate risk: Registrant workforce supply and capacity

Risk Title	Registrant workforce supply and capacity	Assessment No	764	Risk Manager	S Leslie, HR Director J Wilson, Nurse Director	Risk Rating / Status	High ■ /Treat
Risk Description[1]	Failure to ensure sufficient registrant workforce supply to deliver health and care services for patients will lead to an inability to provide suitable and sufficient care, breaching the requirements of the Health & Care (Staffing) (Scotland) Bill, increased pressures on existing staff resources resulting in poor patient outcomes, adverse impact on staff health and wellbeing and reputational damage.						
Additional comments / Supporting Statement	Demand is outstripping supply in some clinical professions at Scottish, UK and international perspectives. This imbalance of supply to meet demand in some registered clinical professions, results in: • latent unfilled vacancies; • internal market of competition between NHS Boards for attracting registrant workforce; • Potential detriment to non-NHS employers e.g. care homes / 3rd sector as NHS subsumes the majority of the undergraduate outturn – which can lead to 'downstream' service issues e.g. insufficient capacity to facilitate hospital discharges prevent presentations, admissions and subsequent discharges of patients from hospital services; • increased reliance on supplemental staffing solutions (where available) which typically results in higher costs, and can materially impact on the quality of service provision and associated patient outcomes; and • internal vacancy movement both internal to the Board and in a wider regional context in that filling a vacancy creates a reciprocal vacancy in another area as the candidate is an existing employeeas there are constraints with 'new' supply outwith pinch point national undergraduate outturns; and • impacts on staff within areas with vacancies resulting in increased levels of absence and negative impact on their health and wellbeing which could potentially adversely impact on retention rates. A small number of controlled staff groups (medical, dental, nursing and midwifery) have undergraduate numbers determined at a national level by Scottish Government, however the lead in time in terms of output (planning for typically 3-4 years hence for nursing and midwifery and for a medical student entering as an undergraduate course to undertaking specialist training to achieve completion of training (CCT) typically a 12 year horizon), and factors such as fill rate and attrition are compounding factors. Non-controlled staff groups e.g. AHPs, healthcare science, are open to market forces within the higher education sector which can lead to potential scenarios of 'boom and bust' and/or sustainability of some smaller profession undergraduate courses if only provided by a single / limited higher education institutes.						

Our mitigation and control measures include:

- diversification of the workforce to introduce new complementary roles;
- skill mix and 'growing our own' staff by considering career pathways;
- block recruitment of undergraduate outturns i.e. for nursing and midwifery; ongoing monitoring and management of planned and unplanned leave;
- expanding our bank staff complement;
- Directorates have de-minimis staffing plans; and
- Utilising international recruitment as a lever going forward.

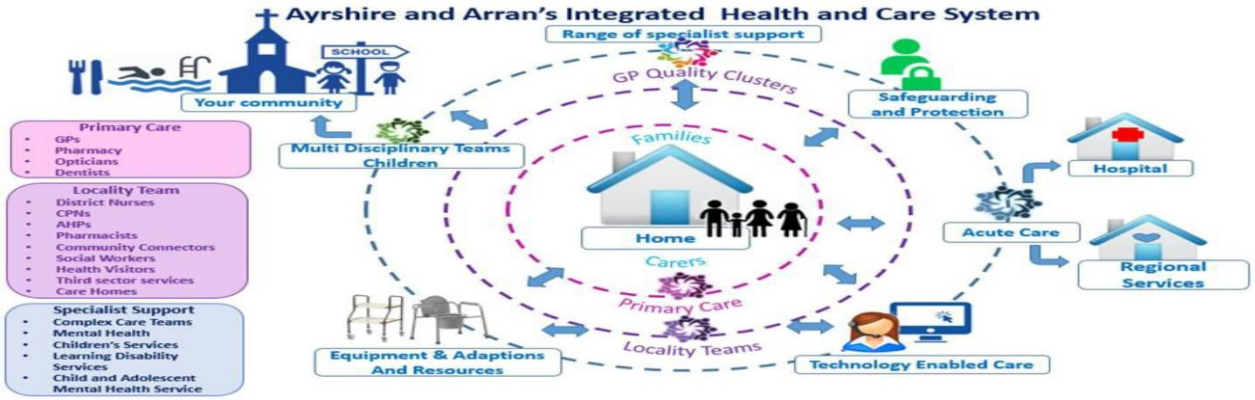
This list is not exhaustive and whilst we endeavour to address and mitigate the level of risk with differing control measures, the rating remains high and the risk is reviewed on a six monthly basis. Similar to other health systems we require Scottish Government assistance in addressing the underlying supply issues for both controlled and non-controlled clinical registrant staff groups on a pan-Scotland basis in order to materially address our level of risk exposure and resultant management.

6. Delivering strategic service reform in the medium / long term

Pre-pandemic it was increasingly clear for our health and care system that the ways we have been doing things in the past no longer work, the pandemic, and its ongoing legacy, have magnified and put this in even sharper focus. The demographic of the population we serve, as well as the staff we employ, has changed and continues to do so rapidly.

This allied with multi-faceted and deep problems including limitations with service capacity, pandemic associated backlogs, capacity and supply of registrant staff, our ageing estate, and issues with patient flow in both planned and unscheduled care services strengthen our pre-pandemic vision and ambition articulated in Caring for Ayrshire. Redesign of our services is how we will recover as a health and care system and recovery and the delivery of Caring for Ayrshire are effectively now synonymous agendas. Whilst our focus over the last 2 years has been upon our response to the pandemic this has naturally aligned with our Caring for Ayrshire ambition - clinically-led reform that is digitally enabled, with estate needs shaped and designed as a consequence of this work.

Figure 2 – Caring for Ayrshire model



The principles underpinning our Caring for Ayrshire ambition are:

- Person-centred, with relationships grounded in conversations that are mutual, equal and honest;
- Health and care is provided at people's homes, or as close to home as possible;
- Focus on self-care and self-management, with the person supported to live as independent and healthy a life as possible;
- Pathways of care are whole-system: from prevention, self-management and care at home through community support and primary and secondary care services in community environments, to specialist care in an acute environment on a planned and emergency basis;
- Localised alternatives to acute hospital attendances and admissions. This would provide a wide range of services that are currently provided within acute hospital settings;
- Most outpatient activity delivered in community settings, with appropriately skilled and trained workforce supporting face to face and virtual consultations; and
- Accessibility and mitigation of inequalities is prioritised wherever possible.

7. Overview of our workforce

This section provides a high level overview of key features of the workforce employed by NHS Ayrshire & Arran. Further drilldown and complementary detail follows in Section 8 –Our focus in the short term. Detail is provided at job family level, the ten distinct job families employed as illustrated below:

Table 3 – job families

Job family	Roles / professions
Admin	Various areas including health records; medical secretaries; clinical team support roles; digital services; finance; and HR
Allied Health Professions	Arts therapists; dieticians; occupational therapy; orthoptists; physiotherapy; podiatry; radiography; and speech and language therapy
Dental Support	Dental nurses and dental technicians
Healthcare Science	job sub families of life sciences e.g. Laboratory services; physiological sciences e.g. Audiology; and physical sciences e.g. Medical Physics
Medical & Dental	All grades of doctors and dentists across all specialty areas
Medical & Dental Support	Operating Department Practitioners in theatre services; and Medical Associate Professions such as Physician Associates and Anaesthetic Associates
Nursing & Midwifery	Across all five branches: adult; children; learning disability; midwifery and mental health
Other therapeutic	Optometry; pharmacy; play specialists and psychology
Personal & Social Care	Health promotion staff
Support Services	Catering; domestics; estates and maintenance; and portering

All data presented reflects staff in post as at 30th June 2022 and relates to our substantive workforce.

Job families, organisational spread and workforce pattern

Our largest job family being nursing and midwifery as shown in Chart 1. In terms of workforce spread the bulk of all staff are employed in Acute Services (43%) with the spread in other Directorates, by WTE and %, is illustrated in Chart 2.

Chart 1 – Spread by job family

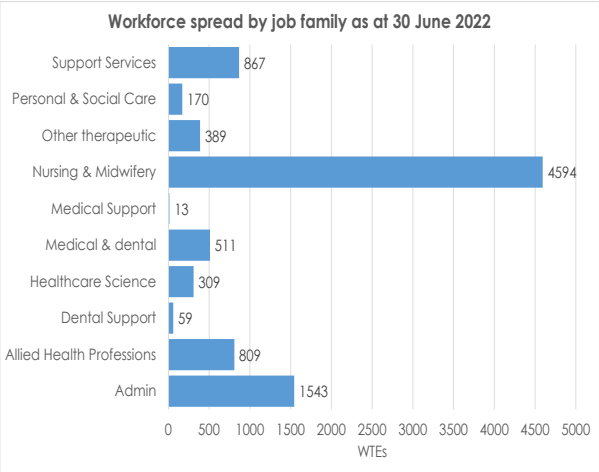
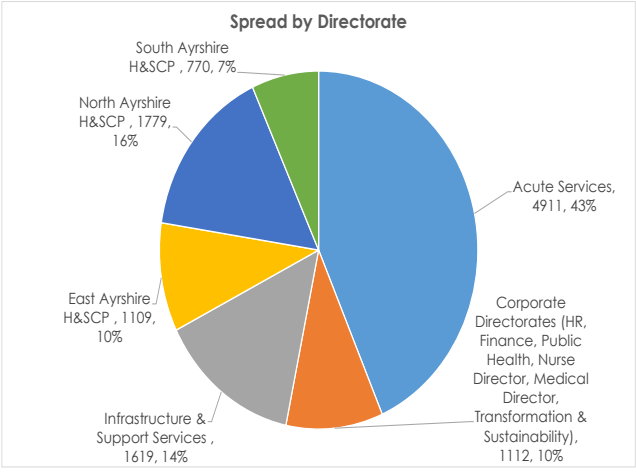


Chart 2 – spread by Directorate

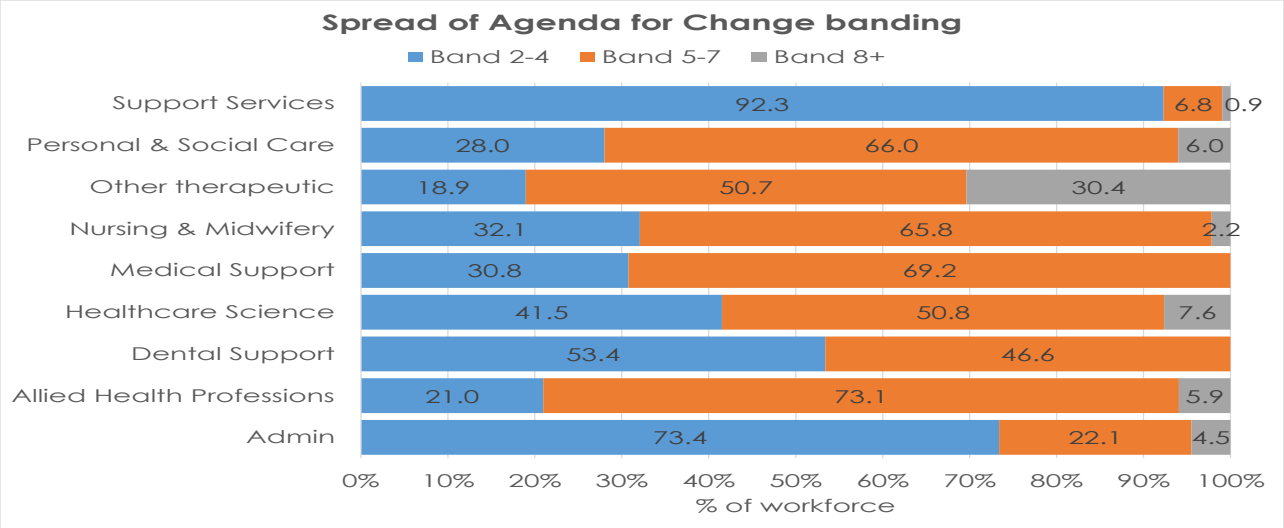


Skillmix – Agenda for Change

94% of our staff, 10,616 headcount, are employed on Agenda for Change terms and conditions. The residual staffing groups encompassed by other terms and conditions are the executive and senior manager cohort (0.2%) and medical and dental staff (5.4%).

The chart below shows the high level skillmix for Agenda for Change job family (Band by % total of workforce for job family) and there is clear variation in skillmix between registrant clinical workforce and the non-clinical areas such as support services and admin:

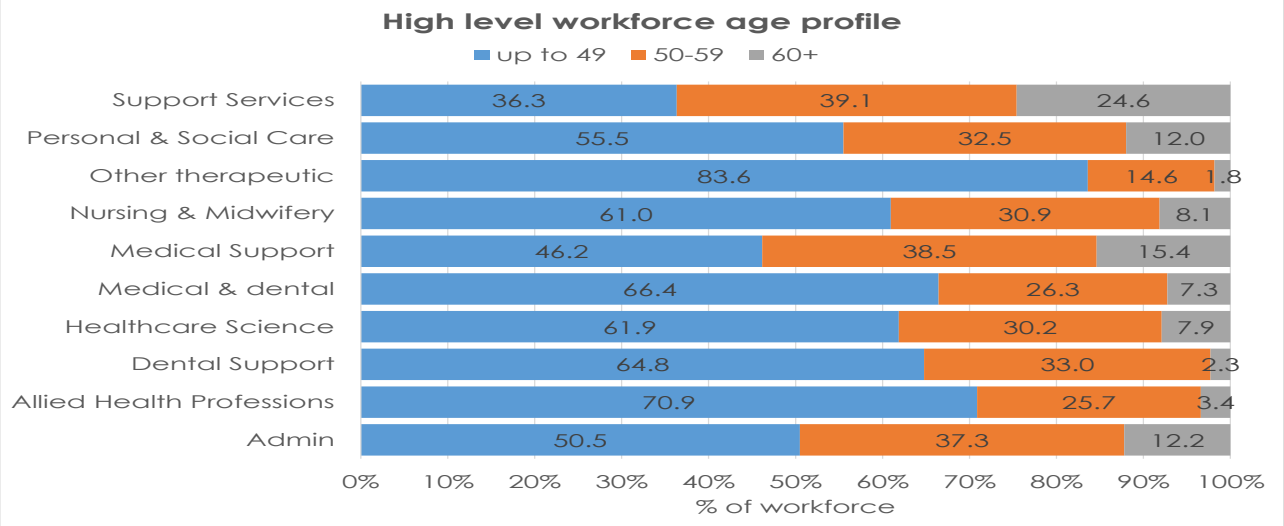
Chart 3 – Agenda for change skillmix by job family



Age of the workforce

The chart below illustrates the variation in age profile across job families. The average age of our employees organisationally in 45 however this significantly increases in the support services job family to 50 which is reflective of the overarching profile whereby 63.7% of staff are aged over 50.

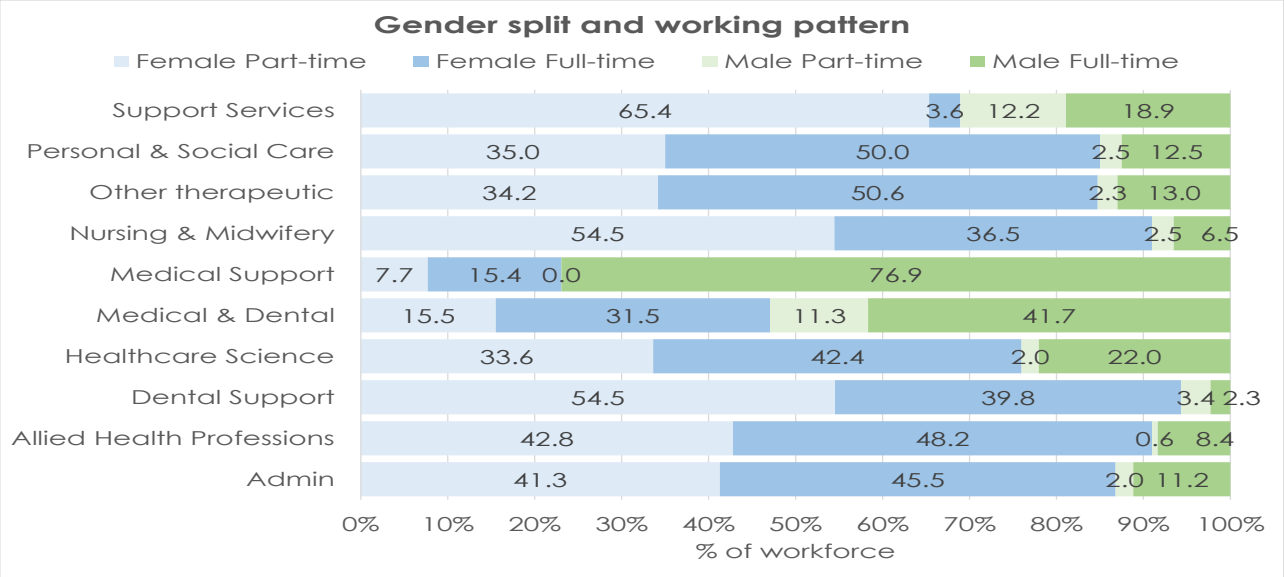
Chart 4 – High level age profile by job family



Gender and working patterns

Organisationally the gender split within the workforce is 84% female to 16% male, and there is differential in working pattern with gender with 58% of females working part time compared to 25% of males. As the chart below illustrates medical and dental, and medical and dental support job families have the largest concentrations of males in contrast to wider job families.

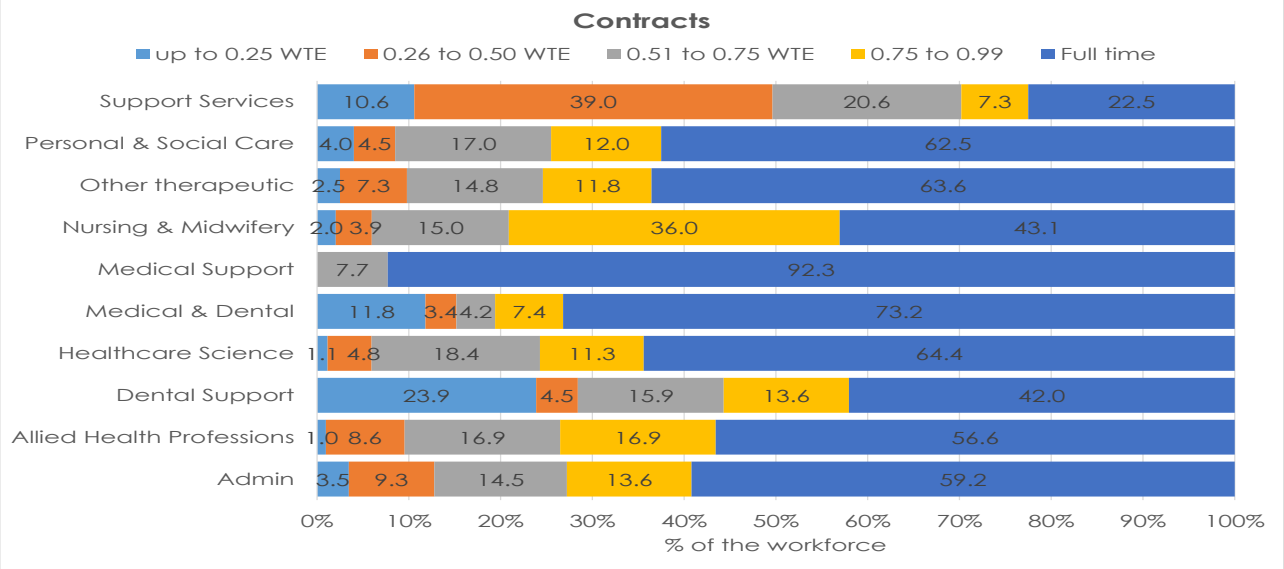
Chart 4 – Gender split and working patterns



Contracts

The chart below shows the spread of contracts with the ranges of part time working up to full time. Organisationally 47.5% of the workforce have full time contracts, with a further 38.6% with contracts above 0.5 WTE but less than full time. Expectedly support services and nursing and midwifery have greater spread of contract ranges which correlates with Chart 4 on gender and working patterns.

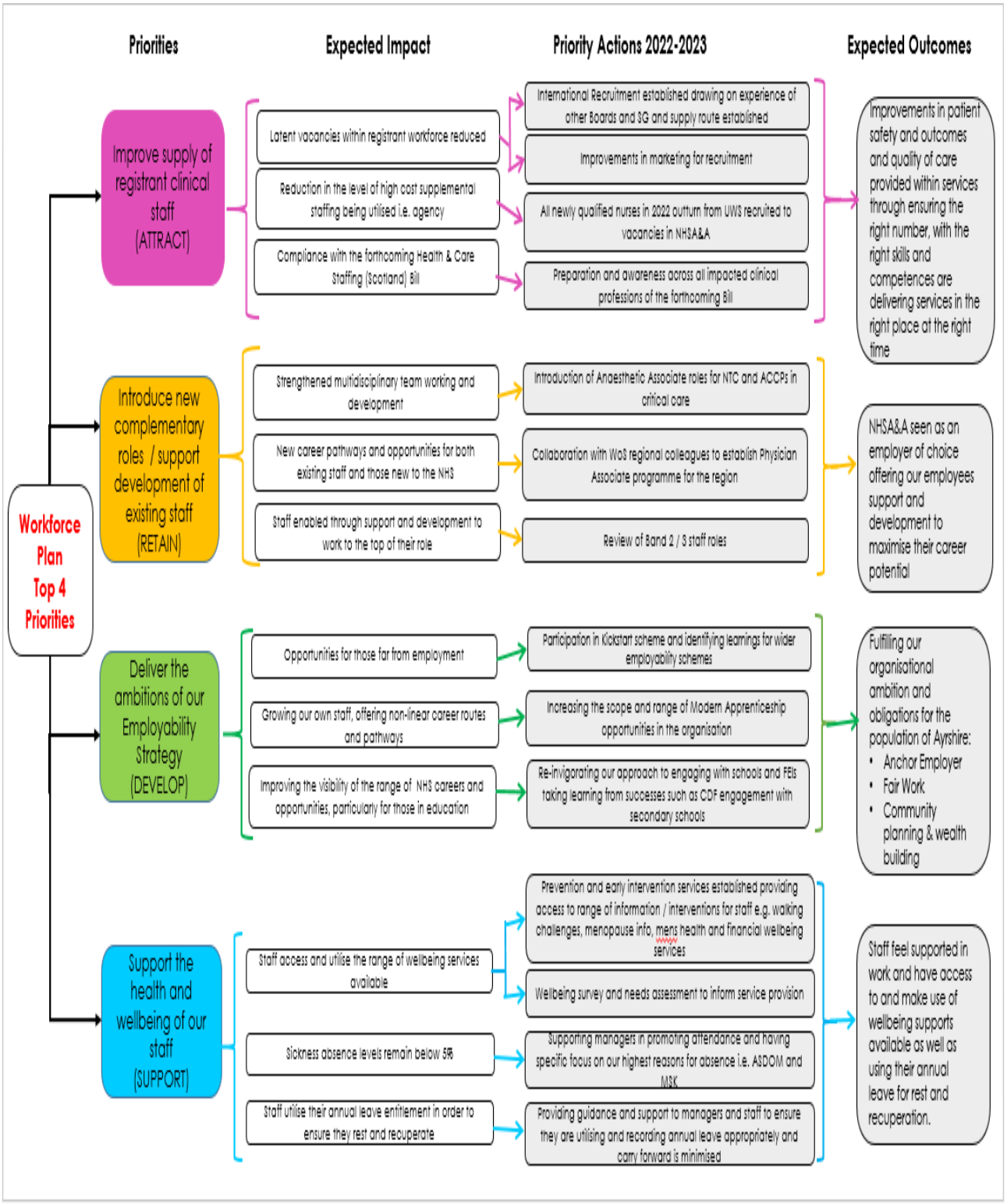
Chart 5 - Contracts



8. Our focus in the short term

The driver diagram below illustrates our key areas of focus and action in the short term. These actions are included within the workforce component of our Annual Delivery Plan. The sections that follow – Attract, Develop, Support and Retain – provide further contextual detail relating to these priorities. These streams are not mutually exclusive and they naturally complement each other whilst running in tandem.

Figure 3 – Driver diagram – priority workforce actions 2022/23



8.1 Attract

Recruitment

Table 4 illustrates the change in the volume of our general recruitment, across all job families and grades, from pre and post pandemic. This increase in volume has been, and continues to be, exponential at unprecedented levels. Supply for non-clinical posts has remained buoyant as we enter pandemic recovery however as previously detailed in section 5 we face a significant risk for our registrant clinical workforce.

We are mindful that moving forward we may require continued flexibility in some of our workforce to meet national requirements associated with ongoing covid vaccinations. It is likely that we will need to flex the size of our vaccinator workforce to accommodate national guidance regarding covid vaccination cohorts and regimens for the foreseeable future and will do so in conjunction with surge capacity plans we have submitted to Scottish Government which utilises both substantive and supplementary capacity.

Table 4 – Recruitment activity

Year	Vacancy Requests Received	Number of Positions
2019/2020 part year, 1-Nov-2019 to 31-Mar-2020 (national JobTrain recruitment system introduced 1/11/2019)	553	888
2020/2021	1222	2180
2021/2022	2115	3640
2022/2023, part year 1-Apr-2022 to 1-Jul-2022	567	836

As demand exceeds supply for clinical registrant posts we find ourselves in a highly competitive market with other Boards. In order to better place ourselves within what is effectively a candidates market we recognise we need to strengthen our approach and branding to encourage candidates to come to Ayrshire including strengthening our social media presence, our job packs, and marketing approaches to encourage individuals to come and work for us. This work will be fundamental if we are to achieve our ambition to recruit to latent vacancies we have within the system as well as looking forwards towards the Ayrshire & Arran National Treatment Centre coming on-stream in 2025 as detailed later in this section.

We recognise that international recruitment offers us a supply lever that we have previously not utilised at scale. Our plan for international recruitment during 2022/23 is set out below:

Table 5 – International recruitment planned target levels

Job family	Target	Positions required
Nurses	43	Theatres x 7, Medicine x 31, Surgical / Trauma x 3, Prison x 2 (RGN + RMN)
Midwives	Nil	
Allied Health Professions	10	Radiographers

We anticipate there may be further requirement for allied health professions and this is currently being scoped and well as for consultant staff as detailed later in this section.

We are actively working to ensure that our pastoral support and wider wraparound holistic supports, including housing, for international recruits in in place to ensure the success of the programme.

We appreciate that colleagues in wider social care services feel a direct impact of being unable to compete with the salaries and terms and conditions offered by the NHS creating whole system reverberation and effect which directly manifests on wider patient flows in Acute and community settings. This has been flagged within the consultation and plans for the National Care Service.

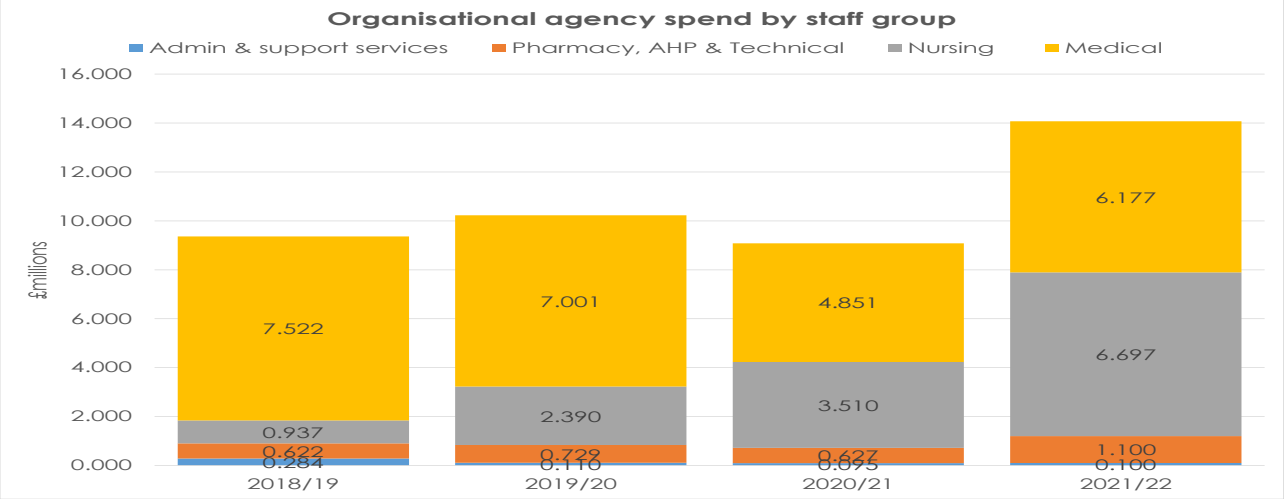
We will:

- Deliver upon our international recruitment plan for registrant staff in 2022/23 and refine this for subsequent years so there is an established supply
- Make improvements to our marketing for recruitment to ensure we stand out as an employer of choice in a crowded market

Agency usage

In order to minimise service disruption and to ensure service standards are maintained we utilises a range of supplementary staffing solutions for the following main reasons: increased patient demand / additional beds; staff absence; patient acuity; patient observation; or alternatively in the case of medical staff to provide cover for hard to fill vacancies with the duration of cover being variable dependant on circumstances. Our organisational use of agency has seen significant growth as illustrated in Chart 6 and as part of our system stabilising work our intent is to reduce our reliance on this high cost staffing solution. Whilst there is the obvious financial implication of using agency there are also distinct links to service quality and patient outcomes, as most notably evidenced by the report into Mid-Staffordshire NHS Trust, and indeed wider staff / team experience, related to sustained supplemental staffing usage.

Chart 6 - Organisational agency usage



For AHP agency spend in the last year the highest level of spend is for radiographers and sonographers, an additional CT scanner within Ayrshire, as funded by Scottish Government, has stimulated this growth.

For nursing the increase in spending is directly attributable to the pandemic with the opening of additional beds to meet demand, creation of distinct covid pathways and staff absence being key drivers. Approximately 90% of nurse agency spend is on registered nurses. Whilst there are over twenty nursing agencies on the national framework they have been unable to supply most of our requirement over the last year which by necessity has meant sourcing from premium agencies which charge more.

Medical agency spend predominantly relates to difficulties in recruiting consultant staff and there are particular challenges at University Hospital Ayr particularly in medical receiving specialties. Whilst there is a regional medical bank for medical staff this is for junior grades and does not offer a solution for consultant grade staff which accounts for 89% of our medical agency spend.

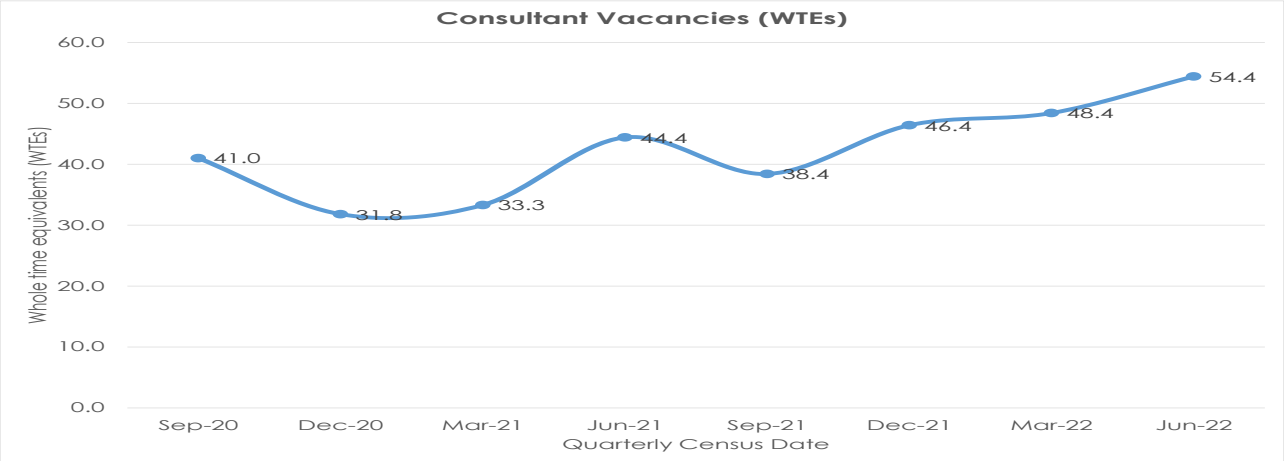
We will:

- Seek to reduce our use of high cost agency in line with our stabilising our system targets
- Use the most cost effective supplemental staffing solutions such as bank, excess part time hours and overtime
- Continue to encourage staff to join our banks including building on practice during the pandemic of encouraging students to join

Consultant supply

Within the medical workforce we currently have 54.4 WTE consultant vacancies as reported in the national consultant vacancies census as at 30th June 2022. Chart 6 illustrates the trend of these vacancies over time and Table 6 summarises these by specialty and details the length of time they have been vacant, less or more than six months, as well as providing a summary of those vacancies appointed to but with the start date pending.

Chart 6 – Consultant vacancies trend



Whilst we have plans to expand upon existing, and introduce new complementary roles, as follows in Section 9, we need to be clear that these should not be viewed as simple substitution of the requirement for medical roles. All clinical role developments need to be holistically set against multi-disciplinary teams and service need.

Table 6 – Consultant vacancies

Specialty	Vacant < 6 months (WTE)	Vacant > 6 months (WTE	Total (WTE)	Appointed but start date pending
Anaesthetics		7	7	4
Histopathology		1	1	
Haematology	3		3	3
Radiology		3	3	
Cardiology	1	1	2	
Dermatology	1		1	
Endo. & diabetes	1	1	2	
Gastroenterology	2	2	4	
Geriatric Medicine	2	3	5	1
Neurology		1.8	1.8	
Respiratory	2	1	3	
Public Health	1	2	3	1
General Psychiatry	1	3	4	
Child & Adol. psy		3	3	
Forensic Psychiatry	0.6		0.6	0.6
Old age psychiatry		1	1	
General Surgery		2	2	1
Urology		1	1	
Oral & Maxillofacial	2			1
Obs. & Gynae.	1	1	2	1
Paediatrics	2	1	3	3
Total	**19.6 (36%)**	**34.8 (64%)**	**54.4**	**15.6**

The consultant workforce gap is not unique to NHS Ayrshire & Arran, or indeed the West region but presents a national risk in terms of service provision against a backdrop of diminishing medical resource. Work is underway across the West of Scotland region to analyse and plan for the potential gap and correlate this to numbers completing training.

The top three medical specialties with a projected potential gap (represented by potential % gap in WTEs in post across the region) by 2025 based on an average retiral age of 60) across the West Region are ophthalmology (28.2%), urology (25.8%) and otolaryngology (21.6%).

Best Medical Workforce articulates our vision across the medical job family and comprises of four distinct elements:

- Junior tier – by giving doctors in training a good experience that they will come back to Ayrshire as consultants in the future;
- School outreach programme – providing mentorship and support to local schools to increase widening participation to medicine within Ayrshire

aim is to have an exemplar school in each locality by August 2023.; Consultant recruitment – attracting consultants to the Board by engaging with higher specialty trainees prior to achievement of CCT launch of a digital recruitment strategy and developing an international recruitment strategy; and
- SAS grade – development of a 'finishing school' for Specialty doctors to support them through the CESR process (likely to start in psychiatry) or into Specialist posts should the position open in Scotland.

We will:
- Where supply allows we will seek to recruit to our latent vacancies for consultant medical staff however given the length of time some of these posts have been vacant, and ongoing national supply issues, we may need to redesign services accordingly
- Deliver on our vision for Best Medical Workforce

Nursing & midwifery supply

During 2022 we have recruited approximately 122 headcount newly qualifying nurses, who will graduate and gain their registration in September, from the University of West of Scotland. We anticipate we will need to maintain this recruitment position for the foreseeable future.

We will:
- Continue our annual process of block recruiting all newly qualified nurses from the Ayrshire campus of the University of West of Scotland to funded nurse vacancies (across all branches)

Developing our nursing, midwifery and AHP (NMAHP) workforce strategy

The NMAHP workforce strategy is currently being developed and with overarching themes encompassing: exemplary professional practice; new knowledge, innovation and improvement; structural empowerment; and transformational leadership. The overarching aim is to create a NMAHP workforce that promote individual and collective responsibility for embracing development and education opportunities for all to help build capacity and leadership qualities whilst preserving the focus of staff wellbeing.

We will:
- Deliver the NMAHP workforce strategy which facilitates education and leadership and career pathways at all levels, enable clinically led reform of new models of care, contributes to Magnet status and supports new role development

Health & Care (Staffing) Scotland Act 2019

The aim of the Health and Care (Staffing) (Scotland) legislation is to provide a statutory basis for the provision of appropriate staffing in health and care services, enabling safe and high quality services to ensure the best health or care outcomes for service users. The commencement of monitoring and governance will take place from 1st April 2024 with first reports, which all Boards are required to provide to Scottish Ministers on steps taken to comply with the legislation, due by 31st March 2025. As an NHS Board we will need to demonstrate how we have met the following duties:

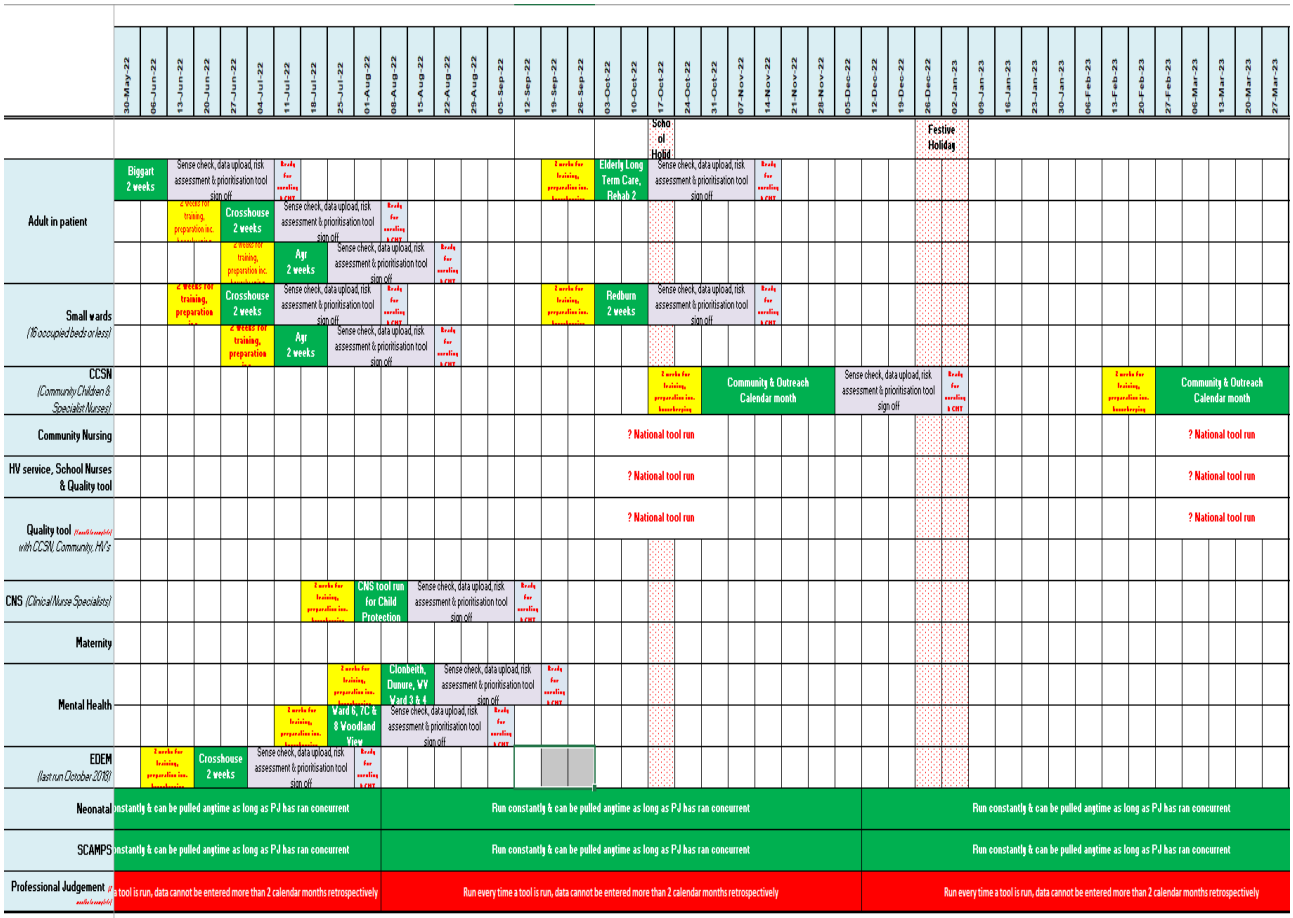
- Duty to ensure appropriate staffing;
- Duty to ensure appropriate staffing: agency workers;
- Duty to have real-time staffing assessment in place;
- Duty to have risk escalation process in place;
- Duty to have arrangements to address severe and recurrent risks;
- Duty to seek clinical advice on staffing;
- Duty to ensure appropriate staffing: number of registered healthcare professionals etc;
- Duty to ensure adequate time given to clinical leaders;
- Duty to ensure appropriate training of staff;
- Duty to follow common staffing method;
- Training and consultation of staff; and
- Reporting on staffing.

The Act will have a significant impact upon our workforce, service and financial planning outputs in the medium to long term and as such future iterations of the workforce plan will need to encompass and reflect outputs arising from compliance with our duties. Healthcare Improvement Scotland have issued a self-assessment template to all Boards to determine preparedness.

The distinct clinical job families encompassed are nursing and midwifery, medical and dental, allied health professions, healthcare science and pharmacy. As set out in section 4, clinical registrant supply and capacity, will exert particular challenge to us organisationally in responding to the requirements of the Act.

Nursing and midwifery have a more matured approach with tools available for assessing staffing levels via the suite of nursing and midwifery workforce and workload planning tools. Whilst the application of tools was paused during the pandemic period, apart from those tools which run constantly in neonatal and midwifery, their application has re-commenced as detailed in Figure 4 below which illustrates the run programme during 2022/23:

Figure 4 – Nursing & Midwifery Workforce & Workload Planning Tools run plan



We will:

- Complete the Healthcare Improvement Scotland self-assessment template of preparedness for the Health & Care staffing which will become effective on 1st April 2024 and work with all job families ensure readiness
- Deliver our planned programme of running the suite of nursing & midwifery workforce and workload planning tools which will inform workforce demand and financial planning
- Establish a multi-disciplinary Health & Care Staffing Board

Future demand – Ayrshire & Arran National Treatment Centre

The Ayrshire & Arran National Treatment Centre will be one of our key areas of growth for our Acute services moving forward and is due to open by 2025. The development consists of two operating theatres, one enhanced treatment room, ten peri-op rooms and eleven inpatient beds together and facilitated by requisite support services. The centre is planned to provide elective orthopaedic care to approximately 2,700 patient per annum and have capacity to support further local anaesthetic cases from other specialties. With the exception of the inpatient beds all other staff will require to in post and trained prior to the opening of the centre. A phased recruitment plan, as reported monthly to Scottish Government, sets out the projected volume of clinical and non-clinical staff require and Table 7 highlights the high level staffing numbers associated with the development, note

that recruitment has already commenced for some posts and the table reflects posts still to be recruited as planned for the centre (pre and post opening).

Table 7 – Ayrshire & Arran National Treatment Centre staffing numbers

Job family / grade	Band 2	Band 3	Band 4	Band 5	Band 6	Band 7	Band 8a	Consultant	Specialty Doctor	Total
Admin	1.4	1.5	4.0							**6.9**
AHP	1.1	1.8	3.5	5.3	8.6	1.7	2.0			**24.0**
HCS - CDU		5.0								**5.0**
Medical								8.2	2.0	**10.2**
Medical Support						3.0				**3.0**
Nursing- General	9.9	8.8	2.6	27.0	7.0	9.0				**64.3**
Nursing - Theatre			2.0	7.7	5.6	2.0				**17.3**
Support Services	17.0	3.2				1.0				**21.2**
Total	**29.4**	**20.3**	**12.1**	**40.0**	**21.2**	**16.7**	**2.0**	**8.2**	**2.0**	**151.9**

Notwithstanding existing supply risk for clinical registrants, as set out previously in section 5, our wider actions to make improvements to recruitment, and utilising wider potential supply routes such as international recruitment, will be critical to successfully deliver the staffing levels necessary for the treatment centre.

We will:

- Undertake phased recruitment to fulfil the staffing levels associated with the Ayrshire National Treatment Centre as agreed and monitored monthly by Scottish Government

Future demand – Caring for Ayrshire

As our Caring for Ayrshire programme regains momentum there will be a requirement to provide support to services to ensure robust workforce planning outputs. We will appoint to a Workforce Planning Advisor role to distinctly support Caring for Ayrshire workstreams and build capacity and capability of our service leads and teams to successfully undertake workforce planning and be able to articulate these outputs in future iterations of the workforce plan.

We will:

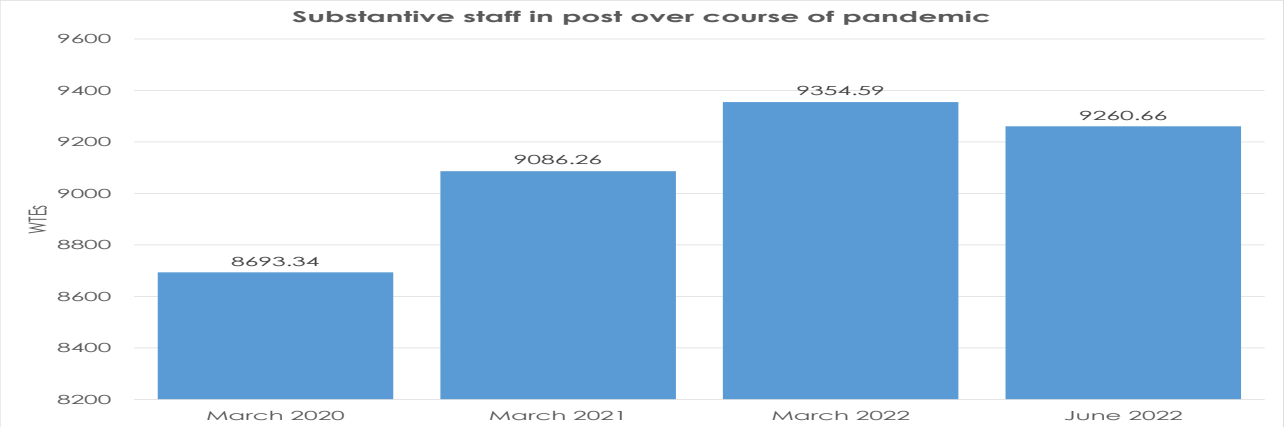
- Appoint a Workforce Planning Advisor to assist in developing workforce plans and assessing workforce demand associated with delivering Caring for Ayrshire ambition

8.2 Retain

Overall staffing levels

As Chart 7 illustrates there has been steady growth in our substantive workforce compared to pre-pandemic level. As flagged in section 4 – stabilising our system – workstream 5 is seeking to move our WTE and staffing costs, for both substantive and supplemental workforce, within funded establishment.

Chart 8 – Substantive WTEs in post



Much of this growth was funded via non-recurring covid specific funding streams and going forward we will seek, as far as practicably possible, to redeploy staff associated with these funding streams who were employed on fixed term contracts e.g. test and protect and additional unfunded beds, into recurrently funded vacant posts.

We will:

- Manage our workforce numbers to ensure we operate within our funded financial establishment

Turnover

Our organisational turnover rate in 2021/22, as reported in the national workforce statistics was 9.3%, this was the lowest rate of turnover for any of the mainland Boards in Scotland albeit was slightly above the NHSScotland turnover rate of 9%.

Of all organisational leavers approximately 32% relate to retirements. Predicting / forecasting retirement intent of staff is problematic as this will be down to multi-factorial drivers which will be personal to each individual staff member. We currently have a local policy enabling time limited retire and return to posts where there is an identified service continuity concern and are cognisant that Once for Scotland guidance on retire and return will be issued imminently which we will implement.

Clearly the wider economic environment will also have a direct bearing on employee retirement decisions. The average organisational retiral age was 63 which is an increase on the pre-pandemic average of 61. Table 8 below illustrates the spread of average retiral ages across our six largest job families.

Table 8 – Average retiral ages by job family

Job family	Average retiral age
Admin	63
AHP	61
Healthcare Science	62
Medical	62
Nursing & Midwifery	61
Support Services	66

As set out throughout this plan there are particular challenges and risks within our clinical workforce that are common across NHSScotland specifically in terms of demand and supply and contributory demographic and operational pressures that exacerbate the position. We equally recognise that addressing these fundamental problems present us with opportunity to both develop our existing workforce and introduce new complementary roles to our multi-disciplinary clinical teams.

Critical to the success of role developments will be the support, buy in and time of clinical colleagues in supervision / mentoring / assessment and we organisationally we must be cognisant and supportive of the short term impact this could make on clinicians time and capacity to achieving the bigger objective.

Role development – registrant clinical staff

NHS Ayrshire & Arran has continued to grow our Advanced Nurse Practitioner cohort over a number of years and has also successfully introduced Clinical Development and Teaching Fellows within our medical workforce. Whilst we will continue to nurture, develop and expand these roles we also recognise there is opportunity for us to emulate our experience and success in introducing roles that have been used more expansively in other areas, i.e. Medical Associate Professions (MAP), than they have been in Ayrshire or indeed the West of Scotland region.

We also recognise that there is opportunity to extend practice, e.g. non-medical prescribing for nurses, AHPs and pharmacists, and consider wider application of advanced practice roles beyond nursing e.g. within allied health professions. We will progress the ADEP+ (Accelerating the development of advanced practitioners) as endorsed by the Scottish Access Collaborative in cognisance of all professions and the contribution advanced roles could make across our planned care delivery.

The NHSScotland Academy provides an invaluable resource that we will continue to utilise in developing our workforce, doing so already in terms of both peri-operative roles, for the national Treatment Centre and our wider theatre services, and endoscopists.

Work has commenced to introduce MAP roles within Ayrshire:

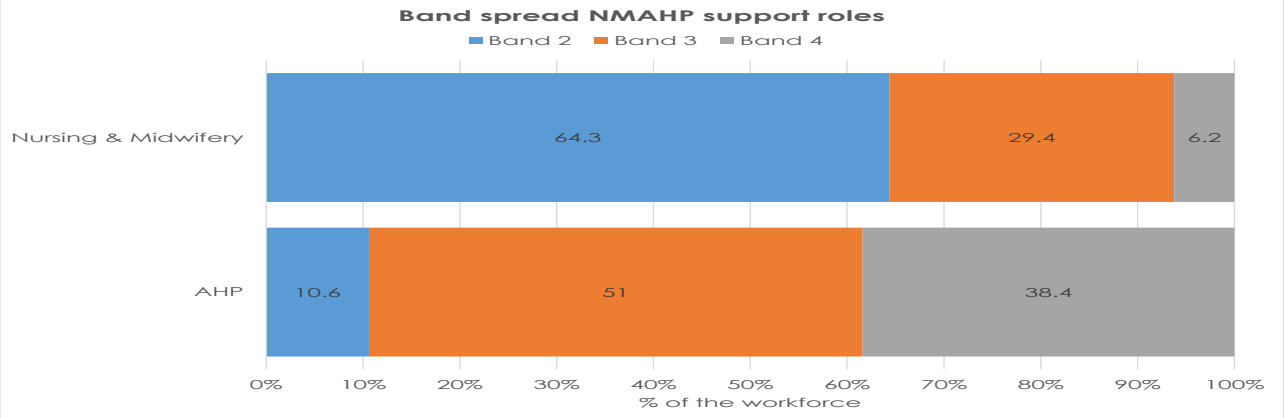
- We have secured three places on the Anaesthesia Associate programme commencing in September 2022 at University of Birmingham and these roles

will be integral to the National Treatment Centre;
- We will introduce Advanced Critical Care Practitioners as part of our plans for ensuring the sustainability of our critical care services; and
- In collaboration with colleagues in the West of Scotland region we will scope our demand, and specialty areas, for introduction of Physician Associate posts.

We will:
- Undertake scoping and mapping of all current specialist, advanced and consultant nursing, midwifery and allied health profession roles and identify where is potential for expansion in line with our recovery and strategic planning intent
- Introduce new Medical Associate Profession roles in our Acute settings ensuring these are embedded with requisite governance and support mechanisms
- Work collaboratively on a West of Scotland regional basis to introduce Physician Associate Roles and plan where these will be deployed within Ayrshire

Role development – non-registrant clinical staff

Chart 9 – Spread of grades in NMAHP support roles



As illustrated in Chart 9 there are variations of skillmix within our NMAHP workforce. As aforementioned the NMHAP Workforce Strategy is intended to provide career pathways and role development within these staff groups. As significant proportion of our nursing support roles are at band 2 and in keeping with national direction, in partnership with staff side, we will review band 2 roles to identify those posts that should be band 3.

There is more spread in grading in our AHP support roles workforce and we have worked in collaboration with Ayrshire College to establish a course, Access to Allied Health Professions, at SCQF level 5/6 as another route into AHP roles.

Across our entire NMAHP we are keen to progress career development, enabling individuals should they wish to eventually move into formal training to become a clinical registrant, by means of traditional or non-linear career pathways and

routes. The Open University continues to be a popular means by which staff are able to fulfil their ambition of becoming a registered nurse building on the experience they have gained from a healthcare support worker role. We also recognise that there is further opportunity to grow our cohort of Band 4 roles, particularly within the nursing workforce.

Whilst the NMAHP workforce is used to illustrate development potential in our non-registrant workforce this is by no means exclusive to these job families and is equally applicable across the wider range of all clinical professions. For example we know there are limitations of supply within some areas of our healthcare science workforce, e.g. audiology and clinical physiology, which are exacerbated by limited / no undergraduate courses being provided within Scotland. As a result we need to more creatively consider 'growing our own' approaches which provide vocational opportunities for role development.

We will:

- Undertake the review of Band 2 nursing roles as per the national directive
- Develop plans for introducing Band 4 roles within the nursing workforce

8.3 Develop

The NHS Ayrshire & Arran Employability Strategy was approved by the Corporate Management Team in November 2021 and is complementary to this workforce plan. As a public sector employer we are committed to being an Anchor Organisation and in positively supporting the health and prosperity of Ayrshire by creating Fair Work opportunities by recruiting from priority groups (the long term unemployed and disadvantaged groups who are far from employment), paying the living wage and building progressing routes for existing and future workers. We have established an Employability Steering Group with wide organisational membership to drive forward this agenda.

Our employability ambition also contributes to community wealth building within Ayrshire, as commonly supported by our community planning partners. As shown in Table 9 compared to the Scottish average Ayrshire has some of the most deprived areas in Scotland:

Table 9 – NOMIS official labour market statistics

Area	% of 18-24 year old claiming benefits	% of population on benefits	% of Workless households	% of population who want a job	% unemployed
North Ayrshire	12.8	14.2	20.2	22.6	6
East Ayrshire	12.5	12.9	23	23.5	5.1
South Ayrshire	11.7	11	19.4	18.1	4.3
Scotland	**8.4**	**10.2**	**17.7**	**21.1**	**3.5**

Employment is one of the most strongly evidenced determinants of health, the World Health Organisation (WHO) notes that 'unemployment puts health at risk' and 'unemployment has a direct bearing on the physical and mental health and even life expectancy for unemployed people and their families'. Unemployment therefore has a direct impact upon services we provide and in pursuing our employability ambitions we can also make a positive public health impact as we know there are significant variations in morbidity and mortality across Ayrshire which are driven by socio-economic factors.

As one of the area's largest employers we recognise there is more we can do particularly in relation to youth employment. Given the issues of demand and supply flagged earlier in this plan, and the associated lead in times some professions, we recognise the importance of engaging with schools to make pupils aware of the wide spectrum of careers in the NHS and that career progression and pathways are not necessarily by a one size fits all linear route – there are multiple exit and entry points. We also recognise that to be supportive of the Young Persons Guarantee Scheme (no one left behind), ensuring everyone aged 16 to 24 has the opportunity of work, education and training, there is more we can and should do.

NHS Ayrshire & Arran participated in the UK Government Kickstart scheme and offered fixed tem placements, to September 2022, to 17 individuals across administrative and support services roles. Work is underway to assist these

individuals in applying for substantive roles, through assistance with applications and interview techniques.

Drilling further into the age of our workforce only 356 headcount are aged 16 to 24, 3% of our workforce overall, and we recognise the need to address this in cognisance of the age profile of our workforce detailed in section 7.

A result of the pandemic was that we had to pause a number of our programmes related to employability however with the strategy being endorsed we can regain momentum on this agenda.

We will:

- Undertake youth experience activities and engage with schools and colleges to promote the range of roles and careers within the NHS in conjunction with our wider planning partners via community planning partnerships
- Support participants in Kickstart or equivalent / similar employability programmes to secure substantive roles
- Wealth Building Commission – Fair Employment Workstream ensure we pay the living wage and attain living wage accreditation
- In partnership with Skills Development Scotland and Further / Higher Education institutions substantially increase the number and range of modern apprenticeships organisationally to agreed target level
- Develop targeted interventions to provide confidence and skills for minority groups such as lone parents, those involved in the justice system, people in the care system to opportunities to enter employment through different pathways
- Increase the number of black and minority ethnic groups working within our organisation – currently only 2.4% of our workforce are from these groups.

8.4 Support

Unplanned absence – non-covid sickness absence and covid absence
Chart 10 illustrates the variation in our organisational non-covid sickness absence rates pre and post pandemic, and Chart 11 shows covid related absence. For much of the pandemic there was a directly symbiotic relationship between sickness absence and covid absence rates whereby an increase/decrease caused an opposite effect in the other however this has now diverged with the organisation experiencing rises in both types of absence in June 2022.

Chart 10 – Monthly sickness absence trend

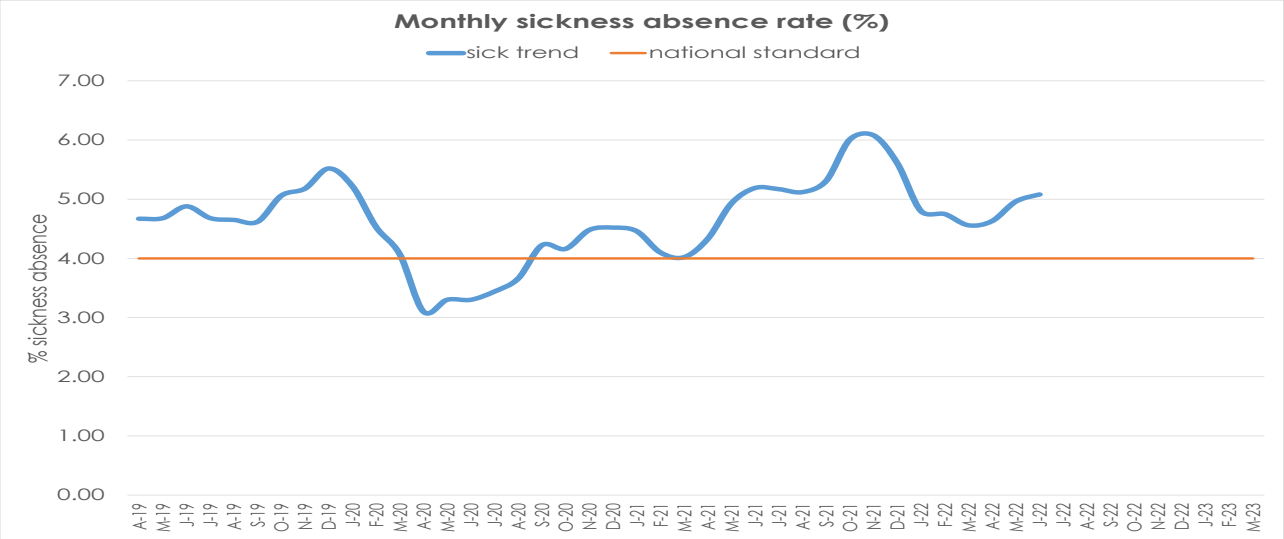
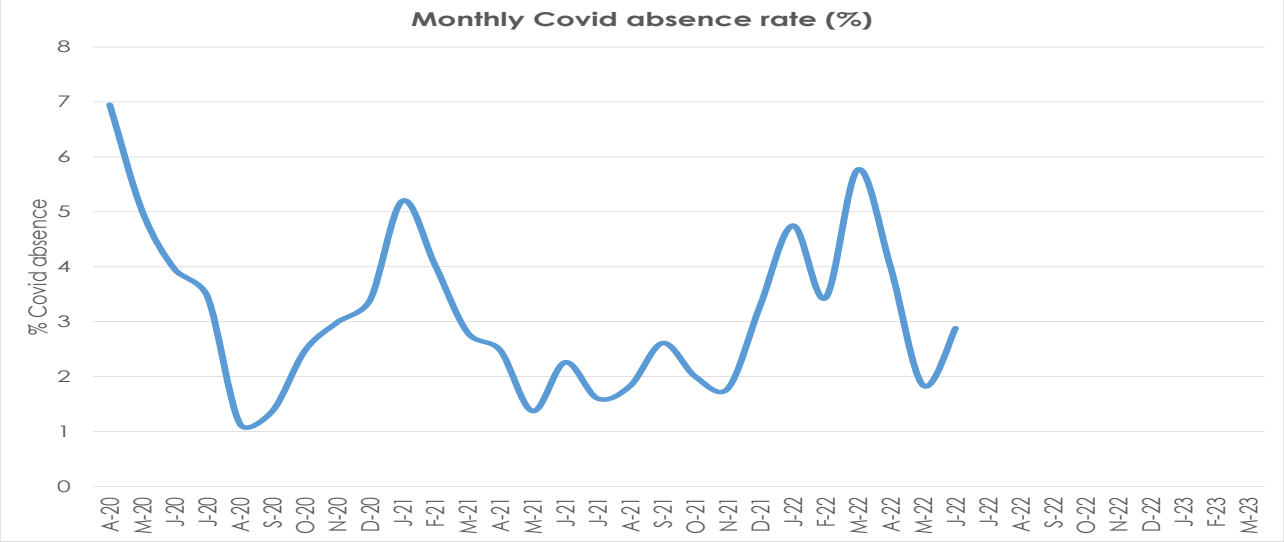


Chart 11 – Monthly COVID absence trend

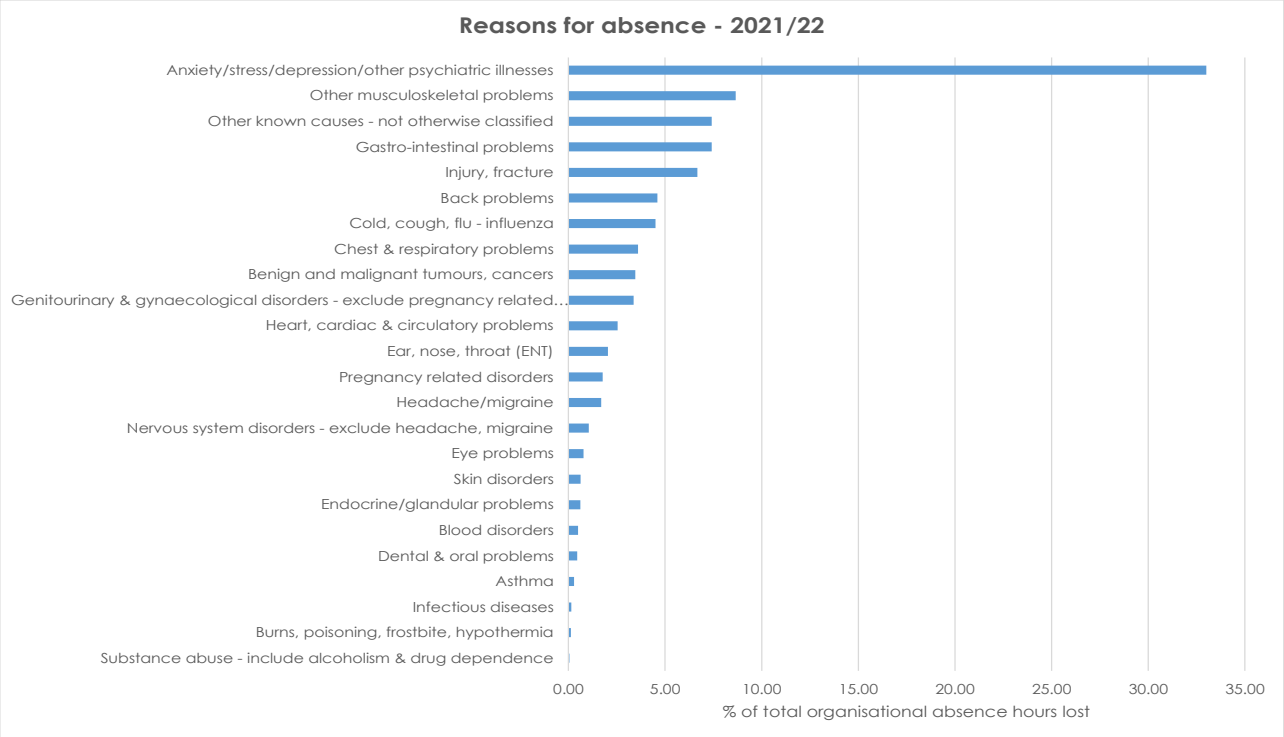


Unplanned absence has remained challenging despite the move out of emergency measures nationally, with considerable pressures in terms of capacity across the entire health and social care system with little abatement in impact given fluctuations in peaks of the pandemic particularly over the last 9 months

from November 2021. We would anticipate this will continue for the foreseeable future albeit from September this will translate to a notable increase in our sickness absence rates as covid absence move from being recorded as special leave to sick leave in keeping with DL(2022)21 – Removal of temporary covid policies. We currently have 90 members of staff absent due to long covid and our Promoting Attendance Team continue to engage with and support these staff on an ongoing basis and our support and management of these individuals will be in accordance with standing Once for Scotland policies.

Chart 12 illustrates the reasons for sickness absence. These remain consistent with the pre-pandemic position in that anxiety, stress, depression and other psychiatric illnesses (ASDOM) remain our most prevalent reason for absence accounting for 33% of all sick leave, followed by musculoskeletal reasons (including injuries and fractures and back problems) accounting for just under 20% of absences.

Chart 12 – Reasons for absence



Aligned with the demography of our workforce, as illustrated in section 7, ensuring we understand and can react to the health needs of our ageing workforce is imperative, not least as we know some clinical and support service roles have a have a substantial physical element and which may become more onerous as the workforce ages.

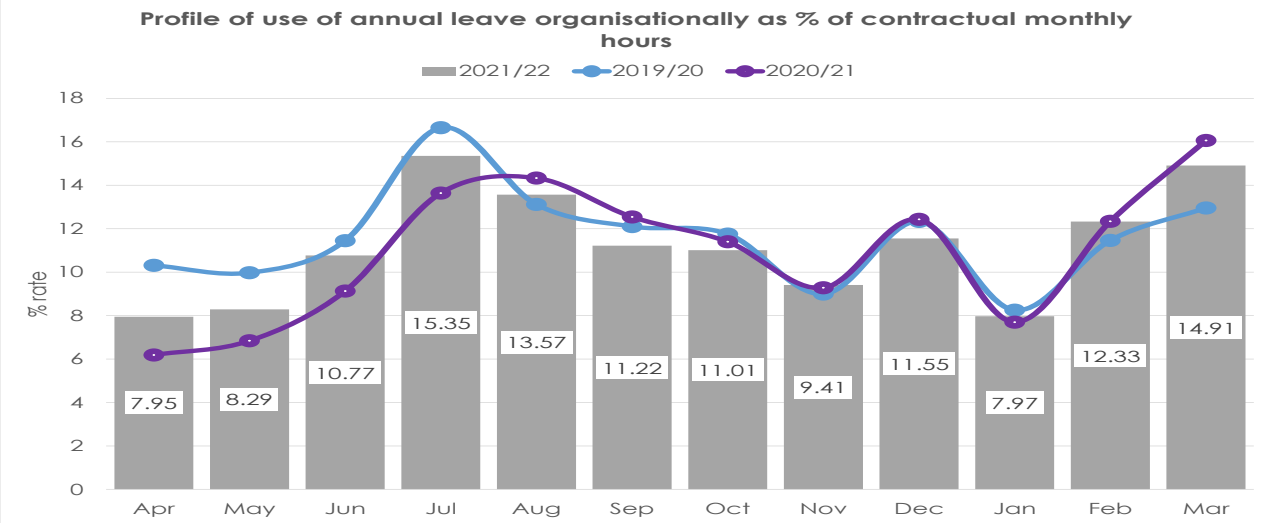
We will:

- Roll out the Health & Safety Executive Stress Talking Toolkit organisationally
- Establish, in partnership, an organisation wide short life working group to review ASDOM related absences and the support we provide to help staff, and managers, with this
- Review musculoskeletal services provided by Occupational Health

Planned absence - Annual leave

Chart 12 illustrates annual leave utilisation pre and post pandemic. During the course of the pandemic there was significant fall in annual leave utilisation, some of which was prompted by service capacity with colleagues deferring leave to support operational delivery and subsequently carrying forward large proportions of leave. Whilst annual leave is starting to normalise we continue to emphasise the importance of all staff utilising their annual leave entitlement for rest and recuperation. We have recently issued guidance organisationally emphasising the importance of taking regular annual leave throughout the year and the importance of accurate recording of management of leave by line managers to ensure staff benefit from rest and recuperation.

Chart 12 – Annual leave trend



Wellbeing and support

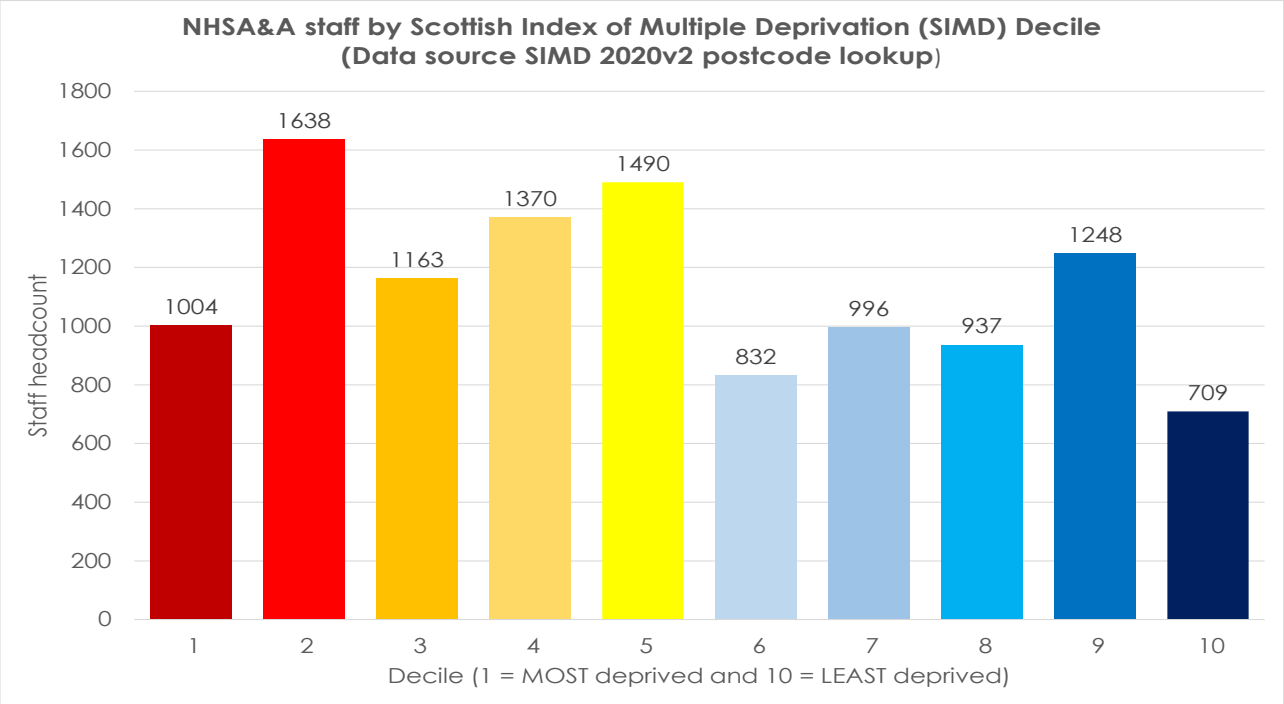
Our staff are our greatest resource and NHS Ayrshire & Arran is committed to improving staff's experience, given that when it is positive, the positive impact this has on patient experience. Safe, healthy, valued, respected and supported staff deliver higher quality care to patients.

During the pandemic there has been significant focus nationally and locally on staff wellbeing and the organisation has recognised the importance of recurrently funding posts and resources to support wellbeing. We have made capital investment in creating three Staff Wellbeing Hubs, at our acute sites and on the Ayrshire Central Hospital Site, and these will open in autumn 2022.

During 2022/23 we will commence work, in conjunction with our wellbeing leads, in developing a Health & Social Care Wellbeing programme and this will be underpinned by a staff wellbeing needs assessment. By undertaking the needs assessment we will be able to design our services to best meet the health and wellbeing needs of our workforce including prevention, early intervention and treatment and care. It will be inclusive of mental, physical and emotional wellbeing and focus upon reducing inequalities.

As an employer we recognise the challenge all our employees face as a result of external inflationary and cost of living factors. Chart 13 illustrates the spread of our workforce against each of the Scottish Index of Multiple Deprivation (SIMD) deciles which closely correlates to our wider population given the majority of our staff reside and work with Ayrshire. Whilst our ability to counter the national factors is limited we are committed organisationally to providing all employees with awareness and signposting to services to help them counter challenges they may be facing linked to cost of living factors and indeed wider inequalities.

Chart 13 – Staff by SIMD decile



We will:

- Develop a Health & Social Care Wellbeing Strategic Framework to sit alongside our refreshed Health, Safety & Wellbeing Strategy
- Undertake a Staff Wellbeing Needs Assessment