

HEALTH AND SOCIAL CARE MORAY.
INTEGRATED WORKFORCE PLAN 2022 - 2025





FORWARD

We are pleased to present Health and Social Care Moray's Integrated Workforce Plan, for 2022 – 2025.

The plan outlines our priorities and ambitions for the next 3 years, as we aim to be the employer of choice, supporting our staff through their work life cycle.

Throughout the last 2 years Health & Social Care Moray (H&SCM) staff have encountered the most challenging time in recent years as a result of the COVID -19 global pandemic. There is no doubt that this has impacted on staff and services within the Partnership. We now look to the future and how best to move forward as we enter a period of recovery.

Health and Social Care Moray have delivered community-based services, and assumed responsibility for strategic commissioning, since 1 April 2016. Since this time, we have worked jointly as partners in health and social care to improve the delivery of services to the people of Moray. We plan to continue to maintain and develop excellent joint working relationships between health and social care professionals; building on our existing links with the primary and acute sectors and the Third and Independent Sectors.



It is recognised that our workforce is key to delivering new ways of working and therefore crucial that we support them in obtaining and /or retaining skills, knowledge and aptitudes required to deliver the level of person-centered care that we are striving towards. We are listening to and actively including them in determining the way forward for the Partnership.

We are determined to support our staff as we embrace the opportunities of digital working. The new ways of working that accelerated during the pandemic have been well tried and tested, and we can do more to create quality and capacity for the benefit of our residents. Our digital plan and Smarter Working plan supports staff to maximise hybrid working going forward, keeping in mind the needs of the Service

Recruiting and retaining staff remains a major challenge and we need to be innovative in using incentives used to attract and develop to work in the health and social care sector.

This Plan has been developed in conjunction with our service areas and specialties. Staff Partnership/Trade Union colleagues will continue to be involved in the review of services through workforce steering groups.

This Workforce Plan provides a framework to develop a workforce fit for the future, one which is able to deliver the strategic aims and providing a sustainable workforce for the future.

Finally I would like to recognise and commend the efforts of our Workforce over the period of the Covid Pandemic, without whom we would be unable to continue to meet the health and social care needs of the Moray population.



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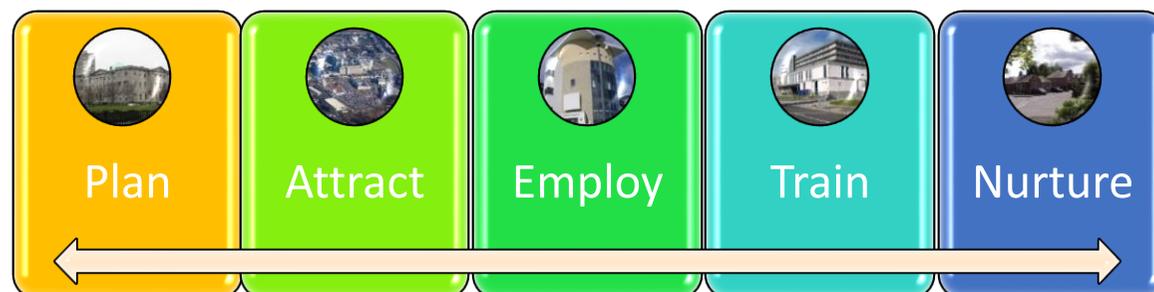
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1. Introduction to Health and Social Care Moray

The Purpose of this Workforce Plan is to identify our workforce needs and demands and set out our priorities for the next 3 years. The Health and Social Care Moray Chief Officer is ultimately responsible for workforce planning, this is delegated to the responsible officer in partnership with the Workforce Management Forum

This Workforce Plan aligns with our local strategy Moray Partners in Care, service operational plans, digital planning and financial plans, it reflects on our service priorities and our short, medium and long term plans.



We asked our workforce to consider the availability, affordability and adaptability of their workforce in relation to the overall direction to meet the needs of that service. We used the 5 Pillars model to help understand the short, medium and long term projections

Who are we and what is our Vision?

The Moray Integration Joint Board has responsibility for a range of services in the community and the resources needed to deliver them. These services include:

- Social care services;



- Primary care services including GPs and community nursing;
- Allied health professionals such as occupational therapists, psychologists and physiotherapists;
- Community hospitals;
- Public health;
- Community dental, ophthalmic and pharmaceutical services;
- Unscheduled care services;
- Support for unpaid carers.

Children and Families and Justice Services are current in the process of being formally delegated into the MIJB.

Children and Families Health Services are 'hosted' within the MIJB Scheme of Integration. Services include: Health Visiting; School Nursing; and Allied Health Professions i.e. Occupational Therapy, Physiotherapy and Speech and Language Therapy.

The board also has delegated responsibility for the strategic planning of unscheduled care that is delivered in emergency situations such as A&E, acute medicine and geriatric medicine at Dr Gray's Hospital and Aberdeen Royal Infirmary (ARI). The unscheduled care responsibilities seek to further enhance what can be delivered locally in communities, reducing the demand on acute hospitals where this is preventable.

The full list of delegated functions can be viewed at the link:

<http://www.moray.gov.uk/downloads/file102766.pdf>

The Board directs Moray Council and NHS Grampian to deliver on this plan through the staff they employ and associated resources, seeking them to work together as the Health & Social Care Moray partnership to directly provide or commission services



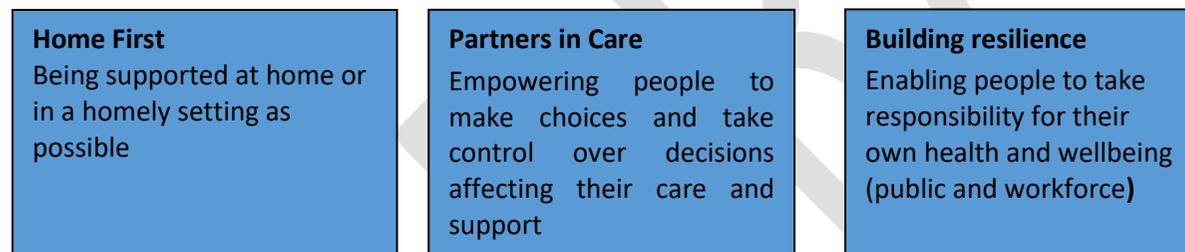
Moray is a largely rural area covering 1,233Km² H&SCM has 1795 staff to service a population of 95,710 (figures as 2020). The area is served by 12 GP Practices, 4 Community Hospitals, 14 Local Authority Care Homes and 5 Sheltered Housing units. Since the inception of the MIJB in April 2016, the Partnership is formed with staff employed by NHS and the Moray Council. In 2020, there were more females (50.4%) than males (49.6%) living in Moray. There were also more females (51.2%) than males (48.8%) living in Scotland overall. In terms of overall size, the 45 to 64 age group was the largest in 2020, with a population of 27,544.

Our Vision

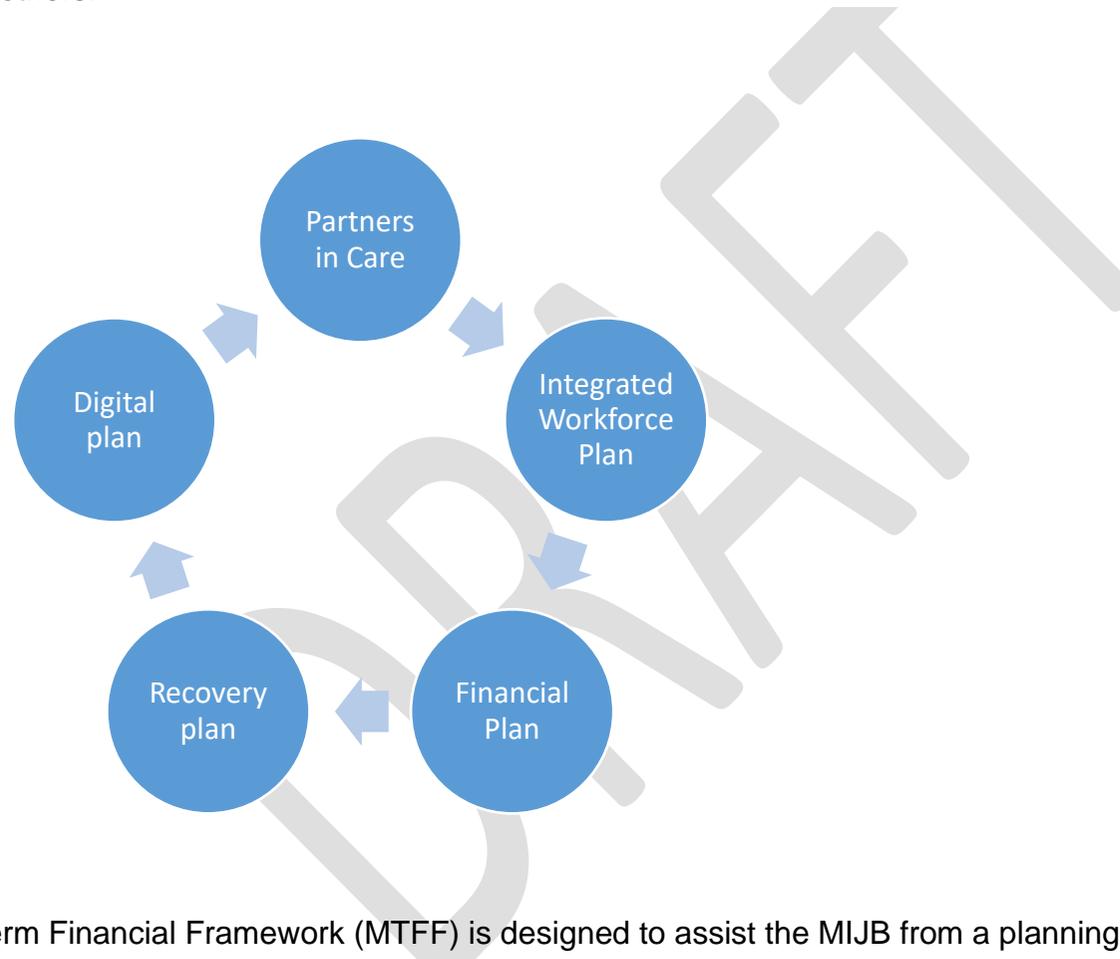
Moray Partners in Care, The Strategic Plan, aims to deliver the best service for the population, with the vision of;

“We come together as equal and valued partners in care to achieve the best health and wellbeing possible for everyone in Moray throughout their lives”

To enable the Partnership to fulfil this Vision we have built on what we know and as such have identified three strategic themes where we will direct effort; in effect, we wish to major on health.



HSCM understand that to best achieve our strategic aims, we must closely align our workforce plan with our strategic and financial plans, amongst others.



This Medium Term Financial Framework (MTFF) is designed to assist the MIJB from a planning perspective based on the totality of its financial resource across health and social care, in meeting the needs of the people of Moray.



It will support the delivery of the Strategic Plan within the context of the significant financial challenge being faced and the continuing pressure being driven by growing demand and complexity, higher costs and increasing expectations.

Medium term financial planning is an essential part of the strategic planning process that supports the MIJB to develop plans which consider the financial climate and broader economic impacts. A robust medium term financial framework will provide transparency and support informed decision making.

The MTFF Framework seeks to support the understanding surrounding the broader climate within which the MIJB will operate in over the medium term. There are wide ranging factors which encompass the complexity that impacts on the financial pressures of the MIJB.

The main objectives of the MTFF are:

- To look to the longer term to help plan sustainable services, estimating the level of resources required to operate these services and deliver on the MIJB's strategic ambition.
- To estimate the level of increasing demand on services and provide a single document to communicate the financial context to all stakeholders and support partnership working.
- The MTFF includes a five-year budget forecast that will be reviewed annually to ensure our strategic priorities remain the focus in a challenging financial climate. A full review will be required as the new Strategic Plan is developed during 2022

The MIJB is facing new risks which may impact on its budget over the next few years:

- Covid 19 – there have been major changes to the profile of services and associated costs as a result of Covid 19. It is not yet known if these will be recurring in nature
- Health Debt – we are acutely aware of what is being described as the health debt, resulting from services which were paused during the pandemic and in some instances have not fully resumed.

- Covid 19 Funding – health and social care has seen a significant input of funding since March 2020 to support services through the pandemic. This is not expected to continue, although there is a growing reliance on this additional support by providers and services.
- National Care Service – this will have a major impact on services and how they are delivered in the coming years, the full extent of which is still uncertain.

It is important that the MIJB understands its appetite to risk to enable effective management and mitigation of the inherent risks.

2: Our Workforce

Our workforce is made up of the following health & social care services:

- | | |
|---|---|
| ➤ Primary care services:
GP; Dental; Pharmacy; ophthalmology | ➤ Social care services for adult care home provision |
| ➤ Community hospitals | ➤ Home care services |
| ➤ Minor injury units | ➤ Community mental health services |
| ➤ Public health services | ➤ Care and support for adults with physical and learning disabilities |
| ➤ Health visitors | ➤ Unpaid Carer support service |
| ➤ School nurses | ➤ Adult support and protection |
| ➤ Vaccination programme | |
| ➤ Pharmacotherapy services | |
| ➤ Community link workers | |
| ➤ Community based Allied Health Professions:- | |



Occupational Therapy; Physiotherapy; Podiatry; Speech and Language; Dietetics	➤ Alcohol and other drug services ➤ Adult Social Care OT's
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During the Covid 19 pandemic, our workforce has met with significant challenges to both work and personal lives, working under immense pressure.

There is anecdotal evidence that recruitment and retention in Moray is exacerbated by the lack of rented accommodation, we have experience of people from out-with the area having to turn down offer of work due to being unable to secure appropriate accommodation in the area. It is often not viable for people to take the offer of secondment or short term contracts due to this issue.

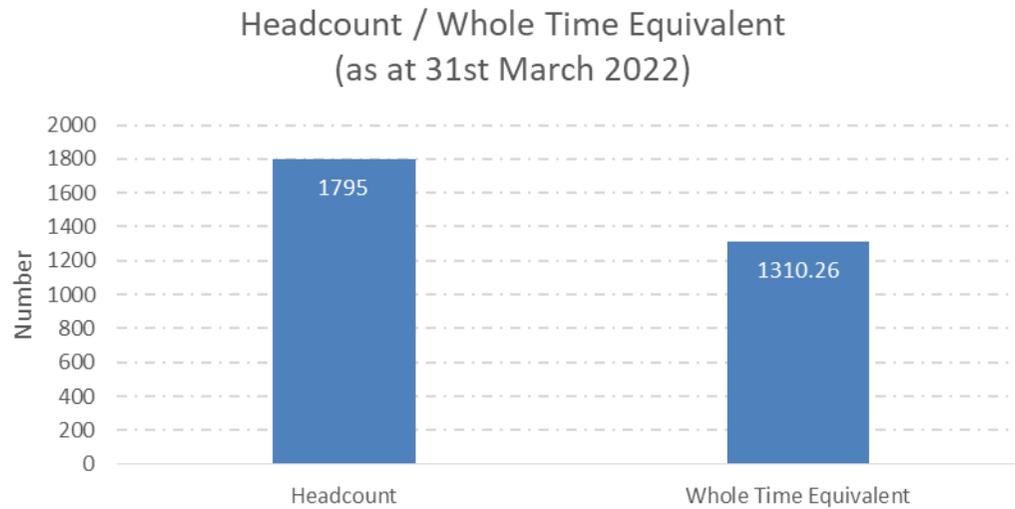
To make sure health and social care services reflect the priorities and respond to the needs and issues of local communities, locality plans will be developed following a “bottom up” approach to provide a framework for improvement from the perspective of local people who use and deliver health and social care services.

Locality managers have been appointed to lead on the development of locality planning for the following four areas:

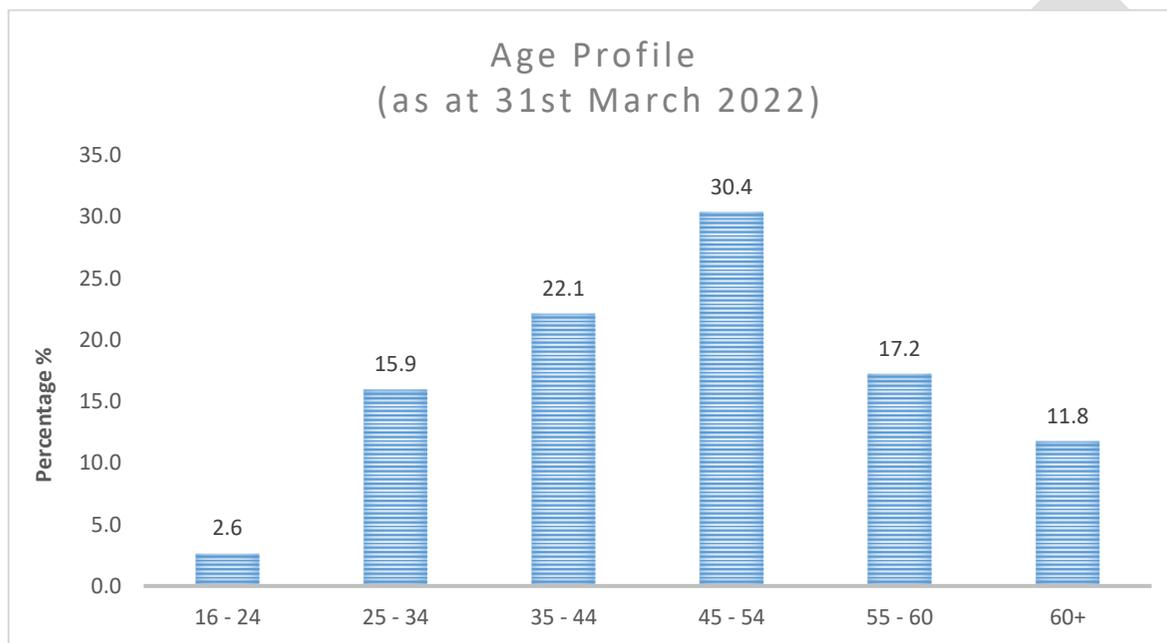
- Buckie, Cullen and Fochabers
- Elgin
- Forres and Lossiemouth
- Keith and Speyside

Local representatives, including health and social care professionals, third and independent sectors, housing, service users and carers will collaborate in each locality to influence and inform service planning as we move towards achieving the objectives set out in the Strategic Plan.

Since the creation of HSC Moray, an integrated system was formed with staff employed by NHS Grampian and the Moray Council. The current headcount (at April 2022) is 1795 with 1310.26 WTE. There is a 9% increase in NHS staffing numbers and 8.7 % increase in WTE for substantive posts since 2020(prior to Covid).



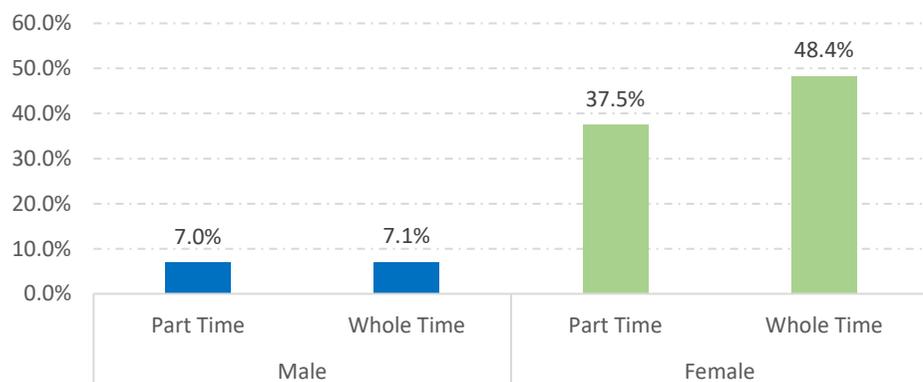
Our workforce is becoming older and as a result choosing to work part time or retire. 30.4 % of our workforce are aged between 45 – 54 years with a further 17.2 between the ages of 55-60 years



Given the significant amount of staff aged 50 and over, attention needs to be given to plan for sustainability. There have been a significant number of retrials and staff leavers over the last year which can mean a loss of organisational intelligence and experiences which may have an impact on services as teams adjust. Approximately 18.8% of the workforce has left the Partnership in the last year.

We have absences of 4.8% across the Partnership. This figure does not take into account those absences due to Covid – 19. These Covid absences are recorded as ‘Special Leave’. This provision will end in August 2022 and all Covid absences will be collated under normal sick leave arrangements. Absences and related stress can mean people leave the workforce early, either by choosing to work out with the Health Service or retire early. We also have a number of our workforce choosing to work part-time, or reduced hours, 44.5% of the workforce choose to work part time.

Whole Time / Part Time Working by Gender
(as at 31st March 2022)



HSCM need to consider the long term workforce planning for staff, affording those opportunities, ambition and development of special interests that will increase retention. Our workforce is predominately females with approximately 85.9 % of the workforce being female.



Home First

The Home First initiative continues to grow as we explore opportunities to maintain people at home or in a homely setting. Our Discharge 2 Assess service is now fully operational with a range of OT, PTs and ANPs delivering short term rehabilitation in a person's home

Hospital without Walls is the newest initiative and is recruiting a number of ANPs, PTs and nurses as part of the Home First Frailty Team - a front-door team with a focus on earlier identification of frailty and morbidity through rapid comprehensive geriatric assessments.

In our communities we are about to recruit 2 Wellbeing Officers as part of the low acuity localised element of Hospital without Walls which focuses on realistic medicine as well as incorporating the three conversations models. Finally, our Community Response Team are currently recruiting for a further 14 Health Care Support Workers, allowing for more work to be done across the localities but also at the front door.

Care at Home (CAH)

Care at Home (CAH) has, over the last year, been under immense pressure due to insufficient staff resources impacting on ability to maintain operational services and necessary developments.

It has been extremely challenging to be able to cover current and established packages of care. There has been very little capacity to add in new packages of care which has contributed to some delays of discharge from hospital and in the level of unmet need in the community.

Lack of capacity has also created a delay in reviewing the current service and planning for meeting future service needs.

Our Care at Home team have implemented a Recruitment Cell (made up of 2WTE, 1 grade 7 and 1 grade 5), to manage all aspects of recruitment for improved information, marketing, selection, recruitment and induction training. We have also worked with HR and



the Information Officer to use all media outlets, including social media to provide information to the public but also advertise all available posts – we are also targeting geographical areas.

This temporary test for change was put in place in February to support recruitment across all of the service but primarily with Social Care Assistants (SCA). This “test” has proved successful in terms of numbers coming into the service and raising the profile of Care at Home and the role of Care Assistants.

Since the recruitment cell was introduced 31 new members of staff have been successfully recruited to the SCA post. This is compared to 12 over the same period in 2021, 16 over the same period in 2020 and 8 in 2019, as seen below.



The recruitment cell is also working with DWP and Moray College to take forward work to engage with students and those looking for employment.



Since the start of the Pandemic, volunteers from communities and organisations across Moray have come together to support some of the most vulnerable in our communities. They have supported the NHS in a variety of roles including supporting our vaccination centres, delivering supplies and LFD kits across Moray and at the front door of our acute hospital Doctor Gray's Hospital (DGH) in Elgin.

Self-Directed Support

The SDS legislation was enacted on 1st April 2014, and more recently national SDS Standards were introduced in March 2021 with the aim to achieve implementation consistency across Scotland. The 12 SDS Standards are:

- Independent Support & Advocacy
- Early Help & Support
- Strength Based Asset Based Approach
- Meaningful & Measurable Recording Practice
- Accountability
- Risk Enablement
- Flexible & Outcome Focussed Commissioning
- Worker Autonomy
- Transparency
- Early Planning for Transitions
- Consistency of Practice
- Budgets & Flexibility of Spend (under development with CoSLA)

A Day Opportunities team has been developed, including the creation of SDS Enabler posts, which give support to embedding the SDS Standards, in particular around taking a strength and asset based approach.





The vision for the team is to connect individuals into their own community, looking at the personal interests and hobbies, as opposed to prescribing services to individuals.

Limited resources mean that we cannot carry on in the same way, however, we can effectively support individuals to participate in meaningful activities and promote independence. One example of this is a referral which came into Day Opportunities for a paid support service, following the SDS Enablers building a positive relationship, and having good conversations, the individual is not in receipt of a paid support but has become a volunteer with FACT. Through this the individual is achieving his outcome for social support, but is also giving something back to the local community.

Our Volunteer Workforce

Volunteers also support and complement our Social Care services in a variety of roles, including alarm responders for vulnerable individuals, befrienders and transport, which all contribute to people being able to live safely in their own home.

All volunteers employed under the umbrella of HSCM, whether that be via NHS Grampian or Moray Council, undergo a rigorous recruitment and induction process to ensure their safety and that of the people and service that they support.

'Our research indicates that volunteers play an important role in improving People's experience of care, building stronger relationships between services and communities, supporting integrated care, improving public health and reducing Health inequalities'.

– Kings Fund, Volunteering in health and care, securing a sustainable future

With the ever increasing demand on services and pressures on staff, HSCM have recruited an NHS Volunteer Coordinator for Moray who will work with our NHS services across Moray. This role will introduce volunteers to support specific departments and services, where they will be able to contribute to improving the patient's journey and alleviate pressures on staff.

Volunteers across our NHS services in Moray will be recruited and placed with services where they will undertake a variety of roles including mealtime companions, befriending, patient transport, ward support, reception, health walk leaders and more.





Volunteers should never be a replacement for staff, but can undertake non clinical roles that can free staff up to concentrate on clinical and specialised work and they can improve the patient's journey.

HSCM have also increased our Social Care Volunteer Coordinator roles from 1.5 WTE to 2 WTE, allowing scope for us to recruit more volunteers to meet the ever increasing need across our communities.

The Social Care Volunteer Coordinators will also be reviewing current volunteer roles and ensuring that these and new roles are utilising our volunteer support efficiently and effectively and meeting the needs of our services that they are aligned with in our communities.

Volunteering can support the individuals wellbeing and mental health and encourage more people into jobs and careers in Health and Social Care.

We have numerous professionals volunteering with us including current staff undertaking different roles, retired individuals and volunteers with specific skill sets.

We currently have over 200 volunteers across our Health and Social Care services, which does not include other volunteers HSCM work in partnership with, including members of our IJB, B.A.L.L and Set groups in our communities, specialist and community third sector and community groups.

Over the coming years, HSCM will continue to evaluate and monitor the successes of having a volunteer workforce, how this supports demand and any further investment that might be required as our volunteer workforce continues to increase. HSCM will also ensure that Volunteers feel valued and an important part of our workforce, through ensuring that volunteering is incorporated and considered in all of our planning, policies, public engagement, reporting and through our annual celebration during volunteer week





Primary Care Contractors

Sustainability in Primary Care is recognised as particularly challenging. As such NHSG has put in place a dedicated Primary Care Sustainability Group, looking at GPs initially. We have approximately 109 GPs working over 12 Practices in Moray Practices. We are keen to look at sustainability issues across all our Primary Care Services.

With recruitment of staff being a key issue, we are exploring areas to include dedicated staff bank and proactive recruitment marketing.

Staff numbers are impossible to measure with accuracy as independent contractors do not have to supply us with WTE information. As a result, meaningful workforce statistics are somewhat difficult to come by.

Dentistry

We have approximately 40 Dentists working across 17 Dental Practices in Moray. All of these bar 1 are independent practices.

The COVID-19 pandemic has impacted on Dental Services and Education. There has been a significant reduction in the number of new dentists coming into the workforce. We are aware that this is not unique to Grampian and is being experienced across the country.

Locally, however, this has led to some practices choosing to reduce their NHS commitment by deregistering patients due to difficulties with recruiting dentists. Other practices may choose to only provide dental treatment for their patients on a private basis and deregister patients who can't afford private dental care.

As independent contractors to the NHS, they are able under the regulations to do this, and practices are free to take the decisions they feel are right for their business.



Pharmacotherapy

The Pharmacotherapy Team have, over the period of the pandemic, managed to triple their staffing. It appears that staff are more open to new challenges and new posts, which means that they are better able to support the roll out of the GMS Contract. However there is still an education and training challenge that we have to develop the staff and service further as we aspire to increasing advanced specialist pharmacist roles.

We have pharmacists and technicians in every practice, and successful recruitment means that we have gone from having 10 members to 34 in the last 2 years.

All practices in Moray now have daily access to pharmacotherapy service in place. During Covid we accelerated the recruitment process to assist re lack of GPs available.

Contingency succession planning has involved recruiting further re 6 trainee technicians to our Moray team for a 2 year program of “grow your own “

Community Pharmacy; Pharmacy First Plus

The specification of the PFP service requires a registered Community Pharmacist Independent Prescriber (CPIP) to be in the pharmacy for a minimum of 25 hours per week offering the service. The specification does not permit locum pharmacists, or those working less than 25 hours to provide the service as each CPIP has a different level of skill and experience. This provides a quality assured level of service for Moray’s population, expanding their clinical service, working closely with their local GP surgeries and other healthcare professionals to ensure that they treat the most appropriate patients and have referral pathways to other clinicians if a patient presents with a condition beyond their scope of practice.

In Moray we have 5 pharmacies providing PFP and 3 ready to commence. We have also had discussions with other CPs not providing despite having the CPIPs to consider provision of this service

NHS Grampian has supported those pharmacies delivering PFP to upgrade / introduce treatment rooms within their pharmacies, providing improvement funding during 2021/22. In Moray we see the significant benefit in expanding the provision of PFP, both across the full opening hours of participating pharmacies and the number of pharmacies providing the service. We are currently



working to provide enhanced records access for these pharmacists and provide digital solutions to support their prescribing. Expansion of this service will require increased staffing and development of skillmix

Optometry

Support from the Scottish Government and NHS Grampian towards Community Optometry is appreciated and has enabled Practices to survive the difficult times over these last years. This leads to significantly less strain on Secondary Care services.

The first cohort to the BSc (Hons) Optometry Programme at University of Highland and Islands (UHI) enrolled in September 2020 and all teaching was delivered remotely in 2020-2021 due to COVID - student practice placements were also cancelled.

All teaching has been on-campus since September 2021 at the Centre for Health Science, Inverness – both second year and new intake first year students. Of the 16, who were part of the Practice Placement Programme, Moray gave placements to 1 second year and 2 first year students.

UHI are actively seeking more practices in Moray/Grampian who would be interested in hosting a student on practice placement and advertising is going out to all Moray practices to encourage offering this opportunity.



GMED (Out of Hours)

The Out of Hours Primary Care service has been operating a winter surge plan through the Covid pandemic. In May 2022 GMED held a Strategic Planning Workshop to look at the short and medium term plans for the service following the impact of Covid 19. Representatives from all sub teams within the service have attended.

Following the workshop a 12 month road map is being developed. This will focus on:

- Finalising service set up and moving on from the Surge Plan
- Staff recruitment and retention, including workforce planning
- Improved understanding, processes and pathways with stakeholders
- Further development of pharmacy and logistics processes
- Improvement in facility management and access

Taking account of the detailed planning and preparation work that is required, we are planning for implementation to begin around Autumn 2022.

HSCM value to importance the views of our Primary Care Colleagues. To this end we asked our Primary Care Leads about the challenges and opportunities the Covid Pandemic had on their workforce. Here is a snapshot of what they told us:

The Challenges experienced by the workforce;

'Increased staff absence and levels of stress and anxiety affecting staff morale'

'Redeployment roles of staff creating uncertainty due to rapidly changing guidelines'

'Supporting & developing staff adequately with absence of face to face meetings'

Lack of face to face appointments has impacted on large backlog of services/treatment'

'Different levels of willingness to restart services as we come out of Covid'

'Training challenges as training has become mostly about COVID'

'Impact on recruitment due to Dental Students not graduating'

Opportunities and positive effects experienced by the Workforce

'Microsoft Teams has been welcomed as saved travelling time and standardisation of service by sharing documents digitally'

Pressure in some areas has allowed other services to develop to support patients, as well as developing relationships'

'The development of Near Me/Attend anywhere software providing more patient choice'

'The ability to work remotely has offered more opportunity for staff to manage work/life balance'

'In pharmacy in particular there has been a significant increase in recruitment due to the (forced) roll out of GMS'



3. We are listening: engaging with our Workforce and Stakeholders

For the purposes of the completion of the Workforce Plan, consultation with Stakeholders has mainly been a virtual experience, using Teams technology due to social distancing as a result of the pandemic.

Our Workforce Plan reflects discussions with stakeholders, including, staff surveys and consultation events around the 5 Pillars model. Consultation included:

Local Service Leads, including Locality Managers
Financial Planning Leads
Trade Unions
NHS/Local Authority/Health & Social Care Moray Workforce and Planning Leads
Social Work/Social Care and Planning Leads
Professional lead officers, including nursing, Acute Manager, AHP Lead
HR Lead
Primary Care Contractor Representatives

We are committed to listening to our workforce, our service users and our stakeholders. We have used different methods of engaging with our staff and stakeholders, both listening to their views on developmental service changes and challenges and sharing of information, to keep all our staff abreast of the same. We have utilised surveys, developmental workshops and individual discussions.



Direct Consultation with our Managers and Staff

We asked our staff about pressures/challenges which have been experienced, here is a snapshot of what they told us:

- There is an increase in patients presenting with complex needs
- Recruitment and retention of staff is challenging, there is a need to develop an attractive job pack.
- High staff sickness rates – staff are tired and working more and extra than usual, staff are redeployed to support service areas at risk.
- Risks around staff leaving due to a change process, consultation and trialled supports to be in place.
- The continued emergency footing due to the pandemic has made it difficult for staff to have space and time to undertake planning and to have protected time to understand and implement the NHS recovery plans
- Delivery of a safe, effective and sustainable Health Visitor and School Nursing Service
- More complex patients requiring more in-depth treatment, priority to see patients prior to hospital admission.

Staff feel they have no time to update or consolidate training, or enter into new education opportunities. During 2020/2022, our workforce has met with and managed the greatest challenge the health service has faced; a significant and challenging impact of working and living with COVID19. This has impacted on how we have delivered services during the pandemic and our staff have shown remarkable resilience throughout. HSCM appreciate the efforts of staff to be flexible and adapting to new ways of working during the last two years.

The views of our workforce are extremely important to us and we held discussions with Managers to allow us to fully understand the issues facing staff moving forward. Here is a sample of what they told us;

- Protecting and supporting staff wellbeing throughout the pandemic and the recovery
- Staff feeling overworked and lack of enthusiasm towards career progression
- Temporary posts impacts on the long term service delivery. Attracting and employing into temporary posts is challenging.
- There is a significant shortfall of students numbers in Scotland for AHP positions particularly, There is a lack of students enrolling in AHP service and not many applying for NHS posts. Due to geography we do not get many applicants
- Managing the balance of pandemic related work/development work is an immediate concern. Staff sickness absences is creating workload pressures on already fatigued staff
- Post pandemic exhaustion – the risk has become ‘normal’
- Retirement cover – skills lost from the service without adequate succession planning
- There is risk of not being able to recruit qualified staff to AHP posts
- There are challenges with Moray Council and NHS IT systems not linked together, therefore time wasted working between the two.

We asked our staff about their plans towards workforce priorities:

Short Term

- Review and develop staffing capacity and identify areas requiring additional resources and review current continuous learning/professional development needs within the integrated team and develop annual training plans.
- Ensure all staff are supported to use protected time regularly to focus on Continued Professional Learning activity, and have Annual Personal Appraisals.
- Ensure staff have the opportunity to participate and lead new developments, project initiatives and provide support using coaching and mentoring model.
- Develop opportunities for staff at all levels of service (OT) to gain experience in all areas of service and provide greater opportunities for junior staff development.
- Consideration of protected time for training and investment in staff at a time when service development is critical but operational output needs to continue at pace
- Ensuring we are able to make interim posts permanent to provide stability and robust leadership to the department
- Recruitment and retention, attract applicants from wider afield and outside Scotland



- Maintaining a safe, affordable and effective workforce/skill set across locality teams
- It is critical to have space and time to undertake planning and have protected time to discuss and digest as a service the NHS recovery plans.
- Test of change within adult services to maximise MDT, create new opportunities to expand skill set and mix within the team and move away from top heavy caseloads for RMO's
- Continue to support the health & wellbeing of staff throughout Covid and the recovery of this.

Medium Term

- Enable staff to adopt the optimum mix of home and office working, both for themselves and the requirements of the Service
- Consider and plan for SPPA changes and potential retirements as result
- Review and develop workforce planning within all services to consider potential future retirements
- Consider actions and resources required for recent BPA Culture report
- There is a need for succession planning across all services
- Commitment to facilitating students, by offering a nurturing and positive learning experience
- Consider and plan for changes in Mental Health legislation and impact on need for MHO resource
- Maximise development of current workforce through training and development opportunities

Consultation with the Third Sector

Third Sector Interface Moray (TSI), is the primary channel of communication between HSCM and the Third Sector. We value our colleagues in the Third Sector and acknowledge the combined workforce supports the Partnership in many and diverse ways. It provides us with a range of preventative and specialist services.

Our Third Sector colleagues report having many similar issues with their workforce as that experienced by HSCM. In discussions with this group we acknowledge themes around;



- Communication
- Training opportunities
- Recruitment and retention
- Connectivity

We aim to continue to work closely with our Third Sector Colleagues and make sure they are a valued part of our mutually dependant workforce.

Our Services and Team

Moray Staff Health & Wellbeing Team is an informal group that was set up as a consequence of COVID -19, when there was a perceived need for staff across Moray to be supported and kept informed of issues, challenges and opportunities to focus on their health & wellbeing. The group highlights and offers many opportunities for staff to join a variety of workshops and forums where they are able to connect with colleagues during the difficult times that Covid presented. Staff were encouraged to link to the We Care programme. As we begin to come out of the pandemic, the group continues to be invaluable and as such it will merge into a more formal group with a focus on the Healthy Working Lives agenda in Moray.

The Workforce Management Forum meets every 2 months. The purpose of the Forum is to provide an opportunity for any workforce issues within Health and Social Care Moray (HSCM) to be discussed in an open and constructive way. It supports the development and achievement of common goals and objectives.

This will involve sharing information and ideas between staff, managers, recognised trade unions and professional organisations on behalf of all employees in an open and honest way, where the views of all parties are listened to and respected. The Forum adopts a problem-solving approach to develop and improved services that meet the needs of all our stakeholders i.e. clients, service users, patients and staff.



Where there are issues within a specific service, discussions and consultation may take place in a different formal or informal setting as appropriate and according to agreed procedures involving those affected.

Our **Health & Safety Group** meets every 6 weeks and reports to the NHS Grampian, Occupational Health, Safety & Wellbeing Committee

The purpose of the Groups is to provide a channel of communication, co-operation and involvement between employees, employers and trade union/ Health and Safety representatives on all relevant health, safety. It is set up to monitor the partnership's compliance with policies and procedures to ensure it complies with both internal health and safety policy and external legislation. And of course to promote the health, safety and wellbeing of Partnership employees at work.

The Moray Sector Partnership Forum (MPF) is the main vehicle for addressing local employee relations issues. It is accountable to the Grampian Area Partnership Forum (GAPF) and has delegated authority to develop and reach agreements on local issues, which should be notified to GAPF. Such agreements will also be subject to approval by individual trade unions involved. Their members are committed to working in partnership to achieve outcomes, which benefit staff and NHS Grampian and will establish shared values which are based on team working, openness, honesty and mutual respect.

The MPF recognises that individual members of staff and their Trade Unions or Staff Organisations have a right to be involved and feel able to influence those things which impact upon their working life. The Forum ensures that all staff groups are directly involved and informed of matters concerning the activities of NHSG.

Moray Partnership System Leadership Group (SLG) meets on a fortnightly basis with every other month dedicated to a development session. HSCM System Leadership Group (SLG) ensures management oversight and decision-making at a Moray-wide level. There is a monthly meeting with a focus on Core Business which encompasses oversight of operational business and matters requiring escalation or support from the wider management team. This includes issues relating to finance, service delivery, risk management, Workforce, Health and Safety, Civil contingencies, performance monitoring and implementation of IJB policy.



SLG Development meetings focus on new developments, communication on progress with projects and sharing of good practices.

The SLG membership is Heads of Services, Chief Financial Officer, Service Managers, Locality Managers, Corporate Manager and Clinical Leads and is chaired by the Chief Officer.

HSCM places a strong emphasis on empowering services in local service delivery and decision-making enabled by the formation of integrated multi-disciplinary teams managed and organised within localities.

The Interim Workforce Plan has been approved as a working document by Moray Senior Leadership Team and the Integrated Joint Board (IJB)

4. Service Transformation

Digital Transformation

Our Service Transformation through Digital Strategy 2020-2025 describes how NHS Grampian and partners will 'exploit digital technology to improve health and care, enable staff to work to the best of their abilities and support financial stability. The goal is to modernise services. To do this will require universal adoption of electronic records and for the relevant information to be accessible to all who need to see it – citizens, clinicians, care providers and analysts. In turn those electronic systems need to be safe, secure, accessible and reliable'.

The NHS Grampian Strategy is to deliver a digitally competent workforce in Grampian, working with NES, COSLA and other partners;

- We will promote digital skills through the learning management system and ensure that staff can access the development relevant to their role.
- We will work with partner universities and colleges to embed digital health into the available education, including undergraduate curricula.



<http://nhsgintranet.grampian.scot.nhs.uk/depts/CorporateCommunication/Corporate%20Communication%20Documents/Miscellaneous/eHealth/Service-Transformation-Through-Digital.pdf>

Our workforce has had to be flexible with staff largely working from home for the period of the pandemic and by the introduction of TEAMS technology we have continued to connect with colleagues and keep vital communication around services alive. As we are coming out of the pandemic, it is unlikely that our workforce will return to what was the norm. In Moray we are in the process of mapping out a 'return to the office' and will continue to have a flexible and adaptable workforce.

We are supported by the NHS Grampian, Smarter Working Team, whose vision is;

To create vibrant and dynamic working environments for all staff, where a range of settings and technologies support different work styles, improve wellbeing, and enable environmental sustainability

With the aim of;

- Improved working experience, better interconnectivity of individuals and teams and services delivered more effectively
- The environmental impacts of work, and the costs of maintaining an ageing estate are reduced
- Staff having more choice about when, where and how they work, supported by effective and appropriate use of technology
- Staff have the opportunity to lead more balanced and healthier working lives

In doing this we will manage;

- Unnecessary travel both to work and for work
- Offices and accommodation that do not support effective collaboration and networking
- Average occupancy in a traditional office over the working day at below
- Spaces that are not fit for purpose



We would hope that by adopting a more dynamic, flexible and hybrid approach, prospective employees will find HSCM an attractive model of working and in turn affect recruitment and retention of staff.

Recovery and Remobilisation

Alongside our partner, NHS Grampian, we are committed to supporting the current developments around the NHS Scotland Recovery Plan. We are currently engaging with our partners and stakeholders around the work in relation to strategic direction and identify key priorities to deliver. In terms of workforce impact, work will be done around the distribution of staff and delivering services differently, such as flexible and dynamic working practices. We must support our staff by building on their resilience, by doing so we will focus on their wellbeing, training needs as well as making staff retention and recruitment as our core priorities.

The Grampian Remobilisation Plan (October 2021- March 2022) set out several key priorities (aligned to the NHS Scotland Recovery Plan) including a focus on staff health and wellbeing, management of ongoing demand resulting from successive COVID-19 waves, and progressing work to improve the care of patients and carers of Moray . Many of these priorities will continue to be key areas of focus in our Delivery Plan 2022/23.

Primary Care Improvement Plan

The aim of this is to deliver the 6 PCIP work streams under The Scottish General Medical Services contract, thus allowing our GP contractors to concentrate on complex care and all other aspects of the Expert Medical Generalist role. Our PCIP tracker is used by our Integration Authorities in partnership with the Health Board and the GP Sub-Committee to agree and monitor progress of primary care reform across all localities in line with service transfer as set out in the Memorandum of Understanding.

Plan for the Future

HSCMoray is fully engaged in the NHS Grampian's Plan for the Future, Healthier Together 2022-2028 plan. The plan sets out the intent moving forward and the Partnership is committed to the intent of creating a sustainable health and social care system over



the next 6 years and beyond. The Plan sets out ‘the need to balance enabling wellness while still responding to illness and ensuring timely delivery of services’, in order to ‘do the things that can positively impact on health’ and we will work with colleagues, partners and the public to support the reduction of demand on our services.

5. Supporting our Workforce Social and Psychologic Wellbeing

During 2021/2022, our workforce has met with and managed the greatest challenge the health service has faced, a significant and challenging impact of working and living with COVID19. We must listen to all staff across the Partnership and determine how best to support them, in particular those who have experienced impact on their physical, mental health and wellbeing.

Whilst we expect that the ‘smarter working’ agenda will have a positive impact of staff health & wellbeing, as we are coming out the other side of the COVID 19 pandemic, it is time to consider what our workforce requirement will be in the coming months to support and encourage our community (and our workforce) to continue to take charge of their own health and wellbeing. We will promote positive health messages and signpost to sources of advice and support as required, developing skills and confidence which will allow self-management of long-term health conditions; building resilience and fostering a culture of early intervention and prevention including concerns around mental health and loneliness whilst living with Covid.

We Care

Staff Health and Wellbeing programme – We Care - is focused on:

- Ensuring our staff are safe whilst working during the pandemic and helping them in maintaining their wellbeing by providing equitable access to a range of support, and
- Ensuring our staff groups will be given time to recuperate and recover once the COVID situation starts to ease and prior to the managed remobilisation of services which have been paused or reduced at this time.



The current programme has 6 key elements that focus on both keeping staff safe in the workplace and whilst working remotely, and resources that can help to maximise their wellbeing. Overarching Objectives:

- Align, improve access to and enhance existing support for staff wellbeing
- Provide access to key resources and support for wider determinants of health
- Support the wellbeing of those working remotely
- Support the wellbeing of teams and enable teams to integrate wellbeing practices into their work
- Support staff to integrate a culture of wellbeing into the workplace
- To ensure the programme is designed around staff engagement, needs and input

www.nhsgrampian.org/wecare

There are many initiatives run throughout Grampian under the We Care Banner.

Value Based Reflective Practice

Our teams have the opportunity to undertake Value Based Reflective Practice which offers protected time in a safe place to reflect on issues in a confidential environment. This enables them to;

- (re)connect with core values and motivations
- Reflect on 'work' in a supportive setting
- Enhance relationships with colleagues
- Develop resilience and wellbeing at work
- Enhance person centred practice

NHS Grampian Healthpoint

HSCM Healthpoint is delivered out of Dr Gray's Hospital in Elgin, It is a walk in service which offers free and confidential health advice from trained staff on a wide range of topics, it includes;



- Practical ways to improve your health
- Advice and information on health concerns
- Information on local and National support groups and organisations
- Information for carers
- Information and advice on long term conditions
- Access to free condoms
- Access to smoking cessation services
- How to access NHS services

The Healthpoint service is delivered by comprehensively trained Advisors, although they are unable to offer medical advice they are well positioned to signpost to appropriate services.

The **iMatter survey tool** is conducted annually across all teams within the HSCM. Staff members are requested to anonymously complete the online survey and share their staff experiences. Once data has been collected, teams are directed to discuss the findings and collectively look at what we do well and identify the desired outcomes to be achieved, as a team.

The response rate to the 2021 survey was 44% (730/1670). This is compared to 63 % in 2019. Staff have voiced a sense of 'survey fatigue'. We consulted widely, on several matters, as we tried to navigate through the beginnings of COVID 19 and this may have impacted on potential engagement in this survey. The August iMatters survey has just been completed and results have as yet not been reported.

In the 2021 survey Overall satisfaction levels were high in relation to staff feeling well informed, appropriately trained, treated fairly and consistently, being involved in decisions related to their job, and, provided with a continuously improving and safe environment. A slightly lower score was achieved in relation to the visibility of our Board Members and decision making at an Organisation level. This has been exacerbated by Covid and lock downs and locally we are making sure that we have mechanisms in place where our IJB and Senior Management Team are both visible to and approachable by all Staff.



6. Conclusion

Our Workforce Plan has begun to set out strategic direction for the next 3 years. Throughout the next 3 years we will continue to take every opportunity to engage our workforce and stakeholders in understanding their needs and the needs of the Service moving forward.

HSCM need to consider the long term workforce planning for staff, affording those opportunities, ambition and development of special interests that will increase retention. We would aim to attract experienced and skilled people into the workforce while also 'growing our own' by offering development opportunities to our existing staff. We will also seek to attract young people into the service by working with schools in the area.

During 2020/2022, our workforce has met with and managed the greatest challenge the health service and social care has faced in many years; a significant and challenging impact of working and living with COVID19.

This has impacted on how we have delivered services during the pandemic and our staff have shown remarkable resilience throughout. We have dealt the challenges of suspending some services, pausing and reducing others, allowing some staff to be flexibly redeployed into other priority areas, for example the Vaccination Centres.

It has also given cause to reflect on Covid-19. As Grampian recovers, remobilises and renews as part of the North East system, there has been reflection on how best to move forward to demonstrate learning and improvement from Covid-19 as an imperative.



Using the 5 Pillars we can best describe our workforce priorities, challenges and risks as follows;

Workforce Priorities

Workforce Priorities			
Pillar	Short- living with Covid 19 – return to BAU	Medium- Recovery and remobilisation	Long – Transformation
Plan	<ul style="list-style-type: none"> Consolidation of Business as usual (BAU) priorities post pandemic 'living with Covid 19' Whole system working approach. Initial embedding of Children and families into IJB improving working links. 3rd sector and volunteer options to assist existing services where possible to alleviate pressure on services. Improving working relationships – more whole system rather than Silo. 	<ul style="list-style-type: none"> Monitoring and supporting compliance- staff performance reviews etc. Performance monitoring and support for both services and staffing. Reviewing services- budgets, staffing models etc. Identifying staffing gaps efficiency deficits. Review reports and paperwork staff are having to complete on a regular basis for relevance and potential duplication of effort. 	<ul style="list-style-type: none"> Building resilience in teams and adopting a risk based strategy Agile recruitment model- long term planning for posts retiring etc. Embedded whole system working allows for better support and better working relationships and restores efficiency. Organisational change where necessary to maximise efficiencies without adding to risk. Enhancing Primary/secondary care interface. Digital enhancement allowing for better service, using innovation hub and Moray Growth deal initiatives. Redesign of Unscheduled Care and Flow Navigation Centre to assist with flow and staffing. G-OPES risk strategy alteration to trigger whole system response to staffing crises. Streamlined and simplified processes
Attract	<ul style="list-style-type: none"> Investigating hybrid working where applicable for staff groups 	<ul style="list-style-type: none"> Adopting a hybrid working model for those that wish to accept this and their role allows 	<ul style="list-style-type: none"> Sustainability models- centralisation, remote working etc, digital support networks for consultant etc.



	<ul style="list-style-type: none"> Investigating future plans for planned retirement and potential retention options. 	<ul style="list-style-type: none"> Researching funding initiatives for further innovations work both local and Moray wide Long term workforce planning for staff members, opportunities, ambitions etc, special interests. 	<ul style="list-style-type: none"> Agile working model Innovation work streams
Train		<ul style="list-style-type: none"> Allowing dedicated training times to renew and consolidate mandatory training. Career start initiatives for GPs. Apprenticeship proposal Bespoke and national training initiatives and incentives 	<ul style="list-style-type: none"> Attracting a younger workforce using retention clauses and better terms and conditions where possible. This may be helping accommodation sourcing etc or procuring a contract for short term housing options for key staff. (RAF and Army have unoccupied married quarters, or could do private initiative- there are lots of second homes in Scotland). Recruitment initiatives, including reach of advertisements and support around housing and other requirements for staff moving to the Moray area Education proposals and opportunities.
Employ		<ul style="list-style-type: none"> Front loading budgets and release of funds to pre-empt planned retirement or gaps. (CRES). Local bank staff facilities. Contingency staffing rotas. Flexibility of teams to work across Localities were needed 	<ul style="list-style-type: none"> Improving retention in staffing using a nurture strategy that incorporates self-help and social prescribing where appropriate. Reorganisation to promote growth and promotion as well as consolidation.

Nurture	<ul style="list-style-type: none"> Staff wellbeing will be a priority, focusing on taking breaks, annual leave and prioritising health of staff. Making staff feel valued in their roles by adopting a nurture approach. Bringing back the 'team' feel to working post homeworking and Covid restrictions 	<ul style="list-style-type: none"> Post Covid Lessons learned. 	<ul style="list-style-type: none"> Objectives established for individuals and services, echoing overall strategies where possible. Regular monitoring of said objectives with support. Improved communications and opportunities for involvement from HSCM, ensuring everyone feels valued, listened to and an integral part of the organisation
Workforce Challenges			
Pillar	Short	Medium	Long
Plan	<ul style="list-style-type: none"> Retention Post pandemic exhaustion – the risk has become 'normal'. Sustainability – an overall feeling that the pandemic may be over for the public but for the services, we will be dealing with the impact for many years. 		<ul style="list-style-type: none"> Recruitment and retention- a fear that our current models are non-sustainable and that we will adopt a centralised model with outreach facility that will cause more complaints and impact on our communities.
Attract	<ul style="list-style-type: none"> Workload- heavy workloads impacting on an already exacerbated staff Lack of available services such as housing, dentists etc. impact on recruitment. 	<ul style="list-style-type: none"> Workload- the crises continue and the workloads increase rather than decrease. Housing- there is a lack of available housing in Moray that is beginning to affect recruitment opportunity. 	<ul style="list-style-type: none"> Long term members of staff ask to go part time but are not replaced.
Train	<ul style="list-style-type: none"> Staff feel they have no time to update or consolidate training, or enter into new education opportunities 	<ul style="list-style-type: none"> Staff constantly firefighting have no time to upskill and may actually become deskilled in some areas. 	<ul style="list-style-type: none"> Education policies and development becomes stagnant due to staffing crises.
Employ	<ul style="list-style-type: none"> Recruitment- impacts on all 5 pillars, staff are refusing to release staff for secondment as services are understaffed. 	<ul style="list-style-type: none"> Recruitment and retention 	<ul style="list-style-type: none"> Recruitment- vacancies unfilled, models become non-viable. Reliance on locum, agency and bank becomes regular.

		<ul style="list-style-type: none"> • There is a national recruitment crisis, with all vacancies becoming harder to fill particularly for GP, ANP, AHP. • Our workforce is becoming older with a prevalence for part time. 	
Nurture	<ul style="list-style-type: none"> • Absences and Vacancies • Wellbeing- An inability to fill vacancies and coping with sickness absence as well as pressure from hybrid working is impacting on staff. 	<ul style="list-style-type: none"> • Absences and vacancies – We will start to see more long term sickness based on stress. 	<ul style="list-style-type: none"> • Sustainability – GP, AHP, ANP, consultant and dental, optom and specialist nurse recruitment and replacement is extremely difficult. Some of our services will not be able to retain current working models.

Workforce Risks

Our derogation of risk has become normal business as usual (BAU) during Covid. Staff are used to working long hours and feeling constantly under pressure. Contingency practices have become BAU. G-OPES risk profiling does not trigger whole service response as planned. Issues remain localised.

Short term

Absence increases, particularly long term absences, leading to people leaving for external employment or retiring early. Housing shortages are causing issues with recruiting.

Medium

Recruitment and retention is impacting on sustainability of services and current models. Our workforce is becoming older, and considerable prevalence for part time working.

Long term

HSCM services as we know them become non-viable. Reliance on locum, Agency and bank staff puts additional pressure on budgets.

Workforce Learning; We are in the process of organising a ‘lessons learned’ from Covid report for all services under Head of Services



In conclusion, Health & Social Care Moray aim to support the needs of our population and communities' therein with the delivery of high quality, effective services. To do this we need a robust workforce not only now but in the future. We will continue to strive to recruit and retain a skilled workforce, fit for the future.

We will engage our workforce in our plans for the future and support them to feel motivated to support the transformation agenda within the HSCM Partnership.

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